



The Leeds
Teaching Hospitals
NHS Trust

Annual Report and Accounts

2023-2024



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Overview

This section introduces the work of Leeds Teaching Hospitals NHS Trust, one of the largest and busiest providers of health services in the country. We deliver acute and specialist services to people from Leeds, West Yorkshire and beyond.

The overview sets out the Trust's core mission and values, and highlights some of our strategic developments and achievements during the 2023/24 financial year.

Chair and Chief Executive's statement

Welcome to the Annual Report for Leeds Teaching Hospitals NHS Trust, looking back at our financial year 2023/24.

This past year has been one of remarkable innovation, growth, and resilience for our teams as we have navigated financial and operational challenges while continuing to deliver exceptional care to our patients and the communities we serve.

This year saw the introduction of our 7 Commitments (7Cs) - our way of focusing our attention on the things that really matter for the year ahead in the organisation - and we are already seeing fantastic outcomes from this work.

Embracing the 7Cs is about creating a ripple effect of positive change, empowering every one of our colleagues to make a tangible impact together.

The headlines of the 7Cs – Care, Research and Innovation, Finance, Timeliness, Sustainability, Resources and Team – are at the very heart of our organisation. All of the work we do sits under these headers and we are committed to doing what we can to improve services for patients and staff.

You can read about the highlights of our first year working with the 7Cs on page 8 of this document.

It has been so inspiring to see colleagues coming together, working differently and enjoying coming up with new ideas.

Our staff's relentless pursuit of excellence has led to the introduction of new treatments and cutting-edge technologies, improving patient outcomes. We have been proud to share stories of innovation that have set new standards in

healthcare, including revolutionary Artificial Intelligence trials in breast cancer screening (see page 42).

We saw the formal launch of the innovative multi-million-pound Child Health Outcomes Research at Leeds (CHORAL) research project, a collaboration between our Leeds Children's Hospital, the University of Leeds and funding from Leeds Hospitals Charity. CHORAL is a new partnership to tackle the serious health and wellbeing problems affecting children and young people across Leeds, Yorkshire and the UK by bringing together scientists, politicians, public sector organisations, and advocacy groups.

We also announced £5 million funding from the National Institute for Health and Care Research to create a Healthtech Research Centre in surgical innovation, partnering with the University of Leeds. This aims to improve the patient journey from diagnosis, through surgery, to care in their community.

We completed construction on our brand-new pathology laboratory at St James's. The Centre for Laboratory Medicine will be home to cutting-edge equipment and specialist technologies so that we can provide more and faster routine and specialist testing for hospitals in the West Yorkshire region.

Our plans to transform the Old Medical School at Leeds General Infirmary into a Healthtech and Innovation Hub will be a flagship project in the £160 million West Yorkshire Investment Zone, announced by the Government in November 2023.

The Zone will be transformational for our region, delivering more than 2,500 new jobs over the next five years and unlocking a potential £220 million in investment (<https://www.gov.uk/government/news/boost-for-uks-life-sciences-sector-as-west-yorkshire-hosts-englands-third-investment-zone>). It will enable innovation that creates a healthier, greener and inclusive future for Leeds and the wider region.

We are so proud to be part of a team that wants to make a difference, continuously improving and finding innovative solutions to benefit patients and communities.

Colleagues' commitment to the communities we serve is unwavering. We have collaborated with local and regional, national and international partners to improve access to essential healthcare services. We take our role as a Leeds Anchor Institution seriously, pivotal in the local and regional community as a healthcare provider, an employer and a contributor to the local economy.

We are also working to ensure everyone in Leeds has equal access to healthcare and is able to lead a healthy life. Health inequalities are the systematic, unfair and avoidable differences in health across the population, caused by the conditions in which we are born, live and work. People living in the poorest parts of Leeds are likely to die 11 years earlier than those living in the most affluent parts of the city. Thirty-three percent of the Leeds population lives in areas ranked amongst the most deprived 20% areas in the country, and yet these individuals account for 40% of the non-elective activity we conduct within our hospitals.

As healthcare leaders we have a crucial role in tackling health inequalities. This is not just in the delivery of healthcare, but in influencing how we can improve the wider health of our communities – by promoting healthy living, supporting opportunities for secure employment, advocating for good housing, good education, and more.

Abolishing health inequalities requires a long-term commitment. Here in Leeds, we have already started on this journey and you can read more about it on page 20.

Our teams have made a tangible difference in the lives of many.

Our ambition continues with our plans to build a new, state-of-the-art home for Leeds Children's Hospital, a new adults' hospital and one of the largest single-site maternity centres, at the Leeds General Infirmary site.

We received approval from the Secretary of State for Health that our proposals would be fully funded and we continue to ensure we remain high on the Government's agenda by welcoming Government Ministers and senior officials to the Trust on a regular basis.

We have continued our preparations at pace and look forward to being able to start our work soon.

In a year marked with economic uncertainty, we have been able to deliver a small surplus at the end of the year. We have continued to invest this back into our hospitals to drive our mission and ensure long-term sustainability. This next year will be a large challenge to face, but we are determined to do this.

We are excited about the opportunities that lie ahead of us. Our vision is to be the best for specialist and integrated care, and we are committed to achieving this for our patients, staff and communities.

This Annual Report captures just some of the hard work and dedication our staff show every day. We extend a heartfelt thank you to our patients, staff, partners and stakeholders for your unwavering support and trust in us. Together, we will build a healthier future for everyone in Leeds.

Thank you for being part of our journey.



A handwritten signature in blue ink that reads "Linda Pollard".

Dame Linda Pollard *DBE DL Hon.LLD*
Chair



A handwritten signature in blue ink that reads "P. Wood".

Professor Phil Wood
Chief Executive

About us

Leeds Teaching Hospitals NHS Trust is one of the largest and busiest acute hospital trusts in Europe. The Trust provides healthcare and specialist services for people from the city of Leeds, the Yorkshire and the Humber region and beyond. We play an important role in the training and education of medical, nursing and dental students, and are a centre for world-class research, innovation and pioneering new treatments.

The Trust has a budget of more than £1.9 billion and a 21,000-strong staff. Last year, we treated more than 1.6 million patients, including 97,000 inpatient admissions, 1.2 million outpatient attendances and 344,000 attendances in our Emergency departments.

Our care and clinical expertise is delivered from seven hospitals on five sites, and they are all joined by our vision to be the best for specialist and integrated care.

Our hospital sites

- Leeds General Infirmary (LGI)
- St James's University Hospital (including Leeds Cancer Centre)
- Seacroft Hospital
- Wharfedale Hospital
- Chapel Allerton Hospital
- Leeds Children's Hospital
- Leeds Dental Institute

Our services

We are committed to providing our patients with the very best care across all our services.

Our services include:

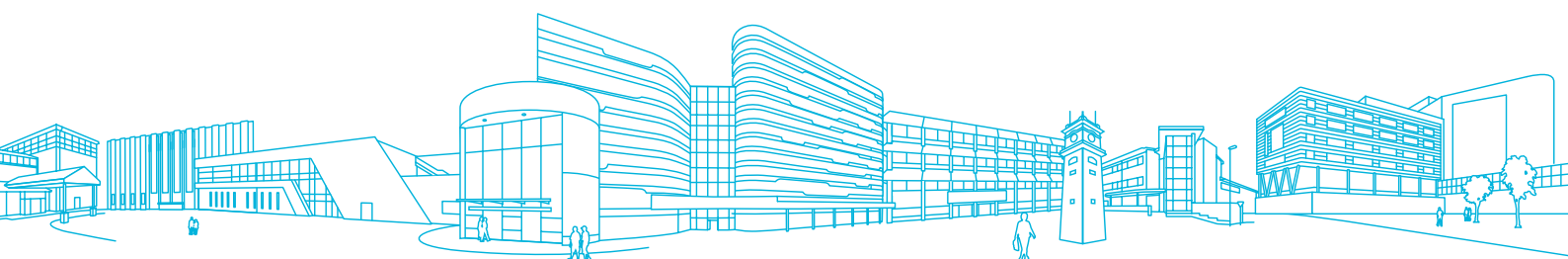
- high-quality, effective hospital services for our community in Leeds, such as two Emergency Departments, outpatients, inpatients, maternity and older people services;
- highly specialised services for the population of Leeds, Yorkshire and the Humber, nationally and beyond.

This means that people in Leeds have access to some of the very best care in the country and benefit from a seamless provision of all services.

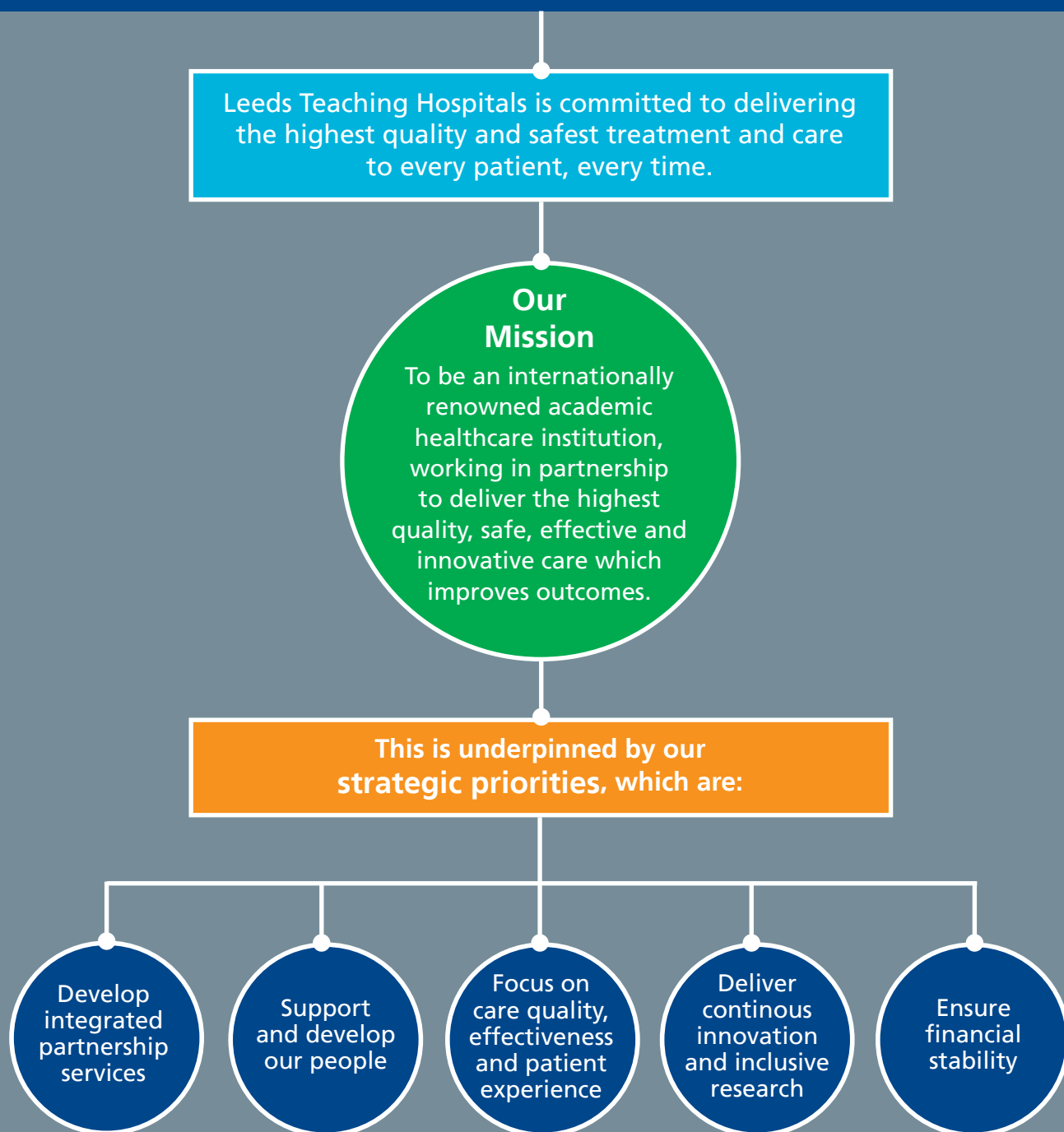
We operate a clinically-led structure, which means that doctors, nurses and other healthcare professionals make the decisions on how we run our services. Our Clinical Service Units (CSUs) deliver our services and are led by a triumvirate team, including a Clinical Director, a Head of Nursing or Profession and a General Manager.

Each CSU has its own clinical focus and is responsible for delivering the highest standards of quality, safety and financial performance for its service. Providing high-quality care and running effective services is very much a team effort.

It means we can attract specialists at the top of their disciplines and enables us to offer our patients the very latest in drug trials, therapies and treatments. Evidence suggests that for many complex conditions patients will have a better outcome if they are seen by a specialist in a place with the best equipment and expert staff available.



Our mission, strategic priorities and values - The Leeds Way



In 2014, our staff helped to define the values and behaviours we should work to so we can deliver our mission and strategic priorities. This has become known as The Leeds Way and forms the foundation of our culture, ethos and how we work every day.

Since it was first launched, The Leeds Way has become embedded in everything we do at the Trust. We have received positive feedback from the Care Quality Commission about how it filters through every part of our organisation.

Much has happened within the NHS and Trust since The Leeds Way was introduced. In summer 2022, staff were invited to revisit and refresh the values and behaviours in a campaign called A Summer of Connecting.

Our Leeds Way values have not changed, but the behaviours associated with each value have been updated to better reflect how our staff feel we should interact with patients, each other and with partners. The values are shown on the next page.

Our Leeds Way Values



Patient-centred

We act with compassion, empathy and kindness towards those in our care and to each other.

We consistently deliver high quality, safe and dignified care, focusing on individual needs.



Fair

We seek to understand the perspective of others, respecting and embracing our differences.

We champion inclusivity by prioritising fairness and equality.



Collaborative

We are all one team with a common purpose and value the contribution of others.

We work in partnership with our patients, their families and carers, our colleagues and other providers.



Accountable

We keep our promises, agree clear expectations and will speak up to respectfully hold ourselves and each other to account.

We are true to our word and act with integrity and honesty with our patients, colleagues and communities.



Empowered

We empower our patients and colleagues to have a voice and make decisions, and are considerate of their choices.

We celebrate innovation, and we take personal responsibility for our learning.

Our 7 Commitments

We know that there are big challenges facing all of our services, with many competing priorities. Working closely with our clinical teams and senior leaders, we developed our 7 Commitments (7Cs). Every year, these give us clarity on what are the most important priorities to focus on over the year.

The 7Cs fall under seven headings: Research and Innovation, Team, Resources, Timeliness, Finance and Care.

They are refreshed every year and align with our multi-year goals so that we can realise our strategic priorities and ultimately provide the highest quality specialist and integrated care.

The 7Cs began in 2023 and we saw great engagement across the organisation. We are delighted to share our 7Cs from last year and some of the successes achieved under each heading in the graphic on the next page.

Towards the end of the financial year we asked for feedback from our clinical leaders and teams to find out how the 7Cs were working in their areas. Following this feedback we have not changed things drastically this year as they are keen to continue the momentum from the previous year.

Our 7Cs for 2024/25 are:

- **Research and innovation:** to strengthen participation and growth in research and innovation
- **Team:** to be in the top 25% performing trusts for staff retention
- **Resources:** to use our digital systems to their full potential
- **Finance:** to deliver the financial plan
- **Timeliness:** to reduce waits for patients
- **Care:** to reduce Healthcare Acquired Infections by 15%
- **Sustainability:** to reduce our carbon footprint through greener care.

Reduce healthcare associated infections

- 40% reduction in MRSA cases
- 34% reduction in pseudomonas cases
- 19% reduction in Klebsiella cases

Achieve the access targets for patients

- 5% drop in bed occupancy Trust-wide
- 32,588 patients at risk of breaching 65 week waits cleared April 23-Feb 24
- 10% increase in Emergency Department patients being seen in 4 hours, Dec 22 - Jan 24

Deliver the financial plan

- £300K saving in transport of services and goods
- £131m saved through expenditure reduction plan
- £11k monthly saving on printing and posting with switch to online Patient Hub

Improve staff retention

- 135 digital advocates created
- 2,200 E&F staff engaged through a new People Strategy
- c. 275 fewer staff have left the organisation 23 v 22

Reduce average length of stay by 0.5 days per patient

- 30 additional beds made available to treat patients sooner
- A half day reduction on average stay from April-Jan24
- 139 admissions were avoided in the first full month of operation of Same Day Emergency Care

Effectively develop and deploy new assets (buildings, equipment, IT)

- 22 spaces created to support flexible working
- 95% Trust computers upgraded to Windows 10
- 40% more appointments since the new Ophthalmology unit opened

Support a culture of research and innovation

- 110% increase in robotic-assisted surgeries
- Over 20,000 patients recruited to a research study at Leeds in 2023/24, the highest number of patients recruited in a single year
- 56% of appointment letters now accessed on Patient Hub

The Leeds Improvement Method

The Leeds Improvement Method (LIM) is our systematic improvement approach which incorporates our management method. The LIM philosophy is that everyone working in our hospitals should be empowered to make improvements in their daily work. By enabling those who know the work best to design and drive improvement we bring the benefits of a safe, high-quality healthcare experience to every patient and member of staff.

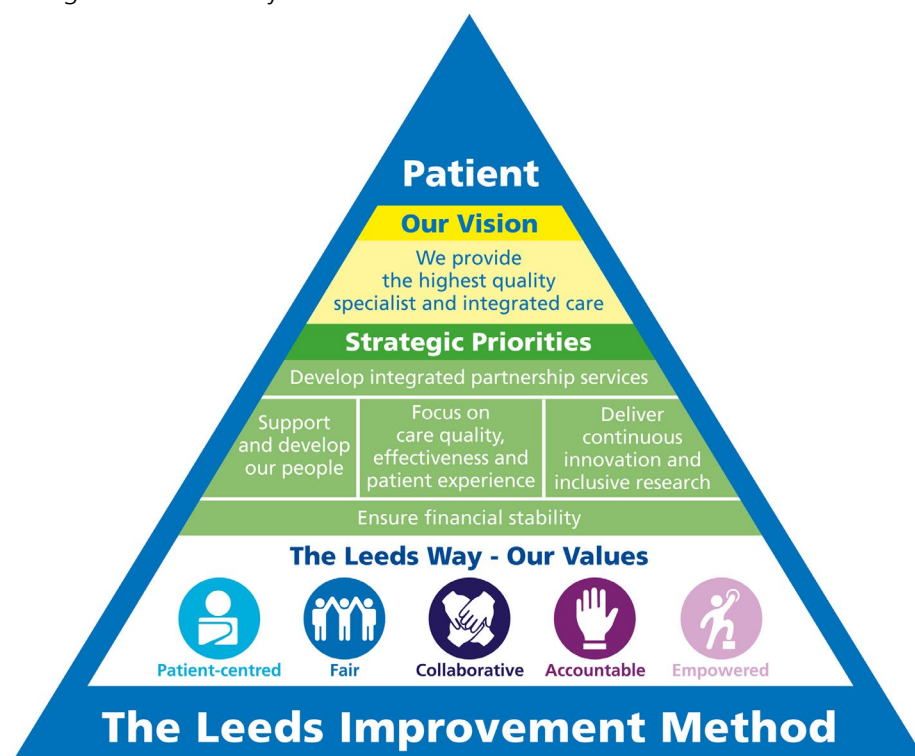
The Kaizen Promotion Office (KPO) enables the LIM to be applied at the Trust. It provides support for the delivery of specific improvement projects, as well as training around the LIM concepts for everyone in the Trust. This training enables individuals and teams to identify and remove waste in their processes to deliver high-quality, efficient services which secure the best value for our patients.

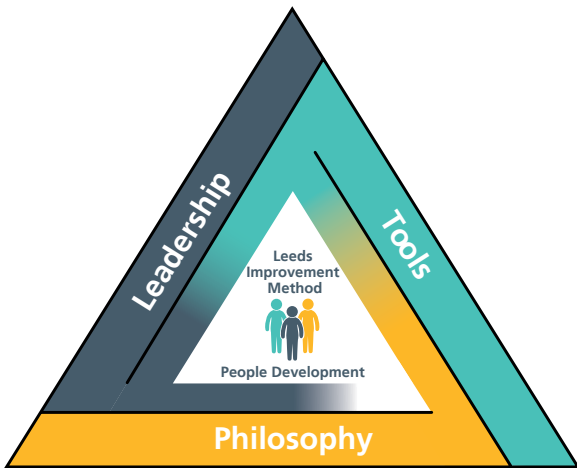
Last year, for the first time, we strengthened the connection between our improvement activities and the Trust's organisational priorities, using strategic goals. With coaching from our partners at the Virginia Mason Institute, this process saw our Executive team distil a number of organisational objectives into seven annual commitments (the 7Cs, see 'Our 7 Commitments' above). These are key priorities for the organisation each year.

All CSUs were asked to shape plans to deliver on these commitments, drawing on the concepts in the LIM. The KPO has aligned resources in collaboration with CSU senior leaders to support improvement activities that will impact annual commitments. In this way the LIM forms the basis for projects addressing challenges throughout the Trust, identifying opportunities and implementing tests of change.

Examples of projects using LIM over the past year are highlighted below.

- We reduced the time from attendance to discharge (or admission) for ambulatory patients attending our Emergency Department at LGI by 56%, to under two hours.
- We reduced waiting times for children attending for blood tests by 55-80%.
- We reduced the time between notification of an incident and learning from it being shared by 87% in work focused on improving our processes for investigating healthcare associated infections.
- We improved pre-meal patient hand hygiene in our elderly adult wards by 100%, alongside an 85% reduction in waiting for meals and an overall reduction of 56% in the time staff need to complete the meal service.

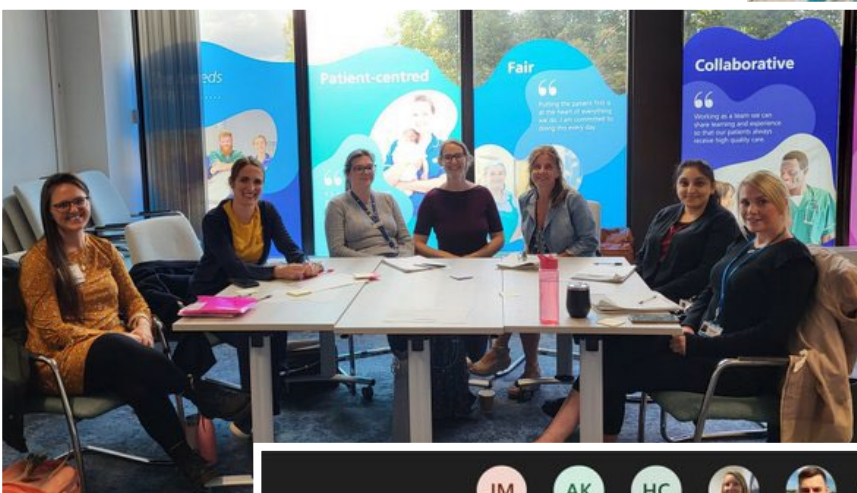




This year, we tested a LIM facilitator role within our CSUs, and learned a great deal. Looking ahead, we will ensure the support within CSUs is clearer and more consistent. We are focussed on developing our capacity and capability for improvement within the Trust and this is reflected in our evaluation of the LIM facilitators' role and how it is working for CSUs and our intention to test a new approach in the coming year.

We offer tiered training in the LIM, this year adding online, self-directed learning modules and learning bursts. LIM teaching is now integral to our 'Excellence in...' programme, reaching more than 1,200 registered and non-registered nursing colleagues and administration staff. Across all our training, we are delighted to retain positive feedback from over 97% of participants.

We also have a well-established intermediate training programme. A new cohort of 15-25 colleagues from a cross-section of the Trust begins training every month. Fifty-six have now certified. They evidenced their learning by delivering a project using the LIM concepts which makes a meaningful, measurable impact on their team and service users. Another 191 staff have finished the programme and are in the process of completing their projects.





Building The Leeds Way

This has been yet another significant year in delivery of the Trust's plans to transform healthcare for patients across the region and in contributing to the City's regeneration and economic agenda.

Our Hospitals of the Future scheme to build a new, state-of-the-art hospital will bring a new home for Leeds Children's Hospital (LCH), a new adults' hospital and one of the largest single-site maternity centres at the Leeds General Infirmary (LGI) site. It's hugely exciting and the Trust remains in a strong position to deliver our vision.

The Trust was pleased to secure approval for the scheme in May 2023 when the Secretary of State for Health publicly announced that its proposals would be fully funded and could proceed.

This was excellent news for our patients, staff and partners as well as for the economy of West Yorkshire. Preparations have continued at pace. A further phase of enabling works was approved in August 2023 and plans are now being developed to accelerate the associated works in 2024. Alongside this, the Building the Leeds Way (BtLW) Programme team has embarked on vital engagement work to road-test plans as they move into the next phase of design.

The Trust's design received global recognition in June when the BtLW Programme was highly commended for its design proposals in the best future healthcare design in the European Healthcare Design Awards 2023. This accolade was in recognition for its outstanding outcomes in masterplanning, place-making, wellness, pandemic preparedness and sustainable development and reaffirms that our designs are world-class and inspirational.

We have ensured the scheme has remained high on the Government's agenda by welcoming Government Ministers and senior officials to the Trust. Guests have included Lord Markham CBE, Parliamentary Under Secretary of State at the Department for Health and Social Care; Will Quince MP, Minister of State for Health and Secondary Care, Andrew Stephenson MP, Minister of State for Health and Secondary Care and Lord O'Shaughnessy, Former Government Health Minister plus Professor Dame Sue Hill, Chief Scientific Officer for England; Richard Meddings, Chair, NHS England and Natalie Forrest, Senior Responsible Officer for the New Hospitals Programme. These visits have been an important opportunity to highlight our vision for the new hospitals and progress to date.

In November 2023, we held a prestigious event at Westminster to thank stakeholders for their support and celebrate the funding for the scheme announced earlier in the year.

Transforming pathology

Over the year, the Trust made significant strides in transforming its pathology services to drive improvements in diagnosis, treatment and care for patients across West Yorkshire.

In July 2023, construction was completed on the brand new, state-of-the-art pathology laboratory at St James's, The Centre for Laboratory Medicine (CfLM). Accommodating cutting-edge equipment and specialist technologies, the new laboratory is designed to provide more and faster routine and specialist testing, housed in a world-class building which is flexible, digital by design and supports the delivery of net-zero carbon.

Completion of the construction works was officially marked in September 2023 with a ceremony attended by Minister of State for Health and Secondary Care, Will Quince MP and a host of VIP guests including West Yorkshire Mayor, Tracy Brabin. Guests toured the facility and met with programme colleagues and partners to hear how the facility will provide transformative pathology services for hospitals across Leeds and West Yorkshire. Young scientists from a local high school also participated in pathology experiments to support BtLW's wider community engagement programme.

The new laboratory will become fully operational in 2024 and pathology teams will relocate from the Old Medical School (OMS) at LGI to the new site. It will also become home to some pathology services from Mid Yorkshire Teaching NHS Trust and Calderdale and Huddersfield NHS Trust as part of a pioneering regional partnership, forged in collaboration with the West Yorkshire Association of Acute Trusts (WYAAT).

Construction was also completed on the new Acute Hospital Laboratory (AHL) in July 2023. The facility is equipped with new technology and provides urgent, 24/7 pathology facilities to support clinical teams at LGI when the main pathology service relocates to the CfLM. The AHL is set to become fully operational in 2024.

The Trust has also launched the first phase of its new, single shared Laboratory Information Management System (LIMS) in Blood Transfusion which is another step forward in transforming our pathology services.

The Programme's Social Value work has also continued. Initiatives included a dedicated career simulation day held in the Autumn. The BtLW Programme team and its specialist partners inspired high school students by providing an insight into a range of critical specialist careers relating to the design and construction of a new hospital.

Innovation Village and the Innovation Pop Up

The Trust prides itself on being a forward-thinking NHS Trust that embraces and embeds innovation across our hospitals. At the heart of this ambition, our Innovation Pop Up plays a key role in the West Yorkshire's healthtech community, working to transform advances in sciences, tech and research into real world solutions.

In 2023/24 the Innovation Pop Up (Pop Up) has gone from strength to strength by increasing the number of members and developing partnerships with corporates and the private sector. The financial year ended with new Pop Up member agreements with Microsoft, and Tata Consultancy Services (TCS), a leading global IT services, consulting and business solutions company.

During the year, the Pop Up provided more events and opportunities to showcase, engage and collaborate in health-related innovation. In September 2023, it celebrated its two-year anniversary with an event to show how we are helping to pioneer innovative technologies. It has supported the immersive technology studies in the Trust's neurosciences department through the provision of expertise, industry links, contracting, licensing, purchasing, storage and collaborative working across research and clinical disciplines.

In addition, at a key event in the Houses of Parliament in November 2023, the Pop Up created an 'innovation expo' with seven Pop Up members demonstrating to cross party politicians how we are championing new ways of working in the NHS. We were delighted to sign a strategic partnership agreement with Johnson & Johnson at this event, to collaborate on innovation, new healthtech, research and development, and to promote skills, talent and jobs and supply chain efficiency.

In February 2024 the new 'XR Innovation Hub' was launched, to support staff in accessing new technologies and training in ways of working led by Artificial Intelligence.

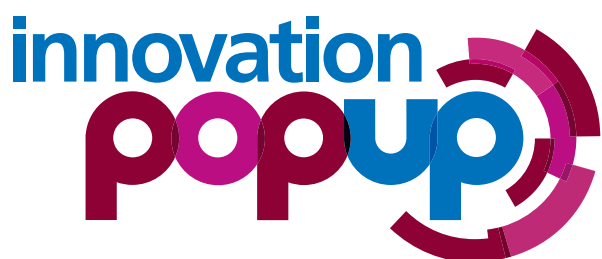
Innovation Pop Up to Innovation Village

The vision to create an Innovation Village at the heart of Leeds City Centre took a huge step forward in March 2024 with the confirmation that the OMS at LGI is to be transformed into a Healthtech Innovation Hub as the flagship project in the £160 million West Yorkshire Life Science and Digital Investment Zone.

This exciting development is the first phase of the Innovation Village, for which the catalyst is the construction of the new hospital development at LGI.

The Innovation Village is a transformational Health and Life Science-led development of over one million square foot in Leeds City Centre. An independent report (PWC, 2023) has concluded it will deliver 4,000 new jobs and up to a £13 billion economic boost for the region, accelerating the progress of the Leeds Innovation Arc.

This is the city's ambition to deliver innovation that creates a healthier, green and inclusive future for Leeds and the region.



Working with partners

West Yorkshire Health and Care Partnership

The Trust is a partner in the West Yorkshire Health and Care Partnership (WYH&CP), which is an Integrated Care System (ICS). The system is governed by a Partnership Board that incorporates an Integrated Care Board. The West Yorkshire Integrated Care Board (ICB) was established as a statutory body when the Health and Care Act came into force in July 2022. The ICB works at a regional level and at 'place' level (Leeds), bringing together NHS organisations, councils, primary care, Healthwatch and the voluntary, community and social enterprise sector to address the health, social care and public health needs of more than two million people.

The Trust and its system partners are committed to furthering the mission of the WYH&CP through the ICB and its 'place' alliance, the Leeds Health and Care Partnership. This is to:

- reduce health inequalities
- manage unwanted variations in care
- use our collective resources wisely, and;
- secure the wider benefits of investing in health and care.

Since the ICB was formed, partners have worked together to refresh its five-year plan, setting out the ambitions for the ICB and including a sharper focus on health inequalities.

Key achievements in 2023/24 include:

- ending the financial year with no-one waiting more than 104 weeks between referral and elective treatment, and fewer than 20 patients waiting longer than 78 weeks
- ensuring that 9.9% more children and 5.5% more adults are receiving dental care in West Yorkshire compared to the previous year
- becoming the first Partnership of Sanctuary in the country, committed to supporting diverse communities
- launching the West Yorkshire Inclusion Health Unit and the West Yorkshire Tobacco Alliance to help address health inequalities.

The Trust's financial plan for 2024/25 and the ICB contribution towards the Trust's overall capital investment programme of £84.1 million for 2024/25 have been agreed with the ICB. More information on this and our plans for investment can be found in the Finance Review on page 34.

West Yorkshire Association of Acute Trusts (WYAAT)

The Trust is one of six hospitals in WYAAT. This alliance plays a major role in the WYH&CP, working to plan and deliver high-quality patient care. The new Centre for Laboratory Medicine opened last year at St James's is a tangible display of this shared ambition. It will provide state-of-the-art testing services for WYAAT hospitals and specialist testing to meet the need for more specialist services in the region.

WYAAT is in the first year of its Five-Year Strategy, 2024-2029, which is built around the six pillars below.

- **Service delivery:** to deliver sustainable services, providing the best outcomes for all of our patients, reducing health inequalities.
- **Workforce:** to recruit, retain and develop our teams.
- **Infrastructure:** to provide the best patient environments and new technologies.
- **Productivity and efficiency:** to provide financially sustainable services and return to levels of productivity higher than pre-pandemic benchmarks.
- **Research, innovation, and improvement:** to support our patients and population to access the latest and best healthcare advancements in diagnosis and treatment and improve population health for all.
- **Ways of working:** to support our teams to share, learn, and grow.

Local health and care partners

The Trust is a key member of city-wide partnerships designed to tackle some of the challenges in providing care in the most appropriate setting and improve the experience for patients, carers and staff.

Last May, the Trust and partners including Leeds City Council, Leeds Community Healthcare NHS Trust, Primary Care and the GP Confederation, Leeds and York Partnership NHS Foundation Trust, charity and voluntary sector organisations launched HomeFirst, an intermediate (short-term) care transformation programme.

The programme is developing and implementing a new model of intermediate care services designed to help more people stay at home

instead of going into hospital and to increase the number of patients returning to their own home after a hospital stay. We are already seeing the benefits of the programme, including impact on bed occupancy and time to discharge.

Leeds Academic Health Partnership: Health Innovation Leeds

The Trust is a member of the Leeds Academic Health Partnership (LAHP), and Chief Executive, Professor Phil Wood is its Chair. The partnership brings together local NHS organisations, the West Yorkshire Health and Care Partnership, Leeds' universities, Leeds City Council, Leeds City College, the regional economic enterprise partnership, industry and third sector partners. It is working to find innovative ideas to help solve some of the city's health and care challenges.

Led by the LAHP and launched in January 2024, Health Innovation Leeds is a new approach by health and care partners across Research and Innovation to come together to build on our international reputation as a health innovation hub and showcase the world-leading developments taking place in Leeds.

This is a brilliant opportunity for health and care in Leeds and a really helpful gateway to find out about the excellent research and innovation opportunities in our city.

Leeds Innovation Partnership (LIP)

The Trust is a key member of this partnership, which aims to foster innovation in Leeds and drive the development of an Innovation Arc for the city.

Set across 150 hectares of the city centre, this is one of the largest regeneration schemes in the north of England, reinforcing Leeds as a nationally and internationally recognised centre for research, innovation, investment in digital and healthtech and new business growth.

In November 2023, the LIP welcomed the Government announcement that West Yorkshire would be home to the country's third Investment Zone, with the potential to attract around £220 million in investment and create thousands of jobs.

West Yorkshire Cancer Alliance

The West Yorkshire and Harrogate Cancer Alliance works closely with hospital trusts in WYAAT, and to the West Yorkshire ICB and the NHS England (NHSE) National Cancer Programme. The alliance works to improve diagnosis, care and outcomes for patients in the region.

NHSE provides funding for the Alliance to improve and develop cancer services, alongside other local funding streams and priorities from partners like Macmillan, Cancer Research UK and Yorkshire Cancer Research.

Children's Hospital Alliance

Leeds Children's Hospital is one of 12 specialist children's hospitals that form part of the Children's Hospital Alliance (CHA). The alliance works to improve access to high-quality care for children and young people by tackling health inequalities, driving improvements in local systems and working in partnership beyond regional boundaries.

The CHA's successes include the National Paediatric Accelerator programme, successfully tackling backlogs in elective care and the continued rollout of Artificial Intelligence (AI) to predict patients at risk of missing their hospital appointments.

Genomic Medicine Service

The Trust plays a key role in genomic medicine partnerships across the region and beyond as part of the Genomic Laboratory Hub (GLH) and the Genomic Medicine Service Alliance (GMSA).

Our GLH central laboratory delivers the new Whole Genome Sequencing service and high-throughput Next Generation Sequencing for the region, providing genomic testing for cancer and rare diseases.

We also provide Clinical Genomics services for North, East and West Yorkshire, delivering diagnostic and genetic counselling services for patients with rare diseases and their families.

We partner with other hospital trusts in Newcastle and Sheffield to deliver the North East and Yorkshire Genomic Medicine Service. We are working together to improve health and equity of access to genomic tests and treatments for patients in the region.

We are also part of the National Pathology Imaging Co-operative (NPIC), bringing together the NHS, academic and health industry partners to deploy digital pathology across the NHS and use it to develop Artificial Intelligence to improve cancer diagnosis.

National partnerships

We continue to work at national level to improve patient care. The government has funded the Leeds Health and Care Partnership, of which the Trust is a member, to be one of six national 'Discharge Frontrunners', sharing good practice and innovative solutions to support patient discharge initiatives.

As part of the Leeds Health and Social Care Hub we are working with national government to drive innovation in health and care in Leeds, attract skills and talent and boost the economy to improve outcomes for patients. We are focussed on addressing health inequalities, making healthcare accessible for every patient.

International partnerships

We continue to maintain our international relationships and to host doctors from our partners, the King Hussain Cancer Centre in Jordan, and Malta, to meet their training needs and support the growth of their services in a mutually beneficial established programme.

Our international recruitment team is established within medical staffing. It supports the processes around international recruitment for doctors recruited directly by departments outside of the recognised partnerships.

This central oversight at medical staffing level ensures we maintain central control and coordination of this activity, allows us to monitor trends in medical recruitment across the organisation and to review our effectiveness.

Operational transformation



Following a year of positive outcomes and significant operational shift, the Trust is entering the second year of its Operational Transformation Strategy 2022-2027, an ambitious programme to improve the quality and timeliness of our care while delivering first class patient experience and improving outcomes.

The strategy was developed against a backdrop of huge operational challenges for health and social care. Emerging from the COVID-19 pandemic, the Trust faced large backlogs in the number of patients waiting for elective care, increasing demand for our services, pressures on our workforce and a need for investment in our estate and infrastructure, including digital.

Three years post pandemic, these challenges still remain but the Operational Transformation Strategy is building on our strengths in innovation, new approaches to care, partnership working, research and engagement with staff and patients to transform our patient care across five key areas:

- Planned care
- Unplanned care
- Cancer
- Diagnostic services
- Outpatient services



Planned care

Elective activity in our operating theatres has increased compared to 2022/23, with more than 1,740 additional operations completed. Additional theatre sessions have been provided to support surgical CSUs to deliver reduced waiting times.

The average number of cases completed in each session has increased by three percent. However, there remains significant opportunity to improve our productivity and efficiency, allowing us to treat even more patients in 2024/25. An additional 1,989 pre-assessment appointments were completed compared to 2022/23 following a redesign of the pathway with a focus on flexibility, patient choice and the use of technology where appropriate.

To support our patients in their preparation for surgery we have developed two innovative services: Shape Up 4 Surgery (SU4S) and Shape Up 4 Cancer Surgery (SU4CS). The SU4S initial outcome data shows reduced lengths of stay for our patients.

Chapel Allerton Hospital was accredited as an Elective Care Surgical Hub, recognising the best practice elective pathways and clinical environment.

To allow us to increase our elective theatre capacity and to continue the development of our Elective Care Surgical Hubs, we are building two additional theatres at Wharfedale Hospital in partnership with Harrogate and District NHS Foundation Trust. The expected completion date is mid-September 2024.



Unplanned care

Our Emergency Departments have performed better than most in the country in delivering the 4-hour Emergency Care Standard and average ambulance handover time.

In December 2023 the Medical Same Day Emergency Care (SDEC) service at St James's moved into a new purpose-designed department and changed to a model of 24-hour opening. This new department brings together Acute and Older People's Medical SDEC services in a combined model, co-located to the St James's Emergency Department.

We launched the Remote Monitoring Virtual Ward in November 2023. This aims for patients to be safely monitored in their usual place of residence as an alternative to being in a hospital bed. There are now six clinical pathways across the Abdominal Medicine and Surgery (AMS) and Oncology CSUs.

The Primary Care Access Line (PCAL) continues to grow and develop, with over 77,000 calls so far in 2023/24. This has enabled 89% of patients to be redirected from our busy Emergency Departments to receive care directly in the most appropriate area, or to remain at home with specialist advice provided.



Cancer

Transformation groups for the main Cancer Pathways have been established. The Lung Pathway has seen significant improvement at the start of the pathway and action plans are in place for the others. This is clinically led by project teams, owned by the CSUs and supported by the Corporate Cancer Team (CCT) as required.

The principles and methodology for a real-time Health Inequalities Dashboard have been agreed for AMS, with the aim of rolling this

out across all pathways. In addition, each of the pathways has undertaken a Health Inequalities Assessment to monitor the impact of service changes.

The Skin Transformation Group undertook a large piece of work to reduce the times that patients wait to get their cancer diagnosis. The introduction of a direct to plastics pathway for skin cancer patients where indicated has helped to reduce the backlog from over 600 patients in November 2023 to less than 150 in March 2024.

The AMS CSU has undertaken detailed work to deliver reductions in diagnostic pathways in prostate cancer by introducing telephone triage and straight to test MRI in collaboration with radiology.

We have also introduced Surgical Hero within AMS to support patients proceeding to pelvic exenteration. Surgical Hero is an external company that offers a 12-week programme of prehabilitation before surgery, and post-operative support from a virtual health coach to support patients to improve their overall health and wellness.

The Children's CSU has introduced a Virtual Ward to allow some of the children in their care to have chemotherapy delivered at home. In adult services, adult Pharmacist-led systemic anti-cancer therapies clinics have increased by five to 12 clinics a week, rolled out gradually during 2023 and resulting in an additional 1,575 appointments for patients.

The CCT is working with the Multi-Disciplinary Teams' (MDT) Clinical Leads and a review was completed of four MDTs with streamlining actions agreed. Phase 2 work on another four MDTs has begun, with all MDTs included in further phases into 2024.

The CCT has also co-ordinated developing a Cancer Strategy for Frailty, with full engagement of the clinical teams in the organisation and agreed at the Cancer Board in February 2023. During 2023, a Pharmacist was successfully introduced to frailty clinic, reducing polypharmacy (taking multiple medicines), and improving communications with community pharmacy.



Diagnostics

Diagnostics continues to make significant progress with construction completed for the new Centre for Laboratory Medicine at St James's for the West Yorkshire Association of Acute Trusts (WYAAT) Pathology Network and the completion and opening of the new pathology Acute Hospital Laboratory for the Trust at LGI's Jubilee Wing.

Separately, work is ongoing to ensure that state-of-the-art equipment is available within these new laboratories to support our world-class pathology services.

Work is also ongoing to expand our diagnostics services within our communities. The Leeds Community Diagnostics Centre at Seacroft Hospital has expanded to include additional diagnostic tests including CT and MR imaging and echocardiogram, and a new Leeds Community Diagnostics Centre site has opened in Beeston Village Medical Centre.

Our performance in the National Diagnostic 6-week Standard continues to improve post COVID-19 pandemic, with the national ranking placing the Trust consistently in the top 10% of the highest performing acute trusts in England.



Outpatients

A key focus for 2023/24 has been to give patients more control over how and when they access care and taking steps to reduce waiting times, delivering a more personalised model of outpatient care. This has included digitised outpatient care, undertaking actions to address reasons why patients miss scheduled appointments, reducing the volume of patients who Do Not Attend (DNA) outpatient appointments, and supporting more patients to initiate follow-up appointments when clinically needed.

Throughout 2023/24 there has been a significant increase in the total number of patients moved to Patient Initiated Follow-Up

(PIFU) pathways. The year began with around 7,600 patients on PIFU to around 20,000 patients in January 2024. There is further work to do to increase this number as it only equates to around two percent of total attendances.

We have strengthened our work with GPs to provide early expert advice by delivering more advice and guidance than ever before to manage patients outside of the hospital. We have continued to digitise appointments, improving communication with patients and creating efficiencies in our administrative services so that more time can be allocated to work that directly adds value to our patients. This has included developments in our use of Robotic Process Automation (RPA).

We will embed our use of eOutcomes in 2024/25, an electronic way to record the outcome of an outpatient appointment. This will be underpinned by the use of RPA to improve our data quality and further strengthen patient safety. Further development of our Patient Hub will also improve two-way communication with patients as part of our personalised care agenda.

In December 2023 Get It Right First Time released the Outpatient 'Further Faster' handbooks for specific specialty areas. The handbooks' key recommendations are to reduce unnecessary appointments and improve access and waiting times for patients.

Following the release of the guidance above, clinical transformation groups were established across 16 specialties involving clinical leads from across the Trust as well as national specialty leads and other key stakeholders. The groups will undertake a full gap analysis and share learning and experiences, and gain peer support, as well as looking at more practical aspects such as sharing of standard operating procedures and project documentation.

A key focus for 2024/25 will be a review of our outpatient booking and administration processes to ensure staff are supported to improve the use of clinics and clinic space, enabling more patients to be seen as early as possible in their pathways.

This progress is thanks to the commitment of our staff, our work with city and regional health and care partners and engagement with patients.

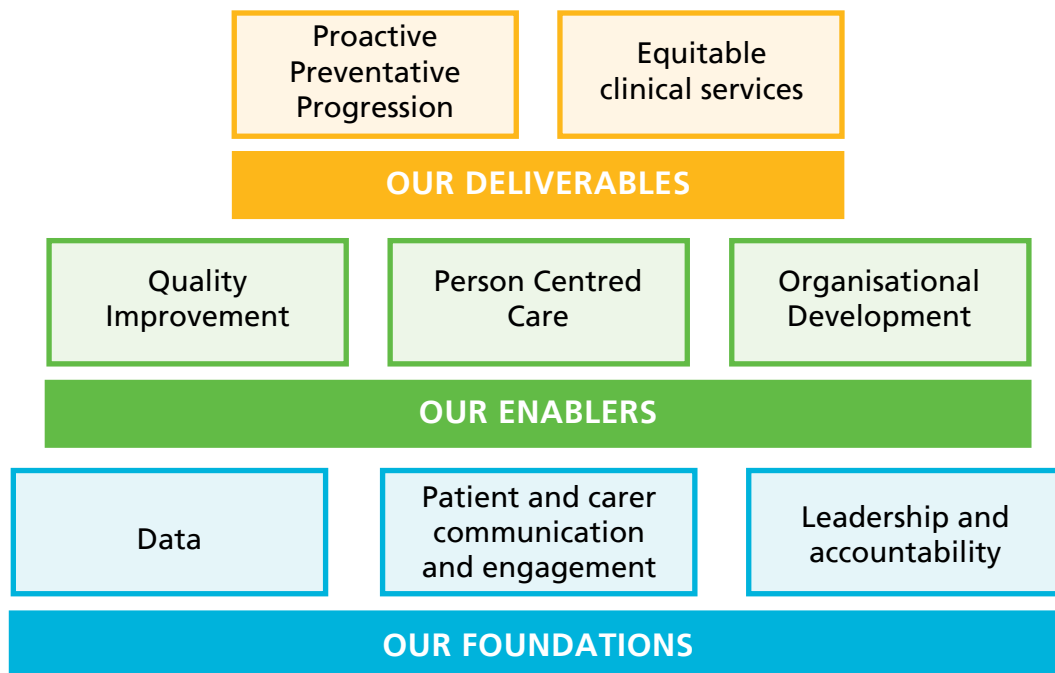
Addressing health inequalities

Health inequalities are the systematic, unfair, and avoidable differences in health across the population, and between different groups in society. They are caused by the conditions in which we are born, live, work and grow. These conditions influence our opportunities for good mental and physical health.

Healthcare has an important role to play preventing and tackling health inequalities. As a Trust, our focus remains on ensuring equitable access, excellent experience and the best outcomes for those experiencing health inequalities, and the application of the NHSE Core20Plus5 framework, which supports Integrated Care Systems to drive improvement.

We also have a vital role to play in improving health and tackling inequality through our role as an anchor institution and an influential system partner.

Abolishing health inequalities requires a long-term commitment. The Trust's Health Inequalities and Public Health Strategy and action plan provide tangible actions to begin this journey. This year the focus has been building on the first year of delivery and driving forward actions against our eight priority workstreams, below. These workstreams cover a broad range of actions which teams throughout the Trust have been working hard to progress.



Highlights from this year:

- The development and trialling of a new Equality and Health Inequality Impact Assessment (EHIIA) tool. This tool has been successfully piloted within the cancer transformation programme. The EHIIA process has enabled identification of inequalities and informed the design of quality improvement interventions to address inequality within key cancer pathways.
- Strengthening our data to identify inequality and inform action is an ongoing process. For example, a standardised approach to ethnicity coding has been agreed alongside healthcare system partners and new patient information datasets have been developed to support inequalities reporting across all teams.
- Rolling out our preventative programmes such as our Trust Stop Smoking Service which supports inpatients and pregnant women who smoke. The Team of Advisers has supported over 6,000 smokers since the start of the service (November 2022) and over 600 have reported they have quit smoking.
- Focussing on practical actions that teams across the Trust can do to tackle inequalities, such as reducing missed appointments. We know that missed appointments deepen existing health inequalities and lead to inequitable access, poor experience and worse outcomes. We recently hosted a city-wide event focussed on sharing learning on what works to reduce missed appointments for those at risk of health inequalities. This included action planning for change.

We will continue our work on addressing health inequalities and have developed the following priorities in collaboration with partners.

- 1) Scaling up and embedding good practice on health inequalities into Trust systems and processes, focussing on broad-reaching, practical actions.
- 2) Strengthening leadership and capacity for action on health inequalities across all levels of the Trust.
- 3) Building on our success. For example, developing further and expanding the reach and effectiveness of our smoking cessation offer across the Trust.
- 4) Continuing to build our foundations to support Trust-wide work on health inequalities, including a simple measurement framework to monitor the progress we are making as a Trust.
- 5) Exploring new areas of focus, examining and acting on the Trust's contribution to city-wide agendas, including the health of 0–5-year-olds and on early identification and prevention of disease.

Health inequalities reporting

The data reported on the next page relates to a small number of key indicators in line with the Trust's reporting duties as outlined in [NHS England's statement on Information on Health Inequalities](#).

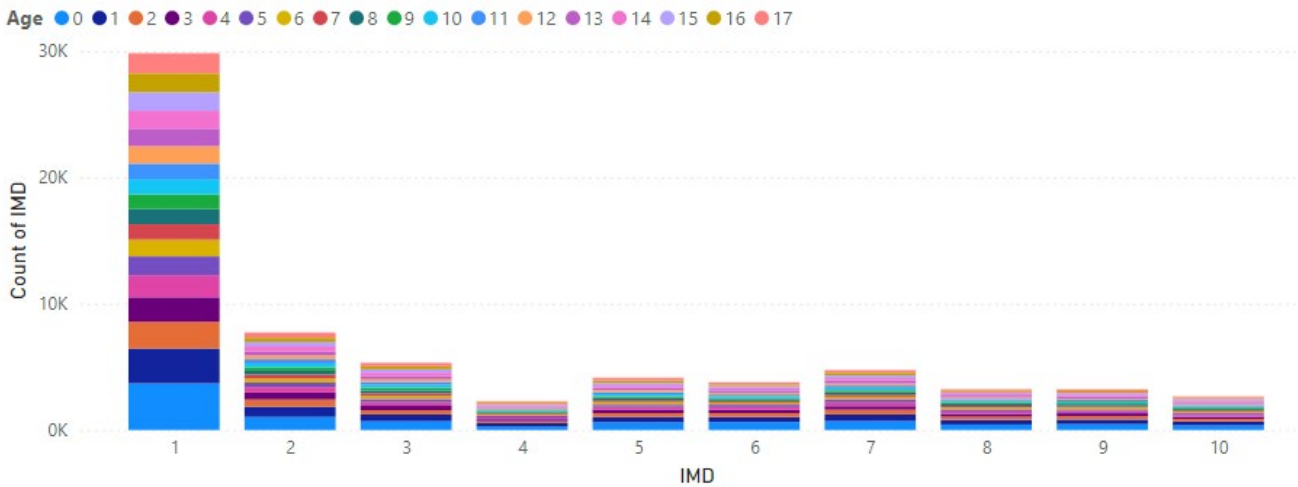
It should be noted that not all NHS England (NHSE) specified data points are routinely available within the Trust and therefore are not reported here. Over the next year, the Trust is committed to strengthening its routine measurement of health inequalities which will include, but not be limited to, the indicators within the NHSE Statement.

Emergency admissions for under 18s

The Trust had a total of 54,840 Emergency Department (ED) attendances for under 18-year-olds between April 2023 and March 2024. Since a third of the children in Leeds live in the 10% most deprived neighbourhoods nationally (IMD 1), we would expect these children to

account for a third of our under 18s ED visits (around 18,000 visits). The disproportionate rate of ED attendance for children from IMD 1 (over 23,000) suggests that there are unmet health needs within these communities not being met through planned and preventative health services.

ED attendances for April 2023-March 2024, broken down by Index of Multiple deprivation (IMD) where 1 is most deprived and 10 is least deprived.

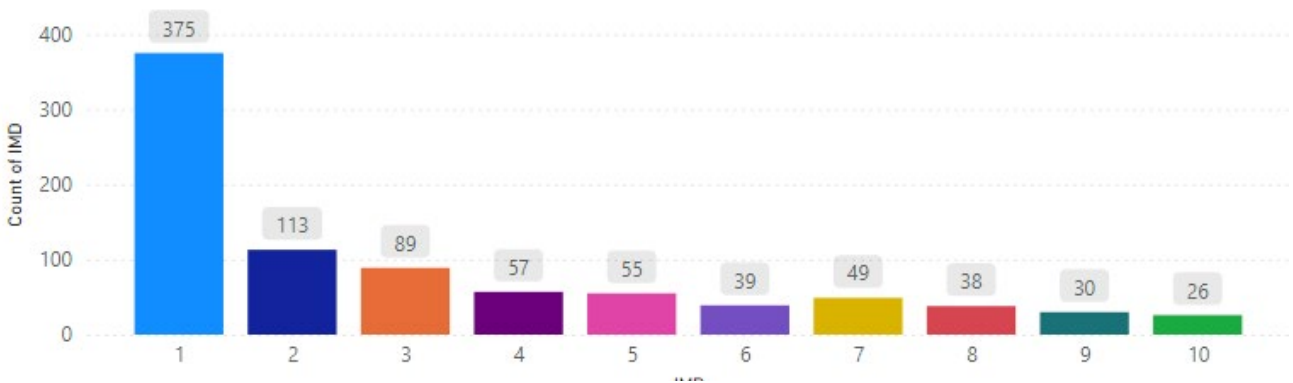


Tooth Extractions

Tooth extractions in children are an important marker of poor oral health. They reflect the presence of tooth decay which is generally preventable with good oral hygiene and access to dentistry. The data below shows all 884 tooth extractions on children undertaken at the Trust in

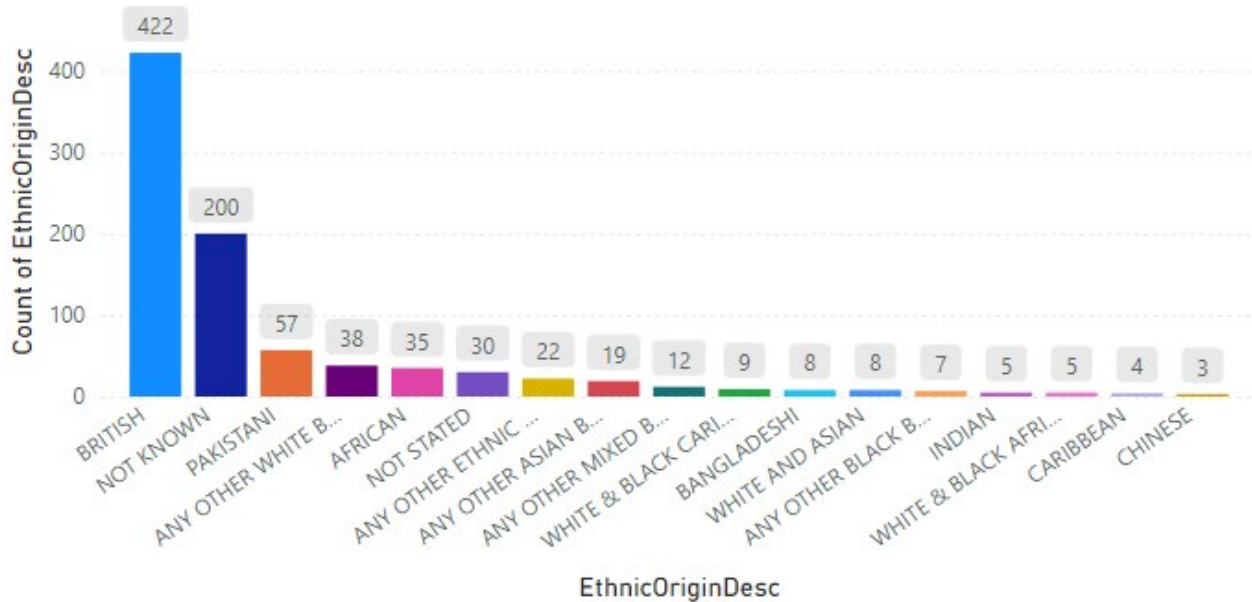
the 2023/24 financial year (note the data does not specify that decay is the cause of the extraction). In Leeds, just over a third of children live in IMD 1 neighbourhoods but they account for 42% (375) of the tooth extractions undertaken, highlighting inequalities in dental health.

Tooth Extractions for Children between April 2023-March 2024, broken down by Index of Multiple deprivation (IMD) where 1 is most deprived and 10 is least deprived.



If we examine our data by ethnicity, we can see that in over 200 cases ethnicity data is unavailable. This makes it challenging to draw any conclusions in relation to inequalities relating to ethnicity and highlights the need for the Trust's plan to strengthen its health inequalities monitoring and reporting.

Tooth Extractions for Children between April 2023-March 2024, broken down by Ethnicity.



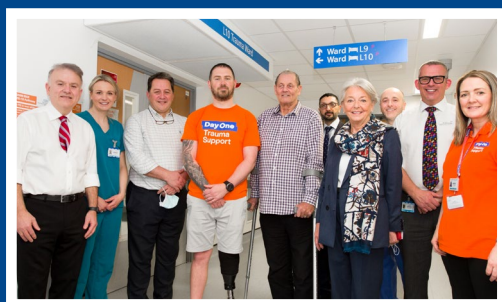
Smoking Cessation Services

Smoking is the leading cause of preventable illness in the UK. Supporting people to stop smoking is one of the most impactful actions we can take to tackle health inequalities. Our Trust now provides Smoking Cessation Services in 60% of its inpatient wards and 100% of its maternity inpatient wards. Over the next year we will continue to roll-out this service across the whole Trust.



APRIL 2023

The Leeds Major Trauma Centre (MTC), based at Leeds General Infirmary (LGI), reached an important milestone this month, marking 10 years of saving lives across West Yorkshire.



Congratulations to the MTC team, which has treated more than 16,000 seriously injured patients since the facility opened in 2013. It is the second busiest MTC in the country.

MAY 2023

We were delighted to hear that our plans for a new adults' hospital, a new home for Leeds Children's Hospital (LCH) and the UK's largest single-site maternity centre were confirmed as fully funded by the Secretary of State for Health and Social Care, Steve Barclay as part of a statement on the Government's New Hospital Programme.

The new development at LGI will deliver innovative healthcare for patients in Leeds and beyond and be a major catalyst for economic regeneration.



We put the spotlight on our wonderful administrative colleagues at our first Celebrating Admin awards ceremony, held at the Thackray Medical Museum.



Winners and highly commended staff were nominated in six categories and to add to the celebration colleagues from across the Trust were recognised on our social media at #LTHTCelebratingAdmin.

AUGUST 2023

The Chapel Allerton Orthopaedic Centre (CHOC) won national recognition this month for its high-quality patient care.

The centre was accredited for delivering high standards in clinical and operational practice by NHSE's Getting It Right First Time programme, in collaboration with the Royal College of Surgeons of England and supported by the Royal College of Anaesthetists. It's a fantastic achievement and testament to the hard work and dedication of the CHOC team.

Staff and volunteers from LCH sent themselves to Coventry this month, with the aid of a treadmill and static bicycle in the hospital foyer. They were joined on their mission to travel the 120-mile distance to Coventry, the host city for the 2023 British Transplant Games, by supporters from Leeds Hospitals Charity, the Millie Wright Children's Charity and 'Team Leeds' transplant patients and their families.

The mammoth feat helped to raise awareness of organ donation and funds to support our children's and adults' transplant teams at the Games.

JUNE 2023

In a UK first, heart surgeons at LCH performed a pioneering surgical procedure on two adult patients to treat Scimitar Syndrome, a rare congenital heart condition that could lead to heart failure. Both patients were discharged within a week of having the life-changing Lugones procedure, and its success has paved the way for the treatment to be offered at other UK centres.

★★★★★

A ground-breaking partnership was announced between the Trust and Flatiron Health UK to expand the information available for cancer research. Currently, only 20% of people with cancer can take part in clinical trials.

This new collaboration will see Flatiron translate information from the records of patients receiving cancer treatment at the Trust into high quality data that gives more researchers the opportunity to develop new treatments and care.



JULY 2023

The Trust was proud to join the celebrations to mark 75 years of the NHS, delivering tea party boxes to teams across our hospitals as part of NHS England's (NHSE) 'Big Tea' campaign, showcasing the work of our staff and sharing memories and photographs from previous decades. It was a wonderful opportunity to honour the staff who make the NHS the amazing organisation it is.

★★★★★

We had another chance to thank our staff for their hard work at our Time to Shine awards this month. This annual event – held in person this year for the first time since 2019 – is always a highlight of the year.



SEPTEMBER 2023

Minister of State for Health and Secondary Care, Will Quince MP visited St James's to officially open the new, cutting-edge Centre for Laboratory Medicine.



The laboratory will house pathology services for the Trust, Mid Yorkshire Teaching NHS Trust and Calderdale and Huddersfield NHS Foundation Trust as part of a pioneering collaboration with the West Yorkshire Association of Acute Trusts. It will support hospitals to drive innovation in testing and diagnostics for patients across the region.

OCTOBER 2023

We took a huge step towards achieving our net-zero ambitions with the installation of a 617-panel, solar photovoltaic canopy over the car park at Wharfedale Hospital.

The £1.1 million project will provide sustainable solar power to the hospital, while reducing the Trust's carbon emissions by nearly 44 tonnes a year and making an annual saving of £75,000.

★★★★★

We marked a truly impressive surgical milestone this month. Five thousand patients have received robotic surgery since we installed our first Da Vinci robotic system at the Trust in 2005. Since then, our robotics programme has grown to become one of the largest in the NHS, thanks to the commitment of our team.



NOVEMBER 2023

New hoardings at Seacroft Hospital depicting people's experiences of Motor Neurone Disease (MND) were a powerful reminder that the Rob Burrow Centre for MND is moving closer to development.

The hoardings mark out the site of the new centre, which we are due to start building in 2024 subject to planning permission. Leeds Hospitals Charity has raised more than £5 million of its £6.8 million target for the centre, which will be a wonderful specialist resource for people affected by MND.



DECEMBER 2023

The first breast cancer screening trial to use AI in the UK began this month, run by the team at the Leeds/Wakefield Breast Screening Unit at Seacroft Hospital and headed by Dr Nisha Sharma, Director of Breast Screening and Clinical Lead for Breast.

The ground-breaking LIBRA trial will screen around 7,000 women with AI software, examining its potential to detect cancer early, reduce unnecessary call-backs and ease workforce pressures.

This month also saw the opening of our new Same Day Emergency Care department alongside the Emergency Department (ED) at St James's. This is part of a £5.5 million scheme to maximise patient flow through the ED and provide a modern environment designed with patients and staff in mind.



FEBRUARY 2024

National Apprenticeship Week, from 5 – 11 February is a wonderful opportunity for organisations like the Trust to celebrate the work of their apprentices. We held a special Apprenticeship Awards ceremony at the end of the week in recognition of the impact our apprentices make across the Trust.



5-11 FEBRUARY 2024 #NAW2024
IT'S NATIONAL APPRENTICESHIP WEEK
NHS The Leeds Teaching Hospitals NHS Trust

Sylvia Domfeh
Apprentice Finance Officer

I am a big advocate of apprenticeships because you are given the opportunity to implement what you have learned in the classroom at work. This is really useful to me as it gives me more context to the material covered in the classroom.

This apprenticeship enables you to implement what you covered in college into real life scenarios at work. It also gives you the opportunity to make better use of the classroom teachings received. You are able to test myself at work whether you understand the topic that was covered in the classroom, if that's not the case you can ask your teacher for further clarification.

MORE INFO

JANUARY 2024

Four maternity support workers from the Trust became the first in West Yorkshire to receive the prestigious Chief Midwifery Officer awards for their outstanding contribution to maternity care. Congratulations to Kalliste Thomson, Sue Baron, Nicola Smith and Lucy Brown who were presented with their awards at a surprise ceremony at St James's.



MARCH 2024

We were delighted to welcome Her Royal Highness the Duchess of Edinburgh to LCH to visit our neurosciences ward. The Duchess is Patron of LCH and this was her first visit since before the COVID-19 pandemic in 2020. She had the opportunity to meet patients and learn more about our care from our staff.



Our exciting plans to develop an Innovation Village at LGI received a massive boost with the Government's announcement that £160 million is to be allocated to the West Yorkshire Healthtech and Digital Technology Zone.

Some of this funding will go towards redeveloping the Old Medical School into a healthtech innovation hub, a flagship project for the Zone that will kick start the Innovation Village development, making it a global destination for health and life science entrepreneurs.

You can find out more about the Trust's work at www.leedsth.nhs.uk or by following us on Facebook and X.

NOTABLE VISITS

Our work attracts regional, national and global interest and we are always delighted to share it with visitors.

Over the year, we updated visitors on our Building the Leeds Way plans and invited them to tour the state-of-the-art Centre for Laboratory Medicine at St James's. We showcased the exciting work being done at our pioneering Innovation Pop Up and shared our intention to develop the Old Medical School into a healthtech innovation hub as the cornerstone of a new Innovation Village in Leeds.

Visitors were also keen to hear about other infrastructure programmes around the Trust, including progress on digital and IT and how we are reducing our carbon footprint.

There were many visits to staff teams, including those working on our robotics programme and our Colorectal team to learn how they are reducing backlogs in elective care.

Last year we had too many visitors to mention individually, but they included:

- ★ **HRH Duchess of Edinburgh**, Patron of Leeds Children's Hospital
- ★ **Will Quince MP**, Minister of State, Department of Health and Social Care (to Nov 2023)
- ★ **The Rt Hon Andrew Stephenson CBE MP**, Minister of State, Department of Health and Social Care
- ★ **Lord Markham CBE**, Parliamentary Under Secretary of State, Department of Health and Social Care
- ★ **Lord Callanan**, Parliamentary Under Secretary of State, Department for Energy Security and Net-Zero
- ★ **Lord James O'Shaugnessy**, former Health Minister
- ★ **Sir Keir Starmer**, Leader of the Opposition
- ★ **Wes Streeting**, Shadow Secretary of State for Health and Social Care
- ★ **Richard Meddings**, Chair, NHS England
- ★ **Professor Dame Sue Hill DBE**, Chief Scientific Officer NHS England
- ★ **Tracy Brabin**, Mayor of West Yorkshire
- ★ **Leeds MPs** - Rt Hon Stuart Andrew MP, Rt Hon Hilary Benn MP, Richard Burgon MP, Alex Sobel MP
- ★ **Councillors** from Leeds City Council
- ★ **Ed Anderson**, Lord Lieutenant for West Yorkshire
- ★ **John Robins**, Chief Constable West Yorkshire Police
- ★ **Representatives** from the Department for Health and Social Care, NHSE, the New Hospital Programme, Ugandan Ministry of Health, the charity sector, research and academia

Section one

Operating and financial review



Section 1 - Operating and financial review

1.1 Performance analysis

The purpose of this section is to describe how the Trust delivers services to its patients against a number of key national measures. The standards for delivery are set out in the NHS Constitution although there are also a number of pertinent measures within the NHS System Oversight Framework and interim measures are also defined in the annual NHS Priorities and Operational Planning Guidance. The key measures within the NHS Constitution are:

- a. **Referral to Treatment Times (RTT)** - how long our patients wait to begin treatment after being referred to our services
- b. **Emergency Care Standards (ECS)** - how long our patients wait for treatment
- c. **Last minute cancelled operations** - how many patients are cancelled on the planned date for treatment and how long do they wait for an alternative date to be arranged
- d. **Diagnostic Tests** - how long do our patients wait for tests
- e. **Cancer** - how long do patients with cancer wait for a diagnosis and treatment

Within each section the key measures of performance are shown. These are measures that we report on nationally, which enables comparison with other NHS Trusts. These measures are reported to our Finance and Performance Committee and Trust Board. Our ability to deliver on these measures can be impacted by numerous factors, such as workforce or estate issues. These are recorded in the Trust's risk register, along with controls and mitigating actions to manage the risk and are reviewed at the Risk Management Committee.

Our performance

During 2023/24 it was important to increase the number of patients who were diagnosed and treated within our services to allow us to reduce our waiting lists. During the year we delivered 1,102,029 outpatient appointments, an increase of 133,109 appointments on our 2019/20 pre-COVID-19 pandemic position. We also treated 73,417 patients as day case or regular day attenders, an increase of 9,389 on the 2019/20 pre-pandemic position. A further 344,851 patients attended our Emergency Departments (ED) during the year.

Our activity would have been greater during the year, but periods of industrial action impacted on our outpatient activity, elective and planned care. It also slowed our ability to reduce our overall waiting list and the longest waits experienced by our patients as we prioritised available capacity for those patients who were clinically more urgent.

Our services report on these measures through service delivery contracts to ensure that there is a clear line of reporting and accountability as to the levels of service we commit to deliver for our patients during the course of the year. Oversight and assurance continues via reporting to the Finance and Performance Committee and to the Trust Board.

Referral to Treatment Times (RTT)

The 2023/24 operational planning guidance required Trusts to eliminate waits of over 65 weeks for elective care by March 2024, but requirements were amended during the year as industrial action impacted activity levels nationally. However, reducing waiting times for patients remains as part of a longer-term plan to recover towards the constitutional standard of delivery of care within 18 weeks of a referral being made.

By the end of the year 2022/23 delivery against the 18-week standard was at 63.2% and by March 2024 this was 62% with the Trust ranked 26th out of 119 for March 2024, which was an improvement from 43rd in February 2020 (pre-pandemic). During the year the Trust has reduced the longest waits our patients experience, with just two patients waiting over 104 weeks after June 2023.

In September 2021 the Trust had 1,705 patients who had waited over 78 weeks for treatment and by April 2022 this number had fallen to 748. During 2024 there were a maximum of 122 patients who waited over 78 weeks and by March 2024 this had fallen to 13 patients. In April 2023, 903 patients had waited over 65 weeks for treatment. This had fallen to 348 patients by the end of March 2024.

The Trust was placed into Tier 2 of supportive measures by NHS England (NHSE) for management of elective long-waiters. Improvement in this position delivered during the year meant that we were removed from Tier 2 monitoring in May 2024.

In April 2023 there were 89,476 patients on the waiting list to begin treatment. The number of patients on the waiting list had grown to 96,144 by September 2023 before reducing to 91,937 by March 2024. The increased activity delivered by our services has been crucial to stabilising waiting list growth when set against the impact of industrial action, seen across the NHS.

We have continued to manage our most urgent procedures in line with guidance developed by the Federation of Specialty Surgical Associations, which categorised procedures as requiring treatment within specified time bands. This means that those patients deemed to be less urgent experience longer waits for care. Prioritisation of patients according to clinical need is important in reducing the risk of patients deteriorating during any waits for treatment. The Trust also undertakes reviews of patients experiencing longer waits to determine whether patients have come to harm as a result. These reviews are reported to the Quality Assurance Committee and to the Board.

Emergency Care Standard (ECS)

The 2023/24 priorities and operational planning guidance required the ECS of 76% of patients to be seen, treated, admitted or discharged within four hours of presenting in our EDs, and by the end of March 2024 the Trust delivered 76.8% against this target. The Trust demonstrated an improving position against the national average for England at the end of March 2024 which delivered 73.6%. This was an improvement on the previous year when the Trust delivered an aggregate position of 69.2%.

Attendance levels to the Leeds General Infirmary and St James's EDs in 2023/24 remained high, representing a 1.6% increase on 2022/23. Programmes of work with city partners over 2023/24 continued to focus on reducing ED attendances for those people presenting to EDs with less severe conditions that could be better served by primary care and the same day emergency care units (SDEC).

The average bed occupancy within the Trust remained high however; by the end of March 2024, the average bed occupancy was 96.5% overall. This was an improving position against 2022/23 which delivered adult occupancy averaging at 99.3%. The ongoing impact of respiratory viruses, including flu and COVID-19 during autumn and winter resulted in delays in placing patients into ward beds appropriate for specific patient care needs. In response, there has been an increase in the number of patients accessing SDEC with a "care at home" approach whenever clinically safe and appropriate. The Trust is also an active partner in the city's "home first" programme aimed at reducing hospital admissions and minimising inpatient stays through the provision of alternative care models.

Last minute cancelled operations

Continued industrial action across 2023/24 has led to challenges with cancelled operations due to capacity for day case and inpatient treatments. The Trust has not met the national requirement that patients whose treatment is cancelled on the day of planned treatment should be rebooked within 28 days but has significantly reduced the number of patients cancelled when compared to 2019/20 (pre-pandemic). In 2023/24, the Trust delivered significant improvement from Q1 – Q4 in this standard when compared to the same time periods for 2022/23. When compared with 2019/20, Q1, Q2 and Q4 show improvement against the pre-pandemic position, with an improving position in Q3.

Diagnostics

The Trust delivered above the national planning guidance requirement to increase the percentage of patients who receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%. In March 2024, the Trust improved its position to 95.9%, a significant improvement on the 2022/23 position of 75.8%.

The Trust ranked 11th of 119 Acute trusts in March 2024 for diagnostic performance and we delivered 18,000 more tests than the 2019/20 (pre-pandemic) position.

The Trust opened the Seacroft Community Diagnostic Centre (CDC) in April 2023 which delivers diagnostic testing for all healthcare services across Leeds. This service will continue to work towards delivering diagnostic activity levels that support plans to address the elective and cancer backlogs and the diagnostic waiting time ambition. In its first year, the CDC delivered activity 10% above our plan.

Cancer

The national requirement is to treat a minimum of 85% of patients referred with suspected cancer within 62 days of referral from a GP or dentist. This has not been achieved by the Trust since February 2017.

Progress against this standard was made during 2022/23 with a March 2023 position of 59.8% of patients meeting the 62-day standard. In 2023/24, this improved again to 64.8%. This improvement was enabled by a significant reduction in the backlog of patients waiting to begin treatment who had already waited more than 62 days. Growth in referrals has driven challenges in the skin pathway, with a 20% increase in this pathway alone contributing to a backlog of 818 patients over 62 days in November 2023. This reduced significantly to 276 by the end of 2023/24.

The Trust delivered above the 28-day faster diagnosis standard for 2023/24, as set out in the operational planning guidance, delivering 75.4%, against a national target of 75% for the end of March 2024. Industrial action and increasing referral numbers have impacted the pace of recovery within this standard.

The measures for first and subsequent treatments were merged in October 2023 to be reported as a single figure. It remains a significant challenge to deliver against the requirement that 96% of patients are treated within 31 days for their first definitive treatment (i.e. requiring treatment to be delivered within 31 days from the decision to treat date). For 2023/24 the Trust position was 87% against a plan of 96%.

This was a reduction in the 2022/23 year-end position of 95.1%. Waits for radiotherapy were longer in 2023/24 than 2022/23. Across 2023/24, our services focussed on developing improved ways of working across pathways. This work was most evident in the improvement across the skin pathway, which contributes over 50% of the overall Trust figure.

Ongoing improvement trajectories have been agreed with CSUs to further improve our management of the 62-day backlog, with work being undertaken to concentrate on specific cancer pathways. These have the support of CSU stakeholder groups and corporate teams to ensure that improvement is delivered.

1.2 Improving quality

Our aim is to provide outstanding care, ensuring we treat every patient as an individual, deliver the best outcomes, the best experience, and one which is free from avoidable harm. This ambition informs our values, underpins our goals and is reflected in our culture of continuous improvement.

Although as a Trust and across our health care economy we continue to face challenges we have had much to be proud of in our achievements during the last 12 months. We have continued to make, and sustain, improvements in quality and safety whilst facing significant operational pressures across the Trust. We are extremely proud of our staff who have focused on providing safe care and improving quality for our patients and taking the time to support and care for each other.

Our quality improvement programme remains key to addressing patient safety challenges: we have continued with our collaboratives and the achievements are set out in our Quality Account 2023/24. The Leeds Improvement Method (LIM) has continued to provide a framework to address safety improvements and we have revised and updated our Improvement Strategy.

We have continued to work with our external stakeholders and regulators to ensure that we provide safe care to all our patients in the face of sustained pressures across the healthcare system. We will continue to embed the Leeds Way Values and Our People Priorities, creating a positive culture where staff feel engaged in the work that they do. We continue to listen to and empower our patients and the public in order to understand the value of services and how we can improve.

We have updated our Patient Safety Incident Response Plan, setting out our priorities for the next two years. We have also refreshed our annual commitments for 2024/25 with our senior leaders and Board, focusing on improving quality for patients and supporting our staff. We have continued to work with our clinicians, managers, staff and local partners at Leeds Health and Care Partnership, NHS West Yorkshire Integrated Care Board and Healthwatch Leeds to build on our improvements and identify our priorities for 2024/25.

Further information on key improvements in the quality of care and patient safety, the Trust's performance against national standards, goals agreed with commissioners and our plans for 2023/24 is summarised in our Quality Account, published in June 2024.

1.3 Finance review

The financial year ending on 31 March 2024 has been another challenging year for the Trust with the on-going impact of consultants', nurses' and junior doctors' strikes, the impact of high levels of bed occupancy and the impact of inflation resulting from events worldwide.

The year has seen further changes in the NHS Financial Regime. While payments by results was introduced for elective recovery funding, West Yorkshire Integrated Care System (ICS) adopted a local model approved by NHS England (NHSE).

Despite these pressures and changes, the year has seen continued strong results from a finance perspective. The Trust's Finance Directorate, encompassing Finance and Procurement, has been integral to the Trust's delivery of a record Waste Reduction Programme of £131.8 million.

Overall, 2023/24 was another year of financial success and achievement for the Trust.

Highlights of 2023/24 from a financial point of view are:

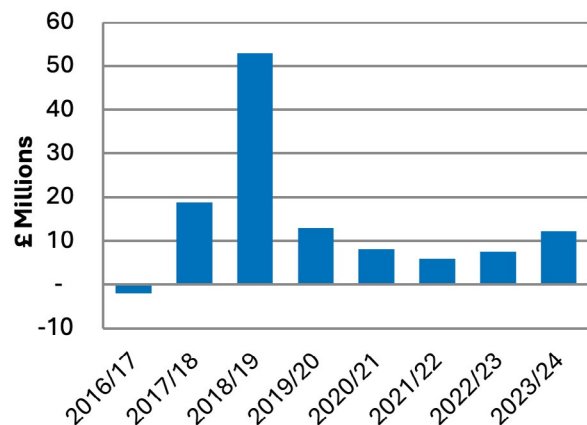
- An adjusted financial performance surplus, after technical adjustments, of £12.3 million. The seventh consecutive year of surplus (see table 1 below)
- significant level of capital investment of £99 million (see table 7)
- delivery of a record mitigation and Waste Reduction Programme of £131.8 million, significantly overachieving against national expectations and in comparison to previous years
- cash balance of £48 million
- maintained achievement against the Better Payments Practice Code for paying suppliers promptly of 97%, the highest level achieved (see table 6)
- confirmation from the Secretary of State for Health and Social Care for funding and delivery of Leeds' New Hospital Programme
- the NHS Finance Leadership Council agreed that Leeds Teaching Hospitals NHS Trust should be re-awarded One NHS Finance

Towards Excellence Accreditation, at Level 3, with effect from 10 May 2023. This is the highest accreditation level possible. Level 3 organisations demonstrate an influential NHS finance function that extends beyond their own organisation, based on exceptional finance skills, development culture and practices

- the collaborative Pathology MSC Steering Group was honoured with the 'Close Partnering and Collaboration Award' by the Yorkshire and Humber Healthcare Financial Management Association (HFMA) for their outstanding work on the Pathology MSC contract. This contract is projected to deliver over £30 million in savings across three West Yorkshire Association of Acute Trusts (WYAAT) organisations: Leeds Teaching Hospitals NHS Trust, Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Teaching NHS Trust
- Finance achieved recognition at the Health Care Supplies Association (HCSA) 2023 annual awards in the categories of: HCSA Procurement Excellence Award; HCSA Logistics Excellence Award; and the above Pathology MSC contract was shortlisted in the HCSA Cross Functional Collaboration Award, and,
- at the Annual Healthcare Finance Managers Awards, Leeds Teaching Hospitals NHS Trust secured the Environmental Sustainability Award.

None of this would have been possible without the tremendous contribution of all members of staff across the Trust, not least those in the Finance service.

Table 1: Adjusted retained surplus/(deficit)



Income and Expenditure Summary

One of the Trust's strategic goals is financial sustainability, with the aim of becoming the most efficient teaching hospital in England. Achieving a sustainable revenue surplus is a clear measure of success against this goal in addition to meeting the statutory duty to achieve breakeven.

A sustainable surplus is important because the cash generated can be invested in subsequent years as capital expenditure to maintain and improve our estate, purchase medical equipment or develop our digital infrastructure to provide modern healthcare to our patients in safe surroundings.

The Trust has delivered an adjusted financial performance surplus of £12.3 million. The performance contributed to the West Yorkshire Integrated Care Board (ICB) achieving its control target for 2023/24.

For 2023/24, the Trust was contracted via the Aligned Payment Incentive Approach (APIA). The majority of the income received under this revised National contractual approach was fixed. The main variable elements to the income received into the Trust were related to NHSE-commissioned drugs and devices. For elective activity commissioned by the West Yorkshire ICB and NHSE Specialised Commissioning, the Trust varied from the National Payment System and instead agreed a local payment mechanism based on the number of 52-week wait patients where the Trust would earn additional funding if we performed better than the agreed target. The Trust exceeded our best-case position for 52-week breaches despite Industrial Action, which earned an additional £2.3 million. The Trust also secured additional funding via the Elective Recovery Framework from the ICBs and NHSE Specialised Commissioning of £52.3 million, based on the commissioner allocations increasing.

Table 2 below illustrates the income received over the year from different sectors.

Table 2: Income received from different sectors

	2017/18 Actual £000	2018/19 Actual £000	2019/20 Actual £000	2020/21 Actual £000	2021/22 Actual £000	2022/23 Actual £000	2023/24 Actual £000
NHS England	498,293	515,025	589,857	619,924	702,831	816,560	817,726
Clinical Commissioning Groups/ Integrated Care Board	522,806	543,232	588,855	652,340	778,854	772,150	816,412
Non-NHS: Private Patients	5,857	4,907	5,535	3,706	3,845	1,437	1,386
Other income from patient care activities	7,266	20,448	8,739	6,234	7,375	8,337	9,647
Other operating income	204,045	252,235	221,754	314,591	235,040	245,504	255,345
Total operating income	1,238,267	1,335,847	1,414,740	1,596,795	1,727,945	1,843,988	1,900,516

Included in "Other Operating" income above is £2.9 million in respect of donations from a number of charities and organisations that generously support our services by funding equipment purchases, research activity, specialist staffing or environmental enhancements. The Trust is grateful to these charities for their support.

Leeds Hospitals Charity (formerly Leeds Cares) is the official charity partner of the Trust. It has continued to raise funds on our behalf and worked closely with our staff to raise the profile of our services.

Table 3 on page 36 gives a summarised breakdown of expenditure during 2023/24.

Table 3: Summarised breakdown of expenditure

	2017/18 Actual £000	2018/19 Actual £000	2019/20 Actual £000	2020/21 Actual £000	2021/22 Actual £000	2022/23 Actual £000	2023/24 Actual £000
Employment related costs	702,958	745,032	830,372	924,569	985,758	1,088,351	1,126,477
Drug costs	178,445	188,170	200,947	237,243	266,116	285,106	301,554
Clinical supplies and services	155,889	153,668	156,404	164,594	182,293	191,325	205,857
Premises	42,348	54,594	68,597	78,021	74,831	70,769	66,035
Other operating expenses	172,962	117,297	113,883	363,776	189,850	136,191	157,567
Total operating expenses	1,252,602	1,258,761	1,370,203	1,603,609	1,698,848	1,771,742	1,857,490

The expenditure position has increased due to an increase in costs from inflation, drugs costs and staffing costs, including strike costs.

- Employment costs have increased during the year. There has been an increase of 556 WTE (£41 million) in the number of permanent staff employed by the Trust, including 177 nurses, 67 scientist/technical staff and 28 additional doctors. The cost of the pay award for agenda for change and medical staff was £52 million.
- To achieve its surplus the Trust delivered a mitigation and waste reduction programme of £131.8 million, of which £53.5 million came from programmes across our CSUs. A further £23.9 million was delivered from strategic cost base reviews across the organisation. The balance was delivered from other Trust-wide cost savings programmes. These programmes were and continue to be built on the principles of our Leeds Improvement Method (LIM). This seeks to identify and remove wasteful practices, procedures or delays which impede great patient experience. Financial savings are a by-product of introducing improvements in the way we communicate with and treat patients in our care. Each year, increasing numbers of staff are receiving training in the LIM.

The two charts below give some further information on where our income comes from and how we use it to deliver our full range of services to patients.

Table 4: Where each £1 comes from

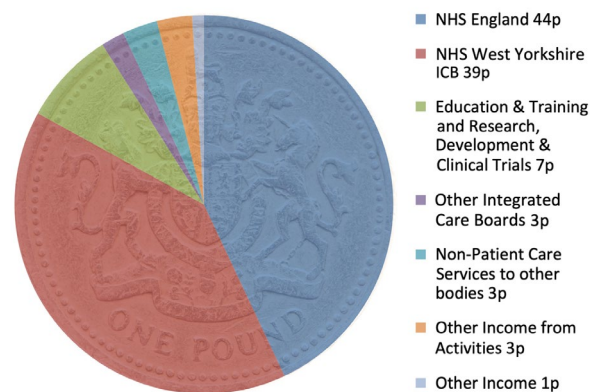
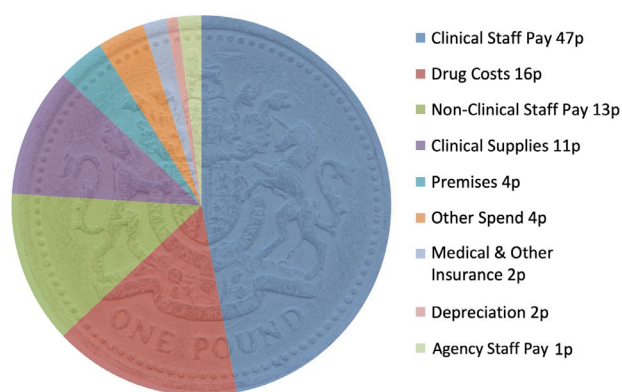


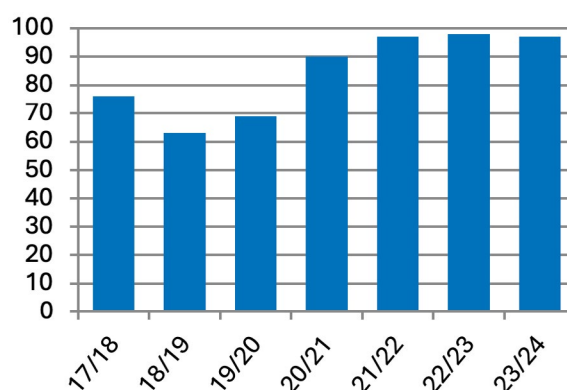
Table 5: How each £1 is spent



Better Payments Practice Code

The change in the NHS finance regime and the move to block contract payments, alongside better invoicing and debt collection processes has helped to improve our liquidity position. One of the innovations mentioned earlier has been the move to twice-weekly supplier payment runs. The result has been an improvement in our Better Payments Practice Code compliance percentage with 97% of valid supplier invoices now being paid within 30 days or their due date (if later). This achievement was recognised with a letter of commendation from Julian Kelly, NHSE's Director of Finance. Table 6 shows the improvement over the past few years. In challenging economic times it is particularly important to support our suppliers and local businesses by ensuring prompt payments are made to them, so it is pleasing to see the improvement.

Table 6: Better Payments Practice Code Performance %



It is also pleasing to note that no late payment of commercial debt charges have been incurred during the year. If interest had been levied under the terms of the Public Contract Regulations on the small number of invoices that were not paid within terms, the maximum liability would have been £173k (2022/23- £142k) - money which if incurred would no longer be available for patient care.

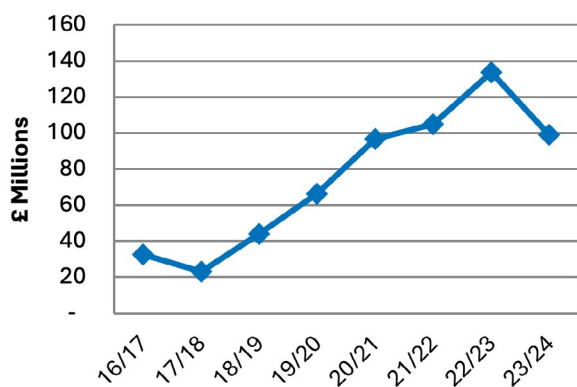
Capital Investment

In 2023/24, capital investment continued to be underpinned by our previous year's surpluses. Capital expenditure was £99 million, which was lower than 2022/23 primarily due to the nearing completion of the new Centre for Laboratory Medicine and the Public Sector Decarbonisation schemes. The table and graph below show how, with an improving revenue position, we have been able to build and sustain our level of capital expenditure over the last six years.

Table 7

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000
Building and Engineering	10,633	28,440	29,061	39,587	27,135	39,943	39,585
Medical and Surgical Equipment	7,286	8,963	22,978	16,434	23,607	10,415	10,157
Information Technology	5,210	6,746	14,110	20,048	40,059	44,770	26,214
Building the Leeds Way				14,092	14,002	35,786	11,311
Leased Assets						2,606	11,761
COVID-19				6,396			
Total	23,129	44,149	66,149	96,557	104,803	133,520	99,028

Table 8: Capital investment



Capital expenditure during the year included the following higher value schemes:

	£000
End User Computer Modernisation Programme	11,731
Public Sector Decarbonisation Scheme	8,132
Ophthalmology, Gledhow Wing St James's	7,242
Digital Pathology Infrastructure	5,413
Digital Pathology Research PACS	4,070
National Pathology Imaging Collaborative - Wave 2	2,995
LIMS and Interoperability	2,701
Network Infrastructure Refresh	2,623
Electronic Health Record	2,180
Diagnostic Workstations	2,046

Looking to the Future

The national planning guidance issued in March 2024 outlined the continued challenge for the NHS to tackle service recovery, to deliver the key ambitions in the NHS Long Term Plan and to continue to transform the NHS for the future.

The financial position in 2024/25 will be impacted by the continued financial pressures across the NHS, continued higher inflation due to worldwide events and the potential impact of ongoing strike action. In 2024/25 we will see the Trust adopt the national system of Payment by Result for elective recovery funding, with work undertaken to prepare for this change. As a result of the above it is clear there is going to be huge financial pressure in the system in 2024/25. The Trust is working to deliver its plan of a balanced financial position.

Capital investment for 2024/25 is planned at £84.1 million. While some risk to delivery of the full programme from inflation and supply chain concerns must be acknowledged, there is every reason to be confident of another high-level year of expenditure on our infrastructure.

Building work on the new Centre for Laboratory Medicine, a pathology laboratory servicing the Trust and hospitals in West Yorkshire and Harrogate is completed with commissioning work on the project due to complete this year. It will provide a full range of state-of-the-art pathology services to patients across the region.

Following the Secretary of State's commitment in May 2023 confirming full funding of Hospitals of the Future - the Trust's scheme to build a new adults' hospital, a new home for Leeds Children's Hospital and the largest single-site maternity centre in the UK, delivered by 2030 - the Trust is moving forward by finalising enabling works business cases. These will support delivery of the build on the LGI site. Confirmation of next steps from the New Hospital Programme is expected towards the beginning of the new financial year, after which the Trust anticipates work to begin at pace to move towards the build.

The outlook for finance as described above is uncertain. However, the Trust's history of financial delivery, its history of identifying waste reduction, and strong partnership working put it in the best possible place to meet these challenges. Delivery of the Financial Plan is one of the Trust's seven core commitments for 2024/25.

1.4 The NHS Constitution

NHS organisations like Leeds Teaching Hospitals NHS Trust are required by law to comply with the NHS Constitution, a document that establishes the principles and values of the NHS in England.

The Constitution sets out rights to which patients, the public and staff are entitled and pledges that the NHS is committed to achieve. It also describes the responsibilities that patients, staff and the public owe to one another to ensure the NHS operates fairly and effectively.

The Trust takes all reasonable steps to ensure the requirements of the NHS Constitution are met. Where patients are referred by their GP for consultant-led treatment the Trust aims to deliver this within 18 weeks or, where they have been referred to a cancer specialist, within two weeks.

In areas where we continue to face challenges due to system-wide issues we cannot resolve alone, we continue to work with our partners and commissioners to put plans in place to manage them.

We are committed to providing high-quality, safe care to all our patients and we will continue to work across the Trust so that we can meet the guidelines set out in the NHS Constitution.

1.5 Future direction

The Trust will maintain its focus on providing comprehensive hospital services for the people of Leeds and specialist healthcare for patients in the city, across West Yorkshire and beyond.

Our vision is to provide the highest quality specialist and integrated care, which drives us in our mission to be an internationally renowned healthcare institution, working in partnership to deliver the highest quality, safe, effective and innovative care which improves health outcomes.

The past three years have proved challenging and we have worked tirelessly in our efforts to recover from the devastating impact of the COVID-19 pandemic. Moving forward, we recognise the importance of focussing

on improvement in order to continue this momentum.

We have completed a light refresh of the Trust's strategy portfolio to align it with our revised strategic priorities and multiyear goals, reflect changes in our external environment and strengthen the response to the core challenges. To strengthen this alignment and connectivity, we have created a new suite of summary documents with a consistent visual identity.

We have moved into the second year of our annual 7 Commitments (7Cs), which have evolved from 2023/2024. We will continue to set commitments every year and our CSUs and corporate teams will use the Leeds Improvement Method to develop plans to deliver them locally. This is a new way of setting personal and CSU priorities within the Trust and aims to foster a shared focus and commitment from all our staff teams. Our vision is for every member of staff to understand the role they play in the bigger picture of the Trust's development.

To support the 7Cs further, we host a weekly engagement and celebration meeting known as Friday Focus. This highlights the amazing work our clinical teams are carrying out to align with the commitments and there is an open invite to all teams to attend. Along with integrating the commitments into our appraisal process, this will help further embed them throughout the Trust.

Our Operational Transformation Strategy has seen us produce tangible improvements in the efficiency and quality of patient care across all transformation programmes in Outpatients, Diagnostics, Planned Care, Cancer and Unplanned Care.

As part of the refresh of our strategy portfolio, we also refreshed the Operational Transformation Strategy. Now known as the Operational Strategy, it will continue to embed system and service improvements, adopting research, innovation and new approaches to deliver the best outcomes for patients.

We are in the process of creating a Finance Strategy to further support our strategy portfolio. The strategy will encompass Finance the Leeds Way, a programme of financial management that seeks to reduce waste, improve our financial processes and deliver

quality services for patients at the best cost. This year has been challenging and we will seek to maximise on our expertise and sound financial systems to ensure we can deliver on future plans.

The Trust has a key role to play in improving the health and care of people across the wider region. We are a significant partner in the West Yorkshire Health and Care Partnership, Integrated Care System (ICS) and the West Yorkshire Integrated Care Board (ICB) and at 'place' level with the Leeds Health and Care Partnership. These partnerships will allow us to share skills and make the best use of collective resources to reduce health inequalities, focusing on ensuring patients receive care in the right place at the right time, whether at home, in the community or another setting.

Our collaboration with academic, city, health, social care and industry partners drives research and novel approaches to healthcare that will bring significant benefits for patients. Our work to establish an Innovation Village as part of a larger Innovation Arc will create jobs and opportunities to stimulate economic growth for Leeds and the region.

It is vital to modernise our estate and infrastructure, adopting digital and new technologies to improve care pathways and offering state-of-the-art services for diagnosis and treatment, together with more flexible ways for patients to access and receive healthcare.

Our Building the Leeds Way (BtLW) programme to build two new hospitals and a new maternity centre is a huge investment that will produce a building designed to offer our patients modern, individual healthcare based on the most advanced treatments, technologies, innovation and research.

It is an ambitious, long-term development that will change the way we think about hospital care and improve the lives of those regionally and nationally. It will enable the Trust to redefine hospital services, providing inpatient care for those with the most complex needs while making full use of new technologies and pathways to support healthcare in local communities, or closer to home.

The support and interest of our workforce is crucial to the Trust's success. We remain committed to prioritising investment in the training and wellbeing of our staff, while exploring all opportunities for staff to be involved in shaping the Trust's direction and culture. We recognise the invaluable insights our patients bring through lived experiences, which play a crucial role in informing future service development and our BtLW programme.

1.6 Managing risk

The Trust Board continually monitors the risks that could affect the delivery of our services. During the year we have continued to face a number of challenges to the delivery of our services, including risks as a consequence of continued industrial action and the medium to longer-term impact on potential harm to patients as a consequence of cancelled or delayed appointments and treatment.

The health, safety and wellbeing of our workforce has been a key priority as we enact our plans to return services to pre-COVID-19 pandemic levels, while also managing increasing acute demand across the Trust. Targets related to constitutional standards remain challenging across several specialties. The Trust is also looking forward, with several large infrastructure and service development projects linked to the Hospital of the Future plans.

The Trust has a well-embedded Risk Management Framework, which supports robust and efficient risk management and has an important role in supporting the Trust to:

- protect our patients from harm and poor outcomes
- support staff to protect their health and wellbeing and ability to do their job
- protect the Trust from unplanned financial outcomes
- have greater resilience to operational risks
- meet stakeholders' and Regulators' expectations.

During 2023/24 the Board reviewed the risk categories and risk appetite statements and refreshed the Trust risk appetite document. Risk appetite statements set the amount of risk the Trust is prepared to accept or tolerate for each category of risk. The document provides a summary of our Risk Management Framework and sets out our risk appetite statements.

Risks are identified from various sources, including proactive risk assessments, strategic planning, performance data, incident reporting and trends, clinical benchmarking and audit data, complaints, legal claims, patient and public feedback and internal and external assurance from stakeholders and regulators. The Trust's most serious risks are set out in our Corporate Risk Register, which is reviewed each month at the Risk Management Committee chaired by the Chief Executive, and at the Trust Board.

The risks described in the Corporate Risk Register are regularly reviewed with Executive Directors and designated leads and aligned to the risk types and categories set out in the Trust risk appetite document. The current corporate risks are aligned to the following risk types: workforce risks, operational risks, clinical risks, financial risks and regulatory risks.

The Trust continues to assess lessons learned to identify improvements that can be made across all areas. For example, during the COVID-19 pandemic we saw real improvements in collaborative working across the health and social care sector and more rapid decision making. We want to ensure that the changes made to the way we work that led to improvements in patient and staff experience are embedded. Other significant risks that have been reviewed and will continue to be key risk areas for the year ahead are detailed below.

- **Returning to normal activity levels and capacity with increased activity.** As with all organisations across the country there will be significant challenges in meeting the NHS Constitution waiting time standards.
- **Staff health, safety and wellbeing.** Staff have worked hard and under significant pressure both during the COVID-19 pandemic and in the subsequent period to recover service provision, resulting in physical and mental exhaustion. It is important that

the Trust learns from this experience. Health and wellbeing initiatives are being reviewed to ensure that support mechanisms remain effective and robust.

- **Staffing.** There is a national shortage of registered nurses, medical staff, allied health professionals and clinical support workers, which has been exacerbated by the COVID-19 pandemic and changes to the Internal Medicine Training. The Trust has undertaken gap analyses, developed workforce plans to mitigate risks identified and expanded international recruitment, which will continue into 2024/25. At a national level, industrial action also continues to impact on staffing across disciplines. We will continue to respond and mitigate the risks to patient safety as a consequence of industrial action and support staff during these periods.
- **Finance.** All NHS trusts are faced with a significant financial challenge in 2024/25, reflecting the national economic climate. This impacts on both revenue and capital allocation and the wider Trust estate and digital infrastructure. We will continue to review this risk with our clinicians and management teams to identify waste reduction programmes to achieve a balanced financial position.
- **Building the Leeds Way.** If the Hospitals of the Future project is not delivered the Trust will have insufficient capacity to meet service demand. A robust programme and project delivery governance and controls framework has been established to support the delivery and implementation of the project. Regular reviews of the programme's resource requirements and skill mix have been implemented to ensure these align with the needs of the delivery programme. Specialist workstreams have been created to drive work on digital and innovation, workforce and clinical planning and these are kept under constant review. The release of funds from central government remains critical to the delivery of the programme to fulfil the Trust's future ambitions.

In 2024/25 we will transition to Learn from Patient Safety Events (LfPSE), a national NHS service for the reporting and analysis of patient safety events, replacing the National Reporting

and Learning System (NRLS). This introduces improved capabilities for the analysis of patient safety events occurring across healthcare and enables better use of the latest technology to offer a greater depth of insight and learning that can be shared both locally and nationally.

We will continue to focus on the most significant risks reported by CSUs and Corporate functions at the Risk Management Committee. We will continue to review corporate risks in line with the annual programme, ensuring we have focused discussions about controls and mitigating actions for specific risks. We will review the Trust's Board Assurance Framework, which sets out the key strategic risks to achieving the Trust's objectives, linking this to our Risk Management Framework.

1.7 Research and Innovation

The Trust has an enviable reputation for research and innovation and aims to ensure our patients benefit from significant advances in clinical science and technology by improving their access to world-leading research studies and translating the results of research into improvements in patient care.

One of the Trust's 7 Commitments in 2023/24 has been to develop a culture of research and innovation across the Trust and this has helped to significantly raise the profile and visibility of research across senior leaders in the organisation.

Research delivery

Over the past 12 months, the Trust has continued to manage and deliver a complex and diverse research portfolio across all sites, with more than 760 studies open. During this time, 25,613 participants have been recruited into research at the Trust - the highest number of participants recruited in a single year - including 901 into commercially sponsored trials. We are the leading Trust for recruitment to specialist cancer studies; the highest adult acute hospital for recruitment to medical device studies and the highest recruiter for complex interventional studies.

Research activity spans all our CSUs, and our portfolio is highly diverse, ranging from research that helps to understand more about diseases through to trials of world-first surgical procedures, evaluations of new medical devices and diagnostics (including Artificial Intelligence algorithms in clinical imaging) and clinical trials of novel therapeutics.

We are proud to have been announced as the host for the new Regional Research Development Network (RRDN) for Yorkshire and the Humber. There are 12 RRDNs in the country, working to support a world-class system to deliver high quality research to enable the best care for patients and the public.

Pioneering treatment and care

The Trust is at the forefront of research into new treatments and care for patients, not only in Leeds but around the world. Some examples of this ground-breaking work during last year are below.

- We are the first NHS Trust in the country to assess an Artificial Intelligence (AI) algorithm in breast cancer screening services through the Leeds Investigation of BREast screening AI (LIBRA) trial led by Dr Nisha Sharma. Our work in Radiology AI continues to grow with the establishment of an AI Clinical Board in the Radiology CSU to support the development of a pipeline of projects in this area. The growing body of AI research underway at the Trust was showcased as part of the West Yorkshire Innovation Festival in November 2023.
- In November 2023, we announced £5 million funding from the National Institute for Health and Care Research (NIHR) to create a Healthtech Research Centre (HRC) in surgical innovation. This will be a partnership with the University of Leeds to improve patient journey from diagnosis, through surgery, to social care when returning to their community.
- A research team from the Trust and the University of Leeds has made an exciting breakthrough in the response to chronic lymphocytic leukaemia (CLL). It is working on a trial called FLAIR, the largest CLL trial in the world, testing the effectiveness of a new treatment. Results have been exceptional,

showing improved survival rates beyond those offered by standard treatments and paving the way for new therapies and care.

- The 'Ready for MS' trial which was designed in Leeds has been rolled out to 10 further sites in the UK. This trial is evaluating a digital resilience programme to see if it helps people with MS improve their belief in their ability to achieve goals and this roll-out follows an initial pilot in Leeds, London and Cardiff.

You can read more about the Trust's world-leading research and clinical procedures in The Year in Review on page 24.

Supporting innovation

Leeds has been named as a leading UK location for health innovation (Leeds Academic Health Partnership-commissioned independent report, Pursuing Excellence) and the Innovation Pop Up (Pop Up) is making a major contribution to our growing reputation in this area.

The Innovation support and business engagement programme delivered through the Pop Up continues to go from strength to strength and has now engaged with more than 300 Trust staff and developed more than 40 partnerships with businesses from across the world.

The Pop Up marked two years since its launch as part of the 2023 Leeds Digital Festival, inviting guests from government, technology and healthcare to celebrate its work.

We're also delighted that the Old Medical School (OMS) is to become a Healthtech Innovation Hub, a flagship development for the Yorkshire Healthtech and Digital Technology Zone and the first phase in an Innovation Village for Leeds.

The Innovation team launched its first community of interest in February 2024, LeedsXR, which brings together people with an interest in the use of augmented and virtual reality in healthcare. There are already a number of projects in this space underway at the Trust including a collaborative project with Norwegian company Holocare which uses AI headsets for presurgical planning.

You can read about our Innovation Pop Up, plans to develop the OMS and to create an Innovation Village in Building the Leeds Way on page 12.

1.8 Sustainability

As one of the UK's largest NHS trusts, we recognise the need to significantly reduce our impact on the environment and support the NHS to become the world's first net-zero health service. The NHS has set two net-zero targets: to achieve net-zero by 2040 for the NHS Carbon Footprint and by 2045 for the NHS Carbon Footprint Plus.

From their respective baseline years, NHS organisations are expected to achieve an 80% reduction in their direct carbon emissions by 2032. The Leeds Teaching Hospitals NHS Trust aspires to become one of the greenest NHS trusts in the UK, improving sustainability throughout our organisation and the wider region.

From our baseline year in 2013/14 up to the end of 2023/24, the Trust has reduced its NHS Carbon Footprint by 37%. This has been achieved primarily due to improvements in our estate to drive energy efficiency, as well as a significant reduction in emissions from anaesthetic gases.

Substantial progress has been made in the past year to reduce our environmental impact, and this resulted in a reduction in our carbon footprint of an additional two percent on the 35% achieved by the end of 2022/23. This progress supports our target to become carbon 'net-zero' by 2040.

Green Plan

The Trust's [Green Plan](#) outlines our goals and objectives to reduce our carbon emissions and contribute to climate change, while improving our overall sustainability performance. We have made significant progress since the plan was relaunched in 2022 to guide our sustainability direction until 2025.

The Trust is now halfway through the timeframe of our current sustainability strategy and has made progress across the 245 tasks outlined in our Sustainable Action Plan (SAP), which underpins the delivery of our Green Plan aims.

Since the Green Plan was launched in November 2022, we have completed 68 of the actions, with 103 actions in progress. Milestone achievements include the publication of the Travel Plan and reducing the amount of nitrous oxide used across the Trust.

73 actions need additional support to achieve, especially those related to biodiversity and adaptation, which are areas undergoing development. The Trust is actively working to increase engagement in biodiversity and is making progress towards establishing a Climate Change Adaptation Plan. Once these strategies are finalised we can progress more of the SAP actions.

The Sustainability Strategic Group continues to oversee the implementation of the Green Plan. Over the past year, the group has supported colleagues to advance initiatives on travel and transport, food and nutrition and supply chain sustainability.

Estates

The Trust has a large and, in some areas, aged estate which contributes significantly towards our overall carbon emissions. Following the publication of our Estates Decarbonisation Strategy, each of our five hospital sites has started work on specific actions to achieve carbon neutrality status.

Recent projects include the installation of LED lighting across several Trust sites to reduce energy use. At St James's and Seacroft hospitals, the annual electricity saving of around 1.3 million kilowatt hours from the initiative will save 241 tonnes of carbon dioxide a year.

The Trust will be legally required to segregate food waste from other waste by 2025/26 to comply with the Environment Act 2021 and we have begun to explore potential solutions. We are investigating aerobic and anaerobic digestion options as alternative waste treatment methods. These are a more sustainable approach with reduced carbon impact.

Sustainability is now embedded alongside financial considerations when exploring new capital projects. The Trust's business case template has been amended to include criteria around carbon reduction and sustainability. All projects must now be assessed against the Trust's Estates Decarbonisation Strategy and Green Plan, and the Trust's environmental and sustainability stakeholders must be consulted to validate a project's impact.

Projects above £50,000 are required to conduct a carbon and energy assessment. While still in its initial stages of development, this requirement represents a progressive step toward carbon reduction.

Several carbon assessments have already been executed for various projects, from small scale projects such as lighting and lift replacements, to larger scale projects like the new Rob Burrows Motor Neurone Disease Centre and Seacroft Hospital building refurbishment. Every project with a value above the threshold will be subject to an external assessment and validation by independent sustainability consultants WRM, including a post-project evaluation of carbon impact to ensure the benefits identified in the initial business case are delivered.

The Trust has successfully bid for Public Sector Decarbonisation Scheme (PSDS) funding and has received over £22 million in external funding in the last three years. This has enabled investments in renewable technology, upgrades to building infrastructure, and the development of St James's low carbon heat network, which reduces the Trust's reliance on fossil fuels and provides low carbon heat to 17 buildings. The St James's low carbon heat network was completed in May 2024 and is expected to yield a significant carbon reduction every year, subject to post-project evaluation and validation.

Procurement and supply chain

The Trust is working to build net-zero into our procurement processes and functions, in line with Government policy and the NHS's Evergreen framework, which requires suppliers to demonstrate a commitment to net-zero by providing a Net-Zero Commitment and/or a Carbon Reduction Plan.

The Trust now requires all suppliers for contracts above £5 million to present a commitment or plan for their direct emissions, as a qualifying criterion. From April 2024, this will apply to suppliers for contracts of any value.

Our sustainability and procurement teams have been working together to draft guidelines to help procurement colleagues select sustainable suppliers. These have been developed in line

with other guidance - for example, being in step with national food strategies will ensure food procurement is consistent with national plans.

In addition, the Trust's Sustainability team is involved in the development and evaluation of tenders. For high value contracts and those which are more closely related to the sustainability agenda, the team has helped to draft the sustainability section and criteria for Invitations to Tender, assessing suppliers' responses and discussing the marks awarded with procurement colleagues.

In the coming year, the Trust will continue its work to fulfil the requirements of the Evergreen framework and formalise the process for involving the Sustainability team in procurements with different values and themes.

We will also be finalising a bespoke procurement framework for non-clinical items which are not covered by Evergreen, based on our Green Plan objectives, before taking plans to the Trust's Strategic Sustainable Group and procurement teams to seek input into specific contracts.

Workforce, system leadership and partnership working

Leeds Teaching Hospitals is the first hospital trust in the world to have become a Carbon Literate Organisation (CLO), achieving silver-level accreditation in 2022. Carbon Literacy training is designed to educate individuals about the relevance of climate change to their organisation and empower them to act within their professional roles by creating pledges to reduce emissions.

Last year, the Trust rolled out Carbon Literacy training to all staff members. The Trust continues to offer accessible awareness training and plans to significantly increase participation, especially among clinical colleagues.

The Trust has relaunched its Green, Recycle, be Aware, be Sustainable for our Patients (GRASP) campaign and continues to recruit a network of colleagues committed to carrying out their own sustainability initiatives. Over the past year, their actions have saved more than 67,000 kilograms of carbon dioxide emissions.

Champions meet every two months to discuss the Trust's environmental initiatives, share best practice and help to promote greener ways of working within these areas.

Clinical leadership on sustainability

One of the Trust's 7 Commitments for the coming year is to 'reduce our carbon footprint through greener care.' This results in closer corporate oversight and monitoring of projects to ensure they adequately address environmental impact.

The Sustainability teams in Estates and Facilities (E&F), the Kaizen Promotion Office and clinical colleagues have set up a new project to empower teams across the Trust to consider the environmental impact of their service. The project team, or 'Lean to Green' team, aims to use the Leeds Improvement Methodology to work towards the Net-Zero goals for the Trust.

The Lean to Green team's primary aim is to integrate sustainability and environmental protection into current improvement works in clinical areas. This involves actively engaging clinical colleagues in the Trust's sustainability agenda to contribute to progress on decarbonisation.

Under the scheme, the Trust will carry out projects aimed at reducing carbon emissions and enhancing employee engagement. These cover inhalers, medicine returns, medical gases, optimised surgical trays, walking aid return and re-use, energy reduction in clinical areas, and further education and training.

Climate change adaptation

The long-term impact of climate change will affect service delivery at the Trust and our ability to manage and maintain our estate. We are working to incorporate measures to adapt to climate change across the organisation.

The risk of the Trust's estates and facilities being impacted by the physical environmental changes caused by climate change scored 15 (high) at the Risk Management Committee (RMC).

This rating solely recognises the risk to the E&F services, as well as the management of risk and compliance in the built environment. The rating was reviewed at the Trust's Risk Management Committee (RMC) and will merge with the Resilience risk (EPRR) to provide a more general view of climate risk. The Trust's RMC has discussed the risk that climate change poses to the delivery of safe and effective healthcare services and is reviewing control measures and mitigations. We must consider the broader impact of climate change on corporate departments and CSUs and assess the resilience of each unit to climate change-related challenges.

We are preparing a Climate Change Adaptation Plan (CCAP) to prepare for the impact of more frequent and intense climatic events. The first stage of the CCAP was completed this year and included a risk assessment. It identified 45 preliminary risks to be reviewed by E&F, EPRR and Corporate Operations team consultees across the Trust. The risks span 14 core categories, including extreme weather conditions, air pollution, indoor environmental quality and health, disease and food supply disruption.

The CCAP will go to the Trust Board for approval. Following engagement with key stakeholders it will be finalised during 2024/25 and the agreed options for climate adaptation will be taken forward, carried out and monitored by key stakeholders across the Trust.

Task Force on Climate-Related Financial Disclosures (TCFD)

NHS England's NHS (foundation) trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD-aligned disclosure application guidance will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year.

The Trust has complied with the TCFD recommendations and disclosure requirements of the governance pillar for 2023/24. We have defined a clear governance structure to ensure accountability for managing climate-related issues and the implementation of the Green Plan. As outlined in the 'Green Plan' section of this report, key actions relating to climate change are identified, considered, and managed via the Sustainable Action Plan. The Trust regularly reports our progress against this action plan and towards our net-zero carbon targets to the Trust Board. The Strategic Sustainability Group reports our progress to the Estates Strategy Programme Board which in turn provides an annual update to Trust Board, measuring progress against strategic milestones.

Management plays an active role in assessing and managing climate-related issues. The 'Lean to Green' team meets regularly with Craige Richardson, Director of E&F as the Executive Sponsor for this programme, to provide updates on the project. Separately, monthly E&F, Finance and Performance reports are presented to Craige Richardson, providing a strategic overview of the SAP, performance against carbon targets, and colleague engagement with the GRASP Rewards programme.

Our governance structure ensures that we maintain continual progress against our objectives and overarching Net-Zero target. We continue to provide transparent and validated reporting on our impacts, with a standing sustainability section included in our annual report.

Section two

Accountability



Section 2 - Accountability

2.1 Members of the Trust Board 2023/2024

During 2023/24, the Board continued to hold bi-monthly formal meetings in public, held in locations across our sites.

The Board has continued to hold Timeout meetings throughout the year, the highlights being the October 2023 and March 2024 meetings which brought the Board together with the wider leadership teams throughout the Trust. More than 220 colleagues attended these face-to-face half-day meetings.

The cycle of our Assurance Committees is scheduled to enable them to report back to the formal Board meetings, along with the one Management Committee that reports to Board, the Risk Management Committee that meets each month.

The Board delegates duties to Committees that in turn report assurance directly back to Board. These are Assurance Committees chaired by Non-Executive Directors, with the exception of the Risk Management Committee which is chaired by the Chief Executive. Terms of reference for the Assurance Committees are cited within Standing Orders, with any amendments to these approved at public Board meetings.

During the year the Innovation District Assurance Committee was merged with the Research and Innovation Assurance Committee, and its operational management revised to report into formal sub groups under the Assurance Committee.

In quarter four, the Workforce Committee also modelled this structure with the establishment of a management group, replicating the well-established governance practice of the Quality Assurance Committee and the sub group, the Quality and Safety Group.

Changes in membership of the Trust Board

Jo Koroma joined the Trust from April 2023 as an Associate Non-Executive taking over the chairing of the Digital and IT (DIT) Committee from mid-June which had been Chaired on an interim basis by Suzanne Clark.

Rachel Woodman as an Associate Non-Executive Director is the appointment of Leeds Teaching Hospitals NHS Trust and therefore is not governed by NHS England (NHSE) rules and returned from her sabbatical in May 2023.

As a result of her departure from the University of Leeds, Laura Stroud stood down as their nominated Non-Executive Director at the end of September 2023 and was replaced by Julia Brown. Laura returned to the Trust towards the end of February 2024 as an Associate Non-Executive Director.

Phil Corrigan was interim Chair of the Quality Assurance Committee from October 2023 to mid-February 2024.

Hamish McLure was the interim Chief Medical Officer until 17 September 2023 with the formal appointment of Magnus Harrison who began in post on 18 September 2023.

During the year the position of Chief Nurse was held by Helen Christodoulides as interim Chief Nurse until 2 October 2023. She was replaced by Jackie Murphy, a recently retired Chief Nurse, from 3 October 2023 to 1 January 2024. Rabina Tindale joined the Trust on 2 January 2024 as the substantive Chief Nurse.

Georgina Mitchell, Associate Non-Executive, stood down at the end of March 2024.

Appointment of Non-Executive Directors

Non-Executive Directors of the Board have been appointed through NHS England's (NHSE) appointments processes which define the term of office for each appointment. Re-appointments can be made, but Non-Executive Directors will not normally serve more than six years to ensure independence and to comply with the good practice defined by Code/s of Governance. Any exception requires approval from NHSE; during the year Bob Simpson and Suzanne Clark had their terms of office extended by one year, and Chris Schofield by three years.

Our Associate Non-Executive Directors are the appointment of Leeds Teaching Hospitals NHS Trust; however the recruitment processes are jointly facilitated by NHSE appointment processes and used to support the Board's succession plan, which will assist the Trust in the future recruitment of Non-Executive Directors.

Termination of the term of office of the Chair would be carried out by the Chair of NHSE.

All Board Directors comply with the CQC requirements 'fit and proper person test' that was introduced from November 2014, along with the strengthening of these requirements issued in August 2023 as a result of the Kark Review recommendations. The extended criteria and compliance checks were carried out for the Board at the end of March 2024 and submitted to the NHSE regional director as required by June 2024.

Measuring the performance of the Board members

The Senior Independent Director facilitated the Chair's appraisal with a summary report received at the July 2023 public Board meeting, and a formal submission as required to NHSE. The Trust Chair carried out the appraisal of the Chief Executive which was reported to the Remuneration Committee during Quarter 1 of 2023. The Chair in turn carried out appraisals for the Associate/Non-Executive Directors, as has the Chief Executive for his direct reports. A similar process was carried out for mid-year reviews in the autumn.

The appraisal process is a thorough review of the assessment of the performance and independence of the Non-Executive Directors, reflecting on their contribution to the Trust during the year, along with 360° feedback. The Trust Board requires all Non-Executive Directors to be independent in their judgement (with the Audit Committee reviewing the register of their Interests each March). The structure of the Trust Board and its Assurance Committees ensures, along with the integrity of individual Directors, that no one individual or group dominates the decision-making processes.

Should the Chair have any concerns about the performance of Non-Executive Directors, this would be discussed with the individual and their term of office would be terminated, with communication to NHSE. Associate Non-Executives are the appointment of the Trust and action would be taken.

The Board has historically confirmed the corporate objectives at its March meeting and these have been used to underpin the objectives for the Chief Executive and the Executive team. At the March 2024 Board meeting the annual commitments were approved and moving forward these will underpin the setting of objectives for the coming year.

The various Board Committees set out their work plans for the year ahead to the Trust Board at the beginning of the financial year. They report assurance to the May Audit Committee meeting set out in an annual report which provides a summary on the delivery of their work plan and objectives and an evaluation of their performance during the year. This also sets out the work plan and objectives for the year ahead. These are received at the [May Public Board meeting](#) noting that not all of the information they contain is for the public domain.

The Board has continued with its training and development programme during the year.

As required every three years, the Trust's external Well-led review was carried out during summer into autumn 2021 with a positive report to the January 2022 public Board meeting. During Quarter 4 of 2023/24, the Executive team began work to prepare for the publication of the revised draft criteria of the CQC for the Well-led process moving forward, noting the publication in April 2024. Engagement with external reviewers began in Quarter 4 with plans for this to take place in Quarter 4 in the coming year.

At its March 2024 meeting, the Board reported against the NHSE Code of Governance, comply or explain, and was pleased to have only one statement - E-2.1- that the Trust is non-compliant with which relates to performance-related elements of Executive Remuneration, for example a bonus scheme.

Remuneration of Board members

The remuneration of Executive Directors is determined by the Remuneration Committee which takes into account relevant guidance from NHSE, the Department of Health and Social Care and HM Treasury. The remuneration of the Chair and Non-Executive Directors is set by NHSE. The Trust applies the same local remuneration for the Associate Non-Executive roles.

Register of interests

The register of interests for Trust Board members is available on the Trust website at the following link:

www.leedsth.nhs.uk/about-us/trust-board/board-register-of-interests

Non-Executive Directors of the Board during 2023/2024

Dame Linda Pollard DBE DL Hon. LLD Chair

From February 2013

Linda joined Leeds Teaching Hospitals NHS Trust as Chair in February 2013 and she has led the Trust to a number of significant successes.

Linda is a member of the Finance and Performance Assurance Committee. She is also a Trustee of Leeds Hospitals Charity, the charity for Leeds Teaching Hospitals NHS Trust.

Linda also co-chairs the Health and Wellbeing Board for the city and chairs the Leeds Innovation District Partnership, a partnership between Leeds Teaching Hospitals, the University of Leeds and Leeds City Council, Leeds Trinity University, Leeds Beckett University, Leeds City College, West Yorkshire Combined Authority and the private sector. Linda has led the ambition to create a world-class hub for research, innovation and entrepreneurialism for the city. An exciting part of this will be the development of the new state-of-the-art hospital build for Leeds, and the Old Medical School as a Healthtech Innovation Hub.

Alongside Sir Chris Wormald, Linda is working closely on the new Leeds Health and Social Care Hub which has been launched to help

improve Health and Social Care policy makers, alongside the Civil Service, the Thirlwall Inquiry, the NHS Leadership, Performance and Patient Select Committee and the Health and Social Care Select Committee.

By rotation, Linda Chairs the Committee in Common for the West Yorkshire Acute Association of Trusts (WYAAT) – the collaboration of acute providers across the region. She also facilitates the Chairs network of the Yorkshire and the Humber Regional Chairs Forum of NHS Trusts for the NHSE Regional Office.

Alongside General Sir Gordon Messenger, Linda led the Leadership and Management Review in the NHS, and the seven recommendations have been accepted by the Government. Linda is now Co-Chair of the Management and Leadership Group for NHSE working to implement the recommendations.

Linda advocates partnership working, bringing together leaders from across the region and beyond to facilitate closer working between health and social care, building economic investment in Leeds and the wider City region.

Linda is passionate about the Diversity on Boards and gender balance and was elected Vice Chair and Senior Independent Director (SID) of the NHS Provider Board, representing acute trusts.

In 2020 Linda was made a Dame Commander for her services to healthcare, which span almost 30 years, and in recognition of her unbroken contribution to the community. This honour also recognises her tireless commitment to address the under representation of women in senior roles across corporate Britain and in public services.

Linda is also a Deputy Lord Lieutenant for West Yorkshire and was awarded a CBE in 2013 for her work in the business community in Yorkshire, an OBE in 2003 for her work in Bradford, along with an Honorary doctorate by the University of Leeds. She also won the Institute of Directors Dr Neville Bain Memorial Award for Excellence in Director and Board Practice, which was the first time this was awarded to the public sector.

Gillian Taylor

Non-Executive Director and Deputy Trust Chair

From December 2018

A qualified accountant, and business transformation expert, Gillian is applying her professional skills gained as an executive in a Non-Executive capacity in the health, social housing and environmental engineering sectors. She has operated at Board level in the utility, social housing and social business sectors, including British Gas and Centrica.

Gillian has been a Board member at Beyond Housing since 2019, and in 2022 was appointed the Senior Independent Director; she is also a member of the Audit and Risk Committee. During 2023/24, Gillian chaired a Regulatory Task Group which has successfully achieved the highest-level Governance and Viability ratings for Beyond Housing. She has also been a member of a Task Group to refinance the business with a £250 million sustainability bond. The bond is enabling investment in existing customers' homes, providing more energy-efficient homes, helping to move to a carbon-zero organisation, and supporting the delivery of an ambitious housing development plan.

Since 2021, Gillian has been a Non-Executive Director at JBA Group, an environmental, engineering and risk management group.

Gillian joined the Trust in 2018, and is joint Deputy Trust Chair, Chair of the Trust's Finance and Performance Committee, and also a member of the Building Development Committee. She represents the Trust at the Leeds Health and Wellbeing Board.

Chris Schofield

Non-Executive Director, Deputy Trust Chair and Senior Independent Director

From April 2018

A Non-Executive Director, Chris became Deputy Trust Chair and Senior Independent Director at the beginning of November 2022.

A practising solicitor who specialises in corporate law, Chris is the Founding Partner of Schofield Sweeney LLP Solicitors, and a Trustee of the Leeds Hospitals Charity and a number of other local charities.

Chris is the Chair of Governors at the One in a Million Free School. He is Non-Executive Director of JBA Group and Constant Systems Holdings. Chris has previously served as the Under-Sheriff of West Yorkshire.

Other previous senior roles include serving as a Non-Executive Director for the NHS Leeds West Clinical Commissioning Group. Current roles within the Trust include Senior Independent Director, Chair of the Research and Innovation Committee, a member of the Building Development Committee and the named Non-Executive Director for Medical Staff in Difficulty and Freedom to Speak Up.

Robert Simpson (Bob)

Non-Executive Director

From February 2018

Bob is an accomplished senior executive manager and has extensive experience in building development and construction. He was latterly Head of Construction Development with Asda Walmart, reporting to the Asda Management Board and CEO, responsible for the delivery of new space, sustainability and budget management. He is lead Non-Executive for Building the Leeds Way, Chair of the Building and Development Committee and a member of the Research and Innovation Committee.

Suzanne Clark

Non-Executive Director

From October 2018

Suzanne is a qualified accountant and currently an independent Non-Executive Director and the Audit Committee Chair at HBL UK Bank and at The Exeter Friendly Society. Prior to this she held senior roles at the Bank of England and at a number of financial institutions, including as the Chief Internal Auditor at the Yorkshire Building Society and at a UK investment bank.

Suzanne chairs the Audit Committee, and with this role observes the monthly Risk Management Committee meeting and is a member of the Workforce Committee. For the first quarter of the year, she was interim Chair of the Digital and IT Committee.

Georgina Mitchell

Associate Non-Executive Director

From July 2021 to end March 2024

With over 20 years' experience in financial services and fintech (including 10 years as Head of Investment Services and Head of PR and Communications at Leeds-based Redmayne-Bentley LLP), Georgina now holds a portfolio of Non-Executive Director and advisor roles, including as an independent Non-Executive Director of fund managers Orbis Investments UK and Chair of the ESG (environmental, social and governance) Advisory Board at wealth managers Superbia Group. She also holds pro bono roles in education and healthcare.

During the year Georgina was a member of the Audit, DIT, and Innovation District Committees.

Mark Burton

Associate Non-Executive Director

From April 2022

Mark is currently a Senior Executive in Lloyds Banking Group and as part of his role is Head of UK Regions for their Corporate Bank as well as acting as the Lloyds Banking Group Ambassador for the Yorkshire and Humber Region. A 26-year career in finance has seen Mark take leadership roles for several prominent banks, working with clients from around the UK and across multiple sectors.

Mark has mentored and coached individuals and businesses, including advising social enterprises. In his current role he works closely with the Leeds City Region, supporting businesses and working to make the Region a great place to live and work.

A father of three, Mark mainly spends his leisure time with his family. He's a keen sportsman, enjoying cycling and skiing. He's also been a junior sports coach and is an advocate of physical activity, wellbeing and mental health.

During the year Mark was a member of the Audit Committee, moving to the Finance and Performance Committee in year and maintained his membership of the Workforce Committee.

Mike Baker CBE

Non-Executive Director

From November 2022

Mike is a proud and passionate public servant who has held leadership roles in the three largest Departments of State. Most recently Mike was Chief Operating Officer at the Ministry of Defence, an organisation of 230,000 military and civilian colleagues with an annual spend of £49 billion.

Mike has deep knowledge and experience of delivery, transformation and cultural change in large, complex environments. He has been named Public Sector Director of the Year and was awarded a CBE for Public Service in the Queen's Birthday Honours 2012.

Mike is passionate about leadership, coaching others to achieve their full potential, and unlocking previously untapped talent. He is an avid year-round tennis player and an FA-qualified football coach.

Mike is a member of the Finance and Performance and DIT Committees.

Philomena (Phil) Corrigan

Non-Executive Director

From November 2022

Phil began her career as a qualified nurse in the 1980s. By 1990 she was a Clinical Nurse Specialist at Leeds General Infirmary (LGI) and throughout the 1990s she gained a great deal of experience in both nursing and senior management in several hospitals in West and South Yorkshire.

Since then, Phil has held a number of senior leadership roles, including at Leeds and Bradford Primary Care Trust, and moved to be Chief Executive of NHS Leeds West CCG from 2012 to 2017. She became the first Chief Executive of the newly-formed NHS Leeds CCG in 2017, retiring in 2019. She is the Chair of the Board of Trustees at St Gemma's Hospice.

During the year Phil was a member of the Finance and Performance Committee, moving to the Audit Committee in year and maintained her membership of the Quality Assurance Committee where she was interim Chair from October 2023 to February 2024.

Amanda Stainton

Associate Non-Executive Director

From November 2022

Amanda has over 30 years of HR experience across various sectors, focusing on putting people at the heart of business to drive success. Most recently she was HR Director for Portakabin Ltd, part of the privately owned Shepherd Building Group, where during her 14 years she worked with her colleagues to deliver significant business growth.

She served on the Employment and Skills Committee of the Leeds City Region LEP for five years.

She now provides consultancy and coaching support to a variety of businesses on a part-time basis.

She is currently Chair of Governors at a local infant school and is a Board Trustee for Ilkley Community Enterprises – a thriving and innovative social enterprise which delivers high-quality services and activities to positively change the lives of its members and clients.

Amanda is Chair of the Quality Assurance Committee and Chair of the Workforce Committee.

Joanne (Jo) Koroma

Associate Non-Executive

From April 2023

Joanne (Jo) Koroma is Director, National Infrastructure for Openreach (BT plc) and is a highly accomplished, senior executive with experience of operating at Board level in challenging regulated roles in a complex organisation. She has also led businesses through critical transformational change programmes.

Jo has had a highly successful career to date starting at Openreach (BT) on their graduate scheme in 2003 and she has taken on several roles within the organisation, leading to the role of Director, National Infrastructure.

Some of Jo's key achievements during her career include leading the establishment of a scale product that underpins the roll out of

fibre for the UK. She also led the delivery of fibre broadband to the West of the UK.

Jo Chairs the DIT committee and is a member of the Audit Committee.

Rachel Woodman

Associate Non-Executive Director

From December 2020

Sabbatical as from 30 September 2022 (re-joined the Trust from May 2023)

Rachel is currently Director of Transformation at John Lewis Partnership and has a proven track record in leading strategy and transformational change to deliver outstanding business performance.

Previous roles include Director, Co-op Funeral Care Strategy, Transformation and New Business, Director of Strategy and Transformation also with the Co-op and Strategy Director, Morrisons.

During the year Rachel was a member of the Quality Assurance Committee and is currently a member of the Audit, and Research and Innovation Committees.

Professor Julia Brown

Non-Executive Director

October 2023

Professor Julia Brown is Deputy Dean at the University of Leeds Faculty of Medicine and Health, and Director of the Leeds Institute of Clinical Trials Research. As a teaching hospital Board member, Julia is the nominated Non-Executive from the University of Leeds.

In 2007, Julia set up the UK Clinical Research Collaboration (UKCRC) Registered Clinical Trials Units Network. For the last 16 years she has directed this nationwide network that includes 53 academic clinical trials units, fostering collaborative working to establish the UK as a world leader in clinical research.

During her highly successful career, Julia has designed and overseen the delivery of multicentre national and international clinical trials working across a range of disease areas assessing a wide range of interventions. Her published research has gone on to influence treatment guidelines nationally and around the globe.

Julia's main research interests are in the design and analysis of complex trials and the development and analysis of patient-reported outcomes in clinical trials. She has spent a number of years in the NHS and industry before joining the University of Leeds and is an Emeritus National Institute for Health and Care Research Senior Investigator.

Julia is a member of the Workforce, Research and Innovation, and DIT Committees.

Professor Laura Stroud **Non-Executive Director**

From December 2020 to end September 2023

Professor Laura Stroud was Professor of Public Health and Education Innovation, Deputy Dean of the Faculty of Medicine and Health at the University of Leeds until the end of September 2023. With a wealth of experience in public health and student education, Laura has been an invaluable link between the Trust and the Faculty of Medicine and Health at the University, helping us to develop the healthcare professionals of the future.

As a teaching hospital Board member, Laura was the nominated Non-Executive from the University of Leeds. She was Chair of the Quality Assurance Committee and a member of the Research and Innovation and Workforce Committees. During her role she has held lead Non-Executive roles for Emergency Preparedness, Duty of Candour, Safeguarding, Mortality, and CQC until the amendments from the publication by NHSE in December 2021 on the Non-Executive Champion roles but retained her role as Maternity Board Safety Champion.

Returned 22 February 2024 as an Associate Non-Executive Director

Professor Laura Stroud is Professor of Public Health and Education Innovation, Pro Vice Chancellor and Dean of the Faculty of Health Sciences and Wellbeing at the University of Sunderland. With a wealth of experience in public health and education, Laura brings expertise in equipping the workforce to meet population needs.

Laura rejoined the Board as an Associate Non-Executive in her new role at Sunderland. She is Chair of the Quality Assurance Committee and retains her role as Maternity Board Safety Champion.

Executive Directors of the Board during 2023/2024

Professor Phil Wood **Chief Executive**

From February 2023

Phil was appointed Chief Executive in February 2023. Prior to this he was Chief Medical Officer for the Trust and Deputy Chief Executive.

He joined Leeds Teaching Hospitals NHS Trust in 2002 as a Consultant Immunologist and during his career Phil has worked in many operational and strategic roles, including as Clinical Director for services such as Pathology and Oncology and Medical Director for Strategy and Planning.

He has been a champion and advocate of a continuous improvement approach to healthcare, working with the Virginia Mason Institute over the past decade to help develop the Trust's improvement system, the Leeds Improvement Method.

Phil has held several regional roles, including as Senior Responsible Officer for the initial COVID-19 vaccination programme in West Yorkshire. He is committed to partnership working across the health and care systems, and currently co-chairs the West Yorkshire Cancer Alliance. A continued passionate advocate for the role of research and innovation in improving outcomes and reducing inequalities in healthcare, he is Chair of the Northeast & Yorkshire Genomic Medicine Service Board, a member of the NHS England National Genomics Board and a director and board member at the Northern Health Science Alliance.

Phil was awarded an Honorary Professorship in Healthcare Leadership from the University of Leeds in November 2022, recognising his leadership contribution across education and training, research, innovation and improvement. He is the Chair of the Leeds Academic Health Partnership and a member of the NHS IMPACT National Improvement Board.

Clare Smith

Chief Operating Officer

From December 2018 becoming Deputy Chief Executive from May 2023

Clare has worked at Leeds Teaching Hospitals NHS Trust since January 2014 and has been Deputy Chief Executive since May 2023 and Chief Operating Officer (COO) since December 2018. Prior to joining the Trust, she worked as an Acute Trust Divisional General Manager in Scotland.

Clare is responsible for leadership and delivery of the Trust's operational services, ensuring high quality care and delivery of performance standards are achieved through our CSUs. She is also the Accountable Emergency Officer for the Trust.

Clare is also the chair of the WYAAT COO group and the Senior Responsible Officer for Urgent and Emergency Care for the West Yorkshire Integrated Care System.

Dr Magnus Harrison

Chief Medical Officer

From September 2023

Magnus joined Leeds Teaching Hospitals NHS Trust in September 2023 and has held Executive Medical Director and Deputy Chief Executive roles at both Burton Hospitals NHS Trust and the University Hospitals of Derby and Burton NHS Foundation Trust.

In 2022 he became Interim Chief Executive Officer of the University Hospitals of Derby and Burton NHS Foundation Trust before becoming Chief Medical Officer of independent healthcare provider Newson Health.

Prior to his executive roles, Magnus was a Consultant and Clinical Director in Emergency Medicine for 10 years. He is also an Honorary Fellow at the University of Nottingham Medical School.

Dr Hamish McLure

Interim Chief Medical Officer

From February to September 2023

Hamish was appointed as a Consultant Anaesthetist at St James's University Hospital in 2001. Since then, he has held a number of roles, including Lead Clinician for Anaesthesia at St James's, Clinical Director for Theatres and Anaesthesia across the Trust, Medical Appraisal Lead, Medical Director for Professional Standards, Workforce Development and Medical Education, and the Responsible Officer role.

In February 2023, he was appointed interim Chief Medical Officer. He is also a Regional Medical Appraiser, appraising medical leaders across the North of England and has various workforce roles with the Royal College of Anaesthetists and NHSE.

Rabina Tindale

Chief Nurse

From January 2024

Rabina was formerly Executive Chief Nurse and Director of Infection Prevention and Control for Wrightington, Wigan and Leigh NHS Foundation Trust with responsibility for strategic leadership of the nursing, midwifery and allied health professional workforce. She had Executive Director responsibility for quality and safety, adult and child safeguarding and Infection Prevention and Control. Prior to this, Rabina held senior nursing roles in London and Essex.

Rabina has served on the Royal College of Nurses (RCN) Emergency Care Association Forum steering committee as both a member and subsequent Chair. She is currently a member of the RCN nurses in management and leadership forum committee.

Rabina undertook her nursing training locally at Harrogate School of Nursing, and she began her career in emergency nursing in Leeds at St James's.

Jackie Murphy **Interim Chief Nurse**

From October 2023 to January 2024

Jackie started her clinical career in Leeds in 1983 and has developed her nursing and leadership experience in several operational and strategic posts across West and South Yorkshire.

Jackie has held the Executive Director of Nursing and Quality post at Calderdale and Huddersfield NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust.

Jackie was previously a Trustee at Overgate Hospice, Halifax and is currently a Trustee at St Gemma's Hospice, Leeds.

Jackie is passionate about patient safety, quality and experience and has recently worked with the Chief Nursing Officer for England's team to develop the Care Partners policy, specifically leading the workstream to enable cultural change through compassionate leadership.

Helen Christodoulides **Interim Chief Nurse**

From March to October 2023

Helen qualified as a nurse in 1991 and worked in nursing posts at St Thomas' Hospital, London before joining Leeds Teaching Hospitals NHS Trust where she worked in several roles within quality improvement and nursing.

Helen completed her Masters in Healthcare Leadership and is passionate about driving quality improvement through team effectiveness.

Prior to her role as Interim Chief Nurse, Helen was previously Deputy Chief Nurse, with strategic responsibility for the Chief Nurse team and had a large portfolio incorporating Nursing, Midwifery and Allied Health Professionals Workforce and Education, Safeguarding, Professional Practice and Patient Experience.

Simon Worthington **Director of Finance**

From July 2017

Simon, who lives in Leeds, started his career in 1988 as a trainee accountant with Leeds Western Health Authority, based at the Leeds General Infirmary. After working in financial management in the acute sector for 15 years he became a Finance Director in 2003. Since then, he has held a variety of Finance Director posts in the NHS, working in commissioning, the ambulance service and the acute sector.

A great advocate for finance skills development and clinical engagement on finance, he chairs the Future Focussed Finance Programme nationally as part of the One NHS Finance Programme.

Simon joined the Trust in July 2017 from Bolton NHS Foundation Trust where he was Finance Director and Deputy Chief Executive. He won the Healthcare Financial Management Association (HFMA) Finance Director of the Year award in December 2015 in recognition of his leadership of the financial recovery at Bolton.

Since joining the Trust, Simon has led a programme of improvement called, "Finance the Leeds Way". The Trust has returned to surplus and the Finance Team won the HFMA "Finance Team of the Year" award in December 2018.

Jenny Lewis **Director of Human Resources and Organisational Development**

From August 2018

Jenny is an experienced People and Culture Executive who is passionate about advancing personal and organisational growth using the skills the Human Resources (HR) and Organisational Development profession brings. She mentors talent across all health and care and is an Alumni mentor for the University of Gloucestershire.

She was previously the first HR Director for the unique public services partnership in Hampshire across a large County Council, Police and Fire services and 500 schools, comprising 55,000 staff.

Since joining Leeds in 2018 Jenny has been the joint Executive Sponsor for the Leeds Health and Care Academy with Leeds City Council. She is using her previous experience to enable and champion the work of the Academy to develop a 'one workforce' approach across Leeds to improve health outcomes and close inequality gaps. The Academy is now well established across all Health and Care sectors in Leeds and recognised nationally for its work.

Craige Richardson

Director of Estates and Facilities

From August 2019

Craige has been with Leeds Teaching Hospitals NHS Trust for nearly three decades, working in various estates and facilities roles before progressing to the role of Director of Estates and Facilities.

During this time, Craige has been instrumental in leading various national, regional and local projects, while also managing the ongoing transformation of the Trust estate, which is one of the largest and most complex acute estate portfolios in the NHS. Craige is the Executive Lead for estate management and strategic development, the effective delivery of facilities, operational services, sustainability, and violence reduction and prevention, supported by a team of more than 2,400 people across the city.

He is committed to ensuring that the estate and supporting services contribute to delivering exceptional patient care. Craige is a Fellow of the Chartered Management Institution (CMI), a member of various regional forums including the West Yorkshire Net-Zero Board Leeds Network, an active member of the City's Strategic Estate Board, Integrated Care Board Capital and Infrastructure Board and chairs the West Yorkshire collaborative for the Directors of Estates and Facilities.

Dr Paul Jones

Chief Digital Information Officer

From November 2019

Paul joined the Trust in November 2019. He has held senior roles across the public and private sector including as Chief Technology Officer for the NHS in England and Group CIO of Serco. Paul's background is rooted in technology with a BSc and PhD in Computer Science. He is a Fellow of the British Computer Society and a Chartered IT Professional.

Paul leads a team of more than 400 digital, IT and information specialists, delivering vital services across the Trust to support exceptional patient care. This includes development of the Trust's electronic patient record, applications to support specialist functions, reporting and information insight, data quality and coding and records management. The team is also responsible for information governance and core IT services covering devices, cyber, networks, data centres, service desk and service management.

Paul is also Chief Information Officer (CIO) for the West Yorkshire Health and Care Partnership Digital Programme, supporting the enablement of digital technologies at a regional level.

In 2023, Paul was elected Chair of the CIO Advisory Panel, which includes 12 CIOs from various NHS Trusts and regional organisations, elected by peers from across the country. The panel is responsible for setting direction for the CIO Network, providing an independent, nationally-elected voice for local NHS digital leaders.

James Goodyear

Director of Strategy

From 1 September 2022

James worked in national policy, operational management and commissioning prior to joining the Trust. He is an alumnus of the NHS Graduate Management Training Scheme.

James is responsible for strategy and planning across the Trust and leads our work to redevelop the surplus LGI estate as part of the Leeds Innovation Arc.2.2

Attendance tables

Board of Directors

Name/Date	25/05/ 2023	19/06/ 2023	27/07/ 2023	28/09/ 2023	19/10/ 2023	16/11/ 2023	30/11/ 2023	13/12/ 2023	25/01/ 2024	28/02/ 2024	21/03/ 2024	28/03/ 2024
	Formal	Timeout	Formal	Formal	Timeout	Ex-O	Formal	Ex-O	Formal	Ex-O	Timeout	Formal
Linda Pollard - Trust Chair	✓	✓	✓	✓ Apols pm	✓	✓	✓	✓	✓	✓	✓	✓
Mike Baker	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓
Julia Brown	Joined on 6 October 2023				✓	✓	✓	Apols	Apols	✓	✓	✓
Mark Burton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓
Helen Christodoulides	✓	✓	✓	✓	Exited 30 September 2023 (replaced by JM)							
Jackie Murphy (*CN Interim Cover)					✓*	✓*	✓*					
Rabina Tindale	Joined the Trust as Chief Nurse 2 January 2024							✓	✓	✓	✓	✓
Suzanne Clark	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓
Phil Corrigan	✓	✓	✓	Apols	✓	Apols	✓	✓	✓	Apols	✓	✓
James Goodyear	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓
Magnus Harrison	Joined as CMO 18 September 2023			✓	✓	✓	✓	✓	✓	✓	✓	✓
Hamish McLure	✓	✓	✓	✓	Exited 17 September 2023 (replaced by MH)							
Paul Jones *John Speight, Deputy attended	✓	✓	Apols*	✓	✓	✓	✓	✓	✓	Apols	✓	Apols*
Joanne Koroma	✓	✓	✓	Apols	✓	✓	Apols	Apols	✓	Apols	Apols	✓
Jenny Lewis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Georgina Mitchell	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓	Apols	✓
Craige Richardson *Richard Noble, Deputy attended	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols*
Chris Schofield	✓	Apols	✓	✓ (Chair pm)	✓	✓	✓	Apols	✓ (am only)	Apols	✓	✓
Bob Simpson	✓	✓	Apols	✓	✓	✓	✓	✓	Apols	Apols	✓	✓
Clare Smith *Tim Hiles, Deputy attended	✓	✓	✓ Apols (pm)	✓	✓	Apols*	✓	✓	✓	✓	✓	Apols*
Amanda Stainton	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓
Laura Stroud	✓	✓	✓	✓	No longer University Nominated NED, and returned to become an Ass NED					✓	✓	✓
Gillian Taylor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Prof Phil Wood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rachel Woodman	Apols	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓	Apols
Simon Worthington	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Audit Committee

Name/Date	04/05/2023	27/06/2023	07/09/2023	13/12/2024	28/02/2024
Suzanne Clark (Committee Chair)	✓	✓	✓	✓	✓
Mark Burton	✓	✓	Exited as a member in July 2023		
Phil Corrigan	Membership commenced in July 2023		✓	✓	✓
Jo Koroma	Membership commenced in Jan 2024				✓
Georgina Mitchell	✓	✓	Exited as a member in July 2023		
Rachel Woodman	Membership commenced in July 2023		Apols	✓	Apols
Simon Worthington	✓	✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓	Apols

Building Development Committee (BDC)

Name/Date	13/04/2023	18/05/2023	15/06/2023	06/07/2023	17/08/2023	14/09/2023	12/10/2023	16/11/2023	14/12/2023	11/01/2024	15/02/2024	14/03/2024
Bob Simpson (Committee Chair)	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓
James Goodyear	✓	✓	Apols	Apols	✓	Apols	Exited as a member					
Chris Schofield	✓	✓	✓	✓	✓	✓	✓	✓	Apols	Apols	✓	
Gillian Taylor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phil Wood	Apols	✓	✓	Apols	✓	Apols	✓	✓	Apols	✓	✓	✓
Simon Worthington	✓	✓	✓	Apols	✓	Apols	✓	✓	✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓	Apols	✓

Digital & IT Committee

Name/Date	15/06/2023	15/09/2023	15/12/2023	15/03/2023
Jo Koroma (*Committee Chair)	✓	✓*	✓*	✓*
Suzanne Clark (*interim Committee Chair)	✓*	Exited as a member		
Georgina Mitchell	✓	✓	✓	✓
Mike Baker	✓	✓	✓	✓
Julia Brown	NB. Joined Trust 6 Oct 2023		✓	✓
Magnus Harrison	NB. Joined Trust 18 Sep 2023		✓	✓
Hamish McLure	✓	Apols	Exited 17 Sep 2023	
Paul Jones	✓	✓	✓	✓
Jenny Lewis	✓	Apols	✓	✓
Jo Bray	✓	✓	✓	✓

Finance & Performance (F&P) Committee

Name/Date	25/04/23	24/05/23	28/06/23	26/07/23	30/08/23	27/09/23	25/10/23	29/11/23	13/12/23	24/01/24	28/02/24	27/03/24
Gillian Taylor (Committee Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Linda Pollard	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mark Burton	Membership commenced in July 2023				Apols	✓	✓	✓	✓	✓	✓	Apols
Mike Baker	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓
Phil Corrigan	✓	✓	✓	✓	Exited as member in July 2023							
James Goodyear	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓
Paul Jones	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols	Apols
Jenny Lewis	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓
Hamish McLure	*CN	*CN	✓	*CN	*CN	Exited 17 September 2023 (replaced by MH)						
Magnus Harrison	Joined as CMO 18 September 2023					✓	✓	*CN	✓	*CN	✓	*CN
Craig Richardson	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols
Clare Smith	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols
Helen Christodoulides	✓	✓	CMO	✓	✓	Exited 30 September 2023 (replaced by JM)						
Jackie Murphy							CMO	✓	CMO			
Rabina Tindale	Joined the Trust as Chief Nurse 2 January 2024									✓	✓	✓
Phil Wood	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓
Simon Worthington	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓

* The Chief Nurse and Chief Medical Officer attend in rotation

Innovation District Committee

(NB merged with the Research and Innovation Committee in November 2023)

Name/Date	09/05/2023	04/07/2023	19/09/2023
Chris Schofield (Committee Chair)	✓	✓	✓
Bob Simpson	✓	✓	✓
Georgina Mitchell	✓	✓	✓
James Goodyear	✓	✓	✓
Rachel Woodman	✓	✓	✓
Jo Bray	✓	✓	✓

Quality Assurance Committee

Name/Date	20/04/2023	22/06/2023	14/09/2023	26/10/2023	06/12/2023	22/02/2024
Laura Stroud (Committee Chair)	✓	✓	✓	No longer University Nominated NED, and returned to become an Ass NED		✓
Phil Corrigan (*Interim Chair)	Apols	✓	✓	✓*	✓*	✓
Jo Koroma	Membership commenced in Oct 23			✓	Apols	✓
Amanda Stainton	✓	✓	✓	✓	✓	✓
Magnus Harrison	Joined as CMO 18 Sep 2023			✓	✓	
Hamish McLure	Apols	Apols	Apols	Exited 17 September 2023		
Helen Christodoulides	✓	✓	✓	Exited 30 September 2023		
Jackie Murphy (CN *Interim Cover)				✓*	✓*	
Rabina Tindale	Joined the Trust as Chief Nurse 2 January 2024					Apols
Jo Bray	✓	✓	✓	Apols	✓	✓

Risk Management Committee (RMC)

Name/Date	06/04/23	04/05/23	01/06/23	04/07/23	03/08/23	07/09/23	05/10/23	02/11/23	07/12/23	04/01/24	01/02/24	07/03/24
Phil Wood (Committee Chair)	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓
Helen Christodoulides		✓	Apols	✓	✓	✓	Exited 30 September 2023 (replaced by RT)					
Jackie Murphy (CN *Interim Cover)							✓*	✓*	✓*			
Rabina Tindale	Joined the Trust as Chief Nurse in January 2024									✓	✓	✓
James Goodyear	✓	✓	Apols	✓	✓	Apols	✓	✓	✓	✓	✓	✓
Jenny Lewis	✓	✓	✓	Apols	✓	Apols	✓	✓	✓	✓	✓	✓
Hamish McLure	✓	✓	✓	✓	✓	✓	Exited 17 September 2023 (replaced by MH)					
Magnus Harrison	Joined the Trust as CMO 17 Sep 2023						Apols	✓	✓	✓	✓	Apols
Paul Jones	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓
Clare Smith	✓	✓	Deputy sent	Deputy sent	✓	✓	✓	✓	✓	v	✓	Apols
Craige Richardson	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓
Simon Worthington		✓	✓	Deputy sent	✓	✓ (Chair)	✓	✓	✓	✓	✓	✓
Suzanne Clark (Observing NED)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols
Jo Bray	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Research and Innovation

(NB new format committee format, including membership changes from November 2023)

Name/Date	23/04/2023	04/07/2023	16/11/2023	08/02/2024
Chris Schofield (Committee Chair)	✓	✓	✓	✓
Linda Pollard	✓	Apols		
Julia Brown			Apols	✓
James Goodyear	✓	✓	✓	✓
Magnus Harrison	Joined 18 September 2023		✓	✓
Hamish McLure	✓	Apols	Exited 17 September 2023	
Georgina Mitchell			✓	✓
Laura Stroud	✓	✓	Exited September 2023	
Helen Christodoulides	✓	Apols	Exited September 2023	
Rabina Tindale	Joined 2 Jan 2024			✓
Phil Wood	✓	✓		
Rachel Woodman			✓	✓
Jo Bray	✓	✓	✓	✓

Workforce Committee

Name/Date	17/05/23	12/07/23	13/09/23	22/11/23	17/01/24	13/03/24
Amanda Stainton (Committee Chair)	✓	✓	✓	✓	✓	Meeting paused for review in establishing Management Group
Julia Brown	Joined the Trust 6 October 2023			✓	Apols	
Mark Burton	✓	Sick leave	Sick leave	Apols	✓	
Suzanne Clark	Membership commenced September 2023		Apols	✓	✓	
Jenny Lewis	✓	✓	Apols	✓	✓	
Craige Richardson	✓	✓	✓	✓	✓	
Laura Stroud	✓	✓	✓	Exited September 2023		
Phil Wood *Clare Smith Deputy attended	Apols	✓	Apols*	✓	✓	
Jo Bray	✓	✓	✓	✓	✓	

2.3 Governance Report

Annual Governance Statement (2023/24)

1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

2. The purpose of the system of internal control

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 on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leeds Teaching Hospitals NHS Trust, to 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 Leeds Teaching Hospitals NHS Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Board of Directors provides leadership on the overall governance agenda. The Board of Directors is supported by a range of Committees that scrutinise and review assurances on internal control. Our Assurance Committees; Audit, Quality Assurance, Finance & Performance, Digital & IT, Workforce, Building Development and Research & Innovation Committee (noting its merger with the Innovation District Committee during the year). The Research & Innovation Committee is supported by Management Groups for the operational oversight. In addition to the establishment in Q4 of a Workforce Management Group reporting to the Assurance Committee.

The Risk Management Committee reports directly to the Board of Directors. These Committees have all provided an annual report detailing how they have discharged their duties, with attendance of the respective Committee Chair at the Audit Committee meetings 2 and 24 May 2024 and were received at the 30 May 2024 Board meeting.

The Board has a number of overarching principles and procedures related to governance defined within our risk appetite, underpinned by policies and procedures, with means of monitoring and assurance. Our approach to risk identification, assessment and control, and the management and investigation of incidents is aligned to the values and behaviours set out in the Leeds Way, and a culture of accountability and transparency.

- 3.1 The Risk Management Committee focuses on the most significant risk exposures and oversees risk treatment to ensure: (a) the correct strategy is adopted for identifying and managing risk; (b) appropriate controls are present and operating effectively; and (c) action plans are robust to mitigate risks to remain within tolerance. The Risk Management Committee is Chaired by me, as Chief

Executive, and comprises all Executive Directors. Senior Managers, Specialist Advisors are in attendance and the Audit Committee Chair routinely attends each meeting as an observer. The Trust has kept under review and updated risk management policies during the year. Whilst the Risk Management Committee reports directly to the Board through me, it also works closely with front line Clinical Service Units (CSUs) and all Committees of the Board in order to identify, triangulate and prioritise risk, working together to continuously enhance risk treatment. Chairs of Board Committees escalate, as appropriate, issues to the Risk Management Committee.

- 3.2 The Board commissioned a Task and Finish Group in October 2020 to further develop the Risk Management Framework, focusing specifically on the Trust's approach to setting and embedding its risk appetite and risk categories, supported by a Non-Executive Director and working in collaboration with commercial partners at YBS. The work of the Task and Finish Group was presented to Trust Board in March 2021, including the revised risk categories and risk appetite statements, which were approved by the Board. A document was published; Risk Appetite 2021/22, to be used as a resource for staff working in the Trust to support them in adopting the risk appetite categories and risk appetite statements, to implement this in practice.

The Risk Management Framework has continued to be developed, including agreeing the Trust's risk appetite statements and level 1 and level 2 risk categories, to help guide Executive Directors, senior managers and clinicians in the assessment and prioritisation of risk within the organisation. The risk categories have also been subject to a programme of reviews at Audit Committee, for assurance. The Accountable Executive for each risk category provides an overview of the assurance regarding each level 2 risk category to the Audit Committee on an annual basis.

The risk categories and the risk appetite statements have been cross referenced and incorporated into the Trust's Corporate Risk Register (CRR), to establish a fully integrated Risk Management Framework based on the work that has been undertaken to date. Executive Directors have supported CSUs and corporate leads to implement the Risk Management Framework, providing oversight through the monthly Risk Management Committee. The risk categories and risk appetite statements were reviewed again at a Board time-out in 2022/23, led by Board Committee chairs, to provide opportunity to consider these and agree whether any changes were needed, which was presented to January 2023 Board. A revised framework was published in April 2023, to support the further development during 2023/24.

The work related to the Trust's Risk Management Framework was acknowledged by NHS Providers, a membership organisation that represents NHS Providers and was presented at the NHS Providers conference on 11 May 2022. The Trust has provided advice and support to partner organisations on implementing the framework in Leeds. The risk appetite framework was subject to an internal audit review (PwC) in Q4 2022/23, which highlighted the good progress that had been made in its implementation, with a report classification and overall conclusion of low risk.

- 3.3 Training and support is provided to relevant staff on, incident reporting, assessment of risks related to patient safety incidents and incident investigation to meet the requirements for staff training to control key risks. A training needs analysis informs the Trust's mandatory training requirements and has been kept under review; this sets out the training requirements for all members of staff and includes the frequency of training in each case.

- 3.4 Incidents, complaints and patient feedback are routinely analysed to identify learning opportunities and improve control. Lessons for learning are disseminated to staff using a variety of methods, including Quality and Safety briefings, Learning Points Bulletins and personal feedback where required. The Trust is leading a network with West Yorkshire Association of Acute Trusts (WYAAT) partners to share learning from serious incidents, including Never Events and it was an early adopter of the Patient Safety Incident Response Framework, implementing the Patient Safety Incident Response Plan (PSIRP) in 2022/23. This has been revised and updated in 2023/24 in conjunction with staff, partners and service user representatives and approved by the March 2024 Board. The Quality Assurance Committee provides oversight on this process, with a complaints annual report presented to the Board of Directors each July and a six-month update in January.
- 3.5 I have ensured that all significant risks of which I have become aware are reported to Board of Directors and Risk Management Committee. All new significant risks are escalated to me as Chief Executive and validated by the Executive Team and Risk Management.
- 3.6 The Board of Directors regularly scan the horizon for emergent opportunities or threats and considers the nature and timing of the response required in order to ensure risk is appropriately managed at all times. Collectively the Board reviews the Board Assurance Framework (BAF) and our risk management appetite statement each year. The Board Assurance Framework has been revised and updated in 2023/24 to reflect the five strategic priorities and annual commitments.

4. The Risk and Control Framework

4.1 (i) Determine priorities

The Board of Directors determines corporate objectives annually (from 2023/24 onwards these are defined as annual commitments) and these establish the priorities for Executive Directors and clinical services.

(ii) Risk Identification

Risk is identified in many ways. We identify risk proactively by assessing corporate objectives, work related activities, analysing adverse event trends and outcomes, and anticipating external possibilities or scenarios that may require mitigation by the Trust.

(iii) Risk Assessment

Risk Assessment involves the analysis of individual risks, including analysis of potential risk aggregation, where relevant. The assessment evaluates the severity and likelihood of each risk and determines the priority based on the overall level of risk exposure.

(iv) Risk Response (Risk Treatment)

For each risk, controls are ascertained (or where necessary developed), understood and documented. Controls are implemented to *avoid risk*; *seek risk* (take opportunity); *modify risk*; *transfer risk* or *accept risk*. Gaps in control are subject to mitigating actions that are implemented to reduce residual risk. The Board of Directors has considered its appetite for taking risk and reviewed its risk appetite to guide the management of risk throughout the Trust.

(v) Risk Reporting

Significant risks are reported at each formal meeting of the Board of Directors and Risk Management Committee. In addition, in the event of a significant risk arising, arrangements are in place to escalate a risk to the Chief Executive and Executive Team. The level at which risk must be escalated is clearly set out in the Risk Management Policy, which is reviewed every two years and was last updated and approved in March 2023. Risk reporting to the Board of Directors also details what actions are being taken, and by whom, to mitigate the risk and monitor delivery. The Audit Committee and Board of Directors have reviewed assurance on the effective operation of controls to manage the significant risks set out in the Corporate Risk Register and supporting report and undertake regular reviews of the Board Assurance Framework.

(vi) Risk Review

a. Those responsible for managing risk regularly review the output from the risk register to ensure it remains valid, reflects changes and supports decision making. In addition, risk profiles for all CSUs remain subject to detailed scrutiny as part of a rolling programme by the Risk Management Committee. The purpose of the Trust's risk review is to track how the risk profile is changing over time; evaluate the progress of actions to mitigate or reduce material risk; ensure controls are aligned to the risk; risk is managed in accordance with the Board's appetite; resources are reprioritised where necessary; and risk is escalated appropriately.

b. Incident reporting and investigation is openly encouraged as a key component of risk and its management to help us learn and take action in response to patient safety incidents. An electronic incident reporting system is operational throughout the organisation and is accessible to all staff. Incident reporting is promoted through induction and training, regular communications, leadership walk rounds or other visits that take place. Face to face Board Leadership visits were re-established in 2023/24 as the restrictions related to COVID-19 were lifted, following a programme of virtual leadership visits during the pandemic. A programme to support staff who have been involved in an incident is in place, and a process for sharing lessons across the organisation is established, overseen by the lessons learned group. In addition, arrangements are in place for staff to raise any concerns at work confidentially and anonymously through the Freedom to Speak Up process.

4.2 As at 31 March 2024, Leeds Teaching Hospitals NHS has identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on requirements within the NHS Single Oversight Framework, CQC registration or the achievement of Trust policies, aims and objectives should the mitigation plans not be effective. Currently, the significant risks documented on the Corporate Risk Register at 31 March 2024 relate to the following areas:

Workforce risk

- Insufficient staff to provide treatment, care and services to patients

Operational risk

- Viral pandemic
- Power failure (electrical infrastructure) leading to disruption of clinical services
- Brotherton Wing infrastructure
- Violence towards patients and staff due to organic, mental health or behavioural reasons
- Staff absence, health, safety and wellbeing
- Cyber-attack leading to potential loss of IT systems and/or data
- Insufficient DIT resources to maintain Trust IT estate
- Delivery of the hospital of the future project (Building the Leeds Way)
- Delivery of the pathology project (Building the Leeds Way)
- Delivery of the LGI site Development Project (Building the Leeds Way)

Clinical risk

- Exposure to health care associated infection
- Patient harm – falls and hospital acquired pressure ulcers
- Achieving the emergency care standard
- 18-Week Referral to Treatment target
- Patients waiting over 52 and 78 weeks for treatment across a range of services
- 62-day cancer target
- Cancelled operations not rebooked within 28 days
- Patients waiting longer than 6-weeks following referral for diagnostic tests

Capacity planning risk

- Patient flow and capacity for emergency admissions (health economy)
- Airedale hospital infrastructure: potential risk (patient transfers)

Financial risk

- Failure to deliver financial plan 2023/24
- Reduction in operational capital allocation

- 4.3 Detailed risk registers are proactively used throughout the organisation. These set out arrangements for risk treatment, risk appetite thresholds and further mitigating actions planned. We have established arrangements to allow a review of significant risk exposures by the full Board at each formal meeting; the process for this is examined by the Audit Committee to underpin this Statement.
- 4.4 The NHS England Code of Governance defines best practice for corporate governance and within the supporting appendices has statements which the Trust has reviewed and reported against the requirement to comply or explain. This report was received at the March 2024 public Board meeting where all but one statement was reported as compliant. There was one statement E-2.1 that the Trust is non-compliant with which relates to performance related elements of Executive Remuneration e.g. a bonus scheme (LTHT does not have any such scheme).
- 4.5 Equality impact assessments are integrated into core Trust business. All reports to Trust Board follow a standard reporting template, which includes an 'Equality Analysis' section where authors of the report are required to set out any negative equality-related impacts along with mitigation, and all Trust policies and procedures require an equality impact assessment to be completed before Executive Team approval. In organisational change projects, Senior HR Officers support Line Managers in undertaking their duty to prepare equality impact assessments on the proposed change and to then take this into consideration in implementing that change. The Trust is at present reviewing the process to provide assurance it is substantial, meaningful and sustainable, including the incorporation of the consideration of health inequalities.
- 4.6 The Trust has a Resource Management Group (RMG) with membership made up of the Trust's Professional Workforce Leads. This group leads and reports on activities with a focus on strategic and operational workforce planning, alignment of workforce planning with Finance & Performance; initiating and overseeing projects that support workforce planning for the short, medium and longer term such as initiatives to address recruitment and retentions hotspots.
- 4.7 RMG reports into the Workforce Management Group on a monthly basis which in turn provides assurance to the Workforce Committee which meets bi-monthly reporting to Board. This Committee seeks assurance on the six people priorities set out in our strategy; supports and reports on activities related to resource management with a focus to develop workforce resource plans; align the developed workforce resource plans with Finance & performance and seek assurance on projects that are in place to address specific workforce hotspots and issues.
- 4.8 The Trust has embedded a corporate workforce planning framework with each CSU producing their own operational workforce action plan. These plans align with the Long-term NHS Workforce Plan with a focus on retain, grow, transform and control. The plans identify and reduce high-cost agency fees, promote new roles to support skill mix reviews; effectively deploy staff and focus on learning and the sharing of best practice. We are now maturing our workforce planning process in order to support the delivery of our 2024/25 commitment to improve staff retention and support delivery of the financial plan. All workforce plans are signed off by the Deputy Director of HR and relevant CSU Associate Director of Operations. Our HR business partners work with the CSUs to co-produce effective workforce solutions supporting their short, medium and longer-term workforce planning.
- 4.9 In addition, our Resourcing Transformation Lead is reviewing the LTHT recruitment process to ensure a stronger focus on equality and diversity from advertisement to appointment. Stakeholders from across the organisation are involved in this work. As part of the review that has taken place during the year, a Recruitment and Selection Policy will be launched Trust-

wide in June 2024 to remove any bias and discrimination in our recruitment and selection process. The policy is underpinned by an inclusive recruitment toolkit that offers everyone involved in recruitment a framework, consistency, accountability and training. The training and toolkit are currently available to all staff.

5. Care Quality Commission (CQC) Registration

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

5.1 Compliance with the provisions of the Health & Social Care Act 2008 (Registration Regulations) 2010 is co-ordinated by the Director of Quality. The Director of Quality oversees compliance by:

- Reporting and keeping under review, matters highlighted within the Care Quality Commission's Acute Insights Report and inspections;
- Self-assessment against the Key Lines of Enquiry defined within the criteria of the Well-led review, and preparing the Trust for an external review;
- Liaising with the Care Quality Commission and Clinical Service Units to address specific concerns;
- Engaging with the Care Quality Commission on the inspection process, co-ordinating the Trust's response to inspections and recommendations/actions arising from this;
- Analysing trends from incident reporting, complaints, and patient and staff surveys to detect potential non-compliance or concerns in Clinical Service Units;
- Reviewing assurances on the effective operation of controls;
- Receiving details of assurances provided by Internal Audit, and being notified of any Clinical Audit conclusions which provide only limited assurance on the operation of controls; and
- Challenging assurances or gaps in assurance by attending meetings of the Risk Management, Quality Assurance and Audit Committees.

5.2 The Trust is registered with the Care Quality Commission, has no compliance actions in force and is fully compliant with the Fundamental Standards. The last inspection was undertaken by the Care Quality Commission in August and September 2018, focusing on four core services (critical care, medicine, urgent care and surgery), use of resources and well-led. Leeds Dental Institute was also inspected. The Trust received an overall Good rating when the final report was published in February 2019, and was rated outstanding for critical care, use of resources and Leeds Dental Institute. The Trust developed an action plan to address the recommendations in the report; this was followed up through the engagement process with the local Care Quality Commission inspectors and Quality Assurance Committee to provide assurance that the Trust was fully compliant with the regulations set out in the report. Work continues to progress to move from a Good to an Outstanding rating.

5.3 The Trust Chair holds and maintains the 'Fit and Proper Persons Test Register' for the Board. Annual checks are carried out to ensure all those listed are fit and proper against the requirements defined by the Care Quality Commission.

5.4 The CQC inspected the safe and well-led domains of Maternity Services at Leeds General Infirmary on 31 May 2023 and at St James's University Hospital on 1 June 2023. The inspection was part of CQC Maternity Services Inspection Programme, which aimed to give an overview of the quality and safety of maternity care across England. The inspection drew on sources of information and feedback on the service received via a maternity focused data request, interviews with key staff, site visits and through requesting patients that had used the service in the last year to share their experience. The CQC published the inspection reports on 16 August 2023. The CQC rated the service **good** for safe and **good** for well-led at both LGI and SJUH.

5.5 The CQC conducted an announced inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) of the Radiotherapy Service at St James's University Hospital on 22 June 2023. The Trust received an Improvement Notice issued under the Health and Safety at Work etc. Act 1974 and the Ionising Radiation (Medical Exposure) Regulations 2017 ('IR(ME)R') for breach of Regulation 8, Employer's duties: accidental or unintended exposure as statutory notifications to the enforcing authority were not submitted or fully completed in accordance with the Significant Accidental and Unintended Exposure (SAUE) guidance. The Trust submitted a post inspection action plan to the CQC, which outlined the actions to address the breach in regulations. CQC confirmed they were satisfied with the action taken and closed the file on the inspection on 15 August 2023.

5.6 The CQC conducted an announced inspection of compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) of the Nuclear Medicine Service at St James's University Hospital on 17 January 2024. On 31 January 2024 the Trust received the inspection report. The report found nuclear medicine department had some examples of good practice, for example, licence management, carers and comforters and clinical audit, with some areas for improvement identified. The Trust submitted a post inspection action plan to the CQC which addressed the breach in regulations and areas for improvement noted in the inspection report. CQC confirmed they were satisfied with the action taken and closed the file on the inspection on 26 March 2024.

6. Register of interests, including gifts and hospitality

The Trust publishes on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past 12 months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

The register for the Board can be found at: <https://leedsth.mydeclarations.co.uk/reports/GroupReport> and the full staff report at: <https://www.leedsth.nhs.uk/about-us/freedom-of-information/publication-scheme/lists-and-registers/declarations/>

7. Pensions

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

8. Sustainability

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

9. Review of economy, efficiency and effectiveness of the use of resources

9.1 As Accountable Officer, I am responsible for ensuring that the Trust has arrangements in place for securing value for money in the use of its resources. To do this I have maintained systems to:

- Set, review and implement strategic and operational objectives;
- Engage actively with patients, staff, members and other stakeholders to ensure key messages about services are received and acted upon;

- Monitor and improve organisational performance; and
 - Establish plans to deliver waste reduction programmes.
- 9.2 The five year integrated plan is refreshed each year and used to develop the annual operational plan for the Trust. The Trust actively engages Commissioners, regulators (NHS England), system functions (West Yorkshire Integrated Care System (WYICS) and West Yorkshire Acute Association of Trusts (WYAAT), staff and others as necessary to develop and agree detailed financial and operational plans. Planning takes account of system initiatives and their impact to ensure that planning within the broader ICS is aligned. These detailed operational plans and budgets are approved by the Board.
- 9.3 The Trust approved its annual plan in December 2023 and submitted its draft Operational Plan for 2024/25 in February 2024 to West Yorkshire Integrated Care Board.
- 9.4 Updates to the plans include revisions to our operational, financial, workforce and strategic plans. These submissions contain a variety of technical documents prepared by members within the Trust and an overall narrative which describes these submissions and their associated risks. This informs the detailed operational plans and budgets which are also approved by the Board.
- 9.5 The Trust is a key member of West Yorkshire Association of Acute Trusts (WYAAT) provider collaborative which in the year has continued to make good progress with the Committee in Common (CiC) meeting four times for the governance and accountability of work streams to support transformation across West Yorkshire, reporting and accountable to each sovereign Board. The CiC has membership from each provider organisation with both Executive and Non-Executive membership from each, usually by the Chief Executive and Chair.
- 9.6 The Board agrees annually a set of objectives known as annual commitments for the following year which are communicated to colleagues and the public via my Chief Executive's report in the March prior to the start of the year. This provides the basis for performance reviews at CSU level. Operational performance is kept under constant review by the Executive Team, Finance & Performance Committee and the Board of Directors. In order to keep under review the delivery of the annual Objectives (commitments moving forward), the Board reviews at each formal meeting an Integrated Quality & Performance Report covering patient safety, quality, access and experience metrics, and a Finance Performance Report. At the March 2024 Board meeting following work with the Executive Team and the Virginia Mason Institute we have set seven commitments for the coming financial year 2024/25 and through reports to the Board and our Committees will monitor progress.
- 9.7 The Trust continues to operate its Financial Management Framework to ensure that the Trust is meeting its strategic target of financial sustainability. Each quarter a fundamental review takes place of the financial position, and this is reviewed by the Board and relevant action plans developed. Each month reports are prepared for the Finance & Performance Committee on the financial position, alongside monthly finance reports issued to CSUs that show performance against budget. These reports contain both financial and non-financial information.
- 9.8 The Trust has a PMO Team in place to support CSUs and corporate functions in achieving their Waste Reduction Programme targets, and through the Leeds Improvement Method increase performance and overarching quality. This is supported by other initiatives within the Trust such as Getting It Right First Time (GIRFT) and benchmarking against the model hospital.
- 9.9 Assurances on the operation of controls are commissioned and reviewed by the Audit Committee and, where appropriate, other Committees of the Board of Directors as part of their annual cycle of business.

9.10 The Trust has outsourced its internal audit function to PwC.

Mazars were appointed in 2015 by the Audit Commission for a period of two years. They were subsequently reappointed by the Trust in 2017 and with the closure of the 2020/21 accounts completed six years. NHSE guidance states that Trusts should put the external audit contract out to tender every five years, noting that the same auditors can be reappointed up to a maximum of 20 years. During 2023/24 the Trust reappointed the external Auditors for one year during 2023/24 with a full tender process to be carried out during 2024/25.

The Audit Committee annually reviews the independence and performance of internal and external audit, with a report presented at the December Audit Committee. The implementation of recommendations made by Internal and External Audit is overseen by the Audit Committee.

10. Information governance

Information Governance incidents within the Trust are managed through rigorous and standardised processes with an appointed Caldicott Guardian and Deputy, a qualified Senior Information Risk Owner and the Data Protection Officer for the Trust. During 2023/24, there were seven SIRI's or near-miss incidents that required reporting, of which three were reported to the Information Commissioners Office (ICO). The Trust Information Governance (IG) Team has investigated all of the cases and has worked with all concerned parties to ensure that the appropriate governance and information security procedures have been implemented. The IG team has also provided advice and guidance on the way in which staff should handle information, in particular the personal, sensitive and corporate data processed by the Trust. This ensures that information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

11. Data quality and governance

11.1 The Data Security Protection Toolkit (DSPT) contains 34 assertions segregated into 10 specialist areas based on the National Data Guardian Standards. Of these 34 assertions, 32 assertions are mandatory. A total of 108 pieces of evidence are required for the Toolkit. The Trust's Senior Information Risk Owner (SIRO) has requested that all non-mandatory assertions are completed as good practice. The Trust's Internal Audit (PwC) conducted a high-level review of a sample of Data Security Standards and the evidence uploaded was deemed as meeting the requirements of the DSPT. The Trust was able to successfully submit its DSPTv5 Submission for 2022/23 on 21 June 2023 with all mandatory and non-mandatory evidence items being successfully completed, achieving a 100% compliance.

The IG team is currently on target to meet the 2023/24 DSPTv6 submission.

11.2 The Trust reports on elective waiting times throughout the year, in nationally mandated submissions and in regular updates to the Finance & Performance Committee and Trust Board. Data validation is required of CSU teams to confirm the waiting time data recorded for patients waiting for treatment. Training is provided to teams by the PAS team and additional support and training is provided by the performance and development team where concerns are identified, or requests are made for additional support. A number of reports are available to identify potential data quality concerns and identify areas for improvement. The Trust also uses a well-established clinical harm process to assess the extent of any harm associated with long waits and the risks of extended waits are recorded on the Trust's risk register. The Trust also contributes data to the LUNA health system run by NECS which assesses performance for all Trusts in relation to confidence in data and potential pathway issues to strengthen the accuracy of key data quality performance indicators.

12. Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the Executive Directors, my direct reports, Clinical Directors of the CSUs, and Committee Chairs within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, our assurance and management Committees reporting to Board and a plan to address weaknesses and ensure continuous improvement of the system is in place.

12.1 The Board of Directors

The Board has set out the governance arrangements including the Committee structure within the Standing Orders. These Assurance Committees, Chaired by Non-Executive Directors and reporting to Board are; Audit, Quality Assurance, Finance & Performance, Digital & IT, Workforce, Building Development and Research & Innovation Committee (noting its merger with the Innovation District Committee during the year). The Research & Innovation Committee is supported by Management Groups for the operational oversight. In addition the Workforce Assurance Committee is also underpinned with operational oversight via the establishment of a Management Group during Q4. The Risk Management Committee reports directly to the Board of Directors.

Chairs of the Board's Committees report to the Board at the first available Board meeting after each Committee meeting and urgent matters are escalated by the Committee Chair to the Board as deemed appropriate.

In line with the CQC requirement for an independent external review of their Well-led criteria to be carried out every three years, the Board commissioned a review by AQUA. The report was received at the public Board in January 2022 with a very positive outcome. A few advisory recommendations were made that have been implemented during the year.

During the year the Executive team has revisited these recommendations to ensure they are closed and embedded and have commenced preparatory work towards the new requirements of the CQC Well-led criteria with the shift from KLOE to quality statements. This is in preparation for an external Well-led review to be commissioned during 2024/25.

12.2 Internal Audit

As at 19 June 2024, 19 internal audit reviews had been carried out with three underway (two at draft report stage and one at completion stage). This had resulted in the identification of zero critical, two high and 35 medium, 12 low and two advisory risk findings reported to the Trust. The two high rated findings related to Fire Safety which related to access to reports, and Recruitment of Overseas Medical Staff with gaps in process. Both recommendations have now been actioned.

Five audits of the 'Building the Leeds Way' were completed in 2023/24 against a plan of ten. Three reviews are on hold subject to clarity from the National Hospitals Programme and two reviews have been deferred to 2024/25.

The Audit Committee has considered the outputs of this work when endorsing the 2023/24 AGS.

Head of Internal Audit opinion states; 'We are satisfied that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. In giving this opinion, it should be noted that assurance can never be absolute. The mots that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control'.

12.3 External Audit

External audit provides independent scrutiny on the accounts (including Value for Money), annual report, and the Annual Governance Statement reporting by exception if the Trust fails to comply with the guidance and as defined by NHSE. There was no requirement for assurance on the Annual Quality Report.

12.4 Clinical Audit

Quality Assurance Committee received and were assured by the Clinical Audit Annual Report for 2023/24. This summarised clinical audit activity across the Trust, adhering to the national requirement reflected in the Trust Clinical Audit Procedure, which reflects national best practice. Quality Assurance Committee received and approved the clinical audit programme for 2024/25 at the meeting on 18 April 2024.

12.5 Health & Safety

The Health and Safety Team maintain our usual Health and Safety core activities, working collaboratively with Clinical Support Units (CSUs), Human Resources (HR), Infection Prevention and Control (IPC), Estates & Facilities (E&F), Occupational Health and staff side union representatives amongst the wider Trust.

Health and Safety within Leeds Teaching Hospitals is overseen by the Risk Management Committee, alongside supporting assurance groups. Staff involvement and consultation is welcomed and encouraged, and information from the regular planned meetings of the Health and Safety Consultation Committee is posted on the Trust Health and Safety intranet pages.

Minimum risk specific performance standards have been set for all Health and Safety risks (Active Monitoring) and all departments participate in the annual Health and Safety Controls Assurance process which measures levels of compliance. An annual Health and Safety report publishes the results of this auditing process. This process has been subject to a recent review by Internal Audit (PwC) and the findings of that process will be reported in due course to the Audit Committee.

2024 represents the 50th anniversary of the Health and Safety at Work Act 1974. The Health and Safety team will take opportunity to publicise and highlight this notable event as part of our usual Trust wide communications throughout the year.

We have conducted an audit of the previous year's performance and were extremely pleased that approximately 700 wards/departments participated which is consistent with previous years. In order to complement this process, the Health & Safety team carry out H&S 'Genba' style site visits in order to support compliance, continuous improvement and implement lean working improvements where possible.

Processes continue to be in place to address all national safety alerts distributed for our attention via the Central Alerting System.

The Health & Safety team continue to report notifiable incidents to the Health and Safety Executive (HSE). For an incident to be reportable there must be clear and reasonable evidence to confirm the link between the harm sustained and the work-related activity.

As Chief Executive I have received reports from the Trust Fire Safety Manager, at the Risk Management Committee, that set out our compliance against the Trust's statutory responsibilities under the Regulatory Reform (Fire Safety) Order. Assurance reports are reported twice yearly to the Risk Management Committee. During the year the Committee received a number of assurance reports that have included; a strategic fire safety management plan, three-year fire safety plan, an Annual Certificate of Fire Safety Compliance and various assurance documents. The Trust continues to receive updates and learning reflecting national fire safety issues that are relevant to healthcare and there is a programme of implementation of any changes. An Internal Audit was carried out in May 2023 and all actions raised have been closed.

12.6 Promoting Safety

We continued to be compliant with NHS England guidance and national safer staffing policy requirements. The Board have been assured in relation to safer nurse staffing requirements, including the nursing workforce response to the opening of additional surge capacity and assessment of quality indicators against any wards that have reported below their planned staffing levels. This is provided through the Nursing and Midwifery Quality and Safety Staffing report. This paper is a new paper developed in year, that triangulates key information and replaces the Trust Board's bi-monthly Nursing and Midwifery Quality and Safety Staffing Report and separate Perfect Ward Quality and Safety Assurance Group (QSAG) paper. Nursing and Midwifery workforce quality indicators, progress and assurance is well embedded and will continue to be monitored and reported through the appropriate governance and assurance groups from ward to Board.

The Trust has responded to operational pressures by opening additional wards over winter. To deliver the additional bed capacity we continued to grow our substantive registered and unregistered workforce. We have reduced the use of the external agencies and used temporary bank staff as required to safely staff our wards and departments.

Over the last year, the Trust's nursing and midwifery vacancy rates have consistently reduced and this represents the collaborative on-going recruitment and retention efforts of teams across the Trust. We have continued to experience a sustained increase in the demand for enhanced care for patients on our wards. We have grown our Clinical Support Worker (CSW) workforce providing supportive, flexible and part-time opportunities to encourage more people into the profession and in particular local people who previously been unable to join due to rigid entry criteria and training requirements. The CSW workforce has increased now by 480 new posts.

In addition to the focus on increasing the workforce through new routes and successfully completing the Trust's Internationally Trained Nurse Recruitment programme, we also continued to review how we gain assurance in relation to the quality of care delivered. This was achieved through several work streams including:

- Continuation of the Nursing Quality Review meetings, chaired by the Deputy Chief Nurse twice a year to review a range of nursing and midwifery quality and patient safety indicators.
- Bi-annual establishment reviews to ensure we have the right workforce, with the right skills, at the right time.
- Review of the Health Check metric audit questions for inpatient and ED areas (undertaken once a month) to ensure essential data is collected, including any recent changes to practice requirements, providing oversight and accountability.
- Continuation of the monthly Ward Assurance Review Meeting where wards in escalation in the Ward Health Check programme are discussed and collaborative support to areas of concern are planned.
- The Clinical Support Team conducted 61 ward assurance visits in response to wards in escalation, wards with red metrics or by exception at the request of the Chief Nurse. The Clinical Support Team additionally conducted five follow-up visits to ensure continuity of standards following local action plans and/or Clinical Support Team direct input.

The resilience and pastoral support of our workforce is essential to care delivery. Throughout 2023/24 we supported the training of 17 new Professional Nurse Advocates (PNA). The role of the PNA is to provide training and restorative supervision for nursing colleagues. The role has been in place at the Trust since February 2023 and in total 71 (head count) PNAs are trained, with a further 13 in training, providing support across the Trust.

In 2023/24 we received £1.8 million to support continuous professional development for our nurses, midwives, and allied health professionals. Investing in our workforce; ensuring we have the right skills, in the right place, at the right time to safely care for our patients.

12.7 Freedom to Speak Up

As Chief Executive I work with the 'Freedom to Speak-Up (FTSU) Guardian' to embed and promote a culture of openness for staff to express concerns about patient care and safety. I meet monthly with the FTSU Guardian to discuss the engagement with speaking up. The Guardian has set up a review group to assess and monitor trends in speaking up themes. The Board received the annual report at the May Board meeting, with a six-month update, in year in November. From the tragic events of the Letby case and the welcomed review commenced by the Thirlwall inquiry, as a Board we have reflected on the desire to encourage more of our staff to speak up. Thus, we have created a new Executive-led management group including the FTSU Guardian to have oversight of our organisational response to speaking up concerns raised and appropriate processes and added a new report to Board from the Executive to provide assurance or escalation in addition to the twice yearly objective report from our Guardian.

12.8 Guardians of Safe Working

The Chief Medical Officer works with the two Guardians of Safe Working (GoSW) to monitor junior doctors' working hours in line with national terms and conditions. The Board of Directors is sighted on this work through reports through the Learning, Education & Training (LET) Committee, a mandatory annual report is received at the May public Board and information included as a statutory requirement within the Quality Account. Where there are increased reports in specific departments, the GoSW escalate this to the Associate Medical Director for Medical Education who works with the Chief Registrar to get a detailed trainee narrative regarding

events, then works with the department to explore how we make improvements. Reporting is in most cases related to high workloads as regional units have diverted acute work into LTHT or care of specific groups of patients where senior cover of trainees continues to be a challenge.

12.9 Staff Safety

The Trust has put in numerous measures to continue to support our staff. These include but are not limited to:

- Regular review of absence management data in place with Clinical Service Units (CSUs) Triumvirates team / Human Resource Business Partners / Operational Human Resources /CSUs with actions agreed to support staff back to work.
- Management of risks to staff health and wellbeing through the corporate risk CRR04, with robust management of any gaps in mitigations.
- Review of the stress risk assessment process in progress, to ensure work related stress is managed effectively.
- Advice and support available for managers to support them to manage sickness absence available from Operational Human Resources and Occupational Health. Over 280 staff have attended Supporting Attendance workshops in the last 12 months.
- Occupational Health (OH) referrals prioritised to where OH can add most value. Significant work undertaken to provide written information as early as possible in interactions with OH, to enable managers to take local action. Flexible working and remote working policies have been developed to ensure the needs of the individual, team and service are met, alongside maximising staff availability. A formal project group has been established to ensure the remote working policy is consistently applied through projects including ongoing training and support for managers to ensure the principles in the policy are applied.

- Continued roll out of Mental Health First Aid (MHFA) training, with 638 MHFA trained and over 5,000 supportive conversations undertaken.
- Money Buddies one to one financial advice service commenced May 2022, with good usage, with over £500k of savings (of the staff's own money) identified for the staff utilising the service.
- Launch of the Leading the Leeds Way Managers Toolkit is complete.
- Range of support services available to support staff to return to work and stay well at work including Occupational Health, Staff Clinical Psychology, Staff Physiotherapy, Individual Risk Assessments and Vaccinations.
- Employed an Occupational Therapist in Occupational Health to provide input to staff most in need of support.
- Steering group established to plan for potential Industrial Action with staff from Emergency Preparedness, Human Resources, Corporate Nursing, Corporate Medical Team, Corporate Operations and CSU Triumvirates representation. Set of task and finish groups established to ensure effective delivery.
- Incident Command Centre in place in the event of any industrial action, with positive partnership working with Staff Side embedded. Standard work, including understanding what areas are derogated, established for how to manage the impact. Standard work processes are in place for deployment and staff mitigations and utilising agency workers to support essential services during industrial action.
- Robust data analysis to ensure understanding of staffing absence in place.
- FAQs, Ask the Expert, communications plan and guidance regularly updated to ensure understanding across the organisation as the situation develops.

We continue to work closely with recognised professional bodies and Trade Unions and have ensured mechanisms are in place for Health & Safety representatives to raise any concerns.

13. Significant In-Year Matters

Activity

13.1 All trusts are required by law to deliver the constitutional standards. The impact of COVID has resulted in a backlog of patients, with NHS England setting out annual targets for providers to support recovery and achieve within year, and to make progress against this backlog.

The Board and its Committee structures receive reports on the performance of the organisation against its duties set out in the provider licence. Reporting information is supplied to provide insight to the actual performance position against constitutional standards, full year to date position displayed by Statistical Process Charts (SPC) and where appropriate agreed trajectories, to enable actual comparisons to be made year on year.

13.2 Through 2023/2024, the Trust's service delivery priority was to increase the number of people diagnosed and treated, through our priority areas of elective care, diagnostics, cancer, maternity, and Urgent and Emergency Care (UEC) in line with planning guidance requirements. However during the year the Trust was impacted by industrial action across the NHS that hampered our ability to deliver reductions in our non-urgent elective activity and this was noted across the delivery of all constitutional standards.

In 2023/2024, monitoring of the service delivery contract was reported through the Finance & Performance (F&P) Committee on a monthly basis, using the monthly Constitutional Standard Report, accompanied by a Constitutional Standards Assurance Report (CSAR) to ensure each standard was presented to F&P twice a year, and the Integrated Quality and Performance Report (IQPR) presented on a bi-monthly basis.

13.3 The Trust has continued to prioritise the most urgent patients for elective treatments and this prioritisation has been done in line with guidance developed by the Federation of Specialty Surgical Associations which categorised procedures as requiring treatment within specified time bands.

13.4 A key ambition during the year was to reduce the longest waits for treatment we had seen. Nationally, the priority was to ensure that no patients waited over 65 weeks for treatment during the year, building on the ambition the previous year to have no patients waiting over 78 weeks. The Trust was placed in tier two escalation by NHS England for elective activity in May 2023 until May 2024 when this was removed.

LTHT set out to deliver zero patients waiting 65 weeks by the end of March 2024 from a total number of 40,946 patients. This was revised to 300 by year end due to the impact of industrial action. During the course of 2023/2024, the number of patients waiting over 104 weeks reduced from 509 to zero. Those waiting over 78 weeks had reduced from 1,705 to 13. Processes were in place to ensure that those patients waiting over 78 weeks were waiting because the complexity of their care meant that it had not been possible to bring their treatment forward or because the patient had declined an offer of earlier treatment.

During 2023/24 it was the Trust's ambition to continue this work to reduce the longest waiting times for patients to below 65 weeks. The number of patients waiting in this cohort significantly reduced in the year from 2,618 to 348 patients. Ongoing monitoring and support of CSUs through an assurance framework of service delivery ensured early escalation of delivery challenges to enable early intervention.

The total number of patients waiting to start treatment at the start of the year was 89,470. This number grew during the course of the year and by August 2023 had reached 94,565 before beginning to fall. In Quarter 4 (January to March) this number stabilised at just under 92,000 and the Trust ended the year at 91,937. Reducing this number will be necessary to ensure that shorter waits can be delivered sustainably for our patients.

13.5 The 2023/24 Priorities and Operational Planning Guidance required the Emergency Care Standard (ECS) to be delivered at 76% by March 2024. ECS delivery for March 2024 at LTHT was 76.8%. This was an improvement on the same time last year when ECS delivery was 73.6%. The Trust was able to demonstrate an improving position when compared to the England national average for March 2024, which was 71.8%.

13.6 Attendance levels to the Emergency Department (EDs) remained high in 2023/2024 with 344,851 attendances across all our departments representing an increase of 1.6% over the course of the year. We have approximately 1,650 adult inpatient beds across the Trust. In March 2024, the average occupancy for the Trust overall was 96.5%. Although bed occupancy remains high, there has been an improvement in bed occupancy compared to March 2023 where average occupancy for adult beds at midnight was 99.3%.

The number of patients who remain in LTHT beds despite having 'no reason to reside' increases the overall occupancy rate, when patients awaiting bed placement in the EDs and Same Day Emergency Care (SDECs) are included. Bed occupancy increased to 99.01% in March 2024 when patients in the ED awaiting a bed were included in the occupancy numbers.

13.7 The Trust delivered ahead of the 2023/24 National Planning Guidance ambition of 95% of patients receiving a diagnostic test within six weeks by March 2025. In March 2023, the Trust delivered tests to 94.1% of patients within six weeks of the request being made but this had improved to 95.9% by March 2024. Increased activity has also been seen across several modalities throughout the year, with 279,527 diagnostics tests delivered between April to March 2023/24, compared to 262,249 in the same period in 2022/23. In addition, the Trust opened the Seacroft Community Diagnostic Centre in April 2023, with a planned activity target of 61,707, but actually delivered 67,881, over delivering against the plan by 10%.

13.8 Although Cancer Waiting Times (CWT) improved at the start of 2023/24, there was a general reduction through the summer months due to industrial action and increased numbers of referrals. Recovery since November has been significant and CWT performance has improved again. Referral levels for two-week waits were greater across most specialities with a 5% increase in total for the year. The skin pathway saw a significant increase in the summer months, leading to challenges in delivering both triage and first Out Patient Appointment (OPA). The Trust was placed in tier two escalation by NHS England for cancer performance in September 2023. This involves fortnightly reviews with ICB and NHSE leads and will remain in place until the Trust consistently delivers above 60% of treatments within 62 days.

13.9 The 28-day faster diagnosis standard achieved 75.4% in March 2024, above the required standard of 75%. This was despite a challenging year, predominantly due to long waits for first OPA on the skin pathway.

13.10 The measures for first and subsequent treatment were merged in October 2023 and are now reported as single figure. The Trust has faced significant challenge in delivering the 31-day first treatment, achieving 87% against a target of 96%, a reduced position on last year where the Trust reported 95.1%. The reduction in performance reflects the challenge of associated with some subsequent treatments not being urgent and the prioritisation of those patients requiring more urgent interventions.

13.11 The Trust delivered against both 31-day subsequent drugs, achieving 100% against the 98% standard and 31-day radiotherapy treatments achieving 83.6%, waiting times for subsequent drugs were maintained, but the waits for radiotherapy were longer than in March 2023. There are staffing issues in the Radiotherapy Department that have led to some waits beyond 31 days for all but the most clinically urgent treatments.

13.12 The Trust delivered 64.8% of first treatments within 62 days of referral

by March 2024, an improvement on achievement throughout 2023/24. Industrial action and increasing referrals have impacted the pace of recovery within this standard. However, the Clinical Teams are determined to improve on this during 2024/25 and are working to understand how to improve the timeliness of all the different milestones within each pathway.

The total backlog of patients waiting over 62 days reduced from 818 in November 2023, to 276 on 31 March 2024, as significant improvement occurred within the skin pathway which contributes over 50% of the overall trust figure. By the end of March 2024 140 patients on a skin pathway were waiting longer than 62 days to begin cancer treatment, but with further reductions predicted.

13.13 The Trust has delivered a number of initiatives to improve efficiency and support pathway changes including:

- **Optimising Attendances**

Implemented in outpatients to reduce the volume of patients who Do Not Attend (DNA) or Were Not Brought (WNB). Through implementation of Patient Hub and the Attendance Optimisation work plan, the Trust has delivered a reduction to DNA rates from 9% to 7.1%

- **Leeds Community Diagnostics Centre**

The Trust opened its first Community Diagnostic Centre (CDC) site at Seacroft Hospital in April 2023 delivering a phased onboarding of diagnostic tests including phlebotomy, ECG, blood pressure monitoring, ultrasound, echocardiogram and imaging comprising plain film, and mobile CT and MRI. The total planned activity target since go live in April 2023 was 61,707 with actual activity delivered of 67,881, over delivering against the plan by 10%. In March 2024, the Trust opened a second CDC site at Beeston Village Medical Centre providing a range of diagnostic tests including phlebotomy, blood pressure monitoring, echocardiogram and ultrasound.

- **Pre-assessment Pathway**

Maximising digital technology and staff roles, supporting an average of 3.5 day reduction of hospital length of stay for patients who have had robotic surgery.

- **Skin Transformation Group**

The group has focused on a large piece of work to reduce the times that patients wait to get their cancer diagnosis. The introduction of a direct to plastics pathway for skin cancer patients, where indicated, has helped deliver a reduction in the cancer backlog and provided a more patient focused, and timely care pathway.

- **Remote Monitoring**

The remote monitoring virtual ward is improving patient flow and facilitating earlier discharges at LTHT. The use of this technology is enabling each patient to spend five less days, on average, in a hospital bed. Pathways currently in place include General Surgery, Oncology, Urology and Neurosciences, with ongoing pathways being developed for Cardiology, Respiratory, AMS and TRS (Trauma Related Services).

Safety

- 13.14 LTHT has implemented the NHS Patient Safety Incident Response Framework (PSIRF), replacing the Serious Incident Framework. In 2023/24 there were 17 patient safety events that met the criteria for reporting under the LTHT Patient Safety Incident Response Plan. Each case has been thoroughly investigated and reported to local commissioners and our Quality Assurance Committee. Detailed action plans have been developed and implemented in response to each specific case.
- 13.15 There were six incidents which qualified for reporting as a Never Event; retained foreign object following an interventional procedure (two), wrong site surgery (two), wrong implant and mis-selection of strong potassium solution. These incidents have been

subject to a Patient Safety Incident investigation; the findings and actions have been shared with staff across the organisation. These were reported to the Quality Assurance Committee.

- 13.16 There was one formal Prevention of Future Death Report (known as Regulation 28 Report) issued by the coroner. The Trust has addressed the concerns raised by the coroner in this case.
- 13.17 There were 78 (46 of those relating to staff) events that met the criteria for reporting to the Health & Safety Executive under the provisions of the Reporting of Injuries, Diseases or Dangerous Occurrences (RIDDOR) Regulations for the period 2023/24. The RIDDOR reports submitted result from Moving & Handling activities, Slip Trip & Falls, Inoculation Injuries and Physical Assault. In relation to staff groups the causes of Slip, Trip and Fall type incidents are varied with no specific trends being identified. Some of the common causes of these types of incidents are spillages of liquids/liquid residues after cleaning, defective equipment e.g., chairs, stepping up to a higher level to reach objects and falling as a result, stumbling on loose objects on the floor. The Health & Safety team also support the Falls Improvement Panel review meetings to examine the cause of patient falls.
- 13.18 Moving & Handling and Physical Assault type injuries arise when staff members are involved in activities which have the potential for significant risk e.g., assisting patients to mobilise or interactions which involve unpredictable patient behaviours e.g. post anaesthetic recovery, medical conditions.
- 13.19 Blood and bodily fluid contamination inoculation injuries can arise during and after patient interactions e.g., unpredictable patient movements during the procedure e.g., Phlebotomy, during disposal of a used sharp device if the safety mechanism hasn't been fully activated.

Infection Prevention & Control (IPC)

13.25 The reduction of Healthcare Associated Infections (HCAs) remains a key priority at LTHT. In 2023/24 the launch of the Trust's seven commitments included a HCAI specific ambition which has enabled the Infection Prevention and Control Team (IPCT) to support clinical services to reframe, reset and re-evaluate core clinical IPC practices, with a 'back to basics' approach. This fresh approach has been reinforced by analysis of clinical data to identify patient risk factors and HCAI themes requiring intervention at LTHT.

13.21 Clinical Teams have focused on reducing infection in three areas; safe use of devices and procedures, improving Antimicrobial Stewardship and best-practice 'Essential IPC'. A Trust-wide 'Essentials of Infection Prevention' campaign delivered a variety of tools to support clear understanding of the actions all staff can take to reduce healthcare acquired infection. The recommendation 'its everyone's responsibility to prevent infection' has been embraced by all clinical and non-clinical staff groups and close working across the organisation has provided the opportunity to tailor IPC interventions to create the right conditions to reduce the spread of infection whilst supporting essential service delivery. More recently, new educational resources for 2024 are being promoted across the Trust including videos sharing HCAI stories from Leeds patients, 'Guidance at a Glance' to inform teams about specific infections and dissemination of resources on 'water safety in healthcare' and education about antimicrobial resistance.

13.22 The number of *Clostridioides difficile* Infection (CDI) cases remained similar to last year with 193 cases identified in 2023/24. Rates remained high in the first three quarters of the year with a sustained reduction occurring in the last quarter. A weekly ward round and regular audit work has supported improvements to treatment and monitoring of CDI, with the specific

aim of reducing recurrent infection. In addition, early signs show that the focussed quality improvement work driven through the annual commitments is also beginning to have an impact on CDI cases. Specific projects included the generation of the SIGHT plan and review of antimicrobial prescribing in the elderly CSU. The SIGHT project involved undertaking a staff survey and multidisciplinary focus groups to develop a targeted education programme around CDI prevention, followed by a 10-week programme focused on each letter of the Pneumonic S, I, G, H, T, several educational resources were developed to support the campaign.

13.23 There is no nationally set objective for Meticillin-sensitive *Staphylococcus aureus* (MSSA) and, as in previous years, LTHT set an internal quality improvement objective. In 2023/24 LTHT saw 116 cases of MSSA bloodstream infection which is an increase from 94 cases in 2022/23. There was a slight decrease in the number of Meticillin-resistant *Staphylococcus aureus* (MRSA) Blood Stream Infections (BSI), recording 10 MRSA bacteraemia's against a trajectory of zero, one case fewer than 2022/23. All cases were reviewed in detail by a multi-disciplinary team and recurring themes were targeted for action; including improvements to surgical/procedural antimicrobial prophylaxis, MRSA screening and skin decolonisation pathways. The rise in MSSA/MRSA has also been seen regionally, and close working between the LTHT IPCT and colleagues at the West Yorkshire Integrated Care Board IPC group has improved our understanding of the problem. Data analysis has identified clinical risk factors for MSSA/MRSA infection which will be a focus for both community and hospital teams over the next 12 months.

13.24 LTHT recorded a total of 285 *Escherichia coli* (*E. coli*) BSIs which is a reduction from 2022/23 where 316 cases occurred. However, this is still higher than the national objective of no more than 246 cases. We have seen a

reduction in the number of Klebsiella sp. BSIs of 126 for 2023/24 against 144 for 2022/23, although LTHT is still above the national objective of no more than 85. Again, data analysis for 2022/23 has identified key patient pathways and clinical risk factors relevant to Gram-negative BSI and the recent reduction in these infections suggests that interventions related to vascular access devices are beginning to have an impact. This will continue to be a focus for 2024/25 along with other targeted areas such as peri-operative infection prevention and reducing urinary tract infection. The innovative Trust-wide water safety approach has continued to support a decrease in the number of Pseudomonas aeruginosa BSI cases with 38 cases identified in 2023/24 against a national objective of 40 and a reduction of 12 cases from the 48 cases seen in 2022/23.

- 13.25 This year has seen an increase in the number of patients carrying Carbapenemase-Producing Organisms (CPO) at LTHT, though this may partly be a reflection of a dramatic increase in the number of patients tested for CPO (resulting from changes to national guidance). Acquisition of these antibiotic resistant bacteria can occur in patients who have received care in high-risk hospitals for CPO, especially healthcare providers outside the UK, and this is a significant risk factor for some patients in Leeds. In addition, there has been a prolonged low-level CPO outbreak in LTHT elderly medicine patients. Early identification and isolation of cases has minimised transmission of CPO in LTHT, and clinical CPO infections continue to be very rare (i.e. the vast majority of CPO-positive patients carry the organism but do not require treatment). The collaborative approach between clinical teams, estates, facilities and laboratory teams has prioritised reducing clinical risk from CPO and our work has been complimented by UKHSA colleagues. Intense focus on CPO will continue given the risk posed by antimicrobial resistant bacteria to the safe delivery of healthcare in the future.

- 13.26 During the year we continued to strengthen medical IPC leadership with the appointment of a small Team of Deputy IPC doctors who will work alongside the Medical Lead for IPC, DIPC and Deputy DIPC providing medical leadership to reduce infection. The team's focus will include specific areas such as preventing infection in surgical pathways, minimising risk from vascular access devices and improving safe antibiotic use. LTHT participated in the National HCAI point prevalence survey and is looking forward to using the Trust level data to inform key interventions in 2024/25. We have been extremely proud to have worked with the Trust's Kaizen Quality Improvement Team on the Implementation of the new Patient Safety Incident framework (PSIRF) for all HCAI reviews. This will strengthen our ability to hear our patients' voices and realise thematic learning from HCAIs to inform a system-level response.

Aging Estate

- 13.27 The Trust is mitigating on-going challenges associated with the historic legacy of a lack of basic capital and infrastructure investment. Hence the high-level risks within the Corporate Risk Register described as; insufficient capital resources, unserviceable critical IT infrastructure and resilience issues, power failure, limited and/ or dated ventilation systems (which become more pertinent during COVID-19), and lack of IPS/UPS resilience. Significant capital resources have also been diverted to repairing structural issues on Brotherton Wing roof.
- 13.28 In 2019/20 the Trust Board approved the five-year financial plan including capital expenditure. Over the past three years, the Trust delivered a record-breaking capital programme in excess of £100m p/a, including investment in new catheter laboratory facilities, a new same day admissions unit and IPS/UPS and overall backlog.
- Even with this level of investment, backlog maintenance has still grown significantly and is now in excess of £200m, largely due to inflation and aging infrastructure at the LGI.

Around 50% of our maintenance backlog will be addressed by the redevelopment of the LGI site, as part of our hospitals of the future scheme. Whilst formal approval was granted in May 2023, we await further instruction from the National Hospital Programme Team to commence. Delays on progressing this scheme is placing additional pressures on our limited capital resources, with an increasing need for us to repair and maintain older assets, no longer fit for purpose.

Compliance to other regulatory bodies

- 13.34 It is a legal requirement of all organisations sponsoring and hosting Clinical Trials of an Investigational Medicinal Products (CTIMPs) to comply with UK medicines for human use (clinical trials) regulations (2004). The Medicines and Healthcare Products Regulatory Agency (MHRA) carried out a Good Clinical Practice (GCP) system inspection of the Trust and University of Leeds in November 2022 which had no critical findings.
- 13.30 The quality of medical education was assessed in line with NHS England processes. The first Senior Leader Engagement (SLE) event was held in March 2024. This is a new annual multi-professional process. The Medical Education Management Team, through better quality intelligence, continued to proactively manage training issues, with early intervention before they had a chance to escalate. Progress was made against the three active training conditions that are in place, with NHS England satisfied with the situation.
- 13.31 Morale, health and wellbeing continue to be major issues concerning the trainee medical workforce. LTHT continues to provide a Professional Support and Wellbeing service for trainees, aimed specifically at supporting trainees experiencing difficulties in terms of their training. In addition, LTHT continues to engage the trainee workforce via the Junior Doctor Body (led by the Chief Registrar) and Junior Doctor Forum, which is run in collaboration with the Guardians of Safe Working. LTHT has

a good track record in supporting trainees back into practice.

- 13.32 We continue to develop partnerships with institutions in other parts of the world, which open up alternative supply routes for our medical workforce. Our relationships with Jordan, Malta and Pakistan continue to thrive with increasing numbers of Fellows being placed in Leeds. A new relationship has been forged with Chulalongkorn University in Thailand (in partnership with the University of Leeds).
- 13.33 Post pandemic, there has been an increase in the number of learners with additional learning needs and the Medical Education Team has been proactive in providing early support. Clinical Teaching Fellows, themselves doctors taking a year out of practice to develop educational skills and experience, are well placed to work alongside students experiencing difficulties. The 'Book-a-Teacher' scheme, launched in 2022, continues to be successful, as does the self-directed study area in the Undergraduate Hub at St James's.

14. Conclusion

I confirm that there are no significant breaches of internal control that have been brought to my attention in respect of the financial year ended 31 March 2024. This statement aims to capture the priorities of risks and controls for Leeds Teaching Hospitals NHS Trust. The Trust has delivered a surplus financial position, substantial progress in delivery of backlogs to waiting lists for our patients, with a positive improvement in our staff survey heading towards pre-COVID feedback, with ongoing industrial action.

Signed



Prof. Phil Wood, Chief Executive

Date: 27 June 2024

2.4 Remuneration Report

Salary and pension entitlements of Senior Managers (subject to audit)

A) Salaries and allowances

Name and title	2023-24					2022-23				
	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000
Chair and Non Executive Directors										
Dame L. Pollard DBE DL Hon LLD - Chair	60-65	8	0	0	60-65	60-65	5	0	0	60-65
M Baker CBE - Non Executive Director	10-15	1	0	0	10-15	10-15	0	0	0	10-15
Prof J Brown - Non Executive Director (from 01 October 2023)	5-10	0	0	0	5-10	n/a	n/a	n/a	n/a	n/a
M Burton - Associate Non Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
S Clark - Non Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
P Corrigan - Non Executive Director	10-15	1	0	0	10-15	15-15	1	0	0	10-15
J Koroma - Associate Non Executive Director (from 01 April 2023)	10-15	0	0	0	10-15	n/a	n/a	n/a	n/a	n/a
G Mitchell - Associate Non Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
C Schofield - Non Executive Director and Joint Deputy Chair	10-15	0	0	0	10-15	10-15	0	0	0	10-15
R Simpson - Non Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
A Stainton - Associate Non Executive Director	10-15	1	0	0	10-15	5-10	0	0	0	5-10
Prof L Stroud - Non Executive Director (to 30 September 2023), Associate Non Executive Director (from 22 February 2024)	5-10	0	0	0	5-10	10-15	0	0	0	10-15
G Taylor - Non Executive Director and Joint Deputy Chair	10-15	2	0	0	15-20	10-15	1	0	0	15-20
R Woodman - Associate Non Executive Director (from 01 May 2023)	10-15	7	0	0	10-15	5-10	0	0	0	5-10

Name and title	2023-24					2022-23				
	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000
Executive Directors										
Prof P Wood - Chief Executive	255-260	8	15-20	0	270-275	230-235	7	15-20	0	250-255
H Christodoulides - Interim Chief Nurse (to 09 October 2023)	75-80	4	0	12.5-15	85-90	10-15	1	0	5-7.5	15-20
J Goodyear - Director of Planning and Strategy	140-145	22	0	95-97.5	235-240	75-80	13	0	45-47.5	125-130
Dr M Harrison - Chief Medical Officer (from 18 September 2023)	130-135	4	0	30-32.5	160-165	n/a	n/a	n/a	n/a	n/a
Dr P Jones - Chief Digital and Information Officer	175-180	51	0	27.5-30	210-215	170-175	7	0	37.5-40	205-210
J Lewis - Director of Human Resources and Organisational Development	180-185	5	0	0	180-185	170-175	7	0	40-42.5	210-215
Dr H McClure - Interim Chief Medical Officer (to 17 September 2023)	95-100	28	10-15	0	110-115	30-35	11	0-5	15-17.5	55-60
J Murphy - Interim Chief Nurse (from 10 October 2023 to 01 January 2024)	30-35	2	0	0	30-35	n/a	n/a	n/a	n/a	n/a
C Richardson - Director of Estates & Facilities	150-155	25	0	7.5-10	160-165	145-150	23	0	37.5-40	185-190
C Smith - Chief Operating Officer and Deputy Chief Executive	190-195	8	0	17.5-20	210-215	165-170	7	0	30-32.5	200-205
R Tindale - Chief Nurse (from 02 January 2024)	35-40	1	0	0	35-40	n/a	n/a	n/a	n/a	n/a
S Worthington - Director of Finance	205-210	8	0	0	205-210	195-200	7	0	125-127.5	325-330

- Taxable expense payments are rounded to the nearest £100 in the above table. Pension related benefits are shown in bands of £2,500. All other remuneration is shown in bands of £5,000.
- Salary includes all amounts paid and payable in respect of the period the individual held office, including any salary sacrifice elements.
- Taxable expenses for the Chief Digital and Information Officer, the Director of Estates and Facilities, the Director of Planning and Strategy and the Interim Chief Medical Officer relate to lease cars paid via salary sacrifice. All other taxable expenses are in respect of taxable business mileage and car parking.
- There are no long-term performance pay or bonuses for senior managers in the current or preceding financial years.
- All pension-related benefits are calculated using the HMRC method as set out in Section 229 of the Finance Act 2004. The Department of Health and Social Care has clarified that for NHS bodies this is the "Real increase in pension multiplied by 20 plus the real increase in lump sum less contributions made by the individual equals Accrued Pension Benefits". The NHS Pension Scheme is a "defined benefits" scheme based on final salary and/or career average earnings. Thus where a senior manager's salary increases this results in a larger movement in the overall value of their pension entitlement. Similarly, where there is a limited increase in the value of the pension payable relative to inflation and the employee's contributions, then the HMRC calculation can show a "negative pensions benefits" figure for the year which is then shown as a "nil" figure in the table. These factors mean that year on year there can be significant volatility in the reported pensions benefits for an individual.

Salary and pension entitlements of Senior Managers (subject to audit)

B) Pension benefits

Name and title	Real increase in pension at pension age	Real increase in lump sum at pension age	Total accrued pension at pension age as at 31 March 2024	Lump sum at pension age related to accrued pension at 31 March 2024	Cash Equivalent Transfer Value at 01 April 2023	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000
H Christodoulides - Interim Chief Nurse (to 09 October 2023)	0	15-17.5	50-55	135-140	869	106	1,178
J Goodyear - Director of Planning and Strategy (from 01 September 2022)	2.5-5	35-37.5	25-30	65-70	250	190	483
Dr M Harrison - Chief Medical Officer (from 18 September 2023)	0-2.5	0	50-55	155-160	1,109	13	1,277
P Jones - Chief Digital and Information Officer	2.5-5	0	35-40	50-55	579	94	753
J Lewis - Director of Human Resources and Organisational Development	0-2.5	0	45-50	25-30	717	0	699
Dr H McClure - Interim Chief Medical Officer (from 01 February 2023)	0	20-22.5	65-70	190-195	1,304	117	1,706
J Murphy - Interim Chief Nurse (from 10 October 2023 to 01 January 2024)	0	0	0-5	0	38	0	11
C Richardson - Director of Estates and Facilities	0	30-32.5	25-30	75-80	405	144	608
C Smith - Chief Operating Officer	0-2.5	0	45-50	0	519	143	738
R Tindale - Chief Nurse (from 02 January 2024)	0-2.5	0	60-65	165-170	1,298	20	1,533
S Worthington - Director of Finance	0	17.5-20	85-90	235-240	1,759	155	2,120

- The Trust is a member of the NHS Pension Scheme which is a defined benefit Scheme, though accounted for locally as a defined contribution scheme. The Trust does not operate nor contribute to a stakeholders pension scheme. Non-Executive Directors are not members of the Trust pension scheme. Disclosure is made in respect of pension benefits for those Directors who were active members of the NHS Pension Scheme during 2023/24. Where a Director temporarily suspends their membership and subsequently rejoins the Scheme, their increases in pension benefits and CETV can be significant as they will cover the period where membership was suspended.
- 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.

The Public Sector Pension Scheme Remedy (McCloud)

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The Public Service Pensions Remedy puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'.

Where a member who is a senior manager is affected by rollback the benefits in respect of their pensionable service during the remedy period are valued as being in the 1995/2008 Scheme. As a result there may be a difference between the benefits and Cash Equivalent Transfer Value (CETV) disclosed for this year as compared to the benefits and CETV disclosed for the year ending 31 March 2023.

Where this results in negative real increase in pension, lump sum or CETV, this is shown as a "nil" figure in the table for the senior managers affected by the Public Service Pensions Remedy.



2.5 Staff costs and numbers (subject to audit)

Staff Costs

Employee Benefits - Gross Expenditure (£'000s)	2023/24			2022/23
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	818,705	49,664	868,369	839,174
Social security costs	87,062	-	87,062	78,177
Apprenticeship levy	4,404	-	4,404	4,013
Employer's contributions to NHS Pensions	144,269	-	144,269	132,581
Other pension costs	835	-	835	-
Termination benefits	596	-	596	162
Temporary staff	-	25,383	25,383	38,040
Total gross staff costs including capitalised costs	1,055,871	75,047	1,130,918	1,092,147
Costs capitalised as part of assets	4,681	-	4,681	3,552
TOTAL gross staff costs excluding capitalised costs	1,051,190	75,047	1,126,237	1,088,595

Staff Numbers

Average staff numbers (WTE basis)	2023/24			2022/23
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	2,689	70	2,759	2,723
Administration and estates	3,016	132	3,148	3,126
Healthcare assistants and other support staff	3,884	664	4,548	4,467
Nursing, midwifery and health visiting staff	4,997	240	5,237	5,063
Nursing, midwifery and health visiting learners	2	-	2	3
Scientific, therapeutic and technical staff	2,280	18	2,298	2,261
Healthcare science staff	1,182	13	1,195	1,161
Social care staff	6	-	6	11
Other	715	4	719	703
TOTAL	18,771	1,141	19,912	19,518

Average staff numbers (WTE basis)	2023/24	2022/23
Number of permanently employed staff	18,771	18,217
Other staff	1,141	1,301
Total average number of staff (wte)	19,912	19,518
Staff engaged on capital projects	81	69

Staff Turnover Percentage

Up to date information on Leeds Teaching Hospitals NHS Trust's staff turnover figures can be found on the [NHS Digital website](#). The series is an official statistics publication complying with the UK Statistics Authority's code of practice. Data is provided in groups.

Staff Sickness and ill health retirement

Staff sickness data and ill health retirements	2023/24	2022/23
Total days lost	219,960	244,959
Total staff years	18,660	17,994
Average working days lost (per WTE)	11.80	13.60
Number of early retirements on the grounds of ill-health	28	18
Value of early retirements on the grounds of ill-health	2,429	1,039

Details of staff sickness and absence data can be found via NHS Digital publication services [NHS Sickness Absence Rates](#).

Exit Packages (subject to audit)

Reporting of compensation schemes - exit packages	2023/24	2022/23
Exit package cost band		
£0 - £10,000	3	2
£10,001 - £25,000	4	-
£25,001 - £50,000	1	-
£50,001 - £100,000	4	2
£100,001 - £150,000	2	-
Total number of exit packages	14	4
Total resource cost (£'000s)	596	162
Voluntary redundancies including early retirement contractual costs	-	-
Total value of exit packages (£'000s)	596	162

Consultancy expenditure

Expenditure on consultancy	2023/24	2022/23
Consultancy costs (£'000s)	423	620

2.6 Fair Pay Multiples (subject to audit)

In accordance with HM Treasury requirements reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce. Total remuneration is to be further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

Total remuneration comprises salary and allowances, performance pay and bonuses and all taxable benefits. It does not include any severance payments, employer pension contributions and the cash equivalent transfer value of pensions. Remuneration is calculated on the annualised full-time equivalent staff of the Trust at the reporting date (31 March 2024).

The highest paid director in 2023/24 and 2022/23 is the Chief Executive. In both years the Chief Executive, Professor Phil Wood, received a clinical excellence award and a taxable benefit.

Highest paid Director	2023/24	2022/23
	Bands of £5k £'000	Bands of £5k £'000
Salary	255-260	230-235
Clinical Excellence Award	15-20	15-20
Total Remuneration	270-275	250-255

The average percentage change in average employee remuneration of the Trust (based on total for all employees on an annualised basis divided by full-time equivalent number of employees) between 2022/23 and 2023/24 is an increase of 5.1% (2022/23 - increase of 10.3%). This reflects pay awards and changes in the skill mix of the workforce.

The percentage change in respect of the highest paid director is an increase of 7.9% (2022/23 - reduction of 3.8%).

The relationship to the remuneration and salary of the organisation's workforce is disclosed in the tables below:

	25th percentile	Median	75th percentile
2023-24			
Total Remuneration (£)	26,050	35,392	47,946
Salary component of total remuneration (£)	26,050	35,392	47,946
Pay ratio information	10.5	7.7	5.7
2022-23			
Total Remuneration (£)	24,940	34,772	46,094
Salary component of total remuneration (£)	24,940	34,772	46,094
Pay ratio information	10.1	7.3	5.5

Remuneration ranged from £15-20k to £270-275k in 2023/24 (2022/23 £15-20k to £250-255k). There were no employees who received remuneration in excess of the highest paid director in either 2023/24 or 2022/23.

Payments made to agency staff have been excluded where these mainly relate to payments made to cover absences of existing employees whose whole time, full year equivalent remuneration has already been included in the calculation of the median. Agency staff covering vacancies at the reporting date have been included. In these cases, only the remuneration paid to the employee is included; where this is not readily available a reasonable estimate has been ascertained and included.

Off-payroll engagements

Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2024, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2024	1
Of which, the number that have existed:	
for less than one year at the time of reporting	
for between one and two years at the time of reporting	
for between two and three years at the time of reporting	
for between three and four years at the time of reporting	
for four or more years at the time of reporting	1

Note the £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245 per day:

	Number
Number of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	32
Of which	
Number not subject to off-payroll legislation	
Number subject to off-payroll legislation and determined as in-scope of IR35	8
Number subject to off-payroll legislation and determined as out of scope of IR35	24
Number of engagements reassessed for compliance or assurance purposes during the year	
Of which	
Number of engagements that saw a change to IR35 status following review	

Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year.	24

2.7 Regulatory ratings

Leeds Teaching Hospitals is registered with the Care Quality Commission (CQC), has no compliance actions in force and is fully compliant with the Fundamental Standards. We last had a comprehensive inspection by the CQC in August 2018 and the final report from this inspection was published in February 2019. We received an overall Good rating, with higher ratings in more areas than our previous inspection.

We also received three 'Outstanding' ratings, in Adult Critical Care, the Leeds Dental Institute and for our Use of Resources.

Our maternity services at Leeds General Infirmary and St James's University Hospital were inspected in 2023/24 and received a Good rating for 'safe' and 'well-led'.

Progress continues to be made, which is monitored through the Quality Assurance Committee. The Trust is fully compliant with the registration requirements of the CQC.

2.8 Modern Slavery Act

The Trust complies with the Modern Slavery Act, specifically section 54 'Transparency in supply chains' which is the section directly relevant to the corporate sector. The Trust uses the Crown Commercial Services Supplier Questionnaire to ask questions of suppliers to ensure their compliance with the Modern Slavery Act. In addition, products purchased through third

party distributors, such as NHS Supply Chain, have the assurance of national frameworks to ensure compliance with the Act.

2.9 Our People

The Trust's greatest asset is its people, and we value our staff highly. They have continued to be dedicated to delivering high quality, compassionate patient care despite working under extreme pressure as we reset our services following the impact of the COVID-19 pandemic.

One of the Trust's Strategic Priorities is to, 'Support and develop our people' and to achieve this, we have developed seven People Priorities across the organisation. These will enable us to focus action in specific areas to achieve our multi-year goals. The seven People Priorities are:

- Workforce planning
- Clear performance expectation
- Work across the health and care system
- Free from discrimination
- Education, training and development
- Health and wellbeing
- The most engaged workforce

During 2023/24 our focus and in-year commitment was to improve staff retention, with four areas of focus.

1. Continue to mature our workforce planning approach through workforce transformation and deployment aligned to achieving service delivery and financial targets.
2. Identify the determinants of unwanted staff turnover and implement the right strategies to encourage our talent to remain working for the Trust.
3. Embed systems and processes to ensure that our unplanned absence is managed optimally, meeting the needs of the organisation whilst taking a personalised approach to keeping our staff in work.
4. Develop a high-performing and positive brand for our Occupational Health and Wellbeing Service to meet the needs of the organisation and positively impact staff wellbeing.

For 2024/25, our in-year commitment will continue to be staff retention and our target is to be in the best 25% of Trusts nationally. We will also be refreshing and re-launching our People Priorities.

Workforce statistics

Trust Board - at 31 March 2024

Gender	Position title	Number
Female	Chair	1
	Chief Operating Officer and Deputy Chief Executive	1
	Director of Nursing and QA	1
	Director of Human Resources	1
	Associate Non-Executive Director	5
	Non-Executive Director	3
	Non-Executive Director and Deputy Trust Chair	1
Female total		13
Male	Chief Executive	1
	Chief Medical Officer	1
	Director of Finance	1
	Director of Estates & Facilities	1
	Chief Digital Information Officer	1
	Director of Strategy	1
	Associate Non-Executive Director	1
	Non-Executive Director	2
	Non-Executive Director and Deputy Trust Chair	1
Male total		10

The gender division for the rest of the workforce at 31st March 2024, is outlined below:

Gender	Number
Female	16,254
Male	5,650
Grand Total	21,904

Gender Pay Gap

In March 2024, the Trust published its Gender Pay Gap information on the [Government's website](#). More information on this can be found on our website: <http://www.leedsth.nhs.uk/about/trust/equality-diversity/gender-pay-gap-reporting/>

Organisational Development and Culture

The Organisational Development and Culture (OD&C) team leads on an array of education, learning and developmental opportunities for Trust staff, beginning on the day they start their career in our hospitals.

Induction

The Trust's Induction Policy mandates that all staff must undertake a Corporate Induction on their first day of employment.

Corporate Induction is delivered weekly in collaboration with stakeholders consisting of the Executive Leadership Team and mandatory training leads. The day begins with a warm welcome from the Chief Executive, alongside presentations on The Leeds Way values and behaviours, followed by clinical and non-clinical mandatory training sessions. At the end of their first day new staff are offered the opportunity to meet and speak to the Executive Leadership Team as part of the 'Meet the Leaders' session.

From April 2023 to March 2024, compliance rates were consistently maintained between 99%-100%, ensuring that every new Trust employee was inducted to the Trust. Over this time around 2,600 employees completed Corporate Induction.

Additionally, within their first 28 days of employment, all staff are required to undertake a Local Induction. The responsibility for delivering Local Induction lies with managers and Clinical Service Units (CSUs), with the OD&C team taking the lead on policy formulation, process management, and documentation.

During Local Induction sessions, newly onboarded staff acquaint themselves with local operational protocols, and key work priorities are established. Over the financial year 2023/24, compliance with Local Induction consistently remained between 80%-85%.

Agenda for Change (AfC) Appraisal

The OD&C team leads on policy formulation, process development, assurance and practice development concerning the Agenda for Change (AfC) appraisal. The AfC appraisal applies exclusively to those staff employed on AfC terms and conditions, and it excludes Medical and Dental appraisal, for which there is a distinct national process.

AfC appraisal is completed using an online digital form with paper form facility available for staff without online access. In the 2023 appraisal season, around 16,000 staff completed their appraisal, which equates to 93% of the Trust AfC workforce.

Although appraisal compliance has increased in comparison to previous years, data on the appraisal's impact on staff performance yields mixed results. Encouragingly, 98% of participants in the 2023 appraisal season stated that their appraisal was a 'valuable conversation' through a mandatory feedback question. However, findings from the Staff Survey present a varied perspective, albeit the response rates were lower and included medical and dental staff feedback.

The delivery of the 2023 appraisal season was supported with a series of direct CSU engagement sessions and 90-minute learning bursts focused on holding quality appraisal conversations. In addition, online training and guidance was made available to provide support for the online appraisal system.

Post the 2023 appraisal season, analysis was completed which included a review of Quality Survey data and Personal/Professional Development Plan (PDP) data. The insights gained from the analysis have been made available to Human Resources Business Partners (HRBPs) and their deputies.

Mandatory Training

Mandatory and Priority Training provision is governed under the Trust Training Policy. OD&C leads on the policy, assurance, compliance monitoring and process development for mandatory and priority training. Additionally, OD&C manages the Training Interface which is used to access mandatory/priority training alongside the Organisational Learning Module in ESR.

Assurance and compliance relating to each individual training topic is managed by the respective training leads and their executive sponsors. OD&C leads on the governance and assurance of mandatory/priority training through several Learning, Education and Training Committee subgroups that include the Training Leads Forum and the Learning and Development Group. These groups are made up of relevant representatives for mandatory training/priority training and appropriate professional leads.

Around 40 training topics are classified as mandatory with an additional 40 topics classified as priority. In 2023, an additional training topic on Patient Safety was mandated for all staff, with another five topics currently being reviewed for mandatory or priority classification.

Overall Trust performance for Mandatory Training remained at 90% or above throughout the 2023/24 financial year, higher than the Trust compliance standard of 80%. For priority training, we continue to perform above the Trust 80% standard, but there are still some challenges in increasing compliance so it aligns with that for mandatory training.

Learning and Development

The Trust's commitment to empowering all colleagues, regardless of their professional background, is illustrated in the Learning and Development digital prospectus. This comprehensive resource provides access to a wide range of high-quality learning, educational, and training materials aimed at helping individuals realise their full potential.

The prospectus highlights a diverse selection of learning platforms, including facilitated courses, interactive workshops, and self-paced modules, covering essential areas such as Leadership and Management, Resilience, and Digital Skills. These topics are carefully curated based on insights gathered from the Training Needs Analysis, which uses qualitative data from appraisals to identify emerging themes and learning requirements.

In the year 2023/24, the team successfully delivered 91 Learning and Development sessions, attended by 772 staff members.

The most attended courses were:

- Effective Appraisal Training
- Manager Essentials
- Advanced Communication Skills
- Managing Honest Conversations
- Presentation Skills

The Mary Seacole Leadership Development Programme

Our successful partnership with the National Leadership Academy continued, ensuring the ongoing delivery of the Mary Seacole Leadership Development Programme. This impactful six-month programme is facilitated by our own trained staff and equips managers with the skills they need to provide compassionate and effective leadership within the Trust. The 2023/24 programme saw impressive participation, with 140 delegates enrolled, and 52 of these participants achieved a nationally-recognised accreditation in healthcare leadership.

Since its launch in January 2021, the Mary Seacole Programme has attracted 440 participants. The programme consistently receives positive feedback and evaluation, highlighting its value in developing our future leaders.

Success through leadership

The Success through Leadership development programme empowers Service Managers, Deputy General Managers, Deputy Heads of Nursing, and similar colleagues to collaborate with leadership experts, career coaches and senior mentors.

Over 10 months in the past financial year, participants engaged in tailored workshops, action learning groups, shadowing opportunities, and one-to-one sessions. The programme emphasised person-centred leadership techniques, explored personal values and impact and how to support the Trust's cultural and strategic priorities.

It included 16 delegates and featured four full-day workshops, three action learning sessions and two individual coaching sessions personalised to the group's needs.

Senior Leadership and Executive Aspiration

Colleagues throughout the Trust have access to the National and Regional Leadership Academy programmes. Additionally, during 2023/24 the Trust enrolled three colleagues onto the West Yorkshire Association of Acute Trusts (WYAAT) Senior Leadership Programme, designed for aspiring executive leaders. This programme offers exposure to system leadership principles, approaches, and delivery mechanisms across the WYAAT footprint.

Thirteen colleagues have also registered for the Aspiring Executive Programme, which is designed to support colleagues in realising their full potential. This programme facilitates networking opportunities and supports participants to identify and develop skills and experiences. Through a variety of offerings and guidance, it helps bridge development gaps and provides insight into the demands of an executive role.

Well Led Governance Insights Programme

The Well Led programme comprises three courses to develop participants' understanding of Board membership, committees and their associated duties and good governance practices.

The opening session, the Well Led Governance Insights Learning Burst, is led by the Trust Board Secretary. This session serves as a comprehensive introduction to the Trust Board's structure, encompassing corporate governance principles, legal obligations, regulatory frameworks, subcommittee structures, paper preparation, and the pivotal role of the company secretary.

Following this session, participants have the opportunity to attend Board Committee meetings in an observer capacity. These sessions are followed by reflective learning sessions facilitated by the Trust Board Secretary, allowing participants to share their observations and provide feedback.

The programme culminates in a simulated committee experience, co-led by a Trust Non-Executive Director and the Trust Board Secretary. Here, learners participate in a mock committee, where they walk through a committee process from start to finish.

Throughout this immersive experience, the Non-Executive Director shares valuable insights and perspectives on governance practices. Participants also have the chance to present a paper of their choosing, receive feedback from diverse stakeholders and engage in discussions and constructive feedback sessions.

Coaching

The Trust currently has 29 coaches committed to offering their services to colleagues as an extension of their role within the Trust. Staff can self-refer via the Organisational Learning intranet site or dedicated coaching email. Coaching is promoted via social media and Trust communication campaigns as well as through our leadership and development activity to ensure the offer of coaching is available to any member of staff employed at the Trust.

The Coaching Community of Practice (CCoP) is managed and supported monthly by staff from within the OD&C team. Those who attend report that the sessions are useful, providing

an informal network for coaches to meet and discuss approaches to coaching at the Trust. The community seek collective solutions to the challenges of coaching as an extension of their existing role and take opportunities to raise the profile and value of coaching within the Trust. They also have access to dedicated Continuing Personal Development (CPD) events, including those facilitated across the Leeds System.

This year, operational challenges across the organisation and staff turnover have contributed to a drop in the available capacity for coaching activity. To help support staff in this area we have introduced a detailed pathway to coaching, which signposts staff to the learning resources available to encourage self-directed learning. Coaching requests continue to rise, and in 2023/24 we received 87 requests, ending the year with 12 staff waiting for a coaching match.

Measures in place to support outstanding requests include access to external coaching, which is funded by the respective CSU. Nursing, Midwifery and Allied Health Professional colleagues can request funding through accessing CPD funds and they are supported to do this through the Chief Nurse team. This CPD option uses the Government funding provided and there are currently no plans to extend beyond 2023/24.

During 2023/24, we worked alongside the Leeds System to develop the coaching offer System-wide and provide the opportunity to share resources to meet demand. The introduction of coaching skills for managers workshops, delivered Leeds- System-wide provided additional capacity to strengthen coaching skills across the organisation.

Highlighted activity for coaching for this year includes:

- 34 Trust staff received internal coaching support.
- 22 Trust staff received external coaching support funded through CPD.
- 19 Trust staff accessed external coaching funded through CSUs.
- Four supervision sessions were facilitated for the Leeds Coaching System network.
- A CCoP newsletter was published quarterly providing information and updates including metrics relating to coaching activity.

Feedback from staff who have engaged in coaching this year includes;

“ Really aligned my focus; being in a new Business Manager role can feel a little chaotic at first. Creating goals to measure against with the support of a coach really helped calm my approaches. ”

“ My coach was supportive, flexible to arrange and insightful. Having someone with a non-bias of your area of work helps you see more clearly. ”

Work experience, schools' engagement and employability

The purpose of the work experience, schools' engagement and employability programmes is to engage with, recruit and develop a diverse workforce from disadvantaged or under-represented communities in Leeds.

This will improve access to long-term career opportunities, work experience, volunteering, education and training and remove traditional barriers to employment. It will also provide practical support to help people succeed, including those without qualifications or who have literacy, numeracy and learning difficulties. School engagement can help our own recruitment and can be especially useful for our entry-level apprenticeship opportunities.

Over the last academic year, we have taken part in a number of projects/sessions with the aim of increasing awareness, aspirations, access and achievement. This has included school visits for Primary, Secondary and Further Education colleges. Through these visits we make students aware of opportunities at the Trust and give advice on career pathways and skills development. We have been involved in the production of virtual sessions, a new work experience policy and supported work areas with their own work experience event plans.

Feedback from work experience has remained positive:

“ I hoped to gain a further insight into day-to-day consultation between doctors and patients, as well as how different healthcare professionals interact and work together effectively. I feel this work experience has allowed me to observe this at first-hand and therefore I understand what a career in medicine will require and the qualities needed. ”

“ I have already said what an invaluable week this was. However I want to say again thank you so much to the amazing staff for giving me an unforgettable experience. To the organisers of this experience, I think that it's really important that you are doing what you are doing, because by throwing open the door to students you provide a first-hand experience of what to expect! I doubt many other places provide what Leeds provides as you have given me such a completely genuine feel as to what I can expect as a doctor. I really hope that you continue to give these unforgettable experiences and if at all possible, I will certainly be attending again next year! Thank you and keep up your amazing work. ”

Diversity brings great benefits to an organisation. Pupils and students with special educational needs and disabilities (SEND) need the same information and guidance about employment opportunities so we have attended events organised by Lighthouse Futures Trust specialist school and college as this links with our supported internship work, Project Search.

Project Search is a supported internship for 18-25 year-olds with a learning disability and/or autism. It has been one of the year's success stories. We were recognised with an award after more than 70% of interns entered work following our 2021/22 programme, and we are on track for this to be repeated for 2022/23. The 2023/24 cohort has started with seven interns who have quickly established themselves as assets to their departments.

The Inspiring Children and Young people strand of the Leeds Health and Care Academy is working towards a robust, long-term evidence-based approach to engagement with young people, with children and young people at the heart of the journey. Starting earlier and having a clear and consistent approach, it focuses on long term, repeated high-quality interventions. The pilot project, working with Early Years children (four and five-year-olds) has been well received.

The goal is to build a bank of resources with well-trained ambassadors to deliver to children and young people of varying age ranges, creating a future workforce not influenced by class, gender and cultural expectations. We will continue to work alongside the team to support the development of their offer so that our workforce can benefit from its outcomes.

Apprenticeships

The Trust Apprenticeship programme continues to evolve and grow from entry level to degree and post graduate apprenticeships with a focus on diversity, inclusion and widening participation, which supports our ambition to ensure our workforce is reflective of the communities we serve. The Trust has been rewarded by improving its ranking (55th) in the Government's Top 100 Apprenticeship Employers list. This recognises the commitment to creating new apprenticeships, the diversity of the apprentices and the number of apprentices who successfully achieve their apprenticeships.

The programmes are co-ordinated by the Apprenticeship and Employability team which ensures they are aligned with workforce plans, enabling the Trust to grow a flexible and sustainable workforce to support our patient population healthcare needs, now and for the future.

This year the Trust has spent just over £3.5 million on apprenticeships and there are currently just under 900 apprentices working across 54 different programmes. This is likely to increase for next year following a successful Apprenticeship Week and campaign to raise awareness which has resulted in an increase in enquiries compared to last year. There has been a growth in Digital Apprenticeship starts and in leadership apprenticeships across the organisation. Excitingly, we have staff seeking out leadership development, from emerging to senior leaders.

The Trust is developing apprenticeship career pathways in a range of professions to help our staff see a career pathway in front of them, helping retention and workforce development.

We continue to support organisations within the Leeds and wider West Yorkshire communities, including local NHS partners as well as the third and independent sector, to develop their workforce through the use of levy transfers. This is a process that allows organisations to transfer up to 25% of their levy funds each year to other businesses to pay for their apprenticeship training and assessment.

Our internal apprenticeship delivery team at the Leeds Dental Institute continues to deliver OFSTED-rated 'Outstanding' provision to our dental nurse apprentices.

Health and Wellbeing

Work continues to support the health and wellbeing needs of Trust staff. During 2023, we reviewed our Health and Wellbeing strategy in response to emerging staff need. It focuses on three drivers: Communication and Engagement, Support and Compassionate Action, and Prevention.

We recognise the diverse needs of our staff and in 2023 we focussed on providing opportunities for staff to enable others within their departments to be involved in health and wellbeing initiatives.

We have strengthened our health and wellbeing training, with a focus on supporting staff to become Mental Health First Aiders. We hold three two-day training courses each month which are attended by 10 to 16 people. All Mental Health First Aiders in the Trust are invited to two development days a year, with guest speakers from external services and speakers who share their lived experiences. The days also include additional training and upskilling to support their role. We have trained more than 800 staff who have provided more than 8,500 support contacts for staff.

Our staff support also includes the staff psychology support service, the Employee Assistance Programme, Occupational Health and staff physiotherapy.

During 2023, we continued our work to support staff with the rising cost of living and ran a significant communications campaign to raise awareness of financial support available to staff. This highlighted our financial advice service for staff which is delivered by Money Buddies. We have also continued to support staff through our Employee Support Fund which provides emergency grants to those most in need.

Occupational Health

In 2023 we provided a winter vaccination service to staff, delivering flu and COVID-19 vaccinations. This year, 41% of staff received a COVID-19 vaccination and 47% received a flu vaccination, in line with regional and national uptake. We will continue to deliver a full vaccination programme to Trust staff in 2024, with work already underway for this year's delivery of winter vaccinations.

Occupational Health (OH) has continued to offer a full service during the year, including employment health checks and immunisations, response to needle sticks and on-site outbreaks. OH clinicians worked with HR colleagues to improve understanding across the Trust of the value of OH, providing training and information on when to refer staff to OH to improve referral quality.

Health and Safety

The Health and Safety (H&S) team continues to work collaboratively with CSUs and Corporate Support departments alongside HR, Infection Prevention and Control, Estates and Facilities, OH and staff-side union representatives across the wider Trust.

H&S within the Trust is overseen by the Risk Management Committee, alongside supporting governance and assurance groups. Staff involvement and consultation is welcomed and encouraged, and key information from the regular planned quarterly meetings of the H&S Consultation Committee is posted on the Trust H&S intranet pages.

Minimum performance standards have been set for all H&S risks (Active Monitoring) and all wards and departments participate in the

annual H&S Controls Assurance process which is a supportive process measuring levels of compliance on this topic. An annual H&S report publishes the results of this auditing process.

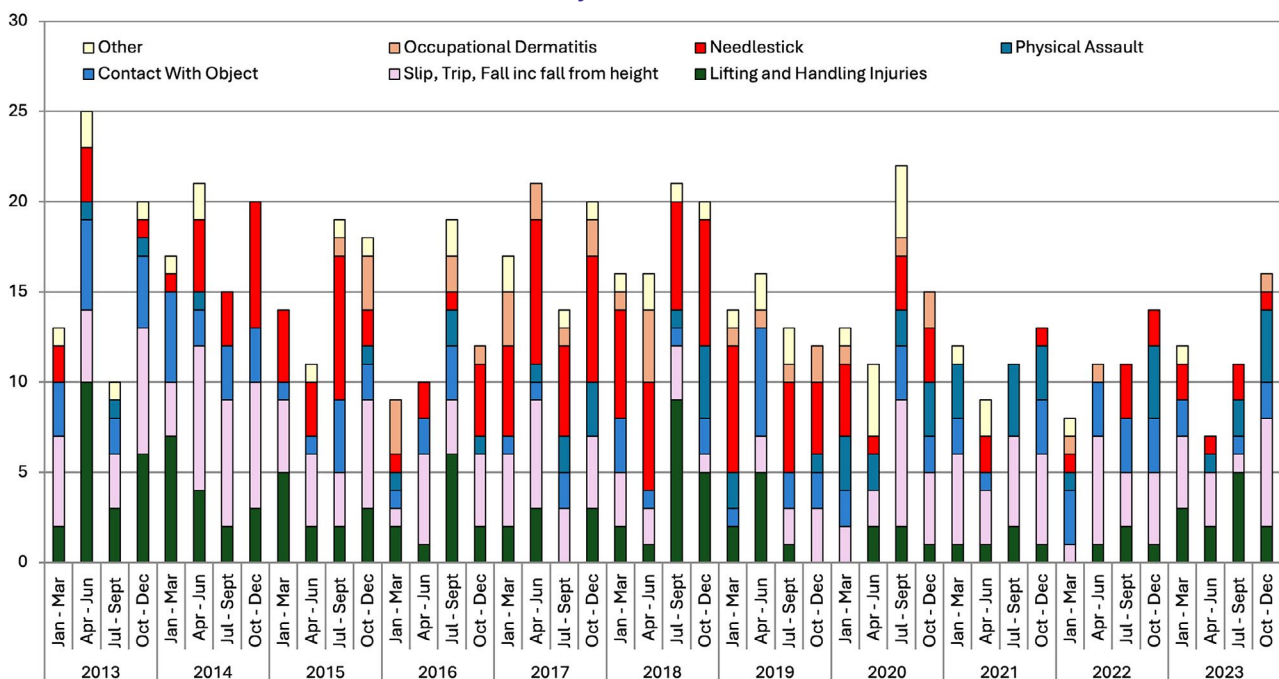
We have conducted an audit of the previous year's performance and were extremely pleased that around 700 wards/departments participated in this process, which is consistent with previous years. To complement this process the H&S team conducts H&S 'Gemba'-style visits to support action planning, compliance and continuous improvement.

Reactive monitoring of H&S data, in particular Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) reports following serious incidents, shows an overall declining number of serious H&S incidents over time.

Public and Employers' liability claims following alleged harm due to negligent acts by the Trust are also generally decreasing over time.

We are very proud to have once again been awarded the Royal Society for the Prevention of Accidents (RoSPA) Gold Medal Award for the eighth consecutive year for our H&S management systems and arrangements in relation to occupational safety and health. This award is assessed externally and is a significant achievement and endorsement.

Staff RIDDOR Numbers (by incident date) 01/01/13 – 31/12/23



Staff Survey

Highly engaged staff, that is those who are committed to their organisations and involved in their roles, are more likely to bring their heart and soul to work, to take the initiative, to 'go the extra mile' and to collaborate effectively with others.

There is now an overwhelming body of evidence to show that engagement not only creates a positive working environment for individuals, but also directly contributes towards the quality of care delivered and better patient outcomes.

'The NHS providers with high levels of staff engagement (as measured in the annual NHS Staff Survey) tend to have lower levels of patient mortality, make better use of resources and deliver stronger financial performance' (West and Dawson 2012, as cited in The King's Fund 2015).

This is why being an engaged workforce is embedded within our Trust People Priorities and drives our goal to 'support and develop our people' to achieve a 'consistent, high-performing and sustainable workforce'. We have heightened our focus around staff engagement and retention over the last year, making it one of our Trust in-year commitments to 'Improve Retention'.

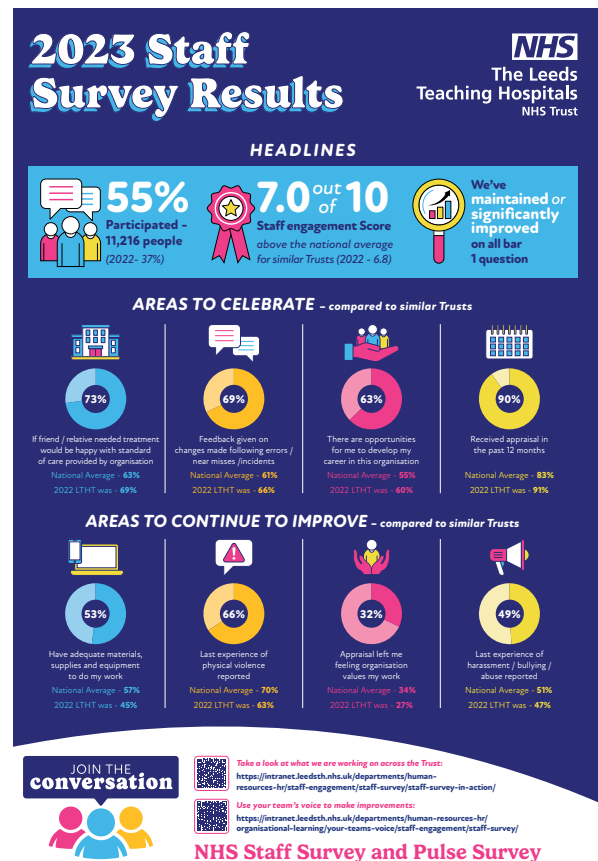
We measure staff engagement through the annual NHS Staff Survey, a national tool which is used across all NHS Providers. The survey provides insight into the working lives of our 21,000-strong workforce, with all eligible staff having the opportunity to take part. This ensures that everyone is provided with a voice and the opportunity to let us know what it is like to work for Leeds Teaching Hospitals NHS Trust, what is working well and areas we can improve.

The Trust achieved a response rate of 55%, improving significantly from 38% the previous year. This follows the implementation of learning from recent research conducted within the Trust in collaboration with the University of Leeds to better understand the levers for participation and its impact on engagement. We also achieved more equal representation across all staff groups. This means we are confident in the validity of the results to inform improvement over the next year.

The Survey aligns to the NHS People Promise, which is the promise we all make to each other to improve the experience of working in the NHS for everyone. The themes are:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff engagement
- Morale

These themes provide a valuable tool to measure our progress against and provide context for our progression compared to national benchmarks.



Findings

The Trust continues to perform several percentage points above the national benchmark average (Acute and Acute and Community Trusts) for the two questions asking staff whether they would recommend Leeds Teaching Hospitals NHS Trust as a place to work and to receive care (4% and 10% respectively).

The Trust compares well nationally, with the results demonstrating an above average

for all nine People Promise themes when benchmarked against the national benchmark for Acute and Acute and Community Trusts. Furthermore, the Trust has achieved statistically significant improvements across all People Promise themes.

Scores for each People Promise indicator, together with that of the survey benchmarking group (Acute and Acute and Community Trusts) are presented below.

Staff Survey Results

People Promise Theme*	Trust 2021	Av. 2021	Trust 2022	Av. 2022	Trust 2023	Av. 2023
We are compassionate and inclusive	7.4	7.2	7.3	7.2	7.4	7.2
We are recognised and rewarded	5.9	5.8	5.8	5.7	6.0	5.9
We each have a voice that counts	6.8	6.7	6.8	6.6	6.9	6.7
We are safe and healthy	6.0	5.9	5.9	5.9	6.1	6.1
We are always learning	5.7	5.2	5.6	5.4	5.9	5.6
We work flexibly	6.1	6.0	6.1	6.0	6.4	6.2
We are a team	6.7	6.6	6.7	6.6	6.9	6.8
Morale	5.9	5.7	5.7	5.7	6.0	5.9
Staff engagement	7.0	6.8	6.8	6.8	7.0	6.9

Aims for 2024/25

The Trust's long-term goal is to 'support and develop our people'. Our Improvement Quality and Performance Review metrics, aligned to our Trust People Priorities, provide a trajectory in which to achieve this.

The NHS Staff Survey results have been used to inform the refreshed in-year commitments, and despite the significant improvements made over the last year we wish to continue to progress staff engagement and retention, maintaining an above-average position nationally. We will extend our 'Improve Retention' in-year commitment for another 12 months to support this collective approach across the Trust.

The Trust has been successful in its application to cohort 2 of the NHS People Promise Exemplar Programme. This nationally-supported, structured quality improvement programme aims to support NHS trusts to improve retention, in line with the People Promise. By taking part in this programme we will strengthen our approach to our commitment to 'Improve Retention'.

The programme begins with a self-assessment process, enabling trusts to identify focus areas for the next 12 months. Once complete, targets will be aligned to the identified focus areas and embedded as part of our in-year retention commitment processes. These are managed by the Trust Staff Engagement Sub-Group, the Workforce Management Group, and ultimately assured by the Workforce Committee ensuring we can monitor and measure priorities.

We will continue to use the annual NHS Staff Survey results alongside our quarterly Pulse Survey results, together with our CSU Engagement Leads, to focus and drive improvement across the Trust and within CSUs on the areas that are most important to our people. We'll continue to communicate to all on our improvement activity progress using corporate communications methods and through localised and bespoke messages and formats within CSUs.

Staff engagement

The Trust is committed to engaging with staff, making sure they have every opportunity to help shape policy, improve services, share their views on The Leeds Way values and contribute to our '7 Commitments'. Over the past year, this has included:

- The annual NHS Staff Survey and quarterly NHS People Pulse survey (see previous section). These are valuable insights into staff sentiment.
- Building the Leeds Way. A regular newsletter keeps staff updated on developments and Pulse Surveys seek their views and opinions on specific areas.
- Time to Shine, Long Service Awards, Junior Doctor Awards, DAISY, IRIS and GR8X awards. These are just some of the events and awards that spotlight and celebrate the dedication and achievements of our staff members and teams.
- Ask the Experts, Friday Focus sessions. These provide an online live opportunity for staff to learn more about a specific topic or area of Trust work.
- Team Brief. This monthly meeting shares key updates and information about Trust work, aimed at senior leaders to cascade to their teams.
- Our Week, a weekly blog to all staff from the Chief Executive. This is a snapshot of the important issues and news from around the Trust, signposting ways to get involved and to further information on the Trust intranet.
- The Operational Bulletin. Authored by the Chief Medical Officer, it has proved a popular way of sharing operational information across the Trust.
- Blogs and podcasts, including True Trauma Tales, personal accounts of people treated for life-changing injuries at Leeds Major Trauma Centre; Unexpected Beginnings, highlighting the work of our neonatal units and Vital Signs, capturing the experiences of staff and patients across our hospitals.

2.10 Equality, Diversity and Inclusion (EDI)

The Trust remains committed to challenging discrimination and promoting inclusion, both for our staff and our patients. This is embedded in The Leeds Way value of being Fair. All protected characteristics are recognised by the Trust as being of equal importance, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. There are limitations within The Equality Act 2010, so in the spirit of fairness the Trust goes beyond the consideration of protected characteristics.

EDI actions in specific relation to our patients are considered and implemented by the Patient Experience team (PET). The team reports directly to the Chief Nurse who is responsible for the development of the Equality, Diversity and Inclusion Patient Action Plan.

EDI as it relates to the workforce remains the responsibility of HR and actions relating to workforce equality are reported into the Executive Director of HR and OD. However, all members of the Trust Board are accountable for the actions the Trust delivers in relation to EDI.

Supporting our diverse workforce

At the Trust, we aspire to be a fully inclusive organisation where everyone feels valued, enjoys coming to work, has opportunities to progress their career, to learn and develop. We ensure that every member of staff recognises the importance of the role they play in providing our patients with the best care.

Our workforce information is measured and reported nationally each year through the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), the Gender Pay Gap Report (GPG) and the NHS Staff Survey (NHSSS), as well as being monitored locally across the city of Leeds and wider Yorkshire Region. Trust data and action plans for EDI can be viewed on our [Equality and Diversity internet page](#).

While the Trust has made improvements in our workforce equality measures, we still have some way to go to reach our aspiration of being fully inclusive. The Trust EDI Action plan for 2023/24 outlined the measures we put in place to build on our progress and embed NHSE's EDI Improvement Plan High Impact Actions within our own plan.

All Trust actions are underpinned by the Equality Act 2010 and designed in collaboration with our five Trust Equality Staff Networks: the Disabled Staff Network (DSN); Black, Minority Ethnic Staff Network (BME); Leeds Female Leaders Network (LFLN); Lesbian, Gay, Bisexual & Trans+ Network (LGBT+) and Faith & Belief Network (F&B), and are approved by a Trust EDI Strategic Group, which reports to the Trust Board via the Trust Workforce Committee.

At the Trust we have committed to a three-strand approach to addressing workforce inequalities. These are to:

- de-bias our processes
- embed a culture of inclusion
- take positive action.

All our activity within the EDI Action plan falls within one of these strands and aligns with the six NHSE High Impact Actions.

These actions respond to both the metrics we can see in our reported data, but also address areas where staff have shared with us their lived experiences of working at the Trust.

Key achievements in 2023/2024

- The Equality staff networks have been instrumental in providing input and support to all EDI activity, and the work done by each of the network co-chairs to drive input has been recognised by the Trust. It has committed to funding backfill of a half-day a week going forward to allow time for them for them to undertake network activity.
- Positive action programmes (including Inclusive Cultures Reciprocal Mentoring, Moving Forward, Spring Board, Nurture You, Ready Now) have seen 130 Trust staff who report a protected characteristic access targeted development programmes.

- The Trust published Reasonable Adjustment Guidance for managers in relation to supporting staff who are neurodivergent and a Staff Reasonable Adjustment Passport.
- We have undertaken a review of recruitment and selection activity and designed training materials to support best practice. We have written a Trust Recruitment and Selection Policy, to be implemented in 2024/25 to ensure we adhere to robust inclusion principles.
- We continued to embed Inclusive Conversations as a team tool and supported over 100 staff to access training to enable this to be put in place. The Trust continues to use the stories shared in the Amplifying Voices, Mending Divides book to support this, and every member of staff has the option to access a copy of the book. This continues to be promoted to new staff during their Corporate Induction and welcome by the Executive Director of HR and OD.

Our aims for 2024/25

The following live links provide detailed insight into our EDI gaps, EDI delivery and EDI actions:

- [NHS Equality Delivery System](#)
- [NHS Workforce Race Equality Standard](#)
- [NHS Workforce Disability Equality Standard](#)
- [Gender Pay Gap Reporting](#)

The Trust will continue to work towards improving the equality metrics and embedding the accountability for EDI as being everyone's responsibility across the organisation.

Trade Union Facility Time Publication Requirements

The Trust fully complies with the requirements of the Trade Union (Facility Time Publication) Regulations 2017. The most recent published data can be found at www.gov.uk/government/statistical-data-sets/public-sector-trade-union-facility-time-data.

2.11 Medical Education

The Trust is one of the largest providers of medical education in the country. In the past year, we delivered more than 2,400 high-quality clinical placements for medical students from the University of Leeds, supported almost 1,200 doctors in training and delivered training to emerging professions such as physician associates. In addition to the services we provide on behalf of NHSE, we also deliver fellowships with a selection of international partners.

Our undergraduate medical education team continues to innovate teaching in both small groups and individually in one-on-one sessions. Our self-directed learning room in the Undergraduate Hub enables students to practise clinical skills on our selection of manikins and the close proximity to our teaching staff gives them access to additional instruction if necessary. The team supports practice Objective Structured Clinical Examinations and our new 'SUMO' course uses simulation to prepare students for busy on-call shifts.

Health and wellbeing is a theme that has run through the whole of medical education. Building on the successes in our Health and Wellbeing team, we have extended the expertise into the undergraduate arena, supporting a growing number of learners with additional needs. We continue to support work to improve rest facilities for trainee doctors and in partnership with the Junior Doctor Body, Junior Doctor Forum, the Guardians of Safe Working and Chief Registrar are working to improve the work-life balance for doctors in training.

The Library and Knowledge Service continues to go from strength to strength. It is part of a pan-Leeds partnership which brings together library services across the city in health and care, academia and the local authority to ensure a seamless service. The team is working on plans to improve access to knowledge services across all Trust sites, with a better presence outside St James's and the LGI. It continues to increase the number of literature searches it undertakes on behalf of clinicians.

All the education teams in the Trust collaborated to deliver its first ever combined Learning, Education and Training (LET) Strategy, launched in August 2023, which sets out the Trust's ambition to deliver world-class services. The LET Committee provides oversight of the strategy's implementation, reporting to the Board via the Workforce Committee.

Section three

Patient care and experience



Section 3: Patient care and experience

3.1 Patient experience priorities

Being patient-centred is one of our core values at the Trust. We know from work undertaken in the city-wide 'How Does It Feel For Me' programme that what matters most to people is how we communicate, co-ordinate their care and demonstrate compassion: the '3Cs'.



Much of the work of the Patient Experience team during the last year has supported improvements in these three areas.

Key Achievements in 2023/24

Objective:

We will continue to implement the Trust Complaints Improvement Programme, which aims to improve the experience of people who use the complaints service. This will involve recruiting a final cohort of non-bed-holding CSUs into the programme to focus on the timeliness and quality of complaint responses. The programme will also include the Trust Patient Advice and Liaison Service (PALS) and Complaints teams.

The fourth and final cohort of the Complaints Improvement Programme began in February 2023 and included the following CSUs and departments:

- Adult Therapies
- Medicines Management and Pharmacy
- Outpatients
- Pathology
- Radiology
- Theatres and Anaesthetics
- Estates and Facilities
- Information Governance
- Digital and IT
- Research and Innovation
- Safeguarding
- Complaints
- PALS

Improvements have been seen as a result of the programme, including an overall reduction in the number of complaints, a reduction in the number of open complaints (Chart 1), a reduction in the number of PALS concerns becoming a complaint (Chart 2) and an improvement in the quality of complaint responses, measured by the monitoring of defect rate (Chart 3).

At the end of the second quarter of 2022/23, there were 227 open complaints, with four complaints open more than six months, compared to 151 complaints open on 21 September 2023 with three open over six months.

Chart 1: Complaints open (monthly average)

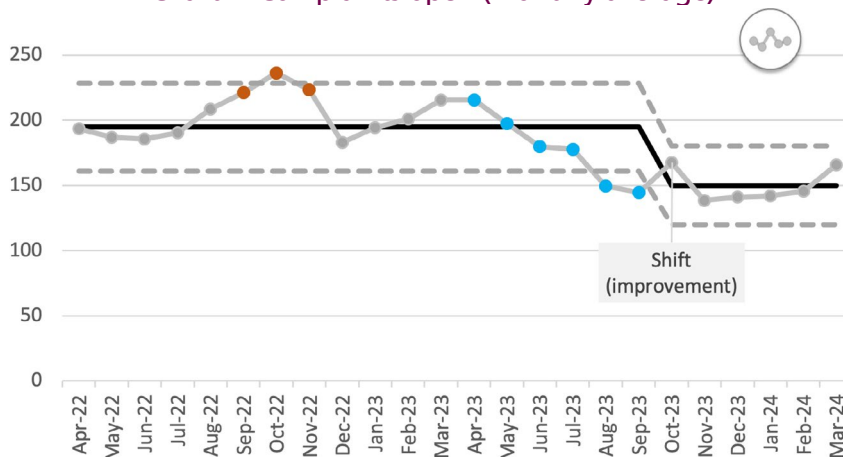


Chart 2: Complaints received from unresolved PALS

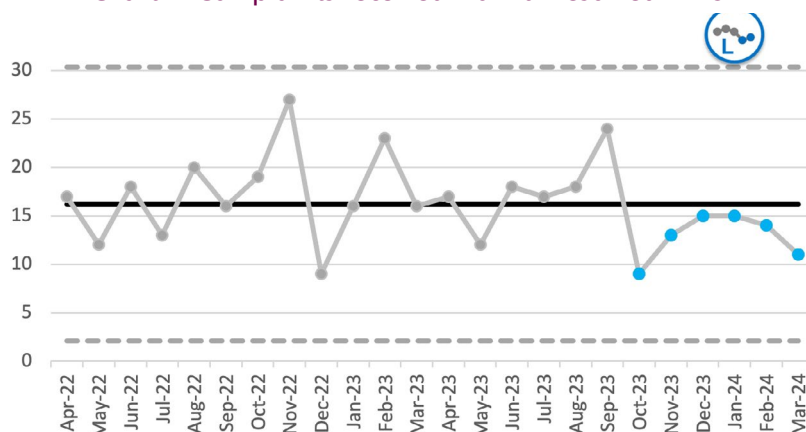
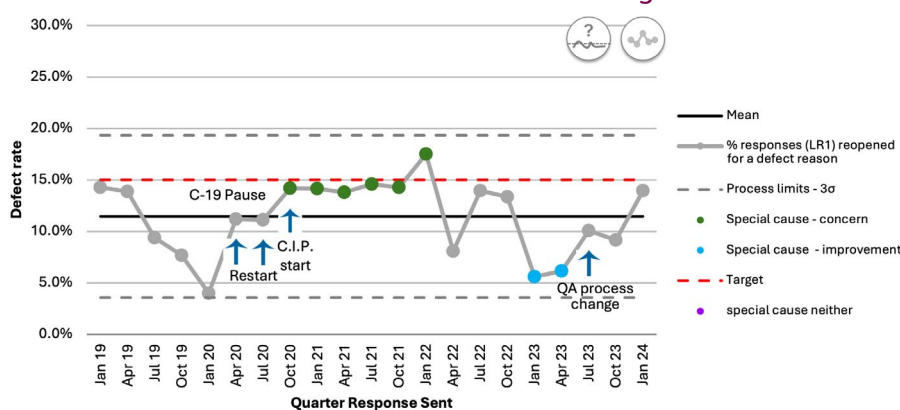


Chart 3: Defect rate - Trust-wide starting 01/01/19



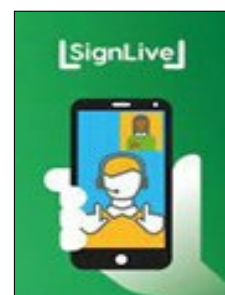
Objective:

We will continue to explore the opportunities available to meet the requirements of the Accessible Information Standard (AIS), seeking solutions to improve experience. Our work this year will include delivering a solution to the provision of on-demand British Sign Language in acute clinical settings.

In 2023/24 we completed the following work towards achieving compliance with the AIS.

- We reviewed the way we flag communication needs on our patient administration system (PAS) to make the flags more visible and applicable to carers as well as patients.
- We reviewed the flags for communication needs to bring them into line with the AIS requirements.
- We completed a technical analysis, with a view to understanding what is needed to make it possible to share communication needs flags recorded in PAS with patient records held in other Trust clinical systems.

- We developed a poster to raise awareness of the AIS with staff.
- We continued to increase the number of Easy Read leaflets available for patients (27 in April 2023, compared to 114 in January 2024).
- We reduced the number of out-of-date patient information leaflets in circulation. There were 635 in-date leaflets on the website in April 2023, compared to 1,706 in-date leaflets on the website in January 2024.
- We developed training videos to promote deaf awareness with our staff. Two are in place: 'Definition of Deafness' and 'Communication Tips for Those Who Are Hard of Hearing'.
- We introduced SignLive to the Trust, which provides instant access video support for British Sign Language.



Objective:

We will continue to implement the requirements of the Involving Patients in Patient Safety Framework, embedding more people into the work of our Safety Committees and also involving them in non-mandatory activities, for example, in the recruitment of Trust posts.

A third cohort of 12 new partners (Patient Safety Partners) recruited by the end of the fourth quarter of 2022/23 have been through induction and training.

The following are a few examples of the non-mandatory activities undertaken by partners throughout the year and include supporting recruitment to Trust senior posts.

- Joining the Enhanced Care Plan review group within the Professional Practice Standards and Safety team (PPSST).
- Attending a Women's CSU focus group - reviewing patient experience in relation to pregnancy loss before 12 weeks.
- Involvement in the Carers Working Group.
- Involvement in the recruitment process for the new Chief Nurse.
- Involvement in PLACE (Patient-Led Assessments of the Care Environment).

Objective:

We will develop a Carers Action Plan and deliver improvements for carers of Trust patients.

The Trust Carers group has been refreshed and now has wider representation, including from Partners, Leeds City Council and the third sector.

Improvements delivered in 2023/24 to date include:

- the launch of the Carers Passport and conversation sheet
- progressing plans to reinvigorate John's Campaign. There are now five John's Campaign Ambassadors in the Trust encouraging staff to enable carers to remain with their loved ones in hospital where appropriate and supporting improvements in this area
- welcoming two Admiral Nurses who joined the Trust during the year and receive referrals from staff to support carers of people with dementia
- progressing work to improve the nursing specialist assessment, so that staff appropriately signpost identified carers to available support
- co-delivering three Carer Awareness Learning Bursts between Carers Leeds and the Trust in the first quarter of 2023/24. Training sessions supported by Carers Leeds and Family Action were delivered in the third and fourth quarters of 2023/24.



The Trust's John's Campaign Ambassadors

Objective:

We will implement mechanisms which ensure that good practice and key themes arising from feedback, complaints and PALS are shared, for staff awareness, reflection, learning and action. This will include feedback we receive relating to discrimination.

CSUs now take part in an annual patient story programme and all stories that have been captured are shared on an intranet page and are available for wider Trust learning.

The Trust's Lessons Learned bulletin has been used this year to communicate findings from complaints and PALS.

Key themes arising from PALS are shared in the Trust's operational bulletin as they are identified.

The Trust's Corporate Operations team now receives regular updates on PALS and complaint themes in its regular meetings.

Complaints and PALS themes data is shared with CSUs monthly through an improved complaints/PALS data report which assists in helping to identify trends.

The Patient Experience Assurance Programme (PEAP) that takes place at the Patient Experience Sub-Group supports CSUs to present actions they are taking to respond to themes arising in their feedback. This information is shared on an intranet page for learning across all CSUs.

Aims for 2023/24

- We will develop a new Complaints Action Plan to further improve the experience of complainants. This will continue to focus on improving the timeliness and quality of complaint responses and will also consider PALS that are not responded to.
- We will continue to progress improvements in complying with the Accessible Information Standard (AIS), seeking solutions to improve experience. Our objectives this year will include working on sharing flags for communication needs in the Patient Administration System (PAS) with other clinical systems, implementing Trust-wide staff training on the AIS, improving support for patients who are blind and partially sighted and exploring solutions to support people who are deaf, do not read English and require access to written documentation.
- We will continue to implement the requirements of the Involving Patients in Patient Safety Framework, specifically focusing on agreeing a Trust model for remuneration of Partners and a model for continuation of the programme as funding for the programme reduces.
- We will continue to deliver the Carers Action Plan, supporting Trust staff to recognise and respond to young carers and their support needs and the needs of carers in Emergency and Outpatient departments.
- We will continue to build relationships with the third sector to support our volunteering provision, care delivery and access to community voices. We will do more to encourage involvement and engagement activities and to share insight from the people of Leeds and beyond with Trust staff so that this can be used in the development of services and delivery of improvements.
- We will build on the findings of the 'How Does It Feel For Me' programme and explore how to embed the 3Cs of communication, co-ordination and compassion into the work of the Trust and use these as a measure of good patient experience.

3.2 Involving patients and the public

Patient, Carer and Public Involvement (PCPI)

The PCPI team continues to engage and involve patients, carers, and members of the public to ensure the Trust Patient Experience strategy is successfully delivered.

Last year saw NHS England (NHSE) release statutory guidance concerning how organisations involve people and communities in decision-making and developing services. This guidance coincided with the final year of our current Patient Experience strategy. We are confident that our approach fits with this guidance and what patients say matters in the focus of our work and how we involve them.

Key achievements in 2023/24

The team has continued to use the Listening Event approach, modelled on the 'Big Leeds Chat', to strengthen its engagement with patients. This involves capturing the experience of patients face-to-face while they are using our services and asking them to contribute to priority setting and improvement activity.

Listening Event: Patient Hub

Patient Hub enables patients to manage their hospital appointments using a digital platform. Trust teams were keen to understand where patients might struggle with this digital approach to appointment management. 146 patients were interviewed across six different Outpatient areas. The specialties were targeted as being services likely to have higher numbers of patients who might experience health inequalities.

The insight has contributed to the development of the technology used and identified the need for alternative methods to access appointments for some patients.

Listening Event: Cancer strategy

The PCPI team has worked alongside 50 cancer patients to develop the new Trust Cancer strategy. This involved holding a number of Listening Events in Oncology Outpatient areas focussing on the key themes of the strategy. This was followed up with a number of listening activities focussing on how to measure the success of the strategy. This involved cancer patients conducting interviews with fellow patients and a workshop where patients analysed feedback and agreed 'I-statements' which would indicate the strategy was successful. This work culminated in a [Patient story](#) and was shared at a Trust Board workshop.

Community Connectors

Last year saw the recruitment of our final Community Connector as part of a pilot project. The volunteer, with lived experience of alcoholism and recovery, is supporting the development of initiatives aimed at those experiencing addiction. Her first activity was to share her lived experience at a city-wide Drugs and Alcohol study day in November 2023. The volunteer also attends the city-wide Drugs and Alcohol Steering Group.

Patient Experience Strategy 2024-2027

The PCPI team has been working with both staff and patients to develop a new Patient Experience strategy. This has included three Listening Events and three workshops with the Trust Patient Reference Group. The first of these workshops focussed on the new NHSE statutory guidance and how this contributes to the strengthening of patient, carer and public influence.

Underpinning the new strategy's aims will be the principle of 'acting on what we have been told.' This includes collaborating with city-wide partner organisations to create a Leeds-wide patient insight library.

Our new strategic aims for involving people in the decisions made about how our services are delivered are below.

- It will be clear to patients and the public how their lived experience has influenced Trust strategies.
- Staff will be equipped to deliver outstanding involvement activity.
- The lived experience of people will help tackle health inequalities across our services.

Aims for 2024/25

- To continue to use our Listening Event approach when engaging with patients and the public about Trust transformation work and strategy development.
- To begin to embed the new Patient Experience strategy 2024-2027 following its launch in April 2024.
- To deliver training and share tools, resources and information with Trust colleagues via the staff intranet, learning bursts and individualised 'head-to-head' sessions.
- To engage with Communities of Interest to help shape and influence the development of initiatives which address health inequalities.
- Working with partner organisations in Leeds we will begin to use a shared engagement and involvement approach to make our involvement and engagement work more accessible and effective.

Sharing Patient Experience learning

A focus this year has been to improve the way we share learning arising from patient feedback and best practice across the Trust.

All our CSUs present their patient experience findings at the Patient Experience Sub-Group and the work they have taken forward to respond to these.

Key achievements in 2023/24

We created an intranet resource to capture the best work demonstrated by our CSUs and share it with colleagues.

The following are examples of some of the projects that have been taken forward by our departments to improve experience.

- The Children's CSU has been working with The Millie Wright Children's Charity to address food poverty. The charity has been stocking parent kitchens with food to support families who are struggling to feed themselves while their children are in the Trust's care.
- Named nurses have been assigned to St James's Emergency Department to help ensure continuity of care in the treatment of patients, following patient reports that this was lacking in the department. The Urgent Care CSU has seen an improvement in patient feedback since this intervention began, with positive Friends and Family Test feedback increasing from 66% to 84% and negative experience reducing from 25% to 10%.
- The Adult Critical Care CSU has introduced a Family Care Nurse in the Neurosciences Intensive Care Unit, L03/L02. The post holder offers additional help to assist staff to manage challenging situations, providing emotional, practical, family and educational support. The post holder establishes ongoing contact with families and telephones them following the death of a loved one or after discharge. The service is currently at LGI, but the team are planning to roll it out at St James's in 2024.
- The Head and Neck CSU was receiving concerns relating to difficulty contacting the department. Investigation identified that some of the information on the internet was wrong and was contributing to this problem. The administrative team has also

been reviewing its processes for diverting calls and picking up answerphone messages in response to the investigation findings.

- The stroke physiotherapy team in the Adult Therapies CSU conducted a survey and patient feedback suggested that patients would like to see more group activities. As such, the team developed two upper limb groups where patients work together in a group setting to carry out games and activities to help with their arm recovery. Additionally, the team has set up a small breakfast club on Fridays where patients use the therapy kitchen to work on their functional skills and balance whilst making their own breakfast, and having the opportunity to socialise with each other, listen to the radio or read the newspaper.
- The Abdominal Medicine and Surgery CSU has developed a 'passport' style document called 'My Kidney Care' in response to a complaint from a renal transplant patient. Patients can show the document to staff when accessing renal and other services in the Trust to ensure that the treatment or interventions they receive are appropriate.

We have also created a resource to capture all the patient stories developed by our CSUs as a library for staff learning.

An example of a story captured by the Chapel Allerton CSU about a lady called Lisa, who following treatment at the hospital went on to win at the Invictus games can be found at [this link](#).

Aims for 2024/25

In 2024/25 we aim to continue to capture good practice and to develop the resources further in response to feedback from clinical staff about how they can be improved.

3.3 Improving patient experience

Equality and Diversity

During 2023/24 the Patient Experience team (PET) worked on delivering the Equality and Diversity Action plan which was approved in the fourth quarter of 2022/23. This action plan encompasses national, regional and local drivers, as well as reflecting what our patients were telling us about their experiences.

Key Achievements in 2023/24

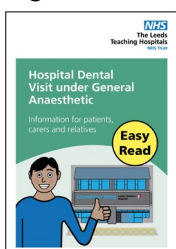
The PET consulted the Trust Patient Administration System (PAS) users' group in August 2023 to identify how best to introduce new flags on patient records to better meet the needs of our patients who require support with communication. This included establishing staff training needs and how best to meet them. The new access need flags, which align with the NHS codes established in the Accessible Information Standard (AIS) 2017, were available for staff to use from November 2023.

Data relating to PALS concerns alleging discrimination is now being reported to the Corporate Operations Group every three months, with complaints data relating to allegations of discrimination being reported every six months. CSU-level data is provided directly to CSUs as part of the Patient Experience Assurance Programme data set and CSUs are expected to present the work underway to address any issues highlighted through PALS and Complaints.

The PET has started to collect demographic data on the location of PALS complainants linked to their deprivation index (IMD). It is noteworthy that patients and complainants living in the 20% most deprived areas of Leeds are more likely to need to raise concerns, suggesting that they have a poorer experience of Trust services. This data is very new and requires further investigation and understanding to identify whether there is any learning from concerns that can better support CSU clinical teams in their delivery of patient care.

CSUs have described some of the work they have done this year to improve the experience of patients from an equality and diversity perspective. Below are a few examples.

- The Radiology team has developed a training package to support staff caring for transgender patients in the department and developed a trans awareness poster to support patients.
- The Radiology team has also created a breast screening video to support communities who are more likely not to attend appointments to have more information about what is involved.
- Following a complaint, the Outpatient CSU worked with key staff in the Trust to change how same sex marriages are recorded on patient records.
- The Women’s CSU has undertaken much work to engage with women from different communities and understand their needs. Some experiences were captured in [this video](#). The CSU has also run a Black African and Afghan refugee focus group.
- Leeds Dental Institute CSU has provided three-sided toothbrushes to help children with limited dexterity and learning difficulties brush their teeth. They have also created an [Easy Read leaflet](#) to support patients planned for a hospital dental visit under general anaesthetic.



Aims for 2024/25

- to work with colleagues in DIT and Organisational Development and Culture to raise awareness of the AIS and support the training of patient facing staff to identify access needs and take appropriate actions
- to raise awareness amongst staff of the importance of performing robust Equality and Inequalities Impact assessments; not only when developing policies but also when making changes to services which may impact people already experiencing health inequalities
- to continue working with city-wide Equality, Diversity and Inclusion (EDI) colleagues to meet the requirements of the NHS Equality Delivery System 22 (EDS 22) and to consult with key stakeholders when submitting our self-assessments.

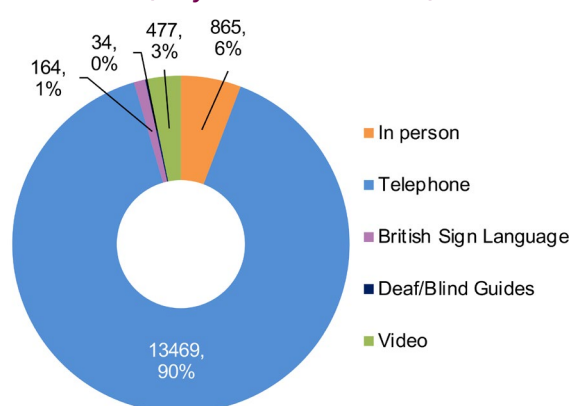
Interpreting

The Trust aims to provide interpreting for all patients when this is required.

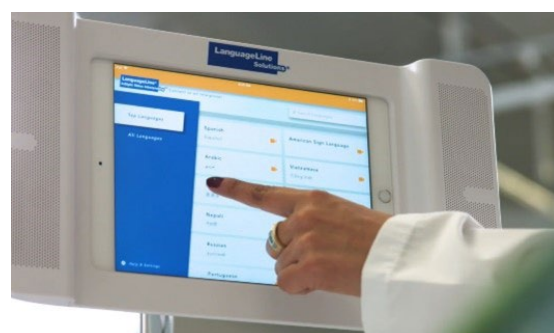
We provide patients with spoken interpreting, British Sign Language (BSL) and deaf/blind communicator guide support.

Virtual interpreting (video or audio) is available across the Trust via apps or on the web. This on-demand service continues to be encouraged unless it is clinically inappropriate in which case a face-to-face interpreter can be requested.

Interpreting Service Appointments (July-December 2023)



Telephone interpreting (where the interpreter, clinician and patient join a call together) is the most widely used method of accessing the service. Remote interpreting, via video link, can be provided during a consultation on-site or during a remote consultation via the Attend Anywhere platform.

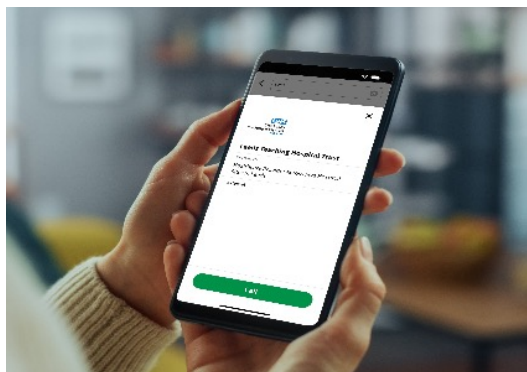


Using the remote Attend Anywhere platform

Key Achievements in 2023/24

- Sign-Live, a service offering BSL interpreting via video, was piloted in the Maternity and Emergency Departments. This has now been rolled out to other services, including Endoscopy and Surgical Pre-Assessment. Awareness sessions are delivered to teams at the time of rollout. Sign-Live is also available to

BSL users via their mobile devices, enabling them to contact the Trust by telephone. The Trust is listed within the SignLive directory of organisations that can be contacted through a BSL interpreter. A guide to how this works is available in BSL on the Trust website.



Interpreting services on a remote platform

- The Interpreting Lead has been delivering training sessions across the Trust, offering teams advice and guidance on how to access interpreting services.
- The Trust 'Deaf and Hard of Hearing Action Group' has continued to work to improve access to services for patients. This has included involvement in the development of an initial training video supporting improvements in care for those who are hard of hearing. Since then, two further information videos have been developed to support care for BSL users, one of which includes brief instructions on how to fingerspell.
- The Group supported an information stall during Deaf Awareness Week. As part of this, a member of Trust staff who uses BSL interacted with staff and the public via an interpreter, creating awareness of the challenges faced by deaf people.

Aims for 2024/25

- The Interpreting Lead will continue to work with colleagues on all five hospital sites to ensure provision of remote interpreting via iPads and/or laptops. This reduces the need to pre-book face-to-face interpreters, offers flexibility for patients and enables cost savings.
- SignLive for BSL users will be made available on Inpatient wards, enhancing the communication opportunities for patients who rely on BSL and resulting in a positive patient experience.

- The Interpreting Lead will continue to monitor the languages requested, including specific dialects required and will work with the Trust interpreting provider to recruit interpreters using this information.
- We will undertake a staff feedback exercise to understand in more detail the experiences of staff using the interpreting service and to identify any areas requiring improvement.

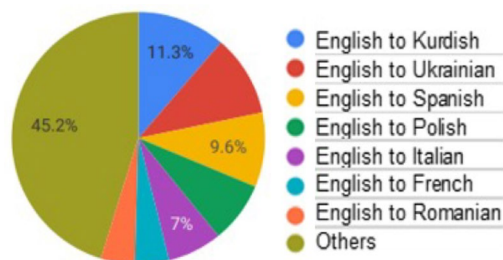
Patient Information



The Trust aims to ensure that all patient information leaflets (PIL) made available to patients, carers and the public are in date, clearly written and accessible. PIL are available on the Trust website, under Adults, Children's and Easy Read categories. They can also be searched via the [A-Z Search facility](#).

In January 2024 there were 1,706 patient information leaflets available on the Trust website, including 114 in Easy Read format.

Individuals who speak limited English can access PIL and other content on the Trust website in their own preferred language. This is done using assistive technology which translates content either in written form or via audio file. This can be downloaded by the patient and retained for future use. Top languages searched for translation in 2023 included Polish, Kurdish and Romanian.



This assistive technology also offers other features, including text enlarger, elimination of page distraction, magnifier and ruler. During 2023 these features were accessed more than 24,000 times.

Key Achievements in 2023/24

The number of PIL available on the Trust website continues to increase year on year, in particular the number of Easy Read leaflets, which offer support to patients with Learning Disabilities, those who have cognitive difficulties and non-English readers.

Aims for 2024/25

The Trust has an ambition to introduce a solution for BSL users who cannot read written English, improving access to PIL and the Trust website.

Detailed Access Guides

From March 2023 to April 2024 the Trust has launched AccessAble Detailed Access Guides and made them available on Trust website hospital landing pages. These support patients, visitors and staff with accessibility needs to have information available to them which help them find their way around the hospital sites, particularly when they are disabled or a carer.

Key Achievements in 2023/24

We have worked to raise awareness of the guides with hospital staff, so they can be promoted with patients and their families as a tool to support their interactions with the hospital environments. It has been encouraging to see an increase in the number of times the Access Guides have been viewed since their introduction. The table below shows the number of views per month between April 2023 and March 2024.

Month	Users	Views
Apr-23	5,369	9,622
May-23	6,769	9,324
Jun-23	7,120	10,684
Jul-23	4,329	7,617
Aug-23	5,361	8,796
Sep-23	6,601	11,188
Oct-23	7,552	12,183
Nov-23	8,473	13,296
Dec-23	6,978	11,342
Jan-24	9,139	15,434
Feb-24	10,242	16,502
Mar-24	10,519	17,950
Total	88,452	143,938

We have now completed an initial analysis to understand where the main areas of interest are for patients. The following are the Access Guides that have been viewed most often:

- 1) St James's Multi-Speciality Outpatients
- 2) Leeds General Infirmary Jubilee Wing
- 3) St James's Surgical Assessment Unit
- 4) Leeds General Infirmary Clarendon Wing Maternity Assessment Centre
- 5) Leeds General Infirmary multi-storey carpark

Aims for 2024/25

Our aim during 2024/25 is to ensure that all patients attending the areas where the guides are most used are aware of them.

We will also work with the communications team to highlight to the general public that Access Guides exist for the Trust's car-parking facilities, as we appreciate parking is a common worry for many visitors to hospital sites.

The Friends and Family Test (FFT)

The Friends and Family Test (FFT) is an important tool that offers patients the opportunity to provide feedback on their hospital experience. The questionnaire is offered to patients using a number of different methods, including electronic (QR codes, weblinks and iPads), text/landline and paper formats. In 2023, around 130,000 patients shared their experiences by completing the short survey.

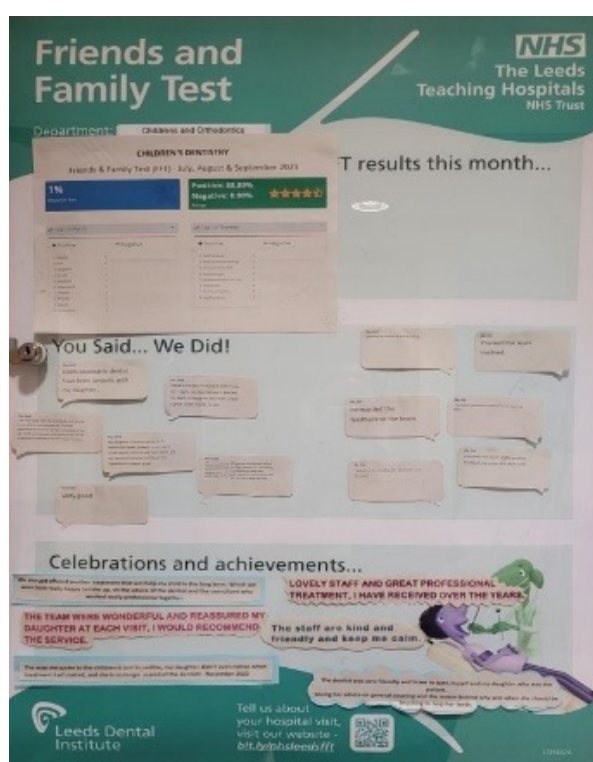
Key Achievements in 2023/24

Gaining feedback from patients whose first language is not English is a challenge for NHS trusts nationally and an important focus for the FFT team. In collaboration with the Trust's external interpreting provider, Language Line Solutions (LLS), the team continues to progress this work to offer patients with non-English languages the opportunity to give feedback, and to have the ability to translate the incoming feedback into English.

To date, bespoke FFT posters have been created for Maternity Services in the top five languages requested in those areas, (Arabic, Farsi, Kurdish, Romanian and Urdu) to encourage and enable patients to leave feedback in their own written

language. In the future, we aim to expand this service to include more languages and to introduce it into more areas of the Trust.

Oversized posters were successfully launched in September 2023. These were created to encourage wards and areas to demonstrate in a colourful and illustrative way how they have responded to their FFT feedback. This initiative was in response to the appetite for this approach across CSUs. The FFT team has requested that it is notified when these posters are produced, so it can share good practice across the Trust. So far, they have been made aware of work undertaken by L15 and Children's Dentistry.



Friends and Family Test poster

The FFT team aspires to offer every patient the opportunity to feed back on their hospital experiences using a response method that suits them. To raise awareness of FFT across the organisation the team held stalls across all Trust hospital sites in October 2023 to highlight to patients and staff the importance of FFT and patient feedback.



Raising awareness of the Friends and Family Test

As a Trust we receive around 130,000 pieces of feedback through the FFT survey every year. We know, through the work that has been undertaken with the public across Leeds (Leeds Health and Care People's Voices Group), that people report three key themes which contribute to making a difference to how they feel about their care. These key themes are Communication, Co-ordination and Compassion, or the 3Cs.

Feedback from patients completing the FFT survey provides wards and departments with a way to monitor how their results relate to the 3Cs. The data collected has the advantage of being captured in real time and is always live. It can also be used to assess how quality and service improvements are impacting on our patients' experiences.

Sharing positive feedback

Promoting the FFT to patients and staff continues to be a core aim. The FFT team has recently arranged for electronic posters to be hosted within main reception areas around the Trust. Facebook and Instagram social media platforms have also been recently introduced as a mechanism to enable the team to share FFT patient feedback with a wider audience.

Aims for 2024/25

- Increase awareness of and review the methods of collecting FFT in outpatient areas.
- Devise a mechanism to provide wards and departments with more in-depth analysis of their feedback data, where available, and understand how to align this to a focus on the 3Cs.
- Share best practice arising from FFT across the CSUs.

National Patient Surveys 2023/24

The Trust received three CQC nationally mandated survey reports during 2023/24. These were the Urgent and Emergency Care Survey 2022, published in July 2023, the Adult Inpatient Survey 2022, published in September 2023, and the Maternity Survey 2023, which was published in February 2024.

Key achievements in 2023/24

Urgent and Emergency Care Survey 2022

This survey was sent to 1,250 patients who had attended the Emergency Departments during September 2022: 229 patients responded. This gave a response rate of 19% which was lower than the national average response rate of 23%.

Compared with 122 NHS acute trusts in England with Emergency Departments, the Trust's results were about the same as other trusts for all 37 questions, not being statistically significantly better or worse on any question. However, the CQC provided a slide summarising the Trust's performance, which highlights the five questions against which the Trust scored best when compared with the national trust average and the five questions against which the Trust scored worst when compared to the national average. These were as follows:

Top 5 scores

(compared with national Trust average)

- While you were waiting, were you able to get help with your condition or symptoms from a member of staff?
- Were you kept updated on how long your wait would be?
- Did a member of staff tell you about medication side-effects to watch for?
- If a family member, friend or carer wanted to talk to a health professional, did they have the opportunity to do so?
- While you were in A&E, how much information about your condition or treatment was given to you?

Lowest 5 scores

(compared with national Trust average)

- Did staff give you enough information to help you care for your condition at home?
- While you were in A&E did staff help you with your communication needs?

- Did hospital staff discuss with you whether you may need further health and social care services after leaving A&E?
- Before you left the hospital did a member of staff discuss your transport arrangements for leaving A&E?
- Overall how long did your visit to A&E last?

Adult Inpatient Survey 2022

This survey was sent to 1,250 patients who were discharged from hospital following inpatient stays during November 2022: 475 patients responded.

This was a response rate of 39% which is similar to the national trust average of 40%. Compared with 132 NHS acute trusts in England, the Trust's results were about the same as other trusts for all 45 questions, not being statistically significantly better or worse on any question.

The CQC provided a slide summarising the Trust's performance, which highlights the five questions against which the Trust scored best when compared with the national trust average, and the five questions against which the Trust scored worst. These were as follows:

Top 5 scores

(compared with national Trust average)

- Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
- Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?
- During your hospital stay were you ever asked to give your views on the quality of your care?
- After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?
- If you brought medication with you to hospital, were you able to take it when you needed to?

Lowest 5 scores

(compared with national Trust average)

- Were you able to get hospital food outside of set mealtimes?
- How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?

- Were you ever prevented from sleeping at night by noise from other patients?
- How would you rate the hospital food?
- Were you ever prevented from sleeping at night by noise from staff?

Maternity Survey 2023

The maternity survey involved 121 NHS trusts in England and women over the age of 16 were surveyed who had a live birth in February 2022. The response rate for this survey was 35%. This was somewhat lower than the national average response rate of 40%. The results were published on the CQC website in February 2023.

Compared with 120 Maternity Units in England, the Trust performed **'better than most trusts'** for nine questions. These were:

- Were you involved in the decision to be induced?
- At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?
- Were you (and/or a companion) left alone by midwives or doctors at a time when it worried you?
- If you raised a concern during labour and birth, did you feel that it was taken seriously?
- During labour and birth, were you able to get a member of staff to help you when you needed it?
- Thinking about your care during labour and birth, were you spoken to in a way you could understand?
- Thinking about your care during labour and birth were you treated with respect and dignity?
- Were your decisions about how you wanted to feed your baby respected by midwives?
- Were you told who you could contact if you needed advice about any changes you might experience to your mental health after the birth?

The Trust scored **'somewhat better than expected'** for five questions. They were:

- Thinking about your antenatal care were you treated with respect and dignity?

- Do you think your healthcare professionals did all they could to help manage your pain during labour and birth?
- Did you have confidence and trust in the staff caring for you during your labour and birth?
- After your baby was born, did you have the opportunity to ask questions about your labour and the birth?
- In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?

The Trust scored **'worse than most trusts'** in one question. That question was:

- Thinking about your stay in hospital, if your partner or someone close to you was involved in your care, were they able to stay with you as much as they wanted?

The Trust was about the same as other Maternity Units for 39 of the 55 questions.

To provide assurance that appropriate actions are being taken in response to the National Inpatient Survey, questions where the Trust has performed less well are included in the Patient Experience Assurance programme (PEAP).

As part of this, bed-holding CSUs caring for adult patients are expected to describe the actions they have taken to respond to the Adult Inpatient survey findings at the Patient Experience Sub-Group. In addition, the Urgent Care CSU and Women's CSU provide six-monthly reports to the Patient Experience Sub-Group to describe actions taken in response to the findings of the Urgent and Emergency Care and Maternity surveys respectively.

Aims for 2024/25

We will continue to use the national patient survey results to drive improvement activity and to monitor that activity through the Trust Patient Experience Sub-Group.

We will be collecting further data relating to the areas in which we performed less well in the Inpatient Survey 2022 to help us understand the Trust's areas of biggest challenge. These questions will be incorporated into the PEAP for 2024/25.

3.4 Resolving complaints

The complaints service provides information and confidence to the public that any concerns or complaints raised about services provided by the Trust will be taken seriously and will be managed in a way that reflects [The Leeds Way Values](#) (see page 8).

Anyone can raise a concern or make a complaint about care. In 2023/24, the top five themes identified through the complaints data collection were communication, staff interaction, treatment, waiting times and patient care.

Key Achievements in 2023/24

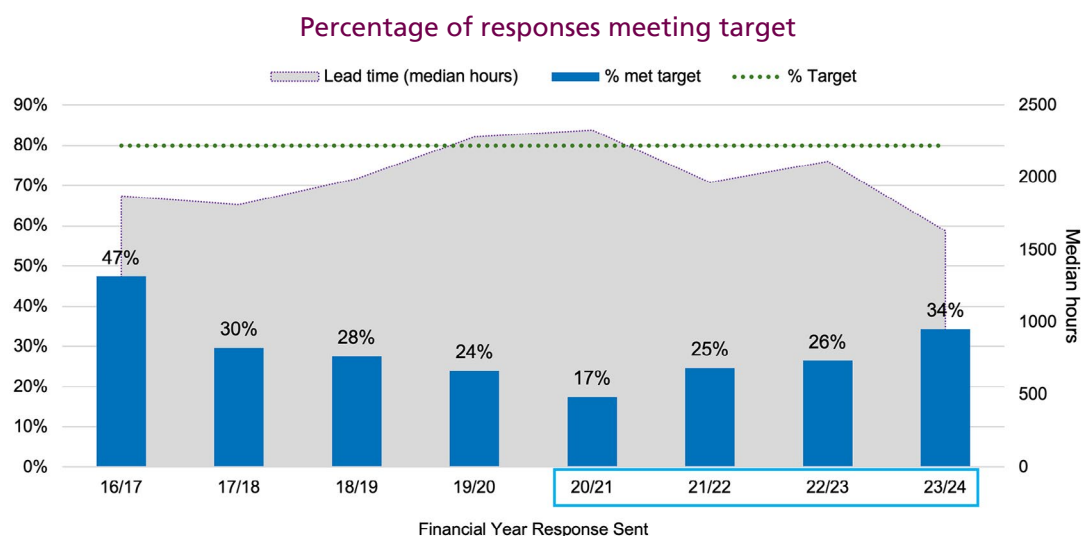
Complaints Improvement Programme (CIP)

- The final phase of the CIP completed on 31 March 2024. All CSUs and departments involved in complaints have taken part.
- All services involved in the CIP have had access to dedicated support from the complaints senior leadership team and have had access to complaints training.
- The graph below shows that there has been improvement in the percentage of complaint responses sent to complainants within the initially agreed timescale since the CIP began and the median lead time (purple shaded area) has reduced from 2022/23 to 2023/24 to pre-pandemic levels.

- A new process for quality assuring single CSU complaints was introduced in September 2023. Early indications are showing this is having a positive impact on complaint response timeliness. Of those responses Quality Assurance reviewed, 31% were sent in the initially agreed target time compared to 55% for those not reviewed.
- Since implementation of the CIP, improvements in the quality of responses has been evident. The Trust defect rate has been consistently below the 15% Trust target each quarter since April 2022. The below table shows the reopen and defect rate has fallen each year over the last three years.

FY Response Sent	Reopen Rate (LR2)	Defect Rate (%)
21/22	22%	14%
22/23	19%	14%
23/24	17%	11%

The first meeting of the Independent Complaints Review Panel took place in January 2024. This panel will provide assurance on the effectiveness of our complaint handling. This panel will also be an important monitoring function of the complaints process and an opportunity for ongoing learning.



Complaints Training Programme (CTP)

A Complaints Training Programme facilitated by an external provider continues for staff. This includes modules on the complaints process, mediation skills and response writing. It has been well received and to date 203 staff have attended.

Complaints Coaching Programme (CCP)

The Complaints Coaching Programme has been provided by the Complaints team for all Trust staff. The focus of this coaching is to raise awareness and understanding of the complaints process, how to investigate a complaint and response writing. There has been increased delivery of these sessions to medical staff in all areas and in particular the Trust Emergency Departments. There is continued evidence that the quality of complaint responses has improved as a result of this work.

Assurance of complaint themes, learning and improving practice

Improvements in the recording of learning from complaints and actions CSUs take in response to complaints, was supported by the addition of the number of complaint actions recorded by CSUs to the patient experience data pack. This pack is provided to all CSUs as part of the Patient Experience Assurance Programme (PEAP).

Financial Year	Actions Logged	% Actions Logged of Responses Sent
21/22	81	14%
22/23	254	42%
23/24	207	34%

Learning from complaints is also now included in the Trust Learning Points bulletin.

Aims for 2024/25

- embed the Complaints Review Panel Meetings into the complaints assurance process to monitor our complaint handling processes and report into the Patient Experience Sub-Group
- continue to support education, training learning opportunities and events associated with complaints processes and management
- agree a two-year action plan to sustain ongoing development
- continue to provide the Complaints Training and Coaching Programme to Trust staff.

Patient Advice and Liaison Service (PALS)

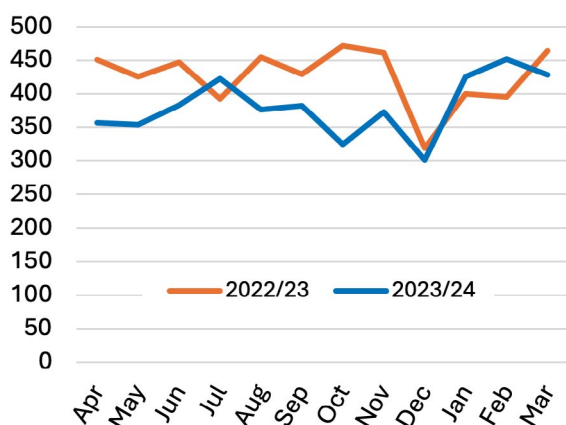
During 2023/24 the Trust recorded 6,570 PALS contacts. The table below shows the different categories for all contacts with the Trust PALS Team.

PALS activity type	2023/24	Difference	% Change
PALS concern	4,581	-531	-10%
Enquiries (CSU resolved)	832	367	79%
Enquiries (PALS resolved)	492	-138	-22%
Signposting and Complaint Form sent	32	-15	-32%
Compliment	571	-53	-8%
For information/ records or CSU feedback only	44	-26	-37%
Out of time complaint	2	-3	-60%
External organisation request for information (complaints team)	16	10	167%
Total	6,570	-398	-6%

Of the concerns and enquiries, 5,429 required input from clinical teams. These were shared with the relevant management teams for contact within two working days. Wherever possible, the team provide a resolution to a concern at initial point of contact: 492 concerns were resolved on the day. Two concerns were investigated despite being out of time to be managed as a formal complaint and were shared with clinical teams to ensure the service user received a written response.

There were 1,040 concerns or enquiries categorised as 'red risk', requiring clinical services to contact patients on the same day. This includes concerns relating to current inpatient care or other urgent or important matters. 10% of concerns required input from more than one CSU, which remains the same as the previous year.

**PALS concerns received by month
2022/23 vs 2023/24**



PALS activity as a whole reduced in the last financial year. There were 1,908 PALS concerns and enquiries received which related to the theme of administration, access, admission, transfer or discharge (100 less than the previous year; a 5% decrease). This theme includes concerns relating to both inpatient and outpatient waiting list times. Waiting list time for outpatient concerns (815) remained the most frequently raised sub-theme (four more than 2022/23: 1% increase). Waiting list time for inpatients was the 16th most frequent concern sub-theme (95 less than 2022/23: a 35% decrease).

Treatment and communication concerns also decreased overall for the second year running. This most likely reflects the extensive transformation and improvement work undertaken across the Trust. Examples include better access to specialty advice/guidance in Gynaecology, improved electronic access to appointment information via Patient Hub and the new Referral and Booking Service electronic call triage system. All have contributed to the reduction (86 fewer; an 18% decrease) in concerns relating to patients having trouble contacting specialty outpatient departments.

Concerns relating to a cancelled/rescheduled surgery/procedure were raised 196 times, 44 fewer in comparison to the previous year (-18%). Delay in treatment/procedure concerns also fell from 374 in 2022/23 to 263 (-30%).

Concerns relating to cancelled or reduced clinic appointments increased by 41 from 2022/23 (a 19% increase). Associated sub-themes, such as patients not receiving appointment or cancellation letters were raised 386 times (an increase of 119 from 2022/23, a 45% increase). The impact of industrial action throughout the year is likely to have contributed to this increase, as has the initiation of new appointment communication methods with patients, such as Patient Hub. The PALS team has added a new sub-theme to monitor any Patient Hub-related concerns and will share intelligence with the Patient Hub team.

There were 222 concerns relating to personal property, mainly relating to loss of belongings (95 less than 2022/23, a 30% decrease).

There were 192 concerns relating to staffing resources (94 more, a 96% increase), the most frequent of which related to the education and competency of staff (raised 148 times). Where the related staff type was known, 83 (56% of sub-theme total) of these concerns related to nursing staff and 36 to medical staff (24%).

There were 1,328 concern themes relating to staff interaction (formerly coded as 'attitude') which increased by 346 (a 35% increase). The linked sub-themes related to undesirable staff behaviour (589 times in 2023/24), lack of compassion (306), not being listened to (296) and an unwelcome message (118).

The Trust continues to receive compliments via PALS for all clinical services: 571 compliments were received into the Trust in 2023/24 compared with 624 in the previous financial year. These are shared with the relevant teams and individuals concerned. We are grateful to patients for recognising our staff in this way.

There were 4,219 recorded resolutions of concerns received in 2023/24. The table below shows how PALS resolution was reached for concerns raised during the year. Callers are always asked what their preferred method of contact would be.

Resolution method for PALS Concerns and Enquiries received in 2023/24

PALS concerns & enquiry outcomes	2023/24
Resolved by telephone call	2,972
Resolved by email	525
Resolved during discussion on ward	180
Escalated to formal complaint	128
Resolved by letter	100
Appointment/meeting arranged to discuss further	61
Unable to make contact - letter sent	59
Closed for other reason	57
Resolved during discussion in clinic	39
Resolved at meeting	23
Awaiting further information from complainant	22
Passed to Risk Management	22
Signposted to another organisation	16
PALS withdrawn	10
Complaint form sent out	3
No patient consent received	2
Total	4219

Key achievements in 2023/24

There has been a continued reduction in calls redirected to external services, indicating that the service's new telephone system is providing an improved experience for complainants by getting them to the right place first time.

In 2023/24 PALS received 19,079 calls in total. Of these calls:

- 9,102 calls transferred to the PALS call queue (48%)
- 4,247 calls went to the PALS voicemail (all handlers engaged) (22%)
- 2,837 were received out of hours (15%)
- 2,524 calls automatically redirected to external organisations (13%)
- 369 calls were automatically transferred to the Complaints team voicemail (2%)

The team is reaping the benefits of a new system, making task allocation and office management easier and ensuring that telephone calls are distributed more fairly among staff members.

Data is available for 9,078 of the calls transferred to the PALS queue: 4,804 calls (53%) were answered in 45 seconds or less; 119 calls were abandoned (1%); and 4,155 (46%) were redirected by handlers to the PALS voicemail. The PALS team aims to respond to all voicemails within 24 hours.

Most PALS concerns are being allocated to an investigating CSU on the day of receipt. PALS officers are meeting with their allocated CSUs to explore how best to work with them. The Lead Nurse, PALS manager and team members have provided ad hoc training on local resolution prior to signposting to the PALS service to aspiring and current Band 6 nurses in a number of our CSUs. This will be rolled out to other staff groups who are likely to be the initial point of contact for people with concerns about our services.

Of the PALS concerns and enquiries received in 2023/24 which were contacted, 75% were contacted within two working days or less of the concern being received by the PALS team, slightly below the 80% target. Of those cases resolved, 88% were responded to/resolved within 14 working days. The regular PALS open report highlights cases open over 14 working days and the PALS team continues to monitor and work with CSUs to address long-running unresolved concerns.

In 2023, PALS received 88 responses to an electronic service satisfaction survey. When asked if they would recommend using the PALS service to family or friends, 55% of respondents said they would. It is clear from the feedback received that there are some areas where improvements could be made to the complaints and PALS services to improve the user experience. The primary reason given for not recommending the service included a lack of response to concerns or dissatisfaction with the outcome. The service plan for the coming year will include actions to respond to PALS user feedback.

Trust teams and staff members also receive compliments during the year and these have all been passed on.

Review of Quality Programme aims for 2023/24

In 2023/24, the PALS team joined the fourth cohort of the Complaints Improvement Programme. Using Quality Improvement methodology to make service improvements, the team have enhanced the staff and patient experience of the PALS service. This has included increasing staff confidence in resolving concerns locally and identifying ways to progress concerns which currently do not fit within either the PALS or the formal complaint processes. The PALS service is continuing to focus on reducing the number of PALS concerns which are escalated to complaints. In addition, following discussion with Security colleagues and the identification of a safe meeting space, the PALS service has begun offering face-to-face appointments for complainants who would prefer to raise their concerns in this way.

All PALS concerns which describe patients having felt discriminated against or treated less favourably due to them having a protected characteristic continue to be reviewed by the Lead Nurse, Patient Experience and escalated where appropriate. There were 86 concerns received relating to alleged discrimination in 2023/24, compared to 191 in 2022/23 (55% decrease). All types of discrimination reduced year on year. The most frequently reported types of discrimination were disability, race, lifestyle and age. Data arising from these concerns continues to be shared with CSU leads via the Patient Experience Assurance Programme CSU dashboard, to provide further information about possible areas of focus.

The plan for 2024/25 includes:

- continuing to work on reducing PALS escalations to complaints
- focussing on the management of PALS which are not closed down by CSUs and remain open for long periods
- focussing on responding to the findings of the complaints and PALS user surveys.

3.5 Working with partners

Our Partner Programme

Launched in 2019, the Partner Programme recruits members of the public and embeds them into work taking place in the Trust that aims to improve quality and safety.

The programme has continued to grow, successfully bringing in further partners to support the Trust to meet the requirements of NHS National Patient Safety Strategy, Involving Patients in Patient Safety Framework, part B.

We continue to learn what is required for a partner placement to work well by surveying partners and staff about their experiences and satisfaction with the programme, identifying areas for continual improvement and good practice.

Key achievements in 2023/24

- We successfully embedded a partner into the Adult Therapies CSU, which is the first CSU in the Trust to involve a partner in their regular work. The partner is now involved in the monthly Adult Therapies Assurance Group meetings, and supports their work on patient experience, quality and safety.
- We have successfully included partners in a new Independent Complaints Committee panel, which brings together staff and a number of partners to scrutinise the Trust's complaints process.
- Partners continue to be involved in Trust Quality Improvement Collaboratives, for example, falls and pressure ulcers.
- We have expanded partner involvement in a number of other safety and quality meeting groups and committees, including Nutrition Mission, Positive Patient Identification, Planned Care Transformation Board and the End-of-Life Care Group.
- Partners continue to have a good relationship with the Kaizen Promotion Office and are directly involved in a number of Leeds Improvement Method activities, for example the J15 Rapid Process Improvement Workshop considering improvements in meal service provision.

- Partners have also been involved in a wide range of other different activities within the organisation:
 - attendance at the Trust Waste Reduction Conference
 - participation in World Patient Safety Day
 - contribution to an Excellence in Practice nursing event
 - participation in the Trust's Friday Focus meetings
 - a partner has worked as a change agent, leading the way in an improvement project designed to reduce the incidence of Healthcare Associated Infections.

"As part of our ongoing 7 Commitments focus and with a particular spotlight on 'reducing healthcare associated infections' during November, the Healthcare Associated Infection (HCAI) Faculty is currently undertaking a test of change to help prevent blood stream infections associated with peripheral cannulas. The HCAI Faculty is supported by a patient partner, Les Holburt, who has led the design of a pocket-size card that can be handed to patients with cannulas, acting as a reminder and empowering patients to ask about their device and initiate its removal if it becomes sore, uncomfortable, or red. This is an excellent example of how patient collaboration has helped drive a patient safety initiative. Several wards have agreed to help test the cards, including L10 and L22, who helped choose the final design."

(extract from the Trust's Our Week bulletin, November 2023).

We surveyed our partners to find out whether they feel able to contribute successfully to the groups they join and activities they participate in and to identify areas for development and improvement.

Key findings

- There was a 62% response rate (responses were received from 13 out of 21 partners).
- 85% of partners would recommend the partner programme to others.

- 85% of partners feel that they are able to share life experiences as a patient/carer.
- 76% of partners feel valued.
- 62% of partners feel that their involvement activities directly affect the thinking of people in positions of influence.
- Partners see themselves as an excellent resource, advocate, and collaborator.
- 40% of partners expressed that barriers limit their involvement activities, with the use of jargon and acronyms in meeting groups particularly highlighted.
- Partners are not sure that their involvement directly reflects on the decision-making taken by the organisation.
- Partners have expressed that they would like to be more involved in discussions around Trust strategy.

The Partner Programme Management team is committed to act upon these findings, to improve the experiences of partners and to continuously improve the programme.

Aims for 2024/25

- We will continue to expand the Partner Programme to drive forward patient-centred improvement.
- We will respond to the requirement of NHSE for the Trust to consider remuneration for certain partner involvement activities.
- We will continue to identify and progressively integrate partners into other CSUs within the Trust, moving towards developing a model in which each CSU is aligned with a partner.
- We will review, refresh and launch our Partner Programme strategy and objectives for the period 2024-2027.
- We will ensure participation of partners in other key areas within the organisation, for example, Building The Leeds Way project workstreams.
- We will complete a staff survey to explore their experiences of working with partners and learn from their feedback.

Carers

To help teams across the Trust support unpaid carers, the Carers Working Group has continued to meet regularly and has developed a revised action plan to support improvements.

Following COVID-19 visiting restrictions there has been some uncertainty among ward staff about carers being with their loved ones outside of visiting hours to provide support. To address this loss of confidence the Carers Working Group is progressing work to reinvigorate John's Campaign which supports the Trust to be 'Carer-Friendly'.

Key Achievements in 2023/24

The Trust launched a Carers Passport on 15 May 2023. This aims to ensure that carers feel valued when supporting their loved one in hospital and offers discounted parking and meals, and refreshments from the tea trolley.

Alongside the passport, an Unpaid Carers Conversation Sheet was also launched. This is used as a communication tool to support Carers on the wards to have discussions with staff about the care they would like to provide for their loved ones. Patient Information Leaflets have been created to support the passport and conversation sheet, including Easy Read versions for carers with additional needs.

The image shows two overlapping NHS forms. The top form is titled 'I am a Carer' and contains the text 'I am the main carer for a patient at this hospital.' and 'This passport is only valid with a form of ID'. The bottom form is titled 'Hospital Carers Pass' and contains five input fields: 'Name:', 'Vehicle registration:', 'Expected discharge date:', 'Staff name & ward:', and 'Ward telephone number:'. Both forms feature the NHS logo and 'The Leeds Teaching Hospitals NHS Trust' branding.

The Carer Passport

The Patient Experience team regularly reviews carer feedback using the FFT, PALS and Complaints data. Concerns and associated actions are discussed at the Carers Working Group.

Additionally, the team reviewed feedback from the Carers Leeds annual survey and identified that 16% of carers are unable to access dental treatment due to financial constraints. As a result, the Leeds Dental Institute (LDI) was approached to understand what treatment can be provided for those experiencing hardship.

The LDI provides free treatment that is undertaken by students during term time for patients who meet a certain criteria. This information is publicly available and has been shared with Carers Leeds so that it can be made available to carers experiencing difficulties. Additionally, a document is in development to support carers to understand whether they are eligible for free treatment, with information on how to apply.

A small team has been promoting John's Campaign across the Trust and attending Perfect Ward meetings to disseminate information to staff. John's Campaign aims to support carers to stay with their loved one in hospital if they would like, recognising that carers know a patient best and support patients to receive person-centred care.

The Patient Experience team has been working collaboratively with organisations across Leeds, including Carers Leeds, Leeds Carers Partnership, Family Action and the West Yorkshire Integrated Care Board (ICB). This work includes the provision of Carer and Young Carer Awareness Training at the Trust and supporting the launch of the West Yorkshire Carers Discharge Toolkit for staff.

Aims for 2024/25

- to explore how young carers can be better supported and how the Carers Passport can be adapted to meet their needs
- to understand how carers can be supported in the Emergency Departments and in Outpatient areas
- to raise awareness of and support the implementation of the West Yorkshire Carers Discharge Toolkit, launched in the fourth quarter of 2023/24
- to continue to promote John's Campaign through training, Trust communications and initiatives including the Trust-wide Nutrition Mission.

Volunteering

Following the COVID-19 pandemic the landscape of volunteering has changed significantly. Individuals want more flexibility and to gift their time over much shorter periods, resulting in a higher turnover of volunteers.

Despite this, the Voluntary Services Team (VST) has grown the number of active volunteers from 76 to 130 and the number of hours gifted in 2023 was 8,681, a 132% increase from 2022.

The VST is committed to measuring the impact of volunteering on our patients, our staff and the individual volunteer. To do this we are capturing volunteer and staff feedback and utilising FFT feedback.

The VST has continued to develop innovative roles to respond to the Trust's needs and to build partnerships across the city to test how we embed a culture of collaboration and increase capacity with third sector partners.

Key Achievements in 2023/24

We've been delighted to increase the number of patients contacted and the number of volunteers involved in our Shape Up 4 Surgery project, an initiative that sees volunteers contacting patients on surgical waiting lists to provide them with support and signposting to ensure they are 'waiting well'.

Since May 2023 we have seen an increase in people's confidence about how prepared they feel for surgery and an increase in referrals to community support, providing patients with practical support before and post-surgery. We continue to monitor the impact of the intervention against predicted length of stay. This project was recognised as Highly Commended in the Empowered category at the Trust Time to Shine Awards in July 2023.



Shape Up 4 Surgery volunteers

Valuing and celebrating our volunteers is very important and during National Volunteers Week in June 2023 the Royal Horticultural Society (RHS) supported us to throw a garden party for our volunteers. This collaboration has continued throughout the year with staff and volunteers invited by RHS to attend health and wellbeing sessions, including bulb planting, willow weaving and arm knitting.



Celebrating National Volunteers Week with the RHS

The commitment, dedication and compassion of our volunteers was celebrated at the Time to Shine Awards in July 2023 where volunteers were winners in the Unsung Hero category. The nomination described the impact that volunteers have made, supporting colleagues by sending out handwritten bereavement cards to families and carers of people who have died.

The initiative was started during the COVID-19 pandemic, but feedback was so positive the service continued to be delivered by volunteers.



Time to Shine awards for volunteers

To increase the capacity of our Volunteer Response Model and our ability to respond to ad hoc requests to meet the Trust's needs, the team developed a new innovative volunteer role called the Green Team, launched in October 2023. This team of 15 volunteers is prepared for anything and members enjoy their dynamic and varied role. No day is ever the same. So far, they have been supporting the Trust with gathering patient feedback on the discharge experience, supporting the Trust communications team, carrying out audits and assisting with the staff vaccination programme.

Building on our commitment to ensure that volunteers who want to gain experience and skills for employment are supported to achieve this, we continue to embed 'Volunteer to Career' into our volunteer offer. In 2023 we partnered with Octavia Learning to deliver a six-week Pathway to Care training programme for our volunteers. The feedback from people taking part was excellent. Two of the volunteers have gone into paid employment within the NHS and another into education. In 2023, six volunteers have secured employment in healthcare following volunteering with the Trust. Another course is due to begin in February 2024.



Gaining skills and experience for employment

In May 2023, in partnership with the Community Champions Project, we hosted a series of events at Leeds Children's Hospital (LCH) to understand some of the challenges facing our families. Community Champion volunteers, trained in signposting and advocacy, spoke to families and captured their concerns, which were mainly associated with the cost of living crisis. The work is being presented to the Children's Health Inequalities Group with recommendations on how we can engage with patients and carers in other pathways arising from this work.



Raising awareness of the Community Champions Project

Finally, our biggest highlight of the year was the first ever volunteer being nominated and awarded an Iris Award for going above and beyond their role. The patient who nominated our volunteer, Michael Sandford, was able to come along to the award presentation, which made it extra special.



Volunteer Michael Sandford receives his Iris Award

Aims for 2024/25

Looking ahead we are delighted to be involved in the Trust's transformation work with Outpatients. We will be piloting a programme in which volunteers contact patients prior to an appointment. This aims to reduce the number of Did Not Attends. This began in April 2024 and will initially focus on one specialty.

To strengthen and develop our work with Leeds Children's Hospital (LCH) we will develop a Volunteer Strategy for the hospital. This will help us to identify opportunities and new roles that will better support children and families and help us build better relationships with third party organisations keen to work with the LCH teams.



Developing volunteer work with LCH

From 2024, we will be expanding the training on offer for volunteers and staff to ensure they are empowered to carry out their roles effectively. This will see the addition of Learning Disability and Autism training for volunteers and Staff Volunteer Champion Training.

As part of our ambition for 'Excellence in Volunteering' we carried out a Volunteer Survey in early 2024. We are keen to understand how we can enhance the volunteer journey and ensure we are providing a rewarding, valuable experience.

We will also work with colleagues in the NHS and in Voluntary Social Community and Enterprise across the Integrated Care Board to develop a strategy for Volunteering in Health and Social Care across West Yorkshire that is aligned with the Leeds Volunteering Strategy.

Patient and Volunteer Hardship Fund

With the support of Leeds Hospitals Charity, we have been fortunate to be able to offer a Patient and Volunteer Hardship Fund for another year.

The Fund is managed by the Trust's Patient Experience and Safeguarding teams who meet regularly to review applications.

Application forms for submitting a request to the fund can be found on the [Patient & Volunteer Hardship Fund Website](#)

Key Achievements in 2023/24

During 2023/24 the fund provided a total of £19,860 to 112 patients or families.

We received a lot of requests from parents of neonatal babies receiving long-term care who were struggling with the unexpected costs associated with a baby in hospital and the additional expenses this incurs.

We were also able to work with the Trust cashiers to better understand the government scheme for reimbursement of travel expenses. Our work has shown that many families are not aware that the scheme exists and that they are able to claim for these if in receipt of certain benefits. Signposting to this help has further supported families to manage during challenging financial times.

Aim for 2024/25

Our aim for 2024/25 is to continue to request support from Leeds Hospitals Charity to top up the fund and ensure we are able to help as many families in need as possible.

3.6 Chaplaincy

NHS England (NHSE) issued new guidelines for the provision of pastoral, spiritual, or religious care to patients, staff and those who are important to them. We are benchmarking the Trust chaplaincy against these with a view to ensuring the delivery of inclusive care.

Support from Leeds Hospitals Charity has meant we have been able to appoint an experienced professional as specialist chaplain/pastoral care practitioner for the Leeds Cancer Centre. This post is for two years and focused on outpatients and inpatient care, ensuring holistic care that incorporates people's beliefs and values. The role has been tasked with a focus on addressing inequalities. Other support from the charity has meant the delivery of the baby Time for Remembering event as part of the Baby Loss Wave of Light and faith and belief events marking important events and festivals.

We are continuing our participation in an English pilot of Clinical Pastoral Education (CPE). CPE is used as the training pathway for pastoral, spiritual, and religious care. A national report has been published pointing to this mode of training leading to better resourced practitioners and most importantly more safe and effective care. Leeds also hosted two of the current cohorts for a week of their training and aspires to be a training centre for CPE should NHSE adopt this globally recognised pathway for training and developing new practitioners.

The Chaplaincy team has been supporting the formation of a Faith and Belief Staff Equality network which will go live soon. Already there are several faith and belief groups for staff which are spaces of support, encouragement, and celebration. We have also been supporting patients and colleagues impacted by global conflicts, ensuring all feel safe and valued in the Trust.

The care of patients and staff continues to be at the heart of what we do. Like the wider Trust, this continues every day, and when it is urgent there are several 24-hour on-call practitioners. Our team continues to strive to become more inclusive and meet the pastoral, spiritual, and/or religious needs of all we serve.

3.7 Emergency preparedness, resilience and response (EPRR)

The Trust has a legal responsibility to be prepared for the hazards and threats that could impact on our patients, staff or delivery of services. The main relevant pieces of legislation are the Civil Contingencies Act 2004, which identifies the Trust as a category 1 responder and the Health and Social Care Act 2012 which places obligations on the Trust as an NHS-funded provider for emergency preparedness, resilience and response. These are further defined through the NHSE Emergency Preparedness, Resilience and Response (EPRR) Framework 2022 and associated core standards. In summary, the Trust is required to have a robust system for prevention, mitigation, preparedness, response and recovery in relation to potential emergencies and business continuity disruptions. This includes response plans, training and regular exercises to assess and improve the arrangements.

The Accountable Emergency Officer, Clare Smith, is responsible for the delivery of the Trust's emergency preparedness responsibilities at Board level. She is supported in the delivery of this by the EPRR team which comprises the Head of Resilience, Senior Resilience Advisor and Emergency Planning Officer along with administrative support.

Regular updates on emergency preparedness risks are provided to the Risk Management Committee. The Emergency Preparedness Coordinating Group continues to oversee the Trust's EPRR arrangements along with four sub-groups (high consequence infectious diseases and major incident groups have been supplemented by a business continuity group and a climate change group in 2023/24). Any action plans to implement learning or share notable practice following activation of plans (whether in exercise or live incidents) are monitored through this group with support and escalation provided to ensure completion.

The Trust undertakes an annual self-assessment against the EPRR core standards. The core standards themselves have not changed since 2022/23 and the Trust remains substantially compliant with those requirements. However,

some additional, new evidence requirements were added in the NHS North East and Yorkshire region against which the Trust was judged to be non-compliant. An action plan to address those areas within the control of the Trust is in place to improve compliance. Substantial progress on this has already been made.

The standard work of the EPRR team has been impacted by the new process for core standards and by ongoing industrial action, but limited training and exercising has continued. Command and control training continues to be offered to staff who are identified as likely to need to respond to an incident; this is through a combination of regional and local training.

Exercises completed during 2023/24 include three IT-system outage simulations of varying impact, a small-scale power outage exercise and a small live chemical incident exercise at Leeds General Infirmary. There have been no declared critical or major incidents during the year but there have been several business continuity incidents affecting one or more services. The learning identified and notable practice from these has been captured through debriefing with action plans monitored as outlined above.

Periods of industrial action have been managed using the Trust command and control framework and this has provided multiple opportunities for incident managers to improve their skills and for testing the flexible approach. Industrial action in particular has also provided the opportunity for the use of virtual incident management systems (rather than a physical control centre) to be developed; this will result in much more agile responses to future incidents.

3.8 Leeds Hospitals Charity

Leeds Hospitals Charity is the official charity partner of Leeds Teaching Hospitals NHS Trust. We are the charity that champions, supports and gives thanks to the NHS, bringing together thousands of donors so we can make a real difference to the people and patients of Yorkshire. We do this by funding life-saving equipment, treatments, research and innovation and even home comforts – wherever we can make the biggest impact for the people who need it most.

The charity is independent of the Trust and is governed by a Board of Trustees, with Dr Yvette Oade CBE DL as the Chair and Dame Linda Pollard DBE DL Hon LLD as the nominated NHS Trustee. Esther Wakeman is the Chief Executive Officer, and she is supported by a small executive team and a further 65 paid staff and 531 volunteers.

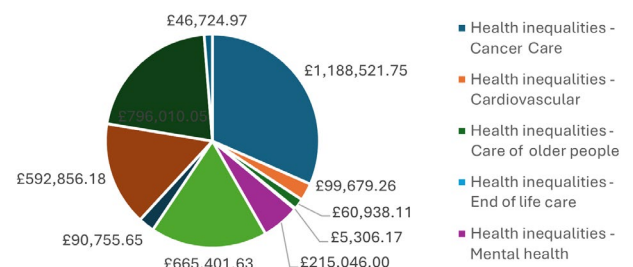


Grant funding

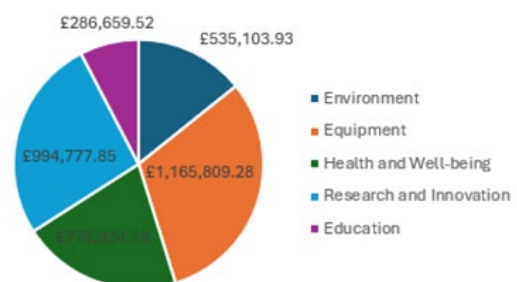
£3.7 million of additional funding to support patients, families, and staff at the Trust. As a result of changes made to the Charity's funds, all staff have had the opportunity to make applications and we have prioritised funding projects that align with our three areas of impact focus. They are:

- Innovation and Health Technology
- Reducing health inequalities
- Treatment of rare conditions

Funding split by impact area



Grant funding awarded by funding priority



Making a difference together

Throughout the year, Leeds Hospitals Charity has been delighted to provide significant funding to a range of projects to support the Trust to make a real difference for more than 664,000 patients, families, and staff. The projects listed below include some of the new initiatives funded by the charity this year and some previously funded projects which have seen major progress over the last 12 months.

Innovation and Health Technology

Innovation in cancer care - World-leading research for cancer patients in Leeds

We have invested more than £270,000 to support research designed to make surgery safer for cancer patients. This has helped fund a research fellow and clinical research nurse to conduct a feasibility trial.

Following an initial grant of £250,000 in 2021/22, the trial began in December 2022, and aims to improve the way patients are assessed prior to major abdominal surgery to help reduce complications by tailoring personalised preoperative care. The trial uses medical-grade wearable technology to monitor patients' physical health at home.

Every patient responds differently to surgery and how an individual's health is impacted can be unpredictable, particularly for high-risk patients. Currently, the methods used to assess the fitness of patients like the cardiopulmonary exercise test (exercising on a cycle ergometer) have some limitations for patients with mobility issues.

Thanks to this trial, patients with bowel, pancreatic and bladder cancer can now use innovative wearable devices to track their fitness at home, providing a more inclusive way for surgeons to assess patients' physical health.

Alexios Dosis, Clinical Research Fellow, whose role in this project has been funded by Leeds Hospitals Charity, said:

"There are only a few studies across the globe using wearable technology in the preoperative setting in clinical trials, and this funding has enabled Leeds to become the first to use innovative medical grade technology in research to make surgery safer for patients."

This hugely successful pilot has provided a platform for further grant applications. In 2023/24, the charity awarded an additional £21,000 to extend it by another three months to allow for additional data analysis.

Fostering a culture of innovation

Last year, we increased our engagement with the Innovation Pop up team. Charity investment of £70,000 supported the refurbishment of the Pop Up at Gilbert Scott and transformed the physical space, opening opportunities for greater engagement with industry as well as supporters of the Charity. Following initial funding of devices, several projects have supported the use of extended realities (augmented and virtual realities) and led to the launch of the Leeds Health XR hub. This is designed to support all staff and drive innovation in healthcare.

Innovation in play support

We have previously provided funding to The Play Service team at Leeds Children's Hospital (LCH) for a Virtual Reality Play Specialist. This role supports children and young people by helping them to use a virtual reality (VR) headset during treatment, helping to reduce anxiety and stress. Additional funding of £12,000 has now enabled the LCH team to increase the number of VR headsets, so that we can extend the service and support as many children and young people as possible.



A young patient using a VR headset

Tackling health inequalities

Investment in technology for stroke patients

People who experience communication difficulties after a stroke typically have the poorest outcomes of all stroke survivors.

Not being able to speak, understand spoken words, or read or write can significantly affect their mental health and wellbeing, prevent them from taking part in everyday activities, and make hospital visits stressful.

Because of this hugely negative impact, it's important that stroke survivors with communication difficulties start speech and language therapy early and do therapy activities as much as possible.

This is why we invested £5,000 into an innovative technology project that aims to speed up the recovery and improve the outcomes of stroke patients cared for by Leeds Teaching Hospitals.

It involves iPads being loaned to patients that feature specialist speech and language therapy applications. These applications encourage individuals to do tailored activities at home and independently on stroke wards, to complement their therapy sessions in hospital.

One patient who has benefited from the funding of the project said:

"It was something that I could do on my own, it gave me independence and I could see myself improving so wanted to keep going. It was something I had control over and meant I didn't have to rely on anyone else."

Following the success of the project, in September 2023 an additional £39,000 was given to Jennifer and the Stroke Services Speech and Language team to fund wider research exploring the experience of digital aphasia rehabilitation for stroke survivors in hospital.



Digital technology in stroke rehabilitation

CHORAL

The CHORAL (Children's Health Outcomes Research at Leeds) partnership officially launched in February 2024, bringing together scientists, politicians, public sector organisations, and advocacy groups in a mission to tackle the serious health and wellbeing problems affecting children and young people across Leeds, Yorkshire and the UK.

Leeds Hospitals Charity previously provided £2.6 million in initial funding to support vital new research projects as part of this exciting partnership.

Esther Wakeman, CEO of Leeds Hospitals Charity said:

"Leeds Hospitals Charity is committed to supporting innovation and research, encompassed in our values of transforming lives and working together. CHORAL embodies both of these values and we are thrilled to be part of this project, contributing to a future where every child has the chance to live a healthier, brighter life. By collaborating with the Trust, University of Leeds and other charities, together we can bring hope to families."

Find out more: www.choralresearch.org.uk



Rare Diseases

Equipment to support patients with Motor Neurone Disease (MND) at home

We invested £7,000 in a Neater Eater feeder and straw for the Motor Neurone Disease clinic at Seacroft Hospital.

This equipment allows MND patients to eat and drink without using their hands. Being able to do this can help a patient feel more empowered and boost their wellbeing.

Each year, we estimate around 30 patients will loan the Neater Eater from the clinic for free and get to use it in their homes.

Staff support at the Trust

The charity continues to fund initiatives that support staff. These include recognition for staff at Christmas as well as multi-faith events throughout the year in partnership with the Chaplaincy team, the annual staff awards event, Time to Shine, the Leeds Children's Hospital KITE awards and Oncology awards. We have received the greatest number of applications for education and training and have supported staff to attend at conferences and courses, and provided funding for staff engagement events.

Last year, Josie, a midwife at the Trust was awarded a grant from Leeds Hospitals Charity to support her training to become a Birth Trauma Resolution Practitioner. The course enables midwives to support women and their families across the Trust with trauma-informed care. The ambition is to train more midwives to offer a more trauma-informed service. Josie said:

"Trauma can be experienced through many things, and this can be before, during or even after birth. Currently, if a patient has a traumatic experience, they are offered a debrief with our team to understand why certain things have happened. I hope with the training from this course we will develop this further and support the patient and their family to resolve this trauma and hopefully improve patient experiences for more positive outcomes.

The teachings could also provide support to our staff, offering a staff wellbeing service which is specific to maternity for any of our staff members that have been involved with a traumatic experience."

We have also continued to support the Trust's Employee Support Fund, which gives staff who are experiencing financial hardship an opportunity to apply for a small grant up to £500. We awarded 115 grants and the average amount awarded per application is around £300. The Trust is now working with Money Buddies who provide advice and support to staff experiencing financial hardship.

Motor Neurone Disease (MND)

The Charity appeal for the Rob Burrow Centre for MND continued into its third year, reaching an incredible £5.4 million by the end of March 2024. This brings us closer to the Charity's final fundraising target of £6.6 million to build a state-of-the-art centre to care for patients, families and people affected by MND.

The first ever Rob Burrow Leeds Marathon took place in summer 2023, inspiring people across Yorkshire to donate and take part. Our runners collectively raised over £1 million towards the appeal, including Rob Burrow's wife Lindsey who raised over £100,000 to help make Rob's dream of a specialist centre a reality.

In July 2023, architects Corstorphine & Wright were appointed to design the centre. The concept designs were shared in February 2024 and submitted for planning permission to Leeds City Council, with building work due to start in Summer 2024.

In December 2023, we were delighted that the amazing Kevin Sinfield CBE completed another ultra marathon challenge, fundraising for MND charities. This time, Sinfield and his team ran an ultra-marathon every day for seven days in seven cities around Great Britain and Ireland, raising over half a million pounds for Leeds Hospitals Charity.



Kevin and Rob crossing the finishing line

Remembering Rob Burrow CBE

We were deeply saddened by the news that our Patron, Rob Burrow CBE died in June 2024.

Rob was an inspiration, not only to the people of Yorkshire but across the UK and the world. Despite facing his own challenges, Rob was devoted to raising awareness and funds to support people living with MND and their loved ones.

Thanks to Rob's dedication and support, we are honoured that we can continue to pay tribute to the lasting impact he has had through the Rob Burrow Centre for MND at the Trust.

Leeds Bear Hunt

Summer 2023 saw the launch of the Leeds Bear Hunt, with 35 giant Bears and nearly 50 Bear Cubs hiding in plain sight on the streets of Leeds, creating a trail of discovery for everyone to explore. The trail received very positive feedback from the public and had a great economic impact on the city of Leeds, bringing visitors from across the country. The activity culminated in an auction where the giant bears were sold to the highest bidder, raising over £100,000 to support children and their families at Leeds Children's Hospital.

Linked charities

The Board of Trustees is responsible for several linked charities whose charitable objectives align with those of Leeds Hospitals Charity yet differ in focus.

During 2023/24 linked charity Breast Cancer Action Research provided funding towards Surface Guided Therapy Treatment systems to enhance radiotherapy treatments for breast cancer patients. This is an incredibly exciting development for Leeds and means patients will receive treatment without having to have the permanent tattoos that are used to identify the treatment area. The equipment will be available for use with patients from autumn 2024.

The charity Rays of Hope continues to support research and education for clinicians at the Trust, including funding staff to attend international surgical conferences, engage with international learning exchanges through Trust partner Mengo University Hospital and more recently expand the White Rose Surgical Collaborative, a trainee-led research network for intestinal and general surgery.





Leeds Children's Transplant team fielded another successful team at the annual Transplant Games in Coventry in July 2023 and continues to provide an invaluable opportunity for engagement, peer support and new challenges for transplant patients and their families. Esther Wakeman, CEO of Leeds Hospitals Charity said:

“The British Transplant Games are a unique opportunity for transplant patients and their loved ones to come together with other families who have shared experiences and build life-long friendships. We are proud to support ‘Team Leeds’ every summer thanks to generous donations and grants, which help us enable as many transplant patients as possible to attend.”

The Robert Ogden MacMillan Centre has continued to invest in Leeds Cancer Support for wigs for the hair loss service.

The Arthritis and Inflammatory Diseases Charity continues to support early career researchers on the world-leading Prevent Arthritis programme, led by Professor Emery and the team at Chapel Allerton Hospital. Charitable investment provides opportunities for early career researchers, including Clinical Research Fellows and Clinical Trial Coordinators to pursue their research in Leeds. It also enables teams to attract leading researchers and for patients to benefit from treatment and care at a research-active hospital trust.

Doing good together

Leeds Hospitals Charity is supported by the people of Yorkshire, often as a way of saying ‘thank you’ for the excellent care they, or a friend or family member, have received in one of the hospitals in Leeds.

We receive thousands of donations every year from people who want to show their support for the hard work our NHS staff do and help to make things better for future patients and their families.

We couldn't do what we do without the support of these wonderful donors. From those running marathons and baking cakes to companies donating goods and services, to our weekly lottery players and the shoppers in our retail stores, every single supporter plays a role in helping to make our hospitals the best that they can be. We are incredibly grateful and want to say a heartfelt thank you for every donation we receive.

To find out more about supporting the charity, or leaving a Gift in your Will, please visit www.leedshospitalscharity.org.uk

Section four

Financial Statements



Section 4: Financial Statements for 2023/2024

4.1 Statements of responsibility

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed



Professor Phil Wood, Chief Executive
27th June 2024

Statement of Directors' responsibilities in respect of the accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The Directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board



Professor Phil Wood,
Chief Executive
27th June 2024



Simon Worthington,
Director of Finance
27th June 2024

4.2 Independent Auditor's Report to the Directors of the Leeds Teaching Hospitals NHS Trust

Opinion on the financial statements

We have audited the financial statements of The Leeds Teaching Hospitals NHS Trust ('the Trust') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2023/24 as contained in the Department of Health and Social Care Group Accounting Manual 2023/24, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Directors and the Accountable Officer for the financial statements

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2023/24 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in February 2023.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in this respect.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21 of the Local Audit and Accountability Act 2014 (as amended) to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in May 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Board of Directors of The Leeds Teaching Hospitals NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of The Leeds Teaching Hospitals NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



Suresh Patel, Key Audit Partner

For and on behalf of Mazars LLP
30 Old Bailey, London, EC4M 7AU

27 June 2024

4.3 Leeds Teaching Hospitals NHS Trust Annual Accounts 2022/23

Statement of Comprehensive Income for the year ended 31 March 2024

	Note	2023-24 £000	2022-23 £000
Operating income from patient care activities	3	1,645,171	1,598,484
Other operating income	4	255,345	245,504
Operating expenses	6, 8	(1,857,490)	(1,771,742)
Operating surplus from continuing operations		43,026	72,246
Finance income	10	5,655	2,348
Finance expenses	11	(44,901)	(18,671)
PDC dividends payable		(6,876)	(9,276)
Net finance costs		(46,122)	(25,599)
Other gains / (losses)	12	269	(208)
(Deficit)/Surplus for the year		(2,827)	46,439
Other comprehensive income			
Will not be reclassified to income and expenditure			
Other reserve movements		-	1,593
Total comprehensive (expenditure)/income for the year		(2,827)	48,032

*The adjusted financial performance for 2023/24 is a surplus of £12.3m (2022/23 surplus of £7.6m) and is disclosed in note 38.

Statement of Financial Position as at 31 March 2024

	Note	31 March 2024 £000	31 March 2023 £000
Non-current assets			
Intangible assets	13	12,880	12,688
Property, plant and equipment	14	795,947	742,488
Right of use assets	17	30,759	21,359
Receivables	20	8,291	5,872
Total non-current assets		847,877	782,407
Current assets			
Inventories	19	28,565	24,641
Receivables	20	89,794	96,011
Cash and cash equivalents	21	48,178	90,925
Total current assets		166,537	211,577
Current liabilities			
Trade and other payables	22	(207,659)	(235,827)
Borrowings	24	(22,538)	(10,305)
Provisions	25	(6,436)	(16,989)
Other liabilities	23	(26,309)	(25,935)
Total current liabilities		(262,942)	(289,056)
Total assets less current liabilities		751,472	704,928
Non-current liabilities			
Borrowings	24	(302,938)	(170,958)
Provisions	25	(9,310)	(7,767)
Total non-current liabilities		(312,248)	(178,725)
Total assets employed		439,224	526,203
Financed by			
Public dividend capital		597,442	557,967
Revaluation reserve		-	143
Income and expenditure reserve		(158,218)	(31,907)
Total taxpayers' equity		439,224	526,203

The notes on pages 144 to 182 form part of these accounts.

The accounts were approved by the Board of Directors at its meeting on 27 June 2024 and signed on its behalf by:

Name:	Professor Phil Wood	Simon Worthington
Position:	Chief Executive	Director of Finance
Date:	27 June 2024	

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

	Public Dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	557,967	143	(31,907)	526,203
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(123,627)	(123,627)
Surplus/ (deficit) for the year	-	-	(2,827)	(2,827)
Other transfers between reserves	-	(143)	143	-
Public dividend capital received	39,475	-	-	39,475
Taxpayers' and others' equity at 31 March 2024	597,442	-	(158,218)	439,224

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

	Public Dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	491,286	143	(80,557)	410,872
Implementation of IFRS 16 on 1 April 2022	-	-	618	618
Surplus/(deficit) for the year	-	-	46,439	46,439
Public dividend capital received	67,166	-	-	67,166
Public dividend capital repaid	(485)	-	-	(485)
Other reserve movements	-	-	1,593	1,593
Taxpayers' and others' equity at 31 March 2023	557,967	143	(31,907)	526,203

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows for the year ended 31 March 2024

	Note	2023/24 £000	2022/23 £000
Cash flows from operating activities			
Operating surplus		43,026	72,246
Non-cash income and expense:			
Depreciation and amortisation	6.1	39,632	35,216
Net impairments	7	(1,027)	(26,112)
Income recognised in respect of capital donations	4	(2,925)	(14,420)
Decrease/(Increase) in receivables and other assets		5,976	(36,693)
(Increase) in inventories		(3,924)	(1,668)
(Decrease)/Increase in payables and other liabilities		(23,848)	29,534
(Decrease)/Increase in provisions		(11,674)	9,802
Net cash flows from operating activities		45,236	67,905
Cash flows from investing activities			
Interest received		5,655	2,348
Purchase of intangible assets		(1,978)	(555)
Purchase of property, plant and equipment		(94,890)	(121,214)
Sales of property, plant and equipment		275	134
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(149)	(58)
Receipt of cash donations to purchase assets		9,202	20,142
Net cash flows (used in) investing activities		(81,885)	(99,203)
Cash flows from financing activities			
Public dividend capital received		39,475	67,166
Public dividend capital repaid		-	(485)
Movement on loans from DHSC		(2,056)	(2,056)
Capital element of lease liability repayments		(4,183)	(3,694)
Capital element of PFI payments		(15,039)	(8,711)
Interest on loans		(464)	(529)
Interest element of lease liability repayments		(890)	(635)
Interest paid on PFI obligations		(13,284)	(17,542)
PDC dividend paid		(9,657)	(8,400)
Net cash flows (used in)/from financing activities		(6,098)	25,114
(Decrease) in cash and cash equivalents		(42,747)	(6,184)
Cash and cash equivalents at 1 April - brought forward		90,925	97,109
Cash and cash equivalents at 31 March	21.1	48,178	90,925

Notes to the Accounts

1. Accounting policies and other information

1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

1.3 Interests in other entities

The Trust has no interests in other entities.

1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is from contracts with commissioners of healthcare services. Funding envelopes are set at an Integrated Care System (ICS) level for secondary care and a regional level with NHS England for specialised services. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary and specialised healthcare services.

Aligned payment and incentive ("API") contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at

NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2023/24 a local pilot system variation was allowed which set income against a target of waiting list reduction to a specified number of patients on waiting lists was allowed over a set time period of 52 weeks. Where the allowed number was exceeded then a potential clawback of funding would be applied determined by a locally agreed price times the number of patients. If the Trust delivered an improved position on the 52 week wait target, then this would be funded via the ERF National allocation to ensure equal treatment for providers on the National system. The allowable number of patients was adjusted in year to account for strike action over which the Trust had no control. The local scheme only applied to West Yorkshire patients across both West Yorkshire ICB and NHSE Specialised Commissioning.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets. These payments were accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under

IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed. For 2022-23, the Trust agreed with commissioners a more local approach to the API rules ensuring achievement and quality were maintained whilst supporting the sustainability of services and achievement of waiting list reductions.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.5. Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust ("NEST") Pension Scheme

The Trust provides certain employees, who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period.

1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised.

Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated. Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment. An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurements

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate. The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability. Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income. The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI liabilities

IFRS 16 liability measurement principles have been applied to PFI and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis has been applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Comparatives for PFI and other service concession arrangement liabilities have not been restated on an IFRS 16 basis, as required by the DHSC Group Accounting Manual. Under IAS 17 measurement principles which applied in 2022/23 and earlier, movements in the liability were limited to repayments of the liability and the annual finance cost arising from application of the implicit interest rate. The cumulative impact of indexation on payments for the asset was charged to finance costs as contingent rent as incurred.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	2	80
Dwellings	2	80
Plant & machinery	5	18
Transport equipment	5	10
Information technology	3	11
Furniture and fittings	5	10

1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38..

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	5	7
Software licences	2	7

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.11 Investment properties

The Trust does not hold any investment properties.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through profit and loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to

lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise stage 1 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 and stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard

by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability. The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised. Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any

irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Also, the Trust has not applied the above recognition requirements where the lease or rental arrangements do not meet the right of use IFRS16 criteria such as substitution.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases. Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements was been reassessed with reference to the right of use asset.

1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.26%	3.27%
Medium-term	After 5 years up to 10 years	4.03%	3.20%
Long-term	After 10 years up to 40 years	4.72%	3.51%
Very long-term	Exceeding 40 years	4.40%	3.00%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2024:

	Inflation rate	Prior year rate
Year 1	3.60%	7.40%
Year 2	1.80%	0.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 25.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received. A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.18 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Corporation tax

The Trust does not have any Corporation Tax liability.

1.20 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

1.21 Foreign exchange

The functional and presentational currency of the Trust is sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise. Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis. The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 Insurance contracts

IFRS 17 Insurance contracts - Application required for accounting periods beginning on or after 1 January 2021, with adoption of the standard by the 25/26 FLEM: with limited options for early adoption. It is not anticipated that adoption of this standard will have a material impact on the financial statements of the Trust.

1.27 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- Bexley Wing and Wharfedale Hospital, constructed under the Private Finance Initiative (PFI), meet the criteria for inclusion in the financial statements as Finance leases as the Trust bears the risks and rewards of ownership. See Note 1.8 and Note 28 PFI transactions.

As part of the Private Finance Initiative, the Trust is required to pay the operator for lifecycle replacement assets. A judgement was made in the preparation of these accounts of the payment for these assets and this is accounted

for annually as a revenue expense. The lifecycle is not charged to revenue on a smoothed basis, but is charged based on the judgement regarding replacement at the time the financial model was developed.

- The Energy Centre development at St James's University Hospital site has been judged to contain a lease. The site was developed under a 15 year contractual arrangement with Vital Energy and following an assessment under IFRIC 4, the arrangement assessed as containing a lease.
- The Trust has decided to follow the Department of Health and Social Care guidance that specifies that the Trust's land and buildings should be valued on the basis of depreciated replacement cost, applying the Modern Equivalent Asset (MEA) concept. The MEA is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore, the MEA is not a valuation of the existing land and buildings that the Trust holds, but a theoretical valuation for accounting purposes of what the Trust could need to spend in order to replace the service potential that those assets have. In determining the MEA, the Trust has to make assumptions that are practically achievable, however the Trust is not required to have any plans to make such changes.

The Trust is satisfied that the assumptions underpinning the MEA valuation are practically achievable, would not change the services provided by the Trust, and would not impact on service delivery or the level and volume of service provided. This is because all staff are contracted to work across all sites, and the catchment area for patients using the services has been taken into account when deciding on an appropriate alternative site.

For the purposes of the MEA valuation, the Trust has assumed that the modern equivalent asset would be the provision of services from the St James's site.

The MEA valuations used by the Trust have been provided to the Trust by the external valuers, Cushman and Wakefield. The Trust has

used component lives based upon contractual information provided by the Cushman and Wakefield to depreciate buildings and dwellings on a component basis. See note 1.8 and 16.

- Leases have been reviewed in line with IFRS16 to determine whether the Trust has a right of use asset. Note 1.14 describes how the Trust determines the lease term of a right of use asset with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise. The Trust leases a number of building from various landlords for the provision of services. In assessing the lease term to apply in relation to IFRS 16, the Trust has reviewed the future planned service delivery for the purpose of calculation of borrowings and the Right of Use valuation. The Right of use valuation is disclosed in note 16.

1.28 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Valuation of Plant, Property and Equipment - Note 1.8 and Note 16.

The Trust has used valuations carried out at 31 March 2024 and 31 March 2023 by its expert independent professional valuer (Cushman & Wakefield) to determine the value of property. These property valuations and useful lives are based on the Royal Institute of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury and the

Department of Health and Social Care

Cushman and Wakefield highlight in their report that the desktop valuation of the Trust's land and buildings is based on the RICS Building Costs Information Service 'All In' Tender Price Index and location factors in deriving the valuation. As such, a degree of uncertainty exists, and a relatively small variation could have a material impact on the accounts. For every 5% change, the valuation could differ by £23.1m, with a consequent effect on the PDC dividend payable which would affect the values shown in note 16.

Depreciation of equipment is based on asset lives, which have been estimated upon recognition of the assets. Managers have adjusted estimated lives at the end of the accounting period, where their estimate of useful life is significantly different to the original. The estimate of asset lives may differ to the actual period the Trust utilises the asset but any difference would not be material.

2. Operating Segments

The Trust has determined that the Chief Operating Decision Maker (as defined by IFRS 8) is the Board of Directors on the basis that all strategic decisions are made by the Board.

The Trust engages in its activity as a single operating segment i.e. the provision of healthcare. Financial results are reported to the Board under the single segment of healthcare. Whilst the Trust operates a number of different clinical services via its clinical service units, they each provide essentially the same service (patient care), have the same customers (commissioners), use similar processes and services and face fundamentally the same risks.

3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

3.1 Income from patient care activities (by nature)

	2023/24 £000	2022/23 £000
Acute services		
Income from commissioners under API contracts - variable element*	320,459	-
Income from commissioners under API contracts - fixed element*	934,772	1,164,819
High cost drugs income from commissioners	328,818	307,129
Other NHS clinical income	6,747	3,294
All services		
Private patient income	1,386	1,437
Elective recovery fund*	-	41,207
National pay award central funding**	872	33,239
Additional pension contribution central funding***	44,620	40,617
Other clinical income	7,497	6,742
Total income from activities	1,645,171	1,598,484

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/24 NHS Payment Scheme documentation. <https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

The nature of the income from commissioners changed between 2022/23 and 2023/24. For more detail see accounting policy 1.4.

** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

***The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

3.2 Income from patient care activities (by source)

Received from:	2023/24 £000	2022/23 £000
NHS England*	817,726	816,560
Clinical commissioning groups**	-	184,126
Integrated care boards**	816,412	588,024
Department of Health and Social Care	-	13
Other NHS providers	561	166
NHS other	1,590	1,429
Non-NHS: private patients	1,386	1,437
Non-NHS: overseas patients (chargeable to patient)	1,793	1,221
Injury cost recovery scheme	4,610	4,758
Non NHS: other	1,093	750
Total income from activities	1,645,171	1,598,484
Of which:		
Related to continuing operations	1,645,171	1,598,484

*Income from NHS England includes £44.6m (2022/23 £40.6m) to cover the increase in the cost of employers contributions to the NHS Pension Scheme (see Notes 8 and 9).

**On 30 June 2022, Clinical Commissioning Groups were disbanded and their function taken over by Integrated Care Boards from 1 July 2022.

3.3 Overseas visitors (relating to patients charged directly by the provider)

	2023/24 £000	2022/23 £000
Income recognised this year	1,793	1,221
Cash payments received in-year	516	350
Amounts added to provision for impairment of receivables	925	718
Amounts written off in-year	378	325

4. Other operating income

	2023/24			2022/23		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	43,562	-	43,562	35,001	-	35,001
Education and training	104,257	3,855	108,112	91,546	3,518	95,064
Non-patient care services to other bodies	52,669	-	52,669	50,613	-	50,613
Reimbursement and top up funding	-	-	-	4,100	-	4,100
Income in respect of employee benefits accounted on a gross basis	16,051	-	16,051	15,862	-	15,862
Receipt of capital grants and donations and peppercorn leases	-	2,925	2,925	-	14,420	14,420
Charitable and other contributions to expenditure	-	2,578	2,578	-	5,335	5,335
Rental revenue from operating leases	-	3,366	3,366	-	2,040	2,040
Other income*	26,082	-	26,082	23,069	-	23,069
Total other operating income	242,621	12,724	255,345	220,191	25,313	245,504
Of which:						
Related to continuing operations			255,345			245,504

*Other income incorporates income received for goods and services which are incidental to the Trust's core activity of healthcare, for example, creche fees and catering.

5. Operating leases - the Leeds Teaching Hospitals NHS Trust as lessor

This note discloses income generated in operating lease agreements where The Leeds Teaching Hospitals NHS Trust is the lessor.

The Generating Station Complex at Leeds General Infirmary is licenced to Engie Ltd who supply the Trust and University of Leeds with electricity. Other leases relate to various retail facilities provided across the Trust's sites.

5.1 Operating lease income

	2023/24 £000	2022/23 £000
Lease receipts recognised as income in year:		
Minimum lease receipts	3,366	2,040
Total in-year operating lease income	3,366	2,040

5.2 Future lease receipts

	31 March 2024 £000	31 March 2023 £000
Future minimum lease receipts due in:		
not later than one year	2,324	2,034
later than one year and not later than two years	2,061	2,021
later than two years and not later than three years	1,094	1,790
later than three years and not later than four years	604	915
later than four years and not later than five years	469	431
later than five years	1,218	1,528
Total	7,770	8,719

6. Operating expenses

6.1 Operating expenses

	2023/24 £000	2022/23 £000
Purchase of healthcare from NHS and DHSC bodies	80	62
Purchase of healthcare from non-NHS and non-DHSC bodies	17,280	23,681
Staff and executive directors costs	1,094,930	1,061,315
Remuneration of non-executive directors	241	222
Supplies and services - clinical (excluding drugs costs)*	205,857	191,325
Supplies and services - general	9,723	9,495
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	301,554	285,106
Consultancy costs	423	620
Establishment	6,527	8,382
Premises	66,035	70,769
Transport (including patient travel)	6,639	5,935
Depreciation on property, plant and equipment	37,846	32,899
Amortisation on intangible assets	1,786	2,317
Net impairments**	(1,027)	(26,112)
Movement in credit loss allowance: contract receivables / contract assets	1,069	1,531
Change in provisions discount rate(s)	(106)	(548)
Fees payable to the external auditor: audit services- statutory audit***	150	122
Internal audit costs	296	434
Clinical negligence	44,157	39,416
Legal fees	386	579
Insurance	871	816
Research and development	32,702	29,078
Education and training	7,888	9,370
Expenditure on short term leases	280	278
Expenditure on low value leases	-	82
Redundancy	596	162
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI)	9,206	10,954
Car parking & security	497	328
Hospitality	172	95
Losses, ex gratia & special payments	70	44
Other services	1,549	2,044
Other****	9,813	10,941
Total	1,857,490	1,771,742
Of which: Related to continuing operations	1,857,490	1,771,742

*Supplies and services expenditure in 2023/24 includes the use of donated PPE that was purchased by the DHSC and issued to the Trust of £1.4m (2022/23 £4.4m).

**Detail on the impairments can be found at Note 7

***Audit fees include irrecoverable VAT (see Note 1.18)

****Other expenses incorporates the costs for goods and services which are incidental to the Trust's core activity, for example, hosted services or childcare vouchers and lease cars (both recovered through income).

6.2 Other auditor remuneration

There was no other remuneration paid to the external auditor during 2023/24 or 2022/23.

6.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2023/24 or 2022/23.

7. Impairment of assets

Net impairments credited to operating surplus resulting from:	2023/24 £000	2022/23 £000
Changes in market price	(1,027)	(26,112)
Total net impairments credited to operating surplus	(1,027)	(26,112)
Impairments charged to the revaluation reserve	-	-
Total net impairments	(1,027)	(26,112)

The impairment reversals in 2023/24 and in 2022/23 arise following the valuation of the Trust's estate undertaken by an independent valuer. Full details can be found in note 16.

8. Employee benefits

	2023/24 £000	2022/23 £000
Salaries and wages	868,369	839,174
Social security costs	87,062	78,177
Apprenticeship levy	4,404	4,013
Employer's contributions to NHS pensions	144,269	132,581
Pension cost - other	835	-
Termination benefits	596	162
Temporary staff (including agency)	25,383	38,040
Total staff costs	1,130,918	1,092,147
Of which:		
Costs capitalised as part of assets	4,681	3,796

8.1 Retirements due to ill-health

During 2023/24 there were 28 early retirements from the Trust agreed on the grounds of ill-health (18 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £2,429k (£1,039k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

9. Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting

purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the [NHS Pensions website](#) and are published annually. Copies can also be obtained from The Stationery Office.

For 2024/25, the expected pension cost of the Trust would be £150.1m.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

c) National Employment Savings Trust Pension

Under the terms of the Pensions Act 2008 the Trust is required to provide a pension scheme for employees who are not eligible for membership of the NHS Pension Scheme. Qualifying employees are enrolled in the National Employment Savings Trust (NEST) managed scheme.

NEST is a defined contribution scheme managed by a third party organisation. It carries no possibility of actuarial gain or loss to the Trust and there are no financial liabilities other than payment of the 3% employers contribution of qualifying earnings. Employer contributions are charged directly to the Statement of Comprehensive Income and paid to NEST monthly. At 31 March 2024 there were 1,982 employees enrolled in the scheme (2,107 at 31 March 2023). Further details of the scheme can be found at www.nestpensions.org.uk.

10. Finance Income

Finance income represents interest received on assets and investments in the period.

	2023/24 £000	2022/23 £000
Interest on bank accounts	5,655	2,348
Total finance income	5,655	2,348

11. Finance Expenditure

11.1 Interest Expense

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24 £000	2022/23 £000
Interest expense:		
Interest on loans from the Department of Health and Social Care	463	525
Interest on lease obligations	890	635
Finance costs on PFI service concession arrangements:		
Main finance costs	13,283	6,619
Contingent finance costs*	-	10,923
Remeasurement of the liability resulting from change in index or rate*	30,235	-
Total interest expense	44,871	18,702
Unwinding of discount on provisions	30	(31)
Total finance costs	44,901	18,671

*From 1 April 2023, IFRS 16 liability measurement principles are applied to PFI liabilities. Increases to imputed lease payments arising from inflationary uplifts are now included in the liability, and contingent rent no longer arises. More information is provided in Note 29.

11.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

The Trust has not made any payments under this legislation in either the current or preceding financial year.

12. Other gains / (losses)

	2023/24 £000	2022/23 £000
Gains on disposal of assets	275	134
Losses on disposal of assets	(6)	(342)
Total other gains / (losses)	269	(208)

Obsolete and surplus items of equipment were also sold during the current and preceding financial year. This resulted in an overall surplus of £269k (2022/23 loss of £208k).

13. Intangible assets

13.1 Intangible assets - 2023/24

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	3,258	17,349	6,766	27,373
Additions	460	380	1,138	1,978
Reclassifications	615	1,488	(2,103)	-
Valuation / gross cost at 31 March 2024	4,333	19,217	5,801	29,351
Amortisation at 1 April 2023 - brought forward	2,207	12,478	-	14,685
Provided during the year	330	1,456	-	1,786
Amortisation at 31 March 2024	2,537	13,934	-	16,471
Net book value at 31 March 2024	1,796	5,283	5,801	12,880
Net book value at 1 April 2023	1,051	4,871	6,766	12,688

13.2 Intangible assets - 2022/23

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2022 - brought forward	2,736	24,082	-	26,818
Additions	522	33	-	555
Reclassifications	-	(6,766)	6,766	-
Valuation / gross cost at 31 March 2023	3,258	17,349	6,766	27,373
Amortisation at 1 April 2022 - brought forward	1,796	10,572	-	12,368
Provided during the year	411	1,906	-	2,317
Amortisation at 31 March 2023	2,207	12,478	-	14,685
Net book value at 31 March 2023	1,051	4,871	6,766	12,688
Net book value at 1 April 2022	940	13,510	-	14,450

14. Property Plant and Equipment

14.1 Property, Plant and Equipment - 2023/24

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2023 - brought forward	12,011	442,719	945	151,503	259,569	532	91,947	1,368	960,594
Additions	-	11,961	-	46,112	9,033	-	18,183	-	85,289
Impairments	-	(476)	-	-	-	-	-	-	(476)
Reversals of impairments	-	-	23	-	-	-	-	-	23
Reclassifications	-	7,048	-	(44,982)	330	-	38,203	-	599
Disposals / derecognition	-	-	-	-	(2,190)	-	-	-	(2,190)
Valuation/gross cost at 31 March 2024	12,011	461,252	968	152,633	266,742	532	148,333	1,368	1,043,839
Accumulated depreciation at 1 April 2023 - brought forward	-	-	-	-	158,152	532	58,054	1,368	218,106
Provided during the year	-	14,434	30	-	9,813	-	9,173	-	33,450
Reversals of impairments	-	(1,450)	(30)	-	-	-	-	-	(1,480)
Disposals / derecognition	-	-	-	-	(2,184)	-	-	-	(2,184)
Accumulated depreciation at 31 March 2024	-	12,984	-	-	165,781	532	67,227	1,368	247,892
Net book value at 31 March 2024	12,011	448,268	968	152,633	100,961	-	81,106	-	795,947
Net book value at 1 April 2023	12,011	442,719	945	151,503	101,417	-	33,893	-	742,488

14.2 Property, Plant and Equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2022 - brought forward	12,535	401,210	889	68,529	247,191	532	87,181	1,387	819,454
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	(531)	-	-	-	-	-	-	(531)
Additions	-	16,880	-	95,104	13,425	-	4,950	-	130,359
Impairments	(524)	(6,845)	-	-	-	-	-	-	(7,369)
Reversals of impairments	-	19,691	56	-	-	-	-	-	19,747
Reclassifications	-	12,314	-	(12,130)	-	-	(184)	-	-
Disposals / derecognition	-	-	-	-	(1,047)	-	-	(19)	(1,066)
Valuation/gross cost at 31 March 2023	12,011	442,719	945	151,503	259,569	532	91,947	1,368	960,594
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	149,389	532	51,791	1,387	203,099
Provided during the year	-	13,624	28	-	9,468	-	6,263	-	29,383
Reversals of impairments	-	(13,624)	(28)	-	-	-	-	-	(13,652)
Disposals / derecognition	-	-	-	-	(705)	-	-	(19)	(724)
Accumulated depreciation at 31 March 2023	-	-	-	-	158,152	532	58,054	1,368	218,106
Net book value at 31 March 2023	12,011	442,719	945	151,503	101,417	-	33,893	-	742,488
Net book value at 1 April 2022	12,535	401,210	889	68,529	97,802	-	35,390	-	616,355

14.3 Property, plant and equipment financing- 31 March 2024

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	12,011	312,199	968	128,880	80,214	-	81,069	-	615,341
On-SoFP PFI contracts and other service concession arrangements	-	128,544	-	-	7,563	-	-	-	136,107
Owned - donated/ granted	-	7,525	-	23,753	13,184	-	37	-	44,499
Total net book value at 31 March 2024	12,011	448,268	968	152,633	100,961	-	81,106	-	795,947

14.4 Property, plant and equipment financing- 31 March 2023

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	12,011	304,775	945	128,295	80,102	-	33,845	-	559,973
On-SoFP PFI contracts and other service concession arrangements	-	129,750	-	-	9,430	-	-	-	139,180
Owned - donated/ granted	-	8,194	-	23,208	11,885	-	48	-	43,335
Total net book value at 31 March 2023	12,011	442,719	945	151,503	101,417	-	33,893	-	742,488

15. Donations of property, plant and equipment

During the year the Trust received grants and donations to fund capital assets from the following:

	2023/24 £000	2022/23 £000
Leeds Hospitals Charity (previously Leeds Cares)	924	1,166
Northern Pathology Imaging Co-operative	306	3,363
NIHR	707	-
Health Education England	9	379
Department of Health & Social Care	-	168
Salix	(235)	9,070
NE&Y Genomics Hub	736	-
Others	478	274
Total donations for property, plant and equipment	2,925	14,420

The grants received from Northern Pathology Imaging Co-operative are funding digital pathology investment. The Salix grant was awarded to fund de-carbonisation investments across the Trust, which have now been completed.

16. Revaluations of property, plant and equipment

A full 5 yearly cyclical valuation of the Trust's entire estate was carried out during 2019/20. For 2023/24, a desk top valuation was conducted by Cushman and Wakefield, who issued their reports dated 31 March 2024. In 2022/23 an interim valuation was performed. The valuations were on depreciated replacement cost on a modern equivalent asset basis. The report for 2022/23, completed in accordance with guidance issued by Royal Institution of Chartered Surveyors ("RICS"), gave a value of the estate of £456.3m. For 2023/24, the report completed in accordance with guidance issued by RICS, gave a value of the estate of £461.2m.

17. Leases - the Leeds Teaching Hospitals NHS Trust as a lessee

The Trust has operating leases for items of medical and non-medical equipment, vehicles and short-term property lets. None of these are individually significant.

17.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	16,138	8,041	682	24,861	9,095
Additions	9,749	401	412	10,562	71
Remeasurements of the lease liability	1,046	187	(34)	1,199	836
Movements in provisions for restoration / removal costs	2,634	-	-	2,634	250
Reclassifications	(599)	-	-	(599)	-
Disposals / derecognition	(319)	(56)	(54)	(429)	-
Valuation/gross cost at 31 March 2024	28,649	8,573	1,006	38,228	10,252
Accumulated depreciation at 1 April 2023 - brought forward	2,343	926	233	3,502	1,231
Provided during the year	2,835	1,259	302	4,396	1,362
Disposals / derecognition	(319)	(56)	(54)	(429)	-
Accumulated depreciation at 31 March 2024	4,859	2,129	481	7,469	2,593
Net book value at 31 March 2024	23,790	6,444	525	30,759	7,659
Net book value at 1 April 2023	13,795	7,115	449	21,359	7,864
Net book value of right of use assets leased from other NHS providers					4,842
Net book value of right of use assets leased from other DHSC group bodies					2,817

17.2 Right of use assets - 2022/23

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-	-
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	531	-	-	531	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	14,509	6,405	667	21,581	9,095
Additions	672	1,636	-	2,308	-
Remeasurements of the lease liability	283	-	15	298	-
Movements in provisions for restoration / removal costs	75	-	-	75	-
Reversal of impairments	68	-	-	68	-
Valuation/gross cost at 31 March 2023	16,138	8,041	682	24,861	9,095
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	-
Provided during the year	2,357	926	233	3,516	1,231
Reversal of impairments	(14)	-	-	(14)	-
Accumulated depreciation at 31 March 2023	2,343	926	233	3,502	1,231
Net book value at 31 March 2023	13,795	7,115	449	21,359	7,864
Net book value at 1 April 2022	-	-	-	-	-
Net book value of right of use assets leased from other NHS providers					5,834
Net book value of right of use assets leased from other DHSC group bodies					2,030

17.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the Statement of Financial Position. A breakdown of borrowings is disclosed in note 24.1.

	2023/24 £000	2022/23 £000
Carrying value at 31 March	28,026	9,802
Lease liability remeasurements	1,199	298
Interest charge arising in year	890	635
Other changes	-	(1,593)
Carrying value at 31 March	35,455	28,026

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

17.4 Maturity analysis of future lease payments

	Total 31 March 2024 £000	Of which leased from DHSC group bodies 31 March 2024 £000	Total 31 March 2023 £000	Of which leased from DHSC group bodies 31 March 2023 £000
Undiscounted future lease payments payable in:				
- not later than one year;	5,437	1,508	4,597	1,188
- later than one year and not later than five years;	17,735	4,220	15,499	4,442
- later than five years.	16,409	2,156	11,626	2,556
Total gross future lease payments	39,581	7,884	31,722	8,186
Finance charges allocated to future periods	(4,126)	(246)	(3,696)	(286)
Net lease liabilities at 31 March 2024	35,455	7,638	28,026	7,900
Of which:				
Leased from other NHS providers		4,928		5,861
Leased from other DHSC group bodies		2,710		2,039

18. Disclosure of interests in other entities

The Trust has no interest in other entities.

19. Inventories

	31 March 2024 £000	31 March 2023 £000
Drugs	10,359	8,952
Work in progress	-	-
Consumables	17,400	14,826
Energy	806	863
Other	-	-
Total inventories	28,565	24,641

Inventories recognised in expenses for the year were £467,897k (2022/23: £437,141k). Write-down of inventories recognised as expenses for the year were £0k (2022/23: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £1,410k of items purchased by DHSC (2022/23: £4,100k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

20. Receivables

20.1 Receivables analysis

	31 March 2024 £000	31 March 2023 £000
Current		
Contract receivables	72,718	77,167
Capital receivables	900	7,177
Allowance for impaired contract receivables / assets	(4,580)	(4,169)
Prepayments (non-PFI)	9,331	9,539
PFI lifecycle prepayments	4,970	500
PDC dividend receivable	2,046	-
VAT receivable	4,160	5,232
Other receivables	249	565
Total current receivables	89,794	96,011
Non-current		
Contract receivables	4,831	3,684
Allowance for impaired contract receivables / assets	(1,115)	(916)
PFI lifecycle prepayments	2,749	810
Other receivables	1,826	2,294
Total non-current receivables	8,291	5,872
Of which receivables from NHS and DHSC group bodies:		
Current	42,791	49,939
Non-current	1,826	2,294

The majority of trade is with NHS England and Integrated Care Boards post 30 June 2022 (Clinical Commissioning Groups up to 30 June 2022). As NHS bodies are funded by Government to buy NHS patient care services, credit scoring of them is not considered necessary.

Non-current other receivables represent costs to be reimbursed by NHS England in relation to the Clinicians' Pension Tax provision (Note 25.1).

20.2 Allowances for credit losses

	2023/24	2022/23
	Contract receivables and contract assets £000	Contract receivables and contract assets £000
Allowances as at 1 April - brought forward	5,085	3,922
New allowances arising	1,069	1,531
Utilisation of allowances (write offs)	(459)	(368)
Allowances as at 31 Mar 2024	5,695	5,085

20.3 Exposure to credit risk

Since the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the contracts receivables note (Note 20.1)

21. Cash and cash equivalents

21.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24 £000	2022/23 £000
At 1 April	90,925	97,109
Net change in year	(42,747)	(6,184)
At 31 March	48,178	90,925
Broken down into:		
Cash at commercial banks and in hand	18	18
Cash with the Government Banking Service	48,160	90,907
Total cash and cash equivalents as in SoCF	48,178	90,925

21.2 Third party assets held by the Trust

The Leeds Teaching Hospitals NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2024 £000	31 March 2023 £000
Bank balances	1	3
Total third party assets	1	3

22. Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	69,636	54,745
Capital payables	28,505	31,697
Accruals	68,643	112,558
Social security costs	12,394	11,588
Other taxes payable	13,300	11,298
PDC dividend payable	-	735
Pension contributions payable	14,618	12,915
Other payables	563	291
Total current trade and other payables	207,659	235,827
Of which payables from NHS and DHSC group bodies:		
Current	2,208	4,259

23. Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	26,309	25,935
Total other current liabilities	26,309	25,935

Deferred income: Contract Liabilities includes, amongst other elements, research projects. In line with IFRS 15 where income is received that relates to a performance obligation that is to be satisfied in a future period the income is deferred and recognised as a contract liability until the performance obligation is delivered

24. Borrowings

24.1 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Loans from Department of Health and Social Care	2,075	2,076
Lease liabilities	4,739	1,117
Obligations under PFI contracts	15,724	7,112
Total current borrowings	22,538	10,305
Non-current		
Loans from Department of Health and Social Care	11,282	13,338
Lease liabilities	30,716	26,909
Obligations under PFI contracts	260,940	130,711
Total non-current borrowings	302,938	170,958

24.2 Reconciliation of liabilities arising from financing activities - 2023/24

	Loans from DHSC £000	Lease liability £000	PFI schemes £000	Total £000
Carrying value at 1 April 2023	15,414	28,026	137,823	181,263
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,056)	(4,183)	(15,039)	(21,278)
Financing cash flows - payments of interest	(464)	(890)	(13,284)	(14,638)
Non-cash movements:				
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	123,627	123,627
Additions	-	10,413	-	10,413
Lease liability remeasurements	-	1,199	-	1,199
Remeasurement of PFI liability resulting from change in index or rate	-	-	30,235	30,235
Application of effective interest rate	463	890	13,283	14,636
Other changes	-	-	19	19
Carrying value at 31 March 2024	13,357	35,455	276,664	325,476

24.3 Reconciliation of liabilities arising from financing activities - 2022/23

	Loans from DHSC £000	Lease liability £000	PFI schemes £000	Total £000
Carrying value at 1 April 2022	17,474	9,802	146,533	173,809
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,056)	(3,694)	(8,711)	(14,461)
Financing cash flows - payments of interest	(529)	(635)	(6,618)	(7,782)
Non-cash movements:				
Impact of implementing IFRS 16 on 1 April 2022	-	20,963	-	20,963
Additions	-	2,250	-	2,250
Lease liability remeasurements	-	298	-	298
Application of effective interest rate	525	635	6,619	7,779
Other changes	-	(1,593)	-	(1,593)
Carrying value at 31 March 2023	15,414	28,026	137,823	181,263

25. Provisions for liabilities and charges

25.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Restructuring £000	Other £000	Total £000
At 1 April 2023	2,487	1,696	12,498	3,400	4,675	24,756
Change in the discount rate	-	(106)	-	-	(403)	(509)
Arising during the year	303	185	75	-	2,974	3,537
Utilised during the year	(257)	(125)	(193)	(300)	(90)	(965)
Reversed unused	-	(63)	(6,767)	(2,959)	(1,435)	(11,224)
Unwinding of discount	-	30	-	-	121	151
At 31 March 2024	2,533	1,617	5,613	141	5,842	15,746
Expected timing of cash flows:						
- not later than one year;	250	120	5,541	141	384	6,436
- later than one year and not later than five years;	1,000	480	72	-	907	2,459
- later than five years	1,283	1,017	-	-	4,551	6,851
Total	2,533	1,617	5,613	141	5,842	15,746

Pensions related provisions represent amounts payable to the NHS Business Services Authority - Pensions Division to meet the costs of early retirements and industrial injury benefits. Amounts are determined by the NHS Business Services Authority - Pensions Division based on actuarial estimates of life expectancy and there is therefore, a degree of uncertainty regarding the value of future payments.

Legal claims relate to personal injury and other claims where the Trust has received advice that settlement is probable. The final amounts and timings of payments remain subject to negotiation or legal judgement. Included are claims with a value of £288k (£309k in 2022/23) which are being handled on behalf of the Trust by NHS Resolution who have advised on their status. The value represents amounts which the Trust may bear as its share of any settlement. The balance of claims are being dealt with directly by the Trust as they represent settlement values likely to fall below NHS Resolution's excess level. Legal claims also includes provision for contractual disputes which are subject to on-going legal discussions.

As part of waste reduction plans for 2023/24 developed during 2022/23 a restructuring provision was created by the Trust.

The remaining provision relates to specific staff due to leave in 2024.

Other provisions include those for employment related claims where the Trust disputes liability but recognises some probability of payment.

Other provisions also include clinician's pension tax reimbursement. During 2019/20 a national decision was made to resolve a taxation issue linked to pensions relating to senior clinical staff. Under this interim arrangement, the NHS Trust incurs the additional tax charge which is then reimbursed by NHS England. This remains the case for 2023/24. A provision is recognised in the Trust's accounts with a corresponding receivable from NHS England (Note 20.1)

Other provisions includes a dilapidations provision. During 2021/22, as part of the preparation for the introduction of IFRS16, a decision was made to assess the potential liability for dilapidation costs that that could arise in relation to properties leased by the Trust. Following the introduction of IFRS16 in 2022/23 further dilapidation provisions have been recognised for new property leases. The overall value of the provision for 2023/24 is £3.6m (2022/23 - £2m).

25.2 Clinical negligence liabilities

At 31 March 2024, £503,331k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of The Leeds Teaching Hospitals NHS Trust (31 March 2023: £626,230k).

26. Contingent assets and liabilities

	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
NHS Resolution legal claims	(148)	(111)
Other	(195)	(307)
Gross value of contingent liabilities	(343)	(418)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(343)	(418)
Net value of contingent assets	-	-

NHS Resolution contingent liabilities consist entirely of claims for personal injury where the probability of settlement is very low. The NHS Resolution have advised on their status. In all cases, quantum has been assessed on a "worst case scenario" and represents the maximum of any payment which may be made. "Other" contingencies relate to personal injury claims which are being managed internally by the Trust. In all cases, the potential payment values have been assessed on a "worst case scenario" basis by reference to independent advice. Settlement of these claims is considered highly improbable but the values quoted represent the Trust's maximum exposure to loss.

27. Contractual capital commitments

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	48,153	71,137
Intangible assets	363	658
Total	48,516	71,795

Capital commitments decreased to £49m as at 31 March 2024 and relate primarily to the Trust's Building the Leeds Way programme. The reduction since last year is primarily driven by works nearing completion on the Pathology Lab at St James and the Elective Hub at Wharfedale. In addition, other major capital projects which have completed during 2023/24 are the Same Day Emergency Care Centre at St James and the Trust's Network and Telephony Modernisation Programme.

28. On-SoFP PFI arrangements

Institute of Oncology at St James's Hospital - Bexley Wing

This is a 30 year contract which expires in 2037. It provides for the construction, maintenance and partial equipping of Bexley Wing by the PFI partner in return for an annual charge to the Trust. The Trust has full use of the facilities to provide healthcare services and will take ownership of the building and equipment at the end of the contract period. The PFI partner is responsible for providing a managed maintenance service for the length of the contract after which the responsibilities revert to the Trust. The contract contains payment mechanisms providing for deductions from the annual charge for any poor performance or unavailability. Future charges to the Trust will be determined by reference to the Retail Price Index.

Wharfedale Hospital

This is a 30 year contract which expires in 2034. It provides for the construction and maintenance of Wharfedale Hospital by the PFI partner in return for an annual unitary charge to the Trust. The Trust has full use of the Wharfedale Hospital to provide healthcare services and will take ownership of the building at the end of the contract period. The PFI partner is responsible for providing a managed maintenance service for the length of the contract after which the responsibilities revert to the Trust. The contract contains payment mechanisms providing for deductions from the annual charge for any poor performance or unavailability. The unitary charge is subject for an annual uplift for future price increases determined by reference to the Retail Price Index.

28.1 On-SoFP PFI arrangement obligations

The following obligations in respect of the PFI arrangements are recognised in the Statement of Financial Position:

	31 March 2024 £000	31 March 2023 £000
Gross PFI liabilities	375,739	190,814
Of which liabilities are due		
- not later than one year;	28,323	13,375
- later than one year and not later than five years;	113,293	53,499
- later than five years.	234,123	123,940
Finance charges allocated to future periods	(99,075)	(52,991)
Net PFI obligation	276,664	137,823
- not later than one year;	15,724	7,112
- later than one year and not later than five years;	70,404	31,828
- later than five years.	190,536	98,883

28.2 Total on-SoFP PFI arrangement commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2024 £000	31 March 2023 £000
Total future payments committed in respect of the PFI arrangements	594,217	496,934
Of which payments are due		
- not later than one year;	44,844	33,275
- later than one year and not later than five years;	179,376	135,116
- later than five years.	369,997	328,543

28.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2023/24 £000	2022/23 £000
Unitary payment payable to service concession operator	44,512	37,637
Consisting of:		
- Interest charge	13,283	6,619
- Repayment of balance sheet obligation	15,039	8,711
- Service element and other charges to operating expenditure	9,206	10,954
- Capital lifecycle maintenance	6,984	430
- Contingent rent	-	10,923
Total amount paid to service concession operator	44,512	37,637

29. Impact of change in accounting policy for on-SoFP PFI liabilities

IFRS 16 liability measurement principles have been applied to PFI liabilities from 1 April 2023. When payments for the asset are uplifted for inflation, the imputed lease liability recognised on the SoFP is remeasured to reflect the increase in future payments. Such increases were previously recognised as contingent rent as incurred. The change in measurement basis has been applied retrospectively without restatement of comparatives and with the cumulative impact on 1 April 2023 recognised in the income and expenditure reserve. The incremental impact of applying the new accounting policy on (a) the allocation of the unitary charge in 2023/24 and (b) the primary statements in 2023/24 is set out in the disclosures below.

29.1 Impact of change in accounting policy on the allocation of unitary payment

	IFRS 16 basis (new basis) 2023/24 £000	IAS 17 basis (old basis) 2023/24 £000	Impact of change 2023/24 £000
Unitary payment payable to service concession operator	44,512	44,512	-
Consisting of:			
- Interest charge	13,283	6,264	7,019
- Repayment of balance sheet obligation	15,039	7,111	7,928
- Service element	9,206	9,206	-
- Lifecycle maintenance	6,984	6,984	-
- Contingent rent	-	14,947	(14,947)

29.2 Impact of change in accounting policy on primary statements

Impact of change in PFI accounting policy on 31 March 2024	£000
Statement of Financial Position:	
Increase in PFI liabilities	(145,934)
Decrease in PDC dividend payable	2,146
Increase in cash and cash equivalents (impact of PDC dividend only)	2,571
Impact on net assets as at 31 March 2024	(141,217)

Impact of change in PFI accounting policy on 2023/24 Statement of Comprehensive Income:	£000
PFI liability remeasurement charged to finance costs	(30,235)
Increase in interest arising on PFI liability	(7,019)
Reduction in contingent rent	14,947
Reduction in PDC dividend charge	4,717
Net impact on surplus / (deficit)	(17,590)

Impact of change in PFI accounting policy on 2023/24 Statement of Changes in Equity:	£000
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	(123,627)
Net impact on 2023/24 surplus / deficit	(17,590)
Impact on equity as at 31 March 2024	(141,217)

Impact of change in PFI accounting policy on 2023/24 Statement of Cash Flows:	£000
Increase in cash outflows for capital element of PFI	(7,928)
Decrease in cash outflows for financing element of PFI	7,928
Decrease in cash outflows for PDC dividend	2,571
Net impact on cash flows from financing activities	2,571

30. Financial Instruments

30.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Due to the continuing service provider relationship that the NHS Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by its internal auditors.

Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

The Trust borrows from government for capital expenditure, subject to approval by NHS England. The borrowings are for 1 - 25 years, in line with the life of the associated assets. Interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk

Since the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the contracts receivables note (Note 20.1).

Liquidity risk

The Trust's operating costs are incurred under contracts with NHS commissioning organisations, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its Capital Resource Limit. The Trust is not, therefore, exposed to significant liquidity risks.

30.2 Carrying values of financial assets

	Held at amortised cost £000	Total book value £000
--	--------------------------------------	--------------------------------

Carrying values of financial assets as at 31 March 2024

Trade and other receivables excluding non financial assets	74,829	74,829
Cash and cash equivalents	48,178	48,178
Total at 31 March 2024	123,007	123,007

Carrying values of financial assets as at 31 March 2023

Trade and other receivables excluding non financial assets	85,802	85,802
Cash and cash equivalents	90,925	90,925
Total at 31 March 2023	176,727	176,727

30.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2024		
Loans from the Department of Health and Social Care	13,357	13,357
Obligations under leases	35,455	35,455
Obligations under PFI contracts	276,664	276,664
Trade and other payables excluding non financial liabilities	173,367	173,367
Provisions under contract	5,214	5,214
Total at 31 March 2024	504,057	504,057

Carrying values of financial liabilities as at 31 March 2023

Loans from the Department of Health and Social Care	15,414	15,414
Obligations under leases	28,026	28,026
Obligations under PFI contracts	137,823	137,823
Trade and other payables excluding non financial liabilities	212,190	212,190
Provisions under contract	12,064	12,064
Total at 31 March 2023	405,517	405,517

30.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2024 £000	31 March 2023 £000
In one year or less	214,795	244,746
In more than one year but not more than five years	139,699	78,409
In more than five years	253,690	140,911
Total	608,184	464,066

30.5 Fair values of financial assets and liabilities

Due to the nature of the Trust's financial assets and financial liabilities, book value (carrying value) is considered a reasonable approximation of fair value.

31. Losses and special payments

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	5	2	4	-
Bad debts and claims abandoned	220	478	214	410
Total losses	225	480	218	410
Special payments				
Ex-gratia payments*	1,330	1,251	131	228
Total special payments	1,330	1,251	131	228
Total losses and special payments	1,555	1,731	349	638

* Ex gratia payments includes refund payments made to staff in relation to the VAT refund on lease cars.

32. Related Parties

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, have undertaken any material transactions with the Leeds Teaching Hospitals NHS Trust in either 2023/24 or 2022/23.

The Leeds Teaching Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These include NHS England, and NHS West Yorkshire ICB. In addition, the Trust has had a number of material transactions with

other government departments, central and local government bodies (including Leeds City Council) and the University of Leeds.

The Trust's Chair, Dame Linda Pollard, is vice-Chair and Senior Independent Director of NHS Providers. During 2023/24 the Trust expended £22k with NHS Providers (22/23 - £79k). The Chief Executive, Professor Phil Wood, became a Director of Northern Health Science Alliance during the year. The Trust expended £25k with Northern Health Science Alliance during 2023/24.

The Trust has received revenue and capital funding from a number of charitable funds, including Leeds Hospitals Charity. Leeds Hospitals Charity have given £1m in revenue grants (22/23 - £2.2m) and £0.9m in capital donations (22/23 - £1.2m) of which £0.5m remained outstanding at 31 March 2024 (£0.4m at 31 March 2023). Dame Linda Pollard and Chris Schofield, a Non Executive Director, are both Trustees of Leeds Hospitals Charity. Leeds Hospitals Charity is independently managed but raises funds for, manages donations received on behalf of, and makes grants to the Trust.

Professor Laura Stroud, Non Executive Director to 30 September 2023, was the Deputy Dean and Director of the Institute of Medical Education at the University of Leeds. Professor Julia Brown, Non Executive Director from 1 October 2023, is Deputy Dean of the University of Leeds School of Medicine. During the year the Trust's income from the University was £12.5m (22/23 - £8.3m) of which £3.2m remained to be paid at 31 March 2024 (31 March 2023 - £2.2m). Expenditure with the University was £17.8m (22/23 - £15.1m) of which £0.6m remained to be paid at 31 March 2024 (31 March 2023 - £0.2m). Philomena Corrigan, Non Executive Director, is the Chair of Trustees of St Gemma's Hospice. During the year, the Trust received income of £93k from St Gemma's Hospice. Mike Baker, Non-Executive Director, is a Senior Advisor at University of York. During the year the Trust's expenditure with the University of York was £0.2m. Robert Simpson, Non-Executive Director, is a volunteer at Martin House Hospice. During the year, the Trust received £0.2m from the hospice of which £0.1m remained outstanding at 31 March 2024.

33. Prior period adjustments

There are no prior period adjustments.

34. Events after the Reporting Date

There are no events that have occurred after the reporting period which have a material impact on these financial statements.

35. Better Payment Practice Code

	2023/24 Number	2023/24 £000	2022/23 Number	2022/23 £000
Non-NHS payables				
Total non-NHS trade invoices paid in the year	252,336	766,846	248,629	782,229
Total non-NHS trade invoices paid within target	243,684	735,372	242,702	758,946
Percentage of non-NHS trade invoices paid within target	97%	96%	98%	97%
NHS payables				
Total NHS trade invoices paid in the year	24,252	155,160	22,487	134,186
Total NHS trade invoices paid within target	23,640	151,832	21,920	132,226
Percentage of NHS trade invoices paid within target	97%	98%	97%	99%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

36. External Financing Limit

The Trust is given an External Financing Limit against which it is permitted to underspend:

	2023/24 £000	2022/23 £000
Cash flow financing	60,944	58,404
Other capital receipts	-	-
External financing requirement	60,944	58,404
External financing limit	60,944	58,404
Under / (over) spend against EFL	-	-

37. Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) against which it is not permitted to exceed.

	2023/24 £000	2022/23 £000
Gross capital expenditure	99,028	133,520
Less: Disposals	(6)	(342)
Less: Donated and granted capital additions	(2,925)	(14,420)
Charge against Capital Resource Limit	96,097	118,758
Capital Resource Limit (CRL)	96,097	118,758
Under / (over) spend against CRL	-	-

38. Breakeven duty financial performance

	2023/24 £000	2022/23 £000
Adjusted financial performance surplus (control total basis)	12,304	7,632
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	(17,590)	-
IFRIC 12 breakeven adjustment	10,678	23
Breakeven duty financial performance surplus	5,392	7,655

	2023/24 £000	2022/23 £000
Adjusted financial performance (control total basis):		
(Deficit) / Surplus for period	(2,827)	46,439
Remove net impairments not scoring to the Departmental expenditure limit	(1,027)	(26,112)
Remove I&E impact of capital grants and donations	(1,490)	(12,984)
Remove impact of IFRS 16 on IFRIC 12 schemes	17,590	-
Remove net impact of inventories received from DHSC group bodies for COVID response	58	289
Adjusted financial performance surplus	12,304	7,632

39. Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000
Breakeven duty in-year financial performance		963	2,051	4,207	3,089	1,615	(24,386)	(30,194)
Breakeven duty cumulative position	3,868	4,831	6,882	11,089	14,178	15,793	(8,593)	(38,787)
Operating income		910,556	934,527	970,709	1,002,444	1,044,916	1,086,638	1,115,720
Cumulative breakeven position as a percentage of operating income		0.5%	0.7%	1.1%	1.4%	1.5%	(0.8%)	(3.5%)

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000
Breakeven duty in-year financial performance	(1,901)	18,880	52,925	13,956	8,107	5,917	7,655	5,392
Breakeven duty cumulative position	(40,688)	(21,808)	31,117	45,073	53,180	59,097	66,752	72,144
Operating income	1,172,927	1,238,267	1,335,847	1,414,740	1,596,795	1,727,945	1,843,988	1,900,516
Cumulative breakeven position as a percentage of operating income	(3.5%)	(1.8%)	2.3%	3.2%	3.3%	3.4%	3.6%	3.8%



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