The Leeds Teaching Hospitals
NHS Trust

Annual Report and Accounts

2018/19

Incorporating the
Annual Quality Account

Contents

Overview

This section introduces the work of Leeds Teaching Hospitals NHS Trust. It sets out the Trust's core vision and values and highlights some of our strategic developments and achievements over the 2018/19 financial year. It also summarises our performance over the year and the key risks we faced in achieving our vision to provide the best possible specialist and integrated care for patients in Leeds and the wider region.

Chair and Chief Executive's statement

The Annual Report is always a fantastic opportunity for us to look back over our year at Leeds Teaching Hospitals, recognising the many achievements and reflecting on the challenges.

One of our key achievements this year is that we have again been rated 'Good' by the Care Quality Commission (CQC) following their visit to our hospitals in August and September 2018.

We also received three 'Outstanding' ratings in Critical Care, Leeds Dental Institute and for the Use of Resources review. These, together with higher ratings in more areas than our last inspection in 2016, show that we're not just 'Good' - we're getting better too, and we couldn't be prouder!

This was also the year that the NHS turned 70 and we celebrated in style at Leeds Teaching Hospitals. Our hospitals featured on primetime television with A&E Live on ITV coming from Leeds General Infirmary in May, and BBC Breakfast broadcasting live from the Bexley Wing atrium at St James's on the NHS birthday itself on 5 July.

For us and our colleagues from Board to Ward level throughout our hospitals, it has been quite a year! We have seen some significant progress alongside our challenges and are delighted to be able to share this with you.

Collaboration and integrated care

One of the biggest challenges across the NHS nationally is managing increasing demand for services while continuing to provide high-quality, safe care for every patient, every time. It's no different here at Leeds Teaching Hospitals.

Our teams continue to work extremely hard to ensure our patients receive the best possible care whenever they need us. This is a real team effort - internally between wards and departments across our hospitals, but also with our health and social care partners across the City.

The CQC undertook a review of the Leeds Health and Social Care system last year which identified that there is a strong and collaborative leadership between organisations with a collective vision. There were also a number of recommendations for us to consider, many of which we're already working on, to support discharge processes and workforce, amongst other things.

One of the ways we have already started to do this is through the Newton Europe review. This brought together all partners in Leeds to take a critical look at how we care for patients in the City, and whether they were being looked after in the most appropriate place for their needs. There were a number of work streams that came from this which are making great strides across the City in making patient care more seamless between organisations.

One of these looked at simplifying discharge pathways for patients who are ready to leave hospital and ensuring they can do so as soon as possible. As a city, Leeds has committed to 'Home First' as a strategy to support patients to go home when they are ready to do so and we also agreed a single 'Transfer of Care' policy for the City.

The different approach taken across Leeds to managing system pressures this winter has seen some really positive outcomes and we've been able to demonstrate some significant improvements.

These include no patients being treated in non-designated bed areas since May 2018, no twelve-hour breaches in our Emergency Departments and fewer outliers than last year. We've also increased the number of elective operations we performed over the winter period, which has contributed to a significant reduction in the number of patients waiting longer than 52 weeks for an operation.

Through regular formal meetings, like the System Resilience Assurance Board (SRAB), and our more informal regular contact, we try to

ensure that we are providing the best possible care for patients in our city and beyond.

None of this would be possible without the unwavering commitment from our teams and our colleagues across the wider health and social care economy who have come together to do things differently for the benefit of our patients and staff.

Of course, there are still many challenges and the ever increasing demand for our services means that it can be difficult for us, and the rest of the NHS, to consistently achieve national performance standards.

Strategically, we are part of the West Yorkshire and Harrogate Health and Care Partnership, which brings together all health and social care organisations in six places; Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield. This collaboration - commonly referred to as the Integrated Care System (ICS) - aims to develop and transform health and care by creating sustainable organisations, systems and partnerships.

Our work with other acute hospitals across West Yorkshire continues to build and support the 'hospitals working together' ambition of the ICS. Through the West Yorkshire Association of Acute Trusts (WYAAT) hospitals in West Yorkshire and Harrogate are working more closely together to give patients better access to services, facilities and expert care. There are a number of different work areas that help to ensure a more streamlined decision-making across the region and improve how we deliver services for our patients.

We have also been a key partner for the development of the Leeds Health and Care Academy, a ground breaking and innovative approach bringing together training and development of all health and care professionals working across the City. This is a new and shared way of thinking, learning and working together to develop 'one Leeds workforce'. The Health and Care Academy launched on 1 April 2019 and will continue to grow and develop over the year.

All this work with our partners contributes to our vision for Leeds to be the best city for health and wellbeing.

Patient safety and high quality care

Ensuring our patients receive the safest and highest quality care is at the heart of everything we do. Our Friends and Family Test results show that 93% of patients would recommend us to those who needed hospital care.

During challenging times, where the demand for our services is ever increasing, the commitment of our teams shines through. The Leeds Way - our vision, values and culture - continues to be an integral part of how we do things here at Leeds Teaching Hospitals. In fact, we were so very pleased to hear the CQC talk about how our values - patient-centred, accountable, collaborative, fair and empowered - are visible in every corner of our Trust. The report spoke about how our people feel empowered to improve services, do their best for patients and put 'The Leeds Way' into practice every day.

We continue to be inspired by the many ways our staff find to improve services for patients. There are some really great practical initiatives across the Trust, including multi-disciplinary safety huddles that continue to go from strength to strength, our pressure ulcer collaborative and a newly-launched discharge collaborative.

In February, the CQC published its annual Maternity Survey which seeks the views of patients who have used maternity services at 129 trusts across the country. We were delighted that our service in Leeds received extremely positive ratings for our patients, significantly improving our scores in eight areas compared to the previous year. The report also identified LTHT as providing better patient experiences in antenatal care and care during labour than most other trusts in the country, and highlighted our staff as providing excellent care and support with almost all respondents saying they were listened to and spoken to in a way they could understand. This is a fantastic achievement and shows how our teams are consistently striving to improve the care we provide year on year.

We also work with the Department of Health's 'Getting It Right First Time' programme to benchmark our services against other providers. In some departments we have been shown to be exemplary and others are learning from us, whereas in others we are taking on board feedback to improve.

Best place to work

We couldn't do any of what we do without our wonderful staff - all 18,000+ of them!

Our Staff Survey results showed that staff satisfaction and engagement has increased year on year since 2012 and so we are well on our way to achieving our goal of being 'the best place to work'.

The results of the survey are indicative that our culture and values are now embedded across the organisation and this is down to the hard work of every single team in the trust. It shows that when we work together we can achieve great things and make our organisation better, not just for patients but for staff too!

We encourage teams to take time to recognise their successes as often as possible. We do this in a number of ways, including through Start The Week - our weekly newsletter from the Chief Executive, the Long Service Awards recognising staff who have worked for the organisation for 20, 30 and 40 years, and our annual Trust-wide awards campaign, Time To Shine.

Last year Time To Shine attracted over 300 nominations from staff, patients and visitors recognising the fantastic work that happens in our hospitals every day. It was our most successful year yet and we were delighted to celebrate this in the week the NHS turned 70 with over 500 colleagues at an event in Leeds.

This year we also held our first Junior Doctor Week. The week saw lots of our teams supporting and recognising the contribution our doctors in training make to excellent patient care and improving our hospital services.

Financial sustainability

Ensuring that our finances are sustainable is a crucial part of delivering healthcare, so we are delighted to have achieved a record breaking surplus of almost £53m this year. This is the largest surplus in the Trust's history and builds on the success of last year's record breaking £18.9m surplus.

The surplus was enabled by Sustainability and Transformation Funding (STF), a joint initiative between NHS Improvement and NHS England, in return for meeting agreed financial targets. We were able to meet this target thanks to the continuation of the really great work that has been done on waste reduction and other financial improvement across the organisation without impacting on patient care or safety.

The new financial year presents us with a more modest plan to deliver a £12m surplus with a longer-term plan to help embed our ability to deliver a surplus in each subsequent year. A big challenge for the Trust is the requirement to deliver an additional £52m in waste reduction in 2019/20. As we continue with the application of our Leeds Improvement Method, the assistance of our Project Management Office and close working with clinical staff and commissioners, we are confident that we will be able to make continuous improvements that lead us to financial sustainability.

Leeds Cares

It has been an exciting year for our charity partner Leeds Cares too. Following a relaunch in May 2018, we have worked to develop a strengthened relationship which allows us to work more closely together and make funding decisions that really make a difference.

We are very grateful for the continued support of Leeds Cares and last year they donated a total of £12.7m to LTHT, which helps to fund many things, including specialist staff and capital projects so that we can improve our services. Funded projects include ward refurbishments in Lincoln Wing at St James's, multi-sensory rooms at Leeds Children's Hospital and sponsoring a wide range of campaigns and staff recognition events across the Trust.

Building the Leeds Way

Our ambitious proposals to transform healthcare for patients from Leeds, West Yorkshire and the wider region made significant progress this year. Building the Leeds Way, known externally as Hospitals of the Future, is our vision to build two new hospitals on the site of Leeds General Infirmary (LGI). The first would provide adult health services, including new theatres for day-case surgery and additional critical care facilities. The second would be a brand-new home for Leeds Children's Hospital, dedicated to the needs of children and young people. They will be

central to the development of a new Innovation District for Leeds, a collaboration between LTHT, Leeds City Council and the University of Leeds.

In February 2019, we submitted an Outline Planning Application (OPA) to Leeds City Council and finalised a Strategic Outline Case and Outline Business Case for the development, which will now be subject to the NHS approvals process.

Our staff have been critical to the development of the plans. Throughout 2018, staff representatives from the Clinical Service Units that will be an integral part of the new hospitals participated in Clinical Stakeholder Groups, giving their views on the design of the hospitals' facilities. We also held a two-month engagement period with patients and people of Leeds and the wider region, inviting them to give us their views on the early plans.

The wider Building the Leeds Way programme includes plans to relocate our Pathology service from the LGI to a purpose-built, cutting-edge facility at St James's University Hospital. Last year, the Trust continued to progress the design of the new Pathology building in readiness for an OPA it will submit to Leeds City Council in 2019.

There is still some way to go before funding and approvals are secured and we look forward to more exciting developments over the next year.

Leeds Improvement Method

The Leeds Improvement Method becomes more embedded across our organisation each day, empowering and supporting our teams to reduce variation and waste, using small scale tests of change to continuously improve. Quality improvement works best when those involved directly in the work feel able to make changes and feedback from our CQC reports stated that our staff do feel involved in making improvements in their daily work. This if of huge benefit to patients and staff and is making some real differences across the organisation.

The Leeds Improvement Method is the management method for the Trust and is fully integrated into our day-to-day work, decision making, training and development. It is even included in our core induction to all staff when they join LTHT. There are 9033 members of staff trained in some form of the Leeds Improvement Method and we also have 85 leaders who have more specialised skills in the use of the management method, known as Lean for Leaders.

Research, Innovation and Education

We are pleased to be a world-leader in clinical research and innovation and we work closely with our academic partners to achieve this, in particular the University of Leeds and Leeds Beckett University. We are a key partner in the Leeds Academic Health Partnership, a group that brings together expertise from universities, NHS organisations and the local council in Leeds to attract investment and implement innovation across the city to improve health and care, and reduce health inequalities.

The past 12 months have seen some significant developments in research and innovation. In October 2018 we launched the Research Academy and later in the year we began work on a new National Institute for Health Research (NIHR) Clinical Research Facility at St James's. We also launched the Yorkshire Lung Study, the first of its kind in the country, in partnership with Yorkshire Cancer Research and the Universities of Leeds and York.

We are among the top three hospital trusts in England for delivering research projects recognised by the National Institute for Health Research (NIHR), involving more than 20,000 patients in more than 450 high quality research studies last year.

It is well-evidenced that where hospitals are active in research, patients get better treatment and these developments will help us to continue improving our impressive performance in clinical trials and other vital research.

We continued to run one of the largest medical education programmes in the NHS, with over 1300 medical students from the University of Leeds and over 950 trainee doctors last year. In addition, around 1000 Nursing, Midwifery and Allied Health Practitioner (AHP) students from universities across the Yorkshire and Humber region completed clinical placements with us and nearly 600 apprentices across a number of different roles.

In June 2018, we welcomed our first cohort of Apprentice Nurses and we were the first in the country to offer this opportunity to new staff as well as providing development for many of our own experienced Clinical Support Workers. We are delighted to be playing such a vital role in training the healthcare professionals of the future.

Thank you

We receive countless messages of thanks and glowing examples of how staff have made such a difference to patients and their loved ones during their time with us. These are just a small snapshot of the wonderful work that happens every single day in every corner of our hospitals and we never fail to be inspired by the extra mile our teams go to for their patients and for each other.

This year's CQC report said that 'overwhelmingly people are proud to work at LTHT' and we are incredibly proud to work alongside them. We couldn't do any of what we do without our staff and our partners, and for that we'd like to take this opportunity to say a really big thank you to everyone involved in keeping Leeds Teaching Hospitals running every day.

Linda Pollard *CBE DL Hon.LLD*
Chair

Julian Hartley
Chief Executive

About us

Leeds Teaching Hospitals NHS Trust was formed in April 1998, following the merger of two smaller NHS trusts in the city. Today, it is one of the largest and busiest NHS hospital trusts in the United Kingdom.

Every year, the Trust provides healthcare and specialist services for people from the city of Leeds, the Yorkshire and 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 and pioneering new treatments.

Our care and clinical expertise is spread over seven hospitals and medical facilities:

- Leeds General Infirmary
- 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 patients with the very best care across all our services.

Our services include:

- high quality and 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 are one of the largest providers of specialist hospital services in the country, covering over 100 specialties, many of which are delivered across the region. Around 46% of our patient care income of around £1.2 billion comes from our specialised commissioners, NHS England.

It means we attract specialists at the top of their discipline 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 get a better outcome if they are seen by a specialist in a place with the best equipment and expert staff available.

The majority of specialist services we provide can be categorised into five key groups:

1. Specialist children's services

Leeds Children's Hospital is one of the UK's largest specialist children's hospitals offering a wide range of treatment and care for children from birth to young adulthood. Our holistic approach focuses on ensuring that children receive the best possible clinical care whilst supporting them to live their best life and to achieve their key milestones.

Leeds Children's Hospital operates 27 highly specialist services. More than 62,000 outpatient appointments are held each year and there are approximately 22,600 inpatient episodes.

The Leeds neonatal service is the biggest in the UK and was the first in the UK to introduce Family Integrated Care, an approach to the planning and delivery of healthcare for babies in our neonatal unit which involves the parents and siblings in the infant's care. The Leeds service for children born with heart defects has become a world-renowned centre providing diagnosis, surgery, treatment and follow-up care.

We are one of only a small number of centres nationally offering liver transplants; Selective Dorsal Rhizotomy, a specialist surgical procedure for some children with cerebral palsy; and gender identity services. We also have one of the busiest children's emergency departments in the country.

Our ambition is to be a globally recognised, leading provider of healthcare for children and young people; engaging with our patients and their families to make our services and their experience the best they can be.

2. Cancer, blood and genetics

The Leeds Cancer Centre at St James's University Hospital provides some of the most advanced treatment and care for patients with cancer anywhere in the world.

The centre is one of the largest in the UK, offering comprehensive, specialist cancer services for patients in Leeds, Yorkshire and across the North of England.

Our practitioners have access to state of the art diagnostic services in both radiology and pathology and leading-edge surgery to achieve the best possible clinical outcomes for patients. The Centre is the first in the UK to offer some of the most innovative treatments in both radiotherapy and chemotherapy.

This work is underpinned by a world-class programme of research and innovation for which Leeds Cancer Centre and Leeds Teaching Hospitals have an enviable reputation. The Centre is supported by the University of Leeds and public and private sector partners to pioneer new approaches to cancer therapy and care.

3. Neurosciences and major trauma

We are the regional tertiary centre for Neurosciences, which includes services for spinal surgery, neurosurgery, neurology, neuro-rehabilitation, neurophysiology and stroke.

The Leeds Major Trauma Centre (MTC) was created at the Leeds General Infirmary in 2013 as part of a network set up across England to improve care for patients with life-threatening multiple injuries. The MTC opened six years ago and treats approximately 1600 severely injured patients per year.

The MTC is one of only 12 combined paediatric and adult trauma centres in the country and takes adult patients from across West Yorkshire as well as from the Harrogate and York district, and children from across the wider region. We have one of only two paediatric MTC's in Yorkshire and the only centre with vascular and liver trauma capability.

Our MTC has made a big difference to both the quality of care and outcomes, and is second in the UK for volume of patients and joint second for survival rates.

4. Cardiac services

In cardiac surgery, Leeds has the largest single centre Percutaneous Coronary Intervention (Primary PCI) services across the UK and was one of the national pilot sites for this service. PCI services such as coronary angioplasty are used to treat the narrowed coronary arteries of the heart and angina in patients. In Leeds they are provided to more than 1,000 patients each year admitted acutely with a heart attack.

We have also developed the largest Transcatheter Aortic Valve Implantation (TAVI) service in the UK, with over 1,000 patients benefitting from this service. TAVI is a procedure that involves inserting a new artificial heart valve inside the old tight valve using a balloon catheter.

We also have the largest cardiac MRI service outside of London, as well as hosting the West Yorkshire arrhythmia service, with state-of-the-art facilities for the investigation and treatment of heart rhythm disorders. Our clinical teams also provide a regional service for inherited cardiac conditions and a multi-disciplinary heart failure service.

5. Specialised transplantation and other specialised surgery

Our liver and kidney transplantation teams continue to provide complex, specialist and tertiary renal services for the population of the Yorkshire and Humber region. We are the largest solid organ transplant centre in the UK, the third largest liver transplant centre and the largest liver cancer surgery unit. Our teams also provide comprehensive urological cancer services.

Our vision and values

Leeds Teaching Hospitals is committed to delivering the highest quality and safest treatment and care to every patient, every time.

Our vision is to be the best for specialist and integrated care.

To achieve this vision, we developed a five-year strategy which is now fully integrated within the Trust. Our staff helped to define the values and behaviours that we all work to and that form the foundations of our culture, our ethos and how we will work for the benefit of patients for years to come. This is known as The Leeds Way and is described below.

Over the last five years we have worked hard to embed The Leeds Way as the way we do things across the Trust. During this time, we have had positive recognition for its impact from the CQC and this work is also reflected in the consistent improvement seen in staff engagement in our annual staff survey results.

The Leeds Way – our values

We are patient-centred

We consistently deliver high quality, safe care
We work around the patient and their carers and focus on meeting their individual needs
We act with compassion, sensitivity and kindness towards patients, carers and relatives

We are fair

We treat patients how we would wish to be treated
We strive to maintain the dignity and respect of each patient, being particularly attentive to the needs of vulnerable groups

We are collaborative

We are all one team with a common purpose
We include all relevant patients and staff in our discussions and decisions
We work in partnership with patients, their families and other providers so they feel in control of their health and care needs

We are accountable

We act with integrity and are always true to our word
We are honest with patients, colleagues and our communities at all times
We disclose results and accept responsibility for our actions

We are empowered

We empower colleagues and patients to make decisions
We expect colleagues to help build and maintain staff satisfaction and morale
We celebrate staff who innovate and go the extra mile for their patients and colleagues

Highlights of the year

We've had another fantastic year which reflects the outstanding work taking place every day at our hospitals. Our staff have been part of national events, ground-breaking research and advancements in care, all while putting patients at the centre of everything that they do. Below is just a selection of the successes that we have celebrated over the past year. You can read more about our work on the Trust website, www.leedsth.nhs.uk, or by following us on social media.

April 2018

Leeds Teaching Hospitals NHS Trust celebrated its 20th anniversary. The merger in 1998, aimed to bring together all of the hospitals in Leeds to reduce duplication, create efficient and sustainable services, and allow the city's medicine and healthcare to thrive.

Twenty years on and not only are we one of the largest Trusts in the country but we're also an internationally recognised teaching hospital, and a provider of world class services and care.

The Major Trauma Centre celebrated its fifth anniversary. Opened in April 2013, the MTC is designed to be the first port of call for adults and children in West Yorkshire suffering major trauma. Initially managing approximately 900 patients per year, the MTC now sees over 1,600 and is the second largest MTC in the country - remaining in the top three for outcomes.

The Trust achieved its first surplus in four years and at £18.9m, it is the biggest surplus the Trust has ever made in its 20-year history. We were able to deliver the control target thanks to the really great work that has been done on waste reduction and other financial improvements across the organisation as well as generous support from our charity partner, Leeds Cares.

Achieving our control target strengthens our hand when it comes to negotiating with the Department of Health for funding on major capital projects going forward.

May 2018

The Trust took part in the first ever live broadcast from an A&E department as part of prime time ITV documentary, A&E Live. Hosted by Davina McCall, the programme was broadcast live from our LGI Emergency Department for three consecutive nights in celebration of the NHS 70th birthday.

The programmes gave an unprecedented insight into the workings of our hospitals and partner services in Leeds, showing just a flavour of the breadth of services we provide.

The launch of Leeds Cares saw the new identity of Leeds Teaching Hospitals Charitable Foundation revealed. Dedicated to exceptional healthcare in Leeds, Yorkshire and beyond, this was a new, ambitious approach to bring the concept of progressive philanthropy to life. Money raised through the generous support of staff, fundraisers and philanthropic partners allows them to work in collaboration with the Trust to enhance healthcare for the benefit of our families and communities.

June 2018

Our Patient Experience Strategy was launched having been created as a result of detailed consultations with a wide range of patients, families, carers, members of the public, staff members and other stakeholders. The strategy supports the Trust in continuing to develop ways to ensure that the voice of the diverse community of Leeds and beyond helps shape the care and services we deliver, ensuring positive outcomes for our patients.

Following two years in the planning, our brand-new Children's Clinical Research Facility was opened by HRH The Countess of Wessex. Housed in Clarendon Wing at Leeds Children's Hospital, the facility comprises six beds in total, providing a separate area where children who are taking part in clinical research will have access to specialist equipment and medication, whilst being cared for by a team of dedicated professionals.

The project was made possible thanks to the generous donation to Leeds Cares from Dr Maurice Benard and Mrs Asneth Benard in loving memory of their grandson, Jeremy Neil Allen.

The Trust's Brain Attack Team launched a new service which provides specialist treatment for patients from across the region who have suffered a life-threatening stroke. In a national first, the service means patients who require it can undergo a procedure known as a mechanical thrombectomy, whilst also allowing them to be discharged back to the referring hospital on the same day.

The Trust proudly welcomed 17 Apprentice Nurses to the team. We are one of the first Trusts in the country to introduce this programme and the very first cohort was made up of staff who already worked for us and some new recruits. The Apprentice Nurse programme has been developed in partnership with the University of Leeds and Leeds Community Healthcare and will be working across a number of our clinical areas.

July 2018

In 2018 the NHS celebrated its 70th birthday with a year of celebrations across the country. In July the Trust hosted BBC Breakfast who broadcast live from Bexley Wing on the NHS' birthday, 5th July. Our staff and patients featured on the programme with coverage of some of our key services including cancer, children's and emergency department, and interviews with our Chief Medical Officer, Dr Yvette Oade and Associate Medical Director, Dr Ali Cracknell.

Leeds Cares hosted tea parties across the Trust, handing out over 5,000 cups of tea and coffee and over 3,500 cakes, all in the name of raising money for charity.

Leeds Children's Hospital also took part in ITV's Big NHS Singalong. An opportunity to raise the profile of our specialist hospital, which is one of the largest in the UK, some familiar faces appeared on the programme which was a launchpad for the NHS Voices charity single, "With a little help from my friends" in honour of NHS70.

August 2018

Over 30 adult transplant recipients and 40 paediatric recipients competed in the Westfield Health British Transplant Games in Birmingham. Competing in a number of disciplines, ages ranged from 3 to 82 and all had received life-saving organ transplants here in Leeds.

The Trust was one of only seven Trusts in 2018 to receive an Employer Recognition Scheme Gold Award from the Ministry of Defence for our work in supporting the Armed Forces. We are the first Trust in Yorkshire and the Humber to hold the accolade and at the time were one of only 20 Trusts to hold it nationally.

September 2018

Chair Linda Pollard, CBE, welcomed Baroness Dido Harding to the Trust to join one of our monthly Leeds Improvement Method Guiding Team Meetings. Baroness Harding was keen to hear updates on the Trust's improvement work, particularly in urology and acute medicine where the teams had been driving improvement forward.

We celebrated 50 years of kidney transplants at St James's in September and our transplant team were joined by patients to celebrate this milestone in Organ Donation Week. Kidney Care UK and the Kidney Patient's Association sponsored a bench to recognise the many lives that have been changed since Professor Geoffrey Giles brought the service to St James's in 1968.

October 2018

Proposals were published on the Leeds City Council website for our Hospitals of the Future project. The publication kicked off two months of engagement with staff, patients and the wider public on our plans for the two new hospital buildings at Leeds General Infirmary.

The Secretary of State for Health and Social Care, the Rt Hon Matt Hancock, visited the Trust to learn about the fantastic work our teams had been doing across our wide range of services, the improvements we are bringing to our patients, and our ambitions for the future. A big advocate of digital solutions, the Secretary of State visited J23, our exemplar Digital Ward as well as spending time in our Emergency Department at the LGI and with our Junior Doctor Body.

Following the visit, Matt Hancock tweeted that he was "blown away by the tech at LTHT" - high praise for the great work our team are driving forward.

The Trust also received a visit from the Rt Hon Anne Milton, Minister for Skills and Apprenticeships. A former nurse, the Minister spoke to apprentices and nurse associates who were working and training in Leeds. The Minister also visited ward J93 to talk to nurses about how the profession is changing and how apprenticeships are evolving and contributing to patient care.

Neurosurgeon Mr John Goodden and the Clarendon Wing Theatres team performed their 100th Selective Dorsal Rhizotomy (SDR) surgery. SDR is a procedure which is used to help children with cerebral palsy. The surgery can reduce pain, stiffness and discomfort, improve mobility and help children to grow up with confidence and independence.

In October we announced a critical milestone in going digital, by scanning every glass slide we produce. Working in partnership with the University of Leeds, the milestone represented a major step towards achieving faster and accurate diagnosis for cancer patients in the future.

Our Pathology Department is one of the largest in the UK processing over 1,000 pathology slides a day, and is now digitally scanning every slide thanks to their partnership with Leica Biosystems. The step-by-step process each slide goes through at Leeds has been rigorously tested and received ISO15189 (International Organisation for Standardisation) accreditation laying the foundations for national guidelines on using digital pathology.

November 2018

Trust Chair, Linda Pollard, CBE, joined benefactors, fundraisers and charity staff to celebrate Maggie's 'topping out' ceremony meaning that the building had reached its highest point. Opening in Autumn 2019 beside Leeds Cancer Centre the centre's inspirational 'organic' design has now emerged over the builders' hoardings. The building is part of a philosophy created by the charity's founder Maggie Keswick Jencks that people should not "lose the joy of living in the fear of dying".

The Trust was announced as a winner in the HSJ Awards Staff Engagement category in recognition of our work around the implementation of The Leeds Way. A great achievement for the Trust, the success is testament to the hard work of teams across the organisation. Our Informatics team were also shortlisted for two awards; the Enhancing Care by Sharing Data and Information category for the 'Who Shares Wins' work, and in the Using Technology to Improve Efficiency category for their 'On top form' work, carried out in partnership with Aire Logic.

Leeds Teaching Hospitals NHS Trust was accredited as Veteran Aware - one of 24 NHS bodies across the UK that has received accreditation from the Veterans Covenant Hospital Alliance. This mark of distinction means that patients who have served in the UK armed forces will be cared for by frontline staff who have received training and education on their specific needs, such as around mental health, and who can signpost them to local support services.

December 2018

Leeds Teaching Hospitals became the first Trust in the country to offer a type of artificial pancreas for young people in the UK. The Medtronic Minimed 670G is the first commercialised product available in the country and offers young patients freedom from the daily management of their Type I diabetes. The device automatically detects when insulin is needed and delivers the correct dose, saving the patient from needing to undertake blood tests multiple times a day, and self-injecting with insulin. A handheld device can 'talk' to the sensor, giving accurate readings at the touch of a button.

Leeds Children's Hospital (LCH) were stars of ITV's festive This Morning as presenter Alison Hammond visited wards to hand out Christmas presents. LCH also hosted the Christmas special live news programme for BBC Look North with presenters Harry Gration and Amy Garcia anchoring the show from Clarendon Wing. They met young patients and their families and health correspondent Jamie Coulson produced a special feature on the development of the new hybrid theatre and 3TMRI facility.

Work started on a new £3-million purpose built National Institute for Health Research (NIHR) Clinical Research Facility (CRF) in Bexley Wing at St James's Hospital. The new facility will double the amount of space available and provide a better environment for patients taking part in clinical trials. Evidence shows that research active hospitals lead to better outcomes for patients and we're committed to continuing to raise the profile of research and innovation across the Trust. Developments like this will help us to take on even more clinical trials, offering more and more patients from our hospitals access to new technologies and medication.

It was announced that the Trust would be receiving £27 million from the Department of Health and Social Care for a new pathology facility at St James's Hospital. This is part of an investment from the Government to have world-class care at world-class facilities and it is really exciting that we are part of this. Bringing pathology services together into a high quality consolidated new facility will give us significant opportunities to improve staffing, skill sharing and equipment efficiencies.

January 2019

The radiotherapy multidisciplinary team commissioned a new CT-Simulator for our oncology service. Following installation, testing and inspection of the equipment, it was up and running, giving staff and patients a brand-new facility and underpinning our position as a leading med-tech centre. The machine is vital in ensuring accurate delivery of radiation during cancer treatment.

The Trust were awarded £1.3m from the Burdett Trust for Nursing to lead a national project that will look to improve the transition from children's to adult services for children, young people and their families. The grant is the biggest ever awarded by the Burdett Trust and will see Leeds Children's Hospital work collaboratively with NHS England & NHS Improvement to set up and work with regional teams across the country to highlight their Model of Care for Transition for young people, which other organisations can adapt to meet the needs of their own organisations.

Our kidney transplant team completed a record 215 kidney transplants in 2018. Leeds continues to be well recognised nationally for excellent low waiting times for patients to receive kidney transplants, and for innovative renal practice with good outcomes.

February 2019

The CQC published its annual Maternity Survey which seeks the views of patients who have used maternity services at 129 trusts across the country. Our service in Leeds received extremely positive ratings from our patients, significantly improving our scores in eight areas compared to the previous year. The CQC identified Leeds as providing better patient experiences in antenatal care and care during labour than most other trusts in the country and highlighted our staff as providing excellent care and support with almost all respondents saying they were listened to and spoken to in a way they could understand.

We welcomed the Chief Nursing Officer of Jamaica and their Critical Care Course Coordinator to the Trust to officially launch The Jamaica Project. In June 2019 we will be welcoming a group of 15 nurses, known as Global Learning Practitioners, to our Critical Care Units. The project aims to provide enhanced critical care skills training for the nurses, enabling them to complete five months of clinical placements and then return back to their original hospitals to implement positive changes in practice and eventually open up more critical care beds. It will also be a great platform for creating a long lasting relationship with the Jamaican Ministry of Health and globally showcase critical care at Leeds Teaching Hospitals NHS Trust.

The Care Quality Commission (CQC) reports were published following the inspection of our hospitals in August 2018. The overall rating for the Trust remains GOOD, and we're getting better, with higher ratings in more areas than our last inspection in 2016. We received three OUTSTANDING ratings in critical care, Leeds Dental Institute and for the Use of Resources review. There was some great feedback about how The Leeds Way is embedded across the Trust and how staff across our hospitals reported feeling proud to work for LTHT. The report also talks about how people feel empowered to drive improvement and that this helps to deliver high-quality person-centred care. The Trust has also been rated as 'Good' in our Well-Led Review, which recognises the leadership, commitment and dedication our Trust Board bring to the organisation.

Head of the Civil Service, Sir Mark Sedwill, made a special visit to St James's to find out more about our apprenticeships and take a tour of the digital ward. Sir Mark held a round table discussion with a number of our apprentices and colleagues from HR including colleagues on new informatics apprenticeships and clinical staff on the leadership and management course. The second part of Sir Mark's tour was to visit J23 - known as 'the digital ward' - to find out more about the fantastic work to fully digitise our clinical areas.

March 2019

Our latest NHS Staff Survey revealed that the NHS In Leeds as a whole is a great place to work. Here at Leeds Teaching Hospitals the results are indicative that our culture and values are now embedded across the organisation and this is down to the hard work of every single one of our teams.

The Trust welcomed HRH Sophie the Countess of Wessex, patron for Leeds Children's Hospital, to officially open our new MRI and Cardiac Hybrid Suite. During her visit she toured the new facility before unveiling a commemorative plaque and made a whistle-stop visit to L51 to meet some of our staff and young patients. The building was made possible thanks to generous donations from Leeds Cares and Children's Heart Surgery Fund.

Notable visits

Our ground-breaking work attracts attention from influential figures and experts from around the world. We have been privileged to welcome a number of them as guests into the Trust to showcase the innovation and patient centred work that happens every day in our hospitals.

In June, we were delighted to welcome HRH The Countess of Wessex visited Leeds Children's Hospital to officially open the new Children's Clinical Research Facility in Clarendon Wing. As patron of the Children's Hospital HRH is a frequent visitor and is always impressed with the work that we do here.

We also welcomed Baroness Harding to the Trust to join one of our monthly Leeds Improvement Method Guiding Team meetings. Baroness Harding was particularly keen to understand more about improvements in urology and acute medicine.

The Secretary of State for Health and Social Care, Matt Hancock heard all about our leading work in the digital arena when he visited the Trust. A big advocate of digital solutions, the Secretary of State visited our exemplar Digital Ward, J23 and spent time with our Junior Doctor Body and in our Emergency Department at the LGI.

We were also delighted to welcome the Rt Hon Anne Milton, Minister for Skills and Apprenticeships. The Minister met with a number of apprentices and nurse associates who told her what it was like to be training on the job. Ms Milton also visited ward J93 where she met patients and talked to nurses about how the profession is changing and how apprenticeships are contributing to patient care.

Head of the Civil Service Sir Mark Sedwill made a special visit to St James's Hospital to meet some of our apprentices and to find out more about our Digital Ward. Sir Sedwill held a round table discussion with a number of apprentices and HR colleagues as well as then learning about the work that the Trust has been doing to fully digitise our clinical areas.

Sir Chris Wormald, the permanent secretary for the Department of Health and Care, visited the Trust where he met with some of our Junior Doctors and our team in St James's Emergency Department. Sir Wormald also visited the team in our Pathology CSU as well as meeting staff from Oncology. At the end of his visit he met with our Chair, Linda Pollard, and Acting Chief Executive Dr Yvette Oade.

In March we received a further visit from HRH the Countess of Wessex who officially opened the brand-new MRI and Cardiac Hybrid Suite at Leeds Children's Hospital. Funded by Leeds Cares and Children's Hearty Surgery Fund, HRH unveiled a commemorative plaque and visited staff and patients on ward L51.

Key risks to delivering services

Our Board continually monitors the risks that could affect the delivery of our services. A summary of the key risk areas for the year ahead is outlined below.

- The volume of patients we need to admit and discharge from our hospitals puts at risk our obligations for waiting times under the NHS Constitution. These include the emergency care standard, the 52-week waiting, the cancer waiting times standards, the six week diagnostic waiting time standard, cancelled operations not rebooked within 28 days and the 18-week referral to treatment standard.
- We will continue to work with our partners in other agencies to reduce the number of unplanned admissions to hospital and improve the arrangements for discharging medically optimised patients to non-hospital based services to improve hospital bed availability.
- To maintain financial sustainability, we must ensure that we rigorously monitor our costs and reduce wasteful practices without compromising patient safety. Key financial risks in the year ahead are the accounting treatment of profit on disposal, pressures impacting on the national specialist commissioning budget and pressures on the education and training contracts with Health Education England.
- We will continue to closely monitor the investment in our IT infrastructure and resilience arrangements to manage the risk of cyber-attacks on our organisation.
- Due to the age of some parts of our estate there is a risk connected to our maintaining our buildings and power infrastructure as fit for purpose. We also closely manage the age and functionality of our medical equipment.
- Our management of safety and quality includes scrutinising our nurse staffing levels, the reduction in the supply of doctors in training, the levels of C. difficile and MRSA infections and violence towards staff.
- We have considered the potential risks arising from Britain's withdrawal from the European Union and the possibility of a 'no deal' situation.

Section 1

Section 1: Operating and Financial Review

Section 1: Operating and Financial Review

1.1 Achieving quality, efficiency and financial sustainability

We are acutely aware how important working together with our colleagues in health and social care organisations across Leeds is. An important part of our approach in 2019/20 will be to continue to build closer working relationships with our partners is to provide truly integrated care for our patients, and to help prevent people getting ill in the first place.

A summary of our approach to 2019/20 is set out below against each of our Trust goals.

Trust goal: To be the best for patient safety, quality and experience

We will implement our Quality Improvement Strategy which includes falls prevention, the care of deteriorating patients, ward-led safety huddles, acute kidney injury, pressure ulcer prevention, sepsis, Parkinson's disease, end of life care and improving the patient experience. This is described in the Trust's annual Quality Account. Further work will also take place in providing services for our patients seven days a week.

Trust goal: To be the best place to work

We will invest in our staff to help us achieve continuous quality improvement, focusing on our values and behaviours set out in The Leeds Way. There will be an on-going review of roles and skill mix, with a focus on attracting and retaining key clinical and non-clinical staff.

We will continue to engage and involve our staff in all the work of the Trust. This approach includes our Leeds Improvement Methodology, our appraisal programme and the use of our crowd sourcing tool. We are employing apprentices across our hospitals and creating a range of new roles to support patient care. We will continue to work with health and social care colleagues in Leeds and across West Yorkshire and Harrogate to make the best use of our workforce, including continuing to develop the Leeds Health and Social Care Academy which launched in April 2019.

Trust goal: To be a centre of excellence for specialist services, research and innovation

We will work with the West Yorkshire Association of Acute Trusts to understand how our hospitals can collectively support clinical services as close to patients' communities as possible, where possible sharing support services.

We will also work closely with Leeds Medical School and the city's universities to provide high quality education and skills training for staff and progress the plans for improving the Leeds General Infirmary site, including the Leeds Children's Hospital.

Trust goal: To offer seamless, integrated care

We will continue to work closely with health and social care partners, particularly in Leeds. We have system wide actions agreed to ensure safe and appropriate care facilities are available for our patients when they are medically fit to leave hospital.

There are some specialties where there are pressures on services across West Yorkshire. We also have our own areas of high demand and capacity constraints. We will continue to discuss these issues with our commissioners to ensure that we manage our patients in the best way possible.

Trust goal: To be financially sustainable

We will continue to work with our colleagues across Leeds and West Yorkshire to use our collective resources wisely, ensuring patients are directed to care that best meets their needs and minimising the costs of transactions between us. We have agreed a sustainable financial plan with our commissioners and regulators which includes engaging with our staff to improve our efficiency and reduce waste.

1.2 Our performance

In 2018/19, the Trust saw and treated 1,202,375 outpatients, 1,252,317 inpatients, 104,711 day case patients and regular day attenders, with 220,594 patients attending our Emergency Departments.

We also delivered NHS services for a population of around 751,500 and provided specialist services for more than five million people.

The Trust's performance is assessed externally against a range of national targets and standards. In 2018/19, overall, we saw a 3.64% increase in the number of patients attending our emergency departments and our non-elective admissions increased by 0.36%. Overall our services have been busier, despite this we have been able to respond positively across both the unplanned and planned care pathways. This improved position has been brought about by our continued focus on improving our internal processes through the use of the Leeds Improvement Method. Our operational response to known pressure points associated with the winter period proved robust, and when combined with the Leeds system actions, has allowed for improved flow through the hospital bed base. As a result we have been able to undertake:

- 306 more elective operations
- 276 more Urgent GP Referral to Treatments (62 Days)
- 219 fewer on day cancellations
- 21,688 more outpatient appointments

We continue to further strengthen our ambulatory care models to avoid hospital admissions wherever safe and possible to do so. We have launched a Quality Improvement Collaborative to simplify our hospital discharge processes and to ensure patients are discharged home or to an appropriate care setting out of hospital as early in the day as possible. We have successfully managed to reduce the number of very long stay patients, however we acknowledge there is still further work to do. In comparison to March 2018 we currently have the equivalent of 78 fewer beds worth of patients with extended lengths of stay (21 days or more) within the hospital bed base. This has led to improved flow for our most acute patients and a reduction in the overall length of time patients wait in our Emergency Departments.

Through our Planned Care Programme Board, we have focused our efforts on improving our Day Case operating rates. This has delivered an additional 600 daycases in the Abdominal Medicine and Surgery Clinical Service Unit. This work has benefited the St James's site by releasing bed capacity for non-elective activity without impacting on elective surgery.

In addition, we have focussed on improving our theatre productivity in Chapel Allerton, Wharfedale, David Beevers Day Unit and Chancellors Wing Theatres. Improving the processes and adopting an electronic scheduling tool which highlights available time within theatre lists, the Trust has been able to demonstrate improved theatre utilisation with an additional 480 patient operations undertaken overall. We are now expanding this into Clarendon Wing theatres, where we expect to see the same benefits for children in our care.

We continued to strive to balance the provision of care for our patients alongside dealing with the challenges of increasing demand, whilst at the same time achieving significant efficiency savings and ensuring financial sustainability.

We continue to provide safe, high quality care, with excellent clinical outcomes and a high level of patient satisfaction. Our CQC rating published in December 2018 rated our services as GOOD with a number of areas such as Adult Critical Care, Leeds Dental Institute and our Use of Resources identified as OUTSTANDING.

Leeds Teaching Hospitals' Winter 2018/19

The Leeds System Winter Plan for 2018/19 was one overarching integrated plan focussed on delivering the recommendations from the Newton Europe diagnostic work undertaken earlier on in the year. The system level plan focusses on the following areas:

- Decision Making
  - The right pathway, every time
  - Responsive Services (Community Care Beds, Recovery & Independence Services
- Stroke
  - Community 'pull'
  - In-hospital discharge planning
- Social Work Input
  - Appropriateness of demand, timeliness of allocation and assessment
- Patient / Family Choice
  - Transfer of Care Policy and Implementation
- Mental Health Long Term Placements
  - Ensuring the process for selecting and being assessed by providers is swift and patients / families are supported
- Mental Health Funding for Placements
  - Ensuring funding decisions are made in a consistently timely way.

The delivery of the plan by each partner organisation continues to be reported and managed through the Operational Resilience Group and the System Resilience Assurance Board (SRAB / Local A&E delivery board) chaired by Phil Corrigan, Chief Officer of Leeds CCG.

Areas of focus internal to Leeds Teaching Hospitals

Learning from previous winters, combined with analysis undertaken to understand capacity and demand through the year, allowed us to focus our internal operational response. Our Operational Response can be divided into three distinct sections:

1. Improvement work undertaken throughout the year - Implementation of the Multi Agency Discharge Event (MADE) actions as well as the focus on reducing long Lengths of Stay (LoS) patients.
2. Capacity/Demand actions - In-depth bed modelling with additional bed capacity provided combined with appropriate scheduling of elective activity at times of known peak pressure allowed bed occupancy levels to be contained within acceptable levels.
3. Winter initiatives such as Point of Care Testing (POCT) for flu, increased senior medical presence, additional transport provision to help aid timely discharge.

The Operational Response Document describes the:

- Daily Operational Performance (DOP) process
- Operational Performance Escalation Levels (OPEL) Level
- Full capacity plans
- Decision Management Tool
- Internal Professional Standards
- Staffing escalation process
- Operation Centre Standard Operating Procedure

In addition, the following initiatives were established to ensure our services remained responsive to the needs of our patients.

Front Door

- Strengthened front door senior nurse triage allowing patients to be streamed to the most appropriate service at point of registration within A&E.
- GPs continued to be available across both main A&E Departments for 12 hours per day seven days a week.
- Ambulatory Care and Frailty Unit - Relocation of JAMA (Acute Medical Assessment and Ambulatory Unit at St James's) and the Frailty Area to a more suitable location allowing the creation of a Rapid Assessment Unit directly adjacent to St James's ED.
- Capital work undertaken to allow the relocation of Ophthalmology pre-assessment and the subsequent creation of a Minor Injuries Unit.
- Increased focus on hospital avoidance and Early Supported Discharge for key areas such as Respiratory Services.

Inpatient Flow

- Inpatient bed capacity - an additional 180 beds in total
  - Continued to provide beds at Wharfedale Hospital for Medically Optimised For Discharge (MOFD) patients on the Heather and Bilberry Wards (52 beds)
  - Ward J16 transferred to J11, allowing an increase of nine beds over the winter period staffed in partnership with a private provider allowing us to refocus nursing staff to the acute wards
  - Continued to provide beds on J30, J31 and J32 as MOFD wards allowing a total of 91 beds staffed in partnership with a private provider.
  - The release of J24 allowing eight beds for medical patients.
  - L28 staffed on a seven-day basis providing 20 beds
  - CAH – C02 and C03 conversion to medicine during key pressure points
  - Five-day wards expanded to seven day opening e.g. J43, L14, David Beevers Day Unit and the Joint Admission Lounge
- Newton Europe Diagnostic

Flow pressures

During 2018/19 we demonstrated increased resilience compared to the previous year. The initiatives we put in place combined with a milder winter and fewer flu admissions meant we:

- Cared for zero patients in non-designated areas from May 18
- Had zero patient breaches against the 12 hour A&E standard
- Improved flow through our A&E department
- Demonstrated improved compliance with the overall Emergency Care Standard (ECS).

Whilst significant progress has been made we remain reliant upon a number of Medically Optimised for Discharge (MOFD) wards in order to ensure sufficient acute beds are available for patients presenting to our A&E and Assessment areas.

The improvement work we have undertaken to reduce the long length of stay patients has had a positive impact on flow and our ability to avoid caring for patients in non-designated areas, however has not resulted in an overall reduction in the number of MOFD beds.

The number of Trust-wide occupied bed days by patients remaining in hospital for 21 days or longer remains below February 2018 levels. We will focus on reducing the number of these patients in all CSUs, including Emergency and Specialty Medicine. In addition, further work is being undertaken as part of the Decision Making Workstream (from the SRAB action plan) which is expected to have a positive impact as we focus on a 'Home First' mindset.

Home First

As a city, Leeds is committed to a 'Home First' strategy, which will therefore reduce the need for the MOFD escalation beds. We will develop plans to reduce the reliance on MOFD beds through the current year and have already started to implement the actions outlined within the Newton Europe diagnostic. The simplified discharge pathways opposite, aim to streamline the current processes and ensure patients are able to move to the most appropriate care setting as soon as practically possible.

We will work with our system partners to ensure the actions contained within the Leeds system plan are implemented. There is already a commitment from partners in the city to enhance our hospital avoidance initiatives and we will be taking this forward through the course of the next year.

Home First - simplified discharge process

Referrals for Discharge → **What's Next**

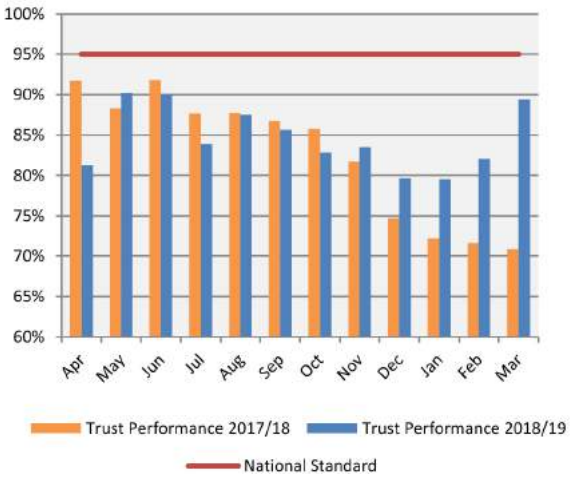
Home First - agreed by the Multidisciplinary team with the patient

• **Patient independent** - Home with no minimal support • **Support from Family** • **Hospital to Home (SJUH) or Red Cross (LGI)** - to support Leeds residents settle in at home including transport services and links to 3rd sector organisation • **Neighbourhood Team (Nursing)** - nursing support in the home environment • **Practice Nurse** - nursing support at local GP practice • **Existing package of care** - no changes, initiate re-start • **Basic equipment** - commode/urinal bottles • **ASC Referral** - identified needs that require an increase to current services or a new Package of Care • **Fast Track** - support completion of Fast Track referrals - paperwork and PPM	Facilitated by Ward Staff
Interventions for Home • **Reablement** - a short term service that helps people regain skills and confidence • **Neighbourhood Team (Therapy)** - for recovery and rehabilitation to promote independence • **Community Care Bed** - provides recovery and rehabilitation for individual that have been identified as requiring recovery/rehabilitation before returning to their home • **ASC Referral** - identified needs that require an increase to current services or a new Package of Care • **Community Specialist Services** - specialist teams specific to patient's condition • **Fast Track** - support completion of Fast Track referrals - paperwork and PPM	Facilitated by Discharge Team / Trusted Assessor
Longer Term Care Needs • **Increased Package of Care** - to source an agency who can provide specific care needs • **Transitional Bed** - for individuals who require a package of care which is currently not available • **Temporary Placement** - for individuals whose needs can no longer be met at home • **Residential Home (with or without Dementia care)** • **Nursing Home (with or without Dementia care)** - for individuals who require 24 hour nursing care	Facilitated by Social Worker

Emergency Care Standard (ECS)

The NHS Constitution states that a minimum of 95% of patients attending Emergency Departments (ED) in England must be seen, treated and then admitted or discharged in under four hours. This is often referred to as the four-hour standard or the Emergency Care Standard (ECS).

LTHT ECS Performance



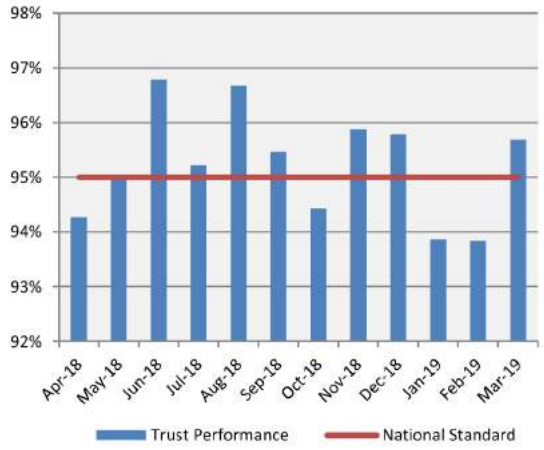
Percentage of patients treated within four hours in ED

In 2018/19, performance in our Emergency Departments remained below the 95% standard. Although the position deteriorated as we progressed into the winter months we were able to halt the significant deterioration we experienced the previous year. We successfully managed to deliver a 89.39% performance in March 2019. We finished the year with an ECS of 84.66%. We maintained a position of reporting no over 12-hour trolley waits.

Harm-free care

Harm-free care focuses on preventing patients across our hospitals from harm, including pressure ulcers, falls, hospital-acquired infections and Venous Thromboembolism (VTE) with a nationally recognised target to deliver 'harm free care' to at least 95% of patients.

Percentage of patients experiencing harm free care:



We continued to see positive improvements in the reduction of falls and pressure ulcers in the Trust during 2018/19. For six months of the year were able demonstrate compliance above the 95% threshold. At no point during the course of this last year have we fallen below 93%.

The improvements in our performance over time are due to a reduction in all falls, falls with harm, new pressure ulcers categories two to four and new Catheter Associated Urinary Tract Infections have remained stable. Our aim for 2019/20 is to:

- Sustain improvements made to the number of patients receiving Harm Free Care
- Achieve greater than 97% Harm Free Care.

18-week waiting times from referral to treatment (RTT)

The RTT standard is for patients to wait no longer than 18 weeks from referral to start routine NHS consultant-led treatment, unless a patient chooses to wait longer or it is clinically appropriate to do so.

This standard is to ensure that 92% of patients on our waiting list for routine (elective) care have waited less than 18 weeks.

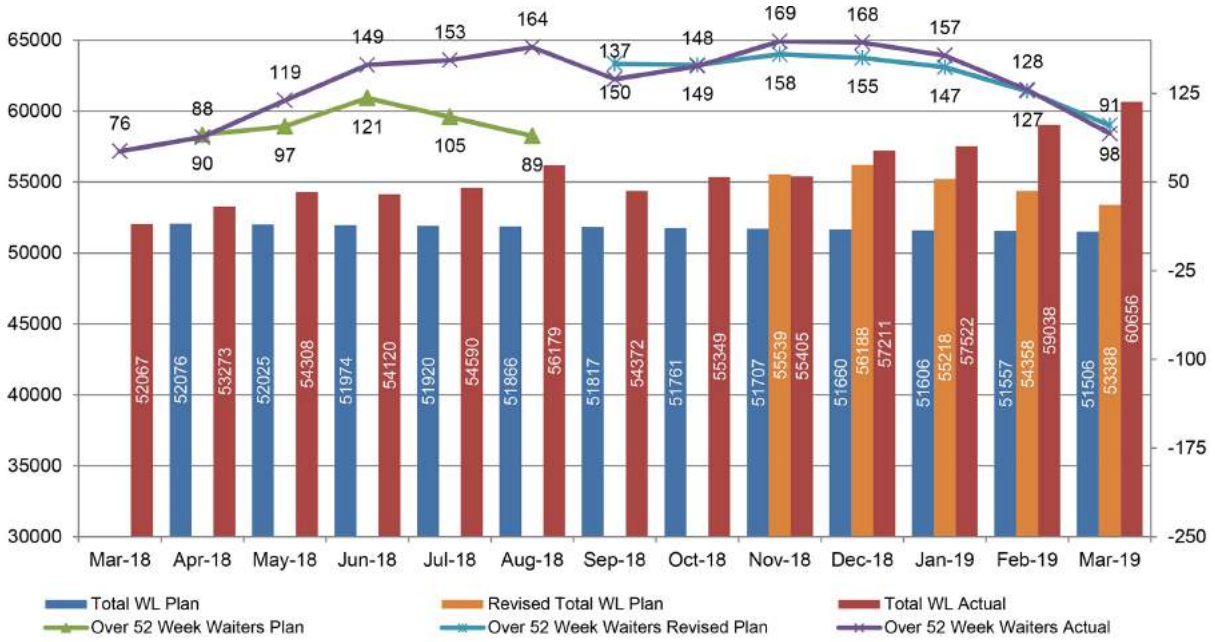
The trust finished the year end position at 87.76% against the 92% RTT Performance standard.

Percentage of patients on incomplete pathways waiting over 18 weeks

Within the NHS contract for 2018/19 LTHT was required to maintain or reduce the total size of the RTT waiting list at March 2018 levels, and to reduce by a minimum of 50% the volume of patients waiting over 52 week by March 2019. However, there was a significant increase in the number of referrals received from December onwards which has hampered our ability to deliver against this requirement.

Waiting List Size

Total waiting list and over 52 week waits Plan vs Actual



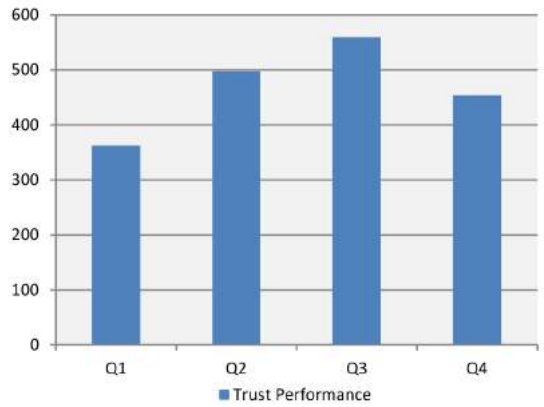
The Trust agreed a revised trajectory for the number of patients who have waited over 52 weeks for treatment and we have met that trajectory. The Trust continues to implement a range of options to address this which includes maximising additional operating theatre time within LTHT as well as working with other NHS organisations for lists at District General Hospitals where appropriate and safe to do so.

In 2019/20, we are asking clinical services to focus on the following key areas as part of the newly formulated Service Delivery contracts:

- Zero 52 week wait patients (with the exception of Adult Spines who have a best case trajectory to reduce the number of over 52ww to zero by September)
- Eliminating growth and then delivering a reduction in total waiting list size
- Reduced number of non-admitted patients who have waited over 18 weeks.

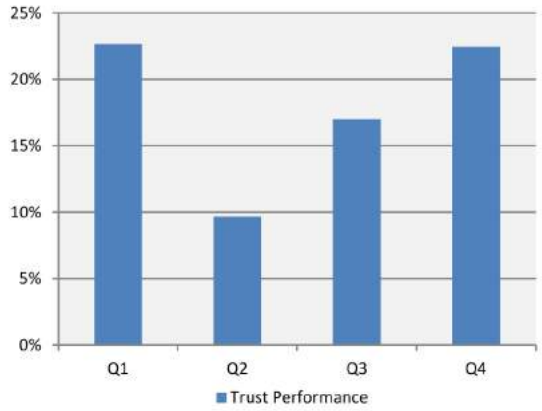
Last-minute cancelled operations

Number of last-minute cancelled operations



We recognise that last-minute cancelled operations are a distressing experience for patients and we apologise for this. The monthly run rate of cancellations has improved when compared to April 2018. This has slightly increased during the course of the winter, but still remains below that of April last year.

Percentage of patients not treated within 28 days of cancellation



Delivery of the 'Cancelled Operations not rebooked within 28 days' zero tolerance standard has been challenging, due to the attempts to maintain elective activity at optimal levels whilst dealing with the impact of decreased outflow from LTHT on bed capacity. It should be noted that where patients are cancelled the day before surgery these are not recorded as a LMCO.

LTHT endeavours to maximise the opportunity for patients to have surgery and as such continues to bring patients in (an already reduced number) with the knowledge that they may be cancelled on the day if capacity constraints due to acute patient pressures render it necessary.

LTHT is due to commence a piece of work to support improved scheduling of surgery in Children's Theatres. This work is likely to incorporate not only the implementation of the Theatre scheduling tool but also a deep dive into both 'On the Day' processes and how to improve the optimisation of the theatre timetable. This is beyond the scope of the previous work undertaken at LTHT and it is anticipated that a reduction in cancelled ops will result. The learning will be applied across into other areas of LTHT. Work is also due to commence on understanding better the flows through critical care with a key KPI being to reduce on day cancellations as a result of critical care capacity.

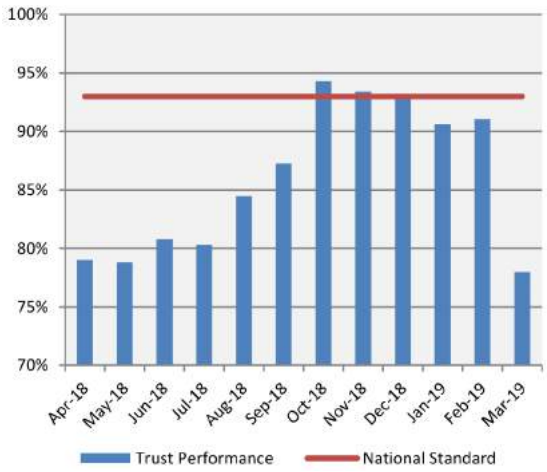
There are no new performance requirements in 2019/20 against this standard which therefore remains zero tolerance.

Cancer waiting times

The National Institute for Health and Care Excellence (NICE) sets out four main cancer standards:

- Patients who are urgently referred to a specialist with a suspicion of cancer are seen within two weeks
- Patients who are diagnosed with cancer must then receive first treatment within 31 days of a consultant's decision to proceed
- Patients who have been referred by their GP on a two-week wait and receive a diagnosis of cancer are treated within 62 days of the date of receipt of the referral.
- All subsequent treatments (surgery, radio-therapy, drug therapy or palliative care) must be delivered within 31 days of the decision to treat being agreed with the patient.

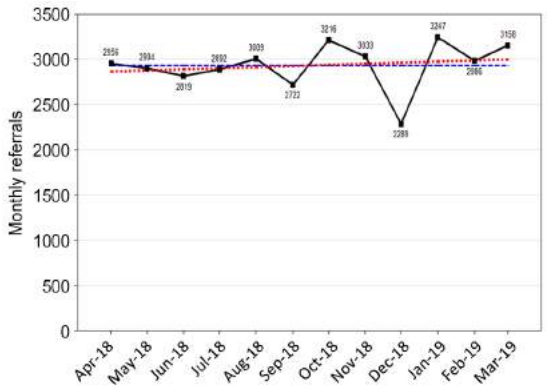
Cancer access target: urgent GP referrals seen within two weeks



The standard to see urgent GP referrals for patients with suspected cancer within two weeks is 93%.

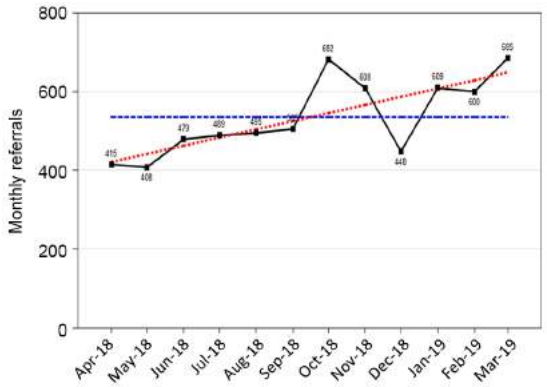
The chart below demonstrates at a Trust level an increase in monthly 2ww referrals in 2018/19. This equates to an additional 334 referrals per month on average, which is a 13% increase in referrals received in the same period in 2017/18. This increase in referrals is particularly evident within the breast, skin, urology and lower gastrointestinal services. Due to this increase in referral volumes and some specific staffing issues in the Breast service in Q1 and Q2, the Trust only met this performance standard in the 3 months of October, November and December 2018.

Monthly 2ww referrals for all between 01/01/17 and 31/03/2019



The volume of patients seen outside the 14 day target in January also increased due to patient choice (patient cancellations and deferred appointments) over the Christmas period.

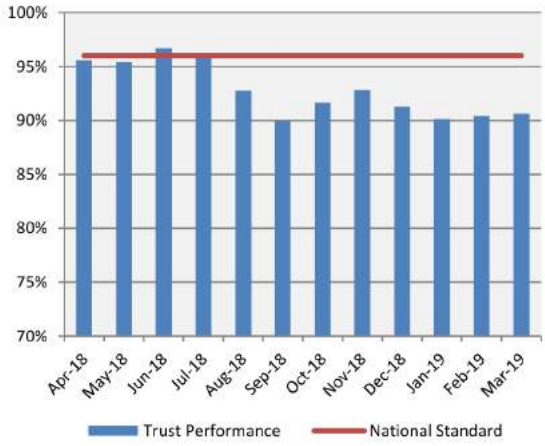
Monthly 2ww referrals for breast between 01/01/17 and 31/03/2019



The service is working to increase capacity to mitigate some of the rise in demand, through additional imaging and clinic slots but this is not proving adequate. In 2019/20 a specific project supported by the MDT/ Lead Cancer Clinician and commissioners/GPs on managing the demand is to commence.

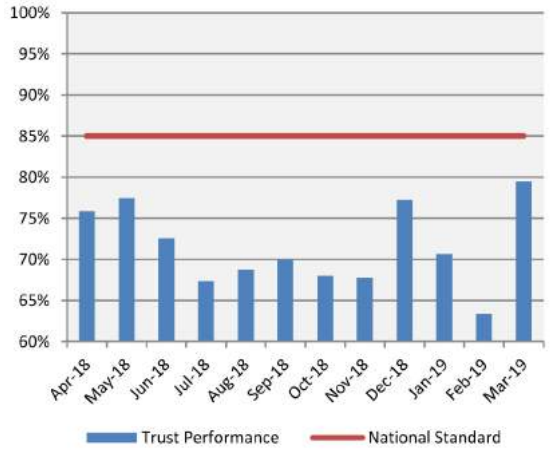
Cancer access target: first treatment within 31 days of decision to treat

Cancer access target: 31 days subsequent surgery

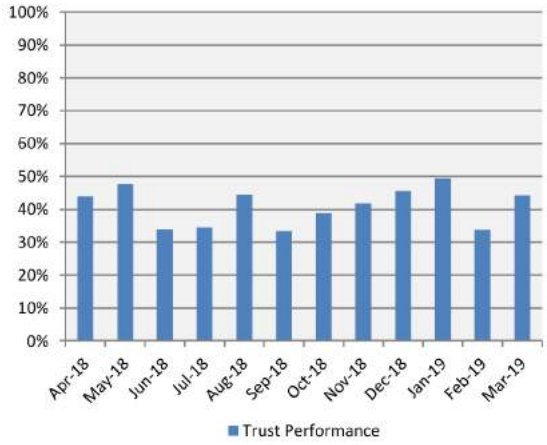


The target requires patients with cancer who need first and subsequent treatments of any type within 31 days of a decision to treat. During 2018/19, we delivered against these standards across some months; however, we were unable to deliver the target consistently throughout the year. The issues associated with non-compliance relate to the demand upon Urology services and, in particular the prostate service, as well as other factors which include patient choice, patients being medically unfit or complexity of diagnostic pathways.

Cancer access target: first treatment within 62 days of an urgent GP referral



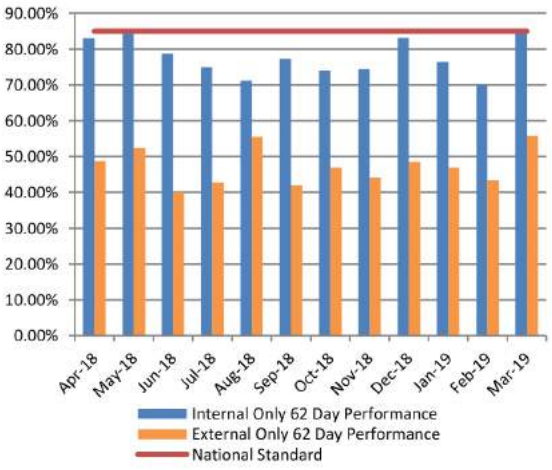
Cancer access target: proportion of external patients treated who were received by day 38



This standard refers to the total number of days from a referral for suspected cancer to the first treatment. During 2018/19 overall 62 day performance deteriorated for a number of reasons. The 13% increase in the volume of referrals has meant more patients are being diagnosed and treated for cancer. This was seen most acutely in the Urology service which saw an approximate 30% increase in referrals (some months 50% above the mean) whilst also disproportionately diagnosing more cancers as well. This placed pressure on the treatment services, who responded by delivering up to 17 additional treatments per month.

The achievement of timely cancer care is also a shared responsibility with other hospitals that refer their patients to our services for specialist care that they do not provide. This forms a significant part of our 62 day cancer treatment workload (36%). A significant proportion of these referrals come into the organisation after day 38 of the pathway. Despite significant on-going work with our referring Trusts, current referrals by day 38 have deteriorated across 18/19 to 40% with 15-20% of patients arriving after day 62. Supported by the West Yorkshire and Harrogate Cancer Alliance, LTHT and partner organisations have been working to improve both the quality and timeliness of these referrals with the volume of late referrals beginning to reduce in Q4, but only back to the levels we had previously seen i.e. 50%.

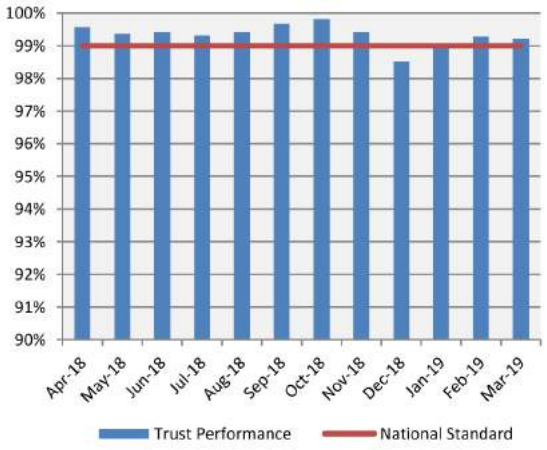
Cancer internal and external 62 day performance



Diagnostic waiting times

The diagnostic standard is that, at month end, 99% of patients should have waited less than six weeks for their test. We must report our performance in 15 tests that are set nationally in three areas - endoscopy, imaging and physiological measurement.

Percentage of patients waiting less than six weeks for a diagnostic test at month end



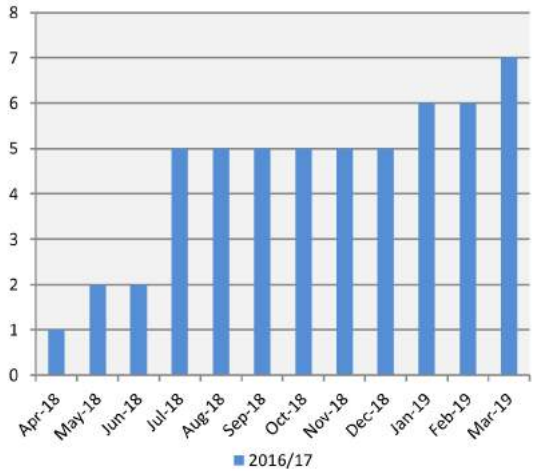
During 2018/19 we continued to sustain our diagnostic waiting times performance, with the exception of December 2018. Planned equipment replacement programmes of work have commenced from March 2019 which are scheduled to last for 13 weeks. This does present some risk in our ability to maintain this standard however mitigations are in place through the use of capacity at other providers and mobile facilities.

Hospital acquired infections

Hospital acquired infections refer to incidences of Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C difficile) that a patient has acquired during their time in hospital.

We are committed to reducing the levels of hospital acquired infections and have continued to work to implement measures and initiatives to support this.

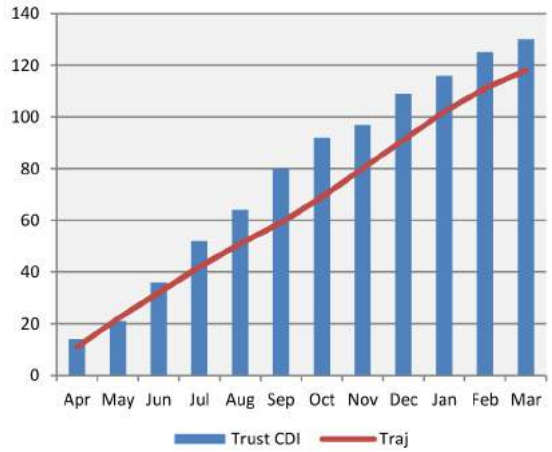
Number of MRSA cases attributed to the Trust (cumulative)



Reducing the rate of MRSA infections is a key national target and indicates the degree to which hospitals prevent the risk of infection by ensuring the cleanliness of their facilities and good infection control compliance by staff.

During 2018/19 we had six cases of MRSA bacteraemia recorded against a zero tolerance standard. This position is consistent with the previous year (2017/18) when we also had six cases. We will continue to strive to improve in this area as we focus on keeping these infections to a minimum.

Number of C difficile Infection cases attributed to the Trust (cumulative)



There were a total of 125 cases of C difficile for 2018/19, against a trajectory of no more than 118. This is an increase of two cases from 2017/18 levels, although 39 of these cases were not attributable to any lapse of care at LTHT and so our trajectory was achieved. Infection prevention actions remain in place to support our aim to continue to reduce the risk for our patients and staff.

Factors likely to affect performance in 2019/20

Providing patients with the highest quality service continues to be our priority. In the next year, we have identified a number of factors that may impact on our performance and have plans in place to ensure we continue to maintain or improve our standards of treatment and care for our patients.

Emergency care

Delivering the four-hour target for patients in the Emergency Department was not achieved this year however we delivered an improved position in comparison to the previous year. We intend to continue to improve by working as a system to ensure patients are moved out of an acute hospital setting as soon as they are deemed medically optimised for discharge. In addition our focus is also upon improving the performance for non-admitted patients by focussing on our internal processes we will continue to utilise the Leeds Improvement Method to help deliver the required improvement.

18-week referral to treatment (RTT)

We have developed robust trajectories which have been submitted to our regulators for approval and we will strive to deliver against these. Our focus for the 2019/20 year will be to

- have zero over 52 week wait patients by September 2019.
- maintain the total waiting list back to March 2019 levels.

Performance will continue to be challenging whilst actions to manage the increasing demand are developed and implemented.

The Planned Care Programme Board will lead the improvement work required and look to further increase our day case rates, opportunities to maximise theatre utilisation and work with commissioner to address areas where we are seeing significant growth in referrals.

Cancer waiting times

Significant focus in 2019/20 will be on reducing the backlog of patients waiting beyond day 62 of their pathway. This is the right thing to do for patients as it focuses our efforts on those who have waited the longest and should help the Trust to move closer to achieving the 62 day standard as 2019/20 progresses.

The Leeds Improvement Method methodology will also be applied systematically in this area, through the involvement of a number of key MDTs in Rapid Process Improvement Weeks (RPIW), of which Urology was the first, whilst also embedding daily management and review of key elements of pathway data into our CSU daily processes.

Signed

Julian Hartley

Chief Executive Date: 23 May 2019

1.3 Improving Quality

Our aim is to provide the best, safest and most compassionate care to every patient who comes into our hospitals. This ambition informs our values, underpins our goals and is reflected in our culture of continuous improvement.

Once again, we had much to be proud of in our achievements during the last 12 months. We have continued to make improvements in quality and safety whilst facing significant operational challenges.

Some highlights include:

- We have established a quality improvement programme, focusing on our internal processes for discharging patients earlier in the day and we are seeing some early successes in this.
- We have further expanded the service we established with Villa Care at Wharfedale hospital last year to additional wards at St James's hospital. This will continue to be a priority in 2019/20, focusing on patients in our hospital beds who have been assessed as being medically fit for discharge.
- We have continued to develop our approach to quality improvement in 2018/19, using the Leeds Improvement Method and this is making a big impact on the services we provide for patients as it continues to be embedded in our safety culture.
- The CQC undertook an inspection of some of our core services in August and September 2018 together with a use of resources and well-led review in line with the revised inspection framework. We were delighted to be rated as outstanding in critical care, Leeds Dental Institute and use of resources and good overall, to reflect the excellent progress we have made in embedding our Leeds Way Values and the Leeds Improvement Method, creating a positive culture where staff feel engaged. This was reflected in the results of the NHS Staff Survey where we were one of the highest performing Trusts nationally compared to the previous year's results.

We have worked with our clinicians, managers and local partners at NHS Leeds Clinical Commissioning Group and Healthwatch Leeds to identify our priorities for 2019/20.

Patient Safety

We continue to support our Patient Safety and Harm Free Care Improvement Programmes to improve outcomes further and spread the improvements Trust wide. These include: Sepsis including Antimicrobial Stewardship, Pressure Ulcers, Falls, and Maternity Services. New areas of focus include: Healthcare acquired infections and discharge.

Clinical Effectiveness

Leeds Improvement Method Value Streams, including:

- Embedding improvements in flow within Outpatient Services
- Adult Cardiac Surgery
- General Surgical Admissions
- Emergency Department at the Leeds General Infirmary
- Critical Care Flow to Neurosciences.

Patient Experience

- To undertake a Quality Improvement initiative aimed at addressing the length of time it takes for a CSU to respond to a complaint.
- To support the expectation that families should receive a Death Certificate within five days of death, by improving the time taken to issue a Medical Certificate of Cause of Death (MCCD).
- To further grow relationships with external Organisations, and in doing so, improve opportunities for the public to support the Trust in different ways.
- To deliver a project, focussed on improving patient reporting of nursing, and to test interventions which may be useful in influencing this.

Further information on key improvement in our quality of care and patient safety, the Trust's performance against national targets, goals agreed with commissioners and our plans for 2019/20 can be found in our Quality Account.

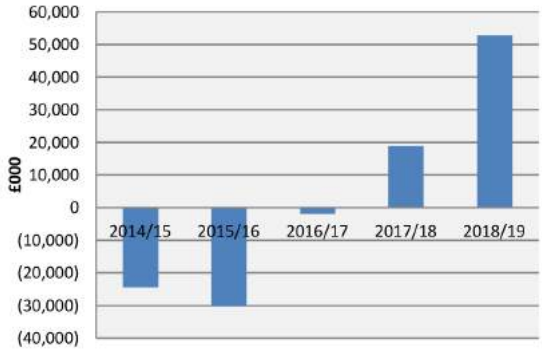
1.4 Finance Review

The Trust has delivered the largest surplus in its history, building on the success of 2017/18. The surplus of almost £53m, including Provider Sustainability Funding of £62.2m, compares to the surplus of £19m in the previous year. In cash terms, the Trust finished the year with more than £30m in the bank; again a record for the organisation, which will support an expanded capital investment programme in 2019/20.

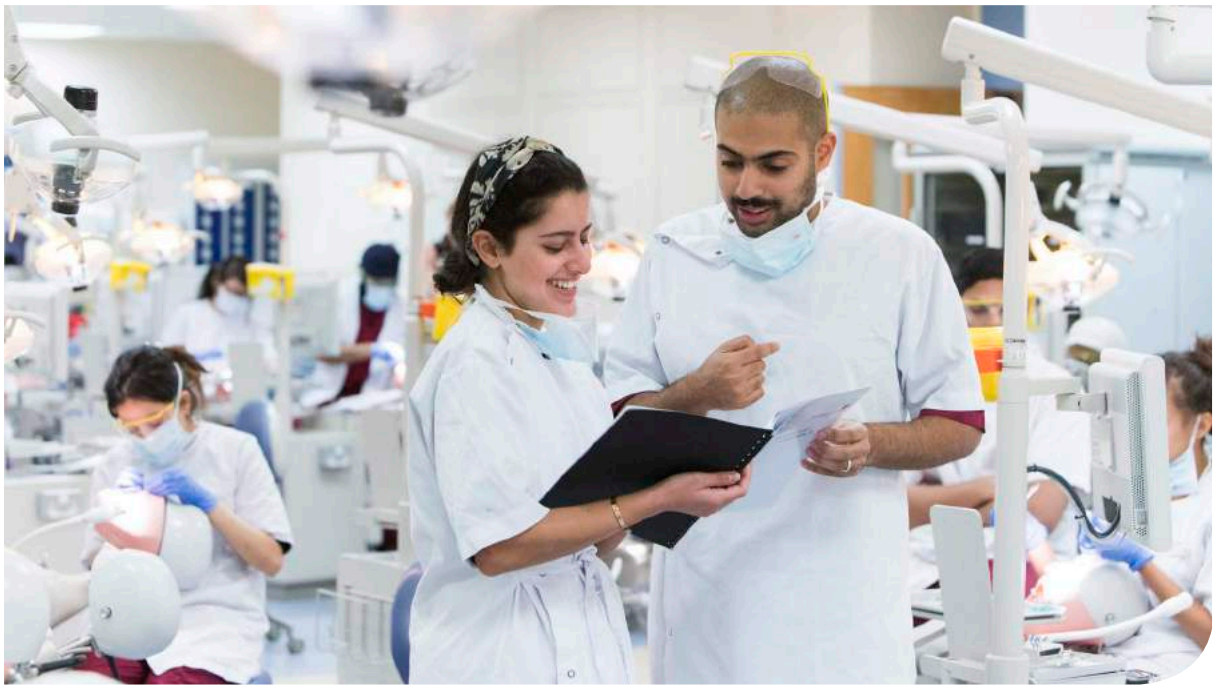
The graph opposite shows our improving position over the past five years. The result means that the Trust has also delivered on its obligation to deliver a cumulative breakeven position for the first time in five years. During the year the Trust has also achieved a number of other finance-related successes:

- 'Outstanding' rating for Use of Resources from the Care Quality Commission
- No requirement for short-term borrowing since September 2017.
- Achievement of Level 2 accreditation in relation to staff development and engagement for both Procurement and Finance
- Winning the 2018 Finance Team of the Year at the national Healthcare Financial Management Association awards.

Adjusted retained surplus/(deficit)



In a period of challenging financial pressure for the NHS the significance of this improved surplus position is difficult to overstate. It represents another major step towards achieving the Trust's goal of financial sustainability. Looking ahead to 2019/20, it gives an excellent baseline for delivering the £12 million surplus which the Trust Board has agreed as part of the financial plan it approved in March 2019. This plan includes all the national changes to financial flows which results in a reduction in income from the equivalent of the Provider Sustainability Fund. It therefore represents the underlying good position of the Trust explicitly. The cash generated by the improved surplus in 2018/19 will help fund the £60 million in capital investment planned for 2019/20.



Income and Expenditure Summary

The Trust entered into a new form of contract with our two main commissioners, which is known as the Aligned Incentive Contract. This has promoted a more collaborative approach to addressing the cost of patients' needs and has been more responsive to changing treatments which previous payment mechanisms can sometimes struggle to cope with. This has resulted in many examples of improvements to patient care alongside an increased income for the Trust.

The table below shows the principal sources of our income.

	2014/15 Actual £000	2015/16 Actual £000	2016/17 Actual £000	2017/18 Actual £000	2018/19 Actual £000	2019/20 Plan £000
NHS England	439,566	460,543	476,132	498,293	515,025	514,948
Clinical Commissioning Groups	456,501	462,945	486,784	522,806	543,232	575,897
Non-NHS: Private Patients	4,832	4,715	5,593	5,857	4,907	6,695
Other income from patient care activities	24,615	15,180	7,039	7,266	20,448	8,991
Other operating income	161,124	172,337	197,379	204,045	252,235	204,796
Total operating income	**1,086,638**	**1,115,720**	**1,172,927**	**1,238,267**	**1,335,847**	**1,311,327**

Every year the Trust benefits from a number of grants and charitable donations. These help us to invest in capital schemes, provide items of equipment, enhance the patient environment, provide training and undertake research. In particular we have continued to strengthen our partnership with Leeds Cares, the official charity partner of the Trust. Leeds Cares is legally and managerially independent of the Trust but exists to receive donations and raise funds on our behalf. Leeds Cares has, for the second year running given revenue funding in excess of £10m to support a range of important services and developments across the Trust including:

- Mobile Breast Screening
- Non-Emergency Patient Transport
- Interpreting Services
- Play Therapy for Children
- Research and Innovation

By supporting important services like these, Leeds Cares has also helped us to achieve significant surpluses in each of the last two years. That in turn has increased our allocation of Sustainability Funding to enable increased capital investment. In 2018/19, the cash generated enabled us to construct the Children's MRI and Cardiac Hybrid Suite at Leeds Children's Hospital. A generous and welcome donation of £1.9m was received from the Children's Heart Surgery Fund towards this state of the art facility. We are immensely grateful to all of the charities who support us in delivering patient care.

The table below shows our main areas of expenditure

	2014/15 Actual £000	2015/16 Actual £000	2016/17 Actual £000	2017/18 Actual £000	2018/19 Actual £000	2019/20 Plan £000
Employment related costs	632,102	651,993	679,552	702,958	745,032	768,225
Drug costs	148,710	152,410	173,284	178,445	188,170	190,018
Clinical supplies and services	153,477	156,673	152,001	155,889	153,668	142,439
Premises	37,807	34,310	38,975	42,348	54,594	56,718
Other operating expenses	112,185	125,079	156,450	172,962	117,297	117,809
Total operating expenses	**1,084,281**	**1,120,465**	**1,200,262**	**1,252,602**	**1,258,761**	**1,275,209**

- Despite the Trust needing to deliver ongoing savings from year to year, we have still been able to increase staffing numbers every year to ensure we continues to deliver the best, patient-centred care possible. Further increases are planned in the coming years.
- Every year drugs costs continue to rise, partly due to increased prices but principally due to the increased effectiveness in the treatment of patients. This trend is expected to continue into the future, and the Trust will continue to work closely with commissioners to help deliver these ongoing improvements for patients.
- The Trust has again delivered a very successful savings programme which has resulted in a small reduction in the costs of clinical supplies and services, with no adverse impact on the availability of supplies to patients, and aims to deliver ongoing savings in this area next year.
- The reduction in other operating expenses relates to significant one-off costs in both 2016/17 and 2017/18 which have not happened again in 2018/19, thus 2018/19 has returned to a level similar to earlier years.

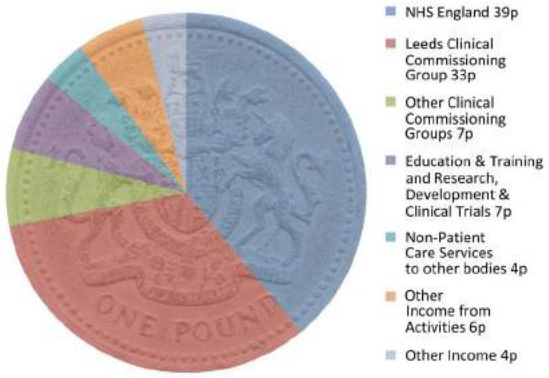
To achieve its 2018/19 financial target the Trust had to make waste reduction savings of at least £55 million. The Trust over delivered against this target by £12m with overall savings of £67m being achieved by the end of the financial year, £21 million was made through corporate and technical schemes with the remaining £46 million being delivered by Clinical/Corporate Service Units (CSUs).

The Waste Reduction Programme Management Office was created at the start of the financial year to provide both assistance in delivery of savings and assurance that savings were documented with a plan and also appropriately assessed for any potential impact on quality. This has been further strengthened coming into 2019/20 to continue the support into future years.

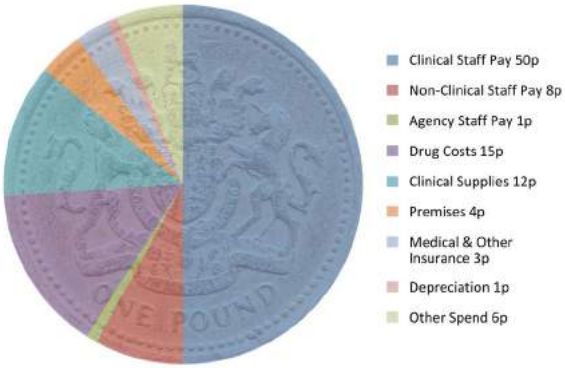
The Trust commenced development of its financial saving plans with CSUs for 2019/20 in early 2018/19 and by April 2019 almost 100% of the schemes necessary to achieve the £52 million waste reduction had been identified, a fact considered by our external auditors when forming their unmodified opinion on the Trust's "Use of Resources" arrangements.

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.

Where each £1 comes from



How each £1 is spent



Capital Investment

In 2018/19, capital investment, underpinned by our surplus the previous year, increased to £44.1m. This level of investment in our estate, medical equipment and IT infrastructure has not been possible since 2014/15 as the table below illustrates:

	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
Building and Engineering	15,522	14,506	17,776	10,633	28,440
Medical and Surgical Equipment	17,152	7,308	8,698	7,286	8,963
Information Technology	9,667	6,261	6,212	5,210	6,746
Total	**42,341**	**28,075**	**32,686**	**23,129**	**44,149**

Some of the larger schemes in 2018/19 were:

	£000
Children's MRI and Cardiac Hybrid Suite	10,481
Generating Station Complex at LGI	5,171
Electronic Health Record System	2,618
Bexley Wing Building Maintenance	1,845
Radiotherapy Treatment Planning System	1,500
Neurosurgery Equipment - Leeds Cares Grant	1,291
IT Servers	1,024
Anaesthetic Machines	546
Digital Pathology	400

The surplus achieved in 2018/19 will help to fund a capital investment programme in 2019/20 of £60m; a significant improvement on previous years when revenue deficits placed serious constraints on the availability of capital.

Looking to the Future

The financial achievements of 2018/19 have an importance beyond their immediate delivery. They provide a foundation upon which our objective to achieve financial sustainability can be built. Despite the more modest plan to deliver a £12m surplus in 2019/20 this next stage in our longer term plan will help to embed our ability to deliver a surplus in each subsequent year. Our ability to finance our major development plan - Building the Leeds Way - which will see new facilities open at the LGI in 2024/5, is dependent on establishing a recurrent and sustainable surplus.

There are risks to delivery of our planned surplus in 2019/20 and beyond. As outlined above the Trust must find waste reductions with a value of £52m. That is a challenge but the experience we have gained in the last two years gives us the confidence to believe we will achieve success. The Trust will achieve this with continued application of the Leeds Improvement Method, the assistance of our Project Management Office and partnership working with our clinical staff and commissioners.

1.5 The NHS Constitution

NHS bodies 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 these.

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

1.6 Future Direction

The future direction of our Trust will be to continue to provide comprehensive hospital services to the people of Leeds and specialised care to the people of Yorkshire and beyond. Our clinical teams are working with other health and social care professionals, and our patients, to identify how our future services can be as effective and convenient as possible.

The principle of different agencies working together to plan the various stages of a patient's care is set out in the recently published NHS Long Term Plan. Fortunately, in West Yorkshire, we already have structures and mechanisms to help with cross agency collaboration and integration. These include the West Yorkshire and Harrogate Integrated Care System (WY&H ICS), the West Yorkshire Association of Acute Trusts (WYAAT) and the Leeds groups that have worked together to produce the Leeds Plan.

The WY& H ICS, known as the West Yorkshire and Harrogate Care Partnership, spans our neighbouring towns and cities, focusing on how health and social care can link together to implement good practice and shared solutions. This includes working closely with our local authority colleagues who each have a Health and Wellbeing Board to represent the health needs of their community. Since 2016 we have also worked closely with other West Yorkshire hospitals through the WYAAT group to make it easier for our clinical teams to introduce joint arrangements across the county and share management expertise in areas such as buying medical supplies or administering financial systems. We work particularly closely with our health and social care colleagues in Leeds where our local Health and Wellbeing Strategy aims to protect vulnerable people, reduce health inequalities, improve the quality of care offered to patients and be a financially sustainable health system.

As part of this work our Trust is committed to financial sustainability and we have set our ambition to become the most financially efficient teaching hospital in England. Showing that we have strong financial management in Leeds is essential if the Department of Health is to authorise the building of a new adult wing at the Leeds General Infirmary and the construction of a new Children's Hospital for Leeds and West Yorkshire. This will be a major step in moving our services into twenty first century facilities.

We also wish to invest more in our information technology infrastructure to roll out our Electronic Health Record (EHR) and be a paperless organisation by 2020. Our financial ambition, along with our strategies for continuous quality improvement and investment in our staff, are the key building blocks of maintaining and improving the "Good" rating that we were given by the Care Quality Commission and the encouraging results we achieved in our staff and patient surveys.

It is important that we take advantage of the knowledge of our clinical teams when we are planning the future of our services. As the population is ageing with an increase in frailty and related illnesses, we need to ensure that we have services within Leeds and Yorkshire that are fit for the future. We will therefore work with clinical and social care colleagues across our health economy to understand how we might respond to these changes. It is clear that patients who need major operations will still need to come to hospital but we would like to see many other people treated through new arrangements in their local communities, particularly those patients with longer term medical illnesses. This will help us improve our waiting times for hospital treatment and allow people to be treated closer to their homes. As well as supporting new these new pathways of care we will work with our partner agencies in promoting good health and helping people stay healthy as long as possible.

Overall, we believe that our future direction is a positive one. We will continue to work with other health and social care institutions, and our academic colleagues in the Leeds Universities, to enact the health plans for the future of Leeds and West Yorkshire. Reflecting the principles of the NHS Long Term Plan we will try to keep people healthy and help provide services that are based in their communities wherever possible. As treatments and technology advances, we will increasingly use our hospital facilities to provide better outcomes for those patients with the most complex conditions. We hope to do this by providing new twenty first century facilities on the Leeds General Infirmary site. We will continue to aim for excellence in the quality our clinical work, delivered by an empowered and motivated workforce within the finances that we are given by our commissioners.

1.7 Managing Risk

The Trust is committed to the safety of patients, staff, contractors and visitors. This is achieved through the management of risk and by encouraging safe working practices and procedures throughout the organisation.

Our Risk Management Policy describes our approach to risk management and outlines the formal structures in place to support this. The policy also sets out the key responsibilities and accountabilities to ensure risk is identified, evaluated and controlled.

Risk management is a core component of governance across the organisation and is a fundamental step towards continuing to build a 'safety culture' across the Trust. During 2018/19, work has continued to strengthen the risk management processes supporting delivery of the Trust's objectives and our continued journey of improvement. Our governance committee structure is now fully embedded and operating well. Any risks that may impact on the Trust's ability to deliver its strategic objectives are escalated from 'ward to board'.

During the year we have continued to enhance our use of the modules on Datix, the Trust-wide risk management database. Sometimes learning comes from trend analyses rather than a specific incident or event. The information we collect through Datix allows us to look at the trends in incidents, Patient Advice and Liaison Service (PALS), complaints and claims we receive and enables us to see how we can reduce the occurrence of problems that occur.

We have a full web-enabled risk management information system that captures issues and learning from incidents, complaints and PALS queries. We also use the system to support the Trust Risk Register.

This has given our Clinical Service Unit (CSU) management teams greater flexibility around the production of reports to enable focussed reviews of themes and trends. It also allows for the linking of issues raised from these reviews directly into the risk register. We continue to rollout the Datix actions module across the Trust. This supports the CSUs in monitoring the implementation of action plans following incidents, complaints and claims. We will continue to embed this over the coming year.

This year, we have been working to introduce online incident reporting dashboards for users. This enables managers in CSUs 'one-click' access to live incident data that can be used to support decision-making at local audit and governance meetings. Specialist staff can also see at a glance any areas where they are required to lend their expertise. This supports their thematic reviews of specific incident types that feed into the quality improvement work taking place across the Trust.

In October 2018 we hosted our second Risk Management conference entitled 'Learning the Leeds Way - Innovations and Collaboration for Change". This was an event to showcase incident investigation at the Trust and focused on all the work that goes on once an incident has been reported to identify key learning and how we do this in The Leeds Way. 120 delegates from a variety of clinical areas and professions at Leeds Teaching Hospitals, and other NHS organisations in Yorkshire, spent the day sharing key lessons learned from incident investigations and best practice for maintaining patient safety. Dr Bill Kirkup was the keynote speaker who has worked on national investigations such as the Morecambe Bay enquiry.

We have continued to develop the Leeds Incident Support Team (LIST). The LIST is a voluntary group of Trust staff who have previously been involved in serious incidents. They have made a commitment to act as a 'buddy' and be available to talk to other staff who may become involved in a similar type of incident. LIST 'buddies' receive training on their role, which has now expanded to support staff involved in PALS and complaints.

The scheme has been cited as an example of good practice by NHS Resolution (previously the NHS Litigation Authority) and it has published details on its website. We have worked with representatives from other Trusts in the UK to support them to adopt the initiative.

'Bee Positive' is a new initiative being trialled at the Trust to help us learn from the excellent work we do across our organisation every day. Often we focus on the things that go wrong, but our practices can be just as easily improved by sharing the positive outcomes we achieve for our patients all year round. We are working with teams to give them the tools to collate, analyse

and share new ideas that are working well or when an individual or team went the extra mile to achieve a positive result for a patient.

We continue to embed our processes for identifying and sharing learning, as well as trialling new methods with the aim of cascading learning to all staff. Our Lessons Learned group is responsible for producing a bi-monthly Lessons Learned bulletin. We continue to add content to our Lessons Learned 'YouTube' channel to enable us to disseminate short videos of learning to our staff.

1.8 Research and Innovation

We are committed to developing and supporting world-class research and innovation. It is central to our vision to be the best for specialist care and ensure we secure our future as a leading clinical research centre in the UK.

The Trust has an ambitious strategy for research and innovation, aimed at harnessing the significant advances in clinical and healthcare science for the benefit of Trust patients by improving access to world-leading research studies. We are among the top three hospital trusts in England for delivering research projects recognised by the National Institute for Health Research (NIHR), involving more than 20,000 patients in more than 450 high quality research studies last year.

The past 12 months have seen some significant developments in research and innovation as we look to modernise the function and develop leaner ways of working to enable us to continue increasing the amount of research carried out in the organisation within the resources available. This has resulted in the team winning an Information Intelligence award at the NIHR Digital Festival for their work developing OneForm. This project, developed using Leeds Improvement Method Methodology, seeks to remove duplication and paperwork from the processes involved in setting up research projects in the Trust, giving the central R&I team and researchers better oversight of the approvals process through an innovative reporting dashboard. The insights from this will help us refine processes and efficiency further.

In October 2018 we launched the Research Academy off the back of a successful 12-month pilot at Chapel Allerton Hospital to bring together all training for research-active staff in the Trust under one umbrella. This will help the organisation to provide consistent, high quality training to all staff involved in research, as well as training for those staff who want to get involved in research but who as yet have not developed the skills to do so. Significant success in this area has continued for the non-medical professions with more than £2.5M of research fellowships and awards made this year. These include two of the prestigious NIHR Clinical Research Network 70@70 Nursing and Midwifery Leadership awards and two NIHR Integrated Clinical Academic (ICA) Clinical Lectureships and one Senior Clinical Lectureship, in collaboration with the University of Leeds.

A key milestone has been reached this year for the NIHR Clinical Research Facility (CRF) with building work on a new experimental medicine unit being commenced in the Bexley Wing. This new unit will more than double our existing capacity for delivering early-phase trials of new drugs and medical devices which have the potential to bring significant benefits to patients. It will also support the Trust to grow its portfolio of early-phase research across a wider range of clinical disciplines and develop new partnerships.

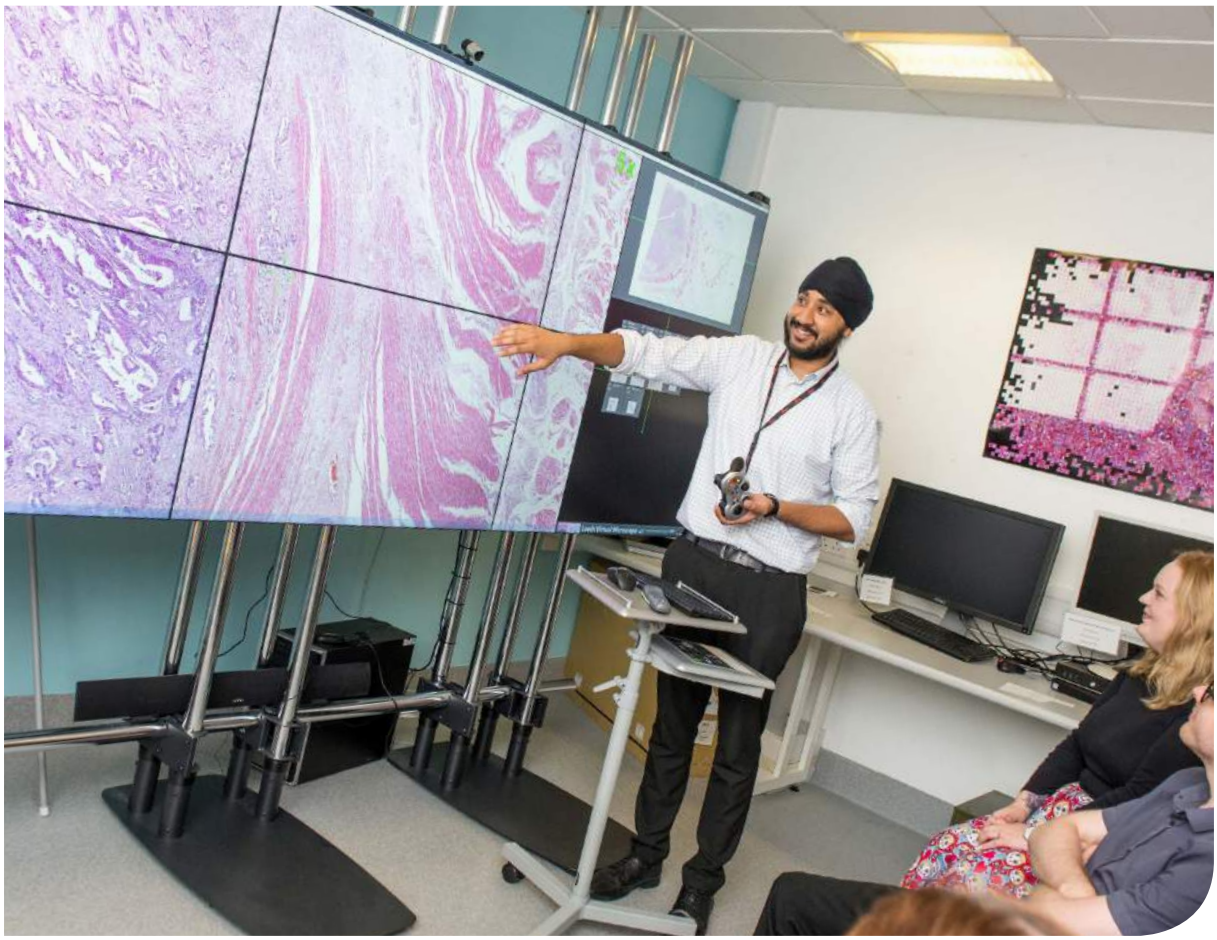
2018/19 has seen the launch of the Yorkshire Lung Study, which is being run in collaboration with the Universities of Leeds and York. The study aims to recruit 7,000 smokers identified from GP records across practices in South and East Leeds where levels of deprivation are high, and screen them for lung cancer using a CT scan. The innovation in this project is that patients will be recruited and screened using mobile clinics stationed in supermarket car parks - taking the research to the patient rather than patients having to come to LTHT. Yorkshire Cancer Research has funded the study which is intended to assess the impact of screening and address inequalities in health outcomes in the city.

Alongside the main study, a programme of work will also examine biomarker profiles in blood samples taken from participants to develop a blood test for early diagnosis of lung cancer and participants will also be offered the opportunity to participate in a smoking cessation research programme being led by the University of Nottingham.

Other notable successes in 2018/19 include being partners in two £17m projects funded as part of the government's Industrial Strategy Challenge Fund looking at the application of Artificial Intelligence (AI) technologies to medical imaging - **The Northern Pathology Imaging Co-operative (NPIC)** and the **National Centre for Innovative Medical Imaging (NCIMI)**.

NPIC is led by LTHT consultant pathologist Dr Darren Treanor and brings together nine NHS organisations, 10 businesses and eight academic partners to not just co-develop new technologies but also look at topics such as the ethics of image sharing for research, how AI technologies will be used by consultant pathologists and challenges with quality assurance. This builds on the world-leading digital pathology capability within the Trust which in September was able to scan all histopathology slides (250,000 per annum) so that pathologists can move to digital reporting rather than using a microscope.

NCIMI is led by the University of Oxford with involvement from consultant radiologist Professor Andy Scarsbrook. The aim of NCIMI is to look at the development of Artificial Intelligence technologies for use in radiology - specifically diagnosis of cancer, heart disease, genetic disorders and other conditions. Separately, the Trust has also entered into two other major collaborations with industry partners looking at how artificial intelligence can be used in the diagnosis of breast cancer, investigating how these technologies will be utilised in clinical services to help improve data quality, diagnosis and service delivery.



1.9 Sustainability Report

Leeds Teaching Hospitals has ambitions to become one of the greenest trusts in the UK by 2020. Over the past year, we have been working towards this goal in a number of ways.

Environmental Impact Performance Indicators 2018-19

Area		Non-financial Metric				Financial data (£,000)		
		2018/19	2017/18	2016/17		2018/19	2017/18	2016/17
Finite resources	Water / sewerage	666,304m^3	684,715m^3	818,913 m^3	Water / Sewerage	£1,385	£1,333	£1,419
	Electricity	*49.8 GWh	24.7 GWh	20.4 GWh	Energy	£16,657	£12,367	£8,431
	Gas	*214.4 GWh	262.9 GWh	274.4 GWh				
	Oil	0.24G Wh	1.07 GWh	0.02 GWh				
		Non-financial Metric (tonnes)				Financial data (£,000)		
		2018/19	2017/18	2016/17		2018/19	2017/18	2016/17
Waste minimisation and management	Clinical HTI	635	501	1,836	Total Waste Cost	£2,030	£1,657	£1,426
	Clinical - Alternative	855	2,052	1,970				
	Landfill disposal	856	1,655	1,209				
	Recycling / Recovery diverted from landfill	3,162	2,323	2,850				

*The increase in electric and reduction is gas is due to the on-going replacement of the Generating Station Complex at the LGI.

Sustainable Development Management Plan (SDMP)

Our SDMP was approved by the board in September 2018. The plan details our commitment to becoming one of the greenest trust's in the country, with a primary focus on the reduction of carbon dioxide equivalent emissions (CO2e). CO2e emissions help to accelerate human induced climate change and also contribute to the public health crisis of air pollution. Via our detailed action plan, we have begun to implement a wide ranging catalogue of sustainability initiatives in an effort to improve our sustainability. The SDMP is the first tranche of sustainability actions at the Trust and will start us on our journey to becoming an ever more sustainable organisation.

Strategic Sustainability Management Group (SSMG)

In order to help deliver the SDMP and to address further sustainability aims, the SSMG has been established. Chaired by Craige Richardson, the SSMG has been established to provide a co-operative group for the discussion and delivery of key sustainability measures at the Trust. The SSMG has highlighted six key areas that must be addressed to improve the Trust's sustainability. These are:

1. Culture
2. Energy and Water
3. Estates Modernisation
4. Procurement
5. Transport
6. Waste

Each of these key areas have been allocated to an individual, who will be responsible and accountable for the delivery of initiatives within their area. The SSMG also acts a forum to discuss cross-theme issues, as a number of problems will require co-operation across the different key areas.

Waste Management

The waste team has been dealing extensively with the national healthcare waste issue for clinical waste. This has involved the manual sorting of approximately 40 tonnes of clinical waste per week. Despite the additional work load and strain on resources, the waste team has been able to continue its sustainability work and achieve some great results.

From 1st April 2019 the Trust's offensive waste stream will be processed at a local waste facility as waste for energy. The waste will be diverted from landfill (where it is currently sent) and will be either recycled or used to generate renewable energy, greatly adding to our sustainability efforts.

96% of all general waste at the Trust is now diverted from landfill and used at higher levels of the waste hierarchy (e.g. Energy from Waste). This helps reduce our carbon emissions and improve recycling levels. Further measures to increase recycling levels have been rolled out including; food waste collections, milk carton collections, aluminium tray collections and disposable coffee cup collections.

The Trust has signed up to WarpIt, a furniture and equipment reuse scheme that allows colleagues to share and reuse old equipment that is still in working order. The team is planning to increase the use of WarpIt over the coming months in order to fully capitalise on the savings on offer from this scheme.

The Trust is cooperating with other anchor organisations in Leeds (Leeds City Council and the University) to create one uniform recycling scheme across the City. Working with the waste charity "Hubbub" the 3 organisations will begin using the same signage on all recycling bins. This will help to reduce confusion over what can be recycled and will help lead to greater recycling rates. This is also a good example of the cooperation between the anchor organisations which we plan to build on across a wide range of sustainability issues.

Transport

The Trust will convert some of our most polluting vehicle to electric vehicles. We are initially looking to convert approximately 20% of our fleet to electric vehicles, in a drive to reduce CO2e emissions and air pollution contribution. As we convert our fleet and install EV charging points across our estates, this will provide the rationale and infrastructure to expand our EV fleet in the coming years. This will help us to reduce our carbon footprint and reduce local air pollution. From 6th January 2020, Leeds City Council is introducing a Clean Air Zone (CAZ), which will charge heavily polluting vehicles to drive in the city centre. As it stands, the CAZ charges will cost the Trust approximately £70,000 per annum. We are aware of this and are actively looking to replace the vehicles that will be liable to the charge.

Estates and Facilities Leadership

In order to lead the way and to trial various sustainability initiatives, the Estates and Facilities team and building has begun incorporating sustainability into our working practices. For example, in order to trial an energy reduction scheme, with a view to rolling it out to the whole Trust, the estates and facilities building has been fitted with occupancy sensors for its lighting. Simultaneously, areas of the building have been sub-metered to provide data on energy consumption figures. These two initiatives will help us to reduce and monitor energy consumption. Providing this trial is successful, we will look to expand this scheme across the Trust.

Other initiatives include removing waste bins (black bags) from our offices and instead asking colleagues to recycle their waste in communal recycling bins in communal areas. This has helped to improve recycling rates and waste segregation. This is a small but symbolic measure that we have taken in order to demonstrate our commitment to sustainability and to encourage others to do the same.

The GRASP campaign

The GRASP campaign stands for be Green, Recycle, be Aware, be Sustainable for our Patients. It highlights the importance the Trust places on sustainability by integrating it into the values of the organisation and committing to take real and significant action across every area

of the Trust. Following on from the launch of the GRASP sustainability campaign in 2015, our network of active environmental champions have been making a real difference across the Trust. These are staff who are working to promote sustainable behaviours and embed sustainable practices across the Trust.

The GRASP group will be utilised to help deliver the aims of the SDMP and to support the SSMG in various actions. The sustainability initiatives at the Trust are all aligned to deliver the same goals/aims. The GRASP champions will be particularly important in helping to drive Culture change at the Trust and in helping to address energy and water consumption concerns.

ISO14001 Environmental Management System

ISO14001 is an internationally recognised standard for environmental management. An Environmental Management System (EMS) is designed to enable an organisation to achieve three main aims:

1. Reduce environmental impacts associated with its activities
2. Improve legislative compliance
3. Achieve continual improvement in both of the above

An EMS is implanted in a "Plan-Do-Check-Act" cycle that requires extensive auditing to take place, with a view to finding any areas of non-compliance and subsequently correcting such issues. An EMS also requires that environmental impacts (e.g. CO_2e emissions, utility consumption) be monitored and reported. Reporting is required so that progress can be measured against the initial baseline.

The EMS at the Trust is currently in its early stages with a trial audit due to begin shortly which will be used as a basis to expand the auditing and correct action process to the wider Trust.

Future plans

New pathology unit and Building the Leeds Way (BtLW)

Incorporating sustainability into the estate modernisation at the Trust is a key way in which we can improve our sustainability over the long term. We are working with partners to ensure that we consider a wide range of sustainability concerns into the design of these buildings, in order to optimise how they function over their life cycle. This will begin with submitting a sustainability brief to highlight the measures that we think will have the greatest benefit for carbon reduction at the new pathology unit and the redevelopment of the LGI.

There is an agreement in place that the new developments (Pathology and BtLW) will aim to achieve "Excellent" status on the BREEAM standard. BREEAM is a standard which incorporates a wide variety of sustainability considerations into the design, construction and operation of buildings. These are broken down into 10 key sections:

- Energy
- Health and Wellbeing
- Innovation
- Land Use
- Materials
- Management
- Pollution
- Transport
- Waste
- Water

Achieving an "Excellent" in BREEAM equates to scoring more than 70% compliance with the criteria in the standard. By achieving an "Excellent" the Trust will ensure that the buildings have sustainability measures incorporated throughout and will aid in our long-term ambitions to reduce CO_2e emissions and reduce our impact on air pollution.

Cooperating with Leeds City Council and the University of Leeds

As the three anchor organisations in Leeds, we are looking to work more closely together in order to achieve our sustainability ambitions. All three organisations are focussed on carbon reduction in addition to other sustainability concerns. By aligning our efforts and improving our cooperation, we can share best practice, jointly run campaigns and make tangible benefits to the city of Leeds.

1.10 International partnerships

We are actively working to develop new partnerships with healthcare organisations across the world, sharing our experience and expertise with international colleagues.

This kind of international collaborative working means we can develop our global reputation of providing excellence in healthcare and will help us to achieve our vision of being the best for specialist care.

College of Physicians and Surgeons Pakistan (CPSP)

A scholarship programme is being developed between CPSP and Leeds Teaching Hospitals which will see an initial cohort of around 20 doctors come to our Trust in July 2019. During their two-year placement with us these doctors will provide crucial additional resource for us and will contribute to maintaining high standards of patient care. In return, our colleagues from Pakistan will follow a structured programme of specialist medical training which will enhance the quality of medical treatment when they return to their home country after a two-year placement. We intend to refresh the cohort of Fellows annually and see this as the start of a mutually beneficial and long-term relationship between CPSP and the Trust.

Ministry of Health, Malta

Over the last four years we have developed a relationship with health authorities in Malta through the training of medical physicist students and the commissioning of complex equipment and patient pathways at their new oncology hospital. To further develop this relationship we have signed an agreement with the Medical School of Malta which will see qualified doctors from Malta working at Leeds Teaching Hospitals whilst undergoing specialist training. The first Fellow under this scheme, an eminent breast surgeon, will join us in January 2020 for a one year placement.

King Hussein Cancer Center, Jordan

The Memorandum of Understanding between Leeds Teaching Hospitals and the King Hussein Cancer Center in Amman has enabled us to benefit from a fellowship programme that helps us share learning and experience between hospitals. Exchange visits have further strengthened the relationship. We currently provide a genetic testing service and will continue to explore other opportunities including offering consultancy advice to develop their own capabilities within country.

International Trade Advisors from UK Embassies around the world visiting LTHT

LTHT Medical Physics staff installing LINAC machines in the Sir Anthony Mamo Oncology Centre (SAMOC) in Malta

Section 2

Section 2: Accountability

Section 2: Accountability

The commitment and achievements of our people is key to the success of our Trust.

There are 18,336 people working across our hospitals in a variety of different roles. This year we have recruited more nurses, midwives and support staff and reduced the amount we spend on agency administrative staff. This is a saving that can be directly invested into patient care.

The Trust is governed by a Board comprising of both Executive Directors, appointed to specific roles in the organisation, and Non-Executive Directors, who can offer external expertise and perspective.

2.1 Members of the Trust Board 2018/19

During 2018/19, the Board met bi-monthly at locations across the Trust; St James's University Hospital, Wharfedale and Chapel Allerton Hospitals. Between the public meetings, informal workshops were held to address such issues as strategy, planning and training and development.

Our lead link to Healthwatch has observed some of our Board meetings and the chair of the staff council is also present at the public meetings. The media attend at their choice and report on proceedings in the local press. Any member of the public is welcome to attend the formal meetings. These are advertised on the Trust's website at the address below.

Board meeting agendas, papers, minutes and future dates are posted on the Trust's website - www.leedsth.nhs.uk

Changes in membership of the Trust Board

Chris Schofield formally commenced his role as a Non-Executive Director as of 1 April 2018, having carried out an extensive induction programme in the months prior to this.

Dean Royles was replaced by Jenny Lewis as the Director of Human Resources and Organisational Development on 20 August 2018.

Mark Ellerby, Non-Executive Director stood down from his role on 12 October 2018 and was replaced by Suzanne Clark commencing on 15 October 2018.

Suzanne Hinchliffe, Chief Nurse, Chief Operating Officer and Deputy Chief Executive retired from the NHS on 13 January 2019, with Dawn Marshall, Deputy Chief Nurse acting as the Interim Chief Nurse (as from 21 December 2018) until Lisa Grant commenced in role as from 1 April 2019. Clare Smith commenced in role as Interim Chief Operating Officer (from 21 December 2018) and remains in role with an external recruitment process taking place during May 2019. Dr Yvette Oade became the Deputy Chief Executive, from 22 December 2018.

Carl Chambers terms of office expired at the end of January 2019, with Jas Narang commencing as a Non-Executive Director as from 1 February 2019.

Mark Chamberlain was awarded an extension to his terms of office by NHS Improvement through to 3 January 2021.

During the year we worked closely with NHS Improvement to recruit three Associate Non-Executive Directors, which supports our Board succession plan. Gillian Taylor and Tom Kenney commenced on 1 December 2018 with Tricia Storey-Hart commencing on 1 April 2019.

With Mark Ellerby's departure, Carl Chambers re-commenced his role as Chair of the Finance & Performance Committee, as a holding position until the end of January 2019, in addition to Chairing the Audit Committee. From 1 February 2019 Bob Simpson became Chair of the Finance & Performance Committee. Chris Schofield became Chair of the Audit Committee from 1 February 2019.

Professor Moira Livingston became Chair of the Quality Assurance Committee as from 1 November 2018, taking over from Mark Chamberlain.

The Board formally agreed the establishment of a new assurance Committee for Digital and IT, which is chaired by Jas Narang and has met twice during the year.

Julian Hartley commenced a 10-week secondment to NHS Improvement to develop the national workforce plan to support the NHS 10 Year Plan from 21 January 2019 returning to the Trust on 1 April 2019, Dr Yvette Oade was the Acting Chief Executive for this period and David Berridge acting as the Chief Medical Officer.

Appointment of Non-Executive Directors

The Non-Executive Directors have been appointed by NHS Improvement (NHSI) who set defined 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 regulators Code of Governance, any exception to this is by NHSI.

Termination of the term of office of the Chair would be carried out by the Chair of NHS Improvement. All Board directors comply with the 'fit and proper person test' that was introduced from November 2014, with reconfirmation at a public Board meeting in March 2019 and was reviewed in year as part of the CQC Well-led Review in September 2018.

Measuring the performance of the Board members

The Chair of the Board was appraised through the processes defined by NHS Improvement. The outcome was positive, with clear objectives agreed for the coming year. 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. The Trust Board requires all Non-Executive Directors to be independent in their judgement. 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.

The Chair has in turn appraised each of the Non-Executive Directors during the year, set objectives for the coming year and undertaken mid-year reviews. Should the Chair have any concerns about their performance, this would be discussed with NHSI and their term of office would be terminated.

The Chief Executive has appraised executive colleagues during the year, which will be reported to the Remuneration Committee in June 2018. His own appraisal by the Chair is also reported at this meeting without his presence and all Executive Directors have clear objectives set for the year. The Board reconfirmed the corporate objectives at its meeting on 28 March 2019 and these were used to underpin the objectives for the Chief Executive and the executive team for 2019/20.

The various Committees reported their work plans to the Trust Board at the beginning of the financial year, and against these have given an annual report to the Audit Committee at the year-end, which were received at the May Public Board meeting www.leedsth.nhs.uk/about-us/board-meetings/31-05-2018-14-00. These reports provide a summary on their progress and an evaluation of their performance during the year.

Due to the establishment in year of the Digital & IT Committee and only commencing a work programme from its meeting in February, this Committee did not produce an annual report.

The Board has continued with its development programme during the year and commissioned an external assessment of its governance by Deloittes as part of the preparation for the CQC Well-led Review.

Register of interests

The register of interests for Trust Board members is available on the Trust Website at the following link: http://www.leedsth.nhs.uk/about-us/trust-board/board-register-of-interests

Non-Executive Directors of the Board during 2018/19

Linda Pollard CBE DL Hon. LLD

Chair

From 1 February 2013

Linda is a successful entrepreneur and highly experienced chair who has worked in the public and private sector in a number of high profile and successful organisations.

She is currently Chair of the Trust where she has led the organisation to a number of significant successes including a 'Good' rating from the CQC; the first financial surplus (£18.9m) for the organisation in four years and the biggest in its 20 years history; and an innovative international partnership with the Virginia Mason Institute in Seattle to introduce a culture of continuous quality improvement into the organisation.

She continues to set ambitious targets for the Trust and is currently leading a £500 million plus investment plan to build a new hospital and improved Children's Hospital facilities on the site of Leeds General Infirmary in the heart of the City's new Innovation District. Linda is currently Chair of the Leeds Innovation District partnership.

Linda is a huge advocate of partnership working and leads a number of successful high level partnership groups bringing together leaders from across the region, and beyond, to focus on range of important issues including the closer working between health and social care, building economic investment into Leeds and the wider City region, the appropriate representation of women on Boards, community cohesion and improving the local environment and public realm to name a few.

She is involved in a wide range of national advisory and working groups and frequently influences at ministerial, senior civil servant and department head level on national issues.

With a personal passion for supporting women in business, Linda acts as a business angel and mentor to women forming start-ups and until recently was the Chair of An Inspirational Journey, an organisation supporting women into the boardroom.

Linda is also an active Deputy Lord Lieutenant for West Yorkshire and was awarded a CBE in 2013 for her work in the business community in Yorkshire and an OBE in 2003 for her work in Bradford. She was also awarded an Honorary doctorate by the University of Leeds.

Mark Chamberlain

Vice Chair, Non-Executive Director and Chair of the Quality Committee

From 4 January 2010
(Vice Chair from February 2018)

Mark works as an independent consultant in the health, education and technology sectors. He was previously employed by BT, where he worked since 1986, holding a variety of roles in HR, marketing, operations, strategy, business transformation and business development. He was a member of the BT Yorkshire & The Humber Regional Board from 2000 to 2014 and a Non-Executive director of the Learning and Skills Council Regional Board until 2010. He is a member of the Court of Leeds University.

Mark holds a number of additional lead duties as a Non-Executive Director within the Trust under the collective title of Chair of Corporate Affairs; Raising Concerns (Freedom to Speak Up NED Guardian role), Medical Staff in difficulty, oversees the lay representatives for AAC panels, volunteering, mortality and during the year had Chaired the Shadow Board programme (an internal programme to develop staff towards future executive positions). Mark is Vice Chair of the Trust and sits on the Quality Assurance Committee and the Digital & IT Committee.

Professor Paul Stewart

Non-Executive Director

From 1 October 2013

Paul is the Executive Dean of the Faculty of Medicine and Health at the University of Leeds and an Honorary Consultant Physician/ Endocrinologist at the Leeds Teaching Hospitals NHS Trust.

He received his medical degree from Edinburgh Medical School in 1982 and was awarded a postgraduate MD from Edinburgh University with Honours and a Gold Medal in 1988. He trained in Endocrinology, Diabetes and Internal Medicine in Edinburgh, Birmingham and Dallas.

As a clinical scientist Paul has led an active Endocrinology research group that has uncovered new mechanisms of disease and developed novel therapies for patients with disorders of the Pituitary and Adrenal glands and Obesity-Metabolic syndrome.

In 2017 he was elected Vice-President of the Academy of Medical Sciences. He is the Chief Scientific Adviser for the Scar Free Foundation charity. Due to the close working relationship between The University of Leeds and the City's hospitals, the Executive Dean has a key role on the Trust Board.

Robert (Bob) Simpson

Non-Executive Director

From 1 February 2018

Bob is an accomplished senior executive manager and has extensive experience in building development and construction. He is a Director of Hexstall Consultancy Limited.

Using his extensive skill set Bob will seek assurance with the Board in all aspects of Building the Leeds Way and be the lead Non Executive for this exciting work. Bob is currently Chair of the Finance & Performance Committee.

Jasmeet (Jas) Narang

Non-Executive Director

From 1 February 2019 (Previously Associate Non-Executive from February 2018)

Jasmeet (Jas) Narang is currently Governance Director and Transformation Leader at Santander Operations UK.

He has over 20 years' experience in global finance services and has worked in India, Japan and the US in the past. He is a qualified Six Sigma 'Master Black Belt' and has held roles leading large operational teams, commercial portfolios and also project/ digital transformation and supplier functions.

Jas successfully completed the Insight Programme, which supports senior level managers to develop the skills they need to become a Non-Executive in the NHS.

He has over 20 years' experience in global finance services and is a member of the Audit Committee and Chairs the newly established Digital & IT Committee of the Board, and is the Non-Executive Director with lead for our digital development and provides the lay input to Medical Revalidation.

Professor Moira Livingston

Non-Executive Director

From 1 February 2018

Moira has worked in a variety of roles within the NHS locally, regionally and nationally for over 30 years.

Clinically her background is as an older age psychiatrist and most recently she was a Director at NHS Improving Quality, leading on building capacity and capability in improving quality across the NHS.

She is Chair of the charity Dementia Matters.

Moira is a member of the Quality Assurance Committee, taking over Chairing this from the start of November 2018 and she is the named Non-Executive lead for CQC, for Safeguarding and Duty of Candour, and maternity. Moira also represents the Trust within the Health and Social Care Board.

Chris Schofield

Non-Executive Director

From 1 February 2018

Chris Schofield joined the Trust on 1 April 2018. A qualified lawyer, he is the founding partner of Schofield Sweeney LLP Solicitors, and a Trustee of the Leeds Hospital Charitable Foundation, now known as Leeds Cares, and a number of other local charities.

Chris was a Non-Executive Director for the Leeds West Clinical Commissioning Group and has strong experience of the NHS.

Chris is member of the Audit and Quality Assurance Committee and became Chair as from 1 February 2019.

Chris became the named Non-Executive Director for Medical Staff in Difficulty as from 1 December 2018 and represents the Trust within the Health and Social Care Board.

Suzanne Clark

Non-Executive Director

From 15 October 2018

Suzanne is currently Chief Internal Audit Officer at Yorkshire Building Society and has held a variety of roles in banking throughout her career.

Suzanne also has over 12 years' experience operating at board level in complex and challenging regulated organisations and sits on the Trust's Audit Committee. She is the named lead Non-Executive Director for Procurement.

Gillian Taylor

Associate Non-Executive Director

From 1 December 2018

Gillian is a qualified accountant and has held a variety of business transformation and finance roles throughout her career.

She also has experience operating at board level in the utility, social housing, and social business sectors including British Gas and Centrica, and sits on the Trust's Finance & Performance Committee.

Tom Keeney

Associate Non-Executive Director

From 1 December 2018

Tom has worked in a number of roles in HR and business transformation throughout his career, helping to build high performing teams in a variety of sectors.

Most recently he held the position of HR Transformation and Effectiveness Director at BT.

Tom has over 20 years' experience operating at a strategic level and he is currently a Member of Leeds City Region LEP Employment and Skills Panel.

In his role as an Associate Non-Executive Director he sits on the Trust's Finance & Performance Committee and Research & Education Committee.

Executive Directors of the Board

Julian Hartley

Chief Executive

From 14 October 2013

Since joining Leeds Teaching Hospitals as Chief Executive in 2013, Julian has created a patient-centred culture by engaging and empowering frontline teams to improve hospital services. Through the introduction of The Leeds Way, Julian has led the Trust to become the most improved acute trust in the country in the national staff survey across the board, showing significant improvements to Staff Engagement year on year. His commitment to embedding the Leeds Improvement Method as a culture of continuous quality improvement has encouraged over 8,000 members of staff to lead improvement projects across a wide range of clinical and non-clinical areas.

Julian also plays a key leadership role in the local and regional health economy acting as the Chair of the West Yorkshire Association of Acute Trusts which is a collaboration of the six hospital trusts across West Yorkshire and Harrogate to work together to deliver the best possible services for patients. Julian is also a core part of the leadership team for the West Yorkshire and Harrogate Care Partnership.

This year, Julian was asked by NHS Improvement to work on the national NHS People Plan, which forms part of the NHS Long Term Plan. During this secondment, from 21 January to 31 March, Julian helped lead discussions on making the NHS a better place to work, ensuring we have a positive and engaging, patient-centred culture and devolving workforce responsibilities more locally are all key themes. This shows how his commitment to improving Leeds Teaching Hospitals and engaging with staff is making an impact nationally, with other organisations looking to Leeds as an example.

Julian's career in the NHS began as a general management trainee, before working in a number of NHS management posts at hospital, health authority, regional and even national level. He has also worked as Chief Executive at Tameside and Glossop Primary Care Trust, Blackpool, Fylde and Wyre Hospitals, and University Hospital of South Manchester NHS Foundation Trust.

Dr Yvette Oade

Chief Medical Officer

from 1 June 2013

Deputy Chief Executive

from 22 December 2018

Acting Chief Executive

21 Jan - 31 March 2019

Yvette joined Leeds Teaching Hospitals in June 2013 as Chief Medical Officer.

Her portfolio includes responsibility for Quality Improvement and Patient Safety in the Trust and she is also the lead for Medical Education and Research in the Trust.

Yvette was previously the Chief Medical Officer of Hull and East Yorkshire Hospitals NHS Trust and Deputy Chief Executive, a role she undertook for two years, focussing on quality improvement and patient safety. She was closely involved in the development of the Yorkshire and Humber Academic Health Science Network.

Originally trained as a doctor in Leeds, Yvette became a Consultant Paediatrician in Calderdale and Huddersfield Foundation NHS Trust. On moving into clinical management, Yvette held a number of senior managerial roles in the Calderdale and Huddersfield NHS Foundation Trust. These culminated in her being appointed Executive Medical Director at Calderdale and Huddersfield NHS Foundation Trust in 2007, leading to the trust being named as HSJ Acute Provider of the Year in 2010.

Yvette has extensive experience in leading through clinical engagement, major service change, reconfiguring hospital services and working across organisational boundaries to deliver improvements to care. Yvette is a trustee of Yorkshire Cancer Research.

Mr David Berridge

Deputy Chief Medical Officer / Medical Director - Operations

Acting Chief Medical Officer

from 21st Jan - 31st March 2019

David joined Leeds Teaching Hospitals in January 1995 as a Consultant Vascular Surgeon. He has served as Honorary Treasurer and Council member of the Vascular Society of Great Britain & Ireland, and sequentially as Honorary Treasurer, Secretary and President of the Venous Forum of the Royal Society of Medicine. Previous roles have also included Intercollegiate Examiner in Surgery, and European Vascular Examiner. David was a member of the NICE CG92 Expert Working Group responsible for 'Venous thromboembolism: reducing the risk for patients in hospital'.

David has led a number of large centralisation projects including Vascular Surgery, Colorectal Surgery, Upper GI Surgery and Gastroenterology. He was the medical lead creating the business case, and subsequent development of the Major Trauma Centre in Leeds. He was previously Clinical Centre Director, followed by Divisional Medical Director for Surgery & Oncology. He was appointed as Medical Director - Operations in June 2013.

David is the executive clinical lead for Scan 4 Safety in Leeds achieving the highest independent external peer review of the six UK pilot sites. He is the Executive Scan 4 Safety clinical lead for WYAAT Scan 4 Safety program and serves on the GS1 Global Clinical Advisory Committee.

In 2018 David's contribution to the clinical/ financial collaborative waste reduction was formally recognised with the award of Financial Clinician of the Year at the annual HFMA awards.

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 fifteen 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 is the Senior Responsible Officer for the Engagement and Development theme of the national "Future Focused 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 "Finance the Leeds Way". The Trust has returned to surplus. The Finance Team won the HFMA "Finance Team of the Year" award in December 2018.

Dawn Marshall

Interim Chief Nurse

From December 2018 to 31 March 2019

Dawn has worked at Leeds Teaching Hospital Trust since March 1980 when she commenced her student nurse training at the St James's School of Nursing. Dawn has held a number of roles within the Trust including ward sister, Matron, Divisional Nurse, Head of Nursing and most recently before becoming the interim Chief Nurse, Deputy Chief Nurse, Director of Nursing (operations). Dawn is the professional lead for Nursing, Midwifery, Operating Department Assistants and Allied Health Professionals ensuring the delivery high quality care and experience for our patients.

Jenny Lewis

Director of Human Resources and Organisational Development

From August 2018

Jenny Lewis is an experienced HR Director who is passionate about advancing System Development for the benefit of our communities as well as Organisational Development.

Previously the first HR Director for the unique public services partnership in Hampshire Jenny is currently HR Director at Leeds Teaching Hospitals Trust; one of the largest hospital trusts in the UK. Jenny is pulling on her previous experience of developing purposeful partnerships to develop a 'one workforce' approach across Leeds to deliver the Leeds ambition to make Leeds the best city in the UK for health and wellbeing where people who are the poorest improve their health the fastest.

Simon Neville

Director of Strategy and Planning

From May 2014

Simon joined us from Salford Royal NHS Foundation Trust, where he was Director of Strategy and Development.

He has worked in the NHS since 1983 in a variety of general management and planning roles in London and the North West, specialising in major service change and capital investment.

Here in Leeds Simon has led the development of the Trust's strategic direction and established a comprehensive clinical service planning process with the Clinical Service Units. He has developed a partnering approach to joint service development in Leeds, West Yorkshire and, for more specialist services across Yorkshire & Humber and the North East.

In support of clinical strategies Simon is leading the Building the Leeds Way Programme, a major capital investment programme to redevelop the LGI and Leeds Children's Hospital. Once completed there will be an opportunity to re-develop the old part of the LGI site as part of the Leeds Innovation District.

Simon is also the Executive Lead for Estates and Facilities and has supported the continuous improvement of these services. In 2017 he led the team that re-negotiated the Bexley Wing PFI Agreement generating a saving of over £50m for the Trust.

Richard Corbridge

Chief Digital and Information Officer

From November 2017

Richard has specialised in IT development, procurement and implementation across national and local health care arenas in the UK for more than 20 years. He has a wealth of experience and joined the Trust from the Health Service Executive in Ireland where he was the Chief Information Officer.

He led the delivery of many solutions: a health identifier for the whole population (similar to an NHS number); the first digital hospitals in Ireland; genomic sequencing in specific disease areas; a full digital referral process (referrals made online rather than by post or fax); and the creation of the Chief Clinical Officers Council.

In his early career Richard led the delivery of a wide range of systems and processes in the NHS with a focus to aid the provision of healthcare and clinical research. These ranged from the first primary care messaging system in the NHS, to the modernisation of the information systems' infrastructure for the delivery of clinical research throughout England.

In 2017 Richard was named the number one CIO for the UK in the EDG CIO Magazine CIO100, listed in Hot Topics global CIO100 and Ireland's first CIO100. He was named the eGovernment Visionary of the year in Ireland and was named as the most disruptive talent in digital by Sir Richard Branson and Steve Wozniak.

Clare Smith

Interim Chief Operating Officer

From December 2018

Clare has worked at Leeds Teaching Hospitals since January 2014 most recently as the Director of Operations before becoming the Interim Chief Operating Officer. 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 Clinical Service Units.

Changes to the Board during the year

Non-Executive Directors of the Board during 2018/19

Carl Chambers

Non-Executive Director and Chair of the Audit Committee

From 1 February 2015 to 31 January 2019

Carl is a chartered accountant and barrister by profession. He has considerable experience in the financial sector and as a director in industry covering a range of sectors including gas, water and electricity supply, specialist engineering services, facilities management, security training and telecommunications.

He is currently Non-Executive Chairman of CNG Ltd, a gas supply business. He has previously held a number of senior roles including Non-Executive Chairman of Task International Ltd, Chief Financial Officer of Spice plc and Chief Executive of Team Telecom. During the year Carl became a Council Member of the University of Bradford.

Carl was Chair of the Finance & Performance Committee until the end of January and Chair of the Audit Committee.

Mark Ellerby

Non-Executive Director

Chair of the Finance & Performance Committee *(from 1 February 2018)*

From 1 December 2014 to 13 October 2019

Mark was formerly Divisional Managing Director of Bupa Care Services, globally responsible for providing residential care home services, retirement villages, assisted living facilities, medical alarm systems and nurse-led home healthcare to over 50,000 customers.

Before that, Mark held a wide range of senior roles within Bupa, both in general management and in finance and strategy, and prior to that worked for 10 years at Deloitte in London. Mark is a Fellow of the Institute of Chartered Accountants of England and Wales. He also holds Non-Executive Directorships with the NHS Business Services Authority and the charity Dementia Forward.

Executive Directors of the Board during 2018/19

Professor Suzanne Hinchliffe CBE

Deputy Chief Executive / Chief Nurse

From 20 May 2013 until 13 January 2019 (commenced as Deputy Chief Executive 5 January 2015)

Suzanne joined us from the University Hospitals of Leicester NHS Trust, where she was Chief Nurse from 2009.

Joining the NHS in 1979, Suzanne trained as a Registered Nurse and Registered Midwife building a portfolio of nursing and operational experience across the UK alongside further qualifications at masters level in business, finance and law.

Suzanne has extensive experience in acute NHS services and has also been a member of a number of national advisory committees involved in regulatory inspection and has led board governance reviews across acute, primary care and ambulance service organisations. Working at executive level for over 20 years, Suzanne had experience in Chief Operating Officer and Chief Nurse positions with two periods as interim Chief Executive.

She was also responsible for Operational Services and was a member of the National Clinical Reference Board.

Dean Royles

Director of Human Resources and Organisational Development

From 8 October 2014 until 4 August 2018

Dean Royles has been a leading figure in Human Resources (HR) within the NHS for nearly two decades. Former Chief Executive of NHS Employers, Dean joined Leeds Teaching Hospitals in 2014. Other notable positions have included Director of Workforce and Education at NHS North West and Deputy Director of Workforce for the NHS at the Department of Health.

Dean has an MSc in Human Resources and is a member of Sheffield Business School's Advisory Board as well as a visiting fellow at Newcastle

Business School. He is former Chair of the Board of the Chartered Institute of Personnel and Development (CIPD) and was awarded Companionship of the CIPD in 2015. He is also Chair of the Advisory Board for the Institute for Organisational Development. He has an Honorary Doctorate from the University of Bradford for his contribution to health services management.

He is a regular conference speaker, has published in a number of journals, and is a member of the editorial board of HRMJ and the International Journal of Human Resources Development. Dean is a huge advocate for social media and provides expert opinion in the national media. He was voted UK's Most Influential HR Practitioner for three years running. His book with Oxford University Press on Human Resource Management was published in February 2018.

2.2 Attendance tables

Chairs of Committee's Committee

Name/Date	13 Dec	14 Mar
Linda Pollard	✓	
Mark Chamberlain	✓	
Carl Chambers	✓	
Chris Schofield	✓	
Bob Simpson	✓	
Moira Livingstone	✓	
Jas Narang	✓	
Julian Hartley	✓	
Yvette Oade	✓	
In Attendance:		
Jo Bray	✓	

Board of Directors

Name/Date	24 May	31 May		26 Jul		27 Sep		29 Nov		31 Jan		28 Mar	
Members:	EO Mtg	W'shop	Pu	W'shop	Pu	W'shop	Pu	W'shop	Pu	W'shop	Pu	W'shop	Pu
Linda Pollard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mark Chamberlain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carl Chambers	✓	✓	✓	Apols	Apols	✓	✓	✓	✓	✓	✓		
Richard Corbridge	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Mark Ellerby	✓	✓	✓	✓	✓	✓	✓						
Julian Hartley	✓	✓	✓	✓	✓	✓	✓	✓	✓				
Suzanne Hinchliffe	✓	✓	✓	✓	✓	✓	✓	✓	✓				
Moira Livingston	✓	✓	✓	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	✓
Jas Narang	✓	Apols	Apols	✓	✓	✓	✓	Apols	Apols	✓	✓	✓	✓
Simon Neville				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yvette Oade	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dean Royles	✓	✓	✓	✓	✓								
Chris Schofield	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bob Simpson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Stewart	Apols	✓	✓	✓	✓	✓	✓	Apols	Apols	✓	✓	✓	✓
Simon Worthington	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jenny Lewis						✓	✓	✓	✓	✓	✓	✓	✓
Suzanne Clark								✓	✓	✓	✓	✓	✓
Tom Keeney										✓	✓	Apols	Apols
Gillian Taylor										✓	✓	✓	✓
Dawn Marshall												✓	✓
Clare Smith												✓	✓
David Berridge												✓	✓
In Attendance:													
Jo Bray	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

W'shop - Workshop Pu - Public

1	Richard Corbridge attended the Local Health & Care Records Conference
2	Julian Hartley seconded to NHS Improvement
3	Annual Leave

Board Time-Outs

Name/Date	21 Jun	27 Jun	11 Oct	12 Oct	13 Dec	24 Jan	14 Mar
Linda Pollard	✓	✓	✓	✓	✓	✓	✓
Mark Chamberlain	✓	✓	✓	✓	✓	Apols	✓
Carl Chambers	✓	✓	Apols	Apols	✓	✓	
Richard Corbridge	✓	✓	✓	✓	✓	✓	✓
Mark Ellerby	✓	✓	Apols	✓			
Julian Hartley	✓	✓	✓	✓	✓	✓	
Suzanne Hinchliffe	✓	✓	✓	✓	✓		
Moira Livingston	Apols	Apols	✓	✓	✓	Apols	✓
Jas Narang	✓	✓	✓	✓	✓	✓	✓
Simon Neville	✓		✓	✓	✓	✓	✓
Yvette Oade	✓	✓	✓	✓	✓	✓	✓
Dean Royles	✓	Apols					
Bob Simpson	✓	Apols	✓	✓	✓	Apols	Apols
Chris Schofield	✓	✓	✓	✓	✓	✓	Apols
Paul Stewart	Apols	Apols	Apols	Apols	✓	✓	Apols
Simon Worthington	✓	✓	✓		✓	✓	✓
Jenny Lewis			✓	✓	✓	✓	✓
Suzanne Clark					✓	✓	Apols
Tom Keeney					✓	✓	✓
Gillian Taylor					✓	✓	✓
David Berridge						✓	✓
Dawn Marshall						✓	✓
Clare Smith						✓	✓
In Attendance:							
Jo Bray	✓	✓	✓	✓	✓	✓	✓

W'shop - Workshop Pu - Public

1	Attending Lab Redesignation Board meeting
2	Julian Hartley seconded the NHS Improvement
3	Simon Worthington attended an HfMA event in London - Jenny Ehrhardt (Associate Director of Finance) deputised

Audit Committee

Name/Date	03 May	22 May	06 Sep	04 Dec	07 Mar
Members					
Carl Chambers	✓	✓	✓	✓	
Jas Narang	✓	Apols	✓	✓	✓
Chris Schofield	✓	✓	Apols	✓	✓
Suzanne Clark				✓	✓
Moira Livingston				✓	✓
In Attendance					
Simon Worthington	✓	✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓	✓
Called to Attend Committee to Present					
Richard Corbridge	✓		✓		
Yvette Oade					✓
Bob Simpson	✓				✓

Risk Management Committee

Name/Date	05 Apr	03 May	07 Jun	05 Jul	02 Aug	06 Sep	04 Oct	01 Nov	06 Dec	03 Jan	07 Feb	07 Mar
Members												
Julian Hartley			✓		✓	✓	✓	✓	✓	✓		
Yvette Oade	✓	✓	✓	✓		✓	✓	✓		✓	✓	
Suzanne Hinchliffe	✓	✓	✓	✓	✓		✓	✓	✓			
Simon Worthington	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Simon Neville	✓			✓	✓	✓	✓	✓	✓	Apols	✓	
Dean Royles		✓										
Richard Corbridge		✓			✓	✓	✓	✓		✓	✓	
Jenny Lewis							✓	✓	✓	✓	✓	
Clare Smith							✓			✓		
Dawn Marshall										✓		
In Attendance												
Observing												
Linda Pollard		✓		✓			✓					
Carl Chambers (Chair of Audit Committee)		✓		✓		✓	✓	✓				
Jas Narang						✓						✓
Moira Livingston						✓				✓	✓	✓
Chris Schofield (Chair of Audit Committee)									✓	✓		✓
Suzanne Clark												✓

1	Richard Corbridge attended meeting with Sonasi
2	Simon Neville attended an Org Change Oversight Group meeting
3	Annual Leave
4	Julian Hartley attended a Lean for Leaders event
5	Julian Hartley meeting with Prime Minister
6	Julian Hartley seconded to NHS Improvement
7	Simon Neville attended LAHP Operations Group
8	Dean Royles meeting with NWLA
9	CQC visit to LTHT
10	Yvette Oade attended the WYVS Clinical Director Interviews
11	Simon Worthington attended HfMA Conference
12	Richard Corbridge attended the Dell Executive Briefing

Research, Education & Training (RET) Committee

Name/Date	12 Jun	04 Sep	06 Nov	19 Feb
Members				
Yvette Oade	✓	✓	✓	✓
Paul Stewart	✓	Apols	✓	✓
Jenny Lewis			✓	✓
Dawn Marshall				✓
Suzanne Hinchliffe				
Tom Keeney				✓
In Attendance				
Linda Pollard			✓	✓

1	CQC visit to LTHT
3	Annual Leave

Quality Assurance Committee

Name/Date	12 Apr	12 Jul	08 Nov	14 Feb
Members				
Mark Chamberlain	✓	✓	✓	✓
Moira Livingston	✓	✓	✓	✓
Chris Schofield	✓	✓	✓	Apols
In Attendance				
Richard Corbridge	✓			
Suzanne Hinchliffe	✓	✓	✓	
Yvette Oade	✓	✓	✓	✓
Paul Stewart	Apols	Apols	Apols	Apols
Clare Smith				✓
Dawn Marshall				✓
Observing				
Linda Pollard	✓		✓	✓

1	Richard Corbridge took emergency leave
3	Annual Leave

2.3 Governance Report

Annual Governance Statement (2018/19)

1. Scope of responsibility

1.1 As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the 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 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 Accountability Officer Memorandum.

2. The purpose of the system of internal control

2.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leeds Teaching Hospitals NHS Trust (LTHT), 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 LTHT for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

3.1 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; such Committees include; the Audit, Quality Assurance and Finance & Performance, with the new addition in year of the Digital & IT Committee. The Risk Management Committee and Research, Education & Training Committees are executive Committees reporting to the Board of Directors. The Committees have all provided an annual report with attendance of the respective Committee Chair at the Audit Committee meeting on 7 March 2018. The Risk Management Committee focuses on all high or significant risk exposures and oversees risk treatment to ensure: (a) the correct strategy is adopted for managing risk; (b) controls are present and effective: and (c) action plans are robust for those risks that remain intolerant. The Risk Management Committee is Chaired by myself as Chief Executive and comprises all Executive Directors. Senior Managers and specialist advisors routinely attend each meeting. The Trust has kept under review and updated risk management policies during the course of the year. Whilst the Risk Management Committee reports directly to the Board through me, it also works closely with front line Clinical Service Units (CSU's) and all Committees of the Board in order to anticipate, triangulate and prioritise risk, working together to continuously enhance risk treatment. Chairs of Board Committee can and do escalate as appropriate issues to the Risk Management Committee.

3.2 Training and support is provided to relevant staff on risk assessment, incident reporting and incident investigation. In addition, the Board has set out the minimum requirements for staff training required to control key risks. A training need 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.

3.3 Incidents, complaints and patient feedback are routinely analysed to identify for learning and improve control. Lessons for learning are disseminated to staff using a variety of methods including Quality and Safety briefings, Learning Points Bulletin and personal feedback where required.

The Quality Assurance Committee provides oversight on this process, with an annual report to the Board of Directors each July and a six month update in January.

3.4 I have ensured that all significant risks of which I have become aware are reported to Board of Directors and Risk Manager Committee at each formal meeting. All new significant risks are escalated to me as Chief Executive and subject to validation by the Executive Team and Risk Management Committee. The residual risk score determines the escalation of risk.

3.5 The Board of Directors regularly scans the horizon for emergent opportunities or threats and considers the nature and timing of the response required in order to ensure risk is kept under prudent control at all times. Collectively the Board reviews the Board Assurance Framework (BAF) and our risk management appetite statement in year.

4. The Risk and Control Framework

4.1 The risk management process is set out in six key steps as follows:

(i) Determine priorities

The Board of Directors determines corporate objectives annually 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 action plans which 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 was updated in February 2019. The risk report to the Board of Directors also details what action is 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 potential significant risk as set out in the Corporate Risk Register and supporting report to each Board meeting and 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 CSU's 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 treat 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 safety 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 and inspections that take place. A programme to support staff who have been involved in an incident has been established, Leeds Incident Support Team (LIST) 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 if necessary.

5. Significant Risks Facing the Trust

5.1 As at 31 March 2019, 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 Improvement Accountability Framework, CQC registration or the achievement of Trust policies, aims and objectives should the mitigation plans be ineffective. Currently, the significant risks relate to the following areas:

- **National Standards** 18-week RTT standard, 62-day Cancer, 6-week diagnostic wait, 28 day cancelled operations and Emergency Care target.
- **Finance** Aggregate effect of income volatility, non-delivery of the Waste Reduction Programme in 2018/19, insufficient liquidity and cost pressures and capital equipment replacement, IT infrastructure and the risk of cyber-attack.
- **Fundamental Standards of Safety & Quality** Nurse staffing levels, reducing supply of doctors in training, healthcare associated infection, violence due to organic, mental health or behavioural reasons, patient flow, bed capacity and emergency admissions, unsustainable levels of medical outliers, inability to deliver a cardiac surgery service, length of time patients with mental health conditions wait in ED, influenza epidemic, delivery of pharmacy aseptic service and risks arising from Britain's withdrawal from the EU.
- **Performance & Regulation** Corroded pipes in Clarendon Wing, LGI, power failure at LGI and a combination of demand and capacity factors giving rise to unsustainable levels of medical outlying and delayed discharges.

5.2 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.

5.3 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 require sign off of an equality impact assessment by the Trust's Equality and Diversity Team 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.

6. Resource Management Group

A Resource Management Group has been established, chaired by the Director of HR & OD which reports into the Finance & Performance Committee. This group has been authorised to lead, support and report on activities related to resource management through the workforce report with a focus to develop workforce resource plans, align the developed workforce resource plans with finance and performance and initiate and oversee projects to tackle recruitment and retention hotspots.

An organisation wide view of the total workforce composition which has aligned workforce and finance plans has enabled an identification of resourcing hotspots to ensure robust plans are in place to address these. New roles are being evaluated to agree further roll-out and implementation assessing the impact on plans. Introducing a corporate workforce planning framework, ensuring recruitment processes eliminate waste, effectively deploying staff and focusing on retention learning and sharing best practice will be the priorities of this group. The HR Business Partners are engaging with CSUs to articulate the key shifts in the workforce plan and use scenario testing to check the robustness of our ambitions.

7. Care Quality Commission (CQC) Registration

7.1 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 Intelligent Monitoring Report and inspections;
- Self-assessment against the Key Lines of Enquiry defined within the criteria of the Well-led review, and prepare for external review;
- Liaising with the Care Quality Commission and local Clinical Support 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 Risk Management Committee, Quality Assurance Committee, and Audit Committee.

7.2 The Trust is registered with the Care Quality Commission, has no compliance actions in force and is fully compliant with the Fundamental Standards. There was an inspection undertaken by the Care Quality Commission in August and September 2018, focusing on 4 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 Board of Directors welcomed the report and the significant improvement in the ratings. Progress continues to be made in accordance with the plan, which is monitored through the Quality Assurance Committee. The Trust has developed an action plan to address the recommendations in the report; this was submitted to the CQC in March 2019 and will be followed up through the engagement process with the local CQC inspectors and Quality Assurance Committee to provide assurance that the Trust is fully compliant with the regulations set out in the report. Work continues to progress from Good to Outstanding.

7.3 The CQC undertook an unannounced inspection visit at LGI specifically on the Ionising Radiation (Medical Exposure) Regulations 2017 in children's radiology.

An Improvement Notice was issued by the CQC on 31 January 2019 - Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 6 Employer's duties: establishment of general procedures, protocols and quality assurance programmes, regarding the requirements of IR(ME)R 2017 pertaining to Schedule 2. The CQC revisited the Trust 27 March 2019 and confirmed that the requirements of the Improvement Notice had been met.

7.4 The CQC carried out the Use of Resources Inspection assessment during August 2018 and rated the Trust as Outstanding.

7.5 During September 2018 the CQC carried out a Well-led review with a rating of Good.

7.6 The Trust Chair holds and maintains the 'Fit and Proper Persons Test Register' for the Board. Annually checks are carried out to ensure all those listed are fit and proper against the requirements defined by the CQC.

8. NHS England Compliance

Leeds Teaching Hospitals is fully compliant with the NHS England and our local policy on Managing Conflicts of Interest. Information is displayed on our website for both the Board of Directors and the full register.

9. Pensions

9.1 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.

9.2 Control measures are in place to ensure that all the organisation's obligations are complied with.

10. Carbon Reduction

The Trust has undertaken risk assessments and has a sustainable development management plan in pace which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

11.1 As Accounting 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 action upon;
- Monitor and improve organisational performance; and
- Establish plans to deliver cost improvements.

I can report on external validation of LTHT efficiency, effectiveness and the use of resources endorsed by the CQC Outstanding rating. In addition, the Trust has recently been successful in achieving Level Two accreditation for Future Focused Finance and will begin working towards Level three in early 2020.

11.2 The Trust submitted a draft of its Operational Plan for 2019/20 in January 2019 and a final submission in April 2019 to NHS Improvement, incorporating a financial plan approved by the Board of Directors. The update to the draft submission included revisions to our operational, financial, workforce and strategic plans following feedback received from NHSI on our January submission. 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. The Trust actively engages Commissioners, regulators (NHS Improvement), system functions (WY&HICS and WYAAT), staff and others as necessary to develop and agree detailed financial and operational plans. Prior to approval the Board takes the views obtained from stakeholders into account.

Work is currently underway working with local and regional stakeholders towards the delivery of five-year Integrated Care System for both the West Yorkshire and Harrogate 'footprint' and the City of Leeds, it is anticipated that this work will be submitted in summer 2019.

The Trust is a key member of the West Yorkshire Association of Acute Trusts (WYAAT) which in the year has continued to make good progress with the Committee in Common (CiC) meeting four times per year for the governance and accountability of workstreams to support transformation across West Yorkshire and Harrogate, reporting and accountable to each sovereign Board. The CiC has membership from each provider organisation with both Executive and Non-Executive membership from each. Throughout 2017/18 and 2018/19 this group has established a number of projects looking at how some clinical and support services can be provided more effectively across the region. It is expected that this work will continue in 2019/20.

11.3 The Board agrees annually a set of corporate objectives which are communicated to colleagues. This provides the basis for performance reviews at CSU level. Operational performance is kept under constant review by the Executive Team, Finance and Performance Committee and the Board of Directors. In order to keep under review the delivery of the corporate objectives, the Board reviews at each formal meeting a Quality & Performance Report covering patient safety, quality, access and experience metrics, and a Finance Performance Report. Since my appointment as Chief Executive, the Board has approved a Quality Improvement Strategy (with a refresh at the March 2018 meeting setting out the strategy for 2017-2020) with progress reports to the Quality Assurance Committee and Board and published within the Quality Account.

11.4 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.

The Trust implemented a co-sourced internal audit function using internal and external resources working with PwC.

The implementation of recommendations made by Internal and External Audit is overseen by the Audit Committee. Due to the changes in the rules around appointment of external auditors for NHS Trusts, the Board of Directors appointed the External Auditors for the first time.

11.5 Information Governance incidents at the Trust are managed through rigorous and standardised processes with an appointed Caldicott Guardian and Deputy, qualified Senior Information Risk Owner and Data Protection Officer.

In 2018/19 no risks at level 2 occurred, one was reported but after further investigation was deemed to not be a level 2 incident and the Information Commissioners Officer closed this incident report with no further action required.

12. Annual Quality Account

12.1 The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

12.2 The Trust has continued to embed strong clinical leadership for the development of the Quality Account during 2018/19 and this has been provided by the Chief Medical Officer in close collaboration with the Chief Nurse/Deputy Chief Executive and the wider Executive Team. Assurances relating to the outcomes highlighted within the Annual Quality Account were provided to the Quality Assurance Committee (QAC), a formal committee of the Trust Board, which is chaired by a Non-Executive Director. The Quality Assurance Committee is responsible for overseeing the production of the Quality Account and for overseeing monitoring indicators and data quality. The Trust has engaged with partner organisations, including Leeds Healthwatch and Commissioners, NHS Leeds CCG to agree priority quality goals for the year ahead, relating to the key quality domains: safety effectiveness, experience. A limited scope

assurance report is provided by External Audit on the content of the Quality Account and selected key performance indicators.

13. Review of effectiveness

13.1 As Accounting 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; Internal Audit, along with Clinical Audit, and formal letters of representation from Clinical Directors of all CSUs, Executive Directors and Chairs of the Board's Committees (including the Annual Report for each of their respective Committees). My review is also informed by comments made by the External Auditor in their Annual Audit letter and other reports. I have been advised on the implications of the result of my review of internal control by the Board and its assurance Committees, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

14. The Board of Directors

14.1 The Board has set out the governance arrangements including the Committee structure within the Standing Orders. In summary, the Board's Committee structure comprised the following: (i) Finance & Performance Committee; (ii) Audit Committee, (iii) Quality Assurance Committee; (iv) Remuneration Committee, with the new addition in year a (v) Digital & IT Committee (having met twice); supported by the Executive Committees (vi) Research, Education & Training Committee; (vii) and Risk Management Committee. 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.

14.2 The Board commissioned an independent review into Board governance and Committee effectiveness during 2018/19 in preparation for our Well-led Review by the CQC. The review found no material concerns.

15. Internal Audit

15.1 With respect to the internal audits concluded during 2018/19, two out of 18 internal audit reviews have been categorised as High Risk, and at the time of preparing this report, there are four reviews yet to be finalised for the year ended 31st March 2018. Management action plans are developed and implemented, or are in the process of being implemented to address identified weaknesses. Progress is reviewed by the Audit Committee.

16. External Audit

16.1 External audit provides independent scrutiny on the accounts, annual report, Annual Governance Statement, reporting by exception if the Trust fails to comply with the guidance and as defined by NHS Improvement, limited assurance on the Annual Quality Report.

17. Clinical Audit

17.1 The Quality Assurance Committee, at the April 2019 meeting, received and were assured by the Clinical Audit Annual Report for 2018/19. 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. The report also set out the Trust's priorities for 2019/20.

18. Health & Safety

18.1 In 2017 the Trust was one of only a few Trusts to receive a Royal Society for the Prevention of Accident (ROSPA) Safety Gold Award for its H&S management arrangement; this is a significant achievement for an organisation. During 2018 the Trust once again participated in the RoSPA Scheme and was again awarded Gold. During 2016, 2017 and 2018 the Trust received no visits/inspections, or formal enforcement action or advisory letters from the Health and Safety Executive.

18.2 As Chief Executive I have signed the Annual Fire Safety Certificate of Compliance, that sets out our compliance against the Trust's statutory responsibilities under the Regulatory Reform (Fire Safety) Order, as assurance was reported to the March 2019 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 and various assurance documents. The Trust continues to receive updates and learning reflecting national fire safety issues in light of the tragic events such as the Grenfell Tower fire tragedy and the subsequent assessments that were carried out across the Trust's estate.

19. Promoting Safety

19.1 As Chief Executive I am working with the 'Freedom to Speak-Up Guardians' to embed and promote a culture of openness for staff to express concerns about patient care and safety. The Board received an update at the May and November 2018 meetings and the Audit Committee reviewed assurance at its March 2018 meeting.

19.2 The Chief Medical Officer is working with the 'Guardians of Safe Working' for the support and development of junior doctors. The Board of Directors is sighted on these roles, with quarterly reports to the Research, Education & Training (RET) Committee and the annual report received at the Board in May 2018, and information included as a statutory requirement, within the Quality Account. The absolute number of exception reports has fallen from 2017/18.

The Guardians of Safe Working have again highlighted poor engagement with 'exception reporting' as a concern. Only 17% of our current junior doctors have used the reporting system. Anecdotal feedback suggests that this is not representative of the number of junior doctors regularly working beyond their contracted hours.

20. Significant In-Year Matters

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, and where appropriate agreed trajectories, to enable actual comparisons to be made year on year.

20.1 There were **106** reported events during the year that met the criteria for a Serious Incident (SI). Each case has been thoroughly investigated and reported to local commissioners. Detailed action plans have been developed and implemented in response to specific cases.

20.2 There were **seven** incidents which qualified for reporting as a Never Event, **Incorrect implant, wrong site surgery (2), retained object following procedure (2), Feeding via misplaced nasogastric tube and administration of medical air instead of oxygen (2)** (a new Never Event added to the list in February 2018). These incidents have been subject to a Serious Incident investigation; the findings and actions have been discussed with commissioners and shared with staff across the organisation.

20.3 There were 4 formal *Prevention of Future Death Reports* (formerly known as *Rule 43 and now known as Regulation 28 Reports*) issued by the Coroner. The Trust had addressed the concerns raised by the Coroner in these cases.

20.4 There were 70 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. The Trust has continued to raise the profile of safety management during the year and has received reports on progress at the Risk Management Committee.

20.5 The Trust has supported and co-operated with an independent review commissioned by NHS England regarding an incident on a medical ward at St James's hospital in 2015 (STEIS Ref 2015 8112).

The Trust commissioned an independent investigation; this was completed in March 2016 and received by local commissioners and NHS England.

20.6 During the year the Finance & Performance Committee has been formally updated on two RIDDORs for Health & Safety breaches by external contractors during upgrade and maintenance to works under their control.

20.7 At an aggregate level the Trust did not meet the national requirements to treat a minimum of 92% of patients within 18-weeks of referral for those patients on the incomplete standard pathway. 2018/19 delivered an aggregate performance of 87.83% with nine reporting specialties not meeting the incomplete standard (Cardiothoracic Surgery, ENT, General Surgery, Neurology, Oral Surgery, Plastic Surgery, Trauma & Orthopaedics, and 'Others').

20.8 Throughout 2018/19 the Trust reported an increasing number of patients breaching 52 weeks. This was the residual impact of winter 2017/18 where the main issue was the lack of elective operating capacity for patients not classified as clinically urgent. The Trust has worked hard to recover this position throughout 2018/19. Revised recovery plans signed off in January 2019 saw this position steadily reduce and the Trust delivered a position of 91 over 52 week wait patients at 31 March 2019.

20.9 Our Total Waiting List size has increased in 2018/19 this is largely due to a significant increase in number of referrals received into the Trust within Quarter 4.

20.10 The Emergency Care Standard (ECS) national target of 95% of patients being seen within 4 hours of presenting in A&E was not achieved at 84.6% in 2018/19 with pressures at both sides of the city continuing throughout this year.

20.11 During 2018/19 the Trust demonstrated increased resilience compared to the previous year. The initiatives developed as part of our Operational Response to winter combined with a milder winter and fewer flu admissions meant we:

- Cared for zero patients in non-designated areas from May 2018;
- Had zero patient breaches against the 12-hour A&E standard;
- Had improved flow through our A&E department;
- Demonstrated improved compliance with the overall Emergency Care Standard.

20.12 The continued bed pressures resulted in the Trust not meeting the national requirement for all last minute cancelled operations to be rebooked within 28-days. It is anticipated that the Trust will end 2018/19 in a similar position to 2017/18.

20.13 The Trust achieved the national requirement to undertake 99% diagnostic tests within six weeks of referral throughout 2018/19, with the exception of December 2018 when the Trust did not achieve the standard (delivering 98.5%). This was due to challenges with capacity in MRI and Ultrasound. Challenges will continue into 2019/20 where there are three planned equipment replacement programmes that will affect MRI and CT capacity during 2019/20.

20.14 The Trust has not yet achieved the national requirements to treat a minimum of 85% of patients referred for suspected cancer within 62 days of referral from a GP or Dentist since March 2016. During 2018/19 the Trust achieved an average of 71.5% at aggregate for this standard with the overall 62-day performance having deteriorated for a number of reasons, including an overall 13% increase in the volume of referrals into the Trust. The pressure has been most acutely felt within Urology services which saw an approximate 30% increase in referrals (some months 50% on the mean) whilst also disproportionately diagnosing more cancer cases. The service has been able to demonstrate an average of up to 17 additional treatments per month to help deal with the pressure being experienced.

20.15 Late referrals into the Trust from other providers continues to be the major factor in the achievement of the overall 62-day

standard. The Trust continues to work closely with neighbouring providers, GPs, Commissioners and other stakeholders although to date this has yet to result in an improvement to the timeliness of referrals to the trust (approximately 36% 62-day cancer treatment workload is from other providers). Despite ongoing work current referrals by day 38 have deteriorated across 2018/19 to 40% with 15-20% of patients arriving after day 62. Supported by the West Yorkshire and Harrogate Cancer Alliance, LTHT and its partner organisations continue to work to improve both the quality and timeliness of these referrals. Some improvement has been noticed in Quarter 4 however further work is still required.

20.16 The Trust did not meet the national requirements to see a minimum of 93% of patients within 14 days for (i) urgent GP referral for suspected cancer and (ii) the breast symptomatic target. Throughout 2018/19 the Trust saw an increase in monthly 2ww referrals. This equates to an additional 334 referrals per month on average, which is a 13% increase in referrals received in the same period in 2017/18. This increase in referrals is particularly evident within the breast, skin, urology and lower gastrointestinal services. Due to this increase in referral volumes and some specific staffing issues in the Breast service in Quarter 1 and Quarter 2, the Trust only met this performance standard in the 3 months of October, November and December 2018.

20.17 The Trust has struggled to consistently meet the 31-day first treatment and subsequent surgery; we delivered against these standards across some months, however we were unable to deliver the target consistently throughout the year. The issues associated with non-compliance relate predominantly to the demand upon Urology services and in particular the prostate service. Other contributory factors include patient choice, patients being medically unfit or complexity of diagnostic pathways.

20.18 The Trust consistently delivered for 31 day subsequent radiotherapy and subsequent drug standards throughout 2018/19.

20.19 The reduction of Healthcare Associated Infection (HCAI) remains a significant priority for the Trust Board and the organisation as a whole. In 2018/19, 130 patients developed Clostridium Difficile Infection (CDI) in our care against our trajectory of 118. All cases have been investigated and we continue to identify a greater proportion of the cases, in conjunction with our commissioners, as having no 'lapse in care' whilst in our Trust.

In 2018/19 we celebrated the longest period between MRSA bloodstream infection cases of 175 days. Seven cases have been attributed to LTHT in 2018/19 which is a reduction on last year's position by one case.

Quality Improvement methodology continues to be embraced within the IPCT and 2018/19 saw the launch of the Reducing Blood Stream (BSI) Infection bundle at the 3rd learning event within the collaborative. The 'national ambition' to reduce healthcare associated bloodstream infections with certain Gram-negative bacteria, namely Escherichia coli (E. coli), Klebsiella species and Pseudomonas aeruginosa, by 50% by March 2021 has been instrumental in driving the development of the BSI bundle. In 2018/19 222 patients developed an E.coli BSI on our hospitals, which is an increase compared to last year when 185 patients were diagnosed with E.coli BSI whilst in our care. We have delivered focused targeted investigations during 2018/19 to understand which cases are avoidable and the most effective interventions to prevent future cases. This year saw the requirement to record Klebsiella and Pseudomonas BSIs and 85 and 29 cases respectively were diagnosed during LTHT inpatient stays.

20.20 The Trust is mitigating ongoing challenges associated with the historic legacy of lack of basic capital and infrastructure investment. Hence the high-level risks within the Corporate Risk Register described as; unserviceable critical IT infrastructure and resilience issues along with issues with corroded heating pipes and power failures due to electricity infrastructure/resilience with risks to clinical services. Estate issues

relating to Seacroft impact on both dental services and breast screening. The Finance & Performance Committee recommended to the Board, who in turn approved the Capital Programme for 2019/20 with the largest investment in recent years of £71 million, however there still remains a large backlog to capital investment across the whole Trust. Work continues to develop the Outline Business Case for Building the Leeds Way, the redevelopment of the LGI site, with the OBC having been submitted to regulators earlier this year. This development is cited within the ICS of West Yorkshire and aims to address many issues associated with delivering healthcare from a Victorian estate, poor capital investment and service redesign and relocation will be address within this development.

20.21 Compliance to other regulatory bodies - 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 December 2018. The outcome was a significant improvement on the previous inspection (carried out in 2015) with no critical findings and only one major finding relating to the compliance of PPM+ with MHRA guidance.

20.22 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 move in the NHS from paper to electronic health records systems has led to significant compliance issues in relation to GCP in NHS organisations. The Joint Research Governance Committee (JRGC) recognised that this is a complex issue, but it is essential for the Trust to address and resolve non-compliance. A working group has been set up to oversee this programme of work and the improvements necessary have been identified.

20.23 In October 2018 Health Education England conducted an urgent Risk Review of Foundation trainees in Trauma and Orthopaedics due to poor GMC National Training Survey (NTS) feedback. The specialty is on GMC enhanced monitoring with a risk of trainee removal should future placement feedback not improve. Current progress is positive with CSU and Medical Education engagement and better feedback observed by Health Education England Yorkshire and the Humber's Quality Team (January 2019).

Significant junior doctor workforce gaps threaten delivery of service and high locum expenditure in high risk areas (e.g. Paediatrics), requiring the consultant workforce to 'act down'. This has an additional impact on delivery of training in the workplace and routine service delivery.

There is an ongoing risk that reduction to pre and post registration professional education funding (including tariff) will impact on the Trust's ability to deliver and expand academic capacity and capability of the non-medical professional workforce with an impact of service provision.

Education and Training estate remains at risk, with a requirement to reconvert training estate for clinical use. This has prospective significant risk to deliver both under and post graduate courses, high stakes Medical School examinations (e.g. Final MB OSCE) with potential income generating and reputational risk.

21. Concluding Remarks

As Accounting Officer with responsibility for maintaining a sound system of internal control at Leeds Teaching Hospitals NHS Trust, I have reviewed the system of internal control. I am delighted to report that for 2018/19 the Trust has delivered a significant financial surplus thus delivering the third year of our financial plan for returning the organisation to financial sustainability. This is a huge indication of the effective systems and management, along with the governance of the Board and its Committee structures, underpinned by the accountability framework.

There are significant financial pressures on the wider NHS and Leeds Teaching Hospitals NHS Trust, as with other Trusts, have a challenging Waste Reduction Programme to address for 2019/20. We will continue with an Aligned Incentive Contract with local Commissioners and NHS England for 2019/20 which will continue to reduce our historic risk of income volatility. We actively drive transformation for better patient outcomes and financial savings through the work of LIM and WYAAT.

22. Conclusion

My review confirms that Leeds Teaching Hospitals NHS Trust has a system of internal control in operation, and progress has been made, but further improvement is required across a range of priorities to better support the achievement of the Trust's policies, aims and objectives going forward. Those control issues highlighted in this statement have been or are currently being addressed. I confirm that there are no other significant breaches of internal control that have been brought to my attention in respect of the financial year ended 31 March 2019 and up to date of approval of the annual report and accounts.

Signed

Julian Hartley

Chief Executive until secondment commenced at NHS Improvement 21 January 2019

Date: 23 May 2019

Dr Yvette Oade

Acting Chief Executive during the secondment period as from 21 January 2019

Date: 23 May 2019

2.4 Remuneration Report

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

A) Salaries and allowances

	2018-19					2017-18				
Name and title	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										
Dr L. Pollard CBE DL - Chair	40-45	17	0	0	**45-50**	40-45	15	0	0	**45-50**
M Chamberlain - Non Executive Director	5-10	4	0	0	**5-10**	5-10	3	0	0	**5-10**
C Chambers - Non Executive Director (to 31 Jan 2019)	5-10	0	0	0	**5-10**	5-10	0	0	0	**5-10**
S Clark - Non Executive Director (from 15 Oct 2018)	0-5	0	0	0	**0-5**	n/a	n/a	n/a	n/a	**n/a**
M Ellerby - Non Executive Director (to 12 Oct 2018)	0-5	8	0	0	**0-5**	5-10	10	0	0	**5-10**
T Keeney - Associate Non Executive Director (from 01 Dec 2018)	0-5	0	0	0	**0-5**	n/a	n/a	n/a	n/a	**n/a**
Prof M Livingston - Non Executive Director (from 01 Feb 2018)	5-10	0	0	0	**5-10**	0-5	0	0	0	**0-5**
J Narang - Associate Non Executive Director (to 31 Jan 2019) and Non Executive Director (from 01 Feb 2019)	5-10	1	0	0	**5-10**	0-5	0	0	0	**0-5**
C Schofield - Non Executive Director (from 01 Apr 2018)	5-10	0	0	0	**5-10**	n/a	n/a	n/a	n/a	**n/a**
R Simpson - Non Executive Director	5-10	9	0	0	**5-10**	0-5	0	0	0	**0-5**
Prof P.M. Stewart - Non Executive Director	5-10	0	0	0	**5-10**	5-10	0	0	0	**5-10**
G Taylor - Associate Non Executive Director (from 01 Dec 2018)	0-5	1	0	0	**0-5**	n/a	n/a	n/a	n/a	**n/a**
Executive Directors										
D C Berridge - Interim Chief Medical Officer (21 Jan 2019 to 31 Mar 2019)	35-40	1	0	0	**35-40**	n/a	n/a	n/a	n/a	**n/a**
J.M. Hartley - Chief Executive (to 20 Jan 2019)	185-190	0	0	7.5-10	**195-200**	230-235	0	0	65-67.5	**295-300**
Prof S Hinchliffe CBE - Deputy Chief Executive and Chief Nurse (to 13 Jan 2019)	140-145	0	0	0	**140-145**	180-185	0	0	25-27.5	**205-210**
R Corbridge - Chief Digital and Information Officer	140-145	7	0	60-62.5	**205-210**	50-55	3	0	10-12.5	**60-65**

J Lewis - Director of Human Resources and Organisational Development (from 20 Aug 2018)	100-105	4	0	20-22.5	**120-125**	n/a	n/a	n/a	n/a	**n/a**
D Marshall - Interim Chief Nurse (21 Dec 2018 to 31 March 2019)	35-40	2	0	17.5-20	**50-55**	n/a	n/a	n/a	n/a	**n/a**
S H Neville - Director of Strategy & Planning	150-155	81	0	5-7.5	**165-170**	150-155	50	0	20-22.5	**175-180**
Dr Y.A. Oade - Chief Medical Officer (to 20 Jan 2019), Interim Chief Executive (21 Jan 2019 to 31 Mar 2019)	205-210	7	30-35	0	**235-240**	205-210	0	30-35	10-12.5	**245-250**
D.A.Royles - Director of Human Resources and Organisational Development (to 04 Aug 2018)	55-60	0	0	0	**55-60**	165-170	0	0	7.5-10	**175-180**
C Smith - Interim Chief Operating Officer (from 21 Dec 2018)	35-40	1	0	15-17.5	**50-55**	n/a	n/a	n/a	n/a	**n/a**
S Worthington - Director of Finance	175-180	7	0	20-22.5	**200-205**	130-135	6	0	87.5-90	**220-225**

The Chief Executive, Julian Hartley, was seconded to a national role at NHS Improvement from 21 Jan 2019 until 31 March 2019. During this period the Chief Medical Officer, Dr Yvette Oade, took on the role of Chief Executive and the Medical Director - Operations, Mr David Berridge, undertook the role of Chief Medical Officer. Julian Hartley returned to the Trust on 1 April 2019.

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 Director of Strategy and Planning relate to a salary sacrifice lease car. Taxable expenses for the Chief Medical Officer/Interim Chief Executive, the Interim Chief Medical Officer, the Director of Finance, the Interim Chief Nurse, the Interim Chief Operating Officer. the Director of Human Resources and Organisation Development and the Chief Digital and Information Officer are car parking paid via salary sacrifice. All other taxable expenses are in respect of taxable business mileage.

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 have 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 employees' 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 2019	Lump sum at pension age related to accrued pension at 31 March 2019	Cash Equivalent Transfer Value at 01 April 2018	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2019
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000
J.M. Hartley - Chief Executive (to 20 Jan 2019)	0-2.5	0	70-75	170-175	1,202	115	1,397
R Corbridge - Chief Digital and Information Officer	2.5-5	2.5-5	15-20	35-40	207	12	246
J Lewis - Director of Human Resources and Organisational Development (from 20 Aug 2018)	0-2.5	0	5-10	20-25	147	26	192
D Marshall - Interim Chief Nurse (21 Dec 2018 to 31 March 2019)	0-2.5	2.5-5	45-50	140-145	878	42	1,070
S H Neville - Director of Strategy & Planning	0-2.5	2.5-5	60-65	190-195	1,299	132	1,492
Dr Y.A. Oade - Chief Medical Officer (to 20 Jan 2019), Interim Chief Executive (21 Jan 2019 to 31 Mar 2019)	0-2.5	0-2.5	90-95	275-280	2,009	153	2,263
C Smith - Interim Chief Operating Officer (from 21 Dec 2018)	0-2.5	0	20-25	0	182	16	261
S Worthington - Director of Finance	0-2.5	0-2.5	65-70	165-170	1,118	153	1,311

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 Trust has made no contributions to stakeholder pensions for its senior managers during the current and preceding financial years.

Staff numbers and costs (subject to audit)

Staff Costs

Employee Benefits - Gross Expenditure (£'000s)	2018/19			2017/18
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	569,377	13,754	**583,131**	552,118
Social security costs	52,644	-	**52,644**	50,702
Apprenticeship Levy	2,820	-	**2,820**	2,689
Employer Contributions to NHS Pensions	69,328	-	**69,328**	65,960
Termination benefits	216	-	**216**	100
Temporary staff	-	38,238	**38,238**	32,684
Total gross staff costs including capitalised costs	**694,385**	**51,992**	**746,377**	**704,253**
Costs capitalised as part of assets	1,345	-	**1,345**	1,295
TOTAL gross staff costs excluding capitalised costs	**693,040**	**51,992**	**745,032**	**702,958**

Staff Numbers

Average staff numbers (WTE basis)	2018/19			2017/18
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	2,181	56	2,237	2,133
Administration and estates	2,691	40	2,731	2,689
Healthcare assistants and other support staff	3,270	498	3,768	3,588
Nursing, midwifery and health visiting staff	4,082	162	4,244	4,200
Nursing, midwifery and health visiting learners	6	-	6	6
Scientific, therapeutic and technical staff	1,948	23	1,971	1,927
Healthcare science staff	1,034	10	1,044	1,045
Social care staff	12	4	16	8
Other	482	5	487	471
TOTAL	**15,706**	**798**	**16,504**	**16,067**

Average staff numbers (WTE basis)	2018/19	2017/18
Number of permanently employed staff	**15,706**	15,369
Other staff	**798**	698
Total average number of staff (wte)	**16,504**	16,067
Staff engaged on capital projects	**28**	28

Staff Sickness and ill health retirements

Staff sickness absence and ill health retirements	2018/19	2017/18
Total days lost	**145,398**	139,844
Total staff years	**15,459**	15,133
Average working days lost (per WTE)	**9.41**	9.24
Number of early retirements on the grounds of ill-health	**20**	12
Value of early retirements on the grounds of ill-health	**1,137**	616

Exit Packages (subject to audit)

Reporting of compensation schemes - exit packages	2018/19	2017/18
Exit package cost band		
£25,001 - 50,000	-	1
£50,001 - £100,000	-	1
£100,001 - £150,000	**2**	-
Total number of exit packages	**2**	2
Total resource cost (£'000s)	**216**	100
Voluntary redundancies including early retirement contractual costs	**2**	2
Total value of exit packages (£'000s)	**216**	100

Consultancy expenditure

Expenditure on consultancy	2018/19	2017/18
Consultancy costs (£'000s)	**559**	596

Pay Multiples (subject to audit)

In accordance with HM Treasury requirements following the Hutton Review of Fair Pay, reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director of the Trust in the financial year 2018/19 was £235-240k (2017/18, £235-240k). This was **8.39** times (2017/18, 8.73) the median remuneration of the workforce, which was £28,318 (2017/18, £27,196). The highest paid director in both 2018/19 and 2017/18 was the Chief Medical Officer. Remuneration ranged from £15-£20k to £235-240k in both 2018/19 and 2017/18.

Total remuneration includes salary, enhancements and non-consolidated performance-related pay. 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 2019).

Payments made to agency staff have been excluded as 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 costs also include elements for travel, national insurance and the agency's commission which are not separately identifiable and would serve to distort the overall figures.

Off-payroll engagements

Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2019	1
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

New Off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and March 2019, for more than £245 per day and that last for longer than six months:

	Number
No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	0
Of which, the number that have existed:	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	0

No. engaged directly (via PSC contracted to the entity) and are on the entity's payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

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 2018 and 31 March 2019:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1)	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. This figure must include both on payroll and off-payroll engagements (2)	23

2.5 Regulatory Ratings

The Trust is registered with the Care Quality Commission (CQC), has no compliance actions in force and is fully compliant with the Fundamental Standards. We were inspected by the CQC in August 2018. The Trust received an overall Good rating when the final report from the inspection was published in February 2019, with higher ratings in more areas than our previous inspection.

LTHT received three 'Outstanding' ratings. Adult Critical Care was given the highest possible rating at both LGI and St James's, and the Leeds Dental Institute was also rated outstanding. For the first time, our hospitals received ratings for the Use of Resources which was carried out by NHS Improvement and we received an 'Outstanding' rating - the highest possible score - for this. The Use of Resources rating shows that we are using our resources effectively to provide high quality, efficient and sustainable care for our patients.

The Board of Directors welcomed the report and the significant improvement in the ratings. Progress continues to be made in accordance with the plan, which is monitored through the Quality Assurance Committee. The Trust is fully complaint with the registration requirements of the Care Quality Commission.

2.6 Information Governance

The Trust recognises that information is an important asset, supporting both clinical and management needs. We ensure that information is respected, held securely and used professionally. We also make sure personal information is dealt with legally, securely, efficiently and effectively, in order to provide the best possible care.

The Information Governance Strategy, Policy and associated action plans ensure information is managed effectively and is subject to regular review to continuously monitor and improve our information governance processes. These reviews are conducted in accordance with NHS information governance toolkit guidelines.

The Trusts Caldicott Guardian (the Chief Medical Officer) and Deputy Caldicott Guardian have responsibility for reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring

patient identifiable data is shared in an appropriate and secure manner. The Senior Information Risk Owner (SIRO) is an Executive Director who has overall responsibility for the Trust's information risk policy.

The Trust maintains a high standard of Information Governance and has met the NHS Data Protection Security Toolkit requirements for 2018/19.

The Trust is fully committed to ensuring that personal information is protected and used appropriately. We also constantly review our existing processes to significantly minimise the likelihood of breaches. This has included the implementation of the enhanced requirements for General Data Protection Regulation (GDPR) and Data Protection Act 2018.

Cyber breaches within the NHS have demonstrated the potential impact on service and the need for vigilance throughout NHS organisations, backed up by effective technology. The Trust is engaging with National Cyber experts and is undertaking a review of its current security tools and practises.

The Trusts supports the principle that openness should be the norm in public authorities, and that a climate of honesty and dialogue with all stakeholders is beneficial. The Trust believes that provision of improved access to its information will facilitate the development of such an environment.

The Trust recognises the importance of the Freedom of Information Act 2000 as a means to display openness and transparency and has responded to 98% of information requests within the statutory timeframe of 20 working days.

2.7 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.

2.8 Our People

One of our goals is to make Leeds Teaching Hospitals the best place to work and we have been doing lots of work to move towards this. Our greatest asset is our people and we value our staff highly. Their skill and dedication means we have some of the country's leading clinical expertise and can offer patients the highest quality, most compassionate treatment and care.

The Trust is committed to investing in our people. We actively encourage staff to take part in training and professional development and to share their ideas on how we can improve patient care.

Our people also play a significant role in the development of the Trust. With strong encouragement and leadership from our Chief Executive and senior team, engagement with people working in our hospitals has improved over the past 12 months, going from 7.1 in 2017 to 7.3 in 2018 (on a scale of up to 10), this figure is above the national average of 7.0 for 2018. The number of staff reporting that they feel engaged with the organisation has risen again for the sixth consecutive year.

This is the foundation on which The Leeds Way has been developed and is at the core of the way we do things around here.

Workforce statistics

Trust Board - at 31 March 2019

Gender	Job Role	Position Title	Number
Female	Medical Director	Medical Director	1
	Non-Executive Director	Chairman	1
	Non-Executive Director	Non-Executive Director	4
	Nurse Manager	Chief Nurse/Deputy Chief Executive	1
	Senior Manager	Director of HR	1
	Senior Manager	Chief Operating Officer	1
Female total			**9**
Male	Chief Executive	Chief Executive	1
	Non-Executive Director	Non-Executive Director	6
	Senior Manager	Director of Finance	1
	Senior Manager	Director of Strategy & Planning	1
	Senior Manager	Chief Digital and Information Officer	1
Male total			**10**
Grand total			**19**

The gender division of all other employees, as at 28 February 2018, is included below.

Gender	Head Count
Female	13,802
Male	4,584
Grand Total	**18,386**

This is an increase of 626 members of staff from last year. The Trust recruited over 3,400 people in the past 12 months; this includes 1,035 medical and dental staff and a total of 484 registered nurses.

On 31 March 2019, the Trust published its Gender Pay Gap information on the Government's website. More information is included in the supporting our diverse workforce section below.

Organisational Learning

Organisational Learning provides education, learning and development opportunities to all our staff, including a range of management and leadership development programmes, coaching and learning bursts.

Inductions

The Trust delivers a weekly Corporate Induction programme which provides a welcome to the organisation and essential mandatory training. In the last 12 months, 2,083 new recruits attended Corporate Induction in their first day of employment.

The Induction programme has been expanded to incorporate Leeds Cares, Freedom to Speak Up, trade unions and staff benefits as well as health and wellbeing and staff nurseries.

Agenda for Change (AfC) Appraisal

The Trust continues to perform above the national average with the number of appraisals completed, and the quality of the appraisal experience. In the 2018/19 Agenda for Change (AfC) appraisal season 97% (14,061) of AfC staff received an appraisal.

Positive improvement on appraisal compliance and quality have been reflected both in the annual appraisal moderation panel for the 2018/19 season and the staff survey.

Mandatory Training

The Trust Mandatory Training provision is signed off annually by the Executive team to ensure that training needs analysis and capacity plans are robust and attainable. Overall performance for Mandatory Training has continued to improve with all mandatory topics and CSU's overall performance exceeding the Trust target. The overall performance for the Trust is 94%. The Trust aligned with seven topics on the Core Skills Framework as part of the Yorkshire & Humber Mandatory Training streamlining work.

IT training and Clinical Systems Training

In 2018/19, 14,560 IT and clinical systems training interventions were delivered to staff members, as well as medical and non-medical students. The processes that support the provision of IT clinical systems access have been developed in conjunction with the Digital Informatics Team to enable ease of access for users and new starters.

Leeds Female Leaders Network

The Leeds Female Leaders Network now has over 850 members. The ninth event took place on 6th March at St George's Conference Centre. Speakers included Sheree Axon, Director of Organisation Change & Programme Delivery, for the Leeds Health and Care Academy, talking about the vision for women's networks in Leeds. Mr Anthony Howard, Orthopaedic Specialist Registrar and National Institute for Health Research (NIHR) Clinical Lecturer in Trauma & Orthopaedic Surgery spoke on insights into making successful late career changes, and Professor Dave Jones OBE described his leadership journey and the role of the NIHR in supporting female leaders. Over 100 people attended the event both from the University of Leeds and the Trust.

Leadership Development

Learning Bursts and Short Courses

A series of short 90 minute learning bursts and one day developmental courses focusing on leadership & management development form a core part of the Trust's leadership development offer.

Over the past 12 months 3,681 staff members have attended a Learning Burst or Short Course designed to improve leadership capacity and capability across the Trust.

Medical Leadership Development

The Medical Leadership and Engagement Steering Group continue to lead on the development of leadership capacity within the medical profession at LTHT. In 2018/19 the Trust facilitated the inaugural Medical Staff Conference which was well attended by over 100 staff.

128 doctors are now active as medical mentors who are being promoted through the My e-Coach platform.

The Trust delivered two Medical Leadership programmes (Advanced and Foundation) in 2018/19 with 42 delegates completing the programme. Six delegates who attended these programmes have since been appointed into Clinical Director roles and are currently undergoing a bespoke development programme to support transition into their new roles.

Leadership & Management Development

235 staff from within non-medical roles participated in our leadership development programmes, which are designed to equip managers with the requisite skills to operate as effective leaders within the Trust.

1. Work experience, schools engagement and employability

Allowing people to see and experience what we do is the best method to engage them in considering a career at LTHT. Over this last year, the Trust has supported more than 600 individuals to undertake a work experience placement.

Additionally, the Trust has delivered a number of interventions aimed at opening access to anyone considering a career in Health and Care, including:

- considering four-week summer internship placements open to local schools
- mentoring students through the Career Ready programme
- identifying schools in some of our poorest areas and working with them as our targeted partnership schools by offering activities to highlight career options for disadvantaged young people within the Trust or wider Health & Care sector
- hosting Apprenticeship Open Days and attending career events, reaching over 1000 prospective employees
- supporting the development of the T-Levels nationally for Health & Care and creating a pilot programme for exploration with Health & Social Care students at two local colleges
- providing a range of employability programmes including partnerships with The Prince's Trust, Job Centre Plus, People Matters and Growing Points.

All of these have been possible due to the growing numbers of our staff who engage in the social mobility agenda and sign up to support as Healthcare Career Ambassadors (HCCAs). These ambassadors volunteer a minimum of half a day each year to undertake activities promoting their roles and those of colleagues in the Trust. As we end 2018/19, we have 244 active HCCAs in the Trust but want to increase that to 300 next year and ensure we have diverse representation across this group.

2. Apprentices

The Trust continues to successfully utilise apprenticeships to support the recruitment of new employees and as a tool to enable existing staff to access quality education and training opportunities, improving their options to develop their role and progress their career.

June 2018 saw the Trust commence its first cohort of Apprentice Nurses. The Trust was the first in the country to offer the nursing apprenticeship as an opportunity to new staff as well as opening the door for many of our experienced Clinical Support Workers who wanted to become registered nurses. Following a remarkable number of

applications, places were offered to 97 individuals across three cohorts. Almost 50% of these are new recruits to the Trust.

September 2018 also saw the first Apprentice Nursing Associates commence in the Trust; 60 have started since then with a further 60 planned for 2019/20.

The Minister for Apprenticeships, Rt Hon Anne Milton MP, herself an ex-nurse, visited the Trust in September and said that the Trust was delivering the Gold Standard of Apprenticeships. She has since referenced the work being done at LTHT in several parliamentary speeches and publications. This followed on from representatives from the Trust being asked to speak at a House of Commons Apprenticeships celebration in May.

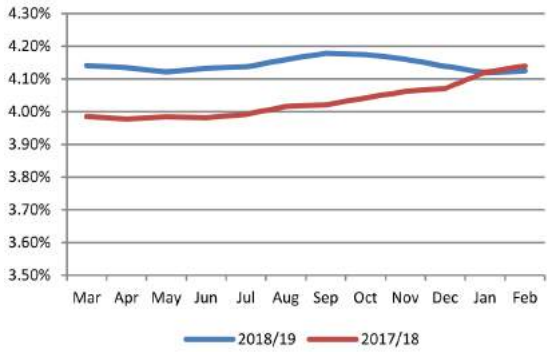
Figures released by the government in December 2018 showed that LTHT had achieved the public sector target set for Apprenticeship starts and that the Trust was performing in the top 20 across all public sector organisations nationally.

During 2018/19, the Trust commenced 570 employees on apprenticeships, across 32 various standards or frameworks.

Sickness and Absence

Our sickness rate across the Trust has slightly decreased in 2018/19 for short term sickness, and has remained level for long term sickness. The overall figure, however, is now below last years' rate at the same point. The rate for the Trust 2017/18 compared to 2018/19 is outlined below.

LTHT total sickness rate for 2017/18 and 2018/19



Our Health and Wellbeing team is developing a range of approaches to support staff and this sits alongside our Human Resources service, who provide support for line managers to effectively manage sickness absence.

Supporting our diverse workforce

The annual NHS staff survey tells us that our staff with particular protected characteristics, including disability, female and male, BAME (Black Asian and Minority Ethnic) and LGBTQ (Lesbian, Gay, Bisexual, Trans and Questioning) are for the most part more positive about their working experiences than they were last year. As part of the "Our People (Staff and Volunteers) are supported and engaged" workstream, the Trust has set three targeted ambitions to improve the experiences of these staff in relation to:

- % experiencing discrimination at work in the last 12 months
- % believing the organisation provides equal opportunities for career progression
- staff engagement score

The staff survey data shows that the gap is closing for two of the three key findings. They are shown in more detail below. Work is underway to ensure all three of our five year targeted ambitions of at least 50% by 2020 are achieved.

In 2018, we maintained Level 2: Disability Confident Employer and throughout 2019, the Trust will be working towards being awarded Level 3: Disability Confident Leader. In addition, we have also signed up to the Mindful Employer Charter and Apprenticeships For All. These are all voluntary commitments with the purpose of working towards removing barriers in the recruitment and retention of staff with mental health problems and disabilities in general. Similarly, the Trust launched a positive action scheme for BAME staff titled 'Moving Forward' to remove barriers in the recruitment of BAME staff at senior levels through empowerment and enabling of staff.

Also in 2018, our Black Asian and Minority Ethnic (BAME) Staff and Volunteer Network went from strength-to-strength along with our peer support group for staff living with a long term health condition. Furthermore, a disabled staff network was formed.

In addition to our work on disability, race and sex, in 2018 the LGBT Staff Network went from strength-to-strength with key project work underway in collaboration with Yorkshire MESMAC to establish a LGBT Role Models Programme and LGBT Allies Programme in 2019. Please see our Equality Factsheets for further information **www.leedsth.nhs.uk/about-us/ equality-and-diversity/public-sector-equality-duty-compliance-report**

	2017			2018		
	White	BAME	% Gap	White	BAME	% Gap
% staff experiencing discrimination at work in last 12 months	8%	27%	19%	8%	23%	15%
% staff believing the organisation provides equal opportunities for career progression / promotion	90%	75%	15%	91%	76%	15%
	Disabled	Not disabled	% Gap	Disabled	Not disabled	% Gap
Overall staff engagement	6.59%	7.18%	0.59%	6.80%	7.38%	0.58%

Trade Union Facility Time Publication Requirements

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on the 1st April 2017. These regulations place a legislative requirement on relevant public sector employers to collate and publish, on an annual basis, a range of data on the amount and cost of facility time within their organisation. The Trust published data for the first reporting period, 1st April 2017 to 31st March 2018, ahead of the deadline of 31st July 2018. The published information can be found here - **www.leedsth.nhs.uk/about-us/trust-documents/corporate-documents**. The Trust will publish data for the period 1st April 2018 to 31st March 2019 ahead of the deadline of 31st July 2019.

Health and Wellbeing

Leeds Teaching Hospitals takes staff health and wellbeing seriously and we are committed to improving the quality of working life for all staff. We recognise the importance of investing in the health and wellbeing of the workforce by engaging with and encouraging staff to be more aware and take ownership of their wellbeing.

The Staff Health and Wellbeing team continues to provide a more co-ordinated approach across the Trust, being more visible to and engaging with staff to raise awareness of the health and wellbeing campaigns and services available.

The Trust supports a holistic approach to health and wellbeing. Managers have the opportunity to attend training sessions to encourage and create a mentally healthy workplace, attendance management processes, managing difficult conversations and resilience training. All training courses are available to book via the training calendar.

There are a range of services that support staff and promote health and wellbeing. These are outlined below.

- Employee Assistance Programme
  - Telephone and Face to Face counselling
  - Online Cognitive Behavioural Therapy
- Long Term Conditions Group
- Cycle to Work scheme
- Feel Good campaigns
- Health & Wellbeing Champions
- Health initiatives
- Health Trainers
- Occupational Health
- Staff Counselling service
- Staff Physiotherapist service
- Smoking Cessation
- Staff gyms, fitness tests and exercise classes
- Team challenges
- Wellbeing Zone

The Trust ran two seasonal campaigns called Be Santa to a Senior and Reverse Advent Calendar enabling staff to support the local community.

These campaigns include partnering with community groups and enabled staff to donate unwanted presents to local charities.

Staff continue to be supported in balancing their home and work life. Three staff nurseries are available for the children of our employees. Advice on accessing externally provided care and financial support that may be available to working parents through tax credits, childcare vouchers and nursery salary sacrifice is also available.

Occupational Health Service

Occupational Health (OH) for the Trust is registered to the national accreditation scheme for Occupational Health providers, Safe Effective Quality Occupational Health Service (SEQOHS - www.seqohs.org). We were the first Trust in West Yorkshire to be accredited in 2012 and in May 2018 we were able to successfully renew this accreditation.

Accreditation is awarded following formal inspection of evidence and working practice together with annual review against the following standards:

- business probity
- information governance
- people
- facilities and equipment
- relationships with purchasers
- relationships with workers.

Occupational Health leads and manages the Trust staff flu campaign which this year began on 1st October. By 19th November we had met the national target of 75% of frontline healthcare workers vaccinated - three months ahead of the CQUIN funding target date.

Final figures reported for staff flu vaccination were 80% of frontline healthcare workers and 74.6% of all staff vaccinated. With the completion of the national campaign and final PHE reporting we were, for the second year running, the second trust in West Yorkshire to achieve the CQUIN target and ended with the second highest percentage of all the Trusts in West Yorkshire, with Bradford District Care Trust achieving first.

Alongside providing an Occupational Health service to Trust employees, all Leeds University Healthcare students including student medics, dentists, nurses and health care science course are also covered by this service throughout their course and not just whilst on placement at the Trust.

Nationally there is a shortage of qualified Occupational Health doctors and nurses and the service has struggled to recruit new staff. This has prompted a need to restructure the service moving from a medically-led service to a nurse-led service.

Towards the end of 2019 we saw our Occupational Medicine Speciality Trainee complete their training and remain with the service.

The service has been able to maintain an excellent record in on employment clearances averaging 99% during 2018.

The national requirement is for 98% of staff to be assessed for fitness to work within two days of receipt of the form.

The Trust's staff experience approximately 450 needle-stick injuries per year OH has maintained a 100% response rate within an hour including cases of high risk when HIV PEP needs to be commenced.

Health and Safety

Health and Safety within the Trust is overseen by the Risk Management Committee (Board sub committee) with supporting assurance groups. Staff involvement and consultation is strongly encouraged, and information from regular meetings of the Health and Safety Consultation Committee is posted on the Trust intranet.

We have a Trust Board approved Health and Safety Policy, which explicitly details roles, responsibilities, arrangements and integration within the Trust corporate governance processes. It also includes our detailed procedures relating to specific risks such as fire safety, conflict resolution & security, ionising & non-ionising radiation, musculoskeletal disorders, Control of Substances Hazardous to Health (COSHH) and non-clinical slip/trip/fall prevention.

Minimum performance standards have been created for all health and safety risks and CSUs and corporate service departments are audited annually to ensure they comply. An annual health and safety report publishes the results of this auditing process.

In 2018, we conducted an audit of the previous year's performance in which 576 areas (99.7%) of the Trust participated.

Reactive monitoring of health and safety data, in particular Reporting of Injuries, Diseases & Dangerous Occurrences (RIDDOR) reports following serious incidents, shows an overall declining number of serious health and safety incidents over time. However, the numbers reported to the Health & Safety Executive (HSE) increased between 2017 and 2018.

This increase could be attributed to rising staff numbers over time and improved reporting due to raised awareness

RIDDOR (staff) - significant work-related injuries, dangerous occurrences and occupational diseases

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018
RIDDOR's	117	105	93	68	73	62	50	72	72
All reported incidents	20677	21428	24215	25220	26290	28500	30869	32512	32751

In 2018 the Health and Safety Executive (HSE) did not issue Leeds Teaching Hospitals Trust with any statutory enforcement notices that require employers to take immediate action to improve health and safety risks.

Public/Employers liability claims following alleged harm due to negligent acts by the employer are generally decreasing.

Injuries from used disposable medical devices, especially hollow bore needles that may be contaminated with blood and bodily fluids, is an infection risk to healthcare employees and continues to be an area which is closely monitored & managed when incidents arise. Reporting of such incidents has improved over time which may account for the increasing numbers of this type of injury alongside increasing staff and patient numbers.

We are very proud to have once again been awarded the Royal Society for the Prevention of Accidents (ROSPA) Gold Award for the third year running for our Health and Safety management systems and arrangements. This is a significant achievement and one that we are very proud of as it is assessed externally.

Staff Survey 2018

There is comprehensive evidence which shows that staff who are committed to their organisations and involved in their roles deliver better health care, make better use of resources and show stronger emotional resilience, empathy and compassion. A highly engaged workforce is also strongly associated with lower levels of patient mortality and higher patient satisfaction. [King's Fund, 2015]

One way of gauging staff engagement is through the annual NHS Staff Survey, which provides a glimpse into the working lives of our 18,000-strong workforce. The detailed questionnaire is sent to all employees of the Trust. This ensures that everyone has the chance to share their views and opinions and gives a true reflection of how employees across the organisation are feeling.

The latest Staff Survey results for Leeds Teaching Hospitals NHS Trust showed very high levels of staff satisfaction - among the best in England - in all ten key themed areas. In particular, staff demonstrated high satisfaction with our safety culture, management of violence and aggression, and approach to equality, diversity and inclusion with all three areas receiving scores that are close to the best average score across 89 acute hospital trusts nationally.

The number of staff who reported that they felt their work was valued by the organisation increased by 12.9% on the previous year. Annual appraisals received the biggest improvement with a 22% increase in people saying the process helped them feel valued, 12.9% more saying they had clearer objectives and 26.8% more people than 2017 saying their appraisal had helped them to improve how they do their job.

Our Trust's scores improved significantly in six of the ten categories and remained the same in two; one category - morale - was a new theme in the latest survey and so no benchmark was available for comparison. Staff engagement across the Trust has continued to increase year-on-year since 2014 and we are now among the top performing NHS trusts in this category.

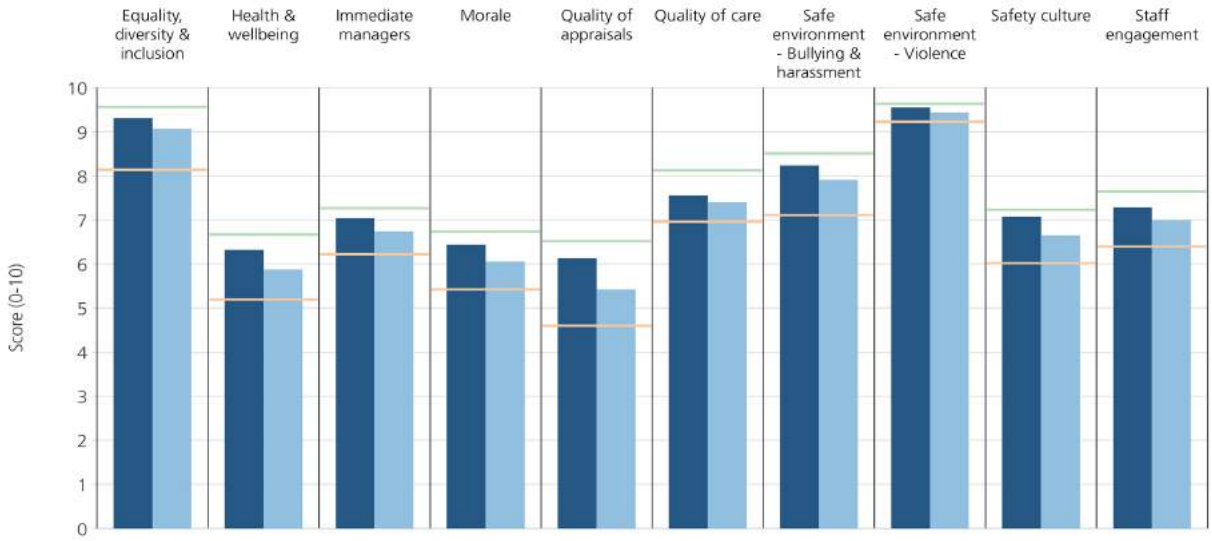
After the publication of the latest NHS Staff Survey results in 2018, Leeds Teaching Hospitals' staff took to social media to explain why the Trust is a great place to work:

"I love working in Leeds where everyone is committed to quality improvement"
Dr Lucy McCabe

"Working here you really will find you are part of a team that is dedicated to having fun whilst we're making people better"
Dr Bob Phillips

"Leeds Teaching Hospitals is a great place to work because it welcomes everybody's views on things we can do to provide a better patient service" Joe Cohen

"Even on the really tough days you see people working together to give the best for patients", Dawn Marshall



Graph: shows scores for Leeds Teaching Hospitals in dark blue compared to the national average (light blue), best performing trusts (green) and worst performing trusts (orange).

2.9 Medical Education and Training

The Trust's goal is to be a centre of excellence for education and training. Our aim, put simply, is to offer the best training and education for our medical students and trainees, to maximise opportunities for career development. In recent years, the quality of medical education has improved year on year in both undergraduate and postgraduate medical education.

Leeds Teaching Hospitals provides one of the largest medical education programmes in England, encompassing more than 1,300 students from the University of Leeds and 950+ trainee doctors. In addition, we support Specialty and Associate Specialist Grade doctors and Physician Associates.

Set alongside our excellent nursing, midwifery, Allied Health Professionals, healthcare scientist and apprentice programmes, education in Leeds is a vibrant and exciting part of the Trust's portfolio.

Undergraduate Medical Education

Our medical students come exclusively from the University of Leeds Medical School, with a small number of international students on elective placements. The Trust provides the largest number of clinical placements on the programme, with students from all five years. We have a large faculty delivering high quality teaching on placements, led by more than 70 consultants, and supported by junior doctors and other clinical colleagues. It is estimated that, during term time, there are around 380 medical students on a clinical placement across our hospital sites.

The quality of our placements is well demonstrated in the number of 'green cards' received. Green cards are issued by students in recognition for excellence in teaching. In the last year, 273 cards were received, an increase on the previous year. The quality of placements is monitored, with feedback at the end of each period, and this is routinely shared with clinical teams.

Following its move to Ashley Wing, the Undergraduate Hub has gone from strength to strength. It brings together high quality teaching in its classrooms and is the home base for teaching on our wards. The Self-Directed Practice (SDP) room is a space for students to practice clinical skills. During the year, almost 3,000 slots were booked in the SDP room, with the most popular period being the run up to end-of-year exams. Following successful bids for funding from Health Education England, the equipment available in the SDP room has markedly increased.

We continue to support the Multi-Professional Student Forum, which brings together students from all clinical backgrounds. The forum ensures that students' voices are heard at the highest levels in the Trust, including the Board.

Postgraduate Medical Education

Postgraduate educational metrics are now well embedded into the Trust and there is a constructive two-way dialogue between CSU leaders and the central team around educational quality, and there have been some significant improvements during the year. In the 2018 National Trainee Survey, for overall experience, the Leeds Teaching Hospitals' score was among the best in Yorkshire & the Humber.

We have continued our work with the Junior Doctor Body (JDB), pushing a new agenda around improving the working lives of trainee doctors, which is aimed at better communication and engagement. Led by Clinical Leadership Fellows and with input from the JDB, the Trust held its first ever Junior Doctor Awards, with more than 100 nominations from across the whole organisation. Following on from this, the Trust held the first Junior Doctor Week, with the intention of raising awareness amongst the wider workforce about the vital role junior doctors play in the clinical service. There is a strong culture of junior doctor leadership in LTHT. There have been five cohorts of clinical leadership fellows, and each subsequent group builds on the work of those who went before. This year, we appointed our fourth medical chief registrar for medical adult specialties, and our first paediatric chief registrar. This ensures that an increasing number of trainee doctors are now involved in wider quality projects in the Trust.

Clinical Skills, Simulation and Technology Enhanced Learning

It has been another record year for our flagship simulation unit, LIMIT, which has continued to deliver more courses than the previous year. LIMIT prides itself on running high quality clinical skills training. It has a state-of-the-art wet lab as well as high fidelity virtual reality surgical training equipment. The Urology Boot Camp in 2018 was the biggest and most successful ever, and the team are now looking to expand the model to other surgical specialties, and discussions are underway to create the first ever European Boot Camp.

Clinical skills teaching continues to be delivered in numerous dedicated facilities across the Trust, many of which are outside the medical education team. In addition, there are other CSU managed centres, including a paediatric facility in Martin Wing, a cardiac 'wet lab', and a Health Education England funded Radiology Academy in Clarendon Wing at LGI.

The Technology Enhanced Learning team has developed new approaches to digital blended learning, and has produced a range of innovative educational products, including e-learning, mobile apps and videos.

NHS Staff Libraries and Evidence Service

The Library & Evidence Service achieved a score of 97% in the annual Library Quality Assessment Framework (LQAF), in recognition of the excellent services provided. Library facilities are available in three of our hospitals: LGI, St James's and Wharfedale. The main LTHT library is located at the LGI and it provides an excellent range of books and journals along with an extensive online collection, which is constantly reviewed and updated in line with feedback from users. We continue to operate the library in the Clinical Sciences Building at St James's in partnership with the University of Leeds and there is a smaller dedicated library in Bexley Wing, housing the Cookridge Collection. In Wharfedale, there is also a small library service. All our facilities provide extensive personal study space, and there is good access to computer facilities. As we work in partnership with the University of Leeds library service, all staff who are registered library users are entitled to undergraduate facilities at the university, which means they can access services across the campus.

The LTHT library service works in close collaboration with the other NHS and public health libraries across Leeds, which means that staff can access services (including loans) at each location.

Our team of professional librarians have been working hard to reach out into clinical and corporate areas, promoting the evidence search service. Across England, it is estimated that one million key decisions are made every day, many of which impact directly on the lives of patients. Our aim is to make sure that each decision is evidence based, and that our professional librarians play a central role in providing up to date evidence.

Pre-registration Education

We offer high quality clinical placements in a wide range of settings for around 1000 Nursing, Midwifery and Allied Health Practitioner (AHP)

students from universities across the Yorkshire and Humber region. In 2018/19 we introduced the Coaching Enhanced Learning in Leeds (CELL) model onto three of our wards on the St James site. CELL builds a coaching relationship between the mentor and student promoting greater autonomy and decision making. It enables students from different year groups to work collaboratively together and to provide one to one nursing care for patients.

We continued to work as part of the West Yorkshire Nursing Associate Pilot Test Site to enable the successful implementation of the new Nursing Associate role. In September 2018 this moved to an apprenticeship with 65 trainees currently on the programme. In December 2018 we welcomed our first cohort of newly qualified Nursing Associates who are now completing the Trusts preceptorship programme and have successfully registered with the Nursing and Midwifery Council (NMC).

We have worked in collaboration with the University of Leeds to develop one of the UK's first Nursing Degree Apprenticeships; we recruited 97 internal and external employees who have started on the new apprenticeship phased across three intakes. The first two intakes commenced in June 2018, January 2019 and the final cohort will begin in June 2019.

Post-registration Education & Development

We encourage staff in our hospitals to be lifelong learners. Registered professionals are supported to further develop their learning through appraisal with the aim of enhancing, improving and innovating patient care. We have enhanced our leadership and management development offering with the introduction of the Leading Care foundation and advanced programmes.

Connecting Leaders in Care (CLiC) was launched in 2018 with the purpose of connecting and engaging with our clinical care leaders, CLiC continues to be a success and utilising staff feedback the sessions are themed around key Trust priorities.

Leeds Cares continues to support education and development of our clinical workforce through the Chief Nurse Fund. Throughout 2018/19 we have supported staff to attend specialist conferences and professional development programmes, bringing the learning back to the organisation and driving evidence based practice and improvements. We work very closely with Health Education England and our partners in Higher Education to ensure as many of our staff are able to access post-registration education to meet their development needs and the development of our services as possible. Staff are able to access courses both within the West Yorkshire region and out of area for more specialist programmes.

In 2018/19 we continued to be supported by Health Education England (HEE) in the delivery of Advanced Clinical Practitioner roles, developing the clinical workforce for the future. A further 31 trainees have commenced their training posts, undertaking clinical practice alongside a Master's programme at university.

Preparing our workforce - IPP and Preceptorship

All new nursing and midwifery starters to the Trust take part in our unique Introduction to Professional Practice (IPP) programme during their first week, which prepares them for working in our clinical areas. The programme is continually reviewed and takes into account feedback from clinical educators and employees who have completed the programme to ensure its stays up to date.

The Preceptorship programme is now open to Nursing Associates alongside registered health care professionals. The programme is well supported by the senior nursing leadership team and newly qualified staff feel supported, engaged and inducted into The Leeds Way values.

Workforce transformation

We work very closely with CSUs to review staffing levels, skill mix and the introduction of new roles. We are proud to be leading the way introducing new work-based learning roles through the Nursing Apprenticeship and the Nursing Associate programme. We have increased the number of apprentice clinical support workers joining the Trust and have created a career pathway to progress from clinical support worker to registered nurse.

A number of CSUs have developed integrated models of care in conjunction with physiotherapy and occupational therapy colleagues. The first pilots have been completed and the evaluations will help inform future plans for 2019/20.

Signed

Julian Hartley

Chief Executive Date: 23 May 2019

Section 3

Section 3: Patient Care and Experience

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The involvement of patients, carers and the public in the Trust's work is central to our aim to deliver quality care and access to services. Over the past year, we have continued to listen to patients and learn from their feedback to improve the care we provide.

3.1 Involving patients and the public

In May 2018, the new Trust Patient Experience Strategy was launched - this document has been developed following consultation with the Trust Patient Reference Group and the final product was celebrated at a launch event.

During the year, the Patient Reference Group has also advised on a number of different projects including an initial proposal relating to disabled parking, and a new patient safety digital initiative called Scan4Safety. Additionally, they have recently become involved in influencing the content of a new system that is being designed to monitor the care provided by Trust wards. They have done this by advising on the important criteria that should be measured from a patient experience perspective.

The Trust is very pleased to have been successful in securing funding from NHS Citizen this year to undertake a pilot project, focussed on supporting members of the public to become actively involved in the Quality Improvement work taking place at the Trust. We hope that through this initiative we learn how to make public contribution meaningful and enjoyable for the people who get involved.

The Patient Experience Team has a database of over 3,000 people who have given permission to be contacted by the Trust to provide their views on topics of importance. This database is used to gather speciality specific information, as well as being used for topics that attract broader public interest.

During 2018/19, the database was accessed on a number of occasions to gather public views on a range of topics. These included:

- discharge posters
- e-Coli leaflets
- patient safety boards
- a proposal to diagnose skin problems differently
- a proposal to change the way follow-up appointments are arranged in Rheumatology services.

The feedback about patient safety boards is a good example of how the database has been used to make changes at the Trust. Patients told us that the location of the boards wasn't standardised across the Trust and commented that the data that was displayed was confusing, not easily interpreted, sometimes out of date and overwhelming as there was too much. As a result, a new style board has been developed and is being rolled out to ward areas.

The Trust Engagement and Involvement team directly supported a number of pieces of work across a range of specialities. Examples of these are outlined below.

- **A Haematology patient survey review** - This was completed in May 2018, following the publication of the National Cancer Patient Experience Survey results, to explore the views of haematology patients about their experiences of the cancer haematology service.
- **Me, Medicines and IT** - Workshops were held in January 2019 to consider ways in which technology might be used in the future to improve patients' experience of taking medicines for long-term conditions.
- **Radiotherapy Involvement day** - This took place in February 2019 and gave members of the public the opportunity to find out more about Radiotherapy treatments and the department.

The Patient Experience Team has continued to be successful in utilising patient, carer and public involvement volunteers from a variety of diverse backgrounds. These volunteers offer Trust services additional support with capturing feedback from patients to support their service improvements.

During the year, volunteers have completed a number of significant projects. These have included

- administering a Deaf and Hard of Hearing questionnaire in Audiology clinics
- auditing PALS and complaints information Trustwide
- gathering feedback on patient perceptions of porters and housekeepers and
- supporting an Oncology initiative to deliver 'A Perfect Chemotherapy Day'. During the day, service changes were made in the hope of improving patient experience. The volunteers were utilised to capture patient feedback and inform the clinical team whether patients considered the changes an improvement on their previous experiences.

The next scheduled piece of work the volunteers will be supporting is a `Time to Dine` survey for Adult Therapies which will look at all aspects of patients' experience of mealtimes.

Always Events

'Always Events' are an effective improvement tool which involve a collaborative approach between patients and families to agree actions to be taken to improve patient experience.

Previously, we shared information about a public engagement event that had been held to influence the development of Theatre and Anaesthetic related Always Events. Since then, teams have agreed to support four Always Events, each of which relate to a different stage of the patient theatre journey. In 2018/19 changes have been introduced at each of the stages to improve patient experience. These include:

- the provision of visual information in the admission lounge describing the theatre pathway, that has also been made available in Polish
- changes to written and verbal information provided on pain management
- clearer explanations about the role of PACU (Post Anaesthetic Care Unit), how long patients will be there, and what they can expect to happen
- provision of dignity screens in PACU for patients who have recovered consciousness
- making sure staff names and roles are clearly visible to patients
- improving the response for patients when pain relief is ineffective
- provision of telephones for patients to update relatives from PACU or providing an opportunity to ask staff to do so
- the development of flash cards in different languages, to support patients to be safely prepared for surgery.

The Theatre and Anaesthetics CSU has initiated a programme to obtain real-time feedback from patients which they are using to evaluate the effectiveness of actions taken so far. This has demonstrated improved patient satisfaction at all stages of the pathway to date.

Gathering feedback on building a new hospital in Leeds

The Children's Hospital hosted another fantastic In Your Shoes conference earlier in the year where around 50 members of the Youth Forum and other young people met at the Park Plaza to share their experiences of living with a long-term illness and of hospital care. As part of the meeting, young people had the opportunity to see our proposals for a new Children's Hospital on the LGI site and to view a 3D panorama of the interior. Their feedback will be very useful in helping to shape the future design.

The Trust's Patient Reference Group (PRG) has continued to thrive, meeting bi-monthly. The December 2018 meeting provided attendees with an opportunity to feedback to the team working on the new hospital build. The group will be kept up to date on progress and is looking forward on continuing their involvement in discussions when further opportunities become available to discuss the building design.

3.2 Improving patient experience

Neurosciences

- Patients with Parkinson's disease have reported that they felt they were at risk of moving wards and were worried that wards they were going to would not be familiar with managing their condition. As a result, the service implemented a bundle of information to support other ward areas to understand the care required for this patient group.
- Patient said that their discharge was slow. The service completed an improvement project focussing on discharge, which has resulted in patients being ready for discharge before mid-day. The introduction of pre-pack medications onto the ward was one of the initiatives introduced that has resulted in this improvement.
- In a survey, 66% of patients reported that they could not always find somebody to talk to. In response, the service has recruited ten volunteers to assist in bridging this gap. This is in addition to the volunteer / stroke ambassadors that are already part of the service.
- The Friends and Family feedback for the service identified that patients would like more access to therapy resource. The service has trialled a new way of working, with therapy staff being included as part of the ward team. This is proving very successful, enables the sharing of expertise between therapy and nursing staff and ensures patients have better access to therapy interventions, particularly over a weekend period.

Discharge Team

- The discharge team worked on developing discharge posters to support patients and their families to understand the importance of leaving hospital quickly once treatment is completed. 165 members of the public contributed to a conversation about the content of the posters which were new to the Trust. The feedback received was used to improve content and to help with communicating the intended message in a way that is acceptable to patients and the public.
- The team has introduced discharge leaflets to support understanding of services available and to make it easier to understand what is often a very complex system.
- The Trust has appointed eight more Discharge Co-ordinators across services to support patients and families through the discharge process.
- A Carers Leeds support worker is now in place to assist families in working through the process when a patient requires on-going care after discharge. This is in response to feedback received from families who have reported difficulties in understanding what needs to happen and how to do it when their relative is not able to go home and a care facility is required.

Trauma & Related Services

- The speciality has introduced pain team daily walk-rounds on some wards in response to patients reporting they were experiencing more pain than they expected. This has improved pain management for patients and has been positively received.
- Both patient involvement groups that are linked to the speciality have contributed to the development of new patient information resources. In major trauma this work has been taken forward because patients have explained they do not understand how a major trauma centre works and what repatriation entails when they are well enough to be moved closer to home.

Catering Services

- Significant changes were made to the menu for patients in October 2018. Since then, patients have had the option to say whether they would like a smaller food portion. This is because it is known that for some patients a full portion size can feel overwhelming and can prevent them wanting to eat.
- Afternoon cake continues to be an option that is offered on our wards for older people to help them maintain the nutritional intake they require.
- We have a significant number of patients across the Trust who suffer with dementia, arthritis, have had a stroke or who may have difficulties with their grip. Because of this, the catering team have introduced the opportunity for patients to have finger food available with every course during lunchtime and evening meals. This enables people to maintain their independence with eating where they may find it difficult to use cutlery.

Calm at Night (CAN)

During 2018/19 work continued on four pilot wards to support patients to have an improved sleep. Interventions to date have included the introduction of banners at night to signal 'quiet time' and to encourage staff to support an environment with minimal noise. Additionally, wards have been provided with night comfort packs containing ear plugs and sleep masks for patient use. The impact of these initiatives is currently being evaluated.

Interpreting Services

We aim to ensure that patients receive the most appropriate access to interpreting services, at the right time and in the right place. The Trust provides spoken interpreting, sign language and communicator guide interpreting to provide this service, both face to face and by telephone.

One of the key successes of 2018/19 has been the introduction of software which adds speech, reading and translation capability to the Trust website and is accessed through clicking a visual icon. This enables users to access text on-line where English is not a first language. It also facilitates access to information for people with Dyslexia, and those with mild visual impairments. This means patients now have improved access to information leaflets which are held on the Trust website.

During 2019 we will be working with communities to ensure their satisfaction with the level of interpreting service provided and to obtain feedback on any further requirements they may have. We will also be trialling use of video interpreting equipment, which can be very useful in clinical settings where privacy is required.

Think Drink

In January 2018, the Think Drink campaign was launched. The campaign supported the introduction of European guidelines on fasting times prior to surgery which meant patients were able to fast for less time than they had previously been used to.

As a result of the new initiative, the Trust has reduced pre-surgical fluid fasting time from 13 hours to just over four hours in nine months. This is great news for adult surgical patients who are now better supported to recover more quickly following surgery because they are better hydrated.

Friends & Family Test

The Friends and Family Test (FFT) enables patients to provide feedback at discharge about their hospital experience. We use various methods to capture this information across the Trust.

Some of the achievements of the Friends and Family Test team this year are outlined below.

- An increase in the number of patients providing feedback.
- Running a Patient Experience Competition for ward teams to show how they respond to their FFT feedback. The winning team was awarded their prize at Trust Board in November 2018.
- A large print version of the FFT form was designed for patients with visual difficulties.
- A FFT workshop which was run in August 2018 in conjunction with Children's Services with the aim of improving response rates in the speciality. As a result, patients and parents are now able to provide feedback using an electronic tablet which has increased the number of people taking part. We have also introduced stickers for our young people to encourage them to tell us what they think about our service.
- Delivering FFT certificates to wards and departments to celebrate achievement of impressive response and recommendation rates. Some of our wards and department have now achieved consistently high standards for over 12 months resulting in the presentation of a gold award.
- Improving the % recommended rate reported by patients in the Trust Emergency department by encouraging more patients to provide feedback about their concerns.

National Patient surveys

National Inpatient Survey 2017

The Inpatient Survey 2017 reported a small improvement across most questions which was reflected in a ranked position as the eighth most improved Trust when compared to a group of 69 Trusts. However, the Trust scored less well on questions relating to nursing than had been seen in previous years.

As a result of these findings, the Trust is undertaking a project to understand this data better and to help identify where particular service improvement may be needed. A regular audit is now underway, and patients are regularly being asked about their interactions with nurses. The audit results will be analysed over time to identify areas which provide examples of good practice and areas which may be in need of further support where improvements will be targeted.

National Cancer Patient Experience Survey

This year, we heard that 1087 patients responded to a questionnaire about their cancer care in the Trust.

The Trust compared the same as other Trusts delivering cancer care for the majority of questions. However, the Trust scored more positively on eight questions and more negatively on two questions. When asked to rate their care on a scale of zero (very poor) to 10 (very good) patients gave an average rating of 8.8, which was slightly above the national average.

	LTHT	National Average score
Questions for which LTHT fell outside the expected range that would be expected for a Trust of our size (better score)		
Seeing your GP: Saw GP once / twice before being told had to go to hospital	80%	77%
Seeing your GP: Patient thought they were seen as soon as necessary	87%	84%
Clinical Nurse Specialist: Patient given the name of the CNS who would support them through their treatment	95%	91%
Hospital care as an inpatient: Given clear written information about what should / should not do post discharge	89%	86%
Hospital care as an inpatient: Staff told patient who to contact if worried post discharge	96%	94%
Care from your general practice: GP given enough information about patient's condition and treatment	97%	95%
Your overall NHS care: Patient given a care plan	45%	33%
Your overall NHS care: Taking part in cancer research discussed with patient	45%	31%
Questions for which LTHT fell outside the expected range than would be expected for a Trust of our size (worse score)		
Hospital care as an inpatient: Patient had confidence and trust in all ward nurses	70%	76%
Hospital care as an inpatient: Always / nearly always enough nurses on duty	59%	66%

The cancer team is taking forward a project to address the areas that patients, through this important feedback, have identified as needing further work. This began in March 2019.

Maternity Survey 2018

The Maternity survey sampled women who had delivered babies under the care of the Trust in February 2018. 204 women returned a completed survey.

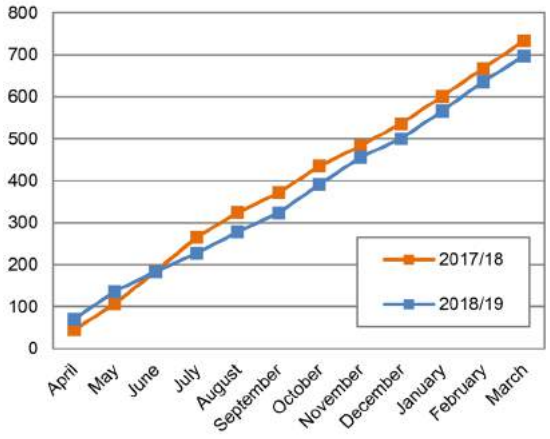
The Trust is delighted to report that Maternity services were ranked first when compared to a group of 69 Trusts. In addition, the Trust's Maternity services were the most improved in that group. This is because they scored statistically better than other Trust Maternity services on 18 questions and worse on only two questions.

As a result of their exceptional performance, the Trust midwifery team were invited to a national workshop in November 2018 to share their good practice.

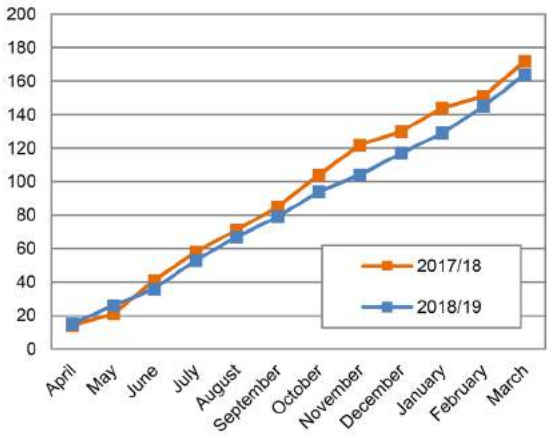
3.3 Resolving complaints

During 2018/19 we have focussed on improving the timeliness of complaint responses, reducing the number of complaints we reopen and improving the experience of making a complaint for bereaved complainants.

Number of complaints received (cumulative)



Complaints reopened (cumulative)



Key achievements in 2018/19

We delivered a range of bespoke training sessions to clinical teams and staff groups across the Trust to increase their knowledge of the complaints process and how to respond to complaints. Our established process for ensuring complainants are kept up-to-date with the progress of their complaint has improved their experience and created closer relationships being built between themselves and the complaints team.

We collect examples of learning from complaints and have shared a 'Learning from Complaints' poster with Heads of Nursing and Matrons. This shares actions taken to reduce the top three common themes of complaints.

We are aware that whilst more complainants contact the Parliamentary Ombudsman than the previous year, the number being taken on for full investigation is lower. We believe this is because the Trust's handling of and resolution of complaints has improved.

The number of complaints resolved through recorded meetings continues to increase, this is positive as we know it reduces the length of time it takes to respond to a complaint and also increases the likelihood of complainants being satisfied with the initial response.

Aims for 2019/20

- To undertake a Quality Improvement initiative aimed at addressing the length of time it takes for us to respond to a complaint.
- To obtain feedback from complainants in a variety of ways and to use this to improve their experience.
- To improve the capture of equality monitoring data across complaints.

Improvements made following a complaint include:

Delays for a patient referred for Physiotherapy:

Physiotherapy is introducing an electronic referral system which will reduce the time it takes for referrals to be received into the department and shorten the overall waiting time for patients.

A patient was given four telephone numbers to call but no one answered any of them.

The Ophthalmology team is reviewing the processing of calls to its service and will meet with the Telecommunications team to consider any technological solutions available to respond to calls and quickly signpost patients to the correct person or department.

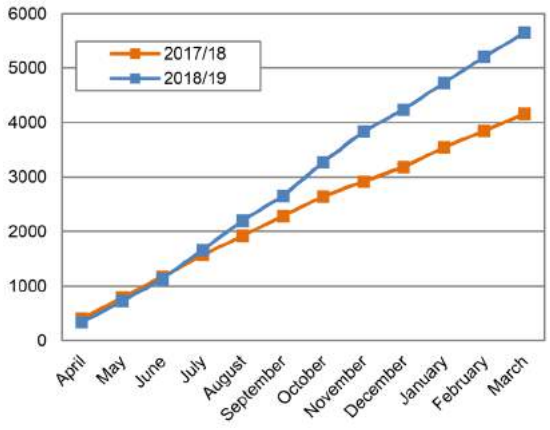
On Thursday 22nd November 2018, the Trust was the proud host of the National NHS Complaints Managers Forum. It was great to see complaint managers from across the country coming together to reflect on current practice and to learn from the presentations they heard and the networking opportunities that the event offered.

Patient Advice and Liaison Service (PALS)

During 2018/19, the Trust PALS service recorded an increase in the number of PALS concerns received. This can be put down to a combination of two elements. The service has introduced a new way of capturing the work that they do and the data now includes PALS concerns that are resolved by the PALS service without the need to involve clinical teams. This data was not captured previously and has contributed to an increase in the numbers. This has helped alleviate the burden on CSUs of the need to respond directly to a proportion of PALS concerns. Examples of this include issues with transport, information about average waiting times or facilities within the Trust. This has only been possible through collaborative working between the PALS team and CSUs by ensuring the team is aware of service changes or significant pressures in the CSUs at any given period. There has also been a genuine increase in the number of PALS concerns raised.

The graph below compares the number of PALS concerns received in 2017/18 with those received in the same months in 2018/19.

PALS logged



Please note this graph includes all PALS concerns and Resolved by PALS team on the day.

The team is very pleased to be able to report that it has achieved a significant reduction in the length of time taken to close PALS concerns by implementing an improvement programme using the Leeds Improvement Method. At the end of Q1 2018/19 the number of PALS open more than 40 working days was reduced by 99.25% as a result of the work that has been done.

Over the last 12 months the PALS team has introduced a new process to enable CSUs to complete the resolution of a PALS concern in a more autonomous and timely way. This has been welcomed positively by all CSUs as a lean way to manage and respond to patient, carer and relative concerns.

The team is also pleased to report that in the last six months there has been an increase of 8% in the number of compliments that the service records. This shows that the public are recognising positive experiences more often and are choosing to share this with us.

The PALS team will continue to build on existing relationships with the CSUs and work towards ways to make processes leaner and work on a sustainable solution to resolve and close all PALS within the 40-day target.

In 2019/20 we aim for all Trust volunteers to be up-skilled in signposting patient's to PALS to raise any issues or concerns they may have together with any compliments they would like to share.

3.4 Working with partners

Healthwatch

We continue to have a strong relationship with Healthwatch Leeds which is demonstrated by an ongoing commitment to the Citywide Patients' Voices Group.

The Trust contributed this year to work taken forward by the group to deliver an event that took place in Leeds Market, called the Big Leeds Chat. The Big Leeds Chat brought health and social care organisations together. The people of Leeds were asked what they thought was important to make Leeds the best City for care.

Further pieces of work are being developed as a result of the success of this event and the Trust commits to continue supporting future plans.

Carers

The carers' webpage on the Trust internet site has been updated to provide much more information for carers on how to access support.

The Trust was fortunate this year to be able to introduce a second carers support worker. This post is in place to specifically help families and patients who are in the position of choosing a self-funded care home and who are requiring advice to help them through the process. The post has helpfully been funded by Carers Leeds, who have a long-established relationship with the Trust.

An information pack has been created by Carers Leeds to offer support to Trust staff who are also carers. One exciting initiative which was launched this year is the offer of support from Carers Leeds for those staff in the position of juggling work alongside a caring responsibility. Carers Leeds have been working in the organisation to find the best ways to facilitate staff support sessions.

Volunteers

We have been working hard to encourage more people to volunteer their time in support of patients and staff.

In October 2018, we were excited to agree a project to work with the Royal Voluntary Service (RVS) in two of our ward areas. The RVS will train 20 volunteers, to support our older patients to mobilise more and to encourage them to have an appropriate nutritional intake. This is a scheme that has been successful elsewhere and we are hoping to repeat this success in Leeds. The volunteers will be trained by a skilled project manager and the project will be overseen by nursing, physiotherapy and dietetic experts at the Trust. This will offer an opportunity for our patients to move more during the day so supporting a speedier recovery from their illness.

The Trust continues to be successful in working with Leeds University Students Union to provide Bedside Buddy volunteers to the Children's Hospital. This scheme enables parents to have a much-needed break from their caring responsibilities knowing that their children are in the safe hands of a volunteer to keep them entertained.

We are also excited about work we are doing with a local solicitors, DAC Beechcroft and Abbey Grange School. Pupils at the school will be supported by staff at DAC Beechcroft to work alongside patients in a volunteering role, growing their skills and confidence in interacting with poorly people. This work has commenced and it is hoped we will see the volunteers in our areas soon.

Finally, the Trust has recently been successful in securing funding from the Pears Foundation to develop a model to support an increase in youth volunteering. A project manager will be recruited to take this work forward and we are very much looking forward to seeing many more young people supporting our patients in the future as a result.

In April 2018, the Trust was fortunate to celebrate 40 years of hospital radio volunteering at Chapel Allerton. We were pleased to welcome Andrew Edwards, BBC Radio Leeds presenter and the Mayor of Leeds to our celebration.

Involving our members

In 2018/19 the Trust's membership has moved to a fully digital platform. There are currently 9,589 members receiving digital updates and there are plans to widen this further with a bespoke recruitment campaign in 2019/20.

The information held on the membership database is reviewed on a regular basis to ensure compliance with UK legislation including GDPR (General Data Protection Regulations). Our data is checked on a monthly basis against national death records and the NHS Spine to ensure that we only hold current information on our members.

Our members have remained active and engaged in supporting the work of our Patient Experience Teams - more information about this can found on page 141. Our membership magazine, Connect, was circulated in 2018/19 and is packed with informative articles on the fantastic work taking place in our hospitals.

The magazine continues to be shared in a digital format which is much more interactive. The latest edition provided members with a unique insight into the great digital work happening across the Trust and before that, an overview of the Quality Improvement work across the Trust.

Chaplaincy and Spiritual Care

The Trust's chaplaincy and spiritual care service is responsible for ensuring that appropriate 24-hour pastoral, spiritual and religious care is offered to patients, carers, staff, and those important to them. It is there for all who want to access it; both religious and non-religious. The team is there to support in time of change, challenge and hope.

Staff changes through the year saw the departure of some longstanding colleagues and the appointment of a new deputy head of service, two Trust chaplains, and a Friday prayer leader for St James's Hospital. Work has begun on making on-call more resilient to ensure service continuity. The team also recruited and trained seven new chaplaincy volunteers and is looking to recruit more. They are diversifying to cover more world faiths and beliefs and continue to strive to be representative of the communities that they serve.

A key part of the team's work has been deepening relationships with the palliative care team and children's hospital to ensure holistic, palliative and end of life care for children and adults. They have also worked closely with Midwifery and Critical Care on specific projects.

There were several celebrations last year. In October the team celebrated the NHS at 70 at Leeds Minister. The Chaplaincy team was also delighted to welcome members of the Sikh community to the Faith Centre in November and joined with them in the Sikh National Day of Prayer for those who have used Trust services as well as those working in our hospitals. The Trust "A time for Remembering" (baby memorial service) was held in Saint George's Church next to LGI in early December. The church was full of parents and other family members to remember their baby. Later in December we had carol singing around the wards which was well received and Carol services across the Trust.

Throughout the year the team contributed to the training and formation of future healthcare professionals including student nurses at Leeds Beckett University. They also welcomed trainee chaplains and religious leaders on placement.

Looking towards 2019 the Chaplaincy team is going to focus on how people know about and can access the service. They will also be deepening their resourcing of colleagues in the Trust to assess spiritual needs.

3.5 Leeds Cares

Leeds Cares is the Official Charity Partner of Leeds Teaching Hospitals NHS Trust (LTHT), with a mission of bringing caring people together to inspire change; supporting exceptional healthcare and the best possible health and wellbeing for our communities. Leeds Cares is governed by a Board of Trustees, with Dr Edward Ziff OBE DL as the Chairman and David Welch as CEO.

The last year has been an exciting time for Leeds Cares, with a brand relaunch in May 2018, significant growth in the Leeds Cares team and development of a new funding process which ensures strategic alignment with Leeds Teaching Hospitals NHS Trust priorities. In December 2018, it was also announced that Leeds Cares will be the official fundraising partner for the forthcoming 2019 UCI Road World Championships with funds raised being directed to health and wellbeing initiatives.

The strategic partnership between Leeds Cares and Leeds Teaching Hospitals continues to strengthen, with both organisations working together strategically to maximise funds, and most importantly, the impact on patients and families.

Ultimately, benefit to Leeds Cares is of benefit to LTHT and the coming together of our organisations is grounded in the impact and benefit that we can provide to patients and families. The partnership will be most successful if undertaken in a mutual ethos of collaboration and co-operation, with a clear focus and impact on the greater good. Some of the ways we will do this include:

- Leeds Cares receiving and managing philanthropic funds on behalf of LTHT which meet with their charitable objects and working collaboratively with the sources of philanthropic funds in partnership with LTHT.
- Leeds Cares being the principal charity to fundraise on LTHT sites.
- Funded projects/services/equipment being branded as Leeds Cares.

Leeds Cares and LTHT are undertaking a joint communication exercise and creating an implementation plan to launch our strengthened strategic partnership, communicate the benefits, and harness support from LTHT staff, patients and families for Leeds Cares. The fundamental message is one of strategic collaboration, and of a commitment and desire from Leeds Cares and LTHT to work together seamlessly to maximise benefit.

Revenue Funding

In 2018/2019, Leeds Cares provided LTHT with £10.45M of Revenue Funding which has reaped significant benefit and leveraged significant capital funds of £20M, resulting in total additional funds of £30.45M. This represents a significant multiplier effect, resulting in significant benefit to patients and families as well as mutual organisational benefit. The revenue funding will be directed to a range of beneficial services and specialist staff, including Mobile Breast Screening, Children's Speech and Language Therapy and Women's Outreach Services as well as Leeds Cares' new directly managed services such as the planned Welcome Service. The additional £20M of leveraged capital funds will enable significant capital investment in 2019/20, including an earlier than previously planned commencement of a project to install an MR Simulator for Leeds Cancer Centre Radiotherapy Department; as well as establishing infrastructure which will create a strong presence for Leeds Cares within LTHT to enhance its profile, reputation and income generation capacity, so they are in an even stronger position to support LTHT in the years to come.

Our Activity and Funding

Leeds Cares has recently launched its new funding process which ensures alignment with LTHT priorities and Leeds Cares' priority areas which are as follows:

- Equipment and Environment
- Research and Innovation
- Specialist Staff
- Health and Wellbeing
- Education

In addition to the Revenue Funding, Leeds Cares have provided £4.35M of funding to LTHT to support a range of valuable projects. Examples are outlined below.

- Leeds Cares continued to fund small scale upgrades across Leeds Teaching Hospitals, from specialist seating through to new optometry equipment. Larger commitments included nearly £110K for the purchase of ten scalp coolers to be used on Ward J80; helping chemotherapy patients to limit hair loss during treatment and just over £20K refurbishing the multi-sensory rooms at Leeds Children's Hospital.
- For the second year, Leeds Cares has funded the Leeds Children's Hospital Play Specialists; supporting nearly 30 members of staff across all wards to help alleviate the anxiety of being in hospital and ensure children still receive time for education and play.
- Funds raised through the Jacqui's Million appeal funded a 12 month placement for a Systemic Anti-Cancer Therapy Nurse at Leeds Cancer Centre. This role is dedicated to the development of new non-surgical treatments for cancer using chemotherapy and other specialist drugs.
- Through funds raised specifically for brain research, Leeds Cares has funded a specialist research fellow for the Neurosciences Department at Leeds General Infirmary. The Research Fellow will start later this year and focus on exciting new treatment trials for multiple sclerosis (MS).
- Leeds Cares continued to support the Trust's 'Think Drink' initiative, encouraging adequate hydration in patients prior to surgery. The team worked across five sites and 59 theatres, attempting to benefit patients undergoing the 70,000 operations undertaken by the Trust every year. The outcomes of the initiative comprises a change in average fasting time without fluid from 13 hours in 2017 to just four hours, with the latest audit in July 2018 indicating that 90% of adult patients having elective surgery were able to drink the morning of their surgery with additional drinks given to 30% of patients.
- Leeds Cares continued to support an array of staff training and conferences including the 'Stamp Out Sepsis' conference, 'Talent for Care' conference, Junior Doctor Conference and Wellbeing at Work week, and the trust-wide Time to Shine Awards, celebrating the achievements of all staff in the 70th year of the NHS. The charity also delivered the Big7Tea events across the Trust which provided an important opportunity for staff, patients and families to come together to raise a cup of tea to the NHS and raise valuable funds for the charity too. Leeds Cares also supported the suffragette flag event at Leeds General Infirmary, marking the anniversary of women receiving the right to vote.
- Leeds Cares has recently funded vCreate software; an NHS trusted secure video messaging app which aims to minimise separation anxiety in parents of children in Neonatal and Paediatric Units. Support from

Leeds Cares means that the Trust has become the first Trust in England to use vCreate technology across two hospital sites. This new technology allows parents to stay connected through video updates, helping to ensure that parents won't miss out on any special moments in their baby's care journey.

- The extension of the 'Beads of Courage' programme at Leeds Children's Hospital funded by Leeds Cares is an internationally renowned programme providing a positive coping strategy for children in the form of a fun activity where each bead has a special meaning, helping to reduce procedural anxiety. Suzie Preston, Children's Immunology Nurse Specialist said, "The programme has become a really important aspect of the time young people and their families' spend at Leeds Children's Hospital.
- Leeds Cares funded the installation of artwork designed to make patients feel comfortable and at ease across a number of Trust sites. In the High Dependency Unit at St James's University Hospital, Leeds Cares funded artwork to help 'bring the outside in' and make the unit feel a little less clinical. Julie Scholefield, Ward Sister on the HDU praised the improvements, "From day one, the artwork has totally transformed the look of the unit. Patients, relatives and staff all comment on how lovely it is. I feel it is more calming as it gives the unit a less clinical feel and enables the patients to see some natural views.

3.6 Emergency Preparedness

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 legislation is the Civil Contingencies Act 2004 which identifies the Trust a category 1 responder and the Health and Social Care Act 2012 which places obligations for emergency preparedness, resilience and response on the Trust as an NHS funded provider. These are further defined through the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2015 and the associated Core Standards. In summary the Trust is required to have risk assessments for emergencies and business continuity disruptions, response plans, staff training and regular exercises to test our arrangements.

The Trust undertakes an annual self-assessment against the EPRR core standards which are confirmed by the Board to the Department of Health through agreement with the West Yorkshire Local Health Resilience Partnership (LHRP) assurance process and submission through NHS England. In 2018/2019 the Trust was confirmed as meeting a SUBSTANTIAL level of compliance against the core standards.

The Accountable Emergency Officer, Clare Smith, interim chief operating officer is responsible for the delivery of the Trust's emergency preparedness responsibilities at a Board level and took over this portfolio in January 2019. The Trust's named Non-Executive Director for Emergency Preparedness, as required by the EPRR Framework, is Paul Stewart who took on this role in December 2018. The Emergency Preparedness team consists of the Resilience Manager and Emergency Planning Officer but has benefitted in 2018 from recruitment of a resilience apprentice and looks forward to welcoming a Senior Resilience Officer in 2019/2020 to further strengthen the team's work.

Regular updates on emergency preparedness risks have been provided to the Risk Management Committee. The Emergency Preparedness Coordinating Group continues to oversee the Trust's emergency preparedness arrangements through the Major Incident Steering Group and High Consequence Infectious Diseases and Pandemic Preparedness Group. In 2018/2019 the Audit Committee has received a presentation on Emergency Preparedness and supported the approach the Trust takes to assurance in this area.

Yorkshire Ambulance Service NHS Trust is commissioned by NHS England to review the Trust's preparedness in relation to Chemical, Biological, Radiological, Nuclear (CBRN) or Hazardous Materials' incidents. In 2018/2019, this review included assessment of the training programme for Emergency Department staff which was confirmed as being well structured and well delivered and meeting the expectations to ensure staff we able to respond effectively. Maintaining sufficient trained staff in ED remains challenging due to turnover and vacancies but the Clinical Service Unit (CSU) has identified actions to increase the number of trained staff on each shift.

The Trust has responded to a number of internal incidents over the last year which has necessitated the mobilisation of our command and control (Gold, Silver, Bronze) structures. A summary of these is included below.

Training has been a focus for the Emergency Preparedness team this year with significant numbers of staff having awareness training and a refreshed training programme rolled out for on call and CSU commander staff.

Exercise Boniface was held in October 2018. This was the Trust's first no-notice command post exercise and involved staff from across the organisation responding, without notice, to a scenario of train crash. The exercise was a valuable opportunity to involve staff and teams in testing the Trust's response to a major incident and the event provided useful learning to improve our response and recovery arrangements.

The latter half of 2018/2019 has seen a substantial amount of work done across the Trust and with our partners to identify the risks associated with EU Exit and ensure the Trust is prepared for disruption and assured of the plans in place.

Estates disruption

Throughout the year a number of power related incidents across the Trust have occurred as a result of both internal and supplier failures of equipment and infrastructure. In all instances the response of the estates teams and frontline staff has been excellent with the impact on patients and delivery of services kept to a minimum. Following the lessons learned from these incidents a robust testing regime was recommended to the Risk Management Committee and is now under development to ensure the impact of future incidents is better understood and more robust plans are in place.

The failure of a national supplier collecting medical waste for the NHS impacted on the Trust during the summer 2018. As the largest customer, delivery of the Trust's services could have been significantly impacted but the swift and collaborative actions of teams across the organisation resulted in robust contingency arrangements being developed and mobilised. The plans put in place attracted the positive attention of partners and the national coordination team. In March 2019, the Trust continues to manage the disruption from this issue with financial implications but with no impact on patient services.

Business continuity incidents arising from digital and informatics failures

Services have been disrupted on a number of occasions due to minor and more serious outages affecting Trust IT systems. On a number of occasions, this has necessitated the establishment of silver and bronze coordination in order to manage the impact on patient services.

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

In August 2018, a patient infected with MERS-CoV, attended and was admitted to the Trust. This high consequence infectious disease (HCID), only the fifth in the UK since it was discovered in 2012, presented a number of challenges for the organisation. The response of the Trust was commended by Public Health England and one of the lessons identified has been to establish a HCID plan to ensure a consistent approach to identification of possible cases, personal protective equipment and coordination.

Heatwave

A period of unusually hot weather took place in the UK in June, July and August 2018. Temperature records were broken, wildfires broke out, hosepipe bans were introduced and it is believed there were over 1000 excess deaths. The Trust experienced some increases in attendances which could be attributed to the hot weather and although the temperatures in West Yorkshire were not as high or sustained as in other parts of the country, the conditions were unpleasant for staff and patients on occasion. Estates changes have been identified in advance of future warm weather and the Trust's heatwave plan is under review.

3.7 Equality and Diversity

Leeds Teaching Hospitals NHS Trust is committed to challenging discrimination and promoting equality and diversity both as an employer and a major provider of health care services. We aim to make sure that equality and diversity is at the centre of its work and is embedded into our core business activities.

The Trust acknowledges all protected characteristics to be of equal importance, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

We created the Equality and Diversity Strategic Group in November 2013, led by our Chief Nurse, to deliver on the equality and diversity agenda. For day-to-day delivery of the equality and diversity agenda, the Trust has an Equality and Diversity Team based in Human Resources, working closely with the Patient Experience Department.

Our Equality and Diversity Strategy 2015 to 2020

The Equality and Diversity Strategy was developed in 2015 to bring together the various parts of the equality and diversity agenda in a way that clearly articulates the commitment of the Trust with targeted ambitions otherwise known as equality objectives. These same ambitions help deliver on the key goals of the NHS Equality and Diversity Delivery System, which are set against each protected characteristic:

Goal 1 Better health outcomes

Goal 2 Improved patient access and experience

Goal 3 A representative and supported workforce

Goal 4 Inclusive leadership

Throughout 2018/19 the following actions were achieved:

Equality and Diversity Strategy Targeted Ambitions		Action Achieved 2018 to 2019
1	We will increase representation of Black, Asian and Minority Ethnic (BAME) staff at Band 8b and above	External 'Moving Forward' positive action programme for existing BAME staff explored and set up to be brought in-house. First selection process to take place October - December 2018. Established link between Organisational Development and BAME Staff Network for career development opportunities to be shared and piloted. In partnership with Leeds City Council, established Network of BAME Staff Networks to assist in the overcoming of common barriers. Representation from across different sectors, including University of Leeds, British Library, Yorkshire Ambulance and Sky Gaming and Betting.
2	We will ensure we have a broadly representative workforce	Use of values based recruitment to assess and select new employees taking account of their individual values and behaviours. Use the National Leadership Academy tool 'Maximising Potential Conversations' in our processes and training delivery. Launched Leading Care programmes, which are aimed at developing leadership capability for nurses and AHPs in Bands 5, 6 and 7. Work with the BAME Staff Network and Female Leaders to develop and promote learning opportunities to support BAME and female staff to progress in the organisation. Collaborative work between Recruitment and BAME Staff Network to identify actions for further understanding of the data and real change.

3	We will improve staff survey results for our BAME staff regarding bullying and harassment and equal opportunities	Sustainability of Dignity At Work Champions and Advisors and Freedom to Speak Up Ambassadors and Guardians for the raising of all concerns. LTHT led on 'Yorkshire and the Humber NHS Workforce Diversity and Inclusion Conference' to empower NHS organisations in the areas of a) eliminating bullying and harassment through the findings and recommendations of a lead academic in the area; and b) talent management through the expertise of NHS Leadership Academy. 100% increase in the delivery of Dignity at Work learning bursts, including bespoke for individual areas. Successful collaboration between Organisational Learning and BAME Staff Network to increase the number of BAME coaches within the Trust, resulting in 43% of the next cohort of coaches set to be BAME. Appraisal process which ensures all staff are provided the opportunity of continuous personal development and where BAME staff have reported greater satisfaction in the quality compared to White staff.
4	We will improve staff survey results for our disabled staff regarding engagement	Continue to provide 'Disability and Reasonable Adjustments' and 'Dignity at Work' Training, including bespoke. Continue to raise the profile of disability equality through national awareness raising events. Development and launch of peer support group for staff living with long term conditions. Further roll-out of Staff Health and Wellbeing Programme, including the continued provision of the Employee Assistance Programme. Sustainability of Level 2 Disability Confident and work towards achieving Level 3 as a Disability Leader. First year produced published disability equality data, as part of continuous due regard to disability equality.
5	We will reduce over-representation of BAME staff and men in conduct hearings	Fit-for-purpose simplified Disciplinary Policy, including incorporation of Incident Decision Tree to remove unconscious bias and ensure fair. Fit-for-purpose mediation/facilitated conversation provision and Difficult Conversations Training to prevent necessity for a formal process. Local induction programmes and fit-for-purpose appraisals.
6	We will achieve 50:50 gender balance on Trust Board	Measured and published data as part of the Public Sector Equality Duty Factsheets. Measured and considerate use of Search Firms. Continue use of Female Leaders network to encourage females to progress into leadership roles. Continue to take account of sex in the provision of leadership opportunities, including the NHS Insight Improvement Programme and Shadow Board Programme. International Women's Day campaign, including inspirational videos from all female Trust Board members.
7	We will improve the experience of Trans staff, patients and carers	Strengthened trans content in Equality and Diversity Policy and Dignity at Work Training Worked in partnership with local trans groups and partner organisations to a) mark and host Transgender Day of Remembrance; and b) co-ordinate a Trans Health and Wellbeing Workshop with Consultant participation. Continued roll out of Trans Awareness Training across the Trust LTHT led on 'Yorkshire and the Humber NHS Workforce Diversity and Inclusion Conference' to empower NHS organisations in key challenging areas, including trans equality. Explicit support of trans-equality at LGBT Pride Participation in LGBT Stonewall Workplace Equality Index.

8	We will improve the experience of staff, patients and carers with mental health problems	'Know who I am' hospital passport providing professionals with information about a person with dementia as an individual. LTHT sign up to 'John's Campaign' ensuring carers of people with dementia are supported to stay with their relatives. PALS Outreach reaching mental health support charities, including Touchstone. Patient Reference Group/Patient Leaders Programme inclusive of individuals with mental and physical health issues. Level 2 Disability Confident getting the right people for our business and keeping and developing our people. Learning Bursts: 'Creating a Mentally Healthy Workplace'; Disability and Reasonable Adjustments; Living With A Long-Term Medical Condition. Identification and Reduction of Work-Related Stress Policy replaced Mentally Healthy Workplace Policy. Development and launch of peer support group for staff living with long term conditions. Duty of Care of Manager: Regular one-to-ones; Annual appraisal inclusive of question about health and wellbeing. Sustainability of status as a Mindful Employer Event to mark World Mental Health Day in October 2018, working in partnership with third sector organisations. Development of Mental Health First Aid Trainers for roll-out of learning and champions across the Trust.
9	We will improve the experience of patients who do not have a religion or belief	Diverse and Inclusive Chaplaincy Team providing a comprehensive service of religious, spiritual and pastoral care to patients and staff. Religious or Belief Awareness Training delivered throughout the year to staff across the Trust. Patient Reference Group/Patient Leaders Programme working towards diversity and inclusivity of membership including people who do not have a religion or belief. Continued link to Leeds Religion and Belief Hub, which has a work stream on non- religious spiritual and pastoral care. Nurse Specialist Assessment and End of Life Individual Care Plans due regard to spiritual needs. Following equality analysis of patient data, Patient Carer Public Involvement Project in relation to 'no religion or belief' planned for January to March 2019. Monthly staff newsletter 'Diversity Matters', inclusive of religious and non-religious national and international events.
10	We will improve the experience of Lesbian, Gay and Bisexual (LGB) staff, patients and carers	Participation in Stonewall Workplace Equality Index involving external, impartial assessment. Development and publication of key actions to address areas for improvement in partnership with LGBT Staff Network. Establishment of LGBT Staff Network. First year produced published sexual orientation equality data, as part of continuous due regard to LGB equality. Further roll-out of LGB Staff Awareness Training. Participation in Pride March with greater staff presence and individual visible support from all the Executive Directors. Widened partnership working to include Rainbow Alliance.

11	We will ensure ready access to hospital services and information	Interpreting and Translation Services provided through Language Lines Solutions and Leeds Deaf and Blind Society. Review of Interpreting and Translation Policy and Guidance ensuring to provide clear and fit-for-purpose direction to staff. Sensory Awareness Training improving staff interaction with disabled patients and carers with sensory impairments. Learning Disability & Autism Champions across the Trust that have extra knowledge and skills to ensure positive patient experience, including in relation to access. Establishment of Equality and Diversity Champions, which will assist in accelerating the improving of the requesting, recording and meeting of disability-related patient access needs (NHS Accessible Information Standard). Albeit a gradual increase in actual numbers of disability-related access needs being recorded, the numbers remain low in comparison to the local population.
12	We will improve patient survey results of older inpatients, young patients using maternity services, LGB patients accessing A&E and BAME outpatients	Change in provider of surveys for Inpatient, Maternity, Childrens and Young People and Emergency Department, which will enable the Trust to robustly and readily analyse patient survey results by protected group. Exploration work with other NHS provider organisations in improving patient survey intelligence by merging results by protected groups where actual numbers are statistically low.

Publishing of equality information

Leeds Teaching Hospitals NHS Trust publishes information in July each year to determine the extent at which equality is placed at the heart of everything we do. The key headline actions that emerge from the analysis of the equality information are subsequently incorporated into the annual review of the Equality and Diversity Strategy to ensure seamless delivery on the equality agenda. The key findings and actions identified in 2018 are set out below.

	Key Findings for 2017 to 2018	Key Findings for 2018 to 2019
All people can access the Trust's services and experience the best possible clinical outcomes every time.	Black, Asian and Minority Ethnic (BAME) patients and Muslim, No Religion or Belief and Rastafarian remain more likely than other groups to not attend an outpatient appointment, but the year on year percentage change shows the gap is closing. White patients (with the exception of White Other) and older patients (in particular 65 to 74) remain more likely to be readmitted than other groups, but the year on year percentage change shows the gap is very steadily closing. Jewish and Rastafarian patients are more likely to be readmitted than any other religion or belief groups and Hindus least likely. The year on year percentage change shows the situation to be consistent with previous years for Rastafarian and Hindus. Older patients remain more likely to be treated within an 18 week period from the point of referral, but the year on year percentage change shows the gap is closing. Kashmiri patients are less likely to be treated within an 18 week period from the point of referral and the percentage change shows a year on year increase. White patients (in particular White Irish) and Christians and Jews are more likely to not be treated within 4 hours by the Emergency Department and the year on year percentage change shows a steady increase. Older patients are less likely to be treated within 4 hours by the Emergency Department and the year on year percentage change shows the gap is widening. Albeit actual numbers are significantly small, the rate of outpatient do not attends in relation to people that have neither declared as male or female has previously been reported as significantly higher in comparison to male and female, but recent data shows the opposite. Males are consistently more likely than females to be readmitted at a rate which has showed little movement over the last three years.	Further implementation of NHS Accessible Information Standard and improvement projects within Outpatients CSU, including fit-for-purpose patient leaflets, appointment letters and text reminders, to ensure information and communication support needs of all patients are met and people are in a position to attend outpatient appointments. Review effectiveness of the Trust's Interpreting and Translation Policy, including the extent at which requests for Interpreters are met across the Trust. Ensure robust and safe discharge and admission of older patients by working closely with the Trust's multi-disciplinary team and Adult Social Services and implement plans to meet the needs of patients with complex needs within the Emergency Department (ED). Carry out targeted engagement work with affected groups to better understand the data. Further roll out of the Patient Advice and Liaison Service within the different communities, including the different age, ethnic and religion/belief groups, to ensure all concerns are raised and addressed as far as reasonably possible. Consider Friends and Family Test (FFT) feedback, including ensuring inclusive of all ethnic groups and equality-related themes are identified and addressed. Reduce 'Not Known' and improve data quality through staff training on the purpose of capturing the data.

	Key Findings for 2017 to 2018	Key Findings for 2018 to 2019
All employees are supported, representative of the local community and led to deliver on equality.	There has been a 6% increase in females and a 4.12% increase in BAME representation across the workforce, including a 9.3% increase in females and a 53.3% increase in BAME at Bands 8a to 9 (although not an increase in all those bands). The number of staff declaring their religion or belief has increased year-on-year from 8% in 2011/12 to 63% in 2017/18. The number of staff declaring their sexual orientation has increased by approximately 10% in 2018 and the number of staff declaring whether or not they are disabled has increased by approximately 9% in 2018. Males remain disproportionately represented in conduct processes whilst BAME staff now show less in comparison to the Trust population. The number of grievances, are small and in turn year-on-year change significant. However, there has been a significant change in the sex, age and ethnicity of staff which have taken out a grievance. The number of grievances taken out has fallen from 43% to 12% in respect of males, 44% to 0% in respect of Under 35 and risen by 20% in respect of BAME staff. The overall percentage of appointed BAME candidates, Under 25 and candidates from non-Christian religions or beliefs is significant in comparison to the local working population. However, there is a 'drop off' within the recruitment process for all of these protected groups. Through staff survey results: Men consistently tell us that they are less likely to report the most recent experience of harassment, bullying or abuse. BAME staff consistently tell that they are in comparison to White staff more likely to experience discrimination at work, harassment, bullying or abuse from staff and less likely to believe there are equal opportunities for career progression or promotion. LGBT staff tell us they would not feel comfortable disclosing their sexual orientation at work to colleagues and have experienced negative comments or conduct from colleagues at work because of their sexual orientation. 16 to 30 year old staff consistently tell us that they experience physical violence from patients, relatives or the public. Disabled staff tell us that when compared to the Trust average they are more likely to experience discrimination, harassment, bullying or abuse at work, suffer work related stress and attend work when feeling unwell. The Trust is making significant progress in increasing the staff engagement score for our disabled staff and closing the gap by at least 50% by 2020.	Work with the following staff networks: Female Leaders Network to encourage women to progress more quickly into leadership roles. BAME Staff and Volunteer Staff Network to develop and promote learning opportunities to support BAME staff to progress in the organisation and review the training provided for recruitment. Lesbian, Gay, Bisexual and Trans (LGBT)+ Staff Network to build upon staff engagement events on LGBT equality, create a visible signal of individual staff commitment to LGBT equality and continue collaborate work with local partners through the LGBT+ Subgroup of the Health and Wellbeing Board to create visible LGBT role models. Further analysis and investigation into the 'drop off' within the recruitment process of particular affected protected groups. Continue to raise the profile of the necessity to objectively and fairly assign stretch assignments at internal senior management forums in clinical and non-clinical areas. Roll out newly launched Leading Care programmes, which are aimed at developing leadership capability for nurses and AHPs in Bands 5, 6 and 7. Offer workshop sessions to Consultants to encourage Clinical Excellence Awards from across the workforce. Build capacity and capability and improve the demographic profile of Dignity At Work Champions and Advisors and Freedom to Speak Up Ambassadors and Guardians. Continue to improve the information we hold about staff through the roll out of the Electronic Staff Record (ESR) self service module and employee on boarding system for new starters. Continuation of programme of schools engagement, work experience, internships and apprenticeships. Continue to work on a number of pan-Leeds initiatives to look at improving the recruitment of young people from local areas to the hospitals. Sustainability and further development of peer support group for staff living with long term conditions and Staff Health and Wellbeing Programme. Sustainability of Level 2 Disability Confident and work towards achieving Level 3 as a Disability Leader.

Section 4

Section 4: Quality Account

Section 4: Quality Account

4.1 Chief Executive's Statement from the Board

4.1.1 Introducing the Trust

The Leeds Teaching Hospitals NHS Trust (LTHT) is one of the largest and busiest NHS acute health providers in Europe, a regional and national centre for specialist treatment, a world renowned biomedical research facility, a leading clinical trials research unit, and also the local hospital for the Leeds community. This means we have access to some of the country's leading clinical expertise and the most advanced medical technology in the world. Each year we treat around 1.5 million patients across 7 hospital locations:

- Leeds General Infirmary
- St James's University Hospital
- Seacroft Hospital
- Wharfedale Hospital
- Chapel Allerton Hospital
- Leeds Children's Hospital
- Leeds Dental Institute

We have a £1 billion budget, providing local and specialist services for our immediate population of 770,000 and regional specialist care for up to 5.4 million people.

Our patients are at the heart of everything we do. We employ almost 17,000 people who are committed to delivering high quality care to all our patients all of the time. We also have an international reputation for excellence in specialist care, research and medical training. We contribute to life in the Leeds region, not only by being one of the largest employers, but by supporting the health and well-being of the community and playing a leading role in research, education and innovation.

4.1.2 Development of the Quality Account

Our Quality Account for 2018/19 has been developed with our staff, stakeholders and partner organisations, including clinicians and senior managers, commissioners at NHS Leeds Clinical Commissioning Group (CCG), and Healthwatch Leeds. It has been approved by the Trust Board

4.1.3 Chief Executive's Statement on Quality

On behalf of the Trust Board and staff working at Leeds Teaching Hospitals NHS Trust, I am pleased to introduce you to our Quality Account for the year 2018/19.

Once again we had much to be proud of in our achievements during the last 12 months. We have continued to make improvements in quality and safety whilst facing significant operational challenges, these achievements are highlighted in the Quality Account.

We have continued to experience pressures relating to emergency admissions and capacity within our hospitals throughout the year, which has affected all NHS trusts, particularly during the winter months. We have continued to work with our partners in health and social care to improve the flow of patients, and the progress we have made was recognised in the local system review that was undertaken by the CQC in October, publishing their final report in December 2018. The review was carried out under Section 48 of the Health and Social Care Act 2008, as part of a national programme. The aim was to look at how people move through the health and social care system in Leeds, exploring local area commissioning arrangements and how organisations are working together to meet the needs of people who use our services, their families and carers, to help us understand people's experiences of care and what improvements could be made.

We have established a quality improvement programme, focusing on our internal processes for discharging patients earlier in the day and we are seeing some early successes in this, which will be progressed in 2019/20. We have further expanded the service we established with Villa Care at Wharfedale hospital last year to additional wards at St James's hospital. This will continue to be a priority in 2019/20, focusing on patients in our hospital beds who have been assessed as being medically fit for discharge.

We have continued to develop our approach to quality improvement in 2018/19, using the Leeds Improvement Method and this is making a big impact on the services we provide for patients as it continues to be embedded in our safety culture. You will see the progress we have made against this in the Quality Account together with the goals for continued improvement in 2019/20.

The CQC undertook an inspection of some of our core services in August and September 2018 together with a use of resources and well-led review in line with the revised inspection framework. We were delighted to be rated as outstanding in critical care, Leeds Dental Institute and use of resources and good overall, to reflect the excellent progress we have made in embedding our Leeds Way Values and the Leeds Improvement Method, creating a positive culture where staff feel engaged. This was reflected in the results of the NHS Staff Survey where we were one of the highest performing Trusts nationally compared to the previous year's results.

We have worked with our clinicians, managers and local partners at NHS Leeds Clinical Commissioning Group and Healthwatch Leeds to identify the priorities set out in our Quality Account for 2019/20. I hope you enjoy reading this summary of our achievements in 2018/19 and the work we have to done improve quality and safety in our hospitals. To the best of my knowledge, the information in this document is accurate.

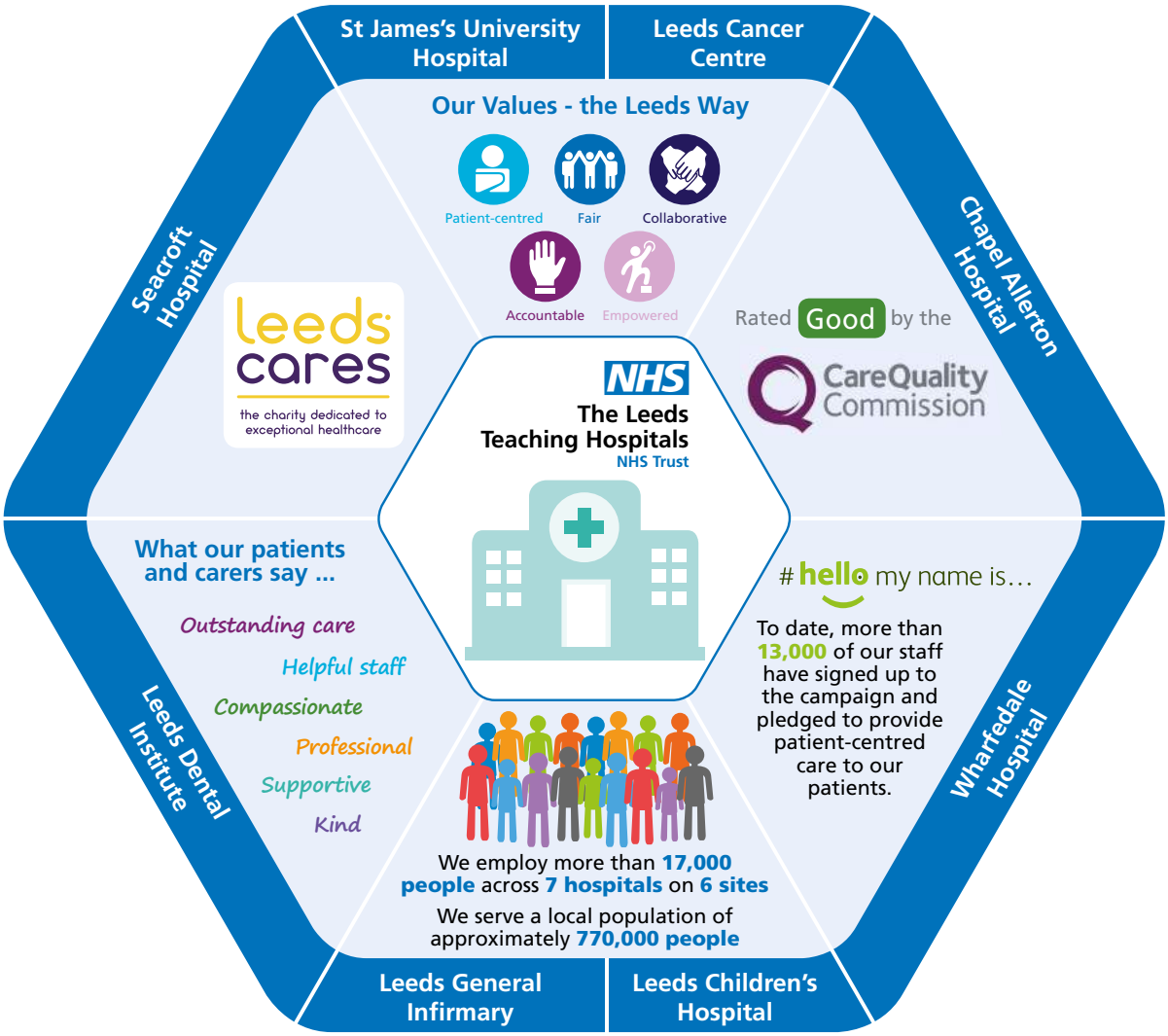
Signed

Julian Hartley, Chief Executive

Date: 26/06/2019

Signed for, and on behalf of the Trust Board

4.1.4 Leeds Teaching Hospitals NHS Trust at a glance



Our Vision

To be the best for specialist and integrated care

Our Strategic Goals

- The best for patient safety, quality and experience
- The best place to work
- A centre of excellence for specialist services, research, education and innovation
- Hospitals that offer seamless, integrated care
- Financially sustainable

Our Values

Our staff worked together to develop our values. This is known as 'The Leeds Way'. It defines who we are, what we believe and how we will work to deliver the best outcomes for our patients.

Patient-centred

Consistently deliver high quality, safe care.

Organise around the patient and their carers and focus on meeting their individual needs.

Act with compassion, sensitivity and kindness towards patients, carers and relatives.

Fair

We will treat others how we would wish to be treated.

Strive to maintain the respect and dignity of each patient, being particularly attentive to the needs of vulnerable groups.

Collaborative

Recognise we are all one team with a common purpose.

Include all relevant patients and staff in our discussions and decisions.

Work in partnership with patients, their families, and other providers - they will feel in control of their health and care needs.

Accountable

Act with integrity and always be true to our word.

Be honest with patients, colleagues and our communities at all times.

Disclose results and accept responsibility for our actions.

Empowered

Empower colleagues and patients to make decisions.

Expect colleagues to help build and maintain staff satisfaction and morale - more can be achieved when staff are happy and proud to come to work.

Celebrate staff who innovate and who go the extra mile for their patients and colleagues.

4.1.5 Care Quality Commission - inspection and ratings

	Safe	Effective	Caring	Responsive	Well led	Overall
Wharfedale						
Leeds Dental Institute						
Chapel Allerton						
Leeds General Infirmary						
St James's Hospital						
Overall Trust						

The full report is available at this link: www.cqc.org.uk/provider/RR8

We continued to work with partners, including commissioners at NHS England and NHS Leeds CCG and with regulators at NHS Improvement and the Care Quality Commission.

The Leeds Teaching Hospitals NHS Trust was required to register with the Care Quality Commission (CQC) under Section 10 of The Health and Social Care Act 2008 from 1 April 2010.

The Trust is required to be compliant with the fundamental standards of quality and safety. The Trust's current registration status is registered with the CQC without conditions (compliant). The Care Quality Commission has not taken enforcement action against Leeds Teaching Hospitals NHS Trust during 2018/19, and has not participated in any special reviews or investigations by the CQC during the reporting period.

The CQC revised its inspection framework in 2018/19, introducing a more focused, risk orientated approach to Inspection.

During the inspection cycle the Trust is visited on three occasions:

- core service inspection - The CQC are required to inspect a maximum of four core services out of ten in each cycle
- use of resources review - This is undertaken by NHS Improvement on behalf of the CQC; a rating is given for overall use of resources
- provider well-led review.

The Trust received the routine provider information request (RPIR) at the end of May 2018. The returns were submitted to the CQC on 11 June 2018.

Information to support the preparation for the Use of Resources review was submitted to the CQC on 11 August 2018, co-ordinated by the Corporate Finance Team in conjunction with the Corporate Operations Team and CSUs.

The CQC arrived unannounced to undertake the core service inspection on 21 August 2018. The CQC inspected three core services - surgery, medicine and urgent and emergency services. In addition, the CQC brought two inspection teams to review the critical care core services and also the Leeds Dental Institute location during the well-led review in September 2018.

The CQC did not identify any significant risks to patient safety during their visits, or during the feedback meeting.

The use of resources review was undertaken by NHSI on 23 August 2018. There were no significant concerns identified during this review by NHSI.

The provider well-led review was undertaken 25-27 September 2018. This consisted of a three-day schedule of interviews with Executive Directors, Non-Executive Directors, Heads of Departments and a range of staff focus groups.

The well-led review was arranged during the week of the Trusts Annual General Meeting (AGM), Trust Finance and Performance Committee and also the Trust Board on 27 September. It was also noted that the CQC review of the Leeds Health Care System was being undertaken during that week, which was arranged through a different department at the CQC as part of a national review programme.

The CQC also recruited a specialist Mental Health advisor to the team who focused specifically on the care of patients with mental health conditions in our hospitals as part of the wider inspection process.

The CQC published their final reports on 15 February 2019. The Trust was rated **Good** overall and **Outstanding** for Critical Care, Leeds Dental Institute and Use of Resources.

The CQC reports included 15 actions that the Trust must take under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were set out in the action plan that has been developed. These requirements and the associated actions were reviewed at Quality Management Group on 21 February 2019. They were discussed with Heads of Nursing and Clinical Directors in February 2019 and with the CQC local inspectors at the engagement meeting on 5 March 2019. The action plan was also reviewed with commissioners at NHS Leeds CCG at the joint quality meeting on 12 March 2019.

The Trust submitted the action plan to the CQC on 14 March 2019.

The action plan will be monitored for assurance by the Quality Assurance Committee.

4.2: Improving our Quality of Service

4.2.1 Progress against our Quality Goals 2018/19

Patient Safety

Nationally set priorities, our continued commitment to provide harm free care, alongside feedback from patients and carers helped us to shape our areas of focus for Quality Improvement. These include:

- Improving the care of patients with sepsis (see page 123)
- Improving the recognition and response of the patient clinically deteriorating (see page 125)
- Reducing the incidence of falls and harm sustained by patients following a fall (see page 126)
- Reducing harm and Improving Patient Safety Culture by Integrating Daily Patient Safety Huddles on Wards (see page 127)
- Reducing the number of hospital acquired pressure ulcers (see page 128)
- Improving care for patients with Parkinson's (see page 129)
- Reducing healthcare associated infections and promoting the best use of antibiotics (see page 131).

Patient Experience

Our staff, local partners, HealthWatch Leeds, and our patients and their carers helped us determine our patient experience priorities (see page 117):

Our identified new areas of commitment here are:

- Supporting two 'Always Events', which aim to:
  - Improve the night time experience for patients
  - Improve the anaesthetic / theatre experience for patients
- Reporting how we have obtained public and patient feedback and taken this into account, in our planning of 'Building the Leeds Way'
- Each bed holding CSU undertaking two new patient and public involvement activities and reporting how using the feedback obtained has influenced patient care.

Clinical Effectiveness

Continued pressures on our capacity impact the ability to manage our patients effectively and optimally within both emergency and elective pathways. Therefore, our Leeds Improvement Method Value Streams (see page 120) were selected to improve flow across different areas of the Trust.

Key achievements from 2018/19 include:

- Transurethral Resection of Prostate (TURPs) Pathway:
  - The average length of stay has reduced from 39 hours to 24 hours.
  - Total time spent in outpatient clinic reduced by 58%, from 64 minutes to 27 minutes
  - Effective and respectful communication means all patients now receive 6 weeks' notice for their surgery
- Improving patient flow in Emergency Department
  - 91% improvement in the number of interruptions to the Junior Doctor while completing clerking of the patient
  - Ward round engagement; 29% improvement in Junior doctors feeling the ward round provided a positive learning experience
  - MDT meeting: reduction of time taken from 40 minutes to 25 minutes, using a different model has increased productivity by 41%
- Orthopaedic Centre elective pathways in total hip and knee replacement patients
  - Improvements in the scheduling process, including offering patient s more choice regarding their surgery date, means the scheduling team reduced the time spent on rework from 80% to 10%; a huge productivity gain
  - Collaboration between surgeons and support staff has created an 80% reduction in theatre tray set up time for knee replacement procedures; from 59 minutes to 9 minutes
  - Early Mobilisation; Length of stay in recovery reduced from 17 to 4 hours (78% improvement) meaning patients are in a better environment for their needs.

4.2.2 Our Priority Improvement Areas for 2019/20

We know from our Quality improvement work in recent years that early improvements in patient experience and processes occur, but delivering true impact on patient outcomes across the Trust (for example reducing cardiac arrests and falls) takes several years of commitment to both identifying the interventions that make a difference and adapting these at scale across the Trust. This is matched by the findings from the Virginia Mason Institute that work streams can take 3 years or more to improve outcomes for patients.

Therefore, our priorities for the Trust for 2019/20 identified as:

- Those existing improvement programmes that need ongoing commitment to ensure improvements already made are sustained, spread and embedded across the Trust
- Alongside supporting new areas of work to continually improve the services we provide
- The overarching principle for all these work streams is their importance to provide a positive patient experience, high quality care, with optimal outcomes. They have been grouped under the section headings below for the requirements of this Quality Account document.

Clinical Effectiveness

We continue to support the sustainment and spread of improvements within all our Leeds Improvement Method Value Streams from 2019/20, for example:

- Embedding improvements in flow within Outpatient Services
- Adult Cardiac Surgery
- General Surgical Admissions
- Emergency Department at the Leeds General Infirmary
- Critical Care Flow to Neurosciences.

Patient Safety

We continue to support our Patient Safety and Harm Free Care Improvement Programmes to improve outcomes further and spread the improvements Trust wide. These include: Sepsis including Antimicrobial Stewardship, Pressure Ulcers, Falls, and Maternity Services. New areas of focus include: Healthcare acquired infections and discharge.

Patient Experience

The outlined priorities for the coming year are:

- To undertake a Quality Improvement initiative aimed at addressing the length of time it takes for a CSU to respond to a complaint
- To support the expectation that families should receive a Death Certificate within five days of death, by improving the time taken to issue a medical certificate of cause of death (MCCD)
- To further grow relationships with external Organisations, and in doing so, improve opportunities for the public to support the Trust in different ways
- To deliver a project focussed on improving patient interactions with the nursing workforce, enhancing overall patient experience.

Progress against all our quality objectives will continue to be monitored, measured, and reported to the appropriate governance groups and committees within our Quality Committee Structure and summaries provided to the Quality Assurance Committee.

Quality Improvement Strategy

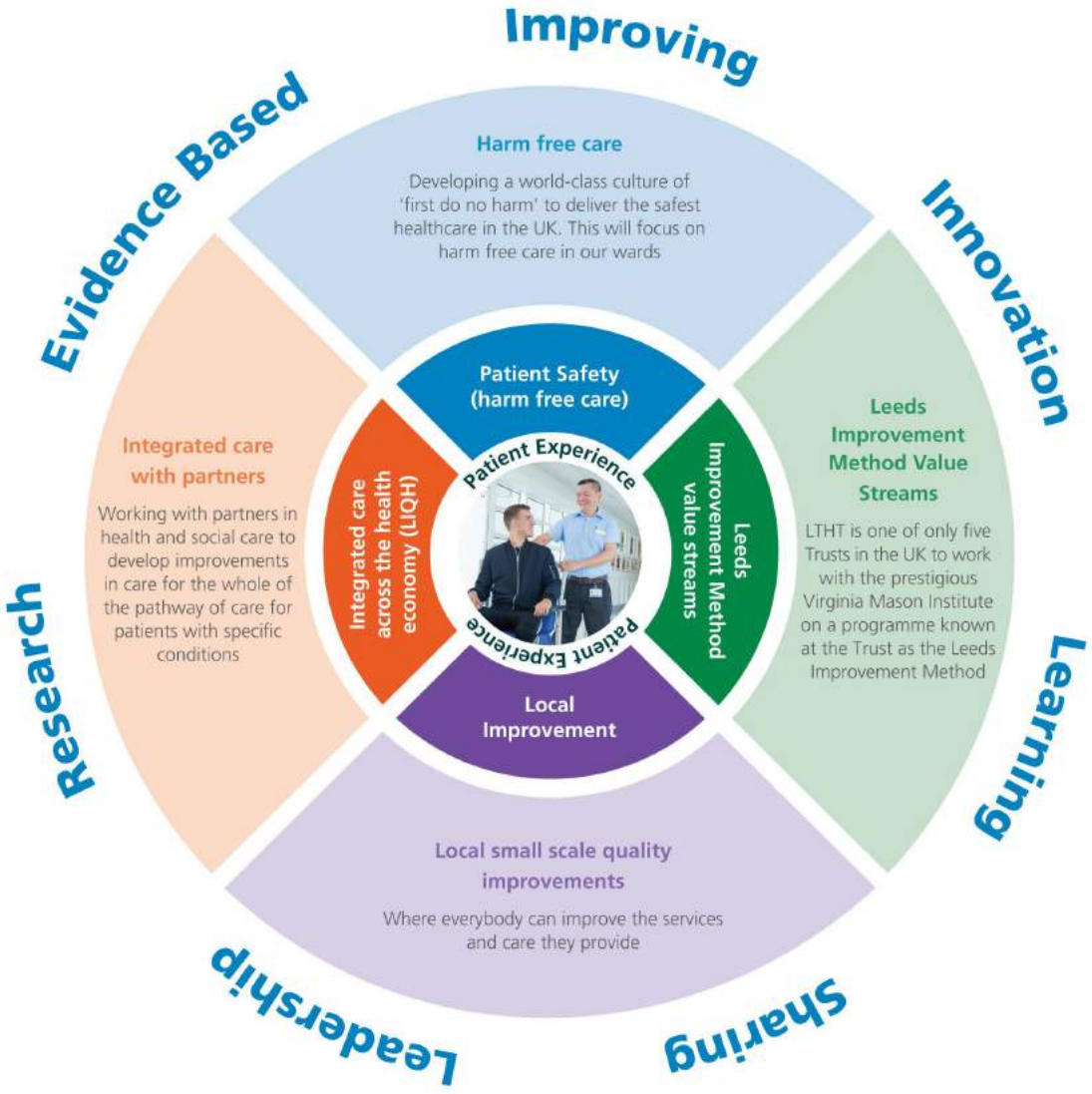
We published our first Quality Improvement Strategy in 2014 and are really proud of the improvements we have achieved in the last 4 years. Having created excellent foundations to take our ambitions significantly further, we updated our Strategy for 2017 - 2020, which was approved by our Trust Board in March 2017.

In our 2017-2020 Quality Improvement Strategy we reflect on the progress we have made and set our ambitions for the next 3 years, including areas we wish to improve even further, as well as setting new priority areas. It focuses on four main areas, with patient experience at the heart.

This strategy is shaped by:

- Working with our staff and patient representatives
- Our current work with the Virginia Mason Institute and partner organisations
- Our collaborative quality improvement work, supported by partners, including the Improvement Academy.

Quality Improvement Framework 2019/20



Summary of the Leeds Improvement Method

The Quality Improvement Strategy brings together our existing approaches to improvement; utilising both Lean Methodology and the IHI Model for Improvement, to form the Leeds Improvement Method (LIM). Our underpinning philosophy of LIM is that everyone working at LTHT is empowered to make improvements in their daily work bringing the benefits of a safe, high quality experience, for every patient and member of staff.

During 2018/19 we continued to grow our capability to deliver, scale up and spread implementation of the Leeds Improvement Method, working with the prestigious Virginia Mason Institute. Our Kaizen Promotion Office (KPO, Kaizen refers to use of Lean methodology and continuous improvement) lead was formally accredited by Virginia Mason in the methodology meaning LTHT can now certify leaders in the method independently.

Through our Value Streams and by Educating, Training and Coaching increasing numbers of our workforce, we are enabling use of the approach in more of our everyday work and becoming a place where everyone is committed to continually improving the quality of care for our patients.

Our education, training and development programmes, including an introduction for all staff at Trust Induction has engaged with over 9403 staff in the use of the method.

Total training numbers currently stand at:-

Our aims in 2019/20 are:

- To utilise our 'Building Improvement Capability Formula' for education and training that will enable wider reach of the method into our workforce and right across our business
- To undertake a review of leadership and management training organisationally with the aim of embedding LIM and the world class management system.

Our education and training goals

4.3: Review of Quality Programme

4.3.1 Leeds Improvement Method Value Streams

Key Achievements for 2018/19

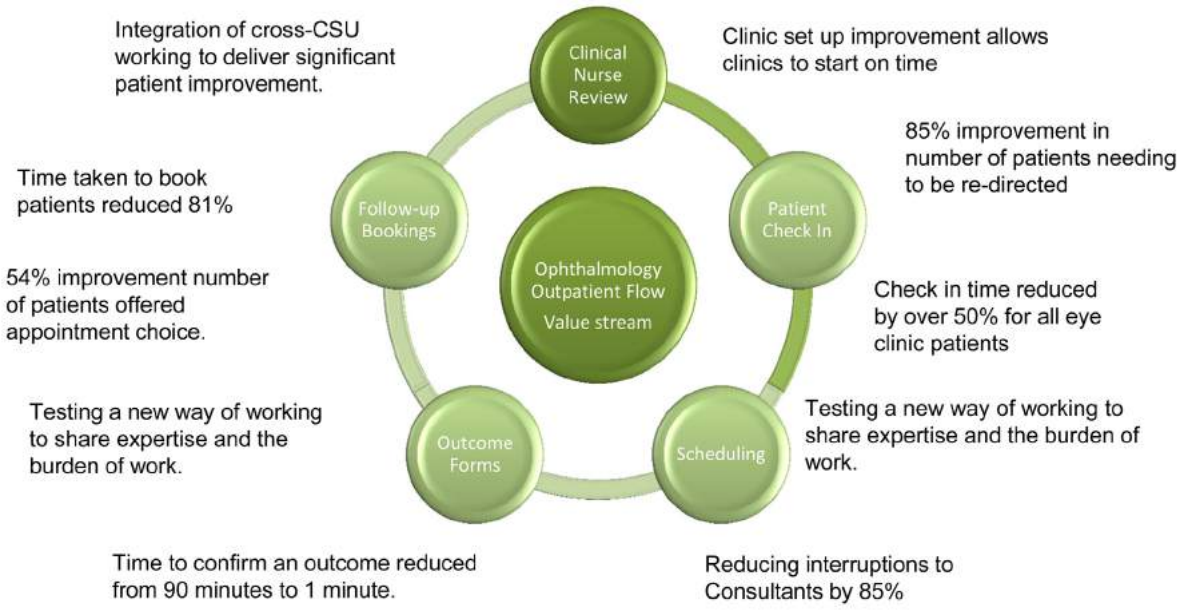
Of the original five Value Streams, three of the value streams transitioned to operations within the year of 2018/2019, having undertaken and embedded work from the Rapid Improvement Weeks. These include Elective Orthopaedics, Urology Discharge and Time to First Consultant Review. The two remaining Value Streams of Neurosciences Critical Care and Ophthalmology Outpatients are still currently on-going, both reaching their fifth Rapid Improvement Event.

In addition, 2018/2019 has seen the launch of two new Value Streams; Acute General Surgical Admissions and Adult Cardiac Surgery. Both of these Value Streams have completed their first Rapid Improvement Weeks and have seen encouraging start to both understand the work at the point of delivery, but also to begin to engage staff within the continuous improvement cycle. Planning for delivery of the next Rapid Improvement Weeks is currently in process.

Our Aims in 2019/2020

Our aim is to develop Value Streams in alignment with the organisations vision, organisational objectives as well as operational goals. Work has begun to develop the golden thread to link all of these through directly to supporting continuous development within key areas. To demonstrate this work is now underway to launch a Value Stream within the Emergency Department at the LGI, and planning will commence within 2019/20 to develop a Cancer MDT Value Stream. The value streams identified will continue to support the achievement of the NHS constitutional standards

Ophthalmology Outpatients – Kaizen Plan



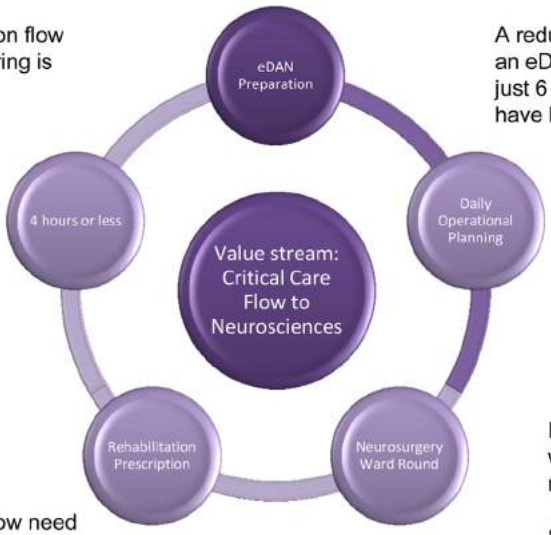
Critical Care Flow Value Stream – Kaizen Plan

Standardised information flow to ensure decision sharing is consistent and timely.

28% reduction in time taken for patients to leave Critical Care once ready.

95% reduction in time taken for the MDT to complete a rehabilitation; now under 2hours.

Less than 7% of forms now need additional information: 92% improvement.



A reduction in set up time for an eDan from 29 minutes to just 6 minutes where systems have been pre-populated.

Time taken to gather information reduced 85% to under 8 minutes. Accuracy of digital roster information now 100%

Increasing direct interaction with patients during the ward round by 850%

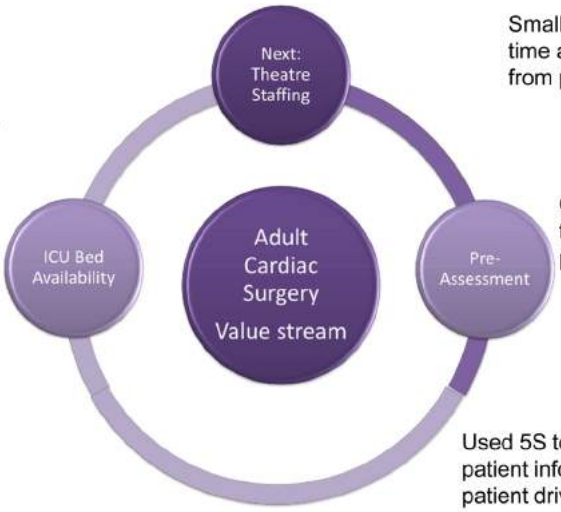
Standardising information sharing to achieve 83% compliance with all categories

Always using appropriate introductions

Adult Cardiac Surgery Value Stream – RPIW Trajectory

A reduction of 92% for patients cancelled on the day due to Critical Care bed availability.

An 80% reduction in patients prepared unnecessarily for surgery

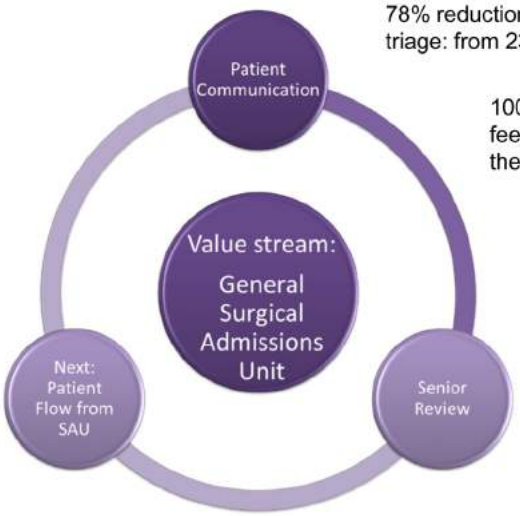


Small scale tests done in real time and feedback gathered from patients in-flow

Created a 'One best way' test to standardise the pre-op process with standard work.

Used 5S to organise and standardise patient information for a quality, patient driven experience

Surgical Assessment Unit Value Stream- RPIW Trajectory



78% reduction in waiting time for triage: from 23 to 5 minutes.

100% Improvement in patient feedback regarding understanding of the process.

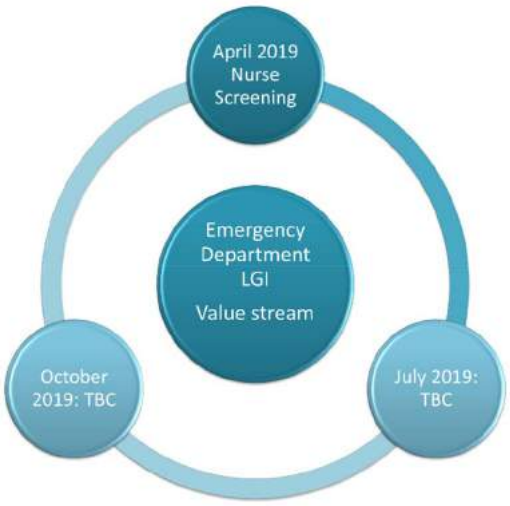
68% of blood samples sent within 5 minutes: 68% improvement.

Patients were 100% satisfied with care provided using the new process.

100% of patients understood the next step in their care plan.

Testing a new process that delivers a senior decision in under 1 hour a 78% improvement.

Emergency Department Value Stream- RPIW Trajectory



4.3.2 Patient Safety

Improvement in the Care of Patients with Sepsis

Background

Sepsis is a life-threatening condition that arises when the body's response to an infection causes it to attack its own tissues and organs. Recognising the signs early and treating without delay is critical to improving outcomes for people who develop sepsis. LTHT is committed to ensuring sepsis is identified and treated promptly by focusing on a number of measures and processes to reduce the burden and devastating impact sepsis can have.

Key Achievements in 2018/19

We have been working towards the three standards outlined in the Sepsis CQUIN 2015-18 which include:

- Timely identification of patients with sepsis in Emergency Departments and Acute Inpatient settings
- Timely treatment of sepsis in emergency departments
- Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis.

Improvements have been made in relation to timely identification and screening of patients on admission to a hospital setting, however a key challenge still remains the timely treatment of patients and ensuring IV antibiotics are prescribed and administered at the earliest opportunity; this remains a priority as we move into 2019/20. Further details in relation to the CQUIN indicators can be seen in section 4.4.

Stamp out Sepsis - An infectious problem

LTHT has re-launched its sepsis faculty, which now includes a quality improvement collaborative to facilitate workstreams across clinical areas with a clear aim of providing timely assessment and treatment, and improving the quality of ongoing care for patients with sepsis.

Within LTHT World Sepsis Day 2018 was marked by holding sepsis focused events across the Trust to raise awareness of the importance of early recognition and treatment of sepsis, and the improvement measures in place.

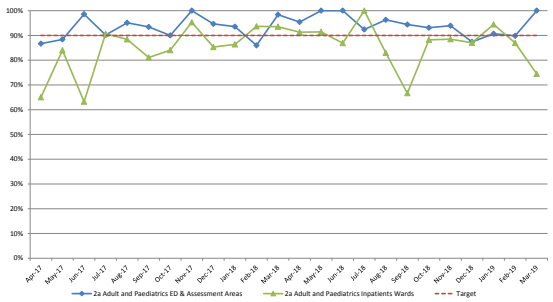
In addition, the introduction of pre-stocked sepsis trolleys for several medicine and surgical wards now help with early assessment and identification of sepsis; including blood culture packs.

LTHT hosted its inaugural Sepsis conference in May 2018, which was a great success with national speakers, patient stories and a number of educational sessions for staff to facilitate shared learning.

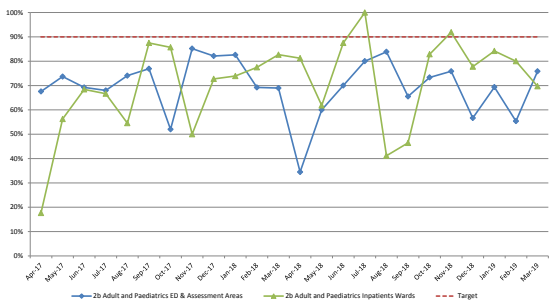
Aims for 2019/20

- Timely identification and treatment of sepsis in emergency departments and acute inpatient settings
- Antibiotic review within 24-72 hours
- Reduction in antibiotic consumption per 1,000 admissions
- A second Stamp out Sepsis (SOS) conference is planned for October 2019, led by LTHT and involving colleagues from community and primary care.

Timely identification of patients with Sepsis in Emergency Departments and Acute Inpatient settings



Timely treatment of Sepsis in Emergency Departments and Acute Inpatient settings



Acute Kidney Injury

Acute Kidney Injury (AKI) is a major cause of harm, with half a million people sustaining AKI in England every year. It has a major impact on patients, including increased length of stay in hospital, the risk of progression into chronic kidney disease, and an increased risk of dying. It is estimated that AKI could be preventable in 20-30% of cases, so making improvements in the detection and treatment of AKI can make a big difference for our patients.

Following conclusion of the Healthcare Foundation project, a number of interventions were introduced into clinical areas to improve the recognition and treatment of AKI. These include;

- An AKI alert is now visible on all wards within the Trust, allowing staff from all areas to complete the care bundle when the patient is identified as having AKI.
- The AKI staging and advice regarding on going care is now automatically populated in the Electronic Discharge Advice Notice (eDAN).
- Monitoring of hydration is now included in the Ward Healthcheck audits
- Patient information leaflets have been developed to increase patient awareness.

Moving forward, we will continue to ensure that AKI remains a key focus on all of our hospital wards; in addition the standards relating to the management of AKI will be monitored via the Trust Clinical Audit Programme and ongoing support will be provided via the Quality Improvement Steering Group.

Deteriorating Patients

Background

Our multidisciplinary QI faculty was formed in July 2014; when we started a breakthrough series collaborative with 14 wards trialling small-scale tests of change, to reduce avoidable deterioration. Following testing, an intervention bundle of the most successful interventions (including escalation of care stickers, and a brief guide for staff recording observations) was created, and tested across all pilot wards, before beginning to scale up to other Trust areas.

Our faculty is more passionate than ever about continuing to improve the treatment and care of our patients when they deteriorate on our wards, to ensure they receive safe, timely, and effective treatment and care, and better end of life care.

Due to the use of E-Obs now being embedded throughout the organisation our bundle of interventions has evolved and now includes:

- Safety Huddles
- 1:1 NEWS Training & Observations Made Easy
- Escalation of Care Sticker to trigger ReSPECT
- ReSPECT form
- Post 2222 Call Review.

Key Achievements in 2018/19

- In June 2018 there was the LOWEST number of cardiac arrests that the Trust has seen.
- This year we achieved a 30% step-reduction in cardiac arrest calls across the Trust.
- We continued to see the reduction in the number of cardiac arrests per year.
- Some of the faculty members went to Bradford Royal Infirmary in June 2018 to present our work and share good practice. They are in the early stages of their reducing avoidable deterioration collaborative, therefore were really keen to learn more about our work and gave us some excellent feedback.
- Successful implementation of NEWS2.

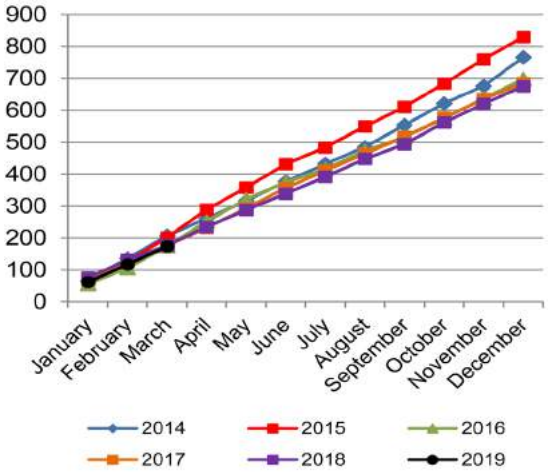
Our visit to Bradford

Aims for 2019/20

In 2019/20 we aim to support adaptation of interventions in non-ward areas and develop new innovations to strive towards our goal of improving the care the care of our deteriorating patients by achieving our goal of a 50% reduction in cardiac arrest calls across the Trust. In addition, the implementation of the ReSPECT continues to be a key focus.

J91 receiving a certificate for going 100 days without a 2222 call

Trust-wide Cumulative 2222 Calls
January 2014 - May 2018



Reduction in the incidence of falls and harm sustained by patients following a fall

Background

Falls are the most common cause of injury in a hospital and result in both psychological and physical harm including, bleeding, fractures, or even death in vulnerable patients. Falls have an annual cost to the NHS of £2.3 billion, with an average cost of £2,600 per fall.

Annually there are over 200,000 falls reported to the NRLS across the health economy. Falls have a significant and lasting impact for patients and those resulting in harm are more likely to occur in acute Trusts.

Key Achievements in 2018/19

- There has been a sustained reduction in both all falls and falls with harm as measured by the monthly prevalence audit Safety Thermometer.
- Since April 2017 falls with harm have seen a statistically significant reduction of 62%.
- Throughout the year, pro-active CSUs have been working to reduce falls. Oncology CSU have produced a short video for patients to access on how they can prevent a fall whilst in hospital. Abdominal Medicine & Surgery CSU have focused on improving compliance with falls prevention training. Neurosciences CSU hold monthly falls meeting to share learning from local incidents.

Aims for 2019/20

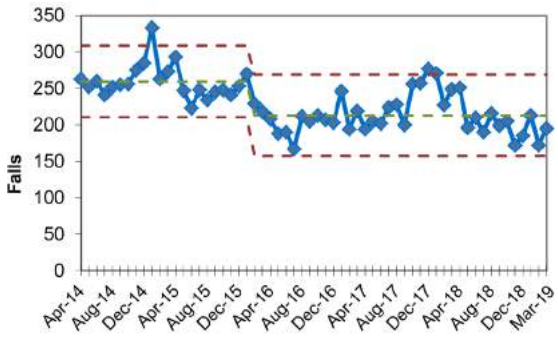
Our ambition for 2019/20 is to:

- Embed and scale up Quality Improvement work
- Sustain improvements made to the number of patients suffering a fall
- Achieve 90% compliance with staff training in falls prevention
- Review and update the falls prevention competencies
- Participate in the continuous Royal College of Physicians inpatient hip fracture audit.

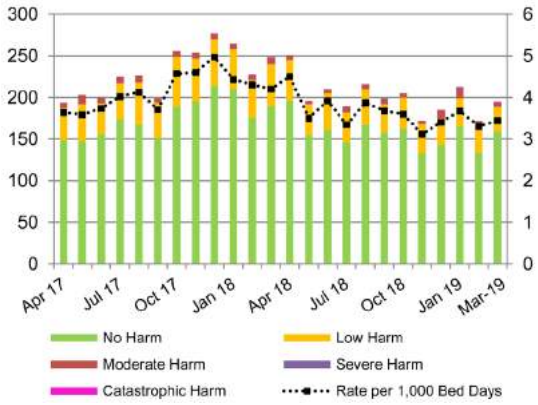
In addition the Trust will be working towards achieving the standards outlined in the 2019/20 CQUIN 'Three High Impact Actions to Prevent Hospital Falls', as follows;

- Lying and standing blood pressure recorded at least once
- No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics)
- Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.

All Falls



Falls incidence, severity and rate per 1,000 bed days



The rate of falls per 1000 bed days has seen a 17% reduction since April 2018.

Safety Huddles

Background

In partnership with Yorkshire and Humber Improvement Academy and supported by a 'scaling up' grant from The Health Foundation between 2015-17 we have established and embedded 'Safety Huddles' across our organisation. We are now supporting other organisations scale up safety huddles across the region.

Safety Huddles are team meetings, which take place at a regular time each day for 5 to 15 minutes, and involve all members of the team. Team members can confidently speak up and jointly act on any safety concerns they have, allowing wards to continually learn and improve, as well as to celebrate success. Safety Huddles are focused on one or more agreed patient harms (identified by the team) such as falls, pressure ulcers, or avoidable deterioration, and ownership of ward data is a crucial part of the huddle, for example, monitoring days between falls etc. Huddles take place on > 91% of wards at LTHT; 45% have seen a step reduction (statistically significant) reduction in harm such as falls. Our evaluation data has shown that Safety Huddles have led to a positive shift in teamwork and safety culture.

Key Achievements in 2018/19

- In June 2018 the huddles team won a HSJ award for 'Enhancing value through increasing patient safety and reducing litigation' award.
- LTHT won a Health Business Award in December 2018 for Patient Safety, following the success of the Safety Huddles improvement programme.
- Following the successful implementation of Safety Huddles within the Portering Team a number of other teams across LTHT are now huddling, such as Outpatient areas and Radiotherapy.

Aim for 2019/20

Our ambition for 2019/20 is to:

- Embed Safety Huddles in the remaining clinical areas
- Sustain improvements in patient safety across the Trust.

Reducing Pressure Ulcers

Background

It is estimated that 80-95% of all pressure ulcers are avoidable. Pressure ulcers are painful, can lead to chronic wound development and can have a significant impact on a patient's recovery, their quality of life and can lead to an increased length of stay in hospital. The trust's ambition is to reduce all avoidable pressure ulcers by 10% year on year.

As part of the actions to reduce pressure ulcers, work continues on the Trust wide pressure ulcer collaborative launched in November 2017 which has seen the implementation of the SSKIN bundle across LTHT. In addition, there has been a 43% reduction in Hospital Acquired Pressure Ulcers across the 16 pilot wards.

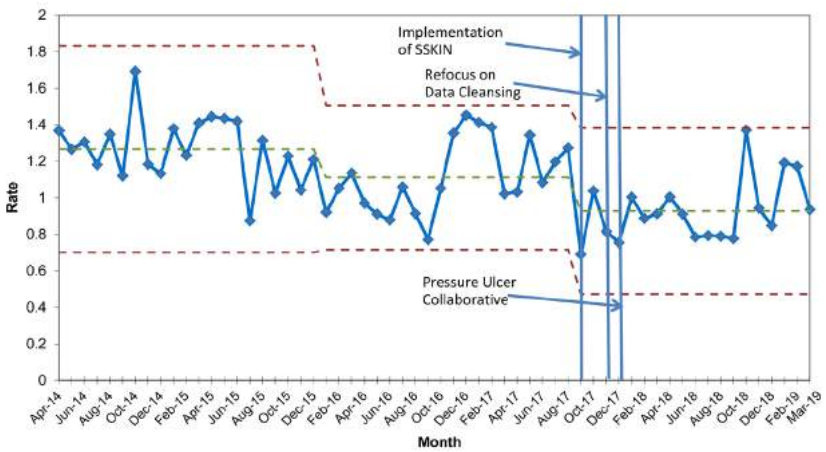
Key Achievements in 2018/19

- The Trust went for its longest period over the summer achieving 62 consecutive days without a Category 3 or above hospital acquired pressure ulcer.
- Following the successful implementation of the SSKIN bundle in all adult inpatient areas, it has now been adapted and rolled out across all paediatric inpatient areas.
- The PURPOSE T risk assessment tool has been successfully adapted into an e-form for use on PPM+ in all adult inpatient areas.
- The use of the teaching and learning resource 'SSKIN week' for staff in inpatient ward areas has continued and was presented at the WOUNDS UK conference in Harrogate in November 2018.
- A new "Stop the Line" investigation has been launched for all hospital acquired Category 2 pressure ulcers; with the aim of improving the overall quality of our investigation process and timely identification of key learning points.
- A pilot initiative has been introduced in SJUH ED, where purple blankets are used to identify patients with pressure damage or those at risk of developing pressure ulcers; this highlights the need for additional assistance with repositioning.
- Development and pilot of a specialist wound assessment e-document on PPM+ to ensure clear documentation and associated care plans

Aims for 2019/20

- Continue working towards a zero tolerance for Category 4 pressure ulcers and a 10% reduction year on year of all acquired pressure ulcers.
- Adapt and implement SSKIN bundle and PURPOSE T for Maternity areas
- Continue the Stop the line pilot for Category 2, 3 and U hospital acquired pressure ulcers in the collaborative wards.
- Launch a new e-learning package which will replace the current competencies for level 2 pressure ulcer prevention priority training.
- Develop a business case to scale up and roll out the purple blanket initiative across LTHT.
- Roll out of the specialist wound assessment e-document on PPM+ to vascular, dermatology and plastics.

Developed Pressure Ulcers per 1,000 Bed Days



Improving Care for Patients with Parkinson's

Background

There are approximately 1500 patients with Parkinson's in the Leeds area, and around 30-40 inpatients in the Trust with Parkinson's at any time. In 2016, following feedback from patients and carers, we formed our Parkinson's Quality Improvement Collaborative with the aim of:

- Identifying and promptly administering Parkinson's medications
- Improving culture, teamwork, and accountability
- Identifying and promptly managing patients with swallowing difficulties.

With the help of patients and carers we have developed and tested a bundle of interventions to ensure patients receive timely medication and holistic care.

Key Achievements in 2018/19

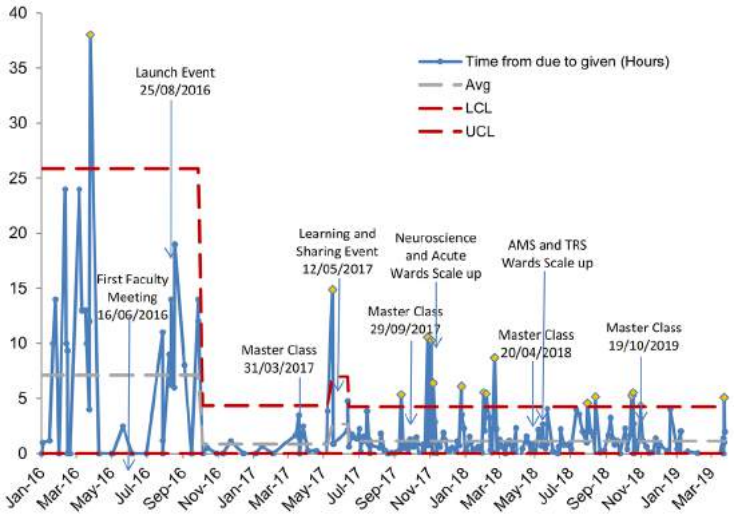
- The Trust has sustained a reduction in the delay in patients receiving their first dose of medication after admission from over 7 hours to 67 minutes.
- We have continued to implement the bundle of successful interventions Trustwide.
- By raising awareness of the need for timely administration of medication and the role every team member can play, we have seen a reduction in omitted Parkinson's medications from 15% to 1%.
- A Parkinson's liaison service is now fully established across the Trust.

Aim for 2019/20

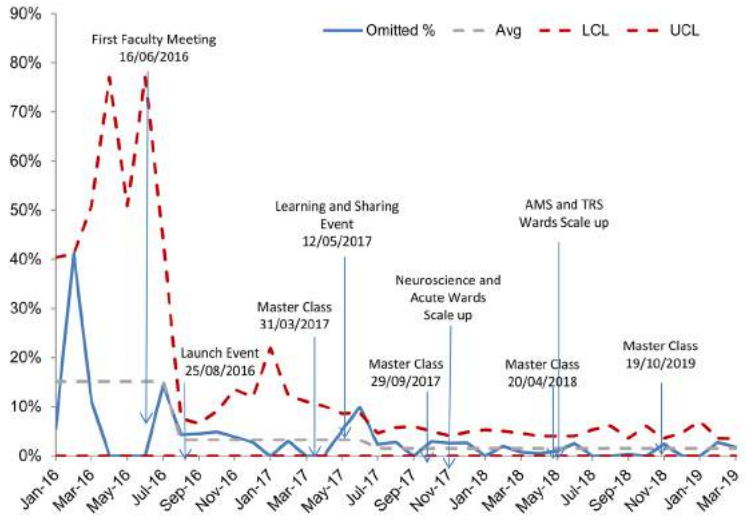
Our ambition for 2019/20 is to:

- Continue the Trustwide implementation in the remaining clinical areas
- Sustain improvements in patient safety across the Trust.

Delay in first dose of Parkinson's Medication after admission



Medicines omitted in 24 hours



Maternity Care - reduction in harm including 3rd degree tears

Background

In September 2017, a Quality Improvement collaborative was set up with the aim of reducing Obstetric Anal Sphincter injury (OASI). Members of the collaborative included Consultants, Midwives, the Head of Midwifery, Midwifery managers, Research Midwives and a QI Fellow. Our proposed changes were a combination of interventions adapted from RCOG OASI care bundle, which required embedding locally and new interventions designed by the team.

Key Achievements

- There has been a statistically significant reduction in OASI rates since 2017.
- The introduction of PEACHES training.
- Introduction of Safety Huddles in Midwifery.
- A key focus has been on the use of Ventouse and Episcissors for assisted deliveries, as this reduces the risk of perineal trauma caused by forceps delivery.
- Doctors and Midwives who have completed the PEACHES training have been identified as champions to provide support to colleagues.

Staff on the Delivery Suite achieving 7 days without a OASI

Training & Education

What is **PEACHES**?

P - Position

E - Extra midwife (present at birth)

A - Assess the perineum (throughout)

C - Communication

H - Hands-on technique
(Manual perineal protection - MPP)

E - Episiotomy if required

S - S-L-O-W-L-Y

All LTHT Midwives and all trainee doctors received PEACHES and Episiotomy training prior to the February 5th 2018 launch date.

Aims for 2019/20

- To continue to embed PEACHES and sustain the improvements made.
- The maternity unit has been supported to appoint a Clinical Leadership Fellow to commence work in September 2019 to continue to improve in quality in the maternity service.
- We continue to participate in the national maternal/ neonatal safety collaborative.
- We will be looking at Induction of Labour as a QI initiative.

Reducing Rates of Healthcare Associated Infections (HCAI)

Background

The reduction of HCAIs remains a key priority for the Trust and there has been a significant fall in patients diagnosed with Meticillin-Resistant Staphylococcus Aureus (MRSA) bacteraemias, associated with care they received from LTHT.

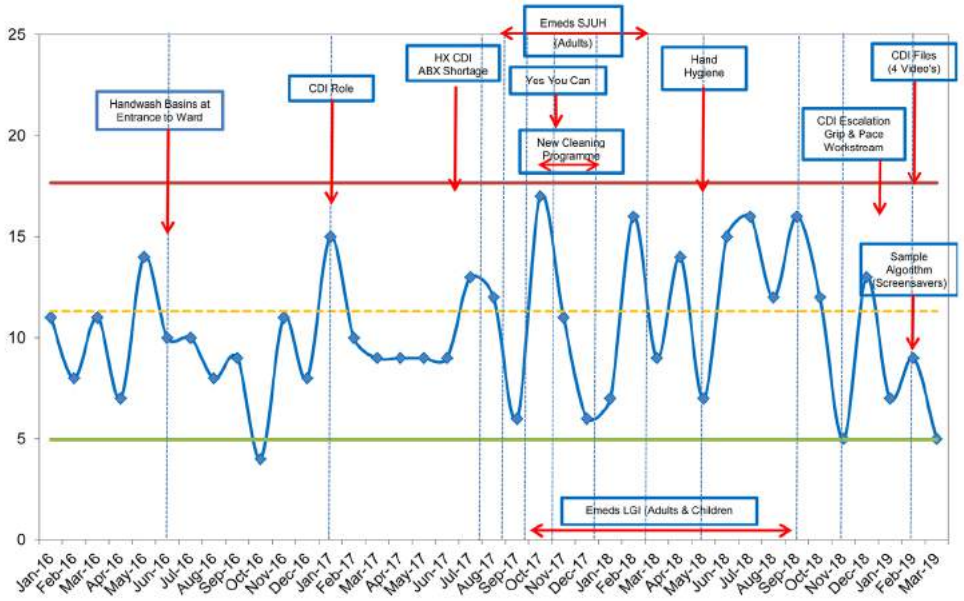
Key Achievements in 2018/19

- In 2018/19 LTHT went 175 consecutive days without an MRSA blood stream infection (BSI). The great news is that the lengthening gap between incidences of MRSA BSI means that our changes are becoming embedded and sustainable.
- Infection Prevention Nurses (IPN) presented their achievements in reducing HCAIs at the International IP Society conference held in September 2018.
- IPN's were commended at the Nursing Standard awards in October 2018, for the outstanding work in reducing harm from CDI.
- As part of the HACI faculty LTHT Launched an intervention bundle to reduce BSI on 17 pilot wards.
- We launched short animated video's enabling staff to refresh on the fundamental aspects of care in relation to reducing CDI.

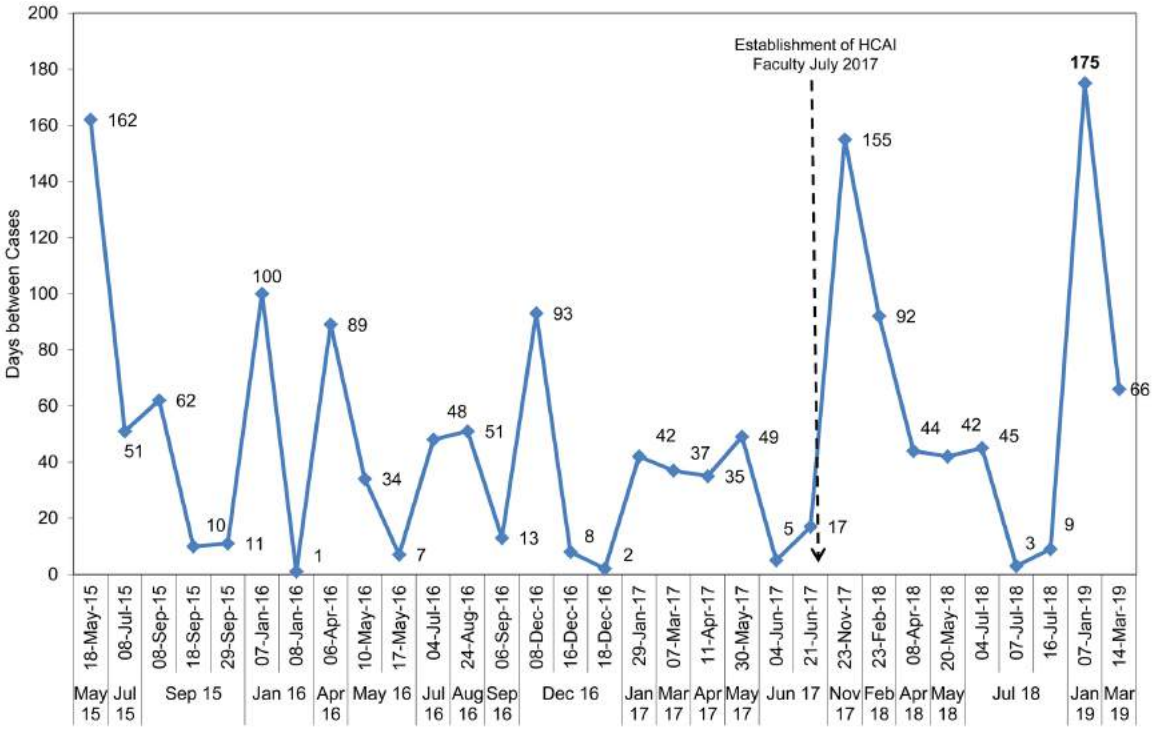
We held our 3rd HCAI Learning Event in December 2018, which continues to confirm great engagement across the clinical teams and we continue to share and celebrate the success in reducing BSI with our teams

- We introduced rapid testing for influenza in the Emergency Departments and also a rapid test pilot for norovirus.
- Introduction of digital stool charts (Bristol Stool chart) has enabled accurate recording of patient's symptoms as part of digital transformation.
- To support clinical teams with the management of patients with infections we have introduced digital infection prevention records.

Total apportioned CDI cases



Days between accountable MRSA cases 01.04.2015 - 23.01.2019



Aims for 2019/20

- In 2019/20 we aim to build on the foundations of the HCAI collaborative and scale up the implementation of HCAI interventions bundle across all LTHT wards to achieve and sustain further reductions in the BSI, with education and training a key focus.
- We will strengthen guidance on recognising diarrhoea and produce a Personal Protective Equipment (PPE) visual aid following continuous improvement through collaborative work, which will deliver the right equipment, at the right time for the right patient.
- Expand the current HCAI collaborative to increase awareness of antimicrobial stewardship and reduce the incidence of CDI cases.

Our ambition is to continue to focus on the national ambitions of "Zero tolerance" to MRSA bacteraemia, and reducing Gram negative bacteraemia, namely Escherichia coli, Klebsiella species and Pseudomonas aeruginosa by 50% by March 2021 and prevent avoidable CDI.

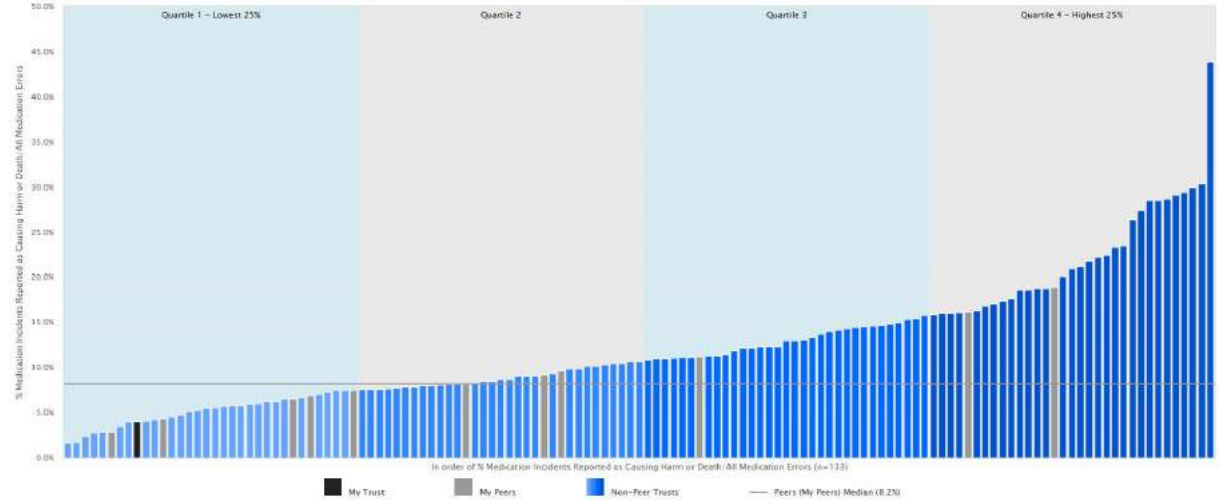
Medications without Harm

Leeds Teaching Hospitals NHS Trust is good compared to our peer Hospitals in terms of reporting and learning from situations when things don't go according to plan with medicines; this is essential in encouraging a positive learning culture.

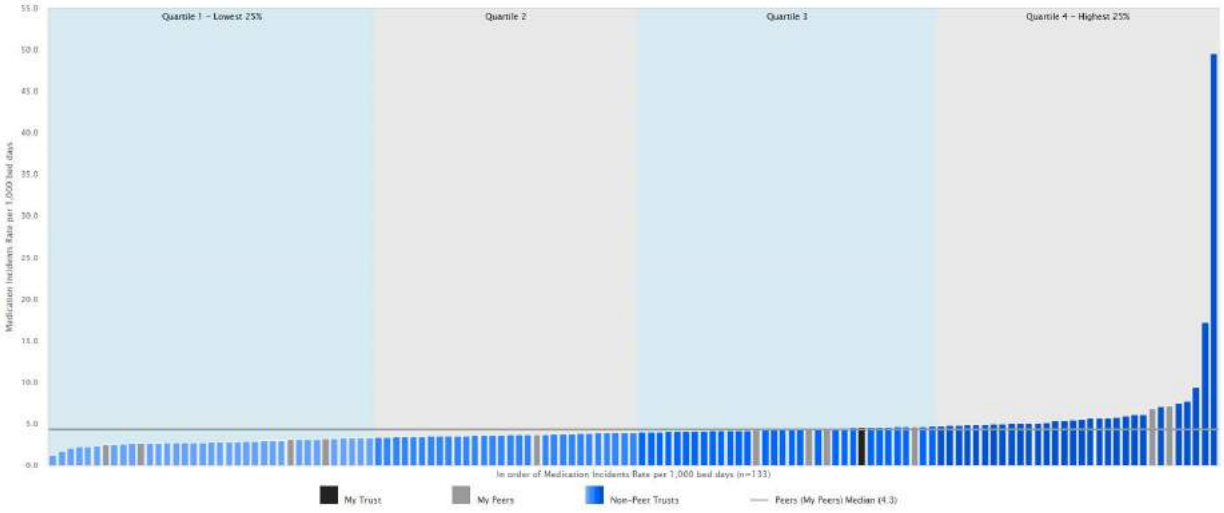
LTHT demonstrates a good incident reporting culture compare to our peer nationally, this is illustrated in the chart below.

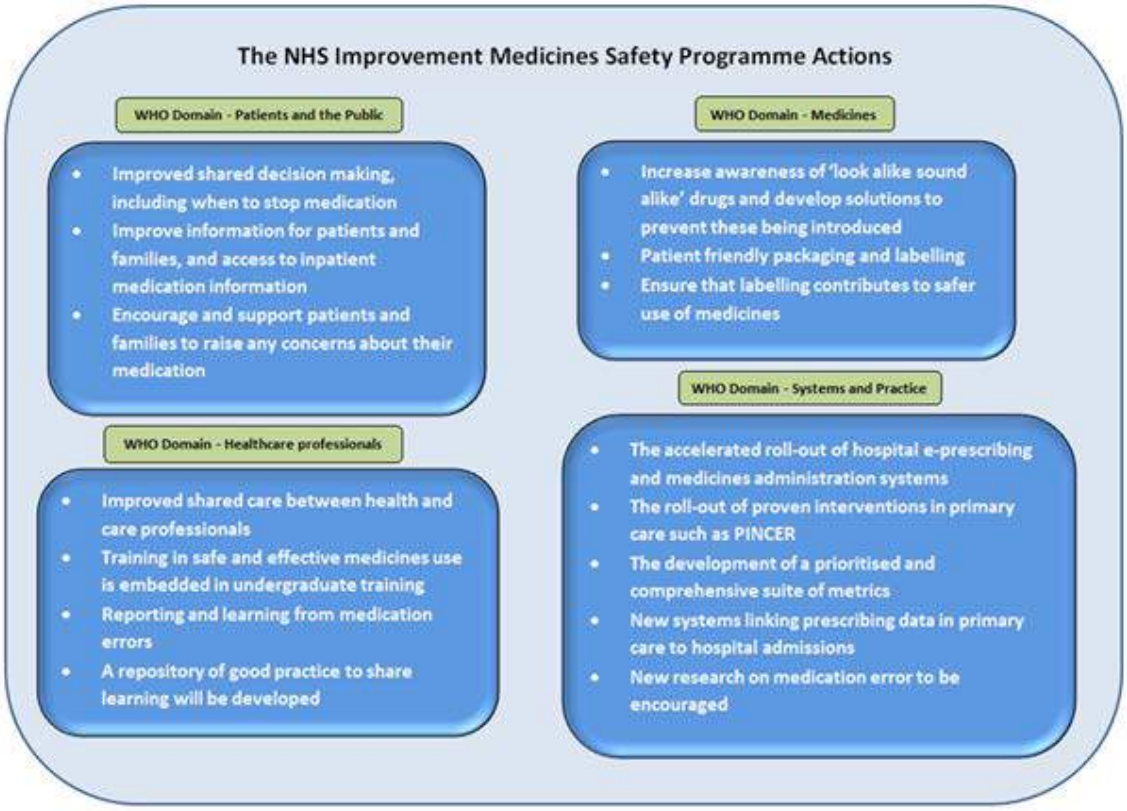
Very few of the incidents with medicines cause any harm to our patients and we continue to try to eliminate this completely. The Trust has a low rate of incidents causing harm when compared to our peers and other Trusts. The graph below shows percentage of incidents recorded as causing harm where LTHT is in black and our peers are in grey.

% Medication Incidents reported as causing harm or death/all medication errors, national distribution



Medication incident rate per 1,000 bed days, national distribution





Leeds Teaching Hospitals NHS Trust has responded to an international initiative called the World Health Organisation (WHO) Global Patient Safety Challenge. This challenges many organisations worldwide to make changes to reduce the level of severe, avoidable harm related to medications by 50% over 5 years. The three priorities to help focus this work are to consider the areas of polypharmacy, which is when people are taking a lot of different medicines; high risk situations and transfer of care. In England a group from NHS Improvement have set up a Medicines Safety Programme and our work in Leeds is prioritised in line with this.

Aims for 2019/20

In 2019 we will be working to further improve our reporting of incidents and learning more about what we might do differently. This year we want to learn equally from situations where care with medicines was really good as well as when things might not have gone so well.

Reducing Harm from Preventable Venous Thromboembolism (VTE)

Background

Patients admitted to hospital are at risk of developing a venous thromboembolism (VTE) or blood clots. Reducing the risk of these occurring is an important part of patient care. Assessing adult patients who are admitted to hospital for their risk of developing blood clots or their risk of bleeding helps us decide how best to care for each patient.

Key Achievements in 2018/19

- We have updated our training resource to include lessons learned from investigations into Hospital Acquired Thromboembolism (HAT).
- On World Thrombosis Day in October 2018 we organised a second Trust-wide study session; following the success of the previous year. The event focused on awareness of VTE, and what actions can be taken to reduce the risk to our patients.
- We also published a Learning Points Bulletin and Quality and Safety Matters Bulletin highlighting lessons learned from preventable HATs; these were circulated trust-wide in October 2018.

Aims for 2019/20

- To improve risk assessment rates and achieve the 95% target while ensuring we continue to investigate HATs and feedback learning to clinical staff.
- Our IT department are developing an alert which will highlight that the VTE risk assessment needs completing, this should be available soon and should result in improved risk assessment rates.
- We are developing a bespoke VTE prevention e-learning package and film to include case studies and key learning from RCAs at LTHT.
- We are working with the electronic medicines team to ensure that patients who require VTE prophylaxis receive it within 14 hours of admission.

Percentage of admitted patients risk-assessed for VTE against the national benchmark of 95%

Indicator	Reporting period	Trust performance	National acute average
Percentage of patients admitted to hospital who were risk assessed for venous thromboembolism (VTE)[1]	Q1 2018/19	91.5%	95.6%
	Q2 2018/19	91.5%	95.44%
	Q3 2018/19	92.5%	95.6%
	Q4 2018/19	92.7%	Not available

1 Excludes independent sector providers

NHS Safety Thermometer

Background

The NHS Safety Thermometer Classic provides a 'temperature check' on harms associated with falls, pressure ulcers, catheter associated urine infections (CAUTIs) and venous thrombo-embolism (VTE). Data is collected nationally on one Wednesday every month. Results are published on the NHS Safety Thermometer website. This is a prevalence audit and therefore gives a snap shot view of patients in the bed base at the time of the audit and differs from the incidence for the month.

Key Achievements in 2018/19

Since December 2017 Harm Free Care performance has remained above 95% for six months.

The national tool accounts for harms that happen prior to admission and is outside of our influence. Therefore we record this separately to the harm that happened whilst in our care.

New Harm Free Care has remained above 97% since December 2017

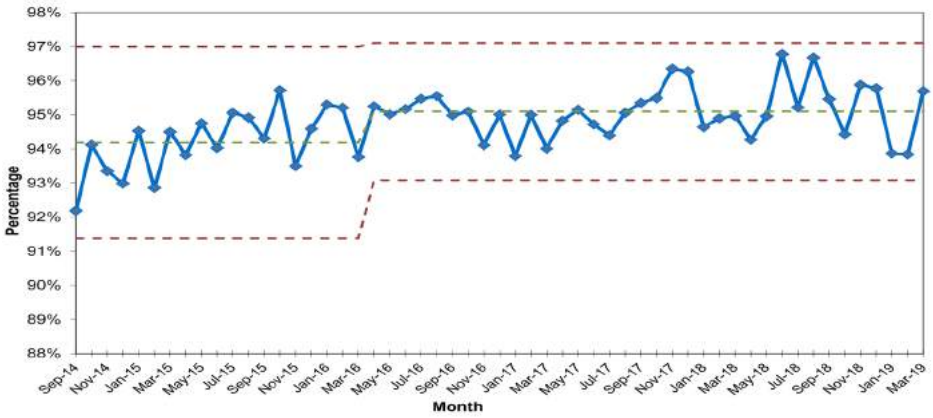
The improvements in our performance over time are due to a reduction in all falls, falls with harm, new pressure ulcers categories 2 to 4 and new CAUTIs remaining stable.

Aims for 2019/20

Our ambition for 2019/20 is to:

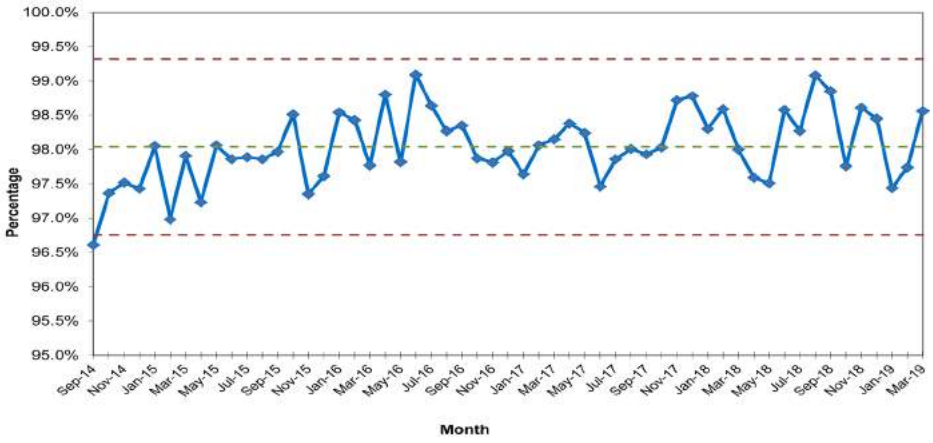
- Sustain improvements made to the number of patients receiving Harm Free Care
- Achieve greater than 97% Harm Free Care.

Safety Thermometer - harm free care



(NB. The upper and lower control limit is calculated at 3 standard deviation points from the mean)

Safety Thermometer - new harm



Safeguarding Vulnerable People

Background

The Trust is committed to safeguarding all children, young people and adults at risk of abuse; we believe that everyone has an equal right to protection from abuse, regardless of their age, race, religion, gender, ability, background or sexual identity.

Leeds Teaching Hospitals NHS Trust continues to work to enhance safeguarding practice and standards across the whole organisation to safeguard our most vulnerable patients and to continue to develop and embed a culture that puts safeguarding at the centre of care delivery.

The safeguarding team continues to work to raise the profile of Safeguarding across the Trust, the aim being for the Safeguarding team and safeguarding process to be integrated into the work of the LTHT, for the team to be highly visible and that staff feel informed and confident in accessing safeguarding advice.

Key Achievements in 2018/19

- We have co-facilitated a City wide conference alongside Leeds Safeguarding Adult Board and other NHS providers in Leeds on the theme of 'a shared understanding of self-neglect'. The Safeguarding team is grateful to The Children and Young People's Diabetes team and Tissue Viability team who led two excellent workshops which were very well received.
- Following a full review of mandatory safeguarding training in 2017/18 we are proud to report that in 2018/19 we have reached our ambitious targets.
- The team has represented the Trust on a number of Serious Case Reviews, Serious Adult Reviews and Domestic Homicide Reviews within the city. The trust continues to play a full part in Safeguarding across the region. Partnerships have been strengthened with the police safeguarding/anti-terrorist unit with trust representation at various multi-agency forums including modern day slavery, Prevent and the Channel process. We have also participated in city wide multi-agency strategic work led by Safer Leeds on older adult abuse and rough sleepers.

Aims for 2019/20

To align LTHT policy and practice with the new Leeds Safeguarding Adults Board (LSAB) Citizen-Led Safeguarding Adult Policy is expected to be in place by end of April 2019.

A series of light bites is planned for the year to complement the requirement for 'additional learning' for healthcare professionals as outlined in the Department of Health intercollegiate document published in June 2018.

The LTHT Safeguarding Children Team in collaboration with other health partners has developed a West Yorkshire wide policy for the identification and management of fabricated or induced illness. The LTHT safeguarding team aim to facilitate a regional wide conference to launch this new and important document which will provide recommendations on interagency working to keep children safe from harm.

Scan 4 Safety

Background

LTHT was one of six demonstrator sites for a programme that utilises standards to associate; patient, product, place and process. This brings with it significant safety and efficiency benefits.

Key Achievements in 2018/19

- Expiring stock is now identified proactively reducing wastage and making significant financial savings.
- The Electronic Health Record (EHR) mobile application is now in full use across the Trust and allows direct access to numerous nursing forms as well as electronic observations, improving care and increasing time spent with the patient.
- Reporting is now in place to allow for real time stock management, reducing the number of operation cancellations or delays.
- Funding has been allocated by NHS Improvement to extend the deployment across the West Yorkshire Association of Acute Trusts (WYAAT).

Aims for 2019/20

- Commence the implementation of an improved point of care data capture solution across all six WYAAT Trusts.
- Extend roll out of patient location capture across all clinical areas.
- Link point of care capture of products directly with the EHR to improve the patient's record.
- Reduce the amount of paper required throughout the theatre pathway.

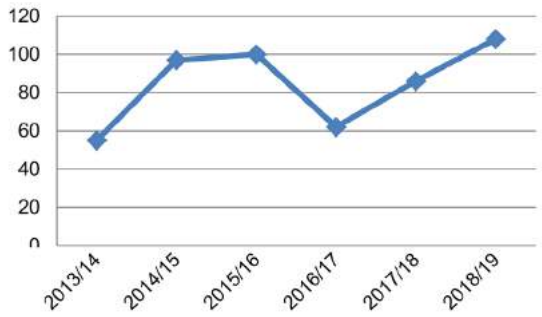
Scan4Safety Standards

Serious Incidents

We are committed to identifying, reporting and investigating serious incidents and ensuring that learning is shared across the organisation and actions taken to reduce the risk of recurrence: weekly meetings are held within the Trust to ensure these conversations take place.

The Trust Board receives a report on new serious incidents and the actions taken to reduce the risk. A more detailed discussion on serious incidents, including the lessons learned takes place at the Quality Assurance Committee; this Committee provides assurance on the follow up of incidents and the implementation of learning, including undertaking more detailed reviews of any areas of concern identified. This year has seen an increase in the total number of serious incidents reported.

Number of serious incidents reported



Lessons learned
Learn • Share • Improve

Learning from incidents

The Trust's Lessons Learned Group continues to increase widespread learning from serious incidents across the Trust. Five learning points bulletins were produced and disseminated Trust-wide during 2018/19, covering various topics including Never Events, VTE prevention, and discharge planning.

Lessons Learned are shared on the staff intranet, allowing all staff to access the learning points bulletins, videos, and resources to assist with learning.

Quality and Safety Matters bulletins are also produced when important safety concerns need to be disseminated quickly and in a succinct format. These are focused on topics identified through local investigations or from national learning. They are sent to all wards and departments within the Trust to ensure that all staff are aware of these risks and actions required.

Incidents reported by harm 2018-19 (NRLS*)

NHS Improvement now report monthly data from the National Reporting & Learning System (NRLS) that includes data for the full year 2018/19. Previous Quality Accounts have only been able to report on six-monthly data. However, this more up-to-date data does not include the same comparator data with other Trusts that has previously been reported in the Quality Account.

Indicator	Trust Performance 2018/19	Benchmark range for acute (non-specialist) Trusts
Total no. of patient safety incidents reported	23,595	2,383 - 43,090
No. of patient safety incidents that resulted in severe harm	23	2 - 128
No. patient safety incidents that resulted in death	15	0 - 54
Percentage of patient safety incidents that resulted in severe harm	0.097%	
Percentage patient safety incidents that resulted in death	0.063%	

*Source: NHS Improvement monthly NRLS report England April 2018 to March 2019

Learning the Leeds Way

In September 2018 the Trust hosted a patient safety conference in Leeds 'Learning the Leeds Way - Innovation and Collaboration for Change'. The event was attended by 120 delegates from a variety of clinical areas and professions in LTHT alongside colleagues from other NHS organisations in Yorkshire; the focus of the event was to share both lessons learned and best practice in relation to maintaining patient safety. Dr Bill Kirkup was the Keynote speaker and shared his experiences of working on national investigations such as the Morecambe Bay enquiry.

"Really good to have real examples to reflect on"

"Very inspiring and thought-provoking conference"

"Lots to take back and share with my teams"

"Provided so much assurance on the learning processes from significant events"

LIST (Leeds Incident Support Team)

The Leeds Incident Support Team (LIST) is a voluntary group of LTHT staff who have previously been involved in serious incidents. They have made a commitment to be available to talk to other staff who may become involved in a similar type of incident. They will talk through the process of an investigation and provide peer support.

Never Events

The NHS Never Events list provides an opportunity for commissioners, working in conjunction with trusts, to improve patient safety through greater focus, scrutiny, transparency and accountability when serious patient safety incidents occur. Nationally the most commonly reported Never Events relate to retained surgical items, wrong site surgery, and wrong implants.

We have reported seven Never Events during 2018/19 under the following categories:

- Connection of a patient to medical air instead of oxygen x2
- Wrong site surgery x1
- Wrong implant / prosthesis x1
- Feeding via a misplaced naso gastric tube x1
- Retained foreign object x2.

All of these Never Events were reviewed with the Trust's Chief Medical Officer and Chief Nurse and also with our commissioners at Leeds West CCG. They have also been reviewed with the clinical teams to ensure immediate action has been taken to reduce the risk of recurrence, that Duty of Candour regulations have been followed, and that they have been investigated in line with our serious incident procedure.

4.3.3 Patient Experience

Priorities

Background

Last year we continued to embed new approaches to including patients and the public in the work of the Trust. The Trust continued to support the implementation of two 'Always Events' aimed at improved night time experience of patients and improved the anaesthetic and theatre experience. We have also been working closely with our clinical service units (CSUs) to ensure they participate in patient and public involvement activities which improve and positively influence patient care. Finally, we actively engaged the public in discussions about building a new hospital in Leeds, in order to inform the planning process.

Our Aims for 2019/20

1. To reduce the time it takes for complainants to receive a response to their concerns.
2. To support the expectation that all families should receive a Death Certificate within five days of a patient death.
3. To further grow relationships with external organisations, and in doing so, improve opportunities for the public to support the Trust in different ways.
4. To increase the number of volunteers available to support the Trust to gather feedback from patients.
5. To deliver a project, focussed on improving patient reporting of nursing, and to test interventions which may be useful in influencing this.

Gathering feedback on building a new hospital in Leeds

The Children's Hospital hosted another fantastic 'In Your Shoes' conference earlier in the year where around 50 members of the Youth Forum and other young people met to share their experiences of living with a long-term illness and of hospital care. As part of the meeting, young people had the opportunity to see our proposals for a new Children's Hospital at the LGI; their feedback will help shape the future design.

In addition, further feedback on the new hospital build was gained from the Trust Patient Reference Group (PRG); the group will be kept up to date on progress and is looking forward to continuing their involvement in discussions.

Always Events

Theatre and Anaesthetics

As part of the Theatre and Anaesthetic related Always Events, the team are reviewing four aspects of the patient journey.

Key achievements from the initiative include;

- Provision of visual information in the admission lounge describing the theatre pathway, that has also been made available in Polish

- Changes to written and verbal information provided on pain management
- Clearer explanations about the role of PACU (Post Anaesthetic Care Unit), how long patients will be there, and what they can expect to happen
- Provision of dignity screens in PACU for patients who have recovered consciousness.
- Making sure staff names and roles are clearly visible to patients
- Improving the response for patients when pain relief is ineffective
- Provision of telephones for patients to update relatives from PACU or providing an opportunity to ask staff to do so
- The development of flash cards in different languages, to support patients to be safely prepared for surgery.

Calm at Night

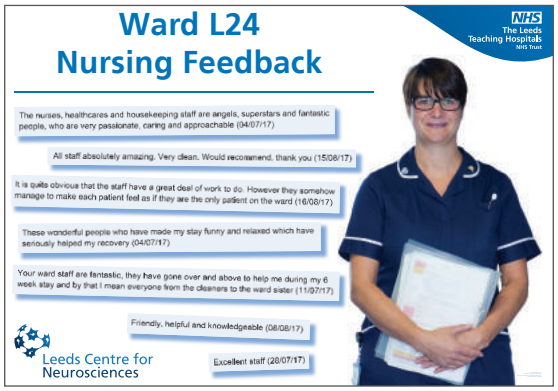
During 2018/19 work has continued on four pilot wards to support patients to have an improved nights sleep. We have introduced banners to signal 'quiet time' and to encourage staff to support an environment with minimal noise; earplugs and sleep masks are available for patients.

Patient and Public Involvement in Speciality Services

One of our quality goals last year was to undertake two new patient and public involvement activities and report on how using the feedback obtained has influenced care within the Trust. At each Patient Experience Sub Group meeting a Senior Manager from a CSU provides a presentation outlining improvements that have taken place as a direct result of patient and public feedback and involvement. Some of these improvements include;

Neurosciences

- Patients with Parkinson's disease have reported that they were worried that if they moved wards that staff would not be familiar with managing their condition. As a result, the service provided information to support other ward areas to understand the care required for this patient group.



- Patients provided feedback regarding the discharge process and outlined that this was slow; in response the service undertook an improvement project. The introduction of pre-pack medications onto the ward was one of the initiatives introduced which has assisted in patients being ready for discharge before mid-day.
- In a survey, 66% of patients reported that they could not always find somebody to talk to; in response, the service have recruited ten volunteers to assist in bridging this gap. This is in addition to the volunteer/stroke ambassadors that are already part of the service.
- Friends and Family feedback for the service identified that patients would like more access to therapy resource; the service has trialled a new way of working, with therapy staff being included as part of the ward team. This is proving very successful, as it enables the sharing of expertise between therapy and nursing staff and ensures patients have better access to therapy interventions, particularly over a weekend period.

Discharge Team

- The Trust worked with members of the public to produce posters and information leaflets to support the understanding of the discharge process and additional services available, in order to provide clarity for patients on what is a very complex process.
- The Trust has appointed eight more Discharge Co-ordinators across services to support patients and families through the discharge process.
- A Carers Leeds support worker is now in place to assist families when a patient requires on-going care after discharge. This is in response to feedback received from families who have reported difficulties in understanding what needs to happen when their relative is not able to go home and a care facility is required.

Trauma & Related Services

- The CSU have introduced Pain Team daily walk rounds on some wards in response to patient feedback regarding pain levels. This has improved pain management for patients and has been positively received.
- Our patient involvement groups have contributed to the development of new patient information resources; a key focus for this work has been the major trauma centre as patients explained they do not understand how a major trauma centre works and what repatriation entails when they are well enough to be moved closer to home.

Catering Services

- Significant changes were made to the menu for patients in October 2018. Since then, patients have had the option to say whether they would like a smaller food portion, this is because it is known that for some patients a full portion size can feel overwhelming and can prevent them wanting to eat.
- Afternoon cake continues to be an option that is offered on our older people wards to help them maintain the nutritional intake they require.
- In the Trust we have a significant number of patients who suffer with dementia, arthritis or stroke or who may have difficulties with their grip. As a result, the catering team have introduced the option for patients to have finger food available with every course during lunchtime and evening meals helping to maintain patient's independence.

What have we done to improve the experience of patients in 2018/19

Carers

The carers' webpage on the Trust internet site has been updated to provide much more information for carers on how to access support.

The Trust has introduced a second carers support worker to help families and patients who are in the position of choosing a self-funded care home and need support and guidance with the process. The post has helpfully been funded by Carers Leeds, who have a long established relationship with the Trust.

One exciting initiative which has begun this year has been to offer support from Carers Leeds for staff in the position of juggling work alongside a caring responsibility. Carers Leeds have been working in the organisation to facilitate staff support sessions.

Interpreting Services

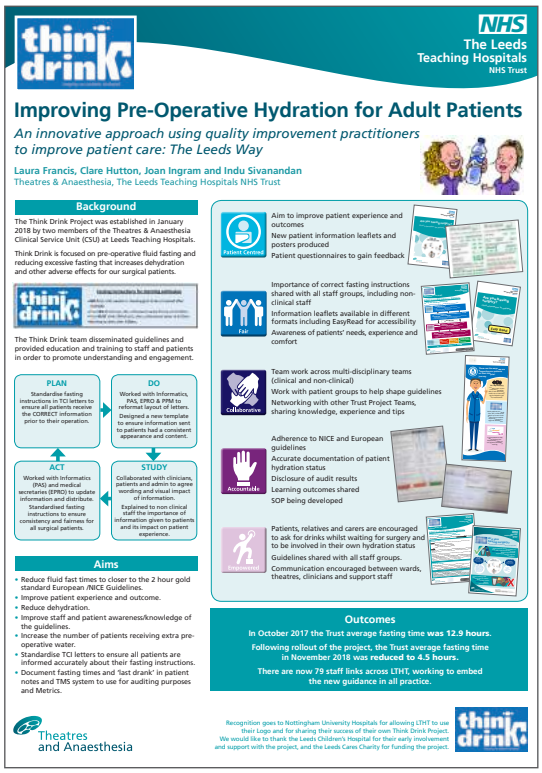
We aim to ensure that patients receive the most appropriate access to interpreting services, at the right time and in the right place. The Trust provides spoken interpreting, sign language and communicator guide interpreting, both face to face and by telephone.

One of the key successes of 2018/19 has been the introduction of software which adds speech, reading and translation capability to the Trust website; this enables users to access text on-line where English is not a first language. It also facilitates access to information for people with Dyslexia, and those with mild visual impairments. Patients now have improved access to information leaflets which are also available on the Trust website.

During 2019 we will be working with communities to obtain feedback on the interpreting service provided and establish any further improvements needed. We will also be trialling use of video interpreting equipment, which can be very useful in clinical settings where privacy is required.

Think Drink

As a result of the Think Drink campaign introduced in January 2018 the Trust has reduced pre surgical fluid fasting time from 13 hours to just over 4 hours. This is great news for adult surgical patients who are now better supported to recover more quickly following surgery because they are better hydrated.



Volunteers

The Trust have been working hard to encourage more people to volunteer their time and support patients and staff.

In October 2018, we were excited to agree a project to work with the Royal Voluntary Service (RVS) in two of our ward areas. The RVS will train 20 volunteers, to support our older patients to mobilise more and to encourage them to have an appropriate nutritional intake. This will offer an opportunity for our patients to move more during the day so supporting a speedier recovery from their illness.

The Trust continues to be successful in working with Leeds University Students Union to provide Bedside Buddy volunteers to the Children's Hospital. This scheme enables parents to have a much needed break from their caring responsibilities knowing that their children are in the safe hands of a volunteer to keep them entertained.

We are also excited about work we are doing with local solicitors, DAC Beechcroft and Abbey Grange School. Pupils at the school will be supported by staff at DAC Beechcroft to work alongside patients in a volunteering role, so growing their skills and confidence in interacting with the health service.

Finally, the Trust has recently been successful in securing funding from the Pears Foundation to develop a model to support an increase in youth volunteering. We are very much looking forward to seeing many more young people supporting our patients in the future as a result.

In April 2018, the Trust was fortunate to celebrate 40 years of hospital radio volunteering at Chapel Allerton. We were pleased to welcome Andrew Edwards, BBC Radio Leeds DJ and the Mayor of Leeds to our celebration event.

Positive engagement with our Service Users

Patient and Public Involvement activity

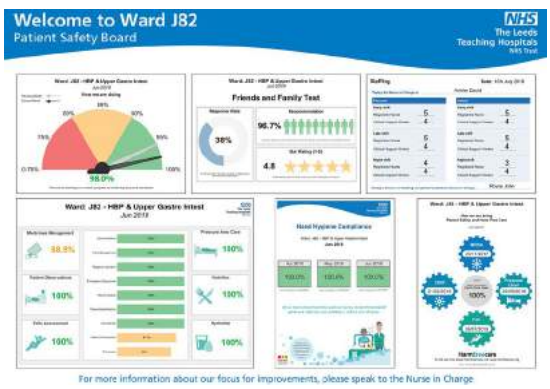
In May 2018, the new Trust Patient Experience Strategy was launched - this document had been developed following consultation with the Trust Patient Reference Group.

During the year, the Reference group have also advised on a number of different projects including an initial proposal relating to disabled parking, and the Scan4Safety initiative. Additionally, they have advised on the patient experience element of a new system, which monitors the care provided in ward areas.

The Trust is very pleased to have been successful in securing funding from NHS Citizen this year to undertake a pilot project which is concentrating on supporting members of the public to become actively involved in the Quality Improvement work taking place in the Trust. We hope through this initiative that we learn how to make public contribution meaningful and enjoyable for the people who get involved.

The Patient Experience Team have a database of over 3,000 people who provide their views on a range of topics. This year, topics included:

- Discharge posters
- E-Coli leaflets
- Patient Safety Boards
- A proposal to diagnose skin problems differently
- A proposal to change the way follow-up appointments are arranged in Rheumatology services.



The Trust Engagement and Involvement team directly supported a number of pieces of work across a range of specialities. These included:

- **A Haematology patient survey review:** This was completed in May 2018, following the publication of the National Cancer Patient Experience Survey results, to explore the views of haematology patients about their experiences of the cancer haematology service.
- **Me, Medicines, and IT:** Workshops were held in January 2019 to consider ways in which technology might be used in the future to improve patients' experience of taking medicines for long-term conditions.
- **Radiotherapy Involvement day:** This took place in February 2019 and gave members of the public the opportunity to find out more about Radiotherapy treatments and the department.

The Patient Experience Team have continued to be successful in utilising patient, carer and public involvement volunteers from a variety of diverse backgrounds. During the year, the volunteers have completed a number of significant projects. These have included

- Administering a Deaf and Hard of Hearing questionnaire in Audiology clinics.
- Auditing PALS and complaints information Trustwide.
- Gathering feedback on patient perceptions of porters and housekeepers
- Supporting an Oncology initiative to deliver 'A Perfect Chemotherapy Day'. The volunteers were utilised to capture patient feedback and inform the clinical team whether patients considered the changes an improvement on their previous experiences.

The next scheduled piece of work the volunteers will be supporting is a `Time to Dine` survey for Adult Therapies which will look at all aspects of patients' experience of mealtimes.

Trans Day of Remembrance 2018

The Trust hosted a Trans Day of Remembrance event in November 2018 which was led by our trans and non-binary communities in partnership with LTHT, LYFT Rainbow Alliance, Yorkshire MESMAC and Leeds City Council. Participants were able to hear from a range of speakers from the trans and non-binary communities.

Working with Healthwatch

The Trust continues to have a strong relationship with Healthwatch Leeds which is demonstrated by an ongoing commitment to the Citywide Patients Voices Group. The Trust contributed to the 'Big Leeds Chat' which brought together health and social care organisations; feedback from the event will be used to inform improvement projects in 2019/20.

Engaging with Our Members

In 2018/19, the Trust continued to engage with Trust Members, as of January 2019 there were 25,374 Members registered, 9,588 of which have moved to electronic communications. During 2019/20 the Trust plan to run a membership recruitment drive to encourage further engagement with the local population.

National Patient Surveys

National Inpatient Survey 2017

The Inpatient Survey 2017 reported a small improvement, which resulted in the Trust being ranked 8th most improved Trust when compared to a group of 69 Trusts. However, the Trust scored less well in questions relating to nursing, that had been seen in previous years.

As a result of these findings, the Trust is undertaking a project to understand this data better and to help identify where particular service improvement may be needed. A regular audit is now underway, and patients are regularly being asked about their interactions with nurses. The audit results will be analysed to identify areas of good practice and areas requiring improvement

National Cancer Patient Experience Survey 2017

This year, we heard that 1,087 patients responded to a questionnaire about their cancer care in the Trust.

The Trust compared the same as other Trusts delivering cancer care for the majority of questions. However, the Trust scored more positively on eight questions and more negatively on two questions. When asked to rate their care on a scale of zero (very poor) to ten (very good) patients gave an average rating of 8.8, which was slightly above the national average.

The cancer team are taking forward a project to address the areas that patients, through this important feedback, have identified as needing further work. This began in March 2019.

Questions for which LTHT fell outside the expected range that would be expected for a Trust of our size (better score)	LTHT	National average score
Seeing your GP: Saw GP once / twice before being told had to go to hospital	80%	77%
Seeing your GP: Patient thought they were seen as soon as necessary	87%	84%
Clinical Nurse Specialist: Patient given the name of the CNS who would support them through their treatment	95%	91%
Hospital care as an inpatient: Given clear written information about what should / should not do post discharge	89%	86%
Hospital care as an inpatient: Staff told patient who to contact if worried post discharge	96%	94%
Care from your general practice: GP given enough information about patient's condition and treatment	97%	95%
Your overall NHS care: Patient given a care plan	45%	33%
Your overall NHS care: Taking part in cancer research discussed with patient	45%	31%
Questions for which LTHT fell outside the expected range than would be expected for a Trust of our size (worse score)		
Hospital care as an inpatient: Patient had confidence and trust in all ward nurses	70%	76%
Hospital care as an inpatient: Always / nearly always enough nurses on duty	59%	66%

Maternity Survey 2018

The Maternity survey sampled women who had delivered babies under the care of the Trust in February 2018; 204 women returned a completed survey.

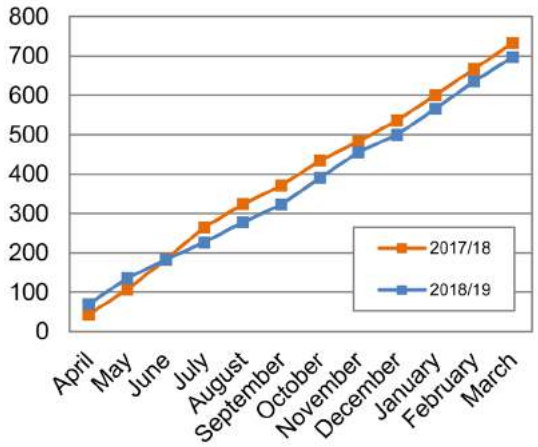
The Trust are delighted to report that Maternity services were ranked 1st when compared to a group of 69 Trusts, in addition, the Trust's Maternity services were the most improved in that group. This is because they scored statistically better on 18 questions than other Trust Maternity services and worse on only 2 questions.

As a result of their exceptional performance the Trust midwifery team were invited to a national workshop in November 2018 to share their good practice.

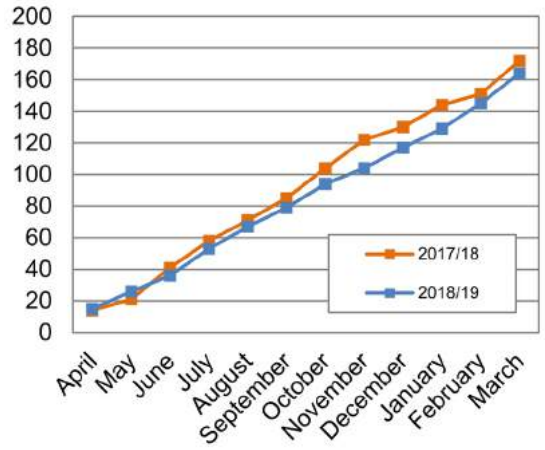
Complaints

During 2018/19 we have focussed on improving the timeliness of complaint responses, reducing the number of those reopened, and improving the experience for those wishing to make a complaint following a bereavement.

Number of new complaints received (cumulative)



Number of complaints reopened (cumulative)



Key Achievements in 2018/19

We delivered a range of bespoke training sessions to clinical teams and staff groups across the Trust to increase their knowledge of the complaints process and how to respond to complaints. Our complaints process ensures complainants receive timely updates in relation to the investigation of their concerns and that an effective relationship is established between the complainant and the complaints team.

Although more complainants contacted the Parliamentary Ombudsman than the previous year, the number being accepted for further investigation by the Parliamentary Ombudsman has reduced. We believe this is a result of the Trust's improved complaints process and the thorough investigations undertaken.

We continue to advocate the use of recorded meetings to resolve complaints, and the Trust has seen an increase in the use of this method during 2018/19; by meeting with the complainant this reduces the response time and allows for open discussion, increasing the likelihood of complainants being satisfied with the initial response.

The Trust hosted the National NHS Complaints Managers Forum. It was great to see complaint managers from across the country coming together to reflect on current practice and to learn from one and other.

Local Improvements include:

Delays for a patient referred for Physiotherapy: Physiotherapy are introducing an electronic referral system which will reduce the time it takes for referrals to be received into the department and shorten the overall waiting time for patients.

A patient was given four telephone numbers to call but no one answered any of them: The Ophthalmology team are reviewing the processing of calls to their service and will meet with the Telecommunications Team to consider any technological solutions available to respond to calls and quickly signpost patients to the correct person or department.

Aims for 2019/20

- To undertake a Quality Improvement initiative aimed at addressing the length of time it takes for us to respond to a complaint.
- To obtain feedback from complainants in a variety of ways and to use this to improve their experience.
- To improve the capture of equality monitoring data across complaints.

PALS

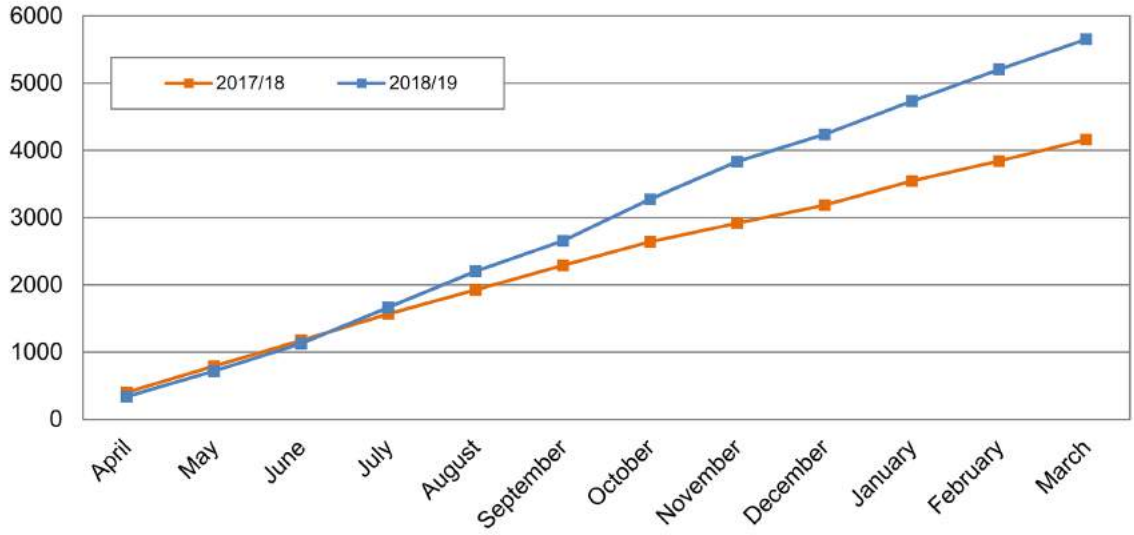
During 2018/19, the Trust recorded an increase in the number of PALS concerns received. The PALS service has reviewed the capturing of information, and now records details of PALS concerns resolved by the central team; this data was not captured previously and has contributed to an increase in the numbers as demonstrated in the chart below.

The team are very pleased this year to be able to report that they have achieved a significant reduction in the length of time taken to resolve PALS concerns by implementing an improvement programme. This has resulted in the number of PALs cases being open more than 40 working days reducing by 99.25%.

They are also pleased to report that in the last 6 months there has been an increase of 8% in the number of compliments received. This shows that the public are recognising and sharing positive experiences more frequently.

The graph below compares the number of PALS concerns received in 2017/18 with those received in the same months in 2018/19.

Number of PALS concerns (cumulative)



Friends and Family Test

Background

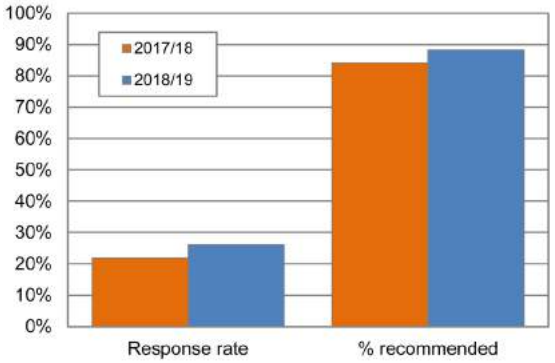
The Friends and Family Test (FFT) enables patients to provide feedback at discharge about their hospital experience. We use various methods to capture this information across the Trust.

Key Achievements in 2018/19

Some of the achievements of the Friends and Family Test team this year have included:

- An increase in the number of patients providing feedback
- A Patient Experience Competition for ward teams was held to show how they respond to their FFT feedback. The winning team was awarded their prize at Trust Board in November 2018
- A FFT workshop which was run in August 2018 in conjunction with Children's Services with the aim of improving response rates. As a result, patients and parents are now able to provide feedback using an electronic tablet which has increased the number of people taking part. We have also introduced stickers for our young people to encourage them to tell us what they think about our service
- Delivering FFT certificates to wards and departments to celebrate achievement of improved response and recommendation rates. Some wards and departments have achieved consistently high standards for over 12 months resulting in the presentation of a gold award
- Improving the % recommended rate reported by patients in the Trust's Emergency Department.

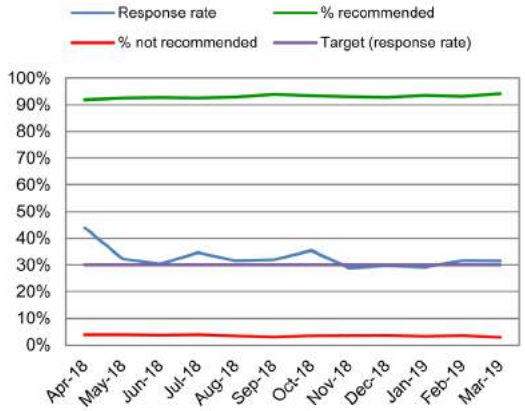
Friends and Family Test Trust - Emergency Department



Aims for 2019/20

- The FFT team will continue to support and encourage clinical services to share and act upon their feedback.
- There will also be a focus on sharing stories that demonstrate how feedback has improved patient care.

Friends and Family Test Trust - overall Trust performance



4.3.4 Clinical Effectiveness

End of Life Care

Background

Ensuring that dying patients and their families receive the best possible care remains a priority within LTHT. A programme of improvement work has been established, which aligns with the National Ambitions for Palliative and End of Life Care (EOLC) (2015 - 2020), Best Practice Guidance, and feedback from the CQC; this work is overseen by the End of Life Care Group.

Working collaboratively with the Citywide Leeds Palliative Care Network (LPCN) allows us to progress work across organisational boundaries to achieve the best outcomes for our patients and their families.

Key Achievements in 2018/19

- EoLC is well embedded in all CSU quality improvement plans, informed by intelligence and feedback from families and carers, this includes review of all complaints relating to care of dying patients to enable learning to be shared across all CSUs.
- Supported the development of the first e-ReSPECT form across all CSUs to enable future care plans and wishes to be captured and shared.
- Application of Leeds Improvement Method to enhance the quality and efficiency of the palliative care service, ensuring we provide a responsive and effective service.
- Providing Clinical Leadership to the National Audit of Care at the End of Life (NACEL); and to the Yorkshire and Humber Palliative and EoLC Group.
- Collaboration with LPCN/CCG:
  - Enhanced utilisation of hospice beds for specialist palliative and end of life care
  - Production of Clinical guidelines to support patient/carer self-administration of injectable medication for symptom relief
  - Development of new models of EoLC for frail patients and patients with Chronic Obstructive Pulmonary Disease (COPD), and heart failure.
- Delivery of palliative care priority training for all staff groups, and development of an in house bespoke eLearning priority training modules for Trustwide use.
- Excellent feedback on educational initiatives, including:
  - Regional study days
  - Link Nurse and AHP conference for our EoLC champions
  - Significant extension to availability of medical student placements.
- Appointment to Macmillan funded Enhanced Supportive Care project, to promote earlier access to palliative care.
- Cost effective prescribing; £19K has been saved on symptom management medication within oncology CSU.

Aims for 2019/20

1. To promote wider use of the updated Rapid Discharge Plan (RDP) and working collaboratively with community partners and local hospices to ensure we are enabling dying patients to be cared for in the location of their choice.
2. To run a successful SUPPORT campaign to ensure we are consistently meeting the needs of families of dying patients.
3. To develop a sustainable model of best practice for bereavement care in order to meet the needs of families who require additional support post bereavement, encompassing the national guidance on learning from deaths.
4. To consider the workforce implications of the predicted rise in frailty, cancer and dementia over the coming 10-15 years, ensuring we have the services to meet our patients' needs.

Improving our discharge process

Background

Delays in discharge can be extremely frustrating for patient and carers, lead to a poor patient/ carer experience, increased risk of hospital acquired infections and deconditioning; it is therefore vital that patients are discharged once medically optimised.

Following analysis of our discharge processes across the Leeds Health and Social Care System, it was identified that there was room for improvement in the timeliness of discharge for patients in which complex discharge planning was not required.

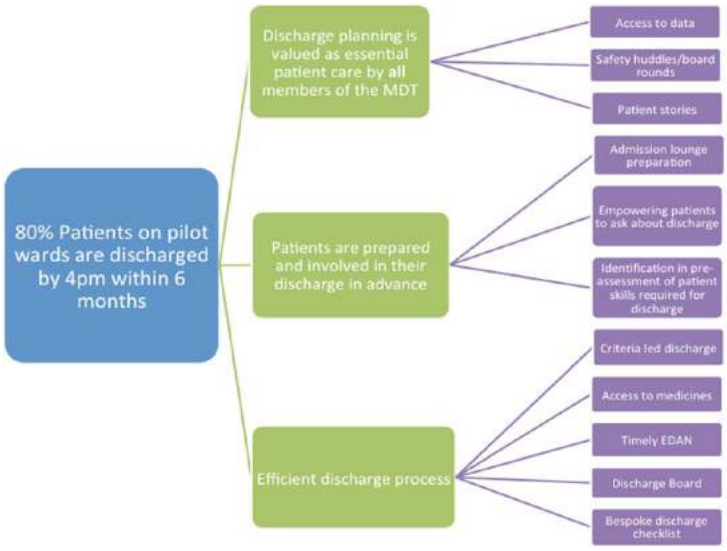
As a consequence, the Discharge QI Collaborative was established. We are using PDSA cycles and a breakthrough series collaborative model to test and share interventions that could be practically used in a ward based setting to enable discharges to occur earlier in the day.

Key Achievements in 2018/19

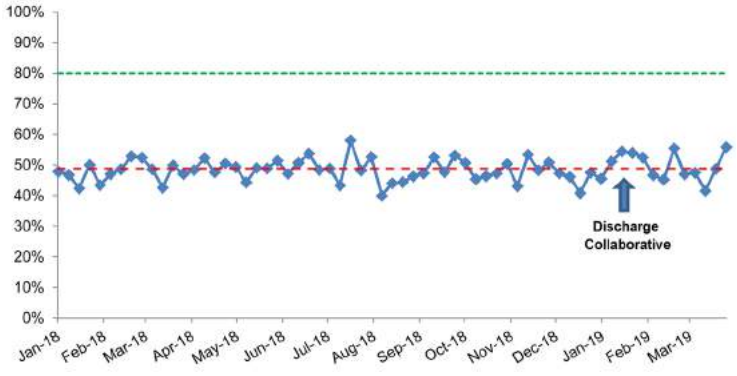
- Establishing a strong multi-disciplinary faculty to support our collaborative ward teams.
- Our launch (Learning session 1) was attended by over 80 members of frontline multidisciplinary staff from our pilot wards.
- We have established a data dashboard for our 16 pilot wards, with run charts demonstrating weekly the percentage of discharges before 4pm.

Aims for 2019/20

- Achieve our goal; 80% of patients on pilot wards are discharged by 4pm.
- Continue to coach our pilot wards to test interventions aimed at improving discharge.
- Host Learning session 2; to share successes and failures, to ignite learning and work towards developing our intervention bundle.



Proportion of discharges before 4pm - combined



Hospital Mortality

There are two national trust-level mortality indicators:

- The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the observed number of deaths following admission to the Trust and the expected number of deaths based on the England average, given the characteristics of the patients treated (risk adjusted). It is produced and published quarterly by NHS Digital
- The Hospital Standardised Mortality Ratio (HSMR), developed and published by Dr Foster, compares the number of observed deaths at the Trust with a modelled (risk adjusted) expected number.

The HSMR differs from the SHMI in a number of respects, including:

- The SHMI includes all deaths, while the HSMR includes a basket of 56 diagnoses (around 80% of deaths)
- The SHMI includes post-discharge deaths (30 day), while the HSMR focuses on in-hospital deaths
- The HSMR is adjusted for more factors than the SHMI, most significantly palliative care and social deprivation
- The SHMI is expressed as a rate where 1 is the national average; the HSMR is expressed as a rate where 100 is the national average.

The table below shows the Trust's latest published SHMI and HSMR, for the period October 2017 to September 2018. The Trust continues to fall within the 'as expected' for SHMI.

Trust SHMI & HSMR Oct-17 to Sep-18

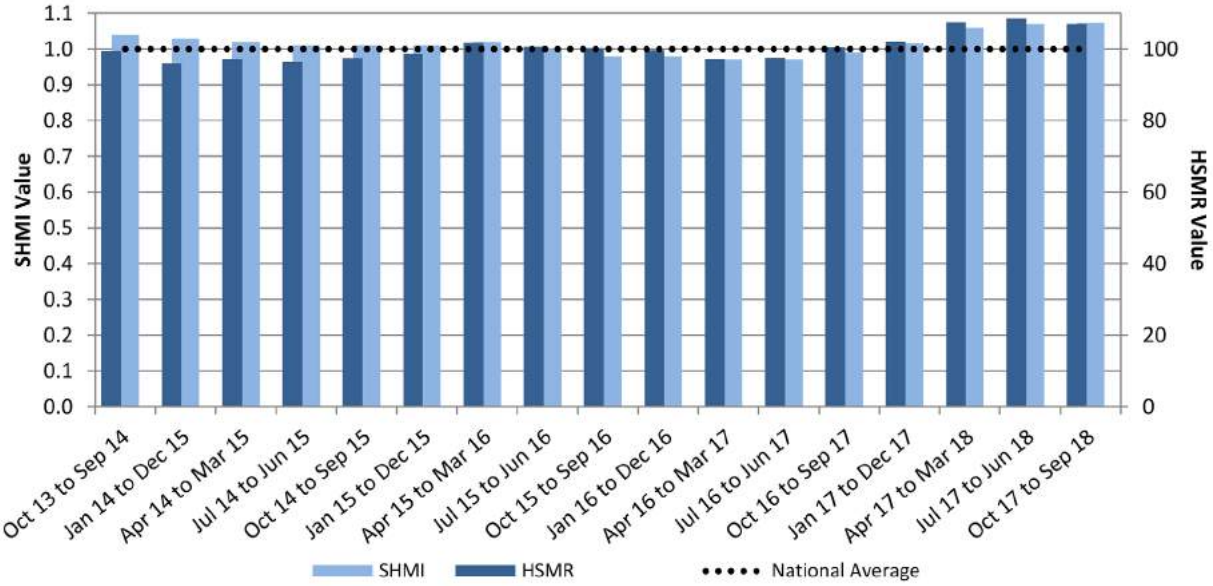
Trust Level Mortality Jul-17 to Jun-18	Spells	Value	Observed deaths	Expected deaths	95% Confidence Interval
SHMI	125,884	1.0744	4,279	3.983	0.8932-1.1196
HSMR	60,455	107.1	2,578	2,407	103.00-111.31

Higher than expected	As expected	Lower than expected

SHMI Indicator by rolling 12 month reporting period

Indicator	Reporting Period	Trust Rate	National Average	National Range
SHMI	Oct 14 to Sep 15	1.01	1.00	0.652 - 1.177
	Jan 15 to Dec 15	1.01	1.00	0.669 - 1.173
	Apr 15 to Mar 16	1.02	1.00	0.678 - 1.178
	Jul 15 to Jun 16	1.00	1.00	0.694 - 1.171
	Oct 15 to Sep 16	0.98	1.00	0.690 - 1.164
	Jan 16 to Dec 16	0.98	1.00	0.691 - 1.189
	Apr 16 to Mar 17	0.97	1.00	0.708 - 1.212
	Jul 16 to Jun 17	0.97	1.00	0.726 - 1.228
	Oct 16 to Sep 17	0.99	1.00	0.727 - 1.247
	Jan 17 to Dec 17	1.02	1.00	0.720 - 1.218
	Apr 17 to Mar 18	1.06	1.00	0.699 - 1.232
	Jul 17 to Jun 18	1.07	1.00	0.698 - 1.257
	Oct 17 to Sep 18	1.07	1.00	0.698 - 1.268

Trust level SHMI and HSMR (basket of 56 diagnoses) by rolling 12 month reporting period:



The Trust SHMI rates have consistently fallen within the expected range however the HSMR is above the expected range.

The Trust uses tools provided by Dr Foster to review more current mortality rates, as the SHMI is published 9 months in arrears. The table below shows the Trust's most recent HSMR position where the relative risk is deemed to be significantly worse than the benchmarked expected range;

Trust HSMR Feb-18 to Jan-19

February 2018 to January 2019	HSMR (basket of 56 diagnoses)	HSMR (all diagnoses)
Observed deaths	2,516	3,038
Expected Deaths	2,347	2,857
HSMR	107.2	106.3

For the reporting period October 2017 to September 2018 LTHT had a crude death rate of 33.2% of deaths reported in the SHMI with a palliative care coding. This figure is less than the National average of 33.6%, and within the National range of 14.3% to 59.5%.

Percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust

Reporting Period	Trust Percentage	National Average	National Range
Oct 17 to Sep 18	33.2%	33.6%	14.3% - 59.5%
Jul 17 to Jun 18	31.1%	32.9%	13.4% - 58.7%
Apr 17 to Mar 18	30.2%	32.3%	12.6% - 59.0%
Jan 17 to Dec 17	31.0%	32.0%	11.7% - 60.3%
Oct 16 to Sep 17	29.1%	31.2%	11.5% - 59.5%
Jul 16 to Jun 17	29.9%	31.1%	11.2% - 58.6%
Apr 16 to Mar 17	29.6%	30.7%	11.1% - 56.9%
Jan 16 to Dec 16	28.1%	30.1%	7.3% - 55.9%
Oct 15 to Sep 16	28.2%	29.7%	0.4% - 53.3%
Jul 15 to Jun 16	26.0%	29.2%	0.6% - 54.8%
Apr 15 to Mar 16	24.2%	28.5%	0.6% - 54.6%
Jan 15 to Dec 15	23.6%	27.6%	0.2% - 54.7%
Oct 14 to Sep 15	22.4%	26.6%	0.2% - 53.5%

Weekend Care

Weekday and Weekend HSMR - emergency admissions

Trust HSMR - Emergency Admissions Feb-18 to Jan-19	Spells	Value	Observed deaths	Expected deaths	95% Confidence Interval
Weekday	74,383	103.8	2153	2089.1	98.8 - 107.5
Weekend	24,010	110.4	778	678.1	106.8 - 123.1

Higher than expected	As expected	Lower than expected

The table above shows the Trust HSMR for emergency patients split by weekday (Monday - Friday) and weekend (Saturday & Sunday) day of admission; weekday admissions are within the expected range however weekend admissions have a higher than expected risk.

The Trust SHMI and HSMR have for a number of years consistently fallen within the expected range and close to the national average of 1.0 (SHMI) or 100 (HSMR). Increased mortality rates during Jan, Feb and Mar of 2018 have resulted in a rise in the Trust SHMI for the latest reported period (Apr-17 to Mar-18) to 1.059 (within expected range) and for the same period an HSMR of 107.5 (higher than expected).

This data has been analysed and a defined cause for the increase cannot be determined, however the Trust have taken several steps to further understand the potential causation and identify any lessons learned to ensure consistent and correct coding. Actions undertaken have included further investigations in relation to clinical coding and reviews of care provided to patients during the outlined period; no concerns regarding patient care were raised however, a number of improvements were noted in relation to clinical coding processes.

The Trust board has had, and continues to have oversight of the work undertaken and improvements made.

Mortality Reporting and Learning from Deaths

National Guidance on Identifying, Reporting, Investigating and Learning from Deaths in Care was published by the National Quality Board in March 2017. In light of this guidance and the previous work of the Mortality Improvement Group, the Trust was well placed to introduce an updated Mortality Review Procedure in June 2017. As part of this work a new screening tool for all adult deaths was launched. Prior to this time the Trust already had a specialty mortality review process in place involving discussion and review at mortality governance meetings. Improvements have been made over the last 18 months, culminating in a screening compliance rate of 91% overall for Q4 2018/19. During 2018/19 2945 of LTHT patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

	Total Number of Deaths	Number of Adult Deaths Screened	% Adult Deaths Screened	Number of Adult Deaths Triggered for Case Record Review (CRR)*	% of those Adult Deaths Screened that Triggered for CRR	Total Number of CRRs completed (including SJR)	Number of Structured Judgement Reviews	Number of Potentially Avoidable Deaths
2018/19 Q1	687*	581	88%**	191	33%	222	129	8 (1%)***
2018/19 Q2	663*	565	90%**	194	34%	172	105	9 (1%)***
2018/19 Q3	752*	652	90%**	230	35%	234	131	5 (0.7%)***
2018/19 Q4	843*	742	91%**	196	26%	213	140	9 (1%)***
TOTAL	**2945***	**2540**	**90%****	**811**	**32%**	**841**	**505**	**31 (1%)*****

*The total number of deaths includes adult deaths and children, infant and neonatal deaths.

** The percentage screened is only in reference to adult deaths. 100% of children, infant and neonatal deaths are fully investigated without the need for screening. The total number of adult deaths in 2018/19 was 2830.

*** Identified through Datix and the mortality review process as requiring a level 2 or serious incident investigation (level 3)

Learning from deaths is captured on a quarterly basis and shared widely with Clinical Service Units. Themes of recent key learning include; changes made to guidelines where required, the importance of excellent communication, early discussions about patient wishes and expectations were beneficial, and considering difficulties in families accessing the hospital and any financial resources that may be available to support this. Lessons learned from completed Serious Incident Investigations are also captured and shared.

- An example of key learning and action taken is in the Major Trauma Centre, where the referral pathway for frail elderly patients was reviewed. Injuries sustained against a background of complex underlying issues may mean they would not be candidates for active intervention and may benefit from staying locally to improve access for families and social support.
- A further example would be in Abdominal Medicine and Surgery where the ward nursing team for patients with long and complex admissions were invited to attend the weekly multi-disciplinary handover meeting following the Liver Transplant MDT meeting.

A further thematic review of learning is underway.

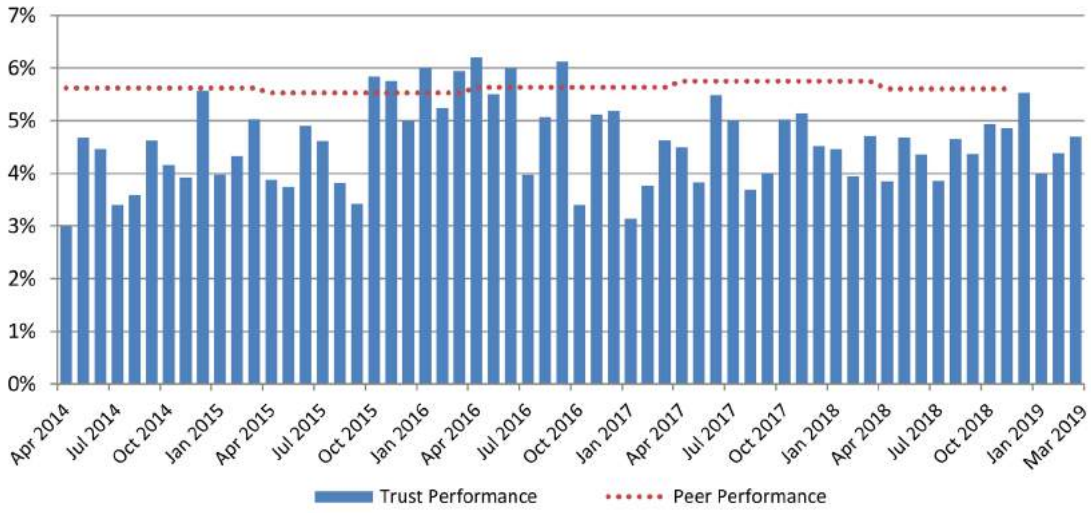
Our mortality data, and learning from deaths, will continue to be overseen by our Mortality Improvement Group, and reported to the Quality Assurance Committee and Trust Board.

Readmissions

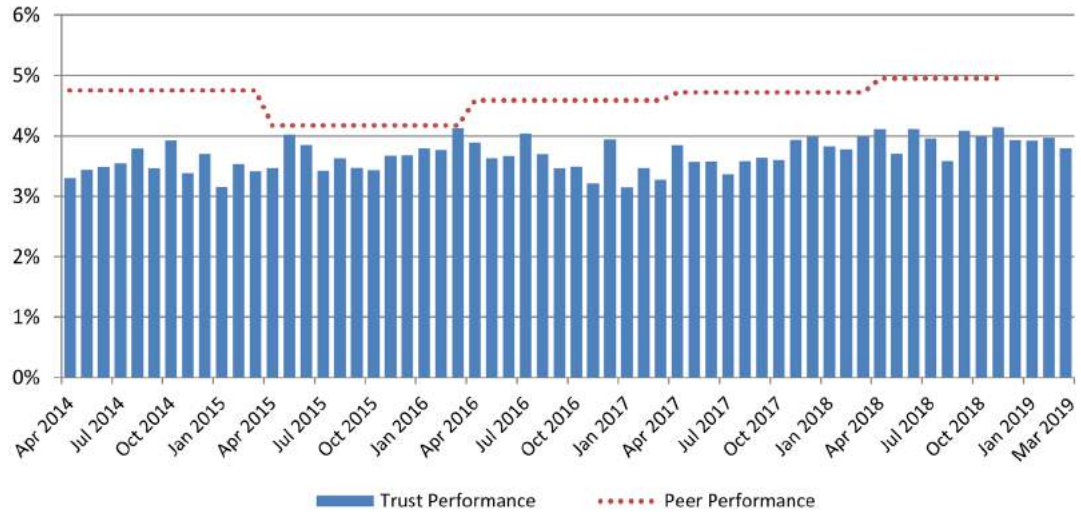
The Trust performs better than its peers with lower readmission rates following an elective or non-elective admission. Sometimes, after patients are discharged from hospital, they may need to be re-admitted again for a variety of reasons. Some readmissions are unavoidable, such as for patients returning following cancer treatment or for some cases the relevant care in the community may not be available. Nevertheless, it is important that hospitals closely monitor their readmission rates to ensure that these are as low as possible.

The graphs below show monthly re-admission rates for patients who had originally been in hospital for planned care (elective) and those who had originally been in hospital as an emergency (non-elective). The average performance for our peer hospitals is also shown. Our rates are consistently lower than other teaching hospitals for both categories of patients.

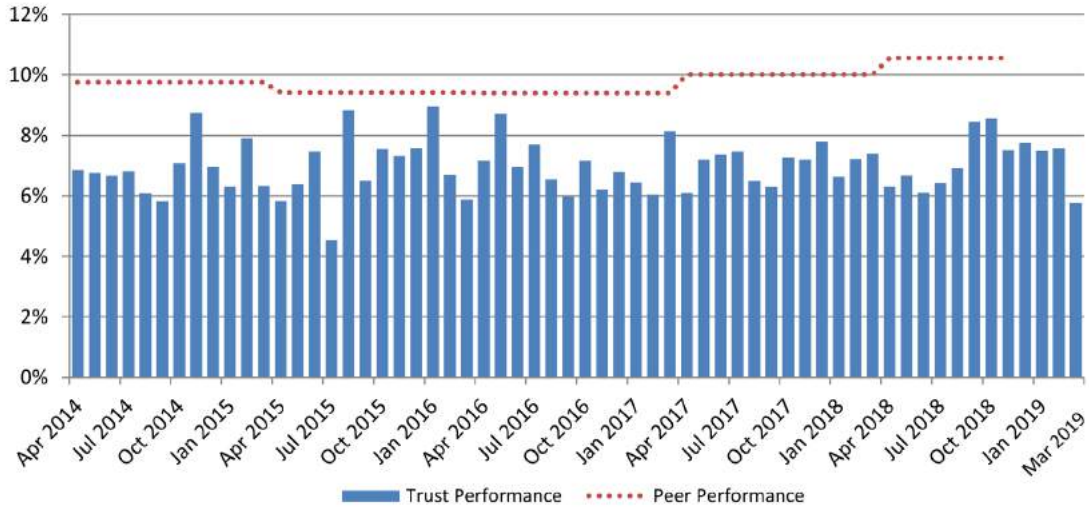
Readmissions to the Trust within 28 days of discharge: elective spells, aged 0-15 years



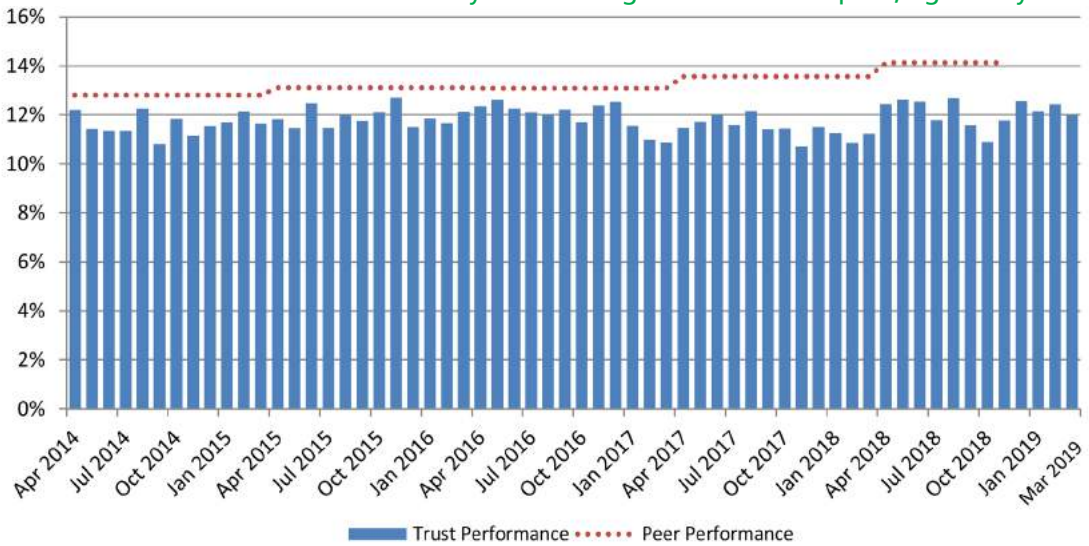
Readmissions to the Trust within 28 days of discharge: elective spells, aged 16 years +



Readmissions to the Trust within 28 days of discharge: non-elective spells, aged 0-15 years



Readmissions to the Trust within 28 days of discharge: non-elective spells, aged 16 years +

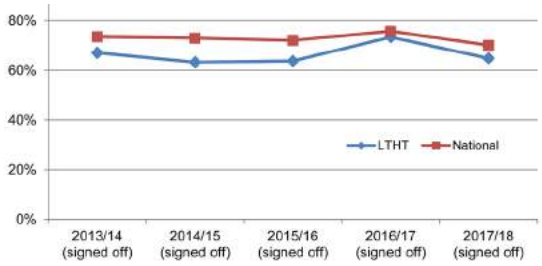


Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) aim to measure improvement in health following certain elective (planned) operations. These are: hip and knee replacement (groin hernia and varicose vein ceased to be collected on 1 October 2017 following consultation on the future of PROMs by NHS England). Information is derived from questionnaires completed by patients before and after their operation and the difference in responses is used to calculate the 'health gain'. It is therefore important that patients participate in this process, so that we can learn whether interventions are successful.

Trust participation rates for hip and knee replacement are in line with the national average.

PROMs - Pre-Operative Participation Rates - all procedures



Source: NHS Digital; 2017/18 YTD

The following table shows the average Health Gain for each of the PROMs procedures for each of the scoring systems, for both LTHT and the England average; (note that the condition-specific systems are not applicable to certain procedures). Average Health Gain is measured by comparing the results of the pre-operative questionnaire with the post-operative questionnaire. The outcomes show that LTHT is within with the expected range across the various procedures.

PROMs Scores - Casemix-adjusted average Health Gain - April 2017 to March 2018

	EQ-5D Index	EQ VAS	Oxford Hip Score	Oxford Knee Score
Hip Replacement Primary	0.44	10.88	21.98	N/A
England Average	*0.46*	*13.88*	*22.21*	*N/A*
Knee Replacement Surgery	0.32	6.24	N/A	17.29
England Average	*0.34*	*8.15*	*N/A*	*17.10*

Seven Day Service

Background

The Seven Day Service Standards were developed by the Academy of Medical Royal Colleges in 2013 in response to the "weekend effect" of increase mortality rates for patients admitted at the weekend. They apply to patients admitted non-electively.

- Standard 1 Patient Experience
- **Standard 2 Time to First Consultant Review - 14 hours from admission**
- Standard 3 Multi-professional Team Discussion
- Standard 4 Handover
- **Standard 5 Diagnostics - access to Radiology and other diagnostics**
- **Standard 6 Consultant Directed Intervention - such as Interventional Radiology**
- Standard 7 Liaison Mental Health
- **Standard 8 Ongoing Review - once daily for ward level care, twice for critical care**
- Standard 9 Transfer to Community, Social and Primary Care
- Standard 10 Quality Improvement

The Trust is an early implementer of the Seven Day Service standards. Performance against the four priority standards (highlighted in bold) has been monitored using a 6 monthly survey of patients notes up until April 2019.

Key Achievements in 2018/19

The Trust achieved compliance with all 4 priority standards in April 2018;

- Standard 2 Time to First Consultant Review - 14 hours from admission
- Standard 5 Diagnostics - access to Radiology and other diagnostics
- Standard 6 Consultant Directed Intervention - such as Interventional Radiology
- Standard 8 Ongoing Review - once daily for ward level care, twice for critical care

Improvement was mainly attributable to the introduction of a second daily ward round on the Elderly Medicine wards and a quality improvement project focussing on the admission process in Acute Medicine.

Aims for 2019/20

A new Board Assurance Framework was introduced in February 2019. We need to develop an efficient and effective way of delivering this.

Redefinition of the priority standards has meant that compliance has now reduced. Therefore a key aim for 2019/20 is to achieve and maintain a minimum compliance rate of 90% across all standards.

Medicines Optimisation

The National goal of medicines optimisation is to help patients to improve their health outcomes, to understand how best to take their own medicines, to avoid taking unnecessary medicines, to help to reduce wastage of medicines, and to improve medicines safety.

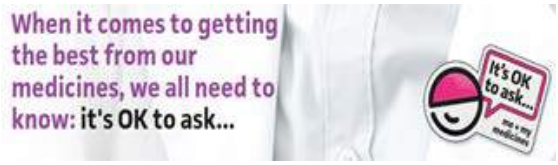
In Leeds medicines optimisation is about making sure that the right patients get the right choice of medicines, at the right time, whilst making sure this happens through patient-centred conversations.

In 2018/19 we successfully implemented a new electronic prescribing and medicines administration (EPMA) system, known as eMeds, for all adults and children who are cared for as inpatients in the hospital.

All important information about medicines in this electronic system is part of the single Leeds Care Record. Making sure all heath care professionals can see information about an individual's medicines helps make medicines use safer. It also helps patients and carers to get the best from the treatment with medicines. Work started in 2019 to extend the use of the EPMA system to include outpatient care.

In 2018 we introduced our work as one of the partnership organisations proudly implementing the Me + My Medicines campaign, a city wide programme of tools, educational material and events to improve the effectiveness, experience and safety of medicines, by encouraging more everyday conversations to deal with unresolved issues patients have relating to the proper and appropriate use of their medicines.

me + my medicines



In 2019 we will be supporting more health care professionals, patients, and carers to get involved and to start with the aspect of the campaign that benefits their patients the most.

Get Involved

There are loads of ways to get involved with the Me + My Medicines campaign, both as a patient, a healthcare professional and as an organisation.

Find out more at https://meandmymedicines.org.uk/get-involved

The Connect with Pharmacy programme uses an electronic tool to help the hospital pharmacy teams to share information about an individual patient's medicine directly with their local community pharmacist.

Connect with Pharmacy
Medicines support after hospital

Sharing information in a timely way about medicines across Pharmacy teams is crucial when a patient is admitted to hospital and when they are subsequently discharged from hospital.

The Connect with Pharmacy systems help Medicines Optimisation teams across Leeds to signpost patients who might benefit from Community Pharmacist support, as well as sharing information that can help avoid medicines waste such as stopping the delivery of a medicine filled compliance aid to a patient who is in hospital. We aim to spread the use of this initiative throughout 2019.

4.3.5 Staffing

We know that positive patient outcomes are dependent on positive staff experience. Our ambition is to make LTHT the best place to work and have the most engaged workforce in the NHS. Our workforce has increased from 15,200 in March 2014 to 18,396 in March 2019.

Apprenticeships are used in the Trust to both support recruitment of new staff and maximise the development potential of our existing staff. In addition, we use apprenticeships to support our social mobility, employability and schools' engagement agenda. During 2018/19 the Trust had 596 apprentice staff commence employment, surpassing the 2.3% government public sector target. In November 2018 LTHT were named as one of top 20 Public Sector Organisations nationally.

Our achievements in relation to the apprenticeship scheme have been acknowledged as a leading programme within the NHS and has seen us visited by both the Minister for Apprenticeships, the Rt Hon Anne Milton and Sir Mark Sedwill, Head of the Civil Service in England.

Our work has been referred to in numerous government publications including the NHS long Term plan. Our approach has seen us shortlisted for a number of awards including:

- ERSA Employer of the Year
- UK SOMO Organisation of the Year
- Runner up for the Yorkshire & Humber Region at the National Apprenticeships Awards.

Staff Friends and Family Test (Staff FFT)

Background

NHS England introduced the staff FFT in April 2014 in all NHS Trusts. The staff FFT is a feedback tool for staff, intended to support and influence local improvement work. It allows an organisation to take a "temperature check" on how staff are feeling and is a complementary engagement activity to the annual NHS Staff Survey.

All staff are offered the opportunity to complete the staff FFT in Q1, 2 and 4. The survey is made available during a 2 week window in each of the 3 quarters.

The FFT includes two simple questions and staff are asked to respond to the questions using a scale between "extremely likely" and "extremely unlikely". The results of the questions which are based on staff's recent experience of working in the organisation are shown below.

Key Achievements in 2018/19

The results have shown continuous improvement in responses throughout the FFT surveys, overall the FFT results have improved since implementation in 2014.

Staff FFT Results for 2018/19

Results	Q4	Q1	Q2	Q4
	Feb 2018	June 2018	Sept 2018	March 2019
Response Rate (numbers of staff, students and volunteers)	2406	2379	1988	2475
How likely are you to recommend LTHT to Family and Friends if they needed care or treatment?	83%	87%	88%	88%
How likely are you to recommend LTHT to Family and Friends as a place to work?	66%	70%	71%	73%

Aims for 2019/20

The results of Staff FFT by CSU & Corporate Service are circulated to individual management teams for on-going dissemination and review, this will be used in conjunction with staff survey results. This is used in conjunction with staff survey results.

2018 Staff Survey results have been shared with CSU/Corporate Teams and action plans are being implemented in response to the staff survey results.

Staff Survey

Summary

The annual NHS staff survey was published on the 26 February 2019 and was completed by 38% of eligible members of staff.

Background

The survey, which is sent to every single employee of the Trust, looks at ten key themed areas to identify where organisations are performing well and where improvements need to be made. They are:

- Equality, diversity and inclusion
- Health and wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment - bullying and harassment
- Safe environment - violence
- Safety culture
- Staff engagement.

Key Findings used in previous years have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. Each theme is made up of a number of questions.

Findings

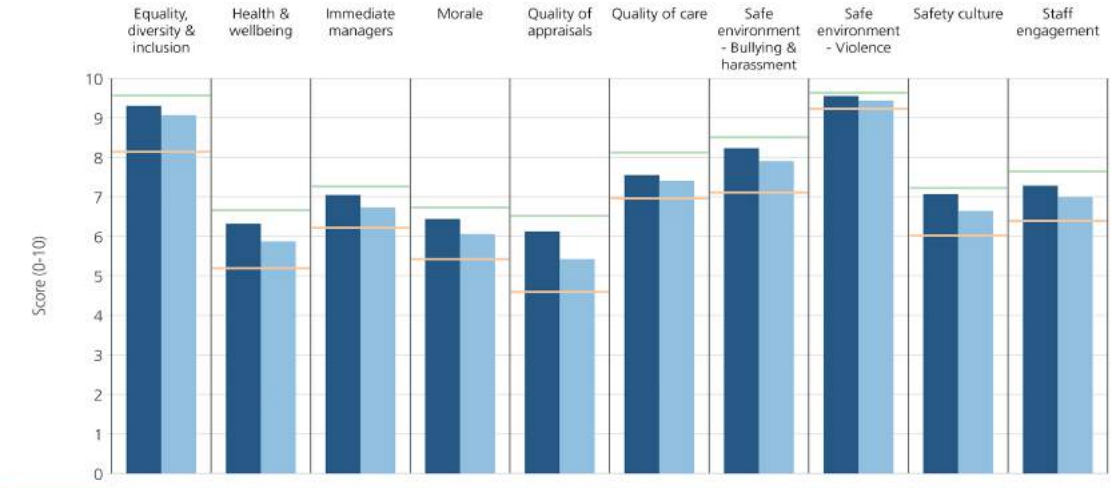
LTHT performed better than the national average for acute trusts in all areas. In particular, staff demonstrated high satisfaction with our safety culture, management of violence and aggression, and approach to equality, diversity and inclusion with all three areas receiving scores that are close to the best average score for 89 Acute Trusts.

Staff Engagement

Reporting period	Trust performance	National average
2014	6.7	6.8
2015	6.9	7.0
2016	7.1	7.0
2017	7.1	7.0
2018	7.3	7.0

LTHT staff engagement score has increased for the fifth consecutive year and there has been a steady increase in the staff engagement score over the last five years, which demonstrates the positive impact the Leeds Way is having. In December 2018, LTHT were delighted to receive the HSJ Award for Staff Engagement.

2018 NHS Staff Survey Results > Theme Results > Overview



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	9.3	6.3	7.0	6.4	6.1	7.5	8.2	9.5	7.1	7.3
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
Responses	6,346	6,347	6,348	6,324	5,871	5,653	6,312	6,344	6,342	6,353

Results for question Q21c 'I would recommend my organisation as a place to work'

Question	Reporting period	Trust performance	National average
I would recommend my organisation as a place to work	2014	53.2%	58.0%
	2015	58.8%	60.3%
	2016	63.8%	61.1%
	2017	64.5%	60.7%
	2018	70.7%	62.6%

Results for question Q21d 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'

Question	Reporting period	Trust performance	National average
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	2014	63.0%	65.4%
	2015	69.9%	69.3%
	2016	74.3%	69.1%
	2017	75.0%	70.8%
	2018	80.5%	71.3%

Over the last five years the Trust's performance on the National Staff Survey for 'Staff recommendation of the organisation as a place to work and receive care' has improved significantly. We continue to perform better than the national average.

Results for question Q14 'Does your organisation act fairly with regard to career progression/ promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?'

Question	LTHT score 2014	LTHT score 2015	LTHT score 2016	LTHT score 2017	LTHT score 2018	National Average for acute trusts 2018
Does your organisation act fairly with regard to career progression /promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	86.4%	86.6%	86.3%	88.7%	89.3%	83.9%

The score for this questions shows us performing better than the national average.

Results for question Q13c 'In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?'

Question	LTHT score 2015	LTHT score 2016	LTHT score 2017	LTHT score 2018	National Average for acute trusts 2018
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?	19.0%	17.8%	19.1%	16.9%	20.0%

We continue to perform in line with the national average for this question: the Trust wide team of Dignity at Work advisors, alongside Human Resources and line managers, work to create a culture where bullying and harassment is promptly addressed and acknowledged. The Leeds Way values and behaviours set out how we expect staff to behave, clearly signposting that bullying and harassment is unacceptable

Nursing Workforce

Background

Throughout 2018/19 the Trust has focused on the recruitment of newly qualified registered and unregistered workforce, embedding of new apprenticeship routes for Nursing Associates and Nurse Apprentices.

In addition, we have strengthened real time reporting of staffing levels through the introduction of the Nurse Staffing Status Report (NSSR). This provides oversight of staffing levels across the Trust, allowing staff to be deployed to wards in need of additional support.

All CSU's have completed their establishment reviews, identifying opportunities for new roles to be developed and ensuring wards have the right staff, with the right skills, at the right time.

We have also seen a consistent reduction in agency spend across the Trust and an increase in the use of bank staff in 2018/19.

Key Achievements in 2018/19

Recruitment: Registered Staff – Nurses, Midwives and Operating Department Practitioners (ODPs)

In 2018/19 in partnership with our city partners we attended a number of recruitment events, promoting Leeds as a city to work and live with an array of career pathways and development opportunities. In 2018/19 we recruited over 295 newly qualified staff which progress through our bespoke introduction to professional practice programme and preceptorship.

Nursing Associates/Nurse Apprenticeships

Our first cohorts of Nursing Associates qualified in January 2019 and are in the process of registering with the Nursing and Midwifery Council (NMC). Once registered we will have 18 Nursing Associates employed within the trust, undertaking preceptorship and leading the way for this new role. Throughout 2018/19 we have recruited 65 trainee nursing associates with a further 35 planned for April 2019.

We are one of the first Trusts in the country to introduce Nursing Apprenticeships, with 97 employees starting on the programme throughout 2018/19. The Nurse Apprentices were split into three cohorts with the first two groups starting in June and December and the third group will start in June 2019.

Advanced Clinical Practitioners (ACP)

In partnership with Health Education England, the Trust continues to recognise the need for Nurses and Allied Health Professionals (AHPs) to develop advanced practice skills through the Masters pathway in advanced practice. The trainees work alongside the medical and nursing workforce in delivering specialist care for patients.

The trust recruited 22 multi professional trainee ACPs in 2018/19 with plans for a further 35 trainee places in autumn of 2019.

Pilot of Coaching Empowered Learning in Leeds (CELL)

In May 2018 we introduced a new model of learning which uses a coaching philosophy to support and develop our future nurses. Student nurses are empowered to make decisions, problem solve and plan for patients in their care from the start of their clinical placement. As part of a pilot this was introduced onto a respiratory ward with very positive feedback received from patients, staff and learners. Due to its success CELL will be introduced to more wards throughout 2019.

Aims for 2019/20

- To increase the number of apprenticeships for trainee nursing associates and apprentice nurses.
- Further reduce the cost of agency and increase bank supply.
- Be part of the 'One Workforce' Leeds initiative to look at workforce requirements city wide.
- For LTHT to be the employer of choice, retaining and developing our current healthcare workforce.

Guardians of Safe Working

Background

The Trust's Guardians of Safe Working are responsible for protecting the safeguards outlined in the 2016 Terms and Conditions of Service (TCS) for doctors and dentists in training. If doctors in training work beyond their contracted hours, they should report this extra work electronically. This is overseen and reporting processes are in place to convey the results to CSU management teams; any safety concerns identified are escalated within 24 hours. A junior doctor forum has been established and information is reported to the Trust Board quarterly.

Key Achievements in 2018/19

We typically see about 50 reports per month. Whilst this is a relatively low level of engagement, they have still allowed us to identify areas of concern.

LTHT has seen virtually no fines for working hours breaches in the last 12 months. This reflects the resources that are put into rota management and the high level of communication between Medical Deployment and the specialties.

During this year, we have seen a lot of unfilled junior doctor posts in Paediatrics. Morale amongst trainees in this area was already low. We've seen a great response from the Children's Hospital team with dramatic changes to working practices. Morale amongst trainees has improved despite the vacant posts.

We have seen the oncology CSU using information from exception reports to justify new training posts.

It has been rewarding to see how despite the problems with the implementation of the junior doctors contract in 2016, the trust has established good systems for improving safe working hours and junior doctors working conditions.

Aims for 2019/20

We aim to improve the understanding of work schedules and exception reporting amongst trainees and supervisors using multimedia approaches.

We hope to work with the Trust for a more widespread policy for taking breaks.

Where specialties have appointed a lead consultant to look at exception reports we have seen much better progress and engagement and the ability to create change. Some examples of this are oncology and general paediatrics.

Exception reporting from T&O and Neurosurgery contributed to a need for change in the work environment.

The Junior Doctors Forum continues to develop and we have been impressed by the commitment of individual junior doctors in implementing safe working under the rules of the new contract.

We continue to be concerned about the level of engagement of junior doctors and supervisors in the process of exception reporting. This is a national phenomenon, not a local one.

Exception reporting has proved extremely helpful in highlighting where there are areas of unsafe working. This continues to be our top priority and we will continue to raise concerns to the Trust board when needed.

Plans to address gaps in Junior Doctor Rotas

Background

Gaps in trainee doctor rotas are a national problem and have multiple causes with some specialties being difficult to recruit to on a regional or national basis. The general approach in the Trust is to make LTHT a great place to work and through this to build a positive reputation in order to attract candidates to apply for jobs, and improve staff retention rates. This is through collaboration between Medical Education Leeds, Corporate HR, CSUs and the Guardians of Safe Working Hours.

Key Achievements in 2018/19 and Aims for 2019/20

Improving Working Lives Agenda:

The work in LTHT is ground-breaking, we are recognised nationally as a pioneering Trust, having improved trainee engagement and working environment. In 2019/20, our focus is on areas for improvement highlighted in the National Trainee Survey (NTS):

- Working with the deployment team, to optimise rota notice periods. In addition, we have engaged with trainees to establish improved methods of communication
- We are working with four CSUs to identify the reasons why trainees complete exception reports, especially where they relate to gaps in rotas. These are the CSUs with the greatest number of reports. Our aim is to re-write rotas where appropriate
- We are trialling the 'Forward App' as a new and effective communications tool for teams of trainees. We are making improvements based on feedback from trainees
- We are looking at innovative ways to promote breaks during shifts e.g. the work undertaken in acute and elderly medicine to introduce mid-shift doctors' meetings to discuss specific patients and determine whether any additional support is required. Participants are encouraged to take a break and have a drink
- A lot of work has gone into improving and streamlining induction; where trainees have rotated in and out of the Trust in less than 12 months, there is a reduced need to attend the full induction.

Improving the Quality of Placements:

Linked to the work set out above, we have worked with specific CSUs to improve arrangements for supervision, escalation of problems and handover. In the 2018 NTS, LTHT was rated second in Yorkshire & Humber for overall satisfaction.

Freedom to Speak Up

Background

Staff can also raise concerns via a number of routes, including via; their line manager in the first instance, Dignity at Work Advisors, the Chaplaincy, their Trade Union, Royal Colleges or Professional Bodies, a designated Non-Executive Director.

Since October 2016 LTHT has had Freedom to Speak Up arrangements in place. Currently Joe Cohen is the Freedom to Speak up Guardian and has a team of 17 Freedom to Speak Up Leads. Operating under the Freedom to Speak Up Policy they provide a support service to all staff and volunteers who wish to raise concerns. The Guardian and Leads can support staff through the process of speaking up as well as handing concerns on behalf of staff. As part of this process they discuss with staff how they would prefer to be kept updated with the process of any investigation, and ensure that staff expressing concerns do not suffer detriment. If it is felt that a member of staff is beginning to suffer detriment as a result of raising a concern the Guardian can intervene directly with those responsible, via Senior HR, and ultimately can escalate to the Chief Executive if required.

The Chief Executive, and contact details for Protect (formerly Public Concern at Work) and Whistleblowing Helpline are included in the Freedom to Speak Up Policy if a person feels the need for external support outside of the Trust.

The Guardian reports to Trust Board and in particular to the responsible Non-Executive Director to provide assurance that concerns received are dealt with appropriately. Alongside these duties the Guardian is responsible for promoting and embedding a positive culture throughout the organisation which recognises and embraces concerns as opportunities to improve the way we care for our patients and staff.

Key Achievements in 2018/19

During the period April 2017 to March 2018 a total of 23 concerns were raised in the organisation compared with 22 in the previous 12 months. This has more than doubled in the year to March 2019, with 57 concerns being raised.

Theme	Apr 17-Mar 18	Apr 18-Jan 19
Behaviours	10	15
Process	1	8
Patient Safety	7	18
Other	5	16
Total	23	57

Please note - the activity detailed above reflects only cases reported centrally. Concerns raised with local managers are not logged centrally

A coordinated communications plan was developed and launched including a poster campaign to ensure all staff and volunteers would have easy access to the Freedom to Speak Up Guardian/Leads.

Speaking up is now promoted from day one of employees' experience as it is a component part of their Corporate Induction day.

Aims for 2019/20

In the year ahead there will be a systematic effort to integrate the Freedom to Speak Up agenda into as many training and development models as possible. This will emphasise that speaking up is a positive expression of our Leeds Way Values.

Normalising speaking up continues to be the priority by embedding a culture in which concerns are routinely raised in a safe and supported conversation with the person's line manager.

In January 2019 the Guardian was invited to deliver a customised session to new Nurse Associates at Leeds University. It is anticipated this will be a regular event going forward.

The Guardian will be working with Regional colleagues, exploring ways of coordinating activities throughout our Integrated Care area.

4.3.6 Performance against National Priority Indicators

The Trust's performance against the national priority indicators is summarised in Appendix E.

4.4: Statements of Assurance from the Trust Board

The Leeds Teaching Hospitals NHS Trust considers that the data within our Quality Account is accurate. Processes are in place within the organisation to monitor data quality and to train staff in collecting, inputting and validating data prior to reporting it internally or externally. An ongoing programme of improvement is in place led by the Information Quality Team, Clinical Information & Outcomes Team, and the Information Technology Training Team.

4.4.1 Review of Services

During 2018/19 the Leeds Teaching Hospitals NHS Trust provided NHS services across 120 specialist areas, known as "Treatment Functions", and/or sub-contracted NHS services to a core population of around 780,000, and provided specialist services for 5.3 million people.

The income generated by the NHS services reviewed in 2018/19 represents all of the total income generated from the provision of NHS services by the Leeds Teaching Hospitals NHS Trust for this period.

Leeds Teaching Hospitals NHS Trust has reviewed all of the data available to it on the quality of care in all of these NHS services. We have reviewed the quality of care across these services through the bi-monthly Trust Board Quality and Performance Report (QPR) and internally through the performance review process.

The Trust's quality governance meeting structure also routinely reviews quality and performance measures to gain assurance on quality improvements.

4.4.2 Participation in Clinical Audit

Background

The Trust is committed to improving services and has a systematic clinical audit programme in place which takes account of both national and local priorities. The Trust programme is managed within Clinical Service Units by the Clinical Director and Head of Nursing within each CSU, supported by the Clinical Audit Leads in each specialty.

Key Achievements

Compliance with the Trust Mandatory Programme for 2018/19 has been 95% (95% for Medical Audits and 95% for Nursing Audits).

The Department of Health recommended 60 specific national audits that all hospitals in England should contribute data to, if relevant to the services they provide. Five audits were determined not applicable to the Trust. The Trust contributed data to 91% (50) of the recommended national clinical audits and 100% (5) of the confidential enquiries that it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust participated in during the reporting period are listed in Appendix D, together with individual participation rates.

The Trust did not participate in five of the national clinical audits that it was eligible to participate in:

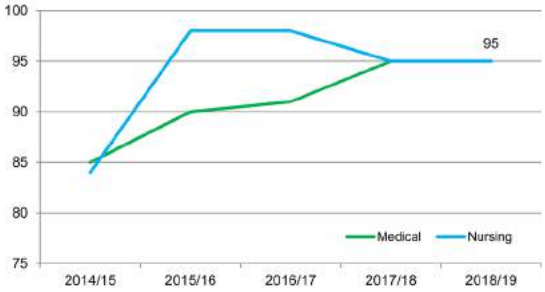
- The National Cardiac Rehabilitation Audit
- Surgical Site Infection Surveillance Service Audit
- Inflammatory Bowel Disease programme (IBD Registry)
- Sentinel Stroke National Audit Programme (SSNAP)
- Chronic Obstructive Pulmonary Disease (COPD)

The Trust did not participate in these audits due to the development of IT systems and collection tools following changes in process to enable full participation in the future. Work is on-going to improve data capture and support quality improvement. Due to technical delays associated with functionality this process has taken longer than anticipated.

The reports of 39 national clinical audits were reviewed by the provider in 2018/19 and all national audit reports once published are reviewed and a summary of learning completed, outlining areas of good practice, recommendations for improvement, and actions to be taken. The reports of 81 local clinical audits were reviewed by the provider in 2018/19 and the examples of learning and actions from these can be found on the next page.

21 reports of the Trust Mandatory Clinical Audit Programme were reviewed by local governance and the Trust wide Clinical Audit and Learning Forum in 2018/19.

% Compliance with Trust Clinical Audit Mandatory Programme



Examples of Learning from Audit

During the completion of the Trust mandatory programme specialties identify actions in order to improve practice. Examples include:

- Increased use of pre-printed procedure specific consent forms may reduce discrepancy in the information provided before each procedure - Consent Medical Audit Q2
- To agree at the multi-disciplinary team meeting that a locally approved abbreviations list will be implemented - Health Record Keeping Standards Medical Audit Q3
- All wards/areas to review their employees net hours balance at the end of each roster and design future rosters to accommodate hours owed to either employee or organisation - Roster Nursing Audit Q2.

Local Audit - Mental Capacity for Admission and DOLS

The Neuro-rehabilitation service undertook an audit to assess the completion of 'capacity for treatment' forms. The audit found that some patients did not have the mental capacity form completed as soon as they were admitted. Following discussions with the team in this area an addition was made to the 'clerking in' form to cover mental capacity to ensure that this was not missed.

Local Audit - Use of IV Paracetamol

Adult Critical Care wanted to review the amount of intra venous paracetamol used in their area, and undertook an audit to determine this. Several recommendations were made by the auditor including updating prescriptions to reflect the way the paracetamol was given, and asking matrons to review their ordering of paracetamol to improve waste reduction. The matron and senior sisters implemented the actions to improve practice in Critical Care.

Aims for 2019/20

The Quality Governance Team intends to raise the profile of Clinical Audit in 2019/20; a Clinical Audit 'working lunch' is planned for September 2019.

A new Clinical Audit training programme has been developed and commenced in March 2019. The aim of the training is to highlight the principles and process of Clinical Audit, its links with broader quality improvement, and provide additional support to staff undertaking audits within their clinical areas.

In addition to this, the Quality Governance Team aims to support CSUs to articulate actions and learning from both national and local audits to help facilitate wider learning across the organisation.

4.4.3 Information Governance and Data Quality

Statement on relevance of Information Quality and actions to improve

Information Governance is a framework for handling information in a confidential and secure manner.

The Trust ensures that it holds accurate, reliable, and complete information about the care and treatment provided to patients. Clear processes and procedures need to be in place to give assurance that information is of the highest quality. High quality information is important for the following reasons:

- It helps staff provide the best possible care and advice to patients based on accurate, up-to-date and comprehensive information
- It ensures efficient service delivery, performance management and the planning of future services
- It ensures the quality and effectiveness of clinical services are accurately reflected
- It ensures the Trust is fairly paid for the services we provide and care we deliver.

The Trust maintains a high standard of Information Governance and has met the NHS Data Security & Protection Toolkit requirements for 2018/19.

The Trust is fully committed to ensuring that personal information is protected and used appropriately. It is constantly reviewing its existing processes to significantly reduce the likelihood of data loss.

Data Security and Protection Toolkit (DPST)

The Data Security & Protection Toolkit (DSPT) is an annual self-assessment audit that the Trust is required to complete to ensure that the necessary safeguards are in place for managing patient and personal information. The DSPT replaces the Information Governance Toolkit of previous years.

Leeds Teaching Hospitals NHS Trust is required to submit all mandatory evidence against 40 standards, which we achieved. Initiatives included within the measured areas include:

- Personal Confidential Data
- Staff Responsibilities
- Training
- Managing Data Access
- Process Reviews
- Responding to Incidents
- Continuity Planning
- Unsupported Systems
- IT Protection
- Accountable Suppliers

The DSPT is self-assessed by the organisation and, in 2018/19 the Trust successfully submitted all mandatory evidence for its accreditation. This demonstrates that the Trust has robust controls in place to ensure the security of patient and staff information.

Data Security and Protection Toolkit Findings

Assessment	Level 0	Level 1	Level 2	Level 3	Total Req'ts	Overall Score	Grade
DSPT V1 (2018-19) New	N/A	N/A	N/A	N/A	40	N/A	Mandatory
Version 14.1 (2017-2018)	0	0	27	18	45	80%	Satisfactory
Version 14 (2016-2017)	0	0	29	16	45	78%	Satisfactory
Version 13 (2015-2016)	0	0	24	21	45	82%	Satisfactory
Version 12 (2014-2015)	0	0	25	20	45	81%	Satisfactory
Version 11 (2013-2014)	0	0	23	22	45	82%	Satisfactory

Clinical Coding

The Clinical Coding team record activity information for the Trust in a specialised coded format, following strict data collection rules. Accurate coded data is vital for financial, planning, reporting and benchmarking purposes.

The Trust has a continuous programme of audit and training in place in order to ensure that the department produces high-quality coding.

Audit

The Trust was subject to the Payment by Results clinical coding audit during 2018/19. Every year, a 200 consultant episode audit is undertaken in order to fulfil our Data Security & Protection Toolkit (formerly Information Governance Toolkit) requirements. This audit is completed by an NHS Digital Approved Auditor using a nationally-agreed methodology.

The audit this year covered many of the different specialties in the Trust, over all sites. The results are below:

	Total from episodes audited	Total correct	% correct	Change from 2017/18
Primary diagnosis	200	181	90.5%	-0.5%
Secondary diagnosis	943	827	87.7%	-5.4%
Primary procedure	132	127	96.2%	+6.2%
Secondary procedure	297	259	87.2%	-8.5%
Overall	1572	1394	88.7%	-4.4%

The national standard required (Level 2) is 90% for primary diagnosis and procedures and 85% for secondary diagnosis and procedures.

There has been a small regression in results from the previous yearly audit. It is thought that this due to a combination of staffing issues within the department and normal variation of audit results.

LTHT will be taking the following actions to improve data quality;

Regular Audit Timetable

We have recently enhanced our audit programme by improving the frequency of regular team audits. This has meant that each team is now audited on a six-monthly basis and around 120 consultant episodes are reviewed each time. We expect this to lead to improved data quality in future.

Training Plan

A new training and development plan has been introduced to give new starters a roadmap to accreditation and to provide increased support for the coding staff.

The aim is for all staff to have achieved the National Clinical Coding Qualification within three years of starting in post. This will ensure that staff are confident and have the skills to produce accurate, high-quality coding, in-line with national standards.

Approved Trainer

Formerly, mandatory coding training had been purchased from an external provider. This year, one of our team has qualified as an NHS Digital Approved Coding Trainer and it is hoped that having an in-house trainer on site will improve consistency and frequency of training delivery and give the staff a designated point of contact for their training needs.

Consultant Review of Coding

The department has plans to introduce regular Consultant validation of the coding, to more pro-actively guide training and specifically target audit. These reviews will be carried out in a timely manner, so that it is possible to amend coding before national submission.

NHS Number and General Medical Practice Code Validity

We continue to use the national data quality dashboard tool to support a review of the accuracy and quality of data submitted, and benchmark against the rest of the NHS. As with previous years, we submitted records during 2018/19 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are published nationally.

The percentage of records in the published SUS Data Quality Dashboard for the period April 2018 to March 2019 which included a valid NHS number can be seen in the table below.

Percentage of records in the published SUS Data Quality Dashboard which included a valid NHS number

Type of care in the NHS	% of records	% above the national average
Admitted patient	99.8%	0.3%
Outpatient	99.9%	0.3%
Accident and emergency	96%	-1.7%

The percentage of records in the published SUS Data Quality Dashboard for the period April 2018 to March 2019 which included a valid General Medical Practice Code can be seen in the table below:

Percentage of records in the published SUS Data Quality Dashboard which included a valid General Medical Practice Code

Type of care in the NHS	% of records	% above the national average
Admitted patient	100%	0.1%
Outpatient	99.9%	0%
Accident and emergency	100%	0.7%

4.4.4 Goals agreed with Commissioners (CQUINS)

2018/19 CQUIN

A proportion of our income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between LTHT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2018/19 and for the following 12-month period can be seen below.

Quarter Requirements	Q1 Signed off Performance	Q2 Signed off Performance	Q3 Signed off Performance	Q4 Local Assessment
National				
Improving Staff Health & Wellbeing **1a. Staff Survey** Target: Achieve a 5% point improvement in two of the three NHS annual staff questions.	Not applicable			
Improving Staff Health & Wellbeing **1b. Healthy food for NHS staff, visitors and patients** Target: Maintain four changes from 2016/17 and introduce three new changes 2017/18 (re sugar content)	Not applicable			
Improving Staff Health & Wellbeing **1c. Improving the uptake of flu vaccinations** Target > 70%	Not applicable			
Reducing the impact of serious infections **2a. Timely identification of patients with sepsis in emergency departments and acute inpatient settings** Target > 90%				
Reducing the impact of serious infections **2b. Timely treatment of sepsis in emergency departments and acute inpatient settings** Target > 90%				
Reducing the impact of serious infections **2c. Assessment of clinical antibiotic review between 24-72 hrs of patients with sepsis who are still inpatients at 72 hrs** Targets are: Q1 > 25%, Q2 > 50%, Q3 > 75%, Q4 > 90%				
Reducing the impact of serious infections **2d. Reduction in antibiotic consumption per 1,000 admissions** Target 2% reduction for each category				
3. Improving services for people with mental health needs who present to A&E (Joint CQUIN with LYPFT and other partners, primary care, police, ambulance, substance misuse etc) Target 20% reduction in attendances at A&E for specified cohort of patients				
4. Offering Advice & Guidance Providers to have A&G services for non-urgent GP referrals, allowing GPs to access Consultant advice prior to referring patients to secondary care. Target A&G operational for 35% of total GP referrals by 1 Jan 2018				
6. Supporting Proactive and Safe Discharge Part a) and Part b)	On hold 2018/19			
7. Risky behaviours Alcohol & Tobacco (1 year CQUIN 2018/19)				

NHS England Spec Comm				
Improving HCV Treatment Pathways through ODNs - Governance				
Improving HCV Treatment Pathways through ODNs - Stewardship	Not applicable		Not applicable	
BI4 Improving Haemoglobinopathy Pathways through ODN Networks				
TR3 Spinal Surgery: Networks, Data, MDT Oversight				
IM3 Auto-immune Management				
WC3 CAMHS Screening	CQUIN income foregone			
GE3: Medicines Optimisation				
CA2 Nationally standardised Dose banding for Adult Intravenous Anticancer Therapy (SACT)				
WC4 Paediatric Networked Care				
IM2 Cystic Fibrosis Patient Adherence (Adult)	Value of CQUIN is less than resource required to deliver it			
Local QIPP Incentivisation scheme				

Not achieved
Partial achievement
Local assessment - partial achievement to be signed off
Local assessment - achieved to be signed off
Achieved

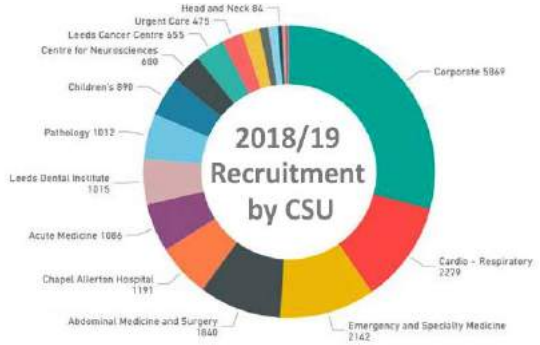
4.5: Participation in Clinical Research

The Trust has an ambitious strategy for research and innovation, aimed at harnessing the significant advances in clinical science and technology for the benefit of patients in Leeds, by improving access to world-leading research studies. Evidence shows that highly research-active Trusts provide a better quality of care to patients, and the core function of the Research and Innovation team is to ensure that our CSUs have access to the requisite support and infrastructure through which patients can benefit from participating in research.

Over the past 12 months, the Trust has further strengthened its position as a leader in research, conducting a large number of clinical trials and other research studies across all specialties. This portfolio of studies is kept under active review to ensure a balance between delivering large simple studies and the Trust's leading role in delivering complex studies which involve smaller numbers of patients.

During 2018/19, the Trust was the third highest performing Trust in England for projects recognised by the National Institute for Health Research (NIHR), playing a leading role in recruiting patients into high quality studies. This year we involved 20,983 patients in over 450 research studies across the Trust. The number of patients participating in research studies in 2018/19 is the highest on record for the organisation.

The Trust also continues to lead the way nationally against NIHR initiation and delivery targets for clinical trials. This demonstrates that we are recruiting patients into trials in a fast and effective manner. During 2018/19 the Trust continued its impressive performance in delivering commercially-funded research, with 77% of hosted commercial clinical trials meeting their recruitment target within the time agreed with the Sponsor. This puts the Trust first in the UK when compared to peer organisations in NIHR League tables.



A major highlight was the launch in November of the Yorkshire Lung Screening Trial, funded by Yorkshire Cancer Research and led by Professor Matthew Callister. This innovative project aims to assess whether a community-based screening programme is effective in detecting lung cancer in smokers in areas of high deprivation across Leeds. The trial aims to recruit 7,000 patients and a fleet of mobile vans stationed in supermarket or shopping centre car parks are used to recruit and screen patients.

In partnership with the University of Leeds, the Trust was successful in winning funding from the Industrial Strategy Challenge Fund to establish the Northern Pathology Imaging Co-operative. This £17m project, which brings together 27 NHS academic and industrial partners, aims to create the world's leading centre for the creation and evaluation of artificial intelligence (AI) algorithms to enable improved diagnosis of cancer patients. The project builds on the successful partnership with Leica Biosystems, which has seen the Trust take a global lead in the deployment and use of digital pathology technology.

During 2018/19, the Research and Innovation department commenced a major improvement programme to refresh its structures and processes to improve the service it provides to researchers and CSUs across the organisation. This programme uses Leeds Improvement Methods to re-engineer processes and incorporate digital technology to improve the flow of information across multiple teams distributed across the organisation and access to key documents. This programme will continue throughout 2019/20 and its key aim is to increase the number of studies open and patients recruited into them across the organisation.

4.6: Appendices

Appendix A:
Statement of Directors' Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and Social Care issued guidance on the form and content of annual Quality Accounts, which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010. The Department of Health and Social Care published the NHS (Quality Accounts) Amendment Regulations 2017. These added new mandatory disclosure requirements relating to 'Learning From Deaths' to quality accounts from 2017/18 onwards.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

26/06/2019 ..... Date  ..... Chair

26/06/2019 ..... Date  ..... Chief Executive

Appendix B: Statements from Local Stakeholders

Joint comments from Healthwatch Leeds, and the Overview and Scrutiny Committee for Health, Public Health and Social Care in Leeds

The LTHT Quality Accounts is a clear and well-presented document. Following on from some of the actions highlighted in their Quality Accounts priorities presentation to us in April and in this report, we think LTHT should be congratulated on their efforts to date in antimicrobial stewardship and healthcare-acquired infections. We know that Leeds is considered an exemplar nationally on this, and for the way in which it collaborates effectively with the Health and Wellbeing Board. It's great to see this featuring so prominently in their plans for 19/20 - no mean feat when it is so easy to lose sight of very real "long-term" threats like antibiotic resistance in the midst of having to, as every other Trust does, manage the continuing day-to-day pressures we're all aware of in patient flows and overall demand.

We were also pleased to learn of the innovations the Trust has been trying in relation to language in patient-facing written communications: taking the time to consider carefully how things like pain are articulated makes a crucial difference to patients' experience, and the Trust should be encouraged to continue and build on these approaches.

It would have been good from a transparency point of view to have had more detail on some of the more positive headline quality stats from last year - e.g. a 91% improvement in interruptions to junior doctors while clerking patients looks good at face value, however it wasn't clear if we were still dealing with a problem of still-high numbers in absolute terms.

We can understand a desire on a part of providers to put their "best foot forward", however if there remains work to do on a deep-seated or entrenched problem, providers need to be encouraged to acknowledge this openly and frankly. We would expect to see "no blame" cultures of learning and adult-to-adult communication among staff at providers, and ideally this should carry through to the Quality Accounts.

Whilst it is positive to hear of the partnership working with patients, families and carers, as well as empowering patients to make decisions in the values of the Trust, we would like to see more evidence of this throughout the Quality Account.

Healthwatch Leeds is pleased to be able to continue to work positively with the Trust, in particular on developing mechanisms in the city to measure patient experience as patients move in and out of health and care services in Leeds and contributing to developing their priorities over the next few years.

As well as this statement we have sent a number of questions relating to items in the Quality Account that we think would help in enhancing the report further.

Telephone enquiries, please contact:
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Tel: 0113 843 5486
Email: lindsey.welsh@nhs.net

NHS
Leeds
Clinical Commissioning Group

Craig Brigg
Director of Quality
St James's University Hospital
Beckett Street
Leeds
LS9 7TF

10 June 2019

Dear Craig,

Thank you for providing the opportunity to feedback on the Quality Account for Leeds Teaching Hospitals NHS Trust for 2018-19. This account has been shared with key individuals across the Leeds Clinical Commissioning Group and this response is on behalf of the organisation.

We acknowledge that the report you provided for review and comment is in draft form and additional information will be added and amendments made before final publication. Please accept our observations of your report on that basis.

We would like to congratulate the Trust on the publication of the CQC report in February 2019 which rates LTHT as Good overall and outstanding for critical care, Leeds Dental Institute and Use of Resources.

We found the report to be a very comprehensive and easy to read document which is well laid out and includes good and appropriate use of illustrations to help keep reader's interest. It is generally easy for the public to understand and gives just enough detail, although in places an explanation of terms may be helpful for example 'Kaizen plans' and 'KPO officer'.

The priorities for 2018/2019 are clear and linked to priorities/ambitions for 2019/2020, with accompanying narrative structured in line with domains of quality around safety, effectiveness and experience. This outlines the aims of improving harm free care, improving staff/patient engagement and using continuous improvement methodology as a consistent vehicle to develop services. The report's sections link well to the strategic goals and vision.

The vision and values are well described and flow through the document and the Quality Improvement strategy 'on a page' is a useful representation of the underlying ethos of the Trust and illustrated in a way which the public an easily relate to. We are pleased to see

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the continued success of the Leeds Improvement Method and the commitment to a wide range of value streams all aiming to positively impact patient experience and outcome.

The work to address the deteriorating patient has continued from last year and a 30% step reduction in cardiac arrest calls over the year demonstrates the effectiveness of the Quality Improvement faculty. The ambition to increase this to a 50% reduction over the coming year is welcomed.

It is encouraging to see the work on implementing safety huddles being recognised by the Health Business Award, and the Trust engaging with other organisations to utilise the knowledge and experience from this work to support others in scaling up huddles is impressive.

The achievements in 2018/2019 relating to the reduction of avoidable pressure ulcers, and the ongoing ambitions for next year are welcomed. This is a challenging area and the continual drive for improvement is clearly demonstrating benefits that will have a significant impact on patient experience and quality of life.

It is good to note that the ongoing work in Parkinson's care has resulted in improvements and a fully established liaison service for patients with Parkinson's.

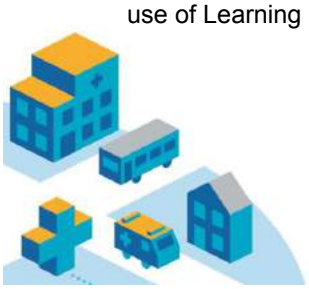
Healthcare Associated Infection remains a challenging area nationally. It is therefore good to see the approach taken within the Trust and the new initiatives to tackle flu and blood stream infections. It may have been helpful to understand the role of LTHT in the cross city collaborative work going forward with other organisations. We would like to congratulate the infection prevention team for their commendation at the Nursing Standard awards. We are keen to support the Trust with the ambition to continue the drive to reduce harm from CDI, MRSA and Gram Negative infections.

The Trust's position in relation to national and peer performance for medication related incidents causing harm remains very reassuring. We look forward to the Trust sustaining this position and are pleased to note a view to learn from good practice as well as incidents of potential harm.

We are pleased to see a focus on VTE risk assessment and hope that the solutions being developed over the next year will assist the Trust to reach the 95% completion target.

We recognise the work and achievements of the safeguarding team in driving improvement on a city wide and a West Yorkshire wide footprint, and look forward to seeing the progression of strategic and policy work.

The approach to sharing learning from serious incidents and complaints is welcomed. The use of Learning Points bulletins and the Learning the Leeds Way conference are good



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examples of investment in collaboration and sharing. To support this it would be good to highlight some examples of what changes have been made as a result of the learning from serious incidents, and how patient safety has consequently been improved or what plans have been developed for 2019/2020.

It is encouraging to hear of all the patient experience, public involvement and engagement work being included in service development, always events and new major building development, particularly hearing the voices of young people. This work is continued through the volunteer service and patient experience and the use of the patient reference group. We congratulate the Trust on securing NHS Citizen funding to progress the engagement work further with members of the public.

The commitment to improving end of life care and collaborative working to develop a sustainable model in bereavement care is welcomed. We are also pleased to note the QI work to ensure staff develop the mind-set for continuous improvement in addition to the ongoing collaborative focus on improving patients experience of discharge.

The work to ensure that the Trusts workforce is comprehensive to optimise patient experience is impressive and reflected in a range of awards and the improving FFT results which demonstrate the impact on staff. The use of new roles (e.g. apprenticeships and nursing associates) is welcomed and we hope that this supports the breadth and retention of the workforce. It is good to see that the CELL model is showing early positive outcomes and we look forward to seeing how this progresses as roll out continues.

There are some very positive improvements noted within the report with clear objectives for the next year. We are supportive of the 2019/2020 quality priorities and ambitions which will demonstrate further improvements in patient safety, effectiveness and experience.

We appreciate the opportunity to review the account and hope that this is accepted as a fair reflection. We commend the Trust on its commitment to working with the CCG in a collaborative and transparent manner, and we look forward to continuing to work in partnership over the coming year.

Yours sincerely,

Jo Harding
Executive Director of Quality and Safety/Governing Body Nurse

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Appendix C: Glossary of Terms

Acute Hospital Trust: an NHS organisation responsible for providing healthcare services.
Always Events: aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time.
Antimicrobial Stewardship: antibiotic stewardship refers to a set of coordinated strategies to improve the use of antimicrobial medications with the goal of enhancing patient health outcomes, reducing resistance to antibiotics, and decreasing unnecessary costs.
Birth-rate+: a midwifery workforce planning tool, which allows midwives to assess their "real time" workload in the delivery suite.
Board (of Trust): the role of the Trust's Board is to take corporate responsibility for the organisation's strategies and actions.
Breakthrough Series Improvement Collaborative: a model for achieving improvements in the quality of healthcare.
BUFALO: blood cultures and septic screen, Urine output, Fluid Resuscitation, Antibiotics IV, Lactate measurement, Oxygen.
Care Quality Commission (CQC): the independent regulator of health and social care in England.
Clinical Commissioning Group (CCG): clinically led NHS bodies responsible for the planning and commissioning of health care services for their local area.
Clinical Audit: clinical audit measures the quality of care and services against agreed standards, and suggests or makes improvements where necessary.
Clinical Service Unit/Clinical Support Unit (CSU): the Trust is made up of 19 CSUs, which are groups of specialties that deliver the clinical services the Trust provides.
Clostridium Difficile Infection (CDI): a type of bacteria which causes diarrhoea and abdominal pain, and can be more serious in some patients.
Commissioning for Quality and Innovation (CQUIN) payment framework: a framework which makes a proportion of providers' income conditional on quality and innovation.
Critical Care Step-Down: an intermediate level of care between the Intensive Care Unit (ICU) and general medical-surgical wards.
Data Security and Protection toolkit: the NHS Data Security & Protection Toolkit ensures necessary safeguards for, and appropriate use of, patient and personal information.
Datix: patient safety and risk management software for healthcare incident reporting and adverse events.
Department of Health (DoH): a department of the UK Government with responsibility for Government Policy for health, social care and NHS in England.
Dr Foster Hospital Guide: annual national publication from Dr Foster containing data from all NHS Trusts in England & Wales highlighting potential areas of good and poor performance. The Guide's focus changes each year but consistently contains measures of hospital mortality.
e-DAN: an electronic discharge advice note.
eMeds: an electronic system for prescribing and administration of medicines.
e-Obs: a digital method of recording the observations of patients' vital signs.
Employee Assistance Programme: staff advice, information & counselling service able to assist with financial, legal, family and personal issues.

Enhanced care: additional support provided to patients who require an extra level of care to ensure safety.
Friends and Family Test: a national NHS tool allowing patients to provide feedback on the care and treatment they receive and to improve services. It asks patients whether they would recommend hospital wards and A&E departments to their friends and family if they needed similar care or treatment.
Gram-negative bacteria: a class of bacteria that includes those that can cause, amongst others, pneumonia, bloodstream infections and surgical site infections in healthcare settings. Gram-negative bacteria are resistant to multiple drugs and are increasingly resistant to most available antibiotics.
HDU: High Dependency Unit; a level of care between intensive care and general wards.
Healthwatch Leeds: Healthwatch is the independent consumer champion that gathers and represents the public's views on health and social care services in England. It ensures that the views of the public and people who use the services are taken into account.
Hospital Standardised Mortality Ratio (HSMR): an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.
Hospital Episode Statistics (HES): a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.
IHI Model for Improvement: Institute for Healthcare Improvement. Combines with Lean Methodology to form the Leeds Improvement Method.
Kaizen Promotion Office (KPO): established to drive the improvement work of the organisation in collaboration with the Virginia Mason Institute.
Lean methodology: a methodology to ensure we provide the highest quality care for patients, whilst reducing inefficiencies and getting the best value for public money.
Leeds Care Record: the Leeds Care Record gives health and social care professionals directly in charge of your care access to the most up-to-date information about you by sharing certain information from your records between health and social care services across Leeds.
Leeds Improvement Method (LIM): the method focusses on improving efficiency and flow of our services under the three key concepts: value, waste, and respect for people.
Leeds Involving People: an organisation that represents the independent voice of people through the promotion of effective involvement. It involves the community in the development of health and social care services by ensuring their opinions and concerns are at the centre of decision making processes.
LPCN: Leeds Palliative Care Network
MBRRACE: Maternal, Newborn and Infant Clinical Outcome Review Programme. Aims to study to collect data on patient care to inform service improvements in maternity services nationally.
Medically Optimised For Discharged (MOFD): a patient who is medically fit for discharge, after a clinical decision has been made that the patient is ready to transfer.
Methicillin Resistant Staphylococcus Aureus bacteraemia (MRSA): a bacterial infection.
MSSA related infections: infections as a result of methicillin-susceptible S. aureus (bacteria).
National Child Protection Information System (CP-IS): a project to help health and social care staff to share information securely to better protect vulnerable children.
National Confidential Enquiry into Patient Outcome and Death (NCEPOD): reviews clinical practice across England and Wales, and makes recommendations for improvement.
National Institute for Health and Care Excellence (NICE): an independent organisation responsible for providing national guidance on promoting good health, and preventing and treating ill health. It produces guidance for health care professionals, patients and carers, to help them make decisions about treatment and health care.

National Institute for Health Research (NIHR): an organisation which aims to create a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
National Maternity Better Births: a nationwide initiative to improve outcomes of maternity services in England.
National Payment by Results (PBR): the payment system in England under which commissioners pay healthcare providers for each patient seen or treated.
National Reporting and Learning System (NRLS): enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care.
Never Events: serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
Patient Advice and Liaison Service (PALs): offers support, advice and information on NHS services to patients, their carers, the general public and hospital staff.
Patient Reported Outcome Measures (PROMs): a measure of quality from the patient's perspective. Initially covering four clinical procedures, PROMs calculate the health gain after surgical treatment using pre and post-operative surveys.
Perinatal Mortality Review Tool: a data collection tool which aims to support standardised perinatal mortality reviews across NHS maternity and neonatal units.
PDSA (Plan, Do, Study, Act): A quality improvement tool to test an idea by trialling a small scale change and assess it's impact, building upon the learning from previous cycles in a structured way before large scale implementation
Rapid Discharge Plan (RDP): a patient-specific plan to facilitate safe, urgent transfer of care for patients expressing a wish to die at home.
RCA process: Root Cause Analysis. A method of problem solving used for identifying the root causes of faults or problems.
RESPECT: A Recommended Summary Plan for Emergency Care and Treatment, that is agreed by a patient and their healthcare professional. It includes recommendations about the care an individual would like to receive in future emergencies if they are unable to make a choice at that time.
Safety Thermometer data collection tool: a local improvement tool for measuring, monitoring and analysing patient harms and harm free care.
Secondary Uses Service: provides anonymous patient-based data for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.
Seven Day Hospital Services: the ambition of the initiative is for patients to be able to access hospital services which meet four priority standards every day of the week.
SPC chart: Statistical Process Control chart. Data is plotted chronologically to see changes over time.
Summary Hospital-level Mortality Indicator (SHMI): an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology. It is produced and published quarterly as an official statistic by NHS Digital.
The Leeds Way: The 'Leeds Way' is the Values of Leeds Teaching Hospitals Trust created by staff. It defines who we are, what we believe and how we will work to deliver the best outcomes for our patients. The Values are Fair, Patient Centred, Collaborative, Accountable and Empowered.

The National Bereavement Care Pathway (NBCP): a project to help professionals support families in their bereavement after any pregnancy or baby loss.
Trust Members: Trust Members have a say in the services the Trust offers and help us understand the needs of our patients, carers and local population, in order to improve our services. Anyone aged 16 years or over living in England or Wales can become a member.
Trust's Youth Forum: designed to allow young people to put across their points of view about the Trust and share their experiences and opinions of hospital in general.
Venous thromboembolism (VTE): a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain. Venous thrombosis occurs most commonly in the deep veins of the leg or pelvis; this is known as a deep vein thrombosis (DVT).
WYAAT: West Yorkshire Association of Acute Trusts.

Appendix D: Trust Participation in NCEPOD and National Audits

Summary tables of participation in NCEPOD Studies and DoH recommended national audits

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2018/19, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Confidential Enquiry	Participation Rate*
Long Term Ventilation	**
Acute Bowel Obstruction	**
Pulmonary Embolism	**
Perioperative Diabetes	77%
Cancer in Children, Teenagers and Young Adults	100%

National Audit	Participation Rate*
Adult Cardiac Surgery	100%
Adult Community Acquired Pneumonia	NYA**
BAUS Urology Audit - Cystectomy	NYA**
BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	NYA**
BAUS Urology Audit - Nephrectomy	NYA**
BAUS Urology Audit - Percutaneous Nephrolithotomy (PCNL)	NYA**
BAUS Urology Audit – Radical Prostatectomy	100%
Cardiac Rhythm Management (CRM)	100%
Case Mix Programme (CMP)	100%
Elective Surgery (National PROMs Programme)	NYA**
Falls and Fragility Fractures Audit Programme (FFFAP)*	NA***
Feverish Children (care in emergency departments)	100%
Inflammatory Bowel Disease programme / IBD Registry	NON-PARTICIPATION
Learning Disability Mortality Review Programme (LeDeR)	100%
Major Trauma Audit	92.4%
Maternal, Newborn and Infant Clinical Outcome Review Programme	100%
Medical and Surgical Clinical Outcome Review Programme	NYA**
Mental Health Clinical Outcome Review Programme	NA***

Myocardial Ischaemia National Audit Project (MINAP)	100%
National Asthma and COPD Audit Programme*	PARTIAL NON-PARTICIPATION
National Audit of Anxiety and Depression	NYA**
National Audit of Breast Cancer in Older People	100%
National Audit of Cardiac Rehabilitation	NON-PARTICIPATION
National Audit of Care at the End of Life (NACEL)	100%
National Audit of Dementia	NYA**
National Audit of Intermediate Care	NYA**
National Audit of Percutaneous Coronary Interventions (PCI)	100%
National Audit of Pulmonary Hypertension	NA***
National Audit of Seizures and Epilepsies in Children and Young People	100%
National Bariatric Surgery Registry (NBSR)	NYA**
National Bowel Cancer Audit (NBOCA)	100%
National Cardiac Arrest Audit (NCAA)	100%
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	NYA**
National Clinical Audit of Psychosis	NA***
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	NYA**
National Comparative Audit of Blood Transfusion programme*	100%
National Congenital Heart Disease (CHD)	100%
National Diabetes Audit – Adults*	99.3%
National Emergency Laparotomy Audit (NELA)	90.3%
National Heart Failure Audit	74%
National Joint Registry (NJR)	NYA**
National Lung Cancer Audit (NLCA)	100%
National Maternity and Perinatal Audit (NMPA)	NYA
National Neonatal Audit Programme (NNAP)	NYA**
National Oesophago-gastric Cancer (NAOGC)	100%
National Ophthalmology Audit	100%
National Paediatric Diabetes Audit (NPDA)	99.1%
National Prostate Cancer Audit	100%
National Vascular Registry	96.2%

Neurosurgical National Audit Programme	100%
Non-Invasive Ventilation - Adults	NYA**
Paediatric Intensive Care (PICANet)	100%
Prescribing Observatory for Mental Health (POMHUK)*	NA***
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)*	NYA**
Sentinel Stroke National Audit programme (SSNAP)	NON PARTICIPATION
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	100%
Surgical Site Infection Surveillance Service	NON PARTICIPATION
UK Cystic Fibrosis Registry	100%
Vital Signs in Adults (care in emergency departments)	100%
VTE risk in lower limb immobilisation (care in emergency departments)	100%

* Participation rate is calculated as the number of patients for whom data have been submitted as a proportion of the number for whom data should have been submitted.

** Study currently taking place; participation rate not available.

*** Not applicable to the Trust - LTHT do not have a Fracture Liaison Service

**** Not applicable - Not a Mental Health Trust

Appendix E: CQUINS 2017-19

National CQUINS

1. Improving Staff Health and Wellbeing	1a. Improving staff health and wellbeing - Staff Survey
	1b. Healthy food for NHS staff, visitors and patients
	1c. Improving the uptake of flu vaccinations
2. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis	2a. Timely identification of patients with sepsis in emergency departments and acute inpatient settings
	2b. Timely treatment of sepsis in emergency departments and acute inpatient settings
	2c. Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours
	2d. Reduction in antibiotic consumption (per 1,000 admissions)
3. Improve services - mental health needs who present to A&E	3. Improving services - people with mental health needs presenting to A&E
4. Offering advice and guidance	4. Advice and guidance (NHSE to provide guide to support scheme)
5. NHS e-Referrals	5. NHS e-Referrals (1 year CQUIN - 2017/18)
6. Supporting proactive and safe discharge	6. Supporting proactive and safe discharge
7. Risky behaviours, alcohol and tobacco (1 year CQUIN 2018/19)	Tobacco screening, brief advice, referral and medication offer Alcohol screening, brief advice or referral

NHS England Specialist Commissioning CQUINS

BI1 Improving HCV Treatment Pathways through ODNs	Providers participation in ODN & HCV patient access to treatment to accord with ODN guidelines
BI4 Improving Haemoglobinopathy Pathways through ODN Networks	Improve access by developing ODN and ensuring compliance with guidelines
TR3 Spinal Surgery: Networks, Data, MDT oversight	Setting up regional MDT; entering data into British Spinal Registry or Spine Tango: no surgery without MDT sanction
IM3 Auto-immune Management	Review specialised patient cases across Networks by MDTs, with data flowing to registries
WC3 CAMHS Screening	SDQ screening for paed inpatients with listed LTCs
GE3 Medicines Optimisation	To support procedural and cultural changes required fully to optimise use of medicines commissioned by specialist services
CA2 Nationally Standardised Dose Banding for Adult Intravenous Anticancer Therapy (SACT)	Standardisation of chemotherapy doses through a nationally consistent approach
WC4 Paediatric Networked Care	This scheme aims to align to the national PIC service review
IM2 Cystic Fibrosis Patient Adherence (Adult)	Improved adherence and self-management by patients etc
Local QIPP Incentivisation Scheme	Engagement with NHSE local QIPP proposals and delivery of agreed savings

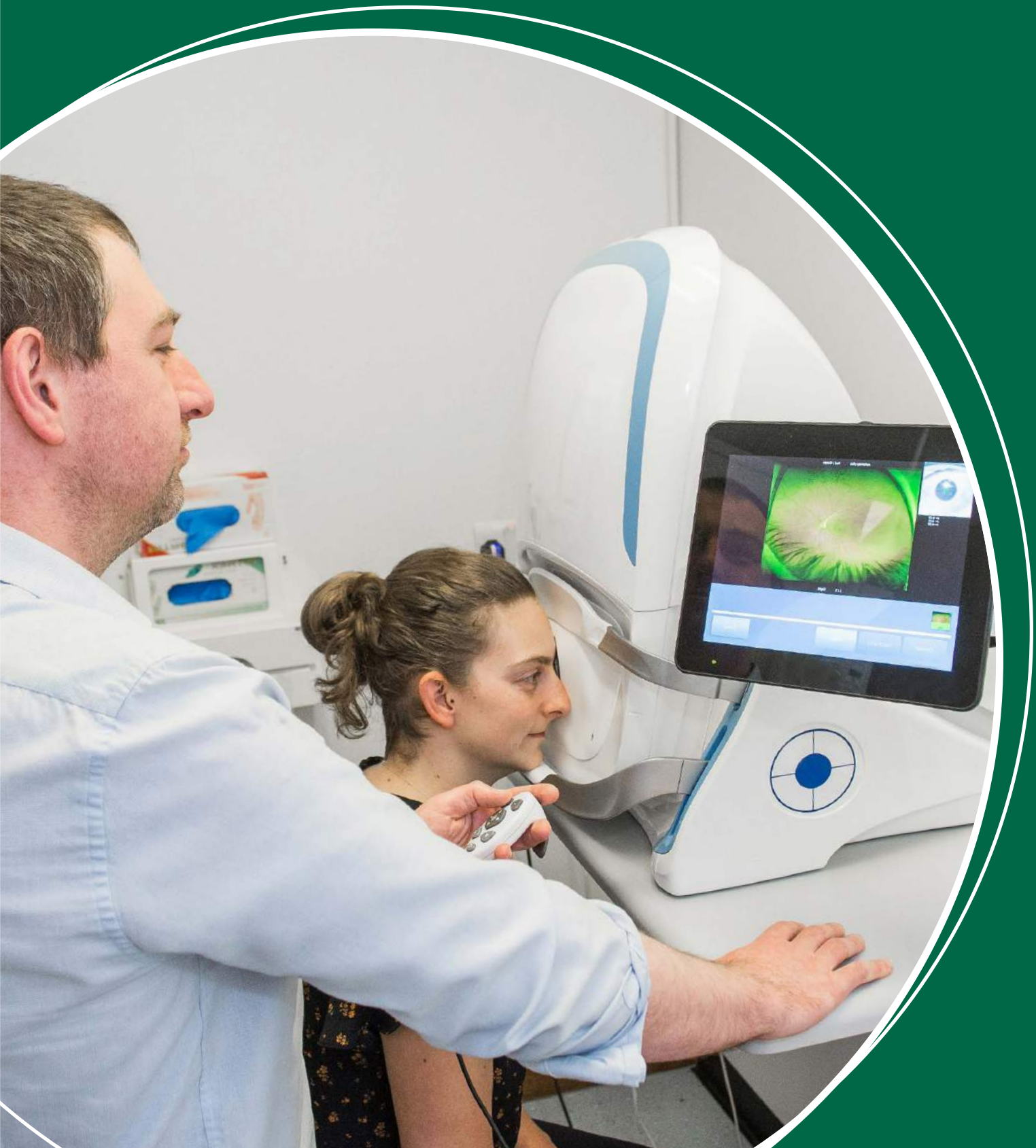
Appendix F: Performance against National Priority Indicators

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Section A - National Operational Standards													
RTT Incomplete	>=92	88.40	89.24	88.55	88.52	87.77	87.05	87.16	87.17	86.57	87.82	87.85	87.86
RTT Failing Specialties: Incomplete	=0	9	8	9	9	9	8	9	8	8	8	9	9
A&E Performance	>=95	81.20	90.19	90.02	83.89	87.55	85.60	82.86	83.55	79.65	79.64	82.39	89.56
Diagnostic Waits	>=99	99.60	99.36	99.41	99.32	99.41	99.67	99.80	99.42	98.52	99.00	99.28	99.21
Cancelled Ops: Not rebooked within 28 days	=0	52	17	13	14	15	19	36	24	35	34	31	37
Cancer: 62 Day: GP/Dentist Referrals	>=85	75.90	77.45	72.59	67.35	68.74	70.00	68.05	67.73	77.25	70.66	63.35	79.53
Cancer: 62 Day: Screening	>=90	82.40	91.07	92.50	88.89	90.38	91.07	78.05	91.25	85.45	85.19	50.00	73.91
Cancer: 31 Day: 1st Treatment	>=96	97.70	96.54	94.89	96.49	95.17	93.20	93.25	94.21	96.36	92.78	95.60	95.50
Cancer: 31 Day: Subsequent Surgery	>=94	95.60	95.42	96.73	96.00	92.76	89.95	91.67	92.82	91.28	90.12	90.40	90.59
Cancer: 31 Day: Subsequent Drug	>=98	100.00	100.00	100.00	100.00	100.00	100.00	99.68	100.00	100.00	100.00	100.00	99.30
Cancer: 31 Day: Sub Radiotherapy	>=94	100.00	99.79	99.76	100.00	99.30	99.53	99.61	99.57	99.50	98.16	99.77	100.00
Cancer: 14 Day: Urgent GP Referrals	>=93	79.00	78.84	80.79	80.31	84.48	87.28	94.32	93.42	93.01	90.61	91.08	77.99
Cancer: 14 Day: Breast Symptoms	>=93	33.20	13.50	22.45	29.86	41.90	57.85	90.00	85.00	81.33	83.52	75.56	23.67
Mixed Sex Accommodation Breaches	=0	0	0	0	0	6	0	0	0	0	0	4	6
Section B - National Quality Contract Requirements													
HCAI: MRSA	=0	1	1	0	3	0	0	0	0	0	1	0	1
HCAI: CDiff Rate per 100,000 bed days		26.4	13.1	29.4	29.6	22.7	31.1	22.2	9.6	23.2	12.7	18.1	9.2
VTE Risk Assessment	>=95	91.30	91.76	91.56	90.23	92.37	92.08	92.49	92.79	92.44	92.62	92.21	93.42
VTE RCA Completion Rate	=100	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	90.32	86.96
RTT Incomplete 52+ Week Waiters	=0	88	119	149	153	164	137	148	169	168	157	128	91
Cancelled Ops: Urgent Cancels 2nd/Sub	=0	0	0	0	0	0	0	0	0	0	0	0	0
Ambulance Handovers: Less Than 15 mins	-	2,981	3,069	2,736	2,656	2,730	2,356	2,710	2,729	3,286	3,291	2,856	3,118
Ambulance Handovers: 30 - 60 mins	=0	33	18	14	65	66	100	116	62	217	225	191	134
Ambulance Handovers: Over 60 mins	=0	2	1	1	4	5	5	12	1	8	15	13	9
A&E 12 Hour Trolley Waits	=0	0. 0	0	0	0	0	0	0	0	0	0	0	0
Friends and Family Test: Response Rate - Inpatients	-	48.20	32.88	33.69	40.65	36.35	37.20	42.35	32.47	33.68	35.48	37.83	36.88
Friends and Family Test: Response Rate - A&E	-	38.30	32.12	25.64	27.28	24.84	25.07	26.27	23.05	22.78	20.80	24.18	24.89
eDAN: Completed	-	91.00	91.72	92.24	91.76	91.69	92.08	92.10	93.09	93.87	93.84	93.40	93.50
eDAN: Sent to GP within 24 hrs	>=90	88.80	89.24	89.73	90.00	90.12	90.04	90.34	91.55	92.11	92.44	92.05	91.98
Complaints: Total	-	85	77	57	61	67	58	84	74	57	77	84	79
Complaints: % Responded to within target time	-	22.40	31.17	47.37	26.23	22.39	18.97	23.81	31.08	19.30	22.08	23.81	32.91
Emergency Readmissions Within 30 Days	-	7.50	7.43	7.53	7.17	7.45	7.46	7.07	7.21	7.76	7.19	7.49	7.06

Section C - NHSE Quality and Contract Requirements													
Serious Incidents (SUIs)	-	5	10	5	7	8	7	7	5	8	22	7	8
HCAI: MSSA	<=59	9	11	8	10	8	8	8	5	10	7	3	6
Gynae Cytology 14 Day TATs	>=98	0.20	0.16	0.20	0.16	0.42	0.29	0.32	0.51	0.45	2.87	0.79	0.67
Harm Free Care	>=95	94.30	94.96	96.78	95.22	96.68	95.46	94.43	95.88	95.78	93.87	93.84	95.69
Readmissions to PICU Within 48 Hours	<1	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01
PICU Transfers	<=0.7												
Adult Critical Care Discharges - % Within 4hrs	-	18.60	20.04	24.37	17.05	14.35	16.13	22.98	18.44	21.30	19.27	19.71	23.36
Adult Critical Care Discharges - % Within 24hrs	-	68.00	74.79	78.85	74.88	67.71	70.22	80.44	74.67	63.91	65.60	71.29	78.46
Cardiac Surgery % Seen in 7 Days	>54												
Section D - Local Quality and Contract Requirements													
OP FUP Backlog: More Than 3 Months Overdue	-	5,432	5,190	5,347	5,446	5,140	5,124	4,862	4,896	5,716	4,946	5,299	6,214
OP FUP Backlog: More Than 12 Months Overdue	-	432	336	299	214	93	79	98	73	96	123	132	135
OP FUP Backlog: No Due Date	-	32	20	6	6	8	11	8	94	80	11	40	11
E-Letters to GPs in 5 Days	-	64.60	64.03	66.26	63.68	71.68	69.74	68.72	80.72	72.63	62.67	64.44	56.87
Radiology Turn Around Times (Median Wait)	-	9	9	10	9	9	9	9	9	9	9	8	9
Section E - Internal Monitoring													
MRSA Screening	>=95	92.70	92.68	92.94	92.68	92.43	93.23	92.33	92.28	93.01	87.80	86.82	75.00
Dementia Performance: Stage 1	>=90	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Dementia Performance: Stage 2	>=90	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Dementia Performance: Stage 3	>=90	100.00	100.00	100.00	100.00	85.71	91.67	100.00	100.00	100.00	100.00	100.00	100.00
Pressure Ulcers (Grade 3) (developed)	-	6	4	1	0	7	4	8	4	6	8	3	3
Pressure Ulcers (Grade 4) (developed)	-	0	0	0	0	0	0	0	1	0	1	1	1
Pts Admitted to a Stroke Unit < 4 Hours	>=60	41.00	35.56	35.29	38.78	50.00	40.00	28.75	36.26	38.71	38.04	35.06	42.31
OP Appts Cancelled 2 or More Times (Total)	-	2,263	2,142	2,198	2,207	2,147	2,098	2,414	2,309	2,113	2,716	2,222	2,459
OP Appts Cancelled 2 or More Times (By Hospital)	-	979	872	965	976	884	896	1,011	977	879	1,108	977	1,128
Research Studies Recruited to Time and Target	>=80												
Research Studies First Patient Recruited Within 70 Days	>=80												
Clinics Not Cashed Up Within 2 Days	-	7,345	7,604	7,308	7,511	7,383	7,800	9,168	7,784	7,275	9,456	8,438	9,081
Clinics Not Cashed Up Within 4 Weeks	-	952	1,466	1,131	641	720	697	864	528	594	561	656	722

Section 5

Section 5: Financial Statements for 2018/19



Section 5: Financial Statements for 2018/19

5.1 Independent Auditor's Report to the Directors of the Leeds Teaching Hospitals NHS Trust

We have audited the financial statements of Leeds Teaching Hospitals NHS Trust ('the Trust') for the year ended 31 March 2019, 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 the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as interpreted and adapted by the Government Financial Reporting Manual 2018/19 as contained in the Department of Health and Social Care Group Accounting Manual 2018/19, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England ("the Accounts Direction").

In our opinion, the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2019 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 2018/19; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006 and the Accounts Direction issued thereunder.

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

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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 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 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.

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.

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

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS Improvement; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; 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 these respects.

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 2019.

We have nothing to report in this respect.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust the Accountable Officer of the Trust is responsible for the arrangements to secure 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 by section 21(3)(c) and schedule 13(10)(a) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. 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 review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Use of the audit report

This report is made solely to the Board of Directors of 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 financial statements of Leeds Teaching Hospitals NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Gareth Davies

For and on behalf of Mazars LLP

Tower Bridge House, St Katharine's Way,
London E1W 1DD

24 May 2019

5.2 Leeds Teaching Hospitals NHS Trust Annual Accounts 2018/19

Statement of Comprehensive Income for the year ended 31 March 2019

	Note	2018-19 £000	2017-18 £000
Operating income from patient care activities	3	1,083,612	1,034,222
Other operating income	4	252,235	204,045
Operating expenses	6, 8	(1,258,761)	(1,252,602)
Operating surplus/(deficit) from continuing operations		**77,086**	**(14,335)**
Finance income	11	260	90
Finance expenses	12	(15,043)	(14,569)
PDC dividends payable		(5,929)	(5,832)
Net finance costs		**(20,712)**	**(20,311)**
Other losses	13	(109)	(149)
Surplus / (deficit) for the year		**56,265**	**(34,795)**
Other comprehensive income			
Impairments	7	-	(9,749)
Total comprehensive income / (expense) for the year		**56,265**	**(44,544)**
Financial performance for the year **Adjusted financial performance (control total basis):**			
Surplus / (deficit) for the period		56,265	(34,795)
Remove net impairments not scoring to the Departmental expenditure limit	7	-	55,417
Remove I&E impact of capital grants and donations		(3,340)	(1,742)
Adjusted financial performance surplus		**52,925**	**18,880**

Statement of Financial Position as at 31 March 2019

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets			
Intangible assets	14	7,493	6,085
Property, plant and equipment	15	532,906	506,256
Receivables	18	10,565	12,939
Total non-current assets		**550,964**	**525,280**
Current assets			
Inventories	17	16,895	16,727
Receivables	18	106,950	75,066
Non-current assets held for sale	19	-	-
Cash and cash equivalents	20	30,213	15,029
Total current assets		**154,058**	**106,822**
Current liabilities			
Trade and other payables	21	(133,410)	(106,401)
Borrowings	23	(52,184)	(51,279)
Provisions	25	(881)	(967)
Other liabilities	22	(10,596)	(7,804)
Total current liabilities		**(197,071)**	**(166,451)**
Total assets less current liabilities		**507,951**	**465,651**
Non-current liabilities			
Borrowings	23	(209,961)	(226,765)
Provisions	25	(5,194)	(5,399)
Other liabilities	22	(94)	(170)
Total non-current liabilities		**(215,249)**	**(232,334)**
Total assets employed		**292,702**	**233,317**
Financed by			
Public dividend capital		339,106	335,986
Revaluation reserve		43,026	43,026
Income and expenditure reserve		(89,430)	(145,695)
Total taxpayers' equity		**292,702**	**233,317**

The notes on pages 199 to 232 form part of these financial statements.

The accounts on pages 195 to 232 were approved by the Board of Directors on 23rd May 2019 and signed on its behalf by:

Name:	Julian Hartley	Simon Worthington
Position:	Chief Executive	Director of Finance
Date:	23 May 2019	

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2019

	Public Dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2018 - brought forward	**335,986**	**43,026**	**(145,695)**	**233,317**
Surplus for the year	-	-	56,265	**56,265**
Public dividend capital received	3,120	-	-	**3,120**
Taxpayers' equity at 31 March 2019	**339,106**	**43,026**	**(89,430)**	**292,702**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2018

	Public Dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	**334,888**	**55,880**	**(114,005)**	**276,763**
(Deficit) for the year	-	-	(34,795)	**(34,795)**
Impairments	-	(9,749)	-	(9,749)
Transfer to retained earnings on disposal of assets	-	(3,105)	3,105	-
Public dividend capital received	1,098	-	-	**1,098**
Taxpayers' equity at 31 March 2018	**335,986**	**43,026**	**(145,695)**	**233,317**

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 2019

	Note	2018-19 £000	2017-18 £000
Cash flows from operating activities			
Operating surplus / (deficit)		77,086	(14,335)
Non-cash income and expense:			
Depreciation and amortisation	6.1	15,890	17,694
Net impairments	7	-	55,417
Income recognised in respect of capital donations	4	(4,049)	(2,595)
(Increase) in receivables and other assets		(31,881)	(13,189)
(Increase) in inventories		(168)	(705)
Increase in payables and other liabilities		24,190	8,288
(Decrease) in provisions		(294)	(232)
Net cash generated from operating activities		**80,774**	**50,343**
Cash flows from investing activities			
Interest received		260	90
Purchase of intangible assets		(980)	(527)
Purchase of property, plant and equipment		(33,912)	(21,341)
Sales of property, plant and equipment		92	154
Receipt of cash donations to purchase capital assets		4,686	2,138
Net cash (used in) investing activities		**(29,854)**	**(19,486)**
Cash flows from financing activities			
Public dividend capital received		3,120	1,098
Movement on loans from the Department of Health and Social Care		(7,713)	(11,249)
Capital element of finance lease rental payments		(39)	(38)
Capital element of PFI and other service concession payments		(8,275)	(6,473)
Interest on loans		(1,815)	(2,154)
Interest paid on finance lease liabilities		(6)	(8)
Interest paid on PFI obligations		(13,217)	(12,401)
PDC dividend (paid)		(7,791)	(4,570)
Net cash (used in) financing activities		**(35,736)**	**(35,795)**
Increase / (decrease) in cash and cash equivalents		**15,184**	**(4,938)**
Cash and cash equivalents at 1 April - brought forward		**15,029**	**19,967**
Cash and cash equivalents at 31 March 2019	20.1	**30,213**	**15,029**

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 NHS trusts 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 DHSC Group Accounting Manual 2018-19, 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 DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the NHS 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.

1.1.1 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, and certain financial assets and financial liabilities.

1.2 Going concern

The Trust's annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

1.3 Basis of consolidation

The Trust has no interests in other entities.

1.4 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.4.1 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's 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 notes 1.14 and note 28 PFI transactions.

1.4.2 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 - Para. 1.8 and Note 15
- Provision for Impairment of Receivables - Note 18
- Provisions - Para 1.17 and Note 25

1.5.1 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). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

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 contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

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.

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 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.

1.5.2 Revenue grants and other contributions to expenditure

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.

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, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.5.3 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

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, including non-consolidated performance pay earned but not yet paid. 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 NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, 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.

Employer's pension cost 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.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

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 Other expenses

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

1.8.1 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.

1.8.2 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 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.

Assets held at depreciated replacement cost have been valued on the basis that re-provision would be on a single site basis located at St James's Hospital.

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.

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.

Revaluation gains and losses

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset, and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income (or expenditure) in the Statement of Comprehensive Income.

1.8.3 Derecognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and

- the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it."

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. 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.

1.9 Intangible assets

1.9.1 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; and where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it, and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.9.2 Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating.

Revaluations and impairments are treated in the same manner as for property, plant and equipment."

1.10 Depreciation, amortisation and impairments

Freehold land, assets under construction or development and assets held for sale are not depreciated/amortised. Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be

shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure.

1. 11 Donated assets

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.12 Government grant funded assets

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.13 Leases

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.

1.13.1 The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive Income.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.13.2 The Trust as lessor

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

Rental income from operating leases is recognised on a straight-line 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.

1.14 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. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- payment for the fair value of services received
- repayment of the finance lease liability, including finance costs, and
- payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

1.14.1 Services received

The cost of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.14.2 PFI assets, liabilities and finance costs

The PFI assets are recognised as property, plant and equipment when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

1.14.3 Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.14.4 Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

1.14.5 Other assets contributed by the Trust to the operator

Other assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, where these are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. When the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.15 Inventories

Inventories are valued at the lower of cost and net realisable value, using the weighted average cost formula.

1.16 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.

1.17 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

Early retirement provisions are discounted using HM Treasury's pension discount rate of positive 0.29% (2017-18: positive 0.10%) in real terms. All general provisions are subject to three separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A short term rate of positive 0.76% (2017-18: negative 2.42% in real terms) for inflation adjusted expected cash flows up to and including 5 years
- A medium term rate of positive 1.14% (2017-18: negative 1.85% in real terms) for inflation adjusted expected cash flows over 5 years up to and including 10 years
- A long term rate of positive 1.99% (2017-18: negative 1.56% in real terms) for inflation adjusted expected cash flows over 10 years.

All 2018-19 percentages are in nominal terms with 2017-18 being the last financial year that HM Treasury provided real general provision discount rates.

1.18 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.

1.19 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 as and when they become due.

1.20 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The Trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

1.21 Contingent liabilities and contingent assets

A contingent liability is:

- a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or
- a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.

A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.22 Financial assets and financial liabilities

1.22.1 Financial assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value (plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss). Fair value is taken as the transaction price.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.22.2 Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.22.3 Financial assets at fair value through other comprehensive income

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. The Trust has no financial assets at fair value through other comprehensive income.

1.22.4 Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term. The Trust has no financial assets at fair value through profit and loss.

1.22.5 Impairment of financial assets

For all financial assets measured at amortised cost the Trust recognises a loss allowance representing expected credit losses on the financial instrument. The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables at an amount equal to lifetime expected credit losses (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.

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.

1.22.6 Financial liabilities

Derivatives that are liabilities are subsequently measured at fair value through profit or loss, Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss. The Trust has no financial liabilities at fair value through profit and loss.

1.22.7 Financial liabilities at fair value through profit and loss

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

1.22.8 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

1.22.9 Derecognition of financial assets and liabilities

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.

1.23 Public dividend capital

Public dividend capital is a type of public sector equity finance, which represents the Department of Health and Social Care's investment in the Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health and Social Care as PDC dividend. The charge is calculated at the real rate

set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

- donated assets (including lottery funded assets)
- average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short term working capital facility)
- any PDC dividend balance receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care, 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 thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.24 Value added tax

Most of the activities of the Trust are outside the scope of value added tax (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.

1.25 Foreign currencies

The Trust's functional currency and presentational currency is pounds sterling, and figures are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the spot exchange rate on the date of the transaction.

Exchange gains and losses on monetary items (arising on settlement of the transaction or on retranslation at the Statement of Financial Position date) are recognised in the Statement of Comprehensive Income in the period in which they arise.

1.26 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM (note 20.2)

1.27 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, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.28 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.

1.29 IFRS Standards that have been issued but have not yet been adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases - Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

- IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

IFRS 16 will require all operating leases and managed service contracts to be reviewed. Any assets designated "right-of-use" will be brought on to the Statement of Financial Position. This will see an increase in non-current assets offset by an increase in borrowing. Until this full assessment is completed it is not possible to quantify the financial impact.

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 internally the Trust operates via 18 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. Therefore the Trust believes that there is only one segment and has reported under IFRS 8 on this basis.

3. Income from patient care activities (by source)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5.1

3.1 Income from patient care activities (by nature)

	2018-19 £000	2017-18 £000
Elective income	171,639	156,614
Non elective income	226,625	219,671
First outpatient income	50,808	49,082
Follow up outpatient income	77,507	75,643
A & E income	27,619	27,329
High cost drugs income from commissioners (exc. pass-through costs)	169,432	162,240
Other NHS clinical income	335,832	331,698
Private patient income	4,907	5,857
Agenda for Change pay award central funding	12,366	-
Other clinical income	6,877	6,088
Total income from activities	**1,083,612**	**1,034,222**

3.2 Income from patient care activities (by source)

	2018-19 £000	2017-18 £000
NHS England	515,025	498,293
Clinical commissioning groups	543,232	522,806
Department of Health and Social Care	12,366	-
Other NHS providers	214	101
NHS other	963	1,077
Local authorities	750	-
Non-NHS: private patients	4,907	5,857
Non-NHS: overseas patients (chargeable to patient)	401	276
Injury cost recovery scheme	4,766	4,712
Non-NHS: other	988	1,100
Total income from activities	**1,083,612**	**1,034,222**
Of which: Related to continuing operations	1,083,612	1,034,222

3.3 Overseas visitors (relating to patients charged directly by the provider)

	2018-19 £000	2017-18 £000
Income recognised this year	401	276
Cash payments received in-year	208	180
Amounts added to provision for impairment of receivables	4	123
Amounts written off in-year	92	385

4. Other operating revenue

	2018-19 £000	2017-18 £000
Other operating income from contracts with customers		
Research and development (contract)	22,107	20,471
Education and training (excluding notional apprenticeship levy income)	69,283	68,600
Non-patient care services to other bodies	49,595	39,031
Provider sustainability / sustainability and transformation fund income (PSF / STF)	62,634	29,922
Income in respect of employee benefits accounted on a gross basis	12,245	11,153
Other contract income*	17,110	18,188
Other non-contract operating income		
Education and training - notional income from apprenticeship fund	1,139	479
Receipt of capital grants and donations	4,049	2,595
Charitable and other contributions to expenditure	12,522	12,066
Rental revenue from operating leases	1,551	1,540
Total other operating revenue	**252,235**	**204,045**
Of which: Related to continuing operations	252,235	204,045

*Other contract income incorporates income received for goods and services which are incidental to the Trust's core activity of healthcare, for example, car parking, creche fees, access to health records income and catering.

5.1 Additional information on revenue from contracts with customers recognised in the period

	2018-19 £000
Revenue recognised in the reporting period that was included in contract liabilities at the previous period end	1,934
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	203

5.2 Transaction price allocated to remaining performance obligations

	2019 £000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	
within one year	1,717
after one year, not later than five years	2,483
Total revenue allocated to remaining performance obligations	**4,200**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

6. Operating expenses

	2018-19 £000	2017-18 £000
Purchase of healthcare from non-NHS and non-DHSC bodies	12,536	8,444
Staff and executive directors costs	729,079	687,814
Remuneration of non-executive directors	104	88
Supplies and services - clinical (excluding drugs costs)	153,668	155,889
Supplies and services - general	8,315	8,366
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	188,170	178,445
Consultancy costs	559	596
Establishment	5,248	5,820
Premises	54,594	42,348
Transport (including patient travel)	5,222	4,815
Depreciation on property, plant and equipment	15,193	16,734
Amortisation on intangible assets	697	960
Net impairments	-	55,417
Movement in credit loss allowance: contract receivables / contract assets	(109)	-
Movement in credit loss allowance: all other receivables	-	769
Increase/(decrease) in other provisions	390	239
Change in provisions discount rate(s)	(50)	40
Audit fees payable to the external auditor:		
audit services- statutory audit*	96	96
other auditor remuneration (external auditor only)*	12	10
Internal audit costs	311	317
Clinical negligence	32,794	36,190
Legal fees	519	571
Insurance	747	701
Research and development	15,817	14,766
Education and training	4,781	4,936
Rentals under operating leases	6,647	6,987
Redundancy	216	100
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (PFI)	9,465	9,451
Car parking & security	307	279
Hospitality	45	167
Losses, ex gratia & special payments	40	87
Other services, eg external payroll	2,508	1,590
Other expenses	10,840	9,570
Total	**1,258,761**	**1,252,602**
Of which: Related to continuing operations	1,258,761	1,252,602

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).

*Audit fees include irrecoverable VAT (see note 1.24)

6.1 Other auditor remuneration

Other auditor remuneration paid to the external auditor	2018-19 £000	2017-18 £000
Audit-related assurance services (Quality Accounts)*	10	10
Other non-audit services	2	-
Total	**12**	**10**

6.2 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2018/19 or 2017/18.

7. Impairment of assets

Net impairments charged to operating surplus / deficit resulting from:	2018-19 £000	2017-18 £000
Changes in market price	-	55,417
Total net impairments charged to operating surplus / deficit	**-**	**55,417**
Impairments charged to the revaluation reserve	-	9,749
Total net impairments	**-**	**65,166**

8. Employee benefits

	2018-19 £000	2017-18 £000
Salaries and wages	583,131	552,118
Social security costs	52,644	50,702
Apprenticeship levy	2,820	2,689
Employer's contributions to NHS pensions	69,328	65,960
Termination benefits	216	100
Temporary staff (including agency)	38,238	32,684
Total staff costs	**746,377**	**704,253**
Of which: Costs capitalised as part of assets	1,345	1,295
Total staff costs excluding capitalised costs	**745,032**	**702,958**

8.1 Retirements due to ill-health

During 2018/19 there were 20 early retirements from the Trust agreed on the grounds of ill-health (12 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £1,137k (£616k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

9. Pension costs

Past and present employees are covered by the provisions of the two 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 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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.

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 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

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 2% employers contribution of qualifying earnings. This contribution increased to 3% in April 2019. Employer contributions are charged directly to the Statement of Comprehensive Income and paid to NEST monthly. At 31st March there were 236 employees enrolled in the scheme (228 at 31 March 2018). Further details of the scheme can be found at www.nestpensions.org.uk.

10. Operating leases

10.1 Leeds Teaching Hospitals NHS Trust as a lessor

This note discloses income generated in operating lease agreements where 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.

	2018-19 £000	2017-18 £000
Operating lease revenue		
Minimum lease receipts	1,551	1,540
Total	**1,551**	**1,540**

Future minimum lease receipts due:	31 March 2019	31 March 2018
- not later than one year;	1,550	1,571
- later than one year and not later than five years;	2,212	1,978
- later than five years.	2,080	2,410
Total	**5,842**	**5,959**

10.2 Leeds Teaching Hospitals NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Leeds Teaching Hospitals NHS Trust is the 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. The amounts recognised in these accounts are:

	2018-19 £000	2017-18 £000
Operating lease expense		
Minimum lease receipts	6,647	6,987
Total	**6,647**	**6,987**

Future minimum lease payments due:	31 March 2019	31 March 2018
- not later than one year;	4,389	6,249
- later than one year and not later than five years;	4,396	5,658
- later than five years.	2,433	2,851
Total	**11,218**	**14,758**
Future minimum sublease payments to be received	-	-

11. Finance Income

Finance income represents interest received on assets and investments in the period.

	2018-19 £000	2017-18 £000
Interest on bank accounts	260	90
Total finance income	**260**	**90**

12. Finance Expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

12.1 Interest Expense

	2018-19 £000	2017-18 £000
Loan from the Department of Health and Social Care	1,817	2,154
Finance leases	6	8
Main finance costs on PFI schemes obligations	5,962	6,053
Contingent finance costs on PFI scheme obligations	7,255	6,348
Total interest expense	**15,040**	**14,563**
Unwinding of discount on provisions	3	6
Total finance costs	**15,043**	**14,569**

12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

The Trust has not made any payments under the terms of this legislation in either the current or preceding financial year.

13. Other gains / (losses)

	2018-19 £000	2017-18 £000
Gains on disposal of assets	92	154
Losses on disposal of assets	(201)	(303)
Total gains / (losses) on disposal of assets	**(109)**	**(149)**

14. Intangible assets

14.1 Intangible assets - 2018/19

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2018 - brought forward	1,907	9,047	10,954
Additions	-	980	980
Reclassifications	(405)	1,530	1,125
Valuation / gross cost at 31 March 2019	1,502	11,557	13,059
Amortisation at 1 April 2018 - brought forward	839	4,030	4,869
Provided during the year	78	619	697
Amortisation at 31 March 2019	917	4,649	5,566
Net book value at 31 March 2019	585	6,908	7,493
Net book value at 1 April 2018	1,068	5,017	6,085

14.2 Intangible assets - 2017/18

	Software licences £000	Internally generated information technology £000	Total £000
Valuation / gross cost at 1 April 2017 - brought forward	1,907	8,556	10,463
Additions	-	527	527
Transfers to / from assets held for sale	-	(36)	(36)
Valuation / gross cost at 31 March 2018	1,907	9,047	10,954
Amortisation at 1 April 2017 - as previously stated	714	3,231	3,945
Provided during the year	125	835	960
Transfers to / from assets held for sale	-	(36)	(36)
Amortisation at 31 March 2018	839	4,030	4,869
Net book value at 31 March 2018	1,068	5,017	6,085
Net book value at 1 April 2017	1,193	5,325	6,518

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	12
Software licences	5	12

15. Property Plant and Equipment

15.1 Property, Plant and Equipment - 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	9,379	423,697	1,902	11,222	185,429	532	46,086	1,387	679,634
Additions	-	12,297	-	12,520	13,336	-	5,016	-	43,169
Reclassifications	-	3,120	-	(5,861)	-	-	1,616	-	(1,125)
Transfers to assets held for sale	-	-	-	(60)	(7,158)	-	(15)	-	(7,233)
Valuation/gross cost at 31 March 2019	9,379	439,114	1,902	17,821	191,607	532	52,703	1,387	714,445
Accumulated depreciation at 1 April 2018 - brought forward	-	-	-	-	142,382	523	29,086	1,387	173,378
Provided during the year	-	8,751	45	-	4,267	7	2,123	-	15,193
Transfers to assets held for sale	-	-	-	-	(7,017)	-	(15)	-	(7,032)
Accumulated depreciation at 31 March 2019	-	8,751	45	-	139,632	530	31,194	1,387	181,539
Net book value at 31 March 2019	9,379	430,363	1,857	17,821	51,975	2	21,509	-	532,906
Net book value at 1 April 2018	9,379	423,697	1,902	11,222	43,047	9	17,000	-	506,256

15.2 Property, Plant and Equipment - 2017/18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - brought forward	21,114	523,012	1,657	10,088	186,178	532	45,368	1,387	789,336
Additions	-	6,246	-	6,438	7,287	-	2,632	-	22,603
Impairments	(11,735)	(62,351)	682	-	-	-	-	-	(73,404)
Revaluations	-	(48,514)	(437)	-	-	-	-	-	(48,951)
Reclassifications	-	5,304	-	(5,304)	-	-	-	-	-
Transfers to assets held for sale	-	-	-	-	(8,036)	-	(1,914)	-	(9,950)
Valuation/gross cost at 31 March 2018	9,379	423,697	1,902	11,222	185,429	532	46,086	1,387	679,634
Accumulated depreciation at 1 April 2017 - brought forward	-	48,568	463	-	144,532	516	28,016	1,385	223,480
Provided during the year	-	8,117	41	-	5,583	7	2,984	2	16,734
Impairments	-	(8,171)	(67)	-	-	-	-	-	(8,238)
Revaluations	-	(48,514)	(437)	-	-	-	-	-	(48,951)
Transfers to assets held for sale	-	-	-	-	(7,733)	-	(1,914)	-	(9,647)
Accumulated depreciation at 31 March 2018	-	-	-	-	142,382	523	29,086	1,387	173,378
Net book value at 31 March 2018	9,379	423,697	1,902	11,222	43,047	9	17,000	-	506,256
Net book value at 1 April 2017	21,114	474,444	1,194	10,088	41,646	16	17,352	2	565,856

15.3 Property, Plant and Equipment Financing- 2018/19

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019									
Owned - purchased	9,379	307,302	1,857	17,821	35,034	2	21,328	-	392,723
Finance leased	-	572	-	-	-	-	-	-	572
On-SoFP PFI contracts	-	111,705	-	-	9,134	-	-	-	120,839
Owned - donated	-	10,784	-	-	7,807	-	181	-	18,772
NBV total at 31 March 2019	**9,379**	**430,363**	**1,857**	**17,821**	**51,975**	**2**	**21,509**	**-**	**532,906**

15.4 Property, Plant and Equipment Financing- 2017/18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	9,379	302,930	1,902	9,414	28,821	9	16,793	-	369,248
Finance leased	-	583	-	-	-	-	-	-	583
On-SoFP PFI contracts	-	111,134	-	-	9,621	-	-	-	120,755
Owned - donated	-	9,050	-	1,808	4,605	-	207	-	15,670
NBV total at 31 March 2018	**9,379**	**423,697**	**1,902**	**11,222**	**43,047**	**9**	**17,000**	**-**	**506,256**

All land and building assets are valued at depreciated replacement cost using the Modern Equivalent Asset (MEA) approach. The Trust's independent, qualified valuer provided a report dated 31 March 2019 giving an assessment of valuation movements since his previous report dated 31 March 2018. The report took account of changes in building cost indices, location factors and the effect of capital expenditure during the year. The difference to carrying value at the balance sheet date was negligible and not sufficiently material to warrant a change in carrying value. The report was completed in accordance with revised guidance from the Royal Institute of Chartered Surveyors which took effect in January 2019 - Depreciated Replacement Cost Method of Valuation for Financial Reporting. As a result, asset lives have been reduced by an average of 9 years and the Trust applied additional depreciation of £0.7m representing the increased charge from January 2019. The valuation report has no material effect on carrying value at the balance sheet date. During 2019-20 the Trust will have a full cyclical revaluation of its estate.

The Trust reviewed its plant and equipment and information technology assets as at 1 April 2018. This indicated that there are a significant volume of assets that remain in use beyond their allocated estimated useful economic lives. As a result the Trust has revised the estimated useful economic lives of plant and equipment and information technology assets and this has resulted in a reduction in depreciation of £2.5m in 2018/19.

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	88
Dwellings	2	88
Plant & machinery	5	18
Transport equipment	5	10
Information technology	5	13
Furniture & fittings	5	10

16. Donations of property, plant and equipment

During the year the Trust received grants and donations to fund capital assets from the following:

	2018-19 £000	2017-18 £000
Leeds Cares	2,040	2,120
Children's Heart Surgery Fund	1,842	310
Health Education England	109	-
Take Heart	10	-
Others	48	165
Total donations for property, plant and equipment	**4,049**	**2,595**

17. Inventories

	31 March 2019 £000	31 March 2018 £000
Drugs	6,468	6,504
Consumables	10,024	10,021
Energy	403	202
Total inventories	**16,895**	**16,727**
of which: Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £294,674k (2017/18: £276,332k). Write-down of inventories recognised as expenses for the year were £0k (2017/18: £0k).

18. Trade receivables and other receivables

18.1 Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	97,906	-
Trade receivables*	-	40,660
Capital receivables	260	897
Accrued income*	-	17,938
Allowance for impaired contract receivables / assets*	(2,515)	-
Allowance for other impaired receivables*	-	(2,513)
Prepayments (non-PFI)	5,964	6,118
PFI lifecycle prepayments	3,000	3,000
PDC dividend receivable	434	-
VAT receivable	1,495	1,522
Other receivables*	406	7,444
Total current trade and other receivables	**106,950**	**75,066**
Non-current		
Contract receivables*	4,713	-
Allowance for impaired contract receivables / assets*	(1,032)	-
Allowance for other impaired receivables*	-	(1,151)
PFI lifecycle prepayments	6,884	9,052
Other receivables*	-	5,038
Total non-current trade and other receivables	**10,565**	**12,939**
Of which receivables from NHS and DHSC group bodies:		
Current	69,807	47,018
Non-current	-	-

*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

The majority of trade is with NHS England and Clinical Commissioning Groups. As NHS bodies are funded by Government to buy NHS patient care services, credit scoring of them is not considered necessary.

18.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 Apr 2018 - brought forward	-	**3,664**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	3,664	(3,664)
New allowances arising	(109)	-
Utilisation of allowances (write-offs)	(8)	-
Allowances as at 31 Mar 2019	**3,547**	-

18.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables £000
Allowances as at 1 Apr 2017	**3,341**
Increase in provision	769
Amounts utilised	(446)
Allowances as at 31 Mar 2018	**3,664**

18.4 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 31st March 2019 are in receivables from customers, as disclosed in the contracts receivables note (Note 18.1).

19. Non-current assets held for sale and assets in disposal groups

	2018/19 £000	2017/18 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	-	-
Assets classified as available for sale in the year	201	303
Assets sold in year	(201)	(303)
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	-

During the course of the year the Trust classified items of obsolete equipment as available for sale. These were sold in year resulting in a disposal loss of £110k (2017-18 loss of £149k)

20. Cash and cash equivalents

20.1 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.

	2018/19 £000	2017/18 £000
At 1 April	**15,029**	**19,967**
Net change in year	15,184	(4,938)
At 31 March	**30,213**	**15,029**
Broken down into:		
Cash at commercial banks and in hand	20	32
Cash with the Government Banking Service	30,193	14,997
Total cash and cash equivalents as in SoFP and SoCF	**30,213**	**15,029**

20.2 Third party assets held by the Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2019 £000	31 March 2018 £000
Bank balances	3	41
Total third party assets	**3**	**41**

21. Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	57,705	49,182
Capital payables	12,383	5,294
Accruals	36,990	26,084
Social security costs	8,130	7,660
Other taxes payable	7,267	6,697
PDC dividend payable	-	1,428
Accrued interest on loans*	-	126
Other payables	10,935	9,930
Total current trade and other payables	**133,410**	**106,401**
Of which payables from NHS and DHSC group bodies:		
Current	5,753	7,203

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note 23. IFRS 9 is applied without restatement therefore comparatives have not been restated.

22. Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities*	10,596	7,804
Total other current liabilities	**10,596**	**7,804**
Non-current		
Deferred income: contract liabilities	94	170
Total other non-current liabilities	**94**	**170**

* Deferred income: Contract Liabilities include Maternity Pathways, research projects and training of overseas dental students. 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.

23. Borrowings

23.1 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Loans from the Department of Health and Social Care	43,590	42,975
Obligations under finance leases	40	39
Obligations under PFI contracts (excl. lifecycle)	8,554	8,265
Total current borrowings	**52,184**	**51,279**
Non-current		
Loans from the Department of Health and Social Care	45,108	53,308
Obligations under finance leases	294	334
Obligations under PFI contracts	164,559	173,123
Total non-current borrowings	**209,961**	**226,765**

23.2 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Finance leases £000	PFI schemes £000	Total £000
Carrying value at 1 April 2018	**96,283**	**373**	**181,388**	**278,044**
Cash movements:				
Financing cash flows - payments and receipts of principal	(7,713)	(39)	(8,275)	**(16,027)**
Financing cash flows - payments of interest	(1,815)	(6)	(5,962)	**(7,783)**
Non-cash movements:				
Impact of implementing IFRS 9 on 1 April 2018	126	-	-	**126**
Application of effective interest rate	1,817	6	5,962	**7,785**
Carrying value at 31 March 2019	**88,698**	**334**	**173,113**	**262,145**

24. Finance Leases

24.1 Leeds Teaching Hospitals NHS Trust as a lessee

Obligations under finance leases where Leeds Teaching Hospitals NHS Trust is the lessee.

	31 March 2019 £000	31 March 2018 £000
Gross lease liabilities	**358**	**403**
of which liabilities are due:		
- not later than one year;	45	45
- later than one year and not later than five years;	179	179
- later than five years.	134	179
	358	403
Finance charges allocated to future periods	(24)	(30)
Net lease liabilities	**334**	**373**
of which payable:		
- not later than one year;	40	39
- later than one year and not later than five years;	164	161
- later than five years.	130	173
	334	**373**

Finance lease obligations relate to the Catering Receipt and Distribution Unit (RADU) at Seacroft Hospital. The unit was constructed in 2002 by a private partner and will revert to Trust ownership upon expiry of the lease in 2027. The arrangement has been determined as a finance lease on the grounds that the Trust has the substantive risks and rewards associated with control of the facility. Accounting treatment is in line with the policy described in note 1.13.

25. Provisions for liabilities and charges analysis

25.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits* £000	Legal claims £000	Other £000	Total £000
At 1 April 2018	**3,170**	**2,609**	**446**	**141**	**6,366**
Change in the discount rate	-	(50)	-	-	**(50)**
Arising during the year	171	97	137	105	**510**
Utilised during the year	(243)	(134)	(177)	(80)	**(634)**
Reversed unused	-	(59)	-	(61)	**(120)**
Unwinding of discount	-	3	-	-	**3**
At 31 March 2019	**3,098**	**2,466**	**406**	**105**	**6,075**
Expected timing of cash flows:					
- not later than one year;	240	130	406	105	**881**
- later than one year and not later than five years;	960	530	-	-	**1,490**
- later than five years.	1,898	1,806	-	-	**3,704**
Total	**3,098**	**2,466**	**406**	**105**	**6,075**

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within early departure costs

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 £272k (£323k in 2017/18) which are being handled on behalf of the Trust by NHS Resolution (formerly the NHS Litigation Authority) 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.

Other provisions include those for employment related claims where the Trust disputes liability but recognises some probability of payment.

25.2 Clinical negligence liabilities

At 31 March 2019, £514,645k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leeds Teaching Hospitals NHS Trust (31 March 2018: £453,408k).

26. Contingent assets and liabilities

	31 March 2019 £000	31 March 2018 £000
Value of contingent liabilities		
NHS Resolution legal claims	(141)	(143)
Other	(300)	(366)
Gross value of contingent liabilities	**(441)**	**(509)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(441)**	**(509)**

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 2019 £000	31 March 2018 £000
Property, plant and equipment	20,887	19,340
Intangible assets	2,857	191
Total	**23,744**	**19,531**

28. On-SoFP PFI, LIFT or other service concession 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. In 2022 the annual charge will reduce significantly to reflect the fact that the contractual commitment to meet equipment costs will be complete although the contractor is obliged to continue to provide equipment that is fit for purpose.

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 Imputed finance lease obligations

Leeds Teaching Hospitals NHS Trust has the following obligations in respect of the finance lease element of on-Statement of Financial Position PFI schemes:

	31 March 2019 £000	31 March 2018 £000
Gross PFI liabilities	**254,395**	**270,489**
Of which liabilities are due		
- not later than one year;	16,094	16,094
- later than one year and not later than five years;	60,863	63,583
- later than five years.	177,438	190,812
	254,395	270,489
Finance charges allocated to future periods	(81,282)	(89,101)
Net PFI obligation	**173,113**	**181,388**
- not later than one year;	8,554	8,265
- later than one year and not later than five years;	33,848	35,291
- later than five years.	130,711	137,832
	173,113	**181,388**

28.2 Total on-SoFP PFI commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2019 £000	31 March 2018 £000
Total future payments committed in respect of the PFI arrangements	**583,407**	**600,734**
Of which liabilities are due		
- not later than one year;	34,295	33,208
- later than one year and not later than five years;	133,154	134,498
- later than five years.	415,958	433,028
	583,407	**600,734**

28.3 Analysis of amounts payable to service concession operators

This note provides an analysis of the unitary payments made to the service concession operators:

	31 March 2019 £000	31 March 2018 £000
Unitary payment payable to service concession operators	**32,070**	**31,188**
Consisting of:		
- Interest charge	5,962	6,053
- Repayment of finance lease liability	8,275	6,473
- Service element and other charges to operating expenditure	9,465	9,451
- Capital lifecycle maintenance	1,113	2,863
- Contingent rent	7,255	6,348
Total amount paid to service concession operator	**32,070**	**31,188**

29. Financial Instruments

29.1 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 Improvement. 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 31st March 2019 are in receivables from customers, as disclosed in the contracts receivables note (Note 18).

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 prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

29.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2019 under IFRS 9		
Trade and other receivables excluding non financial assets	99,738	**99,738**
Cash and cash equivalents at bank and in hand	30,213	**30,213**
Total at 31 March 2019	**129,951**	**129,951**

	Loans and receivables £000	Total book value £000
Carrying values of financial assets as at 31 March 2018 under IAS 39		
Trade and other receivables excluding non financial assets	59,438	**59,438**
Cash and cash equivalents at bank and in hand	15,029	**15,029**
Total at 31 March 2018	**74,467**	**74,467**

29.3 Carrying values of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Loans from the Department of Health and Social Care	88,698	**88,698**
Obligations under finance leases	334	**334**
Obligations under PFI contracts	173,113	**173,113**
Trade and other payables excluding non financial liabilities	118,013	**118,013**
Total at 31 March 2019	**380,158**	**380,158**

	Other financial liabilities £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Loans from the Department of Health and Social Care	96,283	**96,283**
Obligations under finance leases	373	**373**
Obligations under PFI contracts	181,388	**181,388**
Trade and other payables excluding non financial liabilities	90,492	**90,492**
Total at 31 March 2018	**368,536**	**368,536**

29.4 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.

29.5 Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	170,197	141,771
In more than one year but not more than two years	15,029	14,417
In more than two years but not more than five years	38,884	48,544
In more than five years	156,048	163,804
Total	**380,158**	**368,536**

30. Losses and special payments

	2018/19		2017/18	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Bad debts and claims abandoned	77	183	259	481
Stores losses and damage to property	4	138	5	34
Total losses	**81**	**321**	**266**	**515**
Special payments				
Ex-gratia payments	135	192	167	175
Total special payments	**135**	**192**	**167**	**175**
Total losses and special payments	**216**	**513**	**433**	**690**
Compensation payments received		-		-

Losses and special payments relate to cases not specifically funded and which, ideally should not arise. They cover bad debts written off, losses from theft or accidental damage and claims for personal loss or injury which are not reimbursed from insurance arrangements.

31.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £126k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £0k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classification of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £8,876k.

31.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

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, has undertaken any material transactions with the Leeds Teaching Hospitals NHS Trust.

The Department of Health and Social Care is regarded as a related party. During the year 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. In addition, the Trust has had a number of material transactions with other government departments, central and local government bodies and the University of Leeds.

The Trust has also received revenue and capital payments from a number of charitable funds, including Leeds Cares (formerly the Leeds Hospital Charitable Foundation). Leeds Cares have given £11.6m in revenue and £2m in capital donations. At 31 March £5.9m of these donations were still to be received. The Trust's Chair, Dr Linda Pollard and Chris Schofield, a Non Executive Director and Chair of the Audit Committee are both Trustees of Leeds Cares. Leeds Cares is independently managed but raises funds for, manages donations received on behalf of and makes grants to the Trust.

Professor Paul Stewart, Non Executive Director, is Dean of the School of Medicine, University of Leeds. During the year the Trust's income from the University was £5.6m of which £1.4m remained to be paid at 31 March. Expenditure with the University was £15.5m of which £1.8m remained to be paid. Mark Chamberlain, Non Executive Director and Chair of the Quality Committee is an Associate of Capsticks LLP and a member of the Court of Leeds University. Yvette Oade, Chief Medical Officer is a Lay Council Member of Leeds University. During the year the Trust purchased £49k of legal services from Capsticks LLP.

33. Events after the Reporting Date

There are no events after the reporting date which would have an effect on the accounts for 2018/19.

34. Better Payment Practice Code

	2018/19 Number	2018/19 £000s	2017/18 Number	2017/18 £000s
Non-NHS payables				
Total non-NHS trade invoices paid in the year	238,495	547,738	237,001	500,478
Total non-NHS trade invoices paid within target	151,785	344,809	182,510	360,014
Percentage of non-NHS trade invoices paid within target	**63.6%**	**63.0%**	**77.0%**	**71.9%**
NHS payables				
Total NHS trade invoices paid in the year	12,432	89,077	9,300	85,934
Total NHS trade invoices paid within target	5,448	60,399	5,828	75,680
Percentage of NHS trade invoices paid within target	**43.8%**	**67.8%**	**62.7%**	**88.1%**

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.

35. External financing limit

The Trust is given an external financing limit against which it is permitted to underspend:

	2018/19 £000	2017/18 £000
Cash flow financing	(28,091)	(11,724)
External financing requirement	**(28,091)**	**(11,724)**
External Financing Limit (EFL)	(10,869)	(7,164)
Underspend against EFL	**17,222**	**4,560**

36. Capital resource limit

The Trust is given a Capital Resource Limit which it is not permitted to exceed:

	2018/19 £000	2017/18 £000
Gross capital expenditure	44,149	23,130
Less: Disposals	(201)	(303)
Less: Donated and granted capital additions	(4,049)	(2,595)
Charge against Capital Resource Limit	**39,899**	**20,232**
Capital Resource Limit	40,036	20,877
Underspend against CRL	**137**	**645**

37. Breakeven duty financial performance

	2018/19 £000
Adjusted financial performance surplus (control total basis)	52,925
Breakeven duty financial performance surplus	**52,925**

38. Breakeven duty rolling assessment

	1997/98 to 2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
Breakeven duty in-year financial performance		963	2,051	4,207	3,089	1,615	(24,386)	(30,194)	(1,901)	18,880	52,925
Breakeven duty cumulative position	3,868	4,831	6,882	11,089	14,178	15,793	(8,593)	(38,787)	(40,688)	(21,808)	31,117
Operating income		910,556	934,527	970,709	1,002,444	1,044,916	1,086,638	1,115,720	1,172,927	1,238,267	1,335,847
Cumulative breakeven position as a percentage of operating income		**0.5%**	**0.7%**	**1.1%**	**1.4%**	**1.5%**	**(0.8%)**	**(3.5%)**	**(3.5%)**	**(1.8%)**	**2.3%**

Going Concern

The Trust has delivered a significant surplus in 2018-19 inclusive of Provider Sustainability Funding (previously Sustainability and Transformation funding) and has returned to cumulative breakeven in compliance with its statutory duty. Plans are in place to continue to deliver surpluses in future years in line with agreed control totals and inclusive of Provider Sustainability Funding (formerly STF). There is no indication that the services provided by the Trust are unlikely to continue for the foreseeable future and that the Trust has a a reasonable expectation of access to adequate cash support mechanisms should they be required. In the light of this, the directors consider it appropriate that the Trust remains a going concern and the accounts have been prepared on that basis.

Tell us about your care

Feedback from patients, families and carers is very important to us.

Around our hospitals you will find that many wards and departments ask your opinion or have comment cards that you can use to make your views known. In particular, some departments have started to use the NHS Friends and Family Test, with encouraging results.

If there is a problem, we'd like to know about it so we can put it right and make improvements to our service. Equally, staff value compliments if you have received quality care.

For queries or to make a general comment, please visit our website at www.leedsth.nhs.uk

Summaries of this document can be made available, by arrangement, in large print, Braille and community languages, from:

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