



The Leeds
Teaching Hospitals
NHS Trust

Annual Report and Accounts

2022-2023



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Overview

This section introduces the work of Leeds Teaching Hospitals NHS Trust. It sets out the Trust's core mission and values, and highlights some of our strategic developments and achievements during the 2022/23 financial year.

Chair and Chief Executive's statement

Despite the extraordinary challenges that our hospitals and the NHS continued to face last year, the resilience and dedication shown by our staff to overcome these together has enabled us to achieve so much and there is a great deal to be proud of.

This has been a time of great organisational change, as we said thank you and farewell to our Chief Executive of nearly 10 years, Sir Julian Hartley. Julian took time during his final few months to entirely review our Leeds Way values through the 'A Summer of Connecting' campaign, in consultation with, and seeking feedback from the whole Trust.

A seamless handover to a new Chief Executive with extensive Trust history has enabled a rapid refresh and launch of our plans and vision for the future, which anchors around research and innovation, and working together using the Leeds Improvement Method to fulfil our annual goals.

The Trust is home to exceptionally talented people, positioning us as clinical leaders in many specialty areas. This year alone we have seen several proclaimed clinical 'firsts', such as the first non-invasive histotripsy in a liver cancer patient, we've been leaders in the country with our ambulance handover times and we've set the foundations for an energy-efficient future in our Green Plan and in the building of our state-of-the-art pathology laboratory. Our people have placed patients at the heart of everything they do. Teams have tackled the post-COVID backlog while transforming services and continuing to innovate, and all in The Leeds Way. Their dedication is exceptional.

Post pandemic we have had to adapt and respond to the needs of our patients, at the same time as coping with increased attendances at our Emergency Departments and people in hospital who no longer need to be there. Our staff and teams have risen to the challenge to not only return to a new normal but have also innovated and worked together to aspire to one that's better than before. We've done this through listening to and understanding our patients, highlighted in ways such as our new Ophthalmology Department and the extensive digitisation work across the Trust.

Our workforce has had to face other significant challenges over the past year, including significant industrial action and dealing with a demanding financial environment which has meant we've had to take some difficult decisions. Through this, our staff have shown unwavering commitment to the care of our patients and have demonstrated a strong sense of teamwork and collaboration.

As always, patients remain at the centre of everything we do, and we are committed to providing the highest quality care to all those who rely on our services. For us, it's so important that everyone should be able to access our services equitably and we have worked with partners across the city and region to understand more about the challenges our patients face in accessing healthcare. That's why programmes like Shape Up 4 Surgery have been replicated in other Trusts and we have plans to develop the project further, with a new programme specifically related to patients waiting for cancer surgery launching in 2023.

We're proud of the prominent role we play in the West Yorkshire Health & Care Partnership, feeding into their vision and tackling some important issues for patients and communities across Leeds and West Yorkshire (you can read more about this partnership on page 11). One of the areas our teams have been diligently working on is patient flow and discharge, and new initiatives should really start to come to fruition in the year ahead. We take our role as a Leeds Anchor Institution seriously, pivotal in the local and regional community as a healthcare provider, an employer and a contributor to the local economy.

Working together brings change and innovation, which is not only good for patients but attracts prestige and financial support to the Trust on a regional, national and international scale. Our work as a partner in the Leeds Innovation District Partnership to establish an Innovation Village as part of a wider Innovation Arc in the city (see Building the Leeds Way on page 9), our participation in events such as UKReif, the UK's Real Estate Investment and Infrastructure Conference, plus our innovation firsts are all building blocks in our vision to put innovation at the heart of what we do.

The development of new technologies has enabled us to deliver care in new and innovative ways, and our workforce has embraced these developments to improve patient outcomes. We've seen the launch of Patient Hub, a digital way for patients to take ownership of their appointments, our successful Super Saturdays in the Leeds Children's Hospital to tackle the planned care backlog and the opening of a brand-new mobile theatre based at Wharfedale Hospital, perfectly suited to day case surgery.

We've a challenging year ahead, but it's an exciting one with many opportunities. We hope you enjoy reading more about our work.

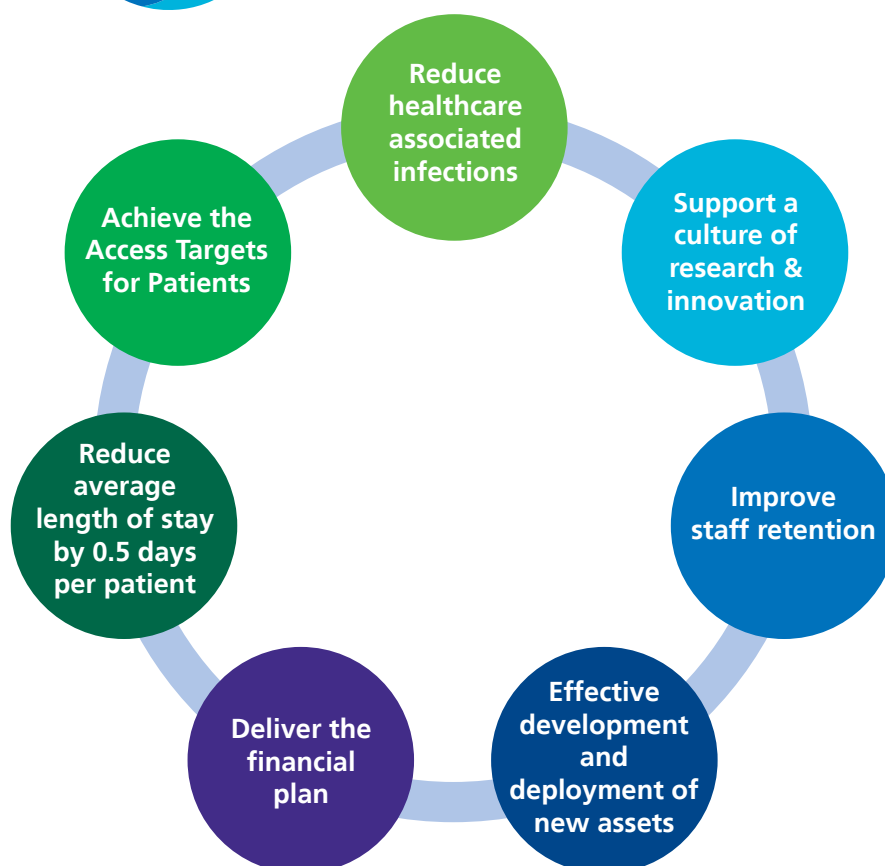
During the first 100 days of the new Chief Executive, we've been listening to staff and heard the call out for a clearer focus on what is important to the Trust and a priority.

To help us achieve this, our Executive team has worked with the wider leadership group across the Trust to develop our 7Cs - seven annual commitments that link back to our multi-year goals, Leeds Way values, strategic priorities and our mission.

The 7Cs are the seven key things we want to achieve and focus on over the next 12 months. Over the coming year we will be sharing more and building awareness of Our 7Cs across the Trust, empowering colleagues to get involved and link them into our work and day-to-day activities.



7C Commitments



1 Reduce our average length of stay by 0.5 days

Improving the outcome for patients means getting them home sooner.

With such a large volume of patients in hospital with no reason to reside, we're working diligently in collaboration with city partners to improve our rate of discharge, ensuring that patients have a suitable option in the community for their continued recovery and care.

2 Effective development and deployment of our assets

Last year we invested more than £130 million in equipment and infrastructure, and this has been steadily rising over the last few years. Highlights include the opening of a new £15 million elective hub at Wharfedale Hospital, £4 million in Radiology, £6 million in Same Day Emergency Care at St James's University Hospital and approval for a £24 million offsite aseptic pharmacy unit. With all this investment, our commitment is to make the best use of our buildings, our machines and our technology.

3 Improve staff retention

We're working hard to create an organisation that people want to stay in, where their jobs are flexible to suit their lifestyle and where they feel the rewards of doing something meaningful and useful. Our academic association and accreditation will attract and retain the best candidates for our roles.

4 Deliver the financial plan

To give our patients the best experience, we need to be giving them care in the right place, at the right time and with the right people. Our investment in services must be sustainable, so that we can continue to grow and make services better for staff and patients alike.

5 Achieve the access targets for patients

Our mission is to reduce health inequalities and we need to deliver care in a timeframe that's right for the specific communities that we serve. Each of our programmes will be tailored with accessibility at the core.

6 Support a culture of research and innovation

Research can contribute to better outcomes for our patients, and we are already rated as the Number 1 recruiter in the country for patients onto research trials. We've attracted significant funds for research projects over the past year, including £5 million for research into children's cancer and £19.8 million from the National Institute for Health and Care Research, NIHR. Our plan is to embed this culture of innovation into everything that we do, underpinned by our continued work using our Leeds Improvement Method, so that we can become leaders in our fields and support the development and retention of our staff.

7 Reduce healthcare associated infections

We want to stop infection outbreaks and our ambition is that patients coming into our hospitals are at no greater risk of infection than anywhere else they go.

We've a great deal to be proud of. We're confident that we have so much talent in this organisation that when coming together, we can achieve everything we want to. We would like to thank all our staff and volunteers for their hard work over the past year, and extend our thanks to Leeds Hospitals Charity, who support us to achieve so much more. And of course to Sir Julian Hartley, Chief Executive for nearly ten years, who left the Trust this year.

We look forward to another ground-breaking year at The Leeds Teaching Hospitals NHS Trust.



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

Dame Linda Pollard DBE Hon.LLD
Trust Chair



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

Professor Phil Wood
Chief Executive

About us

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

The Trust has a budget of more than £1.7 billion and employs more than 21,000 staff. Last year, we treated more than 1.5 million patients, including 93,807 inpatient admissions, 1,141,291 outpatient attendances and 338,515 attendances in our Emergency departments.

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

Our hospital sites

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

Our services

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

Our services include:

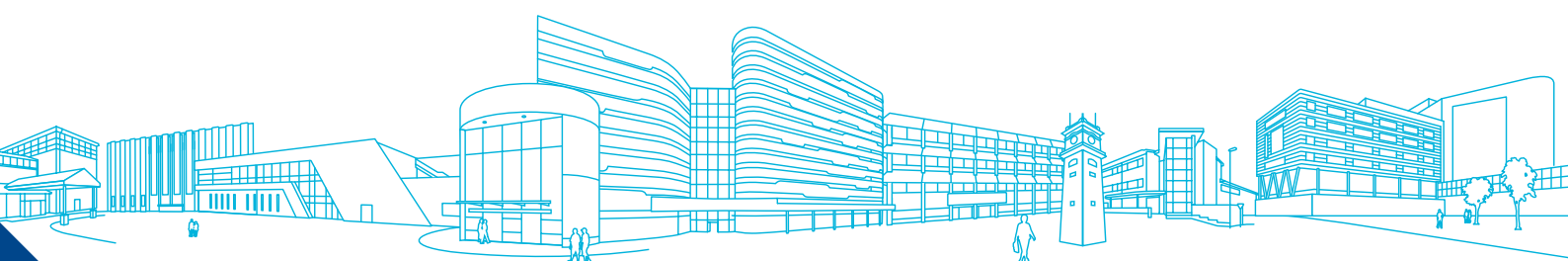
- high quality and effective hospital services for our community in Leeds, such as two Emergency Departments, outpatients, inpatients, maternity and older people services;
- the Leeds Children's Hospital
- highly specialised services for the population of Leeds, Yorkshire and the Humber, nationally and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

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

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

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

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



Our mission, strategic priorities and values - The Leeds Way

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

Our Vision

Our mission is to be an internationally renowned academic healthcare institution, working in partnership to deliver the highest quality, safe, effective and innovative care which improves outcomes.

This is underpinned by our strategic priorities, which are:

Our Strategic Priorities

Develop integrated partnership services

Support and develop our people

Focus on care quality, effectiveness and patient experience

Deliver continuous innovation and inclusive research

Ensure financial stability

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

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

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

Our Leeds Way values have not changed, but the behaviours associated with each value have been updated to better reflect how our staff feel we should act with patients, each other and with partners.

Our Values



Patient-centred

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

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



Fair

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

We champion inclusivity by prioritising fairness and equality.



Collaborative

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

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



Accountable

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

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



Empowered

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

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

The Leeds Improvement Method

The Leeds Improvement Method (LIM) remains the foundation of our improvement work at the Trust. This is reflected in our new Trust Improvement Strategy which describes our ambition to integrate improvement into our core business activities. The LIM philosophy is that everyone working in our hospitals feels empowered to make improvements in their daily work. By enabling those who know the work best to design and drive improvement we bring the benefits of a safe, high-quality healthcare experience to every patient and member of staff.

The work to put the LIM into practice is enabled by the Kaizen Promotion Office (KPO), which provides support for the delivery of targeted improvement projects as well as training around the LIM concepts for colleagues at all levels across the Trust. This training enables individuals and teams to identify and remove waste in their systems and processes, delivering high-quality, efficient services which secure the best value for our patients.

Last year we restructured the KPO. In line with our improvement strategy, this will enable the team to meet the needs of the Trust sustainably. The reinvestment of the resources released means each of our 19 CSUs will have a team member dedicated to supporting local improvement activities using the LIM.

We continue to work with the Virginia Mason Institute (VMI) to deepen our understanding and application of the LIM. In March 2023, for the first time, our executive team participated in a workshop facilitated by VMI to agree a refined set of organisational priorities. These annual commitments have been very well received by the operational teams who are currently working up their specific contributions for the year ahead.

The LIM has also formed the basis for projects addressing challenges throughout the Trust, identifying opportunities and implementing small tests of change.

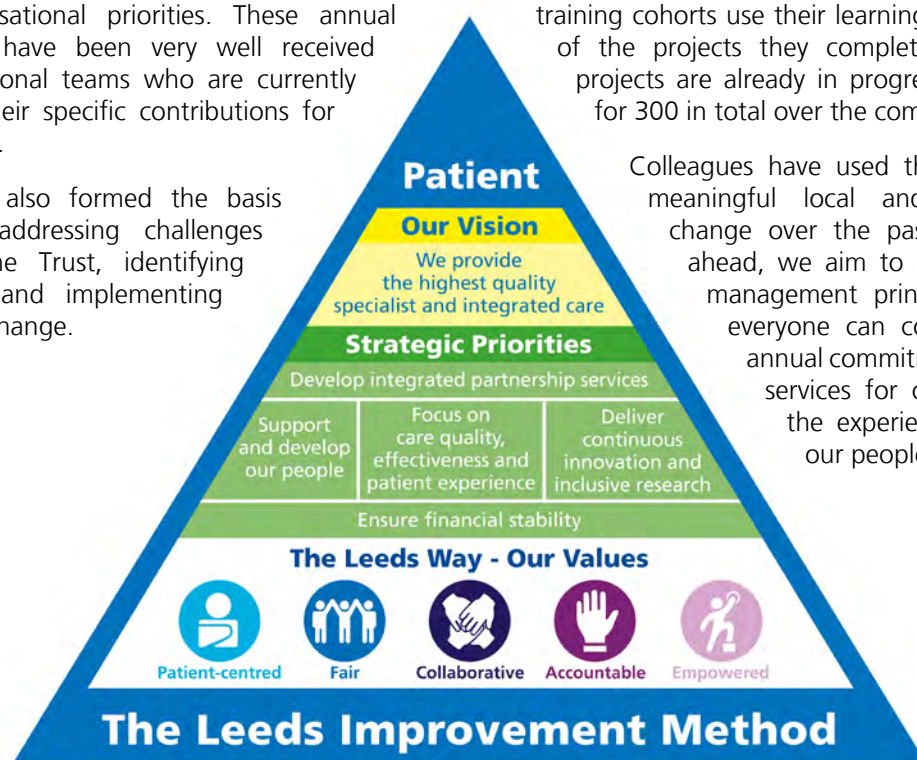
For example, colleagues in Paediatric Cardiac Surgery ran a Rapid Process Improvement Workshop focussed on reducing the number of surgical cancellations. This resulted in improvements to the service for patients and their families. Similarly, application of the LIM in Urgent Care has contributed to our high performance on ambulance handovers.

Our CSUs are building confidence with the LIM, often working independently to deliver meaningful and sustainable improvement. Excellent examples of the LIM in action are shared by colleagues in our Friday Report Out learning forum, as well as by CSU leaders in our weekly, Executive-led LIM accountability meeting. For example, colleagues in Medicines Management & Pharmacy Services shared how they had used the LIM to reduce the time taken for prescribing nutrition products from 16 hours, 20 minutes to just five minutes.

A central part of our strategy involves building the capacity and capability for improvement within the Trust. We enable participants to deliver meaningful impact on an issue that matters to their team and service users as they explore LIM concepts and tools.

Our LIM Foundation training session in 2021 attracted overwhelmingly positive feedback, so building on this we have engaged with colleagues and our Quality Partners to develop and deliver a new LIM Intermediate training course. This shares the LIM concepts and skills which delegates then apply locally to deliver an improvement project. We have been delighted to see colleagues on early training cohorts use their learning and the impact of the projects they completed. Another 81 projects are already in progress with capacity for 300 in total over the coming year.

Colleagues have used the LIM to make meaningful local and organisational change over the past year. Looking ahead, we aim to embed our daily management principles to ensure everyone can contribute to our annual commitments, improving services for our patients and the experience of work for our people.





Building The Leeds Way

It's been another busy year for Building the Leeds Way, the Trust's exciting plans for revitalising healthcare for patients in Leeds, Yorkshire and beyond.

At the heart of this vision is our plans to build new state-of-the-art healthcare facilities at Leeds General Infirmary (LGI), known as Hospitals of the Future. The new healthcare facilities will see the construction of two new hospitals in a single building at the LGI site - a new adults' hospital supporting specialist services including theatres, critical care and diagnostics; a fantastic new home for Leeds Children's Hospital; as well as a new centralised maternity and neonatal centre to provide the largest maternity centre in the UK.

Following the appointment of our design team, our Building the Leeds Way Programme team road tested the design through engagement sessions with patients, clinicians and a wide range of stakeholders, and it has received positive feedback. The building is designed to be a net zero exemplar, the UK's first acute WELL certified hospital, digitally enabled and will offer patients healthcare that is based on the most advanced treatments, technologies, innovation and research. The design has recently been nominated for the best future healthcare design in the European Healthcare Design Awards 2023 in recognition for its outstanding outcomes in masterplanning, place-making, wellness, pandemic preparedness and sustainable development.

Daylight, views, and greenery have all been incorporated into the latest concept designs with their ability to help relieve stress and support recovery. The architects have also designed a rooftop plaza with gardens including local plants and trees that are inspired by the Yorkshire landscape for patients and staff to enjoy.

The new hospital development was given a boost in July 2022 when more than 25 MPs and peers joined members of the Trust, the Leeds Hospitals Charity and other stakeholders for an event at Westminster to celebrate the completion of the site enabling works - signalling that the early works to clear the site after demolition were finished. Here, a new fly-through video of the hospital building design was revealed, providing key stakeholders a first look at what the hospital could look like once complete.

Shortly after, on 1 August, the Trust submitted its Outline Business Case to the Government for approval. This consolidates all elements of the project into a single business case, as well as delivering the new healthcare and building standards and requirements requested by the New Hospital Programme team.

Despite a politically tumultuous year, the Leeds new hospital scheme remained high on the Government's agenda, and we welcomed several senior Government Ministers and officials to the LGI site - including the Health Secretary, Steve Barclay; former Health Minister, Ed Argar; Shadow Chancellor, Rachel Reeves; Shadow Health Secretary, Wes Streeting; and the Department of Health and Social Care Permanent Secretary, Sir Chris Wormald. They all went away impressed by the progress and the vision for the new hospitals.

Our Building the Leeds Way Programme has Hospitals of the Future at its core, but it also includes the creation of a new state-of-the-art pathology laboratory at St James's Hospital to serve hospitals in Leeds, West Yorkshire and Harrogate with cutting-edge equipment and specialist technology designed for fast, accurate, routine and specialist testing.



Construction began on the new pathology laboratory in March 2022, and has been gathering pace over the last 12 months. In November 2022, we celebrated the completion of the roof and its 'topping out' with a short ceremony to acknowledge the months of hard work by a dedicated and specialist team to bring the state-of-the-art facility closer to completion.

Sustainability is also at the core of the pathology plans, and we've been building greener, better and faster by manufacturing as much as possible off-site to reduce waste and carbon emissions - positively supporting our ambition to be one of the greenest hospital trusts in the UK. It is set to achieve BREEAM Excellent, incorporating air source heat pumps (ASHP) as part of its design solution, and to achieve the WELL Building Gold Standard.

In January 2023, construction started on a new Acute Hospital Laboratory (AHL) at the LGI. The 24/7 operated AHL is being created to provide urgent pathology facilities to support clinical teams at the LGI when the main pathology service relocates to the brand-new state-of-the-art pathology laboratory at St James's.

In May 2023, the Secretary of State for Health and Social Care made a statement to Parliament on the New Hospital Programme and the commitment to deliver 40 hospitals by 2030. He pledged a spend of £20 billion to the national programme and announced that all Cohort 3 schemes, of which Leeds is one, are funded and able to proceed. We are currently targeting to start construction in 2026 (or sooner) with completion planned for 2029 and we continue to work closely with the Government's NHP team to align with their programme timeline, to support the development of the national programme and to bring forward elements of our plans wherever possible and beneficial.

The significant investment in our Hospitals of the Future at the LGI is a catalyst for the regeneration of a five-hectare site in the heart of Leeds city centre to develop a world-class hub for research, innovation and technology in life sciences.

Innovation Village and Pop Up

Building the new hospitals will go beyond the delivery of excellent patient care and will also unlock surplus estate and land to create around 4,000 jobs and deliver almost £13 billion in net present value terms (PwC, December 2022) as part of a planned new Innovation Village for Leeds.

In May 2022, the Trust revealed its vision for the future regeneration of the LGI to a national audience at the inaugural UK Real Estate Investment and Infrastructure Forum (UKREiIF) in Leeds. The proposed one million square foot development will be on the doorstep of the new hospital building and adjacent to the university campuses – giving access to world-class health innovation talent and expertise.

The Trust has been working closely with city-wide partners and Leeds City Council on the plans and the development is set to become the cornerstone of the Leeds Innovation Arc – the city's economic and spatial vision for inclusive and economic growth.

The Trust's Innovation Pop Up at the LGI, led by Professor David Brettell, Chief Scientific Officer, continues to go from strength to strength. The Pop Up is the first phase in establishing the Innovation Village and since launching in 2021 it has grown to 30 members and is collaborating with over 300 entrepreneurs across the globe.

It brings together clinicians and entrepreneurs to work together to trial and test cutting-edge science and technology – to help the rapid adoption and spread of innovations. This is a unique opportunity to test new technologies ahead of building our new hospital and share the outcomes and learning with other trusts in the NHP and the wider NHS.



Working with partners

Forming successful partnerships with our health and care colleagues across Leeds, the West Yorkshire region and nationally is the key to ensuring patients receive the highest quality care in the place that is best for them. The Trust is a proactive partner in the health and social care system and some of our most significant partnerships are described below.

West Yorkshire Health and Care Partnership

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

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

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

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

The Trust's financial plan for 2023/24 and the ICB contribution towards the Trust's overall capital investment programme of £116.8 million for 2023/24 have been agreed with the ICB. More information on this and our plans for investment can be found in the Finance Review on page 24.

West Yorkshire Association of Acute Trusts (WYAAT)

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

Over the year, WYAAT's priority has been tackling the backlog in elective care resulting from the COVID-19 pandemic. Our focus has been on sharing resources and capacity across our hospitals and the independent sector so patients can be treated more quickly. As a result, we have almost eradicated 104-week waits for treatment across the region and made huge progress on 78-week waits.

Local health and care partners

In Leeds, the need to find urgent, but sustainable solutions to discharge delays has seen the Trust working with local partners programmes like The Leeds System Flow Programme. This is a citywide initiative to improve processes in the health and care system and unblock bottlenecks, establishing a new Transfer of Care Hub. We also hosted a Multi-Agency Discharge Event with NHS, social care and third sector partners, visiting wards at St James's and Leeds General Infirmary to examine the reasons for discharge delays and plan system improvements.

National partnerships

Our regional work has attracted national interest and in January 2023, the government announced additional funding to support patient discharge initiatives and made the Leeds Health and Care Partnership one of six 'Discharge Frontrunners' to share good practice and develop quick and innovative solutions.

The national focus continued with the launch of an exciting partnership during the year. The Leeds Health and Social Care Hub will bring together the NHS, local government, universities and health organisations to work with national government to drive innovation in health and care in Leeds, attract skills and talent and boost the economy, ultimately improving outcomes for patients.

The Trust is also influencing national health and social care strategy. Last year saw the publication of the Messenger Review of health and social care leadership in England, led by Trust Chair Dame Linda Pollard and General Sir Gordon Messenger. The review focused on how to improve processes and strengthen leadership across the sectors.

West Yorkshire Cancer Alliance

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

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

Successes for the Alliance last year included an innovation pipeline of more than 20 projects to increase access to timely, personalised care for patients that reflects best practice.

Children's Hospital Alliance

Leeds Children's Hospital is a partner in the Children's Hospital Alliance (CHA), bringing together specialist NHS trusts to improve access to hospital care, and the experience and quality of care for children and families. The CHA also advocates for paediatric health to be a national priority, on behalf of staff, children, young people and families.

The CHA is transforming paediatric healthcare by using innovation, shared data, insight and collaboration to tackle health inequalities and ensure patients receive timely, high-quality care. Highlights of the year include winning the Health Service Journal's Performance Recovery Award for the National Paediatric Accelerator programme, successfully tackling backlogs in elective care and the continued rollout of AI to predict patients at risk of missing their hospital appointments.

Genomics

The Trust plays a key role in genomic medicine partnerships across the region and beyond.

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

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

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

We are also part of the Northern Pathology Imaging Co-operative (NPIC), bringing together the NHS, academic and health industry partners to deploy digital pathology across the NHS and use it to develop Artificial Intelligence to improve cancer diagnosis. You can read more about NPIC on page 34.

International partnerships

The Trust continues to grow and develop its international partnerships, which benefit Leeds and its partners, staff and patients.

Over the last year our medical workforce collaborations have strengthened ties across the world. Last year for example, the Ministry of Health in Malta hosted a visit by the Leeds team and the King Hussain Cancer Centre in Jordan invited us to speak at their first Cancer research conference and awards ceremony.

We have continued to engage with partners in Pakistan to broaden the relationship beyond the College of Physicians and Surgeons of Pakistan and to develop ties with King Edward Medical University. In January 2023, the Trust was represented at the Arab Health conference in Dubai as part of a wider delegation promoting West Yorkshire healthcare industries and services.

As a result of these initiatives, we have received an increased number of clinicians for training at Leeds, developed our medical workforce and improved our healthcare delivery.

International medical graduates make an important contribution to the Trust and we have strengthened our processes for the recruitment and induction of these doctors.

Nationally this work has been recognised in the recent guidance produced by a General Medical Council working group on this issue, in which the Leeds team was named as a key contributor.






Operational transformation

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

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

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

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

 <p>Outpatient Services</p> <p>have undergone radical transformation, becoming a Centre of Excellence for robotic process automation, and with digitisation and remote follow-up creating more efficient, flexible patient care.</p>	 <p>Diagnostics</p> <p>continues to make huge progress, with a new pathology laboratory build underway at St James's for the West Yorkshire Association of Acute Trusts Pathology Network and a Community Diagnostics Centre launched at Seacroft hospital.</p>	 <p>Planned Care</p> <p>new elective hubs at Wharfedale and Chapel Allerton hospitals, including new theatres, are just two initiatives that have significantly reduced waiting lists for patients waiting more than 65 and 78 weeks for treatment.</p>	 <p>Cancer</p> <p>new surgical robots, a frailty clinic and pioneering work in diagnostics are some of the improvements to our already world-class cancer services and our contribution towards our region having the lowest number of patients waiting over 62 days for care.</p>	 <p>Unplanned Care</p> <p>our departments have performed better than most in the country, thanks to work like Discharge before 3pm, Same Day Emergency Care and Primary Care Access Line, which diverts patients who do not need our Emergency department to more appropriate services.</p>
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After just one year of delivery, the strategy is making sustainable and positive improvements across all five programmes.

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



Health inequalities

The Trust plays an important role in reducing health inequalities in Leeds and the wider region. We want to ensure that everyone has equal access to healthcare, an excellent patient experience and the best possible outcomes.

The Trust is tackling health inequalities as a partner within the local health and care system, a clinical services provider and as an Anchor institution, making a major contribution to local employment and the economy.

In April 2022, we launched our Health Inequalities Strategy, our commitment to reducing health inequalities and improving the health of local people. This details our priorities and approach as a Trust and is set within the wider health inequalities work of the Leeds Health and Care Partnership and the West Yorkshire Integrated Care Board (ICB).

Our strategy aligns with the citywide Leeds Health and Wellbeing Strategy, and its ambition that 'those who are the poorest will improve their health the fastest' within the NHSE Core20PLUS5 framework. This supports Integrated Care Systems to drive action for improvement in five target areas: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

The strategy has seven objectives, each connected to a Leeds Way value. These are:



Patient-centred:

Ensure opportunities to promote health are taken during a patient's treatment. Take a person-centred, proactive and preventative approach to addressing inequalities.



Empowered:

Create a culture that considers health inequalities in all aspects of secondary care and empowers staff to develop projects and implement real change to the care, experience and outcomes of people experiencing health inequalities.



Accountable:

Develop the Trust's governance to enable the sharing of good practice across teams and clinical services. Ensure that high-quality quantitative and qualitative data is collected and inequality information is embedded within Trust reporting.



Collaborative:

Work as an Anchor institution with system partners to address health inequalities and the wider determinants of health.



Fair:

Ensure fair and inclusive care to all people, addressing barriers such as digital inclusion and accessibility of services.

As part of the strategy, the Trust is developing Population Health management tools to consider issues of equitable access, experience and outcomes by deprivation and ethnicity. These are providing useful data within the adult Core20PLUS5 framework to inform our policies and activities. The data includes:

- 34% of people on waiting lists are from the most deprived areas of Leeds
- 36% of people diagnosed at early stages of cancer were from the city's most deprived areas
- In 2022/23, the Trust had four continuity of care midwifery teams based in areas of high deprivation and ethnic diversity providing the full pathway of care from antenatal to postnatal.

Further work is being done to analyse waiting lists by ethnicity and to consider data from the children's Core20PLUS5 framework.

Our Health Inequalities Strategy will build on the excellent work that already takes place around the Trust to promote accessible healthcare for all. This includes our Community Connector programme, in which volunteers capture the experience of people in health inclusion groups or who live in areas of the greatest health inequality; developing accessible guides for all Trust sites and supporting 400 inpatients to stop smoking.

Trust Chief Executive, Professor Phil Wood is the Executive Lead for Health Inequalities and has outlined three focus areas going forward:

- delivering outstanding care in partnership with patients and their families that is efficient,
- effective and financially sustainable;
- investing in our staff and driving innovation and inclusive research to improve outcomes.

The year in review

April 2022

Work began this month on a **fantastic, state-of-the-art pathology laboratory** to serve patients in Leeds, West Yorkshire and Harrogate. The laboratory will be part of the West Yorkshire and Harrogate Pathology Network, formed through the collaboration of the West Yorkshire Association of Acute Trusts (WYAAT).

Built by BAM construction and due to open later in 2023, the facility will support hospitals across the region to improve diagnostics for patients and help to meet the growing regional demand for specialist treatment and care.



A new centre to test nursing skills opened at Leeds General Infirmary (LGI). **The Nursing and Midwifery Council Competence Test Centre** will host up to 7,000 nurses for practical competence testing who are either overseas trained or returning to work. One of five centres in the UK, it's an important resource to help bring nurses with the right skills and knowledge into patient care.

May 2022



If you were visiting Leeds city centre this month, you may have seen the blue **'Your Heart Matters' bus**. Anyone with concerns about heart failure was invited to step aboard and meet members of the Trust's cardiology team at a special event to raise awareness of the condition run by the Trust, heart charity Pumping Marvellous and medical devices manufacturer, Medtronic.

Our team, which included consultants and specialist nurses who care for patients with heart failure, was on hand to offer advice and support people worried about the condition to seek help from their GP.

The Trust was delighted to become a **partner in the Leeds-Israel Innovation Healthtech Gateway**, a brand-new initiative to foster collaboration on health and technology in the United Kingdom. This is an exciting development which has the potential to introduce new technologies to healthcare in Leeds and to boost jobs and the economy.

June 2022

During **Volunteers' Week** we held a number of events to say thank you to all our wonderful volunteers who make such a difference to life at the Trust. We were especially keen to recognise our volunteers' commitment over the past two years and particularly during our response to the COVID-19 pandemic when their support showed just how dedicated they are to making a difference to patient care.



The Trust joined with partners in the health and care sector to host a three-day work experience event to **inspire the next generation of our health and care workforce**. The event showcased a range of opportunities for careers in the NHS and social care and explained how to train and progress further.

July 2022

Our annual **Time to Shine awards** was a little different this year but no less hotly anticipated.



Our Trust Chair and Chief Executive surprised 15 winners in their workplaces and thanks to sponsors Altodigital, Sovereign Health Care and Leeds Hospitals Charity, the lucky winners received treats to share and celebrate their fantastic work.

The **Westfield Health British Transplant Games** came to Leeds and for the first time, our Leeds

Adults and Leeds Children's Transplant team was the home team. All our athletes – aged from one to 86 years old – received their transplants at the Trust and were proof that a transplant really can give the recipient a new lease of life. Participants were joined at the Games by VIP guests – the network of donor families who along with their lost loved ones supported organ donation and made the transplants possible.



August 2022



Leeds Pride month began with the fantastic news that the Trust had been **awarded a Bronze Rainbow Badge** after a group of national bodies had assessed our LGBT+ inclusivity across our services and workforce. The award is in recognition of our commitment to promoting a diverse, inclusive and equal environment for LGBT+ people across our hospitals.

In a first for the Yorkshire region, the Trust appointed Mr Raj Mukherjee, Consultant Ophthalmologist to the new role of **Clinical Director for Outpatients**. This is an important move that will help to create a consistent outpatients service, building on the work that has already begun to transform outpatient care across our hospitals.

September 2022

The Trust was deeply saddened to learn of the death of **Her Majesty Queen Elizabeth II**. Trust Chair Dame Linda Pollard and Chief Executive Julian Hartley led the condolences, with Julian recalling how he had once met The Queen when invited to a reception at Buckingham Palace and was impressed by her interest in, and support for our work at Leeds Children's Hospital (LCH) and the wider Trust.

October 2022

Wharfedale Hospital took delivery of a **new, mobile theatre** as part of the Trust's commitment to reducing the backlog in planned operations resulting from the COVID-19 pandemic. The theatre, which came into use at the end of 2022 has helped to create additional operating capacity away from the Trust's main acute hospital sites so that more patients can be treated each week.

A separate £10 million investment in an **Elective Care Hub** has also been proposed for Wharfedale Hospital, which should be finished in 2024.



The Trust and its partner the University of Leeds were delighted to receive £19.8 million from the National Institute for Health and Care Research (NIHR) to **fund the NIHR Leeds Biomedical Research Centre (BRC) for five years**. The award is the largest research funding the Trust has ever been given. It will enable the BRC to make the most of advances in technology, including in diagnostics, pathology, robotics and Artificial Intelligence, with the potential to improve patient treatment and care.

November 2022

Another successful **Super Saturday** event at LCH saw the LCH team carry out 16 extra operations and hold more than 70 outpatients' appointments on 12 November in a bid to reduce delays in treatment and care for our young patients. The LCH team worked alongside children's hospitals across the UK to offer extra clinics, surgeries, health advice and support whilst showcasing new ways to improve patient care.



December 2022

The UK Hand Transplant Unit at the Trust celebrated **10 years since it performed the first pioneering hand transplant**. During this time, seven more patients have undergone transplants, including in 2022 a world-first procedure for a patient whose hands were completely disabled by the rare disease scleroderma. The Trust is now known as one of the top two units for hand transplantation in the world.



Patient Francesca Cooper became the **first in Europe to receive a new type of heart valve** using keyhole rather than open heart surgery, after the device was trialled at LCH. The Trust's Congenital Cardiology Intervention Team implanted the Venus Pulmonary heart valve to treat pulmonary stenosis, a narrowing of the valve that lets blood flow from the heart to the lungs. The ground-breaking procedure was completed as a day case, and Francesca made a quick recovery.



The team behind a ground-breaking IT project to digitise outpatient clinics and appointments at the Trust was the **winner of the Healthcare IT Award at the Health Business Awards**. Patient Hub is an online hospital appointments portal that can be accessed on different devices, making it easy for patients to make, change or cancel their appointments wherever they are. Launched in July as a pilot at LCH, two-thirds of outpatient clinics and services across the Trust are now on Patient Hub, reducing postage costs for the Trust and saving time for patients.

The **Ophthalmology Outpatients** department moved to an **£8.5 million purpose-built department** at St James's. The new clinic has larger rooms, improved access and clearer wayfinding and its design was informed by the needs of our patients, particularly those with visual impairments.

January 2023



In a possible first for the Trust, we celebrated an amazing milestone with Roy Waring, who works in our Payroll department. **Roy has worked for the Trust for an incredible 50 years**, starting in 1973 at High Royd's Hospital as it was then called. It's a fantastic achievement, made even more so because in all the years Roy has worked for the Trust he has only ever taken a single day off sick.

Sixteen members of the Trust's senior procurement team completed **Carbon Literacy training** this month, an initiative that focuses on the impact of climate change in healthcare and how to tackle it. The supply chain accounts for 60% of the total NHS carbon footprint and our team is committed to creating a greener supply chain for the Trust, helping us meet the 2045 net zero target and become one of the greenest hospital trusts in the UK.



February 2023

The Trust marked **World Cancer Day** on 4 February by showcasing some of the incredible work we do at the Leeds Cancer Centre, one of the largest cancer centres in the UK. Teams at the centre joined with Leeds Hospitals Charity to create a special exhibition in Bexley Wing at St James's, highlighting cancer care in Leeds from the perspective of the patient and our staff.



National Apprenticeship Week was an opportunity to shine a light on the achievements of apprentices at the Trust. Under the theme, 'Skills for Life', we celebrated their hard work and held an awards ceremony to recognise those who had been particularly successful. The Trust's award-winning apprenticeship scheme supports nearly 900 apprentices working in 44 different programmes.

Hundreds of thousands of viewers around the UK watched the first in the BBC series, 'Saving Lives in Leeds,' which followed the work of our surgical teams and staff across the Trust. The first episode featured a double hand and lower arm transplant, children's orthopaedics and brain surgery and was a fascinating insight into each team's remarkable patient care, their challenges and triumphs.



More than 10,000 patients are expected to benefit in the next two years from a **new Stop Smoking Service** launched at the Trust. Funded by Yorkshire Cancer Research, the programme offers tailored support for patients to quit smoking for good, making a positive difference to their health and dramatically reducing their risk of dying from smoking-related cancers and diseases.

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



Notable visits

We welcome visitors to the Trust. Their visits are always an opportunity to highlight the fantastic work that goes on in our hospitals and to celebrate our dedicated staff. They also reflect the Trust's regional and national influence in the NHS.

Many visitors were keen to learn more about our Building the Leeds Way plans, the progress on the new pathology laboratory that will serve hospitals in the West Yorkshire Association of Acute Trusts Pathology Network, our pioneering Innovation Pop Up at Leeds General Infirmary (LGI) and work with partners to establish an Innovation Village for Leeds.

Other interests included our five-year Operational Transformation Strategy and how innovation and service improvements are delivering more timely, high-quality patient care, reducing backlogs in elective care and improving patient flow in areas including Outpatients and Adult Neurosurgery.

In our Emergency departments, visitors met the team to see at first-hand how we manage patient flow and why the LGI has been named the top performing hospital in the country for ambulance handover times, with St James's also highly ranked.

A number have also seen how digital innovations are improving diagnostics, care and treatment for our patients.

Here are just some of our many notable visitors last year:

The Rt Hon Steve Barclay MP,
Secretary of State for Health and Social Care

The Rt Hon Edward Argar MP,
Minister of State for Health (until 2022)

Sir Chris Wormald KCB,
Permanent Secretary at the
Department of Health and Social Care

The Rt Hon Rachel Reeves MP,
Shadow Chancellor of the Exchequer

Wes Streeting MP,
Shadow Secretary of State
for Health and Social Care

The Rt Hon Craig Whittaker MP

Tracy Brabin,
Mayor of West Yorkshire

Cathy Elliot,
Chair of the NHS West Yorkshire
Integrated Care Board and Deputy Chair
of the Integrated Chair Partnership
within the West Yorkshire ICS

Sir James Mackey,
National Director of Elective Recovery,
NHSE

Sue Douthwaite,
Chair, NHS Business Services Authority

Andrea Sutcliffe CBE,
Chief Executive and Registrar,
Nursing and Midwifery Council

Duncan Barton,
Deputy Chief Nursing Officer
for England

Mark Roberts,
Chair of Leeds City Region Enterprise
Partnership

Representatives from NHSE, NHS Digital,
the Department for International Trade,
the Institute of Directors, West Yorkshire
Chamber of Commerce

COVID-19 update

The closure of our final designated COVID-19 ward marked a milestone for the Trust this year as we learn to live with the virus as an endemic illness.

The Elland Road vaccination centre closed at the end of the last financial year and the COVID-19 vaccination programme moved into the community. The Trust continued to play a major role in booster campaigns, alongside flu vaccinations, and in partnership with Leeds Community Healthcare NHS Trust we held regular vaccination clinics across our hospital sites. Our work to lead a citywide vaccination programme and on COVID-19 testing was recognised in 2022 at an awards event hosted by the Lord Mayor of Leeds and the Leeds Health and Care Partnership.

Three years after the pandemic, the outlook is certainly more positive but nonetheless, we are still seeing surges in the circulation of virus and consequent admissions of patients with COVID-19. We continue to face challenges as we respond to a legacy of increased waiting lists for elective care, the implications of delayed diagnosis and treatment and operational pressures from urgent care to discharge.

To meet these challenges, we have continued to work as teams within the Trust and with our health and social care partners in the West Yorkshire Integrated Care Board and the Leeds Health and Care Partnership to identify long-term solutions to manage the demand for our services, increase system capacity and improve the flow of patients through our hospitals to home or other care settings.

This work supports our Operational Transformation Strategy 2022-2027, which is focused on reshaping our services, adopting the innovation and new approaches to care we embedded during the pandemic to deliver efficient, sustainable and patient-centred care in five key areas: Outpatients, Diagnostics, Planned care, Cancer and Unplanned care.

At national level, the Government's COVID-19 Public Inquiry began in June 2022. It will examine, consider and report on the UK's preparations and response to the pandemic. Modules announced to date cover resilience and preparedness, core UK decision-making and political governance and the impact on the health sector.

The Trust is committed to contributing to the Inquiry and has formed a COVID-19 Public Inquiry Group to oversee our response.





**OPERATING AND
FINANCIAL REVIEW**

**SECTION
ONE**

Section 1 - Operating and financial review

1.1 Performance analysis

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

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

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

The varying rates of COVID-19 admissions (particularly in the early months of the year) and significant urgent care pressures during the year meant that 2022/23 continued to be extremely challenging for our teams to deliver acute and planned care services at pre-pandemic levels. At times this resulted in patients having procedures cancelled when capacity became constrained.

At times the number of patients and staff unwell with COVID-19 has significantly impacted our services and in the early part of the year capacity for some services was restricted. Services were reinstated when the numbers of infections reduced. Our services have

worked hard to increase elective activity despite these pressures and the numbers of patients waiting the longest for treatment has begun to fall.

Our services report on these measures through delivery 'contracts' to ensure that there is a clear understanding of the levels of service we commit to deliver for our patients during the course of the coming year and to improve overall performance against constitutional standards. Oversight and assurance continues via reporting to the Finance and Performance Committee and to the Trust Board.

Referral to Treatment Times (RTT)

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. By the end of the year 2022/23 delivery was at 63.2%. The 2022/23 Priorities and Operational Planning Guidance required trusts to eliminate waits of over 78 weeks by the end of March 2023 and for the current year to reduce maximum waits to below 65 weeks by the end of March 2024.

Referral rates into our specialties were in line with pre-pandemic levels throughout the year, but outpatient diagnostic and surgical capacity was not reinstated to full capacity until July 2022 because of the continued use of some social distancing and enhanced screening requirements during the early part of the year as the Omicron and subsequent COVID-19 waves continued to cause significant illness. Some clinical capacity was also impacted at times because of significant rates of staff sickness. In the last quarter of the year industrial action taken by some of our teams has impacted on activity levels.

As a result of these limits on capacity our Total Waiting List of patients needing assessment or waiting to start treatment increased during the first six months of the year. At the beginning of April 2022 there were 82,761 patients waiting for an outpatient review or to begin treatment. This number grew to 91,819 by October 2022 but fell to 87,299 by January 2023. The waiting list then grew again reaching 89,476 by the end of the year.

The risk to patients presented by delays in starting treatment was managed by the prioritisation of those patients most at risk of deterioration during any delay. The Trust also undertakes reviews of patients experiencing longer waits to determine whether patients have come to harm as a result.

The most urgent procedures were determined in line with guidance developed by the Federation of Specialty Surgical Associations which categorised procedures as requiring treatment within specified time bands. This means that those patients deemed to be less urgent experience longer waits for care. The shortfall in capacity during the COVID-19 pandemic resulted in some patients waiting more than two years for treatment.

The number of patients experiencing waits of over two years peaked in January 2022. Waits over 78 weeks peaked at 1,705 in September 2021 and we started the year with 748 patients waiting longer than 78 weeks. Increasing activity since that time has resulted in the numbers of patients waiting over 104 weeks and over 78 weeks falling and there were 90 patients who had waited over 78 weeks for care by the end of March 2023.

Emergency Care Standard (ECS)

The Emergency Care Standard national target of 95% of patients to be seen treated, admitted or discharged within four hours of presenting in our Emergency Departments (EDs) was not achieved. The Trust delivered an aggregate position of 69.2% in 2022/23. No acute trust in the country delivered 95% ECS last year. The 2023/24 Priorities and Operational Planning Guidance requires delivery of 76% by March 2024.

Attendance levels to the Leeds General Infirmary (LGI) and St James's EDs in 2022/23 were two percent lower when compared to 2021/22 but were 3.7% higher when compared to the average number of attendances in 2019/20 (pre-COVID-19). Work with city partners over 2022/23 has focussed on reducing ED attendances for those people presenting to EDs with less severe conditions that could be better served by primary care and same day care.

Bed occupancy within the Trust was extremely high during 2022/23 with adult occupancy averaging at 99.3%. The ongoing impact of COVID-19 waves and flu during autumn and winter resulted in delays in placing patients into ward beds appropriate for specific patient care needs. In response, there has been an increase in the number of patients accessing Same Day Emergency Care (SDEC) with a "care at home" approach whenever clinically safe and appropriate. The Trust is also an active partner in the city's "home first" programme aimed at reducing hospital admissions and minimising inpatient stays through the provision of alternative care models.

Despite an increase in attendances throughout 2022/23 the Trust's ambulance handover has remained one of the best in the country with the LGI placed first out of all hospital sites for timely handover of patients arriving by ambulance and St James's placed tenth out of all 183 hospital sites nationally.

Last minute cancelled operations

The Trust did not meet the national requirement for all last-minute cancelled operations to be rebooked within 28 days in 2022/23. There has been a significant improvement across Q1-3 of 2022/23 in comparison to 2021/22 for this standard. There was a worsened position in Q4 2022/23 compared to Q4 of 2021/22. The main reason for last-minute cancelled operations was ward bed capacity.

Diagnostics

The Trust did not achieve the national constitutional standard to undertake 99% of diagnostic tests within six weeks for 2022/23; however we delivered significant improvements throughout the year. In March 2022, the Trust delivered a performance of 75.8%, with a performance of 94.1% being delivered in March 2023.

The 2023/24 Priorities and Operational Planning Guidance requires NHS trusts to deliver 95% of diagnostic tests within six weeks by the end of March 2024.

The Trust has delivered significantly increased activity across several modalities throughout the year, with 262,249 diagnostic tests delivered between April-March 2022/23, compared to 248,437 in the same period in 2021/22.

The total number of electives cancelled on the day in 2022/23 has reduced by 45% compared to 2021/22, and a 63% reduction compared to pre-COVID-19 in 2019/20. This is due to more effective scheduling of patients into the available theatre capacity, an improved process for prioritising patients requiring critical care beds post operatively, and the protection of elective beds as part of the Trust's elective recovery programme.

Cancer

The national requirement is to treat a minimum of 85% of patients referred with suspected cancer (on a two-week wait pathway) within 62 days of referral from a GP or dentist. This has not been achieved by the Trust since Feb 2017.

However, progress against this standard has been made during the year and by the end of March 2023, 59.8% of patients met the 62-day standard. This improvement was enabled by a significant reduction in the backlog of patients waiting to begin treatment who had already waited more than 62 days. At the beginning of the year, 680 patients had waited beyond 62 days, and this had fallen to 213 by the end of the year. Delivery of appointments within two weeks for cancer referrals showed 89% of patients appointed within two weeks in March 2023. The improvements for both the reduced backlog of patients waiting over 62 days and in the two-week wait standard has been steady across a number of cancer sites, but particularly in the breast and skin pathways.

The Trust has also improved the achievement of the 28-day standard, reporting 76.4% in March 2023. The 2023/24 Priorities and Operational Planning Guidance requires delivery of this standard for 75% of patients by the end of March 2024.

Work during the year has been undertaken to review and improve full pathways for patients, with particular focus on improving Pathology and Radiology turnaround times. This work has delivered significant improvements. For example, time to CT for Lung patients has improved from 14 days to three days as of April 2023.

Delivery against the requirement that 96% of patients are treated within 31 days for their first definitive treatment (i.e. requiring treatment to be delivered within 31 days from the decision to treat date) was 95.1% by year end. Focus is therefore on delivering improvements early in patient pathways. The greatest scope for further improvement is in consistently delivering reviews within two weeks of referral and diagnosis within 28 days.

Realistic improvement trajectories have been agreed with CSUs to further reduce the 62-day backlog, with workstreams included in the 2023/24 transformation programme to concentrate on specific cancer pathways. These have the support of CSU stakeholder groups and corporate teams to ensure that improvement is delivered.

1.2 Improving quality

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

Although challenging, we have had much to be proud of in our achievements during the last 12 months. We have continued to make, and sustain, improvements in quality and safety whilst facing significant operational pressures. We are extremely proud of our staff and the courage and resilience they have shown in such a challenging time, not only caring for our patients but taking the time to care for each other.

Our Quality Improvement programme remains key to addressing patient safety challenges and in managing our recovery from the COVID-19 pandemic. The Leeds Improvement Method (LIM) has continued to provide a framework for implementation of the surgical and diagnostic recovery programmes. Achievements throughout the year have included the continuation of timely discharge for our patients, and we have improved how we use our Discharge Medicines Service.

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

We have worked with our clinicians, managers and local partners at the Leeds Health and Care Partnership, the NHS West Yorkshire Integrated Care Board and Healthwatch Leeds to build on our improvements and identify our priorities for 2023/24.

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

1.3 Finance review

The financial year ending on 31 March 2023 has been another challenging year for the Trust with the on-going impact of COVID-19, the impact of high levels of bed occupancy and the impact of the nurses' and junior doctors' strikes.

The year has seen changes in the NHS Financial Regime with Integrated Care Boards (ICBs) formally established in July 2022, replacing Clinical Commissioning Groups and taking on responsibility for the financial oversight of Integrated Care Systems. Also, there was the introduction of the Elective Recovery Framework, looking to reduce long waits and improve performance against cancer waiting times standards.

Despite these pressures and changes, the year has seen record results from a finance perspective. The Trust's Finance Directorate; encompassing Finance and Procurement have been integral to the Trust's response to the COVID-19 pandemic and the return to pre-pandemic working. The Finance Directorate has also seen 18 of its innovations approved nationally by the One NHS Finance Innovation Programme (of a national total of 90). The Innovation Programme is a mechanism to transparently collect, validate, and share NHS finance innovations.

Overall 2022/23 was another year of financial success and achievement for the Trust.

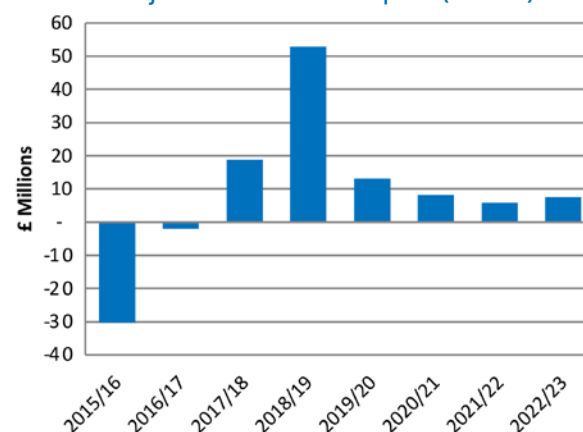
Highlights of 2022/23 from a financial point of view are:

- a revenue surplus, after technical adjustments, of £7.6 million. The sixth consecutive year of surplus (see table 1)
- a record level of capital investment of £133.5 million (see table 7);
- delivery of a mitigation and waste reduction programme of £119.3 million, significantly over-achieving against national expectations, and in comparison to 2021/22
- Building the Leeds Way, our new hospitals programme, continued at pace with significant demolition and enabling work at the Leeds General Infirmary site and major construction work on the new regional pathology centre at St James's
- significant cash balance of £91 million
- record achievement against the Better Payments Practice Code for paying suppliers promptly of 98%, the highest level achieved (see table 6)
- procurement achieving accreditation against the Commercial Continuous Improvement Assessment Framework in the "Best" category
- Finance achieved an average score of 4.8 out of 5 in the national Financial Sustainability self-assessment exercise, and,

- Finance maintained accreditation at Level 3 of the Future Focused Finance staff development programme - the highest level that can be awarded.

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

Table 1: Adjusted retained surplus/(deficit)



Income and Expenditure Summary

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

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

The Trust has delivered an adjusted financial performance surplus of £7.6 million, which excludes technical non recurrent adjustments of £38.8 million. The performance contributed to the West Yorkshire ICB achieving its control target for 2022/23.

For 2022/23, the Trust was contracted via the Aligned Payment Incentive Approach (APIA). The majority of the income received under this revised National contractual approach was fixed. The main variable elements to the income received into the Trust were related to NHS England (NHSE) commissioned drugs and devices. The Trust also secured additional funding via the Elective Recovery Framework from the ICBs and NHSE Specialised Commissioning of £41.2 million.

Table 2 on page 27 illustrates the income received over the year from different sectors.

Table 2: Income received from different sectors

	2016/17 Actual £000	2017/18 Actual £000	2018/19 Actual £000	2019/20 Actual £000	2020/21 Actual £000	2021/22 Actual £000	2022/23 Actual £000
NHS England	476,132	498,293	515,025	589,857	619,924	702,831	816,560
Clinical Commissioning Groups/ Integrated Care Board	486,784	522,806	543,232	588,855	652,340	778,854	772,150
Non-NHS: Private Patients	5,593	5,857	4,907	5,535	3,706	3,845	1,437
Other income from patient care activities	7,039	7,266	20,448	8,739	6,234	7,375	8,337
Other operating income	197,379	204,045	252,235	221,754	314,591	235,040	245,504
Total operating income	1,172,927	1,238,267	1,335,847	1,414,740	1,596,795	1,727,945	1,843,988

Included in the above is income from NHSE of £33.2 million relating to the pay award offer and £41 million for the Elective Recovery Fund.

Included in "Other Operating" income above is £14.4 million in respect of donations from a number of charities and organisations who generously support our services by funding equipment purchases, research activity, specialist staffing or environmental enhancements. The Trust is grateful to all the charities from which it receives support.

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

Table 3 below gives a summarised breakdown of expenditure during 2022/23.

Table 3: Summarised breakdown of expenditure during 2022/23

	2016/17 Actual £000	2017/18 Actual £000	2018/19 Actual £000	2019/20 Actual £000	2020/21 Actual £000	2021/22 Actual £000	2022/23 Actual £000
Employment related costs	679,552	702,958	745,032	830,372	924,569	985,758	1,088,351
Drug costs	173,284	178,445	188,170	200,947	237,243	266,116	285,106
Clinical supplies and services	152,001	155,889	153,668	156,404	164,594	180,745	191,325
Premises	38,975	42,348	54,594	68,597	78,021	74,831	70,769
Other operating expenses	156,450	172,962	117,297	113,883	363,776	189,850	136,191
Total operating expenses	1,200,262	1,252,602	1,258,761	1,370,203	1,603,609	1,697,300	1,771,742

- The expenditure position has increased due to an increase in costs from inflation, drugs costs and staffing costs. This has been offset by a reduction in expenditure for COVID-19.
- Employment costs have increased during the year. There has been an increase of 250 WTE (£10.8 million) in the number of permanent staff employed by the Trust, including 74 scientist/technical staff and 99 additional doctors. The cost of national pay awards incurred in the year was £30.8 million, with a further £35 million allocated for the recent pay award offer.
- To achieve its surplus the Trust delivered a mitigation and waste reduction programme of £119.3 million, of which £32.4 million came from programmes across our CSUs. A further £15 million was delivered from strategic waste reduction schemes and £26.1 million from the mitigation work streams. The balance was delivered from other Trust-wide cost savings programmes. These programmes were and continue to be, built on the principles of our Leeds Improvement Method (LIM). This seeks to identify and remove wasteful practices, procedures or delays which impede great patient experience. Financial savings being a by-product of introducing improvements in the way we communicate with and treat patients in our care. Each year, increasing numbers of our staff are receiving training in the LIM.

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

Table 4: Where each £1 comes from

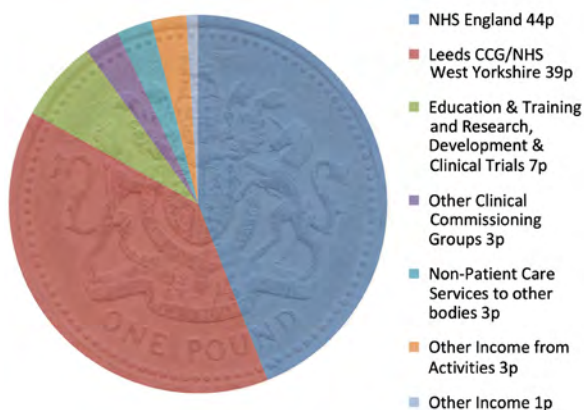
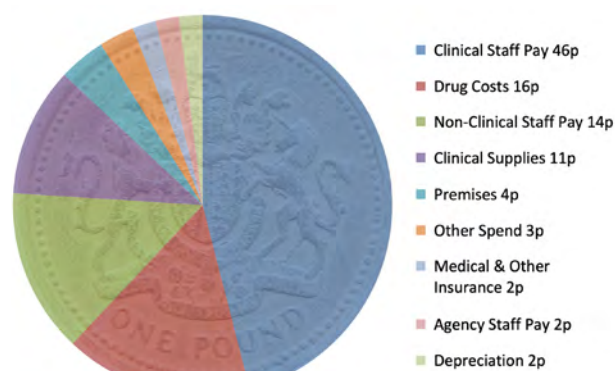


Table 5: How each £1 is spent

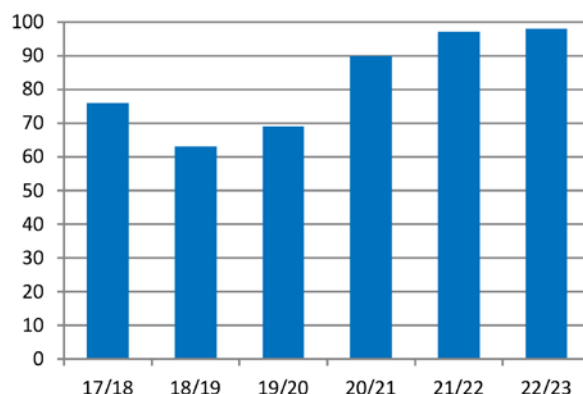


Better Payments Practice Code

The change in the NHS finance regime and the move to block contract payments, alongside better invoicing and debt collection processes has helped to improve our liquidity position. One of the innovations mentioned earlier has been the move to twice weekly supplier payment runs. The result has been an improvement in our Better Payments Practice Code compliance percentage with 98% of valid supplier invoices now being paid within 30 days or their due date (if later). This achievement was recognised with a letter of commendation from Julian Kelly, NHSE’s Director of Finance. Table 6 shows the improvement over the past few years. In challenging economic times it is particularly important to support our suppliers and local businesses by ensuring prompt payments are made to them, so it is particularly pleasing to see the improvement.

It is also pleasing to note that no late payment of commercial debt charges have been incurred during the year. If interest had been levied under the terms of the Public Contract Regulations on the small number of invoices that were not paid within terms, the maximum liability would have been £142k (21/22- £193k) - money which if incurred would no longer be available for patient care.

Table 6: Better Payments Practice Code Performance %



Capital Investment

In 2022/23, capital investment, underpinned by our surpluses in previous years, increased to £133.5 million. This level of expenditure on our estate, medical equipment and IT is a record for the Trust. Tables 7 and 8 show how, with an improving revenue position we have been able to build our level of capital expenditure in the last five years.

Table 7: Capital spend

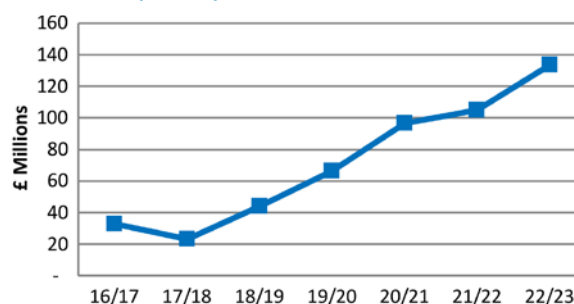


Table 8

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
Building and Engineering	17,776	10,633	28,440	29,061	39,587	27,135	39,943
Medical and Surgical Equipment	8,698	7,286	8,963	22,978	16,434	23,607	10,415
Information Technology	6,212	5,210	6,746	14,110	20,048	40,059	44,770
Building the Leeds Way					14,092	14,002	35,786
COVID-19					6,396		
Leases							2,606
Total	32,686	23,129	44,149	66,149	96,557	104,803	133,520

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

	£000
End User Computer Modernisation Programme	12,160
Public Sector Decarbonisation Scheme	9,070
Ophthalmology, Gledhow Wing St James's	7,447
Digital Pathology Infrastructure	7,139
Digital Pathology Research PACS	6,032
National Pathology Imaging Collaborative - Wave 2	3,363
LIMS and Interoperability	3,361
Network Infrastructure Refresh	2,798
Electronic Health Record	2,703
Diagnostic Workstations	2,362

Looking to the Future

The national planning guidance issued in late December 2022 outlined the continued challenge for the NHS to tackle service recovery, to deliver the key ambitions in the NHS Long Term Plan and to continue to transform the NHS for the future.

The financial position in 2023/24 will be impacted by the continued prevalence of COVID-19, higher inflation due to worldwide events such as the conflict in Ukraine and the impact of the ongoing

strike action. As a result of the above it is clear that there is going to be huge financial pressure in the system in 2023/24. The Trust is working to deliver its plan of a balanced financial position.

Capital investment for 2023/24 is planned at £116.8 million. While some risk to delivery of the full programme from inflation and supply chain concerns must be acknowledged, there is every reason to be confident of another high-level year of expenditure on our infrastructure. The Trust's new hospital development has been confirmed by the Government's New Hospitals Programme and will be funded and delivered by 2030. With outline planning consent secured alongside our award-nominated design and our Phase 1 enabling works complete, we are ready to progress with the programme.

A new pathology laboratory servicing the Trust and hospitals in West Yorkshire and Harrogate is progressing with building work on the project due to complete this year. When this major construction project is completed, it will provide a full range of state-of-the-art pathology services to patients across the region.

The outlook for finance as described above is uncertain. However, the Trust's history of financial delivery, its history of identifying waste reduction, and strong partnership working put it in the best possible place to meet these challenges.

1.4 The NHS Constitution

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

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

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

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

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

1.5 Future direction

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

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

The impact of the COVID-19 pandemic is still being felt across the NHS, including at the Trust. We are working to tackle backlogs in elective care whilst meeting the challenges of new COVID-19 cases, areas of workforce shortages and the need for investment in our physical and digital infrastructure.

Three years into a Five-Year Strategy (2020-2025, refreshed to account for the impact of COVID-19 in 2021), we have revisited our Leeds Way values (see page 7) and with a new Chief Executive in place, have refined our strategic priorities and goals going forward.

Seven commitments, the '7 C's', will be set each year and our CSUs and corporate teams will use the Leeds Improvement Method to develop plans to deliver these commitments locally. This is a new way of setting personal and CSU priorities within the Trust and aims to foster a shared focus and commitment from all our staff teams. Our vision is for every member of staff to understand the role they play in the bigger picture of the Trust's development.

In 2022, we launched our Operational Transformation Strategy 2022-2027, which has started to produce tangible improvements in efficiency and the quality of patient care across all its transformation programmes in Outpatients, Diagnostics, Planned Care, Cancer and Unplanned Care. The strategy will continue to embed system and service improvements, adopting research, innovation and new approaches to deliver the best outcomes for patients.

Our strategies are underpinned by Finance the Leeds Way, a programme of financial management that seeks to reduce waste, improve our financial processes and deliver quality services for patients at the best cost. This year has been challenging and we will seek to maximise on our expertise and sound financial systems to ensure we can deliver on future plans.

The Trust has a key role to play in improving the health and care of people across the wider region. We are a significant partner in the West Yorkshire Health and Care Partnership, (ICS) with the newly formed statutory body, the West Yorkshire Integrated Care Board (ICB) and at 'place' level with the Leeds Health and Care Partnership.

The ICB has refreshed its five-year plan and we will be working together to share skills and make the best use of collective resources to reduce health inequalities, focusing on ensuring patients receive care in the right place at the right time, whether at home, in the community or another setting.

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

Our Building the Leeds Way (BtLW) programme to build two new hospitals and a new maternity centre will enable the Trust to redefine hospital services, providing inpatient care for those with the most complex needs while making full use of new technologies and pathways to support healthcare in local communities, or closer to home.

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

The Trust's success is only possible with our workforce's continued interest and support. Investment in the training and wellbeing of our staff will remain a priority, as will exploring all opportunities for staff to be involved in shaping the Trust's direction and culture. This we will do hand in hand with patients, recognising that their valuable lived experience has huge benefits for future service development and our BtLW hospital programme.

1.6 Managing risk

The Trust Board continually monitors the risks that could affect the delivery of our services. During the year we have continued to face a multitude of challenges to the delivery of our services as a consequence of the COVID-19 pandemic across the UK.

The health, safety and wellbeing of our workforce has been a major concern as we enact our plans to return services to pre-pandemic levels, whilst also managing the increased activity created by the pandemic. Many of our patients and members of staff remain vulnerable to COVID-19 and service delivery has to be managed in a way that keeps everyone at risk safe. We are using new and innovative solutions to improve timely access to care for our patients whilst maintaining the safety and quality of our services.

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

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

During 2022/23 the Board reviewed the risk categories and risk appetite levels in the Trust risk appetite document. Risk appetite statements set the amount of risk the Trust is prepared to accept or tolerate for each area of risk. The document

provides a summary of our Risk Management Framework as well as details of our enhanced Risk Appetite statements.

Risks are identified from various sources, including proactive risk assessments, strategic planning, performance data, incident reporting and trends, clinical benchmarking and audit data, complaints, legal claims, patient and public feedback and internal and external assurance from stakeholders and regulators. The Trust's most serious risks are set out in our Corporate Risk Register, which is reviewed each month at the Risk Management Committee chaired by the Chief Executive, and at the Trust Board. There are currently 23 risks* described on the Corporate Risk Register which are regularly reviewed with Executive Directors and designated leads. The risks on our corporate risk register are aligned to the risk types and categories set out in the Trust risk appetite document along with the agreed risk appetite level applied.

The current corporate risks are aligned to the following risk types: workforce risks, operational risks, clinical risks, and financial risks. Throughout the year the Trust has focused on the controls and mitigating actions relating to the corporate risk of staff absence, health and wellbeing, and also the operational response to recover services back to pre-COVID-19 pandemic levels.

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

- **Providing normal activity levels and capacity in the COVID-19 recovery period** with increased activity and some pandemic response measures still in place. As with all organisations across the country there will be significant challenges in meeting the NHS Constitution waiting time standards.
- **Staff health, safety and wellbeing.** Staff have worked incredibly hard and under significant pressure both during the pandemic and also in the subsequent period to recover service provision, resulting in physical and mental exhaustion. As the Trust now turns its focus on reinstating all its clinical activities to pre-COVID-19 levels, health and wellbeing initiatives will be refined to ensure that support mechanisms remain effective and robust.

* At year-end 31 March 2023

- **Staffing.** There is a national shortage of registered nurses, medical staff, allied health professionals and clinical support workers, which has been exacerbated by the COVID-19 pandemic and changes to the Internal Medicine Training. The Trust has undertaken gap analyses, developed workforce plans to mitigate risks identified and expanded international recruitment which will continue into 2023/24.
- **Building the Leeds Way.** If the Hospitals of the Future Project is not delivered the Trust will have insufficient capacity to meet service demand. A robust programme and project delivery governance and controls framework has been established to support the delivery and implementation of the project. Regular reviews of the programme's resource requirements and skill mix have been implemented to ensure these align with the needs of the delivery programme. Specialist workstreams have been created to drive work on digital and innovation, workforce and clinical planning and these will be kept under constant review. Sign-off and release of funds from central government is crucial to ensure this work completes to the level required to fulfil the Trust's future ambitions.

In the coming year we will expand our work following the review of the enhanced Risk Appetite statements to include a review of the Datix risk management system and the CSUs' and Corporate functions' risk registers.

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

1.7 Research and Innovation

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

Research delivery

Over the past 12 months, the Trust has continued to manage and deliver a complex and diverse research portfolio across all sites. During this time, 22,290 participants were recruited into 774 active research studies and 597 are taking part in National Institute for Health and Care Research (NIHR) portfolio studies.

In England, the Trust has an impressive record for recruitment to research. We are the leading Trust for recruitment to specialist cancer studies; the highest adult acute hospital for recruitment to medical device studies; the highest recruiter for complex interventional studies and the third highest for portfolio studies (second in the north of England) and commercial studies.

National Institute for Health and Care Research (NIHR) Leeds Biomedical Research Centre (BRC)

The Trust, along with academic partners at the University of Leeds and the University of York was awarded £19.8 million in 2022 to fund the NIHR Leeds BRC for five years. This award is the largest amount of research funding the Trust has ever received and means we can harness advances in new technologies to improve patient care and outcomes.

This will enable the Trust to build on its already established research in musculoskeletal disease to study heart disease, cancer and infection. The partners aim to address the urgent clinical challenges of an ageing population, recognising that patients often live with multiple conditions.

Pioneering treatment and care

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

- The Trust is collaborating with Elypta, a Swedish molecular diagnostics company in a second clinical study to validate the diagnostic performance of human GAGomes as metabolic biomarkers in the early detection of cancers in people at risk due to a history of heavy smoking.

Using blood samples and data from lung and kidney screening trials sponsored by the University of Leeds, the study, which is funded by Yorkshire Cancer Research, the University of Manchester and the University of Leeds could help in the early detection of cancer, improving outcomes for patients.

- A patient at the Trust became the first in the world to receive a pioneering treatment for a kidney tumour using histotripsy, a form of focused, non-invasive ultrasound developed by HistoSonics. His treatment was the first in the CAIN trial of the procedure, sponsored by the developer and carried out at the Trust. If the trial is successful, more patients could benefit from this innovative technology.
- The structural heart research team at Leeds General Infirmary has been recognised as a global leader in recruiting patients to the SMART study, a trial that compares the safety and performance of two different valves used in Transcatheter aortic valve implantation (TAVI) in small anatomy. Follow-up appointments after the procedure take place at the Trust's Clinical Research Facility.

You can read more about the Trust's world-leading research and clinical procedures in The Year in Review on page 15.

Leeds Cancer Research Centre

World Cancer Day on 4 February 2023 marked one year since the Leeds Cancer Research Centre was launched. A partnership between the Trust and the University of Leeds, the centre has already made significant advances in the prevention, diagnosis and treatment of cancer.

These include developing a magnetic tentacle robot which can reach most areas of the lungs to improve the detection of lung cancer, and a new prostate cancer trial into how radiotherapy can be made more effective in treating patients whose cancer has returned.

Northern Pathology Imaging Co-operative (NPIC)

This globally renowned collaboration between the NHS, academic and health industry partners works to deploy digital pathology across the NHS and use it to develop Artificial Intelligence (AI) to improve cancer diagnosis.

NPIC was originally focussed on digital pathology and AI for members of the West Yorkshire Association of Acute Trusts. Additional funding from the government in 2020 enabled it to scale up its activities across Yorkshire and the North East of England. Over the past year, it has continued to support digital pathology at sites across these areas and the rollout of two national specialist digital networks in paediatric tumour and sarcoma pathology.

A major initiative launched during the year partners NPIC and Genomics England to create one of the largest cancer databases in the world. NPIC will scan the pathology images from the 15,000 participants in the 100,000 Genome Project who had cancer. This combination of digital pathology and genomic data will be a unique resource for cancer researchers and ultimately benefit millions of patients.

Children's research

Leeds Children's Hospital and the University of Leeds have launched the biggest children's research programme ever undertaken by the hospital. The £5 million CHORAL (Children's Health Outcomes Research at Leeds) Research Centre is funded through a five-year partnership between the Trust, the University of Leeds and Leeds Hospitals Charity. It will support vital research into childhood cancer, mental health and life-threatening illnesses.

Another project has seen hundreds of mothers and babies join the Born and Bred (BaBi) research study in Leeds. This nationwide research project will link data across health, education and social care from birth onwards to build a picture of local people's health over time. This will help health and care providers to improve services for children and their families in the future.

Supporting innovation

The Trust's Innovation Pop Up is now in its second year, bringing together clinicians and MedTech innovators to trial and test new technologies for patient care.

Examples of this work include Little Journey, which has created an app of the same name to help children and families prepare for and feel less anxious about each stage of their hospital journey, and RoomMate, which is designing technology to help prevent falls in hospitals and care settings.

The Pop Up was highly commended at the 2022 European Healthcare Design Awards in the Product and Technology Design category and continues to forge partnerships with peers across the world, including Spain, India and Norway, where the Trust and Oslo University Hospital agreed to share knowledge about our mutual new hospital builds and digital design.

You can read about our Innovation Pop Up in Building the Leeds Way on page 10.

1.8 Sustainability

The NHS aims to become the world's first net-zero health service. From their respective baseline years, NHS organisations are expected to achieve an 80% reduction in their direct carbon emissions by 2032 and net zero by 2040, reducing indirect emissions by 2039 to achieve net zero by 2045.

As one of the UK's largest NHS trusts, Leeds Teaching Hospitals plays a vital role in supporting this objective. Our ambition is to become one of the greenest hospital trusts in the UK.

From our baseline in 2013, the Trust has so far reduced its carbon emissions by 34%. This year, the Trust has been able to reduce its carbon emissions by an additional 636 tCO₂e, making positive progress towards our carbon reduction targets and sustainability goals.

Green Plan

The Trust's [Green Plan](#) is our sustainability strategy, establishing our goals and objectives.

It aims to reduce the Trust's contribution to carbon emissions, air pollution and waste by making sustainable improvements to our estate, travel, and care.



The Green Plan was originally published in 2020 and updated in 2021 to reflect changes in national guidance and targets. It has since been redeveloped and was relaunched in 2022 to guide our sustainability direction until 2025.

The plan is underpinned by a comprehensive Sustainable Action Plan (SAP) which details the specific tasks to be carried out as part of each strategic area. The SAP also acts as a governance tool for the Trust in providing information on how, by when, and by whom the tasks will be overseen and undertaken.

Carbon Literacy

Leeds Teaching Hospitals is the first hospital trust in the world to have become a Carbon Literate Organisation (CLO). This year, the Trust became a silver-level accredited CLO.

Carbon Literacy training aims to educate people about sustainability and empower them to act on climate change. For the Trust, this has included coverage on why climate change is a healthcare issue, the sharing of best practice from the Trust and the promotion of partnership working.

In previous years, the Trust has run training for the Estates and Facilities senior team and various leadership colleagues across the West Yorkshire Health and Care Partnership. This year, we have broadened training to staff working across procurement, theatres and anaesthesia, and intensive care.

Staff who took part in the training have developed their own personalised action plans, some of which are currently being carried out. The training has been so successful that next year the Trust plans to run regular sessions for staff.

Procurement

The Trust is working to build net zero into our procurement processes and functions, in line with Government policy and the NHS's Evergreen framework. We have recently committed to require suppliers for all new contracts above £5 million to publish a carbon reduction plan for their direct emissions, as a qualifying criterion.

In 2022, Carbon Literacy training with procurement colleagues resulted in a number of ideas to support the Trust in exceeding its national level obligations for carbon reduction and sustainability. These included the opportunity to include a section in the Trust's invitation to tender which relates to the net zero and sustainability agenda.

Since then, our sustainability and procurement teams have been working together to draft guidelines to help procurement colleagues select sustainable suppliers. These have been developed in line with other guidance – for example, being in step with national food strategies will ensure food procurement is consistent with national plans.

In the coming years, the Trust will continue its work to fulfil the requirements of the Evergreen framework. This will include requesting that suppliers for any contract value give an increasingly detailed picture of their emissions and carbon reduction plans, in line with NHS net zero targets, and meet any new requirements that may arise. We are also working to develop a bespoke procurement framework for non-clinical items, based on our Green Plan objectives, before taking plans to the Trust's Strategic Sustainable Group to seek input into specific contracts.

Estate

The Trust has a large, and in parts aged estate which contributes significantly to our carbon emissions. In the last year we have published our Estates Decarbonisation Strategy: A Roadmap to Net Zero Carbon. Each of our five hospital sites now has a set of specific actions to take for them to become carbon neutral.

We have already made progress on some of these actions, following our previous successful bid for Public Sector Decarbonisation Scheme funding. Projects in the last year include the installation of air source heat pumps to reduce the consumption of natural gas, photovoltaics to increase the generation of electricity, LED lighting to reduce energy use, double glazing to decrease heat loss, draft proofing, connecting to Leeds Pipes, a low carbon district heating network in Leeds and Building Management System software upgrades for better control over energy usage.

Sustainability is now embedded at the heart of decision-making on new capital projects, and their carbon impact is assessed at project application stage alongside financial considerations. This includes projects like car parking changes, EV charging point installations, lighting upgrades, cooling units, water tanks and lifts.

Theatres

The Trust has made huge strides in reducing carbon emissions by minimising the use of anaesthetic gas.

We have almost completely phased out the use of desflurane from our theatres; it is largely due to this that carbon emissions associated with our anaesthetics reduced by an additional seven percent since the baseline year, saving a further 554 tonnes of CO₂e. We are also working to replace nitrous oxide - a rarely-used gas except in paediatric care - with localised sources. This will reduce its use and eliminate gas leakages associated with it.

Clinicians are also working to reduce the number of single-use items on medical device trays used in laparoscopic cholecystectomy operations. A review found that many of these items are not actually used in practice, contributing to large amounts of waste. Teams are looking at how they can make best use of this medical equipment.



GRASP

The Trust relaunched its GRASP campaign this year, after it was paused during the COVID-19 pandemic. This programme recruits a network of colleagues committed to carrying out their own sustainability initiatives. These have previously helped to save energy, reduce carbon and improve the Trust's environmental performance.

Champions meet every two months to discuss the Trust's environmental initiatives, share best practice, and help to promote greener ways of working within their areas. The GRASP campaign will be complemented by the Carbon Literacy and energy awareness training to continue to inspire and recruit dedicated Champions for the Trust.

Awards

The Trust's commitment to sustainability has continued to attract interest, recognition and awards.

In May 2022, the Trust's Sustainability, Energy and Waste team won Team of the Year for their green initiatives at the Health Estate and Facilities Management Association awards.

In February 2023, we were among five organisations across England nominated for a Green Heart Hero award in the Outdoor Project category. Our nomination was for the Wellbeing Garden project at St James's. Staff who were stressed, tired or anxious were invited to take part in a nine-week Growing Well Social and Therapeutic Horticulture pilot to learn sustainable food-growing methods, sow seeds, create new garden areas and then harvest and prepare the food they had grown.

The team worked with two local social enterprises: Lemon Balm, which specialises in gardening for wellbeing and Season Well, which cooked healthy, seasonal lunches. The project was also supported by Leeds Hospitals Charity.

Signed 

Date: 29 June 2023

Professor Phil Wood,
Chief Executive,
Leeds Teaching Hospitals NHS Trust



SECTION TWO

ACCOUNTABILITY

Section 2 - Accountability

The commitment and achievements of our people is key to the success of Leeds Teaching Hospitals NHS Trust.

There are 21,089 people working across our hospitals in a variety of different roles, each of them vitally important to the efficient running of our services.

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

2.1 Members of the Trust Board 2022/2023

During 2022/23, the Board continued to hold bi-monthly formal meetings, adhering to the Infection Prevention and Control measures in place during the COVID-19 pandemic, which affected the whole NHS. As a result, our Board and Committee meetings have been held via Microsoft Teams, with a live-stream function on YouTube for access to the public Board meetings. This live link, agendas, minutes and Board reports are available on the [Trust's website](#).

The November 2022 and March 2023 Board meetings were held as a face-to-face meeting, with the January 2023 Board meeting held via Teams.

The Board has continued to hold Timeout meetings throughout the year, the highlights being the October 2022 and March 2023 Timeout meetings which brought the Board together with the wider leadership teams throughout the Trust, with more than 220 colleagues attending face-to-face half-day meetings.

Our Committees meet in a variety of ways. For example, the monthly Risk Management meeting, which functions solely as a Teams meeting, has wide representation across our CSUs and Corporate functions and is efficient and well-attended. Other Committees are predominantly face-to-face and some operate a hybrid model with members, or presenters joining for relevant agenda items for efficiency.

Changes in membership of the Trust Board

Working closely with NHS England/Improvement (NHSE/I*) the Trust recruited two new Associate Non-Executive Directors who started in post on 11 April 2022: Mark Burton and Mike Baker. Mark Burton is applying his skills and experience from his substantive role with Lloyds Banking Group, and is FSA-regulated, financially trained and literate, and CISI qualified, which underpins our succession planning for preparation of the next Audit Committee Chair.

The Trust Chair supported the requests for six-month sabbaticals by Jas Narang from 29 July 2022, and Tom Keeney from 16 September 2022 to accommodate work-related pressures within their substantive roles within the private sector. However, NHSE offers no flexibility for sabbaticals, with governance rules requiring removal if there is failure to attend three consecutive Board meetings. Hence, Jas Narang resigned as a Non-Executive Director on 14 October 2022 followed by Tom Keeney on 18 October 2022.

Rachel Woodman as an Associate Non-Executive Director is the appointment of Leeds Teaching Hospitals NHS Trust and therefore is not governed by NHSE rules. She was supported by the Trust Chair for a sabbatical from 30 September 2022 with regard to her promotion to Partner and Director of Transformation, John Lewis Partnership, and returned in May 2023.

Amanda Stainton was appointed as an Associate Non-Executive Director from 1 November 2022, with the longer-term plan to take over chairing the Workforce Committee following the resignation of Tom Keeney. Phil Corrigan, as an interim arrangement chaired the Workforce Committee from September 2022 to mid-March 2023, handing over to Amanda.

Suzanne Clark, Chair of the Audit Committee, has also been the interim Chair of the Digital and IT (DIT) Committee following the resignation of Jas Narang. A recruitment process and interview in February resulted in the appointment of Joanne Koroma as an Associate Non-Executive Director from 1 April 2023 with the longer-term plan to take over chairing the DIT Committee.

James Goodyear joined the Board as Director of Strategy from 1 September 2022.

Sir Julian Hartley left the Trust on 31 January 2023 to take up a new position as Chief Executive of NHS Providers. Professor Phil Wood had agreed to be the interim Chief Executive as from 1 February 2023; however following an externally facilitated recruitment process he was successfully appointed as the substantive Chief Executive and began in this role from 1 February 2023.

The interim Chief Medical Officer, Hamish McLure began in role from 1 February 2023. During the first quarter of 2023/24 an externally facilitated recruitment process is being conducted for the substantive appointment of the Chief Medical Officer.

Lisa Grant left the Trust on 28 February 2023 to take up a new position as Group Clinical Director/Chief Nursing Officer, Spire Healthcare Group plc. From the new year onwards, Lisa supported Helen Christodoulides in the transition from Deputy Chief Nurse to Interim Chief Nurse from 1 March 2023. An externally facilitated recruitment process for the Chief Nurse was paused during February 2023 and will begin again in the summer.

The Board delegates duties to Committees that in turn report assurance directly back to Board. These are Assurance Committees chaired by Non-Executive Directors, with one Management Committee (Risk Management Committee) chaired by the Chief Executive.

The Board established one new Assurance Committee (in addition to retaining the Research and Innovation Management Committee reporting into the Assurance Committee) during the year: the Research and Innovation Committee, chaired by Dame Linda Pollard.

Appointment of Non-Executive Directors

Non-Executive Directors have been appointed by NHS England and Improvement (NHSE/I*) which defines the term of office for each appointment. Re-appointments can be made, but Non-Executive Directors will not normally serve more than six years to ensure independence and to comply with the good practice defined by Code/s of Governance. Any exception would require approval from NHSE moving forward.

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

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

All Board Directors comply with the CQC requirements 'fit and proper person test' that was introduced from November 2014, with reconfirmation annually at a Public Board meeting in March, with supporting details updated annually or in year for new appointments, and available for inspection by the CQC.

Measuring the performance of the Board members

The Senior Independent Director facilitated the Chair's appraisal with a summary report received at the July 2022 public Board meeting, and a formal submission as required to NHSE. The Trust Chair carried out the appraisal of the Chief Executive which was reported to the Remuneration Committee during Quarter 1 of 2022. The Chair in turn carried out appraisals for the Associate/Non-Executive Directors, as has the Chief Executive for his direct reports. A similar process was carried out for mid-year reviews in the autumn.

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

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

The Board has historically confirmed the corporate objectives at its March meeting and these have been used to underpin the objectives for the Chief Executive and the Executive team. At the March 2023 Board meeting the annual commitments were approved and moving forward these will underpin the setting of objectives for the coming year.

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

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

As required every three years, the Trust's external Well-led review was carried out during summer into autumn 2021 with a positive report to the January 2022 public Board meeting.

Remuneration of Board members

The remuneration of directors is determined by the Remuneration Committee who take into account relevant guidance from NHS England and Improvement*, the Department of Health and Social Care and HM Treasury.

*As from 1 July 2022 and changes in legislation NHSE/ became NHSE

Register of interests

The register of interests for Trust Board members is available on the Trust website at the following link: <https://leedsth.mydeclarations.co.uk/reports/GroupReport>

Non-Executive Directors of the Board during 2022/2023

Dame Linda Pollard DBE DL Hon. LLD Chair

From February 2013

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

She Chairs the Research and Innovation Assurance Committee of the Board and she is a member of the Finance and Performance Assurance Committee. She is also a Trustee of Leeds Hospitals Charity, the charity for Leeds Teaching Hospitals.

Linda co-chairs the Health & Wellbeing Board for the city and she also chairs the Leeds Innovation District Partnership, a partnership between the Trust, the University of Leeds and Leeds City Council, including the Leeds City Region Enterprise Partnership (LEP) and private sector. Linda has led the ambition to create a world-class hub for research, innovation and entrepreneurialism for the city. An exciting part of this will be the development of two new hospitals for Leeds, and a new Innovation Hub.

Alongside Sir Chris Wormald KCB, Permanent Secretary at the Department of Health, Linda is working closely on the new Leeds Health and Social Care Hub which has been launched to help improve Health and Social Care alongside the Civil Service.

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

Alongside General Sir Gordon Messenger KCB DSO* OBE ADC, former Vice Chief of the Defence Staff, Linda led the independent leadership and management review of health and social care in England, and its seven recommendations have been accepted by the Government. Linda is now Co-Chair of the Management and Leadership Group for NHSE working to implement the recommendations.

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

Linda is passionate about the representation of women on boards, and she is Vice Chair and Senior Independent Director (SID) of the NHS Provider Board, representing acute trusts.

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

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

Gillian Taylor

Non-Executive Director and Deputy Trust Chair

From December 2018

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

Gillian has been a Board member at Beyond Housing since 2019, and in 2022 was appointed the Senior Independent Director; she is also a member of the Audit and Risk Committee. During 2021, Gillian was a member of a Task Group for Beyond Housing to re-finance the business with a £250 million sustainability bond. The bond is enabling investment in existing customers' homes, providing more energy-efficient homes, helping to move to a carbon-zero organisation and supporting the delivery of an ambitious housing development plan.

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

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

Tom Keeney

Non-Executive Director and Deputy Trust Chair

From December 2018 to 18 October 2022

Tom has worked in a number of roles in Human Resources and business transformation throughout his career, helping to build high-performing teams in a variety of sectors. Most recently he held the position of Human Resources Transformation and Effectiveness Director at BT. Tom has over 20 years' experience operating at a strategic level and for five years was a Member of Leeds City Region LEP Employment and Skills Panel with terms coming to an end during 2019.

In his role as a Non-Executive Director, he was joint Deputy Trust Chair and chaired the Workforce Committee and was a member of the Finance and Performance Committee along with the DIT Committee. He was the Freedom to Speak Up Guardian, and lead for the Lay Representation on AAC panels for consultant interviews and volunteering.

Chris Schofield

Non-Executive Director,

From April 2018

Deputy Trust Chair

From November 2022

A practising solicitor specialising in corporate law, Chris is the Founding Partner of Schofield Sweeney LLP Solicitors, and a Trustee of the Leeds Hospitals Charity and a number of other local charities, including St Gemma's Hospice. Chris is the Chair of Governors at the One in a Million Free School. Chris is Non-Executive Director of JBA Group and Constant Systems Holdings Limited. He has served as the Under-Sheriff of West Yorkshire. Chris was a Non-Executive Director for the NHS Leeds West Clinical Commissioning Group (CCG) and has strong experience of the NHS.

Chris is the Senior Independent Director, Chair of the Innovation District Committee, a member of the Building Development, Research and Innovation Committees and is the named Non-Executive Director for Medical Staff in Difficulty.

Professor Laura Stroud

Non-Executive Director

From December 2020

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

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

Robert (Bob) Simpson Non-Executive Director

From February 2018

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

Suzanne Clark Non-Executive Director

From October 2018

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

Suzanne chairs the Audit Committee, and with this role observes the monthly Risk Management Committee meeting. She is also the interim Chair of the Digital and IT Committee.

Jasmeet (Jas) Narang Non-Executive Director

From February 2019 to 14 October 2022

Previously Associate Non-Executive Director from February 2018, Jasmeet (Jas) Narang is Chief Transformation Officer and Operations Director at Santander Operations UK. He has over 25 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 project/digital transformation and supplier functions.

In his current role at Santander, Jas is responsible for driving the bank's transformation overall agenda whilst responsible for Santander UK's Operations delivery and evolution over the coming years. 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.

Jas chaired the Digital and Information Committee of the Board, was a member of the Audit Committee and also chaired the Organ Donation Committee. He was the Non-Executive Director with lead for our digital development and provided the lay input to Medical Revalidation.

Rachel Woodman Associate Non-Executive Director

From December 2020, currently taking a sabbatical as from 30 September 2022 (to re-join the Trust from May 2023)

Rachel is currently Director of Transformation at John Lewis. She has a proven track record in leading strategy and transformational change to deliver outstanding business performance with previous roles: Executive Director, Coop Funeral Care Strategy, Transformation and New Business, Director of Strategy and Transformation also with the Coop, and Strategy Director, Morrisons.

Rachel is a member of the Quality Assurance and Research and Innovation Committees.

Georgina Mitchell Associate Non-Executive Director

From July 2021

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

Georgina is a member of the Audit, DIT, and Innovation District Committees.

Philomena (Phil) Corrigan

Associate Non-Executive Director

From August 2021

Non-Executive Director

From November 2022

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

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

Phil is a member of the Finance and Performance and Quality Assurance Committees.

Amanda Stainton

Associate Non-Executive Director

From November 2022

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

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

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

Amanda is a member of the Quality Assurance and Workforce Committees, becoming Chair of this Committee from mid-March 2023.

Mark Burton

Associate Non-Executive Director

From April 2022

Mark is currently the Head of Global Services and Public Sector as well as Head of UK Regions for Lloyds Banking Group. A 25-year career in finance has seen Mark take leadership roles for several prominent banks, working with clients from around the world and across multiple sectors.

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

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

Mark is a member of Audit and Workforce Committees.

Mike Baker CBE

Associate Non-Executive Director,

From April 2022

Non-Executive Director

From November 2022

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

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

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

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

Executive Directors of the Board during 2022/2023

Sir Julian Hartley

Chief Executive

From October 2013 to January 2023

Joining Leeds Teaching Hospitals NHS Trust as Chief Executive in 2013, Julian created a patient-centred culture by engaging and empowering frontline teams to improve hospital services.

Through the introduction of The Leeds Way, Julian led the Trust to become the most improved acute trust in the country across the board in the national Staff Survey, showing significant improvements in Staff Engagement year on year. His commitment to embedding the Leeds Improvement Method as a culture of continuous quality improvement encouraged more than 8,000 members of staff to lead improvement projects across a wide range of clinical and non-clinical areas.

Julian also played a key leadership role in the local and regional health economy acting as the Chair of the West Yorkshire Association of Acute Trusts (WYAAT), a collaboration of six hospital trusts across West Yorkshire and Harrogate working together to deliver the best possible services for patients. Julian was also a core part of the leadership team for the West Yorkshire and Harrogate Care Partnership.

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 2019, 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. This shows how his commitment to improving Leeds Teaching Hospitals NHS Trust and engaging with staff made an impact nationally, with other organisations looking to Leeds as an example.

He was appointed by the Secretary of State for Health as a Non-Executive Director with the Department of Health and Social Care. The Board is the collective strategic and operational leadership of the department, supporting and advising ministers and the department on strategic issues and overseeing risks and performance in the department.

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 the University Hospital of South Manchester NHS Foundation Trust.

Julian left the Trust at the end of January 2023 to take up the role as Chief Executive of NHS Providers.

Dr Phil Wood

Chief Executive

From February 2023

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

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

Phil has held a number of regional roles, including as Senior Responsible Officer for the rollout of the COVID-19 vaccination programme in West Yorkshire, one of the most successful programmes in the country, and Chair of the West Yorkshire Vascular Board. He is currently Chair of the North East & Yorkshire Genomic Medicine Service Board and a member of the national Genomics England (GEL)/NHSE Joint Board.

Phil was awarded an Honorary Professorship in Healthcare Leadership from the University of Leeds in November 2022, recognising his leadership contribution across research, innovation, education and training.

Dr Phil Wood

Chief Medical Officer and Deputy Chief Executive

From May 2020

As the Chief Medical Officer, Phil had accountability for the outcomes and effectiveness of clinical services across the Trust. From September 2021 he became the Deputy Chief Executive.

He was also responsible for the medical workforce, including appraisal and revalidation, and the delivery of medical education and training.

He oversaw the research and innovation activity in the Trust, working alongside academic partners, and was the nominated Caldicott Guardian for the Trust.

Phil joined the Trust in 2002 as a Consultant Immunologist and has worked in several operational and strategic roles over the last 15 years, including as Medical Director for Strategy and Planning, where he led the development of the Trust's clinical strategy.

He is committed to the development of clinical leadership across systems and has a track record of leading patient-centred change management across services.

Hamish McLure

Interim Chief Medical Officer

From February 2023

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

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

Helen Christodoulides

Interim Chief Nurse

From March 2023

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

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

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

From January 2023, Helen worked with Lisa Grant, who was then Chief Nurse, to support the transition to Interim Chief Nurse.

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 (LGI). After working in financial management in the acute sector for 15 years he became a Finance Director in 2003. Since then, he has held a variety of Finance Director posts in the NHS, working in commissioning, the ambulance service and the acute sector.

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

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

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

Lisa Grant Chief Nurse

From April 2019 to February 2023

Lisa joined Leeds Teaching Hospitals NHS Trust in 2019 having previously held the post of Chief Nurse and Chief Operating Officer at the Royal Liverpool University Hospital.

Lisa established the Royal Liverpool Nurse Programme that was later endorsed by the National Institute for Health and Care Excellence. The programme is similar in concept to the Excellence in Practice Programme here at the Trust that began in 2019. The initiative celebrates the professions of nursing and midwifery whilst also creating an educational portfolio for nurses to develop their clinical competencies.

This was Lisa's third Executive Director post, having also previously worked at the Walton Centre NHS Foundation Trust. Lisa had a variety of nurse management and leadership roles within Merseyside and Cheshire and in Greater Manchester. Lisa holds a Diploma in Nursing, Diploma in Management, a Masters in Management and Leadership, an MBA and a Post Graduate Certificate in Executive Coaching.

Jenny Lewis Director of Human Resources and Organisational Development

From August 2018

Jenny Lewis is an experienced Human Resources Director who is passionate about advancing System Development for the benefit of our communities as well as Organisational Development. She was previously the first HR Director for the unique public services partnership in Hampshire.

She is also the Executive Sponsor for the Leeds Health and Care Academy in partnership with Leeds City Council, Director of Adults and Health. Jenny is drawing upon her previous experience 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.

Clare Smith Chief Operating Officer

From December 2018

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

Clare is responsible for leadership and delivery of the Trust's operational services, ensuring high-quality care and delivery of performance standards are achieved through our CSUs. She is also the Accountable Emergency Officer for the Trust. Clare is also the Chair of the WYAAT COO group and is the Senior Responsible Officer for Urgent and Emergency Care for the West Yorkshire Integrated Care System.

Craige Richardson Director of Estates and Facilities

From August 2019

Craige has been with Leeds Teaching Hospitals NHS Trust for more than 25 years, working in various estates and facilities roles before progressing to the Director of Estates and Facilities. During this time, Craige has been instrumental in managing the ongoing transformation of the Trust estate, which is one of the largest and most complex acute estate portfolios in the NHS.

Craige is the Executive Lead for estate management and strategic development, facilities operational services, sustainability, and violence reduction and prevention, supported by a team of over 2,400 staff. He is committed to ensuring that the estate and supporting services contribute to delivering exceptional patient care.

Craige is a Fellow of the Chartered Management Institution, an active member of the West Yorkshire Net Zero Board Leads Network and played a significant role in leading the regional response to managing the COVID-19 pandemic. He is an active member of the City's Strategic Estate Board, the West Yorkshire Integrated Care Board Capital and Infrastructure Board and chairs the WYAAT Director of Estates Forum.

Dr Paul Jones Chief Digital Information Officer

From November 2019

Dr Paul Jones joined the Trust in November 2019. Paul has held senior roles across the public and private sector including as Chief Technology Officer for the NHS in England and Group CIO of Serco.

Paul's background is rooted in technology with a BSc and PhD in Computer Science. He is a Fellow of the British Computer Society and a Chartered IT Professional.

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

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

James Goodyear Director of Strategy

From September 2022

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

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



2.2 Attendance tables

Board of Directors

Name/Date	26 May '22		28 Jul '22		29 Sep '22		24 Nov '22		26 Jan '23		30 Mar '23	
Members:	Workshop	Public	Workshop	Public	Workshop	Public	Workshop	Public	Workshop	Public	Workshop	Public
Linda Pollard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gillian Taylor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chris Schofield	✓	✓	✓	✓	✓	✓	✓	✓	Apols	Apols	✓	✓
Bob Simpson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suzanne Clark	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Laura Stroud	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Georgina Mitchell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phil Corrigan	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓
Mike Baker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mark Burton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Amanda Stainton							✓	✓	✓	✓	✓	✓
Tom Keeney	✓	✓	✓	✓	Apols	Apols	Resigned					
Jas Narang	✓	✓	✓	✓	Apols	Apols	Resigned					
Rachel Woodman	✓	✓	✓	✓	Apols	Apols	Sabbatical		Sabbatical		Sabbatical	
Julian Hartley	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	✓		
Phil Wood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hamish McClure									In attendance		✓	✓
Clare Smith	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Craige Richardson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lisa Grant	✓	✓	✓	✓	✓	✓	Apols	Apols	✓	✓		
Helen Christodoulides							In attendance		In attendance			
Simon Worthington	Apols	✓	✓	✓	Apols	Apols	✓	✓	✓	✓	✓	✓
Paul Jones	✓	✓	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	✓
Jenny Lewis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Goodyear					✓	✓	✓	✓	✓	✓	✓	✓
In Attendance:												
Jo Bray	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jonny Gamble (representing SW DoF)					✓	✓						
Mark Richardson (representing PJ CDIO)			✓	✓								
Sue Gibson (Director of Midwifery)		✓		✓		✓		✓		✓	✓	

- not in post

Board Time-Outs

Name/Date	30 Jun '22	20 Oct '22	21 Oct '22	23 Mar '23
Linda Pollard	✓	✓	✓	Apols
Gillian Taylor	✓	Apols	Apols	✓
Chris Schofield	✓	✓	✓	✓
Bob Simpson	✓	✓	✓	✓
Suzanne Clark	✓	✓	✓	✓
Laura Stroud	✓	✓	✓	✓
Georgina Mitchell	✓	✓	✓	✓
Phil Corrigan	Apols	✓	✓	Apols
Mike Baker	✓	✓	✓	✓
Mark Burton	✓	✓	✓	✓
Amanda Stainton		✓	✓	✓
Tom Keeney	Apols			
Jas Narang	✓			
Rachel Woodman	✓	Sabbatical	Sabbatical	Sabbatical
Julian Hartley	✓	✓	✓	
Phil Wood	✓	✓	✓	✓
Hamish McClure				✓
Clare Smith	✓	✓	✓	✓
Craige Richardson	✓	✓	✓	✓
Lisa Grant	✓	✓	✓	
Helen Christodoulides				✓
Simon Worthington	✓	✓	✓	✓
Paul Jones	✓	✓	✓	✓
Jenny Lewis	✓	✓	✓	✓
James Goodyear		✓	✓	Apols
In Attendance:				
Jo Bray	✓	✓	✓	✓

Finance & Performance Committee

Name/Date	27 Apr '22	25 May '22	29 Jun '22	27 Jul '22	31 Aug '22	28 Sep '22	26 Oct '22	23 Nov '22	14 Dec '22	25 Jan '23	22 Feb '23	29 Mar '23
Board												
Gillian Taylor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Linda Pollard	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	Apols	✓
Mike Baker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phil Corrigan	Apols	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓
Tom Keeney	✓	✓	Apols									
Simon Worthington	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓
Clare Smith	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓
Julian Hartley	✓	✓	✓	✓	Apols	✓	✓	✓	Apols	✓		
Phil Wood (CEO)											Apols	✓
Phil Wood (CMO) alternate meetings with Chief Nurse		✓		✓	Apols			✓	✓			
Lisa Grant	Apols		✓			Apols	✓	Apols	Apols	Apols		
Hamish McLure											Apols	✓
Helen Christodoulides (attendance for Chief Nurse)						✓			Apols	✓		
Craige Richardson	Apols	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓
Paul Jones	✓	Apols	✓	Apols	Apols	✓	Apols	✓	✓	✓	✓	✓
Jenny Lewis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Goodyear						✓	✓	✓	✓	✓	Apols	✓
Jo Bray	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓

Digital & IT Committee

Name/Date	20 May '22	09 Sep '22	09 Nov '22	09 Dec '22	20 Jan '23	10 Mar '23
Board						
Jas Narang	✓	Apols				
Georgina Mitchell	Apols	✓	✓	✓	✓	✓
Tom Keeney	✓	Apols				
Suzanne Clark			✓	✓	✓	✓
Mike Baker			✓	✓	✓	✓
Paul Jones	✓	✓	✓	✓	✓	✓
Phil Wood (CMO role)	Apols	Apols	✓	✓	Apols	
Hamish McLure (CMO role)						Apols
Jenny Lewis	✓	Apols	✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓	✓	✓

Innovation District Committee

Name/Date	10 May '22	12 July '22	15 Sep '22	08 Nov '22	10 Jan '23	07 Mar '23
Board						
Linda Pollard	✓					
Chris Schofield	✓	✓	✓	✓	✓	✓
Bob Simpson	✓	✓	✓	✓	✓	✓
Rachel Woodman	✓	✓	✓	Sabbatical	Sabbatical	Sabbatical
Georgina Mitchell	✓	✓	✓	✓	✓	✓
James Goodyear	✓	✓	✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓	✓	✓

Quality Assurance Committee

Name/Date	28 Apr '22	23 Jun '22	25 Aug '22	27 Oct '22	15 Dec '22	23 Feb '23
Board						
Laura Stroud	✓	✓	✓	✓	✓	✓
Phil Corrigan	Apols	✓	✓	✓	✓	✓
Rachel Woodman	✓	✓	✓	Sabbatical	Sabbatical	Sabbatical
Amanda Stainton					✓	✓
Lisa Grant	✓	✓	✓	✓	✓	
Helen Christodoulides			✓	✓	✓	✓
Phil Wood (CMO)	✓	✓	✓	Apols	✓	
Hamish McLure						Apols
Jo Bray	✓	✓	✓	Apols	✓	✓

Research and Innovation

Name/Date	28 Apr '22	23 Jun '22
Board		
Linda Pollard	✓	✓
Chris Schofield	✓	✓
Laura Stroud	Apols	✓
Phil Wood	✓	✓
Hamish McLure		✓
Helen Christodoulides		✓
James Goodyear	✓	✓
Jo Bray	✓	✓

Workforce Committee

Name/Date	19 May '22	13 July '22	15 Sept '22	09 Nov '22	05 Jan '23	16 Mar '23
Board						
Tom Keeney	✓	✓	✓			
Phil Corrigan				✓	✓	✓
Laura Stroud	✓	✓	✓	✓	✓	✓
Mark Burton	✓	✓	✓	✓	✓	✓
Amanda Stainton				✓	✓	✓
Jenny Lewis	✓	✓	Apols	✓	✓	✓
Julian Hartley	✓	✓	✓	Apols	✓	
Phil Wood	Apols	✓	Apols	✓	✓	Apols
Craige Richardson	✓	✓	✓	✓	✓	✓
Hamish McLure (role as D CMO)	✓	Apols	Apols	✓	Apols	Apols
James Goodyear (Workforce Planning issues)	✓	n/a	✓	✓	✓	n/a
Lisa Grant	✓	Apols	✓	Apols	Apols	
Helen Christodoulides (role as D CN)				✓		✓
Andrew Webster (on behalf of Paul Jones)	Apols Paul Jones	✓	✓	✓	✓	Apols
Jo Bray	✓	✓	✓	✓	✓	✓

Building & Development Committee

Name/Date	11 Apr '22	14 Apr '22	12 May '22	09 Jun '22	08 Jul '22	11 Aug '22	08 Sep '22	13 Oct '22	10 Nov '22	08 Dec '22	12 Jan '23	09 Feb '23	09 Mar '23
Board													
Bob Simpson	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chris Schofield	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓
Gillian Taylor	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓
Julian Hartley	✓	✓	✓	Apols	✓	Apols	✓	Apols	✓	Apols	Apols		
Simon Worthington	✓	✓	✓	✓	Apols	Apols	✓	✓	✓	Apols	✓	✓	✓
Phil Wood												Apols	✓
Jo Bray	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓

Audit Committee

Name/Date	05 May '22	16 Jun '22	07 Sep '22	01 Dec '22	02 Mar '23
NED Members					
Suzanne Clark	✓	✓	✓	✓	✓
Georgina Mitchell	✓	✓	✓	✓	✓
Jas Narang	✓	Apols			
Laura Stroud	✓	✓			
Mark Burton	✓	✓	✓	✓	✓
Key Attendance					
Simon Worthington	✓	✓	✓	✓	✓
Phil Wood (CMO role)					
Hamish McLure (CMO)					Apols
Jo Bray	✓	✓	✓	✓	✓

2.3 Governance Report

Annual Governance Statement (2022/23)

1. Scope of responsibility

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

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leeds Teaching Hospitals NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Leeds Teaching Hospitals NHS Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Board of Directors provides leadership on the overall governance agenda. The Board of Directors is supported by a range of Committees that scrutinise and review assurances on internal control. Our assurance Committees; Audit, Quality Assurance, Finance & Performance, Digital

& IT, Workforce, Building Development and Innovation District, and during the year the Board established a Research & Innovation Assurance Committee, noting previously this had functioned as a management Committee reporting to Board, which is retained as the operational oversight. The Risk Management Committee reports directly to the Board of Directors. These Committees have all provided an annual report detailing how they have discharged their duties, with attendance of the respective Committee Chair at the Audit Committee meeting on 4 May 2023 and were received at the 25 May 2023 Board meeting.

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

3.1 The Risk Management Committee focuses on the most significant risk exposures and oversees risk treatment to ensure: (a) the correct strategy is adopted for identifying and managing risk; (b) appropriate controls are present and operating effectively; and (c) action plans are robust to mitigate risks to remain within tolerance. The Risk Management Committee is Chaired by me, as Chief Executive, and comprises all Executive Directors. Senior Managers, specialist advisors and the Audit Committee Chair routinely attends each meeting as an observer. The Trust has kept under review and updated risk management policies during the year. Whilst the Risk Management Committee reports directly to the Board through me, it also works closely with front line Clinical Service Units (CSUs) and all Committees of the Board in order to identify, triangulate and prioritise risk, working together to continuously enhance risk treatment. Chairs of Board Committees escalate, as appropriate, issues to the Risk Management Committee.

3.2 The Board commissioned a Task and Finish Group in October 2020 to further develop the Risk Management Framework, focusing

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

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

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

The work related to the Trust's Risk Management Framework was acknowledged by NHS Providers, a membership organisation that represents NHS Providers and was presented at the NHS Providers conference on 11 May 2022. The Trust has provided advice and support to partner organisations

on implementing the framework in Leeds. The risk appetite framework was subject to an internal audit review (PwC) in Q4 2022/23, which highlighted the good progress that had been made in its implementation, with a report classification and overall conclusion of low risk. [Risk-Appetite-2023-24-Second-Edition.pdf \(leadsth.nhs.uk\)](https://www.leadsth.nhs.uk/Risk-Appetite-2023-24-Second-Edition.pdf)

- 3.3 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 needs analysis informs the Trust's mandatory training requirements and has been kept under review; this sets out the training requirements for all members of staff and includes the frequency of training in each case.
- 3.4 Incidents, complaints and patient feedback are routinely analysed to identify for learning opportunities 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 Trust is leading a network with West Yorkshire Association of Acute Trusts (WYAAT) partners to share learning from serious incidents, including Never Events and it was an early adopter of the Patient Safety Incident Response Framework, implementing the Patient Safety Incident Response Plan (PSIRP) in 2022/23. The Quality Assurance Committee provides oversight on this process, with a complaints annual report to the Board of Directors each July and a six-month update in January.
- 3.5 I have ensured that all significant risks of which I have become aware are reported to Board of Directors and Risk Management Committee. All new significant risks are escalated to me as Chief Executive and validated by the Executive Team and Risk Management Committee. The residual risk score determines the escalation of risk.
- 3.6 The Board of Directors regularly scan the horizon for emergent opportunities or threats and considers the nature and timing of the response required in order to ensure risk is appropriately managed at all times. Collectively the Board reviews the Board Assurance Framework (BAF) and our risk management appetite statement each year.

4. The Risk and Control Framework

4.1 (i) Determine priorities

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

(ii) Risk Identification

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

(iii) Risk Assessment

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

(iv) Risk Response (Risk Treatment)

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

(v) Risk Reporting

Significant risks are reported at each formal meeting of the Board of Directors and Risk Management Committee. In addition, in the event of a significant risk arising, arrangements are in place to escalate a risk to the Chief Executive and Executive Team. The level at which risk must be escalated is clearly set out in the Risk Management Policy, which is reviewed every two years and was last updated and approved in March 2022. The risk reporting to the Board of Directors also details what actions are being taken, and by whom, to mitigate the risk and monitor delivery. The Audit Committee and Board of Directors have reviewed assurance on the effective operation of controls to manage 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 CSUs remain subject to detailed scrutiny as part of a rolling programme by the Risk Management Committee. The purpose of the Trust's risk review is to track how the risk profile is changing over time; evaluate the progress of actions to 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 that take place. Face to face leadership visits were suspended and replaced with virtual leadership visits due in response to national guidance related to social distancing to reduce the risk of transmission, this continued in 2022/23. A programme to support staff who have been involved in an incident is in place, 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 through the Freedom to Speak Up process.

4.2 As at 31 March 2023, Leeds Teaching Hospitals NHS has identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on requirements within the NHS Single Oversight Framework, CQC registration or the achievement of Trust policies, aims and objectives should the mitigation plans be ineffective. Currently, the significant risks documented on the Corporate Risk Register at 31 March 2023 relate to the following areas:

Workforce risk

- CRRW1 Nurse staffing
- CRRW2 Medical staffing

Operational risk

- CRR01 Viral pandemic
- CRR02 Power failure (IPS/UPS resilience – electrical infrastructure)

Health and safety risk

- CRR03 Harm due to clinically related challenging behaviours
- CRR04 Staff absence, health, safety and wellbeing

Change risk

- CRR06 Refurbishment of Generating Station Complex (GSC) at LGI
- CRR07 Delivering hospital of the future project
- CRR08 Delivering pathology project
- CRR09 Delivering LGI site development project

Information technology risk

- CRR010 Cyber-attack
- CRR011 DIT resources to meet demand for DIT led projects

Clinical risk

Infection prevention and control

- CRRC1 Healthcare associated infection

Patient safety and outcomes risk

- CRRC3 Patient harm - falls and hospital acquired pressure ulcers
- CRRC4 Achieving 4-hour Emergency Care Standard
- CRRC5 Achieving 18-week RTT standard
- CRRC6 Achieving 62-day cancer standard
- CRRC7 Achieving 28-day cancelled operations standard
- CRRC8 Patients waiting over 52 and 78 weeks for treatment
- CRRC9 Patients waiting longer than 6 weeks for diagnostic tests

Capacity planning risk

- CRRC10 Capacity and patient flow across the healthcare system
- CRRC12 Airedale hospital infrastructure

Financial risk

- CRRF1 Delivering financial plan 2022/23

4.3 Detailed risk registers are proactively used throughout the organisation. These set out arrangements for risk treatment, risk appetite thresholds and further mitigating actions planned. We have established arrangements to allow a review of significant risk exposures by the full Board at each formal meeting; the process for this is examined by the Audit Committee to underpin this Statement.

4.4 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 an equality impact assessment to be completed before Executive Team approval. In organisational change projects, Senior HR Officers support Line Managers in undertaking their duty to prepare equality impact assessments on the proposed change and to then take this into consideration in implementing that change.

4.5 The Trust has a Resource Management Group (RMG) with membership made up of the Trust's Professional Workforce Leads. This group leads and reports on activities with a focus on strategic workforce planning, alignment of workforce planning with finance and performance; initiating and overseeing projects that support workforce planning for the short, medium and longer term such as initiatives to address recruitment and retentions hotspots.

RMG reports into the Board assurance Committee for Workforce, meeting bi-monthly reporting to Board. This Committee seeks assurance on the seven people priorities set out in our strategy; support and report on activities related to resource management with a focus to develop workforce resource plans; align the developed workforce resource plans with finance and performance and seek assurance on projects that are in place to address specific workforce hotspots and issues.

The Trust has embedded a corporate workforce planning framework with each CSU producing their own workforce plan. These plans identify and reduce high-cost agency, promote new roles to support skill mix reviews; effectively deploy staff and focus on learning and the sharing of best practice. We are now maturing our workforce planning

process in order to support the delivery of the 2023/24 commitment to improve staff retention and support delivery of the financial plan. All workforce plans are signed off by the Deputy Director of HR and relevant CSU Associate Director of Operations. Bespoke sessions have been held with all CSUs to better understand their workforce challenges. Our HR business partners will then work with them to coproduce effective workforce solutions supporting their short, medium and longer term workforce planning.

In addition, our Resourcing Transformation Lead is reviewing the LTHT recruitment process to ensure a stronger focus on equality and diversity from advertisement to appointment. Stakeholders from across the organisation are involved in this work.

5. Care Quality Commission (CQC) Registration

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

- 5.1 Compliance with the provisions of the Health & Social Care Act 2008 (Registration Regulations) 2010 is co-ordinated by the Director of Quality. The Director of Quality oversees compliance by:
- Reporting and keeping under review, matters highlighted within the Care Quality Commission's Acute Insights Report and inspections;
 - Self-assessment against the Key Lines of Enquiry defined within the criteria of the Well-led review, and preparing the Trust for an external review;
 - Liaising with the Care Quality Commission and Clinical Service Units to address specific concerns;
 - Engaging with the Care Quality Commission on the inspection process, co-ordinating the Trust's response to inspections and recommendations/actions arising from this;
 - Analysing trends from incident reporting, complaints, and patient and staff surveys to detect potential non-compliance or concerns in Clinical Service Units;
 - Reviewing assurances on the effective operation of controls;

- Receiving details of assurances provided by Internal Audit, and being notified of any Clinical Audit conclusions which provide only limited assurance on the operation of controls; and
- Challenging assurances or gaps in assurance by attending meetings of Risk Management Committee, Quality Assurance Committee, and Audit Committee.

- 5.2 The Trust is registered with the Care Quality Commission, has no compliance actions in force and is fully compliant with the *Fundamental Standards*. The last inspection was undertaken by the Care Quality Commission in August and September 2018, focusing on four core services (critical care, medicine, urgent care and surgery), use of resources and well-led. Leeds Dental Institute was also inspected. The Trust received an overall Good rating when the final report was published in February 2019, and was rated outstanding for critical care, use of resources and Leeds Dental Institute. The Trust developed an action plan to address the recommendations in the report; this was followed up through the engagement process with the local Care Quality Commission inspectors and Quality Assurance Committee to provide assurance that the Trust was fully compliant with the regulations set out in the report. Work continues to progress to move from a Good to an Outstanding rating.
- 5.3 The Care Quality Commission carried out the Use of Resources Inspection assessment during August 2018 and rated the Trust as Outstanding.
- 5.4 During September 2018 the Care Quality Commission carried out a Well-led review with a rating of Good.
- 5.5 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 Care Quality Commission.
- 5.6 Responsibility for the delivery and oversight of the vaccination programme transferred from Leeds Teaching Hospitals NHS Trust to Leeds Community Health NHS Trust in Q3 2022/23. The Trust has advised the CQC and updated its Statement of Purpose.

6. Register of interests, including gifts and hospitality

The Trust publishes on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. The register for the Board can be found at <https://leedsth.mydeclarations.co.uk/reports/GroupReport> and the full staff report at <https://www.leedsth.nhs.uk/about-us/freedom-of-information/publication-scheme/lists-and-registers/declarations/>

All gifts donated to the Trust in relation to COVID-19 were recorded, received and distributed through Leeds Hospitals Charity.

7. Pensions

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

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

8. Sustainability

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

9.1 As 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 acted upon;
- Monitor and improve organisational performance; and
- Establish plans to deliver waste reduction programmes.

9.2 The five year integrated plan is refreshed each year and used to develop the annual operational plan for the Trust. The Trust actively engages Commissioners, regulators (NHS England), system functions (West Yorkshire Integrated Care System (WYICS) and West Yorkshire Acute Association of Trusts (WYAAT)), staff and others as necessary to develop and agree detailed financial and operational plans. Planning takes account of system initiatives and their impact to ensure that planning within the broader ICS is aligned. These detailed operational plans and budgets are approved by the Board.

9.3 The Trust approved its annual plan in December 2022 and submitted its Operational Plan for 2023/24 in March 2023 to NHS England.

9.4 Updates to the plans include revisions to our operational, financial, workforce and strategic plans. These submissions contain a variety of technical documents prepared by members within the Trust and an overall narrative which describes these submissions and their associated risks. This informs the detailed operational plans and budgets which are also approved by the Board.

9.5 In line with normal practice the Trust agreed its Annual Plan for 2023/24 in December 2022. NHS England published draft planning guidance for systems in December 2023 and the Trust has reviewed these in relation to our agreed annual plan.

9.6 The Trust is a key member of 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 work streams to support transformation across West Yorkshire, reporting and accountable to each sovereign Board. The CiC has membership from each provider organisation with both Executive and Non-Executive membership from each, usually by the Chief Executive and Chair.

- 9.7 The Board agrees annually a set of objectives (from 2023/24 these are commitments) for the following year which are communicated to colleagues and the public via my Chief Executives report in March. This provides the basis for performance reviews at CSU level. Operational performance is kept under constant review by the Executive Team, Finance & Performance Committee and the Board of Directors. In order to keep under review the delivery of the annual Objectives (commitments moving forward), the Board reviews at each formal meeting an Integrated Quality & Performance Report covering patient safety, quality, access and experience metrics, and a Finance Performance Report. At the March 2023 Board meeting following work with the Executive Team and the Virginia Mason Institute we have set seven commitments for the coming financial year 2023/24 and through reports to the Board and our Committees will monitor progress.
- 9.8 The Trust continues to operate its Financial Management Framework to ensure that the Trust is meeting its strategic target of financial sustainability. Each quarter a fundamental review takes place of the financial position, and this is reviewed by the Board and relevant action plans developed. Each month reports are prepared for the Finance & Performance Committee on the financial position, alongside monthly finance reports issued to CSUs that show performance against budget. These reports contain both financial and non-financial information.
- 9.9 The Trust has a PMO team in place to support CSUs and corporate functions in achieving their Waste Reduction Programme targets, and through the Leeds Improvement Method increase performance and overarching quality. This is supported by other initiatives within the Trust such as GIRFT and benchmarking against the model hospital.
- 9.10 Assurances on the operation of controls are commissioned and reviewed by the Audit Committee and, where appropriate, other Committees of the Board of Directors as part of their annual cycle of business.
- 9.11 The Trust has a co-sourced internal audit function using internal and PwC resources. The External Auditors, Mazars, were re-appointed in January 2021 for a period of three years. The implementation of recommendations made by Internal and External Audit is overseen by the Audit Committee.

10. Information governance

Information Governance incidents within the Trust are managed through rigorous and standardised processes with an appointed Caldicott Guardian and Deputy, a qualified Senior Information Risk Owner and the Data Protection Officer for the Trust. During 2022/23, there were 17 SIRI's or near-miss incidents that required reporting, of which two were reported to the Information Commissioners Office (ICO). The Trust Information Governance (IG) Team has investigated all of the cases and has worked with all concerned parties to ensure that the appropriate governance and information security procedures have been implemented. The IG Team has also provided advice and guidance on the way in which staff should handle information, in particular the personal, sensitive and corporate data processed by the Trust. This ensures that information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

11. Data quality and governance

- 11.1 The Data Security Protection Toolkit (DSPT) is an annual self-assessment produced by NHS Digital, the DSPT provides Acute Trusts with 38 assertions to self-assess. These assertions will determine whether an organisation is compliant with national guidance and legislation.

The DSPT contains 38 assertions segregated into 10 specialist areas based on the National Data Guardian Standards. Of these 38 assertions, 33 assertions are mandatory. A total of 142 pieces of evidence are required for the Toolkit. The Trust's Senior Information Risk Owner (SIRO) has requested that all non-mandatory assertions are completed as good practice. The Trust's Internal Audit (PwC) conducted a high-level review of a sample of Data Security Standards and the evidence uploaded was deemed as meeting the requirements of the DSPT.

The Trust was able to successfully submit its DSPTv4 Submission for 2021/22 on 26 June 2022 with all mandatory evidence items being successfully completed.

The IG Team are currently on target to meet the 2022/23 DSPTv5 submission.

- 11.2 The Trust reports on elective waiting times throughout the year, in nationally mandated submissions and in regular updates to the Finance and Performance Committee and Trust Board. Data validation is required of CSU teams

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

12. Review of Effectiveness

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

12.1 The Board of Directors

The Board has set out the governance arrangements including the Committee structure within the Standing Orders. These Assurance Committees, Chaired by Non-Executive directors and reporting to Board are: Audit, Finance & Performance Quality Assurance, Digital & IT, Workforce, Building Development, Innovation District and Remuneration. During the year the Board established a Research & Innovation Assurance Committee, noting previously this had functioned as a management Committee reporting to Board. The management

Committee remains in place reporting to the Assurance Committee. The Risk Management Committee reports directly to the Board of Directors.

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

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

12.2 Internal Audit

There were 28 reviews agreed in the Annual Plan for 2022/23, two were deferred to 2023/24 (Discharging/patient flows and Cost Base Review), one was cancelled (Compliance with Regulatory Standards) and as at 27 June 2023 the Cyber Improvement Plan the draft report is waiting to be finalised.

Of the 25 Internal Audit reports reported to the Audit Committee to date, one of these was categorised as High Risk, (Healthcare Acquired Infection Data, noting the four actions were reported as been implemented to 22 June 2023 Quality Assurance Committee meeting).

Five audits of the 'Building the Leeds Way' were completed in 2022/23, none of which were rated as High Risk.

The Audit Committee has considered the outputs of this work when endorsing the 2022/23 AGS.

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

12.3 External Audit

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

12.4 Clinical Audit

Quality Assurance Committee, at the meeting on 20 April 2023, received and were assured by the Clinical Audit Annual Report for 2023/24. This summarised clinical audit activity across the Trust, adhering to the national requirement reflected in the Trust Clinical Audit Procedure, which reflects national best practice. The report also set out the Trust's priorities for 2023/24.

12.5 Health & Safety

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

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

Minimum performance standards have been set for all Health and Safety risks (Active Monitoring) and all departments participate in the annual Health and Safety Controls Assurance process which measures levels of compliance. An annual Health and Safety report publishes the results of this auditing process.

We have conducted an audit of the previous year's performance and were extremely pleased that 636 wards/departments – 100% - of the Trust participated which is consistent with previous years. In order to complement this process, the Health & Safety team carry out H&S 'Genba' style visits in order to support compliance and continuous improvement.

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

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

As Chief Executive I have received reports from the Trust Fire Safety Manager, at the Risk Management Committee, that set out our compliance against the Trust's statutory responsibilities under the Regulatory Reform

(Fire Safety) Order. Assurance reports are reported twice yearly to the Risk Management Committee. During the year the Committee received a number of assurance reports that have included a strategic fire safety management plan, three-year fire safety plan, an Annual Certificate of Fire Safety Compliance and various assurance documents. The Trust continues to receive updates and learning reflecting national fire safety issues that are relevant to healthcare and there is a programme of implementation of any changes.

As the COVID-19 situation has evolved and the Trust continues with reset and recovery, fire safety has played a key part in planning for the Trust response, especially with regard to the changes to oxygen systems that have been installed or updated, changes to clinical environments to create surge plans and adapting training to meet staff requirements. The LTHT Fire Team is also providing expert reference as part of the NHSE review of HTM Fire code.

12.6 Promoting Safety

The focus throughout 2022/23 was centred on recovery and reset post COVID-19 pandemic. This allowed us the time to reflect on lessons learned, ensure the resilience of the workforce was a priority, to be assured of the quality of care we deliver and to support elective recovery programmes.

We continued to be compliant with NHS England guidance and national safer staffing policy requirements. The Board have been fully assured in relation to safer nurse staffing requirements, workforce response to the opening of additional surge capacity and assessment of quality indicators against any wards that have reported below their planned staffing levels through the Nursing and Midwifery Quality and Safety Staffing Board report.

The Trust has opened additional wards in response to increased demand for our services, and challenges within the social care sector, which is still recovering post pandemic. To deliver the additional bed capacity we needed to continue growing our registered and unregistered workforce as well as working with external agencies to provide additional nursing support at times of peak demand.

During the last 18 months we have experienced a sustained increase in the demand for enhanced care for patients in our wards. It was essential to grow our Clinical Support Worker (CSW) workforce and ensure we had flexible, part time opportunities to encourage more people into the profession.

We launched a 'New to Care' trainee CSW programme which promoted flexible hours and provided increased support through a four-week classroom-based training programme. This has increased our CSW workforce by 260 new posts.

In addition to the focus on increasing the workforce through new routes and the continuation of International Nurse Recruitment, we also reviewed how we gain assurance in relation to the quality of care delivered. This was achieved through several work streams including:

- Continuation of the Nursing Quality Review meetings, chaired by the Chief Nurse twice a year to review a range of quality and patient safety indicators.
- Bi-annual establishment reviews to ensure we have the right workforce, with the right skills, at the right time.
- The Quality and Safety review team completed 22 ward level reviews; mapped against the following domains (Safe, Effective, Caring, Responsive and Well Led).
- Review of the ward Health Check metric audit (undertaken once a month) to separate our patient and environmental elements of the audit to provide oversight and accountability.
- The introduction of a monthly ward assurance review meeting where wards in escalation in the Ward Healthcheck programme are discussed amongst the corporate nursing teams and collaborative support to areas of concern are planned.
- The Clinical Support Team conducted 93 ward assurance visits in response to wards in escalation, wards with red metrics, wards with three consecutive months of amber metrics, or by exception at the request of the Chief Nurse.

The resilience and pastoral support of our workforce was essential to care delivery. Throughout 2022/23 we introduced the Professional Nurse Advocate (PNA). The role of the PNA is to provide training and restorative supervision for nursing colleagues. The role was officially launched in February 2023 following the successful training of over 47 PNA's across the Trust, with 30 PNAs in training and a further 11 waiting to join the next cohort of PNA training.

The Trust was also awarded the International Recruitment Pastoral Care Award from NHS England. This is in recognition of achieving a

high level of excellence in the pastoral, induction support and developmental programmes in place for our internationally recruited nurses.

12.7 Freedom to Speak Up

As Chief Executive I work with the 'Freedom to Speak-Up Guardian' to embed and promote a culture of openness for staff to express concerns about patient care and safety. The Board received the annual report at the May Board meeting, with a six-month update, in year in November. Assurance on our processes, were reviewed by the March 2023 Audit Committee in addition to a session within the March Board timeout meeting.

12.8 Guardians of Safe Working

The Chief Medical Officer works with the Guardian of Safe Working (GoSW) to monitor junior doctors' working hours in line with national terms and conditions. The Board of Directors is sighted on this work through reports through the Learning, Education & Training (LET) Committee, a mandatory annual report is received at the Board and information included as a statutory requirement within the Quality Account. Where there are increased reports in specific departments, the GoSW escalates this to the Associate Medical Director for Medical Education (AMD ME) who works with the Chief Registrar and one of our Clinical Leadership Fellows to get a detailed trainee narrative regarding events, then works with the department to explore how we make improvements. Reporting is in most cases related to high workloads as regional units have diverted acute work into LTHT or care of specific groups of patients where senior cover of trainees continues to be a challenge.

12.9 Staff Safety

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

- Optimal Attendance Management project established with a project plan. Regular review of absence management data in place with Clinical Service Units (CSUs) Triumvirates team/Human Resource Business Partners/Operational Human Resources/CSUs with actions agreed to support staff back to work.
- Advice and support available for managers to support them to manage sickness absence available from Operational Human Resources and Occupational Health. Over 100 staff have attended Supporting Attendance workshops and more than 800 staff have accessed the online tool kit.

- A new online referral form has been launched which will enable review of Occupational Health referrals to prioritise those to be seen when demand exceeds capacity.
- Flexible working and remote working policies have been developed to ensure the needs of the individual, team and service are met, alongside maximising staff availability. A formal project group has been established to ensure the remote working policy is consistently applied through projects including ongoing training and support for managers to ensure the principles in the policy are applied.
- We have continued to roll out Mental Health First Aid (MHFA) training, with 638 MHFA trained and over 5,000 supportive conversations undertaken
- Money Buddies one to one financial advice service commenced May 2022, with good usage.
- Launch of the Leading the Leeds Way Managers Toolkit is complete.
- Health and Wellbeing booklet sent to all staff to raise awareness of services
- Range of support services available to support staff to return to work and stay well at work including Occupational Health, Staff Clinical Psychology, Staff Physiotherapy, Individual Risk Assessments and Vaccinations.
- Twice weekly steering group established to plan for potential Industrial Action with staff from Emergency Preparedness, Human Resources, Corporate Nursing, Corporate Medical Team, Corporate Operations and CSUs Triumvirates representation. Set of task and finish groups established to ensure effective delivery.
- Incident Command Centre in place in the event of any Industrial action, with positive partnership working with Staff Side embedded. Standard work, including understanding what areas are derogated, established for how to manage the impact.
- Standard work process are in place for deployment and staff mitigations and utilising agency workers to support essential services during industrial action.
- Robust data analysis to ensure understanding of staffing absence in place.
- FAQs, Ask the Expert, comms plan and guidance regularly updated to ensure understanding across the organisation as the situation develops.

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

13. Significant In-Year Matters

Activity

- 13.1 The Board and its Committee structures receive reports on the performance of the organisation against its duties set out in the provider licence. Reporting information is supplied to provide insight to the actual performance position against constitutional standards, full year to date position displayed by Statistical Process Charts (SPC) and where appropriate agreed trajectories, to enable actual comparisons to be made year on year.
- 13.2 Recovery actions to improve our delivery of targets established by the NHS constitutional standards has been a priority this year. Continuing COVID admissions and the restrictions on patient placement, social distancing and testing have slowed the delivery of pre-COVID levels of activity. During the year restrictions on patient placement and testing requirements have been removed, which has allowed activity levels to increase, although these have yet to be delivered consistently at pre-COVID levels.
- 13.3 In the early part of the year the Trust completed the decommissioning of the Nightingale Surge Hub which the Board of Leeds Teaching Hospitals had been asked to develop as part of the response to the Omicron variant wave which had significantly increased admissions with COVID during the winter of 2021/22. The temporary structure that had been built on one of the car park sites at St James's Hospital delivered potential emergency bed capacity for around 80 patients.
- 13.4 The Chief Medical Officer reporting to the Board was the Senior Responsible Officer for the West Yorkshire Vaccination Programme from its inception in December 2020 until 1 July 2022, when this responsibility transferred to the West Yorkshire ICB. The delivery of the vaccination programme in Leeds was transferred from LTHT to Leeds Community Healthcare from August 2022.
- 13.5 There have been cycles of COVID waves during the year and these have significantly impacted on the Trust's ability to deliver services in line with business-as-usual plans. The impact of these waves has diminished during the year but on during each wave inpatient wards have had to be allocated as 'COVID wards' to

accommodate the patient's needing isolation. This affects our management of acute flow. The Trust has also been impacted by increased levels of staff sickness and patient cancellations when they contract COVID prior to planned admissions. This has also affected our ability to deliver against all of our plans to improve how we perform when measured against the NHS constitutional standards.

Planned increases in activity have been impacted by patient cancellations due to illness and isolation, staff absences and the redesignation of inpatient capacity to care for growing numbers of patients admitted with COVID.

- 13.6 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. By the end of the year 2022/2023 delivery was at 63.63%.

Referral rates into our specialties had recovered after the significant reduction at the start of the pandemic in 2019. As noted in 13.8 we have not delivered activity at the levels planned due to the ongoing impact of COVID infections, but activity has increased during the year.

- 13.7 The Trust has continued to prioritise the most urgent patients for elective treatments and this prioritisation has been done in line with guidance developed by the Federation of Specialty Surgical Associations which categorised procedures as requiring treatment within specified time bands.
- 13.8 A key ambition during the year was to reduce the longest waits for treatment we had seen. A national target was set to eliminate waits of over 78 weeks during the year, building on the ambition the previous year to have no patients waiting over 104 weeks for treatment.

At the start of April 2022, there were 748 patients who had waited over 78 weeks and a total of 158,078 patients who would require treatment before 31 March 2023 to ensure that this ambition could be achieved. The Trust also had a small number of patients who had waited over 104 weeks for treatment. These were all either because the complexity of their care meant that it had not been possible to bring their treatment forward or because the patient had declined an offer or earlier treatment.

By 31 March 2023 the Trust had treated all but 90 patients before they had waited 78 weeks, five of whom chose to delay surgery beyond 78 weeks after being offered treatment dates.

There were also three patients who had chosen to delay treatment beyond 104 weeks. During 2023/24 it is the Trust's ambition to continue this work to reduce the longest waiting times for patients to below 65 weeks.

The total number of patients waiting to start treatment at the start of the year was 80,904. This number grew during the course of the year and by September had reached 91,819 before beginning to fall. However, in March the waiting list grew by 1,766 and at the end of the year there were 89,476 patients waiting to begin treatment. Reducing this number will be necessary to ensure that shorter waits can be delivered sustainably for our patients.

- 13.9 The Emergency Care Standard national target of 95% of patients to be seen treated, admitted or discharged within four hours of presenting in our Emergency Departments (EDs) was not achieved. The Trust delivered an aggregate position of 69.2% in 2022/23.
- 13.10 Attendance levels to the EDs remained high with 339,382 attendances across all of our departments representing an increase of 1.5% over the course of the year. The level of bed occupancy within the Trust has also been one of the highest in the country during the year averaging 99.3% for adult beds across the year. Occupancy has regularly exceeded 100% when patients waiting for beds in our emergency departments and assessment units are included. This results in delays within the EDs to place patients requiring admission into a ward. We have continued to expand the use of Same Day Emergency Care (SDEC) models with a "care at home" approach whenever clinically safe to do so. Support is provided to primary care colleagues via the Primary Care Access Line (PCAL) which has expanded its offering during the year.
- 13.11 Despite increase in attendances throughout 2022/2023 the Trust ambulance handover has remained one of the best in the country with the LGI often placed first out of all hospital sites for the average time to handover patients arriving by ambulance and SJUH placing in the top 10 of all hospital sites nationally.
- 13.12 The Trust did not achieve the national requirements to undertake 99% of diagnostic tests within six weeks for 2022-23, however significant improvement has been made in the timeliness of diagnostic activity throughout the year. In March 2022, the Trust delivered tests to 75.8% of patients within six weeks of the request being made but this had improved to 94.1% by March

2023. Increased activity has been seen across several modalities throughout the year, with 262,249 diagnostics tests delivered between April to March 2022/23, compared to 248,437 in the same period 2021/22.

- 13.13 Although improvement has been made throughout the year, the Trust did not achieve the national requirements to see a minimum of 93% of patients within 14 days for urgent GP referrals for suspected cancer and delivered an aggregate position of 73.4%. This was an improved position on last year when we reported a position of 67.8%.

Activity levels for two week wait remained high in the year for skin which were further impacted on through IT system issues for triaging, prostate and lower GI services also saw an increased level of referral for a prolonged periods due to increased media campaigns. The last month of the year was also affected due to the Junior doctors strikes.

- 13.14 Twenty-eight-day faster diagnosis achieved at 70.1% against the recommended standard of 75% although the target date for delivery of this standard is December 2023/24.
- 13.15 The Trust missed the achievement of the national standard for the 31-day first treatment, achieving an aggregated position of 91.5% against a target of 96% a slightly improved position on last year where the Trust reported 89.8%. For subsequent surgery the Trust delivered 81.0% against a target of 94%, also an improved position compared to 2021/22 where we reported 73.9%.
- 13.16 The Trust delivered against both 31-day subsequent drugs, achieving 99.0% against the 98% standard and 31-day radiotherapy treatments achieving 96.0%, an improvement on the 82.4% reported for 2021/22.
- 13.17 The Trust failed to deliver the 62-day standard of 85%, delivering just 42.9% of first treatments within 62 days of referral. This position was improving by the end of the year 2022/23 with 55.5% of first treatments delivered within 62 days for March compared to 37.7% in March 2022. Multi-disciplinary groups have been brought together to look at Best Time Practice Pathways to ensure full tumour pathways reviews to ensure patients are brought effectively and safely through their care in a timely way.

The total backlog of patients waiting over 62 days also reduced to 213 patients by the end of March from 680 patients at the beginning of 2022. This meant that by the

end of March just 6.2% of patients were waiting longer than 62 days to begin cancer treatment. This improvement was made across all pathways but mainly for patients going through the skin pathway.

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

Bookwise – Implemented as a pilot in Children’s CSU and now being rolled out Trust-wide. This will provide an oversight of clinic room utilisation across the organisation and enable improved utilisation of estate and more efficient use of available capacity.

Patient Hub – Patient Hub has been rolled out across the Trust with 90% of specialities now using the system and technical integration work underway to onboard the outstanding specialities during Q1 of 2023/24. The system provides patients with an app that gives access to book and manage hospital appointments, improving patient experience and reducing the number of non-attendances in clinics. Patient engagement has been over 60% and non-attendance rates have fallen as a result. Patient Hub won the Healthcare IT Award in the 2022 Health Business Awards and was highly commended in the category of excellence in project management in the Heath Tech Awards 2022; and is a finalist in the HSJ Digital Awards 2023 in the award category of improving back-office efficiencies through digital.

Robotic Process Automation (RPA) – RPA had been successfully utilised as an administrative waiting list validation solution, creating an interface with patients to identify suitability for discharge. The solution had focussed on patients waiting for new appointments, with an average engagement of >50% and discharge rate of 12%. The solution will be expanded to the follow up waiting list in Q1 2023/24.

Safety

- 13.19 In 2022/23 LTH moved to the NHS Patient Safety Incident Response Framework (PSIRF) as part of the Early Adopter scheme replacing the Serious Incident Framework. There were 48 patient safety events during the year that met the criteria for reporting under the LTH Patient Safety Incident Response Plan. Each case has been thoroughly investigated and reported to local commissioners and our Quality Assurance Committee. Detailed action plans have been developed and implemented in response to each specific case.

- 13.20 There were four incidents which qualified for reporting as a Never Event; retained foreign object following an interventional procedure (two), administration of medication via the incorrect route and connection of a patient requiring oxygen to an air flowmeter. These incidents have been subject to a Patient Safety Incident investigation; the findings and actions have been shared with staff across the organisation. These were reported to the Quality Assurance Committee.
- 13.21 There was one formal Prevention of Future Death Report (known as Regulation 28 Report) issued by the coroner. The Trust has addressed the concerns raised by the coroner in this case.
- 13.22 There were 72 (46 of those relating to staff) events that met the criteria for reporting to the Health & Safety Executive under the provisions of the *Reporting of Injuries, Diseases or Dangerous Occurrences (RIDDOR)* Regulations for the period 2022/23. The RIDDOR reports submitted result from Moving & Handling activities, Slip Trip & Falls, Inoculation Injuries and Physical Abuse. In relation to staff groups the causes of Slip, Trip and Fall type incidents are varied with no specific trends being identified. Some of the common causes of these types of incidents are spillages of liquids/liquid residues after cleaning, defective equipment e.g., chairs, stepping up to a higher level to reach objects and falling as a result, stumbling on loose objects on the floor. The Health & Safety team also support the Patient Falls Root Cause Analysis (RCA) review meetings to examine the cause of patient falls.
- 13.23 Moving & Handling and Physical Abuse type injuries arise when staff members are involved in activities which have the potential for significant risk e.g., assisting patients to mobilise or interactions which involve unpredictable patient behaviours e.g. post anaesthetic recovery, medical conditions.
- 13.24 Blood and bodily fluid contamination inoculation injuries can arise during and after patient interactions e.g., unpredictable patient movements during the procedure e.g., Phlebotomy, during disposal of a used sharp device if the safety mechanism hasn't been fully activated.

Infection Prevention & Control (IPC)

- 13.25 The Infection, Prevention and Control (IPC) team have continued to work dynamically with our operational, managerial and CSU clinical colleagues to deliver a service

focused on providing safe care for patients. Respiratory viral infection has continued to be a strong focus especially during winter 2022/23 as it was the first time the NHS faced the dual challenge posed by peaks of influenza and COVID-19 simultaneously. Working within the framework already set during the pandemic, the IPC team facilitated rapid assessment, data review and implementation of IPC actions to prevent harm from both viruses. Close working with colleagues across the organisation allowed LTHT to tailor interventions in a proportionate way to meet the demands of preventing the spread of infection whilst supporting the urgent need to increase clinical activity following the pandemic.

- 13.26 The number of Clostridioides Difficile Infection (CDI) cases exceeded the LTHT trajectory, with 185 cases against a trajectory of 164 for 2022/23. Rates increased in the first six months, becoming more consistent in the second half of the year to March 2023. There were few linked cases and outbreaks, suggestive that patient-to-patient transmission has not been a strong theme and we have continued to focus on standard infection control practice and reducing environmental contamination. The Trust has successfully implemented the National Standard for Healthcare Cleanliness 2021 to all areas which will help reduce environmental risk and we continue to work with operational and facilities teams to look at possible solutions to providing Trust-wide HPV.
- 13.27 There is no nationally set objective for Meticillin Sensitive Staphylococcus aureus (MSSA) and as part of our commitment to continuous improvement LTHT sets an internal quality improvement objective. In 2022/23 LTHT saw 94 cases of MSSA bloodstream infection which is a decrease from 2021/22 where we saw 108 cases. Unfortunately, we saw an increase in the number of Meticillin Resistant Staphylococcus Aureus (MRSA) Blood Stream Infections (BSI) recording 11 MRSA bacteraemia's against a trajectory of zero. All cases were reviewed in detail by a multi-disciplinary team and themes identified included best-practice around devices and the essentials following guidance on MRSA screening, decolonisation and source isolation. It was identified that there were many staff members who had not worked in an era where MRSA posed a significant clinical threat which triggered a Trust wide communication campaign to provide information on the risks and actions required to all staff.

- 13.28 This is the second year of reporting Individual national objectives for Escherichia coli (E. coli), Pseudomonas aeruginosa and Klebsiella spp, formally reported as Gram-negative bloodstream infections (BSI's), LTHT recorded a total of 316 Escherichia coli (E. coli) BSI's against a national objective of no more than 267 cases and for Klebsiella spp 144 cases against a trajectory of 91 for 2022/23. Investigation analysis included evidence that device related infections were implicated, and a Trust invasive devices group has been established to lead quality improvement initiatives through multi-disciplinary clinical teams. The IPC team launched a Trust-wide water safety Pseudomonas Aeruginosa risk assessment carried out on all augmented care units, with a multi-disciplinary team involving clinical representatives, IPC, estates and facilities colleagues and we are pleased to report that LTHT recorded a total of 48 cases for pseudomonas against a trajectory of 52.
- 13.29 This year has seen an increase in Carbapenemase-Producing Organism (CPO) infections resulting in outbreaks in adult critical care and elderly medicine; Working collaboratively and reaching out across traditional clinical boundaries successfully controlled the outbreaks. The introduction of an adult CPO screening tool and an update of the Trust antimicrobial stewardship strategy provided a focus on the key interventions required and we will continue to consolidate our approach to prevent harm from these organisms over the coming 12 months.
- 13.30 During the year we introduced a new Medical IPC Lead role to deliver the Trust's legal and mandatory commitments for IPC working alongside the DIPC and deputy DIPC, with a focus on working with senior clinicians to lead best practice. Unlike previous IPC leadership roles, the Medical Lead for IPC will also oversee the Trust's planning, investigation and response to the threat of Anti Microbial Resistance (AMR). The Medical Lead for IPC will be supported by a small team of deputy IPC doctors who will focus on specific areas such as preventing infection in surgical pathways, antibiotic stewardship and tackling C difficile rates as part of the Medical Directorate.

Aging Estate

- 13.31 The Trust is mitigating on-going challenges associated with the historic legacy of a lack of basic capital and infrastructure investment. Hence the high-level risks within

the Corporate Risk Register described as; insufficient capital resources, unserviceable critical IT infrastructure and resilience issues, power failure, limited and/ or dated ventilation systems (which have become more pertinent during COVID-19), lack of IPS/UPS resilience and inability to provide a cardiac catheter laboratory service.

- 13.32 In 2019/20 the Trust Board approved the five-year financial plan including capital expenditure. Over the past three years, the Trust delivered a record-breaking capital programme in excess of £100m p/a, including investment in new catheter laboratory facilities and IPS/UPS and overall backlog. Following confirmed funding for Building the Leeds Way the 2020/21 capital programme also includes the enabling works for Hospitals of the Future and the centralised pathology laboratory at St James's University Hospital. Even with this level of investment, backlog maintenance has still grown significantly now in excess of £200m, largely due to inflation and aging infrastructure at the LGI.
- 13.33 The COVID-19 outbreak presented significant clinical and operational challenges and the Trust had to rapidly innovate to address these, including adaptations to our estate and infrastructure. As the NHS continues to recover and reset, alongside planning for on-going care of patients with COVID-19 our estate, infrastructure and capital programme will need to continue to adapt and respond to meet patient needs.

Compliance to other regulatory bodies

- 13.34 It is a legal requirement of all organisations sponsoring and hosting Clinical Trials of an Investigational Medicinal Products (CTIMPs) to comply with UK medicines for human use (clinical trials) regulations (2004). The Medicines and Healthcare Products Regulatory Agency (MHRA) carried out a Good Clinical Practice (GCP) system inspection of the Trust and University of Leeds in November 2022 which had no critical findings.
- 13.35 The quality of medical education has been assessed in quarterly Monitoring the Learning Environment (MLE) meetings, led by senior colleagues from the quality team at Health Education England (HEE). Although a new process was introduced in Q4, replacing MLEs with a new annual Senior Leader Engagement (SLE) meeting, the first of which for LTHT is scheduled for March 2024. The Medical Education Management Team, through better quality intelligence, has been

successful at identifying quality issues early, which has made for smoother engagement with HEE. There are currently three active training conditions in place, and these are being managed proactively with the support of HEE. An internal audit of undergraduate medical student experience has been undertaken, which identified considerable good practice especially in terms of pastoral and other additional support that students have been offered post pandemic.

- 13.36 Morale, health and wellbeing continue to be major issues concerning the trainee medical workforce. LTHT continues to provide a Professional Support and Wellbeing service for trainees, aimed specifically at supporting trainees experiencing difficulties in terms of their training. In addition, LTHT continues to engage the trainee workforce via the Junior Doctor Body (led by the Chief Registrar) and Junior Doctor Forum, which is run in collaboration with the Guardians of Safe Working.
- 13.37 We continue to develop partnerships with institutions in other parts of the world, which open up alternative supply routes for our medical workforce. Our relationships with Jordan, Malta and Pakistan are still thriving with increasing numbers of Fellows being placed in Leeds. We have aligned our work on developing the Physician Associate role with parallel work on Advanced Clinical Practitioners and have agreed a new strategy in respect of the latter, aimed at putting LTHT in the forefront of developing these emerging careers.
- 13.38 The Medical Education Team have focused on supporting trainees and students, whose training has been affected by the pandemic. We have introduced a range of additional teaching initiatives for students including 'Book-a-Teacher', where one-to-one teaching is provided on request by one of our Clinical Teaching Fellows. We have augmented this with new innovative approaches to digitally enhanced learning.

14. Conclusion

I confirm that there are no significant breaches of internal control that have been brought to my attention in respect of the financial year ended 31 March 2023. This statement aims to capture the priorities of risks and controls for Leeds Teaching Hospitals NHS Trust. Reset and recovery post COVID-19 has been challenging alongside the ongoing impact of industrial action.

Signed



Prof. Phil Wood, Chief Executive

Date: 29 June 2023

2.4 Remuneration Report

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

A) Salaries and allowances

Name and title	2022-23					2021-22				
	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000
Chair and Non Executive Directors										
Dame L. Pollard DBE DL Hon LLD - Chair	60-65	5	0	0	60-65	60-65	7	0	0	60-65
M Baker CBE - Non Executive Director (from 11 April 2022)	10-15	0	0	0	10-15	n/a	n/a	n/a	n/a	n/a
M Burton - Associate Non Executive Director (from 11 April 2022)	10-15	0	0	0	10-15	n/a	n/a	n/a	n/a	n/a
S Clark - Non Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
P Corrigan - Associate Non Executive Director (from 01 August 2021)	10-15	1	0	0	10-15	5-10	0	0	0	5-10
T Keeney - Non Executive Director and Joint Deputy Chair (to 18 October 2022)	5-10	0	0	0	5-10	10-15	0	0	0	10-15
G Mitchell - Associate Non Executive Director (from 01 July 2021)	10-15	0	0	0	10-15	5-10	0	0	0	5-10
J Narang - Non Executive Director (to 14 October 2022)	0-5	0	0	0	0-5	10-15	0	0	0	10-15
C Schofield - Non Executive Director and Joint Deputy Chair	10-15	0	0	0	10-15	10-15	0	0	0	10-15
R Simpson - Non Executive Director	10-15	0	0	0	10-15	10-15	0	0	0	10-15
A Stainton - Associate Non Executive Director (from 01 November 2022)	5-10	0	0	0	5-10	n/a	n/a	n/a	n/a	n/a
Prof L Stroud - Non Executive Director (from 01 December 2020)	10-15	0	0	0	10-15	10-15	0	0	0	10-15
G Taylor - Non Executive Director and Joint Deputy Chair	10-15	1	0	0	15-20	10-15	0	0	0	10-15
R Woodman - Associate Non Executive Director (to 30 September 2022)	5-10	0	0	0	5-10	10-15	0	0	0	10-15

Name and title	2022-23					2021-22				
	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000
Executive Directors										
Prof P Wood- Chief Medical Officer and Deputy Chief Executive (to 31 January 2023), Chief Executive (from 01 February 2023)	230-235	7	15-20	0	250-255	210-215	0	15-20	85-87.5	310-315
Sir J Hartley - Chief Executive (to 31 January 2023)	235-240	0	0	0	235-240	260-265	0	0	0	260-265
H Christodoulides - Interim Chief Nurse (from 01 March 2023)	10-15	1	0	5-7.5	15-20	n/a	n/a	n/a	n/a	n/a
J Goodyear - Director of Planning and Strategy (from 01 September 2022)	75-80	13	0	45-47.5	125-130	n/a	n/a	n/a	n/a	n/a
L Grant - Chief Nurse (to 28 February 2023)	155-160	10	0	0	155-160	165-170	0	0	0	165-170
P Jones - Chief Digital and Information Officer	170-175	7	0	37.5-40	205-210	165-170	1	0	35-37.5	200-205
J Lewis - Director of Human Resources and Organisational Development	170-175	7	0	40-42.5	210-215	165-170	0	0	37.5-40	205-210
Dr H McClure - Interim Chief Medical Officer (from 01 February 2023)	30-35	11	0-5	15-17.5	55-60	n/a	n/a	n/a	n/a	n/a
C Richardson - Director of Estates & Facilities	145-150	23	0	37.5-40	185-190	130-135	9	0	27.5-30	160-165
C Smith - Chief Operating Officer	165-170	7	0	30-32.5	200-205	160-165	0	0	45-47.5	210-215
S Worthington - Director of Finance	195-200	7	0	125-127.5	325-330	190-195	0	0	15-17.5	210-215

- 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.
- The Trust Chair, Dame Linda Pollard, was appointed to lead the team to support the 'Messenger Review' of Health and Social Care Leadership for the Department of Health and Social Care (DHSC) in October 2021. This work is in addition to the role at the Trust and is funded by DHSC separately. The remuneration shown in the table is in respect of her role as Chair of the Trust.
- Sir Julian Hartley, the Chief Executive until 31 January 2023, was appointed to the role of Non-Executive Director for the DHSC in November 2021. The remuneration for this role was not received personally by Sir Julian Hartley but paid to the Trust. The salary shown in the table represents the remuneration in respect of his role as Chief Executive of the Trust.
- Taxable expenses for the Chief Digital and Information Officer, the Director of Estates and Facilities, the Director

of Planning and Strategy and the Interim Chief Medical Officer relate to lease cars paid via salary sacrifice. All other taxable expenses are in respect of taxable business mileage and car parking.

- There are no long-term performance pay or bonuses for senior managers in the current or preceding financial years.
- All pension-related benefits are calculated using the HMRC method as set out in Section 229 of the Finance Act 2004. The DHSC has clarified that for NHS bodies this is the 'Real increase in pension multiplied by 20 plus the real increase in lump sum less contributions made by the individual equals Accrued Pension Benefits.' The NHS Pension Scheme is a 'defined benefits' scheme based on final salary and/or career average earnings. Thus where a senior manager's salary increases this results in a larger movement in the overall value of their pension entitlement. Similarly, where there is a limited increase in the value of the pension payable relative to inflation and the employee's contributions, then the HMRC calculation can show a 'negative pensions benefits' figure for the year which is then shown as a 'nil' figure in the table. These factors mean that year on year there can be significant volatility in the reported pensions' benefits for an individual.

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

B) Pension benefits

Name and title	Real increase in pension at pension age	Real increase in lump sum at pension age	Total accrued pension at pension age as at 31 March 2023	Lump sum at pension age related to accrued pension at 31 March 2023	Cash Equivalent Transfer Value at 01 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000
H Christodoulides - Interim Chief Nurse \ (from 01 March 2023)	0-2.5	0-2.5	45-50	95-100	767	5	869
J Goodyear - Director of Planning and Strategy (from 01 September 2022)	2.5-5	2.5-5	20-25	25-30	186	25	250
P Jones - Chief Digital and Information Officer	2.5-5	0-2.5	30-35	50-55	512	30	579
J Lewis - Director of Human Resources and Organisational Development	2.5-5	0-2.5	40-45	20-25	635	39	717
Dr H McClure - Interim Chief Medical Officer (from 01 February 2023)	0-2.5	0-2.5	65-70	130-135	1,139	18	1,304
C Richardson - Director of Estates and Facilities	2.5-5	0-2.5	25-30	35-40	352	30	405
C Smith - Chief Operating Officer	2.5-5	0	40-45	0	462	20	519
S Worthington- Director of Finance	5-7.5	10-12.5	80-85	195-200	1,543	140	1,759

- The Trust is a member of the NHS Pension Scheme, which is a defined benefit Scheme, though accounted for locally as a defined contribution scheme. The Trust does not operate nor contribute to a stakeholders pension scheme. Non-Executive Directors are not members of the Trust pension scheme. Disclosure is made in respect of pension benefits for those Directors who were active members of the NHS Pension Scheme during 2022/23. Where a Director temporarily suspends their membership and subsequently rejoins the Scheme, their increases in pension benefits and CETV can be significant as they will cover the period where membership was suspended.
- A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their

total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 24 CETV figures.

- 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

2.5 Staff numbers and costs (subject to audit)

Staff Costs

Employee Benefits - Gross Expenditure (£'000s)	2022/23			2021/22
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	799,927	39,247	839,174	740,049
Social security costs	78,177	-	78,177	69,271
Apprenticeship levy	4,013	-	4,013	3,633
Employer's contributions to NHS Pensions	132,581	-	132,581	125,192
Termination benefits	162	-	162	-
Temporary staff	-	38,040	38,040	51,165
Total gross staff costs including capitalised costs	1,014,860	77,287	1,092,147	989,310
Costs capitalised as part of assets	3,796	-	3,796	3,552
TOTAL gross staff costs excluding capitalised costs	1,011,064	77,287	1,088,351	985,758

Staff Numbers

Average staff numbers (WTE basis)	2022/23			2021/22
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	2,661	62	2,723	2,614
Administration and estates	2,927	199	3,126	3,126
Healthcare assistants and other support staff	3,719	748	4,467	4,613
Nursing, midwifery and health visiting staff	4,819	244	5,063	4,837
Nursing, midwifery and health visiting learners	3	-	3	8
Scientific, therapeutic and technical staff	2,242	19	2,261	2,217
Healthcare science staff	1,152	9	1,161	1,128
Social care staff	8	3	11	11
Other	686	17	703	632
TOTAL	18,217	1,301	19,518	19,186

Average staff numbers (WTE basis)	2022/23	2021/22
Number of permanently employed staff	18,217	17,966
Other staff	1,301	1,220
Total average number of staff (wte)	19,518	19,186
Staff engaged on capital projects	69	60

Staff Sickness and ill health retirements

Staff sickness data and ill health retirements	2022/23	2021/22
Total days lost	244,959	206,058
Total staff years	17,994	17,511
Average working days lost (per WTE)	13.60	11.80
Number of early retirements on the grounds of ill-health	18	12
Value of early retirements on the grounds of ill-health	1,039	464

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

Exit Packages (subject to audit)

Reporting of compensation schemes - exit packages	2022/23	2021/22
Exit package cost band		
£0 - £10,000	2	-
£50,001 - £100,000	2	-
Total number of exit packages	4	-
Total resource cost (£'000s)	162	-
Voluntary redundancies including early retirement contractual costs	-	-
Total value of exit packages (£'000s)	162	-

Consultancy expenditure

Expenditure on consultancy	2022/23	2021/22
Consultancy costs (£'000s)	620	957

2.6 Fair Pay Multiples (subject to audit)

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

Total remuneration comprises salary and allowances, performance pay and bonuses and all taxable benefits. It does not include any severance payments, employer pension contributions and the cash equivalent transfer value of pensions. Remuneration is calculated on the annualised full-time equivalent staff of the Trust at the reporting date (31 March 2023).

The highest paid director in 2022/23 and 2021/22 is the Chief Executive. In 2022/23 the Chief Executive, Professor Phil Wood, received a clinical excellence award and a taxable benefit. In 2021/22 the then Chief Executive, Sir Julian Hartley, did not receive any performance pay, bonuses or taxable benefits. Therefore remuneration and salary are the same amount in that year.

Highest paid Director	2022/23	2021/22
	Bands of £5k £'000	Bands of £5k £'000
Salary	230-235	260-265
Clinical Excellence Award	15-20	-
Total Remuneration	250-255	260-265

The average percentage change in average employee remuneration of the Trust (based on total for all employees on an annualised basis divided by full-time equivalent number of employees) between 2021/22 and 2022/23 is an increase of 10.29% (2021/22 - increase of 1.70%).

The percentage change in respect of the highest paid director is a reduction of 3.81% (2021/22 - reduction of 1.87%).

Professor Phil Wood replaced Sir Julian Hartley as the Chief Executive on 1 February 2023. Sir Julian Hartley was appointed to the role of Non-Executive Director for the Department of Health and Social Care in November 2021. The remuneration for this role is not received personally by Sir Julian but was paid to the Trust. The remuneration disclosed above represents the remuneration in respect of his role as Chief Executive of the Trust.

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

	25th percentile	Median	75th percentile
2022-23			
Total Remuneration (£)	24,940	34,772	46,094
Salary component of total remuneration (£)	24,940	34,772	46,094
Pay ratio information	10.1	7.3	5.5
2021-22			
Total Remuneration (£)	21,849	30,466	42,152
Salary component of total remuneration (£)	21,849	30,466	42,152
Pay ratio information	12.0	8.6	6.2

Remuneration ranged from £15-20k to £250-255k in 2022/23 (2021/22 £15-20k to £260-265k). There were no employees who received remuneration in excess of the highest paid director in either 2022/23 or 2021/22.

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

Off-payroll engagements

Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2023, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2023	2
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	1

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

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

For all off-payroll engagements between 1 April 2022 and 31 March 2023, for more than £245 per day::

	Number
No. of temporary off-payroll workers engaged between 1 April 2022 and 31 March 2023	50
Of which	
Number not subject to off-payroll legislation	0
Number subject to off-payroll legislation and determined as in-scope of IR35	6
Number subject to off-payroll legislation and determined as out of scope of IR35	44
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which	
Number of engagements that saw a change to IR35 status following 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 2022 and 31 March 2023:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year.	25

2.7 Regulatory ratings

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

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

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

2.8 Modern Slavery Act

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

2.9 Our People

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

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

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

During 2022/23 we focused on promoting high staff engagement consistently across the organisation, improving our Equality Diversity and Inclusion (EDI) outcome measures through inclusive conversations, maturing our workforce planning approach, managing our unplanned staff absence and equipping managers with the knowledge, skills and confidence to help their staff and teams to work at their best.

To help the organisation meet its strategic priorities and in particular this year's commitment to improve staff retention we have agreed the following four areas of focus for 2023/24:

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

Workforce statistics

Trust Board - at 31 March 2023

Gender	Position	Number
Female	Chair	1
	Interim Chief Nurse	1
	Chief Operating Officer	1
	Director of Human Resources and Organisational Development	1
	Associate Non Executive Director	3
	Non Executive Director	3
	Non Executive Director and Deputy Trust Chair	1
Female total		11
Male	Chief Executive	1
	Interim Chief Medical Officer	1
	Director of Finance	1
	Director of Strategy	1
	Director of Estates & Facilities	1
	Chief Digital Information Officer	1
	Associate Non-Executive Director	1
	Non-Executive Director	2
	Non Executive Director and Deputy Trust Chair	1
Male total		10

The gender division for the rest of the workforce at 31st March 2023, is outlined below:

Gender	Number
Female	15,679
Male	5,410
Grand Total	21,089

Gender Pay Gap

In March 2023, the Trust published its Gender Pay Gap information on the [Government's website](#). More information on this can be found on our website: www.leedsth.nhs.uk/about-us/equality-and-diversity/gender-pay-reporting

Organisational Learning

The Organisational Development and Culture (OD&C) team delivers a range of education, learning and development opportunities for Trust staff, beginning on the day they start their career in our hospitals.

Induction

The Trust's Induction Policy stipulates that all staff must undertake a Corporate Induction on their first day of employment. Corporate Induction is delivered through a virtual classroom every week. The day consists of a welcome from the Chief Executive and presentations on our Leeds Way values and behaviours. It is concluded with essential training, including mandatory training.

From April 2022 to March 2023, around 3,200 employees completed Corporate Induction. The improvement work undertaken to streamline and improve administrative and facilitative processes has resulted in consistently high compliance rates of 99%-100%.

In addition to Corporate Induction, all staff must complete a Local Induction within the first 28 days of starting employment at the Trust. Responsibility for delivery of Local Induction sits with managers and CSUs. The OD&C team lead on the policy, process and recording of Local Induction.

During Local Induction new starters are inducted to their local working practices and work priorities are set. Over the financial year 2022/23, compliance for Local Induction has consistently remained between 81%-85%.

In the past year an internal audit of Induction was undertaken by PwC with recommendations mostly related to clearly defined roles and responsibilities. Consequently, an update of the Trust Induction Policy was completed by April 2023.

Agenda for Change (AfC) Appraisal

The OD&C team leads on the policy, process and practice development for the Agenda for Change (AfC) appraisal. The AfC appraisal only applies to those staff who are employed by the Trust on AfC terms and conditions and it excludes Medical and Dental appraisal, for which there is a separate national process. During the 2022 appraisal season, more than 15,000 staff completed their appraisal, which equates to 92% of the Trust AfC workforce. Most AfC appraisals were completed using the online Training Interface, with less than 15% completed on paper.

Although appraisal compliance has increased in comparison to previous years, there is mixed data on the impact of appraisal on staff and their ability to perform in their job roles. The mandatory question relating to the quality of the appraisal showed that 97.8% of those who had completed their appraisal in 2022 felt that it was a valuable conversation. The results from the Staff Survey differ, albeit the response rates for the Staff Survey rate were significantly lower and included medical and dental staff responses.

The delivery of the 2022 appraisal season was supported with a series of direct CSU engagement sessions and 90-minute learning bursts focused on holding quality appraisal conversations. In addition, online training and guidance was made available to provide support for the online appraisal system.

Post the 2022 appraisal season, analysis was completed which included a review of Quality Survey data and Personal/Professional Development Plan (PDP) data. The insights gained from the analysis have contributed towards formulating the Learning and Development offer for 2023/24. Insights from the 2022 appraisals have helped to shape improvements for the upcoming 2023 appraisal season, which include:

- streamlining of the online appraisal form through categorisation of PDP needs
- new functionality to review and carry out appraisal check-ins throughout the year
- increased focus on planning work priorities within the training and guidance provided.

Mandatory Training

Mandatory and Priority Training provision is governed under the Trust Training Policy. Overall performance for Mandatory Training has been maintained through the 2022/23 financial year. Compliance has been maintained despite the move to align Mandatory Training topics to meet the requirements of the Core Skills Training Framework (CSTF), a quality assurance framework for NHS Mandatory Training.

The change to CSTF requirements has meant that all staff at the Trust had to repeat training in topics such as Health and Safety. When this change was initially made, topics such as Health and Safety saw a significant drop in completion, which impacted the overall Mandatory Training compliance. However, compliance has been brought back to required standard in collaboration with Human Resources (HR) Business Partners and the Head of Health and Safety.

In 2022, an NHEngland/Improvement funded project to develop an interface between the E-learning for Health (e-LfH) site and Electronic Staff Record (ESR) was completed.

E-LfH is a Health Education England-led and managed site that hosts a comprehensive suite of training for NHS staff. The e-LfH site can be accessed by anyone and replicates the content held within ESR, including the national mandatory and statutory training (MAST) content. This project has enabled the development of an automated interface that facilitates two-way transfers of records between ESR and e-LfH.

Completing this project has meant that a large number of existing manual processes have been removed. Staff are now signposted to undertake some of their mandatory training on e-LfH rather than the learning modules on ESR, which are difficult to navigate. Another positive outcome from this project has been a reduction in issues faced by Junior Doctors undertaking their mandatory training whilst on the Doctors in Rotation programme.

Learning and Development

The Learning and Development online prospectus supports the Trust's ambition to enable all Trust employees, regardless of their professional background, to access high quality learning, education and training so that they can reach their potential.

It promotes the learning opportunities that are available through a variety of learning formats, including facilitated courses, interactive workshops, and self-directed content on topics such as Leadership and Management, Resilience, Inclusivity and Digital Skills. The topics are informed by the Training Needs Analysis conducted using the qualitative data contained in appraisals to identify different themes and learning needs.

During 2022/23, 404 sessions were delivered which were attended by 3,813 staff.

The most attended courses were:

- Effective Appraisal Training
- Personal Resilience
- Communicating Effectively
- Managing Honest Conversations

Leadership and Management Development

The Trust commissioned three external leadership programmes in 2022/23, aimed specifically at the medical and scientific workforce. Thirty-five staff accessed the programmes facilitated by the Inspiring Leaders Network and the Faculty of Medical and Leadership Management. A further 17 Healthcare Scientists accessed a Foundation Leadership Programme delivered internally.

Challenges due to operational conflicts did pose problems with staff being available to attend sessions. A review of how we deliver further programmes is underway. A more flexible and sustainable approach to meeting the need for this group of staff in line with the Trust Learning, Education and Training Strategy is in development for 2023/24.

Those who did attend these programmes agreed that participating had had a positive impact on personal, team and patient outcomes.

The Mary Seacole Leadership Development Programme

Our partnership with the National Leadership Academy to deliver the Mary Seacole Leadership Development Programme continued throughout the year. The six-month programme is supported by internally trained facilitators and equips managers with skills for compassionate and effective leadership within the Trust. The 2022/23 programme has enrolled 185 delegates, with 42 receiving a nationally recognised accreditation in healthcare leadership. Since launching in January 2021, the programme has attracted 300 participants and continues to receive positive feedback and evaluation.

Success through leadership

This new leadership development programme empowers Service Managers, Deputy General Managers, Deputy Heads of Nursing, and similar colleagues to collaborate with leadership experts, career coaches, and senior mentors. Over 10 months, participants engage in tailored workshops, action learning groups, shadowing opportunities, and one-to-one sessions. The programme emphasises person-centred leadership techniques, exploring personal values and impact, and how to support the Trust's cultural and strategic priorities. It includes 16 delegates and features four full-day workshops, three action learning sessions, and two individual coaching sessions personalised to the group's needs.

Clinical Director Programme

The Clinical Director Programme equipped 22 delegates from across the Trust with the knowledge, skills, and behaviours needed to lead operationally and strategically in their roles. The programme, which ran from April to November 2022, was designed for existing and prospective clinical directors and lead clinicians from diverse clinical backgrounds. It featured four workshops, three action learning sets, two coaching sessions, and assessments such as psychometric questionnaires and 360-degree feedback.

Well Led Governance Insight Programme

Our Well Led Governance Insight learning suite helps individuals develop a strong understanding of effective board roles, responsibilities, duties, and attributes. The courses take a deep dive into various subjects that form the foundations of good governance. Suitable for both experienced and aspiring leaders, these sessions can prepare individuals for presenting at committees or authoring reports for formal committees.

The Board and Effective Corporate Governance session

The interactive session on the Trust Board and effective corporate governance is led by the Trust Board Secretary and provides insights and expertise on the Board's formal structure and process. Participants can learn about the supporting structures and governance processes surrounding the Trust's Board. With 29 participants across three sessions since April 2022, the course has received positive feedback from colleagues from all levels from within the Trust. Four sessions are planned between April 2023 and March 2024, with 100 places in total.

Simulated Committee Experience

The Trust's simulated committee experience offers an informative learning environment for participants to practice the committee process. Led by a Trust Non-Executive Director and the Trust Board Secretary, with OD&C team support, two half-day sessions have been held for 16 participants since April 2022. The sessions received positive feedback, resulting in improved skills and increased confidence among attendees.

Coaching

The Trust has 32 coaches committed to offering their services to colleagues as an extension of their role within the Trust. Staff can self-refer via the Organisational Learning intranet site or dedicated coaching email. Coaching is promoted via social media and Trust communication campaigns as well as through our leadership and development activity to ensure the offer of coaching is available to any member of staff employed at the Trust.

The Coaching Community of Practice (CCoP) is managed and supported by staff from within the OD&C team and has continued to operate as a monthly event. Those who attend report that the sessions are useful as they provide an informal network for coaches to meet and discuss approaches to coaching at the Trust. The community seek collective solutions to the challenges of coaching as an extension of their existing role and take opportunities to raise the profile and value of coaching within the Trust. They also have access to dedicated Continuing Personal Development (CPD) events including those facilitated across the Leeds System.

The year has seen a decline in the ability of coaches to provide capacity for coaching activity and coupled with staff turnover, the number of coaches offering support has dropped from the 39 we had in 2021/22. The improved communication on coaching opportunities has led to an increase in requests so this has meant that we end 2022/23 with longer waiting times for requests to be met. During 2021/22, the average waiting time for a coach was seven weeks. Currently it is 12 weeks, with some staff waiting much longer.

The CCoP has introduced ways of managing these delays, including for those requesting coaching in support of career and/or leadership development, signposting to the existing Career Clinics while they wait to be matched.

Other measures in place include access to external coaching, which is funded by the respective CSU. However, Nursing, Midwifery and Allied Health Professional colleagues can request funding through accessing CPD funds and they are supported to do this through the Chief Nurse team. This CPD option uses the Government funding provided and there are currently no plans to extend beyond 2022/23.

During 2022/23, we also engaged with the newly-formed Integrated Care Board (ICB) which offers regional coaching training programmes. The Board is working with the Trust to identify where they have trainee coaches on programmes who could support meeting some of our internal coaching requests.

This would enable the trainees to complete their required portfolio of practice and reduce the wait times for Trust staff to access coaching.

Highlighted activity for coaching for this year includes:

- 34 Trust staff connected for coaching
- facilitated four supervision sessions for the Leeds Coaching System network
- Trust coaches had access to attend a series of coaching CPD events across the Leeds System and wider ICB
- quarterly publication of CCoP newsletter providing information and updates including metrics relating to coaching activity.

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

“ I was challenged to think for myself how best to improve in the areas that I wanted help, and this made it much easier to plan what I was able to do in my own time. ”

“ My coach has completely changed how I feel at work. My confidence has really improved and using her strategies and goal-setting I feel (and I think she does too) that I have achieved a lot in just four sessions. We covered everything I wanted to cover and now my confidence at work has greatly improved, which has not only increased the quality of my work life, but also my personal life. ”

Work experience, schools' engagement and employability

The purpose of the work experience, schools' engagement and employability programmes is to engage with, recruit and develop a diverse workforce from disadvantaged or under-represented communities in Leeds. This will improve access to long-term career opportunities, work experience, volunteering, education and training and remove traditional barriers to employment. It will also provide practical support to help people succeed, including those without qualifications or who have literacy, numeracy and learning difficulties.

COVID-19 restrictions over the past year have meant opportunities to build and deliver the programmes have been very limited. Now that restrictions have been lifted, programmes are being developed and relaunched and school visits have restarted so we will see higher engagement and more opportunities for work experience throughout the coming year.

One of the success stories during the year has been Project Search, a supported internship for 18-25 year-olds with a learning disability and/or autism. The first cohort was completed in July 2022: six interns started, three were successfully employed, one is still being supported to find work and two unfortunately didn't complete the programme due to illness. A second cohort has started with seven interns.

We are also working in partnership with Leeds One Workforce to establish a collaborative citywide approach to supporting employment through targeted interventions to narrow inequalities.

Apprenticeships

The Trust Apprenticeship programme continues to evolve and grow from entry level to degree apprenticeships with a focus on diversity, inclusion and widening participation, which supports our ambition to ensure our workforce is reflective of the communities we serve. The Trust has been rewarded by being ranked in the Top 100 Apprenticeship Employers. The award recognises the commitment to creating new apprenticeships, the diversity of the apprentices and the number of apprentices who successfully achieve their apprenticeships.

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

This year the Trust has spent just over £3.5 million on apprenticeships and there are currently just under 900 apprentices working across 44 different programmes. This is likely to increase for next year following a successful Apprenticeship Week and campaign to raise awareness, which has resulted in an increase in enquiries compared to last year. New apprenticeships in Midwifery and Dietetics are also currently in development with a start date in September 2023.

The Trust continues to support organisations within the Leeds community, including the third and independent sector, to develop their workforce through the use of levy transfers. This is a process that allows organisations to transfer up to 25% of their levy funds each year to other businesses, to pay for their apprenticeship training and assessment. The funds this year total £355,193.

Health and Wellbeing

Work continues to support the health and wellbeing needs of Trust staff. During 2022 we refreshed our Health and Wellbeing strategy in response to emerging staff need. It focuses on three drivers: Communication and Engagement, Support and Compassionate Action and Prevention.

We recognise the diverse needs of our staff and in 2022 we focussed on providing opportunities for staff to enable others within their departments to be involved in health and wellbeing initiatives.

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

Our peer-to-peer Mental Health First Aid support groups allow trained staff to debrief, share experiences and support one another's wellbeing. The Mental Health First Aiders are now embedded in every CSU providing support directly to their peers. Since April 2021 when the initiative started, we have trained more than 650 staff who have provided over 5,000 support contacts for staff.

Our staff support also includes the staff psychology support service, the Employee Assistance Programme, Occupational Health, staff physiotherapy, and Healthy Lifestyle Services with in-house personal trainers.

During 2022, we paid considerable attention to the rising cost of living and ran a significant communications campaign to raise awareness of financial support available to staff. This highlighted our financial advice service for staff which is delivered by Money Buddies. We have also continued to support staff through our Employee Support Fund which provides emergency grants to those most in need.

We have focused on raising awareness of the overall support package and in 2022 sent a health and wellbeing booklet to every staff member's home address to ensure that even staff with limited computer access were aware of the range of services we provide.

Occupational Health

In 2022, we provided a winter vaccination service to staff, delivering flu and COVID-19 vaccinations through a new clinic model facilitated by a new online booking system. This year, 54.1% of staff received a COVID-19 vaccination compared to 50.2% nationally and 49.5% received a flu vaccination compared to 51.8% nationally. We will continue to deliver a full vaccination programme to Trust staff in 2023, with work already underway for this year's delivery of winter vaccinations.

Occupational Health has continued to offer a full service during the year, including employment health checks and immunisations, response to needle sticks and on-site outbreaks. Occupational Health clinicians worked with HR colleagues to improve staff availability by reducing the wait time for a management referral.

Health and Safety

The Health and Safety team maintain our usual Health and Safety core activities, working collaboratively with CSUs, HR, Infection Prevention and Control, Estates and Facilities, Occupational Health and staff-side union representatives across the wider Trust.

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

Minimum performance standards have been set for all Health and Safety risks (Active Monitoring) and

all departments participate in the annual Health and Safety Controls Assurance process which measures levels of compliance. An annual Health and Safety report publishes the results of this auditing process.

We have conducted an audit of the previous year's performance and were extremely pleased that 636 wards/departments – 100% of the Trust participated, which is consistent with previous years. To complement this process the Health and Safety team carry out Health and Safety 'Gemba' style visits to support compliance and continuous improvement.

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

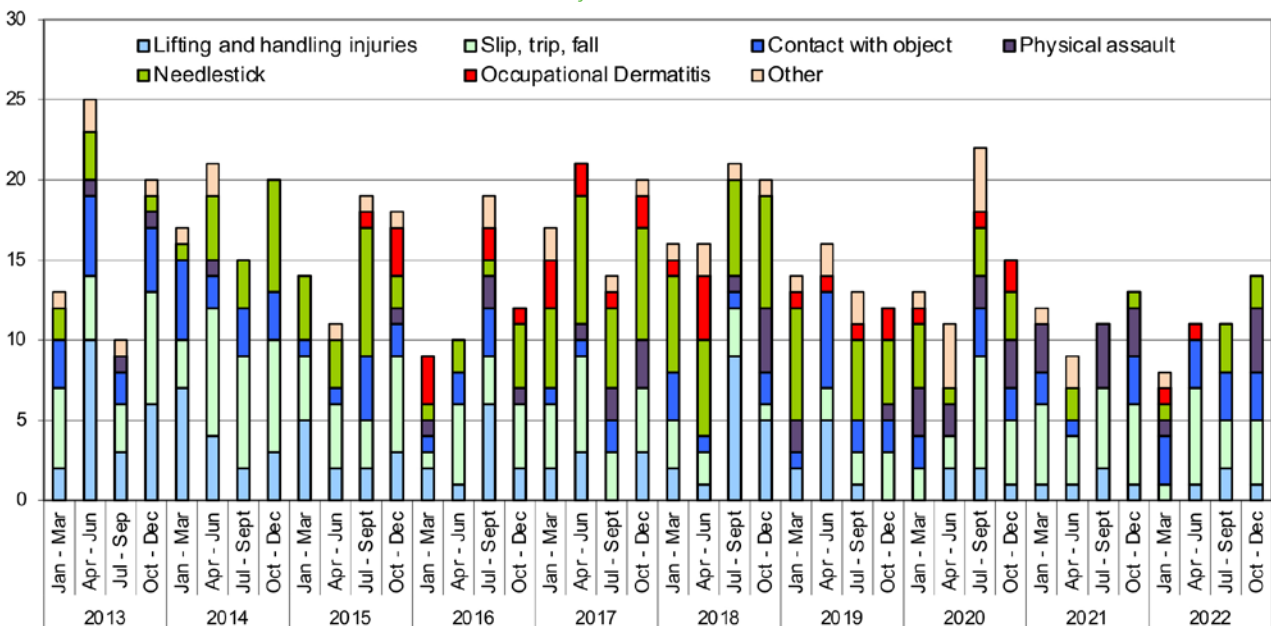
Staff RIDDOR reports: significant work-related injuries, dangerous occurrences and occupational diseases

The Trust received a Health and Safety Executive (HSE) visit during February 2023 in relation to a RIDDOR reported submitted by the Trust in relation to Occupational Dermatitis. No further action was taken by the HSE as a result of this visit.

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

We are very proud to have once again been awarded the Royal Society for the Prevention of Accidents Gold Medal Award for the seventh consecutive year for our Health and Safety management systems and arrangements. This award is assessed externally and is a significant achievement and endorsement.

Staff RIDDOR Numbers (by incident date) 01/01/13 - 31/12/22



Staff Survey

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

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

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

This is why being an engaged workforce is one of our seven People Priorities in our goal to support and develop our people to achieve a consistent, high performing and sustainable workforce.

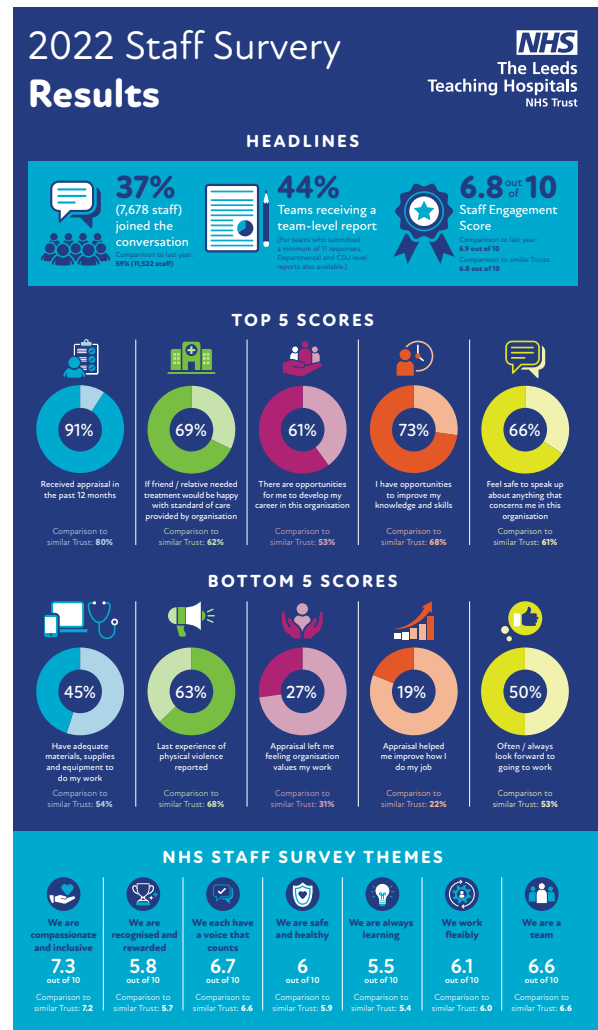
We measure staff engagement through the annual NHS Staff Survey, a national tool used across all NHS Providers. The survey provides insight into the working lives of our 21,000-strong workforce, with all eligible staff having the opportunity to take part. This ensures that everyone is provided with a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

The Trust achieved a response rate of 38%, during a time of high operational pressures within the Trust, which is confirmed to be representative of our workforce.

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

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

These themes provide a valuable tool to measure our progress against the aligned national goals, to become the best place to work.



Driving Improvement:

- Take a look at what we are working on across the Trust: <https://nhs.uk/leeds/department/human-resources/h/engagement/staff-survey/staff-survey-in-action/>
- Use your team results to inform your team improvement conversations as part of Living the Leeds Way: <https://nhs.uk/leeds/department/human-resources/h/engagement/staff-survey/making-the-most-of-your-results/>

Findings

The Trust compares well nationally, with the results demonstrating an above average, or in line position for all nine People Promise themes when benchmarked against national Acute and Acute and Community Trusts, maintaining an above average position for six out of the nine.

The Trust will focus on improving the People Promise themes where we are in line with the national average, including 'staff engagement,' 'morale' and 'we are safe and healthy'.

The Trust additionally continues to perform several percentage points above the national benchmark average for the two questions asking staff whether they would recommend Leeds Teaching Hospitals NHS Trust as a place to work, and to receive care (2% and 7% respectively).

Staff Survey Results

People Promise Theme*	Trust 2020	Av. 2020	Trust 2021	Av. 2021	Trust 2022	Av. 2022
We are compassionate and inclusive			7.4	7.2	7.3	7.2
We are recognised and rewarded			5.9	5.8	5.8	5.7
We each have a voice that counts			6.8	6.7	6.8	6.6
We are safe and healthy			6.0	5.9	5.9	5.9
We are always learning			5.7	5.2	5.6	5.4
We work flexibly			6.1	6.0	6.1	6.0
We are a team			6.7	6.6	6.7	6.6
Morale	6.1	6.0	5.9	5.7	5.7	5.7
Staff engagement	7.1	7.0	7.0	6.8	6.8	6.8

Prior to 2021

Staff Survey Theme*	Trust 2019	Av. 2019	Trust 2020	Av. 2020
Equality, diversity and inclusion	9.2	9.0	9.1	9.1
Health and wellbeing	6.2	5.9	6.2	6.1
Immediate managers	7.0	6.8	6.8	6.8
Quality of care	7.6	7.5	7.4	7.5
Safe environment- bullying and harassment	8.2	7.9	8.1	8.1
Safe environment- violence	9.5	9.4	9.5	9.5
Safety culture	7.0	6.7	7.0	6.8
Team working	6.8	6.6	6.5	6.5

*The national benchmark average is 'Acute and Acute & Community Trusts'. All results have been recalculated and benchmarked according to the makeup of the Trust's most recent survey's respondents, to allow for direct comparison.

Aims for 2023/24

The Trust's long-term goal is to support and develop our people, with specific and collective 'in year' targets aimed at achieving a reduction in overall Trust staff turnover, and improvement in its staff engagement score.

Our Improvement Quality and Performance Review metrics, aligned to our Trust People Priorities, will provide a method for measurement and targeted trajectory in which to achieve this corporately. This will accompany CSU-specific action plans, aimed at focussed local improvement for addressing specific CSU challenges, supported by our HR Business Partners and Centres of Excellence to provide holistic cultural support to drive improvement.

We will focus on particular Trust-wide improvement projects, given that our survey results demonstrate a need to continue our focus on developing the right resources, materials and environments for our

people to do their work. These will be shaped and assured by the Trust's Staff Engagement Group.

These projects aim to continue improvement across areas such as flexible working opportunities, rest areas, and IT equipment and software. These are the basics that staff have reported are important to them and impact on their work life.

At the same time, we will support teams across the Trust to focus on staff engagement and retention, empowering team leaders and their teams to access and understand their team's results, using them to inform their ongoing improvement conversations.

These priorities will build on the 2022 Summer of Connecting campaign (see Staff engagement below), which resulted in a refresh of our Leeds Way behaviours to ensure we lay the foundations for building success.

Staff engagement

Without the motivation and commitment of our staff, we could not deliver the best quality care for our patients. Engaging with our workforce is extremely important to the Trust, and we want to make sure our staff have every opportunity to help shape policy, improve services and share their views on our Leeds Way values and behaviours. Over the past year, this has included:

- The annual NHS Staff Survey (see section above) and quarterly NHS People Pulse survey. These are valuable insights into staff sentiment.
- Building the Leeds Way. Engagement around design and facilities in the new hospitals has continued with clinical teams. Regular Pulse surveys check whether staff need more information.
- Time to Shine, Long Service Awards, DAISY, IRIS and GR8X awards. These are just some of the events and awards that spotlight and celebrate the dedication and achievements of our staff members and teams.
- Ask the Experts sessions. These provide an online live opportunity for staff to learn more about a specific topic or area of Trust work and to ask questions of those who lead on it. Sessions this year have included Human Resources, Genomics, sustainable travel and car parking.
- Team Brief. This monthly meeting shares key updates and information about Trust work, aimed at senior leaders to cascade to their teams.
- A new Trust intranet launched in April 2022: revamped, refreshed and accessible on any device, with personalised news feeds and opportunities to share feedback.
- Start the Week (now Our Week), a weekly blog to all staff from the Chief Executive. This is a snapshot of the important issues and news from around the Trust, signposting ways to get involved.
- The Operational Bulletin. This began during the COVID-19 pandemic as a key way of keeping staff updated on operational changes. Authored by the Chief Medical Officer, it has proved a popular way of sharing operational information.
- Heroes Unmasked - the first Trust podcast - launched in 2022 and shared staff stories from across the Trust in two nine-part series. New podcasts were developed in partnership with staff including The Job Clinic and (Rainbow) Stories from the LGBT+ Staff Network.

A Summer of Connecting

In Summer 2022, we asked all staff to get involved in the six-week A Summer of Connecting campaign, an exciting initiative to refresh our Leeds Way values and behaviours.

First introduced throughout the Trust in 2014 following engagement with staff, The Leeds Way provides a strong identity that helps us to stand out from other healthcare settings.

A Summer of Connecting offered a healthy opportunity for staff to reflect on what The Leeds Way means to them and whether it still resonated. It was accessed through an online crowdsourcing platform. Information was shared and analysed anonymously by an external agency, supported by other communication methods including comment cards, Team Brief, smaller 'Reflect and Connect' discussions, face-to-face and online engagement.

There were more than 10,000 contributions from staff across every CSU in the Trust. The views shared – positive and negative – have inspired a new set of simplified values and behaviours (described on page 7) and themes for improvement. Coupled with feedback from the Staff Survey, these were:

- to increase our workforce and ensure we are always inclusive
- to have empowering leadership and management
- to get the basics right to be able to live The Leeds Way values.

Following A Summer of Connecting, we began a stream of work to embed 'Living the Leeds Way' into the working lives of everyone at the Trust.

A new campaign, 'What 3 Things' was created to help colleagues identify changes they could make that would have a lasting benefit for themselves, their teams, department or CSU. This is now part of our Leeds Improvement Method methodology and the new Trust goals for longer-term action.



Acting on feedback

Some of the improvements being made following feedback from the Staff Survey and A Summer of Connecting include:

- launching a Menopause Resource Pack and focus groups to enable line managers and staff to share support on issues relating to the menopause
- starting a rolling programme to renovate staff rest areas: 18 have been upgraded so far with a further 16 to come, supported by Leeds Hospitals Charity
- recognising our fantastic administration teams with a new Celebrating Admin programme to share career development opportunities, promote excellence and hold annual awards to celebrate success.

The Facilities Management team at St James's have agreed 'What 3 Things' will have a positive impact on their team. They have committed to valuing and respecting each other's time, meeting face-to-face once a week and improving their listening skills.

"Being polite and respectful in the way that we communicate with each other when working face to face, on Teams or via email can have a huge impact on how we feel and our ability to do our jobs..."

"The meaning behind each value definitely needs refreshing and linking more to the staff experience, happy staff = happy patients."

2.10 Equality, Diversity and Inclusion

The Trust remains strongly committed to challenging discrimination and promoting equality, diversity and inclusion (EDI) both as a major provider of healthcare services and as an employer. We recognise this is fundamental to our goals of being the best for patient care and the best place to work. We aim to make sure that EDI is at the heart of our work and is embedded into our core business activities and in so doing one of our five values is to be 'Fair'.

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. The Trust also acknowledges the limitations of The Equality Act 2010 and in the spirit of fairness goes beyond the consideration of protected characteristics.

EDI relating to our patients was reassigned from Human Resources (HR) to the Patient Experience team (PET) in 2020/21, and reports to the Chief Nurse. Following this, the Equality, Diversity and Inclusion Patient Action Plan was developed to ensure a holistic, focussed approach to EDI with real impact.

EDI as it relates to the workforce remains within HR and reports into the Executive Director of Human Resources and Organisational Development. Collaborative working on EDI between HR and the PET remains a strength however, including on key initiatives like the NHS LGBT+ (Lesbian, Gay, Bisexual, Trans Plus) Rainbow Badge Assessment and the Islamophobia Pledge.

Supporting our diverse workforce

Our work to support equality, diversity and inclusion with the Trust workforce is focussed on the Trust People Priority, 'Free From Discrimination'. We aim to ensure we value and recognise the contribution of every employee, volunteer and student. We believe that this will contribute to the best possible patient care.

Our approach has three areas of focus, each underpinned by a number of established and new projects. These areas are:

- Debias our processes
- Engender a fully inclusive culture
- Positive action

In 2022/2023, the following was achieved:

Three Strand Approach		Key Action Achieved 2022 to 2023
1	Debias our processes	<p>Tripled the number of Inclusion Ambassadors from 27 to 89 for Band 8a and above recruitment covering all protected groups.</p> <p>Achieved Bronze Accreditation following the first NHS LGBT+ (Lesbian, Gay, Bisexual, Trans Plus) Rainbow Badge Assessment.</p> <p>Introduced guidance to support reasonable adjustments for disabled people and people with long term health conditions.</p>
2	Engender a fully inclusive culture	<p>Embedded 'Inclusive Conversations' to bring about meaningful and substantive conversations on inclusion within all teams, supported by the 'Amplifying Voices, Mending Divides' (AVMD) book within which 14 contributors from across the Trust and beyond share their lived experiences of racism, and the new podcast series, 'United Colours' which shares voices from the LGBT+ community at the Trust.</p> <p>Approximately 4,000 staff - nearly 25% of the workforce -have now accessed the AVMD book and the number continues to increase.</p> <p>Increased the number of Dignity at Work Advisors by approximately 50% from 47 to 72 including improving the number of BME (Black Minority Ethnic), disabled and LGBT+ Dignity at Work Advisors.</p> <p>Increased the number of BME Allies by approximately 50% from 106 to 151 through a bespoke BME Allyship Programme and reviewed and expanded the programme across all protected characteristics in collaboration with our EDI staff networks.</p>
3	Positive Action	<p>Successfully launched the third BME Reciprocal Mentoring Programme, pairing up 17 BME Aspiring Leaders with Very Senior Managers.</p> <p>'Moving Forward', the positive action programme for BME staff was successfully launched for a fourth year with 28 staff benefiting.</p> <p>Disability/Lesbian, Gay, Bisexual and Trans+ (LGBT+) positive action support through 'Moving Up' was successfully launched, with 12 staff benefiting.</p> <p>An additional three positive action programmes were supported, including, 'Springboard' for women, with eight staff benefiting and BME Nursing programmes, 'Ready You' with nine staff benefiting and, 'Nurture You', with 38 staff benefiting.</p>

EDI activity within the Trust is shaped by the EDI Strategic Group. This is a partnership with our staff networks, supported by an Executive Sponsor. These are:

- BME Staff Network
- LGBT+ Staff Network
- Disabled Staff Network
- Female Leaders Network
- Faith and Belief Network

During 2022/2023, the networks have been instrumental in providing input and support to all EDI activity and have been particularly key in the review and delivery of the Allyship programme, the review and development of staff guidance and raising awareness of staff experiences. The staff networks are a key asset to the Trust.

The annual NHS Staff Survey tells us that our staff with particular protected characteristics, including disability, BME and LGB & Other (Lesbian, Gay, Bisexual & Other) are for the most part more positive about their working experiences than they were last year. In some key areas, however, improvements have not been made at the required rate, and there are still some gaps in experience.

Our aims for 2023/24

The following live links provide detailed insight into our EDI gaps, EDI delivery and EDI actions:

- [NHS Equality Delivery System](#)
- [NHS Workforce Race Equality Standard](#)
- [NHS Workforce Disability Equality Standard](#)
- [Gender Pay Gap Reporting](#)

Trade Union Facility Time Publication Requirements

The Trust fully complies with the requirements of the Trade Union (Facility Time Publication) Regulations 2017. The most recent published data can be found at www.gov.uk/government/statistical-data-sets/public-sector-trade-union-facility-time-data.

2.11 Medical Education

The Trust is one of the largest providers of medical education in the country. We deliver high-quality clinical placements to undergraduate medical students from the University of Leeds, learning, education and training to more than 1,000 trainee doctors across all grades from foundation through to higher trainee, and also to a growing number of emerging roles such as physician associates. In addition to the services we provide on behalf of Health Education England (HEE), we also deliver fellowships with a selection of international partners.

The COVID-19 pandemic continued to impact the delivery of medical education, as it will for some time to come, but the Trust has focused considerable energy into supporting learners in a variety of ways. The undergraduate team has introduced new initiatives like 'Book-a-Teacher' and 'Bleep-a-Teacher'. The former enables students to book an appointment for a one-to-one session with an experienced educator to receive additional education. The latter is aimed at busy wards and departments, where an educator can be bleeped to either deliver additional bedside teaching or to observe and assess a clinical skill, which is especially helpful in busy and stretched wards.

The team continued to develop new innovations in teaching through the use of blended digital approaches, and to support clinical teams by taking simulation outside of education spaces and into wards and departments to better enhance the learners' experience. The medical education team is proud of the Infection Prevention and Control discipline it developed in the pandemic, enabling it to ensure safe teaching for all learners.

The Trust is one of the few in the NHS to have a dedicated professional support and wellbeing service aimed specifically at doctors in training. We saw a marked increase in referrals through the year, all from junior doctors experiencing difficulties regarding their training. We strengthened the Professional Support and Wellbeing team and increased the expertise it has available to it so that it can provide improved and timely support where needed. In terms of wellbeing, the team works closely with the Guardians of Safe Working Hours to promote a better work-life balance.

The Library and Evidence Service was rated by HEE among the best in the NHS in the annual Quality Impact and Outcomes Framework, reflecting the ethos of excellence and professionalism in the team. It continues to collaborate with NHS, social care, local authority and academic colleagues across the city to provide a joined-up service.



SECTION THREE

PATIENT CARE
AND EXPERIENCE

Section 3: Patient Care and Experience

3.1 Patient experience priorities

Being patient-centred is one of our core values at the Trust. Over the last year we focused on improving experience in areas that people have told us are important. We also improved our approaches to making sure that patient and public experience and insight influences change.

Key Achievements in 2022/23

Objective:

We will continue to implement the Trust complaints improvement programme, which aims to improve the experience of complainants. This will involve recruiting a further cohort of CSUs into the programme to focus on the timeliness and quality of complaint responses.

Following on from work that began in 2020, in 2022 a third cohort of CSUs - Adult Critical Care, Leeds Dental Institute, Chapel Allerton and Head and Neck, completed the Trust complaints improvement programme.

All CSUs involved have reduced the percentage of complaints re-opened because complainants did not feel their questions had been fully answered.

Objective:

We will sign up to an external assessment and accreditation for our inclusiveness around LGBTQI equality for patients and staff, to take place during 2022.

An external assessment by the LGBT Foundation took place in June 2022, and the Trust received its report in July 2022. The Trust was assessed as meeting a bronze level of award. In comparison to other Trusts that have been assessed, this is positive.

An action plan has been developed to address the key finding from a patient experience perspective, which was that the Trust should concentrate on improving its equality monitoring data collection in terms of sexual orientation and gender identity.

Of 134 survey respondents, 21% recalled being asked to confirm their sexual orientation or seeing this question on a form, and 12% described being asked if their gender differs from that assigned at birth. Of the respondents, 14% reported having witnessed behaviours that could be described as homophobic, bi-phobic or transphobic.

Objective:

We will implement the requirements of the Involving Patients in Patient Safety Framework. This will include building on the existing Trust Partners programme to align our Partners with work taking place to improve safety in the Trust.

We have progressed the requirements of the Framework, embedding Patient Safety Partners (PSPs) in Trust Quality and Safety committees. A recruitment drive took place in December 2022 to encourage more members of the public to consider becoming PSPs. Twelve people have been successfully recruited as a result of this and were inducted into their roles in January 2023. Work is now taking place to match the new PSPs to different Trust groups and workstreams.

Objective:

We will implement a Patient Experience Assurance Programme (PEAP) which aims to improve assurance that actions are taken in the Trust in response to key feedback via a number of different routes, including complaints and patient stories.

A PEAP was implemented as part of the work of the Trust Patient Experience Sub-Group in May 2022. By the end of March 2023, all bed-holding CSUs in the Trust had presented the work they have done and are doing to improve patient experience. They have also each developed a patient experience action plan.

Objective:

We will continue to explore the opportunities available to meet the requirements of the Accessible Information Standard, seeking solutions to improve experience.

Upgrade of a Trust administration system took place in October 2022. The system can now support staff to flag a communication need in a patient record and to signal whether the communication need identified relates to a patient or their carer.

A training package has been developed to support staff to understand how to apply the upgrade features and is being rolled out to all system users in the Trust.

We have also:

- commissioned an external company, AccessAble, to produce visual access guides to support people to navigate the Trust
- developed a staff training video that raises awareness of the needs of Deaf and Hard of Hearing people
- increased the number of Easy-Read leaflets available in the Trust
- continued to provide access to software that supports users of the Trust website to be able to access information in a way that works for them, by offering a spoken format, translation into another language or large text options
- explored the development of a flag that highlights patients who struggle with using technology.

Aims for 2023/24

- We will continue to implement the Trust complaints improvement programme, which aims to improve the experience of complainants. This will involve recruiting a final cohort of non bed-holding CSUs into the programme to focus on the timeliness and quality of complaint responses. The programme will also include the Trust Patient Advice and Liaison Service (PALS) and Complaints teams.
- We will continue to explore the opportunities available to meet the requirements of the Accessible Information Standard, seeking solutions to improve experience. Our work this year will include delivering a solution to the provision of on demand British Sign Language in acute clinical settings.
- We will continue to implement the requirements of the Involving Patients in Patient Safety Framework, embedding more people into the work of our Safety Committees and involving them in non-mandatory activities, for example, in the recruitment of Trust posts.
- We will develop a Carers Action Plan and deliver improvements for carers of Trust patients.
- We will implement mechanisms which ensure that good practice and key themes arising from feedback, complaints and PALS are shared, for staff awareness, reflection, learning and action. This will include feedback we receive relating to discrimination.

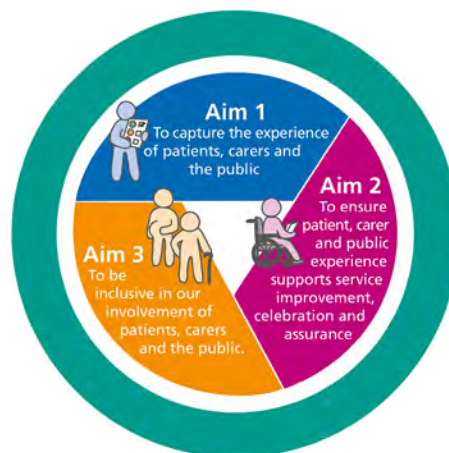


3.2 Involving patients and the public

Patient, Carer and Public Involvement (PCPI) and Patient Experience Strategy

The PCPI team developed the Patient Experience Strategy 2021-2024 and have been working towards meeting the following aims of the strategy:

- Aim 1** To capture the experience of patients, carers and the public.
- Aim 2** To ensure patient, carer and public experience supports service improvement, celebration and assurance.
- Aim 3** To be inclusive in our involvement of patients, carers and the public.



Key Achievements in 2022/23

Listening Week

Two hundred and nineteen conversations took place with patients, carers and families in the A&E department in September 2022. The aim of the engagement was to obtain feedback following service changes which included both adults and children being treated in the same area. The table below provides a snapshot of responses to a question about how children and adults feel about being treated in the same minor illness service.

Responses to Q4	% of responses	
Neither positive or negative	1	0%
Positive and negative	12	5%
Negative	59	27%
No response/no comment	51	23%
Positive/no concerns	96	44%
Total	219	

*Percentages in table rounded up or down to give whole numbers, hence may not add up to 100%

Patient Hub

Following implementation of the Trust's Patient Hub, the PCPI team visited Children's Outpatient departments on two separate occasions during the third quarter of 2022/23 to seek feedback on the new system. Families were keen to share suggestions for improvement to ensure the system provided a positive experience for families with children who attend regular outpatient appointments.

Community Connectors

Four volunteers were recruited to support capturing the experience of people in health inclusion groups or people living in areas experiencing the greatest health inequalities. The lived experience of each volunteer has been crucial to this project: they have either lived in an area of Leeds which forms part of the 20% most deprived areas of the country or have membership of a health inclusion group, as described in the CORE20PLUS5 framework.

The first volunteer community connector recruited was an asylum seeker, tasked with capturing a broader understanding of how people from migrant communities access and experience Trust services. This led to the development of a partnership with Maternity services and the local authority resettlement team, resulting in work to collect feedback from Afghani refugees using Maternity services.

Patient Reference Group

The Patient Reference Group meetings have continued virtually throughout 2022/23. Attendance varies between 20-30 participants and topics of discussion have included the Trust Clinical Strategy aims and priorities, the Building the Leeds Way planned build and the decisions people make which result in them attending urgent care services.



Always Events

'Always Events' are collaborations between the Trust, patients, families, carers and the public to agree actions to be taken to improve patient experience.

A '**Safeguarding Voices**' Always Event is underway and seeks to improve the interaction between inpatients and staff at the point when a safeguarding concern is first raised.

The scope of this work has been extended to include children and families. In light of this, the oversight group held an Always Event introductory session with NHS England (NHSE). The purpose of this was to ensure group members are equally well-versed in the approach.

Two phases of involvement have taken place during the third quarter of 2022/23 with adults subject to a safeguarding referral, establishing whether experience captured during the COVID-19 pandemic differed from experience captured more recently.

The **Skin-to-Skin** Always Event Aim Statement states, 'by December 2022, 80% of parents will be offered skin-to-skin contact with their baby as soon as possible and for as long as they wish; and 80% of pregnant women will have conversations about skin-to-skin during their antenatal appointments'.

The Maternity service was able to meet the statement aim for parents having skin-to-skin contact with their baby for as long as they wish by the target date.

Aims for 2023/24

- to deliver a further Listening Event in the third quarter of 2023/24
- to begin work towards developing the new Patient Experience Strategy 2024-2027 in the third quarter of 2023/24
- to deliver training and share tools, resources and information with Trust staff through newsletters, planned learning bursts and head-to-head sessions
- to engage with two Communities of Interest to help shape and influence the development of the Trust Health Inequalities Strategy
- along with other health organisations in Leeds we will begin to use a shared engagement and involvement tool - 'Tractivity' - to make our involvement and engagement work more accessible and effective.

3.3 Improving patient experience

Equality and Diversity

Over the past year, the Patient Experience team continued to work towards delivering the 20 aims included in the Equality and Diversity Action Plan, which was published in 2021/22 and updated later in the same year to take national, regional and local drivers into account, as well as reflecting what our patients were telling us about their experiences.

These aims covered the nine characteristics protected under the Equality Act 2010 and were developed using what our patients tell us in complaints, the Trust PALS, the Friends and Family Test (FFT) and from feedback provided by Healthwatch Leeds and other local third sector organisations.

Key Achievements in 2022/23

Following the LGBT Foundation's report which assessed the Trust as being at bronze level for the NHSE/I Rainbow scheme in July 2022, the Lead Nurse, Patient Experience is working with the LGBT+ staff network to deliver an action plan generated from the report's findings.

Blind and partially-sighted patients and representatives from local organisations supporting this community influenced the design and organisation of the relocated Ophthalmology Outpatient department. Attendees at planning workshops were invited to the opening day for the department and were very favourable in their feedback about the new clinic environment.

The Head of Patient Experience and Lead Nurse, Patient Experience have been working with the Patient Administration System team on a system update which has improved how patient communication need flags are highlighted. The work that has taken place has included the development of a training module for staff using the system to highlight the importance of flagging patient communication needs when they have been identified.

Aims for 2023/24

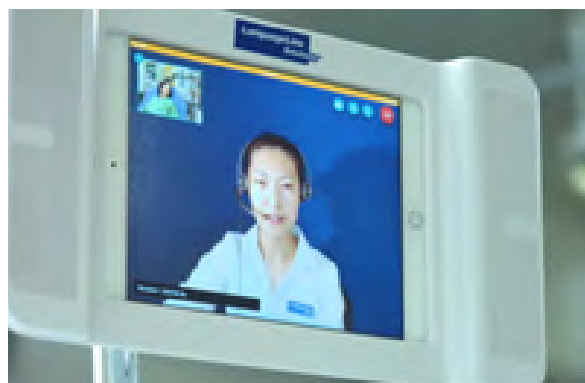
- to work with the Trust's Equality and Diversity manager and citywide partners to meet the terms of the new NHS Equality Delivery System (EDS 22). As part of this, we aim to establish effective systems for monitoring the Trust's performance against the domain relating to patient and public experience of our services
- to establish processes to share themes and examples of concerns relating to discrimination, to encourage learning and improvement

- to explore how to improve the capture of data relating to the protected characteristics of patients, to improve the quality of data held. This will assist in identifying areas of practice for improvement.

Interpreting

The Trust aims to provide interpreting for all patients when this is required.

We provide patients with spoken interpreting, British Sign Language (BSL) and deaf/ blind communicator guide support. The service is well received. During one month in 2022, patients received 358 face to face interpreting sessions, 3,221 telephone interpreting interactions and 94 delivered by video.



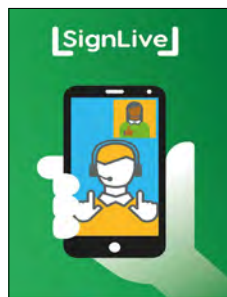
Spoken interpreting is most commonly provided by telephone in the Trust, where the interpreter, staff member and patient join a call together. Interpreters attend in person where this is clinically appropriate. Remote interpreting via video link can be provided during a consultation on-site or during a remote consultation via Attend Anywhere.

Limited English-speaking patients can access information on the Trust website in their own language, using assistive technology that translates content either in written form or via audio file.

Key Achievements in 2022/23

- Virtual interpreting, which was introduced across the Trust during the COVID-19 pandemic, is now the preferred method of accessing the service. It is available on demand and offers a wide range of languages: more than 200 languages and dialects are available.
- A combination of Trust devices and the use of externally provided equipment means that Trust staff can access an interpreter at any time and from any of the Trust sites.

- Trust Security teams have been provided with virtual Interpreting on the Trust mobile phones.
- Clear face masks enable people who rely on lip reading and those who are hard of hearing to understand verbal communication. They were provided to clinical teams and following awareness campaigns their use has increased across the Trust.
- A dedicated Deaf & Hard of Hearing Action Group has continued to improve access to services for patients. Training has been delivered to teams Trust-wide through a video created in collaboration with the Trust's BSL Interpreting provider. This is the first in a series of planned videos and provides tips for communication with patients who have different levels of hearing ability.
- The Deaf & Hard of Hearing Action Group is currently supporting the Leeds Dental Institute to undertake a project which aims to improve accessing dental services for those who are hard of hearing or use BSL to communicate.
- The Trust has entered an arrangement, via a BSL provider, to implement a remote video service for BSL users. Agreement has been reached to trial this initially in our Maternity and Emergency departments.



Aims for 2023/24

We expect to roll out a BSL remote video interpreting service to trial areas by summer 2023. This will enable clinical teams in Maternity and Emergency services to communicate with BSL users through an on-demand video interpreter. Similarly, the service will enable BSL users to contact the hospital through an interpreter. A description of how to do this will be available on the Trust website in BSL.

The Deaf & Hard of Hearing Action Group continues to make progress with improving access to services for patients who require support. A second in the series of training videos is expected to be made available during 2023.

Work is in place to assist clinical teams with the recruitment of staff members who are deaf or hard of hearing. In addition, support is being provided to enable deaf staff members to communicate effectively with colleagues as well as their patients.

Patient Information



The Trust currently has 1,850 patient information leaflets in circulation. The Patient Information Forum drives the ambition for all leaflets to be:

- a) up to date when offered to patients
- b) made available for patients with access needs.

Assistive technology, called "ReachDeck" translates website content as it is being viewed. This enables the user to read information leaflets in their own language, have them read to them in English or in their own language, or download an audio file.



The technology also assists with other features, such as text enlargement and screen mask, which highlights the required piece of content whilst the rest of the screen is in shadow.

Key Achievements in 2022/23

During the year, we have been working to reduce the number of leaflets that are removed from the website because they are out-of-date by introducing a new process to manage this. We have also improved the reports we produce of out-of-date leaflets, to make reviewing these easier for Trust staff.

We have also been working with colleagues across the organisation to improve the use of gender-sensitive language in Trust leaflets.

Between June and December 2022 the ReachDeck features were accessed 52,490 times. Translation was used on 3,828 occasions and speech was used 7,499 times.

Aims for 2023/24

- to continue to work with clinical teams to identify leaflets that require review in good time
- to continue to embed the new process of managing leaflets on the Trust website, to reduce the number that are removed because they are out-of-date
- to continue to work with the Learning Disability and Autism team to increase the number of Easy-Read leaflets available in the Trust.

Detailed Access Guides

Some patients, visitors and staff have accessibility needs, and public feedback has suggested that it can be difficult for people to find their way around the hospital sites. It's vital to have information that can support access to services for all, and particularly when people are disabled or a carer.

Key Achievements in 2022/23

Following a successful pilot project at Chapel Allerton hospital, during 2022/23 the Trust sought to work with an organisation called AccessAble to create Detailed Access Guides. This was made possible with generous financial support from Leeds Hospitals Charity.

Detailed Access Guides describe the patient or visitor journey step by step in visual format, covering the accessibility of individual wards and departments in detail. They consider 'access' and 'disability' from many different perspectives, not only focussing on mobility impairment, but also learning disability, sensory impairment, dementia and mental health. They use facts, figures and photographs to help patients, visitors and staff plan their journeys to and around the hospital sites, covering everything from parking facilities and hearing loops to walking distances and accessible toilets.

Work on the guides was completed in March 2023 and the Trust launched those covering facilities, wards, and departments at Leeds General Infirmary (LGI), St James's, Seacroft Hospital, Wharfedale Hospital, and Chapel Allerton Hospital.

Guides are available on the Trust website. Each Detailed Access Guide is also published on AccessAble's website (www.AccessAble.co.uk) and App.



Aim for 2023/24

During 2023/24, we aim to promote awareness of the Detailed Access Guides to our patients and staff so as many people as possible are supported to access Trust sites using the information to help them.

The Friends and Family Test (FFT)

The FFT is a short questionnaire which helps us to understand whether a patient is happy with the services the Trust has provided. We use the feedback to celebrate what we are doing well and to help identify areas where improvements can be made.

The questionnaire is offered to our patients in a variety of formats, including electronic (QR Codes, weblinks and iPads), text/landline and paper. More than 102,000 patients have shared their experiences since April 2022.

Key Achievements in 2022/23

Patients who have journeyed through the Maternity service, from antenatal care through to the birth of their baby and postnatal care, are now being offered an additional opportunity to leave feedback via text. The text request for feedback is sent to new parents once they are discharged from hospital and back in the community.

Working collaboratively with the NHS Leeds Clinical Commissioning Group (now part of the NHS West Yorkshire Integrated Care Board) in December 2022 we published a report into people's experiences of the COVID-19 vaccination programme in Leeds. The report is the culmination of a year-long project which saw nearly 30,000 people sharing their experiences of having the vaccine via the FFT and was the single biggest survey relating to England's vaccination programme.

FFT stickers, which host the FFT QR code, have been created for the Leeds Children's Hospital. These have been applied to bedside lockers and other patient visible areas to encourage patients to leave feedback during their treatment using their own electronic devices.



New marketing was created for the Leeds Dental Institute to make it easier for patients to leave feedback following an appointment.



Aims for 2023/24

- to create new FFT marketing so patients can leave feedback in their own language, which will be piloted in the Maternity service with a view to rolling this out Trust-wide
- to create a new oversized FFT/CSU branded poster to encourage staff to share their FFT results, achievements and improvements, which will be displayed in public facing areas for all to view
- to increase awareness of FFT within outpatient areas across the Trust
- to host a FFT Awareness Week across all Trust sites to increase awareness of the survey to both staff and patients.



National Patient Surveys 2022/23

The Trust received two Care Quality Commission (CQC) nationally mandated survey reports during 2021/22. These were the Adult Inpatient Survey 2021, published in October 2022 and the Maternity Survey 2022 which was published in February 2023.

Key achievements in 2022/23

The Trust's results were comparable to most other trusts for the survey questions, with some exceptions.

Adult Inpatient Survey

This survey was sent to 1,250 patients who had been inpatients in November 2021: 424 patients responded.

Compared with 133 NHS acute trusts in England, the Trust's results were about the same as other trusts for all 47 questions, not being statistically significantly better or worse on any question. However, the CQC provides a slide summarising the Trust's performance which highlights the five questions against which the trust scored best when compared with the national trust average and the five questions against which the trust scored worst when compared to the national average. These were as follows:

Top 5 scores (compared with national trust average)

- Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?
- If you brought medication with you to hospital, were you able to take it when you needed to?
- Were you ever prevented from sleeping at night by hospital lighting?
- How much information about your condition or treatment was given to you?
- When you asked doctors questions, did you get answers you could understand?

Lowest 5 scores (compared with national trust average)

- Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?
- How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?
- Were you able to get hospital food outside of set meal times?
- Did you get enough help from staff to wash or keep yourself clean?
- Thinking about any medicine you were to take at home, were you given any of the following? (The question then itemises types and subject areas of written patient information)

Maternity Survey 2022

The maternity survey involved 121 NHS trusts in England and women were surveyed who had a live birth in February 2022. The response rate for this survey was 40%. The results were published on the CQC website in February 2023.

Compared with 120 Maternity Units in England, the Trust performed **'much better than most trusts'** for one question. This was:

- Thinking about your care during labour and birth, were you spoken to in a way you could understand?

The Trust scored **'better than expected'** for eight questions. They were:

- Thinking about your antenatal care, were you involved in decisions about your care?
- Were you given enough information on induction before you were induced?
- And before you were induced, were you given appropriate information and advice on the risks associated with induced labour?
- At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?
- Were you (and / or a companion) left alone by midwives or doctors at a time when it worried you?
- If you raised a concern during labour and birth, did you feel that it was taken seriously?
- During labour and birth, were you able to get a member of staff to help you when you needed it?
- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?

In addition, the Trust performed **'somewhat better than most trusts'** for six questions. These were:

- Did the staff treating and examining you introduce themselves?
- Thinking about your care during labour and birth, were you involved in decisions about your care?
- Thinking about your care during labour and birth were you treated with respect and dignity?
- After your baby was born, did you have the opportunity to ask questions about your labour and the birth?
- Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?
- Did you feel that midwives and other health professionals gave you active support and encouragement about feeding your baby?

The Trust scored **'worse than most trusts'** in one question relating to care at home after the birth. That question was:

- Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?

The Trust was about the same as other Maternity Units for 35 of the 51 questions. We also scored statistically significantly better than in 2021 for 10 questions and were not rated statistically significantly worse for any questions.

In order to provide assurance that appropriate actions are being taken in response to the National Inpatient Survey, questions where the Trust has performed less well are included in the Patient Experience Assurance programme (PEAP). As part of this, CSUs are expected to describe the actions they have taken to respond to the survey findings at the Patient Experience Sub-Group.

Aims for 2023/24

- We will continue to use the national patient survey results to drive improvement activity and to monitor that activity through the Trust Patient Experience sub-group.
- We will be collecting further data relating to the areas in which we performed less well in the Inpatient Survey 2021 to help us understand the Trust's areas of biggest challenge. These questions will be incorporated into the PEAP for 2023/24.

3.4 Resolving complaints

The complaints service aims to provide information and confidence to the public that any concerns or complaints raised about services provided by the Trust will be taken seriously and will be managed in a way that reflects the [Leeds Way Values](#) (see page 7).

Anyone can raise a concern or make a complaint about their own care.

Key Achievements in 2022/23

Complaints Improvement Programme (CIP)

The CIP began in September 2020 and has demonstrated improvements in the timeliness and quality of complaint responses from the CSUs that have taken part. This has included key learning which has been shared with all CSUs. The final cohort of CSUs will be taking part during 2023.

Complaints Training Programme (CTP)

A CTP continues for staff which focuses on mediation skills, investigation skills, response writing and a masterclass. It has been developed with an external company and evaluation of the programme continues to be very positive.

Complaints Coaching Programme (CCP)

The CCP has been provided by the Complaints team for Trust staff involved in the CIP, with the main focus areas being how to investigate a complaint and response writing. There is continued evidence that the quality of complaint responses has improved because of this work, which was one of the key aims of this programme.

Assurance of complaint themes, learning and improving practice

We are continuing to support the recording of actions from complaints, to improve the monitoring of learning from complaints and learning from good practice.

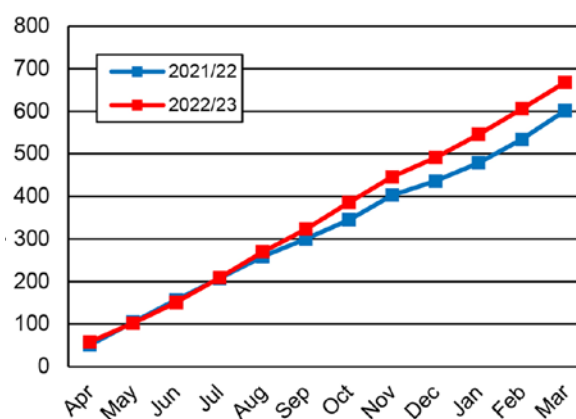
Each CSU now attends the PEAP, delivered through the Patient Experience Sub-Group, to describe how it is learning from complaints.

Aims for 2023/24

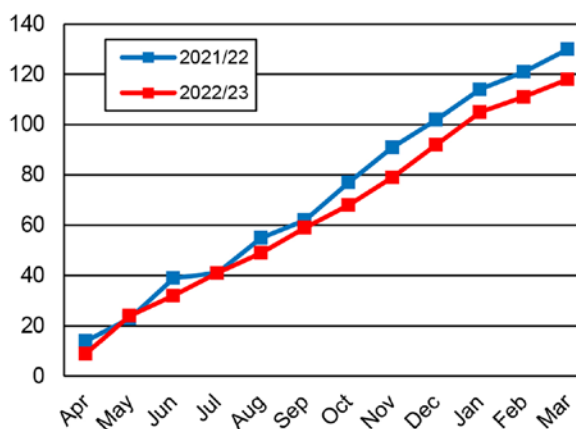
We have developed a Complaints Action Plan for this period with key elements including:

- participation in the CIP this year by CSUs that have not already done so. It is expected that the timeliness and quality of complaint responses will continue to improve because of this
- addressing actions that were recommended following an internal audit focusing on the complaints process
- implementation of an independent complaints review panel to provide oversight of the management of complaints. This will be an important monitoring function of the complaints process and an opportunity for on-going learning
- hosting a Complaints conference at the end of 2023.

Cumulative complaints received



Cumulative complaints reopened (2nd stage only)



Patient Advice and Liaison Service (PALS)

During 2022/23 the Trust recorded 6,851 PALS contacts. The table below shows the different categories for all contacts with the Trust PALS Team.

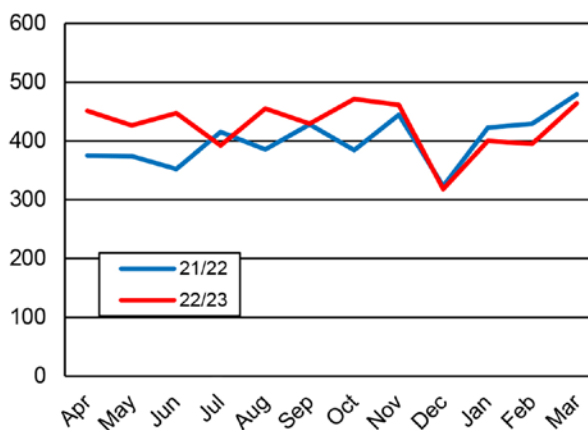
PALS enquiry type	22/23	% of total
PALS concern	5109	75%
Enquiries, signposting and complaint form sent	512	7%
Resolved by PALS team	526	8%
Compliment	623	9%
For Information	70	1%
Information for outside organisation (Complaints)	6	0%
Out of time complaint	5	0%
Total	6851	

5,621 contacts required input from clinical teams. These were shared with the relevant management teams for contact within two working days. 1,230 concerns were resolved at point of contact by the PALS service.

Wherever possible, the team provides a resolution to a concern at initial point of contact; 526 concerns were resolved on the day. Five concerns were investigated despite being out of time to be managed as a formal complaint and were shared with clinical teams to ensure the service user received a written response.

While PALS activity as a whole reduced by two percent (-120) in the last year, there was a six percent rise (+275) in PALS concerns raised that needed clinical input in 2022/23 compared to the previous year.

New PALS concerns (including out of time complaints and advice/enquiry)



Waiting list time for outpatients was the most frequently reported subject for PALS concerns in 2022/23 and we know that the COVID-19 pandemic has significantly affected outpatient wait times for our patients.

The Trust's Shape Up for Surgery project aims to help reduce the number of PALS raised about waiting list times in the future. This project establishes a supportive relationship with patients on surgical pathways. It aims to improve the experience of people who may appreciate having contact from the Trust and support to make positive changes to their health while awaiting appointments and surgical procedures. The Volunteering team has successfully obtained further funding to extend their support to the project in the coming year.

The Trust continues to receive compliments via PALS for all clinical services. In 2022/23, the Trust received 623 compliments, compared with 568 in 2021/22. These are shared with the relevant teams and individuals concerned.

The table below shows how PALS resolution was reached for concerns raised during the year. Callers are always asked what their preferred method of contact would be.

PALS outcome	22/23
Resolved by telephone call	3908
Resolved by email	1077
Compliment	387
Resolved during discussion on ward	237
Escalated to complaint	182
Resolved by letter	131
Closed for other reason	85
Resolved during discussion in clinic	68
Unable to contact - letter sent	47
Passed to Risk Management	40
Signposted to other organisation	28
Resolved at meeting	27
Appointment/meeting arranged	20
Awaiting further information	14
Complaint form sent out	5
Escalated to complaint (lack of contact)	5
PALS withdrawn	3
No patient consent received	1
Total	6265

Key achievements in 2022/23

We have made significant improvements to the PALS team telephone system. This supports caller selection and access to appropriate advice when the call is not to raise concerns or enquire about Trust services. The system also has the facility to re-direct the call to the formal Complaints team when the caller has a formal complaint in progress. These benefit users of the service, as they are directed to the most appropriate source of support right at the beginning of their contact with the PALS service.

Learning from the CIP has identified that there are opportunities to consider how the experience could be improved for people raising a concern before contacting PALS and when discussing whether a concern should be managed as a PALS or a complaint.

The Lead Nurse and PALS manager have provided ad hoc training on local resolution pre-PALS to aspiring and current Band 6 nurses in a number of our CSUs. This will be rolled out to other staff groups who are likely to be the initial point of contact for people with concerns about our services.

Aims for 2023/24

The PALS team will be taking part in the CIP using Quality Improvement methodology to improve staff and patient experience of the PALS service. This will include increasing staff confidence in resolving concerns locally and identifying ways to progress concerns which currently do not fit within either the PALS or the formal complaint processes.

All PALS concerns which describe patients having felt discriminated against or treated less favourably due to them having a protected characteristic are currently reviewed by the Lead Nurse, Patient Experience and escalated to CSUs where appropriate. In 2023/24 these will also be shared via the PEAP CSU dashboard to provide further information about possible areas of focus.

3.5 Working with partners

Our Partner Programme

Our award-winning Patient Safety Partner programme recruits members of the public and includes them in our quality and safety work.

The programme has been running since 2019. Initially partners were recruited to work alongside staff in Quality Improvement projects. Since then, it has been identified that partners will be key to the Trust's delivery of the NHSE's Framework for Involving Patients in Patient Safety.



Key achievements in 2022/23

We have built on our understanding of how the Partner programme can be developed to support the introduction of Patient Safety Partners into the Trust to meet the requirements of the Involving Patients in Patient Safety Framework.

During this period we have introduced partners into new groups and projects.

We have learned what is required for a partner placement to work well by surveying partners and staff about their satisfaction with the programme to identify areas for improvement and good practice.

An action plan related to the programme is being delivered - as part of this we have changed the support in place for partners and staff to encourage successful placements.

In January 2023, we met an objective of our Partner Strategy 2021-2024 by increasing the number of partners working with the Trust. Twelve new partners were recruited, who we welcomed into our organisation with a face-to-face welcome day and with role-related training.

Before this, there had been 15 partners supporting the Trust. Outside of their involvement in Quality Improvement projects examples of how they have worked with the Trust are described on the next page.

- A partner co-chaired a consultation with the public on how we should respond to incidents.
- A partner presented alongside Trust colleagues at the Health Service Journal's Patient Safety Conference, sharing our learning of working in partnership.
- Partners attended incident investigator training and contributed towards the revision of the training package for Trust staff.



Aims for 2023/24

We will continue to expand the Partner programme to drive forward patient-centred improvement. We will repeat our survey of partners and staff to:

- identify whether partners feel they are able to contribute successfully to the groups they join, and;
- find out if staff members working in a 'buddying' role with our partners feel supported by the programme.

We will test the idea of embedding a partner within an individual CSU to support the CSU's work on patient safety.



Taking part in Partner Welcome Event, January 2023

Carers

At the beginning of 2022/23, the Trust continued to hear from carers about how visiting restrictions applied to reduce the spread of COVID-19 were understandably affecting them and their loved ones.

All visiting restrictions were lifted in July 2022, and carers were once again invited to be with and assist in the care of their loved ones if they wished to while they were in hospital.

To help teams across the Trust support carers, the Carers Working Group continued to meet and have developed a revised action plan to support improvements.

The action plan draws on recommendations included in National Institute for Health and Care Excellence guidance, the West Yorkshire ICS Unpaid Carers Aspirations 2022-2025, Healthwatch Leeds reports, and input from Carers Leeds.

Key Achievements in 2022/23

The Trust trialed a Carer Passport within the Specialty and Integrated Medicine (SIM) CSU. The Passport aims to ensure carers feel valued when supporting their loved one in hospital and offers discounted parking and meals, and refreshments from the tea trolley.

Feedback from the trial has resulted in the development of a Carers Conversation Sheet, which will be used to support carers on the wards to have a discussion with staff about the care they would like to provide to their loved one.

Carers and representatives have given feedback on early drafts of the Passport, supporting its development. Additionally, an Easy-Read leaflet has been drafted to support carers with additional needs.

I am a Carer

NHS
The Leeds
Teaching Hospitals
NHS Trust

I am the main carer for a patient at this hospital.

This passport is only valid with a form of ID

Hospital Carers Pass

NHS
The Leeds
Teaching Hospitals
NHS Trust

Name:

Vehicle registration:

Expected discharge date:

Staff name & ward:

Ward telephone number:

The Carer Passport

Aims for 2023/24

- to launch and roll out the Carer Passport across a minimum of four CSUs, one during each quarter, beginning in the first quarter of 2023/24
- to collaborate with the Trust discharge team to understand and improve the experience of carers following patient discharge, in the second quarter of 2023/24
- to work to support young carers by adopting the West Yorkshire ICS's Unpaid Carers System Aspirations during quarter three of 2023/24
- to work on achieving the actions detailed in the revised 2023/24 carers action plan, with support from members of the Carers Working Group.

Volunteering

The Voluntary Services Team (VST) has continued to support volunteers who were stood down from their roles during the COVID-19 pandemic. In August 2022, the Clinical Advisory Group supported the proposal to reinstate volunteers into clinical areas to support patients.

Heads of Nursing have identified priority schemes for the initial return of volunteers. These are roles that will have the biggest impact on patient experience.

Although the VST lost a significant number of volunteers during the pandemic, the team is working through a process to return those wanting to come back to the priority roles. We are ambitious about returning and recruiting volunteers to the Trust priority schemes. In June 2023 for example, we will have introduced a 'Friendly Faces' role across the SIM CSU, working with our most elderly and vulnerable patients.

Despite restrictions on volunteer roles and activity, the VST has supported 76 active volunteers who gifted 3,730 hours in 2022. These volunteers have been delivering new, innovative roles in the Trust and undertaking remote volunteering opportunities.

We are committed to equity of access and opportunity for our volunteers, and are working towards launching a vision for inclusive, accessible volunteering in June 2023, during National Volunteers Week. This has been created with statutory, third sector and voluntary organisations pledging to strive for best practice in volunteer recruitment, training and retention.

Volunteers and staff celebrating after completing their Sighted Guided Training hosted by Guide Dogs



Christine Mullen, volunteer, writing bereavement cards in the Volunteer Hub

Key Achievements in 2022/23

- Following the launch of the Volunteer to Career pilot the VST supported 11 volunteers in this scheme. All participants reported gaining greater confidence and skills from the programme. Six volunteers went on to further training and one secured a job in the Trust. We are now working to embed this as a standard way of working, ensuring clear, supportive pathways to employment for volunteers who want this.
- The Shape Up 4 Surgery pilot proved successful. Over 400 patients on planned surgical waiting lists from two CSUs have been contacted and supported by a volunteer, giving them access to a friendly chat and information to support their well-being whilst waiting for surgery. Further funding from the West Yorkshire Integrated Care Board has been secured for a further 12 months to continue this work and we plan to use this opportunity to expand the service into a third CSU.
- We have successfully supported young people in the NHS Cadets scheme delivered by St John Ambulance (SJA), to complete their advanced programme. This is an opportunity for young people in challenging circumstances to gain knowledge and experience and potentially follow careers in the NHS. We will continue to work with SJA on this programme and hope to be able to offer rewarding volunteering opportunities to the Cadets.
- The Leeds Way Welcome Team, a volunteer service in the entrances and public spaces in our hospitals supports an average of 54 patients each three-hour shift. These volunteers provide a warm welcome to patients and visitors. They act as way-finders, guides and a practical support to get people where they need to be.
- The VST is now settled into its new Volunteer Hub at St James's and from there is successfully recruiting, supporting and deploying volunteers daily.

We have maintained the Volunteer Response model and regularly, flexibly, organise volunteers to deliver ad hoc tasks for CSUs and departments needing additional resource.

In addition to this, the VST is currently supporting its second intern from Lighthouse Futures and the Project Search initiative.

Lunch Buddies

In January 2023, the VST offered non-clinical staff the opportunity to volunteer as 'Lunch Buddies' and support patients over mealtimes. Encouraging and prompting patients at mealtimes can lead to a more enjoyable experience as well as being a rewarding development opportunity for staff.

Aims for 2023/24

- working with colleagues to develop a role to support discharge
- working with other Trusts and Helpforce to develop, monitor and scale a volunteer programme in the Emergency Department at the LGI initially, before expanding this to St James's
- a collaboration with colleagues in the Chaplaincy team to welcome, retrain and restore the volunteer chaplaincy service across the Trust to enhance the pastoral support offered to patients
- ensuring our team of Leeds Way Welcome volunteers will be visible across three sites to provide specialist support to patients accessing our Ophthalmology department. Using our partnership with Guide Dogs, our volunteers in this role will have successfully received the Sighted Guided Training so they can adequately support people with sight loss
- expanding our partnership with the National Deaf Children's Society to offer meaningful and rewarding volunteering opportunities to young deaf people
- delivering a Volunteer Champion training programme to staff who coordinate volunteers to ensure we are doing our best to support and retain our volunteers, and;
- successfully demonstrating the difference volunteers make to our patients, carers, staff and the Trust and for the volunteer in line with our strategy and vision for 'Excellence in Volunteering'.

Patient and Volunteer Hardship Fund

The Trust understands that in the current climate of rising fuel and food costs making ends meet is difficult for people. We know that some of our patients struggle to attend hospital for their care and treatment because of the impact on their finances or on the finances of their families and carers. Having access to a small amount of funding can help people receive the treatment they need.

During the COVID-19 pandemic we were fortunate to have been provided with a grant to support a Patient and Volunteer Hardship Fund. However, we knew the fund would not be able to support all the people who could benefit from it, as need was great.

The fund is managed by the Trust's Patient Experience and Safeguarding teams who meet regularly to review applications, with payments made - often very quickly due to need - by Leeds Hospitals Charity.

Key Achievements in 2022/23

During 2022/23, the fund provided a total of £33,000 to 104 families or patients.

In August 2022, the Trust Patient and Volunteer Support Fund received further funding, thanks to one of Leeds Hospitals Charity's corporate partners, Lowell. This has enabled the fund to be continued.

Karen Sykes, Head of Safeguarding, Leeds Teaching Hospitals NHS Trust said: "I have been a panel member of the Patient and Volunteer Support Fund since we started two years ago. We have helped many families and volunteers who have found themselves in financial hardship. I am thrilled that additional funding has been donated to ensure we are able to help many more patients and our volunteers."

We have been able to assist patients and their immediate families who have experienced a significant change in income or outgoings as a result of their hospital treatment, admission or care and who are struggling with their finances. The fund has helped families manage travel costs to hospital, attend appointments and provide essential care and comfort to patients during their hospital stay.

We have also been able to offer support to our active hospital volunteers who are in significant financial need.

Further information about the fund can be found on the [Patient & Volunteer Hardship Fund website](#)

Aim for 2023/24

Our aim is to continue to provide a fund for our patients and families during 2023/24 and for our most vulnerable patients to have access to it.

3.6 Chaplaincy

The Chaplaincy service offers pastoral, spiritual, or religious care to patients, staff, and those important to them. When the matter is urgent, we are there 24 hours a day.

The COVID-19 pandemic has continued to shape service delivery and we have valuable insights on how we can continue to improve the care we offer. The number of urgent requests for care has continued to increase compared to pre-pandemic levels. This has highlighted the need for having 24-hour Muslim on call rota which began in early 2022 alongside a Jewish and Christian on call rota. We always strive to have the appropriate faith or belief representative as needed through our relationships with faith and belief communities.

This year saw the arrival of a non-religious pastoral carer - thanks to support from the Leeds Hospitals Charity - who adds to the diversity of faith and belief represented on the team. She has been supporting staff who need to talk, or with specific needs, allowing them to care for themselves as they care for our patients.

Along with the other chaplains, the pastoral carer works closely with the psychology staff support service and the wider Health and Wellbeing team. Having a non-religious pastoral carer builds on the work of Dr Bob Bury, our honorary non-religious chaplain, who retired this year after many years of much appreciated pastoral care. It demonstrates our commitment to be there for all: the non-religious and the religious. This is highlighted further by our work on reflection and prayer spaces; the creation of A Place to Be in St James's University Hospital and plans at Seacroft and Chapel Allerton Hospitals to make the spaces welcoming to all.

Leeds Hospitals Charity has supported us to provide "virtual" services and ceremonies such as A Time to Remember - a ceremony for those whose babies have died before or just after birth - Sikh Prayer Day and carol services, for which we have received positive feedback. We also held distanced prayers for Chanukah. For the first time we marked Holocaust Memorial Day with prayers, which was shared online.

Finally, we have been working closely with the Kaizen Promotion Office team to begin redesigning processes and systems to release time to care and make a more impactful contribution in resourcing the life of the Trust and the people we serve. The COVID-19 pandemic has highlighted how faith and belief can have an impact on health outcomes. We are beginning to look at how we might understand more, enabling us to help reduce health inequalities and promote better outcomes no matter what faith or belief someone has.

3.7 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 pieces of legislation are the Civil Contingencies Act 2004, which identifies the Trust as a category 1 responder and the Health and Social Care Act 2012 which places obligations on the Trust as an NHS-funded provider for emergency preparedness, resilience and response. These are further defined through the NHSE Emergency Preparedness, Resilience and Response (EPRR) Framework 2022 and 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 and Social Care through agreement with the West Yorkshire Local Health Resilience Partnership assurance process and submission through NHSE/1*. The 2022/23 process resulted in an assessment of substantial compliance against the standards.

The Accountable Emergency Officer, Clare Smith, is responsible for the delivery of the Trust's emergency preparedness responsibilities at Board level and the Trust's named Non-Executive Director for Emergency Preparedness as required by the EPRR Framework, is Professor Laura Stroud. The Emergency Preparedness team comprises the Head of Resilience, Senior Resilience Advisor, Emergency Planning Officer and Clerical Officers.

Regular updates on emergency preparedness risks have been provided to the Risk Management Committee. The Emergency Preparedness Co-ordinating 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 2022, the Trust purchased the SmartEvacuation™, hospital evacuation system. Training for the system was rolled out across the Trust and an exercise was held at St. James's in September 2022 to test the system. The debrief report will be used to improve the plans further and then additional exercises will be run at both Leeds General Infirmary (LGI) and at St. James's. This will increase the resilience of the Trust and safety of patients in the event of any incident that requires a major evacuation of any part of the Trust's inpatient areas.

**became NHSE 1 July 2022*

Over the past year, the Trust has held a range of exercises, including a high consequence infectious disease incident at LGI. The largest exercise was a multi-agency live Chemical, Biological, Radiological and Nuclear exercise at LGI in June 2022 with input from the West Yorkshire (WY) Fire Rescue Service, WY Police, Yorkshire Ambulance Service, the Integrated Care Board and Leeds City Council.

In January 2023 the Trust was involved in a bomb threat incident. Multiple wards were evacuated, and command and control established. This was effective and patient and staff safety was maintained.

During the latter months of 2022/23, the response to the widespread industrial action has formed a large part of our emergency preparedness work. This supported the various command meetings and planned and provided an incident coordination centre function to manage the internal and external communication related to the response. After each series of strikes feedback was incorporated into the planning for the next.

3.8 Leeds Hospitals Charity

Leeds Hospitals Charity is the official charity partner of Leeds Teaching Hospitals NHS Trust. Working with Trust staff, we want to raise as many funds and approve as many grant applications as possible, so that we can achieve our mission to support Leeds Teaching Hospitals to deliver the best possible care to patients and their families.

The charity is independent of the Trust and is governed by a Board of Trustees, with Dr Edward Ziff OBE DL as the Chairman and Dame Linda Pollard CBE DL Hon LLD as the linked NHS Trustee. Esther Wakeman is the Chief Executive and she is supported by a senior leadership team and a further 68 paid staff and nearly 300 volunteers.

The Charity and the Trust have formed a strong partnership over the last few years, collaborating on where charitable funding should be spent in order to achieve the maximum impact for both staff and patients.



Grant funding

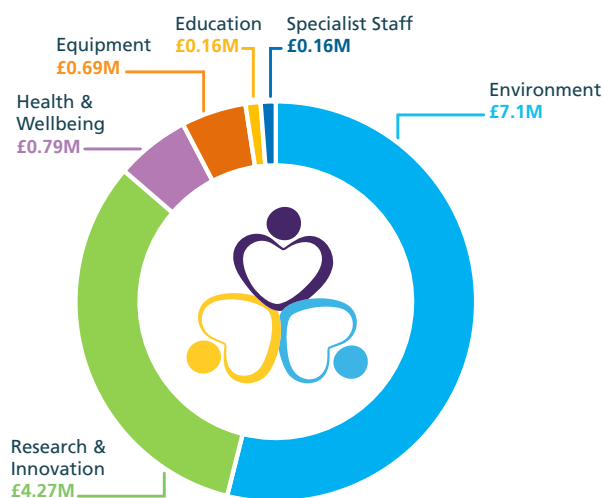
Over the last year we've awarded over £13 million of additional funding to support the Trust, thanks to donations and Gifts in Wills. Each charitable grant aligns with one of our six funding priority areas. We've continued to develop our processes, establishing a Small Grants Panel for a weekly review of applications for £10,000 and under and continuing with joint review groups in order to make funding decisions.

We've spent significant time developing our research management processes including the establishment of a new Scientific Panel chaired by Dr Jonathan Sheffield CBE and alignment with the Association of Medical Research Charities.

As we embed our strategy, we are focused on funding projects that align with our three areas of impact. These three areas are equally important to the hospitals and the city and are where charitable funding can have the biggest impact. They are:

- Innovation and Health Technology
- Treatment of rare conditions
- Reducing health inequalities

Grants by funding priority area



Continuing to support staff at the Trust

Recognising the impact that the legacy of the COVID-19 pandemic continues to have on our hospitals, Leeds Hospitals Charity has worked with the Trust to continue to support staff, providing almost £500,000 to support projects specifically for NHS employees. This has included funding for the annual staff awards, 'Time to Shine', providing thank you hampers at Christmas along with Christmas breakfast or dinner for those working on Christmas Day and subsidised taxis during the festive season.

Leeds Hospitals Charity has ensured that the Trust's Employee Support Fund continues. This gives staff who are experiencing financial hardship the opportunity to apply for small grants up to £500. The Fund has allocated over 200 grants and awarded nearly £100,000 in financial support for staff over the last year.

Leeds Hospitals Charity also continues to provide funding for the renovation of staff rooms and wellbeing spaces to ensure hospital staff are working in the best environment possible.

Innovation and Health Technology

Virtual Reality software for paediatric patients: £75,000

The Play Service Team has received a funding boost to create a new role, a Virtual Reality (VR) Play Specialist, to be funded over two years.

This Play Specialist will support children and young people by helping them to use a virtual reality headset during treatment, so they can play games while the procedure is taking place.

There can be a lot of anxiety and stress for children and their families during treatment, so by using the headset we aim to reduce pain and worry for the child, hoping to create a good distraction or relaxing experience for them.

This provision has previously been part of a six-month research project which explored new ways to improve the delivery and experience of treatment and tested the impact of using the VR headset. The results found that 91% of children who used the headset for the whole treatment said it made treatment better, making them feel happier and more relaxed.

Lucy Dove has been appointed the Virtual Reality Health Play Specialist at Leeds Children's Hospital. She says:

"This funding will enable more children and young people to use virtual reality within their hospital treatment, helping to develop hopefully reductions in the number of general anaesthetics for minor operations and procedures, which can help reduce a child's time spent in hospital. A hospital environment can bring challenges for a child or young person, so using this VR headset helps reduce their anxiety and stress, improving the hospital experience for children and their families."

Examples of making a difference together

During the year, Leeds Hospitals Charity has been delighted to make significant investments in projects across our three impact areas to fund pioneering work that will enhance the care provided to patients, not only in Leeds but across the region and elsewhere. The three projects below are just an example of a range of initiatives funded this year.

Treatment of rare conditions Investment into care and research for Cystic Fibrosis patients: £91,867

Over the past year, Leeds Hospitals Charity has continued to invest in the support of Cystic Fibrosis patients in Leeds. Cystic Fibrosis is an inherited condition which causes sticky mucus to build up in the lungs and digestive system.

Donations to Leeds Hospitals Charity have helped to fund initiatives that make a real difference to people living with Cystic Fibrosis. This includes life-changing research into new drugs that could potentially find a cure for the condition within the next 10 years, the refurbishment of the patient kitchen on the Cystic Fibrosis Unit and providing activities and extra facilities to help make patients feel more at home.

Michelle, who has Cystic Fibrosis, is 43 years old and has been treated at the Trust since she the age of 16.

Michelle has benefitted from some of the charity funding initiatives and told us how they will make a difference to patients like her:

"Over the past eight months I've spent eight weeks in hospital, so I've seen first-hand how charitable donations are making a huge impact. When I'm in isolation away from my husband and daughter, it can be an incredibly lonely time. The little home comforts really do make a difference, like having a comfy chair to relax in and access to TV and entertainment. I've yet to use the sparkling new kitchen facilities, but I will certainly take advantage during my next admission."

Reducing health inequalities

Supporting the refurbishment of older people's wards: £36,648

Last year there were 4,888 patients with dementia admitted to the Older People's wards at the Trust. Thanks to donations, we're helping improve the hospital experience for thousands of older patients by improving the ward environment and providing dementia-friendly activities.

A busy hospital environment can cause distress to older patients with dementia and by bringing the outside in, the staff hope to create calm surroundings where patients feel more relaxed. This includes the installation of 'sky inside' ceiling lights that can be programmed to show clouds moving in the sky or tree branches moving in the wind.

There will also be new artwork above beds, creating landmarks for patients with dementia to help them navigate the ward, murals of familiar Yorkshire locations in the corridors, and large day/night flip calendar clocks to help patients to orientate themselves with the date and time of year.

Activity materials have also been purchased to help provide stimulation and reduce distress for people living with dementia. This includes individual activities like colouring books, puzzles, and jigsaws and group activities for patients, staff and relatives, like playing cards, dominoes and table tennis.

Ali Raycraft, Lead Nurse for Older People said:

"These changes to the ward environment will make a huge difference, particularly to our more vulnerable older people who have dementia. The wards will feel more welcoming and friendly, helping to reduce stress and agitation."

"Taking part in activities can help people to feel better and improve wellbeing, encourage much needed social stimulation, reduce boredom and help patients maintain their independence. This will also help reassure carers and family members who cannot always be on the ward with their loved ones. We aim to both provide activities that are familiar and already enjoyed by patients, and also to introduce them to new activities that they may want to continue when they are discharged."

Fundraising appeals and linked charities

During 2022/23, the Charity's Appeal for the Rob Burrow Centre for Motor Neurone Disease (MND) continued into its second year, reaching a remarkable £3.4 million in income by the end of March 2023. Over 7,000 new donors were motivated to support the charity in aid of the MND appeal. Events like Kevin Sinfield's Ultra challenge inspired people up and down the country to reach out and donate.



The Charity's appeal now moves onto its next stage, with the appointment of a design and architecture team, with a final fundraising target of £6.8 million set so we can build a bespoke, stand-alone centre with first-class facilities.

The Building the Leeds Way programme will see the building of two new hospitals, including a brand-new Children's Hospital, but in the meantime the Charity has continued to support the existing Leeds Children's Hospital, providing £3.7 million in funding for new equipment, specialist staff posts and several major research projects. In the summer of 2023, a major art trail, the Leeds Bear Hunt, will fundraise specifically for Leeds Children's Hospital.



The Leeds Inflammation Fund

As a linked charity, Leeds Hospitals Charity has continued to support the work of Professor Paul Emery and his team at Chapel Allerton Hospital through the Inflammation Fund. The Rheumatology service at Leeds has an international reputation for the management and investigation of rheumatic and musculoskeletal diseases.

Research has already shown that patients with conditions like rheumatoid arthritis can be identified by immune abnormalities several years before diagnosis, because of protein found in their blood. As a centre of excellence, Leeds is at the forefront of world-leading research which has proven that further research into arthritis will improve outcomes for patients with inflammatory diseases and those at risk of developing them in the future.

The team have now developed of a referral network of 500 people who are at risk of developing arthritis, which will give them quicker access to treatment if required. Patients will trial drug therapies and non-invasive conservative therapies to help prevent arthritis, including a focus on dental hygiene, stopping smoking and dietary changes to help reduce the risk of developing the condition.

Kulveer Mankia, Clinical Associate Professor and Honorary Consultant Rheumatologist said:

"The funding from Leeds Hospitals Charity has been a real stepping-stone for us. It has allowed us to shift our focus from early diagnosis of conditions like rheumatoid arthritis to exploring preventative measures. The results of our initial research supported by the Charity have enabled us to unlock new opportunities to secure further funding. We're currently recruiting patients for the 'Exist' trial and will be the first international centre to pilot new tablet medicine in the hope of preventing the development of arthritis."



Leeds Little Livers

Leeds Little Livers is a linked charity of Leeds Hospitals Charity set up to support paediatric transplant patients to participate in the British Transplant Games. In 2022, the Games were held in Leeds and for four days transplant teams from across the country had an opportunity to engage with a range of activities and sports, take part in the donor run and spend time together as a community. The success of Team Leeds in Britain has seen participants qualify for the World Transplant Games in Australia in spring of 2023.

Four-year old Otis was born with Biliary Atresia, which causes scarring of the liver, and needed a liver transplant at three months old. Otis prepared for the Transplant Games by taking part in the 100 days fundraising challenge and completing one kilometre on his bike in the run up to the Games.

Otis' Dad, Jon said:

"For the first couple of years of his life, Otis went through an incredibly tough time and then COVID hit, so he hasn't had the chance to be part of the Leeds Children's Transplant Team. Otis is now at an age where he is starting to understand a bit more about his transplant, the Games and why he's fundraising for charity."

Making research a priority

In 2022/23 Leeds Hospitals Charity committed 50% of the annual grant funding budget to research. Supporting research and innovation is a priority of the Charity, working in partnership with the Trust's Research and Innovation directorate.

We were delighted to receive accreditation by the Association of Medical Research Charities (AMRC) in August 2022 which will enable us to benefit from a network of expertise and knowledge. In March 2023 the Charity's membership of the AMRC meant we've been able to access nearly £1 million of government funding for early career research through the Medical Research Charities Early Career Researchers Support Fund.

A funding call dedicated to stroke research has also resulted in funding being awarded to detect and prevent stroke in patients with Atrial Fibrillation and the development of information packs for stroke patients and families to support recovery.

In 2022, we also partnered with the Brain Tumour Charity to co-fund the ARISTOCRAT trial to investigate the potential benefits of cannabinoids as a treatment for glioblastoma patients which opened to patients in Leeds in March 2023.

Professor Susan Short, Principal Investigator says:

"We now have the opportunity to take these laboratory results, and those from the phase I trial and investigate whether this drug could help glioblastoma patients live longer in this first-of-a-kind randomised clinical trial."

Focusing on paediatric research

This year has also seen significant investment (£3.2 million) in paediatric research through two programmes: the Child Health Outcomes Research at Leeds (CHORAL) research programme and a dedicated study to explore outcomes and quality of life for young people who survive leukaemia and other life-threatening haematological disorders.

The brand-new CHORAL Research Centre has represented a pioneering partnership between Leeds Hospitals Charity and the Faculty of Medicine and Health at the University of Leeds. The Charity has invested over half (£2.6 million) of the £5 million funding required for the programme.

Severe childhood illnesses, including mental health problems, are affecting an increasing number of children and young people and this rate has worsened because of the COVID-19 pandemic. The CHORAL research centre will see three multi-disciplinary groups set up to tackle key areas where research can improve outcomes for young patients, including childhood cancer, children's mental health and life-threatening illnesses.

The study into outcomes and quality of life for young people who survive leukaemia and other life-threatening haematological disorders will increase understanding of the late consequences of survival of life-threatening haematological conditions of childhood. This novel intelligence will allow health and social care services to provide appropriate care and support to improve both the efficiency of care delivered and, more importantly, the quality of survival of affected individuals and their families.

Chronic Lymphocytic Leukaemia

Leeds Hospitals Charity continues to fund research into rare cancers such as Chronic Lymphocytic Leukaemia (CLL). Money raised by the family of the late footballer Norman Hunter has funded a

machine called a 'magnetic cell sorter' which can identify mutated, treatment-resistant cells early and allow for the purification of healthy cells for further analysis. Together, these will better inform the treatment of patients who have CLL and pave the way for personalised treatment and care.

Darren Newton, Lecturer in Haematology and Immunology at the University of Leeds, said:

"We're so grateful to have this fabulous new cell sorter which is a fantastic addition to our academic haematology laboratory. It increases the power of our research, meaning we're able to sort different populations of cells more quickly and efficiently and to obtain results on rare cell populations in a much shorter space of time."



Sue and Claire Hunter with Dr Tal and Dr Rawstron at the University of Leeds laboratory

Doing good together

Leeds Hospitals Charity is supported by the people of Yorkshire, often as a way of saying 'thank you' for the excellent care they, or a friend or family member, have received in one of the hospitals in Leeds.

We receive thousands of donations every year from people who want to show their support for the hard work our NHS staff do and help to make things better for future patients and their families.

We couldn't do what we do without the support of these wonderful donors. From those running marathons and baking cakes, to companies donating goods and services, to our weekly lottery players and the shoppers in our retail stores, every single supporter plays a role in helping to make our hospitals the best that they can be. We are incredibly grateful. Thank you!

To find out more about supporting the charity, or leaving a Gift in your Will, please visit www.leedshospitalscharity.org.uk



SECTION FOUR

FINANCIAL STATEMENTS

Section 4: Financial Statements for 2022/2023

4.1 Statements of responsibility

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed



Professor Phil Wood, Chief Executive
29th June 2023

Statement of Directors' responsibilities in respect of the accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

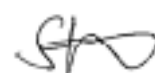
The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The Directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy

By order of the Board



Professor Phil Wood,
Chief Executive
29th June 2023



Simon Worthington,
Director of Finance
29th June 2023

4.2 Independent Auditor's Report to the Directors of the Leeds Teaching Hospitals NHS Trust

Opinion on the financial statements

We have audited the financial statements of The Leeds Teaching Hospitals NHS Trust ('the Trust') for the year ended 31 March 2023, 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 accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2022/23, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 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 2022/23; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

Other information

The 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 2022/23 and prepare the financial statements on a going concern basis, unless the Trust is informed of the

intention for dissolution without transfer of services or function to another public sector entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risks of fraud through management override of controls by performing journal entry testing; and
- Testing a sample of accruals and capital expenditure to address the risk of expenditure recognition.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We have nothing to report in this respect.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21 of the Local Audit and Accountability Act 2014 (as amended) to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS Improvement; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Board of Directors of The Leeds Teaching Hospitals NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of The Leeds Teaching Hospitals NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.



Suresh Patel, Key Audit Partner

For and on behalf of Mazars LLP

30 Old Bailey, London, EC4M 7AU

29 June 2023

4.3 Leeds Teaching Hospitals NHS Trust Annual Accounts 2022/23

Statement of Comprehensive Income for the year ended 31 March 2023

	Note	2022-23 £000	2021-22 £000
Operating income from patient care activities	3	1,598,484	1,492,905
Other operating income	4	245,504	235,040
Operating expenses	6, 8	(1,771,742)	(1,698,848)
Operating surplus from continuing operations		72,246	29,097
Finance income	10	2,348	66
Finance expenses	11	(18,671)	(15,033)
PDC dividends payable		(9,276)	(7,016)
Net finance costs		(25,599)	(21,983)
Other gains / (losses)	12	(208)	595
Surplus for the year		46,439	7,709
Other comprehensive income			
Other reserve movements		1,593	-
Total comprehensive income for the year*		48,032	7,709

*The adjusted financial performance for 2022/23 is a surplus of £7.6m (2021/22 £5.9m) and is disclosed in Note 36

Statement of Financial Position as at 31 March 2023

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	13	12,688	14,450
Property, plant and equipment	14	742,488	616,355
Right of use assets	17.1	21,359	-
Receivables	19	5,872	4,717
Total non-current assets		782,407	635,522
Current assets			
Inventories	18	24,641	22,973
Receivables	19	96,011	66,573
Cash and cash equivalents	20	90,925	97,109
Total current assets		211,577	186,655
Current liabilities			
Trade and other payables	21	(235,827)	(192,748)
Borrowings	23	(10,305)	(11,215)
Provisions	24	(16,989)	(4,697)
Other liabilities	22	(25,935)	(29,838)
Total current liabilities		(289,056)	(238,498)
Total assets less current liabilities		704,928	583,679
Non-current liabilities			
Borrowings	23	(170,958)	(162,594)
Provisions	24	(7,767)	(10,213)
Total non-current liabilities		(178,725)	(172,807)
Total assets employed		526,203	410,872
Financed by			
Public dividend capital		557,967	491,286
Revaluation reserve		143	143
Income and expenditure reserve		(31,907)	(80,557)
Total taxpayers' equity		526,203	410,872

The notes on pages 121 to 153 form part of these accounts.

The accounts were approved by the Board of Directors at its meeting on 29 June 2023 and signed on its behalf by:

Name:	Professor Phil Wood	Simon Worthington
Position:	Chief Executive	Director of Finance
Date:	29 June 2023	

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

	Public Dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2022 - brought forward	491,286	143	(80,557)	410,872
Implementation of IFRS 16 on 1 April 2022	-	-	618	618
Surplus for the year	-	-	46,439	46,439
Other transfers between reserves	-	-	-	-
Public dividend capital received	67,166	-	-	67,166
Public dividend capital repaid	(485)	-	-	(485)
Other reserve movements	-	-	1,593	1,593
Taxpayers' equity at 31 March 2023	557,967	143	(31,907)	526,203

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2022

	Public Dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2021 - brought forward	458,415	4,182	(92,305)	370,292
Surplus for the year	-	-	7,709	7,709
Other transfers between reserves	-	(4,039)	4,039	-
Public dividend capital received	32,871	-	-	32,871
Public dividend capital repaid	-	-	-	-
Other reserve movements	-	-	-	-
Taxpayers' equity at 31 March 2022	491,286	143	(80,557)	410,872

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 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 2023

	Note	2022-23 £000	2021-22 £000
Cash flows from operating activities			
Operating surplus		72,246	29,097
Non-cash income and expense:			
Depreciation and amortisation	6	35,216	34,275
Net impairments	7	(26,112)	20,657
Income recognised in respect of capital donations	4	(14,420)	(24,762)
(Increase) in receivables and other assets		(36,693)	(12,554)
(Increase) in inventories		(1,668)	(428)
Increase in payables and other liabilities		29,534	27,267
Increase in provisions		9,802	5,047
Net cash flows from operating activities		67,905	78,599
Cash flows from investing activities			
Interest received		2,348	66
Purchase of intangible assets		(555)	(8,416)
Purchase of property, plant and equipment		(121,214)	(89,669)
Sales of property, plant and equipment		134	609
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(58)	-
Receipt of cash donations to purchase assets		20,142	11,489
Net cash flows (used in) investing activities		(99,203)	(85,921)
Cash flows from financing activities			
Public dividend capital received		67,166	32,871
Public dividend capital repaid		(485)	-
Movement on loans from DHSC		(2,056)	(2,556)
Capital element of lease liability repayments		(3,694)	(382)
Capital element of PFI payments		(8,711)	(9,170)
Interest on loans		(529)	(601)
Interest element of lease liability repayments		(635)	(474)
Interest paid on PFI obligations		(17,542)	(13,986)
PDC dividend paid		(8,400)	(6,575)
Net cash flows from financing activities		25,114	(873)
(Decrease) in cash and cash equivalents		(6,184)	(8,195)
Cash and cash equivalents at 1 April - brought forward		97,109	105,304
Cash and cash equivalents at 31 March	20	90,925	97,109

Notes to the Accounts

1. Accounting policies and other information

1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

1.3 Interests in other entities

The Trust has no interests in other entities.

1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is from contracts held with commissioners for health care services. Funding envelopes are set at both at an Integrated Care System (ICS) level for secondary care and NHS England Regional level for specialised services and Public Health. The majority of the Trust's income is earned from commissioners in the form of fixed payments to fund an agreed level of activity.

The contract funding is allocated on an Aligned Payments and Incentives (API) model which is a type of blended payments model. It involves:

- providers and commissioners locally agreeing a fixed element to deliver an agreed level of activity; and
- a variable element to reflect quality of care (best practice tariffs and CQUIN) and address deviations from planned activity levels used to set the fixed element.

In 2022/23 the API rules fixed payments are set at a level assuming the achievement of elective activity targets. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differs from the agreed level set in the fixed payments, the variable element either increases or reduces the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients setting incentives for improving quality and best standards of surgical care. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner.

In 2022/23 payment under these schemes is included in fixed payments from commissioners based on assumed achievement of criteria. Adjustments for actual performance are made through the variable element of the contract payments.

For 2022-23, the Trust agreed with commissioners a more local approach to the API rules ensuring achievement and quality were maintained whilst supporting the sustainability of services and achievement of waiting list reductions.

Elective recovery funding provides additional funding for the delivery of elective services. In 2022/23 elective recovery funding was included within the aligned payment and incentive contracts. In 2021/22 income earned by the system based on achievement of elective recovery targets was distributed between individual entities by local agreement and income earned from the fund was accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.5. Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust (“NEST”) Pension Scheme

The Trust provides certain employees, who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period.

1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase

dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings - market value for existing use
- Specialised buildings - depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the Revaluation Reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the Revaluation Reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the Revaluation Reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the Revaluation Reserve to the Income and Expenditure Reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the Revaluation Reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the Revaluation Reserve. Where, at the time of the original impairment, a transfer was made from the Revaluation Reserve to the Income and Expenditure Reserve, an amount is transferred back to the Revaluation Reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as a finance cost as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

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 IAS17. 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 IAS17.

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.

PFI 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.

Assets contributed by the Trust to the operator

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.

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.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	2	80
Dwellings	2	80
Plant & machinery	5	18
Transport equipment	5	10
Information technology	3	11

1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	5	7
Software licences	2	7

1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.12 Investment properties

The Trust does not hold any investment properties.

1.13 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.

1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise stage 1 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 and stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.15 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Also, the Trust has not applied the above recognition requirements where the lease or rental arrangements do not meet the right of use IFRS16 criteria such as substitution.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the Income and Expenditure Reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the Statement of Financial Position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line basis.

1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

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 24.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.19 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Corporation tax

The Trust does not have any Corporation Tax liability.

1.21 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

1.22 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expenditure in the period in which they arise.

1.23 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM (see Note 20.2).

1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.25 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.

1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

Application of liability measurement principles to PFI and other service concession arrangements

From 1 April 2023, the measurement principles of IFRS 16 will also be applied to the Trust's PFI liabilities where future payments are linked to a price index representing the rate of inflation. The PFI liability will be remeasured when a change in the index causes a change in future repayments and that change has taken effect in the cash flow. Such remeasurements will be recognised as a financing cost. Under existing accounting practices, amounts relating to changes in the price index are expensed as incurred.

Initial application of these principles will be on 1 April 2023 using a modified retrospective approach with the cumulative impact taken to reserves. This is expected to result in an increased PFI liability on the Statement of Financial Position. The effect of this has not yet been quantified as final guidance is awaited from the Department of Health and Social Care.

Other standards, amendments and interpretations

IFRS 17 Insurance contracts

IFRS 17 Insurance contracts - Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted. It is not anticipated that adoption of this standard will have a material impact on the financial statements of the Trust.

1.28 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 Note 1.9 and Note 27 PFI transactions.
- The Energy Centre development at St James's University Hospital site has been judged to contain a lease. The site was developed under a 15 year contractual arrangement with Vital Energy and following an assessment under IFRIC 4, the arrangement assessed as containing a lease.
- The Trust has decided to adopt a single site valuation for the Modern Equivalent Asset valuation of the estate following the RICS principles. See Note 1.9 and Note 16.
- Leases have been reviewed in line with IFRS16 to determine whether the Trust has a right of use asset. See Note 1.15 and Note 17
- The Trust has a Managed Equipment Service with Philips for the provision of cath lab services and has calculated the relevant components making up this lease by assessing the relevant proportion of lease charges for consumables and management fees and excluded from the Right of Use asset value.

1.29 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Valuation of Plant, Property and Equipment - Note 1.9 and Note 16. The Trust has used valuations carried out at 31 March 2023 and 31 March 2022 by its expert independent professional valuer (Cushman & Wakefield) to determine the value of property. These property valuations and useful lives are based on the Royal Institute of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury and the Department of Health and Social Care. The carrying value of property at 31 March 2023 is £456.3m.
- Provision for Impairment of Receivables - Note 1.14 and Note 19.2. The Trust is required to judge when there is sufficient evidence to impair individual receivables which is undertaken taking into account the age profile and class of receivable. The Trust adopts a prudent approach when setting the expected credit loss based on a forward look of credit risk. Every effort is made to collect the debt, even when it has been impaired, and it is only written off as a final course of action after all possible recovery efforts have been made. The actual level of debt eventually written off may be different to that which has been judged as impaired. The carrying value of the provision for impairment of receivables at 31 March 2023 is £5.1m.
- Provisions - Note 1.16 and Note 24. Provisions, by their nature, are a matter of judgement, with the best estimate made based on the information available at that the time. The carrying value of provisions at 31 March 2023 is £24.8m.

2. Operating Segments

The Trust has determined that the Chief Operating Decision Maker (as defined by IFRS 8) is the Board of Directors on the basis that all strategic decisions are made by the Board.

The Trust engages in its activity as a single operating segment i.e. the provision of healthcare. Financial results are reported to the Board under the single segment of healthcare. Whilst the Trust operates a number of different clinical services via its clinical service units, they each provide essentially the same service (patient care), have the same customers (commissioners), use similar processes and services and face fundamentally the same risks.

3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

3.1 Income from patient care activities (by nature)

	2022/23 £000	2021/22 £000
Acute services		
Income from commissioners under API contracts*	1,164,819	1,114,458
High cost drugs income from commissioners (excluding pass-through costs)	307,129	299,977
Other NHS clinical income	3,294	16,131
All services		
Private patient income	1,437	3,845
Elective recovery fund	41,207	15,609
Agenda for change pay award central funding***	33,239	-
Additional pension contribution central funding**	40,617	38,173
Other clinical income	6,742	4,712
Total income from activities	1,598,484	1,492,905

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents. <https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/>

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

3.2 Income from patient care activities (by source)

Received from:	2022/23 £000	2021/22 £000
NHS England*	816,560	702,831
Clinical commissioning groups**	184,126	778,854
Integrated care boards**	588,024	
Department of Health and Social Care	13	22
Other NHS providers	166	1,242
NHS other	1,429	1,420
Non-NHS: private patients	1,437	3,845
Non-NHS: overseas patients (chargeable to patient)	1,221	418
Injury cost recovery scheme	4,758	3,310
Non NHS: other	750	963
Total income from activities	1,598,484	1,492,905
Of which:		
Related to continuing operations	1,598,484	1,492,905

*Income from NHS England includes £40.6m (2021/22 £38.2m) to cover the increase in the cost of employers contributions to the NHS Pension Scheme (see Notes 8 and 9).

**On 30 June 2022, Clinical Commissioning Groups were disbanded and their function taken over by Intergrated Care Boards from 1 July 2022.

3.3 Overseas visitors (relating to patients charged directly by the provider)

	2022/23 £000	2021/22 £000
Income recognised this year	1,221	418
Cash payments received in-year	350	197
Amounts added to provision for impairment of receivables	718	352
Amounts written off in-year	325	121

4. Other operating income

	2022/23			2021/22		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	35,001	-	35,001	31,020	-	31,020
Education and training	91,546	3,518	95,064	81,243	3,460	84,703
Non-patient care services to other bodies	50,613	-	50,613	40,878	-	40,878
Reimbursement and top up funding	4,100	-	4,100	18,820	-	18,820
Income in respect of employee benefits accounted on a gross basis	15,862	-	15,862	13,688	-	13,688
Receipt of capital grants and donations	-	14,420	14,420	-	24,762	24,762
Charitable and other contributions to expenditure	-	5,335	5,335	-	4,427	4,427
Rental revenue from operating leases	-	2,040	2,040	-	1,384	1,384
Other income*	23,069	-	23,069	15,358	-	15,358
Total other operating income	220,191	25,313	245,504	201,007	34,033	235,040
Of which:						
Related to continuing operations			245,504			235,040

*Other income incorporates income received for goods and services which are incidental to the Trust's core activity of healthcare, for example, creche fees and catering.

5. Operating leases - the Leeds Teaching Hospitals NHS Trust as lessor

This note discloses income generated in operating lease agreements where The Leeds Teaching Hospitals NHS Trust is the lessor.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

The Generating Station Complex at Leeds General Infirmary is licenced to Engie Ltd who supply the Trust and University of Leeds with electricity. Other leases relate to various retail facilities provided across the Trust's sites.

5.1 Operating lease income

	2022/23 £000	2021/22 £000
Lease receipts recognised as income in year:		
Minimum lease receipts	2,040	1,384
Total in-year operating lease income	2,040	1,384

5.2 Future lease receipts

	31 March 2023 £000
Future minimum lease receipts due at 31 March 2023:	
not later than one year	2,034
later than one year and not later than two years	2,021
later than two years and not later than three years	1,790
later than three years and not later than four years	915
later than four years and not later than five years	431
later than five years	1,528
Total	8,719
	31 March 2022 £000
Future minimum lease receipts due at 31 March 2022:	
not later than one year;	1,459
later than one year and not later than five years;	4,449
later than five years.	1,867
Total	7,775

6. Operating expenses

6.1 Operating expenses

	2022/23 £000	2021/22 £000
Purchase of healthcare from NHS and DHSC bodies	62	-
Purchase of healthcare from non-NHS and non-DHSC bodies	23,681	19,656
Staff and executive directors costs	1,061,315	962,026
Remuneration of non-executive directors	222	215
Supplies and services - clinical (excluding drugs costs)*	191,325	182,293
Supplies and services - general	9,495	12,794
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	285,106	266,116
Consultancy costs	620	957
Establishment	8,382	8,532
Premises	70,769	74,831
Transport (including patient travel)	5,935	5,733
Depreciation on property, plant and equipment and right of use assets	32,899	30,995
Amortisation on intangible assets	2,317	3,280
Net impairments**	(26,112)	20,657
Movement in credit loss allowance: contract receivables / contract assets	1,531	570
Change in provisions discount rate(s)	(548)	92
Fees payable to the external auditor: audit services- statutory audit***	122	102
Internal audit costs	434	384
Clinical negligence	39,416	41,920
Legal fees	579	399
Insurance	816	976
Research and development	29,078	25,355
Education and training	9,370	8,553
Expenditure on short term leases (current year only)	278	
Expenditure on low value leases (current year only)	82	
Operating lease expenditure (comparative only)		3,114
Redundancy	162	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI)	10,954	10,151
Car parking & security	328	433
Hospitality	95	76
Losses, ex gratia & special payments	44	50
Other services	2,044	1,474
Other****	10,941	17,114
Total	1,771,742	1,698,848
Of which: Related to continuing operations	1,771,742	1,698,848

*Supplies and services expenditure in 2022/23 includes the use of donated PPE that was purchased by the DHSC and issued to the Trust of £4.4m (2021/22 -£13.7m).

**Detail on the impairments can be found at Note 7.

***Audit fees include irrecoverable VAT (see Note 1.19)

****Other expenses incorporates the costs for goods and services which are incidental to the Trust's core activity, for example, hosted services or childcare vouchers and lease cars (both recovered through income).

6.2 Nightingale Facilities

During 2021/22 the Trust was a host for a Nightingale Surge Hub which closed at the end of March 2022.

The total costs associated with the Nightingale Surge Hub in 2021/22 are disclosed below for information; this does not include where existing resources were redeployed so the note below represents the additional cost to the Trust of operating the facility. Incremental costs associated with operating the facility have been reimbursed by NHS England. The Surge Hub was hosted on Trust estate and procured through a P22 framework provider.

	2022/23 £000	2021/22 £000
Set up costs:		
Other operating costs	-	4,652
Running costs:		
Other operating costs	-	31
Decommissioning costs:		
Other operating costs	-	266
Total gross costs	-	4,949

6.3 Other auditor remuneration

There is no other remuneration paid to the external auditor in either of the financial years 2022/23 or 2021/22.

6.4 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2022/23 or 2021/22.

7. Impairment of assets

Net impairments charged / (credited) to operating surplus resulting from:	2022/23 £000	2021/22 £000
Other	(26,112)	20,657
Total net impairments charged to operating surplus	(26,112)	20,657
Impairments charged to the revaluation reserve		-
Total net impairments	(26,112)	20,657

The impairment reversal in 2022/23 and impairment in 2021/22 arises following the full valuation of the Trust's estate undertaken by an independent valuer. Full details can be found in Note 16.

8. Employee benefits

	2022/23 £000	2021/22 £000
Salaries and wages	839,174	740,049
Social security costs	78,177	69,271
Apprenticeship levy	4,013	3,633
Employer's contributions to NHS pensions	132,581	125,192
Termination benefits	162	-
Temporary staff (including agency)	38,040	51,165
Total gross staff costs	1,092,147	989,310
Recoveries in respect of seconded staff	-	-
Total staff costs	1,092,147	989,310
Of which: Costs capitalised as part of assets	3,796	3,552

8.1 Retirements due to ill-health

During 2022/23 there were 18 early retirements from the Trust agreed on the grounds of ill-health (12 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £1,039k (£464k in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

9. Pension costs

Past and present employees are covered by the provisions of the 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. The costs for 2022/23 and 2021/22 are shown in Note 8. The estimated costs for 2023/24 are £140m.

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 2023, is based on valuation data as at 31 March 2022, updated to 31 March 2023 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 at 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

c) National Employment Savings Trust Pension

Under the terms of the Pensions Act 2008 the Trust is required to provide a pension scheme for employees who are not eligible for membership of the NHS Pension Scheme. Qualifying employees are enrolled in the National Employment Savings Trust (NEST) managed scheme

NEST is a defined contribution scheme managed by a third party organisation. It carries no possibility of actuarial gain or loss to the Trust and there are no financial liabilities other than payment of the 3% employers contribution of qualifying earnings. Employer contributions are charged directly to the Statement of Comprehensive Income and paid to NEST monthly. Employer contributions during 2022/23 amounted to £408k (2021/22 - £316k). At 31st March 2023 there were 2,107 employees enrolled in the scheme (1,732 at 31 March 2022). Further details of the scheme can be found at www.nestpensions.org.uk.

10. Finance Income

Finance income represents interest received on assets and investments in the period.

	2022/23 £000	2021/22 £000
Interest on bank accounts	2,348	66
Total finance income	2,348	66

11. Finance Expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

11.1 Interest Expense

	2022/23 £000	2020/21 £000
Interest on loans from the Department of Health and Social Care	525	599
Interest on lease obligations	635	474
Main finance costs on PFI schemes obligations	6,619	6,961
Contingent finance costs on PFI scheme obligations	10,923	7,025
Total interest expense	18,702	15,059
Unwinding of discount on provisions	(31)	(26)
Total finance costs	18,671	15,033

11.2 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.

12. Other gains

	2022/23 £000	2021/22 £000
Gains on disposal of assets	134	611
Losses on disposal of assets	(342)	(16)
Total other gains	(208)	595

Obsolete and surplus items of equipment were sold during the current and preceding financial year. This resulted in an overall loss of £208k (2021/22 surplus £595k).

13. Intangible assets

13.1 Intangible assets - 2022/23

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2022 - brought forward	2,736	24,082	-	26,818
Additions	522	33	-	555
Reclassifications	-	(6,766)	6,766	-
Valuation / gross cost at 31 March 2023	3,258	17,349	6,766	27,373
Amortisation at 1 April 2022 - brought forward	1,796	10,572	-	12,368
Provided during the year	411	1,906	-	2,317
Amortisation at 31 March 2023	2,207	12,478	-	14,685
Net book value at 31 March 2023	1,051	4,871	6,766	12,688
Net book value at 1 April 2022	940	13,510	-	14,450

13.2 Intangible assets - 2021/22

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2021 - brought forward	2,321	16,048	-	18,369
Additions	415	8,001	-	8,416
Reclassifications	-	33	-	33
Valuation / gross cost at 31 March 2022	2,736	24,082	-	26,818
Amortisation at 1 April 2021 - brought forward	1,227	7,861	-	9,088
Provided during the year	569	2,711	-	3,280
Amortisation at 31 March 2022	1,796	10,572	-	12,368
Net book value at 31 March 2022	940	13,510	-	14,450
Net book value at 1 April 2021	1,094	8,187	-	9,281

14. Property Plant and Equipment

14.1 Property, Plant and Equipment - 2022/23

	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 2022 - brought forward	12,535	401,210	889	68,529	247,191	532	87,181	1,387	819,454
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	(531)	-	-	-	-	-	-	(531)
Additions	-	16,880	-	95,104	13,425	-	4,950	-	130,359
Impairments	(524)	(6,845)	-	-	-	-	-	-	(7,369)
Reversals of impairments	-	19,691	56	-	-	-	-	-	19,747
Reclassifications	-	12,314	-	(12,130)	-	-	(184)	-	-
Disposals / derecognition	-	-	-	-	(1,047)	-	-	(19)	(1,066)
Valuation/gross cost at 31 March 2023	12,011	442,719	945	151,503	259,569	532	91,947	1,368	960,594
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-	149,389	532	51,791	1,387	203,099
Provided during the year	-	13,624	28	-	9,468	-	6,263	-	29,383
Reversals of impairments	-	(13,624)	(28)	-	-	-	-	-	(13,652)
Disposals / derecognition	-	-	-	-	(705)	-	-	(19)	(724)
Accumulated depreciation at 31 March 2023	-	-	-	-	158,152	532	58,054	1,368	218,106
Net book value at 31 March 2023	12,011	442,719	945	151,503	101,417	-	33,893	-	742,488
Net book value at 1 April 2022	12,535	401,210	889	68,529	97,802	-	35,390	-	616,355

14.2 Property, Plant and Equipment - 2021/22

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2021 - brought forward	11,607	391,166	892	59,159	224,529	532	69,382	1,387	758,654
Additions	-	14,656	-	44,013	23,606	-	14,112	-	96,387
Impairments	-	(37,940)	(3)	-	-	-	-	-	(37,943)
Reversals of impairments	928	2,405	-	-	-	-	-	-	3,333
Reclassifications	-	30,923	-	(34,643)	-	-	3,687	-	(33)
Disposals / derecognition	-	-	-	-	(944)	-	-	-	(944)
Valuation/gross cost at 31 March 2022	12,535	401,210	889	68,529	247,191	532	87,181	1,387	819,454
Accumulated depreciation at 1 April 2021 - brought forward	-	-	-	-	141,510	532	43,557	1,387	186,986
Provided during the year	-	13,927	26	-	8,808	-	8,234	-	30,995
Impairments	-	(13,927)	(26)	-	-	-	-	-	(13,953)
Disposals / derecognition	-	-	-	-	(929)	-	-	-	(929)
Accumulated depreciation at 31 March 2022	-	-	-	-	149,389	532	51,791	1,387	203,099
Net book value at 31 March 2022	12,535	401,210	889	68,529	97,802	-	35,390	-	616,355
Net book value at 1 April 2021	11,607	391,166	892	59,159	83,019	-	25,825	-	571,668

14.3 Property, plant and equipment financing- 31 March 2023

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Total £000
Owned - purchased	12,011	304,775	945	128,295	80,102	33,845	559,973
On-SoFP PFI contracts and other service concession arrangements	-	129,750	-	-	9,430	-	139,180
Owned - donated/ granted	-	8,194	-	23,208	11,885	48	43,335
Total net book value at 31 March 2023	12,011	442,719	945	151,503	101,417	33,893	742,488

14.4 Property, plant and equipment financing- 31 March 2022

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Total £000
Owned - purchased	12,535	275,002	889	51,371	75,162	34,101	449,060
Finance leased	-	532	-	-	-	-	532
On-SoFP PFI contracts and other service concession arrangements	-	118,115	-	-	11,685	-	129,800
Owned - donated/ granted	-	7,561	-	17,158	10,955	1,289	36,963
Total net book value at 31 March 2022	12,535	401,210	889	68,529	97,802	35,390	616,355

14.5 Property, plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Total £000
Subject to an operating lease	-	8,962	-	-	-	-	8,962
Not subject to an operating lease	12,011	433,757	945	151,503	101,417	33,893	733,526
Total net book value at 31 March 2023	12,011	442,719	945	151,503	101,417	33,893	742,488

15. Donations of property, plant and equipment

During the year the Trust received grants and donations to fund capital assets from the following:

	2022/23 £000	2021/22 £000
Leeds Hospitals Charity (previously Leeds Cares)	1,166	581
Northern Pathology Imaging Co-operative	3,363	9,874
Health Education England	379	76
Department of Health & Social Care	168	1,401
Salix	9,070	12,607
Others	274	223
Total donations for property, plant and equipment	14,420	24,762

The grants received from Northern Pathology Imaging Co-operative are funding digital pathology investment. 2021/22 represented Wave 2 funding. The Salix grant has been awarded to fund de-carbonisation investments across the Trust.

16. Revaluations of property, plant and equipment

A full 5 yearly cyclical valuation of the Trust's entire estate was carried out during 2019/20. For 2022/23, an interim valuation was conducted by Cushman and Wakefield, who issued their reports dated 31 March 2023. In 2021/22 a desk top exercise was performed. The valuations were based on existing use. The report for 2021/22, completed in accordance with guidance issued by Royal Institution of Chartered Surveyors ("RICS"), gave a value of the estate of £414.6m. For 2022/23, the report completed in accordance with guidance issued by RICS, gave a value of the estate of £456.3m.

17. Leases - the Leeds Teaching Hospitals NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust has short term and low value leases for items of medical and non-medical equipment, vehicles and short-term property lets. None of these are individually significant.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

17.1 Right of use assets - 2022/23

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	531	-	-	531	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	14,509	6,405	667	21,581	9,095
Additions	672	1,636	-	2,308	-
Remeasurements of the lease liability	283	-	15	298	-
Movements in provisions for restoration / removal costs	75	-	-	75	-
Reversal of impairments	68	-	-	68	-
Valuation/gross cost at 31 March 2023	16,138	8,041	682	24,861	9,095
Provided during the year	2,357	926	233	3,516	1,231
Reversal of impairments	(14)	-	-	(14)	-
Accumulated depreciation at 31 March 2023	2,343	926	233	3,502	1,231
Net book value at 31 March 2023	13,795	7,115	449	21,359	7,864
Net book value of right of use assets leased from other NHS providers					5,834
Net book value of right of use assets leased from other DHSC group bodies					2,030

17.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the Statement of Financial Position. A breakdown of borrowings is disclosed in Note 23.1.

	2022/23 £000
Carrying value at 31 March 2022	9,802
IFRS 16 implementation - adjustments for existing operating leases	20,963
Lease additions	2,250
Lease liability remeasurements	298
Interest charge arising in year	635
Lease payments (cash outflows)	(4,329)
Other changes	(1,593)
Carrying value at 31 March 2023	28,026

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

17.3 Maturity analysis of future lease payments at 31 March 2023

	Total 31 March 2023 £000	Of which leased from DHSC group bodies: 31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year;	4,597	1,188
- later than one year and not later than five years;	15,499	4,442
- later than five years.	11,626	2,556
Total gross future lease payments	31,722	8,186
Finance charges allocated to future periods	(3,696)	(286)
	28,026	7,900
Of which:		
Leased from other NHS providers		5,861
Leased from other DHSC group bodies		2,039

17.4 Maturity analysis of finance lease liabilities at 31 March 2022 (IAS 17 basis)

The following table details the maturity of obligations under leases the Trust previously determined to be finance leases under IAS 17 at 31 March 2022.

	31 March 2022
Undiscounted future lease payments payable in:	
- not later than one year;	832
- later than one year and not later than five years;	3,587
- later than five years.	8,677
Total gross future lease payments	13,096
Finance charges allocated to future periods	(3,294)
Net finance lease liabilities at 31 March 2022	9,802
of which payable:	
- not later than one year;	423
- later than one year and not later than five years;	2,155
- later than five years.	7,224

17.5 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	3,114
Total	3,114
Future minimum lease payments due:	
- not later than one year;	2,350
- later than one year and not later than five years;	7,007
- later than five years.	2,147
Total	11,504

17.6 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in Note 1.15.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	11,504
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	10,887
Less:	
Commitments for short term leases	(29)
Irrecoverable VAT previously included in IAS 17 commitment	(1,080)
Other adjustments:	
Differences in the assessment of the lease term	2,300
Rent increases reflected in the lease liability, not previously reflected in the IAS 17 commitment	327
Finance lease liabilities under IAS 17 as at 31 March 2022	9,802
Other adjustments	8,558
Total lease liabilities under IFRS 16 as at 1 April 2022	30,765

18. Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	8,952	8,223
Consumables	14,826	13,861
Energy	863	889
Total inventories	24,641	22,973
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £437,141k (2021/22: £411,155k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £4,100k of items purchased by the Department of Health and Social Care (2021/22: £3,713k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

19. Receivables

19.1 Receivables analysis

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables	77,167	42,178
Capital receivables	7,177	13,066
Allowance for impaired contract receivables / assets	(4,169)	(3,186)
Prepayments (non-PFI)	9,539	7,700
PFI lifecycle prepayments	500	1,188
PDC dividend receivable	-	141
VAT receivable	5,232	5,173
Other receivables	565	313
Total current receivables	96,011	66,573
Non-current		
Contract receivables	3,684	3,096
Allowance for impaired contract receivables / assets	(916)	(736)
PFI lifecycle prepayments	810	192
Other receivables	2,294	2,165
Total non-current receivables	5,872	4,717
Of which receivables from NHS and DHSC group bodies:		
Current	49,939	21,481
Non-current	2,294	2,165

The majority of trade is with NHS England and Clinical Commissioning Groups pre 30 June 2022 and Integrated Care Boards post 30 June 2022. As NHS bodies are funded by Government to buy NHS patient care services, credit scoring of them is not considered necessary.

Non-current other receivables represent costs to be reimbursed by NHS England in relation to the Clinicians' Pension Tax provision (Note 24.1).

19.2 Allowances for credit losses

	2022/23	2021/22
	Contract receivables and contract assets £000	Contract receivables and contract assets £000
Allowances as at 1 April - brought forward	3,922	3,586
New allowances arising	1,531	570
Utilisation of allowances (write offs)	(368)	(234)
Allowances as at 31 Mar 2023	5,085	3,922

19.3 Exposure to credit risk

Since the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31st March 2023 are in receivables from customers, as disclosed in the contracts receivables note (Note 19.1).

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.

	2022/23 £000	2021/22 £000
At 1 April	97,109	105,304
Net change in year	(6,184)	(8,195)
At 31 March	90,925	97,109
Broken down into:		
Cash in hand	18	19
Cash with the Government Banking Service	90,907	97,090
Total cash and cash equivalents as in SoCF	90,925	97,109

20.2 Third party assets held by the Trust

The Leeds Teaching Hospitals NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the Trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2023 £000	31 March 2022 £000
Bank balances	3	10
Total third party assets	3	10

21. Trade and other payables

	31 March 2023 £000	31 March 2022 £000
Current		
Trade payables	54,745	55,869
Capital payables	31,697	22,790
Accruals	112,558	78,943
Social security costs	11,588	11,540
Other taxes payable	11,298	10,426
PDC dividend payable	735	
Pension contributions payable	12,915	12,467
Other payables	291	713
Total current trade and other payables	235,827	192,748
Of which payables from NHS and DHSC group bodies:		
Current	4,259	3,112

22. Other liabilities

	31 March 2023 £000	31 March 2022 £000
Current		
Deferred income: contract liabilities	25,935	29,838
Total other current liabilities	25,935	29,838

Deferred income: Contract Liabilities includes, amongst other elements, research projects. In line with IFRS 15 where income is received that relates to a performance obligation that is to be satisfied in a future period the income is deferred and recognised as a contract liability until the performance obligation is delivered.

23. Borrowings

23.1 Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Loans from DHSC	2,076	2,080
Lease liabilities*	1,117	423
Obligations under PFI contracts	7,112	8,712
Total current borrowings	10,305	11,215
Non-current		
Loans from DHSC	13,338	15,394
Lease liabilities*	26,909	9,379
Obligations under PFI contracts	130,711	137,821
Total non-current borrowings	170,958	162,594

*The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in Note 17.

23.2 Reconciliation of liabilities arising from financing activities - 2022/23

	Loans from DHSC £000	Lease liability £000	PFI schemes £000	Total £000
Carrying value at 1 April 2022	17,474	9,802	146,533	173,809
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,056)	(3,694)	(8,711)	(14,461)
Financing cash flows - payments of interest	(529)	(635)	(6,618)	(7,782)
Non-cash movements:				
Impact of implementing IFRS 16 on 1 April 2022	-	20,963	-	20,963
Additions	-	2,250	-	2,250
Lease liability remeasurements	-	298	-	298
Application of effective interest rate	525	635	6,619	7,779
Other changes	-	(1,593)	-	(1,593)
Carrying value at 31 March 2023	15,414	28,026	137,823	181,263

23.3 Reconciliation of liabilities arising from financing activities - 2021/22

	Loans from DHSC £000	Lease liability £000	PFI schemes £000	Total £000
Carrying value at 1 April 2021	20,032	10,184	155,704	185,920
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,556)	(382)	(9,170)	(12,108)
Financing cash flows - payments of interest	(601)	(474)	(6,962)	(8,037)
Non-cash movements:				
Application of effective interest rate	599	474	6,961	8,034
Carrying value at 31 March 2022	17,474	9,802	146,533	173,809

24. Provisions for liabilities and charges

24.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Restructuring £000	Other £000	Total £000
At 1 April 2022	2,634	2,631	3,848	-	5,797	14,910
Change in the discount rate	-	(548)	-	-	(2,058)	(2,606)
Arising during the year	104	106	8,800	3,400	2,553	14,963
Utilised during the year	(239)	(120)	(150)	-	(40)	(549)
Reversed unused	(12)	(342)	-	-	(1,624)	(1,978)
Unwinding of discount	-	(31)	-	-	47	16
At 31 March 2023	2,487	1,696	12,498	3,400	4,675	24,756
Expected timing of cash flows:						
- not later than one year;	245	140	12,422	3,400	782	16,989
- later than one year and not later than five years;	980	560	76	-	295	1,911
- later than five years	1,262	996	-	-	3,598	5,856
Total	2,487	1,696	12,498	3,400	4,675	24,756

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 £309k (£228k in 2021/22) which are being handled on behalf of the Trust by NHS Resolution who have advised on their status. The value represents amounts which the Trust may bear as its share of any settlement. The balance of claims are being dealt with directly by the Trust as they represent settlement values likely to fall below NHS Resolution's excess level. Legal claims also includes provision for contractual disputes which are subject to on-going legal discussions.

As part of waste reduction plans for 2023/24 developed during 2022/23 a restructuring provision has been created by the Trust.

Other provisions include those for employment related claims where the Trust disputes liability but recognises some probability of payment.

Other provisions also include clinician's pension tax reimbursement. During 2019/20 a national decision was made to resolve a taxation issue linked to pensions relating to senior clinical staff. Under this interim arrangement, the NHS Trust incurs the additional tax charge which is then reimbursed by NHS England. This remains the case for 2022/23. A provision is recognised in the Trust's accounts with a corresponding receivable from NHS England (Note 19.1)

Other provisions includes a dilapidations provision. During 2021/22, as part of the preparation for the introduction of IFRS16, a decision was made to assess the potential liability for dilapidation costs that that could arise in relation to properties leased by the Trust. The value of the provision for 2022/23 is £2m.

24.2 Clinical negligence liabilities

At 31 March 2023, £626,230k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of The Leeds Teaching Hospitals NHS Trust (31 March 2022: £934,551k).

25. Contingent assets and liabilities

	31 March 2023 £000	31 March 2022 £000
Value of contingent liabilities		
NHS Resolution legal claims	(111)	(144)
Other	(307)	(336)
Gross value of contingent liabilities	(418)	(480)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(418)	(480)
Net value of contingent assets	-	-

NHS Resolution contingent liabilities consist entirely of claims for personal injury where the probability of settlement is very low. The NHS Resolution have advised on their status. In all cases, quantum has been assessed on a "worst case scenario" and represents the maximum of any payment which may be made. "Other" contingencies relate to personal injury claims which are being managed internally by the Trust. In all cases, the potential payment values have been assessed on a "worst case scenario" basis by reference to independent advice. Settlement of these claims is considered highly improbable but the values quoted represent the Trust's maximum exposure to loss.

26. Contractual capital commitments

	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment*	71,137	62,246
Intangible assets	658	5,974
Total	71,795	68,220

Capital commitments increased to £72m as at 31st March 2023 and relate primarily to the Trust's Building the Leeds Way programme. Construction works for the new Pathology Lab at St James's are progressing at pace and are due to complete in Summer / Autumn 2023. Other material capital commitments relate to the Trust's Network and Telephony Modernisation Programme and material building projects such as the Same Day Emergency Care Centre at St James's and Elective Theatre Hubs.

27. On-SoFP PFI arrangements

Institute of Oncology at St James's Hospital - Bexley Wing

This is a 30 year contract which expires in 2037. It provides for the construction, maintenance and partial equipping of Bexley Wing by the PFI partner in return for an annual charge to the Trust. The Trust has full use of the facilities to provide healthcare services and will take ownership of the building and equipment at the end of the contract period. The PFI partner is responsible for providing a managed maintenance service for the length of the contract after which the responsibilities revert to the Trust. The contract contains payment mechanisms providing for deductions from the annual charge for any poor performance or unavailability. Future charges to the Trust will be determined by reference to the Retail Price Index.

Wharfedale Hospital

This is a 30 year contract which expires in 2034. It provides for the construction and maintenance of Wharfedale Hospital by the PFI partner in return for an annual unitary charge to the Trust. The Trust has full use of the Wharfedale Hospital to provide healthcare services and will take ownership of the building at the end of the contract period. The PFI partner is responsible for providing a managed maintenance service for the length of the contract after which the responsibilities revert to the Trust. The contract contains payment mechanisms providing for deductions from the annual charge for any poor performance or unavailability. The unitary charge is subject for an annual uplift for future price increases determined by reference to the Retail Price Index.

27.1 On-SoFP PFI arrangement obligations

The following obligations in respect of the PFI arrangements are recognised in the Statement of Financial Position:

	31 March 2023 £000	31 March 2022 £000
Gross PFI liabilities	190,814	206,114
Of which liabilities are due		
- not later than one year;	13,375	15,301
- later than one year and not later than five years;	53,499	53,499
- later than five years.	123,940	137,314
Finance charges allocated to future periods	(52,991)	(59,581)
Net PFI obligation	137,823	146,533
- not later than one year;	7,112	8,712
- later than one year and not later than five years;	31,828	30,442
- later than five years.	98,883	107,379

27.2 Total on-SoFP PFI commitments

Total future obligations under these on-SoFP schemes are as follows:

	31 March 2023 £000	31 March 2022 £000
Total future payments committed in respect of the PFI arrangements	496,934	474,455
Of which payments are due		
- not later than one year;	33,275	33,847
- later than one year and not later than five years;	135,116	118,703
- later than five years.	328,543	321,905

27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2022/23 £000	2021/22 £000
Unitary payment payable to service concession operator	37,637	34,420
Consisting of:		
- Interest charge	6,619	6,961
- Repayment of balance sheet obligation	8,711	9,170
- Service element and other charges to operating expenditure	10,954	10,151
- Capital lifecycle maintenance	430	645
- Contingent rent	10,923	7,025
- Addition to lifecycle prepayment	-	468
Total amount paid to service concession operator	37,637	34,420

28. Financial Instruments

28.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Due to the continuing service provider relationship that the NHS Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by its internal auditors.

Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

The Trust borrows from government for capital expenditure, subject to approval by NHS England. The borrowings are for 1 - 25 years, in line with the life of the associated assets. Interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk

Since the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the contracts receivables note (Note 19.1).

Liquidity risk

The Trust's operating costs are incurred under contracts with NHS commissioning organisations, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its Capital Resource Limit. The Trust is not, therefore, exposed to significant liquidity risks.

28.2 Carrying values of financial assets

	Held at amortised cost £000	Total book value £000
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Carrying values of financial assets as at 31 March 2023

Trade and other receivables excluding non financial assets	85,802	85,802
Cash and cash equivalents	90,925	90,925
Total at 31 March 2023	176,727	176,727

Carrying values of financial assets as at 31 March 2022

Trade and other receivables excluding non financial assets	56,895	56,895
Cash and cash equivalents	97,109	97,109
Total at 31 March 2022	154,004	154,004

28.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
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Carrying values of financial liabilities as at 31 March 2023

Loans from the Department of Health and Social Care	15,414	15,414
Obligations under leases	28,026	28,026
Obligations under PFI contracts	137,823	137,823
Trade and other payables excluding non financial liabilities	212,190	212,190
Provisions under contract	12,064	12,064
Total at 31 March 2023	405,517	405,517

Carrying values of financial liabilities as at 31 March 2022

Loans from the Department of Health and Social Care	17,474	17,474
Obligations under leases	9,802	9,802
Obligations under PFI contracts	146,533	146,533
Trade and other payables excluding non financial liabilities	170,782	170,782
Provisions under contract	3,466	3,466
Total at 31 March 2022	348,057	348,057

28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2023 £000	31 March 2022 £000
In one year or less	244,746	192,966
In more than one year but not more than five years	78,409	66,764
In more than five years	140,911	153,589
Total	464,066	413,319

28.5 Fair values of financial assets and liabilities

Due to the nature of the Trust's financial assets and financial liabilities, book value (carrying value) is considered a reasonable approximation of fair value.

29. Losses and special payments

	2022/23		2021/22	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	4	-	3	-
Bad debts and claims abandoned	214	410	118	253
Stores losses and damage to property	-	-	1	-
Total losses	218	410	122	253
Special payments				
Ex-gratia payments	131	228	108	161
Total special payments	131	228	108	161
Total losses and special payments	349	638	230	414

30. Related Parties

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, have undertaken any material transactions with the Leeds Teaching Hospitals NHS Trust.

The Department of Health and Social Care is regarded as a related party. Sir Julian Hartley, the Trust's Chief Executive to 31 January 2023, was a Non-Executive Director of the Department of Health and Social Care. The Leeds Teaching Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These include NHS England, NHS West Yorkshire ICB and Leeds CCG. In addition, the Trust has had a number of material transactions with other government departments, central and local government bodies (including Leeds City Council) and the University of Leeds.

The Trust's Chair, Dame Linda Pollard, was appointed Chair Advisor to support the "Messenger Review" of Health and Social Care leadership for the Department of Health & Social Care. Dame Linda Pollard is also vice-Chair and Senior Independent Director of NHS Providers. During 2022/23 the Trust expended £79k with NHS Providers, £36k of which was unpaid at 31 March 2023.

The Trust has also received revenue and capital payments from a number of charitable funds, including Leeds Hospitals Charity. Leeds Hospitals Charity have given £2.2m in revenue (21/22 - £2.3m) and £1.2m in capital donations (21/22 - £0.6m). At 31 March 2023 £0.4m of these donations were still to be received (at 31st March 22 - £0.5m). Dame Linda Pollard and Chris Schofield, a Non Executive Director are both Trustees of Leeds Hospitals Charity. Leeds Hospitals Charity is independently managed but raises funds for, manages donations received on behalf of, and makes grants to the Trust.

Professor Laura Stroud, Non Executive Director, is the Deputy Dean and Director of the Institute of Medical Education at the University of Leeds. During the year the Trust's income from the University was £8.3m (21/22 - £8.3m) of which £2.2m remained to be paid at 31 March 2023 (31 March 2022 - £1.6m). Expenditure with the University was £15.1m (21/22 - £15.5m) of which £0.2m remained to be paid at 31 March 2023 (31 March 2022 - £1.4m). Philomena Corrigan, Non Executive Director, is also a Trustee of St Gemmas Hospice. During the year the Trust received income of £83k from St Gemmas Hospice.

31. Prior period adjustments

There are no prior period adjustments.

32. Events after the Reporting Date

Events after the end of the reporting period are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the financial statements are authorised. The events can be adjusting and non-adjusting.

In March 2023, the government announced a one-off pay offer for the 2022-23 financial year and a 5% pay increase for the 2023-24 financial year, for staff employed under Agenda for Change terms and conditions. In May 2023 the government confirmed this offer will be implemented. The income (additional funding made available by NHS England) and expenditure relating to the 2022-23 one-off element has been included in these accounts, in accordance with guidance from the Department of Health & Social Care and NHS England.

33. Better Payment Practice Code

	2022/23 Number	2022/23 £000	2021/22 Number	2021/22 £000
Non-NHS payables				
Total non-NHS trade invoices paid in the year	248,629	782,229	246,472	810,350
Total non-NHS trade invoices paid within target	242,702	758,946	240,227	785,218
Percentage of non-NHS trade invoices paid within target	97.6%	97.0%	97.5%	96.9%
NHS payables				
Total NHS trade invoices paid in the year	22,487	134,186	21,259	131,949
Total NHS trade invoices paid within target	21,920	132,226	20,229	129,044
Percentage of NHS trade invoices paid within target	97.5%	98.5%	95.2%	97.8%

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.

34. External Financing Limit

The Trust is given an External Financing Limit against which it is permitted to underspend:

	2022/23 £000	2021/22 £000
Cash flow financing	58,404	28,958
Other capital receipts	-	-
External financing requirement	58,404	28,958
External financing limit	58,404	28,958
Under / (over) spend against EFL	-	-

35. Capital Resource Limit

	2022/23 £000	2021/22 £000
Gross capital expenditure	133,520	104,803
Less: Disposals	(342)	(15)
Less: Donated and granted capital additions	(14,420)	(24,762)
Charge against Capital Resource Limit	118,758	80,026
Capital Resource Limit (CRL)	118,758	80,026
Under / (over) spend against CRL	-	-

36. Breakeven duty financial performance

	2022/23 £000	2021/22 £000
Adjusted financial performance surplus (control total basis)	7,632	5,917
IFRIC 12 breakeven adjustment	23	-
Breakeven duty financial performance surplus	7,655	5,917

Adjusted financial performance (control total basis):	2022/23 £000	2021/22 £000
Surplus for period	46,439	7,709
Remove net impairments not scoring to the Departmental expenditure limit	(26,112)	20,657
Remove I&E impact of capital grants and donations	(12,984)	(22,893)
Remove net impact of inventories received from DHSC group bodies for COVID response	289	444
Adjusted financial performance surplus	7,632	5,917

37. Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000
Breakeven duty in-year financial performance		963	2,051	4,207	3,089	1,615	(24,386)	(30,194)
Breakeven duty cumulative position	3,868	4,831	6,882	11,089	14,178	15,793	(8,593)	(38,787)
Operating income		910,556	934,527	970,709	1,002,444	1,044,916	1,086,638	1,115,720
Cumulative breakeven position as a percentage of operating income		0.5%	0.7%	1.1%	1.4%	1.5%	(0.8%)	(3.5%)

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
Breakeven duty in-year financial performance	(1,901)	18,880	52,925	13,956	8,107	5,917	7,655
Breakeven duty cumulative position	(40,688)	(21,808)	31,117	45,073	53,180	59,097	66,752
Operating income	1,172,927	1,238,267	1,335,847	1,414,740	1,596,795	1,727,945	1,843,988
Cumulative breakeven position as a percentage of operating income	(3.5%)	(1.8%)	2.3%	3.2%	3.3%	3.4%	3.6%

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