The Leeds Teaching Hospitals NHS
NHS Trust

Annual Report and Summary Accounts **2011/12**

Annual report and summary accounts 2011-12

Introduction to the Trust

Section 1:
Introduction to the Trust

Introduction from the Chairman and Chief Executive

Welcome to this year's report on a year in the life of Leeds Teaching Hospitals. In it, we provide a brief snapshot of the progress we have made to improve services for our patients, and the challenges our staff faced on the way, as well as looking into the future.

Like all public services in the current economic climate, we have many conflicting demands on our budget. During 2011-12 we have been doing much work behind the scenes to reorganise many of our wards and departments to ensure they provide the best possible patient care, while providing taxpayers with value for money.

In the past few years, we have already improved both efficiency and patient care by centralising key services, including those for older people and children. In the last 12 months, we have continued this process by bringing stroke services together at Leeds General Infirmary. We have also invested in more dedicated facilities for stroke patients, including a hyper-acute stroke unit.

Looking ahead, we will be preparing for the last major jigsaw in centralising key services - bringing together maternity and neonatal facilities - and will be asking the public for their views before this very significant change progresses.

Our maternity services at Leeds General Infirmary have already been in the national spotlight this year thanks to the highly successful documentary series *One Born Every Minute*, which was filmed at the hospital in late 2011 and proved a huge hit with viewers.

We also attracted national attention when Prime Minister David Cameron and Health secretary, Andrew Lansley, came to see our excellent new Clinical Practice Centre. This centre puts state-of-the-art training facilities for doctors, nurses and other health professionals under one roof.

We were delighted to welcome HRH The Countess of Wessex to officially open the Leeds Children's Hospital. Her keen interest in the care we provide at the facility, and her obvious delight at meeting many of our staff and young patients, was a real tonic to everyone who has worked so hard to create this outstanding facility.

Leeds Children's Hospital is now well and truly on the map. In the year ahead, parents and children will see further ward moves as we gradually bring services

closer together, particularly in the hospital's Clarendon Wing. This has been given a colourful makeover with new murals and artwork, which make a huge difference to the environment.

One service in the Leeds Children's Hospital that has dominated regional headlines over the past year is our children's heart surgery facilities, which have won unprecedented public support. Cardiac surgery for children has been under review as part of the national Safe and Sustainable process, which aims to concentrate this expertise at a smaller number of specialised centres.

In early July 2012, we got the extremely disappointing news that the Joint Committee of Primary Care Trusts, which was leading the national consultation, had decided to adopt a future model that did not include Leeds as a children's heart surgery centre. The Trust believes this decision flies in the face of logic, given the geography and population of the Yorkshire region, and the co-location of services we have at the Infirmary. At the time of writing, the matter has been referred back to the Secretary of State.

On a happier note, many of our other services have also seen important milestones during the year. Some of their achievements are recorded in Section 2. They include our preparations to undertake what we hope will be the UK's first hand transplant during the coming year, and our outstanding success in developing stereotactic body imaging for lung cancer treatment - an area where we are the UK leader, thanks largely to the equipment and research expertise we have at our disposal here at the Trust.

Listening to patients and the public is very important; a number of projects undertaken or underway have been based on feedback and comments about how we can improve our services.

The public told us our website was not up to scratch, for example. So we have completely redesigned it around the key things patients and visitors want to know and made it much more user-friendly. As part of a related piece of work, we are introducing new signposting and wayfinding help around our sites, and renumbering all of our wards.

Providing the right care for patients, each and every time, is central to our aim as a Trust. Many of the measures we have taken to reorganise and change services have had this in mind. We have kept a close watch on the key targets our patients, and the commissioners who fund our services, use to compare us with other hospitals.

As you will see in more detail in Section 6, we have continued to make good progress on many of these targets. We have, for example, steadily reduced the number of hospital-associated infections, although more work remains to be done in this area. As demand has risen, we have also faced challenges in meeting some other targets, such as reducing cancer waiting times and meeting treatment targets in accident and emergency.

External scrutiny of our services is something we actively welcome. We have worked closely with Leeds City Council's Health Overview and Scrutiny Committee and the Leeds Local Involvement Network on issues including designing and relocating our dermatology service, changes to renal services and issues such as improving the quality and taste of the food we serve to patients.

We have also been subject to a number of inspections from the Care Quality Commission (CQC), and welcome this independent assessment of our services. CQC inspectors have visited Leeds General Infirmary, St James's University Hospital, Chapel Allerton Hospital and Wharfedale Hospital. While most of the areas they looked at complied with national standards, we took immediate action when concerns were raised.

The enthusiasm of the Trust's dedicated volunteers and fundraisers continues to be extremely heartening and we are so grateful for all they have done over the past year to help our hospitals.

In particular, we were shocked by the findings of an inspection visit to orthopaedic wards at Leeds General Infirmary on 29 February and 1 March 2012. These raised significant concerns about the quality of care on one ward, and staffing issues on this and a neighbouring ward.

We took immediate action to deal with the root cause of the problem. We closed the ward where poor care had occurred, and have since made significant changes to the way this particular service is organised. We have reviewed care, staffing and documentation on all our wards to assure ourselves we are providing safe, effective care for all patients.

A further CQC visit confirmed that we comply with its standards, but we are determined to do more to drive up standards of care.

The enthusiasm of the Trust's dedicated volunteers and fundraisers continues to be extremely heartening

Enhancing our quality of care and ability to meet tough targets, both clinical and financial, are key to us achieving Foundation Trust status. Work has continued on this during the year, including finalising a detailed integrated business plan. We are grateful for the interest from thousands of members of the public who have already signed up to be members.

Since the end of the financial year on 31 March 2012, there have been a number of changes in the membership of the Trust Board. The Medical Director, Dr Peter Belfield, retired formally on that date but agreed to extend his employment for a further year to enable a proper succession to take place. The Director of Business Planning and Performance Delivery, Brian Steven, and Non-executive Director, Merran McRae, have both resigned, having been promoted to new posts elsewhere.

Professor Peter McWilliam, representing the University of Leeds, has stepped aside so a medical doctor, Professor David Cotterill can take his place and strengthen the clinical presence on the Board. In addition, Howard Cressey will complete a distinguished term of over eight years as a Non-executive Director in January 2013 and will step down in line with best corporate governance practice.

Thanks are due to all those members for their contribution and insight over the last year. We look forward to further new appointments to strengthen the Board as we move forward.

The enthusiasm of the Trust's dedicated volunteers and fundraisers continues to be extremely heartening. We are so grateful for all they have done over the past year to help our hospitals. This includes the millions of pounds in donations that fund extra equipment, environmental improvements and research, which make a huge difference for our patients.

Sadly, we have recently seen the death of two of our more prominent supporters. First, Sir Jimmy Savile, who supported the Leeds hospitals for four decades and helped raise millions of pounds, passed away in October 2011. He was much-mourned by staff and has left a legacy that means research and education will continue in his name here in Leeds long after his death.

More recently, in May 2012, we saw the death of Harry Clements MBE. He was a stalwart supporter of cardiac services for over 20 years and raised well over £100,000 thanks to his stall in the Beckett Wing at St James's. Hundreds of staff lined the road to pay their respects to Harry and attend his funeral service in the chapel, and he will be greatly missed.

Finally, we would like to record our appreciation for the efforts of our hugely dedicated staff over another difficult year in which we have seen significant internal changes and continued focus on delivering very ambitious savings - something we should all be proud of achieving successfully.

Once again, we have seen a continued enthusiasm to deliver and support some of the most wide-ranging and complex patient care in any hospital in the country, and we continue to create very good outcomes for our patients.

Mike Collier, Chairman
Maggie Boyle, Chief Executive


We would like to record our appreciation for the efforts of our hugely dedicated staff over another difficult year

About the Trust

Leeds Teaching Hospitals is one of the largest and busiest NHS trusts in the country. We see well over a million patients a year, and are responsible for an annual budget of around a billion pounds.

The Trust was formed in April 1998 following the merger of two smaller NHS trusts in the city. The merger was designed to bring together services across Leeds to ensure the best use of resources and to improve patient care. Real progress has been made in improving our facilities, treatment and patient outcomes over the last 12 years.

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

We also have a network of well-respected and popular smaller facilities - Chapel Allerton Hospital, Seacroft Hospital, Wharfedale Hospital and the Leeds Dental Institute - which each have their own character and special role. Our staff also work on other sites across Leeds and the region delivering care and expertise in a variety of community settings.

The Trust exists to provide the best possible service to patients, each and every time. There are around 770,000 people living in the Leeds district and a wider regional population of 2.6 million who may require our specialist expertise.

Examples of these regional services include the new Leeds Children's Hospital, officially opened in spring 2011. It is one of the biggest such facilities in the country with a wide range of specialist expertise under one roof.

Specialist services we provide for adults and children include cancer care, heart and brain surgery, liver, kidney and bone marrow transplantation, and many others.

The Trust has five clinical divisions:

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

Meet the Board

The Trust is governed by a Board consisting of both executive directors, appointed to specific roles in the organisation, and non-executive directors, who bring a range of external expertise and perspective.

The Board meets each month in public, usually on a Thursday at St James's University Hospital. A patient representative and a staff council member are also present and take part in discussions. The media attend and report on proceedings in the local press, and any member of the public is very welcome to come along as an observer.

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

Members of the Board in 2011-12

Mike Collier CBE (Chairman)

Mike's career in the public service spans more than 40 years, covering a wide range of posts in the NHS, education, economic development and local government. He retired from his post as Chief Executive of the North East Regional Development Agency in 2003.

Mark Abrahams (Vice Chairman)

Mark is a leading member of the region's business community, being Chairman of two high-technology companies - Hull-based Fenner plc and Inditherm plc in Rotherham.

Mark Chamberlain (Non-executive Director)

Mark is currently Director of HR programmes at BT Retail, where he has worked since 1986 holding a variety of roles. Until recently he was a Non-executive director of the Learning & Skills Council Regional Board.

Howard Cressey (Non-executive Director)

Howard is an experienced public finance accountant. He spent over 20 years working in the water industry, most recently, after privatisation, as Group Financial Controller of Kelda Group PLC. Howard was previously a member of the Tribunals Service Management Board and sits on the Audit and Risk Committee of the Equalities and Human Rights Commission.

Lynn Hagger (Non-executive Director)

Currently a lecturer in Medical Law and Ethics at the University of Sheffield, Lynn has worked for over 20 years in the NHS. She was Chair of the Sheffield Children's NHS Foundation Trust Board (1998-2008) and is a former Non-executive Director at the Northern General Hospital in Sheffield.

Merran McRae (Non-executive Director)

Merran is currently the Director of Well-being and Communities at Kirklees Metropolitan Council and was the Chief Executive of Aire Valley Homes Leeds from 2007 to 2009. She has also served as Chief Executive of Leeds South East Homes and at Hull City Council.

Professor Peter McWilliam (Non-executive Director)

The University of Leeds representative on the board, Peter, is Dean of the Faculty of Medicine and Health, with responsibilities covering the schools of Medicine and Healthcare, Leeds Dental Institute and the Institute of Psychological Sciences.

Clare Morrow (Non-executive Director)

Originally trained as a journalist, Clare worked for both the main regional broadcasters and rose to be Controller of programmes at ITV Yorkshire. She has been chair of Welcome to Yorkshire (previously the Yorkshire Tourist Board) since April 2008 and is a Non-executive Director of the Rugby Football League.

Maggie Boyle (Chief Executive)

Maggie's background in nursing and HR management has led to success in leading transformational change in various health service organisations. She has been working at chief executive-level since 1991. Prior to coming to Leeds, she headed up large NHS trusts in Liverpool and Glasgow, providing her with a broad range of experience, which is helping to shape the way improvement in Leeds is being delivered.

Dr Peter Belfield (Medical Director)

Peter is a specialist in older people's medicine who has worked in Leeds since he qualified in 1979. During that period he has been involved in a wide variety of clinical, educational and managerial roles, becoming Medical Director in late 2009.

Neil Chapman (Director of Finance)

Neil is by far the longest-serving member of the Board, having been Director of Finance since the Trust's formation in April 1998. He joined the NHS in 1983 after qualifying as a chartered accountant and spending three years in industry.

Ruth Holt (Chief Nurse & Director of Infection Prevention & Control)

Ruth joined the board in 2006 after being Chief Nurse at South Manchester University Hospitals NHS Trust. She went to Manchester in 2002, from her role as Assistant Chief Nurse here in Leeds, and has also worked in North and East Yorkshire.

Brian Steven (Director of Business Bevelopment & Performance Delivery)

A chartered accountant by profession, Brian joined the Board from Newcastle-upon-Tyne Hospitals NHS Foundation Trust, where he was Director of Finance and Deputy Chief Executive. He started his NHS career in 1994 and has also held a range of senior NHS posts in Scotland.

Non-Voting members of the Board

Alison Dailly (Director of Informatics)

Alison has more than 25 years' experience in NHS management, of which 14 have been spent in the specialist area of informatics. Before joining the Trust, she served for four years as Director of Information at Royal Liverpool and Broadgreen University Hospitals.

Jackie Green (Director of Human Resources)

Jackie's professional and academic background is grounded in human resource management and organisational development in the education, housing and health sectors. She came to Leeds in 2009, following five years as Director of Human Resources at Royal Liverpool and Broadgreen University Hospitals.

Karl Milner (Director of Communications & External Affairs)

Before joining the Trust Board in 2011, Karl was Director of Communications & Corporate Affairs for Yorkshire and Humber Strategic Health Authority. Prior to this, he was a partner at global financial PR group, Finsbury. Karl is a fellow of the Chartered Institute of Public Relations, a visiting lecturer at Leeds Business School and judge of the Chartered Institute of Marketing's Excellence in Healthcare and Pharma awards.

Mick Taylor (Acting Director of Estates & Facilities)

Mick is a chartered engineer with an honours degree in engineering. He started his NHS career in 1984 with Bradford Health Authority, where he progressed in various roles until he joined NHS Estates in 2000. He later worked across several SHAs in the north and at the Department of Health. He joined the Trust in early 2006 as the Head of Estates.

Our promise to patients and staff

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

Our Vision

- To be a locally, nationally and internationally renowned centre of excellence for patient care, education and research.

Our Purpose

- To deliver safe, effective and personal healthcare for every patient, every time.

Our Goals

- To be the hospital of choice for patients and staff
- To be a consistently high performing and influential healthcare provider
- To achieve the best possible clinical outcomes for every patient, every time
- To achieve academic excellence and expand the boundaries of healthcare.

Playing our part in the National Health Service

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

The NHS Constitution also sets out a range of rights, pledges and responsibilities for staff and patients. The NHS operates under a set of agreed national policies, which have introduced initiatives such as patient choice; individual patients have far more say over where they are treated and they are helped to make an informed choice when comparing different hospitals.

NHS trusts are funded according to the patient care they carry out. So providing a high quality, convenient and accessible service is important to the success of Leeds Teaching Hospitals, now and in the future. Important changes to the way the NHS commissions services from hospitals have been finalised by the Government this year. There is now a greater emphasis on increasing the role of general practitioners through clinical commissioning groups. This is still in an interim phase, however. In the meantime, we continue to work with cluster primary care trusts, and in particularly close partnership with our main commissioner - NHS Airedale, Bradford and Leeds. These changes present new challenges and opportunities for Leeds Teaching Hospitals as our organisation gradually evolves and we continue towards our goal of becoming an NHS Foundation Trust.

The Department of Health's Quality, Innovation, Productivity and Prevention (QIPP) programme is all about ensuring each pound spent brings maximum benefit and quality of care to patients. This must underpin ongoing work to modernise the way Leeds Teaching Hospitals delivers its services.

We are also working within the Commissioning for Quality and Innovation (CQUINS) framework this year, which will tie specific improvements in our performance to financial incentives.

Find out more and tell us what you think

If you'd like more detail on how the Trust functions on a day-to-day basis, the best place to start is our website - www.leedsth.nhs.uk. This was completely renewed in early 2011 with the aim of providing the key information patients and visitors need to know. Lots of good news about developments in the Trust is included in our quarterly staff newsletter, *Bulletin*, which is also available on the Trust website.

Each year, the Trust publishes this document, the annual report, which is launched at a public meeting when the Trust's accounts are also presented. We want the report to be as useful as possible for readers.

If you haven't already got involved in our drive to become a Foundation Trust, please join us as a member.

For membership queries or any other comments, please email public.relations@leedsth.nhs.uk or write to The Communications Office, Trust Headquarters, St James's University Hospital, Beckett Street, Leeds LS9 7TF.

Highlights of the year

Section 2:
Highlights of the year

Below are details of just a few of the hundreds of developments and improvements that have taken place across our hospitals over the past year. For more of these, visit the news section of our website www.leedsth.nhs.uk or check out *Bulletin*, our staff newsletter, which is also available on the web.

Children's heart surgery consultation

It was a year of uncertainty for the children's heart surgery unit at Leeds Children's Hospital because of a national review of these services, which aims to concentrate specialist surgery at fewer centres overall. While fully supporting the principles of the review, the Trust strongly believes Leeds General Infirmary should continue to provide this service and has been making that case throughout the year based on arguments including geography, population density, travel times and co-location of services.

Following the launch of the public part of the Safe and Sustainable review in 2011, campaigners, galvanised by the Children's Heart Surgery Fund (the charity that supports our unit in Leeds), swung into action to help mobilise parents, families and the general public to make the case loud and clear for keeping the service in Leeds.

This call was based, in particular, on the huge population living within a two-hour drive of the unit. Also, Leeds is in the almost unique position of having all its children's services under the same roof as closely-related adult heart services. MPs, councillors, the clergy, sports stars and celebrities joined parents in speaking out in support of the Leeds unit. A massive petition of over 600,000 signatures was handed into 10 Downing Street urging that the facility, which serves children from across Yorkshire and beyond, should stay.

Despite the groundswell of public support, in July 2012 the Joint Committee of Primary Care Trusts recommended a future configuration of services across England that would see children's heart surgery cease in Leeds by 2014. This news is extremely disappointing for the Trust.

As this report went to press, an appeal, put forward by councils across Yorkshire and the Humber, was pending with the Secretary of State. Our independent charity has also been considering applying for a judicial review of the decision-making process.

Royal opening for Children's Hospital

In March 2012, HRH The Countess of Wessex officially opened the Leeds Children's Hospital at Leeds General Infirmary - one of the biggest facilities for sick children in the country.

Her Royal Highness visited a cystic fibrosis ward and a children's cancer ward and chatted to children, parents and staff. She also toured the hospital's impressive paediatric learning zone, taking time to join in some of the lessons for children of different ages.
The Countess admired dramatic murals, which have transformed the entrance to the Clarendon Wing. They continue along the corridors to help with way-finding and make young people feel more comfortable about coming to hospital.

In her speech, she spoke of "the wonderful facilities you now have for these very special children".
The Leeds Children's Hospital, which became operational last year, has been created thanks to an investment of £30 million to bring existing facilities from Leeds General Infirmary and St James's under one roof at LGI, principally in the Clarendon Wing.

Olympic role for Trust Consultant

Dr Phil O'Connor, Consultant Musculoskeletal Radiologist at Chapel Allerton Hospital, was chosen for one of the leading medical roles at the outstandingly successful London Olympic Games. He led a team of over 200 people, including 80 radiologists, 130 radiographers and around 80 radiographic assistants who were there to diagnose and help treat injuries to athletes from all over the world taking part in the games.

The Chapel Allerton radiology service has an international reputation for sports imaging, built up over 15 years. Dr O'Connor fulfilled similar roles at the Manchester Commonwealth Games and the World Indoor Athletics Championships.

Trust pioneers radiotherapy technique

Leeds Teaching Hospitals is leading the way in pioneering highly advanced Stereotactic Body Radiotherapy (SBRT) treatment. SBRT is a way of delivering radiotherapy in more concentrated, precise doses, and so reducing the number of treatments necessary. It is used to treat lung cancer in patients for whom conventional surgery is too risky.

During the year we celebrated completing our 200th treatment with the technique, which means Leeds has carried out the vast majority of SBRT procedures in the UK. The service has been gradually expanded and has recently treated patients from as far afield as Northern Ireland and Devon. Patients from outside the area stay in the patient hotel in the Bexley Wing at St James's during their treatment.

Clinical practice centre opens

June 2011 saw the official opening of our impressive new Clinical Practice Centre. Some £2.85m has been used to transform part of the Ashley Wing at St James's into this state-of-the-art facility.

It brings together, under one roof, services that were previously scattered across the Trust and the city. Included in the building is a simulated four-bed ward, plus treatment and observation rooms, allowing students to practice techniques in fully realistic surroundings. For patients, the much-improved learning environment means they will be looked after by even better-prepared and more confident staff.

Dental Institute refurbishment

Dental students in Leeds now have access to some of the best facilities in the world, thanks to the completion of a £9.5m refurbishment of the Leeds Dental Institute. The facility was formally unveiled in July 2011 by young patient Saara Hussain. She has had extensive dental treatment at the Institute as part of the care she is receiving at Leeds General Infirmary for a heart condition. The refurbishment includes a new entrance and reception, 120 new dental chairs, a new x-ray department and 24 new surgeries. Around 96 undergraduate dentists can now be trained per year, which is up from 65 before the investment. Others benefitting from the changes are those studying to be dental hygienists and dental nurses, as well as postgraduate students.

In 2011-12, Leeds Dental Institute also invested £1m in installing 32 dental simulators for clinical skills training. The simulators feature 3D screens and advanced technology, including the use of physical sensation by electronics to deliver feedback to users. Leeds is the first dental school in the UK and one of a few in the world to invest in such technology for clinical skills training.

Prime Minister "impressed" after visit

Prime Minister David Cameron, accompanied by the Secretary of State for Health, Andrew Lansley, paid a surprise visit to St James's in September 2011.

Mr Cameron met a cross-section of staff and patients and toured some of the newest facilities on site before talking of how impressed he was with what he saw. The visit started off in the Bexley Wing, where Mr Cameron saw the PET-CT (Positron Emission Tomography and Computed Tomography) suite - the largest of its kind in the North of England. He also met

patients and staff on two cancer wards in the Bexley Wing before meeting staff and students at the Clinical Practice Centre and trying his hand at some training techniques.

Sad death of Sir Jimmy Savile

One of the saddest milestones of the past year was the death of Sir Jimmy Savile in October 2011. Sir Jimmy had supported the Trust and its hospitals for over four decades and been instrumental in raising millions of pounds.

His death came only a few months after he called into St James's to visit the first Savile fellow he had personally funded in a scheme to boost cancer research in the Bexley Wing. It was one of a huge number of hospital projects close to his heart. At his funeral in November, hospital staff bowed their heads in silence as his funeral cortege passed the Great George Street entrance at Leeds General Infirmary. Sir Jimmy spent a great deal of time there in his role as a volunteer porter at the height of his fame as a radio DJ. We hope to keep Sir Jimmy's memory alive in many ways. His charitable trust is already supporting projects around our hospitals.

Big changes to stroke services

One of the Trust's top priorities in the past year has been improving the care of stroke patients. Key to this has been centralising all acute stroke beds at Leeds General Infirmary, which we achieved in early 2012. This means a higher proportion of stroke patients can be treated in specialist facilities, which significantly improves outcomes. The Trust has also been able to develop a hyper-acute stroke unit for the first time.

Top TV show puts maternity in national spotlight

One of the country's most popular TV documentary series, the BAFTA-award-winning *One Born Every Minute*, moved its third series from Southampton to Leeds General Infirmary. It proved an instant hit with viewers and TV critics when it aired from January 2012.

Filmed over seven weeks, towards the end of 2011, the series followed several parents through their birth experience. Staff working in the maternity unit were the undoubted stars of the show; the programme enabled them to showcase the high levels of skill and care needed in such a busy facility. In the longer-term the trust plans to centralise all its maternity and neonatal services in expanded accommodation at Leeds General Infirmary, subject to public consultation.

Hand transplant planning underway

In November 2011, the Trust announced it was beginning the process of looking for the first patient in the UK to undergo a hand transplant.

A team, assembled under Professor Simon Kay, have been working towards this goal for many months. Since then, work has been ongoing to recruit and assess potential patients. The technique is already established in parts of Europe and North America,

but has not so far been done in this country. The team in Leeds is working closely with NHS Blood and Transplant and it is hoped the first operation can be carried out later in 2012.

£2.1m grant puts Leeds at forefront of cancer research

The scope and potential of cancer research in Leeds has taken a huge step forward with the appointment of Professor David Sebag-Montefiore as the first ever Academic Chair for Clinical Oncology and Health Research in the city.

The appointment has been made jointly by the Trust and the University of Leeds in conjunction with the Leeds Teaching Hospitals' Charitable Foundation's Yorkshire Cancer Centre Appeal. The latter has co-ordinated funding a fully-fledged academic unit including the post of chair, senior lecturers and associated staff.

Funding for setting up the chair and new department has included a very generous £1.3m donation from the Audrey and Stanley Burton Charitable Trust, plus a further £800,000 from the Yorkshire Cancer Centre Appeal.

Praise for prosthetics service

The prosthetics service at Seacroft Hospital hit the headlines this year for its work helping two promising Yorkshire athletes to achieve their ambitions. It has provided them with special blades, which transform their ability to compete in running events. Similar to the blades made internationally famous by South African paralympian Oscar Pistorius, they can be prescribed on the NHS for patients who have lost a limb but have a high level of mobility and fitness and enjoy competitive sports activities.

In early 2012, the service, which helps patients from around the region, also won a national 'lean' award in recognition of its cost-effective approach to improving quality.

New scanner for Wharfedale

A brand new body density scanner was officially unveiled at Wharfedale Hospital in February by the widow of the Consultant Endocrinologist who established the service more than 20 years ago.

Mrs Wendy Waters cut a ribbon to celebrate the arrival of the new machine and the unveiling of a plaque. Situated in the same room as the scanner, the plaque pays tribute to her late husband, Dr Kevin Waters, a much-loved consultant at the hospital who died last year. The machine is used by staff to diagnose osteoporosis, and around 80 patients of both sexes are seen at the hospital each week.

The purchase was made possible by the Wharfedale Special Medical Equipment Fund, which provided the £30,000 to buy the scanner as a replacement for the previous equipment, which was ten years old.

New patient-friendly website

During the year, we renewed our website www.leedsth.nhs.uk to create a much more user-friendly resource to help patients and the public find the key information they need. It went live in March 2012.

The design is based on what people told hospital staff they most want to know. This includes information on the whereabouts of wards and departments, facilities at each location, parking and public transport, as well as details about clinical services and hospital

Leeds Children's Hospital is one of the biggest facilities for sick children in the country

sites. Clear, downloadable maps are available on the site and signposting across the hospital is also being improved. Together, these improvements will make it easier for those who are partially sighted and others to find their way round local hospitals more easily.

Ward renumbering project

A more logical and consistent way of numbering wards was introduced on three sites across the Leeds Teaching Hospitals at the end of March 2011.

All the wards at LGI, St James's and Chapel Allerton Hospital have been renumbered and a prefix letter in front of the ward number has been introduced to make it clear which site the ward is on.

While some wards have just added the prefix to their existing number, in most cases the ward numbers have changed too, as have telephone details.

To help patients and visitors, way-finding kiosks have been introduced - initially in the Jubilee Wing at LGI and the Gledhow Wing at St James's. These allow anyone to print directions, including the new ward numbers, to any part of the site.

Boost for treatment of kidney patients

In the past year, we have made several improvements to the care of kidney patients.

Late 2011 saw a new Renal Transport Charter being unveiled by the Trust, Yorkshire Ambulance Service and patient representatives. It aims to improve standards in the transport service that hundreds of our patients rely on.

In March 2012, the Trust officially opened its new £1.5m satellite dialysis unit at Huddersfield Royal Infirmary, which provides a much-improved local dialysis facility for patients from the Kirklees area of West Yorkshire. From its hub at St James's, the Trust provides a number of these satellite facilities, which help reduce travel times. In addition, the Trust has launched a drive to increase the availability of home haemodialysis for kidney patients - a move that vastly increases the independence of those eligible.

Famous faces visit

It was a busy year for celebrity visitors to the Trust, with a host of famous faces popping in to visit wards and departments. These included broadcaster Angela Rippon, who spoke at the Trust's 2011 Nursing Conference and visited several wards at the LGI. Author and playwright Alan Bennett came to the Bexley Wing at St James's to record a patient information DVD about radiotherapy, which is now available on YouTube.

ITV favourites Ant and Dec brought an episode of their game show to the LGI, filming in the maternity unit and the Great George Street entrance. And TV presenter Myleene Klass unveiled the new birthing pool at the same hospital, joking that it would be the perfect place for her next baby to be born. Also present in and around LGI were actors James Nesbitt, Sarah Parish and Tom Riley from the ITV drama *Monroe* about a fictional Yorkshire neurosurgeon. Scenes were filmed using the exterior and some corridors at the hospital, and neurosurgeons from the Trust gave advice for the production in return for a location fee, which goes back into the hospital budget.

Patient safety and quality

Section 3:
Patient safety and quality

The Trust Board is committed to the delivery of effective, safe and personal healthcare to every patient, every time. The Quality Account is published as a separate document to address patient safety and quality issues in more detail.
Please visit www.leedsth.nhs.uk to read this document.

The Quality Account is underpinned by the organisation's four strategic goals, outlined in section one, and three key strategies:

1. Patient safety strategy (2008)
2. Clinical services strategy (2010)
3. Quality strategy (2011)

Our quality strategy is, in turn, supported by a long-term quality plan that explains our priorities and ambitions over the next five years.

Quality achievements in 2011-12

In 2011-12 we made good progress with our patient safety programme. Highlights include:

- Reducing the risk of adult in-patients developing Venous Thromboembolism (VTE), having achieved the national standard set for this area since 2010.
- Reducing rates of infection significantly in our hospitals, particularly those for MRSA.
- Working directly with our patients to learn more about their experiences. The Trust Board continued to hold weekly patient safety walk-rounds, which enabled members to meet patients and their families to listen to experiences and discuss concerns for improvement.
- This year, clinicians and staff worked in close partnership to help improve the quality of services. Following a detailed survey, carried out with consultants in the autumn, several measures were introduced to increase the participation of senior doctors and nurses in our change management programme.

Managing risk and monitoring patient care

Throughout the year, the care provided at Leeds Teaching Hospitals is continually monitored by both an internal risk management department and by external, independent bodies. This helps manage risk and maximise quality standards.

Care Quality Commission

The Care Quality Commission (CQC) is the official body that monitors whether the Trust meets essential quality and safety standards. Throughout the year, we received five visits from the CQC. Unfortunately, on one occasion in March 2012, the CQC judged that we did not meet two standards relating to the care and welfare of patients and staffing levels on two wards at

Leeds General Infirmary. We apologised unreservedly and publicly about these concerns and immediately initiated measures to ensure safe and effective care is always delivered to every patient, every time. In April 2012, the CQC made a follow-up visit to inspect three wards at Leeds General Infirmary and confirmed that we did meet the standards required.

The NHS Litigation Authority

The NHS Litigation Authority (NHSLA) was set up to manage risk and patient care in the NHS. The scheme aims to minimise the number and cost of claims by reducing the number and severity of adverse incidents and the likelihood of occurrence. There are three levels of accreditation.

In November 2011, the Trust was assessed and retained its level 1 accreditation under the NHS Litigation Authority (NHSLA) Risk Management Standards for hospital trusts. This shows that our risk management policies and procedures are of a high standard, providing guidance on delivering safe services to our patients and staff.

Dr Foster Hospital Guide

One of the most influential measures of clinical quality is the data published by the independent Dr Foster Hospital Guide. Published in November 2011, the guide reports on outcomes for patients cared for between April 2010 and March 2011. Highlights compared to the previous year and other hospitals were very positive and showed that:

- The Trust mortality rate of 94.2 is lower than the NHS average of 100.
- Care following hip replacements has improved since the previous year and has reduced the likelihood of readmission.
- Outcomes following knee replacement compared well with other acute NHS trusts.
- Four out of five indicators for stroke care compared well with all other NHS trusts. In addition, the length of stay for stroke patients was generally higher at Leeds Teaching Hospitals, compared to other NHS trusts.
- Outcomes following heart attacks and aortic aneurysm surgery and the numbers of women suffering obstetric trauma compared well with other NHS trusts.

Clinical Governance Committee

The Clinical Governance Committee was established in October 2009 as a committee of the Board. It meets quarterly and is chaired by Lynn Hagger, Non-executive Director. Membership consists of Non-executive directors, and it is also attended by the Chief Executive, Medical Director, Chief Nurse, Director of Informatics and other key members of staff.

The committee has a key role in ensuring the establishment and maintenance of an effective system of clinical governance and integrated risk management across the Trust. It also seeks assurance on the quality of clinical services provided within the organisation.

Safeguarding - adults and children

It has been another busy year for the adult and children's safeguarding teams, who work hard to make sure vulnerable patients are kept safe in our hospitals. Safeguarding training is mandatory for all Trust staff. During its inspection in August 2011, the Care Quality Commission found the Trust to be compliant in relation to outcome seven, "Safeguarding people who use services from abuse". By nurturing partnership working between the adult and children's safeguarding teams, we now have a joined-up approach to delivering training, risk assessment and audits. Our safeguarding teams engage in multi-agency working, building relationships with partner agencies through the local safeguarding board and with social work services.

In March 2012, we launched safeguarding supervision for midwifery. This included training a cohort of midwives in safeguarding supervision to enable the delivery and facilitation of supervision. In September 2011, Ofsted inspected safeguarding arrangements for children's services in Leeds. It identified that significant improvements had been made in ensuring children are safe, and remain safe, in Leeds. The overall effectiveness of safeguarding services in Leeds was judged to be adequate.

In adult safeguarding the number of notifications being made to the team about suspected or actual abuse continues to increase. The monthly average is now 45 and many of these are being received via our electronic notification system. The team has developed an excellent working relationship with the hospital-based social work team, community social work teams, joint care management teams and the police. They work collaboratively in investigating cases and developing protection plans for patients. There have been some very positive outcomes for adults at risk and also lessons learned from our involvement in these cases.

The Mental Capacity Act 2005 (MCA) is a significant addition to the array of tools supporting the safeguarding of vulnerable patients. In recognition of its importance to our work, we recruited a dedicated Mental Capacity Act co-ordinator in August 2011. We are one of very few trusts nationally to employ someone specifically in this type of role, and the only one to place the MCA co-ordinator in our safeguarding adults team.

We did this because we think the provisions of the Act (for example, those relating to assessment of capacity, best interest decision-making, advanced decisions to refuse treatment, deprivation of liberty, statutory advocacy and third party decision makers) are essential to us ensuring more vulnerable patients remain at the centre of healthcare decisions. The implementation of the MCA project across the Trust over the next few years will also strengthen our ability to promote the rights, dignity and autonomy of vulnerable patients. It will also reduce the risk of any breaches and abuses of such rights for patients less able to protect themselves.

Planning for major incidents

Many improvements in planning for major incidents have been made this year to help improve our response to incidents that could affect the running of our hospitals. The Trust has successfully responded to a range of planned events, exercises and emergencies, which have tested our business continuity and emergency response plans. In September 2011, we tested our emergency casualty decontamination procedures on the St James's site to practice our response to an accidental release of a harmful substance.

Almost all of our clinical directorates and support services now have business continuity plans, which would be put into action if Leeds hospitals experience a significant service disruption. These plans were put to the test during the national day of industrial action to ensure we maintained our essential patient care services.
We now have plans for responding to a range of potential emergencies, including the management of blood shortages, fuel shortages and heatwaves. We also worked with partner agencies to improve our preparation for any major burns incidents or evacuations, so we had procedures in place to respond to any significant incident occurring during the 2012 London Olympic and Paralympic Games.

All senior Trust staff have received training to improve their response to a major incident. And our plans have been practised on a number of occasions to ensure we can respond to any situation that could affect the provision of normal services.

The Trust once again worked hard to encourage staff to have flu vaccinations, both to protect staff and to reduce the risk of transmitting the virus to patients. Our vaccination programme this year has seen a much better uptake than previous years. We will continue to improve our uptake for future flu seasons.

Improving services for patients

Section 4:
Improving services for patients

Complaints and PALS

The Trust welcomes patient feedback. We aim to respond effectively and ensure we learn lessons when things go wrong. In October 2011, a new complaints and concerns policy was approved. We have strengthened awareness of this policy and process with improved information on our website. We received 1,131 formal complaints during 2011-12. This represents a rise of 3.6% compared to the previous year. The number of formal complaints we have received over recent years is shown below:

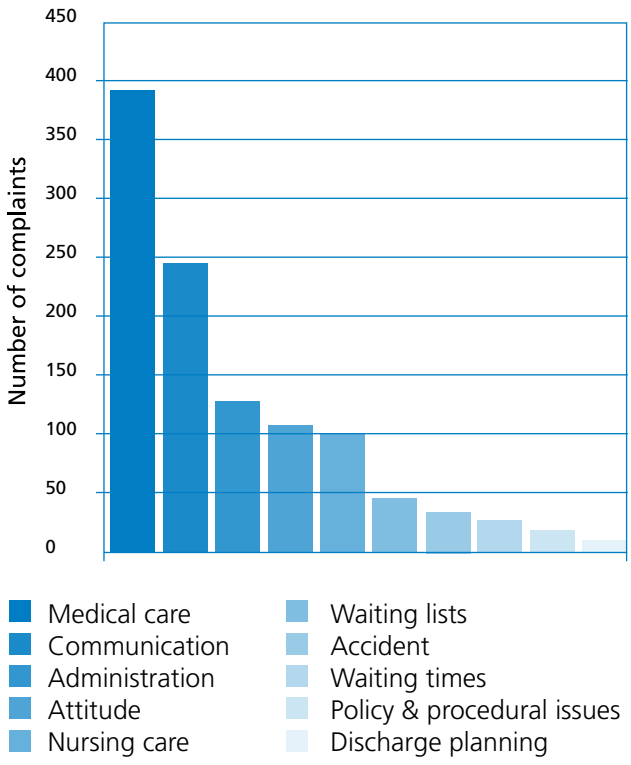
06/07	1,032
07/08	1,084
08/09	1,396
09/10	1,074
10/11	1,091
11/12	1,131

The Trust has also seen increased use of our Patient Advice and Liaison Service (PALS), which dealt with 3,614 calls during 2011-12. This is a 7.7% increase on the number of calls received in 2010-11. The service aims to give advice and solve problems as quickly as possible for patients, carers and the public.

The Patient Advice and Liaison Service can be contacted on 0113 206 7168 or by emailing patient.relations@leedsth.nhs.uk

What did people complain to us about?

A single complaint can often cover more than one issue. During 2011-12, the top ten themes raised in complaints were as follows:



Patient involvement and engagement

The Trust has continued to develop its relationships with patients and stakeholder organisations. We have held events throughout the year to help shape the content and priorities of our involvement strategy.

We participate in a number of national patient surveys programmes. The Trust also regularly seeks feedback through local surveys, patient feedback activities and walk-around programmes. We continue to benefit from a number of speciality-specific patient panels and advisory groups that work with us to inform service improvements and change. We have seen continued use of online patient feedback sites as a way of patients sharing their experiences with us.

Case study: working with our maternity service users in 2011-12

In July 2011, we held an event called 'In our Care'. It was designed to involve service users and gather feedback from them regarding maternity services. Over 70 people attended, including service users, external stakeholders and staff. Feedback from this day has been used to strengthen patient information, streamline patient records and create a virtual tour of the wards on the Trust's website. Improvements have also been made in bereavement services, with increased training and awareness for staff.

Successful partnerships in action

Leeds Local Involvement Network (LINk)

In 2011-12, we developed our relationships with the Leeds Local Involvement Network by holding regular meetings between the LINk steering group and Trust directors. LINk members play a valuable role in a number of our formal committees and project groups. In summer 2011, LINk did an "enter and view" exercise in our elderly care wards. It reported that it was, "…pleased with the high standards of cleanliness of the wards and care of patients."

Carers Leeds

The Trust recognises the important role of carers and, in partnership with Carers Leeds, we host a valuable support service for them. Carer support workers are available to give confidential advice, information and support to carers or people intending to care for a family member, partner or friend.

For further information on carer support workers, please call 07794 140418. Or, for general advice for carers, please contact Carers Leeds at 6-8 at The Headrow, Leeds, LS1 6PT, 0113 246 8338, www.carersleeds.org.uk

In 2012-13, we will continue to develop this work through the approval of our involvement strategy, including a comprehensive patient feedback programme.

Volunteers

The Trust recognises the contribution of the 800 volunteers throughout the organisation who give their time, commitment and skills for the benefit of patients, visitors and staff. During an average month around 10,000 hours are contributed by volunteers doing a wide range of activities across the Trust. This includes meeting and greeting patients in clinics and reception areas, taking newspapers and library trolleys to the wards and supporting fundraising, to mention only a few.

In 2011-12, we launched several new volunteering opportunities in the Trust. This included the introduction of volunteers in out-patient reception areas to help patients with our new self-check-in facility.

The Trust also values its continuing relationship with partner organisations that provide volunteering services and valuable fundraising activities.

If you would like to join our volunteering team, please contact voluntary services on 0113 2065888 or look at the volunteering section on our website: www.leedsth.nhs.uk/about-us/get-involved/volunteering/

Equality and diversity

The Trust is committed to ensuring that principles of equality and fairness are embedded in all we do, and that our services are accessible and meet the health needs of the diverse communities we serve.
In line with the new public section equality duty, we have recently published a compliance report. It describes how we are performing on equality and how we will meet the new equality duty.

A copy of this report is at www.leedsth.nhs.uk/about-us/equality-diversity/public-sector-equality-duty-compliance-report/

We have also been working in partnership with the other NHS trusts across the city, stakeholder organisations and local communities to set our equality objectives for 2012-2016. They will help us to include equality issues into our core business activities and make progress in delivering our equality commitments to patients, local communities and staff.

A copy of our equality objectives is at www.leedsth.nhs.uk/about-us/equality-and-diversity/equality-objectives/

During the year, our Trust Board and members of the senior management team participated in an equality and diversity development workshop. Training on this subject is provided for all staff via our corporate induction and separate training courses. At 31 March 2012, 44.2% of staff had received equality and diversity training and 44.3% had received "dignity at work" input.

The Trust is committed to ensuring our services are accessible and we provide spoken language and British Sign Language interpreters for patients who need them. We have our own register of professional interpreters who provide services across 70 languages.

Becoming a Foundation Trust

Our progress

Throughout the year we have continued to work with the Strategic Health Authority to progress our application to become a Foundation Trust (FT). This is a complex process that means we have to develop a far more robust and strategic approach to planning and managing our business. We need to provide consistently high quality care for our patients and their carers, and demonstrate this by meeting defined performance targets and improving financial management and business processes. We also need to engage the local community and local stakeholders and be accountable to them through Foundation Trust members and governors for decision-making and future performance.

Our constitution

As a Foundation Trust, the rules of how we will operate will be defined in our constitution. The Trust first consulted on its draft constitution in 2009. It was a wide-ranging process involving around 500 people and the majority of city councillors at more than 40 community and public meetings. In response to democratic representative and stakeholder feedback, the proposals were amended. In March 2010, modified proposals were adopted by the Trust Board.

Having spoken to existing foundation trusts, our Board felt we needed to set up a council of governors with enough local people to achieve the right balance between appropriate representation and enabling active contributions from all governors.

There was also a strong rationale for the changes in ensuring our FT public constituency boundaries reflect the development of three local authority health and well-being partnership areas. We felt that better alignment with these arrangements would result in stronger links with the local strategic health partnership.

Consultation update

We updated our public consultation between 16 September and 16 December 2011. The purpose was to refresh our original 2009 consultation on our general intention to become a Foundation Trust. We also wanted to ask for views on new proposals for the number of public constituencies and the composition of the council of governors.

Consultation was conducted through three main channels, involving:

- Stakeholder organisations that will appoint governors in the proposed structure
- Foundation Trust members
- Members of the public, via a shopping centre stand and at advertised public meetings.

Overall, the response to our consultation was very positive. More than 800 responses were received and around 95% of those were in support of our updated proposals. This included strong support for our aim of becoming a Foundation Trust, and also for the updated proposals for constituencies and elected and appointed governors.

None of the concerns raised during the consultation were inconsistent with our strategy for achieving Foundation Trust status. We believe the work we have done to make the Trust ready for Foundation Trust status has already had a positive impact on patient care. We are also convinced that achieving Foundation Trust status results in greater efficiency, quality and local accountability.

Following the refresh of our public consultation, the Trust Board has agreed there will be 29 governors: 15 public governors, five staff governors and nine appointed governors. This has been defined in our constitution, which was agreed by the Trust Board in February 2012.

Foundation Trust membership

The main way we will be accountable to the local community is through our Foundation Trust members, who will elect governors to work with the Trust's Board of Directors on our strategy.

We currently have more than 12,000 public FT members. We are aiming to recruit a membership that is representative of the community we serve in terms of age, gender, ethnic background and socio-economic profile. The main area where we are currently under-represented is working-age men.

As our membership develops we will seek to engage with our members. We will work with them in developing healthcare services for the future by encouraging them to provide feedback and become actively involved in our patient and public involvement activities. We will also support members who simply want to find out more about what we do by developing our Medicine for Members information sessions.

Join the Foundation Trust

To apply for membership, complete the online form on our website at www.leedsth.nhs.uk

You can also call the Foundation Trust office on 0113 206 4595.

Foundation Trust governors

When we are planning elections for council of governors posts, we will advise Foundation Trust members and run workshops to explain in detail about the roles. Our governors will have three primary roles:

- Advisory - providing a link to and from the Trust's FT members
- Guardianship - through their statutory duties in terms of appointments, remuneration and holding the Board to account on behalf of the community
- Strategic - providing input to the long-term vision.

We will support the governors in developing links with the local community to ensure members' views are represented at council meetings. We will also provide appropriate training to enable governors to fulfil their responsibilities. And we will ensure we make best use of their skills and experience.

Chaplaincy

Our chaplaincy service supports patients, visitors and staff, with or without a faith, who need spiritual or pastoral support in difficult times. At a national level, the role and expertise of chaplains has been recognised in new guidance from NICE, as well as by quality markers for end-of-life care.

In 2011, the number of referrals to our chaplaincy service increased by 24%, compared to the previous year, to 5,472. This led to over 16,500 visits to support patients at a time of need. In addition, chaplains continued to give many hours of support to staff needing advice while caring for patients from different faiths and spiritual beliefs.

As well as its pastoral support, the chaplaincy contributed to the Trust's academic and research work. As part of a partnership with the University of Leeds, Jo Bryant, a student in the Department of Theology and Religious Studies, was awarded a grant to study the use of the Bexley Faith Centre. The study showed the importance of creating a neutral setting for the centre. Initiatives such as a new touchscreen, which can be tailored to different faiths, will be implemented as a result of the findings.

Other highlights of the chaplaincy's work this year include:

- The establishment of a new partnership to secure funding for the appointment of an Acorn research fellow to study chaplaincy at Leeds University
- Chaplaincy staff leading in the validation of a new MA in Health and Social Care Chaplaincy at Leeds Metropolitan University
- The refurbishment of the clock in the tower at St James's Chapel, which for years had remained stubbornly at five past one!

Case study: a letter from a patient's relative

Dear Chaplain,

I am writing to send you sincere thanks on behalf of all the family for showing us all such kindness and compassion just before my mum, Elspeth Smith, passed away on 2 February (Ward 25). Your comforting words and the gentle yet assured way, that you placed your hand on mum's head and held her hand, were such a comfort to the whole family; we saw mum's anguish disappear from her face immediately.

With sincere gratitude,
Mrs E Brown

[All names have been changed to protect patient confidentiality]

Fundraising

The Leeds Teaching Hospitals' Charitable Foundation is responsible for administrating the charitable funds of all our individual hospitals and sites. It is independent of the Trust Board, and ensures all money gifted to Leeds Teaching Hospitals is spent according to the donor's wishes.

The LTHT Charitable Foundation's trustees are committed to encouraging high quality, ethical research and development. During 2011-12, it has given specific support for three research fellowships:

1. Bert Inman Fellowship Award
2. Arnold J Tunstall Fellowship Award
3. Sir Donald Kaberry Fellowship Award

The applications were received and evaluated under the Research and Development Special Advisory Group Awards scheme, and funding totalling £328,972 was allocated. The fellowship scheme supports and encourages appropriate research linked to Leeds Teaching Hospitals' strategy to develop specific areas of strength and expertise.

The Foundation has ensured that funds and donations given for staff and patient welfare and amenities have been allocated to appropriate projects. Across our hospitals, £4.67 million has been spent on charitable activities throughout the financial year.

The Leeds Children's Hospital Appeal raises money to provide a child-friendly environment and state-of-the-art medical equipment.

Within this financial year, the appeal has funded the purchase of an OR1 - the most advanced paediatric operating theatre system - costing £230,000.
Leslie Hayes is one of the many volunteers working tirelessly for the appeal. He has raised over £36,000 for it in less than two years by collecting money at the Jubilee main entrance at LGI.

We would like to thank all our volunteers who work for the Charitable Foundation for their amazing contributions.

Patient catering

Improving meals for patients is extremely important to the Trust. So we have begun developing a patient catering strategy to revolutionise our provision for in-patients during the year. We have consulted with both internal and external partners to improve our service. A dietician ensured that the nutritional content and capacity met the diversity and nutritional needs of our patients. Meanwhile, members of LINk participated in food-tasting sessions and surveys.

As a result, we made the following key changes:

- We have developed new menus featuring foods that represent the diverse population we serve, such as bistro-style lunch menus and themed, continental-style evening dishes.

- The introduction of locally sourced ingredients such as Yorkshire-grown vegetables and Yorkshire Dales ice cream. This has proved popular with patients while also supporting the trust's carbon reduction agenda.

- Amended dietary coding on patient menus to help guide patients in making appropriate food choices.

Menu information now highlights healthier choices and higher energy dishes. We also give advice to specific clinical groups, including renal, diabetes, oncology and gastroenterology.

- New patient meal trays that provide nutritional and hygiene information have also been introduced.

We are proud that, once again, our patient catering services have achieved a five-star (very good) food hygiene rating from Leeds City Council, which reflects our standards of food safety and compliance with the law on food hygiene. The department also met official regulations relating to the ordering, receipt, storage, production and delivery of meals to patients in our care.

Transport services

New transport routes between Leeds Teaching Hospitals and Leeds City College were launched in 2011, giving the Trust both environmental and financial benefits.

Working in partnership with Leeds City College, we secured new bus stops on existing bus routes between hospital sites. This has allowed college staff to use our existing shuttle buses and has reduced the overall number of vehicles needed.

Leeds City College has now adopted the service on a rolling contract, which is generating additional income for the Trust without increasing internal revenue or capital costs.

Hospital cleanliness

As part of our ongoing efforts to prevent hospital-related infections, we appointed infection prevention and control supervisors to our operations team this year.

The people in this new role have been educating nursing groups and healthcare workers on appropriate cleaning methods and training staff on tasks such as cleaning bed frames, patient-shared equipment and source isolation rooms.

PEAT

Each year, the Trust has to assess its hospitals in line with national Patient Environment Action Team (PEAT) guidelines. A multi-disciplinary team, including patient representatives, carries out the inspections.

All the Trust's sites were rated as either good or excellent in the most recent survey. We maintained our environmental, privacy and dignity scores and increased our food score. The majority of our percentage scores in the environmental category have also increased.
Our full PEAT ratings for 2012 are:

Site name	Environment Score	Food Score	Privacy & dignity score
Leeds General Infirmary	4 good	5 excellent	4 good
Wharfedale Hospital	5 excellent	5 excellent	5 excellent
St James's University Hospital	4 good	5 excellent	4 good
Seacroft Hospital	4 good	5 excellent	4 good
Chapel Allerton Hospital	4 good	5 excellent	4 good

The Trust's estate

We have continued to rationalise our estate by vacating poor quality buildings and developing the properties we have kept to meet current and future clinical needs. This is moving the Trust towards an estate that is fit for purpose and is integrated with the needs of patients and clinical specialties.

The five 100-year-old theatres in the Gilbert Scott building at Leeds General Infirmary have now been closed, along with the Nightingale wards in the old site that were no longer fit for 21st century care.

Infrastructure

The Trust is continuing with a significant capital investment programme in infrastructure, and we have reduced our overall maintenance backlog by £50m. We always eliminate the highest risk backlog at the start of each year to ensure continuing patient safety. And we do work on an annual basis to ensure our precautions for fire, preventing legionella, electrical upgrading and effective waste management are up-to-date. We also increase the capacity of some of our boiler houses each year.

The major programme on our St James's site to replace its high-voltage electrical network has made good progress and is due to complete in 2015-16. Infrastructure maintenance such as this is something that patients and staff don't see but is absolutely essential to the Trust's ability to continue treating patients safely, to the highest possible standards.

Some maintenance and infrastructure works are more visible to patients and staff. Over the year, for example, we have installed new nurse call systems and new windows in several wards, along with redecorating and replacing some of our lifts. We are still not satisfied that all our public areas are as welcoming as they should be, however, so work has begun on improving reception and entrance areas, with the most impressive so far being the Clarendon Wing's reception.

Wayfinding

One of the most noticeable things for patients and visitors is the way people are directed across and around our hospitals' wings. As St James's and LGI were originally part of two separate trusts, their conflicting ward numbers caused confusion. When new wards were created the numbers were allocated at random, so it was difficult for people to find their way around our hospitals. At the end of March 2012, all our wards were renumbered and the start of better way-finding was introduced: this will be expanded over the coming years.

Clinical schemes

Improvements to a number of inpatient wards and critical care wards in our Clarendon, Jubilee, Lincoln and Gledhow Wings took place during the year. Some non-clinical accommodation was converted to clinical accommodation to provide additional beds in our better quality ward areas.

Amongst many others, the following improvements have been made to our estate, which have provided a better, more up-to-date environment for our staff, patients and visitors:

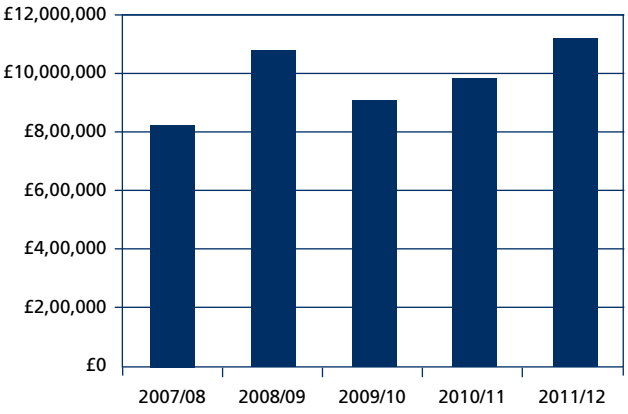
- Additional radiology facilities centralised next to A&E at St James's
- Pathology services moved from the leased property in Morley into previously unused, but now upgraded, accommodation within the Trust
- Development of a brand new dermatology outpatient and day case department at Chapel Allerton Hospital, which enabled the team to move out of old facilities in the Brotherton Wing in July 2012
- New renal dialysis unit at Huddersfield Royal Infirmary completed, staffed and run by expert renal staff from the Trust
- Brachytherapy suite expanded in the Bexley Wing
- Birthing pool installed in the Clarendon Wing
- Bereavement facilities improved.

Becoming greener

Section 5:
Becoming greener

The NHS aims to reduce its carbon footprint by 10% between 2007 and 2015. Reducing the amount of energy used in our organisation contributes to this goal.

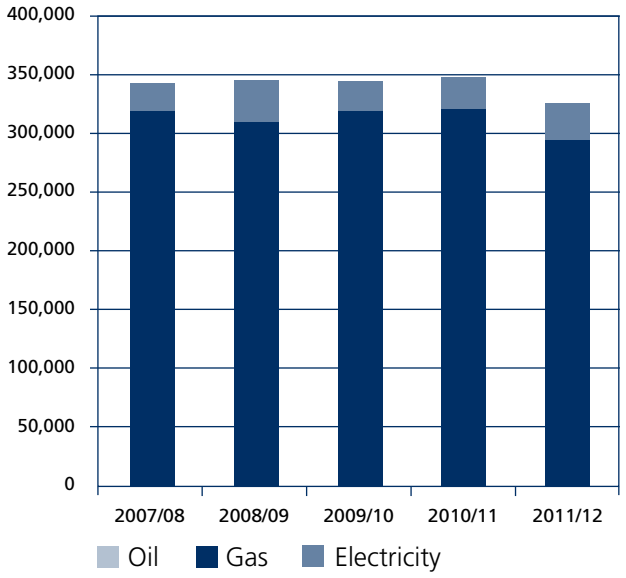
Trust energy costs



Our energy costs have increased by 11% in 2011-12 - the equivalent cost of 195 hip operations.

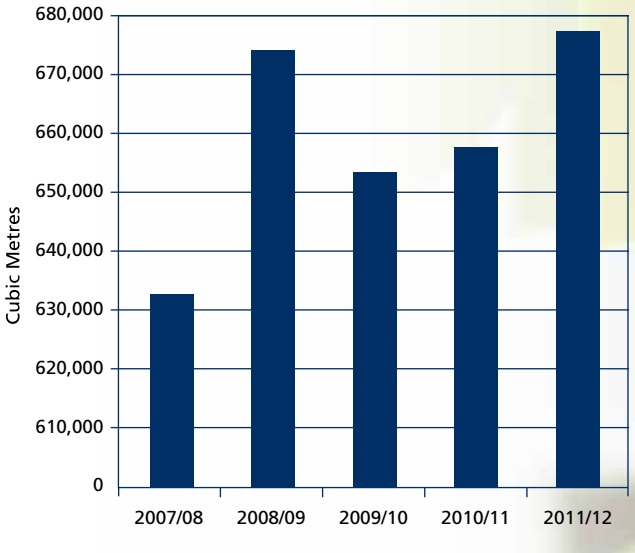
The Carbon Reduction Commitment (CRC) is a mandatory scheme aimed at improving energy efficiency and cutting emissions in large public and private sector organisations. During 2011-12, our gross expenditure on the CRC energy efficiency scheme was £553,224 (an additional cost to those shown above)

Trust energy use



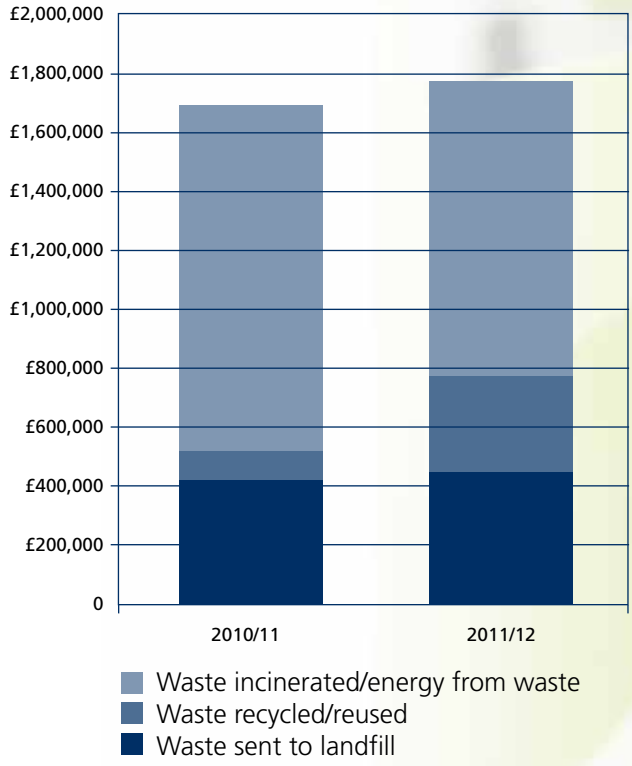
Our total energy consumption has fallen during the year, from 347,235 to 327,651 MWh. In the same period, our relative energy consumption has changed from 0.59 to 0.56 MWh per square metre. We have put plans in place to reduce carbon emissions and improve our environmental sustainability. Over the next 10 years we expect these measures to save £1,392,241. We generate 58% of our energy on site, but have not made arrangements to buy electricity generated from renewable sources.

Trust water consumption



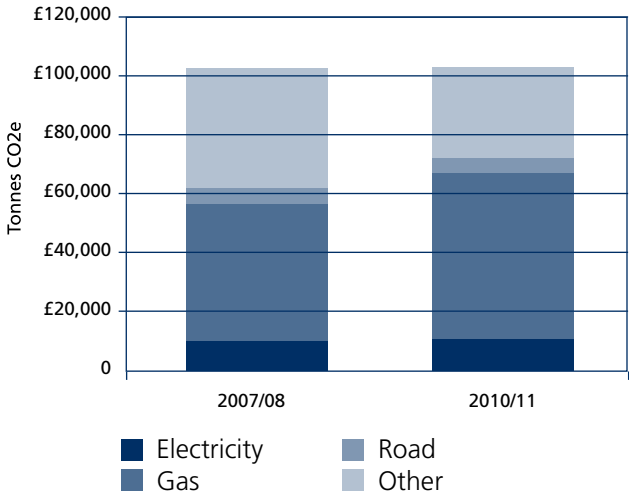
Our water consumption has increased by 19,262 cubic metres in the recent financial year. In 2011-12 we spent £1,382,038 on water.

Trust expenditure on waste



Currently, we only recover or recycle 1,022 tonnes of waste, which is 16% of the total waste we produce. We are working on improving this figure. We have produced two recent carbon footprint reports, which show we achieved a reduction of 616 tonnes over the period.

Trust carbon fooprint



Other areas that contribute to our carbon footprint include commuting, visitor travel, and emissions from water and waste use.

The Trust has an up-to-date sustainable development management plan, as required by the NHS Carbon Reduction Strategy.

Adaptation to climate change will challenge both our service delivery and infrastructure in the future. So it is appropriate that we consider it when planning how we will best serve patients in the future.

In addition to our focus on carbon reduction, we are committed to reducing wider environmental and social impacts associated with the buying of goods and services. A Board-level lead for sustainability ownership keeps it on the agenda at the Trust's highest level.

A sustainable NHS can only be achieved through the efforts of all staff. We created a sustainability steering group, which includes staff representatives from across the organisation. Our last staff awareness campaign was part of the NHS Sustainability Day in March 2012. Such campaigns have been shown to deliver cost savings and associated reductions in carbon emissions.

How are we performing?

Section 6:
How are we performing?

In this section we look at how some of our key services performed over the year. This is presented in a graphical form, with explanatory commentary to help put the information into context.

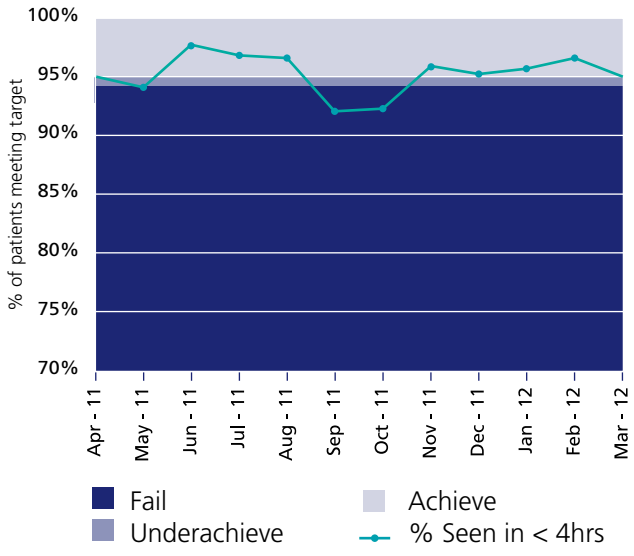
A more detailed version of this data is considered at each of the Trust's monthly public Board meetings; keeping a close watch on our hospitals' performance is one of the Board's key responsibilities. Improvement plans are in place for areas where the Trust's performance has not reached the required standard. We appreciate that performing better is vital to improve the patient experience.

If you are interested in tracking our performance during the current year, you can find this information on www.leedsth.nhs.uk under corporate information for monthly Board agendas and supporting papers.

Emergency care

- In 2011-12, 95.4% of patients attending our A&E departments at LGI or St James's, or the minor injuries unit at Wharfedale Hospital, were admitted, discharged or transferred within four hours.
- We achieved the national standard for the year

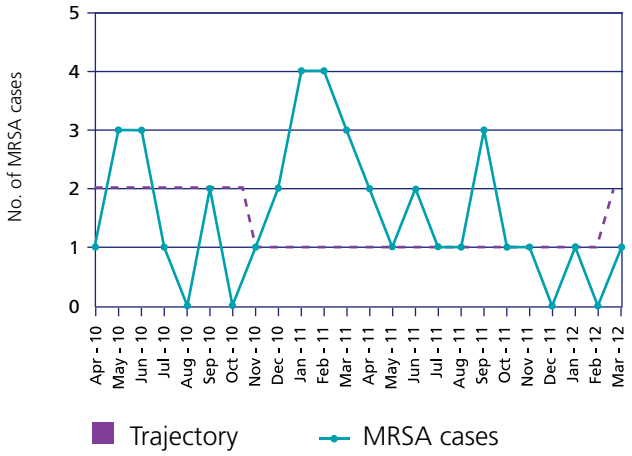
Performance against the A&E 4-hour access standard (including Wharfedale)



Meticillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia

14 patients developed an MRSA bacteraemia whilst in our care in 2011-12. Although we just missed out on achieving our target of having no more than 13 patients developing MRSA in the year, this is a significant improvement from last year's position, and represents a 42% reduction. We achieved our target each month in the second half of 2011-12, and expect to continue this improvement into next year.

Progress against the MRSA target



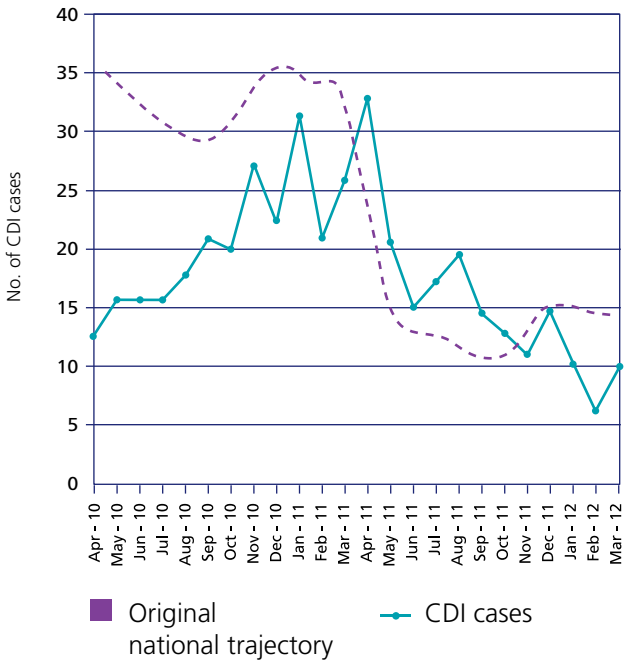
Please note, the North of England cluster and local commissioners agreed to remove the MRSA bacteraemia reported for the Trust in December 2011, following a successful appeal.

However, as the Health Protection Agency (HPA) no longer accepts such amendments to reported data, 15 cases will be reported nationally for 2011-12.

Clostridium Difficile Infections (CDIs)

There were a total of 185 cases of CDI reported in our hospitals in 2011-12. Although this is a 25% reduction from the previous year, we have not achieved our performance target of no more than 159 CDI cases. Despite a difficult start to the year, we made good progress in reducing CDIs throughout the year, with the Trust reporting a monthly figure in February 2012 lower than we have ever previously recorded.

Progress against the CDI target

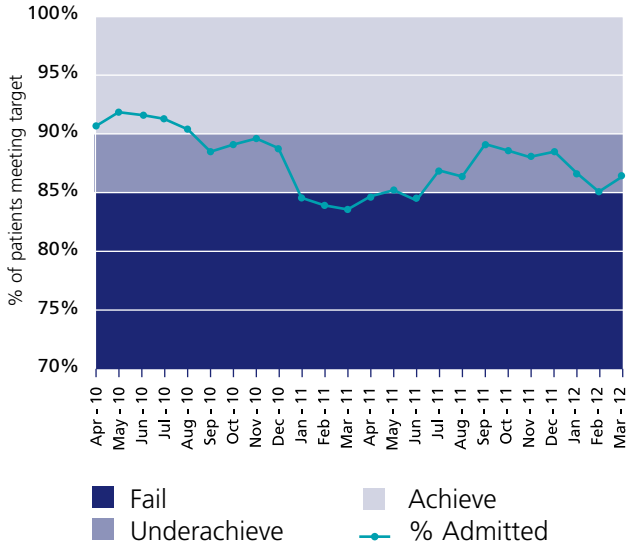


18-week waiting times for referral to treatment (RTT)

Admitted

Trusts are monitored quarterly on this indicator. In quarter four, 85.9% of admitted patients were treated within 18 weeks; the Trust did not achieve its target for the period.

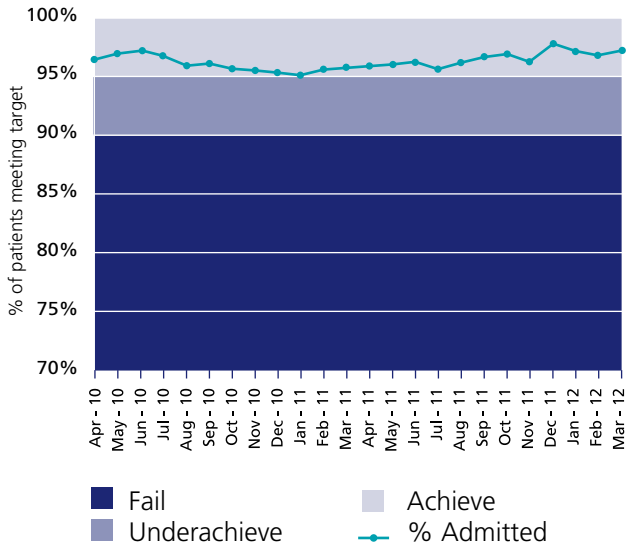
% of admitted patients seen within 18 weeks



Non-admitted

Trusts are monitored quarterly on this indicator. In quarter four, 97.3% of non-admitted patients were treated within 18 weeks, so the Trust achieved the target for the period.

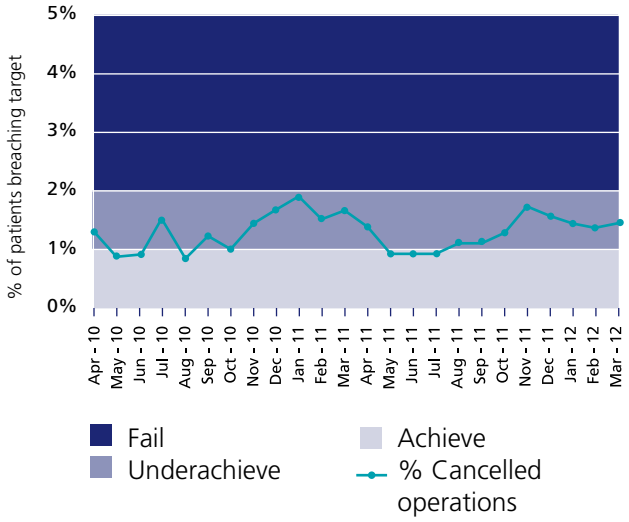
% of non-admitted patients seen within 18 weeks



Operations cancelled at the last minute

In 2011-12, the Trust had a last-minute cancellation rate of 0.97%. Its objective was not achieved.

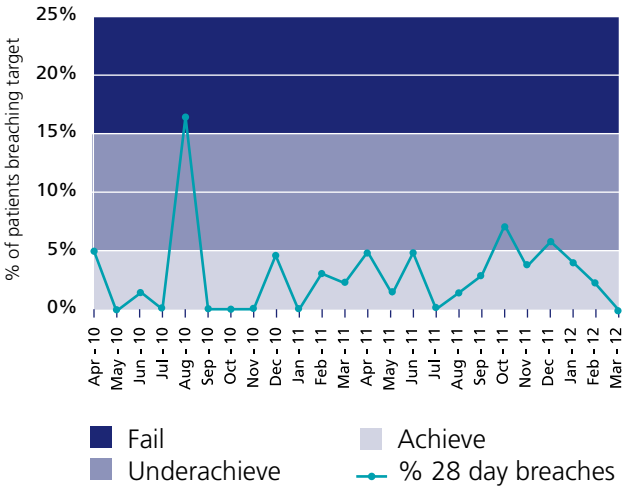
% of operations cancelled at the last minute on the day of, or after, admission for non-clinical reasons



Patients not admitted within 28 days of operations being cancelled

In 2011-12, 3.02% of patients who had their operations cancelled for a non-clinical reason were treated within 28 days. The Trust achieved its target.

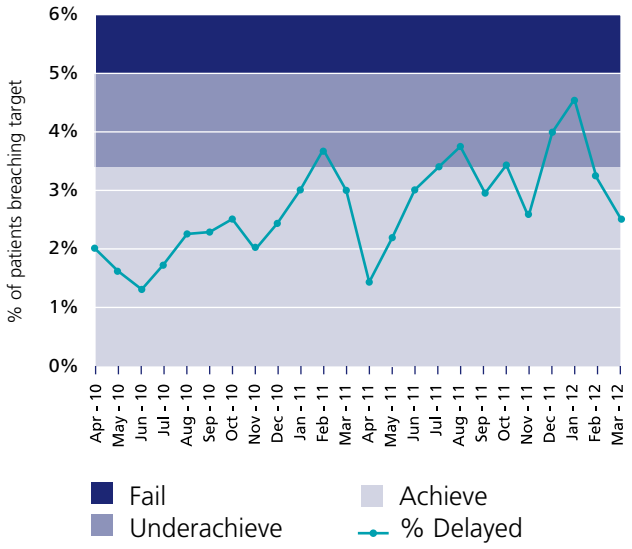
% of patients not treated within 28 days of last-minute cancellation for non-clinical reasons



Delayed transfers of care (acute conditions)

A delayed transfer of care is when a patient is ready for transfer from their hospital bed, but hasn't been moved. Performance for 2011-12 shows 3.12% of patients encountered a delay; the Trust achieved the standard for the period.

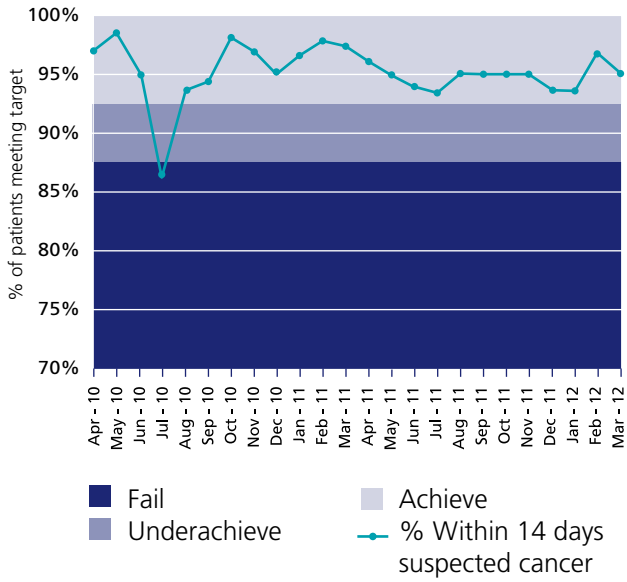
Delayed transfers of care

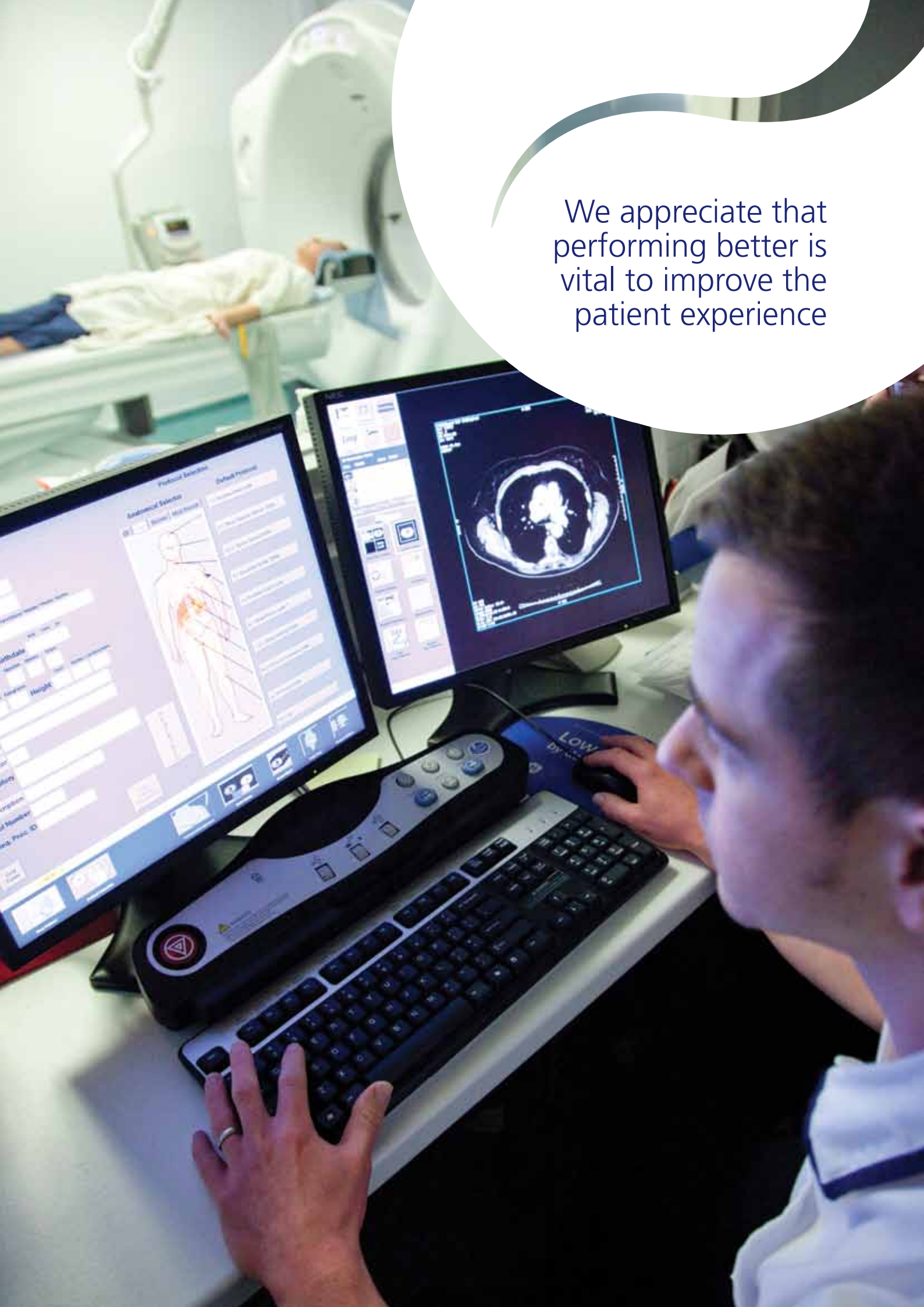


14-day standard for suspected cancer

The Trust achieved its target for the year-to-February period; 95.3% of patients referred urgently to the Trust with suspected cancer were seen within 14 days.

Performance against the 14-day standard for suspected cancer



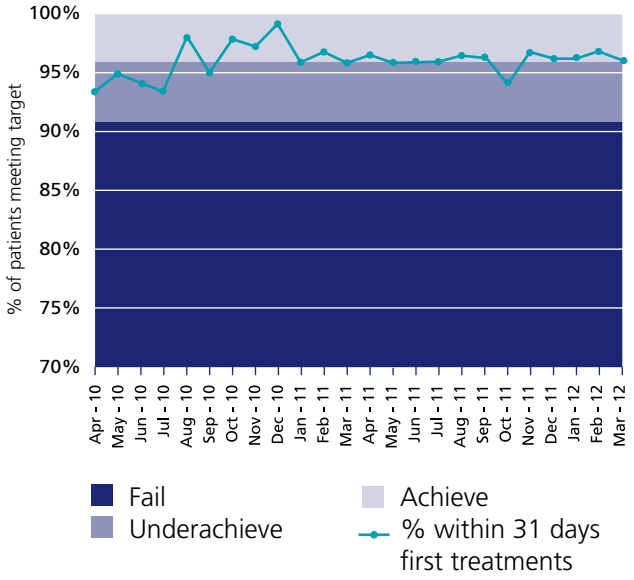


We appreciate that performing better is vital to improve the patient experience

31-day standard for first treatment against cancer

Year-to-February performance shows that the Trust achieved its target, with 96.6% of patients having first treatments within 31 days.

Performance against the 31-day standard for first treatments



62-day standard for cancer patient referrals from GPs and dentists

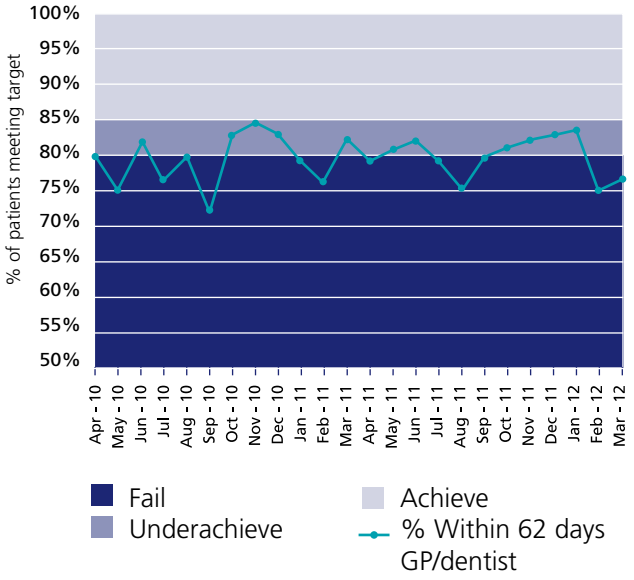
The Trust also failed the standard for year-to-February, with 79.3% of patients referred by a GP or dentist being treated within the 62-day standard.

We recognise we need to do further work to ensure we meet all the standards consistently and sustainably. We are, therefore, doing specific things to address this, including:

- Implementing our new MRSA policy, which will reduce the incidence of these bacteraemias.
- Recruiting for vacant medical and nursing posts to ensure patients are seen as quickly as possible in A&E.
- Streamlining patient pathways and improving capacity to increase the numbers of patients treated within 18 weeks of their referral.

Progress is already being seen in our provision of cancer treatment. Detailed plans are in place to speed up appointments, decision-making and treatment. The Trust is also working with the Yorkshire Cancer Network to improve the timeliness of referrals from other hospitals into Leeds Teaching Hospitals.

Performance against the 62-day cancer standard for GP/ dentist referrals



Working at Leeds Teaching Hospitals

Section 7:
Working at Leeds Teaching Hospitals

Managing for Success - improving the way we work

Our change management programme, *Managing for Success*, continued in 2011-12. There have been some notable changes in the way the Trust and its staff have been working during this key stage of implementation and delivery.

Managing for Success was launched at the end of 2009 and has involved clinical and non-clinical staff throughout the organisation working together to reform services. The scale of the challenge is enormous. The aim is to add value to patient care and experience, while at the same time improving working practices and making financial savings.

The programme was originally made up of seven core areas; Care Pathways, Clinical Support, Estates Rationalisation, Patient Administration, Corporate Support, Workforce Modernisation, Organisation and Leadership Development. In 2011, an additional, eighth programme, Transforming Education and Research, was added to the portfolio.

Improving safe surgical flow is one of a number of projects in the Care Pathways programme that has led to a considerable reform of services this year. In autumn 2011, for example, a physical reorganisation of 53 wards and 1500 staff enabled eight wards and seven operating theatres to be de-commissioned. While, at the same time, we maintained and improved patient care by using staff and resources more effectively.

In addition, the programme introduced a way to make better use of existing theatres. A new daily "board round" has been introduced, which aims to reduce the length of stay and speed up the discharge process for all wards.

Work on Patient Administration has shown how technology can benefit service delivery and patient experience. Digital dictation is one initiative that went live in gynaecology, obstetrics and pain management in 2011, resulting in more efficient use of resources.

In spring 2011, self-check-in kiosks were introduced for patients at two sites; Leeds Dental Institute and the Chancellor's Wing at St James's. Initially launched as a trial, the scheme proved universally popular with both patients and staff, as it increased the reception services' efficiency and speed at both sites.

Similarly, in early 2011, only 21% of health records could be tracked within 24 hours of returning to the health records library. One year on and this figure has increased to 85% as a direct result of work dedicated to improving the flow of medical records.

In Clinical Support, work in 2011-12 focused on completing a central specialist laboratory for pathology at St James's. This major facility opened in March 2012 and will support the delivery of over a thousand additional initiatives, suggested by staff, to streamline pathology and radiology services within the Trust.

The Corporate Support programme features several projects aimed at modernising the way the Trust manages corporate functions, such as logistics, training and procuring drugs and supplies. We are continuing work in these areas to make more

efficiency savings by changing the way we source and administer products.

The scale and complexity of the training and education project resulted in us creating an additional *Managing for Success* programme called Transforming Education and Research.

In 2011, the Estates Rationalisation programme continued its focus to improve the use and quality of property owned or managed by Leeds Teaching Hospitals.

Over the years, the Trust has inherited a wide range of buildings, some of which date back to the 19th century in parts of St James's and Leeds General Infirmary. The complexity and expense of maintaining such a varied estate cannot be underestimated. By relocating wards and services this year we have cut maintenance costs and, more importantly, are providing better accommodation for patients.

Projects such as the launch of the new Trust identity and ward renumbering have helped offset the complexities of rolling out such change by giving patients a clearly defined, logical way to find their way around the organisation.

Managing our workforce

During the last year, we have made several important changes to how we manage the Trust's workforce. Our Workforce Modernisation programme was set up as part of *Managing for Success*. Since then, a programme board has been established, with senior clinical membership, to oversee the implementation of effective workforce change over the next five years.

A workforce sub-committee of the Trust Board, chaired by Non-executive Director, Mark Chamberlain, has been established to focus on implementing four key strategies and to provide assurance to the Trust Board. The strategies are:

1. Safe and Affordable Workforce Strategy
2. Organisational and Leadership Development Strategy
3. Improvement Strategy
4. Staff Engagement Strategy

The Safe and Affordable Workforce Strategy details the Trust's approach to achieving its objective 'To build a highly competent, flexible and affordable workforce who feel valued for their contribution'.

It identifies a number of key building blocks, including: implementing workforce changes, a competence-based approach to workforce planning and the use of IT and new technologies.

An updated Organisational and Leadership Development Strategy is delivering a range of management and leadership development initiatives. The Staff Engagement Strategy was developed in response to insight from the national staff survey and ongoing Trust feedback. Findings showed that staff satisfaction at Leeds Teaching Hospitals is low and related to three issues; line management and leadership, communication, and pride. We have already started working with specific staff groups at key points in their journey through the organisation, in order to embed:

- Strong and consistent leadership behaviour
- A clear understanding of vision and values that are focused on customer service
- An understanding of decision-making and responsibility
- Effective management and development of people and process
- An inclusive working environment that is forward-thinking, innovative and rewarding.

Getting the basics right

In addition to this, the Trust has also continued its work to get the basics right.

To improve the efficiency of our staff deployment we have continued rolling out an electronic rostering system to replace outdated and inefficient paper-based systems. This year has seen extensive rollout of the system across 2,500 staff in 70, mainly nursing-led, areas. Work has also started on using the system for medical staff, initially for junior doctors and anaesthetics.

We have been collaborating with our trade union and professional organisations to further strengthen partnership working and have reviewed and updated several of our major employment policies.

Our staff in 2011-12

At the end of March 2012, the Trust employed 15,233 staff* or 12,987 people who are fulltime equivalent (FTE), including:

- 2,038 (1,796 FTE) doctors & dentists
- 3,962 (3,475 FTE) registered nursing & midwifery staff
- 1,594 (1,412 FTE) scientific & technical staff
- 833 (663 FTE) allied health professionals
- 2,133 (1,819 FTE) clinical support staff
- 2,671 (2,324 FTE) administrative, clinical & managerial staff
- 1,971 (1,468 FTE) estates & ancillary staff

**The total staff headcount of 15,233 includes 27 student midwives not included in the above breakdown.*

Other key facts include:

- 27% of our workforce are aged over 50 and 19% are aged under 30
- 15% of the Trust's staff are of BME (Black Minority Ethnic) origin
- 75% of our employees are female

Research, innovation and training

Section 8:
Research, innovation and training

Research and innovation

The main aims of our research and innovation strategy are to:

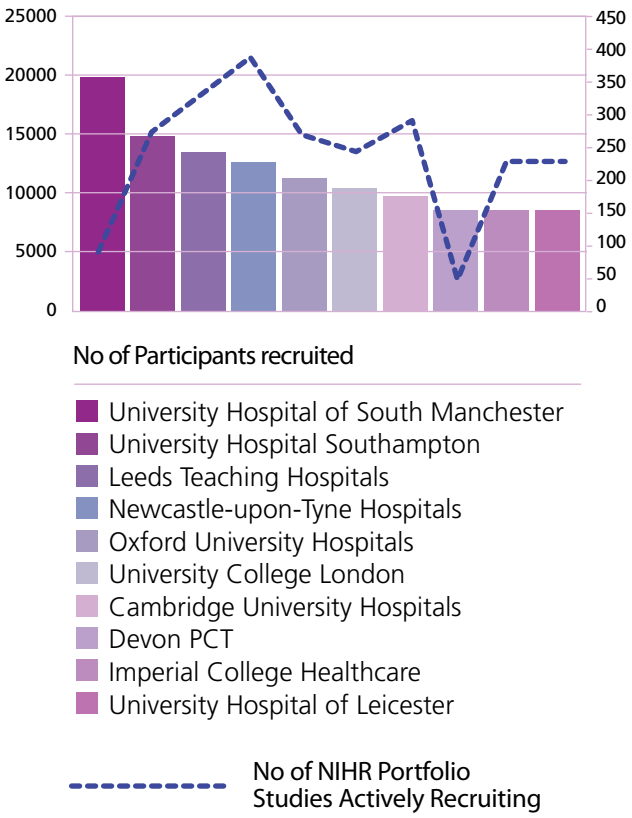
- Increase the number of patients participating in research studies by offering more opportunities.
- Increase the quality and value of research and innovation in the Trust.
- Make the Trust the partner of choice for research and innovation.

One of the most important reasons for undertaking clinical research is that it can improve patient outcomes. There are three main reasons for this:

- Patients in some clinical trials have better outcomes.
- Institutions that are active in research deliver better outcomes, even for patients not included in research trials.
- Trusts that are actively researching tend to attract and retain high-calibre, innovative, clinical and managerial staff.

We are one of the best-performing trusts in England for projects under the National Institute for Health Research (NIHR). This is the highest standard for research. Last year, we involved 13,826 patients in 339 studies.

Top 10 Trust comparison



Clinical research in the Trust is underpinned by prestigious research grants and world-class facilities, and this year we have had particular success.
The National Institute for Health Research (NIHR) Leeds Biomedical Research Unit in Musculoskeletal Disease at Chapel Allerton Hospital has delivered real benefits to patients in rheumatology. This year we received a further five years' funding of £7m.

The Trust was awarded renewed funding of £1m for the NIHR/Cancer Research UK Leeds/Bradford/Hull/York Experimental Cancer Medicine Centre. This will enable us to research new ways of treating and monitoring cancer.

We have has also won £0.5m NIHR funding to support research studies for people with diseases such as cancer and arthritis at the Leeds Clinical Research Facility.

The Trust, in partnership with the University of Leeds, receives £10m funding from UK Research Councils to support medical technology and innovation and accelerate the speed at which research is taken up commercially. Our sponsors have recently received a further £2m to support the centre and two major projects with industry.

The Experimental Cancer Medicine Centre and the Cancer Research UK Clinical Centre at Leeds will take part in an internationally unique programme to help establish a world-class routine genetic testing service for the NHS. The Trust's researchers have also conducted a series of clinical trials using a mild virus (reovirus) to treat cancer. This work has made Leeds a recognised centre for biological studies and was influential in Professor Alan Melcher, our Consultant Clinical Oncologist, securing a £1m Cancer Research UK grant earlier this year.

We received major research awards from the British Heart Foundation for cardiovascular disease research. Our researchers have led internationally acclaimed work to look at how effective a particular scanning technique (cardiovascular magnetic resonance) is in detecting heart disease. Additional funding of £1.2m has recently been granted for further work in this area.

Colorectal Surgeon Professor David Jayne received an NIHR Research Professorship award to develop better bowel cancer treatments. NIHR Professorships are prestigious awards that enable outstanding research leaders to spend five years dedicated to research at the highest academic level to speed up the transfer of good ideas into better health for patients.

The NIHR also awarded new funding this year to Professor Bipin Bhakta, who has developed a robotic system to aid recovery after a stroke. The system allows patients to undergo extra therapeutic exercise with minimal input from the therapist. This helps to address the shortage of hands-on therapy available to stroke patients in the UK.

Training tomorrow's professionals

As well as having strong research partnerships with the University of Leeds and Leeds Metropolitan University, the Trust works with them to train the next generation of healthcare professionals in our teaching hospitals. Together, we have over 3,000 students studying to become:

- Nurses
- Midwives
- Doctors
- Dentists
- Diagnostic radiographers
- Audiologists
- Clinical physiologists
- Dental technologists
- Dental hygienists
- Dental nurses
- Physiotherapists
- Occupational therapists
- Dieticians

There are also over 1,000 junior doctors in training posts in all specialties across the Trust. We train healthcare professionals in a safe, controlled environment using simulation facilities to develop clinical skills.

- Since opening in June 2011, our Clinical Practice Centre has begun training students and qualified staff from the Trust, as well as NHS and education partners in the city

- The Leeds Institute for Skills Training and Assessment (LISTA) at St James's contains high-tech simulation equipment. This includes a simulated operating theatre, which enables surgeons, anaesthetists and theatre teams to learn and practise complex procedures.

- Our Paediatric Education Centre opened at Leeds General Infirmary in 2011. It enables junior doctors and paediatric teams to train using special paediatric manikins that accurately simulate newborn babies and infants.

We know that technology is key to education and training, so we are developing interactive e-learning packages and mobile applications to complement our state-of-the-art clinical skills and simulation facilities.

Together, they are an important part of our commitment to developing a professional workforce that is competent, adaptable and fit for the future.

Financial review and summary accounts

Section 9: Financial review and summary accounts

Performance in the year

The accounts that follow report financial performance in 2011-12, which can be summarised as:

- Income and expenditure surplus of £2.8 million adjusted to £4.2 million after technical factors - see statement of comprehensive income on page 65 (£5.8 million adjusted to £2.0 million in 2010-11).
- Cash balance of £24.5 million (£12.0 million in 2010-11)
- Capital investment of £36.8 million (£42.9 million in 2010-11)
- 95% of suppliers' invoices paid within 30 days (86% in 2010-11)

These results represent achievement of the financial obligations placed on the Trust by the Department of Health. The surplus of £2.8 million is £2 million better than originally planned for the year. This success must be seen in the context of a very difficult and well-publicised economic climate, with the NHS being asked to find efficiency savings of £20 billion over four years. This review offers some insight into how the results were achieved against that backdrop and makes it clear that the financial pressures will remain in place for the foreseeable future.

Income and expenditure

Total revenue income increased by 3.8% from the previous year to £970.7 million, but operating expenses went up by 4.3% to £944.4 million. This still enabled the Trust to make a surplus but it gives an indication of the cost pressures faced.

The expenditure increase is despite the fact that efficiency savings of £32 million were achieved from our *Managing for Success* programme, which is outlined on pages 50 to 51 of the annual report. *Managing for Success* is a long-term initiative that is primarily focused on improvements in quality through better practices. Financial savings flow from procedural change, so do tend to lag behind but have the benefit of being both recurrent and embedded. 2011-12 saw the highest level of financial savings yet delivered by *Managing for Success* - a real and significant achievement. Our original plan was to realise £42 million of savings via this route but, during the year, the target was reduced following more detailed costing of the assumptions underpinning it. Despite that, the level of saving actually delivered is a source of satisfaction.

Staff costs account for 60% of total operating expenses. As part of the Government's economic policy, pay rates for staff earning more than £21,000 have not increased, although a number of employees have received incremental increases to which they are contractually entitled. This helps to explain the £4.3 million increase in the cost of permanently employed staff compared to the previous year. The cost of agency staff has increased by £2.6 million.

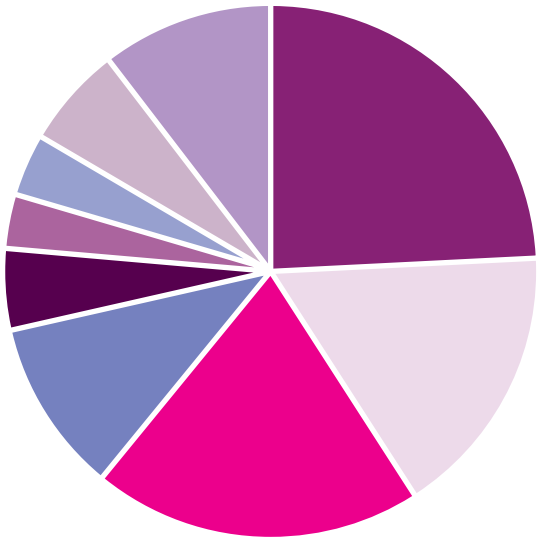
The pay bill for the year of £569.5 million is actually £6.3 million less than planned. This movement reflects underlying vacancies, which the increased agency spend has partially offset. The Trust's efficiency programme has not involved significant redundancies, with six in the year compared to one in 2010-11. Posts have been removed from budgets but, with only a very few exceptions, these have all been vacant. No posts

(including vacancies) have been removed from nursing budgets, and in fact the Trust is actively recruiting nursing staff.

Extra income was received during the year to pay for additional activity in patient care, research and education. As a result of recently introduced changes in working practice, the Trust met the additional activity requirements at a reduced pay cost; a net productivity improvement of approximately £17 million.

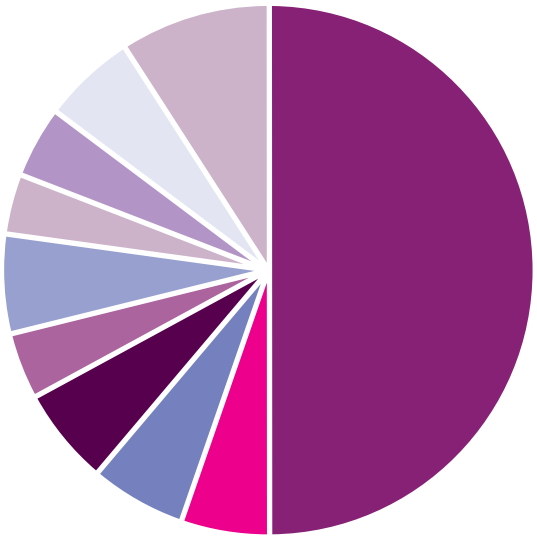
Non-pay expenditure has seen an increase of £2.8 million against plan for the year. The largest single area of increase has been in clinical supplies and services, with expenditure of £2.2 million greater than our original plan, including £1.2 million more on medical and surgical consumables. Inflation is, of course, a factor here, with individual products showing price increases ranging from 3% to 10%. In some cases, the Trust has increased its usage to enhance quality. As an example, we bought 2.5 million more pairs of examination gloves in 2011-12 than in the previous year as we continued our drive towards improved infection control.

How each £1 was spent



- Supplies & Services / 24p
- Medical Pay / 19p
- Nursing Pay / 19p
- Scientific Pay / 10p
- Admin Pay / 5p
- Ancillary Pay / 3p
- Management Pay / 2p
- Premises / 6p
- Others / 12p

Where each £1 came from



- Leeds PCT / 50p
- North Yorkshire & York PCT / 5p
- Bradford & Airedale Teaching PCT / 5p
- Wakefield District PCT / 5p
- Kirklees PCT / 5p
- Other PCTs / 6p
- London SHA / 3p
- Non-Patient Care Services to other bodies / 4p
- Other / 6p
- Education, Training & Research / 11p

The surplus achieved in 2011-12 equates to 0.3% of turnover and was largely delivered through successful implementation of *Managing for Success* schemes but, as in previous years, with a significant contribution from vacancies. Looking ahead, the challenges are clear and the risks to success significant. As evidence of underlying financial resilience, all trusts are required to achieve 1% of turnover as a surplus, which, for Leeds Teaching Hospitals, means £10 million.

To achieve that level of surplus, the Trust will have to deal with forecast inflationary pressures of approximately £25 million while reducing operating expenditure from the 2011-12 level of £912.7 million (before depreciation and financing costs) to £895.4 million.

During 2011-12, the Trust developed and refined a detailed five-year financial plan, which incorporates the challenges identified above. For 2012-13 it requires additional savings from our *Managing for Success* programmes of £24 million and business growth of £10 million. These are challenging but achievable targets. *Managing for Success* will not compromise on quality of care and has built a track record of delivery. The financial plan has been subjected to sensitivity and risk analysis. It is built on prudent, credible assumptions. Planned income levels are based on our good, contractual relationships with commissioners. The Trust is confident that it can meet its future financial obligations.

Cash and working capital

At 31 March 2012 the cash balance was £24.5 million, compared to £12 million at the same point in 2011. This represents a performance of £3.5 million better than planned, and was made possible through a combination of working capital improvements and achievement of our surplus.

Strengthening our cash position provides resilience against future uncertainties and is a key element of our financial planning for the longer term. As we progress towards Foundation Trust status it is an area that will be subject to rigorous scrutiny by the regulator, Monitor, who will expect to see us retain a balance equivalent to 10 days of operating expenditure. At the end of 2011-12, the Trust achieved 9.8 days, compared to a planned 8.4 days and 4.8 days in the previous year.

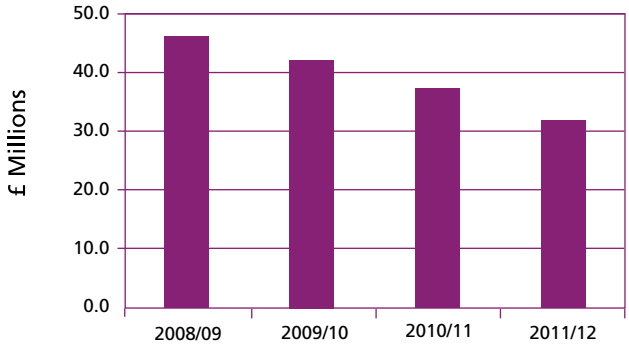
In 2012-13 we plan to exceed the 10-day benchmark and to continue improving year on year. Confidence in that plan is underpinned by our excellent working relationships with local healthcare commissioners and the payment arrangements we have in place. As those organisations make way for the new GP-led commissioning groups, we will be working closely with all parties to ensure any risks to our cash position are minimised by establishing equally effective and mutually beneficial relationships.

Improvements in our own working capital management have helped towards our stronger cash position and given us a solid platform on which to base financial plans. The graphs below show our key working capital balances in recent years. Stock levels have reduced steadily. Better recording systems coupled with good materials management have delivered cash releasing benefits. In pharmacy, the expansion of our programme to deliver drugs directly to patients at home has brought about a significant improvement in quality of service, as well as releasing money tied up in stock.

Stock

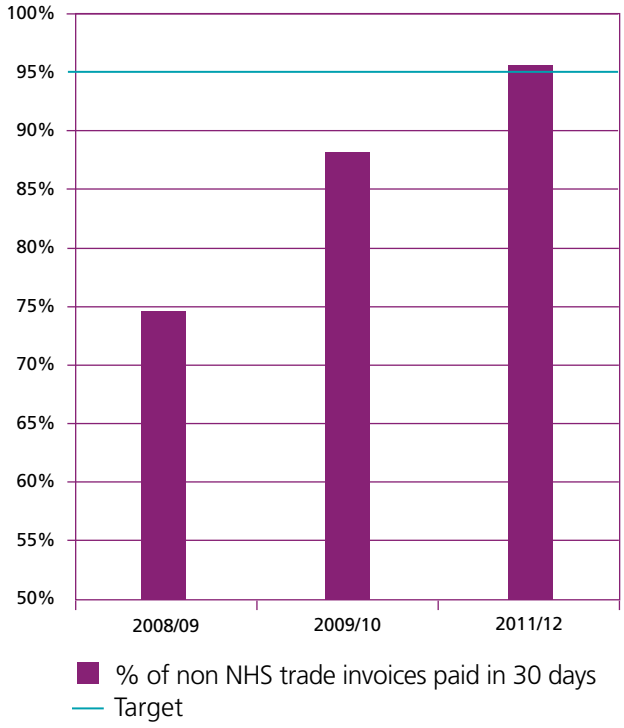
Debt levels have come down as contracting, invoicing and collection methods have improved. Performance on trade payables has been more erratic but shows an underlying increase. This reflects our determination to take maximum permissible credit against invoices while ensuring our suppliers receive payment within terms. The Department of Health requires NHS trusts to pay at least 95% of non-NHS invoices within 30 days. In 2011-12, despite the increase in our trade payables balance we achieved that target right through the year. The graph below shows how we have improved our performance against this important obligation.

Trade receivables



Trade payables

Better Payment Practice Code



Capital investment

The Trust's capital plan contains three programmes, which, in 2011-12, spent £36.8 million, split as follows:

Programme	
Building & engineering	24.6
Informatics	5.6
Medical & surgical equipment	6.6
	36.8

Expenditure was £1 million below plan following slight damage sustained by a Magnetic Resonance Imaging (MRI) scanner while in transit to the Trust in March. The scanner could not then be delivered in time to be included in expenditure for the year. Fortunately, the delay was relatively short and our new scanner was installed successfully in April.

The Trust has a rolling five-year capital plan, which facilitates decision-making linked to our long-term estate rationalisation and clinical strategies. Investment must yield demonstrable benefits through improvement in patient services, strategic fit, reduced expenditure on maintenance backlog, replacement of essential equipment and efficiency savings. In 2011-12, the three programmes identified above reflected all of these requirements. The following are a few individual examples.

Scheme	£m
Addition of surgical robot to specialist surgery	1.8
Completion of £1.5m renal dialysis satellite unit at Huddersfield	0.9
Relocation of pathology from leased to Trust accommodation	2.5
Centralisation of dermatology service at Chapel Allerton	0.9
Upgrade ophthalmic theatres	1.5
Replace anaesthetic equipment	0.6
Install digital dictation/speech recognition	1.0
Install and extend wireless network	0.7
Upgrade electrical infrastructure across St James's	7.2

Some of these schemes, including centralisation of dermatology and upgrading the electrical infrastructure at St. James's, will continue in 2012-13 with investments of £2 million and £8 million respectively. Informatics will see investment increase to £7.7 million in 2012-13 as part of the long-term strategy to equip the Trust with modern, robust IT systems and communications capability.

Funding for the capital programmes in 2011-12 came from:

Source of funds	£m
Retained depreciation	25.1
Net borrowing	7.6
Donations	1.1
Use of revenue surplus	2.6
Asset sales	0.2
PFI scheme – equipment renewal	0.2
	36.8

In 2012-13 and beyond, the Trust is planning further borrowing in the region of £30 million to part fund capital expenditure. This commitment to an investment level greater than internally generated funds is both affordable and within the prudential borrowing limit set by the Department of Health. Total capital investment in 2012-13 will be £40 million.

Future capital investment plans are subject to certain risks. In addition to borrowing, the Trust is planning to reinvest some of its future surplus income. Our ability to secure these funds is, of course, dependent on achievement of our long-term financial plans and on the general economic climate, which will remain extremely challenging. Similarly, using the cash generated by retained depreciation remains viable provided our liquidity position, as described above, remains healthy. The Trust is confident that its plans are realistic, prudent and achievable.

Managing for Success will not compromise on quality of care and has built a track record of delivery

The Leeds Teaching NHS Trust Summary Financial Statements 2011/12

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

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

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

These accounts for the year ended 31 March 2012 have been prepared by the Leeds Teaching Hospitals NHS Trust under section 98(2) of the National Health Service Act 1977 (as amended by section 24(2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

Statement of Comprehensive Income for the year ended 31 March 2012

	2011-12 £000	2010-11 £000
		(restated)
Employee benefits	(569,506)	(561,773)
Other costs	(374,988)	(343,348)
Revenue from patient care activities	783,907	764,897
Other operating revenue	186,802	169,828
Operating surplus	**26,215**	**29,604**
Investment revenue	123	199
Other gains	87	42
Finance costs	(13,100)	(13,012)
Surplus for the financial year	13,325	16,833
Public dividend capital dividends payable	(10,496)	(10,836)
Retained surplus for the year	**2,829**	**5,997**
Other comprehensive income		
Impairments and reversals	0	(12,042)
Net gain on revaluation of property, plant & equipment	0	575
Total comprehensive income for the year	**2,829**	**(5,470)**
Financial performance for the year		
Retained surplus for the year	2,829	
IFRIC 12 adjustment	1,378	
Adjusted retained surplus	**4,207**	

A trust's reported NHS financial position is derived from its retained surplus/(deficit), but adjusted to take account of the revenue cost of bringing PFI assets onto the balance sheet (due to the introduction of International Financial Reporting Standards (IFRS) in 2009/10) - NHS Trusts' financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact and is not chargeable for overall budgeting purposes, should be reported as technical. This additional cost is not considered part of the organisation's financial performance.

The Trust is judged to have met the breakeven duty in 2011/12.

Statement of Financial Position as at 31 March 2012

	31 March 2012	31 March 2011 (restated)	31 March 2010 (restated)
	£000	£000	£000
Non-current assets:			
Property, plant and equipment	**598,524**	593,623	591,794
Intangible assets	**61**	89	44
Trade and other receivables	**11,713**	9,320	7,923
Total non-current assets	**610,298**	603,032	599,761
Current assets:			
Inventories	**16,423**	16,976	17,329
Trade and other receivables	**31,151**	37,774	41,913
Cash and cash equivalents	**24,513**	12,033	8,840
Total current assets	**72,087**	66,783	68,082
Total assets	**682,385**	669,815	667,843
Current liabilities			
Trade and other payables	**(82,454)**	(76,361)	(78,939)
Provisions	**(1,274)**	(1,352)	(1,330)
Borrowings	**(4,012)**	(3,771)	(3,576)
Capital loan from Department	**(2,906)**	(1,906)	(906)
Total current liabilities	**(90,646)**	(83,390)	(84,751)
Net current (liabilities)	**(18,559)**	(16,607)	(16,669)
Non-current assets less net current liabilities	**591,739**	586,425	583,092
Non-current liabilities			
Trade and other payables	**(2,318)**	(2,418)	(3,665)
Provisions	**(5,901)**	(5,908)	(5,342)
Borrowings	**(211,458)**	(215,460)	(219,220)
Capital loan from Department	**(36,579)**	(29,985)	(16,741)
Total non-current liabilities	**(256,256)**	(253,771)	(244,968)
Total assets employed:	**335,483**	332,654	338,124
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital	**290,701**	290,701	290,701
Retained earnings	**(37,076)**	(39,905)	(46,154)
Revaluation reserve	**81,816**	81,816	93,535
Other reserves	**42**	42	42
Total taxpayers' equity:	**335,483**	332,654	338,124

During 2011/12 the Trust participated in an NHS-wide alignment project to assist the Department of Health prepare its consolidated accounts to lay before Parliament. Foundation trusts were included in this exercise and we were required to retrospectively agree the value of our financial transactions with them for the first time. All NHS organisations restated their last two years' Statements of Financial Position.

The Summary Financial Statements were approved by the Board on 7 June 2012 and signed on its behalf by Maggie Boyle - Chief Executive | Neil Chapman - Director of Finance

Statement of changes in taxpayers' equity for the year ended 31 March 2012

	Public dividend capital	Retained earnings	Revaluation reserve	Other reserves	Total reserves
	£000	**£000**	**£000**	**£000**	**£000**
Changes in taxpayers' equity for 2011-12					
Balance at 1 April 2011	**290,701**	**(39,905)**	**81,816**	**42**	**332,654**
Retained surplus for the year	**0**	**2,829**	**0**	**0**	**2,829**
Net recognised revenue for the year	**0**	**2,829**	**0**	**0**	**2,829**
Balance at 31 March 2012	**290,701**	**(37,076)**	**81,816**	**42**	**335,483**
Changes in taxpayers' equity for 2010-11					
Balance at 1 April 2010	290,701	(46,154)	93,535	42	338,124
Retained surplus for the year	0	5,997	0	0	5,997
Net gain on revaluation of property, plant, equipment	0	0	575	0	575
Impairments and reversals	0	0	(12,042)	0	(12,042)
Transfers between reserves	0	252	(252)	0	0
New PDC received	10,000	0	0	0	10,000
PDC repaid In year	(10,000)	0	0	0	(10,000)
Net recognised revenue/ (expense) for the year	0	6,249	(11,719)	0	(5,470)
Balance at 31 March 2011	**290,701**	**(39,905)**	**81,816**	**42**	**332,654**

Statement of Cash Flows for the year ended 31 March 2012

	2011-12	2010-11
	£000	**£000**
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating surplus	**26,215**	29,604
Depreciation and amortisation	**31,766**	35,451
Impairments and reversals	**0**	(5,813)
Donated assets received credited to revenue but non-cash	**(1,056)**	(1,227)
Interest paid	**(13,060)**	(12,971)
Dividend paid	**(10,826)**	(8,514)
Decrease in inventories	**553**	353
Decrease in trade and other receivables	**4,488**	449
Increase in trade and other payables	**8,685**	679
Provisions utilised	**(941)**	(1,096)
Increase in provisions	**819**	1,663
Net cash inflow from operating activities	**46,643**	38,578
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest received	**123**	195
Payments for property, plant and equipment	**(39,516)**	(47,497)
Payments for intangible assets	**0**	(10)
Proceeds of disposal of non-current assets held for sale	**269**	46
Net cash (outflow) from investing activities	**(39,124)**	(47,266)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**7,519**	(8,688)
CASH FLOWS FROM FINANCING ACTIVITIES		
Public dividend capital received	**0**	10,000
Public dividend capital repaid	**0**	(10,000)
Loans received from DH - New Capital Investment Loans	**10,000**	15,500
Loans repaid to DH - Capital Investment Loans repayment of principal	**(2,406)**	(1,256)
Capital element of payments in respect of finance leases and On-SoFP PFI	**(3,761)**	(3,565)
Capital grants and other capital receipts	**1,128**	1,202
Net cash inflow from financing activities	**4,961**	11,881
NET INCREASE IN CASH AND CASH EQUIVALENTS	**12,480**	3,193
Cash and cash equivalents at 1 April 2011	**12,033**	8,840
Cash and cash equivalents at 31 March 2012	**24,513**	12,033

Better Payment Practice Code	2011-12	2011-12	2010-11	2010-11
Measure of compliance	**Number**	**£000**	Number	£000
Non-NHS payables				
Total non-NHS trade invoices paid in the year	**193,034**	**368,111**	191,638	367,706
Total non-NHS trade invoices paid within target	**183,625**	**347,970**	165,745	322,330
Percentage of non-NHS trade invoices paid within target	**95.1%**	**94.5%**	86.5%	87.7%
NHS payables				
Total NHS trade invoices paid in the year	**5,082**	**50,303**	4,792	54,667
Total NHS trade invoices paid within target	**2,731**	**32,265**	1,878	24,070
Percentage of NHS trade invoices paid within target	**53.7%**	**64.1%**	39.2%	44.0%

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

The Late Payment of Commercial Debts (Interest) Act 1998

The Trust has not made any payments under the terms of this legislation in either the current or preceding financial year.

The Work of the audit committee

The audit committee is a well-established part of the Trust's governance arrangements. Its role is to provide the board with a means of independent and objective review of the Trust's financial, corporate governance, risk management and internal control arrangements. The committee operates in accordance with best practice as set out in the 2011 NHS Audit Committee Handbook.

Howard Cressey is the Chairman, and its members are Mark Abrahams and Clare Morrow, all of whom are independent Non-executive Directors of the Trust. The Trust Chairman is not a member of the committee. Mr Cressey and Mr Abrahams both have a financial background.

The committee considered a wide range of both operational and financial issues during the year. It received regular reports from the Trust's external auditors (Grant Thornton), including their report to those charged with governance on the Trust's accounts for 2010-11 on which they issued an unqualified audit opinion. It also received regular reports from the Trust's internal auditors who conduct a risk-based programme of reviews of financial and operational areas. The committee closely monitors the implementation by management of recommendations arising from these reports and oversees the Trust's counter-fraud arrangements.

During 2011-12, the committee commenced a series of discussions of key risk areas, led by the relevant executive director, to inform its work. Topics considered included the implementation of a new patient level costing system, the Trust's *Managing for Success* transformation project and the information technology (IT) investment programme.

The committee reports to the Board formally on its work through an annual report. The Chairman also addresses the matters that the committee considers should be drawn to the attention of the Board when presenting the committee's minutes to the Board. Issues highlighted during 2011-12 included the assurance process for the IT investment programme, the timely elevation of quality-related risks and the prompt implementation of agreed audit recommendations.

The Board approved the audit committee's work plan for this year in April 2012.

Register of business interests and register of gifts, hospitality and sponsorship

In line with Trust policy and in compliance with the Trust's standing orders and standing financial instructions, all employees are required to declare relevant information for inclusion in the above registers.

Board members' interests are confirmed annually in the public section of the Board meeting each April, and all employees are reminded of the requirement to make both types of declarations on an annual basis.

The information from all declarations received is recorded on the relevant register and is available to the general public on request from the Trust Board Secretary, Jo Bray.

Annual governance statement

Our Chief Executive, Maggie Boyle, is the accountable officer for ensuring the Trust maintains a sound system of internal control that supports the achievement of our policies, aims and objectives.

This also covers the responsibility to safeguard public funds and the Trust's assets, ensuring they are administered as efficiently and effectively as possible. In our full accounts for 2011-12, available on www.leedsth.nhs.uk, you can find a full and detailed version of the annual governance statement.

This summarises, in detail, the Trust's capacity to handle risk as well as internal and external assurance, including the role of the Board and its committees and the wider structures in place at Leeds Teaching Hospitals.

Independent auditor's report to the directors of Leeds Teaching Hospitals NHS Trust

We have examined the summary financial statement for the year ended 31 March 2012 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity and the Statement of Cash Flows. This report is made solely to the Board of Directors of Leeds Teaching Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Respective responsibilities of directors and auditor

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

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement. We conducted our work in accordance with *Bulletin* 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of Leeds Teaching Hospitals NHS Trust for the year ended 31 March 2012.

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

7 June 2012

Remuneration

All executive directors are appointed by the Trust through an open, national recruitment process. All have substantive contracts and annual appraisals. The outcome of these appraisals is reported to the remuneration committee.

Members of the remuneration committee are the Non-executive Directors on the board - Mike Collier (chair), Mark Abrahams, Mark Chamberlain, Howard Cressey, Lynn Hagger, Merran McRae, Peter McWilliam and Clare Morrow.

Executive director salaries are determined following comparisons with similar posts in the public sector and are reviewed annually by the remuneration committee. In determining the remuneration packages of its directors and managers, the Trust fully complies with guidance from the Chief Executive of the NHS.

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

Pay multiples

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

The banded remuneration of the highest paid director of the Trust in the financial year 2011-12 was £225-230k (2010-11, £225-230k). This was 8.21 times (2010-11, 8.36) the median remuneration of the workforce, which was £27,484 (2010-11, £27,011). The highest paid director in both years was the Medical Director.

The figures reflect the government's policy of a two-year pay freeze for public sector workers, except for those employees earning a fulltime equivalent of £21,000 or less, who each received an increase of £250 in 2011-12. Incremental increases within pay bands due to staff have continued to be paid as they fall due.

In 2011-12, one employee (2010-11, nil) received remuneration in excess of the highest-paid director. The banded remuneration of the employee was £255-260k and included payments for additional working beyond contracted hours.

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Salary and Pension entitlements of senior managers - a) Remuneration

	2011-2012				2010-2011			
Name and Title	**Salary** (bands of £5000) £000	**Other Remuneration** (bands of £5000) £000	**Bonus Payments** (bands of £5000) £000	**Benefits in Kind** Rounded to the nearest £100	**Salary** (bands of £5000) £000	**Other Remuneration** (bands of £5000) £000	**Bonus Payments** (bands of £5000) £000	**Benefits in Kind** Rounded to the nearest £100
M. Abrahams - Non-executive Director	5-10	0	0	7	5-10	0	0	5
P. Belfield - Medical Director	165-170	0	55-60	18	165-170	0	55-60	16
M. Boyle - Chief Executive	220-225	0	0	0	220-225	0	0	0
M. Chamberlain - Non-executive Director	5-10	0	0	0	5-10	0	0	0
A.N. Chapman - Director of Finance	140-145	0	0	0	140-145	0	0	0
M. Collier - Chairman	40-45	0	0	35	40-45	0	0	34
H.M. Cressey - Non-executive Director	5-10	0	0	4	5-10	0	0	4
A.S. Dailly - Director of Informatics	105-110	0	0	0	105-110	0	0	2
R. J. Green - Director of Human Resources	120-125	0	0	55	120-125	0	0	38
L. Hagger - Non-executive Director	5-10	0	0	13	5-10	0	0	9
R. Holt - Chief Nurse	115-120	0	0	2	115-120	0	0	1
K. Milner - Director of Communications & External Affairs (from 01 December 2011)	35-40	0	0	0	n/a	n/a	n/a	n/a
M. McRae - Non-executive Director (from 01 October 2010)	5-10	0	0	0	0-5	0	0	0
P. McWilliam - Non-executive Director	5-10	0	0	0	5-10	0	0	0
C. Morrow - Non-executive Director	5-10	0	0	3	5-10	0	0	2
R.B. Steven - Director of Business Development & Performance Delivery	155-160	0	0	0	155-160	0	0	0
J.M. Taylor - Director of Estates & Facilities (from 21 February 2011)	85-90	0	0	0	5-10	0	0	0

Salary includes all amounts paid and payable in respect of the period the individual held office, including any element sacrificed to purchase a benefit in kind. The bonus payment to the Medical Director is an amount paid under the national clinical excellence reward scheme. The Medical Director and the Director of Human Resources' benefits in kind relate to lease cars, the latter being under a salary sacrifice scheme. All other benefits in kind are in respect of taxable business mileage.

Salary and Pension entitlements of senior managers - b) Pension benefits

Name and Title	**Total accrued pension at age 60 as 31 March** (bands of £5,000) £000	**Real increase in pension at age 60** (bands of £2,500) £000	**Lump sum at age 60** (bands of £5,000) £000	**Real increase in lump sum at age 60** (bands of £2,500) £000	**Cash Equivalent Transfer Value at 31 March 2012** £000	**Cash Equivalent Transfer Value at 31 March 2011** £000	**Real increase Cash Equivalent Transfer Value** £000	**Employers Contribution to Stakeholder Pension** To the nearest £100
P. Belfield - Medical Director	85-90	2.5-5	255-260	7.5-10	1,873	1,737	51	0
M. Boyle - Chief Executive	75-80	2.5-5	220-225	10-12.5	1,563	1,437	50	0
A.N. Chapman - Director of Finance	50-55	0-2.5	150-155	5-7.5	1,118	1,033	33	0
A.S. Dailly - Director of Informatics	35-40	0-2.5	115-120	2.5-5	693	610	40	0
R. J. Green - Director of Human Resources	10-15	0-2.5	35-40	2.5-5	262	223	20	0
R. Holt - Chief Nurse	30-35	0-2.5	95-100	2.5-5	530	434	51	0
K. Milner - Director of Communications & External Affairs (from 01 December 2011)	10-15	0-2.5	30-35	0-2.5	158	114	8	0
R.B. Steven - Director of Business Development & Performance Delivery	25-30	2.5-5	85-90	7.5-10	626	540	43	0
J.M. Taylor - Director of Estates & Facilities (from 21 February 2011)	25-30	2.5-5	85-90	12.5-15	544	415	75	0

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

Tell us about your care

Feedback from patients and families is very important to us.

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

You can also get more involved in our drive to become a Foundation Trust by joining as a member and sharing you views with us.

For membership queries or to make a general comment please visit our website www.leedsth.nhs.uk

Summaries of this document can be made available, by arrangement, in large print, Braille and community languages, from:

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

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

خلاصه هایی از این سند می تواند با هماهنگی قبلی بصورت خط بریل، چاپ با حروف بزرگ، و یا به زبانهای دیگردر اختیار قرار گیرد. به این منظور با دفتر مدیر اجرائی به آدرس ذیل تماس حاصل فرمایید: Chief Executive's Office
Trust Headquarters
The Leeds Teaching Hospitals NHS Trust
Beckett Street, Leeds LS9 7TF

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

کورتەی ئەم بەڵگەنامەیە دەکرێ دەستەبەر بکرێ ،بە هەم ئاهەنگی، لە شێوازی چاپ بۆ کوێر، چاپی گەورە وە بە زمانی کەمەنەتەواتیەکان، لە نووسینگەی سەرۆکی جێ بەجێکردن، سەرکردایەتی متمانەکان، متمانەی NHS (خزمەتگوزاری تەندروستیی نیشتمانی) ی نەخۆشخانەی فێرکاری لیدز، لە: Beckett Street, Leeds LS9 7TF

کورتەی ئەم بەڵگەنامەیە دەکرێ دەستەبەر بکرێ ،بە هەم ئاهەنگی، لە شێوازی چاپ بۆ کوێر، چاپی گەورە وە بە زمانی کەمەنەتەواتیەکان، لە نووسینگەی سەرۆکی جێ بەجێکردن، سەرکردایەتی متمانەکان، متمانەی NHS (خزمەتگوزاری تەندروستیی نیشتمانی) ی نەخۆشخانەی فێرکاری لیدز، لە: Beckett Street, Leeds LS9 7TF

ਦੀ ਲੀਡਜ਼ ਟੀਚਿੰਗਜ਼ ਹੌਸਪੀਟਲਜ਼ ਐੱਨ ਐੱਚ ਐੱਸ ਟਰੱਸਟ, ਬੈਕੇਟ ਸਟਰੀਟ ਲੀਡਜ਼ ਐੱਲ ਐੱਸ9 7ਟੀ ਐੱਫ ਦੇ ਟਰੱਸਟ ਹੈੱਡਕੁਆਰਟਰਜ਼ ਵਿੱਚ ਚੀਫ ਐਗਜ਼ੈਕੇਟਿਵ ਦੇ ਦਫਤਰ ਨਾਲ ਪ੍ਰਬੰਧ ਕਰਨ ਤੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਖੁਲਾਸਾ ਬਰੇਲ (ਉੱਭਰੇ ਅੱਖਰਾਂ), ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਭਾਈਚਾਰਕ ਜ਼ਬਾਨਾਂ ਵਿੱਚ ਮਿਲ ਸਕਦਾ ਹੈ ।

اس دستاویز کا خلاصہ بریل، بڑے حروف اور کمیونٹی کی زبانوں میں مہیا کیا جا سکتا ہے۔ رابطہ کیلئے پتہ: چیف ایگزیکٹوز آفس، ٹرسٹ ہیڈکوارٹرز، دی لیڈز ٹیچنگ ہاسپیٹلز این ایچ ایس ٹرسٹ، بیکٹ سٹریٹ، لیڈز ایل ایس9 7ٹی ایف

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