The Leeds Teaching Hospitals NHS
NHS Trust








Annual Report and Summary Accounts

2010/2011







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The Board of Leeds Teaching Hospitals NHS Trust at its meeting in May 2011

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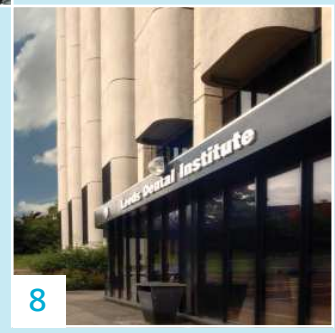

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1: *Clarendon Wing, Leeds General Infirmary;* **2:** *Gledhow Wing, St James's University Hospital;* **3:** *Seacroft Hospital;*
4: *Bexley Wing, St James's University Hospital;* **5:** *Wharfedale Hospital;* **6:** *Jubilee Wing, Leeds General Infirmary;*
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Introduction to the Trust

Message from the Chairman and Chief Executive

This has been a particularly significant year in the development of services at Leeds Teaching Hospitals and we are delighted to share some of the highlights in this report as well as indicate the challenges we continue to face.

During 2010 and into 2011 our ongoing plans to centralise key services in one location made huge progress with the opening of new facilities which have been widely welcomed by staff, patients and families.

May saw the completion of the work to bring together all of our children's inpatient facilities on the Leeds General Infirmary site, creating the Leeds Children's Hospital, with one of the largest and most comprehensive range of paediatric services in the country. This has given us the opportunity to modernise wards and departments, improve patient pathways, and drastically reduce the need to transfer sick children between different sites in the Trust.

As we write this a national public consultation, *Safe and Sustainable*, is currently underway looking at the future of children's heart surgery across England, including that provided from our highly regarded unit here in Leeds. This is a vital piece of work and there is more within this report about the proposals and how to have your say.

In other significant developments, November and December 2010 saw older people's services brought together at St James's, having previously being split between there and the Leeds General Infirmary site. This move has allowed us to create a vastly improved ward environment for older patients and better admissions arrangements.

A further step-change has seen the opening in April 2011 of a dedicated acute stroke unit on the Leeds General Infirmary site, part of an ongoing plan to improve the outcomes for our stroke patients. There is strong clinical evidence that being treated in a specialist stroke facility is much better for patients.

Wards across the Trust have also seen the benefit of investment to improve privacy and dignity by ensuring there is better segregation between the sexes - something we know our patients really appreciate. As a result, a number of wards have reverted to being wholly single-sex, and there has been a programme to fit bed bay doors in other wards to improve patient privacy.

It has been a significant year for research and development as we continue to develop the worldwide reputation of Leeds Teaching Hospitals. We are particularly proud of the number of high quality clinical research studies being undertaken here in Leeds.

Ensuring our hospitals are as safe as possible remains a top priority, and this includes a continued very strong focus on reducing instances of MRSA and Clostridium Difficile infections. Whilst these have reduced, the progress we are making is still not sufficient and we are determined

to continue to work systematically with staff to get fully on top of this vital issue.

You can see much more information in the performance section of this report on how we are doing against key national targets. Good progress is again evident, leading most importantly to an improved experience for our patients.

Politically and economically much has happened at a national level in the last year which has had an impact on the whole of the public sector. Proposed changes to the way the NHS operates will become clearer as time moves on, but the Trust is already increasing dialogue with local GPs in anticipation of changes to the way our services are commissioned.

We have made significant progress, together with NHS Leeds and other partners, to make sure we are developing a cohesive plan for healthcare in Leeds which puts the patient at the centre and aims to deliver high quality care as close to home as possible.

It is no secret that these are tough times in terms of public spending across the United Kingdom, and this has an impact on the financial resources available to us and how we plan for this year and the future.

The finance section of this report will go into more detail on steps we took in the last year to balance our budget, and our plans moving forward. In the current year we need to deliver around £60 million worth of efficiency savings whilst continuing to deliver safe, effective services.

A great deal of work has been going on behind the scenes involving hundreds of staff in our major change programme: *Managing for Success*. This will redesign the way we deliver care in the 21st century, increase flexibility and utilise technology in new ways to provide the highest quality of care in the most efficient way and at the same time reduce costs.

We are listening more closely to what our patients say, through national and local surveys, to make sure we know what matters most to them, and that they remain at the heart of everything we do.

Patient choice and involvement is also a central platform of our drive for Foundation Trust status, and work has continued during the year to develop our plans and recruit more members ahead of our formal application.

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.

Finally, we would like to record our appreciation for the efforts of our hugely dedicated staff over a year which has seen many tests, not least the severe winter weather and the effects of seasonal flu.

Despite the continuing financial challenge, there remains a continued enthusiasm to deliver and support the highly complex patient care which is the hallmark of our Trust.

Mike Collier,
Chairman

Maggie Boyle,
Chief Executive

The Trust Board 2010-2011

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 business community in the region, 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 who spent over 20 years working in the water industry, most recently as group financial controller of Kelda Group. Howard was also a member of the Tribunals Service Management Board during the year 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 previously 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, Claire 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, and 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.

Non-executive Directors Executive Directors

Dr Peter Belfield (Medical Director)

Peter is a specialist in older people's medicine who has worked in Leeds since he qualified in 1979. Over 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 Finance Director since the Trust's formation in April 1998. He joined the NHS in 1983 after three years in industry, and originally qualified as a chartered accountant.

Ruth Holt (Chief Nurse and 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 Development & 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.

Darryn Kerr* (Director of Estates and Facilities - to 20 Feb. 2011)[1]

Before joining the Trust, Darryn worked at the Department of Health, where he was Chief Engineer and Acting Director of Estates and Facilities. Before that, Darryn, a chartered engineer, worked at NHS Estates and a number of health authorities and acute trusts in the North East of England.

[1] Darryn is currently undertaking the role of Divisional General Manager for Diagnostics and Therapeutics

Mick Taylor* (Acting Director of Estates and Facilities - from 21 Feb. 2011)

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. Mick joined the Trust in early 2006 as the Head of Estates.

Executive Directors

Introduction to the Trust

Our Board

The Trust is governed by a Board of Directors which consists of both Executive Directors, appointed to specific roles within the organisation, and Non-executive Directors, who bring a range of external expertise and perspective to the organisation.

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 attend as an observer.

Board agendas, papers and minutes of meetings, as well as future dates, are posted on the Trust website www.leedsth.nhs.uk

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 services across Leeds together to ensure the best use of resources and to improve patient care, and real progress has been made in improving our facilities, treatment and patient outcomes over the last 11 years.

People 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. In addition, 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 who live in the Leeds district and a wider regional population of 2.6 million who may require our specialist expertise.

Examples of these regional services include the new Leeds Children's Hospital, which is one of the biggest of its kind 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 & Dental.

Our promise to patients and staff

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

The Trust Board's vision is as follows:

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

During the year the Trust also has focused on its three stated aims[1], which are applied to every activity taking place within our hospitals:

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

[1]The aims of the Trust have since been refreshed and expanded for 2011/12, with some modification of the existing terms including the addition of a fourth goal, "***To achieve academic excellence and expand the boundaries of healthcare***".

Within the pages of this report you will see some of the ways we are delivering these goals by developing services and patient care.

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 demanding targets on quality of care and waiting times which individual trusts are expected to deliver.

The NHS Constitution sets out a range of rights, pledges and responsibilities for staff and patients.

The NHS operates under agreed national policies, introducing initiatives such as patient choice, which gives individual patients far more say over where they are treated and helps them to make an informed choice comparing different hospitals.

As NHS Trusts are funded according to the patient care each of them carry out, providing a high quality, convenient and accessible service is important to the success of Leeds Teaching Hospitals, now and in the future.

During the last year, since the new Government took office, important changes to the way the NHS commissions services from hospitals have been under development, with a greater emphasis on increasing the role of General Practitioners. 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.

Introduction to the Trust

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

In addition, the introduction of the Commissioning for Quality and Innovation (CQUINS) framework will tie specific improvements in our performance to financial incentives.

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.

Find out more and tell us what you think

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

www.leedsth.nhs.uk

which has lots of background information.

Detailed news about developments in the Trust is included in our bi-monthly 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. Do you have any views you would like to share? Was there information not included which you would like to see? Is there anything you would like to see improved for next year?

Leeds Children's Hospital becomes a reality

A long-cherished ambition to create a Children's Hospital on a single site became a reality in 2010 when wards and departments from St James's moved across to join those at Leeds General Infirmary, many into newly transformed accommodation, including brand new wards in the Jubilee Wing converted from what were once administrative offices.

The first major move was children's A&E, which is now a specialist unit located at LGI, meaning that children attending the department have access to the widest possible range of paediatric expertise and a much more seamless admission process if they need a bed.

Despite the complexity of the moves they went very smoothly, and feedback from patients and families was very positive, particularly around the improved environment. Bringing services together on one site means a major concern of clinical staff and parents - the transfer of sick children between the two main hospitals in the city - has been overcome.

Leeds Children's Hospital is now one of the biggest such facilities in the UK in terms of the number of specialties, the number of children from across the region seen there, and the physical space it occupies.

Following the transfer of the wards, an all-new Children's Learning Zone was opened in the summer by BBC Look North presenters Christa Ackroyd and Harry Gration. Keeping up with children's education while they are in hospital, sometimes for many months, is a priority, and the facility features much better space, resources and equipment.

Eckersley House, the parent's accommodation run by the Sick Children's Trust, also moved to new premises across the road from the Clarendon Wing at LGI, with its bright and airy new home, officially opened by entertainer Michael Crawford.

The move of children's services was also the perfect springboard for the launch of the new Leeds Children's Hospital Appeal, spearheaded by the Trust's independent Charitable Foundation. This appeal aims to raise money for extra equipment and patient amenities to support the excellent standard of clinical care being provided.

Becoming the hospital of choice

Highlights of the year

Magic touch for scanner suite opening

Actor Matthew Lewis - better known as Harry Potter star Neville Longbottom - added a magical touch to the opening of a new £3.5 million scanning suite in the St James's Institute of Oncology in July 2010.

The new Leeds PET-CT Centre - the first of its kind in the North of England - houses a new research scanner as well as the new diagnostic imaging service scanner, replacing a former mobile unit.

PET-CT (Positron Emission Tomography and Computerised Tomography) is a relatively new technique nationally and our facilities in Leeds are among the best in the UK. Benefits for cancer patients include earlier diagnosis and better evaluation of response to treatment, which can avoid unnecessary surgery.

Fashion shoot boosts confidence of young stoma patients

Late in 2010 a fashion shoot with a difference was held at Seacroft Hospital. All the models were youngsters who had undergone major abdominal surgery that meant they needed to wear a stoma bag for some time.

The event was held to boost the confidence of the young people and show that they could look as fashionable as any other child or teenager in spite of their surgery.

A professional photographer took pictures of the models in a range of outfits. They were given portfolios of their best images, and the photos will also be used by the unit's bowel nurse specialists to reassure other children facing similar surgery that they can live a perfectly normal life and look as good as their friends.

Achieving excellent clinical outcomes

In brief

- The Yorkshire Regional Genetics Service, based at Chapel Allerton and St James's hospitals, won a coveted NHS Leeds Health Stars award for its work in sequencing hereditary breast cancer genes.

- Yvonne Allen, from Scarborough, became the 100th patient to undergo treatment using the state-of-the-art Gamma Knife in the Bexley Wing at St James's, a partnership with Nova Healthcare which treats both NHS and private patients.

- The Trust and NHS Blood and Transplant have together opened a special high-tech aphresis unit in the Bexley Wing at St James's. This uses special blood filtration to treat patients with extremely rare conditions.

- In early 2011 the 100th lung cancer patient was treated using extremely advanced Stereotactic Body Radiotherapy Treatment (SBRT), which is a way of treating patients with tumours which would otherwise have been inoperable.

- A new NHS sperm bank has been set up as part of the Leeds Centre for Reproductive Medicine at Seacroft Hospital, and will help infertile couples from around the region.

- A new centralised Diabetes Centre has opened in the Beckett Wing at St James's, bringing the expertise from staff at LGI to join that of their colleagues across the city. The new location offers more space for patients to be seen and there is a dedicated facility for patient education.

- Leeds man Martyn Hodges, 62, became the first person in the region to be fitted with a revolutionary new pacemaker, unaffected by magnetic resonance imaging (MRI) scans, which can damage existing pacemakers. The operation was carried out at Leeds General Infirmary.

- Seacroft Hospital's pain team were the first in the region to use a new type of pain control neurostimulator, utilising technology similar to that found in the iPhone and Wii.

- Our medical staff have been at the heart of a national project to produce a range of information leaflets about anaesthesia aimed at children aged from four upwards, providing reassurance and information to help overcome the fear youngsters about to have an operation may feel.

Highlights of the year

Celebrity role for Angela

Actress Angela Griffin was guest of honour in March 2011 when she officially opened the new Teenage Cancer Unit in the Leeds Children's Hospital.

It was one of the wards which moved over from older accommodation at St James's and the move has allowed the ward to be equipped with particularly attractive décor and features designed to appeal to teenage cancer patients, including lots of high-tech recreational equipment.

Older people's wards come together at St James's

The current round of centralisation of key services at the Trust was completed in November and December 2010 with the bringing together of services for older people at St James's, where all admissions to acute and elderly medicine now take place.

Uniting wards previously split between St James's and LGI has delivered significant benefits in terms of improving the patient pathway and concentrating staff expertise in one location to make the best use of resources.

There has also been the opportunity to upgrade a number of the older people's wards, some of which are now located in completely renovated accommodation in the hospital's Gledhow Wing.

The new environment offers much better privacy and dignity, with more four-bedded bays, as well as improved signposting and design to help patients find their way around.

Stride forward for stroke care

This year saw the new dedicated stroke unit at Leeds General Infirmary become operational. Plans in place will later see the creation of a new hyper-acute stroke unit nearby.

Evidence suggests that the longer time a stroke patient spends in a specialist unit, the greater their chance of a more favourable outcome, so the changes are a big improvement for patient care here in Leeds.

The new facilities will complement existing stroke beds, clinics and rehabilitation.

Investment in world-class Dental Institute

A £15 million project to expand the Leeds Dental Institute was completed in 2010, putting Leeds at the forefront of new dental technology and with world-class educational and clinical research facilities.

The refurbishment of two floors of the Institute means that more dental students can have access to top quality training in a modern environment with access to all the latest technology.

The Institute's new curriculum and dental mannequin unit have been hailed as the most innovative and advanced in Europe.

In brief

- Wharfedale Hospital physiotherapy consultant Dr Jacquelyne Todd, won a top award for a children's book she has published explaining the painful swelling condition, lymphoedema. In a separate accolade for Wharfedale Hospital, diabetes nurse Linda Clapham was nominated as an NHS247 Healthcare hero by colleagues and patients.
- The Trust's "Haamla" service, which supports the specific needs of pregnant women from specific disadvantaged minority ethnic groups and communities, was described as "outstanding" by an all-party Parliamentary Group which highlights maternity issues.
- The Eye Department at St James's held a very successful children's party on a Pirates and Princesses theme to tackle head-on the stigma many children feel because they need to wear eye patches as part of their treatment.

- Kelly Palmer, an occupational therapy support worker at Chapel Allerton Hospital, was named UK Learner of the Year for her work to help deaf patients as part of her professional development programme.
- Specialist midwife, Sarah Bennett, won a prestigious Mary Seacole bursary funded by the Department of Health and NHS Employers. It will be spent on researching better care for some of the most vulnerable women giving birth in Leeds.
- Four staff from the Trust were featured in a new book - *Extraordinary You - Science in Healthcare* - designed to encourage students to consider a career in clinical science and launched at 11 Downing Street. They were clinical biochemist Nudar Jussam; specialist clinical scientist in renal medicine Lizzi Lindley; Dr Ian Barnes, Head of Pathology and Professor Steve Smye, Director of Research and Development.

Highlights of the year

Improving the way we manage our business

Improving surgical flow project

The colorectal department at the Trust has been piloting an "Improving Safe Surgical Flow" project, which is looking at better bed planning and management.

This will allow patients to be admitted on the day of surgery and more efficient use of beds and theatre capacity. Transfers to theatre have been improved, as has documentation.

"Intelligent" reception desk

During the year we have implemented an integrated "intelligent reception" system at two of our main reception desks at Gledhow Wing (St James's) and Jubilee Wing (LGI).

This system allow us to display various relevant messages for patients and visitors, including health alerts or traffic information and news.

In the near future new "way finding" machines will be installed to help patients more easily locate the right ward or department on our large hospital sites.

Tugs speed up behind the scenes

The Trust's Facilities Directorate has invested in a fleet of four new electric tugs which transport the Trust's rubbish, ensuring it is dealt with safely and helping keep our hospitals clean and tidy.

The tugs travel around 18,700 miles a year and help dispose of nearly 12,000 tonnes of rubbish, including medical waste.

Wherever possible rubbish is sent for recycling, and the electrically-powered tugs are another contribution to the Trust's drive to reduce carbon emissions.

Supplies success recognised

The Trust's Supplies Department received international recognition for its groundbreaking work during 2010, winning an award at a conference in the US capital, Washington DC.

The award reflected the way the Trust is using the very latest IT technology to ensure it gets the best deals in terms of purchasing equipment our hospitals need.

Dispensing transformed at LGI

A high-tech new aseptic dispensing facility was officially opened at Leeds General Infirmary in January 2011.

This allows sterile injectable medicines to be prepared on the premises, including those for highly specialised treatments such as cytoxic chemotherapy.

It is particularly important to have this facility operational at LGI because of the transfer of specialist children's services to the Infirmary.

eDan project improves discharges

Changes behind the scenes to improve the way the Trust delivers patient care, speeding up procedures and making more efficient use of staff time, is a major theme of our ongoing *Managing for Success* change programme.

When a patient is discharged from a hospital ward, the Trust is required to notify the patient's GP within 24 hours with details of medication, diagnosis, treatment and any follow up arrangements. Traditionally this has been a handwritten document which is faxed to the GP.

The Trust is in the process of replacing this system with the eDAN (Electronic Discharge Advice Note) which has the ability to be transferred to GP systems electronically. It reduces the risk of misinterpreting handwritten prescriptions during the dispensing process, and means there is always a clear and easily accessible discharge record. All wards at the Trust will be using the eDAN by the end of 2011.

The future of children's heart surgery

National consultation - have your say

As this Annual Report went to press, a four-month public consultation was drawing to a close. It has been looking at the future shape of children's heart surgery across the whole of England to ensure the best outcomes possible.

The suggestion is that the current number of centres providing this specialised heart surgery in England is too high, and should reduce from the current 11 hospitals to either 6 or 7.

In mid-February 2011, following a lengthy pre-consultation period including an engagement event for families in Leeds and a visit to the existing service at Leeds General Infirmary, *Safe and Sustainable* published four options to be put to the public.

Retaining and expanding the service here in Leeds is in only one of the four options, and the "least favoured" according to the highly complex scoring methodology used by the panel which drew up the final report.

Naturally this was a great disappointment to the Trust and all the staff who work incredibly hard to deliver this well-regarded and highly successful service. The Trust and individual doctors and nurses have already raised a number of concerns about matters we believe were not taken sufficiently into account when the national panel finalised their options.

Since February there has been a vocal and energetic campaign led by one of our dedicated charities, the Leeds Children's Heart Surgery Fund, calling for Leeds to retain this vital service.

The Trust would like to pay tribute to the charity for all they have been doing, in conjunction with our staff. We have also been extremely pleased by how many people have taken part in the formal public consultation which will ultimately decide the outcome.

There has also been huge support from regional MPs and councillors, the media, as well as the most important people of all - our patients and their families.

The result of the consultation will not be known until the end of 2011, but we believe everyone involved here in Leeds has done everything possible to make the strongest possible case.

Lots of background information, including an online petition, is available on the Children's Heart Surgery Fund website:
www.chsf.org.uk

Some of the points we have been making include:

- The consultation options do not appear to have given sufficient weight to the geographical spread of the population of the north and the logic of ensuring that services are at the centre of the population. Nearly 14 million people live within two hours drive of Leeds.
- Despite what some of the *Safe and Sustainable* documentation says, there is no maximum capacity of the Leeds service which prevents us expanding. We already do more operations than some other centres and we can grow.
- The research already undertaken by *Safe and Sustainable* shows that all the English hospitals currently carrying out children's heart surgery have good outcomes and are safe.
- Unlike many parts of the country, Leeds has a well-established and successful clinical network stretching out to 17 district general hospitals in our region, and a well established retrieval service to bring sick children to Leeds as rapidly as possible.
- There are particular concerns from some of the areas we serve where patients and families already have to travel a long way to get to Leeds, particularly from parts of the east coast which are very remote from other English children's heart surgery centres. The issue is not just about getting the child to hospital; families are also concerned about the cost of getting to a very distant centre and the strain that will put on family life, especially for less well-off parents.
- The population the Leeds unit serves, particularly in West Yorkshire, includes many South Asian families where it is known there is a higher instance of children's cardiac problems than in the general population. The needs of this important group do not seem to have been highlighted fully.
- Almost uniquely among the centres in England, Leeds has achieved the "optimum" model of having all its children's hospital services under one roof. There has been a huge investment in improving children's hospital services at the LGI, plus important support facilities such as parental accommodation.
- In addition, adult heart surgery is under the same roof, so children with heart problems can be treated seamlessly by the wider hospital team as they become adults in a place they are already used to. Similarly, mums-to-be whose babies are known to have heart problems can deliver safely in Leeds knowing the cardiac team is close by.

If you act fast there is still time to have your say. For more on the consultation and how to respond (before 1 July 2011) visit:

http://www.specialisedservices.nhs.uk/safeandsustainable

Help us by writing, emailing or texting your support for Option D to keep this service in Leeds.

Improving services for patients

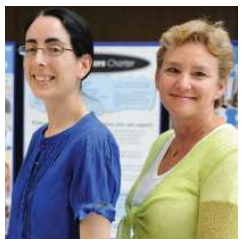
Complaints and PALS

The Trust welcomes feedback and comments from patients and aims to learn lessons when things go wrong and put in place measures to prevent similar problems in the future.

A total of 1,091 formal complaints were received during 2010/11 (a slight rise of 1.6% compared to the previous year).

2005/2006	1156
2006/2007	1032
2007/2008	1084
2008/2009	1396
2009/2010	1074
2010/2011	1091

The Trust has seen increased use of the Patient Advice and Liaison Service (PALS), which dealt with 3355 calls during 2010/11 - an increase of 86.5% on the 1799 calls in the previous year (09/10), although much of this increase is due to better recording as well as increased awareness of the service.



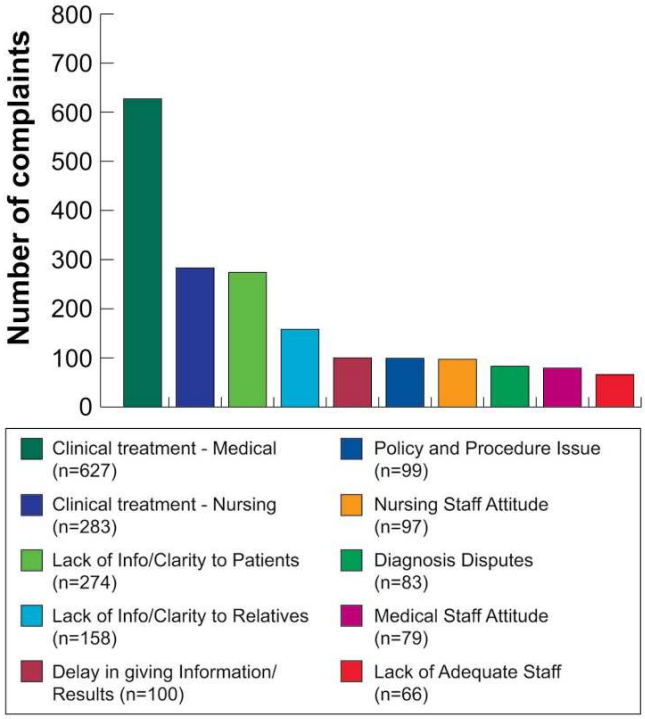
PALS, a service led by the Trust's team of matrons, aims to give advice and assistance to sort out problems as quickly as possible.

Patients, carers and the public continue to make increased use of email and social networking sites as a way of sharing their experiences with us.

The Patient Advice and Liaison Service (PALS) can be contacted on 0113 206 7168

What did people complain to us about?

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



Case study: learning from a patient survey

Medical staff in Radiology at Leeds General Infirmary recently undertook their own survey to find out what patients want, what they like and what they don't like.

Making sure our patients are as happy as possible is good for them but also good for the Trust. Competitive health services will increase with GP commissioning and we want patients to choose to come to Leeds.

Questionnaires were used asking about written information before the appointment, signposting, information on arrival and satisfaction with the appointment itself.

They also covered questions on the overall experience including dignity, attitude of staff and the quality of care given. A total of 357 questionnaires were returned, either in person or by post.

Positive messages included the welcome received, flexibility of staff and excellent communication.

Negative comments included difficulty finding the department, parking problems, and delays being seen.

Friendliness of staff was said to be good by some patients, less so by others, showing people do not always have the same perception or experience.

Only one patient felt they did not have enough privacy – which for us is one too many.

Three patients felt they were not treated with dignity – again, three too many.

Overall, 99.7% of patients were satisfied with their experience, but the department has learned a lot that can be put into practice:

- 12% wanted more information including better directions, more details of the procedure and what it involves
- First impressions count – the friendliness and attitude of reception staff is a very important part of the patient experience
- Explain delays in person – look at why the delay occurred and how it can be avoided in the future
- Regular review of patient information is required to ensure it includes an explanation of the procedure and should also include a good map.

Patient and public involvement

The Trust has continued to work with the Leeds Local Involvement Network (LINk), who have been involved with us in specific projects, notably a group looking at patient food.

Betty Smithson, representing LINk, attends the Trust Board each month as an observer and provides valuable input about improving the patient experience.

The Trust has been developing its working relationship with the Leeds City Council Health Scrutiny Board and has found the input of elected councillors extremely helpful in working with us to improve service and draw attention to areas of particular public interest or concern.

Each year extremely valuable input is received from the national inpatient and outpatient surveys undertaken by the Care Quality Commission, which give us a broad overview of how our services compare to those of other hospitals. Improvements to services including patient catering and car parking have been made based on feedback from the inpatient and cancer surveys.

This year we intend to add to this with our own more focused surveys in individual parts of the Trust, and hope to do as much of this as possible in "real time", so we can track improvements and know how people are feeling now rather than using data which can be several months old.

Improving services for patients

Volunteers

More than 800 people volunteer their time, energy and enthusiasm every month for the benefit of patients, visitors and staff at the Leeds Teaching Hospitals NHS Trust. Our volunteers make a huge difference to the experience that our patients have when coming to hospital and we very much appreciate the time and hard work that they give to improving the patient experience.

Volunteers fulfil a variety of roles within our hospital sites for example: 'meeting and greeting' patients in clinics and reception areas, taking newspapers and library trolleys to the wards, assisting on wards and clinics, acting as chaplaincy visitors, on hospital radio, supporting fundraising, counselling and many other areas.

Volunteers who are qualified complementary therapists provide a service to cancer patients and their relatives in the Robert Ogden Macmillan cancer centre and on wards.

This year the Haamla service was offered funding from NHS Leeds to set up a project to recruit volunteer doulas (birth partners) for women birthing alone.

In addition we are working with Pets as Therapy to provide the children's wards at LGI with access to a friendly and well-trained dog to visit young patients.

We are always seeking new volunteers from all cultures to strengthen and enrich our dedicated team of people.

If you would like to join our team please contact Voluntary Services on 0113 206 5888 or download and print an application form from the Trust website, www.leedsth.nhs.uk

Equality and diversity

Ensuring equality of access to our services is important for the Trust.

During 2010 -11 almost 2500 staff completed Equality and Diversity training, either as part of their induction or through the Trust's e-learning package.

During the year we had around 24,000 spoken language interpreting assignments to help patients whose first language is not English.

A large number of patients continue to enjoy meals from the multicultural menu, which meets cultural and religious needs.

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

The Trust's Single Equality Scheme and all workforce monitoring statistics are available through the Trust website:

http://www.leedsth.nhs.uk/sites/equality/index.php

Becoming a Foundation Trust

Important progress has been made this year on our plans to become an NHS Foundation Trust (FT), a move which we are convinced is essential to develop our ambitions to be seen as a nationally excellent Trust, as well as to further enhance patient care and involvement.

So far over 7,500 of the public have signed up to be members, and invitations are being sent out with hospital appointment letters inviting others to join. An FT members' newsletter was launched this winter and is now being produced quarterly keeping readers up-to-date on the latest developments, including plans for elections to the governing body in due course.

Work has been continuing to develop a detailed business plan which will form the basis of our Foundation Trust application. We have to show we have the ability to move forward as a dynamic, financially stable and ambitious organisation which can balance its books, improve services and make the most of new freedoms while remaining within the NHS.

We will be finalising the application at the Trust Board later this year and hope to become a fully-fledged Foundation Trust during 2012.

For more about the background to the FT process, the case for why we believe FT status is right for Leeds Teaching Hospitals, and how to apply to join us as a member visit: www.leedsth.nhs.uk/sites/foundation-trust/

Chaplaincy

The chaplaincy service exists to support patients, visitors and staff of all faiths and none who need spiritual or pastoral support during difficult times. It includes full-time and part-time staff as well as a group of dedicated volunteers.

Improvements to chaplaincy services during the last year have included the opening of a new multi-faith "quiet space" in the Gledhow Wing at St James's, and nearby a new room to support the needs of the bereaved.

New faces in the team this year include new Church of England Chaplains Rev. Adam Clayton and Rev. Ikuko Williams, whilst Father Ben Griffiths joined as a Roman Catholic Chaplain. The department also appointed its first Honorary Sikh Chaplain, Dr Satwant Rant, who was joined by Sikh religious leaders for special prayers in the Bexley Wing Faith Centre.

In March 2011 the historic chapel at St James's - originally built to serve the former Workhouse, celebrated its 150th anniversary with a special service at the start of a programme of events that will continue throughout this year. The landmark chapel clock has also been brought back into service to coincide with the anniversary.

Improving services for patients

Fundraising

The Leeds Teaching Hospitals' Charitable Foundation is responsible for the administration of all the charitable funds of individual Trust hospitals and sites. It is independent of the LTHT Trust Board and ensures all money gifted to the Leeds Teaching Hospitals is spent in accordance with the donor's wishes.

The Charitable Foundation Trustees are committed to encouraging high quality ethical Research & Development and during 2010-11 the foundation has given specific support to the sixteen applications that were received and evaluated under the Research and Development Pilot Project Awards scheme, totalling £236,821. This scheme was set up to support and encourage appropriate research linked to the strategy of the Leeds Teaching Hospitals 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 for expenditure. Across our hospitals over two million pounds has been spent on various projects throughout the financial year.

The Leeds Children's Hospital Appeal to raise money to enhance and provide a child-friendly environment and additional state-of-the-art medical equipment was launched in September 2010 and has already raised over £400,000 towards our aim to make every child's stay with us better, brighter and happier.

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

Patient catering

Every day we are responsible for meeting the diverse nutritional needs of some 2,000 patients, across five sites. This includes the provision of three meals per day comprising of a continental style breakfast, lunch and evening meal offering a range of hot and cold options. The main menu is supplemented with various additional menus such as halal, kosher, Caribbean, gluten free, modified texture to suit specific needs, plus a menu for renal patients.

In January 2011 the Trust introduced a new lunch time service and menu which is currently being trialled on 10 wards across St James's and LGI. Prior to its introduction a study of the new menu was undertaken to look at the nutritional composition of the proposed new lunch menu.

Providing food and drink for 2,000 customers every day is a challenging task and the requirements of a diverse population including religious, cultural and social needs require serious consideration. Adding to this complexity are the individual medical needs of our patients, some of whom have very specific nutritional requirements.

The Trust currently uses the Malnutrition Universal Screening Tool (MUST) to identify patients who require nutritional support, with the aim of reducing and managing the consequences of malnutrition. The revised menu also has to be capable of providing a healthy balanced diet for those patients who are able to eat normally.

The new-style, easy-serve menu frees up time for ward housekeepers to undertake alternative ward duties. It is currently available Monday to Friday, and an important feature is the fact that our patients can choose their lunch requirements up to 10am for the same day, rather than having to order meals a day in advance. By introducing same day ordering we have been able to reduce the amount of wasted food at ward level.

The Trust has also commissioned a new, specifically designed service trolley to support the lunch service. It has a keep-hot oven, toaster and microwave enabling the server to produce toasted sandwiches or warmed jacket potato fillings. It is the intention to develop this trolley further and use this to provide porridge and toast at the breakfast meal service.

Patient catering services have trialled, piloted and implemented an innovative system of ordering patient meal requirements via a hand held PC "tablet" to make meal ordering quicker and more efficient.

Feedback is an extremely important part of this process and patient food quality feedback questionnaires are regularly undertaken on the pilot wards with patients, nursing and dieticians, as we recognise that the views of our patients and stakeholders are important and will help us to improve the service we provide.

Leeds Involvement Network (LINk) group members also undertake face to face questionnaires with in-patients. The user group includes some 20 community volunteers including representatives from: Zest for Life, Leeds Voice Health Forum, Leeds Carers UK, Bexley Wing user group, Leeds Coeliac Society, Counselling and Therapy Organisations.

Transport services

Vehicle management systems in place within Facilities Transport Services have helped create a Trust vehicle fleet which is greener, more productive and fit for all future challenges and developing opportunities.

As a result of the initiatives developed within Transport services, including the introduction of electric vehicle technology for some localised deliveries, overall fleet mileage has been reduced by 328,000 miles. This equates to a 20% reduction in fuel requirements for transport operations and has delivered a carbon saving of 48.61 tonnes this year into the Trust's carbon footprint reduction programme.

The recent introduction of the latest design mass passenger transport buses using cleaner Euro5 engine technology has enabled the Transport function to operate a much larger capacity staff bus service between St James's and LGI sites.

Improving services for patients

Car parking

The Park Mark Award is a nationally recognised brand which is awarded to organisations that can demonstrate that their car parks meet stringent standards for safe and secure parking. St James's new multi-storey car park was the first parking facility in the Trust to be given this award and it has now been joined by the LGI multi-storey car park, plus the Chapel Allerton and Wharfedale Hospital car parks.

With the creation of the new Leeds Children's Hospital at the Leeds General Infirmary, there was a need to provide additional parking spaces for the parents and carers of children visiting the new facility. This was achieved through the re-allocation of staff spaces to visitor spaces and the creation of a new staff park-and-ride service based at St James's, where there is more parking available.

Security

The Trust has recently invested in new, state-of-the-art, body-worn cameras for use by Security staff to help the fight against crime and antisocial behaviour.

The cameras allow staff to obtain high quality images of incidents which can be used for evidential purposes, but more importantly, act as a deterrent against abusive or aggressive behaviour on our premises. They play an important part in continuing to ensure our sites are as safe as possible for our patients, visitors and staff.

Hospital cleanliness

Providing a clean, safe environment for patients and visitors is a top priority and at the heart of everything we do. The Patient Environment department has had another successful year in terms of raising the standard of cleaning further and ensuring resources are prioritised effectively.

More resources have been moved into discharge cleaning, with an increase in ward-based cleaning posts in busy areas.

This has enabled us to further strengthen the cleaning response team. These developments support the improvement of patient safety, including a reduction in infections.

Improved record-keeping and documentation is now in place in all wards and clinical departments to ensure cleaning is regular and systematic.

We continue to complete the routine internal weekly cleaning inspections, while the more formal independent cleaning inspections have moved from quarterly to monthly.

This has enabled the Trust to improve, assure and monitor progress more effectively.

PEAT

Our full PEAT ratings for 2011 are as follows:

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

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

All the Trust's sites rated either Good or Excellent in the most recent survey. We maintained our Environmental and Privacy and Dignity scores and increased our Food score. The majority of the percentage scores within the Environment category have increased as well.

Estate strategy and investment

The Trust currently has one of the largest hospital estates of any NHS organisation. Over the past 12 months our estate strategy has been revised to ensure it reflects the Trust's clinical strategy.

Our estate is a key resource to enable other changes to take place. The strategy provides a detailed look over the next 2 to 3 years and a forward look for the following 4 to 10 years. It sets the principles and framework to enable the future estate size to be matched to the needs of the organisation.

We are gradually vacating older buildings and developing the retained estate to meet current and future clinical needs. This will move the Trust towards an estate that is fit for purpose and is integrated for the needs of patients and clinical specialties.

The Trust has completed a significant capital investment programme in infrastructure of nearly £10 million in 2010/11 which has helped to reduce the overall maintenance backlog. Improvements to the estate have included major repairs to some of the infrastructure and the start of necessary work to replace the high voltage electrical network at St James's - this will cost £30 million over six years.

In order to improve safety systems the installation of new fire alarm systems in patient areas has continued at St James's in Chancellor's Wing and Gledhow Wing. Further investment has been made to improve the fire compartmentation of several of our buildings.

Additional new nurse call systems have been installed to a number of wards upgrading older installations to modern standards. Improvements have continued, in partnership with Yorkshire Water, to ensure each site has secure, robust water supplies.

Improving services for patients

Becoming greener

In March 2010 the Trust Board approved the Carbon Reduction Strategy. This led to the formation of a Sustainability Steering Group which oversees the organisation's efforts to reduce its carbon output either directly, by reducing its fossil fuel consumption, or indirectly through local purchasing and supply of goods.

The Group is chaired by the Director of Estates and Facilities. One of the first initiatives launched by the group is the recruitment of Environmental Champions. These individuals help to spread the message across the Trust whilst feeding in good ideas to reduce our carbon footprint. It is hoped to expand this project this year.

Recycling bins are now located at all main entrances to encourage staff, patients and visitors to dispose of cans, batteries and plastic in a more environmentally friendly way. These are being well used, are at no cost to the Trust, and have been warmly received.

A new waste contract, which started in April 2011, has changed the way we treat some of our waste products. Instead of incineration, more carbon-friendly treatment is used, further reducing our carbon footprint.

Planning and capital

As covered in more detail elsewhere in this report, in the last 12 months the clinical services reconfiguration of children's services, older people's medicine and diabetes and endocrinology has completed. All these clinical services have moved into refurbished accommodation with a far better patient environment, more single rooms and higher technical specifications to meet safety standards. This has been at a total cost of £34 million with £13.5 million of this spent in 2010/11.

A number of other clinical schemes have been delivered with an overall cost of a further £10 million including the development of interventional vascular radiology and a brand new aseptic facility at Leeds General Infirmary, the completion of the Dental Institute reconfiguration, the installation of a new renal water treatment plant at St James's and the building of a new renal dialysis unit for our patients in Huddersfield.

As part of the rationalisation of the estate, policies have been implemented to make much better use of office accommodation through office sharing with, for example, 60 members of staff being brought into Trust Headquarters from leased properties.

To further support the rationalisation strategy, large areas of the Seacroft Hospital site have been vacated with Trust activities now focused upon the eastern end of the site in the best quality accommodation for both staff and patients.

Introduction

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

A traffic light system is used to show whether the Trust met its objectives or not - green (achieve) yellow (underachieve) and red (fail).

A more detailed version of this data is considered at each of the Trust's monthly public Board meetings, as keeping a close watch on the performance of our hospitals 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. Performing better is vital to improve the patient experience.

Readers who are interested in tracking our performance during the current year can find this information by visiting the Trust website: **www.leedsth.nhs.uk** and looking under Corporate Information for the monthly Board agendas and supporting papers.

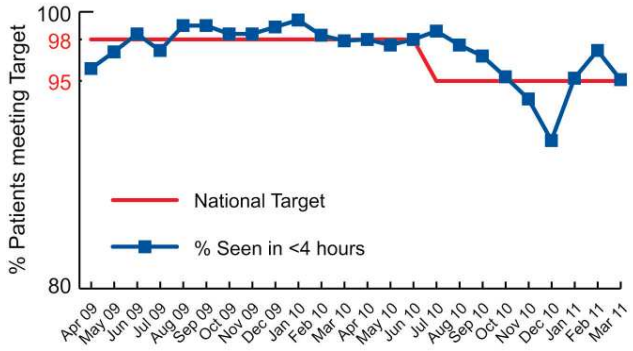
The section below and up to page 33 shows how the Trust has been performing in the year to 31st March 2011

Emergency Care

Objective - Maintain the 4 hour maximum wait in Accident and Emergency (A&E) from the patient's arrival to admission, transfer or discharge.

Commentary - Following the revision to the NHS Operating Framework 2010/11 (June 2010), the national threshold to achieve the A&E standard was reduced from 98% to 95%, Trust performance during 2010/11 (from June 2010) was 95.5%.

Percentage of A&E patients treated within 4 hours



This objective was: **Achieved**

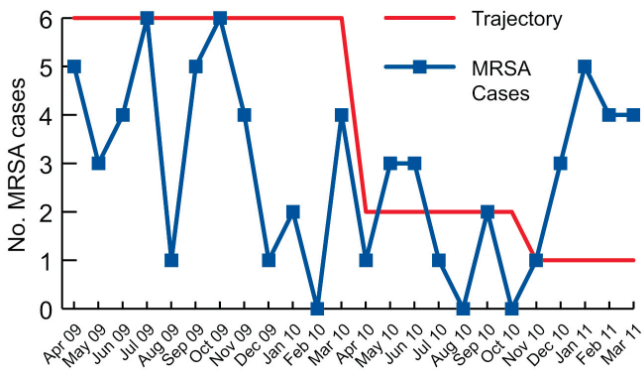
How are we performing?

Methicillin Resistant Staphylococcus Aureus (MRSA) Bacteraemias

Objective - Reduce the number of Trust-apportioned MRSA bacteraemias in 2010/11 to no more than 19 cases.

Commentary - The Trust reported 26 cases of MRSA during 2010/11, this compares with 41 cases reported during 2009/10. Despite this significant reduction, it was not enough to meet the target set by our main commissioner, NHS Leeds.

Progress against the MRSA target



This objective was **Failed**

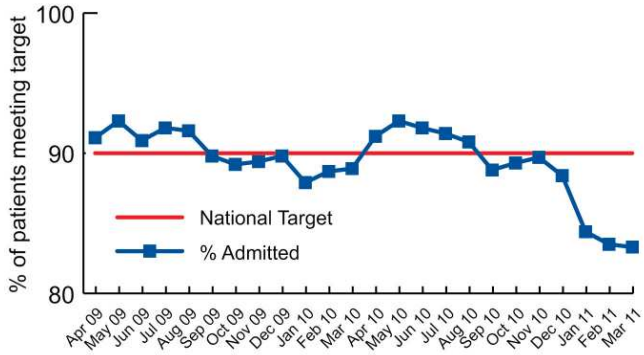
18 Week Referral to Treatment (RTT) Waiting Times

Objective - Maintain a maximum wait of 18 weeks for admitted and non-admitted patients.

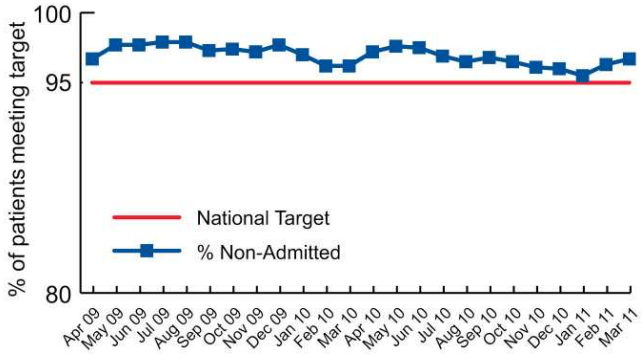
The national standard is for Trusts to maintain a maximum waiting time of 18 weeks from referral to start of treatment for 90% of admitted patients and 95% of non-admitted patients.

Commentary - The Trust achieved the non-admitted target in 2010/11 with overall performance 96.6% and underachieved the admitted target with overall performance of 88.8%.

Percentage of admitted patients treated within 18 weeks



Percentage of non-admitted patients treated within 18 weeks



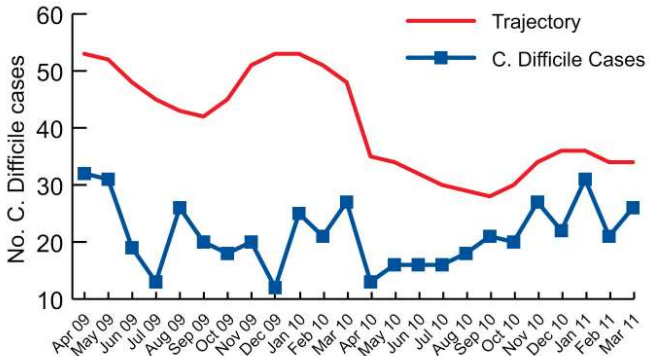
This objective was **Underachieved**

Clostridium Difficile Infections (CDIs)

Objective - Reduce the number of CDIs for the Trust in 2010/11 to no more than 392 cases in total.

Commentary - The Trust reported 247 cases of CDIs during 2010/11; this compares with 264 infections reported during 2009/10.

Progress against the CDI target



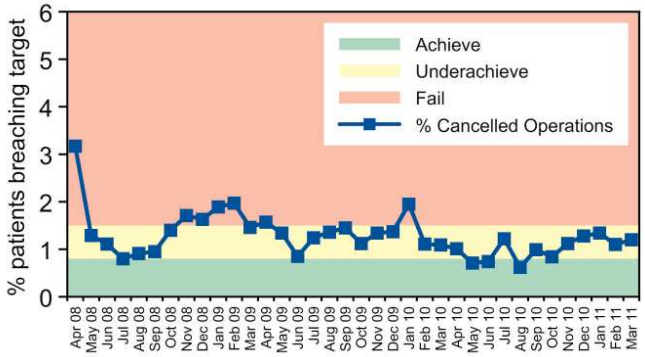
This objective was **Achieved**

Last Minute Cancelled Operations

Objective - Reduce the number of operations cancelled, by the hospital, for non-clinical reasons, on the day of, or after admission. The national standard is for Trusts to have no more than 0.8% of elective operations cancelled by the Trust for non-clinical reasons, on the day of, or after admission.

Commentary - During 2010/11 906 operations were cancelled at the last minute by the Trust; this compares to 1,196 cancellations in 2009/10, so there was an improvement overall. The Trust cancellation rate for 2010/11 was 1.02%.

Percentage of operations cancelled at last minute for non-clinical reasons



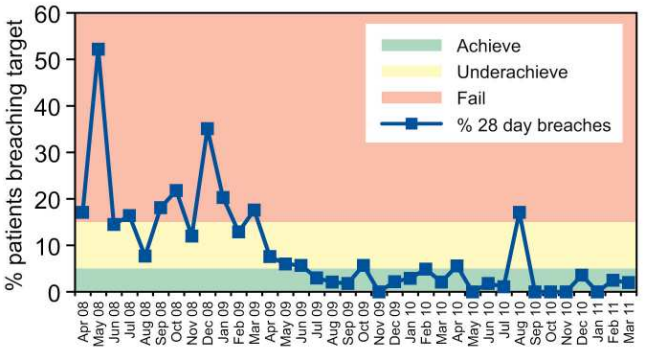
This objective was **Underachieved**

Cancelled Operations Not Admitted Within 28 Days

Objective - Ensure all patients who have operations cancelled for non-clinical reasons are offered another binding date to be treated within a maximum of 28 days, or fund the patient's treatment at the time and hospital of the patient's choice. The national standard is for trusts to have no more than 5% of these patients wait longer than 28 days to be treated.

Commentary - During 2010/11 20 patients waited longer than the 28 day standard; this compares with 39 in 2009/10. The Trust breach rate for 2010/11 was 2.21%.

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



This objective was **Achieved**

How are we performing?

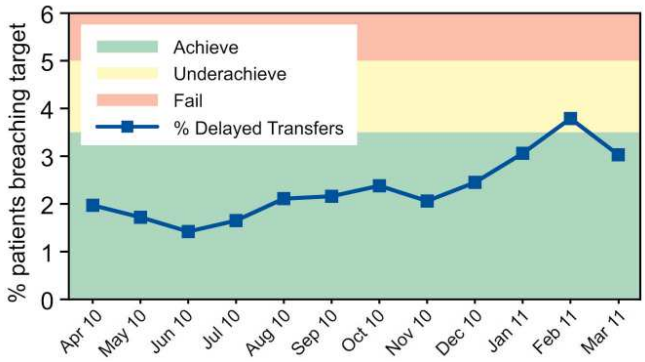
Delayed Transfers of Care

Objective - Reduce delayed transfers of care to a minimum level. Delayed transfers of care happen when a patient is well enough to leave hospital but cannot do so, for example if continuing care arrangements are not fully in place.

The national standard is for Trusts to have no more than 3.5% of transfers delayed.

Commentary - the overall Trust rate for 2010/11 was 2.08%, well within the national target.

Performance against the delayed transfer of care target



This objective was **Achieved**

Cancer 14 Day

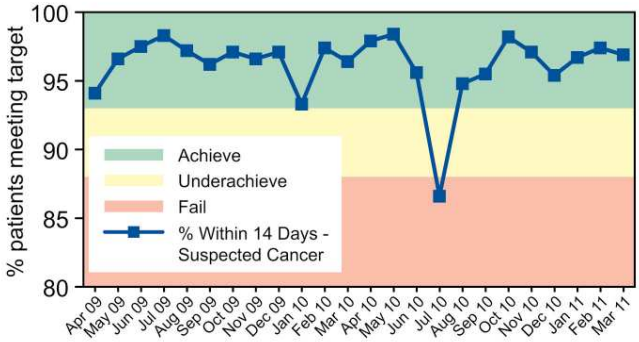
Objective - Ensure a maximum waiting time of 14 days for patients with suspected cancer, from urgent GP or Dentist referral to first being seen by a specialist.

The national standard is for at least 93% of patients referred by their GP or Dentist with suspected cancer to be first seen by a specialist within 14 days.

Commentary - Year to February performance in 2010/11 shows that the Trust achieved the target, with 95.6% of patients urgently referred with suspected cancer, seen within 14 days.

The Trust is forecast to achieve the indicator for 2010/11.

Performance against the 14 day cancer standard for suspected cancer



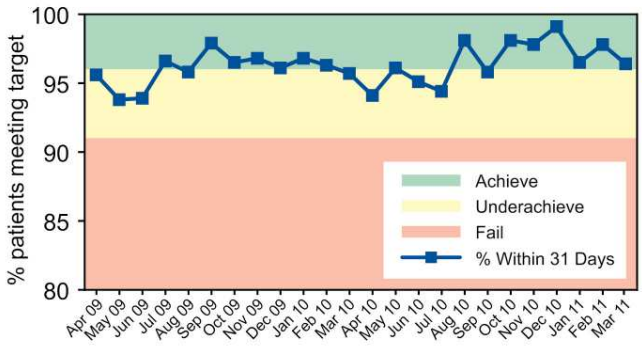
While final figures were not available as this report went to print, this objective was forecast to be **Achieved**

Cancer 31 Day - First Definitive Treatment

Objective - Ensure a maximum waiting time of 31 days from the decision being made to treat to the patient receiving first definitive treatment, for all cancers. The national standard is for at least 96% of patients undergoing first definitive treatment to be treated within 31 days from a decision being made to treat.

Commentary - Year to February performance in 2010/11 shows that the Trust achieved the target, with 96.8% of patients undergoing first treatments being treated within 31 days. The Trust is forecast to achieve the indicator for 2010/11.

Performance against the 31 day cancer standard for first treatment



While final figures were not available as this report went to print, this objective was forecast to be **Achieved**

Cancer 62 Day - GP/Dentist Referrals

Objective - Ensure a maximum waiting time of 62 days for patients to receive first definitive treatment following urgent referral for suspected cancer from their GP or dentist.

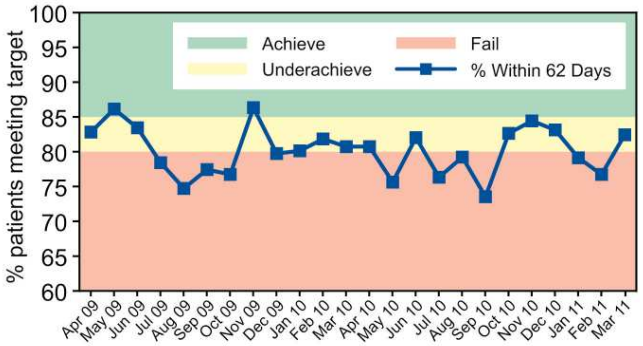
The national standard is for at least 85% of patients to receive their first definitive treatment within 62 days following referral.

Commentary - Year to February performance in 2010/11 shows that the Trust is failing the target, with 79.1% receiving first definitive treatment within 62 days.

While final figures were not available as this report went to print, this objective was forecast to be Failed for the formal reported position.

However, the Trust had a local CQUIN indicator agreed with NHS Leeds for 2010/11, whereby, in recognition of the impact of late referrals to Leeds from other providers, a local target of achieving the 85% target excluding referrals received after day 31 was set.

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



Although final figures are awaited, the local indicator is forecast to be **Achieved**

Patient safety and quality

Our Quality Account

The Trust is also publishing its own detailed Quality Account Report for 2010-11, which addresses patient safety and quality in much more detail than there is space for in this document.

If you want to find out more the Quality Account will be available on the Trust website, www.leedsth.nhs.uk

Clinical quality

One of the most influential measures of clinical quality is the data published by the independent Dr Foster organisation, which every year looks at Hospital Standardised Mortality rates and a range of other indicators.

These figures give patients an opportunity to compare the performance of different hospital Trusts around the country.

Like all statistics, they need to be viewed in context to ensure underlying factors have been taken into account, and there can be issues with the reliability of some data. Nevertheless, we welcome the publication of information from Dr Foster.

Once again their assessment confirms that Leeds Teaching Hospitals is performing very well overall in terms of mortality rates. This is a consistent indicator of high quality levels of care and should continue to reassure all our patients about the skills of our staff and the good outcomes they can expect if they are admitted to hospital here in Leeds.

Over a number of years Dr Foster surveys have consistently shown that mortality rates here in Leeds are significantly better than expected given the complexity of many of the cases we deal with.

Across the complete range of other measures Dr Foster looked at, the data shows continuous improvement in the overall quality of services at the Trust.

Stroke care and some aspects of orthopaedic surgery were areas where the Dr Foster statistics appeared to show a mixed picture for Leeds. Further work has been underway to understand the figures.

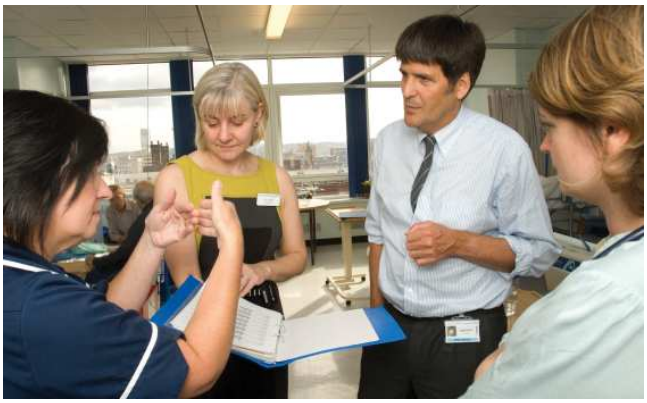
Other improvements, including the opening of a new acute stroke ward in early 2011, are covered elsewhere in this report.

Walkrounds see step-change in patient safety

Following on from the launch of the Trust's Patient Safety Strategy in 2008, major improvements have continued to be made in ensuring our wards and departments are as safe as possible for patients.

Front-line practices have changed for the better, including a reduction in the number of healthcare-associated infections (such as MRSA and clostridium difficile) over the last two years, and more stringent pre- and post-operative checks in theatres.

Patient safety walkrounds have played an important in role in helping to support and improve safer clinical practice by ensuring leadership and involvement right up to Trust Board level. This sends a clear signal that Board members have a responsibility



for and strong interest in promoting the safest possible environment for patients and use of best practice at all times.

Typically a Board member, Divisional general manager and a patient safety lead visit clinical areas in a rolling programme of events, meeting a wide range of staff including doctors, nurses, allied health professionals and support staff. They talk about recent clinical incidents and initiatives, and also speak to patients about their experiences of a particular ward and the care they have been receiving.

The key observations from each walkround are recorded and any actions needed are flagged up so that Board members can look back and check that improvements needed have been carried out.

Blitz on importance of hand hygiene

Correct and frequent hand washing is a fundamental technique for preventing the spread of infection.

To remind clinical staff of the vital importance of this on each and every occasion, the Infection Prevention and Control team at the Trust organised a Hand Hygiene campaign during the autumn and winter.

It was based on earlier audits which showed that while most staff did clean hands and use the correct technique for systematically washing and drying when using soap and water, technique was less good when staff used alcohol hand rub, particularly awareness of the 20-second drying time after using gel rubs, which is essential in killing germs.

Hand hygiene was also one of the themes at a very successful Trust Infection Prevention conference in November 2010, attended by over 180 healthcare professionals from Leeds and across the north of England.

Bugwise campaign

December 2010 and January 2011 saw some of the worst winter weather in decades, but services at our hospitals carried on regardless of the snow and ice and responded well to other challenges including an upsurge in seasonal flu cases.

With this in mind, and the prevalence of vomiting illnesses over winter, the Trust worked with other partners in Leeds on a "Be Bugwise" campaign reminding patients and visitors about the importance of hand hygiene and the risk of spreading illnesses.

Patient safety and quality

Tackling VTE

June 2010 saw a major campaign across the Trust to raise awareness of the risks associated with Venous Thromboembolism (VTE) - blood clots which can occur when a patient becomes dehydrated or immobile. There has been a big rise in the number of VTE risk assessments undertaken.

- Wards across the Trust have been working on Releasing Time to Care projects to improve quality, patient safety and efficiency at ward level. Giving nursing staff more time with patients has already seen improvements including better observations on the ward, reduced instances of falls and pressure sores, more time for staff to spend helping patients with hand washing.

- A "pharmacy robot" installed in the Gledhow Wing dispensary at St James's is helping improve efficiency, accuracy and patient safety, based on reading barcodes. This eliminates the chance of packing errors.

Some patient safety highlights in brief

- An "autofate" system has been introduced in the Trust to ensure all blood components - red cells, plasma and platelets - can be traced through from the donor to the patient.

- Trust Nurse Consultant, Elizabeth McGinnis, is leading a national research programme looking at the prevention and treatment of pressure ulcers, which can cause great distress to patients and prolong stays in hospital.

Clinical Governance Committee

The Clinical Governance Committee was established in October 2009 as a committee of the Board, meeting quarterly, and is chaired by Lynn Hagger, Non-executive Director. Its 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.

Its role is to ensure the establishment and maintenance of an effective system of Clinical Governance and integrated risk management across the Trust and to seek assurance on the quality of clinical services provided within the organisation.

Safeguarding

This has been another busy year for the adult and children's safeguarding teams.

There has been a great deal of work and progress in the training of staff, with over 7,000 of our employees now trained at Level 1. As a consequence of the training the numbers of internal notifications of a safeguarding concern for a vulnerable adult have quadrupled this year.

The lead nurse for adult safeguarding and the new named nurse for children's safeguarding have worked closely with the Trust's organisational development team in developing a combined children and adults safeguarding level 1 training package and contributing to sessions at corporate induction and on the new open mandatory training sessions.

During this year the safeguarding adult's team have also been charged with facilitating the implementation of the Mental Capacity Act and also the Deprivation of Liberty Safeguards in the Trust.

Sessions for medical staff, registered nurses and registered allied health professional were facilitated by a firm of solicitors during the latter part of the year, and were attended by around 100 staff.

The nursing directorate's patient care and safety day in October focused on safeguarding and a variety of speakers came to this well attended event.

The teams have also been forging links with the Patient Relations team in identifying safeguarding matters that arise through the complaints process.

Planning for major incidents

The Trust has worked hard to improve its resilience this year, and successfully responded to a range of emergencies and disruptions including severe cold, ice and blizzards.

Winter plans for keeping our sites clear were put to the test. Snow clearing and gritting teams worked around the clock keeping our roads and pathways safe. Contingency arrangements for patient transport and emergency staff accommodation during periods of extreme weather worked well. The lessons we learnt from this winter will be used to further improve services for our patients and staff to ensure that we continue to improve our response to these additional demands.

Although in 2010 we did not see a flu pandemic, the swine flu virus which sparked the pandemic the previous year was in circulation again. The Trust once again worked hard to encourage vaccination from flu both to protect staff and to reduce the risk of transmitting the virus to patients. Our vaccination programme this year had a good uptake.

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

Section 7

Making Leeds Teaching Hospitals a better place to work

How we are '*Managing for Success*'

During the last 12 months the scale of the challenge we face as a Trust is unprecedented, and so must be our response.

The workforce at Leeds Teaching Hospitals is one of the largest and most specialised in the NHS, and we know that without their commitment and engagement we will not deliver the 'Better, Simpler, Cheaper services' that our patients and public demand.

The impact of the changes we need to make is being experienced by everybody at the Trust as we work to change the size and shape of our workforce, ensuring that it is:

- Of sufficient size and shape to deliver the volume and quality of service that we are commissioned to provide
- Agile in responding to existing and new challenges as they change
- Healthy and engaged
- Affordable

Bringing this about, and making Leeds a better place to work is at the heart of *Managing for Success* - our Trust-wide Transformation Programme.

Through this programme we are working with staff to improve both the quality and productivity of our services.

Managing for Success

This will achieve a sustainable basis for the Trust's services; they are the right changes for Leeds Teaching Hospitals, our staff and the patients we serve.

Managing for Success comprises several key programmes:

- Care Pathways
- Clinical Support
- Estates Rationalisation
- Patient Administration
- Corporate Support

The changes we are making in these areas involve new ways of working and improvements in efficiency. As a result we will be leaner and more efficient, delivering the same services or better, with the need for less resource such as theatres and wards and fewer staff than in recent years.

Improving Safe Surgical Flow is just one of a number of projects taking place under the Care Pathways programme.

The project has seen clinical and non-clinical staff groups from right across surgical pathways from pre-op assessment through to scheduling, admission, operating theatre, the ward and discharge,

come together to discuss ways of improving the services they provide on a day-to-day basis. Its aim is to create safe and effective surgical pathways and better use of clinical resources so that the experience for both patients and staff is a positive one.

Managing for Success uses a 'lean' approach to identify what activities add value for our patients along their pathway of care.

We are securing the achievement of new ways of working and improvements in efficiency with a Trust-wide Development Programme aimed at equipping leaders at every level in the Trust with the skills confidence and tools they need to deliver our change agenda.

Getting the basics right

We have also worked hard this year to ensure that we are getting the basics right. These improvements include:

- New induction programme giving new staff members a warm welcome
- Clarity on mandatory training requirement, recording & monitoring
- Overhaul of appraisal processes

Difficult issues are being tackled. In a sector where staff numbers have become a proxy for service, we are digging deep to ensure that the way we organise and deploy our staff is the most efficient it can be.

To this end the Trust has invested in a new electronic rostering system to replace outdated and inefficient paper based systems.

When fully implemented, 'Healthroster' will be used across all wards, departments and outpatient areas to include all nursing and medical staff.

Implementation to date has identified substantial benefits including, ensuring the alignment of staff resources to patient demand and the efficient use of staff hours, good governance records to report all safe and effective care, effective management of absence and a fair and consistent approach in line with our family friendly policies. The system is a key enabler in ensuring that nurse staffing levels are directly linked to patient numbers and patient activity levels.

Clearly all this adds up to major change which is always demanding of organisations and their people. The Trust acknowledges and appreciates the goodwill and commitment from staff that secures the quality and safety of our services in these challenging times.

Partnership working is strong and well established and Trade Unions and Professional Organisations are playing a positive and constructive role in ensuring a successful future for Leeds.

During the last year several major employment policies have been jointly renewed and updated. Our unions are fully up to date on the changes resulting from *Managing for Success* and have played a key role in communicating these changes to staff and getting feedback.

Section 7

Making Leeds Teaching Hospitals a better place to work

Communicating with staff

Engagement and ensuring effective communications so that all staff understand the 'big picture' and the way if affects everyday life in the Trust, continues to challenge us.

During 2010-11 we have made good progress, running a series of major change events for leaders, and organising Trust-wide briefing sessions to keep all staff up to date in a fast changing environment. The Chief Executive also hosts Open Staff Meetings on a regular basis to give all staff the opportunity to hear about the changes directly and get their questions answered.

At the same time we have been gathering information from a wide range of sources and staff groups. This will underpin a major overhaul of the ways we listen to and secure active involvement in the future of the Trust. Feedback is telling us that we need to improve and strengthen our internal communications and we will do this as a priority in 2011/12.

Our staff in 2010-11

At the end of March 2011 the Trust employed 15,156 (13,129 Full Time Equivalent) people including:

- 1,982 (1,769 FTE) Doctors & Dentists
- 4,000 (3,545 FTE) Nursing & Midwifery staff
- 1,556 (1,416 FTE) Scientific & Technical staff
- 772 (661 FTE) Allied Health Professionals
- 2,126 (1,844 FTE) Clinical Support staff
- 2,766 (2,439 FTE) Administrative, Clinical & Managerial staff
- 1,929 (1,429 FTE) Estates & Ancillary staff

(Total staffing headcount of 15,156 includes 25 student Midwives and Health Visitors not included in the above breakdown)

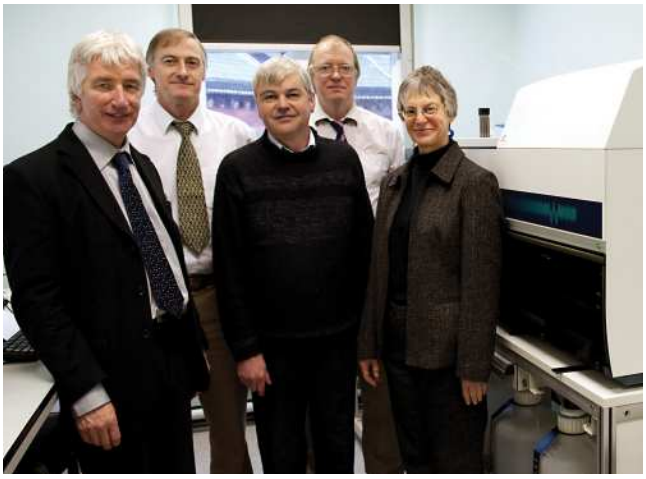
Other key facts include:

- Of our workforce, 26% are aged over 50 and 23% are aged under 30
- 14% of the staff employed by the Trust are of BME (Black Minority Ethnic) origin, compared to 8% in the Leeds population as a whole
- Around 75% of our employees are female

Research and development

Clinical research undertaken here in Leeds is extremely important and makes a real difference to the care of many of our patients. The reasons for this include:

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



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

The five core research strengths are:

- Oncology
- Musculoskeletal Disease
- Cardiovascular Disease
- Applied Health Research
- Dentistry

The Trust is well placed to improve the quality of its clinical research by working in partnership with the University of Leeds to deliver improvements in clinical outcomes for the benefit of patients. The Trust and University are driving forward clinical research in Leeds through the joint Biomedical and Health Research Centre (www.bhrc.ac.uk) and a Joint Partnership Board oversees the Centre.

A key measure of research activity and quality is the number of patients recruited into clinical trials and other studies recognised by the National Institute of Health Research. In 2010/11 the Trust recruited more than 6,200 patients to participate in high quality clinical research studies.

Section 8

Research, development and training

Doubling recruitment into high quality clinical research studies over the next four years is now an explicit goal of the NHS and the Trust is committed to contributing to this by informing patients about trials which may be of interest to them. There are real prospects for increasing the number of patients in trials across clinical specialities.

Clinical research is underpinned by the receipt of prestigious research grants and world-class facilities including laboratory research in the Leeds Institute of Molecular Medicine and recognition by Cancer Research UK as a Cancer Centre. Major research awards from the British Heart Foundation places Leeds in a strong position in cardiovascular disease research. 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.

Applied health research provides the evidence to improve health outcomes through promotion of health, prevention of ill health, and optimal disease management (including safety and quality), with particular emphasis on conditions causing significant disease burden. The Trust aims to strengthen its capacity in Health Services Research in order to bid for high quality external funding in applied health research.

It has invested in expanding capacity and infrastructure via formal support from the University of Leeds Institute of Health Sciences and the Clinical Trials Research Unit. Through this investment, Trust staff have access to experts in applied health research to help with the development of high quality grant applications.

The Trust hosts an NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC), the key aim of which is to ensure the effective translation of research outcomes into practice and to build capacity and capability within the NHS to conduct high quality applied health research (www.clahrc-lyb.nihr.ac.uk). The work of the CLAHRC covers five themes:

- Physical Health and Addiction
- Improving Prevention of Vascular Disease in Primary Care (IMPROVE-PC)
- Maternity and Child Health
- Stroke Care
- Translating Research into Practice in Leeds and Bradford (TRiP-LaB)

The Trust is also involved with the Wellcome Trust/Engineering and Physical Sciences Research Council Medical Engineering Centre (WELMEC), which is one of four Centres of Excellence in the UK. The Leeds Centre's work is driven by the concept of *50 active years after 50*, looking at how to help the skeleton, muscles and cardiovascular system support our bodies as we get older, through improved prosthetic implants and technologies to help our tissues re-generate.

Training tomorrow's professionals

In addition to strong research partnerships, the Trust continues to work with the University of Leeds and Leeds Metropolitan University to train the next generation of healthcare professionals in our teaching hospitals. Together we have over 3000 students studying to become:

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

During early 2010, building work started on a brand new Clinical Practice Centre in part of Ashley Wing at St James's, where £2.85 million has been invested to create a state-of-the-art facility to service the training needs of staff not just at Leeds Teaching Hospitals but our partner organisations in the city.

The facility was completed in May 2011 and officially opened in June. It brings together undergraduate and postgraduate training which was previously scattered in pockets around the Trust and across Leeds.

Concentrating resources in one new centre allows us to pool the talents of the trainers and use them more flexibly and efficiently.

The Clinical Practice Centre is part of a more joined-up approach to training NHS staff regionally and nationally, and it is hoped that skills will increasingly become more transferable between organisations, assisting staff mobility and reducing the need to repeat training when moving employers.

Section 9

Financial review and summary accounts

Financial review of the year ended 31st March 2011

This revew and the Accounts which follow it report a number of significant financial achievements, i.e.

- An income and expenditure surplus of £5.8 million (adjusted to £2 million after technical factors)
- Income increased by 3% on 2009/10
- Cost savings in excess of £30 million
- Capital investment of £42.9 million
- 86.5% of suppliers' invoices paid within 30 days (compared to 73% in 2009/10)

These are real successes that were achieved in the face of tough challenges which will continue for the foreseeable future. The general economic conditions following the downturn of late 2008 and the subsequent drive to improve public sector efficiency have been well publicised. Leeds Teaching Hospitals NHS Trust is not immune from their effects and is dealing with difficult financial planning issues. Resources are constrained but demand for services and costs are increasing. Quality improvements remain our highest priority. Doing "more for less" is an imperative, not a catch phrase.

The essential point however, is that the Trust is facing up to our financial challenges, planning to meet them, putting in place mechanisms to deal with them and, as 2010/11 has shown, delivering success in spite of them.

Breaking even

The surplus of £5.8 million was achieved following a number of accounting transactions which are deemed to be "technical" when determining whether or not the Trust met its statutory break even duty.

Towards the end of the year a report was received from the District Valuation Office which updated the values of our buildings. Some individual falls in value led to impairment charges being taken to the Statement of Comprehensive Income. Similarly, a separate piece of work had identified impairments in certain equipment assets. There were however, increases in the values of Bexley Wing and Wharfedale Hospital which partially reversed impairments charged to the Statement of Comprehensive Income in previous years. The effect was to put a credit through the Statement of Comprehensive Income in 2010/11. Impairments and any reversals are considered to be technical adjustments.

Similarly, an adjustment of £2 million has to be made to remove the additional costs of bringing the Wharfedale and Bexley Wing Private Finance Initiative schemes onto the balance sheet in 2009/10. This additional cost to the Statement of Comprehensive Income will arise on a tapering basis for some years to come following the transition to International Financial Reporting Standards which featured prominently in last year's Financial Review. The addition represents a re-phasing of the full lifespan cost of each scheme and not an increase in whole-life cost.

The net effect of these two adjustments is to leave an underlying surplus for the year of £2 million calculated as follows:

	£000
Retained surplus	5,799
Impairments	1,182
Impairment reversals	(6,995)
Private Finance Initiative - additional costs	2,065
"Underlying" surplus	**2,051**

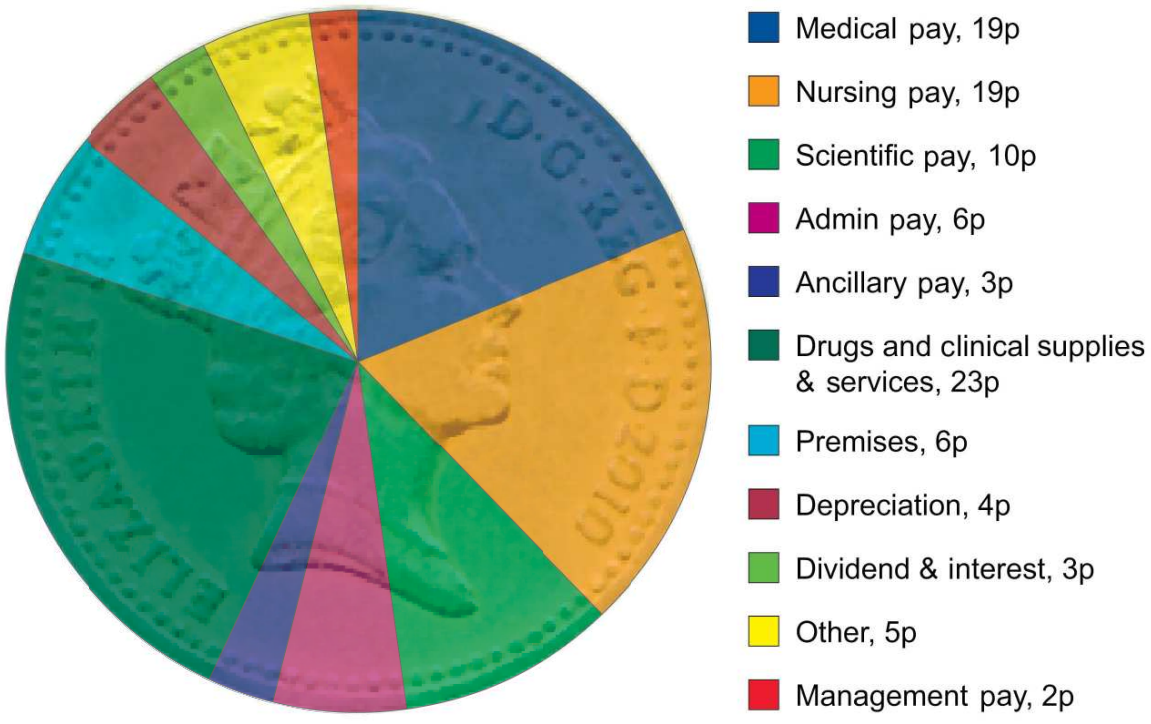
This result represents an improvement on our forecast at the start of 2010/11 that we would break even.

At the beginning of 2010/11 the Trust was faced with the challenge of saving £39.7 million. This was made up of general inflationary factors (£28.7 million) and income losses due to changes in national tariffs and funding mechanisms (£11.0 million).

Meeting this challenge and delivering a surplus of £2 million required a mixed economy of cost reductions and increased activity-related income. The major elements of this success are outlined in the following paragraphs.

Of the savings which had to be delivered during the year £8.2 million came from reduced capital charges. These flowed from the valuation of the Estate in the previous year which saw a fall in total values of around £160 million. Approximately £1.3 million was achieved through better purchasing of goods and services. CQUIN income was increased by £7 million. This is the national programme to link income to service quality improvement and the increased income is a measure of the Trust's commitment to meeting financial targets without compromising patient care.

How each £1 was spent



Financial review and summary accounts

The major proportion of the savings, however, came from the decision to put stringent controls on filling vacant posts. Approximately £18 million came from reduced staffing costs and the average number of people employed fell by 207. This was in addition to a reduction of approximately 300 in the previous year. While measures were in place to ensure that essential posts were filled the decision to hold vacancies wherever possible did put additional pressures on many staff. Their continued support is greatly appreciated. The action taken to restrict recruitment in 2010/11, and similar measures in previous years, has important implications for 2011/12 and beyond.

Financial challenge

Looking to the future it is clear that financial pressures will remain. The NHS has been set a target to make £20 billion of efficiency savings in the next four years and Leeds Teaching Hospitals must accept its share of that. In 2011/12 there is a requirement to save a further £55.5 million with £40 million in each of the years thereafter. The Trust is committed to meeting these targets without compromising the quality of service delivery.

The Board have approved a financial plan for 2011/12 which will deliver savings through:

	£ Million
Managing for Success	42.3
Recommissioning	7.6
Non-recurrent income	5.6
Total	**55.5**

Managing for Success is a programme which identifies improvements in clinical and non clinical functions across the Trust. It involves Divisions and Corporate functions alike. The main thrust of the projects under the programme is to improve services for patients but, by introducing new ways of working and more streamlined, integrated services, there are significant financial savings to be realised. *Managing for Success* was embedded within the organisation in 2010/11. It is in 2011/12 and beyond that major cash releasing efficiencies will flow.

As stated above the Trust achieved a high proportion of its savings in 2010/11 from restrictions on filling vacancies. This has put the organisation in a very good position to reduce its overall staffing establishment without the need for a programme of redundancies.

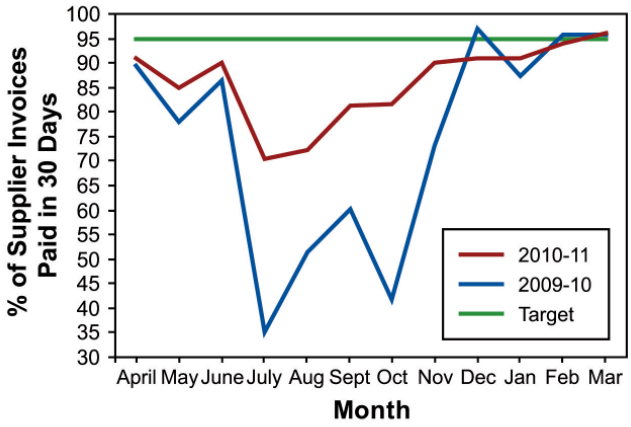
In total, 700 posts will be taken from budgets in 2011/12. Over 80% of these are currently vacant. The recruitment restrictions did not necessarily create vacancies where the posts could be cut and in other cases staff are filling posts which will no longer be required. There will be redeployment of a small number of staff to ensure essential posts are filled appropriately but because of the number of vacant posts there will be no compulsory redundancies other than in very exceptional circumstances. No provision for redundancy has been made in the 2010/11 Accounts.

The Trust believes that with modest activity increases delivering additional income, it is well placed to meet the financial challenges which lie ahead.

Cash

While the Trust met its statutory duty to live within its External Financing Limit it did not meet the Department of Health's expectation that 95% of supplier invoices be paid in 30 days. Some short term cash pressure during the summer months of 2010 led to some payment restrictions.

It is pleasing to note however that performance was markedly better than in the previous year as the graph below demonstrates.



Better Payment Practice Code Performance

At 31st March the Trust had paid an average of 86% of its 190,000 invoices within terms compared to 73% in 2009/10. Improvements in billing commissioners and earlier agreement of contract values both helped as did ongoing improvements to working capital management. These will continue into 2011/12 and the Trust is confident that progress will continue to be made.

Section 9

Financial review and summary accounts

Capital investment

Capital expenditure in 2010/11 was £42.9 million which represents a major investment in equipment and infrastructure. The money was spent on:

Programme	Project	Expenditure 2011-12 £ million
Medical Equipment	Digital Breast Screening	1.0
	Post Graduate Medical Training	0.3
	Equipment re. Service Reconfiguration	0.6
	Orthopaedic Power Tools	0.2
	Other	2.3
	Total	**4.4**
Information Technology	Wireless Network	0.8
	Staff Rostering System	0.5
	Patient Administration System	0.4
	Renal Clinical Information System	0.2
	Other	2.1
	Total	**4.0**
Building and Engineering	Centralisation of Services	13.9
	Electrical Infrastructure - St James's	3.7
	Clinical Skills Centre	2.2
	Aseptic Unit - LGI	1.6
	Other	13.1
	Total	**34.5**
Total		**42.9**

Funding for capital came primarily from internally generated resources in the form of depreciation (£27.9 million) charged on existing assets. Two Capital Investment Loans were taken during the year. The larger of these, at £14 million, was used to fund clinical services reconfiguration including, most notably, centralisation of Children's services at the LGI and Older People's Medicine at St James's. A further loan of £1.5 million was taken to fund the relocation of the satellite renal unit in Huddersfield from St Luke's Hospital to the town's Royal Infirmary.

Service reconfiguration expenditure in 2010/11, as shown in the table above, completed a three year strategic development to improve patient facilities. Other expenditure was of a renovation nature but no less vital to the Trust's ability to deliver first class patient care. In common with service reconfiguration the largest project of this type, to upgrade the electrical infrastructure at St James's, is a multi year, multi million pound investment. Work commenced in 2010/11 and is due to complete in 2015. Again this is shown in the table above.

Expenditure on information technology projects doubled in 2010/11 from its previous year's £2 million. The Trust has embarked on a major enhancement of its clinical information systems and communications networks including schemes to centralise its switchboards onto a single site and introduce wireless technology. There will be a further significant increase in the information technology programme during 2011/12 to £7.4 million. In that year, schemes to upgrade the clinical information systems in Maternity and Renal will commence.

Capital funding, like revenue, is a finite resource and subject to challenging constraints. In each of the five years starting from 2011/12 proposed expenditure is £35 million with £10 million of it being funded by interest bearing debt and the balance from planned depreciation. No funding is expected from the Department of Health or central government. The Trust must fund its spending from what can be generated internally or affordably borrowed. This is influencing the criteria by which investment decisions are made. Essential renovation and replacement continue to be funded but development projects are more closely scrutinised for their payback potential. A number of schemes such as the switchboard centralisation mentioned above are an integral part of the Managing for Success programme and specifically designed to yield ongoing financial savings as well as operational improvements.

The work of the Trust Audit Committee

The Audit Committee is an established part of the Trust's governance arrangements and works with the Clinical Governance Committee, which was established in the autumn of 2009. It is concerned with providing assurance to the Trust Board about the effectiveness of the Trust's risk management and internal control arrangements.

The Committee chairman is Howard Cressey and its members are the independent non-executive directors of the Trust other than the Trust Chairman. The Committee operates in accordance with best practice as set out in the NHS Audit Committee Handbook.

The Committee 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 annual report to those charged with governance on the Trust's accounts for 2009/10 and a review of internal audit as part of their interim audit work for 2010/11. 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.

The Committee reports formally to the Board after each meeting through both comprehensive minutes and a written report prepared by the Chairman. The report identifies those matters which the Committee considers should be specifically drawn to the attention of the Board. Issues highlighted during 2010/11 included the consideration of the major risks facing the Trust.

Financial review and summary accounts

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

We have examined the summary financial statements which comprise 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 the Leeds Teaching Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and of 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 statements within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inaccuracies with the summary financial statement.

We conducted our work in accordance with Bulletin 2008/03, "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board.

Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2011.

Sarah Howard

Senior Statutory Auditor
for and on behalf of

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

9 June 2011

Summary financial statements

These financial statements are summaries of the information contained in the Annual Accounts of the Leeds Teaching Hospitals NHS Trust. The Trust's auditors have issued an unqualified report on the Annual Accounts. Full sets of accounts are available on the Trust's website or by writing to:

Neil Chapman, Director of Finance

The Leeds Teaching Hospitals NHS Trust
St James's University Hospital
Beckett Street, Leeds LS9 7TF.

These accounts for the year ended 31 March 2011 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.

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

Statement of comprehensive income for the year ended 31 March 2011

	2010-11 £000	2009-10 £000
Revenue		
Revenue from patient care activities	764,897	744,696
Other operating revenue	169,630	165,860
Operating expenses	(910,934)	(886,869)
Impairments of non current assets	(1,182)	(42,075)
Reversal of impairments of non current assets	6,995	0
Operating surplus/(deficit)	**29,406**	**(18,388)**
Finance Costs		
Investment revenue	199	59
Other gains and losses	42	732
Finance costs	(13,012)	(12,474)
Surplus/(deficit) for the financial year	**16,635**	**(30,071)**
Public dividend capital dividends payable	(10,836)	(13,355)
Retained surplus/(deficit) for the year	**5,799**	**(43,426)**
Other comprehensive income		
Impairments and reversals	(12,042)	(110,873)
Gains on revaluations	575	12,503
Receipt of donated assets	1,227	1,745
Reclassification adjustments: - Transfers from donated asset reserve	(1,029)	(1,112)
Total comprehensive income for the year	**(5,470)**	**(141,163)**

Section 8

Financial review and summary accounts

Reported NHS financial performance position

A Trust's reported NHS financial performance position is derived from its Retained surplus/(Deficit), but adjusted for the following:-

a) An impairment charge or reversal is not considered part of the organisation's operating position.

b) The revenue cost of bringing PFI assets onto the balance sheet (due to the introduction of International Financial Reporting Standards (IFRS) accounting 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 operating position.

	2010-11 £000	2009-10 £000
Retained surplus/(deficit) for the year	5,799	(43,426)
Additional PFI costs	2,065	2,314
Impairments of non-current assets	1,182	42,075
Reversal of impairments of non-current assets	(6,995)	0
Reported NHS financial performance position	**2,051**	**963**

The Trust is therefore judged to have met the breakeven duty in 2009/10 and 2010/11.

Statement of financial position as at 31 March 2011

	31 March 2011 £000	31 March 2010 £000
Non-current assets		
Property, plant and equipment	593,623	591,794
Intangible assets	89	44
Trade and other receivables	9,320	7,923
Total non-current assets	**603,032**	**599,761**
Current assets		
Inventories	16,976	17,329
Trade and other receivables	37,774	41,913
Cash and cash equivalents	12,033	8,840
Total current assets	**66,783**	**68,082**
Total assets	**669,815**	**667,843**
Current liabilities		
Trade and other payables	(76,361)	(78,939)
Borrowings	(5,677)	(4,482)
Provisions	(1,352)	(1,330)
Net current (liabilities)	**(16,607)**	**(16,669)**
Total assets less current liabilities	**586,425**	**583,092**
Non-current liabilities		
Borrowings	(245,445)	(235,961)
Trade and other payables	(2,418)	(3,665)
Provisions	(5,908)	(5,342)
Total assets employed	**332,654**	**338,124**
Financed by taxpayers' equity:		
Public dividend capital	290,701	290,701
Retained earnings	(49,427)	(55,478)
Revaluation reserve	74,849	86,914
Donated asset reserve	16,489	15,945
Other reserves	42	42
Total taxpayers' equity	**332,654**	**338,124**

These summary financial statements were approved by the Board at its meeting on 9 June 2011 and signed on its behalf by:

Maggie Boyle, Chief Executive, *Neil Chapman,* Director of Finance

Financial review and summary accounts

Statement of changes in taxpayers' equity

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation reserve £000	Donated asset reserve £000	Other reserves £000	Total £000
Changes in taxpayers' equity for 2010-11						
Balance at 1 April 2010	**290,701**	**(55,478)**	**86,914**	**15,945**	**42**	**338,124**
Total comprehensive income for year:						
Retained surplus for the year	0	5,799	0	0	0	5,799
Transfers between reserves	0	252	(286)	34	0	0
Impairments and reversals	0	0	(12,042)	0	0	(12,042)
Net gain on revaluation of property, plant, equipment	0	0	263	312	0	575
Receipt of donated assets	0	0	0	1,227	0	1,227
Reclassification adjustments:						
- transfers from donated asset	0	0	0	(1,029)	0	(1,029)
New PDC received	10,000	0	0	0	0	10,000
PDC repaid in year	(10,000)	0	0	0	0	(10,000)
Balance at 31 March 2011	**290,701**	**(49,427)**	**74,849**	**16,489**	**42**	**332,654**

Statement of cash flows for the 31 March 2011

	2010-11 £000	2009-10 £000
Cash flows from operating activities		
Operating surplus/(deficit)	29,406	(18,389)
Depreciation and amortisation	35,451	35,639
Impairments and reversals	(5,813)	42,075
Transfer from donated asset reserve	(1,029)	(1,112)
Decrease in inventories	353	683
Decrease in trade and other receivables	451	4,550
Increase/(decrease) in trade and other payables	679	(957)
Increase/(decrease) in provisions	567	(232)
Net cash inflow from operating activities	**60,065**	**62,257**
Cash flows from investing activities		
Interest received	195	59
(Payments) for property, plant and equipment	(47,497)	(57,964)
Proceeds from disposal of plant, property and equipment	46	6,681
(Payments) for intangible assets	(10)	0
Net cash (outflow) from investing activities	**(47,266)**	**(51,224)**
Net cash inflow before financing	**12,799**	**11,033**
Cash flows from financing activities		
Interest paid	(12,971)	(12,421)
Dividends paid	(8,516)	(15,819)
Public dividend capital received	10,000	16,831
Public dividend capital repaid	(10,000)	(10,050)
Loans received from the DH	15,500	18,100
Loans repaid to the DH	(1,256)	(453)
Other capital receipts	1,202	1,748
Capital element of finance leases and PFI	(3,565)	(3,380)
Net cash inflow from financing	**(9,606)**	**(5,444)**
Net increase in cash and cash equivalents	**3,193**	**5,589**
Cash and cash equivalents at 1 April 2010	**8,840**	**3,251**
Cash and cash equivalents at 31 March 2011	**12,033**	**8,840**

Financial review and summary accounts

Notes to the summary financial statements

Management Costs	2010-11 £000	2009-10 £000
Management costs	34,530	34,138
Income	931,820	906,038
Management costs as % of income	3.71%	3.77%

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

Better Payment Practice Code - measure of compliance 2010-11

	Number	£000
Total Non-NHS trade invoices paid in the year	191,638	**367,706**
Total Non NHS trade invoices paid within target	165,745	**322,330**
Percentage of Non-NHS trade invoices paid within target	86%	88%
Total NHS trade invoices paid in the year	4,792	54,667
Total NHS trade invoices paid within target	1,878	24,070
Percentage of NHS trade invoices paid within target	39%	44%

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

Remuneration

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

Members of the Remuneration Committee (as of June 2011) 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.

Remuneration of the Board

Name and Title	2010-11			2009-10		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100
M. Abrahams - Non Executive Director	5-10	0	5	5-10	0	5
P. Belfield - Medical Director	225-230	0	16	140-145	0	14
M. Boyle - Chief Executive	220-225	0	0	220-225	0	0
M. Chamberlain - Non Executive Director	5-10	0	0	0-5	0	0
A.N. Chapman - Director of Finance	140-145	0	0	140-145	0	0
M. Collier - Chairman	40-45	0	34	25-30	0	20
H.M. Cressey - Non Executive Director	5-10	0	4	5-10	0	5
A.S. Dailly - Director of Informatics	105-110	0	2	105-110	0	0
R. J. Green - Director of Human Resources	120-125	0	38	120-125	0	0
L. Hagger - Non Executive Director	5-10	0	9	0-5	0	0
R. Holt - Chief Nurse	110-115	0	1	115-120	0	0
D. Kerr - Director of Estates and Facilities (to 20 February 2011)	85-90	0	20	100-105	0	1
M. McRae - Non Executive Director (from 1 October 2010)	0-5	0	0	n/a	n/a	n/a
P. McWilliam - Non Executive Director	5-10	0	0	5-10	0	0
C. Morrow - Non Executive Director	5-10	0	2	0-5	0	0
R.B. Steven - Director of Business Development and Performance Delivery	155-160	0	0	155-160	0	0
J.M. Taylor - Director of Estates and Facilities (from 21 February 2011)	5-10	0	0	n/a	n/a	n/a

The benefits in kind of the Medical Director, Director of Estates and Facilities (to 20 February) and Director of Human Resources relate to lease cars. All other benefits in kind are in respect of taxable business mileage.

Financial review and summary accounts

Pension benefits of the Board

Name and title	Total accrued pension at age 60 as at 31 March 2011 (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 2011 £000	Cash Equivalent Transfer Value at 31 March 2010 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100
P. Belfield - Medical Director	80-85	12.5-15	245-250	37.5-40	1,737	1,577	100	0
M. Boyle - Chief Executive	70-75	2.5-5	210-215	7.5-10	1,437	1,475	(24)	0
A.N. Chapman - Director of Finance	45-50	0-2.5	145-150	5-7.5	1,033	1,080	(30)	0
A.S. Dailly - Director of Informatics	35-40	0-2.5	110-115	2.5-5	610	651	(26)	0
R.J. Green - Director of Human Resources	10-15	0-2.5	30-35	2.5-5	223	218	3	0
R. Holt - Chief Nurse	30-35	0-2.5	90-95	2.5-5	434	485	(32)	0
D. Kerr - Director of Estates and Facilities (to 20 Feb. 2011)	5-10	0-2.5	15-20	2.5-5	85	83	1	0
R.B. Steven - Director of Business Development & Performance Delivery	25-30	0-2.5	75-80	5-7.5	540	552	(7)	0
J.M. Taylor - Director of Estates & Facilities (from 21 Feb. 2011)	20-25	0-2.5	70-75	0-2.5	415	411	0	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. 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.

In his budget of 22 June 2010 the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI). As a result, the Government Actuaries Department undertook a review of all transfer factors and the new CETV factors have been used in calculating CETVs at 31 March 2011. For some members this has resulted in a fall in their CETV when compared to the previous year end.

Trust Board membership and declarations of interests

	Started	Left	Comments	Interests
Mark Abrahams			Full year Vice-Chairman of the Trust from 1 Dec. onwards	• Chief Executive of Fenner PLC (to 28 Feb. 2011) • Chairman of Fenner PLC (from 1 Mar. 2011) • Chairman of Inditherm PLC
Maggie Boyle			Full year	• nil
Neil Chapman			Full year	• nil
Alison Dailly			Full year	• nil
Howard Cressey			Full year	• Non-Executive Director, Tribunals Service (to 31 Mar. 2011) • External Member of the Equality and Human Rights Commission's Audit and Risk Committee
Jackie Green			Full year	• nil
Ruth Holt			Full year	• Director, Markev Investments Ltd
Darryn Kerr		20 Feb. 2011	To 20 Feb. 2011	• Council Member and Chair of the Executive Committee of the Institute of Healthcare Engineering and Estate Management • External Assessor for the School of Health, Social Sciences & Education at Inverness College, Scotland
Peter McWilliam			Full year	• Dean, Faculty of Medicine and Health, University of Leeds • Member of the Council of the University of Leeds (the council is the governing body of the University)
Brian Steven			Full year	• nil
Mike Collier			Full Year	• Non-Executive Member of the Yorkshire and Humber and North-East Regional Committee of the National Trust
Mark Chamberlain			Full Year	• Director of HR Programmes, BT PLC
Clare Morrow			Full Year	• Chair, Welcome to Yorkshire • Non-Executive Director, The Rugby Football League • Network Manager, Broadcasting and Creative Industries Disability Network • Sole Trader, 2Morrow Media • Trustee, Hollybank Trust • Governor, Hollybank School
Merran McRae	1 Oct. 2010		From 1 Oct. 2010	• Employed at Kirklees Metropolitan Council as Director of Wellbeing and Communities, which encompasses the statutory role of Director of Adult Social Care
Lynn Hagger			Full Year	• Member, Sheffield Children's NHS Trust Clinical Ethics Forum • Lecturer, University of Sheffield
Peter Belfield			Full Year	• nil
Mick Taylor	21 Feb. 2011		From 21 Feb. 2011	• nil

Section 9

Financial review and summary accounts

Summary of statement on internal control

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

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

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

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

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

The system of internal control has been in place in the Leeds Teaching Hospitals NHS Trust for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

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

The full statement on internal control can be found within the full set of annual accounts on the Trust's website at:

www.leedsth.nhs.uk

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

Maggie Boyle,

Chief Executive

June 2011

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 which you can use to make your views known. If there is a problem, we want to know about it so we can make improvements. Equally our 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 your views with us.

For Membership queries or to make a general comment please email:

public.relations@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 دیگردراختیار 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

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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 ہاسپٹلز این ایچ ایس ٹرسٹ، بیکٹ سٹریٹ، لیڈز ایل ایس9 7ٹی ایف


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