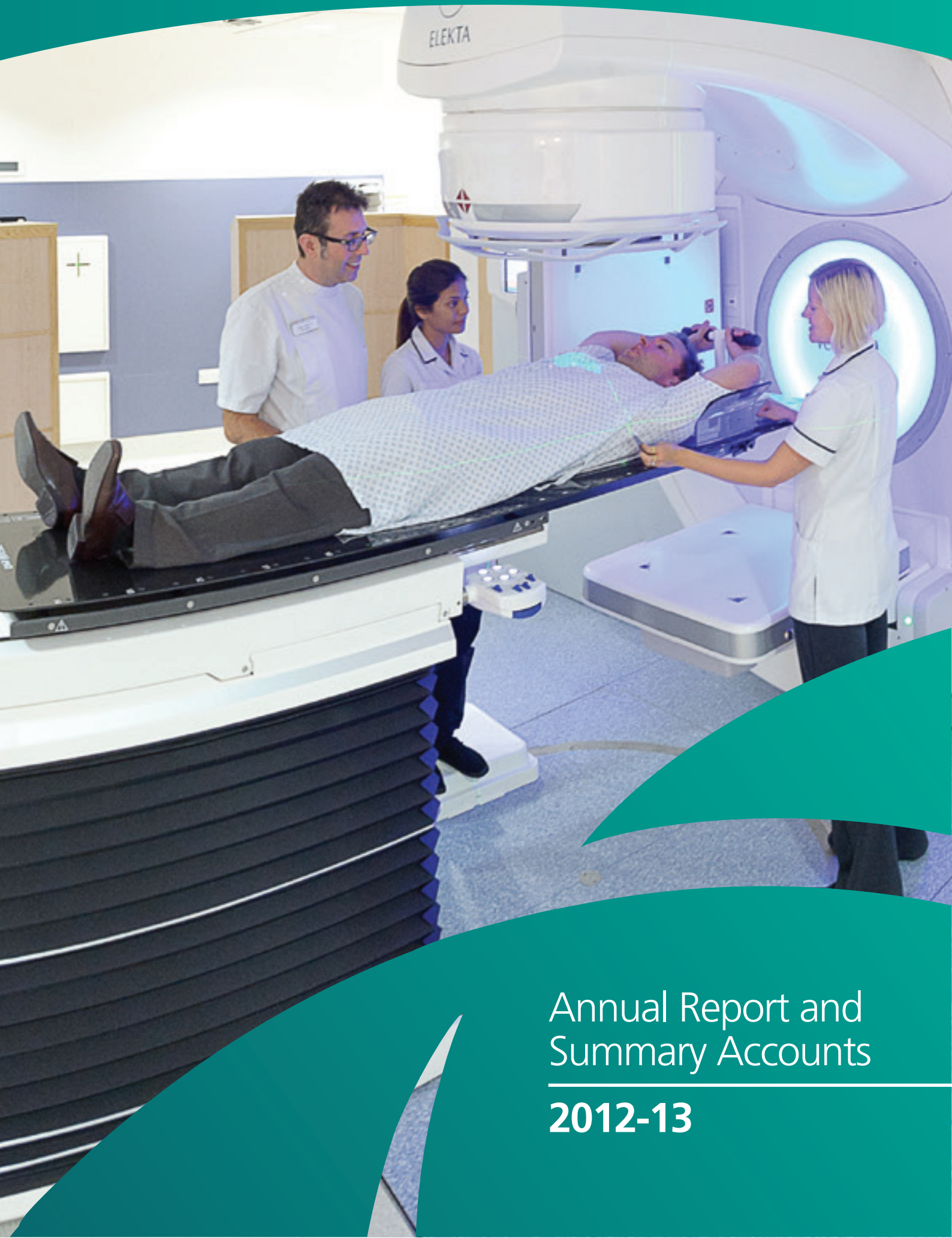
The Leeds Teaching Hospitals NHS
NHS Trust



Annual Report and Summary Accounts

2012-13

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Cover picture:

One of two Versa HD linear accelerators which were installed in the Leeds Cancer Centre at St James's University Hospital during 2013. These are the most advanced radiotherapy treatment machines in the world and will significantly improve outcomes and shorten treatment times for patients. Leeds is the first centre in the UK and only the second in the world to start using them.

Introduction to the Trust

Section 1:
Introduction to the Trust

Foreword from the Chair and Interim Chief Executive

Welcome to the Annual Report of Leeds Teaching Hospitals NHS Trust for 2012-13. It has been another busy year for the Trust and period of significant change internally and in the broader NHS.

We have both arrived recently to the Trust, Linda Pollard in February 2013 and Chris Reed in June 2013, following the departures of the Trust's previous Chair, Mike Collier, and Chief Executive, Maggie Boyle. In the past few months we have also seen changes in Chief Operating Officer, Chief Medical Officer and Chief Nurse. We would like to place on record our recognition of the hard work and contribution that our past top post holders have made - through last year and before this. We would also like to thank everyone for the great welcome we've received during our first few months - which we've greatly appreciated.

We have also been impressed by the significant role that charities and volunteers play in the Trust, bringing great direct support through volunteers and staff as well as providing very helpful funding, particularly for many items of equipment.

By the end of last year (March 2013) we knew the Trust would have to concentrate on a number of challenges, including the achievement of key national targets, financial balance and considerable internal reorganisation. However, right at the top of our priorities remains the quality of our services for patients, families and local communities.

There are several key improvements and developments in service that took place during 2012-13. We took the decision to recruit and strengthen staffing arrangements in our Accident and Emergency departments so that the national target to complete care for 95% of patients in less than four hours could be achieved. The benefits of this are now being seen in good performance over the last three months which we are determined to sustain. Staffing is being improved in many front line services. We are also actively addressing opportunities to systematically improve services in response to the challenges laid out by Sir Robert Francis following his reviews of services in Mid Staffordshire and Sir Bruce Keogh's reviews of 14 hospitals with higher than normal mortality rates.

Physical improvements have been made too. For example, during the year the Trust pressed ahead with the creation of its new paediatric intensive care unit at Leeds General Infirmary - which is now just complete. Behind the scenes, major upgrades of the electrical supply systems around our main sites has been progressing.

As well as being focused on providing the best possible care, our Trust is a major force in innovation and research. Last year we carried out the UK's first hand transplant operation - a service for which we are now seeking national specialist recognition and designation. In cancer services, our commercial research partnership is bringing world leading-edge radiotherapy treatment

machines (linear accelerators) into use for Yorkshire patients. Throughout the Trust we have seen examples of innovation and improvement delivered by dedicated, highly skilled, staff. We are also developing international links - for example with students working in our hospitals from Malta and in our role in the UK trade mission to Jordan.

There can never be any room for complacency and whilst we are proud of our great services and innovation we know there is scope to keep improving. The new NHS Friends and Family Test shows reasonable initial results for the Trust (9 out of 10 patients are satisfied with our services) but we know that there are still many improvements we can make. During 2012-13 our performance against some of the NHS's national targets was below expectations. Achieving NHS waiting time targets proved difficult and remains a priority for this year, as does continuing to drive down healthcare acquired infection rates. We have challenging targets set for us to keep driving down MRSA and Clostridium difficile rates.

In other areas we are continuing to learn from things that have happened in the past, sometimes in areas where things have not gone well. In particular, during the latter part of last year (and continuing to the present day) the independent Savile Investigation Team is identifying areas where the protection of vulnerable people and patients can be improved. Their report is expected to be published later this year.

Financially, the Trust is working to deliver the NHS's expectations. Our budgets are £1 billion per annum and we have around 15,000 staff. Last year we delivered financial balance with a small surplus of £1.5 million. While the Trust met its statutory financial duties, it fell short of the 1% surplus expected and it will take until 2014-15 to rectify this. The NHS Trust Development Authority, the national body to which we're accountable, requires all NHS trusts, including Leeds Teaching Hospitals, to work towards Foundation Trust status. However, the Trust will not re-enter the 'pipeline' for FT status until we achieve and maintain key national performance targets and start delivering the required minimum financial surplus.

Returning to the organisational changes in our leadership, we have also welcomed other key directors to the Trust since the end of last year:

- Dr Yvette Oade, Chief Medical Officer;
- Mrs Suzanne Hinchliffe, Chief Nurse;
- Dr Mark Smith, Chief Operating Officer;
- Mrs Karen Straughair, Recovery Director (Interim).

We have also seen significant internal reorganisation and strengthening of clinical leadership in the Trust. We have established 19 new clinical service units with in many cases new clinical directors and managers. This engagement of clinicians at the front-line will be important to help us continue to improve services in the coming year.

At the time of publishing this report our new substantive Chief Executive, Julian Hartley, is about to join us. He starts during October, at which point Chris Reed will depart.

Around us, we recognise that local NHS organisations have been significantly restructured, with the abolition of Strategic Health Authorities and Primary Care Trusts and the establishment of NHS England and Local Clinical Commissioning Groups. High on our agenda, emerging from our internal restructuring, is to build sound working arrangements with these new organisations and to play our full part in the health and social care agenda with our partners.

Leeds Teaching Hospitals is the subject of a great deal of public interest and media attention - and rightly so. This is an indication of its importance in the life of so many people and we welcome both the interest and the widespread support we receive. This was particularly evident through last year in the interest generated about the future of our children's congenital heart service. Comments and ideas for improvement are a valuable contribution to our work. So too are complaints and concerns - we are determined to listen well and fully to patients' experiences. The importance of this broad connection with patients and the public is why we have an established public membership scheme for the Trust that already has 20,000 members. We'd like this to be bigger still so we'd welcome others joining.

In summary, 2012-13 has been a very significant year for the Trust - and the whole of the NHS with the major reforms that have been implemented at the year end. As we emerge from all these changes and drive for improvements this year we believe more can and will be delivered.

We hope you find this Annual Report interesting and a useful source of information.

Linda Pollard, Chair
Chris Reed, Interim Chief Executive

Our staff delivered almost 10,000 babies, as well as caring for patients in a compassionate way

About Leeds Teaching Hospitals

Leeds Teaching Hospitals is the largest NHS hospital trust in the Yorkshire and Humber region, and one of the biggest in the whole of the United Kingdom. We see more than two million patients a year and are responsible for an annual budget of around a billion pounds.

Our reputation as a centre of excellence for treatment and teaching builds on a tradition dating back almost 250 years, when the first Infirmary for the sick was established in Leeds in June 1767.

The Trust was formed in April 1998, following the merger of two smaller NHS trusts in the city. It brings together services across Leeds to make the best use of resources to provide high quality care for patients.

This care is at the heart of the services offered by the Trust's seven hospitals and medical facilities: The Leeds General Infirmary, St James's University Hospital, the Leeds Children's Hospital*, Chapel Allerton Hospital, Seacroft Hospital, Wharfedale Hospital and the Leeds Dental Institute. This network has enabled us to build our expertise in a range of specialisms, including cancer care, heart and brain surgery, liver, kidney and bone marrow transplantation, among others.

Trust staff also work on other sites across Leeds and the region delivering expert care in a variety of community settings.

More than 750,000 people live in Leeds, and around two and a half million in the wider region. Should any of this population need the Trust's services, we are committed to delivering the best in treatment and care to every patient, every time.

In April 2013 the Trust was reorganised into a total of 19 clinical service units and clinical support units, which are led by a 'triumvirate' comprising a doctor, nurse and manager. This new structure ensures clinical representation is at the heart of the way the Trust is organised.

** Leeds Children's Hospital is located within Leeds General Infirmary*

Members of the Trust Board in 2012-13

The Trust is governed by a Board comprised of both Executive directors, appointed to specific roles in the organisation, and Non-executive directors, who can offer external expertise and perspective. There have been a number of changes to the membership since April 2012, which are set out below.

The Board meets on the last Thursday of each month (excluding August) in public, 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. Any member of the public is welcome to observe.

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

Non-executive Directors of the Board

Mike Collier CBE

Chairman until 31 January 2013

Mike's 40-year career in public service covered a wide range of posts in the NHS, education, economic development and local government. He retired from his position as Chief Executive of the North East Regional Development Agency in 2003. He served the Trust Board as Chairman for three and a half years, from August 2009.

Linda Pollard CBE

Chair from 1 February 2013

Linda is a leading figure in the business and public sectors, having held a variety of posts in health, education and regional and economic development. Before joining the Leeds Teaching Hospitals NHS Trust as Chair of the Board, Linda was Chair of NHS Leeds from 2009 and Chair of NHS Airedale, Bradford and Leeds Primary Care Trust Cluster from October 2011. She is also former chair of a number of health authorities and trusts. Linda was awarded the OBE in 2004 in recognition of her outstanding contribution to the community and in June 2013 she became a CBE.

Mark Abrahams

Vice-Chairman and Senior Independent Director, from 1 February 2009

Mark is a leading member of the region's business community, being Chairman of two high-technology companies – Hull-based Fenner plc and Inditherm plc in Rotherham. Mark also serves on the Economic Policy Committee of the Confederation of British Industry (CBI).

Mark Chamberlain

Non-executive Director from 4 January 2010

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.

Professor David Cottrell

Non-executive Director from 1 October 2012

The University of Leeds representative on the Trust Board, David is Professor of Child and Adolescent Psychiatry and the University's Dean of Medicine. After graduating in medicine from Oxford in 1976, and London in 1979, he trained as a lecturer at St George's Hospital Medical School and then worked as a Senior Lecturer at the London Hospital Medical College before he was appointed to the Foundation Chair in Child and Adolescent Psychiatry in Leeds in 1994.

Howard Cressey

Non-executive Director and Chair of Audit, until 31 January 2013

An experienced public finance accountant, Howard spent more than 20 years working in the water industry – most recently, after privatisation as group financial controller of Kelda Group plc. He was previously a member of the Tribunals Service Management Board and sits on the Audit and Risk Committee of the Equalities and Human Rights Commission. He served the Trust Board for more than eight years, from 1 October 2004.

Lynn Hagger

Non-executive Director from 4 January 2010

Currently a Lecturer in Medical Law and Ethics at the University of Sheffield, Lynn also undertakes periodic training for members of the Research Ethics Committee in Leeds on behalf of the Department of Health's National Patient Safety Agency. She was Chair of the Sheffield Children's Hospital Trust Board (1998-2008) and is a former Non-executive Director at the Northern General Hospital, Sheffield.

Caroline Johnstone

Non-executive Director and Chair of Audit, from 1 January 2013

Caroline has over 30 years' experience working at board level and supporting some of the largest organisations in the United Kingdom, and internationally, to implement significant change. This has included turnaround, mergers, cost reduction, culture and people change.

A Chartered Accountant, and former senior partner with PricewaterhouseCoopers (PwC), Caroline also sat on the Board of PwC's Assurance division (6,500 staff) with responsibility for people. She currently has a number of non-executive and advisory roles with third and public sector organisations. Caroline became Chair of Audit from 1 Feb 2013.

Merran McRae

Non-executive Director from 1 October 2010

Merran was the former Director of wellbeing and communities at Kirklees Metropolitan Council and was Chief Executive of Aire Valley Homes Leeds from 2007 to 2009. She also served as Chief Executive of Leeds South East Homes and at Hull City Council.

Merran stood down from the Trust Board in September 2012 and became Chief Executive of Calderdale Council. Her position is being retained as a vacancy by the Chair pending a review of the overall size of the Board.

Professor Peter McWilliam

Non-executive Director from 1 December 2011

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

Peter stood down as the Non-executive Director representing the University of Leeds on 31 July 2012.

Clare Morrow

Non-executive Director from 4 January 2010

Clare has been Chair of Welcome to Yorkshire (previously the Yorkshire Tourist Board) since April 2008. She is also a Non-executive Director of the Rugby Football League and Network Manager of the Broadcasting and Creative Industries Disability Network.

Clare trained as a journalist and is a former Assistant News Editor at BBC Look North in Leeds and was later Controller of Programmes at ITV Yorkshire.

Executive Directors of the Board

Maggie Boyle

Chief Executive

Maggie has a background in nursing and Human Resources management and has led transformational change in various health service organisations. She has worked at chief executive level since 1991. Before joining Leeds Teaching Hospitals, she headed large NHS trusts in Liverpool and Glasgow.

In June 2013 Maggie left the Trust, and her post was taken over on an interim basis by Chris Reed.

Dr Peter Belfield

Medical Director

A specialist in older people's medicine, Peter worked in Leeds since qualifying in 1979. He was involved in a wide variety of clinical, educational and managerial roles, becoming Medical Director for the Trust in 2009. Peter retired from the Trust at the end of the financial year for 2013.

Neil Chapman

Director of Finance

By far the longest serving member of the Board, Neil has been Director of Finance since the Trust was formed in April 1998. He joined the NHS in 1983 after qualifying as a chartered accountant and spending three years in industry.

Neil is due to leave the Trust in September 2013.

Ruth Holt

Chief Nurse and Director of Infection Prevention and 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.

Ruth left Leeds Teaching Hospitals in November 2012. The Deputy Chief Nurse, Clare Linley, carried out an informal 'acting up' role throughout the rest of the financial year.

Brian Steven

Director of Business Development and 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 began his NHS career in 1994 and has also held a range of senior NHS posts in Scotland.

Brian left the Trust in June 2012. A key element of his work was covered by the appointment of an interim Chief Operating Officer, Clive Walsh, who began working with the Trust in May 2012.

Non-voting Executive Directors in attendance at 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 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

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

Darryn was seconded to a Divisional Director role until October 2012. During that time Mick Taylor was Acting Director of Estates and Facilities.

Karl Milner
Director of Communications and External Affairs

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

New Executive Director Appointments

During February 2013, interviews were held for three new Executive Directors who took up their posts in late May and early June. They are:

Suzanne Hinchliffe CBE

Chief Nurse

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

Dr Yvette Oade

Chief Medical Officer

Before she came to the Trust, Yvette was Chief Medical Officer at Hull and East Yorkshire Hospitals NHS Trust

Dr Mark Smith

Chief Operating Officer

Mark joined us from City Hospitals Sunderland NHS Foundation Trust, where he was Chief Operating Officer.

Chris Reed

Interim Chief Executive

In June 2013, Chris Reed joined the Trust as Interim Chief Executive. He was most recently Chief Executive of the PCT cluster for Newcastle, North Tyneside and Northumberland. Chris will continue in post until mid-October 2013 when a permanent Chief Executive, Julian Hartley, joins the Trust. Julian is currently Managing Director of NHS Improving Quality and before that was Chief Executive of the University Hospital of South Manchester.

Our promise to patients and staff

At Leeds Teaching Hospitals, patients come first. We are committed to providing the right services, facilities and staff to deliver high quality care 24 hours a day, 365 days a year.

Our Vision

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

Our Purpose

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

Our Goals

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

Playing our part in the National Health Service

The Trust is part of the National Health Service (NHS) in England, which funds the majority of our activities. Like all NHS trusts, we are funded according to the patient care we carry out, so providing a high-quality, convenient and accessible service is important to the success of Leeds Teaching Hospitals, both now and in the future. The NHS is committed to ensuring high standards of quality are met and sets a range of demanding targets for quality of care and waiting times, which individual trusts like Leeds Teaching Hospitals are expected to meet.

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

In April 2013, significant changes to the way the NHS is organised across England came into effect. Primary Care Trusts, who formerly commissioned most of our services, have now been replaced by GP-led Clinical Commissioning Groups (CCGs), of which there are three in Leeds itself, and many more across the region our hospitals serve.

More specialist procedures are commissioned by a new body, NHS England, which is itself based at Quarry House in Leeds.

There have also been changes to the way our Trust is regulated. We are now working closely with the new NHS Trust Development Authority, which will oversee our progress towards NHS Foundation Trust status and is working with us on a Recovery programme to improve performance.

Other important initiatives remain in place, including the Department of Health's Quality, Innovation, Productivity and Prevention (QIPP) programme. This ensures that each pound spent brings the maximum benefit and quality of care to patients. This must underpin ongoing work to

modernise the way Leeds Teaching Hospitals delivers its services.

We are also working with the Commissioning for Quality and Innovation (CQUINS) framework, an initiative that provides financial rewards to healthcare providers if they achieve national and local goals to improve quality and performance.

Find out more and tell us what you think

Visit our website, www.leedsth.nhs.uk, for more details on how the Trust operates and for information for patients and visitors. Our staff newsletter, Bulletin, is also available on the website and is a useful source of information about Trust developments.

The Trust publishes an Annual Report every year, which is launched at an Annual General Meeting when the Trust's accounts are also presented.

The Trust is continually seeking new ways to involve the public in its activities. If you would like to have a greater say in how the Trust develops, please join us as a member and play your part in our drive to become a Foundation Trust.

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

Highlights of the year

Section 2:
Highlights of the year

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

Hand transplant is a national first for Leeds

Just after Christmas 2012 a surgical team at Leeds General Infirmary led by Professor Simon Kay carried out the UK's first hand transplant operation.

The complex eight-hour operation was undertaken after a donor limb became available and tissue matching had been completed. The recipient, Mark Cahill, previously had a non-functioning right hand. In a new development internationally, the recipient's hand was removed at the same operation as the donor hand was transplanted. This allowed very accurate restoration of nerve structures and is believed to be the first time this approach has been used.

The techniques used in transplantation called upon the experience of the team at Leeds General Infirmary, who have some of the world's greatest expertise in microvascular surgery.

The operation was the culmination of a great deal of planning and preparation over the last two years by a team including plastic surgery, transplant medicine and surgery, immunology, psychology, rehabilitation medicine, pharmacy and many other disciplines.

Mr Cahill has made good progress after the operation, which made headline news nationally and was the subject of a BBC documentary series, My New Hand, aired in February 2013.

Royal Patron for Leeds Children's Hospital

Her Royal Highness, The Countess of Wessex, GCVO has officially become the Royal Patron of the Leeds Children's Hospital, it was announced in January 2013. The move follows the excellent impression Her Royal Highness made on staff, parents and children when she officially opened the facility in early 2012 as the culmination of a £30 million project to bring children's inpatient hospital facilities together on a single hospital site.

LGI undertakes region's first SDR surgery

A highly specialised operation to help improve the walking ability of certain children with cerebral palsy is now being offered in Leeds.

Until recently youngsters from our region and the rest of the UK had to travel to the United States for the micro-neurosurgical procedure, known as Selective Dorsal Rhizotomy (SDR).

At the end of 2012 Mr John Goodden successfully carried out three of the operations on young patients in the Leeds Children's Hospital at Leeds General Infirmary. Leeds is one of very few specialist centres in the UK which can now undertake the procedure.

The launch of the surgery in Leeds is the culmination of years of planning and preparation for Mr Goodden, who travelled to St Louis in the US to study the SDR technique.

SDR is a specialised procedure which involves identifying and cutting selected spinal nerves causing stiffness which makes it difficult for the child to walk. The surgery improves their walking, potentially allowing them to walk for the first time and in some cases, allowing them to walk without aids. Previously they would have had to use a wheelchair or walking frames or sticks.

New centralised home for X-ray and ultrasound

The Radiology Department at St James's University Hospital has been totally transformed thanks to an £850,000 investment which has brought services together in a central location in the Chancellor's Wing.

The bright and modern new high-tech facility, which is next to the hospital's Accident and Emergency Department, was officially opened in September 2012 by the Lord Mayor of Leeds, Cllr Ann Castle.

The major project work has totally remodelled the existing X-ray department in the Chancellor's Wing, which was redesigned to maximise the available use of space. This has allowed services from the X-ray department and Ultrasound department in the nearby Lincoln Wing to move into the new facility, bringing staff together into an integrated service for the first time with all the latest equipment.

Regional dermatology service now at Chapel Allerton Hospital

The Leeds Centre for Dermatology's bright and modern new home at Chapel Allerton Hospital was officially opened in November 2012.

A patient panel has worked with the Leeds Teaching Hospitals to help design the new services at Chapel Allerton Hospital, which include a spacious outpatients department, a surgical laser unit and 10 adult inpatient beds, plus a daycare infusion service.

The service is now the most comprehensive in its history, with 12 consultants and seven specialist registrars and a nursing team more than 20 strong offering a wide range of specialist expertise to patients across the North of England. The impressive new facility, will handle over 50,000 attendances from across the region each year

Savile inquiry gets underway

In the light of the shocking revelations about the late Jimmy Savile, an independent inquiry has been set up to look in detail at his long-standing involvement as a volunteer and fundraiser at hospitals in Leeds, and in particular Leeds General Infirmary, over more than 40 years.

The Leeds Savile inquiry, led by Professor Sue Proctor, former Chief Nurse of NHS Yorkshire and Humber, is being run in parallel with other investigations by the NHS and is expected to report its findings by the end of 2013.

A website www.speakingoutleeds.co.uk has been set up and the inquiry has been widely publicised to staff and the public visiting our hospitals. Anyone coming forward with concerns has been interviewed by the investigation team as part of a rigorous and thorough process, which it is hoped will give a definitive account of what happened during these years.

New Generator Hall for St James's

A new state-of-the-art standby generator building which guarantees much more robust electrical supplies to the vast St James's University Hospital complex was formally unveiled in December 2012.

Trust Chairman, Mike Collier, officially opened the new Generator Hall, which is part of a £29m replacement

project designed to upgrade the hospitals electrical infrastructure and provide more resilience should there be problems with its regular power supply.

The new building houses four high-capacity standby generators which are designed to respond to any loss of power affecting some or all of the hospital site and thus ensure critical clinical services are maintained.

In tandem with the work, a major project has been underway to totally replace the high voltage cable network which connects the hospital's main blocks to each other and to the power grid, ensuring the whole electrical network is as robust as possible and able to cope with future developments for many years to come.

"Disease detectives" reveal their secrets

As part of the National Year of Pathology in 2012, histopathologists at the Trust introduced the public to the work of the "disease detectives" with a set of events in the Bexley Wing at St James's

Visitors viewed a "powerwall" bank of screens which enlarge the views of tissues normally seen under a microscope, and watch a video showing the process tests and specimens go through once they arrive at the hospital.

Every year the histopathology department in Leeds deals with around 200,000 samples and the wider pathology service at the Trust deals with around five million samples from hospitals and GP practices.

Pathology accounts for around 4% of the total NHS budget nationally with an average of 14 tests performed for each man, woman and child in the UK each year. Around 70% of diagnoses made in the NHS depend on the results of pathology investigations.

Breast screening returns to Morley

The mobile breast screening service run by the Trust celebrated its move to a new home in the car park of Asda in Morley last summer, after a long time away from the town.

Community discussions involving the Trust, constituency MP Ed Balls and local businesses have resulted in this successful outcome for thousands of women who depend on the service. The previous local site had been lost during a redevelopment of the town's sports centre, meaning the nearest local site for the mobile unit to visit was in Middleton.

The service screens women from Leeds and Wakefield aged between 47 and 73 years and relies on a series of community locations to ensure it can be as close to local people's homes as possible.

Leeds launches screening service to save men's lives

During 2012 Leeds Teaching Hospitals began inviting local men aged 65 and over to take up the invitation to attend a simple abdominal aortic aneurysm (AAA) test which could be a life-saver.

The aorta is the main blood vessel which runs from the heart down through the chest and abdomen. As people get older, the wall of the aorta in the abdomen can become weak and expand to form what is called an abdominal aortic aneurysm or AAA.

Men are approximately six times more likely to develop an AAA than women, and the risk increases with age. Screening is available at local health centres.

Most men who have the AAA screening test have a normal result and never need to be screened again. Only around 4% of men tested have an aneurysm detected and they are either offered regular surveillance tests and lifestyle advice or referred to a vascular surgeon depending on the size of their AAA.

Model takes fear out of cancer treatment for young patients

"Barbie" and "Ken" dolls have been pressed into service at St James's where a realistic one-sixth scale model of a linear accelerator cancer treatment machine is now in use to help youngsters learn through play.

The specially designed simulator helps children undergoing radiotherapy treatment familiarise themselves with the high-tech kit that is being used to treat them. It is intended to take some of the fear out of the experience, and builds on the work the hospital already does, including promoting play.

Controlled by a series of motors which the children can operate with buttons, a doll in a specially made hospital gown and mask is laid on the treatment couch, which moves up and down and from side to side. The linear accelerator also rotates realistically around the doll, and the colours and materials have been designed to look like the real department. The equipment was designed and built at the hospital by Trust staff with the help of a grant from the Yorkshire Cancer Centre Appeal.

Major Trauma Centre now open at LGI

After months of preparatory planning to increase capacity and staffing, Leeds General Infirmary was officially designated a Level 1 Major Trauma Centre from April 2013, serving the whole of West Yorkshire.

People suffering traumatic injuries across the county will be brought direct to the hospital in a move which is expected to save dozens of lives every year. The Infirmary is well placed at the centre of a regional hub, and has a helicopter deck on the roof of the Jubilee Wing to further speed up transfers.

The Major Trauma Centre had its first major test shortly after opening when the hospital activated its major incident procedure in response to a serious traffic accident on the M62 motorway near Castleford involving passengers in a minibus. Seven patients with multiple injuries were rushed to the hospital and underwent immediate assessment and surgery.

New-look LGI roof garden unveiled

A roof garden which provides a welcome respite for heart patients being treated at Leeds General Infirmary was officially reopened last May after a refurbishment aimed at making it more accessible all year round. The facility, on a high terrace of the Jubilee Wing at Leeds General Infirmary, was funded by the hospital's

own dedicated cardiac charity, Take Heart, and has given pleasure to countless heart patients, visitors and hospital staff since it opened more than 10 years ago.

Take Heart has now given the garden a facelift with new safer non-slip flooring which it is hoped will mean it can be opened more quickly after rain. In addition, Leeds Teaching Hospitals has funded high glass barriers along the garden's edge which make it both safer and provides welcome shelter from blustery winds.

The charity has in total raised over £3 million for cardiac causes at the Trust.

Archbishop's backing for children's heart surgery

Among the high-profile visitors to the children's heart surgery ward at Leeds General Infirmary was the Archbishop of York, Dr John Sentamu, who gave his personal backing to the campaign to keep the facility here in Yorkshire, during a visit in March 2013.

The future of the unit and the related Safe and Sustainable review of children's heart surgery across England has been extremely high profile once again this year with a succession of controversies which have seen the story making regional and national headlines on a regular basis.

During a time of great uncertainty for staff working at the unit, the life-saving work of the facility has continued.

In June 2013 the Secretary of State for Health, Jeremy Hunt, announced that following a detailed Independent Reconfiguration Panel report - which was critical of many aspects of the consultation and decision-making process – Safe and Sustainable could not go ahead.

The principle of the review – ensuring the safest possible child heart surgery for patients across the country – remains of key importance, but NHS England are now undertaking further work on developing a way forward.

Seacroft Hospital forges closer links with the armed forces

Senior officers from Catterick - Western Europe's largest military garrison - turned out in force in October when Specialist Rehabilitation Services based at Seacroft Hospital held an open day to showcase its prosthetic, orthotic and wheelchair services.

They joined other guests including commissioners, GPs, surgeons and representatives from charities and health professionals from across Yorkshire and the Humber to learn more about the work of the facility, which helps hundreds of patients from across the region every year.

During the event, the VIP visitors were guided through the patient care pathways and specialised services available within the centre, as well as information on the good outcomes for patients.

Hospitals in Leeds have a tradition of working to help wounded service personnel dating back as far as the First World War and the Trust has been talking to the armed forces about closer working to help meet the needs of a new generation of servicemen and women who have sustained injuries in their military career. A wide range of high-tech equipment was on show

including advanced prostheses using the latest technological advances. The work of staff who develop bespoke limbs in the in-house workshop was showcased, as was the range of physiotherapy and psychological support.

Leeds launches hospital infection prevention campaign

A campaign to further reduce rates of healthcare associated infections in Leeds hospitals had its public launch in April 2013.

It comes at a time when Leeds Teaching Hospitals NHS Trust has seen a dramatic drop in the number of MRSA and C.Difficile infections on its wards. Rates of C.Difficile infection within the Trust have fallen by 79% over the last five years and MRSA cases are down 92%.

The new campaign, called "Don't be the one" features a series of videos to be shown in GP surgeries and prominent signage in certain high-risk wards.

It forms part of a bigger, hospital-wide initiative; "Prevent Infection, Protect Everyone", which aims to continue improving infection control practices throughout the hospitals, amongst all levels of staff and public visitors.

A key message is that the public have an important part to play in reducing hospital infections. Many people are unaware of the germs that could be on their hands, or when it's safe to visit relatives in hospital. The videos show the consequences of poor hand hygiene and what can happen when people visit a loved one in hospital too soon after being unwell.

Seacroft Hospital is new home for eye service

West Yorkshire eye patients are now benefiting from a newly opened wet Age-related Macular Degeneration (wet AMD) service based at Seacroft Hospital.

The new clinic has been designed specifically for local people with wet AMD, with the aims of encouraging faster clinic visits, reduced waiting times and increasing the total number of patients that the clinic will be able to assess and treat. AMD is the leading cause of blindness in the UK, and predominantly affects those aged 55 and over.

The original wet AMD service in the city was based at St James's University Hospital, which was one of the first in the country to introduce a new service for wet AMD in 2007. Over recent years however demand has continued to rise and the original unit was unable to provide the support needed for the greater number of patients.

The new and expanded wet AMD service at Seacroft Hospital has five 'clean rooms' which means that patients can receive assessment and treatment if required in the same room and on the same day. This will enable a 70% increase in the number of patients that can be seen each week once the necessary increase in staffing is also in place.

Automated medicine cabinets improve hospital safety and efficiency

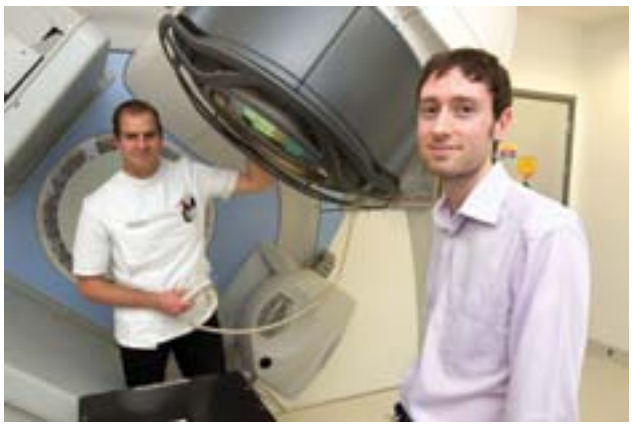
The Trust has been improving patient safety during the past year by introducing automated medicine cabinets for the first time.

These are now in use at the Leeds General Infirmary and St James's University Hospital A&E departments and areas including Acute Medicine at St James's and one of the wards at Leeds Children's Hospital.

The cabinets work through fingerprint recognition technology. The user keys into the machine the medicine they need to access and the system will open the drawer containing the medicine that the nurse has requested.

An audit trail showing who has accessed which medicines is stored and available to review. In addition the machine can provide a restock list automatically enabling replenishment to occur without the need for stock counting.

The equipment supports the safe supply of medicines and improved record keeping. In addition it enables nurses to access medicines without the need for keys to medicines cupboards and to find medicines when they are needed.



World first as Trust pioneers superfast radiotherapy treatment

St James's University Hospital has reinforced its reputation as a pioneer in improving radiotherapy treatment in March 2013 by carrying out the first patient procedure using a revolutionary Flattening Filter Free (FFF) technique on an Elekta linear accelerator.

This cutting-edge technology can significantly increase the speed of delivery of radiation so that complex, high-dose radiotherapy for lung cancer patients is delivered in under two minutes. This is up to six times shorter than conventional radiotherapy treatment would take.

Staff at St James's undertook months of research on the equipment in conjunction with a global specialist company in the field of cancer and neurosurgery equipment, Elekta, the manufacturer of the linear accelerators in use at St James's. Elekta has recently had a high-profile global launch under the VersaHD trademark.

The equipment has been installed on one of two research-dedicated linear accelerators at St James's, funded by the hospital's Yorkshire Cancer Centre Appeal, which receives donations from people across the region. The presence of this high-tech equipment paid for by the charity allowed the research agreement with Elekta to be set up, which has led to the breakthrough.

Self check-in brings modern technology to outpatients

Patients visiting outpatients at Chapel Allerton, Wharfedale and Seacroft Hospitals were among the first to benefit from new electronic self-check-in terminals which will speed up processes and make administration faster and more efficient as part of our Transforming Outpatients Project.

Feedback about the self-check-in technology - which is already used in many GP practices across Leeds – has been very encouraging from patients experiencing it for the first time. It helps free up reception staff and is an important step towards the Trust's goal of becoming an increasingly paper-free environment wherever possible.

Return of *One Born Every Minute*

The award-winning and hugely popular Channel 4 series *One Born Every Minute* returned to TV screens in January 2013 with a new 14-part series filmed for a second year running here at Leeds Teaching Hospitals.

This time, the cameras recorded life on both our busy maternity units. The series focused on the unit at Leeds General Infirmary but also followed some births at nearby St James's, as the two facilities work closely together.

The series shows the two units have been busier than ever, mirroring a boom in births across the country.

Patient safety and quality

Section 3:
Patient safety and quality

Leeds Teaching Hospitals NHS Trust is committed to the delivery of effective, safe and personal healthcare to every patient, every time. Each year we publish a Quality Account which addresses patient safety and quality of care issues in more detail. It is available as a separate document at www.leedsth.nhs.uk.

The Quality Account is underpinned by the Trust's four strategic goals, outlined in Section One, and three key strategies:

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

The Trust's quality strategy is in turn supported by a long-term quality plan that explains our priorities and ambitions over the next few years.

Quality achievements in 2012–13

The quality of care we provide to our patients is our most important priority. In 2012-13, we continued to make good progress in our patient safety programme. Highlights include:

- Reducing the risk to adult in-patients of preventable blood clots (VTE)
- Improving safety in the care of patients with nasogastric feeding tubes
- Making good progress in preventing patient falls
- Improving patient hydration
- Reducing rates of infection in hospital – during the year the Trust had its longest period without a Methicillin-resistant Staphylococcus Aureus (MRSA) infection, at 153 days
- Continuing to listen to patients about their experience of being in hospital, and using the new Friends and Family test to monitor feedback and concerns.

Managing risk and monitoring patient care

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

Care Quality Commission

The Care Quality Commission (CQC) is the official body that monitors whether the Trust meets essential quality and safety standards. The CQC made eight inspection visits to the Trust during 2012-13 and judged that we comply with these standards and do not need to be given conditions for improvement.

The CQC did observe, however, that staffing on specific shifts (notably those at night) and care planning could be better. We take all comments regarding patient care seriously and are currently working to put their recommendations into action.

The NHS Litigation Authority

The NHS Litigation Authority (NHSLA) was set up to put policies and processes in place to help manage patient safety, care and risk.

The authority manages negligence and other claims against the NHS in England on behalf of its member organisations. To reduce the number and cost of claims it produces risk-management standards against which individual trusts are assessed.

Leeds Teaching Hospitals NHS Trust meets level 1 accreditation under the NHS Litigation Authority Risk Management Standards for hospital trusts.

Dr Foster Hospital Guide

Dr Foster published its independent, annual hospital guide, 'Fit for the Future' in November 2012, reporting on outcomes for patient care between April 2011 and March 2012.

Among its findings, the report showed:

- The Trust mortality rate of 92 (against an NHS average of 100) is in the top 25 in England. This means that significantly more patients are surviving in our care than expected when based on the severity of their illness
- In contrast to some trusts, there was no significant change in the mortality rate for patients admitted at weekends, compared to those admitted on a week day.

Clinical Governance Committee

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

The committee has a key role in making sure an effective system of clinical governance and integrated risk management is established and maintained across the Trust. It also seeks assurance on the quality of clinical services provided within the organisation.

Safeguarding – adults and children

The adult and children's safeguarding teams work hard to make sure vulnerable patients are kept safe in our hospitals. Safeguarding training is mandatory for all Trust staff, and from July 2013 this will be made easier for all by the introduction of training films.

By fostering working in partnership between the adult and children's safeguarding teams, we now have an integrated approach to delivering training, risk assessment and audits. Our safeguarding teams engage in multi-agency working, building relationships with partner agencies through the local safeguarding boards and with social work services.

Following the successful introduction of safeguarding supervision for midwifery, April 2013 saw the introduction of a similar system for Children's Services. This included training a cohort of children's nurses in safeguarding supervision to enable the delivery and facilitation of supervision.

In adult safeguarding the number of notifications made to the team about suspected or actual abuse continues to increase. The monthly average is now 45 and many of these are being received via our electronic notification system.

The team has developed an excellent working relationship with the hospital-based social work team, community social work teams, joint care management teams and the police. They work collaboratively in investigating cases and developing protection plans for patients. There have been some very positive outcomes for adults at risk and also lessons learned from our involvement in these cases.

The Mental Capacity Act 2005 (MCA) is a significant addition to the array of tools supporting the safeguarding of vulnerable patients. Our Mental Capacity Act co-ordinator has been involved in a range of activities that have led to significant successes over the past year:

- A marked increase in the number of Independent Mental Capacity Advocacy (IMCA) referrals from Trust staff for serious medical treatment
- An increase in the number of Deprivation of Liberty Safeguards (DoLS) applications from last year, as well as applications coming from wards that previously have not considered the use of these safeguards
- MCA issues are now increasingly imbedded into Trust-wide procedures and assessments, for example nursing assessments, care plan documentation and discharge processes.

A new appointment to Leeds Teaching Hospitals is the post of Lead Nurse for Learning Disabilities. Whilst this post will not sit within the Safeguarding teams it will have a significant input in improving the experience patients of all ages with learning disabilities have within our hospitals.

Planning for major incidents

Continuing to improve the Trust's response to and recovery from a major incident or significant service disruption is at the heart of what the emergency planning department does here in Leeds.

The hospital's decontamination plans, equipment and staff were put through their paces in June 2012 when, with the help of a number of willing volunteers, the Leeds General Infirmary practiced its decontamination plans and procedures. Both of our main sites have now undergone a live decontamination exercise.

In September 2012, the Trust undertook a live test of the electrical generator capacity on the St James's site. Carried out over two nights, the exercise tested our electrical resilience and our command and control structures.

Mid-December saw a significant demand on health care services across the region following a period of severe weather. Response plans were activated as our hospitals saw an unprecedented attendance at our Emergency departments with injuries from falls as a result of the icy conditions.

Also in December, a burst pipe on the St James's site necessitated the immediate evacuation of some patients to other areas of the hospital. This response required a coordinated, multi-specialty approach to ensure patients were provided with the safest of care, suffered the least disruption and inconvenience and were returned to their wards at the earliest opportunity.

For the fourth year running, the Trust has successfully improved the uptake of the influenza vaccine amongst frontline healthcare workers. Healthcare teams continue to promote the vaccine amongst our patients and in particular those who are most vulnerable.

Our midwives have been working alongside primary care to vaccinate women who attend ante-natal checks in the hospital. This partnership working achieved the highest percentage of influenza vaccine administered to pregnant women in the Yorkshire and Humber region.

Each year, the Trust builds on this success and will continue to raise levels of vaccines to protect staff and reduce the risk of transmitting the flu virus to our patients.

Plans have been tested, staff exercised and trained and we will continue to work in partnership with a range of local responding agencies to ensure that our major incident and business continuity response plans and training is developed and coordinated across the city.

Valuable learning from these events and real emergencies has been, and will continue to be, used to strengthen and improve our emergency preparedness, response and resilience.

Improving services for patients

Section 4:
Improving services for patients

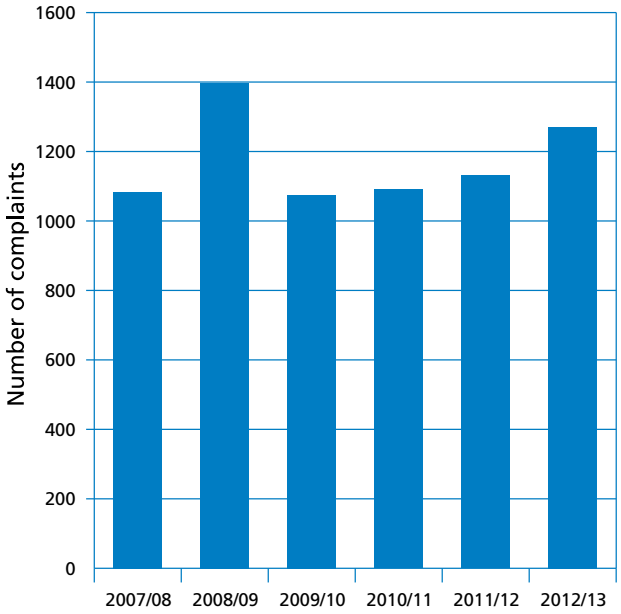
Complaints and Patient Advice and Liaison Service (PALS)

The Trust welcomes feedback from patients, relatives and carers. In July 2012 we revised our information leaflet and literature, "What to do if you have a problem, concern or complaint". We are working hard to ensure that all those who come into contact with us receive this information.

All serious complaints are now reviewed in a Quality meeting led by the Medical Director and Chief Nurse. This ensures that we are able to make interventions in clinical areas much earlier than we otherwise would have done.

We received 1,271 formal complaints during 2012-13. This represents a rise of 12.4% compared to the previous year. The number of formal complaints we have received over recent years is shown to the right.

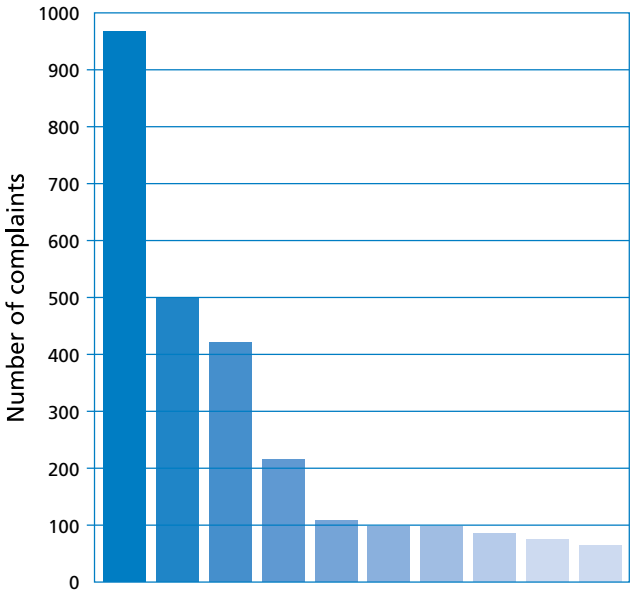
The Trust has also seen increased use of the PALS, which dealt with 4,447 calls during 2012-13. This is a 23% increase on the number of calls received in 2011-12. The service aims to give advice and solve problems as quickly as possible for patients, carers and the public.



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

What did people complain to us about?

A single complaint can often cover more than one issue. During 2012-13, the top ten themes raised in complaints were as follows:



- Clinical treatment (medical)
- Lack of information or clarity to patients
- Clinical treatment (nursing)
- Lack of information or clarity to relatives
- Medical staff attitude
- Diagnosis disputes
- Nursing staff attitude
- Policy and procedure issue
- Communication between medical teams
- Outpatient waiting lists

Patient involvement and engagement

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

We participate in a number of national patient survey programmes. The Trust also regularly seeks feedback through local surveys, patient feedback activities and walk-around programmes.

We continue to benefit from a number of speciality-specific patient panels and advisory groups that work with us to inform service improvements and change. We have seen continued use of online patient feedback sites as a way of patients sharing their experiences with us.

The new NHS Friends and Family Test will give us plenty of additional information in the year ahead.

Successful partnerships in action

Leeds Local Involvement Network (LINk)

In 2012-13, the Trust continued to develop its successful relationship with the Leeds Local Involvement Network by holding regular meetings between the LINk steering group and Trust directors.

LINk came to an end in March 2013, and the Trust would like to thank all those involved for their commitment and time. We look forward to building an equally positive relationship with the new local network, Healthwatch.

Carers Leeds

The Trust recognises the important role of carers and in partnership with Carers Leeds, provided a valuable support service from April to August 2012.

Support workers were available at Leeds Teaching Hospitals to give confidential advice, information and support to carers or people intending to care for a family member, partner or friend.

External funding from Lloyds TSB ended during the financial year after three years. We have, however, secured additional funding to continue our support service for carers of people with dementia.

For general advice for carers, please contact Carers Leeds at 6-8 The Headrow, Leeds, LS1 6PT. Tel: 0113 246 8338, or www.carersleeds.org.uk

Volunteers

Eight hundred volunteers give their time, energy and skills for the benefit of patients, visitors and staff throughout Leeds Teaching Hospitals. It is a fantastic effort for which the Trust is extremely grateful.

Volunteers perform a wide range of activities across the Trust, including supporting patients as they wait in A&E, meeting and greeting patients in clinics and reception areas, assisting with the self check-in kiosks, taking newspapers and library trolleys to the wards and taking part in fundraising initiatives.

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

If you would like to join our volunteering team, please contact Voluntary Services on 0113 2065888 or visit the volunteering section on our website, www.leedsth.nhs.uk/about-us/get-involved/volunteering.

Equality and diversity

The Trust is committed to ensuring that the principles of equality and fairness are embedded in all we do, and that our services are accessible and meet the health needs of the diverse communities that we serve.

The public sector equality duty came into force in April 2011, setting out how organisations like the Trust must eliminate discrimination and advance equality. To meet our obligations to this duty, we recently published a compliance report which details how we are performing on equality and fulfilling the duty's requirements.

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

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

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

Becoming a Foundation Trust

We are continuing with our aspiration to become a Foundation Trust, working with the NHS Trust Development Authority, which was set up in April 2013. Part of the authority's mandate is to work with Leeds Teaching Hospitals NHS Trust to enable us to meet the criteria and financial requirements demanded of a Foundation Trust. Discussions are actively underway to determine our trajectory and timetable for us to move towards Foundation Trust status.

We are continuing our work to increase our membership for when we formally achieve this status. This year we put measures in place to ensure our membership is more representative of the populations we serve.

The Trust now has a membership newsletter and we have taken further steps to encourage members' engagement in the Trust.

Chaplaincy

The chaplaincy provides compassionate support for patients and staff during their time with the Trust. For those facing some of life's most challenging experiences the chaplaincy team offers skilled listening and spiritual care for those who need it. It is a service open to all, whether from a particular religious tradition or not.

In 2012, the number of referrals to our chaplaincy service increased by five percent, compared to the previous year, to 5,742. In addition to contact at the bedside a new interactive computer was funded by the Charitable Foundation in the Bexley Wing's Faith Centre. This enables those using the Centre to select meditations and music from an extensive menu of options.

An on-going research project in partnership with the University of Leeds gave a group of chaplaincy volunteers advanced training in active listening skills. As the project progresses the volunteers will offer these skills to patients who require a greater level of support.

The chaplaincy team contributes to the MA in Health and Social Care Chaplaincy at Leeds Metropolitan University and provides spiritual training for Trust staff. In 2012 it launched a five-year research strategy aimed at achieving excellence by developing the knowledge needed to improve care across the range of hospital services. A main strand of this strategy involves the use of case studies to reflect on the quality of care provided and discern ways to maximise the benefit of what we are able to bring to patients.

Fundraising

The Leeds Teaching Hospitals' Charitable Foundation is an independent registered charity responsible for administrating the charitable funds of the Leeds Teaching Hospitals various hospitals and sites.

The Charitable Foundation is governed by a Board of Trustees and is registered with the Charity Commission. The Charitable Foundation ensures that all money gifted to Leeds Teaching Hospitals is spent in accordance with charitable rules and donors' wishes. The Charitable Foundation's Trustees are committed

to encouraging high quality, ethical research and development. During 2012-13, it has given specific support for:

Project	Awarded
Twelve Pilot Project Grants Awarded 2012-13	£331,161.31
Five Clinical Research Fellows Biomedical Research Unit (LMBRU) at Chapel Allerton in orthopaedic surgery, rheumatology, radiology and immunology.	£220,000
Nursing Research and Development Proposal Scholarship scheme in conjunction with the University of Leeds, entitled "Patient Safety and Experience".	£257,000
Linac Research Bid for Additional Radiographers	£89,513

The above applications were received and evaluated under the Research and Development Special Advisory Group Awards scheme.

The Charitable Foundation has ensured that funds and donations given for staff and patient welfare and amenities have been allocated to appropriate projects across the hospitals.

£4.75 million has been spent on charitable activities throughout this financial year.

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

The dedicated Children's Outpatient Department at Leeds General Infirmary was awarded £60,000 to enhance the environment and provide distraction walls for children undergoing procedures and treatment.

Of the many items of equipment funded within this financial year by the Children's Appeal of special note are the four 3D V-POD - Pain and Distraction Units that have been provided to various children's areas.

Leslie Hayes is one of the many volunteers working tirelessly for the appeal. He has raised well over £65,000 for the Children's Hospital Appeal in the three years he has been collecting money at the Jubilee Wing main entrance at Leeds General Infirmary.

We would like to thank all our volunteers who work for the Charitable Foundation for their outstanding contributions and all our donors for their generous support.

Patient catering

Over the past year, the Trust's Patient Catering Team has undertaken a complete reassessment of how Leeds Teaching Hospitals provides patient meals. The aim was to put nutrition, quality and patient satisfaction at the heart of our service.

To achieve this, the team introduced five initiatives:

- Engaging the people of Leeds to make sure developments are truly patient-led by working in partnership with Leeds Local Involvement Network (LINk) to support changes and seek independent feedback from patients
- Introducing continual competition for our suppliers to keep standards and value at their highest
- Ensuring patients have a greater say on the content and style of the hospital menus
- Streamlining the meals ordering process for the wards and the way we record waste, to promote maximum efficiency so that any savings we achieve can be reinvested in the patient meal service
- Increasing our sourcing of fresh and locally produced food.

Supported by the NHS Supply Chain, we were involved in a tendering process for the supply of frozen meals, appointing three suppliers to boost competition and enable us to expand our food choices for patients. Where possible, fresh food is sourced locally.
To meet the needs of all our patients at Leeds Teaching

Eight hundred volunteers give their time, energy and skills for the benefit of patients and staff

Hospitals, a range of menus is available to cover personal preferences, cultural and religious needs, clinical requirements and therapeutic diets. Each ward now has a Ward Catering Menu Folder which contains copies of all the menus, dietary and allergen information.

In the coming year the Patient Catering Team will be developing the breakfast menu, a menu for older people and one for children.

We are proud that once again, we have achieved a five-star (very good) food hygiene rating from Leeds City Council, which reflects our standards of food safety and legislative compliance on food hygiene.

Facilities innovation – Bed Moovers

The Facilities Directorate continually seeks innovative ways to support staff in their daily work. An example of such support is the Bed Moover – a piece of equipment that allows members of the portering team to move hospital beds around the Trust without the need for assistance from a colleague.

Our hospital sites are made up of a network of buildings, constructed at different times and then interlinked. This can cause problems when equipment has to be moved up and down slopes.

The Facilities Directorate trialed the Bed Moover in September 2012 on Gledhow and Lincoln wings, when portering staff were encouraged to use the equipment and give feedback, including any recommendations for improvement.

Initially, the equipment was designed to move patient trolleys. Following a rigorous evaluation process, however, it was developed to have the capacity to move any type of bed on the hospital sites. Once all our appropriate staff have received training the Bed Moover will be used to ease bed movement across the Trust.

Decontamination

A team of staff within Facilities (Operational Services) are now qualified to use the Deprox Decontamination System within the Trust. The system delivers aerosolized hydrogen peroxide vapour into a healthcare environment, to help reduce Healthcare Associated Infections (HCAIs).

Helipad fire response team

The Helipad Fire Response Team continues to grow and develop, with the opening of Leeds Teaching Hospitals' new Trauma Centre in 2013.

The Children's Air Ambulance became operational during the year, operating from its base in Coventry, whilst supporting all paediatric transfers up and down the country by air. This is a more robust way of transferring critically ill children over long distances.

All members of the helipad crew achieved their Civil Aviation Certification for Rescue Fire Fighting, under the very strict training programme held at the Teesside International Fire Training Centre. The team have undertaken Life Saver Training, which is supported by the Resuscitation Team at St James's University Hospital.

Patient-led assessments of the care environment

In October 2012 the Trust was selected as a pilot site to trial the revised Patient Environment Action Team (PEAT) process. In future the process will be known as Patient-led Assessments of the Care Environment (PLACE) to reflect the fact that a greater emphasis is given to patient representation.

PLACE assessments are intended to help healthcare organisations understand how well they are meeting the needs of their patients, and identify where improvements can be made. They take place across all hospitals, hospices and independent treatment

centres providing NHS-funded care and use information gleaned directly from patient assessors to report how well a hospital is performing - in terms of national standards and against other similar hospitals. One of the most significant changes is that the new PLACE inspection process will be led by a member of an appointed patient representative group, rather than a Trust employee.

At the time of writing, Leeds Teaching Hospitals has already conducted formal PLACE inspections at our Seacroft and Chapel Allerton sites and dates have already been scheduled for St James's and Leeds General Infirmary. Once the assessments have been completed the results will be reported nationally, as they were previously under the PEAT process.

Estates and Facilities quality assurance team

The team has made a significant contribution towards the Trust's commitment to reducing Healthcare Associated Infections (HCAIs) with its independent monitoring of cleaning standards throughout Leeds Teaching Hospitals. Using technical developments within Estates and Facilities they have streamlined and automated a large part of the reporting process releasing time to increase the range and frequency of audits.

Over the last 12 months the team has conducted more than 2,800 individual audits in clinical areas, usually accompanied by matrons, ward and departmental managers. When standards fail to meet the rigorous national NHS cleaning specifications immediate feedback is provided to ensure appropriate action to resolve the issue. The team's work continues to help improve cleaning standards with wards throughout the Trust, having exceeded the national targets for cleaning every month for over three years.

Childcare services

In January 2013, inspectors from the National Day Nurseries Association (NDNA) inspected the Clarendon Nursery resulting in the award of a new Quality Counts kitemark which lasts for three years. The inspector made many positive remarks about the nursery and the staff team.

With generous support from the Leeds Teaching Hospitals charitable funds the nursery has made major improvements to their outdoor area, replacing the grass area with a softer recycled rubber surface and installing a new slide/climbing frame, balance beam, stepping posts and a xylophone.

Elsewhere, the Mosaic nursery near St James's University Hospital had a productive year, which included preparing for the next OFSTED inspection. The rooms, equipment, administration processes and documentation have been reviewed to ensure they comply with the new OFSTED inspection framework for the Early Years Foundation Stage.

Staff have been creative and tireless over the past year with various fundraising events for different charities.

Staff health and fitness

The Health and Fitness team have continued in a difficult financial climate to increase service usage with additional revenue surpassing their income target by 15%. Support from our Charitable Trustees has enabled a whole new range of equipment to be added to the Leeds General Infirmary gym and new functional training equipment to the St James's Hospital gym.

The team have also been involved in the organisation of last year's very successful Festival of Sport, as well as receiving recognition as part of the Staff Support Services Team who achieved the Silver Award for Investors in People, the Health and Wellbeing Award for Investors in People and the Gold Going for Gold Award for Health and Wellbeing from the London Organising Committee for the Olympic and Paralympic Games.

Patient transport services

Last year saw the introduction of a much-improved bariatric transport service. Leeds Teaching Hospitals' Transport Booking Office, working with EMS Ambulance Service, has introduced a next day service for bariatric patients, whose condition requires equipment which can cope with heavier individuals.

The introduction of the more streamlined service has resulted in shorter stays on the wards, improved patient experience and savings in ward expenditure.

Print unit

Activity during the year has continued to grow with the unit manufacturing print in-house for the Trust valued in excess of £500,000. The ability to print documents internally means we have more flexibility and can save money on print costs.

This production facility produced over 13,000 maternity packs for use in our maternity departments and community midwifery, 487,476 books, leaflets and care pathway documents and the equivalent of over 13 million A4 size printed sheets. Our service ensures patients have access to quality printed information on their medical treatment and hospital stay.

Becoming greener

Section 5:
Becoming greener

All NHS organisations must reduce their carbon emissions by 10% by 2015, and work towards an 80% reduction by 2050.

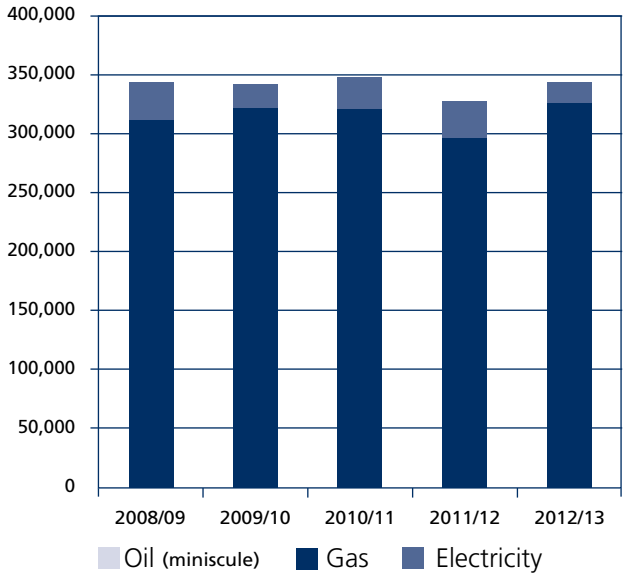
Leeds Teaching Hospitals takes the responsibility for reducing its impact on the environment and local community very seriously and is continually developing strategies to reduce the carbon footprint of the organisation.

Energy use

The Trust carbon footprint, based on energy use alone is shown in the graph on the right. Although more gas was used last year we generated more electricity overall which reduced our carbon emissions. However, the Trust's energy emissions have not reduced by enough to meet the NHS Target.

The Trust's energy costs rose by 18% compared to the previous year to almost £13 million. Energy consumption rose by 4.8%, but much of this was due to the fact that the temperatures were well below average last year.

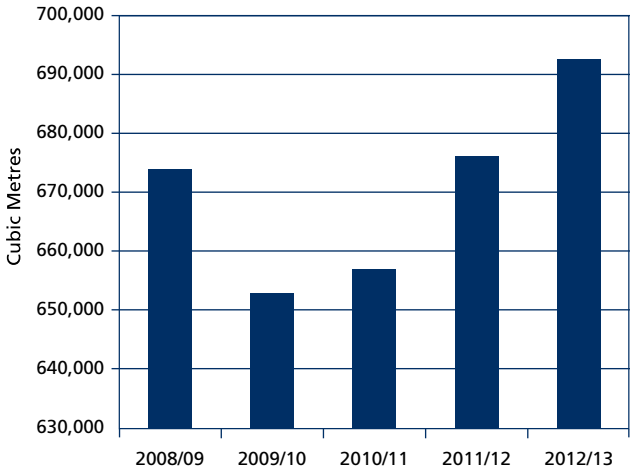
Last year we generated 76% of the electricity we used across our sites using Combined Heat and Power plant. We are now planning to do this with newer, more efficient plant in the coming years and also looking at how we can invest in hospital sites to reduce the amount of energy they consume.



A sustainable NHS can only be achieved through the efforts of all staff

Water consumption

Our water consumption increased by 2.4% to 693,000 cubic metres in the last financial year as shown in the chart below. This annual increase is attributable to Department of Health guidelines on the control of water borne diseases which now require daily flushing in high risk areas. We continue to work closely with others to identify and rectify leaks when these occur.



Waste recycling

By diverting the Trust's domestic waste from landfill and utilising energy from waste technologies, the Trust has reduced its carbon emissions by a further 66.5 tonnes per year. Overall, we recover or recycle a total of 1,195 tonnes of waste, which is 27.5% of the domestic waste we produce.

The Trust has undergone a tendering exercise to secure a new domestic waste contract, which will result in further increases in waste sent for recovery and recycling.

Sustainable travel

The Trust is currently developing a Sustainable Travel Plan that aims to reduce the impacts of business and staff travel to the local and wider environment. By linking with the West Yorkshire Travel Plan Network and Sustran, a number of successful walking and cycling initiatives have been carried out including the recruitment of 649 staff to the Cycle to Work Scheme.

Stakeholder relationships

Established relationships are maintained by the Trust with its key stakeholders through the following networks:

- Yorkshire and Humber Clinical Waste Consortium. The Trust holds the Chair position for the Yorkshire regional clinical waste consortium, which includes all NHS organisations across the Yorkshire and Humber. This provides a forum for shared practice, awareness raising and for the delivery of efficient and low carbon waste disposal methods
- The Trust's Health and Wellbeing team link with the West Yorkshire Travel Plan Network and Metro to ensure that the Trust exploits all opportunities
- Leeds University – who are our partners in the Generating Station Complex and with whom we share several other properties
- Leeds City Council – with whom we have regular meetings on issues affecting the City and region and on carbon/energy issues.

Reducing our impact on the environment

Estates and Facilities continue to include measures to reduce the energy that we use. This will make the Trust more environmentally friendly and reduce costs.

The government's energy taxation scheme places an increasing levy upon us which is intended to promote behavioural change and reduce emissions.

The current Estate Strategy also plans to reduce the overall area used by the Trust by 20% to further reduce our impact on the environment. This will require investment across our sites but will make a difference.

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

A sustainable NHS can only be achieved through the efforts of all staff. We created a sustainability steering group, from various departments across the Trust. Our last staff awareness campaign was part of the NHS Sustainability Day in March 2013. Such campaigns have been shown to deliver cost savings and associated reductions in carbon emissions.

How are we performing?

Section 6:
How are we performing?

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

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

If you are interested in tracking our performance during the current year, you can find this information on www.leedsth.nhs.uk under Corporate Information.

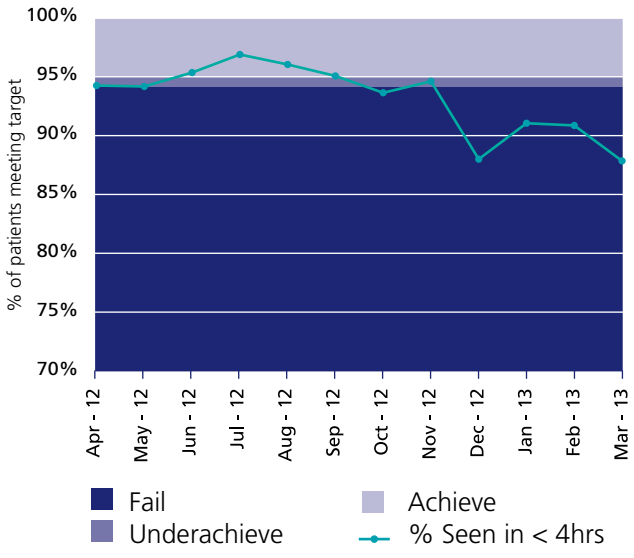
Emergency care

In 2012-13, 93.3% of patients attending our A&E departments at Leeds General Infirmary and St James's University Hospital, or the minor injuries unit at Wharfedale Hospital, were admitted, discharged or transferred within four hours.

This is just below the national standard of 95%.

There was a deterioration in performance over the winter, although this has been addressed later in 2013 to bring numbers back on track.

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

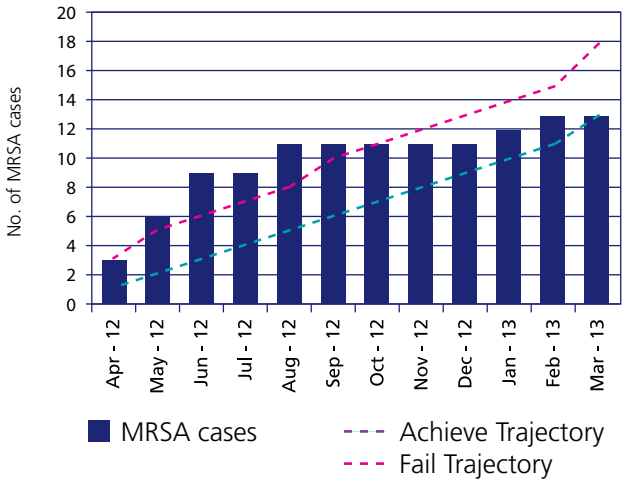


Meticillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia

Over the last five years, we have reduced the number of MRSA bacteraemia cases by 92%.

We achieved our target for reducing the number of patients developing MRSA in 2012-13 to 13 or less. We shall continue to adopt a zero tolerance to MRSA in the coming year.

Cumulative MRSA cases versus trajectory

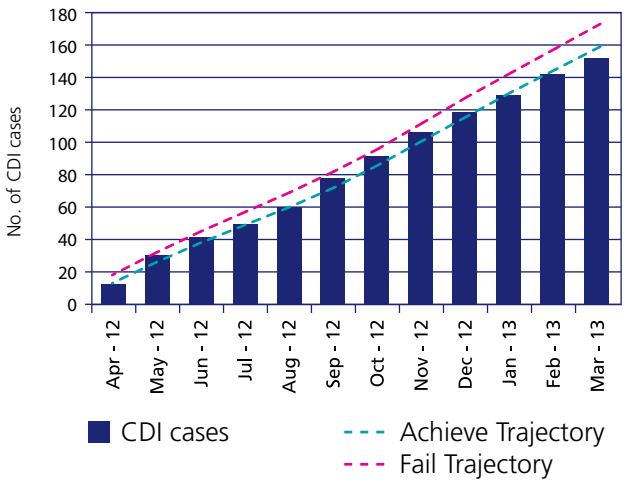


Clostridium Difficile Infections (CDIs)

Over the last five years, we have reduced the number of CDI cases by 79%.

In 2012-13, we achieved our target for reducing the number of cases of CDI to 159 or less. There were 154 cases reported.

Cumulative CDI cases versus trajectory



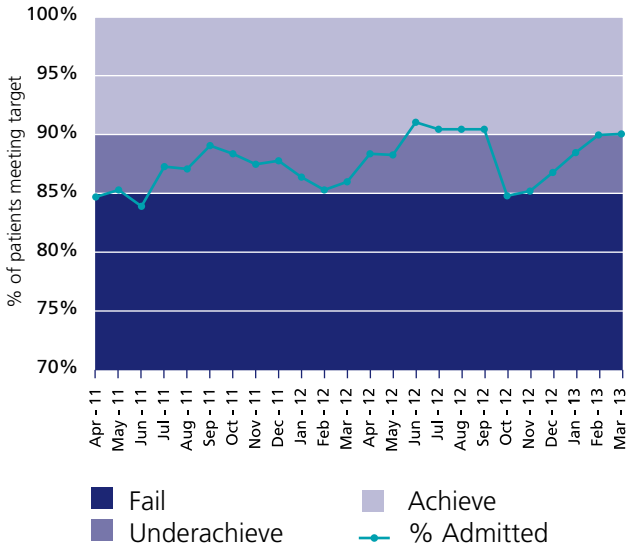
18-week waiting times for referral to treatment (RTT)

Admitted

The Trust did not achieve its aim of 90% of admitted patients treated within 18 weeks; over the full year, 88.6% were treated within 18 weeks.

Action is ongoing in the current year to improve this key area of our performance.

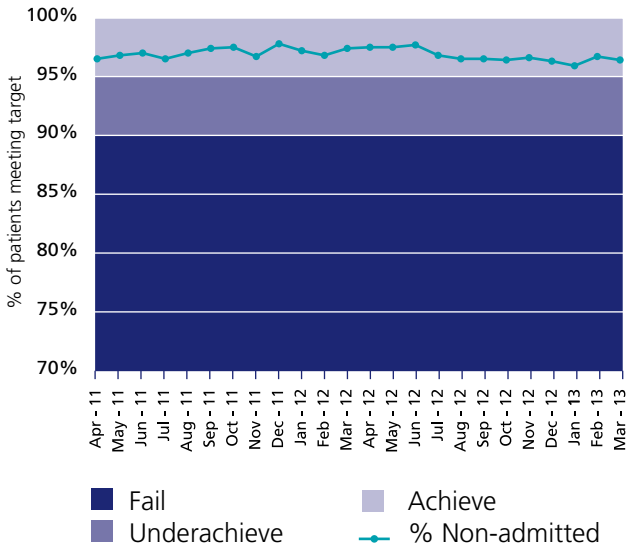
% of admitted patients seen within 18 weeks



Non-admitted

Throughout the year, we met the standard of at least 95% of non-admitted patients to be treated within 18 weeks.

% of non-admitted patients seen within 18 weeks

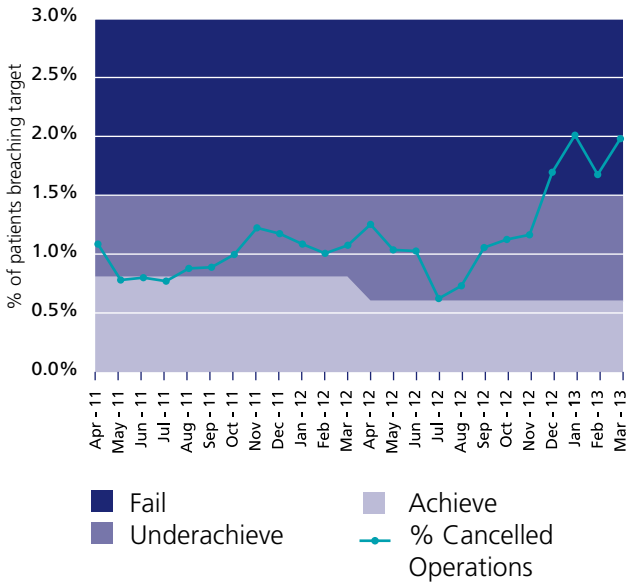


Operations cancelled at the last minute

In 2012-13, the Trust had a last minute cancellation rate of 1.3% against its aim of 0.6%.

While the reasons for cancellation are often complex we are working hard to reduce the figures in the current year.

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

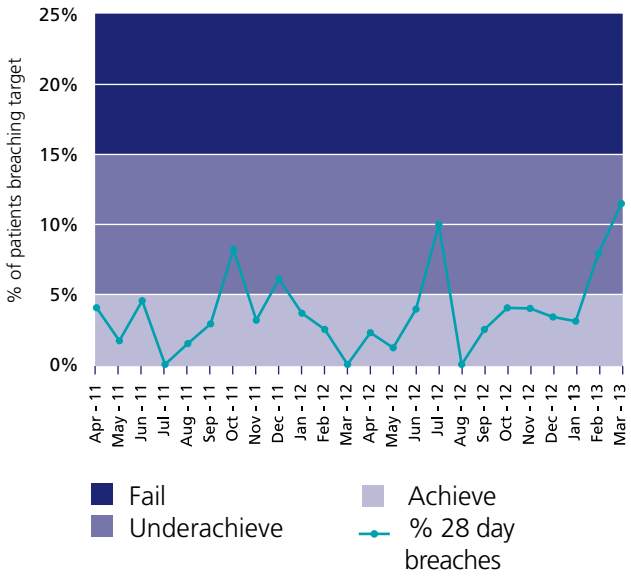


Cancelled operations not admitted within 28 days

During 2012-13, 4.8% of patients who had their operations cancelled at the last minute for a non-clinical reason were treated within 28 days.

Despite the dip in performance during February and March, we achieved the standard of less than 5%.

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



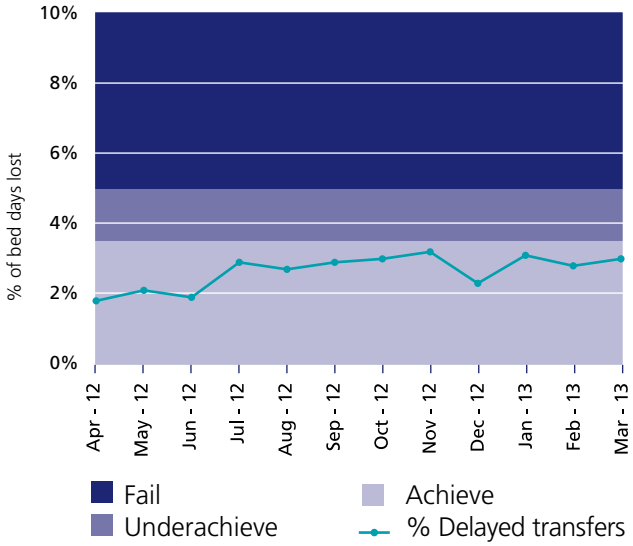
Delayed transfers of care

A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

Performance for 2012-13 shows 2.8% of patients encountered a delay; the Trust achieved the standard throughout the year.

We work closely with our partners in Primary Care and Social Services to minimise such delays.

Delayed transfers of care - bed days lost (acute and elective)

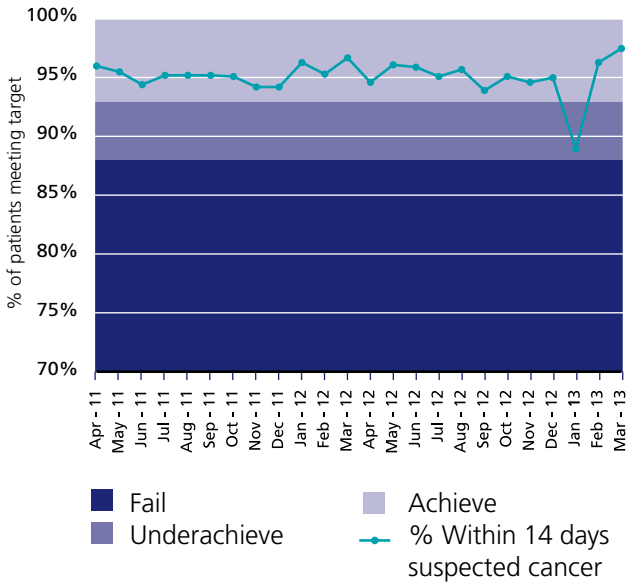


14-day standard for suspected cancer

We have continued to ensure that the majority of patients referred to us with suspected cancer are seen by a specialist within 14 days of being urgently referred by a GP.

The total seen within this time was 95.1% in 2012-13.

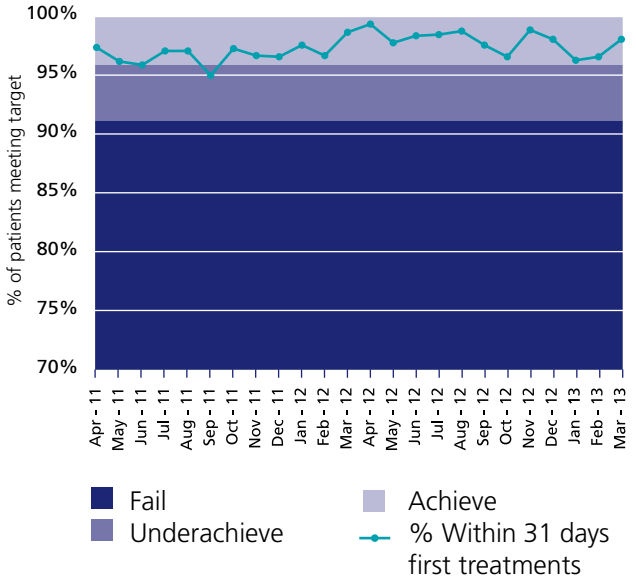
Performance against the 14-day standard for suspected cancer



31-day standard for first treatment against cancer

We have met and sustained the 31-day standard each month throughout 2012-13, ensuring most patients receive their first treatment within 31 days of being diagnosed.

Performance against the 31-day standard for first treatments

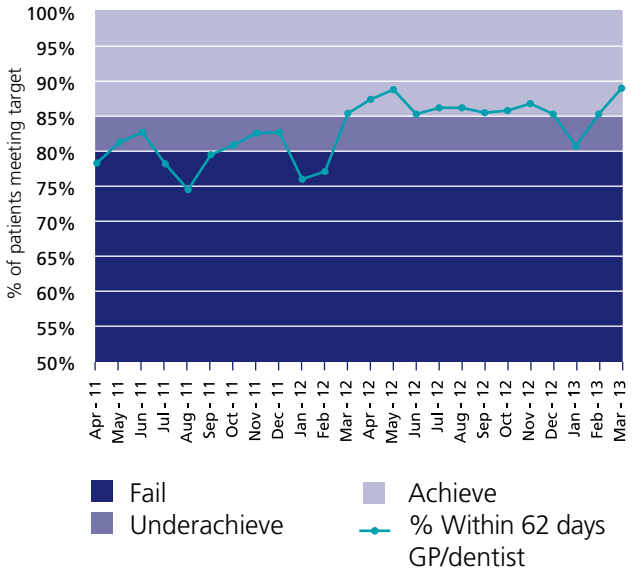


62-day standard for cancer patient referrals from GPs and dentists

Meeting the standard for patients receiving their first definitive treatment for cancer within 62 days of an urgent GP or Dentist referral for suspected cancer is often a shared responsibility with other hospitals that refer their patients on to us; this makes managing the standard more challenging.

Over the course of 2012-13, we met this for the majority of patients and have shown improvement on previous years.

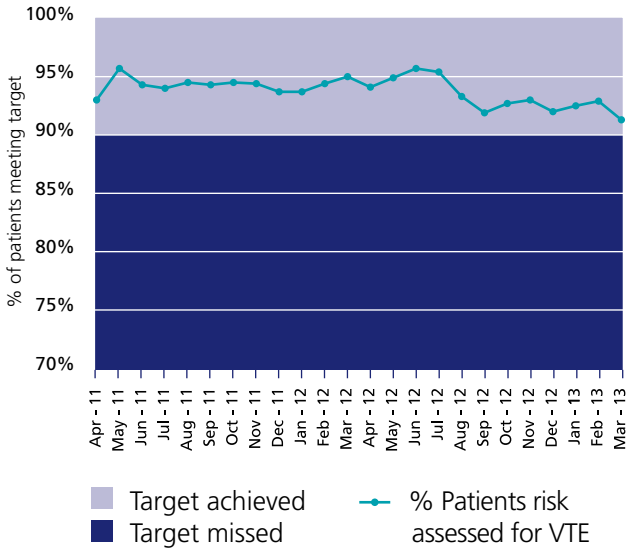
Performance against the 62-day cancer standard for GP/ dentist referrals



Venous thromboembolism (VTE) risk assessment

In order to reduce the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital, we have consistently met the standard of at least 90% of patients being risk assessed for VTE within 24 hours of admission to hospital.

Performance against the VTE risk assessment target



Working at Leeds Teaching Hospitals

Section 7:
Working at Leeds Teaching Hospitals

We strive to be the hospital of choice for both patients and staff and we are driven by our belief that what is "good for patients is good for staff", and that an engaged and flexible workforce is key to delivering safe, effective and personal healthcare for every patient, every time.

Managing for Success

The Trust's Managing for Success initiative is at the heart of our commitment to providing quality care for patients.

Launched in 2009, it aims to improve the way we plan and carry out our work across the Trust, making the best use of resources to ensure every patient receives the highest standard of service and care.

During 2012-13, Managing for Success had eight core programmes: Care Pathways, Clinical Support, Patient Administration, Transforming Education and Research, Estates Rationalisation, Workforce Modernisation, Corporate Support and Organisation and Leadership Development.

Care pathways

Last year, Care Pathways helped to make lasting changes to the way the session time in theatres is managed, bringing tangible benefits for patients.

As part of Managing for Success, the Service Improvement Team worked with anaesthetists and acute theatre staff to set up bunker meetings – so called because they originated in University Hospitals Birmingham, which has military connections, to improve the use of the Trust's acute theatres.

The meetings, which take place three times a day, have given surgeons, anaesthetists and theatre staff a clear structure for managing the way acute operations are scheduled and acute theatres used, which in turn is making a real impact on patient care.

The introduction of visual management boards enabled theatre staff to monitor the performance of each theatre and identify issues that need to be addressed.

Within Geoffrey Giles theatres, LEAN principles (making the best use of resources to increase efficiency) were used to establish a standard system for storing and monitoring stocks of anaesthetic equipment. This has created a more logical workplace for staff and a safer environment for patients.

At the Trust, we know that leaving hospital quickly and safely is as important to patients as the care and treatment they receive during their stay. In October 2012, we began a major project to examine our processes for discharging patients, looking in particular at the delays in care that keep patients in hospital longer than necessary.

The project has identified internal professional standards – related to a proposed introduction of clinical standards – to promote efficient clinical care for patients from admission to discharge. Work to review roles within the Trust and to engage with external stakeholders on complex discharges will ensure patients can expect high standards of service as we prepare them for leaving hospital.

Patient administration

Our work on Patient Administration continued to refine our systems and resources to ensure patients' experience of coming to hospital for treatment is as straightforward as possible.

A major project during the year focused on working with clinical and support staff to improve the planning of surgical admissions for 16 consultants. This has resulted in a more streamlined process for booking surgery, providing a better service for patients.

We offered patients new technologies, such as the opportunity to accept or decline their operation appointment on-line, which have helped to make the process for scheduling treatment more efficient. Among the more traditional forms of communication, a new booklet and standard patient letters were created, in collaboration with patient user groups, to ensure every patient receives timely and reliable information about their hospital treatment and stay.

Clinical support

In Clinical Support, work was ongoing to support the new central specialist laboratory for pathology, a major facility that merged five departments into one and opened at St James's in March 2012. By consolidating services and streamlining processes, the laboratory has made economies of scale and can perform faster and more efficient pathology testing.

In August 2012, we worked with radiology teams in the x-ray and ultrasound departments in St James's to prepare them to move into Chancellor's Wing. The new facility brought the departments together in a central location, enabling them to offer patients an integrated service using the latest equipment.

A project to introduce better working practices to the Aseptics unit at St James's has improved the flow of work through this vital facility, which prepares and supplies sterile medicinal products. New systems have enabled the Aseptics team to manage demand efficiently, benefiting patients.

Transforming education and research

Our Transforming Education and Research programme conducted an education and training review, a complex but vital exercise to inform future work on developing the Trust's reputation as a centre of excellence.

Estates rationalisation

Maintaining and making the best use of the Trust's large estate is an ongoing challenge for the Estates Rationalisation programme. Patients' first impressions when they first walk into one of our hospitals can inform their experience from day one.

The programme has continued to seek more efficient ways to use Trust buildings – consolidating hospital departments, for example – to provide patients with good quality facilities and accommodation in the most cost effective manner, with an emphasis on using the best and newest parts of our sites.

Corporate support

The Corporate Support projects aim to modernise the way the Trust manages corporate functions such as logistics, training and procuring supplies.

Workforce modernisation, organisation and leadership development

During the year, a number of projects were delivered as part of the Trust's Workforce Modernisation, Organisation and Leadership Development programmes. These are detailed in the sections below.

The efficiency and productivity of our workforce

A key part of the Trust's workforce strategy in 2012-13 focused on reviewing and improving the productivity and efficiency of our workforce to ensure we deliver timely and effective care to patients.

Ensuring we make the best use of our workforce and reducing our reliance on temporary staff is a priority for us, in terms of both quality and cost. This is delivered through a number of projects in our Managing for Success programme.

In 2012-13 we continued to roll out our electronic rostering system for staff, which supports and underpins best practice in organising working patterns to meet service requirements. We also introduced a new absence management system, Firstcare, which offers support during a period of sickness absence and when staff return to work. The establishment of a new Medical Locum Bank service will improve how we use this valuable resource and recruit temporary medical staff.

We also continue to review the pay, terms and conditions of staff to ensure they support the delivery of the best service to patients round the clock.

Engaging with our staff

Leeds Teaching Hospitals continues to engage with staff and has developed opportunities to seek staff feedback both corporately and at a local level.

Last year saw the development of ways to improve engagement with our medical staff. We have re-organised the way we meet and communicate with our doctors and have put in place a development programme to support staff. We also run a new consultants network to assist with the transition into these new roles.

We have well-established partnership working in place with trade unions and professional organisations that play a key role in ensuring the future success of the Trust.

The coming year will see a major focus on how we can best engage with staff across the Trust. This will include improving our internal communications methods, launching a series of listening and learning programmes, providing better customer care training and creating a better experience for our staff.

Improving the health and well-being of our staff

A healthy, energised workforce is good for the Trust and for the care of our patients. We are committed to maintaining and improving the health and well being of our staff and run a variety of services and activities to encourage people to take responsibility for their own health and wellbeing.

We used the 2012 Olympic Games as a catalyst for change and our work was recognised through the NHS Physical challenge and "Going for Gold" project. Some 3,885 staff participated in some form of physical activity.

In September, we held a Festival of Sports to celebrate the Olympic legacy. It was free to staff and introduced various sporting activities which were delivered by national sporting bodies. The festival attracted 650 staff, families and friends.

"This is the most accessible event I have ever been to – I have thoroughly enjoyed my day and I know our children have too"
- staff feedback

Another successful initiative was the introduction of Touch Rugby at the Trust. The NHS in Leeds is working with the Rugby Football Union (RFU) to develop touch rugby to include national competitions and promote the Rugby World Cup in 2015.

"I really enjoy my touch rugby sessions and feel that I am now becoming a healthier person because of them"
- staff feedback

Last year saw the continuing development of the Trust's clinical multidisciplinary team (MDT). The MDT provides support, signposting, interventions for staff and managers with health and wellbeing difficulties (staff at work, on sick leave or returning to work). The team includes occupational therapy, psychiatry, psychology, counselling, physiotherapy and human resources.

Promoting equality and diversity

In January 2013, we published our second public sector equality duty report including information from patient and staff surveys, activity and workforce data. Following the production of this report we reviewed and updated our equality objectives. This followed a period of review and consultation both internally and externally with the Leeds-wide equality advisory and assessment panels. Our equality objectives focus on continuous improvements to enable better monitoring of outcomes, on-going delivery of training and inclusive staff engagement.

Recruiting the best staff

We introduced a new model of large-scale recruitment in 2012 to ensure we could recruit clinical staff in a timely and efficient way. We have reviewed our employment procedures to streamline our processes for recruiting staff and meet external guidance in respect of the required employment checks.

Developing our staff

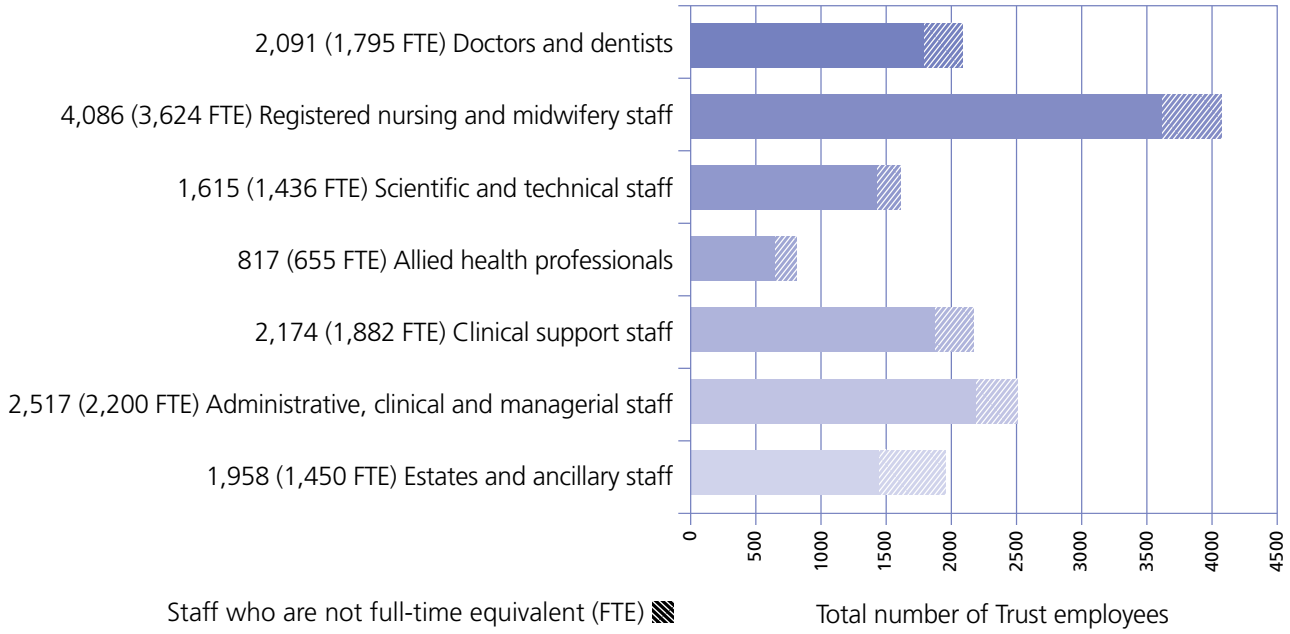
We ran 21 Trust induction programmes in 2012-13 with 96% of new staff attending corporate induction at the start of their employment. Improvements to the content and style of our induction programme have ensured it meets the needs of new employees.

"Very informative induction day - all speakers very knowledgeable in their given area. I particularly enjoyed the infection prevention and safeguarding vulnerable groups session"
- participant quote

We continue to focus on the delivery of mandatory training for staff and making sure staff participate in and benefit from an effective appraisal process. Effective leadership is critical to the success of the organisation and we have a number of programmes to support "Leaders in Leeds". We will continue to focus on team and individual development in 2013-14 as we support the establishment and development of the new Clinical Services Units.

Our staff in 2012-13

At the end of March 2013, the Trust employed 15,282 staff*/ 13,064 full-time equivalent (FTE), including:



Other key facts:

- 28% of our staff are aged over 50 and 20% are aged under 30
- 15% of the Trust's staff are of BME (Black Minority Ethnic) origin
- 75% of our employees are female.

** The total staff headcount of 15,282 includes 22 students not included in the above breakdown.*

Research, innovation and training

Section 8:
Research, innovation and training

Research and innovation

Clinical research is vital for patients, organisations and the economy. As a Trust, we recognise that organisations that actively conduct research can deliver better clinical outcomes and we are striving to increase the number of our patients who are offered the chance to participate in high quality research studies. We are one of the best-performing trusts in England for projects, recognised by the National Institute for Health Research (NIHR) - this is the highest standard for research. In 2012-13, we involved 11,540 patients in 414 studies.

Clinical research in the Trust is undertaken in close partnership with the University of Leeds and is underpinned by prestigious research grants and world-class facilities. This year we continued to secure significant funding, including funds from the National Institute for Health Research (NIHR) to support a Clinical Research Facility, which gives patients access to promising new treatments.

Our reputation for leading-edge research in medical technology was further enhanced by an award from the NIHR of £3m to create a Health Technology Cooperative (HTC) in Surgical Technology. Minimally invasive techniques for colorectal surgery is an area of strength for the Trust, reflected in the care given to patients and underpinned by national clinical trials research. The network created by the HTC will have a national and international profile, serving as a first port of call for innovators, researchers and organisations interested in developing new surgery techniques.

Our NIHR Biomedical Research Unit in Musculoskeletal Disease had a series of conspicuous successes:

- Publication of guidelines on testing of artificial joints which will improve the quality of artificial joints
- The award of a major grant from the Engineering and Physical Sciences Research Council (EPSRC) to create a National Centre for Innovative Manufacturing in Medical Devices, total budget £9m, through which improved methods for design, manufacture and testing of medical devices will be developed
- Identification that ultrasound scanning may predict people who are at risk of developing rheumatoid arthritis before they actually develop the disease. This offers enormous potential in preventing the development of the disease.

Work undertaken by the Cardiovascular Research group has shown that of the options available to doctors in diagnosing coronary artery disease, Magnetic Resonance Imaging (MRI) is better than the more commonly-used imaging test (which uses radioactive tracers). As well as being more accurate, MRI has the advantage of not using any ionising radiation, sparing patients and health professionals from unnecessary exposure. This is the first time that anyone has been able to perform a large enough study to show the true value of MRI in patients with suspected angina.

Breast cancer pathologist Professor Andy Hanby is co-lead on the new 'Citizen Science' project. In a world-first, an interactive website allows members of the public to analyse breast cancer samples. The new website will enable faster and more effective analysis of research samples. To get involved visit www.cellslider.net.

Our reputation for leading-edge research in medical technology was further enhanced this year

Dr Eva Morris has recently shown a link between a family history of bowel cancer and a better chance of survival. Leeds Centre scientists carried out the study in collaboration with the National Cancer Intelligence Network, and matched the genetic data of nearly 11,000 bowel cancer patients with data from the national Cancer Data Repository on treatment and survival.

The Trust has reinforced its reputation as a pioneer in improving radiotherapy treatment by carrying out the first patient procedure using a cutting-edge technology that can significantly increase the speed of delivery of radiation so that complex, high-dose radiotherapy for lung cancer patients is delivered in under two minutes. This is up to six times shorter than conventional radiotherapy treatment would take.

A new scientific research study at the Leeds Cancer Research UK Centre will investigate the use of a drug that may help in the treatment of the most aggressive type of brain tumour. Dr Sean Lawler and his team at the Translational Neuro-Oncology Group will assess whether the drug is suitable for a clinical trial by first looking at the effects of the drug on tumour growth.

Leeds was one of nine centres in the UK taking part in Cancer Research UK's Stratified Medicine Programme, a two year pilot project, which finished in June 2013, to test the feasibility of performing individual patient genetic tests to deliver a personalised and improved treatment plan for patients with cancer in the future.

The Trust has also played a lead role in establishing the Academic Health Science Network for Yorkshire and the Humber (see www.yhahsn.org.uk), an ambitious collaboration of all NHS organisations and universities in the region that aims to improve services and generate economic growth by accelerating innovation.

Training tomorrow's professionals

The last financial year marked a transition period for education and training as Strategic Health Authorities (SHAs) began the handover to the newly created Health Education England, one of whose functions is to 'promote high quality education and training that is responsive to the changing needs of patients and local communities'. At a regional level, this responsibility will be devolved to Health Education Yorkshire and the Humber (HEYH).

The use of all forms of technology to deliver clinical education and training (including skills and simulation, e-learning and mobile applications) continues to develop. All medical specialties are now using these facilities to deliver their curricula. In recognition of this, the Department of Health created a national Technology Enhanced Learning committee. Leeds Teaching Hospitals NHS Trust, through the Department of Medical Education, represents the acute trusts on this group.

The Better Training Better Care (BTBC) programme was also developed, comprising nine pilot projects with the aim of improving the quality of training and hence the quality of learning and, consequently, the quality of patient care. Following a successful bid, the Trust was chosen to be one of the pilot sites, looking at improving the quality of training for junior surgeons.

Following funding from the SHA, the Education Centre at Leeds General Infirmary (LGI) was refurbished to create additional clinical skills facilities within the Trust, with particular emphasis on those specialties based at LGI including the Major Trauma Centre.

Ward J34 has also been added to the educational estate, and is now used for undergraduate medical exams and ward-based training including moving and handling.

Work continued on developing the junior doctors' clinical e-induction. This is a web-based series of clinical scenarios following completion of which, junior doctors will have met their mandatory training requirements. Having initially been developed at the Trust, this has been rolled out across the region.

In line with the Trust's patient safety agenda, training in infection prevention and blood labelling was delivered to all doctors in training, and their competence assessed at induction.

Work is ongoing to develop both technical and non-technical skills courses, to include team training, leadership skills, communication skills, and learning from serious incidents. These courses will be multi-disciplinary.

Financial review and summary accounts

Section 9: Financial review and summary accounts

Financial performance

In common with all NHS organisations, Leeds Teaching Hospitals faced a difficult year economically. Those difficulties are reflected in financial results for the year which achieved most statutory requirements but did not meet the more exacting standards demanded of an aspirant Foundation Trust. At 31 March 2013 the Trust reported:

	31 March 2013 (£M)	31 March 2012 (£M)	Statutory Duty
Retained surplus	1.5	2.8	Breakeven
Cash	24.3	24.5	External financing limit
Capital investment	35.3	36.8	Capital resource limit
% Invoices paid within 30 days	80%	95%	Better Payment Practice Code

If Leeds Teaching Hospitals is to achieve its ambition to become a Foundation Trust it will have to deliver a surplus equivalent to 1% of turnover, i.e. £10 million. The surplus made in 2012-13 equates to 0.15%. Similarly, the cash balance will have to represent at least 10 days of operating expenditure, which is £26 million.

Despite falling below these targets the results do represent a real achievement. To deliver even a modest surplus required the degree of in-year efficiency savings referred to below, which were made without compromise to patient safety or resort to staff redundancies.

Income and expenditure

At the beginning of 2012-13 the Trust planned to achieve the required surplus of £10 million. To do this in light of known cost pressures and income levels called for savings totalling £24 million from projects linked to our Managing for Success programme. In the event, the programme delivered £22 million, representing 92% of target. The shortfall was attributable to delays in the full implementation of some schemes reducing the realisable savings available in 2012-13. Nevertheless, the savings achieved were substantial. Managing for Success aims to achieve financial savings from permanent changes in working practices while introducing better quality services for our patients.

The two charts on the following page illustrate how the Trust spends the money it receives and where the funds come from.

Salaries and wages costs account for 60% of total expenditure. Compared to the previous year there was an increase in pay related costs of £14.2 million. Of this increase, £6.8 million can be attributed to bank and agency staff. The remaining £7.4 million

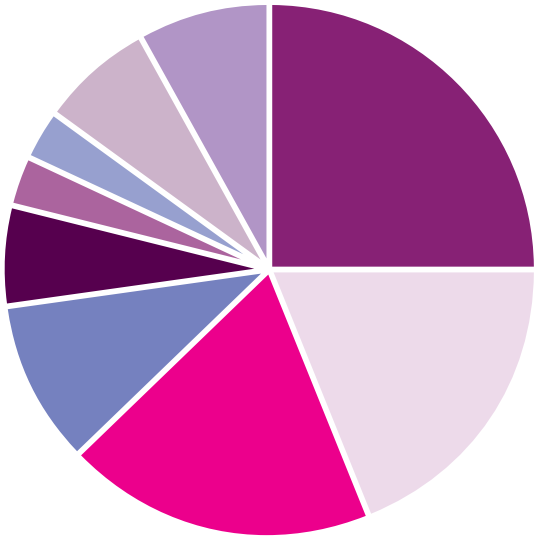
of the increase equates to a 1.3% rise in the cost of permanently employed staff. The increase is explained by the fact that many staff are entitled to receive incremental uplifts as part of their nationally set terms and conditions and, despite the public sector pay freeze, all employees receiving less than £21,000 were given a small award. Throughout the year the Trust continued to apply controls over filling vacant posts although it is pleasing to note that planned recruitment of nursing staff resulted in an additional 76 (full-time equivalent) by 31 March.

Expenditure on non pay items increased beyond our original expectation by a total of £17.5 million and contributed more than any other factor to our reduced revenue surplus. There were a number of reasons for the increase. The cost of treating patients in non NHS centres exceeded plan by £1.7 million. A further £4 million is attributable to increases beyond budget on drugs, blood products and medical devices which fall outside the scope of national price tariffs and contracts with local commissioners. Energy costs exceeded plan by £1.7 million as did cleaning and general facilities by a further £1 million.

The financial outlook for 2013-14 remains exceptionally tight. Through a combination of inflation and national efficiency expectations (5%) the Trust must find £40 million of savings to achieve its break even plan. The financial challenges come at a time of great change in the NHS in the way services are commissioned. Clinical Care Groups (CCGs) replace Primary Care Trusts and all specialist services are commissioned directly by NHS England.

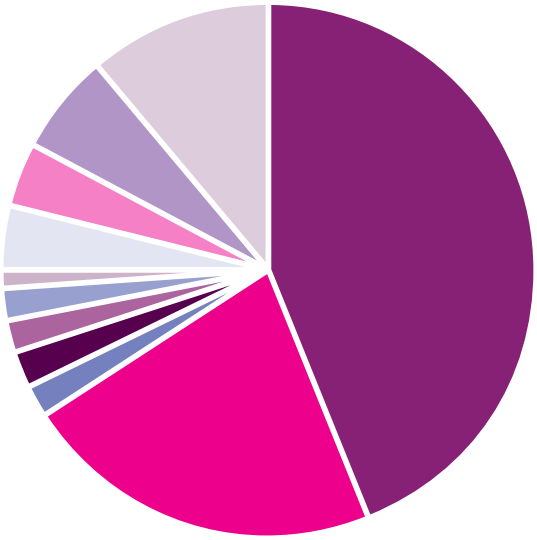
Internally, the Trust has changed its management arrangements to strengthen managerially supported clinical leadership across new Clinical Service Units. Such change does represent a major risk to delivery of the financial plan. In mitigation however the Trust has agreed contracts with CCGs which provide a known "floor" level of income plus scope to be reimbursed for activity beyond that point. NHS England has made it clear that 2013-14 will not result in any destabilising change for specialist services and the Trust has put in place direct financial support to its new managerial cohort; including a comprehensive package of training.

How each £1 was spent



- Supplies and Services / 25p
- Medical pay / 19p
- Nursing pay / 19p
- Scientific pay / 10p
- Admin pay / 6p
- Ancillary pay / 3p
- Management pay / 3p
- Premises / 7p
- Others / 8p

Where each £1 came from



- Leeds Primary Care Trust (PCT) / 44p
- Barnsley PCT / 22p
- North Yorkshire & York PCT / 2p
- Bradford & Airedale Teaching PCT / 2p
- Wakefield District PCT / 2p
- Kirklees PCT / 2p
- Other PCTs / 1p
- London Strategic Health Authority / 4p
- Non-patient care services to other bodies / 4p
- Other / 6p
- Education, Training & Research / 11p

Capital investment

Expenditure on the estate, medical equipment and information technology exceeded £35 million which, in the context of a financially challenged year, is a considerable investment in patient services and safety. It was made possible through a variety of funding sources as shown in the table below.

Source of funds	£m
Retained depreciation	24.3
Net borrowing	8.0
Donations	0.9
Other external funding	1.1
PFI scheme – equipment renewal	1.0
Total	**35.3**

Application of funds	£m
Building and engineering	22.9
Informatics	6.7
Medical and surgical equipment	5.7
Total	**35.3**

It had been planned to spend an additional £2 million using funds generated from our revenue surplus but the changing financial position meant that this could not be done. To accommodate the reduction in funding both the Informatics and Building and Engineering programmes saw schemes to the value of £1 million each rescheduled into future years.

A number of the schemes which benefited from capital investment are listed in the table below:

Scheme	£m
Upgrade electrical infrastructure across St James's	7.1
Centralisation of dermatology service at Chapel Allerton	2.0
Create multi-speciality trauma unit at LGI	1.1
Install and extend wireless network	1.3
Install digital dictation/speech recognition	0.9
Radiotherapy equipment upgrade	0.7

The schemes identified above are representative of the nature of capital expenditure in the Trust. Some, such as centralisation of Dermatology are multi-year projects designed to improve patient services in line with the Board's Clinical Strategy. Others, including all of the Informatics projects are part of specific long term strategies to upgrade and modernise our infrastructure. Backlog maintenance required on our estate stands at £85 million. Many of our Building and Engineering schemes, including the £7.1 million spent on putting new electrical infrastructure into St. James's are aimed at reducing that backlog. Electrical infrastructure work will be complete in 2014-15 after a five-year, £40 million investment.

Capital expenditure brings long term benefit but also requires long term planning. As explained above many schemes are completed after several years work and they form the backbone of our five-year rolling plan. The plan for 2013-14 will see total expenditure of £35.7 million of which £10 million will be borrowed.

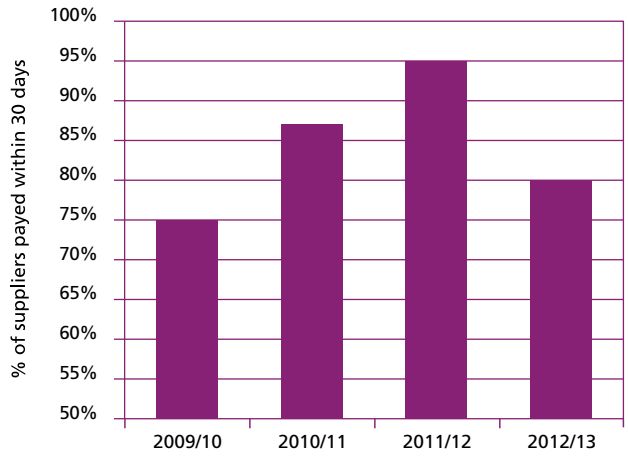
Inevitably this plan carries attendant risks. In a further year of severe financial pressure and no revenue surplus this level of capital expenditure will only be possible if there is no deterioration in our Income and Expenditure performance. To borrow the required

£10 million will require meeting strict affordability criteria and gaining the support of the newly formed National Trust Development Authority. These are not negligible risks but the Trust is confident that its capital programme represents necessary and beneficial expenditure in the interests of its patients.

Cash and working capital

The financial challenges outlined above put pressure on the working capital position in 2012/13. The shortfall on our planned revenue surplus had a direct impact on available cash during the year. This was combined with a decision by the Department of Health that funds given to support Research and Development in previous years but not fully spent had to be fully utilised before any new cash would be made available. This decision was announced after our financial plans had been agreed and commitments were made in the expectation that new cash would be received. The Department's decision, which represented an understandable transition in the management of research schemes, nevertheless deprived the Trust of £7 million of anticipated cash.

Better Payment Practice Code



These twin cash pressures affected our ability to fully discharge our obligation to pay all suppliers within 30 days. The graph below shows our performance against this requirement deteriorated during the year to its 31 March level of 80% Throughout the period, strenuous efforts were made to ensure supplies of essential goods and services were not disrupted and it is pleasing to note that many of our key suppliers were understanding. The Trust is grateful for their co-operation.

The cash pressures discussed above were an issue during the course of the year and were managed through a variety of measures including a £2m reduction in planned capital expenditure. Working capital measures did see an increase in trade creditors of approximately £5 million compared to the previous year end. Of this increase, £4 million related to creditors on capital schemes.

Towards the end of 2012-13 however the Trust did receive additional cash which enabled it to retain £24.3 million in the bank at 31 March. This was made possible in large part by the impending disestablishment of Primary Care Trusts as part of the reform of the NHS. In March our commissioning organisations made payments for services to their patients which, in any other year would have been paid in April. This was a unique set of circumstances and the position will revert to "normal" in 2013-14.

With a projected breakeven plan for 2013-14 the Trust is forecasting a cash balance at 31 March 2014 of £18.4 million, a reduction of £6 million. This represents the underlying cash position without commissioners making additional payments in March.

There is a cash plan in place for the year which will allow us to meet our obligations without resorting to temporary borrowing but it is of course subject to the revenue position not deteriorating. Other working capital initiatives are being introduced to improve cash flow during the year.

The Trust has introduced a new policy which puts greater emphasis on faster invoicing to recover income and maintenance contracts have been re-negotiated to facilitate quarterly rather than annual payments. The Trust is also in active discussion with prospective partners to introduce a series of working capital and contractual changes with suppliers which will free up cash and facilitate faster payment of invoices. As these plans come to fruition they will be reported.

NEIL CHAPMAN
Director of Finance

The Leeds Teaching Hospitals NHS Trust Summary Financial Statements 2012-13

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

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

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

These accounts for the year ended 31 March 2013 have been prepared by the Leeds Teaching Hospitals NHS Trust under section 232 schedule 15 of the National Health Service Act 2006 in the form which the Secretary of State has, with the approval of the Treasury, directed.

Statement of Comprehensive Income for the year ended 31 March 2013

	2012-13 £000	2011-12 £000
Gross employee benefits	(583,729)	(569,506)
Other costs	(394,020)	(374,988)
Revenue from patient care activities	814,685	783,907
Other operating revenue	187,759	186,802
Operating surplus	**24,695**	**26,215**
Investment revenue	85	123
Other gains and (losses)	61	87
Finance costs	(12,985)	(13,100)
Surplus for the financial year	**11,856**	**13,325**
Public dividend capital dividends payable	(10,358)	(10,496)
Retained surplus for the year	**1,498**	**2,829**
Other comprehensive income	0	0
Total comprehensive income for the year	**1,498**	**2,829**
FINANCIAL PERFORMANCE FOR THE YEAR		
Retained surplus for the year	1,498	2,829
IFRIC 12 adjustment	1,238	1,378
Adjustment re donated asset reserve elimination	353	0
Adjusted retained surplus	**3,089**	**4,207**

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

The retained surplus/(deficit) is adjusted to take account of the costs of a change in accounting treatment of donated assets. The cost represents the difference in value between depreciation on donated assets which, until 2011-12, was funded from a reserve account and donations credited to income in the year which, until 2011-12, were credited to the reserve.

The Trust is deemed to have met the statutory break even duty in both 2012-13 and 2011-12.

Statement of Financial Position as at 31 March 2013

	31 March 2013	31 March 2012
	£000	£000
NON-CURRENT ASSETS		
Property, plant and equipment	601,898	598,524
Intangible assets	707	61
Trade and other receivables	10,592	11,713
Total non-current assets	**613,197**	**610,298**
CURRENT ASSETS		
Inventories	16,676	16,423
Trade and other receivables	35,590	31,151
Cash and cash equivalents	24,348	24,513
Total current assets	**76,614**	**72,087**
Non-current assets held for sale	0	0
Total current assets	**76,614**	**72,087**
Total assets	**689,811**	**682,385**
CURRENT LIABILITIES		
Trade and other payables	(85,410)	(82,454)
Provisions	(2,356)	(1,274)
Borrowings	(4,229)	(4,012)
Capital loan from Department of Health	(3,356)	(2,906)
Total current liabilities	**(95,351)**	**(90,646)**
Non-current assets less net current liabilities	**594,460**	**591,739**
NON-CURRENT LIABILITIES		
Trade and other payables	(2,154)	(2,318)
Provisions	(5,988)	(5,901)
Borrowings	(207,229)	(211,458)
Capital loan from Department of Health	(41,998)	(36,579)
Total non-current liabilities	**(257,369)**	**(256,256)**
Total Assets Employed	**337,091**	**335,483**
FINANCED BY TAXPAYERS' EQUITY		
Public Dividend Capital	290,811	290,701
Retained earnings	(35,536)	(37,076)
Revaluation reserve	81,816	81,816
Other reserves	0	42
Total Taxpayers' Equity	**337,091**	**335,483**

The Summary Financial Statements were approved by the Board on 30 May 2013 and signed on its behalf by:
Maggie Boyle - Chief Executive | Neil Chapman - Director of Finance

Statement of changes in taxpayers' equity for the year ended 31 March 2013

	Public dividend capital	Retained earnings	Revaluation reserve	Other reserves	Total reserves
	£000	**£000**	**£000**	**£000**	**£000**
CHANGES IN TAXPAYERS' EQUITY FOR 2012-13					
Balance at 1 April 2012	**290,701**	**(37,076)**	**81,816**	**42**	**335,483**
Retained surplus for the year	0	1,498	0	0	1,498
Transfers between reserves	0	42	0	(42)	0
New PDC Received	110	0	0	0	110
Net recognised revenue/(expense) for the year	**110**	**1,540**	**0**	**(42)**	**1,608**
Balance at 31 March 2013	**290,811**	**(35,536)**	**81,816**	**0**	**337,091**
CHANGES IN TAXPAYERS' EQUITY FOR 2011-12					
Balance at 1 April 2011	**290,701**	**(39,905)**	**81,816**	**42**	**332,654**
Retained surplus for the year	0	2,829	0	0	2,829
Net recognised revenue for the year	**0**	**2,829**	**0**	**0**	**2,829**
Balance at 31 March 2012	**290,701**	**(37,076)**	**81,816**	**42**	**335,483**

Statement of Cash Flows for the year ended 31 March 2013

	2012-13	2011-12
	£000	**£000**
CASH FLOWS FROM OPERATING ACTIVITIES		
Operating surplus	24,695	26,215
Depreciation and amortisation	31,247	31,766
Donated assets received credited to revenue but non-cash	(933)	(1,056)
Interest paid	(12,981)	(13,060)
Dividend paid	(9,984)	(10,826)
(Increase)/decrease in inventories	(253)	553
(Increase)/decrease in trade and other receivables	(4,551)	4,488
Increase in trade and other payables	(854)	8,685
Provisions utilised	(809)	(941)
Increase in provisions	1,978	819
Net cash inflow from operating activities	**27,555**	**46,643**
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest received	85	123
Payments for property, plant and equipment	(29,901)	(39,516)
Payments for intangible assets	(701)	0
Proceeds of disposal of assets held for sale (PPE)	85	269
Net cash outflow from investing activities	**(30,432)**	**(39,124)**
NET CASH (OUTFLOW)/INFLOW BEFORE FINANCING	**(2,877)**	**7,519**
CASH FLOWS FROM FINANCING ACTIVITIES		
Public Dividend Capital received	110	0
Loans received from DH - New capital investment loans	9,000	10,000
Loans repaid to DH - capital investment loans repayment of principal	(3,131)	(2,406)
Capital element of payments in respect of finance leases and On-SoFP PFI	(4,012)	(3,761)
Capital grants and other capital receipts	745	1,128
Net Cash Inflow from Financing Activities	**2,712**	**4,961**
NET (DECREASE)/INCREASE IN CASH AND CASH EQUIVALENTS	**(165)**	**12,480**
Cash and cash equivalents at 1 April	**24,513**	**12,033**
Cash and cash equivalents at 31 March	**24,348**	**24,513**

Better Payment Practice Code	2012-13	2012-13	2011-12	2011-12
Measure of compliance	**Number**	**£000**	Number	£000
NON-NHS PAYABLES				
Total non-NHS trade invoices paid in the year	**202,344**	**391,868**	193,034	368,111
Total non-NHS trade invoices paid within target	**161,645**	**312,084**	183,625	347,970
Percentage of non-NHS trade invoices paid within target	**80%**	**80%**	95%	95%
NHS PAYABLES				
Total NHS trade invoices paid in the year	**5,114**	**44,157**	5,082	50,303
Total NHS trade invoices paid within target	**1,649**	**17,662**	2,731	32,265
Percentage of NHS trade invoices paid within target	**32%**	**40%**	54%	64%

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

The Late Payment of Commercial Debts (Interest) Act 1998

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

The work of the Audit Committee

The Audit Committee is a well-established part of the Trust's governance arrangements. It is tasked with ensuring that there is an effective system of internal control and providing the board with an independent and objective view of the Trust's financial, governance, risk management and internal control arrangements. The Committee operates in accordance with best practice as set out in the 2011 NHS Audit Committee Handbook.

At the start of 2012-13 Howard Cressey was the chair and its members were Mark Abrahams and Clare Morrow, all of whom were independent Non-executive directors of the Trust. The Chair of the Trust is not a member of the Committee.

In October 2012, Professor David Cottrell joined the Audit Committee in place of Clare Morrow. At the end of January 2013, Howard Cressey stood down at the end of his time as a Non-executive Director. Caroline Johnstone, who joined the Trust as a Non-executive Director in January 2013, was appointed as Chair of the Audit Committee with effect from 1 February 2013. Caroline is a Chartered Accountant.

During the year, the Audit Committee met five times and has completed a comprehensive work programme of independent scrutiny of the Trust's governance arrangements and provided a focus for improvements across a wide range of activities. 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 on the Trust's accounts for 2011/12 on which they issued an unqualified audit opinion
- It also received regular reports from the Trust's internal auditors who conduct a risk based programme of reviews of financial and operational areas. The Committee closely monitors the implementation by management of recommendations arising from these reports and oversees the Trust's counter fraud arrangements
- The Committee also held a series of discussions of key risk areas, led by the relevant executive director, to inform its work.

The Committee reports to the Board formally on its work through an annual report. The Chair also addresses those matters that the Committee considers should be drawn to the attention of the Board when presenting the Committee's minutes to the Board.

In the areas covered by its work during the year, overall the Committee received a level of assurance about the Trust's governance arrangements, risk management processes and internal control systems.

However, there is further work to do in embedding and developing the assurance framework, including risk registers, and in addressing the inherent risks in the major changes being effected across the Trust, establishing clear planning processes for going forward, the quality and nature of board reporting and the speed of responding to reports of progress against targets (financial or operational).

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

The Trust Board has approved a revised policy on the above which came into effect from 1 February 2013.

In line with Trust policy and in compliance with the Trust's Standing Orders and Standing Financial Instructions, all employees are required to declare relevant information for inclusion in the above registers. All consultant staff are required to make an annual declaration – positive or nil return.

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

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

Annual governance statement 2012-13 from the Chief Executive

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of Internal Control that supports the achievement of the Leeds Teaching Hospitals NHS Trust (the Trust) policies, aims and objectives. Also, in accordance with the responsibilities assigned to me, I have personal responsibility for safeguarding public funds and the assets of the Trust. I am also responsible for ensuring that the Trust is administered by the most economic and prudent means, ensuring that resources are applied efficiently and effectively.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Trust for the year ending 31 March 2013 and up to the date of approval of the annual report and accounts.

Leadership and risk

I recognise that committed leadership in the area of risk management is essential to maintaining sound systems of internal control required to manage risks associated with the achievement of the corporate goals of the Trust.

The Trust's Risk Management Policy (October 2011) details my overall accountability to the Board for Risk Management within the Trust. I am responsible for ensuring that the Trust is in a position to provide overall assurance that the organisation has in place the necessary controls to manage its risk exposure.

The Medical Director, on my behalf, is the delegated executive lead for operational and clinical risk management within the Trust, ensuring effective processes are in place for the management of risk with responsibility for maintaining a framework of assurance for the Board.

Operational risk management sits with each of the executive team in providing leadership to each of their portfolios and associated operational roles.

Training

The Trust has undertaken a 'training needs analysis' for all its staff in relation to risk management. All new starters receive risk management training at induction. For existing staff, a risk management e-learning module has been developed. All staff are directed to the Risk Management Policy and are actively encouraged to use the Trust's incident reporting system to report incidents and near misses.

In addition to the above, to support the implementation of the new DATIX Web system across the Trust, the Quality Directorate has provided a significant amount of formal and informal training throughout the year, teaching staff in the use of the risk scoring matrix, incident reporting and investigation, the risk register and general risk management principles.

During 2012-13 and as a result of increasing awareness of the reporting processes, the Trust has continued to report more low harm incidents compared to peer organisations and a lower number of serious harm incidents according to the National Patient Safety Agency's National Reporting and Learning System. Improvements have continued regarding the quality of reports analysing themes and trends in incidents, complaints and claims. These are providing more robust assurance that where weaknesses have been identified, action is being taken locally to address these and monitored by the relevant clinical governance forum.

During the year, two sessions were held for the Board to address their annual mandatory training in line with the Trust's policies and procedures. This training included the Risk Management Policy and additional exploration of the Board's duties and responsibilities.

Learning

Sharing learning throughout the organisation from risk related issues, incidents, complaints, claims and significant events is key to maintaining the risk management culture within the Trust. All staff are encouraged to disseminate learning acquired from a variety of sources, including:

- Analysis of incidents, complaints and claims and acting on root cause analysis
- External inspections
- Health and safety issues
- National Patient Safety Agency data
- Internal and external audit reports
- Clinical audit
- Trust governance meetings at local and corporate level.

During the year a dashboard of key indicators has been introduced at ward level to provide assurance and help the Trust to identify areas of concern, based on feedback from staff, patients and a range of indicators including infection rates, falls, pressure ulcers, nutrition, complaints and standard of documentation.

The Trust participates in national and local surveys of patients and staff and uses feedback from these to improve patient care and staff welfare.

In line with an annual timetable, Executive and Non-executive Directors and senior management take part in weekly patient safety and experience walkabouts. These provide the opportunity to talk to frontline staff and patients to understand their concerns. All feedback from these discussions is recorded and acted upon.

The risk and control framework

The role of the risk and control framework is to identify, evaluate and prioritise clinical and non clinical risks and gain assurance that these are properly controlled to ensure safe and effective care. Within the Trust, there are systems and processes in place for identifying, managing and monitoring risks. These include:

- A comprehensive Risk Management Policy (operational and clinical)
- A Committee structure with clear reporting mechanisms to the Board

- A monitoring system for incidents and complaints
- The Annual Assurance Report, which was presented to the Audit Committee on 18 March 2013; this underpins the Corporate Risk Register, which is reviewed at each Board meeting and supports the flow of risks between the Committees and the Board.

Risk management policy

The Trust Risk Management policy for operational and clinical risks, underpins the activities of risk management, and procedures for escalation of risks through the management structure.

Committee structure

During 2012-13, the Trust reviewed its Standing Orders, Standing Financial Instructions and Scheme of Delegation and reflected on the effectiveness of its Committees and as a result revised each Committee's Terms of Reference. These changes were approved by the Board in December 2012.

The Committee structure clearly separates assurance and operational management structures. Assurance Committees, each chaired by a Non-executive Director, ensure that Trust processes are robust, more detailed discussion, reflection of risk management, and that due consideration and challenge is provided on behalf of the Board. The assurance Committees are; Audit, Clinical Governance, Workforce, and Finance and Investment which was established in October 2012.

Each Board Committee reports directly to the Board providing a mechanism for the escalation of issues, ensuring that it has an overarching role in assurance and monitoring of performance. Each of the Committees, and their sub committees, provide an annual report to the Board.

Each Committee maintains a record of the meeting, which records who was present. In line with Monitor's good practice guidance, this information was published within the Trust's annual report last year. Following the full year of working with the Trust Board Secretary the Board and Committees have worked towards good corporate governance practice.

Framework of Board assurance

The Trust's Framework of Board Assurance includes the following key elements:

- Strategic objectives of the Trust, as set out in the annual plan
- Principal risks to delivering the objectives
- Controls in place to manage the risks
- Review and assurance mechanisms which relate to the effectiveness of the system of internal control
- Actions taken / to be taken to address gaps in control and assurance.

During the year the Board has received a quarterly update on progress in delivering the objectives set out in the annual plan.

From April 2012 the Board adopted a new process to support the framework of assurance. One key element of this development was the Corporate Risk Register which has been reviewed at each Board and Committee meeting during the year. The Annual Assurance Report was presented to the Audit Committee on 18 March 2013.

Risk register

An essential element of the risk management method is the risk register that is comprised of local departmental / directorate risk registers. This informs the business planning process and is a key consideration in the general operational management at divisional, directorate and corporate level. Local risk registers are subject to regular review and monitoring as part of divisional and directorate performance management and governance arrangements.

Risks to the Trust

The Board has identified the key risks which may impact upon the Trust's strategic objectives and these are recorded in the Corporate Risk Register and the Framework of Assurance. These risks have been drawn from the Integrated Business Plan, the annual plan 2013-14 and the Trust Corporate Risk Register escalating issues via DATIX and the local risk registers.

Key risks relate to the following areas:

- Delivery of challenging financial plans for 2013-14 and beyond, embedding the new clinically led management structure
- Quality, safety and patient experience
- Tertiary service designations decisions
- The QIPP and transformation agenda
- Growth of emergency activity
- Delivery of the Managing for Success programme
- Growth of competition
- Maintaining and managing our reputation in an uncertain environment for the Trust and the NHS.

Risk and performance management

The performance management, progress monitoring and internal controls are designed to ensure that corrective actions required to deliver objectives are applied consistently. Within the same framework, the consequences of partial or non-achievement of objectives are regularly monitored and assessed.

During the course of the year major risks to achieving the Trust's objectives were the delivery of the urgent care and referral to treatment time standards. Following challenge at Board meetings, detailed recovery plans have been agreed.

Business planning and risk

The Trust's risk assurance arrangements are becoming more embedded within the business planning processes. The annual planning cycle at all levels of the Trust includes the requirement for plans to identify the risks associated with each of the key objectives identified and provide assurance that these are being addressed. Risks to the achievement of the Integrated Business Plan have been identified.

Moving forward the submission of the 2013-14 operating plan was developed under the NHS Trust Development Authority (TDA) Planning Framework. The Board and the TDA were not sufficiently assured regarding the robustness of the financial plan for 2013-14, or progress towards delivery of the urgent care and referral to treatment time standards. As a consequence the Trust is now in the early stages of an escalation process with the TDA.

Internal and external sources of assurance

The assurances the Board and I require to endorse and approve this Annual Governance Statement, in terms of the effectiveness of internal control, are derived from internal and external sources of evidence.

Internal assurance

The Trust has in place an annual clinical audit programme including mandated audits addressing national and local issues, targets and performance. The Trust has processes in place to review assurance through corporate groups reporting to relevant sub-committees and the Clinical Governance Committee.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of Internal Audit's risk-based Strategic and Annual Plans. During the year Internal Audit has identified and recorded in Internal Audit reports concerns about control weaknesses that need to be addressed. Action plans to address these internal audit concerns have been agreed with senior managers and further details are recorded in the Internal Audit progress reports presented to the Audit Committee. Internal Audit has a well-established process to monitor the implementation of all agreed recommendations and report back to Directors and Audit Committee on a regular basis.

The 2012-13 Head of Internal Audit Opinion Statement informs me that: "Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the

design and / or inconsistent application of controls, put the achievement of particular objectives at risk." As and when such weaknesses are identified appropriate action is taken to address these.

The Integrated Quality and Performance report (IQPR) is a standing Board agenda item providing an assessment of the quality of care provided to patients. The main features of the 2012/13 Board IQPR report include information and quality amongst the eight domains structured around the explicit set of Trust strategic goals. During autumn 2012 the Board reflected on the content and conduct of Board meetings, the IQPR was further refined from the feedback received during these discussions.

Board strategic issues

During the year the Board welcomed a new Chair and Chair of the Audit Committee and a new Non-executive Director representing the University of Leeds. Substantive appointments have been made for the Chief Medical Officer, Chief Nurse and Chief Operating Officer.

In spring 2012 the Strategic Heath Authority (SHA) commissioned a review of the Board and its reporting structures to assess the readiness for Foundation Trust preparation. This review was carried out by Sir Peter Dixon and Mark Hackett. The Chief Nurse commissioned a review of nursing and I commissioned a review to improve clinical engagement with the management of the Trust. As a result of these three reviews I have facilitated a large consultation exercise throughout the Trust leading to a realignment of the Trust's management arrangements and the creation of new Clinical Service Units from 1 April 2013. The strength of this model of management devolves accountability and leadership to a triumvirate team consisting of a Clinical Director, Head of Nursing and General Manager.

The Trust has remained without a defined Foundation Trust (FT) Trajectory for the year.

From September 2012 the Board commenced the monthly self-assessment against the Single Operating Model (SOM) return to the SHA and latterly to the Trust Development Authority (TDA).

On 28 March 2013 Sir Bruce Keogh, the National Medical Director of NHS England, presented un-validated data regarding the mortality rates for paediatric cardiac surgery at the Trust which caused him some concern. As a consequence the Board temporarily suspended surgery pending an internal review. Following this and in collaboration with NHS England, the TDA and the Care Quality Commission (CQC) an external review was carried out on 6-7 April 2013. The report concluded that there were no medium or high risks to the service provision and the service re-opened on 10 April 2013. There were some low risk issues identified and recommendations to address these are being actioned.

Due to the former association of Jimmy Savile with hospitals in Leeds and allegations about his conduct on NHS premises, the Trust has commenced an investigation. The local Terms of Reference were established with guidance from the Department of Health and their legal advisors and maintain consistency within the other two NHS Trusts carrying out local investigations. The Local Oversight Panel is chaired by a Non-executive Director and reports to the Board. It is anticipated that the final report of the investigation will be presented to the Board in late 2013.

Data security

The Director of Informatics is the Senior Information Risk Owner (SIRO) and she has responsibility for ensuring that information risks within the Trust are accurately identified and managed with appropriate assurance mechanisms. She provided an annual report to the Clinical Governance Committee on 11 April 2013, which confirmed that there were no data breaches for the Trust for the period of 28 October 2012 to 31 March 2013. The report out lined the process for on-going compliance spot checks.

The Trust assesses and manages its Information Governance on an on-going basis. This assessment is routinely formalised by completion of the annual Information Governance Toolkit return, which is the subject of review and formal sign-off by Internal Audit.

External assurance

At the end of the year concerns were raised regarding the safety of our children's heart surgery unit, which resulted in a short-term pause in providing this service while we were assured that the service was safe. We took part in a detailed review of mortality figures and governance arrangements related to this specialty with our partner organisations and it was concluded that the governance arrangements were both effective and robust and the service was safe. We are continuing to work closely with clinicians to support families receiving care in this specialty.

Register of assurers

The Trust is required to obtain assurance from a range of sources, including external ones. The Trust policy on Responding to External Agency Visits, Inspections and Accreditations creates a framework for the consistent application of expected procedures, with the Register of Assurers, which has been established to document details of external inspections, playing a significant role in the recording and monitoring process.

Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) which has undertaken eight unannounced compliance inspection visits in 2012-13. The Trust is compliant with those essential standards of quality and safety that have been reviewed at Leeds General Infirmary, St James's University Hospital, Chapel Allerton Hospital and also at Wharfedale Hospital. These locations will be subject to further compliance inspections in line with the CQC programme.

NHS Litigation Authority (NHSLA)

The NHS Litigation Authority (NHSLA) was set up to minimise the number and cost of claims by putting policies and processes in place to manage risk effectively. In November 2011 the Trust was assessed and retained its Level 1 (initial - baseline) accreditation under the NHSLA Risk Management Standards for hospital Trusts (acute services). Level 1 was also achieved by maternity services in September 2012. This shows that our risk management policies and procedures are of a high standard, providing guidance on delivering safe services to patients and our staff. The NHSLA are conducting a comprehensive review of their assessment process and it is likely that changes will be made next year to ensure the assessment process addresses the key risk areas and is focused on improving outcomes for patients.

External audit

In accordance with Audit Commission's Code of Audit Practice, the Trust's External Auditor, Grant Thornton provides assurance regarding finance and governance matters.

Patient-led Assessments of the Care Environment (PLACE)

fomerly known as PEAT

The Trust participates in the PLACE process on an annual basis. This takes the form of a self-assessment by the Trust with independent validation by external assessors. The most recent assessments indicated that overall high standards have been maintained. The only exception being a slight decrease at Chapel Allerton, which was due to the overall cleanliness score reduction for that location. The patient food element of the inspection process indicates that the Trust maintained excellent standards within this important category.

Public stakeholder involvement

The Trust has developed its governance arrangements in respect of Patient involvement and feedback

through the establishment of the Patient Experience sub-committee and supporting group structure. A number of specialty specific patient panels and user groups are established across the organisation and work with Trust representatives to inform and identify risks regarding service improvements and change programmes. The Trust works closely with four advisory groups (Blind and Partially-sighted, Deaf and Hard-of-Hearing, Carers and Learning Disability groups).

The Trust continues to develop its relationship with local stakeholders and activities have included:

- Involvement of stakeholders (including patients, public, local NHS organisations and Local Authority) in the development of the Trust's involvement strategy and priorities
- Increased engagement with Leeds Local Involvement Network including Trust representation at the LINk Steering Group, quarterly meetings between the LINk Steering Group and lead officers of the Trust (including myself and the Chief Nurse) and LINk representatives on the Patient Experience Sub-Committee
- Joint working with local stakeholders (including the voluntary sector) as part of the NHS Citywide Equality Advisory Panel. This work involves local groups and communities in the Trust's Equality Objectives and performance against the requirements of the NHS Equality Delivery System.

In addition to Public and Patient involvement (PPI) work, there is a range of other mechanisms for involving public stakeholders as described below. Leeds City Council Overview and Scrutiny Committee (Health and Wellbeing) has been strongly engaged in a national consultation about the future of our paediatric cardiac surgery unit. This relates to the Department of Health proposals to rationalise the number of such units across the country under the terms of the Safe and Sustainable review.

Throughout the past 12 months we have worked closely with support officials in Leeds and also across Yorkshire and the Humber to provide briefing for local authority Overview and Scrutiny Committees to support their role in consultation. We have also briefed them on a wide range of other aspects of our work including our Foundation Trust application, designation as a regional trauma centre, our performance against national standards and specific local issues.

MPs and local councillors have also been engaged by the Trust in the areas described above.

We are working with NHS partners, Local Authority and Clinical Commissioning Groups on a wide range of projects under the umbrella of the Leeds Health and Social Care Transformation Programme to develop integrated care and generate efficiency savings.

During the year the Trust successfully doubled its membership to 22,000. In the summer these members were sent a questionnaire to which over 4,000 responded and volunteered to support the Trust in Patient and Public Involvement. Following an analysis of the responses to the questionnaire the Trust piloted the first series of 'Medicine for Members' sessions which were successful and attended by over 150 members. The Trust will continue to build upon the pilot work of engagement with our membership.

Equality, diversity and human rights

Controls are in place to ensure that the Trust is compliant with its obligations under equality, diversity and human rights legislation and are over seen by a sub-committee structure. The organisation has complied with the general and specific public sector duties of the Equality Act 2010 by publishing equalities information by 31 January 2013 and setting and publishing specific and measurable organisational equality objectives by 5 April 2013.

NHS pension scheme

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

The coming year will see a major focus on how we can best engage with staff

Carbon management plan

The Trust has a Board approved carbon management plan which includes measures to reduce our carbon output over the 2007 baseline by 2015. Based against the original parameters progress is being made. However, given increase in activity and the more intensive use of clinical services, increased reliance upon technology and the growth in infrastructure and outlets, meeting the target remains a challenge.

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

The Board receives a monthly finance report and this provides relevant financial information to allow the Board to discharge its duties effectively. The resources of the Trust are managed within the framework set by the Standing Financial Instructions. The Trust's long term approach for delivering cost reduction through sustainable change is its Managing for Success (MfS) programme. More in depth review of the Trust's financial position has been carried out from October with the establishment of the Finance and Investment Committee of the Board. Resource and financial governance arrangements are further supported by both internal and external audit to secure economic, efficient and effective use of resources at the Trust's disposal.

Quality Account

The Directors of the Trust are required to prepare a Quality Account for each financial year.

This is developed by clinicians and senior managers within the Trust, in conjunction with stakeholders and partner organisations including commissioners at NHS Airedale, Bradford and Leeds and the Local Involvement Network. The Medical Director, supported by the Director of Quality has overall responsibility to lead and advises on all matters relating to the preparation of the Trust's annual quality account. This annual report tracks progress for the year against selected quality improvements and described priorities for the year. Our priorities remain the improvement of services for patients and are identified under the three domains of quality:

1. Safety - Reduction in hospital-acquired grade 3 and grade 4 pressure ulcers
2. Effectiveness - Improve the care and outcomes for patients with dementia
3. Patient experience - Improve the patient's experience of discharge.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of monthly and quarterly internally produced information reported to the Board, along with self-assessments, peer reviews and external reviews. My review is also underpinned by the internal audit process and informed by comments made by the external auditors in their management letter and other reports. I have been informed of implications of the result of my review of the effectiveness of the system of internal control through the Board and Board assurance Committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Conclusion

As Accountable Officer, I receive information and assurance from a wide range of sources about the Leeds Teaching Hospitals NHS Trust's internal control systems and structures in place to ensure the effective operation of the Trust. These facilitate the identification of strengths and areas in need of attention enabling appropriate action plans to be established and acted on. My review confirms that the Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. As we continue with our Foundation Trust application, we are further developing our systems of performance, governance and financial management.

Maggie Boyle, Chief Executive,
30 May 2013

Remuneration

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

Members of the remuneration committee are the Non-executive Directors on the Board – Mike Collier (chair until end January 2013), Linda Pollard (chair from 1 February 2013), Mark Abrahams, Mark Chamberlain, Lynn Hagger, Clare Morrow, Howard Cressey,(until end January 2013), Merran McRae (until September 2012), Professor Peter McWilliam (until end July 2012), Professor David Cottrell (from 1 October 2012) and Caroline Johnstone (from February 2013).

A Non-executive Director post is currently vacant pending the restructuring of the management team.

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 were appointed by the former NHS Appointments Commission, now the NHS Trust Development Authority, following an open selection procedure. Non-executive director appointments are usually for a fixed period. Remuneration is fixed in accordance with national formula.

Pay multiples

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

The banded remuneration of the highest paid director of the Trust in the financial year 2012-13 was £220-225k (2011-12, £225-230k). This was 8.03 times (2011-12, 8.21) the median remuneration of the workforce, which was £27,484 (2011-12, £27,484). The highest paid director in 2012/13 was the Chief Executive (2011-12 – Medical Director)

The figures reflect the government's policy of a two year pay freeze for public sector workers, except for those employees earning a full time equivalent of £21,000 or less, who each received an increase of £250 in 2012-13. Incremental increases within pay bands due to staff have continued to be paid as they fall due.

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

Payments made to agency staff have been excluded as these mainly relate to payments made to cover absences of existing employees whose whole time, full year equivalent remuneration has already been included in the calculation of the median. Agency costs also include elements for travel, national insurance and the agency's commission which are not separately identifiable and would serve to distort the overall figures.

The Chief Operating Officer was employed via a third party agency and the figure shown in the Remuneration Report represents the full cost payable by the Trust to the agency for his services. These costs have been excluded from the pay multiples calculation.

Salary and Pension entitlements of senior managers - a) Remuneration

	2012-2013				2011-2012			
Name and Title	**Salary** (bands of £5000) £000	**Other Remuneration** (bands of £5000) £000	**Bonus Payments** (bands of £5000) £000	**Benefits in Kind** Rounded to the nearest £100	**Salary** (bands of £5000) £000	**Other Remuneration** (bands of £5000) £000	**Bonus Payments** (bands of £5000) £000	**Benefits in Kind** Rounded to the nearest £100
M. Abrahams - Non Executive Director (Vice Chairman)	5-10	0	0	10	5-10	0	0	7
P. Belfield - Medical Director	160-165	0	0	14	165-170	0	55-60	18
M. Boyle - Chief Executive	220-225	0	0	1	220-225	0	0	0
M. Chamberlain - Non Executive Director	5-10	0	0	4	5-10	0	0	0
A.N. Chapman - Director of Finance	140-145	0	0	0	140-145	0	0	0
M. Collier - Chairman (to 31 January 2013)	35-40	0	0	37	40-45	0	0	35
Prof D. Cottrell - Non Executive Director (from 01 October 2012)	0-5	0	0	0	n/a	n/a	n/a	n/a
H.M. Cressey - Non Executive Director (to 31 January 2013)	5-10	0	0	4	5-10	0	0	4
A.S. Dailly - Director of Informatics	105-110	0	0	0	105-110	0	0	0
R. J. Green - Director of Human Resources	120-125	0	0	23	120-125	0	0	55
L. Hagger - Non Executive Director	5-10	0	0	18	5-10	0	0	13
R. Holt - Chief Nurse (to 31 October 2012)	65-70	0	0	0	115-120	0	0	2
C.A. Johnstone - Non Executive Director (from 01 January 2013)	0-5	0	0	4	n/a	n/a	n/a	n/a
D.A. Kerr - Director of Estates and Facilities (from 01 October 2012)	50-55	0	0	19	n/a	n/a	n/a	n/a
C.E. Linley - Chief Nurse (from 17 January 2013)	20-25	0	0	0	n/a	n/a	n/a	n/a
K. Milner - Director of External Affairs and Communications (appointed 01 December 2011)	115-120	5-10	0	0	35-40	0	0	0
M. McRae - Non Executive Director (to 30 September 2012)	0-5	0	0	0	5-10	0	0	0

Salary and Pension entitlements of senior managers - a) Remuneration (continued)

	2012-2013				2011-2012			
Name and Title	**Salary** (bands of £5000) £000	**Other Remuneration** (bands of £5000) £000	**Bonus Payments** (bands of £5000) £000	**Benefits in Kind** Rounded to the nearest £100	**Salary** (bands of £5000) £000	**Other Remuneration** (bands of £5000) £000	**Bonus Payments** (bands of £5000) £000	**Benefits in Kind** Rounded to the nearest £100
Prof P. McWilliam - Non Executive Director (to 31 July 2012)	0-5	0	0	0	5-10	0	0	0
C. Morrow - Non Executive Director	5-10	0	0	2	5-10	0	0	3
L. Pollard - Chair (from 01 February 2013)	5-10	0	0	2	n/a	n/a	n/a	n/a
R.B. Steven - Director of Business Development and Performance Delivery (to 7 July 2012)	40-45	0	0	0	155-160	0	0	0
J.M. Taylor - Director of Estates and Facilities (to 30 September 2012)	40-45	0	0	0	85-90	0	0	0
C. Walsh - Chief Operating Officer (appointed 21 May 2012)	295-300	0	0	0	n/a	n/a	n/a	n/a

Benefits in kind are rounded to the nearest £100 in the above table. All other remuneration is shown in bands of £5,000.

Salary includes all amounts paid and payable in respect of the period the individual held office, including any element sacrificed to purchase a benefit in kind. The bonus payment to the Medical Director in 2011-12 is an amount paid under the national clinical excellence reward scheme. The Medical Director and the Director of Human Resources' benefits in kind relate to lease cars, the latter being under a salary sacrifice scheme. All other benefits in kind are in respect of taxable business mileage.

The other remuneration to the Director of External Affairs and Communications relates to additional work undertaken for and recharged to the NHS Confederation. The Chief Operating Officer was employed via a third party agency. The amounts shown represent the full cost payable by the Trust to the agency for his services.

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

Name and Title	**Total accrued pension at age 60 as 31 March 2013** (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 2013** £000	**Cash Equivalent Transfer Value at 31 March 2012** £000	**Real increase Cash Equivalent Transfer Value** £000	**Employers Contribution to Stakeholder Pension** To the nearest £100
A.N. Chapman - Director of Finance	50-55	0-2.5	155-160	5-7.5	1,191	1,118	8	0
A.S. Dailly - Director of Informatics	40-45	0-2.5	120-125	2.5-5	737	693	5	0
R.J. Green - Director of Human Resources	10-15	0-2.5	40-45	5-7.5	313	262	21	0
R. Holt - Chief Nurse (to 31 October 2012)	30-35	0-2.5	100-105	2.5-5	570	530	4	0
D.A. Kerr - Director of Estates and Facilities (from 01 October 2012)	35-40	0-2.5	110-115	0-2.5	620	593	(1)	0
C.E. Linley - Chief Nurse (from 17 January 2013)	25-30	0-2.5	75-80	0-2.5	431	383	3	0
K. Milner - Director of External Affairs and Communications	10-15	0-2.5	35-40	5-7.5	198	158	18	0
R.B. Steven - Director of Business Development and Performance Delivery (to 7 July 2012)	30-35	0-2.5	100-105	2.5-5	736	626	9	0
J.M. Taylor - Director of Estates and Facilities (to 30 September 2012)	25-30	0	85-90	0	559	544	(8)	0

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

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

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

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

Off-payroll engagements

As part of the "Review of the tax arrangements of public sector appointees" published by the Chief Secretary to the Treasury on 23 May 2012, reporting bodies are required to publish certain information in relation to the number of off-payroll engagements, at a cost of over £58,200 per annum, that were in place at 31 January 2012 and for any new engagements that came into effect between 23 August 2012 and 31 March 2013. This is given below:

Out of the nine new engagements, five were appointed for short-term projects and have now left the Trust. The remainder were appointed by individual departments and the Trust is actively reviewing its arrangements for centralising the appointments process and ensuring all future contracts contain the appropriate guarantees and in all cases, assurances of tax and national insurance compliance will be obtained from individuals or their contracts will be terminated.

Off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012

Number in place on 31 January 2012	12
Of which:	
Number that have since come onto the Trust's payroll	1
Of which:	
Number that have since been re-negotiated/re-engaged to include two contractual clauses allowing the Trust to seek assurance as to their tax obligations	0
Number that have not been successfully re-negotiated, and therefore continue without contractual clauses allowing the Trust to seek assurance as to their tax obligations	3
Number that have come to an end	8
Total	**12**

New off-payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than 6 months

Number of new engagements	9
Of which:	
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Of which:	
Number for whom assurance has been accepted and received	0
Number for whom assurance has been accepted and not received	0
Number that have been terminated as a result of assurance not being received	0
Total	**9**

Tell us about your care

Feedback from patients and families is very important to us.

Around our hospitals you will find that many wards and departments ask your opinion or have comment cards that you can use to make your views known.

In particular, wards and some departments have started to use the NHS Friends and Family Test, and early results have been encouraging.

If there is a problem we want to know about it so we can make improvements and, equally, staff value compliments when you have received a good service.

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

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

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

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

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سوف تتوافر نسخ ملخصات هذه الوثيقة عند الترتيب لذلك بلغة برايل و بالطباعة بالحروف الكبيرة و باللغات المستخدمة في المجتمع من مكتب كبير المديرين التنفيذيين ومن المركز الرئيسي للأمانة ومن مستشفيات ليدز للتعليمية وهي تتبع أمانة الخدمات الصحية العامة LS9 7TF

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

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

کورتەی ئەم بەڵگەنامەیە دەکرێ دەستەبەر بکرێ بە هەم ناهەنگی، لە شێوازی چاپ بۆ کوێر، چاپی گەورە وە بە زمانی کەمەنەتەوایی‌یەکان، لە نووسینگەی سەرۆکی جێ بەجێکردن، سەرکردایەتی متمانەکان، متمانەی NHS (خزمەتگوزاری تەندروستی‌ی نیشتمانی) ی تەخوشخانەی 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 درخواست پر بریل، بڑے حروف اور کمیونٹی کی زبانوں میں مہیا کیا جا سکتا ہے۔ چیف ایگزیکٹو آفس، ٹرسٹ ہیڈکوارٹرز، دی لیڈز ٹیچنگ ہسپتال این ایچ ایس ٹرسٹ، بیکٹ سٹریٹ، لیڈز ایل ایس 9 7 ٹی ایف

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