NHS
The Leeds Teaching Hospitals
NHS Trust

Annual Report and Accounts

2024-2025

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Overview

This section introduces the work of Leeds Teaching Hospitals NHS Trust (LTHT), one of the largest and busiest providers of health services in the country. We deliver acute and specialist services to people from Leeds, West Yorkshire and beyond.

The overview sets out the Trust's core mission and values, and highlights some of our strategic developments and achievements during the 2024/25 financial year.

Chair and Chief Executive's statement

Welcome to the Annual Report for Leeds Teaching Hospitals NHS Trust, looking back at our financial year 2024/25.

This past year has been one of remarkable innovation and resilience for our teams as we have navigated financial and operational challenges while continuing to deliver exceptional care to our patients and the communities we serve.

We are immensely proud of the hard work and dedication our teams put in every day. However, it's important to recognise that we don't always get it right, and sometimes our patients and families are let down by the care we have provided.

As an organisation we are committed to transparency and we welcomed visits from the Care Quality Commission (CQC) to our maternity and neonatal services over the winter. The reports were published in June this year – the CQC has graded the Trust's maternity services as inadequate and neonatal services as requires improvement.

These reports have highlighted some significant areas where we need to improve our maternity and neonatal services, and our priority is to make sure we urgently take action to deliver these improvements.

It is vital that as a Trust we listen more to our patients and their families and understand their concerns so we can address these and ensure everyone's experience is as good and safe as it possibly can be.

We have already taken clear steps to make real and lasting changes, with support from NHS England and the CQC. We are investing in our workforce, focusing on consistently safe staffing levels, and strengthening our culture to prioritise openness, compassion and respect.

We have commissioned an independent external review to complement NHS England's Peer Quality Review of our neonatal services, so that we can better understand the data on neonatal outcomes. The Maternity and Neonatal Improvement Programme Board, led by an independent chair, has been established to bring together input from families and staff, and will build upon the CQC's recommended changes, with the aim that every patient and their family receives safe, respectful and compassionate care.

Recognising and acting upon the moments that matter to our patients is essential to delivering a service that all our patients and their families deserve. For the coming year we have made a Trustwide commitment to build a culture of compassion across all our services.

We also received a Well-Led inspection by the CQC in June this year - the report for which we look forward to receiving in due course.

2024/25 began with a new set of annual commitments introduced to the organisation – known to our teams as the 7 Commitments. This is our way of focusing on the areas that really matter for the year ahead. Last year we took on board feedback from colleagues to ensure these annual commitments were more tangible, relevant and visible. Each commitment represented a key area of focus that all colleagues in the Trust could contribute to, regardless of their role.

It has been inspiring to see how colleagues have come up with new ideas, delivering innovative developments with their teams to ensure progress in these areas of focus has made a real difference to the experience of our patients and staff. The results have been impressive, and you can read about the highlights on page 9.

The past year has seen some incredible headlines being made for treatment firsts and cutting-edge interventions – all happening right here in Leeds. We are proud of the legacy we build upon, and the advances we continue to make in pursuit of excellence in patient outcomes, and we'd like to mention just a few highlights here.

In September we celebrated with one of our patients who has had a donated kidney for 50 years - one of the oldest kidney transplants in the country. This life-giving operation is one we have continued to deliver in our busy renal transplant service that has saved many lives since.

Our commitment to innovative care is stronger than ever, and in August we welcomed the opportunity to show off our AI-enhanced cancer diagnosis and treatment to new Secretary of State for Health, Wes Streeting.

We have been especially proud to share stories of innovation that have had real life-saving and life-changing results for patients, such as a revolutionary surgical treatment – a UK first – to remove a brain tumour through the eye socket. Meanwhile, our liver transplant team helped provide a second chance of life for a patient in the UK's first ever liver transplant for advanced bowel cancer.

You can read more about the highlights of our year on page 27.

While we know we can and must do more to reduce the time our patients wait for the care they need, it's clear we have made significant improvements since the pandemic. Over the past year we have seen continued improvement against national performance standards and West Yorkshire is best in the country for the cancer 28-day faster diagnostic standard.

We're committed to delivering timely access to diagnostic tests and last year we opened two new NHS Community Diagnostic Centres (CDCs) in Beeston and Armley Moor. These have brought a wide range of health services closer to home for many people in these communities. Run by our teams, it means local people no longer have to travel to the city's larger hospitals for these important tests.

We are proud that we continue to play a leading role in our city and regional partnerships, helping shape healthcare priorities and ensuring we are delivering efficient and effective services.

We've continued to embed and improve our intermediate care offer in Leeds through the work of the HomeFirst Programme – our citywide vision to enable a bespoke model of intermediate care that ensures more people can stay at home to receive their care or return home sooner from hospital. As a result of the first 18 months of work, 1,200 fewer adults were admitted to hospital. For those admitted to hospital, length of stay for people requiring support on discharge was cut by 17% and more than 400 people went directly home without needing a bed in an intermediate care setting.

In partnership with Harrogate and District NHS Foundation Trust, we successfully opened our new £12 million Elective Care Hub at Wharfedale Hospital in Otley. The new hub allows for additional operating theatre capacity away from our main acute hospitals, increasing the number of patients that can be treated each week. The theatres are shared between our two trusts, with patient flows and operational delivery jointly agreed. The hub is helping us deliver over 1,200 additional operations per year, increase our efficiency and improve patient experience.

The result of the Government's review into the New Hospital Programme in January confirmed that our Trust has been placed in Wave 2 of the national programme. This means that construction of a new hospital at Leeds General Infirmary will not start until at least 2033. We were also asked to pause development of the scheme until 2030.

We are of course extremely disappointed to hear that we will be unable to start construction until this late date. Whilst the announcement has delivered a formal commitment from the Government, and an appropriate scale of investment, the timeline for delivery does not reflect our ambition, our state of readiness, or our clinical and infrastructure needs. For some time now, we have had well-developed plans, a cleared construction site, and made considerable progress with our preparatory works to build this new hospital for our patients, staff and communities, and we remain ready to start.

Our priority is to now ensure we can provide safe and effective patient care in appropriate environments. To this end, we have welcomed the opportunity to continue engagement with the Department of Health & Social Care to identify future opportunities to bring forward our new hospital plans where possible and mitigate any impact of this delay on our hospital services and our ageing estate.

We know with challenges come new opportunities, and we're pleased that our plans elsewhere continue to forge ahead.

Over the last year, the new Centre for Laboratory Medicine at St James's Hospital has continued to make strides towards being fully operational and is on track to be so later in 2025. The new laboratory facilities will be a key part of an extensive remodelling of pathology services across the region and will help us meet the growing demand for specialist care with the latest cutting-edge technology.

City leaders recently announced that plans for the Leeds Innovation Village, a key neighbourhood within the city's £2 billion Innovation Arc, and one of the flagship projects of the £160 million West Yorkshire Investment Zone, will still go ahead despite delays to the new hospital plan. One of the first of these developments is the transformation of the Old Medical School at Leeds General Infirmary into a cutting-edge healthtech innovation hub by Scarborough Group International. We're pleased that these partnerships, which include West Yorkshire Combined Authority and local universities, continue to go from strength to strength.

For more on these developments, see page 12.

In a year marked with economic uncertainty and much lower levels of growth, we are proud of the way we have stepped up to face these challenges in The Leeds Way. Thanks in large part to the ingenuity of teams across the Trust in contributing to £110.4m in waste reduction, we have been able to deliver our financial plan for the year. We know the next few years will continue to raise financial challenges for the NHS as a whole, but we are confident that we can rise to meet these challenges.

None of what we have achieved would have been possible without the unwavering commitment of our staff to providing timely, effective and compassionate care to our patients.

We're pleased that the latest results of the annual NHS Staff Survey have shown that our Trust compares well nationally, demonstrating an above average or in line position when compared against the national benchmark for similar trusts. We also continue to achieve more equal representation in survey responses across all staff groups, which means we are confident the results will inform meaningful improvements over the next year.

We depend on our staff for so much, and we have continued to strengthen our health and wellbeing programme over the past year. Our health and wellbeing for managers training has seen over 400 managers attend with positive feedback, and we continue to retain more than 800 Mental Health First Aiders, who provide early intervention and signposting to staff across all our hospitals. We have also provided support groups and managers training for working carers, so these colleagues feel confident to ask for the support they need.

Our vision is to provide the highest quality specialist and integrated care, and we are committed to achieving this for our patients, staff and communities. We are excited about the many opportunities that lie ahead of us.

This Annual Report captures just some of the hard work and dedication our staff show every day. We extend a heartfelt thank you to our patients, staff, partners and stakeholders for their unwavering support and trust in us. Together, we will build a healthier future for everyone in Leeds and beyond.

Thank you for being part of our journey.

Dame Linda Pollard
DBE DL Hon.LLD
Chair

Professor Phil Wood
Chief Executive

About us

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

The Trust has a budget of more than £2.1 billion and a 20,000-strong staff. Last year, we treated close to 1.8 million patients, including 109,000 inpatient admissions, 1.3 million outpatient attendances and 359,000 attendances in our Emergency Departments.

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

Our hospitals

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

Our services

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

Our services include:

- High-quality, effective hospital services for our community in Leeds, such as two Emergency Departments, outpatients, inpatients, maternity and older people services.
- Highly specialised services for the population of Leeds, Yorkshire and the Humber, nationally and beyond.

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

We operate a clinically-led structure, which means that doctors, nurses and other healthcare professionals make the decisions on how we run our services. Our clinical service units (CSUs) deliver our services and are led by a triumvirate team, including a clinical Director, a head of nursing or profession and a general manager.

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

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

Our mission, strategic priorities and values - The Leeds Way

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

Our Mission

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

This is underpinned by our
strategic priorities:

- Develop integrated partnership services
- Support and develop our people
- Focus on care quality, effectiveness and patient experience
- Deliver continous innovation and inclusive research
- Ensure financial stability

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

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

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

Our Leeds Way values have not changed, but the behaviours associated with each value have been updated to better reflect how our staff feel we should interact with patients, each other and with partners. The values are shown on the next page.

Our Leeds Way Values

Patient-centred

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

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

Fair

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

We champion inclusivity by prioritising fairness and equality.

Collaborative

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

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

Accountable

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

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

Empowered

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

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

Our 7 Commitments

Along with the wider NHS, we know that there are big challenges facing all of our services, with many competing priorities. Working closely with our clinical teams and senior leaders, we developed what we call our annual 7 Commitments, first launched in 2023. Each year, these give us clarity on what are the most important priorities to focus on over the year.

They are refreshed every year and align with our multi-year goals so that we can realise our strategic priorities and ultimately provide the highest quality specialist and integrated care.

The 7 Commitments for 2024/25 fall under seven headings: Team, Resources, Timeliness, Finance, Research and Innovation, Sustainability, and Care.

We are delighted to share some of the successes achieved under each of last year's 7 Commitments in the graphic on the next page.

Towards the end of the financial year we asked for feedback from our clinical leaders and teams to find out how the 7 Commitments were working in their areas. Taking on board this feedback we have a new set of annual commitments for the year ahead, which build on the work already done and moves the focus to other priorities.

Our 7 Commitments for 2025/26 are:

Compassion: Recognise and act upon moments that matter to our patients.
Team: Support each other to act with kindness and compassion.
Resources: Make best use of our estate, equipment and digital assets.
Finance: Support our staff to manage every £ wisely.
Quality: Be in the top 25% for patient experience and efficiency in Outpatients.
Care: Support our patients to get home a day sooner.
Sustainability: Reduce our carbon footprint by creating greener patient pathways.

2024/25 7 Commitments

SUSTAINABILITY

Reduce our carbon footprint through greener care

£366,775 saved through our **greener medicines workstream**

14.6 Tonnes of CO2e saved by **recycling medicines and inhalers**

78 staff-initiated **Green plans** in progress

CARE

Reduce healthcare acquired infections by 15%

21% reduction in **MSSA blood stream infection** cases

13% reduction in **Clostridium Difficile** cases (CDI)

5 CSUs achieve **15% reduction** (with 3 exceeding)

FINANCE

Deliver the financial plan

£3.4m savings in **energy expenditure**

£5m saved through **theatre productivity improvements**

£2m reduction in **variable pay costs** (RPIW event)

TIMELINESS

Reduce waits for patients

10,000 fewer people on our **waiting lists**

26/119 best trust for **starting treatment within 18 weeks**

28

11.6% improvement in **faster cancer diagnosis** within 28 days

RESOURCES

Use our existing digital systems to their full potential

35+ **transformational digital projects** in the pipeline

64% reduction in time and costs associated with **Outpatient ePrescribing**

£100k potential saving through new approach to **digital learning**

RESEARCH & INNOVATION

Strengthen participation and growth in research and innovation

14,477 participants recruited to **research studies** Jan-Dec

1,333 **'live' research projects** at Leeds

781 Patient and **Public Involvement and Engagement** attendees from Apr-Dec

TEAM

Be in the top 25% performing trusts for staff retention

5.87% voluntary **turnover improved** from 6.77%

25/73 peer organisations for **staff retention**

6 PLACES UP

100% CSUs implementing bespoke **'Workforce Plans'** to improve staff experience

The Leeds Improvement Method

The Leeds Improvement Method (LIM) is the Trust's continuous improvement and daily management ethos. It empowers staff at all levels to drive meaningful change in their work, recognising that those that do the work are best placed to lead improvement efforts. Through LIM, we strive to deliver safe, high-quality care for every patient and foster a better working environment for our people.

The Kaizen Promotion Office (KPO) supports LIM by leading Trust-wide improvement initiatives and delivering education and training. This enables teams to identify and eliminate waste, improving efficiency and delivering greater value to our patients.

Over the past year, we have strengthened alignment with the 7 Commitments, helping teams identify opportunities, address challenges, and test changes to support their delivery.

LIM in action: highlights from 2024/25

This year, LIM has contributed to a wide range of service improvements, including:

Clinical value streams

£350,000 saved through the expansion of the medicines recycling initiative.

30% reduction in porter demand following improvements in patient transfer processes.

45% reduction in late starts in paediatric theatres.

Significant improvement in complaint handling within Neurosciences, with response times **reduced from 24 days to nine days**.

Enhanced theatre efficiency and **improved patient experience** in Hepatobiliary day surgery.

A successful Making Every Day Count improvement event led to **improved patient flow** and **shorter length of stay**.

Building on the previous year's progress, enhanced nutrition and meal delivery practices were extended to nine additional wards in Specialty & Integrated Medicine, **boosting both patient hygiene and staff morale**.

Operational developments

A revised approach to CSU facilitator roles **aims to deepen the local application and impact of LIM** across services.

LIM has been recognised nationally, with recent showcases at both the **BMJ Awards and NHS IMPACT events** across the North East and Yorkshire.

L I M Leeds Improvement Method

CONTINUOUS LEARNING

Education and training

1,173 staff completed LIM Foundation Training, which is now delivered in a more time-effective half-day format.

1,495 nurses, clinical support workers, and administrative staff participated in LIM training through various 'Excellence In' programmes.

In the iLIM programme, **78** participants are currently in progress, **175** have completed the course, and **110** have achieved certification. An impressive **97% of participants said they would recommend the training**.

Intermediate and advanced LIM training has been expanded, with additional graduates from the Virginia Mason Institute.

New bespoke LIM training offers have been piloted successfully, including one designed for Business Managers and another tailored for colleagues with additional learning needs - both received **excellent feedback**, with further cohorts planned.

Building the Leeds Way

This year, the Trust continued to make progress towards our plans to transform healthcare for patients and communities across the region and contribute to the city's regeneration and economic agenda.

Key to this ambition is the Trust's plans to build a new, state-of-the-art hospital which will bring a new home for Leeds Children's Hospital, a new adult's hospital and one of the largest single-site maternity centres at the historic Leeds General Infirmary site. For a number of years, the Trust has been one of the most advanced, developed and ready-to-go schemes within the New Hospital Programme, with an award-winning design, a cleared construction site and considerable progress made with our preparatory works. This follows the planning consent which was secured in 2020 and a scheme that was announced as fully funded and could proceed by the previous Government in May 2023.

Throughout 2024, the Building the Leeds Way programme team continued its important planning and preparation to ensure the scheme remained in a strong position ready to proceed and demonstrated excellent value for public money. The plans are more than healthcare and will unlock land and estate to create an Innovation Village which will bring the latest innovation and technologies to our patients' bedsides and fuel the regional economy.

Work continued to engage with national and regional stakeholders to shine a spotlight on the Trust's robust plans and highlight the urgent need of the new hospital to address the challenges of ageing, Victorian buildings and deliver world-class treatment and care in world-class healthcare facilities.

In July 2024, the new Government announced a review of the New Hospital Programme which aimed to place the national programme on a more sustainable footing. That review concluded in January 2025 and the Secretary of State for Health, Wes Streeting MP, made an announcement in the House of Commons on 20 January 2025 and provided a plan and a timeline to deliver all schemes in the national programme. It was announced the New Hospital Programme will now be delivered through waves of investment.

The announcement confirmed that Leeds Teaching Hospitals has been placed in Wave 2, which means the construction of our new hospital at Leeds General Infirmary will not start until sometime between 2033 - 2035 and the Trust has also been asked to pause development of the scheme until 2030.

This has been extremely disappointing and we have been working closely with partners nationally to understand the impact this delay will have on our hospital services and our ageing estate, which continues to place financial pressures on the Trust and is not reflective of the tremendous treatment and care we provide. Ensuring safe and effective patient care in appropriate environments is our priority and our long-term ambitions remain. We have continued to engage with partners to identify and consider all opportunities to deliver much-needed improvements to hospital services and ageing estate while remaining ready to commence our new hospital as soon as possible.

Commitment to innovation and regeneration in Leeds

Leeds Teaching Hospitals prides itself on being a forward-thinking NHS Trust that embraces and embeds innovation across our hospitals and this commitment to innovation remains.

The plans for our new hospital are more than healthcare and play a pivotal role in harnessing innovation and stimulating growth to make a lasting impact on healthcare for patients in Leeds and the region and become a catalyst for regeneration of our city centre.

The new hospital will release land and estate for mixed-use development and sympathetic heritage building redevelopment to create an Innovation Village in Leeds bringing £13 billion in economic growth for the city and around 4,000 jobs.

Leeds Innovation Village, a key neighbourhood within the city's £2 billion Leeds Innovation Arc, and one of the flagship projects of the £160 million West Yorkshire Investment Zone, will still go ahead despite the delay to the new hospital. In 2024, early phases commenced which involve the redevelopment of the Old Medical School on the Leeds General Infirmary site into a cutting-edge healthtech innovation hub by one of the UK's most active, privately-owned, mixed-use developers, Scarborough Group International.

Leeds Teaching Hospitals joined partners from Leeds City Council, the West Yorkshire Combined Authority, the University of Leeds and Leeds Beckett University to reaffirm unwavering commitment to innovation and growth across the city and confirm that, together, we would continue to deliver on a long-term vision for driving innovation and growth in the city to create a healthier, greener and more inclusive future for all.

Redevelopment work at the Old Medical School is expected to commence in 2025.

Transforming pathology services

Throughout 2024-25, the Trust has continued to make strides in transforming its pathology services to drive improvements in diagnosis, treatment and care for patients across West Yorkshire.

The state-of-the-art Centre for Laboratory Medicine is based at St James's University Hospital site and will become the new laboratory providing transformative pathology services for hospitals across Leeds and West Yorkshire replacing outdated facilities at the Old Medical School.

Accommodating cutting-edge equipment and specialist technologies, the new laboratory is designed to provide faster, more routine and specialist technologies. Equipment has been installed and the Trust is preparing for the laboratory becoming operational in 2025.

The newly equipped facility is part of the West Yorkshire and Harrogate Pathology Network, formed through collaboration with West Yorkshire Association of Acute Trusts (WYAAT) and will support the delivery of pathology services across the region.

This regional partnership will enable the delivery of innovative testing and diagnostics, using the newly-installed advanced equipment to generate results faster and create a more consistent process for all patients, no matter where they live across the region.

During the December 2024 transition of the Laboratory Information Management System (LIMS) we experienced some unexpected technical issues, which impacted some patients from Leeds and Bradford who had blood samples taken at their GP practices and community centres. The main result of this was that some blood tests results were delayed or some were sent in a format which meant that GP practices could not file them into their systems.

Whilst the first release maintained safety within our hospitals, our internal review identified a number of issues across a range of areas. We've used this learning since to improve our approach for the next phase of LIMS switchover, which went live in May 2025, through undertaking a greater amount of testing and more in-depth engagement with primary care and other key partners. This second release better supported our partners to deliver care to their patients.

Working with partners

Regional and local partnerships

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

- Reduce health inequalities
- Manage unwanted variations in care
- Use our collective resources wisely
- Secure the wider benefits of investing in health and care.

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

Key achievements in 2024/2025 include:

- Inputted to a review of the Leeds Health and Care Partnership governance to ensure streamlined processes and improve effective decision making.
- Progressed the rollout of shared pathology services by replacing the old Laboratory Information Management System (Telepath LIMS) with the new LIMS (Winpath); the full rollout is expected next year.
- Improved the accessibility of gynaecology services through the establishment of women's health hubs.
- Continued to embed and improve our intermediate care offer in the city through the work of the HomeFirst Programme.

West Yorkshire Alliance of Acute Trusts (WYAAT)

The Trust is one of six hospitals in WYAAT. This alliance plays a major role in the WYH&CP, working to plan and deliver high-quality patient care. WYAAT is now in the second year of its Five-Year Strategy, 2024-2029, which is built around the six pillars below.

- **Service delivery:** to deliver sustainable services, providing the best outcomes for all of our patients, reducing health inequalities.
- **Workforce:** to recruit, retain and develop our teams.
- **Infrastructure:** to provide the best patient environments and new technologies.
- **Productivity and efficiency:** to provide financially sustainable services and return to levels of productivity higher than pre-pandemic benchmarks.
- **Research, innovation, and improvement:** to support our patients and population to access the latest and best healthcare advancements in diagnosis and treatment and improve population health for all.
- **Ways of working:** to support our teams to share, learn, and grow.

This year WYAAT has initiated a service review which we have been actively supporting. WYAAT is looking at how services can be further streamlined and resources shared across trusts. The outcomes of the review will be shared and begin being implemented in 2025/ 2026.

Leeds Academic Health Partnership (LAHP)

The Trust continues to be a member of the Leeds Academic Health Partnership (LAHP), and Chief Executive, Prof. Phil Wood is its Chair. The partnership brings together local NHS organisations, the West Yorkshire Health and Care Partnership, Leeds' universities, Leeds City Council, Leeds City College, the regional economic enterprise partnership, industry and third sector partners.

This year the LAHP has continued to find innovative ideas to help solve some of the city's health and care challenges, bringing together health and care partners across Research and Innovation to showcase and share ideas. For example, as part of the intermediate care transformation programme HomeFirst, where pioneering digital solutions have included a mobile app for frontline health and care staff to share real-time updates and an interactive shared care record which staff can read and update. They have also created a unique data dashboard, updated daily to enable timely decision-making by multidisciplinary health and care teams across the city.

Leeds Innovation Partnership (LIP)

The Trust is a key member of this partnership, which aims to foster innovation in Leeds and drive the development of an Innovation Arc for the city. Set across 150 hectares of the city centre, this is one of the largest regeneration schemes in the north of England, reinforcing Leeds as a nationally and internationally recognised centre for research, innovation, investment in digital and Healthtech and new business growth.

Despite the disappointing news about the delay in building work on the new hospital we remain committed to the Innovation Arc and in October 2024 the Scarborough Group officially acquired the Old Medical School. They are developing the building to support health tech innovation activity around Leeds Teaching Hospitals' Innovation Pop Up, alongside start-ups, established industry players, academic institutions, government initiatives and community organisations.

Leeds Anchors Network

Anchor institutions are large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. The Leeds Anchors Network (LAN) brings together the city's largest employers including NHS trusts, Leeds City Council, universities, public utilities, and further education colleges to focus on areas where they can make a difference and scale the impact of their anchor initiatives.

Leeds Teaching Hospitals has been an active member of the network since 2018 with our overall approach coordinated by an internal steering group. In November 2024 we conducted out third Inclusive Anchors Progression Framework based on input from lead officers across the Framework's five dimensions; employer, procurement, environment and assets, service delivery, and corporate and civic. All our benchmarked scores are moderate to good and we have made significant improvement in relation to the procurement dimension, with nine of the twelve features progressing since 2021 including engaging local suppliers and embedding social value.

Cancer Alliance

Our Chief Executive also co-chairs the West Yorkshire and Harrogate Cancer Alliance, which this year was named as the top alliance in England for the Faster Diagnosis Standard, based on January 2025, with a performance of 77.6%.

The alliance has also reviewed bladder and pancreatic cancer pathways to support earlier and more equitable detection of cases referred and working to engage with and feed into the Government's 10-year cancer plan due next year.

Wharfedale and Harrogate

In partnership with Harrogate and District Foundation Trust, Leeds Teaching Hospitals has successfully opened new elective care theatres at Wharfedale Hospital. This project has been undertaken as a partnership between the two organisations with patient flows and operational delivery jointly agreed and theatres shared between the two organisations. This ability to deliver additional elective care away from our acute sites will deliver over 1,200 additional operations per year, increase our efficiency and improve patient experience.

Operational transformation

Our Operational Strategy is an ambitious plan to achieve our vision to provide the highest quality integrated and specialist care, delivered in a supportive environment that develops our people and produces optimal outcomes for our patients.

Despite continuing operational challenges, we have seen significant improvement across many of our services in relation to outpatient waiting times and access to elective and non-elective care. Our dedicated teams have delivered patient-centred transformational work that is now improving the experiences of our patients and outcomes across a number of areas including:

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

In Planned care, elective activity in our operating theatres across 2024/25 increased compared to 2023/24, with 4,500 more elective operations taking place in our theatres than we did in the previous year, totalling 37,800. Of these, 1,000 were robotic with 11% undertaken on Paediatric patients. In addition to our elective work, we delivered 15,000 non-elective operations across our theatres including 2,900 trauma procedures at our Major Trauma Centre.

To support surgical CSUs to deliver reduced waiting times we opened two new theatres at Wharfedale Hospital, working closely with Harrogate and District NHS Foundation Trust to develop our latest elective hub. The average number of cases completed in each session has increased by a further 2.3% on the 3% increase we saw last year. However, there remains significant opportunity to improve our productivity and efficiency, allowing us to treat even more patients in 2025-26. An additional 2,472 (13.5%) pre-assessment appointments were completed compared to 2024.

To support our patients in their preparation for surgery we have developed two innovative services: Shape Up 4 Surgery (SU4S) and Shape Up 4 Cancer Surgery (SU4CS). The SU4CS one-year report is currently in development.

The Personal Health Record planned care pathway launch will take place at Chapel Allerton in May for a four-week test period before Trustwide rollout in early July.

Diagnostics

Diagnostics continues to make significant progress with construction completed for the new Centre for Laboratory Medicine at St James's for the West Yorkshire Association of Acute Trusts (WYAAT) Pathology Network and the completion and opening of the new pathology Acute Hospital Laboratory for the Trust at LGI's Jubilee Wing with a migration of services to the new building.

Separately, work is ongoing to ensure that state-of-the-art equipment is available within these new laboratories to support our world-class pathology services.

A new Diagnostic Demand optimisation programme has been developed that will support the **right test** being carried out at the **right time** and in the **right place**.

There are now three operational Community Diagnostic Centres (CDCs), Leeds CDC at Seacroft Hospital, Beeston CDC at James Reed House, and Armley CDC at Armley Moor Health Centre. Our CDCs offer of a range of cardio-respiratory tests, radiology tests and blood tests. The three sites have collectively delivered 106,940 tests between April 2024 to March 2025 which is an increase on 2023/2024 when 67,881 tests were delivered in Seacroft CDC.

Unplanned Care

In Unplanned care, our Emergency Departments have performed better than most in the country in delivering the four-hour Emergency Care Standard and average ambulance handover time.

In September 2024 a Same Day Emergency Care (SDEC) service at LGI, based within the Extended Observation Unit in the Emergency Department opened. This new team provides same day care for LGI specialities with support from a resident doctor.

The Remote Monitoring Virtual Ward launched in November 2023. This enables patients to be safely monitored in their usual place of residence as an alternative to being in a hospital bed. At its inception, the Virtual Ward had eight patients and in March 2025, there were 65 patients.

A test of change was launched in March 2025 to streamline the pathway for patients attending the Emergency Department (ED) with a GP letter. Large numbers of patients were attending our EDs with a GP letter each day following discussion with specialties with an average wait of five hours. The test of change involved identifying patients with a GP referral letter at the front door of ED and transferring them directly to specialty SDEC units or assessment wards, where clinically appropriate and safe to do so. This has reduced the average length of stay in ED for patients with a GP letter from 283 minutes to 217 minutes at St James's Hospital ED and from 272 minutes to 214 minutes at Leeds General Infirmary ED.

The Primary Care Access Line (PCAL) has answered 72,969 calls in 2024/2025. This has enabled 87% of patients to be redirected from our busy Emergency Departments to receive care directly in the most appropriate area, or to remain at home with specialist advice provided.

Cancer

In Cancer, transformation groups for the some of the challenging pathways continue - Lung and Gynaecology in particular. Melanoma/Skin and Lower Gastrointestinal transformation groups are being finalised in June 2025. The Lung pathway continues to focus on maintaining milestone timescales but also considering how MDTs and complex diagnostic pathways can be improved. The Melanoma transformation group has met twice; the pathway is now mapped and bottlenecks identified. These groups are clinically-led project teams, owned by the CSUs and supported by the Corporate Cancer team (CCT) as required.

New project managers within the CCT have completed training in equity and health inequality impact assessments. Key developments include creation of interactive dashboards for oral lesions, prostate, colorectal and endometrial pathways. The dashboards include filters for deprivation, ethnicity, staging and referral source and live feeds from PPM are included.

The use of the Patient Health Record (Portsana) has been implemented into the specialist skin direct to surgery pathway. Work is ongoing to establish the impact on the wider pathway but, to date, it is showing large reductions in time spent on triage of direct-to-surgery patients.

The CCT is working with the multi-disciplinary teams' (MDT) clinical leads and 12 MDTs have now been part of the MDT streamlining with a further four now in progress. Outputs of the process include development of two standards of care, the setting up of a colorectal tumour board and a number of MDTs working in a revised way to create more capacity for complex decision making.

Within Pharmacy there has been transition of 12 pharmacist-led clinics into business as usual, supporting patients on long-term cancer therapies, and the introduction of pharmacy technicians into systemic anti-cancer therapy prescription validation, improving capacity and reducing delays.

There has been a successful launch of a localised Gynaecology cancer MDT, which is expected to accelerate decision making for cancer treatment and reduce unnecessary discussion within the central MDT, improving treatment timelines and patient experience, as well as freeing up clinician time - particularly radiologists and surgeons.

Implementation of Gynaecology Triage and a new pathway for post-menopausal bleeding referrals, to ensure that these patients are seen more appropriately on a routine pathway rather than the two-week wait. This involved collaborative agreement with representation from the ICB and support from the Cancer Alliance.

The Oral Lesions Image Triage pilot, which has been running since September 2024, has provided key outcomes, including two-thirds of referrals safely redirected off a cancer pathway, no false negatives identified during the validation phase, and a reduction in unnecessary face-to-face appointments and investigations. The project has been accepted for presentation at internal and regional conferences and in 2025/26 will be rolled out to other tumour sites.

Work within the Bladder cancer pathway to streamline the front end at diagnostic phase has reduced the delay between different tests, allowing patients to progress through the pathway faster. Planned work for 2025/26 includes reviewing the use of AI-assisted medical imaging reporting for prostate MRI scans.

Outpatients

In **Outpatients,** a key focus for 2024/25 has been to give patients more control over how and when they access care and taking steps to reduce waiting times, delivering a more personalised model of outpatient care. This has included digitised outpatient care, undertaking actions to address reasons why patients miss scheduled appointments, reducing the volume of patients who Do Not Attend outpatient appointments, and supporting more patients to initiate follow-up appointments when clinically needed.

Significant progress has been made throughout 2024/25 to improve the quality of outpatient care across the Trust and reduce the volume of patients waiting for outpatient appointments. Two primary workstreams to achieve this have been to increase the use of Patient Initiated Follow-Up (PIFU) and Advice and Guidance (A&G).

Our use of A&G has increased throughout 2024/25, with 39% more recorded diversions due to use of A&G compared to 2023/24. This equates to an additional 10,500 diversions (April 2024 - Feb 2025 data only), as our clinical teams have supported GPs to 'discuss with' rather than 'refer to' us – enabling appropriate patients to be managed by their GPs and reducing the waiting times for those patients who did need hospital appointments within our hospitals. We have worked with CSUs to improve the recording of our A&G activity to ensure this activity is reported into our system data. We are currently reviewing our A&G processes to standardise and streamline these.

We have increased the use of PIFU across the Trust to support more patients to initiate appointments when needed, releasing outpatient capacity for those with the most clinical need. We have added 13,589 more patients onto PIFU waiting lists in 2024/25 than we did in 2023/24, and our PIFU waiting lists have increased by 60%.

The outpatient programme has created a strong foundation for the management of clinic templates in 2024/25 to standardise and align these to clinicians' job plans. The work to transact templates and increase slots has already commenced and will continue to ensure more patients can be seen within existing capacity in 2025/26 and further reduce the non-admitted waiting list size.

We will embed our use of eOutcomes in 2025/26, an electronic way to record the outcome of an outpatient appointment. This will be underpinned by the use of Robotic Process Automation to improve our data quality and further strengthen patient safety. Further development of our Patient Hub will also improve two-way communication with patients as part of our personalised care agenda. We have completed over 40,000 eforms across 27 different specialties with a detailed rollout plan in place to ensure this is successfully embedded across the Trust.

Further work to ensure the principles of the Get It Right First Time continued. 'Further Faster' handbooks for specific specialty areas were reviewed across all areas and checklists agreed for areas of non-compliance. The handbooks' key recommendations are to reduce unnecessary appointments and improve access and waiting times for patients.

Health equity

Background

Health inequalities are the systematic, unfair, and avoidable differences in health across the population, and between different groups in society. Health equity is when everyone has a fair chance to be healthy. It is the absence of the inequalities that arise due to the conditions in which we are born, grow, live, work and age.

Health inequalities directly impact our services, people's need for healthcare, how people access healthcare, people's experiences of care, and outcomes from treatment.

LTHT Health Equity Strategy

This year we developed our new Trust Health Equity Strategy (2025-28) which builds on our previous progress made. Our vision is to embed equity at the heart of everything we do and to maximise the Trust's contribution to improving health equity within the populations we serve. We recognise that there are lots of things that impact inequalities beyond the control of an acute Trust, but that we do have an important role in improving health equity through our role as a service provider, system partner and anchor institution.

The role of LTHT in improving health equity:

A provider of clinical services

Providing high quality care and addressing inequities through ensuring equitable access, an excellent experience, and optimal outcomes.

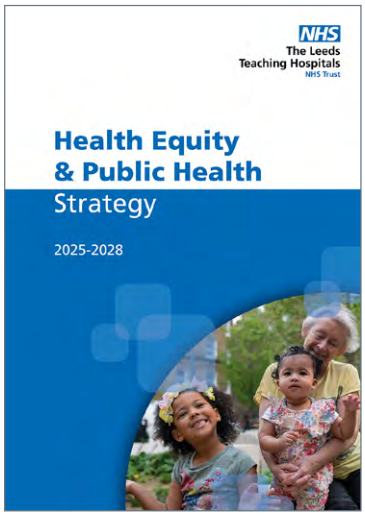
A partner within local health systems

Working with partners (including with communities and the third sector) to address inequities within the health system and society.

An employer and anchor institution

Maximising social value through employment, procurement, environmental impact, facilities and building the Leeds Way.

Health inequalities are complex, pervasive, long-standing issues that require a multipronged approach to improvement. Although we want to get to the stage that our clinical and preventative programmes are equitable, there are foundational elements and enablers that need to be in place to support this change. This is why we organise our work around our priority building blocks, shown on the next page.



Our priority building blocks for Improving Health Equity:

Progress made

In October 2024, to support our understanding of progress made on health inequalities, Trust Board members were asked to complete a health inequalities board self-assessment based on a tool developed by NHS Providers. The themes assessed were:

1. Building public health capacity and capability
2. Data, insight, evidence and evaluation
3. Strategic leadership and accountability
4. System partnerships

Overall, the assessment was positive, showing across domains 1-3 we are 'maturing' and domain 4 'thriving'. This shows that in terms of tackling inequality, we have many of the fundamentals in place, but there are opportunities to embed and scale up our work going forwards.

Our partnerships across Leeds and West Yorkshire are a particularly important part of our work to tackle inequalities. Leeds is a 'Marmot City,' and we share the ambition collectively with our partners to make Leeds a fairer and healthier city. This year, LTHT has been part of the formation of the Leeds Healthcare Inequalities Oversight Group. This group focuses on the systems and processes we need to develop as a city to embed equity into the heart of healthcare.

As a Trust, multiple teams have been working hard throughout the year to improve access, experience and outcomes for our communities most at risk of health inequalities. It is impossible to capture the breadth and depth of this work but some key achievements from 2024 are shown on the next page.

Achievements 2024

OUR FOUNDATIONS

1. **Making the invisible visible:** Equity data embedded within a range of data dashboards including Outpatients, Maternity, ED and Cancer.
2. **Multiple tailored patient engagement** activities targeting patient groups experiencing or at risk of known healthcare inequalities. e.g. Respiratory patients, maternity patients who smoke, people in recovery, young people accessing A & E to understand their experience of safeguarding, digitally excluded groups.
3. **Maturing:** Outcome of our Trust Board self-assessment on health inequalities work at LTHT.

OUR ENABLERS

4. **Equity embedded** into all Quality Improvement projects within Maternity Services.
5. **Over 150 people** attended cross provider good practise events focussed on practical action to reduce missed appointments and improve health equity.
6. **Building our workforce capacity and confidence:** Training developed and delivered throughout the year on health inequalities, inclusive engagement, smoking cessation, drugs and alcohol, and brief advice.
7. **Equality & Health Inequality Impact Assessment tool** adopted and rolled out.

OUR DELIVERABLES

8. **Over 20 improvement initiatives** taking place by teams across LTHT to improve inequalities in access, experience or outcomes e.g. Improving access for black men.
9. **100's of patients seen by our social prescriber** in A&E improving health equity through supporting patients with non-clinical needs.
10. **90% of inpatients screened for smoking and alcohol** on admission to hospital and linked to specialist services.
11. **Over 1000 smokers supported to quit** through our fully established Stop Smoking Service.

Health inequalities reporting

Reported below is the data required to be published in the Trust's Annual Report in line with the duties outlined in NHS England's statement on Information on Health Inequalities. It should be noted that other types of trusts (e.g.: community and mental health) and Integrated Care Boards have different reporting duties under the statement. These sources together provide a fuller picture on health inequalities.

Alongside the indicators reported below, within our new Health Equity Strategy (2025-28) we have committed to disaggregating a set of 10 key performance measures by Index of Multiple Deprivation (IMD), ethnicity, learning disability and age.

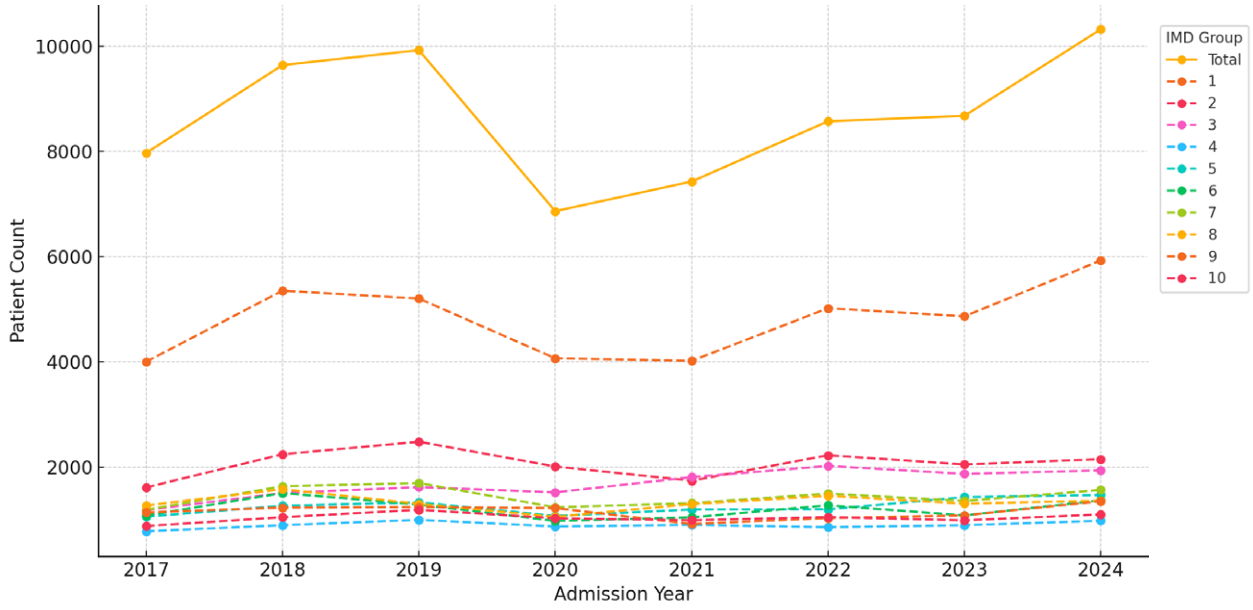
Smoking Cessation Services

Smoking is the leading cause of preventable illness in the UK. Supporting people to stop smoking is one of the most impactful actions we can take to tackle health inequalities. Our Trust's smoking cessation service was established in 2022 and is now covering **90% of our inpatient wards** (up from 60% in 2023/24) and offering support to **100% of pregnant smokers**. During 2024/25 the service provided support to over 7,000 smokers in our care and helped **over 600 patients to quit.**

Elective activity vs pre-pandemic levels for under 18s

The chart below shows elective admissions for under 18s from 2017 to 2024 broken down by IMD (1 being most deprived and 10 being least deprived). We can see that total elective activity has recovered to a higher rate in 2024 then it was prior to the pandemic. We can also see that between 2023 and 2024 elective activity increased at a faster rate in IMD 1 than those in IMD 2-10. This is a welcome trend, as elective activity is better for patients and will help to address the disproportionate need for emergency admissions observed within patients from IMD 1 due to unmet health needs. This is in line with the Leeds city ambition to improve the health of the poorest, fastest.

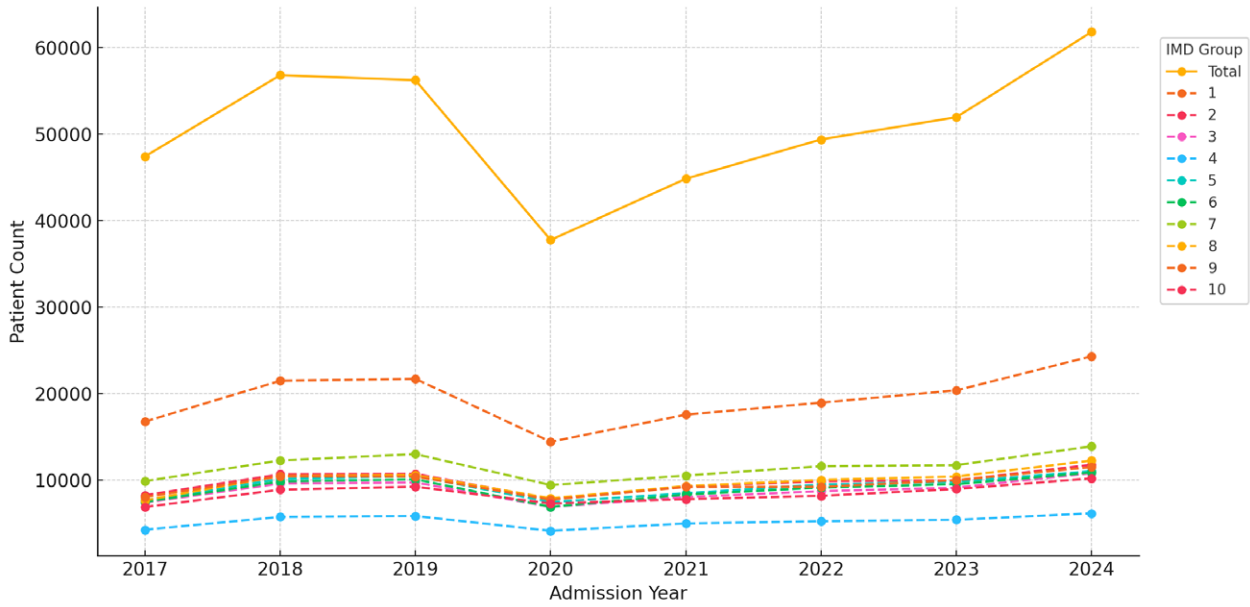
Under 18 Elective Admissions



Elective activity vs pre-pandemic levels for over-18s

The chart below shows elective admissions for over 18s from 2017 to 2024 broken down by IMD (1 being most deprived and 10 being least deprived). We can see that total elective activity has recovered to a higher rate in 2024 than it was prior to the pandemic. In 2024, adults in IMD 1 made up 39% of elective activity, despite only accounting for approximately 26% of the adult population of Leeds. This trend is expected due to the higher burden of ill health in more deprived neighbourhoods. It is important to address the unmet needs of those living in more deprived neighbourhoods with planned care to reduce unpleasant and costly emergency admissions.

Over 18 Elective Admissions

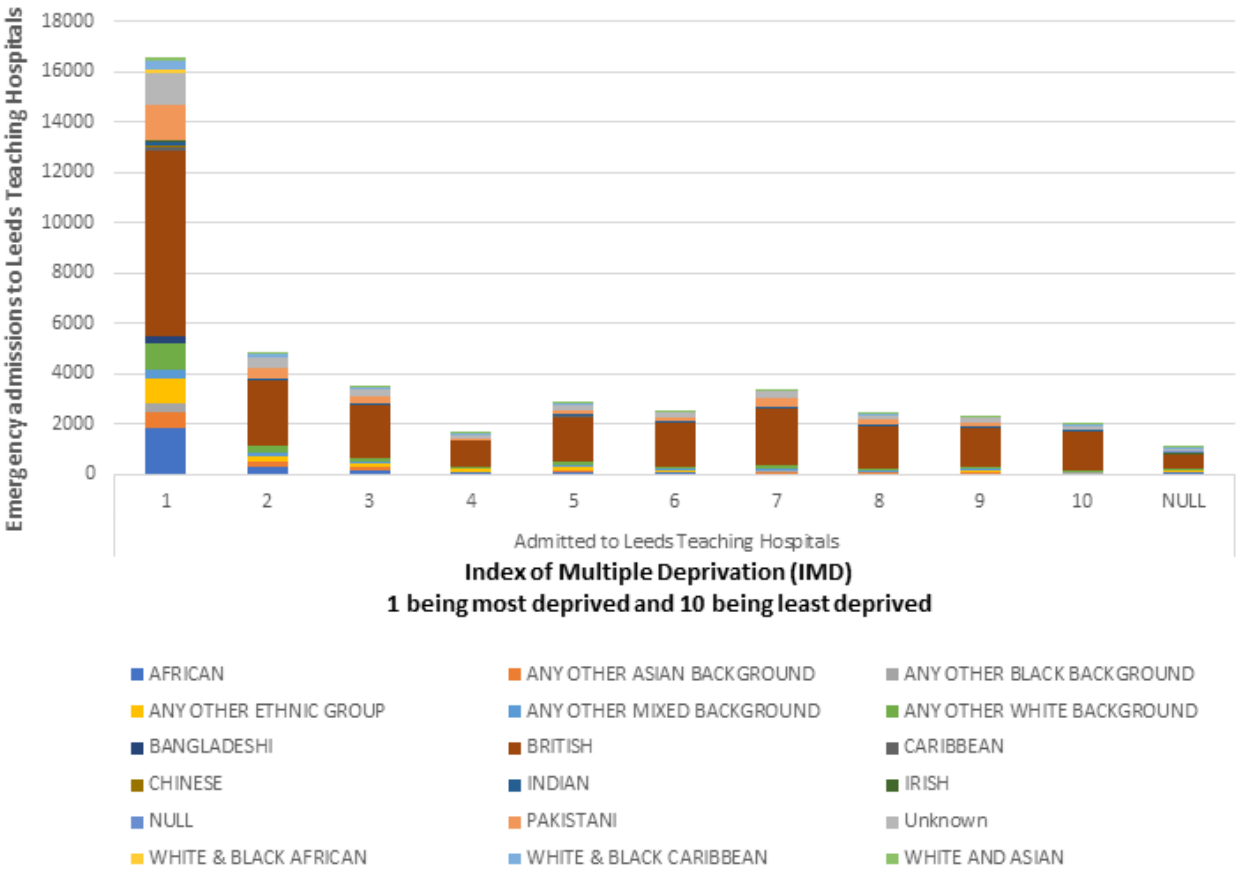


Emergency Admissions to LTHT for Under 18s

If we examine our emergency admissions resulting from attendance at the Emergency Department for children and young people by the IMD, we can see that 38% of our admissions are from 0–17-year olds who live in our most deprived communities (IMD 1). This is 4% (approximately 2,000 admissions) higher than expected if these rates were to reflect the population make up of Leeds where 34% of Leeds children reside in IMD 1 neighborhoods.

Overall, only 56% of admissions were recorded as being White British, compared to 64% of the overall population of children in Leeds. If we further examine this breakdown by ethnicity, we can see that ethnic minority groups make up the majority (56%) of admissions within IMD 1. Broadly, as we move up the Index of Multiple Deprivation, the proportion of emergency admissions from ethnic minority communities decrease (47% in IMD 2 to 24% in IMD 10). This broadly reflects the population, where we know ethnic minorities are disproportionately represented in more deprived communities.

Emergency Admissions for under 18s by Index of Multiple Deprivation and Ethnicity, 2024/5



Tooth extractions in children

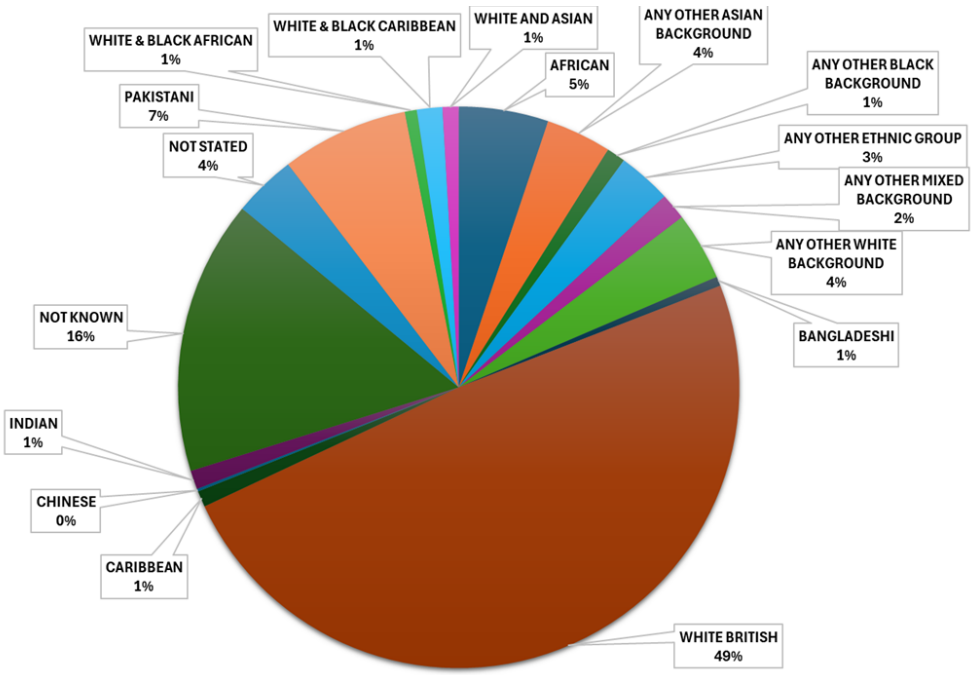
Tooth extractions in children are an important marker of poor oral health. They reflect the presence of tooth decay which is generally preventable with good oral hygiene and access to dentistry. The data below shows all 1,298 children's tooth extractions undertaken at the Trust from Jan 2024 to March 2025 (note that the data does not specify that decay is the cause of the extraction). In Leeds, 34% of children live in IMD 1 neighborhoods but they account for 44% (573) of the tooth extractions undertaken. In 2-, 5- and 8-year-olds, children living in IMD 1 make up more than half of children requiring dental extraction highlighting the large inequalities in dental health.

If we examine the data by ethnicity (see pie chart below), we can see that 49% of the tooth extractions in children aged 1-10 years were in children who are White British. Other ethnic groups made up 31% of all extractions in children aged 1-10 years. However, as ethnic origin was unknown/not stated in 20% of cases, this makes it challenging to draw any conclusions in relation to inequalities relating to ethnicity. This also highlights the need for the Trust's plan to strengthen data quality and health inequalities reporting.

The table below shows children hospitalised for tooth extractions by age and IMD for Jan 2024 to March 2025. IMD 1 stands for the 10% most deprived neighborhoods nationally.

Age	Number of Tooth extractions (2024/5)	Number of tooth extractions in children living in IMD 1	Proportion of tooth extractions from children living in IMD 1
1	6	2	33%
2	26	16	62%
3	43	18	42%
4	80	33	41%
5	179	98	55%
6	201	83	41%
7	199	81	41%
8	175	92	53%
9	213	83	39%
10	176	67	38%
TOTAL	**1298**	**573**	**44%**

Tooth Extractions in 1-10 year olds by ethnicity (2024-2025)



The year in review

APRIL 2024

We put the spotlight on our wonderful administrative colleagues in our second Celebrating Admin awards ceremony, held at the Thackray Medical Museum. Winners and highly commended staff were nominated in six categories, recognising the vital role played by the Trust's administrative staff in ensuring the smooth running of our services.

MAY 2024

Congratulations to Misbah Mahmood, Deputy Chief Midwifery Information Officer, who was awarded the prestigious Chief Midwifery Officer Silver award from the National Chief Midwifery Information Officer, Jules Gudgeon. The award recognises midwives whose performance goes above and beyond their everyday role, and celebrated Misbah's leadership and passion.

JUNE 2024

The first diggers broke ground at Seacroft Hospital, location for the planned Rob Burrow Centre for Motor Neurone Disease. The milestone event was attended by many of the project's supporters, including clinical staff, Leeds Hospitals Charity fundraisers, architects, patients and their families, Rob's parents and sisters, and Kevin Sinfield.

JULY 2024

The simple step of saying '*Hello, My Name Is...*' to a patient or visitor is instantly warm and reassuring, and it's the reason why 10 years ago Dr Kate Granger launched her campaign of the same name. This month, the campaign was relaunched where it all started – across our hospitals in Leeds - encouraging staff to pledge to introduce themselves and get a Hello, My Name Is badge.

The Trust's annual Time To Shine awards was the largest celebration event yet, thanks to funding from Leeds Hospitals Charity and Sovereign Health Care. It was the first year that the awards categories were themed around each of the 7 Commitments, with 500 nominations from across the organisation showcasing the breadth of dedication and hard work.

AUGUST 2024

We celebrated one of the oldest kidney transplants in the country this month. In 1974, 13-year-old Mike Shepherdson went into surgery at St James's Hospital for what was in those days a rare operation and certainly one that never happened on children. Thanks to the organ donor, their family, and the team that gave Mike his new kidney on that day, he has gone on to live an extra 50 years of life, something that he remains ever grateful for.

A new show garden created by the Stroke Association, which won bronze at this year's RHS Chelsea Flower Show, was moved to its permanent home at Chapel Allerton Hospital. The 'Garden for Recovery' was officially opened by Emmerdale actor Mark Charnock and provides a place for connection and rest for stroke survivors and their families, supporting them in achieving their best possible recovery.

SEPTEMBER 2024

Congratulations to the Leeds Twins & Multiples Midwifery team, which made the national finals of the NHS Parliamentary Awards after winning the regional NHS Nursing & Midwifery Award. Laura Jones and Nicky Nicholson are specialist midwives providing dedicated care to patients pregnant with a multiple pregnancy. They pride themselves on giving patients continuity, expert care and support during high-risk pregnancies.

NIHR | National Institute for Health and Care Research

A £2.7 million study to improve gallstone treatment launched at Leeds. The trial, led by LTHT and the Clinical Trials Research Unit at the University of Leeds, seeks to resolve the clinical uncertainty surrounding whether patients benefit from gallbladder removal following successful removal of gallstones from the bile duct. The study is funded by the National Institute for Health and Care Research and will be conducted over three years.

OCTOBER 2024

The NHS Community Diagnostic Centre (CDC) - Beeston was opened in Leeds, bringing a range of health services closer to people in the community. The LTHT-run centre offers ultrasound, a range of cardio-respiratory services including ambulatory blood pressure tests, ECG, and sleep studies, and blood tests (phlebotomy) - bringing important services closer to home.

A new £12 million Elective Care Hub was opened at Wharfedale Hospital, which includes operating theatres and wards, reducing the time patients wait for surgery and providing protected space for planned operations to take place. The new hub allows for additional operating theatre capacity away from the Trust's main acute hospital sites, increasing the number of patients that can be treated each week.

NOVEMBER 2024

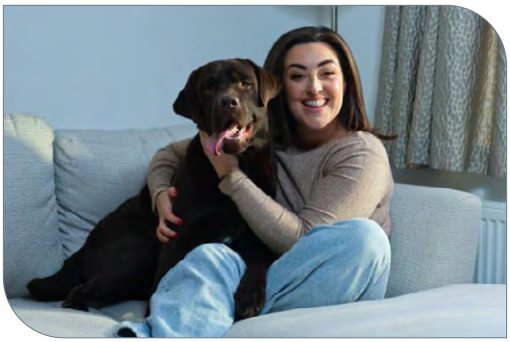
Ten years of fun and laughter were celebrated at Leeds Children's Hospital with a 'Giggle Doctor takeover'. These professional performers from Theodora Children's Charity undergo specialist training for over two years to equip them to work in hospitals and understand the needs of young patients alongside the hospital Play team. Play therapy is a vital intervention to help reduce children's stress and anxiety when in hospital.

DECEMBER 2024

We were proud to mark 20 years of our Newborn Hearing Screening, a service that has tested the hearing of more than 180,000 babies since it was established in 2004. Over two decades, the team of 14 screeners has provided families in Leeds with early detection of hearing loss, enabling them to access the intervention and support they need. Early detection enables babies and their families to access appropriate support from the paediatric audiology team, ensuring the best possible start in life.

JANUARY 2025

The UK's first liver transplant for advanced bowel cancer was made possible in Leeds thanks to the collaboration between the liver transplant team at LTHT and the cancer centre at The Christie NHS Foundation Trust in Manchester. Bianca Perea from Manchester became the first person in the UK to undergo the procedure, which successfully removed the tumours and led her to being cancer free.



Also this month – another UK first. Ruvimbo Kaviya became the first person in the UK to have a brain tumour surgically removed through her eye socket. The minimally invasive surgical technique avoids large incisions and lengthy recovery time typically associated with operating on this area of the brain. The approach has the potential to transform the lives of people with skull base tumours.

FEBRUARY 2025

Patients were able to start accessing a wide range of health services at a new NHS Community Diagnostic Centre, which opened at Armley Moor Health Centre. The CDC, operated by LTHT, offers tests including ultrasounds, ECGs, blood tests, blood pressure checks, sleep studies and spirometry testing. It meant local people no longer had to travel into the city's larger hospitals for these tests.

MARCH 2025

A milestone was reached this month for our stop smoking service, funded by Yorkshire Cancer Research. More than 1,000 patients have now successfully quit smoking thanks to bedside interventions for patients in hospital. The service launched in November 2022 and offers people access to nicotine replacement products and tailored support. They may also be referred to community services for follow-up support once discharged.

Clinical staff from the Children's Emergency Department LGI joined forces with specialist officers from West Yorkshire Police to deliver a series of knife crime prevention workshops in seven secondary schools across Leeds this month. The pilot project looked to reach pupils in years eight and nine as part of ongoing partnership efforts to deter young people from carrying knives by showing the severe consequences of knife crime.

You can find out more about the Trust's work at
www.leedsth.nhs.uk

or by following us on Facebook and Twitter.

Notable visits

Our work attracts regional, national and global interest and we are always delighted to share it with visitors.

Over the year, we updated visitors on our Building the Leeds Way plans and invited them to tour the state-of-the-art Centre for Laboratory Medicine at St James's. We showcased the exciting work being done at our pioneering Innovation Pop Up and shared our intention to develop the Old Medical School into a healthtech innovation hub as the cornerstone of a new Innovation Village in Leeds.

Visitors were also keen to hear about other infrastructure programmes around the Trust, including progress on digital and IT and how we are reducing our carbon footprint.

There were many visits to staff teams to hear about their great work, including those working at our Major Trauma Centre, our Cardiology Catheter Labs, and at our Leeds Cancer Centre.

Last year we had too many visitors to mention individually, but they included:

- **Wes Streeting MP**, Secretary of State - Health and Social Care.
- **Hansjörg Wyss,** Swiss philanthropist and founder of The Wyss Medical Foundation.
- **Patrick Carter,** Baron Carter of Coles.
- **Ed Anderson,** Lord Lieutenant for West Yorkshire.
- **Amanda Pritchard,** Chief Executive of NHS England.
- **Prof. Sir Stephen Powis,** National Medical Director, and **Jane Ellison**, Non-Executive Director, from NHS England.
- **Marti Pellow,** musician and vocalist from the band Wet Wet Wet.
- **Rachel Reeves MP,** Shadow Chancellor of the Exchequer (prior to General Election 2024).
- **Karin Smyth MP,** Minister for Health.
- **Hilary Benn, MP** for Leeds South.
- **Katie White, MP** for North West Leeds.
- **Dr Vin Diwakar,** NHS England's National Director for Transformation.
- **Rt Rev. Nicholas Baines,** Anglican Bishop of Leeds.
- **Arun Arora,** Anglican Bishop of Kirkstall.
- **Marcus Stock,** Catholic Bishop of Leeds.

Section 1

Operating and financial review

Section 1 - Operating and financial review

1.1 Performance analysis

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

a. Referral to Treatment Times (RTT) - how long our patients wait to begin treatment after being referred to our services,

b. Emergency Care Standards (ECS) - how long our patients wait for treatment,

c. Diagnostic Tests - how long our patients wait for tests,

d. Cancer - how long patients with cancer wait for a diagnosis and treatment.

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

Our performance

During 2024/25 we have again needed to increase the number of patients who were diagnosed and treated within our services to allow us to reduce waiting times for patients. During the year we delivered 1,259,785 outpatient appointments, which is an increase of 193,756 appointments on our 2023/24 activity. In addition to this we have performed 222,377 procedures within an outpatient setting, which represents a 31% increase on our 2023/24 position, and we treated 109,212 patients as a day case or elective inpatient, representing a 28% increase.

358,837 patients attended our Emergency Departments (EDs) during the year representing an increase of 4% over the course of the year.

We have focussed during the year on ensuring that we use our capacity productively. We have sought to ensure that patients are treated in the most appropriate environment, that they do not remain in hospital for longer than they need, and that we use capacity efficiently.

Our services report on these measures through service delivery contracts to ensure that there is a clear line of reporting and accountability as to the levels of service we deliver for our patients. Oversight and assurance continues via reporting to the Finance and Performance Committee and to the Trust Board.

Referral to Treatment Times (RTT)

The 2024/25 operational planning guidance required trusts to eliminate waits of over 65 weeks for elective care by September 2025 and reducing waiting times for patients remains part of our plan to recover towards the constitutional standard of delivering care within 18 weeks of a referral being made.

In April 2024, the starting position for total 65-week risks for the Trust to reduce was 348 patients. The Trust did not deliver zero patients waiting 65 weeks by the end of September 2024 but significantly reduced the number waiting to 25 by the end of March 2025. There were 44,008 patients that needed treatment during the year to ensure that they did not wait over 65 weeks and these needed to be treated along with all of our patients who needed more urgent care and so were prioritised for treatment. Clinical services have worked resolutely across the year to improve waiting times for our patients.

Nationally, for treatments within 18 weeks of referral to our services, LTHT ranks 23rd out of 118 trusts, which is an improvement on 2023/24 when we ranked 32nd of 119 trusts. For over-65-weeks, we have finished

the year ranking 67th of 118 Trusts, which demonstrates a significant improvement of 29 points against the 2023/24 position when we ranked 96th of 119 Trusts.

Eliminating long waits is extremely challenging, particularly recognising the difficulties with dating all patients breaching each month in our most challenged specialties. This has been noted at LTHT prior to the pandemic in areas such as neurosciences when trying to ensure that no spinal surgery patients waited over 52-weeks and then in recent years recovering from the pandemic with the additional challenge of trying to ensure that no patient waited over 104, 78 and now 65 weeks. A lack of capacity for specific specialist procedures internally, in neighbouring trusts, and in the independent sector means that any additional capacity available must be balanced between treating patients who have waited a long time for treatment and those needing to be prioritised for clinical reasons. The planning guidance for 2025/26 requires us to ensure that fewer than 1% of patients wait over 52 weeks for treatment.

We will continue to reduce the total waiting list in the coming year. The total waiting list size at the end of March 2024 was 91,937 with a closing position in March 2025 of 89,091, a reduction of 1,940, which equates to 2.1%.

We have continued to manage our most urgent procedures in line with guidance developed by the Federation of Specialty Surgical Associations, which categorised procedures as requiring treatment within specified time bands. This means that those patients deemed to be less urgent experience longer waits for care. Prioritisation of patients according to clinical need is important in reducing the risk of patients deteriorating during any waits for treatment. The Trust also undertakes reviews of patients experiencing longer waits to determine whether patients have come to harm as a result. These reviews are reported to the Quality Assurance Committee and to the Board.

Emergency Care Standard (ECS)

The 2024/25 Priorities and Operational Planning Guidance required ECS to be delivered at 78% by March 2025. ECS delivery for March 2025 was 79.3% at LTHT. For the same time last year ECS delivery was at 76.8%. The Trust was also able to demonstrate an improving position when compared to the England national average for March 2025 which was 72.4% and ranked 21st for ECS delivery out of 118 Trusts.

This is a nine-point improvement from March 2024 when LTHT ranked 30th.

Our March 2025 position demonstrates that out of 10 peer trusts, LTHT placed first for ECS delivery with the second highest volume of attendances. This demonstrates the hard work and commitment of the LTHT teams to ensure that our patients received urgent and emergency care within the four-hour target and demonstrates embedded improvement from 2023/24 when LTHT delivered on the same positions amongst peers, whilst improving our national position in 2024/25.

The March 2025 position was delivered in an environment of increased admissions to the Trust. Attendance levels to the EDs remained high in 2024/25 with 358,837 attendances across all our departments representing an increase of 4% over the course of the year. Average attendances for 2024/25 were 29,903, up from 28,738 in 2023/24.

Diagnostics

The Trust did not deliver the 2024/25 national planning guidance target for the Diagnostic standard. We have seen challenges with capacity and staffing in some areas and this has resulted in patients waiting longer than six weeks for diagnostic tests in some areas.

Recovery trajectories have been developed with clear actions, such as increasing capacity within the Community Diagnostic Centre at Seacroft on a Sunday for CT scans, additional capacity for Ultrasound, and the installation of new accelerator software on MRI scanners.

In February 2025 (latest data available), LTHT ranked 69th out of 118 Trusts for diagnostic performance when compared against acute trusts which is a decrease from the same time in 2024 when we ranked 13th of 119 trusts.

Cancer

The national requirement was to improve performance against the headline 62-day standard to 70% by March 2025.

Since October 2023, all patients on a pathway for a first cancer treatment are included in this standard, which previously only monitored new GP referrals, and upgraded patients (incidental findings of suspected cancer, usually initiated by a secondary care consultant) were excluded. The national position for LTHT in February 2025 was 88th of 118 trusts, which was a three-point increase on 2023/24 when we were ranked 91st of 119 for the 62-day standard.

The trajectory set for 2024 was in line with the requirements of the Priorities and Operational Planning Guidance for 2024/25. This required a year end position of 70%. Throughout the year, the trajectory has largely been achieved with slow and steady improvement, with minimal variation and surprises in performance.

There was a small improvement to March 2025 with delivery of 65.9% but that has not delivered against our plan for the end of the year. Further improvements will be delivered in the coming year and a trajectory for 2025/26 has been set to deliver improvement to 75% of patients beginning treatment for cancer within 62 days of referral by the end of the year.

28-day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026

The 28-day Faster Diagnosis Standard requires providers of cancer diagnostic services to confirm a diagnosis to patients referred with suspected cancer within 28 days. Delivery against this standard has shown sustained improvement during 2024/25 and LTHT ended the year delivering above this trajectory with the standard achieved for over 84% of patients in March 2025.

Nationally, LTHT significantly improved our ranking to 37th out of 118 Trusts at the end of 2024/25 and improvement on 2023/24 when LTHT ended the year 92nd out of 119 Trusts.

1.2 Improving quality

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

Quality and safety are an integral part of the Trust Strategy 2024-26 and our vision to provide the highest quality specialist and integrated care. Our Patient Safety and Quality Strategy 2024-27 sets out how we will develop our patient safety culture, learn from incidents and change the way we investigate through implementing the Patient Safety Incident Response Framework (PSIRF).

Our quality improvement programme remains key to addressing patient safety challenges: we have continued with our collaboratives and the achievements are set out in our Quality Account 2024/25. The Leeds Improvement Method (LIM) has continued to provide a framework to address safety improvements and we have revised and updated our Improvement Strategy.

We have continued to work with our external stakeholders and regulators to ensure that we provide safe care to all our patients in the face of sustained pressures across the healthcare system. We will continue to embed The Leeds Way values and our People Priorities, creating a positive culture where staff feel engaged in the work that they do. We are extremely proud of our staff who have focused on providing safe care and improving quality for our patients and taking the time to support and care for each other. We continue to listen to and empower our patients and the public in order to understand the value of services and how we can improve.

We have refreshed our annual commitments for 2025/26 with our senior leaders and Board, focusing on improving the quality of care and supporting our staff. We have continued to work with our clinicians, managers, staff and local partners at Leeds Health and Care Partnership, NHS West Yorkshire Integrated Care Board, and Healthwatch Leeds to build on our improvements and identify our priorities for 2025/26.

Further information on key improvements in the quality of care and patient safety, the Trust's performance against national standards, goals agreed with commissioners and our plans for 2025/26 is summarised in our Quality Account, published in June 2025.

1.3 Finance review

The financial year ending on 31 March 2025 has been another challenging year for the Trust with the ongoing impact of inflation resulting from worldwide events, the change in Government and senior NHSE leadership, and the announcement of the disappointing delay to our plans for a new hospital.

In 2024/25 the NHS Financial Regime was largely similar to the previous year. In relation to elective recovery funding, payment moved from the local payment mechanism in place with West Yorkshire ICB in 2023/24 to the national system of a type of Payment by Results for most non-urgent patient care.

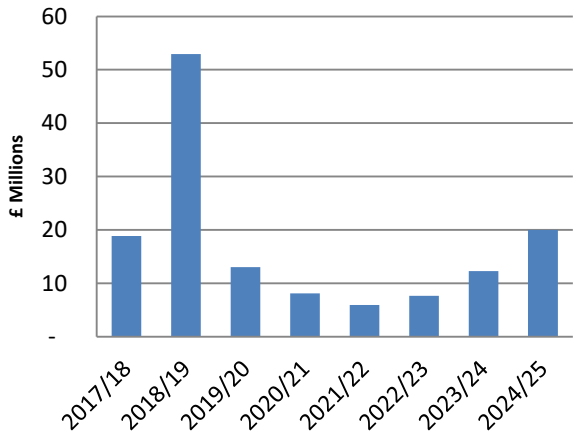
Despite these pressures and changes, the year has seen continued strong financial results. The Trust's Finance Directorate, encompassing Finance and Procurement, have been integral to the Trust's delivery of a Waste Reduction Programme of £110.4m.

Overall, 2024/25 was another year of financial success and achievement for the Trust, with the following highlights from a financial point of view:

- Achievement of our final financial plan through delivery of a revenue surplus, which is the eighth consecutive year of surplus (see table 1 below).
- Significant level of capital investment of £76.5m (see table 7).
- Delivery of a mitigation and Waste Reduction Programme of £110.4m, significant as it represents the third year of delivering >£100m.
- Cash balance of £82m.
- Maintained achievement against the Better Payments Practice Code for paying suppliers promptly of 95% (see table 6).
- The Procurement Team achieved the prestigious Customer Service Excellence accreditation, a national recognition managed by the Cabinet Office for public sector organisations.
- At the Annual Healthcare Financial Management Association Awards, the Costing Team won the 'Delivering Value with Digital Technologies' award for their innovative Workforce Production Board dashboard, and the Head of Nursing for Specialist and Integrated Medicine won 'Working with Finance – Clinician of the Year'. The Trust is starting to work closely with NHS England on how the dashboard can be incorporated within the Federated Data Platform.
- The Procurement Team won 'Outstanding Procurement Initiative' at the Chartered Institute of Public Finance and Accountancy Awards for the Pan Pathology Managed Service Contract, a collaborative project spanning Leeds, Mid-Yorkshire, and Calderdale & Huddersfield NHS trusts.
- A colleague within the Project Management Office team has been shortlisted for 'Digital Innovator of the Year' at the Health Service Journal Digital Awards, with the winners to be announced in June 2025.

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

Table 1: Adjusted retained surplus/(deficit)



Income and expenditure summary

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

A sustainable surplus is important because it allows the Trust to maintain a level of autonomy within the NHS and demonstrates our good governance in balancing the financial requirements with the need to deliver high quality patient care, supporting the performance requirements. Further, whilst the financial rules within the NHS to some extent restrict the Trust's ability to invest surpluses in capital expenditure, a sustainable surplus gives more flexibility for the Trust in this area. Capital expenditure is used to maintain and improve our estate, purchase medical equipment, or develop our digital infrastructure to provide modern healthcare to our patients in safe surroundings.

The Trust has delivered an adjusted financial performance surplus of £19.8m. The performance contributed to the West Yorkshire ICB achieving its control target for 2024/25.

For 2024/25, the Trust continued to be contracted via the Aligned Payment Incentive Approach (APIA). The majority of the income received under this revised national contractual approach was fixed. The main variable elements to the income received into the Trust related to elective activity and NHS England commissioned drugs and devices. The Trust performance in elective delivery secured additional funding via the Elective Recovery Framework from the ICB and NHS England Specialised Commissioning of £52.8m based on the commissioner allocations increasing.

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

Table 2: Income received from different sectors

	2017/18 Actual £000	2018/19 Actual £000	2019/20 Actual £000	2020/21 Actual £000	2021/22 Actual £000	2022/23 Actual £000	2023/24 Actual £000	2024/25 Actual £000
NHS England	498,293	515,025	589,857	619,924	702,831	816,560	817,726	895,744
Integrated Care Board	522,806	543,232	588,855	652,340	778,854	772,150	816,412	913,276
Non-NHS: Private Patients	5,857	4,907	5,535	3,706	3,845	1,437	1,386	1,502
Other income from patient care activities	7,266	20,448	8,739	6,234	7,375	8,337	9,647	12,464
Other operating income	204,045	252,235	221,754	314,591	235,040	245,504	255,345	301,740
Total operating income	**1,238,267**	**1,335,847**	**1,414,740**	**1,596,795**	**1,727,945**	**1,843,988**	**1,900,516**	**2,124,726**

For 2024/25, included in "Other Operating" income above is £7.3m in respect of donations from a number of charities and organisations who generously support our services by funding equipment purchases, research activity, specialist staffing or environmental enhancements. The Trust is grateful to all the charities from which it receives support.

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

Table 3 below gives a summarised breakdown of expenditure during 2024/25.

Table 3: Summarised breakdown of expenditure

	2017/18 Actual £000	2018/19 Actual £000	2019/20 Actual £000	2020/21 Actual £000	2021/22 Actual £000	2022/23 Actual £000	2023/24 Actual £000	2024/25 Actual £000
Employment related costs	702,958	745,032	830,372	924,569	985,758	1,088,351	1,126,477	1,238,950
Drug costs	178,445	188,170	200,947	237,243	266,116	285,106	301,554	326,296
Clinical supplies and services	155,889	153,668	156,404	164,594	182,293	191,325	205,857	237,951
Premises	42,348	54,594	68,597	78,021	74,831	70,769	66,035	66,340
Other operating expenses	172,962	117,297	113,883	363,776	189,850	136,191	157,567	244,222
Total operating expenses	**1,252,602**	**1,258,761**	**1,370,203**	**1,603,609**	**1,698,848**	**1,771,742**	**1,857,490**	**2,113,759**

For 2024/25:

- The expenditure position has increased due to an increase in costs from inflation, drugs costs and staffing costs.
- Employment costs have increased during the year by £112m, reflecting a £128m increase in substantive pay costs and a £16m reduction in bank and agency costs. The substantive increase includes the pay award for Agenda for Change and medical staff of £80m, the increase in employer pension contributions from 6.3% to 9.4% of £28m, with the balance reflecting additional hosted services taken on by the Trust in the year, including the National Institute for Health and Care Research Regional Research Delivery Network.
- To achieve its surplus the Trust delivered a mitigation and waste reduction programme of £110.4m, of which £40.2m came from programmes across our CSUs. A further £21.4m was delivered from productivity initiatives across the organisation, including in theatres, outpatients and diagnostics, length of stay and the introduction of robotic process automation in several areas. The balance was delivered from other Trustwide cost savings programmes and cost base reviews. These programmes were and continue to be, built on the principles of our Leeds Improvement Method. The Leeds Improvement Method seeks to identify and remove wasteful practices, procedures or delays which impede great patient experience. Financial savings being a by-product of introducing improvements in the way we communicate with and treat patients in our care.

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

Table 4: Where each £1 comes from

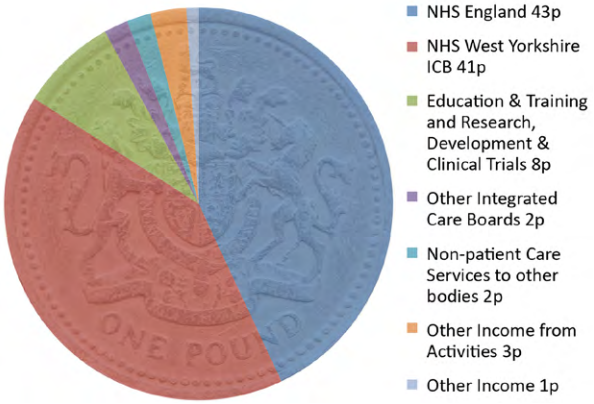
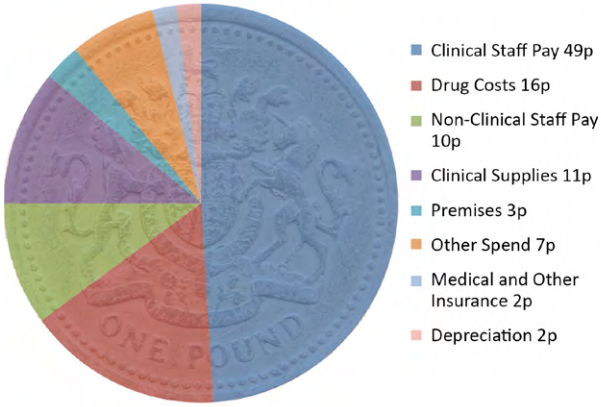


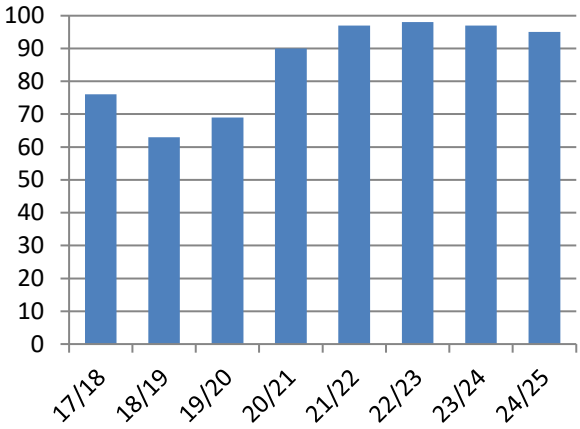
Table 5: How each £1 is spent



Better Payments Practice Code

Despite the changes in the funding regime, and pressure on cash during the year, the Finance team has been able to maintain compliance with the Better Payments Practice Code, achieving 95%. The table below shows the improvement over the past few years. In challenging economic times it is particularly important to support our suppliers and local businesses by ensuring prompt payments are made to them so it is particularly pleasing to see the continued compliance

Table 6: Better Payments Practice Code performance %



It is also pleasing to note that no late payment of commercial debt charges have been incurred during the year. If interest had been levied under the terms of the Public Contract Regulations on the small number of invoices that were not paid within terms, the maximum liability would have been £617k (2023/24 - £173k) – money which, if incurred, would no longer be available for patient care.

Capital investment

In 2024/25, capital investment continued to be underpinned by our previous year's surpluses. Capital expenditure was £76.5m. The Trust has been able to invest in its operations such as the Rob Burrow Centre for Motor Neurone Disease at Seacroft Hospital, the Electronic Health Record, and the Elective Care Hub at Wharfedale Hospital. The table and graph below show how the Trust has been able to build and sustain our level of capital expenditure over the last seven years.

Table 7

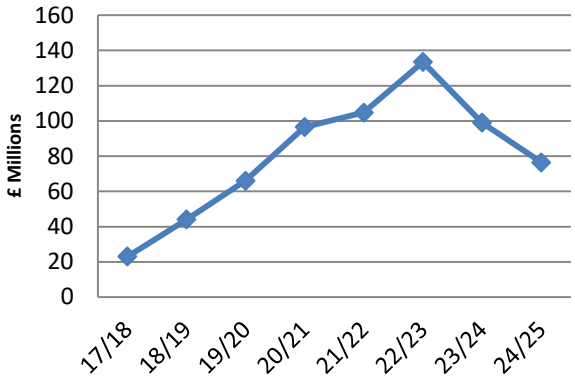
	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Building and Engineering	10,633	28,440	29,061	39,587	27,135	39,943	44,674	33,601
Medical and Surgical Equipment	7,286	8,963	22,978	16,434	23,607	10,415	9,703	14,636
Information Technology	5,210	6,746	14,110	20,048	40,059	44,770	21,579	17,785
Building the Leeds Way				14,092	14,002	35,786	11,311	10,723
Leased Assets						**2,606**	11,761	-245*
COVID-19				6,396				
Total	**23,129**	**44,149**	**66,149**	**96,557**	**104,803**	**133,520**	**99,028**	**76,500**

*The negative figure is as a result of the re-measurement of the Cardiology Managed Equipment Services (MES) contract following a change in capital/revenue split of the contract.

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

	£000
Building the Leeds Way - New Hospital Programme	9,387
Elective Care Hub, Wharfedale Hospital	6,201
Rob Burrow Centre for Motor Neurone Disease, Seacroft Hospital	2,967
Electronic Healthcare Record Levelling Up	2,894
BE Requirements for Cardiology MES, Leeds General Infirmary	2,758
Digital Pathology Research Platform	2,736
Network Infrastructure Refresh	2,618
Community Diagnostic Centre, Seacroft Hospital	1,980
Electronic Health Record	1,679
The Centre for Laboratory Medicine, St James's Hospital	1,336

Table 8: Capital investment



Looking to the future

The national priorities and operational planning guidance issued in January 2025 outlined the continuing challenge for the NHS to improve access to timely care for patients, increase productivity whilst living within allocated budgets, and driving reform. Further, the recent changes in senior leadership within NHS England and the national reform announced in April 2025 aimed at laying the foundations for NHS transformation in 2025/26, indicate the scale and pace of reform expected. The Trust will enter 2025/26 with a healthy cash balance, but will continue to monitor this closely during the year.

The financial position in 2025/26 will be impacted by the continued financial pressures across the NHS, continued higher inflation due to worldwide events and the uncertainty around the payment mechanism for elective recovery. 2025/26 will also see the delegation of commissioning several services from Specialist Commissioning to Integrated Care Boards. As a result of the above it is clear there is going to be huge financial pressure in the system in 2025/26. The Trust is working to deliver its plan of a balanced financial position.

Capital investment for 2025/26 is planned at £109.4m. While some risk to delivery of the full programme from inflation and supply chain concerns must be acknowledged, there is every reason to be confident of another high-level year of expenditure on our infrastructure. One risk that we will need to manage in 2025/26 is the new integration of permission to spend capital on both leases and purchased assets.

Commissioning work on the new Centre for Laboratory Medicine, a pathology laboratory servicing the Trust and other hospitals in West Yorkshire and Harrogate, is due to complete this year. It will provide a full range of state-of-the-art pathology services to patients across the region.

All of these factors result in an uncertain outlook for the finances of the Trust. However, the Trust's history of delivering strong financial and operational performance alongside high quality patient care, its history of identifying waste reduction, and strong partnership working put it in the best possible place to meet these challenges. The Finance and Procurement team will support colleagues across the Trust to manage every pound wisely, which is one of the Trust's new 7 Commitments for 2025/26.

1.4 The NHS Constitution

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

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

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

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

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

1.5 Future direction

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

Our vision is to provide the highest quality specialist and integrated care, which drives us in our mission to be an internationally-renowned healthcare institution, working in partnership to deliver the highest quality, safe, effective and innovative care which improves health outcomes.

The restructuring of Integrated Care Boards, including a 50% reduction in workforce, will place additional pressure on the Trust, requiring careful resource reallocation and adaptation to wider system changes.

We have completed a light refresh of the Trust's strategy portfolio to align it with our revised strategic priorities and multiyear goals, reflecting changes in our external environment and strengthening our response to the core challenges. To strengthen this alignment and connectivity, we have created a new suite of summary documents with a consistent visual identity.

We are now moving into year three of our annual 7 Commitments, which have now evolved from 2024/2025. We will continue to set commitments every year and our clinical service units (CSUs) and corporate teams will use the Leeds Improvement Method to develop plans to deliver them locally. This is a new way of setting personal and CSU priorities within the Trust and aims to foster a shared focus and commitment from all our staff teams. Our vision is for every member of staff to understand the role they play in the bigger picture of the Trust's development.

To support the 7 Commitments further, we host a weekly engagement and celebration meeting known as Friday Focus. This highlights the amazing work our clinical teams are carrying out to align with the commitments and there is an open invite to all teams to attend. Along with integrating the commitments into our appraisal process, this will help to further embed them throughout the Trust.

Our Operational Strategy has seen us produce tangible improvements in the efficiency and quality of patient care across all transformation programmes in Outpatients, Diagnostics, Planned Care, Cancer and Unplanned Care.

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

The Trust has a key role to play in improving the health and care of people across the wider region. We are a significant partner in the West Yorkshire Health and Care Partnership, Integrated Care System and the West Yorkshire Integrated Care Board and at 'place' level with the Leeds Health and Care Partnership. These partnerships will allow us to share skills and make the best use of collective resources to reduce health inequalities, focusing on ensuring patients receive care in the right place at the right time, whether at home, in the community or another setting.

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

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

Despite our hopes for a positive outcome from the New Hospitals Programme (NHP), Leeds has been placed into Wave 2 of the rollout, delaying progress until at least 2033. While this news is disappointing, it offers us a unique opportunity to reassess the needs of Leeds and enhance our delivery of care. This delay also necessitates addressing urgent challenges within the Trust, including the centralisation of maternity services.

The announcement of the abolition of NHS England and the workforce reductions in the Integrated Care Boards is expected to increase the pressures we face. These challenges aim to eliminate bureaucracy and centralise decision making, enhancing democratic control. we anticipate that this transition will cause some disruption, demanding restructuring, and resource allocation across the city.

The upcoming 10-year plan will reshape how we transform our services. Lord Darzi's report, commissioned by NHS England in 2024, highlighted key challenges facing the NHS and is set to inform the new plan. We anticipate a shift from analogue to digital, treatment to prevention, and hospital to community, guiding the transformation of the NHS. These changes are expected to enhance patient care by improving accessibility, promoting preventative measures, and delivering more personalised, community-based services.

The support and interest of our workforce is crucial to the Trust's success. We remain committed to prioritising investment in the training and wellbeing of our staff, while exploring all opportunities for staff to be involved in shaping the Trust's direction and culture. We recognise the invaluable insights our patients bring through lived experiences, which play a crucial role in informing future service development.

1.6 Managing risk

Leeds Teaching Hospitals provides high quality and effective hospital services for our community in Leeds. We also provide highly specialised services for the population of Leeds, Yorkshire and the Humber, nationally and beyond. We recognise that for the Trust to deliver on our vision, effective risk management is essential. We have a well-developed Risk Management Framework to support robust and efficient risk management, which has an important and integral role in supporting the Trust to:

- Deliver our strategy in 'The Leeds Way'.
- Protect our patients from avoidable harm.
- Protect the Trust from unplanned financial outcomes.
- Have greater resilience to operational risks.
- Meet stakeholder and Regulators' expectations.

We are confident in our risk management capabilities and have spent a significant amount of time with our Board maturing individual components of our framework; this includes reviewing and refreshing the Trust's risk categories and Risk Appetite Statements. The revised Risk Appetite guidance document provides a summary of our refreshed Risk Management Framework as well as details of our updated Risk Appetite Statements that we will continue to embed across the Trust's risk management decision-making bodies.

The Trust Board continually monitors the risks that could affect the delivery of our services. During the year we have continued to face a number of challenges to the delivery of our services, while also managing increasing acute demand across the Trust.

Risks are identified from various sources, including proactive risk assessments, strategic planning, performance data, incident reporting and trend analyses, clinical benchmarking and audit data, complaints, PALS, legal claims, patient and public feedback, and internal and external assurance from stakeholders and regulators. In 2024/25 we transitioned to the Learning from Patient Safety Events (LfPSE) system, a national NHS system for the reporting and analysis of patient safety events, replacing the National Reporting and Learning System (NRLS). This introduces improved capabilities for the analysis of patient safety events occurring across healthcare and enables better use of the latest technology to offer a greater depth of insight and learning that can be shared both locally and nationally.

The Trust's most serious risks are set out in our Corporate Risk Register, which is reviewed each month at the Risk Management Committee chaired by the Chief Executive, and at the Trust Board. The risks described in the Corporate Risk Register are regularly reviewed with Executive Directors and designated leads and aligned to the risk types and categories set out in the Trust Risk Appetite document. The current corporate risks are aligned to the following risk types: workforce risks, operational risks, clinical risks, financial risks, and external risks. The Trust continues to assess lessons learned to identify improvements that can be made across all areas. Significant risks that have been reviewed and will continue to be key risk areas for the year ahead are detailed below.

- **Capacity Planning**

  As with many organisations across the country there are occasions where the Trust has high occupancy levels with insufficient capacity and flow across the health and social care system. This impacts on patient safety, outcomes, and experience as well as compliance with the NHS Constitution waiting time standards. The Trust continues to work with its health and social care partners to improve patient flow.

- **Staff health, safety, and wellbeing**

  There is a risk that staff are less effective at work or absent from the workplace due to high levels of burnout and/or sickness absence, which will impact on operational delivery, financial sustainability, and staff engagement. This can further lead to lowered staff resilience and presenteeism. Health and wellbeing initiatives are being reviewed to ensure that support mechanisms remain effective and robust.

- **Staffing**

  There is a national shortage of registered nurses, medical staff, allied health professionals and clinical support workers, which has been exacerbated by staff retention challenges and changes to Internal Medicine Training. The staffing position has improved in 2024/25. The Trust has undertaken gap analyses, developed workforce plans to mitigate risks identified and expanded international recruitment, which will continue into 2025/26 as the position continues to improve.

- **Finance**

  All NHS trusts are faced with a significant financial challenge in 2025/26, reflecting the national economic climate. This impacts on both revenue and capital allocation and the wider Trust estate and digital infrastructure. We will continue to review this risk with our clinicians and management teams to identify waste reduction programmes to achieve a balanced financial position.

- **Building the Leeds Way**

  The Hospitals of the Future project has been delayed until 2033, raising the risk that the Trust will have insufficient capacity to meet service demands. We are currently reviewing our controls to mitigate the risks associated with the delay in the delivery of the project.

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

1.7 Research and Innovation

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

One of the Trust's 7 Commitments in 2024/25 was to increase participation in research and innovation and this has helped to significantly raise the profile and visibility of research across senior leaders in the organisation and external stakeholders.

Research delivery

Over the past 12 months, the Trust has continued to manage and deliver a complex and diverse research portfolio across all sites, with more than 1,300 studies open. During this time, 20,700 participants have been recruited into research at the Trust including 2,225 into commercially-sponsored trials.

Research activity spans all our CSUs, and our portfolio is highly diverse, ranging from research that helps to understand more about diseases through to trials of world-first surgical procedures, evaluations of new medical devices and diagnostics (including Artificial Intelligence (AI) algorithms in clinical imaging), and clinical trials of novel therapeutics.

Pioneering treatment and care

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

- We are the first NHS trust in the UK to have a tumour removed using a flexible tube and camera called an endoscope through the eye socket. The innovative procedure was led by Mr Asim Sheikh and Mr Jiten Parmar. Our work in innovation continues to grow with several innovative projects in the pipeline. The growing body of innovation activities at the Trust have been showcased at the Innovation Club, Leeds Digital Festival 2024, and West Yorkshire Innovation Festival 2025.

- We are one of 30 hospitals selected for the NHS England Cancer Vaccine Launch Pad (CVLP) initiative. CVLP is a platform that will speed up access to messenger ribonucleic acid (mRNA) personalised cancer vaccine clinical trials for people who have been diagnosed with cancer. It will also accelerate the development of cancer vaccines as a form of cancer treatment. In 2024, we recruited the first patient in Yorkshire to the trial.
- A research team from the Trust and the University of Leeds have developed a new AI technology to detect heart failure earlier. The team found that Future Innovations in Novel Detection of Heart Failure (FIND-HF) could accurately predict who was at highest risk of developing heart failure, and who could be hospitalised by it, in the next five years. This indicated that the algorithm could be used as an early warning system for GPs to recognise which patients are at most risk. This could allow earlier tests and diagnoses of heart failure, and so earlier management of the condition.
- The Leeds Radiation Research Centre of Excellence led by Prof. David Sebag-Montefiore has received additional funding to develop and translate smarter, kinder radiotherapy treatments across a broad range of cancers to replace the need for major surgery and a colostomy bag, provide shorter courses of treatment with less side effects, and tailor the choice of treatment.
- New research led by Prof. Phil Conaghan is giving hope to millions living with crippling knee pain as trials show an autoimmune drug relieves osteoarthritis. Results from the study demonstrate that a drug already commonly used for rheumatoid arthritis, methotrexate, might help the pain of osteoarthritis, and also gives researchers about those that might benefit from this therapy.

Supporting innovation

The Innovation Support and Business Engagement programme delivered through the Pop Up continues to go from strength to strength and has now engaged with more than 411 Trust staff and developed more than 46 partnerships with businesses from across the world. Since its launch the Pop Up has hosted two innovation showcases, inviting guests from government, technology and healthcare to celebrate and highlight its work.

We have partnered with Scarborough Group International to transform the Old Medical School (OMS) into a globally recognised healthtech innovation hub. The redevelopment will create an ecosystem where clinicians, academics, researchers and entrepreneurs can collaborate in laboratories, co-working spaces and communal areas designed to spark the kind of interactions that often lead to breakthroughs.

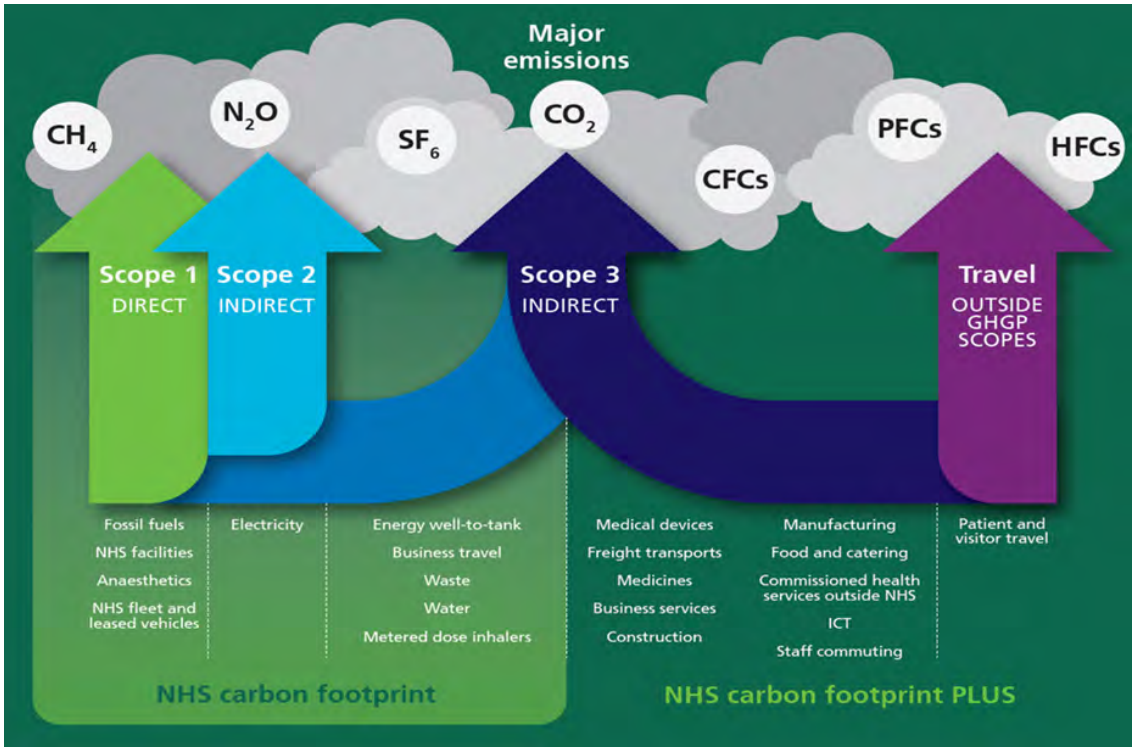
The National Institute for Health and Care Research (NIHR) Biomedical Research Centre and NIHR Clinical Research Facility recently received a £4.28m boost to expand their innovative work. These resources form part of a growing innovation network that extends from local partnerships to collaborations with organisations across Europe and the Middle East.

Recently revealed as the UK's top recruiter for medical device studies, with more than 5,000 participants in pioneering treatments last year, the Trust is also pioneering AI in breast cancer screening to tackle diagnostic bottlenecks, exploring AI-assisted clinical consultations to improve patient care, and using generative AI to make patient information more accessible.

1.8 Sustainability

At Leeds Teaching Hospitals we recognise the significant threat climate change poses to our environment and the health of our patients. As an anchor institution and one of the largest teaching hospital trusts in the UK, we have a vital role to play in mitigating our environmental impact and reducing carbon emissions across Leeds. We aspire to become one of the greenest NHS trusts in the UK, improving sustainability throughout our organisation and the wider region.

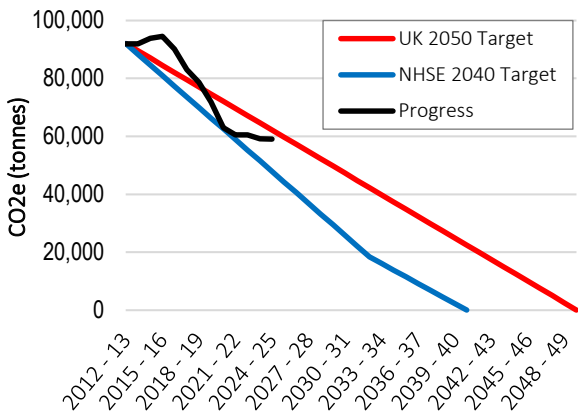
In recognition that the need for healthcare organisations to act on climate change is now urgent, the NHS has set two net-zero targets to become the world's first net-zero health service, to achieve carbon net-zero by 2040 for the NHS Carbon Footprint and by 2045 for the NHS Carbon Footprint Plus. From their respective baseline years, NHS organisations are expected to achieve an 80% reduction in their direct carbon emissions by 2032. The Trust has adopted these targets and produced a Green Plan to set out our strategy, which is accompanied by a Sustainable Action Plan.



From our baseline year in 2013/14 up to the end of 2024/25, the Trust has reduced its NHS Carbon Footprint by 32,837 tCO2e / 36%.

Year	Target Emissions Reductions (%)	Target Emissions (tonnes CO2e/ annum)
2013/14	0%	91,893 (revised baseline)
2024/25	**36% (actual reduction)**	**59,056 (current total)**
2032/33	80%	18,379
2040/41	100%	0

Carbon reduction progress and targets



The Green Plan 2022-25

The Green Plan outlines the Trust's goals and objectives to reduce our carbon emissions and contribution to climate change, alongside improving our overall sustainability performance. Significant progress has been made since the plan was relaunched in 2022 to guide our sustainability direction until 2025.

The Green Plan sets out the Trust's vision for carbon reduction and sustainable development, accompanied by a comprehensive action plan that is designed to prioritise and deliver our strategic sustainability objectives. The Green Plan focuses on 10 key areas which are aligned to the Greener NHS Delivering a Net Zero Health Service guidance:

- Workforce, leadership, and partnerships
- Food and nutrition
- Travel and transport
- Medicines
- Sustainable care models
- Procurement
- Digital transformation
- Estates and facilities
- Greenspace and biodiversity
- Climate change adaptation

This year will see the launch of the new Green Plan (2025-2028). This plan will be complemented by a Greener Care Plan written by clinicians, aimed at clinical teams, and creating and developing Greener Care Pathways (in support of the Trust's new annual commitment for 2025/26).

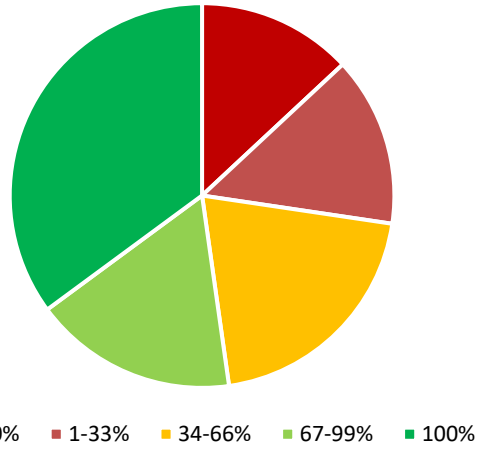
The Sustainability Strategic Group (SSG) continues to oversee the implementation of the Green Plan. Over the past year, the group has supported colleagues to advance initiatives across the 10 key areas.

The Sustainable Action Plan

The Green Plan is underpinned by the Sustainable Action Plan (SAP), a comprehensive list of over 200 actions. These actions were developed through extensive colleague engagement to understand the opportunities for improvement and identify best practices which can be scaled up across the Trust.

Significant progress has been achieved across the 245 tasks outlined in the SAP. Since its conception in November 2022, 68 of the actions have been completed, with 103 actions in progress. Milestone achievements include publishing a Heat Decarbonisation plan for each hospital site, the publication of the Travel Plan, and reducing the amount of nitrous oxide used throughout the Trust. 73 actions need additional support, especially those related to biodiversity and adaptation, areas which are undergoing development. The Trust is actively working to increase engagement in biodiversity and making progress towards establishing a Climate Change Adaptation Plan. Therefore, progress on more SAP actions will occur once these strategies are finalised.

Green Plan Actions



Sustainable action plan (SAP) pregress:

0% complete = 32 actions

1-33% complete = 35 actions

34-66% complete = 50 actions

67-99% complete = 42 actions

100% complete = 86 actions

Total of 245 actions

Reducing our carbon footprint through greener care

Early in 2024 the first sustainability commitment was launched by the Trust with the Leeds Improvement Method (LIM) as a key driver for greener care. By aligning improvement activities with our organisational priorities, we have strengthened our commitment to reducing our carbon footprint through greener care.

Using 'A3 thinking', value stream methodology and our accountability wall, our teams have delivered impactful, sustainable improvements. The Lean 2 Green (L2G) team is now well established and remains at the core of this commitment delivery, through providing specialist support, facilitating training, and scaling sustainability solutions and improvement capability across the organisation.

The L2G team breaks down traditional silo working and has multi-disciplinary collaboration at the heart of its ethos.

Key achievements in 2024/25

Value streams

Our commitment to continuous improvement in greener care is evident in the breadth of LIM-driven initiatives undertaken this year.

High impact areas of focus:

- Greener medicines
- Medical Gases
- Reduce, re-use, recycle
- Energy reduction (Clinical)
- Education & training

Highlights of the year:

- £432,507 and 6.5tCO2e saved through recycling medicines Trustwide.
- A new inhaler recycling scheme was trialled, 1,191 inhalers were collected with a carbon footprint saving of 9.9 tCO2e.
- £35,000 funding from NHS England Greener Medicines was secured and delivered to decommission piped N2O Trustwide.
- Partnership working with Leeds City Council and waste management sites and commercial business across the city enabled recycling of mobility aids.
- A new Green Plan and Greener Care Network will launch in 2025 to provide strategic direction and enable grass-roots improvement.
- Clinical leadership on Sustainability.

Aims and objectives for 2025/26

- A Greener Care Assessment Tool will be available to support front-line colleagues to understand the carbon footprint of their services and explore service improvements through the implementation of sustainable processes.
- The well-established GRASP rewards will be re-launched and enhanced to become the Greener Care Rewards and a new Greener Care Network will launch in 2025 to enable grass-roots improvement in support of the Trust annual commitment to greener care pathways.
- Throughout 2024/25 we have strengthened our collaboration with health and care system provider partners, the NHS West Yorkshire Integrated Care Board and Board level Net Zero leads by sharing our objectives, challenges, and best practices, identifying opportunities for scaling improvement initiatives beyond our organisation.
- Through our Trust commitment to Sustainability, we aim to further embed a culture of continuous improvement, ensuring our staff have the tools, knowledge, and support to drive greener care and sustainable change across the organisation, actively supporting our Trust objectives to improve the health of the local population by delivering our agreed shared 'place-level' priorities and establishing a sustainable neighbourhood health service for our local communities.

Conclusion

In the 2024-25 financial year, LTHT recorded a total of 59,056 tCO2e emissions, representative of approximately a 36% reduction compared to the baseline year of 2013-14.

A combination of sustainability support provided by the Estates & Facilities environmental team, decarbonisation projects with the assistance of external funding, and the full or partial completion of carbon reduction actions in line with the previous Green Plan has ensured progress has been made to date and continues to be made into the future.

One key area in which progress has been made is in the reduction of emissions from anaesthetic gases which the Trust has successfully reduced by 74% compared to the baseline. The Trust expects this figure to further reduce over the next year as we work to reduce our reliance on piped nitrous oxide systems. Another area of significant improvement since the baseline year has been in reducing emissions from gas consumption which has fallen by 23% since the baseline due to successful implementation of decarbonisation projects resulting from Public Sector Decarbonisation Scheme funding.

To ensure further progress is made and the Trust returns to its trajectory for reaching net-zero by 2040, the Trust requires substantial funding and sustained investment and support.

We remain committed to our 2040 net-zero target and will continue to embed sustainability across all areas of the organisation, seeking funding opportunities where possible. We are confident that the existing and planned decarbonisation projects, once implemented, will be successful in ensuring the targets are met, and the 2025/26 carbon footprint more accurately represents the progress the Trust is continuously seeking to make.

1.9 Task Force on Climate-Related Financial Disclosures (TCFD)

Leeds Teaching Hospitals has adopted a phased approach to incorporating the TCFD recommended disclosures as part of our sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD-aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. The phased approach incorporates the disclosure requirements of the governance, risk management, and metrics and targets pillars for 2024/25.

Governance

LTHT complied with TCFD recommendations and disclosure requirements of the governance pillar for 2023/24 and continues to do so for 2024/25. We have defined a clear governance structure to ensure accountability for managing climate-related issues and the implementation of the Trust's Green Plan, which is overseen at executive level by Craige Richardson, Director of Estates and Facilities, and the Board.

Key actions relating to sustainability, climate change mitigation and adaptation are currently identified, considered, and managed via the Trust's Sustainable Action Plan (SAP), which details the tactical interventions the Trust is taking as part of its Green Plan, with each intervention assigned an accountable lead. The Trust regularly reports our progress against this action plan and towards our net zero carbon targets to the Board. The Strategic Sustainability Group (SSG), formed of the leads listed within the SAP, meets bi-monthly and reports our progress on decarbonisation and net zero into the Estates Strategy Programme Board, which in turn provides an annual update to Trust Board, measuring progress against strategic milestones.

Management plays an active role in assessing and managing climate-related issues. The Lean 2 Green team meet on a monthly basis with Craige Richardson as the Executive Sponsor for this programme, to provide updates on the

various sustainability projects which are being undertaken to decarbonise the Trust's clinical services. Monthly Estates and Facilities Finance and Performance (F&P) reports are presented to Craige Richardson, providing a strategic overview of the SAP, performance against carbon targets, and colleague participation with the Trust's staff engagement programme. Annual reports on sustainability progress are also developed and submitted to the Trust Board and Finance and Performance committee.

In acknowledgement of the escalating threats posed by climate change detailed in climate scenarios and projections of global scientific bodies such as the Intergovernmental Panel on Climate Change (IPCC), LTHT has been developing a Climate Change Adaptation Plan (CCAP) throughout the 2024/25 financial year. The CCAP, once published, will list a range of measures the Trust can take to enhance its long-term resilience to climate change and is scheduled for launch in the summer of 2025. The CCAP will also be allocated an executive lead, and a Climate Change Preparedness Group (CCPG) has already been established and meets bi-monthly in advance of the plan to facilitate the reporting of progress on adaptation up to the Board.

Risks posed by more immediate climate-driven extreme weather events continue to be identified, monitored and managed by the Trust's Emergency Preparedness, Planning and Response (EPRR) function. Actions taken on these risks are reported and discussed at the Trust's Corporate Operations group which meets once a fortnight and chaired by Clare Smith, Board member and the Trust's Deputy Chief Executive and Chief Operating Officer.

Our governance structure ensures that we maintain continual progress against our sustainability objectives and overarching net zero target. We continue to provide transparent and validated reporting on our impacts, with a standing sustainability section included in our annual report.

Risk management

LTHT has complied with the TCFD recommendations and disclosure requirements of the risk management pillar for 2024/25. We have defined a clear process for identifying, assessing and managing climate-related risks, and integrating these into the Trust's overall risk management approach.

The Trust operates several risk registers on which high-level risks pertinent to the organisation have been identified and are tracked. The Trust's Estates & Facilities risk register contains a risk specifically related to the (non)delivery of net zero, which currently reads as follows:

> *"There is a risk of Leeds Teaching Hospitals being unable to achieve 80% reduction in scope 1/2 direct carbon emissions by 2032 and 100% (net zero) by the year 2040 as is mandated by NHS England Health and Social Care Act.*
>
> *Due to the fact that the Trust does not have full visibility of its pathway/financial investment and control in the delivery of interventions.*
>
> *Resulting in possible contractual penalties being applied by NHS England, increased financial costs, and detrimental impacts on the Trust's reputation."*

The risk (ID 10518) currently scores as a 12 out of 25, which reflects medium severity and likelihood of occurrence. This risk score increased from 9 to 12 due to the news received in January 2025 that the Trust will now be in Wave 2 of the New Hospitals Programme, and the impact this has on the Trust's Clinical and Estate Strategies. Mitigating actions have been put in place in an attempt to strengthen the Trust's controls over the risk. These include:

1) Regularly reviewing the Trust's Green Plan on a three-year basis to identify market-ready innovation and emerging best practices which can be adopted into future versions of the Green Plan, thereby ensuring additional opportunities are factored into the Trust's potential to meet the 2040 target.
2) Regularly reporting progress on (a) the delivery of Green Plan, and (b) progress towards carbon targets to the Trust's senior leadership team.
3) Providing Board-level direction and support to enable all action holders in the Sustainable Action Plan to fully implement decarbonisation interventions.

4) Implementing a Board-approved Estates Decarbonisation Strategy which provides a detailed site-by-site roadmap of staged costed interventions to achieve net zero carbon.

Additional mitigation measures which the Trust has put in place to tackle the net zero (non)delivery risk include:

5) Securing significant financial investment from the Public Sector Decarbonisation Scheme (PSDS) totalling £22m over the last four years, which has allowed the Trust to implement several decarbonisation schemes. These include but are not limited to the roll out of solar photovoltaic panels and connecting 11 buildings at St James's Hospital to the low-carbon heat network, which has a number of low-carbon heat sources, including a connection to the Leeds PIPES district heat network. An additional £7m investment has recently been secured to deliver further estate changes at St James's over the next two years.

6) Integrating sustainability into all business cases submitted by the Trust. All business cases should demonstrate how the proposed project or change is aligned to the Trust's Green Plan. Capital projects, depending on the value of the proposal, must demonstrate further alignment in the form of reviews by the Trust's Environment team and formal carbon assessments being undertaken.

7) Contracting an external sustainability consultancy, Walker Resource Management Limited (WRM), to independently assess and validate the carbon emissions of the Trust and its projects.

The implementation of these risk mitigation measures over time will support the Trust with its ambition to be one of the greenest trusts in the UK and identify the barriers and opportunities to deliver net zero.

The Trust's Emergency Preparedness, Planning and Response risk register also contains a risk specifically related to the (non)delivery of climate change adaptation, which currently reads as follows:

> *"There is a risk of disruption caused by the effects of climate change including increases in adverse weather events (heat, cold and flooding), new diseases to the UK, supply chain disruption, and water shortages resulting in suboptimal patient care, increased or additional costs, and poor working conditions for staff."*

The risk currently scores as a 12 out of 25, which reflects major severity and possible likelihood of occurrence. Mitigating actions are limited by the current LTHT infrastructure. Furthermore, the Trust's Adverse Weather Plan currently only includes hot weather, cold weather, and flooding, and planning will need expanding to include other adverse weather types which may become more frequent, such as drought. The plan also does not include the impact on our supply chains from adverse weather, both in the UK and internationally. Moreover, the Trust's business continuity plans need to include greater detail on how priority services will be delivered during adverse weather. Therefore, whilst the Trust has a plan to respond to high temperatures, there is a limited amount that can be done. Our efforts have therefore focused on putting in place several mechanisms to attempt to strengthen the Trust's controls over the risk. These include:

1) Continuing to improve our Adverse Weather Plan in line with NHS guidance.

2) Developing a new business continuity management system which will support improvements and re-establish a regular validation (exercising) programme. This will be reviewed on a quarterly basis by the Trust's Emergency Preparedness Coordinating Group, with an internal audit of business continuity every two years.

3) Undertaking a Climate Change Risk Assessment (CCRA) and Adaptation Plan (CCAP), which will be used to focus on most likely weather events. The Trust commissioned external sustainability consultancy, WRM, to undertake this work. It included:

   a) A CCRA which identified a total of 60 current and potential climate change impacts and the risks these pose to the delivery of the Trust's healthcare services. The risks draw upon the UK's CCRA framework and span 14 core categories, including heat stress, extreme cold, extreme precipitation,

drought, flooding, wildfires, storm and wind events, mass movement, air pollution, indoor environmental quality and health, outdoor airborne allergic pollen, infectious diseases, new vector-borne diseases, and disruption to food supply. The risks have been scored in line with the Trust's Risk Management Framework and currently score between 1/25 and 12/25. The risks within the framework employed are also applicable on a site-by-site basis where relevant to the Trust's estate.

b) A CCAP in which over 100 mitigation interventions have been scoped to enhance the Trust's resilience to climate change and address the risks identified. The interventions will be allocated accountable leads who will be responsible for overseeing the implementation of these once the CCAP has been approved and published.

4) Undertaking a Climate Risk Adaptation, and Resilience Assessment to identify physical vulnerabilities, plan mitigation strategies, and understand how to future-proof the Trust's estates and facilities against escalating climate risks. The Trust commissioned external engineering firm, Equans, to undertake this work. It included an audit of eight buildings across two estates – Leeds General Infirmary and St James's Hospital – advanced climate modelling to predict climate scenarios, building engineering analysis, and recommended measures to adapt buildings and infrastructure. The recommendations made were aligned to industry standards, such as the Chartered Institute of Building Services Engineers thermal comfort guidelines.

The implementation of these risk mitigation measures over time will support the Trust with its ability to cope with the impacts of climate change and strengthen its business continuity and resilience planning.

The Trust's CCAP is scheduled for Board review, approval and launch in the summer of 2025. The CCPG, which has already been established, will serve as the vehicle through which progress on the implementation of the interventions detailed within the CCAP (and subsequent tackling of the risks identified within the CCRA) will be facilitated, assessed and managed. In assessing and prioritising the risks identified, an assumption has been made that the CCPG will review the risks regularly to ensure risk scoring remains accurate and reflective of the climate scenarios and projections reported by the relevant bodies. The CCRA is not a traditional risk assessment in the sense that the risk scores remain static until reduced by mitigating actions but require ongoing monitoring to ensure the mitigating actions can sufficiently reduce the risks as the risk scores themselves change.

The organisational risks related to the delivery of both net zero and the impacts from climate change, are assessed through the Trust risk appetite governance framework and monitored annually. The assurance regarding proactive risk management and control reflects the seriousness with which the Trust is treating the issue of climate change.

Metrics and targets

LTHT has complied with the TCFD recommendations and disclosure requirements of the metrics and targets pillar for 2024/25. We have disclosed and described the metrics and targets the Trust uses to assess and manage climate-related risks and opportunities.

At the highest level, the Trust has committed to the following net zero targets as mandated by NHS England:

1) To achieve net zero for our NHS Carbon Footprint (emissions over which we have direct control) by 2040, with an 80% reduction from our baseline reporting year (2013) by 2032 at the latest.

2) To achieve net zero for our NHS Carbon Footprint Plus (emissions over which we can influence) by 2045, with an 80% reduction from our baseline reporting year by 2039 at the latest.

Our progress against these targets is measured by the carbon footprint, which is regularly updated, monitored, and managed by the Trust. Performance against our carbon baseline and targets can be found within the earlier sections of this report, whilst the metrics we have used to develop and assess our carbon footprint, in addition the rationale

and methodologies behind their use, can be found within our 2022-25 Green Plan. LTHT does not employ internal carbon pricing, however carbon assessments and validation exercises are often undertaken by external consultancy WRM. Assessments undertaken by our consultants, which in turn support the appraisal and evaluation of capital projects, clinical projects, and procurements, use the same metrics and methodologies employed for our organisational carbon footprint assessment as detailed within our Green Plan.

Aligned with our targets to achieve net zero for our carbon footprint, the Trust also has a series of milestone targets for the decarbonisation of our operational energy consumption and estate, which fall in line with our decarbonisation progress and mandated net zero targets. These include:

1) To achieve an 80% reduction in carbon emissions by 2032 from our baseline reporting year.
2) To achieve net zero by 2040 from our baseline reporting year.

Like all risks at the Trust, climate-related risks are managed through the use of an organisational Risk Management Framework. The Risk Management Framework explains the methodology employed by the Trust to ensure the consistent and effective management of risk across the Trust. Risks are allocated a risk category (workforce, operational, clinical, financial, and external) and appetite (open, cautious, minimal, averse) so that the Trust's tolerance towards certain risks and need for mitigating actions can be understood.

The Trust has also established several sub-targets and metrics to manage and realise the climate-related opportunities and improvement interventions detailed within our Green Plan and SAP. The Trust's Green plan is the organisation's strategy for achieving progress on carbon reduction, and this is implemented over a three-year period. The Trust's CCAP, once focused, will also be based on a particular implementation timeframe. It is therefore the intention of our Green Plan and CCAP to achieve all interventions listed within these strategies within the timelines set. Within our Green Plan, and in line with NHS England guidance, the Trust has set specific key performance indicators (KPIs) to measure progress against the listed interventions. These KPIs are wide ranging and vary according to intervention type. For example:

- For the Trust's plans to increase the awareness and engagement amongst staff in climate issues through Carbon Literacy, to deliver a number of sessions per year.
- For the Trust's plans to scope, review and apply to relevant funding opportunities, to achieve the securing of funds from at least one funding opportunity per year.

Full details of our KPIs can be made available upon request. The Trust also confirms there are no intentional differences between the targets we have set and any public announcements or reports which establish other climate-related commitments, pledges or goals, and that those actively pursued by the Trust align with those as visible in our organisational plans.

Signed:

Date: 26 June 2025

Prof Phil Wood, Chief Executive

Section 2

Accountability

Section 2 - Accountability

2.1 Members of the Trust Board 2024/25

During 2024/25, the Board continued to hold bi-monthly formal meetings in public, held in locations across our sites.

The Board has continued to hold Timeout meetings throughout the year, the highlights being the October 2024 and March 2025 meetings which brought the Board together with the wider leadership teams throughout the Trust. More than 250 colleagues attended these face-to-face half-day meetings.

The cycle of our Assurance Committees is scheduled to enable them to report back to the formal Board meetings, along with the one Management Committee that reports to Board, and the Risk Management Committee that meets each month.

The Board delegates duties to Committees that in turn report assurance directly back to Board. These are Assurance Committees chaired by Non-Executive Directors, with the exception of the Risk Management Committee, which is chaired by the Chief Executive. Terms of reference for the Assurance Committees are cited within Standing Orders, with any amendments to these approved at public Board meetings.

During the year we closed the Building Development Committee which had an assurance function over Building the Leeds Way and established the Infrastructure Committee with the aim of a boarder remit to consider the whole estate.

Changes in membership of the Trust Board

Simon Worthington, Director of Finance retired on 14 July 2024, with Jonny Gamble acting as Interim Director of Finance until 4 August 2024 and Jenny Ehrhardt commencing as Director of Finance from 5 August 2024.

Rachel Woodman as an Associate Non-Executive Director ceased her role as of 31 August 2024.

Julian Brown, the nominated Non-Executive from the University of Leeds, stood down as of 31 May 2024 due to semi-retirement from her academic role and was replaced by Jane Nixon as of 1 June 2024.

Suzanne Clark stood down as of 30 September 2024 having served her full six years with two terms of office.

Mark Burton, Associate Non-Executive, became a Non-Executive as of 1 November 2024.

James Goodyear, Director of Strategy, left the Trust as of 30 November 2024.

Robert (Bob) Simpson stood down as of 31 January 2025 having served his full six years with two terms of office and with an additional one-year extension granted by the NHS England Regional Director. This position was held as a vacancy with recruitment during quarter one of 2025/26.

Appointment of Non-Executive Directors

Non-Executive Directors of the Board have been appointed through NHS England's (NHSE) appointments processes which define the term of office for each appointment. Re-appointments can be made, but Non-Executive Directors will not normally serve more than six years to ensure independence and to comply with the good practice defined by Codes of Governance, and exception requires approval from NHSE.

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

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

All Board Directors comply with the CQC requirements 'fit and proper person test' that was introduced from November 2014, along with the strengthening of these requirements issued in August 2023 as a result of the Kark Review recommendations. The extended criteria and compliance checks were carried out for the Board at the end of March 2025 and submitted to the NHSE Regional Director as required by June 2025.

Measuring the performance of Board members

The Senior Independent Director facilitated the Chair's appraisal with a summary report received at the July 2024 public Board meeting, and a formal submission as required to NHSE. The Trust Chair carried out the appraisal of the Chief Executive which was reported to the Remuneration Committee during quarter one of 2024. The Chair in turn carried out appraisals for the Associate/Non-Executive Directors, as has the Chief Executive for his direct reports. A similar process was carried out for mid-year reviews each autumn.

The appraisal process is a thorough review of the assessment of the performance and independence of the Non-Executive Directors, reflecting on their contribution to the Trust during the year, along with 360° feedback. Anonymous feedback was collated via an electronic questionnaire based on the NHS Leadership Competency Framework for Board Members.

The Trust Board requires all Non-Executive Directors to be independent in their judgement (with the Audit Committee reviewing the register of their interests each March). The structure of the Trust Board and its Assurance Committees ensures, along with the integrity of individual Directors, that no one individual or group dominates the decision-making processes.

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

The Board has historically confirmed the corporate objectives at its March meeting and these have been used to underpin the objectives for the Chief Executive and the Executive team. Once again at the March 2025 Board meeting the annual commitments were approved and moving forward these will underpin the setting of objectives for the coming year.

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

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

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

At its March 2025 meeting, the Board reported against the NHSE Code of Governance, comply or explain, where all but two statements were reported as compliant; statement E-2.1 'non compliant' as this relates to performance-related elements of Executive Remuneration, e.g.: a bonus scheme (LTHT does not have any such scheme), and statement B-2.5 relates to the Chair of the Audit Committee, where LTHT is 'explaining' that this role is carried out by the Deputy Chair.

Remuneration of Board members

The remuneration of Executive Directors is determined by the Remuneration Committee which takes into account relevant guidance from NHSE, the Department of Health and Social Care and where required by defined thresholds approval by HM Treasury. The remuneration of the Chair and Non-Executive Directors is set by NHSE. The Trust applies the same local remuneration for the Associate Non-Executive roles.

Register of interests

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

Non-Executive Directors of the Board during 2024/25

Linda Pollard DBE DL Hon. LLD

Chair

From February 2013

Linda is a member of the Finance & Performance Assurance Committee. She is also a Trustee of Leeds Hospitals Charity, the charity for Leeds Teaching Hospitals.

Linda also co-chairs the Health & Wellbeing Board for the city and Chairs the Leeds Innovation District Partnership, a partnership between Leeds Teaching Hospitals, the University of Leeds and Leeds City Council, Leeds Trinity University, Leeds Beckett University, Leeds City College, West Yorkshire Combined Authority, and private sector. Linda has led the ambition to create a world-class hub for research, innovation and entrepreneurialism for the city. An exciting part of this will be the development of the new state-of-the-art hospital build for Leeds, and the Old Medical School as a Health Tech Innovation Hub.

Alongside Sir Chris Wormald, Linda worked closely on the new Leeds Health and Social Care Hub which has been launched to help improve Health and Social Care Policy Makers, alongside the Civil Service, the Thirlwall Inquiry, NHS Leadership, Performance and Patient Select Committee and the Health and Social Care Select Committee.

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

Alongside General Sir Gordon Messenger, Linda led the Leadership and Management Review in the NHS, and the seven recommendations have been accepted by the Government.

Linda is part of the Department of Health and Social Care 10 Year Plan People Workstream.

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

Linda is passionate about the diversity on Boards and gender balance, and was elected Vice Chair and Senior Independent Director (SID) and Chair of the Rem Committee, of the NHS Provider Board, representing acute trusts.

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

Linda is also a Deputy Lord Lieutenant for West Yorkshire and was awarded a CBE in 2013 for her work in the business community in Yorkshire, an OBE in 2003 for her work in Bradford, along with an Honorary Doctorate by the University of Leeds. She also won the Institute of Directors Dr Neville Bain Memorial Award for Excellence in Director and Board Practice in 2019, which was the first time this was awarded to the public sector. Linda was also awarded the Sunday Times 2025 Non-Executive Director Awards in the category for Not-For-Profit/Public Service organisation category.

Gillian Taylor

Non-Executive Director and Deputy Trust Chair

From December 2018

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

Gillian has been a Board member at Beyond Housing since 2019, and in 2022 was appointed the Senior Independent Director; she is also a member of the Audit and Risk Committee.

During 2023/24, Gillian chaired a Regulatory Task Group which has successfully achieved the highest level Governance and Viability ratings for Beyond Housing. She has also been a member of a Task Group to refinance the business with a £250m sustainability bond. The bond is enabling investment in existing customers' homes, providing more energy-efficient homes, helping move to a carbon-zero organisation, and supporting the delivery of an ambitious housing development plan.

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

Gillian joined the Trust in 2018, and is joint Deputy Trust Chair, Chair of the Trust's Audit Committee, and with this role observes the monthly Risk Management Committee meetings and is a member of the Finance & Performance Committee.

She is also the Security Management Champion for Fraud and the Freedom to Speak Up named Non-Executive, along with the role of the Board health and Wellbeing Guardian. She represents the Trust at the City's Leeds Health and Wellbeing Board.

Chris Schofield

Non-Executive Director, Deputy Trust Chair and Senior Independent Director

From April 2018

A Non-Executive Director, Chris became Deputy Trust Chair and Senior Independent Director at the beginning of November 2022.

A practising solicitor who specialises in corporate law, Chris is the Founding Partner of Schofield Sweeney LLP Solicitors, and a Trustee of the Leeds Hospitals Charity and a number of other local charities.

Chris is the Chair of Governors at the One in a Million Free School and is Non-Executive Director of JBA Group and Constant Systems Holdings. Chris has previously served as the Under-Sheriff of West Yorkshire.

Other senior previous roles include Non-Executive Director for the NHS Leeds West Clinical Commissioning Group, and current roles within the Trust as Senior Independent Director, Chair of the Research and Innovation Committee, a member of Infrastructure Committee, and the named Non-Executive Director for Medical Staff in Difficulty.

Robert (Bob) Simpson

Non-Executive Director

From February 2018 to 31 January 2025

Bob is an accomplished senior executive manager and has extensive experience in building development and construction. He was latterly Head of Construction Development with Asda Walmart, reporting to the Asda Management Board and CEO, responsible for the delivery of new space, sustainability and budget management. He is lead Non-Executive for Building the Leeds Way, and Chaired the Building and Development Committee until its closure in the summer and became a member of the new Infrastructure Committee from the autumn until his terms expired.

Suzanne Clark

Non-Executive Director

From October 2018 to 30 September 2024

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

Suzanne chaired the Audit Committee, and with this role observed the monthly Risk Management Committee meeting and was a member of the Workforce Committee.

Mark Burton

Associate Non-Executive Director

From April 2022

Non-Executive Director

From November 2024

Mark is currently a Senior Executive in Lloyds Banking Group and as part of his role is Head of UK Regions for their Corporate Bank as well as acting as the Lloyds Banking Group Ambassador for the Yorkshire & Humber Region.

A 28-year career in finance has seen Mark take leadership roles for several prominent banks, working with clients from around the UK and across multiple sectors.

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

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

Mark is the Chair of Finance & Performance Committee and is a member of the Workforce Committee.

Mike Baker CBE

Associate Non-Executive Director

From April 2022

Non-Executive Director

From November 2022

Mike has held some of the most senior leadership roles in the three largest UK Departments of State.

Most recently he was Chief Operating Officer at the Ministry of Defence, an organisation of 230,000 military and civilian colleagues with an annual spend of £60bn. Joining the Ministry of Defence in 2019 as Director for Transformation, Mike established a defence-wide Transformation Programme designed to achieve efficiencies of up to £12bn.

In the Department for Work & Pensions he led as many as 25,000 colleagues designing and delivering welfare delivery and reform. And in Her Majesty's Revenue and Customs was Director for Personal Tax Operations, leading c. 20,000 colleagues to deliver services to over 50 million customers whilst harnessing leading-edge technology to radically change delivery channels.

Having been Chairman of a charity, a Non-Executive Board member in each of the four UK Military Services, in April 2022, he joined Leeds Teaching Hospitals. Mike is also a Senior Advisor to Oliver Wyman supporting and growing their Government and Public Institutions practice. In 2024 Mike was made Professor of Practice at the University of York.

Mike has deep knowledge and experience of leading Operational Delivery, Transformation and cultural change in large, complex businesses and environments.

Mike is the Chair of the Infrastructure Committee and a member of the DIT Committee.

Philomena (Phil) Corrigan

Non-Executive Director

From November 2022

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

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

She is the Chair of the Board of Trustees at St Gemma's Hospice. During the year she became the Chair of Thankyou Healthcare Staff, a national charity which is just being formalised by the Charity Commission.

Phil is a member of the Audit Committee and Quality Assurance Committee.

Amanda Stainton

Associate Non-Executive Director

From November 2022

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

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

She now provides consultancy and coaching support to a variety of businesses on a part-time basis.

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

Amanda is a member of the Quality Assurance Committee and Chair of the Workforce Committee

Rachel Woodman

Associate Non-Executive Director

From December 2020
Sabbatical as from 30 September 2022 (re-joined the Trust from May 2023) to 31 August 2024

Rachel is currently Director of Transformation at John Lewis Partnership and has a proven track record in leading strategy and transformational change to deliver outstanding business performance.

Previous roles include Director, Co-op Funeral Care Strategy, Transformation and New Business, Director of Strategy and Transformation also with the Co-op, and Strategy Director, Morrisons.

During the year Rachel was a member of the Quality Assurance Audit, and Research and Innovation Committees.

Joanne (Jo) Koroma

Associate Non-Executive Director

From April 2023

Joanne (Jo) Koroma is Director, National Infrastructure for Openreach (BT plc) and is a highly accomplished, senior executive with experience of operating at Board level in challenging regulated roles in a complex organisation. She has also led businesses through critical transformational change programmes.

Jo has had a highly successful career to date starting at Openreach (BT) on their graduate scheme in 2003 and she has taken on several roles within the organisation, leading to the role of Director, National Infrastructure.

Some of Jo's key achievements during her career include leading the establishment of a scale product that underpins the rollout of fibre for the UK. She also led the delivery of fibre broadband to the West of the UK.

Jo Chairs the DIT committee and is a member of the Audit Committee.

Professor Julia Brown

Non-Executive Director

October 2023 to 31 May 2024

Prof. Julia Brown is Deputy Dean at the University of Leeds Faculty of Medicine and Health, and Director of the Leeds Institute of Clinical Trials Research. As a teaching hospital Board member, Julia was the nominated Non-Executive from the University of Leeds.

In 2007, Julia set up the UK Clinical Research Collaboration (UKCRC) Registered Clinical Trials Units Network. For the last 16 years she has directed this nationwide network that includes 53 academic clinical trials units, fostering collaborative working to establish the UK as a world leader in clinical research.

During her highly successful career, Julia has designed and overseen the delivery of multicentre national and international clinical trials working across a range of disease areas assessing a wide range of interventions. Her published research has gone on to influence treatment guidelines nationally and around the globe.

Julia's main research interests are in the design and analysis of complex trials and the development and analysis of patient-reported outcomes in clinical trials. She has spent a number of years in the NHS and industry before joining the University of Leeds and is an Emeritus National Institute for Health and Care Research Senior Investigator.

Julia was a member of the Workforce, Research and Innovation, and DIT Committees.

Professor Jane Nixon

Non-Executive Director

From June 2024

Institute Director at the University of Leeds Institute of Health Sciences School of Medicine.

Prof. Jane Nixon is the Institute Director at the University of Leeds Institute of Health Sciences School of Medicine. As a teaching hospital Board member, Jane is the nominated Non-Executive from the University of Leeds.

In 2016, Prof. Nixon was appointed as a National Institute for Health and Care Research Senior Investigator, an appointment which was renewed in 2020, and she was awarded an MBE in 2017 for services to health research. Prof. Nixon's current research focuses on the design and evaluation of complex interventions to improve the delivery of health services and assess their impact on health.

During her successful career, Prof. Nixon has led the development of an internationally renowned portfolio of skin and wounds research, supported the development of clinical trials capacity and played a major national role in NHS research capacity development to support wounds research. During that time, she received around £42m in major grants, research and infrastructure awards and her research work has influenced guidelines internationally.

She is a member of the Workforce, Research and Innovation, and DIT Committees of the Board.

Professor Laura Stroud

Non-Executive Director

From December 2020 to end September 2023 (was the University of Leeds Nominated NED). Returned 22 February 2024 as an Associate Non-Executive Director

Prof. Laura Stroud is Professor of Public Health and Education Innovation, Pro Vice Chancellor and Dean of the Faculty of Health Sciences and Wellbeing at the University of Sunderland. With a wealth of experience in public health and education, Laura brings expertise in equipping the workforce to meet population needs.

Laura rejoined the Board as an Associate Non-Executive in her new role at Sunderland. She is Chair of the Quality Assurance Committee and retains her role as Maternity Board Safety Champion.

Executive Directors of the Board during 2024/2025

Professor Phil Wood

Chief Executive

From February 2023

Phil joined the Trust in 2002 as a Consultant Immunologist and during his career has worked in many operational and strategic roles including Clinical Director for services such as Pathology and Oncology, Medical Director for Strategy and Planning and latterly Chief Medical Officer. He has been a champion and advocate of a continuous improvement approach to healthcare, working with the Virginia Mason Institute over the past decade to help develop the Trust's improvement system, the Leeds Improvement Method, and is currently one of the two Chief Executives from North East and Yorkshire leading work on the national Learning & Improvement Network.

Phil has held several regional roles including as Senior Responsible Officer for the initial Covid-19 vaccination programme in West Yorkshire. He is committed to partnership working across health and care systems, and currently co-chairs the West Yorkshire Cancer Alliance. A continued passionate advocate for the role of research and innovation in

improving outcomes and reducing inequalities in healthcare, he is Chair of the Northeast & Yorkshire Genomic Medicine Service Board, a member of the NHS England National Genomics Board and a director and board member at the Northern Health Science Alliance.

An Honorary Professorship in Healthcare Leadership from the University of Leeds was awarded in November 2022, recognising Phil's leadership contribution across education and training, research, innovation and improvement. He is the Chair of the Leeds Academic Health Partnership and a member of the NHS IMPACT National Improvement Board.

Clare Smith

Chief Operating Officer

From December 2018 becoming Deputy Chief Executive from May 2023

Clare has worked at Leeds Teaching Hospitals since January 2014 and has been Deputy Chief Executive since May 2023 and Chief Operating Officer (COO) since December 2018. Prior to joining the Trust, she worked as an Acute Trust Divisional General Manager in Scotland.

Clare is responsible for leadership and delivery of the Trust's operational services, ensuring high-quality care and delivery of performance standards are achieved through our CSUs. She is also the Accountable Emergency Officer for the Trust.

Clare is also the chair of the WYAAT COO group and the Senior Responsible Officer for Urgent and Emergency Care for the West Yorkshire Integrated Care System.

Dr Magnus Harrison

Chief Medical Officer

From September 2023

Magnus joined LTHT in September 2023 and has held Executive Medical Director and Deputy Chief Executive roles at both Burton Hospitals NHS Trust and the University Hospitals of Derby and Burton.

In 2022 he became Interim Chief Executive Officer of University Hospitals of Derby and Burton before becoming Chief Medical Officer of an independent healthcare provider, Newson Health.

Prior to his executive roles, Magnus was a Consultant and Clinical Director in Emergency Medicine for 10 years.

Magnus is the Director of Infection Prevention Control and the Caldicott Guardian for Leeds Teaching Hospitals. Magnus chairs the North East and Yorkshire Neurosurgical Network.

Rabina Tindale

Chief Nurse

From January 2024

Rabina was formerly Executive Chief Nurse and Director of Infection Prevention and Control for Wrightington, Wigan and Leigh NHS Foundation Trust with responsibility for strategic leadership of the nursing, midwifery and allied health professional workforce. She had Executive Director responsibility for quality and safety, adult and child safeguarding and Infection Prevention and Control. Prior to this, Rabina held senior nursing roles in London and Essex.

Rabina has served on the Royal College of Nurses (RCN) Emergency Care Association Forum steering committee as both a member and subsequent Chair. She is currently a member of the RCN nurses in management and leadership forum committee.

Rabina undertook her nursing training locally at Harrogate School of Nursing, and she began her career in emergency nursing in Leeds at St James's Hospital.

Simon Worthington

Director of Finance

From July 2017 to July 2024

Simon, who lives in Leeds, started his career in 1988 as a trainee accountant with Leeds Western Health Authority, based at Leeds General Infirmary. After working in financial management in the acute sector for 15 years he became a Finance Director in 2003. Since then, he has held a variety of Finance Director posts in the NHS, working in commissioning, the ambulance service and the acute sector.

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

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

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

Jonny Gamble

Interim Director of Finance

From July 2024 to August 2024

Jonny served as Deputy Director of Finance at LTHT from 2018. During the COVID-19 pandemic, Jonny took on the role of Director of Finance for the NHS Nightingale Hospital Yorkshire and the Humber.

From Glasgow, Jonny graduated from the University of Glasgow with a Bachelor of Accountancy and an MBA from the University of Strathclyde Graduate Business School. He is a Fellow of the Association of Chartered and Certified Accountants and was honoured as Deputy Director of Finance of the Year by the Healthcare Finance Managers Association in 2020.

Jonny is dedicated to clinical engagement, finance staff development, and continuous improvement. His leadership contributed to the Finance team at Leeds winning the HFMA 'Finance Team of the Year' award, achieving Future-Focused Finance Level 3 accreditation, and the Trust receiving an 'Outstanding' rating from the CQC for its use of resources.

Jenny Ehrhardt

Director of Finance

From August 2024

Jenny re-joined LTHT in August 2024, having previously been Group Chief Finance Officer at Manchester University NHS Foundation Trust, prior to which she worked to the Director of Finance at LTHT for five years up to 2019.

As an experienced NHS finance leader, Jenny is a Fellow of the Chartered Institute of Public Finance and Accountancy, having trained through the NHS Graduate Management Scheme. She has worked across many different NHS organisations including the Ambulance Service and Commissioning, but in the main in acute trusts.

Jenny is a member of the NHS Finance Leadership Council and Chair of the National Finance Innovation Forum, which seeks to successfully share finance innovations developed and implemented within the NHS, for the benefit of patients. She is also an Honorary Founding Fellow and former Treasurer of the Faculty of Medical Leadership and Management.

Jenny Lewis

Director of Human Resources and Organisational Development

From August 2018

Jenny is an experienced People and Culture Executive who is passionate about advancing personal and organisational growth using the skills the Human Resources (HR) and Organisational Development profession brings. She mentors talent across all health and care and is an Alumni mentor for the University of Gloucestershire.

She was previously the first HR Director for the unique public services partnership in Hampshire across a large County Council, Police and Fire services and 500 schools, comprising 55,000 staff.

Since joining Leeds in 2018 Jenny has been the joint Executive Sponsor for the Leeds Health and Care Academy with Leeds City Council. She is using her previous experience to enable and champion the work of the Academy to develop a 'one workforce' approach across Leeds to improve health outcomes and close inequality gaps. The Academy is now well established across all Health and Care sectors in Leeds and recognised nationally for its work.

Craige Richardson

Director of Estates and Facilities

From August 2019

Craige is an accomplished healthcare estate and facilities leader with nearly three decades of experience at Leeds Teaching Hospitals.

Throughout his career, he has held a variety of estates and facilities roles, progressing to the Executive position of Director of Estate and Facilities, where he plays a pivotal role in shaping the future of one of the largest and most complex acute estate portfolios in the NHS.

Craige has been instrumental in leading local, regional and national, projects aimed at transforming the Trust's estate, ensuring it meets the evolving needs of patients, staff, and the wider community.

He is responsible for overseeing estate management and strategic development, the effective delivery of operational estate and facilities services, sustainability initiatives, and violence reduction and prevention.

His leadership extends across a workforce of more than 2,400 Estates and Facilities professionals who deliver critical support services across the City.

Committed to excellence in patient care, Craige ensures that Estate and Facilities operations are aligned with the Trust's overarching healthcare objectives.

He is a Fellow of the Chartered Management Institution (CMI) and actively contributes to a range of strategic forums. He is a key member of the West Yorkshire Net Zero Board Leads Network, the City's Strategic Estate Board, and the ICB Capital and Infrastructure Board. Additionally, he chairs the West Yorkshire collaborative for Directors of Estates and Facilities, fostering regional collaboration to drive innovation and efficiency across NHS estates and facilities management.

Craige's leadership continues to shape the sustainable, safe, and efficient development of healthcare estate, ensuring that they remain fit for the future while supporting the delivery of exceptional patient care.

Dr Paul Jones

Chief Digital Information Officer

From November 2019

Paul joined the Trust in November 2019. He has held senior roles across the public and private sector including as Chief Technology Officer for the NHS in England and Group CIO of Serco. Paul's background is rooted in technology with a BSc and PhD in Computer Science. He is a Fellow of the British Computer Society and a Chartered IT Professional.

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

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

In 2023, Paul was elected Chair of the CIO Advisory Panel, [link to embed at design] which includes 12 CIOs from various NHS trusts and regional organisations, elected by peers from across the country. The panel is responsible for setting direction for the CIO Network, providing an independent, nationally-elected voice for local NHS digital leaders.

James Goodyear

Director of Strategy

From September 2022 to to November 2024

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

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

2.2 Attendance tables

Board of Directors

Name/Date	30/06/2024		25/07/2024		26/09/2024		28/11/2024		11/12/2024	30/01/2025		27/03/2025	
	Public	W/S	WS	Public	WS	Public	WS	Public	ExO W/S	WS	Public	WS	Public
Amanda Stainton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bob Simpson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chris Schofield	✓	✓	✓	✓	✓	✓	Apols	Apols	✓	✓	✓	✓	✓
Clare Smith	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓
Craige Richardson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gillian Taylor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Goodyear	Apols	✓	✓	✓	✓	✓	✓	✓					
Jenny Lewis	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	Apols	Apols	✓	✓
Jo Bray	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jo Koroma	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Julia Brown	Apols	Apols											
Laura Stroud	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Linda Pollard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Magnus Harrison	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols	Apols
Mark Burton	✓	✓	Apols	Apols	✓	Apols	✓	✓	✓	✓	✓	✓	✓
Mike Baker	✓	✓	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓
Paul Jones	✓	✓	✓	✓	✓	✓	Apols	Apols	✓	✓	Apols	✓	✓
Phil Corrigan	Apols	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phil Wood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rabina Tindale	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rachel Woodman	✓	✓	✓	✓									
Simon Worthington	✓	✓											
Suzanne Clark	✓	✓	Apols	Apols	✓	✓							
Jane Nixon			✓	✓	Apols	Apols	✓	✓	✓	✓	✓	✓	✓
Jenny Ehrhardt					✓	✓	✓	✓	✓	✓	✓	✓	✓
Jonny Gamble			✓	✓									

Board Time Outs

Name/Date	26/06/2024	24/10/2024	25/10/2024	20/03/2025
Amanda Stainton	✓	✓	✓	✓
Bob Simpson	✓	✓	✓	
Chris Schofield	Apols	✓	✓	✓
Clare Smith	Apols	✓	✓	✓
Craige Richardson	✓	Apols	Apols	✓
Gillian Taylor	✓	✓	✓	✓
James Goodyear	✓	✓	✓	
Jenny Lewis	✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓
Jo Koroma	✓	✓	Apols	✓
Laura Stroud	✓	✓	✓	✓
Linda Pollard	✓	✓	✓	✓
Magnus Harrison	✓	✓	✓	✓
Mark Burton	✓	✓	✓	✓
Mike Baker	✓	✓	✓	✓
Paul Jones	✓	✓	✓	✓
Phil Corrigan	✓	✓	Apols	Apols
Phil Wood	✓	✓	✓	✓
Rabina Tindale	✓	✓	✓	✓
Rachel Woodman	✓			
Simon Worthington	✓			
Suzanne Clark	✓			
Jane Nixon	✓	✓	✓	✓
Jenny Ehrhardt		✓	✓	✓

Audit Committee

Name/Date	02/05/2024	24/06/2024	05/09/2024	17/01/2025	06/03/2025
Gillian Taylor (observing until commenced as Chair 1 Oct)		✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓	✓
Jo Koroma	✓	Apol	✓	✓	✓
Phil Corrigan	✓	✓	✓	✓	✓
Rachel Woodman	✓	✓			
Simon Worthington	✓	Apols			
Suzanne Clark	✓	✓	✓		
Jenny Erhardt			✓	✓	✓

Building Development Committee (BDC)

Name/Date	11/04/2024	09/05/2024	13/06/2024	11/07/2024	08/08/2024
Bob Simpson	✓	✓	✓	✓	✓
Chris Schofield	✓	✓	✓	✓	✓
Gillian Taylor	✓	✓	✓	✓	✓
James Goodyear (in attendance, specific items)			✓	✓	
Jo Bray	✓	✓	✓	✓	✓
Mike Baker (observer)			✓	✓	
Phil Wood	Apols	✓	✓	✓	Apols
Simon Worthington	✓	✓	✓	✓	✓

Digital & IT Committee

Name/Date	07/06/2024	06/09/2024	06/12/2024	07/03/2025
Jane Nixon	Apols	✓	✓	✓
Jenny Lewis	✓	Apols	Apols	✓
Jo Bray	✓	✓	✓	✓
Jo Koroma	✓	✓	✓	✓
Mike Baker	✓	✓	✓	✓
Paul Jones	✓	✓	✓	✓

Innovation

Name/Date	10/10/2024	12/12/2024	13/02/2025
Bob Simpson (NED terms expired 31 Jan 2025 -sp advisor to BtLW)	✓	✓	✓
Chris Schofield	✓	✓	✓
Craige Richardson	✓	✓	✓
Gillian Taylor	✓	✓	
Jo Bray	Apols	✓	✓
Mike Baker	✓	✓	✓
Phil Wood	✓	✓	✓
Jenny Ehrhardt	✓	✓	✓

Finance & Performance (F&P) Committee

Name/Date	24/04/2024	29/05/2024	26/06/2024	24/07/2024	28/08/2024	25/09/2024	30/10/2024	27/11/2024	11/12 2024	29/01/2025	26/02/2025	26/03/2025
Chris Schofield (observed July, member from Sept to Jan)				✓		✓	✓	✓	✓			
Clare Smith	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓
Craige Richardson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓
Gillian Taylor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
James Goodyear	✓	Apols	Apols	✓	✓	✓	Apols	✓	✓	✓	✓	✓
Jenny Lewis	Apols	Apols	✓	✓	✓	✓	✓	✓	Apols	Apols	✓	✓
Jo Bray	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓
Linda Pollard	✓	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓
Mark Burton	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓
Mike Baker	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓
Paul Jones	✓	✓	✓	✓	Apols	✓	Apols	✓	✓	✓	✓	✓
Phil Wood	✓	✓	✓	Apols	✓	✓	Apols	✓	✓	✓	Apols	✓
Magnus Harrison (alt attend with Chief Nurse)	✓		✓		✓		✓		✓	✓	✓	
Rabina Tindale (alt attend with Chief Medical Officer)		✓		✓		Apols		✓	✓			✓
Simon Worthington	✓	✓	✓									
Jonny Gamble (Interim DoF)				✓								
Jenn Ehrhardt					✓	✓	✓	✓	✓	✓	✓	✓

Quality Assurance Committee

Name/Date	20/04/2023	22/06/2023	14/09/2023	26/10/2023	06/12/2023	22/02/2024
Amanda Stainton	✓	✓	✓	✓	✓	✓
Jo Bray	✓	✓	✓	✓	✓	Apols
Laura Stroud	✓	✓	✓	✓	✓	✓
Magnus Harrison	✓	✓	✓	Apols	✓	✓
Mark Burton (observed)	✓					
Phil Corrigan	✓	✓	✓	✓	✓	✓
Rabina Tindale	✓	✓	✓	Apols	✓	✓

Risk Management Committee (RMC)

Name/Date	04/04/2024	02/05/2024	06/06/2024	04/07/2024	01/08/2024	05/09/2024	03/10/2024	07/11/2024	05/12 2024	09/01/2025	06/02/2025	06/03/2025
Clare Smith	✓	✓	✓	✓	✓	✓	✓	✓	✓	Apols	✓	✓
Craige Richardson	Apols	✓	✓	✓	Apols	Apols	✓	Apols	✓	Apols	✓	✓
Gillian Taylor (observer until 1 Oct as became Chair of Audit Cttee)			✓	✓		✓	✓	✓	✓	✓	✓	✓
James Goodyear	✓	✓	✓	✓	✓	✓	✓	✓				
Jenny Lewis	✓	Apols	✓	✓	✓	Apols	✓	✓	Apols	Apols	Apols	✓
Jo Bray	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	✓	✓
Magnus Harrison		Apols	✓	✓	Apols	✓	✓	✓	Apols	✓	✓	✓
Mark Burton (observed)		✓										
Paul Jones	✓	Apols	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phil Wood	Apols	✓	✓	✓	✓	Apols	✓	✓	✓	✓	✓	Apols
Rabina Tindale	Apols	✓	✓	✓	✓	✓	Apols	✓	✓	✓	✓	Apols
Jenny Ehrhardt						✓	✓	✓	✓	Apols	✓	✓
Suzanne Clark	✓	✓	✓	✓	✓	✓						
Simon Worthington	✓	✓	✓	✓								
Jonny Gamble (Interim DoF)						✓						

Research and Innovation

Name/Date	09/04/2024	11/06/2024	06/08/2024	08/10/2024	10/12/2024	11/02/2025
Chris Schofield	✓	✓	✓	✓	✓	✓
Jane Nixon		✓	Apols	✓	✓	✓
James Goodyear	✓	Apols		✓		
Jo Bray	✓	✓	Apols	✓	✓	✓
Magnus Harrison	✓	✓	✓	Apols	✓	✓
Rabina Tindale			✓	✓	✓	✓
Rachel Woodman	✓	✓	✓			

Workforce Committee

Name/Date	18/05/2024	18/07/2024	19/09/2024	21/11/2024	17/01/25	11/03/25
Amanda Stainton	✓	✓	✓	✓	✓	✓
Craige Richardson	✓	Apols	✓	Apols	✓	Apols
Jane Nioxn		✓	✓	✓	✓	✓
Jenny Lewis	✓	✓	✓	✓	✓	✓
Julia Brown	Apols					
Jo Bray	✓	✓	✓	✓	✓	✓
Magnus Harrison	Apols	Apols	Apols	✓	✓	✓
Mark Burton	✓	✓	✓	✓	✓	✓
Phil Wood	Apols	Apols	✓	Apols	✓	Apols
Rabina Tindale	✓	Apols	✓	✓	✓	✓
Suzanne Clark	✓	✓	✓			

Annual Governance Statement (2023/24)

1. Scope of responsibility

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

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leeds Teaching Hospitals NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Leeds Teaching Hospitals NHS Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Board of Directors provides leadership on the overall governance agenda. The Board of Directors is supported by a range of Committees that scrutinise and review assurances on internal control. Our Assurance Committees; Audit, Quality Assurance, Finance & Performance, Digital & IT, Workforce, Building Development (until closure in July and establishment in the autumn of the Infrastructure Committee) and Research & Innovation. The Risk Management Committee reports directly to the Board of Directors. These Committees have all provided an annual report detailing how they have discharged their duties, with attendance of the respective Committee Chair at the Audit Committee meetings 1 and 7 May 2025 and were received at the 29 May 2025 Board meeting.

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

3.1 The Risk Management Committee focuses on the most significant risk exposures and oversees risk treatment to ensure: (a) the correct strategy is adopted for identifying and managing risk; (b) appropriate controls are present and operating effectively: and (c) action plans are robust to mitigate risks to remain within tolerance. The Risk Management Committee is chaired by me, as Chief Executive, and comprises all Executive Directors. Senior Managers, Specialist Advisors are in attendance and the Audit Committee Chair routinely attends each meeting as an observer. The Trust has kept under review and updated risk management policies during the year.

Whilst the Risk Management Committee reports directly to the Board through me, it also works closely with front line Clinical Service Units (CSUs) and all Committees of the Board in order to identify, triangulate and prioritise risk, working together to continuously enhance risk treatment. Chairs of Board Committees escalate, as appropriate, issues to the Risk Management Committee.

3.2 The Board commissioned a Task and Finish Group in October 2020 to further develop the Risk Management Framework, focusing specifically on the Trust's approach to setting and embedding its risk appetite and risk categories, supported by a Non-Executive Director and working in collaboration with commercial partners at Yorkshire Building Society. The work of the Task and Finish Group was presented to Trust Board in March 2021, including the revised risk categories and risk appetite statements, which were approved by the Board. A document was published; Risk Appetite 2021/22, to be used as a resource for staff working in the Trust to support them in adopting the risk appetite categories and risk appetite statements, to implement this in practice. This was updated the following year, and a second edition published.

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

The risk categories and the risk appetite statements have been cross referenced and incorporated into the Trust's Corporate Risk Register (CRR), to establish a fully integrated Risk Management Framework based on the work that has been undertaken to date. Executive Directors have supported CSUs and corporate leads to implement the Risk Management Framework, providing oversight through the monthly Risk Management Committee. The risk categories and risk appetite statements were reviewed again at a Board Time Out in 2024/25, led by Board Committee chairs, to provide opportunity to consider these and agree whether any changes were needed, which was presented to March 2025 Board. A revised framework will be published in Q1 2025/25, to support the further development (third edition). Risk Appetite Framework (April 2025) - Leeds Teaching Hospitals NHS Trust

3.3 Training and support are provided to relevant staff on, incident reporting, assessment of risks related to patient safety incidents and incident investigation to meet the requirements for staff training to control key risks. A training needs analysis informs the Trust's mandatory training requirements and has been kept under review; this sets out the training requirements for all members of staff and includes the frequency of training in each case.

3.4 Incidents, complaints and patient feedback are routinely analysed to identify learning opportunities and improve control. Lessons for learning are disseminated to staff using a variety of methods, including Quality and Safety briefings, Learning Points Bulletins and personal feedback where required. The Trust is leading a network with West Yorkshire Association of Acute Trusts (WYAAT) partners to share learning from patient safety incidents, including Never Events and it was an early adopter of the Patient Safety Incident Response Framework (PSIRF), implementing the Patient Safety Incident Response Plan (PSIRP) in 2022/23. This has been revised and updated in 2024/25 in conjunction with staff, partners and service user representatives and approved by the Board. The Quality Assurance Committee provides oversight on this process, with a complaints annual report presented to the Board of Directors each July and a six-month in year.

3.5 I have ensured that all significant risks of which I have become aware are reported to Board of Directors and Risk Management Committee. All new significant risks are escalated to me as Chief Executive and validated by the Executive Team and Risk Management Committee. The residual risk score determines the escalation of risk.

3.6 The Board of Directors regularly scan the horizon for emergent opportunities or threats and considers the nature and timing of the response required in order to ensure risk is appropriately managed at all times. Collectively the Board reviews the Board Assurance Framework (BAF) and our risk management appetite statement each year. The Board Assurance Framework has been revised and updated in 2024/25 to reflect the five strategic priorities and annual commitments.

4. The Risk and Control Framework

4.1 (i) Determine priorities

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

(ii) Risk Identification

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

(iii) Risk Assessment

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

(iv) Risk Response (Risk Treatment)

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

(v) Risk Reporting

Significant risks are reported at each formal meeting of the Board of Directors and Risk Management Committee. In addition, in the event of a significant risk arising, arrangements are in place to escalate a risk to the Chief Executive and Executive Team. The level at which risk must be escalated is clearly set out in the Risk Management Policy, which is reviewed every two years and was last updated and approved in May 2024. Risk reporting to the Board of Directors also details what actions are being taken, and by whom, to mitigate the risk and monitor delivery. The Audit Committee and Board of Directors have reviewed assurance on the effective operation of controls to manage the significant risks set out in the Corporate Risk Register and supporting report and undertake regular reviews of the Board Assurance Framework.

(vi) Risk Review

a. Those responsible for managing risk regularly review the output from the risk register to ensure it remains valid, reflects changes and supports decision making. In addition, risk profiles for all CSUs remain subject to detailed scrutiny as part of a rolling programme by the Risk Management Committee. The purpose of the Trust's risk review is to track how the risk profile is changing over time; evaluate the progress of actions to mitigate or reduce material risk; ensure controls are aligned to the risk; risk is managed in accordance with the Board's appetite; resources are reprioritised where necessary; and risk is escalated appropriately.

b. Incident reporting and investigation is openly encouraged as a key component of risk and its management to help us learn and take action in response to patient safety incidents. An electronic incident reporting system is operational throughout the organisation and is accessible to all staff. Incident reporting is promoted through induction and training, regular communications, leadership walk rounds or other visits that take place. Board Leadership visits have continued in 2024/25. A programme to support staff who have been involved in an incident is in place, and a process for sharing lessons across the organisation is established, overseen by the learning hub that was established in 2024/25 to share learning across the Trust, replacing the Lessons Learned Group. In addition, arrangements are in place for staff to raise any concerns at work confidentially and anonymously through the Freedom to Speak Up process.

4.2 As of 31 March 2025, Leeds Teaching Hospitals NHS Trust has identified a range of significant risks, which are currently being mitigated, whose impact could have a direct bearing on requirements within the NHS Single Oversight Framework, CQC registration or the achievement of Trust policies, aims and objectives should the mitigation plans not be effective. Currently, the significant risks documented on the Corporate Risk Register on 31 March 2025 relate to the following areas:

Workforce risk

- Insufficient staff to provide treatment, care and services to patients

Operational risk

- Viral pandemic.
- Power failure (electrical infrastructure) leading to disruption of clinical services.
- Brotherton Wing infrastructure.
- Violence towards patients and staff due to organic, mental health or behavioural reasons.
- Staff absence, health, safety and wellbeing.
- Cyber-attack leading to potential loss of IT systems and/or data.
- Insufficient DIT resources to maintain Trust IT estate.
- Delivery of the hospital of the future project (Building the Leeds Way).
- Delivery of the pathology project (Building the Leeds Way).
- Delivery of the LGI site Development Project (Building the Leeds Way).

Clinical risk

- Exposure to health care associated infection.
- Patient harm – falls and hospital acquired pressure ulcers.
- Achieving the emergency care standard.
- 18-Week Referral to Treatment target.
- Cancer waiting times standards.
- Patients waiting over 52 and 78 weeks for treatment across a range of services.
- 62-day cancer target.
- Cancelled operations not rebooked within 28 days.
- Patients waiting longer than 6-weeks following referral for diagnostic tests.

Capacity planning risk

- Patient flow and capacity for emergency admissions (health economy)
- Airedale hospital infrastructure: potential risk (patient transfers)

Financial risk

- Failure to deliver financial plan 2024/25.
- Reduction in operational capital allocation.
- Cash availability.

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

4.4 The NHS England Code of Governance defines best practice for corporate governance and within the supporting appendices has statements which the Trust has reviewed and reported against the requirement to 'comply' or 'explain'. This report was received at the March 2025 public Board meeting where all but two statements were reported as compliant; statement E-2.1 'non-compliant' as the this relates to performance related elements of Executive Remuneration e.g. a bonus scheme (LTHT does not have any such scheme) and statement B-2.5 relates to the Chair of the Audit Committee, where LTHT is 'explaining' that this role is carried out by the Deputy Chair.

4.5 Equality impact assessments are integrated into core Trust business. All reports to Trust Board follow a standard reporting template, which includes an 'Equality Analysis' section where authors of the report are required to set out any negative equality-related impacts along with mitigation, and all Trust policies and procedures require an equality impact assessment to be completed before Executive Team approval. In organisational change projects, Senior HR Officers support Line Managers in undertaking their duty to prepare equality impact assessments on the proposed change and to then take this into consideration in implementing that change. The Trust is at present reviewing the process to provide assurance it is substantial, meaningful and sustainable, including the incorporation of the consideration of health inequalities.

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

4.7 RMG reports into the Workforce Management Group on a monthly basis, which in turn provides assurance to the Workforce Committee, which meets bi-monthly reporting to Board. This Committee seeks assurance on the five people priorities set out in our strategy; supports and reports on activities related to resource management with a focus to develop workforce resource plans; align the developed workforce resource plans with Finance & Performance and seek assurance on projects that are in place to address specific workforce hotspots and issues.

4.8 The Trust has embedded a corporate workforce planning framework with each CSU producing their own operational workforce action plan. These plans align with the Long-term NHS Workforce Plan with a focus on retain, grow, transform and control. The plans identify and reduce high-cost bank and agency fees, promote new roles to support skill mix reviews; effectively deploy staff and focus on learning and the sharing of best practice. We are now maturing our workforce planning process in order to support the delivery of our 2025/26 commitment to focus on kindness and compassion, along with supporting the delivery of the financial plan. All workforce plans are signed off by the Deputy Director of HR and relevant CSU Director of Operations. Our HR Business Partners work with the CSUs to co-produce effective workforce solutions supporting their short, medium and longer-term workforce planning.

4.9 In addition, a refreshed Recruitment and Selection Policy was launched Trust-wide in June 2024 with the aim of removing any bias and discrimination in our recruitment and selection process. The policy is underpinned by an inclusive recruitment toolkit that offers everyone involved in recruitment a framework, consistency, accountability and training. The training and toolkit are currently available to all staff.

5. Care Quality Commission (CQC) Registration

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

5.1 Compliance with the provisions of the Health & Social Care Act 2008 (Registration Regulations) 2010 is co-ordinated by the Director of Quality. The Director of Quality oversees compliance by:

- Reporting and keeping under review, matters highlighted within the Care Quality Commission's inspections and regular engagement.
- Self-assessment against the Quality Standards defined within the criteria of the Well-led review, and preparing the Trust for an external review.
- Liaising with the Care Quality Commission and Clinical Service Units to address specific concerns.
- Engaging with the Care Quality Commission on the inspection process, co-ordinating the Trust's response to inspections and recommendations/ actions arising from this.
- Analysing trends from incident reporting, complaints, and patient and staff surveys to detect potential non-compliance or concerns in Clinical Service Units.
- Reviewing assurances on the effective operation of controls.
- Receiving details of assurances provided by Internal Audit, and being notified of any Clinical Audit conclusions which provide only limited assurance on the operation of controls.
- Challenging assurances or gaps in assurance by attending meetings of the Risk Management, Quality Assurance and Audit Committees.

5.2 The Trust is registered with the Care Quality Commission without conditions (compliant).

5.3 The Trust Chair holds and maintains the 'Fit and Proper Persons Test Register' for the Board. Checks are carried out annually to ensure all those listed are fit and proper against the requirements defined by the Care Quality Commission.

5.4 The CQC completed an unannounced inspection of Maternity services at Leeds General Infirmary (LGI) and St James's University Hospital (SJUH) sites during 9 to 11 December 2024. As part of the on-site inspection, as well as observational inspections and discussion with staff and patients, a schedule of interviews were conducted, data requests received and answered and focus groups established for week commencing 13 January 2025.

A data request to accompany the inspection was received by the Trust on 17 December 2024 with a final response date of 10 January 2025 which was completed on time. It is expected the Trust will receive a draft of the report in Q 1 2025/26.

5.5 The CQC completed an unannounced inspection of Neonatal Services at Leeds General Infirmary (LGI) and St James's University Hospital (SJUH) sites during 14-16 January 2025. As part of the on-site inspection, as well as observational inspections and discussion with staff and patients, a schedule of interviews were conducted, data requests received and answered.

A data request to accompany the inspection was received by the Trust on 20 January 2025 with a final response date of 3 February 2025 which was completed on time.

Draft reports were issued to the Trust on 14 May 2025 by the CQC with factual accuracy and opportunity for the Trust to provide additional information at the time of the inspection that should be considered to inform the CQC judgement. The response to the draft reports was submitted to the CQC by 28 May 2025. The final reports from the inspection were published on 20 June 2025.

The Trust has continued to work with partners through the Maternity Safety Support Programme (MSSP), following the initial diagnostic visit in March. The first meeting of the Maternity and Neonatal Quality Improvement Group (QIG), chaired by NHS England, was held on 12 May 2025, providing opportunity to discuss progress and review the improvement plan. The MSSP plan was received on 28 May 2025.

The Trust is working to deliver its (combined) action plan to address the feedback from the CQC and MSSP.

The Trust has engaged with families and supported staff and will continue to work with the CQC and partners at NHS England, NHS West Yorkshire ICB and the Local Maternity and Neonatal System (LMNS).

The CQC carried out a Well-led review 17-19 June 2025.

6. Register of interests, including gifts and hospitality

The Trust publishes on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past 12 months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.
The register for the Board can be found at: https://leedsth.mydeclarations.co.uk/reports/GroupReport and the full staff report at: https://www.leedsth.nhs.uk/about-us/freedom-of-information/publication-scheme/lists-and-registers/declarations/

7. Pensions

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

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

8. Sustainability

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

9.1 As Accountable Officer, I am responsible for ensuring that the Trust has arrangements in place for securing value for money in the use of its resources. To do this I have maintained systems to:

- Set, review and implement strategic and operational objectives.
- Engage actively with patients, staff, members and other stakeholders to ensure key messages about services are received and acted upon.
- Monitor and improve organisational performance.
- Establish plans to deliver waste reduction programmes. The waste reduction programme has been strengthened with a monthly Finance Improvement Board.

9.2 The five-year integrated plan is refreshed each year and used to develop the annual operational plan for the Trust. The Trust actively engages Commissioners, regulators (NHS England), system functions (West Yorkshire Integrated Care System (WYICS) and West Yorkshire Association of Acute Trusts (WYAAT), staff and others as necessary to develop and agree detailed financial

and operational plans. Planning takes account of the national 2025/26 priorities and operational planning guidance published by NHSE and system initiatives and their impact to ensure that planning within the broader ICS is aligned. These detailed operational plans and budgets are approved by the Board.

9.3 The Trust approved its annual plan in December 2024 and submitted its Operational Plan for 2025/26 in March 2025 to West Yorkshire Integrated Care Board.

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

9.5 The Trust is a key member of West Yorkshire Association of Acute Trusts (WYAAT) provider collaborative which in the year has continued to make good progress with the Committee in Common (CiC) meeting four times for the governance and accountability of work streams to support transformation across West Yorkshire, reporting and accountable to each sovereign Board. The CiC has membership from each provider organisation with both Executive and Non-Executive membership from each, usually by the Chief Executive and Chair.

9.6 The Board agrees annually a set of objectives known as annual commitments for the following year which are communicated to colleagues and the public via my Chief Executive's report in the March prior to the start of the year. This provides the basis for performance reviews at CSU level. Operational performance is kept under constant review by the Executive Team, Finance & Performance Committee and the Board of Directors. In order to keep under review, the delivery of the annual Objectives (commitments moving forward), the Board reviews at each formal meeting an Integrated Quality & Performance Report (IQPR) covering patient safety, quality, access and experience metrics, and a Finance Performance Report. At the October and March Board Time Out meetings with the wider Senior Leadership Teams, progress against the annual commitments was reviewed.

9.7 The Trust continues to operate its Financial Management Framework to ensure that the Trust is meeting its strategic target of financial sustainability. Each quarter a fundamental review takes place of the financial position, and this is reviewed by the Board and relevant action plans developed. Each month reports are prepared for the Finance & Performance Committee on the financial position, alongside monthly finance reports issued to CSUs that show performance against budget. These reports contain both financial and non-financial information.

9.8 The Trust has a Programme Management Office (PMO) Team in place to support CSUs and corporate functions in achieving their Waste Reduction Programme targets, and through the Leeds Improvement Method increase performance and overarching quality. This is supported by other initiatives within the Trust such as GIRFT and benchmarking against the model hospital. During May 2024 a Trust wide Rapid Improvement Week (Leeds Improvement Method) took place across the whole Trust to review staffing.

9.9 Assurances on the operation of controls are commissioned and reviewed by the Audit Committee and, where appropriate, other Committees of the Board of Directors as part of their annual cycle of business.

9.10 The Trust has outsourced its internal audit function to PwC. External auditors, Mazars, were appointed in 2015 by the Audit Commission for a period of two years. They were subsequently reappointed by the Trust in 2017 and with the closure of the 2020/21 accounts completed six years. NHSE guidance states that Trusts should put the external

audit contract out to tender every five years, noting that the same auditors can be reappointed up to a maximum of 20 years. During 2023/24 the Trust reappointed the external Auditors for one year during 2023/24 with a full tender process carried out during 2024/25 resulting in the re-appointment under their new legal entity, Forvis Mazars.

The Audit Committee annually reviews the independence and performance of internal and external audit, with a report presented at the January 2025 Audit Committee. The implementation of recommendations made by Internal and External Audit is overseen by the Audit Committee

10. Information governance

Information Governance incidents within the Trust are managed through rigorous and standardised processes with an appointed Caldicott Guardian and Deputy, a qualified Senior Information Risk Owner and the Data Protection Officer for the Trust. During 2024/25, there were six SIRIs or near-miss incidents that required reporting, of which one was reported to the Information Commissioners Office (ICO). The Trust Information Governance (IG) Team has investigated all of the cases and worked with all concerned parties to ensure that the appropriate governance and information security procedures have been implemented. The IG Team has also provided advice and guidance on the way in which staff should handle information, in particular the personal, sensitive and corporate data processed by the Trust. This ensures that information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

11. Data quality and governance

11.1 The Data Security Protection Toolkit (DSPT) contains 34 assertions segregated into 10 specialist areas based on the National Data Guardian Standards. Of these 34 assertions, 32 assertions are mandatory. A total of 108 pieces of evidence are required for the Toolkit. The Trust's Senior Information Risk Owner (SIRO) has requested that all non-mandatory assertions are completed as good practice. The Trust's Internal Audit (PwC) conducted a high-level review of a sample of Data Security Standards and the evidence uploaded was deemed as meeting the requirements of the DSPT. The Trust was able to successfully submit its DSPTv5 Submission for 2023/24 on 28 May 2024 with all mandatory and non-mandatory evidence items being successfully completed, achieving a 100% compliance.

The IG Team are currently on target to meet the 2024/25 DSPTv7 submission.

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

12. Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors,

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

12.1 The Board of Directors

The Board has set out the governance arrangements including the Committee structure within the Standing Orders. These Assurance Committees, Chaired by Non-Executive Directors and reporting to Board are, Audit, Quality Assurance, Finance & Performance, Digital & IT, Workforce, Building Development (closure of this Committee in July and the establishment of the Infrastructure Committee in the autumn) and Research & Innovation Committee.

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

During the year the Board reviewed the recommendations of the external review by AQUA against the CQC Well-led criteria, seeking assurance that all actions were completed from the review during the summer into early autumn of 2021. We made plans for commissioning an external review against the new criteria for Well-led, with careful thought to the timing of this in preparation for transition for the incoming Chair. However, in November NHSE published the best practice guidance for provider Boards, called Insightful Board where the timescales for external review were redefined to three to five years. The Board agreed to undertake a self-assessment of this guidance during Q4. This self-assessment was by means of standardising the annual Committee effectiveness survey which was extended beyond members and regular attenders to include ad hoc presenters and observers during the year, with an overall report to the Board in May 2025.

12.2 Internal Audit

As at 18 June 2025, 16 internal audit reviews had been carried out with two deferred. This had resulted in the identification of zero critical, five high, 25 medium, 22 low and seven advisory risk findings reported to the Trust. The five high rated findings related to the reviews of Consultant Job Planning (two high risk findings), Stakeholder Engagement and Partnerships, Patient Property/Valuables and Control of Substances Hazardous to Health (COSHH) (currently in draft). These reviews have been finalised recently and will be followed up as agreed actions become due.

No audits of the 'Building the Leeds Way' were completed in 2024/25.

The Audit Committee has considered the outputs of this work when endorsing the 2024/25 AGS. Head of Internal Audit opinion states, 'We are satisfied that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. In giving this opinion, it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control'.

12.3 External Audit

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

12.4 **Clinical Audit**

Quality Assurance Committee received and were assured by the Clinical Audit Annual Report for 2024/25. This summarised clinical audit activity across the Trust, adhering to the national requirement reflected in the Trust Clinical Audit Procedure, which reflects national best practice. Quality Assurance Committee received and approved the clinical audit programme for 2025/26 at the meeting on 17 April 2025.

12.5 **Health & Safety**

The Health and Safety Team continues to deliver the Trust's core health and safety functions, working collaboratively with Clinical Service Units (CSUs), Human Resources (HR), Infection Prevention and Control (IPC), Estates and Facilities (E&F), Occupational Health, and staff-side union representatives.

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

Risk-specific minimum performance standards (Active Monitoring) are in place across all departments. Compliance is assessed annually through the Health and Safety Controls Assurance process, with results published in the annual Health and Safety Report. To support continuous improvement, the Health and Safety Team has embedded the Leeds Improvement Methodology into the Controls Assurance process and other internal systems, using structured quality improvement tools to increase engagement, improve consistency, and strengthen local ownership.

In the latest cycle, we were pleased to see participation from approximately 700 wards and departments, consistent with previous years. To further support compliance and continuous improvement, the Health and Safety Team also undertakes 'Gemba'-style site visits, promoting lean working principles and practical support at the point of activity.

The Trust maintains robust systems for responding to national safety alerts issued via the Central Alerting System, ensuring appropriate actions are taken.

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

Leeds Teaching Hospitals NHS Trust is one of a small number of NHS Trusts to receive the prestigious RoSPA Gold Medal Award for health and safety performance. The Trust was proud to be awarded the Gold Medal for the ninth consecutive year in 2024. This internationally recognised award provides independent external assurance of the strength of our Health and Safety Management arrangements.

As Chief Executive, I have received reports from the Trust Fire Safety Manager, at the Risk Management Committee, that set out our compliance against the Trust's statutory responsibilities under the Regulatory Reform (Fire Safety) Order. Assurance reports are reported twice yearly to the Risk Management Committee. During the year the Committee received a number of assurance reports that have included a strategic fire safety management plan, three-year fire safety plan, an Annual Certificate of Fire Safety Compliance and various assurance documents. The new Infrastructure Committee has also reviewed reports and assurance for fire regulations and the requirements imposed by the new Building Safety regulations under the new act. The Trust continues to receive updates and learning reflecting national fire safety issues that are relevant to healthcare and there is a programme of implementation of any changes.

12.6 Promoting Safety

We continued to be compliant with NHS England guidance and national safer staffing policy requirements. Developing Workforce Safeguards (NHS England 2018) describes the governance and overarching principles that must be in place at a Trust level to provide assurance in relation to safer staffing regulations and requirements. The Board have been assured in relation to safer nurse staffing requirements, including the nursing workforce response to the opening of additional surge capacity and assessment of quality indicators against any wards that have reported below their planned staffing levels. This is provided through the Nursing & Midwifery Quality and Safe Staffing report. Nursing and Midwifery workforce quality indicators, progress and assurance is well embedded and will continue to be monitored and reported through the appropriate governance and assurance groups from ward to Board.

Leeds Teaching Hospitals NHS Trust's Maternity Services had an unannounced CQC inspection in December 2024 and Neonatal services in January 2025. The inspection remains in progress, the Trust has received draft reports and awaits final reports during Q2 2025/26. The Trust has provided information to support the inspection, including maternity staffing. Following concerns raised by families the Team are working in collaboration with NHS England and the Maternity Safety and Support Programme to identify opportunities for learning and improvement (see section 5).

Over the last year, the Trust's nursing and midwifery vacancy and turnover rates for registered staff have consistently reduced and this represents the collaborative on-going recruitment and retention efforts of teams across the Trust. We have sustained a significantly reduced Clinical Support Worker (CSW) vacancy gap and improved the CSW turnover rate; expanding our offer of providing supportive, flexible and part-time opportunities to encourage more new people into the profession but also investing in the current CSW workforce providing a development programme, forums and events that raise the profile of the CSW workforce.

In addition to the focus on increasing the workforce through new routes and successfully completing the Trust's Internationally Trained Nurse Recruitment programme, we also continued to review how we gain assurance in relation to the quality of care delivered. This was achieved through several work streams including:

- Bi-annual quality reviews with CSUs.
- Bi-annual establishment reviews to ensure we have the right workforce, with the right skills, at the right time.
- Review of the Health Check metric audit questions for inpatient and ED areas (undertaken once a month) to ensure essential data is collected, including any recent changes to practice requirements, providing oversight and accountability.
- A structured monthly escalation process is in place to monitor ward performance against key nursing performance indicators and the Health Check metrics. Wards that fall below the expected performance thresholds are placed in escalation and closely monitored for a period of three months. After this period, a ward will be de-escalated if improvements are seen or further escalated for additional support.
- Weekly assurance of the wards in escalation are reported to the Weekly Quality Meeting.
- Continuation of the monthly Ward Assurance Review Meeting where wards in escalation in the Ward Health Check programme are discussed and collaborative support to areas of concern are planned.

The Clinical Support Team conducted a total of 46 ward assurance visits in response to wards in escalation, wards with red metrics or by exception at the request of the Chief Nurse or Deputy. The Clinical Support Team additionally conducted six follow-up visits to ensure continuity of standards following local action plans and/or Clinical Support Team direct input.

In 2024/25, we continued to prioritise the resilience and wellbeing of our workforce through the Professional Advocate roles for nurses, midwives, and allied health professionals. We now have 86 trained Professional Nurse Advocates (PNAs), with a further 25 currently in training. A significant milestone this year has been the successful launch of our internal PNA training programme, delivered in partnership with De Montfort University. Every Clinical Service Unit (CSU) now has at least one trained PNA available to provide restorative clinical supervision, career guidance, and support for staff-led quality improvement initiatives.

This year, we received £2.1 million to support the Continuing Professional Development (CPD) of our Nursing, Midwifery, and Allied Health Professional workforce. This investment has enabled access to high-impact programmes in areas such as human factors and patient safety, complaints management, leadership development, and other essential skills required to maintain and enhance the delivery of safe, high-quality care.

To strengthen leadership at the point of care, we launched our in-house Excellence in Leadership Programme. 61 frontline leaders are currently participating, and planning is underway to extend a tailored programme to support the development of our matron leadership teams. This approach reflects our commitment to building a capable, confident, and accountable leadership pipeline.

Finally, we have reinforced our governance and assurance processes around the Preceptorship Programme, recognising its critical role in supporting newly qualified registered staff. Through enhanced oversight, we are ensuring that preceptorship provides the structured guidance necessary for individuals to build confidence, develop competence, and establish a strong professional identity as they begin their careers within our organisation.

12.7 Freedom to Speak Up

As Chief Executive I work with the 'Freedom to Speak-Up Guardian' to embed and promote a culture of openness for staff to express concerns about patient care and safety. I meet monthly with the FTSU Guardian to discuss the engagement with speaking up. The Guardian has set up a review group to assess and monitor trends in speaking up themes. The Board received the annual report at the May Board meeting, with a six-month update, in year in November. Assurance on process is report to the March Audit Committee meeting annually.

From the tragic events of the Letby case and the welcomed review by the Thirlwall Inquiry, as a Board we have reflected on the desire to encourage more of our staff to speak up. Thus, the Executive-led Management Group, including the FTSU Guardian have oversight of our organisational response to speaking up concerns raised and appropriate processes and added an annual report to Board from the Executive to provide assurance or escalation, in addition to the twice-yearly objective report from our Guardian.

12.8 Guardians of Safe Working

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

12.9 **Staff Safety**

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

- Regular review of absence management data in place with Clinical Service Units (CSUs) Triumvirates team / Human Resource Business Partners/Operational Human Resources/CSUs with actions agreed to support staff back to work.
- Management of risks to staff health and wellbeing through the corporate risk CRR04, with robust management of any gaps in mitigations.
- Review of the organisational response to burnout underway, including review of stress risk assessment process in progress, to ensure work related burnout and stress is managed effectively.
- Review of the Supporting Absence Policy underway to ensure rapid support for staff and compassionate management.
- Advice and support available for managers to support them to manage sickness absence available from Operational Human Resources and Occupational Health. Over 280 staff have attended Supporting Attendance workshops in the last 12 months.
- Occupational Health (OH) referrals prioritised to where OH can add most value. Significant work undertaken to provide written information as early as possible in interactions with OH, to enable managers to take local action. Flexible working and remote working policies have been developed to ensure the needs of the individual, team and service are met, alongside maximising staff availability. A formal project group has been established to ensure the remote working policy is consistently applied through projects including ongoing training and support for managers to ensure the principles in the policy are applied.
- Continued roll out of Mental Health First Aid (MHFA) training, with over 800 MHFA trained and over 5,000 supportive conversations undertaken.
- Money Buddies one to one financial advice service commenced May 2022, with good usage, with over £500k of savings (of the staff's own money) identified for the staff utilising the service.
- Launch of the Leading the Leeds Way Managers Toolkit is complete.
- Range of support services available to support staff to return to work and stay well at work including Occupational Health, Staff Clinical Psychology, Staff Physiotherapy, Individual Risk Assessments and Vaccinations.
- Employed an Occupational Therapist in Occupational Health to provide input to staff most in need of support.
- Steering group established to plan for potential Industrial Action with staff from Emergency Preparedness, Human Resources, Corporate Nursing, Corporate Medical Team, Corporate Operations and CSUs Triumvirates representation. Set of task and finish groups established to ensure effective delivery.
- Incident Command Centre in place in the event of any Industrial action, with positive partnership working with Staff Side embedded. Standard work, including understanding what areas are derogated, established for how to manage the impact. Standard work processes are in place for deployment and staff mitigations and utilising agency workers to support essential services during industrial action.
- Robust data analysis to ensure understanding of staffing absence in place, with long-term workforce plans supporting planning in each CSU.
- FAQs, Ask the Expert, communications plan and guidance regularly updated to ensure understanding across the organisation as the situation develops.
- We continue to work closely with recognised professional bodies and Trade Unions and have ensured mechanisms are in place for Health & Safety representatives to raise any concerns.

13. Significant In-Year Matters

Activity

13.1 All Trusts are required by law to deliver the constitutional standards. The impact of Covid has resulted in a backlog of patients, with NHS England setting out annual targets for providers to support recovery and achieve within year, and to make progress against this backlog.

The Board and its Committee structures receive reports on the performance of the organisation against its duties set out in the provider licence. Reporting information is supplied to provide insight to the actual performance position against constitutional standards, full year to date position displayed by Statistical Process Charts (SPC) and where appropriate agreed trajectories, to enable actual comparisons to be made year on year.

The Trust reports on elective waiting times throughout the year, in nationally mandated submissions and in regular updates to the Finance & Performance Committee and Trust Board. Data validation is required of CSU Teams to confirm the waiting time data recorded for patients waiting for treatment. Training is provided to teams by the PAS Team and additional support and training is provided by the performance and development team where concerns are identified, or requests are made for additional support.

A number of reports are available to identify potential data quality concerns and identify areas for improvement. The Trust also uses a well-established clinical harm process to assess the extent of any harm associated with long waits and the risks of extended waits are recorded on the Trust's risk register.

The Trust also contributes data to the LUNA health system run by NECS which assesses performance for all Trusts in relation to confidence in data and potential pathway issues to strengthen the accuracy of key data quality performance indicators.

Through 2024/2025, the National planning guidance priority aimed to:

- Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties).
- Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
- Improve performance against the headline 62-day standard to 70% by March 2025.
- Improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026.
- Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within four hours in March 2025.

In 2024/2025 monitoring of the service delivery contract was reported through the Finance & Performance (F&P) Committee on a monthly basis, using the monthly Constitutional Standard Report, accompanied by a Constitutional Standards Assurance Report (CSAR) to ensure each standard was presented to F&P twice a year, and the Integrated Quality and Performance Report (IQPR) presented on a bi-monthly basis.

The Trust has continued to prioritise the most urgent patients for elective treatments, and this prioritisation has been done in line with guidance developed by the Federation of Specialty Surgical Associations which categorised procedures as requiring treatment within specified time bands.

A key ambition during the year was to eliminate the longest waits for treatment except where patients were choosing to wait longer in specific specialties. Nationally, the priority was to eliminate waits of over 65 weeks, building on the ambition the previous year to have no patients waiting over 78 weeks. The Trust was placed in tier one escalation by NHS

England for elective activity in November 2024 until January 2025 when this was removed.

LTHT set out to deliver zero patients waiting 65 weeks by the end of March 2025 from a total number of 348 patients. During 2023/2024, the number of patients waiting over 104 weeks reduced from 509 to zero and those waiting over 78 weeks were eliminated by the end of December 2024. Processes were in place to ensure that those patients waiting over 65 weeks were waiting because the complexity of their care meant that it had not been possible to bring their treatment forward or because the patient had declined an offer of earlier treatment.

During 2024/25 it was the Trust's ambition to continue this work to reduce the longest waiting times for patients to below 65 weeks. The number of patients waiting in this cohort significantly reduced in the year from 348 to 25 patients. There were an additional 44,008 patients needing treatment who were at-risk of tipping into the 65-week group. Ongoing monitoring and support of CSUs through an assurance framework of service delivery ensured early escalation of delivery challenges to enable early intervention.

The total number of patients waiting to start treatment was 91,937 at the beginning of April 2024. Having seen consistent reduction to 85,766 in January 2025, this number rose slightly to 87,043 in February 2025, with the Trust ending the year at 89,091 delivering an overall reduction of 1,940 patients in 2024/2025 which equates to a 1.2% reduction. Ongoing reduction of this number will be necessary to ensure that shorter waits can be delivered sustainably for our patients.

The 2024/25 Priorities and Operational Planning Guidance required an improvement in A&E waiting times compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025. Emergency Care Standard (ECS) delivery achieved for March 2025 at LTHT was 79.3%. This was an improvement on the same time last year when ECS delivery was 76.8% and was delivered in an environment of increased admissions to the Trust. The Trust was also able to demonstrate an improving position when compared to the England national average for March 2025 which was 72.4% and ranked 21st for ECS delivery out of 118 Trusts. This is a 9-point improvement from March 2024 when LTHT ranked 30th.

Our March 2025 position demonstrates that out of the 10 peer trusts LTHT placed first for ECS delivery with the second highest volume of attendances. This demonstrates the hard work and commitment of the LTHT teams to ensure that our patients received urgent and emergency care within the four-hour target and demonstrates embedded improvement from 2023/2024 when LTHT delivered on the same positions amongst peers, whilst improving our national position in 2024/2025.

Attendance levels to the Emergency Department (EDs) remained high in 2024/2025 with 358,837 attendances across all our departments representing an increase of 4% over the course of the year. Average attendances for 2024/2025 were 29,903, up from 28,738 in 2023/2024.

The Trust delivered ahead of the 2023/24 National Planning Guidance ambition of 95% of patients receiving a diagnostic test within six weeks by March 2025 however in Q4, diagnostic delivery was impacted by staffing pressures in service and capacity shortfalls in CT and MRI. In April 2024, the Trust delivered tests to 95.9% of patients within six weeks of the request being made however this had reduced to 86.8% in March 2025.

Increased activity has also been seen across several modalities throughout the year, with 291,629 diagnostics tests delivered between April to March 2024/25, compared to 279,527 in 2023/24. 25,272 tests were delivered in the CDC, accounting for 8.7% of all LTHT tests. In addition, the Trust opened

the Seacroft Community Diagnostic Centre in April 2023 with an operational CT scanner and the CT workforce review completed by February 2025.

All patients on a pathway for a first cancer treatment are now included in the 62-day standard, which only previously monitored new GP referrals, with upgraded patients excluded.

Throughout the year the trajectory set to reach the 70% target set out in the Priorities and Operational Planning Guidance for 2024/25 demonstrated slow and steady improvement with reduced variation in performance delivery to this point to deliver 65.9% in March 2025. Much of the improvement has come from the impact of the Radiotherapy improvement plan and whilst we did not deliver the 70%, improvement continues to be seen against this delivery requirement.

Referral levels for two-week waits were greater across all specialities with a 5% growth in total for the year which mapped our predicted referral rate for LTHT with particular growth in Lower GI and Skin pathways. Cancer services have remained in Tier 2 since January 2024.

Whilst elective care is no longer required to attend these meetings, cancer services continue to report into the Tier 2 fortnightly reviews with NHSE leads and these will remain in place until the Trust consistently delivers above 60% of treatments within 62 days.

The 28-day faster diagnosis standard achieved 84.1% in March 2025 with sustained improvement in this position during 2024, against a target of 77% by the end of March 2025, and an ambition of 80% by March 2026. This achievement is due to additional outpatient capacity in Head and Neck services, production boards to monitor referrals and capacity in dermatology, weekly reviews and validation with the Corporate Cancer Team and structured approaches to managing weekly referrals in Women's, between cancer and non-cancer activity.

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

- **"Right Place, Right Procedure" Programme**

This programme has been implemented to support the transition of Inpatient procedures to Daycase, and Daycase procedures to Outpatient with procedures and uses the BADS (British Association of Day Case Surgery) definition of day cases that defines a group of procedures that can be delivered as day case. This is a Trust wide programme and through implementation it is proposed to deliver us increased utilisation of day case theatres, increased high volume low complexity work, and will reduce our pressures on both the requirement for overnight beds and access to main site theatres. Women's CSU have already demonstrated productivity gains with moving to outpatient hysteroscopies.

- **Length of Stay (LoS)**

Work has continued within the LoS programme to maximising the use of Home Wards for respiratory and older adults, including supporting home intravenous antibiotics, the planning for intermediate care 2025/26 as part of the Better Care Fund plan for the Leeds System, increasing short term assessment and reablement to help people return home more quickly and addressing internal efficiencies for the Transfer of Care hub to reduce any delay in allocating services. In addition, we have continued to work together to reduce delays and LoS in Community Care Beds to create capacity and maintain flow through these services.

- **Outpatients: Advice & Guidance and Patient Initiated Follow Up (PIFU)**

Significant progress has been made throughout 2024/25 to improve the quality of outpatient care across LTHT and reduce the volume of patients waiting for outpatient appointments.

Our use of Advice and Guidance has increased throughout 2024/25, with 39% more recorded diversions due

to use of A&G compared to 2023/24. This equates to an additional 10,500 diversions (April-Feb data only) as our clinical teams have supported GPs to 'discuss with' rather than 'refer to' us – enabling appropriate patients to be managed by their GPs and reducing the waiting times for those patients who did need hospital appointments within LTHT. We have worked with CSUs to improve the recording of our advice and guidance activity and ensure this activity is reported into our system EROC data. We are currently reviewing our A&G processes to standardise and streamline these.

We have increased the use of Patient Initiated Follow Up (PIFU) across the Trust to support more patients to initiate appointments when needed, releasing outpatient capacity for those with the most clinical need. We have added 13,589 more patients onto PIFU waiting lists in 2024/25 than we did in 2023/24, and our PIFU waiting lists have increased by 60%.

The outpatient programme has created a strong foundation for the management of clinic templates in 2024/25 to standardise and align these to clinician job plans. This will ensure more patients can be seen within existing capacity in 2025/26 and further reduce the non-admitted waiting list size.

- **Robotic Process Automation (RPA processes)**

Over the past 12 months, our Robotic Process Automation (RPA) programme has gone from strength to strength. The Team supporting automation across Leeds Teaching Hospitals NHS Trust has grown by four members and increased to 18 virtual workers and, to date, has successfully delivered over 100 automations in 2024/25. In addition to efficiency improvements, working with the Income Team within various work streams, RPA will have contributed to a significant majority of the £48m over performance for the Trust.

Looking ahead to 2025/26, we aim to build on this momentum by increasing our digital workforce capacity. By automating repetitive, error-prone, and time-consuming tasks, we can free up valuable time for our human colleagues, allowing them to focus on delivering even more compassionate, patient-centred care for the patients of Leeds Teaching Hospitals NHS Trust.

Safety

13.2 LTHT has embedded the NHS Patient Safety Incident Response Framework (PSIRF) and has developed a second Patient Safety Incident Response Plan for 2024/26. In 2024/25 There were 14 patient safety events that met the criteria for reporting under the 2024/26 LTHT Patient Safety Incident Response Plan. Each case has been thoroughly investigated and reported to local commissioners and our Quality Assurance Committee. Detailed action plans have been developed and implemented in response to each specific case.

There were seven incidents which qualified for reporting as a Never Event; Wrong implant/ device used (four), wrong site surgery (two), and an overdose of insulin due to incorrect device used. These incidents have been subject to a Patient Safety Incident investigation; the findings and actions have been shared with staff across the organisation. These were reported to the Quality Assurance Committee.

There was one formal Prevention of Future Death Report (known as Regulation 28 Report) issued by the coroner. The Trust has addressed the concerns raised by the coroner in this case.

There were 75 (60 of those relating to staff) events that met the criteria for reporting to the Health & Safety Executive under the provisions of the Reporting of Injuries, Diseases or Dangerous Occurrences (RIDDOR) Regulations for the period 2024/25. The RIDDOR reportable incidents submitted by the Trust primarily relate to moving and handling activities, slips, trips and falls, inoculation injuries, and physical assaults.

For slip, trip, and fall incidents, there is no single dominant cause or trend

across staff groups. Contributing factors are varied and include liquid spillages or residue following cleaning, faulty or damaged equipment (e.g. broken chairs), climbing or stepping up to reach objects, and stumbling over loose items left on the floor. The Health and Safety Team continues to support the Falls Prevention Steering Group in its review of patient falls, ensuring shared learning and risk reduction across both staff and patient incidents.

Injuries related to moving and handling and physical assaults typically occur during higher-risk activities, such as assisting patients to mobilise, or in situations involving unpredictable patient behaviour; for example, in post-anaesthetic recovery or where underlying medical conditions contribute to confusion, agitation, or loss of control.

Blood and bodily fluid contamination or inoculation injuries often occur during or immediately after patient care activities. These may be linked to unpredictable patient movement during procedures such as phlebotomy or may arise during the disposal of used sharps, particularly if the safety mechanism has not been fully or correctly activated.

Infection Prevention & Control (IPC)

13.3 The reduction of Healthcare Associated Infections (HCAIs) continued to be a key priority in LTHT with the 2024/25 Trust's annual commitments retaining a specific HCAI ambition. This Trust-wide focus, along with a culture of continuous improvement, created the opportunity for Clinical Teams to drive a sustained reduction in HCAI in 2024/25, with some clinical specialities achieving a 24% reduction.

This year the LTHT HCAI Patient Safety Incident Response Framework (PSIRF) has been further established and implemented across the Trust in collaboration with the Leeds Improvement Method team including a patient partner; the improvement process has continued to go from strength to strength. The LTHT approach to PSIRF develops an expert response to infection themes for specialist patient groups, which is leading to innovative action in many areas of the Trust. In addition, thematic analysis arising from the PSIRF methodology identified five key areas of focus for all staff for 2024/25 which formed the foundation for improvement:

1. 'Hands Ready' being aware of infection stimulators, such as wearing false nails or nail varnish, which create an environment for microorganisms to remain on hands after handwashing.
2. MRSA screening and decolonisation, leading to Pre-Assessment Decolonisation Programme supporting increased numbers of patients receiving appropriate decolonisation prior to surgery and improved rates of MRSA decolonisation in eligible inpatients.
3. Devices and Procedures, leading to Standard criteria for removal of CVADs after treatment completed and criteria led device removal.
4. Antimicrobial prescribing, implementation of an antimicrobial guideline app giving prescribers evidence-based guidance at a glance. A reduction in inappropriate antimicrobial use has been achieved.
5. Test and isolate to promote early diagnostic testing supporting targeted treatment, improving the patient's outcome and experience.

There has been a significant reduction in the number of *Clostridioides Difficile* Infection (CDI) cases in LTHT with 173 cases identified in 2024/25. The improvements seen in LTHT rates are in contrast to the national trends and LTHT responded to request to share LTHT's response to CDI and presented at the National CDI working group in November, and National UKHSA webinar in December resulting in further requests been received from various organisations. The innovative campaign that Speciality Integrated Medicine (SIM) delivered substantially contributed to LTHT's reduction in CDI cases and they were awarded the Infection Prevention Society Gold award for excellence, in acknowledgement of their contribution

to reducing HCAI's. Antimicrobial stewardship is also a focus Trust wide, with implementation of #CARES with good outcomes in antimicrobial review rates, with a significant reduction in quinolone use over the past year (an antibiotic previously cited as higher risk for CDI).

There is no nationally set objective for Meticillin-Sensitive Staphylococcus Aureus (MSSA) and, as in previous years, LTHT set an internal quality improvement objective. In 2024/25 LTHT saw 105 cases of MSSA bloodstream infection which is a sizeable reduction from the 116 cases in 2023/24. Nationally, MSSA bacteraemias have increased by 2.6% year on year. Therefore, the LTHT reduction contrasts to the national trend. CSU specific actions arising from PSIRF MSSA investigations have focused on interventions to promote safe cannula insertion and monitoring and new interventions on early line removal are in place. There was a slight decrease in the number of Meticillin-Resistant Staphylococcus Aureus (MRSA) Blood Stream Infections (BSI), recording nine MRSA bacteraemia's against a trajectory of zero, one case fewer than 2023/24. All cases were reviewed in detail by a multi-disciplinary Team and recurring themes were targeted for action, including improvements to surgical/procedural antimicrobial prophylaxis, MRSA screening and skin decolonisation pathways.

LTHT recorded a total of 297 Escherichia coli (E. coli) BSIs which is an increase from 2023/24 where 285 cases occurred. Nationally, there has been an 8.9% year on year increase in E coli bacteraemia, rates are seen to rise in areas with greater deprivation index. Urinary tract infection and hepatobiliary infection are highly reported sources of infection, with a reduction in cases with an 'unknown' source. LTHT have been able to gain an improved understanding of Gram-negative infection by the thematic analysis arising from PSIRF with bespoke improvement projects underway using the findings. These clinically focussed small Leeds Improvement Method projects are starting across the organisation in response to PSIRF analysis, and the Infection Control Team continue to develop a tailored approach to provide expertise and support.

We have also seen an increase in the number of Klebsiella sp. BSIs of 141 for 2024/25 against 126 for 2023/24. Analysis of Klebsiella spp. infections mirrors the findings of E coli infections in each CSU. National data demonstrates a 10.6% year on year increase in Klebsiella sp. Bacteraemia, incidence increased with deprivation index. LTHT is focusing improvement work on hepatobiliary pathways and reducing the risk of UTIs continues, concentrating on pre-catheter prophylaxis.

LTHT recorded 45 cases of Pseudomonas aeruginosa BSI which is an increase from 2023/24 where 38 cases occurred. This is in part due to an outbreak in one area which is being addressed, and the analysis of findings is adding to local and national understanding. When this area is excluded, the Trust rates of *Pseudomonas aeruginosa* is low, with just 23 cases Trust wide in other areas, this is also reflected in very low rates of positivity in routine water sampling (<1% in 2024). Water safe care continues to be promoted in adult critical care and Children's CSU. New work on water safety is being escalated in other CSUs. A national research meeting on water, wastewater and HCAI was held on 17 March 2025, with many Trust colleagues contributing to the day, including Leads from facilities. Work on water safe IPC was presented in Liverpool, London and Northern Ireland in 2024/2025, showcasing work from across LTHT. Nationally, there is little variation in *Pseudomonas aeruginosa* incidence, and rates do not differ by deprivation. Regional data sets show LTHT just above the national mean for infection rates.

LTHT has seen an increase in measles cases following a city outbreak. A combined city-wide incident response was instigated, and the outbreak was closed on 7 April 2025. Learning from the outbreak is being fed back to UKHSA.

There has been a prolonged low-level VRE outbreak since October 2024 in LTHT trauma related services. Early identification and isolation of cases has minimised transmission of VRE in LTHT, and clinical VRE infections continue to be very rare (i.e. the vast majority of VRE-positive patients carry the organism but do not require treatment). The collaborative approach between clinical teams, estates, facilities and laboratory teams has prioritised reducing clinical risk from VRE. Intense focus on VRE in trauma related services patients will continue to minimise the risk posed by antimicrobial resistant bacteria.

LTHT has seen an increase in *Serratia marcescens* cases within the neonatal unit and internal and external investigations have supported the evolution of a Task and Finish Group to explore the move to implement water safe care within the NNU. This work is mapped to three pathways: milk preparation, water safe clinical care and hand-wash basins. This innovative approach builds on learning from thematic reviews both within the NNU and across the organisation

During November a multi-agency incident management meeting led by UKSHA, was stood up following confirmation of a positive clade 1 Mpox result for a patient admitted to LTHT. LTHT has been highly praised for its management of the case, which included rapid identification, safe admission, assessment, testing and transfer of the patient to Sheffield. In addition, a multi-disciplinary group worked together to acquire and deliver MPX vaccination, both in the community setting and in LTHT. UKHSA commented on the outstanding response to vaccination requirements, stating that it was initially thought too ambitious to do.

LTHT has risen to a number of Infection challenges in 2024/25 and we have been extremely proud of the amazing collaborations and achievements. Regional and national colleagues from the UK health security agency have repeatedly complimented the maturity and effectiveness of our IPC joint approach across the city. LTHT is looking forward in 2025/26 to strengthen our ability to hear our patients' voices and realise thematic learning from HCAIs and continue to inform system-level responses. In 2025/26 we will design tailored interventions to prevent infection in those at greatest risk immediately from the time of arrival in hospital. The IPC Team will be supporting Clinical Teams with their improvement programmes focused on clinical themes or infections of concern in their area and lead a collaborative approach to reduction in Gram-negative infection.

Aging Estate

13.4 The Trust is mitigating on-going, significant challenges associated with the historic legacy of underinvestment in its built infrastructure. This resulting in one of the highest backlog maintenance levels in the NHS, a significant proportion being critical infrastructure.

There are a number of high-level risks within the Corporate Risk Register described as; insufficient capital resources, unserviceable critical IT infrastructure and resilience issues, power failure, limited and/ or dated ventilation systems, and lack of IPS/UPS resilience. Significant capital resources have also been diverted to repairing Brotherton Wing roof.

In 2019/20 the Trust Board approved the five-year financial plan including capital expenditure. The Trust has delivered a record-breaking capital programme in recent years, but limited capital in future years will undoubtedly impact on our ability to maintain or reduce this level of growing backlog and deteriorating estate.

Backlog maintenance has grown significantly and is now in excess of £230m, largely due to inflation and aging infrastructure.

Around 50% of our maintenance backlog was planned to be addressed by the redevelopment of the LGI site, as part of our hospitals of the future scheme. Delays on progressing this scheme will undoubtedly place additional pressures

on our maintenance teams, revenue, and limited capital resources, with an increasing need for us to repair and maintain older assets which are no longer fit for purpose.

The lack of investment and delays to the NHP will also impact on our ability to meet our Net zero requirement by 2040 and ability to maintain our listed buildings to a compliant state.

Compliance to other regulatory bodies

13.5 It is a legal requirement of all organisations sponsoring and hosting Clinical Trials of an Investigational Medicinal Products (CTIMPs) to comply with UK medicines for human use (clinical trials) regulations (2004). The Medicines and Healthcare Products Regulatory Agency (MHRA) carried out a Good Clinical Practice (GCP) system inspection of the Trust and University of Leeds in November 2022 which had no critical findings.

LTHT is one of the largest providers of medical education in the country, and in the past academic year delivered more than 2,600 high quality clinical placements for medical students from the University of Leeds, supported 1,100 LTHT-based resident doctors with their training, 90 SAS Grade doctors and 43 Physician Associates. The Medical Education Team delivered 153 local, regional and national clinical skills and simulation courses (an increase of 29 on the previous year). Quality continued to be assessed by NHS England, under the Education Funding Agreement. This is done through a combination of self-assessment and Senior Leader Engagement (SLE) and Monitoring the Learning Environment (MLE) events. Training issues, as they arise, are managed through proactive engagement with training leads across the Trust. Both NHS England and the General Medical Council are satisfied with the Trust's quality management of medical education.

In recent years, there has been a marked increase in the number of learners with additional needs. The Undergraduate Team have been working with colleagues in the University to put in place innovative solutions that support learners - e.g. one-to-one 'Book a Teacher', increased teaching in the Hub, and exam preparation sessions. In postgraduate medical education, LTHT has a dedicated Professional Support and Wellbeing Team (PSWT), which specifically focuses on resident doctors experiencing difficulties (e.g. through ill health, problems relating to their training, etc.). Over the last four years, the PSWT has supported almost 600 individuals. In addition, LTHT continues with its engagement programme, e.g. the Resident Doctor Body (led by the chief registrars), the Resident Doctor Forum (run in collaboration with the Guardians of Safe Working). In May, the Trust holds an annual Resident Doctor and Dentist Appreciation Week, which includes an awards ceremony. This year, as a result of the efforts of the Medical Education and Capital Planning Teams, there have been improvements to rest facilities for resident doctors.

We continue to develop partnerships with institutions in other parts of the world, which open up alternative supply routes for our medical workforce. Our relationships with Jordan, Malta and Pakistan are thriving with increasing numbers of Fellows being placed in Leeds.

LTHT has a highly rated Library and Knowledge Service, with facilities located at the LGI, St James's and Wharfedale hospitals. On average, more than 1,800 staff per month make use of the facilities in Bexley Wing and 2,100 use the LGI. A transition to a new regional library management system has improved connectivity with our partner libraries, enabling access to a wider range of content. This, coupled with improved IT access, makes for better evidence-based decision making. The library team has built up dedicated resources for our BME, LGBTQ+ staff as well as colleagues with neurodiversity.

14. Conclusion

I confirm that there are no significant breaches of internal control that have been brought to my attention in respect of the financial year ended 31 March 2025. This statement aims to capture the priorities of risks and controls for Leeds Teaching Hospitals NHS Trust. The Trust has delivered a surplus financial position, substantial progress in delivery of backlogs to waiting lists for our patients, with a positive improvement in our staff survey heading towards pre covid feedback, with ongoing industrial action.

Signed

Prof. Phil Wood, Chief Executive

Date: 26 June 2025

Salary and pension entitlements of Senior Managers

A) Salaries and allowances

	2024-25					2023-24				
Name and title	Salary	Expense Payments (taxable)	Other Payments	All Pension-related Benefits	TOTAL	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000
Chair and Non Executive Directors										
Dame L. Pollard DBE DL Hon LLD - Chair	60-65	37	0	0	**65-70**	60-65	8	0	0	**60-65**
M Baker CBE - Non Executive Director	10-15	5	0	0	**10-15**	10-15	1	0	0	**10-15**
Prof J Brown - Non Executive Director (to 31 May 2024)	0-5	0	0	0	**0-5**	5-10	0	0	0	**5-10**
M Burton - Non Executive Director (Associate to 31 October 2024)	10-15	0	0	0	**10-15**	10-15	0	0	0	**10-15**
S Clark - Non Executive Director (to 30 September 2024)	5-10	0	0	0	**5-10**	10-15	0	0	0	**10-15**
P Corrigan - Non Executive Director	10-15	6	0	0	**10-15**	10-15	1	0	0	**10-15**
J Koroma - Associate Non Executive Director	10-15	3	0	0	**10-15**	10-15	0	0	0	**10-15**
G Mitchell - Associate Non Executive Director (to 30 March 2024)	n/a	n/a	n/a	n/a	**n/a**	10-15	0	0	0	**10-15**
Prof J Nixon - Non Executive Director (from 1 June 2024)	10-15	0	0	0	**10-15**	n/a	n/a	n/a	n/a	**n/a**
C Schofield - Non Executive Director and Joint Deputy Chair	10-15	0	0	0	**10-15**	10-15	0	0	0	**10-15**
R Simpson - Non Executive Director (to 31 January 2025)	10-15	0	0	0	**10-15**	10-15	0	0	0	**10-15**
A Stainton - Associate Non Executive Director	10-15	8	0	0	**10-15**	10-15	1	0	0	**10-15**
Prof L Stroud - Associate Non Executive Director	10-15	3	0	0	**10-15**	5-10	0	0	0	**5-10**
G Taylor - Non Executive Director and Joint Deputy Chair	10-15	10	0	0	**15-20**	10-15	2	0	0	**15-20**
R Woodman - Associate Non Executive Director (to 31 August 2024)	5-10	5	0	0	**5-10**	10-15	7	0	0	**10-15**

	2024-25					2023-24				
Name and title	Salary	Expense Payments (taxable)	Other Payments	All Pension-related Benefits	TOTAL	Salary	Expense Payments (taxable)	National Clinical Excellence Award	All Pension-related Benefits	TOTAL
	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £2,500) £000	(bands of £5000) £000
Executive Directors										
Prof P Wood - Chief Executive	275-280	8	5-10	235-237.5	**520-525**	255-260	8	15-20	0	**270-275**
H Christodoulides - Interim Chief Nurse (to 09 October 2023)	n/a	n/a	n/a	n/a	**n/a**	75-80	4	0	12.5-15	**85-90**
J Ehrhardt - Director of Finance (from 5 August 2024)	140-145	5	0	0	**140-145**	140-145	22	0	95-97.5	**235-240**
J Gamble - Interim Director of Finance (from 15 July 2024 to 4 August 2024)	5-10	4	0	0	**5-10**	140-145	22	0	95-97.5	**235-240**
J Goodyear - Director of Planning and Strategy (to 29 November 2024) (Note 1)	95-100	12	0-5	0	**100-105**	140-145	22	0	95-97.5	**235-240**
Dr M Harrison - Chief Medical Officer	255-260	8	0	180-185	**440-445**	130-135	4	0	30-32.5	**160-165**
Dr P Jones - Chief Digital and Information Officer	185-190	63	0	57.5-60	**250-255**	175-180	51	0	27.5-30	**210-215**
J Lewis - Director of Human Resources and Organisational Development	190-195	4	0	n/a	**190-195**	180-185	5	0	0	**180-185**
Dr H McClure - Interim Chief Medical Officer (to 17 September 2023)	n/a	n/a	n/a	n/a	**n/a**	95-100	28	10-15	0	**110-115**
J Murphy - Interim Chief Nurse (from 10 October 2023 to 01 January 2024)	n/a	n/a	n/a	n/a	**n/a**	30-35	2	0	0	**30-35**
C Richardson - Director of Estates & Facilities	160-165	21	0	22.5-25	**185-190**	150-155	25	0	7.5-10	**160-165**
C Smith - Chief Operating Officer and Deputy Chief Executive	200-205	8	0	35-37.5	**240-245**	190-195	8	0	17.5-20	**210-215**
R Tindale - Chief Nurse	170-175	8	0	282.5-285	**455-460**	35-40	1	0	0	**35-40**
S Worthington - Director of Finance (to 14 July 2024)	60-65	2	5-10	n/a	**70-75**	205-210	8	0	0	**205-210**

Note 1: A redundancy payment in the banding £100-£150k was made in respect of the departure of J Goodyear. This payment was made under standard NHS terms and conditions.

- Taxable expense payments are rounded to the nearest £100 in the above table. Pension related benefits are shown in bands of £2,500. All other remuneration is shown in bands of £5,000.
- Salary includes all amounts paid and payable in respect of the period the individual held office.
- Taxable expenses for the Chief Digital and Information Office, the Director of Estates and Facilities, the Director of Planning and Strategy and the Interim and incoming Directors of Finance include the value of lease cars paid via salary sacrifice. All other taxable expenses are in respect of taxable business mileage, car parking and telephone costs.

- Other payments represent a national clinical excellence award made to the Chief Executive, and payments on departure in respect of leave not taken for the Director of Planning and Strategy and outgoing Director of Finance.
- There are no long-term performance pay or bonuses for senior managers in the current or preceding financial years.
- All pension-related benefits are calculated using the HMRC method as set out in Section 229 of the Finance Act 2004. The Department of Health and Social Care has clarified that for NHS bodies this is the "real increase in pension multiplied by 20 plus the real increase in lump sum less contributions made by the individual equals Accrued Pension Benefits." The NHS Pension Scheme is a "defined benefits" scheme based on final salary and/or career average earnings. Thus, where a senior manager's salary increases this results in a larger movement in the overall value of their pension entitlement. Similarly, where there is a limited increase in the value of the pension payable relative to inflation and the employee's contributions, then the HMRC calculation can show a "negative pensions benefits" figure for the year which is then shown as a "nil" figure in the table. These factors mean that year on year there can be significant volatility in the reported pensions benefits for an individual.

B) Pension benefits

Name and title	Real increase in pension at pension age	Real increase in lump sum at pension age	Total accrued pension at pension age as at 31 March 2025	Lump sum at pension age related to accrued pension at 31 March 2025	Cash Equivalent Transfer Value at 01 April 2024	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000
Prof P Wood Chief Executive	7.5-10	20-22.5	90-95	270-275	1,924	215	2,365
J Ehrhardt - Director of Finance (from 5 August 2024)	0-2.5	0	65-70	165-170	1,245	0	1,345
J Gamble- Interim Director of Finance (from 15 July 2024 to 4 August 2024)	0-2.5	0	25-30	0	388	0	419
J Goodyear - Director of Planning and Strategy (to 29 November 2024)	0-2.5	0	25-30	65-70	483	0	523
Dr M Harrison - Chief Medical Officer	10-12.5	15-17.5	65-70	180-185	1,277	160	1,582
Dr P Jones - Chief Digital and Information Officer	2.5-5	0-2.5	40-45	55-60	753	58	881
J Lewis - Director of Human Resources and Organisational Development (Note 1)	n/a	n/a	n/a	n/a	699	0	176
C Richardson - Director of Estates and Facilities	0-2.5	0	30-35	75-80	608	18	685
C Smith - Chief Operating Officer and Deputy Chief Executive	2.5-5	0	50-55	0	738	30	840
R Tindale - Chief Nurse (Note 1)	12.5-15	30-32.5	75-80	205-210	1,533	0	148
S Worthington - Director of Finance (to 14 July 2024) (Note 2)	n/a	n/a	n/a	n/a	2,120	n/a	n/a

Note 1: Where a member has reached normal retirement age for membership of one of the schemes during the year, the Cash Equivalent Transfer Value (CETV) at the end of the year reflects only the continuing scheme. Where the Director is not yet drawing benefits from such a scheme, the accrued pension and lump sum are disclosed.

Note 2: There are no pension disclosures for S Worthington, as he retired during the year.

- The Trust is a member of the NHS Pension Scheme which is a defined benefit Scheme, though accounted for locally as a defined contribution scheme. The Trust does not operate nor contribute to a stakeholders pension scheme. Non-Executive Directors are not members of the Trust pension scheme. Disclosure is made in respect of pension benefits for those Directors who were active members of the NHS Pension Scheme during 2023/24. Where a Director temporarily suspends their membership and subsequently rejoins the Scheme, their increases in pension benefits and CETV can be significant as they will cover the period where membership was suspended.
- A CETV is the actuarially-assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.
- Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The Public Sector Pension Scheme Remedy (McCloud)

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The Public Service Pensions Remedy puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'. Where a member who is a senior manager is affected by rollback the benefits in respect of their pensionable service during the remedy period are valued as being in the 1995/2008 Scheme. As a result there may be a difference between the benefits and CETV disclosed for this year as compared to the benefits and CETV disclosed for the year ending 31 March 2024.

Where this results in negative real increase in pension, lump sum or CETV, this is shown as a "nil" figure in the table for the senior managers affected by the Public Service Pensions Remedy.

2.5 Staff costs and numbers (subject to audit)

Staff Costs

Employee Benefits - Gross Expenditure (£'000s)	2024/25			2023/24
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	906,651	43,274	**949,925**	868,369
Social security costs	91,650	-	**91.650**	87,062
Apprenticeship levy	4,714	-	**4,714**	4,404
Employer's contributions to NHS Pensions	181,883	-	**181,883**	144,269
Other pension costs	1,282	-	**1,282**	835
Termination benefits	245	-	**245**	596
Temporary staff	-	15,492	**15,492**	25,383
Total gross staff costs including capitalised costs	**1,186,425**	**58,766**	**1,245,191**	**1,130,918**
Costs capitalised as part of assets	5,546	695	**6,241**	4,681
TOTAL gross staff costs excluding capitalised costs	**1,180,879**	**58,071**	**1,238,950**	**1,126,237**

Staff Numbers

Average staff numbers (WTE basis)	2024/25			2023/24
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	2,776	54	**2,830**	2,769
Administration and estates	3,103	48	**3,151**	3,201
Healthcare assistants and other support staff	3,875	447	**4,322**	4,479
Nursing, midwifery and health visiting staff	5,301	213	**5,514**	5,415
Nursing, midwifery and health visiting learners	2	0	**2**	2
Scientific, therapeutic and technical staff	2,351	18	**2,369**	2,368
Healthcare science staff	1,226	24	**1,250**	1,204
Social care staff	3	0	**3**	2
Other	768	0	**768**	724
TOTAL average numbers	**19,405**	**804**	**20,209**	**20,164**

Average staff numbers (WTE basis)	2024/25	2023/24 restated
Number of permanently employed staff	19,405	19,023
Other staff	804	1,141
Total average number of staff (wte)	20,209	20,164
Staff engaged on capital projects	**98**	81

The Trust has moved from calculating staff numbers on the number of hours worked to a basis of contracted hours. The comparative figures have been restated accordingly.

Staff Turnover Percentage

Up to date information on Leeds Teaching Hospitals' staff turnover figures can be found on the NHS Digital website. The series is an official statistics publication complying with the UK Statistics Authority's code of practice. Data is provided in groups.

Staff Sickness and ill health retirement

Staff sickness data and ill health retirements	2024/25	2023/24
Total days lost	**220,218**	219,960
Total staff years	**19,295**	18,660
Average working days lost (per WTE)	**11.4**	11.80
Number of early retirements on the grounds of ill-health	**23**	28
Value of early retirements on the grounds of ill-health	**2,433**	2,429

Details of staff sickness and absence data can be found via NHS Digital publication services NHS Sickness Absence Rates.

Exit Packages

Reporting of compensation schemes - exit packages	2024/25	2023/24
Exit package cost band		
£0 - £10,000	**3**	3
£10,001 - £25,000	**1**	4
£25,001 - £50,000	**1**	1
£50,001 - £100,000	**1**	4
£100,001 - £150,000	**1**	2
Total number of exit packages	**7**	14
Total resource cost (£'000s)	**271**	596
Voluntary redundancies including early retirement contractual costs	-	-
Total value of exit packages (£'000s)	**271**	596

Consultancy expenditure

Expenditure on consultancy	2024/25	2023/24
Consultancy costs (£'000s)	**462**	423

2.6 Fair Pay Multiples (subject to audit)

In accordance with HM Treasury requirements, reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce. Total remuneration is to be further broken down to show the relationship between the highest paid Director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce. Total remuneration comprises salary and allowances, performance pay and bonuses and all taxable benefits. It does not include any severance payments, employer pension contributions and the cash equivalent transfer value of pensions. Remuneration is calculated on the annualised full-time equivalent staff of the Trust at the reporting date (31 March 2025). The highest paid Director in 2024/25 and 2023/24 is the Chief Executive. In both years the Chief Executive, Prof. Phil Wood, received a clinical excellence award and a taxable benefit.

Highest paid Director	2024/25 Bands of £5k £'000	2023/24 Bands of £5k £'000
Salary	275-280	255-260
Clinical Excellence Award	5-10	15-20
Total Remuneration	280-285	270-275

The average percentage change in average employee remuneration of the Trust (based on total for all employees on an annualised basis divided by full-time equivalent number of employees) between 2023/24 and 2024/25 is an increase of 4.4% (2023/24 - increase of 5.1%). This reflects pay awards and changes in the skill mix of the workforce.

The remuneration structure of the highest-paid Director was amended during the year. The percentage change in respect of the salary of the highest-paid Director is an increase of 7.8% (2023/24 – increase of 7.9%). The percentage change in clinical excellence award was -57.1% (2023/24 0%).

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

	25th percentile	Median	75th percentile
2024-25			
Total Remuneration (£)	26,530	36,622	49,220
Salary component of total remuneration (£)	26,530	36,222	49,220
Pay ratio information	10.6	7.7	5.7
2023-24			
Total Remuneration (£)	26,050	35,392	47,946
Salary component of total remuneration (£)	26,050	35,392	47,946
Pay ratio information	10.5	7.7	5.7

Remuneration ranged from £10-£15k to £285-290k in 2024/25 (2023/24 £15-20k to £270-275k). One employee received remuneration in excess of the highest paid Director in 2024/25 (2023/24 – Nil).

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

2.7 Off-payroll engagements

Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2025, for more than £245[1] per day:

	Number
Number of existing engagements as of 31 March 2025	4
Of which, the number that have existed:	
for less than one year at the time of reporting	4
for between one and two years at the time of reporting	
for between two and three years at the time of reporting	
for between three and four years at the time of reporting	
for four or more years at the time of reporting	

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

For all off-payroll engagements between 1 April 2024 and 31 March 2025, for more than £245[1] per day

	Number
Number of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	9
Of which	
Number not subject to off-payroll legislation	
Number subject to off-payroll legislation and determined as in-scope of IR35	1
Number subject to off-payroll legislation and determined as out of scope of IR35	8
Number of engagements reassessed for compliance or assurance purposes during the year	
Of which	
Number of engagements that saw a change to IR35 status following review	

Note (1) the £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

Off-payroll board member/senior official engagements

For any off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2024 and 31 March 2025.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure must include both on payroll and off-payroll engagements	29

2.8 Regulatory ratings

In 2024/25 we continued to work with partners, including commissioners at NHS England, the West Yorkshire Integrated Care Board and Leeds Place and the Care Quality Commission.

The Trust was required to register with the Care Quality Commission (CQC) under Section 10 of The Health and Social Care Act 2008 from 1 April 2010.

The Trust is required to be compliant with the fundamental standards of quality and safety. The Trust's current registration status is registered with the CQC without conditions (compliant). The CQC has not taken enforcement action against Leeds Teaching Hospitals NHS Trust during 2024/25.

During 2024/25 the CQC has conducted two inspections. One of Maternity Services in December 2024 and of Neonatal Services in January 2025. The Trust expect the final reports in 2025/26.

The Trust has continued to engage with the CQC and has kept them informed of changes to the Statement of Purpose to reflect the changes to the Executive team and alignment of register managers to regulated services.

2.9 Modern Slavery Act

Leeds Teaching Hospitals NHS Trust is fully committed to the Government's goal of eradicating modern slavery and human trafficking. We work collectively across the NHS on this important objective and align our commitment to the national NHS statement provided on the NHS England website.

2.10 Our People

Organisational Development and Culture

The Organisational Development and Culture (OD&C) team leads on an array of education, learning and developmental opportunities for Trust staff, beginning on the day they start their career in our hospitals.

Induction

The Trust's Induction Policy mandates that all staff must undertake a Corporate Induction on their first day of employment.

Corporate Induction is delivered weekly in collaboration with stakeholders consisting of the Executive Leadership Team and mandatory training leads. The day begins with a warm welcome from the Chief Executive, alongside presentations on our Leeds Way values and behaviours, followed by clinical and non-clinical mandatory training sessions. At the end of their first day new staff in leadership roles are offered the opportunity to meet and speak to the Executive Leadership team as part of the 'Meet the Leaders' session.

From April 2024 to March 2025, 1,840 employees completed Corporate Induction with a compliance rate of 84%.

Additionally, within their first 28 days of employment, all staff are required to undertake a Local Induction. The responsibility for delivering Local Induction lies with managers and Clinical Service Units (CSUs), with the OD&C team taking the lead on policy formulation, process management, and documentation.

During Local Induction sessions, newly onboarded staff acquaint themselves with local operational protocols and key work priorities are established. Over the financial year 2024/25, 1,881 employees completed Local Induction with a compliance rate of 70%.

Agenda for Change appraisal

The OD&C team leads on policy formulation, process development, assurance and practice development concerning the Agenda for Change (AfC) appraisal. The AfC appraisal applies exclusively to those staff employed on AfC terms and conditions, and it excludes Medical and Dental appraisal, for which there is a distinct national process, and bank staff for whom this is not a requirement.

AfC appraisal is completed using an online digital form with paper form facility available for staff without online access. In the 2024 appraisal season, 18,127 staff completed their appraisal, which equates to 93% of the Trust AfC workforce.

Although appraisal compliance has increased in comparison to previous years, data on the appraisal's impact on staff performance yields mixed results. Encouragingly, 98% of participants in the 2024 appraisal season stated that their appraisal was a 'valuable conversation' through a mandatory feedback question. However, findings from the Staff Survey present a varied perspective, albeit the response rates were lower and included medical and dental staff feedback.

The delivery of the 2024 appraisal season was supported with a series of direct CSU engagement sessions and 90-minute learning bursts focused on holding quality appraisal conversations. In addition, online training and guidance was made available to provide support for the online appraisal system.

Following the 2024 appraisal season, analysis was completed which included a review of Quality Survey data and Personal/Professional Development Plan (PDP) data. The insights gained from the analysis have been made available to Human Resources Business Partners (HRBPs) and their deputies.

Mandatory Training

Mandatory and Priority Training provision is governed under the Trust Training Policy. OD&C leads on the policy, assurance, compliance monitoring and process development for mandatory and priority training. Additionally, OD&C manages the Training Interface which is used to access mandatory/priority training alongside the Organisational Learning Module in ESR.

Assurance and compliance relating to each individual training topic is managed by the respective training leads and their executive sponsors. OD&C leads on the governance and assurance of mandatory/priority training through several Learning, Education and Training Committee subgroups that include the Training Leads Forum and the newly formed Mandatory Training Oversight Governance Group (MTOGG) which supersedes the Learning and Development Group. These groups are made up of relevant representatives for mandatory training/priority training and appropriate professional leads.

MTOGG is a multidisciplinary committee that has been set up at the request of the new Statutory & Mandatory (StatMand) Programme, to oversee the outcomes for all nationally mandated training, and review requests from local subject matter experts for any training to be mandated locally. The new national people policy framework for mandatory learning provides local organisations with a consistent approach for how nationally and locally mandated learning is determined and managed.

OD&C leads on the Annual Executive Assurance process which facilitates an informed discussion between the responsible executive for each mandatory training topic and the recognised training lead, which addresses any deficits in resource, training needs analysis or compliance – particularly where distinct groups are not compliant.

Around 40 training topics are classified as mandatory with an additional 40 topics classified as priority. In addition, the Training Interface has 76 local compulsory topics which learners select and add to their profile as required by their role, location and personal interest.

Overall, Trust performance for Mandatory Training remained at 89% throughout the 2024/25 financial year, higher than the Trust compliance standard of 80%. For priority training it was 83%, still performing above the Trust 80% standard, but there are still some challenges in increasing compliance so it aligns with that for mandatory training.

Learning and Development

The Trust's commitment to empowering all colleagues is illustrated in the Learning and Development digital prospectus. This comprehensive resource provides access to a wide range of high-quality learning, educational, and training materials aimed at helping individuals realise their full potential.

The prospectus highlights a diverse selection of learning platforms, including facilitated courses, interactive workshops, and self-paced modules, covering essential areas such as leadership and management, resilience, and digital skills. These topics are carefully curated based on insights gathered from the Training Needs Analysis, which uses qualitative data from appraisals to identify emerging themes and learning requirements.

In the year 2024/25, the team successfully delivered 115 Learning and Development sessions, attended by 1,075 staff members.

The most attended courses were:

- Effective Appraisal Training
- Manager Essentials
- Positive Team Cultures
- Advanced Communication Skills

The Mary Seacole Leadership Development Programme

Our successful partnership with the National Leadership Academy continued, ensuring the ongoing delivery of the Mary Seacole Leadership Development Programme. This impactful six-month programme is facilitated by our own trained staff and equips managers with the skills they need to provide compassionate and effective leadership within the Trust. The 2024/25 programme had 71 delegates enrolled, and a pass rate of 98%.

The programme consistently receives positive feedback and further work is being done to streamline the processes and provide detailed evaluations of its impact.

Senior Leadership and Executive aspiration

Colleagues throughout the Trust have access to the National and Regional Leadership Academy programmes. Additionally, during 2023/24 the Trust enrolled two colleagues onto the West Yorkshire Association of Acute Trusts (WYAAT) Senior Leadership Programme, designed for aspiring executive leaders. This programme offers exposure to system leadership principles, approaches, and delivery mechanisms across the WYAAT footprint.

Nine colleagues have also registered for the Aspiring Executive Programme, which is designed to support colleagues in realising their full potential. This programme facilitates networking opportunities and supports participants to identify and develop skills and experiences. Through a variety of offerings and guidance, it helps bridge development gaps and provides insight into the demands of an executive role.

Well-Led Governance Insights programme

Our three structured courses empower participants with a deeper understanding of Board membership, committee structures, and best practices in corporate governance. By fostering a positive staff culture and psychological safety, we empower effective assurance processes that enable clear and robust escalation, in addition to reassurance.

The programme begins with the '**Well-Led Governance Insights learning burst**'. A 90-minute session led by the Trust's Company Secretary, covering corporate governance principles, legal obligations, regulatory frameworks, committee functions, and the role of the Company Secretary.

Participants then observe **Board Committee meetings** of their choice, followed by reflective learning sessions facilitated by the Company Secretary, fostering discussions on governance in practice.

The programme concludes with a '**Simulated Committee Experience**', co-led by a Trust Non-Executive Director. Participants engage in a mock committee process, present papers, receive feedback, and refine their governance acumen with real-world insights.

In 2024/25, 37 staff attended the learning burst and simulated committee session. Feedback has been overwhelmingly positive, with key benefits including:

- Opportunities to interact with senior board members in an informal setting.
- Peer learning and diverse perspectives.
- A safe, supportive environment that builds confidence and collaboration.

Building on this success, in 2025/26, we will offer four additional learning bursts and four simulated committee experiences, further expanding opportunities for staff to develop their governance expertise.

This structured approach strengthens governance leadership, ensuring future Board members are well-prepared for their roles.

Coaching

The Trust currently has 16 active coaches committed to offering their services to colleagues as an extension of their role within the Trust. Staff can self-refer via the Organisational Learning intranet site or dedicated coaching email. Coaching is promoted via social media and Trust communication campaigns as well as through our leadership and development activity to ensure the offer of coaching is available to any member of staff employed at the Trust.

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

Coaching requests continue to rise, and in 2024/25 we received 60 requests, ending the year with 19 staff waiting for a coaching match.

Measures in place to support outstanding requests include access to external coaching, which is funded by the respective CSU. Nursing, midwifery and allied health professional colleagues can request funding through accessing CPD funds and they are supported to do this through the Chief Nurse team. This CPD option uses the Government funding provided and there are currently no plans to extend beyond 2024/25.

During 2024/25, we continued to work alongside the Leeds system to develop the coaching offer system-wide and provide the opportunity to share resources to meet demand. The city-wide Coaching Skills for Managers workshops continue to provide additional capacity to strengthen coaching skills across the organisation.

Highlighted activity for coaching for this year is outlined below.

- 15 Trust staff received internal coaching support.
- 24 Trust staff received external coaching support funded through CPD.
- Five Trust staff accessed external coaching funded through CSUs.
- Four supervision sessions were facilitated for the Leeds Coaching System network.
- A CCoP newsletter was published quarterly providing information and updates including metrics relating to coaching activity.

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

> **"Coaching has helped me to develop more meaningful strategies to deal with high pressure situations in a way that I would like to."**

> **"My coach was very approachable and encouraging. It has allowed me the space to discuss and reflect on situation in a non-judgmental way. My coach has helped me to shape a clear direction going forwards with my career for the next 6-12 months as I go through a tricky transition period. Overall I found it very helpful."**

Work experience, schools engagement and employability

The purpose of the work experience, schools engagement and employability programmes is to engage with, recruit and develop a diverse workforce from disadvantaged or under-represented communities in Leeds.

This will improve access to long-term career opportunities, work experience, volunteering, education and training, and remove traditional barriers to employment. It will also provide practical support to help people succeed, including those without qualifications or who have literacy, numeracy and learning difficulties. School engagement can help our own recruitment and can be especially useful for our entry- level apprenticeship opportunities.

Over the last academic year, we have taken part in a number of visits and virtual sessions with the aim of increasing awareness of our current offer. This has included virtual careers sessions, attendance at a city-wide apprenticeship event and visits to local schools and colleges. Through these visits we make students aware of opportunities at the Trust and give advice on career pathways and skills development. We have been involved in the automation of our current process. We have also submitted an application for the Work Experience Quality Standard Award of which we hope to hear in the coming months at what level we are accredited. This will give us guidance as to how to maintain and ensure our work experience placements are of the highest possible standard.

Many teams within the Trust are now looking to host one-off taster day events to promote their CSUs rather than the traditional work experience route. These have taken place in Medicine, Women's Services, Radiology and Pharmacy. We have supported in the planning of these events with regard to safeguarding, patient safety and ensuring these teams consider inviting students from our poorer neighbourhoods in the first instance. This is to support our commitment to narrowing health inequalities in these neighbourhoods.

Feedback from work experience has remained positive with one student saying:

> **"The five days I spent shadowing various surgeries, including the remarkable robotic surgery with the renowned Da Vinci system, were truly enlightening. It was an extraordinary experience, far beyond the typical work placements, and I feel incredibly fortunate to have been a part of it. I've learnt not only the seamless teamwork but also how a doctor differentiates from other healthcare professionals.**
>
> **Every member of the team, from the nurses and ODPs to the surgeons, was incredibly kind and supportive. Their dedication to patient care and their willingness to share their knowledge made a significant impact on me."**

Diversity brings great benefits to an organisation. Pupils and students with special educational needs and disabilities (SEND) need the same information and guidance about employment opportunities so we have attended events organised by Lighthouse Futures Trust specialist school and college as this links with our supported internship work, Project Search.

Our Project Search supported internship programme for 18-25-year-olds with a learning disability and/or autism continues to grow with more CSUs aware of the benefits to their team of hosting an intern. We have also been fortunate enough to have supported some former interns into employment with us. We hope to make this transition from intern to permanent member of staff easier through adaptations to the recruitment process and enable us to gain a consistent, diverse talent stream that is representative of our community. This year we have seven interns working across Estates, Outpatients, Women's services, Pathology and Facilities.

Apprenticeships

The Trust Apprenticeship programme continues to evolve and grow from entry level to degree level and post-graduate apprenticeships (we are waiting for a government announcement of the future of funding for post-graduate

apprenticeships), which allow us to develop our workforce and enhance skills across clinical and non-clinical roles. The focus remains on diversity, inclusion and widening participation, which supports our ambition to ensure our workforce is reflective of the communities we serve.

The Trust remained in the increasingly competitive Government's Top 100 Apprenticeship Employers list, which recognises the commitment to creating new apprenticeships, the diversity of the apprentices and the number of apprentices who successfully achieve their apprenticeships.

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

This year the Trust has spent just over £3.5m on apprenticeships and there are currently just under 900 apprentices working across over 54 different programmes, with a growth in Digital and Leadership Apprenticeships across the organisation.

We have focused on data integrity and transparency this year to ensure we can use this insight to target our efforts to strategically grow our apprenticeships, engage with new apprenticeship programmes, offering a wider choice to support our workforce across the breadth of our organisation.

The Trust continues to develop apprenticeship career pathways in a range of professions to enable our staff to forge a career within LTHT, helping with retention and workforce development.

We continue to support organisations within Leeds and wider West Yorkshire communities, including local NHS partners as well as the third and independent sectors, to develop their workforce through the use of levy transfers. This is a process that allows organisations to transfer up to 50% of their levy funds each year to other businesses to pay for their apprenticeship training and assessment.

Our internal apprenticeship delivery team at the Leeds Dental Institute continues to deliver OFSTED-rated 'Outstanding' provision to our dental nurse apprentices and has completed the application process to become a 'Main provider' of apprenticeships. This means they can expand their offer beyond our own workforce and deliver apprenticeships nationally.

Health and wellbeing

As we continue to strengthen and retain our health and wellbeing programme, we now start the final year of our three-year health and wellbeing strategy. Our four drivers, Communication and Engagement, Support, Compassionate Action and Prevention, have been the baseline of all our emerging work.

2024 saw the introduction of our Suicide Postvention Support, with training in place for staff to feel confident to manage emotive and difficult circumstances. Our health and wellbeing for managers training has seen over 400 managers attend with positive feedback.

We continue to retain over 800 Mental Health First Aiders that provide early intervention and signposting to staff across all of our hospital sites.

We have strengthened our support for working carers, providing support groups and managers training so working carers feel confident to ask for the support the need.

We have continued to build on our financial wellbeing offer with the Employee Support Fund, Money Buddies and various educational sessions on topics such as Loan Sharks and Mortgages.

We have seen the launch of our Employee Benefits Programme, increasing the Trust's salary sacrifice schemes and allowing staff access to various discounts on their shopping through our provider Vivup.

The Men's Action & Awareness Network (MAAN) celebrated its third birthday and we have started to explore what additional support some of our female colleagues need.

Heading into 2025 we launched our focused work around preventing stress and burnout using an evidence-based modal (IGLOO) to provide the best possible working environment for our staff. We will also see the opening of our RHS wellbeing garden at St James's Hospital in Summer 2025.

Our staff support also includes the staff Psychology Support Service, the Employee Assistance Programme, Physiotherapy and the Chaplaincy service.

Health and safety

The Health and Safety (H&S) team continues to work collaboratively with CSUs and corporate support departments, alongside colleagues in Human Resources, Infection Prevention and Control (IPC), Estates and Facilities, Occupational Health, and staff-side union representatives across the wider Trust.

Health and safety within the Trust is overseen by the Risk Management Committee, supported by a number of governance and assurance groups. Staff engagement and consultation are actively encouraged through the Health and Safety Consultation Committee, which meets quarterly. Key updates and resources from these meetings are shared via the Trust's health and safety intranet pages.

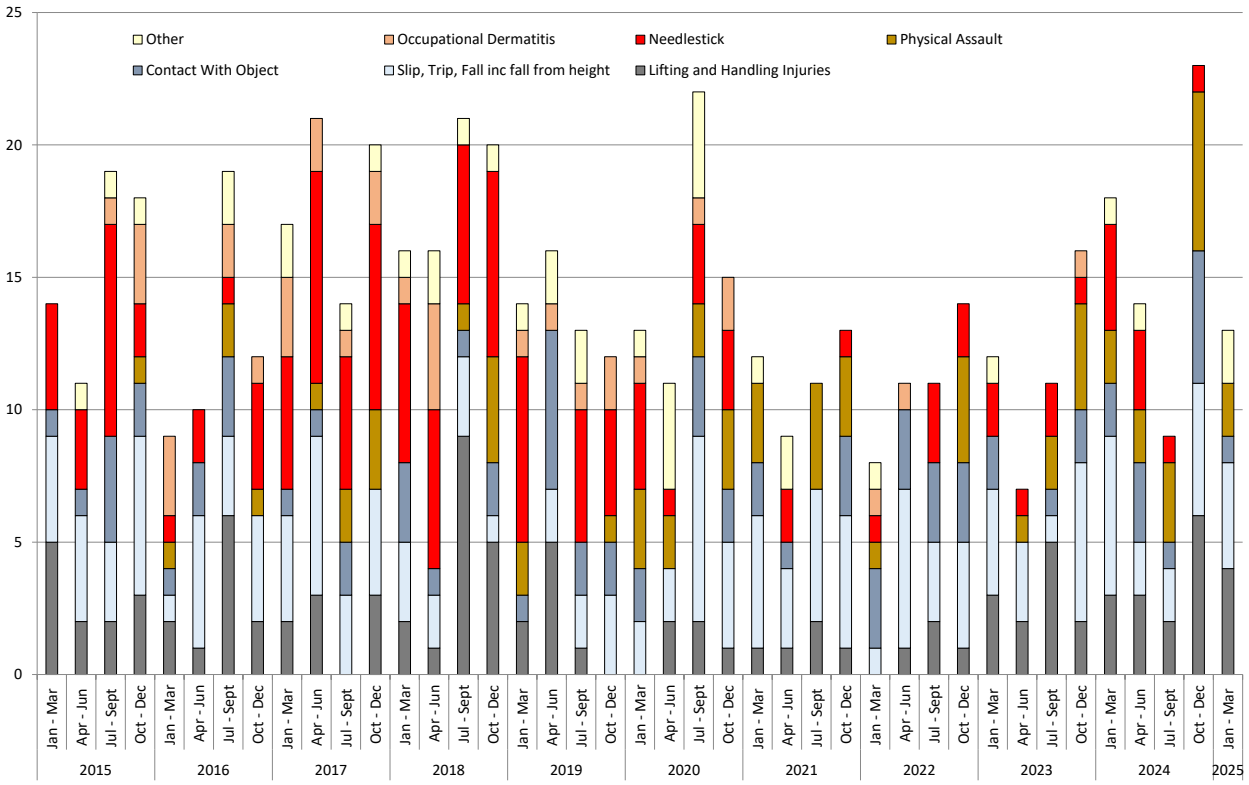
Minimum performance standards have been set for all risk categories (Active Monitoring), and every ward and department participates in the annual Health and Safety Controls Assurance process. This is a supportive and developmental process designed to assess local compliance with Trustwide expectations. The results are shared through the annual Health and Safety Report, which informs future action planning and drives continuous improvement.

In the most recent cycle, approximately 700 wards and departments participated in the Controls Assurance process – a level of engagement consistent with previous years. To complement this, the Health and Safety team undertakes regular 'Genba'-style site visits, providing practical support, encouraging shared learning, and helping teams identify opportunities for improved safety, compliance, and lean working.

Reactive monitoring of health and safety data, including incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), indicates a continued downward trend in the number of serious health and safety incidents over time. In addition, claims relating to alleged harm under Public and Employers' Liability are also showing a general reduction, providing further evidence of positive progress.

The Trust was proud to receive the Royal Society for the Prevention of Accidents Gold Medal Award for the ninth consecutive year in 2024. This award, which recognises high standards in occupational safety and health, is externally assessed and provides independent assurance of the strength and maturity of the Trust's health and safety management arrangements.

Staff RIDDOR Reportable Incidents January 2015 to March 2025



Staff Survey

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

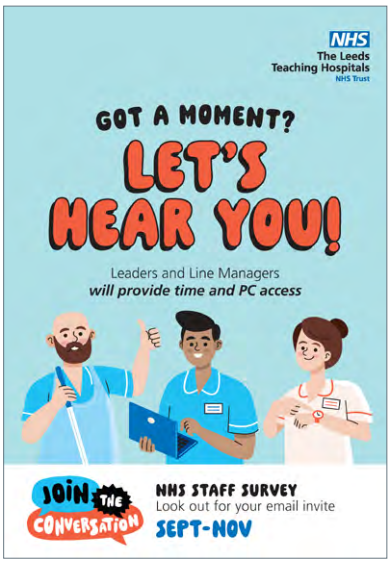
There is now an overwhelming body of evidence to show that engagement not only creates a positive working environment for individuals, but also directly contributes towards the quality of care delivered and better patient outcomes.

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

This is why being an engaged workforce is embedded within our Trust People Priorities and drives our goal to 'support and develop our people' to achieve a 'consistent, high-performing and sustainable workforce'. We have heightened our focus around staff engagement and retention over the last year, making it one of our Trust in-year commitments to 'Improve Retention'.

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

The Trust achieved a response rate of 48%, with over 10,000 of our people participating, alongside a Staff Engagement Score of 6.9 (/10) successfully maintaining an above average national position. This follows the implementation of learning from recent research conducted within the Trust in collaboration with the University of Leeds to better understand the levers for participation and its impact on engagement. We also



continue to achieve more equal representation across all staff groups. This means we are confident in the validity of the results to inform improvement over the next year.

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

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

These themes provide a valuable tool to measure our progress against and provide context for our progression compared to national benchmarks.

Findings

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

Staff Survey Findings 2024/25

People Promise Theme*	Score and sub-score	National average	2024 LTHT
We are compassionate and inclusive	Compassionate culture sub-score	7.1	7.2
	Compassionate leadership sub-score	7.0	7.1
	Diversity and equality sub-score	8.1	8.2
	Inclusion sub-score	6.8	6.8
	We are compassionate and inclusive score	**7.2**	**7.3**
We are recognised and rewarded	**We are recognised and rewarded score**	**5.9**	**6.0**
We each have a voice that counts	Autonomy and control sub-score	7.0	7.0
	Raising concerns sub-score	6.4	6.6
	We each have a voice that counts score	**6.7**	**6.8**
We are safe and healthy	Health and safety climate sub-score	5.5	5.5
	Burnout sub-score	5.0	5.0
	Negative experiences sub-score	7.8	7.9
	We are safe and healthy score	**6.1**	**6.1**
We are always learning	Development sub-score	6.4	6.5
	Appraisals sub-score	4.9	5.1
	We are always learning score	**5.6**	**5.8**
We work flexibly	Support for work-life balance sub-score	6.3	6.4
	Flexible working sub-score	6.2	6.3
	We work flexibly score	**6.2**	**6.3**
We are a team	Team working sub-score	6.7	6.7
	Line management sub-score	6.8	6.9
	We are a team score	**6.7**	**6.8**
Staff engagement	Motivation sub-score	7.0	6.9
	Involvement sub-score	6.8	6.9
	Advocacy sub-score	6.7	7.0
	Staff Engagement Score	**6.8**	**6.9**
Morale	Thinking about leaving sub-score	6.0	6.1
	Work pressure sub-score	5.4	5.2
	Stressors sub-score	6.4	6.4
	Morale score	**5.9**	**5.9**

Staff Survey and Staff Engagement aims for 2025/26

The Trust's long-term goal is to 'support and develop our people'. Our Improvement Quality and Performance Review metrics, aligned to our Trust People Priorities, provide a trajectory in which to achieve this.

The NHS Staff Survey results continue to inform the Trust's annual 7 Commitments. The Trust's first People commitment, to improve retention, underpinned by our successful participation in the NHS People Promise Exemplar Programme, has successfully come to completion, achieving progress across all areas and metrics of focus, with retention activity embedded into standard work to ensure progress is maintained across the Trust and our CSUs. As part of a newly strengthened annual self-assessment process, the 2024 NHS Staff Survey results were reviewed by the Trust's Staff Engagement Group, with key priorities identified, which have continued to inform all refreshed 2025/26 commitments, including:

- Recognise and act upon moments that matter
- Support each other to act with kindness and compassion
- Make the best use of our estate, equipment and digital assets
- Support our staff to manage every £ wisely
- Be in the top 25% for patient experience and efficiency in outpatients
- Support our patients to get home a day sooner
- Reduce our carbon footprint by creating greener patient pathways.

Staff Engagement strategies will particularly focus on progressing the commitment to 'Support each other to act with kindness and compassion', ensuring alignment of multiple People strategies spanning equality, diversity and inclusion, speaking up, and staff experience.

We will continue to use the annual NHS Staff Survey results alongside our quarterly Pulse Survey results, together with our Staff Engagement Group and CSU Engagement Leads, to focus and drive improvement across the Trust and within CSUs on the areas that are most important to our people. We'll continue to communicate to all on our improvement activity progress using corporate communications methods and through localised and bespoke messages and formats within CSUs.

2.11 Equality, Diversity and Inclusion (EDI)

The Trust remains committed to challenging discrimination and promoting conscious inclusion, both for our staff and our patients. This is embedded in our Leeds Way value of being Fair. All protected characteristics are recognised by the Trust as being of equal importance, including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. There are limitations within The Equality Act 2010, so in the spirit of fairness the Trust goes beyond the consideration of protected characteristics.

EDI actions in specific relation to our patients are considered and implemented by the Patient Experience team (PET). The team reports directly to the Chief Nurse who is responsible for the development of the Equality, Diversity and Inclusion Patient Action Plan.

EDI as it relates to the workforce remains the responsibility of HR and actions relating to workforce equality are reported into the Executive Director of HR and OD. However, all members of the Trust Board are accountable for the actions the Trust delivers in relation to EDI and are conscious in their accountability, highlighted by directly sponsoring and supporting each of the equality staff networks, helping to remove barriers to equality for all.

Supporting our diverse workforce

At the Trust, we aspire to be a fully inclusive organisation where everyone feels valued and that they belong, enjoys coming to work, has opportunities to progress their career, to learn and develop, are empowered to use their voice, can share their experiences, and feel safe and confident to raise any concerns. We ensure that every member of staff recognises the importance of the role they play in providing our patients with the best care and creating a fully inclusive working and patient environment, always consciously considering inclusion.

Our workforce information is measured and reported nationally each year through the NHS Workforce Race Equality Standard (WRES), NHS Workforce Disability Equality Standard (WDES), Gender Pay Gap Reporting, Public Sector Equality Duty (PSED) and the NHS Staff Survey,

as well as being monitored locally across the city of Leeds and wider Yorkshire region. While the Trust has made improvements in our workforce equality measures, we still have some way to go to reach our aspiration of being fully inclusive. The Trust EDI Action Plan April 2024 to October 2025 outlined the measures we put in place to build on our progress and embed NHS England's EDI Improvement Plan High Impact Actions within our own plan.

All Trust actions are underpinned by the Equality Act 2010 and designed in collaboration with our five Trust Equality Staff Networks: the Disabled Staff Network (DSN); Black, Minority Ethnic (BME) Staff Network; Leeds Female Leaders Network (LFLN); Lesbian, Gay, Bisexual & Trans+ (LGBT+) Network; and Faith & Belief Network (F&B), and are approved by a Trust EDI Strategic Group, which reports to the Trust Board via the Trust Workforce Committee.

At the Trust we have committed to a three-strand approach to addressing workforce inequalities. These are to:

- De-bias our processes
- Embed a culture of inclusion
- Take positive action

All our activity within the EDI Action Plan falls within one of these strands and aligns with the NHS England's Six High Impact EDI Actions.

These actions respond to both the metrics we can see in our reported data, but also address areas where staff have shared with us their lived experiences of working at the Trust.

Key achievements in 2024/25

- The Equality Staff Networks have been instrumental in providing input and support to all EDI activity, and the work done by each of the network co-chairs to drive input continues to be recognised by the Trust. The Trust has committed to continue to fund backfill of a half-day a week to allow time for co-chairs to undertake network activity and each network has an Executive Sponsor.
- Positive action programmes (including Inclusive Cultures Reciprocal Mentoring, Moving Forward, Spring Board, Nurture You, Ready Now) have seen nearly 300 staff who report a protected characteristic, access targeted development programmes, which is over double the number of staff reported last year.
- We have implemented a Recruitment and Selection Policy through which Inclusive Recruitment Training has been made mandatory for all staff involved in the process. 3,043 staff have completed the Inclusive Recruitment Training to date.
- We continued to embed Inclusive Conversations as a team tool and support our 71 Inclusive Conversation Facilitators across the Trust to start and sustain meaningful and substantial conversations on Inclusion in all areas of the Trust, contributing towards working environments consciously considering Inclusion. The Trust continues to use the stories shared in the Amplifying Voices, Mending Divides book to support this with 7,385 staff now accessing either the book or audio. This continues to be promoted to new staff during their Corporate Induction and welcome by the Executive Director of HR and OD.

We progressed from 'developing' to 'achieving' in our annual review against the NHS Equality Delivery System benchmarking tool following achievements in the domain related to workforce health and wellbeing.

Our aims for 2025/26

The following live links provide detailed insight into our EDI gaps, EDI delivery and EDI actions and incorporate compliance with WRES, WDES, NHS England's Six High Impact EDI Actions, Gender Pay Gap Reporting and PSED:

- EDI Objectives
- EDI Metrics
- EDI Action Plan
- NHS Equality Delivery System

The Trust will continue to work towards improving the equality metrics and embedding the accountability for EDI as being everyone's responsibility across the organisation.

Trade Union Facility Time Publication Requirements

The Trust fully complies with the requirements of the Trade Union (Facility Time Publication) Regulations 2017. The most recent published data can be found on the Government website.

2.12 Medical Education

Leeds Teaching Hospitals is one of the largest providers of medical education in the country, and has an ambition to deliver excellence in learning, education and training for all staff. In the past academic year, we delivered more than 2,600 high quality clinical placements for medical students from the University of Leeds, supported 1,100 LTHT-based resident doctors with their training (and acted as lead employer for a number of resident doctors working outside the Trust), 90 specialist and specialist grade doctors, and 43 physician associates. The Medical Education team delivered 153 local, regional and national clinical skills and simulation courses, which was an increase of 29 on the previous year. The Trust continued to support fellowship and other medical programmes in collaboration with international partners.

Our undergraduate medical education provides dedicated teaching and pastoral support to students in "The Hub" at St James's Hospital, including small group teaching, one-to-one sessions and practice examinations delivered by a dedicated team of teaching fellows. The team continues to innovate learner-centred teaching including better use of technology. Students appreciate the practice Objective Structured Clinical Examinations (OSCE) – in preparation for their end-of-year assessments – and our evolving 'SUMO' course, which uses simulation to prepare students for busy on-call shifts.

Health and wellbeing continues to be a priority across the whole of medical education. Working in partnership with the University and our clinical teams, we strive to deliver excellent experiences for all our students, including the increasing number with additional learning needs. Our Professional Support and Wellbeing team (PSWT) works with resident doctors experiencing difficulties, which include factors such as ill health and problems relating to their training. Over the last four years, the PSWT has supported almost 600 individuals. LTHT is a pioneer in this field, being one of only a handful of trusts providing dedicated professional support to resident doctors.

As a Trust, we have invested in improved rest facilities at both St James's Hospital and Leeds General Infirmary for resident doctors and in partnership with the Resident Doctor Body, Resident Doctor Forum, the Guardians of Safe Working and Chief Registrars we are improving the work-life balance for doctors in training.

The Library and Knowledge Service continues to grow. On average, more than 1,800 staff per month make use of the facilities in Bexley Wing, St James's Hospital and 2,100 use the facilities at Leeds General Infirmary. A transition to a new regional library management system has improved connectivity with our partner libraries, enabling access to a wider range of content. This, coupled with improved IT access, makes for better evidence-based decision making. The library team has built up dedicated resources for our BME, LGBT+ staff as well as colleagues with neurodiversity.

Medical education continues to collaborate with other education teams, through the Learning, Education & Training Committee, in delivering the strategy and improving inter-professional learning.

Signed

Prof. Phil Wood, Chief Executive

Date: 26 June 2025

Section 3

Patient care and experience

Section 3 - Patient care and experience

3.1 Patient experience priorities

Background

We have continued this year to build the support provided to Trust frontline teams so they are able to deliver an improved experience for patients. To do this, alongside listening to patients we have listened to staff colleagues and undertaken surveys to understand where there are opportunities for improvement.

Key achievements in 2024/25

Objective: We will develop a new complaints action plan to further improve the experience of complainants. This will continue to focus on improving timeliness and quality of complaint responses and will also consider Patient Advice and Liaison Service (PALS) enquiries that are not responded to.

A new Trust complaints action plan was developed and presented at the Patient Experience and Engagement Group (PEEG) in December 2024.

Actions that have since been progressed and were in the plan included holding a two-day Kaizen event in November 2024, with a focus on testing improvement initiatives for the Trust Complaints and PALS teams and the Neurosciences CSU. A separate improvement event was also held with the Urgent Care CSU in March 2025 with a focus on improving the quality of complaint responses. Both events have generated learning, which will be shared with colleagues across Trust CSUs at a learning event scheduled for 24 April 2025.

Following the publication of the Healthwatch England report in January 2025 – A pain to complain: Why it's time to fix the NHS complaints process, the Trust has also requested Healthwatch Leeds to support them with a review of its complaints process.

Objective: We will continue to progress improvements in complying with the accessible information standard (AIS), seeking solutions to improve experience. Our objectives this year will include working on sharing communication needs flags in Patient Administration System (PAS) with other clinical systems, implementing Trustwide staff training on the AIS, improving support for patients who are blind and partially-sighted and exploring solutions to support people who are deaf, do not read English and require access to written documentation.

Activities we have progressed this year have included reviewing how work relating to the AIS is supported in the Trust to enable improvements in compliance to be achieved. The Chief Nurse has been appointed Senior Responsible Officer for this work and will chair a new forum, which is in the process of being developed. The forum will be responsible for maintaining oversight of delivery of the AIS.

Work is underway to capture recent care experiences of people who are blind and partially sighted with the aim of identifying areas for potential improvement.

Work took place to enable clinical areas across the Trust to have access to the SignLive app, which supports on-demand interpreting for patients who communicate using Sign Language. This was installed on 2,325 Trust devices, following a successful pilot in the trust Emergency and Maternity departments.

Objective: We will continue to deliver the carers action plan, supporting Trust staff to recognise and respond to young carers and their support needs and the needs of carers in Emergency and Outpatient departments.

Carer Awareness learning bursts for staff have been co-delivered between Carers Leeds, Family Action and the Trust during 2024/25. Family Action in Leeds is an organisation that works with children, young people, parents, carers and the wider family network to ensure the family is able to realise its full potential and, as part of its role, supports young carers who are providing unpaid care to parents or siblings.

The use of the Trust Carers passport has been explored for Emergency and Outpatient departments to enable carers to receive the same assistance they would receive in Trust inpatient settings. In both settings, following feedback, it is being considered for the assistance it provides for carers accompanying patients to hospital to receive free parking. Work continues to improve carers access to this important support in those areas.

In development is a Trust Policy for Unpaid Carers which has been overseen by the Trust Carers group. It is hoped this will additionally support delivering the needs of Carers in the Trust once published.

Objective: We will continue to build relationships with the third sector to support our volunteering provision, care delivery and access to community voices. We will do more to encourage involvement and engagement activities and to share insight from the people of Leeds and beyond with Trust staff so that this can be used in the development of services and delivery of improvements.

Throughout 2024/25 the Voluntary Services team have continued to support CSUs and third-party organisations to establish new Memorandums of Understanding in order to increase volunteer activity in the organisation and provide assurance that volunteers are recruited, trained and supported to Trust recruitment standards. Third party organisations support the Trust in a number of areas, including cardiology, children's and trauma services.

The Trust has also entered into an agreement with the Leeds Hospitals Charity (LHC) to work collaboratively to increase the number of volunteers on Trust sites. This has resulted in a new working group which meets monthly and scopes out new volunteer roles that can be supported by the charity. One of the successful schemes currently being supported by LHC is a volunteer refreshments trolley in Children's services.

The Trust patient, carer and public involvement team has continued to contribute to work in support of the development of a city-wide insight library. This resource provides a repository of insight reports which staff are able to explore prior to embarking on planned involvement and engagement activities.

Additionally, the team have been supporting CSUs to survey the people of Leeds using a new email platform called Tractivity. Tractivity was used 19 times between April 2024-Feb 2025 and included work to support CSUs on eleven occasions.

Work was also undertaken to interview patients as part of four 'listening events' that were delivered in 2024/25, which included engaging with patients on proposed changes to the Walk-in Centre at Burmantofts in Leeds.

Objective: We will build on the findings of the 'How Does It Feel For Me' (HDIFFM) programme and explore how to embed the 3Cs of communication, co-ordination and compassion into the work of the Trust and use these as a measure of good patient experience.

The Trust continues to be an active partner of the city-wide 'How Does It Feel For Me' group which seeks to identify ways to ensure patient experience is considered alongside clinical outcomes and improving efficiency in the transformation work undertaken by health and social care organisations.

In 2024/25 we continued our journey to improve our capture of data relating to the 3Cs and to share this with clinical colleagues to inform their CSU patient experience improvement plans, as part of the patient experience assurance programme in the Trust.

We surveyed patients directly to ask how well we communicated, and whether our care was co-ordinated or compassionate and shared this information with services.

We used the 3Cs as categories to assess applications for grant funding for schemes that sought to improve patient experience and have also applied them in a Trust patient experience competition of staff projects.

We are beginning to explore how Trust transformation programmes can include a commitment to ask patients about their experience of the 3Cs and to respond to the findings.

We have replicated the work of the HDIFFM group and introduced a patient story programme in the Trust, with all CSUs contributing stories demonstrating improvements in patient experience that are shown at key Trust committees and groups.

Objective: We will continue to implement the requirements of the Involving Patients in Patient Safety Framework, specifically focusing on agreeing a Trust model for remuneration of Partners and a model for continuation of the programme, as funding for the programme reduces.

It has been a successful year for the Trust Partner programme, with the development of a new three-year strategy which includes an ambition for more Partners to support Trust CSUs directly in the work that they do.

A model for remuneration of Partners has been explored and there was successful appointment to a remunerated role in January 2025, alongside identification of funding to support this work. Work will now take place to test the new role, which is an exciting new venture for the Trust.

Two additional Partners were recruited, one specifically to support Trust work relating to Martha's Rule. Inductions for all new Partners took place in February 2025.

Aims for 2025/26

- We will support colleagues to have access to information and support which enables them to confidently undertake involvement and engagement activities to inform improvement programmes.
- We will test our new remunerated Partner role and expand our work to support Partners to align with CSUs.
- We will publish the Trust policy for unpaid carers and use this as an opportunity to engage staff to consider carers within the assessment of patient care and planning process.

3.2 Involving patients and the public

Patient Carer and Public Involvement (PCPI)

Background

The PCPI team saw a successful first year of delivery of the new PCPI strategy 2024-2027. This strategy was developed in collaboration with patients, carers and members of the public. 2024/25 sees the team on track to achieve the following aims:

- **Aim 1:** It will be clear to patients and the public how their lived experience has influenced Trust strategies.
- **Aim 2:** Staff will be equipped to deliver outstanding involvement activity.
- **Aim 3:** People will help tackle health inequalities across our services.

Key achievements in 2024/25

The team have further developed the use of listening events (interviewing patients whilst in our hospitals and receiving care) to support any significant changes occurring across the Trust. The PCPI team works with the Patient Reference Group to shape the questions used for listening event interviews and to help with analysis of the insight captured.

Walk-in Centre (Shakespeare Centre)

This service is delivered by an external organisation commissioned by Leeds Teaching Hospitals. The service was due to go through a re-procurement exercise with the addition of two service enhancements including the option for patients to both book appointments and access additional care and treatment options. The service is situated in and serves some of the most deprived areas of Leeds with its population experiencing a range of health inequalities. The team conducted both a digital survey and conducted a listening event on the Shakespeare Centre site. The team interviewed 50 patients who welcomed the proposed enhancements to the service, describing how these improvements would make accessing an appointment a less challenging process. This work was a major element of the subsequent procurement process.

Same Day Emergency Care (SDEC)

SDEC is one of the many initiatives introduced to ensure that we provide the right care, in the right place, at the right time for our patients.

It aims to benefit both patients and the healthcare system by reducing waiting times and hospital admissions, where appropriate. The Trust was keen to understand the experience of patients accessing its SDEC service against national standards. 30 patients were interviewed during their wait, largely reporting a positive experience with some improvements to be made concerning communication.

Staff training and development

The team has delivered a new programme of training and development supporting the new strategy. 152 members of staff have attended learning bursts covering topics such as the creation of patient stories (films), inclusive engagement and analysing qualitative data.

The team has also held 35 head-to-head sessions enabling staff to explore new and challenging topics. Issues addressed include the use of Fair Processing, the use of Experience Based Co-Design and better involvement of patients in Trust decision making.

Improving health outcomes for those experiencing health inequalities

The team continues to use a range of approaches to involve those experiencing health inequalities in service improvement projects. This included a project called Safeguarding Voices delivered in partnership with the Childrens' Safeguarding team. The PCPI team conducted telephone interviews with young people aged 16 and 17 who had been treated in the Emergency Department where additional concerns had been raised regarding their safety. This cohort included some of the most vulnerable children in our society who typically report a poorer experience accessing hospital services, with insight captured often describing a poorer experience. The young people we spoke to were keen to describe a positive experience of the safeguarding process and the staff they encountered. The interviews also generated some excellent ideas for improvement focusing on how to create an environment where young people felt safe to ask for help in an often busy and challenging environment.

Working with partner organisations

The PCPI team has developed partnerships with two external organisations this year to strengthen its engagement activity. LTHT has entered a partnership arrangement with Healthwatch Leeds to enable Healthwatch volunteers to contribute to listening events as 'interviewers.' Patients may feel more comfortable talking about their experiences to individuals who are not staff members. In addition, the PCPI team has been working with Leeds Hospitals Charity. The charity funds projects which benefit patients, including those experiencing health inequalities. The PCPI team will now review two projects funded by the charity.

3.3 Improving patient experience

Equality and diversity

Background

During 2024/25 the Patient Experience team (PET) worked on delivering the Equality and Diversity Action plan which was approved in the fourth quarter of 2022/23. This action plan encompasses national, regional and local drivers, as well as reflecting what our patients were telling us about their experiences.

Key achievements in 2024/25

In order to comply with Domain 1 of NHS England's Equality Delivery System (EDS22) process, Leeds ICB and Leeds-based NHS providers chose to review services around Palliative and End of Life Care to:

- Respond to recent findings from local and national patient and carer feedback including West Yorkshire Healthwatch and Parliamentary and Health Service Ombudsman.
- Support EDI improvement work with Leeds Palliative Care Network.

The services reviewed at LTHT were:

- Easy read leaflets developed to support End of Life Care.
- In hospital Palliative Care team.
- Prostate cancer service improvement informed by EDI data.

Data relating to PALS concerns alleging discrimination continues to be reported to the Corporate Operations Group every three months, with complaints data relating to allegations of discrimination being reported every six months. CSUs are expected to report actions being taken in response to concerns as part of the Patient Experience Assurance Programme data set and CSUs are expected to present the work underway to address any issues highlighted through PALS and Complaints.

As was reported last year, we now have access to PAS data on patient demographics and health equity data in the form of the index of deprivation based on postcode. Whilst an initial analysis of this data has been undertaken to understand the communities accessing the complaints service, it is recommended to conduct a thematic review of the same data linked to the commonest complaints and PALS subject coding to understand the nature of concerns raised by different groups.

CSUs have described some of the work they have done this year to improve the experience of patients from an equality and diversity perspective. Below are a few examples:

- Our Estates and Facilities team are providing hot food after hours during Ramadan, arranging the blessing of kosher meals for Passover and supporting Sikh meal donations to staff.
- Within Critical Care CSU the quality delivered educational sessions to staff about identifying skin damage in people with darker skin tones.
- Outpatient's CSU have developed a modified version of the 'This Is Me' booklet for patients with dementia to be used in the Outpatient setting. They are also offering 'double slots' in clinics for people living with dementia so they can get the most out of their appointments.
- Within Women's CSU the Health Equity team run a Maternal Journal group which uses art to build trusting relationships, recognising that maternal mental health concerns are associated with stigma in some communities.

Aims for 2025/26

- To establish processes to support action planning where disproportionately poorer experiences for people with protected characteristics are identified through survey results, Friends and Family Tests (FFT) or PALS and Complaints.
- To continue to work with Trust teams to deliver and promote the use of patient access need flags and to support staff to act on flags where access needs are identified.
- To continue working with city-wide EDI colleagues to meet the requirements of the NHS Equality Delivery System 22 (EDS 22) and to consult with key stakeholders when submitting our self-assessments. The theme for this year's assessment is services for people with long-term conditions.

Interpreting

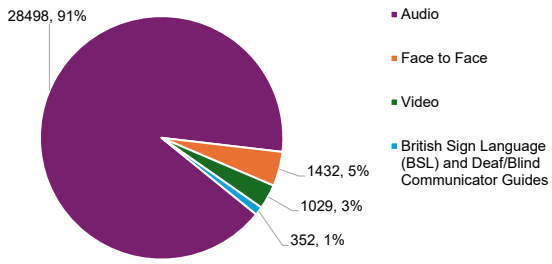
Background

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

We provide patients with spoken interpreting, British Sign Language (BSL) interpreting and deaf/ blind communicator guide support.

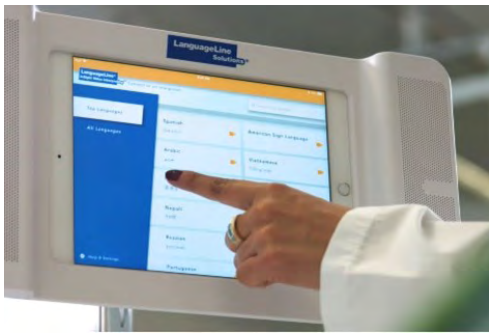
Virtual interpreting (video or audio) is available across the Trust via apps or on the web. This on-demand service continues to be encouraged, unless it is clinically inappropriate, in which case a face-to-face interpreter can be requested.

Interpreting sessions by type, July to December 2024



Telephone interpreting (where the interpreter, clinician and patient join a call together) is the most widely used method of accessing the service.

Remote interpreting, via video link, can be provided during a consultation on site or during a remote consultation, such as when using Attend Anywhere, Microsoft Teams or Zoom.



Using the remote Attend Anywhere platform

Key achievements in 2024/25

- Following a pilot in Maternity and Emergency departments, the Trust rolled out Sign-Live (a service offering BSL interpreting via video) Trustwide. The app is on more than 1,325 clinical iPads across all seven LTHT hospitals.
- Awareness sessions have been delivered to services by the Interpreting Lead, together with communication through regular channels. The sessions included awareness that SignLive is available to clinicians for use when a face-to-face interpreter is not present.

- Availability of an on-demand interpreter via video reduces the risk of patient appointments having to be cancelled. SignLive is also available to BSL users via their mobile devices, enabling them to contact the Trust by telephone. LTHT is listed within the SignLive directory of organisations that can be contacted through a BSL interpreter. A guide to how this works is available in BSL on the LTHT website.
- BSL users have engaged with the Trust via the SignLive directory for up to 250 minutes per month since April 2024.

Aims for 2025/2026

- The Interpreting Lead will monitor the languages being requested, particularly where requests are for rarely used languages or dialects. The team will work with colleagues and Trust-approved providers to minimise the risk of patients not being supported with either face-to-face interpreters or virtually.
- The Interpreting team will analyse the results of the Interpreting Services survey that was carried out between October and December 2024, from which an action plan will be prepared, to introduce service improvements where appropriate.

Patient information leaflets

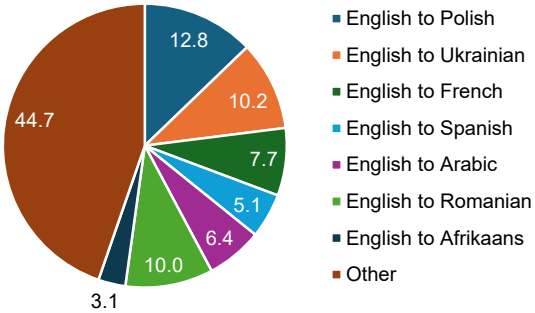
Background

The Trust aims to ensure that all patient information leaflets (PILs) made available to patients, carers and the public are in date, clearly written and accessible. PILs are available on the Trust website, under Adults, Children's and Easy Read categories. They can also be searched via the A-Z Search facility.

In January 2025 there were 1,464 patient information resources available on the Trust website. This included 128 PILs in Easy Read format, 27 videos and 40 links to external sources.

Individuals who speak limited English can access the Trust website in their own preferred language, including access to PILs. This is done using assistive technology which translates content either in written form or via audio file. The content can be downloaded by the patient and retained for future use.

Top languages translated by Reachdeck



This assistive technology also offers other features, (including text enlarger, elimination of page distraction, magnifier, and ruler). During 2024 these features were accessed more than 6,000 times.

Key achievements in 2024/25

- The number of out-of-date PILs has decreased from 32% for all the Trust in 2021/2022 to 16% in 2024/2025. The Trust set a target of 30% for out-of-date PILs, which is consistently being met.
- The Patient Information Lead and Head Lead Nurse attended the Adult Therapies team brief in May 2024 during the Experience of Care Week to present them with a certificate for the achievement of maintaining the target of out-of-date PILs.

Aims for 2025/2026

We aim to further reduce the number of PILs that are out-of-date by setting a new, Trust target for authors of PILs to work to. We aim to continue to increase the number of PILs available to patients via the website, ensuring these are accessible in accordance with the web content accessibility guidelines (WCAG).

Friends and Family Test

Background

The Friends and Family Test (FFT) is a short, anonymous survey that helps service providers understand how patients feel about the care they have received. There are various ways that patients can complete FFT and these include SMS (text message), IVM (interactive voice mail), postcards or digital methods (QR code or a ward iPad). In 2024, over 133,000 patients shared their experiences which helped us improve our services and the quality of care we provide.

Key Achievements in 2024/25

"You Said" We Did (YSWD)

Wards and areas are encouraged to review and act on their patient feedback regularly and to demonstrate to their patients any improvement work. This is done by adding information to the "YSWD" poster template.

Opposite are examples from a Vascular Ward (L15) at the LGI in 2024.

"YOU SAID..."

An individual in a wheelchair must accept that not all buildings are wheelchair friendly, but we are talking about a vascular ward that has major amputations with numerous wheelchair users. Very disappointing to discover that in ALL the bathrooms on the ward, not ONE had a mirror at sink/chair level for me to have a shave. To be fair I was offered a vanity mirror however I wanted to maintain my dignity and independence and use the bathroom facilities for personal care which included having a shave.

"WE DID..."

We have accessible washrooms and appropriate signs to indicate their location. Our accessible washroom facilities include sufficient space for turning and transferring, grab bars and emergency call bells. Sinks, soap and paper towel dispensers are all at wheelchair accessible height. We have now addressed the issue experienced by our patient.

"YOU SAID..."

I was already feeling vulnerable and scared facing major surgery and quickly ushered into a side room without warning, I had limited knowledge as to why I was being isolated other than having an infection. I felt confused, anxious and guilty, 'what is contagious, had I given this to my family' the bed move happened late in the evening, regardless, it would have been courteous to have things explained to me rather than searching on 'Dr Google' to find out 'WHAT, WHERE and WHY'.

"WE DID..."

Insulation/barrier nursing is one way of preventing the spread of infection from one person to another. Sometimes you may be isolated to help protect you while you are particularly vulnerable to picking up an infection. Isolation nursing means you may need to be nursed in a single room for a period of time. Our Infection Prevention Board will improve patient safety, patient/staff communication and patient satisfaction. Creating our new board effectively can make the patient feel more receptive to any medical advice making their hospital stay just that much easier.

3Cs - Communication, Compassion and Co-ordination.

The Trust understands from a city-wide programme, listening to people's feedback, that the 3Cs help patients and families feel satisfied with their care in our services. This is what matters most to them. In July 2024, the team reviewed the existing themes within FFT, to ensure that they aligned with the 3Cs which are communicated out across the Trust. Data can now be measured and triangulated with other services within Patient Experience – PALS and Complaints.

Promoting FFT

The team continue to work with the Trust Communications team to promote patient feedback through social media platforms on a weekly basis. Below are examples of patient feedback that appears on Facebook and X. The team is continually exploring new and innovative ways in which to promote FFT to all patients.

The Estates & Facilities CSU has been approached by the team to explore the possibility of adding the FFT logo / QR code / weblink to the new tray menu mats. This will enable patients to leave feedback digitally if they have their own electronic device by scanning the QR code at mealtime.

FFT Feedback from non-English speakers update

The team continues to explore how to capture feedback in a patient's native language. The team is planning to trial a new way of achieving this, following feedback from a trial undertook in Maternity services. In that trial it was learnt that the posters being used were not clear because they contained too many languages and were confusing for patients.

Polish is one of the most frequently requested languages within LTHT and the team is now developing posters inviting people to take part in the FFT survey in Polish, to see if they are helpful in encouraging people to provide their feedback.

Additional surveys

The FFT team is able to apply additional, bespoke questions to the standard FFT survey. During 2024 the team ran multiple additional surveys Trustwide to gain specific feedback. One of the surveys they supported was the 'Hello my name is' (HMNI) campaign - a campaign for more compassionate care, which ran throughout August 2024.

We asked patients the following question:

"Whilst you were in our care, did staff introduce themselves?"

Below are the responses we received.

The survey will run again in 2025, the data will be reviewed and compared to 2024 to establish whether the campaign has been successful and that more staff are introducing themselves to patients.

Aims for 2025/26

- To continue to develop the opportunity for patients to leave feedback in their own language.
- To develop an annual FFT celebration event for CSUs and Champions to share achievements.
- To develop and test the mechanism for capturing FFT feedback from non-clinical teams e.g.: administration and booking teams.

FFT type	Yes	No	Sometimes	Don't know	Total responses
Inpatients	3717	34	259	23	**4033**
Day Case	843	2	14	10	**869**
Outpatients	1707	62	25	43	**1837**
ED	2493	78	209	62	**2842**
Maternity	88	5	5	1	**99**
Trust-wide	**8848**	**181**	**512**	**139**	**9680**

National Patient Surveys 2024/25

Background

The Trust received three CQC nationally-mandated survey reports during 2024/25. These were the Adult Inpatient Survey 2023, published in August 2024, the Urgent and Emergency Care Survey 2024, published in October 2024 and the Maternity Survey 2024, which was published in December 2024.

Adult Inpatient Survey 2023

The Inpatient Survey 2023 involved 131 NHS trusts in England. Patients were eligible for the survey if they were aged 16 years or older and had spent at least one night in hospital at LTHT during November 2023. Fieldwork for the survey took place between January and April 2024. 494 LTHT patients responded to the survey giving a response rate of 41.3%. This was close to the national average response rate for the survey which was 41.7%. The survey was published on the CQC website on 21 August 2024.

Benchmark results

For the previous three years LTHT has consistently scored 'about the same' when benchmarked against other Trusts nationally. For the 2023 Inpatient survey when benchmarked against the 130 other English trusts taking part in the survey, LTHT was 'somewhat better than expected' for four questions. LTHT was not 'much worse', 'worse' or 'somewhat worse than expected' for any of the 48 scoring questions. LTHT scored about the same as other trusts for 44 questions.

Questions on which LTHT scored 'Somewhat better than expected'	LTHT Score	National Trust av
Did you have confidence and trust in the doctors treating you?	93%	90%
Did you feel able to talk to members of hospital staff about your worries and fears?	82%	76%
To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	92%	89%
Overall did you feel you were treated with kindness and compassion while you were in the hospital?	94%	90%

LTHT was also rated as somewhat better than other trusts for the section of questions relating to 'Kindness and Compassion'. When compared with other trusts regionally, LTHT had joint-highest scores for this section, the other trust being Northumbria Healthcare NHS Foundation Trust.

Historical comparison

When compared with the Trust's performance in the previous Inpatient survey (2022) LTHT's performance was statistically significantly better for four questions and 'no different for 34'. (Some questions were new, and so direct comparison couldn't be made). LTHT's performance wasn't statistically significantly worse for any of the questions.

Questions showing statistically significant improvement	2023 Score	2022 Score
How long do feel you had to wait to get a bed on a ward after you arrived at the hospital?	69%	62%
Did you feel able to talk to members of hospital staff about your worries and fears?	82%	76%
Were you able to get a member of staff to help you when you needed attention?	84%	79%
Overall, did you feel you were treated with respect and dignity while you were in hospital?	93%	90%

Urgent and Emergency Care Survey 2024

332 patients responded to this survey, which was sent to 1,250 patients who had attended the Emergency Departments during February 2024. This gave a response rate of 28% which was considerably higher than last year's response rate of 21% and close to the national average of 29%. Compared with 119 NHS acute trusts in England with Emergency Departments, the Trust's results were about the same as other trusts for all 30 questions, not being statistically significantly better or worse on any question. For this year's survey historical comparison was not possible due to the change of time of year for sampling (winter instead of early autumn). Despite no statistically significant results the CQC provides a slide summarising the Trust's performance, which highlights the five questions against which the Trust scored best when compared with the national trust average and the five questions against which the Trust scored worst when compared to the national average. These were as follows:

Where patient experience is best

- **Information:** Patients given information about new medications to be taken at home.
- **Communication about tests:** Staff explaining test results in a way patients understand.
- **Waiting:** Staff providing help with patients' conditions or symptoms while waiting.
- **Information:** Patients given information about caring for their condition at home.
- **Communication about tests:** Staff explaining the reasons for tests in a way patients can understand.

Where patient experience could improve

- **Privacy:** Patients being given enough privacy when discussing their condition with the receptionist.
- **Care and treatment:** Staff helping patients take medication for pre-existing medical conditions.
- **Arrival:** Patients told why they had to wait with the ambulance crew.
- **Privacy:** Patients being given enough privacy when being examined or treated.
- **Hospital environment:** Patients able to get food or drinks whilst in the Emergency Department.

Maternity Survey 2024

The maternity survey involved 121 NHS trusts in England and women over the age of 16 were surveyed who had a live birth in February 2024. The response rate for this survey was 36%. This was somewhat lower than the national average response rate of 41%. The results were published on the CQC website in November 2024.

Compared with the 119 other maternity units in England, LTHT performed 'somewhat better than expected' for two questions. These were:

- Thinking about your stay in hospital, if your partner or someone close to you was involved in your care, were they able to stay with you as much as they wanted?
- Were you offered a choice about where to have your baby?

Compared with the 119 other maternity units in England, LTHT performed 'somewhat worse than expected' for two questions. These were:

- Were you given enough support for your mental health during your pregnancy?
- Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?

LTHT scored 'about the same as other trusts' for 53 questions.

Responding to survey findings

In order to provide assurance that appropriate actions are been taken in response to the National Inpatient Survey, questions where LTHT has performed less well are included in the Patient Experience Assurance programme (PEAP). As part of this, bed-holding CSUs caring for adult patients are expected to describe the actions they have taken to respond to the Adult Inpatient Survey findings at the Patient Experience and Engagement Group. In addition, Urgent Care CSU and Women's Services CSU provide six monthly reports to the Patient Experience and Engagement Group to describe actions taken in response to the findings of the Urgent and Emergency Care Survey, and Maternity Survey respectively.

Aim for 2025/26

We will continue to use the national patient survey results to drive improvement activity and to monitor that activity through the Trust's Patient Experience and Engagement Group.

3.4 Resolving complaints

Complaints Service

Background

The complaints service assures the public that any concerns or complaints raised about their experiences of care are taken seriously and will be managed in a way that reflects the Leeds Way values. Anyone can raise a concern or a complaint about care.

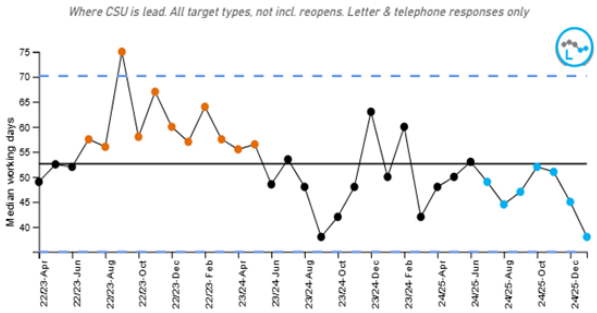
In 2024/25 the top five themes identified through the complaints data collection were: Communication, Treatment, Staff Interaction, Patient Flow & Access and Patient Care & Nutrition.

Key achievements in 2024/25

Complaints Improvement programme (CIP)

- A programme to improve the timeliness of complaints was commenced in November 2024 and learning from this will be shared Trustwide in April 2025. There has been significant improvement in both the median response lead time (chart below) and the percentage of complaint responses (letters only) sent to complainants within the initially agreed timescale.

Complaints - response lead time



- CSUs have been gradually removed from their single service complaints having an external Quality Assurance (QA) review. Since changes have been made to the QA external review of single CSU complaints, 63% of responses without a QA review have met timeliness targets, compared to 28% with a QA review.
- Since implementation of the CIP improvements in the quality of responses has been evident. Defect Rate data showed improvement in Q3 2024-25 (3%). Since the QA process change, responses without a QA review have not seen an increased defect rate.

The Independent Complaints Review Panel includes members of the public and provides assurance on the effectiveness of Trust complaint handling. This panel has been further developed and the terms of reference updated. It will provide an important monitoring function and an opportunity for on-going learning.

Complaints training programme

The Complaints Training programme facilitated by an external provider continues for staff, offering modules on mediation skills and response writing.

Complaints coaching programme

The complaints coaching programme provided by the Complaints team aims to raise awareness and understanding of the complaints process, how to investigate a complaint and response writing. There has been increased delivery of these sessions and continued evidence that the quality of complaint responses has improved as a result of this work.

Assurance of complaint themes, learning and improving practice

Improvements in the recording of learning from complaints and actions CSUs take in response to complaints, was supported by including the number of complaint actions recorded by CSUs in the patient experience data pack. This pack is provided to all CSUs as part of the Patient Experience Assurance programme (PEAP) to support improvements in their service.

In Q1 and Q2 2024/25 there were 329 first stage complaint responses sent and CSUs recorded 96 complaint actions linked to these complaints.

Aims for 2025/26

- Embed the Independent Complaints Review Panel Meetings into the complaint's assurance process and report this into the Patient Experience Engagement Group.
- Continue to support education, training and learning opportunities associated with complaints management.
- Continue to provide the Complaints Training and Coaching programme to LTHT staff.

Patient Advice and Liaison Service (PALS)

During 2024/25 the Trust recorded 7,388 PALS contacts. The table below shows the different categories for all contacts with the Trust PALS Team.

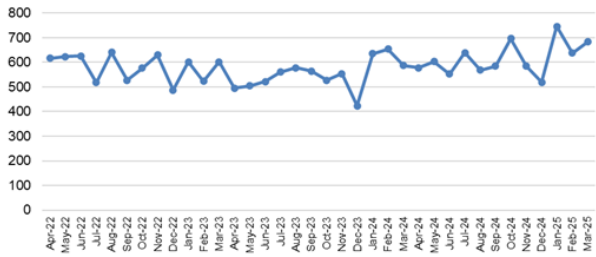
PALS activity in 2024/25

PALS activity type	2023/24	2024/25
PALS concern	4,585	5,583
Advice/enquiry (CSU)	832	828
Advice/enquiry (PALS team)	493	262
Out of time complaint	2	2
Signposting	32	43
Compliment	599	583
Other	93	87
Total	**6,604**	**7,388**

5,845 concerns and enquiries required input from clinical teams. These were shared with the relevant management teams for contact within two working days. Wherever possible, the team provides a resolution to a concern at initial point of contact; 262 concerns were resolved on the day. Two concerns were investigated, despite being out of time to be managed as a formal complaint and were shared with clinical teams to ensure the service user received a written response.

1,253 concerns or enquiries were categorised as 'red risk' which requires clinical services to contact patients on the same day. These include concerns relating to current inpatient care or other urgent or important matters (9% of concerns required input from more than one CSU which remains the same as the previous year).

PALS contacts received by month



PALS activity as a whole increased in the last financial year. The tables below outline the subjects arising (multiple can be recorded per case) and the top 10 sub-subjects of PALS concerns for 2024/25.

Change in PALS Subjects 2023/24 and 2024/25

Subject	2024/25	Change from 23/24	% Change
Communication	4570	1431	46%
Administration, access, admission, transfer and discharge	2609	692	36%
Staff interaction	1596	257	19%
Treatment	1425	557	64%
Medication	568	158	39%
Patient care and nutrition	420	49	13%
Staffing Resources	260	66	34%
Health Records / Documentation	203	97	92%
Facilities, buildings, hazardous substances and systems	202	108	115%
Personal property	189	-33	-15%
Emergency Department	115	47	69%
Consent, Confidentiality, Information Governance	105	21	25%
Equipment	90	36	67%
Infection	88	21	31%
Observation/ monitoring	64	29	83%
Safeguarding	57	2	4%
Slips, trips, falls and moving and handling	57	32	128%
Unacceptable behaviour, disruption, self harm, missing patient, aggression	40	14	54%
Obstetrics	37	12	48%
Pressure Ulcer	22	8	57%

Top 10 PALS Sub-subjects

Sub-Subject	2024/25	Change from 23/24
Waiting list time (outpatient)	1180	358
Communication - difficulty contacting department	676	289
Undesirable staff behaviour	661	66
Communication with patient regarding future treatment plan/care	558	245
Communication - delay in giving information/results	462	94
Communication with patient - telephone call/text	456	227
Lack of compassion	413	104
Delay/failure in treatment/procedure	404	137
Communication with patient regarding diagnosis/condition	354	91
Not listening	345	48

- There were 692 subjects recorded relating to the theme of administration, access, admission, transfer, or discharge (692 more than the previous year; 36% increase). This theme includes concerns relating to both inpatient and outpatient waiting list times. Waiting list times for outpatient concerns (1,180) remains the most frequently raised sub-theme (+358 increase from 2023/24).
- Treatment and Communication concerns are also increased overall. This was following a decrease reported last year.
- Staff interaction concerns were raised 1,596 times, an increase of 257 (19%) from the previous year.
- All other subjects saw increases from the previous year, with the exception of Personal Property, which was raised 33 less times (-15%).
- There were 6,836 recorded resolutions of PALS contacts received in 2024/25. 80% of enquirers were contacted within the two-working-day target (also 80%). Callers are always asked what their preferred method of contact would be. 68% were resolved via telephone call, 14% by email, 5% by discussion on the ward, 2% via a meeting or discussion in clinic, 2% by letter, 3% were escalated to a formal complaint or sent a complaint form, 1% were passed to Risk Management, and 1% were closed when unable to contact the complainant.

Key achievements in 2024/25

Following a request from CSUs, the PALS team has developed a new training package which focuses on resolving concerns before they become a PALS. The package is suitable for all grades of staff and all professional groups and can be customised for individual CSUs with up-to-date data on PALS numbers and themes. It has been very well received and the team has received requests for the copies of the presentation to be shared for local training by CSU staff. Early local resolution of concerns benefits our patients by providing a timelier response to concerns as they occur.

The target for resolution within 14 working days of 80% has been met consistently during 2024/25, with 91% of concerns being resolved within this timeframe. Following discussion at the Patient Experience and Engagement group a new target of 80% of PALS being resolved within 10 working days will be set for 2025/26. This will lead to an improved experience for our patients who raise concerns.

Following two workshops and a full day Kaizen event with the support of the KPO team, the PALS service is working with the complaints and spinal surgery teams to try to reduce the number of PALS received relating to waiting times and related enquiries. This will include the use of a script to provide reassurance that patients are indeed on the waiting list for surgery and to provide information on likely wait times and what the CSU is doing to reduce these. In addition, the PALS team will provide advice on what are the best times of day to contact the service by telephone and provide a generic email address for enquiries to help reduce the very high telephone traffic currently experienced. This approach will be extended to other surgical specialties who currently have long wait times for appointments and surgical procedures.

Review of Quality Programme aims for 2024/25

During 2024/25 there were 222 PALS concerns converting to formal complaint, which has increased from 183 in 2023/24. Latest available benchmarking data from Model Hospital for the financial year 2023/24 shows LTHT has 3.1% of PALS contacts converted to a formal complaint compared to peer acute trusts (1.6%) and nationally (1.5%). All potential escalations continue to be reviewed by the PALS Manager and appropriate action taken to achieve resolution for the complainant within the PALS process. This has the benefit for our patients in them having their concerns addressed in a timelier manner. However, should the complainant's preference be to escalate their concerns to a complaint, this would always be supported and respected.

As of May 2024, CSUs' open complaints are shared with CSUs every two weeks in the open PALS report. Data regarding performance on cases open over 14 working days is shared within the CSU Patient Experience Assurance programme (PEAP) data pack for CSUs. CSUs attend the Patient Experience and Engagement group to describe what actions they are taking to reduce the number of PALS open past the target time. The number of PALS remaining open for more than 14 days has demonstrated an improving trend throughout 2024/25.

In 2024, PALS received 93 responses to an electronic service satisfaction survey. When asked if they would recommend using the PALS service to family or friends, 69 of 81 (85%) respondents said they would (up from 55% the previous year, 2023). It is clear from the feedback received that there are some areas where improvements could be made to the complaints and PALS services to improve the user experience. The primary reason given for not recommending the service included a lack of response or ineffective resolution to concerns or dissatisfaction with the outcome. The PALS action plan for the coming year will include interventions to respond to PALS user feedback.

The plan for 2025/26 includes:

- Driving improvement by reducing time to resolution targets from 14 to 10 days.
- Extending the use of scripts and the provision of other information for waiting list enquiries to other surgical specialties.
- Working with CSUs to reduce the number of PALS that remain open for extended periods as a number of these have been resolved but this has not been communicated to the PALS service.

3.5 Working with partners

Our Partner Programme

Founded in 2019, the Partner Programme recruits members of the public and embeds them into work that aims to improve experience, quality and safety of our services.

The programme successfully supports the organisation to meet the requirements of NHS England's National Patient Safety Strategy, Involving Patients in Patient Safety Framework, part B.

Key achievements in 2024/25

- We have refreshed our partner strategy and developed an associated action plan to achieve delivery of the aspirations identified. The Strategy contains three pillars of partnering:
- 1.To sustain our successes in embedding partners (members of the public) in Trust improvement programmes.
- 2. To support partners to become embedded within CSU teams supporting local priorities which may include topics such as health inequalities, local experience, and quality and safety risks.
- 3. To develop partners and staff to enable successful partnering.
- We have successfully embedded a second partner into a CSU. The partners are members of the CSUs' monthly Quality Assurance Group meetings, and support work on patient experience, quality and safety.
- Partners continue to be involved in Trust Quality Improvement Collaboratives which are priorities for the organisation and NHS overall including reducing Falls and earlier identification, and management of sepsis.
- Partners continue to support the work of the Kaizen Promotion Office and are directly involved in the Leeds Improvement Method work going on in the Trust. Partners have also attended training, alongside staff, to learn the tools and techniques of improvement.
- Leeds Teaching Hospitals is a pilot site for the implementation of Martha's Rule and a partner has been aligned to this group.
- We have a partner embedded in the Patient Safety Hub, which is where the Trust reviews and learns from safety incidents. We have four partners in our Complaints review panel, one of whom chairs the meeting.
- We continue to make good progress towards fulfilling a test of hosting a senior partner role which attracts an honorarium in line with NHS England guidance.
- Partners continue to be a sought after to support a range of activities including:
  - Supporting the updated Cancer Strategy including talking to patients whilst in the Trust receiving treatment.
  - Involvement in the creation of an app to support patients whilst waiting for elective surgery.
  - Advising on the medicines safety strategy.
  - Attendance at the Trust Waste Reduction Conference.
  - Participation in an extended Rapid Improvement Week looking at making every day in hospital count for our patients.
  - Supporting the Senior Nurse Clinical Leadership walk arounds.

Aims for 2025/26

- We will continue to prioritise integrating partners into CSUs within the organisation, aiming to align a partner to each CSU over time, learning what works and where partners can be of most benefit.
- We will set ourselves objectives in relation to our involvement and improvement aims and ambitions.
- We will continue to implement the senior partner role and learn from this test, whilst fulfilling the requirements for Patient Safety Partners.

Carers

The Carers Working Group continues to meet regularly to review and improve the way the Trust supports unpaid carers in our hospitals. The working group has developed an action plan to support ongoing improvement.

LTHT supports John's Campaign and has a 'Carers Passport' scheme which carries associated benefits for carers.

The Carer Passport

Key Achievements in 2024/25

Working with the Trust's Named Professional for Children's safeguarding and with the support of Family Action Leeds, LTHT has worked hard this year to provide awareness training about Young Carers, as well as more focused training in areas most likely to encounter young people with caring responsibilities. As a result of this work LTHT has undergone assessment and been awarded the status of being 'Young Carer Friendly' by Family Action.

The Lead Nurse for Patient Experience has worked with colleagues in Emergency Departments and Outpatient areas to see how unpaid carers can be supported in those areas. As a result of those discussions and by working with our car parking team we are now able to offer reductions in parking charges for unpaid carers attending those areas, bringing the support available in line with that provided for carers supporting inpatients.

A small team has been promoting John's Campaign across the Trust and attending Perfect Ward meetings to disseminate information to staff. John's Campaign aims to support Carers to stay with their loved one in hospital if they would like, recognises that Carers know a patient best and supports patients to receive person-centred care.

The Carers Working group continues to review feedback from carers at every meeting, both positive and negative to identify where improvements need to be made. This feedback includes PALS, Complaints, FFT feedback, feedback received via the John's Campaign email address and verbal feedback received via the Carers Leeds Hospital Carers Support Workers hosted by the Trust.

This is an example of positive feedback received about the Trust 'Carers Conversation Sheet':

'....he was sitting down with someone today to change the conversation record to make it clearer. He said it made a huge difference and staff had been very accommodating, he said he is now offered hot drinks as he is here roughly 14hrs a day. He said that this is first time he has felt valued and "not in the way"....'

Aims for 2025/26

- To explore how Young Carers can be better supported and how the Carers Passport can be adapted to meet their needs.
- To utilise 'FFT Fabulousness' certificates to highlight good carer experiences.
- To develop and launch an LTHT Unpaid Carers Policy to raise awareness among staff and drive further improvements.
- To utilise the proposed Ward Accreditation programme which is planned for the coming year to promote the importance of supporting unpaid carers and the value they bring.

Volunteering

The number of volunteers that have gifted their time and skills has increased to 195 volunteers. This has resulted in an increase in the hours gifted to 9,592.

Volunteers are active in a variety of roles that support our patients, staff or the organisation.

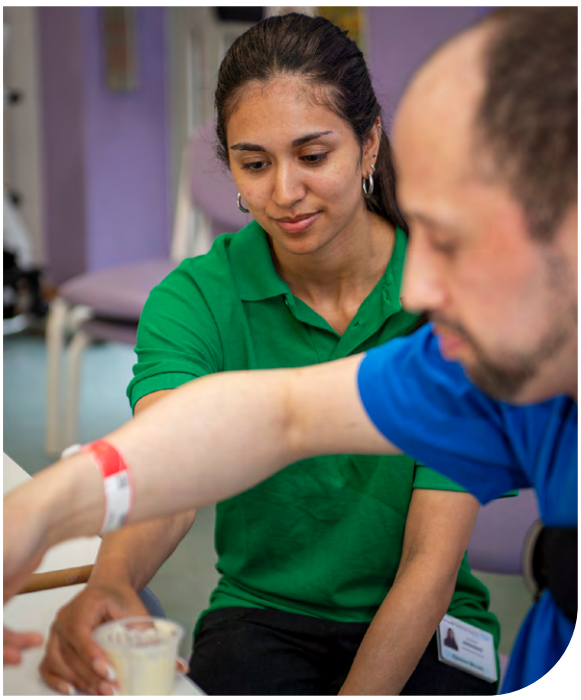
55 of our volunteers were on the 'Volunteer to Career' pathway and an additional 11 e-learning modules were created or refreshed to best prepare them for volunteering, as well as some role-specific supplementary training to empower them to support our patients with visual impairments, learning disabilities and autism.

Understanding the experience of our volunteers is important. 38% of our volunteers completed our annual volunteer survey. 100% of volunteers would recommend LTHT as a place to volunteer and 98% strongly agreed that volunteers have a positive impact on patient and visitors. When we asked volunteers to describe in three words how they felt about volunteering they said; "useful, needed, valued,"

Key Achievements in 2024/25

We have worked closely with Leeds Children's Hospital to develop a strategy for maximising the impact of volunteers. On Ward L49 a small team of volunteers support families that are admitted for day surgery. They gifted almost 700 hours and staff said that volunteers saved staff on average 90 minutes per shift, that's 294 staff hours saved. In addition to this, we have recruited volunteers through Leeds University Student Union to our Bedside Buddies scheme.

Vee, one of our volunteers, receiving an FFT Fabulousness award for the difference she made to a family in Leeds Children's Hospital.



As part of a citywide piece of work, several of our volunteers were featured in the Volunteers of Leeds campaign, raising the profile and accessibility of volunteering.

Where we work in partnership with third party organisations, we have introduced an audit process to provide assurance on their onboarding processes and to celebrate the contribution they are making to our patients.

Aims for 2025/26

- We are looking forwards to working closely with the staff at Chapel Allerton Hospital to introduce new volunteer roles to support patients, staff and visitors. These roles include navigation support across the site, rehabilitation support for patients with a long stay and specialised roles such as Pets As Therapy dogs and a hairdresser.
- Using data from patient feedback, we will work with colleagues in Urgent Care to grow the number of volunteers supporting our Emergency Department (ED) at Leeds General Infirmary and introduce volunteers to the St James's Hospital ED.

3.6 Chaplaincy

The Chaplaincy team, along with all other LTHT teams has had a busy year, supporting patients, staff and carers through both difficult and joyful times.

Support from Leeds Hospitals Charity has meant we have been able to appoint an experienced professional as specialist chaplain and pastoral care practitioner for the Leeds Cancer Centre. This post is for two years, and we are now entering the second year of the project. It is focused on outpatient and inpatient care, ensuring holistic care that incorporates people's beliefs and values. The role has been tasked with a focus on addressing inequalities.

Other support from the charity has meant that we have been able to provide faith and belief events marking important events and festivals. The charity also supports us by providing the finances for holding crosses, hearts, candles and other items that enhance our offer to patients, staff and carers.

We have been able to provide our Muslim staff with iftar packs during Ramadan, thanks to a local charity, and 400 meals for Eid were distributed as part of the celebration, also kindly provided by a local business.

The Chaplaincy team was instrumental in setting up and running a peer support bereavement café, which runs once a month at each of the main sites, and we have been requested to run a grief café at Chapel Allerton Hospital, which we will pilot in April 2025.

We are continuing our participation in an English pilot of Clinical Pastoral Education (CPE). CPE is used as the training pathway for pastoral, spiritual, and religious care. A national report has been published pointing to this mode of training leading to better resourced practitioners and most importantly more safe and effective care. Leeds also hosted two of the current cohorts for a week of their training and aspires to be a training centre for CPE should NHS England adopt this globally recognised pathway for training and developing new practitioners. This year, the charity provided part of the fee for one of our team who is taking part in the next phase of the CPE program.

The Chaplaincy team supports the Faith and Belief Staff Equality network. There are several faith and belief groups for staff which are spaces of support, encouragement, and celebration. We have also been supporting patients and colleagues impacted by global conflicts, ensuring all feel safe and valued in the Trust.

Two of our team are members of the steering group for the College of Healthcare Chaplains annual conference, which is held each year for healthcare chaplains from around the UK.

The care of patients and staff continues to be at the heart of what we do. Like the wider Trust, this continues every day, and when it is urgent there are several 24-hour on-call practitioners. Our team continues to strive to become more inclusive and meet the pastoral, spiritual, and religious needs of all we serve.

3.7 Emergency preparedness, resilience and response (EPRR)

The Trust has a legal responsibility to be prepared for the hazards and threats that could impact on our patients, staff or delivery of services. The main relevant pieces of legislation are the Civil Contingencies Act 2004, which identifies the Trust as a category 1 responder and the Health and Social Care Act 2012 which places obligations on the Trust as an NHS-funded provider for emergency preparedness, resilience and response. These are further defined through the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework 2022 and associated core standards. In summary, the Trust is required to have a robust system for prevention, mitigation, preparedness, response and recovery in relation to potential emergencies and business continuity disruptions. This includes response plans, training and regular exercises to assess and improve the arrangements.

The Accountable Emergency Officer, Clare Smith, is responsible for the delivery of the Trust's emergency preparedness responsibilities at Board level. She is supported in the delivery of this by the EPRR team, which comprises the Head of Resilience, Senior Resilience Advisor, Emergency Planning Officer, along with administrative support.

Regular updates on emergency preparedness risks are provided to the Risk Management Committee. The Emergency Preparedness Coordinating Group continues to oversee the Trust's EPRR arrangements along with four sub-groups (high consequence infectious diseases, major incident groups, a business continuity group and a climate change group). Any action plans to implement learning or share notable practice following activation of plans (whether in exercise or live incidents) are monitored through this group with support and escalation provided to ensure completion.

The Trust undertakes an annual self-assessment against the EPRR core standards which is then subject to a peer review and then sign-off by the West Yorkshire Integrated Care Board. Following this process the Trust was confirmed to be substantially compliant with these requirements.

Significant work has been undertaken over the last 12 months to develop and implement additional training and support to on-call managers and directors who may need to take the lead in managing incidents. The annual half day training has been supplemented by monthly sessions covering a broad range of technical and non-technical skills which are designed to embed key principles and practices.

Work has been completed in 2024/25 on a completely new and strengthened business continuity management system. Pilots have been completed with several teams and this will be rolled out in full in 2025/26. The impact of this will be improved embedding of business continuity management including more training and exercising which will result in increased operational resilience.

There has been an increase in exercising during the year with a wide variety of services participating, Scenarios have included solar storms, power outages, mass casualty incidents and a gang-related lockdown exercise. The learning from these is collated into a centralised log with associated action plan to ensure that lessons are learned and notable practice shared. Assurance regarding this is provided through the Emergency Preparedness Coordination Group.

One major incident was declared during the year (in relation to a road traffic collision) and one critical incident (in relation to the international CrowdStrike disruption). Both incidents resulted in the successful activation of command, control, communication and coordination processes. Business continuity plans were activated on several occasions including in relation to national blood management, adverse weather, system outages and infections. Structured debriefs were held, with the learning and actions following the same process as described in relation to exercising.

3.8 Leeds Hospitals Charity

Leeds Hospitals Charity is the official charity partner of Leeds Teaching Hospitals NHS Trust. We're the charity that champions, supports and gives thanks to the NHS, bringing together thousands of donors so we can make a real difference to the people and patients of Yorkshire. We do this by funding life-saving equipment, treatments, research into rare diseases and home comforts – whatever will make the biggest impact to the people who need it most.

The charity is independent of the Trust and is governed by a Board of Trustees, with Dr Yvette Oade CBE DL as the Chair. Esther Wakeman is the Chief Executive Officer, and she is supported by a small Executive team and a further 74 paid staff and 351 volunteers.

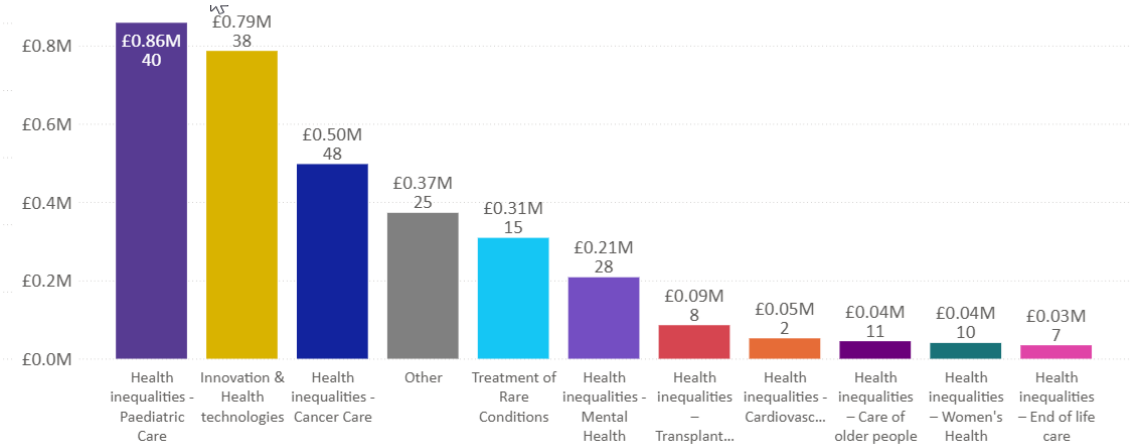
In February 2025, we were delighted to open a second office at the Leeds General Infirmary – a flexible space that can be used for a range of meetings and hosting charity visitors and supporters.

Grant funding

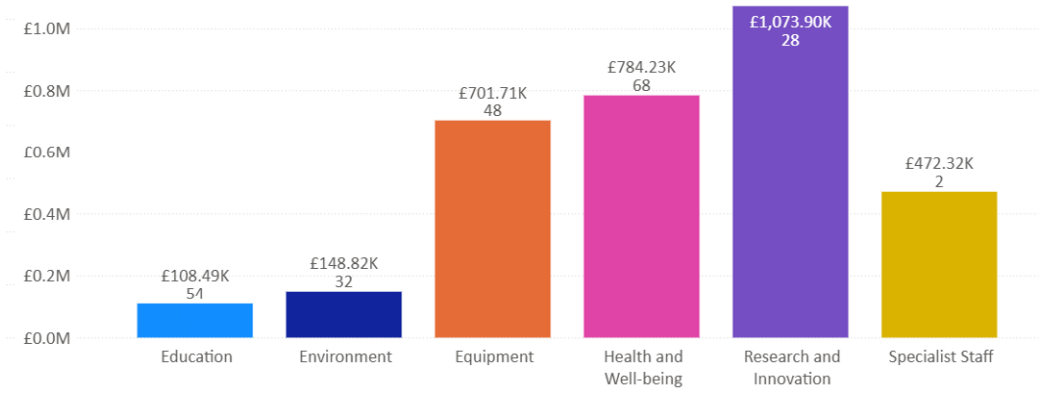
Thanks to donations and Gifts in Wills, we have awarded over £3.2m of additional funding in the financial year 2024/25 to support patients, families and staff at Leeds Teaching Hospitals. In April 2024 we introduced a new funding model which included themed funding calls for staff across all hospitals to apply for, as well as funding for strategic projects that would support the entire Trust. We prioritised supporting projects that align with our three areas of impact focus:

- Reducing Health Inequalities
- Innovation and Health Technologies
- Treatment and Care of Rare Conditions

Funding split by Impact Area



Funding spilt by Funding Priority



The Rob Burrow Centre for Motor Neurone Disease (MND)

We were deeply saddened by the news that our Patron, Rob Burrow CBE died in June 2024. Rob was an inspiration, not only to the people of Yorkshire but across the UK and the world. Despite facing his own challenges, Rob was devoted to raising awareness and funds to support people living with MND and their loved ones. He leaves a legacy of tremendous hope.

The charity appeal for the Rob Burrow Centre for MND reached its fundraising target of £6.8m in December 2024. Thanks to over 17,000 incredible donors, this milestone brings us closer to opening the new specialist centre at Seacroft Hospital in autumn 2025. We hope this state-of-the-art centre will benefit hundreds of patients and their families every year, transforming the hospital experience for people with MND, and the staff caring for them.

Announcing the fundraising total at Seacroft Hospital, December 2024.

Building work for the centre started in Summer 2024, followed by our 'Hands of Hope' event in September. The Burrow Family, along with patients, core fundraisers and key campaigners were invited to make permanent imprints in concrete paving stones, marking their connection to the new centre. These stones will be used throughout the centre's garden, forming the Hands of Hope Walk.

Making a difference in Leeds hospitals

Throughout the year, Leeds Hospitals Charity was really proud to have provided significant funding to a range of projects to Leeds Teaching Hospitals to make a real difference for millions of patients, families and staff. Here are just a few examples of projects we've supported throughout the year:

Tackling Health Inequalities

7 Days of Play

In September 2024, we launched a fundraising campaign, 7 Days of Play, to support the Play Team at Leeds Children's Hospital. The project, costing nearly £500k, saw the current Play Team expand from a five-day service to a seven-day service, meaning the team can support hundreds more seriously ill children.

Thanks to our generous donors, the Play Team now operates seven days a week across all wards, helping to reduce children's anxiety and stress, normalising hospital surroundings, and supporting children and their families.

Three-year-old Leo was diagnosed with leukaemia in April 2023 and spent most of last year in and out of Leeds Children's Hospital.

Leo during one of his appointments at Leeds Children's Hospital

Leo's mum, Rachel, said: "The Play Team are our lifeline. They support us by preparing Leo for procedures and distracting him while he's having them. Often, they do painting and crafting with Leo while he's undergoing his chemotherapy.

They also provide vital respite for us, as caring for Leo and doing all the trips to hospital can be exhausting. Not having the Play Team around would be unimaginable. Every child in hospital should have access to play, seven days a week."

We also funded the Play Team with brand new uniforms, featuring the charity logo and our mascot, Ernie the Owl.

Some of the Play Team in their new purple uniforms.

Providing thousands of free wigs for cancer patients

Since 2020, Leeds Hospitals Charity has provided funding to provide free wigs for Leeds Cancer Support, a service at Leeds Cancer Centre that provides support for cancer patients.

In 2024, thanks to donations, we provided an additional £50k to continue to offer all patients the opportunity to have a free wig. Over the past four years, Leeds Cancer Support has been able to provide 1,149 cancer patients with a quality wig, which are fitted professionally, by qualified hairdressers.

The team have received hugely positive feedback from families and carers who shared how their loved ones have regained confidence and been able to overcome some of the emotional challenges associated with hair loss.

A patient who accessed the free wig service said: "I was amazed by how good the wigs looked and felt so much more self-confident about myself on this journey. It was purely down to kindness, empathy and knowledge that made me feel like this. I am very pleased with the wig the support team helped me choose. Thank you again, and of course to Leeds Hospitals Charity, for making all this possible."

Family Support Trolley at Leeds Children's Hospital

In September, we launched our volunteer-run Family Support Trolley at Leeds Children's Hospital, providing snacks, drinks, and toiletries to families who need a little extra support during their hospital stay, all free of charge thanks to generous donations.

Innovation and Health Technology

Investment in AI technology for cancer patients

For high-risk patients early detection of melanoma skin cancer is critical and can save lives. Thanks to the incredible fundraising efforts of patient Jacqui Drake, Leeds Hospitals Charity has been able to work in partnership with the West Yorkshire Cancer Alliance to fund an automated whole-body 2D imaging solution, equipped with AI. This innovative equipment will help doctors identify changes to a mole and spot any melanoma at an earlier stage.

Motor Neurone Disease (MND) Research

Leeds Hospitals Charity invested over £150k to support an MND research study identifying the differences in the brains of patients with MND and age-matched participants through a novel technique called MRI fingerprinting. The project aims to identify a potential diagnostic imaging biomarker for MND, that will allow patients to receive earlier diagnosis, treatment and care.

We have also provided over £79k to support a secondary MND research study looking into the use of AI to detect tongue fasciculations, a key sign of MND. The results from this research study will help determine whether this AI technology can be developed into a new test to support clinicians diagnose and track the progress of MND.

Rare diseases

Thanks to donations to our linked charity Arthritis and Inflammatory Diseases Charity, we've invested in Leeds-based research to improve outcomes for patients with Systemic Sclerosis (SSc). Systemic sclerosis is a rare chronic, multi-organ, autoimmune disease, with patients unfortunately suffering the highest morbidity and mortality amongst rheumatic diseases.

Leeds is an internationally renowned centre of excellence for SSc, with research embedded into clinical practice, offering patients access to novel treatments and techniques to diagnose and manage their condition. The funding will support dedicated research time that will allow the Leeds Raynaud's and Scleroderma programme to expand towards a wider clinical research portfolio, aiming to improve early diagnosis, clinical management and quality of life for patients.

Supporting NHS staff

The charity continues to fund initiatives that support staff across Leeds Teaching Hospitals. These include recognition for staff at Christmas as well as multi-faith events throughout the year in partnership with the Chaplaincy team. We also support annual staff award events, such as 'Time to Shine' and the Children's Hospital KITE Awards. We continued to support the Patient and Volunteer Support Fund investing £75k to support both patients and volunteers across the Trust.

Thanks to donations and Gifts in Wills we have recently been able to provide hospital staff with free tea and coffee for staff rooms across all hospital sites.

In 2024/25 we invested over £120k in renovation projects, transforming staff rooms across Leeds Teaching Hospitals. This funding has enabled the completion of ten staff rooms this year, creating a more comfortable and relaxing environment for staff to use during their long shifts.

Sharing our work

Throughout the year, Leeds Hospitals Charity and Leeds Teaching Hospitals have worked together to make a real difference for patients, families and staff. In July 2024, we held our first Wear Purple Day, celebrating staff and the NHS birthday. We held celebrations across the hospital sites, encouraging staff to wear something purple and raise funds within our local community.

The 'wear purple' day in July 2024.

Innovation showcase

In November, we collaborated with Leeds Teaching Hospitals and the Leeds Innovation Pop-Up to showcase how technology is transforming patient care at Leeds Teaching Hospitals. The event highlighted the spirit of innovation thriving in Leeds, showcasing more than 20 innovative projects that Leeds Hospitals Charity has supported with funding.

Our Research Story

In February, Leeds Hospitals Charity were proud to launch our new photography exhibition, Our Research Story, in collaboration with Leeds Teaching Hospitals and the University of Leeds. This exhibition formed part of the Trust's Research and Innovation Week.

The exhibition featured beautiful images captured by student photographer, Ruby Lee, showcasing early career researchers and patients right here in Leeds. It demonstrated the inspiring stories behind the research and what this means for patients now, and in the future.

Over the last five years, thanks to donations and Gifts in Wills, Leeds Hospitals Charity has invested £7.06m to kickstart research projects across the Trust.

These stories capture a range of experiences, from working in the labs on ground-breaking research, to taking part in a clinical trial. These inspiring stories demonstrate how research has the power to change lives.

Section 4

Financial statements

Section 4: Financial Statements for 2024/2025

4.1 Statements of responsibility

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed

Professor Phil Wood, Chief Executive

26 June 2025

Statement of Directors' responsibilities in respect of the accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the Directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The Directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

Professor Phil Wood,
Chief Executive
26 June 2025

Jenny Ehrhardt,
Finance Director
26 June 2025

4.2 Independent Auditor's Report to the Directors of the Leeds Teaching Hospitals NHS Trust

Opinion on the financial statements

We have audited the financial statements of The Leeds Teaching Hospitals NHS Trust ('the Trust') for the year ended 31 March 2025, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information.

The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2024/25 as contained in the Department of Health and Social Care Group Accounting Manual 2024/25, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the "Auditor's responsibilities for the audit of the financial statements" section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Directors and the Accountable Officer for the financial statements

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2024/25 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the Trust, we considered that non-compliance with the following laws and regulations might have a material effect on the financial statements: Health and Safety Act, General Data Protection Regulation and Care Quality Commission (CQC) registration regulations.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

In addition, we evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, in particular

in relation to, revenue recognition (which we pinpointed to the cut-off assertion, and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management, Head of Internal Audit and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risks of fraud through management override of controls by performing journal entry testing; and
- addressing the risk of fraud in revenue recognition by performing appropriate sample testing of income recorded and received in 2025/26.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2024) and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in November 2024, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2025:

Significant weakness in arrangements

In December 2024 and January 2025, the Care Quality Commission (CQC) undertook unannounced inspections of maternity services and neonatal services respectively. On 20 June 2025, the CQC informed the Trust that it had rated maternity services as 'inadequate' and neonatal services as 'requires improvement'. In our view, the CQC's findings and actions are evidence of a significant weakness in the Trust's arrangements in the improving economy, efficiency and effectiveness reporting criteria.

Recommendation:

The Trust should monitor the implementation and efficacy of the action plans developed to address the areas for improvement identified by the CQC.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21 of the Local Audit and Accountability Act 2014 (as amended) to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Board of Directors of The Leeds Teaching Hospitals NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have received confirmation from the NAO that the group audit of the Department of Health and Social Care has been completed and that no further work is required to be completed by us.

Suresh Patel, Key Audit Partner

For and on behalf of Mazars LLP (Local Auditor)

30 Old Bailey, London, EC4M 7AU

26 June 2025

4.3 Leeds Teaching Hospitals NHS Trust Annual Accounts 2024/25

Statement of Comprehensive Income for the year ended 31 March 2025

	Note	2024-25 £000	2023-24 £000
Operating income from patient care activities	3	1,822,986	1,645,171
Other operating income	4	301,740	255,345
Operating expenses	6, 8	(2,113,759)	(1,857,490)
Operating surplus from continuing operations		**10,967**	**43,026**
Finance income	10	4,573	5,655
Finance expenses	11	(23,855)	(44,901)
PDC dividends payable		(8,807)	(6,876)
Net finance costs		**(28,089)**	**(46,122)**
Other gains / (losses)	12	(229)	269
Deficit for the year from continuing operations		**(17,351)**	**(2,827)**
Total comprehensive expense for the year		**(17,351)**	**(2,827)**

*The adjusted financial performance for 2024/25 is a surplus of £19.9m (2023/24 surplus of £12.3m) and is disclosed in note 38.

Statement of Financial Position as at 31 March 2025

	Note	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Intangible assets	13	10,847	12,880
Property, plant and equipment	14	778,139	795,947
Right of use assets	17	25,930	30,759
Receivables	20	12,532	8,291
Total non-current assets		**827,448**	**847,877**
Current assets			
Inventories	19	29,402	28,565
Receivables	20	72,262	89,794
Cash and cash equivalents	21	82,181	48,178
Total current assets		**183,845**	**166,537**
Current liabilities			
Trade and other payables	22	(198,538)	(207,659)
Borrowings	24	(23,887)	(22,538)
Provisions	26	(7,888)	(6,436)
Other liabilities	23	(16,917)	(26,309)
Total current liabilities		**(247,230)**	**(262,942)**
Total assets less current liabilities		**764,063**	**751,472**
Non-current liabilities			
Borrowings	24	(287,916)	(302,938)
Provisions	26	(9,953)	(9,310)
Total non-current liabilities		**(297,869)**	**(312,248)**
Total assets employed		**466,194**	**439,224**
Financed by			
Public dividend capital		641,763	597,442
Income and expenditure reserve		(175,569)	(158,218)
Total taxpayers' equity		**466,194**	**439,224**

The notes on pages 151to 188 form part of these accounts.

The accounts were approved by the Board of Directors at its meeting on 26 June 2025 and signed on its behalf by:

Name:	**Professor Phil Wood**	**Jenny Ehrhardt**
Position:	**Chief Executive**	**Director of Finance**
Date:	**26 June 2025**	

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

	Public Dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**597,442**	**-**	**(158,218)**	**439,224**
Surplus/ (deficit) for the year	-	-	(17,351)	**(17,351)**
Public dividend capital received	44,321	-	-	**44,321**
Taxpayers' and others' equity at 31 March 2025	**641,763**	**-**	**(175,569)**	**466,194**

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

	Public Dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**557,967**	**143**	**(31,907)**	**526,203**
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	(123,627)	**(123,627)**
Surplus/ (deficit) for the year	-	-	(2,827)	**(2,827)**
Other transfers between reserves	-	(143)	143	-
Public dividend capital received	39,475	-	-	**39,475**
Taxpayers' and others' equity at 31 March 2024	**597,442**	**-**	**(158,218)**	**439,224**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows for the year ended 31 March 2025

	Note	2023/24 £000	2023/24 £000
Cash flows from operating activities			
Operating surplus		10,967	43,026
Non-cash income and expense:			
Depreciation and amortisation	6.1	50,820	39,632
Net impairments	7	50,360	(1,027)
Income recognised in respect of capital donations	4	(7,257)	(2,925)
Decrease in receivables and other assets		13,919	5,976
Increase in inventories		(837)	(3,924)
Decrease in payables and other liabilities		(9,776)	(23,848)
Increase/(decrease) in provisions		1,624	(11,674)
Net cash flows from operating activities		**109,820**	**45,236**
Cash flows from investing activities			
Interest received		4,573	5,655
Purchase of intangible assets		(2,353)	(1,978)
Purchase of PPE and investment property		(85,533)	(94,890)
Sales of PPE and investment property		193	275
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(54)	(149)
Receipt of cash donations to purchase assets		7,257	9,202
Net cash flows used in investing activities		**(75,917)**	**(81,885)**
Cash flows from financing activities			
Public dividend capital received		44,321	39,475
Movement on loans from DHSC		(2,056)	(2,056)
Capital element of lease rental repayments		(4,335)	(4,183)
Capital element of PFI, LIFT and other service concession payments		(16,241)	(15,039)
Interest on loans		(398)	(464)
Interest paid on lease liability repayments		(1,141)	(890)
Interest paid on PFI, LIFT and other service concession obligations		(13,020)	(13,284)
PDC dividend paid		(7,030)	(9,657)
Net cash flows from/(used in) financing activities		**100**	**(6,098)**
Increase/(decrease) in cash and cash equivalents		**34,003**	**(42,747)**
Cash and cash equivalents at 1 April - brought forward		**48,178**	**90,925**
Cash and cash equivalents at 31 March	21	**82,181**	**48,178**

Notes to the Accounts

1. Accounting policies and other information

1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

1.3 Interests in other entities

The Trust has no interests in other entities.

1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is from contracts with commissioners of healthcare services. Funding envelopes are set at an Integrated Care System (ICS) level for secondary care and a regional level with NHS England for specialised services. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary and specialised healthcare services.

Aligned payment and incentive ("API") contracts form the main payment mechanism under the NHSPS. In 2024/25 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, specialist advice and guidance, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

In 2023/24 a local pilot system variation was allowed which set income against a target of waiting list reduction to a specified number of patients on waiting lists was allowed over a set time period of 52 weeks. Where the allowed number was exceeded, a potential clawback of funding would be applied determined by a locally agreed price times the number of patients. If the Trust delivered an improved position on the 52 week wait target, then this would be funded via the ERF National allocation to ensure equal treatment for providers on the National system. The allowable number of patients was adjusted in year to account for strike action over which the Trust had no control. The local scheme only applied to West Yorkshire patients across both West Yorkshire ICB and NHSE Specialised Commissioning.

Elective recovery funding provides additional funding to commissioners to fund the commissioning of elective services within their systems. In 2024/25, the local pilot system was replaced by a national model, under which Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners, which is then allocated across the system to all providers based on activity multiplied by price reflective of Market Forces Factor (MFF). In addition, for elective procedures, Specialised Top-ups are funded based on actuals.

Elective recovery funding provides additional funding to commissioners to fund the commissioning of elective services within their systems. In 2024/25, the local pilot system was replaced by a national model, under which Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners, which is then allocated across the system to all providers based on activity multiplied by price reflective of Market Forces Factor (MFF). In addition, for elective procedures, Specialised Top-ups are funded based on actuals.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.5. Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust ("NEST") Pension Scheme

The Trust provides certain employees, who are not enrolled into the NHS Pensions Scheme, with retirement benefits from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period.

1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential, but are surplus with no plan to bring them back into use, are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value

less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurements

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities in 2023/24

IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	2	80
Dwellings	2	80
Plant & machinery	5	18
Information technology	3	11

1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Information technology	5	10
Software licences	2	10

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

1.11 Investment properties

The Trust does not hold any investment properties.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through profit and loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset, or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring

expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise stage 1 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 and stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

Also, the Trust has not applied the above recognition requirements where the lease or rental arrangements do not meet the right of use IFRS16 criteria such as substitution.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.15 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 26.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 27 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 27, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.17 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.18 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Corporation tax

The Trust has no liability for Corporation Tax.

1.20 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

1.21 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.22 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.24 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.25 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

1.26 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 Insurance contracts

The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. It is not expected that the adoption of this standard will have a significant impact on the accounts of the Trust.

IFRS 18 Presentation and Disclosure in Financial Statements

Application required for periods beginning on or after 1 January 2027. Early adoption is not permitted. It is not expected that adoption of this standard this will have a significant effect on the accounts of the Trust.

IFRS 19 Subsidiaries without Public Accountability: disclosures

Application permitted for periods beginning on or after 1 January 2027. Early adoption is permitted. This will have no impact on the Trust under its current structure.

1.27 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- Bexley Wing and Wharfedale Hospital, constructed under the Private Finance Initiative (PFI), meet the criteria for inclusion in the financial statements as assets, as it is probable that future economic benefits associated with these will flow to the Trust; and the cost of the assets can be measured reliably. See Note 1.8 and Note 30 PFI transactions.

As part of the Private Finance Initiative, the Trust is required to pay the operator for lifecycle replacement assets. A judgement was made in the preparation of these accounts of the payment for these assets and this is accounted for annually as a revenue expense. The lifecycle is not charged to revenue on a smoothed basis, but is charged based on the judgement regarding replacement at the time the financial model was developed.

- The Trust has decided to follow the Department of Health and Social Care guidance which specifies that the Modern Equivalent Asset (MEA) concept should be applied to the valuation of the Trust's land and buildings. The MEA is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore, the MEA is not a valuation of the existing land and buildings that the Trust holds, but a theoretical valuation for accounting purposes of what the Trust could need to spend in order to replace the service potential that those assets have. In determining the MEA, the Trust has to make assumptions that are practically achievable, however the Trust is not required to have any plans to make such changes.

These assuptions include:

- the fair value of an asset is closely tied to the cost of acquiring a replacement;
- a modern equivalent asset is assumed to have the same capacity and ability to deliver the same services as the existing asset and the valuation does not consider differences in design or specification of the modern equivalent asset.

The Trust is satisfied that the assumptions underpinning the MEA valuation are practically achievable, would not change the services provided by the Trust, and would not impact on service delivery or the level and volume of service provided. This is because all staff are contracted to work across all sites, and the catchment area for patients using the services has been taken into account when deciding on an appropriate alternative site.

For the purposes of the MEA valuation, the Trust has assumed that the modern equivalent asset would be the provision of services from the St James's site.

The MEA valuations used by the Trust have been provided to the Trust by the external valuers, Cushman and Wakefield. The Trust has used component lives based upon contractual information provided by the Cushman and Wakefield to depreciate buildings and dwellings on a component basis. See notes 1.8 and 16.

- Leases have been reviewed in line with IFRS16 to determine whether the Trust has a right of use asset. Note 1.14 describes how the Trust determines the lease term of a right of use asset with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise. The Trust leases a number of building from various landlords for the provision of services. In assessing the lease term to apply in relation to IFRS 16, the Trust has reviewed the future planned service delivery for the purpose of calculation of borrowings and the Right of Use valuation. The Right of use valuation is disclosed in note 17.1.

The Energy Centre development at St James's University Hospital site has been judged to contain a lease. The site was developed under a 15 year contractual arrangement with Vital Energy and following an assessment under IFRIC 4, the arrangement assessed as containing a lease.

1.28 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Valuation of Plant, Property and Equipment - Note 1.8 and Note 16.

  The Trust has used valuations carried out at 31 March 2025 and 31 March 2024 by its expert independent professional valuer (Cushman & Wakefield) to determine the value of property. These property valuations and useful lives are based on the Royal Institute of Chartered Surveyors valuation standards insofar as these are consistent with the requirements of HM Treasury and the Department of Health and Social Care.

  A degree of uncertainty is inherent in the valuation, and a relatively small variation could have a material impact on the accounts. For every 5% change, the valuation could differ by £25.0m, with a consequent effect on the PDC dividend payable which would affect the values shown in note 14.1.

  Depreciation of equipment is based on asset lives, which have been estimated upon recognition of the assets. Managers have adjusted estimated lives at the end of the accounting period, where their estimate of useful life is significantly different to the original. The estimate of asset lives may differ to the actual period the Trust utilises the asset but any difference would not be material.

2. Operating Segments

The Trust has determined that the Chief Operating Decision Maker (as defined by IFRS 8) is the Board of Directors on the basis that all strategic decisions are made by the Board. The Trust engages in its activity as a single operating segment i.e. the provision of healthcare. Financial results are reported to the Board under the single segment of healthcare. Whilst the Trust operates a number of different clinical services via its clinical service units, they each provide essentially the same service (patient care), have the same customers (commissioners), use similar processes and services and face fundamentally the same risks.

3. Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

3.1 Income from patient care activities (by nature)

	2024/25 £000	2023/24 £000
Acute services		
Income from commissioners under API contracts - variable element*	364,347	320,459
Income from commissioners under API contracts - fixed element*	993,945	934,772
High cost drugs income from commissioners	363,643	328,818
Other NHS clinical income	12,453	6,747
All services		
Private patient income	1,502	1,386
National pay award central funding**	4,768	872
Additional pension contribution central funding***	72,733	44,620
Other clinical income	9,595	7,497
Total income from activities	**1,822,986**	**1,645,171**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation. https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

***Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

3.2 Income from patient care activities (by source)

Received from:	2024/25 £000	2023/24 £000
NHS England*	895,744	817,726
Integrated care boards	913,276	816,412
Other NHS providers	731	561
NHS other	1,634	1,590
Local authorities	10	-
Non-NHS: private patients	1,502	1,386
Non-NHS: overseas patients (chargeable to patient)	1,919	1,793
Injury cost recovery scheme	6,609	4,610
Non NHS: other	1,561	1,093
Total income from activities	**1,822,986**	**1,645,171**
Of which: Related to continuing operations	1,822,986	1,645,171
Related to discontinued operations	-	-

*Income from NHS England includes £72.7m (2023/24 £44.6m) to cover the increase in the cost of employers contributions to the NHS Pension Scheme (see Notes 8 and 9). The NHS England contribution increased from 6.3% in 2023/24 to 9.4% in 2024/25 in line with the increase in the employer contribution rate.

3.3 Overseas visitors (relating to patients charged directly by the provider)

	2024/25 £000	2023/24 £000
Income recognised this year	1,919	1,793
Cash payments received in-year	673	516
Amounts added to provision for impairment of receivables	-	925
Amounts written off in-year	759	378

4. Other operating income

	2024/25			2023/24		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	61,570	-	**61,570**	43,562	-	**43,562**
Education and training	108,562	4,680	**113,242**	104,257	3,855	**108,112**
Non-patient care services to other bodies	75,978		**75,978**	52,669		**52,669**
Income in respect of employee benefits accounted on a gross basis	17,896		**17,896**	16,051		**16,051**
Receipt of capital grants and donations and peppercorn leases		7,257	**7,257**		2,925	**2,925**
Charitable and other contributions to expenditure		1,036	**1,036**		2,578	**2,578**
Revenue from operating leases		2,846	**2,846**		3,366	**3,366**
Other income	21,915	-	**21,915**	26,082	-	**26,082**
Total other operating income	**285,921**	**15,819**	**301,740**	**242,621**	**12,724**	**255,345**
Of which: Related to continuing operations			301,740			255,345
Related to discontinued operations			-			-

*Other income incorporates income received for goods and services which are incidental to the Trust's core activity of healthcare, for example, creche fees and catering.

5. Operating leases - the Leeds Teaching Hospitals NHS Trust as lessor

This note discloses income generated in operating lease agreements where The Leeds Teaching Hospitals NHS Trust is the lessor.

The Generating Station Complex at Leeds General Infirmary is licenced to Engie Ltd who supply the Trust and University of Leeds with electricity. Other leases relate to various retail facilities provided across the Trust's sites.

5.1 Operating lease income

	2024/25 £000	2023/24 £000
Lease receipts recognised as income in year:		
Minimum lease receipts	2,846	3,366
Total in-year operating lease income	**2,846**	**3,366**

5.2 Future lease receipts

	31 March 2025 £000	31 March 2024 £000
Future minimum lease receipts due in:		
not later than one year	2,160	2,324
later than one year and not later than two year	1,171	2,061
later than two years and not later than three years	677	1,094
later than three years and not later than four years	520	604
later than four years and not later than five years	253	469
later than five years	1,045	1,218
Total	**5,826**	**7,770**

6. Operating expenses

6.1 Operating expenses

	2024/25 £000	2023/24 £000
Purchase of healthcare from NHS and DHSC bodies	244	80
Purchase of healthcare from non-NHS and non-DHSC bodies	14,117	17,280
Staff and executive directors costs	1,204,122	1,094,930
Remuneration of non-executive directors	225	241
Supplies and services - clinical (excluding drugs costs)	237,951	205,857
Supplies and services - general	10,664	9,723
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	326,296	301,554
Consultancy costs	462	423
Establishment	6,730	6,527
Premises	66,340	66,035
Transport (including patient travel)	7,812	6,639
Depreciation on property, plant and equipment	46,434	37,846
Amortisation on intangible assets	4,386	1,786
Net impairments*	50,360	(1,027)
Movement in credit loss allowance: contract receivables / contract assets	1,109	1,069
Change in provisions discount rate(s)	7	(106)
Fees payable to the external auditor		
audit services- statutory audit**	208	150
Internal audit costs	267	296
Clinical negligence	48,549	44,157
Legal fees	300	386
Insurance	1,058	871
Research and development	38,671	32,702
Education and training	9,340	7,888
Expenditure on short term leases	505	280
Redundancy	245	596
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	10,562	9,206
Car parking & security	702	497
Hospitality	145	172
Losses, ex gratia & special payments	51	70
Other services, eg external payroll	13,809	1,549
Other***	12,088	9,813
Total	**2,113,759**	**1,857,490**
Of which: Related to continuing operations	2,113,759	1,857,490

*Detail on the impairments can be found at Note 7.

**Audit fees include irrecoverable VAT (see Note 1.18). The figure includes £22k in respect of the audit of the 2023/24 accounts.

***Other expenses incorporates the costs for goods and services which are incidental to the Trust's core activity, for example, hosted services or childcare vouchers and lease cars (both recovered through income).

6.2 Other auditor remuneration

There was no other remuneration paid to the external auditor during 2024/25.

6.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2024/25 or 2023/24.

7. Impairment of assets

Net impairments credited to operating surplus / deficit resulting from:	2024/25 £000	2023/24 £000
Abandonment of assets in course of construction	34,891	-
Changes in market price	15,469	(1,027)
Total net impairments charged to operating surplus / deficit	**50,360**	**(1,027)**
Impairments charged to the revaluation reserve	-	-
Total net impairments	**50,360**	**(1,027)**

The deferral of the national New Hospital Programme (NHP), as it relates to the Trust, has resulted in the write-off of costs incurred to date on this project. These are classified as abandonment costs. The changes in market price follow the valuation of the Trust's estate undertaken by an independent valuer. Fuller details on the revaluation can be found in note 16.

8. Employee benefits

	2024/25 £000	2023/24 £000
Salaries and wages	949,925	868,369
Social security costs	91,650	87,062
Apprenticeship levy	4,714	4,404
Employer's contributions to NHS pensions	181,883	144,269
Pension cost - other	1,282	835
Termination benefits	245	596
Temporary staff (including agency)	15,492	25,383
Total staff costs	**1,245,191**	**1,130,918**
Of which: Costs capitalised as part of assets	6,241	4,681

The Trust estimates that employer pension contributions will rise by 3% in 2025/26 to £189m, of which £72m will be centrally funded.

8.1 Retirements due to ill-health

During 2024/25 there were 23 early retirements from the trust agreed on the grounds of ill-health (28 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £2,433k (£2,429k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

9. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing

suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 at 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) National Employment Savings Trust Pension

Under the terms of the Pensions Act 2008 the Trust is required to provide a pension scheme for employees who are not eligible for membership of the NHS Pension Scheme. Qualifying employees are enrolled in the National Employment Savings Trust (NEST) managed scheme.

NEST is a defined contribution scheme managed by a third party organisation. It carries no possibility of actuarial gain or loss to the Trust and there are no financial liabilities other than payment of the 3% employers contribution of qualifying earnings. Employer contributions are charged directly to the Statement of Comprehensive Income and paid to NEST monthly. At 31 March 2025 there were 963 employees enrolled in the scheme (1,982 at 31 March 2024). Further details of the scheme can be found at www.nestpensions.org.uk. The number of NEST pension members has fallen following changes in the NHS Pension scheme.

10. Finance Income

Finance income represents interest received on assets and investments in the period.

	2024/25 £000	2023/24 £000
Interest on bank accounts	4,573	5,655
Total finance income	**4,573**	**5,655**

11. Finance Expenditure

11.1 Interest Expense

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25 £000	2023/24 £000
Interest expense:		
Interest on loans from the Department of Health and Social Care	394	463
Interest on lease obligations	1,141	890
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	13,020	13,283
Remeasurement of the liability resulting from change in index or rate	9,261	30,235
Total interest expense	**23,816**	**44,871**
Unwinding of discount on provisions	39	30
Total finance costs	**23,855**	**44,901**

11.2 The late payment of commercial debts (interest) Act 1998

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

12. Other gains / (losses)

	2024/25 £000	2023/24 £000
Gains on disposal of assets	193	275
Losses on disposal of assets	(422)	(6)
Total other gains / (losses)	**(229)**	**269**

Obsolete and surplus items of equipment were also sold during the current and preceding financial year. This resulted in an overall loss of £229k (2023/24 surplus of £269k).

13. Intangible assets

13.1 Intangible assets - 2024/25

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2024 - brought forward	4,333	19,217	5,801	29,351
Additions	124	-	2,229	2,353
Reclassifications	3,723	-	(3,723)	-
Valuation / gross cost at 31 March 2025	8,180	19,217	4,307	31,704
Amortisation at 1 April 2024 - brought forward	2,537	13,934	-	16,471
Provided during the year	570	3,816	-	4,386
Amortisation at 31 March 2025	3,107	17,750	-	20,857
Net book value at 31 March 2025	5,073	1,467	4,307	10,847
Net book value at 1 April 2024	1,796	5,283	5,801	12,880

13.2 Intangible assets - 2023/24

	Software licences £000	Internally generated information technology £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	3,258	17,349	6,766	27,373
Additions	460	380	1,138	1,978
Reclassifications	615	1,488	(2,103)	-
Valuation / gross cost at 31 March 2024	4,333	19,217	5,801	29,351
Amortisation at 1 April 2023 - brought forward	2,207	12,478	-	14,685
Provided during the year	330	1,456	-	1,786
Amortisation at 31 March 2024	2,537	13,934	-	16,471
Net book value at 31 March 2024	1,796	5,283	5,801	12,880
Net book value at 1 April 2023	1,051	4,871	6,766	12,688

14. Property Plant and Equipment

14.1 Property, Plant and Equipment - 2024/25

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2024 - brought forward	12,011	461,252	968	152,633	213,720	-	103,169	-	943,753
Additions	-	21,502	-	37,694	14,637	-	559	-	74,392
Impairments	(12)	(34,344)	(66)	(34,891)	-	-	-	-	(69,313)
Reversals of impairments	145	18,808	-	-	-	-	-	-	18,953
Reclassifications	-	47,989	-	(94,392)	2	-	46,401	-	-
Revaluations	-	(28,055)	(31)	-	-	-	-	-	(28,086)
Disposals / derecognition	-	-	-	-	(1,849)	-	-	-	(1,849)
Valuation/gross cost at 31 March 2025	12,144	487,152	871	61,044	226,510	-	150,129	-	937,850
Accumulated depreciation at 1 April 2024 - brought forward	-	12,984	-	-	112,759	-	22,063	-	147,806
Provided during the year	-	15,071	31	-	9,953	-	16,363	-	41,418
Reversals of impairments	-	(28,055)	(31)	-	-	-	-	-	(28,086)
Disposals / derecognition	-	-	-	-	(1,427)	-	-	-	(1,427)
Accumulated depreciation at 31 March 2025	-	-	-	-	121,285	-	38,426	-	159,711
Net book value at 31 March 2025	12,144	487,152	871	61,044	105,225	-	111,703	-	778,139
Net book value at 1 April 2024	12,011	448,268	968	152,633	100,961	-	81,106	-	795,947

14.2 Property, Plant and Equipment - 2023/24

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2023 - brought forward - as previously stated	12,011	442,719	945	151,503	259,569	532	91,947	1,368	960,594
Prior period adjustment	-	-	-	-	(53,022)	(532)	(45,164)	(1,368)	(100,086)
Valuation/gross cost at 1 April 2023 - restated	12,011	442,719	945	151,503	206,547	-	46,783	-	860,508
Additions	-	11,961	-	46,112	9,033	-	18,183	-	85,289
Impairments	-	(476)	-	-	-	-	-	-	(476)
Reversals of impairments	-	-	23	-	-	-	-	-	23
Reclassifications	-	7,048	-	(44,982)	330	-	38,203	-	599
Disposals / derecognition	-	-	-	-	(2,190)	-	-	-	(2,190)
Valuation/gross cost at 31 March 2024	12,011	461,252	968	152,633	213,720	-	103,169	-	943,753
Accumulated depreciation at 1 April 2023 - brought forward - as previously stated	-	-	-	-	158,152	532	58,054	1,368	218,106
Prior period adjustment	-	-	-	-	(53,022)	(532)	(45,164)	(1,368)	(100,086)
Accumulated depreciation at 1 April 2023 - restated	-	-	-	-	105,130	-	12,890	-	118,020
Provided during the year	-	14,434	30	-	9,813	-	9,173	-	33,450
Reversals of impairments	-	(1,450)	(30)	-	-	-	-	-	(1,480)
Disposals / derecognition	-	-	-	-	(2,184)	-	-	-	(2,184)
Accumulated depreciation at 31 March 2024	-	12,984	-	-	112,759	-	22,063	-	147,806
Net book value at 31 March 2024	12,011	448,268	968	152,633	100,961	-	81,106	-	795,947
Net book value at 1 April 2023	12,011	442,719	945	151,503	101,417	-	33,893	-	742,488

Following a review of assets which are fully depreciated, the Trust has identified items which have not been in use for more than two years. The opening cost, and opening accumulated depreciation, of Property, plant and equipment for 2023/24 have been restated to reflect this. There is no impact on the net book value of Property, plant and equipment, nor any other aspect of the accounts.

14.3 Property, plant and equipment financing- 31 March 2025

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	12,144	344,271	871	37,257	83,582	-	111,666	-	589,791
On-SoFP PFI contracts and other service concession arrangements	-	133,896	-	-	7,521	-	-	-	141,417
Owned - donated/ granted	-	8,985	-	23,787	14,122	-	37	-	46,931
Total net book value at 31 March 2025	**12,144**	**487,152**	**871**	**61,044**	**105,225**	-	**111,703**	-	**778,139**

14.4 Property, plant and equipment financing- 31 March 2024

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	12,011	312,199	968	128,880	80,214	-	81,069	-	615,341
On-SoFP PFI contracts and other service concession arrangements	-	128,544	-	-	7,563	-	-	-	136,107
Owned - donated/ granted	-	7,525	-	23,753	13,184	-	37	-	44,499
Total net book value at 31 March 2024	**12,011**	**448,268**	**968**	**152,633**	**100,961**	-	**81,106**	-	**795,947**

15. Donations of property, plant and equipment

During the year the Trust received grants and donations to fund capital assets from the following:

	2024/25 £000	2023/24 £000
Leeds Hospitals Charity (previously Leeds Cares)	4,349	924
NIHR	2,674	707
Northern Pathology Imaging Co-operative	(12)	306
Health Education England	-	9
Department of Health & Social Care	14	-
Salix	-	(235)
NE&Y Genomics Hub	-	736
Others	232	478
Total donations for property, plant and equipment	**7,257**	**2,925**

The grants received from Leeds Hospitals Charity funded numerous pieces of medical equipment and the Rob Burrow MND Centre. The grant received from NIHR funded diagnostic equipment.

16. Revaluations of property, plant and equipment

A full 5 yearly cyclical valuation of the Trust's entire estate was carried out during 2024/25. The valuation was conducted by Cushman and Wakefield, who issued their reports dated 23rd April 2025. The valuation was on depreciated replacement cost on a modern equivalent asset basis at an effective date of 31 March 2025. The report for 2024/25, completed in accordance with guidance issued by Royal Institution of Chartered Surveyors ("RICS"), gave a value of the estate of £500.1m.

17. Leases - the Leeds Teaching Hospitals NHS Trust as a lessee

The Trust has operating leases for items of medical and non-medical equipment, vehicles and short-term property lets. None of these are individually significant.

17.1 Right of use assets - 2024/25

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2024 - brought forward	28,649	8,573	1,006	38,228	10,252
Additions	934	82	250	1,266	883
Remeasurements of the lease liability	309	(1,833)	13	(1,511)	213
Movements in provisions for restoration / removal costs	432	-	-	432	344
Disposals / derecognition	-	(77)	(314)	(391)	-
Valuation/gross cost at 31 March 2025	**30,324**	**6,745**	**955**	**38,024**	**11,692**
Accumulated depreciation at 1 April 2024 - brought forward	**4,859**	**2,129**	**481**	**7,469**	**2,593**
Provided during the year	3,736	962	318	5,016	1,558
Disposals / derecognition	-	(77)	(314)	(391)	-
Accumulated depreciation at 31 March 2025	**8,595**	**3,014**	**485**	**12,094**	**4,151**
Net book value at 31 March 2025	**21,729**	**3,731**	**470**	**25,930**	**7,541**
Net book value at 1 April 2024	**23,790**	**6,444**	**525**	**30,759**	**7,659**

Net book value of right of use assets leased from other NHS providers	4,475
Net book value of right of use assets leased from other DHSC group bodies	3,066

17.2 Right of use assets - 2023/24

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	16,138	8,041	682	24,861	9,095
Additions	9,749	401	412	10,562	71
Remeasurements of the lease liability	1,046	187	(34)	1,199	836
Movements in provisions for restoration / removal costs	2,634	-	-	2,634	250
Reclassifications	(599)	-	-	(599)	-
Disposals / derecognition	(319)	(56)	(54)	(429)	-
Valuation/gross cost at 31 March 2024	**28,649**	**8,573**	**1,006**	**38,228**	**10,252**
Accumulated depreciation at 1 April 2023 - brought forward	**2,343**	**926**	**233**	**3,502**	**1,231**
Provided during the year	2,835	1,259	302	4,396	1,362
Disposals / derecognition	(319)	(56)	(54)	(429)	-
Accumulated depreciation at 31 March 2024	**4,859**	**2,129**	**481**	**7,469**	**2,593**
Net book value at 31 March 2024	**23,790**	**6,444**	**525**	**30,759**	**7,659**
Net book value at 1 April 2023	**13,795**	**7,115**	**449**	**21,359**	**7,864**

Net book value of right of use assets leased from other NHS providers	4,842
Net book value of right of use assets leased from other DHSC group bodies	2,817

17.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the Statement of Financial Position. A breakdown of borrowings is disclosed in note 24.1.

	2024/25 £000	2023/24 £000
Carrying value at 1 April	**35,455**	**28,026**
Lease additions	1,212	10,413
Lease liability remeasurements	(1,511)	1,199
Interest charge arising in year	1,141	890
Lease payments (cash outflows)	(5,476)	(5,073)
Carrying value at 31 March	**30,821**	**35,455**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

17.4 Maturity analysis of future lease payments

	Total 31 March 2025 £000	Of which leased from DHSC group bodies 31 March 2025 £000	Total 31 March 2024 £000	Of which leased from DHSC group bodies 31 March 2024 £000
Undiscounted future lease payments payable in:				
- not later than one year;	5,510	1,575	5,437	1,508
- later than one year and not later than five years;	16,494	4,411	17,735	4,220
- later than five years.	12,271	1,510	16,409	2,156
Total gross future lease payments	**34,275**	**7,496**	**39,581**	**7,884**
Finance charges allocated to future periods	(3,454)	(289)	(4,126)	(246)
Net lease liabilities at 31 March 2025	**30,821**	**7,207**	**35,455**	**7,638**
Of which:				
Leased from other NHS providers		4,348		4,928
Leased from other DHSC group bodies		2,859		2,710

18. Disclosure of interests in other entities

The Trust has no interest in other entities.

19. Inventories

	31 March 2025 £000	31 March 2024 £000
Drugs	10,513	10,359
Consumables	18,300	17,400
Energy	589	806
Total inventories	**29,402**	**28,565**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £492,873k (2023/24: £467,897k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £1,410k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

20. Receivables

20.1 Receivables analysis

	31 March 2025 £000	31 March 2024 £000
Current		
Contract receivables	52,514	72,718
Capital receivables	1,444	900
Allowance for impaired contract receivables / assets	(3,743)	(4,580)
Prepayments (non-PFI)	12,117	9,331
PFI lifecycle prepayments	4,970	4,970
PDC dividend receivable	269	2,046
VAT receivable	3,889	4,160
Other receivables	802	249
Total current receivables	**72,262**	**89,794**
Non-current		
Contract receivables	8,356	4,831
Allowance for impaired contract receivables / assets	(2,303)	(1,115)
PFI lifecycle prepayments	4,610	2,749
Other receivables	1,869	1,826
Total non-current receivables	**12,532**	**8,291**
Of which receivables from NHS and DHSC group bodies:		
Current	24,340	42,791
Non-current	1,869	1,826

The majority of trade is with NHS England and Integrated Care Boards. As NHS bodies are funded by Government to buy NHS patient care services, credit scoring of them is not considered necessary.

Non-current other receivables represent costs to be reimbursed by NHS England in relation to the Clinicians' Pension Tax provision (Note 26.1).

20.2 Allowances for credit losses

	2024/25	2023/24
	Contract receivables and contract assets £000	Contract receivables and contract assets £000
Allowances as at 1 April - brought forward	**5,695**	**5,085**
New allowances arising	1,109	1,069
Utilisation of allowances (write offs)	(758)	(459)
Allowances as at 31 Mar 2025	**6,046**	**5,695**

20.3 Exposure to credit risk

Since the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2025 are in receivables from customers, as disclosed in the contracts receivables note (Note 20.1).

21. Cash and cash equivalents

21.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2024/25 £000	2023/24 £000
At 1 April	**48,178**	**90,925**
Net change in year	34,003	(42,747)
At 31 March	**82,181**	**48,178**
Broken down into:		
Cash at commercial banks and in hand	16	18
Cash with the Government Banking Service	82,165	48,160
Total cash and cash equivalents as in SoCF	**82,181**	**48,178**

21.2 Third party assets held by the Trust

The Leeds Teaching Hospitals NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2025 £000	31 March 2024 £000
Bank balances	1	1
Monies on deposit	6	-
Total third party assets	**7**	**1**

22. Trade and other payables

22.1 Trade and other payables balances

	31 March 2025 £000	31 March 2024 £000
Current		
Trade payables	79,787	69,636
Capital payables	19,768	28,505
Accruals	58,013	68,643
Social security costs	12,043	12,394
Other taxes payable	12,805	13,300
Pension contributions payable	15,523	14,618
Other payables	599	563
Total current trade and other payables	**198,538**	**207,659**
Of which payables from NHS and DHSC group bodies:		
Current	5,265	2,208

22.2 Early retirements in NHS payables above

The Trust has no liability to pay for early retirement costs (2023/24 - Nil).

23. Other liabilities

	31 March 2025 £000	31 March 2024 £000
Current		
Deferred income: contract liabilities	16,917	26,309
Total other current liabilities	**16,917**	**26,309**

Deferred income: Contract Liabilities includes, amongst other elements, research projects. In line with IFRS 15 where income is received that relates to a performance obligation that is to be satisfied in a future period the income is deferred and recognised as a contract liability until the performance obligation is delivered.

24. Borrowings

24.1 Borrowings

	31 March 2025 £000	31 March 2024 £000
Current		
Loans from DHSC	2,071	2,075
Lease liabilities	4,815	4,739
Obligations under PFI contracts	17,001	15,724
Total current borrowings	**23,887**	**22,538**
Non-current		
Loans from DHSC	9,226	11,282
Lease liabilities	26,006	30,716
Obligations under PFI contracts	252,684	260,940
Total non-current borrowings	**287,916**	**302,938**

24.2 Reconciliation of liabilities arising from financing activities - 2024/25

	Loans from DHSC £000	Lease liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2023	**13,357**	**35,455**	**276,664**	**325,476**
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,056)	(4,335)	(16,241)	**(22,632)**
Financing cash flows - payments of interest	(398)	(1,141)	(13,020)	**(14,559)**
Non-cash movements:				
Additions	-	1,212	-	**1,212**
Lease liability remeasurements	-	(1,511)	-	**(1,511)**
Remeasurement of PFI / other service concession liability resulting from change in index or rate			9,261	**9,261**
Application of effective interest rate	394	1,141	13,020	**14,555**
Other changes	-	-	1	**1**
Carrying value at 31 March 2025	**11,297**	**30,821**	**269,685**	**311,803**

24.3 Reconciliation of liabilities arising from financing activities - 2023/24

	Loans from DHSC £000	Lease liabilities £000	PFI and LIFT schemes £000	Total £000
Carrying value at 1 April 2023	**15,414**	**28,026**	**137,823**	**181,263**
Cash movements:				
Financing cash flows - payments and receipts of principal	(2,056)	(4,183)	(15,039)	**(21,278)**
Financing cash flows - payments of interest	(464)	(890)	(13,284)	**(14,638)**
Non-cash movements:				
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	123,627	**123,627**
Additions	-	10,413	-	**10,413**
Lease liability remeasurements	-	1,199	-	**1,199**
Remeasurement of PFI / other service concession liability resulting from change in index or rate	-	-	30,235	**30,235**
Application of effective interest rate	463	890	13,283	**14,636**
Other changes	-	-	19	**19**
Carrying value at 31 March 2024	**13,357**	**35,455**	**276,664**	**325,476**

25. Other financial liabilities

The Trust has no other financial liabilities.

26. Provisions for liabilities and charges

26.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Restructuring £000	Redundancy £000	Other £000	Total £000
At 1 April 2024	**2,533**	**1,617**	**5,613**	**141**	**-**	**5,842**	**15,746**
Change in the discount rate	-	7	-	-	-	(18)	**(11)**
Arising during the year	261	159	213	13	1,406	1,838	**3,890**
Utilised during the year	(266)	(129)	(1,167)	(154)	-	(190)	**(1,906)**
Reversed unused	(12)	-	-	-	-	-	**(12)**
Unwinding of discount	-	39	-	-	-	95	**134**
At 31 March 2025	**2,516**	**1,693**	**4,659**	**-**	**1,406**	**7,567**	**17,841**
Expected timing of cash flows:							
- not later than one year;	250	120	4,583	-	1,406	1,529	**7,888**
- later than one year and not later than five years;	1,000	480	76	-	-	1,530	**3,086**
- later than five years	1,266	1,093	-	-	-	4,508	**6,867**
Total	**2,516**	**1,693**	**4,659**	**-**	**1,406**	**7,567**	**17,841**

Pensions related provisions represent amounts payable to the NHS Business Services Authority - Pensions Division to meet the costs of early retirements and industrial injury benefits. Amounts are determined by the NHS Business Services Authority - Pensions Division based on actuarial estimates of life expectancy and there is therefore, a degree of uncertainty regarding the value of future payments.

Legal claims relate to personal injury and other claims where the Trust has received advice that settlement is probable. The final amounts and timings of payments remain subject to negotiation or legal judgement. Included are claims with a value of £323k (£288k in 2023/24) which are being handled on behalf of the Trust by NHS Resolution who have advised on their status. The value represents amounts which the Trust may bear as its share of any settlement. The balance of claims are being dealt with directly by the Trust as they represent settlement values likely to fall below NHS Resolution's excess level. Legal claims also includes provision for contractual disputes which are subject to on-going legal discussions.

Other provisions include those for employment related claims where the Trust disputes liability but recognises some probability of payment.

Other provisions also include clinician's pension tax reimbursement. During 2019/20 a national decision was made to resolve a taxation issue linked to pensions relating to senior clinical staff. Under this interim arrangement, the NHS Trust incurs the additional tax charge which is then reimbursed by NHS England. This remains the case for 2024/25. A provision is recognised in the Trust's accounts with a corresponding receivable from NHS England (Note 20.1).

Other provisions includes a dilpaidations provision. During 2021/22, as part of the preparation for the introduction of IFRS16, a decision was made to assess the potential liability for dilapidation costs that that could arise in relation to properties leased by the Trust. Following the introduction of IFRS16 in 2022/23 further dilapidation provisions have been recognised for new property leases. The overall value of the provision for 2024/25 is £4.2m (2023/24 - £3.6m).

26.2 Clinical negligence liabilities

At 31 March 2025, £567,621k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of The Leeds Teaching Hospitals NHS Trust (31 March 2024: £503,331k).

27. Contingent assets and liabilities

	31 March 2025 £000	31 March 2024 £000
Value of contingent liabilities		
NHS Resolution legal claims	(125)	(148)
Other	(240)	(195)
	(365)	**(343)**
Net value of contingent assets	-	-

NHS Resolution contingent liabilities consist entirely of claims for personal injury where the probability of settlement is very low. The NHS Resolution have advised on their status. In all cases, quantum has been assessed on a "worst case scenario" and represents the maximum of any payment which may be made. "Other" contingencies relate to personal injury claims which are being managed internally by the Trust. In all cases, the potential payment values have been assessed on a "worst case scenario" basis by reference to independent advice. Settlement of these claims is considered highly improbable but the values quoted represent the Trust's maximum exposure to loss.

28. Contractual capital commitments

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	19,569	48,153
Intangible assets	311	363
Total	**19,880**	**48,516**

Capital commitments reduced to £19.9m as at 31 March 2025 and relate primarily to orders that have been raised for multi-year contracts relating to critical infrastructure works such as fire improvement works, and roof replacements. Commitments have reduced following the deferral of the national New Hospital Programme.

29. Other financial commitments

The Trust is not committed to making any payments under non-cancellable contracts.

30. On-SoFP PFI arrangements

Institute of Oncology at St James's Hospital - Bexley Wing

This is a 30 year contract which expires in 2037. It provides for the construction, maintenance and partial equipping of Bexley Wing by the PFI partner in return for an annual charge to the Trust. The Trust has full use of the facilities to provide healthcare services and will take ownership of the building and equipment at the end of the contract period. The PFI partner is responsible for providing a managed maintenance service for the length of the contract after which the responsibilities revert to the Trust. The contract contains payment mechanisms providing for deductions from the annual charge for any poor performance or unavailability. Future charges to the Trust will be determined by reference to the Retail Price Index.

Wharfedale Hospital

This is a 30 year contract which expires in 2034. It provides for the construction and maintenance of Wharfedale Hospital by the PFI partner in return for an annual unitary charge to the Trust. The Trust has full use of the Wharfedale Hospital to provide healthcare services and will take ownership of the building at the end of the contract period. The PFI partner is responsible for providing a managed maintenance service for the length of the contract after which the responsibilities revert to the Trust. The contract contains payment mechanisms providing for deductions from the annual charge for any poor performance or unavailability. The unitary charge is subject for an annual uplift for future price increases determined by reference to the Retail Price Index.

30.1 On-SoFP PFI arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2025 £000	31 March 2024 £000
Gross PFI, LIFT or other service concession liabilities	**375,739**	**375,739**
Of which liabilities are due		
- not later than one year;	29,281	28,323
- later than one year and not later than five years;	117,124	113,293
- later than five years.	212,614	234,123
Finance charges allocated to future periods	(89,334)	(99,075)
Net PFI, LIFT or other service concession arrangement obligation	**269,685**	**276,664**
- not later than one year;	17,001	15,724
- later than one year and not later than five years;	76,120	70,404
- later than five years.	176,564	190,536

30.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2025 £000	31 March 2024 £000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**578,745**	**594,217**
Of which payments are due		
- not later than one year;	47,007	44,844
- later than one year and not later than five years;	188,029	179,376
- later than five years.	343,709	369,997

30.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2024/25 £000	2023/24 £000
Unitary payment payable to service concession operator	**46,032**	**44,512**
Consisting of:		
- Interest charge	13,020	13,283
- Repayment of balance sheet obligation	16,241	15,039
- Service element and other charges to operating expenditure	10,562	9,206
- Capital lifecycle maintenance	6,209	6,984
Total amount paid to service concession operator	**46,032**	**44,512**

31. Financial Instruments

30.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Due to the continuing service provider relationship that the NHS Trust has with commissioners and the way those commissioners are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. The Trust's treasury activity is subject to review by its internal auditors.

Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

The Trust borrows from government for capital expenditure, subject to approval by NHS England. The borrowings are for 1 - 25 years, in line with the life of the associated assets. Interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk

Since the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2025 are in receivables from customers, as disclosed in the contracts receivables note (Note 20.1).

Liquidity risk

The Trust's operating costs are incurred under contracts with NHS commissioning organisations, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its Capital Resource Limit. The Trust is not, therefore, exposed to significant liquidity risks.

31.2 Carrying values of financial assets

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2025		
Trade and other receivables excluding non financial assets	58,939	**58,939**
Cash and cash equivalents	82,181	**82,181**
Total at 31 March 2025	**141,120**	**141,120**
Carrying values of financial assets as at 31 March 2024		
Trade and other receivables excluding non financial assets	74,829	**74,829**
Cash and cash equivalents	48,178	**48,178**
Total at 31 March 2024	**123,007**	**123,007**

31.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2025		
Loans from the Department of Health and Social Care	11,297	**11,297**
Obligations under leases	30,821	**30,821**
Obligations under PFI, LIFT and other service concession contracts	269,685	**269,685**
Trade and other payables excluding non financial liabilities	148,917	**148,917**
Provisions under contract	4,190	**4,190**
Total at 31 March 2025	**464,910**	**464,910**
Carrying values of financial liabilities as at 31 March 2024		
Loans from the Department of Health and Social Care	13,357	**13,357**
Obligations under leases	35,455	**35,455**
Obligations under PFI, LIFT and other service concession contracts	276,664	**276,664**
Trade and other payables excluding non financial liabilities	173,367	**173,367**
Provisions under contract	5,214	**5,214**
Total at 31 March 2024	**504,057**	**504,057**

31.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2025 £000	31 March 2024 £000
In one year or less	190,284	214,795
In more than one year but not more than five years	142,013	139,699
In more than five years	226,395	253,690
Total	**558,692**	**608,184**

31.5 Fair values of financial assets and liabilities

Due to the nature of the Trust's financial assets and financial liabilities, book value (carrying value) is considered a reasonable approximation of fair value.

32. Losses and special payments

	2024/25		2023/24	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	9	2	5	2
Bad debts and claims abandoned	275	814	220	478
Total losses	**284**	**816**	**225**	**480**
Special payments				
Ex-gratia payments	96	126	1,330	1,251
Special severance payments	1	8	1,330	1,251
Total special payments	**97**	**134**	**1,330**	**1,251**
Total losses and special payments	**381**	**950**	**1,555**	**1,731**
Compensation payments received				

* Ex gratia payments in 2023/24 includes refund payments made to staff in relation to the VAT refund on lease cars.

33. Gifts

The Trust made no gifts during 2024/25 (2023/24 - None).

34. Related Parties

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, have undertaken any material transactions with the Leeds Teaching Hospitals NHS Trust in either 2024/25 or 2023/24.

The Leeds Teaching Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These include NHS England, and NHS West Yorkshire ICB. In addition, the Trust has had a number of material transactions with other government departments, central and local government bodies (including Leeds City Council) and the University of Leeds.

The Trust's Chair, Dame Linda Pollard, is vice-Chair and Senior Independent Director of NHS Providers. During 2024/25 the Trust expended £51k with NHS Providers (2023/24 - £22k). The Chief Executive, Professor Phil Wood, is a Director of Northern Health Science Alliance. The Trust expended £30k with Northern Health Science Alliance during 2024/25 (2023/24 £25k).

The Trust has received revenue and capital funding from a number of charitable funds, including Leeds Hospitals Charity. Leeds Hospitals Charity have given £1m in revenue grants (2023/24 - £1m) and £4.3m in capital donations (2023/24 - £0.9m) of which £0.5m remained outstanding at 31 March 2025 (£0.5m at 31 March 2024). Dame Linda Pollard and Chris Schofield, a Non Executive Director, are both Trustees of Leeds Hospitals Charity. Leeds Hospitals Charity is independently managed but raises funds for, manages donations received on behalf of, and makes grants to the Trust.

Non-Executive Board positions were held during the year by staff of the Unversity of Leeds. Professor Laura Stroud was the Deputy Dean and Director of the Institute of Medical Education. Julia Brown was Professor of Clinical Trials Research. Professor Jane Nixon was Professor of Tissue Viability and Clinical Trials Research. During the year the Trust's income from the University was £10.4m (2023/24 £12.5m) of which £0.5m remained to be paid at 31 March 2025 (31 March 2024 - £3.2m). Expenditure with the University was £17m (2023/24 - £17.8m) of which £0.3m remained to be paid at 31 March 2025 (31 March 2024 - £0.6m).

Philomena Corrigan, Non Executive Director, is the Chair of Trustees of St Gemma's Hospice. During the year, the Trust received income of £127k (2023/24 £93k) from St Gemma's Hospice. Mike Baker, Non-Executive Director, is a Senior Advisor at University of York. During the year the Trust's expenditure with the University of York was £0.3m (2023/24 £0.2m). Magnus Harrison's wife is employed at the Virginia Mason Institute. During the year the Trust received income of £5k and incurred expenditure of £41k with the Institute. Rabina Tindale is Chair of the RCN Nurses in Management and Leadership Forum. During the year the Trust incurred expenditure of £4k with the RCN. Robert Simpson, Non-Executive Director, is a volunteer at Martin House Hospice. During the year, the Trust received £0.3m from the hospice of which £22k remained outstanding at 31 March 2025, and incurred expenditure of £0.2m.

35. Prior period adjustments

There are no prior period adjustments.

36. Events after the Reporting Date

There are no events that have occurred after the reporting period which have a material impact on these financial statements.

37. Better Payment Practice Code

	2024/25 Number	2024/25 £000	2023/24 Number	2023/24 £000
Non-NHS payables				
Total non-NHS trade invoices paid in the year	260,060	792,026	252,336	766,846
Total non-NHS trade invoices paid within target	246,895	738,157	243,684	735,372
Percentage of non-NHS trade invoices paid within target	**94.9%**	**93.2%**	**96.6%**	**95.9%**
NHS payables				
Total NHS trade invoices paid in the year	26,155	180,041	24,252	155,160
Total NHS trade invoices paid within target	24,123	148,155	23,640	151,832
Percentage of NHS trade invoices paid within target	**92.2%**	**82.3%**	**97.5%**	**97.9%**

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

38. Capital Resource Limit

The Trust is given a Capital Resource Limit (CRL) against which it is not permitted to exceed.

	2024/25 £000	2023/24 £000
Gross capital expenditure	76,500	99,028
Less: Disposals	(422)	(6)
Less: Donated and granted capital additions	(7,257)	(2,925)
Charge against Capital Resource Limit	**68,821**	**96,097**
Capital Resource Limit (CRL)	68,821	96,097
Underspend against CRL	-	-

39. Breakeven duty financial performance

	2024/25 £000	2023/24 £000
Adjusted financial performance surplus (control total basis)	**19,859**	**12,304**
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24		(17,590)
IFRIC 12 breakeven adjustment	10,937	10,678
Breakeven duty financial performance surplus	**30,796**	**5,392**

Adjusted financial performance (control total basis):	2024/25 £000	2022/23 £000
Deficit for the period	(17,351)	(2,827)
Remove net impairments not scoring to the Departmental expenditure limit	50,360	(1,027)
Remove I&E impact of capital grants and donations	(3,396)	(1,490)
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis	33,488	43,518
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis	(44,425)	
Add back I&E impact of IFRIC 12 schemes on an IAS 17 basis		(25,928)
Remove net impact of DHSC centrally procured inventories	56	58
NHP Redundancy Provision adjustment	1,127	-
Adjusted financial performance surplus (control total basis)	**19,859**	**12,304**

40. Breakeven duty rolling assessment

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000
Breakeven duty in-year financial performance		963	2,051	4,207	3,089	1,615
Breakeven duty cumulative position	3,868	4,831	6,882	11,089	14,178	15,793
Operating income		910,556	934,527	970,709	1,002,444	1,044,916
Cumulative breakeven position as a percentage of operating income		**0.5%**	**0.7%**	**1.1%**	**1.4%**	**1.5%**

	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Breakeven duty in-year financial performance	(24,386)	(30,194)	(1,901)	18,880	52,925	13,956
Breakeven duty cumulative position	(8,593)	(38,787)	(40,688)	(21,808)	31,117	45,073
Operating income	1,086,638	1,115,720	1,172,927	1,238,267	1,335,847	1,414,740
Cumulative breakeven position as a percentage of operating income	**(0.8%)**	**(3.5%)**	**(3.5%)**	**(1.8%)**	**2.3%**	**3.2%**

	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Breakeven duty in-year financial performance	8,107	5,917	7,655	5,392	30,796
Breakeven duty cumulative position	53,180	59,097	66,752	72,144	102,941
Operating income	1,596,795	1,727,945	1,843,988	1,900,516	2,124,726
Cumulative breakeven position as a percentage of operating income	**3.3%**	**3.4%**	**3.6%**	**3.8%**	**4.8%**

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