

Integrated Quality & Performance Report

July 2026

Summary - Performance

Performance

KPI	Latest month	Performance	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
AE Attendances per day	Jun 26	1030.2	-			977.8	867.6	1088.0
Ambulance Handovers <15mins LGI	Jun 26	00:13:21	00:15:00			00:14:47	00:13:30	00:16:04
Ambulance Handovers <15mins SJUH	Jun 26	00:16:03	00:15:00			00:17:04	00:14:13	00:19:55
Last Minute Cancelled Ops	Jun 26	175	-			95	38	152
Cancelled Ops 28days	Jun 26	39	-			22	0	44
Cancer 28day FSD	May 26	83.7%	75.0%			75.7%	67.5%	84.0%
Cancer 31day	May 26	95.0%	96.0%			90.4%	85.8%	95.0%
Cancer 62 day	May 26	68.2%	85.0%			59.7%	48.9%	70.5%
Diagnostics	Jun 26	88.7%	95.0%			91.3%	87.6%	95.1%
DNA Rate	Jun 26	6.76%	-			6.88%	6.17%	7.58%
Outpatient DNA Volumes	Jun 26	8861	-			8178	6199	10158
ECS Monthly	Jun 26	76.9%	78.0%			75.4%	71.0%	79.7%
Elective LoS	Jun 26	3.9	-			4.1	3.2	4.9
Elective Readmissions	Jun 26	2.86%	-			3.24%	2.90%	3.59%
Non-Elective LoS	Jun 26	7.3	-			7.3	6.5	8.2
Non- Elective Readmissions	Jun 26	11.01%	-			11.33%	10.00%	12.66%
OPFU3months	Jun 26	42361	-			37753	35714	39791
RTT Performance	Jun 26	68.5%	92.0%			64.7%	63.1%	66.3%
RTT Total Waiting list	Jun 26	86025	-			89245	86874	91616
RTT 52 Week Breach Backlog	Jun 26	1405	0			2058	1637	2479
RTT 78Week Breach Backlog	Jun 26	17	0			35	0	70



Summary

KPI	Latest month	Performance	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
VTE	Jun 26	96.8%	95.0%			96.6%	95.2%	97.9%
CDI	Jun 26	15	-			14	5	23
MRSA	Jun 26	1	-			1	-2	3
E. Coli	Jun 26	24	-			24	9	39
Pseudomonas	Jun 26	2	-			4	-2	9
Klebsiella spp	Jun 26	14	-			11	-1	23
Patient Level Metrics Score	Jun 26	96.0%	90.0%			94.6%	93.6%	95.6%
Environment Level Metrics Score	Jun 26	92.0%	90.0%			93.1%	89.5%	96.7%
Falls	Jun 26	178	-			195	160	230
Falls Rate per 1000 Bed Days	Jun 26	3.16	-			3.49	2.92	4.06
Developed Pressure Ulcers	Jun 26	49	-			46	25	66
Developed Pressure Ulcer Rate	Jun 26	0.87	-			0.70	0.25	1.16
Admitted with Pressure Ulcers	Jun 26	302	-			308	248	368
Admitted with Pressure Ulcers Rate	Jun 26	5.37	-			5.46	4.38	6.54
2222 Calls	Jun 26	53	-			63	36	90
Cardiac Arrest Calls	Jun 26	14	-			17	5	29
SHMI	Jul 26	111.8	100.0			112.3	110.8	113.9
Still Births	May 26	4.60	5.20			3.96	3.17	4.74
Rolling Extended Perinatal mortality rate (all NND)	May 26	8.73	-			8.98	8.00	9.95
Number of MNSI Referrals	May 26	1	-			1	-2	4
% Complaint Responses Sent Within Target Times (LR1 let	Jun 26	35%	80%			35%	14%	57%
% CSU Draft Comments Received Within Target Times (LR	Jun 26	50%	80%			52%	35%	69%
Median Response Lead Time (Days)	Jun 26	57	-			50	39	62
Defect Rate	Jun 26	0%	15%			9%	-5%	23%
PALS Concerns - % Patients contacted in 2 w/days	Jun 26	53%	80%			75%	66%	84%



Core Metrics

Measure	Reporting Period	Performance	Target	Assurance
Colleague Engagement	Apr-26	6.37 (April Pulse)	6.7	
Local Induction	Jun-26	91.40%	85%	
Afc Appraisal Rate	Jun-26	89.80%	95%	
Mandatory Training Compliance Rate	Jun-26	90.88%	85.00%	
Voluntary Turnover	Jun-26	5.18%	5.45%	
Rolling Sickness Absence Rate	Jun-26	5.26%	4.90%	
In-Month Vacancy Percentage	Jun-26	5.38%	N/A	
Worked FTE as % of Establishment +	Jun-26	98.78%	< 100%	

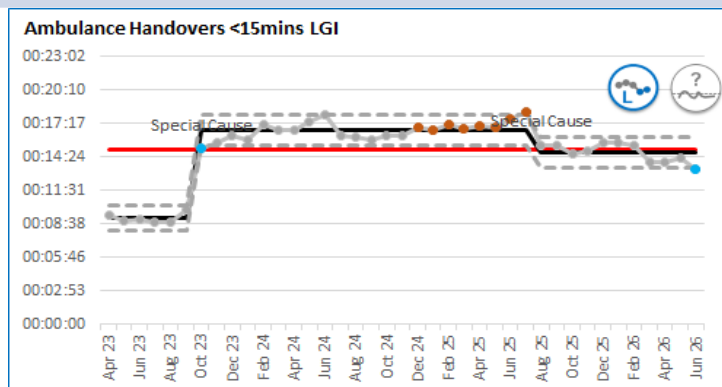
+ Worked FTE as % of Establishment is a new developing metric for 2025/26.

Core Metrics

Ambulance Handover

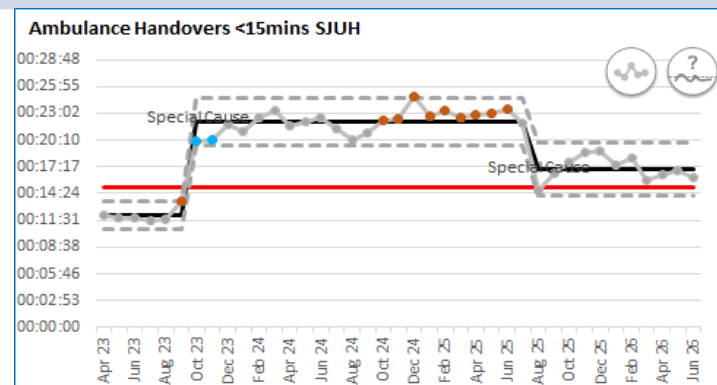
June 2026

Target: <15mins
Performance – LGI : 00:13:21
Performance – SJUH : 00:16:03



Executive Owner: Tim Hiles (Chief Operating Officer)

Variance: LGI -Special cause of improving nature. Hit and miss variation indicated, SJUH Common cause variation. Hit and miss variation indicated



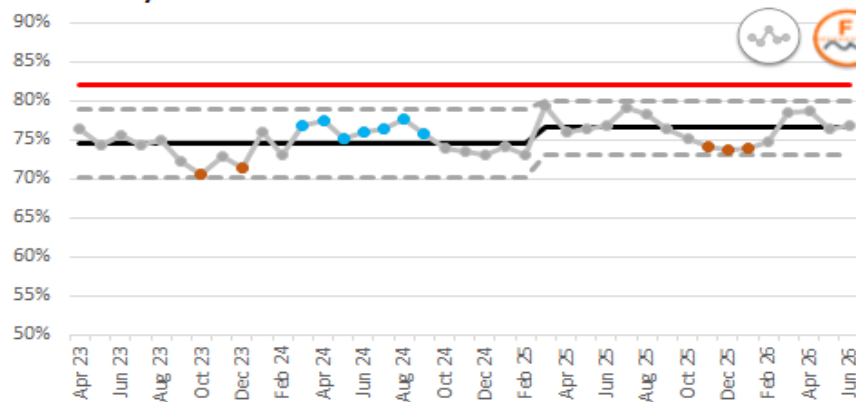
Background	Performance	Key Issues	Current Actions
95% of all handovers should take place within 15 minutes - On average the first 7 minutes of the 15-minute allocation for ambulance handover is taken by the ambulance crew parking the vehicle and "off loading" (YAS term) the patient. This leaves 8 minutes for booking-in and clinical handover to the A&E nurse	- LGI – June 2026 average handover time was 13:21, improved from our April position of 13:59 - SJUH – June 2026 average handover time was 16:03, improved from April position of 16:21 - Overall, the average handover for the Trust was 14:52 against a trajectory of 20:54 - LGI placed 4th and SJUH placed 31st out of 183 hospitals for ambulance handovers for June 2026	- The clock start for the ambulance handover remains at 25 metres away from the A&E front door - The handover data is unvalidated and submitted as a live feed via YAS to NHSE	- Ongoing review of handover delays through operational performance meetings, with actions implemented to address identified bottlenecks - Continuous monitoring of ambulance arrivals and escalation processes to maintain rapid offload capacity and minimise delays during periods of peak demand - YAS working to agree a technical upgrade to their system to move the GPS trigger point from 25 metres to 10 metres from the Emergency Department entrance. Ongoing since November 2025

Emergency Care Standard

June 2026

National Planning Priority Target March 2027: 82%
Performance: 76.9%

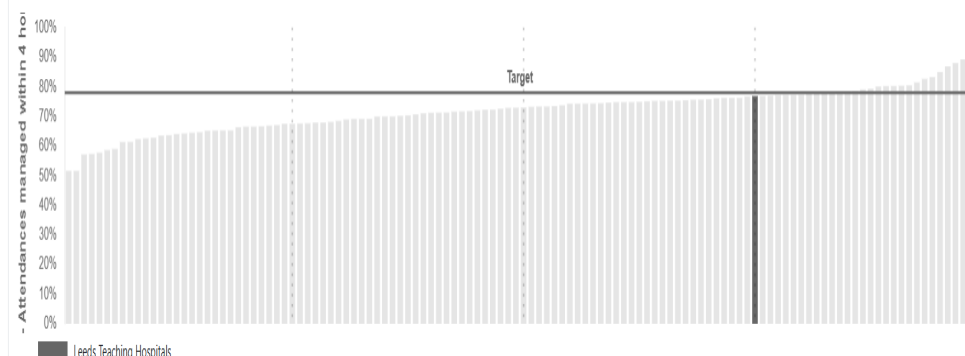
ECS Monthly



Executive Owner: Tim Hiles (Chief Operating Officer)

Variance: Common cause variation. Hit and Miss variation indicated

National Ranking 29/118



Background	Performance	Key Issues	Current Actions
- The constitutional standard is that 95% of attendees to A&E will be admitted, transferred or discharged in 4 hours - The 2026/27 national planning requirement is to deliver 82% in March 2027	- ECS delivery for June 2026 was 76.9% against NHSE trajectory of 80.3%. - National average ECS 72.9% for June 2026 - Ranked 29th out of 118 Trusts for ECS performance in June 2026 and 2nd out of 10 peers 2nd highest volume of attendances amongst peers	- Procurement delays in awarding the new Minor Illness Service contract have delayed mobilisation, with implementation now progressing following contract award - Increasing Emergency Department demand, with June attendances rising 9.1% at SJUH, 8.1% at LGI Adult ED and 3.8% in Paediatric ED - ED congestion continues to be driven by exit block	- Emergency Care Standard (ECS) Recovery Programme underway to support delivery of the 2026/27 ECS target of 82% by March 2027 - Patient Flow Improvement Month launched in June 2026, with an executive-led "Back to the Floor" programme focused on identifying and removing operational flow constraints - Weekly review of performance trends, demand modelling and improvement initiatives to ensure operational capacity remains aligned to forecast activity

RTT

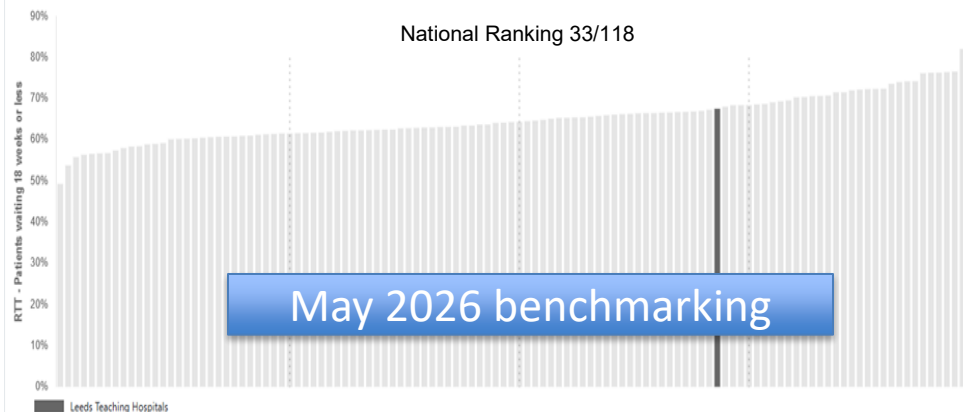
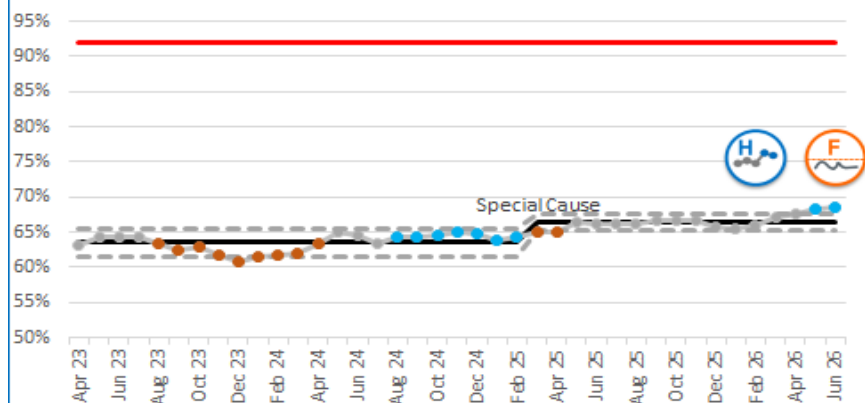
June 2026

Executive Owner: Tim Hiles (Chief Operating Officer)

Target: 92%
Performance: 68.46%

Variance: Special cause improving variation. The process will fail to achieve the target

RTT Performance



Background	Performance	Key Issues	Current Actions
- The constitutional standard is 92% of patients are treated within 18 weeks of referral - The 2026/27 national planning guidance required an improvement of 7% by March 2027 with the Trust agreed target set at 73.4%	18-week RTT performance was 68.46% in June 2026 a slight improvement to 68.4% in May 2026 - TWL size reduced by 1,153 patients from 87,178 in May 2026 to 86,025 in June 2026 - Patients waiting over 18 weeks reduced by 462 patients from 27,590 in May 2026 to 27,128 in June 2026 1st OPA under 18 weeks reduced slightly from 74.28% in May to 74.08% in June.	- High volumes of clinically urgent patients and cancer patients who take priority - Significant acute site pressures across the LGI leading to elective cancellations	- More clock stops captured due to closer monitoring of patients who need a disposal code recording following outpatient episodes - Roll out of a standardised approach to validating patients via the 'RTT PTL Validation' SOP - Activity delivery and outpatient transformation updates provided in IAMs - External validation continues to support missed clock stops following outpatient clinics, diagnostics results (PNP) and the removal of duplicate referrals

RTT 52 Weeks

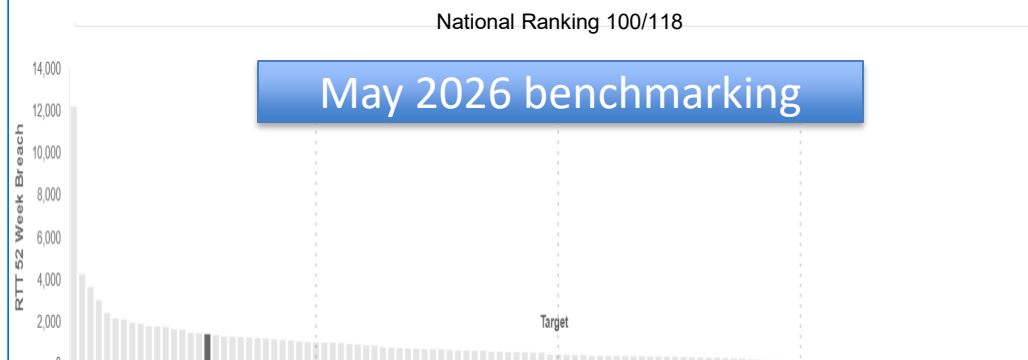
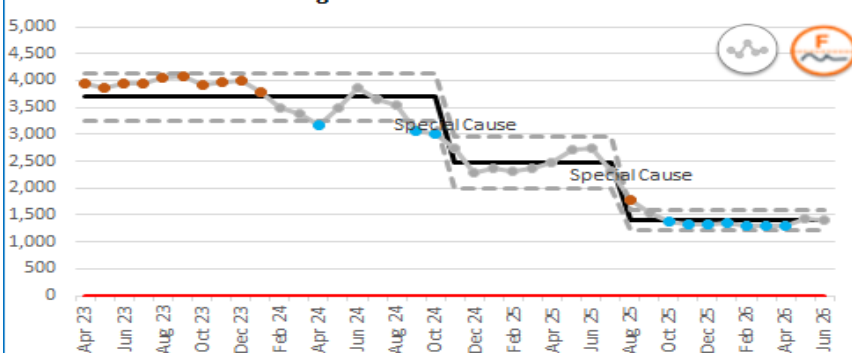
June 2026

Executive Owner: Tim Hiles (Chief Operating Officer)

National Planning Priority Target 2026/27: 1% of TWL (c750)

Variance: Special cause improving variation. The process will fail to achieve the target

RTT 52 Week Breach Backlog



Background	Performance	Key Issues	Current Actions
Planning guidance for 2026/27 requires Trusts to ensure that fewer than 1% of patients on an RTT clock have waited over 52 weeks	- LTHT had 1405 patients who waited over 52-weeks by the end of June 2026, down from 1435 in May 52-week waits accounted for 1.6% of total waiting list in June 2026 - LTHT had 295 patients who waited over 65-weeks by the end of June 2026	- Significant acute site pressures across the LGI - Prioritisation of clinically urgent patients resulting in the cancellation of long wait P4 cases - High demand on HDU and HOBS beds has also led to long waiting elective cancellations - ICB have reduced IS capacity in key specialities including plastics and Paed ENT.	- Continued use of weekend theatre lists to support the treatment of long waiting patients. This represents a cost pressure to T&A - Outsourcing options to deliver additional capacity for the longest waiting patients discussed with ICB - The 30-day Patient Flow Campaign was launched in June. Led by senior leaders to understand capacity pressures and make longer term sustainable changes - Targeted validation of 52 week+ in the last week of each month - Mutual aid provided by WYAAT being reviewed at COOs meeting to consider reduction in longest waits at system level.

Cancer 28 Day Faster Diagnostic

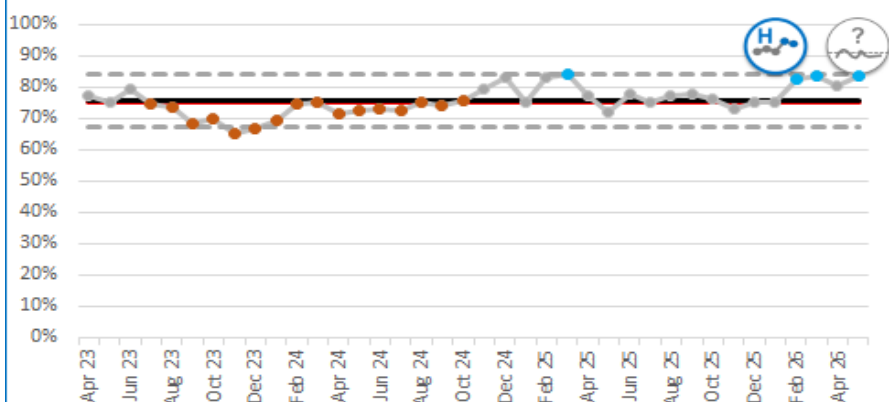
May 2026

Target: 80%
Performance: 83.7%

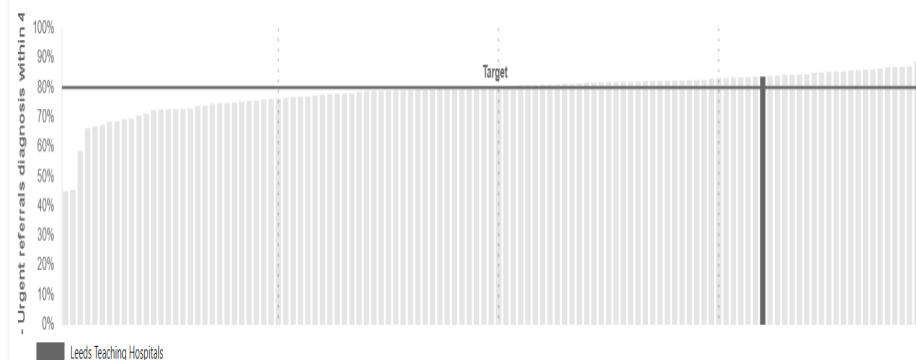
Executive Owner: Tim Hiles (Chief Operating Officer)

Variance: Special cause of improving nature. Hit and Miss variation indicated

Cancer 28day FSD



National Ranking 23/118

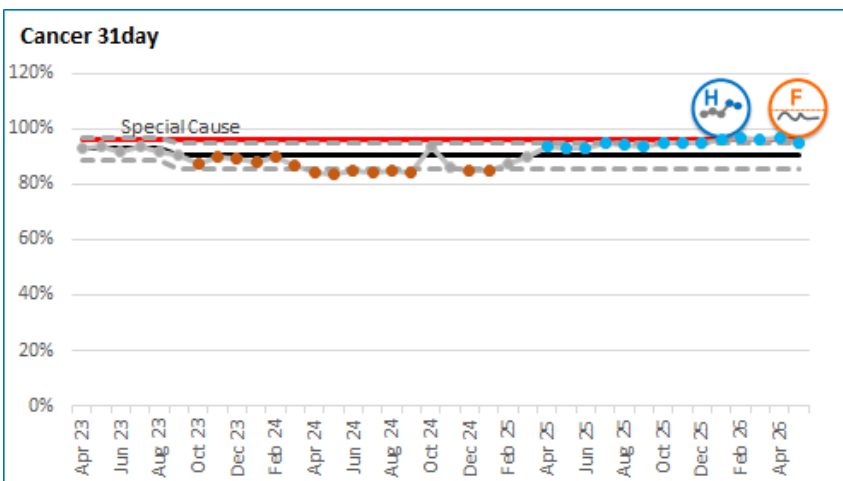


Background	Performance	Key Issues	Current Actions
- Patients should not wait more than 28 days from referral to finding out if they have cancer - The NHSE expectation is that by March 2027(cumulative target), 80% of patients will be notified of their cancer status by day 28	28-day FDS performance 83.7% in May 26 - Ranked 23rd of 118 Trusts for May 2026 - Delivering against trajectory for June (83.9%)	- Significant workforce challenges in Breast pathway. - Risk identified in Gynae pathway (impacting 2ww)	- Symptomatic Breast: 2ww capacity reduced and likely to impact August 28 day performance. Additional capacity being explored with locum and overtime to reduce the risk - Breast screening backlog increased but still within expected breach date. Recovery expected in September - VO in place to support locum bank radiologists and consultant radiologist from around region to provide additional capacity - Escalation for diagnostics equipment within Women's to be prioritised to ensure 2ww capacity can increase. Collaboration with ICB and primary care colleagues to ensure pts are aware of the urgency of their pathway

Cancer 31 day

May 2026

Target: 96%
Performance: 95%



Executive Owner: Tim Hiles (Chief Operating Officer)

Variance: Special cause of improving nature. The process will fail to achieve the target more often that it achieves it.

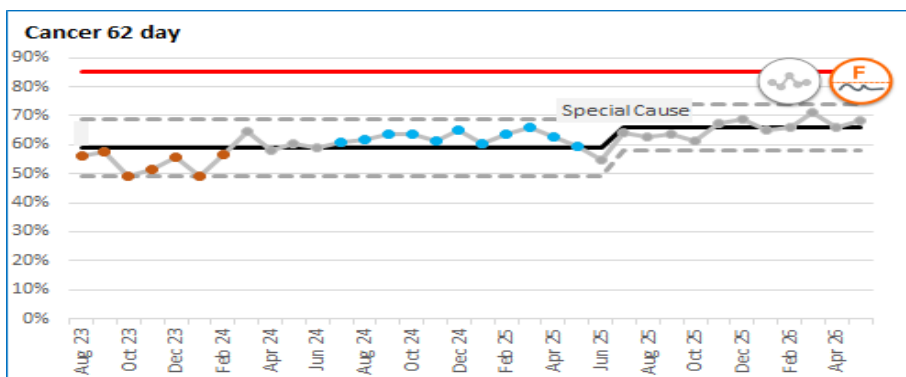


Background	Performance	Key Issues	Current Actions
96% of patients should receive treatment within 31 days - This includes patients receiving both first and subsequent Cancer treatments	- The reported position for May was 95% - Ranked 64th out of 118 Trusts for May 2026 - The May position was 95% although below the constitutional standards was favourable against the submitted delivery trajectory of 91.9% - June position is currently 96.3% (unvalidated)	- Surgical capacity is the main constraint when compared to other treatment modalities. However, improved position seen in June - May position impacted by April IA	- Additional theatre capacity allocated to TRS to support skin position. Surgical demand & capacity assessment underway - Access to surgical robot remains a key constraint with services continuing to flex lists to respond to peaks in demand - Weekly monitoring of 31-day backlog with key services to explore opportunities and actions - Potential impact on non-urgent elective activity

Cancer 62 Days

May 2026

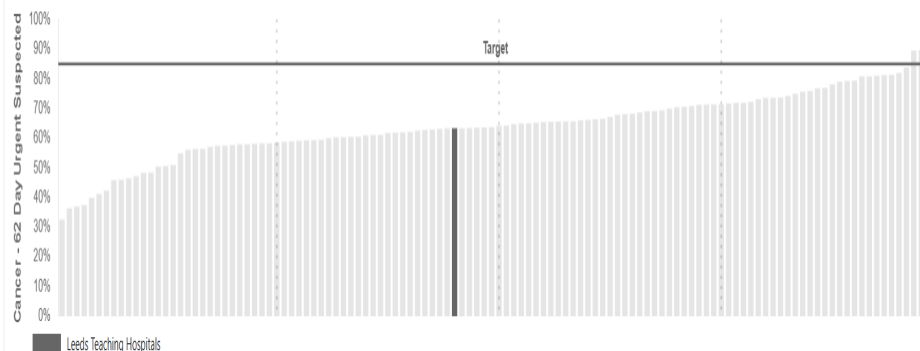
Target: 75%
Performance: 68.2%



Executive Owner: Tim Hiles (Chief Operating Officer)

Variance: Common cause variation. The process will fail to achieve the target.

National Ranking 65/118



Background	Performance	Key Issues	Current Actions
- The constitutional standard is that 85% of patients receive their first definitive treatment for cancer within 62 days of a referral for suspected cancer - LTHT trajectory to deliver 75% by March 27	62-day performance in May 26 was 68.2% - Over-delivery against agreed trajectory. - Expected to deliver against trajectory in June (66.5%) - Ranked 65th of 118 trusts in May 2026 - Tiering meetings with ICB and NHSE continue to be held monthly	62-day backlog reduced to under 140 - Patients waiting over 104 days has reduced to 23 (best in the country)	- Visit agreed to Royal Free to review the skin cancer pathway planned for Sept 2026 - Outsourcing taking place to respond to seasonal demand in skin whilst utilising capacity in-house effectively - Monthly meeting to progress plans for down-stream impact of lung cancer screening - Surgical capacity assessment to plan reduced waiting for treatment - Development of one-stop-shop pathway for thyroid and H&N patients from Q2 - IDA pathway implemented in May – referrals reduced to under 150 per week (170-200 previously) and maintaining. - Capacity and demand review complete in oncology with implementation following approval of business case - Scoping of potential use of EPROMs to create NSO clinic capacity for new patients – Trust wide work aiming to deliver in Q3

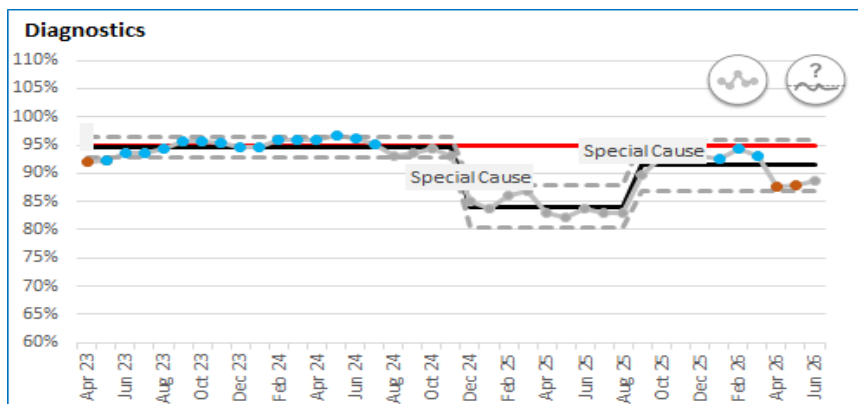
Diagnostic Waits

June 2026

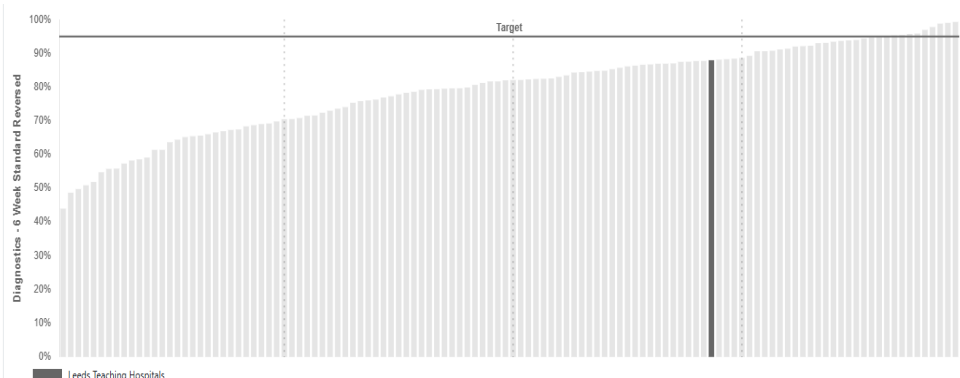
Target: 95%
Performance: 88.72%

Executive Owner: Tim Hiles (Chief Operating Officer)

Variance: Common cause variation. Fail variation indicated



National Ranking 33/118



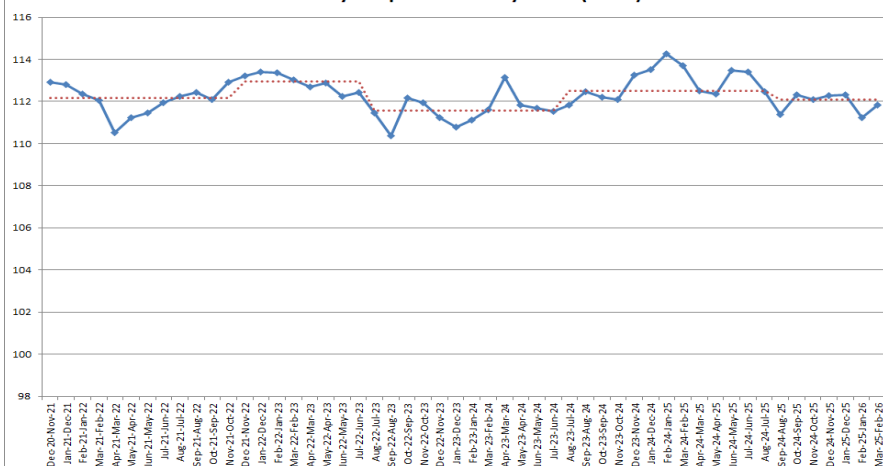
Background	Performance	Key Issues	Current Actions
- Constitutional standard is that 99% of patients wait no more than 6 weeks for a routine diagnostic test 2024/25 National Planning priority was to deliver 95% by March 2025	- Ranked 33 of 118 Trusts (acute and combined) for May 2026 - Diagnostic waiting list at June month end was 19,622 2213 patients breached 6 weeks at June month end	- Ultrasound have had significant capacity challenges from March 26 - MRI delays for Paediatric GA due to anaesthetist & theatre capacity and capacity shortfalls for MSK - CT scanner out of use for period on SJ site during May and into June – prioritisation of acute patients resulted in higher 6ww breaches. - Audiology overdue waits for paediatric follow-up reviews included as 6ww from April onwards - Paediatric endoscopy capacity shortfalls	- Ultrasound: 1200 patients outsourced in June and July. Two Medicare sonographers currently awaiting induction - MRI new scanner in Bexley wing now operational. Currently exploring opportunities to increase MSK capacity. Liaising with T&A re opportunities to increase GA capacity - CT scanners all currently in use, additional slots in June, July and August – predicting fewer than 100 breaches in July - Audiology – additional sessions continue to support recovery of the overdue follow-up waits recently moved to a 6ww clock. Breach numbers reduced in June with recovery expected by September - Capsular endoscopy now being used in Paediatrics, however only a small number of patients suitable. Additional lists secured in June were cancelled due to Anaesthetist sickness

Mortality

March 2025 – February 2026

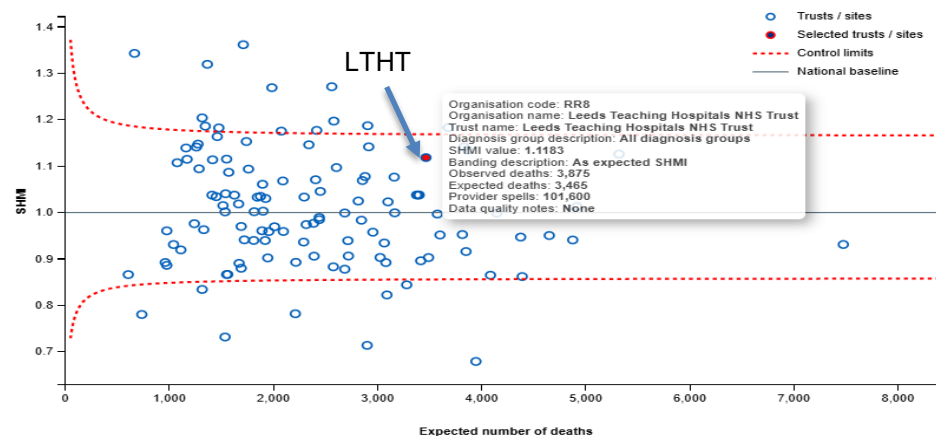
Target: 100
Performance – SHMI: 111.8 “As Expected”

Summary Hospital Mortality Index (SHMI)



Executive Owner: Dr Elizabeth Garthwaite (Chief Medical Officer)

Variance: Common cause variation.



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Background	Context	Action
There are two national Trust-level risk adjusted measures of mortality; the Summary Hospital Mortality Indicator (SHMI) and the Hospital Standard Mortality Rate (HSMR). These are used by NHSi and the CQC to inform the mortality alert process, and are calculated using a twelve month rolling average.	- The Trust SHMI for March 2025 – February 2026 was 118.3 and “As Expected”. - The Upper Control Limit was 116.9	- The Mortality Improvement Group will continue to monitor SHMI in terms of both absolute value, comparison with peer organisations and changes in the diagnostic group breakdown. - We continue to seek assurance through statistical analysis, coding reviews, and case note analysis. The Trust have strengthened the learning from deaths framework and have a robust screening process in place, the Structured Judgement Review (SJR) methodology is used to identify learning and provide assurance on quality of care.

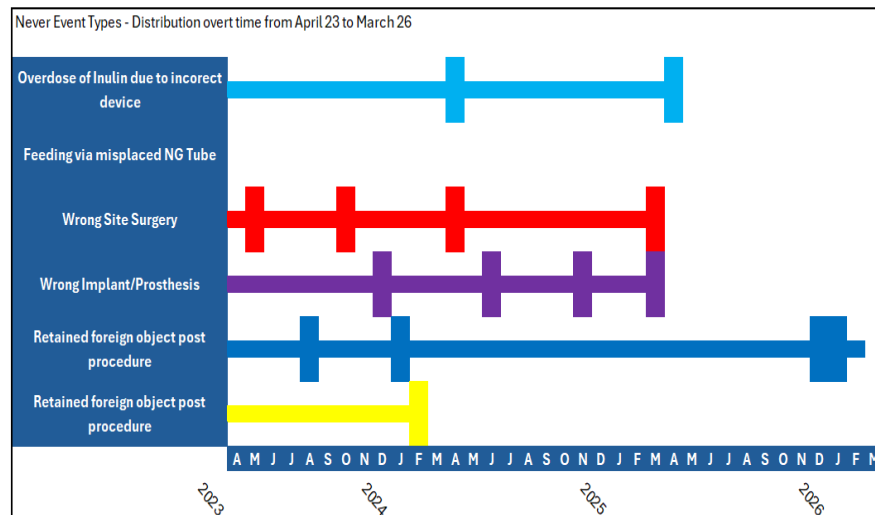
Never Events

Q4 (2025/26)

Target: 0
Performance : 4 (YTD)

Executive Owner: Dr Elizabeth Garthwaite (Chief Medical Officer)

Variance: Common cause variation.



Never Events 2024/25 - 2025/26	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Total
Wrong Site Surgery	1	0	0	1	0	0	0	0	2
Wrong Implant/Prosthesis	0	2	1	1	0	0	0	0	4
Retained Foreign Object post-procedure	0	0	0	0	1	0	1	1	3
Insulin overdose due to abbreviation or incorrect device	1	0	0	0	1	0	0	0	2
Total	2	2	1	2	2	0	1	1	11

Background	Context	Action
Never Events are defined as patient safety Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers The most commonly occurring Never Events are related to failures in established checking procedures. This reflects the national profile in line with the report published by NHSE.	The number of Never Event incidents are reported to our commissioners each quarter via the national Strategic Information System (StEIS). There have were 7 Never Events reported in 2024/25. 4 Never Events have been reported in 25/26: - Overdose of Insulin due to wrong device (ACC). - Retained surgical item (ENT Theatres WGH). - Retained Surgical item (Interventional Radiology/ENT) - Retained Surgical item (gynaecology theatres CHU)	Never Events are a national PSIRP priority. Previously these were always investigated as a PSII. In late 2025, NHS England advised alternative review methodologies could be used where appropriate. Following this advice, the retained item incident reported in December 2025 was reviewed using the after action review methodology, as it was determined that the learning was already identified, and established practice from Theatres and Anaesthesia CSU could be implemented rapidly, reducing risk of further incidents and harm. Learning and actions from Never Events are subject to review at the WYAAT shared learning group chaired by LTIT

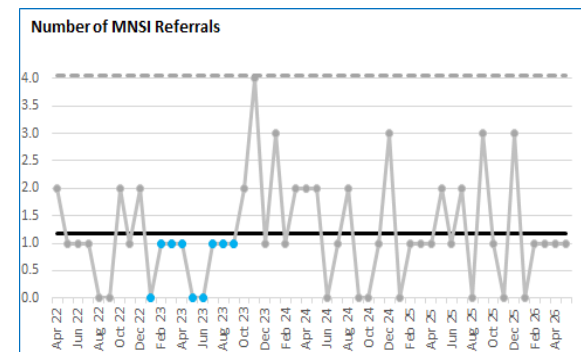
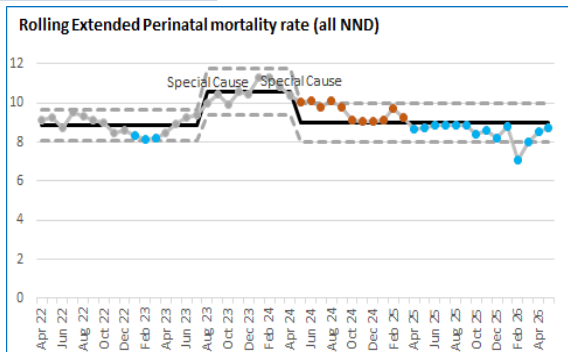
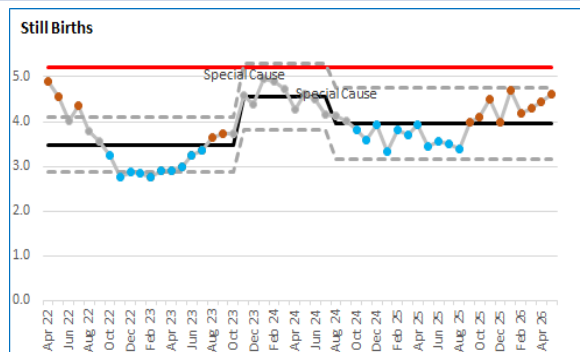
Maternity

May 2026

Still Birth Rate: 4.6
Extended Perinatal Mortality Rate: 8.7
Number of MNSI Referrals: 1

Executive Owner: Beverley Geary (Chief Nurse)

Variance: – Common Cause Variation.



Background	Context	Action
- The MBRRACE definition of a stillbirth is: A baby delivered at or after 24 completed weeks' gestational age showing no signs of life, irrespective of when the death occurred. - The MBRRACE definition of a early neonatal death is: A liveborn baby (born at 20 completed weeks' gestational age or later, or with a birthweight of 400g or more where an accurate estimate of gestation is not available) who died before 7 completed days after birth. - The MBRRACE definition of a neonatal death is: A liveborn baby (born at 20 completed weeks' gestational age or later, or with a birthweight of 400g or more where an accurate estimate of gestation is not available), who died before 28 completed days after birth. - MBRRACE define perinatal death as: A stillbirth or early neonatal death. - MBRRACE define extended perinatal death as: A stillbirth or neonatal death. - LTHT is a tertiary unit and receives referrals for complex congenital abnormalities some of which have an impact on	- There were 2 still births in the reporting period that will be reviewed through the PMRT process. - There were 4 inborn neonatal deaths, causes of death were primarily associated with severe congenital anomalies and extreme prematurity. There was also 1 outborn neonatal death referred to LTHT for specialist services. - There was 1 referral to MNSI in May.	- Continue to review all cases as an MDT using the Perinatal Mortality Review Tool. - Continue to work with other units to support peer review of perinatal mortality. - Continue to meet and engage with MNSI teams to review cases and any trends or concerns. - Use appreciative enquiry to review the findings of the reviews and use outputs to inform service improvements. - Review outcomes through a health equity lens to support any learning and service development opportunities.

Sickness Absence Rate

June 2026

Target: 4.9 %

Performance (Rolling Sickness Absence Rate): 5.26%

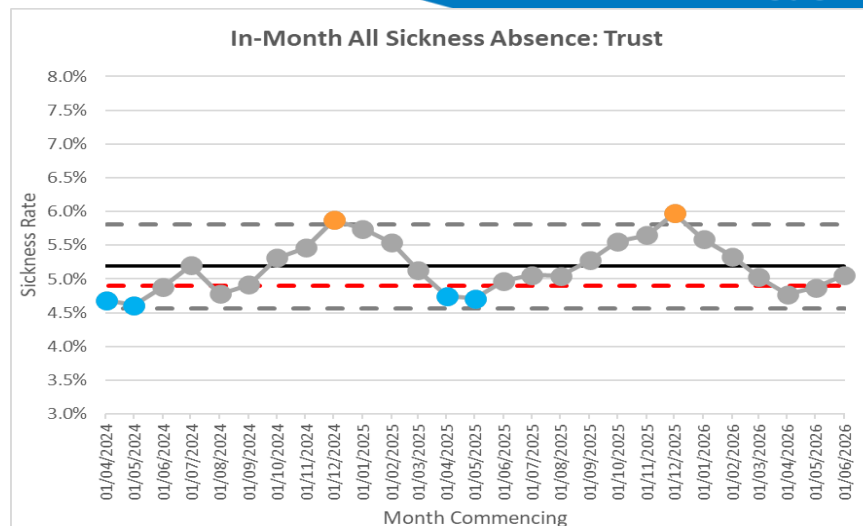
Average calendar days lost per person: 18.8

Variance: Common cause variation in month.

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Chris Jones, Deputy Director of Human Resources

Sub-Groups: People Improvement Framework Assurance Group, People Committee



Background	Issues	What the chart tells us	Actions	Context
The trust is seeking to reduce sickness absence levels to limit/mitigate costs and improve health and wellbeing in our workforce.	None to report.	Sickness absence has largely remained within control limits for the last 3 years. However, in order to achieve the % target a sustained improvement is required.	- A revised Supporting Attendance Policy has been drafted. Consultation with trade union colleagues has commenced, an initial meeting was held in July 2026 and a second meeting is scheduled for August 2026. - The new policy supports earlier and more effective intervention where attendance is a concern, with a stronger focus on colleague wellbeing, shared accountability and consistent management practice. Simplified processes and clearer decision-making are expected to improve attendance management effectiveness, reduce administrative burden and support safe, sustainable service delivery. - Actions identified using the People Improvement Framework (PIF) methodology are being progressed in specific Clinical Service Units (CSUs) including targeted training (ACC), additional on-site support (ACC, CAH), steps to increase the uptake of the Trust HWB offer (Path, CAH, OP), review of OH referrals (E&F), increased dedicated HR support in WOM, T&A and UC focusing on areas with high sickness %. - Absence Project Terms of Reference have been agreed and initial meetings held. This is focusing on reviewing current approaches to sickness absence deep dives and identifying opportunities for improvement, reviewing relevant guidance, evidence, publications and best practice relating to attendance management within the NHS, reviewing the accessibility and effectiveness of attendance management policies, guidance and support resources available to managers and colleagues, reviewing current assurance processes and identifying opportunities for improvement and developing recommendations and improvement plans to support sustainable reductions in sickness absence. - Thrive @ Work has entered its second phase, providing rapid access to specialist musculoskeletal (MSK) and mental health support for health and care staff across Leeds. The programme aims to reduce sickness absence, improve staff wellbeing and retention, support timely return to work and strengthen workforce resilience.	- LTHT is ranked 86th out of 205 trusts nationally for sickness absence (Source: Model Hospital NOF Score) and 4th out of 33 in North-East and Yorkshire region reflecting a positive position. The Trust is in the best performing quartile. - Areas within the trust with the highest sickness absence rates include Outpatients, Theatres & Anaesthesia and Adult Critical Care CSUs.

Voluntary Turnover

June 2026

Ceiling: 5.45%

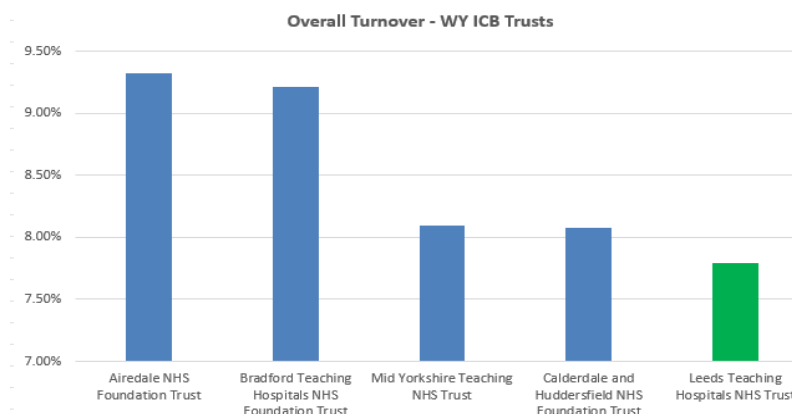
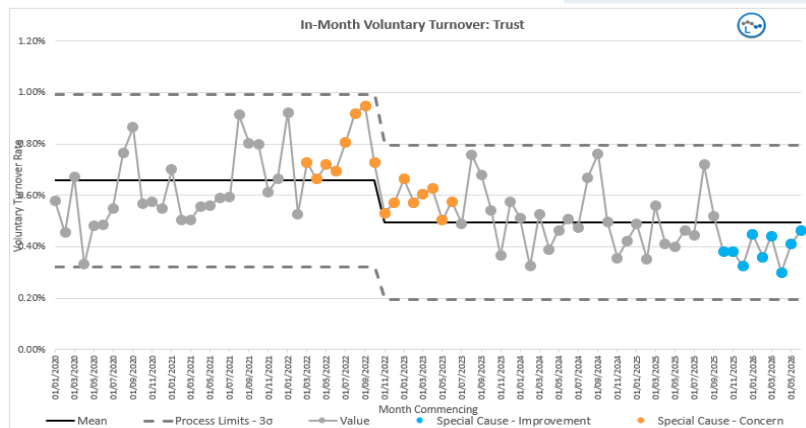
Performance (Rolling Voluntary Turnover Rate): 5.18%

Variance: Common cause variation.

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Jo Buck, Deputy Director of Human Resources

Sub-Groups: People Improvement Framework Assurance Group, People Committee



Background	Issues	What the chart tells us	Actions	Context
Voluntary turnover removes fixed term (including rotating Resident Doctors), contract expiry and dismissals. Overall turnover includes all leavers. The data source for the comparison is NHSE Turnover data by Trust.	None to report	- The in-month rates are showing a special cause improvement. - The data from NHSE comparing the overall turnover with other trusts in the WY ICB patch is taken from April 2026	- The 3 most common reasons for Voluntary Turnover are (in order) relocation, work/life balance and promotion. - The CSUs with the highest levels of Voluntary Turnover are Adult Therapies (8.87%) and Pathology (7.11%). The primary reason in each CSU is relocation. The lowest turnover is in Theatres & Anaesthetics (3.42%) and Adult Critical Care (4.07%). - Our People Improvement Framework process is supporting deep dives in high turnover service areas to identify action to address unwanted high turnover and understand any correlation between turnover and sickness absence. The deep-dive for Adult Therapies has been completed showing the turnover rate is primarily created by promotions and relocations into Community posts and the wider system. HR Business Partners are working with CSUs to identify/understand any pinch-points/pockets of high voluntary turnover that may impact patient care. - Retention plans are incorporated into all CSU Operational Workforce Plans and are part of CSU 'business and usual' activity. Targeted activity includes stay conversations, health and wellbeing conversations, colleague survey discussions, team meetings and 1:1 meetings.	- Total Trust turnover is 10.36% compared to voluntary turnover at 5.18%. - The Trust is the best performing Trust in the WY ICB as at December 2025. Source: NHS Model Health System. - The methodology used in the Model Health System means that voluntary turnover data benchmarking is not available as it is a locally developed turnover measure.

Agency FTE

June 2026

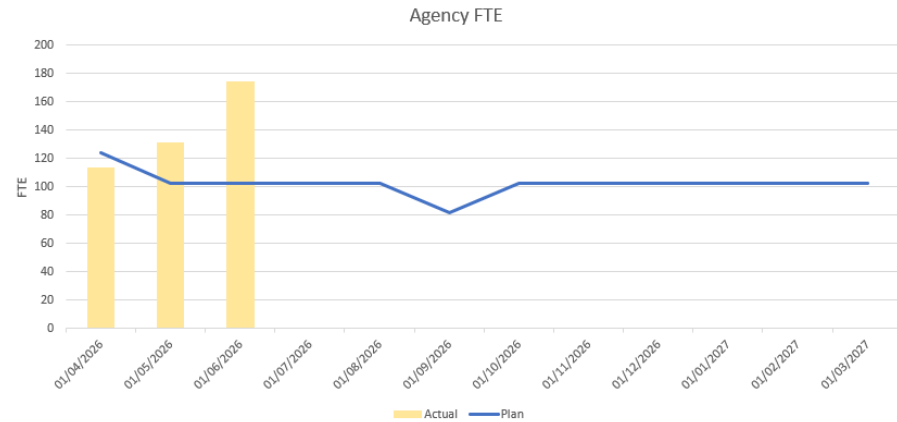
In-month Ceiling: 103 FTE
In-month Performance: 174 FTE

	01/04/2026	01/05/2026	01/06/2026	01/07/2026	01/08/2026	01/09/2026	01/10/2026	01/11/2026	01/12/2026	01/01/2027	01/02/2027	01/03/2027
Plan	124.00	103.00	103.00	103.00	103.00	82.00	103.00	103.00	103.00	103.00	103.00	103.00
Actual	113.51	131.55	174.78									

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Jo Buck, Deputy Director of Human Resources/Chris Ellison, Deputy Director of Finance

Sub-Groups: People Improvement Framework Assurance Group, People Committee



Background	What the chart tells us	Issues	Actions	Context
- The agency WTE worked plan shows the agency expenditure plan required to deliver a positive position against our submitted workforce plan and takes into account historical fluctuations in usage across August and September. - Over the last 12 months, our highest agency spend/FTE was £1.6m/234.3 FTE, however, this is always in March each year and is due to year-end adjustments. Our lowest agency spend in-month was £590k in April 26 and the lowest FTE usage was August 25 at 77.1 FTE.	- We are currently above ceiling for agency usage. - Agency costs increased due to nursing support for CAMHS usage in Children's CSU and TRS. Agency costs were also associated with Security staffing, along with AHP agency in Radiology and Cardio-respiratory.	None to report.	- The absence project commissioned to manage/reduce the Trust's absence rate will help limit the reliance on the deployment of agency workers. - There is focus on the Medical and Dental workforce via the Medical and Dental Optimisation Programme, supporting CSUs to reduce temporary spend. This includes developing job planning and job planning consistency, arrangements and commencing a pilot with CAH to set Resident Doctor medical establishment. - Continued monitoring of CSU agency spend through focused HR and Finance collaboration with CSUs developing action plans to address the situation through reducing sickness absence and substantive recruitment where possible e.g. Radiology Ultrasound.	The Trust is currently in Model Health System Quartile 2 with 0.7% (second lowest quartile) for agency spend as a % of total pay bill when compared against other Trusts. The best performing Trust for agency spend as a % of total pay bill is -2.6%, the worst is 5.6%. Source: Model Health System NB: the -2.6% is likely to be an anomaly for the month, the likely best performance is 0%.

Bank FTE

June 2026

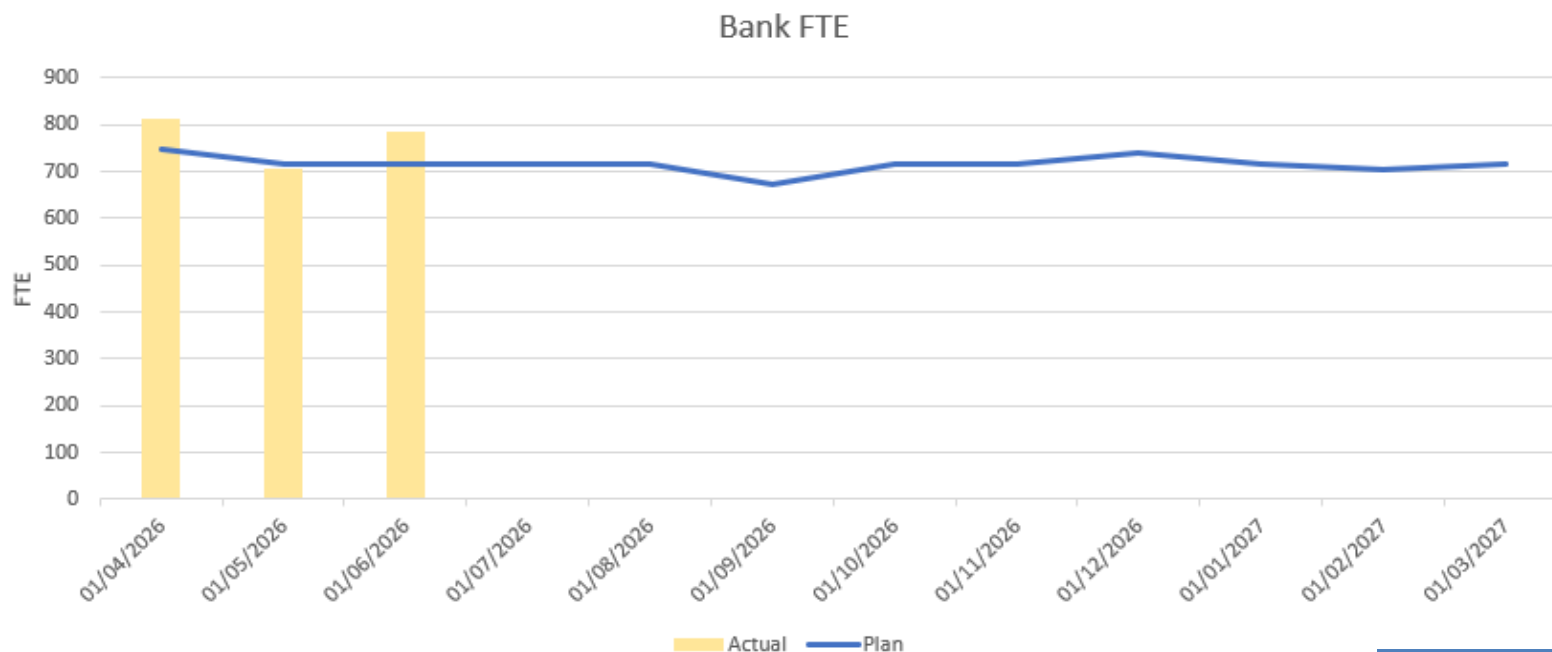
In-month Ceiling 715 FTE
In-month Performance: 785 FTE

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Jo Buck, Deputy Director of Human Resources/Chris Ellison, Deputy Director of Finance

Sub-Groups: People Improvement Framework Assurance Group, People Committee

	01/04/2026	01/05/2026	01/06/2026	01/07/2026	01/08/2026	01/09/2026	01/10/2026	01/11/2026	01/12/2026	01/01/2027	01/02/2027	01/03/2027
Plan	749.50	715.00	715.00	715.00	715.00	674.50	715.00	715.00	738.00	715.00	704.00	715.00
Actual	813.01	705.04	785.39									



Narrative on next
slide

Bank FTE

June 2026

In Month Target: 715 FTE
In Month Performance: 785 FTE

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Jo Buck, Deputy Director of Human Resources/Chris Ellison, Deputy Director of Finance

Sub-Groups: People Improvement Framework Assurance Group, People Committee

Background	What the chart tells us	Issues	Actions	Context
- The bank WTE worked plan shows the bank expenditure plan required to deliver a positive position against our submitted workforce plan. - The Plan takes into account historical fluctuations in usage across the year.	- We are currently operating above plan for bank FTE. - In June 2026, bank costs increased mainly due to nursing across most of the CSUs. This was due to a mixture of vacancies, high acuity, enhanced care and sickness.	None to report.	- A project is in place to centralise all Trust Staff Banks in the People Function to create a unified management model, improve governance and oversight, reduce unnecessary variation and support a more consistent and coordinated approach to temporary workforce supply across the Trust. This is taking place in 3 phases. Phase 1 (by September 2026): consult with nursing staff bank management colleagues and move the team to the People Function; review nursing staff bank resource for wider AfC centralisation; complete E&F Bank centralisation and establish a Pathology bank. Phase 2 (December 2026): centralise less complex AfC bank arrangements. Phase 3 (March 2027): centralise complex or non-standard arrangements. We expect temporary spend costs to reduce as a result of a unified bank approach. - The PwC recommendation to remove overtime via a bank first approach to reduce overall costs creates additional challenge in respect of reducing bank usage. An enabler for this is the centralisation of all Trust Staff Banks. - HR and Finance Business Partners continue to work with CSUs to develop workforce action plans to address the situation such as identifying and tackling high sickness absence. - These actions are in addition to those identified in respect of Agency FTE, deployed to similarly reduce reliance on Bank FTE.	LTHT is currently in Model Health System Quartile 1 at 4.1% (lowest quartile) for bank spend as a % of total pay bill when compared to other Trusts. The best performing Trust for bank spend as a % of total pay bill is 0.3%, the worst is 14.2%. Source: Model Health System.

Contracted Substantive FTE

June 2026

End of Year Target: 19290 FTE
In-month Target: 19167 FTE
In-month Performance: 19210 FTE

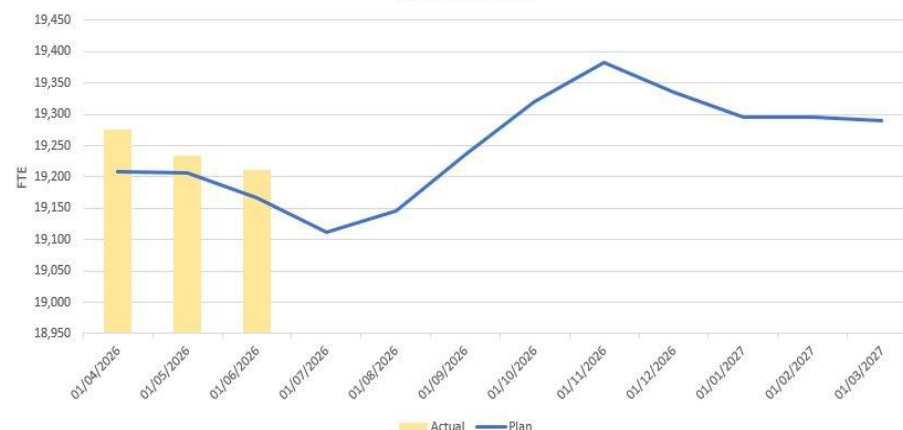
Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Jo Buck, Deputy Director of Human Resources/Chris Ellison, Deputy Director of Finance

Sub-Groups: People Improvement Framework Assurance Group, People Committee

	01/04/2026	01/05/2026	01/06/2026	01/07/2026	01/08/2026	01/09/2026	01/10/2026	01/11/2026	01/12/2026	01/01/2027	01/02/2027	01/03/2027
Plan	19207.74	19206.84	19167.50	19112.35	19146.35	19235.68	19320.02	19383.17	19336.24	19295.36	19295.90	19290.40
Actual	19276.09	19234.12	19210.87									

Substantive FTE



Background	What the chart tells us	Issues	Actions	Context
- Our workforce plan submitted as part of the Medium-Term Planning process for 2026/27 is shown by the blue line in the graph. - The Plan takes account of seasonality of our annual recruitment cycles.	<i>To note: Further work is being undertaken to support alignment.</i> - The chart shows our contracted FTE against plan - Substantive FTE in April 2026 included increases in registered nurses (mainly AMS, Theatres, Urgent Care, Cardio-respiratory) and increases in clinical support staff (Theatres, LDI, Urgent Care). - Substantive workforce numbers have been on a downward trend since April 2026. We are currently 43.37 FTE above plan for Month 3 which is a reduction in substantive FTE compared to Month 2.	None to report	- The Trust has an internal Executive Turnaround Committee in place with one action being a review and reduction of FTE. The actions being undertaken to achieve this are: - Address over-establishments to ensure CSUs are operating within funded establishments. - Each CSU has been provided with a target by which to reduce WTE (outside of staff staffing areas). Oversight will be via the Integrated Accountability Meetings framework. - Vacancy control processes have been enhanced ensuring CSUs deploy increased rigour in respect of decision making with greater emphasis placed on exploring alternatives rather than 'like-for-like' replacements. - Information on all posts rejected/approved for recruitment by CSU vacancy control panels will be provided to Executives. - Disestablish vacant posts where possible/appropriate. - Focus on absence reduction.	A reduction in FTE is required in order to support achievement of the 2026/27 Financial Plan.

Combined Substantive/Bank/Agency FTE

June 2026

End of Year Target: 20108 FTE
In-month Target: 19985 FTE
In-month Performance: 20171 FTE

	01/04/2026	01/05/2026	01/06/2026	01/07/2026	01/08/2026	01/09/2026	01/10/2026	01/11/2026	01/12/2026	01/01/2027	01/02/2027	01/03/2027
Subs Plan	19207.74	19206.84	19167.50	19112.35	19146.35	19235.68	19320.02	19383.17	19336.24	19295.36	19295.90	19290.40
Subs Actual	19276.09	19234.12	19210.87									
Bank Plan	749.50	715.00	715.00	715.00	715.00	674.50	715.00	715.00	738.00	715.00	704.00	715.00
Bank Actual	813.01	705.04	785.39									
Agency Plan	124.00	103.00	103.00	103.00	103.00	82.00	103.00	103.00	103.00	103.00	103.00	103.00
Agency Actual	113.51	131.55	174.78									
Combined Plan	20081.24	20024.84	19985.50	19930.35	19964.35	19992.18	20138.02	20201.17	20177.24	20113.36	20102.90	20108.40

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Jo Buck, Deputy Director of Human Resources/Chris Ellison, Deputy Director of Finance

Sub-Groups: People Improvement Framework Assurance Group, People Committee



Background	What the chart tells us	Issues	Actions	Context
This chart combines the Bank, Agency and Substantive FTE charts from the previous three slides against the workforce plan.	<i>To note: Further work is being undertaken to support alignment between Finance and FTE data.</i> - This shows that the combined bank/agency/substantive workforce is 185 FTE above plan for Month 3 equating to 0.9% above plan. - This is due to an increase in bank use bank across most of our CSUs due to a mixture of vacancies, high acuity, enhanced care and sickness. - Agency costs increased due to nursing support for CAMHS usage in Children's CSU and TRS, Security staffing and AHP deployment in Radiology and Cardio-respiratory. - Substantive FTE has included increases in registered nurses (mainly AMS, Theatres, Urgent Care, Cardio-respiratory) and increases in clinical support staff (Theatres, LDI, Urgent Care).	N/A	- All CSUs have been provided with a target for reducing FTE. - Vacancy control processes have been enhanced. - A Trust-wide Absence project group is progressing actions as described in earlier slides to increase workforce availability with the aim of reducing reliance on agency spend. - There is focus on Medical and Dental workforce through the Medical and Dental Optimisation Programme. - HR and Finance Business Partners are working with CSUs to develop workforce action plans.	A reduction in FTE is required in order to support achievement of the 2026/27 Financial Plan.

Vacancy Rate

June 2026

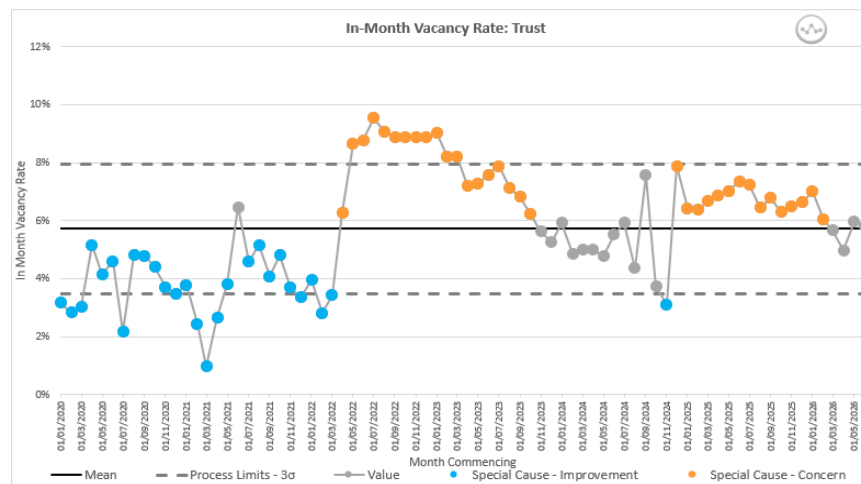
Performance: 5.38%

Variance: Common cause variation. The process will regularly achieve the target

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Jo Buck, Deputy Director of Human Resources/Chris Ellison, Deputy Director of Finance

Sub-Groups: People Improvement Framework Assurance Group, People Committee



Background	What the chart tells us	Issues	Actions	Context
- Changes in budget are not aligned to recruitment patterns, particularly with relation to the recruitment of newly qualified registered staff. - The vacancy rate is calculated by comparing substantive staffing numbers with funded FTE from the Financial Ledger adjusted for reductions delivered via the Waste Reduction Programme and the Vacancy Factor.	The gap between establishment and substantive staff in post will in some cases be filled by Bank and Agency workers and/or via overtime working	N/A	- During 2025/26, the Trust has had a vacancy control process in place. This remains in place for 2026/27. The process involves a 13-week lead in time for adverts for CSUs to achieve financial balance meaning vacancies are not being filled as quickly as in previous years. There are, however, exceptions to the 13-week lead in time where there are specific service requirements these exceptions are agreed by Tier 2 Panels and TERG. - High vacant posts numbers exist in the SIM and Women's CSUs. The Women's CSU is focusing on midwife recruitment to achieve Birthrate+ numbers. SIM has both Administrative and CSW vacancies. Administrative vacancies are subject to the 13-week vacancy firebreak which accounts for delays in recruitment. For CSW vacancies, SIM is working with Corporate Nursing to appoint New to Care CSWs. - Reducing the vacancy rate in clinical patient facing roles will reduce agency and bank usage/costs and help deliver the workforce plan. - CSUs continue to identify ways of retaining and developing our workforce via apprenticeships and a 'grow our own' approach ensuring a talent pipeline into registered and non-registered roles across the Trust. - SHRBPs continue to work closely with CSUs and corporate teams to ensure operational workforce plans include actions to address vacancy hotspots and exploring alternative options including ACP, PA and Nursing Associates roles together with apprenticeship routes into employment.	Vacancies can impact the Trust's temporary spend across staff groups/CSUs

Colleague Engagement Rate

April 2026

Executive Owner: Suzanne Dunkley, Chief People Officer

Target: 6.7
Maintain performance in line with or above the average engagement score benchmark for acute/acute community trusts

Management/Clinical Owner: Nikki Hosty, Director of OD and Inclusion

Variance: Common cause variation

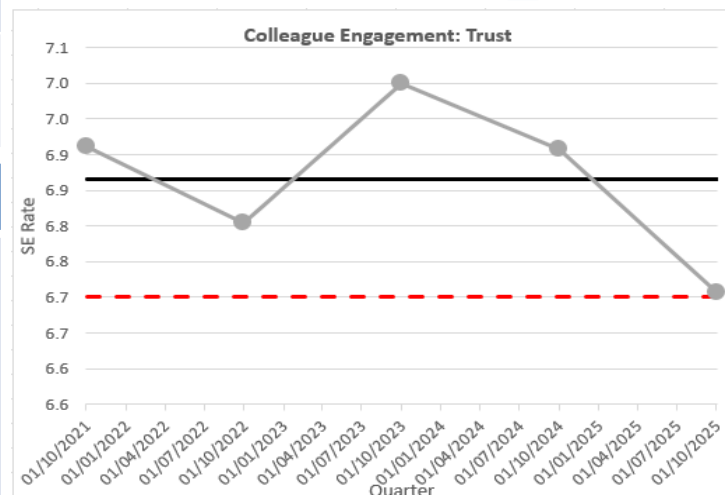
Sub-Groups: Colleague Engagement Forum, People Improvement Framework Assurance Group, People Committee

Background

- Nationally, results declined across a number of People Promise themes, including engagement, advocacy and team working, continuing a downward trend seen since 2023.
- While our results remain broadly aligned with the national picture, our relative position has shifted, and LTHT are no longer performing above the national average across the People Promise themes.
- Against a backdrop of ongoing change and pressure across the NHS, maintaining engagement was a key ambition for 2026. The results highlight areas of focus and provide clear opportunities for LTHT to focus our efforts on improving how people feel safe, supported and valued at work.

What the chart tells us

Score remains within control limits albeit showing a consistent downward trend for the last 3 year



Issues	Actions	Context
The Engagement Score has reduced to 6.7 (from 6.9). Consistent with the wider NHS picture, LTHT has seen a decline across all People Promise themes. Whilst this reflects the broader challenges being experienced nationally, our results now sit broadly in line with national averages, rather than above them as in previous years.	- Progress against NHS Staff Survey High Impact Actions (HIAs) continues, supported by a robust programme of activity and ongoing Trust wide communication and engagement plan. High impact areas of focus are: - Acting on concerns and tackling poor behaviour. - Supporting colleague wellbeing and reducing absence. - Equipping leaders to involve colleagues and balance wellbeing with service delivery needs. - Improving the quality and value of appraisals and everyday conversations. - Activity that has taken place to deliver on the High Impact areas are: - Launched the refreshed LTHT Values. - HRBP/CSU Joint Assurance and Accountability Framework (JAAF) process, implemented where assurance is received regarding the implementation of local actions and co-designing improvements. - The Performance Improvement Framework (PIF) has enabled coordinated, multidisciplinary People Function support for CSUs. - Colleague Engagement Forum has launched, which is a dedicated space for shared learning, the exchange of best practice, collaborative problem-solving and peer support across all People priorities. - Review of the Champion model to ensure the organisation has oversight of activity and champions have clarity on expectations. - Progress: 80% of CSUs have a staff survey action plan 69% of the actions in the High Impact Action Plan are fully complete, with a further 25% in progress. - There is only one long term action yet to be progressed, however this is planned to be delivered prior to the 2026 staff survey season (September 2026). - All hot spot areas (lowest scoring CSU areas in the Trust) have an action plan and 65% of hot spot areas have shared progress against the action plan. - Pathology (Year of People strategy), Women's (staff survey sessions held with each of the people professions), Neuro (staff survey event held in July). - Theatres (Civility and Respect programme being well received).	Nationally, results declined across a number of People Promise themes, including engagement, advocacy and team working, continuing a downward trend seen since 2023.

I&E Position 2026/27



June 2026

Executive Owner: Jenny Ehrhardt (Chief Finance Officer)

The financial plan submitted for 2026/27 is a breakeven position and includes a waste reduction programme (WRP) of £95m.

For Quarter 1, the Trust reported a year-to-date deficit of £14.0m which is £3.1m adverse to the NHSE plan. The biggest drivers of the year to date deficit are costs associated with the resident doctor's industrial action in April, medical pay award funding shortfall and under delivery of the waste reduction programme.

To recover the YTD deficit position and deliver the breakeven plan requires a significant step up in WRP delivery across the whole programme, in line with the approved plan, alongside other mitigations.

The risk range included in the latest Fundamental Review considered by the Board in June detailed achievement of the breakeven plan in the best case, a deficit of £49m in the mid case and £93.7m deficit in the worst case. The Trust is forecasting to deliver the breakeven plan however there are a number of risks within this with work continuing on mitigations.

To deliver the best case requires mitigations of £28.3m, with most of the mitigations highlighting that full delivery of the plans already identified within the waste reduction programme will result in delivery, including reducing worked WTE to a sustainable level. Additional mitigations are required for the resident doctor's industrial action in April and the medical pay award funding shortfall which are currently unmitigated in the YTD position.

The NHS oversight Framework latest published segmentation and league table based on 2025/26 Q4 financial performance gives the Trust a combined finance score of 1. The 2026/27 segmentation under the updated oversight framework has not yet been published, however the M3 YTD adverse variance to plan of £3.1m (0.56% of turnover) would be expected to result in a score of 3, with a combined finance score of 2 expected when considered with the other finance scoring metrics.

Capital & Cash Position



June 2026

Executive Owner: Jenny Ehrhardt (Chief Finance Officer)

Capital

2026/27

Whilst the Trust's submitted plan for 2026/27 is £109.7m, the Trust is working towards delivering a forecasted capital spend of £121.7m, which includes a £5.2m over-commitment compared to the Trust's CDEL allocation, with the remaining difference relating to donations. The over-commitment is expected to be funded by additional PDC funding bids and slippage within the current programme across the year. The revised plan with final internal allocations is as follows:

Programme	Forecast 2026/27 £000
Medical Equipment	13,992
Informatics	15,290
Building & Engineering	88,464
Building the Leeds Way	500
Leases	3,000
PFI Buildings Lifecycle	500
Total	121,746

The expenditure to 30th June 2026 was £12.3m. The ask was for 20% of the capital programme to be delivered by the end of June (£24.2m), a total of 40% to be delivered by September (£48.4m), with 70% being delivered by December (£84.8m). As the plan was only decided at the end of June, the current position is £11.9m away for the 20% ask, but it is expected that Programme Leads will now work towards achieving the 40% by September.

Capital expenditure forecasts are discussed with Programme Managers monthly together with orders raised and contracts awarded yet to be fulfilled. Progress is formally monitored each month at the Capital Planning Group and reported through the Finance & Performance Committee.

Cash

The June month end cash balance is £107.6m, a decrease of £16.7m. This is £3.1m less than the fundamental review M2 best case (£110.7m) which is due to in year movements in working capital.

Total receipts for the month amounted to £185m which included £1.9m for the May VAT return.

Total payments in month were £202m, comprising £109m for payroll and £93m for accounts payable. The accounts payables spend included £4.2m of capital invoices which included capital creditors and in-year transactions.

Bank interest of £0.4m was received in the month, with £1.4m received for the year to date. A total of £0.015m additional interest income has been received from the investments made with the National Loans Fund to date this year, where marginally higher interest rates were offered.

The risk around availability of cash for the Trust continues to be monitored weekly within the Finance Team, and remains on the Finance team risk register, which is considered at the Risk Management Committee on a six-monthly basis.

The latest Fundamental Review considered by the Board detailed year end forecast cash position projections of £86m on delivery of the best case, reducing to £34m in the mid case (around 6 'operating days' of cash) and only £8m in the worst case.



Statement of Comprehensive Income

June 2026

Executive Owner: Jenny Ehrhardt (Chief Finance Officer)

	Annual Plan £m	In Month			Year to Date		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
Commissioner Income (excluding Non-PbR Drugs, Blood and Devices)	1,351.3	112.6	114.0	1.4	337.8	340.3	2.5
Non-PbR Drugs, Blood and Devices	394.8	32.9	31.3	(1.6)	98.7	93.8	(4.9)
Sub-Total Commissioner Income	1,746.1	145.5	145.3	(0.2)	436.5	434.1	(2.4)
Other Clinical Income	15.2	1.3	0.9	(0.4)	3.8	3.1	(0.7)
Total Clinical Income	1,761.3	146.8	146.2	(0.6)	440.3	437.2	(3.2)
Other Income (non Covid)	313.1	25.5	28.3	2.8	76.6	81.8	5.2
Other Income (Covid Top Up; Testing; Vaccination)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	2,074.4	172.3	174.5	2.2	517.0	519.0	2.0
Pay Costs	(1,267.0)	(107.9)	(110.1)	(2.2)	(323.1)	(330.5)	(7.4)
Sub-Total Pay	(1,267.0)	(107.9)	(110.1)	(2.2)	(323.1)	(330.5)	(7.4)
Non Pay Costs (excl Non-PbR Drugs, Blood and Devices)	(418.5)	(35.6)	(37.2)	(1.6)	(107.5)	(110.6)	(3.2)
Non-PbR Drugs, Blood and Devices	(394.0)	(32.8)	(31.3)	1.5	(98.5)	(93.9)	4.6
Sub-Total Non Pay	(812.5)	(68.5)	(68.5)	(0.1)	(206.0)	(204.6)	1.4
Total Expenditure	(2,079.5)	(176.4)	(178.6)	(2.2)	(529.1)	(535.0)	(5.9)
EBITDA	(5.1)	(4.1)	(4.1)	(0.1)	(12.2)	(16.1)	(3.9)
EBITDA %			-2.4%			-3.1%	
Depreciation	(58.2)	(4.9)	(4.6)	0.3	(14.6)	(13.8)	0.7
Amortisation	(4.5)	(0.4)	(0.4)	(0.1)	(1.1)	(1.3)	(0.2)
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Investment Revenue	3.9	0.3	0.4	0.1	1.0	1.4	0.5
Other Gains and (Losses)	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)
Finance Costs	(24.6)	(2.1)	(8.8)	(6.7)	(6.2)	(11.5)	(5.3)
Dividends payable on Public Dividend Capital (PDC)	(13.9)	(1.2)	(1.0)	0.2	(3.5)	(3.3)	0.2
Retained Surplus/(Deficit) BEFORE ERF/TIF	(102.4)	(12.2)	(18.5)	(6.3)	(36.5)	(44.5)	(8.0)
Allowed Technical Adjustments							
IFRIC 12 Adjustment	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Asset Adjustment/ Peppercorn Lease	(2.5)	(0.2)	(1.0)	(0.8)	(0.6)	(0.5)	0.2
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
NHP Redundancy Provision	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Impact of consumables donated from other DHSC bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Adjusted Surplus/(Deficit) BEFORE ERF	(104.9)	(12.4)	(19.5)	(7.1)	(37.1)	(45.0)	(7.9)
Elective Recovery Fund (ERF)	115.3	9.6	9.6	(0.0)	28.8	28.8	(0.0)
Adjusted Surplus/(Deficit) INCLUDING ERF	10.3	(2.8)	(9.9)	(7.1)	(8.3)	(16.2)	(7.9)
Adjust PFI revenue costs to UK GAAP basis	(10.3)	(0.9)	5.6	6.5	(2.6)	2.2	4.8
Adjusted financial performance surplus/(deficit)	(0.0)	(3.6)	(4.3)	(0.7)	(10.9)	(14.0)	(3.1)

Statement of Financial Position



June 2026

Executive Owner: Jenny Ehrhardt (Chief Finance Officer)

	Year to date movement			In Month	
	Closing 31st March 2026 £m	As at 30th June 2026 £m	Year to date movement £m	Prior Month £m	In-month movement £m
Non-Current Assets:					
Property, Plant And Equipment	784.0	782.1	(1.9)	780.5	1.6
Intangible Assets	24.2	23.4	(0.8)	23.4	0.0
Trade And Other Receivables	14.5	15.2	0.7	15.7	(0.5)
Total Non-Current Assets	822.8	820.7	(2.0)	819.5	1.2
Current Assets:					
Inventories	29.9	29.8	(0.1)	28.6	1.2
Trade And Other Receivables	94.0	91.3	(2.7)	94.3	(3.0)
Cash and Cash Equivalents	134.0	107.6	(26.4)	124.3	(16.7)
Non-Current Assets Held for Sale	0.0	0.0	0.0	0.0	0.0
Total Current Assets	257.9	228.8	(29.2)	247.3	(18.5)
Total Assets	1,080.7	1,049.5	(31.2)	1,066.8	(17.3)
Current Liabilities:					
NHS Trade Payables	(3.0)	(2.0)	0.9	(1.8)	(0.2)
Trade and Other Payables	(278.0)	(261.2)	16.9	(275.3)	14.2
Borrowing / DH Loans	(2.1)	(2.1)	(0.1)	(2.1)	(0.0)
Other Financial Liabilities - PFI	(23.4)	(23.9)	(0.5)	(23.7)	(0.2)
Provisions For Liabilities And Charges	(3.3)	(3.3)	0.0	(3.3)	0.0
Total Current Liabilities:	(309.8)	(292.6)	17.2	(306.3)	13.7
Net Current Assets/ (Liabilities)	(51.9)	(63.8)	(11.9)	(59.0)	(4.8)
Total Assets Less Current Liabilities	770.9	756.9	(14.0)	760.5	(3.6)
Non-Current Liabilities:					
NHS Trade Payables	0.0	0.0	0.0	0.0	0.0
Trade and Other Payables	0.0	0.0	0.0	0.0	0.0
Borrowings / DH Loans	(7.2)	(7.2)	0.0	(7.2)	0.0
Other Financial Liabilities - PFI	(270.3)	(272.2)	(1.9)	(266.8)	(5.4)
Provisions For Liabilities And Charges	(8.5)	(8.4)	0.1	(8.5)	0.0
Total Non-Current Liabilities	(286.0)	(287.8)	(1.8)	(282.5)	(5.3)
Total Assets Employed	484.9	469.1	(15.7)	478.1	(8.9)
Financed By Taxpayers Equity					
Public Dividend Capital	702.3	702.3	0.0	702.3	0.0
Retained Earnings	(222.0)	(237.7)	(15.7)	(228.7)	(8.9)
Revaluation Reserve	4.5	4.5	0.0	4.5	0.0
Total Taxpayers Equity	484.9	469.1	(15.7)	478.1	(8.9)

Cash Flow Statement



June 2026

Executive Owner: Jenny Ehrhardt (Chief Finance Officer)

Cash Flow	Closing 31st March 2026 £m	As at 30th June 2026 £m	Previous Month £m
<u>Operating Activities</u>			
EBITDA	99.4	12.7	7.3
Donated assets received credited to revenue but non cash	(7.0)	(1.5)	(0.2)
Interest paid	(14.2)	(3.4)	(2.2)
Dividend paid	(9.1)	0.0	0.0
Decrease/(increase) in inventories	(0.5)	0.1	1.3
Decrease/(increase) in trade and other receivables	(22.0)	2.9	(1.5)
(Decrease)/Increase in trade and other payables	65.7	(11.2)	5.0
(Decrease)/Increase in provisions	(6.2)	(0.1)	(0.1)
Net cash inflow/(outflow) from Operating Activities	106.0	(0.4)	9.6
<u>Cash Flows from Investing Activities</u>			
Interest received	5.8	1.4	1.0
(Payments) for property, plant and equipment	(95.1)	(21.0)	(15.7)
Proceeds from disposal of property, plant and equipment	0.2	0.0	0.0
(Payments) for intangible assets	(1.2)	(0.4)	0.0
Proceeds from disposal of intangible assets	0.0	0.0	0.0
Receipt of cash donations to purchase capital assets	7.0	1.5	0.2
PFI lifecycle prepayments (cash outflow)	(6.8)	(1.8)	(1.2)
Net cash outflow from Investing Activities	(90.1)	(20.3)	(15.7)
Net cash inflow before Financing	15.9	(20.7)	(6.0)
<u>Cash Flows from Financing Activities</u>			
Public dividend capital received	60.5	0.0	0.0
Public dividend capital repaid	0.0	0.0	0.0
New capital investment loans	0.0	0.0	0.0
New revenue support loans	0.0	0.0	0.0
New finance lease	0.0	0.0	0.0
Other loans	0.0	0.0	0.0
Revenue support loans repaid	0.0	0.0	0.0
Capital investment loans repayment of principal	(2.1)	0.0	0.0
Capital element of finance lease and PFI	(22.6)	(5.7)	(3.6)
Net cash inflow/(outflow) from Financing Activities	35.9	(5.7)	(3.6)
Increase/(decrease) in cash	51.8	(26.4)	(9.7)
Cash at the beginning of the year	82.2	134.0	134.0
Cash at the end of the financial period	134.0	107.6	124.3

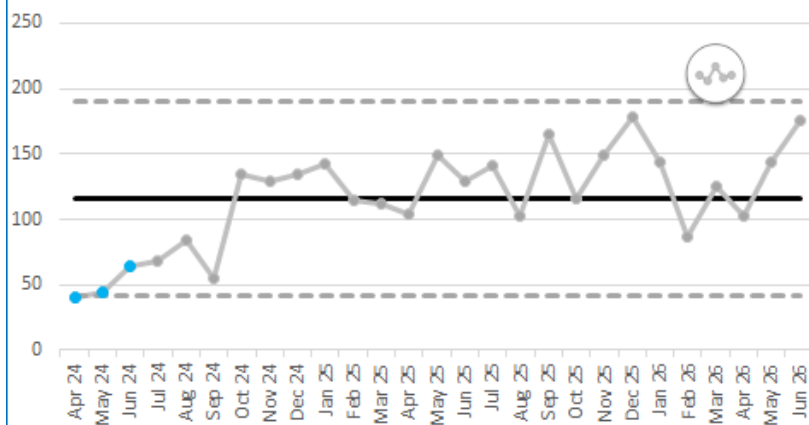
Supplementary Metrics Produced by Exception

Cancelled Ops

June 2026

Target-28-day breaches: 0
Performance – LMCO: 175
Performance – 28-day Standard: 39

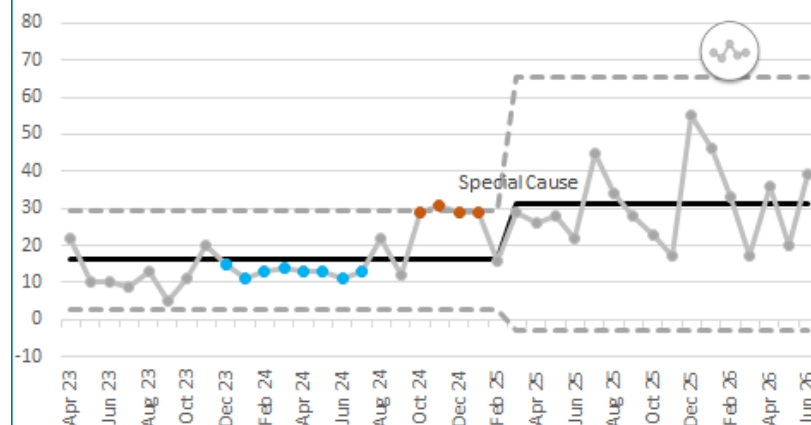
Last Minute Cancelled Ops



Executive Owner: Tim Hiles (Chief Operating Officer)

Variance: LMCO – Common cause variation.
28 day –Common cause variation

Cancelled Ops 28days



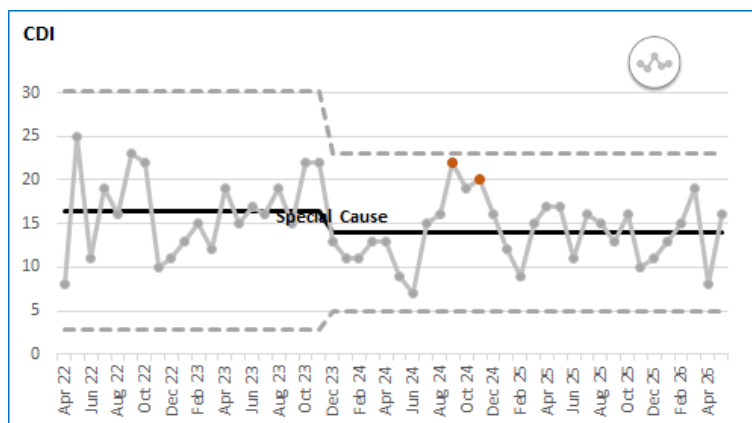
Background	Performance	Key Issues	Current Actions
Ensure all patients who have operations cancelled on the day of surgery, for non-clinical reasons are offered another binding date to be treated within a maximum of 28 days (zero tolerance standard)	Cancelled Operations 175 LMCO in June 2026. Cancellation reason 'Ran out of theatre time' equated to 34% of the total non-clinical LMCO on-the-day 28 Day Breaches - There were 39 breaches of the 28-day standard in June 2026 which is an increase from May - Ranked 78th out of 118	Increased numbers of LMCO and 28-day breaches due to: - bed pressures - Critical care capacity - NC2R patients in the bed base - Higher utilisation rates - Rising attendances and TCIs in ED across June - Risk that as more patients are added to lists to improve theatre utilisation more on-day cancellations may occur	- Focus on reducing on-day cancellations through improvements to the pre-operative and pre-assessment pathway including clinical screening questionnaires and new digitally 'declared fit' status - MEDC aims at reduced delayed step downs to try and reduce cancellations for ACC capacity - Ongoing trials of 'Golden patient' and standby patient lists to minimise and replace last minute cancelled ops as part of Hub Optimisation Weeks - Reinforcement of 'first-start' principles with particular focus in adult cardiac surgery and critical care given

Supplementary Metrics NHS Oversight Framework

CDI

May 2026

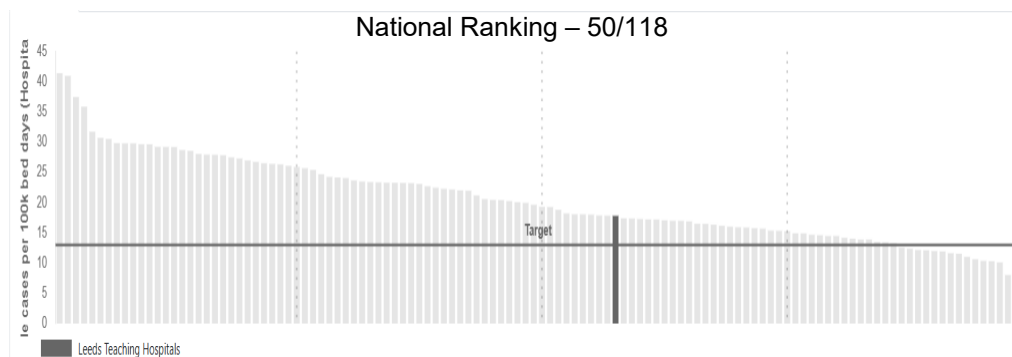
Target:
Performance: 16



Data as at 18/06/26

Executive Owner: Dr Elizabeth Garthwaite, Chief Medical Officer and Director of Infection Prevention & Control

Variance: Common cause variation. The process will regularly achieve the target



Data Source: Fingertips

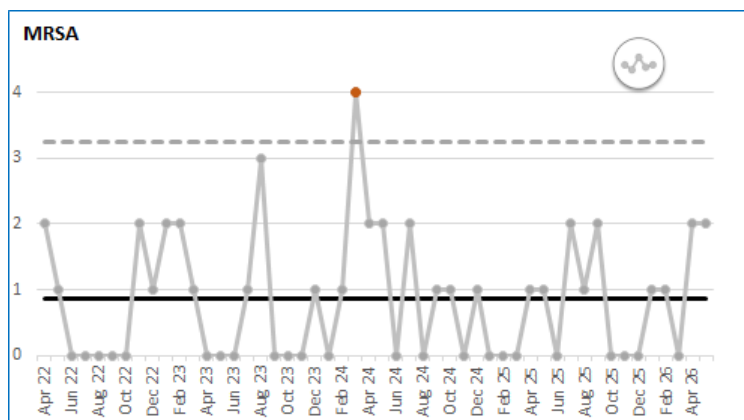
Data Period: March 2026

Background	Context	Action
The Trust HCAI thresholds for <i>Clostridioides difficile</i> infection (CDI), Meticillin Resistant <i>Staphylococcus aureus</i> (MRSA) and Gram-negative bloodstream infections (GNBSI) are determined nationally from NHSE and form part of the NHS Standard Contract. Thresholds for 2026/27 are awaited.	- The SPC chart demonstrates an increase above the mean in contrast to the previously recorded drop in April; the number of cases for May 2026 is 16. - National comparator Hospital Onset data from March shows LHT's position remaining in the third quartile ranked 50 out of 118 NHS Trusts, which is a deterioration from our previous position of 45.	- Focus on decluttering and equipment storage to facilitate cleaning - Weekly ward rounds continue with audit and feedback to clinical teams. Good practice and areas for improvement tasks are feedback to ward teams by email and action plans followed up by IPC - Antimicrobial stewardship – continued

MRSA

May 2026

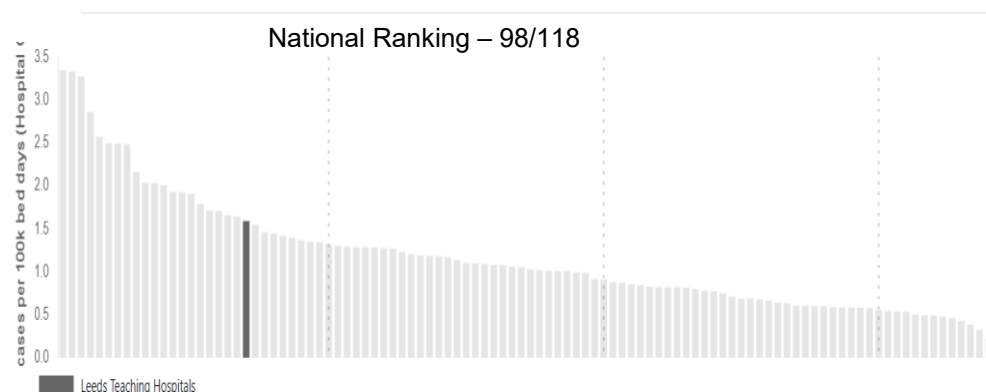
Target:
Performance: 2



Data as at 18/06/26

Executive Owner: Dr Elizabeth Garthwaite, Chief Medical Officer and Director of Infection Prevention & Control

Variance: Common cause variation. The process will regularly achieve the target



Data Source: Fingertips

Data Period: March 2026

Background	Context	Action
- There is a National 'zero tolerance' approach to MRSA bloodstream infections - National MRSA bacteraemia incidence has increased year on year since 2020 (lowest rates were seen during the COVID-19 pandemic), this is accounted for by increases in both healthcare-associated and community cases.	- The SPC chart shows LTHT has recorded 2 cases in May 2026 against a zero-tolerance approach. - National comparator Hospital Onset data from March shows LTHT's position remaining within the first quartile of the table and is ranked 98 out of 118 NHS Trusts. This is a deterioration from the previous position of 95.	- Source isolation in a single room, in line with the MRSA Guideline strengthened, weekly MRSA report identifying demand used to support safe patient placement - Trust Vascular Access Device Safety (VADS) group prioritising support for introduction of: - Criteria led removal - Digitalised Peripheral Cannula Document

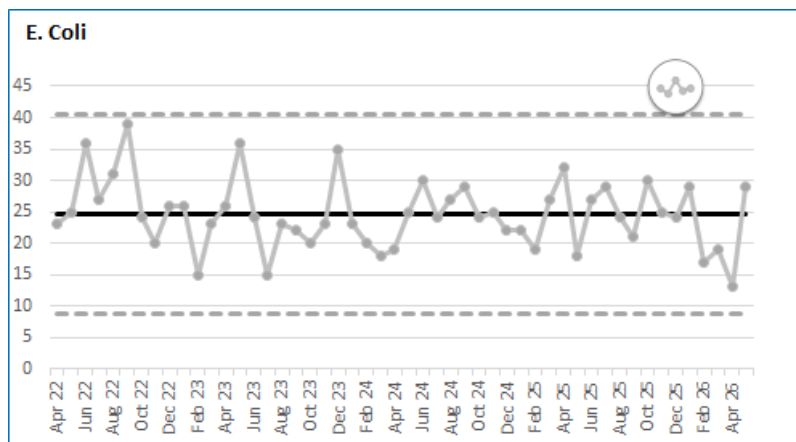
E. Coli

May 2026

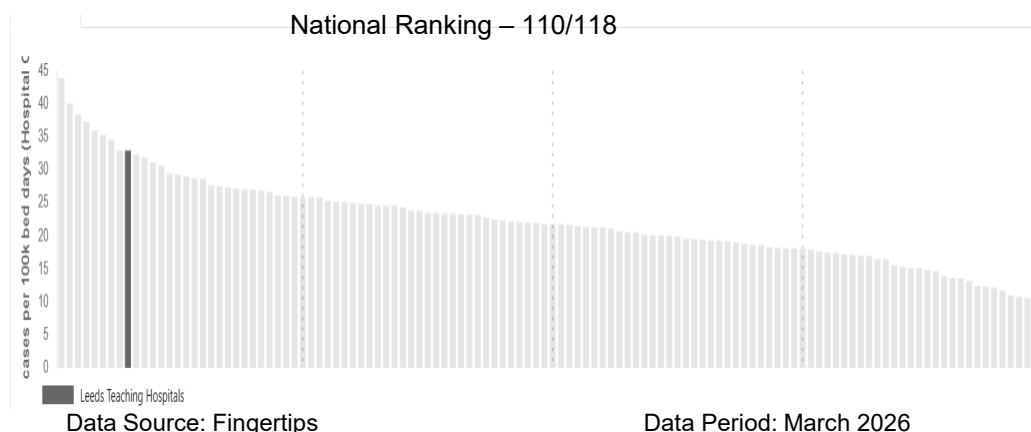
Target:
Performance: 29

Executive Owner: Dr Elizabeth Garthwaite, Chief Medical Officer and Director of Infection Prevention & Control

Variance: Common cause variation. The process will regularly achieve the target



Data as at 18/06/26



Background	Context	Action
The Trust HCAI thresholds for <i>Clostridioides difficile</i> infection (CDI), Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA) and Gram-negative bloodstream infections (GNBSI) are determined nationally from NHSE and form part of the NHS Standard Contract. Thresholds for 2026/27 are awaited.	- The SPC chart shows a sharp increase in cases above the mean for the first time since December . The number of E. coli cases for May 2026 is 29. - National comparator Hospital onset data from March shows LTH's position remaining within the first quartile of the table and is ranked 110 out of 118 NHS Trusts, with no change to the previously recorded position.	- Key areas of focus include enhanced device management by ensuring good ANTT knowledge, daily check that the device is still needed, robust device monitoring and criteria led device removal. - Preventing Urinary sepsis group established using dyad model of leadership and action

Appendix – A Guide to SPC

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

- If the target line is above the upper process limit you cannot expect to hit the target; doing so would represent a highly unusual occurrence as approximately 99% of values fall within the process limits
- Reset triggers (e.g. run of points above/below mean) set at 7 data points for Monthly however you need to first question the system, understand the cause and then only if, working with others, you're sure there's a new system, redraw the mean and limits from the point the new system was introduced.
- Baseline period (for setting mean & control limits) to be set at 12 data points for Monthly
- Baseline reset rules are only applied after the baseline period
- Whenever a data point falls outside a process limit (upper or lower) something unexpected has happened because we know that 99% of data should fall within the process limits.
- A run of values above or below the average (mean) line represents a trend that should not result from natural variation in the system. When more than 7 sequential points fall above or below the mean that is not deemed to be natural variation and may indicate a significant change in process. This process is not in control.
- When there is a run of 7 increasing or decreasing sequential points this may indicate a significant change in the process.

Appendix – A Guide to SPC

Variation			Assurance			
						
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Common cause - no significant change	'Pass' Variation indicates consistently - (P)assing of the target	'Hit and Miss' Variation indicated inconsistency - passing and failing the target	'Fail' Variation indicates consistently - (F)ailing of the target	Data Currently unavailable or insufficient data points to generate SPC

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low(L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Glossary

Full Name	Abbreviation
Associate Director of Operations	ADOP
Abdominal Medicine & Surgery	AMS
Better Payments Practice Code	BPP
Building the Leeds Way	BtLW
Cancer 2 Week Wait	Cancer 2WW
Clostridioides difficile	CDI
Chief Operating Officer	COO
Care Quality Commission	CQC
Clinical Service Unit	CSU
Cancer Wait Time	CWT
Did Not Attend	DNA
Director of Operations	DOPs
Emergency Care Standard	ECS
Emergency Department	ED
Faster Diagnosis Standard	FDS
First Definitive Treatment	FDT
General Practitioner	GP
Human Resources	HR
Health Safety Investigation Branch	HSIB
Hospital Standard Mortality Rate	HSMR
Integrated Care Board	ICB
International Financial Reporting Standards	IFRS
Key Performance Indicators	KPI
Leeds General Infirmary	LGI
Last Minute Cancelled Operations	LMCO
Length of Stay	LoS
Leeds Teaching Hospitals NHS Trust	LTHT

Full Name	Abbreviation
Multidisciplinary Team	MDT
Motor neurone disease	MND
Maternity & Newborn Safety Investigations	MNSI
Methicillin-resistant Staphylococcus aureus	MRSA
NHS England	NHSE
Plan, Do, Study, Act	PDSA
Patient Initiated Mutale Aid	PIDMAS
Personalised People Management	PPM
Patient Safety Incident Investigation	PSII
Right procedure right place	RPRP
Referral to Treatment	RTT
Service Delivery Accountability Meetings	SDAM
Same Day Emergency Care	SDEC
Summary Hospital Mortality Indicator	SHMI
Specialty & Integrated Medicine	SIM
Structured Judgement Review	SJR
St James University Hospital	SJUH
Statistical Process Control	SPC
National Strategic Information System	StEIS
Trauma Related Services	TRS
Venous thromboembolism	VTE
Waste Reduction Programme	WRP
West Yorkshire Association of Acute Trusts	WYAAT
Yorkshire Ambulance Service	YAS
Year to Date	YTD

Sub Groups	Abbreviation
Finance & Performance	F&P
Quality Assurance Committee	QAC
Quality Safety & Assurance Group	QSAG
Clinical Effectiveness & Outcomes Group	CEOG
Patient Experience Sub-Group	PESG
Mortality Improvement Group	MIG
Quality Improvement Steering Group	QISG