NHS
The Leeds Teaching Hospitals
NHS Trust

Integrated Quality & Performance Report

November 2026

Agenda Item 9.2

Summary - Performance

The Leeds Teaching Hospitals NHS Trust

Performance

KPI	Latest month	Performance	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
AE Attendances per day	Oct 26	1067.8	-			980.8	861.9	1099.7
Ambulance Handovers <15mins LGI	Oct 26	00:16:08	00:15:00			00:14:54	00:13:28	00:16:20
Ambulance Handovers <15mins SJUH	Oct 26	00:19:59	00:15:00			00:17:25	00:14:38	00:20:12
Last Minute Cancelled Ops	Oct 26	154	-			133	59	207
Cancelled Ops 28days	Oct 26	39	-			32	2	61
Cancer 28day FSD	Sep 26	77.2%	75.0%			76.3%	68.4%	84.1%
Cancer 31day	Sep 26	96.0%	96.0%			95.2%	93.2%	97.2%
Cancer 62 day	Sep 26	74.0%	85.0%			60.9%	50.8%	71.0%
Diagnostics	Oct 26	90.0%	95.0%			91.1%	87.3%	94.9%
DNA Rate	Oct 26	6.26%	-			6.82%	6.12%	7.51%
Outpatient DNA Volumes	Oct 26	8063	-			8188	6127	10249
ECS Monthly	Oct 26	75.5%	78.0%			75.4%	71.3%	79.6%
Elective LoS	Oct 26	4.1	-			4.1	3.2	4.9
Elective Readmissions	Oct 26	2.87%	-			3.24%	2.91%	3.57%
Non-Elective LoS	Oct 26	7.2	-			7.3	6.6	8.0
Non- Elective Readmissions	Oct 26	10.17%	-			11.37%	9.92%	12.81%
OPFU3months	Oct 26	37592	-			37959	35754	40164
RTT Performance	Oct 26	66.0%	92.0%			64.9%	63.3%	66.5%
RTT Total Waiting list	Oct 26	88967	-			89198	86706	91690
RTT 52 Week Breach Backlog	Oct 26	1791	0			1990	1594	2386
RTT 78Week Breach Backlog	Oct 26	101	0			39	1	77



Summary

The Leeds Teaching Hospitals NHS Trust

Quality Metrics

KPI	Latest month	Performance	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
VTE	Oct 26	96.9%	95.0%		P	96.6%	95.3%	97.9%
CDI	Oct 26	22	-			15	4	25
MRSA	Oct 26	0	-			1	-2	3
E. Coli	Oct 26	26	-			24	7	41
Pseudomonas	Oct 26	7	-			4	-2	9
Klebsiella spp	Oct 26	7	-			11	-1	23
Falls	Oct 26	213	-		?	204	149	258
Falls Rate per 1000 Bed Days	Oct 26	3.67	-			3.48	2.91	4.06
Developed Pressure Ulcers	Oct 26	49	-			46	24	68
Developed Pressure Ulcer Rate	Oct 26	0.85	-			0.73	0.24	1.23
SHMI	Oct 26	114.1	100.0	H	F	112.4	110.8	114.0
Still Births	Oct 26	5.20	5.20	H	P	4.09	3.38	4.79
Rolling Extended Perinatal mortality rate (all NND)	Oct 26	9.20	-	L		9.28	8.31	10.25
Number of MNSI Referrals	Oct 26	2	-			1	-2	4
% Complaint Responses Sent Within Target Times (LR1 let	Oct 26	42%	80%		F	35%	13%	56%
% CSU Draft Comments Received Within Target Times (LR	Oct 26	41%	80%	L	F	50%	32%	68%
Median Response Lead Time (Days)	Oct 26	51	-			51	39	64
Defect Rate	Oct 26	2%	15%		?	9%	-6%	24%
PALS Concerns - % Patients contacted in 2 w/days	Oct 26	48%	80%	L	?	72%	63%	82%



Core Metrics

The Leeds Teaching Hospitals NHS Trust

Measure	Reporting Period	Performance	Target	Assurance
Colleague Engagement	Sep-25	6.7	6.7	
Local Induction	Oct-26	91.42%	85%	
Afc Appraisal Rate	Oct-26	94.65%	95%	
Mandatory Training Compliance Rate	Oct-26	88.28%	85.00%	
Voluntary Turnover	Oct-26	4.89%	5.45%	
Rolling Sickness Absence Rate	Oct-26	5.35%	4.90%	
In-Month Vacancy Percentage	Oct-26	6.06%	N/A	
Worked FTE as % of Establishment +	Oct-26	97.64%	< 100%	

The above metrics are used as part of the People Improvement Framework (PIF) and used in the Trust's Integrated Accountability Framework

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Core Metrics

Ambulance Handover

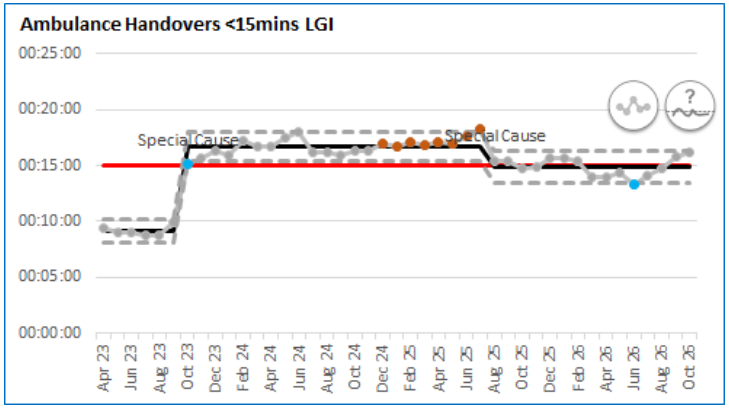
The Leeds Teaching Hospitals NHS Trust

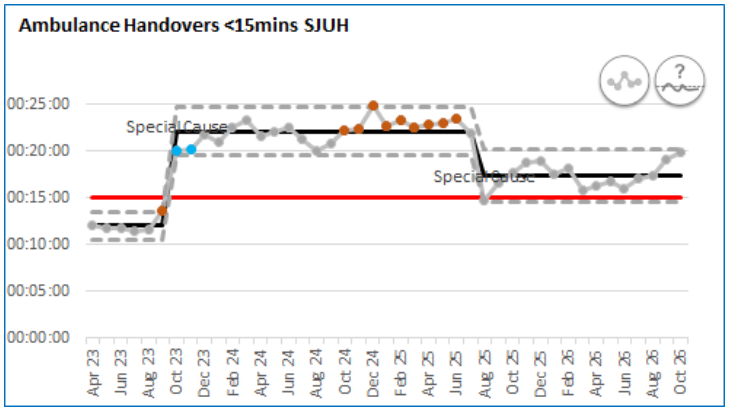
October 2026

Target: <15mins
Performance – LGI : 00:16:08
Performance – SJUH : 00:19:59

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





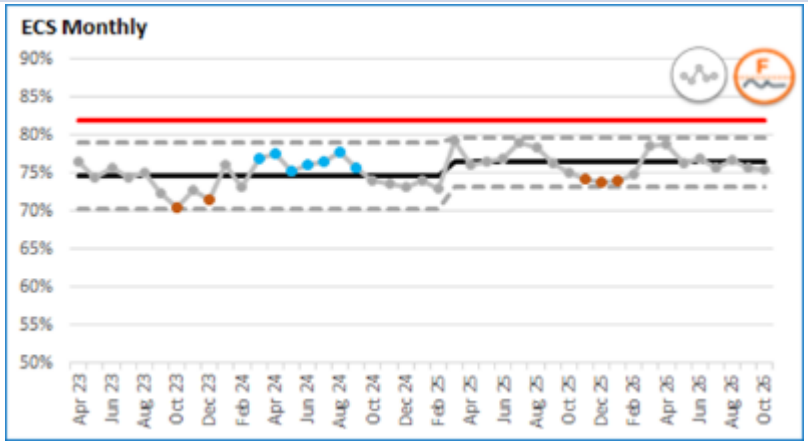
Background	Performance	Key Issues	Current Actions
• 95% of all handovers should take place within 15 minutes • On average the first 7 minutes of the 15-minute allocation for ambulance handover is taken by the ambulance crew parking the vehicle and "off loading" (YAS term) the patient. This leaves 8 minutes for booking-in and clinical handover to the A&E nurse	• LGI: October 2026 average ambulance handover time was 16:08. • SJUH: October 2026 average handover time was 19:59. • The Trust average handover time for October was 18:23. • LGI placed 13th and SJUH placed 54th out of 183 hospitals for ambulance handovers for September 2026 (latest data available)	• The ambulance handover clock starts when the ambulance is 25 metres from the A&E front door, rather than at the point of arrival at the ED handover area. • Following LTHT validation of the ambulance handover dataset, YAS has confirmed that they will no longer retrospectively update/amend their dataset following local validation. As a result, the data submitted to NHSE will contain some errors and will not fully align with locally validated records	• Continue real-time monitoring of ambulance arrivals and handover performance, with escalation processes activated during periods of increased demand to protect rapid offload capacity and minimise delays • LTHT will continue to highlight material discrepancies between locally validated information and the YAS/NHSE dataset and continue to report this into YAS for their learning and for data accuracy and transparency

Emergency Care Standard

The Leeds Teaching Hospitals NHS Trust

National Planning Priority Target March 2027: 82%
Performance: 75.5%

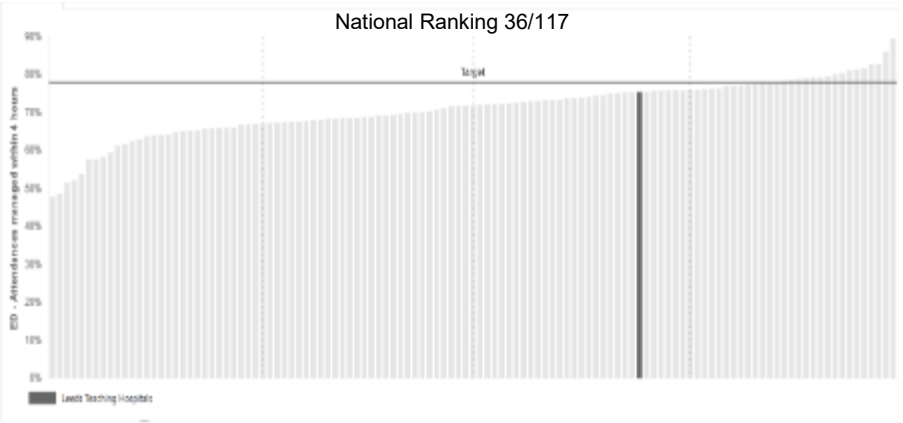
October 2026



Executive Owner: Tim Hiles (Chief Operating Officer)

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

National Ranking 36/117

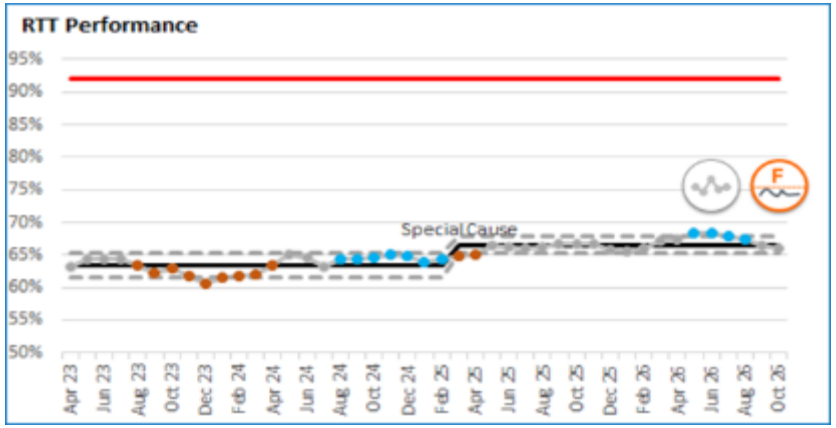


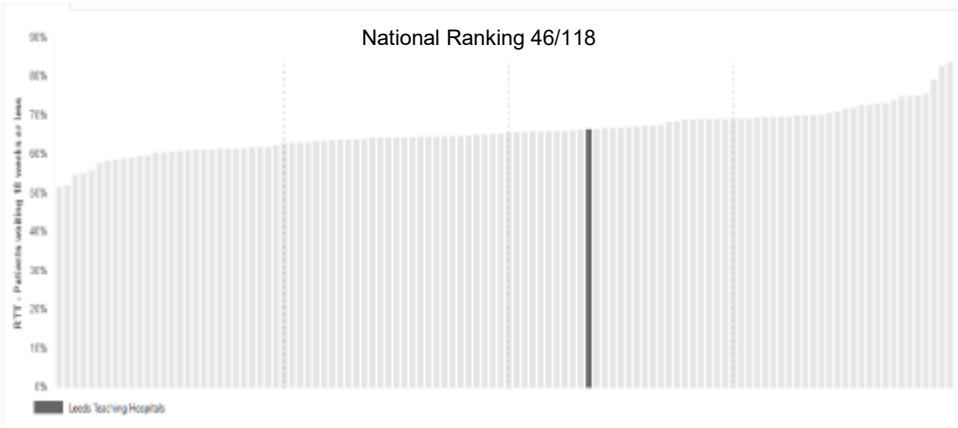
Background	Performance	Key Issues	Current Actions
• The constitutional standard is that 95% of attendees to A&E will be admitted, transferred or discharged in 4 hours • The 2026/27 national planning requirement is to deliver 82% in March 2027 • LTHT consistently remains in the top third of Trusts for delivery	• LTHT ECS was 75.5% for October 2026. National average was 71.8% • LTHT ranked 36th out of 117 Trusts for ECS performance in October 2026 and 3rd amongst the 10 peers • LTHT had the 2nd highest volume of attendances amongst peers • In October 2026 ECS for Children was 87.4% • LTHT ECS performance was 4.1% below the nationally submitted NHSE trajectory for October	• Reduced UTC/walk-in Centre activity and associated increased ED demand remain the biggest issue, with lower activity through these services estimated to account for a 2.0% reduction in ECS performance • Minor Illness Service instability and delays have contributed to a 1.3% deterioration in ECS performance • EEMAC implementation pauses have delayed the delivery of planned performance improvement, with an estimated 1.1% of planned improvement not yet realised • Summer flow constraints has impacted ECS performance through ED congestion and reduced front-door flow	• **ECS Recovery Programme:** Delivery of the internal ECS Recovery Programme is underway, targeting the key drivers of performance to support achievement of the 2026/27 target of 82% by March 2027. Current ECS performance is 0.42 percentage points ahead of the planned internal trajectory • **Minor Illness Service:** Formal contract management meetings are now established to review provider performance and agree an improvement trajectory, with a particular focus on increasing attendances in line with improving roster fill • **EEMAC Optimisation:** LGI Perfect Week trial successfully completed in October, identifying opportunities to improve patient flow and maximise the appropriate use of EEMAC. Learning from the trial will inform the rollout of the optimised model as business as usual from December 2026

RTT

The Leeds Teaching Hospitals NHS Trust

October 2026	**Executive Owner: Tim Hiles** (Chief Operating Officer)
National Planning Priority Target March 2027: 73.35% **National Planning Priority Target October 2026: 70.50%** **October Performance: 66.04%**	**Variance:** Common cause variation. The process will fail to achieve the target



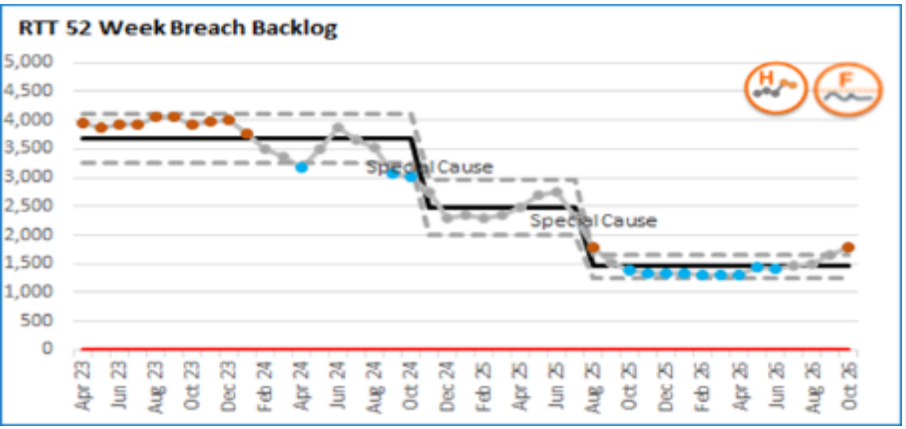


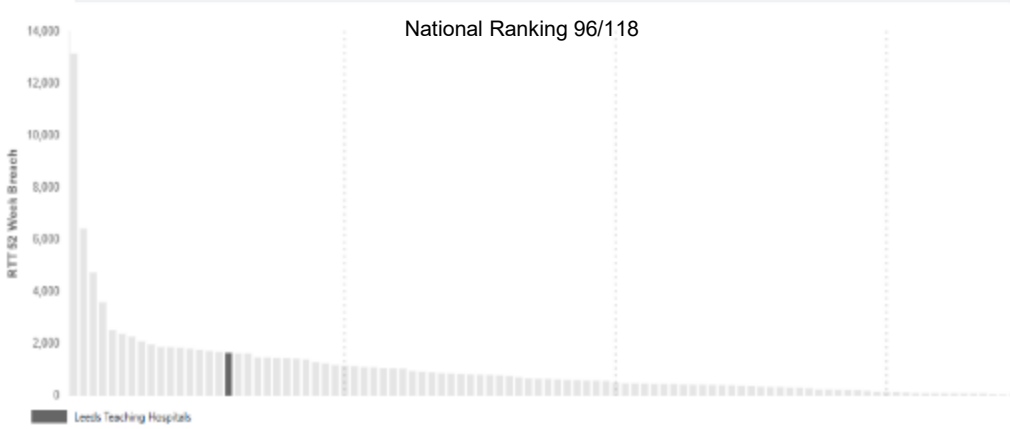
Background	Performance	Key Issues	Current Actions
• The constitutional standard is 92% of patients are treated within 18 weeks of referral • The 2026/27 national planning guidance required an improvement of 7% by March 2027 with the Trust agreed target set at 73.35%	• 18-week RTT performance was 66.04% in October 2026 a 0.38% reduction from 66.42% in September. 4.46% below the October plan of 70.50% • TWL increased by 1,120 patients, from 87,847 in September 2026 to 88,967 in October. • Patients waiting over 18 weeks increased by 721 patients from 29,495 in September 2026 to 30,216 in October. • 1st OPA under 18 weeks increased slightly (0.52%) from 72.03% in September to 72.55% in October.	• Demand growth exceeds elective capacity in a small number of specialties driving waiting list growth • Workforce and theatre constraints limiting reduction in long waits • Variation in pathway management and RTT processes identified through recovery board	• RTT Recovery Board established (13 Oct) with monthly executive oversight, trajectory monitoring and escalation of delivery risks • Recovery plans in development for 7 challenged CSUs via the Integrated Accountability Framework for completion by 4th December • Increased activity proposal to ICB awaiting approval • Trust-wide programme launched to strengthen RTT policy compliance, PTL management, pathway validation and reduction of 52/65 week waits

RTT 52 Weeks

The Leeds Teaching Hospitals NHS Trust

October 2026	**Executive Owner: Tim Hiles** (Chief Operating Officer)
National Planning Priority Target March 2027: 1% (c750) **National Planning Priority Target October 2026: 1% (c818)** **October Performance: 2.0% (1791)**	**Variance:** Special cause variation. The process will fail to achieve the target





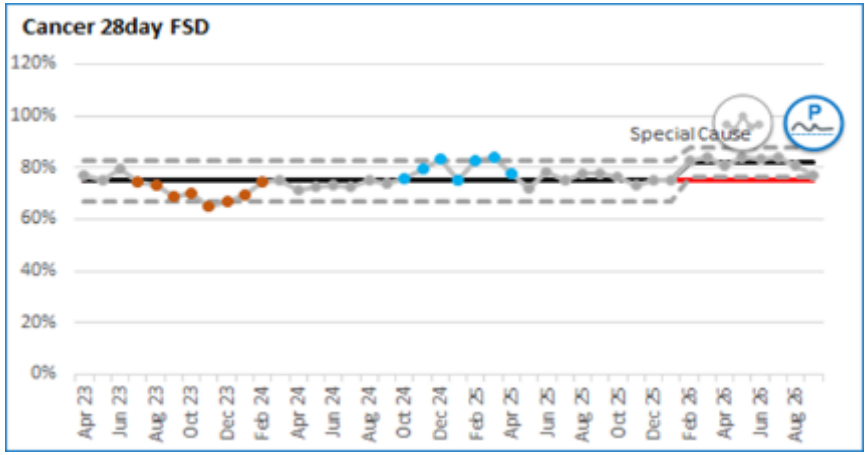
Background	Performance	Key Issues	Current Actions
• Planning guidance for 2026/27 requires Trusts to ensure that fewer than 1% of patients on an RTT clock have waited over 52 weeks	• LTHT has seen a growth in patients waiting over 52 weeks for the 4th consecutive month. • At October month end there were 1,791 patients compared to 1,650 in September. • 52-week waits accounted for 2.01% of total waiting list in October 2026. 1.01% above plan • 4 of 13 CSUs met their 52-week trajectory in October	• Growth in 52 and 65 week waits concentrated within a small number of specialties, particularly Neurosciences, Women's, Head & Neck and TRS • Theatre and workforce constraints continue to limit recovery capacity • Clock starts continue to exceed clock stops in challenged services, resulting in ageing waits	• Fortnightly Trust wide PTL reviews implemented for all 52-week breaches and forecast breaches • Dedicated focus on 52- and 65-week cohorts through RTT Recovery Board workstream with specialty escalation where trajectories are off plan • Targeted CSU recovery plans focused on capacity utilisation, first outpatient access, waiting list validation and long wait reduction • RTT Recovery Board will give monthly executive oversight • Increased activity proposal to ICB awaiting approval

Cancer 28 Day Faster Diagnostic

The Leeds Teaching Hospitals NHS Trust

September 2026

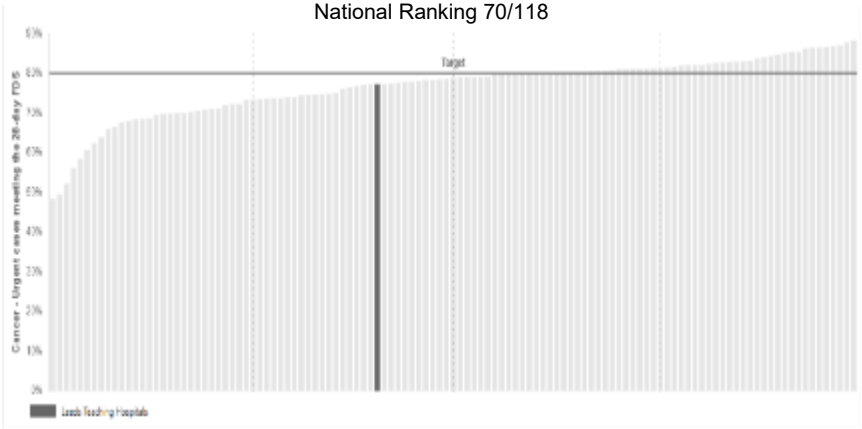
Target: 80%
Performance: 77.2%



Executive Owner: Tim Hiles (Chief Operating Officer)

Variance: Special cause of improving nature. Pass variation indicated

National Ranking 70/118



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 for September was 77.2% • Performance was 80.6% for August 2026 • Ranked 70th of 118 Trusts for September 2026	• Workforce challenges in Breast pathway • Increase in referrals though NSS pathway • Delays with Neck Lump one-stop-shop	• Symptomatic Breast: 2ww capacity continues to be reduced and impacted Trust performance for September. However, this is now meeting the planned trajectory • Breast 2ww backlog increased but still within expected breach date. Recovery expected from mid September to December. VO in place to support locum bank radiologists and consultant radiologist from around region to provide additional capacity • Increase in NSS likely due to changes in the IDA/Colorectal 2ww pathway. Working with colleagues in Primary Care to identify patterns and key opportunities. Discussing models of delivery with other Trusts meeting metric (Birmingham) • Expected start date for Neck Lump one-stop-shop delayed from September due to equipment supply issues. Expected to arrive in December so teams are developing plans for a Dec/Jan start date

Cancer 31 day

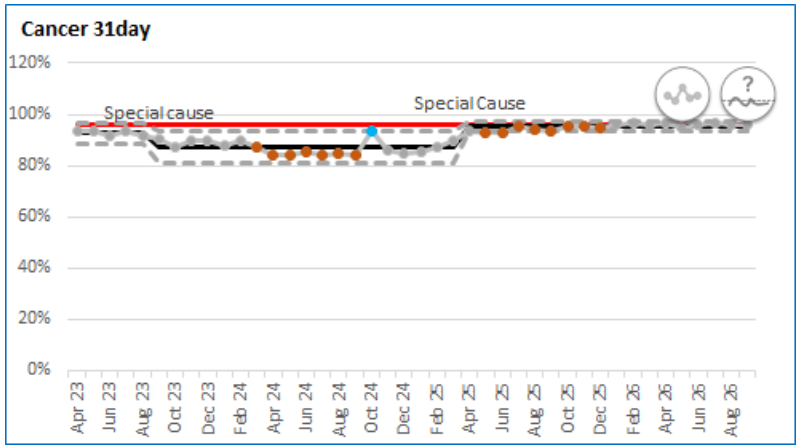
The Leeds Teaching Hospitals NHS Trust

September 2026

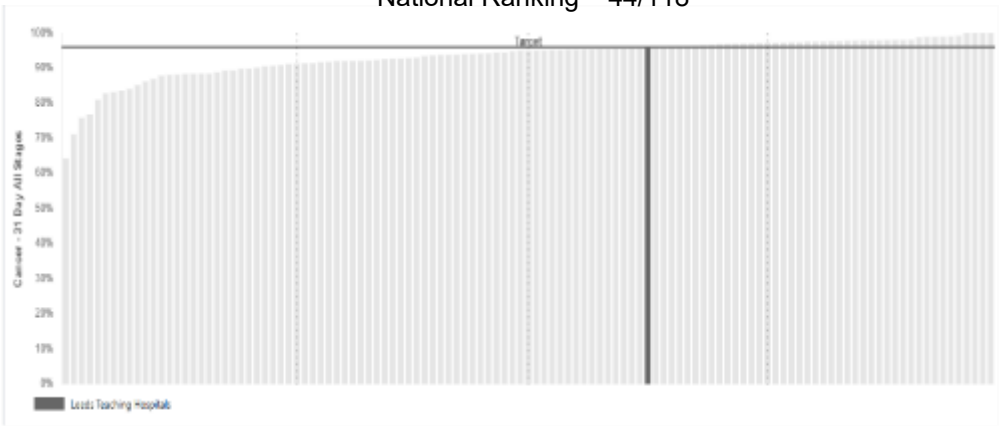
Target: 96%
Performance: 96.0%

Executive Owner: Tim Hiles (Chief Operating Officer)

Variance: Special cause of improving nature.



National Ranking – 44/118



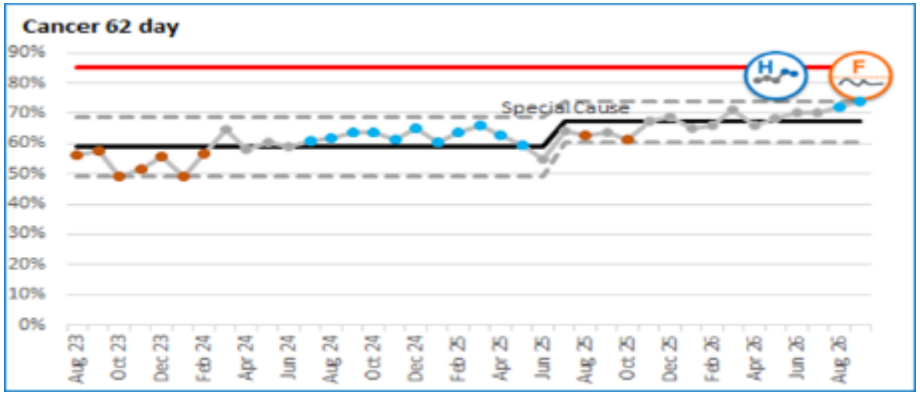
Background	Performance	Key Issues	Current Actions
• 96% of patients should receive treatment within 31 days • This includes patients receiving both first and subsequent Cancer treatments	• September delivery is currently 96.0% • Ranked 44th out of 118 Trusts for September 2026	• Surgical capacity is the main constraint when compared to other treatment modalities. However, this is not preventing delivery against this target	• Additional theatre capacity allocated to TRS to support skin position • Access to surgical robot remains a key constraint with services continuing to flex lists to respond to peaks in demand. • Reviewing models of delivery at other sites for ION Robotic Bronchoscopy to reduce waiting times for Lung cancer patients • Most services delivering surgical treatment below 21 days on average. Conversations ongoing with those who are delivering above 21 days to understand opportunities to reduce

Cancer 62 Days

The Leeds Teaching Hospitals NHS Trust

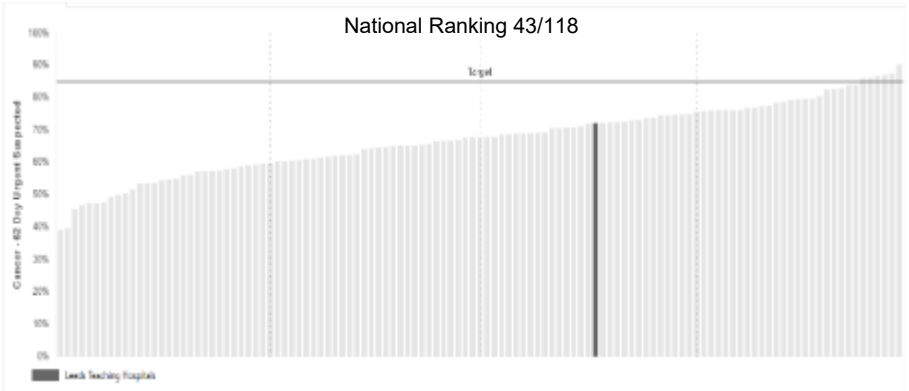
September 2026

Target: 75%
Performance: 74.0%



Executive Owner: Tim Hiles (Chief Operating Officer)

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



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 for September was 74.0% • For August 2026 performance was 72.1%. • For July 2026 performance was 70.5%. • Ranked 43rd of 118 trusts in September 2026	• 62-day backlog has increased over summer, to between 180-190 • High tip in September / October – impact of summer annual leave and sustained high referrals • Patients waiting over 104-days reduced to 18	• Pathology to ensure all path is reported within target (usually 6 weeks after reporting month). This has had a positive impact, with only 20-30 patients not reported • Plans to roll-out pathway workshops with H&N and Gynae for Q3 and Q4. Urology, LGI, UGI and Lung now established • Outsourcing to recover seasonal demand increase in skin alongside maximising in-house capacity. Continued focus at 43+ days to minimise tip into backlog • Surgical capacity assessment to plan reduced waiting for treatment to support delivery of year-end position • One-stop-shop pathway for thyroid and H&N – planned December 26 • C&D review complete in oncology. Recruitment progressing (1 MO locum appointed, 1 CO locum starting Dec). Phase 2 BC submitted, reviewing Clinical Oncology sustainability & future service model • Scoping potential use of EPROMs to create NSO capacity for new patients – Trust-wide work aiming to deliver in Q3 • IPT discussions across the region are taking place to ensure equity of access to care. Reviewing 24 days target opportunities with key services for improvement

Diagnostic Waits

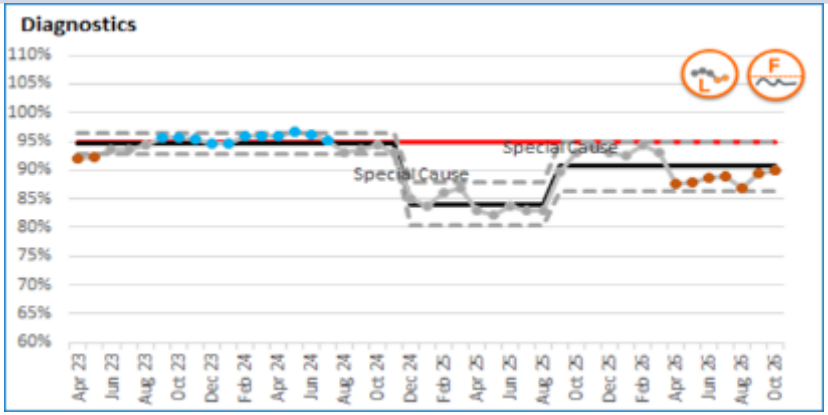
The Leeds Teaching Hospitals NHS Trust

October 2026

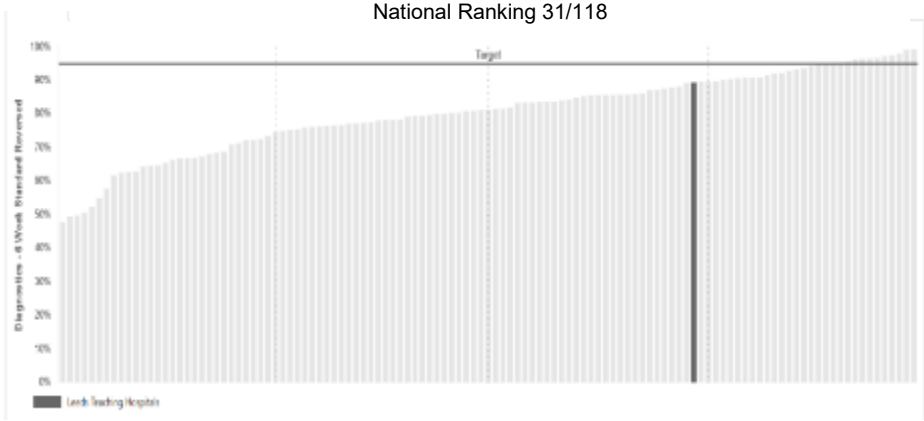
Executive Owner: Tim Hiles (Chief Operating Officer)

National Planning Priority Target March 2027: 94.56%
National Planning Priority Target October 2026: 93.78%
Performance: 90%

Variance: Common cause variation. Hit and Miss variation indicated



National Ranking 31/118

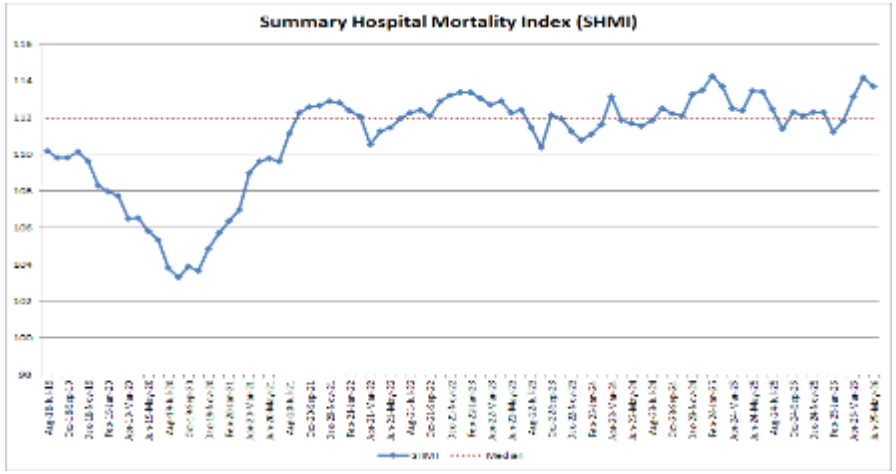


Background	Performance	Key Issues	Current Actions
• Constitutional standard is that 99% of patients wait no more than 6 weeks for a routine diagnostic test • NHS Medium term planning - Improve performance in 2026/27 to deliver a minimum 3% improvement or performance of 80% or better	• Ranked 31 of 118 Trusts (acute and combined) for September 2026 • Diagnostic waiting list was 18,701 and 1871 patients breached 6 weeks in October	• Ultrasound have had significant staffing capacity challenges since March 2026 • MRI delays for Paediatric GA due to anaesthetist & theatre capacity • CT capacity challenges • Paediatric endoscopy theatre capacity shortfalls with static breach position and long waits. Current insourcing contract with Pioneer ended- reduced weekend capacity	• Ultrasound: 1200 patients outsourced each month. Ongoing recruitment challenges. Increased agency sonographer support from October • MRI liaising with T&A re opportunities to increase Paediatric GA capacity – SBAR with T&A • CT – C&D being reviewed along with any demand optimisation opportunities. Additional agency radiographers started in November to support capacity at CDC • Audiology – additional sessions to reduce overdue follow-up waits. Breach numbers reduced further in October • Insourcing contract for paediatric endoscopy under review for renewal. Review in place of longest waits for colonoscopy with a trajectory being completed to achieve a target of zero >6 month waits by Jan/Feb 2027

Mortality

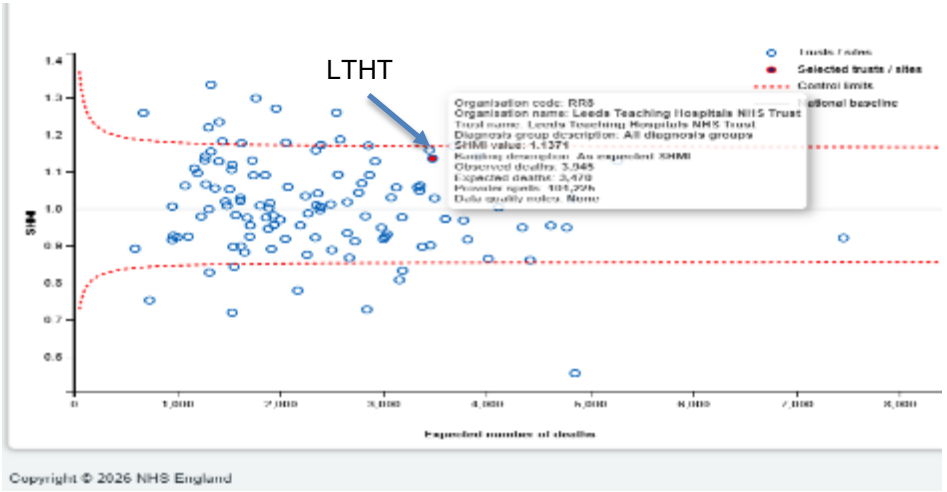
June 2025 – May 2026

Target: 100
Performance – SHMI: 113.7 "As Expected"



Executive Owner: Dr Elizabeth Garthwaite(Chief Medical Officer)

Variance: Common cause variation.

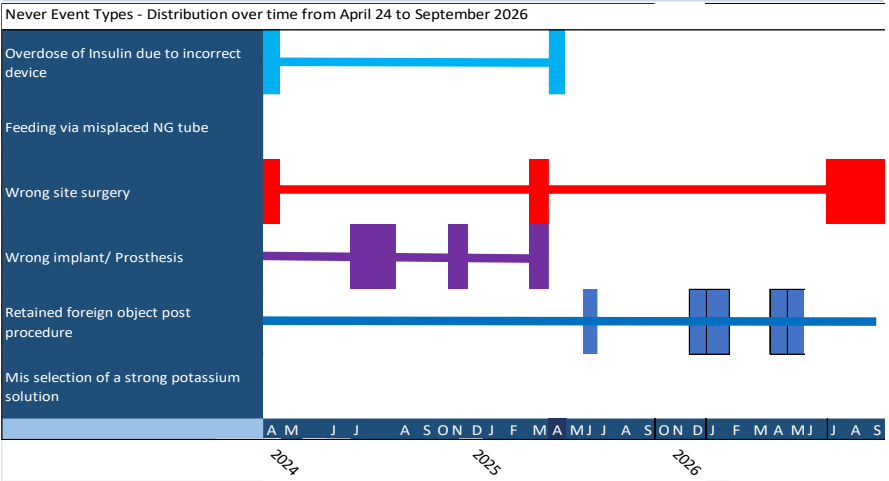


Background	Context	Action
• There are two national Trust-level risk adjusted measures of mortality; the Summary Hospital Mortality Indicator (SHMI) and the Hospital Standard Mortality Rate (HSMR). These are used by NHSi and the CQC to inform the mortality alert process, and are calculated using a twelve month rolling average.	• The Trust SHMI for June 2025 – May 2026 was 113.7 and "As Expected". • The Upper Control Limit was 117.0	• 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

Q2 (2026/27)

Target: 0
Performance : 5 (YTD)



Executive Owner: Dr Elizabeth Garthwaite(Chief Medical Officer)

Variance: Common cause variation.

Never Events 2024/26	Q1 24-25	Q2 24-24	Q3 24-25	Q4 24-25	Q1 25-26	Q2 25-26	Q3 25-26	Q4 25-26	Q1 26-27	Q2 26/27	Total
Wrong site surgery	1	0	0	1	0	0	0	0	0	3	5
Wrong implant/ Prosthesis	0	2	1	1	0	0	0	0	0	0	4
Retained foreign object post-procedure	0	0	0	0	1	0	1	1	2	0	5
Insulin overdose due to abbreviation or incorrect device	1	0	0	0	1	0	0	0	0	0	2
Total	2	2	1	2	2	0	1	1	2	3	16

Background

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.

In Q2 2026/27 there were three wrong site procedures completed where recognised checking processes had not been followed adequately. These occurred in Radiology and Children's CSU's.

Context

The number of Never Event incidents are reported to our commissioners each quarter via the national Strategic Information System (StEIS).

There have were 4 Never Events reported in 2025/26.

1. Overdose of Insulin due to wrong device (ACC).
2. Retained surgical item (ENT Theatres WGH).
3. Retained Surgical item (Interventional Radiology/ENT)
4. Retained surgical item (Gynaecology theatre).

Five Never Events have been reported in 2026/27.

1. Retained CVC wire (Theatres & Anaesthesia)
2. Retained swab in vagina (Women's)
3. Wrong site angioplasty (Radiology)
4. Wrong site nerve block (Radiology)
5. Procedure on wrong patient (Children's)

Action

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 this was the most effective review methodology.

Learning and actions from Never Events are subject to review at the WYAAT shared learning group chaired by LTHT.

Maternity

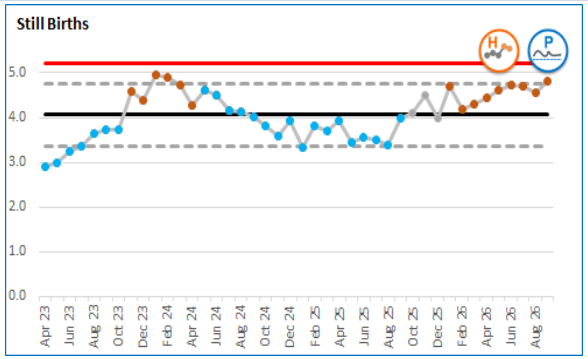
The Leeds Teaching Hospitals NHS Trust

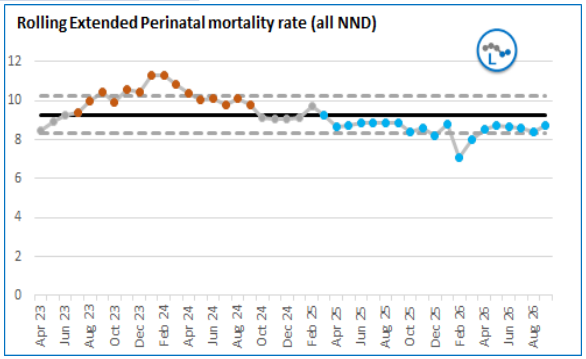
September 2026

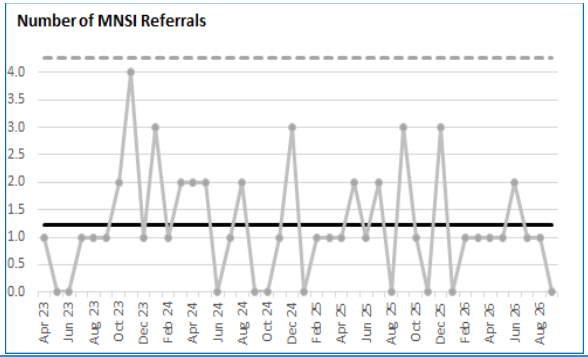
Still Birth Rate: 4.8
Extended Perinatal Mortality Rate: 8.7
Number of MNSI Referrals: 0

Executive Owner: Beverley Geary (Chief Nurse)

Variance: – Common Cause Variation.







Background

- 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

Context

- There were 4 still births in the reporting period that will be reviewed through the PMRT process.
- There was 2 inborn neonatal death associated with extreme prematurity.
- There was 0 outborn neonatal death, baby was transferred to Leeds for intensive care facilities, all maternity care provided by another provider
- There were 0 new referrals to MNSI in September 2026.

Action

- 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.
- Review outcomes through a health equity lens to support any learning and service development opportunities.

Sickness Absence Rate

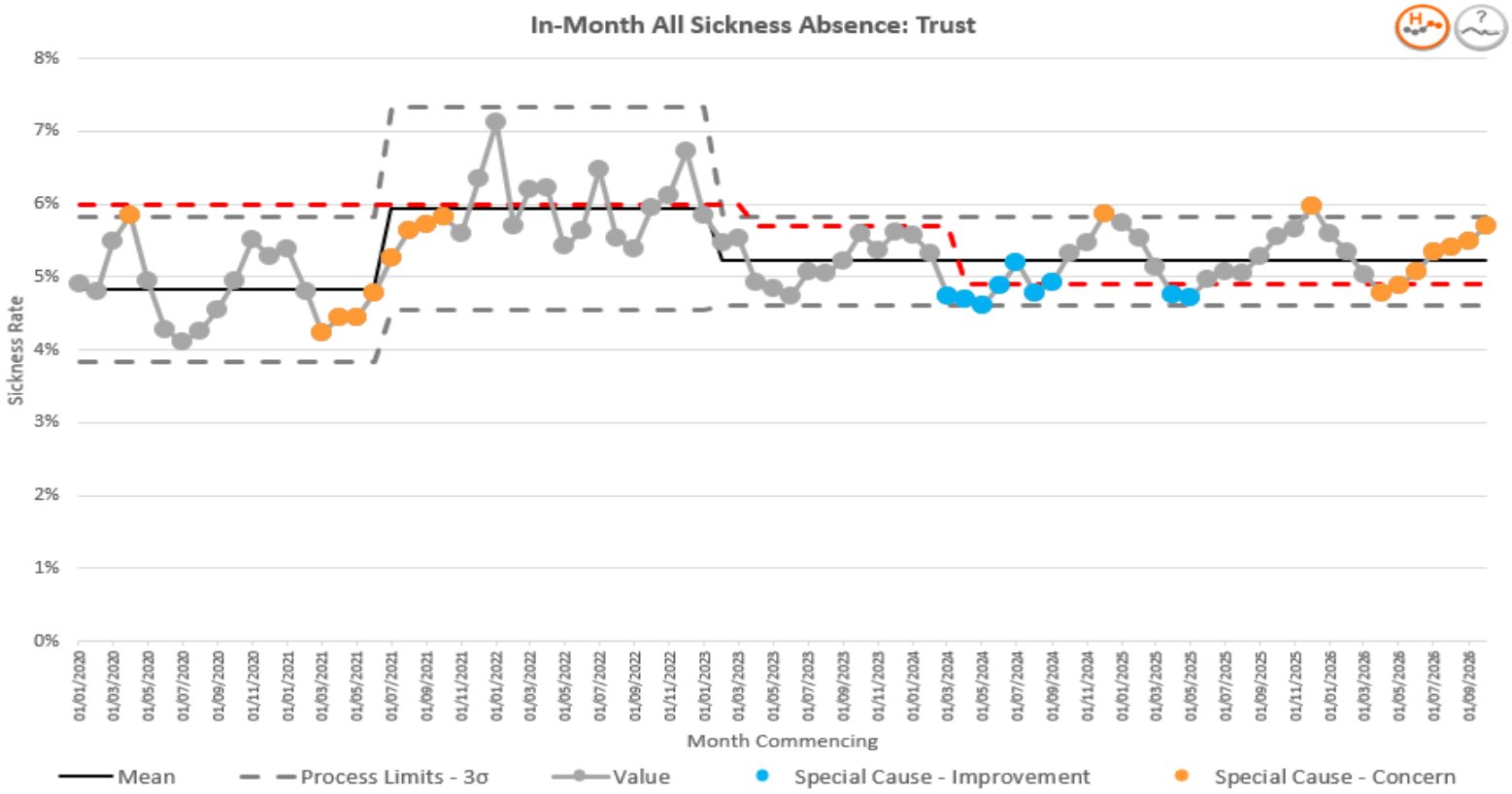
The Leeds Teaching Hospitals NHS Trust

October 2026
Target: 4.9 % **Performance (Rolling Sickness Absence Rate): 5.35**% (Avg Calendar Days Lost Per Person – 17.9)
Variance: Common cause variation in month.

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Rebecca Wolfenden, Deputy Director of People

Sub-Groups: People Action Group, People Committee



Sickness Absence Rate

The Leeds Teaching Hospitals NHS Trust

October 2026	**Executive Owner:** Suzanne Dunkley, Chief People Officer
Target: 4.9 % **Performance (Rolling Sickness Absence Rate): 5.35**% (Avg Calendar Days Lost Per Person – 17.9)	**Management/Clinical Owner:** Rebecca Wolfenden, Deputy Director of People
Variance: Common cause variation in month.	**Sub-Groups:** People Action Group, People Committee

Context	What the chart tells us	Actions
• The Trust is seeking to reduce sickness absence levels to reduce costs and improve colleague health and wellbeing. • LTHT is ranked 63rd of 202 Trusts nationally for sickness absence (source Model Hospital NOF Score) and 7th out of 33 in North East and Yorkshire region reflecting a positive position (in the best performing quartile). • Areas within the Trust with the highest sickness absence rates include Outpatients, Chief Nurse, Theatres & Anaesthesia and Women's CSUs.	Sickness is now showing special cause concern following 7 consecutive months of deterioration. We are also now heading into winter which usually sees further increases to January.	• The Trust-wide Attendance Improvement Group is progressing a programme of work to improve attendance and workforce availability. Work to date has included: reviewing national best practice and the Trust's current attendance arrangements; benchmarking LTHT's sickness absence position; and reviewing how absence is analysed, managed and assured across the Trust. • The current phase is focused on developing a consistent Trust wide approach to strengthening data and monitoring arrangements in absence deep dives (30th November 2026); reviewing the Trust's attendance assurance process, supported by a PWC audit (findings expected on/around 16th November 2026); improving access to attendance guidance and manager support (completed); and identifying recommendations to support implementation of the new Supporting Attendance Policy (still under consultation, meeting with Staff Side in November). A dedicated intranet page has been set up which contains all absence guidance and templates which will make it easier for managers and colleagues to access. Collectively, this work is intended to support sustainable reductions in sickness absence and, in turn, reduce the requirement for bank and other temporary staffing. • Manager Guidance for OH Referrals has been written and is currently out for consultation with operational managers to ensure it provides the right information for them to understand when and how to make the most effective OH referral enabling the most relevant intervention. • The PIF is deployed to identify CSUs requiring additional support for sickness absence, e.g.: - 1:1 work is taking place in T&A and Women's, especially in hot spot service areas and with new Team Leaders. - Women's has seen a review of all long-term sickness absence cases. Quad members and the Director of Nursing attend sickness absence assurance meetings until there is assurance about their effectiveness. - In T&A, Team Leaders now attend assurance meetings (previously Matrons only) to support them with ownership and decision-making specific cases. - Focused work has taken place in LDI, specifically in relation to administrative and clerical roles where there has been the largest increase in absence. Case-by-case reviews have been completed. - A deep dive has been undertaken in Outpatients. Actions have been identified and are being tracked via IAMs. - Chief Nurse CSU assurance meetings are now established led by the Deputy Chief Nurse. Hot spots are under review with the support of the by Operational HR team. • The Trust is in dialogue with NHS England NEY in respect of funding support to establish a focused sickness absence management resource.

Voluntary Turnover

The Leeds Teaching Hospitals NHS Trust

October 2026

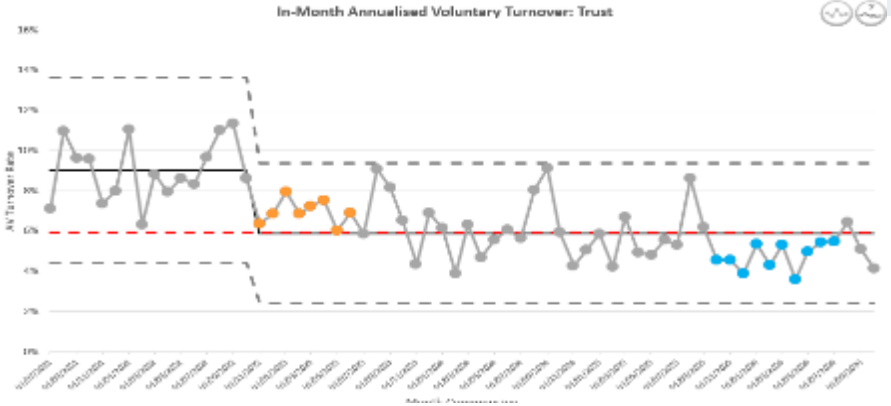
Ceiling: 5.45%
Performance (Rolling Voluntary Turnover Rate): 4.89%

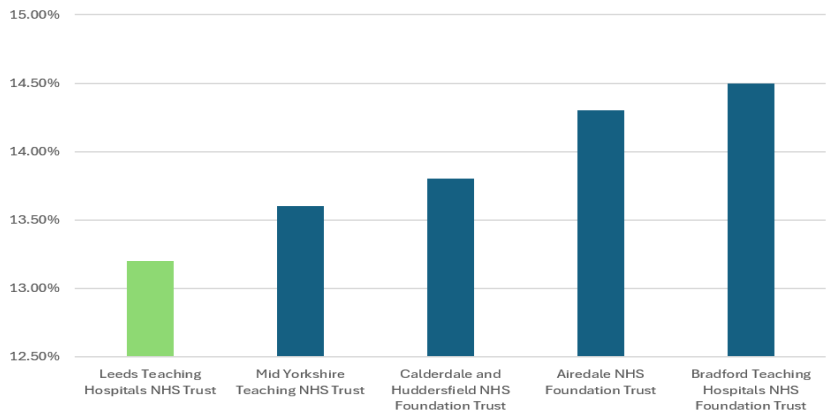
Variance: Common cause variation.

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Chris Jones, Deputy Director of People

Sub-Groups: People Action Group, People Committee





Context

- Voluntary turnover removes fixed term (including Resident Doctor, contract expiries, and dismissals. Overall turnover includes all leavers. The data source for the comparison is NHS England Turnover data by Trust
- Total Trust turnover is 10.6% compared to voluntary turnover being 4.89%.
- The Trust is 1st (better performing) of 5 Trusts in West Yorkshire for overall turnover (latest data as of July 2026, source NHS Model Health System). The methodology used in the Model Health System (MHS) means that the benchmarking is not 100% comparable to local measures - voluntary turnover is not available as this is a locally developed rate.
- The 3 most common reasons for voluntary turnover are (in order): relocation, promotion and work/life balance.
- The CSUs with the highest levels of voluntary turnover are People Function (9.27%), Medical Directorate (7.8%) and Adult Therapies (7.5%). The lowest turnover is in Women's CSU (2.7%) and Adult Critical Care (3.0%).

What the chart tells us

- The data from NHS England comparing the overall turnover with other Trusts in the ICB is taken from July 2026 from the NHS Model Health System

Actions

- Our People Improvement Framework supports deep dive analysis into CSUs with relatively high turnover.
- All CSUs deploy on-line Exit Interview Questionnaires that provides additional contextual information to understand colleague reasons for leaving. HR Business Partnering colleagues are supporting CSUs with understanding data and providing support and guidance to drive a response/action.
- Voluntary turnover is now highest in the People Function (9.27%) with exit interview data showing that the 3 highest reasons for leaving are: promotion, retirement and Further Education.
- Medical Directorate has the second highest turnover (7.8%) with voluntary turnover linked to relocation, health reasons and promotion opportunities.
- Adult Therapies has improved its position (now 3rd highest at 7.5%). The improved position is linked to continuing capacity and demand assessment impacting role clarity alongside improved colleague engagement/communication. Stay Interviews are to be implemented.
- Retention plans are incorporated into all CSU Operational Workforce Plans and are part of CSU 'business as usual'.

Agency FTE

The Leeds Teaching Hospitals NHS Trust

October 2026

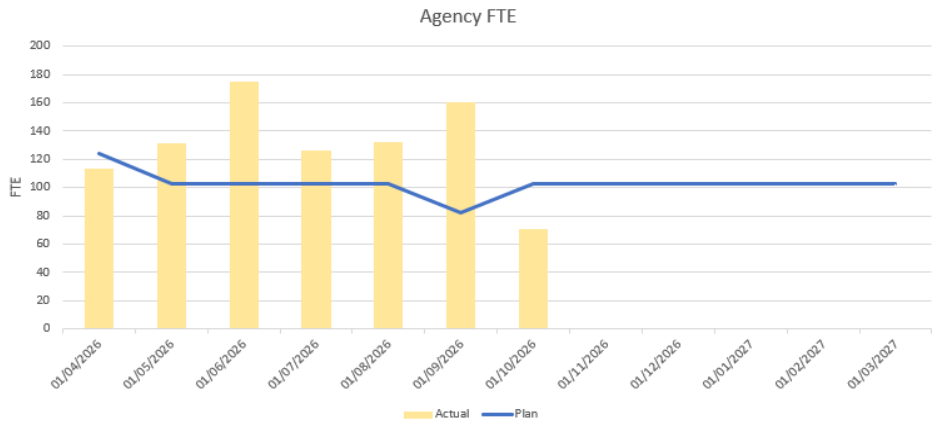
In-month Target: 103 FTE
In-month Performance: 70.28 FTE

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Jo Buck, Deputy Director of People, Chris Ellison, Deputy Chief Finance Officer

Sub-Groups: People Action 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	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	125.95	132.20	160.25	70.28					



Context

- The agency FTE 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.
- This target is being monitored as we progress through 2026/27.
- Over the last 12 months, our highest agency spend/FTE was £1.6m/234.3 FTE, however, this is historically in March and is due to year end adjustments.
- As at July 2026, LTHT is currently in Model Health System quartile 2 with 0.7% (second lowest quartile) for agency spend as % of total pay bill when compared against other Trusts.
- The best performing Trust for agency spend as % of total pay bill is –0.4% currently, the worst is 3.9%.
- Note that–0.4% is likely to be an anomaly for the month, the likely normal best performance is 0%. Source = Model Health System.

What the chart tells us

- In October 2026, activity was below plan for the first time since April 2026.
- Decreases in spend occurred in Children's CSU, Pathology CSU and Estates and Facilities.
- Pathology reduction occurred in Central Specimen Reception (CSR) and Clinical Immunology. Providing recruitment to meet the Target Operating Model is agreed and successful for the CFLM it is considered the reduction in agency is sustainable.
- Children's use of agency is focused on CAMHS, is patient dependent and will naturally fluctuate.

Actions

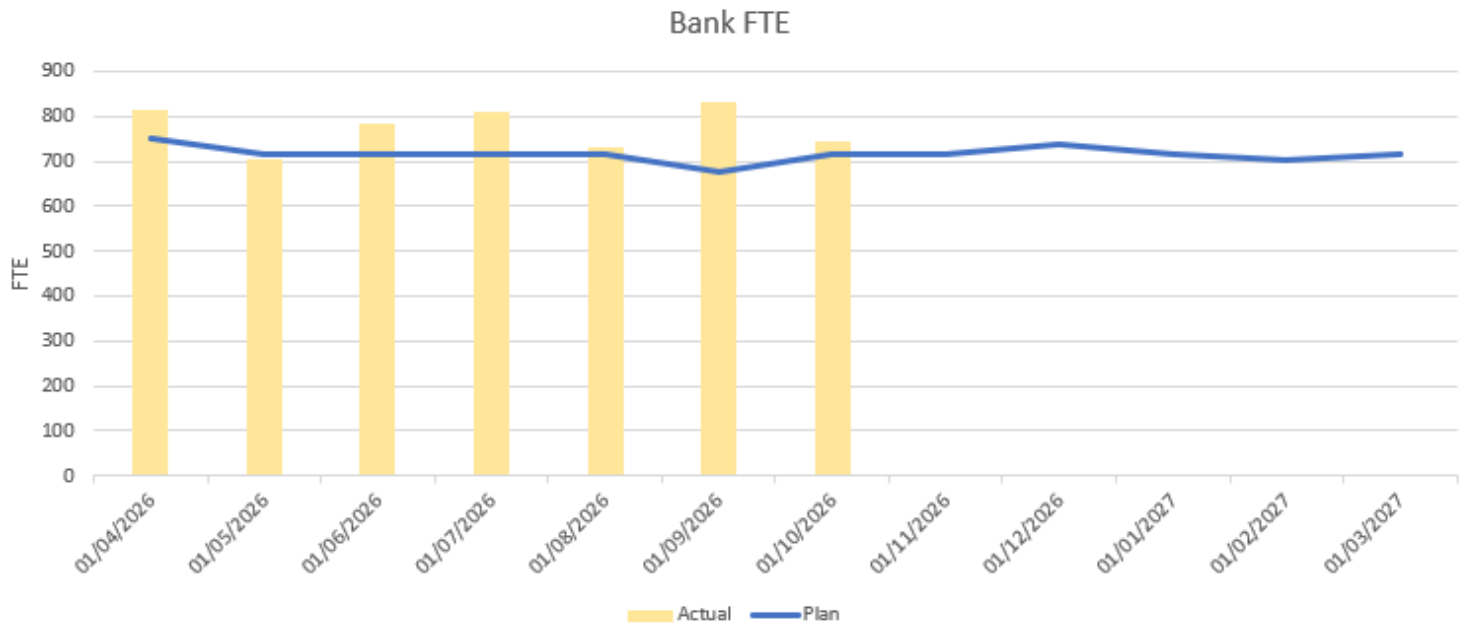
- A project to centralise bank is underway with the aim of moving agency to bank.
- A Trust wide Attendance Improvement Group is progressing a programme of work to improve attendance and workforce availability (as described on the Sickness Absence slide).
- The focus on reducing temporary spend for our Medical and Dental workforce is led by the Medical and Dental Optimisation Programme. There are a number of workstreams underway that impact on temporary spend e.g. Job Planning Consistency Panels are now in place, a Resident Doctor medical establishment template has been piloted with CAH CSU and is now being rolled out to other 'hot spot' CSUs.
- In October 2026, a communication was sent to all CSUs and Corporate Teams with a FTE target for reducing variable pay.
- There is a project underway centralising bank activity in the People Function which is supporting CSUs to expand the availability of bank opportunities to fill shifts rather than using agency.
- HR and Finance Business Partners continue to work with CSUs to develop workforce action plans to address temporary spend including ensuring controls are in place in respect of sickness absence and supporting substantive recruitment wherever possible (for example, in Radiology Ultrasound).

Bank FTE

The Leeds Teaching Hospitals NHS Trust

October 2026	**Executive Owner:** Suzanne Dunkley, Chief People Officer
In-month Target: 715 FTE **In-month Performance: 743.28 FTE**	**Management/Clinical Owner:** Jo Buck, Deputy Director of People, Chris Ellison, Deputy Chief Finance Officer
	Sub-Groups: People Action 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	811.97	729.76	833.57	743.28					



Narrative on next slide

Bank FTE

The Leeds Teaching Hospitals NHS Trust

October 2026	**Executive Owner:** Suzanne Dunkley, Chief People Officer
In-month Target: 715 FTE **In-month Performance: 743.28 FTE**	**Management/Clinical Owner:** Jo Buck, Deputy Director of People, Chris Ellison, Deputy Chief Finance Officer
	Sub-Groups: People Action Group, People Committee

Context	What the chart tells us	Actions
• The bank FTE 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. • As at July 2026, LTHT is currently in Model Health System quartile 1 at 3.9% (lowest quartile) for bank spend as % of total pay bill when compared against other Trusts. • The best performing Trust for bank spend as % of total pay bill is – 7.2% (likely an anomaly) currently, the worst is 11.8%.	• The Trust is currently operating above plan for bank FTE, however, usage in October 2026 has decreased from a financial year high in September 2026 to the third lowest so far this year. • In AMS, Oncology, Urgent Care and SIM: Bank usage spans both medical and nursing workforce. • In Children's, Cardio-respiratory, Critical Care and Theatres: Bank usage is predominantly nursing. • Key nursing drivers for bank spend are: Vacancies, high patient acuity and enhanced care requirements. • Key medical drivers for bank spend are: substantive vacancies, increased service demand and sickness.	• The project to centralise all bank engagement activity in the People Function is progressing. Phase 1 is completed and the Nursing Bank has now moved from Corporate Nursing along with centralisation of E&F bank. Phase 2 will complete by December 2026 centralising Pathology and Adult Therapies. Phase 3 will complete in March 2027 centralising complex or non-standard arrangements e.g. Radiology, Pharmacy. There is an expectation that the centralisation of bank will allow more grip and control of usage and spend as a result of a unified approach. • A Trust wide Attendance Improvement Group is progressing a programme of work to improve attendance and workforce availability (as described in the Sickness Absence slide). • A new Job Planning Framework is with the LNC and due to be implemented by April 2027. • The Turnaround Executive has agreed additional control and grip actions in respect of overtime and non-clinical agency and bank use. • Overtime is an issue for a limited number of CSUs, and the aim is to have a 'bank first' approach. This creates a risk that bank may increase further away from plan as overtime reduces. • Work continues in Corporate Nursing to review bank pay arrangements for nursing and midwifery colleagues. • A single bank payment rate is being evaluated for deployment in respect of medical and dental extra-contractual activity. • HR and Finance Business Partners provide expert support to CSUs in addressing areas of high temporary spend.

Contracted Substantive FTE

The Leeds Teaching Hospitals NHS Trust

October 2026

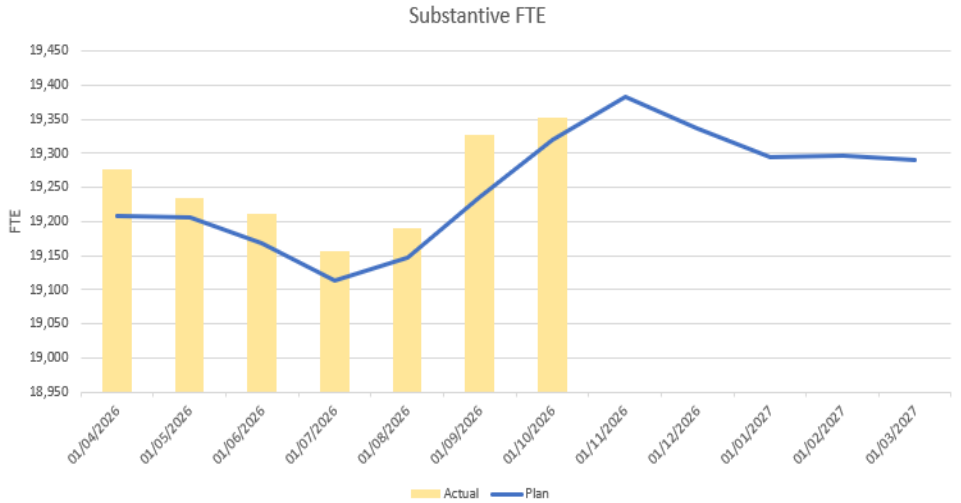
End of Year Target: 19290 FTE
In-month Target: 19320 FTE
In-month Performance: 19352 FTE (0.17% above target)

Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Chris Jones, Deputy Director of People, Chris Ellison, Deputy Chief Finance Officer

Sub-Groups: People Action 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	19156.92	19189.58	19327.09	19352.60					



Context

- The Trust's Workforce Plan takes account of seasonality of our annual recruitment cycles.
- A reduction in FTE is required in order to support achievement of the 2026/27 Financial Plan.

What the chart tells us

- Our workforce plan submitted in the Medium- Term Planning process for 2026/27 is shown by the blue line.
- The chart shows the contracted FTE against plan (shown by the blue line).
- The Trust is 32.58 FTE (0.17%) above plan for October 2026.
- The increases in FTE are linked to the intake of newly qualified colleagues which occur historically in September, October and November each year
- In addition, there have been service developments which have led to increases in FTE such as:
  - Mechanical Thrombectomy moving to 24/7; Pathology TUPE transfer; Aseptics.
  - Investment in Maternity and Neonates.
- *To note: Further work is being undertaken to support alignment between workforce and financial reporting.*

Actions

- Each CSU has been provided with a target by which to reduce FTE and progress of this is being managed through the CSU Monthly Integrated Accountability Meetings.
- Additional rigour has been placed on vacancy control panels at CSU level ensuring they consider alternatives to 'like-for-like' recruitment such as the use of automation or AI where possible.
- Approval of all vacancies for CSUs rated Red/Amber on finance is now provided by the Executive Directors rather than CSU level.
- There is increased focus on reducing absence.
- The Internal Executive Turnaround Committee is in the process of agreeing what additional actions should be undertaken to deliver its WRP target.

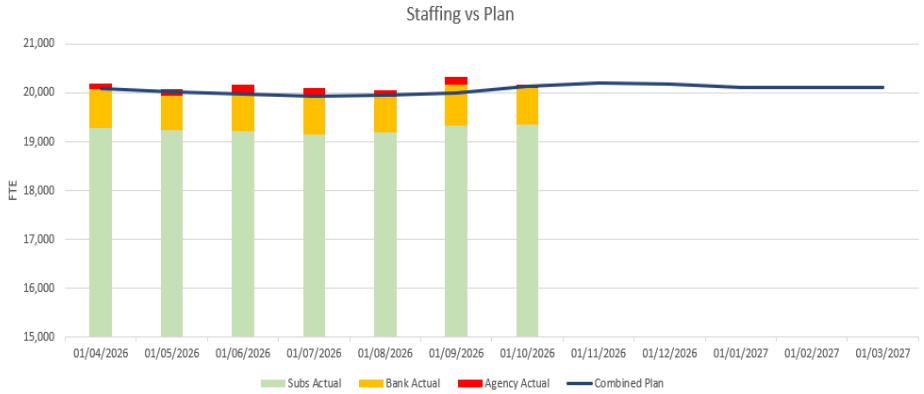
Combined Substantive/Bank/Agency FTE

The Leeds Teaching Hospitals NHS Trust

October 2026

End of Year Target: 20108 FTE
In-month Target: 20138 FTE
In-month Performance: 20166 FTE (0.14% above target)

	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	19157.96	19189.58	19327.09	19352.60					
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	811.97	729.76	833.57	743.28					
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	125.95	132.20	160.25	70.28					
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
Combined Actual	20202.61	20070.71	20171.04	20095.88	20051.54	20320.91	20166.16	0.00	0.00	0.00	0.00	0.00



Executive Owner: Suzanne Dunkley, Chief People Officer

Management/Clinical Owner: Jo Buck, Deputy Director of People, Chris Jones, Deputy Director of People, Chris Ellison, Deputy Chief Finance Officer

Sub-Groups: People Action Group, People Committee

Context

- A reduction in FTE is required in order to support achievement of the 2026/27 Financial Plan.

What the chart tells us

- This chart combines the Bank, Agency and Substantive FTE charts from the previous three slides against the workforce plan submitted to NHSE for the 2026/27 Medium Term Planning Round.
- This shows that the combined bank/agency/substantive workforce is 28.14 FTE (0.14%) above plan for month 7 and above plan for bank and substantive FTE, however, agency use in the September has decreased to below plan levels.
- FTE levels are linked to:
  - Service developments e.g. Mechanical Thrombectomy moving to 24/7; Pathology TUPE transfer; Aseptics
  - Investment in Maternity and Neonates.
  - More complex patients and higher acuity.
  - High vacancies in specialist areas e.g. Breast and Ultrasound
  - Industrial action
  - Sickness absence
- *To note: Further work is being undertaken to support alignment between workforce and financial reporting.*

Actions

As described in earlier slides:

- All CSUs have been provided with a target for reducing FTE.
- Vacancy control processes have been tightened.
- A Trust wide absence project group is progressing actions to increase workforce availability to reduce the reliance on temporary workforce.
- Medical and Dental specific activity including job planning consistency and Resident Doctor medical establishment reviews.
- HR and Finance Business Partners work with and support CSUs on delivering workforce plans.

Vacancy Rate

October 2026

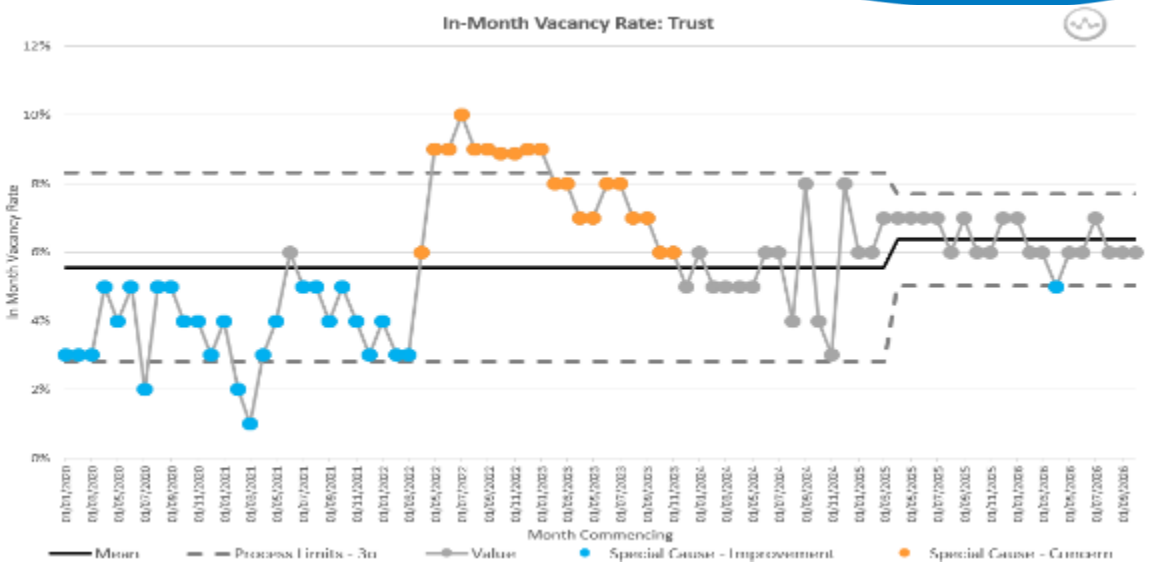
Target: N/A
Performance: 6%

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 People

Sub-Groups: People Action Group, People Committee



Context	What the chart tells us	Actions
• Changes in budget are not aligned to recruitment patterns, particularly with relation to the recruitment of newly qualified registered staff. • Vacancy is calculated comparing substantive staffing numbers with funded FTE from the financial ledger which is adjusted for reductions arising from Waste Reduction Programmes and Vacancy Factor targets. • Vacancies can impact the Trust's temporary spend across some staff groups/CSUs	CPC control limits have been re-calculated as of April 2025 following significant fluctuations. The vacancy rate has remained consistent since this date, however, there remain seasonal patterns (including newly qualified recruitment) and one-off establishment adjustments (for example, Women's CSU in April 2026) that can impact the vacancy levels.	• The Trust's vacancy control process has recently been strengthened with all recruitment decisions for CSUs with a finance rating of Red/Amber requiring Executive approval to fill vacancies. • In addition, the 13-week lead in time for adverts for those CSUs who Red/Amber financially also remains in place. • There are however, exceptions to the Executive approval and 13-week lead in time process for posts that are part of 'safe staffing' requirements or where there are other service specific requirements. • The CSUs with the higher vacancies are SIM and Urgent Care. SIM have CSW vacancies and continue to work with Corporate Nursing to appoint New to Care CSWs. In Urgent Care the vacancies are at RN and CSW level with significant progress being made to reduce the gap and a plan in place to close the gap. • Reducing vacancies in clinical patient facing roles will reduce our bank and agency and help us to achieve our workforce plan. • CSUs continue to identify ways of retaining and developing our workforce through apprenticeships and 'grow our own' programmes into registered and non-registered roles across the Trust i.e. retaining CSW colleagues through development into Trainee Nurse Associates. • CSUs continue to explore and implement alternative options to address vacancy hotspots e.g. alternative roles (ACP, PA, Nursing Associates) along with apprenticeship option.

Colleague Engagement Rate

The Leeds Teaching Hospitals NHS Trust

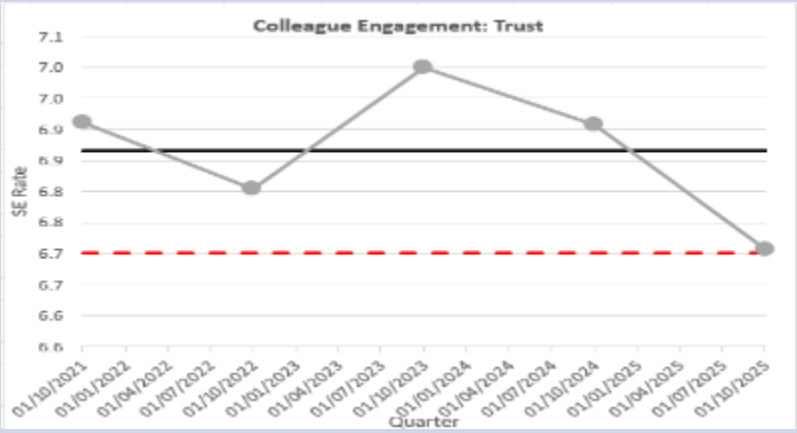
October 2026	**Executive Owner:** Suzanne Dunkley, Chief People Officer
Target: 6.7 (2026 Staff Survey) **Performance: 6.7 (2025 Staff Survey)**	**Management/Clinical Owner:** Nikki Hosty, Director of OD & Inclusion
Variance: Common cause variation.	**Sub-Groups:** Colleague Engagement Forum, People Action Group, People Committee

Context

- 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 is 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 2025 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.
- Our results now sit broadly in line with national averages, rather than above them as in previous years.
- Due to the challenges the Trust is facing at the moment it is likely that LTHT engagement score will not improve.
- A 3 to 5 year colleague engagement improvement plan has been shared at People Committee.

What the chart tells us

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



Actions

Colleague Engagement Activity

- A local champions event was held in October 2026, to reset the model, with increased focus on local engagement with management teams, effective signposting and efficient resolution.
- The compassionate and effective leadership programme is being co-created with colleagues from across the Trust via a Design Studio approach. The new model will launch in January 2027. It will improve management focus and attention on the importance of colleague engagement.
- The OD team are working with Tri teams to embed the refreshed Trust Values in day to day working practices.
- The 2026 Staff survey launched on 5 October 2026 supported by extensive communications across all LTHT communications channels.
- A Colleague engagement forum was held in October 2026 where participants shared good practice examples from CSUs including 'you said we did' improvement activity. Engagement leads were asked to support staff survey participation.
- The response rate as at 12th November 2026 was 29.79%, with the national average for acute and acute community trusts at 39.79%.
- The OD&I, Operational HR and HRBPs teams are working with line managers to focus on staff survey participation, including visiting clinical areas and areas of high footfall.
- There will be additional focussed support on areas with low response rates, working with line managers to identify how colleagues can be given time to complete the survey during their shift.

I&E Position 2026/27

The Leeds Teaching Hospitals NHS Trust

October 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.

In October the Trust is reporting a year-to-date deficit of £21.1m, which is £10.9m 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, cost pressure from drugs moving from pass through to in tariff, agency costs associated with CAMHS support for an out of area patient, under delivery of the waste reduction programme and worked WTE being above the planned level.

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 Fundamental Review considered by the Board in September detailed achievement of the breakeven plan in the best case, a deficit of £38.5m in the mid case and £81.1m deficit in the worst case. As part of the regional delivery approach framework, the Trust is required to submit a monthly Provider Assurance Model (PAM) which uses a similar risk-adjusted methodology to assess the forecast outturn as the Fundamental Review. Following the Month 7 results, the PAM assessed a mid-case deficit of £38.2m and a worst-case deficit of £64.9m, both improving on the Fundamental Review, while maintaining a breakeven best-case position.

To deliver the best-case position in the latest PAM, mitigations of £26.6m are required. The majority relating to full delivery of existing waste reduction plans, including reducing worked WTE to sustainable levels, and c£10m additional mitigations required above delivery of the £95m waste reduction plan.

The NHS oversight Framework latest published segmentation and league table based on 2026/27 Q1 financial performance gives the Trust a combined finance score of 2. The M7 YTD adverse variance to plan of £10.9m (0.8% 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

The Leeds Teaching Hospitals NHS Trust

October 2026

Executive Owner: Jenny Ehrhardt (Chief Finance Officer)

Capital

The Trust's capital plan 2026/27 has remained at £113.8m, however we are currently working towards delivering £117.4m of capital schemes providing funding becomes available, the gap between approved CDEL and FOT is £3.6m which it is expected to be covered with additional funding further to communication with NHSE about "capital reserve schemes", but there are no further developments to report at present. In the meantime, the current approved funding allocation is as follows:

Programme	Forecast 2026/27 £'000
Medical Equipment - CDEL	7,432
DIT - CDEL	11,081
Building & Engineering - CDEL	76,377
Building the Leeds Way - CDEL	500
Leases- CDEL	4,000
Donated	9,695
PFI	4,715
Total Capital Programme	**113,800**

The expenditure to 31 October 2026 was £38.7m. The plan is to achieve a total of 70% by the end of December (£82.2m) which is behind plan mainly due to B&E schemes that are expecting to gather pace in January 2027; however, Capital Programme Leads are working to get as close as possible to the 70% target by the end of December 2026.

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 October month end cash balance is £118.5m, an increase of £35m compared to previous month. This is £3.2m more than the fundamental review M5 best case (£115.2m) which is mainly due to capital slippage.

Total receipts for the month amounted to £230m which included £39m for Education Funding covering the four months October to January, £2.1m PDC income and £1.4m for the August VAT return. The September VAT return will be submitted at the beginning of November, with the income due that month (c£1.3m).

Total payments in month were £195m, comprising £109m for payroll and £86m for accounts payable. The accounts payables spend included £3.1m of capital invoices. The year-to-date BPPC achievement is 92% (2025/26 YTD: 94%).

Bank interest of £0.4m was received in the month, with £3.8m received for the year to date. The final long-term investment with the National Loans Fund (NLF) of £50m was returned in the month with a total of £0.118m additional interest income received from the investments made to date this year, where marginally higher interest rates were offered. The NLF has communicated the on-going suspension of this facility until further notice.

The year-end capital balance is forecasted to be c£85m. 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.

Statement of Comprehensive Income

The Leeds Teaching Hospitals NHS Trust

October 2026

Executive Owner: Jenny Ehrhardt (Chief Finance Officer)

	Annual Plan £m	In Month Plan £m	In Month Actual £m	In Month Variance £m	Year to Date Plan £m	Year to Date Actual £m	Year to Date Variance £m
Commissioner Income (excluding Non-PbR Drugs, Blood and Devices)	1,351.3	112.6	113.9	1.3	788.2	799.4	11.1
Non-PbR Drugs, Blood and Devices	394.8	32.9	33.2	0.3	230.3	223.5	(6.8)
Sub-Total Commissioner Income	**1,746.1**	**145.5**	**147.0**	**1.5**	**1,018.6**	**1,022.9**	**4.3**
Other Clinical Income	15.2	1.3	1.5	0.3	8.9	7.5	(1.4)
Total Clinical Income	**1,761.3**	**146.8**	**148.6**	**1.8**	**1,027.4**	**1,030.4**	**2.9**
Other Income (non Covid)	313.1	26.3	30.0	3.7	181.0	197.7	16.7
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**	**173.1**	**178.6**	**5.5**	**1,208.5**	**1,228.0**	**19.6**
Pay Costs	(1,267.0)	(105.2)	(109.0)	(3.9)	(747.3)	(769.0)	(21.7)
Sub-Total Pay	(1,267.0)	(105.2)	(109.0)	(3.9)	(747.3)	(769.0)	(21.7)
Non Pay Costs (excl Non-PbR Drugs, Blood and Devices)	(418.5)	(35.0)	(39.5)	(4.5)	(244.5)	(266.0)	(21.5)
Non-PbR Drugs, Blood and Devices	(394.0)	(32.8)	(33.2)	(0.3)	(229.8)	(223.5)	6.3
Sub-Total Non Pay	(812.5)	(67.8)	(72.7)	(4.9)	(474.3)	(489.5)	(15.2)
Total Expenditure	**(2,079.5)**	**(173.0)**	**(181.8)**	**(8.7)**	**(1,221.6)**	**(1,258.5)**	**(36.9)**
EBITDA	**(5.1)**	**0.1**	**(3.1)**	**(3.2)**	**(13.1)**	**(30.5)**	**(17.4)**
EBITDA %			**-1.7%**			**-2.5%**	
Depreciation	(58.2)	(4.9)	(4.6)	0.2	(34.0)	(32.6)	1.3
Amortisation	(4.5)	(0.4)	(0.4)	(0.1)	(2.6)	(3.0)	(0.4)
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	2.2	3.8	1.5
Other Gains and (Losses)	0.0	0.0	(0.2)	(0.2)	0.0	(0.3)	(0.3)
Finance Costs	(24.6)	(2.1)	(1.1)	0.9	(14.4)	(16.1)	(1.7)
Dividends payable on Public Dividend Capital (PDC)	(13.9)	(1.2)	(1.0)	0.2	(8.1)	(7.2)	0.9
Retained Surplus/(Deficit) BEFORE ERF/TIF	**(102.4)**	**(8.0)**	**(10.1)**	**(2.1)**	**(69.9)**	**(85.9)**	**(16.0)**
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)	0.3	0.5	(1.5)	0.5	1.9
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)**	**(8.2)**	**(9.8)**	**(1.5)**	**(71.4)**	**(85.4)**	**(14.0)**
Elective Recovery Fund (ERF)	115.3	9.6	11.1	1.5	67.2	69.7	2.4
Adjusted Surplus/(Deficit) INCLUDING ERF	**10.3**	**1.4**	**1.3**	**(0.1)**	**(4.1)**	**(15.7)**	**(11.6)**
Adjust PFI revenue costs to UK GAAP basis	(10.3)	(0.9)	(1.9)	(1.1)	(6.0)	(5.3)	0.7
Adjusted financial performance surplus/(deficit)	**(0.0)**	**0.5**	**(0.6)**	**(1.1)**	**(10.2)**	**(21.1)**	**(10.9)**

Statement of Financial Position

The Leeds Teaching Hospitals NHS Trust

October 2026

Executive Owner: Jenny Ehrhardt (Chief Finance Officer)

	Year to date movement			In Month	
	Closing 31st March 2026 £m	As at 31st October 2026 £m	Year to date movement £m	Prior Month £m	In-month movement £m
Non-Current Assets:					
Property, Plant And Equipment	784.0	789.4	5.4	787.1	2.3
Intangible Assets	24.2	22.0	(2.2)	22.5	(0.5)
Trade And Other Receivables	14.5	17.2	2.7	16.6	0.6
Total Non-Current Assets	**822.8**	**828.7**	**5.9**	**826.2**	**2.5**
Current Assets:					
Inventories	29.9	28.4	(1.5)	29.1	(0.7)
Trade And Other Receivables	94.0	90.0	(4.0)	102.2	(12.2)
Cash and Cash Equivalents	134.0	118.5	(15.6)	83.5	35.0
Non-Current Assets Held for Sale	0.0	0.0	0.0	0.0	0.0
Total Current Assets	**257.9**	**236.9**	**(21.0)**	**214.8**	**22.1**
Total Assets	**1,080.7**	**1,065.6**	**(15.1)**	**1,041.0**	**24.6**
Current Liabilities:					
NHS Trade Payables	(3.0)	(2.8)	0.2	(2.4)	(0.4)
Trade and Other Payables	(278.0)	(279.0)	(1.0)	(255.3)	(23.7)
Borrowing / DH Loans	(2.1)	(2.1)	(0.0)	(2.1)	(0.0)
Other Financial Liabilities - PFI	(23.4)	(24.5)	(1.1)	(24.3)	(0.2)
Provisions For Liabilities And Charges	(3.3)	(2.4)	0.9	(3.1)	0.7
Total Current Liabilities:	**(309.8)**	**(310.8)**	**(1.0)**	**(287.1)**	**(23.7)**
Net Current Assets/ (Liabilities)	**(51.9)**	**(73.9)**	**(22.1)**	**(72.3)**	**(1.6)**
Total Assets Less Current Liabilities	**770.9**	**754.8**	**(16.1)**	**753.9**	**0.9**
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)	(6.1)	1.0	(6.1)	0.0
Other Financial Liabilities - PFI	(270.3)	(264.0)	6.3	(266.3)	2.3
Provisions For Liabilities And Charges	(8.5)	(8.4)	0.1	(8.5)	0.0
Total Non-Current Liabilities	**(286.0)**	**(278.6)**	**7.4**	**(280.9)**	**2.3**
Total Assets Employed	**484.9**	**476.1**	**(8.7)**	**473.0**	**3.1**
Financed By Taxpayers Equity					
Public Dividend Capital	702.3	709.8	7.5	707.7	2.1
Retained Earnings	(222.0)	(238.1)	(16.2)	(239.2)	1.0
Revaluation Reserve	4.5	4.5	0.0	4.5	0.0
Total Taxpayers Equity	**484.9**	**476.1**	**(8.7)**	**473.0**	**3.1**

Cash Flow Statement

The Leeds Teaching Hospitals NHS Trust

October 2026

Executive Owner: Jenny Ehrhardt (Chief Finance Officer)

Cash Flow	Closing 31st March 2026 £m	As at 31st October 2026 £m	Previous Month £m
Operating Activities			
Operating surplus/(deficit)	(16.8)	3.6	0.6
Depreciation and amortisation	56.9	35.6	30.6
Impairments and reversals	59.3	0.0	0.0
Donated assets received credited to revenue but non cash	(7.0)	(2.0)	(1.9)
Interest paid	(14.2)	(7.9)	(6.9)
Dividend paid	(9.1)	(6.0)	(6.0)
Decrease/(increase) in inventories	(0.5)	1.5	0.8
Decrease/(increase) in trade and other receivables	(22.0)	2.9	(8.6)
(Decrease)/Increase in trade and other payables	65.7	9.1	(10.5)
(Decrease)/Increase in provisions	(6.2)	(1.1)	(0.4)
Net cash inflow/(outflow) from Operating Activities	**106.0**	**35.6**	**(2.2)**
Cash Flows from Investing Activities			
Interest received	5.8	3.8	3.4
(Payments) for property, plant and equipment	(95.1)	(45.1)	(42.4)
Proceeds from disposal of property, plant and equipment	0.2	0.0	0.0
(Payments) for intangible assets	(1.2)	(0.8)	(0.8)
Proceeds from disposal of intangible assets	0.0	0.0	0.0
Receipt of cash donations to purchase capital assets	7.0	2.0	1.9
PFI lifecycle prepayments (cash outflow)	(6.8)	(4.2)	(3.6)
Net cash outflow from Investing Activities	**(90.1)**	**(44.3)**	**(41.5)**
Net cash inflow before Financing	**15.9**	**(8.8)**	**(43.7)**
Cash Flows from Financing Activities			
Public dividend capital received	60.5	7.5	5.4
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 and interest	(2.1)	(1.0)	(1.0)
Capital element of leases and PFI	(22.6)	(13.3)	(11.1)
Net cash inflow/(outflow) from Financing Activities	**35.9**	**(6.8)**	**(6.8)**
Increase/(decrease) in cash	**51.8**	**(15.6)**	**(50.5)**
Cash at the beginning of the year	**82.2**	**134.0**	**134.0**
Cash at the end of the financial period	**134.0**	**118.5**	**83.5**

NHS
The Leeds Teaching Hospitals
NHS Trust

Supplementary Metrics Produced by Exception

Cancelled Ops

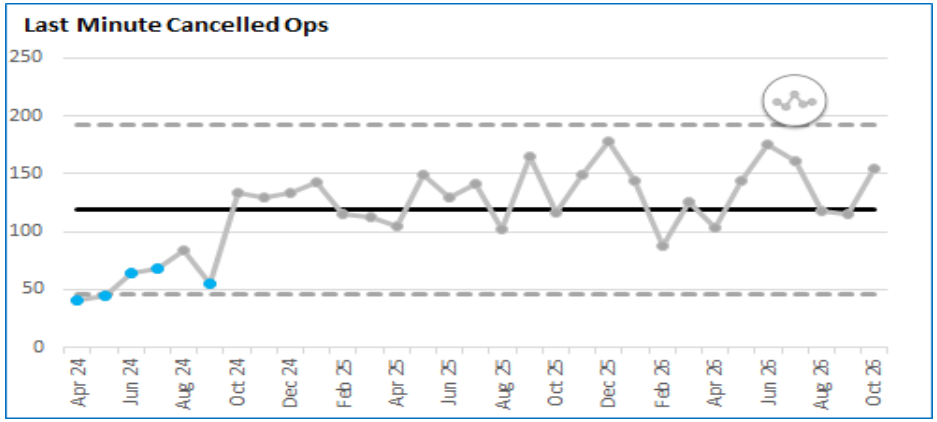
The Leeds Teaching Hospitals NHS Trust

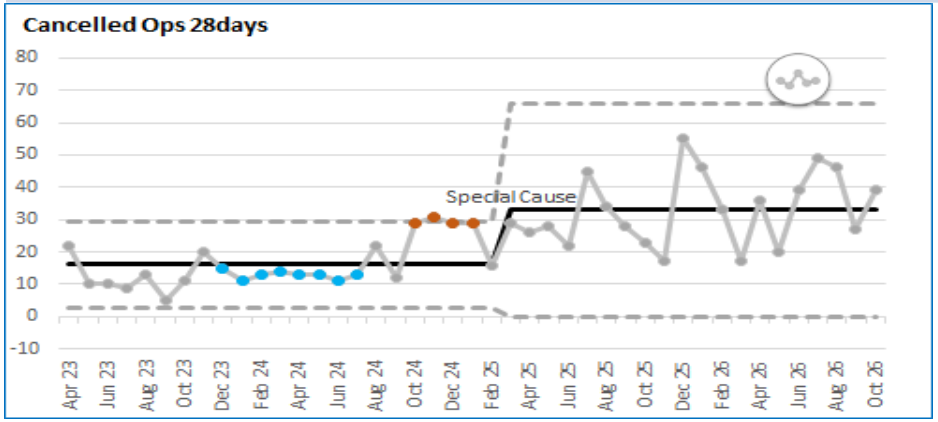
October 2026

No Target for LMCO- Performance – LMCO: 154
Target-28-day breaches: 0 Performance – 28-day Standard: 39

Executive Owner: Tim Hiles (Chief Operating Officer)

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





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** • 154 LMCO in October 2026. **28 Day Breaches** • There were 39 breaches of the 28-day standard in October • Ranked 81st out of 116 Trusts for Q2	LMCO and 28-day breaches: • Cancellation reason 'Ran out of theatre time' equated to **35%** of the total non-clinical LMCO on-the-day in October • Risk that as more patients are added to lists to improve theatre utilisation more on-day cancellations may	• Pre-op questionnaire designed to screen if patients still require surgery and if they are currently fit – undergoing stage 2 UAT • Issue of patient no longer wanting surgery/change in management plan discussed in ECG – sharing good practice conversation planned with BTHFT • Continued improvement in ACC for cardiac surgery due to first starts principles, new step-down pathway and new weekly coordination meeting – 0 cancellations for ACC in August and September • TRS HOBs temporarily expanded from 6 to 8 beds in August and September. There have been no reported cancellations for HOBs capacity reported during this period • Re-launch of 6-4-2 underway to reduce short notice and on-day cancellations for workforce gaps • Notable and sustained increase in trauma cases cancelled for 'ran out of theatre time' - deep dive planned

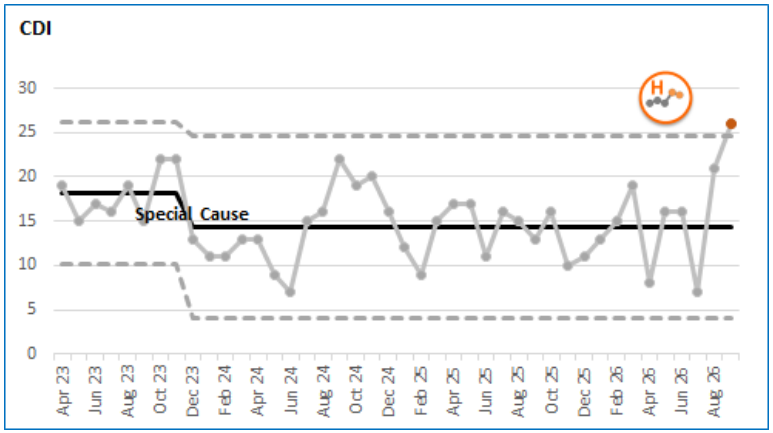
NHS
The Leeds Teaching Hospitals
NHS Trust

Supplementary Metrics NHS Oversight Framework

CDI

September 2026

Target:
Performance: 26

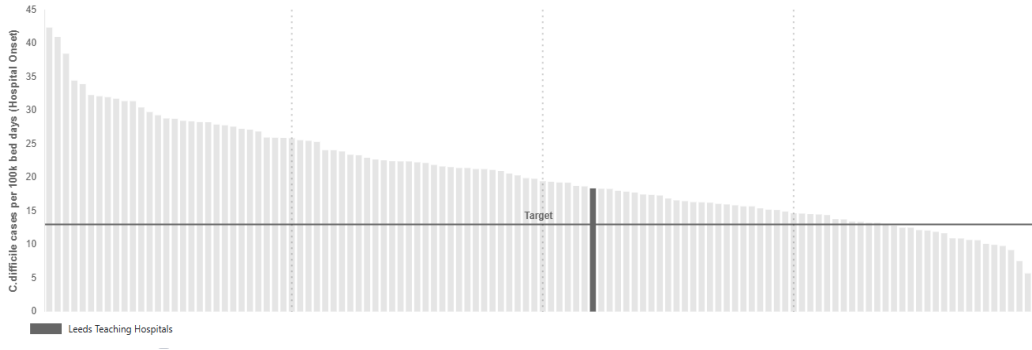


Data as at 29/10/26

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

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

National Ranking – 53/118



Data Source: Fingertips

Data Period: July 2026

Background

- NHS Standard Contract 2026/27: Minimising Clostridioides difficile and Gram-negative bloodstream infections providing threshold levels set by NHS England was issued 20 July 2026. CSUs level thresholds have been agreed.

Context

- We recorded 26 cases in September, exceeding the upper control limit and representing special cause variation on the SPC chart.
- National comparator Hospital Onset data from July shows LTHT's position remaining in the third quartile ranked 53 out of 118 NHS Trusts, which is broadly similar to our previous position of 54.

Action

- The Trust continues to monitor antimicrobial prescribing as a control measure for CDI using #CARES, and adoption of this tool continues to increase slowly across the organisation
- Themes in the past month include lapses in best practice in single room isolation with doors left open and failure to use single use equipment and correct PPE/hand-hygiene processes. A deep dive is being undertaken on all cases in September.

MRSA

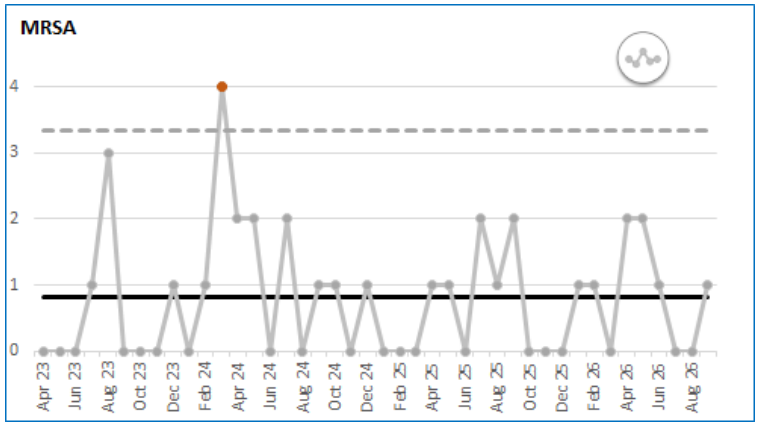
The Leeds Teaching Hospitals NHS Trust

September 2026

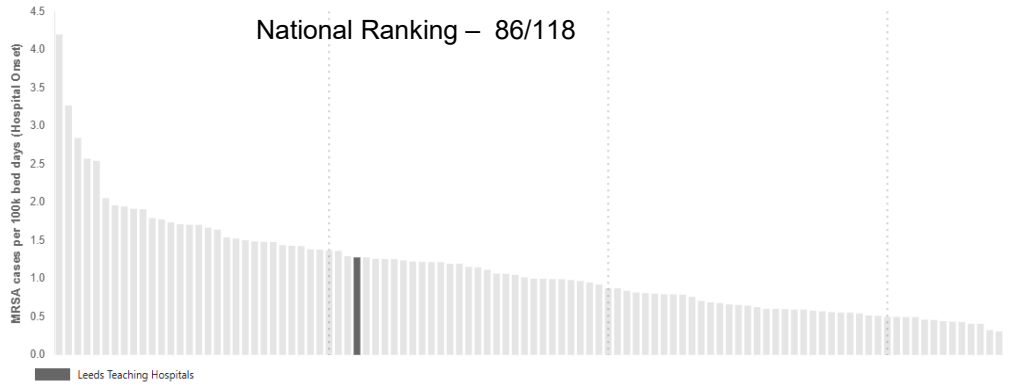
Target:
Performance: 1

Executive Owner: 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 29/10/26



Data Source: Fingertips

Data Period: July 2026

Background

- 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.

Context

- The SPC chart shows LTHT has recorded 1 case in September 2026 against a zero-tolerance approach.
- National comparator Hospital Onset data from July shows LTHT's position has moved to the second quartile of the table and is ranked 86 out of 118 NHS Trusts, an improvement on the previously recorded position of 100.

Action

- Weekly monitoring of MRSA positive patients used to support safe patient placement and identify areas that need additional support
- MRSA working group led by Medical and Nursing Director to urgently review the Trust-wide MRSA strategic response, including, screening, decolonisation and devices.
- Device management and aseptic practice identified as key areas for improvement. Trust

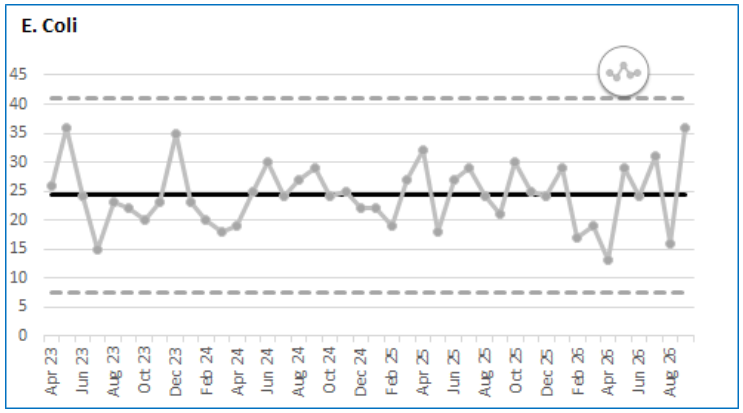
E. Coli

September 2026

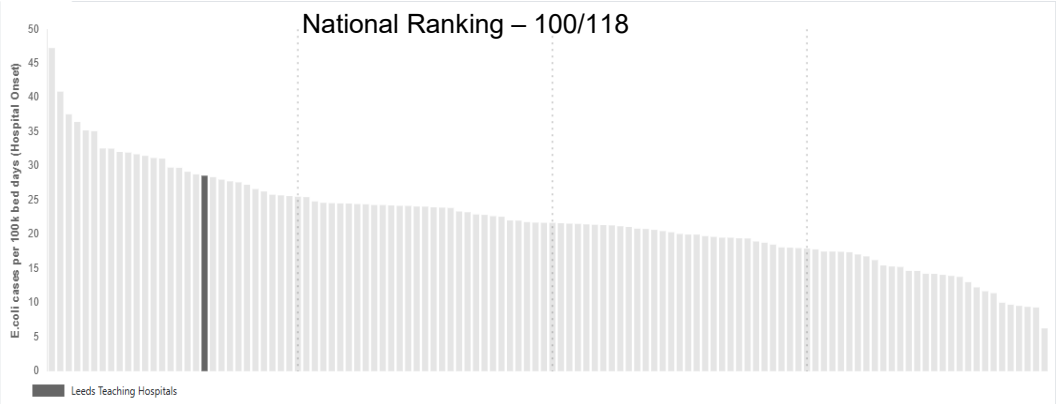
Target:
Performance: 36

Executive Owner: 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 29/10/26



Data Source: Fingertips

Data Period: July 2026

Background	Context	Action
• NHS Standard Contract 2026/27: Minimising Clostridioides difficile and Gram-negative bloodstream infections providing threshold levels set by NHS England was issued 20 July 2026. LTHT is currently working with CSUs to agree individual thresholds.	• The SPC chart shows an increase in cases above the mean, with 36 cases recorded in September 2026. • National comparator Hospital onset data from July shows LTHT's position remaining within the first quartile of the table and is ranked 100 out of 118 NHS Trusts, which is an improvement on the previously recorded position of 103. • This ranking accounts for infection rates based	• The preventing urinary sepsis group continues to meet monthly using a dyad model. Actions include: • Establish a laboratory group- diagnostics and lab process • Community of practice discussions to share learning • Manual review of PSIRF clinic records to extract significant learning points related to hepatobiliary E coli cases and provide a

Appendix – A Guide to SPC

The Leeds Teaching Hospitals NHS Trust

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

The Leeds Teaching Hospitals NHS Trust

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

The Leeds Teaching Hospitals NHS Trust

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 Canelled 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