Leeds Community Healthcare
NHS Trust

Annual Report
and Accounts 2020-2021

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Foreword

What a year this has been…. the word 'unprecedented' hardly comes close to capturing anything of 2020/21: the complexity; the emotion; the risk and the astounding levels of commitment towards keeping our community safe.

Let us start by remembering the 1670 local people who lost their lives to Covid19 during the twelve months that this Annual Report covers. They were victims of a virus which spread across the world with terrifying speed, bringing life as we knew it to a halt. We express our condolences to the families and friends left behind and share their grief.

We also express our enormous thanks to each and every member of our staff and their families; to the volunteers who have worked with us; and to our citywide partners. Whilst often dealing with personal disruption, they have individually contributed enormously to the successful delivery of community healthcare within a fast and ever-changing context. So, thank you – from the Trust, from the community and from the city of Leeds. You should be proud and positive about what has been achieved and, as we go forward, you must hold on to the determination that has seen us through the past 12 months.

Our achievements and innovations during 2020/21 are many and of necessity, only some are described in this Annual Report. It has been a year of significant transition: we have redeployed and realigned much of our business; we have prioritised against the yardstick of medical priority; we have supported the city's care homes and we have worked with our partners including local hospitals, GPs and Leeds City Council to ensure that the right care is provided at the right time and in the right place for all our patients.

Our Infection Control work has been an important key to community healthcare and has provided support across the whole city; our work with children has been unremitting and our commitment to a rapidly accelerating community 'end of life' service has increased by 40% during the pandemic and has been both devastating and outstanding.

We have worked with a wide range of partners – best exemplified in the mobilising of vaccination clinics at the Thackray Medical Museum and Elland Road stadium and across all other areas of the city as the vaccination drive ramped up. This was 'Team Leeds' at its best and was evidence of our outstanding potential when we act as one. This Trust commits to furthering and supporting that focus on a Leeds City Partnership as we move beyond the Covid19 pandemic.

The work of shaping a new design for service delivery within a strong city and Integrated Care System framework has never been more important and we have a strong and proven foundation to build from. Equally important are the issues of health inequalities and diversity and inclusion for those we serve and for our workforce. These priorities, along with the emerging safeguarding demand; the deepening mental health challenge and the developing 'long Covid' priority - all now take centre stage as we move into steadier times.

There will be opportunities we must take; there will be uncertainties that we must work through and there will be more of the unexpected that we must be prepared for whilst always remaining totally committed to providing the best possible healthcare to the community of Leeds and beyond.

Before we sign off, we want to say a sincere thank you to those people who donated goods to support our nurses; food for our front-line and office workers and offered to make items of PPE for us. We were overwhelmed with such kindness and every bit of support was gratefully received and helped to sustain the Covid19 response.

We can also report that we received £156,500 from NHS Charities Together which distributed the staggering amount raised for the NHS by the late Captain Sir Tom Moore along with other donations from individuals and businesses – you can read how it has been spent on page 23.

Brodie Clark CBE
Chair

Thea Stein
Chief Executive

About the Trust

Note: This report contains references to our Black, Asian and Minority (BAME) Network and the colleagues it represents. Thinking has changed about the continued use of this acronym, but as it was common during the year covered by this Annual Report, we have continued to use the reference. Next year's report will detail the action we have taken to effect change.

Leeds Community Healthcare NHS Trust serves a population of approximately 868,000 and delivers care to around 5,000 people every day.

We employ more than 3,000 people who provide a range of community healthcare services for the people of Leeds and some specialist care services across the wider Yorkshire and the Humber area. Care is always provided in, or as near to, a person's own home as possible. Our services are organised into three business units: Adult Services, Specialist Services and Children. The three business units are supported by corporate service teams.

Adult services

- 13 Neighbourhood Teams (NTs)
- Neighbourhood Nights/ End of Life
- Health Case Management Leeds Integrated Discharge Service (LIDS)
- Community Care Beds
- Bed Bureau
- Single Point of Urgent Referral (SPUR)
- Wound Prevention and Management Service (WPaMS)
- Continence, Urology and Colorectal Service
- Community Falls Service
- Community Geriatricians
- Pharmacy technicians

Specialist services

- Community Neurology Team
- Community Stroke Team
- Community Neurology Rehabilitation Unit
- Speech and Language Therapy Services
- Leeds Mental Wellbeing Service
- Diabetes Leeds Partnership
- Adult and Children's Nutrition and Dietetics
- Tier 3 Weight Management
- Podiatry (foot health)
- Community Dental Service
- Musculoskeletal Services
- Leeds Community Pain Service
- First Contact Physiotherapy

- Prison Healthcare (Young Offenders Institute, Wetherby and Adel Beck Secure Children's Home)
- Healthcare services for police custody suites across Yorkshire and the Humber
- Liaison and Diversion
- Community Intravenous Antibiotics Service (CIVAS)
- Tuberculosis (TB)
- Homeless and Health Inclusion Team (HHIT)
- Cardiac Service
- Respiratory Service
- Leeds Sexual Health
- Community Gynaecology

Children

- ICAN Hubs: Child Development Centre, Occupational Therapy, Physiotherapy, Community Paediatrics, Paediatric Neurodisability Clinics
- ICAN Citywide Services : Child Protection Medical Service, Growth and Nutrition, Adoption and Fostering, Springfield, Audiology
- CAMHS Inpatient Unit (until 01.04.21)
- CAMHS Crisis Service
- CAMHS Community Outreach Service
- CAMHS Transitions Service
- Mindmate SPA
- Community CAMHS Teams
- Eating Disorders Service
- CAMHS Learning Disability Team
- Mindmate SPACE
- Intensive Positive Behaviour Support Service
- CAMHS Youth Justice Service Team
- CAMHS input to Therapeutic Social Work Team
- CAMHS Training Unit
- Continuing Care and Health Short Breaks
- Inclusion Nursing Service
- Hannah House
- Children's Community Nursing Service
- Children's Speech and Language Therapy
- 0-19 Public Health Integrated Nursing Service
- Watch-It Service
- Children's Community Eye Service
- School Immunisations Service

Our purpose is to provide high quality community healthcare. We do this by working in partnership with other organisations and groups, involving and developing our staff, and

using our resources wisely to continually improve services. The Trust was rated Good in its most recent inspection by the Care Quality Commission (CQC) and we were pleased to have been rated **Outstanding** for our sexual health services.

We promote equality of service delivery to different groups throughout the organisation. We continue to raise awareness of race equality and support our Race Equality staff network's efforts to create an inclusive environment for patients and staff. We believe that a workforce that reflects its community will be able to serve that community far more effectively. We are proud to be currently rated 21st in the UK's top 50 inclusive employers list and we promote inclusion across all protected characteristics.

We have continued to work on improving the way we learn from measuring clinical outcomes. This includes working with partners and commissioners to develop outcome measures for pathways and supporting Leeds-wide health management work for patients. This has seen the development of more meaningful data, closer working between clinicians, commissioners and other partners and sharing learning between services. This helps us to make better use of the data available to deliver the best possible care to all our service users and to meet our aim of tackling health inequality in the city.

How we work

The Trust's culture is underpinned by our vision:

"We provide the best possible care to every community we serve."

We hold three values close to our heart: we are open and honest and do what we say we will; we treat everyone as an individual; and we are continuously listening, learning and improving.

Everyone at the Trust aims to uphold these values and achieve the vision by following seven magnificent 'How we work' behaviours:

Caring for our patients

Working together

Finding solutions

Caring for one another

Leading by example

Making the best decisions

Adapting to change and delivering improvements

There is more detailed information available on our website:
www.leedscommunityhealthcare.nhs.uk

Leeds Community Healthcare's strategic goals

We had four strategic goals to focus on throughout 2020/21:

- To deliver outstanding care
- To use our resources wisely and efficiently
- To ensure our workforce is able to deliver the best possible care in all our communities
- To work in partnership to deliver integrated care and care closer to home

Of course, the onset of the Covid19 pandemic impacted on everything that we had planned and everything that we did. Ensuring that we continued to deliver outstanding care to our patient population in a joined up way with our partners in neighbouring NHS trusts, GPs and third sector organisations was paramount. To achieve this, we needed to take best care of our biggest asset – our staff - so that they were able to continue to deliver care safely. You can read more about how we managed this in this Annual Report.

Key risks

In 2020/21 we had 20 strategic risks connected to our goals. These are grouped in the four following themes (these are also known as strategic risk clusters) and the level of assurance given for the management and mitigation of these risks is reported to the Trust Board at each of its meetings:

- Failure to provide high quality, safe and clinically effective services that reflect and respond to the needs of the population served
- Failure to engage and empower the Trust's workforce and to recruit, retain and develop staff, and failure to work in a resilient and safe environment
- Failure to deliver integrated care closer to home, as a result of failing to work in partnership with stakeholders to deliver service solutions.
- Failure to maintain a viable and sustainable organisation, and failing to ensure our information technology systems are adequate and our data is secure.

Our response to the pandemic included a re-evaluation of our strategic risks and assurance mechanism. The most significant hazard was identified as the capacity of services which had been altered due to national guidelines and social distancing requirements during the Covid19 pandemic. There was a risk that we would not be able to deliver services in a timely and equitable manner. We also recognised that we had become even more reliant on information technology systems and needed to ensure that these were adequate and secure. Information technology strategic risks were already included on the Trust's Board Assurance Framework, but they were reassessed and additional sources of assurance were included to ensure that the risks were managed effectively.

Our business continuity arrangements were severely tested during the first wave of the pandemic and we have now included business continuity as a strategic risk. This receives oversight and scrutiny through the Board Assurance Framework.

The Performance Overview in this report describes how the Trust managed its strategic risks during 2020/21.

Risk management, including the Board Assurance, is considered in more detail in our Annual Governance Statement which can be found on page 38 of this report.

Performance Overview Report 2020/21
A year of transition

Responding to the Covid19 pandemic

The 2020/21 financial year began as the first wave of the Covid19 pandemic gripped the United Kingdom. Within the space of a couple of weeks, our frontline working practices changed dramatically and hundreds of our employees became home workers. Leeds Community Healthcare's focus was, and remains, on keeping our people safe – both our patients and our workforce.

As health clinics closed, service delivery was prioritised according to need and new ways of working evolved quickly to meet that need. Team LCH was innovative, flexible and resilient – reshaping where needed and maintaining business as usual where possible.

This section is a brief description of an extraordinary year where necessity became the mother of invention, organisational boundaries evaporated and ideas about how health and social care could work seamlessly suddenly became reality. The first part describes how we responded to the demands of the Covid19 pandemic, the second looks at how we maintained business as usual. It tells a remarkable story of what can be achieved in the face of extreme adversity and nationally showed the NHS at its absolute best.

Reset and Recovery

The onset of the Covid19 pandemic meant we had to temporarily stop or change the way in which we treated patients within the community. This was to help keep patients and staff safe as the pandemic unfolded, and it also meant we could use our resources more flexibly and direct them to where there was the most need.

This extraordinary position provided a unique opportunity to look closely at how we could improve services when we were able to start seeing patients again. We called this our Reset and Recovery programme. We wrapped a dedicated projects and clinical leadership team around the programme to make it happen and used our bottom-up approach to transformation and quality improvement called 'Making Stuff Better'. Reset and Recovery had eight specific drivers - referred to as 'golden threads' - and these influenced every single service reset plan. The 'golden threads' were:

- engagement
- inclusion
- digital first
- home first
- estates
- self –management
- innovation
- sustainability

As soon as it was safe to do so, we aimed to increase our priority service operations in a Covid19 secure way by September 2020. We engaged with service users, staff and other stakeholders to review our response to the pandemic and embed the learning and innovations into new ways of delivering the service. We prioritised elements of service delivery for the September restart and developed new measures which would demonstrate improvement in outcomes for service users, particularly those from under-represented groups. As a result we were able to reopen every service by the September 2020 milestone.

By the end of the 2020/21 financial year we aimed to have embedded longer term innovations, and be providing outstanding and more accessible patient care, along with an improved employment experience for our workforce. Our ambitions were slightly tempered by the advent of Wave 2 of the pandemic which forced us to be realistic about what we could achieve until there was a nationwide level of stability (projected to be June 2021).

Some of the key achievements of the programme have included:

- Restarted every service with a range of treatment options including clinic-based, home visits, digital and phone consultations and self-management
- Reopened the majority of our venues in a Covid19 safe way
- Established new PPE distribution systems and processes
- Embedding digital technology Trust -wide to enable more flexible ways of offering treatment, whilst still considering how to be digitally inclusive
- Engaged with more than 1400 staff members to develop our reset plans and set up specific intranet pages to share developments and changes, using case studies to bring to life significant service reset achievements
- Made sure patient engagement is a key element part of each service reset
- Created a new electronic Reset Dashboard to support service data analysis and demonstrate progress
- Developed a wide range of communications and engagement materials to keep commissioners, patient groups and the wider public up to date.
- Recruited a Health Equity lead to ensure our impact on health inequalities is a positive one
- Made sure our supporting infrastructure is fit for purpose – which included a review of our administration models and use of electronic letters and telephony
- Developed more self-management interventions
- Created more sustainable approaches to managing backlogs and waiting lists

Redeploying staff:

We asked many members of staff from services that were halted by the Covid19 pandemic to redeploy to Neighbourhood Teams. They were supported by their new colleagues and offered training to develop the skills and competencies needed to work confidently on the front-line.

These skills included learning how to administer medication, provide personal care, dress wounds and look after patients in their own homes. It was a huge leap for those who were used to working with our patients one to one in a clinic.

Many of these staff clearly said they valued the opportunity to see the Trust working from a different perspective and wanted to take new ideas back to the 'day job'. Many of them volunteered as 'Reset Champions' to achieve this.

Reset Champions:

Reset champions came from almost every area of Trust work and added their experiences during the Covid19 pandemic to the Reset and Recovery work.

Engaging with patients and developing better communication with them was top of many action lists. Our Community Dental Service created new letters and leaflets which were carefully written to clearly explain the changes in the service and what patients could expect when the service restarted. The service has a range of patients from children to the elderly, people with severe phobias and special needs.

Harnessing technology to improve services was also a priority for the Reset Champions. They looked at how face to face technology could be used to contact patients when only a conversation was needed because this would allow more patients to be 'seen' each day. Work was done on developing a 'virtual tour' of some services so that patients would have an idea of what to expect when they came for treatment.

Our Reset Champions have reported many positive benefits from their work:

- An insight into what goes into the planning and decision making
- Being able to voice ideas and build on suggestions made by others
- Feeling valued
- Rebuilding services so they are better and more responsive
- Working as a team again after many months elsewhere

Podiatry - Reset and Recovery in action:

In September 2020 the Podiatry service had a waiting list of 1618 overdue high risk patients – by applying the 'Golden Threads' of Reset and Recovery, the list had been reduced to 299 by mid October 2020.

The Podiatry Service reset as five hubs, each led by a Specialist Podiatrist. This restructure was suggested by colleagues who had been redeployed to Neighbourhood Team during the pandemic where this style of working is the 'norm'. Colleagues said they liked this way of working because weekly meetings made them feel part of a team and well supported, which, in turn, helps to improve their health and wellbeing.

The hub leads meet weekly with the clinical head of service and operational managers to review capacity and demand and where support might be needed from other hubs. Waiting lists have been managed because the service has been able to respond to pressures.

We up skilled our workforce so that all Podiatrists were able to perform toe pressures, this made sure that that the less experience Podiatrists were able to see patients who would otherwise have been booked into senior clinicians' rotas.

New ways of working for the Podiatry Assistant Practitioners (PAPs) have also contributed to how the service has managed waiting lists. Pre-pandemic, the PAPs were directly supervised when providing nail care for patients at a high risk of ulceration and amputation, a new framework and guidance allows PAPs to treat these patients alone, freeing up Podiatrists to treat patients with greater complex needs.

A RAG (red, amber, green) rating system was developed to help support less experienced members of staff (particularly six new staff members) so that higher risk patients could be seen more quickly.

Technology meant some patients could be offered virtual/telephone appointments which allowed the service to have contact with more patients which also had an impact on the waiting list. Improved administration has also increased service efficiency. Voice recognition software has been introduced so that Podiatrists no longer need time to type consultation notes, freeing up their time to action other tasks/provide patient care.

Staff regularly began to use a mobile phone app to share photos and ask for clinical advice. Shared information in the app also supported short notice cover which meant that patient appointments did not have to be cancelled or patients added to the waiting list. The app also helped staff members who were isolating at home to cover telephone clinics and other tasks, freeing clinical colleagues to provide face-to-face appointments.

A new flow chart was introduced to support the admin staff so they knew which patients they could book into an appointment and a telephone triage rota was developed for patients needing urgent help. Both measures helped to free Podiatrists from administrative work.

The situation report figures shared in meetings have helped the hub teams to see the reducing waiting lists and clearly demonstrated that their hard work and new working arrangements were making a difference.

We worked hard to increase access to the Podiatry service. During the early days of the pandemic, we provided treatment from just three clinical sites which meant that the majority of our patients were treated at home. This method of service delivery had created serious capacity issues because the service was unable to see as many patients at home as it could in a clinic. This effect was long waiting lists which would not decrease quickly.

We offered more podiatry clinics and encouraged patients to feel comfortable returning to clinic by calling them and providing reassurance on the infection control precautions we had in place.

Supporting Care Homes

During the pandemic our Infection Prevention and Control (IPC) team used its strong foundations with care homes and hospices to provide support on infection and control measures and helped them to make sure safe processes were in place. IPC Nurse Specialists visited 62 establishments to give support during a confirmed Covid19 outbreak, identify areas of good practice and any areas which needed development.

Each care home received an action plan for areas of development and all care homes with an identified case or an outbreak amongst staff or residents were contacted on a daily basis. This information helped the city-wide efforts to halt the spread of Covid19 between healthcare settings and reduced, where possible, onward transmission.

IPC work before the pandemic, including audit and training in both nursing and residential homes throughout Leeds, had led to regular contact with care homes and development of positive working relationships. These relationships evaluated well and had demonstrated a reduction in gastroenteritis infections. The IPC team continued to offer training during the pandemic and was instrumental in providing the 'Super Training' (supported by colleagues from throughout the healthcare system) which helped care homes to follow correct guidance and infection control measures.

We created and appointed to a Clinical Educator post. The post holder specifically delivers IPC training to care homes and this has been well received. Contact with care providers is both face to face and virtual and 'drop-in' sessions have been offered throughout 2020/21 to continue the support and maintain the relationship that the IPC team has with care homes throughout the Leeds economy.

In the final quarter of 2020/21 the IPC team restarted environmental audits with both residential and nursing care homes which will continue to demonstrate adherence to policy and highlight areas of improvement that we can support them with.

Vaccination Clinics

The Leeds Covid19 Vaccination Programme became a dynamic and successful partnership between multiple health and care organisations in the city, which delivered more than 300,000 vaccinations to priority groups in the Leeds adult population between 8 December and 31 March 2021. At the time of writing, the programme is both ongoing and delivering to its target timescales.

The Trust's Director of Operations holds the Senior Responsible Officer role for the programme, overseeing the citywide Steering Group responsible for the delivery of all vaccine delivery models across the city, including community and primary care vaccination centres, hospital hubs and mobile vaccination models.

The Trust's Director of Workforce job share partnership provided strategic workforce leadership to the Vaccination Programme, with one partner defining and delivering the workforce requirements of the programme from November to March 2021, whilst the other ensured continued expert workforce leadership within the Trust itself.

We were proud that the first vaccination in Leeds was administered by a Leeds Community Healthcare worker on 8 December 2020.

More than 150 members of the Trust - both substantive and bank staff – were part of the Leeds Covid19 vaccination workforce. Between them they carried out more than 1800 vaccination shifts between December 2020 and March 2021.

Many other members of our staff contributed their time and expertise to the infrastructure and running of the vaccination programme in areas including finance, human resources, training, project management and eRostering.

And of course, we were pleased to enable and encourage take up of the vaccine amongst our own workforce, achieving high levels of vaccination, delivered in line with the nationally determined priority cohorts.

All of this has happened as part of committed and successful partnership working between Leeds health and care organisations, working across organisational boundaries to deliver these vital vaccinations to the city's population.

Personal Protective Equipment

Making sure our patients and our patient-facing workforce were kept safe and our staff were able to continue face to face care was our primary focus. We developed effective, reliable processes and systems to make sure that all colleagues had a safe and adequate supply of Personal Protective Equipment (PPE). We changed our ways of working in response to a pause on NHS procurement processes for PPE and development of a new, national PPE "Push" Stock System.

We worked with colleagues from Leeds and York Partnership NHS Foundation Trust to develop a new bespoke electronic stock reporting system that enabled us to ensure the right PPE was always available in the right place at the right time for our clinical staff. Having the proper PPE meant they were able to remain protected while continuing to care for our patients.

Between April and December 2020, we successfully:

- Delivered approximately 6.4 million of PPE items to our services.
- Completed week on week, 53 delivery schedules.
- Made approximately 5,500 physical deliveries.

Each of our three Business Units appointed a dedicated PPE Co-ordinator and each individual service has a PPE Champion. These roles have been critical in the development of our systems, processes and continuous local engagement and were a vital part in dissemination and action on product recalls and the evolving national guidance. Our Infection Prevention and Control Team colleagues have been invaluable in bringing their expertise to help us meet all the challenges we faced.

During 2020/21, working closely with workforce representatives, we equipped all our community staff with a mobile phone safety app which monitors their precise location and allows them to call for help if they need it. Other built-in security features mean that our people are secure in the knowledge that they are never alone while working in patients' homes.

Covid19 Rehabilitation Service

As the existence of 'Long Covid' became apparent, we quickly established a new team to meet patients' needs, drawing in expertise from respiratory, neurology, rehabilitation medicine, cardiology, occupational therapy, physiotherapy and dietetics. This multi-disciplinary approach and new treatment pathway saw 470 referrals to March 31 of patients displaying symptoms after 12 weeks.

The trailblazing service has been featured in national media (The Guardian, and BBC Radio 4) and local radio. The service's work has also been presented in Dubai and the team has shared its experiences nationally through an NHS England lecture.

Looking After Our Staff

At Leeds Community Healthcare, caring for one another is one of our 'Magnificent Seven' behaviours. During the Covid19 pandemic, we asked much of many members of our workforce. Some were redeployed to bolster our front-line and essential services while others were equipped with a laptop and remote IT access and asked to work from home. Flexibility became our new byword.

Early in the pandemic, it became clear that the unprecedented situation, with schools and other childcare options unavailable and many staff managing their own or other household members' clinical vulnerability to Covid19, would require an unprecedented response from the Trust as an employer.

Information in a fast-changing environment was crucial in the early days of the pandemic and our Communications Team took less than a week to develop a new Covid19 intranet that could be accessed remotely. The weekly staff bulletin became daily, and a new on-line system for dealing with individual staff queries - Ask Thea – was introduced which provided responses within a maximum of 48 hours.

The team produced 46 videos on a variety of topics including: demonstrating how PPE should be worn correctly; explaining latest operational changes and saying 'thank you' to colleagues.

To enable our workforce to continue delivering the best possible care to our communities, we urgently carried out support and risk assessments for our 'at risk' and clinically vulnerable staff members and identified how we could create safe working environments for everyone. Crucially we developed targeted health and wellbeing support to make sure all our staff had tools and resources immediately available if they began to struggle physically or mentally.

Our culture of engagement was fundamental to our approach to looking after our people during the pandemic. Decreased face-to-face interaction contributed to increased levels of communication and engagement in the organisation. As well as the intranet and regular staff bulletins we developed weekly Leaders' Network virtual meetings and the new all-staff 'Team LCH' online meeting – both led by the Chief Executive.

Weekly meetings with the Trade Union chairs of our Joint Negotiating and Consultative Forum and Joint Negotiating Committee staff partnership forums and weekly Black Asian and Minority Ethnic Network meetings enabled regular engagement with key individuals representing significant proportions of our workforce.

These engagement mechanisms directly informed vital aspects of our response to the pandemic, including temporary changes to employment procedures (for example increasing the maximum annual amount of Carer Leave from one week to two weeks) and our approach to supporting Black Asian and Minority Ethnic colleagues.

Some staff members described the sense of connection, shared purpose and support from these engagement mechanisms as being an important element of their resilience through the pandemic.

Flexibility:

Our approach was to use the maximum flexibilities available within national NHS terms and conditions and local employment policies. Examples of this include using different forms of leave, varying working patterns and adjusting duties.

Where necessary, temporary variations were agreed to employment policies with Trade Union colleagues, for example:

- temporary increase in the maximum annual amount of Carers Leave available (to 2 weeks).
- reduction in the notice period an employee has to give to request flexible working arrangements.
- extension of annual leave carry over arrangements from 2019/20 to 2020/21.

Managers used these flexibilities to respond to people's individual circumstances, to enable staff to balance their work as far as possible with their commitments outside of work.

Risk Assessment:

We developed our own risk assessment tool and guidance documentation to support managers and staff with risk assessment conversations. A multidisciplinary team of our in-house experts, including Freedom to Speak Up (FTSU) Champions from the BAME network, provided guidance sessions to further support managers in preparing for, and undertaking, the risk assessment conversations.

In line with our 'people before process' approach, our focus was on delivering supportive, high quality conversations with staff in 'at risk' groups alongside the required risk assessment.

Early in the pandemic, people from BAME communities were recognised as being at a higher risk from Covid19. An open letter from the Chief Executive and Chair of the BAME network in April 2020, acknowledged this impact and invited open conversations. Opportunities for significant conversations in existing forums, including the weekly BAME network and Leaders network meetings, were created and initiated.

These conversations, and in particular the perspectives and concerns shared by BAME colleagues, influenced and guided our approach to supporting them. Risk assessment completion rates for our BAME staff were at 100% by 31 July 2020. In mid-July 2020, the addition of the 'all male' and 'white European aged 60+' to the recognised 'at risk' groups substantially increased the number of risk assessments required.

More than 10 members of our BAME network volunteered to become BAME Freedom to Speak Up Champions and led guidance sessions for managers on how to undertake supportive risk assessment conversations. They also offered their individual support to BAME employees and managers.

Supporting BAME colleagues:

Using learning from the early stage of the Covid19 pandemic, the Chief Executive sent an open letter to prompt open conversations about the death of George Floyd. Honest conversations about race, racism and the #BlackLivesMatter campaign led to further consideration of how issues of systemic racism that are intrinsic to large organisational structures might be identified and addressed.

The well-established and growing BAME network has been central to these conversations and considerations, and with its support we have developed a new BAME Allyship programme. The aim of the programme is to create a collective of Allies across the Trust who do not identify as a BAME person, but work proactively to ensure that the voices of BAME colleagues are heard.

Throughout the pandemic, our BAME network has been invaluable in sharing its perspectives, suggestions and hands-on support. The influence of the Network in key decision-making processes has been a critical component in enabling us to provide support for our BAME colleagues in a way that we hope and believe is appropriate, responsive and caring.

Support for shielding staff:

More than 130 members of our workforce were advised to shield during the pandemic, with the majority working from home.

A Shielding Workshop was held in early July to offer support. True to our ethos of looking after each other, this workshop was designed in-house by an Allied Health Professional with specific expertise in shielding. Additional support and inputs to the workshop came from the Organisational Development and Improvement team and our clinical psychologists.

The workshop was followed up with targeted shielding guidance for staff and their managers and an online Shielding Forum was set up to enable people who were shielding to connect with each other in a supportive virtual space.

Targeted Health and Wellbeing Support:

We took a more targeted and bespoke approach to health and wellbeing support during the pandemic which was based on research on human responses to traumatic events and in response to the support needs expressed by our workforce.

We offered:

A series of psychological support workshops – developed in house - with topics including psychological wellbeing, burnout and resilience.

Listening and Support Service – a confidential helpline for staff to express worries or anxieties and be directed to other services as needed. For example the Employee Assistance Programme, HR support and the Leeds Mental Wellbeing Service.

Open Conversations – a variety of open conversations hosted by senior leaders enabled people to share experiences and offer peer support to each other; as well as describing their support needs and suggestions.

Safe Working Environments Project – started in May 2020, the project was divided into two key workstreams: Working from Bases and Working from Home. A risk assessment tool for work bases was developed with internal expertise from our own Estates and Facilities and Risk and Safety teams. (This tool was subsequently adopted by other organisations in the city). The inspection team carried out Covid19 Secure risk assessments in 40 bases where our staff worked. The team assessed the layout of the building, the groups of people who access it and the functions performed. Mitigations were put in place to manage each risk so that national 'COVID-Secure' signage could be displayed.

The Safe Working from Home team created a tool to allow home workers to assess their working environment and equipment needs and established a process for fulfilling those needs. A Homeworking Toolkit for employees and line managers, containing all guidance, polices and resources relating to home working, was developed.

Home Working Survey – the survey was completed by more than 400 people and allowed us to understand in detail the wider views, circumstances and training, support, and health and wellbeing needs of home workers. The results also provided important insights for developing our longer term approach to working environments, working practices and estates.

Business as usual in a year of transition

All organisations have an annual rhythm that even a terrible pandemic could not totally destroy and over the year we maintained and even developed many of our business as usual activities.

We worked with a number of organisations to establish The Leeds Virtual Frailty Ward (LVFW). The service provides rapid assessment (within 2 hours) and wrap-around care for people in their own homes who become suddenly unwell and who would normally be admitted to hospital, or for patients who are already under the care of Leeds Teaching Hospitals with health needs that can be safely managed at home.

The LVFW is a collaboration between NHS organisations in the city (primary, community and secondary care), Leeds City Council Adult Social Care and the Leeds Oak Alliance (Third Sector consortium).

The service developed well during 2020/21 and was an important part of the city's response to the pandemic. As at 31 March 2021 there had been 758 patients admitted to the service, saving 3,696 hospital bed days. The cost per intervention was currently lower than the average cost of a hospital admission with a positive return on investment of over £2 per £1

spent. Continued investment is planned to further improve the already good 2 hour response time and respond to the increased complexity of patients being referred to the service.

Work got underway on the new, purpose-built Children and Adolescent Mental Health Unit at Armley – a £20million investment in young people's mental health services in the West Yorkshire region. The 22 bedroomed inpatient unit has been named Red Kite View following discussion with service users.

During the year we asked our colleagues at Leeds and York Partnership NHS Foundation Trust (LYPFT) – a specialist mental health services provider – to provide the Tier 4 CAMHS service from April 2021onwards. We will continue to provide expertise to the new unit as the city's lead for general children's services, and in our role as the provider of community based CAMHS services

An innovative recruitment campaign to attract staff for Red Kite View and a decommissioning plan for Little Woodhouse Hall (the current CAMHS unit) which we jointly developed with LYPFT also began.

Working with our communities

We have started on a long-term programme to take an active part in achieving health equity across Leeds. The first phase will last three years and we committed to look at everything we do through an equity and inclusion lens. We have begun to bring together existing work to tackle health inequalities and have started to work with communities in new ways to understand how our actions can be most effective. This has included:

- Reviewing service data and other sources of information that tell us about access, experience and service impact on diverse communities' health. We have begun to share what we have discovered and to work with communities and partners to make improvements.
- Continuing to improve the recording of diversity and inclusion data, starting with ethnicity, postcode and communication requirements.
- Enabling some services working with communities in specific geographic locations to work out how to best deliver care for that community.
- Tasking some services which work with different communities of interest to focus on improving specific health needs in those communities.
- Working across services to understand individual and family needs and the impact we can have - for example when a patient moves between services or the impact of poverty on accessing multiple services.

2020/21 was the year we developed our strategic approach to engagement to meet the increased demands of service reset and recovery and the huge challenge of trying to hear the patient voices and capture carer experiences during the pandemic - particularly the voices of communities at greatest risk of health inequalities.

We developed an engagement 'tool kit' of templates, guidance and information to strengthen each service's approach to gathering patient experience and holding conversations which help to embed patient/carer experiences into service reset and ongoing service delivery.

70 members of our staff volunteered to become Engagement Champions and meet monthly to share their knowledge and successes.

We were proud to launch our first ever 'Third Sector Strategy' at our Annual General Meeting in September. The strategy is the outcome of extensive consultation and collaboration with the city's Third Sector and Forum Central (which represents the hundreds of community and voluntary groups in the city). It aims to improve how we work together to create better health outcomes, improve health inequalities and support a more sustainable and resilient third sector.

We have been active members of the West Yorkshire and Harrogate Health and Care Partnership (HCP) which supports 2.7million people across the region.

Since the Partnership began in 2016, we have worked hard with our partners and communities to build the relationships needed to deliver better health, care and wellbeing support to people across West Yorkshire and Harrogate.

Safety and support

The Covid19 pandemic was unprecedented in living memory and had significant impact for individuals, families, communities and wider society.

Our Safeguarding team worked remotely during 2020/2 and provided a full service offering advice and support over the telephone, via email and virtual face to face meetings online to assist colleagues with safeguarding activity. The team worked in partnership with other agencies to prevent and stop both the risks and experience of abuse or neglect. It also worked with 'Safer Leeds' on domestic abuse and modern slavery issues and with partners across the whole health economy of Leeds to evaluate and review the 'Front Door' safeguarding hub model.

The team contributed to the development of a Leeds Safeguarding Adults Board, Exceptional Risk Forum and the general self-neglect agenda.

Not being able to see patients face to face in some situations was a challenge when attempting to assess safeguarding needs and caused us to think very differently about how we support our community and colleagues during very difficult times.

During the year, all safeguarding training became virtual. The new, online resources and training modules proved successful in reaching a wider audience and were more cost effective than face to face training.

In partnership with the Leeds Cancer Programme, we rolled out the first two phases of the Leeds Cancer Support Service. A team of nurses and support staff help adults aged over 25 who have a cancer diagnosis to develop a personal care plan which helps them reach their health goals, however big or small.

Take up of the flu vaccine reached more than 90% in our front-line teams - our highest ever total and a tribute to our the Infection Prevention and Control team which listens, learns and adapts its campaign each year so that any member of staff who wants a jab can get one easily at a place and time which suits them.

We were delighted to welcome six final year nursing students from Leeds Beckett University to Team LCH. They stepped forward to support the NHS frontline during the Covid19 pandemic by joining us as Aspirant Community Nurses.

NHS Staff Survey

The annual NHS Staff Survey invites everyone working in the NHS to give their views on working life. It is completely independent, and we encourage our staff to complete it as an important feedback mechanism. 45% of our staff completed the 2020 survey which was down 10% from 2019. This however needs to be seen in the context of the pandemic and it coincided with the very difficult and challenging conditions of the second wave of the pandemic.

The huge challenges of the pandemic have shone a light on the Trust's health and wellbeing focus and the initiatives we developed to support this. To the great credit of the collective effort across the Trust, four of the top five response increases between this year and last are in the area of health and wellbeing.

The staff survey results 2020 show 94% of staff (up 3% on 2019) think that the Trust takes positive action on health and wellbeing. The response rate to the question: 'the organisation definitely takes positive action' on health and wellbeing increased by 5% to 40% in the 2020 survey which is particularly pleasing. The overall national figure for this question is 33%, making our score 7% higher than average.

Here is a summary of our results covering support from managers and satisfaction with working life:

Charitable Funds

An operational group for the LCH charity which benefits patients, carers and staff was established and met monthly to discuss and oversee work on the priorities of the charity, fundraising activities and profile raising. The group of clinical and corporate staff - plus two Youth Board representatives - is chaired by the Executive Director of Nursing and Allied Health Professionals and feeds directly into the Charitable Funds Committee.

The LCH charity became a member of NHS Charities Together in spring 2020 and has been successful in securing several funding grants from money donated to Covid19 appeals. Some of this funding has been spent on a programme to provide psychological and wellbeing support to staff in response to the impact of the Coronavirus pandemic; this has included funding a part-time Clinical Psychologist.

The charity approved funding applications from a variety of different services across the Trust to benefit patients, carers and staff which included:

- Providing tablets with internet access to unpaid carers who access/or support others to access our services.
- Providing warm clothing for homeless service users
- A 12 month television subscription service for the inpatient CAMHS unit
- Two rounds of healthy lunches and refreshments to boost staff morale during the pandemic which were received positively
- Wellbeing packs; fitness equipment and stress-management resources for staff to encourage self-care
- A week-long event of virtual arts and wellness workshops to promote staff wellbeing.

The funding for internet ready tablets - delivered as part of ongoing partnership work with Carers Leeds and 100% Digital Leeds – has helped to promote digital inclusion for carers, support digital healthcare access and reduce social isolation in unpaid carers group.

The charity also continued to administer a charitable fund for Hannah House – a purpose built unit for children (3-18 years of age) with complex health needs - where the Trust provides short breaks for children and their and their families. The fund has covered the costs of running a minibus for outings and maintaining an on-site sensory aquarium.

Awards and recognition

We were delighted to win the Health Service Journal’s Speaking up Organisation of the Year Award. Our Freedom to Speak Up team, led by John Walsh (Freedom to Speak Up Guardian) and Kulvant Sandhu (Chair of our BAME network) were recognised for their work to build an effective and caring speaking up culture in our Trust and across the wider health and social care system.

Details of all our awards during the year can be found on our website:
https://www.leedscommunityhealthcare.nhs.uk/our-news/awards/

Our annual staff awards became a virtual ‘Thank You’ event as senior managers popped up unannounced in virtual staff meetings to congratulate teams and individuals for their

outstanding efforts during the year. Our PPE Team was awarded Team of the Year at the LCH 'Thank You Event' in December 2020 - a reflection of the fantastic team ethos that has always been focussed on protecting our patients and our staff.

Financial Performance

In my report on the Trust's 2019/20 financial performance in last year's Annual Report I reflected on the changes that had by then already been introduced for the 2020/21 NHS financial regime due to Covid19.

It was right that financial performance took a back seat as our staff responded to the pandemic and for the first six months of the year NHS England provided the Trust with the income to match our expenditure; effectively a break even position.

In the second six months the Trust was allocated a resource within which to manage to our expenditure. That resource was allocated via the West Yorkshire and Harrogate Integrated Care System and all the constituent organisations, NHS Trusts and Clinical Commissioning Groups worked together to ensure the System collectively achieved the best possible pandemic response within available resources. The three trusts in Leeds and NHS Leeds CCG worked together in the same way.

The resources allocated to Leeds Community Healthcare in the second half of the year were sufficient to meet all our day to day costs, including the additional costs of providing care during the pandemic and making a start on reducing some of the patient waiting times that had unavoidably built up during the year. Finance was not a constraint to anything the Trust wished to achieve for patients and staff during 2020/21.

At the end of the year we recorded a £1.5m surplus. This is a financial result specific to 2020/21 resulting from the financial regime in operation. It does not provide any guide to the Trust's underlying financial position which will be heavily dependent on the resources available to the NHS as recovery from the pandemic takes place.

As the table below shows, we underspent our Capital Resource Limit of £2.4m by just £200k reflecting difficulties of completing some building maintenance schemes at the end of the year due to bad weather. Nevertheless, we were able to make significant progress on reducing backlog maintenance issues in our buildings as well as providing replacement clinical equipment. We invested heavily in Information technology to enable our staff to continue to do their jobs remotely, be that delivering digital consultations with patients or providing support roles from home. We now must ensure that we are able to sustainably support these new ways of working and further innovation.

Key Financial Data Statutory Duties with target	Outturn	Variance from plan	Performance
Income and Expenditure Retained Surplus Breakeven	£1.5m	£1.5m	✔
Remain with External Financing Limit £6.2m	(£6.2m)	-	✔
Remain within Capital Resource Limit £2.4m	£2.2m	£0.2m	✔
Capital Cost Absorption Duty 3.5%	3.5%	-	✔
Better Payments Practice Code 95% NHS Invoices Number	99%	4%	✔
NHS Invoices Value	100%	5%	✔
Non NHS Invoices Number	97%	2%	✔
Non NHS Invoices Value	98%	3%	✔

I have been proud to write about the Trust's financial performance in ten Annual Reports. I have tried to reflect the critical importance of all Trust staff and managers in working to deliver the best possible care each year whilst meeting financial targets and thank them for doing so. For 2020/21 achievement of the Trust's financial targets were not a priority; the requirement to write about financial performance in the Annual Report does however give me the opportunity to reflect on how hard our staff worked, often in new and challenging ways, to provide care to patients and look after each other. This year, more than anything, that made me proud to be part of Leeds Community Healthcare.

Bryan Machin
Executive Director of Finance and Resources

Legal obligations and how we are fulfilling these

Emergency Preparedness and Resilience

We are required to adhere to the requirements of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Assurance Process. The purpose of this process is to assess the preparedness of the NHS - both commissioners and providers - against common NHS EPRR Core Standards in order to provide assurance that both the NHS in England and NHS England are prepared to respond to emergencies, and are resilient in relation to continuing to provide safe patient care.

We continue to fulfil our requirements set out in the Civil Contingencies Act 2004. The requirements make sure that we are able to respond in the best way possible to any form of disruption to normal service or a major incident. This includes:

- A Major Incident Plan which is regularly updated to ensure it is fit for purpose along with management on call arrangements.
- Business Continuity plans to protect against the impact of a wide range of emergency situations which may affect normal service delivery.
- Emergency planning functions to deal with national issues that may affect service delivery. Most recently, planning has involved national issues relating to Brexit and Coronavirus (Covid19).

Health and Safety

We are committed to maintaining an environment where the health and safety of staff, patients, visitors, contractors and the public is assured. This is in line with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

We recognise that the effective implementation of our health and safety arrangements depends on managers, staff and their representatives working together at all levels to ensure that safe working practices are in place.

The Health and Safety Group is the forum that enables staff to be involved in developing, enabling and reviewing the Trust's health and safety arrangements. The group which met four times in 2020/21 is chaired by the Executive Director of Finance and Resources and its membership includes staff-side representatives.

The Health and Safety Group reviews and proposes changes and developments of the health and safety management system to ensure the continuous improvement of health and safety performance.

Counter Fraud

We have a zero tolerance approach to fraud and we work hard to prevent, deter, detect and investigate it. Our counter fraud work is undertaken by a counter fraud specialist from our Internal Audit team and is overseen by the Executive Director of Finance and Resources. Our counter fraud work complies with the NHS Standards for Providers of NHS services.

Modern Slavery and Human Trafficking Statement

In accordance with the Modern Slavery Act 2015, Leeds Community Healthcare can confirm that it meets its responsibilities under this act. As an NHS organisation suppliers are subject to standard NHS terms and conditions.

Disclosure of personal data related incidents

The General Data Protection Regulations (GDPR) were introduced as part of a new UK Data Protection Act 2018 (DPA), which repealed and replaced the 1998 Act.

The legislation strengthens the rights of data subjects, while increasing the responsibilities of organisations to process personal data in a lawful and transparent manner. This means that incidents calculated as externally reportable must be reported to the Information Commissioner's Office (ICO), through NHS Digital's Data Security and Protection Toolkit (DSPT).

For details of the personal data related incidents reported by the Trust during 2020/21 please see the Annual Governance Statement on page 38.

Safeguarding

Safeguarding is about working closely with families and partner agencies in health and social care to respect the rights of everyone to live life free from abuse, neglect or emotional harm.

The Trust is committed to safeguarding our population through effective multiagency working and public engagement in line with our organisation's vision and values while recognising Leeds City Council's Social Work service as the lead agency.

The Trust approved a new three year strategy in August 2020. The strategy sets out LCH's direction of travel and priorities for Safeguarding 2020-2023 and outlines the vision of making safeguarding everybody's business, and recognising safeguarding is fundamental to our duty as care providers.

Duty of Candour

The Quality Committee monitors the Trust's compliance with Duty of Candour requirements on a monthly basis. This ensures that applicable incidents have met the criteria of a safety notifiable incident which are:

- a 72 hour review was carried out to understand the initial facts in relation to what happened, what went wrong and what we could have done better.
- the people affected were informed and necessary apologies given.
- the people affected were provided with an explanation of how we would investigate and asked if they required any specific questions to be answered within the investigation.

Going Concern Assessment

“Going Concern” is an accounting principle that requires organisations to consider whether they can continue their operations for the foreseeable future when preparing their Accounts. The sort of questions the Trust considers are: do we have contracts to provide sufficient income? Have we enough cash to pay for things we need to run the business (staff and non-staff)? Can we afford to buy any capital equipment we might need? Do we have strong, stable management? Are we meeting external requirements? Do we understand our risks and are they being mitigated and managed appropriately?

The Trust has prepared its 2020/21 accounts on a going concern basis. The Board considered the matter of the Trust as a going concern at its meeting on 26 March 2021. Our formal financial reporting begins on page 69.

Signed .... **Thea Stein**, Chief Executive

Date 11 June 2021

Accountability Report

Directors' Report

The Trust Board - What we do and how we do it

Along with all NHS trusts across the country, we have a Board of Directors to guide our work. The purpose of our Board is to govern effectively, and to build patient, public and stakeholder confidence that health and healthcare is in safe hands.

Our Board is accountable to the public and stakeholders for:

- High quality, safe health services.
- Accessible and responsive health services.
- Making sure public money is spent in a way that is fair, efficient, effective and economic.
- Being a good employer.
- Engaging patient and the wider public in shaping health services.

The Board plays a key role in:

- Shaping the strategy, vision and purpose of the Trust.
- Holding the organisation to account for the delivery of strategy.
- Ensuring value for money.
- Working to shape a positive culture.

The Trust Board has both Executive and Non-Executive Directors. It is a unitary Board, which means that both Executive and Non-Executive Directors share the same liabilities and joint responsibility for every decision of the Board. Led by an independent chair and made up of both executive and independent non-executive members, the Board has collective responsibility for the performance of our organisation.

The Trust's Chair and Chief Executive have led these functions throughout 2020/21.

Here are the people on our Board of Directors as at 31 March, 2021

Brodie Clark CBE
Chair

Thea Stein
Chief Executive

Helen Thomson
Non-Executive Director
(Deputy Chair)

Richard Gladman
Non-Executive Director

Sam Prince
Executive Director
of Operations

Bryan Machin
Executive Director of
Finance and Resources

Alison Lowe
Non-Executive Director

Professor Ian Lewis
Non-Executive Director

Steph Lawrence
Executive Director of
Nursing and Allied
Health Professionals

Dr Ruth Burnett
Executive Medical
Director

Khalil Rehman
Non-Executive Director

Rachel Booth
Associate Non-Executive
Director

Jenny Allen and Laura Smith
Executive Director of Workforce*

*Non-voting members

Changes to the Board

Neil Franklin, who had served the Trust for eight years, stepped down as Trust Chair on 7 May 2020 and was replaced by Brodie Clark CBE, who was previously a Non-Executive Director at the Trust. Initially this appointment was on an interim basis. Following a recruitment process conducted by NHS Improvement, Brodie Clark CBE was appointed to the substantive post on 11 August 2020.

Alison Lowe was appointed as a Non-Executive Director on 1 December 2020, to replace Brodie Clark CBE when he was appointed to the Chair's position.

Two Associate Non-Executive Directors were also appointed on 1 December 2020: Khalil Rehman and Rachel Booth.

Non-Executive Director Jane Madeley stepped down on 31 March 2021, after serving the Trust for 10 years. Khalil Rehman, who was previously an Associate Non-Executive Director, then took over this role.

A 'fit and proper' Board

Board members have an annual appraisal, which is a thorough review of the assessment of their performance, reflecting on their contribution to the Trust during the year and setting objectives for the coming year.

The Board has continued with its development programme during the year. It has a programme of workshops to support Board members' development, covering such topics as organisational strategy, data security, health and safety, equality and diversity, and system planning. Both executives and non-executives attend training days and networking events to improve their knowledge base and remain up to date with current NHS matters.

All directors have made a declaration that they comply with the 'fit and proper person test' that was introduced from November 2014.

Each director has confirmed in writing that they know of no information that would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and each has taken all the steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Director’s declarations of interests for disclosure 2020/21

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Brodie Clark	Director Clark Advisory Ltd – consultancy services on security and Government Affairs	None	None	Non-executive Director Compass (Charity) - until May 2020	None	None	None	None
Thea Stein	None	None	None	Trustee of Nuffield Trust CQC Executive reviewer	None	None	None	None
Neil Franklin (until 7 May 2021)	None	None	None	Donisthorpe Hall Care Home – advisor to the Board	None	None	None	None
Jane Madeley (until 31 March 2021)	None	None	None	Chief Financial Officer, University of Leeds	None	None	Any contracts between the University of Leeds, Leeds Faculty of Medicine and Health, Leeds Academic Health Partnership, NIHR Clinical Research Network	None
Richard Gladman	Director of Verbena Digital Ltd	Part ownership of Verbena Digital Ltd	None	None	None	None	None	None
Prof Ian Lewis	None	None	None	Trustee: Rossett School Harrogate	None	None	None	None
Helen Thomson	None	Helen Thomson Ltd	None	Trustee: Sue Ryder	Council Member University of Huddersfield DHSC IRP panel member	None	Executive Director, Pennine Acute Hospital NHS Trust	None

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Alison Lowe (from 1 Dec 2020)	None	None	Chief Executive at Touchstone	Chair of Trustees, Leeds Survivor-led Crisis Service. Trustee, Leeds CAB	None	None	Former Labour Councillor 1990-2020	None
Khalil Rehman Associate Member from 1 Dec 2020)*	Director Salix Homes Ltd. Director Medisina Foundation	None	None	Non-Executive Director, East Lancashire Hospitals NHS Trust	None	None	None	None
Rachel Booth Associate Member from 1 Dec 2020)*	None	None	None	None	Full time employee of BUPA	None	None	None
Bryan Machin	None	None	None	Trustee at St Anne's Community Services. St Anne's is a charity and housing association	None	None	None	None
Dr Ruth Burnett	None	None	None	Medical Director Leeds GP Confederation	Undertakes continuing professional development at Crossley Street Surgery, Wetherby	None	None	None
Sam Prince	None	None	None	None	None	None	None	Hamper of hair and beauty products from Professional Beauty Systems in acknowledgement of setting up the Covid19 Vaccination Programme (Gift provided to each member of the team)

Board Member	Name of company, directorships, including non-executive directorships held in private companies or PLCs (with the exception of those in dormant companies)	Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS	A position of trust in a public, charity or voluntary organisation in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Any other commercial interest Impacting on decision making in meetings	Any other area of potential conflict	Details of any hospitality or gift in received within the past 12 months: in excess of £35 in connection with the Trust
Steph Lawrence	None	None	None	Director of Nursing Leeds GP Confederation	None	None	None	None
Laura Smith*	None	None	None	Director of Workforce Leeds GP Confederation Leeds	None	None	None	Hamper of hair and beauty products from Professional Beauty Systems in acknowledgement of setting up the Covid19 Vaccination Programme (Gift provided to each member of the team)
Jenny Allen*	None	None	None	Director of Workforce Leeds GP Confederation Leeds Trustee for Hollybank Trust	None	None	Indirect interest – husband is a partner at KPMG. KPMG bid and contract for contracts with NHS Providers Husband is a Trustee for Age UK Leeds	None

*Non-voting members

Board meetings and business in 2020/21

As with all NHS Trusts, we are required to hold formal Board meetings in public. The Board has met formally eight times during the year, including additional Board meetings that replaced some previously scheduled informal meetings, in order for the Board to progress and monitor its response to the pandemic. At these meetings, the Board takes strategic decisions and monitors the operational performance of the Trust. Any member of the public is welcome to attend the formal meetings, and the Board has encouraged the public to attend virtually during the year. The dates are advertised on the Trust's website, with a live link to the meetings, and Board meeting agendas, reports and minutes are published online.

The Board has also met informally on a further four occasions. These events have taken the form of a Board development programme and have involved a wider group of senior leaders.

In addition, an Annual General Meeting was held on 15 September 2020. This was held virtually in order to comply with Government guidelines for social distancing.

The quality of care is at the heart of all that the Trust does and the over-arching approach to quality within the Trust is captured within the Quality Strategy for 2018-2021. The strategy describes an overarching quality objective to strengthen the approach to quality improvement with a focus on understanding data in order to give the necessary assurances on the quality of services. Using this approach the Trust is focussing on four priority areas:

- Prevention, proactive care and self-management.
- Patient experience and engagement.
- New models of care.
- Workforce.

All actions to ensure the Trust provides high quality services are overseen closely by the Board.

The Board receives regular updates on strategic service developments and regular integrated performance reports (the report brings together quality and financial information in one document). Information in the report is aligned to the Care Quality Commission's (CQC) five domains (safe, caring, effective, responsive and well-led).This is the main way the Board assesses that it meets all national and local standards and targets for the services we provide.

The Board's committees (decision making groups)

The Trust has five committees that make sure we carry out our duties effectively, efficiently and economically.

Details of the functions of each committee can be found in our Annual Governance Statement 2020/21 which starts on page 38.

In addition, the Trust has two 'Committees in Common' arrangements involving a number of NHS organisations. A 'Committees in Common' approach allows NHS trusts to establish their own committees, which all meet at the same time and with the same remit and common agenda. The two 'Committees in Common' are:

- West Yorkshire Mental Health Services Learning Disabilities and Autism Collaborative. This comprises of the four mental health and community NHS trusts in West Yorkshire (Bradford District Care NHS Foundation Trust, Leeds and York Partnerships NHS Foundation Trust, Leeds Community Healthcare NHS Trust, and South West Yorkshire Partnership NHS Foundation Trust) working together to ensure high quality, sustainable mental health services.
- Leeds Primary Healthcare Collaborative, which is Leeds Community Healthcare NHS Trust and the Leeds GP Confederation whose aim is to jointly deliver city-wide seamless and efficient primary care and community health services for patients.

These are reflected in the Trust's current scheme of delegation.

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed .... **Thea Stein**, Chief Executive

Date 11 June 2021

Corporate Governance Report
Annual Governance Statement 2020/21

Scope of responsibility

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

Thea Stein

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Leeds Community Healthcare NHS Trust (LCH), to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in LCH for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

The Trust recognises that it is operating in a healthcare environment where patient safety, quality of care and service sustainability is paramount and of mutual benefit to stakeholders and the organisation alike. The Trust manages clinical risks (i.e. risks to individual patients through clinical activity) and financial and business risks (i.e. risks that threaten the achievement of statutory financial duties or the safeguarding of the Trust's assets) in order to deliver its objectives in a controlled way. With controls and assurances in place, and in line with the Trust's statement of how much risk it will accept ('risk appetite'), manageable risks are tolerated - but not where there is a foreseeable risk of harm or adverse outcomes to patients.

Careful risk management is embedded within the culture of the organisation, from risk assessments in clinical practice to considering the risk in each Board decision. Risks are identified and aligned to strategic goals. Risk tolerance, i.e. the level at which risk is escalated, is clearly set out in the Risk Management Policy and Procedure.

The Chief Executive has overall responsibility for the Trust's management of risk and members of the Senior Management Team have been given responsibility for managing risk types:

- Chief Executive: Risks to staff and stakeholder engagement, integration and system change programmes.
- Executive Director of Finance and Resources: Risks to efficiency, income and expenditure, IT infrastructure, data security, contractual and partnership governance, health and safety of staff.
- Executive Director of Operations: Risks to major change projects, business tenders, contracted activity.
- Executive Director of Nursing and Allied Health Professionals and Executive Medical Director: Risks to clinical quality assessment, clinical quality improvement, clinical governance.
- Director of Workforce: Risks to staff capacity and capability.

The role of each director is to ensure that appropriate and robust arrangements are in place to:

- Identify and assess risks.
- Eliminate or reduce risks to an acceptable level, in line with the Trust's approach to risk.
- Comply with policies and procedures, and statutory and external requirements.
- Maintain the Board Assurance Framework.

The Trust employs a qualified, experienced Risk and Safety Manager who delivers risk management training, coordinates the risk register and provides support and direction in all risk management related matters.

Every member of staff is briefed on the Trust's risk management procedures as part of our induction process and bespoke training is provided to support teams and services with managing risk. Managers are also trained in risk management procedures in their induction process and as part of ongoing training, coaching and support. All training includes awareness of the Trust's approach to risk and how this should be applied in decision-making processes.

There is a 'lessons learned' portal on the Trust's intranet, where managers can share information about incidents, learning and improvements.

The Trust continued to strengthen its risk management processes during 2020/21 following the decision in late 2019 to combine its risk management functions and health and safety functions into one team.

There has been a targeted approach to risk management training during 2020/21 in response to a realisation that that some services did not have a suite of suitable and sufficient health and safety risk assessments. Individual and group training sessions have been provided, along with an accessible library of risk assessment templates. A training session around a manager's role and responsibilities in staff health, safety and risk management has been developed, which has a strong focus on risk assessment technique. The session is part of the Trust's essential management training programme. Due to pressures imposed on services by the pandemic, only a limited number of training sessions have been delivered.

This year the Trust has procured an electronic system to support the completion, review and monitoring of risk assessments.

The risk and control framework

The Trust's Risk Management Policy defines the risk management framework and sets out the approach the Trust will take to the management of risk, making sure that sound risk management principles are an integral part of its governance structure and processes. It also sets out the respective responsibilities for corporate and operational risk management throughout the Trust.

The risk management procedure supports staff to identify, assess, manage, and monitor the risks that threaten the organisation's ability to achieve its objectives. The aim of the risk management procedure is to achieve an optimum response to risk, prioritised in accordance with a consistent evaluation of the identified risk.

The Trust has systems in place that contribute to the identification of risk from a number of sources for example:

- Review of performance and working practice.
- Clinical practice.
- Legislation, national policy and guidance.
- Risk assessments.
- Incident reports.
- Complaints.
- Claims for compensation.
- Audit and work place surveys.
- Patient satisfaction surveys.
- External/internal audits.
- Regulators' inspections and reports.
- External environment within which the Trust operates.

Any of the above can be part of the risk assessment process. Risks are identified in a proactive way, for example: changes or introduction of new processes, new equipment, and different ways of working will initiate a risk assessment.

During 2020/21 there has been a particular focus on ensuring that risks associated with Covid19 were assessed and mitigated effectively. This included assessments of clinically extremely vulnerable and at risk staff, creating and maintaining Covid19 secure environments, and ensuring that the large cohort of staff who were suddenly asked to work from home where possible were able to do so safely by assessing their new work space and providing equipment as required.

The Risk Management Policy and procedure is supported by content in a bespoke risk and safety area of the Trust's intranet which is available to all staff.

The Board Assurance Framework (BAF) enables the Board to be assured that risks to the success of strategic goals and corporate objectives are being managed effectively. The BAF aligns strategic risks to the revised strategic goals and priorities in the Trust's operational plan. Following a review of BAF processes in 2020, the means by which committees reported assurance levels to the Board was revised to ensure that those assurances are aligned with the strategic goals. The Board reviewed and approved changes to the strategic risks in March 2021.

The Risk Register is a record of all the risks that may affect the Trust's ability to achieve its strategic, project or operational objectives. The Trust uses an electronic risk management system to record and monitor risks. The risk register includes: a description of the risk, the risk owner, any controls in currently in place, actions to be completed, and the initial, current and target risk scores. Extracts and themes from the risk register are frequently scrutinised by appropriate managers, committees and the Board. Risks relating to Covid19 and the Reset and Recovery programme are also captured, assessed, mitigated and reported in the risk register.

The Trust's risk appetite is aligned with its four strategic goals. Senior Management Team defines the Trust's risk appetite and reviews this on an annual basis. Any proposed amendments are subject to approval by the Audit Committee. The risk appetite statement is an appendix of the Risk Management Policy and procedure, which can be found on the Trust's intranet. The risk appetite was reviewed in 2020 with a particular focus on whether it reflected the changed and difficult climate the Trust continues to work in and some minor amendments were made.

Data security risk is managed through a system of general managers and heads of service or other lead managers who act as information asset owners. These individuals work with the Senior Information Risk Owner to manage data security and other information-related risks. This process has been significantly improved through efforts to ensure the Trust remains compliant with the General Data Protection Regulation (GDPR).

Data Security risks continue to be managed through a series of coordinated activities which have included:

- The release of software patches to ensure our electronic devices remain as resilient as possible to the threat of computer viruses and other cyber security risks.
- Third party penetration tests designed to identify vulnerabilities in the Trust security architecture. The Penetration Test in 2020/21 was delayed due to the additional workload experienced by the IT Team in response to the Covid19 pandemic and the complexities of maintaining social distancing for the staff conducting the actual tests. However the tests were completed during March 2021 and the results are awaited. Any issues highlighted will be incorporated into an action plan to mitigate the threats.
- Business Continuity Plan testing to make sure that the Trust is able to respond to a cyber-attack.
- Staff education and awareness. With the support of NHS Digital, anti-phishing campaigns have been run to test the likelihood of an individual following a malicious link in an email. If this happens, the individual is directed to an e-learning resource to help them spot the signs of a suspicious email in the future.
- Additional Senior Information Risk Owner Training provided.

- The importance of maintaining awareness of data security, awareness to phishing emails and other cyber-risks have been highlighted to staff through articles in the Midday Briefings.
- The organisation has created and recruited to a dedicated Information Security Manager post, with responsibility for advising and maintaining data security.
- Through the Internal Audit Programme, commissioned a specific Cyber Security Audit.

All of these activities are designed to help ensure that sensitive information is protected and the risk of unintended loss or disclosure is minimised.

Data quality and the accuracy of performance reporting, including waiting list information, is reviewed regularly. Validations on waiting list data are collected directly from services on a regular basis and reviews of other Key Performance Indicators (KPI) happen at performance review meetings across all levels of the Trust. The accurate completion of key demographic information is monitored via the Data Quality Maturity Index. More specific pieces of work to test out and provide assurance around data quality are carried out on a service by service basis.

The Trust reports monthly on its performance against national KPIs in line with NHS Improvement's Single Oversight Framework and national contract requirements. Specific service indicators in contracts are monitored monthly via internal performance monitoring processes.

Governance structures and accountability

Our Board is made up of six non-executive directors (including the Chair), and five executive directors. There is one non-voting member of the Board - the Director of Workforce. The Board leads the Trust by carrying out three main roles:

- Formulating strategy.
- Holding the organisation to account for the delivery of strategy and seeking assurance that systems of control are robust and reliable.
- Shaping a positive culture for the Board and the wider trust.

There is a clear division of responsibilities between the Chair and Chief Executive and both have discharged their leadership functions throughout the whole of 2020/21.

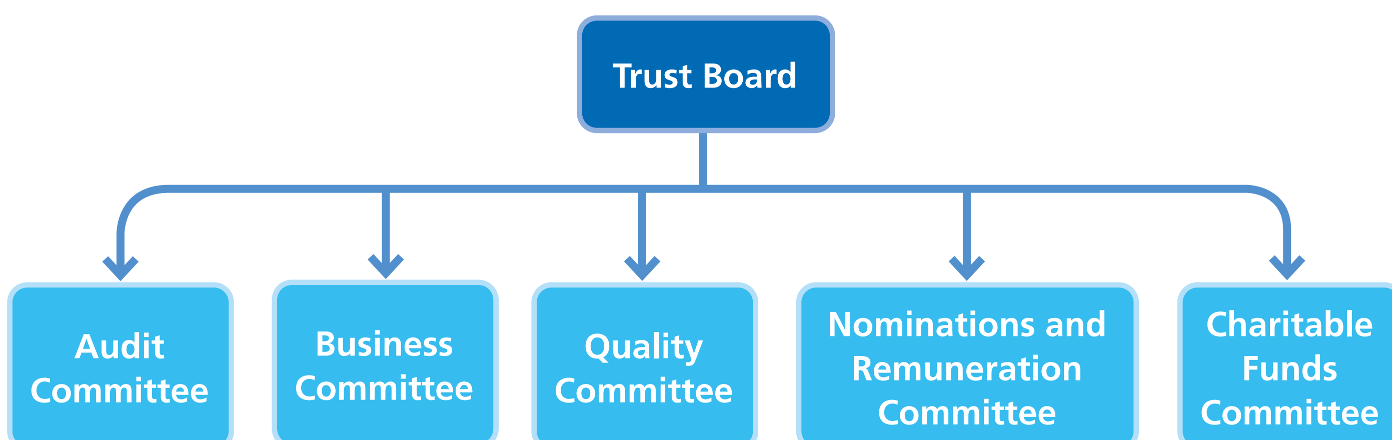
The Board met twelve times in 2020/21: eight formal meetings were held in public. During the first wave of the pandemic, the public was discouraged from physically attending the Trust's premises to attend Board meetings, and Healthwatch took an active part in observing the Board meetings and submitting questions to Board members. Later in the year a live link to the Board meetings was published on the Trust's website to allow the public to 'attend' the meetings. The Annual General Meeting was held virtually in September 2020 and by offering various ways of accessing the meeting, reasonably good attendance was achieved. Board member attendance at Board meetings has been good and all meetings have been quorate.

The quality of services remains the Trust's first priority, so the Board's agendas feature

reports on our quality strategy, patient experience topics and the maintenance of safe staffing levels. Information presented to the Board provides essential assurance and our Directors regularly 'visit' frontline services to support staff and see them in action. Many visits in 2020/21 took place virtually rather than being actual visits to sites.

The Board has Standing Orders, a scheme of reservation and delegation of powers and standing financial instructions. These are regularly reviewed and provide a governance framework which allows the Trust to show it is well governed and that it meets the requirements of corporate governance codes of practice. It also has an annual work plan, which schedules required and discretionary business. A temporary amendment was made to the standing orders at the Board meeting on 27 March 2020 in order to respond effectively to the Covid19 situation which was rapidly escalating. This was to reduce Board and committee agendas to ensure that essential business was covered and the focus was on staff and patient safety and the Trust's Covid19 response. This revision was revoked in July 2020 but re-established by the Board in October 2020 as part of the Trust's response to the second wave of the pandemic.

The Board's five committees (see diagram below) have Board approved terms of reference and work plans which have been reviewed during 2020/21. Each committee's minutes and assurance reports are presented at Board meetings.



A performance brief and suite of reports which mirror the five Care Quality Commission (CQC) domains is produced for each Board meeting so that our compliance with national and local targets can be assessed. The meetings also get regular updates on strategic service developments, for example, work to improve how primary and secondary health services and social care work together and the introduction of new ways of working.

Extracts from the Risk Register and the Board Assurance Framework are considered at each meeting so the Board can be assured that risks are being managed in the organisation. The extracts give timely information about existing and potential risks to the Trust.

The Board wants to be sure that it is operating effectively and regularly seeks opportunities to evaluate its effectiveness and strengthen its performance, remaining mindful of the best practice contained within codes of governance.

The Trust Board and committees undertake an annual self-assessment against elements of the NHS Improvement/CQC Well-Led Framework. This assessment has drawn out a number

of priorities to enhance the effectiveness of elements of the Trust's governance. The results being reported to the Board and are contained in committees' annual reports. The committee chairs also meet collectively to discuss committee effectiveness.

The Trust has a needs-based Board development programme. In response to the Covid19 pandemic, the programme was reduced to two sessions to allow for additional Board meetings.

The individual performance of all Board members is reviewed through a formal appraisal process and any individual development needs are identified and supported.

The Trust has published an up-to-date register of interests including gifts and hospitality for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. It is available on the Trust website.

The Board's five committees are chaired by non-executive directors and are:

Audit Committee

Chair: Jane Madeley (until 31 March 2021)

The Audit Committee comprises three non-executive directors. The Chair of the committee during 2020/21 was a qualified accountant and a Chief Financial Officer in the higher education sector. The Audit Committee met formally six times during 2020/21 and is routinely attended by the Executive Director of Finance and Resources, the Company Secretary, Internal Audit and External Audit representatives.

The committee provides an overarching governance role and reviews the work of the other committees which provides relevant assurance to the Audit Committee's own scope of work. It also has responsibility for overseeing the work of the Information Governance Group. The committee receives minutes from this sub-group, receives papers on any matters escalated to it and periodically reviews the effectiveness of the sub-group.

During the year, the committee has received regular reports from internal audit, external audit, the local counter fraud specialist, the security management service and information governance specialists.

The committee has considered a range of financial control reports and a number of governance papers, and has oversight of risk management processes including the Board Assurance Framework, which it reviewed during the year.

The Chair of each of the Board's committees produces an annual report, which is reviewed by the Audit Committee in order to provide assurance to the Board that each committee has met its terms of reference during the year. Each committee undertakes a self-assessment exercise which is reported in their annual reports. The committees' chairs also met to discuss the flow of business through the committees in November 2020.

Quality Committee

Chair: Professor Ian Lewis (April 2020-November 2020)
Helen Thomson (January 2021- present)

The Quality Committee's membership comprises four non-executive directors and three executive directors with other senior officers also attending each meeting. The committee met on 10 occasions in 2020/21. Some meetings had their agendas reduced to essential business only during the peaks of the pandemic.

The committee provides assurance to the Board that the Trust provides high standards of care and that adequate and appropriate quality governance structures, processes and controls are in place to:

- Promote quality, in particular safety and excellence in patient care
- Identify, prioritise and manage clinical risk and assure the Board that risks and issues are being managed in a controlled and timely manner
- Ensure effective evidence-based clinical practice
- Produce the annual Quality Account and monitor progress

The committee exercises these functions in the context of the Trust's Quality Strategy. The Quality Strategy 2018-2021 provides an overarching framework for quality within the Trust and sets out a programme of work to achieve four key objectives and seven action areas focused on patient safety, clinical effectiveness and patient experience. The committee has received regular updates on progress and has sought assurance about the implementation of specific actions.

The committee also has responsibility for overseeing the work of three subgroups: Quality Assurance and Improvement Subgroup, Safeguarding Committee and Mental Health Act Governance Group. The Mental Health Act Governance Group provides assurance to the Quality Committee that statutory duties are being met in relation to the care provided to patients who are detained under the Mental Health Act.

The Quality Committee and the Board monitor serious incidents, incidents and complaints and the associated action plans. All serious incidents are managed in accordance with the Trust's incident and serious incident management policy.

Business Committee

Chair: Brodie Clark CBE (April 2020-November 2020)
Richard Gladman (January 2021- present)

The Business Committee's membership comprises three non-executive directors, the Chief Executive and two further executives. Other senior officers attend as required. The Business Committee held 10 meetings in 2020/21.

The committee provides assurance to the Board on the financial and performance management processes within the organisation, including monitoring the delivery of the Trust's business plan and oversight of significant projects.

The committee oversees business and commercial developments and makes investment decisions in line with the Scheme of Delegation and the Trust's Investment Policy. It also

ensures that the Board has a sufficiently robust understanding of key performance, financial and investment issues to enable sound decision-making.

The committee discharges a significant role in overseeing the workforce aspects of the Trust's performance. During 2020/21 the committee considered recruitment and retention initiatives, sickness absence management and leadership approaches. It also has responsibility for overseeing the work of the Health and Safety Group. This Group provides an overarching view of health and safety and ensures that the Trust complies with its health and safety obligations by monitoring adherence with its policies and procedures. The committee receives minutes from the Health and Safety Group and papers on any matters escalated to it. It also periodically reviews the effectiveness of the Health and Safety Group in discharging its delegated responsibilities.

The committee has assumed an extended role in terms of oversight of the Trust's main projects. The committee receives in-depth reports from the project leads and reports from the Change Board, which provides an overview of inter-connectivity for the main programmes and related projects.

Nominations and Remuneration Committee

Chair: Neil Franklin (March 2020-April 2020) Brodie Clark CBE (May 2020 - present)

The Nominations and Remuneration Committee's membership comprises the Chair and two further non-executive directors; the committee is supported by the Director of Workforce. The committee has met four times in 2020/21.

The role of the Nominations and Remuneration Committee is to nominate executive directors, including the Chief Executive, for appointment and advise and make recommendations to the Board about appropriate remuneration and terms of service for the Chief Executive, executive directors, directors and any senior managers not covered by national Agenda for Change terms and conditions of employment.

The committee also gives full consideration to, and make plans for, succession planning for the Chief Executive and other executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed.

It monitors and reviews any exceptional and/or significant employee relations cases which are high risk to the Trust, including high cost employment cases or of reputational significance.

The committee ratifies and agrees any awards at the discretion of the Trust as the employer. One such duty is to review the nominations for the Clinical Excellence Awards and to encourage maximum participation from staff across the eligible consultant body.

Charitable Funds Committee

Chair: Brodie Clark CBE

The Charitable Funds Committee's membership is comprised of the Chair and one other non-executive director. The committee is supported by the Executive Director of Nursing and met four times during 2020/21.

The purpose of the committee is to give assurance to the Board that the Trust's charitable activities happen within the law and regulations set by the Charity Commissioners for England and Wales. The committee oversees charitable activities, approves charitable funds expenditure, agrees an investment policy for charitable funds and monitors investments on a regular basis. In 2020 the committee approved the creation of an operational subgroup to support the committee's objectives.

Risk assurance process and scrutiny of risks

The Risk Review Group meets quarterly as part of the Senior Operations Strategy Group, to review new risks that have been added to the Trust's Risk Register. It also reviews escalated, de-escalated and recently closed risks and acts as a moderator for risk grading, making sure risks are 'owned' and ensuring that effective management of the risk is being recorded. The group also maintains an oversight of the practical application of the risk management procedure. During the height of the Covid19 pandemic these groups did not meet so that operational time was freed up for managers. Risks were reviewed by individual risk owners with support from the Risk and Safety Manager and within each Business Unit's performance groups.

Assurance creates the bedrock of evidence which gives the Trust confidence that risk is being controlled effectively, or highlights that certain controls are ineffective or there are gaps that need to be addressed. The Trust's Board Assurance Framework (BAF) records strategic risks including: risk descriptions, controls and gaps in controls, sources of assurance and gaps in sources in assurance, actions required to remedy gaps in controls or assurance.

Risks to strategic objectives contained within the Trust's clinical and service strategies and plans are identified and the BAF has been revised during 2020, in line with the Trust's operational plan. These risks are assigned to a lead executive to manage. Each of the strategic risks is also assigned to one of the Board's committees for oversight and scrutiny. Overall in-depth scrutiny is provided by Audit Committee. Sources of assurance are reviewed and evaluated by the committees to provide an indication to the Board of the current assurance level for each strategic risk. This information is used to populate the BAF. A summary of this information is presented at each Board meeting.

In early 2020, the Board recognised that it needed further assurance about its business continuity plans particularly as they were being severely tested during the initial response to the Covid19 pandemic. This emerging strategic risk was added to the Board Assurance Framework and the controls and assurance sources were evaluated to ensure that the Trust could be assured that business continuity arrangements were robust.

The Board receives a significant risks report at each meeting. The report details the Trust's risks scoring 15 or above (extreme), after the application of controls and mitigation measures, as well as information about risks scoring 12 (high). It provides an analysis of all risk movement, identifies themes and links these material risks to the strategic risks on the BAF. The Senior Management Team reviews the report in advance of the Board. The Quality Committee reviews high scoring clinical and operational risks and the Business Committee reviews non-clinical risks, rated as high.

Assurance of risk mitigation is provided to the Board through the Quality, Audit, and

Business Committees in relation to clinical and non-clinical risks. The Audit Committee also assures the risk management process.

Together, these mechanisms allow for the appropriate identification, monitoring, control and mitigation of risks, which may have an impact on the Trust's objectives.

Incident reporting and learning from incidents

The Trust has a strong, open incident reporting culture. An electronic incident reporting system is operational throughout the organisation and is accessible to all colleagues. Incident reporting is promoted through induction and training and regular communications. Learning from incidents is shared with staff at forums and through a learning resource on the Trust's intranet for all staff to access, which has been developed to share anonymised, learning from incidents across the organisation. When root cause analysis is undertaken, good practice in incident management is celebrated and learning shared. In addition, arrangements are in place to raise any concerns at work confidentially and anonymously if necessary.

Serious incidents are reported and managed in accordance with the Trust's incident and serious incident policy. The majority of managers have had serious incident investigation training and root cause analysis is carried out to ensure that systemic problems are resolved so that similar incidents do not occur.

Information Governance

Data security, data ownership and transparency are of paramount importance to the Trust, supporting both clinical and organisational management needs. The Trust is committed to ensuring that personal data is protected, and any confidential data is used appropriately.

The Trust complies with the relevant legislation and national codes of practice and actively supports the transparency of information. The Trust complies with the General Data Protection Regulation (GDPR) by employing a Data Protection Officer (DPO). The DPO duties include:

- Promoting the accountability principle within the Regulation which empowers the organisation to be compliant with the Data Protection Act 2018.
- Ensuring there is subject matter expert provision for internal and external stakeholders to achieve compliance with privacy and information security in relation to the organisation activities.
- Protecting information, its integrity and availability throughout the lifecycle of the information and also supporting the move to integrated care modelling.

The Senior Information Risk Owner (SIRO) ensures that there is effective information governance in place. The SIRO chairs the Information Governance Group which reports quarterly to the Audit Committee and in turn to the Board. The Caldicott Guardian is the Deputy Chair of the Information Governance Group, and works closely with the SIRO and the DPO, particularly where there are any identified information risks relating to patient data.

The Trust ensures effective information governance through a number of mechanisms

Including education, policies and procedures, IT / information security controls, IT vulnerability testing, and by demonstrating annual compliance with the Data Security Standards of the Data Security and Protection Toolkit (DSPT).

The Trust demonstrates compliance with the 10 Data Security Standards, an outcome from the National Data Guardians' 'Review of data security, consent and opt outs' report, via a self-assessment within the Data Security and Protection Toolkit (DSPT). During the 2020-2021 reporting year an extension was granted to 30 September 2020 for the Trust to comply with all 10 Data Security Standards due to supporting the Covid19 pandemic response. Compliance was achieved by the extended deadline date.

In recognition of the importance of data security, there is a nationally set target of 95% of staff compliance with information governance training, this has been achieved. Training compliance is closely monitored and enforced where necessary.

All incidents relating to a potential breach of personal data are reported, investigated and, where appropriate, remedial actions are implemented. The Trust reported one incident to the Information Commissioner's Office (ICO) during 2020/21. Details of the incident are:

A rapid change in process occurred to support patient engagement during the Covid19 pandemic. Notes from a multi-disciplinary team meeting about a young patient were sent by email to the wrong parent. The emailed letter contained sensitive information relating to the patient's physical and mental health.

Action taken by the Trust: A peer review of any new process has been implemented locally and a reminder of the security controls to be deployed in similar circumstance has been recommunicated to minimise any recurrence.

The ICO confirmed that no further action was to be taken.

Safe, sustainable and effective staffing

The Trust has a range of strategies, systems and processes in place to ensure safe, sustainable and effective staffing. The overall approach to workforce is described in the Trust's Workforce Strategy, which was approved by the Board on 1 February 2019. The Workforce Strategy is aligned with LCH's strategic goals and priorities, responding to external, internal and cultural factors which are currently (or anticipated) to impact on our workforce requirements. Progress on delivery of the Workforce Strategy's priorities is overseen by the Business Committee. The Strategy was due to be refreshed during 2020/21 but the work was affected by the Covid19 pandemic. The refresh will incorporate learnings from our response to the pandemic.

The Trust's Workforce Plan supports the delivery of our operational business plan and is embedded in service needs. It is also triangulated with finance and activity data. The Plan is updated each year and is signed off by both the Business Committee and the Board at a meeting in public.

The Board receives a twice-yearly Safe Staffing report from the Executive Director of Nursing and Allied Health Professionals, in line with the National Quality Board's 2016 guidance; incorporating professional judgement and outcomes. Regular reports are also received at Board from the Guardian for Safe Working Hours.

Our services grow and develop as we deliver new pathways of care; and care for more and more people in the community. Any new service or service change is subject to a Quality Impact Assessment (QIA) which includes any new roles which create a significant change to the way care is delivered.

Triangulation takes place both at the regular Senior Management Team meeting and across the Board and its sub-committees, of finance, workforce and activity / performance information, to ensure comprehensive oversight of staffing and any issues arising.

Workforce data is an important plank of the Trust's business continuity approach, with daily, real-time workforce and capacity information informing decision making and planning during the Covid19 pandemic, for example.

The roll out of an electronic rostering system trust-wide to further improve the capability of our staffing systems is well-advanced. E-rostering enables us to better monitor, analyse and plan staffing patterns and resource requirements.

NHS pension obligations

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

Equality and diversity

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

The Trust has a legal obligation under the Equality Act 2010 and Public Sector Equality Duty to provide equality in access to service provision and within employment.

The Board receives in-depth analysis and updates on a range of proactive work around this wider agenda. This includes delivery against the Workforce Race Equality Standard (WRES) action plan and the Workforce Disability Equality Standard (WDES) Action Plan. The Board receives regular updates on through the current Workforce Strategy, which includes diversity and inclusion as one of its six priority areas. The Board's development workshops in 2020/21 included the Trust's involvement in the Cultural change pilot and two workshops on health inequalities.

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

The Trust has consistently met the financial targets set by its regulators.

The Board sets an annual budget to meet the Trust's financial obligations. During 2020/21 NHS England introduced an emergency financial regime as a response to the impact of Covid19 on NHS services. In the first six months, NHS providers were reimbursed

for all their spending. In the second six months, a target for all providers was set and Leeds Community Healthcare was expected to achieve at least a balanced income and expenditure - a surplus was achieved. LCH maintained its financial governance arrangements throughout 2020/21 with the Business Committee and Board continuing to receive financial reports at each of their meetings.

The Trust has a 'use of resources' metric of 1, which means it has a low risk.

During 2020/21 there has been little focus on the achievement of efficiencies whilst the focus of the NHS was on the pandemic response.

The Trust would normally receive an annual report on its reference costs, and how these compare to similar NHS trusts. These are an indicator of the Trust's efficiency in delivering its services. This year's data collection of reference costs has been delayed therefore a report is not available. The Audit Committee reviews all internal audit reports and monitors how the Trust implements any recommendations. The Trust's external auditors are required to provide a Value for Money conclusion each year.

For 2020/21 the auditors concluded that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2021.

The effectiveness of the Trust's services is regularly assessed by the Trust's Quality Committee and by the Board.

Sustainability: The Trust's first Sustainable Development Management Plan (SDMP) and Sustainable Implementation Plan were approved by the Trust Board in December 2020. This commits the Trust to taking environmental issues into consideration during our decision-making processes to avoid the consequences of our actions further on.

Over the last 12 months the Trust has completed a number of projects that have improved the sustainability of the Trust, such as:

Estates

- Replacement of windows with better insulated window units.
- Replacement of old type light bulbs with LED bulbs.
- Increasing the number of thermostatic valves.

Travel

A significant reduction in both commuter mileage and business mileage, some obviously linked to the Covid19 pandemic but also to the innovative measures that have been put in place.

Waste

Introduction of recycling facilities at all sites.

The Trust has also signed the national Plastics Reduction Pledge to assist in reducing 50% of the Trust's single-use plastic products and engaged the LCH workforce in our activity through a new sustainability Intranet page.

We use the Sustainable Resource Planning online reporting portal to complete our annual sustainability reporting as part of our obligations under the NHS Standard Contract (Service Condition 18).

Carbon reduction delivery plans

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Energy Use and Carbon Production

Resource utilities		2017 / 18	2018 / 19	2019 / 20 (projected)
Gas	Use (kwh)	3559853	3032789	3262510
	tCO2e	755	635	678
Electricity	Use (kwh)	3150855	2852896	2656344
	tCO2e	1404	1006	839
Total	Use (kwh)	6710708	5885685	5918854
	tCO2e	2159	1641	1517

The table above presents LCH's overall energy use and carbon production from 2017 – 2019, followed by projections for 2019 – 2020. This data demonstrates and signifies the organisation is on track to reducing its carbon production and becoming a greener organisation.

During our carbon calculating process we encountered specific areas of the organisation where the access to or presence of reporting data requires some improvement, in turn enabling us to produce up to date progress data for future reports and monitoring.

Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Quality Account is a separate report and describes the quality of services offered by an NHS healthcare provider. The Quality Account is an important way for local NHS services to report on quality and highlight improvements in the services delivered to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of the treatments patients receive, and patient feedback about the care provided.

The Quality Account priorities for LCH have been developed in conjunction with stakeholders, services and senior managers. These priorities will make sure that Trust activity drives improvements in services for all communities, stakeholders and aligns to

the Quality Strategy and business objectives. The Quality Account highlights a selection of initiatives, clinical practice and events that have happened throughout the year to reflect the commitment and drive to provide the best possible standards of care throughout all services.

The Trust recognises the complex needs of its community and strives to achieve consistent delivery of high quality care to maximise patient safety and experience. The Quality Account seeks to provide a balanced view of the Trust's achievements and areas for improvement. The Trust acknowledges the developments it continues to make and the collaborative work with partners to make real progress across the whole health economy.

The Trust has robust systems and processes to ensure the accuracy of data provided in the Quality Account, including waiting time data. This includes data cleansing and data validation processes as well as oversight arrangements provided by committees and committee subgroups.

Review of effectiveness

The Chief Executive has responsibility for reviewing the effectiveness of the system of internal control. The review of the effectiveness of the system of internal control is informed by the work of internal auditors, the comments made by external auditors in the ISA260 report, the continuing engagement of the Audit Committee, managers and clinical leads who have responsibility for the development and maintenance of the internal control framework. The Audit Committee undertakes a role in terms of providing assurance to the Chief Executive.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust that have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board and the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Thea Stein

Internal audit

TIAA Limited has been the provider of the Trust's internal audit services since 1 April 2015. The Head of Internal Audit has provided an opinion which concludes that - based on the work undertaken in 2020/21 - reasonable assurance can be given that there are adequate and effective management and internal control processes to manage the achievement of the organisation's objectives. No emerging risks were identified which could have an impact on the overall effectiveness of the governance, risk and internal control framework of the organisation.

In areas where the effectiveness of internal control arrangements provided less than 'substantial' assurance, internal audit recommendations were made to further strengthen the control environment. The resulting management actions, which are monitored by the Audit Committee, have been completed or are being progressed in a satisfactory manner.

Clinical audit

Clinical audit is vital to the quality and effectiveness of clinical services and is a fundamental part of the quality improvement process. It plays a pivotal role in providing assurances about the quality of services. Findings from clinical audit are used to ensure that action is taken to protect patients from risks associated with unsafe care, treatment and support.

Clinical audit is managed at service level with the support of the quality and professional development directorate. The Quality Committee approves an annual programme of clinical audit and has oversight of progress during the course of the year. Due to the response required for the pandemic, most of the national audit projects were paused during 2020/21 until quarter four and local audits were also delayed. Those completed included 4 National Clinical Audit and Patient Outcomes Programme/Quality Account audits (priority one), 14 audits identified as priority one by the Trust, 20 recommended audits (priority two) and 109 locally determined audits which includes 23 priority three audits. A further 27 audits that began in 2020/21 will continue into 2021/22.

CQC compliance

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

NHS England and NHS Improvement oversight

NHS England and NHS Improvement have assigned the Trust a segment rating of '2' which indicates standard oversight whereby the provider may be offered targeted support in one or more areas.

The Trust works with a range of regulators including the CQC, HM Inspectorate of Prisons, and Ofsted.

Conclusion

The Trust is a well-established health care provider that has built a system of internal control on sound foundations. The Trust has a strong safety culture and sees quality of care as its primary objective. Ongoing scrutiny enhances learning and strengthens governance.

The annual governance statement demonstrates that the Trust has the necessary control arrangements in place to manage risks and take action when incidents occur.

Strong financial control and the achievement of statutory financial duties support the view that, clinically and financially, the Trust has effective and improving systems in place.

During 2020/21, no significant control issues have been identified by the Trust's systems of internal control.

Signed .... **Thea Stein**, Chief Executive

Date 11 June 2021 ....

Remuneration and Staff Report

Resourcing has naturally been a critical function during the pandemic. We were able to act quickly to maximise our workforce capacity in response to the pandemic. This included, but is not limited to:

- recruitment and deployment for the Leeds vaccination centres.
- streamlining of pre-employment checking processes.
- engagement and deployment of 'Bring Back Staff' NHS returners and students.
- switch to virtual selection processes and introduction of online induction and onboarding.
- supporting internal redeployment of LCH staff.
- introduction of workforce sharing agreements and Memoranda of Understanding for use, as needed, with a range of partners in Leeds.
- rapid upscaling of the staff bank to maximise LCH's flexible workforce capability to respond to urgent demands in service.
- implementation of a primary care bank cohort of Registered Nurses to support Primary Care Networks in their vaccine delivery model.

Work has continued to focus on maximising workforce supply. Our successful recruitment of a cohort of new healthcare support workers (45 Whole Time Equivalents) has been published as a national case study of good practice. New roles have emerged during this time such as the health centre navigator and vaccinators to support the Covid19 vaccination programme.

Turnover rates have continued to reduce, standing at 9% in February 2021. The current extremely low turnover is judged to be partially due to the pandemic stifling some movement in the labour market.

Applications across the range of LCH vacancies has followed a positive trend, fill rates have also increased from 78% to 90.2% with 574 vacancies advertised and 520 appointments made to date. There has been an 8% increase in registered nursing appointments across the organisation.

Our focus remains on refining and enhancing our employment offer to ensure that once again the LCH workforce is in the best possible position to respond to the challenges ahead. We remain committed to the vision of a flexible 'One Leeds Workforce'.

Sickness absence rates have remained lower during 2020/21 than 2019/20, the exceptions being in April 2020 and January 2021 when the rate rose to 6.1% - reflecting the peak periods of the pandemic. LCH's sickness absence performance compares well with other local trusts. There are many reasons for this including flexible opportunities around home working, commitment to being at work during exceptional times and a supportive health and wellbeing offer.

This is further supported by recent data from the 2020 NHS Staff Survey, where 94% of staff agree that LCH takes positive action around health and wellbeing (up 3% from 2019).

For the third year running LCH was been shortlisted in the Top 50 UK Inclusive Employers list (ranked 21st) in recognition of the public commitment shown and progress being made in Equality and Diversity. An Allyship Programme launched in November 2020 has recruited 18 Allies who want to support and speak up for their BAME colleagues. Another NHS trust is keen to use our materials and buy our support to establish a similar project. Our Reverse Mentoring scheme has continued at pace bringing the total number of participants who have benefitted from having a BAME mentor to 40.

LCH believes in workplaces where all LGBTQ+ people are accepted without exception and promotes this through the NHS Rainbow badge – more than 600 staff members are Rainbow Ambassadors and we actively participate in LGBT History Month.

Partnership Working

The Workforce Sharing Agreement) we designed to enable the deployment of NHS staff to care homes in cases of urgent resourcing need has been picked up both regionally and nationally for use by other organisations.

The LCH Employ/Deploy model that we offer to Primary Care Networks (PCNs) continues to see a significant increase in take up with two thirds of PCNs now actively using the model. We employ 44 staff members through the Additional Roles Reimbursement Scheme and a further 22 were employed to staff primary care vaccination centres as needed.

Through joint working with the GP Confederation, we have supported the development and introduction of a suite of employment terms and conditions and policies and procedures for the Confederation.

LCH continues to play a central role in the Leeds One Workforce Strategic Board, which refreshed its priorities during 2020/21. The Director of Workforce is now the lead for Leeds on the Workforce Portability priority, focused on facilitating joint and integrated working between health and care organisations.

Senior managers' remuneration (subject to audit)

Three of the senior manager roles for the Trust are joint appointments with the Leeds GP Confederation; one day per week of the remuneration for the Medical Director, the Executive Director of Nursing and Allied Health Professionals and the Director of Workforce, Organisational Development and System Development is recharged to the GP Confederation.

Leeds Community Healthcare NHS Trust responsibilities only

	2020 / 2021						2019 / 2020					
Name and title	**Salary** (bands of £5,000) **£'000s**	**Expense payments** (Rounded to the nearest hundred) **£'000s**	**Performance pay and bonuses** (bands of £5,000) **£'000s**	**Long term performance pay and bonuses** (bands of £5,000) **£'000s**	**All pension related benefits** (bands of £2,500) **£'000s**	**TOTAL** (bands of £5,000) **£'000s**	**Salary** (bands of £5,000) **£'000s**	**Expense payments** (Rounded to the nearest hundred) **£'000s**	**Performance pay and bonuses** (bands of £5,000) **£'000s**	**Long term performance pay and bonuses** (bands of £5,000) **£'000s**	**All pension related benefits** (bands of £2,500) **£'000s**	**TOTAL** (bands of £5,000) **£'000s**
Jennifer Allen – Director of Workforce, OD and System Development	60 - 65	-	-	-	12.5 - 15	70 - 75	45 - 50	-	0 - 5	-	-	45 - 50
Rachel Booth – Associate Non-Executive Director (from 01.12.20)	0 - 5	-	-	-	-	0 - 5	-	-	-	-	-	-
Ruth Burnett – Executive Medical Director	100 - 105	-	-	-	25 - 27.5	125 - 130	115 - 120	0.1	-	-	62.5 - 65	180 - 185
Brodie Clark – Non-Executive Director (until 07.05.20) **Interim Chair** (from 08.05.20 to 10.08.20) **Chair** (from 11.08.20)	25 - 30	0.1	-	-	-	25 - 30	5 - 10	0.2	-	-	-	5 - 10
Tony Dearden – Non-Executive Director (until 30.04.19)	-	-	-	-	-	0 - 5	0 - 5	<0.1	-	-	-	0 - 5
Neil Franklin – Chair (until 07.05.20)	0 - 5	<0.1	-	-	-	0 - 5	20 - 25	0.1	-	-	-	20 - 25
Richard Gladman – Non-Executive Director	10 - 15	-	-	-	-	10 - 15	5 - 10	-	-	-	-	5 - 10
Stephanie Lawrence – Executive Director of Nursing and Allied Health Professionals	70 - 75	-	0 - 5	-	12.5 - 15	90 - 95	80 - 85	-	-	-	65 - 67.5	145 - 150

	2020 / 2021						2019 / 2020					
Name and title	**Salary** (bands of £5,000) **£'000s**	**Expense payments** (Rounded to the nearest hundred) **£'000s**	**Performance pay and bonuses** (bands of £5,000) **£'000s**	**Long term performance pay and bonuses** (bands of £5,000) **£'000s**	**All pension related benefits** (bands of £2,500) **£'000s**	**TOTAL** (bands of £5,000) **£'000s**	**Salary** (bands of £5,000) **£'000s**	**Expense payments** (Rounded to the nearest hundred) **£'000s**	**Performance pay and bonuses** (bands of £5,000) **£'000s**	**Long term performance pay and bonuses** (bands of £5,000) **£'000s**	**All pension related benefits** (bands of £2,500) **£'000s**	**TOTAL** (bands of £5,000) **£'000s**
Ian Lewis – Non Executive Director	10 - 15	-	-	-	-	10 - 15	5 - 10	-	-	-	-	5 - 10
Alison Lowe – Non-Executive Director (from 01.12.20)	0 - 5	-	-	-	-	0 - 5	-	-	-	-	-	-
Bryan Machin – Executive Director of Finance and Resources	120 - 125	<0.1	-	-	-	120 - 125	120 - 125	0.1	-	-	-	120 - 125
Jane Madeley – Non-executive Director (until 31.03.21)	10 - 15	-	-	-	-	10 - 15	5 - 10	-	-	-	-	5 - 10
Samantha Prince – Executive Director of Operations	105 - 110	<0.1	-	-	-	105 - 110	105 - 110	0.1	-	-	-	105 - 110
Khalil Rehman – Associate Non-Executive Director (from 01.12.20)	0 - 5	-	-	-	-	0 - 5	-	-	-	-	-	-
Laura Smith – Director of Workforce, OD and System Development	55 - 60	-	-	-	7.5 - 10	65 - 70	45 - 50	-	0 - 5	-	-	45 - 50
Thea Stein – Chief Executive	150 - 155	<0.1				150 - 155	145 - 150	0.1				145 - 150
Helen Thomson – Non Executive Director (from 01.05.19)	10 - 15	-	-	-	-	10 - 15	5 - 10	-	-	-	-	5 - 10

Total remuneration for senior managers with shared responsibilities

	2020 / 2021						2019 / 2020					
Name and title	**Salary** (bands of £5,000) **£'000s**	**Expense payments** (Rounded to the nearest hundred) **£'000s**	**Performance pay and bonuses** (bands of £5,000) **£'000s**	**Long term performance pay and bonuses** (bands of £5,000) **£'000s**	**All pension related benefits** (bands of £2,500) **£'000s**	**TOTAL** (bands of £5,000) **£'000s**	**Salary** (bands of £5,000) **£'000s**	**Expense payments** (Rounded to the nearest hundred) **£'000s**	**Performance pay and bonuses** (bands of £5,000) **£'000s**	**Long term performance pay and bonuses** (bands of £5,000) **£'000s**	**All pension related benefits** (bands of £2,500) **£'000s**	**TOTAL** (bands of £5,000) **£'000s**
Jennifer Allen – Director of Workforce, OD and System Development	70 - 75	-	-	-	12.5 - 15	85 - 95	55 - 60	-	0 - 5	-	-	55 - 60
Ruth Burnett – Executive Medical Director	130 - 135	-	-	-	30 - 32.5	160 - 165	145 - 150	0.1	-	-	77.5 - 80	225 - 230
Stephanie Lawrence – Executive Director of Nursing and Allied Health Professionals	90 - 95	-	0.5	-	17.5 - 20	110 - 115	100 - 105	-	-	-	80 - 82.5	180 - 185
Laura Smith – Director of Workforce, OD and System Development	65 - 70	-	-	-	10 - 12.5	80 - 85	55 - 60	-	0.5	-	-	55 - 60

Pension details for senior managers (subject to audit)

Board Member	Real increase in pension at pensionable age (bands of £2,500) £'000	Real increase in pension lump sum at pensionable age (bands of £2,500) £'000	Total accrued pension at pensionable age at 31 March 2021 (bands of £5,000) £'000	Lump sum at pensionable age related to accrued pension at 31 March 2021 (bands of £5,000) £'000	Cash Equivalent Transfer Value at 1 April 2020 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2021 £'000
Jennifer Allen – Director of Workforce, OD and System Development	0 - 2.5	0	20 - 25	40 - 45	305	10	330
Ruth Burnett – Executive Medical Director	2.5 - 5	0 - 2.5	15 - 20	25 - 30	195	11	233
Stephanie Lawrence – Executive Director of Nursing and Allied Health Professionals	0 - 2.5	0	30 - 35	70 - 75	550	18	590
Laura Smith – Director of Workforce, OD and System Development	0 - 2.5	0	25 - 30	50 - 55	353	8	378

No other senior managers are members of the pension scheme

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with Statutory Instrument number 1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation payments for loss of office

Redundancy and other departure costs have been paid in accordance with the provisions of Section 16 of the Agenda for Change Handbook.

Fair pay disclosures

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The remuneration of the highest paid director for the Trust for 2020/21 was £151,540 (2019/20 £148,463); this relates to the Chief Executive. This was 4.7 times (2019/20, 4.8) more than the median remuneration of the workforce, which was £32,188 (2019/20, £30,778).

At 4.7 times the 2020/21 multiple is less than it was in 2019/20 because the highest paid director's salary increased by 2% on last year whereas the median salary increased by 4.5%. This reflects the tiered approach to the agenda for change pay awards. In 2020/21 total remuneration ranged from £15,803 to £163,932 (2019/20, £17,652 to £151,892).

Total remuneration includes salary, non-consolidated performance related pay, clinical excellence awards and on-call payments and benefits-in-kind. It does not include severance payments, employer pension contributions or cash equivalent transfer value of pensions.

Staff Report

Staff costs and numbers including senior officers (subject to audit)

Staff costs	2020/21			2019/20
	Permanent £k	Other £k	Total £k	Total £k
Salaries and wages	95,294	5,496	100,790	90,717
Social security costs	9,206	224	9,430	8,419
Apprenticeship levy	457	11	468	421
Employer's contributions to NHS pensions	17,447	226	17,673	16,106
Pension cost - other	62	2	64	50
Other post employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	1,018	0	1,018	376
Temporary staff	0	2,544	2,544	4,472
Total gross staff costs costs (including seconded out)	**123,484**	**8,503**	**131,987**	**120,561**
Of which: Costs capitalised as part of assets	**339**	**0**	**339**	**263**

Average staff numbers in post by occupation groupings

Average number of employees (WTE basis)	2020/21			2019/20
	Permanent Number	Other Number	Total Number	Total Number
Medical and dental	50	26	76	78
Administration and estates	742	40	782	756
Healthcare assistants and other support staff	531	42	573	531
Nursing, midwifery and health visiting staff	933	36	969	940
Nursing, midwifery and health visiting learners	9	0	9	7
Scientific, therapeutic and technical staff	505	21	527	492
Healthcare science staff	0	0	0	0
Other	35	2	37	35
Total average numbers	**2,806**	**168**	**2,974**	**2,839**
Of which: Number of employees (WTE) engaged on capital projects	**7**	**0**	**7**	**4**

Gender composition

Gender	Headcount	%	FTE
Female	2,890	86.9	2444.67
Male	437	13.1	403.21
Total	3,327	100.0	2847.88

Staff turnover

Month/year	Headcount	Leavers headcount	Turnover rate (12m) %	Average headcount (12m)
April 2020	3,043	20	11.82	2,985.50
May 2020	3,049	27	11.86	2,994.50
June 2020	3,067	14	11.34	3,015.00
July 2020	3,080	19	11.47	3,025.00
August 2020	3,087	21	10.77	3,037.50
September 2020	3,121	27	9.93	3,051.00
October 2020	3,134	21	9.45	3,059.50
November 2020	3,154	25	9.22	3,068.00
December 2020	3,154	27	9.15	3,071.50
January 2021	3,178	30	8.91	3,097.00
February 2021	3,194	18	9.05	3,115.00
March 2021	3,198	78	10.48	3,120.50

More information about our workforce statistics, including staff turnover, can be found on NHS Digital's website at:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/january-2021

Engagement

The Levels of Engagement score at Leeds Community Healthcare has remained at 7.2 - the same as 2019 at 7.2. This engagement score is significant as it is used to compare each NHS trust with others and is the score used by the Care Quality Commission in its Well Led assessments. To have maintained this score between 2019 and 2020 is impressive in the context of a global pandemic. LCH is benchmarking just below the community trust benchmark average in 2020 but this needs to be seen in the context that it performs in the highest performing cohort of the NHS.

Expenditure on consultancy

The Trust has spent a total of £9k on external consultancy during 2020/21. This was for CAMHS inpatient service specialist technical advice.

Off-payroll engagements

The Trust had the following off-payroll engagements as of 31 March 2021, that were for more than £245 per day and where engagement was for six months or more.

Length of all highly paid off-payroll engagements

Number of existing engagements as of 31 March 2021	15
Of which, the number that have existed:	
For less than one year at the time of reporting	1
For between one and two years at the time of reporting	0
For between two and three years at the time of reporting	1
For between three and four years at the time of reporting	1
For four or more years at the time of reporting	12

None of the existing engagements have contractual clauses to request assurance on tax status. Of the fourteen appointments all but three relate to forensic medical examiners; given the nature of their work the off-payroll arrangements gives the Trust the best value for money.

The Trust must also disclose how many off-payroll contractors who worked for the Trust at any time during 2020/21 where the earnings were £245 or more per day, this picks up all agency staff who are employed by and on the payroll of an umbrella company.

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

Number of temporary off-payroll workers engaged between 1 April 2020 and 31 March 2021	68
Of which:	
Number not subject to off-payroll legislation	53
Number subject to off-payroll legislation and determined as in-scope of IR35	0
Number subject to off-payroll legislation and determined as out of scope of IR35	15
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which, number of engagements that saw a change to IR35 status following review	0

The Trust is required to disclose how many members of the Board or those with significant financial responsibility have been subject to off-payroll arrangements during the financial year 2020/21.

Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year	0
Number of individuals on payroll and off-payroll that have been deemed 'board members, and/or, senior officers with significant financial responsibility' during the financial year. This figure must include both on payroll and off-payroll engagements	16

Reporting on time off for Trade Union facility time

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	12
Full-time equivalent employee number	10.17

Percentage of time spent on facility time: How many of your employees who were relevant union officials employed during the relevant period spent:

a) 0%,

b) 1%-50%,

c) 51%-99% or

d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	5
1-50%	7
51%-99%	0
100%	0

Percentage of pay bill spent on facility time: Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

Pay bill spend	Figuress
Provide the total cost of facility time	£53,501.40
Provide the total pay bill	£130,630,113
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x100	0.041%

Paid trade union activities: As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:

(total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x100 **= 2.20%**

Exit packages

The figures reported here are in respect of exit packages agreed in year. The actual date of departure may be in a subsequent period, and the expense in relation to departure costs may have been accrued in a previous period. The data here is therefore presented on a different basis to other staff cost expenditure in the accounts.

There has been one exit package agreed in the year; this totalled total £25k.

Exit package cost band (including any special payment element)	Total number of compulsory redundancies Number	Number of other departures where special payments have been made Number	Total number of exit packages Number
£25,011 - £50,000	1	0	1
Total number	1	0	1
Total cost (£)	**£25,260**	**£0**	**£25,260**

Redundancy and other departure costs have been paid in accordance with the provisions of Section 16 of the Agenda for Change Handbook. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirements are met by the NHS Pensions Scheme and are not included in the table. There were no other departures where special payments have been made during 2020/21.

Staff sickness

Information on the Trust's sickness rates is available from NHS Digital at:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Signed .... **Thea Stein**, Chief Executive

Date 11 June 2021

Parliamentary Accountability and Audit Report

We disclose the mandated content (fees and charges, remote contingent liabilities, losses and special payments and gifts) in the accounts.

Leeds Community Healthcare NHS Trust

Annual accounts for the year ended 31 March 2021

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury,
- make judgements and estimates which are reasonable and prudent,
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts, and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

11 June 2021
..............................Date..Chief Executive

11 June 2021
..............................Date..Director of Finance

Independent auditor's report to the Directors of Leeds Community Healthcare NHS Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of Leeds Community Healthcare NHS Trust ('the Trust') for the year ended 31 March 2021 which comprise the Statement of Comprehensive Income, the Statements of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21,and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, except for the possible effects of the matter described in the 'Basis for qualified opinion' section of our report, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of the Trust's and income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Director's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in these regards.

Responsibilities of the Directors and the Accountable Officer for the financial statements

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of

the Trust and Group, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates and significant one off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations(irregularities)and fraud that are material to the financial statements. Our audit procedures included, but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included, but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the National Audit Office in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 21(1)(c) of the National Health Service Act2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued   Comptroller and Auditor General in April 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with guidance issued by NHS Improvement; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Board of Directors of Leeds Community Healthcare NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

Audit Completion Certificate issued to the Directors of Leeds Community Healthcare NHS Trust for the year ended 31 March 2021

In our auditor's report dated 14 June 2021 we explained that the audit could not be formally concluded until we had completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

This work has now been completed.

No matters have come to our attention since 14 June 2021 that would have a material impact on the financial statements on which we gave our unqualified opinion.

The Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in this respect.

Certificate

We certify that we have completed the audit of Leeds Community Healthcare NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Mark Dalton, Key Audit Partner
for and on behalf of Mazars LLP

5th Floor
3 Wellington Place
Leeds
LS1 4AP

10 August 2021

Statement of Comprehensive Income

	Note	2020/21	2019/20
		£000	£000
Operating income from patient care activities	3	170,731	162,397
Other operating income	4	17,189	8,915
Operating expenses	6, 8	(185,957)	(169,052)
Operating surplus / (deficit) from continuing operations		**1,963**	**2,260**
Finance income	11	7	206
Finance expenses	12	-	-
PDC dividends payable		(348)	(757)
Net finance costs		**(341)**	**(551)**
Other gains / (losses)	13	(80)	(12)
Share of profit / (losses) of associates / joint arrangements	20	-	-
Gains / (losses) arising from transfers by absorption		-	-
Corporation tax expense		-	-
Surplus / (deficit) for the year from continuing operations		**1,542**	**1,697**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		-	-
Surplus / (deficit) for the year		**1,542**	**1,697**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	-	(1,112)
Revaluations	18	-	3,248
Share of comprehensive income from associates and joint ventures	20	-	-
Fair value gains / (losses) on equity instruments designated at fair value through OCI	21	-	-
Other recognised gains and losses		-	-
Re-measurements of the net defined benefit pension scheme liability / asset		-	-
Gain / (loss) arising from transfers by modified absorption		-	-
Other reserve movements		-	-
May be reclassified to income and expenditure when certain conditions are met:			
Fair value gains / (losses) on financial assets mandated at fair value through OCI	21	-	-
Recycling gains / (losses) on disposal of financial assets mandated at fair value through OCI	13	-	-
Foreign exchange gains / (losses) recognised directly in OCI		-	-
Total comprehensive income / (expense) for the period		**1,542**	**3,833**

Statement of Financial Position

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets	15	231	229
Property, plant and equipment	16	30,985	30,836
Investment property	19	-	-
Investments in associates and joint ventures	20	-	-
Other investments / financial assets	21	-	-
Receivables	24	-	-
Other assets	25	-	-
Total non-current assets		**31,216**	**31,065**
Current assets			
Inventories	23	-	-
Receivables	24	5,551	9,782
Other investments / financial assets	21	-	-
Other assets	25	-	-
Non-current assets for sale and assets in disposal groups	26.1	-	-
Cash and cash equivalents	27	39,619	33,086
Total current assets		**45,170**	**42,868**
Current liabilities			
Trade and other payables	28	(13,857)	(14,476)
Borrowings	30	-	-
Other financial liabilities	31	-	-
Provisions	33	(1,769)	(774)
Other liabilities	29	(1,183)	(985)
Liabilities in disposal groups	26.2	-	-
Total current liabilities		**(16,809)**	**(16,235)**
Total assets less current liabilities		**59,577**	**57,698**
Non-current liabilities			
Trade and other payables	28	-	-
Borrowings	30	-	-
Other financial liabilities	31	-	-
Provisions	33	-	-
Other liabilities	29	-	-
Total non-current liabilities		**-**	**-**
Total assets employed		**59,577**	**57,698**
Financed by			
Public dividend capital		778	441
Revaluation reserve		14,182	14,186
Financial assets reserve		-	-
Other reserves		-	-
Merger reserve		-	-
Income and expenditure reserve		44,617	43,071
Total taxpayers' equity		**59,577**	**57,698**

The notes on pages 82 to 123 form part of these accounts.

Signed

Name Thea Stein
Position Chief Executive
Date 11 June 2021

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**441**	**14,186**	**-**	**-**	**43,071**	**57,698**
Surplus / (deficit) for the year	-	-	-	-	1,542	**1,542**
Gain / (loss) arising from transfers by modified absorption	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	**-**
Other transfers between reserves	-	(4)	-	-	4	**-**
Impairments	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	**-**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	**-**
Fair value gains / (losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	**-**
Fair value gains / (losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	**-**
Recycling gains / (losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	**-**
Foreign exchange gains / (losses) recognised directly through OCI	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	**-**
Re-measurements of the defined net benefit pension scheme liability / asset	-	-	-	-	-	**-**
Public dividend capital received *	337	-	-	-	-	**337**
Public dividend capital repaid	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2021	**778**	**14,182**	**-**	**-**	**44,617**	**59,577**

* PDC received is in respect of capital programme allocations from the Department of Health & Social Care for critical infrastructure backlog maintenance £61k, e-rostering £121k, to support remote working £50k and for the Covid-19 response £105k.

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Financial assets reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**395**	**12,026**	**-**	**-**	**41,398**	**53,819**
Surplus / (deficit) for the year	-	-	-	-	1,697	**1,697**
Gain / (loss) arising from transfers by modified absorption	-	-	-	-	-	**-**
Transfers by absorption: transfers between reserves	-	-	-	-	-	**-**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	-	-	-	-	-	**-**
Other transfers between reserves	-	24	-	-	(24)	**-**
Impairments	-	(1,112)	-	-	-	**(1,112)**
Revaluations	-	3,248	-	-	-	**3,248**
Transfer to retained earnings on disposal of assets	-	-	-	-	-	**-**
Share of comprehensive income from associates and joint ventures	-	-	-	-	-	**-**
Fair value gains / (losses) on financial assets mandated at fair value through OCI	-	-	-	-	-	**-**
Fair value gains / (losses) on equity instruments designated at fair value through OCI	-	-	-	-	-	**-**
Recycling gains / (losses) on disposal of financial assets mandated at fair value through OCI	-	-	-	-	-	**-**
Foreign exchange gains / (losses) recognised directly through OCI	-	-	-	-	-	**-**
Other recognised gains and losses	-	-	-	-	-	**-**
Re-measurements of the defined net benefit pension scheme liability / asset	-	-	-	-	-	**-**
Public dividend capital received	46	-	-	-	-	**46**
Public dividend capital repaid	-	-	-	-	-	**-**
Public dividend capital written off	-	-	-	-	-	**-**
Other movements in public dividend capital in year	-	-	-	-	-	**-**
Other reserve movements	-	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	**441**	**14,186**	**-**	**-**	**43,071**	**57,698**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves
The Trust does not hold a financial assets (available for sale) reserve, a merger reserve or any other reserves not specifically included.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus / (deficit)		1,963	2,260
Non-cash income and expense:			
Depreciation and amortisation	6.1	2,032	2,038
Net impairments	7	-	343
Income recognised in respect of capital donations	4	-	-
Amortisation of PFI deferred credit		-	-
Non-cash movements in on-SoFP pension liability		-	-
(Increase) / decrease in receivables and other assets		4,214	(346)
(Increase) / decrease in inventories		-	-
Increase / (decrease) in payables and other liabilities		(353)	4,437
Increase / (decrease) in provisions		995	194
Tax (paid) / received		-	-
Operating cash flows from discontinued operations		-	-
Other movements in operating cash flows		-	-
Net cash flows from / (used in) operating activities		**8,851**	**8,926**
Cash flows from investing activities			
Interest received		7	206
Purchase and sale of financial assets / investments		-	-
Purchase of intangible assets		(52)	(208)
Sales of intangible assets		-	-
Purchase of PPE and investment property		(2,327)	(1,623)
Sales of PPE and investment property		-	-
Receipt of cash donations to purchase assets		-	-
Prepayment of PFI capital contributions		-	-
Investing cash flows from discontinued operations		-	-
Cash from acquisitions / disposals of subsidiaries		-	-
Net cash flows from / (used in) investing activities		**(2,372)**	**(1,625)**
Cash flows from financing activities			
Public dividend capital received		337	46
Public dividend capital repaid		-	-
Movement on loans from DHSC		-	-
Movement on other loans		-	-
Other capital receipts		-	-
Capital element of finance lease rental payments		-	-
Capital element of PFI, LIFT and other service concession payments		-	-
Interest on loans		-	-
Other interest		-	-
Interest paid on finance lease liabilities		-	-
Interest paid on PFI, LIFT and other service concession obligations		-	-
PDC dividend (paid) / refunded		(283)	(744)
Financing cash flows from discontinued operations		-	-
Cash flows from / (used in) other financing activities		-	-
Net cash flows from / (used in) financing activities		**54**	**(698)**
Increase / (decrease) in cash and cash equivalents		**6,533**	**6,603**
Cash and cash equivalents at 1 April - brought forward		**33,086**	**26,483**
Prior period adjustments			-
Cash and cash equivalents at 1 April - restated		**33,086**	**26,483**
Cash and cash equivalents transferred under absorption accounting		-	-
Unrealised gains / (losses) on foreign exchange		-	-
Cash and cash equivalents at 31 March	27.1	**39,619**	**33,086**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view, has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern.

The Trust Board specifically considered the matter of Going Concern at its meeting on the 26 March 2021. The Board concluded that after considering the matters in the paper and having an awareness of all relevant information that there are no material uncertainties related to events or conditions which may cast significant doubt about the ability of the Trust to continue as a going concern.

Note 1.3 Interests in other entities

Joint operations

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of the assets, liabilities, income and expenses.

The Trust provides sexual health services under a joint operation with The Leeds Teaching Hospitals NHS Trust. As lead provider the contract income flows to the Trust, and The Leeds Teaching Hospitals NHS Trust recharges expenditure associated with the provision of this service. The total cost of the service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transferred to The Leeds Teaching Hospitals NHS Trust. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust provides forensic child and adolescent mental and physical health services under a joint operation with South West Yorkshire Partnership NHS Foundation Trust. As lead provider the contract income flows to the Trust, and South West Yorkshire Partnership NHS Foundation Trust recharges expenditure associated with the provision of this service. The total cost of the service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transferred to South West Yorkshire Partnership NHS Foundation Trust. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust is lead provider of an integrated mental wellbeing service for Leeds under a joint operation with Leeds and York Partnership NHS Foundation Trust, Northpoint, Touchstone, Community Links, Leeds GP Confederation, Women's Counselling Service and Homestart Leeds. As lead provider the contract income flows to the Trust and the other providers recharge expenditure associated with the provision of this service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transferred to the provider partners. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust provides court liaison and diversion services under a joint operation with Community Links. As lead provider the contract income flows to the Trust and Community Links recharges expenditure associated with the provision of this service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transfered to Community Links. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust provides weight management services under a joint operation with The Leeds Teaching Hospitals NHS Trust and Leeds and York Partnership NHS Foundation Trust. As lead provider the contract income flows to the Trust and the other providers recharge expenditure associated with the provision of this service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust and usually a share of any profit or loss is transfered to the partner providers. As the NHS financial regime was amended for 2020/21 in light of Covid-19 the full financial impact of the contract has been borne by the Trust.

The Trust provides a Communtiy Care Beds Service under a joint operation with Leeds City Council. The Trust is the lead provider and contract income flows to the Trust. Leeds City Council recharges expenditure associated with the service. The total cost of this service is recognised by Leeds Community Healthcare NHS Trust.

The Trust provides a 10 bed dementia service under a joint operation with Leeds City Council. The City Council is the lead provider and contract income flows to the Council. Leeds Community Healthcare NHS Trust recharges expenditure associated with the service to Leeds City Council.

NHS Charitable Fund

The Trust is the Corporate Trustee to the Leeds Community Healthcare Charitable Trust and Related Charities. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The Trust has decided not to consolidate the charitable funds into these accounts as the transactions are not material.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods / services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods / services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust’s entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

This year 2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at an Integrated Care System level. The related peformance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period 2019/20

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Revenue from non-NHS contracts

The Trust receives revenue from contracts with non-NHS commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

The Trust's research contract values are not considered material.

Revenue from other contracts

The Trust has no other income under IFRS 15 that is considered material.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other Income

The Trust's other income relates to rental income and lease car income.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. The schemes are not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.
The Trust has no discontinued operations for 2020/21.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has a cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, have broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use by the Trust.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of other impairments are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation / grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation / grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the Trust by the Department of Health and Social Care as part of the response to the Covid-19 pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

The Trust received no donated assets during 2020/21.

Private Finance Initiative and Local Improvement Finance Trust transactions
The Trust has no Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions.

Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	5	90
Dwellings	-	-
Plant & machinery	5	10
Transport equipment	-	-
Information technology	5	5
Furniture & fittings	10	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	2	5

Note 1.11 Inventories
The Trust has no inventories.

Note 1.12 Investment properties

The Trust has no investment properties.

Note 1.13 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

Note 1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive, or a legal obligation to pay, cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs, except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets so classified are subsequently measured at amortised cost.

Financial liabilities so classified are subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset, or amortised cost of a financial liability, and is recognised in the Statement of Comprehensive Income as a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

At the end of the reporting period, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' require an allowance for an expected credit loss. Lifetime credit losses are recognised if there is objective evidence of impairment as a result of one or more events that occurred after initial recognition of the asset and that have an impact on the estimated future cash flows of the asset. However NHS bodies are not allowed to recognise any impairments against intra-DHSC balances as it is expected that they will be recoverable, therefore no lifetime credit losses are made against NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property, plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance expense in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the Statement of Financial Position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The Trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount, for which it is probable that there will be a future outflow of cash or other resources, and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective at 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective at 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution. NHS Resolution in return settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 33.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 34 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 34, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.19 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable the amounts are stated net of VAT.

Note 1.20 Corporation tax

Health service bodies are generally exempt from corporation tax, as they are either part of the Department of Health and Social Care or have specific exemption provided by sections 985 and 986 of the Corporation Tax Act 2010 (CTA 2010). Having reviewed these sections the Trust is satisfied it fulfils the definition of a health service body. The Trust has been established under section 25 of the National Health Service Act 2006 (as amended in 2012). This legislation states NHS trusts have been established to provide goods and services for the purposes of the health service. This is further defined as:

• the provision of goods and services for any purposes related to the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

• the promotion and protection of public health.

Since the Trust only carries out services as described above, it has established no wholly or partially owned subsidiaries, and is therefore a health service body as defined by the Corporation Tax Act 2010, the Trust is exempt from corporation tax.

Note 1.21 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.22 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March

• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction, and

• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expenditure in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.23 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.25 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.26 Transfers of functions to / from other NHS bodies
For functions that have been transferred to the Trust from another NHS body, the transaction is accounted for as a transfer by absorption. The assets and liabilities transferred are recognised in the accounts using the book value as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets / liabilities transferred is recognised within income / expenses, but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation / amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss / gain corresponding to the net assets / liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

Note 1.27 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases
IFRS 16 Leases will replace IAS 17 - Leases, IFRIC 4 - Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the Statement of Financial Position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the Statement of Financial Position the standard also requires the re-measurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has undertaken significant work in respect of the implementation of IFRS 16 as this will transfer the current operating leases for accommodation and vehicles to finance leases. Systems and controls have been updated and a detailed analysis of the impact for 2020/21 has been completed and submitted to NHS England. This work will be updated to reflect the revised implementation date.

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

Note 1.28 Standards, amendments and interpretations in issue but not yet effective or adopted
Other standards, amendments and interpretations

The International Accounting Standards Board has deferred the effective date of IFRS 17, Insurance Contracts, to annual reporting periods beginning on or after 1 January 2023. IFRS 17 as interpreted and adapted by the FReM is to be effective from 1 April 2023.

Changes to IAS 1 - classification of liabilities, IAS 37 - onerous contract amendment and IAS 16 - Property Plant and Equipment proceeds before intended use, are unlikely to impact on the Trust.

Note 1.29 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In line with IFRS 9 Financial Instruments, the Trust uses a provisions matrix approach to determine the value of provisions in respect of all financial instruments. The only financial instrument the Trust has is its trade receivables. The Trust has had to estimate its irrecoverable debt value using the matrix for 2020/21. In addition to the matrix the Trust has reviewed all outstanding debts at the end of March 2021 and made an assessment as to likelihood of recovery based on experience and knowledge of the debtors. This has resulted in an increase in the credit loss provision for 2020/21, as disclosed in Note 6.1.

Note 1.30 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

An estimate of the redundancy and legal claims costs has been made and included in the Trust's expenditure for 2020/21 as required under IAS 37. The estimated value of this is £1,558k for redundancies and £211k for legal claims.

Note 2 Operating Segments

All activity at Leeds Community Healthcare NHS Trust is healthcare related and the majority of the Trust's revenue is received from within UK government departments.

The main proportion of operating expenses are payroll related and are for the staff directly involved in the provision of healthcare and the indirect and overhead costs associated with that provision. It is deemed that the business activities that earn revenues for the Trust, and in turn incur the expenses, are therefore one broad provision on which it is deemed appropriate to identify as only one segment, namely healthcare.

Monthly operating results are published for assessment and review by the Trust's Chief Operating Decision Maker, which is the overall Trust Board that includes Executive and Non-Executive Directors. The financial position of the Trust to date, the Trust's Statement of Financial Position and Cash Flow and projections of future performance are assessed as a whole Trust rather than individual component parts that make up the sum total. In addition, all reporting of the position of the Trust is presented on a whole Trust basis that again implies a single operating segment under IFRS 8. As all decisions affecting the Trust's future direction and viability are made based on the overall total presented to Board, the Trust is satisfied that the single segment of healthcare is appropriate and consistent with the principles of IFRS 8.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with Note 1.4 of the accounting policies.

Note 3.1 Income from patient care activities (by nature)

	2020/21	2019/20
	£000	£000
Mental health services		
Block contract / system envelope income *	1,665	1,620
Clinical partnerships providing mandatory services (including S75 agreements)	-	-
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	-	-
Community services		
Block contract / system envelope income *	133,512	124,663
Income from other sources (eg local authorities)	29,159	31,041
All services		
Private patient income	-	-
Additional pension contribution central funding **	5,359	4,893
Other clinical income ***	1,036	180
Total income from activities	**170,731**	**162,397**

* As part of the Covid-19 pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework was built on these arrangements but with a greater focus on system partnership, and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

** The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** Other clinical income includes central funding for annual leave that staff have carried forward from 2020/21 and for annual leave owed in respect of overtime and additional hours worked.

Note 3.2 Income from patient care activities (by source)

	2020/21	2019/20
Income from patient care activities received from:	£000	£000
NHS England	17,283	16,960
Clinical Commissioning Groups	124,290	114,396
Department of Health and Social Care	-	-
Other NHS providers	2	2
NHS other	-	-
Local Authorities	27,993	29,725
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	-	-
Non NHS: other	1,163	1,314
Total income from activities	**170,731**	**162,397**
Of which:		
Related to continuing operations	170,731	162,397
Related to discontinued operations	-	-

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

The Trust made no charges relating to patients who are overseas visitors.

Note 4 Other operating income

	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	359	-	**359**	387	-	**387**
Education and training	3,058	156	**3,214**	2,006	109	**2,115**
Non-patient care services to other bodies	283		**283**	287		**287**
Provider sustainability fund (2019/20 only)			**-**	1,138		**1,138**
Financial recovery fund (2019/20 only)			**-**	63		**63**
Marginal rate emergency tariff funding (2019/20 only)			**-**	-		**-**
Reimbursement and top up funding	5,303		**5,303**			**-**
Income in respect of employee benefits accounted on a gross basis	2,184		**2,184**	1,115		**1,115**
Receipt of capital grants and donations		-	**-**		-	**-**
Charitable and other contributions to expenditure *		2,457	**2,457**		-	**-**
Support from the Department of Health and Social Care for mergers		-	**-**		-	**-**
Rental revenue from finance leases		-	**-**		-	**-**
Rental revenue from operating leases		491	**491**		507	**507**
Amortisation of PFI deferred income / credits		-	**-**		-	**-**
Other income **	2,898	-	**2,898**	3,303	-	**3,303**
Total other operating income	**14,085**	**3,104**	**17,189**	**8,299**	**616**	**8,915**
Of which:						
Related to continuing operations			17,189			8,915
Related to discontinued operations			-			-

* This is notional income in respect of protective equipment provided centrally by the Department of Health & Social Care to the Trust as part of the Covid-19 response.

** Other contract income totalled £2,898k; this includes £761k rental income, £153k lease car income and £1,005k income to fund projects supporting the transformation of care pathways.

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	265	380
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2021	31 March 2020
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
- within one year	-	-
- after one year, not later than five years	-	-
- after five years	-	-
Total revenue allocated to remaining performance obligations	**-**	**-**

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

The Trust has no income associated with fees and charges.

Note 6.1 Operating expenses

	2020/21	2019/20 Restated *
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	-	-
Purchase of social care	-	-
Staff and executive directors costs	130,630	119,922
Remuneration of non-executive directors	96	67
Supplies and services - clinical (excluding drugs costs)	20,837	15,963
Supplies and services - general **	7,714	5,072
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	799	883
Inventories written down	-	-
Consultancy costs	9	57
Establishment	2,627	3,262
Premises	6,701	7,006
Transport (including patient travel)	1,370	1,985
Depreciation on property, plant and equipment	1,982	2,029
Amortisation on intangible assets	50	9
Net impairments	-	343
Movement in credit loss allowance: contract receivables / contract assets	94	4
Movement in credit loss allowance: all other receivables and investments	-	-
Increase / (decrease) in other provisions	17	(44)
Change in provisions discount rate(s)	-	-
Audit fees payable to the external auditor		
audit services- statutory audit	68	47
other auditor remuneration (external auditor only)	-	-
Internal audit costs	98	94
Clinical negligence	318	227
Legal fees	11	24
Insurance	124	100
Research and development	28	36
Education and training	1,044	685
Rentals under operating leases ***	7,721	8,308
Early retirements	-	-
Redundancy	1,018	376
Charges to operating expenditure for on-SoFP IFRIC 12 schemes	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking and security	270	250
Hospitality	2	5
Losses, ex gratia and special payments	99	64
Grossing up consortium arrangements	-	-
Other services, eg external payroll	1,066	1,096
Other ****	1,164	1,182
Total	**185,957**	**169,052**
Of which:		
Related to continuing operations	185,957	169,052
Related to discontinued operations	-	-

* There have been some restatements of the expenditure for 2019/20 to bring it into line with current reporting requirements and provide appropriate comparators; the overall value of expenditure has not changed. The largest of these changes are £1,968k moved from Purchase of healthcare non NHS costs to Clinical supplies and services costs and £257k moved from Establishment costs to Other services costs in respect of external contracts.

** 2020/21 expenditure includes £2,457k for protective equipment issued by DHSC as part of the Covid pandemic response.

*** In advance of the adoption of IFRS 16; during 2019/20 the Trust began establishing formal leases for all premises. Whilst this work has not been fully completed all building rental costs have been transferred from premises, where historically they have been reported, to rentals under operating leases.

**** Other expenditure includes £816k relating to external recharges in respect of joint operations and £307k for services commissioned from South West Yorkshire Partnership NHS Foundation Trust and Bradford District Care NHS Foundation Trust using New Care Models resources.

Note 6.2 Nightingale hospital

During 2020/21 the Trust supported the set up of a Nightingale facility as part of the regional Covid-19 pandemic response.

The costs incurred by the Trust in operating the facility have been included within the operating expenses note in these accounts. The total costs associated with the facility are disclosed below for information; this includes where existing resources were redeployed so the note below does not represent the additional cost to the Trust of operating the facility. Incremental costs associated with operating the facility have been reimbursed by NHS England.

	Gross costs 2020/21 £000
Set up costs:	
Staff costs	2
Other operating costs	-
Running costs:	
Staff costs	-
Other operating costs	-
Decommissioning costs:	
Staff costs	-
Other operating costs	-
Total gross costs	**2**

Note 6.3 Other auditor remuneration

The Trust has no other auditor remuneration costs in 2020/21.

Note 6.4 Limitation on auditor's liability

The auditor's liability for external audit work is unlimited; (2019/20 liability of the previous audit firm was limited to £1 million).

Note 7 Impairment of assets

	2020/21 £000	2019/20 £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	-	-
Over specification of assets	-	-
Abandonment of assets in course of construction	-	-
Unforeseen obsolescence	-	-
Loss as a result of catastrophe	-	-
Changes in market price	-	343
Other	-	-
Total net impairments charged to operating surplus / deficit	**-**	**343**
Impairments charged to the revaluation reserve	-	1,112
Total net impairments	**-**	**1,455**

The impairments reported here for 2019/20 are as a consequence of the revaluation exercise undertaken during 2019/20.

Note 8 Employee benefits

	2020/21 Total £000	2019/20 Total £000
Salaries and wages	100,790	90,717
Social security costs	9,430	8,419
Apprenticeship levy	468	421
Employer's contributions to NHS pensions	17,673	16,106
Pension cost - other	64	50
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	1,018	376
Temporary staff (including agency)	2,544	4,472
Total gross staff costs	**131,987**	**120,561**
Recoveries in respect of seconded staff	-	-
Total staff costs	**131,987**	**120,561**
Of which:		
Costs capitalised as part of assets	339	263

Note 8.1 Retirements due to ill-health

During 2020/21 there were 5 early retirements from the Trust agreed on the grounds of ill-health (5 in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is £247k (£300k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and report to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

Other pension costs

NEST (National Employment Savings Trust) is an alternative pension scheme set up to comply with new legislation which provides that employees fulfilling certain criteria must auto-enrol into a pension scheme. When they do not qualify for or wish to join the NHS Pension Scheme this is the Trust's mandatory alternative scheme. NEST Corporation is the Trustee body that has overall responsibility for running NEST. It is a non-departmental public body that operates at arm's length from government and is accountable to Parliament through the Department of Work and Pensions (DWP). The Trust has expensed £64k during the year in respect of contributions for employees under the NEST scheme.

Note 10 Operating leases

Note 10.1 Leeds Community Healthcare NHS Trust as a lessor

This note discloses income generated in operating lease agreements where Leeds Community Healthcare NHS Trust is the lessor.

Leasing arrangements where the Trust is a lessor relate to the sub-letting of health centres and clinics, where the lessee is generally a GP practice or other healthcare provider.

	2020/21	2019/20
	£000	£000
Operating lease revenue		
Minimum lease receipts	491	507
Contingent rents	-	-
Other	-	-
Total	**491**	**507**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease receipts due:		
- not later than one year	491	491
- later than one year and not later than five years	1,385	1,243
- later than five years	598	34
Total	**2,474**	**1,768**

Note 10.2 Leeds Community Healthcare NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Leeds Community Healthcare NHS Trust is the lessee.

The Trust has leases in respect of accommodation, vehicles and photocopiers.

	2020/21	2019/20
	£000	£000
Operating lease expense		
Minimum lease payments	7,721	8,308
Contingent rents	-	-
Less sub-lease payments received	-	-
Total	**7,721**	**8,308**

	31 March 2021	31 March 2020
	£000	£000
Future minimum lease payments due:		
- not later than one year	7,092	8,100
- later than one year and not later than five years	26,307	28,656
- later than five years	41,510	46,058
Total	**74,909**	**82,814**
Future minimum sub-lease payments to be received	-	-

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2020/21	2019/20
	£000	£000
Interest on bank accounts	7	206
Interest income on finance leases	-	-
Interest on other investments / financial assets	-	-
Other finance income	-	-
Total finance income	**7**	**206**

Note 12.1 Finance expenses

Finance expenses represent interest and other charges involved in the borrowing of money or asset financing.

	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	-	-
Other loans	-	-
Overdrafts	-	-
Finance leases	-	-
Interest on late payment of commercial debt	-	-
Main finance costs on PFI and LIFT schemes obligations	-	-
Contingent finance costs on PFI and LIFT scheme obligations	-	-
Total interest expense	**-**	**-**
Unwinding of discount on provisions	-	-
Other finance costs	-	-
Total finance expenses	**-**	**-**

Note 12.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2020/21	2019/20
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 13 Other gains / (losses)

	2020/21	2019/20
	£000	£000
Gains on disposal of assets	-	-
Losses on disposal of assets	(80)	(12)
Total gains / (losses) on disposal of assets	**(80)**	**(12)**
Gains / (losses) on foreign exchange	-	-
Fair value gains / (losses) on investment properties	-	-
Fair value gains / (losses) on financial assets / investments	-	-
Fair value gains / (losses) on financial liabilities	-	-
Recycling gains / (losses) on disposal of financial assets mandated as fair value through OCI	-	-
Other gains / (losses)	-	-
Total other gains / (losses)	**(80)**	**(12)**

Losses on the disposal of assets relate to the write off of building enhancements on a property which will not be used by the Trust after 31 March 2021.

Note 14 Discontinued operations

The Trust has no discontinued operations.

Note 15.1 Intangible assets - 2020/21

	Software licences £000	Licences & trademarks £000	Patents £000	Internally generated information technology £000	Development expenditure £000	Goodwill £000	Websites £000	Intangible assets under construction £000	Other (purchased) £000	Total £000
Valuation / gross cost at 1 April 2020 - brought forward	**255**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**255**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Additions	52	-	-	-	-	-	-	-	-	**52**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 31 March 2021	**307**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**307**
Amortisation at 1 April 2020 - brought forward	**26**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**26**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	50	-	-	-	-	-	-	-	-	**50**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	-	-	-	-	-	-	-	-	**-**
Amortisation at 31 March 2021	**76**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**76**
Net book value at 31 March 2021	**231**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**231**
Net book value at 1 April 2020	**229**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**229**

Note 15.2 Intangible assets - 2019/20

	Software licences	Licences & trademarks	Patents	Internally generated information technology	Development expenditure	Goodwill	Websites	Intangible assets under construction	Other (purchased)	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019	**47**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**47**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Additions	208	-	-	-	-	-	-	-	-	**208**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	-	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 31 March 2020	**255**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**255**
Amortisation at 1 April 2019	**17**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**17**
Transfers by absorption	-	-	-	-	-	-	-	-	-	**-**
Provided during the year	9	-	-	-	-	-	-	-	-	**9**
Impairments	-	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	-	-	-	-	-	-	-	-	**-**
Amortisation at 31 March 2020	**26**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**26**
Net book value at 31 March 2020	**229**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**229**
Net book value at 1 April 2019	**30**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**30**

Note 16.1 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**9,708**	**18,025**	**-**	**359**	**2,086**	**-**	**5,847**	**189**	**36,214**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	-	-	-	879	189	-	1,143	-	**2,211**
Impairments	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	746	-	(746)	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	(170)	-	-	(293)	-	-	-	**(463)**
Valuation / gross cost at 31 March 2021	**9,708**	**18,601**	**-**	**492**	**1,982**	**-**	**6,990**	**189**	**37,962**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**347**	**-**	**-**	**1,654**	**-**	**3,208**	**169**	**5,378**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	762	-	-	159	-	1,048	13	**1,982**
Impairments	-	-	-	-	-	-	-	-	**-**
Reversals of impairments	-	-	-	-	-	-	-	-	**-**
Revaluations	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	(90)	-	-	(293)	-	-	-	**(383)**
Accumulated depreciation at 31 March 2021	**-**	**1,019**	**-**	**-**	**1,520**	**-**	**4,256**	**182**	**6,977**
Net book value at 31 March 2021	**9,708**	**17,582**	**-**	**492**	**462**	**-**	**2,734**	**7**	**30,985**
Net book value at 1 April 2020	**9,708**	**17,678**	**-**	**359**	**432**	**-**	**2,639**	**20**	**30,836**

Note 16.2 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019	**10,241**	**16,294**	**-**	**-**	**2,076**	**-**	**5,305**	**189**	**34,105**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Additions	-	735	-	359	138	-	542	-	**1,774**
Impairments	(785)	(999)	-	-	-	-	-	-	**(1,784)**
Reversals of impairments	124	106	-	-	-	-	-	-	**230**
Revaluations	128	1,889	-	-	-	-	-	-	**2,017**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	-	-	-	(128)	-	-	-	**(128)**
Valuation / gross cost at 31 March 2020	**9,708**	**18,025**	**-**	**359**	**2,086**	**-**	**5,847**	**189**	**36,214**
Accumulated depreciation at 1 April 2019	**-**	**911**	**-**	**-**	**1,572**	**-**	**2,158**	**154**	**4,795**
Transfers by absorption	-	-	-	-	-	-	-	-	**-**
Provided during the year	-	766	-	-	198	-	1,050	15	**2,029**
Impairments	-	(83)	-	-	-	-	-	-	**(83)**
Reversals of impairments	-	(16)	-	-	-	-	-	-	**(16)**
Revaluations	-	(1,231)	-	-	-	-	-	-	**(1,231)**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	-	-	-	-	-	**-**
Disposals / de-recognition	-	-	-	-	(116)	-	-	-	**(116)**
Accumulated depreciation at 31 March 2020	**-**	**347**	**-**	**-**	**1,654**	**-**	**3,208**	**169**	**5,378**
Net book value at 31 March 2020	**9,708**	**17,678**	**-**	**359**	**432**	**-**	**2,639**	**20**	**30,836**
Net book value at 1 April 2019	**10,241**	**15,383**	**-**	**-**	**504**	**-**	**3,147**	**35**	**29,310**

Note 16.3 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021									
Owned - purchased	9,708	17,009	-	492	462	-	2,734	7	**30,412**
Finance leased	-	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - donated / granted	-	573	-	-	-	-	-	-	**573**
Net book value at 31 March 2021	**9,708**	**17,582**	**-**	**492**	**462**	**-**	**2,734**	**7**	**30,985**

Note 16.4 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned - purchased	9,708	17,090	-	359	432	-	2,639	20	**30,248**
Finance leased	-	-	-	-	-	-	-	-	**-**
On-SoFP PFI contracts and other service concession arrangements	-	-	-	-	-	-	-	-	**-**
Off-SoFP PFI residual interests	-	-	-	-	-	-	-	-	**-**
Owned - donated / granted	-	588	-	-	-	-	-	-	**588**
Net book value at 31 March 2020	**9,708**	**17,678**	**-**	**359**	**432**	**-**	**2,639**	**20**	**30,836**

Note 17 Donations of property, plant and equipment

The Trust received no donations of property, plant and equipment during 2020/21.

Note 18 Revaluations of property, plant and equipment

The Trust has not revalued its property, plant and equipment during 2020/21.

The Trust sought advice from the District Valuer in respect of the movement in property prices during 2020/21. The District Valuer indicated price movements were not material since the last revaluation in 2019/20 and no revaluation exercise has been undertaken in 2020/21. The revaluation exercise undertaken in 2019/20 was carried out by a Member of the Royal Institution of Chartered Surveyors who is a salaried employee of the Valuation Office Agency.

The Valuer's report for the 2019/20 revaluation exercise was issued at the end of March 2020 just as the World Health Organisation had declared a global pandemic. The District Valuer concluded that in the light of this they were faced with an unprecedented set of circumstances on which to base a judgement. This resulted in the valuation for 2019/20 being caveated with a material valuation uncertainty.

The District Valuer has stated that valuations are no longer subject to material uncertainty as markets are starting to function with a sufficient volume of transactions.

Note 19.1 Investment Property

The Trust has no investment property.

Note 20 Investments in associates and joint ventures

The Trust has no investments in associates and joint ventures.

Note 21 Other investments / financial assets (non-current)

The Trust has no non-current other investments / financial assets.

Note 21.1 Other investments / financial assets (current)

The Trust has no current other investments / financial assets.

Note 22 Disclosure of interests in other entities

The Trust has no interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated structured entities.

Note 23 Inventories

The Trust has no inventories.

Note 24.1 Receivables

	31 March 2021 £000	31 March 2020 £000
Current		
Contract receivables	3,931	8,217
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	(91)	(6)
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	1,126	1,089
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
PDC dividend receivable	-	17
VAT receivable	493	423
Corporation and other taxes receivable	-	-
Other receivables	92	42
Total current receivables	**5,551**	**9,782**
Non-current		
Contract receivables	-	-
Contract assets	-	-
Capital receivables	-	-
Allowance for impaired contract receivables / assets	-	-
Allowance for other impaired receivables	-	-
Deposits and advances	-	-
Prepayments (non-PFI)	-	-
PFI prepayments - capital contributions	-	-
PFI lifecycle prepayments	-	-
Interest receivable	-	-
Finance lease receivables	-	-
VAT receivable	-	-
Corporation and other taxes receivable	-	-
Other receivables	-	-
Total non-current receivables	**-**	**-**
Of which receivable from NHS and DHSC group bodies:		
Current	650	3,378
Non-current	-	-

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained in Note 1.4 of the accounts. The significant movement in the contract receivables is in respect of this change.

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Note 24.2 Allowances for credit losses

	2020/21		2019/20	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**6**	**-**	**8**	**-**
Transfers by absorption	-	-	-	-
New allowances arising	98	-	11	-
Changes in existing allowances	-	-	-	-
Reversals of allowances	(4)	-	(7)	-
Utilisation of allowances (write offs)	(9)	-	(6)	-
Changes arising following modification of contractual cash flows	-	-	-	-
Foreign exchange and other changes	-	-	-	-
Allowances as at 31 March 2021	**91**	**-**	**6**	**-**

Note 24.3 Exposure to credit risk

NHS debt is resolved through the agreement of balances process and, as such, is not considered to be a credit risk. In line with IFRS 9 the Trust uses a provision matrix to categorise the debts and reviews historical losses over a two year period. The historical debt rates of non-NHS debt were determined by calculating invoices written off as a percentage of total non-NHS debt. Forward looking macro-economic factors were considered and the final credit losses rates were calculated. The Trust has reviewed the nature and value of other outstanding debt at the end of 2020/21 and has made an additional provision to mitigate the risk of non-payment.

The main credit risk to the Trust is from ex-employee debt and the credit loss rate to be applied to this type of debt was calculated as 26.75%. The Trust has reviewed the nature and value of other outstanding debt at the end of 2020/21 as required by IFRS 9 and has made an additional provision to mitigate the risk of non-payment. Overall a £91k credit loss allowance has been recognised for non-NHS receivables in 2020/21 being £3k from the application of the 26.75% and £88k other risk.

Note 25 Other assets

The Trust has no other assets.

Note 26.1 Non-current assets held for sale and assets in disposal groups

The Trust has no non-current assets held for sale and assets in disposal groups to disclose for the accounting period.

Note 26.2 Liabilities in disposal groups

The Trust has no liabilities in disposal groups.

Note 27.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2020/21	2019/20
	£000	£000
At 1 April	**33,086**	**26,483**
Transfers by absorption	-	-
Net change in year	6,533	6,603
At 31 March	**39,619**	**33,086**
Broken down into:		
Cash at commercial banks and in hand	3	3
Cash with the Government Banking Service	39,616	33,083
Deposits with the National Loan Fund	-	-
Other current investments	-	-
Total cash and cash equivalents as in SoFP	**39,619**	**33,086**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**39,619**	**33,086**

Note 27.2 Third party assets held by the Trust

The Trust has no third party assets.

Note 28.1 Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	3,202	2,505
Capital payables	161	277
Accruals	6,082	7,862
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
Social security costs	1,540	1,393
VAT payables	-	-
Other taxes payable	990	849
PDC dividend payable	48	-
Other payables	1,834	1,590
Total current trade and other payables	**13,857**	**14,476**
Non-current		
Trade payables	-	-
Capital payables	-	-
Accruals	-	-
Receipts in advance and payments on account	-	-
PFI lifecycle replacement received in advance	-	-
VAT payables	-	-
Other taxes payable	-	-
Other payables	-	-
Total non-current trade and other payables	**-**	**-**
Of which payables from NHS and DHSC group bodies:		
Current	1,844	2,795
Non-current	-	-

Note 28.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2021 £000	31 March 2021 Number	31 March 2020 £000	31 March 2020 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

There are no early retirements included in NHS payables.

Note 29 Other liabilities

	31 March 2021	31 March 2020
	£000	£000
Current		
Deferred income: contract liabilities	1,183	985
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Total other current liabilities	**1,183**	**985**
Non-current		
Deferred income: contract liabilities	-	-
Deferred grants	-	-
Deferred PFI credits / income	-	-
Lease incentives	-	-
Other deferred income	-	-
Net pension scheme liability	-	-
Total other non-current liabilities	**-**	**-**

Note 30.1 Borrowings

The Trust has no borrowings.

Note 30.2 Reconciliation of liabilities arising from financing activities - 2020/21
The Trust has no financial liabilities arising from financing activities for 2020/21.

Note 30.3 Reconciliation of liabilities arising from financing activities - 2019/20
There were no financial liabilities arising from financing activities for 2019/20.

Note 31 Other financial liabilities
The Trust has no other financial liabilities.

Note 32 Finance leases
The Trust has no finance leases.

Note 33.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2020	**-**	**-**	**209**	**-**	**-**	**565**	**-**	**774**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Change in the discount rate	-	-	-	-	-	-	-	**-**
Arising during the year	-	-	20	-	-	1,052	-	**1,072**
Utilised during the year	-	-	(15)	-	-	(25)	-	**(40)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	**-**
Reversed unused	-	-	(3)	-	-	(34)	-	**(37)**
Unwinding of discount	-	-	-	-	-	-	-	**-**
At 31 March 2021	**-**	**-**	**211**	**-**	**-**	**1,558**	**-**	**1,769**
Expected timing of cash flows:								
- not later than one year;	-	-	211	-	-	1,558	**-**	**1,769**
- later than one year and not later than five years;	-	-	-	-	-	-	**-**	**-**
- later than five years.	-	-	-	-	-	-	**-**	**-**
Total	**-**	**-**	**211**	**-**	**-**	**1,558**	**-**	**1,769**

In respect of legal claims the uncertainty as to amounts and timings relates to the time taken to determine whether or not the Trust is liable and if so, what the value of that liability will be.

In respect of redundancy and other provisions, the uncertainty as to amounts and timings relates to the time that will need to be taken to complete the formal processes.

Note 33.2 Clinical negligence liabilities

At 31 March 2021, £1,460k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Leeds Community Healthcare NHS Trust (31 March 2020: £2,908k).

Note 34 Contingent assets and liabilities

The Trust has no contingent assets and liabilities.

Note 35 Contractual capital commitments

The Trust has no contractual capital commitments.

Note 36 Other financial commitments

The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements), analysed by the period during which the payment is made:

	31 March 2021	31 March 2020
	£000	£000
- not later than 1 year	10,913	8,844
- after 1 year and not later than 5 years	2,010	4,115
- paid thereafter	-	-
Total	**12,923**	**12,959**

Note 37 Defined benefit pension schemes

The Trust has no defined benefit pension schemes.

Note 38 On-SoFP PFI, LIFT or other service concession arrangements

The Trust has no on-SoFP PFI, LIFT or other service concession arrangements.

Note 39 Off-SoFP PFI, LIFT and other service concession arrangements

The Trust has no off-SoFP PFI, LIFT or other service concession arrangements.

Note 40 Financial instruments

Note 40.1 Financial risk management

In accordance with IFRS 7, trusts should disclose information that enables users of the accounts to evaluate the nature and extent of risks arising from financial instruments to which the Trust is exposed at the end of the reporting period. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. In addition financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Trust Board. The Trust's treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations.

The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust currently has no borrowings.

The Trust may borrow from government for capital expenditure, subject to affordability as confirmed by NHS England / Improvement. The borrowings would be for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan.

The Trust may also borrow from government for revenue financing subject to approval by NHS England / Improvement. Interest rates are confirmed by the Department of Health and Social Care, the lender, at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

The majority of the Trust's revenue comes from contracts with other public sector bodies, therefore, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2021 are in receivables from customers, as disclosed in Note 24.3.

Liquidity risk

The majority of the Trust's operating costs are incurred under contracts with Clincial Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit.

The Trust is not therefore exposed to significant liquidity risks.

Note 40.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	3,932	-	-	**3,932**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	39,619	-	-	**39,619**
Total at 31 March 2021	**43,551**	**-**	**-**	**43,551**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	8,253	-	-	**8,253**
Other investments / financial assets	-	-	-	**-**
Cash and cash equivalents	33,086	-	-	**33,086**
Total at 31 March 2020	**41,339**	**-**	**-**	**41,339**

Note 40.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	9,561	-	**9,561**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2021	**9,561**	**-**	**9,561**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	-	-	**-**
Obligations under finance leases	-	-	**-**
Obligations under PFI, LIFT and other service concession contracts	-	-	**-**
Other borrowings	-	-	**-**
Trade and other payables excluding non financial liabilities	10,668	-	**10,668**
Other financial liabilities	-	-	**-**
Provisions under contract	-	-	**-**
Total at 31 March 2020	**10,668**	**-**	**10,668**

Note 40.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

Period	31 March 2021 £000	31 March 2020 £000
In one year or less	9,561	10,668
In more than one year but not more than five years	-	-
In more than five years	-	-
Total	**9,561**	**10,668**

Note 40.5 Fair values of financial assets and liabilities

The book value (carrying value) of financial assets and liabilities is a reasonable approximation of fair value.

Note 41 Losses and special payments

	2020/21		2019/20	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	89	1	16
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	19	9	17	8
Stores losses and damage to property	-	-	-	-
Total losses	**20**	**98**	**18**	**24**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	2	1	10	40
Special severance payments	-	-	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**2**	**1**	**10**	**40**
Total losses and special payments	**22**	**99**	**28**	**64**
Compensation payments received		-		-

There are no cases which exceed £300k to disclose.

Note 42 Gifts

The Trust has made no gifts.

Note 43 Related parties

Details of related parties transactions must be disclosed in accordance with IAS 24; these are as follows:

	Expenditure with Related Party	Revenue from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£	£	£	£
Care Quality Commission	111,580	-	-	-
Thea Stein (Chief Executive Officer)				
Executive Reviewer				
Department of Health & Social Care	-	113,197	-	-
Helen Thomson (Non-Executive Director)				
IRP Panel Member (until September 2020)				
East Lancashire Hospitals NHS Trust	37,069	-	-	-
Khalil Rehman (Associate Non-Executive Director from 1 December 2020)				
Non-Executive Director				
Leeds GP Confederation	352,028	682,506	406,017	161,584
Jenny Allen (Director of Workforce, OD & System Development)				
Director of Workforce, Leeds GP Confederation				
Ruth Burnett (Medical Director)				
Medical Director, Leeds GP Confederation				
Stephanie Lawrence (Executive Director of Nursing & AHPs)				
Director of Nursing, Leeds GP Confederation				
Laura Smith (Director of Workforce, OD & System Development)				
Director of Workforce, Leeds GP Confederation				
Touchstone	1,621,616	2,912	10,926	416
Alison Lowe (Non-Executive Director from 1 December 2020)				
Chief Executive				
University of Huddersfield	2,500	4,061	-	4,061
Helen Thomson (Non-Executive Director)				
Council Member				
University of Leeds	57,546	49,037	-	15,939
Jane Madeley (Non-Executive Director unitl 31 March 2021)				
Chief Financial Officer, University of Leeds				

The Department of Health & Social Care is regarded as a related party. During the year 2020/21 the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department as listed below:

Airedale NHS Foundation Trust
Bradford District Care NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Brighton and Sussex University Hospitals NHS Trust
Calderdale and Huddersfield NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Care Quality Commission
Department of Health and Social Care
East Lancashire Hospitals NHS Trust
Great Ormond Street Hospital for Children NHS Foundation Trust
Harrogate and District NHS Foundation Trust
Health Education England
Leeds and York Partnership NHS Foundation Trust
Leicestershire Partnership NHS Trust
Manchester University NHS Foundation Trust
Mid Yorkshire Hospitals NHS Trust
Midlands Partnership NHS Foundation Trust
NHS Barnsley CCG
NHS Birmingham and Solihull CCG
NHS Blackpool CCG
NHS Business Services Authority
NHS Coventry and Rugby CCG
NHS Doncaster CCG
NHS England
NHS Harrogate and Rural District CCG
NHS Herts Valleys CCG
NHS Hull CCG
NHS Improvement
NHS Kent and Medway CCG
NHS Leeds CCG
NHS Leicester City CCG
NHS Liverpool CCG
NHS Midlands and Lancashire Commissioning Support Unit
NHS North Kirklees CCG
NHS North of England Commissioning Support Unit
NHS Northumberland CCG
NHS Nottingham and Nottinghamshire CCG
NHS Resolution
NHS Rotherham CCG
NHS Sunderland CCG
NHS Trafford CCG
NHS Wakefield CCG
Nottinghamshire Healthcare NHS Foundation Trust
Pennine Care NHS Foundation Trust
Public Health England
Rotherham, Doncaster and South Humber NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
The Christie NHS Foundation Trust
The Leeds Teaching Hospitals NHS Trust
The Rotherham NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University Hospitals Of Derby and Burton NHS Foundation Trust
West Midlands Ambulance Service University NHS Foundation Trust
Yorkshire Ambulance Service NHS Trust
York Teaching Hospital NHS Foundation Trust

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies as listed below:

Bradford City Council
Cardiff and Vale University Local Health Board
Community Health Partnerships
Hackney London Borough Council
HM Revenue and Customs
Humberside Police and Crime Commissioner and Chief Constable
Leeds City Council
National Employment Savings Trust
NHS Pension Authority
NHS Property Services
The West Yorkshire Combined Authority
West Yorkshire Police and Crime Commissioner and Chief Constable

The Trust has received receipts from Leeds Community Healthcare Charitable Trust and Related Charities for which the Trust Board is Corporate Trustee. These are solely to reimburse the Trust for purchases made for the Charity as an agent.

The independently examined accounts of the Charity are available from the Trust's Communications Team.

Note 44 Transfers by absorption

There are no transfers by absorption to disclose.

Note 45 Prior period adjustments

There are no prior period adjustments to disclose.

Note 46 Events after the reporting date

On the 1 April 2021 the Trust ceased providing inpatient Child and Adolescent Mental Health Services. This service was contracted by the specialised commissioning arm of NHS England; the contract value of £1.6m per annum has novated to the new provider, Leeds and York Partnership NHS Foundation Trust. Staff associated with the service have transferred under TUPE to the new provider.

Note 47 Better Payment Practice code

Non-NHS Payables	2020/21 Number	2020/21 £000	2019/20 Number	2019/20 £000
Total non-NHS trade invoices paid in the year	12,661	34,026	16,214	33,147
Total non-NHS trade invoices paid within target	12,281	33,363	15,729	32,536
Percentage of non-NHS trade invoices paid within target	97.0%	98.1%	97.0%	98.2%
NHS Payables				
Total NHS trade invoices paid in the year	471	19,351	1,115	19,427
Total NHS trade invoices paid within target	468	19,346	1,104	19,166
Percentage of NHS trade invoices paid within target	99.4%	100.0%	99.0%	98.7%

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

Note 48 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend

	2020/21 £000	2019/20 £000
Cash flow financing	(6,196)	(6,557)
Finance leases taken out in year	-	-
Other capital receipts	-	-
External financing requirement	**(6,196)**	**(6,557)**
External financing limit (EFL)	(6,196)	597
Under / (over) spend against EFL	**-**	**7,154**

Note 49 Capital Resource Limit

	2020/21 £000	2019/20 £000
Gross capital expenditure	2,263	1,982
Less: Disposals	(80)	(12)
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**2,183**	**1,970**
Capital Resource Limit	2,365	2,067
Under / (over) spend against CRL	**182**	**97**

Note 50 Breakeven duty financial performance

Adjusted financial performance (control total basis):	2020/21 £000	2019/20 £000
Surplus / (deficit) for the period (per SoCI)	1,542	1,697
Remove net impairments not scoring to the Departmental expenditure limit	-	343
Remove (gains) / losses on transfers by absorption	-	-
Remove I&E impact of capital grants and donations	15	5
Prior period adjustments	-	-
Remove non-cash element of on-SoFP pension costs	-	-
Remove 2018/19 post audit PSF reallocation (2019/20 only)		-
Remove net impact of inventories received from DHSC group bodies for COVID response	-	
Adjusted financial performance surplus / (deficit)	**1,557**	**2,045**

Note 51 Breakeven duty rolling assessment

	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	2,577	1,809	1,425	2,007	2,985
Breakeven duty cumulative position	2,577	4,386	5,811	7,818	10,803
Operating income	134,978	139,906	142,863	146,668	156,367
Cumulative breakeven position as a percentage of operating income	1.9%	3.1%	4.1%	5.3%	6.9%

	2016/17	2017/18	2018/19	2019/20	2020/21
	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	3,350	4,655	5,661	2,045	1,557
Breakeven duty cumulative position	14,153	18,808	24,469	26,514	28,071
Operating income	148,654	149,526	155,640	171,312	187,920
Cumulative breakeven position as a percentage of operating income	9.5%	12.6%	15.7%	15.5%	14.9%

Thank you for taking the time to read our Annual Report and Accounts for 2020/21. You can also view this document via our website at www.leedscommunityhealthcare.nhs.uk where you can also find the full accounts.

If you would like hard copies of this report or an accessible version of the financial statements and notes on pages 69-117, please email **bryan.machin1@nhs.net**

Our Quality Account is also available on our website.

If you would like any of our reports in an alternative format or large print please email **lch.pet@nhs.net** or call **0113 220 8585**.

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