

Public Board of Directors

Thursday 28 May 2026 at 09:30am

in Inspire@ room, Horizon Leeds, 3rd Floor, 2 Brewery Wharf,
Kendall Street, Leeds, LS10 1JR

Board Members

Mrs M McRae	Chair of the Trust
Mrs Z Burns Shore	Non-Executive Director (Senior Independent Director)
Mrs J Forster Adams	Chief Operating Officer
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive
Professor F Healey	Non-Executive Director
Dr C Hosker	Medical Director
Ms K Khan MBE	Non-Executive Director
Mrs Lynne Mellor	Non-Executive Director
Dr S Munro	Chief Executive
Mr D Skinner	Director of People and Organisational Development
Miss N Sanderson	Director of Nursing and Professions
Miss K Wilburn	Non-Executive Director
Mr M Wright	Non-Executive Director (Deputy Chair of the Trust)

Apologies

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All members of the Board have full voting rights.

In attendance

Mrs Clare Edwards	Associate Director of Corporate Governance / Trust Board Secretary
Miss Rose Cooper	Deputy Head of Corporate Governance
Ms Sally Higgins	Specialist Addictions Practitioner (for minute 26/050)
Ms Maria Preston	Clinical Team Manager (for minute 26/050)
Mr Jonathan Mitchell	Clinical Lead (for minute 26/050)
Ms Amanda Naylor	Service Manager (for minute 26/050)
Mrs Shereen Robinson	Freedom to Speak Up Guardian (for minute 26/069)

Three governors attended the meeting.

Action

26/049

Mrs McRae opened the public meeting at 09:30 and welcomed everyone.

Apologies for absence (agenda item 1)

Apologies were received from Ms Kaneez Khan, Non-Executive Director. The meeting was quorate.

26/050 | Sharing stories – A Hidden Team in a Hidden World (agenda item 2)

Mrs McRae welcomed Ms Sally Higgins, Specialist Addictions Practitioner (Sex Worker Outreach Team), Ms Maria Preston, Clinical Team Manager, Mr Jonathan Mitchell, Clinical Lead and Ms Amanda Naylor, Service Manager.

Ms Higgins and Ms Preston provided the Board with a presentation regarding the Mental Health role that had been developed specifically working with sex workers to support them to access services. They introduced the Board to Forward Leeds which was a partnership organisation with Addiction Plus being the Trust element, which was primarily a drug treatment service but also provided specialised mental health support. Ms Preston gave an overview of partnerships within the system linked into the service, including the requirement for people to be a verified rough sleeper to get partnership support. They had identified that there was a gap within the service provision regarding sex workers, as most women experienced hidden homelessness, therefore were excluded from accessing services despite a clear need for specialist mental health support. The Sex Worker Outreach Team (SWOT) was launched in 2024 and provided support with complex needs, complex trauma, and unmet physical and mental health needs.

Ms Higgins provided an overview of her role noting she took internal clients from the SWOT team to provide them with mental health support. Her clients were predominantly women who she met around twice a week in person with the aim to work with them for a year to get them into structured treatment. She also undertook specialist psycho-social interventions, one off interventions, and had an advocacy role as well as providing onward referrals. She informed the Board that she also provided support to staff within the SWOT team as they had challenging roles due to the nature of the service, and provided opportunity for debriefs and case consultation. She had developed a well-being guide for staff to provide and promote support opportunities. She noted that the Street Outreach multidisciplinary team had been hugely helpful in providing wider support too.

The aim of the role was to remove barriers to services, allow clients to access services in a format that suited them and make trusted referrals to support onward access into services. She noted that many of the women had no previous history of accessing mental health services, therefore the ability to assess and advocate for them supported them to access secondary mental health services. The service also focused on making other services aware of the client group and how to access them, sometimes bypassing the usual routes.

They informed the Board that they had recently presented a poster at a conference, and showed the Board a video of the content, and an article that had been published about the service.

They provided an overview of the future for the role and the ongoing work to make the role permanent through demonstrating the impact on the service and outcomes, with an opportunity to develop the role further to meet wider needs of the clients.

Mrs McRae thanked the team and acknowledged that they were the voice of the service users and how positive it was to hear about the work they undertook. Mrs Burns Shore noted that the work showed a deep understanding of the needs of the client group and the removal of barriers to services was exceptional.

Miss Wilburn commented it was incredible to see the support for this vulnerable group of people and noted that the challenge was the stigmatisation of the group. Ms Higgins responded that there was a lot of misunderstanding of sex workers, people knew they were there and in the managed area, but negative views came from not knowing the detail and understanding the clients and the issues they faced. She added that there was an on street based police team who were supportive and helpful for the women, but part of the advocacy role was to try and reduce negative views. They were a visible population but were hidden to services with no representation or support from services, and no other role like it could be identified across the NHS.

Mr Skinner commended Ms Higgins on the staff wellbeing element of the service, and queried as a single handed practitioner, what was the resilience in team. Ms Preston noted that they were able to manage this amongst the team as they had built relationships within wider services and they would continue to work with others to develop the service further.

Prof Healey commented that the kindness shown to the client group was inspiring and that there may be an opportunity to use research support to demonstrate the value of the role and outcomes. She asked if there was flexibility in mainstream services regarding their service offer to meet needs of the client group. Ms Preston responded that if people could engage with mainstream services they would not end up in their situation, therefore there needed to be a bridge between the role and wider services as it was hard to transition people into other services.

Dr Munro thanked the team noting they should be incredibly proud of the service, and that sharing knowledge and details around this client group was so helpful. She added it was positive that there was a case being built for a permanent role as it would support the women to continue to access services and the opportunity for others to then access through word of mouth.

Mrs McRae reiterated thanks on behalf of the Board to all involved in the presentation and service.

	The Board of Directors thanked everyone for attending the meeting and sharing the work of the team.
26/051	Declaration of interests for directors and any declared conflicts of interest in respect of the agenda items (agenda item 3)
	The Board of Directors noted that there were no changes to the declarations of interests, and no conflicts in respect of any of the agenda items.
26/052	Minutes of the previous meeting held on 26 March 2026 (agenda item 4)
	The minutes of the meeting held on 26 March 2026 were received and agreed as an accurate record.
26/053	Matters arising (agenda item 5)
	There were no matters arising.
26/054	Actions outstanding from the public meeting of the Board of Directors (agenda item 6)
	Mrs McRae presented the action log which showed those actions previously agreed by the Board in relation to the public meetings, those that were completed and those that were still ongoing.
	It was noted that for action 37 regarding the working group for measures for priorities, an update would be provided at the meeting in July 2026.
	Action 43 was noted as completed as Hill Dickinson had provided the information required to confirm the quoracy arrangements for the Council of Governors were appropriate.
	The Board received the cumulative action log, agreed to close the actions that had been completed and noted the updates provided for ongoing actions.

26/055 | **Report from the Chief Executive** (agenda item 7)

Dr Munro presented the Chief Executive's report, taking the content as read. She highlighted the ongoing wait for the CQC inspection report, however in the past week the Trust had received draft reports for older adults and acute inpatient services, and they were going through accuracy checks. The initial feedback from CQC regarding the Well Led inspection was noted and it was unlikely that the Trust would receive a draft report soon.

The SEND inspection was noted with the service provision predominantly in Leeds Community Healthcare NHS Trust (LCH), and the draft report was out for accuracy checks, with the City Council and ICB leading on the collation of the response.

She noted that Trusts had been advised the new National Oversight Framework (NOF) would be published but it had been delayed due to a change in the Secretary of State. In the meantime, a call had been held with the CEO of NHS England to confirm that operational priorities continued.

She noted the session Board members had undertaken as the start of the cultural change programme for the integration programme, and that the feedback from NHS England regarding the Strategic Outline Case was still awaited.

There was an event scheduled for 3 July 2026 for the Leeds Provider Partnership work to share the plans for the shadow Joint Committee and responding to the changes of the ICB.

She highlighted the Reasons to be Proud section, including the apprenticeship programme which was going from strength to strength, the chaplaincy service events and the teams and individuals of the month.

Mrs McRae queried if there were further details regarding the Joint Committee details, and Dr Munro responded that in the future there would be a requirement to agree representation of Chairs and Non-Executive Directors before full delegated authority was agreed, however it was being worked through currently therefore a smaller group was in place currently to review the requirements of the group for decision making arrangements and devolved responsibility.

Mrs McRae thanked Dr Munro for the report.

The Board **received** the report from the Chief Executive and **noted** the content.

26/056

Report from the Chair of the Finance and Performance Committee for the meetings held on 28 April and 26 May 2026 (agenda item 8)

Miss Wilburn presented the Chair's reports from the Finance and Performance Committee meetings taking them as read. She focused on the meeting in May 2026, noting that there were no areas to alert the Board to. She advised that the Committee had received the month one position, which was a balanced plan but due to significant non-recurrent benefits. It was noted that if the Out of Area Placement (OAP) position remained the same for the year then there would be no further non-recurrent options, therefore it needed to be rectified. She highlighted that overtime and agency rates were performing better than the previous year but remained an area of focus alongside bank use. The Committee had discussed the metrics that may be used to understand the detail.

She noted that, in relation to length of stay data, the metric within the NoF currently only showed those patients discharged therefore discussion had taken place regarding other metrics that may help to understand the position more given the impact on patient flow and OAPs.

Mrs McRae queried the data reviewed at Workforce Committee regarding bank usage, and Mrs Burns Short confirmed the Committees were not duplicating the discussions as they looked at different elements of bank use, however a more consolidated discussion may be helpful to link it all together. It was agreed that bank usage, and a triangulated update from all Committees and work programmes, would be on the agenda for a Board Strategic Session.

Mrs McRae thanked Miss Wilburn for the report.

The Board of Directors **received** the Chair's report from the Finance and Performance Committee and **noted** the matters reported on.

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26/057

Report from the Chief Financial Officer (agenda item 9)

Mrs Hanwell presented the report, taking the content as read. She noted that the first section provided detail of the 2025/26 outturn position and that the Trust delivered the financial position. However, there were two areas not achieved which were OAPs and bank usage so they would be the focus for 2026/27. She noted that the budget Cost Improvement Programmes (CIP) had been rolled into 2026/27 too.

She highlighted that in 2026/27 serious interventions had been put in place to manage the OAPs position, and whilst the position was over plan, last year had ended in a higher than anticipated position. She noted that this had

impacted on the month one position, along with bank expenditure, and there was a need to consider mitigations through the year and focus on recurrent efficiency targets to make budget and run rates more aligned.

Mr Wright acknowledged the month one position, however the move from budget base to run rate base was complicated, but he was pleased to see that the report showed a more unitary way of measuring the position would be a good focus. Dr Munro noted that the regional position for North East, Yorkshire and Humber was £40m adverse to plan, and there had been a 6.6% workforce growth which would influence the line of interrogation. Mrs Hanwell added that workforce growth and recurrent CIP efficiencies would be the focus for all organisations and there would be no financial mitigation for the upcoming industrial action which would increase the pressure.

Mrs McRae thanked Mrs Hanwell for the update provided.

The Board **received** the Chief Financial Officer's report and **noted** the content.

26/058

Operational Priorities Update Report – Q4 (agenda item 10)

Mrs Hanwell presented the report, taking the content as read, and noting it had been discussed in detail at Finance and Performance Committee. She highlighted the challenge regarding language and expectations of the priorities in the Committee discussion, therefore a correlation of milestones and headline priorities would be considered for the setting of the priorities for 2026/27. She noted that several priorities were multi-year and complex so would be carried over, and the first report would be presented to the Board of Directors in July 2026. She also noted the query at Finance and Performance Committee regarding the alert status of the priorities so consideration would be given to how this was described and communicated moving forward. Miss Wilburn added that the discussion had been about whether the progress update reflected the position fully, and that there was a balance between achieving milestones and the stretch needed to fully address the issue. The challenge was around setting milestones to deliver stretch for 2026/27, which Mrs Hanwell confirmed would be reflected in the Q1 update report.

Prof Healey queried the priorities from last year that were not on the 2026/27 plan but had only completed the first stage of work, and still felt important, therefore was there a gap on where they were being held and embedded. Mrs Hanwell referred to the discussion regarding the quality dashboard when reviewing the 2026/27 priorities, and whilst she was confident it was being embedded, she appreciated that there was a visibility issue. This had been the challenge from the Executive Directors too therefore it was being reviewed. Mrs McRae acknowledged that some areas would become

business as usual, but there was a concern that there would be some drift if areas were not a priority. Dr Munro confirmed that this had been acknowledged and was the reason a review was to take place.

Mr Wright commented that the focus needed to be on milestones and ensuring that they demonstrated effective outcomes delivered therefore these would be reviewed when presented in Q1. Mrs Mellor added that understanding the critical path of the milestones would be helpful. Mrs Hanwell responded these points would be addressed in the July report to Board, which would be reviewed by the Executive Management Team (EMT) ahead of presenting to the Board.

Mrs McRae thanked Mrs Hanwell for the update provided.

The Board **received** the Operational Priorities report and **noted** the content.

26/059

Report of the Chief Operating Officer (agenda item 11)

Mrs Forster Adams presented her report, noting the depth of the discussion at Finance and Performance Committee. She provided an update regarding the company that had been commissioned to undertake diagnostic work to eliminate the OAP position, who had presented to EMT that week and the proposed use of data analytics to identify areas of improvement was helpful and would form the basis of the Board Strategic Session in June 2026.

She noted that the report included actions taken to provide assurance on performance positions, and that length of stay data for Committees would be considered along with appropriate reporting into Board.

She highlighted the positive position regarding the Eating Disorder and the Enhanced Therapeutic Observations of Care.

Mrs McRae queried the procurement of a block contract for PICU beds and the impact this had on cost. Mrs Forster Adams responded that it provided appropriate quality of care but did not meet financial requirements.

Mr Wright referred to the point regarding length of stay data which was a key area of focus for the Trust, and that the statistics received at Committee and Board level were limited therefore wider analysis was needed, including potential benchmarking data to understand comparisons to other Trusts. There was a need for need for clearer understanding around the interpretation of service users being 'ready for discharge' and the wider issue regarding the structure of service position and the connection to length of stay. Prof Healey referenced the discussion at Quality Committee regarding the change in clinical model required in the Older Adults service, and Dr Hosker responded

that he agreed with the points raised and the benchmarking approach, and that culture around interfacing services needed to be an area of focus along with preventing people being admitted to hospital. He noted that there may be an increase in length of stay whilst the improvements were made. In relation to the changes to clinical models, he commented that there needed to be radical change in how services were provided, and a plan to focus on culture around how people worked. Miss Sanderson noted that there was a need to acknowledge that it was multi-faceted and the high-level feedback from the CQC regarding care planning and documentation and the impact on length of stay. There was work to do around understanding the grip and oversight of care delivered to improve this. Mrs McRae noted that the next Board Strategic day focused on flow and OAP therefore would provide an opportunity for longer debate. Mrs Hanwell added that model hospital data was available to show benchmarking and the Trust was an outlier, but there was a debate about front end admission avoidance, and this would be discussed in the strategic session.

Mrs Burns Shore queried the reduction in staff within the Connect service, and Miss Sanderson responded that it was linked to the risks from the patient group being different to other inpatient areas therefore it was not possible to 'lift and shift' the approach due to the presenting needs of service users.

Mrs Mellor noted it was a clear report and referenced the discussion at Finance and Performance Committee regarding the percentage of patients in crisis and management of team reviews. She also commented on how the Estate Strategy and PFI approach could support service delivery. Mrs Forster Adams recognised the work taking place at a city level regarding the crisis service transformation and the Trust was committed to partnership working to consider the offer. She noted that information would be considered as to how to support people as an alternative to hospital admission and there would need to be an increase in responsiveness within services and more proactive approaches to deliver this. Mrs Hanwell added that some of the Trust buildings did not naturally lend themselves to the service ambition, but this would need to be considered in terms of how this was approached and the ability to utilise the estate and freedoms to act financially.

Mrs McRae thanked Mrs Forster Adams for the update.

The Board **received** the Chief Operating Officer report and **discussed** the content.

26/060 **EPRR Annual Report** (agenda item 11.1)

Mrs Forster Adams noted that all three EPRR documents required Board review and approval as per governance processes.

The Finance and Performance Committee had reviewed the annual report in April 2026 and since then slight amendments had been made due to partnership working with Leeds Community Healthcare NHS Trust (LCH). The report articulated the areas of focus for the year, and she noted that the process was tried and tested and good progress had been made.

Prof Healey noted it was a good assurance report for the Board and noted that Mental Health Trusts had a different role within public emergencies, which included a decontamination role which was a nationally prescribed approach. Mrs Forster Adams noted that there was a need for the Trust to increase familiarity with this role to ensure awareness throughout the Trust about the role.

Mrs Burns Shore queried if business continuity was used to get an increased response to needing support, and Mrs Forster Admas responded it provided a discipline and framework to allow progress to be made in some areas which was a good position.

The Board **received** the EPPR Annual Report and **approved** the content.

26/061 EPPR & Business Continuity Policy (agenda item 11.2)

The Board **received** the EPPR & Business Continuity Policy and **approved** the content.

26/062 EPPR Board Assurance Statement (agenda item 11.3)

Mr Wright noted the internal audit regarding EPPR had provided significant assurance which was helpful to note in the context of the Board approving the statement.

The Board **received** the EPPR Board Assurance Statement and **approved** the content.

26/063 Report from the Chair of the Quality Committee for the meetings held on 9 April and 14 May 2026 (agenda item 12)

Dr Healey presented the Chair's Report from the Quality Committee meetings, taking them as read. She noted that the Annual Service Reports were a good summary of the services position before Non-Executive

Directors and Governors attended learning visits, therefore they would be shared ahead of service visits for background reading.

She noted the approval of the Quality Account which would be presented to the Extraordinary Board meeting in June 2026. The Committee reviewed the staff survey results linking to quality of care to patients, and received an update on outcome measures and the change regarding portal feedback which would need to be aligned to the NHS app. She also noted the Committee had received the CQC preliminary letters and reports, and noted the learning for ongoing assurance papers through the Committee. In relation to OAPs, the Committee would continue to review the quality element of the placements.

Mrs McRae referred to the lived experience and coproduction discussion at the April meeting and queried the clarity for services on how to engage and access tools to use for involvement. Miss Sanderson commented that there was an opportunity to review approaches as part of the remuneration review of service users.

Mrs McRae thanked Dr Healey for the reports.

The Board of Directors **received** the Chair's reports from the Quality Committee and **noted** the matters reported on.

26/064 **Quality Committee Terms of Reference** (agenda item 12.1)

The Board of Directors **noted** and **approved** the Quality Committee Terms of Reference.

26/065 **Report from the Director of Nursing and Professions** (agenda item 13)

Miss Sanderson presented the report taking it at read by the Board. She highlighted that the Service User Network was nominated for the awards within West Yorkshire due to the work they undertake which was positive to note.

She referenced the internal audit regarding service user remuneration for involvement and noted that the payment policy would be reviewed as the findings noted that the service users would be entitled for employment which would impact on benefits. Work had therefore paused to understand how to ensure the Trust were looking after service users and lived experience partners, and that they were not negatively impacted through the remuneration process. She noted that the preferred outcome would go to the

Extended EMT meeting in June for approval, and it would provide opportunity to engage with service users and services regarding options for co-production.

She assured the Board regarding the introduction of the risk assessment tool and the positive impact this had had due to its successful implementation, and it would be used through the Culture of Care work to share learning more widely outside of the organisation.

She informed the Board that the flu vaccine campaign ended in March 2026 and the uptake number was lower than was desired as the Trust did not achieve the 5% national increase. The Datix Project Board was noted to be in place with LCH as part of the integration programme and would include engagement with users of the system to build a system that was useful and meaningful moving forward.

She alerted the Board to the previous decision not to use telecare and to focus on clinical engagement as this was the preferred option. The Trust would continue to work on the initial feedback from the CQC in relation to inspections and factual accuracy checks for the reports received to date. Mrs McRae queried if the telecare issue was only noted through the national alert, and Miss Sanderson confirmed that as the devices were not used across all services the issue with them not being updated was not a concern for the Trust.

The Board of Directors **received** the Report from the Director of Nursing and Professions and **noted** the content.

26/066 Safer Staffing Report (agenda item 13.1)

Miss Sanderson presented the report taking it at read by the Board. She noted that there were no episodes of shifts without a registered nurse and the vacancies for Healthcare Support Workers remained a high proportion of the reason for bank use. She noted that the registered nurse vacancies should be filled through the preceptorship programme, however there would be some preceptees who would not be offered a post due to the number of vacancies, but the Trust would continue to work with them to consider options.

She highlighted that last year saw a reduction in the use of bank staff however the target of reducing use by 10% did not flow into the financial position, but this was due to the acuity of those service users that the bank shifts were used for. Mrs Hanwell added that the distinction between reducing bank spend and the utilisation of bank was important to note.

Mr Wright referenced the public question to Board a few months ago regarding students and the roles offered at the end of the course and the current position. Miss Sanderson noted that the individual involved had extended their training in which time the offer had been changed, however they continued their placements currently. She noted that the options had been considered to ensure they were as fair as possible in the allocation of roles. Mr Wright commented that as there was no growth in workforce the messaging to those in training needed to be balanced and realistic. Dr Munro noted that the national workforce strategy was delayed but expected at some point, and the NHS 10 year plan noted that the workforce would be lower at the end of the 10 years due to use of technology and other initiatives. However, the match for supply and demand of workforce had always been challenging and historically newly qualified staff had been able to choose roles, and grade drift had also occurred to improve recruitment, therefore a consistent approach was needed. Mr Skinner confirmed that engagement too place to showcase roles to students to support employment opportunities.

Mrs McRae thanked Miss Sanderson for the report.

The Board of Directors **received** the Safer Staffing Report and **noted** the content.

26/067

Violence Prevention Reduction Self-Assessment Standard (agenda item 14)

Miss Sanderson presented the report taking it at read by the Board. She noted that the version 2 standards were introduced in 2024 and a Task and Finish Group had been put in place to map the Trust position against the domains. She highlighted work had not progressed as would have been expected therefore rigour around the governance processes and escalation needed to be improved and would be the focus for the next 6 months. The Task and Finish Group would lead on this and work would be done in July to provide assurance on the delivery of the standards.

Prof Healey noted the work that had been done to understand the split between patients and staff affected by violence and aggression, and that this could now be done, therefore it would be possible to track improvements for both groups. She also noted the self-harm prevention audit led by Health and Safety, however clinical involvement in this was important therefore this needed to be reviewed by Quality Committee too. Miss Sanderson responded that the work would be overseen by the Nursing and Professions Council and through to Quality Committee.

The Board endorsed the plan and the continuation of the workstream. Mrs McRae thanked Miss Sanderson for the report.

The Board of Directors **received** the Violence Prevention Reduction Self-Assessment Standard and **noted** the content.

26/068

Leeds Gender Identity Service's Response to the Levy Report (agenda item 15)

Dr Hosker presented the report taking it at read by the Board. He reminded the Board that the Levy Report was a national report for all gender clinics and it had produced local reports which identified some areas for improvement within the service. Services were asked to produce improvement plans, and the paper addressed the key lines of enquiry and whether they were applicable to the service, and the intended response. The overall approach would link to the National Board and oversight plan.

Prof Healey queried the ongoing oversight for the report and work required, and Dr Hosker responded that most of the work linked into the national improvement plan and oversight sat there along with Trust links into the national oversight lead who met regularly with him and Dr Munro. Mrs McRae commented that the report noted the sponsorship needed by Board for improvement work and queried what the ask was. Dr Hosker responded that the national expectation was for work to go through Boards, but the Trust preference would be for updates via the Medical Director directorate reports. The National Board meeting would take place in June and would outline expectations and requirements which would then be considered. The Board agreed for the updates to be a subset of the Medical Director directorate report, but any additional actions or escalations to alert the Board to needed to be highlighted. Dr Munro added that Dr Hosker was the designated Board member lead for the work, and there was a need to be mindful of the scrutiny the services were under and how this was managed nationally alongside the political context.

Mrs Hanwell noted the link to national concerns regarding service provision and that the report suggested a push for funding, and Dr Hosker commented that this would need further discussion across the Executive Directors.

Miss Wilburn reflected on the Gender Service team feedback to Board previously, and that it was unclear on the impact of the recommendations on the service and how helpful they were. Dr Hosker noted that there was a need to consider how to implement the recommendations within the financial constraints, however some recommendations were helpful for wider consideration of service delivery.

Mrs McRae highlighted that the main recommendation for Board was to be assured that the service was engaged with the national approach, and that

Board would be sighted on any material escalations. She also noted the point regarding administrative resource shortfall, which the Board acknowledged but noted that the service needed to review how to address that. Mrs Forster Adams noted that the cover paper specifically highlighted administrative resource issues, but she was not clear on the detail despite it being highlighted for Board attention as there were no administrative vacancies and additional resource had put in. Dr Hosker acknowledged that AI would take some of the administrative burden away, but there was a need to review in entirety and discuss further. Mrs McRae noted that the Board acknowledged that a wider EMT discussion would take place with escalation and updates to be provided via the Medical Director directorate report. She thanked Dr Hosker for the report.

The Board of Directors **received** the Leeds Gender Identity Service's Response to the Levy Report and **noted** the content.

26/069

Freedom to Speak Up Guardian Report (agenda item 16)

Mrs Robinson presented the report taking it at read by the Board. She highlighted key points including the increase in activity with 76 concerns which, whilst welcomed as part of the speak up culture, did reflect the national climate and ongoing workforce pressures. Most concerns related to people or culture issues and had all been followed up. Inappropriate behaviours was a high theme nationally, so the Trust was in line with the national trend and not an outlier.

She noted the targeted interventions that had taken place as part of the collective concerns raised as these had increased, and Organisational Development support and service actions plans had been put in place to address them. The administrative review work had led to colleagues feeling more pressure linked to different ways of working and how this was communicated and discussed with staff. Mrs Robinson noted she was mindful of the need to triangulate the concerns with other data, such as staff survey results, to identify key areas of focus.

She highlighted that five more ambassadors had been recruited, which had been a Board focus, and would mean increased visibility and local support. She thanked communications colleagues who had supported the campaign.

She noted the ask to update the Board on training, and although it had doubled there was still a low uptake, therefore she was working with colleagues to increase uptake. It had been included in the 360 manager training and induction, and was being publicised widely.

She noted the actions for the next six months which included triangulating concerns with the staff survey results to understand the increase in contacts, reducing the time for actions to be taken following concerns being raised whilst acknowledging the complexity of concerns, and continuing to work with staff networks and Equality, Diversity and Inclusion colleagues regarding discrimination and inappropriate behaviours.

Mrs Robinson shared stories of successful outcomes for learning and improvement, including improvements in experiences for preceptees.

Mrs Burns Shore noted that, in her role as Senior Independent Director, she had met with Mrs Robinson and identified that three quarters of contacts could go straight to line managers, so work was being done to understand why this was not being addressed at that level.

Mrs Mellor commented that through the integration programme work with there was an opportunity for triangulation of data and a need to include the Guardian role within the cultural change programme, as it would be vital to understand how to support staff. Mrs Robinson noted that the Guardians were meeting regularly and were working together to consider how to streamline processes, including culture and opportunities for learning.

In relation to the administrative staff concerns, Mrs Forster Adams commented that in care services they were being asked to work very differently, and this would impact on how clinical colleagues worked, therefore there was a need to think about how they were supported through the changes as they were significant. It was acknowledged that managing change and communicating this with staff was key.

Mr Wright asked if queries had been raised regarding the integration with LCH and job security. Mrs Robinson noted she had seen some raised and had signposted colleagues back to the communication that had been circulated and line managers. Some colleagues wanted to know the detail, but it was not available yet, so she was mindful of the uncertainty of change, but it was more about perception currently so there was a need to provide reassurance.

Mrs McRae noted the Board responsibilities for the Freedom to Speak Up Guardian role, and expressed thanks to Mr Cleveland in his role and Senior Independent Director, and Mrs Burns Shore for now taking this on.

She thanked Mrs Robinson for the report.

The Board of Directors **received** and **noted** the report from the Freedom to Speak Up Guardian.

26/070

Report from the Chair of the Workforce Committee for the meeting held on 16 April 2026 (agenda item 17)

Mrs Burns Shore presented the report taking it at read by the Board noting the discussions had covered many points. She highlighted the low levels of mandatory training for medical staff and that a further update would be provided at the next meeting, although this was balanced with an improvement in the job planning position. There was a continued focus on sickness with further review to take place. Dr Hosker noted that there was a need to understand the detail behind the consultant training position as 59% of doctors had done all of their training. Mrs McRae commented that there was a need to understand whether it was a reporting issue, and where there was potential for a quality issue.

Mr Wright noted the positive progress with job planning but queried the assurance on the quality of the job plans that were submitted. Dr Hosker responded that there had been an internal audit on job plans and this would be the next area of focus with updates provided through Workforce Committee. He noted that the use of the digital system would make the review of quality easier.

Mrs McRae thanked Mrs Burns Shore for the report.

The Board of Directors **received** and **noted** the Report from the Chair of the Workforce Committee.

26/071

Report from the Chair of the Mental Health Legislation Committee for the meeting held on 12 May 2026 (agenda item 18)

Miss Wilburn presented the report taking it as read by the Board. She noted that there were no areas for alert and highlighted the discussion regarding the S135 processes which the Committee would monitor. The Committee were also reviewing defective detentions which were related to documentation issues not inappropriate detentions, and this would continue to be monitored.

She noted the issue raised on behalf of the Mental Health Act Managers regarding parking issues for the managers when attending hearings in person, and that the concerns were noted and would be discussed through appropriate governance routes.

Mrs McRae queried the issue escalated to EMT regarding systematic data collection issues, and Dr Munro responded that this would be reviewed and considered as appropriate.

Mrs McRae thanked Miss Wilburn for the report

The Board of Directors **received** and **noted** the Report from the Chair of the Mental Health Legislation Committee.

26/072 Report from the Chair of the Audit Committee for the meeting held on 14 April 2026 (agenda item 18)

Mr Wright presented the report taking it as read by the Board and acknowledging the attendance of governors at the Committee meeting. He noted that the Extraordinary Audit Committee in June would include the accounts and external audit report approval, and to date no issues had been referred through to the Committee.

He informed the Board that the external auditors, KPMG, had been chosen by the national audit office to provide more detail around the work that they had undertaken which had led to the need for additional information to be submitted. It was noted that this would also come at a financial cost to the Trust.

He thanked all Committee Chairs for their support in the agreement of the internal audit plan for 2026/27. He noted that the last three audit reports had achieved significant assurance which was a positive position for the Head of Internal Audit opinion report.

Mrs McRae thanked Mr Wright for the report

The Board of Directors **received** and **noted** the Report from the Chair of the Audit Committee.

26/073 Annual Declarations of Interest incl. NED Independence (agenda item 20)

Mrs McRae presented the report, taking it as read by the Board. She thanked all Board members for contributing and completing the relevant documentation.

The Board of Directors **received** the Annual Declarations of Interest and **noted** the content.

26/074 Fit and Proper Person Annual Declaration (agenda item 21)

	Mrs McRae presented the report, taking it as read by the Board. All Board members were noted as compliant, and she thanked all members for completing the required elements to achieve this.
	The Board of Directors received and noted the Fit and Proper Person Annual Declaration.
26/075	Self-certification against condition CoS7 of Provider Licence (agenda item 22) Dr Munro presented the report, taking it as read by the Board, noting that it demonstrated the Board to self-certification of resources.
	The Board of Directors received and noted the self-certification against condition CoS7 of Provider Licence.
26/076	Use of Trust Seal (agenda item 23) Mrs McRae informed the Board that the Trust seal had been used on the following occasions: - 139 – The Mount: Deed of Indemnity, notice of assignment PA/lease, HOLD HARMLESS letter and Trust Certificate - o signed by Mrs Merran McRae, Chair, Dr Sara Munro, Chief Executive, Mrs Dawn Hanwell, Chief Financial Officer, and Mrs Clare Edwards, Associate Director of Corporate Governance (13 May 2025) - 140 – The Mount: Deed of Variation, Novation, Collateral Warranties - o signed by Mrs Merran McRae, Chair, and Mrs Clare Edwards, Associate Director of Corporate Governance (21 May 2025)
	The Board noted that the use of the Trust Seal.
26/077	Any other business (agenda item 24)
	There were no additional items of business raised.
26/078	Resolution to move to a private meeting of the Board of Directors

At the conclusion of business, the Chair closed the public meeting of the Board of Directors at 12:30 and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public would be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.