

Public Council of Governors' meeting

Tuesday 7 July 2026 at 1pm

in the Cheer Room, The Studio Leeds, Riverside West, Whitehall Road, Leeds, LS1 4AW

Agenda

	LEAD	TIME
1 Welcome and introductions (verbal)	Merran McRae	1:00pm
2 Apologies for absence (verbal)	Merran McRae	-
3 Changes to any declarations of interest and declaration of any conflicts of interest in respect of agenda items (paper to read)	Merran McRae	-
3.1 Annual Declarations for Governors (paper to read)	Clare Edwards	-
3.2 Non-executive Directors' Annual Declarations of Interest, Annual Declarations of Independence and Fit and Proper Person Declarations (paper to read)	Clare Edwards	-
4 Report from the Chief Executive (slides to read)	Dr Sara Munro	1:05pm
5 Strategic Updates (verbal)	Executive Directors	-
6 Minutes	Merran McRae	1:40pm
6.1 Minutes of the public Council of Governors' meeting held on the 26 February 2026 (paper to read)	Merran McRae	-
7 Matters arising (verbal)	Merran McRae	-
7.1 Questions from members of the public for the Council of Governors (verbal)	Merran McRae	-
8 Cumulative Action Log – actions outstanding from previous public meetings (paper to read)	Merran McRae	-

9	Report from the Chair of the Trust (paper to read)	Merran McRae	1:45pm
10	Auditors' Report on the Annual Accounts (paper and presentation)	Salma Younis	1:50pm
11	Report from the Lead Governor (verbal)	Amy Pratt	2:10pm
	<u>BREAK</u>		2:20pm
12	2025 NHS Staff Survey and Bank Staff Survey Results (paper to read and presentation in advance)	Amy Harker	2:35pm
13	Finance Update (paper to read)	Dawn Hanwell	2:55pm
14	Board subcommittee Chair's Reports and performance data:		3:10pm
14.1	Reports from the Chair of the Finance and Performance Committee: 28 April and 26 May 2026 (paper to read)	Martin Wright	-
14.2	Report from the Chair of the Audit Committee: 14 April 2026 (paper to read)	Martin Wright	-
14.3	Report from the Chair of the Mental Health Legislation Committee: 12 May 2026 (paper to read)	Kaneez Khan	-
14.4	Reports from the Chair of the Quality Committee: 9 April and 14 May 2026 (paper to read)	Prof Frances Healey	-
14.5	Report from the Chair of the Workforce Committee: 16 April 2026 (paper to read)	Zoe Burns-Shore	-
14.6	Combined Quality, Workforce and Service Performance Report (circulated separately)	Board members	-
	<u>END</u>		3:40pm

The next public meeting of the Council of Governors will be held on the 6 October 2026 at 1pm in the Matter Room, The Studio Leeds, Riverside West, Whitehall Road, Leeds, LS1 4AW.

* Questions for the Council of Governors can be submitted to:

Name: Clare Edwards (Associate Director for Corporate Governance / Trust Board Secretary)

Email: clare.edwards34@nhs.net

Telephone: 07815 924 185

Name: Merran McRae (Chair of the Trust)

Email: merran.mcrae1@nhs.net

Telephone: 0113 8555913

Meeting of the Council of Governors

Paper title:	Annual Declarations for Governors
Date of meeting:	7 July 2026
Presented by: (name and title)	Merran McRae, Chair of the Trust
Prepared by: (name and title)	Kerry McMann, Head of Corporate Governance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)	✓
SO1 We deliver great care that is high quality and improves lives.	✓
SO2 We provide a rewarding and supportive place to work.	
SO3 We use our resources to deliver effective and sustainable services.	

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)	✓
SR1 Quality including safety assurance processes	
SR2 Delivery of the Quality Strategic Plan	
SR3 Culture and environment for the wellbeing of staff	
SR4 Financial sustainability	✓
SR5 Adequate working and care environments	
SR6 Digital technologies	
SR7 Plan and deliver services that meet the health needs of the population we serve.	

Executive summary

All members of the Council of Governors are required to complete a declaration of interest form annually. Completed forms are held on file by the Associate Director for Corporate Governance. They are a matter of public record and are available for inspection should such a request be made.

Whilst these forms are required to be completed as part of an annual declaration process, Governors are reminded that should any change occur they are required to submit an updated form to the Associate

Director for Corporate Governance and inform the Council at its next meeting. For clarity, because a declaration has been made this does not mean that it constitutes a conflict of interest.

It should also be noted that no governor has declared any reason why they were not fit to be a Governor on the Council. These declarations have been made in accordance with the criteria set out in the Constitution and the Provider Licence.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? **No**

Recommendation

The Council of Governors is asked to receive and note all interests declared by governors.

Any governors with outstanding or incomplete declarations are asked to submit their declaration as soon as possible.

Declaration of Interests for the Council of Governors

Name	Directorships, including Non-executive Directorships, held in other organisations (with the exception of those of 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 shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a 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 substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
ELECTED GOVERNORS								
Comfort Akinbobola	None.	None.	None.	None.	None.	None.	Mental Health Practitioner South West Yorkshire Partnership Teaching Hospital NHS Foundation Trust	None.
Craig Bromyard	None.	Sole Trader FM Doctor	None.	None.	None.	None.	Fellow CompliMind Ltd. Member NHS Futures AI Ambassador Network	Health and Wellbeing Services Operational Lead Vita Health Group
Brian Coupe	None.	None.	None.	None.	None.	None.	None.	None.
Richard Hattersley	None.	None.	None.	None.	None.	None.	None.	None.
Nicola Lister	Finance Director NDL Software Ltd.	None.	None.	None.	None.	None.	None.	None.
Richard Malkin	None.	None.	None.	None.	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in other organisations (with the exception of those of 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 shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a 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 substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
Matthew McGonagle	Director Ross Holdings Leeds Limited	None.	None.	None.	None.	None.	Candidate Labour party, Alwoodley	Director Ross Holdings Leeds Limited Professor University of Leeds General Manager, Adult Critical Care Leeds Teaching Hospitals NHS Trust
Thabani Fingi Mlotshwa	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.	Not publicly available.
Gaadha Jayaprakash	None.	None.	None.	None.	None.	None.	None.	None.
Katy Mallender-Ward	None.	None.	None.	None.	None.	None.	None.	None.
Carole Myers	None.	None.	None.	Member of Truth Project Steering Group Platform Wales	None.	None.	None.	None.
Ivan Nip	Not yet declared for 2026/27	Not yet declared for 2026/27	Not yet declared for 2026/27	Not yet declared for 2026/27	Not yet declared for 2026/27	Not yet declared for 2026/27	Not yet declared for 2026/27	Not yet declared for 2026/27
Peter Ongley	None.	None.	None.	None.	None.	None.	None.	None.

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Amy Pratt	None.	None.	None.	None.	None.	None.	Vice Chair British Dietetic Association England Board	None.
Sharon Rai	None.	None.	None.	None.	<p>Member Patient Carer Community (University of Leeds)</p> <p>Member Forum for Race Equality in Social Care & Health (Leeds Involving People)</p> <p>Member Public and patient Involvement and Engagement Group (Leeds Beckett University)</p> <p>Volunteer Season Well CIC</p> <p>Member Patient Carer Race Equality Framework Group (LYPFT)</p> <p>Member Complex Psychosis Pathway Group (LYPFT)</p> <p>Patient and Public Involvement role SAFE PATHS: Improving</p>	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in other organisations (with the exception of those of 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 shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a 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 substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare.	Declaration on behalf of Spouse / co-habiting partner / close family member
					<p>Access and Care for South Asians with Psychosis (University of Manchester)</p> <p>Public Patient Voice Partner Midwifery and Nursing (NHS England)</p> <p>Member Service User Network (LYPFT)</p> <p>Member The Help from Experts by Experience for Researchers Group (LYPFT)</p> <p>Member Co Production Group at Asket Croft (LYPFT)</p> <p>Member Co production Group: LGBTQ+ (Touchstone)</p> <p>Member School of Healthcare Experts by Experience in Education and Research Group (University of Leeds)</p>			

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					Member Everybody's Voice Service User and Carer Reference Group (University of Leeds) Service User Leeds Recovery College			
Adam Redhead	None.	None.	None.	None.	None.	None.	None.	None.
Vicky Thomson	None.	None.	None.	None.	Volunteer Leeds Recovery College	None.	None.	None.

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APPOINTED GOVERNORS								
Dominique Burley	None.	None.	None.	Senior Development Worker Volition	Senior Development Worker Volition	None.	None.	None.
Cllr Ian Cuthbertson	Non-executive Director City of York Trading Ltd. Non-executive Director Work With York Ltd.	None.	None.	Trustee St Wilfred's Eleemosynary Charity	None.	None.	Elected Member City of York Council Elected Member Haxby Town Council	Elected Member City of York Council Elected Member New Earswick Parish Council
Cllr Emma Flint	Co-Director The Wren Bakery Social Enterprise	None.	None.	None.	None.	None.	Councillor Labour – Weetwood Ward	Senior Partner The Garden Surgery
Gabriella Obeng Nyarko	None.	None.	None.	None.	None.	None.	None.	None.

Meeting of the Council of Governors

Paper title:	Non-executive Directors' Annual Declarations of Interest, Annual Declarations of Independence and Fit and Proper Person Declarations
Date of meeting:	7 July 2026
Presented by: (name and title)	Clare Edwards, Associate Director for Corporate Governance
Prepared by: (name and title)	Kerry McMann, Head of Corporate Governance Clare Edwards, Associate Director for Corporate Governance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Executive summary

At least annually all members of the Board of Directors are required to complete declaration of interest forms, fit and proper person annual declarations, and for Non-executive Directors (NEDs) only, a declaration of their independence. This is in line with NHS England's Code of Governance for NHS Provider Trusts.

This paper shows the declared interests for NEDs and for the declarations made by the NEDs in relation to their independence, a matrix of these is attached.

This paper also shows the compliance of the non-executive directors with the Fit & Proper Person Requirements. A report with the information was also presented to the Board of Directors meeting on 28 May 2026 and was noted as compliant. This was also submitted to NHS England, as per the established process, on 3 June 2026.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? **No.**

If yes, please set out what action has been taken to address this in your paper.

Recommendation

The Council of Governors is asked to note:

- The declarations of interests as per the attached matrix
- That all NEDs have made a declaration of independence
- That all non-executive directors have been judged and declared themselves to be fit and proper

Annual declaration of interests for members of the Board of Directors

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of 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 shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a 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 substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
NON-EXECUTIVE DIRECTORS								
Merran McRae Chair	Director Finnbo Ltd	None.	None.	None.	None.	None.	Deputy Lieutenant West Yorkshire Lieutenancy Trustee Yorkshire Sculpture Park	Director Finnbo Ltd
Zoe Burns-Shore Non-executive Director	Executive Director for Customer Delivery Money and Pensions Service	None.	None.	None.	None.	None.	None.	None.

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Frances Healey Non-executive Director	None.	None.	None	Trustee The National Confidential Enquiry into Patient Outcome and Death (NCEPOD)	None.	None.	Visiting Professor University of Leeds Advisory Role and Peer Reviewer Research studies and potential research studies related to patient safety	None.
Cleveland Henry Non-executive Director	Director 63 Argyle Road Ltd.	None.	None.	Chair of the Board of Trustees / Trustee Community Foundation for Leeds Director Leeds Digital Ball Community Interest Company	None.	None.	Interim Chief Operating Officer Optum UK (Digital Health sector)	Partner: Lead Cancer Nurse Leeds Teaching Hospitals NHS Trust
Kaneez Khan Non-executive Director	Director Primrose Consultancy Yorkshire Director Leeds Faith Forum	None.	None.	None.	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of 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 shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a 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 substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Lynne Mellor Non-executive Director	Director The Human Digital Collaborative Ltd.	None.	None.	None.	None.	None.	None.	None.
Katy Wilburn Non-executive Director	Non-executive Director and Chair of Customer Committee Thirteen Group	None.	None.	None.	None.	None.	Principal Consultant (Governance and Regulation) Altair Consultancy and Advisory Services Ltd.	None.
Martin Wright Non-executive Director	None.	None.	None.	Trustee Roger's Almshouses (Harrogate)	None.	None.	None.	Partner: Trustee Roger's Almshouses (Harrogate)

Annual Declaration of Non-executive Director Independence

The Code of Governance for NHS Provider Trusts requires the Board to determine to what extent non-executive directors are independent in character and judgement and whether there are relationships or circumstances which are likely to affect or could appear to affect their judgement.

Name	Has been an employee of the Trust within the last two years.	Has, or has had within the last two years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance-related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than six years from the date of their first appointment.	Any other reason you wish to declare. This should include any political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)
Merran McRae Chair	No	No	No	No	No	No	None.
Zoe Burns-Shore Non-executive Chair	No	No	No	No	No	No	None.
Frances Healey Non-executive Director	No	No	No	No	No	No.	None.
Cleveland Henry Non-executive Director	No	No	No	No	No	No.	None.
Kaneez Khan Non-executive Director	No	No	No	No	No	No.	None.
Lynne Mellor Non-executive Director	No	No	No	No	No	No.	None.
Katy Wilburn Non-executive Director	No	No	No	No	No	No	None.

Name	Has been an employee of the Trust within the last two years.	Has, or has had within the last two years, a material business relationship with the Trust directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.	Has received or receives additional remuneration from the Trust apart from a director's fee, participates in the Trust performance-related pay scheme, or is a member of the Trust's pension scheme.	Has close family ties with any of the Trust's advisers, directors or senior employees.	Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies.	Has served on the Board for more than six years from the date of their first appointment.	Any other reason you wish to declare. This should include any political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)
Martin Wright Non-executive Director	No	No	No	No	No	<p>Yes, Martin was first appointed on 20 January 2018.</p> <p>In May 2023 the Council of Governors agreed to extend Martin's term of office by a further three years to 19 January 2027, at which point Martin will have served nine years on the Board since the date of his first appointment.</p> <p>This decision was in line with the Code of Governance for NHS Provider Trusts, which states Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors.</p>	None.

Declarations pertaining to non-executive directors being a Fit and Proper Person under the CQC Regulation 5 and meeting all the criteria in the Provider Licence and the Trust's Constitution to be and continue to be a director

Each director has been checked in accordance with the criteria for fit and proper persons and have completed the necessary self-declaration forms to show that they do not fit within any definition of an "unfit person" as set out in the provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 or the Trust's constitution; that they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008; and that there are no other grounds under which I would be ineligible to continue in post.

		Non-executive Directors							
		ZBS	FH	CHe	KK	MM	LM	KW	MW
a)	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No	No	No
b)	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No	No	No
c)	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No	No	No
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No	No	No
e)	Do they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes



Leeds and York Partnership
NHS Foundation Trust

Council of Governors

Report from the CEO

July 2026

Leading the way in mental health, learning disability and neurodiversity care

integrity

simplicity

caring

Regional and National Updates

- Priorities from the new Secretary of State (SoS) and NHSE.
- What is happening in the West Yorkshire ICB reorganisation.
- The development of Place Based Provider Partnerships in West Yorkshire and neighbourhood health as the key model for delivery – what does this mean for LYPFT services?

Local and Trust updates

- Safety and compassion in our communities, for our staff and the people we serve.
- Trust review meeting held with NHSE regional team.
- CQC Well-Led Inspection - we are still awaiting our draft report.
- National Oversight Framework update.
- Review of strategic outline case for merger with Leeds Community Healthcare NHS Trust.

Merger news: NHSE approve!

NHS England has approved our Strategic Outline Case

- Some areas requiring continued focus and development – but good progress already being made.
- Next stage is full business case later this year setting out our plans in more detail.
- Aim to go live from 1 April 2027 - an integrated provider for all the health and care services currently provided by our two Trusts across Leeds and beyond.



Seeking input

- Consultation on a new Trust name has now been carried out.
- Engagement now underway with staff across both trusts on our vision, values and behaviours – taking the Best of Both - to build better.
- Work underway to develop a new strategy for our new organisation.



Reasons to be proud

**Celebrating the achievements of our staff and services
and the good things that happen!**

Leeds and York Partnership NHS Foundation Trust

Celebrating 20 years of HEER

Help from Experts by Experience for Researchers (HEER) is a group of people with lived experience of mental health challenges who, now in its 20th year, continues to support researchers in strengthening and improving their studies.

- Run own research project – Bridge to Recovery
- Worked with multiple researchers, including Trust staff and academics
- Contributed to around 100 regional and national research projects
- Met in person and online more than 160 times
- Survived the pandemic! In 2020, when Covid-19 led to lockdown, the group learnt to use technology they hadn't used before to move meetings online
- Welcomed over 15 members – including one who has been with us since the start!

Enjoy photos from the day!



We are **recognised**
and **rewarded**



CERTIFICATE OF RECOGNITION AWARDED TO

Leeds and York Partnership NHS Foundation Trust

With thanks and in acknowledgement of your achievement in improving the experience and engagement of colleagues within your organisation.

Director of Staff Experience and Engagement

3 June 2026



Living the
People Promise

Celebrating Our Volunteers

For Volunteers' Week, we recognised the incredible contribution of our volunteers across the Trust.

- Volunteers give their time, kindness and energy to support service users and staff every day.
- A special thank-you event brought volunteers together to connect, share stories and celebrate.
- We wanted everyone to feel appreciated.

“Our volunteers make a real difference every single day, we are so grateful for their compassion, dedication and support.”



Running for Maternal Mental Health

A mum of two took on an 80-mile run to raise awareness of maternal mental health and give back to the NHS services that supported her recovery.

Rachel Lucas, 33, ran between two Mother and Baby Units in Leeds and Chorley that treated her for postpartum psychosis following the births of her children.

After making a full recovery, she became a peer support worker for Action on Postpartum Psychosis (APP) raising funds for the charity, this time she smashed her original fundraising target of £5000, helping support other parents affected by the illness.

“With help you can go the distance – which is why I’m running the distance I’m running.”





Reward and Recognition

Reward highlight

Team of the month

Individual of the month

Research hero

Leeds and York Partnership NHS Foundation Trust

Rough Sleepers Mental Health Service



From delivering care in high-risk environments to improving access on the streets, our Rough Sleepers Mental Health Service is making a meaningful difference for some of the most vulnerable people in Leeds.

- Supporting people who are rough sleeping or at risk, ensuring they don't fall through the gaps.
- Delivering flexible, psychologically informed care in complex and challenging settings.
- Strengthening partnerships through consultation, training and reflective practice.
- Improving access with innovative approaches, including street-based physical health checks.



This is an exceptionally strong nomination, demonstrating innovation, system leadership, and measurable impact while maintaining strong values-based practice.”

Nash Antao



A moment of courage from Nash, an OT on our Riverfields Ward, made a life-saving difference for one of our colleagues this spring.

- Responded immediately when a service user collapsed in cardiac arrest while out in the community.
- Initiated CPR quickly and effectively, remaining calm under pressure.
- Coordinated support from others present and ensured emergency services were contacted without delay.
- Reassured and supported other service users during a highly distressing situation.



Outstanding professionalism, courage, and skill” helped ensure the service user received urgent care and went on to make a full recovery.



This month we celebrate Shaun Wilkinson, Head of Reporting, for his continued support with Akrivia Health, helping us better understand data in our care records. Shaun has worked with remarkable patience alongside the research team, translating complex technical language into manageable tasks to move a challenging project forward.

He truly embodies the Trust value of simplicity, making a daunting project far more accessible. His expertise in the Akrivia platform is helping us build effective approaches to using data across research, service evaluation, and audit.

“We are very grateful for the time, expertise, and dedication Shaun continues to bring to this project.”

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Public Council of Governors' Meeting

26 February 2026 at 1pm in the Matter Room, The Studio Leeds, Riverside West, Whitehall Road, Leeds, LS1 4AW

PRESENT:

Merran McRae – Chair of the Trust (Chair of the meeting)

Public Governors

Miranda Arieah
Nicola Lister

Staff Governors

Amy Pratt
Adam Redhead

Service User Governors

Sharon Rai
Victoria Thomson

Appointed Governors

Cllr Ian Cuthbertson
Cllr Emma Flint
Gabriella Obeng Nyarko

Carer Governors

Peter Ongley

Non-Executive Directors

Zoe Burns-Shore
Prof Frances Healey
Martin Wright
Katy Wilburn

Executive Directors

Dr Sara Munro

IN ATTENDANCE:

Kieran Betts, Corporate Governance Officer

Rose Cooper, Deputy Head of Corporate Governance

Clare Edwards, Associate Director for Corporate Governance

Sharon Prince, Consultant Clinical and Forensic Psychologist / Senior Responsible Officer, Synergi Leeds Partnership

Action

26/001 Welcome and introductions (agenda item 1)

Merran McRae opened the meeting at 1pm and welcomed everyone.

26/002 Apologies for absence (agenda item 2)

Apologies were noted from the following governors: Comfort Akinbobola (Public Governor); Nicola Binns (Clinical Staff Governor); Matthew Knight (Public Governor); Richard Malkin (Public Governor); Matthew McGonagle (Public Governor); Carole Myers (Service User Governor); Dr Ivan Nip (Public Governor); and Becky Oxley (Service User Governor).

Apologies from Non-executive Directors had been received from Cleveland Henry and Kaneez Khan.

The meeting was quorate.

26/003 Changes to any declarations of interest and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

No governor advised of any change to their declaration of interests or declared any conflict of interest in respect of agenda items.

26/004 Sharing Stories: Synergi-Leeds (agenda item 4)

The Council received a presentation on Synergi-Leeds from Sharon Prince. Firstly, Sharon discussed the current racial inequalities in mental health and explained the Synergi-Leeds partnership theory of change to improve mental health outcomes for ethnically diverse communities and to narrow racial inequalities in mental health. She then outlined the approach, key networks and current workstreams of Synergi-Leeds and details of their grants programme which funded community organisations to support the mental health of people from ethnically diverse communities. The Council also heard about the use of creative spaces to enable service users to constructively challenge and share their experiences.

Sharon Rai asked for more information on the initiatives to reduce stigmatisation and racial inequity in and out of mental health services. Sharon Prince outlined various initiatives including the system-wide anti-stigma campaign and the racial equity community of practice at the Trust which focused on addressing structural racism in services; however, she emphasised that reducing stigma was the responsibility of everyone and that more needed to be done in an effective and impactful way. Sharon

Rai also highlighted the inequalities in terms of access to psychological therapies and Sharon Prince talked about the demand for culturally diverse therapists and the potential opportunities to work with the third sector to improve the availability of diverse therapists. Sharon Rai then asked what challenges could affect the advancement of grassroots and community-led initiatives. Sharon Prince discussed issues relating to funding and short-term contracts, noting that the third sector was often disproportionately affected by cost savings.

Amy Pratt asked how governors could hold non-executive directors to account to ensure they are scrutinising issues through a racialised lens. Katy Wilburn referred to work that the Mental Health Legislation Committee had commissioned into disproportionate detentions which had generated useful recommendations and learning. Sharon Prince highlighted the importance of having diversity in leadership, appropriate care pathways and community interventions as well as strong relationships between providers. She also emphasised the importance of taking action as well as collecting and reviewing data.

Miranda Arieah asked how governors and those with lived experience could create transformation and redesign services. Sharon Prince discussed the importance of having the psychological safety to ask questions, being able to evidence that something could be provided more effectively in a different way and realigning funds and resources accordingly. She also talked about working flexibly and building collaboration and trust.

The Council thanked Sharon Prince for the informative presentation.

The Council **received** the presentation on Synergi-Leeds and **thanked** Sharon Prince for the information provided.

Sharon Prince left the meeting.

26/005 Minutes of the public Council of Governors’ meeting held on the 22 July 2025
(agenda item 5.1)

The minutes of the public Council of Governors’ meeting held on the 22 July 2025 were **approved** as a true record.

26/006 Minutes of the Annual Members’ Meeting held on the 29 July 2025 – for information (agenda item 5.2)

The minutes of the Annual Members’ Meeting held on the 29 July 2025 were **received** for information.

26/007 Matters arising (agenda item 6)

The Council **agreed** that there were no matters arising that were not either on the agenda or on the action log.

26/008 Questions from members of the public for the Council of Governors (agenda item 6.1)

The Council did not receive any questions from members of the public.

26/009 Cumulative Action Log – actions outstanding from previous public meetings (agenda item 7)

The Council **received** the cumulative action log, **noted** the updates provided, and **agreed** the actions reported as complete.

26/010 Report from the Chair of the Trust (agenda item 8)

Merran McRae presented her report and summarised the key points. Merran noted that since the last Council of Governors' meeting in November 2025, Gail Harrison, Cllr Fiona Venner and Anne Toone had left the Council. She also noted that it was Nicola Binns' last meeting as a clinical staff governor. She noted her thanks on behalf of the Council for the hard work and dedication that Gail, Fiona, Anne and Nicola had given to the role of governor. Merran then welcomed Cllr Emma Flint, the new appointed governor representing Leeds City Council. She also noted that Dominique Burley had joined the Council as an appointed governor representing Volition Leeds, specifically learning disabilities, and her first formal meeting would be on the 7 July 2026.

Merran then congratulated Amy Pratt on being elected as the Lead Governor on the 12 January 2026. She informed the Council that Amy had joined the Appointments and Remuneration Committee (ARC) which meant that there was now one vacant seat on this Committee should any governor wish to join. She asked any interested governors to contact the Corporate Governance Team for more information.

The Council **received** the report and **noted** the information provided.

26/011 Report from the Chief Executive (agenda item 9)

Dr Sara Munro introduced her Chief Executive's Report which included updates from across the Trust and local partnership. Sara summarised the updates on the Leeds Poverty Truth Commission; staff engagement, medium-term planning and the alignment with Leeds Community Healthcare NHS Trust (LCH). Sara also referenced the upcoming Care Quality Commission (CQC) well-led inspection and the recent unannounced inspections of two core services and shared positive news that Mill Lodge and Red Kite View had recently been rated as 'good' following their inspection in October 2025.

Gabriella Obeng Nyarko noted that the "Claims and Complaints Management" internal audit report had received an opinion of low assurance and asked how this would be addressed. Sara responded that the Quality Committee was overseeing the improvements around this.

Gabriella also referenced some issues regarding the timeliness of invoices being paid to third sector organisations. Sara responded that the Trust's performance regarding the payment of invoices was monitored against the national standard and performance had improved with payments to small and medium sized entities being prioritised.

The Council **received** the report from the Chief Executive and **noted** the updates provided.

26/012 Finance Update (agenda item 10)

The Council received the report from Katy Wilburn, Chair of the Finance and Performance Committee, who provided an overview of the Trust's financial position at month 10. She highlighted the updates on capital expenditure and the ongoing work to understand and reduce Bank usage across the Trust.

Peter Ongley noted the areas of overspend in the Capital Plan for 2025/26 and asked if this was scrutinised at committee level. Katy confirmed that the Finance and Performance Committee would query areas of overspend and review trends in spending over time. However, Martin Wright reassured the Council that the overspends that Peter referred to were within the materiality level set by the external auditors. He then explained that the Trust was moving away from reporting against budget towards reporting against run rate as this was considered more informative for financial planning and this was a current focus of the Committee.

Cllr Ian Cuthbertson then asked how the Trust anticipated future risk with regard to expenditure and Martin explained that all strategic risks, including those relating to financial sustainability, were managed through the Board Assurance Framework and examined in detail at committee level on behalf of the Board.

Nicola Lister asked if the Finance and Performance Committee scrutinised the Trust's capital expenditure, noting the restrictions in place around capital funding. Katy and Martin confirmed that the Committee regularly monitored capital expenditure and went on to explain how spend was managed on an annual basis within the capital envelope and between partners across the West Yorkshire system.

The Council **received** the update on the Trust's financial position for information.

26/013 Report from the Chair of the Finance and Performance Committee: 27 January 2026 (agenda item 11.1)

Katy Wilburn introduced the report from the recent Finance and Performance Committee meeting and summarised the key points. The Council had no questions or queries on the information provided.

The Council **received** the report from the Chair of the Finance and Performance Committee.

26/014 Report from the Chair of the Audit Committee: 20 January 2026 (agenda item 11.2)

Martin Wright introduced the report from the recent Audit Committee meeting and summarised the key points. He referred to the internal audits that had been reviewed at the January meeting and outlined the findings of each audit.

The Council noted that the "Claims and Complaints Management" internal audit had received an opinion of low assurance and asked for more information on this and assurance on how this would be addressed. The Council received more detail on the remit of the internal audit which focused on the processes and timescales for managing and responding to complaints with recommended actions having been agreed to make improvements where needed. The Council noted that the findings of the audit had been referred to the Quality Committee who had responsibility for overseeing the quality aspect of claims and complaints and monitoring performance and trends over time. The Council noted that the recommended actions were due to be completed in the coming months. It was agreed that further information and assurance on the Trust's claims and complaints process would be scheduled for a future meeting.

NS

The Council also asked whether the CQC examined the Trust's performance with regard to internal audits, particularly those relating to quality, and Martin confirmed that this was an area scrutinised by the CQC as part of their well-led inspection framework.

The Council **received** the report from the Chair of the Audit Committee.

26/015 Reports from the Chair of the Quality Committee: 11 December 2025 and 15 January 2026 (agenda item 11.3)

Prof Frances Healey introduced the reports from recent Quality Committee meetings and summarised the key points. She provided more detail on the plans to streamline the 2025/26 Quality Account so that it focused on the statutory content in order to avoid duplication with the Trust's Annual Report and to reduce the workload for the staff who produce it. She then referred to the question asked earlier in the meeting about how to hold non-executive directors to account in relation to racial and other inequalities. She explained what process the Quality Committee had in place to receive assurance on how different service lines were improving equity with regard to the specific care they provide.

Miranda highlighted the importance of having lived experience of mental health services on the Trust's Board of Directors. Merran and Sara responded that having lived experience was a desirable but not essential criteria and there was no requirement for Board members to declare this information. They explained the essential technical skills and experience required for the role, for example financial, clinical or workforce related. They went on to explain that one of the main duties of the Board was to ensure that the Trust had adequate and effective governance systems in place and emphasised that the Board was not responsible for making clinical or operational decisions.

The Council then discussed the importance of people with lived experience being involved in designing and evaluating services and Merran reassured the Council that there were various mechanisms in place to do this. Sara explained that it was part of the Board's responsibility to seek assurance on this matter and noted that the 'sharing stories' session which took place at each Board meeting was an opportunity to hear about patient involvement directly from the services. The Council noted the information provided.

Miranda also asked for more information on the ethnic diversity of the Trust's Board members and Sara confirmed that the gender and ethnicity of the Board was recorded publicly. The Council noted that the Trust measured its progress against the Workforce Race Equality Standard which aimed to improve workplace experiences for ethnic minority staff and ensure that recruitment practices were fair and equitable.

Victoria Thomson then asked if the Quality Committee could be assured that the feedback gathered from service users reflected people's true experiences and queried if there should be a means of collecting feedback independently. Frances explained the various ways in which feedback was gathered routinely and outlined what information and assurance was provided to the Quality Committee in terms of outcome data and self-reported clinical scales. She went on to explain that more in depth feedback would be collected on a wider scale when looking to change or expand a service.

The Council **received** the reports from the Chair of the Quality Committee.

26/016 Report from the Chair of the Workforce Committee: 4 December 2025 (agenda item 11.4)

Zoe Burns-Shore introduced the report from the recent Workforce Committee meeting and summarised the key points.

The Council noted that the Workforce Committee had received an update on the Leeds Recovery College wellbeing programme for staff and received confirmation that wellbeing outcomes for service users would be scrutinised by the Quality Committee. The Council also received assurance on the support in place for volunteers following an incident, noting that they would have access to the same support as substantive staff and received confirmation that this data was monitored by the Workforce Committee.

The Council then had a discussion on the Trust's Bank workforce and the flexible working arrangements available to this group of staff. Katy explained that the Finance and Performance Committee received regular updates on how Bank staff were used, noting that they often had a preference to work unsociable shifts, and received assurance on the work to reduce the numbers of agency staff in the organisation and therefore improve continuity of care.

A member of the Council noted that on occasion there could be a disparity between the care received from temporary workforce such as Bank and agency staff, compared to substantive staff and highlighted the importance of temporary staff being aware of patient triggers. Merran acknowledged that maintaining quality of care was an important and challenging issue. She noted that this had been raised at a recent Board meeting, and actions had been agreed for executive directors to look into the issues in more detail. She suggested that an update on this could be provided at the next Council meeting. The Council also heard about the Culture of Care Programme which had been rolled out across some inpatient services to improve the safety and culture of wards.

NS

The Council **received** the report from the Chair of the Workforce Committee.

26/017 Combined Quality, Workforce and Service Performance Report (agenda item 11.5)

The Committee received the Combined Quality, Workforce and Service Performance Report and noted compliance against the Trust's high-level metrics and mandated standards up to the end of December 2025. The Council did not have any specific questions or queries on the report.

The Council **noted** the information provided.

26/018 Update on request to consider care experienced as a protected characteristic
(agenda item 12)

Zoe Burns-Shore thanked the Council for raising this issue and summarised the actions being taken by the organisation to support care leavers into employment at the Trust, including the introduction of guaranteed interviews for care leavers who meet the minimum criteria for the role. The Council noted that some care leavers may require additional support and mentoring, which may require bespoke training for staff, and Zoe confirmed that this was an area that had been considered by the Workforce Committee.

Cllr Emma Flint then informed governors about The Care Leavers Council in Leeds and suggested that they might have valuable experiences to share. It was agreed that The Care Leavers Council would be invited to take part in a 'sharing stories' session at a future Council of Governors' meeting.

CGT

The Council noted the progress made with support for care leavers and highlighted the efforts of Cllr Fiona Venner in championing this work. Amy suggested that a record was kept of instances when the Council had provided constructive challenge and achieved a positive outcome. It was agreed that the Corporate Governance Team would consider how best to approach this.

CGT

The Council **received** the update and **noted** that the inclusion of care leaver candidates within the Guaranteed Interview Scheme was **approved** by the Workforce Committee in December 2025.

26/019 Annual Strategic Risk Analysis (agenda item 13)

Clare Edwards introduced the paper which advised the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). She explained that the BAF was a document received by the Board and its committees so they could be assured that these risks were being effectively controlled. She went on to outline the governance process in place to effectively control and mitigate the risks and noted that the BAF was due to be reviewed in April 2026 for the new financial year. The Council received confirmation that the Trust had separate processes, policies and procedures for managing clinical and operational risks which sat beneath the BAF.

The Council was **assured** that the Board of Directors had agreed the strategic risks and that those risks were monitored by the Board and its committees to ensure they were being effectively controlled and mitigated.

26/020 Support for the Appointment of the Senior Independent Director (agenda item 14)

The Council was reminded that it was the role of the Board of Directors to appoint one of the independent non-executive directors (NEDs) to be the Senior Independent Director (SID). The Council noted that the SID was one route open to governors to raise concerns should they need to.

Merran informed the Council that at its meeting on the 29 January 2026, the Board of Directors had agreed that Zoe Burns-Shore would step into the role of SID with effect from 1 April 2026 for a period of two years. The Council supported this appointment.

The Council **supported** the appointment of Zoe Burns-Shore as the Senior Independent Director with effect from 1 April 2026 for a period of two years.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 3:37pm. She thanked governors and members of the public for their attendance.

Cumulative action report for the Public Council of Governors’ meeting

Open actions

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>26/016 - Report from the Chair of the Workforce Committee: 4 December 2025 (February 2026 - agenda item 11.4)</p> <p>A member of the Council noted that on occasion there could be a disparity between the care received from temporary workforce such as Bank and agency staff, compared to substantive staff and highlighted the importance of temporary staff being aware of patient triggers. Merran noted that this had been raised at a recent Board meeting, and actions had been agreed for executive directors to look into the issues in more detail. She suggested that an update on this could be provided at the next Council meeting.</p>	<p>Nichola Sanderson</p>	<p>7 July 2026</p>	<p>A response to this action has been provided as Appendix 1 to the cumulative action log.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>25/010 - Presenting our New Five-Year Strategy (February 2025 - agenda item 8)</p> <p>Carole Myers highlighted that awareness around domestic violence was missing from the Strategy and suggested this was included. Joanna Forster Adams informed the Council that the five-year Care Services Strategic Plan was being refreshed according to the new Trust Strategy and as part of this review she would look at including domestic violence as an element of the trauma-informed work.</p>	<p>Alison Kenyon / Joanna Forster Adams</p>	<p>7 July 2026</p>	<p>A verbal update on the Care Services Strategic Plan to be included in the Strategic Updates item at July CoG.</p>
<p>25/048 - Sharing Stories: The Acute Liaison Psychiatry Service (July 2025 - agenda item 4)</p> <p>The Council discussed the over-representation of black, and minority ethnic men sectioned under the Mental Health Act. The Council heard about what equality and diversity training was available to staff, the ongoing work to reduce health inequalities, and the research done by the Synergi Collaborative on early mental health interventions in schools. It was agreed that an item would be scheduled for a future Council of Governors' meeting on the Health Equity Strategic Plan alongside an update from Synergi-Leeds to provide further information and assurance on this matter.</p>	<p>Sharon Prince / Sophie Valinakis</p>	<p>6 October 2026</p>	<p>An update on Synergi-Leeds was received at the February 2026 meeting.</p> <p>The Head of Health Equity will present progress against the Patient and Carer Race Equality Framework (PCREF) action plan at the October meeting. This specifically includes the action to address the over-representation of black, and minority ethnic men sectioned under the Mental Health Act. The Head of Health Equity works with colleagues in the People and Organisational Development directorate and an update on training will be included in this session with CoG.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>26/014 - Report from the Chair of the Audit Committee: 20 January 2026 (February 2026 - agenda item 11.2)</p> <p>The Council noted that the “Claims and Complaints Management” internal audit had received an opinion of low assurance. It was agreed that further information and assurance on the Trust’s claims and complaints process would be scheduled for a future meeting.</p>	<p>Nichola Sanderson</p>	<p>6 October 2026</p>	<p>This has been added to the forward plan for the October meeting.</p>
<p>26/018 - Update on request to consider care experienced as a protected characteristic (February 2026 - agenda item 12)</p> <p>Cllr Emma Flint informed governors about The Care Leavers Council in Leeds and suggested that they might have valuable experiences to share. It was agreed that The Care Leavers Council would be invited to take part in a ‘sharing stories’ session at a future Council of Governors’ meeting.</p>	<p>Corporate Governance Team</p>	<p>6 October 2026</p>	<p>This has been added to the forward plan for the October meeting.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>25/041 - Learning from Patient Safety Incident Investigations (May 2025 - agenda item 14)</p> <p>It was agreed that an item on clinical governance and clinical audit would be scheduled for a future meeting to provide more information and assurance on this process.</p>	<p>Chris Hosker</p>	<p>25 February 2027</p>	<p>This has been added to the forward plan for the February 2027 meeting.</p>
<p>25/010 - Presenting our New Five-Year Strategy (February 2025 - agenda item 8)</p> <p>An issue was raised on behalf of one of the service user governors about the location of appointments not being accessible to those with physical disabilities. Dawn Hanwell informed the Council that the Trust's Strategic Estates Plan (SEP) covered these issues in more detail and was currently being finalised ahead of being presented to the Board of Directors' meeting in March 2025. It was agreed that an item on the SEP would be scheduled for a future Council of Governors' meeting.</p>	<p>Dawn Hanwell</p>	<p>TBC</p>	<p>Updates on actions relating to the Trust's estate will be scheduled for a future Council meeting once the estate implications of the merger with Leeds Community Healthcare NHS Trust have been worked through.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>25/032 - Report from the Lead Governor (May 2025 - agenda item 9)</p> <p>It was agreed that an overview of the Private Finance Initiative (PFI) and what the end of the contract will mean for the Trust would be scheduled for a future meeting.</p>	<p>Dawn Hanwell</p>	<p>TBC</p>	<p>At the May 2025 meeting, it was agreed that this PFI update would cover the condition of the Trust's PFI estate and the Trust's plan for upgrading the PFI buildings once purchased and bringing them up to standard in terms of sustainability.</p> <p>Updates on actions relating to the Trust's estate will be scheduled for a future Council meeting once the estate implications of the merger with Leeds Community Healthcare NHS Trust have been worked through.</p>
<p>Opportunity to Receive Questions from Members of the Public (Annual Members' Meeting - 29 July 2025 - 25/010)</p> <p>Mrs Hanwell to review the membership composition of the Strategic Estates Board to explore whether service users and carers could be represented on the Board in order for them to provide lived experience feedback on the estates of community services provided by the Trust.</p>	<p>Dawn Hanwell</p>	<p>Management Action (September 2026)</p>	<p><u>ACTION FROM THE ANNUAL MEMBERS' MEETING</u></p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>26/018 - Update on request to consider care experienced as a protected characteristic (February 2026 - agenda item 12)</p> <p>The Council noted the progress made with support for care leavers and highlighted the efforts of Cllr Fiona Venner in championing this work. Amy Pratt suggested that a record was kept of instances when the Council had provided constructive challenge and achieved a positive outcome. It was agreed that the Corporate Governance Team would consider how best to approach this.</p>	<p>Corporate Governance Team</p>	<p>Management action</p>	<p><u>COMPLETE</u></p> <p>It has been agreed with the Lead Governor that examples such as this will be included in the Lead Governor presentation at the Annual Members' Meeting.</p>

Historic closed actions

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>24/009 - Report from the Chief Executive (February 2024 - agenda item 9)</p> <p>The Council noted that Sara Munro had joined the Leeds Poverty Truth Commission, and it was agreed that a more detailed update on this would come to a future meeting.</p>	<p>Sara Munro</p>	<p>26 February 2026</p>	<p>An update on the Leeds Poverty Truth Commission was included in the Report from the Chief Executive to the February Council of Governors' meeting.</p>
<p>Opportunity to Receive Questions from Members of the Public (Annual Members' Meeting - 30 July 2024 - 24/009)</p> <p>It was agreed that consideration would be given as to whether the Trust would recognise "care experienced" as a recognised protected characteristic at a future Council of Governors meeting.</p>	<p>Darren Skinner / Zoe Burns-Shore</p>	<p>26 February 2026</p>	<p><u>ACTION FROM THE ANNUAL MEMBERS' MEETING</u></p> <p>The Council of Governors asked the Workforce Committee to explore the possibility of making "care experienced" a recognised protected characteristic at the Trust. This was considered by the Workforce Committee in December 2025, and an update was included in the papers for the February Council of Governors' meeting.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>25/050 - Matters arising (July 2025 - agenda item 6)</p> <p>Cllr Venner referred to an issue raised at the May Council meeting regarding the Mental Health Crisis Helpline only speaking to a family member of a person in crisis if they were the nearest relative, which meant that other family members or friends were unable to access the service, and this contradicted how the helpline was supposed to operate.</p> <p>Joanna Forster Adams informed the Council that Alison Kenyon was progressing this with the relevant people. Joanna agreed to feedback to Cllr Venner on the issue directly and then report an update to the February Council of Governors' meeting.</p>	<p>Joanna Forster Adams / Alison Kenyon</p>	<p>Management action (26 February 2026)</p>	<p>The Deputy Director of Service Development clarified with the NHS 111 Mental Health Crisis Helpline that this is now resolved and that a carer or anyone with a concern for someone in a mental health crisis can speak with 111.</p>

Meeting of the Council of Governors

Background

It was noted that on occasion there could be a disparity between the care received from temporary workforce such as Bank and agency staff, compared to substantive staff and highlighted the importance of temporary staff being aware of patient triggers. It was acknowledged that maintaining quality of care was an important and challenging issue. It was also noted that this had been raised at a recent Board meeting, and actions had been agreed for executive directors to look into the issues in more detail. It was suggested that an update on this could be provided at the next Council meeting.

Update

Our temporary workforce play an important role in maintaining safe staffing levels within our organisation. They provide care within our services where for example, there may be vacancies, sickness absence or increased demand. They are a valuable part of the workforce who bring a range of experience to our environments and support the organisation to work flexibly to meet the needs of the people we serve.

It is acknowledged that temporary staff may not know service users as well as substantive staff, which may make it more challenging to build therapeutic relationships. To support our staff teams to provide high-quality care, there are a number of mechanisms in place, including:

- Patient centred care plans.
- Clinical risk assessments.
- Safety plans where required.
- Use of the handover meeting within ward environments.
- The introduction of safety huddles in several of our clinical services.

Individualised care plans and risk assessments should provide clear information about each service user's needs, preferences, risks and recovery goals, ensuring that all staff, including temporary workers, can deliver consistent and therapeutic care. These, along with safety plans, help staff understand early warning signs, triggers, protective factors and agreed interventions, enabling timely and appropriate responses to changes in presentation.

Structured handovers on ward environments ensure that critical information regarding risk, observation levels, medication, safeguarding concerns and planned interventions is communicated effectively. In addition, daily safety huddles have been introduced to a number of our inpatient areas. The goal of safety huddles is to proactively identify risks, enhance team communication, and reduce the risk of harm, promoting shared situational awareness.

Together, the above mentioned processes help maintain continuity, safety and quality of care, while ensuring that service users remain at the centre of all clinical decision-making. This includes supporting our temporary workforce to be aware of patient triggers. There are currently improvement workstreams within the organisation aimed at strengthening our approach to both safety planning and care planning. There has also been a recent change to the way in which risk assessment is carried out in the Trust, aligning us with the national guidance and an evaluation has recently been completed.

At a recent meeting of the Board of Directors, it was agreed that assurance and more detail on bank staff usage for shifts and the percentage used for enhanced observations would be provided as part of the bi-monthly Safer Staffing Report. Since this time, temporary staff usage and the percentage requested for enhanced observations has been provided. The most recent report to the Board of Directors showed that the data available indicated that enhanced observations accounted for an average of 36% of bank staff usage. Enhanced observations remain one of the primary drivers for additional staffing requirements on inpatient wards, alongside vacancies. Our temporary staffing use continues to be monitored within the Safer Staffing Steering Group.

The Trust continues to work to reduce the use of temporary staff within the organisation with improvement workstreams being reported on a regular basis. These include reducing our Health Support Worker vacancies, engagement in the Enhanced Therapeutic Observation and Care Programme and the Trusts annual establishment review process.

Conclusion

It is recognised that temporary staff are essential in ensuring that our services are safely staffed and the organisation is able to work flexibly to meet the needs of the people we care for.

There are mechanisms in place to support our temporary workforce to best meet the needs of patients and there are currently improvement workstreams to review some of these key processes.

The Board of Directors requested that bank staff usage and the percentage used for enhanced observations is provided as part of the bi-monthly safer staffing report. This is in place and these reports are available on the Trusts website for public access.

Miriam Blackburn
Head of Nursing
22nd June 2026

Meeting of the Council of Governors

Paper title:	Report from the Chair of the Trust
Date of meeting:	7 July 2026
Presented by: (name and title)	Merran McRae, Chair of the Trust
Prepared by: (name and title)	Kerry McMann, Head of Corporate Governance Rose Cooper, Deputy Head of Corporate Governance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	✓
SO3	We use our resources to deliver effective and sustainable services.	✓

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Executive summary

The Chair's Report provides the Council of Governors with updates on:

- Changes to the membership of the Council of Governors, the Board of Directors and the Appointments and Remuneration Committee
- Elections to the Council of Governors and the Appointments and Remuneration Committee
- Lead governor elections
- Details of Non-executive Director and Governor attendance at meetings

- Recently undertaken and upcoming learning visits

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? **No**.

Recommendation

The Council of Governors is asked to:

- Note the information provided within the report.

Meeting of the Council of Governors

7 July 2026

Report from the Chair of the Trust

1 Changes to the membership of the Council of Governors

Since the February 2026 Council of Governors' meeting the following changes to the membership of the Council have taken place:

- Miranda Arieah resigned on 5 March 2026
- Becky Oxley resigned on 11 March 2026
- Matthew Knight resigned on 17 March 2026
- Nicola Binns came to the end of her term of office on 26 March 2026 and decided not to stand for re-election.

I would like to extend my sincere thanks on behalf of the Council for all the hard work and dedication that Miranda, Becky, Matthew and Nicola have given to the role of governor.

2 Governor election update

Our latest round of governor elections concluded on 26 March 2026 and I am pleased to announced that the following individuals were elected:

- Peter Ongley – Carer: Leeds (re-elected)
- Amy Pratt – Staff: Clinical (re-elected)
- Ann Robinson – Carer: Leeds
- Thabani Fingi Mlotshwa – Staff: Clinical
- Brian Coupe – Staff: Clinical
- Richard Hattersley – Public: Leeds
- Katy Mallender-Ward – Public: Leeds
- Gaadha Jayaprakash – Staff: Non-Clinical
- Craig Bromyard – Staff: Non-Clinical

Soon after the election, we were advised that due to a change in personal circumstances, Ann Robinson was unable to take up her seat on the Council and she stepped down.

On 19 May 2026 there was a Governor Induction session where I had the pleasure of meeting some of our new governors. I would like to congratulate all our new governors who have been elected and welcome them the Council. I would also like to welcome Amy and Peter back to the Council as they were re-elected. I very much look forward to working with you all.

As of writing this report, I can advise the following seats are unfilled:

- Public: York and North Yorkshire (one seat)
- Carer: Leeds (two seats)
- Carer: York and North Yorkshire (one seat)
- Service user: Leeds (one seat)
- Service user: York and North Yorkshire (one seat)
- Service user and carer: Rest of UK (one seat)

3 Changes to the membership of the Appointments and Remuneration Committee (ARC)

Since the February 2026 Council of Governors' meeting the following change to the membership of the ARC has taken place:

- Matthew Knight was removed as a member when he stepped down from his governor role.

The current membership is: Merran McRae, Nicola Lister, Peter Ongley and Amy Pratt.

There are two vacant seats on the ARC should any governor wish to join. Please contact the Corporate Governance Team if you are interested.

4 Changes to the membership of the Board of Directors

Since the February 2026 Council of Governors' meeting there have been two changes to the membership of the Board of Directors.

On 31 March 2026, Cleveland Henry stood down after six years on the Board. On behalf of the Council of Governors I would like to thank Cleveland for his hard work and dedication to the work of the Trust and wish him all the very best in his future endeavours.

On 1 April 2026, Lynne Mellor joined the Board as a Non-executive Director. I would like to take this opportunity to welcome Lynne to the Trust.

It should also be noted that as of 1 April 2026, Zoe Burns-Shore became the nominated Senior Independent Director.

5 Non-executive Directors' attendance at Board meetings (rolling 12 months)

- ✓ Shows attendance
- Indicates those non-executive directors who sent apologies
- Indicates when a non-executive director was not eligible to attend the meeting.

Name	22 July 2025 (extraordinary)	31 July 2025	25 September 2025	7 November 2025 (extraordinary)	27 November 2025	12 December 2025 (extraordinary)	29 January 2026	10 February 2026 (extraordinary)	26 March 2026	28 May 2026	18 June 2026 (extraordinary)
Merran McRae (Chair)	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	-
Zoe Burns-Shore	✓	-	✓	✓	✓	-	✓	✓	✓	✓	✓
Frances Healey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cleveland Henry	-	✓	✓	-	✓	-	✓	-	✓	■	■
Kaneez Khan	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓
Lynne Mellor	■	■	■	■	■	■	■	■	✓	✓	✓
Katy Wilburn	-	✓	-	✓	✓	-	✓	✓	-	✓	✓
Martin Wright	✓	✓	✓	-	✓	✓	✓	-	✓	✓	✓

6 Executive Directors' attendance at Board meetings (rolling 12 months)

- ✓ Shows attendance
- Indicates those executive directors who sent apologies
- Indicates when an executive director was not eligible to attend the meeting.

Name	22 July 2025 (extraordinary)	31 July 2025	25 September 2025	7 November 2025 (extraordinary)	27 November 2025	12 December 2025 (extraordinary)	29 January 2026	10 February 2026 (extraordinary)	26 March 2026	28 May 2026	18 June 2026 (extraordinary)
Sara Munro	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joanna Forster Adams	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓
Dawn Hanwell	✓	✓	✓	✓	✓	✓	-	✓	✓	✓	✓
Chris Hosker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Darren Skinner	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	✓
Nichola Sanderson	-	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

7 Non-executive Directors' attendance at Council of Governors' meetings (rolling 12 months)

- ✓ Shows attendance
- Indicates those non-executive directors who sent apologies
- Indicates when a non-executive director was not eligible or not required to attend the meeting.

Name	22 July 2025	7 November 2025 (extraordinary private)	10 November 2025 (extraordinary private)	26 February 2026	24 March 2026 (extraordinary private)	9 June 2026 (extraordinary private)
Merran McRae (Chair)	✓	✓	✓	✓	✓	✓
Frances Healey	✓	■	■	✓	■	■
Cleveland Henry	✓	✓	■	-	■	■
Kaneez Khan	✓	■	■	-	■	■
Martin Wright	✓	■	■	✓	■	■
Katy Wilburn	-	■	■	✓	■	■
Zoe Burns-Shore	✓	■	■	✓	■	■

8 Non-executive Directors' attendance at Board committee meetings (rolling 12 months)

- ✓ Shows attendance
- Indicates those non-executive directors who sent apologies
- Indicates when a non-executive director was not eligible to attend the meeting.

Audit Committee	15 July 2025	21 October 2025	20 January 2026	14 April 2026	16 June 2026
Martin Wright	✓	✓	✓	✓	✓
Frances Healey	✓	✓	✓	✓	✓
Cleveland Henry	✓	✓	-	■	■
Lynne Mellor	■	■	■	✓	✓

Workforce Committee	7 August 2025	27 October 2025	4 December 2025	19 February 2026	16 April 2026	18 June 2026
Kaneez Khan	✓	-	✓	✓	✓	✓
Zoe Burns-Shore	✓	✓	✓	✓	✓	✓
Martin Wright					-	✓

Finance and Performance Committee	28 July 2025	23 September 2025	28 October 2025	25 November 2025	27 January 2026	24 March 2026	28 April 2026	26 May 2026
Cleveland Henry	✓	✓	✓	✓	✓	✓		
Martin Wright	✓	✓	✓	✓	✓	✓	✓	✓
Katy Wilburn	✓	-	✓	✓	✓	✓	✓	✓
Lynne Mellor							✓	✓
Kaneez Khan							-	✓

Mental Health Legislation Committee	5 September 2025	4 November 2025	10 February 2026	12 May 2026
Kaneez Khan	✓	-	✓	✓
Katy Wilburn	✓	✓	✓	✓
Frances Healey				✓

Quality Committee	10 July 2025	11 September 2025	9 October 2025	13 November 2025	11 December 2025	15 January 2026	12 February 2026	12 March 2026	9 April 2026	14 May 2026	11 June 2026
Frances Healey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zoe Burns-Shore	✓	✓	✓	-	✓	✓	✓	✓	✓	-	-
Merran McRae				✓							
Katy Wilburn										✓	-

9 Governors' attendance at Council of Governors' meetings (rolling 12 months)

- ✓ Shows attendance
- Indicates those governors who sent apologies
- Indicates when a governor was not eligible to attend the meeting.

COUNCIL BUSINESS MEETINGS ATTENDED

Name	Appointed (A) or elected (E)	COUNCIL BUSINESS MEETINGS ATTENDED					
		22 July 2025	7 November 2025 (extraordinary)	10 November 2025 (extraordinary)	26 February 2026	24 March 2026 (extraordinary)	9 June 2026 (extraordinary)
Comfort Akinbobola	E	■	-	-	-	-	-
Ian Andrews	E	✓	■	■	■	■	■
Miranda Arieih	E	-	-	-	✓	■	■
Oliver Beckett	E	-	■	■	■	■	■
Nicola Binns	E	✓	-	-	-	-	■
Craig Bromyard	E	■	■	■	■	■	✓
Dominique Burley	A	■	■	■	-	-	✓
Brian Coupe	E	■	■	■	■	■	✓
Ian Cuthbertson	A	✓	✓	✓	✓	✓	✓
Tessa Denham	A	✓	■	■	■	■	■
Thabani Fingi Mlotshwa	E	■	■	■	■	■	✓
Emma Flint	A	■	■	■	■	-	-
Les France	E	✓	■	■	■	■	■
Gail Harrison	E	✓	-	✓	■	■	■

COUNCIL BUSINESS MEETINGS ATTENDED

Name	Appointed (A) or elected (E)	COUNCIL BUSINESS MEETINGS ATTENDED					
		22 July 2025	7 November 2025 (extraordinary)	10 November 2025 (extraordinary)	26 February 2026	24 March 2026 (extraordinary)	9 June 2026 (extraordinary)
Richard Hattersley	E						-
Gaadha Jayaprakash	E						-
Matthew Knight	E	-	-	✓	-		
Nicola Lister	E	✓	✓	✓	✓	✓	✓
Katy Mallender-Ward	E						✓
Richard Malkin	E		✓	-	-	-	-
Matthew McGonagle	E		-	-	-	✓	-
Carole Myers	E	✓	-	✓	-	✓	-
Ivan Nip	E	-	-	-	-	-	-
Gabriella Obeng Nyarko	A	✓	-	✓	✓	-	-
Peter Ongley	E	✓	✓	✓	✓	✓	-
Becky Oxley	E	-	✓	-	-		
Amy Pratt	E	-	✓	✓	✓	✓	✓
Sharon Rai	E		✓	✓	✓	✓	-
Adam Redhead	E	-	✓	✓	✓	✓	-
Ann Robinson	E						
Jon Salway	E	✓					
Victoria Thomson	E		✓	✓	✓	✓	✓
Anne Toone	E	-	-	-			
Fiona Venner	A	✓	✓	-			

The table above details the number of Council meetings that governors have attended.

Governors are expected to attend Council meetings wherever possible, however, it is recognised there may be legitimate reasons why this is not possible. Attendance by governors is recorded in the minutes by the Corporate Governance Team. Any instance where a governor has missed two or more meetings per *financial year* is discussed by the Chair of the Trust and the Associate Director for Corporate Governance and if needed with the governor concerned. There is an assessment of the reason/s for absence from meetings and any extenuating circumstances. If having reviewed attendance, there is a need for the Council to consider the matter of non-attendance for any governor a separate report will be made to the Council for consideration.

Governors are reminded of the importance of letting the Corporate Governance Team know if they are not

going to be at any of the meetings. They must do this prior to the meeting taking place. That way we can be aware if we are not going to be quorate and then manage the business of the meeting accordingly.

10 Non-executive Director and Governor learning visits

Governors are reminded they are invited to join our Non-executive Directors on learning visits. Attached on the next page is an update on the programme of learning visits which have been arranged so far.

The following table lists the learning visits that have recently taken place and those scheduled for the near future.

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
20 November 2025	Memory Assessment Service	St Mary's House, St Mary's Road, Leeds, LS7 3JX	Kirsty Oddy, Interim Clinical Team Manager	Merran McRae	Sharon Rai
4 December 2025	Assertive Outreach Team	Asket Croft, Leeds, LS14 1PP	Helen Morris, Clinical Team Manager	Merran McRae	N/A
14 January 2026	EMERGE Leeds (Complex Emotional Needs Service)	The Small Mill, Chadwick Street, Leeds, LS10 1LJ	David Rowley, Head of Operations	Martin Wright	Vicky Thomson
5 March 2026	York Low Secure Forensic Service	Clifton House, Bluebeck Drive, Shipton Road, Rawcliffe, York, YO30 5RA	Josef Faulkner, Head of Operations	Merran McRae	Ian Cuthbertson

Leeds and York Partnership

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
5 May 2026	Acute Inpatient Services	Wards 1 & 4, The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Laura McDonagh, Head of Operations Paula Garrigan, Matron	Katy Wilburn	Nicola Lister
3 June 2026	Mill Lodge Inpatient Service	Mill Lodge, 520 Huntington Road, York, YO32 9QA	Kay Lawn, Head of Operations	Katy Wilburn	Ian Cuthbertson
July / August 2026	Leeds Autism Diagnostic Service and Adult ADHD Service	Aire Court, Lingwell Grove, Leeds, LS10 4BS	Richard Carroll, Head of Operations	Zoe Burns-Shore	Sharon Rai
TBC	Community Mental Health Team (East) and Crisis Team	St Mary's House, St Mary's Road, Leeds, LS7 3JX	Luke Shepherd, Head of Operations	Lynne Mellor	Peter Ongley
TBC	Gender Identity Service	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Richard Carroll, Head of Operations	TBC	*Space available*
TBC	Eating Disorders Service	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Richard Carroll, Head of Operations	Frances Healey	*Space available*

Leeds and York Partnership

Date of visit	Team / Service	Location	Organised with	Non-Exec Director	Governor(s)
TBC	Community Rehabilitation Team	TBC	Richard Carroll, Head of Operations Marrisa Carroll, Service Manager	Martin Wright	Peter Ongley
Sept – Dec 2026	Children and Young People’s Mental Health Services	Red Kite View, Green Hill Road, Armley, Leeds, LS12 3BY	Kay Lawn, Head of Operations	Lynne Mellor	*Space available*
Sept – Dec 2026	Learning Disability Inpatient Services	Woodland Square, St Mary’s Hospital, Green Hill Road Leeds, LS12 3QE	Peter Johnstone, Head of Operations	Lynne Mellor	*Space available*
Sept – Dec 2026	Older People’s Inpatient Service	The Mount, 44 Hyde Terrace, Leeds, LS2 9LN	Paul Fotherby, Head of Operations	Lynne Mellor	*Space available*
Sept – Dec 2026	Perinatal Mental Health Service	The Mount, 44 Hyde Terrace, Leeds, LS2 9LN	Eve Townsley, Head of Operations	Lynne Mellor	*Space available*



Meeting of the Council of Governors

Paper title:	Auditors' Report on the Annual Accounts
Date of meeting:	7 July 2026
Presented by: (name and title)	Salma Younis, Audit Director for KPMG
Prepared by: (name and title)	Salma Younis, Audit Director for KPMG

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	✓

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Executive summary

Please find attached the report from the Auditors on the audit of the Annual Accounts and their findings. This is the report to the Council of Governors providing information and assurance on the work they have carried out.

The report will be supported by the presentation from the Auditors at the July Council of Governors'

meeting.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? **State below, 'Yes' or 'No'.**

No.

Recommendation

The Council of Governors is asked to receive the Auditors' Report and note the information and assurance provided.



Auditor's Annual Report 2025/26

Leeds and York Partnership NHS Foundation Trust

24 June 2026

Contents

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This report is addressed to Leeds and York Partnership NHS Foundation Trust (the 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, those matters we are required to state to them in an auditors' annual 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 Leeds and York Partnership NHS FT, as a body, for our audit work, for this report, or for the opinions we have formed.

We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.



01 Executive Summary

Executive Summary

Purpose of the Auditor’s Annual Report

This Auditor’s Annual Report provides a summary of the findings and key issues arising from our 2025-26 audit of Leeds and York Partnership NHS FT (the ‘Trust’). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:



Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).



Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.



Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust’s use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.



Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

Accounts	<p>We issued an unqualified opinion on the Trust’s accounts on 24 June 2026. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>We have provided further details of the key risks we identified and our response on pages 7 and 8.</p>
Annual report	<p>We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust.</p> <p>We confirmed that the annual report has been prepared in line with the NHS Group Accounting Manual (GAM) and the Foundation Trust Annual Reporting Manual (the ARM).</p>
Value for money	<p>We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money.</p> <p>We have nothing to report in this regard. See pages 10 to 21 for our detailed commentary.</p>
Other reporting	<p>We did not consider it necessary to issue any other reports in the public interest.</p>

02 Audit of the Financial Statements

Audit of the financial statements

KPMG provides an independent opinion on whether the Trust's financial statements:

- Give a true and fair view of the state of the Trust's affairs as at 31 March 2026 and of its income and expenditure for the year then ended;
- Have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2026 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2025/26; and
- Have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Audit opinion on the financial statements

We have issued an unqualified opinion on the Trust's financial statements before the submission deadline of 26 June 2026.

The full opinion is included in the Trust's Annual Report and Accounts for 2025/26 which can be obtained from the Trust's website.

Further information on our audit of the financial statements is set out overleaf.

Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
<p><i>Fraudulent expenditure recognition</i> Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over completeness of Non-Pay, Non-NHS expenditure.</p> <p>As the Trust and Integrated Care System is set a financial performance target by NHSE, there is a risk that non-pay expenditure, excluding depreciation, may be manipulated in order to report that the control total has been met.</p> <p>The setting of a control total can create an incentive for management to understate the level of non-pay expenditure compared to that which has been incurred. We consider this would be most likely to occur through understating the year end accruals, for example to push back expenditure to 2026-27 to mitigate future financial pressures.</p>	<p>We inspected a sample of invoices and payments of expenditure, in the two periods following 31 March 2026, to determine whether expenditure has been recognised in the correct accounting period;</p> <p>We reviewed payments made post year end to confirm transactions are recorded in the correct period.</p> <p>We performed a year-on-year comparison of the accruals made to challenge management where the movement was not in line with our understanding of the Trust.</p>	<p>We inspected a sample of expenditure invoices recorded in April and May 2026 to assess whether costs had been recognised in the correct accounting period. No issues were identified as part of this procedure.</p> <p>We reviewed payments made in April 2026 and May 2026. Our testing identified two invoices, below our overall materiality threshold, which related to the 2026/27 financial year but had been recorded in 2025/26 Both invoices were capital in nature and therefore had no impact on total reported expenditure in 2025/26.</p>
<p><i>Management override of controls</i> We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment. We have not identified any specific additional risks of management override relating to this audit</p>	<p>We have performed substantive procedures over the accounting areas most susceptible to management bias such as accounting estimates.</p> <p>We analysed all journals through the year to focus our testing on those with a higher risk, such as journals impacting expenditure recognition posted during the final close-down</p>	<p>We did not identify any significant unusual transactions.</p> <p>We evaluated the valuation of land and buildings and did not identify any indicators of management bias.</p> <p>Our testing of the high-risk journal entries did not identify any inappropriate or unusual entries.</p> <p>We did not identify any material misstatements relating to this risk.</p>

Audit of the financial statements

The table below summarises the other audit risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
<p>Valuation of Land and Buildings Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'.</p> <p>The value of the Trust's land and buildings at 31 March 2026 was £53m. For 2025/256 audit, we have reclassified the valuation of land and buildings from significant risk to an 'other audit risk'. The decision is based on a reassessment of risk, whereby our planning work indicates a reduction in estimation uncertainty compared to the previous year, supported by:</p> <ul style="list-style-type: none"> • The Trust performing a desktop valuation for 2025/26, as a full valuation was last performed at 31 March 2025. • Stability and consistency in the methodology and key assumptions used in the valuation over prior years. • Majority of assets are specialised and valued at DRC. • Our prior year audit procedures over the valuation of land and buildings did not identify any significant issues or exceptions. 	<p>We critically assessed the independence, objectivity and expertise of the external valuer, and challenged key assumptions within the valuation.</p> <p>We inspected the instructions issued to the valuers. We compared the movements in the valuation to previous valuations to identify material movements, and agreed these movements were accurately accounted for.</p> <p>We considered the adequacy of the disclosures concerning the key judgements and degree of estimation involved in arriving at the valuation.</p>	<p>We concluded the external valuer had sufficient expertise and had appropriate independence and objectivity to perform the valuation exercise.</p> <p>We reviewed significant assumptions such as Building Cost Information Services (BCIS) indices, location factors and obsolescence used by the valuer and found these to be neutral.</p> <p>We noted the methodology used was consistent with the requirements of the Royal Institute of Chartered Surveyors (RICS) red book and the Department of Health and Social Care Group Accounting Manual (DHSC GAM). We did not identify any material misstatements relating to this risk.</p>

03 Value for Money

Value for Money

Introduction

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources or 'value for money'. We consider whether there are sufficient arrangements in place for the Trust for the following criteria, as defined by the National Audit Office (NAO) in their Code of Audit Practice:



Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services.



Governance: How the Trust ensures that it makes informed decisions and properly manages its risks.



Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Approach

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

We are required to report a summary of the work undertaken and the conclusions reached against each of the aforementioned reporting criteria in this Auditor's Annual Report. We do this as part of our commentary on VFM arrangements over the following pages.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust.

Summary of findings

	Financial sustainability	Governance	Improving economy, efficiency and effectiveness
Commentary page reference	12-15	16-19	20-21
Identified risks of significant weakness?	No	No	No
Actual significant weakness identified?	No	No	No
2024-25 Findings	No significant weakness identified	No significant weakness identified	No significant weakness identified
Direction of travel			

Value for Money

NATIONAL CONTEXT

In July 2025 the Department of Health and Social Care published the 10 year plan for the NHS. This sets the strategic direction that is planned to be taken for the health service, with a focus built around three key shifts:

- From hospital to community;
- From analogue to digital; and
- From sickness to prevention.

A number of structural changes are planned to support the implementation of the strategy between 2025 and 2027, with NHS England taking greater responsibility for the management of financial performance of providers within the sector and a reduced role for managing finances at an integrated care system level.

It is anticipated that all provider trusts will become foundation trusts and a scheme to pilot 'advanced' foundation trusts was launched during the year, with greater freedoms available for the management of finances as well as the leadership for accountable health organisations available to those providers in the highest performing segment of NHS England's oversight framework.

The plan sets out the intent to focus on neighbourhood health, encouraging all the different NHS organisations in an area to work together. Specific commitments in relation to mental health services include:

- Expanding mental health support in schools
- Creation of dedicated mental health emergency departments
- Expanding the workforce
- 24/7 Neighbourhood-based mental health care for severe mental illness

These commitments are structured around system-level shifts in relation to early intervention, crisis pathway reform, capacity expansion, community based continuous care and integration into prevention. Collectively, these signal a transition from fragmented, crisis-driven services to proactive, community-based and preventative mental health care.

LOCAL CONTEXT

Leeds and York Partnership NHS Foundation Trust is the main provider of specialist mental health and learning disability services in Leeds. They also provide specialist services across York, the Yorkshire and Humber region, and some highly specialised national services. Most of the care services are provided within the community, either within or as close to people's own homes as possible. As a result, the Trust operates at dispersed sites across Yorkshire, mainly in Leeds.

The Trust reported a surplus of £4.6m for the year ended 31 March 2026, with an adjusted surplus of £0.98m after a £3.6m technical PFI-related accounting adjustment (2024/25: £1.2m). The Trust delivered its £18.5m efficiency programme, including £12.5m of recurrent savings and £5.9m from non-recurrent measures, demonstrating reliance on non-recurrent actions to meet the overall target. Key in-year risks included increased activity in adult acute out of area placements, alongside higher agency and bank staffing usage.

At a West Yorkshire Integrated Care System (ICS) level, a balanced financial plan was submitted for 2025/26. However, the system did not achieve its financial target for the year, increasing financial pressures for 2026/27. Delivery of the system-wide financial position is dependent on the achievement of provider efficiency savings, as set out in each Trust's operational plan. The shortfall against the overall system target therefore reflects, in part, the challenges faced by individual providers in delivering their planned efficiency programmes.

This increase in financial pressure is appropriately reflected in the Trust's Board Assurance Framework, which is how the Trust monitors and reports its Strategic Risks, as its Strategic Risk for Financial Sustainability remains high (score of 12) compared to a target score of 4 in March 2026. The Trust have mitigating actions such as confirmed schemes detailing how the Trust will achieve its efficiency target, and specific targets for departments are currently being agreed.

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services.

We have considered the following in our work:

- How the Trust ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the Trust identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans

Setting the 2025/26 financial plan

- The 2025/26 Priorities and Operational guidance was published by NHS England on 30 January 2025. As per the NHS England timelines, plans were received from the Trust on 30/04/2025 and hence in line with the NHS timelines of plan submission of 30/04/2025 for the year 2025/26.
- Leeds and York Partnership NHS Foundation Trust submitted a balanced financial plan. This included an efficiency target of £18.5m, compared to £17m for 2024/25. This was a challenging target in the face of increasing cost pressures. The efficiency target was split between planned recurrent efficiencies of £12.2m and non-recurrent efficiencies of £6.2m.
- We have observed reporting of the budget setting and efficiency targets through our minute review of the Trust. The May 2025 CFO report noted that in March 2025, the Board agreed the Trust submission of a balanced revenue plan. In July 2025, the CFO report was presented to the Board of Directors and outlined the £33.2m System Improvement Target. The Leeds Place took a £5.2m share of this target and it had been agreed that LYPFT's share of this was £0.9m. This meant the Trust would have a stretch target to achieve a £0.9m surplus in 2025/26.
- Across the partner organisations that are part of the West Yorkshire Integrated Care System, the combined financial plans reflected a planned deficit of £19.7m for 2025/26.

Developing the 2025/26 efficiency plan and monitoring delivery against the requirements

- The Trust's efficiency programme for 2025/26 is focused on delivering in-year run-rate savings of £18.5m, which is slightly higher than the £17m target set for 2024/25. To achieve this, the Trust has identified a series of workstreams to secure the required run-rate reductions, the majority of which are continuations of initiatives already underway from the previous year. These include reducing reliance on agency and locum staffing, as well as lowering expenditure on Out of Area Placements (OAPs).
- As set out in the 25/26 plan, the Trust had forecast at month nine to achieve £11.4 million of recurrent efficiencies and £2 million of non-recurrent efficiencies. In the month nine Provider Financial Return (PFR), the Trust reported delivery of £13.5 million of efficiencies as at 31 December 2025, comprising £8.7 million of recurrent efficiencies and £4.7 million of non-recurrent efficiencies.

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services.

We have considered the following in our work:

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- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the Trust identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans

Developing the 2025/26 efficiency plan and monitoring delivery against the requirements (cont.)

- Though the Trust met the overall efficiency target, we recognise that it did not fully achieve its recurrent savings targets at year end, which will increase the financial pressures it faces going into 2026/27. However, the Trust reported a surplus for the year ended 31 March 2026 and maintained consistent financial reporting throughout the year within its governance structures. On this basis, we consider that arrangements in this area are appropriate.
- At month nine, the Trust reported an income and expenditure adjusted financial performance surplus of £0.5m against the stretch target of £0.9m. In the financial commentary presented to the Board of Directors, the Trust continues to report pressures in OAPs and increased usage of agency staff and locum staff. However, the Trust has benefited from interest receivable and non-recurrent gains on commercial activities which are contributing to the surplus position. At year end, the Trust achieved a net £0.98m surplus, which was in line with the forecast, and ahead of the breakeven plan submitted by the Trust.
- We reviewed the Internal Audit report Delivering Financial Efficiencies (dated 12 January 2026), which assessed the Trust's approach to delivering financial efficiencies and reviewed the associated key financial controls. The report concluded that an appropriate framework to support successful delivery of the Trust's Cost Improvement Programme (CIP) was in place, with scheme progress regularly tracked and monitored. However, Internal Audit also identified that the Trust has not clearly mapped out the full trajectory required to achieve the 2025/26 CIP in full. Although executives had been assigned individual targets for the remainder of the year, Internal Audit reported that details were not available on the specific actions or plans underpinning how these targets would be achieved. This further evidenced that the Trust's savings target remained challenging.
- From our minute review, Chief Financial Officer reports on the Trust's financial position are reported to each Finance and Performance Committee, and Board of Directors meetings. Therefore, there is sufficient reporting of the Trust's financial position during the year.

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services.

We have considered the following in our work:

- How the Trust ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the Trust identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans

Processes for ensuring consistency between the financial plan set for 2025/26 and the workforce and operational plans

- The Trust refreshed its strategy from 2025 onwards. From our review of Board minutes, we confirmed that the updated strategy was formally approved during 2024/25. The strategy, titled “Improving the health and lives of the communities we serve: from 2025 to 2030”, sets out the Trust’s priorities over a five-year period and is publicly available on the Trust’s website
- The Trust have five underpinning strategic plans, and each has an executive director lead. These plans are: Care Services 2023- 2028, The People Plan 2024-2027, Quality Strategic Plan 2023- 2028, Strategic Estates Plan 2025-2030 and Digital Strategy 2022-2025 (currently being refreshed by the Trust).
- The Strategic Estates Plan was refreshed in 2025 and is for a period of 5 years. A key objective of the Strategic Estates Plan highlights the Trusts plan in relation to the PFI assets, with the concession ceasing in June 2028. In March 2023, the Trust submitted an initial Strategic Outline Case (SOC) to the Department of Health and Social Care (DHSC) to secure a new future for the estate. However, the SOC is currently on hold due to national capital funding consideration. The Trust aims to acquire some or all of the PFI assets in 2028.

Process for assessing risks to financial sustainability

- As reported in the previous year, the Board Assurance Framework (BAF) continues to include a strategic risk relating to financial sustainability. The risk score as at June 2025 was 15, against a target risk score of 4. In the PY, the risk score was 12 and hence has increased in 25/26. The increase is driven from the higher efficiencies which the Trust is required to deliver as part of the 25/26 financial plan. The Trust acknowledges the challenges in achieving its control total, reflecting ongoing uncertainty around the delivery of Cost Improvement Plans (CIPs) at both system and Trust level.
- It was noted as part of the Board of Directors meeting on 26 March 2026, the risk score for Financial sustainability was reduced from 15 to 12 following a reassessment of the underlying risks. The Board Assurance Framework will be subject to further review in 2026/27, including a comprehensive reassessment of all strategic risks to ensure alignment with the Trust’s operational priorities for 2026/27.
- The Trust monitor risks on their risk management system Datix – and they currently have six ‘red’ rated risks that sit under the financial sustainability strategic risk. These include out of area placement expenditure, impact of growing gap between tariff uplift and Trust inflationary pressures, failure to achieve ongoing recurrent budget CIP requirement, failure of renegotiation of contract with the local authority, reliance on non-patient income and failure to achieve the Trust expenditure run-rate reduction required to meet the Financial plan.

Financial Sustainability

- Oversight of these risks is provided by the Finance and Performance Committee, with the Chief Financial Officer identified as the responsible executive director. The process under which the BAF risks are monitored is outlined on page 16.

Processes in place for managing identified financial sustainability risks

- Within the January 2026 CEO report, we have noted the Trust reports service performance, including the number of out of area placements and provides a comparison against the planned trajectory and performance. This is one area that is rated as a 'red' risk under the financial sustainability strategic risk. From our review of the minutes, we noted that the Trust has established regular executive-led incident response arrangements and has linked with other professional bodies to provide specialist expertise on the future inpatient model to help reduce the risk.
- From our minute review of the Board and Directors, and Finance and Performance meetings throughout the year, we note there are reports from the Chief Finance Officer that outline performance against the plan, including performance against efficiency targets.

Performance for the year against the financial plan

- The Trust ended the financial year 2025/26 with a £0.98m surplus against a breakeven plan. However, this position has been supported by one off non-recurrent means to the value of £7.5m. The Trust also achieved it's run-rate reduction efficiency as monitored by NHSE, however 32% of which was due to non-recurrent schemes. The Trust transacted £7.7m of internal recurrent budget efficiency schemes, 47% or £6.8m remained and has been carried forward into the 2026/27 financial year.
- The cash position remained strong, with the cash balance at year end of £125m, and liquidity continued to be healthy, providing cover for 89 days of operating expenditure.
- The Trust submitted a balanced budget for 2026/27, including an efficiency programme to deliver savings of £11.4m. The full operational plan was submitted on 12 February 2026 and subsequently reviewed by the regional office against the requirements set out in national guidance. The plan has been assessed as compliant with these conditions.
- The cost improvement plan for 2026/27 is largely recurrent savings, £9.4m out of a total of £11.4m. However, in 2025/26 and 2024.25 the Trust have delivered recurrent savings of £12.5m and £11.5m respectively.

Conclusion

- Based on the procedures performed, we have not identified a significant risk associated with the Trust's arrangements in relation to financial sustainability.

Key financial and performance metrics:	2025-26 £m	2024-25 £m
Planned surplus/(deficit)	0	0
Actual surplus/(deficit)	4.6	4.4
Adjusted surplus/(deficit)	0.9	1.2
Actual CIP as a % of spend		
- Recurrent	12.5	11.5
- Non-recurrent	6	5.4
Year-end cash position	125	124

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

Summary of risk assessment

Identification, monitoring and management of risk

- The Trust has a formal Risk Management Policy outlining how risks are identified and the reporting structure for the monitoring and management of risk. As per the Risk Management Framework, there are five steps to risk assessment which are identification, evaluation, control, monitor and review.
- The Trust also has a risk escalation framework which sets out expected escalation and accountability for managing risk at the Trust dependent upon the risk score assigned..
- We have inspected a report which was issued by the Internal Audit as part of the Audit Committee in July 2025. The objective of the report was to provide assurance on the risk management and integrated governance system in place within the Trust. The BAF received significant assurance as the functionality aligned to best practice guidance. However, limited assurance was provided to the Risk Management Framework. The report found the risk management policy to lack detail to ensure risks are appropriately identified recorded and closed to a consistent standard across Trust Service Lines. As a result, a new risk management policy was developed by the Trust.
- A new risk management policy was implemented in September 2025, incorporating the recommendations arising from the Internal Audit report.
- Through our document review and minute reviews, there is sufficient evidence that strategic risks are monitored with sufficient detail and regularity within the governance structure.

Governance structures in place at the Trust

- The Board of Directors are responsible for the day-to-day management of the Trust and are accountable for the operational delivery of services, targets and performance. Board Sub-committees have been established to discuss Board matters in further detail. Each Sub-committee is made up of members of the Board of Directors and subject matter experts attend to assist and inform the members in discussion.
- The Trust also has a Corporate Governance Strategy which describes the framework for corporate governance and references all the documents that sit within that framework.

Controls in place to prevent and detect fraud

- The Trust has an Anti-Fraud, Bribery and Corruption procedure, the next review date was January 2026, however, this has been extended to April 2026. This was written by the Local Counter Fraud Specialist and the Associate Director for Corporate Governance, approved by the Finance Team and ratified by the Policies and Procedures Group. The Policy sets out that the Trust has a zero tolerance to fraud, bribery and corruption to ensure resources are not diverted away from patient care.

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

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- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

- The Trust also has a whistleblowing policy that was approved in August 2025 and ratified in September 2025. The review date of this policy is September 2027. The policy clearly signposts the Freedom to Speak Up Guardian and Human Resources. Every six months, the Trust publishes a whistleblowing report which highlights the number of cases which have been reported via the Freedom to Speak up Ambassadors (FTSU). We confirmed this has been reported to the Board of Directors in May 2025 and November 2025, therefore reported to an appropriate level within the governance structure at the organisation.
- The Local Counter Fraud Service(LCFS) for the Trust is provided by its internal auditors. The LCFS conducts work across all generic areas of counter-fraud activity, placing emphasis on the continued anti-fraud culture within the Trust and the prevention of fraud. The LCFS reports directly to the Audit Committee.
- We noted from our attendance at Audit Committee, and routine management inquiries, that the Trust has no ongoing material fraud investigations at the yearend and no suspected frauds had been identified.

Review and approval of the 2025/26 financial plan by the Board, including how financial risks were communicated

- We have observed reporting of the budget setting and efficiency targets through our minute review of the Trust. The May 2025 CFO report noted that in March 2025, the Board agreed the Trust submission of a balanced revenue plan. In July 2025, the CFO report was presented to the Board of Directors which outlined the revision to the 2025/26 plan as set out in page 12.
- Financial sustainability risks have been included in the BAF, and current risk score continues as at year end was 12. See further information on page 14.

How compliance with laws and regulations is monitored

- During the year, the internal auditors have undertaken a review that is directly linked to the Trust's compliance with laws and regulations. This relates to compliance with Data Protection where the Trust received a moderate assurance rating. The outcome is reported directly to the Audit Committee. All recommendations are given a due date and a responsible officer and are agreed with the Trust. This evidences appropriate oversight and scrutiny of compliance reports within the Governance structure.
- The Trust are regulated by the Care Quality Commission (CQC) who regulate Health and Social Care in England. An unannounced inspection took place at Red Kite View in July 2024. Although the visit occurred in 2024, the report was published in 2025/26, and we have therefore reviewed the findings relating to Perinatal Services. Overall, the service was rated 'Good' however, a breach was found of the legal regulation in relation to good governance. The Trust has been asked to submit an action plan in response to the concerns found in relation to monitoring of mandatory training.

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

- The Trust's Child and Adolescent Mental Health wards were visited by CQC and a report published in February 2026. Whilst CQC rated the service as "good", a breach was found of regulation 12, safe care and treatment, in relation to medicine management and mandatory training. The Trust was asked to provide an action plan in response to the concerns found at this assessment. We reviewed the action plan prepared by the Trust in response to the CQC inspections. It sets out the CQC recommendations, corresponding actions agreed, and assigned lead officer.
- The Trust had a CQC Well-led inspection in April 2026 and management have confirmed the draft report has not yet been issued. Headline feedback has been shared and was presented at the Trust Public Board meeting in May. The feedback noted the clear Trust strategy, partnership working and culture of improvement. It also identified findings in relation to patient safety, and insufficient pace in driving safety improvements. In the absence of a published final report, we will revisit this as part of our work in 2026/27.
- The CQC also carried out unannounced inspections of the Trust's three long stay or rehabilitation mental health wards, Adult, Acute and Older Peoples mental health wards. Headline feedback was shared with the Trust and a draft report has been issued for factual accuracy. The feedback noted strong multidisciplinary working, patient involvement and staff felt engaged. It also identified concerns around the environment, affecting safety and quality of care.
- Following the unannounced inspection, the Trust was notified of some potential breaches related to issues that required significant improvement. The issues raised were in relation to governance processes in place to track and resolve issues, the physical environment, and updating of care records. The Trust has informed us that it has submitted representations to the CQC, with evidence in relation to these areas of potential breach and a draft action plan. Management enquiries note some action has been taken in relation to the facilities and care environment related matters. In the absence of a published final report and recognising that representations have been made, we will revisit this as part of our 2026/27 value for money assessment.

Processes in place to monitor officer compliance with expected standards of behaviour, including recording of interests, gifts and hospitality

- The Trust have a constitution, and in addition, the Trust has a number of local policies and procedures in place to underpin the integrity and ethical values. The Trust have a Staff Code of Conduct, and a separate document for the Code of Conduct and Standards of Behaviour for Governors.
- The Corporate Governance Team, as nominated by the Trust, collates and maintains the Trust's registers of declarations of interest. The Trust use the Public Register. This public register covers declarations of interests and recording of gifts.

Governance

- For the inclusion of related party transactions within the financial statements at the year-end, the Trust follow an annual declaration policy. We perform a walkthrough of this process as part of our year-end audit procedures and we would report any weakness in this process to Audit Committee as part of our final reporting.

Processes in place to monitor officer compliance with expected standards of behaviour, including recording of interests, gifts and hospitality (cont.)

- As mentioned previously on page 17, the Trust has a Whistleblowing policy and a FTSPG in place to raise concerns of behaviour that do not meet the Code of Conduct. The whistleblowing reports are presented to the Board of Directors

How the Board ensures decisions receive appropriate scrutiny.

- The Trust has a Constitution, available on its website, which is supported by the Standing Orders, Standing Financial Instructions, and a Governance Framework that includes Terms of Reference for each of the relevant committees.
- We noted from our review of the Board Sub-Committees terms of references, all clearly set out escalation frameworks for making key decisions. For instance, an assurance and escalation report will be made to the Board of Directors by the Chair of the Board Sub-Committee where relevant.
- Our risk assessment procedures and management inquiries confirm that the Trust has appropriate arrangements in place to ensure scrutiny, challenge and transparency of decision making.
- Key decision making therefore subject to discussion and scrutiny at the relevant sub-Committee level and followed by formal approval by the Board of Directors. All key decision records are available to view on the Trust’s website through the public agendas and minutes
- From our minute review, we have observed the following key decisions as examples being presented to the Board of Directors, covering Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity policy (May 2025), approval of the Electronic Patient Record Business case (July 2025). We have also noted that the BAF is regularly presented to the Board to ensure review has been undertaken of the risk scores and the mitigating actions.

Conclusion

- Based on the procedures performed, we have not identified a significant risk associated with the Trust’s arrangements in relation to governance.

	2026	2025
Control deficiencies reported in the Annual Governance Statement	There were no significant control deficiencies identified in the governance statement.	There were no significant control deficiencies identified in the governance statement.
Head of Internal Audit Opinion	Significant Assurance as reported to the June 2026 Audit Committee	Significant Assurance as reported to the June 2025 Audit Committee
Oversight Framework segmentation	Segment 4 – Significantly off-track in a range of domains (Q4, 2025/26)	Segment 2 – target support
Care Quality Commission rating	Good rating (2019)	Good rating (2019)

Improving economy, efficiency and effectiveness

How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

We have considered the following in our work:

- how financial and performance information has been used to assess performance to identify areas for improvement;
- how the Trust ensures effective processes and systems are in place in order to develop their cost saving efficiency saving program;
- how the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- how the Trust ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives; and
- where the Trust commissions or procures services, how it assesses whether it is realising the expected benefits.

Processes in place for assessing the level of value for money being achieved and where there are opportunities for these to be improved

- From our minute review, we have noted the Chief Operating Officers report includes service delivery and key performance escalations. This section sets out the key areas of concern for care services that have been identified through the Trust's governance arrangements. These updates relate to the areas where services face most challenge and where risks are highest, for example the learning disability service.

Development of efficiency plans, and monitoring

- The 2025/26 efficiency plan is outlined on pages 12 and 13.

How the performance of services is monitored and actions identified in response to areas of poor performance

- The NHS Performance Assessment Framework was established in 2025 with every ICB and provider allocated an "organisational delivery score" across a range of metrics, which determine the segment allocated to the organisation. Segment 1 (high performing) to segment 4 (poorly performing), with an additional segment 5 to indicate the most intensive support requirement.
- As per the Q2 25/26 NHS Performance tables, the Trust was placed in Segment 3 as compared to Segment 2 in the previous quarter. Discussion with management notes that the indicators driving the low segment rating for Effectiveness and Experience was driven by the metric, 'Percentage of inpatients with >60-day length of stay' where the Trust was ranked 40 out of 47 trusts with a metric value of 34.81%. The low segment rating for People and Workforce is majorly driven by the Sickness Absence Rate metric in which the Trust had a score of 3.47 and was ranked 42 out of 61 trusts.
- As a result of the above rating, the Trust decided to monitor performance and action through the combined Care Services Finance and Performance meeting. The first meeting of the combined group was held in January 2026 and at the time of completion of the risk assessment, the group was establishing the Terms of Reference. From the minutes, we have noted that some indicators will be included as part of the COO report which is then presented to the Board. This evidences monitoring of performance and actions identified in areas of poor performance.
- In Q4, the Trust has been classified within Segment 4 which means the Trust is significantly off-track in a number of domains. It continues to receive lower ratings across the performance domains of Effectiveness and Experience, as well as People and Workforce. There are no concerns with the Trust's score in the Finance and Productivity domain.

Improving economy, efficiency and effectiveness

How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

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- how the Trust ensures effective processes and systems are in place in order to develop their cost saving efficiency saving program;
- how the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- how the Trust ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives; and
- where the Trust commissions or procures services, how it assesses whether it is realising the expected benefits.

How the Trust has engaged with ICS partners in development of the organisation and system wide plans and arrangements

- The Chief Executives report presented to the Board of Directors, includes a section on local and national partnerships. This includes but is not limited to; NHSE Regional updates, West Yorkshire Integrated Care System updates and West Yorkshire Board Meetings. The Chief Executive is also a senior leader within a wider Group of Chief Executives and Chief Officers that come together to look at health and social care provision across Leeds and across West Yorkshire. The Chief Finance Officer is the capital lead for the ICS and actively supports the ICS Chief Finance Officer's finance forum. Executive Directors and senior leadership roles within LYPFT participate in Provider Collaborative Boards

The engagement with wider partnerships and how the performance of those partnerships is monitored and reported

- The Trust went fully live in April 2025 as the Lead Provider for the Yorkshire and Humber MH Perinatal Provider Collaborative, which covers three ICBs. As this is the first year of operation, the collaborative does not yet have a risk and gain-share agreement in place. The Trust intends to assess the collaborative's performance during 2025/26, with a formal risk and gain share arrangement to be developed for implementation in 2026/27.
- West Yorkshire & Harrogate Mental Health, Learning Disability & Autism Programme Board brings together the key stakeholders in the ICS and identifies the key partnership priorities, and receives progress reports on the agreed work streams.

The monitoring of outsourced services to verify that they are delivering expected standards.

- Through inquiry with management, contracts are put in place which include key performance indicators and outcome measures. Sub-contractors are required to submit regular reports, and contract meetings take place to review performance. Any issues would be resolved through discussion at contract management meetings and mutual agreement. If required an improvement plan will be put in place which will be monitored. We inspected the 2025/26 contract between the Trust and one sub-contractor. Although the contract was signed in November 2025, it stipulated the sub-contractor would continue to provide services to the Trust while final contract terms were being agreed. On this basis, although the contract was signed after the start of the 2025/26 financial year, we have not identified any issues as the arrangements allowed for continuity of service provision.

Conclusion

- Based on the procedures performed, we have not identified a significant risk associated with the Trust's arrangements in relation to improving economy, efficiency and effectiveness of its resources.



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Leeds and York Partnership NHS Foundation Trust

Auditors' Report on the Annual Accounts for the year ended
31 March 2026

Council of Governors' meeting 7 July 2026

KPMG. Make the Difference.



Scope of our work

Financial Statements audit

True and Fair view of the state of the Trust's affairs as at 31 March 2026

Properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2025/26

Value for Money arrangements

Overall criterion

In all significant respects, the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources

Key Risks And Findings

Financial Statements Audit

Significant Risks

- Fraud risk to expenditure
- Management override of controls

Other Risks

- Valuation of land and buildings

Findings

- Unqualified (satisfactory) opinion
- One corrected misstatement
- Three uncorrected misstatements
- Corrected disclosures
- Annual Report consistent with financial statements

Findings

Value for Money

- We considered the Trust's arrangements under the following specified reporting criteria:
 - Financial sustainability
 - Governance
 - Improving economy, efficiency and effectiveness
- Our work did not identify any significant weaknesses in the Trust's arrangements
- No other reports issued in the public interest

Meeting of the Council of Governors

Paper title:	2025 NHS Staff Survey and Bank Staff Survey Results
Date of meeting:	7 July 2026
Presented by: (name and title)	Amy Harker, People Engagement Practitioner
Prepared by: (name and title)	Sarah Turner, People Engagement Lead

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	
SO2	We provide a rewarding and supportive place to work.	✓
SO3	We use our resources to deliver effective and sustainable services.	

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	✓
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Executive summary

This paper summarises the 2025 Staff Survey results for LYPFT. Substantive staff scores have fallen across most People Promise themes, with the largest drops in morale, wellbeing and engagement. Flexible working and reasonable adjustments remain strengths.

Bank staff results appear more positive, with increased scores across all People Promise scores. For Bank reports of harassment, bullying, abuse and discrimination from service users and the public have increased.

Workforce Equality data shows persistent or widening gaps in feeling valued, team relationships, psychological safety and confidence to speak up.

New 2025 national requirements increase expectations on Boards for clear analysis and timely action planning, which the Trust will deliver through existing Intention Plans and governance routes.

This paper should be read alongside the accompanying video briefing, **Appendix 1 – Recording NSS25 Results Briefing**, which provides a narrated walkthrough of the findings and key insights.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? **State below, 'Yes' or 'No'**.

If yes, please set out what action has been taken to address this in your paper.

No

Recommendation

The Council of Governors is asked to:

- Receive and note the high-level 2025 National Staff Survey results.
- Acknowledge the strengthened national expectations for survey reporting and Trust level action planning.
- Take assurance from the plan to share results across services and governance groups to support improvement planning.

Meeting of the Council of Governors

7 July 2026

2025 NHS Staff Survey and Bank Staff Survey Results

1. Executive summary

This paper summarises the 2025 Staff Survey results for LYPFT. Substantive staff scores have fallen across most People Promise themes, with the largest drops in morale, wellbeing and engagement. Flexible working and reasonable adjustments remain strengths.

Bank staff results appear more positive, with increased scores across all People Promise scores. For Bank reports of harassment, bullying, abuse and discrimination from service users and the public have increased.

Workforce Equality data shows persistent or widening gaps in feeling valued, team relationships, psychological safety and confidence to speak up.

New 2025 national requirements increase expectations on Boards for clear analysis and timely action planning, which the Trust will deliver through existing Intention Plans and governance routes.

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2. Purpose and scope

This report provides a high-level summary of the 2025 survey results published by the National Coordination Centre (NCC) for substantive and bank staff. Findings are primarily based on weighted data for both groups, where available.

It outlines key trends, highlights areas of strength and concern, and considers the implications for organisational action and assurance.

3. National Context and Board Accountability

3.1 NHS Standard Contract (September 2025)

The updated NHS Standard Contract requires providers to:

- Review and produce a written report for the Co-ordinating Commissioner on the results of each staff survey, including both the National Staff Survey and National Quarterly Pulse Surveys.
- Identify any actions reasonably required in response to survey findings.
- Implement those actions as soon as practicable.
- Publish the outcomes of, and actions taken in relation to, all staff surveys.

3.2 Medium Term Planning Framework

The Medium-Term Planning Framework reinforces these requirements and sets clear expectations that every NHS board will use the 2025/26 Staff Survey findings to:

- Undertake a full, detailed analysis of all free text comments.
- Identify, as a minimum, three areas where data indicates the greatest staff dissatisfaction.
- Complete a detailed analysis of where these issues are most prevalent within the organisation.
- Develop and implement detailed action plans to **address these issues within year** wherever possible.

3.3 Implications for the Trust and the Board

These national changes shift the Staff Survey from a diagnostic exercise to a core performance and assurance tool. Boards are now directly accountable for:

- Robust analysis of quantitative and qualitative staff feedback.
- Clear, evidence-based priorities for improvement.
- Assurance that actions are implemented and impact is monitored and reported transparently

This requires a more systematic and visible Trust-wide approach to analysis, action planning and reporting, with clear Board-level ownership and oversight.

4. Survey response rates

The 2025 LYPFT NHS Staff Survey ran from 1 October to 28 November for Substantive staff (3,359) and Bank staff (476).

- **Substantive staff response rate:** 45% (1,504 responses), a decrease of 4% ▼ from 2024, below the benchmark group median of 52%.
- **Bank staff response rate:** 17.6% (84 responses), a decrease of 6.2% ▼ from 2024, below the benchmark group median of 19%.

5. 2025 NHS Staff Survey Results

The paper presents both percentage scores and People Promise results. The People Promise elements and themes are scored on a 0–10 scale, with higher scores reflecting a more favourable staff experience.

5.1 People Promise Theme Overview (Substantive Staff)

Figure 1: 2025 NHS (Substantive) Staff Survey – People Promise themes compared to sector scores

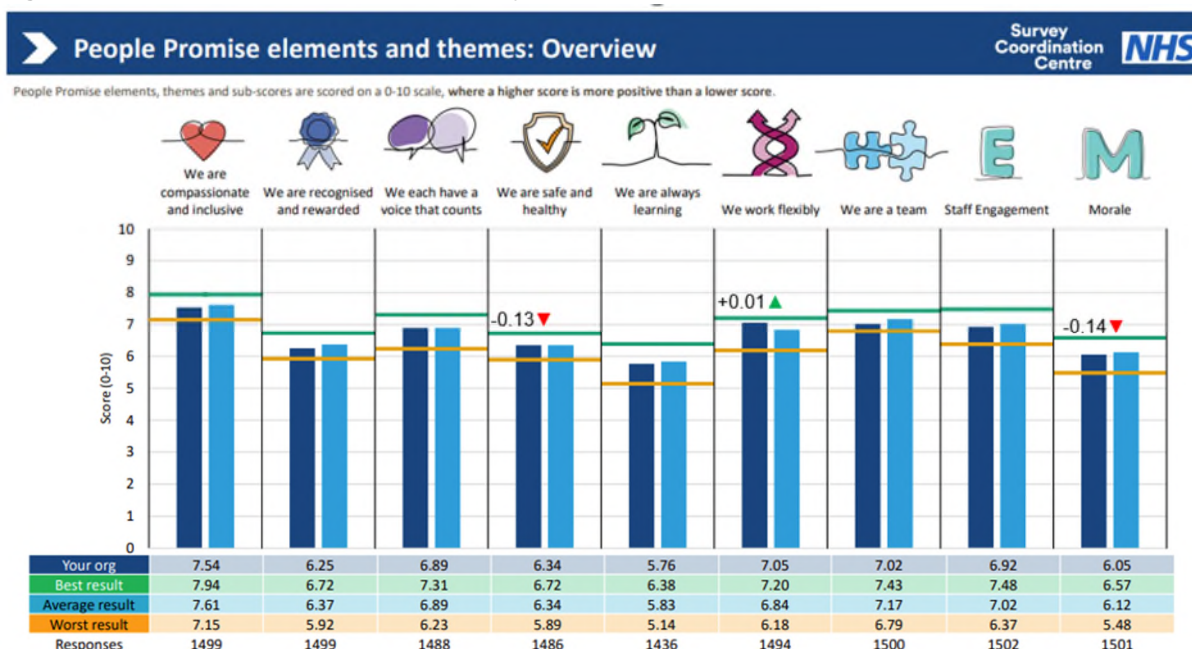


Figure 2: 2025 NHS (Substantive) Staff Survey – People Promise themes compared to previous year

Appendix B: Significance testing – 2024 vs 2025 Survey Coordination Centre

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2024 and 2025*. For more details, please see the [Technical Guide](#).

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.57	1630	7.54	1499	Not significant
We are recognised and rewarded	6.35	1633	6.25	1499	Not significant
We each have a voice that counts	7.00	1615	6.89	1488	Not significant
We are safe and healthy	6.47	1620	6.34	1486	Significantly lower
We are always learning	5.77	1547	5.76	1436	Not significant
We work flexibly	7.04	1621	7.05	1494	Not significant
We are a team	7.06	1627	7.02	1500	Not significant
Themes					
Staff Engagement	7.02	1633	6.92	1502	Not significant
Morale	6.19	1634	6.05	1501	Significantly lower

Comparison with last year – Substantive

- We work flexibly is the only theme with a slight increase (+0.01 ▲).
- The biggest positive movement is in We are always learning within Appraisals (+0.10 ▲).
- All other themes have declined since last year.
- The largest drops are Morale (-0.14 ▼) and We are safe and healthy (-0.13 ▼).
- Team working has fallen again to 7.02 ▼, down from 7.15 in 2022.
- Within Morale, Work pressure shows a significant decline (-0.22 ▼).

Comparison with sector

Table 1 shows substantive staff performance against the sector over three years. Learning and Team Working have been below the sector average throughout, with declines in both areas accelerating.

Table 1 Substantive comparison against sector average

	2023	2024	2025
Above Sector Ave	<ul style="list-style-type: none"> ▲ Flexible Working (+0.27) ▲ Safe & Healthy (+0.25) ▲ Morale (+0.09) ▲ Recognised & Rewarded (+0.07) ▲ Voice That Counts (+0.06) ▲ Staff Engagement (+0.01) 	<ul style="list-style-type: none"> ▲ Flexible Working (+0.21) ▲ Safe and Healthy (+0.07) ▲ Voice That Counts (+0.06) 	<ul style="list-style-type: none"> ▲ Flexible Working (+0.21)
Below Sector Ave	<ul style="list-style-type: none"> ▼ Learning (-0.06) ▼ Team-working (-0.05) 	<ul style="list-style-type: none"> ▼ Learning (-0.17) ▼ Team-working (-0.09) ▼ Staff Engagement (-0.06) ▼ Compassionate & Inclusive (-0.04) ▼ Recognised & Rewarded (-0.01) 	<ul style="list-style-type: none"> ▼ Team-working (-0.15) ▼ Recognised & Rewarded (-0.12) ▼ Staff Engagement (-0.10) ▼ Learning (-0.07) ▼ Compassionate & Inclusive (-0.07) ▼ Morale (-0.05)
Same as Sector Ave	<ul style="list-style-type: none"> ▶ Compassionate & Inclusive 	<ul style="list-style-type: none"> ▶ Morale 	<ul style="list-style-type: none"> ▶ Voice That Counts ▶ Safe and Healthy

5.2 People Promise Theme Overview (Bank Staff)

Figure 3: 2025 NHS (Bank) Staff Survey – People Promise themes compared to sector scores

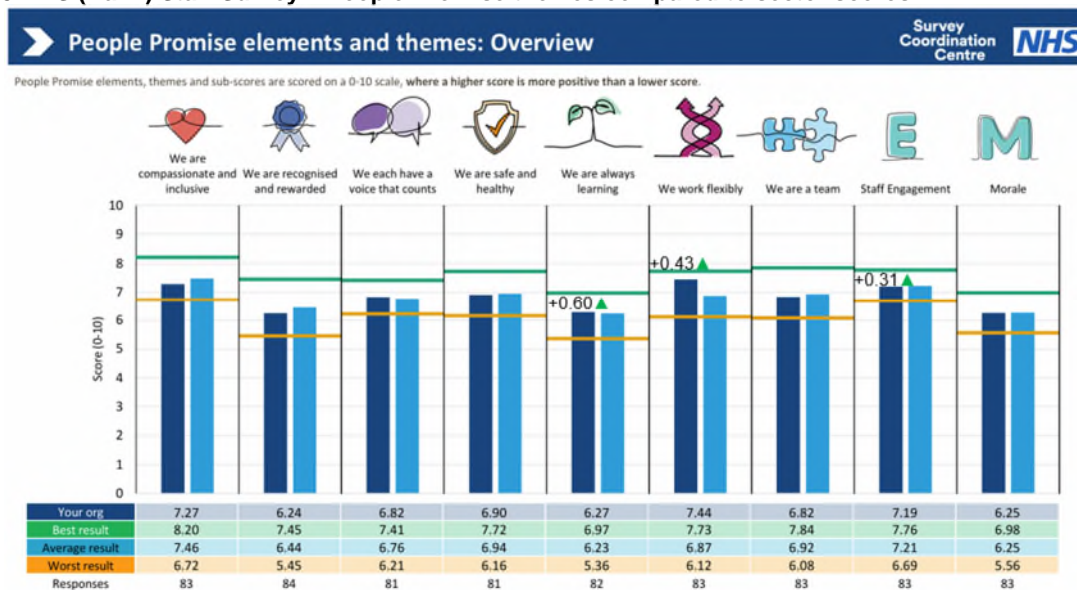


Figure 4: 2025 NHS (Bank) Staff Survey – People Promise themes compared to previous year

Appendix B: Significance testing – 2024 vs 2025					Survey Coordination Centre	NHS
Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2024 and 2025. For more details, please see the Technical Guide for bank only workers .						
People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?	
We are compassionate and inclusive	7.07	118	7.27	83	Not significant	
We are recognised and rewarded	5.97	120	6.24	84	Not significant	
We each have a voice that counts	6.68	118	6.82	81	Not significant	
We are safe and healthy	6.69	117	6.90	81	Not significant	
We are always learning	5.67	120	6.27	82	Significantly higher	
We work flexibly	7.01	118	7.44	83	Not significant	
We are a team	6.52	115	6.82	83	Not significant	
Themes						
Staff Engagement	6.88	119	7.19	83	Not significant	
Morale	6.09	119	6.25	83	Not significant	

Comparison with last year – Bank

- Improvement across all People Promise themes and scores from 2024
- Highest scoring element We work flexibly scoring 7.44, improved by ▲+0.43 and is ▲+0.57 above national average
- We are always learning statistically significantly higher score ▲+0.60
- Lowest scoring element, We are recognised and rewarded at 6.24, however this has seen a favourable improvement of ▲+0.27 from 2024.

Comparison with sector

Table 2 outlines Bank staff performance against the sector over a three-year period. Flexible working has remained a consistent area of strength. In 2025, improvements in staff voice and learning have resulted in scores exceeding the sector average, while morale has improved to align with the sector benchmark.

Table 2 Bank comparison against sector average

	2023	2024	2025
Above Sector Ave	<ul style="list-style-type: none"> ▲ Flexible Working (+0.28) ▲ Voice That Counts (+0.12) 	<ul style="list-style-type: none"> ▲ Flexible Working (+0.14) 	<ul style="list-style-type: none"> ▲ Flexible Working (+0.57) ▲ Voice That Counts (+0.06) ▲ Learning (+0.04)
Below Sector Ave	<ul style="list-style-type: none"> ▼ Compassionate & Inclusive (-0.33) ▼ Recognised & Rewarded (-0.31) ▼ Safe & Healthy (-0.13) ▼ Learning (-0.04) ▼ Team-working (-0.23) ▼ Staff Engagement (-0.09) ▼ Morale (-0.01) 	<ul style="list-style-type: none"> ▼ Compassionate & Inclusive (-0.33) ▼ Recognised & Rewarded (-0.47) ▼ Voice That Counts (-0.10) ▼ Safe & Healthy (-0.35) ▼ Learning (-0.63) ▼ Team-working (-0.28) ▼ Staff Engagement (-0.35) ▼ Morale (-0.18) 	<ul style="list-style-type: none"> ▼ Compassionate & Inclusive (-0.19) ▼ Recognised & Rewarded (-0.20) ▼ Safe & Healthy (-0.04) ▼ Team-working (-0.10) ▼ Staff Engagement (-0.02)

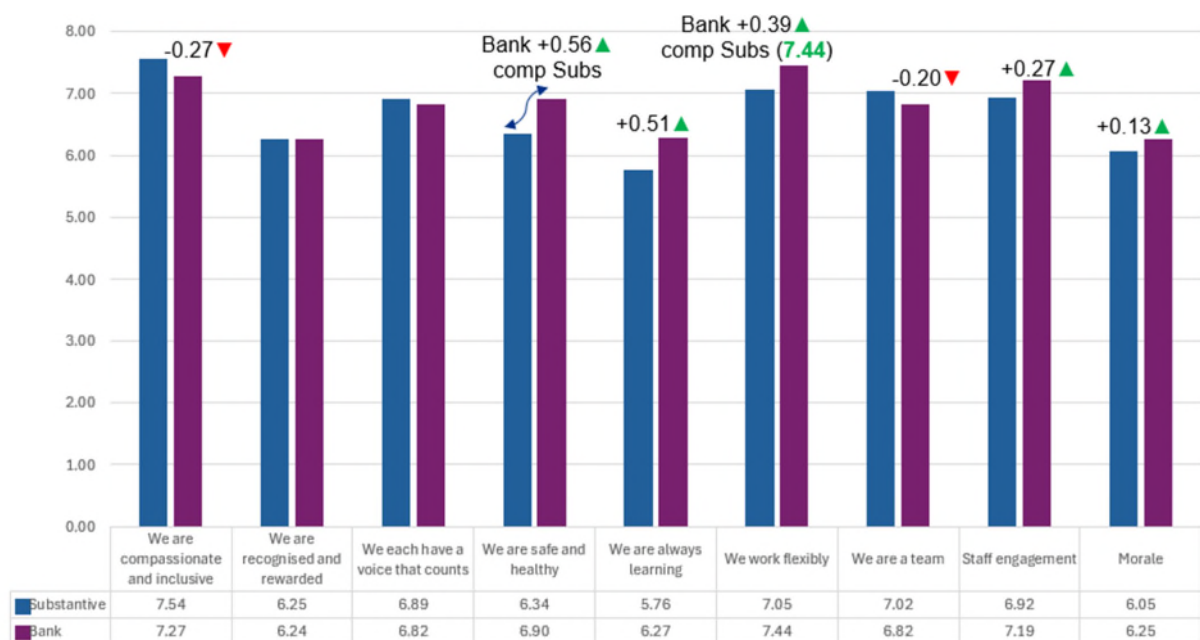
Same as Sector Ave			▶ Morale
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Bank commendation

On 2 June 2026, the Trust received recognition from NHS England’s Director of Staff Experience and Engagement, who commended the Trust’s Bank Staff Survey results. The results demonstrate improvement across all seven elements of the People Promise, as well as within the key themes of staff engagement and morale. This recognition represents a significant organisational achievement and reflects the continued focus on supporting and engaging our bank workforce.

5.3 People Promise Theme Overview (Bank versus Substantive Staff)

Figure 5: Substantive vs Bank Staff 2025 – People Promise theme results



Caution is advised when comparing Substantive and Bank results due to differences in methodology, question design, and workforce profiles.

Areas where substantive staff score higher

More favourable perceptions of organisational culture and inclusion voice, and teamwork

- Compassionate and inclusive: 7.54 (vs 7.27 bank)
- Voice that counts: 6.89 (vs 6.82)
- We are a team: 7.02 (vs 6.82)

Areas where bank staff score higher

More positive views on flexibility, wellbeing, and day-to-day experience as Bank staff outperform substantive staff across five People Promise elements:

- Work flexibly: 7.44 (vs 7.05 substantive) – most notable difference
- Safe and healthy: 6.90 (vs 6.34)
- Always learning: 6.27 (vs 5.76) – caution due to difference in question set
- Staff engagement: 7.19 (vs 6.92)
- Morale: 6.25 (vs 6.05)

Areas of similarity

- Recognition and reward scores are similar 6.25 (substantive) vs 6.24 (bank)

6. National Staff Survey All Question Results

6.1 Well-Performing

Overall areas where the Trust is performing well

- Reporting violence: 90.5% of Substantive and 94.3% of Bank Staff reported the last incident.
- Feeling trusted: 89.9% of Substantive and 91.7% of Bank Staff feel trusted to do their job.
- Making a difference: 84.6% of Substantive and 92.3% of Bank Staff feel their role benefits service users.

Compared to last year, Substantive Staff report

- ▲ Reasonable adjustments: 88.3% (+7.4%).
- ▲ Appraisals/PDR: 88.9% (+5%).

Compared to last year, Bank Staff report

- ▲ Respect for individual differences: 83.1% (+15.9%).
- ▲ Time passes quickly at work: 64.6% (+15%).
- ▲ Able to get help and support: 70.7% (+14.4%).

6.2 Areas for Improvement

Overall areas where the Trust could look to improve

Compared to last year, Substantive Staff report

- ▼ Less action on Health & wellbeing: 63.9% (-5.8%).
- ▼ More Burnout: 25.6% (+5.1%).
- ▼ Feeling less valued for their work: 46.6% (-4.9%).
- ▼ Less confidence in speaking up: 66% (-4.3%) feel safe to raise any type of concern.
- ▼ In Engagement we see declines across Motivation, Involvement and Advocacy with only 60.6% (- 3.9%) would now recommend care to friends/family.

- ▼ In Morale we see declines across all sub themes; with 30% (+3.1%) often think about leaving.
- ▼ Feeling less valued through PDRs: 28.1% (-3.1%).

Compared to last year, Bank Staff report

- ▼ Increases in harassment and discrimination: 48.8% experienced harassment/bullying (+13%) and 33.7% experienced discrimination (+8.5%) from patients/public.
- ▼ Service User care is less of a top priority - at 80.5% (-8.7%).
- ▼ Less access to nutritious food: 5.5% fewer staff feel able to eat nutritious, affordable food at work.

6.3 Outliers compared to our benchmarking group

Our benchmarking group is Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, comprising 48 organisations for Substantive comparison and 35 organisations for Bank.

Substantive:

Best in sector

- with (88.32%) for making reasonable adjustments, placing us top of our peer group.

Worst in sector

- for feeling respected by colleagues (71.53%)
- for team members understanding each other's roles (63.71%)
- for feeling a strong personal attachment to our teams (61.26%)

To watch – we score poorly

- for feeling valued within our teams (70.06%)
- for appraisals leaving staff feeling valued (28.08%)
- for motivation (6.78), an engagement sub-theme covering enthusiasm for work, looking forward to work, and time passing quickly at work

Bank:

Best in sector – top of the peer group

- for Trust commitment to helping balance work and home life (68.67%)
- for achieving a good balance between work life and home life (84.34%)
- for not feel pressure from the Trust to come to work (8.70%)

Worst in sector

- for enjoying working with colleagues in the team (73.49%)
- for experienced harassment, bullying or abuse from Managers (24.39%)
- for being the target of unwanted sexual behaviour from Staff/colleagues (8.54%)

7. Equality and Inclusion Insights

7.1 Workforce Race Equality Standards (WRES) – Substantive Summary

- Worsening indicators for harassment.
- Career opportunities performing above sector average.
- Discrimination remains marginally worse than sector.

Figure 6: WRES Standard - Substantive staff

Indicator	WRES Standard % Staff - ALL ETHNIC GROUPS	2021	2022	2023	2024	2025	YoY Ch		Sector Ave	Against Sector Ave
5	% experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	37.9%	35.8%	33.7%	30.7%	36.0%	5.3%	Significantly Unfavourable	33.8%	Worse than sector ave
6	% experiencing harassment, bullying or abuse from staff in the last 12 months	22.8%	22.5%	17.1%	17.8%	20.7%	2.9%	Unfavourable	20.2%	Worse than sector ave
7	% believing that the organisation provides equal opportunities for career progression or promotion.	Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 (Q15) are not reported				52.2%			51.6%	Better than sector ave
8	% experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	13.8%	11.8%	10.2%	13.3%	12.9%	-0.3%	Favourable	12.7%	Worse than sector ave

7.2 Workforce Race Equality Standards (WRES) – Bank Summary

Mixed progress across WRES indicators, with both improvements and areas of concern

- Significant reduction in discrimination from colleagues/managers, better than sector average
- Increased confidence in speaking up, now above sector average
- Harassment from managers has slightly improved but remains worse than the sector average
- Harassment, Physical violence and discrimination from patients/service users have increased and are all worse than the sector average
- Staff satisfaction remains stable but below sector average

Figure 7: WRES Standard – Bank staff

Indicator	Bank Workforce Race Equality Standard (BWRES) % Staff - ALL ETHNIC GROUPS	2022	2023	2024	2025	YoY Ch		Sector Ave	Against Sector Ave
4a	% experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in last 12 months	52.83%	51.32%	40.79%	61.54%	20.0%	Significantly Unfavourable	45.00%	Worse than sector ave
4b&c	% experiencing harassment, bullying or abuse from managers/staff in last 12 months.	22.45%	34.67%	30.67%	28.00%	-2.7%	Favourable	20.00%	Worse than sector ave
5a	% experienced physical violence from patients/service users, their relatives, or other members of the public in the last 12 months.	52.83%	53.33%	53.95%	55.77%	1.8%	Unfavourable	38.46%	Worse than sector ave
6c	% whose main source of paid work is on the bank.	74.07%	78.95%	69.74%	61.54%	-8.2%		63.70%	
7a	% experienced discrimination at work from managers/ team leader or colleagues in the last 12 months.	14.29%	21.05%	17.14%	8.33%	-8.8%	Significantly Favourable	14.15%	Better than sector ave
7b	% experienced discrimination at work from patients/service users, their relatives, or other members of the public in last 12 months.	41.51%	47.37%	35.62%	48.08%	12.5%	Significantly Unfavourable	35.33%	Worse than sector ave
8a	% saying that they are satisfied with the extent to which their organisation values their work.	57.69%	48.00%	48.00%	48.08%	0.1%	Favourable	58.65%	Worse than sector ave
8b	% that feel safe to speak up about anything that concerns them in their organisation.	65.38%	72.00%	72.37%	76.47%	4.1%	Favourable	68.86%	Better than sector ave
9	% who were recruited to the NHS from outside of the UK and now whose main paid source of work is on the bank.	3.70%	3.95%	5.26%	3.85%	-1.4%		3.25%	

7.3 Workforce Disability Equality Standards (WDES) – Summary

The experience of staff with long-term conditions in 2025 presents a mixed organisational picture with both clear strengths and emerging cultural challenges:

- Strong performance on reasonable adjustments.
- Declining confidence in reporting bullying and harassment.
- Significant deterioration in feeling valued and engagement.

Figure 8: WDES Standard - Substantive staff

Metric	WDES Standard % Staff with a Long-Term Condition (LTC) or illness	2021	2022	2023	2024	2025	YoY Ch		Sector Ave	Against Sector Ave
4a	% experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31.2%	30.9%	25.7%	26.7%	25.7%	-1.0%	Favourable	27.2%	Better than sector ave
4b	% experiencing harassment, bullying or abuse from managers in the last 12 months	12.2%	9.6%	8.7%	7.9%	9.6%	1.7%	Unfavourable	11.6%	Better than sector ave
4c	% experiencing harassment, bullying or abuse from colleagues in the last 12 months	22.3%	19.7%	17.2%	17.6%	20.9%	3.3%	Unfavourable	18.9%	Worse than sector ave
4d	% saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	66.9%	59.4%	61.2%	66.1%	58.4%	-7.7%	Significantly Unfavourable	61.7%	Worse than sector ave
5	% believing that the organisation provides equal opportunities for career progression or promotion.	Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 (Q15) are not reported				50.8%			52.2%	Worse than sector ave
6	% who felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	17.0%	16.2%	14.9%	15.9%	16.3%	0.4%	Unfavourable	18.3%	Better than sector ave
7	% satisfied with the extent to which their organisation values their work	41.5%	49.9%	47.4%	45.7%	39.0%	-6.7%	Significantly Unfavourable	42.5%	Worse than sector ave
8	% saying employer has made reasonable adjustment(s) to enable them to carry out their work.	n/a	83.5%	86.5%	80.9%	88.0%	7.1%	Significantly Favourable	79.1%	Better than sector ave
9a	Staff engagement score (0-10)	6.76	6.81	6.90	6.69	6.60	-0.09	Unfavourable	6.64	Worse than sector ave

For the 2025 NHS Bank Staff Survey, WDES results are not available. Fewer than 10 staff reported having a long-term health condition or illness across all questions, and therefore the data has been suppressed to protect staff confidentiality and to ensure the reliability of the results.

7.4 Sexual Orientation Equality Metrics; Lesbian Gay Bisexual Other+ (LGBO+) Summary

- The data is unweighted, and because this is not a national equality measure, sector comparisons aren't available.
- Higher levels of harassment and lower confidence in reporting.
- Persistent gaps in feeling valued and equal career opportunities.

Figure 9: Metrics for LGBO+ - Substantive staff

LGBO+ (Lesbian, Gay, Bisexual, Other)	2024		2025		YoY 24/25	Diff 2025
	LGBO	Straight	LGBO	Straight	LGBO	LGBO vs SRT
% of staff who experienced at least one incident of harassment, bullying or abuse from: Patients / service users, their relatives or other members of the public.	25.8%	20.3%	30.6%	20.4%	4.8%	10.2%
% of staff who experienced at least one incident of harassment, bullying or abuse from: Managers.	4.9%	5.4%	5.1%	6.2%	0.2%	-1.1%
% of staff who experienced at least one incident of harassment, bullying or abuse from: Other colleagues.	18.8%	13.1%	14.1%	13.2%	-4.7%	0.9%
% of staff saying they, or a colleague, reported harassment, bullying or abuse.	59.7%	68.8%	57.4%	63.9%	-2.3%	-6.5%
% of staff who believe that their organisation provides equal opportunities for career progression / promotion.	54.4%	62.4%	59.5%	62.6%	5.1%	-3.1%
% of staff who have felt pressure from their manager to come to work despite not feeling well enough to perform duties.	61.7%	50.6%	59.9%	52.4%	-1.8%	7.5%
% of staff satisfied with the extent to which their organisation values their work.	47.5%	53.6%	46.2%	49.3%	-1.3%	-3.1%

7.5 Gender Identity Equality Metrics Summary

- This is the second year of comparable data for transgender staff. The data is unweighted, and because it is not a national equality measure, sector comparisons aren't available.

Transgender staff report significantly poorer experiences across harassment, inclusion, career progression, wellbeing and feeling valued.

Figure 10: Metrics for Gender Identity – Substantive staff

Gender Identity Same as Birth - Yes/No (T - Transgender/C - Cisgender)	2024		2025		YoY 24/25	Diff 2025
	No - T	Yes - C	No - T	Yes - C	No - T	T vs C
Question						
% of staff who experienced at least one incident of harassment, bullying or abuse from: Patients / service users, their relatives or other members of the public.	35.7%	20.5%	33.3%	21.2%	-2.4%	12.1%
% of staff who experienced at least one incident of harassment, bullying or abuse from: Managers.	0.0%	5.3%	6.7%	6.0%	6.7%	0.7%
% of staff who experienced at least one incident of harassment, bullying or abuse from: Other colleagues.	14.3%	13.6%	26.7%	12.6%	12.4%	14.1%
% of staff saying they, or a colleague, reported harassment, bullying or abuse.	N/A	66.6%	N/A	62.4%	N/A	N/A
% of staff who believe that their organisation provides equal opportunities for career progression / promotion.	57.1%	61.4%	37.5%	60.2%	-19.6%	-22.7%
% of staff who have felt pressure from their manager to come to work despite not feeling well enough to perform duties.	50.0%	52.3%	62.5%	52.8%	12.5%	9.7%
% of staff satisfied with the extent to which their organisation values their work.	57.1%	52.2%	43.8%	49.4%	-13.3%	-5.6%

Sexual Orientation and Gender Identity equality metrics are not currently included within the national equality standards for the NHS Staff Survey. However, as a Trust, we have made a deliberate decision to report on these areas alongside WDES and WRES to strengthen our commitment to inclusion. Due to small sample sizes within the Bank staff cohort, we are unable to report this data as response numbers fall below the minimum threshold, results are suppressed to protect staff confidentiality and ensure statistical robustness.

8. National Oversight Framework (NOF)

The NOF now uses three Staff Survey metrics; *raising concerns, engagement, and learning and development*, linking staff experience directly to national oversight. In 2025, most themes declined, with a couple below the benchmark average.

- *Raising Concerns*: declined (-0.17), reduced psychological safety and confidence to speak up
- *Engagement*: decreased (-0.10), mainly reduced by the Motivation sub theme (largest variance to benchmark average at -0.28, highlighted red in Figure 7).

Figure 11: National Oversight Framework (NOF) Metrics

	2024	2025	YoY	LYPFT Dif to Average	Average result 2025	Best result 2025	Note for NHS Oversight Framework (NOF)
PP3_2 Raising concerns (sub theme)	6.82	6.65	-0.17	0.01	6.64	7.26	Patient Safety domain, raising concerns
PP5_1 Development (sub theme)	6.68	6.57	-0.11	0.00	6.57	6.91	People & Workforce domain, learning
E Staff engagement	7.02	6.92	-0.10	-0.10	7.02	7.48	People & Workforce domain, Engagement
E_1 Motivation (sub theme)	6.89	6.78	-0.11	-0.28	7.06	7.35	People & Workforce domain, Engagement
E_2 Involvement (sub theme)	7.14	7.1	-0.04	0.07	7.03	7.33	People & Workforce domain, Engagement
E_3 Advocacy (sub theme)	7.02	6.9	-0.12	0.03	6.87	7.75	People & Workforce domain, Engagement

9. Volunteer Survey

This is the third year the volunteer survey has been conducted, using a sample of questions from the main NHS Staff Survey. The Volunteer Survey had a 41.7% response rate (53 of 127), up 11% from 2024. Results were mixed, with seven measures improving and seven declining. The largest improvement was a 7.42% increase in volunteers feeling valued, while the biggest decline (17.04%) related to how well the service responds to problems. Overall, volunteers feel appreciated but require stronger support when issues arise. These results have been shared with

the Volunteer Team for action.

10. Intention Planning/Trust Level Action Plan

A total of 42 Intention Plans (IPs) have been submitted. The majority of services and teams have elected to carry forward their 2024 plans, indicating a continued organisational focus on embedding and sustaining existing priorities, rather than introducing widespread new areas of focus during a period of transition into the new organisation.

Where new or revised Intention Plans have been developed, these primarily reflect targeted responses to emerging workforce challenges, most notably in relation to staff wellbeing, burnout, morale, and team functioning.

Findings from the Bank Staff Survey will be presented at the Bank Forum on 19 June 2026. Colleague feedback will directly inform the development of the Bank Intention Plan.

The Board Trust-level action plan has been developed using staff survey free-text responses alongside other data sources. These findings will be presented at the July Board meeting and, once ratified, will be communicated to all staff.

11. Conclusion

Substantive staff report a decline in their experiences of safety, wellbeing and engagement. While feedback from bank staff has improved, concerns remain regarding harassment, physical violence and discrimination from patients and service users. Volunteers report feeling more valued overall, although there is still a need to further strengthen support for this group.

The enhanced national framework places increased accountability on Boards to ensure that staff feedback leads to measurable improvements through Trust-level action planning. This is supported by Intention Planning and robust governance arrangements, providing a strong foundation for progress. Going forward, focus will remain on deepening staff engagement, strengthening oversight, and ensuring continued alignment with equality standards.

12. Recommendation

The Council of Governors is asked to:

- Receive and note the high-level 2025 National Staff Survey results.
- Acknowledge the strengthened national expectations for survey reporting and Trust level action planning.
- Take assurance from the plan to share results across services and governance groups to support improvement planning.

Sarah Turner

People Engagement Lead

16 June 2026

Data Appendices

- Appendix 1 – Recording NSS25 Results Briefing
- Appendix 2 – Slide deck NSS25 Results Briefing

NHS Staff Survey 2025

Trust level results – Weighted data



Leading the way in mental health, learning disability and neurodiversity care

integrity

simplicity

caring

NHS Vision Statement for NHS Staff Survey

- The NHS Staff Survey each year will powerfully contribute to enabling employee voice to be heard in order that healthcare staff receive high quality, continually improving and compassionate support so. they can in turn effectively deliver high quality care for the communities that we serve.
- The People Promise is intended to ensure change for the better. The people best placed to say how progress has been made are those who work in the NHS, which was the driving force behind the redesign of the NHS Staff Survey to align with the People Promises in 2021.



Update to Standard Contract

Action plans for all surveys to ICBs

Standard Contract – 25/26 version 2 Sept 25, para 12.7

The Provider must review and provide a written report to the Co-ordinating Commissioner on the results of each Survey.

The report must identify any actions reasonably required to be taken by the Provider in response to the Survey.

The Provider must implement those actions as soon as practicable. The Provider must publish the outcomes of and actions taken in relation to all Surveys.

The Trust must;

- Report NSS and NQPS results — and the actions taken — to ICBs.
- Identify required actions from the survey findings and implement them promptly.
- Publish the outcomes and actions taken in response to all surveys.

Medium Term Planning Framework

New Board commitment

Medium Term Planning Framework (MTPF) 26/27 to 28/29

....every **NHS board** will be expected to use the 2025/26 staff survey findings to commit to:

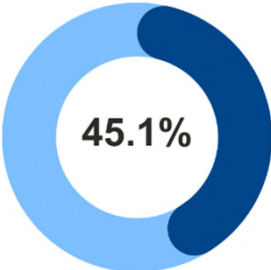
- A detailed review of Full Free-Text Analysis
- Identify 3 Critical Areas showing highest levels of staff dissatisfaction
- Undertake a targeted Impact Assessment: where these issues are most prevalent
- Boards are required to develop and publish actionable resolution plans specifically designed to address and resolve these identified issues 'within the year'.

What needs to change

- All Service Intention Plans must be submitted by **18 April** – no extensions
- Free-text themes will be triangulated with quantitative survey data to assess impact and determine priority issues.
- A Trust-wide action plan must be developed in response to the survey findings, and the Trust is required to implement actions promptly.
- Boards must publish detailed, in-year action plans to address and resolve issues identified through the surveys.

Response rates

Substantive response rate 2025



45.1% response rate
 ▼ -4.35% from 2024

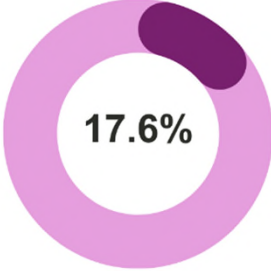
1,504 responses
 ▼ -133 from 2024

2025 Benchmarking group Median response rate: **52%**

Substantive historical response rates

2022	2023	2024	2025
43.88%	50.19%	49.47%	45.12%
1,322	1,569	1,637	1,504

Bank response rate 2025



17.6% response rate
 ▼ -6.2% from 2024

84 responses
 ▼ -36 from 2024

2025 Benchmarking group Median response rate: **19%**

Bank historical response rates

2022	2023	2024	2025
15.0%	27.2%	23.8%	17.6%
95	131	120	84

People Promise Elements and Themes

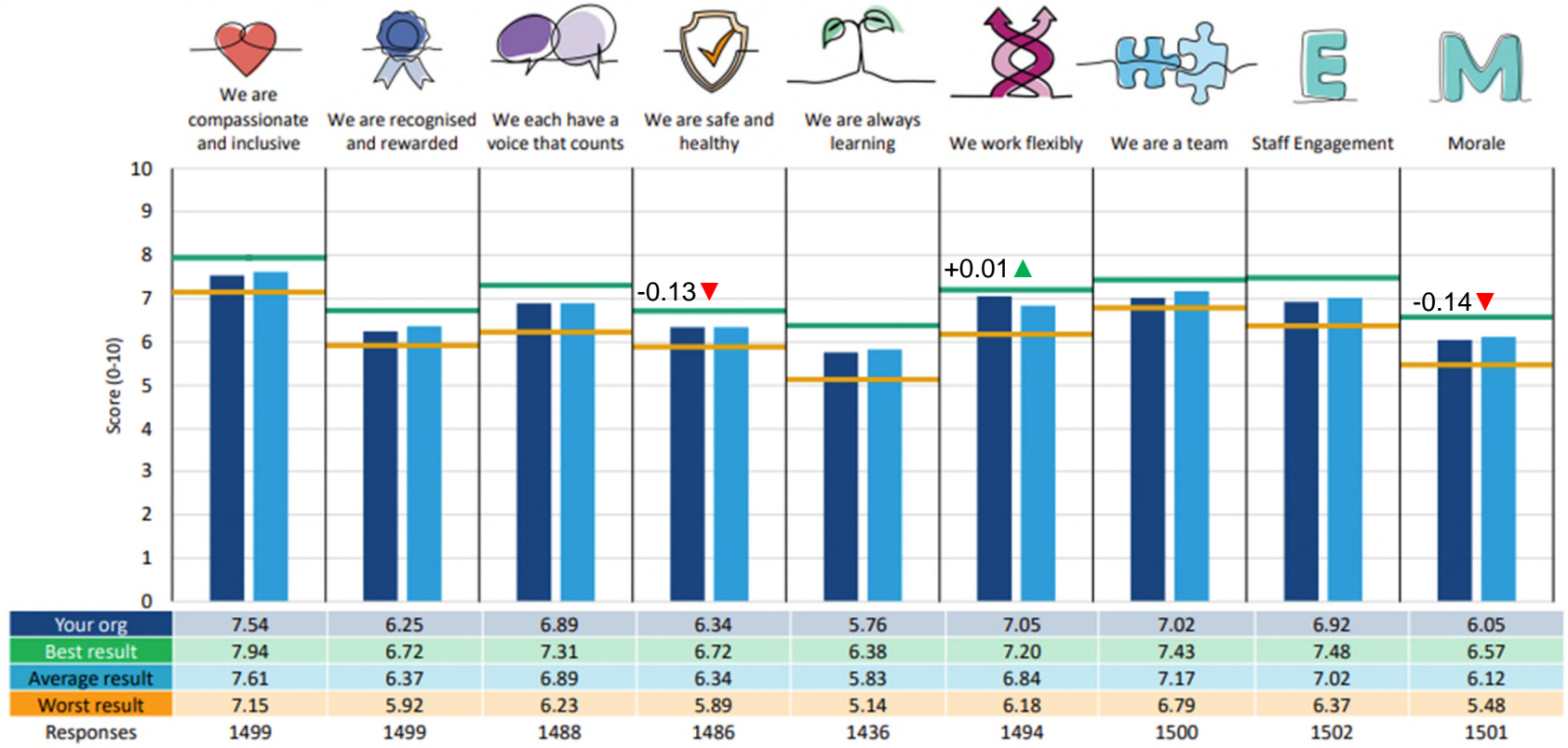


People Promise Elements and Themes

Substantive Staff – 2025 weighted data

➤ **People Promise elements and themes: Overview** Survey Coordination Centre

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



- Within We are always learning, the Appraisals sub-theme shows the largest positive movement (+0.10 ▲).
- Team working has fallen to 7.02 ▼, continuing downward trend from 7.15 in 2022.
- Within Morale, the sub-theme Work pressure shows a significant decline (-0.22 ▼).

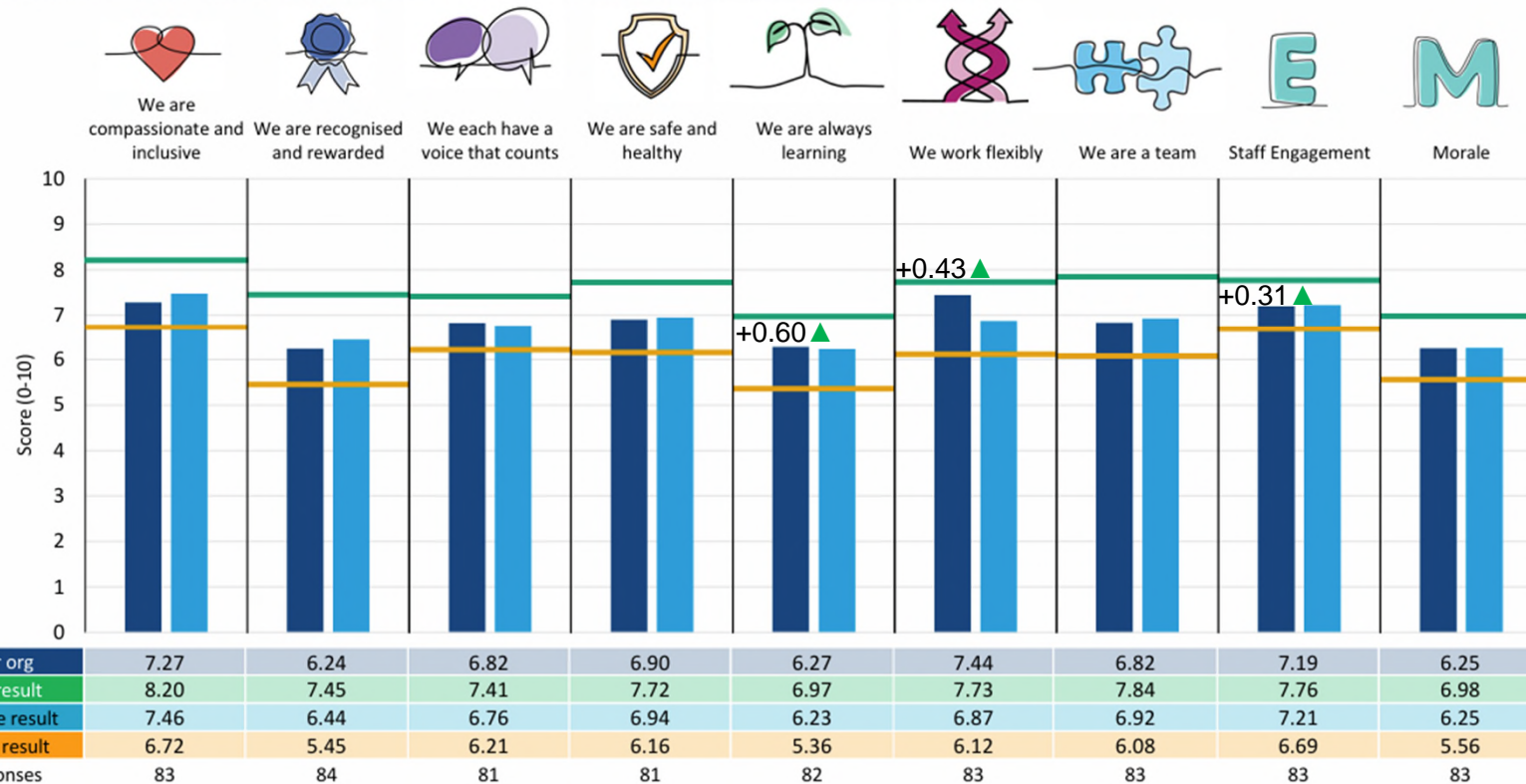
People Promise Elements and Themes

Bank Staff – 2025 weighted data

People Promise elements and themes: Overview

Survey Coordination Centre 

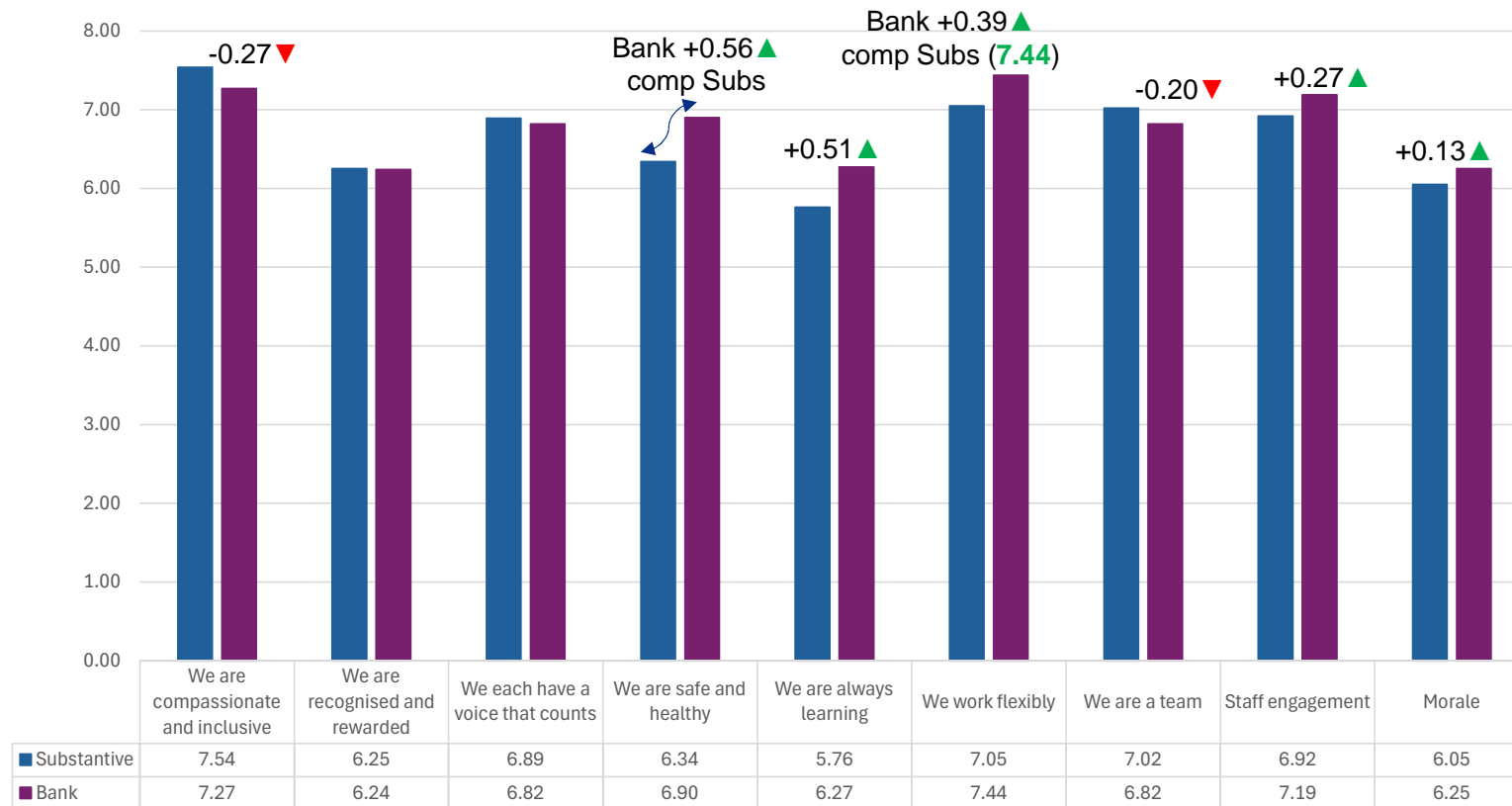
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



- ▲ All elements and themes saw improvement from last year
- Highest scoring element We work flexibly scoring 7.44, improved by ▲ +0.43 and is ▲ +0.57 above national average
- We are always learning statistically significantly higher score ▲ +0.60
- Lowest scoring element, We are recognised and rewarded at 6.24

People Promise Elements and Themes

Substantive 2025 Vs Bank 2025 – Weighted Data





We are **recognised**
and **rewarded**



CERTIFICATE OF RECOGNITION AWARDED TO

Leeds and York Partnership NHS Foundation Trust

With thanks and in acknowledgement of your achievement in improving the experience and engagement of colleagues within your organisation.

Director of Staff Experience and Engagement

3 June 2026



Living the
People Promise

2025 LYPFT Substantive NHS Staff Survey results in relation to the NHS National Oversight Framework (NOF).

Substantive People Promise Themes and Sub Themes

NHS National Oversight Framework (NOF) Metrics - weighted data

	2024	2025	YoY	LYPFT Dif to Average	Average result 2025	Best result 2025	Note for NHS Oversight Framework (NOF)
PP3_2 Raising concerns (sub theme)	6.82	6.65	-0.17	0.01	6.64	7.26	Patient Safety domain, raising concerns
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E Staff engagement	7.02	6.92	-0.10	-0.10	7.02	7.48	People & Workforce domain, Engagement
E_1 Motivation (sub theme)	6.89	6.78	-0.11	-0.28	7.06	7.35	People & Workforce domain, Engagement
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E_3 Advocacy (sub theme)	7.02	6.9	-0.12	0.03	6.87	7.75	People & Workforce domain, Engagement

Our benchmarking group is Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, comprising 48 organisations

Equality and inclusion insights



We are
compassionate
and **inclusive**

Workforce Race Equality Standards (WRES)

Indicator	WRES Standard % Staff - ALL ETHNIC GROUPS	2021	2022	2023	2024	2025	YoY Ch		Sector Ave	Against Sector Ave
5	% experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	37.9%	35.8%	33.7%	30.7%	36.0%	5.3%	Significantly Unfavourable	33.8%	Worse than sector ave
6	% experiencing harassment, bullying or abuse from staff in the last 12 months	22.8%	22.5%	17.1%	17.8%	20.7%	2.9%	Unfavourable	20.2%	Worse than sector ave
7	% believing that the organisation provides equal opportunities for career progression or promotion.	Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 (Q15) are not reported				52.2%			51.6%	Better than sector ave
8	% experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	13.8%	11.8%	10.2%	13.3%	12.9%	-0.3%	Favourable	12.7%	Worse than sector ave

Workforce Disability Equality Standards (WDES)

Metric	WDES Standard % Staff with a Long-Term Condition (LTC) or illness	2021	2022	2023	2024	2025	YoY Ch		Sector Ave	Against Sector Ave
4a	% experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	31.2%	30.9%	25.7%	26.7%	25.7%	-1.0%	Favourable	27.2%	Better than sector ave
4b	% experiencing harassment, bullying or abuse from managers in the last 12 months	12.2%	9.6%	8.7%	7.9%	9.6%	1.7%	Unfavourable	11.6%	Better than sector ave
4c	% experiencing harassment, bullying or abuse from colleagues in the last 12 months	22.3%	19.7%	17.2%	17.6%	20.9%	3.3%	Unfavourable	18.9%	Worse than sector ave
4d	% saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	66.9%	59.4%	61.2%	66.1%	58.4%	-7.7%	Significantly Unfavourable	61.7%	Worse than sector ave
5	% believing that the organisation provides equal opportunities for career progression or promotion.	Note: Due to changes in the question wording in 2025, previous years' results for WRES indicator 7 (Q15) are not reported				50.8%			52.2%	Worse than sector ave
6	% who felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	17.0%	16.2%	14.9%	15.9%	16.3%	0.4%	Unfavourable	18.3%	Better than sector ave
7	% satisfied with the extent to which their organisation values their work	41.5%	49.9%	47.4%	45.7%	39.0%	-6.7%	Significantly Unfavourable	42.5%	Worse than sector ave
8	% saying employer has made reasonable adjustment(s) to enable them to carry out their work.	n/a	83.5%	86.5%	80.9%	88.0%	7.1%	Significantly Favourable	79.1%	Better than sector ave
9a	Staff engagement score (0-10)	6.76	6.81	6.90	6.69	6.60	-0.09	Unfavourable	6.64	Worse than sector ave

Bank Workforce Race Equality Standards (BWRES)

Indicator	Bank Workforce Race Equality Standard (BWRES) % Staff - ALL ETHNIC GROUPS	2022	2023	2024	2025	YoY Ch		Sector Ave	Against Sector Ave
4a	% experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in last 12 months	52.83%	51.32%	40.79%	61.54%	20.8%	Significantly Unfavourable	45.00%	Worse than sector ave
4b&c	% experiencing harassment, bullying or abuse from managers/staff in last 12 months.	22.45%	34.67%	30.67%	28.00%	-2.7%	Favourable	20.00%	Worse than sector ave
5a	% experienced physical violence from patients/service users, their relatives, or other members of the public in the last 12 months.	52.83%	53.33%	53.95%	55.77%	1.8%	Unfavourable	38.46%	Worse than sector ave
6c	% whose main source of paid work is on the bank.	74.07%	78.95%	69.74%	61.54%	-8.2%		63.70%	
7a	% experienced discrimination at work from managers/ team leader or colleagues in the last 12 months.	14.29%	21.05%	17.14%	8.33%	-8.8%	Significantly Favourable	14.15%	Better than sector ave
7b	% experienced discrimination at work from patients/service users, their relatives, or other members of the public in last 12 months.	41.51%	47.37%	35.62%	48.08%	12.5%	Significantly Unfavourable	35.33%	Worse than sector ave
8a	% saying that they are satisfied with the extent to which their organisation values their work.	57.69%	48.00%	48.00%	48.08%	0.1%	Favourable	58.65%	Worse than sector ave
8b	% that feel safe to speak up about anything that concerns them in their organisation.	65.38%	72.00%	72.37%	76.47%	4.1%	Favourable	68.86%	Better than sector ave
9	% who were recruited to the NHS from outside of the UK and now whose main paid source of work is on the bank.	3.70%	3.95%	5.26%	3.85%	-1.4%		3.25%	

Bank Workforce Disability Equality Standards (BWDES)

For the 2025 NHS Bank Staff Survey, WDES results are not available. Fewer than 10 staff reported having a long-term health condition or illness across all questions, and therefore the data has been suppressed to protect staff confidentiality and to ensure the reliability of the results.

Sexual Orientation Equality Metrics; Lesbian Gay Bisexual Other+ (LGB0+)

LGB0+ (Lesbian, Gay, Bisexual, Other)	2024		2025		YoY 24/25	Diff 2025
	LGB0	Straight	LGB0	Straight	LGB0	LGB0 vs SRT
<i>% of staff who experienced at least one incident of harassment, bullying or abuse from: Patients / service users, their relatives or other members of the public.</i>	25.8%	20.3%	30.6%	20.4%	4.8%	10.2%
<i>% of staff who experienced at least one incident of harassment, bullying or abuse from: Managers.</i>	4.9%	5.4%	5.1%	6.2%	0.2%	-1.1%
<i>% of staff who experienced at least one incident of harassment, bullying or abuse from: Other colleagues.</i>	18.8%	13.1%	14.1%	13.2%	-4.7%	0.9%
<i>% of staff saying they, or a colleague, reported harassment, bullying or abuse.</i>	59.7%	68.8%	57.4%	63.9%	-2.3%	-6.5%
<i>% of staff who believe that their organisation provides equal opportunities for career progression / promotion.</i>	54.4%	62.4%	59.5%	62.6%	5.1%	-3.1%
<i>% of staff who have felt pressure from their manager to come to work despite not feeling well enough to perform duties.</i>	61.7%	50.6%	59.9%	52.4%	-1.8%	7.5%
<i>% of staff satisfied with the extent to which their organisation values their work.</i>	47.5%	53.6%	46.2%	49.3%	-1.3%	-3.1%

Gender Identity Equality Metrics Summary

Gender Identity Same as Birth - Yes/No (T- Transgender/C - Cisgender)	2024		2025		YoY 24/25	Diff 2025
	No - T	Yes - C	No - T	Yes - C	No - T	T vs C
<i>% of staff who experienced at least one incident of harassment, bullying or abuse from: Patients / service users, their relatives or other members of the public.</i>	35.7%	20.5%	33.3%	21.2%	-2.4%	12.1%
<i>% of staff who experienced at least one incident of harassment, bullying or abuse from: Managers.</i>	0.0%	5.3%	6.7%	6.0%	6.7%	0.7%
<i>% of staff who experienced at least one incident of harassment, bullying or abuse from: Other colleagues.</i>	14.3%	13.6%	26.7%	12.6%	12.4%	14.1%
<i>% of staff saying they, or a colleague, reported harassment, bullying or abuse.</i>	N/A	66.6%	N/A	62.4%	N/A	N/A
<i>% of staff who believe that their organisation provides equal opportunities for career progression / promotion.</i>	57.1%	61.4%	37.5%	60.2%	-19.6%	-22.7%
<i>% of staff who have felt pressure from their manager to come to work despite not feeling well enough to perform duties.</i>	50.0%	52.3%	62.5%	52.8%	12.5%	9.7%
<i>% of staff satisfied with the extent to which their organisation values their work.</i>	57.1%	52.2%	43.8%	49.4%	-13.3%	-5.6%

Question level data

Well-performing

- **Reporting violence:** 90.5% of Substantive and 94.3% of Bank Staff reported the last incident.
- **Feeling trusted:** 89.9% of Substantive and 91.7% of Bank Staff feel trusted to do their job.
- **Making a difference:** 84.6% of Substantive and 92.3% of Bank Staff feel their role benefits service users.

Compared to last year, Substantive Staff report

- ▲ Reasonable adjustments: 88.3% (+7.4%).
- ▲ Appraisals/PDR: 88.9% (+5%) **GREEN**.

Compared to last year, Bank Staff report

- ▲ Respect for individual differences: 83.1% (+15.9%) **GREEN**.
- ▲ Time passes quickly at work: 64.6% (+15%) **GREEN**.
- ▲ Able to get help and support: 70.7% (+14.4%) **GREEN**.

Areas for improvement

Compared to last year, Substantive Staff report

- ▼ Less action on Health & wellbeing: 63.9% (-5.8%, **RED**).
- ▼ More Burnout: 25.6% (+5.1%, **RED**).
- ▼ Feeling less valued for their work: 46.6% (-4.9%).
- ▼ Less confidence in speaking up: 66% (-4.3%) feel safe to raise any type of concern.
- ▼ In Engagement we see declines across Motivation, Involvement and Advocacy with only 60.6% (- 3.9%) would now recommend care to friends/family.
- ▼ In Morale we see declines across all sub themes; with 30% (+3.1%) often think about leaving.
- ▼ Feeling less valued through PDRs: 28.1% (-3.1%).

Compared to last year, Bank Staff report

- ▼ Increases in harassment and discrimination: 48.8% experienced harassment/bullying (+13%) and 33.7% experienced discrimination (+8.5%) from patients/public - both **RED**.
- ▼ Service User care is less of a top priority - at 80.5% (-8.7%, **RED**).
- ▼ Less access to nutritious food: 5.5% fewer staff feel able to eat nutritious, affordable food at work - **RED**.

Substantive outliers (sector comparison)

Best/worst sector scores 2025

Question/Theme	LYPFT	MHL D Trusts		
		Best	Average	Worst
Q31b - Has your employer made reasonable adjustment(s) to enable you to carry out your work?	88.32%	88.32%	78.92%	65.39%
Q7c - I receive the respect I deserve from my colleagues at work.	71.53%	80.17%	76.14%	71.53%
Q7d - Team members understand each other's roles.	63.71%	77.11%	71.47%	63.71%
Q7i - I feel a strong personal attachment to my team.	61.26%	70.19%	66.08%	61.26%

Scores to watch 2025

Question/Theme	LYPFT	MHL D Trusts			Variation >Worst
		Best	Average	Worst	
Q7h - I feel valued in my team.	70.06%	78.22%	74.37%	69.48%	0.58%
Q23d - It left me feeling that my work is valued by my organisation.	28.08%	43.58%	35.35%	27.91%	0.17%
Engagemnet Subtheme - Motivation	6.78	7.35	7.06	6.71	0.07

Bank outliers (sector comparison)

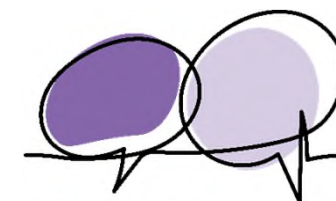
Best/worst sector scores 2025

Question/Theme	LYPFT	MHL D Trusts		
		Best	Average	Worst
Q8b – My organisation is committed to helping me balance my work and home life	68.67%	68.67%	55.09%	41.94%
Q8c – I achieve a good balance between my work life and my home life	84.34%	84.34%	75.00%	65.14%
Q16e – Have you felt pressure from the organisation to come to work?	8.70%	8.70%	33.33%	52.78%
Q11c – I enjoy working with the colleagues in my team	73.49%	94.74%	83.23%	73.49%
Q19b – Experienced harassment, bullying or abuse at work from Managers	24.39%	6.38%	15.48%	24.39%
Q22b – Target of unwanted sexual behaviour from Staff/colleagues	8.54%	0.00%	3.92%	8.54%

2025 Volunteers Survey

Leeds and York Partnership NHS Foundation Trust

Volunteer Survey Overview 2025



We each have
**a voice that
counts**

41.7%
response
rate (RR)

RR Up
+11%

53/127
Responses



	2023	2024	2025	YoY Diff
I feel that my role makes a difference to patients/service users	92.59%	90.62%	92.45%	1.83%
I would recommend my LYPFT as a place to work	81.48%	87.50%	90.56%	3.06%
The Volunteer Service takes effective action to help me with any problems I face	74.07%	90.62%	73.58%	-17.04%
The Volunteer Service acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.	66.67%	78.12%	75.47%	-2.65%
The people I work with are polite and treat each other with respect	92.59%	93.75%	92.45%	-1.30%
I am satisfied with the recognition I get for volunteering work	92.60%	84.37%	73.58%	-10.79%
I am satisfied with the extent to which the LYPFT values my work	77.78%	81.25%	88.67%	7.42%
I always know what my volunteering responsibilities are	85.18%	84.37%	86.79%	2.42%
I feel safe to speak up about anything that concerns me in this LYPFT	85.18%	87.50%	90.56%	3.06%
I have adequate materials, supplies and equipment to do my volunteering work	92.59%	78.12%	71.69%	-6.43%
I have opportunities to improve my knowledge and skills	74.07%	71.87%	79.24%	7.37%
I am enthusiastic about my volunteering role	88.89%	87.50%	86.79%	-0.71%
<i>I will leave this volunteering role as soon as I can find a permanent role.</i>	18.51%	9.37%	13.20%	3.83%
I receive the respect I deserve from my colleagues at LYPFT	92.59%	96.87%	84.90%	-11.97%

Next steps

Next steps



- A total of 42 Intention Plans (IPs) have been submitted. The majority of services and teams have elected to carry forward their 2024 plans
- Findings from the Bank Staff Survey are being presented at the Bank Forum on 19 June 2026. Colleague feedback will directly inform the development of the Bank Intention Plan.
- The Board Trust-level action plan has been developed and findings will be presented at the July Board meeting

Our Focus Going Forward

- Translate insight into impact through Trust-wide action plan and service-level intention plans
- Prioritise the areas that matter most to staff
- Monitor progress and demonstrate measurable improvement

Staff experience is a core performance measure, improving it is essential to delivering high-quality, safe care.



NHS
**National
Staff Survey
2025**

Thank you



Leading the way in mental health, learning disability and neurodiversity care

integrity

simplicity

caring

Blank Page

Meeting of the Council of Governors

Paper title:	Finance Update
Date of meeting:	7 July 2026
Presented by: (name and title)	Dawn Hanwell, Chief Finance Officer and Deputy Chief Executive
Prepared by: (name and title)	Jonathan Saxton, Deputy Director of Finance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	

THIS PAPER RELATES TO THE TRUST'S STRATEGIC RISK/S (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Executive summary

The Trust ended the financial year 2025/26 with a £1.0m surplus against a breakeven plan. However, this position has been substantially supported by one off non-recurrent means to the value of £7.5m. The Trust also achieved its run-rate reduction efficiency as monitored by NHS England, however 32% of which was due to non-recurrent schemes. The Trust transacted £7.7m of internal recurrent budget efficiency schemes, 47% or £6.8m remained and will be carried forward into the 2026/27 financial year.

The Month 1 2026/27 overall summary reported position against a breakeven position. The underlying

run-rate at month 1 is a £1m deficit that has been mitigated by several non-recurrent or fortuitous benefits that cannot be relied upon in the coming months. This puts additional emphasis on the delivery of recurrent run-rate efficiencies in year.

Efficiency programmes have been developed for 2026/27, and recurrent budget efficiency targets has been agreed to be devolved to divisions and departments, so that they operate within the resources of the Trust, rather than the efficiency be held centrally. The run-rate efficiency plan monitored by NHS England is on plan with a number of schemes needing to expedite plans.

Capital expenditure at Month 1 is £0.3m against a plan of £0.1m. The variance is due to timing of activity.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act? **State below, 'Yes' or 'No'.**

If yes, please set out what action has been taken to address this in your paper.

Recommendation

The Council of Governors is asked to review and consider the Trust revenue and capital positions for 2025/26 and Month 1 2026/27.

Meeting of the Council of Governors

7 July 2026

Chief Finance Officer's Report

1 Introduction

This report provides the Council of Governors with a summary overview of the 2025/26 outturn position, and the first monthly financial position of 2026/27.

2 Revenue Position 2025/26

The Trust achieved a net £1.0m surplus, which was in line with the forecast, and ahead of the breakeven plan. To note the reported gross surplus is £4.6m, which is presentational linked to the change to PFI accounting treatment and is adjusted for financial performance measurement.

The table below summarises the income and expenditure position at month 12.

Income & Expenditure Plan Position	Plan Annual £'000	Month 12		
		Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Income:				
Patient Care Income	235,819	260,719	264,342	3,623
Other Income	37,634	28,634	29,904	1,270
Total Income	273,453	289,353	294,247	4,894
Expenditure:				
Pay Expenditure	(200,366)	(212,766)	(210,571)	2,195
Non Pay Expenditure	(68,406)	(71,906)	(79,072)	(7,165)
Total Expenditure	(268,772)	(284,672)	(289,643)	(4,970)
Surplus/ (Deficit)	4,681	4,681	4,604	(77)
Adjustments for NHSE Reporting	(4,681)	(4,681)	(3,617)	1,064
Adjusted Position	0	0	987	987

This position was underpinned by £7.5m of non-recurrent benefits including some fortuitous variances across individual service lines, excluding these items the out-turn would have been in the region of £6.5m deficit, which is slightly higher than our assessed underlying position of c£4.5m which we noted in our medium-term plan submission. The main factor generating the underlying pressure is the scale of out of area placement expenditure, which continued throughout the latter

part of the year to be higher than trajectory. Overall Working Age Adult OAPs outturn expenditure was over £10m (against a plan of £3.5m).

3 Efficiency Programme 2025/26

The efficiency programme was overseen and monitored by the Financial Planning Group in the year. Opportunities to increase the run-rate efficiency and recurrent budget efficiency were explored and progressed against each target.

3.1 Run-rate Efficiency 2025/26

The efficiency programme target for 2025/26 was delivered overall but the split between recurrent and non-recurrent savings varied to plan. More reliance was placed on non-recurrent savings. The most notable areas of significant under-achievement were OAPs and Bank expenditure as can be seen from the table below. The non-recurrent schemes cannot be relied upon at the same scale in future years.

Schemes	Recurrent / Non-Recurrent	Risk	YTD Plan (£000)	YTD Actual (£000)	YTD Variance (£000)
Interest Receivable	Non-Recurrent	Low	0	1,180	1,180
Technical Flexibility	Non-Recurrent	Low	1,993	3,077	1,084
Non-recurrent Income	Non-Recurrent	Low	0	1,656	1,656
CPC Gainshare	Recurrent	Low	504	504	0
Reducing Agency 30%	Recurrent	Low	2,600	4,765	2,165
Reducing Bank 10%	Recurrent	Medium	1,550	121	(1,429)
OAPs Improvement	Recurrent	High	4,101	0	(4,101)
Non-Pay Savings	Recurrent	Low	996	567	(429)
	Recurrent	Medium	3,000	0	(3,000)
Overtime Reduction	Recurrent	Low	0	508	508
Additional Income agreed	Recurrent	Low	0	591	591
Reducing Pay (Recurrent)	Recurrent	Low	0	1,775	1,775
Interest Receivable	Recurrent	Low	3,756	3,756	0
			18,500	18,500	0
	Recurrent		16,507	12,587	(3,920)
	Non-Recurrent		1,993	5,913	3,920
			18,500	18,500	0

3.2 Recurrent Budget Efficiency Programme 2025/26

The Trusts recurrent internal budgets identified a recurrent £14.5m budget saving programme (recurrent efficiency). This was based on allocated budgets not run rate profiles.

In the year £7.7m of schemes were transacted in total, as seen below.

	Target	Transacted	Remaining	Percentage Transacted
CFO	2,000	1,653	347	83%
POD	650	34	616	5%
Nursing	600	293	307	49%
Care Services	9,700	3,554	6,146	37%
Medical	850	31	819	4%
CEO	200	133	67	67%
COO	50	50	0	100%
MARS	0	516	-516	100%
Reserves	450	1,465	-1,015	325%
	14,500	7,729	6,771	53%

As shown; £6.8m or 47% of recurrent Budget efficiency was outstanding at the year end. In the year this has been met by non-recurrent underspends across the trust, predominantly within pay due to vacancies. As we are committed to bringing the internal Trust budgets to a balanced position the un-met efficiency target is be carried forward into the 2026/27 financial year.

4 Capital Position 2025/26

The capital position for 2025/26 is detailed in Appendix A. Capital expenditure for the financial year 2025/26 was £14.9m against a plan of £18.9m.

Providers plan for capital expenditure at 105% of capital allocations, with an acknowledgement that they must operate within the allocation (100%) in year. To facilitate this, LYPFT's 2025/26 capital plan includes £2m on behalf of all providers within the ICS. In addition, Public Dividend Capital (PDC) of £2.5m was assumed in 2025/26 plans for the new Electronic Patient Record system, which will now be delivered in future years.

The Trust has therefore utilised its available capital resource in year.

5 Revenue Position M1 2026/27

Taking into consideration the exit run rate position at month 12, and the additional pressures of the new year, it is not wholly unexpected that the reported position at month 1 (unsupported by any flexibilities) is not where we needed it to be. The main pressure areas, which were prevalent in 2025/26 remain and the new efficiency target are key factors. Whilst we have be able to report an overall break-even position, the unsupported position indicates an in-month deficit of c.£1m.

This has been mitigated by several non-recurrent and fortuitous benefits as last year, however the available flexibilities are reducing and cannot be relied upon in the coming months to the same extent. It is too early in the financial year to fully assess the scale of financial risk, but the starting

position is not positive overall. Specifically, the OAPs position is significantly higher than the plan trajectory, although not substantially higher than the exit run rate from 2025/26. The month 1 position puts additional emphasis on the delivery of recurrent run-rate and budget efficiencies in year at increased pace.

The reported position against plan for month 1 is shown in the table below.

Income & Expenditure Plan Position	Plan Annual £'000	Month 1		
		Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Income:				
Patient Care Income	243,405	21,703	21,816	113
Other Income	29,168	1,282	1,797	515
Total Income	272,573	22,985	23,613	628
Expenditure:				
Pay Expenditure	(197,450)	(16,864)	(17,224)	(360)
Non Pay Expenditure	(70,141)	(5,707)	(5,964)	(257)
Total Expenditure	(267,591)	(22,571)	(23,189)	(618)
Surplus/ (Deficit)	4,982	414	424	10
Adjustments for NHSE Reporting	(4,982)	(414)	(424)	(10)
Adjusted Position	0	0	0	0

The key month 1 variances are: -

- Patient Care Income - slightly better than plan due to additional funding not reflected at plan stage (Mental Health Investment standard and provider collaborative growth c£1.4m for year) £0.2m in month.
- Other Income - Interest receivable and commercial income £0.5m better than plan, but as noted this is a volatile position and anticipated to reduce.
- Pay Expenditure - substantive pay and bank combined £0.4m higher than plan with agency spend £1.6m in the month, agency expenditure broadly on plan
- Non-Pay expenditure - Out of Area placements expenditure across Working Age Adult (WAA), Older People and Complex Rehabilitation £0.6m over plan in aggregate with £0.4m attributable to WAA (total spend on WAA in the month was £0.9m).

7 Efficiency Programme 2026/27

Similar to 2025/26 the efficiency programme is monitored split into; the run-rate efficiency that is based on the financial plan submitted to NHSE (and monitored on a monthly basis by NHSE), and the internal budget efficiency programme that is used to ensure that budgets are in balance that services and departments are monitored against internally. We aim to reduce the gap between the two forms of efficiency monitoring and align run rate expenditure and budgets over the next financial year as part of the integration planning.

7.1 Run-rate Efficiency Programme 2026/27

The Trust efficiency programme for 2026/27 is to deliver in year run-rate savings of £11.4m. This is the target based on the financial plan submitted to NHS England, which reflects run rate movements year on year (not recurrent internal budget).

Below is a breakdown of the schemes to achieve the £11.4m target and the performance against each scheme in month 1:

Scheme Name	Cat	Rec/ NR	FY Plan (£000)	YTD Plan (£000)	YTD Actual (£000)	YTD Variance (£000)
NR Income	Income	Non-Recurrent	1,000	83		(83)
Additional Income	Income	Recurrent	0		124	124
Agency Reduction	Pay	Recurrent	1,324	17	109	92
Bank Reduction	Pay	Recurrent	747	10	0	(10)
MARS Scheme	Pay	Recurrent	600	600	600	0
Community Transformation	Pay	Recurrent	2,000	167		(167)
APAs	Pay	Recurrent	150	13		(13)
Pay / Vacancies	Pay	Recurrent	2,258	188		(188)
Digitalisation Project	Pay	Recurrent	500	42		(42)
Fragile Services	Pay	Recurrent	500	42		(42)
Technical Flexibility	Non-Pay	Non-Recurrent	1,000		350	350
Contract in-housing Overhead	Non-Pay	Recurrent	350	29		(29)
Procurement/ Non-Pay inflation	Non-Pay	Recurrent	1,000	83	83	0
			11,429	1,273	1,266	(7)

We are on plan at M1 largely due to the realising the full MARS efficiency that was enacted at the end of the previous financial year. Several of the schemes are not delivering in Month 1 demonstrating the urgency to progress schemes as soon as possible.

7.2 Internal Budget Efficiency Programme 2026/27

The budget efficiency target is slightly different to the run rate efficiency as this is based on the historic internal budgets. The decision has been taken this year to allocate these targets from the outset rather than hold centrally in an unallocated reserve until schemes are identified, which has been our prior approach. This is to ensure the alignment of budgets and run rate efficiencies are achieved over time. Some run rate efficiency schemes will recurrently impact budget targets but not all. The trust wide run rate schemes, which will form part of the budget savings total £4m. The remaining £9.6m has been split between divisions and departments as an indicative target at this stage.

Work is ongoing to develop firm plans for recurrent budget efficiencies. It is acknowledged that making budgetary efficiencies is extremely challenging at the scale required and we anticipate the need to implement some non-recurrent measures, whilst schemes are fully developed. It is also expected that recurrently a range of budgetary savings will be linked to integration with Leeds Community Healthcare and the transformation of services and corporate realignment, which will emerge from this.

6 Capital Position M1 2026/27

Capital expenditure at M1 is £0.3m against a plan of £0.1m. The variance is due to timing of activity. The capital position is detailed in Appendix B.

The Trust has an operational capital envelope of £5.6m in 2026/27 and assumed Public Dividend Capital (PDC) of £3.6m in year. The current climate means that there is no guarantee that all this PDC will be obtained in year. Conversely, PDC is likely to be available for other/specific purposes, and the Trust will endeavour to maximise any opportunities that arise.

8 Cash position

At the end of April, the Trust has a cash balance of £124.3m (against a plan of £118.4m). This is broadly due to the out-turn cash position for prior year being £6m ahead of plan (mainly linked to deferred income) and this position has continued into 2026/27. Our overall liquidity (a test of our ability to pay outgoings without further new income) remains high with cover for 89 days operating expenditure.

NHS organisations are expected to operate with a minimum 4/5 days, so we remain a very positive outlier in this regard. Our cash balances provide the interest receivable benefit to our revenue position.

9 Better Payments Practice Code

The Better Payment Practice Code is a national standard that NHS organisations are expected to follow to ensure prompt payment of supplier invoices, supporting good financial management and protecting the cash flow of suppliers, particularly Small or Medium sized Entities. NHS trusts report their BPPC performance each month and year-to-date.

The key targets are:

- Pay at least 95% of invoices within 30 days (from receipt of a valid invoice)
- Pay 95% of invoices by number AND by value

Below is the Trust performance against each target:

Better payment practice code All	Current YTD	Current YTD	Current month	Current month
	Number	£'000	APR-26 Number	APR-26 £'000
Total bills paid in the year	1,331	15,583	1,331	15,583
Total bills paid within target	1,270	15,323	1,270	15,323
Percentage of bills paid within target	95.4%	98.3%	95.4%	98.3%

We have started the year positively and are achieving both the 95% targets in number and value.

10 Conclusion

The Trust ended the financial year 2025/26 was a £1.0m surplus against a breakeven plan. However, this position has been substantially supported by one off non-recurrent means to the value of £7.5m. The Trust also achieved its run-rate reduction efficiency as monitored by NHSE, however 32% of which was due to non-recurrent schemes. The Trust transacted £7.7m of internal recurrent budget efficiency schemes, 47% or £6.8m remained and has been carried forward into the 2026/27 financial year.

The M1 2026/27 overall summary reported position against a breakeven position. The underlying run-rate at month 1 is a £1m deficit that has been mitigated by several non-recurrent or fortuitous benefits that cannot be relied upon in the coming months. This puts additional emphasis on the delivery of recurrent run-rate efficiencies in year.

Efficiency programmes have been developed for 2026/27, and recurrent budget efficiency has been agreed to be devolved to divisions and departments (so that they operate within the resources of the Trust) rather than the efficiency then be held centrally. The run-rate efficiency plan monitored by NHSE is on plan with a number of schemes needing to expedite plans.

Capital expenditure at M1 is £0.3m against a plan of £0.1m. The variance is due to timing of activity.

11 Recommendation

The Council of Governors is asked to:

- Review and consider the Trust revenue and capital positions for 2025/26 and M1 2026/27

Appendix A – Capital Position 2025/26

Leeds and York Partnership NHS Foundation Trust

CAPITAL PROGRAMME - at 31 March 2026	Year to Date		
	Annual Plan £'000	Actual Spend £'000	YTD Variance £'000
ICS Operational Capital			
Estates Operational			
Health & Safety /Fire/Accessibility/ Backlog	750	427	323
Security review	150		150
Sub-Total	900	427	473
IT/Telecomms Operational			
IT Network Infrastructure	250	440	(190)
Server/Storage	30		30
PC replacement EUL	360	743	(383)
Cyber security	170	146	24
Sub-Total	810	1,329	(519)
Estates Strategic Developments			
Lifecycle contribution	100	291	(191)
Aire Court	350		350
Sustainability & Green Plan	250	120	130
Completion of Minor Schemes	228	75	153
Woodlands Generator	50		50
The Mount Perinatal	5,000	2,584	2,416
Accoustics- improvement	150	40	110
Security - critical system replacement	300	31	269
Newsam Sensory room		26	(26)
Mansafe		5	(5)
Clifton House		278	(278)
Roseville Road Kitchen		16	(16)
Sub-Total	6,428	3,466	2,962
IT Strategic Developments			
Data Centre and adjustments (ICB)	2,036		2,036
UPS Refresh		52	(52)
Wireless		286	(286)
Appcheck		180	(180)
COGNOS Extension		256	(256)
Telephony		104	(104)
Pathology		459	(459)
eMHA		461	(461)
Datix		469	(469)
Electronic Prescribing		60	(60)
Sub-Total	2,036	2,327	(291)
Other Equipment			
Physical Health Analyzers		132	(132)
Sub-Total		132	(132)
Disposals			
ICS		(23)	23
Sub-Total		(23)	23
Total ICS Operational Capital	10,174	7,658	2,516
PDC Funded Schemes			
EPR developments	2,500		2,500
Complex Rehab	5,600	5,600	0
St Marys House, North/South Wing/Estate Strategy	375	828	(453)
Water main upgrade (lead) SMH/SMHosp	115		115
Solar - North Wing & South Wing		549	(549)
Total PDC Funded Schemes	8,590	6,977	1,613
IFRS16 Leased Assets			
Leased Buildings		82	(82)
Lease Cars	150	276	(126)
Sub-Total	150	357	(207)
Disposals			
Leased		(86)	86
Sub-Total		(86)	86
Total IFRS16 Leased Assets	150	271	(121)
Total Capital Spend	18,914	14,906	4,008

Appendix B – Capital Position Month 1 2026/27

CAPITAL PROGRAMME - at 30 April 2026	Year to Date			
	Annual Plan £'000	YTD Plan £'000	Actual Spend £'000	YTD Variance £'000
ICS Operational Capital				
Estates Operational				
Health & Safety /Fire/Accessibility/ Backlog	800	40	7	33
Security review	200	0		0
Sub-Total	1,000	40	7	33
IT/Telecomms Operational				
IT Network Infrastructure	200	0	19	(19)
Server/Storage	30	0		0
PC replacement EUL	250	0		0
Sub-Total	480	0	19	(19)
Estates Strategic Developments				
Lifecycle contribution	100	0		0
Red Kite View	100	0	22	(22)
Mill lodge, York	100	0		0
Clifton House, York	100	0		0
Sustainability & Green Plan	300	0	2	(2)
Wellbeing	50	0		0
Completion of prior year schemes	762	62	192	(130)
Decarbonisation strategy	300	0		0
PFI demise/estate	300	0		0
Sub-Total	2,112	62	216	(154)
IT Strategic Developments				
Asset Management	60	0		0
Anti-virus & Encryption	50	0		0
Back up software	60	0		0
Cyber security	50	0		0
Integration System	50	0		0
Voice recognition	140	0		0
Remote working, access and agile	100	0		0
IT strategic developments	100	0		0
Smartphones	60	5		5
Sub-Total	670	5	0	5
NOF Capital Freedom				
Estates Infrastructure	500	0	1	(1)
IT Infrastructure	682	0	63	(63)
Sub-Total	1,182	0	63	(63)
Disposals				
ICS	0	0		0
Sub-Total	0	0	0	0
Total ICS Operational Capital	5,444	107	305	(198)
PDC Funded Schemes				
EPR developments	2,500	0		0
Estates Safety Fund	743	0		0
Total PDC Funded Schemes	3,243	0	0	0
IFRS16 Leased Assets				
Leased Buildings	0	0	3	(3)
Lease Cars	150	0	2	(2)
Sub-Total	150	0	5	(5)
Disposals				
Leased	0	0		0
Sub-Total	0	0	0	0
Total IFRS16 Leased Assets	150	0	5	(5)
Total Capital Spend	8,837	107	310	(203)

Agenda
item
14.1

Meeting of the Council of Governors

Paper title:	Chair's Report from the Finance and Performance Committee meeting on 28 April 2026
Date of meeting:	7 July 2026
Presented by: (name and title)	Martin Wright, Non-executive Director and member of the Finance and Performance Committee
Prepared by: (name and title)	Rose Cooper, Deputy Head of Corporate Governance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Committee details:	
Name of Committee:	Finance and Performance Committee – Part A
Date of Committee:	28 April 2026
Chaired by:	Katy Wilburn, Non-executive Director

ALERT – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on

Issue	Relates to BAF Risk
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No issues to report.

ADVISE – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments

Issue	Relates to BAF Risk
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<p>The Committee received an overview of financial performance at month 12 and noted that the Trust’s income and expenditure position for 2025/26 was a £1.0m surplus against a breakeven plan; however, this position had been substantially supported by one off non-recurrent means to the value of £7.5m. The Committee received an update on the work to align budgets to the run rate plan, with options due to be reviewed at the Executive Management Team meeting in May 2026. The Committee heard that the overall system had failed to meet its financial target; however, the Trust was lobbying for access to capital based on having achieved the £900k surplus to support the system to breakeven.</p>	<p>SR 4</p>
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<p>The Committee received a report which showed the actual expenditure across Bank, overtime and agency against the agreed trajectories at month 12 of 2025/26. The Committee received assurance that the intelligence regarding how Bank was used in 2025/26 would help to inform smarter trajectories for 2026/27, taking account of known fluctuations. It was agreed that more detailed analysis of Bank usage would be provided on a quarterly basis to support the Committee to track progress over the year.</p>	<p>SR 3 & 4</p>
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<p>The Committee noted the progress and deliverables from the Digital Plan 2022-25 and the ambition of the new Digital Plan for 2026-28 and the progress to date. The Committee highlighted the importance of identifying the main priorities of the Digital Plan given the period of upcoming organisational change and potential resource and capital constraints.</p>	<p>SR 6</p>
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<p>The Committee received the Estates and Clinical Environments Report and sought assurance on key projects, including addressing the issues relating to anti-barricade doors, also flagged by the Care Quality Commission (CQC) in their recent inspection.</p>	<p>SR 5</p>
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<p>The Committee received an update on the delivery of the Green Plan, noted the progress made and agreed that future reports should provide clearer timescales and demonstrations of delivery along with benchmarking against regional organisations. The Committee also heard about plans to collaborate with Leeds Community Healthcare NHS Trust (LCH) on a shared Travel and Transport Plan ahead of the merger.</p>	<p>SR 5</p>
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ASSURE – specific areas of assurance received warranting mention to Board

Issue	Relates to BAF Risk
The Committee accepted the 2025-26 Emergency Preparedness, Resilience and Response (EPRR) Annual Report, noting the breadth of work carried out during the year, the improvement in EPRR Core Standards compliance and recommended that the Board of Directors approve the report. The Committee noted progress with improving Hazardous Materials (HAZMAT) training compliance and plans to strengthen EPRR capacity with a joint EPRR Manager post with LCH.	SR 7
The Committee heard that an early indication of this year’s Patient-Led Assessments of the Care Environment (PLACE) signalled good results and supported reviewing a more detailed report on this at a future meeting.	SR 5
The Committee reviewed and approved its Annual Report for 2025/26 ahead of submission to the Board of Directors in June 2026.	N/A

REFER - Items to be referred to other Committees

Issue	Relates to BAF Risk
The Committee agreed to formally notify the Workforce Committee of the new National Oversight Framework (NOF) metric regarding the percentage of temporary workforce spend as a proportion of total pay spend.	SR 3 & 4

Recommendation

The Council of Governors is asked to note the contents of the Chair’s Report which summarises the discussions held at the Finance and Performance Committee meeting, as reported to the May 2026 Board of Directors’ meeting.

Agenda
item
14.1

Meeting of the Council of Governors

Paper title:	Chair's Report from the Finance and Performance Committee meeting on 26 May 2026
Date of meeting:	7 July 2026
Presented by: (name and title)	Martin Wright, Non-executive Director and member of the Finance and Performance Committee
Prepared by: (name and title)	Rose Cooper, Deputy Head of Corporate Governance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Committee details:	
Name of Committee:	Finance and Performance Committee – Part A
Date of Committee:	26 May 2026
Chaired by:	Katy Wilburn, Non-executive Director

ALERT – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on

Issue	Relates to BAF Risk
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No issues to report.

ADVISE – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments

Issue	Relates to BAF Risk
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The Committee received an overview of financial performance at month 1 and noted the overall break-even position; however, the unsupported position indicated an in-month deficit of c£1m which had been mitigated by a number of non-recurrent or fortuitous benefits. The Committee noted that the out of area placements (OAPs) position was significantly higher than the plan trajectory, although not substantially higher than the exit run-rate from 2025/26. The Committee received an update on the work to align budgets to the run-rate plan with the aim of resolving discrepancies ahead of the merger to ensure accurate financial monitoring. The Committee also received a report outlining the changes to the Trust run-rate in 2026/27, received and approved the detailed Capital plan; and noted the budget efficiency target for 2026/27 and the approach to delivering it.

SR 4

The Committee received a verbal update on the workforce efficiency metrics at month 1 and noted positive variances for overtime and agency spend; however, bank spend had exceeded trajectory by £180,000. The Committee recognised the need to distinguish between bank spend and usage, noting that while usage had decreased by 10% last year, spend did not, and heard about plans to present this data more clearly. The Committee also heard that a review of Consultant and Specialty, Associate Specialist, and Specialist (SAS) doctor job plans was underway to assess efficiency and productivity.

SR 3 & 4

The Committee received the report from the Chief Operating Officer and requested additional data on length of stay, including the proportion of patients discharged within the target range and analysis by gender and ward, to give the Committee better assurance and understanding of performance. The Committee highlighted the significant progress in the Attention Deficit Hyperactivity Disorder (ADHD) Service, noting that the waiting list had reduced by half, and heard about the arrangements to ensure this progress could be sustained long-term. The Committee was also pleased to hear about the CONNECT Eating Disorders Inpatient Service where recommendations around effective staff management and improving the use of observations had been implemented successfully, resulting in the service no longer being in business continuity. The Committee also discussed challenges with high temperatures in certain Trust buildings and heard what short-term solutions were being put in place to manage this, noting that long-term improvements were constrained due to building limitations and funding restrictions.

SR 7

<p>The Committee received an update on changes to the Gender Contract, noting that NHS England had revised the position and confirmed that for 2026/27 only, returns would still need to be made on expenditure incurred but there would not be a claw back of any unspent funds. The Committee understood that this was linked to emerging changes regarding waiting list arrangements. The Committee also heard about NHS England's review of the footprints for specialised commissioning provider collaboratives, noting that the outcome of this was pending and expected in September 2026 with changes due to be enacted by April 2027.</p>	<p>SR 4 & 7</p>
<p>The Committee received the Quarter 4 Organisational Priorities Progress Report and agreed on the need for clearer links between milestones and delivery with a plan for executive directors to review the pace of delivery for the 2026/27 priorities. The Committee also received assurance that the timeline for the electronic patient record (EPR) procurement and completion of the Full Business Case was on track for December 2026.</p>	<p>SR 4,5,6,7</p>
<p>The Committee received the Annual Report from the Information Governance Group and discussed concerns about inappropriate access to patient records and agreed that patient record access controls should be considered strategically, in the context of the EPR re-procurement, potentially requiring Board-level input.</p>	<p>SR 6</p>

ASSURE – specific areas of assurance received warranting mention to Board

<p>Issue</p>	<p>Relates to BAF Risk</p>
<p>The Committee received the Emergency Preparedness, Resilience and Response and Procurement Follow Up internal audit reports, as referred by the Audit Committee, for information and assurance, noting that both had received an opinion of significant assurance.</p>	<p>SR 4 & 7</p>

REFER - Items to be referred to other Committees

<p>Issue</p>	<p>Relates to BAF Risk</p>
<p>The Committee discussed concerns about inappropriate access to patient records and agreed that patient record access controls should be considered strategically, in the context of the EPR re-procurement, potentially requiring Board-level input.</p>	<p>SR 6</p>

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Finance and Performance Committee meeting, as reported to the May 2026 Board of Directors' meeting.

Agenda
item
14.2

Meeting of the Council of Governors

Paper title:	Chair's Report from the Audit Committee meeting on 14 April 2026
Date of meeting:	7 July 2026
Presented by: (name and title)	Martin Wright, Non-executive Director and Chair of the Audit Committee
Prepared by: (name and title)	Kieran Betts, Corporate Governance Officer

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	✓
SO3	We use our resources to deliver effective and sustainable services.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	✓
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Committee details:	
Name of Committee:	Audit Committee
Date of Committee:	14 April 2026
Chaired by:	Martin Wright, Non-executive Director

ALERT – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on

Issue	Relates to BAF Risk
No issues to report.	Not applicable

ADVISE – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments

Issue	Relates to BAF Risk
The Committee noted that the Learning from Nottinghamshire Healthcare NHS Foundation Trust internal audit had been temporarily paused in response to a management request. The Committee noted that it had reviewed and approved this request ahead of the meeting	SR1, SR3, SR5, and SR7
The Committee noted that the four payroll-to-payroll matches noted in the Local Counter Fraud Report received at the January 2026 Committee meeting had been referred to the Workforce Team for action rather than through a formal counter-fraud process.	SR4
KPMG informed that the Trust's external audit had been selected as a sample component for the National Audit Office's audit of the Department of Health and Social Care group accounts, requiring enhanced testing and incurring additional fees to be agreed with KPMG, and reported back to the Committee at its meeting in June 2026.	SR4

ASSURE – specific areas of assurance received warranting mention to Board

Issue	Relates to BAF Risk
The Committee received an update on the 2025-26 Quality Account and was assured on the plans in place for its development and production.	SR1 and SR2
<p>The Committee was assured that good progress had been made on the delivery of the 2025-26 internal audit plan, with the remainder on track to be completed on time. It noted that the following internal audit reports had been finalised since the Committee's last meeting on 20 January 2026 with an overall opinion of significant assurance:</p> <ul style="list-style-type: none"> • Emergency Preparedness, Resilience and Response (EPRR) • Procurement Follow-Up • Mandatory and Statutory Training 	SR1, SR3, SR4, SR5, SR6 and SR7

<p>The Committee agreed that each of the internal audit reports should be referred to the relevant Board Committee for further assurance and information.</p>	
<p>The Committee received the findings of Audit Yorkshire's independent validation of completed audit recommendations. It was noted that, of the 23 recommendations assessed as closed, two lacked sufficient evidence to support closure.</p>	N/A
<p>The Committee noted the findings arising from Audit Yorkshire's Root Cause Analysis work and made suggestions regarding how this tool could be further developed and applied to all Audit Yorkshire recommendations in 2025/26, including the potential to benchmark findings against organisational peers.</p>	N/A
<p>The Committee received the Draft Head of Internal Audit Opinion and noted that the overall opinion remained in development. It was confirmed that the final opinion would be delivered upon completion of the 2025-26 Internal Audit Plan and presented at the extraordinary Committee meeting in June 2026. The Committee noted that the results of internal audits completed to date, when considered in context alongside the Trust's responses to audit findings, were contributing factors towards a positive overall opinion.</p>	SR1, SR3, SR4, SR5, SR6 and SR7
<p>The Committee received and approved the Internal Audit Workplan for 2026-27 and approved the amendments which had been made to the Internal Audit Charter.</p>	SR1, SR3, SR4, SR5, SR6 and SR7
<p>The Committee received and noted the contents of the Outstanding Audit Actions Report. It noted that there were no overdue actions as of 1 April 2026.</p>	SR1
<p>The Committee received and noted the contents of the Local Counter Fraud Progress Report. It noted that the Trust's Counter-Fraud, Bribery and Corruption Policy and Procedure and the Trust's Anti-Bribery statement on the website had both been updated in the quarter to note the Trust's responsibilities regarding the Failure to Prevent Fraud Offence. It agreed that the content of the reports received by the Committee would be reviewed to determine which elements were mandatory for Audit Committee oversight, and which elements could be summarised, moved to supplementary papers, or removed in future updates.</p>	SR4
<p>The Committee received and noted the contents of the Q4 2025/26 Health and Safety Quarterly Update and was reassured that no Health and Safety enforcement actions were taken against the Trust during the reporting period. It was noted that the report had been updated to place greater emphasis on Health and Safety incidents attributed to environmental factors, and to include site-level Fire Safety Key Performance Indicators, alongside a breakdown of incidents by impact on service users, staff, or the Trust.</p>	SR1, SR3 and SR5

The Committee received the External Audit Plans and Fees for 2025-26. It was assured that no significant risks had been identified in the Value for Money risk assessment and noted the planned timeline and progress to date on the external audit.	SR4
The Committee received the Tender and Quotation Exception Report for the period covering 1 January 2026 to 31 March 2026 and was assured that the one tender waiver and three quotation waivers approved had been adequately explained and signed off.	SR4
The Committee received the Losses and Special Payments report for the period from 1 April 2025 to 31 March 2026 and noted the contents.	SR4
The Committee received the Going Concern and the Use of Specialist Advisors report. It noted that the directors had adopted the going concern basis in preparing the accounts and approved the approach to key judgements in relation to going concern assessments and the use of specialist advisors for 2025-26.	SR4
The Committee received the Board Assurance Framework (BAF) and was assured that it was fit for purpose and that a more comprehensive review of the BAF would take place at the Board Strategic Development Day on 30 April 2026.	N/A
The Committee received the draft Annual Governance Statement and agreed that it presented a consistent view based on internal controls. It noted that a final version of the statement would be presented at the Extraordinary June 2026 Audit Committee meeting.	SR4
The Committee received the declaration for Condition 7 of the Provider Licence and was assured of the process for reviewing the evidence of the Trust's control systems and processes in place to ensure compliance with the condition. It agreed to recommend that the positive confirmation for Condition 7 of the Provider Licence is endorsed by the Board of Directors at its June 2026 meeting.	SR4
The Committee received and approved the Audit Committee's Annual Report for 2025-26 to be submitted to the June 2026 Board of Directors' meeting for ratification.	N/A

REFER - Items to be referred to other Committees

Issue	Relates to BAF Risk
It was agreed that the EPRR and Procurement Follow-Up internal audit reports would be referred to the Finance and Performance Committee for information and assurance.	SR3, SR4, SR5 and SR7
It was agreed that the Mandatory and Statutory Training internal audit report would be referred to the Workforce Committee for information and assurance.	SR1 and SR3

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Audit Committee meeting, as reported to the May 2026 Board of Directors' meeting.

Agenda
item
14.3

Meeting of the Council of Governors

Paper title:	Chair's Report from the Mental Health Legislation Committee meeting on 12 May 2026
Date of meeting:	7 July 2026
Presented by: (name and title)	Kaneez Khan, Non-executive Director and Chair of the Mental Health Legislation Committee
Prepared by: (name and title)	Rose Cooper, Deputy Head of Corporate Governance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	✓
SR5	Adequate working and care environments	✓
SR6	Digital technologies	✓
SR7	Plan and deliver services that meet the health needs of the population we serve.	✓

Committee details:	
Name of Committee:	Mental Health Legislation Committee
Date of Committee:	12 May 2026
Chaired by:	Kaneez Khan, Non-executive Director

ALERT – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on

Issue	Relates to BAF Risk
No issues to report.	Not applicable

ADVISE – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments

Issue	Relates to BAF Risk
The Committee considered issues escalated from the Mental Health Legislation Operational Steering Group and heard about plans for the Mental Health Legislation Team to take over the time-consuming process of obtaining Section 135 warrants, including discussions with finance to centralise funding and free up clinical staff time.	SR1, SR4, and SR7
The Committee discussed recent fundamentally defective detentions and the need for ongoing assurance and mitigation, including the implementation of Thalamos to reduce errors.	SR1 and SR7
The Committee received feedback from the Mental Health Act Managers (MHAMs) Forum and heard about the significant parking challenges at some Trust sites affecting MHAMs' willingness to attend face-to-face hearings. The Committee agreed to refer this issue to the Deputy Director of Estates and Facilities.	SR1, SR5, and SR7

ASSURE – specific areas of assurance received warranting mention to Board

Issue	Relates to BAF Risk
The Committee received the Mental Health Legislation Activity Report for Q4 2025-26 and was assured that the plans in place were sufficient to ensure ongoing compliance with all Mental Health Legislation. The Committee agreed to review the report's content and presentation, aiming to make it more succinct for Committee members.	SR1 and SR7
The Committee discussed the longstanding issue of Section 12 approved doctor availability and noted that internal monitoring revealed that few escalations related to	SR1 and SR7

Section 12 doctor shortages. The Committee agreed to close the action and develop a more formalised process with the local authority to track and escalate issues.	
The Committee reviewed the Summary of the CQC: Monitoring the Mental Health Act 2024-25 and noted the ongoing work to address the findings regarding the care and services provided by the Trust for those detained under the Mental Health Act.	SR1 and SR7
The Committee received and approved its Terms of Reference.	N/A
The Committee reviewed and approved its Annual Report for 2025/26 ahead of submission to the Board of Directors in June 2026.	N/A

REFER - Items to be referred to other Committees

Issue	Relates to BAF Risk
The Committee discussed the lack of systematic data collection on delays in bed allocation for mental health assessments, highlighting operational and quality concerns. The Committee agreed to escalate the issue to the Executive Management Team before taking it to the Board, with the aim of establishing clear time scales and identifying the appropriate committee to lead on resolving the data gap.	SR1, SR6, and SR7

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Mental Health Legislation Committee meeting, as reported to the May 2026 Board of Directors' meeting.

Agenda
item
14.4

Meeting of the Council of Governors

Paper title:	Chair's Report from the Quality Committee meeting on 9 April 2026
Date of meeting:	7 July 2026
Presented by: (name and title)	Prof. Frances Healey, Non-executive Director and Chair of the Quality Committee
Prepared by: (name and title)	Kerry McMann, Head of Corporate Governance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	✓
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Committee details:	
Name of Committee:	Quality Committee
Date of Committee:	9 April 2026
Chaired by:	Prof. Frances Healey, Non-executive Director

ALERT – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on

Issue	Relates to BAF Risk
No issues to report.	Not applicable

ADVISE – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments

Issue	Relates to BAF Risk
No issues to report.	Not applicable

ASSURE – specific areas of assurance received warranting mention to Board

Issue	Relates to BAF Risk
The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled throughout the course of the meeting.	SR1 SR2 SR3 SR4 SR5 SR6 SR7
The committee received an update on the production of the Quality Account for 2025/26 and was assured on the progress made to develop the document. It welcomed the streamlined approach taken to improve clarity and minimise duplication and was assured that feedback from committee members would be incorporated.	SR1 SR2 SR3
The committee received and discussed a detailed analysis of the 2025 National Staff Survey results, focusing on quality metrics such as advocacy, care satisfaction, raising concerns, teamwork, and reporting of incidents. It was assured that the 2025 National Staff Survey results had been subject to detailed scrutiny, including trend analysis against 2024 data, and that any areas of concern, particularly staff confidence in raising concerns, equipment availability, and perceptions of care quality, were being actively reviewed at service level, with actions incorporated into intention plans. The committee was also	SR5

<p>assured that further work, including focus groups, would be undertaken to better understand staff feedback, particularly in relation to the Friends and Family Test question.</p>	
<p>The committee received a presentation which provided the highlights of the Adult Attention Deficit Hyperactivity Disorder (ADHD) Service's Service's and the Deaf Child and Adolescent Mental Health Service's (Deaf CAMHS) Annual Quality Report, focusing on how the services had scored themselves against the Learning, Culture and Leadership Framework and the STEEEP dimensions of quality to enable the conditions for high quality care to flourish.</p> <p>Overall, the committee was assured that the services had good systems in place for understanding their quality issues and to drive improvements, and good knowledge of their strengths and weaknesses in relation to learning, culture and leadership. The committee was also assured that the Executive Team had a clear understanding of the services' strengths, weaknesses, challenges and blind spots and how issues were being managed.</p>	<p>SR1 SR2 SR3 SR4 SR5 SR6 SR7</p>
<p>The committee received and discussed a report which provided an update on the work being undertaken to embed patient rated outcome measures across the organisation. It was assured that progress had been made in embedding patient-reported outcome measures, with a successful pilot of the Patient Portal system achieving a strong completion rate. Assurance was provided that services were engaged with the rollout, including those experiencing operational pressures, and that plans were in place for a phased expansion across multiple services.</p>	<p>SR2 SR6 SR7</p>
<p>The committee received and discussed a report which provided an overview of the findings following the Care Quality Commission's (CQC's) core service inspections and the actions been taken by the Trust to address the areas for improvement. It was assured that the findings from the CQC's core service inspections had been reviewed in detail at both Board and committee level, with appropriate actions identified and underway, avoiding duplication of scrutiny. It noted that further updates would be provided as feedback from the CQC was received.</p>	<p>SR1</p>
<p>The committee received a report which provided an update on the Domestic Abuse, Stalking and Honour-based violence (DASH) risk identification checklist Improvement Project. It was assured that improvements had been delivered in a person-centred way, with a clear focus on understanding barriers faced by staff and adapting the training offer accordingly. Overall, the committee was assured that the work undertaken, and ongoing activity, was improving staff confidence and consistency in completing DASH assessments and was aligned with safeguarding best practice across the Trust.</p>	<p>SR1 SR7</p>
<p>The committee received and discussed a report which provided a brief overview of the 2025 Community Mental Health (CMH) Survey results, which were publicly released on 31 March 2026. It noted the full CMH 2025 survey management report would be shared with the committee at its June 2026 meeting.</p>	<p>SR7</p>

<p>The committee received a report which outlined the work undertaken by the Patient and Carer Experience Team, staff members, service users and carers to ensure lived experience involvement and co-production is embedded in service delivery and design. It agreed that it was assured on the systems and processes in place to involve, and collect feedback from, the Trust's service users and carers.</p>	<p>SR7</p>
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REFER - Items to be referred to other Committees

<p>Issue</p>	<p>Relates to BAF Risk</p>
<p>No issues to report.</p>	<p>Not applicable</p>

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Quality Committee meeting, as reported to the May 2026 Board of Directors' meeting.

Agenda
item
14.4

Meeting of the Council of Governors

Paper title:	Chair's Report from the Quality Committee meeting on 14 May 2026
Date of meeting:	7 July 2026
Presented by: (name and title)	Prof. Frances Healey, Non-executive Director and Chair of the Quality Committee
Prepared by: (name and title)	Kerry McMann, Head of Corporate Governance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	✓
SO2	We provide a rewarding and supportive place to work.	
SO3	We use our resources to deliver effective and sustainable services.	✓

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	✓
SR2	Delivery of the Quality Strategic Plan	✓
SR3	Culture and environment for the wellbeing of staff	
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Committee details:	
Name of Committee:	Quality Committee
Date of Committee:	14 May 2026
Chaired by:	Prof. Frances Healey, Non-executive Director

ALERT – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on

Issue	Relates to BAF Risk
No issues to report.	Not applicable

ADVISE – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments

Issue	Relates to BAF Risk
The committee suggested that the annual quality reports from services could be shared with Non-executive Directors ahead of service visits to inform their understanding of key challenges and achievements (formal action).	SR1 SR2 SR3 SR4 SR5 SR6 SR7

ASSURE – specific areas of assurance received warranting mention to Board

Issue	Relates to BAF Risk
The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled throughout the course of the meeting.	SR1 SR2
The committee discussed a report which provided an overview of quality and safety arrangements for adult acute and PICU OOA placements between 1 January and 31 March 2026. It recognised the considerable efforts of clinical and operational teams to obtain, triangulate and act upon quality and safety information for OOA placements, despite limitations in routinely available provider data and reiterated the committee’s position that the Trust should continue to seek data equivalent to in-trust care.	SR1 SR4
The committee reviewed and approved the final version of the Quality Account 2025/26.	SR1 SR2 SR3

<p>The committee received a report which included a proposal to close down the monitoring of the consequential quality impact of the efficiency schemes approved at the panel sessions on 29 July 2024, 3rd December 2025 and 4th December 2024 and transacted during the 2024/25 financial year.</p> <p>It was assured on the process for assessing the efficiencies, the governance arrangements in place to monitor the Trust's efficiency and productivity programme, and the rigour of the quality impact assessment process. It endorsed the decisions to close down the one completed scheme transacted in July 2024 and the 36 completed schemes transacted in December 2024, noting that these had a negligible/limited consequential quality impact. It also endorsed the decision to keep the quality impact assessment 'live' for three transacted schemes under review.</p>	<p>SR1 SR4</p>
<p>The committee reviewed a presentation which provided the highlights of the Children and Young People's Mental Health Service's (Mill Lodge and Willow View) Annual Quality Report, focusing on how the service had scored itself against the LCL Framework and the STEEEP dimensions.</p> <p>Overall, the committee was assured that the service had robust systems in place to identify and understand its quality issues, drive improvement, and maintain a clear awareness of its strengths and weaknesses in relation to learning, culture, and leadership. The committee was also assured that the Executive Team had a strong understanding of the service's strengths, weaknesses, challenges, and blind spots, and how these were being managed.</p>	<p>SR1 SR2 SR3 SR4 SR5 SR6 SR7</p>
<p>The committee reviewed three presentations which provided the highlights of the Acute Service Line's Annual Quality Report, focusing on how the service line had scored itself against the LCL Framework and the STEEEP dimensions. It discussed the importance of changes to the clinical model to underpin further improvements in quality.</p> <p>Overall, the committee was assured that the service line had robust systems in place to understand its quality issues, drive improvements, and maintain a strong awareness of its strengths and weaknesses in relation to learning, culture, and leadership. The committee was also assured that the Executive Team had a clear understanding of the service line's strengths, weaknesses, challenges, and blind spots, and how these were being managed.</p>	<p>SR1 SR2 SR3 SR4 SR5 SR6 SR7</p>

REFER - Items to be referred to other Committees

Issue	Relates to BAF Risk
No issues to report.	Not applicable

Recommendation

The Council of Governors is asked to note the contents of the Chair's Report which summarises the discussions held at the Quality Committee meeting, as reported to the May 2026 Board of Directors' meeting.

Agenda
item
14.5

Meeting of the Council of Governors

Paper title:	Chair's Report from the Workforce Committee meeting on 16 April 2026
Date of meeting:	7 July 2026
Presented by: (name and title)	Zoe Burns-Shore, Non-executive Director and Chair of the Workforce Committee
Prepared by: (name and title)	Rose Cooper, Deputy Head of Corporate Governance

This paper supports the Trust's strategic objective/s (please tick relevant box/s)		✓
SO1	We deliver great care that is high quality and improves lives.	
SO2	We provide a rewarding and supportive place to work.	✓
SO3	We use our resources to deliver effective and sustainable services.	

This paper relates to the Trust's strategic risk/s (please tick relevant box/s)		✓
SR1	Quality including safety assurance processes	
SR2	Delivery of the Quality Strategic Plan	
SR3	Culture and environment for the wellbeing of staff	✓
SR4	Financial sustainability	
SR5	Adequate working and care environments	
SR6	Digital technologies	
SR7	Plan and deliver services that meet the health needs of the population we serve.	

Committee details:	
Name of Committee:	Workforce Committee – Part A
Date of Committee:	16 April 2026
Chaired by:	Zoe Burns-Shore, Non-executive Director

ALERT – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on

Issue	Relates to BAF Risk
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No issues to report.

ADVISE – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments

Issue	Relates to BAF Risk
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The Committee received an update on the People Plan and noted the positive progress made with many objectives having been successfully implemented. The Committee acknowledged the persistent challenges with sickness absence rates, which remained above target despite various initiatives, and agreed what further assurance was required regarding long-term sickness absence.

SR3

The Committee received an update on Emergency Preparedness, Resilience and Response (EPRR) training compliance, noting that strategic commander and tactical commander compliance remained below the 80% target. The Committee noted the risks associated with low compliance given the responsibilities of the on-call rota and agreed to look into what barriers were preventing staff from undertaking the training.

SR3

The Committee received an update on the Violence Prevention and Reduction Standard, noted the progress to date, and requested that key performance indicators were included in future reports to support the Committee to monitor progress against the standard.

SR3

The Committee noted that as of February 2026, mandatory training compliance for consultants was 59% and for Specialty, Associate Specialist, and Specialist (SAS) doctors was 53%. The Committee identified the need for improved reporting and analysis of mandatory training data for medical staff, aligned to how mandatory training was reported for the rest of the Trust.

SR3

The Committee received the end of year position on workforce planning activity across the Trust, noting that agency reduction targets for both medical and non-medical staff had been achieved, but Bank reduction targets had not been met. The Committee heard about the ongoing programmes of work to address Bank usage.

SR3

ASSURE – specific areas of assurance received warranting mention to Board

Issue	Relates to BAF Risk
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<p>The Committee reviewed the Board Assurance Framework so that it could be mindful of its responsibility to assure that Strategic Risk (SR) 3 was being adequately controlled through the course of the meeting. The Committee was assured that SR3 was being adequately controlled; considered whether it was receiving assurance on any gaps through the reports it was already receiving; and agreed that it did not require any further assurance on the way in which SR3 was being managed.</p>	<p>SR3</p>
<p>The Committee received the Wellbeing Guardian Report and noted the successful launch of the new employee assistance programme, HealthHero. The Committee heard about the development of a Menopause Action Plan in line with upcoming Employment Law requirements and the intention to collaborate with Leeds Community Healthcare NHS Trust (LCH) on this work.</p>	<p>SR3</p>
<p>The Committee received an update on medical job plan compliance, noting high compliance rates among consultants at 95%.</p>	<p>SR3</p>
<p>The Committee reviewed and approved its Annual Report for 2025/26 ahead of submission to the Board of Directors in June 2026.</p>	<p>SR3</p>
<p>REFER - Items to be referred to other Committees</p>	
<p>Issue</p>	<p>Relates to BAF Risk</p>
<p>No items to be referred.</p>	

Recommendation

The Council of Governors is asked to note the contents of the Chair’s Report which summarises the discussions held at the Workforce Committee meeting, as reported to the May 2026 Board of Directors’ meeting.

