

Public Council of Governors' meeting

Tuesday 6 October 2026 at 2:15pm

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

Agenda

	LEAD	TIME
1 Welcome and introductions (verbal)	Merran McRae	2:15pm
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	-
4 Sharing Stories: Health Equity / Patient and Carer Race Equality Framework (PCREF) Update (presentation on the day)	Sophie Valinakis & Dr Anna Ray	-
5 Minutes	Merran McRae	2:45pm
5.1 Minutes of the public Council of Governors' meeting held on the 7 July 2026 (paper to read)	Merran McRae	-
6 Matters arising (verbal)	Merran McRae	-
6.1 Questions from members of the public for the Council of Governors (verbal)	Merran McRae	-
7 Cumulative Action Log – actions outstanding from previous public meetings (paper to read)	Merran McRae	-
8 Report from the Chair of the Trust (paper to read)	Merran McRae	2:50pm
9 Report from the Lead Governor (verbal)	Amy Pratt	2:55pm
10 Report from the Chief Executive (paper to read)	Dr Sara Munro	3:05pm

<u>BREAK</u>		3:20pm
11	Finance Update (paper to read)	Lynne Mellor 3:30pm
12	Board subcommittee Chair's Reports and performance data:	3:45pm
12.1	Report from the Chair of the Finance and Performance Committee: 22 September 2026 (paper to read)	Kaneez Khan -
12.2	Report from the Chair of the Mental Health Legislation Committee: 4 August 2026 (paper to read)	Kaneez Khan -
12.3	Report from the Chair of the Quality Committee: 10 September 2026 (paper to read)	Dr Frances Healey -
12.4	Report from the Chair of the Workforce Committee: 6 August 2026 (paper to read)	Zoe Burns-Shore -
12.5	Combined Quality, Workforce and Service Performance Report (paper to read)	NEDs -
13	Council of Governors' 2027 meeting dates (paper to read)	Clare Edwards -
<u>END</u>		4:15pm

The next public meeting of the Council of Governors will be held on the 25 February 2027 at 1pm at venue TBC.

* 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

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.	Employee (Safeguarding Team) Leeds Teaching Hospitals NHS Trust Member Leeds Safeguarding Adults Board	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
Nicola Lister	Finance Director NDL Software Ltd.	None.	None.	None.	None.	None.	None.	None.
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	None.	None.	None.	Trustee Advonet	Trustee Advonet	None.	None.	None.

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

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					Involvement role SAFE PATHS: Improving Access and Care for South Asians with Psychosis (University of Manchester) Public Patient Voice Partner Midwifery and Nursing (NHS England) Member Service User Network (LYPFT) Member The Help from Experts by Experience for Researchers Group (LYPFT) Member Co Production Group at Asket Croft (LYPFT) Member Co production Group: LGBTQ+ (Touchstone) Member School of Healthcare Experts by Experience in Education and Research Group (University of			

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					Leeds) 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.

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.	Declaration on behalf of Spouse / co-habiting partner / close family member
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.

Public Council of Governors' Meeting

7 July 2026 at 1pm in the Cheer Room, The Studio

Leeds, Riverside West, Whitehall Road, Leeds, LS1 4AW

PRESENT:

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

Public Governors

Richard Hattersley
Nicola Lister
Katy Mallender-Ward
Ivan Nip

Service User Governors

Carole Myers
Victoria Thomson

Carer Governors

Peter Ongley

Executive Directors

Dr Sara Munro
Dawn Hanwell
Nichola Sanderson

Staff Governors

Craig Bromyard
Brian Coupe
Thabani Fingi Mlotshwa
Gaadha Jayaprakash
Amy Pratt
Adam Redhead

Appointed Governors

Dominique Burley
Cllr Ian Cuthbertson
Cllr Emma Flint

Non-Executive Directors

Prof Frances Healey
Kaneez Khan
Lynne Mellor
Martin Wright
Zoe Burns-Shore

IN ATTENDANCE:

Clare Edwards – Associate Director for Corporate Governance
Amy Harker – People Engagement Practitioner
Rosie Kelly – External Audit Manager, KPMG
Kerry McMann – Head of Corporate Governance
Salma Younis – Audit Director, KPMG

Action

26/021 Welcome and introductions (agenda item 1)

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

26/022 Apologies for absence (agenda item 2)

Apologies were noted from the following governors: Comfort Akinbobola (Public Governor); Richard Malkin (Public Governor); Matthew McGonagle (Public Governor); Sharon Rai (Service User Governor); and Gabriella Obeng Nyarko (Appointed Governor).

Apologies from Non-executive Directors had been received from Katy Wilburn. Apologies from Executive Directors had been received from Joanna Forster Adams, Chief Operating Officer; Dr Chris Hosker, Medical Director; and Darren Skinner, Director of People and Organisational Development.

The meeting was quorate.

26/023 Changes to any declarations of interest and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

The Council was informed of two new declarations from Richard Hattersley, noting that he was a member of the Leeds Safeguarding Adults Board and a member of the Safeguarding Team at Leeds Teaching Hospitals NHS Trust.

The Council **noted** this update.

26/024 Annual Declarations for Governors (agenda item 3.1)

The Council **received** and **noted** all interests declared by governors. The Council was **reminded** that any governors with outstanding or incomplete declarations should submit their declaration as soon as possible.

26/025 Non-executive Directors' Annual Declarations of Interest, Annual Declarations of Independence and Fit and Proper Person Declarations (agenda item 3.2)

The Council **noted** the declarations of interest as per the attached matrix; **noted** that all non-executive directors (NEDs) had made a declaration of independence; and **noted** that all NEDs had been judged and declared themselves to be fit and proper.

26/026 Report from the Chief Executive (agenda item 4)

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 West Yorkshire Integrated Care Board (ICB) Integration, the development of Place Based Provider Partnerships as well as Neighbourhood Health and the impact for LYPFT services.

Sara then provided an update on the National Oversight Framework (NOF) and explained the Trust's current segment score. She noted that the Care Quality Commission (CQC) Well-Led Inspection report was expected in the near future. She also confirmed that the Strategic Outline Case for the merger with Leeds Community Healthcare NHS Trust (LCH) had been approved and support had been received to develop the Full Business Case.

Ivan Nip asked if there had been any political issues affecting the Trust's normal operations. Sara acknowledged the changes happening in local and central government but confirmed that the Trust had not been directly affected and benefited from stable relationships in the region. She noted there had been a clear steer for organisations to proceed with the work and objectives already agreed.

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

26/027 Strategic Updates (agenda item 5)

As above.

26/028 Minutes of the public Council of Governors' meeting held on the 26 February 2026 (agenda item 6.1)

The minutes of the public Council of Governors' meeting held on the 26 February 2026 were **approved** as a true record.

26/029 Matters arising (agenda item 7)

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

26/030 Questions from members of the public for the Council of Governors (agenda item 7.1)

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

26/031 Cumulative Action Log – actions outstanding from previous public meetings (agenda item 8)

The Council received the cumulative action log and discussed the following actions.

Action 25/010 – Sara informed the Committee that the new finalised organisational priorities would be presented to the July Board of Directors' meeting which would include key priorities for Care Services including the redesign of community services into the neighbourhood model and the pathway work to reduce out of area placements. The Council noted the update provided.

Action 26/016 – Victoria Thomson referred to the written response provided for this action and noted the work to reduce the use of temporary staff within the organisation by reducing healthcare support worker vacancies and asked if there were any barriers to this and how these were being managed. She also asked if there was a current freeze on vacancies at the Trust. Firstly, Sara confirmed that the Trust did not have a vacancy freeze in place at the current time and explained that a joint recruitment protocol had been agreed with LCH for certain posts in preparation for the upcoming merger. Nichola Sanderson then explained why the number of healthcare support worker vacancies had increased and outlined their targeted approach to recruiting to these roles.

Peter Ongley then shared his experience of, on occasion, some staff saying they had not had time to read a patient's care plan. Nichola responded that it was unfortunate that this had been Peter's experience and reassured him that a lot of work was being done to improve the effectiveness of care plans, including establishing a dedicated working group involving clinical directors and nursing professions staff to lead this work across services.

Ivan asked how the Council could be assured that technology and digital were key priorities for the Trust and asked what experience the non-executive directors had in this area. Merran responded that Lynne Mellor, new non-executive director on the LYPFT Board, brought a high level of skill and experience regarding digital and

explained that the Finance and Performance Committee, of which Lynne was a member, had oversight of the Trust's digital and technology strategy and monitored progress against key priorities. Frances Healey added that other committees reviewed aspects relating to the digital agenda, such as medical devices and clinical effectiveness at the Quality Committee and training and development at the Workforce Committee. Lynne then provided some details of her experience with digital and cyber security, explaining that part of her role as a non-executive director was to look across both LYPFT and LCH to identify gaps and good practice.

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

26/032 Report from the Chair of the Trust (agenda item 9)

Merran McRae presented her report and summarised the key points. The Council did not have any specific questions or queries on the report.

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

26/033 Auditors' Report on the Annual Accounts (agenda item 10)

The Council received the Auditor's Annual Report which provided a summary of the findings and key issues arising from their 2025/26 audit of the Trust. To support this, Salma Younis and Rosie Kelly delivered a presentation which outlined the scope of work that had been undertaken. Firstly, they discussed the financial statements audit which looked at the key risks relating to the valuation of land and buildings, fraud risk to expenditure, and management override of controls. She confirmed that the Trust had received an unqualified (satisfactory) opinion in relation to this audit. Salma then discussed the assessment of the Trust's value for money arrangements which looked at financial sustainability, governance, and improving economy, efficiency and effectiveness. She confirmed that the work had not identified any significant weaknesses in the Trust's arrangements.

Ivan noted that the Trust was now in segment 4 of the NOF and asked if this was an issue of concern in respect of the Trust's financial resources for the coming years. Dawn Hanwell reassured the Council that the Trust was currently in the top quartile for the finance domain of the NOF which related to productivity and value for money. The Council then heard about the NOF ranking system and what factors caused trusts to move between segments, noting that out of area placements, patient flow, and staff sickness had affected the Trust's current position, all of which were overseen in detail by committees. Salma added that External Audit had been assured regarding the actions the Trust was taking to understand and improve its NOF position. The Council noted that a new NOF framework was expected for 2026/27, which was expected to

include measures more relevant to mental health.

Martin Wright added that the Trust had repeatedly achieved a satisfactory opinion from External Audit for a number of years and highlighted that this reflected well on the Finance Team that the accounts are true and fair.

The Council **received** the Auditor's Report and **noted** the information and assurance provided.

26/034 Report from the Lead Governor (agenda item 11)

Amy Pratt welcomed the new governors to the Council and encouraged them to get involved in activities, such as learning visits. She reported on what recent activity she had undertaken as part of her Lead Governor role, including the appraisals of the Non-executive Directors and Chair of the Trust and her involvement in the planning committee for the Annual Members' Meeting (AMM) which was to be a joint celebration event with LCH.

Amy Pratt informed the Council that she had recently delivered a presentation about the Council of Governors to the Board of Directors at LCH. She also referenced the NHS 10 Year Health Plan and the implications for Councils of Governors, with further details on the changes and alternative arrangements due to be released. She also referenced the upcoming integration with LCH and noted this would be discussed in more detail in the private section of the meeting.

Amy Pratt then discussed the improved process for governors to provide feedback and ask questions after observing committee meetings and thanked the Corporate Governance Team for facilitating this. She noted that this would be added to the list of items where the Council had made a positive impact, which would be included in her Lead Governor presentation at the upcoming AMM.

The Council **received** the verbal report from the Lead Governor.

26/035 2025 NHS Staff Survey and Bank Staff Survey Results (agenda item 12)

Amy Harker introduced the paper which provided a high-level summary of the 2025 National Staff Survey results for substantive and Bank staff. She explained how the Trust's results compared to previous years and highlighted emerging themes. The Council was then invited to ask questions on the information provided.

Carole Myers noted that incidents of violence and aggression towards Bank staff had increased and asked what might be contributing to this. Nichola explained that this was linked to a broad range of issues which were being explored at the Quality Committee.

Amy Harker added that the intention planning process helped services to focus on improvements in specific areas.

Amy Pratt asked how the Workforce Committee scrutinised the Staff Survey results and monitored progress in areas requiring improvement. Zoe Burns-Shore explained that the results were reviewed in detail at committee and Board level. She noted that the Workforce Committee would undertake a deep dive in any areas where there had been a significant negative change in order to understand what was driving this and put an action plan in place. She also highlighted the importance of learning from positive results and applying this learning to other areas. She emphasised the importance of staff engagement with the Staff Survey in order to ensure the results were representative for the whole of the Trust.

Victoria noted the decline in wellbeing, morale, and motivation for staff, noting that this could have a negative effect on service users and asked if this issue was being looked into. The Council received reassurance that any changes in Staff Survey metrics that impacted on patient quality were also reviewed at the Quality Committee to ensure there was no negative impact on quality of care.

Victoria also discussed the results of the Volunteer Survey, highlighting the importance of volunteering as a way to gain skills and confidence as part of recovery, and noted the decline in volunteers being satisfied with the recognition received for their work. The Council heard how the survey had been adapted for volunteers and discussed how the Trust could ensure volunteers' needs were being met.

Ivan referred to nursing staff turnover and asked if the Trust collected any data to reflect how new nursing staff felt about working at LYPFT. Amy Harker responded that the Staff Survey results could be analysed by protected characteristics but not length of service; however, exit interviews provided valuable information on why staff left the Trust. Nichola added that more recently, nursing turnover had been more stable with staff staying on for longer after their registration.

Craig Bromyard referred to the Trust's Quarterly Pulse Survey (QPS) and asked how this related to the Staff Survey. Amy Harker explained that the QPS was used to gather intelligence on specific areas throughout the year, although engagement with this survey was lower and therefore it was difficult to compare the results with the Staff Survey results.

Martin Wright noted the increased rates of bullying and harassment and asked if there was a disconnect between Staff Survey results and other reporting mechanisms such as Freedom to Speak Up. Amy Harker suggested this could be linked to psychological safety, noting that Staff Survey results were anonymous.

The Council **received** and **noted** the high-level 2025 National Staff Survey results; **acknowledged** the strengthened national expectations for survey reporting and Trust level action planning; and was **assured** on the plan to share results across services and governance groups to support improvement planning.

26/036 Report from the Chair of the Workforce Committee: 16 April 2026 (agenda item 14.5)

Zoe Burns-Shore introduced the report from the recent Workforce Committee meeting and summarised the key points. She noted that the Committee had asked for the reporting on mandatory training for medical staff to be reviewed and aligned to the rest of the organisation and had received assurance on progress with this. She also referred to the Emergency Preparedness, Resilience and Response (EPRR) training compliance, outlined what issues had affected compliance, and noted that the Committee had been assured on the actions being taken to make improvements.

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

Zoe Burns-Shore left the meeting.

26/037 Finance Update (agenda item 13)

The Council received the report from Dawn Hanwell who provided an overview of the Trust's 2025/26 outturn position, and the first monthly financial position of 2026/27. She explained that the Trust had planned to break even at the end of the financial year but had made a small surplus and went on to explain how the revenue and capital resource limits and the Trust's position in the NOF restricted how this could be spent. She noted that more detail on the outturn position would be provided at the upcoming Annual Members' Meeting. She also explained the work taking place to align internal budgets to the Trust's run-rate which was being overseen by the Finance and Performance Committee.

Nicola Lister asked about the monitoring of income and expenditure at service line level and how this had changed over time to reflect what types of services were required. Dawn explained that services were funded through contracts and Provider Collaborative arrangements with the Care Services Strategic Plan overseeing the design of the future service model to meet the needs of the population.

The Council then discussed the upcoming merger with LCH. Firstly, Gaadha Jayaprakash asked how the merger would affect the financial position of both trusts. Dawn explained that the merger was expected to have a positive impact, both in terms of meeting financial targets and providing services more efficiently and effectively. Richard Hattersley then asked about LYPFT's status as a Foundation Trust and Dawn

explained that foundation trusts had the ability to generate surplus and reinvest, however, she emphasised the importance of moving towards values and outcome-based working to provide services more efficiently and effectively.

Carole then asked how the merger with LCH would affect roles that had been previously vacant in the Trust and Sara explained that they were looking across both trusts to ensure there was the right capacity, capability and skills to support the new organisations' service portfolio. Dawn added that workforce redesign was an important part of the transition arrangements and outlined the quality impact assessment process to ensure the quality and safety of services were maintained.

Peter noted that technology was often used to make processes more efficient and highlighted that access to technology may be limited for some people. Dawn provided reassurance that the use of technology at the Trust was being modified to suit different service user groups. Thabani Fingi Mlotshwa then asked if there was a link between staff sickness and redundancies and Dawn confirmed that there were separate processes in place for managing these issues.

Ivan referred to the Trust's efficiency targets and asked how these would be achieved. Dawn explained that there was an annual efficiency target in place, and where the Trust could not achieve this through efficiencies alone, it was supplemented with non-recurrent savings. She noted that this process was monitored by the Financial Planning Group.

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

Cllr Emma Flint left the meeting.

26/038 Report from the Chair of the Finance and Performance Committee: 28 April and 26 May 2026 (agenda item 14.1)

Martin Wright, non-executive director member of the Finance and Performance Committee, introduced the reports from the recent Finance and Performance Committee meetings and summarised the key points.

The Council discussed the staffing and availability of Trust services over the weekend. The Council heard that the Bank workforce often preferred to work unsociable hours which meant that more Bank staff were on shift over the weekends. The Council also heard that some services had more limited provision over the weekend; however, emergency and crisis services were available out of hours. Sara explained how inpatient services managed staff absence to ensure safe staffing requirements.

Adam Redhead then asked if the Trust would consider reinstating night shift contracts for substantive staff to help reduce the costs associated with Bank staff working unsociable hours. Sara and Nichola explained that the Trust's shift patterns were

designed to ensure that substantive staff maintained their skill set and there was flexible coverage of shifts to help manage staff sickness. It was noted that Adam could discuss this further with Sara and Nichola outside of the meeting.

Adam then asked about out of area placements and if consideration was being given to increasing the bed capacity at the Trust to address the issue of people being sent out of area. Sara discussed the ongoing work to improve patient flow which included an external review of the Trust's patient flow pathway by VOT Health. She emphasised that a key aspect of this work was to enhance the community offer to help reduce admissions and the dependency on beds and avoid long-term inpatient stay where possible. The Council noted that a report on the VOT Health recommendations was expected at the July Board of Directors' meeting, and it was agreed that an update on improving patient flow would come to a future Council of Governors' meeting.

CHos

Carole Myers noted there had been some staffing and building issues at Red Kite View which had affected capacity and asked how this was being managed. Sara confirmed that the staffing and building issues had now been resolved and confirmed that although they did have to reduce the number of beds temporarily, the service had been able to maintain capacity for intensive care within the regional footprint. She added that since they had opened Red Kite View, they had been able to reduce the number of cases requiring inpatient admission by half. The Council was pleased to note this and was assured by the update provided.

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

26/039 Report from the Chair of the Audit Committee: 14 April 2026 (agenda item 14.2)

Martin Wright introduced the report from the recent Audit Committee meeting and summarised the key points. The Council heard about the Head of Internal Audit opinion which provided an external view of the Trust's systems of governance and had given a consistently clear opinion over recent years. The Council also received assurance that the process for determining the areas for internal audit was rigorous and included input from each of the Board sub-committees. The Council noted that the internal audits were aligned to the key risks of the organisation and Martin assured the Council that this did not exclude any areas being audited, with some areas being subject to regulatory audits on an annual basis.

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

26/040 Report from the Chair of the Mental Health Legislation Committee: 12 May 2026
(agenda item 14.3)

Kaneez Khan introduced the report from the recent Mental Health Legislation Committee meeting and summarised the key points. Dominique Burley noted the decision to no longer detain people under Section 136 in police stations and asked how the Trust was working with partners to ensure there were alternative places of safety for people in Leeds. Nichola explained that the 136 Suite at the Becklin Centre was a dedicated place of safety where people could receive an assessment within the required 24-hour timeframe.

The Council **received** the report from the Chair of the Mental Health Legislation Committee

Kaneez Khan left the meeting.

26/041 Reports from the Chair of the Quality Committee: 9 April and 14 May 2026
(agenda item 14.4)

Frances Healey introduced the reports from the recent Quality Committee meetings and summarised the key points. The Council did not have any specific questions or queries on the reports.

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

26/042 Combined Quality, Workforce and Service Performance Report (agenda item 14.6)

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 April 2026. The Council did not have any specific questions or queries on the report.

The Council **noted** the information provided.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 4:00pm. 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
25/048 - Sharing Stories: The Acute Liaison Psychiatry Service (July 2025 - agenda item 4) 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.	Sophie Valinakis	6 October 2026	Sharon Prince provided an update on Synergi-Leeds at the February 2026 meeting. The Head of Health Equity will present progress against the Patient and Carer Race Equality Framework (PCREF) action plan at the October 2026 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.

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
26/038 - Report from the Chair of the Finance and Performance Committee: 28 April and 26 May 2026 (July 2026 - agenda item 14.1) It was agreed that an update on improving patient flow would come to a future Council of Governors' meeting.	Chris Hosker / Josef Faulkner / Ben Alderson	25 February 2027	This has been added to the forward plan for the February 2027 meeting. Josef Faulkner (Senior Operational Programme Lead, Community First Collaborative) and Ben Alderson (Clinical Lead) are attending to present the update.
25/010 - Presenting our New Five-Year Strategy (February 2025 - agenda item 8) 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.	Joanna Forster Adams	25 February 2027	This has been added to the forward plan for the February 2027 meeting.

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
26/014 - Report from the Chair of the Audit Committee: 20 January 2026 (February 2026 - agenda item 11.2) 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.	Nichola Sanderson	2027	It has been agreed that this item should be deferred until the new policy and process for claims and complaints has been finalised for the merged organisation. The following update has been provided for the action log to the October meeting so that governors can monitor progress: The revised PALS and Complaints Procedure and Claims Handling Procedure are now embedded across the Trust. Improvements have been seen in complaint response times, oversight through Datix, the introduction of an Investigators Toolkit and the tracking of actions arising from complaints. The revised Claims Handling Procedure has improved consistency in the management of claims and strengthened governance oversight. The Trust's trauma-informed approach to complaints handling has also been recognised externally, with the revised PALS and Complaints Procedure shared with the Parliamentary and Health Service Ombudsman (PHSO) to support wider learning and best practice.

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
26/018 - Update on request to consider care experienced as a protected characteristic (February 2026 - agenda item 12) 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.	Corporate Governance Team	2027	It has been agreed that this item should be added to the forward plan for post-April 2027 to give the merged organisation the opportunity to discuss the role of care leavers in the new Trust.
25/010 - Presenting our New Five-Year Strategy (February 2025 - agenda item 8) 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.	Dawn Hanwell	2027	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.

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
25/032 - Report from the Lead Governor (May 2025 - agenda item 9) 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.	Dawn Hanwell	2027	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. 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.
25/041 - Learning from Patient Safety Incident Investigations (May 2025 - agenda item 14) 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.	Chris Hosker	2027	This has been added to the forward plan for 2027.

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
Opportunity to Receive Questions from Members of the Public (Annual Members' Meeting - 29 July 2025 - 25/010) 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.	Dawn Hanwell	Management Action (September 2026)	<u>COMPLETE</u> The Strategic Estates Board is made up of partner organisations including Voluntary, Community and Social Enterprise organisations, GPs, local authority and NHS organisations, all of which have mechanisms to ensure lived experience is considered in strategic estate planning. As appropriate we will involve our communities in specific programmes and projects as they evolve. We are reviewing the working groups which sit under the Strategic Estates Board to ensure we develop the right solutions to support neighbourhood health and that would be a more appropriate involvement approach rather than the Strategic Estates Board itself.

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
26/016 - Report from the Chair of the Workforce Committee: 4 December 2025 (February 2026 - agenda item 11.4) 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.	Nichola Sanderson	7 July 2026	<u>COMPLETE</u> A response to this action was provided as Appendix 1 to the cumulative action log at the July 2026 meeting.

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
26/018 - Update on request to consider care experienced as a protected characteristic (February 2026 - agenda item 12) 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.	Corporate Governance Team	Management action	<u>COMPLETE</u> 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.

Meeting of the Council of Governors

Paper title:	Report from the Chair of the Trust
Date of meeting:	6 October 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
- Any upcoming elections to the Council of Governors and the Appointments and Remuneration Committee
- Any upcoming 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

6 October 2026

Report from the Chair of the Trust

1 Changes to the membership of the Council of Governors

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

- Richard Malkin resigned on 24 August 2026

I would like to extend my sincere thanks on behalf of the Council for all the hard work and dedication that Richard has given to the role of governor.

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

Since the July 2026 Council of Governors' meeting there have been no changes to the membership of the ARC. 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.

A log of governor attendance at ARC meetings can be found on the next page.

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

Appointments and Remuneration Committee	30 September 2025	17 March 2026	4 June 2026	31 July 2026	21 September 2026
Merran McRae	✓	✓	✓	✓	✓
Ian Andrews	-				
Amy Pratt		✓	-	✓	✓
Matthew Knight	✓	-			
Sharon Rai		✓			
Nicola Lister	✓	-	✓	✓	✓
Cllr Ian Cuthbertson		✓	✓		
Peter Ongley	✓	✓	✓	-	✓
Dominique Burley				✓	
Craig Bromyard				✓	

4 Changes to the membership of the Board of Directors

Since the July 2026 Council of Governors' meeting there have been no changes to the membership of the Board of Directors.

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	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)	25 June 2026 (extraordinary)	30 July 2026
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	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)	25 June 2026 (extraordinary)	30 July 2026
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	7 November 2025 (extraordinary private meeting)	10 November 2025 (extraordinary private meeting)	26 February 2026	24 March 2026 (extraordinary private meeting)	9 June 2026 (extraordinary private meeting)	7 July 2026
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	21 October 2025	20 January 2026	14 April 2026	16 June 2026	14 July 2026
Martin Wright	✓	✓	✓	✓	✓
Frances Healey	✓	✓	✓	✓	✓
Cleveland Henry	✓	-	■	■	■
Lynne Mellor	■	■	✓	✓	-

Workforce Committee	27 October 2025	4 December 2025	19 February 2026	16 April 2026	18 June 2026	6 August 2026
Kaneez Khan	-	✓	✓	✓	✓	✓
Zoe Burns-Shore	✓	✓	✓	✓	✓	✓
Martin Wright	■	■	■	■	✓	✓

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

Finance and Performance Committee	23 September 2025	28 October 2025	25 November 2025	27 January 2026	24 March 2026	28 April 2026	26 May 2026	27 July 2026
Kaneez Khan							✓	-

Quality Committee	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	9 July 2026	10 September 2026
Frances Healey	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zoe Burns-Shore	✓	-	✓	✓	✓	✓	✓	-	-	✓	✓
Merran McRae		✓									
Katy Wilburn								✓	-	-	✓

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

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)	7 November 2025 (extraordinary)	10 November 2025 (extraordinary)	26 February 2026	24 March 2026 (extraordinary)	9 June 2026 (extraordinary)	7 July 2026
Comfort Akinbobola	E	-	-	-	-	-	-
Miranda Arie	E	-	-	✓	■	■	■
Nicola Binns	E	-	-	-	-	■	■
Craig Bromyard	E	■	■	■	■	✓	✓
Dominique Burley	A	■	■	-	-	✓	✓
Brian Coupe	E	■	■	■	■	✓	✓
Ian Cuthbertson	A	✓	✓	✓	✓	✓	✓
Thabani Fingi Mlotshwa	E	■	■	■	■	✓	✓
Emma Flint	A	■	■	■	-	-	✓
Gail Harrison	E	-	✓	■	■	■	■
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	✓	✓	✓	✓	-	✓
Victoria Thomson	E	✓	✓	✓	✓	✓	✓

		COUNCIL BUSINESS MEETINGS ATTENDED					
Name	Appointed (A) or elected (E)	7 November 2025 (extraordinary)	10 November 2025 (extraordinary)	26 February 2026	24 March 2026 (extraordinary)	9 June 2026 (extraordinary)	7 July 2026
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.

Leeds and York Partnership

NHS Foundation Trust

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

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
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

Leeds and York Partnership

5 August 2026	Adult ADHD Service	Aire Court, Lingwell Grove, Leeds, LS10 4BS	Richard Carroll, Head of Operations Mike Smith, Clinical Lead	NHS Foundation Trust Zoe Burns-Shore	Apologies sent by governor
1 September 2026	Adult Eating Disorder Service	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Richard Carroll, Head of Operations Kurt Maloney, Operations Manager	Frances Healey	Thabani Fingi Mlotshwa
29 September 2026	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 Gaadha Jayaprakash
26 October 2026	Learning Disability Inpatient Services	Woodland Square, St Mary's Hospital, Green Hill Road Leeds, LS12 3QE	Peter Johnstone, Head of Operations Stacey Atkinson, Lead Nurse	Lynne Mellor	Dominique Burley (one governor only)
November 2026	Community Rehabilitation Team	TBC	Richard Carroll, Head of Operations Marrisa Carroll, Service Manager	Martin Wright	Peter Ongley
23 November 2026	Children and Young People's Mental Health Service	Red Kite View, Green Hill Road, Armley, Leeds, LS12 3BY	Kay Lawn, Head of Operations	Lynne Mellor	Gaadha Jayaprakash Comfort Akinbobola

Leeds and York Partnership

Early 2027	Perinatal Mental Health Service	The Mount, 44 Hyde Terrace, Leeds, LS2 9LN	Eve Townsley, Head of Operations	Lynne Mellor	Dominique Burley
To be rescheduled	Older People's Inpatient Service	The Mount, 44 Hyde Terrace, Leeds, LS2 9LN	Paul Fotherby, Head of Operations	Lynne Mellor	Katy Mallender-Ward *1 space available*
TBC	Leeds Autism Diagnostic Service	Aire Court, Lingwell Grove, Leeds, LS10 4BS	Richard Carroll, Head of Operations Conor Davidson, Clinical Lead	Zoe Burns-Shore	Katy Mallender-Ward
TBC	Gender Identity Service	The Newsam Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH	Richard Carroll, Head of Operations Laura Charlton, Clinical Lead	TBC	*Space available*

Meeting of the Council of Governors

Paper title:	Report from the Chief Executive
Date of meeting:	6 October 2026
Presented by: (name and title)	Sara Munro, Chief Executive Officer
Prepared by: (name and title)	Sara Munro, Chief Executive 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	Demand for services	✓
SR8	Health inequalities	✓
SR9	System change	✓

Executive summary

This report provides the Council of Governors with updates on key activities and issues from the Chief Executive.

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

6 October 2026

Report from the Chief Executive

The purpose of this report is to update and inform the Board of key activities and issues from the Chief Executive.

1. OUR SERVICES AND OUR PEOPLE

Joint Annual Meeting

The joint 2026 Annual General Meeting for LYPFT and LCH celebrated a year of innovation, partnership and progress across to Leeds Trusts.

- Reflected on progress across both Trusts and plans for the proposed integration of Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust from April 2027, subject to approval.
- Showcased innovation in practice, including the Heidi AI pilot, which is helping clinicians spend less time documenting and more time focusing on people.
- Highlighted the impact of charity-funded projects, peer support services and co-production in enhancing care and recovery experiences.
- Demonstrated how digital inclusion initiatives are helping more people access healthcare and benefit from digital services.

Service Visit to Asket Croft and Asket House

It was a pleasure to meet with staff and service users at our community-based rehabilitation facilities at 'The Askets'. There are stable and committed leadership teams in place and the team managers shared the ongoing work they are doing to support staff and improve services. There has been a stronger focus on reducing sickness absence and recent success in recruiting newly qualified nurses and occupational

therapists.

The team highlighted some of the changes that have been made within the environments following the CQC inspection early this year and were preparing for peer review visits to evaluate and support ongoing improvements.

The patients I met with at both units were all consistent in their high praise for the support, interventions and relationships fostered with staff and specific mention was made for the nursing staff and occupational therapy staff. It was also great to hear about the strengthening of links not community-based activities/opportunities and greater in reach for the community rehabilitation team. Staff were curious about the impact the merger with LCH will have on them and we talked about opportunities for staff development which works both ways to support patients with rehabilitation and recovery.

Welcome Aspire Colleagues

We'll be welcoming around 50 staff from the Leeds Early Intervention in Psychosis Service, known as 'aspire', on 1 October.

- Contract has been brought in house. They'll be part of the Complex Psychosis Pathway.
- Aspire team will continue to operate from their base in Armley, and referrals can still be made via CareDirector.

National Oversight Framework

The results for **Quarter 1 2026/27** have now been finalised and have been published. We are in segment **3 and** this is an improvement since Quarter 4 2025/26 when we were in segment 4 - and where we predicted we would be.

Our average metric score is **2.53** (lower the score the higher performing in range between 1 and 4) and our ranking in the national league table for non-acute NHS providers is **44/58** compared to Quarter 4 2025/26 ranking position 48/61 representing an improvement in position.

At the time of writing, the detailed scoring is being analysed and Joanna Forster Adams is coordinating the action needed for improvement.

Congratulations Forward Leeds

Forward Leeds has retained its overall Outstanding rating following its latest Care Quality Commission (CQC) inspection, with four of the five assessment areas now rated Outstanding.

- The report highlights the exceptional care and support provided by teams across the service, with inspectors hearing powerful feedback from people accessing support, including:

“I wouldn’t be here if it wasn’t for staff. They have saved my life.”

- Forward Leeds was praised for its compassionate, person-centred approach and the positive impact it has on people’s lives.

2 PROGRESS ON THE CREATION OF LEEDS PARTNERSHIP NHS FOUNDATION TRUST

Significant activity has taken place over the last 6 weeks with highlights including:

- Submission of our checkpoint report to NHSE on the 4th of September and follow up interviews.
- Formal endorsement from NHSE for the new Trust name post-merger.
- Conclusion of the phase one ‘Best of Both’ staff engagement events to inform our culture diagnostic.
- Workshops underway to develop our values and behaviours framework for the new trust.
- Recruitment to the new Trust board is underway starting with the new Trust Chair Helen Thomson.
- Letters to all local MPS to update on our plans and request an opportunity to meet in person.
- Working ongoing developing a new Trust Strategy
- Work ongoing and on track on full business case, patient benefit cases, and post transaction implementation plan.

3 SYSTEM UPDATE

National Update

Since the last board meeting there has been significant changes in political leadership and personnel. We now have a new secretary of state for health and social care – Yvette Cooper. We have had an initial CEO meeting with the SoS in which she shared her observations of the progress and challenges in health and social care. She also talked about areas of personal focus which centred on the importance

of national standards delivered locally, working in partnership and with citizens and communities. Key service areas of interest include maternity service improvements and children and young people's mental health.

West Yorkshire ICB Updates

- Permanent CEO appointed, Jonathan Webb who was the ICB Chief Finance Officer
- New structure came into effect on 1st September however still ongoing management of change and vacancies in key positions such as place based Director of integrator for Leeds and for Bradford. Now out to external recruitment and interviews scheduled for 5th October.
- Locala CEO Karen Jackson has stood down – interim arrangements are in place pending permanent recruitment.

Leeds Place Updates

- Timescales for delegation of commissioning functions from the ICB to place based partnerships has now been revised to April 2028 reflecting the significant work involved.
- Tim Ryley has now taken up post as our Director of Leeds Provider Partnership working for the partners in the city to support us develop our arrangements to take on delegated functions from the ICB. Tim will work closely with the Director of Integration once they have been appointed.
- Caroline Baria – Director for Adult Services in Leeds City Council has announced she is retiring. Recruitment will get underway this month for a replacement.

4 REASONS TO BE PROUD

National Inclusion Week 2026

As part of National Inclusion Week, we held our Joint Staff Network event today at Onward House, and it was a huge success. The networks came together, with great attendance from both Trusts and across all the networks.

The atmosphere was vibrant, and there was a strong sense of belonging. The networks had the opportunity to reflect on their journey so far and explore how we can connect and shape the networks further as we move towards the merger.

We asked three key questions:

- What do our networks need from our future network to feel connected, supported and able to thrive?
- If we want to have successful networks by April 2027, what should we start doing now?
- What can I contribute, and what support do I need?

"The event had a real sense of energy and connection, and it was wonderful to see colleagues coming together." - Zaidah Ahmed MBE, Head of Equality, Diversity and Inclusion

Arts and Minds



The annual Arts & Minds Annual Exhibition 2026 will showcase artwork from 50 artists across Leeds, celebrating the positive impact creativity can have on mental health and wellbeing. This year's exhibition takes place at Left Bank Leeds and features a diverse range of artists, styles and mediums.

- **7 October to 13 November 2026** at Left Bank Leeds, Cardigan Road, Leeds.
- Showcasing work from 50 artists, including both established and emerging talent.
- Open Monday to Friday, 10am to 4pm, with late opening until 9pm on Wednesdays.



The King's Representative visits Becklin



Leeds and York Partnership NHS Foundation Trust

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Recognition for EMERGE

The service has been highlighted in a national Churchill Fellowship report for its innovative approach to supporting young people with complex emotional needs.

- One of only four UK services featured in the report.
- Recognised for its specialist support for young people with complex emotional needs.
- Praised for its relational, trauma-informed approach to care.
- Helping to influence national discussions on improving support and service standards.



"We were proud to see the team recognised in this way. It reflects the skill, compassion and dedication shown by staff across EMERGE and the impact of our relational approach to supporting young people and their families." — Dr Ranil Tan

Leeds and York Partnership NHS Foundation Trust

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East, North-East Community Learning Disability Team



Through a period of significant change, colleagues have pulled together to support one another, adapt to new challenges and continue delivering high-quality, person-centred care.

- Demonstrated resilience and teamwork while managing multiple staffing changes across the service.
- Maintained continuity of care and created a welcoming, supportive environment for both existing and new team members.

"Our team motto is 'we bridge each other's gaps', and this has been very evident throughout this period of change." Nominator Selina Armstrong

Judges comment - "A great example of coming together. Continuity of care and perseverance were clear throughout."

OPS Liaison Team



The Older Peoples Service (OPS) Liaison Team has been recognised for its exceptional dedication, compassion and resilience while delivering outstanding care under significant and sustained pressure.

- Consistently places patients and carers at the heart of everything they do.
- Delivered exceptional care for patients with complex needs during periods of unprecedented demand.
- Worked collaboratively with acute hospital colleagues and partner teams to achieve positive outcomes.
- Maintained professionalism, compassion and team morale while managing challenging circumstances.



Abigail Cranswick



Occupational Therapist and Sensory Integration Practitioner, Mill Lodge CAMHS Inpatient Unit. Abi has been recognised for her outstanding leadership, compassion and commitment to maintaining safe, person-centred care during a particularly challenging shift.

- Voluntarily stayed beyond her shift to ensure the ward remained safe and supported.
- Provided calm, confident leadership during a complex and high-pressure incident.
- Kept young people at the centre of decision-making through compassionate, tailored support.
- Worked effectively with colleagues and external partners to coordinate a safe response.

"Abi's calm leadership, compassion and dedication made a real difference during a challenging situation, supporting both young people and colleagues when it mattered most."



Leeds and York Partnership NHS Foundation Trust

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This month's Research Hero is Dr Dan Romeu, who played a key role in a pilot study exploring the use of the CAARMS assessment for people with Autism Spectrum Disorder.

During his placement with the service, Dan led the ethical approval process, secured funding, and supported the study from start to finish. His dedication helped the project progress successfully and reach the dissemination stage.

Dan has since presented the research at a Leeds-wide conference and is lead author on the study paper, with further findings due to be shared at the LYPFT R&D Forum in October 2026.

"It has been a pleasure and a privilege to be part of this project. I am incredibly grateful to the LADS team and everyone who supported us throughout the study."

Actively shaping the future of Mental Health Care

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Sara Munro
Chief Executive Officer
21 September 2026

Meeting of the Council of Governors

Paper title:	Finance Update
Date of meeting:	6 October 2026
Presented by: (name and title)	Lynne Mellor, Non-Executive Director
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	Demand for services	
SR8	Health inequalities	
SR9	System change	

Executive summary

At month 5 we are reporting a £28k surplus against a balanced plan. There are a number of significant pressures within the position. The efficiency programmes have been developed. Recurrent budget efficiency has now started to deliver but there still remains a significant under-delivery year to date. Capital expenditure is progressing in line with plan.

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:

- Note the Trust revenue and capital positions for 2026/27 at month 5
- Note the results of the Deconstructing the Block exercise.

Meeting of the Council of Governors

6 October 2026

Chief Finance Officers Finance Report

1 Introduction

This report provides an overview of the financial position as at the end of August 2026, and other relevant updates

2 Revenue Position

At the end of August we are reporting a £28k surplus against a balanced plan as shown below.

Income & Expenditure Plan Position	Plan Annual £'000	Month 5		
		Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
Income:				
Patient Care Income	249,522	104,914	105,003	89
Other Income	28,165	12,857	13,562	705
Total Income	277,687	117,771	118,565	794
Expenditure:				
Pay Expenditure	(201,533)	(84,411)	(84,961)	(550)
Non Pay Expenditure	(71,172)	(31,286)	(31,457)	(171)
Total Expenditure	(272,705)	(115,697)	(116,418)	(721)
Surplus/ (Deficit)	4,982	2,074	2,147	73
Adjustments for NHSE Reporting	(4,982)	(2,074)	(2,119)	(45)
Adjusted Position	0	0	28	28

It should be noted that the overall positive position against plan is supported by a significant number of one-off non-recurrent mitigations:

- Technical flexibilities totalling c.£2.1m year to date.

- Slippage on the opening of the new Perinatal non-recurrent benefit of £0.8m YTD
- Interest Receivable is £0.4m above planned levels but expected to reduce when interest rates reduce
- Additional income above planned levels of £0.7m

Excluding the technical flexibilities in the position the actual monthly net run rate position is shown below:

Month	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Surplus / (Deficit)	(1,126)	(640)	(359)	(255)	(168)

Whilst still an underlying deficit position at month 5 (August), the above table demonstrates a month on month improving run rate position, mainly reflecting reductions in out of area placements, bank expenditure and an increase in training income. It remains key that the month-on-month run-rate continues to improve as the year progresses to reduce this over reliance on non-recurrent benefits. This directly links to achievement of run rate efficiencies.

Within the position the significant expenditure pressures remain as :-

- Pay Expenditure - substantive pay and bank combined £1.1m higher than plan with agency spend £0.5m under plan.
- Non-Pay expenditure - Out of Area placements expenditure across Working Age Adult (WAA), Older People and Complex Rehabilitation £2.6m over plan collectively, with £1.9m attributable to WAA.

Overall, the position is balanced due to the mitigations noted above.

3 Efficiency Programme 2026/27

The efficiency programme is split into the run-rate efficiency based on the financial plan submitted to NHSE and monitored monthly via reporting to NHSE, and the internal efficiency programme linked to budgets to ensure overall budgetary balance. The latter is what services and departments are monitored against, as our financial management is budgetary based. 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.

3.1 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 5:

Schemes	Recurrent / Non-Recurrent	YTD Plan (£000)	YTD Actual (£000)	YTD Variance (£000)
NR Income	Non-Recurrent	417	402	(15)
Technical Flexibility	Non-Recurrent	0	350	350
Agency Reduction	Recurrent	255	741	486
Bank Reduction	Recurrent	144	0	(144)
MARS Scheme	Recurrent	600	600	0
Community Tranformation	Recurrent	833	292	(542)
Job Planning	Recurrent	63	0	(63)
Contract in-housing Overhead	Recurrent	146	0	(146)
Digitalisation Project	Recurrent	208	0	(208)
Fragile Services	Recurrent	208	0	(208)
Procurement/ Non-Pay inflation	Recurrent	417	417	0
Pay / Vacancies	Recurrent	941	820	(121)
Additional Income	Recurrent	0	613	613
		4,231	4,234	3
	Recurrent	3,814	3,482	(332)
	Non-Recurrent	417	752	335
	Total	4,231	4,234	3

The Trust is broadly on plan at M5 largely due to realising the full year impact of MARS efficiency (agreed in 25/26), additional income over the amount anticipated in plan and a higher than anticipated reduction in agency expenditure at this stage of the year. The shortfall on recurrent scheme delivery is under review and mainly due to timing of delivery.

3.2 Internal Budget Efficiency Programme 2026/27

To ensure that internal budgets are balanced there is a requirement to achieve a £13.6m recurrent budget efficiency. This has been devolved to services and departments to ensure it is visible and management teams know their resource envelope they must provide their service within.

The first Equality, Quality Impact Assessment (EQIA) panel was held on 31st July 2026 where the first tranche of efficiency schemes were reviewed. There were £1.7m of schemes agreed to be progressed and £1.2m of which have been transacted in month 5, with the remaining £0.5m to be transacted when the additional funding to which they relate is received by the Trust.

The second EQIA panel will be held at the end of September.

Scheme or Service / Department	Target £000	Transacted £000	Variance £000
Community Transformation	2,000	0	2,000
Job Planning	150	0	150
Contract in-housing	350	0	350
Procurement/ Non-Pay inflation	1,000	0	1,000
Additional Income	500	0	500
Adult Acute Services	1,514	0	1,514
Care Services Others	360	387	-27
Children + Young People	258	0	258
Forensic Services	86	43	43
LD Services	1,892	0	1,892
Liaison + Perinatal Services	1,173	134	1,039
Older Peoples Services	1,163	0	1,163
Regional + Specialist Services	900	0	900
Chief Financial Officer	335	327	8
Chief Nurse	353	100	253
Chief Operating Officer	28	0	28
Medical	959	0	959
People and OD Directorate	580	181	399
Total	13,600	1,170	12,430

After transacting £1.2m in month, £12.4m or 91% is remaining to be transacted, the vast majority of this is still yet to be identified.

It has been agreed at the Extended Executive Management Team meeting that there will be a shift in approach to the delivery of recurrent budget CIP. There needs to be more aggregation and alignment across services, rather than specific individual budget holders. This is in line with the programme work underway for the Community First programme which takes a more pathway approach and covers multiple budget/service areas. We are refining the approach and methodology which will include independent/peer review and utilise multiple sources of data to inform the work and reassign targets in care services areas.

The corporate savings are being delivered through holding of vacancies. There is high degree of confidence that the recurrent budget savings will be achieved linked to the integration work.

4 Provider Collaboratives

The Trust is part of four Provider Collaboratives (PC) in West Yorkshire, each having their own risk and gain share arrangement in place. At M5 the only PC currently forecasting a deficit in year is the Adult Secure PC hosted by South West Yorkshire Partnership NHS FT. Overall there is a likelihood that the PCs will end the year in surplus. Each PC will make decisions on a reinvestment approach, whilst continuing to hold contingency for risk. It is highly likely that the Children and Young Peoples PC will be able to make some recurrent investment and is currently reviewing options, including the establishment of day services similar to those developed in Humber at Mill Lodge.

The Trust is also part of two PCs in Humber and North Yorkshire (Adult Secure and Children and Young People). Volatility on high cost and unpredictable of Exceptional Packages of Care does persist, but there is still a likelihood of a surplus.

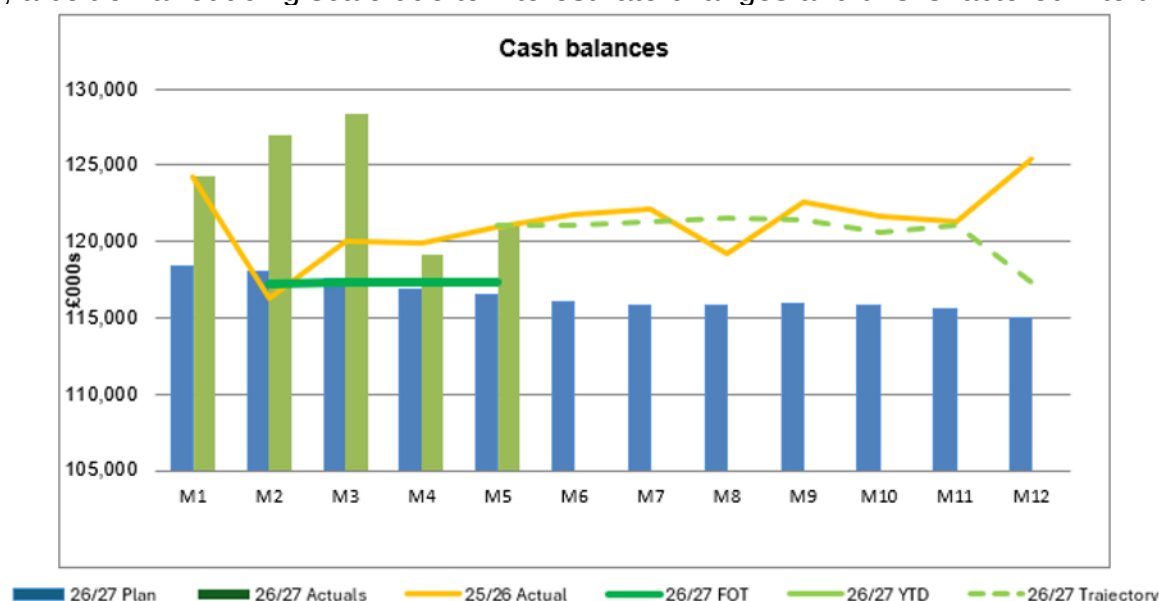
5 Capital Position

Cumulative Capital expenditure at M5 is £1.5m against a plan of £1.5m. The capital forecast out-turn remains in line with planned allocations. The capital position is detailed in Appendix A.

The Trust has an operational capital envelope of £5.6m in 2026/27. In addition, the plan assumed Public Dividend Capital (PDC) of £3.2m in year; of which £2.5m is related to the new Electronic Patient Record scheme and is now more likely to be required in future years. The current climate means that there is a degree of uncertainty in respect of PDC planned in year. Conversely, PDC is likely to be available for other/specific purposes, and the Trust will endeavour to maximise any opportunities that arise.

6 Cash position

At the end of August, the Trust has a cash balance of £121.1m. This is higher than plan 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 in a very positive position. Our cash balances provide the ongoing interest receivable benefit to our revenue position, albeit on a reducing scale due to interest rate changes and this is factored into the plan.



7 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:

30 Days Summary			
Category	BPPC Paid Period	% Number Passed	% Value Passed
Non NHS	AUG-26	95.9%	99.2%
Non NHS	Year to date	95.0%	98.5%
NHS	AUG-26	88.6%	95.9%
NHS	Year to date	93.2%	89.3%
Total	AUG-26	95.6%	98.9%
Total	Year to date	94.9%	97.6%

By value YTD we are at 97.6% which is very impressive however by number of invoices we are 0.1% below target. After a positive start this percentage dropped in June and July but since a rapid task and finish group to resolve the delay was stood up we have improved the percentage and aim to be back to 95% or above in September.

There was a drop in the proportion of NHS invoices paid with in 30 days during August, 88.6% compared to 98.7% in July. This is due to invoices getting stuck in staff members workflows whilst on holiday. Ways of reducing this have been discussed and include regular reviews of invoices that are in staff's workflow.

8 Deconstructing the Block (DTB)

The 10 year health plan highlights the need to move away from block contracts and develop flexible, transparent and appropriate contracting arrangements to support service transformation and improved patient care (i.e neighbourhood mental health). The first deconstructing the blocks (DTB) exercise ran between July-September 2025. Due to many concerns regarding the variability and inconsistency in the data produced, it was decided nationally not to implement any changes to pricing and payment for Mental Health and community services in the 2026/27 planning round.

The intention is for 2026/27 DTB exercise to influence the NHS payment scheme for 2027/28. This exercise ran from July 2026 with the Trust submission to the ICB in early September. ICBs will

collate results from all providers for the systems and send to NHSE 17 September. The contract value used for the exercise is the opening 2026/27 offer, this is then compared with activity from the 2025/26 national cost collection costed at an adjusted national average price. One of the main adjustments to the price was that prices applied in the exercise have been deflated for an estimated productivity change between 2019/20 and 2024/25. This assumes that prices and costs would have been less if productivity would have continued at a rate based on Office of National Statistics (ONS) estimates of public healthcare productivity. In the NHS generally productivity over this period has reduced not increased. The deflator amount equated to a 14.6% reduction in price.

All providers have completed the exercise in a consistent way. There are “allowable” exclusions where certain items in the block contract can be excluded where no activity is generated. The biggest examples of this for LYPFT is the out of area placements and other pass-through subcontracts. Once Trust activity for 2025/26 was multiplied by the nationally adjusted prices, and after exclusions, a £21.1 gap was identified, meaning our calculated value of payments was lower than the actual block contract income of £163.4m. This represents 12.9% of the contract value. This remaining gap is broadly explicable/ reconcilable through the unwinding of the deflator, and the assumptions made to calculate the national averages, due to the early stages of implementation of national price currencies. Alongside this data quality and data capture is a known significant risk across providers and this underpins the exercise. LYPFT is not an outlier in having a significant gap in the results from the exercise.

A detailed analysis of the Trusts return has been shared with the Finance and Performance Committee and approved for submission. It remains unclear what the next steps are nationally and how the results from this exercise will be used to inform policy and pricing for 2027/28 onwards.

9 Conclusion

At month 5 we are reporting a £28k surplus against a balanced plan. There are a number of significant pressures within the position. The efficiency programmes have been developed. Recurrent budget efficiency has now started to deliver but there still remains a significant under-delivery year to date. Capital expenditure is progressing in line with plan.

10 Recommendation

The Council of Governors are asked to:

- Note the Trust revenue and capital positions for 2026/27 at month 5.
- Note the results of the Deconstructing the Block exercise

Appendix A – Capital Position

Leeds and York Partnership NHS Foundation Trust

CAPITAL PROGRAMME - at 31 August 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	240	58	182
Security review	200			
Sub-Total	1,000	240	58	182
IT/Telecomms Operational				
IT Network Infrastructure	200	75	(13)	88
Server/Storage	30			
PC replacement EUL	250	120		120
Sub-Total	480	195	(13)	208
Estates Strategic Developments				
Lifecycle contribution	100	40	54	(14)
Red Kite View	100		50	(50)
Mill lodge, York	100	25		
Clifton House, York	100			
Sustainability & Green Plan	300	40	1	39
Wellbeing	50	25		
PFI schemes	1,944	662	1,230	(568)
Decarbonisation strategy	300			
PFI demise/estate	300		60	(60)
Sub-Total	3,294	792	1,395	(653)
IT Strategic Developments				
Asset Management	60			
Anti-virus & Encryption	50			
Back up software	60			
Cyber security	50	25		
Integration System	50			
Voice recognition	140			
Remote working, access and agile	100			
IT strategic developments	100			
Smartphones	60	25		25
Sub-Total	670	50	0	25
NOF Capital Freedom				
Estates Infrastructure	0	200		200
IT Infrastructure	0			0
Sub-Total	0	200	0	200
Disposals				
ICS	0	0		0
Sub-Total	0	0	0	0
Total ICS Operational Capital	5,444	1,477	1,439	(37)
PDC Funded Schemes				
EPR developments	2,500			
Estates Safety Fund	743			
Total PDC Funded Schemes	3,243			
IFRS16 Leased Assets				
Leased buildings			3	(3)
Leased vehicles	150	60	50	10
Sub-Total	150	60	53	7
Disposals				
Lease - vehicles			(8)	8
Sub-Total			(8)	8
Total IFRS16 Leased Assets	150	60	45	15
Total Capital Spend	8,837	1,537	1,485	(23)
Capital Funding Source:				
ICS Operational Capital	5,444	1,277	1,439	(162)
Public Dividend Capital (PDC)	3,243	0	0	0
IFRS16 Leased Assets	150	60	45	15
Total	8,837	1,337	1,485	(148)

Agenda
item
12.1

Meeting of the Council of Governors

Paper title:	Chair's Report from the Finance and Performance Committee meeting on 22 September 2026
Date of meeting:	6 October 2026
Presented by: (name and title)	Kaneez Khan, 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.	✓
SR8	Health inequalities	✓
SR9	System change	

Committee details:	
Name of Committee:	Finance and Performance Committee – Part A
Date of Committee:	22 September 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
-------	---------------------

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
-------	---------------------

The Committee received an overview of financial performance at month 5, noted a £28k surplus against a balanced plan and highlighted the improvement in Better Payments Practice Code performance. The Committee received an update on the work to deconstruct the block contracts, noting that the exercise had produced a significant gap between contract value and price x activity, driven mainly by the 14.6% deflator, with other trusts in the region reporting similar results. The Committee noted that the extent to which the exercise would inform the 2027/28 payment scheme was unclear and agreed that more granularity in the data was needed to effectively benchmark with partners.

SR 4

The Committee received an update on the workforce efficiency metrics at month 5 and noted that agency spend was under trajectory; overtime had deteriorated against trajectory, and Bank usage was above trajectory, mainly linked to vacancies and sickness. The Committee received an update on the work to reduce Bank and agency spend including the healthcare support worker recruitment programme, the ongoing work to improve roster management and roll out the Enhanced Therapeutic Observation and Care Programme. The Committee agreed with the proposal that the Safer Staffing Group should consolidate the information on Bank usage to ensure consistency in reporting.

SR 3 & 4

The Committee received the report from the Chief Operating Officer and noted the issues for alert. The Committee sought assurance on achieving the planned trajectory for out of area placements and improving patient flow and heard about the proactive approach being taken in Emergency Departments to reduce waits for admission. The Committee also discussed the challenges with older people's length of stay and the need to work with the local authority to secure appropriate nursing and care placements whilst establishing clear silver arrangements to trigger a system response when the position deteriorates. The Committee noted that this work had been incorporated into the Trust's Community First Programme.

SR 7

The Committee received an update on clinical contracts and noted the financial risk associated with the Primary Care Mental Health Contract which would be mitigated by the Trust non-recurrently. The Committee also discussed the Early Intervention in Psychosis Contract being brought in-house, noted the clear clinical rationale for the decision but

SR 4 & 7

considered what lessons had been learnt from the process and the implications for the wider partnership in Leeds.	
The Committee queried the ongoing delays with the development of the Quality Dashboard, and it was agreed that the recent report to the Quality Committee would be shared with Committee members for a more detailed update on progress.	SR 1

ASSURE – specific areas of assurance received warranting mention to Board

Issue	Relates to BAF Risk
The Committee reviewed the Board Assurance Framework so that it could be mindful of its responsibility to assure that Strategic Risks (SR) 4,5,6,7 and 8 were being adequately controlled through the course of the meeting. The Committee noted that there were no points for escalation, was assured that SR 4,5,6,7 and 8 were being adequately controlled; and agreed that it did not require any further assurance on the way in which these risks were being managed at the current time.	SR 4,5,6, 7, 8
The Committee received assurance on progress with the Trust's Strategic Estates Plan and sought assurance on the management of the contributory risk relating to fire safety (currently scored 15 on the risk register) and the associated mitigations, noting that the risk was due for review at an upcoming Executive Risk Management Group meeting.	SR 5
The Committee received the Winter Plan Board Assurance Statement and associated documentation on behalf of the Board and was assured that the content of the Plan met the requirements as set out in the Statement. The Committee agreed to provide assurance to the Board to enable it to agree the Board Assurance Statement could be signed on its behalf by the Chair and Chief Executive, prior to submission to NHS England before the deadline.	SR 1 & 7
The Committee evaluated the results of its effectiveness review and considered what developments could take place to ensure it remains effective. The Committee noted that the feedback was mostly positive and highlighted the smooth transition of the Chair with the main improvement point being the earlier circulation of papers to allow more time for preparation. The Committee also reviewed and approved its Terms of Reference which had been updated to reflect the fourth non-executive director member of the Committee.	N/A

REFER - Items to be referred to other Committees

Issue	Relates to BAF Risk
No items to refer.	

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 September 2026 Board of Directors' meeting.

Meeting of the Council of Governors

Paper title:	Chair's Report from the Mental Health Legislation Committee meeting on 4 August 2026
Date of meeting:	6 October 2026
Presented by: (name and title)	Kaneez Khan, Non-executive Director and Chair of the Mental Health Legislation 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	Demand for services	✓
SR8	Health inequalities	✓
SR9	System change	✓

Committee details:	
Name of Committee:	Mental Health Legislation Committee
Date of Committee:	4 August 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 which the Board needs to be alerted.	N/A

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 agreed that three separate actions relating to delays to Mental Health Act assessments being systematically recorded, the frequency and reasons for lapsed first medical recommendations, and the absence of routine recording of inpatient bed delays reflected a common underlying issue concerning pressures on inpatient bed availability and the recording of associated data. The Committee therefore agreed to consolidate these actions into a single action for Ms Sanderson to establish whether data relating to inpatient bed waits is collected, where such information is held, and the level of detail available, and to report her findings back to the Committee.	SR1, SR5, and SR7
The Committee heard that issues with car parking availability for Mental Health Act Managers (MHAMs) continued at specific sites, such as The Mount, which was impacting MHAMs attending face-to-face hearings. The Committee noted that the Trust had commissioned a specialist car parking consultancy to undertake feasibility assessments across the Trust estate. It also noted that Seacroft Hospital was independently undertaking a comprehensive review of its car parking arrangements.	SR1, SR5, and SR7
The Committee received feedback from the MHAMs Forum and noted that a number of IT and compliance with information governance issues had been raised, including security and accessibility considerations associated with using personal devices for work purposes such as accessing and downloading patient records, and the inconsistent availability of Trust IT support. The Committee noted that these matters had been raised with Mr Oliver Wyatt, Head of Mental Health Legislation for progression and agreed monitor progress of these issues.	SR1 and SR6

ASSURE – specific areas of assurance received warranting mention to Board

Issue	Relates to BAF Risk
The Committee considered issues escalated from the Mental Health Legislation Operational Steering Group, including the implementation of the Right Care, Right Person	SR1, SR7, SR8 and SR9.

approach, developments to missing persons procedures, and partnership working with West Yorkshire Police. The Committee noted the updates provided.	
The Committee received feedback from the MHAMs Forum and noted that issues had been raised by the MHAMs regarding the quality of reports submitted for Barring Order hearings. The Committee noted that Dr Dissanayaka would provide refresher training for RCs and MHAMs to clarify the purpose of Barring Order hearings, together with the relevant statutory criteria and evidential requirements.	SR1 and SR7
The Committee received the Mental Health Legislation (MHL) Activity Report for Q1 2026-27 and was assured that the plans in place were sufficient to ensure ongoing compliance with all MHL. The Committee agreed that the revised content and format of the report made it much easier to understand and highlight areas requiring further scrutiny. It agreed that the content and format of the report should remain unchanged for a period, aside from a small amendment identified at the meeting to label the contents of patient demographic data more clearly.	SR1, SR7 and SR8
The Committee considered the implications for deprivation of liberty assessments arising from the Attorney General for Northern Ireland Supreme Court judgment. The Committee was assured that the MHL Team was working closely with clinical teams, neighbouring Trusts and the Adult Social Care Deprivation of Liberty Safeguards Team to ensure that Trust practices reflected the significant changes to the legal framework relating to deprivation of liberty, while continuing to protect and uphold the rights of service users. The Committee agreed that benchmarking work would be undertaken following the publication of national guidance to provide assurance that the Trust's interpretation and implementation of the judgment remained aligned with emerging practice across the sector.	SR1 and SR7
The Committee received the MHL Audit Review Update which summarised the audits conducted by the MHL Team in the year to provide assurance regarding compliance with legislation, national guidance, and Trust policies and procedures. The Committee was assured by the breadth of audit activity undertaken by the MHL Team in the year to monitor and support ongoing compliance.	SR1, SR3, SR5, SR6, and SR7
The Committee reviewed and approved the proposed amendments to its Terms of Reference. It noted that the revisions increased the number of Non-executive Director (NED) members on the Committee to three and amended the quorum requirements so that a minimum of three members must be present for a meeting to be quorate, including at least one Executive Director member and one NED member. The Committee further noted that the revised Terms of Reference would be submitted to the Board of Directors at its September 2026 meeting for formal ratification.	N/A
The Committee received and considered the outcomes of the Committee Effectiveness Review, which was completed by nine Committee members and regular attendees. It noted the positive assurance provided through the review process and agreed that no	N/A

changes were required to either the Committee's Terms of Reference or its working practices as a result of the findings.	
REFER - Items to be referred to other Committees	
Issue	Relates to BAF Risk
No issues to which require to be referred to other Committees.	N/A

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 September 2026 Board of Directors' meeting.

Meeting of the Council of Governors

Paper title:	Chair's Report from the Quality Committee meeting on 10 September 2026
Date of meeting:	6 October 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.	
SR8	Health inequalities	
SR9	System change	

Committee details:	
Name of Committee:	Quality Committee
Date of Committee:	10 September 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 the BAF, paying particular attention to Strategic Risk 1 (SR1) and SR2. Overall, it was assured that SR1 and SR2 were being adequately controlled.	SR1 SR2 SR3 SR4 SR5 SR6 SR7 SR8 SR9
The committee received a report which provided an update on progress made against the Quality Strategic Plan and an update on the scope and timeline for developing a Trust-wide quality dashboard for use by the Board and its committees. It noted that the first prototype of the quality dashboard would be available in December 2026 for the Board and its committees and agreed that it was assured on the progress and activities in relation to the Quality Strategic Plan.	SR2
The committee received a report which provided an overview of falls reported across the Trust between April 2025 and March 2026, including analysis of trends, learning from	SR1 SR5

incidents resulting in harm, and progress against key improvement initiatives. It was assured that falls reported in the Trust were being considered in a robust and governed way and that data was being used to drive improvement work.	SR6 SR7
The committee received a report which provided an overview of quality and safety arrangements for adult acute and psychiatric intensive care unit (PICU) out-of-area (OOA) placements between 1 April 2026 and 31 June 2026. It was informed of a new programme of work which would look at how the Trust could systematise the collection of incident data and provide assurance that OOA placements were meeting expected quality standards. An update on this work will be provided in November 2026.	SR1 SR4
The committee reviewed the National Confidential Inquiry into Suicide, Homicide and Safety in Mental Health (NCISH) Trust Safety Scorecard for 2026 which provided key indicators and benchmarking data designed to support quality improvement. It requested that more recent data on deaths be provided so it could understand the current numbers for overall and inpatient cohorts. The committee noted the 100% completion by the Trust of NCISH questionnaires for the second consecutive year, compared to a national rate of 90%, and agreed this was excellent practice that should be commended.	SR1
The committee reviewed a presentation which provided the highlights of the Complex Psychosis Pathway's Annual Quality Report, focusing on how the service had scored itself against the STEEEP dimensions. It acknowledged the major changes faced by the service, noting that the Trust's rehabilitation and assertive outreach provision had been consolidated into a single complex psychosis pathway. 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.	SR1 SR2 SR3 SR4 SR5 SR6 SR7 SR8 SR9
The committee reviewed a presentation which provided the highlights of the Gender Identity Service's Annual Quality Report, focusing on how the service had scored itself against the STEEEP dimensions. It noted the achievements of the service, which included significant improvement work, progress made against the Levy action plan and the positive feedback received on its use of ambient voice technology. It also discussed challenges faced by the service which included the implementation of the Levy reforms and action plan while managing long waits, an unsuitable estate, limited outcome data and uncertainty about future prescribing responsibilities. 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. 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.	SR1 SR2 SR3 SR4 SR5 SR6 SR7 SR8 SR9

The committee received the Research and Development Annual Report alongside a supplementary report which provided information on the arrangements to ensure patient safety in clinical trials. It was assured by the information provided. It welcomed the positive stories within the report and suggested that these could be shared across the Trust.	SR1 SR2
The committee reviewed a presentation which provided the highlights of the CONNECT Service's Annual Quality Report, focusing on how the service had scored itself against the STEEEP dimensions. It acknowledged that the service was managing presentations involving avoidant restrictive food intake disorder (ARFID), neurodiversity and other coexisting needs for which traditional single-condition evidence was limited. It recognised there were tensions associated with the CONNECT service redesign and noted that the Executive Team was aware of this and providing support where needed. 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. 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.	SR1 SR2 SR3 SR4 SR5 SR6 SR7 SR8 SR9

REFER - Items to be referred to other Committees

Issue	Relates to BAF Risk
The committee agreed to refer the broader issue of staff being unable to attend training due to capacity and service pressures to the Workforce Committee.	SR1 SR3

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 September 2026 Board of Director's meeting.

Agenda
item
12.4

Meeting of the Council of Governors

Paper title:	Chair's Report from the Workforce Committee meeting on 6 August 2026
Date of meeting:	6 October 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.	
SR8	Health inequalities	
SR9	System change	

Committee details:	
Name of Committee:	Workforce Committee – Part A
Date of Committee:	6 August 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 a review of the interventions implemented during the previous 12 months to reduce sickness absence and an assessment of the organisational processes that may contribute to prolonged absence. In summary, the Committee identified the following issues to monitor at future meetings. The first was around sickness absence which related to conflict or concerns at work and ensuring timely responses to and investigations of grievances or concerns. The second was around timely referrals to Occupational Health (OH) and ensuring that referrals were dealt with in a timely manner to minimise waiting times for a first appointment. The third was around returning to work, ensuring effective and appropriate interventions while the staff member was on sick, acknowledging that this may need to be an independent member of staff and not the manager, and timely and rigorous return to work conversations.

SR3

The Committee noted that an Absence Performance Oversight Group had been established to provide robust accountability and challenge and heard that the Wellbeing and Attendance Policy had been separated into two policies to provide clearer guidance for managers.

The Committee received an update on health and safety and noted the declining usage rates of the lone working system and discussed what further action should be taken. The Committee also noted that health and safety audits had identified challenges with First Aid provision and heard about the work to ensure this training was fit for purpose, with an update to come back to the next Committee meeting. The Committee also discussed the discrepancies in the violence and aggression data being reported to different committees, and emphasised the importance of presenting consistent, reconcilable data, noting that an improved system for recording incidents should support this.

SR3

The Committee received an update on Medical Appraisal and Revalidation data and sought further detail on the doctors deferred during the reporting period and requested further assurance on the appraisals that were awaiting review and sign off. The Committee also received an update on the work to improve compliance with Clinical Risk training for medical staff, currently at 68%, including opportunities to make the training more relevant and accessible, with an update on progress to be brought to the October meeting.

SR3

The Committee discussed the issue of some mandatory training not always being relevant to all staff roles. It was suggested that the content and applicability of all mandatory training should be considered as part of the transition arrangements for the new merged organisation with progress to be monitored by the Committee.	SR3
The Committee received an update on the Trust's progress against the Workforce Race Equality Standard and Workforce Disability Equality Standard for the period 2025/26. The Committee discussed where results had seen unfavourable changes and received assurance on the actions being taken to address the issues. The Committee highlighted the positive increase in the percentage of staff saying their employer had made reasonable adjustment(s) to enable them to carry out their work, noting the positive impact of the work to review and improve the workplace adjustments process at the Trust. The Committee also highlighted the progress reflected in the 2025/26 Gender Pay Gap report.	SR3
ASSURE – specific areas of assurance received warranting mention to Board	
Issue	Relates to BAF Risk
The Committee reviewed the Board Assurance Framework so that it could be mindful of its responsibility to assure that SR3 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.	SR3
The Committee received an update on the self-assessment against the Violence Prevention and Reduction Standard, welcomed the introduction of the key performance and quality indicators, and acknowledged the good level of assurance received.	SR3
The Committee received the update on the Trust-wide NHS Staff Survey Action Plan, developed in response to new national requirements for a Board-owned plan, noting that it had been approved at the Board of Directors' meeting on 30 July 2026.	SR3
The Committee received assurance on recruitment to the OH Service which was expected to reduce waiting times. The Committee requested a trajectory of improvement for OH waiting times to show when waits were expected to reach a reasonable threshold.	SR3
REFER - Items to be referred to other Committees	
Issue	Relates to BAF Risk
No items to be referred.	

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 September 2026 Board of Directors' meeting.

Meeting of the Council of Governors

Paper title:	Combined Quality, Workforce and Service Performance Report
Date of meeting:	6 October 2026
Presented by: (name and title)	To be presented by the Non-executive Directors
Prepared by: (name and title)	Joanna Forster Adams, Chief Operating Officer Edward Nowell, Information Manager

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	Demand for services	
SR8	Health inequalities	
SR9	System change	

Executive summary

The Combined Quality and Workforce Performance Report, along with the Service Performance Report presented at Board, bring together the high-level metrics we report and use in Quality Committee and Board to consider our performance. The two reports show performance against the mandated standards contained within:

- The regulatory National Oversight Framework
- The Standard Contract metrics we are required to achieve
- NHSE Contracts

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 note the contents of the report.

Quality Committee: Monthly Quality and Workforce Update Report



This report is intended as a quick reference report for use by Quality Committee alongside the more indepth topic based reporting schedule at each monthly meeting. It contains:

- Quality and Workforce metrics: Tabular overview.
- Quality and Workforce metrics: 13 month trends.
- Local intelligence.

Quality and Workforce metrics: Tabular overview

STEEEP: Equitable	Target	May-26	Jun-26	Jul-26
Percentage of service users with ethnicity recorded	-	79.8%	79.6%	79.4%
Percentage of service users with sexual orientation recorded	-	41.2%	40.4%	39.2%
STEEEP: Patient Centred	Target	May-26	Jun-26	Jul-26
Friends & Family Test: Positive experience of care (total responses received)	-	88%(67)	78%(79)	73%(86)
Mortality:				
· Number of deaths reviewed (incidents recorded on Datix)*	Quarterly	-	54	-
· Number of deaths reviewed via PSII	Quarterly	-	4	-
· Number of deaths reported to LeDeR	Quarterly	-	1	-
Number of complaints received	-	11	16	19
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints completed within 60-days	-	55%	16%	6%
Number of enquiries to the Patient Advice and Liaison Service (PALs)	-	247	240	240

Please note that new metrics are only reported here from the month of introduction onwards.

* All deaths reported via staff on the Trust's incident system, Datix, are reviewed; in addition to this any death for someone who has been a service user with us previously, identified via the NHS SPINE, is given a tabletop review and followed up in more detail if required. Deaths of former service users are reviewed, where the death is reported within 6 months of discharge from the Trust.

Quality and Workforce metrics: Tabular overview

STEEP: Safe	Target	May-26	Jun-26	Jul-26
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Number of patient/staff/visitor incidents reported on Datix	-	1,197	1,268	1,269
Number of incidents (all types) affecting service users	-	928	924	960
Number of incidents (all types) affecting staff	-	140	191	164
Number of incidents (all types) affecting the organisation	-	113	139	139
Number of incidents (all types) affecting public/visitor	-	16	14	6
Number of Self Harm Incidents	-	222	178	215
Number of Violent or Aggressive Incidents affecting service users	-	105	101	78
Number of Violent or Aggressive Incidents affecting staff	-	64	78	64
Number of Violent or Aggressive Incidents affecting public/visitor	-	9	6	4
Number of never events	-	0	0	0
Number of physical restraints*	-	174	165	171
Number of ended seclusion incidents lasting 24+ hours	-	4	5	0
Number of Rapid Tranquilisation administered	-	112	84	65
No. of patients detained under the MHA (includes CTOs/conditional discharges)	-	636	644	678
Number of medication errors reported on Datix	Quarterly	-	242	-
Percentage of medication errors resulting in no harm	Quarterly	-	91%	-
Safeguarding Adults: Number of advice calls received by the team	Quarterly	-	307	-
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	26%	-
Safeguarding Children: Number of advice calls received by the team	Quarterly	-	67	-
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Quarterly	-	33%	-
Number of falls related to patients reported on Datix	-	51	63	57
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	-	4	2	4

Please note that new metrics are only reported here from the month of introduction onwards.

* Physical restraints only, excludes mechanical restraint, rapid tranquilisation and seclusion.

Other	Target	May-26	Jun-26	Jul-26
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)**	95%	February	March	April
		93.7%	93.3%	93.4%
Adult acute including PICU: % detained on admission	-	69.8%	73.5%	70.7%
Adult acute including PICU: % of occupied bed days detained	-	80.4%	84.8%	88.1%

** Due to no submission of the MHSDS being made in May 2025, no May DQMI figure is available.

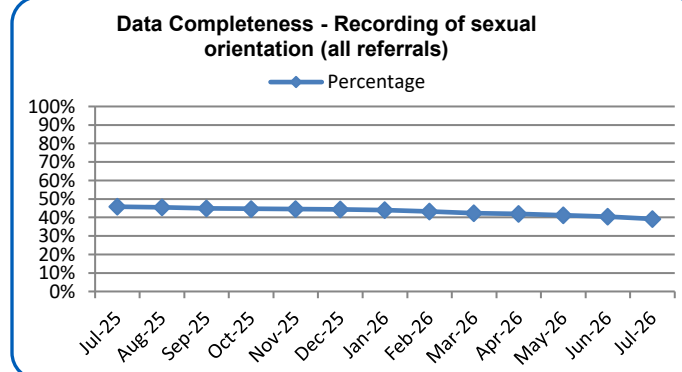
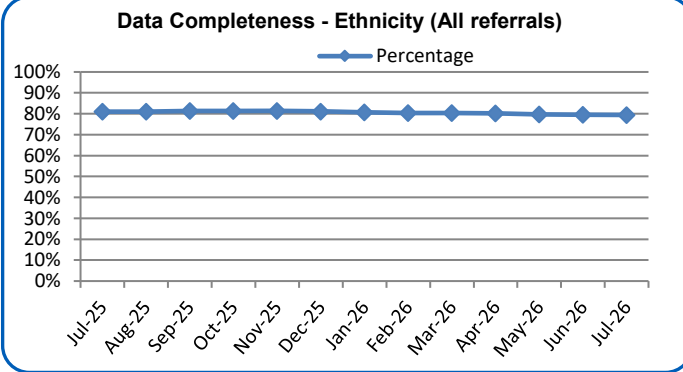
Quality and Workforce metrics: Tabular overview

Workforce	Target	May-26	Jun-26	Jul-26
Percentage of staff with a Personal Development Review in the last 12 months	85%	84.2%	83.0%	84.6%
Percentage of staff with a wellbeing assessment completed	85%	75.4%	76.0%	76.4%
Percentage of mandatory training completed	85%	91.0%	90.2%	90.0%
Safeguarding Level 3 training compliance (quarter end snapshot) *	85%	-	88.9%	-
Percentage of staff receiving clinical supervision	85%	77.7%	75.7%	76.5%
Staff Turnover (Rolling 12 months)	8-10%	10.0%	10.2%	10.7%
Sickness absence rate in month	-	6.3%	6.8%	7.1%
Sickness absence rate (Rolling 12 months)	5.0%	6.7%	6.8%	6.9%
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	-	15.4%	15.4%	15.3%
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	-	40.9%	41.4%	41.7%
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	-	12.3%	12.7%	12.8%
Medical Consultant Vacancies (number)	-	11.3	11.7	11.8
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	-	-1.2%	-1.5%	-3.8%
Medical Career Grade Vacancies (number)	-	-0.6	-0.7	-1.9
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	-	0%	0%	0%
Medical Trainee Grade Vacancies (number)	-	0.5	0.5	0.5
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	-	11%	15%	17%
Band 5 inpatient nursing vacancies (number)	-	25.8	34.3	41.3
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	-	13%	9%	6%
Band 6 inpatient nursing vacancies (number)	-	15.8	11.3	7.1
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	-	10.5%	14.0%	10.7%
Band 5 other nursing vacancies (number)	-	8.4	11.2	8.4
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	-	5.3%	4.2%	4.5%
Band 6 other nursing vacancies (number)	-	16.1	12.7	13.9
Percentage of vacant posts (Trustwide; all posts)	-	10.8%	10.9%	11.1%
Bank Agency Spend (Cost)	-	1,498,979	1,671,866	1,655,049
Bank Agency Spend (%)	-	9.0%	9.7%	9.8%

Nursing vacancy measures exclude nursing posts working in corporate/development roles

* New measure for Q3 23/24

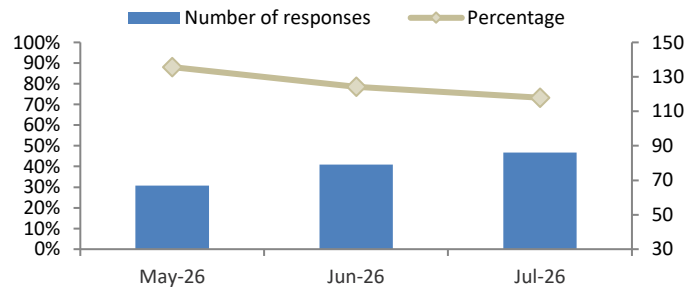
STEEEP: Equitable



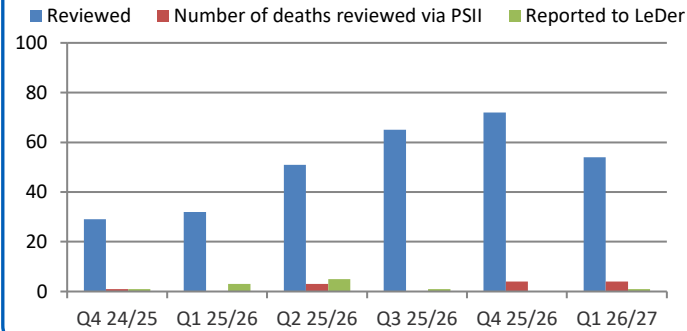
Please note that new metrics are only reported from the month of introduction onwards.

STEEEP: Patient Centred

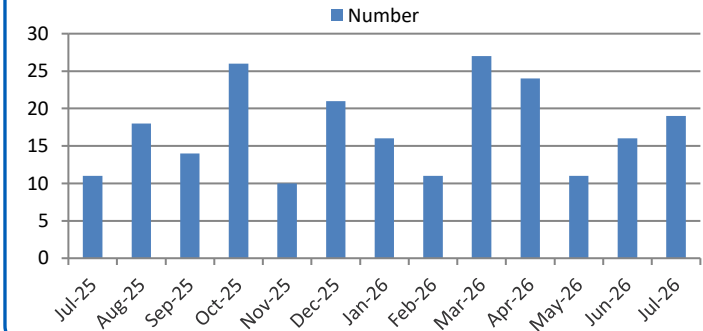
Friends & Family Test: Percentage reporting a positive experience of care



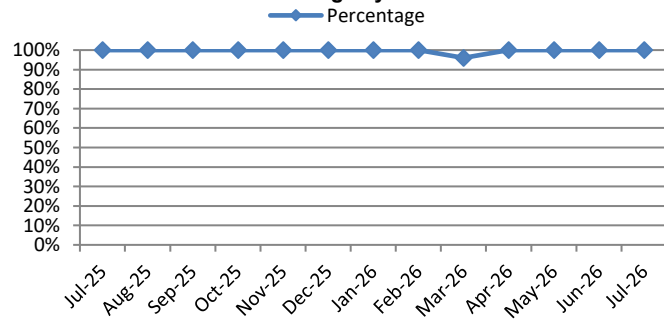
Mortality



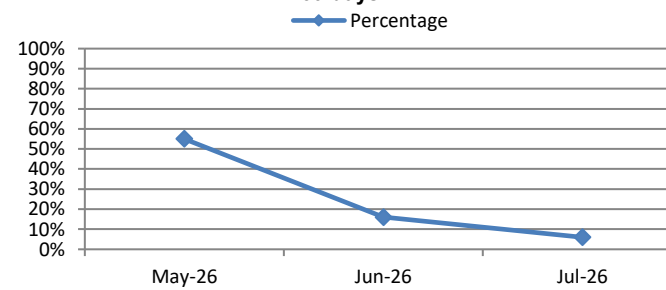
Number of complaints received



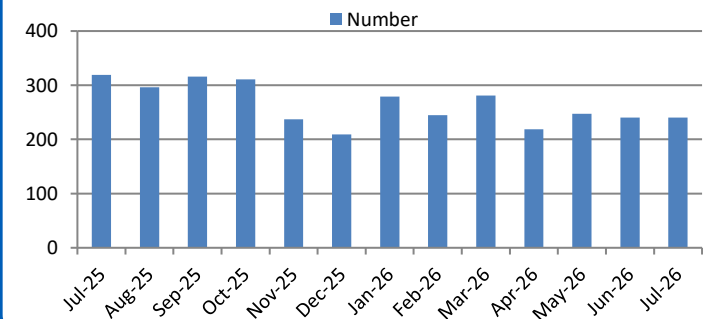
Percentage of complaints acknowledged within 3 working days



Percentage of complaints completed within 60-days



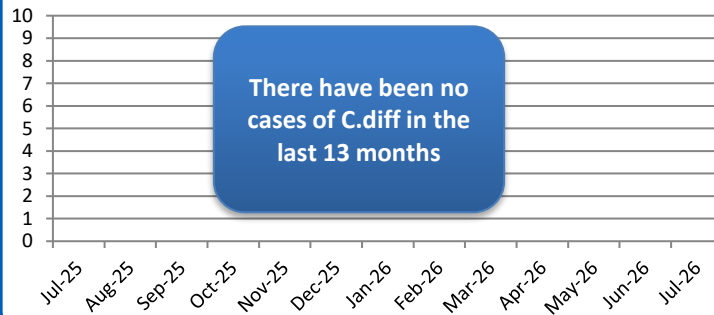
Number of enquiries to the Patient Advice and Liaison Service (PALs)



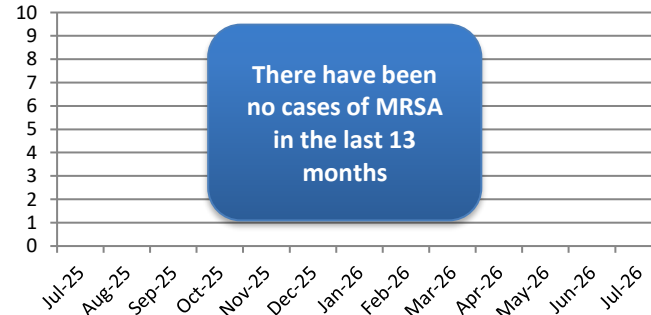
Please note that new metrics are only reported from the month of introduction onwards.

STEEEP: Safe

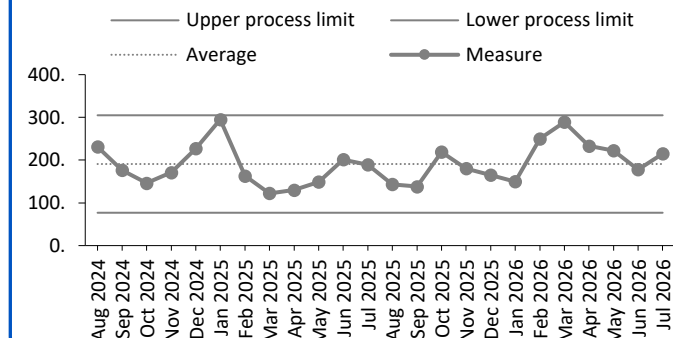
Number of Healthcare Associated Infections – C.difficile



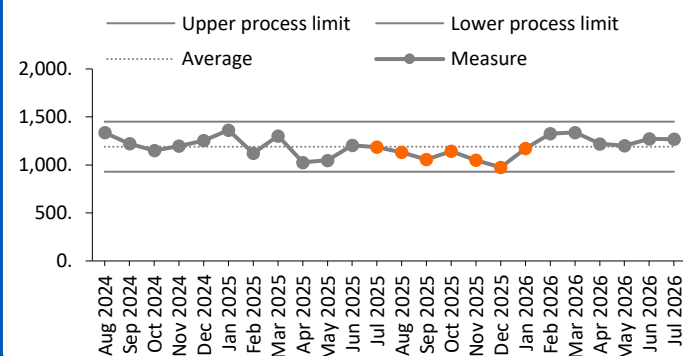
Number of Healthcare Associated Infections – MRSA



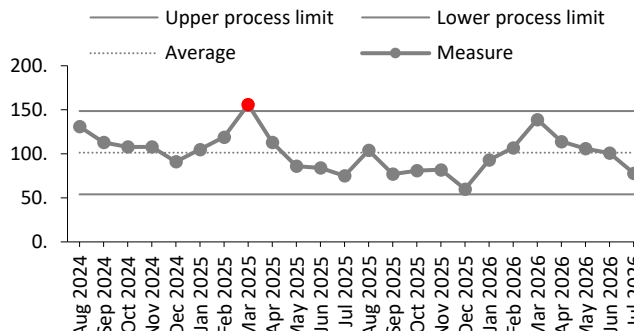
Number of Self Harm Incidents



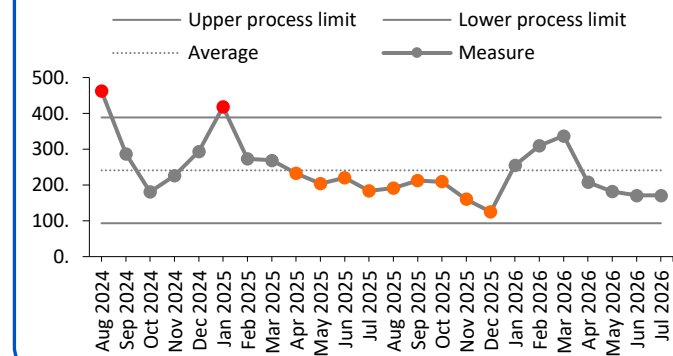
Number of patient/staff/visitor incidents reported on Datix



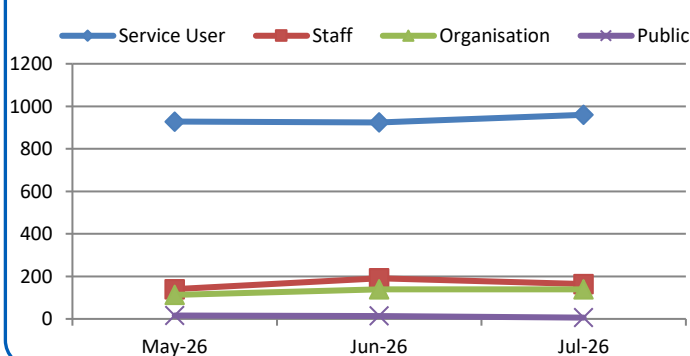
Number of Violent or Aggressive Incidents affecting service users



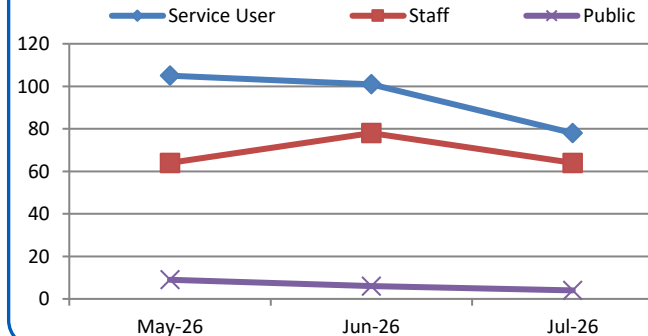
Number of Physical Restraint Incidents



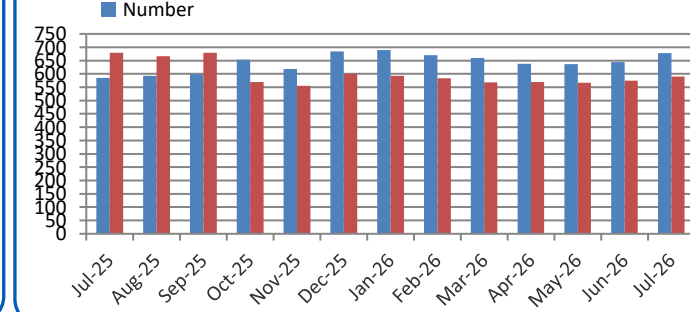
Number of incidents (all types) by person affected



Number of Violent or Aggressive Incidents by person affected

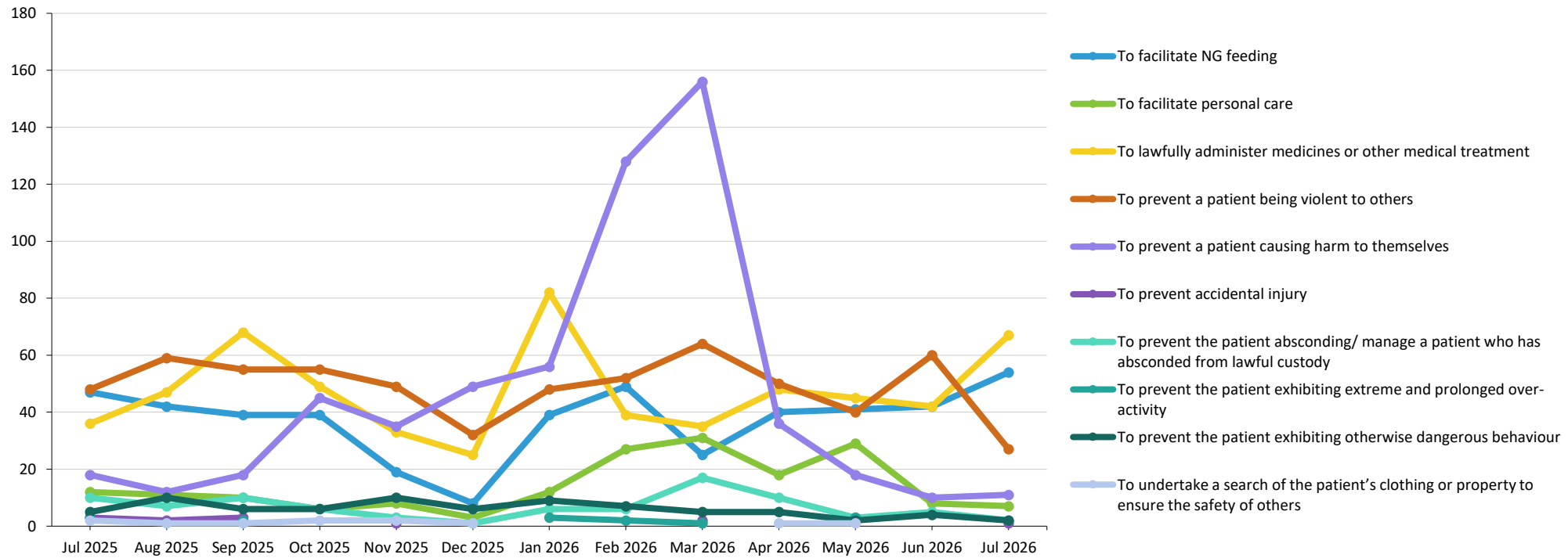


No. of patients detained under the Mental Health Act (includes Community Treatment Orders/conditional discharges)

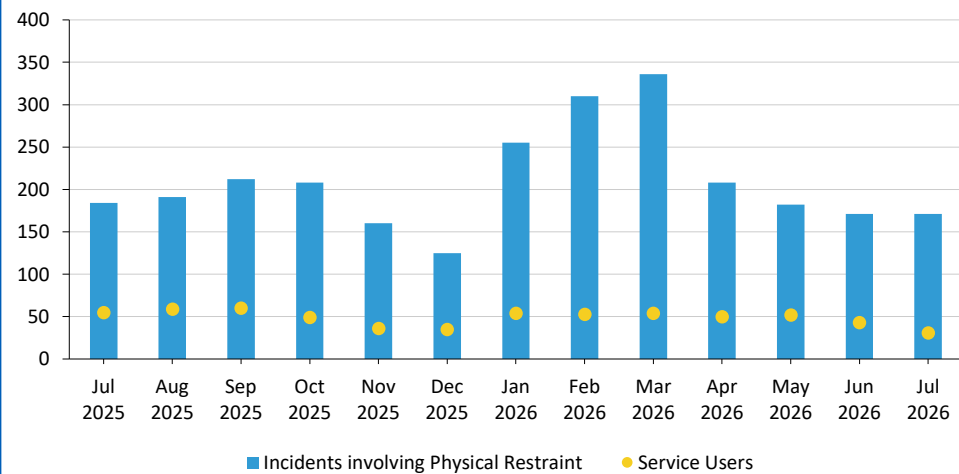


STEEEP: Safe - continued

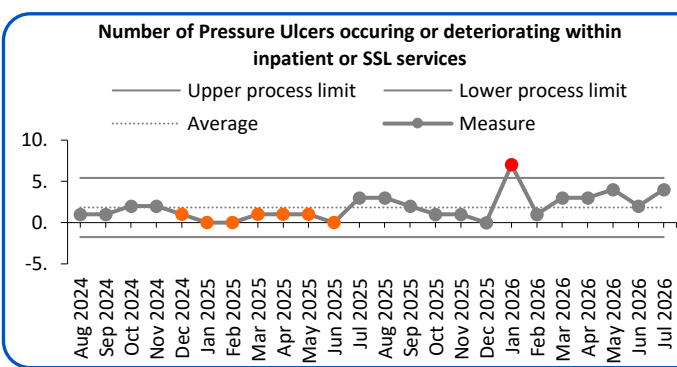
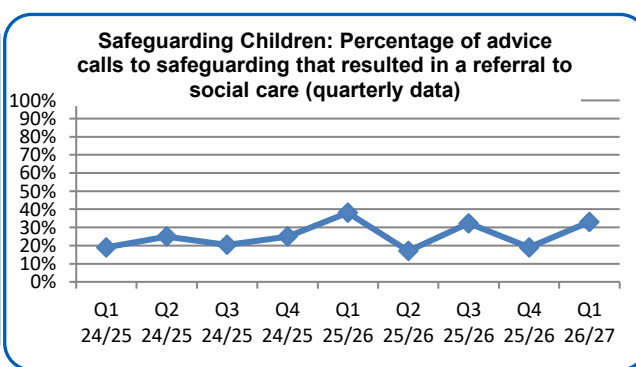
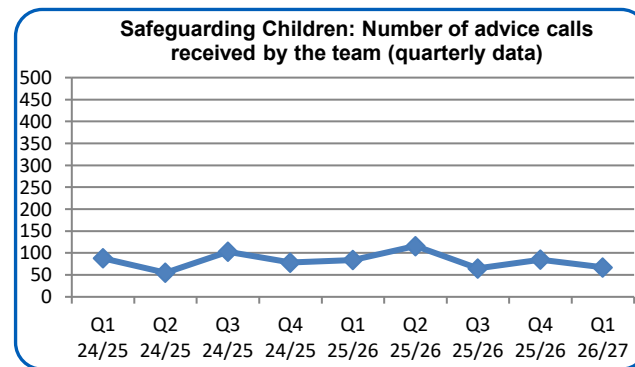
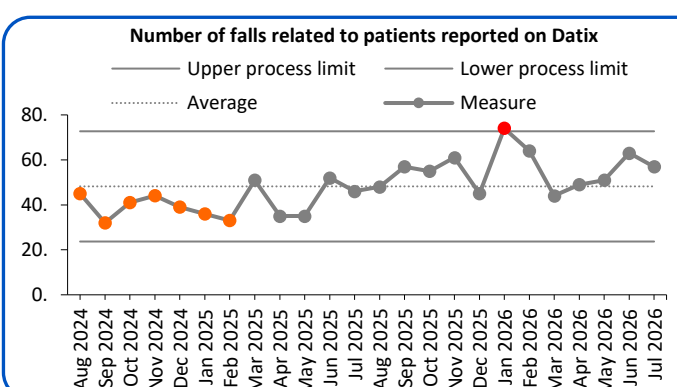
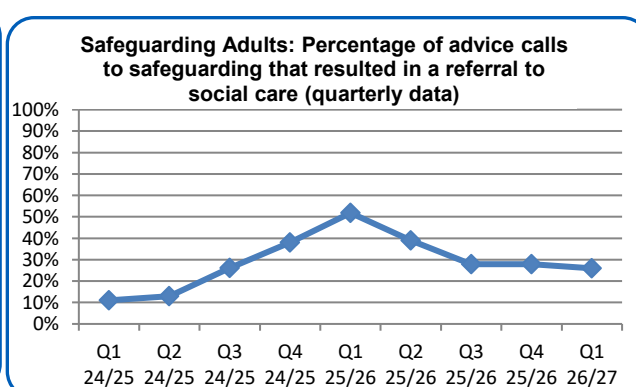
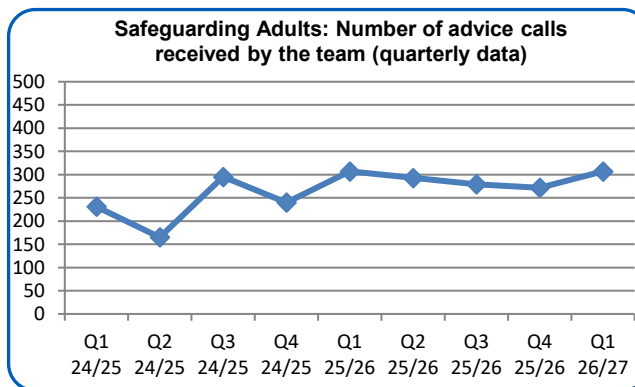
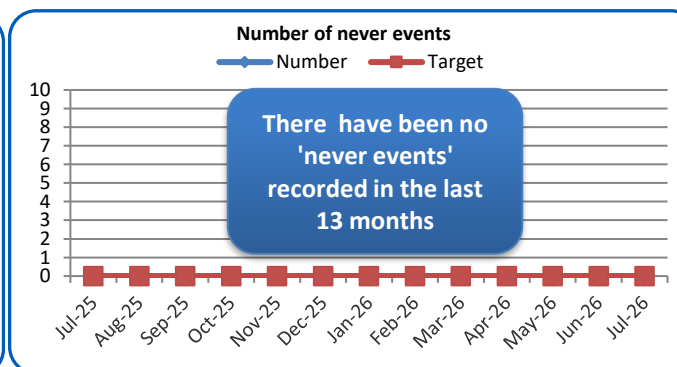
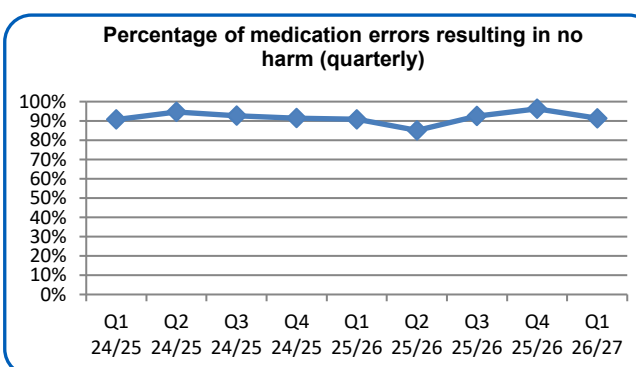
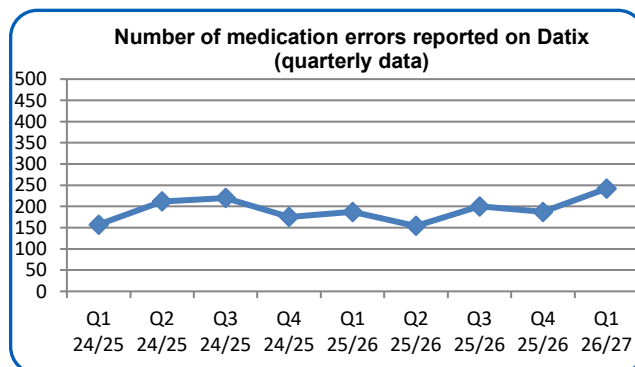
Physical Restraint by Reason



Physical Restraint Incidents and Service Users Involved

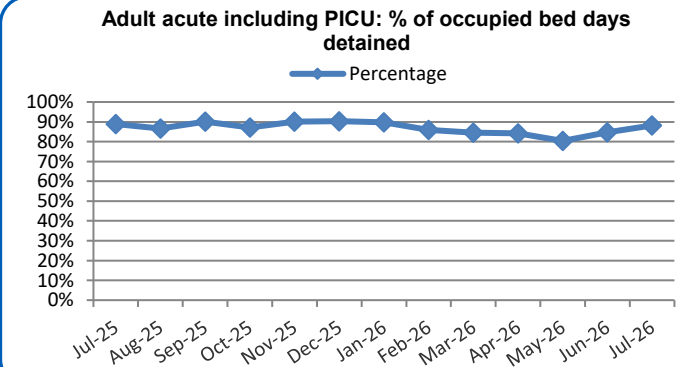
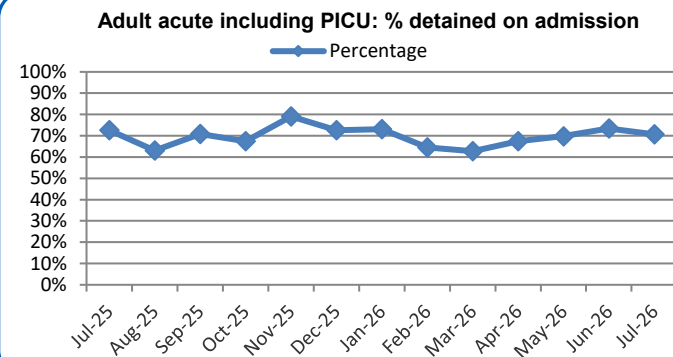
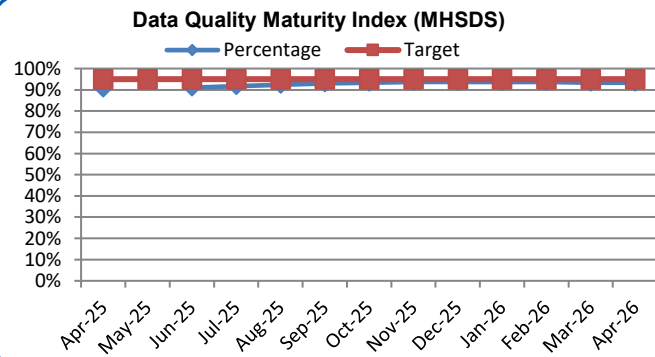


STEEEP: Safe - continued



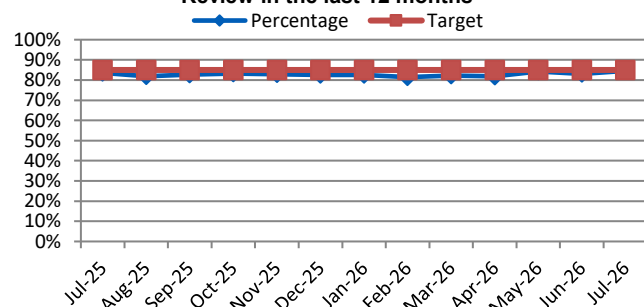
* Pressure ulcer data only includes those that have occurred whilst under the care of our inpatient or specialised supported living services.

Other

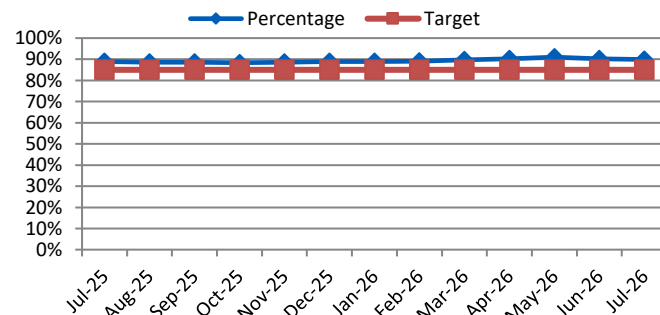


Workforce

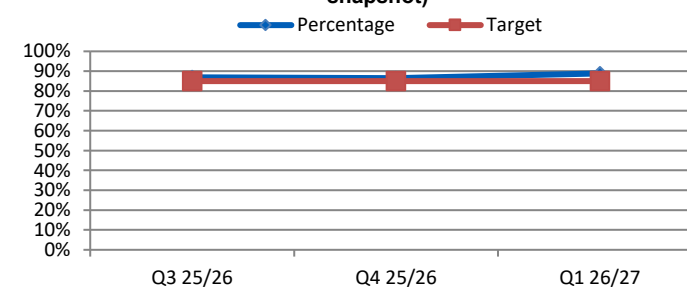
Percentage of staff with a Personal Development Review in the last 12 months



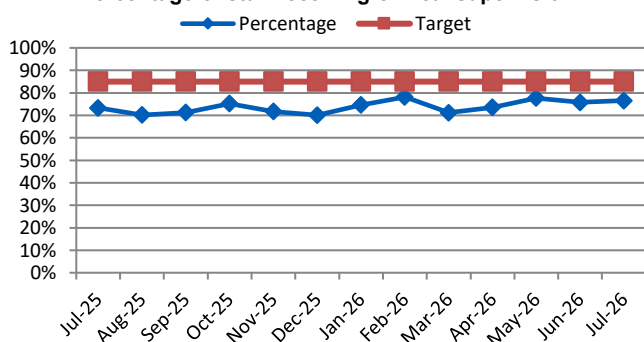
Percentage of mandatory training completed



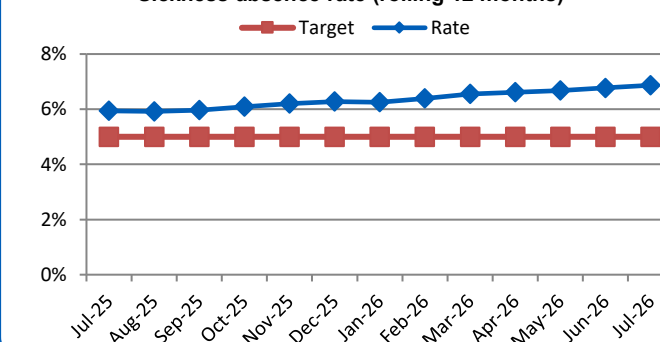
Safeguarding Level 3 training compliance (quarter end snapshot)



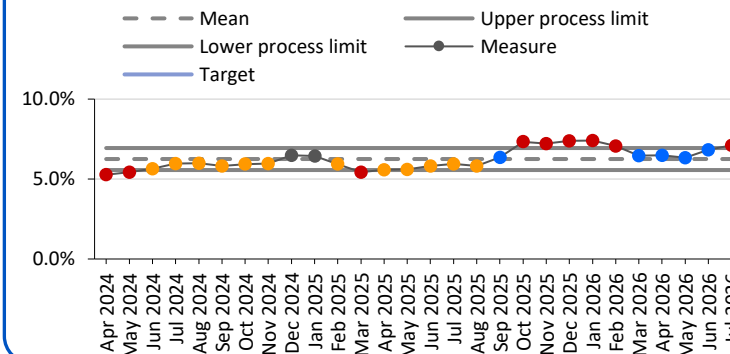
Percentage of staff receiving clinical supervision



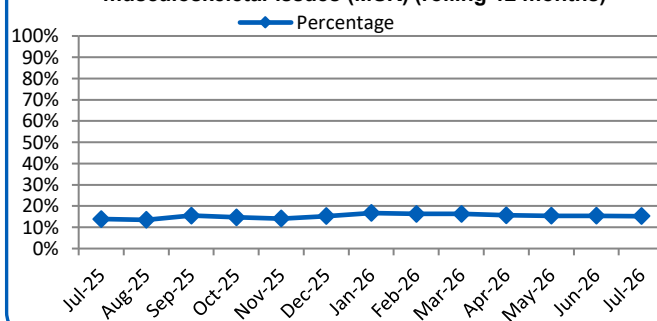
Sickness absence rate (rolling 12 months)



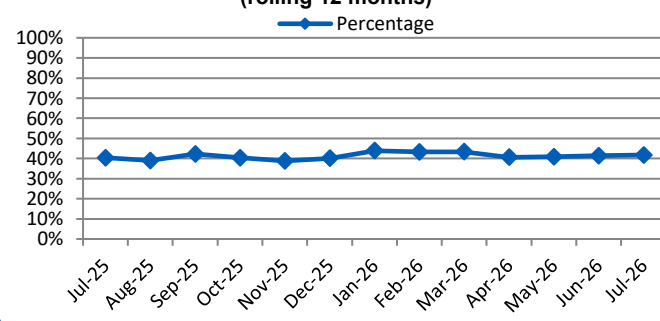
Sickness absence rate in month



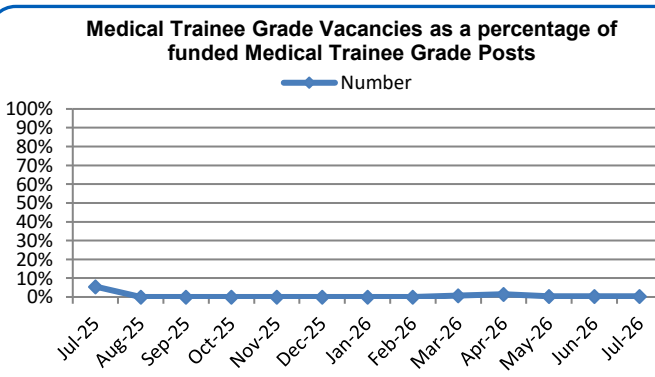
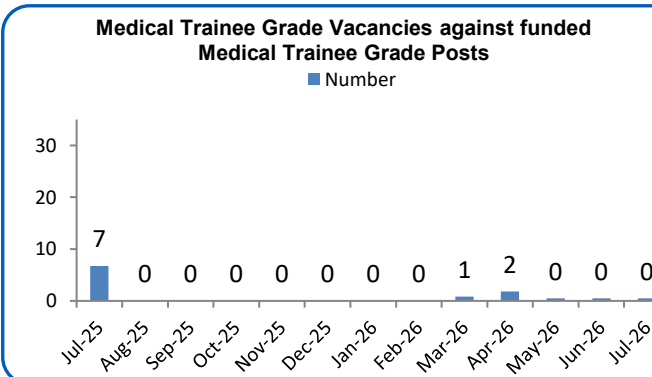
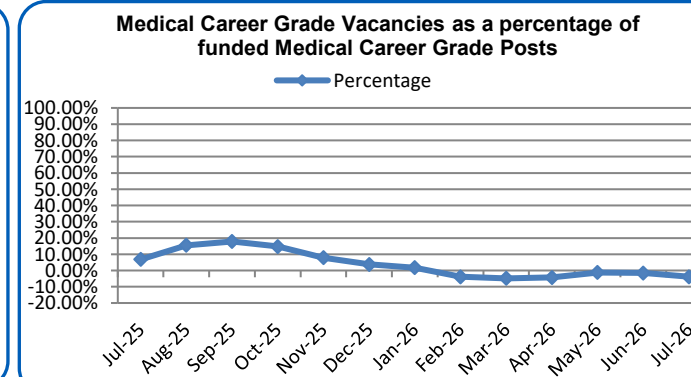
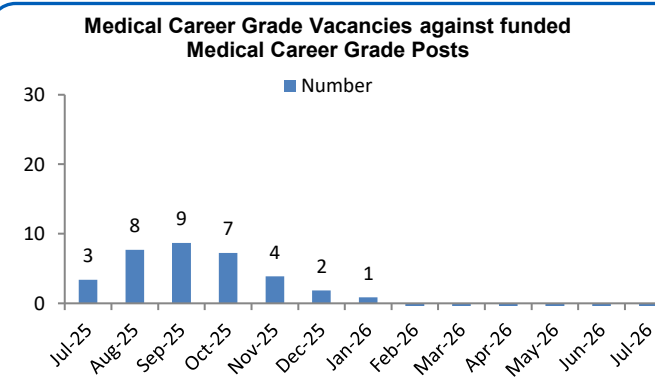
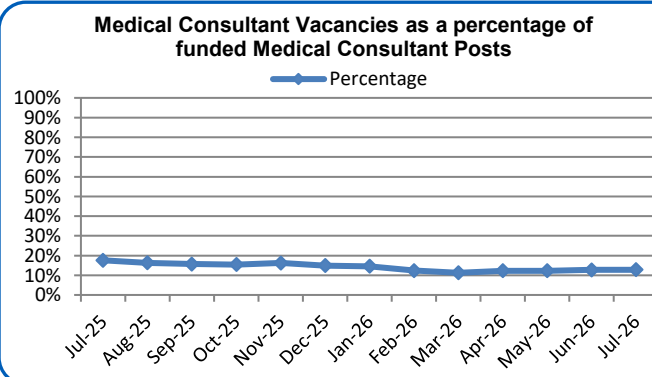
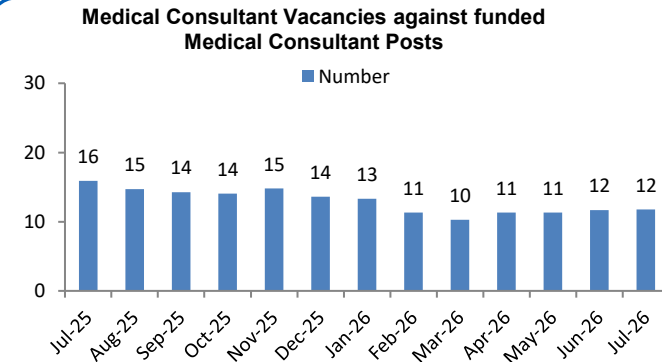
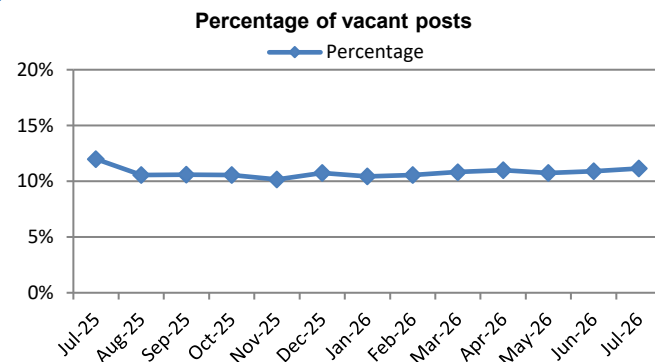
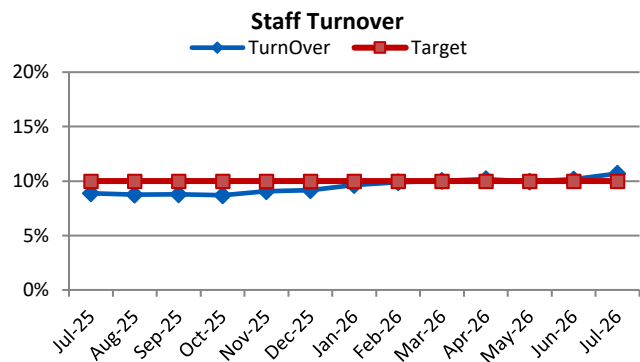
Percentage of sickness absence due to musculoskeletal issues (MSK) (rolling 12 months)



Percentage of sickness absence due to stress (rolling 12 months)

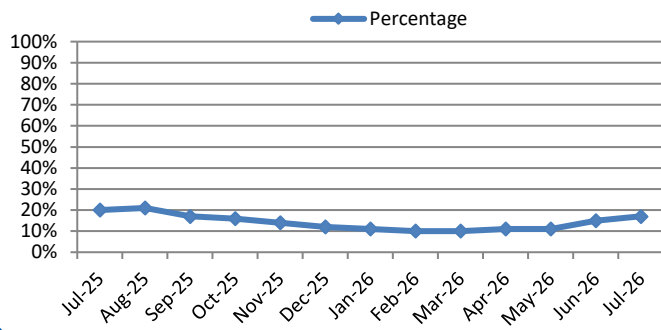


Workforce - continued

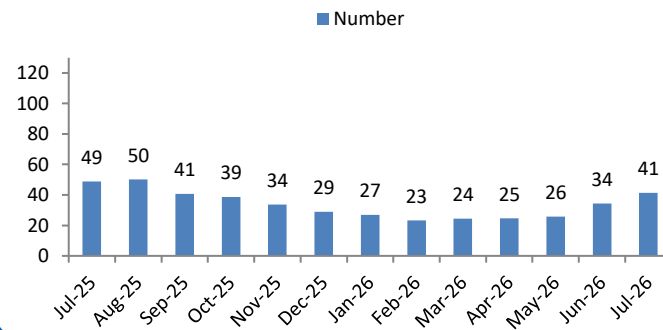


Workforce - continued

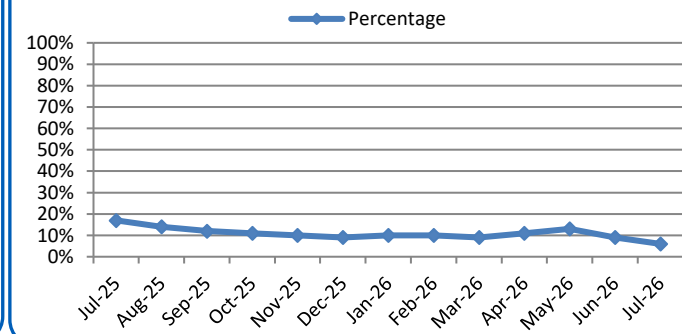
Percentage of Band 5 inpatient nursing vacancies



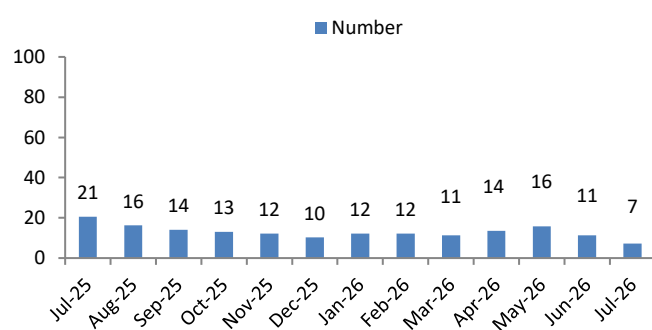
Number of Band 5 inpatient nursing vacancies



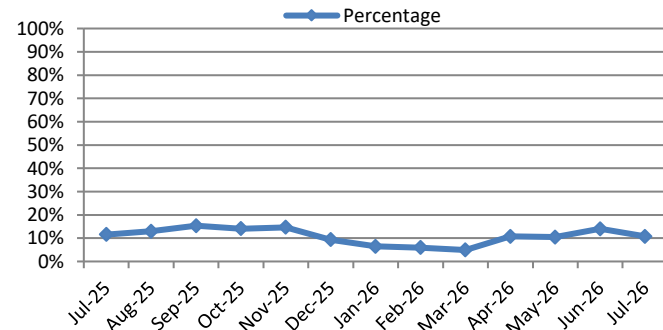
Percentage of Band 6 inpatient nursing vacancies



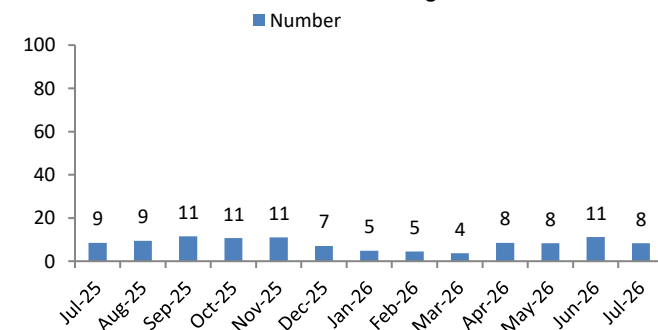
Number of Band 6 inpatient nursing vacancies



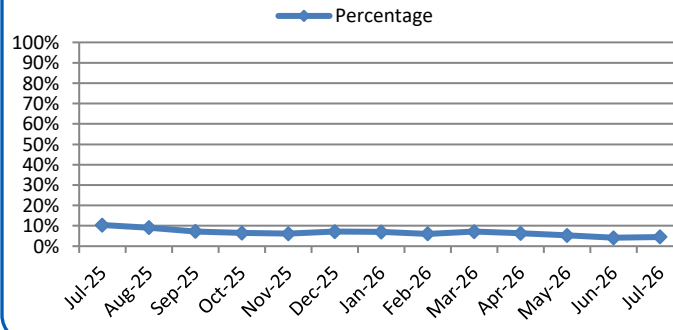
Percentage of Band 5 other nursing vacancies



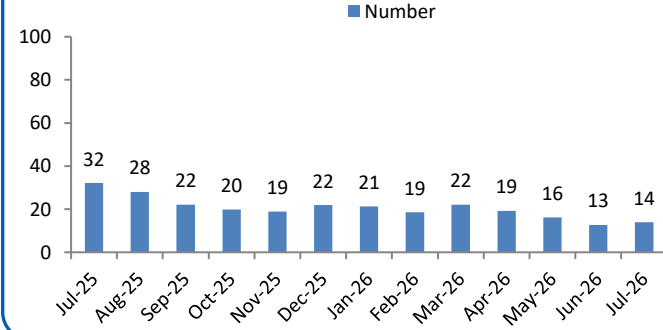
Number of Band 5 other nursing vacancies



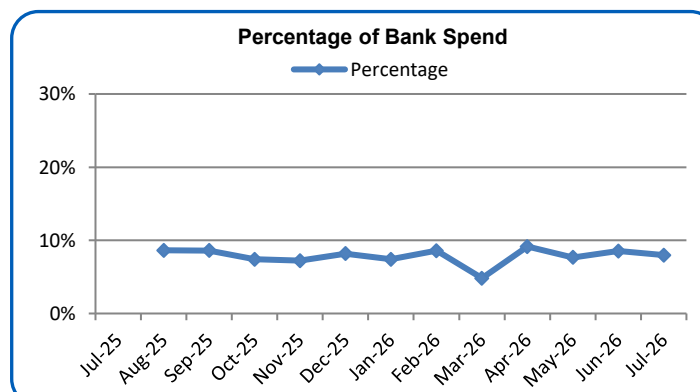
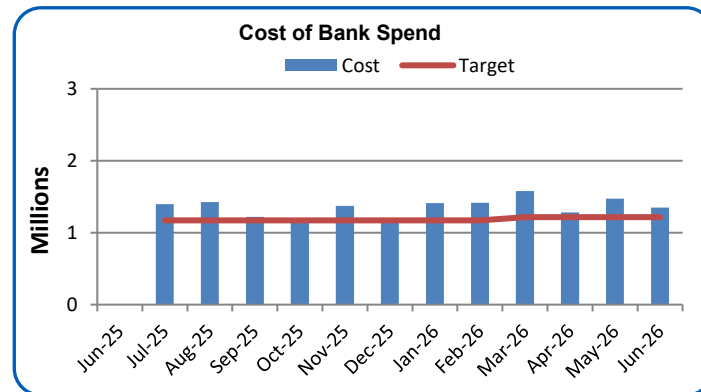
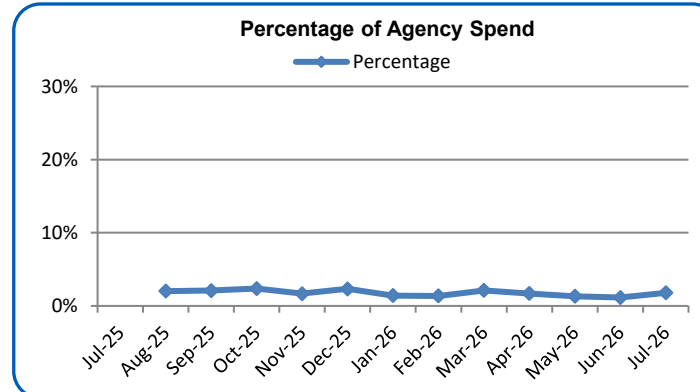
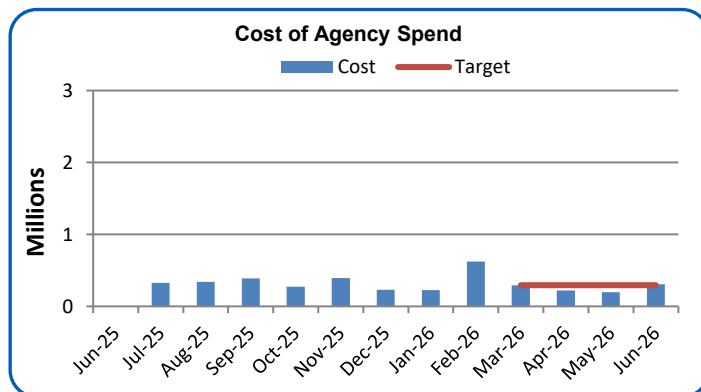
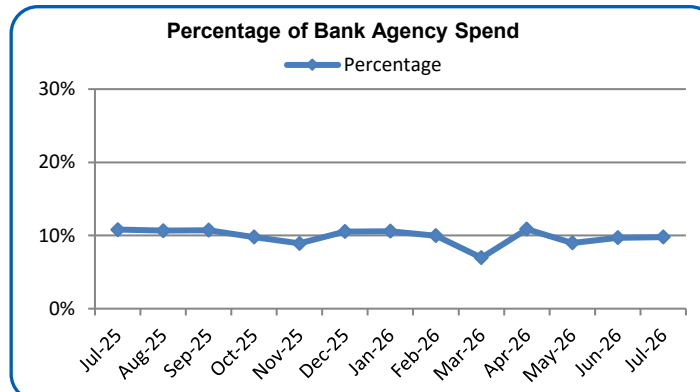
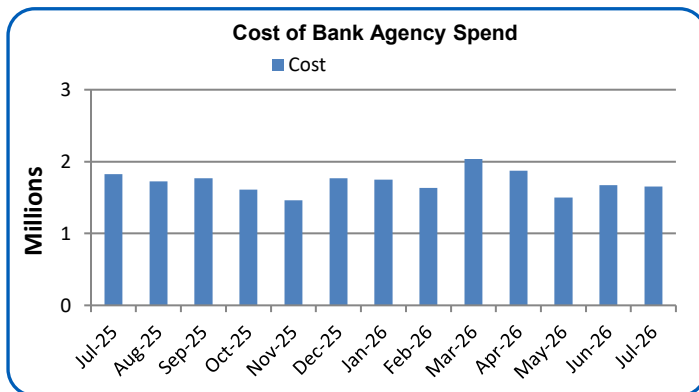
Percentage of Band 6 other nursing vacancies



Number of Band 6 other nursing vacancies



Workforce - continued



* Bank and Agency spend upper thresholds have been introduced from 26/27 based on cost targets for the year set by NHS England.

PREVIOUS MONTH: JUNE

Clinical Record Keeping

Data Quality Maturity Index: Our latest DQMI (Data Quality Maturity Index) score for Mental Health Services data, published by NHS Digital, stands at 93.3% as of March 2026, above the average for the 13-month period ending March 2026 (92.4%).

Our informatics team continue to support staff in achieving expected standards of data quality and further support and training on our CareDirector Electronic Patient Record system. We continue to promote data completeness throughout 2025/26 with a rolling programme of focussed data quality discussions aimed at supporting staff in using CareDirector well.

Patient Experience

Complaints: 16 complaints were received in June, in line with the number of complaints received during the 13-month period (16). 100% of complaints were acknowledged within the 3-days standard, and 16% were completed within the 60-day timeframe - a new indicator introduced from May 2026. The Complaints Team have been focussing on closing long-standing complaints and they are in the early stages of the new procedure coming into effect, so the lower number of complaints completed within 60-days was anticipated. There were 240 enquiries received by the PALS team during June, below the average for the 13-month period of 272. The new PALS phone line went live in October which, as anticipated has resulted in a reduction in PALS enquiries which is noticeable when comparing Q1 and Q2 to the months since its introduction.

Friends and Family Test: 81 people provided their feedback via the Have Your Say co-produced feedback measure. 78% of people said their experiences of care were positive, 16% said it was OK/Don't know and 6% reported it as being negative. 28 people provided their feedback by completing Have Your Say postcards, whilst 53 people completed their feedback online. Ward 3 The Mount, Chronic Fatigue Service, Ward 5 Becklin and West CMHT (Older People and Memory) were the teams who received the highest feedback. 'Thank you for giving me my life back that I now enjoy with my family' was a quote received from a service user who had been supported by the Trust's Mother and Baby Unit. Another example of a positive comment received was 'I truly cannot fault you. You always listen and go the extra mile beyond the call of duty. Thank you. I didn't now I needed you. Thank God he did'. This comment was from a service user who had been supported by IHTT.

S136: Within the S136 service, there was 0 breaches of the 24-hour detention in June. The last S136 detention to breach was in January 2026.

PREVIOUS MONTH: JUNE

Safety

Incidents: Incidents in June (1,268) fell within normal levels of variation, above the average of 1,192 for the 24-month period.

The number of self-harm incidents in June (178), fell within normal levels of variation, below the average of 191.

Violence and Aggression incidents affecting service users in June (101), were within normal levels of variation, just below the average of 102.

The number of physical restraint incidents in June (165), were within normal levels of variation, below the average of 248 and the third-lowest level seen in the 24-month period.

The number of falls in June (63), were within normal levels of variation, above the average of 48.

There have been 71 acquired pressure ulcers / sores reported since October 2019, with 2 occurring or deteriorating in June.

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance at the end of June reflects 83.0% of staff having received a PDR within the last 12-months. This reflects a stabilised position over the course of the year with additional support being engaged through the People Analytics Team to focus on targeting services with low compliance and direct contact with individuals where PDRs have not been undertaken for 12 months or more.

Mandatory Training: Compliance has been stable over the 13-month period averaging 89.0%. In June 90.2% of staff have in-date mandatory training, above the 85% target, and the highest level in the 13-month period.

Recent increases are linked to a collaborative push by Clinical Services and the POD directorate to reduce the Did Not Attend (DNA) rate for classroom based training. Historically, the Trust has faced challenges in releasing Registered Staff to attend classroom based training due to vacancy rates in that staff group and the risk of safer staffing issues but with recent changes in the national nursing position and vacancy reduction in Nursing at LYPFT, more staff have been able to be released to attend and the compliance position continues to improve.

Clinical Supervision: Clinical Supervision (CS) compliance is currently 74.4%. The People Analytics Team has noted feedback from Operational colleagues regarding some of the challenges of the current system configuration that requires staff to record the Clinical Supervision on the day it was undertaken and has recently introduced a supplementary Microsoft Form to gather CS compliance data in retrospect from staff across the Trust. The form was introduced in June 26 and has seen some good utilisation to date. The People Analytics Team will be monitoring its usage over the coming weeks and months to note its effectiveness.

Sickness Absence: The in-month sickness absence rate in June fell within normal levels of variation and the Workforce Committee are in receipt of the August POD Paper on Long-Term Sickness Absence: Review of Interventions and Organisational Processes that explores the Trust's Sickness absence interventions in detail.

Vacancies: The level of vacancies in June has increased slightly to 10.9%, matching the average vacancy rate for the period. The POD Directorate has created an objective on the People Plan for 2026: **Support the Trust to reduce the growing HSW vacancy position through a variety of resourcing solutions** whereby a HSW recruitment Governance group has been established with 3 sub groups considering recruitment, retention and workforce redesign. A centralised recruitment approach is being piloted with effectiveness monitored and reported into various governance groups including Safer Staffing Steering Group and Reducing Bank - Workforce Efficiencies Group.

CURRENT MONTH: JULY

Clinical Record Keeping

Data Quality Maturity Index: Our latest DQMI (Data Quality Maturity Index) score for Mental Health Services data, published by NHS Digital, stands at 93.4% as of April 2026, above the average for the 13-month period ending April 2026 (92.6%).

Our informatics team continue to support staff in achieving expected standards of data quality and further support and training on our CareDirector Electronic Patient Record system. We continue to promote data completeness throughout 2025/26 with a rolling programme of focussed data quality discussions aimed at supporting staff in using CareDirector well.

Patient Experience

Complaints: 19 complaints were received in July, slightly above the average number of complaints received during the 13-month period (17). 100% of complaints were acknowledged within the 3-days standard, and 6% were completed within the 60-day timeframe - a new indicator introduced from May 2026. The Complaints Team have been focussing on closing long-standing complaints and they are in the early stages of the new procedure coming into effect, so the lower number of complaints completed within 60-days was anticipated. There were 240 enquiries received by the PALS team during July, below the average for the 13-month period of 265. The new PALS phone line went live in October which, as anticipated has resulted in a reduction in PALS enquiries which is noticeable when comparing Q1 and Q2 to the months since its introduction.

Friends and Family Test: 87 people provided their feedback in July. 48 people completed their feedback on HYS postcards and 39 people completed the survey questions online. 73% of people rated their overall experience of care as being positive, 17% said it was OK/don't know and 10% of people reported it as being negative. The Healthy Living Advisor Team, Ward 6 YCED and Ward 3 The Mount were the 3 top teams who received the largest amount of feedback. There were 3 common themes of negative feedback received. These were in relation to cigarettes and the Trusts Smoke free policy, the lack of a café and vending machine provision at the Becklin Centre and staff shortages on Ward 6 YCED which will be followed up by the Patient and Carer Team.

S136: Within the S136 service, there was 0 breaches of the 24-hour detention in July. The last S136 detention to breach was in January 2026.

Local intelligence

CURRENT MONTH: JULY

Safety

Incidents: Incidents in July (1,269) fell within normal levels of variation, above the average of 1,190 for the 24-month period.

The number of self-harm incidents in July (215), fell within normal levels of variation, above the average of 191.

Violence and Aggression incidents affecting service users in July (78), were within normal levels of variation, below the average of 101.

The number of physical restraint incidents in July (171), were within normal levels of variation, below the average of 241 and the third-lowest level seen (jointly with June 26) in the 24-month period.

The number of falls in July (57), were within normal levels of variation, above the average of 48.

There have been 75 acquired pressure ulcers / sores reported since October 2019, with 4 occurring or deteriorating in July.

Workforce

Workforce Personal Development Reviews (PDR): The rate of PDR compliance at the end of July reflects 84.6% of staff having received a PDR within the last 12-months. This reflects a stabilised position over the course of the year with additional support being engaged through the People Analytics Team to focus on targeting services with low compliance and direct contact with individuals where PDRs have not been undertaken for 12 months or more.

Mandatory Training: Compliance has been stable over the 13-month period averaging 89.3%. In July 90.0% of staff have in-date mandatory training, above the 85% target.

Recent increases are linked to a collaborative push by Clinical Services and the POD directorate to reduce the Did Not Attend (DNA) rate for classroom based training. Historically, the Trust has faced challenges in releasing Registered Staff to attend classroom based training due to vacancy rates in that staff group and the risk of safer staffing issues but with recent changes in the national nursing position and vacancy reduction in Nursing at LYPFT, more staff have been able to be released to attend and the compliance position continues to improve.

Clinical Supervision: Clinical Supervision (CS) compliance is currently 76.5%. The People Analytics Team has noted feedback from Operational colleagues regarding some of the challenges of the current system configuration that requires staff to record the Clinical Supervision on the day it was undertaken and has recently introduced a supplementary Microsoft Form to gather CS compliance data in retrospect from staff across the Trust. The form was introduced in June 26 and has seen some good utilisation to date. The People Analytics Team will be monitoring its usage over the coming weeks and months to note its effectiveness.

Sickness Absence: The in-month sickness absence rate in July (7.1%) fell outside normal levels of variation, the upper limit being 6.9%.

Vacancies: The level of vacancies in July has increased slightly to 11.1%, slightly above the average vacancy rate for the period (10.8%). The POD Directorate has created an objective on the People Plan for 2026: **Support the Trust to reduce the growing HSW vacancy position through a variety of resourcing solutions** whereby a HSW recruitment Governance group has been established with 3 sub groups considering recruitment, retention and workforce redesign. A centralised recruitment approach is being piloted with effectiveness monitored and reported into various governance groups including Safer Staffing Steering Group and Reducing Bank - Workforce Efficiencies Group.

Glossary

STEEEP: Equitable		
Percentage of service users with ethnicity recorded	Number of service users with ethnicity recorded / Total number of services users with an open referral to the Trust as of period-end	
Percentage of service users with sexual orientation recorded	Number of service users with their sexual orientation recorded / Total number of services users with an open referral to the Trust as of period-end	
STEEEP: Patient Centred		
Friends & Family Test: Positive experience of care (total responses received)	The number of Friends and Family Test (internally branded Have Your Say) questionnaires returned where the response was either 'Very Good' or 'Good'.	
Number of deaths reviewed (incidents recorded on Datix)*	Total number of deaths reported on Datix in the period. Deaths of former service users are counted up to 6 months after discharge from the Trust.	Provided by Patient Safety
Number of deaths reviewed via PSII	Total number of incidents reported on Datix as taking place during the period that related to the death of a person that were subsequently reviewed as part of a Patient Safety Incident Investigation (PSII)	Provided by Patient Safety
	Total number of incidents reported on Datix as taking place during the period that related to the death of a person that were subsequently reported on the 'Learning from Lives and Deaths' portal for people with a Learning Disability or Autism.	Provided by Patient Safety
Number of complaints received	Total number of complaints reported on Datix as being received during the period	Provided by Complaints and PALS
Percentage of complaints acknowledged within 3 working days	Total number of complaints that were acknowledged within 3 working days of receipt by the Trust / Total number of complaints received by the Trust in the period	Provided by Complaints and PALS
Percentage of complaints completed within 60-days**	Total number of complaints completed within 60-days of consent being received / Total number of complaints completed in the period	Provided by Complaints and PALS
Number of enquiries to the Patient Advice and Liaison Service (PALS)	Total number of enquiries made to the LYPFT Patient Advice and Liaison Service. This could include a telephone or email enquiry.	Provided by Complaints and PALS
STEEEP: Safe		
Number of healthcare associated infections: C difficile	The number of patients affected by an outbreak of C difficile during the period	Provided by Infection Control
Number of healthcare associated infections: MRSA	The number of patients affected by an outbreak of MRSA during the period	Provided by Infection Control
Number of patient/staff/visitor incidents reported on Datix	Total number of all incidents reported on Datix as taking place during the period. This includes both clinical and non-clinical incidents affecting service users, visitors and staff.	Count of all incidents in period
Number of incidents (all types) affecting service users	Total number of all incidents reported on Datix as taking place during the period. This includes both clinical and non-clinical incidents where the 'Who was affected?' field = 'Incident affecting Patient'.	'Who was affected?' field = 'Incident affecting Patient'.
Number of incidents (all types) affecting staff	Total number of all incidents reported on Datix as taking place during the period. This includes both clinical and non-clinical incidents where the 'Who was affected?' field = 'Incident affecting Staff'.	'Who was affected?' field = 'Incident affecting Staff'.
Number of incidents (all types) affecting the organisation	Total number of all incidents reported on Datix as taking place during the period. This includes both clinical and non-clinical incidents where the 'Who was affected?' field = 'Incident affecting Organisation'.	'Who was affected?' field = 'Incident affecting Organisation'.
Number of incidents (all types) affecting public/visitor	Total number of all incidents reported on Datix as taking place during the period. This includes both clinical and non-clinical incidents where the 'Who was affected?' field = 'Incident affecting Visitor / Contractor or Member of the Public'.	'Who was affected?' field = 'Incident affecting Visitor / Contractor or Member of the Public'.
Number of Self Harm Incidents	Total number of incidents reported on Datix as taking place during the period which involved the service user injuring themselves.	Datix Incident Category = 'Self Harm'
Number of Violent or Aggressive Incidents affecting service users	Total number of incidents reported on Datix as taking place during the period that involved a service user which could include a service user behaving in a violent or aggressive manner towards staff, other service users or visitors. For example, assaulting a person or throwing objects. Incidents where other parties are alleged to have been the perpetrator and the service user, the victim, are included. This does not include incidents with a sexual safety category.	Who was affected?' field = 'Incident affecting Patient' Datix Incident Category = 'Violence/Assault' All Datix subcategories under the above category are included.
Number of Violent or Aggressive Incidents affecting staff	Total number of incidents reported on Datix as taking place during the period that involved a staff member where violence/aggression was present in the incident. This does not include incidents with a sexual safety category.	Who was affected?' field = 'Incident affecting Staff' Datix Incident Category = 'Violence (Staff)'
Number of Violent or Aggressive Incidents affecting public/visitor	Total number of incidents reported on Datix as taking place during the period that involved a visitor, contrator or member of the public where violence/aggression was present in the incident. This does not include incidents with a sexual safety category.	Who was affected?' field = 'Incident affecting Visitor / Contractor or Member of the Public'. Datix Incident Category = 'Violence (Public)'
Number of never events	Total number of never events occurring in the period which are collated by the Clinical Governance and Patient Safety Team. Never Events are serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented existing national guidance or safety recommendations. For example, failure to install functional collapsible shower or curtain rails.	
Number of physical restraints	Total number of incidents reported on Datix as taking place in the period where physical restraint was used. Use of mechanical restraint, rapid tranquilisation and seclusion are excluded. Incidents are counted once, even where multiple positions are used.	Restrictive Intervention Used - 'Y' and Type of restrictive interventions used ='Physical restraint'
Physical Restraint by Reason	Total number of incidents reported on Datix as taking place in the period where physical restraint was used broken down by reason. Use of mechanical restraint, rapid tranquilisation and seclusion are excluded.	Logic as field above broken down by Datix field 'Primary reason for use of restrictive intervention'
Physical Restraint Incidents and Service Users Involved	Total number of service users involved in a physical restraint. Service users are counted once, even when involved in multiple incidents.	Distinct Count of Service Users involved in above physical restraint Incidents
Number of ended seclusion incidents lasting 24+ hours	Total number of incidents reported on Datix as ending in the period where the duration of seclusion lasted more than 24 hours. Episodes of seclusion that start in month 1, and end in month 2, will be counted against month 2.	Count of incidents where time between seclusion Start Time and Seclusion End Time is greater than 24 hours.
Number of Rapid Tranquilisation administered**	Total number of incidents reported on ePMA, where a drug used for rapid tranquilisation was administered. Where multiple drugs were administered at the same time, this is counted as one instance of rapid tranquilisation.	
No. of patients detained under the MHA (includes CTOs/conditional discharges)	The total distinct number of service users subject to a MHA detention, active at any point during the month. Sections that start in a previous month, but are active in the reporting month, are counted. Where a service user has more than one section active in the reporting month, they are still counted only once.	

Glossary

STEEEP: Safe		
Number of medication errors reported on Datix	Total number of medication errors reported on Datix as taking place in the period. This includes errors related to both clinical and non-clinical practices surrounding dispensing, administering, storing and recording.	Datix Incident Category = 'Medication (Patient)' or 'Medication (organisation)'
Percentage of medication errors resulting in no harm	Number of medication errors reported as resulting in no harm / Total number of medication errors	
Safeguarding Adults: Number of advice calls received by the team	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about an adult.	
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about an adult that result in a referral to the local authority Safeguarding Department / [Safeguarding Adults: Number of advice calls received by the team]	
Safeguarding Children: Number of advice calls received by the team	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about a child.	
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	Number of enquiries to the LYPFT Safeguarding Team in relation to concerns about a child that result in a referral to the local authority Safeguarding Department / [Safeguarding Children: Number of advice calls received by the team]	
Number of falls related to patients reported on Datix	Total number of falls reported on Datix as taking place in the period. Falls are for patients only.	Datix Incident Category = 'Slips / Trips / Falls (Patient)'
Number of Pressure Ulcers occurring or deteriorating within inpatient or SSL services	Total number of pressure ulcers reported on Datix as having occurred or deteriorated during the period. Pressure ulcers are reported for inpatient and Specialised Supported Living services only.	Datix Incident Category = 'Clinical Patient Care and Incident Sub Category = 'Device-related unstageable pressure ulcer (d) developed or worsened during care by Trust' or 'Device-related pressure ulcer cat 1-4(d) developed or worsened during inpatient care by Trust'
Other		
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	A weighted score based on the completeness and quality of several fields in the Trust's Mental Health Services Dataset (MHSDS) submissions to NHS Digital. The score is derived by NHS Digital from the MHSDS submission and published on their website 3-4 months later.	
Adult acute including PICU: % detained on admission	Total number of admissions to the Adult Acute and PICU wards where the service user was subject to a MHA detention at the time of admission / Total number of admissions to the Adult Acute and PICU wards	
Adult acute including PICU: % of occupied bed days detained	Transfers from other inpatient services are not counted; only those admissions to Adult Acute and PICU wards where the person is becoming an inpatient at LYPFT are counted. Total number of occupied bed days where the person was subject to a MHA detention / Total number of occupied bed days	
Adult acute including PICU: % of occupied bed days detained	Occupied bed days on the day a MHA detention ends, and no other MHA detention starts, are not counted as a detained occupied bed day.	
Workforce		
Percentage of staff with a Personal Development Review in the last 12 months	The number of staff with a Personal Development Review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the reporting month / The number of staff who have been in post for at least 12 months as of the end of the reporting month	
Percentage of staff with a wellbeing assessment completed	The number of staff with a wellbeing assessment review recorded on LYPFT's Personal Development Review platform, Learn, as of the end of the reporting month / The total number of staff in post for at least 3 months as of the end of the reporting month	
Percentage of mandatory training completed	The total number of training requirements where the member of staff has completed them within the timescales, as of the latest available position for the reporting month / The total number of training requirements for staff in post as of the latest available position in the reporting month	
Safeguarding Level 3 training compliance (quarter end snapshot)	The total number of Safeguarding Adults/Children Level 3 training requirements completed within the Trust's agreed review period, as of the end of the quarter / The total number of Safeguarding Adult/Children Level 3 training requirements as of the end of the quarter	
Percentage of staff receiving clinical supervision	The total number of clinical staff that have received clinical supervision within the Trust's agreed review period, as of the end of the reporting period / The total number of clinical staff in post as of the end of the reporting period	
Staff Turnover (Rolling 12 months)	Total number of FTE leavers in the 12 months up to and including the last reporting month / Total number of FTE staff in post across the 12 months up to and including the latest reporting month	
Sickness absence rate in month	Total number of FTE sickness days in the reporting month / Total number of available FTE days for staff in post	
Sickness absence rate (Rolling 12 months)	Total number of FTE sickness days in the 12 months up to and including the last reporting month / Total number of available FTE days for staff in post in the 12 months up to and including the last reporting month	
Percentage of sickness due to musculoskeletal issues (MSK; rolling 12 months)	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to musculoskeletal issues / Total number of FTE sickness days in the 12 months up to and including the last reporting month	
Percentage of sickness due to Mental Health & Stress (rolling 12 months)	Total number of FTE sickness days in the 12 months up to and including the last reporting month, that were due to reasons of mental wellbeing and stress / Total number of FTE sickness days in the 12 months up to and including the last reporting month	

Glossary

Workforce	
Medical Consultant Vacancies as a percentage of funded Medical Consultant Posts (percentage)	Number of vacant FTE Medical Consultant posts as of the end of the reporting month / Total Number of funded FTE Medical consultant posts as of the end of the reporting month
Medical Consultant Vacancies (number)	Total number of vacant FTE Medical Consultant posts as of the end of the reporting month
Medical Career Grade Vacancies as a percentage of funded Medical Career Grade Posts (percentage)	Number of vacant FTE Medical Career Grade posts as of the end of the reporting month / Total number of funded FTE Medical Career Grade posts as of the end of the reporting month
Medical Career Grade Vacancies (number)	Total number of vacant FTE Medical Career Grade posts as of the end of the reporting month
Medical Trainee Grade Vacancies as a percentage of funded Medical Trainee Grade Posts (percentage)	Number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month / Total number of funded FTE Medical Trainee Grade posts as of the end of the reporting month
Medical Trainee Grade Vacancies (number)	Total number of vacant FTE Medical Trainee Grade posts as of the end of the reporting month
Band 5 inpatient nursing vacancies as a percentage of funded B5 inpatient nursing posts (percentage)	Number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 inpatient nursing posts as of the end of the reporting month
Band 5 inpatient nursing vacancies (number)	Total number of vacant FTE Band 5 inpatient nursing posts as of the end of the reporting month
Band 6 inpatient nursing vacancies as a percentage of funded B6 inpatient nursing posts (percentage)	Number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 inpatient nursing posts as of the end of the reporting month
Band 6 inpatient nursing vacancies (number)	Total number of vacant FTE Band 6 inpatient nursing posts as of the end of the reporting month
Band 5 other nursing vacancies as a percentage of funded B5 non-inpatient nursing posts (percentage)	Number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 5 non-inpatient nursing posts as of the end of the reporting month
Band 5 other nursing vacancies (number)	Total number of vacant FTE Band 5 non-inpatient nursing posts as of the end of the reporting month
Band 6 other nursing vacancies as a percentage of funded B6 non-inpatient nursing posts (percentage)	Number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month / Total Number of funded FTE Band 6 non-inpatient nursing posts as of the end of the reporting month
Band 6 other nursing vacancies (number)	Total number of vacant FTE Band 6 non-inpatient nursing posts as of the end of the reporting month
Percentage of vacant posts (Trustwide; all posts)	Number of vacant FTE posts for the whole Trust as of the end of the reporting month / Total number of funded FTE posts for the whole Trust as of the end of the reporting month
Bank Agency Spend (Cost)	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the reporting month to the end of the reporting month
Bank Agency Spend (%)	Total financial spend for the whole Trust on Bank and Agency staffing from the start of the reporting month to the end of the reporting month / Total financial spend for the whole Trust from the start of the reporting month to the end of the reporting month
Cost of Agency Spend (chart)	Total financial spend for the whole Trust on Agency staffing from the start of the reporting month to the end of the reporting month
Percentage of Agency Spend (chart)	Total financial spend for the whole Trust on Agency staffing from the start of the reporting month to the end of the reporting month / Total financial spend for the whole Trust from the start of the reporting month to the end of the reporting month
Cost of Bank Spend (chart)	Total financial spend for the whole Trust on Bank staffing from the start of the reporting month to the end of the reporting month
Percentage of Bank Spend (chart)	Total financial spend for the whole Trust on Bank staffing from the start of the reporting month to the end of the reporting month / Total financial spend for the whole Trust from the start of the reporting month to the end of the reporting month

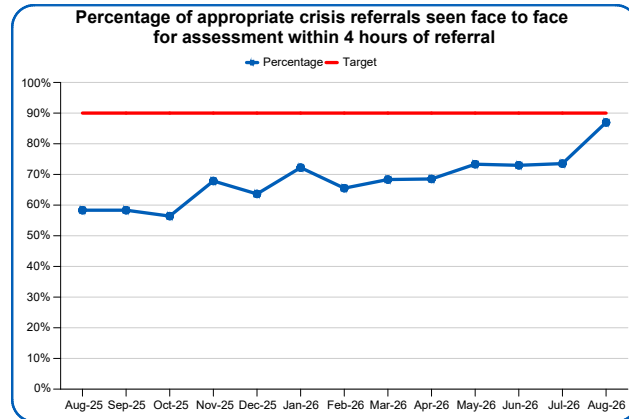
Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis Monthly	Target	Jun 2026	Jul 2026	Aug 2026
Percentage of ALPS referrals responded to within 1 hour	-	66.7%	64.0%	65.9%
Number of S136 detentions over 24 hours	-	0	0	0
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	90.0%	73.0%	73.5%	87.0%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	93.4%	92.4%	93.9%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	37.2%	52.8%	25.6%
Percentage of CRISS caseload where source of referral was acute inpatients	-	3.8%	3.0%	3.2%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Jun 2026	Jul 2026	Aug 2026
Gender Identity Service: Number on waiting list	-	7,193	7,223	7,039
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	261.83	346.67	252.33
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	75.0%	85.4%	83.9%	80.0%
Leeds Autism Diagnostic Service (LADS): Assessment to Diagnostic Decision within 26 Weeks (quarterly)	70.0%	98.5%	-	-
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	41.9%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	100.0%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	51.5%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	83.6%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	950	904	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	8.9%	-	-
Services: Our acute patient journey	Target	Jun 2026	Jul 2026	Aug 2026
Number of admissions to adult facilities of patients who are under 16 years old	0	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	99.4%	98.4%	94.1%
Crisis Assessment Unit (CAU) length of stay at discharge	-	41.40	25.00	29.25
Liaison In-Reach: attempted assessment within 24 hours	90.0%	80.0%	73.2%	67.3%
Becklin Ward 1 (Female) bed occupancy	-	101.5%	100.2%	99.2%
Becklin Ward 3 (Male) bed occupancy	-	100.8%	100.6%	99.1%
Becklin Ward 4 (Male) bed occupancy	-	99.2%	101.8%	102.5%
Becklin Ward 5 (Female) bed occupancy	-	102.2%	98.0%	99.1%
Newsam Ward 4 (Male) bed occupancy	-	101.1%	99.4%	100.2%
Older adult (total) bed occupancy	-	99.7%	97.1%	96.5%
The Mount Ward 1 (Male Dementia) bed occupancy	-	96.7%	86.2%	82.3%
The Mount Ward 2 (Female Dementia) bed occupancy	-	99.0%	99.8%	95.5%
The Mount Ward 3 (Male) bed occupancy	-	101.3%	99.0%	100.3%
The Mount Ward 4 (Female) bed occupancy	-	100.6%	100.6%	102.9%
Percentage of Occupied Bed Days Clinically Ready for Discharge	-	32.8%	35.6%	38.7%

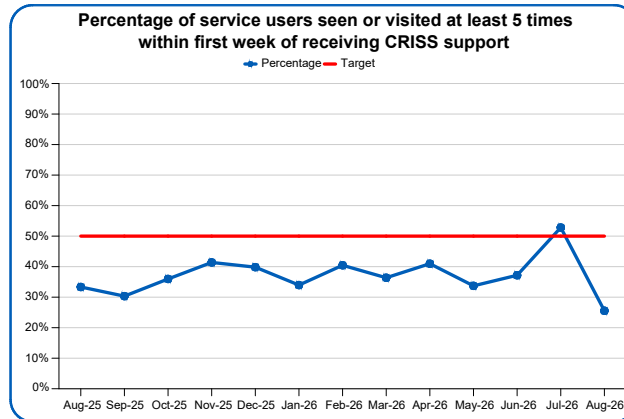
Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Jun 2026	Jul 2026	Aug 2026
Out of Area Trajectory Active Placements at Month End	14	27	20	15
Total: Number of out of area placements beginning in month	-	14	8	10
Total: Total number of bed days out of area (new and existing placements from previous months)	-	898	624	644
Acute: Active Placements at Month End	-	19	17	11
Acute: Number of out of area placements beginning in month	-	9	7	6
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	709	479	515
PICU: Active Placements at Month End	-	6	3	4
PICU: Number of out of area placements beginning in month	-	5	1	3
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	129	124	124
Older people: Active Placements at Month End	-	2	0	0
Older people: Number of out of area placements beginning in month	-	0	0	1
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	60	21	5
Adult Acute and PICU LoS on Discharge Rolling 3 Months Avg	58	73.31	66.13	65.92
Older Adult LoS on Discharge Rolling 3 Months Avg	94.61	114.93	128.86	117.53
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	82.4%	-	-
Services: Our Community Care	Target	Jun 2026	Jul 2026	Aug 2026
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	80.3%	78.5%	80.3%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	81.5%	78.8%	78.8%
Number of service users in community mental health team care (caseload)	-	3,751	3,715	3,750
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	70.0%	71.5%	78.1%	77.2%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	59.7%	52.6%	56.4%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	41.7%	50.0%	66.7%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	58.4%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	80.0%	76.8%	-	-
Services: Clinical Record Keeping	Target	Jun 2026	Jul 2026	Aug 2026
Percentage of service users with NHS Number recorded	-	99.8%	99.8%	99.8%
Percentage of service users with ethnicity recorded	-	79.6%	79.4%	79.1%
Percentage of service users with sexual orientation recorded	-	40.4%	39.2%	38.8%
Services: Clinical Record Keeping - DQMI	Target	Mar 2026	Apr 2026	May 2026
DQMI (MHSDS) % Quality %	95.0%	93.3%	93.4%	93.5%

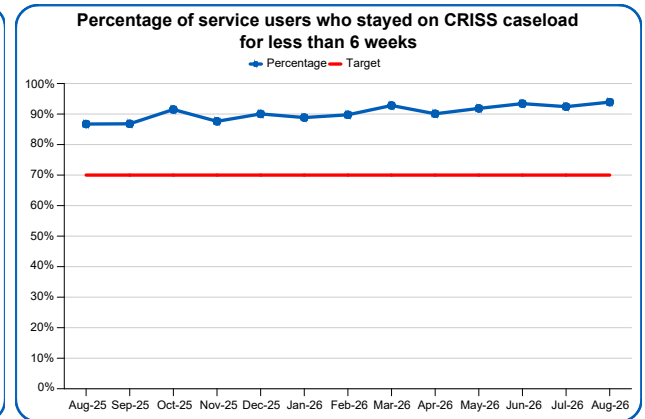
Services: Access & Responsiveness: Our Response in a crisis



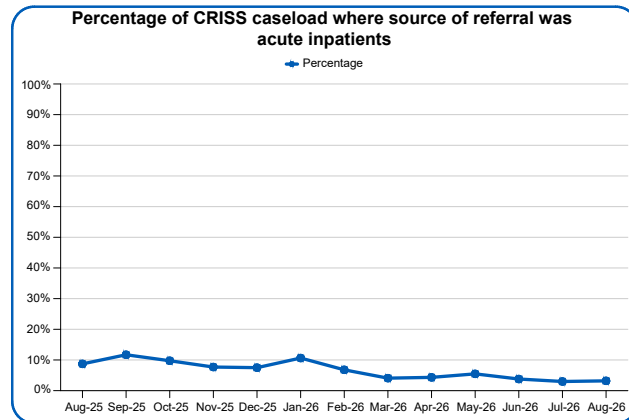
Contractual Target 90%: August **87.0%**



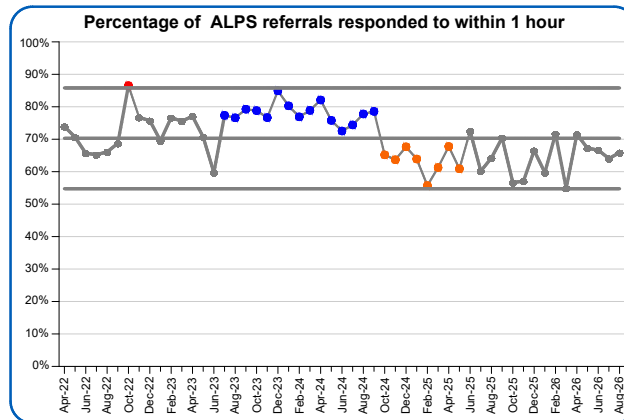
Contractual Target 50%: August **25.6%**



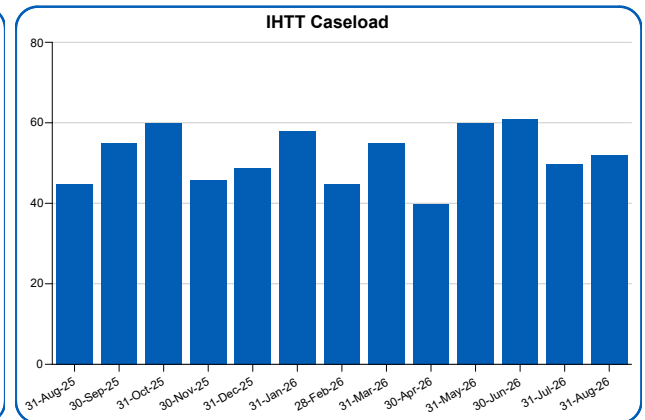
Contractual Target 70%: August **93.9%**



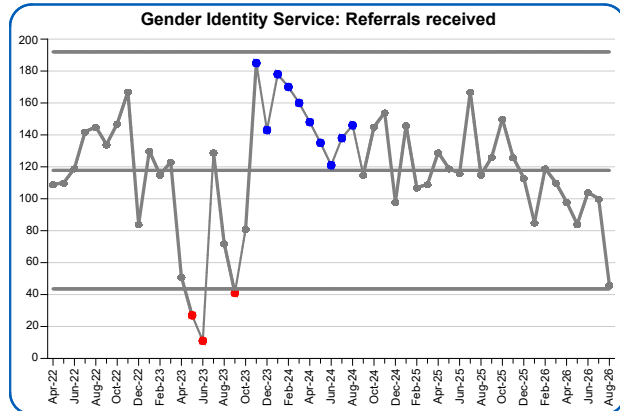
Contractual Target tba: August **3.2%**



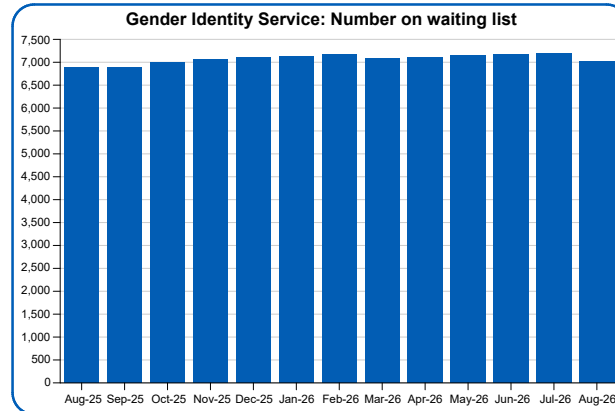
Contractual Target : August **65.9%**



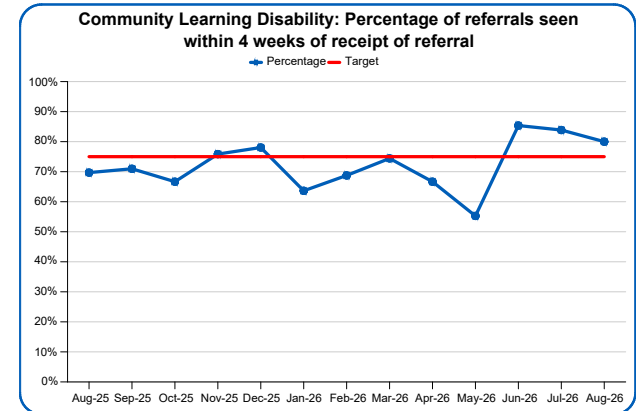
Caseload: August **52**



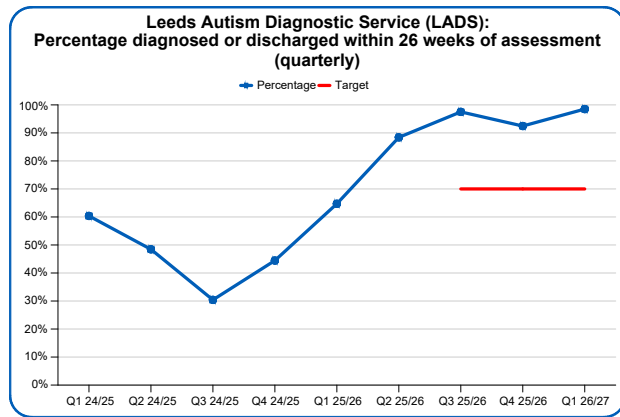
Total referrals: August 46



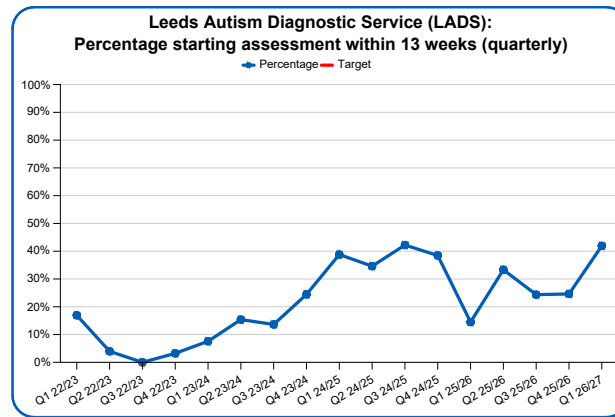
Number on waiting list: August 7,039



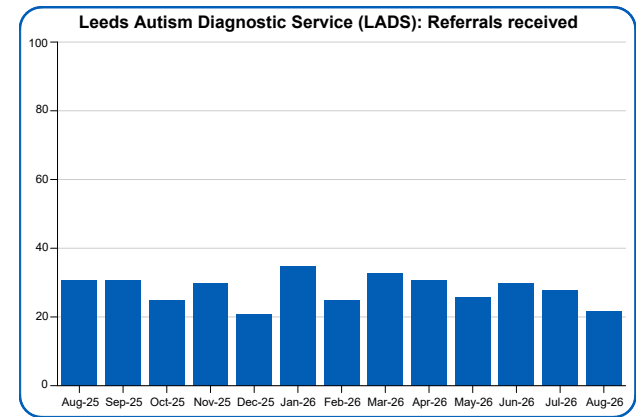
Contractual Target 75%: August 80.0%



Contractual Target 70%: Q4 98.5%



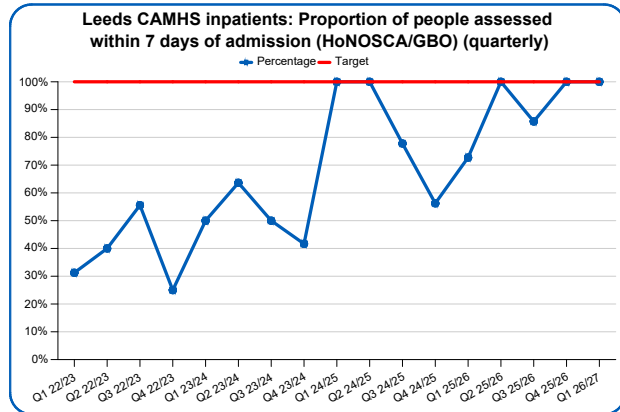
Contractual Target : Q4 41.9%



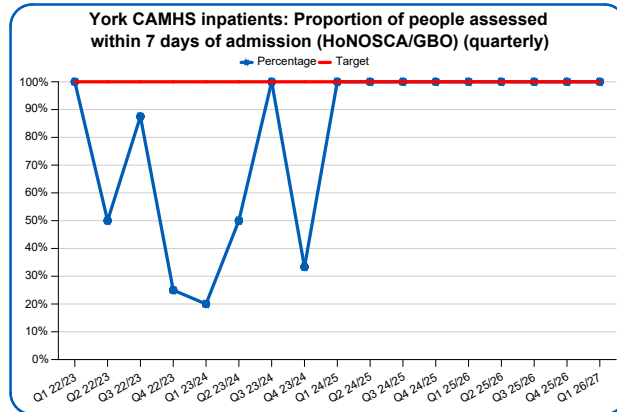
Local measure: August 22

SPC Chart Key

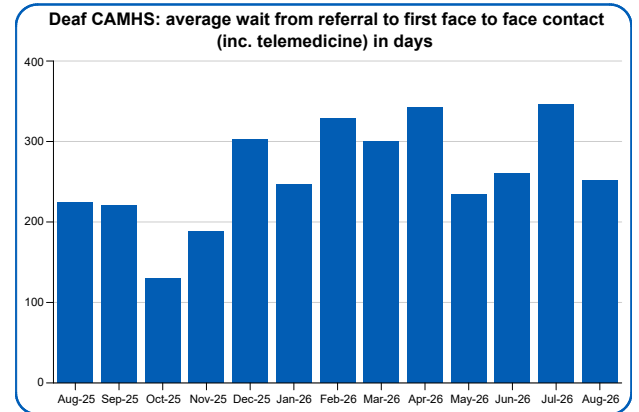




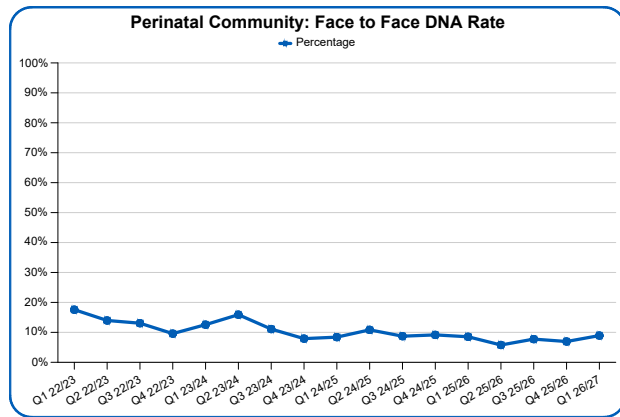
Contractual Target 100%: Q1 100.0%



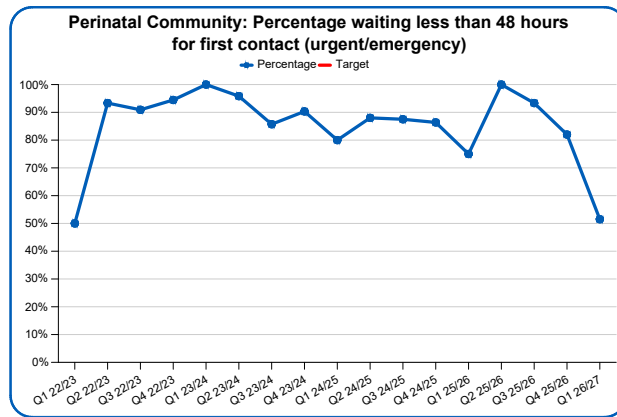
Contractual Target 100%: Q1 100.0%



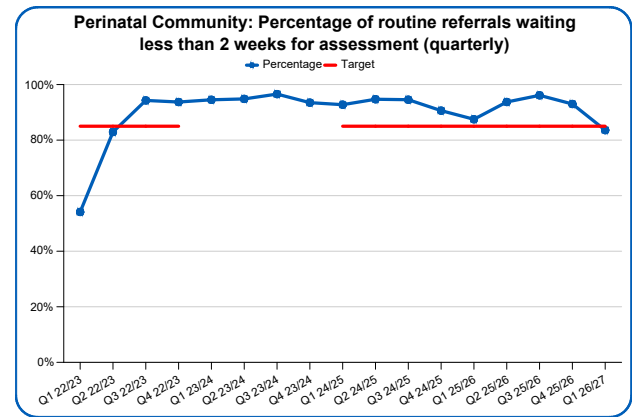
Local measure: August 252



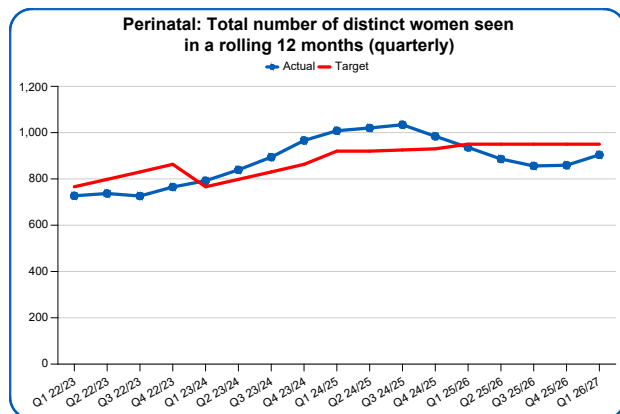
Contractual measure: Q1 8.9%



Contractual Target tba: Q1 51.5%

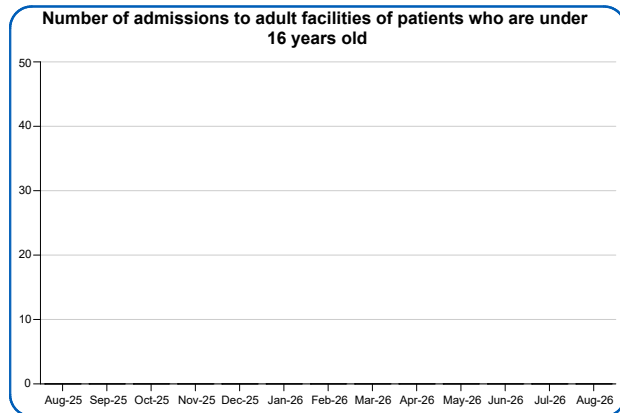


Contractual Target 85%: Q1 83.6%

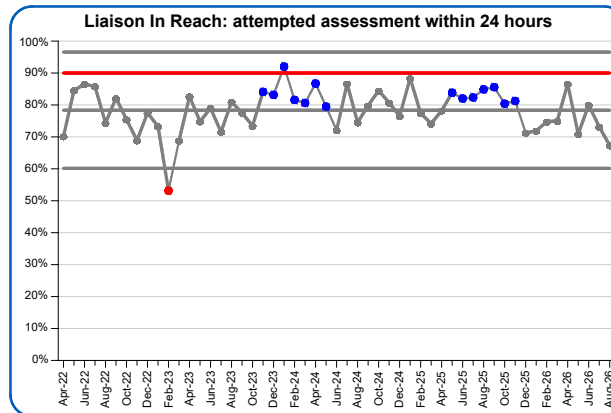


Local measure 950: Q1 904

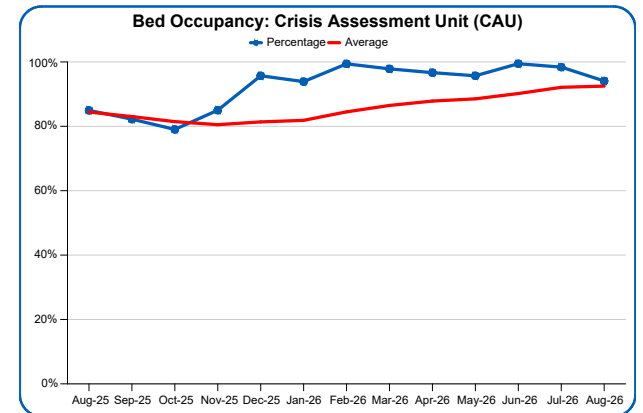
Services: Our acute patient journey



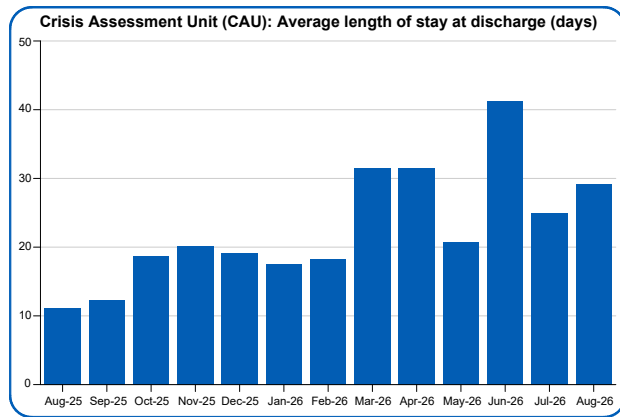
National (NOF) No target 0: August 0



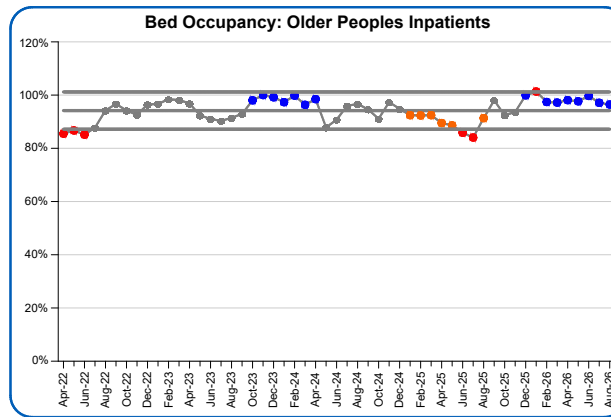
Contractual Target 90%: August 67.3%



Local measure: August 94.1%



Local measure: August 29 days

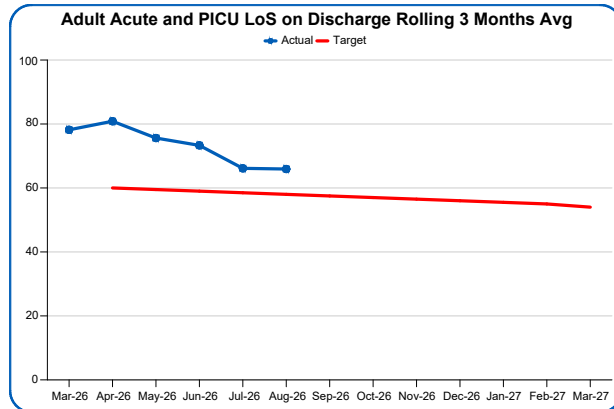


Local measure and target : August 96.5%

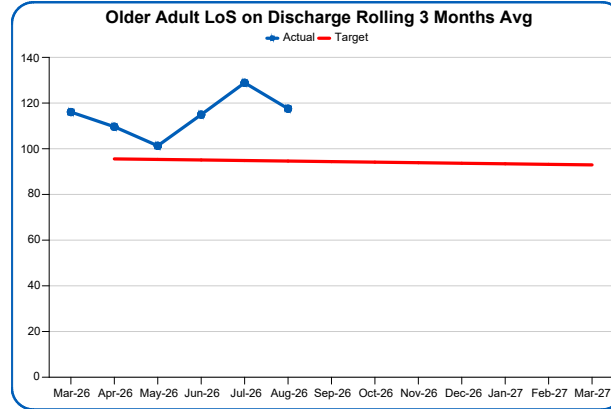
SPC Chart Key

- Average
- Upper process limit
- Lower process limit
- Actual
- Target

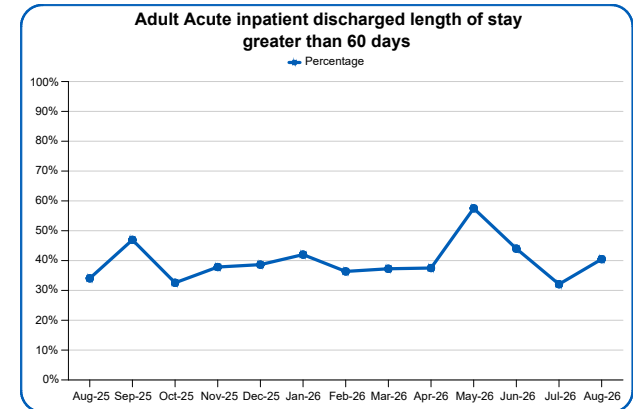
Services: Our acute patient journey (continued)



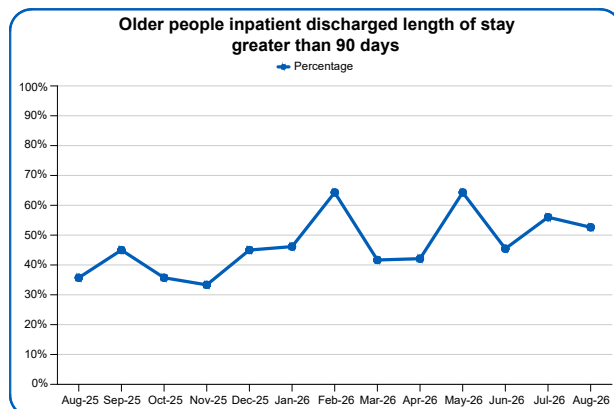
National Oversight Framework (NOF): August **65.9**



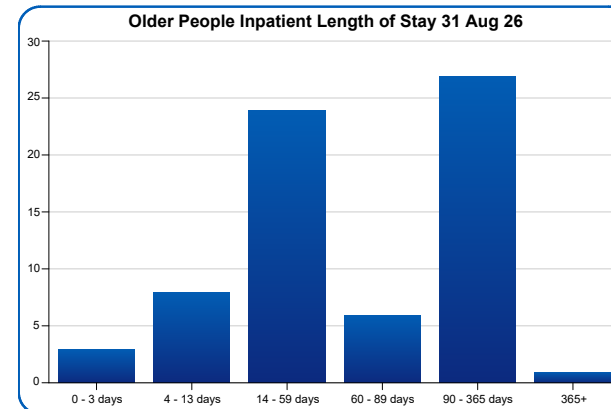
National Oversight Framework (NOF): August **117.5**



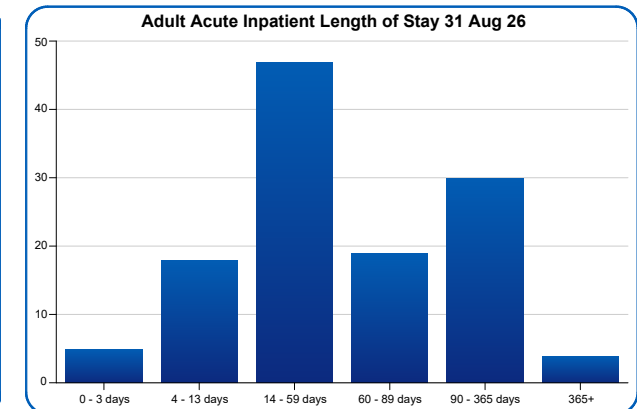
National (LTP): August **40.5%**



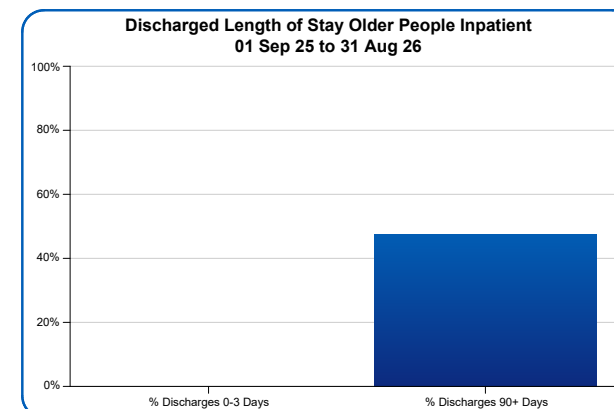
National (LTP): August **52.6%**



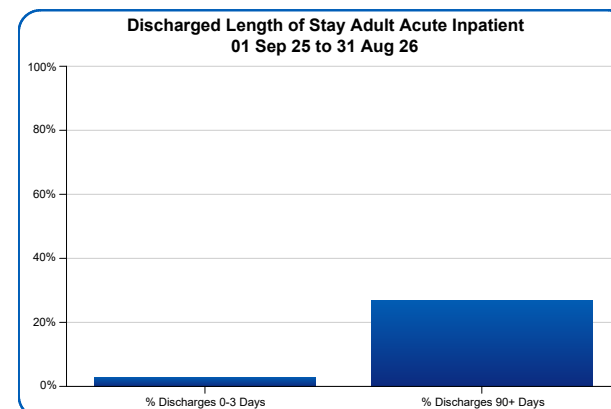
Local activity: **28** people with LOS 90+ days



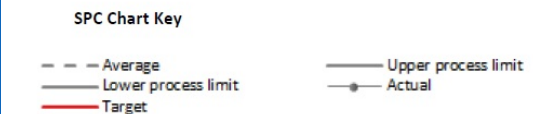
Local activity: **34** people with LOS 90+ days

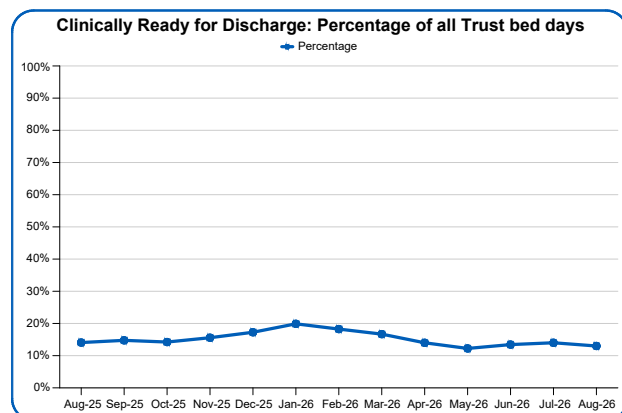


Local activity: **% discharged LOS 90+ days = 47.7%**

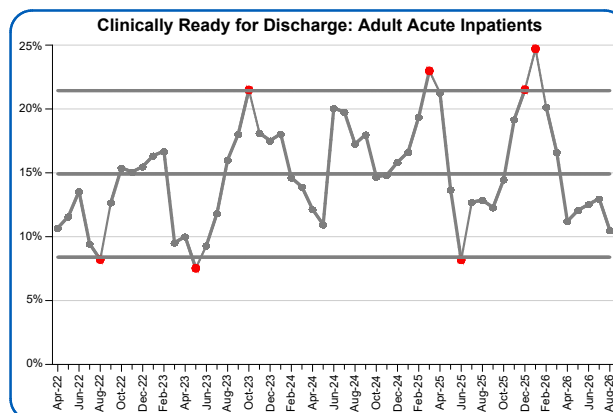


Local activity: **% discharged LOS 90+ days = 27.1%**

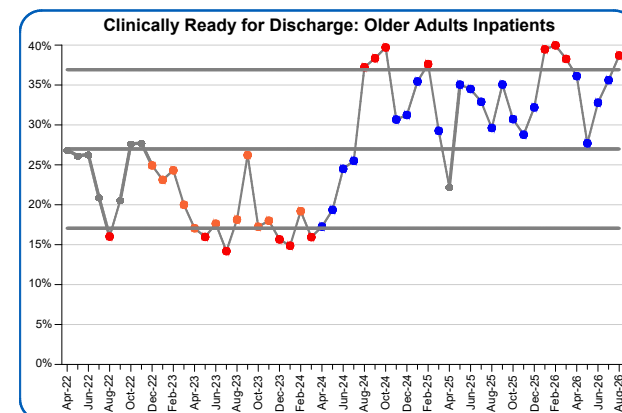




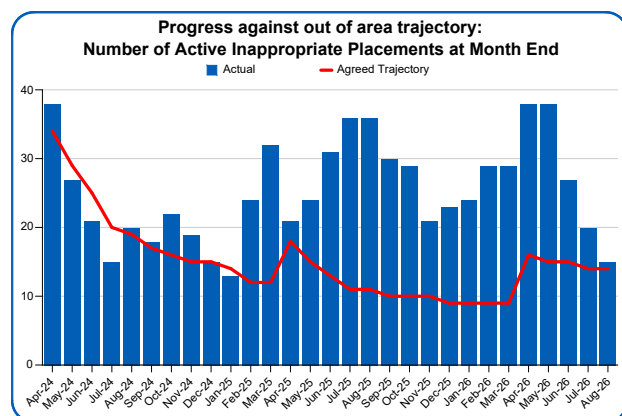
Local tracking measure: August 13.0%



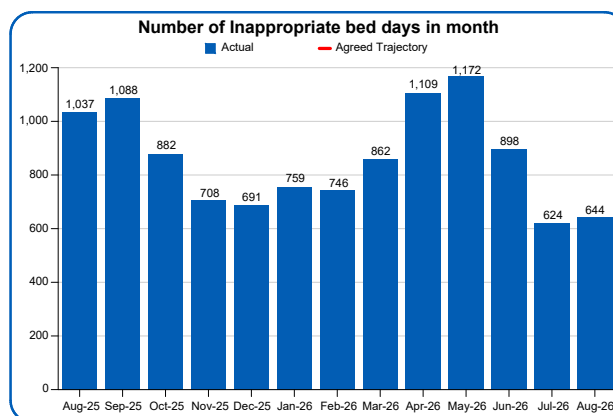
Local tracking measure: August 10.5%



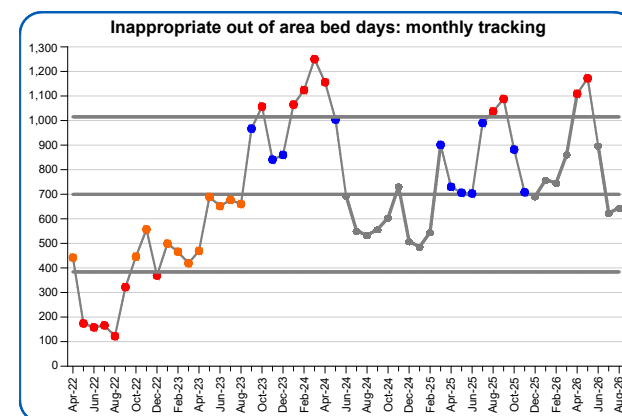
Local tracking measure: August 38.7%



Nationally agreed trajectory (August: 14): August 15 active placements



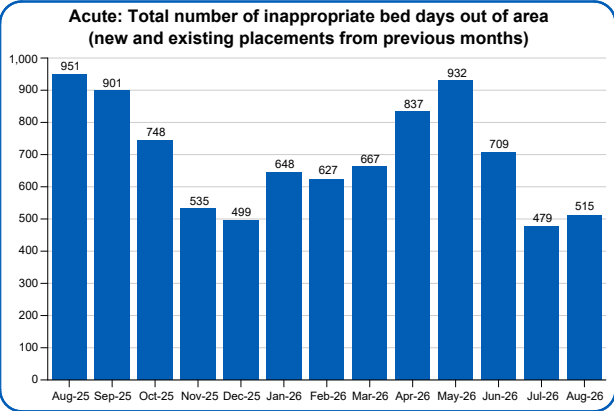
Local tracking measure: August 644 bed days



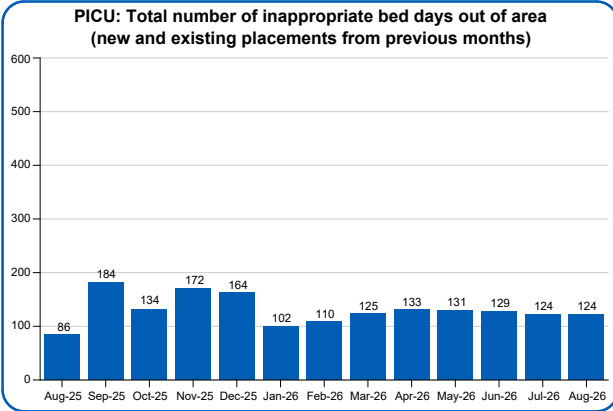
Local tracking measure: August 644 bed days

SPC Chart Key

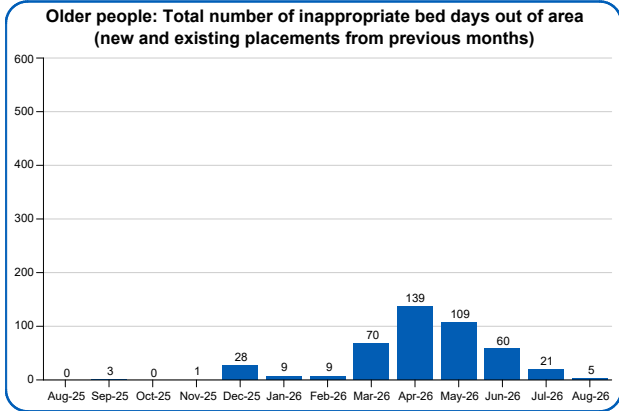
- Average
- Upper process limit
- Lower process limit
- Target
- Actual



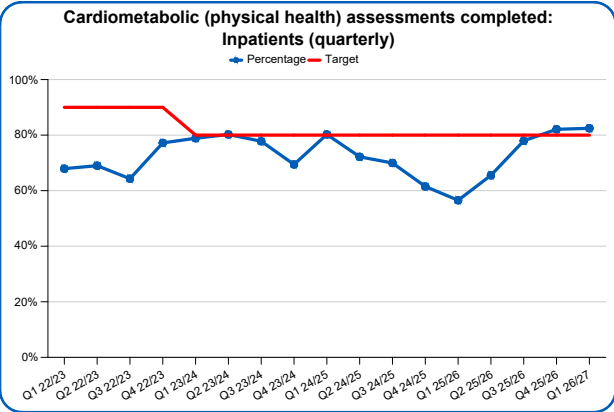
Nationally agreed trajectory (): August 515 days



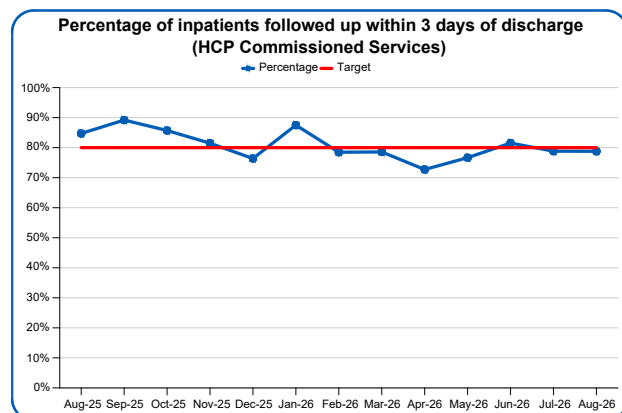
Nationally agreed trajectory (): August 124 days



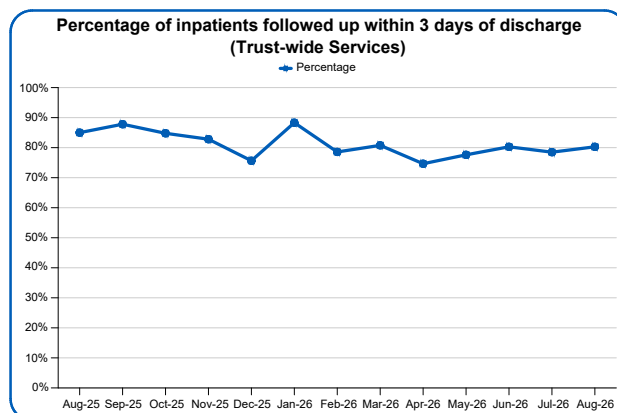
Local measure : August 5 days



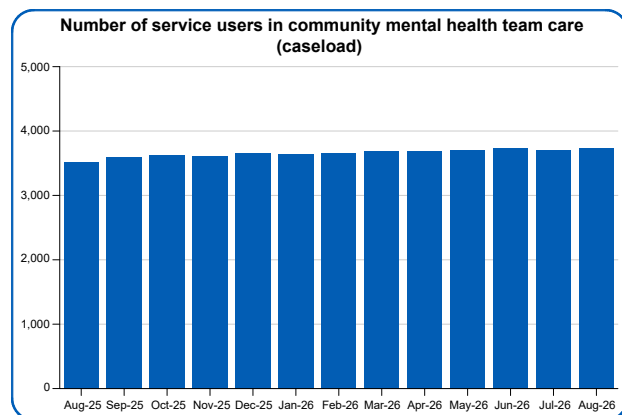
Contractual target 80%: Q1 82.4%



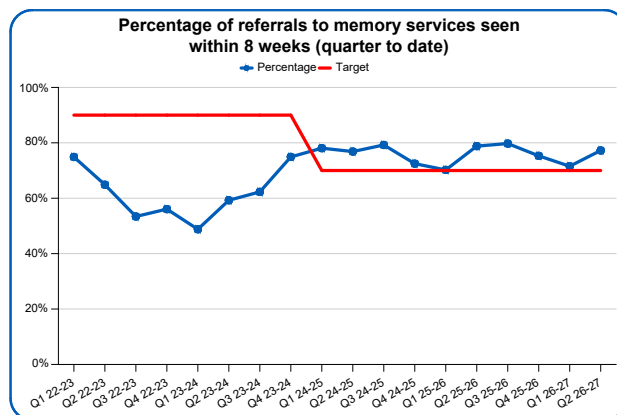
Contractual target 80%: August **78.8%**



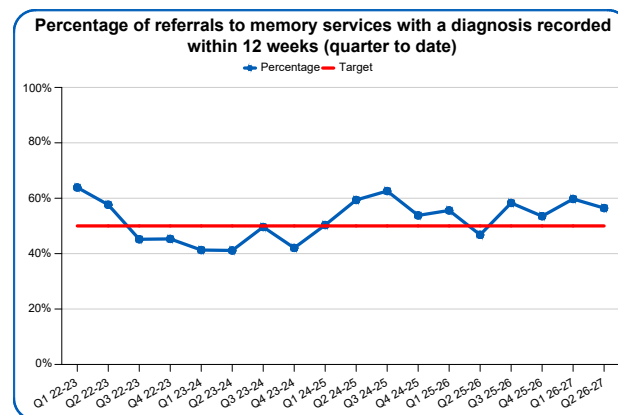
Local Tracking Measure 80%: August **80.3%**



Local measure : August **3,750**



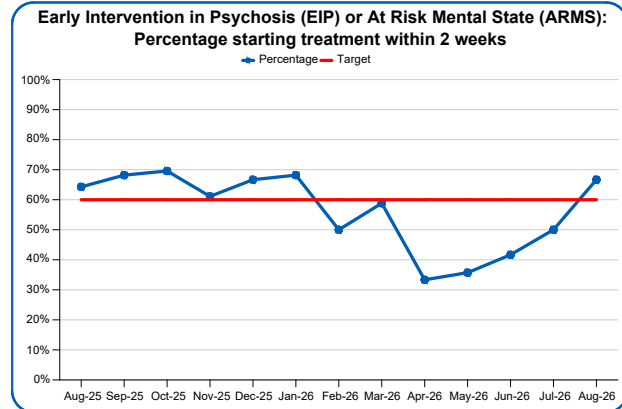
Contractual target 70%: Q2 26-27 **77.2%**



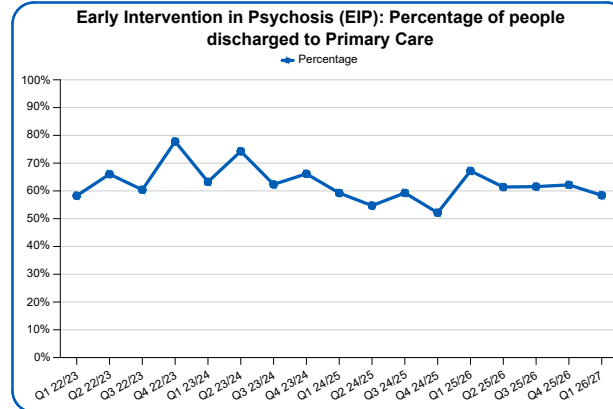
Contractual target 50%: Q2 26-27 **56.4%**

SPC Chart Key

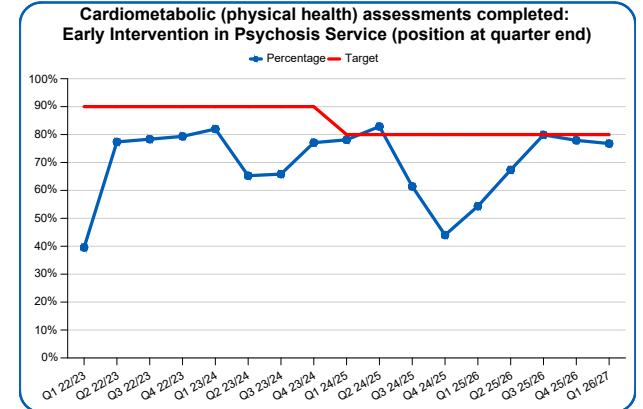
- - - Average
 - - - Lower process limit
 - - - Target
 - - - Upper process limit
 - - - Actual



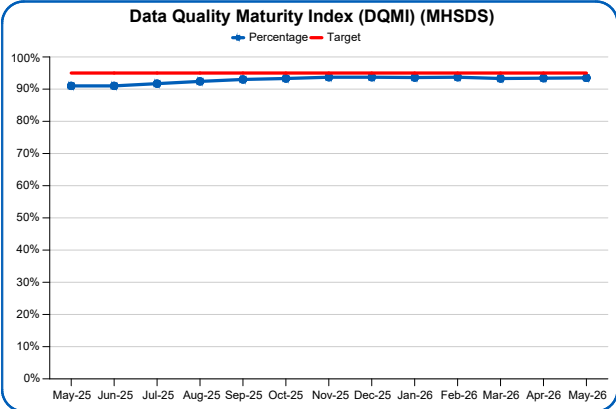
Contractual target 60%: August **66.7%**



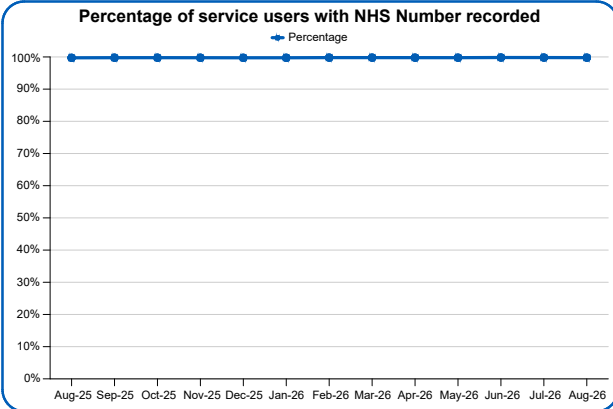
Contractual target tbc: Q1 **58.4%**



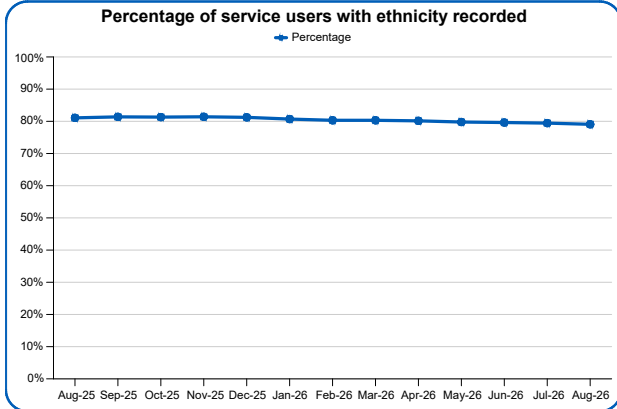
Contractual target 80%: Q1 **76.8%**



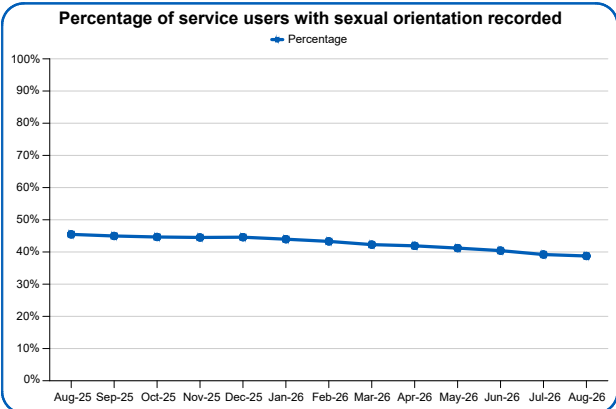
CQUIN / NHSOF Target 95%: May **93.5%**



Local measure: August **99.8%**



Local measure: August **79.1%**



Local measure: August **38.8%**

Glossary

Services: Access & Responsiveness: Our response in a crisis

Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	Of all the referrals receiving a face-to-face assessment following referral to the crisis service, the proportion that were assessed within 4-hours of referral.
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	Of all the referrals discharged from Crisis Resolution or Intensive Support Service (CRISS) that were open for at least 7-days, the proportion that had at least 5 successful face-to-face contacts during the first 7-days of service involvement.
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	Of all the referrals discharged from Crisis Resolution or Intensive Support Service (CRISS), the proportion that had a length of referral of 6-weeks or less at the time of discharge.
Percentage of CRISS caseload where source of referral was acute inpatients	Of all the referrals open to the Intensive Support Service (ISS) at the end of the period, the proportion that were an inpatient at the time of referral.
Percentage of ALPS referrals responded to within 1 hour	Of all the referrals from Accident & Emergency, to the Acute Liaison Psychiatry Service (ALPS) that were assessed, the proportion that were assessed within 1-hour.
IHTT Caseload	Number of service users allocated to a named member of staff in the Intensive Home Treatment Team at the end of the period (waiting list allocations are excluded).

Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services

Gender Identity Service: Number on waiting list	The number of referrals open at the end of the period where the service user was waiting for an assessment
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	For all the referrals in Deaf Child and Adolescent Mental Health Services (CAMHS) receiving their first face-to-face or video contact during the period, the average number of days between referral and the first contact.
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	Of all the referrals to a Community Learning Disability Team that received their first attended, direct contact in the period, the proportion where the contact took place within 28-days of referral.
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	Of all the Leeds Autism Diagnostic Service (LADS) referrals receiving their first direct, attended assessment taking place face-to-face or by video, with an 'Autism Assessment' intervention recorded as part of the contact in the period, the proportion where the assessment took place within 91-days of referral.
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	Of all the admissions to a Child and Adolescent Mental Health Services (CAMHS) ward that received either a Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) or Goal Based Outcomes (GBO) assessment, the proportion where either assessment took place within 7-days of admission.
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	Of all the referrals to the Perinatal Community service with an 'Emergency' or 'Urgent' referral priority that received a first direct, attended contact in the period, the proportion where the contact took place within 48-hours of referral.
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	Of all the referrals to the Perinatal Community service with a 'Routine' referral priority that received a first direct, attended face-to-face or video contact in the period, the proportion where the contact took place within 14-days of referral.
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	The total number of women with a direct, attended, face-to-face or video contact, during the 12-months ending in the period; women seen multiple times are counted once.
Perinatal Community: Face to Face DNA Rate (quarterly)	Of all the face-to-face, attended and did not attend (DNA), contacts with the Perinatal Community Team in the period, the proportion of face-to-face contacts that the service user did not attend.

Services: Our acute patient journey

Number of admissions to adult facilities of patients who are under 16 years old	Number of admissions to inpatient services, excluding Child and Adolescent Mental Health Services (CAMHS), where the service user was aged under 16 on the day of admission.
Crisis Assessment Unit (CAU) bed occupancy	Of the total number of available beds on the ward and the number of days each bed was available, the proportion of those days where a bed was occupied. For example, on a 10-bed ward in the month of April where no beds were unavailable due to maintenance/repairs, etc., there are 300 available bed days. Where there were service users in beds for 150 of

	those days, this would result in 50% occupancy.
Crisis Assessment Unit (CAU) length of stay at discharge	For all the discharges from the Crisis Assessment Unit in the period, the average number of days each service user stayed on the ward.
Liaison In-Reach: attempted assessment within 24 hours	Of all the service users assessed by Hospital Mental Health Inreach following referral from Leeds Teaching Hospitals Trust (LTHT), the proportion that were assessed within 24-hours of referral.
Bed Occupancy rates for individual wards (multiple measures)	Of the total number of beds available in the period on the ward, the proportion where a service user was occupying the bed, including any leave days.
Percentage of Occupied Bed Days Clinically Ready for Discharge	Of the total number of occupied bed days in the period, the proportion where the service user was ready for discharge from inpatient care.
Out of Area Trajectory Active Placements at Month End (multiple measures)	The total number of out of area placements active at the end of the period, where the placement was not the result of patient choice e.g. where a staff member needed inpatient care.
Total: Number of out of area placements beginning in month (multiple measures)	The total number of all out of area placements that begin during the period.
Total: Total number of bed days out of area (new and existing placements from previous months) (multiple measures)	The total number of occupied bed days that take place as part of an out of area placement during the period, regardless of whether the placement started during or before the period.
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	Of the number of service user on a ward at the end of the period, the proportion with all elements of the cardiometabolic assessment completed within the same admission, and during the previous 12-months.
Services: Our Community Care	
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	Of all discharges from Trust inpatient services, the proportion where the service user received a direct, attended, face-to-face, video or telephone contact within 3-days of discharge (excluding day of discharge).
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	Of all discharges from Trust Leeds Healthcare Partnership (HCP) commissioned inpatient services, the proportion where the service user received a direct, attended, face-to-face, video or telephone contact within 3-days of discharge (excluding day of discharge).
Number of service users in community mental health team care (caseload)	Number of service users allocated to a named member of staff in an Adult or Older People's community team at the end of the period (waiting list allocations are excluded).
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	Of the number of service users referred to the Memory Assessment Service (MAS) from an external source that do not have a prior Dementia diagnosis, that receive a first direct, attended face-to-face or video contact, the proportion that receive the first contact within 8-weeks of referral.
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	Of all the referrals where the service user receives a Dementia diagnosis in the period, the proportion where the diagnosis was given within 12-weeks of referral.
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	Of the referrals where a care coordinator allocation starts in the period, or the first direct, attended, face-to-face, video or telephone contact in the referral took place in the period, the proportion where the latest of these two events, took place within 14-days of referral.
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	Of all the referrals discharged from the Early Intervention in Psychosis service in the period, the proportion where the service user was referred back to Primary Care.
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	Of the total number of referrals open to the Early Intervention in Psychosis (EIP) service with a care coordinator allocation active at the end of the period, the proportion with all elements of the cardiometabolic assessment completed during the previous 12-months.
Services: Clinical Record Keeping	
Percentage of service users with NHS Number recorded	Of all the referrals open during the period, the proportion where the service user's NHS number is recorded on their CareDirector record.
Percentage of service users with ethnicity recorded	Of all the referrals open during the period, the proportion where the service user's ethnicity is recorded on their CareDirector record. Where a service user declines to provide an answer, this is counted as complete; however, any ethnicity recorded as 'Unknown' is not counted as complete.
Percentage of service users with sexual orientation recorded	Of all the referrals open during the period, the proportion where the service user's sexual orientation is recorded on their CareDirector record. Where a service user declines to provide an answer or their sexual orientation is recorded as

'Unknown', this is counted as incomplete.

Services: Clinical Record Keeping - DQMI

DQMI (MHSDS) % Quality %

The Data Quality Maturity Index (DQMI), is a weighted score based on the completeness and quality of several fields in the Trust's Mental Health Services Dataset (MHSDS) submissions to NHS Digital. The score is derived by NHS Digital from the MHSDS submission and published on their website 3-4 months later.

Meeting of the Council of Governors

Paper title:	Council of Governors' 2027 meeting dates
Date of meeting:	6 October 2026
Presented by: (name and title)	Clare Edwards, Associate Director for Corporate Governance
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	Demand for services	
SR8	Health inequalities	
SR9	System change	

Executive summary

The purpose of this paper is to confirm the 2027 dates for the Council of Governors' meetings, including the Annual Members' Meeting.

2027		
DATE	START TIME OF PUBLIC COUNCIL OF GOVERNORS	VENUE FOR COUNCIL OF GOVERNORS MEETING
Thursday 25 February 2027 (Council of Governors' Meeting)	1:00pm	TBC
Tuesday 6 July 2027 (Council of Governors' Meeting)	1:00pm	TBC
Monday 13 September 2027 (Annual Members' Meeting)	TBC	TBC
Tuesday 12 October 2027 (Council of Governors' Meeting)	1:00pm	TBC

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 meeting dates for 2027
- Advise the Corporate Governance Team if they are unable to attend any of the meetings.