



Auditor's Annual Report

Leeds Community Healthcare NHS Trust – year ended 31 March 2025

June 2025

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This document is to be regarded as confidential to Leeds Community Healthcare NHS Trust. It has been prepared for the sole use of the Audit Committee as the appropriate sub-committee charged with governance by the Board of Directors. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

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Introduction

Introduction

Purpose of the Auditor’s Annual Report

Our Auditor’s Annual Report (AAR) summarises the work we have undertaken as the auditor for Leeds Community Healthcare NHS Trust (“the Trust”) for the year ended 31 March 2025. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice (‘the Code’) issued by the National Audit Office (‘the NAO’). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.



Opinion on the financial statements

We issued our audit report on 25 June 2025. Our opinion on the financial statements was unqualified.



Value for Money arrangements

We did not identify any significant weaknesses in the Trust’s arrangements to secure economy, efficiency and effectiveness in its use of resources. Section 3 provides our commentary on the Trust’s arrangements.



Reporting to the group auditor

In line with group audit instructions issued by the NAO, on 25 June 2025 we reported that the Trust’s consolidation schedules were consistent with the audited financial statements.

Audit of the financial statements

Audit of the financial statements

Our audit of the financial statements

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs). The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust’s financial position as at 31 March 2025 and of its financial performance for the year then ended. Our audit report, issued on 25 June 2025 gave an unqualified opinion on the financial statements for the year ended 31 March 2025.

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined in Appendix A. In this appendix we also outline the uncorrected misstatements we identified and any internal control recommendations we made.

Qualitative aspects of the Trust’s accounting practices

We reviewed the Trust’s accounting policies and disclosures and concluded they comply with Department of Health and Social Care Group Accounting Manual 2024/25, appropriately tailored to the Trust’s circumstances. Draft accounts were received from the Trust on 25th April 2025 and were of a good quality.

Reporting responsibility	Outcome
Annual Report	We did not identify any material misstatements or significant inconsistencies between the content of the annual report, the financial statements and our knowledge of the Trust.
Annual Governance Statement	We did not identify any matters where, in our opinion, the Governance Statement did not comply with the guidance issued by NHS England. We also did not identify any matters where, in our opinion, the Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.
Remuneration and Staff Report	We report that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.

Our work on Value for Money
arrangements

VFM arrangements

Overall Summary



VFM arrangements – Overall summary

Approach to Value for Money arrangements work

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:



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



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



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

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work, we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding of arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information
- Information from internal and external sources including regulators
- Knowledge from previous audits and other audit work undertaken in the year
- Interviews and discussions with staff and directors

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

We identified no risks of significant weaknesses in arrangements.

Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.




We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements** - We make these recommendations for improvement where we have identified a significant weakness in the Trust arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.
- **Other recommendations** - We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant, but which still require action to be taken.

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

VFM arrangements – Overall summary

Overall summary by reporting criteria

Reporting criteria		Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Other recommendations made?
	Financial sustainability	11	No	No	No
	Governance	16	No	No	No
	Improving economy, efficiency and effectiveness	21	No	No	No

VFM arrangements

Financial Sustainability

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



VFM arrangements – Financial Sustainability

Risks of significant weaknesses in arrangements in relation to Financial Sustainability

We have identified no risks of significant weaknesses in arrangements in relation to Financial Sustainability.

Overall commentary on Financial Sustainability

Overall responsibilities for financial governance

We have reviewed the Trust’s overall governance framework, including Board and committee reports, the Annual Governance Statement, and Annual Report and Accounts for 2024/25. These confirm the Trust Board has a responsibility to define the strategic aims and objectives, approve budgets and monitor financial performance against budgets and plans to best meet the needs of the Trusts service users.

The Business Committee oversees all aspects of financial management and operational performance on behalf of the Board. This includes:

- providing assurance that the finance and performance reporting systems of the organisation are robust through detailed review of the performance brief and domain reports at each meeting;
- keeping the content of the performance brief and domain reports under review ensuring that it provides appropriate performance metrics to provide assurance to the Board on all aspects of organisational performance in line with strategic goals and corporate objectives;
- reviewing financial and operational performance through the receipt of reports in a form determined by the Committee;
- seeking assurance from the executive that any appropriate management action has been taken to return the Trust’s performance to plan and that any such actions or recovery plans are in place are adequately resourced, implemented and monitored;
- providing assurance to the Board that cost improvement plans to support organisational change are being achieved; and
- reviewing the Trust’s financial plans to test assumptions and provide assurance that reports and returns represent a true and fair view of the financial period under review.

Our review of supporting papers confirmed that these arrangements were in place throughout 2024/25.

Background to the NHS financing regime in 2024/25

For 2024/25 funding continued to be based on local contracting and commissioning as set out in the ‘Revenue finance and contracting guidance for 2024/25’. ICB allocations were set for 2024/25 which were supported by the NHS financial framework which sets out the ICB and system finance business rules from 1 April 2023.

The amount payable for NHS-funded secondary healthcare (acute, ambulance, community, mental health) is based on rules set out in the NHS Payment Scheme (NHSPS) which originally came into effect on 1 April 2023 replacing the National Tariff Payment System. Some further amendments have been made to the NHSPS since it was first implemented and the 2023/25 NHSPS (amended) came into effect on 1 April 2024.

VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria – continued

Signed written contracts between commissioners and all providers (NHS and non-NHS) are expected to be in place. The elective recovery fund (ERF) is separately identified in ICB allocations. ERF forms the variable element of the API payment to trusts. NHS England will set the target elective activity that each commissioner is expected to deliver within the totality of funding made available. NHS England has set a ceiling on elective over-performance payments in 2024/25. Where the final 2024/25 performance is lower than the final 2024/25 allocation the system will have this amount deducted from 2025/26 allocations.

The Spending Review 2021 provided the NHS with a three-year capital settlement covering 2022/23 to 2024/25. Capital allocations were split into three categories:

- A system-level allocation to cover day-to-day operational investments which have typically been self-financed by organisations in Integrated care Systems (ICSs) or financed by Department for Health and Social Care (DHSC) through normal course of business loans or system capital support Public Dividend Capital (PDC).
- Nationally allocated funds to cover nationally strategic projects already announced and in development or construction, such as hospital upgrades and new hospitals.
- Other national capital investment – including national programmes such as elective recovery, diagnostics and national technology funding and the mental health dormitory programme.

For the Trust this resulted in a capital allocation of £3.4m for 2024/25.

During 2024/25 the overall priority has remained the recovery of core services and productivity following the COVID-19 pandemic and to improve patient outcomes and experience. Integrated Care Boards (ICBs), trusts, and primary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. The 2024/25 priorities and operational planning guidance states that NHSE have invested in significant extra capacity over the last three years. With total NHS funding flat in real terms for 2024/25 there is a need to consolidate, whilst laying the groundwork to improve and transform the health service for the rest of the decade, progressing the NHS Long Term Workforce Plan (LTWP) and investing in technology.

Budget monitoring and control

At the start of the financial year revenue and capital expenditure budgets are prepared for approval by the Board. Financial pressures are collated throughout the year and form part of the budget planning process for the following year. Rolled forward budgets are prepared following review of current outturn, known workforce changes and identified cost pressures. Funding or cost pressures that the Trust believes are demand or policy led are taken forward in contract negotiations with commissioners. Where commissioners are unwilling or unable to fund the financial consequences of demand or policy requirements the Trust makes a spending judgement alongside its own internal financial pressures. Financial pressures arising from the Trust's own planning are collated, assessed by the Senior Management Team which makes a recommendation to the Board based on the Trust's priorities, an assessment of service benefit, the value for money and the affordability of each proposal. Approved cost pressures are funded in budgets the following year and form part of the costs in the NHS England (NHSE) plan. A single triangulated plan is submitted to NHSE for scrutiny and feedback. The financial plan is taken to the Business Committee and approved by the Trust Board.

Clear responsibilities are outlined for budget holders and the Trust's Standing Orders and Standing Financial Instructions include specific provisions for the preparation and approval of the financial plan and budget.

The Trust's Standing Orders and Standing Financial Instructions appropriately cover preparation and approval of plans and budgets, budgetary delegation, budgetary control and reporting and capital expenditure. We also found Senior Finance Managers provide dedicated support to budget holders to ensure effective financial management at business unit level, which feeds into monitoring of the overall Trust financial position.

VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria – continued

Financial Planning and Monitoring

In March 2024 the Trust approved a financial plan for 2024/25 to deliver a breakeven result. The submitted plan included Cost Improvement Programme (CIP) savings of £15.8m (6.5% of expenditure).

We reviewed the submitted financial plan and the Board paper recommending approval of the plan by the Trust Board. Expenditure within the financial plans was underpinned by assumptions around pay, cost pressures, inflation and service development areas. Where the Trust had contracts outside of the NHS these continued to be negotiated with the commissioning body to reflect current year demand/changes.

In 2024/25 the Trust delivered a surplus of £1,931k and met all its financial targets, something it has continued to do since its inception in 2010/11. During the year the Trust reported its financial position to the Business Committee and then subsequently to the Board. We reviewed a sample of reports presented for 2024/25, which contain evidence of a clear summary of the Trust's performance, detail any variances and provide adequate explanation of the causes. The reports also provide an updated forecast to the end of the financial year.

Cost Improvement Programme

The Trust has developed a Cost Improvement Programme (CIP) which, where necessary aims to bridge funding gaps through efficiency savings programmes. Senior Management Team and the Business Committee identify potential efficiency savings programmes and make recommendations to Trust Board who approve the final CIP.

The efficiency requirement set for 2024/25 was £15.8m. The Trust identified the planned CIP savings, through schemes equal to the £15.8m, including £13.2m of planned recurrent efficiencies and £2.6m of planned non-recurrent efficiencies. The £15.8m was delivered as planned with the largest savings identified through establishment reviews, non-clinical procurement and service re-design. Of the £15.8m delivered £9.1m is a recurrent efficiency, this is £4.1m less than planned. This underachievement of recurrent efficiencies will result in additional financial pressure in 2025/26.

Cost Improvement Programme performance is reported to the Business Committee and Trust Board within the Performance Brief. We reviewed examples of these reports and confirmed they contain a high-level Trust wide summary of performance against plan.

Financial Planning 2025/26

For 2025/26, NHSE expects ICBs and partner trusts to collectively set operational plans that are underpinned by financial plans that are affordable within the overall allocation.

ICBs and provider Boards must explicitly consider the following when deciding how to prioritise resources to best meet the health needs of their local population:

- Both the in-year and the medium-term quality,
- Financial and population health impacts of different options, and
- Plans should reflect the needs of all age groups and explicitly children and young people.

To deliver the goals set out above and live within budget, providers will need to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity before taking account of any new local pressures or dealing with non-recurrent savings from 2024/25.

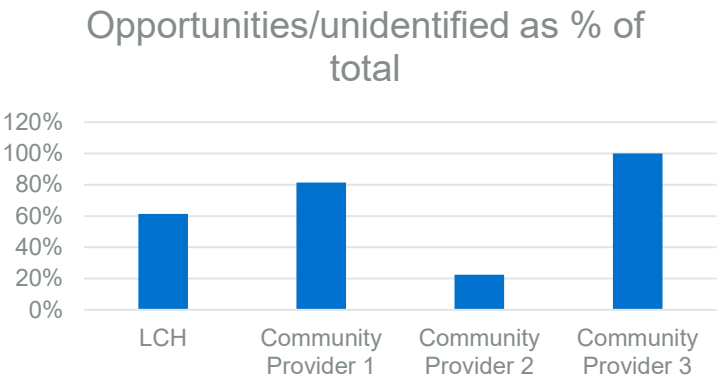
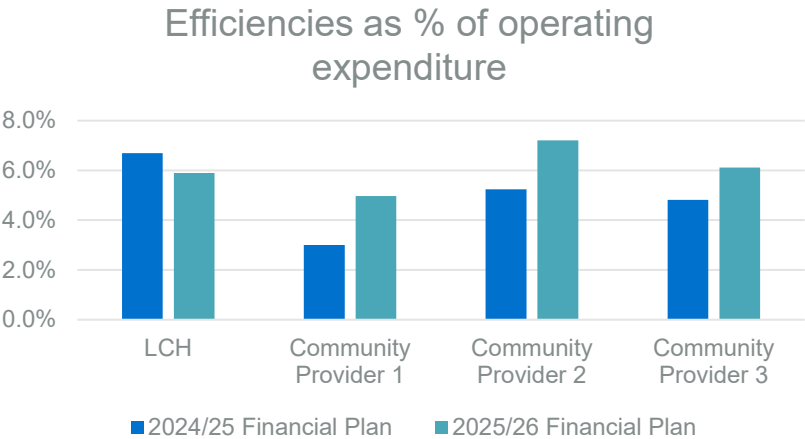
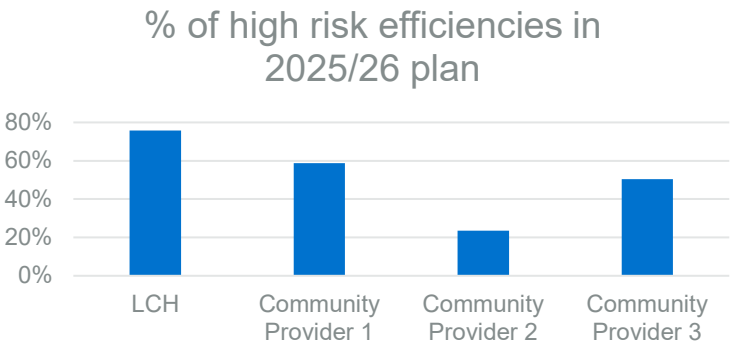
We reviewed the financial plan for 2025/26 which was submitted to NHSE in March 2024. We also reviewed the March 2025 Board paper recommending approval of the plan by the Trust Board.

VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria – continued

The financial plan submitted in March 2025 showed a break-even position and included efficiency savings of £14m (6.35%) to achieve the required break-even position. The Trust have not submitted an updated plan since the plan from March 2025

Of the efficiencies in the plan, the Trust has classified £8.6m (61%) as either ‘opportunity’ or ‘unidentified’, indicating plans are not yet in place, and £10.6m (76%) is reported as high risk. We performed some benchmarking against other Community Health Trust clients and this illustrates the position of the Trust alongside comparable Trusts. The Trust has a comparable ratio of efficiencies to operating expenditure, has a higher proportion of efficiencies classified as high risk, and has a comparable proportion of efficiencies in their submitted plan which are either unidentified or at opportunity stage.



VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria – continued

The Trust's indicative capital envelope proposal totals £9.7m including £1.7m for the digital strategy, £0.4m for cyber security and £6.2m in relation to leases. Remaining £1.4m relates to routine estates maintenance and the replacement of IT hardware and clinical equipment.

The Trust's focus for 2025/26 will be the delivery of recurrent efficiency schemes as these are essential to the overall sustainability of the organisation.

The Business Committee and Trust Board received a report in March and April 2025 setting out the approach taken to producing the financial plan. Review of the report and minutes highlight that the Committee and Board were informed of the key financial challenges presented within the budget. The report made it clear to the Committee and Board that the plan is not without financial risk. The Executive Director of Finance confirmed that whilst the efficiency requirement is extremely challenging, a range of immediate cost control measures are being introduced with the focus on tighter grip and control of all expenditure, however, the full delivery in year remains a risk.

The Trust has a good track record of delivering its financial targets. The expectation is that if needed the mitigations outlined within the report e.g. service transformation, identification of further efficiencies, along with vacancy management will enable the Trust to deliver the plan.

Review of the month 1 monitoring reported to the Business Committee shows a year-to-date breakeven financial position in line with the planned target. The Quality and Value Programme achieved £0.5m in savings during month 1 which contributed positively to the financial position. At the end of April, the Trust have identified £5.3m of the £14m savings target for 2025/26.

It is clear the Trust is closely monitoring the progress against plan to date, is aware of where the risks and uncertainties lie and the financial pressures that exist beyond the current financial plan period.

Conclusion

We are satisfied there is not a significant weakness in the Trust's arrangements in relation to the financial sustainability reporting criteria.

VFM arrangements

Governance

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



VFM arrangements – Governance

Risks of significant weaknesses in arrangements in relation to Governance

We have identified no risks of significant weaknesses in arrangements in relation to Governance.

Overall commentary on Governance

We have reviewed the Trust's Board and committee reports during the year as well as key documents in relation to how the Trust ensures that it makes informed decisions and properly manages its risks. Through this review we note that the Trust's governance arrangements are consistent with prior years. As a result, our commentary on those arrangements is also consistent with our commentary as reported in our prior year Auditor's Annual Report. The Trust Board is accountable for the Trust's strategies, policies and performance as set out in the Codes of Conduct and Accountability issued by the Secretary of State. The key role of the Board is to consider the key strategic and managerial issues facing the Trust in carrying out its statutory and other functions.

Our review of the Trust's governance framework confirms appropriate arrangements are in place. The Trust has established committees with responsibility for specific areas, such as finance and performance, and the quality of care, including:

- Audit Committee.
- Nominations and Remuneration Committee.
- Charitable Funds Committee.
- Business Committee.
- Quality Committee.

The terms of reference and work plans of these various committees ensures that the Board is provided with adequate assurance. We consider the committee structure of the Trust is sufficient to provide assurance that decision making, risk and performance management is subject to appropriate levels of oversight and challenge.

The Trust has arrangements in place to review the performance and effectiveness of the governance framework in place. The Audit Committee terms of reference set out that the committee will be the custodian of the Board and sub-committee annual effectiveness process. The Audit Committee completes an annual report on its own effectiveness and submits this to the Board. Review of the Audit Committee papers for the April 2025 meeting show that the Audit Committee Annual Report for 2024/25 was approved for submission to the Board, as well as the committee Terms of Reference Review. Recommendations were made from review of the report for improving the information flow between Committees and the establishment of agenda setting meetings with the Committee Chair/Lead Exec and Company Secretary.

The Board requires Board members to declare on appointment and thereafter on an annual basis that they remain a fit and proper person to be employed as a Board member. Independent checks are also undertaken on an annual basis for all Board members to ensure they remain fit and proper for the role.

Our review of Board and committee papers confirms that a template covering report is used for all Board Reports, ensuring the purpose, key points, committee reporting history, recommendations and responsible director are clear. Minutes are published and reviewed by the Board to evidence the matters discussed, appropriate challenge and decisions made.

VFM arrangements – Governance

Overall commentary on the Governance reporting criteria - continued

Audit Committee

The Trust has an established Audit Committee that is responsible for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the organisation's activities that supports the achievement of the organisation's objectives.

It achieves this by reviewing the adequacy and effectiveness of:

- the Trust's general risk management structures, processes and responsibilities, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- the underlying assurance processes that indicate the degree of achievement of corporate objectives and the effectiveness of the management of strategic risks;
- the policies for ensuring compliance with the relevant regulatory, legal and code of conduct requirements and related reporting and self-certification; and
- the policies and procedures for all work related to fraud and corruption as required by the NHS Counter Fraud Authority

The Audit Committee is also responsible for:

- the provision and maintenance of an effective system of financial risk identification and associated controls, reporting and governance;
- reviewing the Board Assurance Framework's sources of assurance for appropriateness, independence, and frequency. Evaluating whether these can effectively evidence that the controls are working, and that the assurance process is being effectively applied; and
- ensuring that appropriate governance is in place to ensure that the Trust can comply with its statutory duties relating to information governance.

Our review found the Audit Committee considers the Board Assurance Framework, Annual Report, Annual Governance Statement and progress of internal audit, counter fraud and external audit plans. It also regularly receives updates on losses and special payments, waivers of standing orders and reviews on behalf of the Board, the operation of and proposed changes to the standing orders, standing financial instructions and scheme of delegation.

We have reviewed supporting documents and confirmed the Audit Committee has agreed terms of reference, meets regularly and reviews its programme of work to maintain focus on key aspects of governance and internal control. Our attendance at Audit Committee has confirmed there is an appropriate level of effective challenge.

Board Assurance Framework

The Trust has a well-established Board Assurance Framework (BAF) and risk management system in place which is embedded into the governance structure of the organisation. An Internal Audit review of the BAF undertaken during 2024/25 gave a significant assurance rating, with recommendations to further strengthen the BAF being accepted by management with timescales for implementation agreed. The Trust has a risk management policy and procedure in place, setting out its aims and objectives, the requirement for an integrated and consistent approach to risk management and the key roles and responsibilities for risk management. The Trust Board is responsible for the establishment and maintenance of an effective system of integrated governance, risk management and internal control, responsibilities which it delegates to the Audit Committee through the Trust Scheme of Delegation.

VFM arrangements – Governance

Overall commentary on the Governance reporting criteria - continued

All risks, including financial are recorded and monitored through the Trust's risk management software programme, Datix. The risk register includes a description of the risk, any controls currently in place, actions to be completed, and the initial, current and target risk scores. All risks are assigned a risk owner. Extracts from the Datix system are regularly scrutinised by senior managers. The Quality Committee scrutinise management of risks with a risk score of 8 or above and with a specific focus on clinical risks. The Business Committee scrutinise non-clinical risks with a risk score of 8 or above and where relevant, propose further risk reduction treatment. Both Committees provide evidence of effective risk management and assurance to the Board. Risks assigned a score of 15 or above (extreme) after the application of controls and mitigating measures are reported to the Board. A description of any movement of risks scoring 12 (high risks) since the last report was received is also provided.

Review of reports to the Business Committee and Quality Committee show clear reporting of risks, including details of the risk, rationale for the risk score, controls in place and actions taken (including a current update). Risks are assigned a target risk score and an expected date to reach target is set. Reports also include escalated, de-escalated, new and closed risks. Minutes of the Quality Committee and Business Committee are presented to Trust Board to allow for scrutiny and challenge by the Trust leadership.

We have reviewed minutes of the Business Committee and Quality Committee and are content that the above arrangements have been in place throughout 2024/25.

Internal Audit and Counter Fraud

To provide assurance over the effective operation of internal controls, including arrangements to protect and detect fraud, the Trust has appointed Audit Yorkshire as internal auditors and local counter fraud specialists (LCFS). Work plans are agreed with management at the start of the financial year and reviewed by the Audit Committee prior to approval.

We have reviewed the Internal Audit Plans for 2024/25 and 2025/26 and confirmed planned work is informed by a risk assessment and is focused on the key audit risks and to ensure a robust Head of Internal Audit Opinion can be provided. Progress reports are presented to each Audit Committee meeting. A report is also presented following up the implementation of agreed audit recommendations. This allows the Committee to effectively hold management to account on behalf of the Board. Members of the committee engage in robust challenge of management when discussing findings from internal audit reviews.

In April 2025, the Head of Internal Audit indicated to the Audit Committee that their Head of Internal Audit Opinion based on the work carried out in the year was likely to be reasonable assurance that there were adequate and effective management and internal control processes to manage the achievement of the Trust's objectives. This assessment is in line with the progress reports IA have presented and we have reviewed throughout the audit. A final opinion is expected to be presented to the Board in June 2025. An Annual Counter Fraud Report is shared with the Audit Committee on an annual basis and allows them to consider the work completed by the Trust's LCFSs.

Performance Management

We have reviewed key reports issued to the Board and confirmed the Trust reports its performance in several different ways:

- a Performance Brief to each Board meeting; and
- the publication of the Annual Report and Annual Governance Statement, which are reviewed by the Audit Committee before adoption by the Board.

VFM arrangements – Governance

Overall commentary on the Governance reporting criteria - continued

The Performance Brief is structured in line with the CQC domains of safe, caring, effective, responsive and well led, with the addition of finance. Performance in each area is summarised in an assurance summary dashboard, which shows performance against target and over time, with prior year data included for comparative purposes. Key themes and actions taken are summarised in the narrative commentary supporting each of the key areas. Cross-membership to ensure all committees have members who are on more than one committee, ensures information can be triangulated with more in-depth reporting to committees.

The Business Committee oversees and gains assurance on all aspects of financial management and operational performance, including data quality, finance and performance reporting, cost improvement plans, non-clinical risks, review of operational plan and budget, tender evaluation, oversight of workforce, estates and statutory health and safety obligations and treasury management. The Committee also monitors the strategic risks assigned to it as part of the Board Assurance Framework. Our review confirms, overall, that the Trust's reports are clearly laid out and sufficiently detailed to monitor performance and corrective action is taken where required.

Conduct

We have reviewed key policies and procedures in place to maintain compliance with legislative/regulatory requirements and standards in behaviour, including conflicts of interest. These policies and procedures are subject to regular review by the Trust.

The Trust has a Conflicts of Interest Policy, and all Board members are required to declare any interest on an annual basis. Before each Board/committee meeting, the Chair reviews the papers and considers any potential conflicts of interest. At each meeting there is a standing item on the agenda for members and attendees to declare any additional interests. A gifts and hospitality register are maintained by the Company Secretary.

We reviewed the declarations of interest during the financial statements audit. We have confirmed that all executive and non-executive declared interests and gifts and hospitality are published on the Trust's website. Declarations of interest are now completed through the Declare System, and we have documented the system as part of our financial statements audit.

Conclusion

We are satisfied there is not a significant weakness in the Trust's arrangements in relation to the governance reporting criteria.

VFM arrangements

Improving Economy, Efficiency and Effectiveness

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



VFM arrangements – Improving Economy, Efficiency and Effectiveness

Risks of significant weaknesses in arrangements in relation to Improving Economy, Efficiency and Effectiveness

We have identified no risks of significant weaknesses in arrangements in relation to Improving Economy, Efficiency and Effectiveness.

Overall commentary on Improving Economy, Efficiency and Effectiveness

Performance Management

The Trust has demonstrated the use of financial and performance data to support its value for money objectives, specifically in identifying and driving improvements in efficiency and service delivery. While the costing of community services is still developing across the NHS, there is evidence of structured approach to service delivery and financial performance analysis.

The Trust prepares and analyses Patient Level Information and Costing Systems (PLICS) data regularly with this information being reported to the Business Committee and used to assess service efficiency. Going forward the Trust intends to strengthen its approach to use of PLICS, including enhancing clinical engagement and utilisation of outputs with the aim of using the data to support optimisation of resource allocation.

The Trust is an active member of the NHS Benchmarking Club and participates in the annual corporate benchmarking exercise. The outcome of the Corporate Benchmarking exercise completed during July 2024 was submitted to the Business Committee in October 2024. This exercise involved comparing corporate service data with that of peer Community Trusts to identify areas of variation and potential learning. Our review indicates that the report provides the Business Committee with relevant comparative data and analysis to support strategic decision-making. The Trust demonstrated their proactive approach to improving efficiencies from the benchmarking and focusing the Quality & Value programme on service areas highlighted as having greater scope for efficiency improvements.

The Trust operates a tight control process around financial decision making, with scrutiny and approval by the Leadership Team of new areas of expenditure. Furthermore, the Trust has undertaken a self-assessment using the PwC efficiency checklist to evaluate its operations and highlight efficiency opportunities.

To support continuous improvement, the Trust has embedded a structured approach to project delivery through the Business Change and Development Service (BCDS). BCDS team supports business units with redesign and transformation initiatives aligned to board level priorities. The Quality and Value framework was independently reviewed by the Internal Audit team during 2024/25 and received a significant assurance rating supporting its robustness and effectiveness.

The Trust has received national capital funding to take forward several digital projects in 2024/25. We reviewed the Business Case for the Digital, Data and Technology project presented to the Business Committee in September 2024. The business case provides a structured framework for delivery, outlining how the investment will support Trust-wide transformation and align with strategic priorities. It sets direction for key enabling functions — such as Business Intelligence, Clinical Systems, IT, and Information Governance (including Cyber Security) — and aims to influence and respond to operational and clinical plans across business units.

The Trust adopts a triangulated approach to managing service performance by combining financial data, operational metrics, and quality indicators to provide a comprehensive and balanced view of delivery across key services. This enables the Trust to evaluate effectiveness, identify areas for improvement, and ensure resources are being used efficiently. Regular Performance Briefs are submitted to the Trust Board, presenting detailed dashboards and narrative reports that assess progress across six core domains: Safe, Caring, Responsive, Effective, Well-Led, and Finance. These reports highlight services performing well, areas undergoing improvement work, and flag early warning signs of declining performance. Our review confirms that the reports are sufficiently detailed to enable robust scrutiny. Published Board minutes provide evidence of active engagement and challenge from non-executive directors, particularly around costs, performance and service delivery.

VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria - continued

The Trust has developed its own performance information portal (PIP) to provide managers with information in relation to mandated performance measures and service specific indicators. The system brings together performance data from a range of sources into overall Trust wide reports that can be drilled down to business unit/service level. Review of example PIP information shows a wide range of metrics are collated monthly, these are consolidated into an overall heatmap showing areas of strong, moderate and weak performance at a glance. Output and dashboards from PIP feed into reports to committees and Trust Board and are used at business unit level performance panels to hold operational managers to account.

We have read and reviewed the Trust's Annual Report that provides evidence that the Trust has established arrangements to support the delivery of value for money. It demonstrates performance against key financial indicators and outlines governance processes for evaluating and reporting performance. The inclusion of data quality assurance mechanisms suggests that the Trust is taking steps to ensure the reliability of the information used for decision-making.

Partnership Working

The Trust has established a structured and considered approach to partnership working, aligned with its strategic vision of delivering high-quality care with communities. This is evident through its engagement in multiple significant partnerships, including collaborations for dental service across West Yorkshire, sexual health services with Leeds Teaching Hospitals NHS Trust, and youth justice health services with South West Yorkshire Partnership NHS FT. The presence of an internally developed partnership governance framework demonstrates a systematic process to assessing risks, roles and responsibilities prior to and during partnership engagement. We reviewed board reports, partnership board minutes and the operational plan which indicates that the Trust has mechanisms in place to ensure that services delivered in collaboration with partners are tied to its broader objectives and are subject to oversight through formal governance structures.

An example highlighting the continued success of the Trust's collaborative approach in improving health outcomes is the Leeds Mental Wellbeing Service (LMWS). This is a large and complex partnership of a number of local third sector providers, GP Confederation, Leeds & York Partnership NHS FT, and private digital providers. The partnership is currently supporting commissioners in reviewing the contract specification, with the aim of separating out the Improving Access to Psychological Therapies (IAPT) and Primary Care Mental Health (PCMH) services so that some PCMH components can become part of the Community Mental Health Transformation (CMHT). The CMHT work is aimed at reshaping the care offer for the adult serious mental illness population, with more joined up and holistic care, more timely interventions and attention to the wider determinants on people's mental health and recovery.

The LMWS Board minutes show updates on previous actions, discussion around national and regional updates, review of the plan, workstream updates and updates on crosscutting issues e.g. finance, IT etc, with actions taken forward to future meetings.

There is evidence of financial performance monitoring through the Business Committee, as well as the use of dedicated partnership boards, demonstrating active oversight of service delivery. The redesign of the sexual health service model further suggests the Trust is open to operational improvements.

The successful redesign of the sexual health service model illustrates the Trust's effective partnership working to drive operational improvements. This is underpinned by a formal partnership agreement between the Trust and Leeds Teaching Hospitals NHS Trust and Leeds GP Confederation where the Trust acts as a Lead Provider for the Leeds Sexual Health Services. These efforts are complemented by financial performance monitoring through the Business Committee and active involvement of dedicated partnership boards, demonstrating robust oversight and collaboration.

VFM arrangements – Improving Economy, Efficiency and Effectiveness

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria - continued

Effectiveness is supported by the alignment between the Trust's partnership work and its strategic priorities with evidence suggesting that partnership arrangements are designed to enhance service coverage and outcomes. Internal audit coverage of the board assurance framework provides assurance over the governance of these arrangements. The partnerships have separate management boards with representatives from all partners; these meet routinely throughout the year to discuss and agree operational and strategic matters. The Trust participates in joint procurement and shared service models where this will lead to improvements in service or financial performance, and a recent example is dental services across West Yorkshire.

The NHS finance regime means that financial performance is measured at an ICS level and the organisations of the West Yorkshire ICS have collective performance targets. This shared responsibility is discharged through timely and transparent sharing of data, regular Director of Finance Forum meetings and joint meetings to develop a consensus on approach and risk mitigation across the ICS. This is an example of how the Leeds organisations are working together at an ICS level.

Other examples of partnership working include the Trust being part of the West Yorkshire and Harrogate Health Care Partnership to design and deliver region-wide services such as cancer care. Being a founding partner of the Leeds Academic Health Partnership, comprising all of the city's NHS organisations, three universities and Leeds City Council, as well as regional and third sector members. The partnership works to solve some of the city's hardest health and care challenges, by uniting academic strengths with those of the health and care system and industry partners to accelerate the adoption of innovation. Also, forging a formal partnership with Leeds City Council through an Alliance Board designed to develop new integrated systems of working between the Trust, the Council and the social care providers it commissions.

Procurement

The Trust's processes for procurement of goods and services are governed by standing orders, standing financial instructions, the scheme of delegation and relevant policies and procedures. A six-monthly report on procurement is presented to the Business Committee. The Trust is a member of the North of England Commercial Procurement Collaboration (NoECPC) using it for expert advice and procurement frameworks, as well as having a service level agreement in place for transactional procurement services and advice from Leeds and York Partnership NHS Foundation Trust.

Our attendance at the Audit Committee confirms it receives regular reports on any breaches of Standing Orders/Standing Financial Instructions and Single Tender Waivers to assure the Board that the Trust is working in accordance with relevant legislation, professional standards and internal policies. Sufficient information is provided to enable an adequate level of review, and we have observed an appropriate level of challenge from Committee members through the year.

Conclusion

We are satisfied there is not a significant weakness in the Trust's arrangements in relation to the economy, efficiency and effectiveness reporting criteria.

Other reporting responsibilities and our fees

Other reporting responsibilities and our fees

Wider reporting responsibilities

Statutory recommendations and public interest reports

Under section 7 of the Local Audit and Accountability Act 2014, auditors of an NHS body can make written recommendation to the audited bodies. Auditors also have the power to make a report if they consider a matter is sufficiently important to be brought to the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not issue any statutory recommendations or exercised our power to make a report in the public interest during 2024/25.

Section 30 referrals

Under Section 30 of the Local Audit and Accountability Act 2014, auditors of an NHS body have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be referred to the Secretary of State, and/or relevant NHS regulatory body as appropriate.

We have not issued a Section 30 referral to the Secretary of State.

Reporting to the group auditor

Whole of Government Accounts (WGA)

The Trust is consolidated into Trust: Consolidated NHS Provider Account which is then consolidated into the Department of Health and Social Care (DHSC) group. The National Audit Office (NAO), as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. The NAO did not include the Trust in its sample of component bodies for the purpose of its audit of the DHSC group.

We reported to the NAO that consolidation data was consistent with the audited financial statements. We also reported to the NAO in line with its group audit instructions.

When we signed the audit report we had not received confirmation from the NAO that their group audit (Department of Health & Social Care for NHS and Whole of Government Accounts for non-NHS) had been completed. Consequently, the NAO had not confirmed they required no further work to be undertaken meaning we could not confirm we have discharged our duties in relation to consolidation returns under paragraph 2.11 of the Code of Audit Practice. We can only issue our audit certificate when such confirmation is received from the NAO.

Fees for our work as the Trust’s auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Audit Committee in April 2025. Having completed our work for the 2024/25 financial year, we can confirm that our fees are as follows:

Area of work	2024/25 fees	2023/24 fees
Code of Audit Work	£90,000	£70,000
Total Fees	£90,000	£70,000

Appendices

A - Further information on our audit of the financial statements

Appendix A: Further information on our audit of the financial statements

Significant risks and audit findings

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
Significant Risk 1 - Management Override of Controls This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur. Management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur there is a risk of material misstatement due to fraud on all audits.	How we addressed this risk We addressed this risk through performing audit work over: <ul style="list-style-type: none">• Accounting estimates impacting amounts included in the financial statements;• Consideration of identified significant transactions outside the normal course of business; and• Journals recorded in the general ledger and other adjustments made in preparation of the financial statements. Conclusion We had no significant matters to report in respect of management override of controls.
Significant Risk 2 – Risk of Fraud in Revenue Recognition The risk of fraud in revenue recognition is presumed to be a significant risk on all audits due to the potential to inappropriately shift the timing and basis of revenue recognition as well as the potential to record fictitious revenues or fail to record actual revenues. For the Trust we deem the risk to relate specifically to the recognition of income around year end (revenue cut off) and year end receivables.	How we addressed this risk We evaluated the design and implementation of controls the Trust has in place which mitigate the risk of income being recognised in the wrong year. In addition, we undertook a range of substantive procedures including: <ul style="list-style-type: none">• Testing receipts in the pre and post year end period to ensure they have been recognised in the correct year;• Testing year end receivables to ensure they exist and are recorded at the correct value. Conclusion We had no significant matters to report in respect of the risk of fraud in revenue recognition.
Significant Risk 3 – Risk of Fraud in Expenditure Recognition The risk of fraud in expenditure recognition is a significant risk due to the potential to inappropriately shift the timing and basis of expenditure recognition as well as the potential to record fictitious expenditure or fail to record actual expenditure. For the Trust we deem this risk to relate specifically to the recognition of expenditure around the year end (expenditure cut-off) and year end accruals.	How we addressed this risk We evaluated the design and implementation of the controls the Trust has in place which mitigate the risk of expenditure being recognised in the wrong year. In addition, we undertook a range of substantive procedures including: <ul style="list-style-type: none">• Testing payments in the pre and post year end period to ensure they have been recognised in the correct year;• Testing year end accruals to confirm they are complete and are recorded at the correct value;• Testing to identify potential unrecorded liabilities. Conclusion We had no significant matters to report in respect of the risk of fraud in expenditure recognition.

Appendix A: Further information on our audit of the financial statements

Significant risks and audit findings

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
<p>Significant Risk 4 – Valuation of Property, Plant and Equipment</p> <p>Management engages the District Valuer as an expert to assist in determining the fair value of land and buildings to be included in the financial statements. Changes in the value of land and buildings, including the use of modern equivalent valuation, may impact on the Statement of Comprehensive Income depending on the circumstances and the specific accounting requirements of the Group Accounting Manual. We consider there to be a significant risk of material misstatement in relation to the valuation of the Trust's land and buildings as a result of the:</p> <ul style="list-style-type: none">•High degree of estimation uncertainty associated with the valuations;•Level of judgement applied by management and the valuer in estimating current values; and•Extent to which the valuations are reliant on complete and accurate source data on individual assets being provided to the valuer.	<p>How we addressed this risk</p> <p>We undertook a range of substantive procedures including;</p> <ul style="list-style-type: none">• Liaising with management to update our understanding of the approach taken by the Trust in obtaining valuations;• Assessing the scope and terms of engagement of management's valuation expert and the competence, skills and objectivity thereof;• Obtaining an updated understanding of the basis of valuation applied by the valuer in the year. This included understanding and challenging the methodology applied to estimate the gross replacement cost of the Trust's operational land and buildings on a modern equivalent asset basis;• Sample testing the completeness and accuracy of underlying data provided by the Trust and used by the valuer as part of their valuations;• Considering the reasonableness of the valuation by comparing the valuation output with market intelligence and challenging the Trust and the valuer. <p>Conclusion</p> <p>We had no significant matters to report in respect of the valuation of property, plant and equipment.</p>

Appendix A: Further information on our audit of the financial statements

Internal control recommendations

We raised one recommendation to improve the Trust's internal control environment in 2024/25.
This was accepted by the Trust's management.

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