NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

April 2025

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for April 2025.

The format of the report has been changed slightly to align with the focus of Trust board. In months where the report is not included on the Trust board agenda (Strategy focus) or has a shorter time allocation (Risk focus) a more data focussed report with key headlines will be produced. For Performance focus months, this will be a full report including supporting narrative and we will continue to develop more in depth analysis over the year.

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:

- Headlines
- Executive summary
- Quality and Safety
- People
- National metrics
- Care groups including ward level detail
- Finance

The Trust has recently undertaken a refresh of its Strategy and as a result has identified three new strategic aims: We will live our values, We will be the best we can be, We will be ambitious. Our Integrated Performance Report (IPR) provides a comprehensive view of Trust performance against our targets. We have mapped this performance information against the new strategic aims, values and best statements so that it is easy to see how the performance data links to the delivery of the strategy. Mapping of metrics included in the integrated performance report against the new strategic objectives has been undertaken and a new column added to dashboards to display this. A separate report will be provided to board with a specific focus on delivery of the Strategy. We have also mapped the metrics included in this report against the Care Quality Commission domains and this can also be seen in the addition of a column to each of the dashboards.

An exercise has been undertaken to review all metrics and thresholds to ensure they meet the requirements and priorities for 2025/26 and the report has been updated to reflect this. In particular, the national metrics section includes metrics contained within the NHS England oversight framework, operational planning guidance for 2025/26 and NHS standard contract items for 2024/25 - this will be updated once contracts for 2025/26 have been agreed. On 1st October 2024 the Trust acquired Cheswold Park Hospital, which is a 112-bed low and medium secure mental health hospital based in Doncaster, providing services to male and female patients with a diagnosis of mental illness, personality disorder or neurodevelopmental disorders. Cheswold Park provides services to patients from South Yorkshire Adult Secure Provider Collaborative and placements for patients who may be from out of the area and need the specific treatment pathways the hospital provides. Over the last six months the Trust has been undertaking an integration programme to embed Cheswold Park Hospital Services into the Trust and reporting systems. We expect this project to be complete by the end of quarter two and as data becomes available within Trustwide systems, this will be included in the main report during this transition period, any metrics not yet available will be reported separately in the appendix for Cheswold Park Hospital. In next months report we will be adding an equalities, diversity and involvement section, this will be linked to the Trust's equality, diversity and inclusion strategy and will include a number of metrics to evidence our progress towards delivering more responsive and equitable services for our communities and will guide us to being an inclusive employer where everyone can be themselves and feel valued for their contribution.

Our Integrated Performance Report is publicly available on the internet.

Headlines

This section of the report identifies metrics where there has been a change in performance or where expected levels are not being achieved. A hyperlink has been added to each section so the reader can look at the detail relating to the metrics in that section in the main body of the report as required.

Quality and Safety

Metric	Change from last month	Variation/ Assurance
Complaints - Number of responses provided within six months of the date a complaint received	↑	
Friends and Family Test - Community	↑	
% service users clinically ready for discharge	↓	
Number of Information Governance breaches	↓	
% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	↓	
% with care plan that includes service user input/views		New metric from April 25
% inpatient care plans commenced within 24hrs before or after admission		New metric from April 25
% inpatient risk assessment completed within 24hrs before or after admission		New metric from April 25
% on community active caseload at month end with a risk assessment which has been reviewed within the last year		New metric from April 25

Finance

Surplus/(deficit) against plan (monthly)	↑	
Bank spend		New metric from April 25
Financial sustainability and efficiencies		New metric from April 25

People

Metric	Change from last month	Variation/ Assurance
Registered workforce growth	↓	
Appraisals - rolling 12 months	↑	
Mandatory training - Information governance (IG)	↑	
Sickness absence - YTD	↑	
Sickness absence - in month	↑	
Mandatory training - Cardiopulmonary resuscitation	↑	
Sickness Mandatory training - Reducing restrictive practice interventions (RRPI)	↑	

National metrics

Metric	Change from last month	Variation/ Assurance
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	↑	
Total number of Children and Younger People under 18 in adult inpatient wards	↑	
Total bed days of Children and Younger People under 18 in adult inpatient wards	↑	
Maximum 6 week wait for diagnostic procedures	↓	
Diagnostic test activity		New metric from April 25
Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over		New metric from April 25
RTT waiting list within 18 weeks, of which children aged 18 years and under (WLMDS)		New metric from April 25
RTT waiting list, of which children aged 18 years and under (WLMDS)		New metric from April 25
Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months - Kirklees		New metric from April 25
Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months - Wakefield		New metric from April 25

Care Groups

Children and Young Peoples Mental Health Services (CAMHS)

Metric	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
Reducing restrictive physical interventions training compliance	↑	
Cardiopulmonary resuscitation (CPR) training compliance	↑	
Information Governance training compliance	↑	
% of feedback with staff values and behaviours as an issue	↔	

Mental Health Community

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
Information Governance training compliance	↑	
Cardiopulmonary resuscitation (CPR) training compliance	↓	
Reducing restrictive physical interventions training compliance	↑	
% on community active caseload at month end with a risk assessment which has been reviewed within the		New metric from April 25
Referral to assessment within 2 weeks (external referrals)	↓	

Mental Health Inpatient

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% of clients clinically ready for discharge	↓	
Sickness rate (monthly)	↓	
% Bed occupancy	↓	
Information Governance training compliance	↑	
% of feedback with staff values and behaviours as an issue	↑	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year		New metric from April 25

LD, ADHD & ASD

Metrics	Change from last month	Variation/ Assurance
% of staff receiving supervision within policy guidance	↓	
% of clients clinically ready for discharge	↓	
Information Governance training compliance	↑	
Sickness rate (Monthly)	↓	

Forensic - Wakefield

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
Information Governance (IG) training compliance	↑	
Sickness rate (Monthly)	↓	
% inpatient risk assessment completed within 24hrs before or after admission		New metric from April 25
% on community active caseload at month end with a risk assessment which has been reviewed within the last year		New metric from April 25
Cardiopulmonary resuscitation (CPR) training compliance	↓	

Forensic - Cheswold Park

Metrics	Change from last month	Variation/ Assurance
% Bed occupancy		New metric from April 25
% of feedback with staff values and behaviours as an issue	↓	
% inpatient risk assessment completed within 24hrs before or after admission		New metric from April 25
Information Governance (IG) training compliance	↑	

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
Information Governance (IG) training compliance	↑	
% of staff receiving supervision within policy guidance	↓	
% of feedback with staff values and behaviours as an issue	↑	

Key

Improvement from last month but up to 5% below threshold	
No change from last month and up to 5% below threshold	
Deterioration from last month and up to 5% below threshold	
Improvement from last month and below threshold	
No change from last month and below threshold	
Deterioration from last month and below threshold	
Achievement of threshold and increased performance from last month.	
No change from last month and achieving threshold	
Achievement of threshold but decreased performance from last month.	

	Variation Icons The icon which represents the last data point on an SPC chart is displayed.						Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
SIMPLE ICON	• • •	• ? H L •	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some	Your aim is low numbers and you have some	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation	The system will consistently achieve the target/expectation
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

This section has been developed to give an overview of key headlines for each section of the report. More detail is included in the relevant sections of the Integrated Performance Report.

Quality & Safety

• The Trust had 38 violence and aggression incidents against staff on mental health wards involving race during April which is an increase on the previous month – this data now includes Cheswold Park hospital. 16 incidents related to 6 Forensics wards in Wakefield with the majority of incidents occurring on Newhaven (8). 18 incidents related to Mental Health inpatient wards across 11 wards/teams with the majority of incidents occurring on Poplars (4); and 4 incidents related to Cheswold Park Hospital across 2 wards/teams with the majority of incidents occurring on Wentbridge (3). We are very mindful of the personal impact this has on our colleagues. We provide support to those affected and working with other Trusts to identify other opportunities to reduce the prevalence of these incidents.

• The total number of incidents in month increased to 1442 in April 2025, this now includes incidents which relate to Cheswold Park Hospital which were reported separately prior to April. Breakdown of this data can be seen in the Care Group dashboard, and the numbers reported suggest data is in line with the number of incidents reported in previous months and continue to be subject to review by the patient safety team with relevant governance within the care groups.

• 95% of incidents reported in April 2025 resulted in no or low harm or were not under the care of the Trust, an overview of key indicators is below:

o 1 incident unfortunately related to a patient death which was sadly of a service user known to mental health community services. Condolences have been passed to the family and investigation and learning will be undertaken.

o The number of restraint incidents decreased from 177 reported in March to 159 – this now includes data for Cheswold Park Hospital. Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month remain within expected range – all incidents are reviewed, and learning is shared.

o The number of prone restraints during the month was 8. The use of prone has been reducing and focus is being applied to situations where prone is used with the aim of reducing further. The incidents reported this month were mostly attributed to our psychiatric intensive care units. The ward staff have had dedicated training throughout the month of April. Reducing restrictive practice intervention training from the 1st April teaches all new starters and refresher training to exit seclusion and administer intramuscular medication without using prone restraint.

• There were 13 information governance personal data breaches during April. Two amber incidents were reported. One concern related to patient information being shared with an unauthorised party, against the stated wishes of the service user, and this has subsequently been reported to the Information Commissioner's Office. The other concern related to an excessive disclosure of information to a third party: on investigation this has been downgraded to yellow as, although an error was made by the Trust, another organisation is responsible for the harm reported by the service user.

The monthly average number of breaches for the 2024/25 financial year was 9.4, which is lower than the past three financial years, which were all 11.4.

The highest reported category continues to be information being disclosed in error. These incidents were spread across the Trust with no significant hotspots being identified. Learning from incidents is shared across all departments.

• The number of inpatient falls reported during April 2025 increased to 63. We actively risk assess those service users who are at high risk of falling and implement care plans. All falls' incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required.

• The number of responses provided within six months of the date a complaint is under the national threshold of 100%, this relates to two complaints out of sixteen not receiving a response within six months (88%). Response times for complaints are more consistent and we are also monitoring the average number of days it takes for a complaint to be signed off.

• The Trust continues to work to improve the recording and collection of protected characteristics across all services in order to improve our service provision and experience of it. There is one national indicator which is for ethnicity, the Trust is achieving 95.2% against a target of 90%. Disability recording was at 50.9%, sexual orientation 55.5% and postcode at 99.6%. Work continues to ensure data capture will be extended to all services.

• Key to improvement in addressing inequalities is the refresh of our Equality Diversity and Inclusion strategy, from this we will have very clear priorities on our areas of focus to tackle health inequalities.

• Risk assessments and care plans - The new care plan metrics for community are now capturing the whole community caseload rather than only individuals on CPA. The care group are working with the performance and business intelligence team to ensure the metric reflects practice. Clinical staff are adapting to the new requirements of where and how to record items adversely impacting on the overall compliance

• All areas are focussing on continuing to improve performance for risk assessments. Staying Safe plans are now captured as part of the My Care and Safety Plan, rather than the FIRM risk assessment, following the changes to care plans that went live on 6th January. The Staying Safe percentage compliance for inpatient services is significantly impacted due to the relatively small number of admissions and April's compliance is impacted further by ward teams adjusting to the new layout and format of care plans. There is a high level of scrutiny when a staying safe care plan is not completed within 24 hours. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. The go live of the new mental health care plan has negatively impacted on this metric reporting, in part due to clinical staff adapting to the new requirements of where and how to record items measured in the metric, and some changes to CPA recording.

Care Groups

• Children's neurodevelopment waits remain a major issue given the exponential growth in demand in recent years, which has been further compounded by vacancies in the team. There is an offer in place to support children and families whilst waiting. The neuro services across both Calderdale and Kirklees continue to see an increase in demand and had 33% more people waiting for initial assessment at the end of March 2025 (2906) compared to March 2024 (2191). Close work with commissioners is underway across the Place.

• Improvement work on waiting list times in community learning disability services has led to an overall improvement against the 18 weeks standard and for the month of April 91.2% against a target of 90% was achieved. This has shown a sustained improvement over the last 8 months, which has now moved to business as usual.

• The number of out of area bed placements remains amongst the lowest in the North-East, Yorkshire and Humber region. The benefits of providing care close to home are very evident. This can have an impact on our inpatient staffing costs given the high occupancy on many wards, and we are evaluating any unintended risks as a result of focus on maintaining local care.

• Child and adolescent mental health services (CAMHS) continue to prioritise children with high levels of need and if a child's needs escalate whilst they are waiting for a service, the service provides additional support during the waiting period. For service users waiting for a first appointment at the end of April, 73% of those waiting had been waiting for a period of 18 weeks or less. This excludes waits for autistic spectrum disorder waits and neurodevelopmental teams which are reported separately. The average wait for neuro development assessment is 806 days in Kirklees and 341 in Calderdale. Neuro-development waits for children remain a concern and discussions continue with commissioners about how we can further strengthen the offer to reduce any impact on those who require assessment or support.

• Adult Attention Deficit Hyperactivity Disorder (ADHD) and autism referrals continue to be at levels significantly higher than commissioned – cases, where agreed with commissioners, are triaged and prioritised according to need. The commissioned level for ADHD pathways in Barnsley, Wakefield and Kirklees for April is approx. 27 cases per month, the number of referrals for ADHD received in April was 298. Calderdale does not have a commissioned level of activity as per their Any Qualified Provider framework, service users are invited for assessment based on service capacity. The Services expects to be able to invite approx. 8 new people from Calderdale each month, the number of referrals received in April was 37.

As demand in all areas is significantly more than capacity, this leads to lengthy waits. As demand is significant the care remains with the referrer until accepted by the service. This leads to lengthy waits. Work is taking place with commissioners regarding use of a triage approach.

• Mental health acute wards have continued to manage high levels of acuity, increased levels of risk to self and others, which requires an increase in observations. Further work is being carried out to understand how inefficiencies can be reduced to release time for nursing staff to care. Continued high occupancy levels contribute to increased acuity as more people with high levels of complex needs are admitted. Capacity to meet demand for beds remains challenging and is placing significant pressure on patient flow, Intensive Home-Based Treatment Teams, community teams and wards. This links to the work referenced above.

• Workforce challenges have led to continued use of temporary staffing, primarily bank. Throughout April acute wards have worked above establishment. This is closely monitored by senior managers on a daily basis with action plans to address.

• Work to maintain effective patient flow continues, with the use of out of area beds being closely managed. The situation has become more challenging and the pressure to meet the demand for admissions in a timely way has intensified. The impact of reduced usage of out of area beds on inpatient wards, Intensive Home-Based Treatment Teams, and community teams is triangulated and monitored.

• Single point of access continue to prioritise risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment remains at risk of being delayed in all areas. The access standard for assessed within 14 days of referral has been met in Barnsley and Wakefield. There have been challenges with admin vacancies in Calderdale & Kirklees SPA and there has been work focussing on assessing individuals waiting longer than 14 days which have both impacted on performance.

• A focus on patients clinically ready for discharge is taking place across mental health and learning disabilities. Particular challenges are those associated to specialist placements. Hotspot areas include learning disabilities, adult and older peoples wards and psychiatric intensive care unit (PICU). A review of clinically ready for discharge for Forensic services is also taking place. Further detail can be seen in the care group section of the report.

• In our Forensic services, there has been a continued focus on repatriating and admitting patients which has led to an overall increase in occupancy compared to early last financial year.

People

• Overall sickness absence remains low for April 2025 at 4.7%. Although sickness rates are similar to this period last year we have seen a reduction in long-term sickness and a slight increase in short-term sickness.

• Appraisal compliance continues to improve at 87.1%. An improvement trajectory has been set with 90% being expected to be reached by end June 2025.

• Our 12-month turnover rate in April has increased to 9.4%. This is still a lower level than we have seen in previous years but we have seen a month on month increase for the past 3 months. A low turnover rate for the Trust means that more skills and experience have been retained, staff are working in substantive teams, and more service users will receive consistent care from staff that know them. Staffing establishments for mental health have been agreed therefore recruitment has commenced which will improve consistency of care and reduce the requirement for high use of temporary staffing in time. The establishment review for Forensics is taking place and will be completed by the end of May, however, they are recruiting to current vacancies to improve establishment and reduce reliance on bank.

• In April, we had 21 new starters and 42 leavers. We continue to see a downward trend in number of starters which suggests the additional controls put in place are taking effect. However, we have seen a slight growth in registered workforce during the month of 0.1% - we are monitoring this against a forecast 2% reduction expected to be achieved by end of March 2026.

• Our overall mandatory training compliance remains above threshold, with the majority of training areas sustaining performance. There are however issues in Information governance training compliance which remains under the 95% threshold but has seen an improvement compared to last month. Dedicated focus on non-compliance is taking place to ensure the Trust can meet its 95% target in readiness for our annual data security and protection toolkit submission.

National Indicators

The Trust continues to perform well against the majority of national metrics. The following should be noted:

• Work to maintain effective patient flow continues and use of out of area bed days remains lower than previous years, usage in March was 144 days (typically five people). The need for these beds mainly relates to the requirement for gender specific psychiatric intensive care (not commissioned locally). The situation has become more challenging and the pressure to meet the demand for admissions in a timely way has intensified. The impact of reduced usage of out of area beds on inpatient wards, Intensive Home-Based Treatment Teams, and community teams is triangulated and monitored. The team are reviewing those clinically ready for discharge and working with partners to improve quicker discharges and actions. The team have been successful in the application of the national project of patient flow from emergency departments to mental health which will also include local partners to support discharge from mental health beds.

• It is important that hearing loss is identified quickly to support a child's development including their language skills and cognitive pathways. Ongoing development work is taking place to meet increases in demand. Regarding the 6 weeks to a diagnostic appointment target 117 out of 183 children (63.9%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in April, this is a deterioration in performance compared to March (80.7%). Some of this can be attributed to the Easter break which impacts the number of clinics that take place; increased clinics across the eight days available was not possible due to the suite already being booked to capacity. This is being achieved via the use of agency staff which has an impact on our financial position and reported agency expenditure. Recruitment has taken place therefore a trajectory for reduction of agency staff will coincide with start date.

• Children & Younger People with eating disorder - % routine cases accessing treatment within 4 weeks remains below the national threshold of 95%. This relates to 10 service users, 9 of which were on the ARFID (Avoidant/Restrictive Food Intake Disorder) pathway. The appropriateness of including these cases is being explored with NHS England. The urgent access to treatment measure is 100% in April, which is above the 95% threshold.

Finance

• The financial performance for April 2025, as the first month of the financial year, is a deficit of £0.9m. This is £0.1m (16%) worse than plan but to ensure delivery of the breakeven financial target actions to improve the run rate are required. This improvement was included within the profile of the annual plan.

•The Trust agency expenditure plan included a reduction in line with planning guidance. In April expenditure (£0.4m) is less than plan and this is forecast to continue.

• The Trust bank expenditure plan also included a reduction in line with planning guidance. The plan value has been exceeded in April with spend of £2.2m. This is £0.6m more than plan and, due to the scale of the variance, will require significant reductions to bring run rate back in line with plan. The impact of actions taken will continue to be assessed.

• National guidance, and as part of the Trust Value for Money programme, identified corporate expenditure as a key performance indicator. This value is total corporate expenditure with the RAG rating as a comparison against plan following budgetary reductions. In April spend is £0.3m less than planned.

• Recorded efficiencies in April 2025 are £465k behind plan. This is mainly due to workforce drivers with more staff utilised, and additionally more bank staff utilised, than planned. This remains forecast to deliver in full as part of supporting delivery of the overall financial position.

• Cash remains strong for an NHS Trust but is lower than historical balances. Cash is higher than plan in April and work continues to ensure this is maximised primarily from the timely recovery of agreed income.

• The Trust capital programme is focussed on the older people transformation scheme. We have, however, been successful in securing a number of additional grants. These are profiled to commence later in the financial year.

• Performance against the better payment practice code continues to remain strong and we report above the target of 95% of all valid invoices have been paid within 30 days of receipt.

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Feb-25	Mar-25	Apr-25	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Best Quality	Responsive	TBC	76.4%	75.9%	73.0%	N/A
Complaints	% of feedback with staff values and behaviours as an issue [12]	Best Quality	Caring	< 20%	19% (5/27)	20% (4/20)	6% (2/32)	1
	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	96.8	93.8	85.6	N/A
	Complaints - Number of responses provided within six months of the date a complaint received [16]	Best Quality	Well led	100%	84% (16/19)	88% (14/16)	88% (14/16)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	92%	91%	95%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	97%	93%	96%	1
Quality	Number of compliments received	Best Quality	Caring	N/A	30	46	25	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Best Quality	Safe	Trend monitor	10	12	8	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Best Quality	Safe	Trend monitor	0	0	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	Best Quality	Safe	0	0	0	0	1
	Number of Information Governance breaches [3]	Best Quality	Well led	<12	12	11	13	2
	% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	5.2%	6.0%	5.9%	3
	Total number of reported incidents [18] *	Best Quality	Safe	Trend monitor	1159	1283	1442	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	33	28	38	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	2	5	1	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	1	1	1	
	Safer staff fill rates *	Best Quality	Safe	90%	132.8%	128.7%	123.0%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	103.0%	101.1%	100.3%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Best Quality	Safe	Trend monitor	36	34	37	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	Best Quality	Safe	0	0	0	0	0
	Eliminating Mixed Sex Accommodation Breaches	Best Quality	Safe	0	0	0	0	1
	Number of Falls (inpatients) *	Best Quality	Safe	Trend monitor	49	44	63	
	Number of restraint incidents *	Best Quality	Safe	Trend monitor	184	177	159	
	% of staff receiving supervision within policy guidance [15]	Best place to work and learn	Well led	80%	85.7%	85.0%	83.1%	1
	Potential under-reporting of patient safety incidents	Best Quality	Safe					
	% people dying in a place of their choosing [14]	Person first and in the centre	Responsive	80%	93.5%	96.2%	89.7%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	15	13	6	N/A
	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	Best Quality	Effective	55%	Q3 - 71.6%			
	Number of violence and aggression incidents against staff on mental health wards involving race *	Best place to work and learn	Safe	Trend Monitor	15	25	38	N/A
	Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Best Quality	Safe	0	10		Due July 2025	
	Estates Urgent Response Times - Service level agreement (SLA)	Best Quality	Well led	95%	95.8%	96.7%	95.4%	
	Compliance with statutory requirements (Water, Gas, Electricity, Refrigeration, Pressure, Loler and Asbestos)	Best Quality	Well led	100%	100.0%	100.0%	100.0%	
	% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	Best Quality	Well led	100%	100.0%	100.0%	77.8%	
	Percentage of service users who have had their equality data recorded - ethnicity	Best Quality	Responsive	90%	96.6%	96.4%	95.2%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	53.3%	52.0%	50.9%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	58.3%	57.0%	55.5%	
	Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.5%	99.5%	99.6%	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Feb-25	Mar-25	Apr-25	Year End Forecast*
	Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	Best Quality	Responsive	Service timely completion - 75% Policy - 95%	95.6% Service 99.5% Policy	94.9% Service 100% Policy	100% Service 100% Policy	
	% on community active caseload at month end with a care plan which has been reviewed within the last year	Person first and in the centre	Caring	95%	Reporting commenced April 2025		64.8%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring	95%			49.8%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring	95%			86.2%	
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%			75.7%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%			84.2%	
	Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	Best Quality	Safe	April and May – 12 June and July – 10 August and September – 8 October and November – 6 December and January – 4 February and March – 2 April 2026 onwards – 0			8	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor			125	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor			4525	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Person first and in the centre	Safe	6	0	0	0	1
	C Diff avoidable cases	Person first and in the centre	Safe	0	0	0	0	1
	E. Coli bloodstream infection rate	Person first and in the centre	Safe	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Person first and in the centre	Safe	0	0	0	0	
Improving Resource	NHS England Systems Oversight framework segmentation	All	Well led	2	2	2	2	
	Overall CQC rating	All	Well led		Good			
	CQC well - led rating	All	Well led		Good			

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Feb-25	Mar-25	Apr-25	Year End Forecast*

1 - Number of pressure ulcers which developed under SWYPFT care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 – Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The Information Governance breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
4 - Notifiable Safety Incidents are where Duty of Candour is applicable.
5 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Excludes autistic spectrum disorder waits and neurodevelopmental teams.
8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
9 - Patient safety incidents resulting in death (subject to change as more information comes available). All incident data is reviewed using SPC charts to identify any special cause variation, if this occurs this will be reported by exception. Otherwise reporting rates remain within normal variation.
11 - Number of records with up to date risk assessment - 'Older people and working age adult inpatients' - we are counting how many staying safe care plans were completed within 24 hours and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point.
12 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return. Please note, the wording of this metric has changed from the November 24 report to align with wording used in the national reporting. This relates to complaints received during the month and until investigation process is complete, this may result in not all of those being upheld.
14 - This metric relates to the Macmillan service, end of life pathway.
15 - % of Band 4 and above clinical staff who have received supervision in the previous 90 days.
16 - Formal complaints should be responded to/closed within 6 months of the date received as is written into the NHS Complaints (England) Regulations 2009
* - includes data for Cheswold Park Hospital from April 2025.

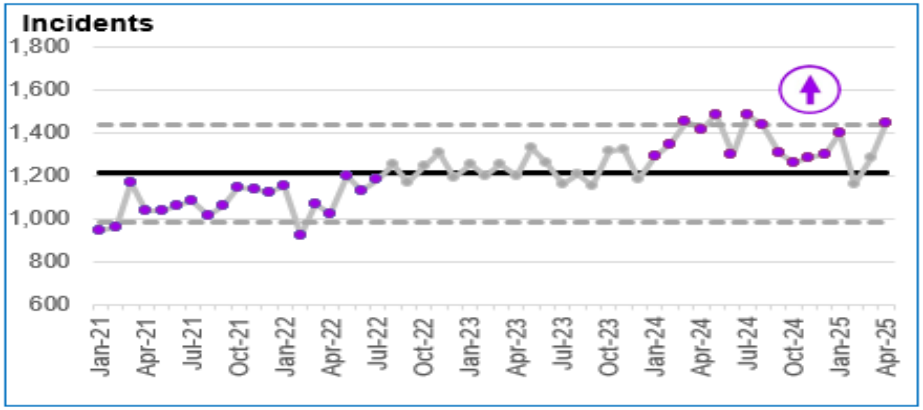
Quality & Safety Headlines

The following section provides insight into key quality issues identified in the quality dashboard for the month of April.

• Complaints - Number of responses provided within six months of the date a complaint received – reporting against this metric aligns to the NHS Complaints (England) Regulations 2009 stating that complaints should be responded to/closed within six months of the date received. The Trust is undertaking work to review the time taken for complaints to be investigated and responded to, to help understand any areas for improvement and how this can be monitored locally. Of the 16 complaints responded to during the month, 14 were undertaken within six months of the complaints being received, and the average number of working days these complaints were open was 93.8 days. Before the response is sent back to complainant, sign off is required which includes formulation of a written response and review by the customer services office manager, following a review by the Care Group trio (general manager, clinical lead and quality and governance lead), the director of service, an executive director and final sign off from the Chief Executive. Complaints vary in complexity and this is sometimes reflected in the amount of time taken to investigate and to move through the sign off process.
• The number of reported incidents - the figure for April includes 135 incidents that are attributed to Cheswold Park Hospital. There were 1307 incidents that related to incidents excluding Cheswold Park Hospital and this is in line with figures previously reported.
  o there was one severe harm incident reported during the month relating to an accidental injury to self in our Forensic Services.
  o there was also sadly, one patient that died. Condolences have been passed to the family and investigation and learning will be undertaken and disseminated as appropriate.
• The overall number of restraint incidents in April was 159 which is a reduction compared to the March figure of 177 and now also includes data for Cheswold Park Hospital. 23 of these incidents were attributed to Horizon centre and 16 to Walton Psychiatric Intensive Care Unit. The Trust's ongoing ambition is for a reduction in all restraint incidents, and reducing restrictive physical interventions training has a clear focus on interventions to prevent escalation of a situation to the point where restraint is required.
• Clinically ready for discharge (previously delayed transfers of care) - Overall Trust position for April was 5.87%, this includes data for Cheswold Park Hospital. The performance excluding Cheswold Park Hospital is 6.81% which is a further increase on last month. There are still a significant number of people who are delayed which may impact on performance in future months and further detail regarding hotspot areas can be seen in the care group and ward level sections of this report.
• Number of Falls (inpatients) - All falls incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required. In April there were 63 inpatient fall incidents which is the highest number of falls in the last 12 months with the exception of June 2024, which also reported 63 falls. Actions have been put in place to further reduce the risk. Further detail is provided in the relevant section of this report.
• % of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened) - two jobs still in progress. One of those jobs identified as low priority as related to Gaskell Ward which is closed to service users so risk minimal associated. The other job is a specialist job which can't be undertaken by the in house estates team and will be taken to the clinical safety group for further discussion and to agree a way forward.
• The new care plan metrics for community are now capturing the whole community caseload rather than only individuals on CPA. The care group are working with the performance and business intelligence team to ensure the metric reflects practice. Clinical staff are adapting to the new requirements of where and how to record items adversely impacting on the overall compliance
• All areas are focussing on continuing to improve performance for risk assessments. Staying Safe plans are now captured as part of the My Care and Safety Plan, rather than the FIRM risk assessment, following the changes to care plans that went live on 6th January. The Staying Safe percentage compliance for inpatient services is significantly impacted due to the relatively small number of admissions and April's compliance is impacted further by ward teams adjusting to the new layout and format of care plans. There is a high level of scrutiny when a staying safe care plan is not completed within 24 hours. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. The go live of the new mental health care plan has negatively impacted on this metric reporting, in part due to clinical staff adapting to the new requirements of where and how to record items measured in the metric, and some changes to CPA recording.

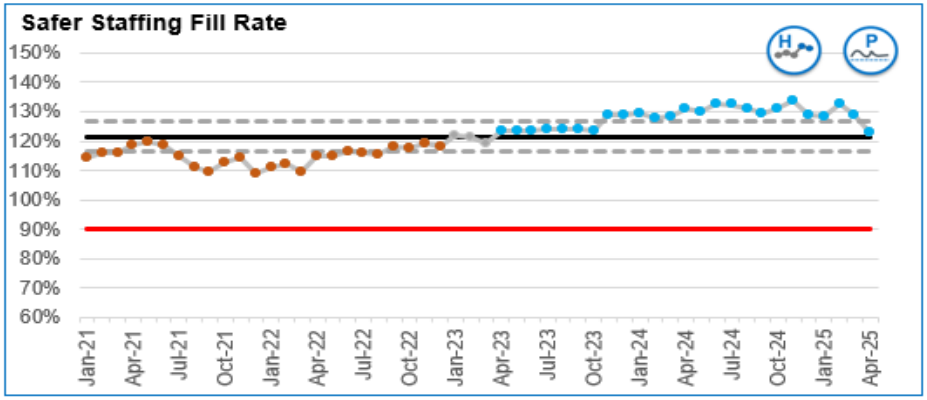
Statistical process control charts

Incidents

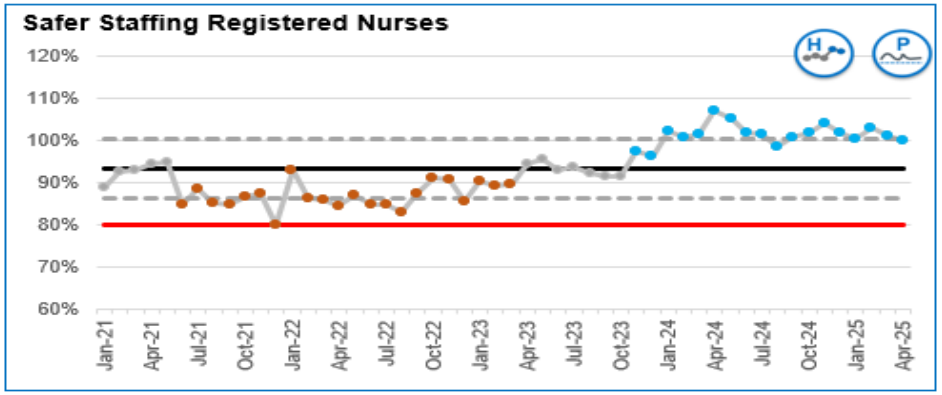


We have entered a period of special cause variation in April 2025 due an increase in the number of incidents, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting of incidents and near misses. An increase in reporting is a positive where the percentage of no/low harm incidents remains high as it does. All incidents are reviewed by the care group management team and then by the Patient Safety Datix team to review the actual degree of harm to ensure consistency with national reporting. All amber and red incidents are monitored through the weekly Trust Clinical Risk Panel and all serious incidents are investigated using systems analysis techniques. Learning is shared via a number of routes; care group learning events following a Serious Incident, specialist advisor forums, quarterly Trustwide learning events, briefing papers and the production of Situation Background Assessment Recommendation (SBARs).

Safer Staffing Inpatients



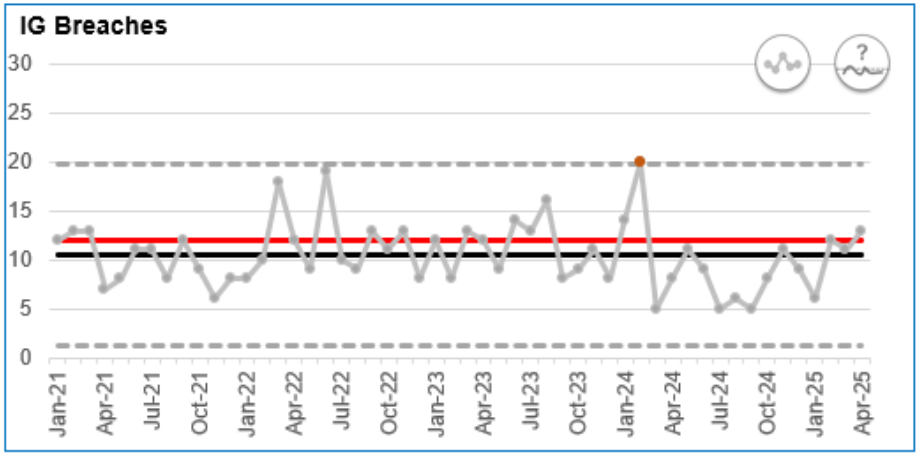
The chart above shows that in April 2025 due to the continued overall increase in staffing fill rate, we remain in a period of special cause improving variation (something is happening and this should be investigated) and we are expected to meet the target.



The chart above shows that in April 2025, due to the continued increase in the registered nurses fill rate, we remain in a period of special cause improving variation (something is happening and this should be investigated) and we are expected to meet the target.

Statistical process control charts

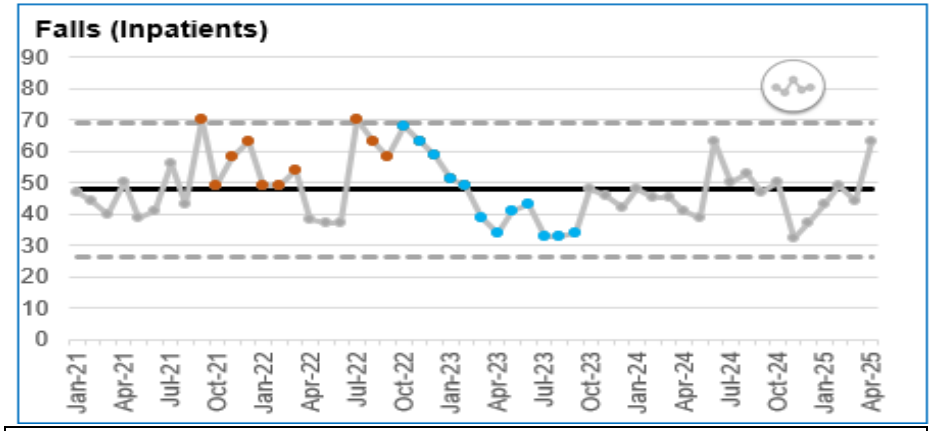
Information Governance (IG)



This SPC chart shows that as at April 2025 we remain in a period of common cause variation (no concern, no action is required).

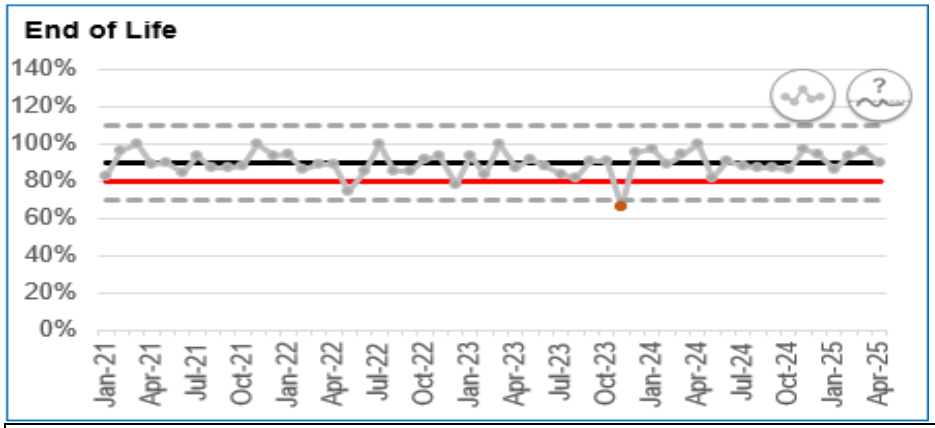
Overall there has been a decrease in the number of IG breaches.

Falls (Inpatient)



The SPC chart above shows that in April 2025 we remain in a period of common cause variation (no concern). All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.

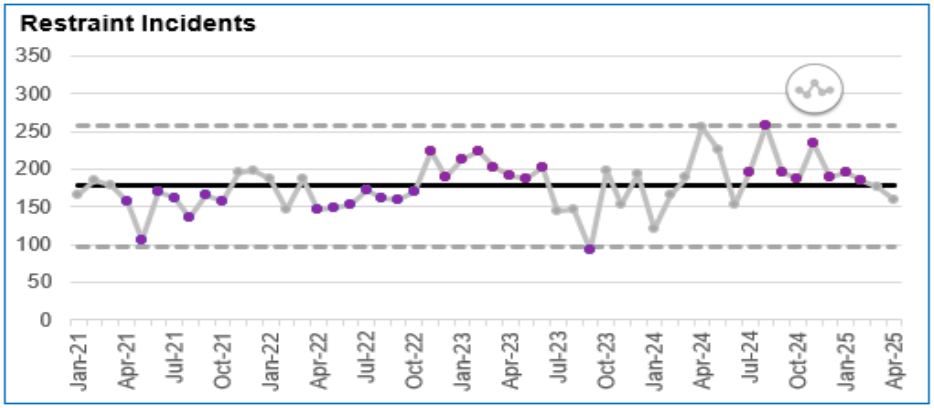
End of Life



The chart above shows that in April 2025 the performance against this metric remains in common cause variation (no concern). As the mean performance for this measure is high (90%), the upper control limit (based on the average of the moving range) shows as above 100%.

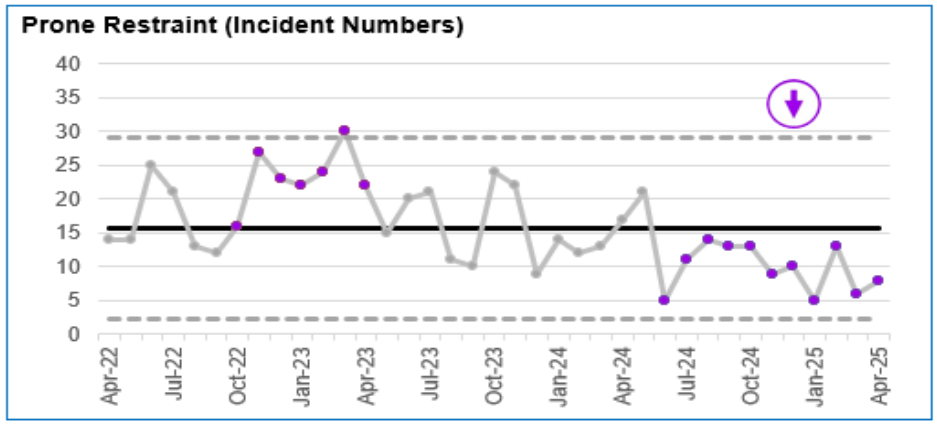
Statistical process control charts

Restraints



This SPC chart shows that in April 2025 we have entered a period of common cause improving variation (no concern).

It should be noted that an increase in restraint incidents does not always indicate a deterioration in performance.



The number of prone restraints has increased slightly in April though the SPC chart shows an overall reducing trend. All incidents of prone restraint are reviewed for learning in the Patient Safety Oversight Group. The improvement work continues.

People - Performance Wall

Trust Performance Wall

	Strategic Objective	CQC Domain	Threshold	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Establishment	Best place to work and learn	Well led	-	5520.5	5524.3	5526.8	5523.1	5514.2	5733.3
Contracted Staff In Post (Ledger)	Best place to work and learn	Well led	-	4756.6	4738.8	4746.5	4747.5	4749.9	4988.0
Vacancies	Best place to work and learn	Well led	-	763.9	785.5	780.4	775.7	764.3	738.5
Turnover external (12 months rolling) *	Best place to work and learn	Well led	>12% - <13%	7.7%	7.6%	7.8%	7.7%	8.6%	9.4%
Starters	Best place to work and learn	Well led	-	35.7	17.4	48.3	30.6	25.2	21.2
Leavers	Best place to work and learn	Well led	-	35.6	30.0	40.7	26.9	74.1	41.8
% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	82.2%	79.2%	83.7%	83.3%	85.7%	84.6%
% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	81.2%	82.6%	82.2%	83.1%	82.6%	85.2%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)	Best place to work and learn	Safe	-	91.3%	91.7%	93.6%	92.6%	90.9%	89.7%
Proportion of staff in senior leadership roles who are from ethnic minority background (relates to staff in posts band 7 and above, excludes bank staff) *	Best place to work and learn	Well led	-	226 - All staff (17.6%) 89 - excl medics (8.2%)	224 - All staff (17.4%) 89 - excl medics (8.1%)	226 - All staff (17.5%) 89 - excl medics (8.1%)	226 - All staff (17.4%) 91 - excl medics (8.3%)	228 - All staff (17.4%) 92 - excl medics (8.3%)	229 - All staff (17.4%) 93 - excl medics (8.4%)
Proportion of staff in senior leadership roles who are women (relates to staff in posts band 7 and above, excludes bank staff)	Best place to work and learn	Well led	-	909 (70.9%)	915 (71.0%)	921 (71.2%)	927 (71.4%)	935 (71.4%)	936 (71.4%)
Sickness absence - YTD	Best place to work and learn	Well led	<=5%	5.2%	5.3%	5.3%	5.3%	5.2%	4.7%
Sickness absence - Month	Best place to work and learn	Well led		5.3%	5.7%	5.5%	5.1%	4.6%	4.7%
Employees with long term sickness over 12 months	Best place to work and learn	Well led	-	2	2	2	2	2	1
Appraisals - rolling 12 months	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	89.6%	88.6%	84.2%	84.3%	85.8%	87.1%
Employee Relations - Suspensions (over 90 days)	Best place to work and learn	Well led	-	1	0	0	2	2	2
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	76	64	61	71	60	66
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%	2.3%					0.1%
Registered substantive staff in post mental health and learning disabilities services	Best place to work and learn	Safe	Establishment - 1315	1,128	1,139	1,134	1,138	1,143	1,174
Registered substantive staff in neighbourhood teams	Best place to work and learn	Safe	Establishment - 169	161	160	164	165	166	162
% staff recommending the Trust as a place to work	Best place to work and learn	Caring	65%	70%					Annual metrics - due Jan 26
% staff recommending the Trust as a place to receive care and treatment	Best Quality	Caring	65%	72%					
Mandatory Training - TOTAL	Best place to work and learn	Well led	>=80%	93.2%	93.4%	93.6%	93.7%	93.3%	94.0%
Mandatory Training - Reducing Restrictive Practice Interventions	Best place to work and learn	Well led		78.4%	80.5%	81.5%	80.1%	79.6%	82.1%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led		82.2%	82.0%	80.9%	81.3%	79.7%	80.9%
Mandatory Training - Clinical Risk	Best place to work and learn	Well led		95.1%	95.1%	96.5%	96.6%	96.4%	96.7%
Mandatory Training - Display Screen Equipment	Best place to work and learn	Well led		98.0%	97.9%	98.1%	98.0%	98.2%	98.3%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		96.5%	96.3%	96.4%	96.3%	95.9%	96.6%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	90.4%	90.0%	90.6%	90.9%	88.9%	90.7%
Mandatory Training - Food Safety	Best place to work and learn	Well led	>=80%	91.4%	91.3%	92.2%	92.4%	92.5%	94.0%
Mandatory Training - Freedom To Speak Up (FTSU)	Best place to work and learn	Well led		96.9%	96.9%	97.0%	97.1%	97.2%	97.4%
Mandatory Training - Infection Control & Hand Hygiene	Best place to work and learn	Well led		94.9%	94.9%	94.9%	95.3%	94.4%	95.6%
Mandatory Training - Information Governance (Data Security)	Best place to work and learn	Well led	>=95%	94.5%	93.6%	93.5%	93.1%	91.1%	92.4%
Mandatory Training - Moving & Handling	Best place to work and learn	Well led	>=80%	97.7%	97.7%	97.8%	97.9%	98.0%	98.3%
Mandatory Training - Nat Early Warning Score 2 (New S2)	Best place to work and learn	Well led		97.6%	97.7%	98.1%	97.9%	97.9%	98.0%
Mandatory Training - Mental Capacity Act/Dols	Best place to work and learn	Well led		90.6%	91.0%	91.6%	91.6%	91.3%	91.8%
Mandatory Training - Mental Health Act	Best place to work and learn	Well led		87.7%	88.5%	90.0%	90.5%	90.4%	91.7%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1	Best place to work and learn	Well led		91.4%	92.1%	92.9%	93.8%	94.0%	94.8%
Mandatory Training - Prevent	Best place to work and learn	Well led	>=80%	95.5%	95.3%	95.7%	95.7%	95.4%	96.4%
Mandatory Training - Safeguarding Adults	Best place to work and learn	Well led		89.9%	91.0%	91.1%	91.0%	91.1%	91.6%
Mandatory Training - Safeguarding Children	Best place to work and learn	Well led		92.5%	93.3%	93.6%	92.9%	92.4%	91.7%

Notes:

- Contracted Staff In Post (Ledger) - this has replaced the previously reported Staff in Post (ESR Last Day of the month)
- The figures reported here differ to the figures included in the finance appendix 'WTE (whole time equivalent) worked' as this reflects contracted employment and therefore does not include overtime, additional hours worked or agency.
- Starters/Leavers vs Staff in Post – Whilst our starters and leavers figures give us a true account of turnover growth it will not exactly match the overall staff in post movement from month to month as this also includes any contracted hours changes of existing staff in that same month.
- Turnover - Quarterly reports from feedback of leavers are being appraised in the Trust's operational management group with reporting and actions from quarterly reports to care groups.
- Sickness absence - from April 23 - the reported figure is rolling over 12 months. For earlier months this was year to date
- .Bank fill rates - We are continuing to successfully recruit to band 2 and bank 5 posts for both substantive posts and bank. Our use of agency is under constant scrutiny, with bank being used as opposed to agency as much as possible, including for block bookings, and this is seeing a positive impact on agency spend.

Staff In Post
• Cheswold Park staff have been included from April 2025. Minimal growth in April 2025

Vacancies
• Vacancies dropped to 14.5%, this is as a result of a reduced establishment in April 2025.

Turnover
• Turnover has risen for the third consecutive month
• Despite the increase in turnover the reduction in the establishment has resulted in the vacancy position remaining unchanged

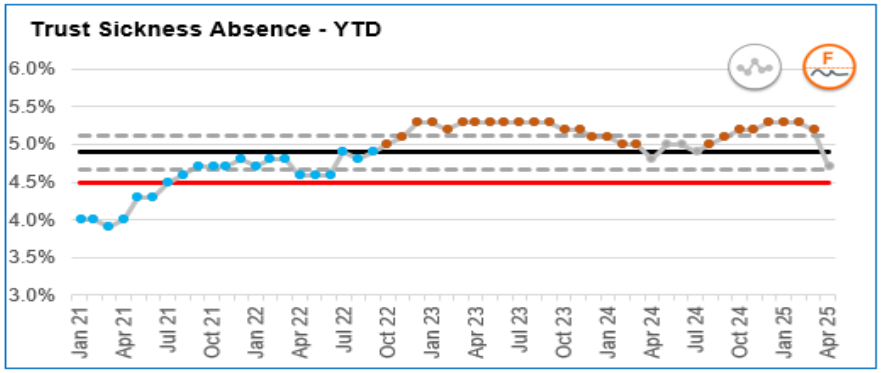
Stability
• Stability remains static, which indicates our employees are choosing to stay with us.

Sickness (Overall)
• The introduction of a new sickness absence dashboard has been introduced for managers to support them in managing absences and enabling more Trustwide information to be available.
• Overall sickness absence remains low for April 25 at 4.7%
• Although sickness rates are similar to this period last year we have seen a reduction in long-term sickness and a slight increase in short-term sickness.

Appraisal Compliance
• Appraisal compliance continues to improve at 87.1%. An improvement trajectory has been set with 90% being expected to be reached by end June 2025.

Training Compliance
• Training compliance continues to remain above target at 94%
• Reducing Restrictive Practice Interventions - Self service and manager self service has commenced and training is planned until the end of September with availability on both 2 and 4 day programmes.
• Breakaway training is planned and additional training in Barnsley is being planned.
• Cardiopulmonary resuscitation training is planned until the end of July with dates available.

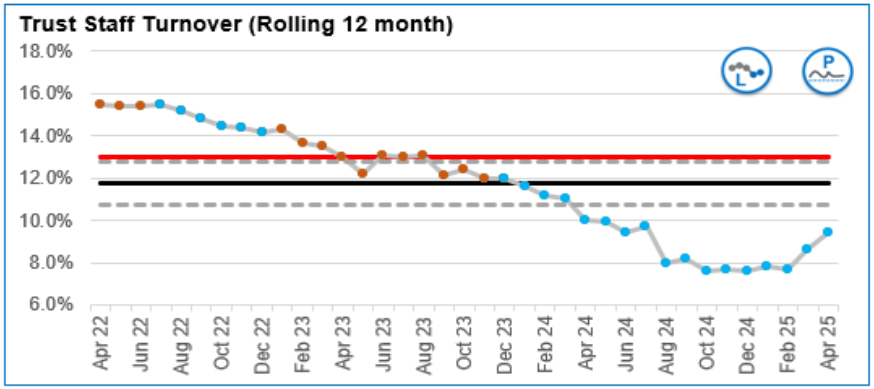
Statistical process control charts



The SPC chart shows that in April 2025 we have entered a period of common cause variation (no action required).

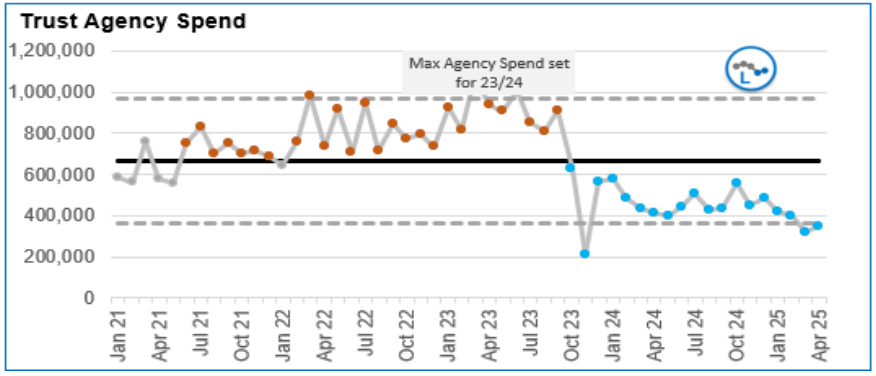
From July 2022 this data also includes absence due to Covid-19.

From April 2025 this data includes Cheswold Park Hospital.



The SPC chart shows that in April 2025, we remain a period of special cause improving variation (something is happening and this should be investigated) following a sustained decrease in the turnover percentage.

From April 2025 this data includes Cheswold Park Hospital.



The Trust agency expenditure plan included a reduction in line with planning guidance. In April expenditure (£0.4m) is less than plan and this is forecast to continue.

The SPC chart shows the sustained reduction in spend and in April 2025 we remain in a period of special cause improving variation.

From April 2025 this data includes Cheswold Park Hospital.

Please see the Finance Report for further information.

National Metrics

Data as of : 03/06/2025 10:27:26

NHS South West Yorkshire Partnership NHS Foundation Trust

This section of the report outlines the Trust's performance against a number of national metrics relating to operational performance.

On the 27th March 2025, as part of its Board meeting papers, NHS England (NHSE) published an updated NHS Performance Assessment Framework for 2025/26. NHSE's Board approved the updated framework for consultation (to take place 2nd to 23rd May) and engagement during the first quarter of 2025/26. The intention is to publish the final framework at the end of quarter 1, with the first formal segmentation of all Trusts and Integrated Care Boards (ICBs) being undertaken and published in July. As part of the framework, a number of delivery metrics have been identified that, subject to approval following the consultation, would be applicable to the Trust and would underpin the segmentation scores for each organisation. The Trust awaits publication of the technical guidance and once available, we will undertake an assessment of its performance against these metrics which have been grouped into the following categories: operating priorities, financial and productivity metrics, public health and patient outcome metrics and, quality and inequalities metrics. Once the metrics and definitions have been confirmed, these will also be reported in the IPR. In the meantime, the Trust will continue to report on national metrics from the current version of the NHS Oversight Framework 2022/23, and updates have been undertaken to align with operational planning priorities for 2025/26. In addition, further updates will be made to align to any key contractual reporting requirements that are not already included as the contracts are finalised.

This table only includes operational metrics, there are a number of other workforce, quality and finance metrics that are reported in the relevant sections of the IPR.

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more	Best Quality	Responsive		0	P		0	0	0	0	0	0	0	0	0	0	0
M210	The number of completed non-admitted RTT pathways in the reporting period	Best Quality	Responsive		1700													2174
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive		92%	P		99.9%	99.7%	99.5%	99.5%	99.2%	99.0%	98.2%	97.2%	96.7%	97.0%	97.1%
M202	RTT waiting list, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive															31
M203	Number of 52+ week RTT waits, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive		0													0
M204	RTT waiting list within 18 weeks (monthly RTT data)	Best Quality	Responsive		3680													3957
M205	RTT waiting list within 18 weeks, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive															31
M206	Diagnostic test activity	Best Quality	Responsive		190													128
M209	Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over	Best Quality	Responsive		5%													35.7%
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%			95.6%	97.4%	97.9%	97.5%	100%	97.8%	100%	100%	98.9%	100%	97.8%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0	F	L	114	111	124	138	96	131	127	106	92	128	144
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5		L	4	3	4	4	4	5	4	3	4	4	5
M7	72 hour follow-up from psychiatric in-patient care	Best Quality	Safe		80%			89%	91.2%	91.0%	94.9%	89.9%	93.5%	93.9%	92.4%	89.7%	87.5%	88.6%
M208	Average Length of stay for Adult Acute Beds (rolling 3 months)	Best Quality	Responsive					52.2	59.2	56.7	68.9	64.1	58.2	52.9	70.2	61.9	62.3	54.1
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%	P		92.7%	91.7%	86.2%	90.3%	97.6%	91.8%	96.7%	87.2%	94.3%	100%	87.9%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%		L	95.9%	96.5%	96.7%	96.4%	96.4%	96.8%	98.0%	97.6%	97.3%	96.8%	96.6%

National Metrics

Data as of : 03/06/2025 10:27:26

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25
M34	% Clients in settled accommodation	Best Value	Effective	⚠	60%	P	L	83.2%	83.5%	83.6%	84.0%	83.3%	84.1%	84.4%	84.3%	83.1%	83.2%	83.2%
M35	% Clients in employment	Best Value	Effective	⚠	10%	P	H	13.0%	12.6%	12.7%	12.5%	13.1%	13.3%	12.8%	12.5%	13.2%	13.2%	13.0%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0	?	L	1	5	5	0	0	1	0	1	0	2	0
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0	?	L	1	3	1	0	0	1	0	1	0	1	0
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%	?		100%	50%	100%	100%	100%	100%	100%	85.7%	100%	100%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%	?		96.6%	100%	87.5%	84.8%	88.9%	76%	59.3%	71.8%	73.3%	59.6%	73.7%
M47	Virtual ward occupancy	Best Quality	Responsive		80%	?		81.4%	91.4%	70%	82.9%	86.7%	112%	101%	100%	121%	119%	103%
M188	Community services waiting list, over 52 weeks	Best Quality	Responsive		0	F	L	6	3	1	1	1	2	2	2	3	2	3
M30	Number of detentions under the Mental Health Act (MHA)	Best Quality	Safe					99	106	105	97	94	117	96	90	102	92	110
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive					27.3%	25.5%	25.7%	11.3%	25.5%	20.5%	21.9%	21.1%	16.7%	19.6%	21.8%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%	P	L	98.7%	99.3%	99.4%	99.0%	98.7%	98.6%	97.8%	98.7%	99.8%	99.6%	99.7%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%	P		100%	100%	100%	100%	100%	100%	100%	100%	99.8%	100%	100%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users	Best Quality	Well Led		90%	P	H	99.8%	99.1%	99.3%	100%	99.0%	99.1%	99.2%	99.7%	99.8%	99.8%	99.5%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%	?	L	48.5%	47.8%	49.8%	50.7%	52.0%	52.6%	50.7%	52.6%	49.4%	50.2%	48.4%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%	?		69.2%	66.2%	69.0%	70.3%	71.0%	68.4%	68.6%	68.9%	67.9%	71.6%	68.1%
M15	Data Quality Maturity Index	Best Quality	Well Led		95%	P		99.5%	99.4%	99.5%	99.5%	99.6%	98.4%	98.4%	98.0%	99.6%	99.6%	99.2%
M41	Completion of a valid NHS number	Best Value	Well Led		99%	P	H	99.9%	99.5%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%
M42	Completion of ethnicity coding for all service users	Best Value	Well Led		90%	P	H	99.4%	100.0%	99.4%	100.0%	99.5%	99.6%	99.5%	99.6%	99.6%	99.4%	99.4%
M43	Community health services two hour urgent response standard	Best Quality			70%	?	L	89.9%	92.0%	91.6%	91.6%	90.9%	88.0%	89.2%	90.6%	90.2%	92.6%	90.3%

National Metrics

Data as of : 03/06/2025 10:27:26

NHS South West Yorkshire Partnership NHS Foundation Trust

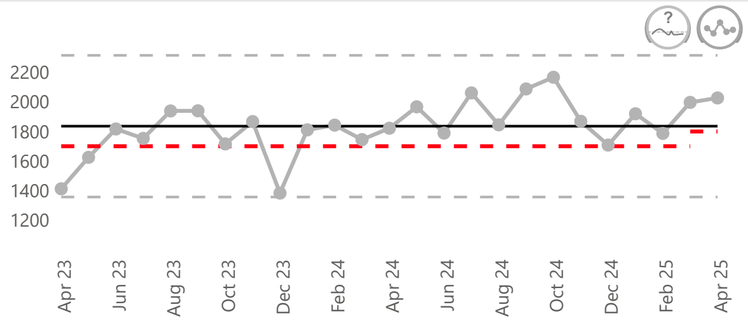
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%	?	L	51.3%	50.9%	51.0%	54.1%	53.9%	54.6%	52.4%	55.1%	53.0%	53.3%	50.9%
				Place	Barnsley	50%	?	H	52.1%	50.9%	50.4%	51.2%	51.0%	50.8%	50.9%	50.8%	49.4%	52.7%	51.1%
					Kirklees	50%	?	L	50.6%	50.8%	51.5%	56.8%	57.0%	59.1%	53.8%	59.2%	56.3%	54.0%	50.7%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust			L	529	554	545	518	679	586	509	633	524	567	614
				Place	Barnsley			L	241	237	278	253	355	317	241	311	244	270	317
					Kirklees			L	288	317	267	265	324	269	268	322	280	297	297
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months	Best Quality	Responsive	Trust	Trust				10466	10425	10366	10322	10247	10315	10332	10390	10444	10449	10605
				Place	Barnsley	2000	P	H	2148	2146	2174	2164	2182	2218	2206	2209	2202	2183	2202
					Calderdale	1200	F	H	1168	1166	1171	1176	1175	1156	1170	1178	1178	1198	1232
					Kirklees	3600	F	H	3113	3105	3099	3087	3034	3018	3093	3167	3247	3274	3319
					Wakefield	3900	P	L	4037	4008	3922	3895	3856	3923	3863	3836	3817	3794	3852
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust			H	1217	1233	1249	1305	1421	1519	1566	1642	1696	1833	1913
				Place	Barnsley	283	F	H	191	190	197	203	226	244	250	252	255	278	299
					Calderdale	247	F	H	225	225	230	242	261	264	269	279	281	302	305
					Kirklees	541	F	H	464	468	464	486	521	546	553	570	576	626	660
					Wakefield	406	F	H	322	330	335	347	375	418	440	477	508	543	558
M194	Number of people accessing individual placement and support (IPS) services (rolling 12 months)	Best Quality	Responsive	Trust	Trust			H	467	470	474	485	482	480	480	483	465	462	447
				Place	Calderdale			H	115	115	113	115	113	108	102	109	105	109	103
					Kirklees			H	164	168	170	179	180	167	163	161	157	158	153
					Wakefield			H	185	184	188	188	186	186	182	173	158	151	150

National Metrics

Data as of : 03/06/2025 10:27:26

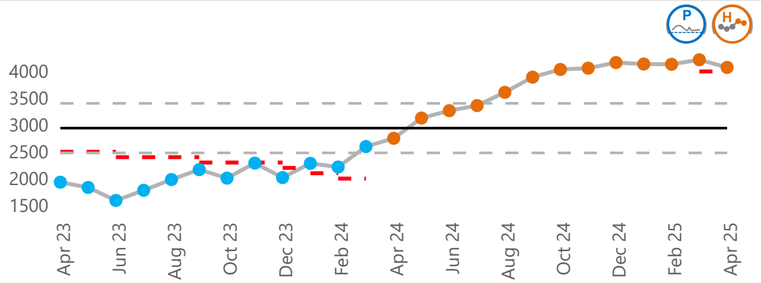
NHS South West Yorkshire Partnership NHS Foundation Trust

M184 - New RTT pathways (clock starts)



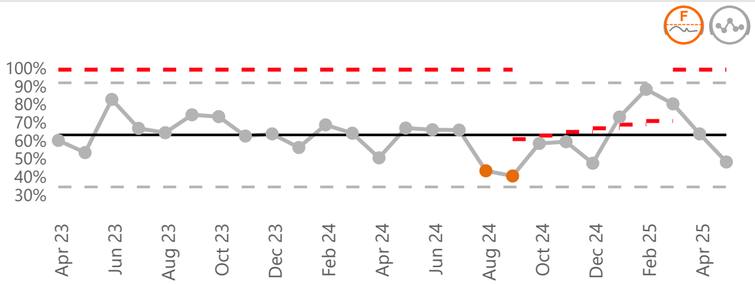
The Statistical Process Control (SPC) chart shows that in April 2025 we have remain in a period of common cause variation (no concern). We are expected to meet the target against this metric. Though a new target is in place for 2025/26.

M45 - The number of incomplete Referral to Treatment (RTT) pathways



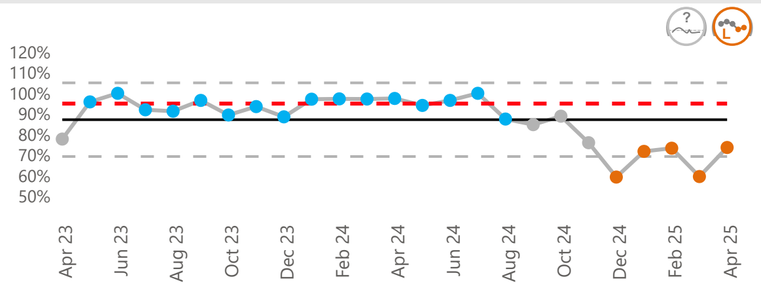
The SPC chart shows that in April 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained improvement in performance over the past 12 months.

M6 - Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)



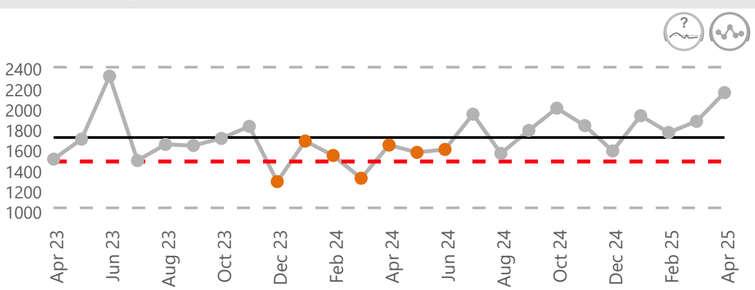
The SPC chart shows that in April 2025 we remain in a period of common cause variation (no concern.

M14 - Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks



The SPC chart shows that in April 2025 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a dip in performance in the past 6 months..

M44 - The number of completed non-admitted RTT pathways in the reporting period



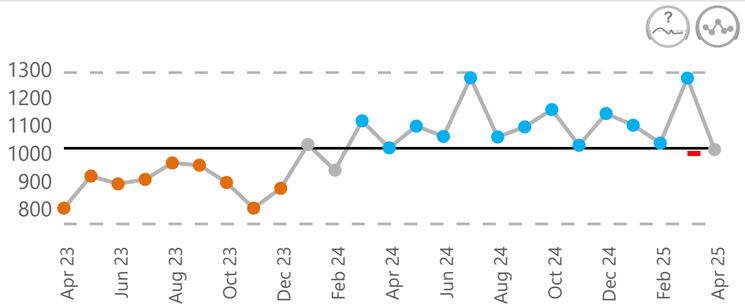
The SPC chart shows that in April 2025 we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers this time last year.

National Metrics

Data as of : 03/06/2025 10:27:26

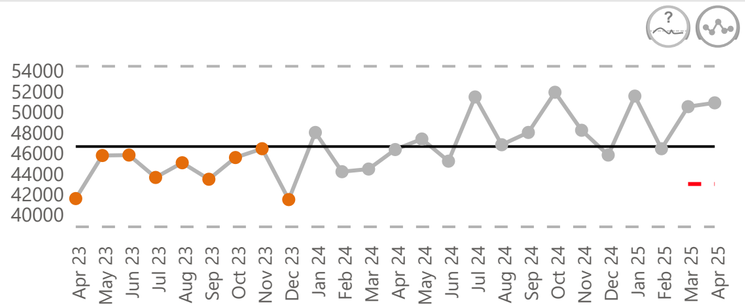
NHS South West Yorkshire Partnership NHS Foundation Trust

M187 - Urgent Community Response (UCR) referrals



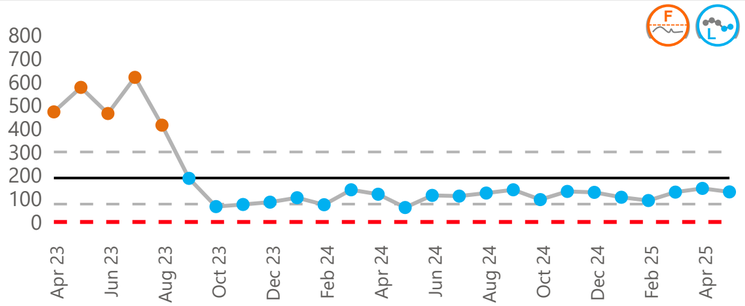
The SPC chart shows that in April 2025 we have entered a period of common cause variation (no concern) following a slight reduction in the performance in April which is back in line with previous performance.

M207 - Attended Community Care Contacts



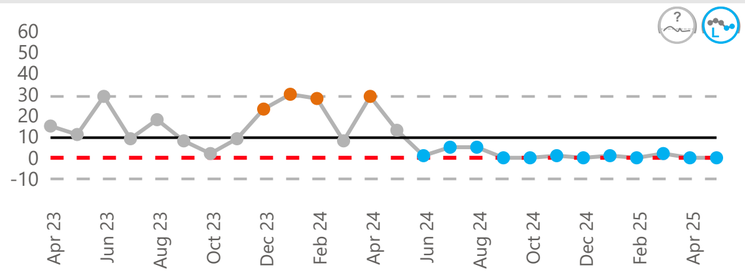
The SPC chart shows that in April 2025 we remain in a period of common cause variation (no concern).

M2 - Inappropriate out of area bed days



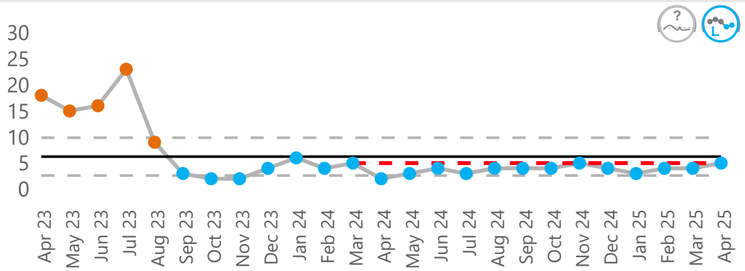
The SPC chart shows that in April 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) following a continued overall reduction in the performance in April. We are still not anticipated to achieve the target of zero.

M8 - Total bed days of Children and Younger People under 18 in adult inpatient wards



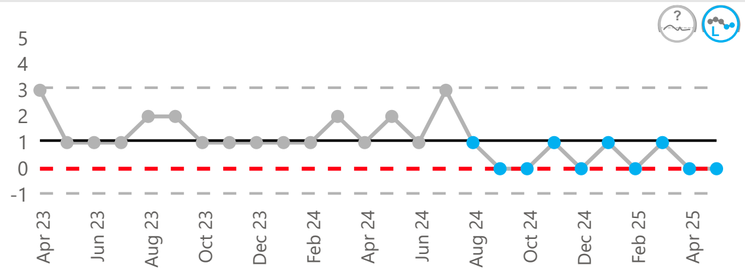
The SPC chart shows that in April 2025 we remain in a period of special cause improvement (something is happening and should be investigated) following a sustained reduction in the number of bed days for under 18 year-olds.

M182 - Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)



The SPC chart shows that in April 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) due a sustained reduction in the number of clients placed out of area.

M9 - Total number of Children and Younger People under 18 in adult inpatient wards



There were no admissions aged under 18 to an adult ward in April 2025.

Whilst the SPC chart shows us that this is an improving position when we compare it to the range of admissions we have had in the past, it is recognised that any admission of an individual under 18 is due to the national unavailability of a bed for young people to meet their specific needs. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care, and treatment reviews.

National Metrics

Data as of : 03/06/2025 10:27:26

NHS South West Yorkshire Partnership NHS Foundation Trust

The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.

• There were no admissions of under 18 year olds to adult acute mental health beds during April.
• The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is 73.7% in April - this relates to 10 service users who were not seen of which nine were a result of the impact of the ARFID (Avoidant/Restrictive Food Intake Disorder) pathways and undefined reporting processes. These are being explored with NHS England. The urgent access to treatment measure is 100% in April, which is above the 95% threshold.
• The percentage of clients in employment and percentage of clients in settled accommodation - there are some data completeness issues that may be impacting on the reported position of these indicators however both are above their respective thresholds.
• Virtual Ward occupancy rate remains above the target of 80% at 103% for April.
• Community services waiting list - This metric reports the total number of people waiting across a range of physical health and well-being services in Barnsley (aligned to the national community services SitRep). There has been a significant increase in demand for musculoskeletal services which is also reflected in the number of incomplete Referral to Treatment (RTT) pathways (M45). It is important to note that although there has been an increase in numbers waiting, this does not mean they are waiting above threshold.
• The percentage of service users waiting for a diagnostic appointment (Paediatric Audiology service only) within 6 weeks in has decreased in April to 63.9%, remaining below the national threshold of 99%. The particular dip in performance in April can in part be attributed to the Easter break which impacted on the number of clinics that could take place; increasing the number of clinics across the eight days available was not possible due to the suite already being booked to capacity. The service continues to be impacted significantly by staff sickness. The service continues to explore options and introduce changes to increase hearing testing capacity and has appointed a trained audiologist to the service on a temporary basis via our Trust Bank.

A number of new national metrics are applicable to the Trust from April 2025, these are part of the operational planning framework. Forecasts for 2025/26 were agreed with place commissioners at the start of the financial year aligning to national, local and regional priorities. This is the first month performance against these metrics has been reported in the integrated performance report and a number of these are showing as being outside expected levels:
• The number of non admitted RTT pathways in the reporting period – this relates to the Musculoskeletal service and the higher number than forecast continues to relate to an overall increase in demand for the service.
• Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months – Kirklees - slight under performance against the forecast for April although achieving 92% of forecast target, we will continue to monitor performance against this line.
• Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months – Wakefield – slight under performance against the forecast for April although achieving 98.7% of forecast target, we will continue to monitor performance against this line.

Data quality:
An additional column has been added to the national metrics dashboards to identify where there are any known data quality issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

For the month of April the following data quality issue has been identified in the reporting:
- The reporting for employment and accommodation shows 12.2% of records have missing employment and/or accommodation status with a further 1.4% that have an unknown employment status and 1.2% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

Operational planning priorities

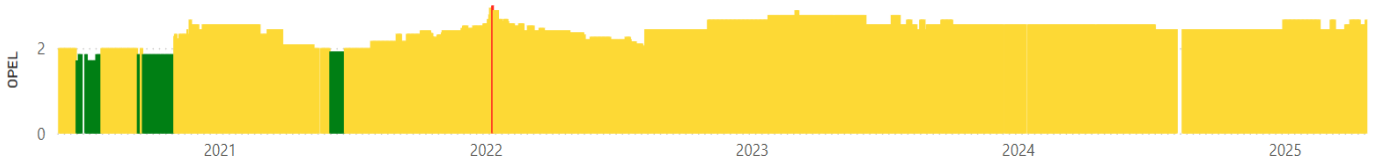
On 30th January 2025, NHS England (NHSE) released its 2025/26 priorities and operational planning guidance.

The guidance outlines the ambition for the NHS to transform and to address the challenges highlighted by Lord Darzi's "Independent investigation of the NHS in England", 12 September 2024, such as long wait times and declining public health. Key priorities include improving productivity, shifting care to community settings, focusing on prevention, and embracing digital transformation. Local systems will have more control over funding, and integrated care is being developed. Leadership and management will be strengthened, and a new framework will assess performance. Financial responsibility is crucial to ensure resources are used wisely within the allocated financial envelope. Additionally, a new 10-Year Health Plan aims to create a modern, sustainable health service. These changes aim to make the NHS more efficient, and patient focused.

The guidance also sets the expectation for integrated care boards (ICBs), Trusts, and primary care providers to collaborate with other integrated care system (ICS) partners to achieve a balanced financial position. Further detail in relation to the Trusts response to this can be seen in the Trusts Operational Plan for 2025/26.

The following section provides an update on a number of key national operational priorities that the Trust will contribute to during 2025/26:
- Reduction in 12-hour breaches of people presenting at acute A&E with mental illness – to be good partners we are working with our acute Trusts in West Yorkshire on a national project to reduce the Emergency Department waits. To understand the impact of this on the whole pathway for those waiting for beds in mental health services, the project will look at how we share data to align the 12-hour breach waits to our internal waits. Once this is established, we will try to report on the 12-hour breaches.
- Reduction in Acute length of stay. The Trust has set itself a local target to reduce adult acute lengths of stay by 10% by the end of March 2025. Performance against this can be seen in the national metrics section above and individual care group and ward level compliance can be seen in the care group section of the report.
- Increased access for children and young people – our performance against this metric can be seen in the national metrics section above.
- Productivity of services for children and young people – work is taking place across the Trust to improve productivity across all services whilst continuing to deliver (and improve) high quality and safe services. To support Trust financial viability. For services to work within the financial envelope defined within the establishment reviews, exploring and exploiting opportunities for working differently and effectively. Updates will be provided as this work progresses.
- Expansion of mental health teams in schools - the Trust does not expect to expand Mental Health Support Team services further in 2025/26. Efforts will focus on utilising current funding to reduce waiting times and enable access by working with local communities, schools, and healthcare providers to tailor services, implementing digital innovations, mapping workforce needs, collecting and analysing feedback, providing ongoing training for staff, developing integrated care pathways, and prioritising staff wellbeing.
- Expansion of talking therapies service - The ongoing expansion of talking therapies services is progressing in alignment with national expansion targets and the corresponding funding provisions further plans for service development include:
    - o Aim to increase performance against reliable recovery and reliable improvement metrics in line with funding and locally agreed targets.
    - o Use benchmarking to compare your performance against peers, identify areas of variation, and set measurable goals for improvement.
    - o Identify initiatives that aim to reduce missed appointment rates (also known as Did Not Attends (DNAs) reducing overall waiting times and increasing reliable recovery/improvement.
    - o Additional focus on improving recovery waits for all communities with a focus on black, Asian and minority ethnic communities and on older people.
    - o Ensure our service strategy is aligned with the Long-Term Plan and the Advancing mental health equalities strategy with a focus on improving access, outcomes and experiences for specific populations and under-represented groups.
    - o Identifying gaps and opportunities for skill mixing to enhance capacity and efficiency in community services.

The following section of the report has been created to give assurance regarding the quality and safety of the care we provide. A number of key metrics have been identified for each care group, and performance for the reporting month is stated along with variation/assurance for each metric where applicable. Figures in bold and italics are provisional and will be refreshed next month.



Current average OPEL level

2.67

Key
OPEL Level 1
OPEL Level 2
OPEL Level 3
OPEL Level 4

Children and Young Peoples Mental Health Services

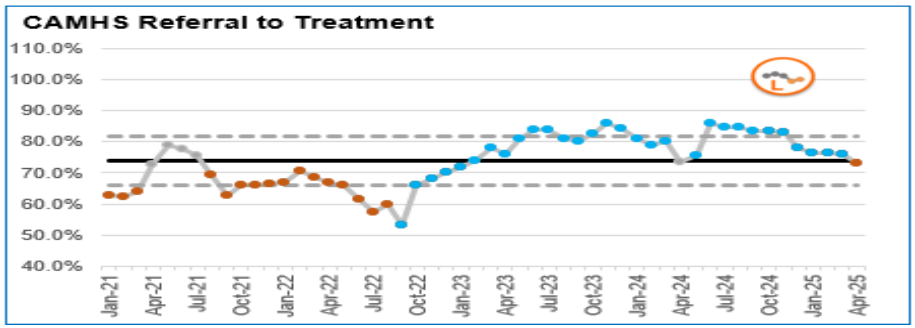
Headlines

Neurodevelopment waits remain a concern and discussions are underway with commissioners about how we can further strengthen the offer to reduce any impact on those who require assessment or support.

Children and Young Peoples Mental Health Services (CAMHS)

Metrics	Strategic Objective	CQC Domain	Threshold	Feb-25	Mar-25	Apr-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	81.8%	80.5%	83.6%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	33% (1/3)	33% (1/3)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	84.3%	84.2%	83.5%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	100.0%	98.4%	83.3%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.5%	77.4%	80.1%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	73.3%	60.9%	73.0%	
Eating Disorder - Urgent/Emergency clock stops	Best Quality	Effective	95%	100.0%	100.0%	100.0%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.8%	90.2%	90.9%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	79.1%	78.2%	80.8%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.2%	3.4%	2.8%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	312	349	341	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	888	775	806	
Total number of reported incidents	Best Quality	Safe	Trend monitor	40	53	30	

**From April 2024, figures now include children's physical health teams as per the change to the care group structure*



In April 2025, the SPC chart indicates that we have entered a period of special cause concerning variation (something is happening and this should be investigated), following a recent downward trend in the percentage. See narrative below for further information.

Alert/Action

• Calderdale & Kirklees CAMHS continue to experience increasing waiting lists which are impacted by multiple challenges including staffing levels and referrals into services outstripping capacity, resulting in some teams in Business Continuity.
• Calderdale & Kirklees CAMHS Waiting numbers for autistic spectrum condition (ASC) / attention deficit hyperactivity disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees continue to remain challenging. This is further impacted by staff vacancies. This has been recorded on the risk register and actions are in progress to support. Commissioners are sighted on these challenges.
• Calderdale & Kirklees CAMHS Keeping Kirklees in Mind (KKiM) MHST continues to experience significant challenges around recruitment and retention especially with the band 5 roles. This appears to be a regional problem however discussions are ongoing with Kirklees commissioners regarding variations in the service model.
• Barnsley CAMHS is continuing to utilise agency staff primarily to support timely access to services and reduce waiting times. This is under review.
• Wakefield CAMHS staffing – ReACH Team, Primary Intervention Team (PIT) which is the single point of access (SPA) and ED Teams all in business continuity due to low staffing numbers. This is being covered by Bank and Agency with recruitment processes ongoing. Use of agency staff is under review. A range of options is being considered and activated lead by the General Manager.
• Wakefield CAMHS- The recovery pathway within ReACH has been closed with the focus now being on Home Based Treatment to ensure high risk Children and Young People are covered in the community. This was a service waiting list initiative but was not a commissioned however the Commissioner s aware of this action.
• Secure CAMHS -Whilst we continue to make good progress with the mobilisation of our new Secure CAMHS contract (started on the 01/04/25, IM&T infrastructure issues remain unresolved at this time with active plans in place to address.

Advise

• Calderdale & Kirklees CAMHS Eating Disorder performance is predominantly impacted by multiple staff vacancies (however we have recently successfully recruited to multiple posts) and the increase in the Avoidance/Restricted Food Intake Disorder (ARFID) referrals. The pathway review has been completed is now being implemented. There is a time limited suspension of the pathway to its support evaluation and restructure and the Commissioners are fully agreed and sighted on this
• Calderdale & Kirklees CAMHS Increased referrals and reduced resources are impacting waiting times for ADHD medication activity. Increased diagnosis of ADHD has led to SWYFT receiving increased number of referrals for medication assessment from Right to Choose providers.
• Calderdale & Kirklees CAMHS Calderdale Service Manager has undertaken C&K wide ADHD service review to understand current need and plan for future provision. ADHD Non-Medical Lead post out to advert and will support future development and implementation.
• Wakefield CAHMS – The lack of clinical space means appointments cannot be offered in certain districts despite demand rising and we are working with the Estates Team as to how we can manage this.
• Wakefield CAMHS – Eating Disorders team will face staffing pressures due to three vacancies and a further two staff recently resigning. Recruitment is in process – there will likely be an overlap meaning temporary staffing considered on a short-term basis due to the risks of the children & young people cared for by the team.

Assure

• Sickness across the Care Group continues to be below the overall Trust sickness rate of 4.41% at 2.33 % Both long-term sickness and short-term sickness are being managed well
• Appraisal rates across the CAMHS for April was 81.25% with targeted action plans across the care group in place for those services indicating low appraisal rates
• Mandatory training across the care group is 93.8% (as of 15.04.24) with Data Security (Information Governance (IG)) standing at 92.1%. targeted action plans across the care group in place for those services indicating low compliance rates
• Clinical supervision recording stands at 84.2% across the care group.
• Calderdale neuro continue to exceed the number of commissioned assessments for the past four months.
• A number of services in CAMHS have been successful at this year's Excellence Awards. Wakefield CAMHS Neurodevelopmental Support Team received runner up for its work in Equality & Diversity for our Neurodiverse population and access to services.

Mental Health Care Group

Headlines

The improvement work continues to contribute to an overall reduced reliance on out of area bed use. The Trust is a positive outlier and has shared learning and actions with neighbouring Trusts, whilst still recognising that this is an ongoing challenge.
High acuity and high occupancy on wards is directly linked to the work on reducing reliance on out of area beds, the work underway in the Intensive Home Based Treatment teams to gatekeep admissions and support people at home significantly helps to manage the overall position.
Inpatient services continue to have a high level of sickness. The sickness rate is above the Trust threshold on some wards, due to a combination of long-term absence, pregnancy related illness and seasonal illness. General managers have a firm grip on absence with staff being supported and managed in line with Trust policies.
Under-performance in mandatory training and appraisals is being addressed through line management support and oversight.

Mental Health Community

Metrics	Strategic Objective	CQC Domain	Threshold	Feb-25	Mar-25	Apr-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	86.4%	84.6%	87.1%	
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	85.1%	72.4%	68.1%	
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	94.9%	96.7%	97.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	33% 4/12	14% 1/7	6% 1/16	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	88.6%	87.4%	85.2%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	89.7%	83.8%	88.7%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	96.5%	95.8%	96.0%	
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	93.3%	94.4%	96.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	80.3%	77.9%	76.6%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	Reporting commenced April 2025		82.9%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.0%	91.1%	92.1%	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	82.5%	79.1%	81.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.0%	4.2%	3.9%	
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,787	13,728	13,722	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	113	127	133	

Mental Health Inpatient

Metrics	Strategic Objective	CQC Domain	Threshold	Feb-25	Mar-25	Apr-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	82.4%	91.3%	95.2%	
% Bed occupancy (excl leave)	Best Quality	Safe	85%	91.1%	89.7%	90.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% 0/12	50% 1/2	0% 0/6	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	88.7%	87.0%	89.9%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	87.4%	86.8%	86.3%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.7%	8.2%	8.8%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	Reporting commenced April 2025		83.2%	
Inappropriate Out of Area Bed days	Best Quality	Responsive	150 (April)	92	128	144	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.8%	93.8%	94.6%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	19	12	15	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	50	49	45	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	87.7%	88.4%	88.4%	
Restraint incidents	Best Quality	Safe	Trend Monitor	131	101	*90*	
Safer staffing (Overall)	Best Quality	Safe	90%	139.1%	134.6%	132.1%	
Safer staffing (Registered)	Best Quality	Safe	80%	105.9%	103.8%	104.3%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	5.8%	5.2%	5.3%	
Average length of stay - Acute and Psychiatric Intensive Care Unit - West Yorkshire (3 Months Rolling)	Best Quality	Safe	Threshold from April 25 Apr - 63.1	60.7	60.5	55.6	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	Best Quality	Safe	Threshold from April 25 Apr - 63.9	62.7	72.0	61.2	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	584	637	668	

Alert/Action

• Acute wards continue to manage high levels of acuity.
• High occupancy levels across wards and capacity to meet demand for beds remains a challenge. Plans are in place to mitigate any impact on quality of high occupancy such as increased staffing levels.
• There continues to be people who are clinically ready for discharge but are delayed. This is an area of focus as part of the priority programme work and is being addressed with the Integrated Care Boards (ICB) through the Multi-Agency Decision Evaluation meetings as well as a weekly director of services led challenge meeting with general managers.
• Workforce challenges have led to continued use of temporary staffing, primarily bank. Throughout April acute wards have worked above establishment. This is closely monitored by senior managers on a daily basis with action plans to address.
• Work to maintain effective patient flow continues, with the use of out of area beds being closely managed. The situation has become more challenging in April and the pressure to meet the demand for admissions in a timely way has intensified. The impact of reduced usage of out of area beds on inpatient wards, Intensive Home-Based Treatment Teams (IHBT), and community teams is triangulated and monitored.
• Intensive Home-Based Treatment (IHBT) teams in Calderdale and Kirklees are experiencing ongoing workforce challenges, recruitment is underway.
• All areas are focussing on continuing to improve performance for FIRM risk assessments. Staying Safe plans are now captured as part of the My Care and Safety Plan, rather than the FIRM risk assessment, following the changes to care plans that went live on 6th January. The Staying Safe percentage compliance for inpatient services is significantly impacted due to the relatively small number of admissions and April's compliance is impacted further by ward teams adjusting to the new layout and format of care plans. There is a high level of scrutiny when a staying safe care plan is not completed within 24 hours. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. The go live of the new mental health care plan has negatively impacted on this metric reporting, in part due to clinical staff adapting to the new requirements of where and how to record items measured in the metric, and some changes to CPA recording.
• The new care plan metrics for community are now capturing the whole community caseload rather than only individuals on CPA. The care group are working with the performance and business intelligence team to ensure the metric reflects practice. Clinical staff are adapting to the new requirements of where and how to record items adversely impacting on the overall compliance.
• The care group recognises the key role of supervision and appraisal in staff wellbeing and are ensuring time is prioritised for these activities and there is a commitment for all teams to achieve the target of all staff having an appraisal. System issues are impacting on accuracy of reporting, including exclusion data (e.g. sickness, contract changes) only being updated on ESR monthly. Proxy user access not being fully functional has also impacted on recording completed appraisals.
• The sickness rate is above the Trust threshold on some wards. Wards and teams with high sickness are where there are a number of people with long term sickness in addition to short term sickness. General managers have a firm grip on absence with staff being supported and managed in line with Trust policies.
• The service is actively engaged in the Trustwide improvement work with regards to minimising prone restraints during seclusion exit and when administrating intra-muscular medication. Matrons attend the monthly restraint oversight meeting chaired by RRPI specialist advisors and includes an in-depth review of all prone restraint incidents for learning.
• Single Point of Access (SPA) are prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment remains at risk of being delayed in all areas. The access standard for assessed within 14 days of referral has been met in Barnsley and Wakefield. There have been challenges with admin vacancies in Calderdale and Kirklees SPA and there has been work focussing on assessing individuals waiting longer than 14 days which have both impacted on performance.

Advise

• Improvement work is underway to understand the capacity and demand pressures on inpatient services and is monitored via the Inpatient Priority Programme. In addition, there is a focus on implementing the culture of care standards to improve the therapeutic nature of inpatient care for both service users and staff.
• Work continues in front line community services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home including provision of robust gatekeeping and crisis alternatives, trauma informed care and effective intensive home treatment.
• The Talking Therapies recovery rate for April is 50.72% for Kirklees and 51.15% for Barnsley, both achieving the national standard of 50%. In April both Barnsley and Kirklees Talking Therapies were above the expected national standard of less than 10% for waits to second treatment within 90 days (Barnsley 12.56% and Kirklees 10.93%). This is measure on completion of treatment and is therefore measuring access some months ago. Data shows that current waits for second treatment are lower.
• Work continues towards meeting expected thresholds where compliance rates are below target for mandatory training (this includes Reducing Restrictive Practice, Cardio-Pulmonary Resuscitation and information Governance). Service managers are leading on improvement plans. The new mandatory training dashboard is a positive development, and work continues with training leads to address priority areas and utilise all training capacity.
• The care group holds monthly meetings to track and review progress of Equality Impact Assessments (EIAs). Performance remains strong. Delay in completion of EIAs in some areas have been due to manager changes/sickness and the service line Trios are supporting the teams in their completion.
• Equality data – we are working with a trust wide quality improvement group to enhance how equality information is captured on System One. Completeness of equality data is on our data quality improvement action plan.
• There were 8 incidents of prone restraint in April, all of which were on working age adult (WAA) inpatient wards. The monthly restraint oversight meeting, (involving RRPI, safeguarding and matrons) review all prone restraint incidents for any opportunities for learning.

Assure

• IHBT teams continue to perform well in gatekeeping admissions to our inpatient beds.
• The use of out of area beds remains low due to continued intensive work as part of the care closer to home workstream

Attention Deficit Hyperactivity Disorder (ADHD) / Autistic spectrum disorder (ASD) / Learning Disability (LD) Care Group

Headlines

Attention Deficit Hyperactivity Disorder (ADHD) / Autistic Spectrum disorder (ASD) services:
In line with the national picture, ADHD demand continues to exceed commissioned capacity.
Referral rates remain high across both pathways and the service try to minimise waiting times as far as possible.

Learning disability services:
Improvement work on waiting list times in community learning disability services has led to an overall improvement in the number of Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks with the March position remaining above threshold at 91.2%. The learning disability team continue to have robust oversight of all waits and are carrying out profession specific actions to address waits within individual disciplines
A high proportion of inpatients within the Horizon centre remain clinically ready for discharge and awaiting a suitable placement - work continues with partners to encourage flow.

LD, ADHD & ASD

Metrics	Strategic Objective	CQC Domain	Threshold	Feb-25	Mar-25	Apr-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	83.5%	85.9%	87.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/1)	0% (0/3)	0% (0/5)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	82.9%	79.6%	74.2%	
Bed occupancy (excluding leave) - Commissioned Beds	Best Quality	Safe	N/A	68.8%	67.3%	55.4%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	89.2%	89.0%	85.1%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	55.4%	55.7%	90.1%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	94.0%	92.4%	94.8%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	94.4%	94.2%	91.2%	
Physical Violence - Against Patient by Patient	Best Quality	Safe	Trend Monitor	0	0	0	
Physical Violence - Against Staff by Patient	Best Quality	Safe	Trend Monitor	9	24	22	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.9%	85.8%	87.2%	
Safer staffing (Overall)	Best Quality	Safe	90%	198.4%	172.7%	144.1%	
Safer staffing (Registered)	Best Quality	Safe	80%	164.2%	170.3%	157.4%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.7%	4.5%	5.1%	
Restraint incidents	Best Quality	Safe	Trend Monitor	15	36	*23*	
Average length of stay	Best Quality	Safe	Trend Monitor	530	35	1015	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	39	71	50	

Attention Deficit Hyperactivity Disorder (ADHD) / Autistic spectrum disorder (ASD) services:

Alert/Action

• West Yorkshire Integrated Care Board (WY ICB) -Further to last month's highlights it has been confirmed that the WY ICB Neurodevelopmental Assessment Service tender is intended for independent providers only. Existing NHS contracts remain unaffected although there is still a strong possibility that NHS providers may be required to sign up to this framework in the future (should it prove successful from a commissioner perspective).
• Shared Care agreements for adults with ADHD in Calderdale - have reached an agreement with Calderdale Cares Partnership to be able to offer Shared Care agreements for adults with ADHD in Calderdale. This agreement enables our service to retain patients on its caseload for automatic reviews, in accordance with NICE Guidelines, following the completion of their titration stage, rather than discharging them to primary care.
• ADHD Waiting Lists- Referral rates remain high with approximately 3300 valid referrals expected in 2025/26. The service has capacity to assess/treat approx. 450 new cases. At the end of April there were 6000 people waiting for assessment across all four localities. The number is steadily increasing each month
• Early indications show that where triage is in place it is helping to slow the rate of waiting list growth. This is best demonstrated by showing how the waiting list in Wakefield is holding steady. The triage pathway was introduced in August 2024.
• Autism - The autism waiting lists remain low in Barnsley, Kirklees and Wakefield. There has been 14-25 people waiting in the four months to the end of April.

Advise

Business Case- The adult service has also submitted a business case to Calderdale Cares Partnership (CCP) to create an ADHD Triage pathway and to resurrect and enhance the Autism triage pathway that CCP removed in May 2023. This would mean that Calderdale would have the same triage pathways launched in Kirklees in January 2025. We are awaiting a response to the proposal.
ADHD Medication – national shortage of medication is having a direct impact on the service as primary care often refer into the service for an alternative prescription.
Shared Care Arrangements - The Adult ADHD Service has previously entered Shared Care with all GP referrers when appropriate. GPs report facing increased pressures related to ADHD medication. The service is working with ICB colleagues to identify longer term solutions.

Assure

- All KPI targets met.
- Excellent levels of supervision, appraisal and mandatory training.
- Low level of vacancies.
- Friends and Family Test – 100%
- All mandatory training meeting the threshold.

Learning disability services:

Alert/Action

Learning Disability (LD)
- Overall compliance with mandatory training is good with the only IG training requiring additional focus.
- Appraisals, supervision remain a workforce priority.
- Progress being made on the NHS Survey Action Plan.
- ADHD assessments for people with a learning disability continues to be a gap. Whilst commissioners have agreed a business case for additional resource to manage this in principle, there continues to be no additional funding available.

Community
- Recent data indicates a continued improvement in waiting list performance across 3 localities, but the service notes a drop in performance in Barnsley which will be addressed once understood. The Care Group continues to monitor overall performance closely.
- Community Teams continue to report high levels of LD service users in crisis.

Assessment & Treatment Unit (ATU)
- Acuity remains high with all service users presenting with complex and challenging needs.
- The service continues to experience high levels of service users who are clinically ready for discharge, currently 75% (3 out of 4 of the current service users).
- 2 of the service users clinically ready for discharge have placements identified.

Advise

Community
- The service extended the development post to include preceptorship for SaLT (Speech and Language Therapy) and this has proved successful with two more therapists being recruited into vacancies for band 5 to 6 development posts. The service is hopeful this will improve recruitment which has been a challenge in this discipline.
- Raising awareness of the Greenlight toolkit across the Trust has noticeably improved communication about individual service users when agreeing service provision or signposting.

Assessment & Treatment Unit (ATU)
- Previously cancelled ATU Workshop with system partners now rescheduled.
- Establishment review to be undertaken.
- Quality Improvement project on advanced choice documentation has been completed.
- LD ATU developed their own feedback process for service users and the last two discharges are now in the process of completing this.

Assure

- Medical recruitment progressing well.
- Annual health Checks in all 4 localities have exceeded the 75% threshold.
- Data Quality remains good.
- Friends and Family Test – 100%

Barnsley Physical Health and Wellbeing Care Group

Headlines

Musculoskeletal (MSK) and neurological physiotherapy estate issues continue and now are using alternative accommodation until the end of July 2025 to accommodate forward booking of outpatient activity. This remains on the local risk register. This is having an impact on the full-service offer and may lead to an impact on the 18-week Referral to Treatment target (RTT).

Barnsley Physical Health and Wellbeing

Metrics	Strategic Objective	CQC Domain	Threshold	Feb-25	Mar-25	Apr-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	82.1%	84.0%	92.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	20% (1/5)	25% (1/4)	0% (0/2)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	93.5%	96.2%	89.7%	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	79.4%	79.0%	77.9%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.1%	80.5%	84.2%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	92.8%	93.3%	95.3%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	96.7%	97.0%	97.1%	
Safer staffing (Overall)	Best Quality	Safe	90%	110.7%	104.6%	106.2%	
Safer staffing (Registered)	Best Quality	Safe	80%	125.5%	107.8%	113.1%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.5%	4.8%	4.6%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	99%	90.3%	81.8%	63.9%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	6604	6821	6741	
Total number of reported incidents	Best Quality	Safe	Trend monitor	189	202	244	

Barnsley Physical Health and Wellbeing Care Group

Alert/Action

• Musculo Skeletal (MSK) Service & Neuro Physio, Priory Day Centre – remains closed. Remedial works planned for April will no longer take place as there is no capital funding available to undertake the necessary work. Services affected continue to utilise Priory Campus as temporary alternative accommodation and this arrangement has been extended until the end of July 2025. General manager is working with both the MSK Service and our Strategic Planning Lead for SWYPFT Estates to explore long term options. This remains on the local risk register. This has had an impact on the full-service offer in terms of group provision and could impact on the 18-week Referral to Treatment Target (RTT) although so far this target continues to be achieved.
• Paediatric Audiology 6-week target for diagnostic procedures has seen a dip in April to 63.9% against the incremental target which for this month increased from 70.7% to 99%. Some of this can be attributed to the Easter break which impacts the number of clinics that take place; increased clinics across the eight days available was not possible due to the suite already being booked to capacity.

Advise

• Staff receiving supervision - continues to receive focus with a drive to improve recording and increased numbers of trained supervisors. We have seen a small reduction to 77.9% for April which is slightly below compliance; this has been due to a mixture of the bank holiday effect and increased spike in sickness in some areas.

Assure

• Information Governance training has increased, and we have achieved compliance at 95.3%.
• Friends and Family Test (FFT) 96% of people would recommend community services which exceeds the target of 95%.
• Appraisals - for April the figure has increased again and is achieving compliance at 92.8% against the revised target of 90%, we are seeing a continuous improvement into May
• Overall sickness rates have improved further during April and the care group continues to meet compliance at 4.6%.
• Urgent Community Response Service 2-hour target is 90.3% as at end of April 2025 which continues to be well above the 70% threshold.
• Musculo Skeletal Service (MSK) are seeing a continued achievement against the national target of 92% for 18-week RTT (Referral to Treatment) – 97.1% as at April 2025.
• 89.7% of people dying in their place of choosing in April 2025; this remains consistently above the threshold of 80%.
• Cardio Pulmonary Resusitation (CPR) training maintains compliance at 84.2% for April.
• Virtual Ward occupancy rate has stabilised this month at 104% for April and continues to be above target of 80%. Virtual ward continues to deliver early supported discharge and hospital avoidance to support system pressures, reviewing capacity daily.
• Trust Excellence Awards -
  • Unsung Hero – End of Life Care Facilitator – Winner
  • Living our Values Digital Innovation Excellence – Children's Speech and Language Therapy – Winners
  • Best Quality Excellence – Health Integration Team Urban House – Runner Up
• On 1 April our Stroke Rehabilitation Unit (SRU) hosted a visit from Yorkshire and Humber colleagues. The Stroke Therapy Team from York Community Trust came to view our Early Supported Discharge (ESD) model and were impressed by our service offer
• Funding has been agreed by the Integrated Care Board (ICB) to continue the contract for the Doccla remote healthcare monitoring solution which supports our Virtual Ward pathway.
• Our recruitment drive for the additional Intermediate Care investment is now complete and the increased capacity is operating as business as usual.
• Our Registered Nurse and Allied Health Professional Leads attended a 'Business Breakfast' event at Penistone Grammar School in April, speaking to sixth form students about careers in nursing and therapy and the opportunities in our Trust.
• Children and Young People's Physical Health Services have now moved into our care group.

Forensic Care Group

Headlines

The monthly sickness rate continues to be an issue in April - hotspot areas can be seen in the ward level breakdown of the report. The People Directorate Business Partner continues to work closely with the care group regarding sickness and actions are underway in line with the policy. Individual ward sickness performance is also impacted by the allocation of staff with long term conditions into less acute areas.
Work on pathways with the collaborative is underway to address the underoccupancy in medium secure services.
Focus remains on ensuring staff have a timely and comprehensive appraisal, although external issues with access to the appraisal system are impacting on reported performance.
Liaison with the collaborative is underway to find appropriate solutions for the patients waiting for high secure placements.

Forensic - Wakefield

Metrics	Strategic Objective	CQC Domain	Threshold	Feb-25	Mar-25	Apr-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	78.2%	82.0%	82.6%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	83.3%	85.6%	85.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/0)	0% (0/1)	0% (0/0)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	90.0%	91.5%	83.7%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	97.8%	99.0%	99.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	80.2%	82.3%	79.6%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.1%	0.0%	0.0%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	Reporting commenced April 2025		33.3%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95.0%			80.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	91.2%	91.8%	92.2%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	4	6	6	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	12	12	13	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	83.4%	86.8%	85.5%	
Restraint incidents	Best Quality	Safe	Trend Monitor	25	14	*12*	
Safer staffing (Overall)	Best Quality	Safe	90%	114.1%	114.0%	116.5%	
Safer staffing (Registered)	Best Quality	Safe	80%	106.8%	105.3%	101.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	6.6%	6.4%	7.2%	
Average length of stay	Best Quality	Safe	Trend Monitor	625	526	985	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	182	181	173	

Forensic - Wakefield:

Alert/Action

• Bed Occupancy – Newton Lodge 88.4%, Bretton 81.58%, Newhaven 75%. Underoccupancy in medium secure due to empty beds within LD and Women's services where there are no waiting lists. There has been a recent spike in referrals for male medium secure beds.
• Appraisal – The service continues to have appraisal as a key focus of activity across the service. Overall appraisal rates are now on an improving trajectory at 83.8%.
• Forensic Community Transition Team – This team is currently not funded by the West Yorkshire Provider Collaborative and is not identified as a priority service for funding in the community work undertaken. This has been escalated to the Provider Collaborative who have advised the service on action to be taken for this to be escalated within Provider Collaborative processes.

Advise

• Mandatory training overall compliance: Newton Lodge – 92.4%, Bretton – 94.4%, Newhaven – 93.8%
Hotspots for Newton Lodge are: Information Governance (IG) with Bretton Centre and Newhaven above the threshold. Fire Safety is now compliant across all services
• Supervision – levels remain high across the care group with the exception of Newhaven which has reduced due to staff unavailability and the acuity within the service.
• Sickness absence – remains a focus of attention across the service. There has been a spike in short term seasonal illnesses in Newton Lodge. The service is undertaking a dedicated piece of work to look at sickness absence across the care group. On closer scrutiny the majority of sickness in most teams is long term sickness.
• West Yorkshire Provider Collaborative - continues to develop future intentions for the Women's pathways and Community Services. The service has met with the Commissioning Hub following two earlier bed modelling workshops to discuss potential areas for exploration in terms of future capacity and demand.
• Turnover – Turnover across the service is much lower than in previous years with a slight increase in month at Newton Lodge.
• Forensic Improvement Programme – is well underway with a number of workstreams focusing on improved service user experience and outcomes and improved efficiencies.

Assure

• High levels of Data Quality across the care group.
• 100% compliance for HCR20 completed within 3 months of admission.
• 25 Hours of meaningful activity 100%.
• % Service Users on CPA with a formal review within the previous 12 months – 99%

Forensic - Cheswold Park

Metrics	Strategic Objective	CQC Domain	Threshold	Feb-25	Mar-25	Apr-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	73.0%	78.4%		
% Bed occupancy (incl leave)	Best Quality	Safe	90%	Reporting commenced April 2025		77.3%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/5)	0% (0/14)	40% (2/5)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	79.0%	82.0%	89.0%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%				
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	94.0%	92.0%	88.7%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	Reporting commenced April 2025		0.0%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%			0.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	98.0%	94.0%	94.7%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	0	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	3	8	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.0%	89.0%	92.5%	
Restraint incidents	Best Quality	Safe	Trend Monitor	7	8	*8*	
Safer staffing (Overall)	Best Quality	Safe	90%	96.2%	91.6%	115.5%	
Safer staffing (Registered)	Best Quality	Safe	80%	107.0%	95.7%	96.1%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	4.2%	3.7%	4.5%	
Average length of stay	Best Quality	Safe	Trend Monitor	Reporting commenced April 2025		1015	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	132	130	135	

Forensic - Cheswold Park:

Alert/Action

- Cheswold Park continues to integrate into Forensic care Group.
- Admissions remain a priority with 13 service users being admitted since January 2025.
- Establishment review for corporate services continues.
- Quality and Safety continues to be monitored internally through a Quality Improvement Group.

Advise

- Priorities have been set for the next 6 months both for the Programme Group and for Clinical and Operational services.
- The service will develop a clear future clinical/operational model.
- Build on relationships with commissioners to determine long term needs of forensic population.
- Future medical workforce business case to be submitted to EMT to support future admissions in accordance with the overall business case.
- Future medical workforce business case submitted
- The service is currently reviewing and developing business cases for AHP/Psychology workforce.
- The service continues system policy and procedure alignment in line with Trust, CQC and medium secure standards.
- Ward Manager development programme is underway which will support the role to align to a ward manager role in the wider Trust.
- The service is being supported to develop both internal and external reporting.
- Access to Trust Bank is now in place making staffing of the wards more sustainable.

Assure

- NHSE have stepped down the enhanced monitoring following the South Yorkshire Provider Collaborative.
- Turnover 1.9%.
- Relationships with the South Yorkshire Provider Collaborative are much improved with joint working regarding future bed modelling continuing to be a priority.

The following section of the report has been created to give assurance regarding the quality and safety of the care we provide on our inpatient wards. A number of key metrics have been identified the wards and performance against these for the past three months is stated. The wards in Cheswold Park Hospital are now incorporated into this report and the monthly data will be added over the financial year so that a three month rolling position is also shown. Figures in bold and italics are provisional and will be refreshed next month.

Ward Level Headlines - Working Age Adults, Older Peoples (WAA and OPS) and Rehab Services

Appraisal
• 11 wards have achieved the 95% target, six of those wards are at 100% appraisal compliance.
• All other wards are above 90%.
• Matrons continue to work closely with ward managers to ensure outstanding appraisals are booked.

Sickness
• Eight wards have sickness rates below the 5% compliance threshold.
• Sickness improved to below threshold in April on Beamshaw following the return of a member of staff from long term sickness and also a reduction in short-term sickness.
• Sickness increased above threshold on Elmdale and Poplars due to a combination of long-term and short-term sickness, no specific themes.
• Sickness on Willow has increased significantly above threshold from 1.3% in March to 12.5% in April. This is impacted by both short and long-term sickness. Themes include pregnancy related absence and work related absence (including work-related assault).
• Sickness on Melton, Nostell, and Ward 18 has reduced but remains above threshold and continues to be impacted by a combination of long and short-term sickness, no specific themes.
• Stanley (9.2%) and Walton (10%) sickness has increased due to a mixture of both long and short-term sickness, no specific themes.
• Beechdale (13.2%) has decreased slightly but remains significantly above threshold due to episodes of short-term sickness and ongoing staff long-term sickness (physical health related).
• Ward managers are supported by People Directorate colleagues to actively manage long term sickness. Timely referrals to occupational health are made but the current time from referral being made to staff having their occupational health appointment is approximately 4 weeks.

Supervision
• 14 wards above the 80% compliance target.
• Crofton dropped below compliance threshold in April, but this has improved in May and compliance is currently 83.3% (as of 16/05/25).
• Beamshaw and Ward 18 compliance remain under threshold in April. Beamshaw has been impacted by absence in the ward leadership team and the matron is overseeing focused work to prioritise supervision for those staff who haven't received it in the last 90 days. Supervision on Ward 18 has taken place, however, hasn't been recorded on the database – this is being addressed as a priority by the Ward Manager and compliance is currently 90% (as of 20/05/25).

Mandatory Training
Information Governance
• Enfield Down (94%) and Lyndhurst (93.1%) compliance has dropped below threshold in March.
• Walton (88.6%), Ashdale (93.9%), and Ward 18 (74.1%), compliance remains under threshold and action continues to be taken by the ward managers, with matron oversight, to drive up improvement.
• The 12 remaining wards are above the target of 95%
CPR
• 14 wards are above the CPR training compliance threshold.
• Lyndhurst (79.3%) dropped slightly below compliance threshold in April, however, are back above threshold in May (96% as of 16/05/25).
• Ward 18 (63%), and Crofton (70.8%) remain below compliance threshold. All Ward 18 staff are booked onto future training dates throughout May and June. Crofton was impacted by a course cancellation, and staff have been re-booked onto future dates in June.
RRPI
• 15 wards are above the RRPI training compliance threshold.
• Enfield Down (79.6%) dropped slightly below compliance threshold in April, however, are back above threshold in May (82.9% as of 16/05/25).
• Willow remains under compliance at 72.7% with staff having either already completed or being booked on appropriate training and compliance in May is above threshold at 85.7% (as of 16/05/25).
• Rota planning and oversight from ward managers ensures adequate numbers of RRPI and CPR trained staff on each shift.
Fire Safety
• 15 wards are above fire safety training compliance threshold.
• Melton (73.1%) and Walton (82.9%) are under compliance - booking of training is overseen by the ward managers as a priority and both of these wards has seen an increase in compliance in May, and Walton are above threshold (as of 16/04/25).

Ward Level Headlines - Working Age Adults, Older Peoples (WAA and OPS) and Rehab Services Continued

Bed Occupancy
• Bed occupancy exceeding target is reflective of general increased demand for admissions, particularly across working age adults.
• Where the bed occupancy exceeds target plans are in place to mitigate any impact on quality of high occupancy such as increased staffing levels.
• Occupancy levels in rehabilitation units are affected by the fact that within the overall commissioned bed base the service model offers a flexible usage of beds and community packages of care at any one time depending on service user need. Occupancy calculations are based on the full commissioned bed base, not accounting for the agreed flexible usage.

Clinically Ready for Discharge (CRFD)
• Poplars CRFD continues to be high at 31.5% in April. This continues to be reflective of several service users awaiting placements.
• Clark CRFD also remains high at 28.2% in April. This relates to four service users, all of whom are awaiting placement or supported living accommodation.
• Willow CRFD has increased from 7% in March to 26.6% in April. This reflects several service users awaiting placement, 3 of whom have recently been discharged.
• Both Elmdale (7%) and Enfield Down (5.3%) have increased above the threshold for CRFD in April. This is a small number of service users awaiting placement or accommodation.
• Eight other wards are above the threshold for CRFD with Beamshaw, Melton, Walton, and Ward 19 (male) above 10%. Nostell, Stanley, Ward 19 (female) and Lyndhurst are also above target. This is due to the number of service users with complex needs who are awaiting placement or suitable accommodation.
• Across all wards the multi-disciplinary team continue to collaborate to progress pathways as timely as possible.
• There is a weekly check and challenge weekly meeting led by the Director of Service to ensure senior oversight and focus and timely external escalations.

FIRM Risk assessments
• The reporting metric changed from the 1st April to percentage of inpatient risk assessment completed within 24 hours before or after admission.
• Compliance monitoring dashboards have only recently gone live (8th May) and matrons are engaging with ward teams to ensure processes are in place for daily oversight.
• During April, Nostell, Elmdale, Crofton, Beechdale, Ward 19 (male), and Enfield Down each had 1 FIRM breach. Walton is showing as having 1 breach however this is a recording error which the matron is liaising with service desk to rectify. Stanley (6), Ashdale (5), and Ward 18 (4) had multiple impacted by high number of admissions.
• A deep dive will be conducted by the matron for each breach to identify learning and inform improvement.
• The inpatient team receive a handover of risk prior to admission and at the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed.

Physical violence
• 15 incidents of patient on staff physical violence at Poplars. Incidents relate to specific service users with behavioural and psychological symptoms of dementia. Risk management care plans are in place and the ward psychologist is supporting with psychological formulation. Trust specialist advice from RRPI and safeguarding is also sought as needed.
• Crofton had 6 incidents of patient-on-staff physical violence throughout April relating to a specific service user with complex needs. Psychological formulation is developed on the wards as required to support management and care of individuals with complex needs.
• Risk specific care plans are in place to support managing incidences of violence with input from trust RRPI specialist advisors as needed.
• Staff involved in incidents are supported by ward leadership teams including both managerial and clinical supervision.

Restraint incidents
• Higher incidence on Stanley and Walton is reflective of current patient population and the presentation and risk profile of service users.
• Incidences on Crofton and Poplars correlate with incidents of physical violence as outlined above.

Prone restraint incidents
• Nine incidents of prone restraint in April, all of which were on working age adult (WAA) inpatient wards and were under 3 minutes duration.
• All are reflective of individual service user presentation and high risks of violence and aggression, including the 5 prone restraints on Walton relating to 5 individual service users.
• The two reasons for prone restraint use were exiting seclusion and the administration of intra-muscular medication. The service is actively engaged in the trust wide improvement work with regards to minimising prone restraints during seclusion exit and when administrating intra-muscular medication.

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Beamshaw Suite Feb-25	Beamshaw Suite Mar-25	Beamshaw Suite Apr-25	Clark Suite Feb-25	Clark Suite Mar-25	Clark Suite Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	79.2%	82.6%	91.3%	88.9%	88.2%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	2.3%	6.3%	3.8%	11.4%	5.3%	2.2%
Supervision	Best place to work and learn	Well led	80%	80.0%	64.3%	60.0%	92.3%	91.7%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	79.2%	91.3%	100.0%	100.0%	100.0%	95.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.5%	91.3%	95.5%	100.0%	95.5%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	91.7%	87.0%	86.4%	90.9%	100.0%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	83.3%	91.3%	90.9%	95.5%	81.8%	95.2%
Bed occupancy**	Best Quality	Safe	85%	96.3%	99.1%	105.4%	96.3%	99.1%	105.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	84	137	45	124	40	6
Safer staffing (Overall)	Best Quality	Safe	90%	171.8%	163.5%	130.7%	130.8%	105.8%	99.8%
Safer staffing (Registered)	Best Quality	Safe	80%	123.9%	116.0%	115.7%	106.9%	108.1%	115.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	17.8%	16.1%	10.3%	7.7%	25.8%	28.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		100.0%	Reporting Commenced April 2025		100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	1	0	1	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	1	3	1	4	2
Restraint incidents	Best Quality	Safe	Trend Monitor	17	4	*3*	2	5	*2*
Prone Restraint incidents (under 3 minutes)	Best Quality	Safe	Trend Monitor	1 (100%)	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	18	33	11	18	12	6

*** Bed occupancy is combined with Clark Suite due to use of swing beds*

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Melton Suite Feb-25	Mar-25	Apr-25	Nostell Feb-25	Mar-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	80.8%	81.5%	92.6%	87.0%	95.7%	91.3%
Sickness	Best place to work and learn	Well led	5.0%	9.3%	8.4%	6.6%	13.7%	7.0%	6.8%
Supervision	Best place to work and learn	Well led	80%	69.2%	92.3%	85.7%	93.3%	68.8%	93.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	88.0%	81.5%	96.2%	92.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	96.3%	100.0%	88.0%	92.6%	88.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.0%	77.8%	80.8%	92.0%	92.6%	88.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	84.0%	81.5%	73.1%	96.0%	85.2%	92.0%
Bed occupancy	Best Quality	Safe	85%	101.2%	100.0%	100.6%	98.1%	93.7%	96.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	6	51	N/A	61	48	33
Safer staffing (Overall)	Best Quality	Safe	90%	174.4%	170.8%	130.5%	120.8%	132.5%	168.4%
Safer staffing (Registered)	Best Quality	Safe	80%	95.6%	101.6%	99.8%	111.3%	110.8%	109.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	16.4%	16.2%	15.9%	13.7%	10.0%	6.9%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		100.0%	Reporting Commenced April 2025		92.9%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	5	3	0	6	7	4
Restraint incidents	Best Quality	Safe	Trend Monitor	9	8	*6*	11	14	*3*
Prone Restraint incidents (under 3 minutes)	Best Quality	Safe	Trend Monitor	1 (100%)	0	*1 (100%)*	2 (100%)	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	30	28	19	9	14	9

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Stanley			Walton		
				Feb-25	Mar-25	Apr-25	Feb-25	Mar-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	79.2%	95.8%	96.0%	88.6%	91.2%	96.8%
Sickness	Best place to work and learn	Well led	5.0%	7.5%	5.7%	9.2%	7.3%	6.7%	10.0%
Supervision	Best place to work and learn	Well led	80%	86.7%	86.7%	86.7%	89.5%	82.4%	94.4%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	88.5%	88.9%	100.0%	97.3%	94.6%	88.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.2%	92.6%	88.0%	89.2%	86.5%	88.6%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.5%	92.6%	84.0%	83.8%	91.9%	85.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	88.5%	81.5%	92.0%	89.2%	81.1%	82.9%
Bed occupancy**	Best Quality	Safe	85%	98.1%	93.7%	96.9%	106.9%	92.6%	
Average Length of Stay	Best Quality	Safe	Trend Monitor	52	47	43	93	73	141
Safer staffing (Overall)	Best Quality	Safe	90%	164.8%	180.7%	125.4%	139.7%	150.4%	157.4%
Safer staffing (Registered)	Best Quality	Safe	80%	109.6%	111.9%	112.1%	94.9%	96.4%	90.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	7.4%	9.3%	8.5%	15.8%	18.9%	19.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		57.1%	Reporting Commenced April 2025		100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	1	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	4	0	4	3	2
Restraint incidents	Best Quality	Safe	Trend Monitor	6	8	*9*	23	12	*15*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*1*	7	4	*5*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	27	37	15	6	9	6

*** Bed occupancy is combined with Nostell due to use of swing beds*

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Ashdale Feb-25	Ashdale Mar-25	Ashdale Apr-25	Ward 18 Feb-25	Ward 18 Mar-25	Ward 18 Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	60.6%	93.8%	96.9%	53.8%	96.2%	96.0%
Sickness	Best place to work and learn	Well led	5.0%	1.2%	1.4%	4.7%	7.6%	11.3%	6.3%
Supervision	Best place to work and learn	Well led	80%	85.0%	100.0%	88.2%	75.0%	75.0%	72.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	91.2%	94.1%	93.9%	100.0%	81.5%	74.1%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.2%	88.2%	90.9%	84.6%	88.9%	88.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.2%	91.2%	100.0%	80.8%	74.1%	63.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	94.1%	94.1%	93.9%	92.3%	81.5%	85.2%
Bed occupancy	Best Quality	Safe	85%	98.7%	100.3%	100.4%	97.7%	97.9%	97.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	76	89	59	27	46	24
Safer staffing (Overall)	Best Quality	Safe	90%	142.1%	132.4%	137.9%	108.0%	99.8%	105.8%
Safer staffing (Registered)	Best Quality	Safe	80%	117.9%	114.6%	114.8%	94.3%	94.8%	92.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	2.7%	3.9%	2.9%	6.5%	9.8%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		50.0%	Reporting Commenced April 2025		86.2%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	2	3	5	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	1	3	3	5	2
Restraint incidents	Best Quality	Safe	Trend Monitor	7	4	*6*	8	8	*7*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*2*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	10	22	12	7	7	1

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Elmdale Feb-25	Mar-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	78.3%	88.0%	96.0%
Sickness	Best place to work and learn	Well led	5.0%	4.0%	3.8%	7.0%
Supervision	Best place to work and learn	Well led	80%	91.7%	83.3%	88.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.6%	93.3%	96.3%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	93.1%	93.3%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	96.4%	96.6%	96.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.1%	83.3%	96.3%
Bed occupancy	Best Quality	Safe	85%	95.5%	92.1%	97.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	34	36	54
Safer staffing (Overall)	Best Quality	Safe	90%	117.4%	121.8%	109.9%
Safer staffing (Registered)	Best Quality	Safe	80%	99.5%	102.4%	96.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	2.7%	0.0%	7.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		91.7%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	3	1	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	10	5	3
Restraint incidents	Best Quality	Safe	Trend Monitor	24	16	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	3	5	8

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Crofton			Poplars CUE		
				Feb-25	Mar-25	Apr-25	Feb-25	Mar-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	77.8%	87.5%	92.0%	89.3%	90.3%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.6%	1.3%	1.9%	6.9%	3.8%	8.1%
Supervision	Best place to work and learn	Well led	80%	92.9%	100.0%	78.6%	92.3%	76.9%	92.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	92.9%	96.2%	96.2%	100.0%	96.9%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.5%	91.7%	91.7%	78.6%	80.0%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.6%	75.0%	70.8%	92.9%	93.3%	89.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.9%	88.5%	88.5%	96.7%	96.9%	93.3%
Bed occupancy	Best Quality	Safe	85%	99.8%	102.2%	94.8%	83.8%	81.9%	79.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	121	57	77	110	115	108
Safer staffing (Overall)	Best Quality	Safe	90%	177.5%	185.7%	201.3%	242.3%	220.5%	230.4%
Safer staffing (Registered)	Best Quality	Safe	80%	153.5%	147.5%	155.5%	103.0%	99.5%	103.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	25.3%	31.2%	31.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		90.0%	Reporting Commenced April 2025		100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	2	6	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	2	6	7	13	15
Restraint incidents	Best Quality	Safe	Trend Monitor	0	2	*11*	12	12	*11*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	20	36	33	58	48	31

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Willow Feb-25	Willow Mar-25	Willow Apr-25	Beechdale Feb-25	Beechdale Mar-25	Beechdale Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	75.0%	81.0%	95.2%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	11.5%	1.3%	12.5%	12.3%	15.2%	13.2%
Supervision	Best place to work and learn	Well led	80%	66.7%	63.6%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	87.5%	87.5%	100.0%	100.0%	92.9%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	78.3%	79.2%	72.7%	92.0%	82.1%	86.4%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	69.6%	58.3%	100.0%	95.8%	92.6%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	83.3%	83.3%	100.0%	80.0%	85.7%	100.0%
Bed occupancy	Best Quality	Safe	85%	88.6%	83.9%	85.7%	93.5%	101.4%	94.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	111	210	101	83	52	87
Safer staffing (Overall)	Best Quality	Safe	90%	171.6%	129.8%	132.9%	154.1%	130.6%	127.4%
Safer staffing (Registered)	Best Quality	Safe	80%	98.4%	98.2%	100.8%	114.9%	105.8%	95.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	3.7%	7.0%	26.6%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		100.0%	Reporting Commenced April 2025		66.7%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	3	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	1	4	0	1
Restraint incidents	Best Quality	Safe	Trend Monitor	2	1	*2*	8	5	*5*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	34	18	18	13	10	9

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male Feb-25	Mar-25	Apr-25	Ward 19 - Female Feb-25	Mar-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	95.7%	95.8%	100.0%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.2%	0.4%	3.2%	0.6%	0.9%	5.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	92.6%	96.3%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.9%	88.9%	91.7%	90.5%	95.2%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.9%	92.6%	100.0%	90.5%	85.7%	91.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	91.7%	95.2%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	101.9%	96.6%	94.9%	92.9%	93.1%	94.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	167	115	84	135	58	91
Safer staffing (Overall)	Best Quality	Safe	90%	110.2%	100.5%	113.7%	93.2%	88.2%	91.8%
Safer staffing (Registered)	Best Quality	Safe	80%	82.8%	78.7%	86.0%	106.6%	93.2%	90.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	5.3%	18.4%	3.2%	4.5%	6.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		80.0%	Reporting Commenced April 2025		100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	3	0	1	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	1	3	1	1	3
Restraint incidents	Best Quality	Safe	Trend Monitor	2	2	*10*	2	2	*10*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	4	2	2	1	1	1

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down Feb-25	Enfield Down Mar-25	Enfield Down Apr-25	Lyndhurst Feb-25	Lyndhurst Mar-25	Lyndhurst Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	85.4%	95.8%	93.5%	93.3%	96.7%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	2.8%	2.4%	2.6%	0.6%	0.7%	0.4%
Supervision	Best place to work and learn	Well led	80%	96.2%	96.2%	92.3%	93.8%	93.3%	93.8%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.8%	95.9%	94.0%	96.7%	100.0%	93.1%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	80.9%	87.5%	79.6%	86.7%	86.7%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.0%	88.6%	90.9%	90.0%	96.7%	79.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.7%	89.8%	90.0%	90.0%	90.0%	93.1%
Bed occupancy	Best Quality	Safe	Trend Monitor	52.8%	53.4%	54.3%	68.1%	63.6%	52.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	910	520	N/A	252	688
Safer staffing (Overall)	Best Quality	Safe	90%	94.1%	93.1%	96.2%	93.9%	94.6%	100.5%
Safer staffing (Registered)	Best Quality	Safe	80%	105.2%	98.8%	106.9%	86.7%	89.8%	98.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	5.9%	0.0%	5.3%	9.1%	9.5%	7.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		50.0%	Reporting Commenced April 2025		N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	0	0	2

Inpatients - Wakefield Forensic - Medium Secure

Ward Level Headlines - Forensics

Performance for all wards is being addressed through regular performance clinics with ward managers and the general manager. Appraisals remain a key focus for the service with support from the People business partner. Improvements in compliance have been noted with Appleton, Bronte and Chippendale being at 100%. Hepworth (95.8), Waterton (94.7%), Johnson (93.3%) have maintained good progress. Improvements have been noted on Priestley, and good oversight of appraisals and those outstanding. Further data quality improvement work has been undertaken in this area so we are now expecting an improving trajectory.

Medium Secure

• Five wards are above supervision compliance (Bronte, Chippendale, Hepworth, Waterton and Johnson). Waterton, has now met compliance following an improving trajectory, evidencing the embedding of plans in implementation by the Ward Manager. Appleton (68.8%) is under compliance and understood to be a recording issue due to team acuity. This is an unusual variation for Appleton and plans are in place. Priestley (75%) has reduced compliance and continue to embed new recording systems. There is now an identified lead on the ward who is closely monitoring.

• Improvements in the overall attendance compliance are noted within the medium secure service. Attendance is within compliance Appleton (3.4%), Johnson (2.9%) and Priestley (1.1%). Significant improvements are noted on Priestley due to improvements in LTS. Sickness also remains below compliance on Chippendale (6.9%) and Waterton (8.1%) which is a combination of long-term sickness absence and short-term absence but is demonstrating overall improvements. Hepworth (8.0%) and Bronte (5.7%) have short term increases which are understood to be short term sickness / absence.

• The plans in place to improve cardiopulmonary resuscitation compliance have seen improvements with Appleton (82.6%), Bronte (88%), Chippendale (80%), Hepworth (88.9%) and Waterton (85.7%) all above compliance. Improvements are noted on Johnson to 71.9% with close oversight from the Ward Manager. Priestley (64.0%) has been closely reviewed by the service, and the majority related to BLS for unregistered staff. Staff are booked onto this training, and the service will continue to closely monitor and monitor skill mix across the service.

• Information Governance compliance remains a focus of targeted improvement work, further challenges have been evident in April with a number of staff going out of date. Compliance has now been achieved on Appleton (95.7%), Johnson (96.9), Waterton (95.2%) and Hepworth (100%) with hotspots identified on Chippendale (90%), Priestley (88.5%) and Bronte (88%). The service has a clear plan for addressing with individuals and an improving trajectory is expected on all areas.

• The service includes fire training within the annual security updates. Following some challenges in trainer availability the service has worked with the fire service to support additional training sessions and plans have been in place to address. All wards except for Priestley (84.6%) are now within expected targets and continued improvement has been noted. Additional dates continue to be available within the forensic care group and staff are also being supported to book on Trust training.

• Compliance for reducing restrictive physical interventions (RRPI) has notable improvements in compliance across the service with six wards now above compliance. Priestley (76%) is the only ward not meeting the threshold with continued engagement with occupational health and the RRPI team is in place for staff who have been deferred for advice to support completion of the course. Cross ward working and effective rostering are used to ensure access to staff trained in Reducing Restrictive Practice Interventions.

• Bed occupancy on Appleton (68.3%) is an issue and is due to a reduction in overall learning disability referrals to secure care. Bed occupancy in the women's service (Johnson medium secure 80.9%) is also low but has noted a slight improvement. Neither of these services have a waiting list. Bed occupancy on Bronte (78.1%) although reduced has service users waiting for admission. Whilst Priestley is amber at (97.6%) this would be viewed as positive within the forensic pathway as support use of admission beds and demonstrates appropriate flow through the service.

There were no prone restraints in medium secure and incidents of violence and restraint incidents remains broadly consistent.

• Continued work and increased oversight of Priestley has been in place to understand the challenges in performance and enable focused intervention and support is in place. A gradual improving trajectory is noted.

Low Secure

• Sickness across all wards monitored closely, and ward managers are working closely with people directorate colleagues. Improvement has been noted on Sandal (2.2%) and Ryburn (1.7%). Recent Newhaven (10.3%) have not been sustained, and the service are working to understand the increases in short term absence. There is in addition 3 staff now on LTS. Thornhill (12.2%) remains a hot spot, albeit some gradual improvement noted. A number of staff do now have support plans to return to work so improvements are expected.

• Mandatory training compliance remains positive across all areas. A hotspot has been identified in CPR training on Ryburn (60%) and Newhaven (69%). The Ward Managers have undertaken a review, and this is due 10 staff across both services. All staff are now booked onto training and the Ward Managers continue to monitor.

• Bed occupancy is low within low secure services with Thornhill (66.2%) and Sandal (93.8%). There is a service user due to be admitted to Thornhill and there have been four referrals into the service. Ryburn currently has no empty beds. Newhaven (75%) continues to experience lower level of referrals and has no waiting list.

• There have been no prone restraint incidents. An increase in physical violence (patient on staff) relates to current acuity in service users. A reduction in restraint incidents on Newhaven is also noted and the service have continued to access the support of wider Trust services, RRPI / safeguarding to ensure robust support plans in place to manage risks.

• Supervision is above compliance in all wards within low secure with the exception of Newhaven (75%). This is unusual variation and the service are working to understand the performance issue.

Metrics	Strategic Objective	CQC Domain	Threshold	Appleton Feb-25	Appleton Mar-25	Appleton Apr-25	Bronte Feb-25	Bronte Mar-25	Bronte Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	94.7%	94.7%	100.0%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	1.5%	1.7%	3.4%	3.1%	2.0%	5.7%
Supervision	Best place to work and learn	Well led	80%	93.3%	93.3%	68.8%	100.0%	100.0%	86.8%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	95.7%	91.7%	96.0%	88.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.7%	95.7%	91.3%	91.7%	88.0%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.6%	87.0%	82.6%	87.5%	80.0%	88.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.3%	91.3%	91.3%	91.7%	88.0%	92.0%
Bed occupancy	Best Quality	Safe	90%	62.5%	64.9%	68.3%	100.0%	94.9%	78.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	1856	N/A	N/A	383
Safer staffing (Overall)	Best Quality	Safe	90%	92.1%	99.1%	111.7%	96.6%	98.0%	96.5%
Safer staffing (Registered)	Best Quality	Safe	80%	101.1%	109.3%	104.8%	100.3%	99.7%	101.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		N/A	Reporting Commenced April 2025		100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1	0	3	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	2	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	6	11	*7*	1	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	2	3	15	0	1	6

Inpatients - Wakefield Forensic - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Chippendale Feb-25	Mar-25	Apr-25	Hepworth Feb-25	Mar-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	95.2%	100.0%	100.0%	92.9%	92.6%	95.8%
Sickness	Best place to work and learn	Well led	5.4%	11.0%	7.1%	6.9%	2.7%	4.9%	8.0%
Supervision	Best place to work and learn	Well led	80%	89.5%	88.2%	93.8%	84.2%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	91.3%	90.0%	93.5%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.5%	82.6%	90.0%	83.9%	90.6%	88.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.7%	87.0%	80.0%	83.9%	93.8%	88.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.5%	87.0%	95.0%	87.1%	87.5%	100.0%
Bed occupancy	Best Quality	Safe	90%	96.7%	91.7%	89.2%	68.1%	86.2%	93.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1463	N/A	1329	441	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	130.5%	127.6%	113.2%	115.4%	108.7%	91.7%
Safer staffing (Registered)	Best Quality	Safe	80%	133.8%	127.4%	115.6%	96.0%	94.5%	89.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	1.7%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		N/A	Reporting Commenced April 2025		0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	4	0	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	2	4	13	5	3	0

Inpatients - Wakefield Forensic - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Johnson Feb-25	Johnson Mar-25	Johnson Apr-25	Priestley Feb-25	Priestley Mar-25	Priestley Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	96.4%	92.9%	93.3%	40.0%	63.6%	66.7%
Sickness	Best place to work and learn	Well led	5.4%	2.3%	0.7%	2.9%	12.4%	3.1%	1.1%
Supervision	Best place to work and learn	Well led	80%	93.8%	93.8%	94.7%	87.5%	81.3%	75.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	92.6%	92.9%	96.9%	92.0%	89.3%	88.5%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.3%	96.4%	87.5%	79.2%	77.8%	76.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	66.7%	75.0%	71.9%	75.0%	74.1%	64.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.6%	92.9%	96.9%	80.0%	78.6%	84.6%
Bed occupancy	Best Quality	Safe	90%	80.0%	80.0%	80.9%	94.7%	94.1%	97.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	943	592	N/A	898
Safer staffing (Overall)	Best Quality	Safe	90%	140.4%	143.1%	156.8%	93.2%	90.0%	89.3%
Safer staffing (Registered)	Best Quality	Safe	80%	99.9%	101.0%	107.6%	91.4%	91.2%	92.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		0.0%	Reporting Commenced April 2025		N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	2	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	1	3	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	3	*2*	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	8	33	36	0	4	0

Inpatients - Wakefield Forensic - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Waterton Feb-25	Mar-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	95.5%	95.2%	94.7%
Sickness	Best place to work and learn	Well led	5.4%	10.0%	11.5%	8.1%
Supervision	Best place to work and learn	Well led	80%	64.3%	76.9%	83.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.7%	87.0%	95.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	82.6%	100.0%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	73.9%	87.0%	85.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	91.3%	90.5%
Bed occupancy	Best Quality	Safe	90%	98.7%	100.0%	95.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	1253
Safer staffing (Overall)	Best Quality	Safe	90%	125.1%	145.1%	118.4%
Safer staffing (Registered)	Best Quality	Safe	80%	97.3%	102.9%	93.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	1	16	7

Inpatients - Wakefield Forensic - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Thornhill Feb-25	Thornhill Mar-25	Thornhill Apr-25	Sandal Feb-25	Sandal Mar-25	Sandal Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	86.4%	91.7%	92.3%	66.7%	96.0%	95.7%
Sickness	Best place to work and learn	Well led	5.4%	16.5%	15.8%	12.2%	5.7%	3.4%	2.2%
Supervision	Best place to work and learn	Well led	80%	92.9%	85.7%	87.5%	94.4%	94.4%	93.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	87.5%	92.9%	100.0%	93.8%	96.9%	96.4%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.7%	92.9%	96.6%	90.6%	96.9%	92.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	91.7%	89.3%	89.7%	81.3%	84.4%	92.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.8%	89.3%	93.1%	96.9%	93.8%	92.9%
Bed occupancy	Best Quality	Safe	85%	73.1%	79.1%	66.2%	87.7%	89.5%	93.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	273	3	98	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	121.6%	119.8%	115.9%	124.7%	113.0%	144.4%
Safer staffing (Registered)	Best Quality	Safe	80%	119.1%	110.7%	105.2%	122.6%	117.2%	114.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		N/A	Reporting Commenced April 2025		N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	0	1	3	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	2	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	5	5	16	10	20	26

Inpatients - Wakefield Forensic - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Ryburn Feb-25	Ryburn Mar-25	Ryburn Apr-25	Newhaven Feb-25	Newhaven Mar-25	Newhaven Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	100.0%	100.0%	100.0%	83.8%	86.1%	77.8%
Sickness	Best place to work and learn	Well led	5.4%	0.0%	6.2%	1.7%	3.9%	7.2%	10.3%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	85.7%	86.4%	90.5%	75.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	95.2%	97.6%	97.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	100.0%	100.0%	84.2%	86.8%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.0%	80.0%	60.0%	84.2%	81.6%	69.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	83.3%	85.7%	90.9%
Bed occupancy	Best Quality	Safe	85%	93.4%	80.2%	86.7%	66.5%	72.6%	75.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	740	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	99.1%	98.9%	100.0%	108.7%	110.9%	111.1%
Safer staffing (Registered)	Best Quality	Safe	80%	100.0%	99.5%	100.0%	104.3%	105.6%	101.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		N/A	Reporting Commenced April 2025		N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	3	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	7	6	10
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	12	0	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	5	4	12

Inpatients - Non-Mental Health

• **Appraisal rate:**
Neuro Rehabilitation Unit (NRU) rate is showing as 86.5% for April which is slightly below the new compliance figure of 90%. We are seeing a continued increase towards compliance into May which currently stands at 89.5% as at 16.5.25.
Stroke Rehabilitation Unit (SRU) rate has increased again to achieve compliance this month at to 91.5% for April.

• **Sickness:**
NRU – sickness has slightly increased in April from 6.8% to 7%. One long term sickness (LTS) re hip surgery replacement continues to be off sick due to post operative complications; this is likely to continue into June. We still have one LTS staff member (anxiety) with their latest sick note running into June, plus a new LTS where a staff member is on sick leave (anxiety) due to a critically ill spouse. These are all being managed via HR processes and sickness reviews.

SRU – Sickness for April has increased to 14.1% which was expected due to the significant illnesses / infections (no trends / patterns) being experienced on this ward when the last report was submitted. This has been a mixture of ward and Early Supported Discharge and includes 8 staff on short term sickness. This is being managed via HR processes and sickness reviews, and we are expecting to see an improving picture by late May / early June.

• **Supervision:**
NRU has seen a decrease during April to 66.7%. We are noting an increase already during May at 70.8% as at 16.5.25. Due to the requirement to ensure safe staffing levels, along with LTS impacting our qualified nursing cohort in particular, patient care has had to be prioritised which has impacted the ability to achieve the target this month.
SRU figures for April have also seen a decrease to 65.8% - there has been significant sickness in the service this month (see above) which has impacted capacity, but we are seeing this increase during May and figures are showing 70% as at 16.5.25.
Additional supervision has been planned in during May to improve these figures..

• **Information Governance:**
NRU – an increase to achieve compliance during April up to 97.6%.
SRU – maintained compliance during April at 98.5%.

• **Cardiopulmonary resuscitation (CPR):**
NRU – maintained compliance at 85% for April.
SRU – an increase during April just below compliance at 77.8%. The 5 staff that completed training in April may not be showing on the statistics as yet (see note below).

NB: Email from Resus Lead 8.5.25 advises SRU/NRU are now above 80% threshold.

To note: Resus Lead has advised that the process for CPR training recording is that they send the signature sheets to L&D. These are inputted by L&D but at irregular intervals once per month. Therefore, there is a potential for up to a 6-week lag before the updated training statistics are showing.

• **Fire Training:**
NRU – an increase during April to achieve compliance at 95%. Bespoke fire training has also been booked for early May.

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU) Feb-25	Mar-25	Apr-25	Stroke Rehabilitation Unit (SRU) Feb-25	Mar-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	80.5%	87.2%	86.5%	80.3%	83.9%	91.5%
Sickness	Best place to work and learn	Well led	5.0%	7.1%	6.8%	7.0%	3.4%	7.7%	14.1%
Supervision	Best place to work and learn	Well led	80%	85.2%	87.5%	66.7%	79.5%	86.1%	65.8%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.7%	91.3%	97.6%	95.7%	98.6%	98.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	78.0%	84.1%	85.0%	83.1%	71.2%	77.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	86.0%	84.8%	90.5%	95.7%	88.6%	89.6%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	55.7%	71.8%	70.3%	99.1%	99.5%	98.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	41	38	46	33	38	39
Safer staffing (Overall)	Best Quality	Safe	90%	113.6%	116.5%	120.4%	108.5%	95.5%	95.3%
Safer staffing (Registered)	Best Quality	Safe	80%	104.3%	94.9%	104.2%	144.0%	119.1%	121.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0

Inpatients - Mental Health - Learning Disability

Headlines

• The service continues to support the provision of appraisal. During the WorkPal downtime, these have been completed on paper and are now being uploaded onto ESR. The service continues to monitor closely and is within compliance at 91.2%
• Plans in place by the ward manager to improve supervision compliance are demonstrating effectiveness and this now within compliance at 90%
• Mandatory training compliance remains positive, with a hotspot in CPR (78.4%) due to staff requiring updates. Plans are in place to address. Improvements are now evident within IG training.
An increase in sickness is evident at 5.8%, which is under review with the Ward Manager.
There are a high number of service users that are clinically ready for discharge. These relate to the ongoing complex packages of care.
There are no prone restraints.

Metrics	Strategic Objective	CQC Domain	Horizon Threshold	Feb-25	Mar-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	87.9%	91.2%	91.2%
Sickness	Best place to work and learn	Well led	5.0%	5.5%	3.6%	5.8%
Supervision	Best place to work and learn	Well led	80%	73.7%	84.2%	90.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.4%	92.5%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.5%	92.3%	91.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.2%	82.1%	78.4%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	94.9%	95.0%	97.4%
Bed occupancy	Best Quality	Safe	N/A	68.8%	67.3%	
Average Length of Stay	Best Quality	Safe	Trend Monitor	530	35	1015
Safer staffing (Overall)	Best Quality	Safe	90%	198.4%	172.7%	144.1%
Safer staffing (Registered)	Best Quality	Safe	80%	164.2%	170.3%	157.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	55.4%	55.7%	90.1%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	Reporting Commenced April 2025		N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	9	24	19
Restraint incidents	Best Quality	Safe	Trend Monitor	15	36	*23*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0

Inpatients - Cheswold Park Forensic (CPH)

Headlines

• Supervision compliance is above compliance for Foss (87.9%). Whilst compliance is below target on Skipton (70.4%) this is understood to be a recording issue. The ward manager is reviewing to understand the challenges and ensure plans in place to improve recording.
Appraisal compliance is not within expected parameters for the service, and a review will be undertaken to understand the challenges within the service.
• Sickness absence is above target and reported at Foss (7.3%) and Skipton (6.6%). This will be closely monitored by the Ward Managers.
• Good compliance in relation to mandatory training is noted across both wards in the medium secure service. There is a hot spot on Skipton (90.9%) for IG training with plans in place to address.
• Bed occupancy on Foss (81.7%) and Skipton (50%). Whilst below usual compliance both are in relation to the mobilisation of CPH and plans are in place for a gradual but sustained increase in occupancy.
There were no prone restraints.

Low Secure – CPH
• Sickness across all wards monitored closely, and ward managers are working closely with people directorate colleagues. Sickness is within compliance on Aire (4.5%), Don (0.5%) and Calder (4.6%). Esk (6.3%) is above compliance and continues to be closely monitored.
• Mandatory training compliance remains positive across all areas. A hotspot has been identified in IG on Aire (93.9%) with a plan in place with the Ward Manager to improve compliance.
• Bed occupancy within compliance on Aire (90.8%), Don (98.3%) and Esk (85.2%). Bed occupancy on Calder (54.8%) whilst below usual compliance both are in relation to the mobilisation of CPH and plans are in place for a gradual but sustained increase in occupancy.
• Supervision is above compliance in all wards within low secure – CPH.
• There have been no prone restraint incidents.
• Safer Staffing is compliant across the service, with the exception of Calder (62.5%). The service undertakes a hospital review of staffing on a daily basis to support review of both registered and unregistered staffing across the service.
• % of risk assessment completed is reported at 0% on Aire, the transition and implementation to SystmOne will result in data quality issues for this matrix currently.

				Medium Secure Services		Low Secure Services				
				Foss	Skipton	Aire	Don	Calder	Esk	Wentbridge
Metrics	Strategic Objective	CQC Domain	Threshold	Apr-25	Apr-25	Apr-25	Apr-25	Apr-25	Apr-25	Apr-25
Appraisal rate	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87%	55.6%	77.8%	100.0%	95.8%	88.0%	85.0%	83.3%
Sickness	Best place to work and learn	Well led	5.4%	7.3%	6.6%	4.5%	0.5%	4.6%	6.3%	8.4%
Supervision	Best place to work and learn	Well led	80%	87.9%	70.4%	100.0%	100.0%	88.5%	83.3%	91.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	90.9%	93.9%	96.2%	95.8%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.6%	94.1%	90.9%	92.3%	100.0%	100.0%	93.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.0%	93.9%	85.3%	84.6%	95.8%	100.0%	77.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.0%	93.9%	90.9%	100.0%	100.0%	95.5%	88.6%
Bed occupancy	Best Quality	Safe	90%	81.7%	50.0%	90.8%	98.3%	54.8%	85.2%	87.5%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1015	N/A	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	91.0%	108.9%	102.3%	119.0%	94.8%	101.7%	149.2%
Safer staffing (Registered)	Best Quality	Safe	80%	99.5%	83.8%	87.4%	82.7%	62.5%	111.0%	106.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	0.0%	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0	6
Restraint incidents	Best Quality	Safe	Trend Monitor	*1*	*3*	*2*	*0*	*0*	*0*	*2*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	*0*	*0*	*0*	*0*	*0*	*0*	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0	0

Overall Financial Performance 2025/26

Executive Summary / Key Performance Indicators

Performance Indicator		Strategic Objective	CQC Domain	Year to Date	Forecast 2025/26	Narrative
1	Surplus / (Deficit)	Best Value	Well Led	£(0.9m)	£0m	The financial performance for April 2025, as the first month of the financial year, is a deficit of £0.9m. This is £0.1m (16%) worse than plan but to ensure delivery of the breakeven financial target actions to improve the run rate are required. This improvement was included within the profile of the annual plan.
2	Agency Spend	Best Value	Well Led	£0.4m	£3.3m	The Trust agency expenditure plan included a reduction in line with planning guidance. In April expenditure (£0.4m) is less than plan and this is forecast to continue.
3	Bank Spend	Best Value	Well Led	£2.2m	£23.7m	The Trust bank expenditure plan also included a reduction in line with planning guidance. The plan value has been exceeded in April with spend of £2.2m. This is £0.6m more than plan and, due to the scale of the variance, will require significant reductions to bring run rate back in line with plan. The impact of actions taken will continue to be assessed.
4	Corporate Spend	Best Value	Well Led	£5.5m	£67.2m	National guidance, and as part of the Trust Value for Money programme, identified corporate expenditure as a key performance indicator. This value is total corporate expenditure with the RAG rating as a comparison against plan following budgetary reductions. In April spend is £0.3m less than planned.
5	Financial sustainability and efficiencies	Best Value	Well Led	£1.2m	£28.2m	Recorded efficiencies in April 2025 are £465k behind plan. This is mainly due to workforce drivers with more staff utilised, and additionally more bank staff utilised, than planned. This remains forecast to deliver in full as part of supporting delivery of the overall financial position.
6	Cash	Best Value	Well Led	£56.2m	£55.7m	Cash remains strong for an NHS Trust but is lower than historical balances. Cash is higher than plan in April and work continues to ensure this is maximised primarily from the timely recovery of agreed income.
7	Capital Spend	Best Value	Well Led	£0.2m	£14.2m	The Trust capital programme is focussed on the older people transformation scheme. We have, however, been successful in securing a number of additional grants. These are profiled to commence later in the financial year.
8	Better Payment Practice Code	Best Value	Well Led	96%		This performance is based upon a combined NHS / Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

Appendix 1 - Cheswold Park Hospital

Quality	Trust Threshold	Feb-25	Mar-25	Apr-25
Complaints - Number of responses provided within six months of the date a complaint received	100.0%	100% (1/1)	100% (10/10)	100%(5/5)
Infection Prevention (MRSA & C.Diff) All Cases	0	0	1	0

People - Performance	Trust Threshold	Feb-25	Mar-25	Apr-25
Appraisals - rolling 12 months	95%	73.0%	78.4%	
Mandatory Training - TOTAL	>=80%	98.0%	98.0%	97.0%
Mandatory Training - Reducing Restrictive Practice Interventions		91.0%	89.0%	90.0%
Mandatory Training - Cardiopulmonary Resuscitation		94.0%	92.0%	90.0%
Mandatory Training - Clinical Risk		N/A	N/A	N/A
Mandatory Training - Display Screen Equipment		N/A	N/A	N/A
Mandatory Training - Equality & Diversity		99.0%	99.0%	99.0%
Mandatory Training - Fire Safety	>=85%	97.0%	94.0%	95.0%
Mandatory Training - Food Safety	>=80%	100.0%	100.0%	100.0%
Mandatory Training - Freedom To Speak Up (FTSU)		100.0%	100.0%	100.0%
Mandatory Training - Infection Control & Hand Hygiene		98.0%	96.0%	96.0%
Mandatory Training - Information Governance (Data Security)	>=95%	98.0%	94.0%	95.0%
Mandatory Training - Moving & Handling	>=80%	97.0%	94.0%	95.0%
Mandatory Training - Mental Capacity Act/Dols		97.0%	95.0%	93.0%
Mandatory Training - Mental Health Act		97.0%	95.0%	93.0%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1		98.0%	99.0%	99.0%
Mandatory Training - Prevent	>=80%	N/A	N/A	N/A
Mandatory Training - Safeguarding Adults		97.0%	96.0%	94.0%
Mandatory Training - Safeguarding Children		97.0%	96.0%	94.0%

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Finance Report

Month 1 (2025 / 26)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0 Executive Summary / Key Performance Indicators

Key Performance Indicator		Year to Date	Forecast 2025 / 26	Narrative
1	Surplus / (Deficit)	£(0.9m)	£0m	The financial performance for April 2025, as the first month of the financial year, is a deficit of £0.9m. This is £0.1m (16%) worse than plan but to ensure delivery of the breakeven financial target actions to improve the run rate are required. This improvement was included within the profile of the annual plan.
2	Agency Spend	£0.4m	£3.3m	The Trust agency expenditure plan included a reduction in line with planning guidance. In April expenditure (£0.4m) is less than plan and this is forecast to continue.
3	Bank Spend	£2.2m	£23.7m	The Trust bank expenditure plan also included a reduction in line with planning guidance. The plan value has been exceeded in April with spend of £2.2m. This is £0.6m more than plan and, due to the scale of the variance, will require significant reductions to bring run rate back in line with plan. The impact of actions taken will continue to be assessed.
4	Corporate Spend	£5.5m	£67.2m	National guidance, and as part of the Trust Value for Money programme, identified corporate expenditure as a key performance indicator. This value is total corporate expenditure with the RAG rating as a comparison against plan following budgetary reductions. In April spend is £0.3m less than planned.
5	Financial sustainability and efficiencies	£1.2m	£28.2m	Recorded effeciencies in April 2025 are £465k behind plan. This is mainly due to workforce drivers with more staff utilised, and additionally more bank staff utilised, than planned. This remains forecast to deliver in full as part of supporting delivery of the overall financial position.
6	Cash	£56.2m	£55.7m	Cash remains strong for an NHS Trust but is lower than historical balances. Cash is higher than plan in April and work continues to ensure this is maximised primarily from the timely recovery of agreed income.
7	Capital	£0.2m	£14.2m	The Trust capital programme is focussed on the older people transformation scheme. We have, however, been successful in securing a number of additional grants. These are profiled to commence later in the financial year.
8	Better Payment Practice Code	96%		This performance is based upon a combined NHS / Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

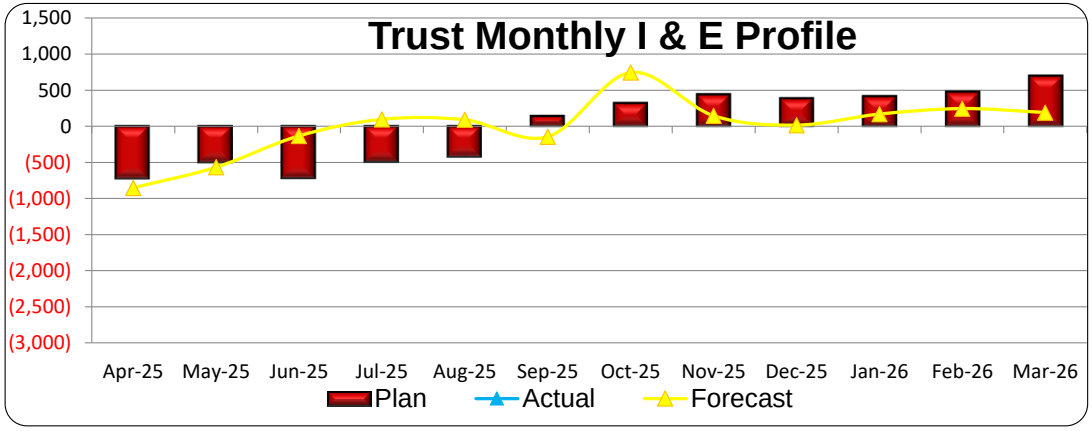
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

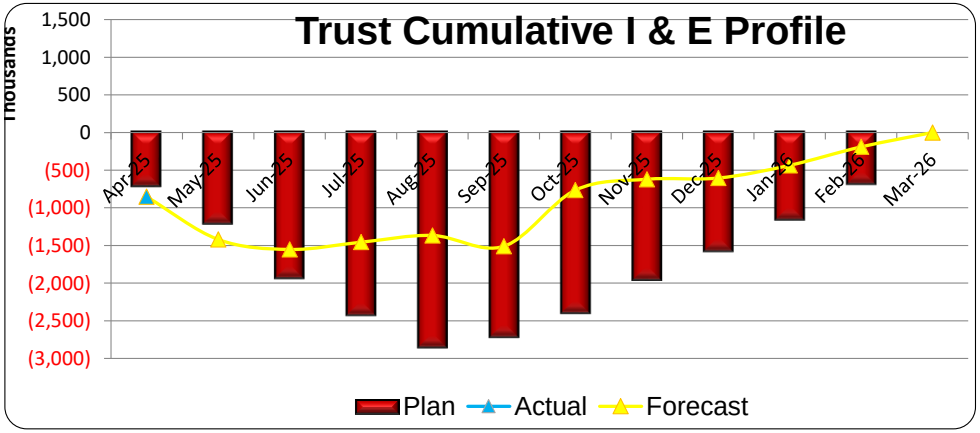
2.0 Income & Expenditure Position 2025 / 26

The table below presents the total consolidated financial position for South West Yorkshire Partnership NHS Foundation Trust. This incorporates it's role as co-ordinating provider for a number of Mental Health Provider Collaboratives but excludes it's linked charities which are consolidated into the Trust's group annual accounts. The impact of the Provider Collaboratives, and budgets held centrally, are highlighted separately within this report.

Total Financial Position

Description	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Healthcare contracts					37,391	37,286	(105)	37,391	37,286	(105)	450,273	449,282	(990)
Other Operating Revenue					1,232	1,368	136	1,232	1,368	136	15,673	15,419	(254)
Total Revenue					**38,623**	**38,654**	**31**	**38,623**	**38,654**	**31**	**465,946**	**464,702**	**(1,244)**
Pay Costs	5,404	5,435	31	0.6%	(24,809)	(24,902)	(93)	(24,809)	(24,902)	(93)	(297,213)	(295,672)	1,541
Non Pay Costs					(13,728)	(13,825)	(97)	(13,728)	(13,825)	(97)	(158,829)	(159,172)	(343)
Gain / (loss) on disposal					0	0	0	0	0	0	0	0	0
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,404**	**5,435**	**31**	**0.6%**	**(38,537)**	**(38,727)**	**(190)**	**(38,537)**	**(38,727)**	**(190)**	**(456,042)**	**(454,844)**	**1,197**
EBITDA	**5,404**	**5,435**	**31**	**0.6%**	**86**	**(73)**	**(158)**	**86**	**(73)**	**(158)**	**9,904**	**9,857**	**(47)**
Depreciation					(613)	(661)	(48)	(613)	(661)	(48)	(7,447)	(7,761)	(314)
PDC Paid					(378)	(382)	(4)	(378)	(382)	(4)	(4,534)	(4,584)	(50)
Interest Received					187	263	76	187	263	76	2,077	2,488	411
Surplus / (Deficit) - ICB performance measure	**5,404**	**5,435**	**31**	**0.6%**	**(718)**	**(853)**	**(135)**	**(718)**	**(853)**	**(135)**	**(0)**	**0**	**0**
Depn Peppercorn Leases (IFRS16)					(9)	(5)	4	(9)	(5)	4	(94)	(61)	33
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,404**	**5,435**	**31**	**0.6%**	**(727)**	**(858)**	**(131)**	**(727)**	**(858)**	**(131)**	**(94)**	**(61)**	**33**





Income & Expenditure Position 2025 / 26

The Trust deficit in April 2025 is £853k.
Actions are required to ensure delivery of the breakeven target.

In line with national guidance the Trust submitted a risk assessed breakeven financial plan for 2025 / 26. This consciously included an element of unidentified efficiency requirement and will require corrective action in order to achieve this position.

NHS England - monthly submission

The actual financial performance reported here is consistent with the monthly return made to NHS England and also to that reported to the West Yorkshire Integrated Care Board (ICB). The corresponding declaration is made within the return itself.

The submission is for the total consolidated financial position which operates as a single segment for the purpose of providing healthcare services. Within this report the financial information is split into core Trust, Provider Collaboratives and budgets held centrally. Cheswold Park Hospital, which was purchased in October 2024 and was reported separately during 2024 / 25, has now been consolidated into the Core Trust as business as usual. Previous year comparators have been updated to include this. This is summarised in the table below.

	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
Description	**WTE**	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
Trust (core)	5,381	5,404	23	0.4%	(1,021)	(942)	80	(1,021)	(942)	80	(7,665)	(8,500)	(835)
Provider Collaboratives	23	31	8	33.3%	2	69	67	2	69	67	27	463	436
Budgets held centrally	0	0	0	0.0%	301	20	(282)	301	20	(282)	7,639	8,038	399
Total - Consolidated position (ICB performance measure)	**5,404**	**5,435**	**31**	**0.6%**	**(718)**	**(853)**	**(135)**	**(718)**	**(853)**	**(135)**	**(0)**	**0**	**0**

At month 1 the presentation above highlights that the Trust has a significant, budgetary and actual / forecast, deficit within it's core budgets. This is offset by budgets held centrally which includes the budget targets for existing value for money schemes. As these are progressed and can be actioned against individual budgets this will be realigned.

The drivers behind the Trust financial performance is considered in detail in the remainder of this report.

The provider collaboratives, collectively, have reported a surplus in April with the main Adult Secure collaboratives reporting as breakeven. No risk / reward has currently been incorporated for collaboratives for which SWYPFT is a partner and these will be incorporated as the year progresses.

Budgets held centrally are primarily the targets for value for money and will be allocated as plans progress.

2.0 Income & Expenditure Position 2025 / 26

This section focusses on the financial performance of South West Yorkshire Partnership NHS Foundation Trust. This excludes the financial impact of Provider Collaboratives and budgets held centrally which are presented separately. The movement between the total consolidated financial position and the table below is reconciled on the previous page for ease.

To confirm that the individual analysis within this report highlights the Trust only values unless explicitly stated otherwise.

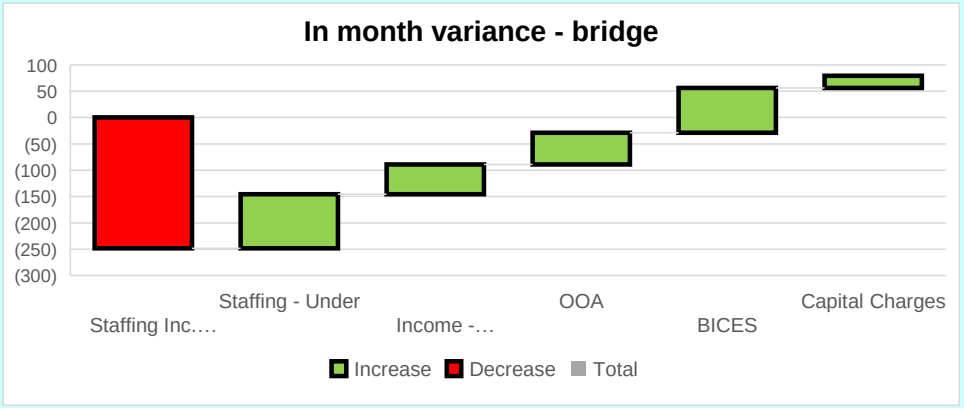
Total Financial Position - Core Trust only

	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
Description / Heading	**WTE**	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
Healthcare contracts					28,185	28,082	(103)	28,185	28,082	(103)	339,798	338,826	(971)
Other Operating Revenue					1,153	1,293	140	1,153	1,293	140	14,718	14,588	(130)
Total Revenue					**29,337**	**29,374**	**37**	**29,337**	**29,374**	**37**	**354,515**	**353,414**	**(1,101)**
Pay Costs	5,381	5,404	23	0.4%	(24,583)	(24,782)	(199)	(24,583)	(24,782)	(199)	(294,499)	(294,172)	327
Non Pay Costs					(4,972)	(4,754)	218	(4,972)	(4,754)	218	(57,778)	(57,885)	(107)
Gain / (loss) on disposal					0	0	0	0	0	0	0	0	0
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,381**	**5,404**	**23**	**0.4%**	**(29,555)**	**(29,536)**	**19**	**(29,555)**	**(29,536)**	**19**	**(352,276)**	**(352,057)**	**219**
EBITDA	**5,381**	**5,404**	**23**	**0.4%**	**(217)**	**(162)**	**56**	**(217)**	**(162)**	**56**	**2,239**	**1,357**	**(882)**
Depreciation					(613)	(661)	(48)	(613)	(661)	(48)	(7,447)	(7,761)	(314)
PDC Paid					(378)	(382)	(4)	(378)	(382)	(4)	(4,534)	(4,584)	(50)
Interest Received					187	263	76	187	263	76	2,077	2,488	411
Surplus / (Deficit) - ICB performance measure	**5,381**	**5,404**	**23**	**0.4%**	**(1,021)**	**(942)**	**80**	**(1,021)**	**(942)**	**80**	**(7,665)**	**(8,500)**	**(835)**
Depn Peppercorn Leases (IFRS16)					(9)	(5)	4	(9)	(5)	4	(94)	(61)	33
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,381**	**5,404**	**23**	**0.4%**	**(1,030)**	**(947)**	**83**	**(1,030)**	**(947)**	**83**	**(7,759)**	**(8,561)**	**(802)**

The Trust plan for 2025 / 26 is profiled with a deficit in the early part of the year and reducing as value for money schemes have an impact. The budget deficit arises, following a period of small surpluses in the monthly run rate in late 2024 / 25, due to inflationary cost pressures such as pay award assumptions and national insurance changes set by government.

The key headlines, against these budget assumptions, are included below and illustrated within the bridge:

	£k
Staffing - Adult Inpatient and Older People (Barnsley and Wakefield). More staff utilised than planned. Primarily bank staffing	(248)
Staffing - Corporate pay costs less than planned	103
Additional income - Salary sacrifice	57
Out of area costs lower than plan. Activity has been at 5, in line with plan, but individual charges lower	60
Barnsley - less community equipment expenditure than planned.	85
Capital charges - interest received higher than planned. Offsetting depreciation charges	24

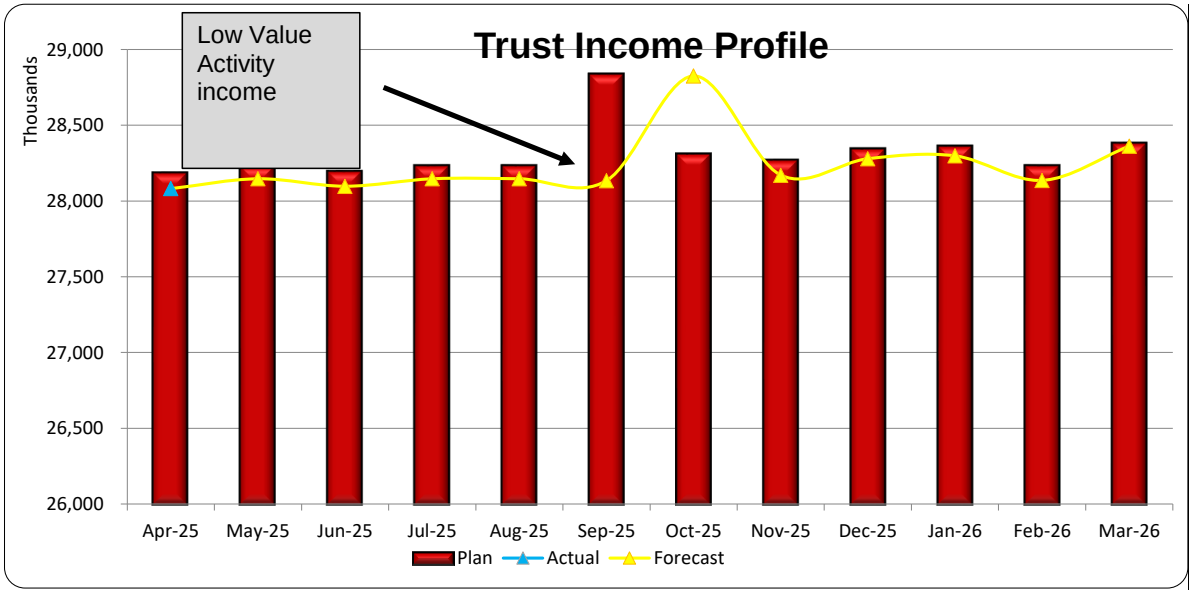


2.1 Income Information

The Trust receives income from it's commissioners in order to deliver healthcare services to meet the defined needs of the local population. The majority of this is in the form of an Aligned Incentive Contract (AIC) with a set value agreed (fixed / block contract value). As such this provides income stability, and financial certainty, to enable the Trust to plan effectively. This is amended to take account of any tariff changes (set nationally) and for agreed changes in service provision (investment and / or disinvestment).

The main table below is the core Trust income and excludes income received for the commissioning role for mental health collaboratives, although this value is noted. The table highlights where income is received from, by organisation type. This confirms that the vast majority is received from local Integrated Care Boards (ICB's - both West Yorkshire and South Yorkshire). The Specialist Commissioner includes the SWYPFT contractual element of the Adult Secure Provider Collaborative.

Income source	Total 24/25 £k	Apr-25 £k	May-25 £k	Jun-25 £k	Jul-25 £k	Aug-25 £k	Sep-25 £k	Oct-25 £k	Nov-25 £k	Dec-25 £k	Jan-26 £k	Feb-26 £k	Mar-26 £k	Total £k	Budget £k	Variance £k
NHS Commissioners		22,693	22,688	22,688	22,688	22,688	22,688	23,291	22,688	22,688	22,688	22,688	22,734	**272,914**	272,914	0
Specialist Commissioner		4,697	4,701	4,660	4,701	4,701	4,697	4,777	4,733	4,834	4,853	4,715	4,872	**56,940**	56,881	59
Local Authority		318	380	380	380	380	380	380	380	380	380	380	380	**4,494**	5,232	(738)
Partnerships		248	251	243	251	251	243	251	243	251	251	227	251	**2,957**	2,958	(1)
Other Contract Income		127	127	127	127	127	127	127	127	127	127	127	127	**1,521**	1,812	(291)
Total	**0**	**28,082**	**28,147**	**28,098**	**28,147**	**28,147**	**28,134**	**28,826**	**28,171**	**28,279**	**28,298**	**28,136**	**28,362**	**338,826**	**339,798**	**(971)**
2024 / 25														**0**		
Provider Collab		9,204	9,205	9,204	9,205	9,205	9,204	9,205	9,204	9,205	9,205	9,203	9,205	**110,456**		
Total	**0**													**0**		



As identified the majority of income is in the form of block / fixed contracts. As such income received is in line with agreed contract values. The variance arises from a small number of contracts which are reimbursed based on actual costs incurred.

These are minimal, and by their nature, the loss of income is equally offset by reduction in pay and non pay costs.

This includes:
* Additional roles reimbursement
* Actual prescribing costs for Smokefree services

2.2 Pay Information

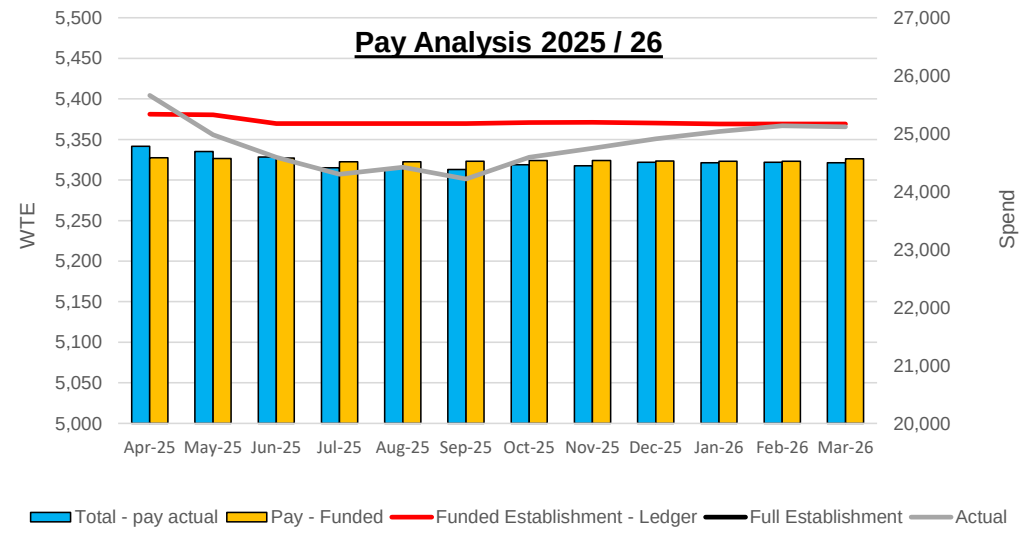
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities include a focus on the health and wellbeing of this workforce.

Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

Staff type	Apr-25 £k	May-25 £k	Jun-25 £k	Jul-25 £k	Aug-25 £k	Sep-25 £k	Oct-25 £k	Nov-25 £k	Dec-25 £k	Jan-26 £k	Feb-26 £k	Mar-26 £k	Total £k
Substantive	22,213	22,319	22,301	22,160	22,182	22,166	22,255	22,274	22,327	22,331	22,351	22,345	**267,225**
Bank & Locum	2,216	2,038	2,004	1,953	1,949	1,949	1,943	1,937	1,937	1,924	1,916	1,905	**23,671**
Agency	352	334	291	296	270	265	263	233	244	242	237	247	**3,276**
Total	**24,782**	**24,691**	**24,596**	**24,409**	**24,401**	**24,380**	**24,462**	**24,444**	**24,508**	**24,497**	**24,504**	**24,498**	**294,172**
24 / 25	21,466	21,360	21,739	21,751	21,275	21,756	27,051	23,069	22,694	22,843	22,707	22,922	**270,633**

Bank as % (in month)	8.9%	8.3%	8.1%	8.0%	8.0%	8.0%	7.9%	7.9%	7.9%	7.9%	7.8%	7.8%	8.0%
Agency as % (in month)	1.4%	1.4%	1.2%	1.2%	1.1%	1.1%	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	1.1%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,837	4,841	4,828	4,823	4,834	4,827	4,851	4,864	4,876	4,887	4,896	4,897	**4,855**
Bank & Locum	528	491	479	464	462	455	460	458	458	456	454	452	**468**
Agency	39	23	21	20	20	19	18	17	17	17	17	17	**20**
Total	**5,404**	**5,356**	**5,328**	**5,307**	**5,316**	**5,301**	**5,328**	**5,339**	**5,351**	**5,360**	**5,367**	**5,366**	**5,343**
24 / 25	5,110	5,034	5,064	5,087	5,092	5,110	5,421	5,434	5,418	5,399	5,425	5,417	**5,251**



The pay expenditure plan for 2025 / 26 includes a number of key assumptions. It incorporates pay award increases at an esimated 2.9% for all staff groups with effect from 1st April 2025 and that staffing levels will be maintained at either December 2024 or lower for Corporate services who have seen growth since 2018.

In April 2025 this has resulted in an overspend of £199k with 23 more worked WTE than planned. This is mainly in additional bank staff required to support inpatient areas.

In total this is 13 less WTE worked than March 2025 with reductions in substantive (54) and agency (18). The increase in bank staff is 59 WTE worked.

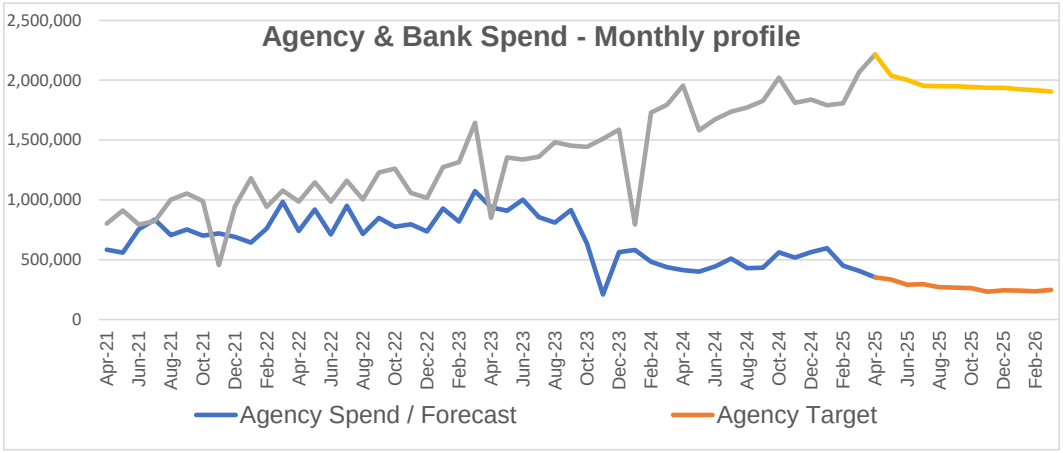
As linked into the key performance indicators a number of actions, including revised processes, escalation and working practices have been implimented in this area. Work continues to ensure that the impact is triangulated.

2.2 Temporary Staffing Focus

Trust spend in April 2025:
Agency £352k
Bank £2,216k

We continue to acknowledge that temporary staffing solutions continue to play an important role in the overall workforce strategy of the Trust. However this must fit within the overall context of ensuring the best possible use of resources and value for money whilst ensuring that operational pressures are effectively managed.

The focus has expanded from purely agency staff to total temporary staffing costs especially those which are paid a premium rate to those paid under normal terms and conditions. This includes agency staff, Trust bank staff and also enhanced payments made to substantive Trust staff for additional hours.



Temporary Staff costs to date - by category			
Category	**Agency**	**Bank**	**Total**
	£k	**£k**	**£k**
Consultant	154	51	**205**
Other Medical	112	46	**158**
Reg Nursing	3	579	**582**
UnReg Nursing	47	1,370	**1,417**
Other Clinical	34	66	**100**
A & C	3	103	**106**
Other	0	0	**0**
Total	**352**	**2,216**	**2,568**
Lead Provider Collaborative	5	2	**7**
Budgets held centrally			**0**
Total	**357**	**2,218**	**2,576**

Whilst it was recognised that this was a challenging position the Trust financial plan for 2025 / 26 included reductions against both agency and bank expenditure in line with national planning guidance. The reductions were based on forecast spend levels as at month 8 (November 2024) which had the following impact:

Heading	M8 Forecast	Reduction	Value		Target	2024 / 25	Revised
Agency	£6,123k	30%	£1,837k		£4,286K	£6,380k	£2,093k
Bank	£21,459k	10%	£2,146k		£19,313k	£21,852k	£2,539k
Total	**£27,582k**		**£3,983k**		**£23,599k**	**£28,232k**	**£4,632k**

As expenditure increased in Qtr 4 2024 / 25 this results in a requirement of larger run rate cost reductions to achieve the target (£649k)

Performance measurement of these targets are based upon total consolidated agency and bank expenditure and are reported as part of the value for money programme.

Overall agency spend is marked as green and within plan at April. This overall assessment includes the reduction in lead provider collaborative agency spend which is forecast to be nil moving forwards. Excluding this the Trust spend of £352k is £5k less than plan. The impact of current actions is modelled into the forecast as far as possible and this will be validated in future months. The initial data suggests positive impact of actions accross inpatient areas.

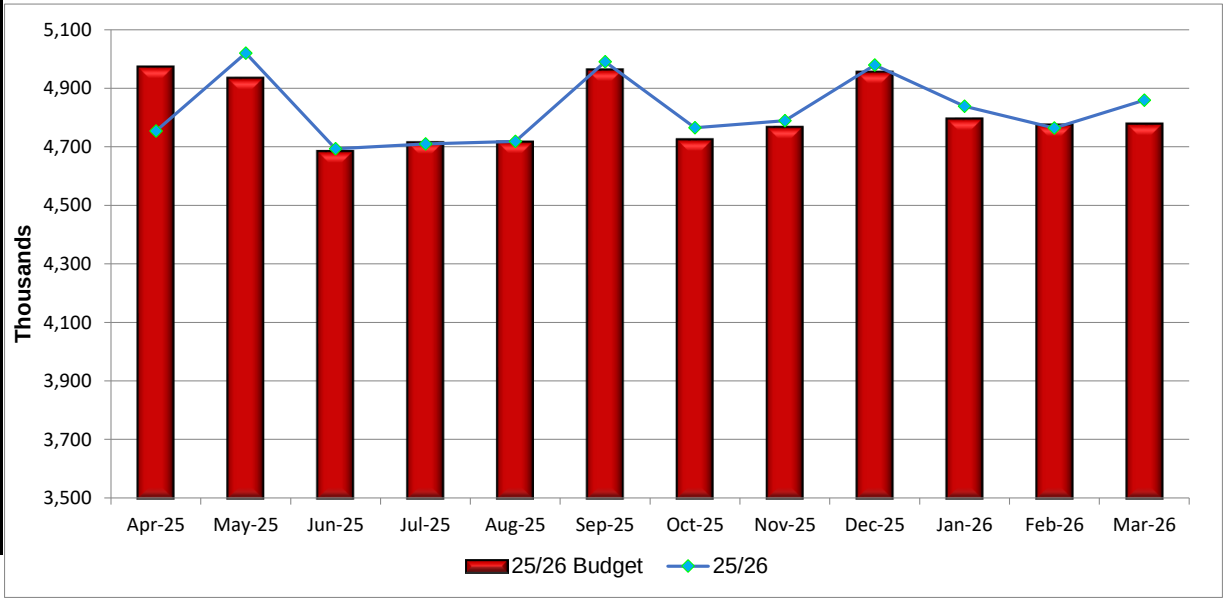
In April 2025 bank expenditure has significantly exceeded the planned level. As per 2024 / 25 the main areas of usage remain inpatient ward areas although there is expenditure across all areas. The Trust Temporary staffing group has focussed on inpatient areas usage and the impact of actions will be reflected in future reporting periods. Additionally, the Trust has adopted a zero approach to corproate bank usage. In all cases a process for break glass is established to ensure that safety is maintained.

2.3 Non Pay Expenditure

Whilst pay expenditure is the majority of Trust costs, non pay expenditure also presents a number of key financial challenges. This analysis focuses on non pay expenditure within the care groups and corporate services, and excludes capital charges (depreciation and PDC) which are shown separately in the Trust Income and Expenditure position. To re-confirm that this also excludes expenditure relating to the provider collaboratives and budgets held centrally.

Non pay spend	Apr-25 £k	May-25 £k	Jun-25 £k	Jul-25 £k	Aug-25 £k	Sep-25 £k	Oct-25 £k	Nov-25 £k	Dec-25 £k	Jan-26 £k	Feb-26 £k	Mar-26 £k	Total £k
2025 / 26	4,754	5,020	4,693	4,710	4,718	4,991	4,765	4,790	4,980	4,839	4,764	4,860	**57,885**
2024 / 25	4,286	4,881	4,495	4,134	4,476	4,083	5,026	4,807	4,573	4,729	4,866	5,403	**55,758**

Non Pay Category (per accounts)	Budget Year to date £k	Actual Year to date £k	Variance £k
Drugs	375	386	11
Establishment	992	862	(129)
Lease & Property Rental	748	755	6
Premises (inc. rates)	464	479	16
Utilities	248	269	21
Purchase of Healthcare	547	501	(46)
Travel & vehicles	539	563	24
Supplies & Services	740	631	(109)
Training & Education	48	84	36
Clinical Negligence & Insurance	146	117	(29)
Other non pay	126	107	(19)
Total	**4,972**	**4,754**	**(218)**
Total Excl OOA and Drugs	**4,049**	**3,867**	**(182)**



Key Messages

As at April 2025 non pay expenditure is less than planned with the largest variances in establishment and supplies & services categories. There are overspends in training & education which is partially due to the timing of courses, travel and utilities.

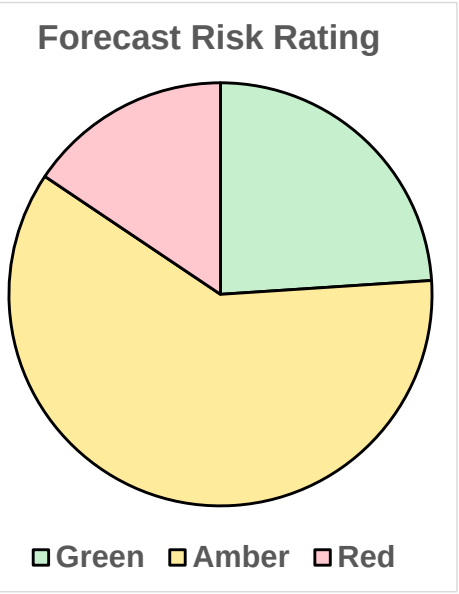
Current forecasts are that total expenditure will be £2.1m more than the previous year and this is being investigated.

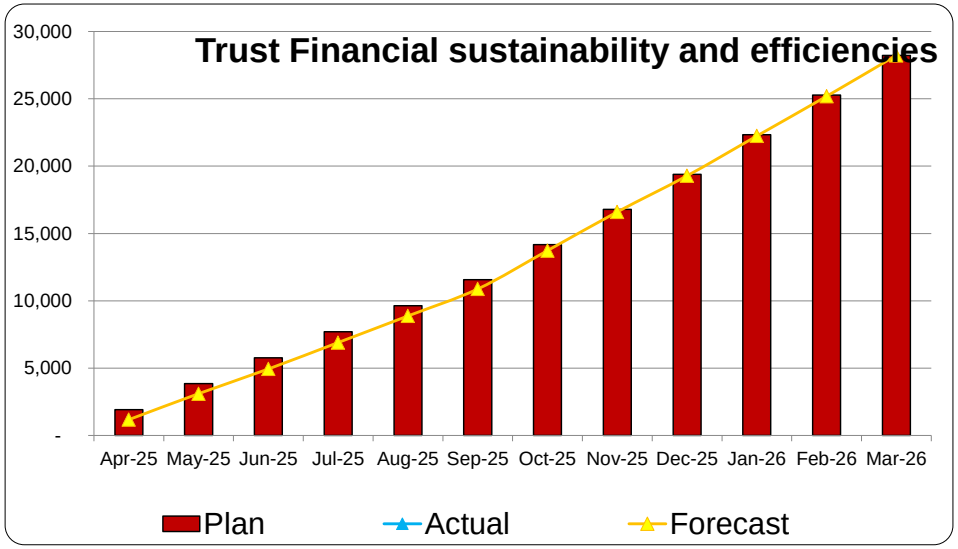
3.0 Value for Money & financial sustainability

The Trust financial plan includes a requirement to demonstrate financial sustainability and efficiency in order to achieve the financial target. This is both the current financial year and as part of the longer term financial plan where continual savings are required to safeguard long term financial sustainability. For 2025 / 26 a target of £28.2m has been identified and included within the plan. Additional mitigations will be required if the Trust run rate varies from plan.

This links closely with the Trust priority to improve the use of resources with a continual strive to ensure that services provide value for money and the best possible use of resources.

		Year to Date				Forecast				
Group	Key lines of enquiry	Target £k	Achieved Recurrent £k	Achieved Non Recurrent £k	Variance £k	Target £k	Green £k	Amber £k	Red £k	Variance £k
Pay	Workforce	875	0	723	(152)	10,500	723	9,777		(0)
	Unallocated	0	0		0	3,400	0		3,400	0
	Fixed Term Contracts	42	0		(42)	500	0	500		0
	Corp / non clinical	50	51		1	2,000	0	2,000		0
	Productivity	0	0		0	1,100	0	1,100		0
	Temporary Staffing	325	58		(267)	3,900	1,006	2,894		(0)
	Difficult Decisions	0	0		0	1,000	0		1,000	0
Non Pay	Non Pay	81	17		(64)	1,130	334	796		0
Other	Corporate Services	142	145		3	1,700	1,700			0
	Provider Collaboratives	125	180		55	1,500	1,500			0
	Bed Sales	0	0		0	500	500			0
	Technical	0	0		0	1,000	1,000			0
Total		**1,640**	**451**	**723**	**(465)**	**28,230**	**6,763**	**17,067**	**4,400**	**(0)**
Recurrent		740	451		(289)	16,430	4,818	7,290	4,400	78
Non Recurrent		900		723	(177)	11,800	1,945	9,777	0	(78)





Appreciating that this is the first month of the financial year the forecast information represents the current modelling. This will continue to evolve and be refreshed as the financial year continues. Actions, overseen by a weekly meeting, are progressing and it is expected that schemes will deliver and the forecast values will move from red to amber and green across the year.

Delivery of £1,175k has been identified in month with progress in month 1 being £465k behind plan. The main driver, as described elsewhere in this report, is workforce utilisation being more than planned (although £723k has been delivered). In addition we have utilised more bank staff than planned.

Detailed scheme by scheme progress is reported internally.

4.0 Statement of Financial Position (SOFP) 2025 / 26

Balance Sheet / Statement of Financial Position (SOFP)	2024 / 2025 £k	Current £k	Note
Non-Current (Fixed) Assets	197,434	196,209	
Current Assets			
Inventories & Work in Progress	248	248	
NHS Trade Receivables (Debtors)	2,453	577	
Non NHS Trade Receivables (Debtors)	989	891	
Prepayments	2,863	5,388	1
Accrued Income	6,235	6,390	2
Cash and Cash Equivalents	55,748	56,191	Pg 15
Total Current Assets	**68,537**	**69,685**	
Current Liabilities			
Trade Payables (Creditors)	(10,899)	(5,784)	3
Capital Payables (Creditors)	(1,551)	(976)	
Tax, NI, Pension Payables, PDC	(9,478)	(10,330)	
Accruals	(14,054)	(16,641)	4
Deferred Income	(644)	(2,080)	5
Other Liabilities (IFRS 16 / leases)	(48,793)	(50,378)	
Total Current Liabilities	**(85,419)**	**(86,190)**	
Net Current Assets/Liabilities	**(16,882)**	**(16,505)**	
Total Assets less Current Liabilities	**180,552**	**179,704**	
Provisions for Liabilities	(3,357)	(3,363)	
Total Net Assets/(Liabilities)	**177,195**	**176,341**	
Taxpayers' Equity			
Public Dividend Capital	76,344	76,348	
Revaluation Reserve	21,306	21,306	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	74,325	73,467	
Total Taxpayers' Equity	**177,195**	**176,341**	

The Balance Sheet analysis compares the current month end position to that at 31st March 2025.

A bridge of cash movements is shown on page 15.

1. Prepayments are higher than year end as charges covering 2025 / 26 have been received and paid. This includes annual charges such as insurance. This will reduce over coming months.

2. Accrued income remains high, as it was at year end, and primarily relates to income from NHS England in relation to provider collaboratives. These values have been agreed with commissioners and physical cash payment has been chased. This will be received as a direct cash payment and therefore an invoice has not been raised.

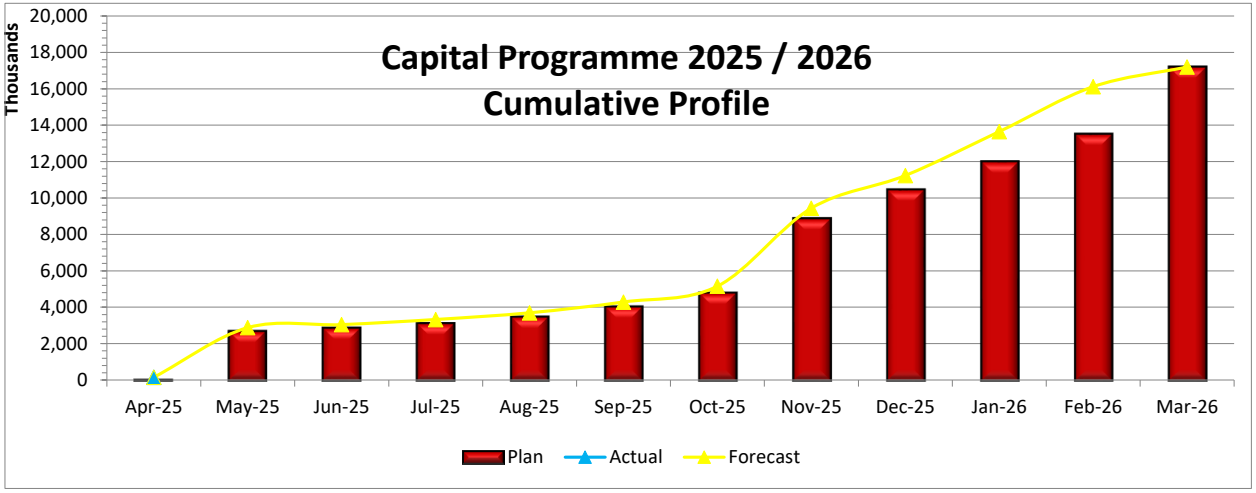
3. As is normal Trade creditors were exceptionally high at year end and have now reduced in April 2025. As demonstrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution.

4. Accruals continue to be monitored to ensure that they are in line with accounting standards and that issues, or areas of uncertainty, are allowed to build up.

5. Deferred income has increased from year end which is traditionally the lowest point of the year. Funding for future periods in 2025 / 26 has subsequently been received and will be profiled as appropriate.

4.1 Capital Programme 2025 / 26

Capital schemes	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Annual Budget £k	2024 / 25 Outturn £k	Variance £k
Major Capital Schemes						
Older People Transformation	50	0	(50)	7,425	8,100	675
Estates safety	0	0	0	675	0	(675)
Other	0	107	107	0	0	0
Leases (IFRS 16)	0	43	43	6,148	6,148	0
TOTALS	**50**	**150**	**100**	**14,248**	**14,248**	**0**
Additional allocations						
Net Zero (solar funding)	0	0	0	1,952	1,952	0
Cheswold - seclusion room	0	0	0	1,000	1,000	0
Cheswold - Minor Capital			0	0	0	0
Cheswold - IM & T			0			0
TOTALS	**50**	**150**	**100**	**17,200**	**17,200**	**0**



Capital Expenditure 2025 / 26

In line with the Trust Estates strategy the Trust capital plan for 2025 / 26 is focussed on the Older People Transformation scheme. This, alongside the treatment of existing leases which are now included within the single Trust capital allocation, will utilise the vast majority of the core West Yorkshire Integrated Care System allocation.

As per previous agreements there is additional capital allocations from South Yorkshire ICB in relation to Cheswold Park Hospital. This is as per the original business case and is to enhance the site in line with NHS standards. These values will be validated and incorporated at month 2.

Additional successful bids have been made which has resulted in additional project specific funding for net zero (solar) schemes and a seclusion room within Cheswold Park Hospital.

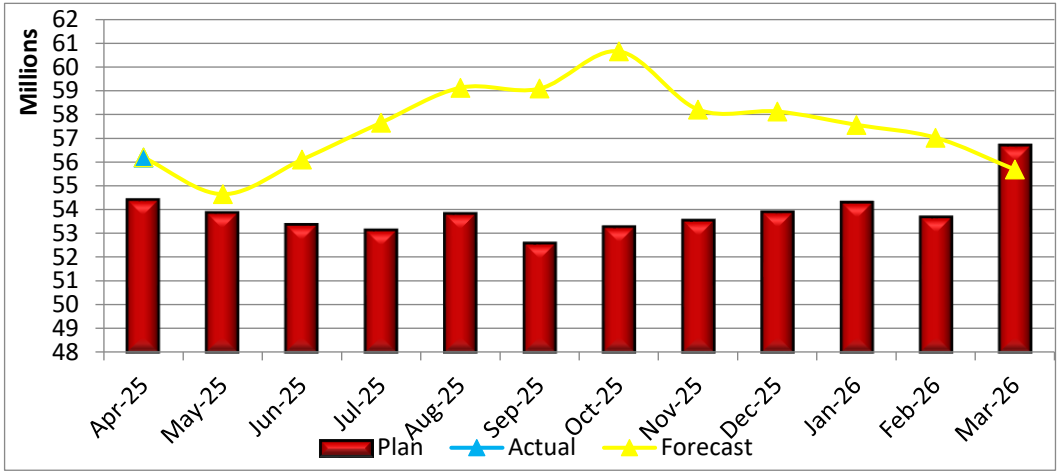
Although this is significant expenditure in year the focus, on a limited number of major schemes, has been risk assessed. As these evolve, or new risks / issues are identified, these will be incorporated into the reported expenditure position.

The inclusion of leases within the single capital allocation does present a risk as cost increases / lease remeasurements are largely outside of the Trust control and can have a major financial impact.

Spend in April 2025 is minimal, in line with plan. The stepped increase in May 2025 relates to expected lease remeasurements.

The Estates safety scheme, linked to national funding allocations, is aligned with the older people scheme. As scheme details are finalised this will be split presentationally.

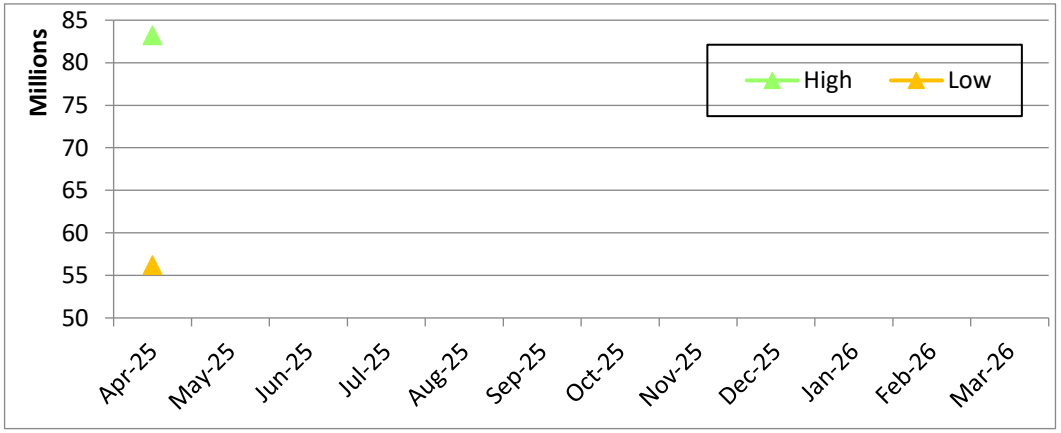
4.2 Cash Flow & Cash Flow Forecast 2025 / 2026



Trust cash balances have reduced compared to historical levels

Current cash balances are higher than planned. Overdue agreed funding relating to 2024 / 25 has been chased.

	Plan £k	Actual £k	Variance £k
Opening Balance	55,748	55,748	
Closing Balance	54,392	56,191	1,798



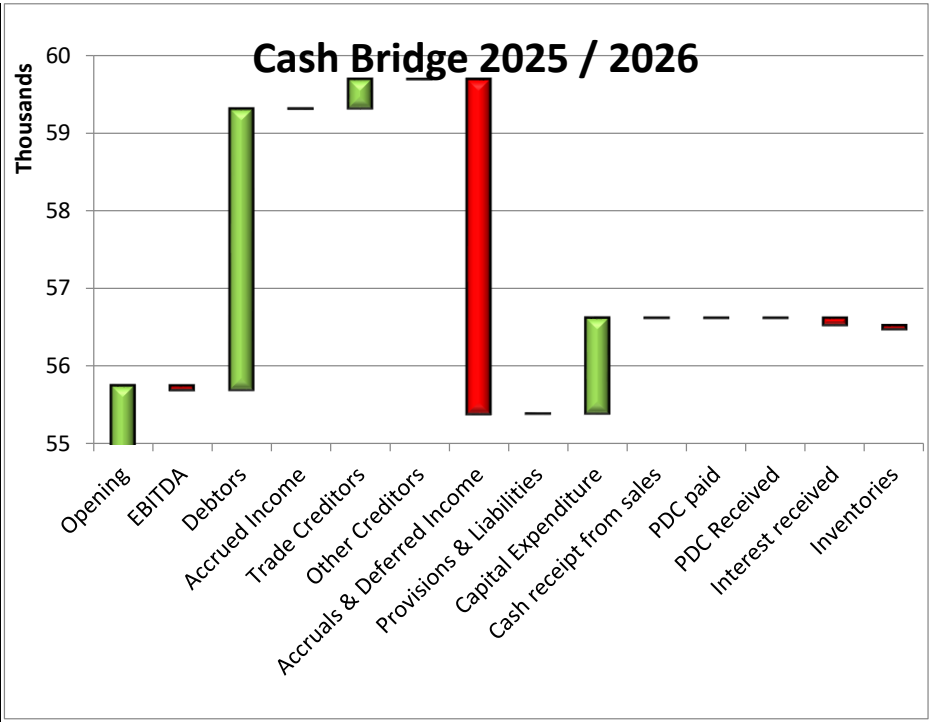
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £83.2m
The lowest balance is: £56.2m

This reflects cash balances built up from historical surpluses.

4.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**55,748**	**55,748**	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	751	688	(63)	
Movement in working capital:				
Inventories & Work in Progress	52	0	(52)	
Receivables (Debtors)	(20)	3,605	3,625	
Trade Payables (Creditors)	(1,000)	(622)	378	
Accruals & Deferred income	0	(4,310)	(4,310)	
Provisions & Liabilities	1,438	1,442	4	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(1,921)	(682)	1,239	
Cash receipts from asset sales	0	0	0	
Leases	(1,017)	59	1,076	
PDC Dividends paid	0	0	0	
PDC Dividends received	0	0	0	
Interest (paid)/ received	362	263	(99)	
Closing Balances	**54,393**	**56,190**	**1,798**	



The table above summarises the reasons for the movement in the Trust cash position during 2025 / 2026. This is also presented graphically within the cash bridge.

The main headlines are picked out on the previous page.

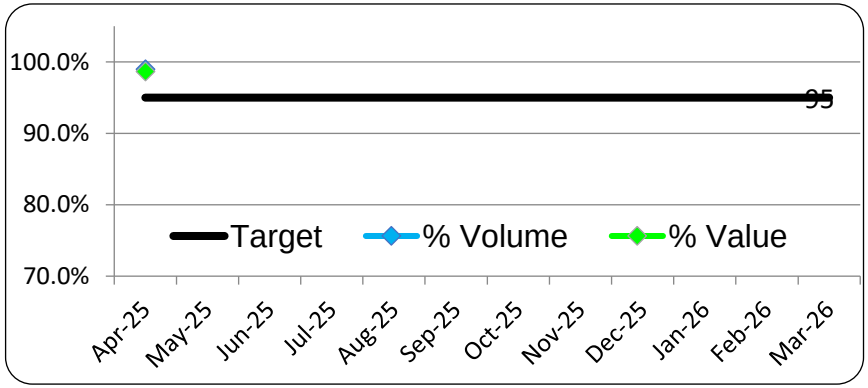
5.0 Better Payment Practice Code

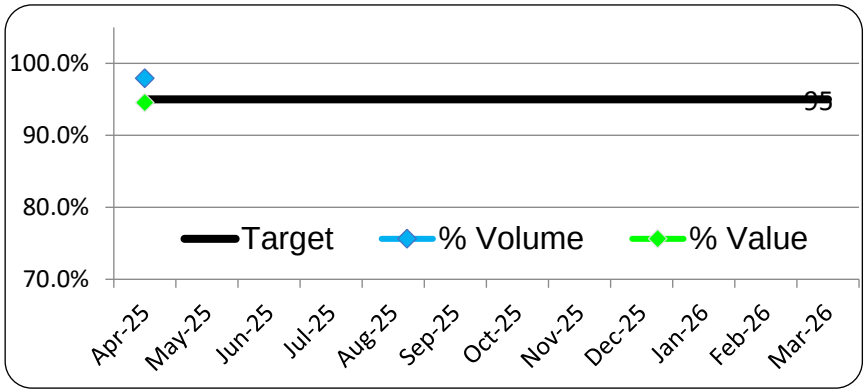
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance continues to be positive although work continues to ensure that no issues remain outstanding and that systems work efficiently.

NHS	Number %	Value %
In Month	99%	99%
Cumulative Year to Date	99%	99%

Non NHS	Number %	Value %
In Month	98%	95%
Cumulative Year to Date	98%	95%





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5.1 Transparency Disclosure

As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000 (including VAT where applicable).

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence or information which is personally sensitive.

At the current time NHS Improvement has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
25-Apr-25	IT Services	Trustwide	Phoenix Partnership (Leeds) Ltd	16436	871,093
17-Apr-25	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000059043	785,589
02-Apr-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1004082	729,000
23-Apr-25	Insurance	Trustwide	Willis Ltd	11738GP25000001PRM	703,136
17-Apr-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS57	400,000
01-Apr-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009981	386,066
04-Apr-25	Software Licence	Trustwide	Oituk Ltd	INV0211	337,500
25-Apr-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000001583	334,600
17-Apr-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS34	240,000
25-Apr-25	Statutory Subscription	Trustwide	Care Quality Commission	INV00031351	225,369
07-Apr-25	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 298	219,083
04-Apr-25	Purchase of Healthcare	AS Collaborative	Oxford Health NHS Foundation Trust	A0132525	215,073
08-Apr-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59896629	151,133
08-Apr-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS055SN	149,718
01-Apr-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510009977	146,929
07-Apr-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59896689	110,413
25-Apr-25	Purchase of Healthcare	Wakefield	Bradford District Care NHS Foundation Trust	205274	104,111
02-Apr-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1004080	70,000
17-Apr-25	Phones	Trustwide	Virgin Media Business Ltd	446518006	64,770
10-Apr-25	Heat Decarbonisation Plan	Trustwide	Dalkia Energy Services Ltd	CI0800366	64,345
23-Apr-25	Purchase of Healthcare	Trustwide	Bradford District Care NHS Foundation Trust	205520	59,035
15-Apr-25	Mobile Phones	Trustwide	Vodafone Ltd	SN59299	58,596
01-Apr-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34026594	56,000
02-Apr-25	Staff Recharge	Forensics	Leeds & York Partnership NHS Foundation Trust	1003844	54,131
24-Apr-25	Utilities	Trustwide	Edf Energy Customers Ltd	000022895031	53,230
25-Apr-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Tr	0000001584	48,770
07-Apr-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59896687	48,550
25-Apr-25	Purchase of Healthcare	Wakefield	Bradford District Care NHS Foundation Trust	205567	45,719
02-Apr-25	Software Licence	Trustwide	Oituk Ltd	INV0212	43,074
01-Apr-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001335EPC	39,834

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
01-Apr-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59896637	38,734
22-Apr-25	Lease Cars	Trustwide	Arval Uk Ltd	RI0013258482	38,165
01-Apr-25	Building Contract	Trustwide	Kingsway Group	116110	36,605
02-Apr-25	Mobile Phones	Trustwide	Vodafone Ltd	107709430	35,618
10-Apr-25	Purchase of Healthcare	Forensics	Rotherham Doncaster & South Humber NHS Four	4400002877	34,242
02-Apr-25	Staff Recharge	Forensics	Leeds & York Partnership NHS Foundation Trust	1003844	33,742
22-Apr-25	Rent	Kirklees	Bradbury Investments Ltd	1938	32,927
23-Apr-25	Mobile Phones	Trustwide	Vodafone Ltd	107879401	32,121
02-Apr-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1004036	31,903
01-Apr-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59896627	31,536
10-Apr-25	Staff Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6028550	31,204
14-Apr-25	Purchase of Healthcare	Trustwide	Nouvita Ltd	13019	30,957
14-Apr-25	Purchase of Healthcare	Trustwide	Cygnet Nw Ltd	BUR0399691	30,721
24-Apr-25	Utilities	Trustwide	Edf Energy Customers Ltd	000022892484	30,280
23-Apr-25	Rates	Kirklees	Kirklees Council	9689426262025	29,970
02-Apr-25	Staff Recharge	Barnsley	Barnsley Metropolitan Borough Council	9000334190	27,675
25-Apr-25	Damper Inspection	Trustwide	Swegon Ltd	INV44188	25,908
28-Apr-25	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN25024199	25,613

5.2 Glossary

* Recurrent - an action or decision that has a continuing financial effect.

* Non-Recurrent - an action or decision that has a one off or time limited effect.

* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year.

* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a post / new investment were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year.

* Surplus - Trust income is greater than costs.

* Deficit - Trust costs are greater than income.

* Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.

* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year.

* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions). This is set in advance of the year and before all variables are known.

* Value for Money / Cost Savings - The Trust priority of Value For Money is intrinsically linked to the ability to maintain financial sustainability. In addition to value for money this are also called savings, efficiencies, and Cost Improvement Programmes (CIP). In each case this is the identification of schemes to increase efficiency, reduce expenditure or increase income.

* CDEL - Capital Departmental Expenditure Limit. This refers to the amount of capital set by Her Majesty's Treasury each year which the whole of the NHS must remain within for capital expenditure.

* ICS - Integrated Care System. ICB - Integrated Care Board.

* EBITDA - earnings before interest, tax, depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Appendix 3 - Statistical Process Control (SPC) Charts Explained

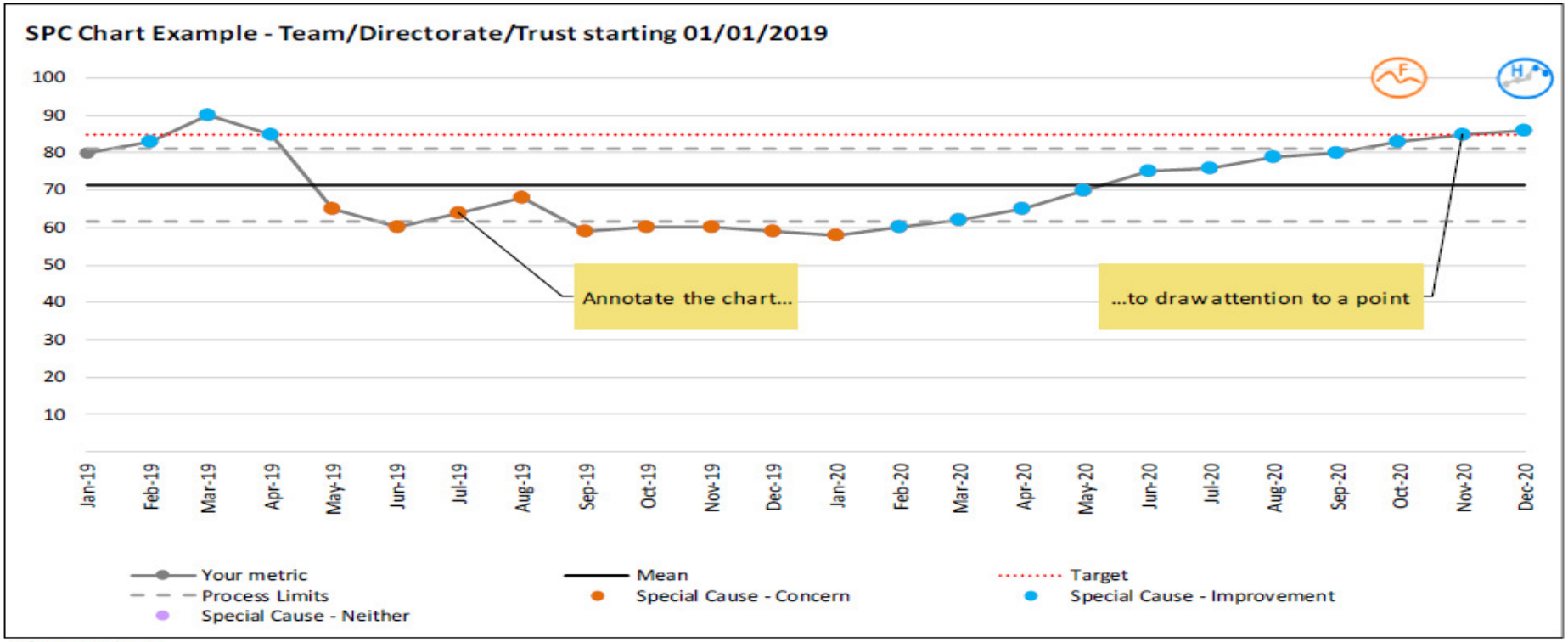
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

	Variation Icons **The icon which represents the last data point on an SPC chart is displayed.**						**Assurance Icons** **If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.**		
ICON									
SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix 3 - Statistical Process Control (SPC) Charts Explained



Observations

Based on the data from latest calculation date (data point 1 - 01/01/19).

Single Point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control.There are 6 points above the UCL and 7 points below the LCL.
Trend	When there is a run of 6 increasing or decreasing sequential points this may indicate a sigificant change in the process. This process is not in control.
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a sigificant change in process. This process is not in control.