NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

June 2025

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Table of Contents

Click on each section heading to navigate to that section

Introduction

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

The format of the report for 2025/26 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 eight 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. We have added a reducing inequalities section to the report again this month, this is linked to the Trust's equality, diversity and inclusion strategy and includes 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. We will continue to further develop this section of the report over the coming months in line with the depolyment of the Trusts Equality, diversity, and inclusion strategy.

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	↑	
% service users clinically ready for discharge	↑	
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	↑	
Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	↑	
% 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
% on community active caseload at month end with a care plan which has been reviewed within the last year	↑	New metric from April 25

People

Metric	Change from last month	Variation/ Assurance
Registered workforce growth	↑	

Finance

Metric	Change from last month	Variation/ Assurance
Surplus/(deficit) against plan (monthly)	↑	
Bank spend	↓	New metric from April 25
Financial sustainability and efficiencies	↑	New metric from April 25

National metrics

Metric	Change from last month	Variation/ Assurance
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	↑	
Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	↑	
Maximum 6 week wait for diagnostic procedures	↓	
Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over	↓	New metric from April 25
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
Inappropriate out of area bed days	↓	
Talking Therapies - Reliable Recovery	↓	
Talking Therapies - Reliable Improvement	↓	
Talking Therapies - proportion of people completing treatment who move to recovery - Trust	↓	
Talking Therapies - proportion of people completing treatment who move to recovery - Barnsley	↓	

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	↓	

Mental Health Community

Metrics	Change from last month	Variation/ Assurance
% Service Users on CPA with a formal review within the previous 12 months	↓	
Cardiopulmonary resuscitation (CPR) training compliance	↑	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	↑	New metric from April 25

Mental Health Inpatient

Metrics	Change from last month	Variation/ Assurance
% inpatient risk assessment completed within 24hrs before or after admission	↓	New metric from April 25
% of clients clinically ready for discharge	↑	
Sickness rate (monthly)	↓	
% Bed occupancy	↓	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	↑	New metric from April 25

LD, ADHD & ASD

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

Forensic - West Yorkshire

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
% Bed occupancy (incl leave)	↓	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	↓	New metric from April 25

Forensic - South Yorkshire

Metrics	Change from last month	Variation/ Assurance
Cardiopulmonary resuscitation (CPR) training compliance	↓	
% of feedback with staff values and behaviours as an issue	↑	
% Appraisal rate	↓	

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
% of staff receiving supervision within policy guidance	↑	
% of feedback with staff values and behaviours as an issue	↓	

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 37 violence and aggression incidents against staff on mental health wards involving race during June. This data now includes Cheswold Park Hospital. We are very mindful of the personal impact this has on our colleagues. We provide support to those affected and are working with other trusts to identify other opportunities to reduce the prevalence of these incidents.

• The total number of reported incidents in June decreased to 1,423, this includes incidents relating to Cheswold Park Hospital which were reported separately prior to April 2025. Breakdown of this data can be seen in the Care Group dashboards, and the numbers reported suggest data is in line with the number of incidents reported in previous months. They continue to be subject to review by the patient safety team with relevant governance within the care groups.

• 96% of incidents reported in June 2025 resulted in no or low harm or were not under the care of the Trust.

• The number of restraint incidents increased this month from 170 reported in May to 184. 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.

• There were 12 prone restraints in total. Seven of which were where staff purposefully placed the person in the prone position and five were service user led. Each episode of prone restraint is reviewed by the reducing restrictive physical interventions team, to ensure learning is captured as part of our ambition for zero use of prone restraint where staff purposefully place the person in the prone position.

• There were 9 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents in the period April to June 2025. The increase in incidents is being investigated as the majority are linked to violence against staff from service users. Themes are four in forensic services and five in mental health. Eight were related to violence and aggression and one was related to a slip/trip/fall. Each instance is reviewed and staff supported.

• There were 8 information governance personal data breaches during June which is below the threshold of 12 or less. Information disclosed in error continues to be the highest reported category. A communications campaign is in progress and personal responsibility for correctly identifying services users on the clinical systems is a key focus this month, to prevent further incidents.

• There were 49 inpatient falls reported during June 2025. 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. There is a project commencing to review alternative methods of support and manage the risks.

• The Trust continues to work to improve the recording and collection of protected characteristics across all services to improve our service provision and experience of it. For the ethnicity indicator, the Trust is achieving 93% against a target of 90%. Disability recording was at 50.4%, sexual orientation 54.1% and postcode at 99.6%. Work continues to ensure data capture across all services and further detail of these metrics can be seen in the equalities section of this month's report.

• The reducing inequalities data has demonstrated a striking and significant difference in the average length of stay, which is longer for Asian and Black service users. We are drilling down into this data so that we can pinpoint key actions to understand and address this.

• Risk assessments and care plans – as we aim to continually improve, we have further developed our metric regarding care plans. The new care plan metrics for community are now capturing the whole community caseload rather than only individuals on the care programme approach. From a safety and quality perspective, the Trust's aim is to work towards achievement of 95% against each of these standards. Clinical staff are adapting to the new requirements of where and how to record items and we have a phased trajectory progressively working towards 95%.

• All areas are focusing 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 in January. 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. Clinical staff are adapting to the new requirements of where and how to record items measured in the metric, and some changes to care programme approach recording.

• The Trust has seen a reduction in the safer staffing fill rate over the last five months; this is linked to the grip and control measures that have been put into place in relation to the use of temporary staffing. At the new temporary staffing meeting, members review all Datix incidents submitted around safe staffing and quality impact to ensure safety is maintained. Each care

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. Close work with commissioners continues across each 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 June 93.1% was achieved. This has shown a sustained improvement and been consistently achieved since November 2024.

• The number of out of area bed placements remains amongst the lowest in the North-East, Yorkshire and Humber region. Demand for beds continues to be a significant challenge and we have experienced increased use of out of area beds days in the last month. 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. We are working with commissioners to address the increase in clinically ready for discharge patients.

• 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 June, 76% 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 921 days in Kirklees and 370 days in Calderdale. Neurodevelopment 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.

oThe commissioned level for ADHD pathways in Barnsley, Wakefield and Kirklees for June is approximately 27 cases across all three areas per month. The number of referrals for ADHD received for these areas in June was 357.

oAs demand in all areas is significantly more than capacity, this leads to lengthy waits, and the care remains with the referrer until accepted by the service. An innovative new step has been developed to offer face to face triage for ADHD to ensure only clinically appropriate cases are offered an assessment, this is currently commissioned in Wakefield and Kirklees. Barnsley and Calderdale have requested updated business cases for their consideration.

• Mental health acute wards have continued to manage high levels of acuity and increased levels of risk to self and others as shown in the RIDDOR and incident data. Further work is being carried out to understand how efficiency can be improved to release time for nursing staff to care. Continued high occupancy levels contribute to increased acuity. 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 pressure links to the urgent and emergency care planning guidance that escalates 12-hour breaches to the Integrated Care Board therefore, pressure to focus on those patients in the acute Trust Emergency departments.

• A significant reduction in the use of agency staff on wards has been sustained. However, use of bank staff increased during the month. The temporary staffing weekly meeting scrutinises the use of additional staffing and any areas of improvement to reduce the reliance on bank staff.

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

People

• Overall sickness absence remains below threshold for June 2025 at 4.9%. 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. The introduction of a new sickness absence dashboard has been rolled out for managers, to support them in managing absences and enabling more Trustwide information to be available.
• Appraisal compliance continues to improve and stands at 89.8% in June 2025. A trajectory has been set at 90% which we expect will be achieved in the coming months.
• Our 12-month staff turnover rate in June has increased slightly from last month to 9.4%. This is still a lower level than we have seen in previous years. Staffing establishments for mental health inpatient wards 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. There will be 48 bank staff transitioning to substantive staff by the end of July which will support both Mental health, older people and Forensics.
• In June, we had 30 new starters and 38 leavers. June also saw a further decrease in substantive staff, this is being monitored 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. Dedicated focus on non-compliance continues within all care groups.

National Indicators

The Trust continues to perform well against most national metrics. The following should be noted:
• It is important that hearing loss is identified quickly to support a child's development including their language skills and cognitive pathways.. Regarding the 6 weeks to a diagnostic appointment target, 113 out of 281 children (40.2%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in June. This is a deterioration in performance and relates to staffing issues within this service. Additional staffing is now in post and temporary cover will continue until their induction period is completed.
• Performance against three of our Talking Therapies metrics for June (reliable recovery, moving to recovery and reliable improvement) have been impacted due to drop-outs from one of the remaining wellbeing courses in our Barnsley service. We have attempted to re-engage clients where possible. Clients presenting with depression, who had not reliably improved following one to one treatment, were reviewed to determine whether their needs could be met by the cognitive and behavioural therapy mindfulness group. This has resulted in some clients being discharged before reliable improvement due to the group not being appropriate for them at this time. Year to date data indicates that end of year performance for recovery, reliable recovery and reliable improvement remains achievable.
• Children & Younger People with an eating disorder - % routine cases accessing treatment within 4 weeks remains below the national threshold of 95%. This relates to one service user out of a total of 15 where an appointment was offered within the time frame, but this was declined by the family.
• Community services waiting list - This metric reports the total number of people waiting across a range of physical health and wellbeing 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 It is important to note that although there has been an increase in numbers waiting, this does not mean they are waiting above threshold.
• Reduction in acute length of stay (ALOS). The Trust has set itself a local target to reduce adult acute lengths of stay by 10% by the end of March 2026. Overall, the average length of stay for people discharged in June has decreased – this can be impacted by a long stay being discharged during the month. In terms of performance against the trajectory, we are meeting the trajectory for June for our West Yorkshire acute mental health and PICU wards (Calderdale, Kirklees, and Wakefield), but slightly above our trajectory for Barnsley wards.
• 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. For services to work within the financial envelope opportunities for working differently and effectively need to be explored and introduced.
• Expansion of mental health teams in schools – we are working with commissioners regarding the plans for Mental Health Support Teams in 2025/26.
• 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 can be seen in the national metrics section of the report.

Finance

• The financial performance for June 2025 is a deficit of £0.6m which is £0.1m (16%) better than plan. This means that the year-to-date deficit is £2.0m (£0.1m - 5% worse than plan). A number of mitigations, as managed through the Trust's Value For Money group, have been identified but the focus remains on the identification and delivery of further schemes to support medium term financial sustainability.

• Agency spend has continued to be less than planned.

• The Trust Bank expenditure has increased by £50k compared to May 2025. This has been required to support safer staffing requirements. Action plans to reduce spend in this area continue to be monitored closely through the Trust temporary staffing management group.

• National guidance, and as part of the Trust's Value for Money programme, identified corporate expenditure as a key performance indicator. In June spend is £0.4m less than planned.

• The value for money programme is £1,009k behind plan for the year to date. This is primarily due to workforce and temporary staffing (bank). The run rate has continued to improve when compared to April and May. Mitigations continue to be developed to ensure that the target is delivered in full as part of supporting delivery of the overall financial position.

• Cash continues to be monitored to ensure effective management of the Trust working capital position. In June 2025 this remains better than planned.

• Spend on capital is less than planned for the year to date. The main driver is leased properties which, following the annual revaluation exercise, are significantly lower than previously estimated. The main Trust capital schemes are profiled to commence later in the year.

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Apr-25	May-25	Jun-25	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Best Quality	Responsive	TBC	73.0%	74.9%	76.0%	N/A
Complaints	% of feedback with staff values and behaviours as an issue [12]	Best Quality	Caring	< 20%	6% (2/32)	18% (5/28)	8% (3/38)	1
	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	85.6	116.1	108.4	N/A
	Complaints - Number of responses provided within six months of the date a complaint received [16]	Best Quality	Well led	100%	88% (14/16)	88% (15/17)	95% (18/19)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	95%	94%	86%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	96%	96%	95%	1
Quality	Number of compliments received	Best Quality	Caring	N/A	25	75	74	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Best Quality	Safe	Trend monitor	5	8	1	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Best Quality	Safe	Trend monitor	0	1	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	13	7	8	2
	% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	5.9%	6.1%	5.4%	3
	Total number of reported incidents [18] *	Best Quality	Safe	Trend monitor	1504	1452	1423	
	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	35	31	34	
	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	1	0	0	
	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	2	0	
	Safer staff fill rates *	Best Quality	Safe	90%	123.0%	122.0%	119.4%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	100.3%	100.2%	97.5%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Best Quality	Safe	Trend monitor	39	35	34	
	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	63	44	49	
	Number of restraint incidents *	Best Quality	Safe	Trend monitor	158	170	184	
	% of staff receiving supervision within policy guidance [15]	Best place to work and learn	Well led	80%	85.3%	85.4%	86.6%	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%	89.7%	88.9%	93.1%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	18	28	17	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%	Due August 2025			
	Number of violence and aggression incidents against staff on mental health wards involving race *	Best place to work and learn	Safe	Trend Monitor	39	35	37	N/A
	Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Best Quality	Safe	0	9			
	Estates Urgent Response Times - Service level agreement (SLA)	Best Quality	Well led	95%	95.4%	99.5%	98.9%	
	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%	77.8%	100.0%	100.0%	
	Percentage of service users who have had their equality data recorded - ethnicity	Best Quality	Responsive	90%	95.7%	94.2%	93.0%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	52.7%	51.4%	50.4%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	57.2%	55.6%	54.1%	
	Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.5%	99.6%	99.6%	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Apr-25	May-25	Jun-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%	100% Service 100% Policy	88.2% 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	Interim trajectory 75-80%	55.3%	62.0%	69.4%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring		67.9%	69.1%	68.8%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		94.9%	97.2%	92.5%	
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		82.5%	86.6%	78.3%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		83.0%	84.7%	85.9%	
	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	8	11	7	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor	125	92	54	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor	4525	4814	5093	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

• 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 19 complaints responded to during the month, 18 were undertaken within six months of the complaints being received, and the average number of working days these complaints were open was 108.4 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 total figure for June incudes 120 incidents that are attributed to Cheswold Park Hospital; 1303 incidents were attributed to the rest of the Trust and this is in line with figures previously reported.
• There were no severe harm incidents reported during the month.
• The overall number of restraint incidents in June was 184 which is an increase compared to the May figure of 170 and now also includes data for Cheswold Park Hospital. 38 of these incidents were attributed to Nostell ward. 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.
• The number of prone restraint incidents where we have purposefully placed the person in the prone position decreased to 7 in June. Alternative seclusion exit training is now embedded in both four day initial and two day annual refresher Reducing Restrictive Physical Interventions training. Additional bespoke sessions are being offered across inpatient units in collaboration with Ward Managers to ensure all inpatient nursing staff, both registered and unregistered staff are supported to undertake training in alternative seclusion exit techniques and feel confident to use. This should support a move away from prone restraint being used as a method for exiting seclusion which as the data above shows is the primary reason for prone restraint use in June 2025.
• Clinically ready for discharge (previously delayed transfers of care) - Overall Trust position for May was 5.4%, this includes data for Cheswold Park Hospital. The performance excluding Cheswold Park Hospital is 6.3% which is a decrease 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 along with work taking place to reduce the number of delays, with partner agencies.
• Following the implementation of the new care plan in January 25, a set of new metrics have been identified to monitor care plans and risk assessments and these have been in place since April 25. These now cover the whole community caseload rather than only individuals on the care programme approach (CPA) and this has impacted on the overall performance across all metrics. From a safety and quality perspective, the Trusts aim is to achieve 95% against each of these standards. Clinical staff are adapting to the new requirements of where and how to record items and this is adversely impacting on the overall compliance, as a result an interim trajectory of 75%-80% has been identified and work is taking place to set a trajectory of improvement to get services up to the 95% standard.
• 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. Oversight of these in each team is taking place.
• The number of RIDDOR incidents was 9 in quarter 1. Eight of these incidents related to violence and aggression against staff from service users. There is ongoing work between Safety Services, Clinical colleagues, RRPI and Occupational Health reviewing Violence and Aggression incidents which result in injuries to colleagues. This is to ensure we have as much assurance as possible that risk assessments and controls are up to date, communicated and implemented in departments. Learning from incidents will be shared.

Quality & Safety Headlines Cont…

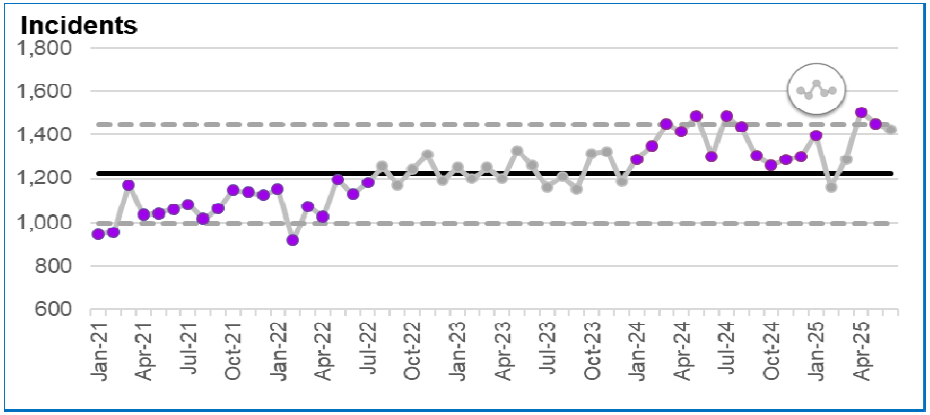
Patient Safety Incident Response Framework (PSIRF)
A review of the Trust's PSIRF plan and policy is currently underway.

Safety Incident Response Accreditation Network (SIRAN)
Feedback has been received from the accreditation committee. There are two standards remaining outstanding relating to the implementation of feedback surveys. These are currently being finalised and will be submitted as evidence before September.

Quality & Safety Dashboard Footnotes:
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.

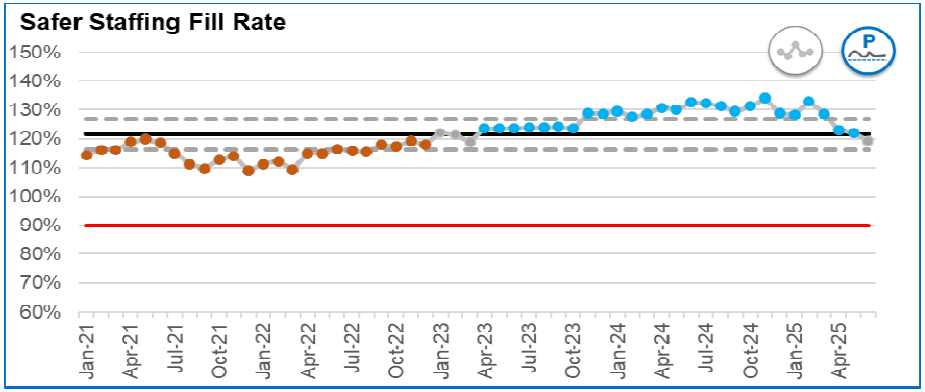
Statistical process control charts

Incidents

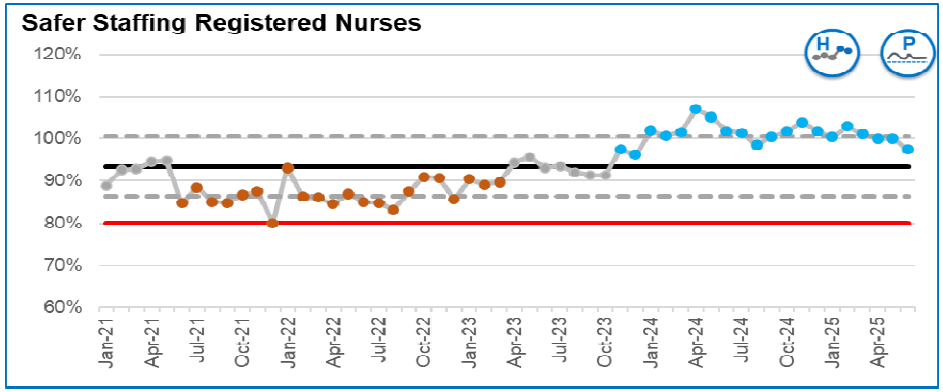


We have entered a period of common cause variation in June 2025 due a decrease in the number of incidents, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting of incidents and near misses. An increase in reporting is 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



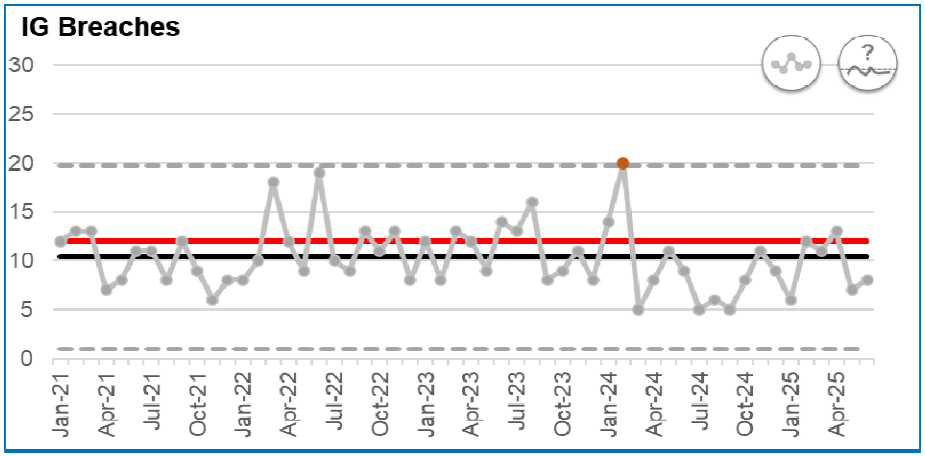
The chart above shows that in June 2025 due a decrease in staffing fill rate, we have entered in a period of special cause improving variation (no concern, no action is required) and we are expected to meet the target.



The chart above shows that in June 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

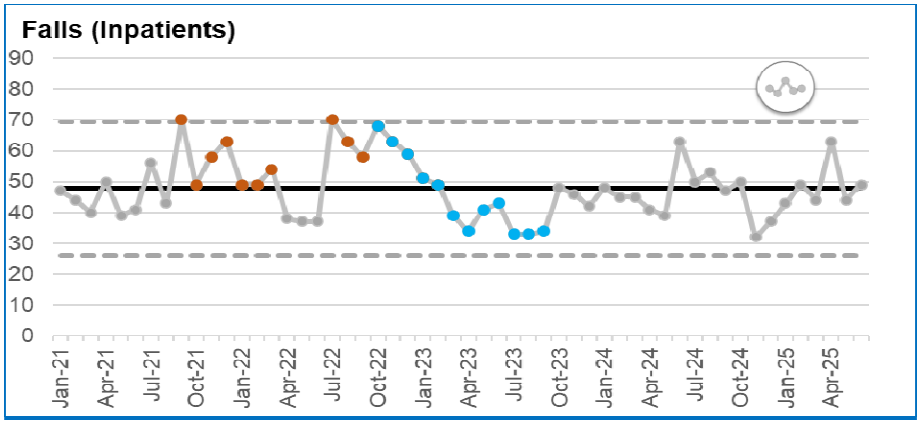
Information Governance (IG)



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

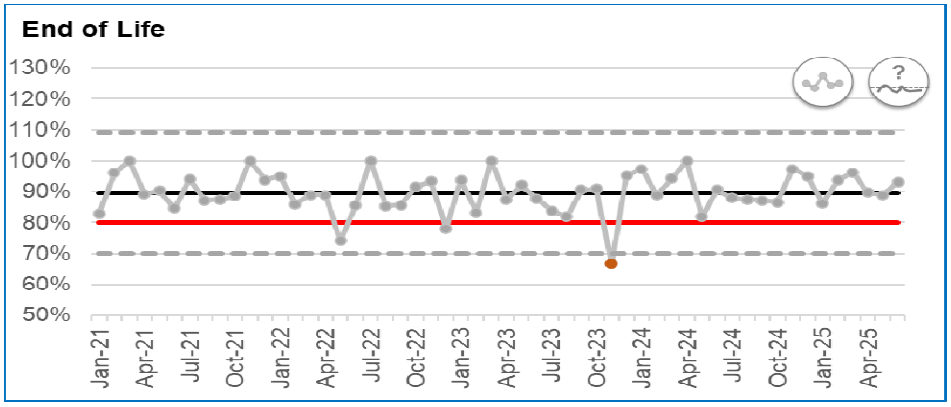
Overall there has been a decrease in the number of IG breaches.

Falls (Inpatient)



The SPC chart above shows that in June 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.

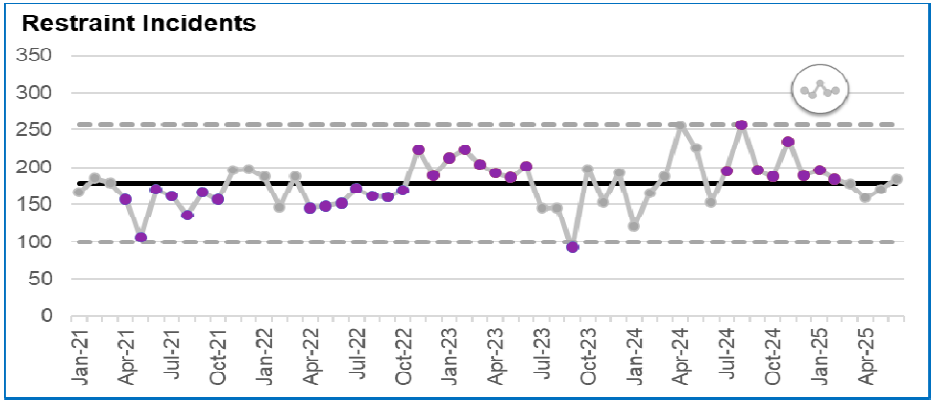
End of Life



The chart above shows that in June 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%.

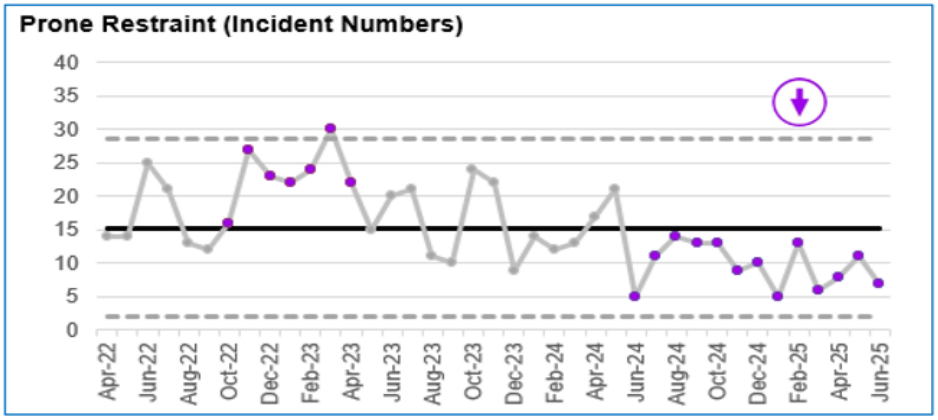
Statistical process control charts

Restraints



This SPC chart shows that in April 2025 we remain in 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.

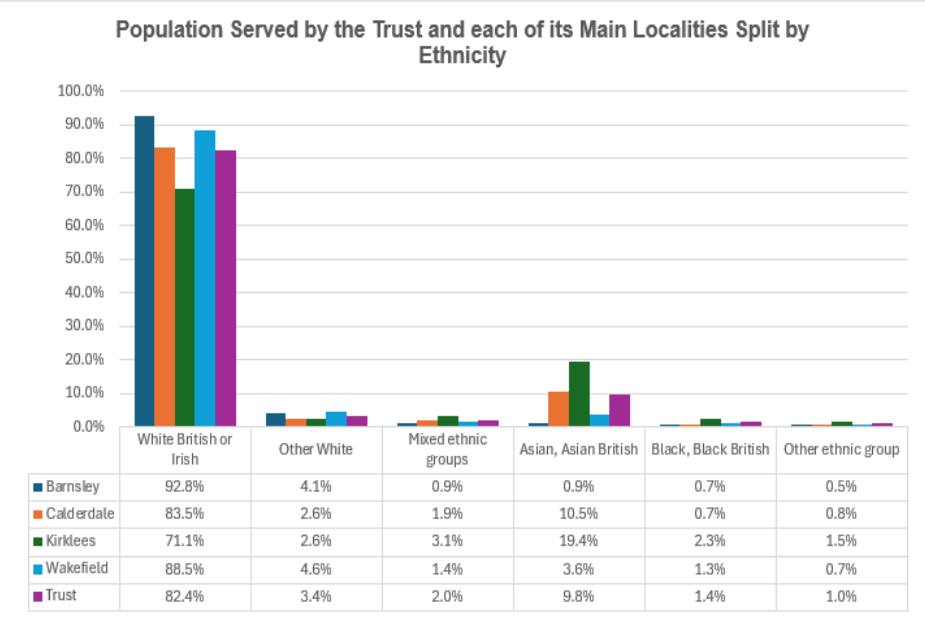


The number of prone restraints where the person was purposely placed in the prone position has decreased slightly in June. The SPC chart shows an overall reducing trend. All incidents of prone restraint are reviewed for learning in the Patient Safety Oversight Group. The improvement work continues.

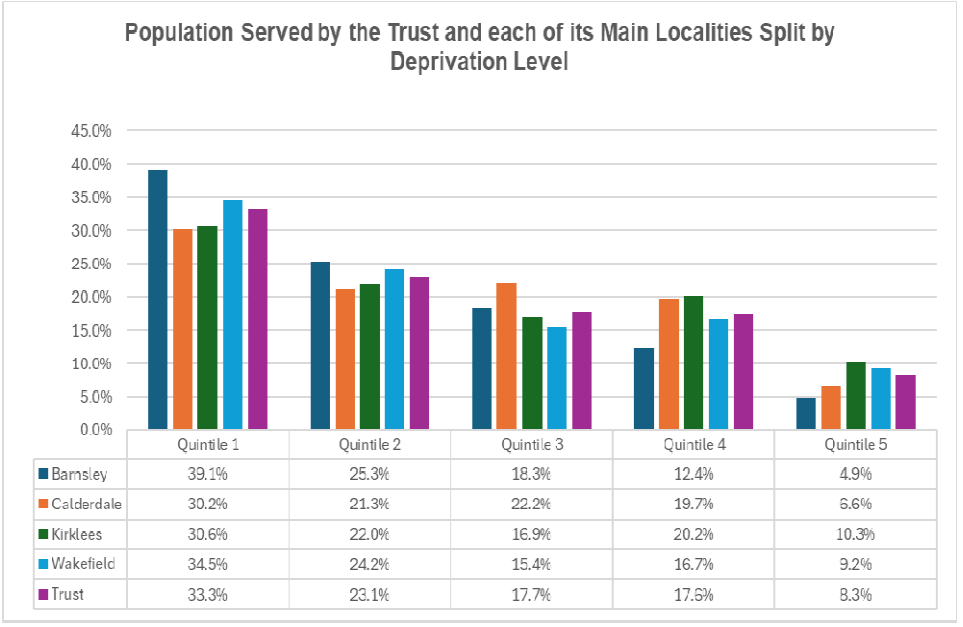
Reducing Inequalities

This section of the report has been added to give focus to 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. We will continue to further develop this section of the report over the coming months in line with the deployment of our Equality, diversity and inclusion (EDI) strategy.

The population our Trust serves is varied in terms of ethnic make-up and also levels of deprivation. We can measure the relative deprivation of an area using 7 distinct domains of deprivation, which are: 1) Income 2) Employment 3) Health deprivation and disability 4) Education, skills & training 5) Crime, 6) Barriers to housing and services, 7) Living environment. These can be examined individually or collectively and as a collective these are known as Indices of Multiple Deprivation (IMD). IMD can be shown grouped as quintiles or deciles (5 levels or 10 levels respectively), with IMD 1 or quintile being the most deprived. From the Trust data it is possible to see that a significant proportion of all our populations experience higher levels of deprivation. The charts below show the populations of the main areas we serve as well as a Trust total split by Ethnicity and deprivation level.



	White British or Irish	Other White	Mixed ethnic groups	Asian, Asian British	Black, Black British	Other ethnic group
Barnsley	92.8%	4.1%	0.9%	0.9%	0.7%	0.5%
Calderdale	83.5%	2.6%	1.9%	10.5%	0.7%	0.8%
Kirklees	71.1%	2.6%	3.1%	19.4%	2.3%	1.5%
Wakefield	88.5%	4.6%	1.4%	3.6%	1.3%	0.7%
Trust	82.4%	3.4%	2.0%	9.8%	1.4%	1.0%



	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
Barnsley	39.1%	25.3%	18.3%	12.4%	4.9%
Calderdale	30.2%	21.3%	22.2%	19.7%	6.6%
Kirklees	30.6%	22.0%	16.9%	20.2%	10.3%
Wakefield	34.5%	24.2%	15.4%	16.7%	9.2%
Trust	33.3%	23.1%	17.7%	17.6%	8.3%

Reducing Inequalities

Data as of : 10/06/2025 12:53:23

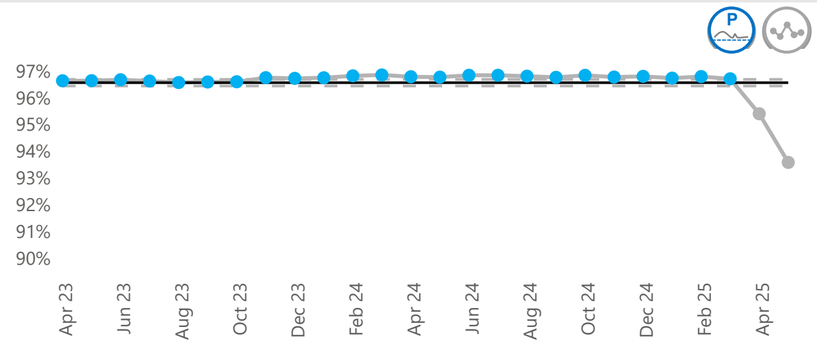
NHS South West Yorkshire Partnership NHS Foundation Trust

In order to ensure equitable access to our services it is important to monitor the levels of our service users who have their equality data, such as ethnicity, disability status, sexual orientation, and postcode, completed. Data quality is vital to ensure we are able to offer services the meet the needs of the populations we serve. A priority area of equality diversity and inclusion has been agreed at EMT to align to strategic priority programmes to Improve our Clinical Pathways, apply the Patient Carer Race Equality Framework core actions to reduce the gap in inequalities and improve access, experience and outcomes for communities faring worse across all of our mental health, learning disability and community health services with specific focus on improving systematic collection and analysis of data (both numbers and voice) according to protected characteristics and continue to promote 'All of You' campaign. This will provide insights that can be used to develop understanding and as the basis for our decisions leading to improved performance and positive impact for people.

The SPC charts below show the completion rates for these measures.

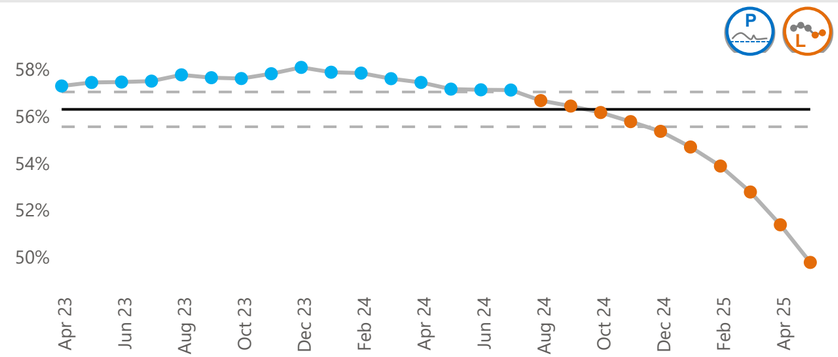
Please note the scales in the below charts are different due to the small variation between data points, using a larger scale would lose the fluctuation between data points.

M92 - Percentage of service users who have had their equality data recorded - ethnicity



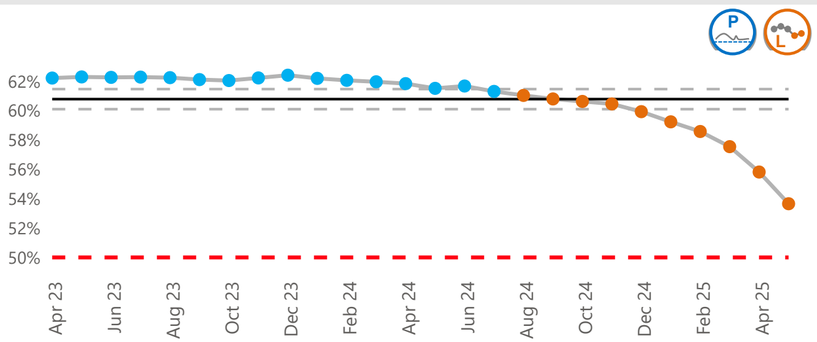
The Statistical Process Control (SPC) chart shows that in April 2025 we remain in a period of common cause variation (no concern). We are expected to meet the target against this metric.

M93 - Percentage of service users who have had their equality data recorded - disability



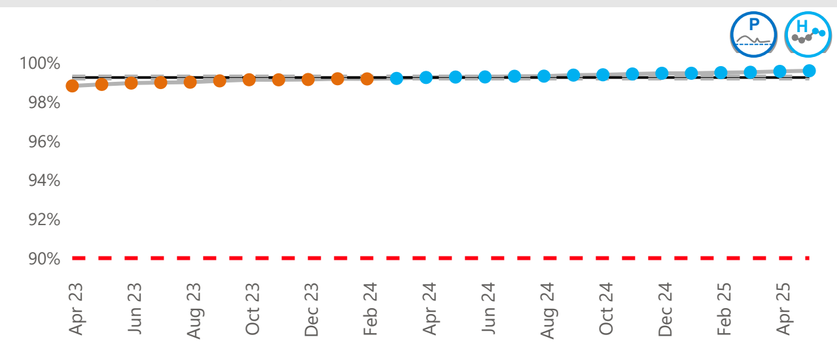
The SPC chart shows that in April 2025 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months.

M94 - Percentage of service users who have had their equality data recorded - sexual orientation



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 sustained decline in performance over the past 12 months.

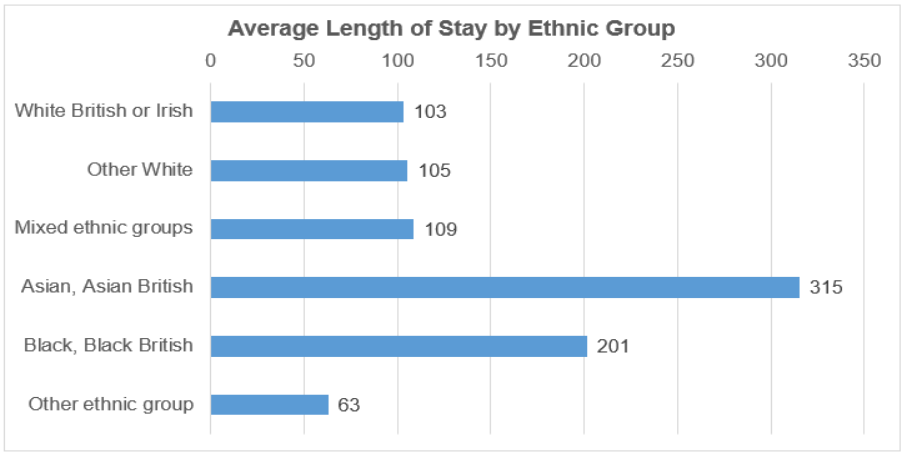
M95 - Percentage of service users who have had their equality data recorded - deprivation (postcode)

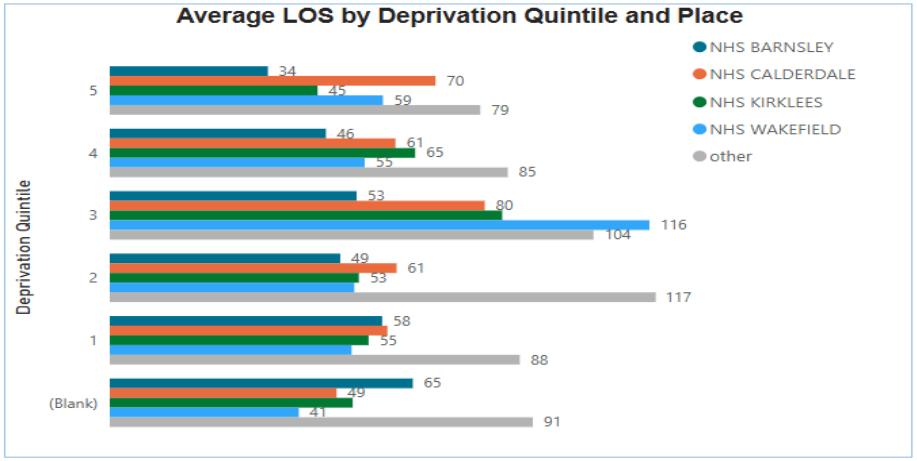


The SPC chart shows that in April 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained increase in performance.

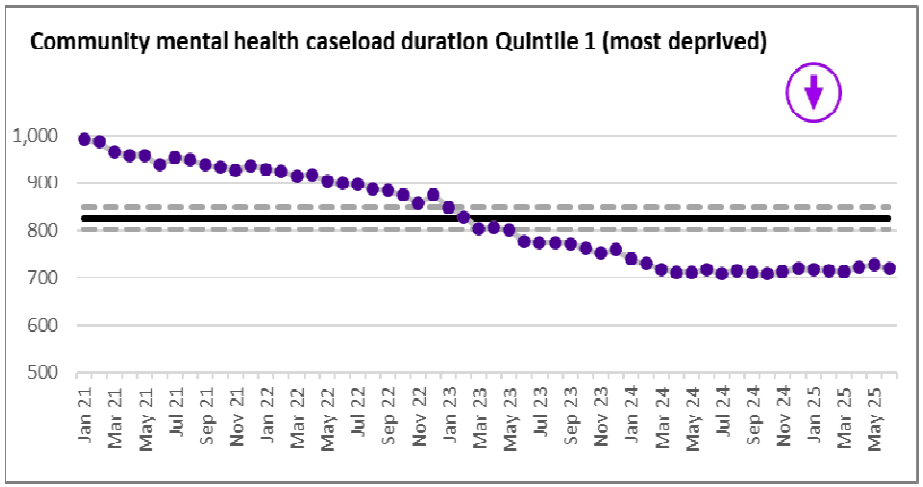
Reducing Inequalities

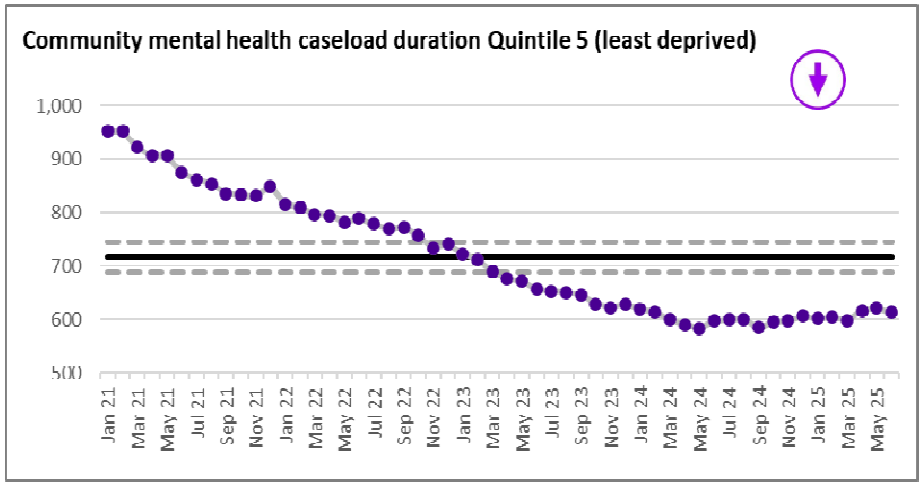
The charts below show the average lengths of stay (ALOS) for our Acute and PICU, adult and older adults wards, for the financial year 2024/2025 (excluding 136 Suite and out of area stays). The data suggests that deprivation may be an independent factor that affects caseload duration. Services are working hard to understand if and how this may factor in their own data.





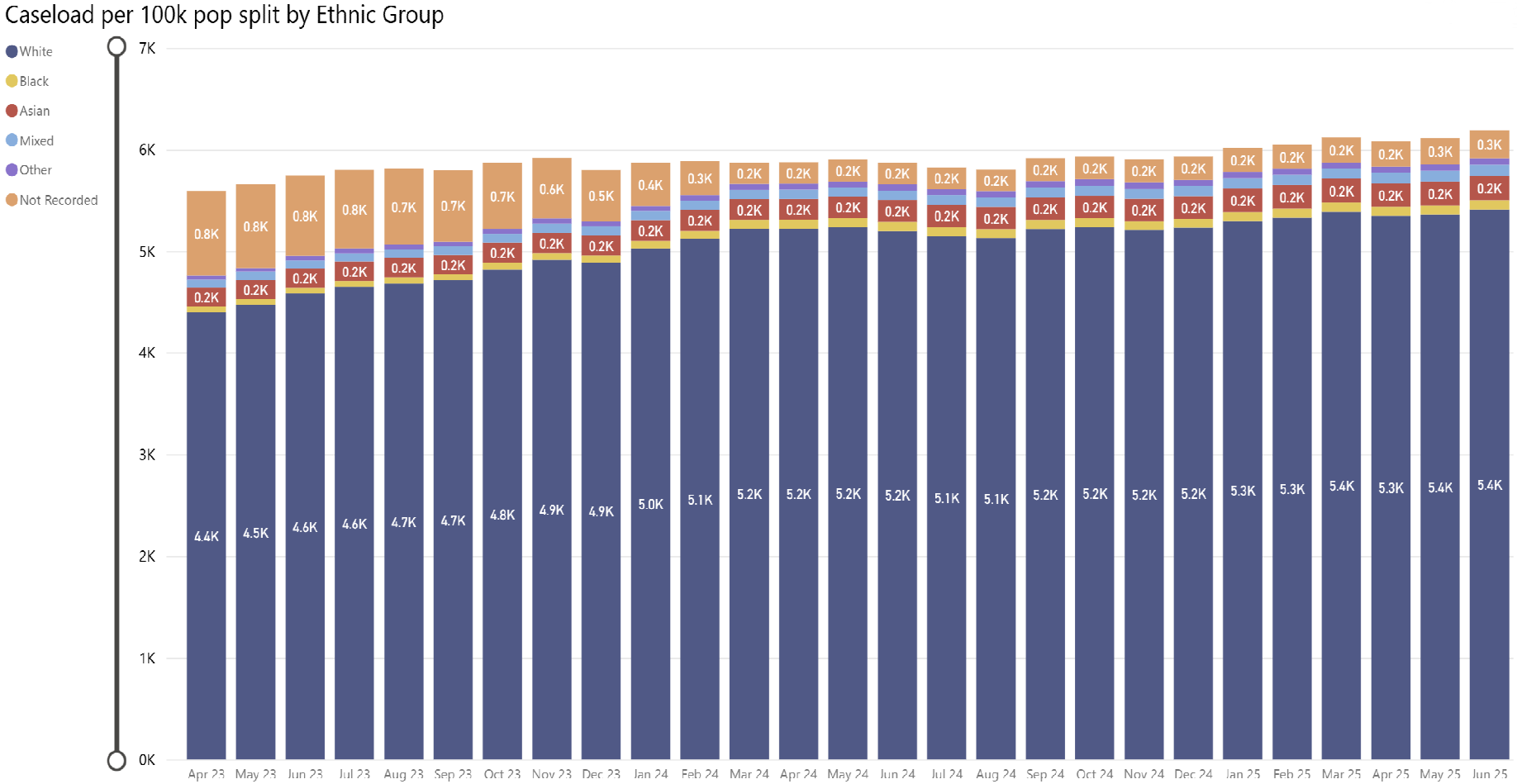
The charts below show the average caseload length for patients on the caseload of a community health team by those with a post code in the most deprived areas (Quintile 1) and those with a post code in the least deprived areas (Quintile 5).





Reducing Inequalities

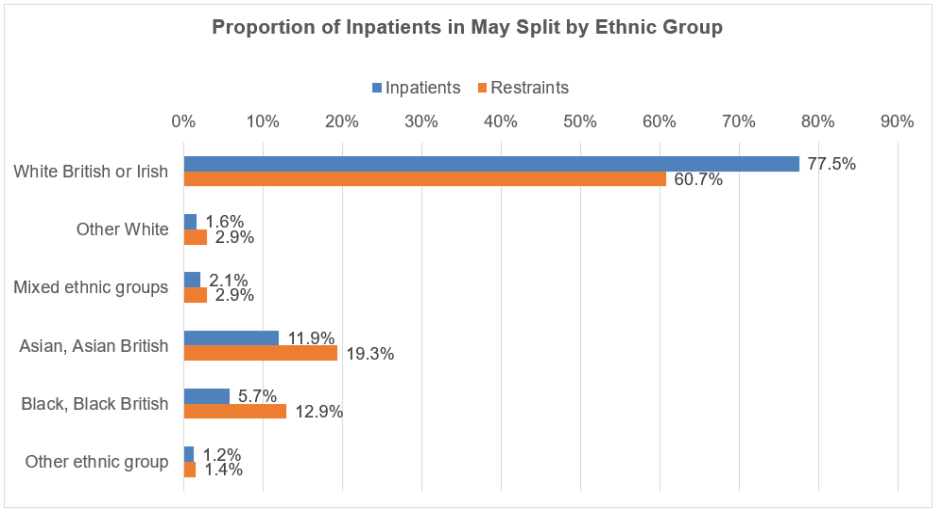
The chart below shows the split by the ethnic group of the clients on the caseload of a community health team, shown per 100,000 population.

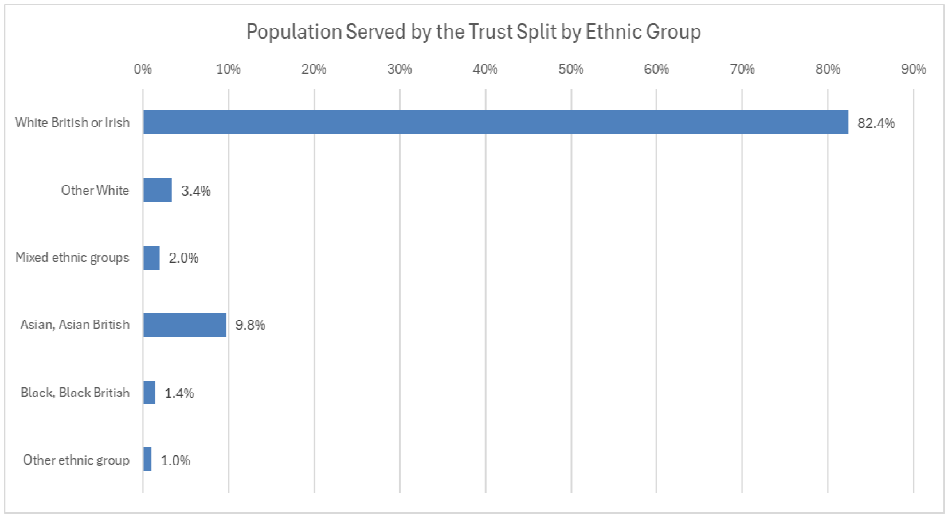


NB: 'White Other' is incorporated in the 'white' category in this chart.

Reducing Inequalities

The chart below shows the proportion of inpatients and proportion of restraints split by ethnic group. The population of the Trust split by ethnic group is shown alongside for ease of comparison.

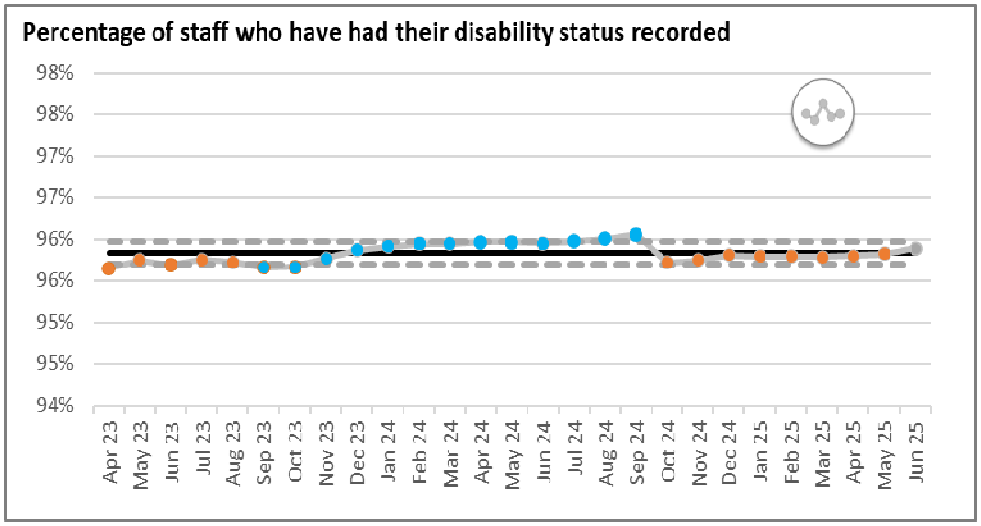


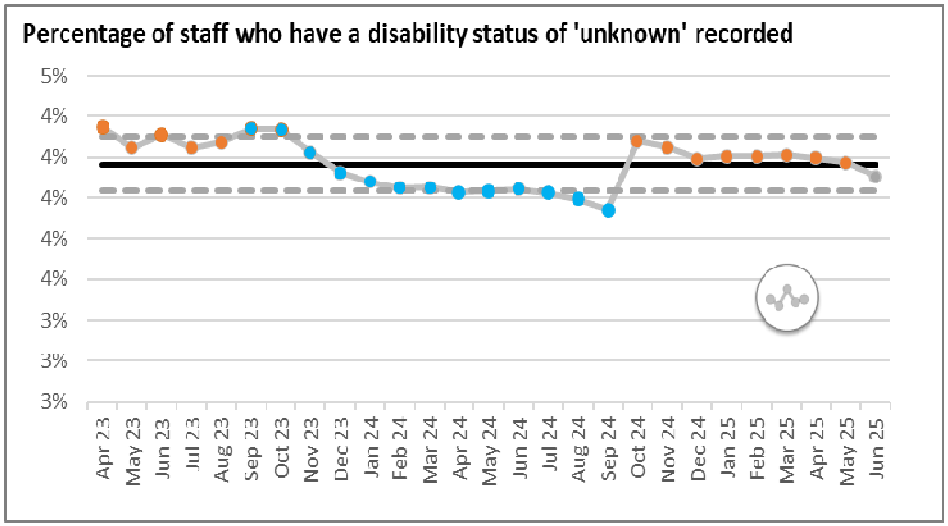


Reducing Inequalities

Disability Confidence and Data Transparency

Objective: Foster a culture where more colleagues feel safe and supported in disclosing their disability status.





Further development of people related metrics will be undertaken over the coming months with focus being on the following areas: Increase Diversity in Senior Leadership, Fair and Trusted Processes, Wellbeing with Inclusion at the Core.

People - Performance Wall

Trust Performance Wall

	Strategic Objective	CQC Domain	Threshold	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Establishment	Best place to work and learn	Well led	-	5526.8	5523.1	5514.2	5733.3	5733.3	5728.1
Contracted Staff In Post (Ledger)	Best place to work and learn	Well led	-	4746.5	4747.5	4749.9	4988.0	4971.6	4980.1
Vacancies	Best place to work and learn	Well led	-	780.4	775.7	764.3	745.3	761.7	748.0
Turnover external (12 months rolling) *	Best place to work and learn	Well led	>12% - <13%	7.8%	7.7%	8.6%	9.4%	9.2%	9.4%
Starters	Best place to work and learn	Well led	-	48.3	30.6	25.2	21.2	19.4	30.0
Leavers	Best place to work and learn	Well led	-	40.7	26.9	74.1	41.8	24.0	38.1
% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	83.7%	83.3%	85.7%	84.6%	80.8%	77.0%
% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	82.2%	83.1%	82.6%	85.2%	87.3%	82.4%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)	Best place to work and learn	Safe	-	93.6%	92.6%	90.9%	89.7%	89.5%	86.6%
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 (17.5%) 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%)	232 - All staff (17.7%) 94 - excl medics (8.5%)	Under Review
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	-	921 (71.2%)	927 (71.4%)	935 (71.4%)	936 (71.4%)	937 (71.3%)	
Sickness absence - YTD	Best place to work and learn	Well led	<=5%	5.3%	5.3%	5.2%	4.7%	4.7%	4.8%
Sickness absence - Month	Best place to work and learn	Well led		5.5%	5.1%	4.6%	4.7%	4.7%	4.9%
Employees with long term sickness over 12 months	Best place to work and learn	Well led	-	2	2	2	1	1	1
Appraisals - rolling 12 months	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87% May 88% June 89%	84.2%	84.3%	86.3%	88.9%	90.8%	89.8%
Employee Relations - Tribunals									
Employee Relations - Suspensions (over 90 days)	Best place to work and learn	Well led	-	0	2	2	2	6	4
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	61	71	60	66	72	73
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%		2.3%			-0.4%	
Registered substantive staff in post mental health and learning disabilities services	Best place to work and learn	Safe	Establishment - 1315	1,134	1,138	1,143	1,174	1,174	1,180
Registered substantive staff in neighbourhood teams	Best place to work and learn	Safe	Establishment - 169	164	165	166	162	160	161
% 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%	93.6%	93.7%	93.3%	94.0%	94.7%	95.1%
Mandatory Training - Reducing Restrictive Practice Interventions	Best place to work and learn	Well led		81.5%	80.1%	79.6%	82.1%	84.3%	83.4%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led		80.9%	81.3%	79.7%	80.9%	82.7%	84.9%
Mandatory Training - Clinical Risk	Best place to work and learn	Well led		96.5%	96.6%	96.4%	96.7%	97.0%	97.6%
Mandatory Training - Display Screen Equipment	Best place to work and learn	Well led		98.1%	98.0%	98.2%	98.3%	98.5%	98.5%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		96.4%	96.3%	95.9%	96.6%	97.3%	97.5%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	90.6%	90.9%	88.9%	90.7%	91.9%	93.2%
Mandatory Training - Food Safety	Best place to work and learn	Well led	>=80%	92.2%	92.4%	92.5%	94.0%	94.6%	95.1%
Mandatory Training - Freedom To Speak Up (FTSU)	Best place to work and learn	Well led		97.0%	97.1%	97.2%	97.4%	97.7%	97.8%
Mandatory Training - Infection Control & Hand Hygiene	Best place to work and learn	Well led		94.9%	95.3%	94.4%	95.6%	96.3%	96.0%
Mandatory Training - Information Governance (Data Security)	Best place to work and learn	Well led	>=95%	93.5%	93.1%	91.1%	92.4%	95.8%	97.8%
Mandatory Training - Moving & Handling	Best place to work and learn	Well led	>=80%	97.8%	97.9%	98.0%	98.3%	98.7%	98.3%
Mandatory Training - Nat Early Warning Score 2 (New S2)	Best place to work and learn	Well led		98.1%	97.9%	97.9%	98.0%	98.3%	98.2%
Mandatory Training - Mental Capacity Act/Dols	Best place to work and learn	Well led		91.6%	91.6%	91.3%	91.8%	92.2%	92.8%
Mandatory Training - Mental Health Act	Best place to work and learn	Well led		90.0%	90.5%	90.4%	91.7%	92.4%	93.7%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1	Best place to work and learn	Well led		92.9%	93.8%	94.0%	94.8%	95.3%	95.7%
Mandatory Training - Prevent	Best place to work and learn	Well led	>=80%	95.7%	95.7%	95.4%	96.4%	96.9%	97.3%
Mandatory Training - Safeguarding Adults	Best place to work and learn	Well led		91.1%	91.0%	91.1%	91.6%	91.4%	92.0%
Mandatory Training - Safeguarding Children	Best place to work and learn	Well led		93.6%	92.9%	92.4%	91.7%	91.7%	92.1%

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
• Our staff in post has reduced for the second consecutive month

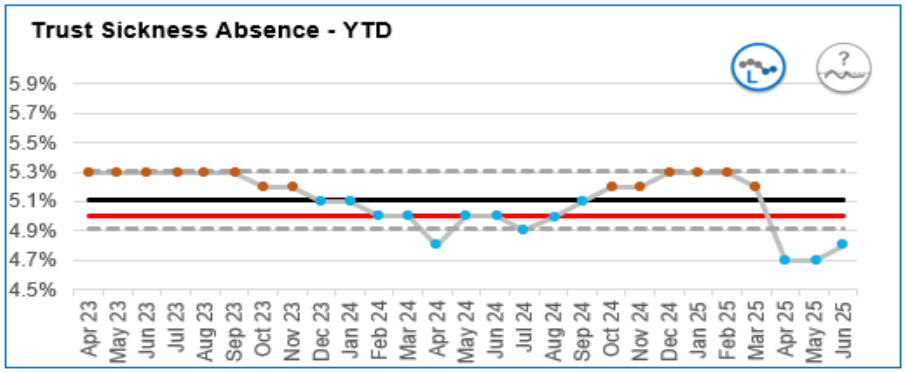
Vacancies
• Our vacancies have dropped considerably this month (-13.7 FTE), however as our establishment has reduced also the percentage of vacancies remains static

Turnover & Stability
• Turnover remains static this month, however this is still low (9.4%)
• Our stability has recovered this month to above our KPI of 90%

Sickness
• Our overall sickness rates have increased for the 4th consecutive month which is as a result in an increase in long-term sickness (LTS)
• The Mental Health Care group is seeing the biggest increase of long-term sickness
• Some areas of Adult Inpatients has seen a significant increase in Anxiety and Stress

Appraisal Compliance
• Appraisal compliance is 89.7% which is 0.3% away from our KPI target

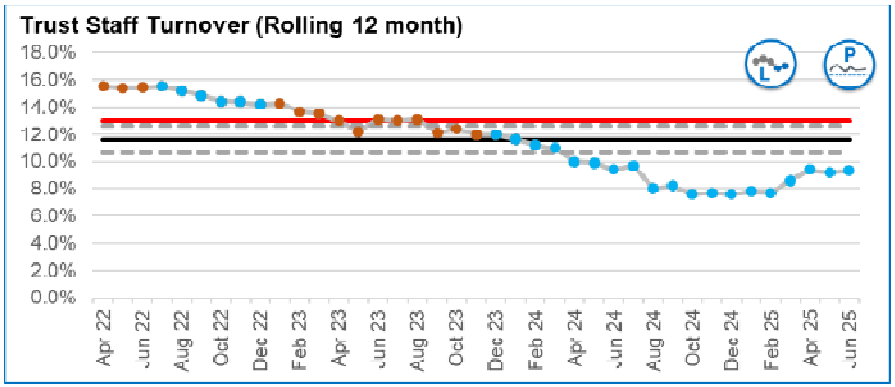
Statistical process control charts



The SPC chart shows that in June 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained improvement in the sickness rate.

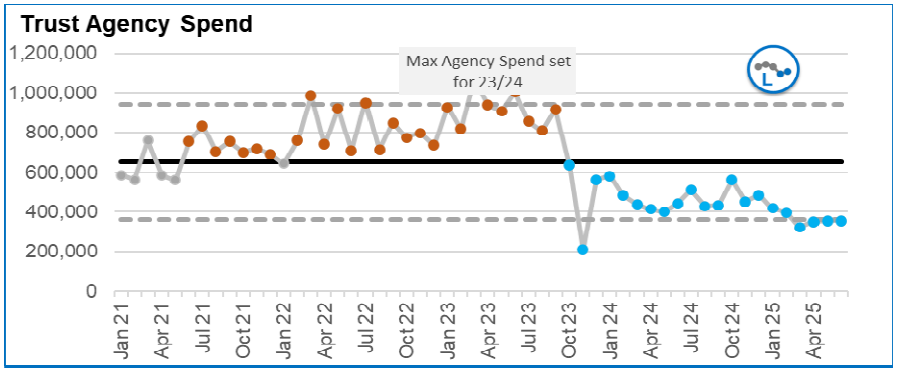
From July 2022 this data also includes absence due to Covid-19.

From April 2025 this data includes Cheswold Park Hospital.



The SPC chart shows that in June 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.



Agency spend continues to be less than planned with costs in line with April and May. Individual action plans continue to be followed.

The SPC chart shows the sustained reduction in spend and in June 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.

Headlines

- 88% of the medics that were due to have an appraisal in quarter 1 2025/26 were appraised within the timeframe.
  - Of the 5 medics that were not appraised in time, the main themes were: the unplanned absence/workload not allowing time of the appraiser; sickness of the medic during the appraisal due window; postponement of the appraisal requested by medic.
- 100% of revalidation recommendations were made, though there was a deferral as a medic had not reached the minimum number of multi-source feedback during the 5 year revalidation. Therefore deferral was recommended to allow further time to collate.
- No active concerns under the Maintain High Professional Standards procedures.

MEDICAL APPRAISALS	Q1	Q2	Q3	Q4
Number of doctors due to have an appraisal meeting in the reporting period	40			
Number undertaken in period	35			
Number not undertaken for which the RO accepts postponement is reasonable	5			
Percentage of appraisals taken place and submitted on time	88%			

MEDICAL REVALIDATIONS	Q1	Q2	Q3	Q4
Number of revalidation recommendations due in period	2			
Number of positive recommendations	1			
Number of deferrals	1			
Number of non-engagements	0			
Percentage of revalidation recommendations made	100%			

RESPONDING TO CONCERNS	Q1	Q2	Q3	Q4
Number of active cases under Maintaining High Professional Standards procedures	0			

National Metrics

Data as of : 22/07/2025 16:04:23

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.

NHS Oversight Framework 2025/26

On 26th June NHS England published the NHS Oversight Framework for 2025/26. The framework outlines a consistent and transparent approach to assessing Integrated Care Boards (ICBs) and NHS Trusts and Foundation Trusts. It ensures public accountability for performance and is a foundation for how NHS England will work with systems and providers to support improvement.

- It is a 1-year framework and will be reviewed at the end of 2025/26.
- A range of agreed metrics will be used to assess performance.
  - These reflect the 2025/26 NHS priorities and operational planning guidance.
  - Not all metrics will be used to formulate the segmentation; some metrics are contextual metrics which will be used for consideration in NHS England's oversight response.
  - All metrics are split into domains: access to services, effectiveness and experience of care, patient safety, people and workforce, finance and productivity, improving health and reducing inequality.
- Assessment of the scoring metrics will determine a segmentation score.
- Segmentation scores will range from 1 (high performing) to 4 (low performing).
  - An additional segment (5) will be used if the organisation is one of the most challenged providers in the country, with low performance across a range of domains and low capability to improve, or an organisation is a challenged provider where NHS England has identified significant concerns.
- All organisations in deficit, or in receipt of deficit support, will be limited to an organisational delivery score of no greater than 3.
- Promotion of improvement and identification of support needs.
- Segmentation data will be reviewed at least quarterly as part of a review meeting and segments may be updated at any time based on emerging information.
- Data on Trust performance against the applicable metrics will be made publicly available via NHS.co.uk – timescales for this have not yet been confirmed, although it is expected to be some time in August 2025.
- Work is taking place in the Trust to validate the draft data which will be used to define the Trusts segmentation.

The following metrics will be used to define the score and segmentation for the Trust:

DOMAIN	Metric
Access	Percentage of people waiting over 52 weeks for community services score
	Annual change in number of children and young people accessing NHS-funded MH services score
Effectiveness & Experience of care	Community mental health survey satisfaction rate
	Percentage of inpatients with >60 day length of stay
	Urgent community response 2-hour performance
Patient Safety	NHS Staff Survey - raising concerns sub-score
	CQC safe inspection score (if awarded within the preceding 2 years)
	Rate of restrictive interventions use
	Percentage of patients in crisis to receive face-to-face contact within 24 hours
People & Workforce	Sickness absence rate
	NHS staff survey engagement theme
Finance & Productivity	Variance year-to-date to financial plan

The majority of these metrics are already included in the IPR and performance is monitored monthly, where available. Work will take place to report actual performance and associated NOF score for the Trust as soon as the data is publicly available, we are also working to have a more timely local forecast of our position.

National Metrics

Data as of : 22/07/2025 16:04:23

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 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	0
M210	The number of completed non-admitted RTT pathways in the reporting period	Best Quality	Responsive		1700												2174	1906	2102
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive		92%	P		99.7%	99.5%	99.5%	99.2%	99.0%	98.2%	97.2%	96.7%	97.0%	97.1%	97.2%	97.8%
M202	RTT waiting list, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive														31	53	58
M203	Number of 52+ week RTT waits, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive		0												0	0	0
M204	RTT waiting list within 18 weeks (monthly RTT data)	Best Quality	Responsive		3680												3957	4035	4025
M205	RTT waiting list within 18 weeks, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive														1	1	1
M206	Diagnostic test activity	Best Quality	Responsive		190												128	70	128
M209	Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over	Best Quality	Responsive		5%												35.7%	51.3%	60.4%
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%			97.4%	97.9%	97.5%	100%	97.8%	100%	100%	98.9%	100%	97.8%	97.9%	100%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0	F	L	111	124	138	96	131	127	106	92	128	144	148	159
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5		L	3	4	4	4	5	4	3	4	4	5	5	6
M208	Average Length of stay for Adult Acute Beds (rolling 3 months)	Best Quality	Responsive					59.2	56.7	68.9	64.1	58.2	52.9	70.2	61.9	62.3	54.1	57.1	56.7
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%	P	H	91.9%	86.2%	90.3%	97.6%	91.8%	96.7%	87.2%	94.3%	100%	88.2%	88%	97.2%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%			96.5%	96.8%	96.5%	96.4%	96.9%	98.1%	97.8%	97.5%	97.0%	97.0%	97.6%	95.4%
M34	% Clients in settled accommodation	Best Value	Effective	⚠	60%	P	L	83.5%	83.6%	84.0%	83.3%	84.1%	84.4%	84.3%	83.1%	83.2%	83.2%	83.5%	83.0%
M35	% Clients in employment	Best Value	Effective	⚠	10%	P	H	12.6%	12.7%	12.5%	13.1%	13.3%	12.8%	12.5%	13.2%	13.2%	13.0%	13.2%	13.0%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0		L	5	5	0	0	1	0	1	0	2	0	0	0
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0		L	3	1	0	0	1	0	1	0	1	0	0	0

National Metrics

Data as of : 22/07/2025 16:04:23

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%			50%	100%	100%	100%	100%	100%	85.7%	100%	100%	100%	50%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%			100%	87.5%	84.8%	88.9%	76%	59.3%	71.8%	70.2%	60.4%	75.6%	93.9%	93.3%
M47	Virtual ward occupancy	Best Quality	Responsive		80%			91.4%	70%	82.9%	86.7%	112%	101%	98.7%	121%	119%	101%	81.3%	90.7%
M188	Community services waiting list, over 52 weeks	Best Quality	Responsive		0	F	L	2	0	0	0	1	1	1	2	1	1	0	0
M30	Number of detentions under the Mental Health Act (MHA)	Best Quality	Safe					106	105	97	95	117	98	90	102	92	111	108	102
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive					27.4%	25.7%	11.3%	25.3%	18.8%	18.4%	23.3%	15.7%	20.7%	23.4%	24.1%	26.5%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%	P	H	99.3%	99.4%	99.0%	98.7%	98.6%	97.8%	98.7%	99.8%	99.6%	99.7%	99.8%	99.8%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%	P		100%	100%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users	Best Quality	Well Led		90%	P		99.1%	99.3%	100%	99.0%	99.1%	99.2%	99.7%	99.8%	99.8%	99.5%	99.7%	99.2%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%			47.8%	49.8%	50.7%	52.0%	52.6%	50.7%	52.6%	49.4%	50.1%	48.5%	51.9%	47.2%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%			66.2%	69.0%	70.3%	71.0%	68.4%	68.6%	68.9%	67.9%	71.6%	68.1%	68.5%	65.9%
M15	Data Quality Maturity Index	Best Quality	Well Led		95%	P		99.4%	99.5%	99.5%	99.6%	98.4%	98.4%	98.0%	99.6%	99.6%	99.2%	99.6%	99.7%
M41	Completion of a valid NHS number	Best Value	Well Led		99%	P	H	99.5%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100.0%	100%
M42	Completion of ethnicity coding for all service users	Best Value	Well Led		90%	P		100.0%	99.4%	100.0%	99.5%	99.6%	99.5%	99.6%	99.6%	99.4%	99.4%	99.5%	99.0%
M43	Community health services two hour urgent response standard	Best Quality			70%		H	92.0%	91.6%	91.6%	90.9%	88.0%	89.2%	90.6%	90.2%	92.6%	90.3%	91.0%	91.3%

National Metrics

Data as of : 22/07/2025 16:04:23

NHS South West Yorkshire Partnership NHS Foundation Trust

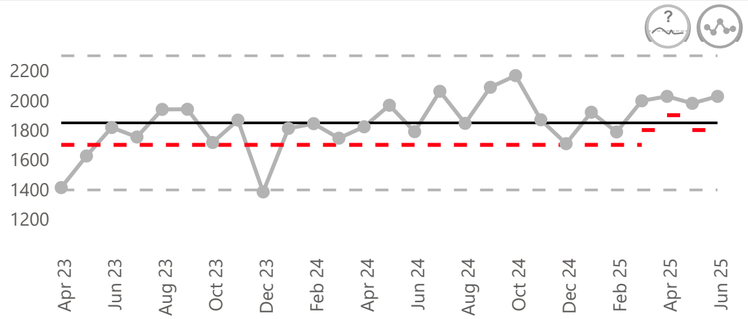
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%	?		50.9%	51.0%	54.1%	53.9%	54.6%	52.4%	55.1%	53.0%	53.2%	51.0%	53.5%	49.8%
				Place	Barnsley	50%	?		50.9%	50.4%	51.2%	51.0%	50.8%	50.9%	50.8%	49.4%	52.7%	51.3%	52.8%	48.1%
					Kirklees	50%	?	H	50.8%	51.5%	56.8%	57.0%	59.1%	53.8%	59.2%	56.3%	53.8%	50.7%	54.2%	51.5%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust				554	545	518	679	586	509	633	524	566	615	600	654
				Place	Barnsley				237	278	253	355	317	241	311	244	270	318	312	324
					Kirklees				317	267	265	324	269	268	322	280	296	297	288	330
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				14977	14826	14807	14784	14764	14759	14717	14634	14920	14898	14962	15169
				Place	Barnsley	2000	P	H	2823	2793	2793	2794	2763	2749	2755	2710	2777	2863	2903	2967
					Calderdale	1200	P	H	1337	1364	1388	1398	1413	1430	1456	1479	1530	1531	1546	1558
					Kirklees	3600	P	L	5124	5038	4965	4878	4896	4873	4766	4697	4779	4747	4807	4883
					Wakefield	3900	P		4624	4576	4584	4619	4586	4582	4612	4631	4740	4714	4698	4779
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust			H	1233	1249	1305	1421	1519	1566	1642	1696	1833	1913	1982	2088
				Place	Barnsley	283	F	H	190	197	203	226	244	250	252	255	278	299	314	331
					Calderdale	247	F	H	225	230	242	261	264	269	279	281	302	305	312	330
					Kirklees	541	F	H	468	464	486	521	546	553	570	576	626	660	694	735
					Wakefield	406	F	H	330	335	347	375	418	440	477	508	543	558	567	588
M194	Number of people accessing individual placement and support (IPS) services (rolling 12 months)	Best Quality	Responsive	Trust	Trust			H	469	474	485	482	480	480	483	466	463	448	437	447
				Place	Calderdale			H	115	113	115	113	108	102	109	106	110	104	99	105
					Kirklees			H	167	150	162	149	127	125	127	142	143	153	149	155
					Wakefield			H	183	188	188	186	186	182	173	158	151	150	154	153

National Metrics

Data as of : 22/07/2025 16:04:23

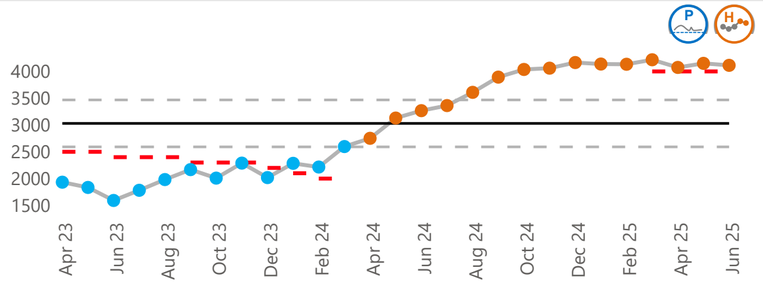
NHS South West Yorkshire Partnership NHS Foundation Trust

M184 - New RTT pathways (clock starts)



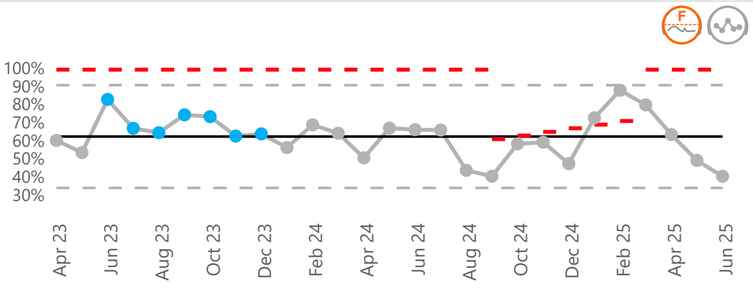
The Statistical Process Control (SPC) chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers. A new target is in place for 2025/26.

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



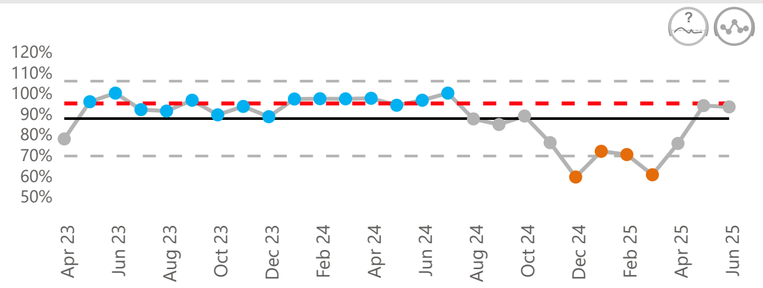
The SPC chart shows that we remain in a period of special cause concerning variation (something is happening and should be investigated) following a sustained increase in numbers of incomplete pathways over the past 12 months.

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



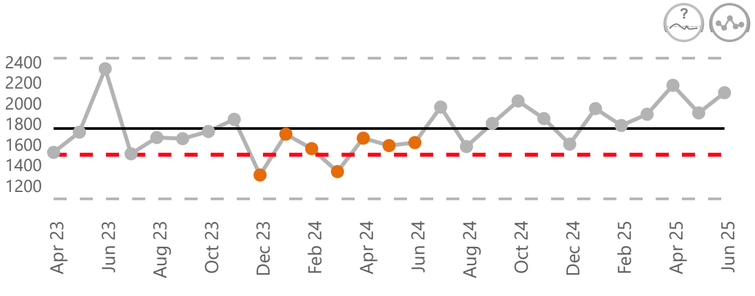
The SPC chart shows that we remain in a period of common cause variation (no concern.

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



The SPC chart shows that we have re-entered a period of common cause variation (no concern) following an increase in performance in the last month which is back in line with usual performance.

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



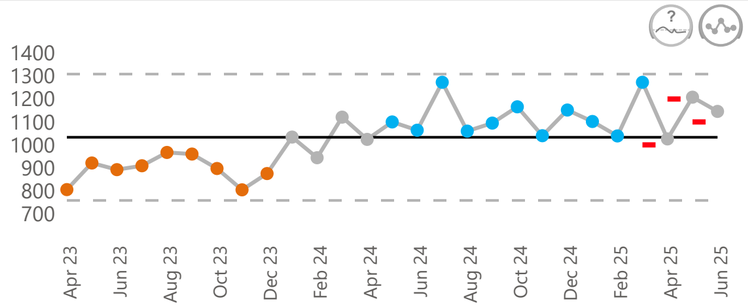
The SPC chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers this time last year.

National Metrics

Data as of : 22/07/2025 16:04:23

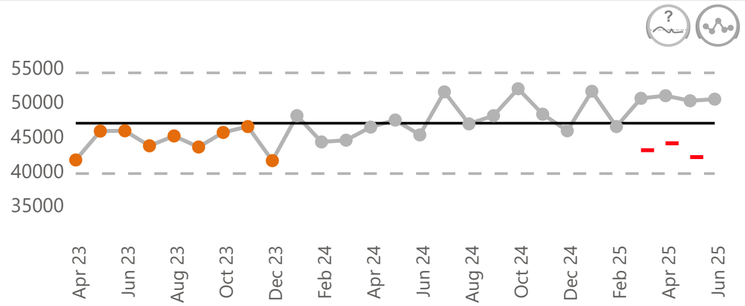
NHS South West Yorkshire Partnership NHS Foundation Trust

M187 - Urgent Community Response (UCR) referrals



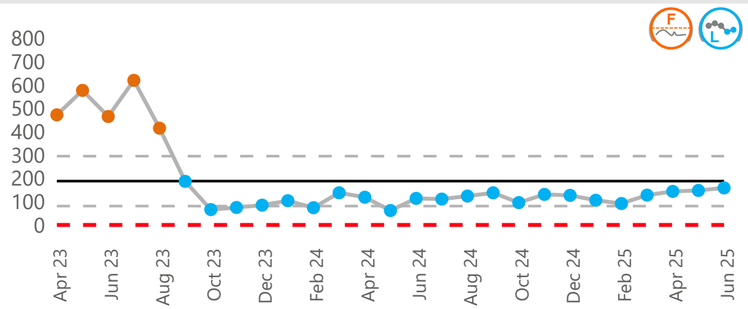
The SPC chart shows that we remain in a period of common cause variation (no concern).

M207 - Attended Community Care Contacts



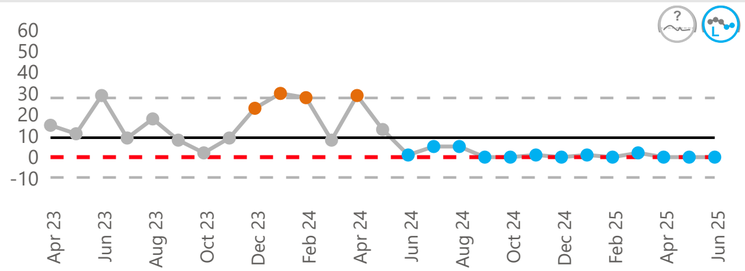
The SPC chart shows that we remain in a period of common cause variation (no concern).

M2 - Inappropriate out of area bed days



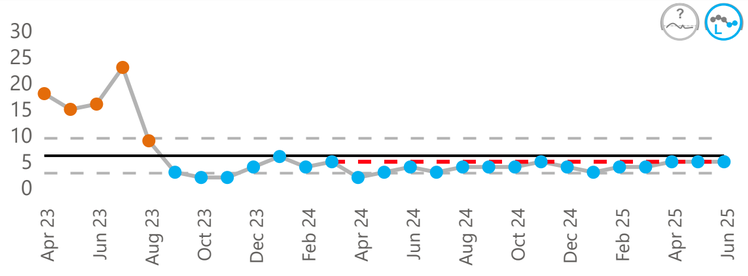
The SPC chart shows that we remain in a period of special cause improving variation (something is happening and should be investigated) following a continued overall reduction in the performance. We are still not anticipated to achieve the target of zero.

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



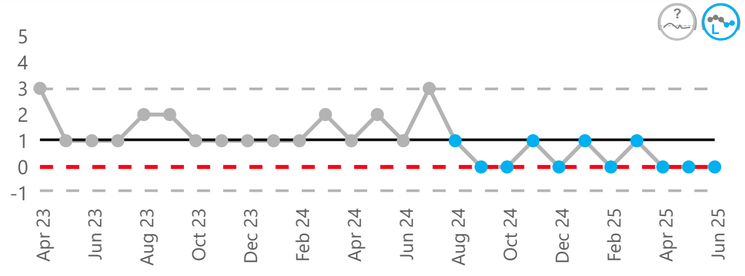
The SPC chart shows that we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained reduction in the number of bed days for under 18 year-olds.

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



The SPC chart shows that 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 June 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 : 22/07/2025 16:04:23

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 June.
• There was a slight increase in out of area bed usage up to 159 days used in June and 6 people remaining placed out of area at the end of the month.
• The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is 93.3% in June- this relates to 1 service user who was not seen, The urgent access to treatment measure has achieved 100% in June.
• 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 90.7% for June.
• 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 further in June to 39.5%, remaining below the national threshold of 99%. Additional staff joined the service as planned from end of June and agency cover will continue until their induction period is completed in order to maintain service delivery. A business case is in process to take to the Barnsley Integrated Care Board (ICB) in relation to additional staffing to meet demand.

A number of new national metrics were 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 third 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:

• Talking Therapies - proportion of people completing treatment who move to recovery - Barnsley Place has dipped to 48.1% -
Recovery metrics for June are below target due to dropouts from one of the remaining wellbeing courses. Some clients dropped out during the course, others will have been signposted to other services, either third sector organisations or secondary MH care services, whilst some clients will have remained within the service and are now waiting or receiving their one-to-one treatment. We have attempted to re-engage clients who have dropped out where possible. Clients presenting with depression, who had not reliably improved following one to one treatment, were reviewed to determine whether their needs could be met by the CBT mindfulness group, this has resulted in some clients being discharged not at reliable improvement due to the group not being appropriate for them at this time. Year to date data indicates that end of year performance for recovery, reliable recovery and reliable improvement remains achievable.

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 June the following data quality issue has been identified in the reporting:
- The reporting for employment and accommodation shows 13.5% of records have missing employment and/or accommodation status with a further 1.8% that have an unknown employment status and 1.3% 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.
- The Trust does not anticipate further expansion of Mental Health Support Team (MHST) services in 2025/26, aside from continuing to embed the Wave 12 teams following the investment made at the end of 2024/25 and realisation of the full-year effect (FYE) in 2025/26. Efforts will focus on maximising the impact of existing funding to reduce waiting times and improve access to services. This will involve close collaboration with local communities, schools, and healthcare providers to tailor support to local needs. The Trust will also implement digital innovations to enhance service delivery, map workforce requirements to ensure appropriate staffing, and collect and analyse feedback to drive continuous improvement. Ongoing staff training and development will be prioritised, alongside the creation of integrated care pathways to ensure seamless support across services. Additionally, staff wellbeing will remain a key focus to maintain a resilient and effective workforce.
- 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:
    - Aim to increase performance against reliable recovery and reliable improvement metrics in line with funding and locally agreed targets.
    - Use benchmarking to compare your performance against peers, identify areas of variation, and set measurable goals for improvement.
    - 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.
    - Additional focus on improving recovery waits for all communities with a focus on black, Asian and minority ethnic communities and on older people.
    - 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.
    - 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

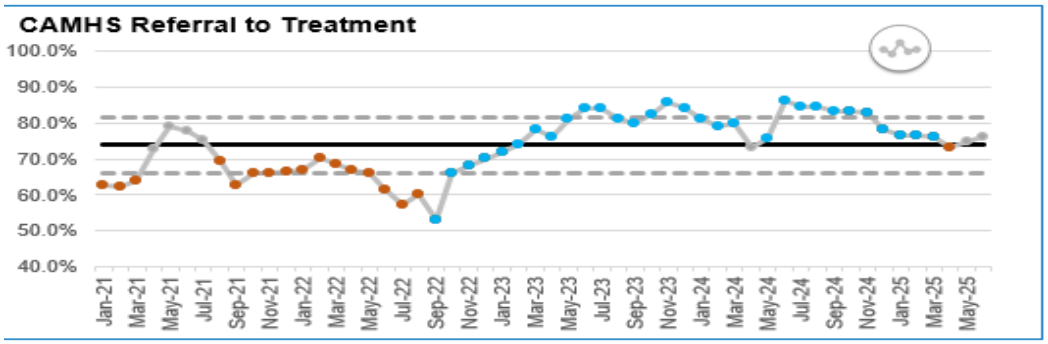
Children and Young Peoples Mental Health Services

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	Apr-25	May-25	Jun-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	84.6%	86.7%	84.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	33% (1/3)	0% (0/3)	0% (0/5)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	84.7%	85.6%	86.5%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	94.1%	97.6%	96.9%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	80.1%	82.0%	83.0%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	75.6%	93.9%	93.3%	
Eating Disorder - Urgent/Emergency clock stops	Best Quality	Effective	95%	100.0%	50.0%	100.0%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	90.9%	96.5%	98.7%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	80.8%	79.3%	78.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	2.8%	2.1%	3.6%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	341	332	370	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	806	907	921	
Total number of reported incidents	Best Quality	Safe	Trend monitor	34	35	42	

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



In June 2025, the SPC chart indicates that we remain in a period of common cause variation (no concern), 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. Services implementing While You Wait offers.
• Calderdale & Kirklees CAMHS Keeping Kirklees in Mind (KKiM) MHST continues to experience significant challenges around referral numbers and recruitment and retention. These directly correlate to increased waiting numbers across all KKiM waiting lists. Service Is currently working with SWYFT contracting services to complete demand & capacity work for robust service design to help support challenges faced.
• Capacity and Demand across Community CAMHS Crisis and Eating Disorder teams are being monitored some teams utilising business continuity measures and rated as red on Risk Register.
• 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 and challenges recruiting to posts. A range of options is being considered and activated lead by the General Manager. These pressures are recorded as RED on the Risk Register. The Paediatric Liaison offer is being streamlined and formalised to ensure this resource is accessible to ReACH.
• Wakefield CAMHS PIT/SPA Team – Waiting List Increase. The PIT/SPA team is the front door to the service and handles all referrals and assessments. The KPI wait is 12 weeks for assessments and the wait now is 20 weeks. Recruitment is a real challenge. Focused work is underway around triage and developing a new assessment model. MHST will take some assessments over the summer period to manage the waits. We have a while you wait offer that is shared with young people and parents.
• Secure CAMHS –The installation of SWYFT IT system access within the three settings has been approved, the timescales of the work being commenced is to be agreed. The lack of Trust IM&T infrastructure within the three secure settings continues to provide challenges and risks. This issue remains on the risk register due to concerns of the impact that this will have upon service delivery but has been downgraded to amber.
• Secure CAMHS –Work continues to determine the responsibilities and associated finance for the prescribing of mental health medications in the secure children's homes

Advise

• 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 (RtC) providers specifically within Calderdale. Kirklees numbers are directly related to number of diagnosed assessments undertaken by the Neuro Developmental assessment team in Kirklees, which currently does not utilise RtC. Calderdale commissioners considering business proposal for increasing capacity with Calderdale ADHD.
• Calderdale & Kirklees CAMHS Crisis team continues to receive in the region of 100 referrals per month for CYP requiring emergency or urgent support. In addition, the C&K CAMHS Crisis line receives in the region of 100 calls per month and also a further 25 calls per month from NHS 111.
• 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. Commissioners are sighted on these challenges
• Wakefield CAMHS – Eating Disorders team will face staffing pressures due to vacancies. Recruitment is in process. The team is using resource from across CAMHS teams to deliver the core assessment offer which adds to pressures across the service and a bank member of staff is also offering support to this process.
• Barnsley CAMHS- No LD CAMHS pathway or wider provision in Barnsley for this cohort continues to cause health inequalities and an increase in complaints. We are awaiting feedback from commissioners on the business proposal that has been submitted.

Assure

• Sickness across the care group continues to be consistently below the overall Trust sickness rate of 5% at 3.6 % (but note the rise this month from 2.6%) Both long and short-term sickness are being managed well
• Appraisal rates across the CAMHS for May is 85.75 % (as of 15.07 25) which is lower than the overall Trust rate of 89.7%. There are targeted action plans across the care group in place for those services indicating low appraisal rates
• Mandatory training across the care group stands at 95.75% (as of 15.07.25).
• Clinical supervision recording stands at 80 % across the care group (as of 15.07.25) and is an improvement from April's performance of 86.5%

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 and has seen some improvement during the month.

Mental Health Community

Metrics	Strategic Objective	CQC Domain	Threshold	Apr-25	May-25	Jun-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	89.2%	91.4%	90.3%	
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	68.1%	81.8%	76.0%	
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	97.1%	96.2%	96.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	6% (1/16)	18% (2/11)	13% (1/8)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	88.2%	90.7%	90.7%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	88.7%	95.7%	90.6%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	96.0%	96.1%	94.6%	
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	96.0%	96.5%	95.8%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	76.6%	78.7%	81.3%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	92.5%	91.8%	92.0%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	92.1%	95.6%	97.8%	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	81.5%	84.0%	83.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	3.9%	4.6%	4.8%	
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,722	13,668	13,676	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	152	140	112	

Mental Health Inpatient

Metrics	Strategic Objective	CQC Domain	Threshold	Apr-25	May-25	Jun-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	96.2%	97.8%	95.1%	
% Bed occupancy (excl leave)	Best Quality	Safe	85%	90.1%	90.2%	91.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/6)	0% (0/4)	10% (2/20)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	91.4%	90.2%	93.9%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.3%	87.1%	89.7%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	8.8%	9.5%	8.7%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	84.2%	88.2%	81.3%	
Inappropriate Out of Area Bed days	Best Quality	Responsive	150 (June)	144	148	159	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.6%	96.9%	99.0%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	15	14	22	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	45	41	46	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	88.4%	92.9%	87.6%	
Restraint incidents	Best Quality	Safe	Trend Monitor	95	111	*78*	
Safer staffing (Overall)	Best Quality	Safe	90%	132.1%	128.0%	124.4%	
Safer staffing (Registered)	Best Quality	Safe	80%	104.3%	101.8%	99.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	5.3%	5.6%	6.4%	
Average length of stay - Acute and Psychiatric Intensive Care Unit - West Yorkshire (3 Months Rolling)	Best Quality	Safe	From April 25 Apr - 63.1 May 62.5, Jun 62.0	55.6	55.0	54.6	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	Best Quality	Safe	From April 25 Apr - 63.9 May - 63.3, Jun 62.4	61.2	70.8	67.1	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	672	613	655	

Alert/Action

• Acute wards have continued 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 (ICBs) through the MADE 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 June 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 June 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.
• Intensive Home-Based Treatment 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. The reporting metric for inpatients changed as of 1st April to percentage of inpatient risk assessment completed within 24hrs 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. 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. 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.
• Care Programme Approach (CPA) review performance is under the 95% target in Barnsley (94.99%), Calderdale (94.55%), and Wakefield (93.32%). Outstanding reviews have been completed but will not show in June data. Action plans and support from Quality and Governance Leads remain in place.
• 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 trust wide 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.
• SPA is 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 & 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 June is 51.48% for Kirklees achieving the national standard of 50%. Barnsley was under target at 48.11% impacted by a number of individuals disengaging with group therapy. In June Barnsley Talking Therapies achieved the expected national standard of less than 10% for waits to second treatment within 90 days (6.48%). Kirklees is above target at 19.44%. This is measured 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). Care Group compliance has improved, particularly in inpatients where the target has been achieved. 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 12 total incidents of prone restraint in June, all of which were on working age adult (WAA) inpatient wards and were under 3 minutes duration. The monthly restraint oversight meeting, led by NQP, 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
• Supervision continues to be above the 80% threshold at 91.8%
• The appraisal target of 90% was met in June (91.6%)

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 - achievement of this standard has consistently been met since November 2024. 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 are waiting for a suitable placement - work continues with partners to encourage flow.

LD, ADHD & ASD

Metrics	Strategic Objective	CQC Domain	Threshold	Apr-25	May-25	Jun-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	87.8%	89.2%	87.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/5)	40% (2/5)	0% (0/7)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	75.7%	78.9%	81.5%	
Bed occupancy (excluding leave) - Commissioned Beds	Best Quality	Safe	N/A	55.4%	49.2%	32.1%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.1%	81.8%	81.3%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	90.1%	78.3%	81.8%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	94.8%	94.3%	95.8%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	91.2%	100.0%	93.1%	
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	22	19	7	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.2%	84.9%	86.0%	
Safer staffing (Overall)	Best Quality	Safe	90%	144.1%	138.5%	104.5%	
Safer staffing (Registered)	Best Quality	Safe	80%	157.4%	179.7%	172.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.1%	4.4%	3.9%	
Restraint incidents	Best Quality	Safe	Trend Monitor	23	22	*11*	
Average length of stay	Best Quality	Safe	Trend Monitor	1015	270	114	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	55	64	51	

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

Alert/Action

• West Yorkshire Integrated Care Board (WY ICB) Neurodiversity project - The West Yorkshire Integrated Care Board (ICB) is currently undertaking a consultation process over the summer to explore the development of an all-age Neurodiversity (ND) hub. This hub is envisioned as a first point of contact for individuals seeking support, with the potential to triage referrals, offer early intervention, and in some cases, divert individuals from formal assessment pathways. At this stage, the structure and operational model of the hub remain undefined, and no formal decisions have been made. The initiative is part of a broader regional effort to respond to increasing demand.
• Adult ADHD – Waiting Lists and Triage - The service currently has 835 individuals awaiting an ADHD triage appointment. This triage step, introduced in summer 2024 for Kirklees and Wakefield, is an innovative approach designed to ensure that only clinically appropriate cases are added to the full assessment waiting list. Early analysis in Wakefield indicates a positive impact: the monthly growth rate of the assessment waiting list has reduced from an average of 3.7% to 1.2% since the triage process was introduced. While Barnsley and Calderdale have not yet commissioned this model, both areas have expressed interest and have requested updated business cases for consideration.
• Adult ADHD Assessments - The service is currently managing a significant demand for adult ADHD assessments, with over 6,500 individuals on the waiting list. The longest waits are typically around three years, reflecting the scale of unmet need across the region. Despite these pressures, it is important to note that the service continues to deliver its contracted activity. With capacity to assess up to 430 new cases per year, the service is on track to meet this target. Since April 2025, 126 individuals (29%) have commenced the assessment process, demonstrating steady progress against planned activity. This balance between managing long waiting lists and maintaining delivery of commissioned activity remains a key operational focus.

Advise

• ADHD Shared Care - The service has been commissioned to deliver shared care for ADHD medication across Barnsley, Kirklees, and Wakefield for several years. In recent months, national shortages of ADHD medication, combined with a significant rise in demand for ADHD assessments from both NHS and independent providers, have placed additional pressures on primary care services. A small number of GP practices have reviewed their shared care arrangements, with some opting not to enter into new agreements or to discontinue existing ones. This appears to reflect a preference for working with providers whose diagnostic processes they are more familiar with. At present, the impact on the Trust's ADHD service has been minimal. Many GPs continue to support shared care arrangements with their local NHS provider. However, this remains a dynamic situation and is being closely monitored to ensure service continuity and to support ongoing collaboration with primary care partners.
• ADHD Capacity - For the 2025/26 financial year, the service anticipates capacity to assess and initiate treatment for approximately 430 new ADHD cases across Barnsley, Kirklees, and Wakefield. Currently, 330 places have been commissioned by these three areas. The remaining 100 places are intended to be offered to Calderdale, with reimbursement expected via Patient Choice regulations. This approach ensures full utilisation of available capacity while supporting regional access to ADHD services.
• Adult Autism – Waiting Lists. There has been no significant change in waiting list numbers or waiting times for adult autism assessments across the region. Individuals continue to experience relatively short waits in Barnsley, Bradford, Kirklees, and Wakefield. In Calderdale, however, 255 people are currently waiting for assessment. This pathway does not include a triage step, as per the commissioner's request. The longest current wait is 1 year and 37 weeks, but individuals referred today are likely to wait up to 3 years for assessment.
• Barnsley 17+ Autism Pathway - The service has been invited to submit a business case to deliver approximately 20 autism assessments for 17-year-olds in Barnsley. This proposal mirrors a successful project delivered last year and aims to reduce waiting times for young people currently on the paediatric caseload at Barnsley Hospital NHS Foundation Trust. The business case has been developed and shared with the relevant stakeholders.

Assure

• All KPI targets met
• Excellent levels of supervision, appraisal and mandatory training.
• Low level of vacancies.
• All mandatory training meeting the threshold.

Learning disability services:

Alert/Action

Learning Disability (LD)
• Overall compliance with mandatory training remains strong. The only area requiring additional focus is CPR training, where completion rates are below target.
• Appraisals and supervision continue to be a workforce priority. While there has been a slight dip in supervision compliance, appraisal rates are improving steadily.
• NHS Staff Survey Action Plan: Progress is ongoing, with key actions being implemented in line with the agreed timeline.
• LD Week – the service held a range of event which were attended and enjoyed by service users, carers and staff.

Community
• Waiting Lists - Recent data indicates a continued improvement in waiting list performance across three localities, but the service notes a drop in performance in Barnsley and Calderdale which will be addressed once understood.
• Clinical Acuity- Community teams continue to report high levels of LD service users in crisis.
• ADHD Business Case-Commissioners have agreed to explore temporary funding to support the ADHD business case. The service expects to receive confirmation of the outcome within the next four weeks.
• Keeping My Chest Healthy Pilot - The pilot programme has now concluded within the Wakefield and Kirklees community teams. An evaluation is currently underway to determine next steps and inform future service planning.

Assessment & Treatment Unit (ATU)
• The new discharge process implemented by the Horizon team has shown promising early results, with five successful discharges completed over the past three months. This reflects positive progress in supporting service users to transition safely and appropriately out of care.

Advise

Community
• The recruitment to Speech and Language Therapist posts continues to be a challenge.
• 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)
• A review of the current establishment is planned to ensure that staffing structures and resource allocation remain aligned with service delivery needs and strategic priorities. Further details will be shared as the review progresses.
• Quality Improvement project on advanced choice documentation has been completed.
• Following the LD Assessment and Treatment Unit (ATU) Strategic Workshop held earlier this year, a number of workstreams have now been established to progress the identified priorities. These workstreams are focused on improving service delivery, enhancing pathways, and supporting strategic planning across West Yorkshire.

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 96%

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 September 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	Apr-25	May-25	Jun-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	93.4%	95.3%	94.6%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/2)	0% (0/1)	33% (1/3)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	89.7%	88.9%	93.1%	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	79.3%	74.1%	79.6%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.2%	86.4%	88.5%	
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%	95.3%	97.3%	98.0%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	97.1%	97.2%	97.8%	
Safer staffing (Overall)	Best Quality	Safe	90%	106.2%	102.9%	106.5%	
Safer staffing (Registered)	Best Quality	Safe	80%	113.1%	102.3%	108.2%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.6%	4.1%	4.0%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	99%	63.2%	49.0%	40.2%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	6,741	7,036	6,887	
Total number of reported incidents	Best Quality	Safe	Trend monitor	261	235	202	

Barnsley Physical Health and Wellbeing Care Group

Alert/Action

• Musculo Skeletal (MSK) Service & Neuro Physio, Priory Day Centre – remains closed. Services affected continue to utilise Priory Campus as temporary alternative accommodation and this arrangement has been extended further until end of December 2025. General Manager is working with both the MSK Service and our Strategic Planning Lead for SWYPFT Estates to explore long term options including the potential for using one site for all group work. 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 further dip in June from 49% to 40.2% against the target of 99%. However, we are seeing an improvement into July already with figures increasing to 43.73% as of 9 July. This is also impacting the average wait time which has increased, and the service are monitoring this closely. Additional staff joined the service as planned from end of June and agency cover will continue until their induction period is completed in order to maintain service delivery. A business case is in process to take to the Barnsley Integrated Care Board (ICB) in relation to additional staffing to meet demand.

Advise

• Staff receiving supervision - ongoing focus with a drive to improve recording and increased numbers of trained supervisors. We have seen an increase to 79.6% for June which is only minimally below target.
• Although Musculo Skeletal Service (MSK) continues to meet the 18-week RTT (Referral to Treatment) target, the average wait time for the service has increased slightly. This can be partly attributed to reduced staffing capacity due to maternity leave and also, a lack of Band 5 rotational staff.
• One instance of feedback with staff values and behaviours as an issue has been recorded during June. This relates to our Neighbourhood Nursing Service (NNS); one of our senior clinicians has done an initial investigation and made contact with the family. We are currently awaiting consent from the family via the Trust's Customer Service Team in order to proceed with further investigation. Formal investigation will enable us to ascertain if the complaint is upheld.

Assure

• Appraisals - for June, the overall care group figure is 94.6% which exceeds the incremental target of 89% for this month.
• Overall sickness rates continue to improve during June, and the care group is achieving compliance at 4.0%, with a year-to-date figure of 4.5%.
• Urgent Community Response Service 2-hour target is 91% as at end of June 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) – 97.84% as at June 2025.
• 93.10% of people dying in their place of choosing in June 2025; this remains consistently above the threshold of 80%.
• Information Governance training maintains compliance at 98%.
• Friends and Family Test (FFT) 95% of people would recommend community services.
• CPR training maintains compliance at 88.5% for June.
• Virtual Ward occupancy rate has stabilised this month at 85.3% and continues to be above the target of 80%. the team continue to focus on length of stay as a way to facilitate good patient flow.
• Our Children's Services hosted a table at a Patient and Carers Event at Barnsley Metrodome on 3 June 2025.
• A new innovative Simulation Suite was opened on 20 June 2026 by our former Deputy Director of Services and our current Director of Service. The Sue Wing Simulation Suite will help Trust colleagues train in realistic situations and is designed to enhance the skills of community-based NHS staff using practical scenarios in a setting that closely resembles a patient's home.

Forensic Care Group

Headlines

The monthly sickness rate continues to be an issue - 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 - West Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Apr-25	May-25	Jun-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	83.2%	82.7%	82.5%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	85.1%	84.2%	81.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/0)	0% (0/3)	0% (0/1)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	87.6%	86.8%	82.3%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	99.0%	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	79.6%	82.8%	87.1%	
% 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	95.0%	33.3%	75.0%	50.0%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95.0%	100.0%	100.0%	85.7%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	92.2%	94.2%	96.2%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	6	3	3	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	13	11	20	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.5%	89.6%	89.5%	
Restraint incidents	Best Quality	Safe	Trend Monitor	21	18	*32*	
Safer staffing (Overall)	Best Quality	Safe	90%	116.5%	117.8%	118.1%	
Safer staffing (Registered)	Best Quality	Safe	80%	101.5%	102.0%	100.6%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	7.2%	7.7%	7.5%	
Average length of stay	Best Quality	Safe	Trend Monitor	985	353	670	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	178	191	228	

Forensic - West Yorkshire:

Alert/Action

Bed Occupancy

• Medium secure services are currently operating below occupancy levels, particularly within the Learning Disabilities (LD) and Women's pathways, where there are no active waiting lists. However, there has been a notable increase in referrals for male medium secure beds, which is positively impacting overall utilisation.
• Newton Lodge: 88.27% – Increased referrals in the male pathway; occupancy spans LD and Women's services.
• Bretton Centre: 80.48% – Admissions are pending due to legal processes.
• Newhaven: 75% – Reflects ongoing underoccupancy.

Appraisals

• Appraisal completion remains a key workforce priority. The service has made progress, with the current completion rate at 83.3%, reflecting continued efforts to improve compliance and staff engagement.

Forensic Community Transition Team

• The Forensic Community Transition Team is currently unfunded by the West Yorkshire Provider Collaborative and has not been prioritised for community service investment. The matter has been escalated, and guidance has been received on the next steps for further escalation within the Collaborative's internal processes.

Advise

• Provider Collaborative Engagement - The West Yorkshire Provider Collaborative has signalled its intention to:
  • Review male and female pathways within medium secure services to ensure alignment with regional needs.
  • Undertake a detailed review of patients deemed clinically ready for discharge, with the aim of improving patient flow and discharge planning.
• Sickness absence across all has shown a rising trend in recent months. Newton Lodge and Bretton Centre have reported rates of 7.1% and 7.5% respectively, while Newhaven has seen a more pronounced increase, reaching 12.2%. This upward shift, particularly at Newhaven, highlights emerging workforce pressures that may be linked to service demands, staff wellbeing, and some local factors. The situation is being closely monitored, and further analysis is underway to understand the underlying causes. This will inform targeted interventions aimed at supporting staff and stabilising attendance across the service.
• Mandatory training overall compliance: Newton Lodge – 94.2%, Bretton – 94.9%, Newhaven –95%. Hotspots are: IG in the Bretton Centre (94.9%) and CPR in Newhaven (79.3%). Newhaven's compliance with targets is being adversely affected by high absence rates
• Supervision – levels remain high across the care group with the exception of the Bretton Centre which is reporting 57.9%. Plans are in place to identify mitigating actions to achieve compliance.
• Turnover – Turnover across the service is much lower than in previous years at 10% or less.
• 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 care programme approach with a formal review within the previous 12 months –100%

Forensic - South Yorkshire							
Metrics	**Strategic Objective**	**CQC Domain**	**Threshold**	**Apr-25**	**May-25**	**Jun-25**	**Variation/ Assurance**
% Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	83.5%	91.5%	84.4%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	77.3%	73.5%	78.3%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	40% (2/5)	50% (1/2)	0% (0/3)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	89.0%	91.0%	81.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.7%	86.8%	79.4%	
% of clients clinically ready for discharge	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%	94.7%	98.0%	96.2%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	2	2	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	8	4	10	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	92.5%	91.5%	86.3%	
Restraint incidents	Best Quality	Safe	Trend Monitor	8	5	*12*	
Safer staffing (Overall)	Best Quality	Safe	90%	115.5%	123.3%	123.0%	
Safer staffing (Registered)	Best Quality	Safe	80%	96.1%	100.4%	94.6%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	4.5%	4.0%	5.1%	
Average length of stay	Best Quality	Safe	Trend Monitor	1015	N/A	2637	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	142	164	120	

Forensic - South Yorkshire:

Alert/Action

Bed Occupancy
• Following a period of closure, Cheswold Park successfully reopened under SWYPFT in October 2024. By January 2025, the service had resumed both admissions and discharges, gradually rebuilding capacity. By March, occupancy had reached 70 beds, slightly below the initial Q1 target of 80 beds. This shortfall was due to a range of operational challenges encountered during the reopening phase.
In response, the service is now working closely with commissioners to agree a revised and more realistic occupancy plan. This plan will be subject to ongoing review throughout Q2 and Q3, ensuring it remains aligned with service capacity and patient needs as the site continues to stabilise.

Advise

• Cheswold Park continues its integration into the Forensic Care Group, aligning with Trust-wide structures and governance.
• The corporate services establishment review remains ongoing to ensure appropriate resourcing and efficiency.
• Quality and Safety oversight continues through the internal Quality Improvement Group, now meeting quarterly rather than bimonthly.
• External oversight from NHSE and the South Yorkshire Provider Collaborative remains at a routine monitoring level.
• Strategic priorities have been defined for the next six months across both the Programme Group and Clinical/Operational services.
• Work is underway to develop a clear future clinical and operational model for the service.
• A medical workforce business case has been submitted to EMT to support future admissions in line with the overarching business case.
• Business cases for Psychology, Allied Health Professionals, and Pharmacy are in development to strengthen multidisciplinary provision.
• The service is progressing with policy and procedure alignment to meet Trust, CQC, and medium secure standards.
• A Ward Manager development programme is in progress to align the role with Trust-wide expectations and enhance leadership capability.
• Support is being provided to improve internal and external reporting mechanisms.
• Access to the Trust Bank has been established, improving the sustainability and flexibility of ward staffing.

Assure

• 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.
• All mandatory training and appraisals are above compliance thresholds.

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

16 out of the 17 wards have achieved the June 89% threshold target.

- Nostell compliance is below threshold at 86.4% however targeted work has been undertaken by the ward manager and July compliance is 95.2% (as of 22/07/25).
- Matrons continue to work closely with ward managers to ensure outstanding appraisals are booked.

Sickness

8 wards have sickness rates below 5% compliance threshold.

- Sickness improved to below threshold in June on Clark, Stanley, and Ward 18 following the return of staff from long term sickness. Sickness also reduced to below threshold on Ward 19 (female) following a reduction in the number of short-term sickness episodes.
- Sickness increased to above threshold on Beamshaw (5.9%), Elmdale (8.6%), Enfield Down (7.6%), and Lyndhurst (5.1%) due to both short term and long-term sickness, no themes.
- Sickness on Walton and Beechdale and has reduced but remains above threshold and continues to be impacted by a combination of long and short-term sickness, no specific themes.
- Nostell (10.4%) sickness has increased due to a mixture of both long and short-term sickness, with themes of personal and work-related stress.
- Sickness on Ashdale has further increased and is significantly above threshold at 21.8% in June. This continues to be impacted by long-term sickness with themes of personal and work-related stress, work related injury, and long-term physical health conditions.
- Sickness on Willow has reduced but remains significantly above threshold at 17.8%. This is impacted by both short and long-term sickness although no specific themes.
- 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 3-4 weeks.

Supervision

All 17 wards are above 80% compliance target for June, 8 of those wards are at 100% supervision compliance.

- The senior leadership team maintain close oversight of supervision compliance via the weekly inpatient quality and performance meeting

Mandatory Training

Information Governance

- All 17 wards are above 95% compliance target for June, 13 of those wards are at 100% information governance training compliance
- Ward managers, with oversight from matrons, continue to ensure outstanding staff complete information governance training.

CPR

- 15 wards are above the CPR training compliance threshold.
- Walton (74.3%) dropped below compliance threshold in June. This is in part impacted by sickness and a member of staff being on a nurse training placement, requiring re-booking of training. The ward manager, with oversight from the matron, is reviewing training to ensure all staff are booked onto future dates.
- Ward 18 (71.4%) remains below threshold however compliance has increased comparative to May. Staff out of compliance are booked onto future training dates throughout July and August. Current compliance is at 80% (as of 22/07/25).

RRPI

- 15 wards are above the RRPI training compliance threshold.
- Nostell (78.3%) and Lyndhurst (79.3%) have both dropped just below threshold however staff have attended recent training dates and compliance for both wards is above threshold in July (as of 22/07/25).
- 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.
- Elmdale (74.1%) and Beechdale (82.6%) dropped under compliance and staff who were non-compliant have attended recent training. July compliance for both wards is above threshold (as of 22/07/25).

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)

• CRFD rates are significantly above threshold on a number of wards:
  • Poplars CRFD is 36.8% in June and is reflective of several service users awaiting placements.
  • Walton (31.1%) relates to several service users awaiting either placement or suitable accommodation. A service user on Walton is awaiting Ministry of Justice permissions.
  • Stanley CRFD has seen a considerable increase from 6.2% to 14.9% in June. This reflects 5 service users awaiting care package or suitable accommodation, 2 of whom have been recently discharged.
  • 8 other wards are above the threshold for CRFD with Beamshaw, Clark, Melton, and Ward 19 (male) above 10%. Nostell, Willow, Beechdale, and Enfield Down 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 meeting led by the Director of Service to ensure senior oversight and focus and timely external escalations.

FIRM Risk assessments

• The reporting metric changed as of 1st April to percentage of inpatient risk assessment completed within 24 hours before or after admission.
• Compliance monitoring dashboards have recently gone live (8th May) and matrons are engaging with ward teams to ensure processes are in place for daily oversight.
• During June Clark, Crofton, and Willow had 1 FIRM breach each. Ward 18 (6), Stanley (4), Elmdale (4), Ashdale (3), had multiple impacted by high number of admissions. Out of the 20 breaches, 9 FIRM risk assessment were completed within 48 hours of admission.
• 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

• 9 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.
• Clark (7) and Nostell (8) incidents of patient-on-staff physical violence throughout June relate to a small number of service users 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

• High incidence on Nostell (20) and Clark (12) correlates with incidents of physical violence as outlined above.
• Higher incidence on Elmdale is reflective of current patient population and risk profile of service users.

Prone restraint incidents

• 12 total incidents of prone restraint in June.
• All are reflective of individual service user presentation and high risks of violence and aggression.
• 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 Apr-25	Beamshaw Suite May-25	Beamshaw Suite Jun-25	Clark Suite Apr-25	Clark Suite May-25	Clark Suite Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	91.3%	100.0%	90.9%	100.0%	100.0%	94.4%
Sickness	Best place to work and learn	Well led	5.0%	3.8%	2.9%	6.9%	2.2%	5.6%	2.7%
Supervision	Best place to work and learn	Well led	80%	64.3%	64.3%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	95.2%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.5%	91.3%	91.3%	90.5%	100.0%	95.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.4%	83.3%	91.3%	100.0%	100.0%	95.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.9%	91.7%	87.0%	95.2%	100.0%	100.0%
Bed occupancy**	Best Quality	Safe	85%	105.4%	104.6%	106.0%	105.4%	104.6%	106.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	45	90	77	6	97	64
Safer staffing (Overall)	Best Quality	Safe	90%	130.7%	125.3%	139.1%	99.8%	109.9%	135.5%
Safer staffing (Registered)	Best Quality	Safe	80%	115.7%	106.8%	100.4%	115.6%	111.2%	108.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	10.3%	13.1%	10.7%	28.2%	32.2%	18.3%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	2	0	2	0	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	1	2	2	3	7
Restraint incidents	Best Quality	Safe	Trend Monitor	3	3	*7*	2	7	*12*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*2*	0	1	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	17	12	6	8	11

*** 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 Apr-25	Melton Suite May-25	Melton Suite Jun-25	Nostell Apr-25	Nostell May-25	Nostell Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	92.3%	100.0%	91.7%	87.0%	90.5%	86.4%
Sickness	Best place to work and learn	Well led	5.0%	6.6%	2.6%	4.8%	6.8%	7.9%	10.4%
Supervision	Best place to work and learn	Well led	80%	100.0%	84.6%	91.7%	93.3%	92.9%	85.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.2%	87.5%	95.8%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	88.0%	91.7%	78.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	80.8%	79.2%	87.5%	88.0%	87.5%	82.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	73.1%	75.0%	87.5%	92.0%	95.8%	95.7%
Bed occupancy	Best Quality	Safe	85%	100.6%	106.5%	106.7%	96.9%	98.4%	98.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	102	104	33	26	59
Safer staffing (Overall)	Best Quality	Safe	90%	130.5%	123.3%	138.5%	168.4%	133.7%	134.7%
Safer staffing (Registered)	Best Quality	Safe	80%	99.8%	98.5%	92.1%	109.8%	100.9%	102.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	15.9%	28.3%	15.6%	6.9%	17.5%	7.9%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	92.9%	58.3%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	5	4	1	8
Restraint incidents	Best Quality	Safe	Trend Monitor	6	5	*8*	3	10	*20*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	2	*0*	0	1	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	19	14	23	9	4	21

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

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Stanley Apr-25	Stanley May-25	Stanley Jun-25	Walton Apr-25	Walton May-25	Walton Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	96.0%	100.0%	95.8%	96.8%	96.9%	94.1%
Sickness	Best place to work and learn	Well led	5.0%	9.2%	5.4%	3.9%	10.0%	9.1%	8.9%
Supervision	Best place to work and learn	Well led	80%	86.7%	73.3%	92.9%	94.1%	82.4%	88.2%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	96.0%	100.0%	88.6%	88.6%	97.1%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.0%	92.0%	92.3%	88.6%	94.3%	91.4%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.0%	84.0%	88.5%	85.7%	82.9%	74.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.0%	84.0%	92.3%	82.9%	82.9%	85.7%
Bed occupancy**	Best Quality	Safe	85%	96.9%	98.4%	98.9%	96.4%	97.5%	103.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	43	56	53	141	N/A	80
Safer staffing (Overall)	Best Quality	Safe	90%	125.4%	136.7%	117.5%	157.4%	155.7%	127.5%
Safer staffing (Registered)	Best Quality	Safe	80%	112.1%	105.7%	97.1%	90.7%	90.6%	94.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	8.5%	6.2%	14.9%	19.5%	22.8%	31.1%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	57.1%	85.7%	66.7%	100.0%	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	1	3	0	0	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	2	2	3	1
Restraint incidents	Best Quality	Safe	Trend Monitor	9	5	*2*	16	27	*4*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	2	*1*	5	3	*2*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	15	11	17	6	6	11

*** 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 Apr-25	Ashdale May-25	Ashdale Jun-25	Ward 18 Apr-25	Ward 18 May-25	Ward 18 Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	100.0%	96.7%	96.4%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	4.7%	13.5%	21.8%	6.3%	8.1%	2.2%
Supervision	Best place to work and learn	Well led	80%	93.3%	80.0%	86.7%	70.0%	88.9%	81.8%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.9%	96.8%	96.0%	74.1%	96.4%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.9%	90.3%	80.0%	88.9%	89.3%	82.1%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	63.0%	60.7%	71.4%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.9%	96.8%	92.0%	85.2%	92.9%	96.4%
Bed occupancy	Best Quality	Safe	85%	100.4%	98.4%	99.7%	97.8%	101.0%	103.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	59	51	60	24	34	40
Safer staffing (Overall)	Best Quality	Safe	90%	137.9%	127.9%	115.7%	105.8%	97.4%	105.3%
Safer staffing (Registered)	Best Quality	Safe	80%	114.8%	103.9%	101.3%	92.6%	96.4%	97.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	2.9%	0.0%	3.1%	0.0%	0.0%	3.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	50.0%	68.8%	57.1%	86.2%	87.5%	70.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	3	2	4	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	3	2	2	1	2
Restraint incidents	Best Quality	Safe	Trend Monitor	6	7	*3*	7	5	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	2	1	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	12	8	8	1	2	4

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Elmdale Apr-25	Elmdale May-25	Elmdale Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	96.0%	92.3%	92.0%
Sickness	Best place to work and learn	Well led	5.0%	7.0%	4.4%	8.6%
Supervision	Best place to work and learn	Well led	80%	88.9%	77.8%	85.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.3%	96.3%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	88.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	96.2%	92.6%	92.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.3%	100.0%	74.1%
Bed occupancy	Best Quality	Safe	85%	97.6%	94.8%	103.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	54	56	35
Safer staffing (Overall)	Best Quality	Safe	90%	109.9%	114.0%	102.6%
Safer staffing (Registered)	Best Quality	Safe	80%	96.1%	95.1%	93.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	7.0%	3.3%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	91.7%	100.0%	69.2%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	3	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	10	3
Restraint incidents	Best Quality	Safe	Trend Monitor	3	21	*11*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	8	10	6

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Crofton Apr-25	Crofton May-25	Crofton Jun-25	Poplars CUE Apr-25	Poplars CUE May-25	Poplars CUE Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	92.0%	100.0%	95.5%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	1.9%	1.4%	4.7%	8.1%	4.1%	4.6%
Supervision	Best place to work and learn	Well led	80%	76.9%	100.0%	100.0%	92.3%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.7%	95.2%	90.0%	86.2%	86.7%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	70.8%	81.0%	90.0%	89.7%	93.3%	96.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	88.5%	91.3%	90.9%	93.3%	93.5%	100.0%
Bed occupancy	Best Quality	Safe	85%	94.8%	98.6%	105.8%	79.8%	71.2%	74.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	77	79	35	108	103	100
Safer staffing (Overall)	Best Quality	Safe	90%	201.3%	186.1%	168.7%	230.4%	223.5%	225.6%
Safer staffing (Registered)	Best Quality	Safe	80%	155.5%	154.3%	138.4%	103.0%	110.2%	104.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	31.5%	39.3%	36.8%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	90.0%	100.0%	83.3%	100.0%	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	2	0	0	3	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	1	0	15	12	9
Restraint incidents	Best Quality	Safe	Trend Monitor	11	3	*0*	11	11	*6*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	33	18	29	31	36	23

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Willow Apr-25	Willow May-25	Willow Jun-25	Beechdale Apr-25	Beechdale May-25	Beechdale Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	95.2%	95.0%	95.0%	100.0%	95.5%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	12.5%	20.0%	17.8%	13.2%	9.2%	7.1%
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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	72.7%	85.7%	83.3%	86.4%	90.5%	91.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	81.0%	94.4%	100.0%	100.0%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	100.0%	95.2%	82.6%
Bed occupancy	Best Quality	Safe	85%	85.7%	91.0%	105.0%	94.6%	96.2%	106.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	101	132	99	87	85	70
Safer staffing (Overall)	Best Quality	Safe	90%	132.9%	127.7%	119.9%	127.4%	122.7%	113.1%
Safer staffing (Registered)	Best Quality	Safe	80%	100.8%	77.4%	81.3%	95.9%	98.6%	94.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	26.6%	30.7%	8.9%	0.0%	0.0%	4.3%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	85.7%	66.7%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	1	0	1	2	2
Restraint incidents	Best Quality	Safe	Trend Monitor	3	3	*0*	5	1	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	18	13	4	9	5	2

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male Apr-25	Ward 19 - Male May-25	Ward 19 - Male Jun-25	Ward 19 - Female Apr-25	Ward 19 - Female May-25	Ward 19 - Female Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.2%	1.5%	2.9%	5.0%	6.2%	4.8%
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%	100.0%	95.8%	95.8%	100.0%	95.5%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.7%	91.7%	87.5%	87.5%	95.5%	91.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	87.5%	91.7%	86.4%	91.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.7%	95.8%	95.8%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	94.9%	97.0%	105.1%	94.4%	91.0%	98.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	84	121	64	91	89	105
Safer staffing (Overall)	Best Quality	Safe	90%	113.7%	99.6%	111.3%	91.8%	94.7%	96.2%
Safer staffing (Registered)	Best Quality	Safe	80%	86.0%	79.9%	82.5%	90.5%	101.4%	113.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	18.4%	13.5%	19.0%	6.5%	6.9%	0.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	80.0%	50.0%	100.0%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	3	2	0	3	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	0	2	3	0	2
Restraint incidents	Best Quality	Safe	Trend Monitor	10	3	*1*	10	3	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	2	6	4	1	1	2

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down Apr-25	Enfield Down May-25	Enfield Down Jun-25	Lyndhurst Apr-25	Lyndhurst May-25	Lyndhurst Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	97.8%	100.0%	91.5%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	2.6%	3.7%	7.6%	0.4%	0.9%	5.1%
Supervision	Best place to work and learn	Well led	80%	92.3%	96.3%	96.3%	93.8%	100.0%	87.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.0%	100.0%	100.0%	93.1%	96.6%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	79.6%	85.7%	83.7%	86.2%	86.2%	79.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.9%	95.5%	95.5%	79.3%	96.6%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.0%	88.0%	96.0%	93.1%	96.6%	96.6%
Bed occupancy	Best Quality	Safe	Trend Monitor	54.3%	57.1%	59.6%	52.1%	50.5%	66.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	520	N/A	265	688	N/A	821
Safer staffing (Overall)	Best Quality	Safe	90%	96.2%	100.6%	96.0%	100.5%	113.4%	102.9%
Safer staffing (Registered)	Best Quality	Safe	80%	106.9%	107.9%	101.2%	98.2%	99.9%	102.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	5.3%	5.2%	5.4%	7.5%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	50.0%	100.0%	100.0%	N/A	N/A	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	2	1	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	2	0	2	1	4

Inpatients - Forensic West Yorkshire - Medium Secure

Medium Secure

• Six of the seven wards are above supervision compliance (Bronte, Appleton, Hepworth, Waterton, Johnson and Priestley). Chippendale (56.3%) is under compliance and understood to be a recording issue due to team high acuity. This is an unusual variation for Chippendale and plans are in place.

• Some noted improvements in sickness absence noted Appleton (4.4%), Bronte (4.7%), Hepworth (4.8%) and Priestley (5.3%) are now above compliance. Waterton (12.6%), Johnson (10.1%) and Chippendale (6.4%) remain above target. This is a combination of both increases in long-term sickness absence and short-term. Individual support plans are in place by Ward Managers with support from our People Directorate.

•Improvements are noted with mandatory training compliance. Priestly, whilst still below compliance for CPR (88%) and Fire Safety (80%) has demonstrated continued improvements. A hotspot has been noted for Fire Safety for Waterton (78.1%). This is understood to be due to cancelled training and plans in place to address.

• Bed occupancy on Appleton (62.5%) is below compliance and due to a reduction in overall learning disability referrals to secure care. Of note the service has seen referrals that are now in process. Bed occupancy in the women's service (Johnson medium secure 73.1%) is also low but has noted a slight improvement and referrals have been received into the service. Neither of these services have a waiting list. Bed occupancy on Bronte (83.3%) and Hepworth (88.9%) although reduced the service users has service users waiting for admission processes to complete.

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, albeit 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 Thornhill (5.7%) albeit continues to remain above target. Newhaven (13.4%) is related to three long term sickness and absence. A plan is in place with the People Directorate and additional Occupational Health Support using the CRISSP approach. Increases in sickness absence noted on Sandal (8.0%) which is related to one long term sickness absence and an increase in short term absence. Ryburn (20.3%) has also increased, also impacted by the size of the team).

• Mandatory training compliance remains positive across all areas. A hotspot has been identified in CPR training on Newhaven (79.3%). Positive improvements are noted following review and actions from Ward Manager and an improving trajectory is expected with all staff booked onto training.

• The Inpatient risk assessment completed within 24 hours on Sandal is under review by the service and plans in place to ensure systems in place to ensure compliance. Within forensic services it is likely that forensic risk assessments are completed prior to admission as part of the gate keeping process to support planning. We are working to understand how this is impacting on our data quality.

• Bed occupancy is low within low secure services with Ryburn (85.7%), Thornhill (75.8%) and Sandal (76.9%). The service is currently working to support transitions to Ryburn and Thornhill to support capacity for admissions. Newhaven (68.1%) continues to experience lower level of referrals and has no waiting list.

• There have been two prone restraint incidents on Sandal. Both were in relation to medication administration. There were some complexities in service user presentation that resulted in the safety pod not being able to be used. The service has accessed RRPI and wider Trust services, RRPI / safeguarding for advice and support.

• Supervision is above compliance on Ryburn (100%) and Newhaven (89.5%). Thornhill (76.9%) continues to work on embedding new systems. A recording issues is noted for Sandal (20%) and supervision data was not entered onto the system.

Metrics	Strategic Objective	CQC Domain	Threshold	Appleton Apr-25	Appleton May-25	Appleton Jun-25	Bronte Apr-25	Bronte May-25	Bronte Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	3.4%	5.7%	4.4%	5.7%	8.7%	4.7%
Supervision	Best place to work and learn	Well led	80%	86.7%	78.6%	83.3%	86.7%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.7%	90.9%	100.0%	88.0%	95.5%	95.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.3%	100.0%	100.0%	80.0%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.6%	81.8%	90.9%	88.0%	90.9%	84.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.3%	86.4%	90.9%	92.0%	95.5%	95.7%
Bed occupancy	Best Quality	Safe	90%	68.3%	62.5%	62.5%	78.1%	70.5%	83.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1856	N/A	N/A	383	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	111.7%	128.6%	125.7%	96.5%	95.9%	97.7%
Safer staffing (Registered)	Best Quality	Safe	80%	104.8%	104.7%	92.5%	101.2%	106.5%	102.0%
% 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%	N/A	N/A	N/A	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	1	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	5	7	0	0	3
Restraint incidents	Best Quality	Safe	Trend Monitor	7	11	*16*	0	1	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	15	11	22	6	0	2

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Chippendale			Hepworth		
				Apr-25	May-25	Jun-25	Apr-25	May-25	Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	100.0%	100.0%	89.5%	95.8%	100.0%	96.0%
Sickness	Best place to work and learn	Well led	5.4%	6.9%	7.0%	6.4%	8.0%	6.2%	4.8%
Supervision	Best place to work and learn	Well led	80%	93.8%	81.3%	56.3%	100.0%	100.0%	94.1%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	90.0%	90.9%	95.5%	100.0%	96.4%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	86.4%	90.9%	88.9%	92.9%	88.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	80.0%	81.8%	90.9%	88.9%	96.4%	92.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.0%	95.5%	90.9%	100.0%	92.9%	96.2%
Bed occupancy	Best Quality	Safe	90%	89.2%	87.4%	96.7%	93.1%	96.8%	88.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1329	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	113.2%	102.7%	118.8%	91.7%	92.8%	89.8%
Safer staffing (Registered)	Best Quality	Safe	80%	115.6%	120.1%	114.1%	89.9%	91.7%	85.9%
% 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%	N/A	N/A	N/A	0.0%	N/A	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
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	1	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	13	1	23	0	1	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Johnson Apr-25	Johnson May-25	Johnson Jun-25	Priestley Apr-25	Priestley May-25	Priestley Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	96.7%	96.3%	100.0%	66.7%	65.2%	61.9%
Sickness	Best place to work and learn	Well led	5.4%	2.9%	10.8%	10.1%	1.1%	3.1%	5.3%
Supervision	Best place to work and learn	Well led	80%	94.7%	93.3%	94.1%	75.0%	75.0%	87.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.9%	96.7%	100.0%	88.5%	84.6%	88.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.5%	90.0%	85.2%	76.0%	84.0%	82.6%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	71.9%	73.3%	77.8%	64.0%	80.0%	82.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.9%	93.3%	92.6%	84.6%	76.9%	80.0%
Bed occupancy	Best Quality	Safe	90%	80.9%	73.3%	73.1%	97.6%	100.0%	96.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	943	N/A	N/A	898	N/A	722
Safer staffing (Overall)	Best Quality	Safe	90%	156.8%	118.0%	113.0%	89.3%	92.0%	93.0%
Safer staffing (Registered)	Best Quality	Safe	80%	107.6%	87.9%	88.3%	92.0%	105.9%	99.4%
% 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%	0.0%	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	0	1	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	0	1	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	2	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	36	13	16	0	0	1

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Waterton Apr-25	Waterton May-25	Waterton Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	94.7%	94.7%	85.0%
Sickness	Best place to work and learn	Well led	5.4%	8.1%	12.1%	12.6%
Supervision	Best place to work and learn	Well led	80%	90.9%	90.9%	84.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.2%	90.9%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.5%	86.4%	94.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.7%	86.4%	94.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.5%	81.8%	78.9%
Bed occupancy	Best Quality	Safe	90%	95.4%	100.0%	89.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1253	N/A	679
Safer staffing (Overall)	Best Quality	Safe	90%	118.4%	124.2%	163.1%
Safer staffing (Registered)	Best Quality	Safe	80%	93.3%	98.2%	98.2%
% 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%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	1
Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	7	12	10

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Thornhill Apr-25	Thornhill May-25	Thornhill Jun-25	Sandal Apr-25	Sandal May-25	Sandal Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	96.2%	96.2%	96.4%	95.7%	95.7%	95.7%
Sickness	Best place to work and learn	Well led	5.4%	12.2%	10.2%	5.7%	2.2%	2.1%	8.0%
Supervision	Best place to work and learn	Well led	80%	84.6%	80.0%	76.9%	93.8%	80.0%	20.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	96.4%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.6%	100.0%	100.0%	92.9%	96.3%	96.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	89.7%	82.8%	96.4%	92.9%	92.6%	92.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.1%	89.7%	100.0%	92.9%	92.6%	96.2%
Bed occupancy	Best Quality	Safe	85%	66.2%	63.0%	75.8%	93.8%	91.3%	76.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	273	387	45	N/A	N/A	1235
Safer staffing (Overall)	Best Quality	Safe	90%	115.9%	122.6%	113.7%	144.4%	126.9%	110.9%
Safer staffing (Registered)	Best Quality	Safe	80%	105.2%	105.0%	100.0%	114.7%	104.7%	104.3%
% 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%	N/A	0.0%	N/A	N/A	N/A	50.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	2
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	1	*5*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*2*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	16	18	13	26	30	25

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Ryburn Apr-25	Ryburn May-25	Ryburn Jun-25	Newhaven Apr-25	Newhaven May-25	Newhaven Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	100.0%	100.0%	100.0%	81.5%	79.3%	90.0%
Sickness	Best place to work and learn	Well led	5.4%	1.7%	3.0%	20.3%	10.3%	13.0%	13.4%
Supervision	Best place to work and learn	Well led	80%	83.3%	100.0%	100.0%	75.0%	88.9%	89.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	97.0%	94.1%	97.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	88.9%	80.0%	86.2%	96.7%	93.1%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	60.0%	66.7%	80.0%	69.0%	73.3%	79.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	90.9%	94.1%	90.9%
Bed occupancy	Best Quality	Safe	85%	86.7%	88.9%	85.7%	75.0%	75.0%	68.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	318	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	100.0%	98.4%	97.7%	111.1%	124.9%	124.0%
Safer staffing (Registered)	Best Quality	Safe	80%	100.0%	100.0%	96.5%	101.6%	97.0%	102.9%
% 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%	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	10	5	6
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	10	4	*8*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	1	12	2	26

Inpatients - Non-Mental Health

• **Appraisal rate:**
Neuro Rehabilitation Unit (NRU) rate is showing an increase at 85.3% for June which is slightly below compliance. Current July figures continue to show further improvement.
Stroke Rehabilitation Unit (SRU) rate has maintained compliance this month at 95.2% for June.

• **Sickness:**
NRU – sickness has increased in June as expected and is at 10.4%. There are a number of reasons for LTS (long term sickness), and they are all being managed via People Directorate processes and sickness reviews:
- Two staff still off due to planned surgery – both due to return in late July
- One due to anxiety – planned return late July
- Three due to seriously ill family members; one to return to work late July; two have already returned.

SRU – Sickness for June continued to improve and has decreased from 8.4% to 7%. As noted for the last two months, we anticipated an improving picture based on the staff returning to work during June (this was a mixture of long and short-term absence). Current figures for July show a further improvement as staff gradually return to work. This is being managed via People directorate processes and sickness reviews.

• **Supervision:**
NRU has seen a substantial improvement from May, with an increase up to 70% for June with ongoing focus to improve recording of supervision. Figures are continuing to show further improvement into July also.
Despite the ongoing requirement to ensure safe staffing levels, alongside LTS impacting our qualified nursing cohort in particular, a focussed approach has resulted in considerable progress towards compliance this month. Senior management are aware of significant staffing issues due to sickness and maternity leave which will continue to impact. Recruitment to remaining vacancies has continued into July.
SRU figures for June have also seen a significant increase to 80.5% to achieve compliance.

• **Information Governance:**
Both wards are at 100% for June.

• **Cardiopulmonary resuscitation (CPR):**
Both wards are exceeding compliancy levels and are above 90%.
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:**
Both units achieving compliance above 90%.

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU) Apr-25	NRU May-25	NRU Jun-25	Stroke Rehabilitation Unit (SRU) Apr-25	SRU May-25	SRU Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	83.8%	83.8%	85.3%	91.5%	95.2%	95.2%
Sickness	Best place to work and learn	Well led	5.0%	7.0%	7.2%	10.4%	14.1%	8.4%	7.0%
Supervision	Best place to work and learn	Well led	80%	77.3%	40.9%	70.0%	65.8%	70.0%	80.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.6%	97.6%	100.0%	98.5%	98.5%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.0%	92.3%	91.7%	77.8%	90.6%	91.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.5%	92.7%	92.1%	89.6%	91.2%	92.9%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	70.3%	63.2%	66.9%	98.3%	90.3%	83.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	46	155	45	39	28	26
Safer staffing (Overall)	Best Quality	Safe	90%	120.4%	116.9%	119.2%	95.3%	92.2%	96.8%
Safer staffing (Registered)	Best Quality	Safe	80%	104.2%	95.0%	94.5%	121.1%	108.8%	120.2%
% 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	10	0	0	86	66

Inpatients - Mental Health - Learning Disability

Headlines

- The service continues to support the provision of appraisal. The service continues to monitor closely and is compliant at 100%.
- The Ward Manager has been undertaking some quality improvement work on supervision, which reflects the improving compliance currently at 100%.
- Mandatory training compliance remains positive, with a hotspot in CPR (64.9%). This has been reviewed by the ward. Immediate Life Support (ILS) compliance is at 100% with plans in place to improve Basic Life Support (BLS).
- Sickness absence has now returned to within compliance levels (2.8%).
- There is a service user who is clinically ready for discharge that now has a plan in place for discharge in August.
- Improvements have been noted in the risk assessment compliance.
- Due to the current acuity and individual needs of service users, the service has required additional staffing, reflected in the overall safer staffing (104.5%) and registered safer staffing (172.9%).

Metrics	Strategic Objective	CQC Domain	Threshold	Horizon Apr-25	Horizon May-25	Horizon Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	94.1%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	5.8%	3.1%	2.8%
Supervision	Best place to work and learn	Well led	80%	90.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	97.5%	97.4%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.9%	89.5%	94.6%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	78.4%	68.4%	64.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	97.4%	94.1%	97.4%
Bed occupancy	Best Quality	Safe	N/A	55.4%	49.2%	32.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1015	270	114
Safer staffing (Overall)	Best Quality	Safe	90%	144.1%	138.5%	104.5%
Safer staffing (Registered)	Best Quality	Safe	80%	157.4%	179.7%	172.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	90.1%	78.3%	81.8%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	0.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	19	19	7
Restraint incidents	Best Quality	Safe	Trend Monitor	23	22	*11*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	16	21

Inpatients - Forensic South Yorkshire

Medium Secure

• Supervision compliance is above compliance Skipton (100%). Data quality issues are evident with Foss (51.3%), due to recording issues. Plans are in place to improve recording systems.
• Appraisal is within compliance on both Foss (89.7%) and Skipton (100%).
• Sickness absence is above target for Foss (6.4%) and Skipton (12.2%). This is now being closely monitored by Ward Managers with support from the People Directorate.
Safer Staffing is within compliance and is reviewed by service management on a daily basis.
• Good compliance against mandatory training is noted across all areas.
• Bed occupancy on Skipton (53.1%) and Foss (81%) whilst below usual compliance this is in relation to the mobilisation of Cheswold Park Hospital and plans are in place.
• There were no prone restraints.
• Risk assessment data is not currently captured as CPH do not currently complete FIRM risk assessments; this is within the improvement plan.

Low Secure

• Supervision compliance is above compliance for Wentbridge (95.5%), (Esk 86.4%) and Calder (100%). For Aire (62.9%) and Don (48%) this is identified as a recording issue and improvements in recording systems are under review within the service.
• Appraisal compliance across four low secure wards (Esk 73.7%, Wentbridge 78%, Aire (80.6%) and Don (68%) remain below expected compliance. A review is underway to understand the challenges within the service. Calder has sustained improvement at 100%.
• Sickness absence is above target for Don (7.1%). Wentbridge whilst remains above target compliance has seen some improvements (7.5%). This is now being closely monitored by Ward Managers with support from the People Directorate. Sickness absence is within compliance on Calder (4.4%), Aire (2.2%), Esk (2.6%).
• Good compliance against mandatory training is noted across all areas. Information Governance Compliance has dropped just below compliance on Aire (93.8%) and Don (88.5%) with plans in place to improve. Some challenges with CPR compliance are noted (Don; 76.9% and Wentbridge; 61.9) and have been reviewed by the service. Whilst Immediate Life Support (ILS) training is noted to be positive (100%), the challenges are noted to be with Basic Life Support (BLS). A new approach has been introduced to support BLS training and will be reviewed.
• Bed occupancy on Esk (69.8%) and Wentbridge (80%), whilst below usual compliance both are in relation to the mobilisation of Cheswold Park Hospital and plans are in place.
• There were no prone restraints.
• Risk assessment data is not currently captured as Cheswold Park Hospital do not currently complete FIRM risk assessments, this is within the improvement plan.

				Medium Secure Services					
				Foss			Skipton		
Metrics	Strategic Objective	CQC Domain	Threshold	Apr-25	May-25	Jun-25	Apr-25	May-25	Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	55.6%	92.3%	89.7%	77.8%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	7.3%	5.6%	6.4%	6.6%	7.6%	12.2%
Supervision	Best place to work and learn	Well led	80%	87.9%	100.0%	51.3%	70.4%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	90.9%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.6%	93.1%	89.7%	94.1%	93.5%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.0%	93.1%	75.9%	93.9%	93.1%	86.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.0%	89.7%	93.1%	93.9%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	81.7%	85.7%	81.0%	50.0%	50.0%	53.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1015	N/A	749	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	91.0%	105.2%	102.2%	108.9%	102.9%	108.2%
Safer staffing (Registered)	Best Quality	Safe	80%	99.5%	112.9%	98.3%	83.8%	77.1%	87.1%
% 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	1	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	2	0	0	3
Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*2*	3	3	*4*
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	0

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Esk Apr-25	Low Secure Services Esk May-25	Low Secure Services Esk Jun-25	Wentbridge Apr-25	Wentbridge May-25	Wentbridge Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	85.0%	75.0%	73.7%	83.3%	93.2%	78.0%
Sickness	Best place to work and learn	Well led	5.4%	6.3%	5.1%	2.6%	8.4%	10.1%	7.5%
Supervision	Best place to work and learn	Well led	80%	83.3%	65.2%	86.4%	91.3%	88.6%	95.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	95.5%	87.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	95.5%	87.0%	93.2%	93.3%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	95.2%	82.6%	77.3%	72.7%	61.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.5%	95.5%	100.0%	88.6%	88.9%	88.1%
Bed occupancy	Best Quality	Safe	90%	85.2%	87.5%	69.8%	87.5%	87.5%	80.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	4525	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	101.7%	114.5%	116.8%	149.2%	155.7%	150.7%
Safer staffing (Registered)	Best Quality	Safe	80%	111.0%	105.5%	92.5%	106.6%	106.4%	94.9%
% 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	2	1	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	6	3	3
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	2	2	*2*
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	0

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Aire Apr-25	Aire May-25	Aire Jun-25	Don Apr-25	Don May-25	Don Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	100.0%	100.0%	80.6%	95.8%	72.0%	68.0%
Sickness	Best place to work and learn	Well led	5.4%	4.5%	0.9%	2.2%	0.5%	2.5%	7.1%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	62.9%	100.0%	96.2%	48.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.9%	97.0%	93.8%	96.2%	96.4%	88.5%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.9%	84.8%	81.3%	92.3%	94.6%	92.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.3%	84.8%	81.8%	84.6%	84.6%	76.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.9%	87.9%	90.6%	100.0%	100.0%	92.3%
Bed occupancy	Best Quality	Safe	90%	90.8%	91.4%	77.8%	98.3%	91.9%	95.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	102.3%	110.8%	96.2%	119.0%	128.9%	132.6%
Safer staffing (Registered)	Best Quality	Safe	80%	87.4%	99.7%	90.7%	82.7%	101.0%	102.3%
% 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	1	2	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	2	0	*3*	0	0	*1*
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	0

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Calder Apr-25	May-25	Jun-25
Appraisal rate	Best place to work and learn	Well led	April 87% May 88% June 89%	88.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	4.6%	3.0%	4.4%
Supervision	Best place to work and learn	Well led	80%	88.5%	96.3%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.8%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.8%	100.0%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	54.8%	62.3%	79.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	94.8%	99.2%	107.1%
Safer staffing (Registered)	Best Quality	Safe	80%	62.5%	75.3%	81.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	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	(£2m)	£0m	The financial performance for June 2025 is a deficit of £0.6m which is £0.1m (16%) better than plan. This means that the year to date deficit is £2.0m (£0.1m - 5% worse than plan). A number of mitigations, as managed through the Trust Value For Money group, have been identified but the focus remains on the identification and delivery of further schemes to support medium term financial sustainability.
2	Agency Spend	Best Value	Well Led	£1.1m	£3.4m	Agency spend continues to be less than planned with costs in line with April and May. Individual action plans continue to be followed.
3	Bank Spend	Best Value	Well Led	£6.1m	£23.1m	Bank expenditure has continued in June with an increase of £50k compared to the previous month. This is required to support safer staffing requirements and action plans continue through the Trust temporary staffing management group.
4	Corporate Spend	Best Value	Well Led	£16.4m	£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 agreed budgetary reductions. In June spend is £0.4m less than planned.
5	Financial sustainability and efficiencies	Best Value	Well Led	£3.9m	£24.9m	The value for money programme is £1,009k behind plan for the year to date. This is primarily due to workforce and temporary staffing (bank). The run rate has continued to improve when compared to April and May. Further mitigations (both recurrent and non-recurrent) have been identified which will help to deliver the Trust financial targets.
6	Cash	Best Value	Well Led	£58.7m	£54m	Cash continues to be monitored to ensure effective management of the Trust working capital position. At June 2025 this remains better than planned.
7	Capital Spend	Best Value	Well Led	£0.5m	£14.2m	Spend on capital is less than planned for the year to date. The main driver is leased properties which, following the annual revaluation exercise, are significantly lower than previously estimated. The main Trust capital schemes are profiled to commence later in the 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

	Objective	CQC Domain	Trust Threshold	Apr-25	May-25	Jun-25
Mandatory Training - TOTAL	Improving Care		>=80%	97.0%	97.0%	96.0%
Mandatory Training - Reducing Restrictive Practice Interventions				92.5%	91.5%	86.3%
Mandatory Training - Cardiopulmonary Resuscitation				88.7%	86.8%	79.4%
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%	98.3%	99.3%
Mandatory Training - Fire Safety			>=85%	94.7%	94.6%	95.2%
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				95.5%	95.6%	95.0%
Mandatory Training - Information Governance (Data Security)			>=95%	94.7%	98.0%	96.2%
Mandatory Training - Moving & Handling			>=80%	94.7%	94.6%	95.2%
Mandatory Training - Mental Capacity Act/Dols				93.4%	93.2%	93.7%
Mandatory Training - Mental Health Act				93.4%	93.2%	93.7%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				98.7%	99.0%	99.0%
Mandatory Training - Prevent			>=80%	N/A	N/A	N/A
Mandatory Training - Safeguarding Adults				94.4%	95.3%	93.8%
Mandatory Training - Safeguarding Children				94.4%	95.3%	93.8%

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

Month 3 (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)	(£2m)	£0m	The financial performance for June 2025 is a deficit of £0.6m which is £0.1m (16%) better than plan. This means that the year to date deficit is £2.0m (£0.1m - 5% worse than plan). A number of mitigations, as managed through the Trust Value For Money group, have been identified but the focus remains on the identification and delivery of further schemes to support medium term financial sustainability.
2	Agency Spend	£1.1m	£3.4m	Agency spend continues to be less than planned with costs in line with April and May. Individual action plans continue to be followed.
3	Bank Spend	£6.1m	£23.1m	Bank expenditure has continued in June with an increase of £50k compared to the previous month. This is required to support safer staffing requirements and action plans continue through the Trust temporary staffing management group.
4	Corporate Spend	£16.4m	£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 agreed budgetary reductions. In June spend is £0.4m less than planned.
5	Financial sustainability and efficiencies	£3.9m	£24.9m	The value for money programme is £1,009k behind plan for the year to date. This is primarily due to workforce and temporary staffing (bank). The run rate has continued to improve when compared to April and May. Further mitigations (both recurrent and non-recurrent) have been identified which will help to deliver the Trust financial targets.
6	Cash	£58.7m	£54m	Cash continues to be monitored to ensure effective management of the Trust working capital position. At June 2025 this remains better than planned.
7	Capital	£0.5m	£14.2m	Spend on capital is less than planned for the year to date. The main driver is leased properties which, following the annual revaluation exercise, are significantly lower than previously estimated. The main Trust capital schemes are profiled to commence later in the 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.

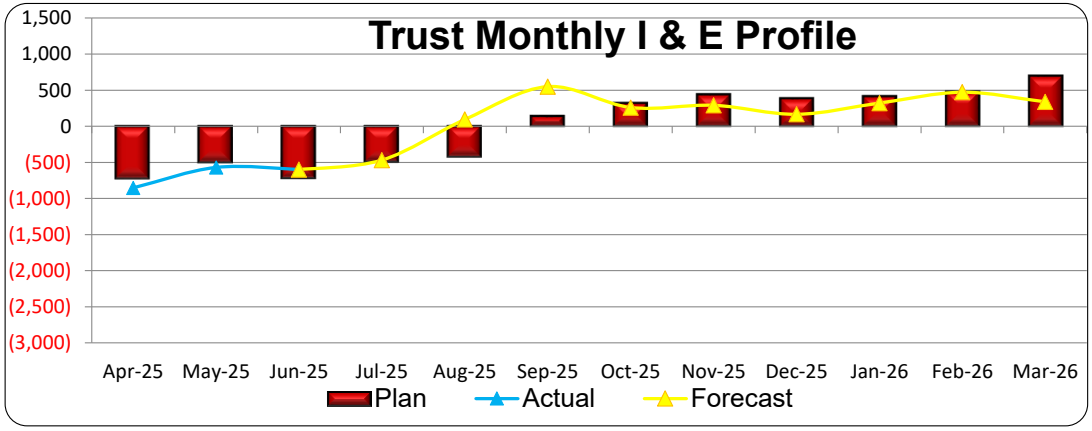
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

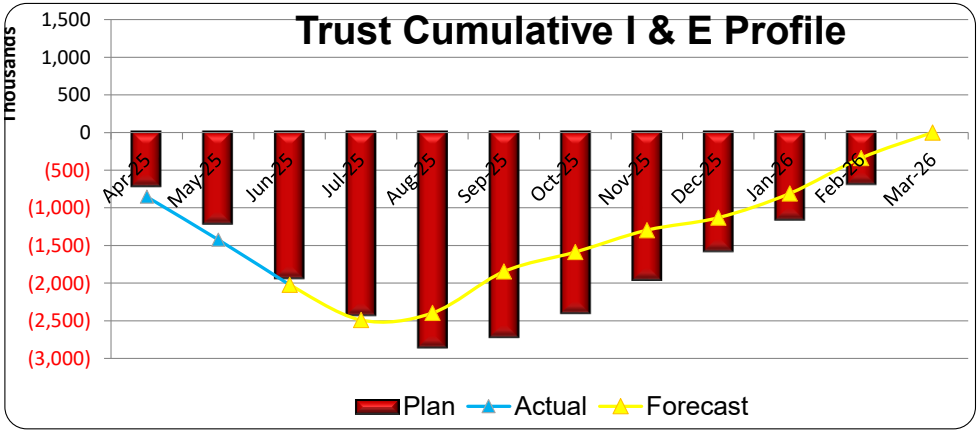
2.0 Income & Expenditure Position 2025 / 26

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					37,580	37,424	(156)	112,423	112,193	(229)	451,077	450,467	(610)
Other Operating Revenue					1,211	1,267	56	3,738	3,884	146	15,487	15,659	172
Total Revenue					**38,791**	**38,691**	**(100)**	**116,160**	**116,077**	**(84)**	**466,564**	**466,126**	**(438)**
Pay Costs	5,378	5,328	(51)	0.9%	(24,716)	(24,753)	(37)	(74,243)	(74,274)	(31)	(296,198)	(294,855)	1,343
Non Pay Costs					(13,974)	(13,745)	229	(41,432)	(41,461)	(29)	(160,462)	(161,690)	(1,228)
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	**5,378**	**5,328**	**(51)**	**-0.9%**	**(38,691)**	**(38,498)**	**193**	**(115,675)**	**(115,735)**	**(60)**	**(456,660)**	**(456,545)**	**115**
EBITDA	**5,378**	**5,328**	**(51)**	**-0.9%**	**100**	**193**	**92**	**485**	**342**	**(144)**	**9,904**	**9,581**	**(323)**
Depreciation					(613)	(661)	(48)	(1,838)	(1,983)	(145)	(7,447)	(7,762)	(315)
PDC Paid					(378)	(382)	(4)	(1,134)	(1,146)	(12)	(4,534)	(4,584)	(50)
Interest Received					175	251	75	555	765	210	2,077	2,765	688
Surplus / (Deficit) - ICB performance measure	**5,378**	**5,328**	**(51)**	**-0.9%**	**(715)**	**(599)**	**115**	**(1,931)**	**(2,022)**	**(91)**	**(0)**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					(9)	(5)	4	(26)	(15)	11	(94)	(61)	33
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,378**	**5,328**	**(51)**	**-0.9%**	**(724)**	**(605)**	**119**	**(1,957)**	**(2,037)**	**(80)**	**(94)**	**(61)**	**33**





Income & Expenditure Position 2025 / 26

The Trust deficit in June 2025 is £599k.
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)	5,356	5,304	(52)	1.0%	(477)	(500)	(23)	(2,282)	(1,888)	394	(5,980)	(5,390)	591
Provider Collaboratives	23	24	1	4.9%	2	(127)	(129)	7	(183)	(190)	27	(257)	(284)
Budgets held centrally	0	0	0	0.0%	(240)	27	267	344	49	(295)	5,953	5,647	(307)
Total - Consolidated position (ICB performance measure)	**5,378**	**5,328**	**(51)**	**-0.9%**	**(715)**	**(599)**	**115**	**(1,931)**	**(2,022)**	**(91)**	**(0)**	**(0)**	**(0)**

As a financial reflection of the operational pressures which the Trust is working within the core Trust deficit position is £500k. This is £41k more than last month. This movement has been reduced due to additional income. Excluding this the deficit would have been £675k; still less than plan in month.

The in month deficit reported for provider collaboratives relates to South Yorkshire Adult Secure. West Yorkshire is breakeven in month. All collaboratives continue to report operational and financial pressures with volatility in activity for out of area placements and exceptional packages of care.

Budgets held centrally are primarily the targets for value for money and will be allocated as plans progress. As reflected within the value for money analysis schemes are currently behind plan and, hence, the negative impact on the financial position. This has reduced in month 3 with identification of a new Value for Money scheme.

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.

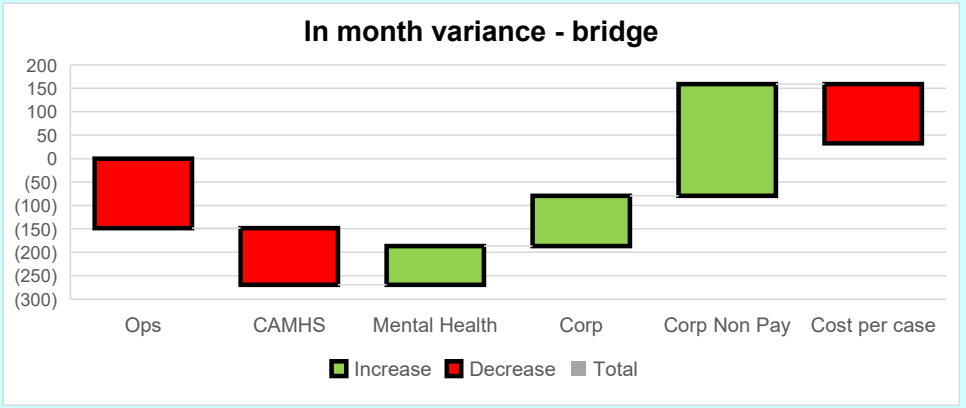
Total Financial Position - Core Trust only

	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					28,373	28,227	(146)	84,804	84,585	(219)	340,601	340,006	(596)
Other Operating Revenue					1,132	1,183	51	3,499	3,651	152	14,532	14,767	235
Total Revenue					**29,505**	**29,410**	**(95)**	**88,303**	**88,236**	**(67)**	**355,134**	**354,772**	**(361)**
Pay Costs	5,356	5,304	(52)	1.0%	(24,491)	(24,610)	(119)	(73,566)	(73,842)	(276)	(293,491)	(293,181)	310
Non Pay Costs					(4,676)	(4,507)	169	(14,602)	(13,918)	684	(57,719)	(57,400)	319
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	**5,356**	**5,304**	**(52)**	**-1.0%**	**(29,167)**	**(29,118)**	**49**	**(88,168)**	**(87,760)**	**408**	**(351,209)**	**(350,581)**	**629**
EBITDA	**5,356**	**5,304**	**(52)**	**-1.0%**	**338**	**292**	**(46)**	**135**	**476**	**341**	**3,924**	**4,192**	**268**
Depreciation					(613)	(661)	(48)	(1,838)	(1,983)	(145)	(7,447)	(7,762)	(315)
PDC Paid					(378)	(382)	(4)	(1,134)	(1,146)	(12)	(4,534)	(4,584)	(50)
Interest Received					175	251	75	555	765	210	2,077	2,765	688
Surplus / (Deficit) - ICB performance measure	**5,356**	**5,304**	**(52)**	**-1.0%**	**(477)**	**(500)**	**(23)**	**(2,282)**	**(1,888)**	**394**	**(5,980)**	**(5,390)**	**591**
Depn Peppercorn Leases (IFRS16)					(9)	(5)	4	(26)	(15)	11	(94)	(61)	33
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,356**	**5,304**	**(52)**	**-1.0%**	**(486)**	**(505)**	**(19)**	**(2,308)**	**(1,903)**	**405**	**(6,074)**	**(5,450)**	**624**

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 - Older People (Barnsley and Wakefield). More staff utilised than planned. Primarily bank staffing	(149)
Staffing - CAMHS. Staffing higher than plan. Medical staffing cost pressures	(121)
Staffing - Mental Health care group. Reduction in worked WTE in month	82
Staffing - Corporate pay less than planned. Over and above value for money schemes. Reflected in VFM additional delivery.	107
Non Pay - Corporate expenditure control	238
Cost per case income - less than planned. Primarily Smokefree services	(126)

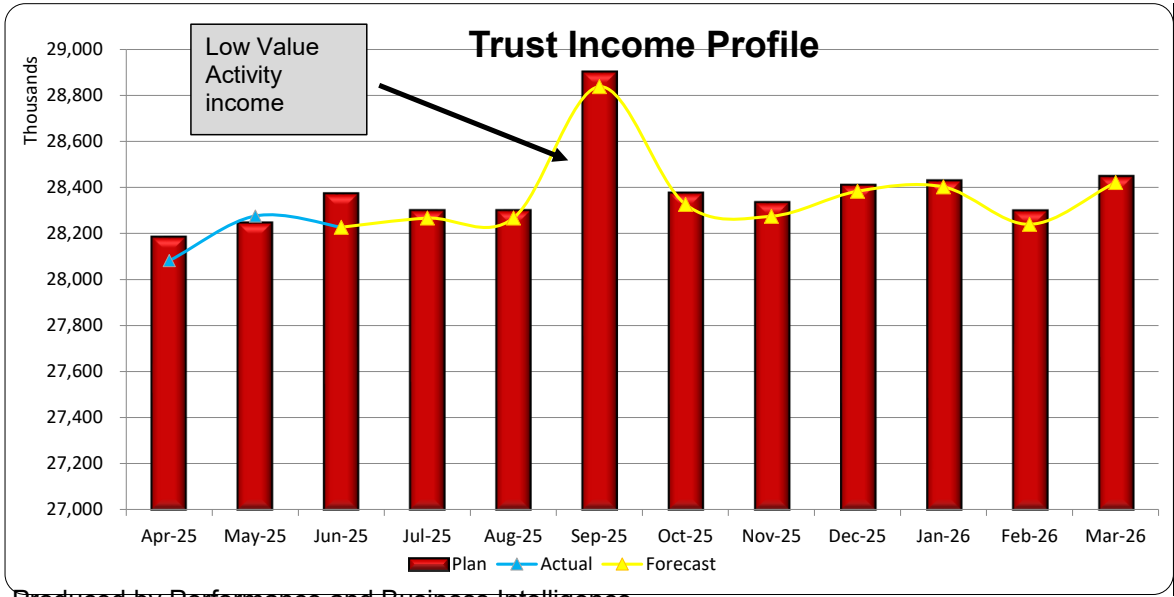


2.1 Income Information

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	265,839	22,693	22,668	22,849	22,737	22,737	23,340	22,737	22,737	22,737	22,737	22,737	22,732	**273,442**	273,442	0
Specialist Commissioner	36,788	4,697	4,723	4,666	4,726	4,726	4,684	4,726	4,684	4,726	4,726	4,600	4,726	**56,408**	56,881	(473)
Local Authority	5,141	318	465	314	406	406	406	406	406	406	406	406	406	**4,748**	5,250	(502)
Partnerships	2,940	248	251	243	251	251	261	311	301	367	386	349	405	**3,623**	2,958	665
Other Contract Income	1,583	127	168	155	148	148	148	148	148	148	148	148	153	**1,784**	2,070	(285)
Total	**312,292**	**28,082**	**28,276**	**28,227**	**28,267**	**28,267**	**28,838**	**28,327**	**28,275**	**28,384**	**28,402**	**28,240**	**28,421**	**340,006**	**340,601**	**(596)**
2024 / 25		24,752	24,994	25,289	24,997	24,805	24,735	31,570	24,649	26,249	26,177	26,192	27,884	**312,292**		
Provider Collab		9,204	9,207	9,196	9,207	9,207	9,205	9,207	9,205	9,207	9,207	9,199	9,209	**110,461**		
Total	**312,292**	**37,286**	**37,484**	**37,424**	**37,474**	**37,474**	**38,043**	**37,534**	**37,479**	**37,591**	**37,610**	**37,439**	**37,630**	**450,467**		



The table above has been updated to reflect the delegation of Specialist Commissioning from NHS England to Integrated Care Systems (essentially moving the reporting line from one to the other). The Trust continues to have a number of services commissioned directly by NHS England such as the Youth Offender Contract or vaccinations and immunisations.

The variance to date is primarily due to :

	Forecast
* Additional roles reimbursement	£268k
Recharge of salary based on staff in post	
* Local Authority - Yorkshire Smokefree	£502k
Payment by results on some Smokefree contracts and recharge of actual prescribing costs	

2.2 Pay Information

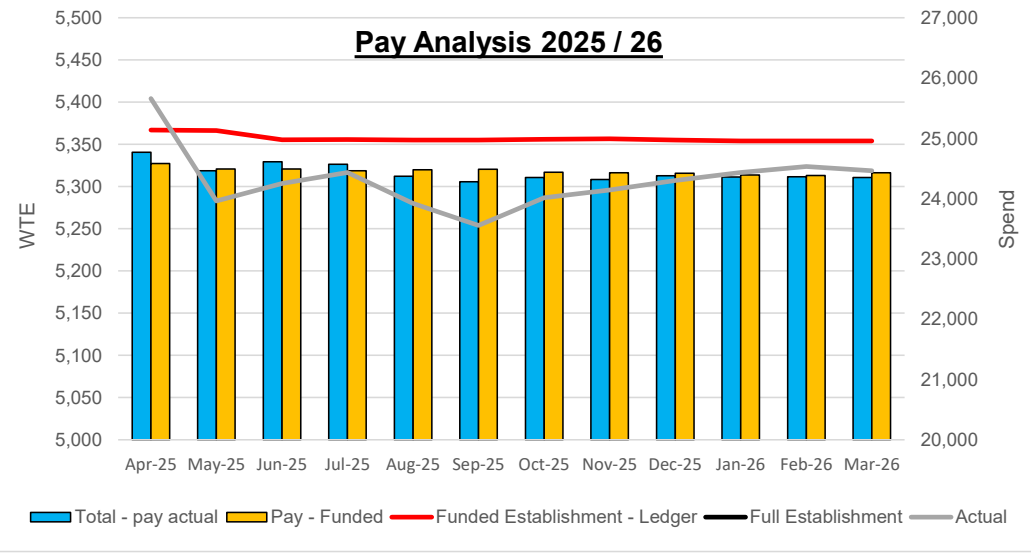
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	22,200	22,182	22,290	22,224	22,164	22,135	22,222	22,231	22,271	22,265	22,289	22,300	**266,772**
Bank & Locum	2,216	1,926	1,964	2,001	1,903	1,882	1,889	1,863	1,875	1,866	1,846	1,817	**23,049**
Agency	352	355	356	344	304	262	239	225	233	228	227	235	**3,360**
Total	**24,768**	**24,463**	**24,610**	**24,569**	**24,371**	**24,278**	**24,350**	**24,319**	**24,378**	**24,358**	**24,363**	**24,352**	**293,181**
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%	7.9%	8.0%	8.1%	7.8%	7.8%	7.8%	7.7%	7.7%	7.7%	7.6%	7.5%	7.9%
Agency as % (in month)	1.4%	1.5%	1.4%	1.4%	1.2%	1.1%	1.0%	0.9%	1.0%	0.9%	0.9%	1.0%	1.1%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,837	4,809	4,810	4,822	4,811	4,801	4,829	4,843	4,851	4,862	4,873	4,875	**4,835**
Bank & Locum	528	443	452	464	439	425	433	427	430	428	425	418	**443**
Agency	39	31	42	31	30	28	25	26	26	26	26	26	**30**
Total	**5,404**	**5,283**	**5,303**	**5,317**	**5,280**	**5,254**	**5,287**	**5,296**	**5,307**	**5,317**	**5,324**	**5,319**	**5,307**
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**



In line with national guidance we continue to assume the standard 2.8% pay award within the Trust financial position. The revised pay scales will be implemented, and paid, in August 2025 and we will update our position for both income and expenditure when the guidance confirms.

Following the reduction in all categories in May 2025 we have reported an increase in all during June with 20 more worked WTE overall than the previous month. This is 1 substantive, 9 bank and 10 agency.

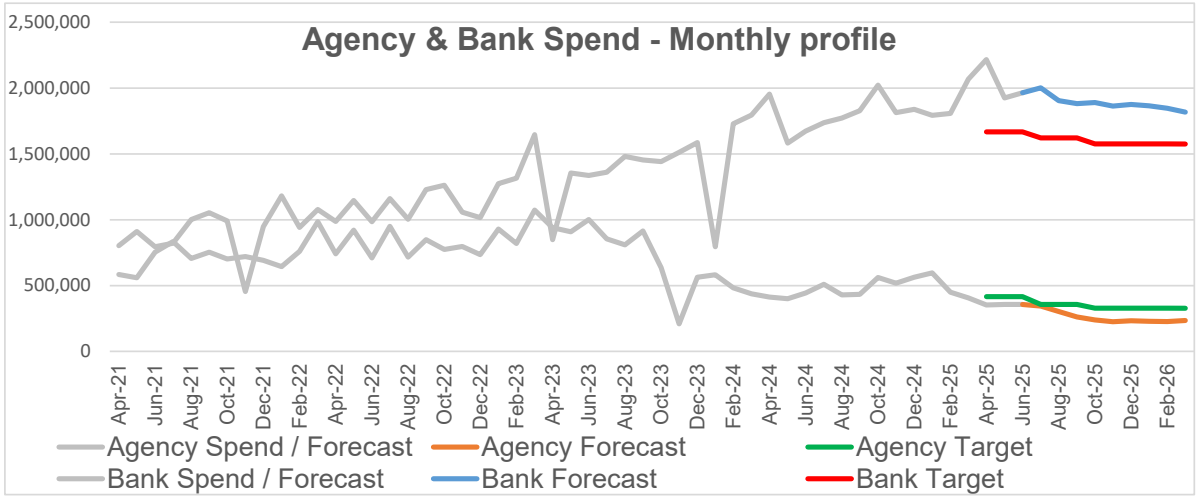
The detailed forecast continues to demonstrate less WTE than plan. Recruitment, which continues in line with Trust processes, has been supported by targeted recruitment events. The impact of these will be incorporated as and when on boarding has taken place.

2.2 Temporary Staffing Focus

Trust spend in June 2025:
Agency £356k
Bank £1,964k

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	474	171	**645**
Other Medical	307	90	**397**
Reg Nursing	25	1,499	**1,524**
UnReg Nursing	158	3,897	**4,055**
Other Clinical	101	180	**281**
A & C	(1)	269	**268**
Other	0	0	**0**
Total	**1,064**	**6,106**	**7,170**
Lead Provider Collaborative	25	2	**28**
Budgets held centrally		11	**11**
Total	**1,089**	**6,119**	**7,209**

In line with national guidance the Trust financial plan for 2025 / 26 included spend reduction targets; 30% reduction in agency and 10% reduction in bank. The target levels of expenditure per month are now shown in the graph above.

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

Agency spend continues to be reported as green with expenditure for April, May and June less than planned. Expenditure was the same level as the previous month and is forecast to remain lower than plan for the rest of the financial year. The forecast of £3,360k is £2,365k less than spent last year. Of this £2,535k relates to medical staffing (75%). There has been no significant change in categories or care groups in June when compared to May.

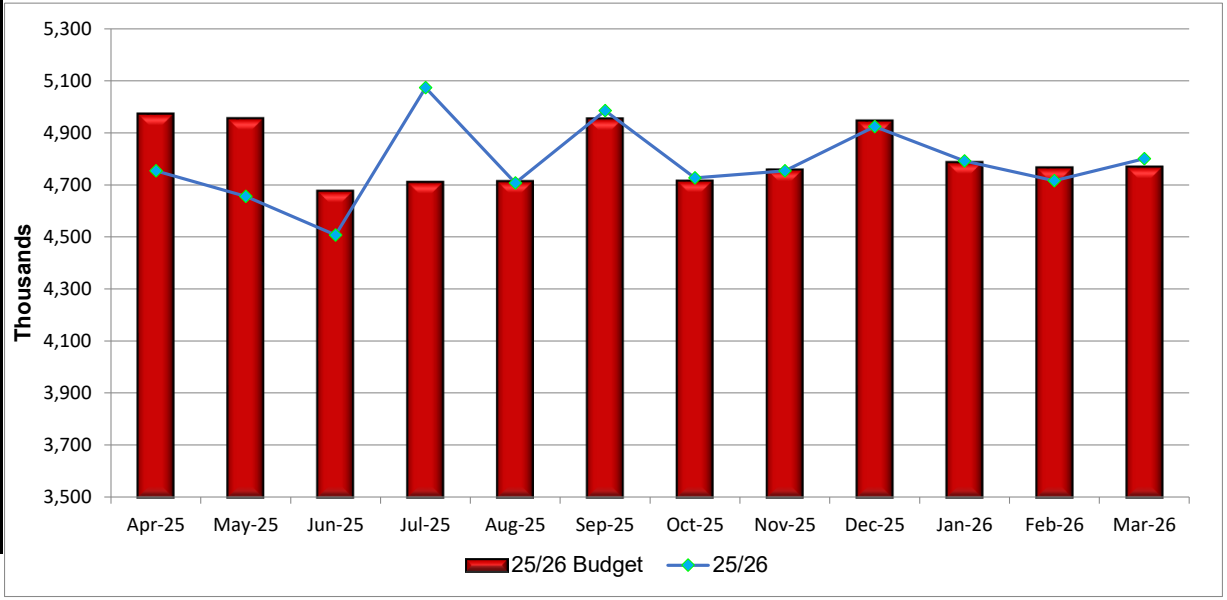
As per the standard operating procedure bank usage is the first option to meet operational requirements. This continues to be significant expenditure with £1,964k paid in month (452 worked WTE). This is £50k more than spend last month and requirements continue to be reviewed by the Trust temporary staffing scrutiny group. The main driver remains supporting additional observation requirements which continue to be at sustained high levels. As previously spend is mostly on inpatient wards. Any remaining corproate bank spend has been approved by the Trust Value For Money group.

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	4,656	4,507	5,074	4,707	4,985	4,727	4,755	4,924	4,792	4,716	4,801	**57,400**
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	1,126	1,094	(31)
Establishment	2,666	2,271	(395)
Lease & Property Rental	2,245	2,160	(85)
Premises (inc. rates)	1,381	1,307	(73)
Utilities	717	750	33
Purchase of Healthcare	1,647	1,659	13
Travel & vehicles	1,653	1,656	3
Supplies & Services	2,225	2,179	(46)
Training & Education	150	163	13
Clinical Negligence & Insurance	439	366	(72)
Other non pay	355	313	(42)
Total	**14,602**	**13,918**	**(684)**
Total Excl OOA and Drugs	**11,830**	**11,164**	**(666)**



Key Messages

Non pay expenditure, excluding provider collaboratives and budgets held centrally, has been less than planned in April, May and June 2025. This underspend is across most categories with the largest in Establishment. This includes the timing delay in purchase of replacement computer equipment which is now forecast in July 2025 (and causing the spike in the graph above).

Utilities is showing as the largest overspend for the year to date (£33k). This has reduced from a overspend of £120k at month 2 as invoicing issues continue to be resolved with providers.

Other traditional cost pressure areas are being maintained within planned spend. This includes purchase of healthcare despite pressures in acute and PICU out of area placements.

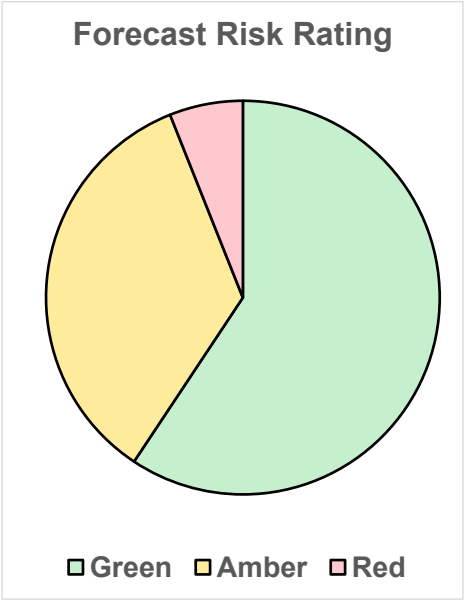
Drugs expenditure is also broadly in line with plan. Actions continue, linked to the Value for Money programme, to identify additional cost reduction opportunities.

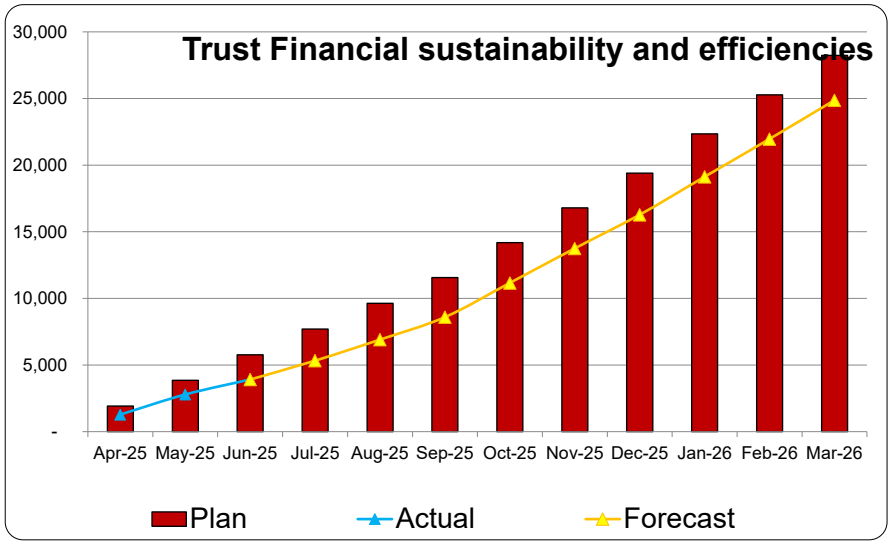
3.0 Value for Money & Financial sustainability

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	Original Target £k	Adjust £k	Revised Target £k	Green £k	Amber £k	Red £k	Variance £k
Pay	Workforce	2,200	0	1,504	(696)	10,500	0	10,500	1,504	6,200		(2,796)
	Unallocated	(0)	0		0	3,400	(3,400)	0				(0)
	Fixed Term Contracts	126	0		(126)	500	0	500	0		500	0
	Corp / non clinical	399	481	334	416	2,000	1,000	3,000	2,905			(95)
	Productivity	0	0		0	1,100	0	1,100	0	1,100		0
	Temporary Staffing	975	331		(644)	3,900	0	3,900	2,737	0		(1,163)
	Difficult Decisions	0	0		0	1,000	0	1,000	0		1,000	0
Non Pay	Non Pay	243	120		(123)	1,130	0	1,130	362	796		28
Other	Corporate Services	426	435		9	1,700	0	1,700	1,745			45
	Provider Collaboratives	375	531		156	1,500	0	1,500	2,121			621
	Bed Sales	0	0		0	500	0	500	500			0
	Income	176	176		0	0	705	705	705			0
	Misc income - overage	0		0	0	0	520	520		520		0
	Technical	0		0	0	1,000	1,175	2,175	2,175			0
Total		**4,920**	**2,073**	**1,838**	**(1,009)**	**28,230**	**0**	**28,230**	**14,755**	**8,616**	**1,500**	**(3,359)**
Recurrent		2,645	2,073		(572)	16,430	(2,695)	14,735	9,355	2,416	1,500	(1,465)
Non Recurrent		2,275		1,838	(437)	11,800	2,695	13,495	5,401	6,200	0	(1,894)





The Trust value for money plan, as submitted in April 2025, included £3.4m high risk / unallocated. By month 3 (June 2025) schemes have progressed, and this value has been allocated, meaning that there is no unallocated value within the Trust programme. An adjustment column has been added to the table above to show these reallocations.

The original plan profile has been retained for consistency of reporting with external returns.

Movements in month include £1m increase of the corporate / non clincial schemes, £1.2m increase on technical adjustments and the introduction of new schemes for new income.

The focus remains on delivery of these schemes and to develop new recurrent schemes.

For the year to date the position is £1,009k behind plan primarily due to workforce and temporary staffing schemes. This has been offset by the positive actions on corporate costs. This is forecast to continue for the remainder of the year with mitigations as identified.

The current forecast is a shortfall of £3,359k, with a further £1,500k included as high risk.

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	193,893	
Current Assets			
Inventories & Work in Progress	248	248	
NHS Trade Receivables (Debtors)	2,453	443	
Non NHS Trade Receivables (Debtors)	989	1,015	
Prepayments	2,863	7,825	1
Accrued Income	6,235	5,418	2
Cash and Cash Equivalents	55,748	58,723	Pg 15
Total Current Assets	**68,537**	**73,672**	
Current Liabilities			
Trade Payables (Creditors)	(10,899)	(6,792)	3
Capital Payables (Creditors)	(1,551)	(763)	
Tax, NI, Pension Payables, PDC	(9,478)	(10,065)	
Accruals	(14,054)	(19,673)	4
Deferred Income	(644)	(1,772)	5
Other Liabilities (IFRS 16 / leases)	(48,793)	(50,018)	
Total Current Liabilities	**(85,419)**	**(89,084)**	
Net Current Assets/Liabilities	**(16,882)**	**(15,412)**	
Total Assets less Current Liabilities	**180,552**	**178,481**	
Provisions for Liabilities	(3,357)	(3,324)	
Total Net Assets/(Liabilities)	**177,195**	**175,158**	
Taxpayers' Equity			
Public Dividend Capital	76,344	76,344	
Revaluation Reserve	21,306	21,306	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	74,325	72,288	
Total Taxpayers' Equity	**177,195**	**175,158**	

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 continue to be higher than year end as charges covering 2025 / 26 have been received and paid. This includes annual charges such as insurance. This value traditionally reduces over the course of a financial year.

2. Accrued income remains high, as it was at year end, and primarily relates to income from NHS England (£2.8m) 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.

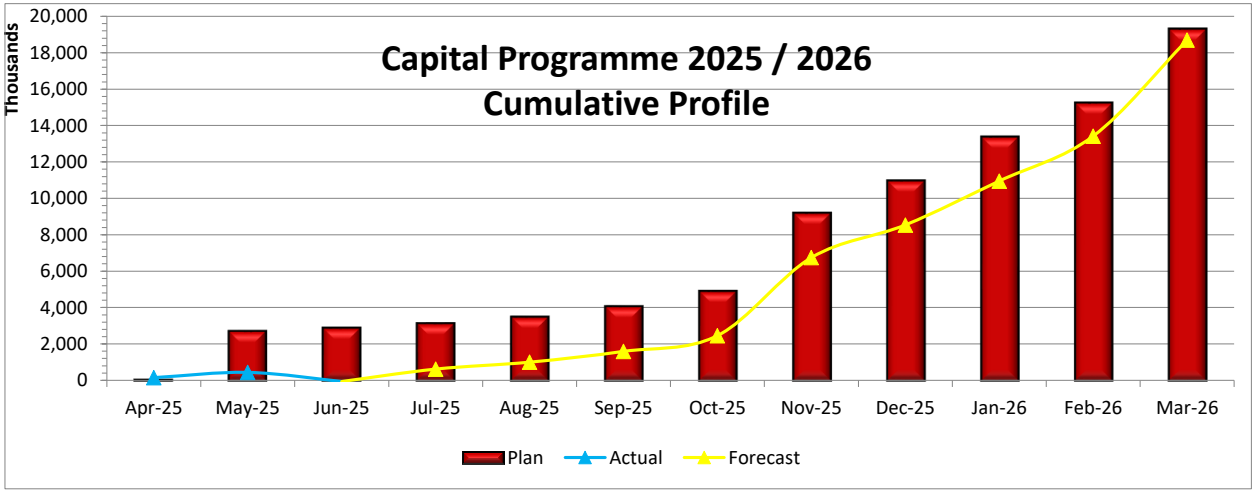
3. As is normal Trade creditors were exceptionally high at year end and have now reduced. As demonstrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution.

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 remains at a relatively low level. The largest elements is the timing of education training funding from NHS England (£372k) and £348k in relation to the Research and Development capital scheme.

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	200	3	(197)	7,425	8,100	675
Estates safety	0	0	0	675	0	(675)
Backlog Maintenance	0	9	9	0	24	24
IM & T	0	0	0	0	789	789
Other	0	201	201	0	1,178	1,178
Leases (IFRS 16)	2,706	305	(2,401)	6,148	4,158	(1,990)
TOTALS	**2,906**	**518**	**(2,388)**	**14,248**	**14,248**	**0**
Additional allocations						
Net Zero (solar funding)	0	0	0	1,952	1,952	0
Cheswold - seclusion room	0	4	4	1,000	1,000	0
Cheswold - Minor Capital	0	0	0	2,082	2,082	0
Cheswold - IM & T	0	0	0			0
TOTALS	**2,906**	**522**	**(2,384)**	**19,282**	**19,282**	**0**



Capital Expenditure 2025 / 26

The table on the left summarises the capital programme for 2025 / 26. The first section is activity as reported against the standard West Yorkshire Integrated Care Board capital allocation. For 2025 / 26 the Trust programme was prioritised against the main older people transformation scheme and the impact of leases.

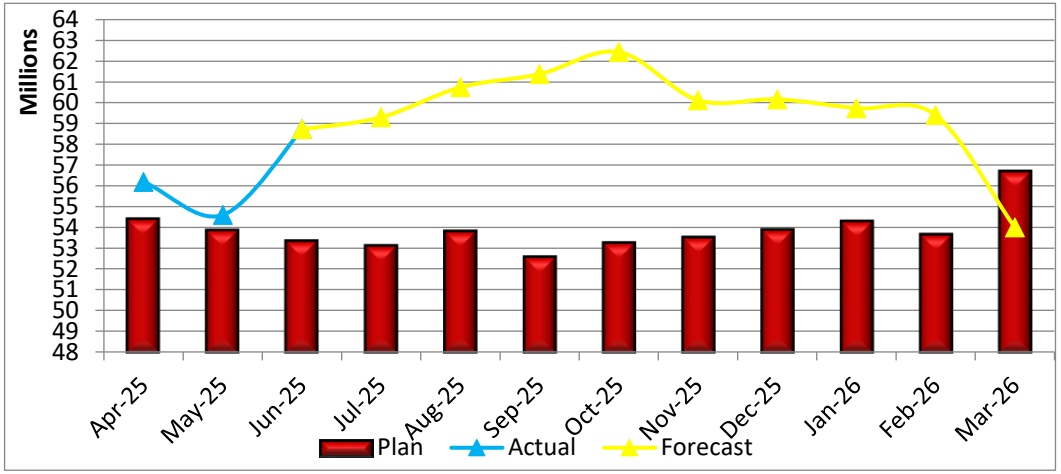
Unlike previous years leases is included within the single allocation value and will need to be managed as such.

Additional funding has been secured either as a result of previous business cases, for example Cheswold investment from South Yorkshire allocations, or external bids in the case of net carbon zero and Cheswold seclusion rooms.

Through national frameworks the Trust has a construction partner and progressing schemes accordingly. As per the profile graph the majority of expenditure is planned for the second half of the financial year.

Whilst the year to date shows a significant variance to plan this is due to invoicing issues, now resolved, in relation to lease renewals. The actual annual revaluation was less than planned and this underspend will be utilised through new capital schemes including IM & T.

4.2 Cash Flow & Cash Flow Forecast 2025 / 2026

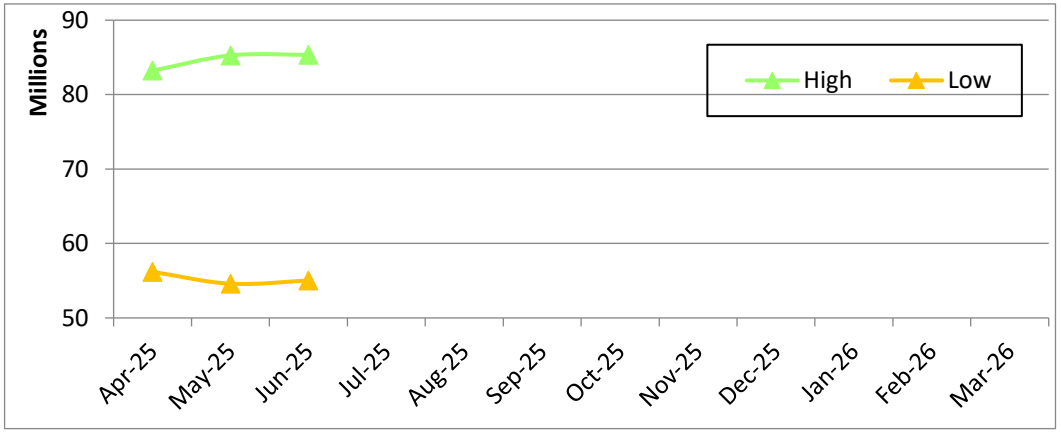


Cash increased supported by payment of outstanding debt

The largest outstanding payment from NHS England has been received in month which has helped to increase the Trust cash position.

This is forecast to increase but then reduce later in the year as capital spend is made.

	Plan £k	Actual £k	Variance £k
Opening Balance	55,839	55,839	
Closing Balance	53,355	58,723	5,368



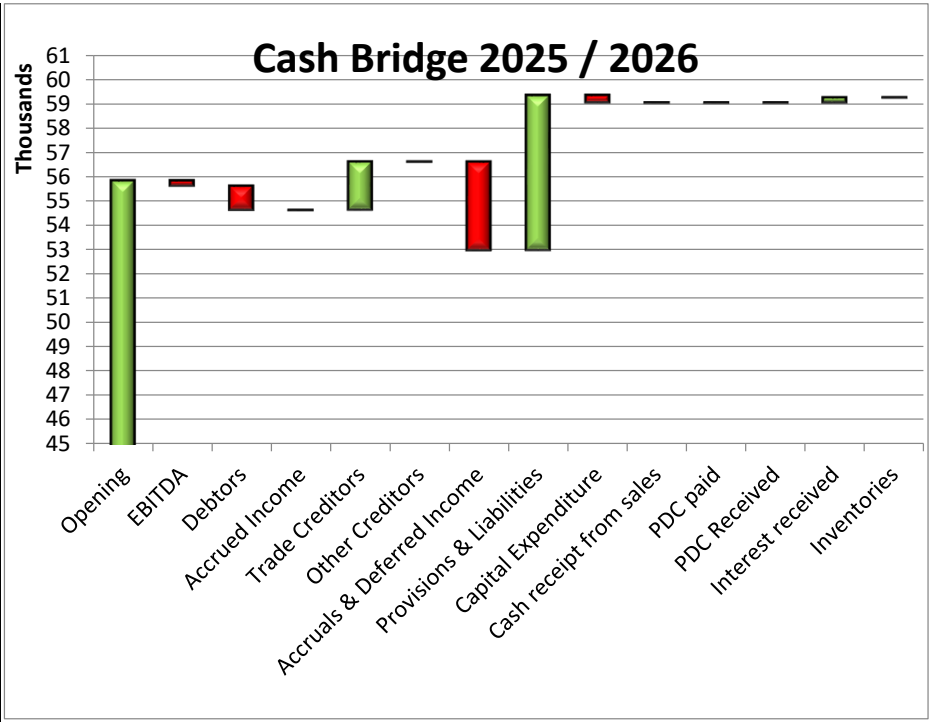
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £85.3m
The lowest balance is: £55m

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	**55,839**	**55,839**	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	2,772	2,560	(212)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	2,400	1,394	(1,006)	
Trade Payables (Creditors)	100	2,088	1,988	
Accruals & Deferred income	0	(3,645)	(3,645)	
Provisions & Liabilities	(5,304)	1,088	6,392	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(700)	(1,005)	(305)	
Cash receipts from asset sales	0	0	0	
Leases	(2,306)	(361)	1,945	
PDC Dividends paid	0	0	0	
PDC Dividends received	0	0	0	
Interest (paid)/ received	555	765	210	
Closing Balances	**53,355**	**58,723**	**5,368**	



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.

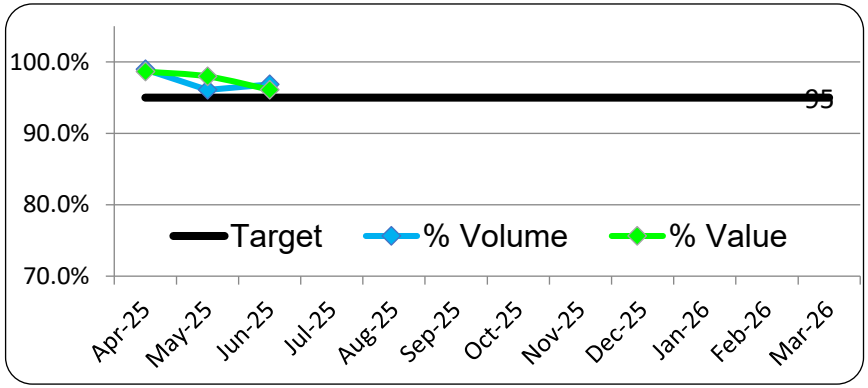
5.0 Better Payment Practice Code

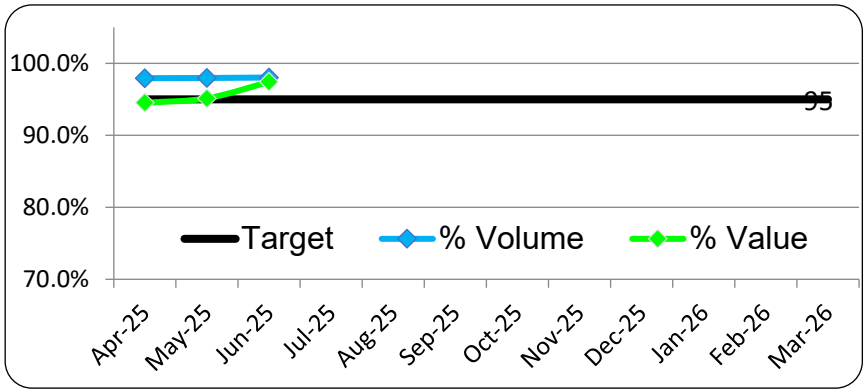
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	97%	96%
Cumulative Year to Date	98%	98%

Non NHS	Number %	Value %
In Month	98%	97%
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 (£)
04-Jun-25	Software Licence	Trustwide	Trustmarque Solutions Ltd	2406731	1,524,065
10-Jun-25	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000059123	734,353
18-Jun-25	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000059163	734,353
26-Jun-25	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	205739	658,717
18-Jun-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS59	400,000
02-Jun-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010157	386,066
18-Jun-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000001672	356,181
04-Jun-25	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foundation Trust	4400003070	246,499
18-Jun-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS36	240,000
04-Jun-25	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 300	219,083
04-Jun-25	Software Licence	Trustwide	Trustmarque Solutions Ltd	2406727	142,314
02-Jun-25	Purchase of Healthcare	Trustwide	Diabetes Digital Media Ltd	INV8036	131,488
02-Jun-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010154	124,566
02-Jun-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34033530	120,000
27-Jun-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34036568	120,000
30-Jun-25	Utilities	Trustwide	Totalenergies Gas & Power Ltd	37735352025	116,247
10-Jun-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS057SN	112,158
10-Jun-25	IT Services	Trustwide	Wavenet Ltd	1349239	108,300
23-Jun-25	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trust	329351	87,273
13-Jun-25	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72489995	78,511
13-Jun-25	Utilities	Trustwide	Virgin Media Payments Ltd	446518006	77,725
02-Jun-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34033750	77,367
20-Jun-25	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trust	329887	77,351
02-Jun-25	Software Licence	Doncaster	Advanced Business Software And Solutions Ltd	INV199622	66,000
29-Jun-25	Drugs	Trustwide	Rowlands Pharmacy	1800003330	64,358
06-Jun-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34034166	63,141
10-Jun-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS057INV	58,399
23-Jun-25	Drugs	Trustwide	NHS Business Services Authority	1000083198	55,809
23-Jun-25	Drugs	Trustwide	NHS Business Services Authority	1000084782	52,739
18-Jun-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000001673	51,916

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
30-Jun-25	Lease Cars	Trustwide	Arval Uk Ltd	R10013505044	49,938
10-Jun-25	Utilities	Trustwide	Edf Energy Customers Ltd	000023654743	47,444
04-Jun-25	Continence products	Barnsley	Supply Chain Coordination Limited	258105	45,535
10-Jun-25	Consultancy	Trustwide	Meridian Productivity Ltd	201701	40,000
03-Jun-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001363EPC	39,834
19-Jun-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59896987	35,995
18-Jun-25	Advocacy Services	Forensic	Cloverleaf Advocacy 2000 Ltd	14949	33,478
18-Jun-25	Advocacy Services	Forensic	Cloverleaf Advocacy 2000 Ltd	14964	33,478
18-Jun-25	Advocacy Services	Forensic	Cloverleaf Advocacy 2000 Ltd	14965	33,478
09-Jun-25	Healthcare promotion	Wakefield	Roadshow Promotions Ltd	INV11017	32,697
06-Jun-25	Drugs	Doncaster	Speeds Healthcare Ltd	INV159656	29,035
18-Jun-25	Utilities	Trustwide	Edf Energy Customers Ltd	000023679810	27,499
06-Jun-25	Lease Cars	Trustwide	Athlon Mobility Services Uk Ltd	202580015633	26,817
09-Jun-25	Purchase of Healthcare	Trustwide	Nouvita Ltd	13238	26,501
02-Jun-25	Rent	Kirklees	Bradbury Investments Ltd	1942	26,168
05-Jun-25	Utilities	Trustwide	Edf Energy Customers Ltd	000023552555	25,648
19-Jun-25	Interpretation	Trustwide	Word360 Ltd	129588	25,395

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.

Appendix 3 - Statistical Process Control (SPC) Charts Explained

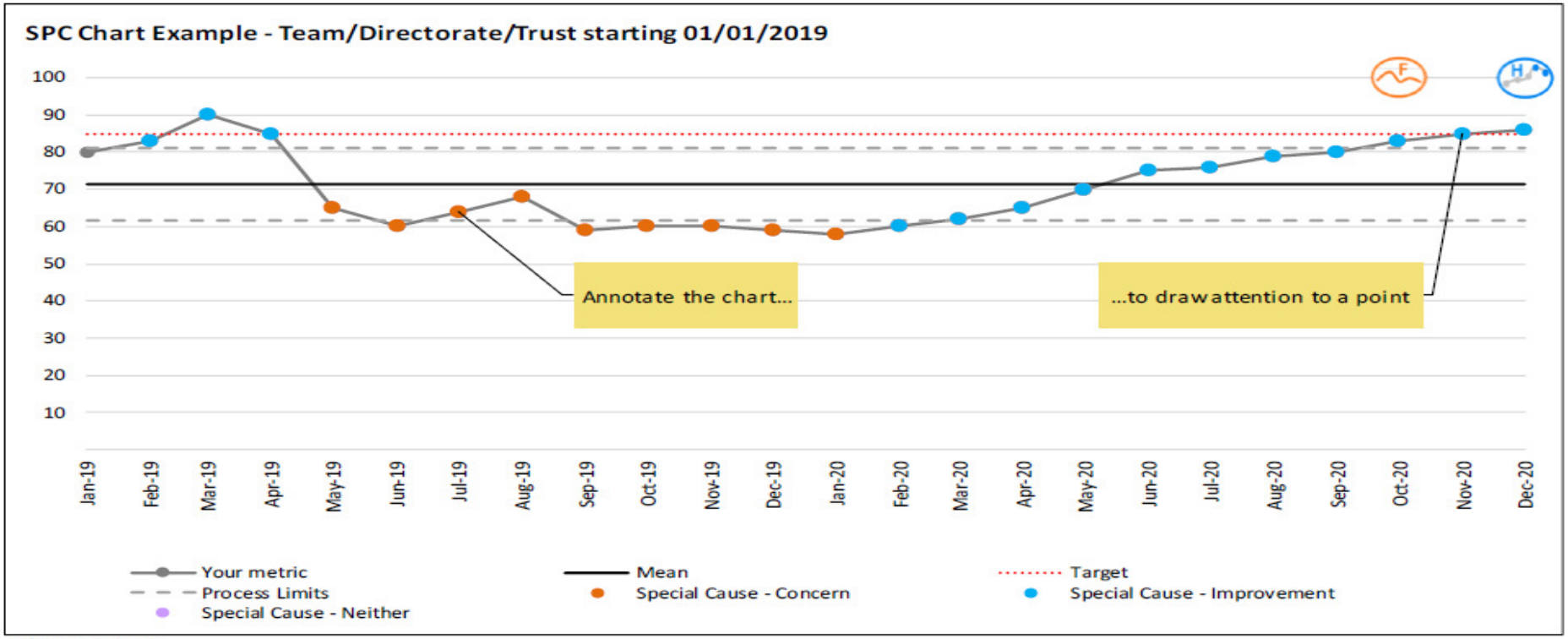
natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting 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 base 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 thi is by design (!) and consider whether the target is still appropriate should be stretched, or whether resource can b directed elsewhere without risking the ongoing achievement o 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.