NHS
South West Yorkshire
Partnership Teaching
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

September 2025

With **all of us** in mind.

NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

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Introduction

Welcome to the Trust's Integrated Performance Report (IPR) for September 2025.

The report format for 2025/26 has been changed slightly this year to align with the Trust board's focus. 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, the report has been updated to reflect this. In particular, the national metrics section includes those contained within the NHS oversight framework, operational planning guidance for 2025/26 and NHS standard contract items. 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 March 2026 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 the reducing inequalities section to the report again this month, this is linked to the Trust's equality, diversity and inclusion strategy it includes a number of metrics to evidence our progress towards delivering more responsive and equitable services for our communities. The strategy will guide us to being a more 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 the metrics where there has been a change in performance or where expected levels are not being achieved. Metrics that are routinely meeting thresholds will not appear on this page. Whilst the metrics included may have seen a change since last month the assurance/variation icons where available, show if the data over time indicates that there is any action required.

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	↓	
Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement	↓	
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	↔	
Sickness absence - Month	↓	
Appraisals - rolling 12 months	↓	

Finance

Metric	Change from last month	Variation/ Assurance
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	↓	
Eating Disorder - Urgent/Emergency clock stops	↑	
Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over	↑	
Total bed days of Children and Younger People under 18 in adult inpatient wards	↓	
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 - Kirklees	↑	

Care Groups

Children and Young Peoples Mental Health Services (CAMHS)

Metric	Change from last month	Variation/ Assurance
% Appraisal rate	↓	
% of feedback with staff values and behaviours as an issue	↑	
% of feedback with staff values and behaviours as an issue	↑	

Mental Health Community

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↔	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	↑	New metric from April 25
Sickness rate (monthly)	↔	
% assessed within 14 days of referral (routine)	↓	
% assessed within 4 hours (Crisis)	↔	

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
Out of area bed days	↓	

LD, ADHD & ASD

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% of clients clinically ready for discharge	↑	

Forensic - West Yorkshire

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	
Sickness rate (Monthly)	↔	
% Bed occupancy (incl leave)	↔	
% 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

Forensic - South Yorkshire

Metrics	Change from last month	Variation/ Assurance
Cardiopulmonary resuscitation (CPR) training compliance	↑	
% Bed occupancy	↔	
Information Governance training compliance	↑	

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
% of feedback with staff values and behaviours as an issue	↑	
Sickness rate (Monthly)	↓	
Safer staffing (Overall)	↓	

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 total number of reported incidents in September decreased to 1,378, 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. Although there has been a decrease, 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.

• The number of restraint incidents reduced this month from 208 reported in August to 180, this is the third month in a row a reduction in incidents has been seen. 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.

• The Trust had 51 violence and aggression incidents against staff on mental health wards involving race during September. 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.

• There were four staff led prone restraints during the month where we have purposefully placed the person in the prone position, and one service user led prone restraint. This continues to support the Trusts move to zero prone restraint by March 2026. Each incident took place on a different ward with two of the staff led restraints for exiting seclusion. 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. We expect this will further 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 and this has been reflected in the September figures. All of the prone restraints were under 3 minutes in duration.

• There were nine information governance personal data breaches during September which is a slight increased compared to last month but remains under the Trust threshold of 12 or less. Information disclosed in error continues to be the highest reported category, these were spread across various care groups.

• There were 45 inpatient falls reported during September 2025. We actively risk assess those service users who are at high risk of falling and implement care plans. All fall incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required. There has been a review by the falls lead across older adults' wards to establish any alternatives to enhanced observations to support service users. Recommendations have been progressed.

• 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 94.6% against a target of 90%. Disability recording was at 52.3%, sexual orientation 56% 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 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.

• There were 17 RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations) during quarter 2. The majority of those incidents related to mental health (9) and forensic care (5) groups with the majority of incidents related to violence and aggression which links to the acuity of service users within the services. Staff have been supported through their recuperation and follow ups made with occupational health and welcome back meetings with the department managers if they have returned. Staff have also been supported with reporting incidents to the Police where this has been appropriate. The executive team recognise there has been an increase in violence and aggression and race related abuse and plan to review the support offer to understand if there is any additional support that can be provided to colleagues involved in the incidents.

• Risk assessments and care plans, 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%. The Trust is meeting the planned trajectory to date for all metrics except for the metric '% with care plan that includes service user input/views'. The risk assessment and care planning workstream are focusing on all improvements and a trajectory to meet the 95% target by end March 2026. Performance against all metrics has seen an increase in September and all risk assessments and care plans that have not been completed within the timescale have oversight and scrutiny from the Care Groups. Detail can be seen in the Quality dashboard and care group section of the report.

Forensic risk assessments are completed prior to admission as part of the admission assessment and planning process. In line with good clinical practice these are then reviewed at the point of admission to ensure they are still clinically accurate, the admitting clinician will record this review within the risk assessment going forwards, which will enable capture of risk assessment.

• All services 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 and communicated to the service user and ward staff. 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. There is development work occurring with community teams to ensure they update the risk assessment before admission to support inpatient staff to understand the change in risk and reason for admission. This formulates the care plan. Areas that are consistently completing the risk assessment on time have an improvement plan.

• The Trust has seen a reduction in the safer staffing fill rate over the last six 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 regarding safe staffing and quality impact to ensure safety is maintained. Each care group have a daily huddle to review staffing and safety.

Care Groups

• 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 treatment at the end of September, 64.1% of those waiting had been waiting for a period of 18 weeks or less which is a reduction compared to previous months meaning some young people are waiting longer for treatment. All of these cases have had some form of screening, consultation or initial assessment before being placed on a treatment waiting list. The increased waiting time is linked to an increase in demand, focus on initial appointment and in particular a significant rise is Kirklees Keeping in Mind (KKiM) referrals. Commissioners have agreed a new deliver model that commences in January and a funded recovery plan that have commenced in September. Development and action plans per waits, per place are being developed with commissioners.

• Children's neurodevelopmental waits remain a major issue given the exponential growth in demand in recent years, which has been further compounded by vacancies in the team. Neuro-development waits are part of a specific pathway review across places in line with commissioned models. There is an offer in place to support children and families whilst waiting.

• 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 September 92.9% 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 psychiatric intensive care beds continues to be a significant challenge and we have experienced increased use of out of area beds days in the last month relating to seven service users. The benefits of providing care close to violence 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.

• Focus on patients clinically ready for discharge continues to take place across mental health and learning disabilities, we have seen an overall increase in delays during September. Challenges remain associated to patients requiring specialist placements. Hotspot areas include learning disabilities, adult and older people's wards and psychiatric intensive care unit (PICU). At the end of September 25 people were clinically ready for discharge but remained in a bed. Focused work in relation to those patients subject Ministry of Justice (MOJ) has commenced with the MOJ to understand how the communication and actions can be improved. Further detail can be seen in the care group section of the report.

• Adult Attention Deficit Hyperactivity Disorder (ADHD) and autism referrals continue to be at levels significantly higher than commissioned – cases, where agreed with commissioners, are triaged and prioritised according to need.

The commissioned level for ADHD pathways in Barnsley, Wakefield and Kirklees is approximately 27 cases across all three areas per month. The number of referrals for ADHD received for these areas in September was 342. Calderdale does not block commission assessments, but we do assess 7-8 people from that locality via the Patient Choice framework. 31 referrals were received from Calderdale in September.

As 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 received updated business cases for their consideration.

• Mental health acute wards have continued to manage high levels of acuity and risk to self and others. 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.

• 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. There have been a significant number of bank staff transition to substantive staff and commenced during the month, therefore we are expecting to see a reduction in bank usage over the next few months. In addition to this, there are planned assessment centres taking place in all areas of the Trust.

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

People

• Year to date sickness absence has increased slightly above threshold for September 2025 at 5.2%. The in-month sickness position for September increased to 5.7%. We are seeing higher absence rates in Forensics (7%) and Estates (7.4%) which are being pro-actively managed between People Directorate Business Partners, People Relations and Operational leads.
• Appraisal compliance has dropped slightly this month and stands at 88.2%. Uptake by care group continues to be an Operational Management Group focus. Work to integrate the Cheswold Park Hospital appraisal rates into Trust reporting is ongoing.
• Our 12-month staff turnover rate in September is 10.1%. This is still a lower level than we have seen in previous years and remains under our Trust threshold of between 12-13%.
• In September, we had 53 new starters and 34 leavers. The increase in new starters is as a result of transferring bank staff to substantive and a number of healthcare support worker assessment centre recruitments commencing.
• 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 and the wider Trust.

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, 97 out of 172 children (56.4%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in September. The demand in referrals outweighs commissioned activity levels – this remains a national issue. The business case has gone to the Integrated Care Board Chief Nurse who is supportive of an increase in resource to improve the waiting list. The business case now has gone to place commissioners, and we are awaiting a response.
• Children & Younger People with an eating disorder - % routine cases accessing treatment within 4 weeks remains below the national threshold of 95%. This relates to 6 service users out of a total of 28. Five of these cases relate to where an appointment was offered within the time frame, but this was cancelled or missed by the family. One breach was due to cancellation by the service due to sickness. Four of the six cases relate to appointments for the Avoidant/restrictive food intake disorder pathway (ARFID) and we are discussing with NHS England whether such cases are applicable to be counted in this metric.
• 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 (18 weeks).
• 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 September has remained at a similar level to last month (59.1 days) In terms of performance against the trajectory, we are meeting the trajectory for September for our West Yorkshire acute mental health and PICU wards but remain above our trajectory for Barnsley wards.
• 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 September 2025 is a surplus of £719k which is £582k better than plan. This continues the trend of an improving run rate and expands further with values as planned (low value activity income) and further new positive movements such as updated Public Dividend Capital (PDC) estimates. This takes the cumulative position to a deficit of £1m which is ahead of plan, so it is not envisaged the financial override will apply to our segmentation this quarter.
• Agency spend in September is £260k and continues to demonstrate a reducing run rate and expenditure lower than planned. In September this was 31 worked whole time equivalent (WTE). The majority of WTE remains in unregistered nursing for inpatient areas.
• Higher than originally planned levels of bank utilisation have continued in September. This is primarily for unregistered nurses in inpatient wards. The forecast models that this will reduce as new recruitment embeds.
• In September corporate services spend is £0.6m less than planned.
National guidance, and as part of the Trust Value for Money programme, identified corporate expenditure as a key performance indicator.
• Value for money schemes, and triangulation with overall financial performance, continue to be key focus areas both for this year and for longer term financial sustainability. September is behind plan, but mitigations are in place which will be realised in the second half of the year.
• The current cash position continues to be positive and best practice continues to be reviewed to ensure that we have effective management of the Trust working capital position. The position is forecast to reduce in future months due to the timing of capital expenditure.
• Spend on capital and leases is less than planned for the year to date but the forecast is that the allocation will be utilised in full. Where delays, or changes, have been experienced appropriate schemes have been brought forward.

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Jul-25	Aug-25	Sep-25	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Best Quality	Responsive	TBC	73.0%	69.3%	64.1%	N/A
Complaints	% of feedback with staff values and behaviours as an issue [12]	Best Quality	Caring	< 20%	17% (8/48)	9% (2/22)	9% (3/33)	1
	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	144.8	108.7	122.6	N/A
	Complaints - Number of responses provided within six months of the date a complaint received [16]	Best Quality	Well led	100%	84% (16/19)	95% (20/21)	93% (25/27)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	91%	89%	89%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	97%	97%	97%	1
	Number of compliments received	Best Quality	Caring	N/A	37	68	44	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Best Quality	Safe	Trend monitor	7	1	1	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Best Quality	Safe	Trend monitor	2	0	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	Best Quality	Safe	0	0	0	0	1
	Number of Information Governance breaches [3]	Best Quality	Well led	<12	13	8	9	2
	% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	3.9%	5.2%	5.5%	3
	Total number of reported incidents [18] *	Best Quality	Safe	Trend monitor	1675	1419	1378	
	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	38	35	36	
	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	4	2	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	0	0	4	
	Safer staff fill rates *	Best Quality	Safe	90%	119.4%	118.3%	118.3%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	96.0%	97.9%	94.4%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Best Quality	Safe	Trend monitor	49	46	36	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	Best Quality	Safe	0	1	0	2	0
	Eliminating Mixed Sex Accommodation Breaches	Best Quality	Safe	0	0	0	0	1
	Number of Falls (inpatients) *	Best Quality	Safe	Trend monitor	59	51	45	
	Number of restraint incidents *	Best Quality	Safe	Trend monitor	258	208	180	
	% of staff receiving supervision within policy guidance [15]	Best place to work and learn	Well led	80%	88.9%	86.6%	87.8%	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%	78.1%	94.4%	81.8%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	17	11	15	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 Nov 2025			
	Number of violence and aggression incidents against staff on mental health wards involving race *	Best place to work and learn	Safe	Trend Monitor	36	26	51	N/A
	Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Best Quality	Safe	0	17			
	Estates Urgent Response Times - Service level agreement (SLA)	Best Quality	Well led	95%	95.6%	92.4%	100.0%	
	Compliance with statutory requirements (Water, Gas, Electricity, Refrigeration, Pressure, Loler and Asbestos)	Best Quality	Well led	100%	100.0%	100.0%	100.0%	
	% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	Best Quality	Well led	100%	100.0%	100.0%	100.0%	
	Percentage of service users who have had their equality data recorded - ethnicity	Best Quality	Responsive	90%	94.3%	94.2%	94.6%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	52.4%	52.0%	52.3%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	56.3%	55.7%	56.0%	
	Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.5%	99.6%	99.6%	
	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	100% Service 97.3% Policy	100% Service 97.3% 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%	75.7%	84.6%	81.4%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring		70.0%	74.8%	78.0%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		94.5%	96.9%	98.5%	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Jul-25	Aug-25	Sep-25	Year End Forecast*
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		81.1%	81.4%	91.9%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		89.1%	91.5%	93.1%	
	Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	Best Quality	Safe	June and July – 10 Aug and Sept - 8	5	9	4	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor	39	64	64	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor	6639	6756	6756	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 Oversight Framework segmentation	All	Well led	1/2	Due Nov 25			
	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 27 complaints responded to during the month, 25 were undertaken within six months of the complaints being received, and the average number of working days these complaints were open was 122.6 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.
• Clinically ready for discharge (previously delayed transfers of care) - Overall Trust position for September was 5.5%, this includes data for Cheswold Park Hospital. The performance excluding Cheswold Park Hospital is 6.52%. 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.
• The number of reported incidents - A further reduction in incidents has been seen in September, the total figure for the month incudes 180 incidents that are attributed to Cheswold Park Hospital; 1198 incidents were attributed to the rest of the Trust. All incidents continue to be subject to review by the patient safety team with relevant governance within the care groups.
• Number of violence and aggression incidents against staff on mental health wards involving race - an increase in incidents has been seen during September. 6 incidents related to the Forensics Care Group across 3 wards/teams with 2 incidents occurring on each of the 3 wards; 32 incidents in mental health inpatients across 10 wards/teams with the majority of incidents occurring on Elmdale (10); 13 incidents in Cheswold Park Hospital across 5 wards/teams with the majority of incidents occurring on low secure male wards involving a small number of service users. A review of the total 113 incidents over the last quarter has been undertaken, 21 of the 113 incidents were physical assaults with the remainder being from a range of incidents including verbal racial abuse and threatening behaviour. Of the 113 incidents 67 were reported with a severity of green, 43 were reported with a severity of yellow and 3 incidents with a severity of amber. All incidents continue to be monitored the SWYPT governance structures and work regarding protected characteristics continue to be a priority through REACH and sexual safety workstreams. Incidents are monitored by the Patient Safety Team, and Equity Guardians are alerted to all race related incidents against staff. Recognising that this has an impact on staff, a robust process of personal and clinical support has been created to safeguard staff who experience racist abuse during their work in a clinical role.
• Sadly there were 4 patient safety incidents during the month that resulted in death. All cases are going through the Trust's patient safety processes to identify lessons learnt. Condolences and support are being offered to the affected families during these difficult circumstances.
• Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement - There were 3 incidences in September with 2 of those having identified an area for improvement and these related to incidents within the neighbourhood nursing service.
• The number of RIDDOR incidents during the quarter has increased compared to previous 2 quarters. The majority of those incidents related to mental health (9) and forensic care (5) groups with the majority of incidents related to violence and aggression which links to the acuity of service users within the services. Staff have been supported through their recuperation and follow ups made with occupational health and welcome back meetings with the department managers if they have returned. Staff have also been supported with reporting incidents to the Police where this has been appropriate.
• The overall number of restraint incidents in September was 180 though this figure now includes data for Cheswold Park Hospital. 20 of these incidents were attributed to Poplars ward and 17 to Elmdale at the Dales. 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 had purposely put the person in the prone position was 4 for September. There were also 1 instance where the prone position was service user led. 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 the data above shows is the primary reason for prone restraint use in September 2025.
• 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.

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)
The team started on the renewal application for the Royal College of Psychiatrists' SIRAN standards in October 2024. The process started with a 3 month self-review period. The Patient Safety Team have worked through the self-review process, including the submission of evidence to the Royal College of Psychiatrists that was reviewed against the 59 standards covering all aspects of the patient safety incident review and learning processes.
In February 2025 we participated in a peer review, where a panel of professionals from other services completed a virtual visit and met with the team and staff involved in incidents. The panel carried out a review to validate and expand on the self-review data, including feedback from staff, and families and carers. The accreditation committee then met and, after reviewing all of the evidence against their standards, including liaising with the Trust to gather additional evidence, awarded the Trust its renewed accreditation to May 2028.

Learn from Patient Safety Events (LFPSE) Data Validation
LFPSE data validation has taken place in line with a national request. RLDatix have recently released LFPSE Taxonomy V6. An upgrade Datixweb will be carried out once Datix have resolved identified issues with the release.

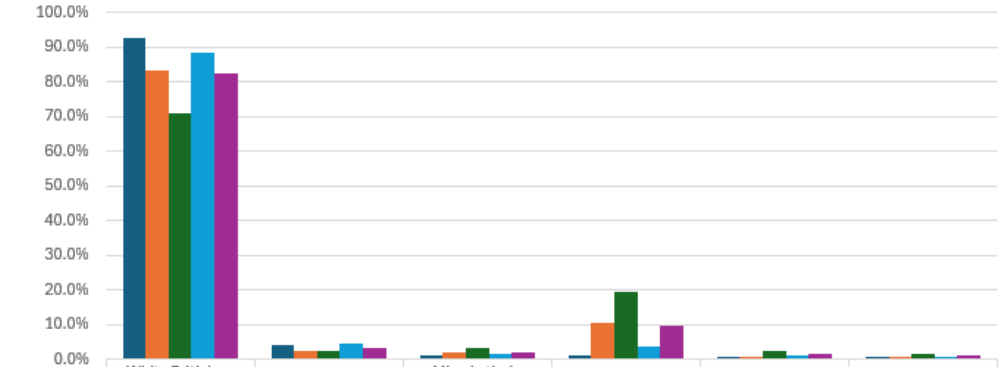
Quality & Safety Dashboard Footnotes:
1 - Number of pressure ulcers which developed under SWYPFT care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions 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 2024 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.

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.

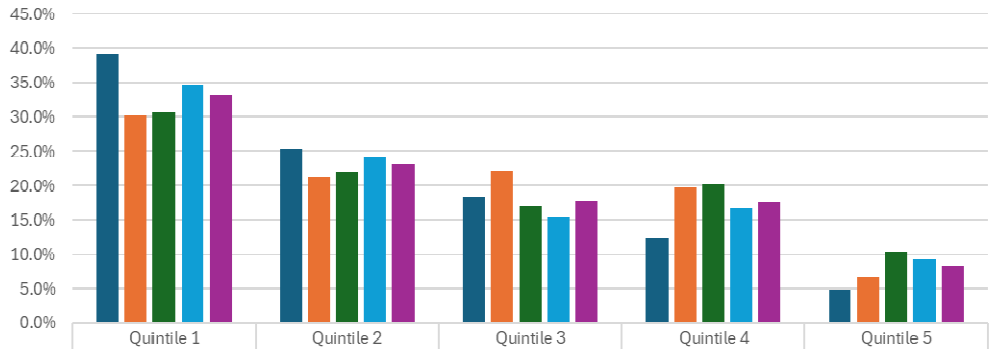
The population our Trust serves is varied in terms of ethnic make-up and also levels of deprivation. We can measure the relative deprivation of an area using 7 distinct domains of deprivation, which are: 1) Income 2) Employment 3) Health deprivation and disability 4) Education, skills & training 5) Crime, 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.

Population Served by the Trust and each of its Main Localities Split by Ethnicity



	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%

Population Served by the Trust and each of its Main Localities Split by Deprivation Level



	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

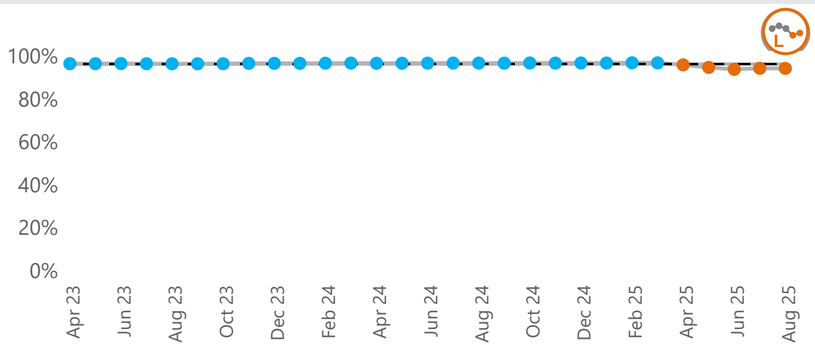
Data as of : 24/09/2025 17:16:26

NHS South West Yorkshire Partnership Teaching 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.

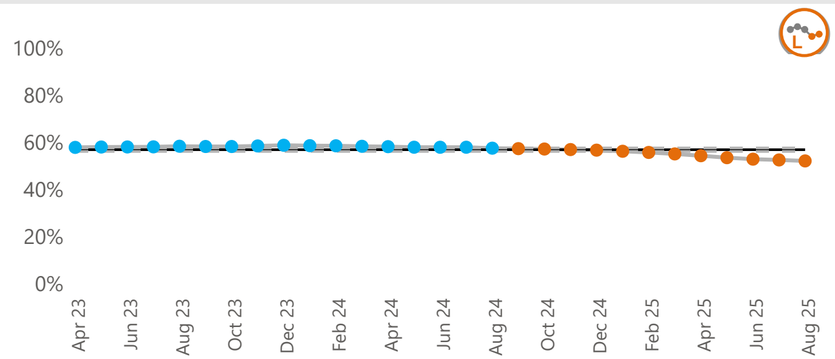
The SPC charts below show the completion rates for these measures.

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



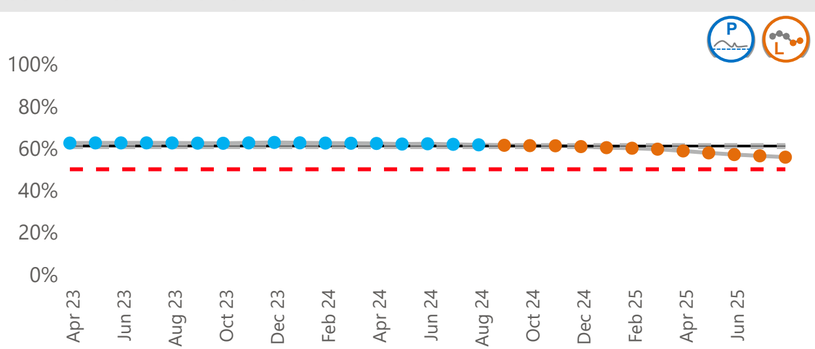
The Statistical Process Control (SPC) chart shows that in August 2025 due to the continued dip in performance we have entered a period of special cause deteriorating variation (something is happening and should be investigated). We are expected to meet the target against this metric.

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



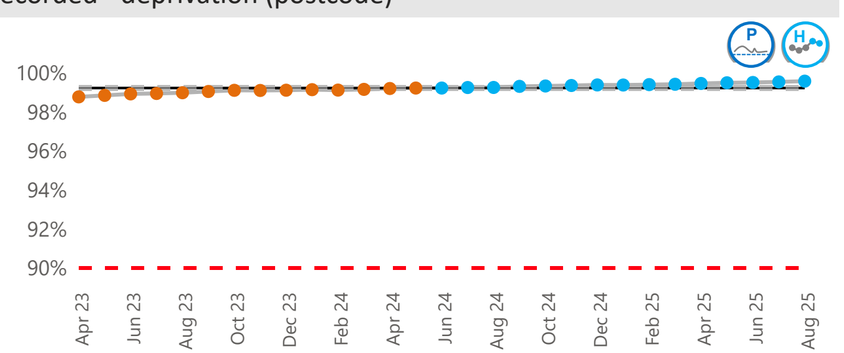
The SPC chart shows that in August 2025 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months.

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



The SPC chart shows that in August 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.

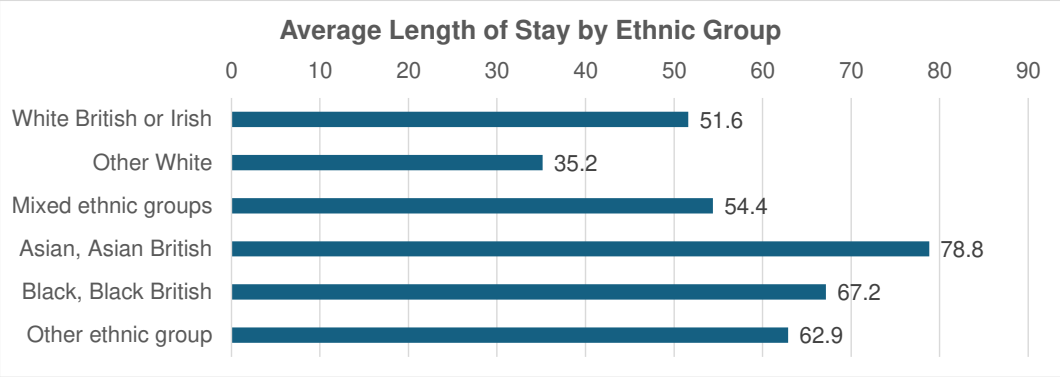
M95 - Percentage of service users who have had their equality data recorded - deprivation (postcode)

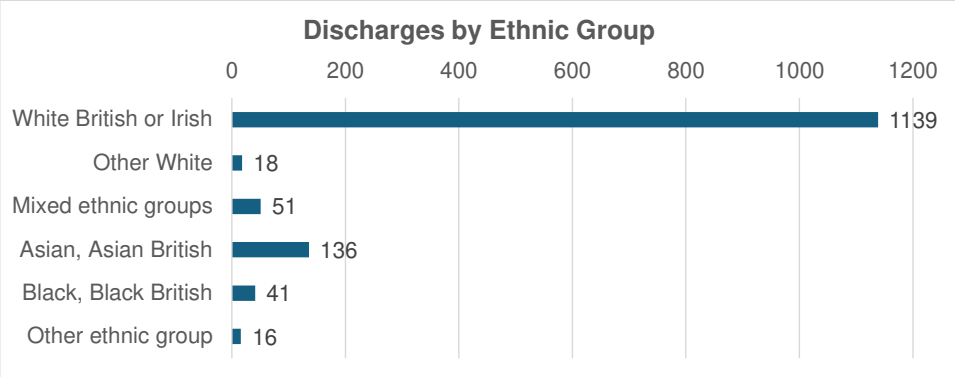


The SPC chart shows that in August 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained increase in performance.

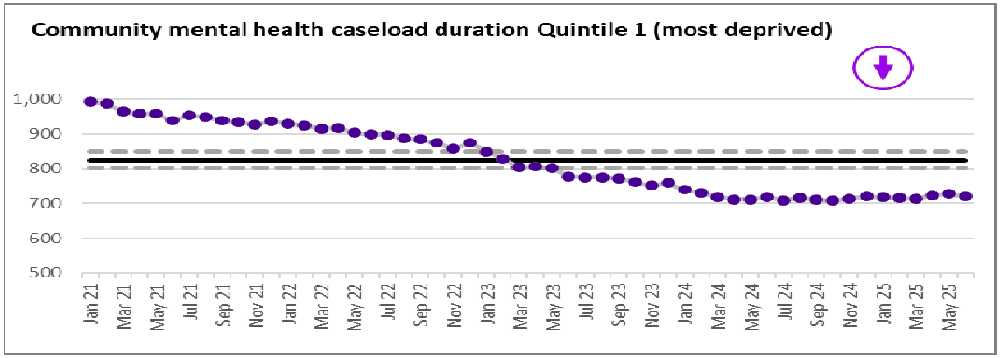
Reducing Inequalities

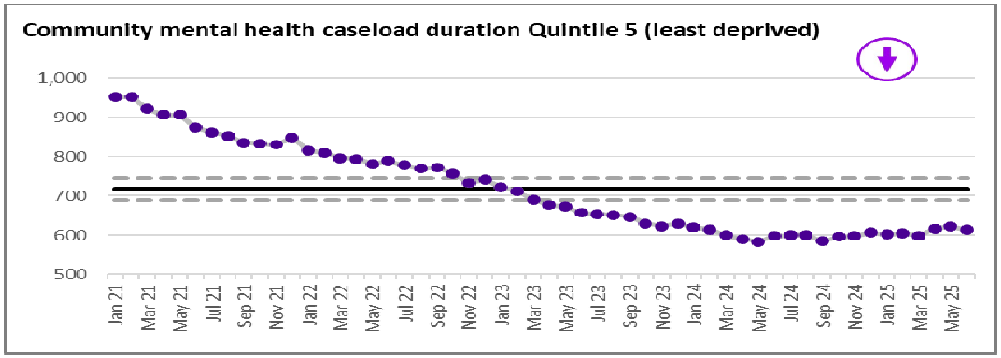
The charts show the average lengths of stay (ALOS) for our Acute and PICU, adult and older adults wards, for the financial year 2024/2025 (excluding 136 Suite and out of area stays). A review of the data relating to admissions for an inpatient stay is currently underway, initial findings from the data identify that when we look at the median spell LoS rather than the mean, although a difference remains, the variation in the values is significantly reduced. More validation is required but underway.





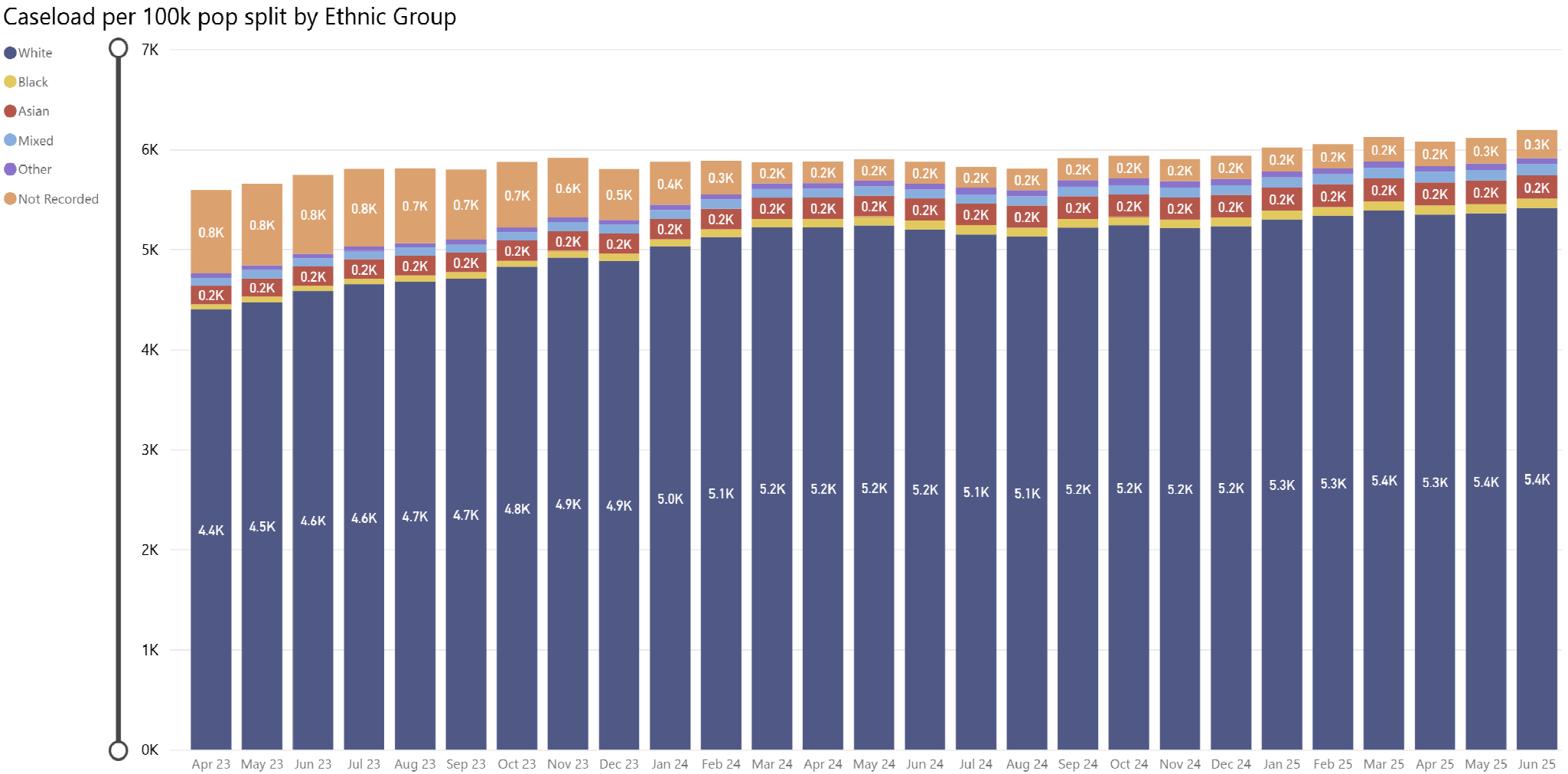
The charts below show the average caseload length for patients on the caseload of a community health team by those with a post code in the most deprived areas (Quintile 1) and those with a post code in the least deprived areas (Quintile 5).





Reducing Inequalities

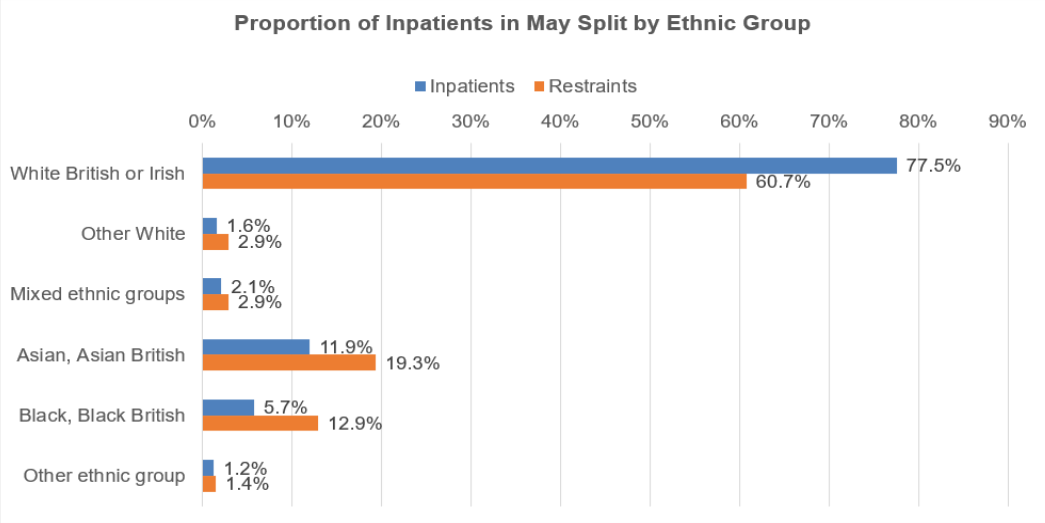
The chart below shows the split by the ethnic group of the clients on the caseload of a community health team, shown per 100,000 population.

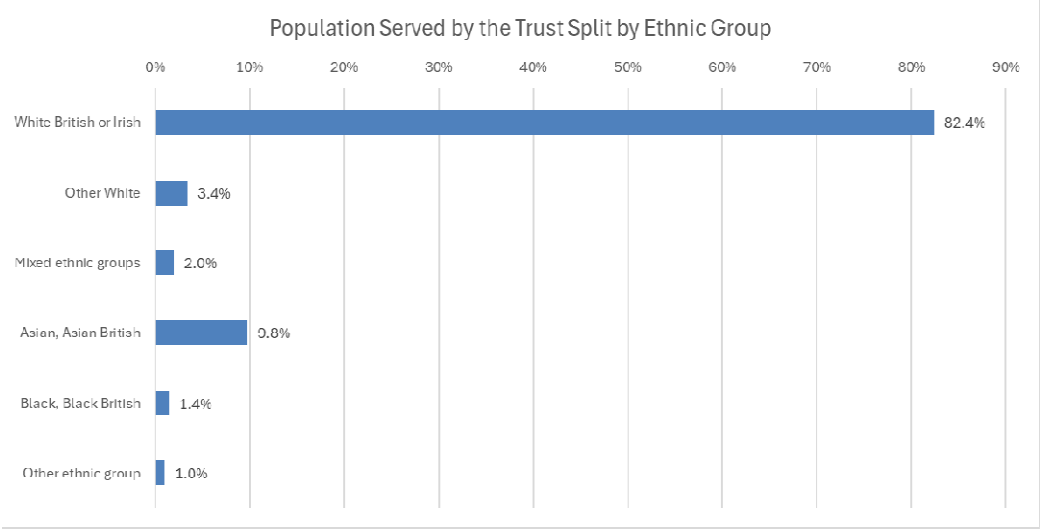


NB: 'White Other' is incorporated in the 'white' category in this chart.

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.

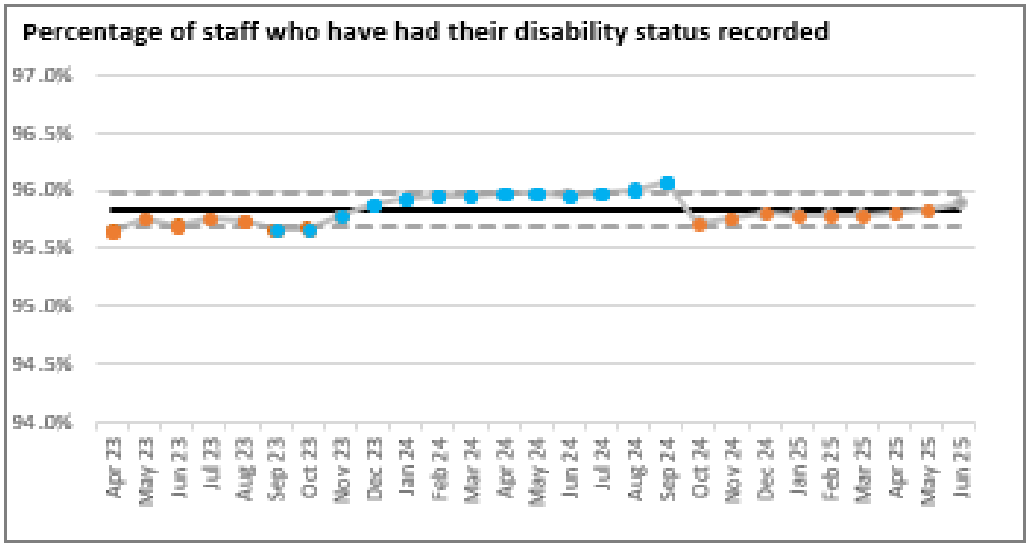


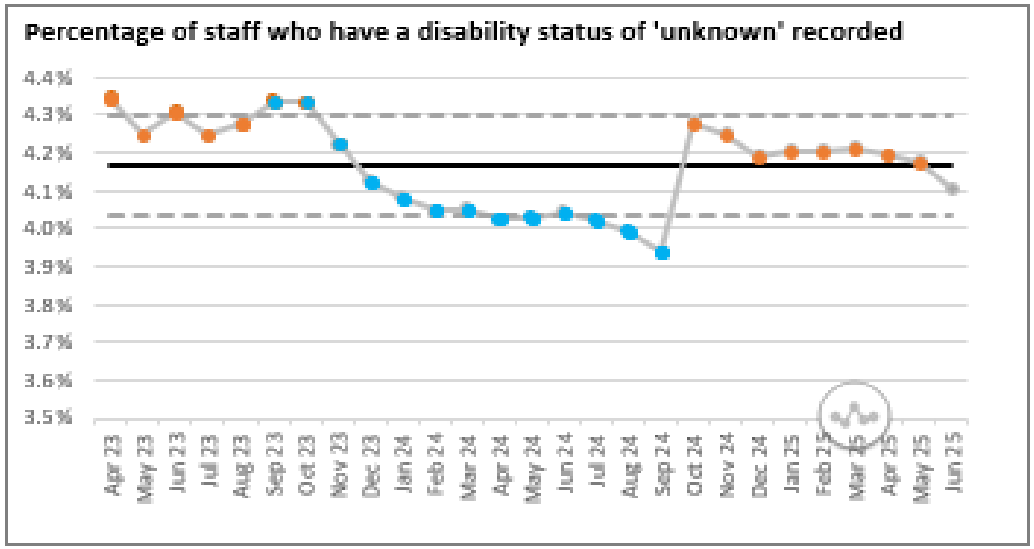


Reducing Inequalities

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	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Establishment	Best place to work and learn	Well led	-	5733.3	5733.3	5728.1	5724.5	5757.0	5757.0
Contracted Staff In Post (Ledger)	Best place to work and learn	Well led	-	4988.0	4971.6	4980.1	4959.0	4981.0	4969.0
Vacancies	Best place to work and learn	Well led	-	745.3	761.7	748.0	765.5	776.0	788.0
Turnover external (12 months rolling) *	Best place to work and learn	Well led	>12% - <13%	9.4%	9.2%	9.4%	9.7%	10.2%	10.1%
Starters	Best place to work and learn	Well led	-	21.2	19.4	30.0	17.8	31.2	53.9
Leavers	Best place to work and learn	Well led	-	41.8	24.0	38.1	41.7	77.7	34.4
% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	84.6%	80.8%	77.0%	72.5%	71.0%	81.3%
% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	85.2%	87.3%	82.4%	81.3%	79.5%	83.9%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)	Best place to work and learn	Safe	-	89.7%	89.5%	86.6%	84.7%	83.1%	89.8%
Proportion of staff in senior leadership roles who are from ethnic minority background (relates to staff in post band 7 and above, excludes bank staff) *	Best place to work and learn	Well led	-	229 - All staff (17.4%) 93 - excl medics (8.4%)	232 - All staff (17.7%) 94 - excl medics (8.5%)	232 - All staff (17.7%) 95 - excl medics (8.6%)	232 - All staff (17.7%) 94 - excl medics (8.6%)	237 - All Staff (18.1%) 94 - excl medics (8.5%)	236 - all staff (18.1%) 95 - excl medics (8.64%)
Proportion of staff in senior leadership roles who were women (relates to staff in posts band 7 and above, excludes bank staff)	Best place to work and learn	Well led	-	936 (71.4%)	937 (71.3%)	933 (71.2%)	930 (71.1%)	(929/1305) 71.2%	(928/1304) 71.2%
Sickness absence - Year-to-Date (YTD)	Best place to work and learn	Well led	<=5%	4.7%	4.7%	4.8%	5.0%	5.1%	5.2%
Sickness absence - Month	Best place to work and learn	Well led		4.7%	4.7%	4.9%	5.3%	5.4%	5.7%
Employees with long term sickness over 12 months	Best place to work and learn	Well led	-	1	1	1	0	0	0
Appraisals - rolling 12 months (excluding Cheswold)**	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87% May 88% June 89% July onwards 90%	88.9%	90.8%	89.9%	90.2%	88.6%	88.2%
Employee Relations - Suspensions (over 90 days)	Best place to work and learn	Well led	-	2	6	4	2	4	3
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	66	72	74	65	62	66
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%	-0.2%					
Registered substantive staff in post mental health and learning disabilities services	Best place to work and learn	Safe	Establishment - 1315	1,174	1,174	1,180	1,176	1,174	1,169
Registered substantive staff in neighbourhood teams	Best place to work and learn	Safe	Establishment - 169	162	160	161	160	159	161
% staff recommending the Trust as a place to work	Best place to work and learn	Caring	65%	Annual metrics - due Jan 26					
% staff recommending the Trust as a place to receive care and treatment	Best Quality	Caring	65%						
Mandatory Training - TOTAL	Best place to work and learn	Well led		94.0%	94.7%	95.1%	95.3%	95.7%	95.7%
Mandatory Training - Reducing Restrictive Practice Interventions	Best place to work and learn	Well led		82.1%	84.3%	83.4%	84.0%	86.4%	89.3%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led	>=80%	80.9%	82.7%	84.9%	85.7%	87.0%	89.7%
Mandatory Training - Clinical Risk	Best place to work and learn	Well led		96.7%	97.0%	97.6%	97.7%	97.4%	97.0%
Mandatory Training - Display Screen Equipment	Best place to work and learn	Well led		98.3%	98.5%	98.5%	98.6%	98.7%	98.6%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		96.6%	97.3%	97.5%	97.5%	97.8%	97.7%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	90.7%	91.9%	93.2%	94.3%	94.4%	94.6%
Mandatory Training - Food Safety	Best place to work and learn	Well led		94.0%	94.6%	95.1%	95.1%	92.0%	92.7%
Mandatory Training - Freedom To Speak Up (FTSU)	Best place to work and learn	Well led	>=80%	97.4%	97.7%	97.8%	97.9%	98.0%	98.0%
Mandatory Training - Infection Control & Hand Hygiene	Best place to work and learn	Well led		95.6%	96.3%	96.0%	95.8%	96.1%	96.4%
Mandatory Training - Information Governance (Data Security)	Best place to work and learn	Well led	>=95%	92.4%	95.8%	97.8%	98.2%	98.3%	98.4%
Mandatory Training - Moving & Handling	Best place to work and learn	Well led		98.3%	98.7%	98.3%	98.3%	98.4%	98.5%
Mandatory Training - Nat Early Warning Score 2 (New S2)	Best place to work and learn	Well led	>=80%	98.0%	98.3%	98.2%	98.4%	98.4%	98.3%
Mandatory Training - Mental Capacity Act/Dols	Best place to work and learn	Well led		91.8%	92.2%	92.8%	93.2%	93.5%	93.7%
Mandatory Training - Mental Health Act	Best place to work and learn	Well led		91.7%	92.4%	93.7%	93.5%	93.2%	93.3%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism e-learning aspect of Level 1	Best place to work and learn	Well led		94.8%	95.3%	95.7%	95.8%	96.1%	96.3%
Mandatory Training - Prevent	Best place to work and learn	Well led		96.4%	96.9%	97.3%	97.7%	97.7%	98.1%
Mandatory Training - Safeguarding Adults	Best place to work and learn	Well led	>=80%	91.6%	91.4%	92.0%	92.0%	92.9%	92.7%
Mandatory Training - Safeguarding Children	Best place to work and learn	Well led		91.7%	91.7%	92.1%	91.6%	92.7%	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.

** Appraisal figures for Cheswold reported separately to end Sept 25. See Forensic South Yorkshire Care Group dashboard for Cheswold performance.

Staff in post
• We have seen an increase in our overall staffing this month. This is as a result of new starters for healthcare support workers and psychological staff being recruited. The healthcare support workers (HCSW) were as a result of the success of the HCSW assessment centres and psychological staff due to newly qualified staff being onboarded.

Vacancies
• We have seen an increase in vacancies as a result of the Establishment increasing in September 2025
• Ongoing recruitment of Clinical Support Workers (Health Care Support Worker) roles into our ward areas continues. This has come from both bank to substantive conversion and values based assessment centre recruitment. A number of starters have either start dates agreed or to be confirmed. A second wave of recruitment over the coming weeks has been planned to meet the remaining identified vacancies from the establishment review.

Turnover & Stability
• The increase in turnover from 10.5% to 10.1% is as a result of new starters within September 2025

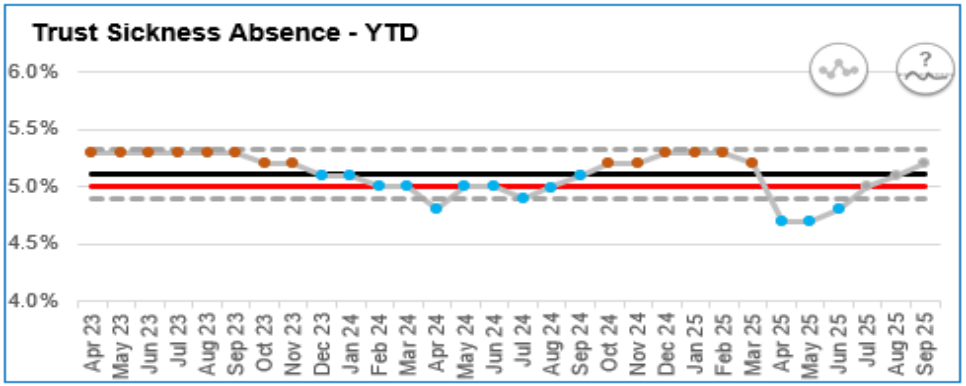
Our Leavers
We have seen 34.4 full time equivalent of leavers, within September 2025, which is in line with expectations based on historical seasonal trends.

Sickness
• Overall sickness absence (year to date rolling) has remained static in September (5.4%) which is slightly above the overall target.
• We are seeing higher absence rates in Forensics (7%) and Estates (7.4%) which are being pro-actively managed between People Directorate Business Partners, People Relations and Operational leads.

Appraisal Compliance
• The proportion of all staff having had an appraisal within the last 12 months at the end of September 2025 was 88.2%. This has slightly reduced from August (88.3%). Uptake by care group continues to be an Operational Management Group focus.
• Work to integrate the Cheswold Park Hospital appraisal rates into Trust reporting is ongoing. Data for Cheswold Park Hospital is reported seperatley in the care group section of the report.

Training Compliance
• Our overall mandatory training compliance remains above target at 95.7% and has risen month on month since February.
• All mandatory training at Trust level in September remains above our targets (Green).
• Information Governance training is now green at 98.2% and is the highest compliance level the Trust has ever achieved.
• Reducing Restrictive Practice Interventions self service and manager self-service is open, and training planned until the end of September with availability on both 2 and 4-day programmes and as a result has seen an increase in compliance to 88.8%.
• The Trust learning and development team are part of the work led by Skills for Health to reform national mandatory training delivery into the national Core Skills Training Framework. We are also reviewing our ‘Essential To Job Training’ matrixes.

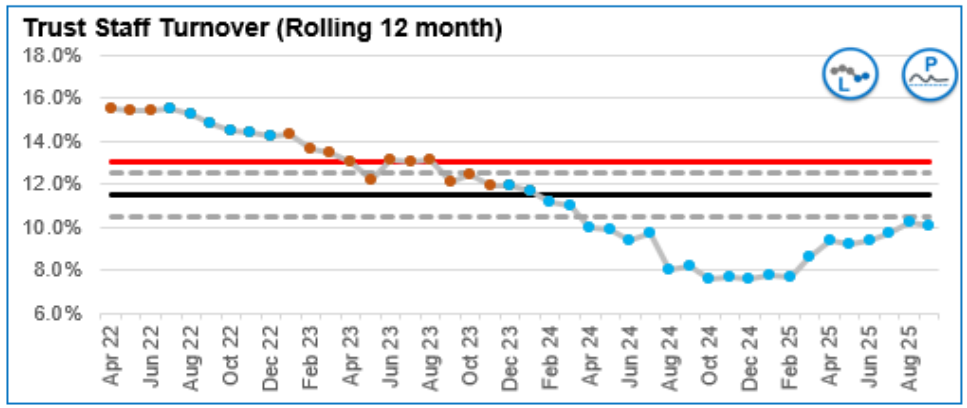
Statistical process control charts



The SPC chart shows that in September 2025 we have entered a period of common cause variation (no concern) following a sustained improvement in the sickness rate.

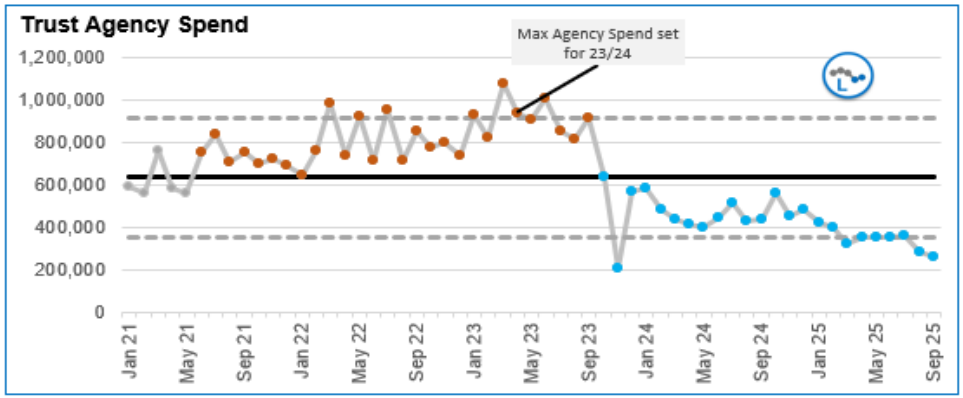
From July 2022 this data also includes absence due to Covid-19.

From April 2025 this data includes Cheswold Park Hospital.



The SPC chart shows that in September 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 in September is £260k and continues to demonstrate a reducing run rate and expenditure lower than planned. In September this was 31 worked WTE. The majority of WTE remains in unregistered nursing for inpatient areas.

The SPC chart shows that due to the sustained reduction in spend in September 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.

NHS Oversight Framework 2025/26

On 26th June NHS England published the NHS Oversight Framework (NOF) 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 for quarter 1 can be seen in the table below and is also publicly available at NHS.co.uk

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.

Our Trust position for quarter 1 can be seen in the table below. Quarter 2 results are expected at the end of November 2025.

NHS Oversight Framework			
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST (RXG)	Quarter 1		
	Performance	Score derived	Average score
Percentage of community services waiting list waiting over 52 weeks	0.00%	1.00	
% change in number of under 18s supported through NHS funded mental health with at least one contact in a rolling 12 month period	0.63%	3.28	
DOMAIN SCORE - Access to Services			**2.14**
National CQC community mental health survey overall experience rating	As expected	2.00	
Urgent Community Response % achieving 2hr standard	97.68%	1.00	
Percentage of adult discharges with a length of stay above 60 days	22.09%	1.83	
DOMAIN SCORE - Effectiveness and Experience			**1.61**
NHS Staff Survey raising concerns sub-score (MHPRV)	6.92	2.00	
Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours	72.24%	1.67	
DOMAIN SCORE - Patient Safety			**1.83**
Sickness absence rate	5.14%	2.19	
NHS Staff Survey engagement sub-score (MHPRV)	7.19	2.10	
DOMAIN SCORE - People and Workforce			**2.15**
Planned surplus / deficit as a proportion of turnover	0.0%		
YTD surplus / deficit	-0.1%		
Aggregated finance score		1.00	
Relative cost difference	88.55	1.40	
DOMAIN SCORE - Productivity and Value for Money			**1.20**
Total Score	19.47		
OVERALL AVERAGE SCORE			**1.77**
FINAL SEGMENTATION		**3**	

Due to the Trust submitting a deficit financial position at the end of quarter 1, this resulted in the Trust overall score being 3. If the financial override had not taken effect, performance against the measures in the 5 domains is strong and our average Trust score puts the Trust as 3 out of 61 providers of non-acute hospitals (including Mental health and learning disability, community and care trusts). Performance against each of the applicable metrics can be seen above.
Drilling down into the individual metrics - areas of risk for us relate to:

* % change in number of under 18s supported through NHS funded mental health with at least one contact in a rolling 12 month period. The Trust has a score of 3.28 for quarter 1 reporting a 0.63% increase over the last 12 months (June 24 - June 25), this places us as 34 out of 46 (Trusts where this metric is applicable). The metric is looking for an increase in people under 18 years old accessing the services so a higher value is better. The average value across Trusts where this metric is applicable is 4.57%. The data for this metric feeds from the Trusts Mental Health Services Data Set (MHSDS) submission which is a monthly submission of data extracted from our clinical information system, SystmOne.

Underpinning all the operational metrics is data quality. Data used for the metrics is taken from existing data flows, it is there essential that the Trust is submitting data of a high quality and this message is being re-enforced across care groups and some detailed guidance relating to the metrics is being shared with operational services to increase their knowledge and understanding of this.

A local dashboard has been developed which allows users to drill down to patient level is being established to be able to monitor performance on this for the operational metrics.

National Metrics

Data as of : 22/10/2025 17:16:29

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more	Best Quality	Responsive		0			0	0	0	0	0	0	0	0	0	0	0	0
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive		92%			99.2%	99.0%	98.2%	97.2%	96.7%	97.0%	97.1%	97.2%	97.8%	97.7%	97.5%	97.2%
M202	RTT waiting list, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive											31	53	58	50	47	56
M203	Number of 52+ week RTT waits, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive		0									0	0	0	0	0	0
M204	RTT waiting list within 18 weeks (monthly RTT data)	Best Quality	Responsive		3680									3957	4035	4025	4151	4319	4554
M205	RTT waiting list within 18 weeks, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive											31	53	58	47	45	51
M206	Diagnostic test activity	Best Quality	Responsive		190									128	70	128	206	239	305
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%	53.5%	47.9%	43.6%
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%			100%	97.8%	100%	100%	98.9%	100%	97.8%	97.9%	100%	98.7%	96.3%	100%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0			96	131	127	106	92	128	144	148	159	196	203	234
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5			4	5	4	3	4	4	5	5	5	7	8	7
M208	Average Length of stay for Adult Acute Beds (rolling 3 months)	Best Quality	Responsive					61.7	64.1	59.2	61.6	62.7	65.3	58.9	58.7	56.7	58.0	60.2	59.1
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%			97.6%	91.8%	96.7%	87.2%	94.3%	100%	88.2%	88%	97.4%	95.5%	86.7%	90.7%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%			96.4%	96.9%	98.0%	97.8%	97.5%	97.0%	97.0%	97.6%	95.6%	96.2%	96.2%	96.5%
M34	% Clients in settled accommodation	Best Value	Effective	⚠	60%			83.3%	84.1%	84.4%	84.3%	83.1%	83.2%	83.2%	83.5%	83.0%	82.9%	76.0%	82.8%
M35	% Clients in employment	Best Value	Effective	⚠	10%			13.1%	13.3%	12.8%	12.5%	13.2%	13.2%	13.0%	13.2%	13.0%	13.3%	12.6%	13.3%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0			0	1	0	1	0	2	0	0	0	0	0	6
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0			0	1	0	1	0	1	0	0	0	0	0	1

National Metrics

Data as of : 22/10/2025 17:16:29

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%			100%	100%	100%	85.7%	100%	100%	100%	50%	100%	100%	100%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%			88.9%	76%	59.3%	72.5%	70.2%	60.4%	75.6%	93.9%	93.3%	79.5%	86.7%	78.6%
M47	Virtual ward occupancy	Best Quality	Responsive		80%			86.7%	112%	101%	98.7%	121%	119%	101%	81.3%	90.7%	84%	89.3%	93.3%
M188	Community services waiting list, over 52 weeks	Best Quality	Responsive		0			0	1	1	1	0	0	0	0	1	1	0	0
M30	Number of detentions under the Mental Health Act (MHA)	Best Quality	Safe					95	117	99	91	102	93	111	109	104	87	98	99
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive					25.3%	17.9%	18.2%	25.3%	16.7%	20.4%	24.3%	22.9%	26.0%	24.1%	24.5%	26.3%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%			98.7%	98.6%	97.8%	98.7%	99.8%	99.6%	99.7%	99.8%	99.8%	99.7%	99.4%	99.5%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%			100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users	Best Quality	Well Led		90%			99.0%	99.1%	99.2%	99.7%	99.8%	99.8%	99.5%	99.7%	99.2%	99.7%	99.6%	99.5%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%			52.0%	52.8%	50.7%	52.6%	49.4%	49.9%	48.6%	51.9%	47.3%	53.4%	47.2%	52.7%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%			70.7%	68.4%	69.0%	69.2%	67.7%	71.2%	68.3%	68.7%	65.4%	71.8%	65.8%	70.3%
M15	Data Quality Maturity Index	Best Quality	Well Led		95%			99.6%	98.4%	98.4%	98.0%	99.6%	99.6%	99.2%	99.6%	99.7%	99.6%	99.6%	99.6%
M43	Community health services two hour urgent response standard	Best Quality			70%			90.9%	88.0%	89.2%	90.6%	90.2%	92.6%	90.3%	91.0%	91.3%	90.9%	91.9%	90.1%

National Metrics

Data as of : 22/10/2025 17:16:29

NHS South West Yorkshire Partnership NHS Foundation Trust

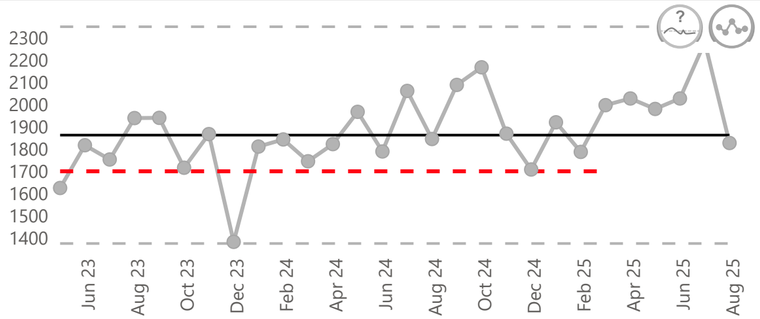
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%	?		53.9%	54.6%	52.4%	55.1%	53.0%	53.2%	51.0%	53.5%	49.8%	56.1%	49.9%	54.5%
				Place	Barnsley	50%	?		51.0%	50.8%	50.9%	50.8%	49.4%	52.7%	51.3%	52.8%	48.1%	52.8%	52.6%	52.5%
					Kirklees	50%	?		57.0%	59.1%	53.8%	59.2%	56.3%	53.8%	50.7%	54.2%	51.6%	59.0%	47.8%	56.0%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust				679	586	509	633	524	566	615	600	653	614	480	548
				Place	Barnsley				355	317	241	311	244	270	318	312	324	272	200	231
					Kirklees				324	269	268	322	280	296	297	288	329	342	280	317
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			H	14521	14480	14433	14401	14279	14549	14529	14591	14822	14900	14863	14972
				Place	Barnsley	2000	P	H	2758	2728	2716	2727	2679	2742	2831	2872	2934	2984	2991	3015
					Calderdale	1200	P	H	1348	1358	1368	1387	1402	1450	1449	1463	1482	1471	1454	1456
					Kirklees	3600	P		4816	4833	4797	4700	4626	4704	4678	4740	4815	4876	4838	4884
					Wakefield	3900	P	H	4293	4249	4235	4264	4259	4360	4331	4308	4401	4404	4428	4508
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust			H	1421	1519	1566	1642	1696	1833	1912	1982	2089	2168	2189	2200
				Place	Barnsley	283	F	H	226	244	250	252	255	278	298	314	332	342	341	349
					Calderdale	247	F	H	261	264	269	279	281	302	305	312	330	339	340	342
					Kirklees	541	F	H	521	546	553	570	576	626	660	694	735	765	780	778
					Wakefield	406	?	H	375	418	440	477	508	543	558	567	588	618	624	622
M194	Number of people accessing individual placement and support (IPS) services (rolling 12 months)	Best Quality	Responsive	Trust	Trust			H	482	480	480	483	466	463	448	437	447	446	436	438
				Place	Calderdale			H	113	108	102	109	106	110	104	99	105	99	95	92
					Kirklees			H	162	127	125	141	142	157	153	149	155	157	167	173
					Wakefield			H	186	186	182	173	158	151	150	154	153	158	156	156

National Metrics

Data as of : 22/10/2025 17:16:29

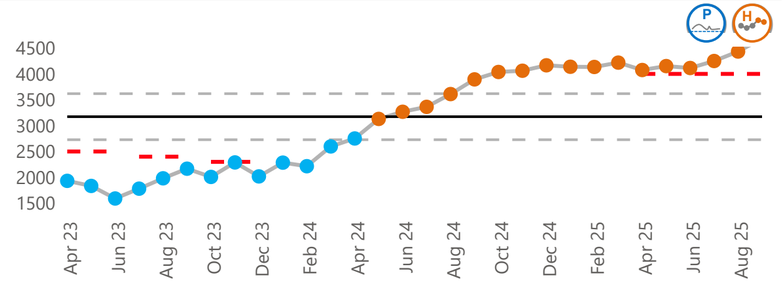
NHS South West Yorkshire Partnership NHS Foundation Trust

M184 - New RTT pathways (clock starts)



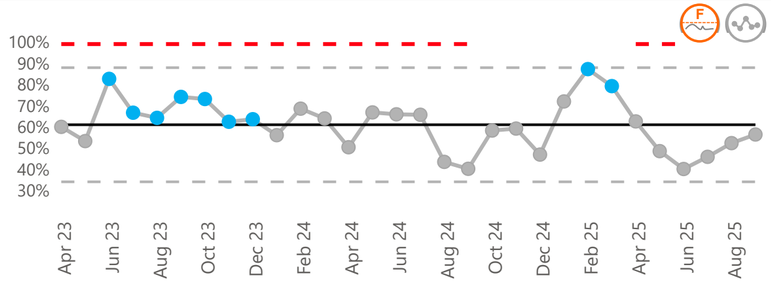
The Statistical Process Control (SPC) chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers. A new target is in place for 2025/26.

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



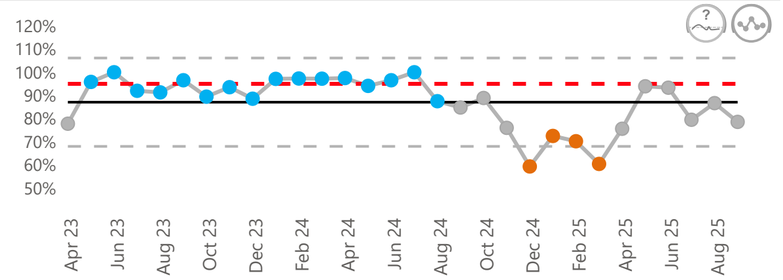
The SPC chart shows that we remain in a period of special cause concerning variation (something is happening and should be investigated) following a sustained increase in numbers of incomplete pathways over the past 12 months.

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



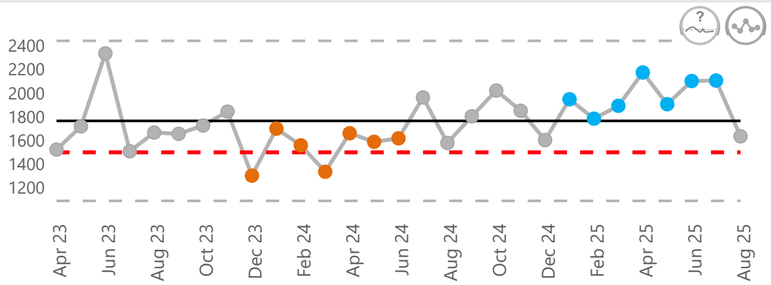
The SPC chart shows that we remain in a period of common cause variation (no concern.

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



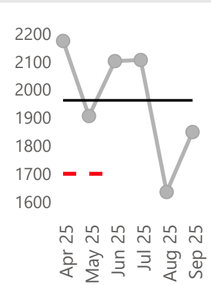
The SPC chart shows that we have re-entered a period of common cause variation (no concern) following an increase in performance in the last month which is back in line with usual performance.

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.

M210 - The number of completed non-admitted RTT pathways in the reporting period



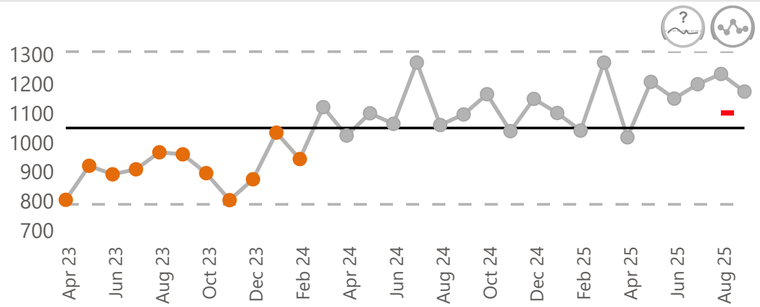
The run chart shows the continued performance above the target for this measure. As this is a new metric from April 2025 we cannot yet determine any patterns in variation.

National Metrics

Data as of : 22/10/2025 17:16:29

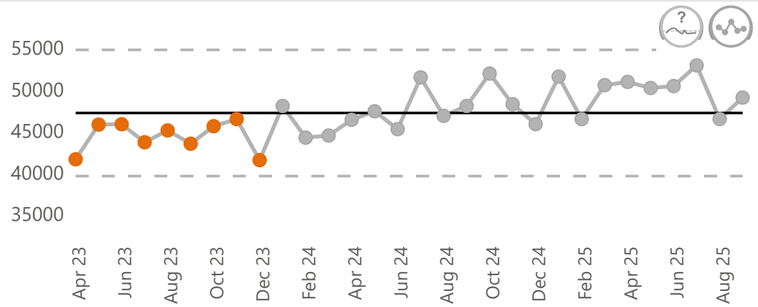
NHS South West Yorkshire Partnership NHS Foundation Trust

M187 - Urgent Community Response (UCR) referrals



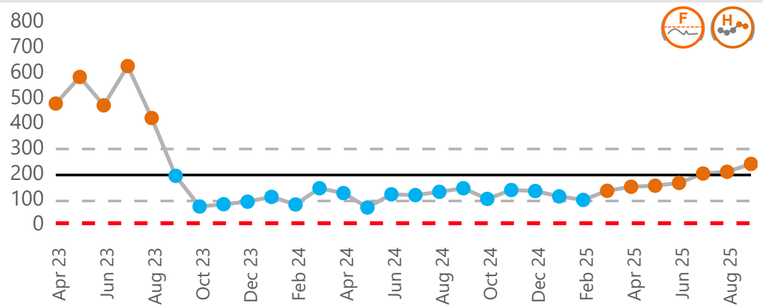
The SPC chart shows that we remain in a period of common cause variation (no concern).

M207 - Attended Community Care Contacts



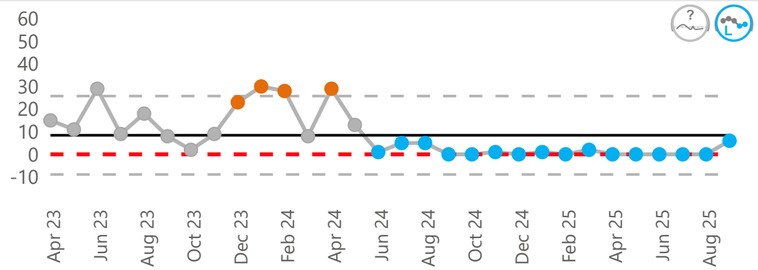
The SPC chart shows that we remain in a period of common cause variation (no concern).

M2 - Inappropriate out of area bed days



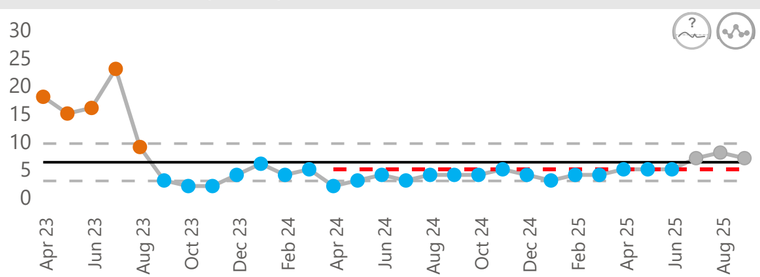
The SPC chart shows that we have entered a period of special cause deteriorating variation (something is happening and should be investigated) following a steady increase in the number of out of area bed days over the past 7 months. We are still not anticipated to achieve the target of zero.

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



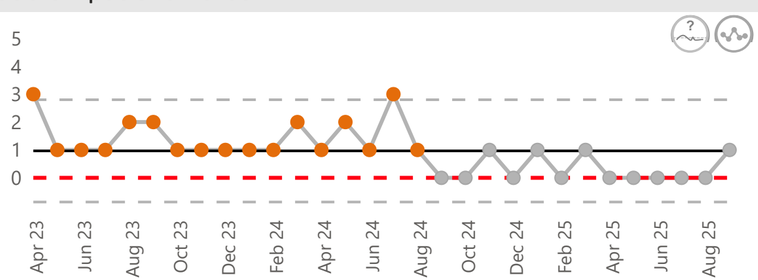
The SPC chart shows that we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained reduction in the number of bed days for under 18 year-olds.

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 was one admission of a person aged under 18 to an adult ward in September 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 : 22/10/2025 17:16:29

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 was one admission to adult acute mental health beds during September where the person was under 18 years old.
• There was a further increase in out of area bed usage, up to 234 days used in September and 7 people remaining placed out of area at the end of the month. The SPC chart for this metric shows that the continued increase in numbers has triggered a period of special cause deteriorating variation (something is happening and should be investigated).
• The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is 78.6% in September - this relates to six service users who was not seen, four of which relate to the ARFID (avoidant restrictive food intake disorder) pathway. The urgent access to treatment measure has achieved 100% in September.
• 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 93.3% for September.
• 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.
• Talking Therapies - Proportion of people who complete treatment who move to recovery has improved as expected, and is now above the 50% threshold at Trust level and within each area.
• The percentage of service users waiting for a diagnostic appointment (Paediatric Audiology service only) within 6 weeks in has increased again in September to 56.4%, remaining below the national threshold of 99%.

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 fourth month performance against these metrics has been reported in the integrated performance report. In September none of these metrics are below expected levels.

Benchmarking Metrics

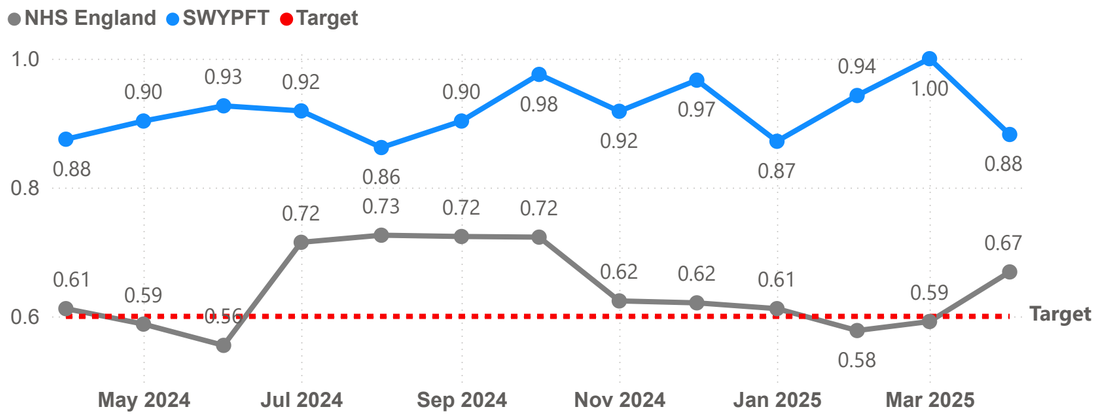
Data as of : 22/10/2025 17:16:29

NHS South West Yorkshire Partnership NHS Foundation Trust

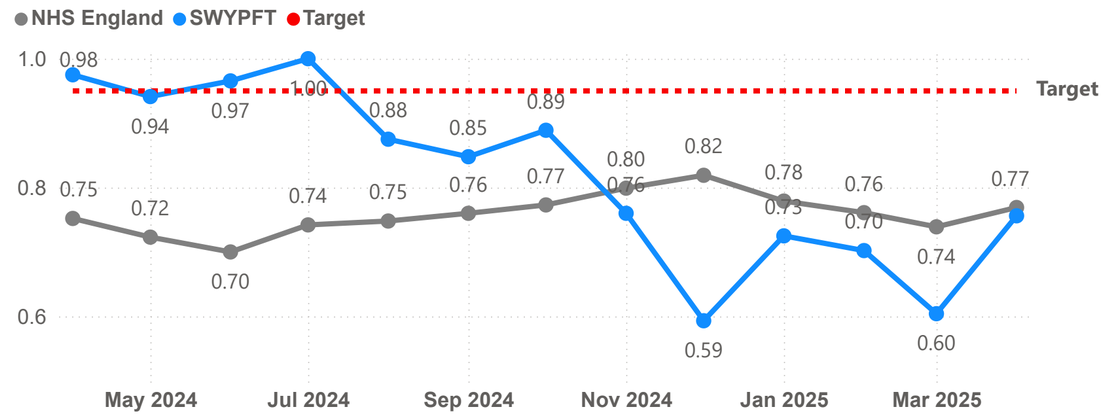
Benchmarking Headlines

This section of the report shows how the Trust benchmarks against the national England position for a number of metrics where data is readily available via NHS Futures Mental Health Core data pack. As you can see from the charts below, for all metrics except children and young people with an eating disorder % of routine cases accessing treatment within 4 weeks the Trust performs consistently above the England average. As noted above, this is due to the metric including Avoidant/Restrictive Food Intake Disorder pathway data – work continues to explore with NHS England whether these cases should be included within this metric.

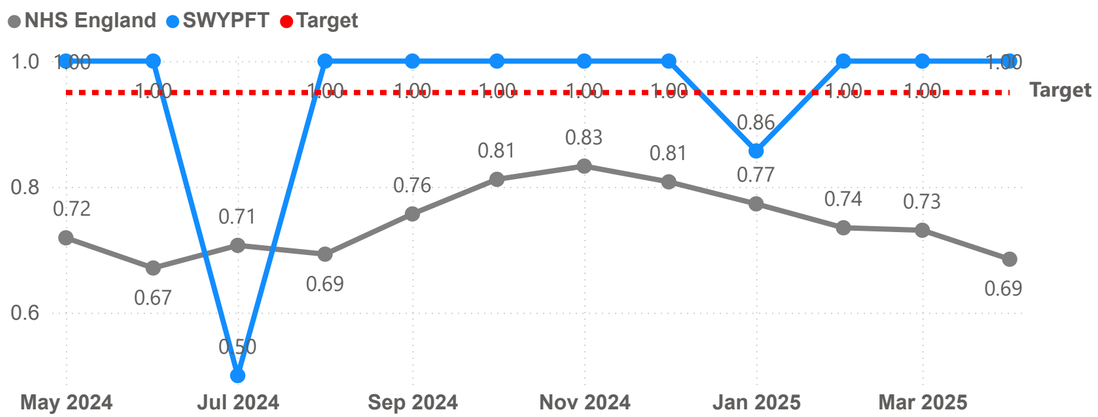
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops



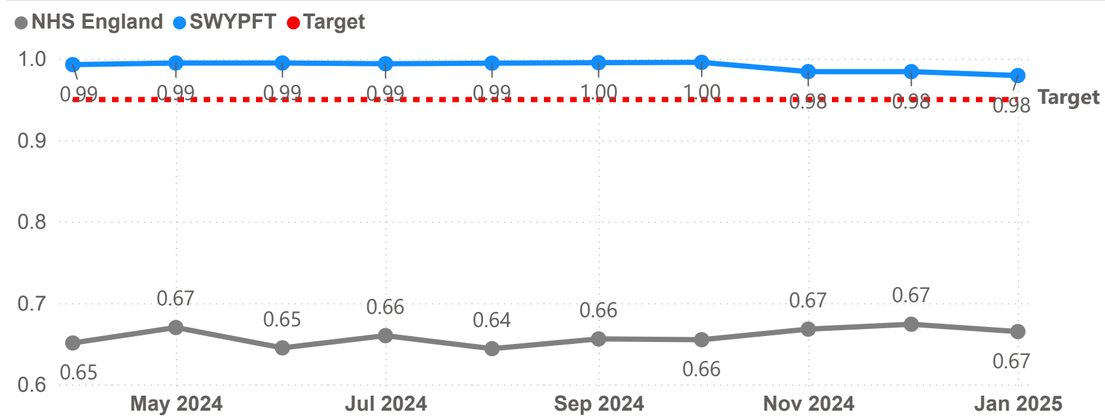
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks



Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week



Data Quality Maturity Index



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 September the following data quality issue has been identified in the reporting:
- The reporting for employment and accommodation shows 13.3% of records have missing employment and/or accommodation status with a further 2.0% 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.

Work is now taking place to plan for 2026 onwards, it is anticipated that this will include 3 year rolling plans, national guidance awaited.

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

2.44

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

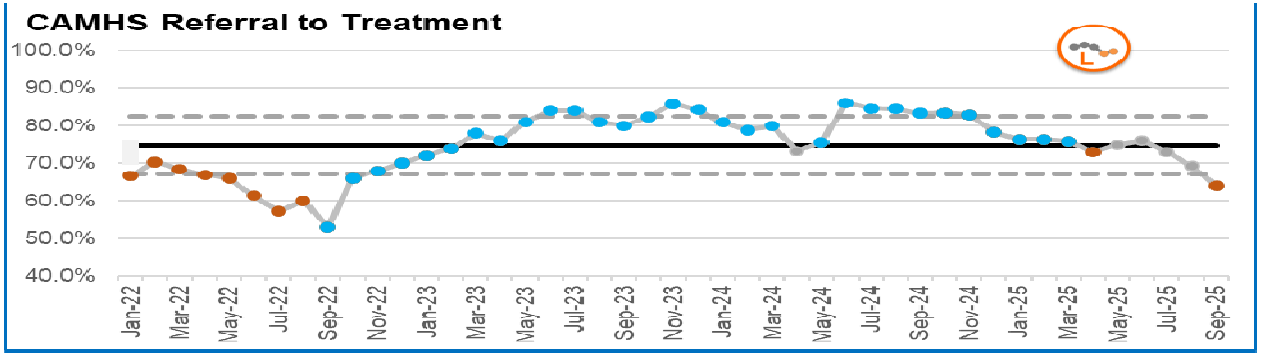
Children and Young Peoples Mental Health Services

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	Jul-25	Aug-25	Sep-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	88.2%	88.7%	86.5%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/5)	33% (1/3)	0% (0/7)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	90.9%	89.6%	91.7%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	100.0%	100.0%	98.2%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.8%	81.7%	83.4%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	79.5%	86.7%	78.6%	
Eating Disorder - Urgent/Emergency clock stops	Best Quality	Effective	95%	100.0%	100.0%	100.0%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	99.0%	97.8%	99.2%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	78.7%	80.6%	85.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.0%	4.1%	4.8%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	356	408	427	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	959	905	899	
Total number of reported incidents	Best Quality	Safe	Trend monitor	51	37	46	



In September 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.
• Kirklees Keeping in Mind (KKiM) MHST (mental health support into schools) continues to experience significant challenges around referral numbers and recruitment and retention. These directly correlate to increased waiting numbers across all KKiM waiting lists. The service has worked with Commissioners to agree a new delivery model to commence in January 2026 and a funded recovery plan which began in September 2025.
• Capacity and Demand across Community CAMHS Crisis and Eating Disorder teams are being monitored, however this service is no longer on the risk register as controls are in place.
• Wakefield CAHMS staffing – ReACH Team, Primary Intervention Team (PIT) which is the single point of access (SPA) Teams are all experiencing challenges recruiting to posts although this is now an improving situation. A range of options is being activated led by the General Manager. The Paediatric Liaison offer is being streamlined and formalised to ensure this resource complements ReACH. The CORE team waits have increased to 17 weeks due to long term sick leave and a vacancy which is being actively recruited to.
• Wakefield CAMHS PIT/SPA Team is experiencing increased waits. The team is the front door to the service and handles all referrals and assessments. The KPI wait is 12 weeks for assessments and the highest wait now is 21 weeks with an average of 17 weeks. Recruitment remains a challenge but is being vigorously pursued. Focused work is underway around triage and developing a new assessment model.
• Secure CAHMS – 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 SWYFT IM&T infrastructure within the three secure settings continues to provide challenges and risks.
• Secure CAMHS – Work continues to determine the responsibilities and associated finance for the prescribing of mental health medications in the secure children's homes
• The new care plan metrics for community are now capturing the whole community caseload including CYP&F. The care group are working with P&BI to ensure the metric reflects practice and is applicable to the service. Clinical staff are adapting to the new requirements of where and how to record items.

Advise

• Barnsley CAMHS- The business proposal approved by commissioners for two posts for learning disability nursing will positively impact health inequalities and service user experience. Mobilisation plans are being developed, and recruitment has commenced.
• Calderdale & Kirklees CAMHS experiencing increased referrals and reduced resources which are impacting waiting times for ADHD medication activity. Increased prevalence of ADHD has led to SWYFT receiving an increased number of referrals for medication assessment and titration from Right to Choose (RtC) providers specifically within Calderdale. Kirklees numbers are directly related to the number of diagnosed assessments undertaken by the Neuro Developmental assessment team in Kirklees. Calderdale commissioners are 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. The Service is working with IM&T to maximise telephony provision to streamline calls more productively.
• 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. Kirklees Neuro Development Team are predicting 95% establishment by end of October. Once inducted this will increase the number of assessments completed, however, demand will still outstrip capacity.
• Appraisal rates across the Care Group dropped to 87.1% in September. Targeted action plans across the care group continue for those services indicating low appraisal rates.

Assure

• Supervision continues to be above the 80% threshold in September at 92%
• In September overall mandatory training compliance for CYP&F in September is 94.75% above the target of 80%.
• The Children and young people management team has realigned some of its portfolio responsibilities, and from 01.09.25 each both Calderdale and Kirklees will have a dedicated general manager in each area. This will increase operational and strategic focus and provide additional support for both teams..

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 and we did see an increase in use of out of area beds during the last quarter.

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. Community services sickness remained at the same level as August and above Trust threshold.

Under-performance in appraisals is being addressed through line management support and oversight.

Mental Health Community

Metrics	Strategic Objective	CQC Domain	Threshold	Jul-25	Aug-25	Sep-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	90.2%	86.6%	86.2%	
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	72.7%	62.6%	51.6%	
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	88.0%	95.3%	96.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	14% (3/22)	0% (0/6)	14% (2/14)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	91.9%	87.6%	89.4%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	90.1%	88.6%	89.4%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	95.4%	95.3%	96.0%	
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	95.4%	95.7%	93.1%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.8%	85.5%	85.1%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	92.4%	92.4%	94.2%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.4%	98.4%	98.5%	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	84.9%	87.3%	88.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.5%	5.9%	5.7%	
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,195	13,180	13,137	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	139	116	108	

Mental Health Inpatient

Metrics	Strategic Objective	CQC Domain	Threshold	Jul-25	Aug-25	Sep-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	93.1%	94.9%	95.7%	
% Bed occupancy (excl leave)	Best Quality	Safe	85%	91.2%	89.6%	87.5%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	14% (1/7)	0% (0/3)	0% (0/2)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	92.2%	92.3%	91.8%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	89.9%	90.2%	88.6%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.3%	8.4%	8.7%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	83.8%	92.8%	94.2%	
Inappropriate Out of Area Bed days	Best Quality	Responsive	155 (July)	196	203	234	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	99.2%	98.8%	97.1%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	28	22	22	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	61	59	59	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	89.8%	90.3%	90.3%	
Restraint incidents	Best Quality	Safe	Trend Monitor	160	119	127	
Safer staffing (Overall)	Best Quality	Safe	90%	123.1%	117.7%	116.8%	
Safer staffing (Registered)	Best Quality	Safe	80%	100.2%	97.8%	96.8%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	6.6%	7.6%	6.5%	
Average length of stay - Acute and Psychiatric Intensive Care Unit - West Yorkshire (3 Months Rolling)	Best Quality	Safe	Jun 62.0, Jul 61.5, Aug 60.9, Sep 60.4	53.3	56.9	51.7	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	Best Quality	Safe	Jun 62.4, Jul 62.2, Aug 61.7, Sep 61.2	74.3	66.8	66.9	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	752	619	597	

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.
• 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.
• 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 ICB's through the Multi-Agency Discharge Event (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 September 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 remains challenging in September 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. 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. The Staying Safe percentage compliance for inpatient services is significantly impacted due to the relatively small number of admissions and September's compliance is impacted further by ward teams adjusting to the new layout and format of care plans. There is a high level of scrutiny when a staying safe care plan is not completed within 24 hours. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. The go live of the new mental health care plan has negatively impacted on this metric reporting, in part due to clinical staff adapting to the new requirements of where and how to record items measured in the metric, and some changes to CPA recording.
• The new care plan metrics for community are now capturing the whole community caseload rather than only individuals on CPA. The care group are working with Performance & Business Intelligence colleagues 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 above target in Barnsley, Calderdale, Kirklees and Wakefield. 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 vacancies in Calderdale & Kirklees SPA and an increased demand for urgent assessments. There has also been work focussing on assessing individuals waiting longer than 14days 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 September is 56.16% for Kirklees and 52.47% for Barnsley, both achieving the national standard of 50%. In September Barnsley and Kirklees Talking Therapies were above the expected national standard of less than 10% for waits to second treatment within 90 days at 12.34% and 26.10% respectively. 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 overall 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 4 incidents of prone restraint in September 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

• Intensive Home Based Treatment (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 88.3%

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 number of discharges have taken place which have positively impacted those identified as clinically ready for discharge work continues with partners to encourage flow.

LD, ADHD & ASD

Metrics	Strategic Objective	CQC Domain	Threshold	Jul-25	Aug-25	Sep-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	85.9%	87.3%	89.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	20% (1/5)	0% (0/4)	0% (0/3)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	93.8%	88.3%	88.7%	
Bed occupancy (excluding leave) - Commissioned Beds	Best Quality	Safe	N/A	40.7%	43.1%	49.2%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.0%	88.4%	88.9%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	44.6%	56.1%	75.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	97.2%	96.7%	97.2%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	91.5%	95.3%	92.9%	
Physical Violence - Against Patient by Patient	Best Quality	Safe	Trend Monitor	0	0	2	
Physical Violence - Against Staff by Patient	Best Quality	Safe	Trend Monitor	8	1	10	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.9%	89.5%	87.8%	
Safer staffing (Overall)	Best Quality	Safe	90%	115.4%	118.9%	112.0%	
Safer staffing (Registered)	Best Quality	Safe	80%	170.5%	171.1%	149.0%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.4%	4.8%	3.8%	
Restraint incidents	Best Quality	Safe	Trend Monitor	5	4	5	
Average length of stay	Best Quality	Safe	Trend Monitor	333	27	N/A	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	41	25	37	

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

Alert/Action

Integrated Care Board (ICB) West Yorkshire Neurodiversity Project
• Contrary to previously published IPR's on 1 July 2025 and 29 July 2025 in relation to the WY ICB neurodiversity project we can confirm that the ICB is considering what process it might need to go through for formal consultation, and on what, but this is not yet finalised.

Adult ADHD Waiting Lists
Screening & Triage
• There are currently 589 people waiting for an ADHD Triage appointment in Wakefield and Kirklees, where this step is commissioned. Demand continues to rise. Analysis suggests that for every 1,000 valid referrals, around 200 proceed directly to assessment and 800 require triage, with approximately 360 likely to be declined. This process could avoid unnecessary assessment costs of around £504k per 1,000 referrals, equating to potential system savings of £4m annually across West Yorkshire.
• Wakefield has requested a business case to increase referral capacity and restore assessment levels to 110 per year. Barnsley and Calderdale do not currently commission triage; both have requested business cases but have not yet responded.

Adult Assessments
There are over 6,700 people waiting for an ADHD assessment. Standard referrals face waits of up to 3.4 years, although high and medium-risk cases are prioritised and typically seen within 18 weeks.
Contracted Activity - Despite these pressures, the Service is continuing to deliver its contracted activity. We have capacity to assess up to 430 new cases annually and are on track to meet this target, with 383 people (74%) having started or been invited to start the assessment process since April 2025.

Adult Autism Pathways
There is no change in overall waiting numbers or times. People in Barnsley, Bradford, Kirklees, and Wakefield currently experience relatively short waits for assessment. In Calderdale, where triage is not commissioned, 261 people are waiting, with the longest wait at 1 year 41 weeks. New referrals are likely to wait around 3 years.

Advise

Shared Care for ADHD Medication
National medication shortages and rising demand for ADHD assessments have increased pressure on primary care. Some GP's have raised concerns about diagnoses from certain providers, leading a small number to end or decline shared care agreements.
Impact on our service is currently minimal, as many GP's maintain shared care with local NHS providers. Where shared care is not possible, we continue prescribing for individuals we have diagnosed to prevent breaks in treatment, though this diverts resource from assessment capacity.
Innovations - The service is reviewing and refining processes to improve efficiency and outcomes for staff and service users. Key developments include the ADHD Triage model, now commissioned in Wakefield and Kirklees, and the planned launch of digitised self-questionnaire tools within six months. These initiatives aim to enhance patient experience, optimise clinical time, and reduce non-pay costs, delivering potential financial benefits for the Trust and the wider integrated care system (ICS).

Assure

• All key performance indicators are being 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

Community Service Update

- Kirklees Sensory Room officially opened, enhancing therapeutic and sensory care locally.
- Waiting Lists – Quality Improvement Programme
  - o Significant progress since March 2024 in reducing longest waits.
  - o Targeted resource deployment (e.g., Wakefield nursing staff supporting Barnsley).
  - o Short-term locum cover for Speech and Language Therapy, prioritising dysphagia.
  - o 22 additional staff trained in Autism Diagnostic Observation Schedule (ADOS) assessments to improve autism waiting list management.
  - o Embedded culture of waiting list management with 'Waiting Well' and 'Waiting Fairly' approaches.
  - o Non-urgent work paused to accelerate progress; enhanced caseload planning.
- Calderdale Physiotherapy
  - o Service transitioned to Trust on 1 April 2025; contract limits caseload to 12 open cases.
  - o Three service users have exceeded 18-week waits, one over 50 weeks.
- Clinical Acuity
  - o Community teams report high levels of learning disability service users in crisis.
- Commissioning
  - o Calderdale, Kirklees, and Wakefield contract specifications under review by commissioners; updates expected this month.

Assessment and Treatment Unit ATU (Horizon)

Learning Disability Inpatient Update

- Discharges and Occupancy - One Greenlight service user has been successfully discharged. Three service users remain on the ward, with two clinically ready for discharge and planning actively progressing in collaboration with community teams and commissioners.
- Care Planning - The ward is beginning to operationalise talking care plans, a person-centred approach designed to improve engagement and understanding for service users, supporting recovery and discharge readiness.
- Environment and Therapeutic Offer - Improvements to therapy and sensory areas are underway to enhance the therapeutic environment for inpatients. These spaces will also be bookable and accessible for Wakefield community teams, supporting continuity of care and wider service integration.

These developments reflect a continued focus on improving patient experience, supporting timely discharge, and strengthening links between inpatient and community provision.

Advise

Community

- Following the successful pilot of the 'Keeping My Chest Healthy' initiative, the service is now committed to rolling out the programme across all localities.
- Recruitment to Speech and Language Therapy (SaLT) posts continues to be a challenge.
- ADHD Assessments – Proof of Concept - a six-month Proof of Concept is scheduled to commence in November 2025, aimed at testing new approaches to improve assessment capacity and efficiency.

Assessment and Treatment Unit

- A review of the current establishment is planned to ensure staffing structures and resource allocation remain aligned with service delivery needs and strategic priorities. Further details will be shared as the review progresses.
- While the service has successfully discharged a number of service users recently, challenges persist in securing suitable accommodation to meet the needs of this service user group.
- ATU Review continues.

Mandatory Training – the service is reaching the threshold for all mandatory training.

Appraisal – 89.4%↑

Supervision – 90.2%

Quality improvement - work continues, with ongoing focus on care planning and FIRM Risk Assessment. Notable improvements in compliance have already been observed.

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 98%.

Barnsley Physical Health and Wellbeing Care Group

Headlines

The Care Group continue to perform well against most metrics, however, there remains an issue with performance against the national 6 week wait for diagnostics (Paediatric audiology) which is a national issue and the Care Group continue to discuss with commissioners.

Barnsley Physical Health and Wellbeing

Metrics	Strategic Objective	CQC Domain	Threshold	Jul-25	Aug-25	Sep-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	94.4%	93.5%	91.7%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	33% (1/3)	100% (1/1)	0% (0/1)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	78.1%	94.4%	81.8%	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	80.7%	80.4%	81.4%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.8%	89.5%	90.4%	
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%	98.5%	98.5%	98.8%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	97.7%	97.5%	97.2%	
Safer staffing (Overall)	Best Quality	Safe	90%	107.9%	91.2%	82.4%	
Safer staffing (Registered)	Best Quality	Safe	80%	108.8%	92.7%	89.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.1%	3.6%	5.7%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	99%	46.5%	52.1%	56.4%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	6,989	7,116	7,252	
Total number of reported incidents	Best Quality	Safe	Trend monitor	327	247	214	

Barnsley Physical Health and Wellbeing Care Group

Alert/Action

• Paediatric Audiology 6-week target for diagnostic procedures has seen another slight improvement in September from 52.1% to 56.4% against the target of 99%. As of the 5th October 2025 this had increased further to 59.1%. We are also continuing to see a decrease in the actual number of patients waiting. To Note: The target of 99% is not achieved nationally.
- Average wait time continues to be monitored closely by the service and Service Manager is looking at maximising the use of current appointment slots. To manage the impact on patients, we use the Waiting Well and Fair approach. We cannot confirm that there is no absolute harm to the wait, however the numbers post assessment with a hearing problem diagnosed is quite low. The team have also volunteered to join the SystmOne pilot to help address Was Not Brought (WNB) rates.
- Agency cover continued until end of September to maintain service delivery, whilst new staff member completed their induction period.
- We are still awaiting the outcome of the business case approved at EMT and submitted to the Barnsley Integrated Care Board (ICB) Deputy Chief Nurse to request investment into the service aligned to Quality National Standards.

Advise

• In September there were two instances of pressure ulcers that developed under SWYPFT care where there was an area for improvement; these relate to Neighbourhood Nursing Services (NNS):
- There were missed opportunities during the initial and follow-up assessments to complete a full evaluation and provide appropriate pressure-relieving equipment. A debrief is scheduled for the 22nd October 2025 and learning will be shared with the wider team and care group.
- This relates to the deterioration of the patient's pressure ulcer. The patient experienced a physical decline, which likely contributed to the worsening of skin integrity. Best practice would be to reassess using PURPOSE-T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool) following any change in the patient's condition. The team have received a debrief following this. To note: our services do not provide 24/7 care to people in their own homes and are therefore not solely responsible for the patients
• South Yorkshire Integrated Stroke Delivery Network (SY ISDN) placed the Sentinel Stroke National Audit Programme (SSNAP) on their risk register due to the fragility of the data and associated gaps at the acute hospital. Our Director of Services has escalated this to commissioners at the Integrated Care Board Barnsley (ICB). Stroke Nurse Consultant has reviewed our results against the audit tool and highlighted some areas where we have submitted data, but it has not been included in the results. SSNAP are undertaking for further investigation into this.
• Overall safer staffing is showing at 82.4% ; this applies only to our 2 inpatient wards and has dipped below accepted variance for both wards in September. This correlates with a period during August/September where bed occupancy has been lower than anticipated and has allowed senior management to reduce staffing levels to reflect the demand, whilst maintaining patient safety and ensuring registered staffing levels continued to meet minimum requirements (>80%). Staff utilised time owing, annual leave or undertook training during this time
• Overall sickness rates are showing at 5.7% with a year-to-date figure of 4.5%. This is outside compliance for September and can be partly attributed to a rise in early seasonal infections / viruses.

Barnsley Physical Health and Wellbeing Care Group

Assure

• Appraisals - for September, the overall care group figure is 91.7% which exceeds the target of 90%.
• Staff receiving supervision - ongoing focus with a drive to improve recording and increased numbers of trained supervisors. September figure is achieving compliance at 81.4%.
• Urgent Community Response Service 2-hour target is 89.8% at end of September 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) – 97.2% for September 2025.
• People dying in their place of choosing has reduced slightly but continues to maintain compliancy for September at 81.82% against the threshold of 80%. The reason for this dip can be attributed to patients who were transferred to hospital for clinical reasons (e.g. pain and symptom management) and died during this hospital admission. There was also one patient who declined discussion of their preferred place of death so that remained unknown.
• Information Governance training maintains compliance at 98.8%.
• Friends and Family Test (FFT) 97% of people would recommend community services.
• CPR training maintains compliance at 90.4% for September.
• Virtual Ward occupancy rate maintains compliancy at 93.3% which continues to be above the target of 80%.
• Our Trust was recognised for providing a blueprint for delivering the ambitions of the NHS 10 Year Plan. In collaboration with partner TPP, we have developed and implemented a neighbourhood care model entirely within SystmOne. The integrated model, which includes 23 services, improves collaboration, reduces duplication, and supports better clinical decision-making, leading to more joined-up and effective patient care.
• Cardiac and Pulmonary Rehabilitation are achieving all seven of their Key Performance Indicators (KPIs) in relation to areas such as waiting times and performance improvement following rehabilitation. The service has therefore attained Green Accreditation status.
• As part of Falls Awareness week, a wide range of our services attended an event at Barnsley Market Glassworks on Friday 19th September. The event helped promote the services and interventions that can help older people to reduce their risk of falls and challenge the common perception that falling is an inevitable part of ageing. It highlighted integrated working between teams and was an opportunity for signposting referrals.
• Our Continence and Urology Service hosted an information stand at the recent Menopause Festival at Priory Campus.
• Neighbourhood Rehabilitation Service (NRS) Crisis Pilot - a 6-month pilot commenced where two therapy staff (1 qualified and 1 unqualified) will work alongside our Urgent Community Response (UCR) team, supporting crisis and admission avoidance by providing therapy assessment up to 8.00pm.
• The first Musculoskeletal (MSK) Community Appointment Day was held in Barnsley on Thursday 4th September. Using a ‘what matters to you?’ conversation, patients on the MSK waiting list received personalised, holistic care, which resulted in quicker access to treatment and support regarding their wider health needs.

Key outcomes:

- Reduced waiting times.
- Boosted self-management by equipping a high percentage of patients with the resources to manage their condition.
- Providing holistic support by connecting patients with wider community services such as social prescribing and local fitness programmes.
- 96% of patients rated their overall experience as very good or excellent.

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	Jul-25	Aug-25	Sep-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	85.8%	79.4%	73.8%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	85.3%	85.3%	84.3%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	66% (2/3)	0% (0/1)	50% (1/2)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	88.1%	87.3%	90.5%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	98.9%	97.9%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.3%	86.5%	86.5%	
% 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%	0.0%	75.0%	100%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95.0%	92.3%	90.5%	84.8%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	96.5%	97.6%	98.1%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	5	2	3	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	16	9	9	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.0%	86.8%	87.9%	
Restraint incidents	Best Quality	Safe	Trend Monitor	38	20	21	
Safer staffing (Overall)	Best Quality	Safe	90%	120.7%	129.7%	120.8%	
Safer staffing (Registered)	Best Quality	Safe	80%	102.5%	98.7%	102.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	8.8%	7.4%	7.5%	
Average length of stay	Best Quality	Safe	Trend Monitor	1309	1899	968	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	245	229	189	

Forensic - West Yorkshire:

Alert/Action

Forensic Community Transition Team – Funding and Service Development
The Forensic Community Transition Team currently operates without designated funding from the West Yorkshire Provider Collaborative and has not received investment for community service development. Despite escalation, the Adult Secure Services Board confirmed in July that funding will not be supported going forward.
A decision tree outlining potential options has been completed and submitted for consideration by the Value for Money Group and EMT.

Bed Occupancy – Medium Secure Services
Occupancy across medium secure services remains below commissioned capacity, with the greatest underutilisation in the Learning Disabilities and Women's pathways, where there are no active waiting lists. This continues to challenge service efficiency and resource optimisation.
In contrast, referrals for male medium secure beds have risen significantly, creating a growing waiting list and improving overall utilisation. This shift may indicate emerging demand trends and requires close attention in future planning.
To respond, the service has initiated detailed discussions on bed modelling to better align provision with current and projected needs across pathways.

•Newton Lodge: 87.15% ↑– Increased referrals in the male pathway; occupancy spans LD and Women's services.
•Bretton Centre: 81.4% ↓– Admissions are pending due to legal processes.
•Newhaven: 75% ↑– Reflects ongoing underoccupancy.

Appraisals
Appraisal completion remains a key workforce priority, reinforcing the service's commitment to staff development, engagement, and accountability.
To improve compliance (currently 75.3%) and quality, the following actions are being considered:
•Dedicated Time Allocation: Encourage managers to schedule protected time for appraisals within team rotas.
•Enhanced Monitoring: Introduce monthly compliance reports and reminders to maintain visibility and accountability.
•Leadership oversight: Include appraisal completion as a standing agenda item in leadership meetings to maintain focus.

Advise

Sickness Absence

Sickness absence rates remain above the expected threshold across several service areas, with current year-to-date figures as follows:

•Newton Lodge: 6.7%
•Bretton Centre: 8.3%
•Newhaven: 12.8%

Workforce stability and resilience remain areas of focus, with ongoing challenges particularly evident at Newhaven, where absence levels have been significantly elevated. The service continues to work closely with the People Relations team to explore underlying causes and identify targeted interventions. This includes reviewing absence patterns, enhancing wellbeing and support mechanisms, and ensuring managers are equipped to respond proactively.

Mandatory training overall compliance:

•Newton Lodge – 94.1%
•Bretton – 96%
•Newhaven –95%

To note all mandatory training is above the threshold across the 3 inpatient services.

Forensic Improvement Programme – is well underway with several workstreams focusing on improved service user experience and outcomes and improved efficiencies.

FIRM Risk Assessment – a quality improvement initiative is underway to strengthen compliance with the FIRM Risk Assessment process. Early indications show that compliance is already improving, supporting safer and more consistent clinical decision-making. In September 100% of service users had a Risk Assessment within 24 hours of admission.

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 continues to achieve 100%

Forensic - South Yorkshire							
Metrics	**Strategic Objective**	**CQC Domain**	**Threshold**	**Jul-25**	**Aug-25**	**Sep-25**	**Variation/ Assurance**
% Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	94.3%	95.3%	82.6%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	81.2%	84.8%	84.7%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/1)	0% (0/1)	0% (0/4)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	94.6%	96.2%	90.2%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	76.9%	75.5%	78.9%	
% 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%	94.0%	89.8%	90.6%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	1	4	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	8	3	9	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.3%	85.6%	81.9%	
Restraint incidents	Best Quality	Safe	Trend Monitor	16	19	22	
Safer staffing (Overall)	Best Quality	Safe	90%	122.1%	131.0%	127.0%	
Safer staffing (Registered)	Best Quality	Safe	80%	96.3%	101.5%	96.0%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	4.7%	3.8%	4.9%	
Average length of stay	Best Quality	Safe	Trend Monitor	1077	851	1674	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	108	139	180	

Forensic - South Yorkshire:

Alert/Action

• Wentbridge Ward Update (ASD Service) - Following heavy rainfall, a roof leak on Wentbridge Ward required the evacuation of the ward. Service users were initially accommodated across the service and have now settled well on Hamilton Ward, where they will remain until repairs are completed. Roof works have not yet commenced and are estimated to take approximately six months once started.
• Acuity – Remains very high with a number of service users on enhanced observation, these are currently requiring an additional 20 staff per shift.
• Bed Occupancy - Since its reopening under SWYPFT in October 2024, Cheswold Park has been steadily rebuilding operations, including admissions and discharges. The service has continued to accept new admissions throughout this phase, focusing on stabilising core functions and restoring capacity. Currently, the service is operating below full occupancy, with further admissions planned in the coming weeks, including some requiring warrants. To ensure timely and coordinated transfers, regular updates on warrant progress are being requested, informed by lessons learned from previous admissions. Several discharges with identified onward pathways are also scheduled within the same timeframe. If all planned admissions and discharges proceed as expected, occupancy will increase, supporting the service's recovery trajectory. It is important to note that all planned admissions remain contingent on successful medical staff recruitment. The Chief Medical Officer is working closely with the medical clinical lead to prioritise and expedite this process, ensuring safe staffing levels and continuity of care.
The service remains committed to delivering high-quality clinical standards and minimising disruption during this period of growth.
• CPR - Currently 75.5% with a recovery plan to be above threshold and mitigating actions to ensure CPR trained staff are on duty at all times.
• Appraisal – 89.4%
• Supervision – 90.2%

Advise

Cheswold Park – Integration and Service Development Update
• Cheswold Park continues to progress in its integration into the Forensic Care Group, aligning with Trust governance and operational frameworks to ensure consistency in standards and oversight.
• Quality and safety are monitored through the internal Quality Improvement Group, now meeting quarterly, with external oversight from NHSE and the South Yorkshire Provider Collaborative remaining at routine levels, reflecting confidence in progress.
• Strategic priorities for the next six months focus on stabilisation, development, and future planning. Work is underway to define a clear clinical and operational model to guide service delivery and workforce planning. A medical workforce business case has been approved, with further cases for Psychology, AHPs, and Pharmacy in development to strengthen multidisciplinary provision.
• Policy and procedure alignment is ongoing to meet Trust, CQC, and secure service standards. Leadership capability is being enhanced through a Ward Manager development programme. Reporting mechanisms are being improved, and access to the Trust Bank has been established, supporting sustainable and flexible staffing.

Assure

• Turnover 1.1%.
• Relationships with the South Yorkshire Provider Collaborative are much improved with joint working regarding future bed modelling continuing to be a priority.
• Work continues to integrate the services with wider Trust policy.

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

• 14 wards have achieved the 90% threshold target in September.
• Poplars (89.3%) and Willow (86.4%) have dropped below compliance threshold. Targeted work has been undertaken by the ward managers to increase compliance, and Poplars are currently above threshold at 96.2% and Willow just under at 89.5% (as of 17/10/25).
• Crofton (85%) is below compliance threshold, impacted by ongoing ward manager absence. Targeted work is being overseen by the matron.
• Matrons continue to work closely with ward managers to ensure outstanding appraisals are booked.

Sickness

• 5 wards have sickness rates below 5% compliance threshold.
• Sickness improved to below threshold in September on Elmdale (reduction in short term sickness) and Lyndhurst (return of staff from long term sick).
• Sickness increased to above threshold on Ward 19 Male (6.3%) and Ward 19 Female (9.0%) due to both short term and long-term sickness, no themes.
• Although still above threshold, sickness on Melton (8.1%), Nostell (7.0%) Walton (9.5%), Beechdale (6.4%), and Enfield Down (7.2%) has reduced following the return of staff from long term sickness and a reduction in short-term sickness.
• Ward 18 (8.1%), Poplars (9.2%), and Crofton (12.6%) sickness has increased due to a mixture of both long and short-term sickness, no themes.
• Sickness on Ashdale has reduced following the return of two staff from long term sickness but remains above threshold at 12.8% and continues to be impacted by long-term sickness with themes of work-related stress, work related injury, and long-term physical health conditions.
• Sickness on Willow has continued to reduce but remains above threshold at 11.2%. This is impacted by both short and long-term sickness, no themes.
• Ward managers are supported by People Directorate colleagues to actively manage long term sickness and timely referrals to occupational health are made.

Supervision

• 15 wards are above 80% compliance target for September, 8 of those wards are at 100% supervision compliance.
• Melton (75.0%) remain below compliance however focused work has been undertaken by the ward leadership teams and compliance is above the 80% threshold in October (as of 17/10/25).
• Ashdale (69.2%) have dropped below compliance impacted ward manager and lead nurse absence. Targeted work is being undertaken, overseen by the matron, to prioritise supervision for staff outside of compliance.
• The senior leadership team maintain close oversight of supervision compliance via the weekly inpatient quality and performance meeting.

Mandatory Training

IG

• 14 wards are above 95% compliance target for September.
• Clark (92.3%) and Nostell (92.6%) are just below target. Staff out of compliance are being supported to complete their e-learning training as a priority.
• Willow is below threshold at 90.5% and staff out of compliance have undertaken their e-learning training and October compliance is 100% (as of 17/10/25).
• Ward managers, with oversight from matrons, continue to ensure outstanding staff complete information governance training.

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

Mandatory Training Continued

CPR

• 15 wards are above the CPR training compliance threshold.
• Beamshaw (77.8%) dropped below compliance in September. Staff with outstanding training are booked to attend courses in October and November
• Ashdale (74.1%) dropped below compliance threshold in September. Staff have either attended recent training or are booked to attend upcoming dates, and current compliance is 80.6% (as of 17/10/2025).

RRPI

• 15 wards are above the RRPI training compliance threshold.
• Poplars (79.3%) and Ward 19 Female (79.2%) have dropped outside compliance in September with staff booked to attend training in October and November.
• Poplars are also impacted by a small number of staff unable to attend RRPI training due to physical health reasons. Staff are referred to occupational health and the ward manager, supported by the matron, is maintaining oversight.
• Rota planning and oversight from ward managers ensures adequate numbers of RRPI and CPR trained staff on each shift.

Fire Safety

• All 17 wards are above fire safety training compliance threshold.
• Ward managers, with oversight from matrons, continue to ensure outstanding staff are booked to attend fire safety training.

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.
• Melton high bed occupancy (116.7%) reflects one service user with complex needs and high risk being nursed in the extra care area.
• 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.

Average Length of Stay (ALOS)

• Length of stay is measured at the point of discharge. The discharge of service users with a significantly long length of stay in any given month will impact to increase the overall average length of stay for the ward.
• In September Stanley ward ALOS increased from 46 days to 80 days. Stanley had a total of 17 discharges in September – 5 service users discharged had a length of stay above 100 days.
• Poplars average length of stay in September is 146 days, reflecting 5 discharged service users. 3 service users' length of stay was above 100 days, 1 service user had a length of stay of 280 days.
• Enfield Down ALOS (617 days) and Lyndhurst ALOS (955 days) each reflect the discharge of one service user. The nature and function of Rehab and Recovery Units mean service users will have longer length of stays.
• Rehab and Recovery length of stays also include any acute/PICU ward stays.

Clinically Ready for Discharge (CRFD)

• CRFD rates are significantly above threshold on several wards:
o Melton CRFD is 28.2% in Sept. This is 2 service users awaiting placements.
o Poplars CRFD has 23.4% and is reflective of 7 service users awaiting placements, 5 of whom have now been discharged.
o Walton CRFD has increased to 31.8% reflecting 5 service users awaiting placements, 3 of whom have been discharged. The 2 remaining CRFD service users are restricted and discharge plans are subject to MoJ approval.
• 9 other wards are above the threshold for CRFD with Beamshaw, Clark, Beechdale, and Enfield Down above 10%. Nostell, Ward 18, Elmdale, Ward 19 Male and Willow 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.

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

FIRM Risk assessments

• The reporting metric changed as of 1st April to percentage of inpatient risk assessment completed within 24hrs before or after admission.
• Overall compliance in September was 93.1% for 24hr target and 97.7% completed within 48hrs.
• During September, Elmdale, Beamshaw, Walton, Ashdale, and Clark had 1 FIRM breach each. Nostell and Ward 18 had 2 breaches each.
• In line with the Risk Assessment and Risk Management policy, the team who assessed the service user as requiring admission have a responsibility to update the FIRM risk assessment to reflect the change in risk necessitating inpatient admission.
• Compliance monitoring dashboards support oversight and a deep dive will be conducted by the inpatient matron for each breach to identify learning and inform improvement. This will be shared with Quality and Governance Leads in community to ensure a collaborative approach to 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. A Staying Safe risk management care plan is also implemented within 24hrs of admission.

Physical violence (Patient on Patient)

• 22 incidents of patient-on-patient physical violence throughout September (Ward 19 Male and Female incidents are combined). Highest number of incidents on Elmdale (6) and Ashdale (5) and relate to a small number of service users with a risk profile of violence and aggression.
• Service users are supported on an individual basis by staff teams and risks are managed through individual care planning. Appropriate safeguarding actions taken by ward teams, including liaison with trust safeguarding specialist advisors and reporting to the police.

Physical violence (Patient on Staff)

• 16 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.
• 13 incidents of patient on staff physical violence at Elmdale relating 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 Elmdale (17) and Poplars (20) correlates with incidents of physical violence as outlined above.
• Higher incidence on Melton (13), Walton (12), and Ashdale (14) is reflective of current patient population and the presentation and risk profile of service users.
• Ward 19 Male and Female restraint incidents are combined (13). There were 7 restraint incidents on Ward 19 Male and 6 incidents on Ward 19 Female, linked to a small number of service users presenting with violence and aggression.

Prone restraint incidents

• There were four incidents of prone restraint in September across Beamshaw (1), Stanley (1), and Walton (2 - 1 staff led, 1 service user led) all of which were under 3 minutes duration.
• The reasons for prone restraint use were exiting seclusion and administration of intramuscular 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			Clark Suite		
				Jul-25	Aug-25	Sep-25	Jul-25	Aug-25	Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	75.0%	80.0%	100.0%	89.5%	95.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	0.5%	3.0%	3.7%	4.2%	2.5%	1.6%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	83.3%	100.0%	100.0%	92.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	96.4%	96.3%	100.0%	95.8%	92.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.0%	85.7%	88.9%	100.0%	100.0%	88.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	91.3%	82.1%	77.8%	95.0%	91.7%	92.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	87.0%	85.7%	92.6%	100.0%	87.5%	88.0%
Bed occupancy**	Best Quality	Safe	85%	107.1%	106.2%	103.6%	107.1%	106.2%	103.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	73	58	37	83	42	73
Safer staffing (Overall)	Best Quality	Safe	90%	122.4%	136.2%	120.3%	119.8%	103.5%	105.0%
Safer staffing (Registered)	Best Quality	Safe	80%	99.1%	92.6%	100.0%	106.1%	101.7%	98.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	13.0%	19.2%	17.5%	15.2%	21.1%	17.9%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	90.0%	100.0%	75.0%	80.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	5	2	7	2	3
Restraint incidents	Best Quality	Safe	Trend Monitor	2	10	*1*	11	8	*11*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	4	*1*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	19	37	8	11	17	12

*** 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 Jul-25	Melton Suite Aug-25	Melton Suite Sep-25	Nostell Jul-25	Nostell Aug-25	Nostell Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	75.0%	73.9%	91.7%	100.0%	95.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	5.9%	13.3%	8.1%	7.9%	9.7%	7.0%
Supervision	Best place to work and learn	Well led	80%	80.0%	63.6%	75.0%	64.3%	92.9%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	96.6%	100.0%	96.3%	92.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	96.4%	93.1%	87.5%	85.2%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.8%	96.4%	89.7%	95.8%	100.0%	96.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	87.5%	89.3%	86.2%	95.8%	100.0%	96.3%
Bed occupancy	Best Quality	Safe	85%	120.3%	111.8%	116.7%	99.0%	99.9%	102.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	221	112	56	67	47
Safer staffing (Overall)	Best Quality	Safe	90%	176.0%	153.8%	147.1%	120.4%	97.4%	92.6%
Safer staffing (Registered)	Best Quality	Safe	80%	93.9%	86.9%	95.3%	106.5%	98.8%	93.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	27.2%	29.0%	28.2%	10.6%	4.0%	5.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	100.0%	N/A	85.7%	71.4%	84.6%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	2	1	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	2	0	3	3	4
Restraint incidents	Best Quality	Safe	Trend Monitor	22	15	13	14	14	5
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	1	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	34	41	29	17	10	5

*** 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 Jul-25	Stanley Aug-25	Stanley Sep-25	Walton Jul-25	Walton Aug-25	Walton Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	95.8%	100.0%	100.0%	93.8%	100.0%	97.0%
Sickness	Best place to work and learn	Well led	5.0%	4.5%	2.2%	4.5%	9.4%	13.3%	9.5%
Supervision	Best place to work and learn	Well led	80%	92.3%	100.0%	92.9%	64.7%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	97.1%	92.5%	97.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.2%	93.8%	94.1%	94.3%	92.5%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.5%	96.9%	97.1%	74.3%	77.5%	81.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.2%	100.0%	100.0%	88.6%	82.5%	88.1%
Bed occupancy**	Best Quality	Safe	85%	99.0%	99.9%	102.9%	99.3%	101.8%	97.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	38	46	80	70	69	82
Safer staffing (Overall)	Best Quality	Safe	90%	113.6%	107.5%	115.7%	126.2%	125.5%	136.6%
Safer staffing (Registered)	Best Quality	Safe	80%	93.6%	99.4%	94.3%	89.7%	94.7%	94.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	3.9%	5.6%	1.2%	16.5%	18.9%	31.8%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	90.0%	90.9%	100.0%	100.0%	100.0%	66.7%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	1	0	2	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	2	1	4	3	2
Restraint incidents	Best Quality	Safe	Trend Monitor	5	8	5	7	11	12
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*1*	1	5	*2*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	12	11	20	15	21	17

*** Bed occupancy is combined with*

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Ashdale			Ward 18		
				Jul-25	Aug-25	Sep-25	Jul-25	Aug-25	Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	92.3%	91.7%	95.8%	96.0%	96.0%	96.0%
Sickness	Best place to work and learn	Well led	5.0%	14.5%	18.5%	12.8%	2.1%	7.0%	8.1%
Supervision	Best place to work and learn	Well led	80%	86.7%	80.0%	69.2%	90.0%	70.0%	81.8%
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%	74.1%	82.1%	88.9%	86.2%	93.5%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	92.6%	82.1%	74.1%	86.2%	90.3%	82.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	92.6%	96.6%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	98.7%	99.6%	99.0%	100.8%	99.6%	97.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	46	56	53	29	65	22
Safer staffing (Overall)	Best Quality	Safe	90%	107.0%	100.0%	101.8%	104.9%	102.0%	110.1%
Safer staffing (Registered)	Best Quality	Safe	80%	99.6%	95.5%	99.2%	104.7%	96.0%	94.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	2.8%	0.0%	0.7%	4.2%	3.6%	5.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	69.2%	37.5%	87.5%	77.3%	77.8%	92.6%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	7	4	5	3	8	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	2	6	10	13	3
Restraint incidents	Best Quality	Safe	Trend Monitor	12	6	14	31	23	10
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	1	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	6	2	12	3	2	12

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Elmdale Jul-25	Elmdale Aug-25	Elmdale Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	95.8%	96.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	10.0%	10.8%	3.8%
Supervision	Best place to work and learn	Well led	80%	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%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.0%	89.3%	89.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	80.0%	78.6%	88.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.0%	100.0%	96.4%
Bed occupancy	Best Quality	Safe	85%	98.5%	96.8%	94.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	60	29	41
Safer staffing (Overall)	Best Quality	Safe	90%	105.3%	99.0%	107.2%
Safer staffing (Registered)	Best Quality	Safe	80%	97.9%	93.7%	94.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	1.2%	6.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	84.6%	86.7%	92.9%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	4	3	6
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	7	6	13
Restraint incidents	Best Quality	Safe	Trend Monitor	24	11	17
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	14	5	5

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Crofton Jul-25	Crofton Aug-25	Crofton Sep-25	Poplars CUE Jul-25	Poplars CUE Aug-25	Poplars CUE Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	90.9%	90.9%	85.0%	96.4%	96.6%	89.3%
Sickness	Best place to work and learn	Well led	5.0%	6.6%	6.7%	12.6%	9.7%	6.0%	9.2%
Supervision	Best place to work and learn	Well led	80%	100.0%	83.3%	80.0%	90.9%	90.9%	90.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	96.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	95.5%	100.0%	89.3%	89.3%	79.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	92.9%	89.3%	82.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	93.1%	96.6%	100.0%
Bed occupancy	Best Quality	Safe	85%	96.6%	89.5%	87.9%	68.0%	69.5%	75.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	68	65	58	123	91	146
Safer staffing (Overall)	Best Quality	Safe	90%	169.0%	175.8%	167.7%	191.6%	178.5%	186.7%
Safer staffing (Registered)	Best Quality	Safe	80%	143.1%	140.5%	123.9%	102.3%	100.9%	104.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	17.0%	25.7%	20.4%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	87.5%	100.0%	100.0%	100.0%	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	1	1	4	2	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	11	1	4	11	14	16
Restraint incidents	Best Quality	Safe	Trend Monitor	11	5	5	12	30	20
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	35	27	18	26	11	51

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Willow Jul-25	Willow Aug-25	Willow Sep-25	Beechdale Jul-25	Beechdale Aug-25	Beechdale Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	95.2%	95.5%	86.4%	95.5%	95.2%	94.7%
Sickness	Best place to work and learn	Well led	5.0%	13.2%	12.9%	11.2%	4.5%	7.5%	6.4%
Supervision	Best place to work and learn	Well led	80%	100.0%	91.7%	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%	90.5%	92.0%	100.0%	95.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.4%	87.0%	85.7%	84.0%	92.0%	87.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.5%	91.3%	100.0%	91.7%	95.8%	95.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.5%	95.7%	100.0%	88.0%	92.0%	95.7%
Bed occupancy	Best Quality	Safe	85%	94.5%	89.4%	93.7%	97.4%	94.8%	92.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	44	56	74	124	105	121
Safer staffing (Overall)	Best Quality	Safe	90%	113.6%	125.9%	96.6%	136.0%	134.4%	125.3%
Safer staffing (Registered)	Best Quality	Safe	80%	85.5%	93.5%	100.5%	107.8%	103.8%	97.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.3%	10.3%	6.3%	5.7%	5.8%	10.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	0	0	0	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	2	1	0	3	1	0
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	22	7	8	10	0

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male			Ward 19 - Female		
				Jul-25	Aug-25	Sep-25	Jul-25	Aug-25	Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%
Sickness	Best place to work and learn	Well led	5.0%	4.7%	5.0%	6.3%	5.7%	4.0%	9.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.8%	100.0%	96.0%	100.0%	95.8%	95.8%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	83.3%	84.0%	88.0%	91.3%	83.3%	79.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.8%	92.0%	84.0%	95.7%	91.7%	91.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.8%	96.0%	96.0%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	99.8%	96.1%	101.6%	93.1%	84.9%	76.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	80	138	91	39	91	84
Safer staffing (Overall)	Best Quality	Safe	90%	123.3%	115.1%	101.1%	107.9%	112.9%	94.5%
Safer staffing (Registered)	Best Quality	Safe	80%	85.6%	81.9%	74.3%	103.9%	98.5%	90.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	12.0%	15.2%	5.0%	0.0%	0.0%	3.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	66.7%	71.4%	100.0%	60.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	2	0	0	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	3	1	1	3	1
Restraint incidents	Best Quality	Safe	Trend Monitor	3	4	13	3	4	13
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	3	0	0	13	0	13

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down Jul-25	Enfield Down Aug-25	Enfield Down Sep-25	Lyndhurst Jul-25	Lyndhurst Aug-25	Lyndhurst Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	87.0%	100.0%	100.0%	100.0%	100.0%	96.3%
Sickness	Best place to work and learn	Well led	5.0%	7.9%	8.8%	7.2%	7.5%	6.8%	4.4%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	78.6%	92.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	98.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.4%	87.5%	87.5%	85.7%	81.5%	85.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.3%	86.4%	86.4%	96.4%	100.0%	92.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.8%	91.8%	95.9%	100.0%	92.6%	88.9%
Bed occupancy	Best Quality	Safe	Trend Monitor	51.6%	50.8%	48.2%	59.4%	56.2%	41.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1058	N/A	617	N/A	305	955
Safer staffing (Overall)	Best Quality	Safe	90%	104.3%	97.0%	99.7%	97.1%	97.3%	98.2%
Safer staffing (Registered)	Best Quality	Safe	80%	96.7%	95.7%	101.8%	101.0%	100.0%	93.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	11.9%	11.8%	12.4%	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%	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	3	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	0
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	1	2	2	0	1

Inpatients - Forensic West Yorkshire - Medium Secure

Medium Secure

• All seven wards are within compliance for supervision, with five wards (Johnson, Priestley, Hepworth, Chippendale and Appleton) at 100%.
• Some overall improvements in sickness absence noted with Priestley (1.7%), Johnson (2.8%), Hepworth (0.7%) and Bronte (4.7%) within compliance. Appleton has noted some improvement at 5.4%. Hotspots are evident on Chippendale (8.2%) and Waterton (20.6%). Waterton has been affected by both long term sickness absence (5 staff) and short-term sickness absence. Individual support plans are in place by the ward managers with support from our People Directorate and we are expecting an improving trajectory with all those on long term sickness absence due to return to work.
• An ongoing focus on quality appraisals is a service priority. Previous review has highlighted some recording and systems challenges alongside a spike in appraisal acuity. A session was therefore facilitated by the People Planning and Performance Lead on Dashboards, Data and Workforce to support understanding and rectification of any system challenges. This has been followed by a focused piece of work ensuring accurate ward reflection for some of our workforce. Three wards currently remain above compliance (Bronte, Hepworth and Priestley). Hotspots have been identified on Chippendale (84.2%) and Johnson (87%) with Ward Managers having plans in place to review. Review of Appleton (50%) and Waterton (47.7%) has highlighted challenges with staff being away from the workplace on extended study. The acuity on the ward also resulted in both Ward Managers providing cover to the wards. Improved compliance is evident (21/10/25) with BI currently reflecting Appleton (71.4%) and Waterton (73.7%). The service will continue to closely monitor through performance clinics.
• Good compliance is noted for mandatory training across the medium secure service. Improvements are noted in RRPI (Appleton (100%), Bronte (100%), Hepworth (100%), Chippendale (90%), Priestley (90%), Waterton (94.4%) and Johnson (80%). This is reported to have been supported by Ward Managers being supported to book staff directly onto training. Three hotspots are evident. One for CPR on Appleton (76.5%) which is two staff for ILS and two staff for BLS with plans in place to address compliance. One for Fire Training on Waterton (77.8%), which is provided as part of yearly security updates. The manager is reviewing to support understanding if this is a data quality issue. IG for Appleton (94.1%) is a further hotspot with a plan in place to address.
• Bed occupancy on Appleton (62.5%) is below compliance due to a reduction in overall learning disability referrals to secure care. Occupancy in the women's service (Johnson medium secure 73.3%) is also low but has noted a slight improvement and has a service user with a planned admission. Neither of these services have a waiting list. Bed occupancy on the male pathway is within positive and a recent spike in medium secure referrals has resulted in a waiting list. Bronte's occupancy is currently at 84.7% but has planned admissions following MOJ approvals.
• There were no prone restraints in medium secure, and incidents of violence and restraint incidents remains broadly consistent.
• The service continues to experience high levels of acuity with wards frequently working above establishments numbers to support clinical need. A reduction in unfilled shifts is evident for September, with a morning meeting in place and team leader support to ensure proactive use of resource and reallocation from the wider MDT where needed.
• The focused intervention on Priestley performance has been in place to understand the challenges in performance and the improving trajectory has evidenced improved performance with early embedding evident.

Low Secure

• Sickness across all wards monitored closely, and ward managers are working closely with people directorate and occupational health colleagues. Improvement has been noted on Sandal (9.7%) who now have two staff on LTS and some short-term sickness absence. Ryburn (6.5%) have also noted improvements and now have one member of staff on LTS. Plans also are in place to support a return to work. Newhaven (11.9%) has an increase in sickness absence with four staff on long term sickness and some short-term sickness absence. We are however expecting an improving trajectory due to staff returns in September. Thornhill (8.7%) has noted an increase in short term sickness absence and one long term sickness. This is currently under review by the clinical service manager.
• Mandatory training compliance remains positive across the service.
• An ongoing focus on quality appraisals is a service priority. Sandal (91.3%) and Newhaven (93.3%) remain within compliance. Ryburn (88.9%) has one member of staff outstanding and plans in place. Thornhill (83.3%) currently has four staff outstanding and plans in place to improve compliance. Review has previously highlighted some recording and systems challenges alongside a spike in appraisal acuity. A session was therefore facilitated by the People Planning and Performance Lead on dashboards, data and workforce to support understanding of systems. This did support improve understanding in differences in data and provided some solutions to improve data quality.
• The Inpatient risk assessment completed within 24 hours has been reviewed by the service. Within forensic services, forensic risk assessments are completed prior to admission as part of the gate keeping process to support planning. Communication has been shared to ensure that this is reviewed, and all parts are being signed off again as part of the admission process. We have no admissions in low secure in September and will continue to monitor.
• The service continues to work closely with the provider collaborative to support effective use of bed occupancy across West Yorkshire. The service is currently working to support transitions to Thornhill (72.2%) to support capacity for admissions. Sandal has three service users waiting for admission as soon as Ministry Of Justice permissions in place. Newhaven (75%) continues to experience lower level of referrals and has no waiting list.
• There has been one prone incident on Newhaven, which was for under one minute. The reason for prone restraint use was exiting seclusion. The service is actively engaged in the Trustwide improvement work with regards to minimising prone restraints during seclusion exit and when administrating intra-muscular medication.
• The service continues to experience high levels of acuity with wards frequently working above establishment numbers to support clinical need. A reduction in unfilled shifts is evident for September, with a morning meeting in place and team leader support to ensure proactive use of resource and reallocation from the wider multi-disciplinary team where needed.
• Supervision is above compliance across low secure, on Ryburn (100%), Sandal (100%), Newhaven (100%) and Thornhill (87.5%).

Metrics	Strategic Objective	CQC Domain	Threshold	Appleton Jul-25	Appleton Aug-25	Appleton Sep-25	Bronte Jul-25	Bronte Aug-25	Bronte Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	80.0%	66.7%	50.0%	95.0%	90.5%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	3.3%	6.2%	5.4%	8.0%	8.1%	4.7%
Supervision	Best place to work and learn	Well led	80%	83.3%	90.0%	100.0%	92.9%	100.0%	92.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.2%	100.0%	94.1%	95.5%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.0%	85.0%	76.5%	81.8%	82.6%	77.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.2%	90.0%	88.2%	95.5%	91.3%	86.4%
Bed occupancy	Best Quality	Safe	90%	58.9%	52.0%	62.5%	96.3%	100.0%	91.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1511	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	126.0%	136.2%	138.0%	94.1%	94.5%	98.5%
Safer staffing (Registered)	Best Quality	Safe	80%	93.4%	89.6%	88.9%	87.0%	87.2%	94.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	100.0%	N/A	N/A	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	0	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	3	3	3	1	2
Restraint incidents	Best Quality	Safe	Trend Monitor	10	5	10	6	4	1
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*0*	0	*0*	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	26	19	9	1	0	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Chippendale			Hepworth		
				Jul-25	Aug-25	Sep-25	Jul-25	Aug-25	Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	95.0%	95.0%	84.2%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	4.8%	9.7%	8.2%	3.4%	2.6%	0.7%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	81.3%	64.3%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	95.8%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.3%	91.3%	90.0%	88.5%	91.7%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	87.0%	91.3%	95.0%	92.3%	91.7%	90.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.3%	95.7%	90.0%	96.2%	91.7%	100.0%
Bed occupancy	Best Quality	Safe	90%	100.0%	100.0%	100.0%	81.7%	79.1%	84.7%
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%	103.6%	141.4%	111.4%	91.5%	94.9%	108.3%
Safer staffing (Registered)	Best Quality	Safe	80%	97.3%	116.8%	116.9%	90.2%	89.7%	90.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1	1	2	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	1	0	1	2
Restraint incidents	Best Quality	Safe	Trend Monitor	2	0	0	0	3	2
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	7	30	3	0	3	2

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Johnson			Priestley		
				Jul-25	Aug-25	Sep-25	Jul-25	Aug-25	Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	100.0%	92.3%	87.0%	69.6%	68.2%	95.1%
Sickness	Best place to work and learn	Well led	5.4%	8.4%	1.1%	2.8%	2.2%	0.7%	1.7%
Supervision	Best place to work and learn	Well led	80%	93.3%	93.8%	100.0%	81.3%	93.3%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.4%	96.6%	93.3%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	78.6%	79.3%	80.0%	87.5%	90.9%	90.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.1%	86.2%	83.3%	83.3%	86.4%	95.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.4%	93.1%	90.0%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	73.3%	73.3%	73.3%	94.1%	96.0%	92.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	790	N/A	1362
Safer staffing (Overall)	Best Quality	Safe	90%	119.6%	118.8%	120.0%	86.5%	92.9%	94.6%
Safer staffing (Registered)	Best Quality	Safe	80%	89.6%	91.4%	96.6%	101.7%	108.8%	81.4%
% 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%	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	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	1	1	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	1	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	17	4	5	2	4	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Waterton Jul-25	Waterton Aug-25	Waterton Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	90.0%	85.7%	47.4%
Sickness	Best place to work and learn	Well led	5.4%	16.1%	18.7%	20.6%
Supervision	Best place to work and learn	Well led	80%	84.6%	84.6%	90.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.9%	90.0%	94.4%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.8%	75.0%	83.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	86.4%	90.0%	77.8%
Bed occupancy	Best Quality	Safe	90%	100.0%	96.2%	97.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	1431	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	156.3%	151.9%	143.5%
Safer staffing (Registered)	Best Quality	Safe	80%	99.4%	89.4%	94.7%
% 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	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	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	25	21	13

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Thornhill Jul-25	Thornhill Aug-25	Thornhill Sep-25	Sandal Jul-25	Sandal Aug-25	Sandal Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	100.0%	85.2%	83.3%	91.3%	90.9%	91.3%
Sickness	Best place to work and learn	Well led	5.4%	4.6%	3.1%	8.7%	11.5%	14.1%	9.7%
Supervision	Best place to work and learn	Well led	80%	50.0%	50.0%	87.5%	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%	92.0%	91.7%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	93.3%	90.6%	87.9%	92.0%	91.7%	96.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.0%	93.8%	93.9%	84.0%	79.2%	80.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	92.0%	95.8%	92.3%
Bed occupancy	Best Quality	Safe	85%	83.0%	82.2%	72.2%	85.3%	86.5%	81.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	2366	1019	594	N/A	78
Safer staffing (Overall)	Best Quality	Safe	90%	110.7%	115.3%	113.8%	125.9%	154.0%	116.3%
Safer staffing (Registered)	Best Quality	Safe	80%	104.7%	104.1%	103.7%	104.7%	99.5%	103.9%
% 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%	0.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	2	2	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	0	8	5	2
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	2	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	8	6	4	27	26	11

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Ryburn Jul-25	Ryburn Aug-25	Ryburn Sep-25	Newhaven Jul-25	Newhaven Aug-25	Newhaven Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	100.0%	77.8%	88.9%	96.3%	84.4%	93.3%
Sickness	Best place to work and learn	Well led	5.4%	12.8%	16.2%	6.5%	15.2%	9.5%	11.9%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	93.3%	86.7%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	96.8%	96.9%	93.9%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.9%	88.9%	88.9%	88.9%	96.4%	89.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	92.6%	85.7%	89.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	88.9%	100.0%	90.3%	90.6%	90.9%
Bed occupancy	Best Quality	Safe	85%	87.1%	100.0%	100.0%	74.2%	74.2%	75.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	2342	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	97.6%	99.2%	97.4%	132.2%	138.2%	143.4%
Safer staffing (Registered)	Best Quality	Safe	80%	96.8%	98.4%	104.8%	104.1%	92.0%	101.4%
% 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%	N/A	N/A	N/A	N/A	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	6	2	3
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	0	11	*3*	6
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	*0*	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	23	24	17

Inpatients - Non-Mental Health

• **Appraisal rate:**
Neuro Rehabilitation Unit (NRU) rate is showing a good increase to achieve compliance at 94.3% for September.
Stroke Rehabilitation Unit (SRU) rate continues to maintain compliance 96.8% for September.

• **Sickness:**
NRU – sickness has continued maintain compliance despite a small increase to 3.6% for September.
SRU – Sickness for September has increased to 7.5% which is outside compliance. The current position still includes 5 instances of long term sickness for a variety of reasons and 2 short-term sickness which are now back at work.
Sickness absence for both units continues to be managed robustly via HR processes and sickness reviews.

• **Supervision:**
NRU has maintained compliance during September at 90.5%.
SRU figures have significantly increased to achieve compliancy at 88.1% for September.

• **Information Governance Training:**
Both units continue to maintain compliancy for September.

• **Cardiopulmonary resuscitation (CPR) Training:**
NRU is showing a slight decrease at 72.5%. Some training took place in September, and further staff were already booked into mid-October sessions. (This training may not be showing yet due to lag in recording).
To note: maternity leave cannot be excluded from training statistics and NRU still had three staff on maternity leave during September although one has now returned to work in October.
SRU continues to exceed the compliancy level.
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 continue to achieve compliance in September.

• **Safer Staffing** - overall (90%):
NRU83.1%
SRU81.8%
Overall safer staffing has dipped below accepted variance for both wards in September. This correlates with a period during August / September where bed occupancy was lower than anticipated which allowed senior management to reduce staffing levels to reflect the demand, whilst maintaining patient safety and ensuring registered staffing levels continued to meet minimum requirements (>80%). Staff utilised time owing, annual leave or undertook training during this time.

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU) Jul-25	Aug-25	Sep-25	Stroke Rehabilitation Unit (SRU) Jul-25	Aug-25	Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	78.9%	82.9%	94.3%	93.8%	95.2%	96.8%
Sickness	Best place to work and learn	Well led	5.0%	6.8%	2.0%	3.6%	5.2%	4.3%	7.5%
Supervision	Best place to work and learn	Well led	80%	81.0%	89.5%	90.5%	82.9%	71.4%	88.1%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	97.6%	97.7%	100.0%	100.0%	98.6%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.9%	76.3%	72.5%	92.5%	94.0%	91.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	84.2%	90.2%	93.0%	92.9%	97.1%	94.3%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	65.1%	47.3%	41.1%	90.6%	80.4%	67.5%
Average Length of Stay	Best Quality	Safe	Trend Monitor	55	38	58	25	24	32
Safer staffing (Overall)	Best Quality	Safe	90%	117.8%	102.0%	83.1%	100.3%	83.1%	81.8%
Safer staffing (Registered)	Best Quality	Safe	80%	98.6%	90.2%	83.9%	117.4%	94.7%	97.2%
% 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	1	6	57	30	47

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%.
• An increase in sickness and absence is evident at 7.5%. This has been impacted by two staff on long term sickness and some short-term seasonal illness. Appropriate support and processes are in place.
• The ward manager has undertaken some quality improvement work on supervision, and this has continued to demonstrate good compliance demonstrating this work has embedded.
• Mandatory training compliance remains positive, with all areas above compliance.
• In terms of patient flow, the number of service users clinically ready for discharge remains high and two out of the three service users are currently ready for discharge. One has an identified placement and has commenced a process to transition with the trajectory for transfer in December. A further service user has commenced assessments to establish a community placement. The service are working proactively with community services to support pathways but the complexity of packages of care does result in a lengthy process.
• There were no admissions and therefore no risk assessments.
• Due to the current acuity and individual needs of service users, the service has required additional staffing, reflected in the overall safer staffing and registered safer staffing figures. Whilst there were unfilled shifts for this review period, these were covered by use of the multi-disciplinary team with the service.

Metrics	Strategic Objective	CQC Domain	Threshold	Horizon Jul-25	Horizon Aug-25	Horizon Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.0%	6.0%	7.5%
Supervision	Best place to work and learn	Well led	80%	100.0%	95.0%	95.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	97.5%	97.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	92.1%	97.4%	87.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	76.3%	84.2%	84.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	97.5%	95.0%	92.7%
Bed occupancy	Best Quality	Safe	N/A	40.7%	43.1%	50.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	333	27	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	115.4%	118.9%	111.9%
Safer staffing (Registered)	Best Quality	Safe	80%	170.5%	171.1%	148.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	44.6%	56.1%	75.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	0% (0/1)	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	8	1	7
Restraint incidents	Best Quality	Safe	Trend Monitor	5	4	5
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	21	10	40

Inpatients - Forensic South Yorkshire

Medium Secure

- Supervision compliance is above threshold 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 Cheswold Park Hospital do not currently complete FIRM risk assessments; this is within the improvement plan.

Low Secure

- Supervision compliance is above threshold 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 threshold. 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.

Metrics	Strategic Objective	CQC Domain	Threshold	Medium Secure Services – Foss Jul-25	Foss Aug-25	Foss Sep-25	Skipton Jul-25	Skipton Aug-25	Skipton Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	93.6%	100.0%	71.0%	100.0%	100.0%	74.1%
Sickness	Best place to work and learn	Well led	5.4%	8.7%	14.7%	10.5%	7.3%	6.3%	7.4%
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%	93.5%	83.3%	85.2%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.7%	86.7%	91.0%	86.2%	86.2%	88.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	67.7%	66.7%	73.0%	82.1%	71.4%	75.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	87.1%	83.3%	81.0%	100.0%	100.0%	97.0%
Bed occupancy	Best Quality	Safe	90%	78.6%	74.7%	78.6%	58.3%	71.5%	75.0%
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%	113.5%	101.8%	105.9%	105.1%	163.5%	159.4%
Safer staffing (Registered)	Best Quality	Safe	80%	107.6%	109.1%	107.8%	84.1%	107.8%	93.2%
% 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	1	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	0	2	2	0	2
Restraint incidents	Best Quality	Safe	Trend Monitor	7	0	0	8	15	16
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor						

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Esk Jul-25	Low Secure Services Esk Aug-25	Low Secure Services Esk Sep-25	Wentbridge Jul-25	Wentbridge Aug-25	Wentbridge Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	100.0%	0.0%	89.4%	95.0%	97.5%	88.4%
Sickness	Best place to work and learn	Well led	5.4%	4.6%	12.5%	12.9%	3.1%	2.0%	4.4%
Supervision	Best place to work and learn	Well led	80%	95.0%	100.0%	65.0%	92.5%	97.5%	97.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.2%	87.0%	90.9%	100.0%	97.6%	90.5%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.5%	91.3%	95.0%	90.5%	87.8%	79.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	76.2%	81.8%	87.0%	72.5%	65.9%	75.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	91.3%	91.0%	85.7%	78.0%	76.0%
Bed occupancy	Best Quality	Safe	90%	76.6%	80.2%	84.2%	87.5%	91.1%	66.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	50	N/A	N/A	1662	1674
Safer staffing (Overall)	Best Quality	Safe	90%	108.5%	99.6%	104.3%	149.9%	151.1%	133.2%
Safer staffing (Registered)	Best Quality	Safe	80%	94.6%	98.8%	88.8%	100.0%	91.2%	92.4%
% 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	3	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	2	2	1	3
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	1	0	1	2
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor						

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Aire Jul-25	Aire Aug-25	Aire Sep-25	Don Jul-25	Don Aug-25	Don Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	100.0%	N/A	84.9%	76.9%	75.0%	76.0%
Sickness	Best place to work and learn	Well led	5.4%	8.3%	2.1%	9.6%	6.1%	4.3%	1.0%
Supervision	Best place to work and learn	Well led	80%	95.0%	100.0%	100.0%	80.8%	79.2%	68.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.9%	83.3%	93.3%	80.0%	76.0%	68.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	75.8%	70.0%	82.0%	96.0%	92.0%	98.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.8%	67.7%	78.0%	76.0%	64.0%	70.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	84.8%	76.7%	83.0%	92.0%	88.0%	82.0%
Bed occupancy	Best Quality	Safe	90%	76.3%	90.1%	90.8%	97.0%	91.7%	93.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	1077	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	91.9%	88.8%	89.6%	122.8%	132.0%	133.1%
Safer staffing (Registered)	Best Quality	Safe	80%	89.8%	85.4%	87.9%	94.3%	100.0%	97.7%
% 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
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1		0	0		0
Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	0	0	2	3
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor						

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Calder Jul-25	Aug-25	Sep-25
Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	100.0%	100.0%	95.7%
Sickness	Best place to work and learn	Well led	5.4%	3.8%	3.4%	1.2%
Supervision	Best place to work and learn	Well led	80%	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%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.7%	95.7%	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%	93.8%	95.8%	95.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	840	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	106.4%	92.2%	98.8%
Safer staffing (Registered)	Best Quality	Safe	80%	84.7%	68.3%	74.8%
% 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	1	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			

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	(£1m)	£0m	The financial performance for September 2025 is a surplus of £719k which is £582k better than plan. This continues the trend of an improving run rate and expands further with values as planned (low value activity income) and further new positive movements such as updated Public Dividend Capital (PDC) estimates.
2	Agency Spend	Best Value	Well Led	£2m	£3.3m	Agency spend in September is £260k and continues to demonstrate a reducing run rate and expenditure lower than planned. In September this was 31 worked WTE. The majority of WTE remains in unregistered nursing for inpatient areas.
3	Bank Spend	Best Value	Well Led	£12.2m	£21.5m	Higher than originally planned levels of bank utilisation have continued in September. This is primarily for unregistered nurses in inpatient wards. The forecast models that this will reduce as new recruitment embeds.
4	Corporate Spend	Best Value	Well Led	£32.5m	£66.8m	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, as per the Trust reporting hierarchy, with the RAG rating as a comparison against plan following agreed budgetary reductions.
5	Financial sustainability and efficiencies	Best Value	Well Led	£9.3m	£28.2m	Value for money schemes, and triangulation with overall financial performance, continue to be key focus areas both for this year and for longer term financial sustainability. September is behind plan but mitigations are in place which will be realised in the second half of the year.
6	Cash	Best Value	Well Led	£54.8m	£51.3m	The current cash position continues to be positive but, in line with national focus in this area, best practice continues to be reviewed to ensure that we have effective management of the Trust working capital position. The position is forecast to reduce in future months due to the timing of capital expenditure.
7	Capital Spend	Best Value	Well Led	£1.3m	£19.3m	Spend on capital and leases is less than planned for the year to date but the forecast is that the allocation will be utilised in full. Where delays, or changes, have been experienced appropriate schemes have been brought forward.
8	Better Payment Practice Code	Best Value	Well Led	98%		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	Jul-25	Aug-25	Sep-25
Mandatory Training - TOTAL	Improving Care		>=80%	96.0%	94.0%	94.0%
Mandatory Training - Reducing Restrictive Practice Interventions				85.3%	85.6%	81.9%
Mandatory Training - Cardiopulmonary Resuscitation				76.9%	75.5%	78.9%
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				98.6%	97.9%	96.0%
Mandatory Training - Fire Safety			>=85%	92.6%	86.9%	87.0%
Mandatory Training - Food Safety			>=80%	100.0%	100.0%	100.0%
Mandatory Training - Freedom To Speak Up (FTSU)				100.0%	100.0%	100.0%
Mandatory Training - Infection Control & Hand Hygiene				94.5%	90.6%	93.3%
Mandatory Training - Information Governance (Data Security)			>=95%	94.0%	89.8%	90.6%
Mandatory Training - Moving & Handling			>=80%	92.6%	86.9%	87.0%
Mandatory Training - Mental Capacity Act/Dols				94.7%	90.7%	88.0%
Mandatory Training - Mental Health Act				94.7%	90.7%	88.0%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				98.9%	98.9%	99.3%
Mandatory Training - Prevent			>=80%	N/A	N/A	N/A
Mandatory Training - Safeguarding Adults				92.5%	86.4%	91.2%
Mandatory Training - Safeguarding Children				92.5%	86.4%	91.2%

South West Yorksh
Partnership Teach
NHS Foundation

Finance Report

Month 6 (2025 / 26)

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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)**	(£1m)	£0m	The financial performance for September 2025 is a surplus of £719k which is £582k better than plan. This continues the trend of an improving run rate and expands further with values as planned (low value activity income) and further new positive movements such as updated Public Dividend Capital (PDC) estimates.
2	**Agency Spend**	£2m	£3.3m	Agency spend in September is £260k and continues to demonstrate a reducing run rate and expenditure lower than planned. In September this was 31 worked WTE. The majority of WTE remains in unregistered nursing for inpatient areas.
3	**Bank Spend**	£12.2m	£21.5m	Higher than originally planned levels of bank utilisation have continued in September. This is primarily for unregistered nurses in inpatient wards. The forecast models that this will reduce as new recruitment embeds.
4	**Corporate Spend**	£32.5m	£66.8m	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, as per the Trust reporting hierarchy, with the RAG rating as a comparison against plan following agreed budgetary reductions.
5	**Financial sustainability and efficiencies**	£9.3m	£28.2m	Value for money schemes, and triangulation with overall financial performance, continue to be key focus areas both for this year and for longer term financial sustainability. September is behind plan but mitigations are in place which will be realised in the second half of the year.
6	**Cash**	£54.8m	£51.3m	The current cash position continues to be positive but, in line with national focus in this area, best practice continues to be reviewed to ensure that we have effective management of the Trust working capital position. The position is forecast to reduce in future months due to the timing of capital expenditure.
7	**Capital**	£1.3m	£19.3m	Spend on capital and leases is less than planned for the year to date but the forecast is that the allocation will be utilised in full. Where delays, or changes, have been experienced appropriate schemes have been brought forward.
8	**Better Payment Practice Code**	98%		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.

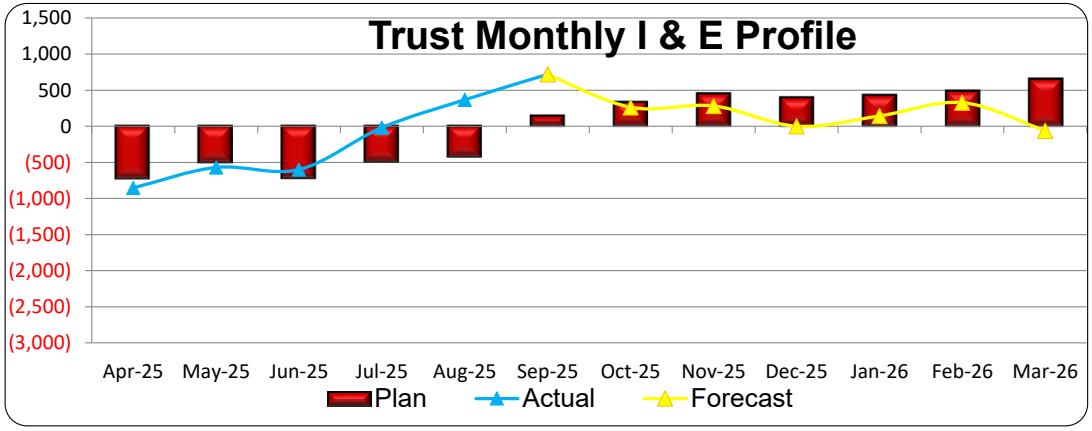
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

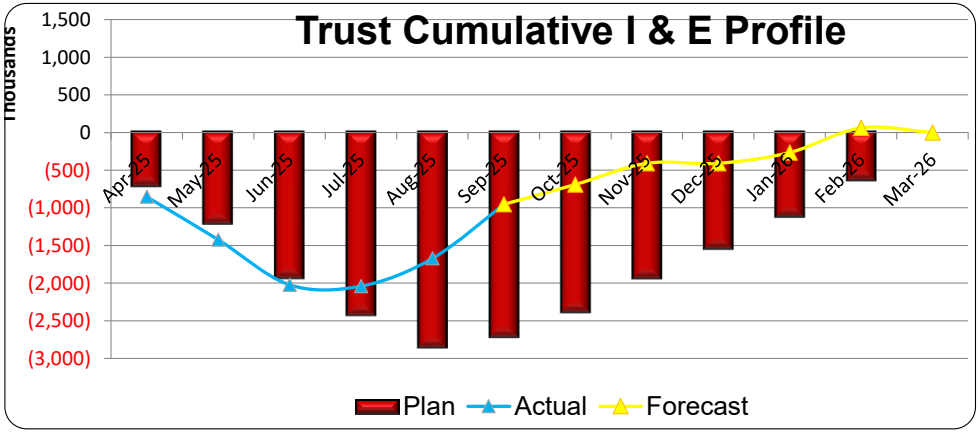
2.0 Income & Expenditure Position 2025 / 26

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					38,574	39,381	807	227,508	228,596	1,088	455,883	456,919	1,036
Other Operating Revenue					1,483	1,502	19	7,865	8,141	276	15,855	16,254	399
Total Revenue					**40,057**	**40,883**	**826**	**235,372**	**236,737**	**1,364**	**471,738**	**473,173**	**1,435**
Pay Costs	5,400	5,344	(55)	1.0%	(25,092)	(24,852)	240	(150,408)	(148,724)	1,684	(300,821)	(297,172)	3,649
Non Pay Costs					(14,000)	(14,910)	(910)	(82,806)	(84,622)	(1,816)	(161,013)	(166,705)	(5,692)
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	**5,400**	**5,344**	**(55)**	**-1.0%**	**(39,092)**	**(39,762)**	**(670)**	**(233,213)**	**(233,345)**	**(132)**	**(461,834)**	**(463,877)**	**(2,044)**
EBITDA	**5,400**	**5,344**	**(55)**	**-1.0%**	**965**	**1,121**	**156**	**2,159**	**3,392**	**1,233**	**9,904**	**9,296**	**(609)**
Depreciation					(615)	(659)	(45)	(3,681)	(3,961)	(280)	(7,447)	(8,283)	(836)
PDC Paid					(378)	6	384	(2,267)	(1,904)	363	(4,534)	(3,808)	726
Interest Received					164	252	88	1,081	1,520	439	2,077	2,795	719
Surplus / (Deficit) - ICB performance measure	**5,400**	**5,344**	**(55)**	**-1.0%**	**137**	**719**	**582**	**(2,708)**	**(953)**	**1,755**	**(0)**	**0**	**0**
Depn Peppercorn Leases (IFRS16)					(9)	(1)	8	(52)	(26)	26	(94)	(61)	33
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,400**	**5,344**	**(55)**	**-1.0%**	**128**	**719**	**590**	**(2,761)**	**(979)**	**1,782**	**(94)**	**(61)**	**33**





Income & Expenditure Position 2025 / 26

The Trust surplus in September 2025 is £719k.
This is £582k better than plan.

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. Financial performance 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)	5,377	5,320	(56)	1.0%	(180)	872	1,052	(3,978)	(653)	3,325	(7,133)	(2,878)	4,255
Provider Collaboratives	23	24	1	4.2%	2	(175)	(177)	13	(430)	(443)	26	(17)	(43)
Budgets held centrally	0	0	0	0.0%	315	22	(292)	1,257	130	(1,127)	7,107	2,895	(4,212)
Total - Consolidated position (ICB performance measure)	**5,400**	**5,344**	**(55)**	**-1.0%**	**137**	**719**	**582**	**(2,708)**	**(953)**	**1,755**	**(0)**	**0**	**0**

The core Trust financial position has continued to improve with a further in month surplus. Elements of this were planned, such as the timing of receipt for low value activity income, but there were further upsides. In September this includes movement on the Trust Public Dividend Capital (PDC) estimate based on updated cash positions and expected profiles of capital expenditure.

Whilst this remains a deficit, and needs to be considered in conjunction with budgets held centrally, the baseline forecast deficit position has improved from £4,448k to £2,860k; an improvement of £1,588k. Of this £776k relates to the movement in PDC. As, and when, value for money targets are achieved this will be moved from budgets held centrally into the core Trust values.

The run rate for provider collaboratives has continued in September with in month deficits reported for both the West Yorkshire and South Yorkshire Adult Secure Provider Collaboratives. The relate to volatility in activity and placements made out of area.

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.

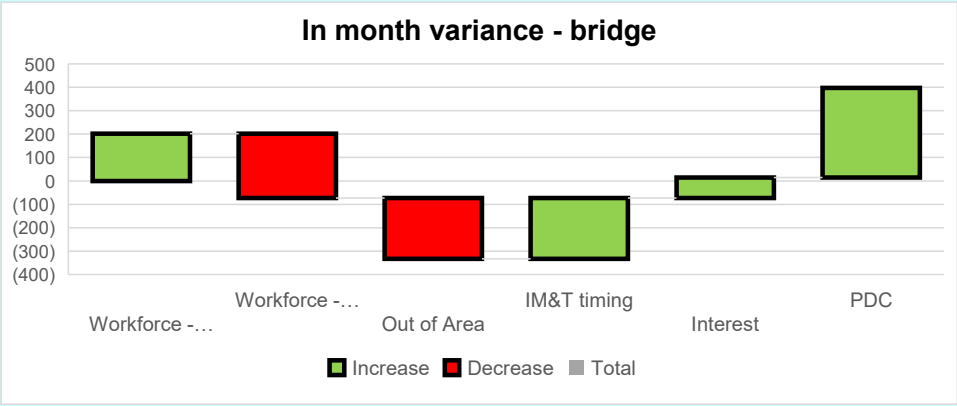
Total Financial Position - Core Trust only

	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					29,234	29,359	125	171,754	171,912	157	344,090	343,815	(275)
Other Operating Revenue					1,403	1,421	17	7,386	7,634	248	14,900	15,229	329
Total Revenue					**30,637**	**30,780**	**143**	**179,140**	**179,545**	**405**	**358,990**	**359,044**	**55**
Pay Costs	5,377	5,320	(56)	1.0%	(24,873)	(24,704)	169	(149,048)	(147,847)	1,202	(298,102)	(295,412)	2,690
Non Pay Costs					(5,116)	(4,802)	314	(29,203)	(28,007)	1,196	(58,116)	(57,214)	902
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	**5,377**	**5,320**	**(56)**	**-1.0%**	**(29,989)**	**(29,506)**	**483**	**(178,251)**	**(175,853)**	**2,398**	**(356,218)**	**(352,626)**	**3,592**
EBITDA	**5,377**	**5,320**	**(56)**	**-1.0%**	**648**	**1,274**	**626**	**889**	**3,692**	**2,803**	**2,772**	**6,418**	**3,646**
Depreciation					(615)	(659)	(45)	(3,681)	(3,961)	(280)	(7,447)	(8,283)	(836)
PDC Paid					(378)	6	384	(2,267)	(1,904)	363	(4,534)	(3,808)	726
Interest Received					164	252	88	1,081	1,520	439	2,077	2,795	719
Surplus / (Deficit) - ICB performance measure	**5,377**	**5,320**	**(56)**	**-1.0%**	**(180)**	**872**	**1,052**	**(3,978)**	**(653)**	**3,325**	**(7,133)**	**(2,878)**	**4,255**
Depn Peppercorn Leases (IFRS16)					(9)	(1)	8	(52)	(26)	26	(94)	(61)	33
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,377**	**5,320**	**(56)**	**-1.0%**	**(189)**	**871**	**1,060**	**(4,030)**	**(679)**	**3,352**	**(7,226)**	**(2,939)**	**4,288**

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
Workforce - Expenditure, and WTE worked, less than planned. Support	202
Workforce - Inpatient expenditure, and WTE worked, greater than plan. Forensics, Adult Inpatient, Older People Inpatient	(275)
Out of area placements - operational pressures continuing to require more out of area placements than planned	(259)
IT spend - As the first tranche of IM & T replacement expenditure was delayed this has impacted on the second tranche.	259
Interest receivable - higher than planned	88
Public Dividend Capital - updated for current capital and cash position	384

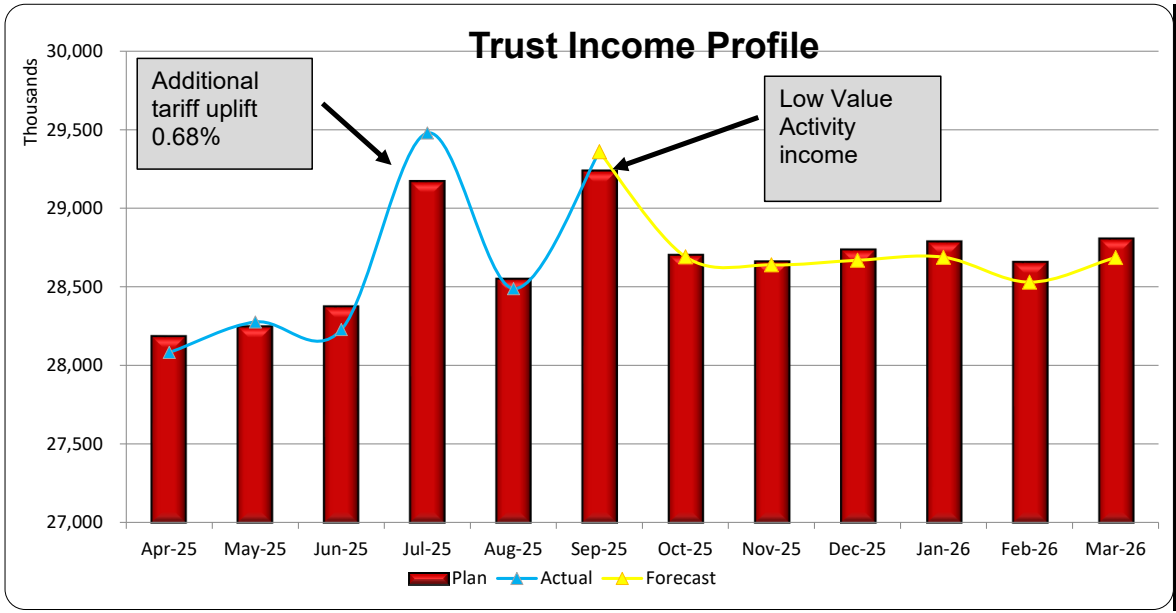


2.1 Income Information

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	23,546	22,847	23,549	22,980	22,980	22,980	22,980	22,980	22,978	**276,028**	276,073	(44)
Specialist Commissioner	36,788	4,697	4,723	4,666	4,861	4,956	5,036	4,976	4,929	4,976	4,996	4,853	4,996	**58,665**	57,587	1,078
Local Authority	5,141	318	465	314	680	303	422	420	420	397	397	397	397	**4,932**	5,265	(333)
Partnerships	2,940	248	251	243	251	233	197	166	160	166	166	150	166	**2,394**	3,099	(705)
Other Contract Income	1,583	127	168	155	141	149	155	150	150	150	150	150	150	**1,796**	2,066	(270)
Total	**312,292**	**28,082**	**28,276**	**28,227**	**29,479**	**28,488**	**29,359**	**28,692**	**28,639**	**28,669**	**28,688**	**28,530**	**28,686**	**343,815**	**344,090**	**(275)**
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	9,452	9,604	10,021	9,405	9,402	9,405	9,405	9,396	9,405	**113,103**		
Total	**312,292**	**37,286**	**37,484**	**37,424**	**38,930**	**38,092**	**39,381**	**38,097**	**38,041**	**38,074**	**38,094**	**37,925**	**38,091**	**456,919**		



As planned, income has increased in September 2025 following receipt of low value activity payments. This is for non locally commissioned activity and the value is calculated nationally.

Discussions continue with commissioners for investment in services. This includes national priorities such as Individual Placement Support (IPS).

The forecast variance is primarily due to :

	Forecast
* Additional roles reimbursement Recharge of salary based on staff in post	£247k
* Local Authority - Yorkshire Smokefree Payment by results on some Smokefree contracts and recharge of actual prescribing costs	£341k

2.2 Pay Information

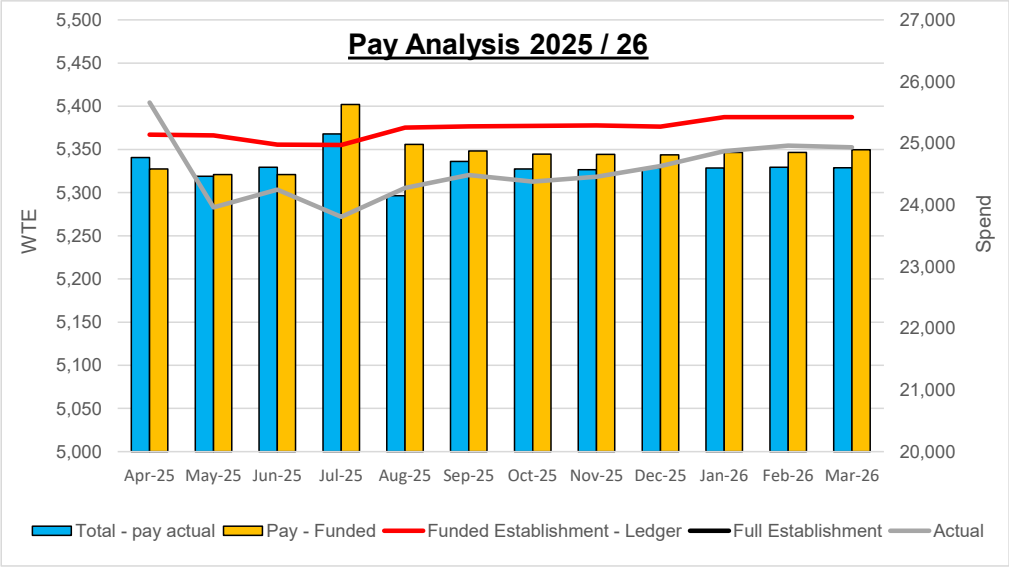
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	22,734	21,955	22,338	22,734	22,771	22,832	22,867	22,893	22,895	**270,690**
Bank & Locum	2,216	1,926	1,964	2,057	1,913	2,106	1,610	1,576	1,542	1,527	1,518	1,501	**21,456**
Agency	352	355	356	361	281	260	239	224	229	203	198	206	**3,267**
Total	**24,768**	**24,463**	**24,610**	**25,151**	**24,150**	**24,704**	**24,583**	**24,571**	**24,604**	**24,598**	**24,609**	**24,602**	**295,412**
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%	8.2%	7.9%	8.5%	6.5%	6.4%	6.3%	6.2%	6.2%	6.1%	7.3%
Agency as % (in month)	1.4%	1.5%	1.4%	1.4%	1.2%	1.1%	1.0%	0.9%	0.9%	0.8%	0.8%	0.8%	1.1%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,837	4,809	4,810	4,785	4,783	4,809	4,914	4,931	4,951	4,970	4,979	4,980	**4,880**
Bank & Locum	528	443	452	452	487	481	375	367	359	357	356	353	**417**
Agency	39	31	42	35	35	31	25	21	21	21	20	20	**28**
Total	**5,404**	**5,283**	**5,303**	**5,272**	**5,305**	**5,320**	**5,313**	**5,318**	**5,331**	**5,348**	**5,354**	**5,352**	**5,325**
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**



Following receipt of pay awards, and arrears, in August 2025 no further exceptional movements are expected in 2025 / 26.

Overall workforce numbers have increased by 15 worked WTE with the increase in substantive staff (unregistered nurses specifically) following recent recruitment drives. Whilst there are small reductions in bank and agency these are expected to increase as new recruits are onboarded and integrated into their new work environments. The impact of this should be reduced from previous similar exercises as a number of staff are transferring from existing bank roles.

This will continue to be monitored and triangulated through the Trust temporary staffing group.

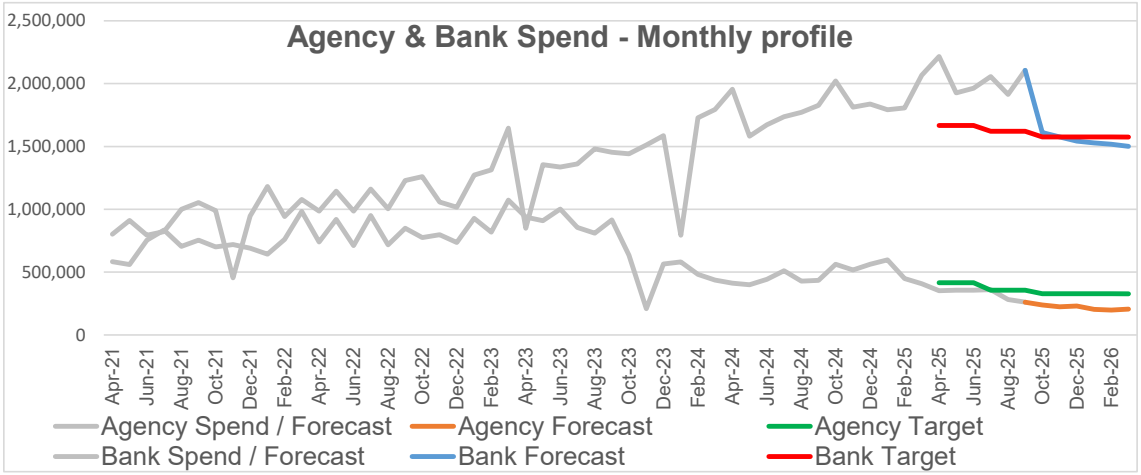
The forecast models a gradual increase in workforce for the remainder of the year (32 WTE to March 2026) and this will be factored into Trust medium term financial planning processes.

2.2 Temporary Staffing Focus

Trust spend in September 2025:
Agency £260k
Bank £2,106k

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 solely agency staff to total temporary staffing costs especially those which are paid a premium rate when compared 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	958	332	**1,290**
Other Medical	526	232	**758**
Reg Nursing	32	2,987	**3,019**
UnReg Nursing	354	7,828	**8,183**
Other Clinical	94	350	**444**
A & C	2	452	**455**
Other	0	0	**0**
Total	**1,967**	**12,182**	**14,148**
Lead Provider Collaborative	25	2	**28**
Budgets held centrally		11	**11**
Total	**1,992**	**12,195**	**14,187**

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 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 and as overall key financial performance indicators (KPI). These are considered as absolute values and not in the context of other pay expenditure movements.

The run rate for agency spend continues to reduce and is forecast to reduce further. As reported within pay expenditure unregistered nursing recruitment has taken place and, once embedded, will support further reductions in this area. For medical staffing individual exit plans continue to be reviewed and built into the forecast. Recent recruitment suggests further success in this area.

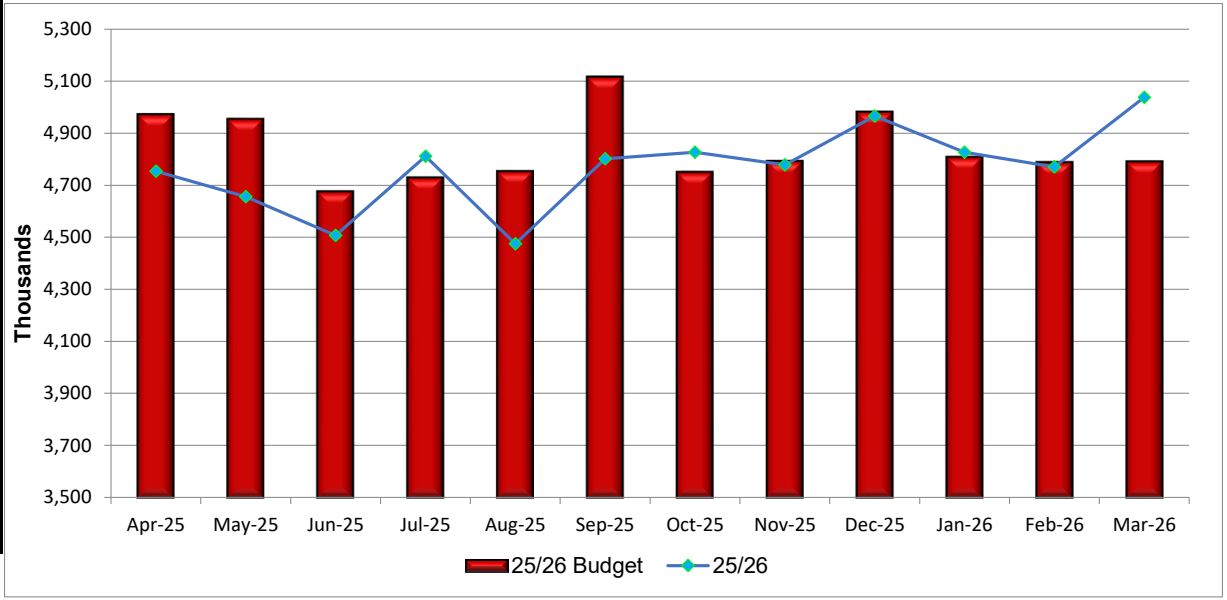
As per the standard operating procedure bank usage is the first option to meet operational requirements. Demand has meant that expenditure has remained high with increases in spend primarily across inpatient areas (Forensics, Adult and Older People). This is forecast to reduce as newly recruited substantive staff are embedded into the workforce.

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	4,812	4,475	4,802	4,827	4,779	4,966	4,827	4,771	5,038	**57,214**
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	2,257	2,137	(119)
Establishment	5,101	4,526	(575)
Lease & Property Rental	4,489	4,278	(211)
Premises (inc. rates)	2,725	2,751	26
Utilities	1,358	1,369	11
Purchase of Healthcare	3,369	3,733	364
Travel & vehicles	3,309	3,139	(170)
Supplies & Services	4,504	4,335	(169)
Training & Education	497	428	(69)
Clinical Negligence & Insurance	878	724	(154)
Other non pay	716	586	(130)
Total	**29,203**	**28,007**	**(1,196)**
Total Excl OOA and Drugs	**23,577**	**22,136**	**(1,441)**



Key Messages

Non pay expenditure, excluding provider collaboratives and budgets held centrally, is at a similar level in September as the previous month. Due to the profile of budgets this is more than planned in month.

The largest non pay overspend continues to be the purchase of healthcare. Driven by operational pressures (bed availability with demand higher than beds / commissioned activity levels) out of area placements (PICU specifically) have been higher than planned in month with an average of 7. In month the team have been able to reduce acute usage back to zero out of area placements. Potential changes in activity are included within the Trust forecast scenario modelling.

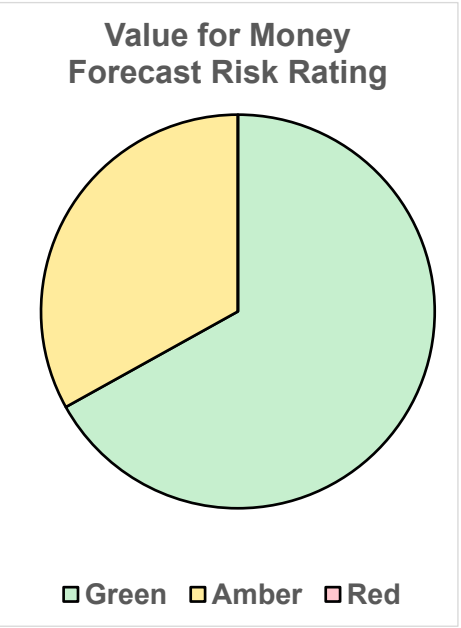
Although the majority of categories remain lower than plan there has been increased spend in month on training and education and travel. As current, and new, value for money areas of focus these will be reviewed to understand the drivers of this movement and actions required.

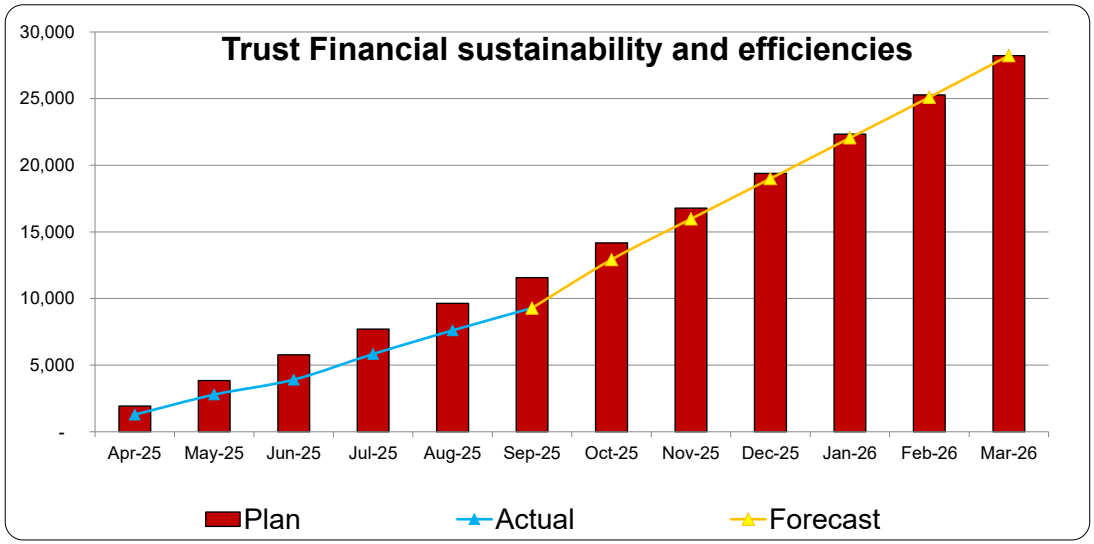
3.0 Value for Money & Financial sustainability

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	3,879	0	3,674	(205)	10,500	0	10,500	3,674	6,284		(543)
	Unallocated	0	0		(0)	3,400	(3,400)	0			0	(0)
	Fixed Term Contracts	252	81		(171)	500	0	500	362			(138)
	Corp / non clinical	798	988	832	1,022	2,000	1,000	3,000	3,002			2
	Productivity	0	0		0	1,100	0	1,100	0		0	(1,100)
	Temporary Staffing	1,950	977		(973)	3,900	0	3,900	2,831	0		(1,069)
	Difficult Decisions	0	0		0	1,000	0	1,000	0			(1,000)
Non Pay	Non Pay	516	388		(128)	1,130	0	1,130	27	796		(307)
	Difficult Decisions	0	60		60	0	0	0	236			236
Other	Corporate Services	852	870		18	1,700	0	1,700	1,745			45
	Provider Collaboratives	750	1,062		312	1,500	0	1,500	2,121			621
	Bed Sales	0	0		0	500	0	500	500			0
	Income	353	353		0	0	705	705	705			0
	Misc income - overage	520		0	(520)	0	520	520		520		0
	Technical	0		0	0	1,000	1,175	2,175	3,692	1,735		3,252
Total		**9,870**	**4,779**	**4,506**	**(586)**	**28,230**	**0**	**28,230**	**18,895**	**9,335**	**0**	**(0)**
Recurrent		5,321	4,779		(542)	16,430	(2,695)	14,735	12,170	8,815	0	6,249
Non Recurrent		4,549		4,506	(43)	11,800	2,695	13,495	6,725	520	0	(6,250)





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.

Schemes continue to be reviewed and challenged through the weekly Value For Money group. In September this includes confirmation of cost reductions in the Trust community equipment store (Difficult decision - non pay).

The largest areas for scope continue to be productivity (progress is being made but as yet no financial values estimated), difficult decisions and workforce. These will continue to be progressed to maximise the savings made this year and to support the medium term financial plan.

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	190,625	
Current Assets			
Inventories & Work in Progress	248	248	
NHS Trade Receivables (Debtors)	2,453	1,391	
Non NHS Trade Receivables (Debtors)	989	968	
Prepayments	2,863	5,804	1
Accrued Income	6,235	4,978	2
Cash and Cash Equivalents	55,748	54,793	Pg 15
Total Current Assets	**68,537**	**68,183**	
Current Liabilities			
Trade Payables (Creditors)	(10,899)	(3,524)	3
Capital Payables (Creditors)	(1,551)	(809)	
Tax, NI, Pension Payables, PDC	(9,478)	(10,157)	
Accruals	(14,054)	(15,683)	4
Deferred Income	(644)	(1,646)	5
Other Liabilities (IFRS 16 / leases)	(48,793)	(47,524)	
Total Current Liabilities	**(85,419)**	**(79,342)**	
Net Current Assets/Liabilities	**(16,882)**	**(11,159)**	
Total Assets less Current Liabilities	**180,552**	**179,466**	
Provisions for Liabilities	(3,357)	(3,276)	
Total Net Assets/(Liabilities)	**177,195**	**176,190**	
Taxpayers' Equity			
Public Dividend Capital	76,344	76,344	
Revaluation Reserve	21,306	14,152	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	74,325	80,474	
Total Taxpayers' Equity	**177,195**	**176,190**	

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 has decreased by £1.5m since last month, £3m of the balance relates to monies agreed with NHS England in relation to Cheswold. Discussions continues to realise payment of these values.

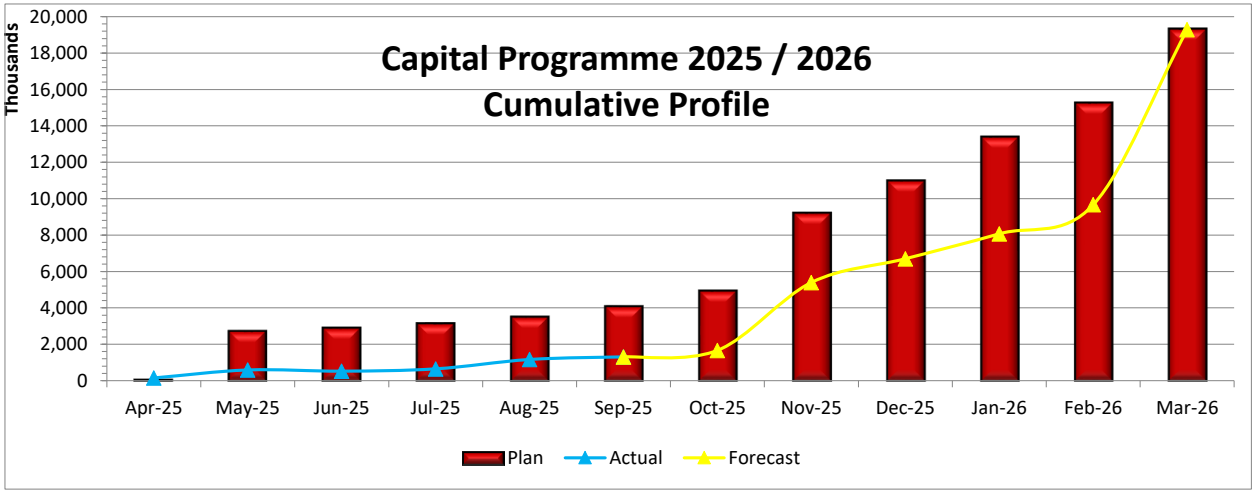
3. As is normal Trade creditors were exceptionally high at year end and have now reduced. As demonstrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution.

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, has reduced by £1.5m from last month. The largest retained value is £0.6m 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	1,300	300	(1,000)	7,425	1,325	(6,100)
Estates safety	0	0	0	675	675	0
Backlog Maintenance	0	35	35	0	1,707	1,707
Equipment	0	0	0	0	45	45
Vehicles	0	0	0	0	36	36
IM & T	0	411	411	0	1,139	1,139
Other	0	194	194	0	4,089	4,089
Leases (IFRS 16)	2,781	343	(2,438)	6,148	3,732	(2,416)
TOTALS	**4,081**	**1,283**	**(2,798)**	**14,248**	**12,748**	**(1,500)**
Additional allocations						
Net Zero (solar funding)	0	0	0	1,952	1,952	0
Cheswold - seclusion room	0	25	25	1,000	2,000	1,000
Cheswold - Minor Capital	0	0	0	2,082	2,582	500
Cheswold - IM & T	0	0	0			0
TOTALS	**4,081**	**1,308**	**(2,773)**	**19,282**	**19,282**	**(0)**



Capital Expenditure 2025 / 26

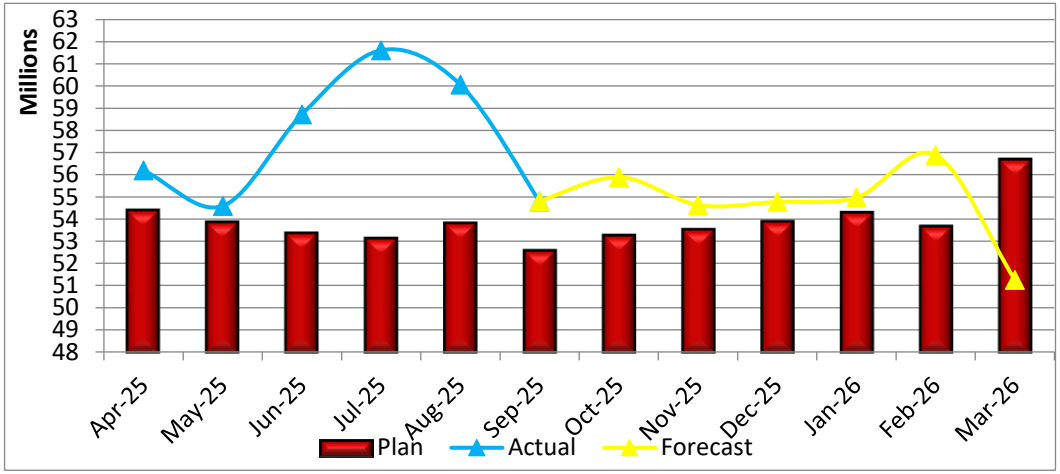
The table on the left summarises the capital programme for 2025 / 26. The first section is activity as reported against the standard West Yorkshire Integrated Care Board capital allocation. For 2025 / 26 the Trust programme was prioritised against the main older people transformation scheme and the impact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

Additional allocations have been secured in line with the Cheswold Park Business case and additional successful funding bids.

Development work continues with the Trust construction partner on the main Older People Inpatient scheme. The value of works for the current year will continue to be reassessed and updated as these discussions continue.

It is acknowledged that this will have an impact on the capital programme for 2026 / 27. As such where possible schemes are being brought forward from future years.

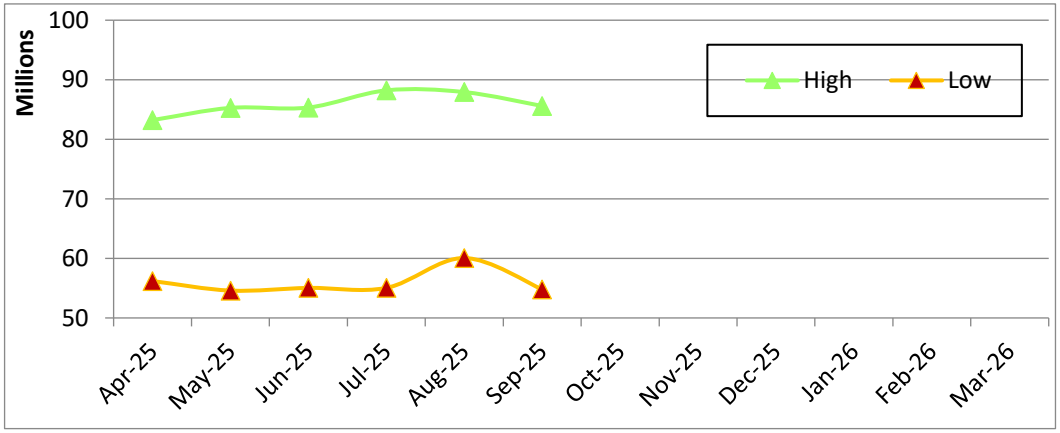
4.2 Cash Flow & Cash Flow Forecast 2025 / 2026



Cash remains above plan

Cash has reduced £6m since August, £2.4m was paid as PDC in September, an additional £2m was paid as tax, National Insurance and pensions following the pay award payment in August.

	Plan £k	Actual £k	Variance £k
Opening Balance	55,839	55,839	
Closing Balance	52,574	54,793	2,219



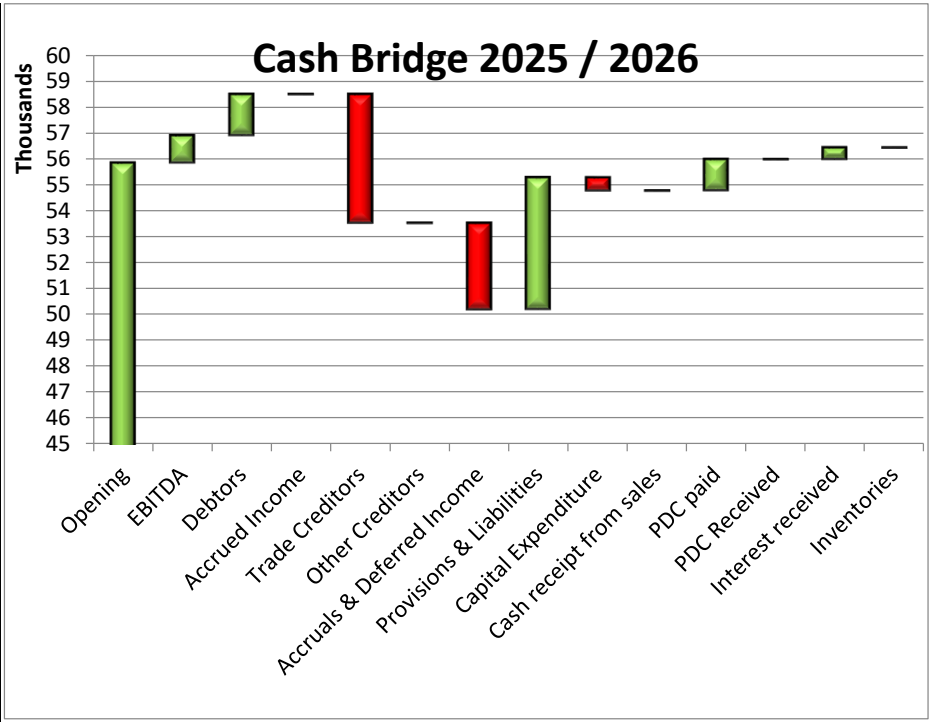
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £85.6m
The lowest balance is: £54.8m

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)	6,746	7,807	1,061	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	1,050	2,640	1,590	
Trade Payables (Creditors)	50	(4,913)	(4,963)	
Accruals & Deferred income	0	(3,332)	(3,332)	
Provisions & Liabilities	(4,168)	913	5,081	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(1,200)	(1,707)	(507)	
Cash receipts from asset sales	0	0	0	
Leases	(4,557)	(2,924)	1,633	
PDC Dividends paid	(2,267)	(1,050)	1,217	
PDC Dividends received	0	0	0	
Interest (paid)/ received	1,081	1,520	439	
Closing Balances	**52,574**	**54,793**	**2,219**	



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.

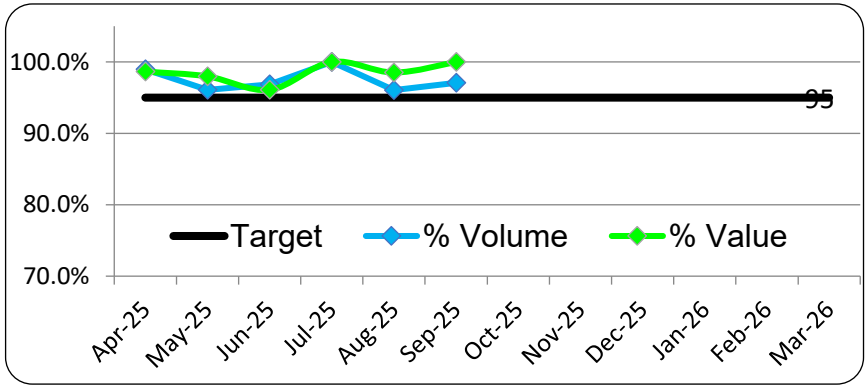
5.0 Better Payment Practice Code

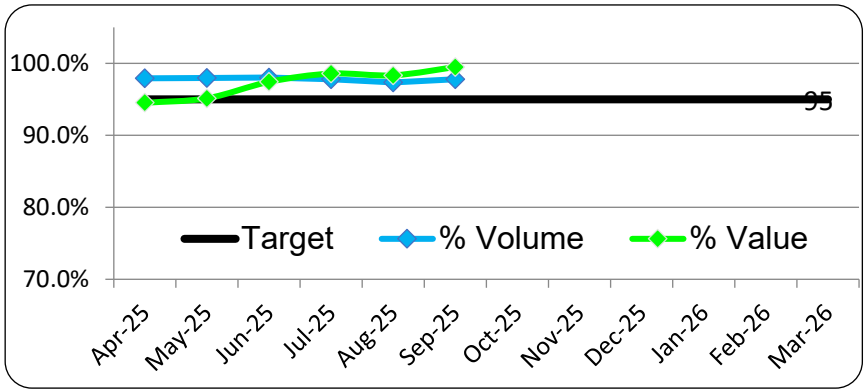
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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%	100%
Cumulative Year to Date	98%	99%

Non NHS	Number %	Value %
In Month	98%	100%
Cumulative Year to Date	98%	97%





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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 (£)
08-Sep-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005160	717,325
12-Sep-25	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	205988	658,717
25-Sep-25	NHS Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600037864	467,363
25-Sep-25	NHS Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600037865	467,363
18-Sep-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS62	400,000
22-Sep-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000001891	341,793
01-Sep-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010428	330,131
16-Sep-25	Computer Licence	Trustwide	Softcat Plc	INVUK1918061	308,363
04-Sep-25	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foundation Trust	4400003464	246,499
18-Sep-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS39	240,000
08-Sep-25	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 304	219,083
02-Sep-25	Income rebate	Wakefield	Wakefield Council	91317435607	167,233
04-Sep-25	Purchase of Healthcare	Forensics	Change Grow Live	IN15012	142,028
01-Sep-25	Purchase of Healthcare	Trustwide	Diabetes Digital Media Ltd	INV8037	131,486
23-Sep-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34046195	120,000
01-Sep-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010425	112,524
04-Sep-25	IT Services	Trustwide	Wavenet Ltd	1396223	108,300
25-Sep-25	Computer Maintenance	Trustwide	Softcat Plc	INVUK1933356	103,429
09-Sep-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS060SN	87,914
11-Sep-25	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710182054	81,705
09-Sep-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS060INV	73,766
08-Sep-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005159	69,872
11-Sep-25	NHS Recharge	Kirklees	Mid Yorkshire Hospitals NHS Trust	1600037691	69,236
15-Sep-25	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trust	330518	66,020
13-Sep-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34045743	59,559
04-Sep-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000001787	59,518
30-Sep-25	Purchase of Healthcare	AS Collaborative	Oxford Health NHS Foundation Trust	A0134100	53,824
22-Sep-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000001892	49,819
29-Sep-25	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400009409	47,101
17-Sep-25	Purchase of Healthcare	Trustwide	Caireach Ltd	WDH0424260	44,566

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
01-Sep-25	Purchase of Healthcare	Kirklees	Invictus Wellbeing Services Cic	484	42,433
12-Sep-25	Purchase of Healthcare	AS Collaborative	Cumbria Northumberland Tyne And Wear NHS Foundation Trust	9810037676	41,864
03-Sep-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001410EPC	39,834
09-Sep-25	Utilities	Trustwide	Edf Energy Customers Ltd	000024897202	39,787
04-Sep-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005121	38,562
04-Sep-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005123	38,562
04-Sep-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005124	38,562
11-Sep-25	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 305	37,422
04-Sep-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005122	37,318
04-Sep-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897347	35,995
30-Sep-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34046660	35,503
30-Sep-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005378	35,056
17-Sep-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	APL0424230	34,154
12-Sep-25	Advocacy	Forensics	Cloverleaf Advocacy 2000 Ltd	15331	33,478
08-Sep-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	APL0424214	32,860
08-Sep-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	KHS0424462	32,860
08-Sep-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34043653	30,091
04-Sep-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005120	29,855
04-Sep-25	Drugs	Doncaster	Speeds Healthcare Ltd	INV163478	28,655
16-Sep-25	Purchase of Healthcare	Forensics	Change Grow Live	IN15103	28,406
04-Sep-25	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72490505	26,345
01-Sep-25	Rent	Kirklees	Bradbury Investments Ltd	SI19964	26,168
03-Sep-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897273	25,283
03-Sep-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897275	25,283
03-Sep-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897276	25,283
03-Sep-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897277	25,283
03-Sep-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897278	25,283
03-Sep-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897279	25,283

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

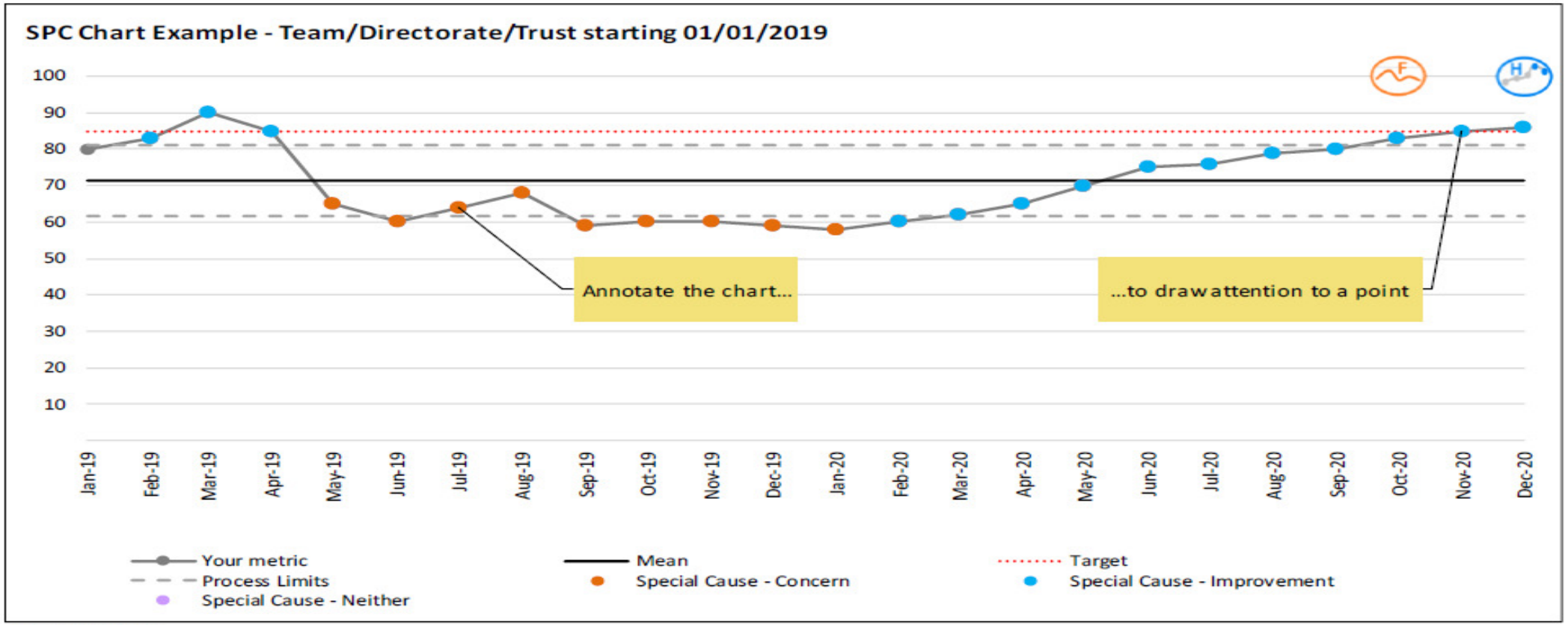
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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

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

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

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

Appendix 3 - Statistical Process Control (SPC) Charts Explained



Observations

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

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