NHS
South West Yorkshire
Partnership Teaching
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

October 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 October 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.

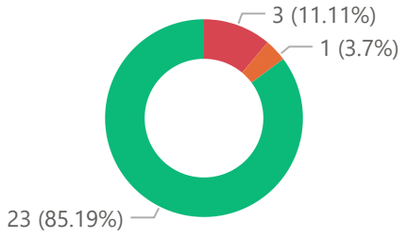
An exercise has been undertaken to review all metrics and thresholds to ensure they meet the requirements and priorities for 2025/26, the report has been updated to reflect this. In particular, the national metrics section includes those contained within the NHS oversight framework, operational planning 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.

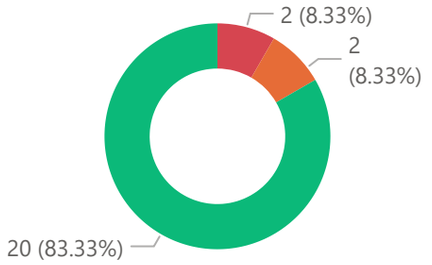
Headlines - Performance Rates Summary

This section of the IPR shows a very high-level overview of the performance rates for each area and Care Group based on the proportion of targeted metrics that have achieved threshold.

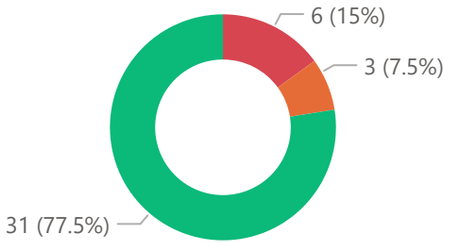
Quality & Safety Metrics Performance Rate



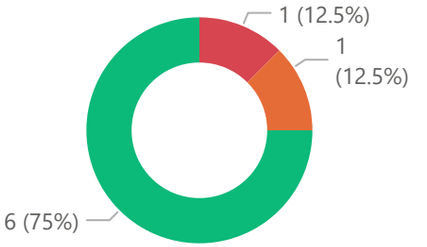
People Metrics Performance Rate



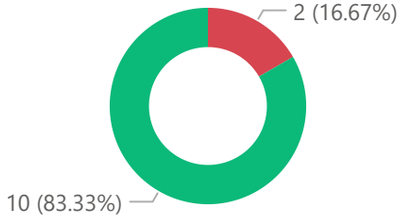
National Metrics Performance Rate



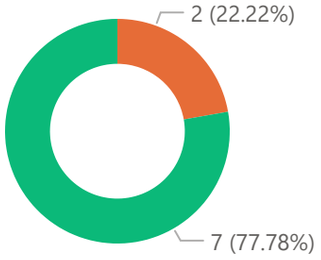
Finance Metrics Performance Rate



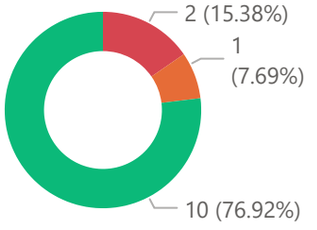
Barnsley Physical Health Metrics Performance Rate



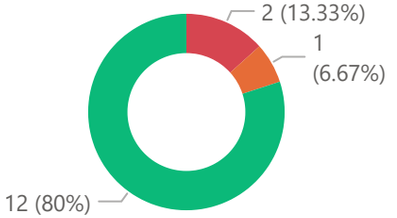
CAMHS Metrics Performance Rate



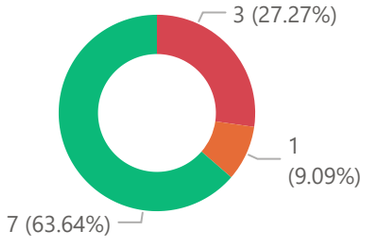
Mental Health Community Metrics Performance Rate



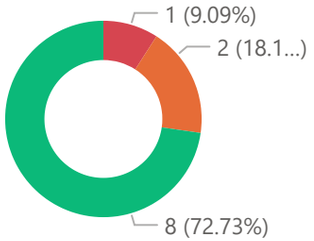
Mental Health Inpatient Metrics Performance Rate



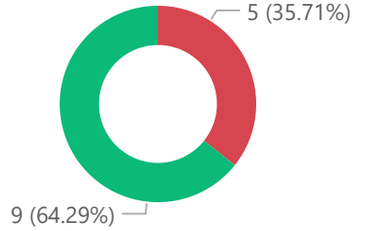
ASD/ADHD Metrics Performance Rate



Forensic SY Metrics Performance Rate



Forensic WY Metrics Performance Rate



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	↑	
% of inpatients clinically ready for discharge	↑	
Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	↓	
Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	↔	

People

Metric	Change from last month	Variation/ Assurance
Registered workforce growth	↓	
Sickness absence - Month	↓	
Sickness absence - YTD	↓	
Appraisals - rolling 12 months (excl Cheswold Park Hospital)	↑	

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	↑	
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	↑	
Virtual Ward Occupancy	↓	

Care Groups

Children and Young Peoples Mental Health Services (CAMHS)

Metric	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
Sickness rate (monthly)	↓	

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)	↑	

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)	↓	
Average length of stay - Acute and Psychiatric Intensive Care Unit - West Yorkshire (3 Months Rolling)	↓	New metric from April 25
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	↑	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	↓	
Sickness rate (Monthly)	↓	

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
% Bed occupancy	↓	
Information Governance training compliance	↑	
Cardiopulmonary resuscitation (CPR) training compliance	↓	

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
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 October increased to 1,500, 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 slight increase, the numbers reported suggest data is in line with the number of incidents reported in previous months. All incidents continue to be subject to review by the patient safety team with relevant governance within the care groups.

• The number of restraint incidents increased this month from 180 reported in September to 244. The highest number of incidents were on Nostell ward (38) and Skipton ward (25). 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 38 violence and aggression incidents against staff on mental health wards involving race during October, this is a reduction compared to 51 that were reported in 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 seven staff led prone restraints during the month and seven service user led prone restraints. 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 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. 3 staff led incidents took place on Sandal Ward and 5 service user incidents took place on Nostell.

• Sadly, there were two patient deaths in October where the service users were known to the Trust's mental health services. These incidents are subject to review and any learning will be identified. We are very mindful of the impact of any death on families, friends and colleagues. Condolences and support have been offered to the families concerned in these tragic circumstances.

• There were eight information governance personal data breaches during October which is a slight decrease compared to last month and remains under the Trust threshold of less than 12. Information disclosed in error continues to be the highest reported category.

• There were 60 inpatient falls reported during October 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 adult wards to establish any alternatives to enhanced observations to support service users. Recommendations have been progressed. Further detail can be seen in the quality section of the report.

• 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 95% against a target of 90%. Disability recording was at 52.7%, sexual orientation 56.2% and postcode at 99.5%. 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.

• On review of our reducing inequalities data we have identified that mental health inpatient length of stay (LoS) appears to vary significantly across clusters of conditions when reviewing the characteristics of individuals e.g. deprivation and ethnicity. Using the Trust's improvement methodology, insights are being derived and helping to identify systemic drivers and opportunities for change. This learning is being shared with the Acute Pathways and Inpatient Improvement Programme steering Group and the Improving Access to Care Group to ensure informed decision making and opportunities for sharing good practice can be maximised. This will help us to plan and generate ideas that will inform targeted actions, ensuring that improvements in admission and discharge processes, culturally competent care, and partnership working are embedded across services.

• For risk assessments and care plans, the Trust's aim is to work towards achievement of 95% against each of these standards. 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'. Performance against most metrics has seen an increase in October 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. 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.

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 October, 63.8% 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 commenced in September. Development and action plans per waits, per place are being developed with commissioners. There is a specific transformation programme for CAMHS to align services and make improvements across all places.

• 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. There has been a slight dip in performance in October which we think is impacted by recording issues - these will be addressed and the figure refreshed in next months report. 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.

• The number of out of area bed placements remains amongst the lowest in the North-East, Yorkshire and Humber region. At the end of October the Trust had reduced its use of inappropriate out of area placements to 3. This has been supported by significant improvements with patient flow and bed management.

• Focus on patients clinically ready for discharge continues to take place across mental health and learning disabilities, with support from colleagues within place with improvements recognised. The main challenges continue to be specialist placements and housing. At the end of October, 28 people were clinically ready for discharge but remained in a bed.

• 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 October was 308. Calderdale does not block commission assessments, but we do assess 7-8 people from that locality via the Patient Choice framework. 26 referrals were received from Calderdale in October.

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 are working with colleagues to establish their preferred model.

• Whilst Mental health bed occupancy levels have reduced slightly from previous months, increased acuity remains a challenge. Particularly with risk to self and others, therefore requires enhanced observations to keep people safe.

• The temporary staffing group continues to have a focus on the use of temporary workforce, ensuring safe staffing whilst delivering a sustainable workforce to meet the patient needs. The use of bank staff reduced further in October compared to previous months. The temporary staffing weekly meeting scrutinises the use of additional staffing and any areas of improvement to reduce the reliance on bank staff.

• Single point of access (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. The service has commenced a review of service delivery to improve access with weekly oversight from the Care Group leadership team and a daily priority oversight from the trio to ensure patient safety is maintained and prioritised.

People

• Our year-to-date sickness absence rate increased in October 25 to 5.4%, which is mainly attributable to an increase in seasonal illnesses and continued increase in MSK related absence. We are seeing higher absence rates in Forensics (7.8%) and Estates which are being pro-actively managed between People Directorate Business Partners, People Relations and Operational leads. Further information on the reasons and actions to address were reviewed at the recent People & Remuneration Committee meeting.
• Our Appraisal rate continues to be high (88.3%), we have extracted Cheswold due to interoperability with systems not providing correct data, however ongoing work with appraisals at CPH to ensure data is captured is part of the transition plan.
• Turnover remains a lower level than we have seen in previous years and under our Trust threshold of between 12-13% meaning we continue to retain our workforce.
• Our statutory and mandatory training compliance is consistently higher than our targets and has remained above our KPI target since May 25 for all subjects. A comprehensive review of our mandatory training requirements has concluded and the recommendations will be considered by Executive Management team shortly.

National Indicators

• 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, 127 out of 176 children (72.2%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in October. The demand in referrals consistently outweighs commissioned activity levels – which is a national issue. A business case for investment 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 2 service users out of a total of 27. Both of these cases relate to where an appointment was offered within the time frame, but this was cancelled by the family.
• Community services waiting list - This metric reports the total number of people waiting across a range of physical health and wellbeing services in Barnsley. 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 October has remained at a similar level to last month (60.2 days). In terms of performance against the trajectory, we are meeting the trajectory for October for both West Yorkshire acute mental health and PICU wards and Barnsley wards, however West Yorkshire wards have seen an increase in month due to a small number of service users being discharged that had lengths of stay in excess of 200 days.
• Expansion of mental health teams in schools – we are working with commissioners regarding the plans for Mental Health Support Teams in 2025/26 and into next year.
• 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

• A surplus (£177k) has been reported for October 2025. As a result, this supports the reduction in the year-to-date deficit to £776k and continues to track towards the forecast breakeven position.
• Agency spend in October is £228k and continues to demonstrate a reducing run rate and expenditure lower than planned. The Trust currently utilise medical and unregistered nursing agency and is working towards the updated NHS England agency rule of no band 2 or 3 agency usage.
• Bank utilisation continues to be higher than planned with the main area of spend in unregistered nurses in inpatient wards. However, for October, there has been a stepped reduction of £344k (58 WTE) since the previous months. The main reason for this is previous, and continued recruitment.
• The value for money programme profile included increased delivery within the latter months of the year. Whilst original schemes continue to be progressed a number of mitigations have been identified, and are delivering from October, which mean that current performance is £0.4m (2.8%) behind plan and therefore rated as green.
• The current cash position continues to be positive and, 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.
• A significant lease has been transacted in month which has increased the capital spend to date. At October this is now 6% below plan. The current forecast is that the revised allocation will be fully utilised and the risk in delivery is being assessed.

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Best Quality	Responsive	TBC	74.9%	76.0%	73.0%	69.3%	64.1%	63.8%	N/A
Complaints	% of feedback with staff values and behaviours as an issue [12]	Best Quality	Caring	< 20%	18% (5/28)	8% (3/38)	17% (8/48)	9% (2/22)	9% (3/33)	8% (2/26)	1
	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	116.1	108.4	144.8	108.7	122.6	116.6	N/A
	Complaints - Number of responses provided within six months of the date a complaint received [16]	Best Quality	Well led	100%	88% (15/17)	95% (18/19)	84% (16/19)	95% (20/21)	93% (25/27)	92% (24/26)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	94%	86%	91%	89%	89%	94%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	96%	95%	97%	97%	97%	96%	1
	Number of compliments received	Best Quality	Caring	N/A	75	74	37	68	44	32	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Best Quality	Safe	Trend monitor	11	6	8	6	14	10	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Best Quality	Safe	Trend monitor	0	0	3	0	0	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	Best Quality	Safe	0	0	0	0	0	0	0	1
	Number of Information Governance breaches [3]	Best Quality	Well led	<12	7	8	13	8	9	8	2
	% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	6.1%	5.4%	3.9%	5.2%	5.5%	5.0%	3
	Total number of reported incidents	Best Quality	Safe	Trend monitor	1464	1490	1680	1424	1414	1500	
	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	31	34	37	33	38	30	
	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	0	2	4	2	0	1	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	2	0	0	0	4	2	
	Safer staff fill rates *	Best Quality	Safe	90%	122.0%	119.4%	119.4%	118.3%	115.6%	118.1%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	100.2%	97.5%	96.0%	97.9%	94.4%	97.6%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Best Quality	Safe	Trend monitor	35	38	50	46	40	47	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	Best Quality	Safe	0	0	0	1	0	2	0	0
	Eliminating Mixed Sex Accommodation Breaches	Best Quality	Safe	0	0	0	0	0	0	0	1
	Number of Falls (inpatients) *	Best Quality	Safe	Trend monitor	44	49	59	51	45	60	
	Number of restraint incidents *	Best Quality	Safe	Trend monitor	170	184	258	208	180	244	
	% of staff receiving supervision within policy guidance [15]	Best place to work and learn	Well led	80%	86.2%	88.7%	89.5%	87.5%	88.4%	87.3%	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%	88.9%	93.1%	78.1%	94.4%	81.8%	92.3%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	29	18	19	16	16	13	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%	69%		Due December 2025				
	Number of violence and aggression incidents against staff on mental health wards involving race *	Best place to work and learn	Safe	Trend Monitor	35	37	36	26	51	38	N/A
	Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Best Quality	Safe	0	9			17		Due Jan 26	
	Estates Urgent Response Times - Service level agreement (SLA)	Best Quality	Well led	95%	99.5%	98.9%	95.6%	92.4%	100.0%	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%	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%	100.0%	100.0%	100.0%	
	Percentage of service users who have had their equality data recorded - ethnicity	Best Quality	Responsive	90%	95.1%	94.4%	94.9%	95.0%	95.2%	95.0%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	54.5%	54.2%	54.2%	54.1%	53.6%	52.7%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	58.7%	58.2%	58.1%	57.7%	56.9%	54.2%	
	Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.4%	99.4%	99.5%	99.5%	99.6%	99.5%	
	Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	Best Quality	Responsive	Service timely completion - 75% Policy - 95%	88.2% Service 100% Policy	100% Service 100% Policy	100% Service 100% Policy	100% Service 97.3% Policy	100% Service 97.3% Policy	100% Service 99.3% 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%	47.8%	51.5%	57.4%	62.4%	71.4%	81.7%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring		78.1%	79.2%	80.4%	80.7%	81.0%	80.9%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		97.2%	92.5%	94.4%	96.9%	98.5%	94.9%	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Year End Forecast*
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		86.6%	79.2%	80.2%	81.4%	91.9%	92.8%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		91.7%	91.7%	92.2%	92.3%	93.5%	93.5%	
	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 October and November – 6	11	7	5	9	4	7	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor	92	54	39	64	64	49	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor	6,933	6,738	8,226	7,958	8,315	8,758	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Person first and in the centre	Safe	6	0	0	0	0	0	0	1
	C Diff avoidable cases	Person first and in the centre	Safe	0	0	0	0	0	0	0	1
	E. Coli bloodstream infection rate	Person first and in the centre	Safe	0	0	0	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Person first and in the centre	Safe	0	0	0	0	0	0	0	
Improving Resource	NHS Oversight Framework segmentation	All	Well led	1/2	2	3	Due December 25				
	Overall CQC rating	All	Well led		Good						
	CQC well - led rating	All	Well led		Good						

Quality & Safety Headlines

• Children and young people mental health services referral to treatment - October saw another reduction in the number of young people waiting less than 18 weeks for their treatment appointment. A number of issues are contributing to this position and this is explained in more detail in the care group section of the report.
• 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 26 complaints responded to during the month, 24 were undertaken within six months of the complaints being received, and the average number of working days these complaints were open was 116.6 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 October was 5%, this includes data for Ches old Park Hospital. The performance excluding Cheswold Park Hospital is 5.89%. 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 - An increasing incidents has been seen in October, the total figure for the month incudes 165 incidents that are attributed to Cheswold Park Hospital; 1335 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 decrease in incidents has been seen during October. 8 incidents related to the Forensics Care Group across 3 wards/teams with the majority of incidents (4) occurring Sandal ward; 23 incidents in mental health inpatients across 13 wards/teams with the majority of incidents occurring on 136 Suite Barnsley (6); 7 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 115 incidents over the last three months has been undertaken, 21 of the 115 incidents were physical assaults with the remainder being from a range of incidents including verbal racial abuse and threatening behaviour. Of the 115 incidents 61 were reported with a severity of green, 50 were reported with a severity of yellow and 4 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 2 patient safety incidents during the month that resulted in death. Both 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.
• The overall number of restraint incidents in October was 244 though this figure now includes data for Cheswold Park Hospital. The highest number of incidents were on Nostell ward (38) and Skipton ward (25). 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 7 for October. There was also 7 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 October 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.

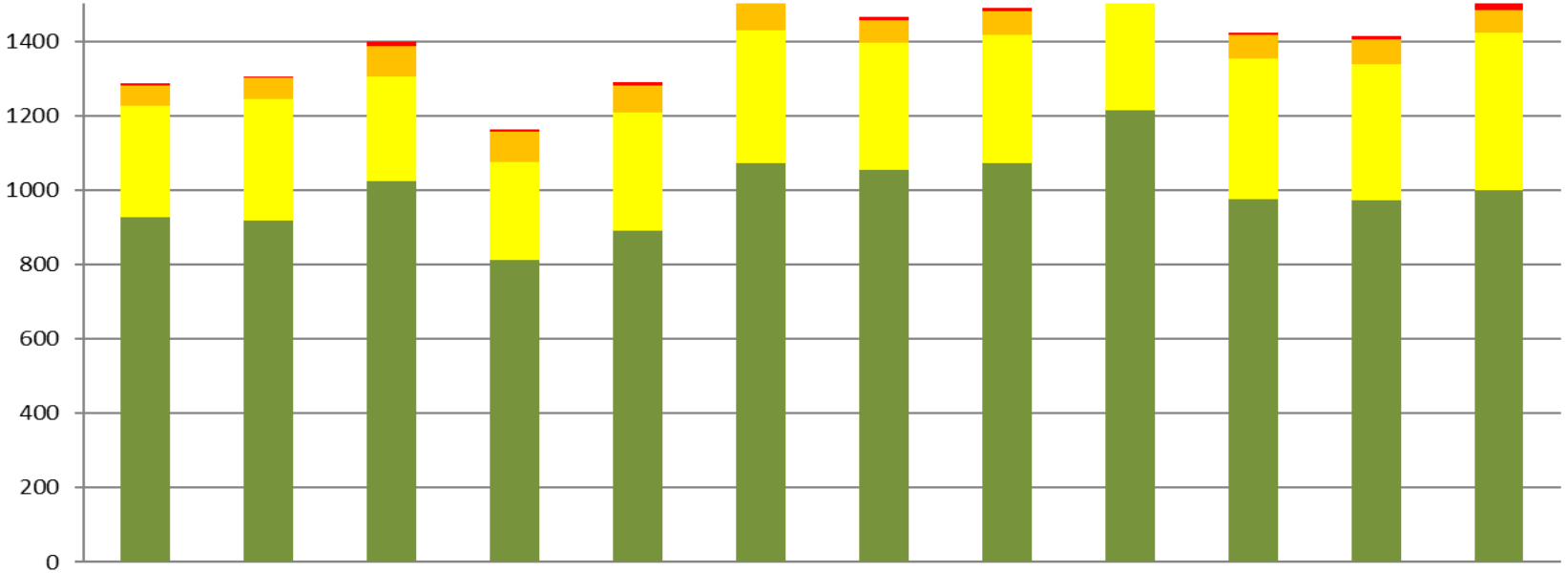
Quality & Safety Dashboard Footnotes:
1 - Number of pressure ulcers which developed under SWYPFT care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions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

Safety First

Summary of Incidents

Although we have reported 16 red incidents in October, incidents may be subject to regrading as more information becomes available, which means this figure is subject to change.

96% of incidents reported in October 2025 resulted in no harm or low harm or were not under the care of SWYPFT.
No never events reported in October 2025



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Red	6	5	10	6	10	4	7	9	7	6	10	16
Amber	54	57	83	82	72	81	60	64	82	64	66	60
Yellow	300	326	280	262	319	359	344	346	378	378	366	424
Green	927	918	1025	813	890	1071	1053	1071	1213	976	972	1000

We encourage reporting of incidents and near misses. An increase in reporting is a positive where the percentage of no/low harm incidents remains high as it does which is evidenced on the previous page. All incidents are reviewed by the care group management team and then by the Patient Safety Datix team to review the actual degree of harm to ensure consistency with national reporting. All amber and red incidents are monitored through the weekly Trust Clinical Risk Panel and all serious incidents are investigated using systems analysis techniques. Learning is shared via a number of routes; care group learning events following a Serious Incident, specialist advisor forums, quarterly Trustwide learning events, briefing papers and the production of Situation Background Assessment Recommendation (SBARs).

Safety First cont…

Summary of Patient Safety Incidents resulting in moderate or severe harm or death

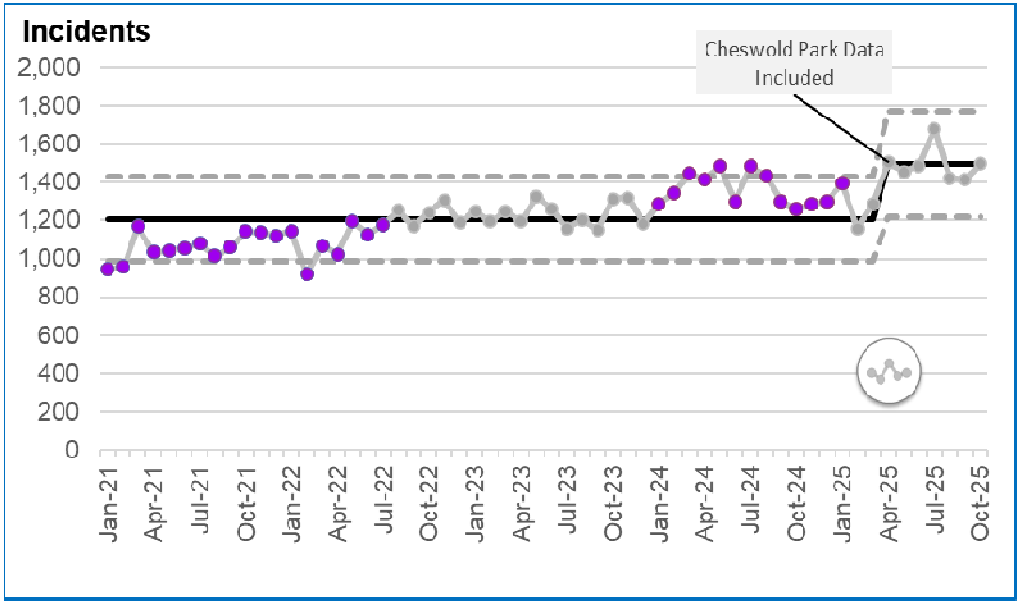
Breakdown of incidents in October 2025

30 moderate harm incidents:
The most common subcategories for incidents were pressure ulcers and self harm.

There was one severe harm incident in the Barnsley neighbourhood team which related to pressure ulcers.

Sadly, there were two patient safety related deaths in October where the service users were known to the Trust's mental health services. These incidents are subject to review and any learning will be identified. Condolences and support have been offered to the families concerned in these tragic circumstances.

Incidents



We have remain in a period of common cause variation in October 2025 due to an overall decrease in the number of incidents, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. Any outlier areas are explored with specialists and care groups, who are best placed to understand changes in light of other factors. They also ensure we are doing everything we can to support individuals to minimise patient safety incidents.

Discussion about patient safety incidents has been held through the year at the Patient Safety Improvement Group to aid understanding. During 2025/26, we will be adapting our Patient safety improvement group (PSIRF) to focus discussion on the patient safety priorities in our PSIRF plan and this will include considering triangulating data, intelligence from incidents/feedback, local and national learning, and our related improvement work. We will also include looking at emerging patient safety areas not currently in our priorities. We hope to facilitate discussion to explore any hotspots and reasons why there may be changes, consider wider intelligence from other sources including input from care groups and specialist advisors, any national guidance/reports, and what our learning responses and improvement work are telling us.

Learning Library

The learning library has been developed as a way to gather and share examples of learning from experience.
Further examples can be found on the SWYPFT intranet page.

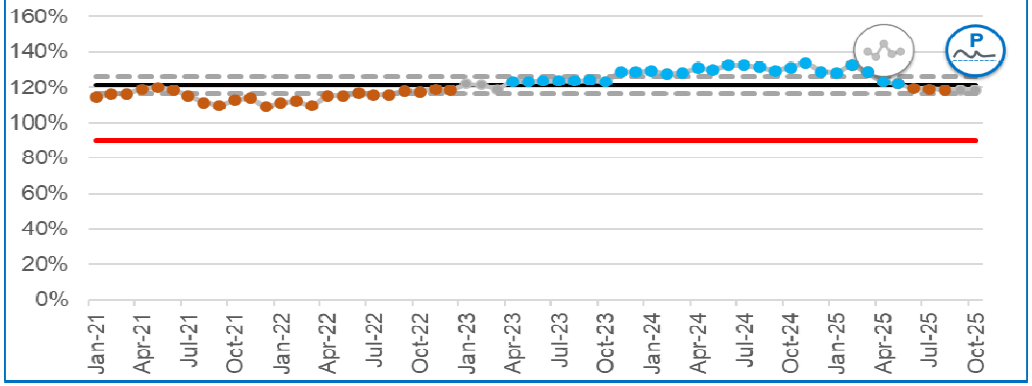
If you would like to attend or share your learning from experience with the learning network, please email learninglibrary@swyt.nhs.uk.

Patient Safety Alerts

There were no patient safety alerts that were not completed by deadline in October 2025.

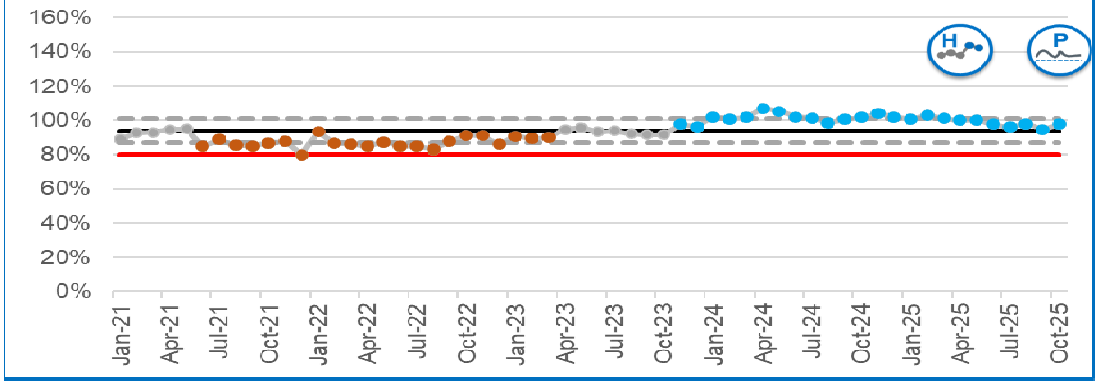
Safer Staffing Inpatients

Safer Staffing Fill Rate



The chart above shows that as at October 2025, we remain in a period of common cause variation (no concern) and we are expected to meet the target.

Safer Staffing Registered Nurses



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

- In October, excluding CPH, within the flexible staffing pool, there were a total of 199 (5136) more shift requests, and the overall fill rate for flexible staffing decreased by 0.49% to 89.35%.
- Within overall fill rates there was a decrease in the fill rates of 1.9% for Forensic and LD care group to 115.3%, Adult and Older Peoples Care Group increased by 2.9% to 119.7%, Cheswold Park Hospital increased by 4.9% to 122.8% and Barnsley Integrated Services increased 14.6% to 82.4%
- We continue to scrutinise flexible staffing usage in our temporary staffing scrutiny and e-rostering groups.
- The utilisation of agency workers has decreased in authorised situations which is in line with our Grip and Control group.
- The overall fill rate has increased compared to the previous month by 2.5% and was 118.1%.
- The day fill rate for Registered Nurses (RN) increased by 4.7% to 97.8%. A decrease of one ward on the previous month to three wards, Calder Ward within Cheswold Park Hospital, Stroke Rehab within Barnsley Physical Health Services and Hepworth Ward within the Forensic and LD care group, fell below the 90% RN day fill rate. They were supported through local escalation plans.
- The night RN fill rate increased by 1.7% to 106.1%. Night fill rate was not achieved by Calder Ward at Cheswold Park and Neuro Rehab in Barnsley Physical Health Services. This was a decrease of one on the previous month.
- In October two wards, Stroke Rehab (88.6%) within Barnsley Physical Health Service and Aire Ward within Cheswold Park Hospital (85.8%), fell below the 90% overall fill rate threshold. This was a decrease of one on the previous month.

Safer Staffing Inpatients cont…

Registered Nurse Day Rate:

Registered day rate	Aug-25	Sep-25	Oct-25
Adults and Older People	94.8%	91.9%	97.8%
Barnsley Integrated Services	88.0%	84.7%	94.7%
Forensic and LD	93.3%	98.2%	105.4%
Cheswold Park Hospital	102.4%	94.7%	95.0%
Overall shift fill rate	**95.0%**	**93.1%**	**97.8%**

Registered Nurse Night Rate:

Registered night rate	Aug-25	Sep-25	Oct-25
Adults and Older People	103.1%	105.8%	105.0%
Barnsley Integrated Services	101.6%	100.0%	105.4%
Forensic and LD	112.8%	84.9%	94.9%
Cheswold Park Hospital	85.2%	116.2%	114.9%
Overall shift fill rate	**102.5%**	**104.4%**	**106.1%**

Overall Registered Rate: 97.6%.

Overall Fill Rate:

Overall Fill Rate	Aug-25	Sep-25	Oct-25
Adults and Older People	117.7%	116.8%	119.7%
Barnsley Integrated Services	91.2%	82.4%	97.0%
Forensic and LD	122.7%	117.2%	115.3%
Cheswold Park Hospital	120.0%	117.9%	122.8%
Grand total	**118.3%**	**115.6%**	**118.1%**

Excluding Cheswold Park Hospital, bank staff filled 83.88% (an increase of 2.58% on the previous month) of Registered Nurse (RN) requests for flexible staffing and 83.47% (a decrease of 0.45% on the previous month) of Health Care Assistant (HCA) requests.
Agency staff filled 1.28% (a decrease of 1.03% on the previous month) of RN requests for flexible staffing and 6.78% (an increase of 0.46% on the previous month) of HCA requests.

Hours Worked	Substantive	Bank	Agency
Aug-25	57.4%	40.0%	2.7%
Sep-25	64.2%	33.2%	2.5%
Oct-25	65.0%	32.8%	2.3%
Grand Total	**62.2%**	**35.3%**	**2.5%**

Information Governance (IG)

Eight personal data breaches were reported during October 2025, which continues the trend of lower numbers of incidents reported during the current financial year.

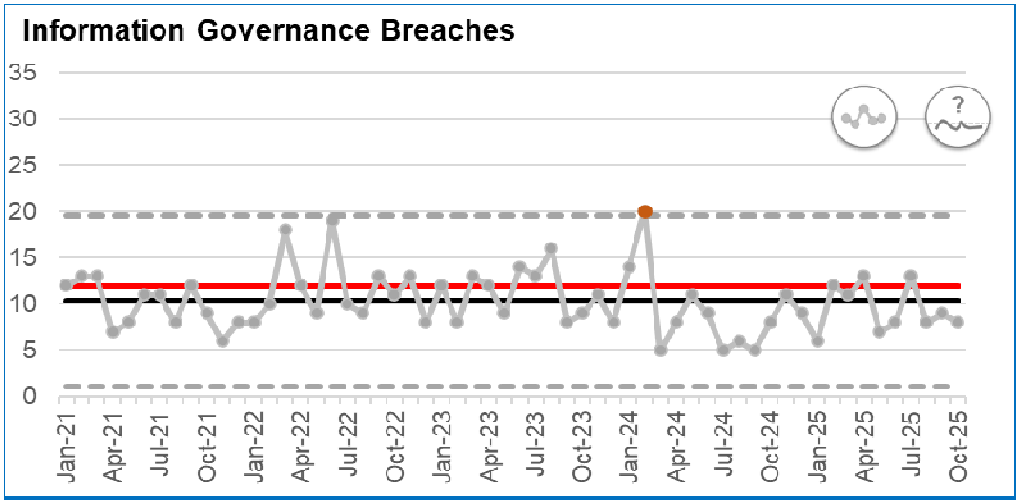
Information disclosed in error continues to be the highest reported category. Breaches during October were due to:

- Correspondence being sent to third parties against patient wishes
- Correspondence (email and post) sent to wrong recipient
- Wrong person called into clinic and consultation started before error identified
- Volunteer's personal email address visible to other recipients instead of being blind copied.

A further incident was reported when a notebook including patient details was found in a publicly accessible area near a ward.

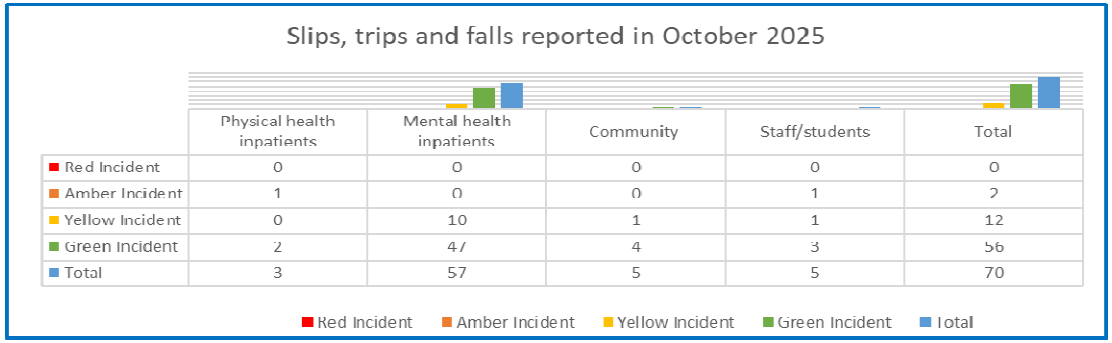
A communications campaign continues reiterating taking personal responsibility for ensuring outgoing post and email correspondence is sent to the correct recipient, and that SystmOne templates and window envelopes should be used for letters where possible..

This SPC chart shows that as at October 2025 we remain in a period of common cause variation. Overall there has been a decrease in the number of IG breaches.



Trustwide Falls

October 2025, Datix reported a Trustwide total of 70 slips, trips and falls, of which 60 related to inpatient services. This equates to 4.6% of all Datix safety events reported in October 25. Below is a breakdown of falls and where they occurred in the community, inpatients, or staff group/visitor.



	Physical health inpatients	Mental health inpatients	Community	Staff/students	Total
Red Incident	0	0	0	0	0
Amber Incident	1	0	0	1	2
Yellow Incident	0	10	1	1	12
Green Incident	2	47	4	3	56
Total	3	57	5	5	70

The Trust inpatient falls rate is 3.89 per 1000 bed days. We continue to be below the National average for inpatient falls of 6.3 per 1000 bed days

Incident Grading

Red: No red fall incidents reported.

Amber: A total of two (3%) amber falls reported. One for a patient who fell getting out of bed and fractured their hip, and one for a member of staff falling in a community building.

Yellow: A total of 12 (17%) reported events needed higher intervention, such as attending A&E, or minor treatment. There has also been a younger patient having repeated falls linked with discharge planning, and associated deterioration in mental state; complex case review meetings have taken place.

Green: A total of 56 (80%) reported safety events had low, or no harm recorded. Main themes reported linked with agitation, developing physical illness, headbanging, and incontinence.

Inpatient falls had a high correlation with:

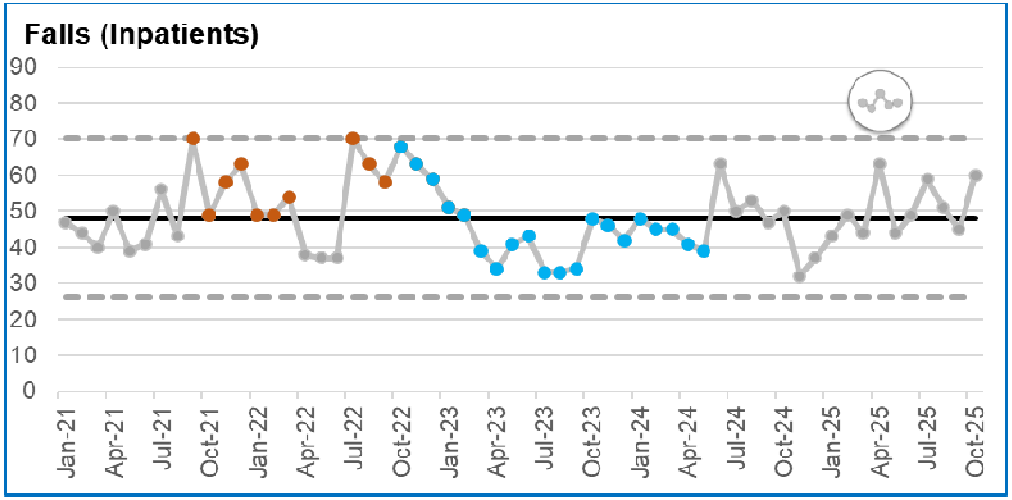
- there were 25 falls (42%) by 6 patients experiencing repeated falls. On review, there were positive assessments of physical health, medication, allied health professional reviews, and mobility plans in place
- there were 21 falls (36%) for patients with a diagnosis of dementia, of those:
    - there were 21 patients (100%) with a diagnosed long-term physical health condition
    - there were 8 falls (38%) directly linked with behavioural and psychological symptoms of dementia

Things to celebrate

- There has been a 36% increase in patient education since April 2025
- There continues to be a good completion of the post falls protocol and checklist. 82% were fully completed, where a checklist had not been completed, there were good progress notes documenting physical checks made for injury.
- Physical health checks were completed in 100% of all patients who had a fall

Falls (Inpatient)

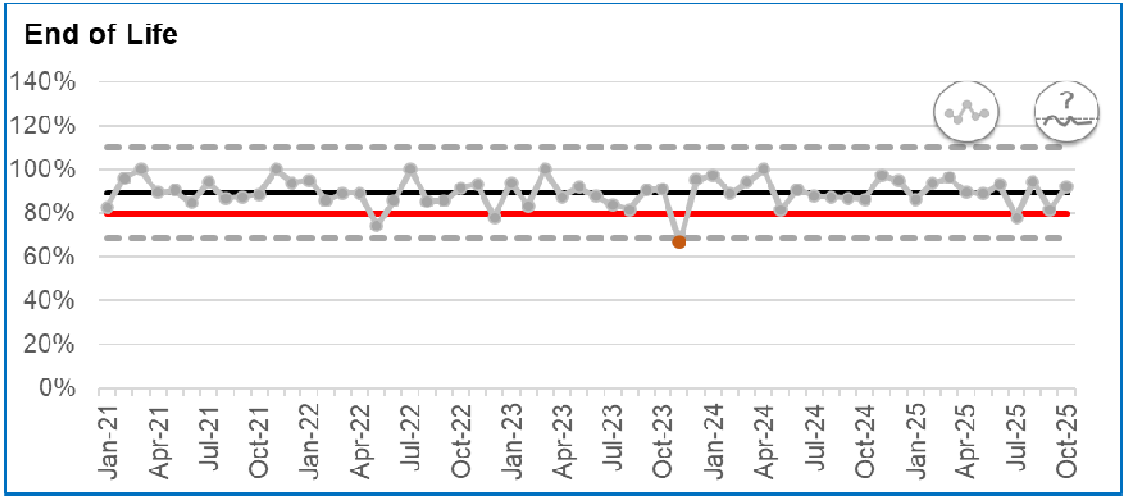
The total number of inpatient falls was 60 in October.



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

End of Life

The total percentage of people dying in a place of their choosing was 92.3% in October. As is noted in the quality dashboard, performance against this metric remains above threshold this month. This metric relates to the Macmillan service, end of life pathway.



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

Patient Experience

Friends and family test results (FFT) show:

- 96% would recommend physical health services
- 94% would recommend mental health services

	Target	August	September	October
Mental health community	85%	88% (145)	85% (162)	95% (408)
Mental health inpatient	85%	83% (29)	78% (55)	95% (42)
Learning Disabilities	85%	98% (46)	93% (45)	89% (19)
ASD/ ADHD	85%	90% (29)	82% (33)	94% (33)
CAMHS	85%	81% (16)	91% (53)	81% (16)
Forensic	60%	75% (4)	100% (7)	50% (2)
Mental health overall	84%*	89% (273)	89% (355)	94% (461)
Barnsley Physical Health	95%	97% (319)	97% (374)	96% (349)
Trustwide	**85%**	93% (592)	93% (729)	95% (810)

** weighted for 2025/26*

	Top three positive themes	Top three negative themes
Trustwide	1. Staff	1. Staff
	2. Communication	2. Clinical treatment
	3. Patient care	3. Access and waiting times
Physical Health	1. Staff	1. Access and waiting times
	2. Communication	2. Admission and discharge
	3. Access and waiting times	3. Clinical treatment
Mental Health	1. Staff	1. Staff
	2. Communication	2. Clinical treatment
	3. Patient care	3. Access and waiting times

- In October, satisfaction levels increased in mental health community, mental health inpatient, ADHD/ASD services.

- All services remained above target thresholds, with the exception of CAMHS and Forensic services, where the number of returns were lower than previous months, 16 and two respectively.

- Mental Health Community Services increased response rates throughout October, for the third month in a row.

- Mental Health Inpatient, Learning Disabilities, CAMHS, Forensic Services and Barnsley General Ops saw a decline in the number of responses for October.

Safeguarding

Safeguarding Adults:
In October 2025, there were 44 safeguarding adult incidents recorded on Datix. Of these, there were zero incidents graded red or amber, 19 graded yellow and the remaining 25 incidents were graded green. The most common subcategories of these were neglect, physical, financial abuse and emotional/psychological abuse.

In addition to the Safeguarding Adult Datix's, there were 25 sexual safety incidents recorded on Datix. Of these, there was one Datix incident graded red, no ambers, seven were graded yellow and 17 were graded green. The most common subcategory related to inappropriate sexual behaviour.

Safeguarding Children:
In October 2025 there were 13 Datix categorised as Safeguarding Children. The most common subcategories of these were requests for service and child protection (non-specific).

Complaints

- There have been 26 new formal complaints received in October 2025 which is a 21% decrease from the previous month.
- 100% of new formal complaints were acknowledged within three days, in line with the regulatory requirements.
- There were 26 complaints closed within October which is a slight decrease and of these (92%) were closed within the six-month statutory timeframe. 58% of these complaints were closed within three months.
- There were 2 formal complaints which had values and behaviours (staff) as a primary reason for the complaint. These are complaints which have not yet been investigated.
- 32 compliments were received in October.

Infection Prevention Control (IPC)

Outbreaks / Clusters

In October there were:

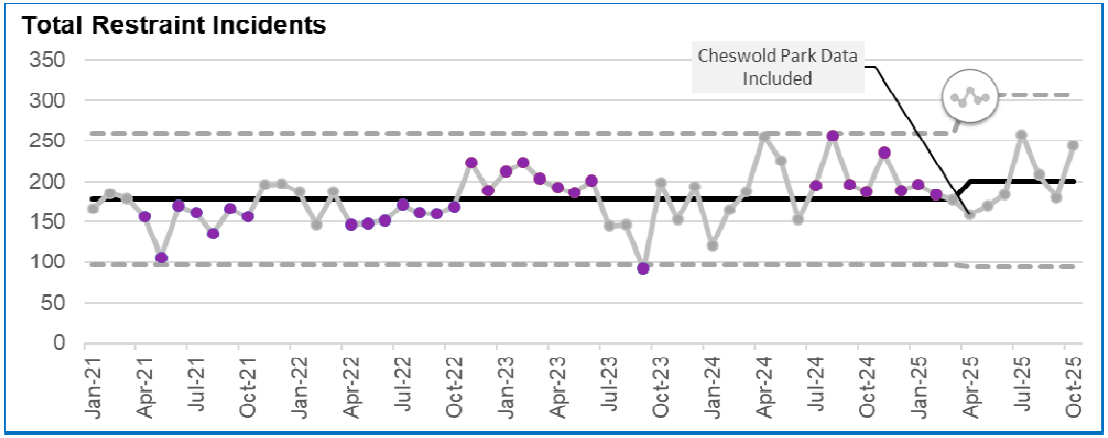
- Four outbreaks on the following wards:
  - Walton ward- Gastroenteritis
  - Sandal ward- Rhinovirus
  - Sandal ward- Covid-19
  - Beamshaw ward- Acute respiratory virus, Covid-19 and Rhinovirus
- One cluster which was Gastroenteritis on Johnson ward.
- There has been one Klebsiella bacteraemia in October 2025, a case note review of the using PSIRF methodology has been commenced and any improvement will be actioned and shared as appropriate.

Reducing Restrictive Physical Intervention (RRPI)

This report includes Cheswold Park data from April 2025.

- During October 2025, there was a total of 244 restraints, an increase of 64 from September 2025.
- There were seven staff led prone restraint an increase of three from September. There were also seven service user led prone restraints.
- There were 61 incidents of seclusion, an increase of one from September 2025.
- The restraint table shows the type of restraint positions used Trustwide August 2025 (in 208 restraints). Please note there are more positions used than incidents due to multiple positions used during one incident.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	123	32.5%
Seated	88	23.3%
Safety Pod	66	17.5%
Supine - held on their back, regardless of surface	31	8.2%
Side	21	5.6%
Prone decent then remained in chest down position	12	3.2%
Restricted escort	10	2.6%
Kneeling	9	2.4%
Safety Pod Technique (Immediate Exit)	5	1.3%
Prone decent then immediately rolled to other position side/back	4	1.1%
Other	3	0.8%
Reverse arms seclusion exit (knees position)	2	0.5%
Safety Pod Technique (IM administration then exit)	2	0.5%
Service User placed self in prone and staff immediately let go or rolle	2	0.5%
Total	378	100.0%

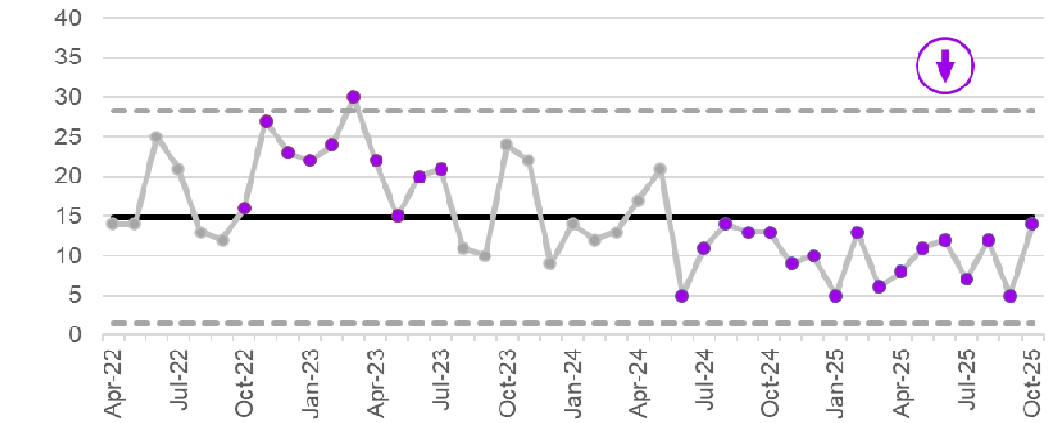


This SPC chart shows that in October 2025 we remain in a period of common cause improving variation.

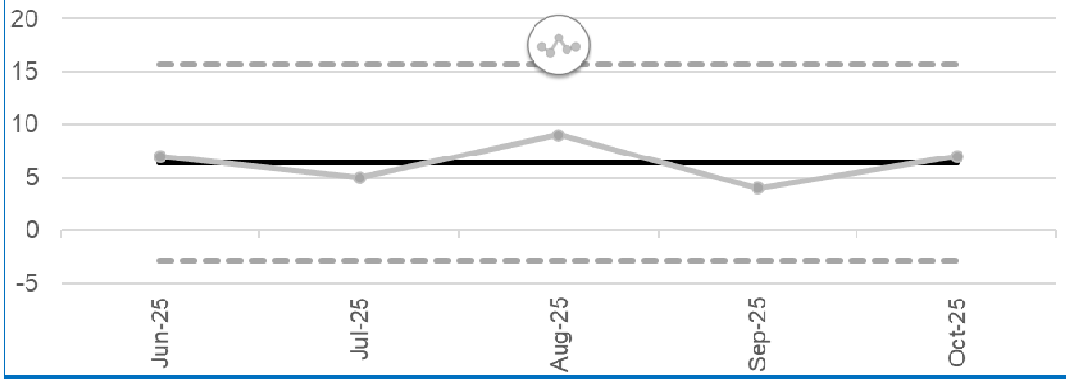
It should be noted that an increase in restraint incidents does not always indicate a deterioration in performance.

Reducing Restrictive Physical Intervention (RRPI)

Prone Restraint (Total Number)



Prone Restraint (where we have purposefully placed the person in prone position)



The circumstances where prone is used will be influenced by the level of concern during the incident. 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

From June 2025 we have separated out the number of prone restraints where we have purposefully placed the service user in the prone position from those that were service user led.

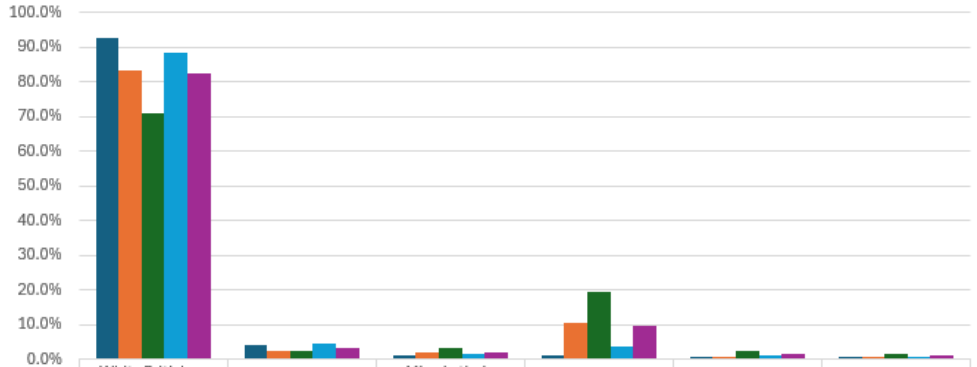
In October 2025 there were seven instances of prone restraint that were service user led.

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.

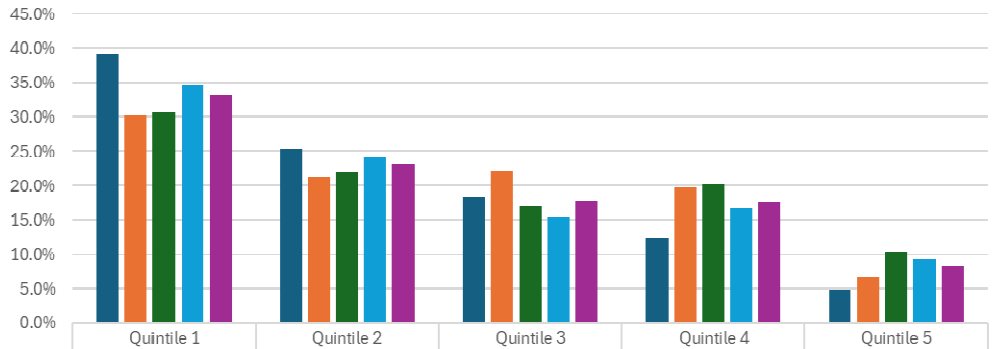
The population our Trust serves is varied in terms of ethnic make-up and also levels of deprivation. We can measure the relative deprivation of an area using 7 distinct domains of deprivation, which are: 1) Income 2) Employment 3) Health deprivation and disability 4) Education, skills & training 5) Crime,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

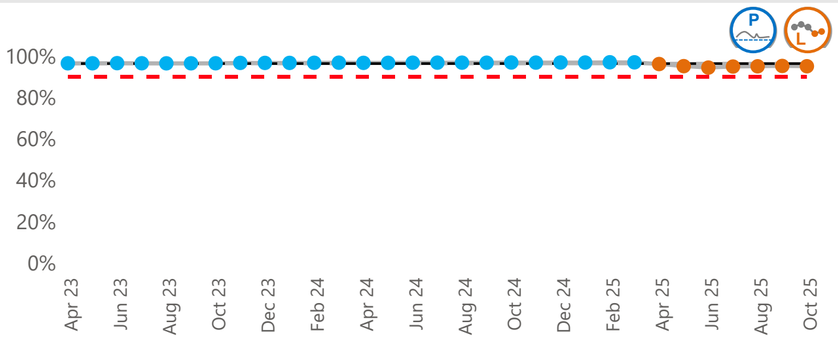
Data as of : 27/11/2025 09:42:26

NHS South West Yorkshire Partnership NHS Foundation Trust

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

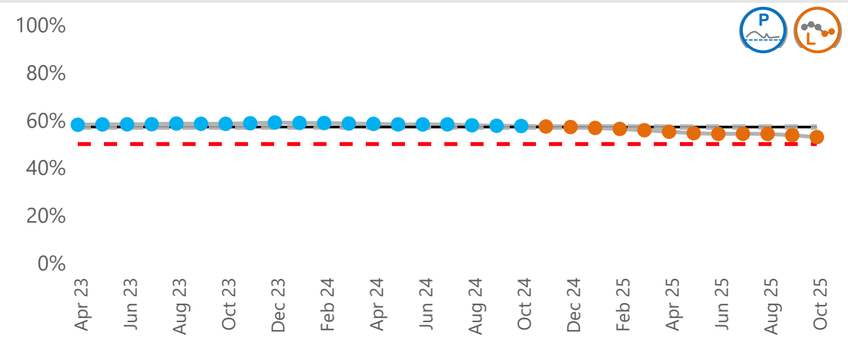
The SPC charts below show the completion rates for these measures.

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



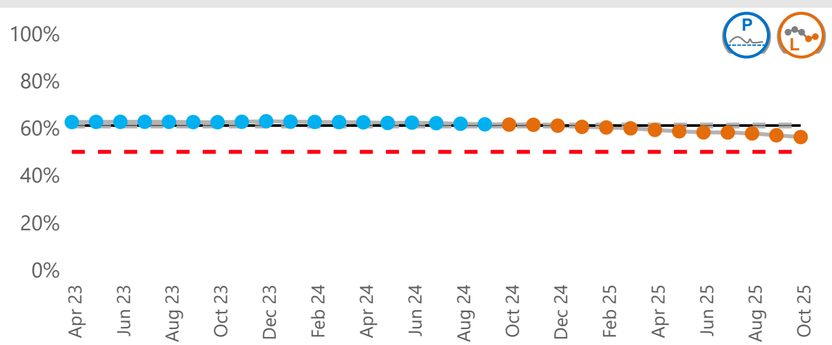
The Statistical Process Control (SPC) chart shows that in October 2025 due to the continued dip in performance we remain in a period of special cause deteriorating variation (something is happening and should be investigated). We are expected to meet the target against this metric.

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



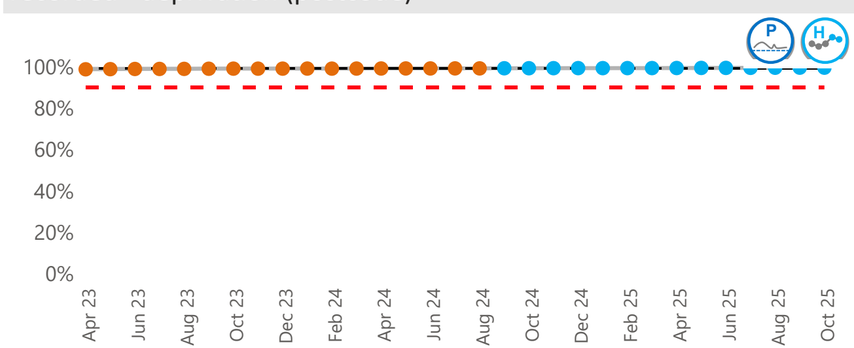
The SPC chart shows that in October 2025 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months. We are expected to meet the target against this metric.

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



The SPC chart shows that in October 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. We are expected to meet the target against this metric.

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



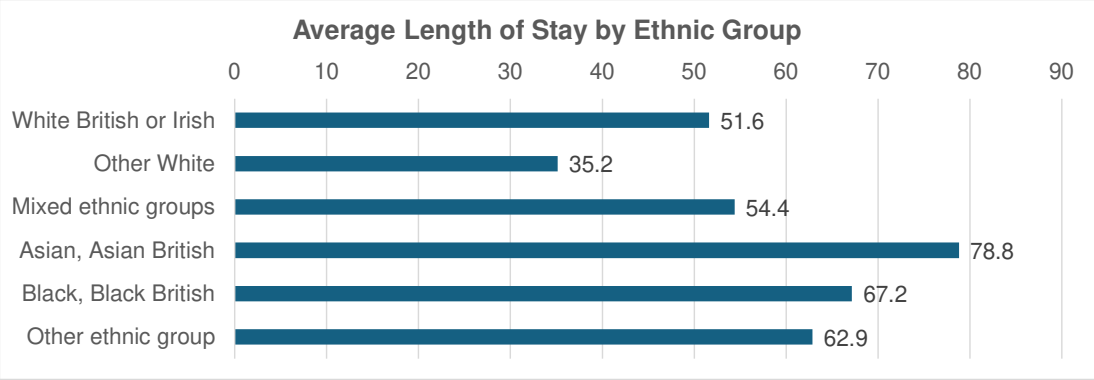
The SPC chart shows that in October 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained increase in performance. We are expected to meet the target against this metric.

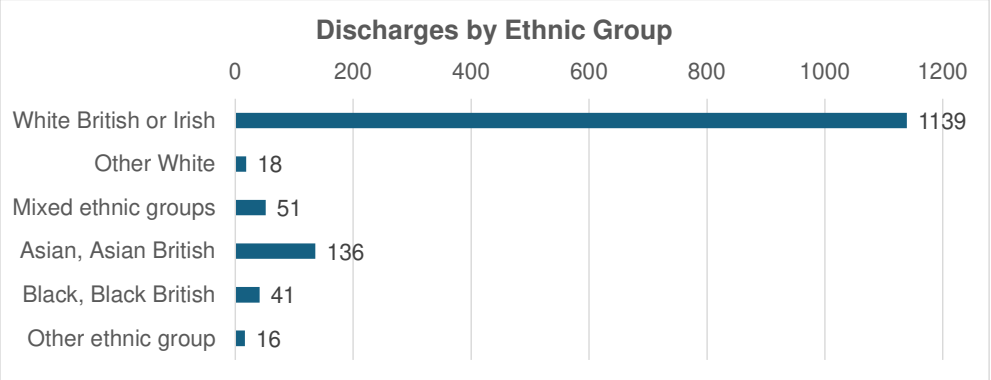
Reducing Inequalities

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).

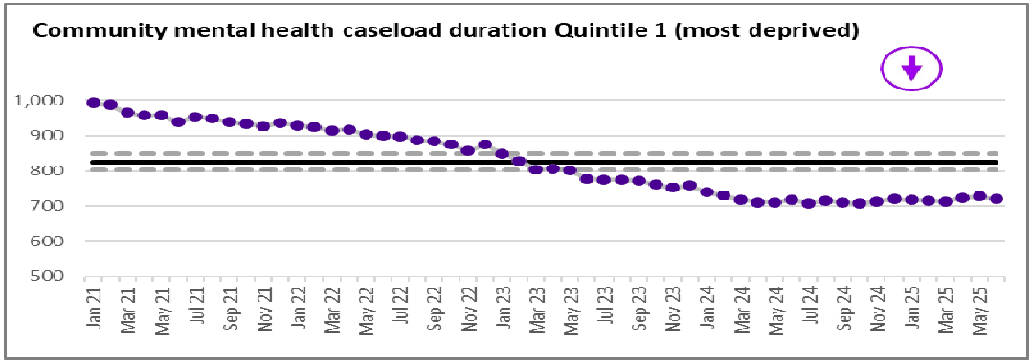
Our review of inpatient length of stay (LoS) data highlights important patterns. Employing our quality improvement methodology and data driven approach we have been able to identify opportunities for further understanding. Examining variance of the median LoS (rather than the mean) has enabled us to have a better understanding of the average length of stay which accounts for the differences in cohort size. We have identified that LoS appears to vary significantly across clusters of conditions when reviewing the characteristics of individuals e.g. deprivation and ethnicity.

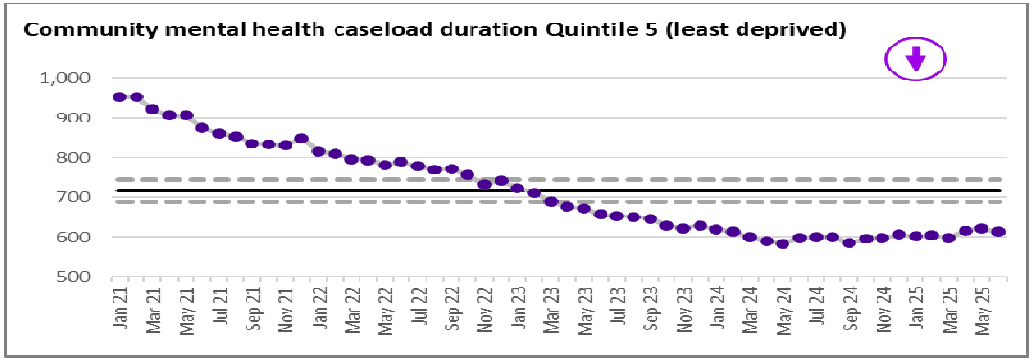
Differences in admission practices i.e. formal (compulsory) and informal (voluntary) also appear to influence LoS, with compulsory admissions tending to require more intensive interventions and longer discharge planning. Similarly, discharge approaches differ, with patients facing socioeconomic challenges or limited community support experiencing delays. Using the Trust's improvement methodology, insights are being derived and helping to identify systemic drivers and opportunities for change. This learning is being shared with the Acute Pathways and Inpatient Improvement Programme Steering Group and the Improving Access to Care Group to ensure informed decision making and opportunities for sharing good practice can be maximised. This will help us to plan and generate ideas that will inform targeted actions, ensuring that improvements in admission and discharge processes, culturally competent care, and partnership working are embedded across services.





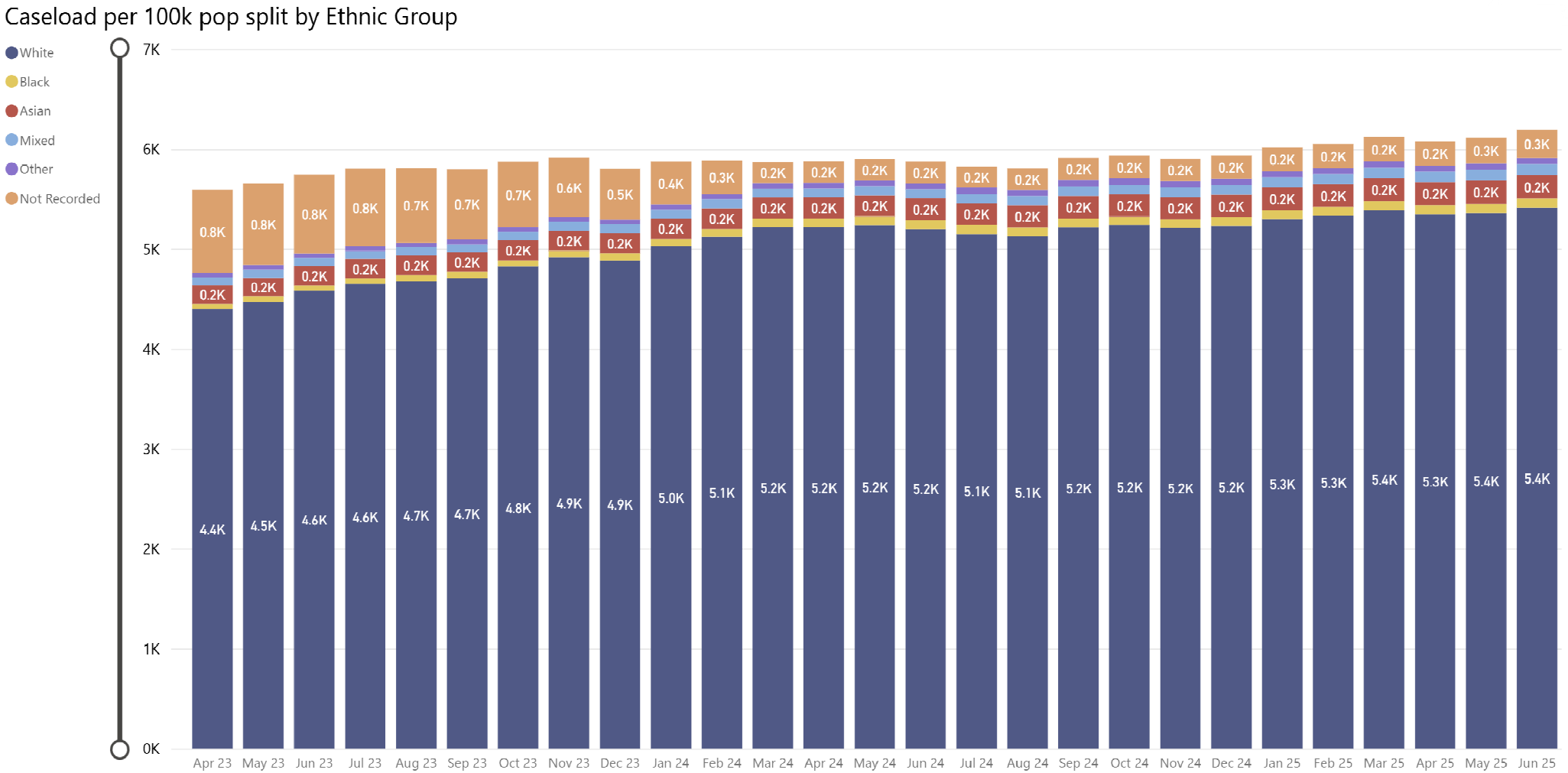
The charts below show the average caseload length for patients on the caseload of a community health team by those with a post code in the most deprived areas (Quintile 1) and those with a post code in the least deprived areas (Quintile 5).





Reducing Inequalities

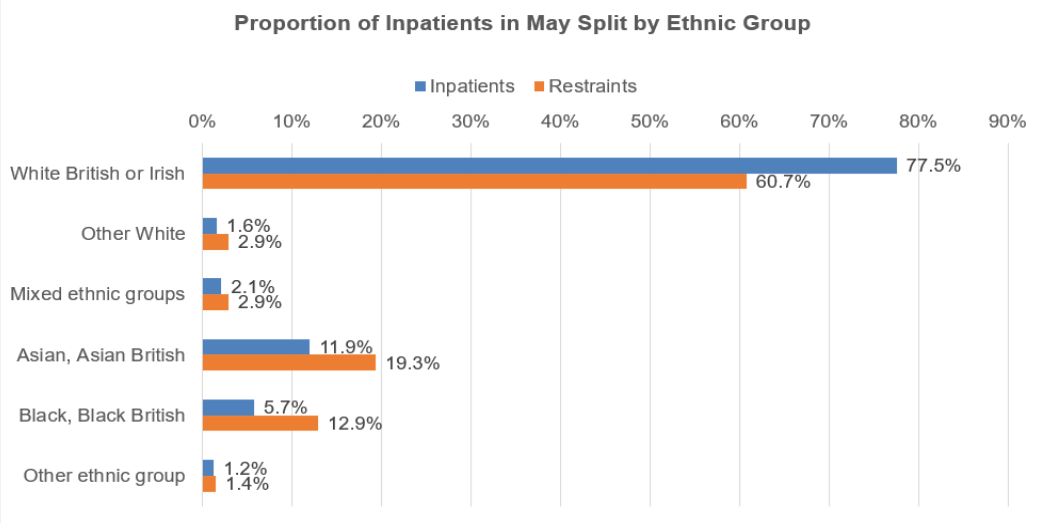
The chart below shows the split by the ethnic group of the clients on the caseload of a community health team, shown per 100,000 population.

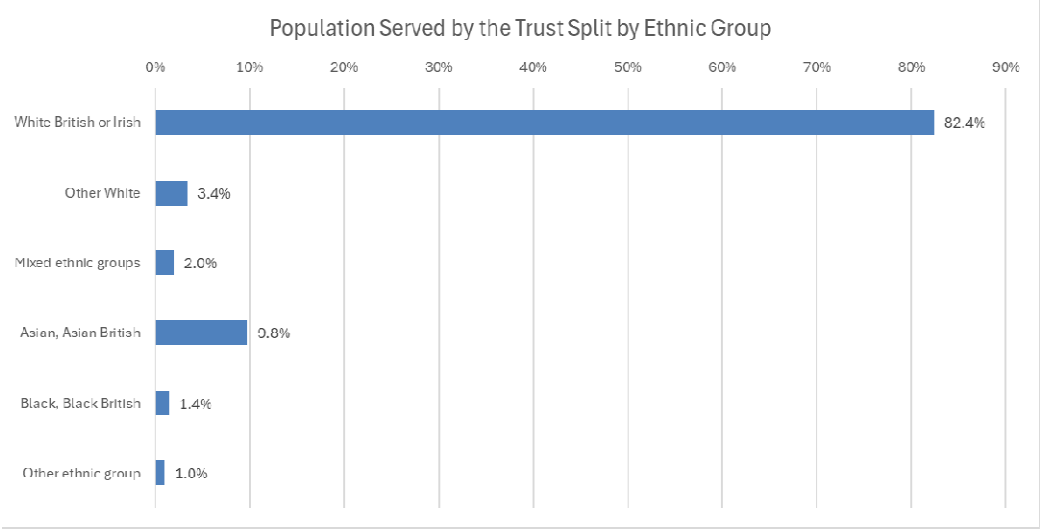


NB: 'White Other' is incorporated in the 'white' category in this chart.

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.

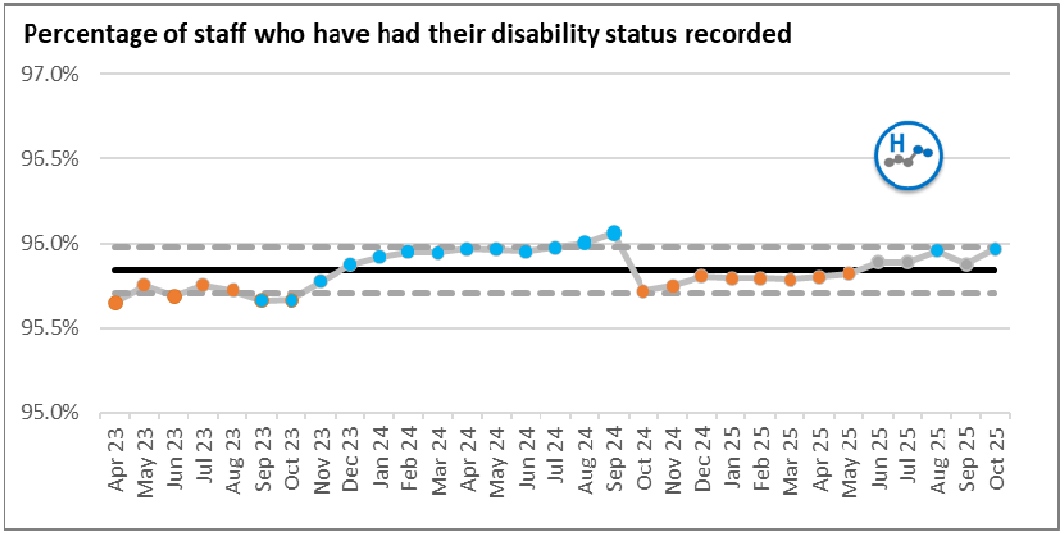


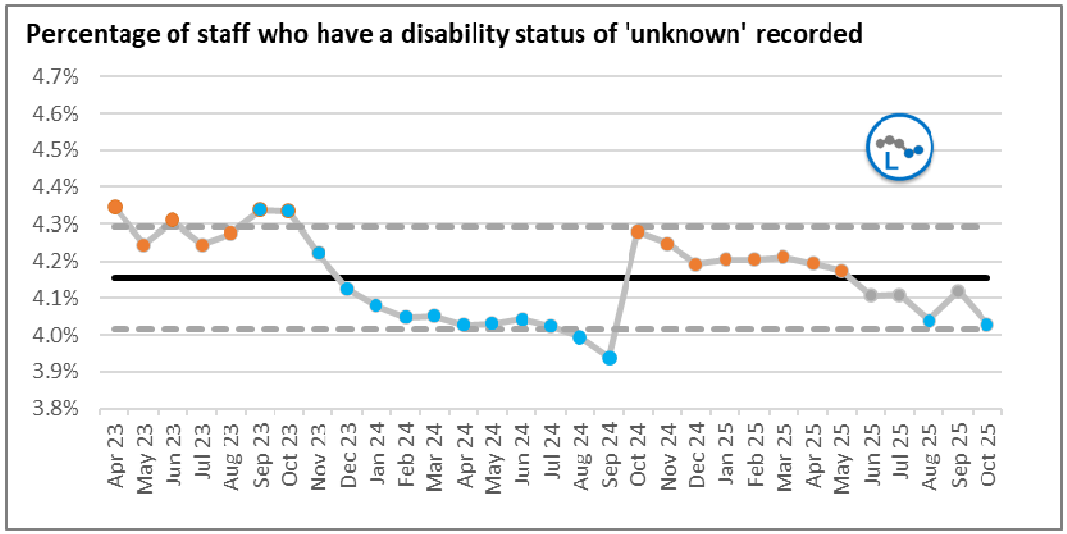


Reducing Inequalities

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	Aug-25	Sep-25	Oct-25
Establishment	Best place to work and learn	Well led	-	5733.3	5733.3	5728.1	5752.6	5757.1	5763.7
Contracted Staff In Post (Ledger)	Best place to work and learn	Well led	-	4988.0	4971.6	4980.1	4982.7	4921.7	5004.0
Vacancies	Best place to work and learn	Well led	-	745.3	761.7	748.0	775.8	788.2	759.4
Turnover external (12 months rolling) *	Best place to work and learn	Well led	>12% - <13%	9.4%	9.2%	9.4%	10.2%	10.1%	10.1%
Starters	Best place to work and learn	Well led	-	21.2	19.4	30.0	31.2	53.9	45.3
Leavers	Best place to work and learn	Well led	-	41.8	24.0	38.1	77.7	34.4	31.3
% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	84.6%	80.8%	77.0%	71.0%	81.3%	83.9%
% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	85.2%	87.3%	82.4%	79.5%	83.9%	83.5%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)	Best place to work and learn	Safe	-	89.7%	89.5%	86.6%	83.1%	89.8%	89.4%
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%)	237 - All Staff (18.1%) 94 - excl medics (8.5%)	236 - all staff (18.1%) 95 - excl medics (8.6%)	238 - all staff (18.1%) 95 - excl medics (8.6%)
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%)	929 (71.2%)	928 (71.2%)	937 (71.3%)
Sickness absence - Year-to-Date (YTD)	Best place to work and learn	Well led	<=5%	4.7%	4.7%	4.8%	5.1%	5.2%	5.4%
Sickness absence - Month	Best place to work and learn	Well led		4.7%	4.7%	4.9%	5.4%	5.7%	5.9%
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%	88.6%	88.2%	89.9%
Employee Relations - Suspensions (over 90 days)	Best place to work and learn	Well led	-	2	6	4	4	3	1
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	66	72	74	62	66	66
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%	0.5%					
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	1,174	1,169	1,177
Registered substantive staff in neighbourhood teams	Best place to work and learn	Safe	Establishment - 169	162	160	161	159	161	163
% 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%	95.7%	95.7%	95.8%
Mandatory Training - Reducing Restrictive Practice Interventions	Best place to work and learn	Well led		82.1%	84.3%	83.4%	86.4%	89.3%	88.4%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led	>=80%	80.9%	82.7%	84.9%	87.0%	89.7%	87.0%
Mandatory Training - Clinical Risk	Best place to work and learn	Well led		96.7%	97.0%	97.6%	97.4%	97.0%	97.0%
Mandatory Training - Display Screen Equipment	Best place to work and learn	Well led		98.3%	98.5%	98.5%	98.7%	98.6%	98.7%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		96.6%	97.3%	97.5%	97.8%	97.7%	97.9%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	90.7%	91.9%	93.2%	94.4%	94.6%	94.4%
Mandatory Training - Food Safety	Best place to work and learn	Well led		94.0%	94.6%	95.1%	92.0%	92.7%	91.8%
Mandatory Training - Freedom To Speak Up (FTSU)	Best place to work and learn	Well led	>=80%	97.4%	97.7%	97.8%	98.0%	98.0%	98.0%
Mandatory Training - Infection Control & Hand Hygiene	Best place to work and learn	Well led		95.6%	96.3%	96.0%	96.1%	96.4%	96.6%
Mandatory Training - Information Governance (Data Security)	Best place to work and learn	Well led	>=95%	92.4%	95.8%	97.8%	98.3%	98.4%	97.8%
Mandatory Training - Moving & Handling	Best place to work and learn	Well led		98.3%	98.7%	98.3%	98.4%	98.5%	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%	98.3%	98.5%
Mandatory Training - Mental Capacity Act/Dols	Best place to work and learn	Well led		91.8%	92.2%	92.8%	93.5%	93.7%	93.9%
Mandatory Training - Mental Health Act	Best place to work and learn	Well led		91.7%	92.4%	93.7%	93.2%	93.3%	93.9%
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%	96.1%	96.3%	96.6%
Mandatory Training - Prevent	Best place to work and learn	Well led		96.4%	96.9%	97.3%	97.7%	98.1%	97.9%
Mandatory Training - Safeguarding Adults	Best place to work and learn	Well led	>=80%	91.6%	91.4%	92.0%	92.9%	92.7%	92.5%
Mandatory Training - Safeguarding Children	Best place to work and learn	Well led		91.7%	91.7%	92.1%	92.7%	92.1%	92.4%

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 and vacancies
• Our substantive workforce has increased since April. This is mainly due to the impact of our healthcare support worker recruitment programme and successful graduate Psychologist recruitment.
• Additional growth has come from bank to substantive conversion.

Turnover & Stability
• Turnover remains a lower level than we have seen in previous years and under our Trust threshold of between 12-13% meaning we continue to retain our workforce.

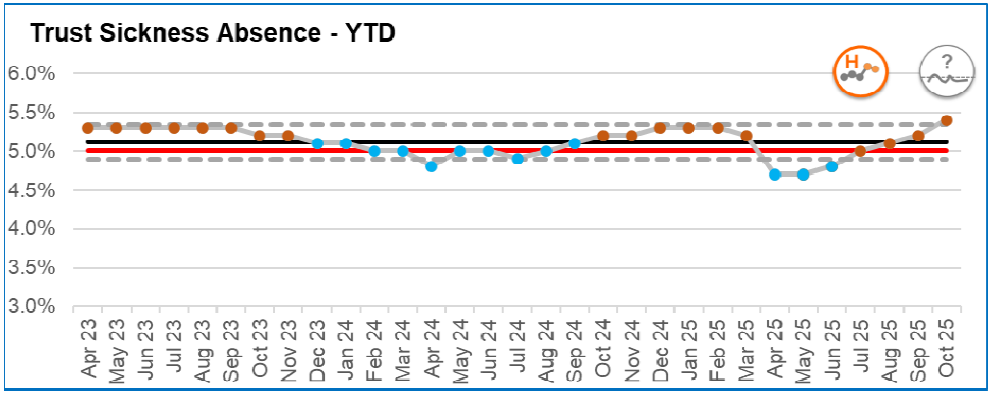
Our Leavers
We have seen 31.3 full time equivalent of leavers, within October 2025, which is in line with expectations based on historical seasonal trends.

Sickness
• Our year to date sickness absence rate has increase again in October 25 to 5.36%, reflecting continued increase in the monthly absence rate, which is mainly attributable to an increase in seasonal illnesses and continued increase in MSK related absence.
• Absence rates remain high in the Forensics Care group (7.8%) and within the Estates and Facilities services. In November, People, Remuneration Committee received further information which outlined the key drivers for increased absence rates and provided assurance regarding the actions being taken to support staff wellbeing and improve attendance.

Appraisal Compliance
• The proportion of all staff having had an appraisal within the last 12 months at the end of Ocotber 2025 was 89.9% - this excludes Cheswold Park Hospital. This has slightly reduced from August (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 as part of the transition plan.

Training Compliance
• Our statutory and mandatory training compliance is consistently higher than our key performance indicator (KPI) targets and has remained above our KPI target since May 25 for all subjects. A comprehensive review of our mandatory training requirements has concluded and the recommendations will be considered by Executive Management team shortly.

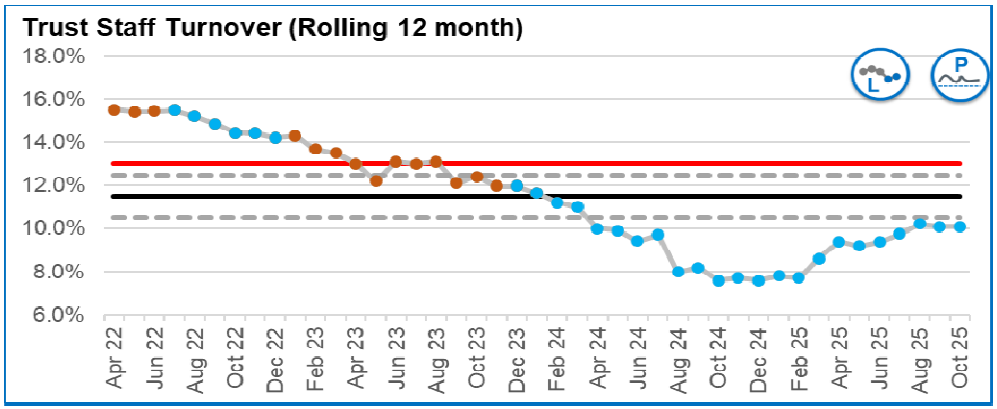
Statistical process control charts



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

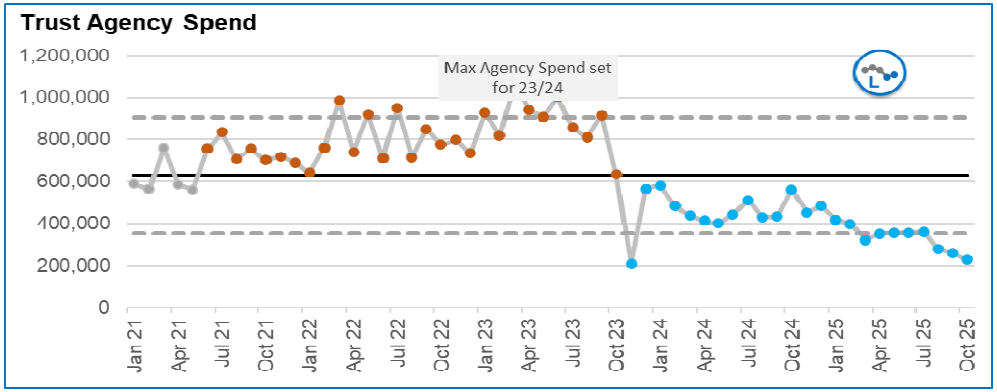
From July 2022 this data also includes absence due to Covid-19.

From April 2025 this data includes Cheswold Park Hospital.



The SPC chart shows that in October 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 October is £228k and continues to demonstrate a reducing run rate and expenditure lower than planned. In October this was 30 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 October 2025 we remain in a period of special cause improving variation.

From April 2025 this data includes Cheswold Park Hospital.

Please see the Finance Report for further information.

National Metrics

Data as of : 28/11/2025 12:26:24

NHS South West Yorkshire Partnership NHS Foundation Trust

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

NHS Oversight Framework 2025/26

On 26th June NHS England published the NHS Oversight Framework (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 overleaf and is also publicly available 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.

National Metrics

Data as of : 28/11/2025 12:26:24

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more	Best Quality	Responsive		0	F	H	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%	P		99.0%	98.2%	97.2%	96.7%	97.0%	97.1%	97.2%	97.8%	97.7%	97.5%	97.2%	97.1%
M202	RTT waiting list, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive										31	53	58	50	47	56	75
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	0
M204	RTT waiting list within 18 weeks (monthly RTT data)	Best Quality	Responsive		3680								3957	4035	4025	4151	4319	4554	4641
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	71
M206	Diagnostic test activity	Best Quality	Responsive		190								128	70	128	206	239	305	273
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%	28.5%
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%			97.8%	100%	100%	98.9%	100%	97.8%	97.9%	100%	98.7%	96.3%	100%	98.9%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0	F	L	131	127	106	92	128	144	148	159	196	203	234	155
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5		L	5	4	3	4	4	5	5	5	7	8	7	3
M7	72 hour follow-up from psychiatric in-patient care	Best Quality	Safe		80%		L	93.5%	93.9%	92.4%	89.7%	87.5%	88.6%	95.7%	90.7%	91.1%	88.6%	88.2%	89.0%
M208	Average Length of stay for Adult Acute Beds (rolling 3 months)	Best Quality	Responsive				H	64.1	59.2	61.6	62.7	65.3	58.9	58.7	56.7	58.0	60.2	59.1	60.2
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%	P	H	91.8%	96.7%	87.2%	94.3%	100%	88.2%	88%	97.4%	95.5%	87.5%	93.3%	94.7%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%			96.8%	98.0%	97.8%	97.5%	97.0%	96.9%	97.6%	95.5%	96.1%	96.2%	96.5%	96.9%
M34	% Clients in settled accommodation	Best Value	Effective	⚠	60%	P	L	84.1%	84.4%	84.3%	83.1%	83.2%	83.2%	83.5%	83.0%	82.9%	76.0%	82.8%	82.9%
M35	% Clients in employment	Best Value	Effective	⚠	10%	P	H	13.3%	12.8%	12.5%	13.2%	13.2%	13.0%	13.2%	13.0%	13.3%	12.6%	13.3%	13.6%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0			1	0	1	0	2	0	0	0	0	0	6	16
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0		L	1	0	1	0	1	0	0	0	0	0	1	1

National Metrics

Data as of : 28/11/2025 12:26:24

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%			100%	100%	85.7%	100%	100%	100%	50%	100%	100%	100%	100%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%			76%	59.3%	72.5%	70.2%	60.4%	75.6%	93.9%	93.3%	79.5%	86.7%	80%	92.6%
M47	Virtual ward occupancy	Best Quality	Responsive		80%			112%	101%	98.7%	121%	119%	101%	81.3%	90.7%	84%	89.3%	93.3%	76%
M188	Community services waiting list, over 52 weeks	Best Quality	Responsive		0			1	1	1	1	1	1	0	0	0	0	0	0
M30	Number of detentions under the Mental Health Act (MHA)	Best Quality	Safe					117	99	90	102	93	111	109	105	87	98	101	103
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive					17.9%	18.2%	24.4%	16.7%	20.4%	24.3%	22.0%	24.8%	24.1%	24.5%	25.7%	21.4%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%			98.6%	97.8%	98.7%	99.8%	99.6%	99.7%	99.8%	99.8%	99.7%	99.4%	99.5%	99.3%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%			100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users	Best Quality	Well Led		90%			99.1%	99.2%	99.7%	99.8%	99.8%	99.5%	99.7%	99.2%	99.7%	99.6%	99.5%	99.5%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%			52.8%	50.7%	52.6%	49.4%	49.7%	48.6%	52%	47.3%	53.4%	47.2%	52.7%	53.2%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%			68.4%	69.0%	69.2%	67.7%	71.2%	68.3%	68.7%	65.4%	71.8%	65.8%	70.3%	70.7%
M15	Data Quality Maturity Index	Best Quality	Well Led		95%			98.4%	98.4%	98.0%	99.6%	99.6%	99.2%	99.6%	99.7%	99.6%	99.6%	99.6%	99.6%
M43	Community health services two hour urgent response standard	Best Quality			70%			88.0%	89.2%	90.6%	90.2%	92.6%	90.3%	91.0%	91.3%	90.9%	91.9%	90.1%	86.1%

National Metrics

Data as of : 28/11/2025 12:26:24

NHS South West Yorkshire Partnership NHS Foundation Trust

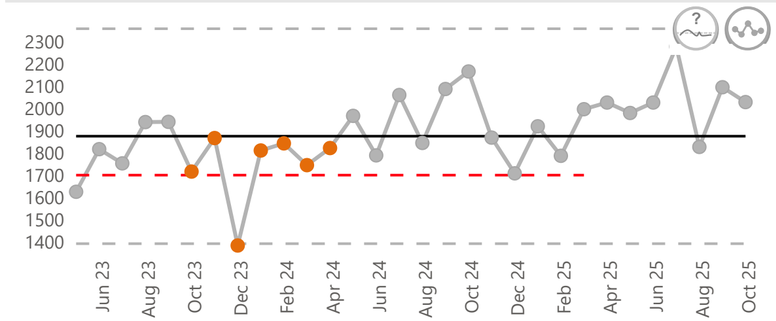
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%	?	H	54.6%	52.4%	55.1%	53.0%	53.0%	51.0%	53.6%	49.8%	56.1%	49.9%	54.5%	55.5%
				Place	Barnsley	50%	?		50.8%	50.9%	50.8%	49.4%	52.7%	51.3%	52.8%	48.1%	52.8%	52.6%	52.5%	50.9%
					Kirklees	50%	?	H	59.1%	53.8%	59.2%	56.3%	53.4%	50.7%	54.4%	51.6%	59.0%	47.8%	56.0%	58.5%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust			L	586	509	633	524	566	615	601	653	614	480	548	591
				Place	Barnsley				317	241	311	244	270	318	312	324	272	200	231	228
					Kirklees			L	269	268	322	280	296	297	289	329	342	280	317	363
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	14481	14435	14404	14283	14552	14534	14594	14826	14903	14866	14973	14871
				Place	Barnsley	2000	P	H	2728	2716	2727	2679	2742	2831	2872	2934	2984	2991	3015	2940
					Calderdale	1200	P	H	1357	1368	1387	1402	1450	1449	1463	1482	1471	1454	1456	1467
					Kirklees	3600	P		4833	4797	4700	4628	4706	4680	4743	4818	4879	4841	4883	4867
					Wakefield	3900	P	H	4249	4235	4264	4259	4360	4331	4308	4402	4403	4427	4508	4532
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust			H	1519	1566	1642	1696	1833	1912	1982	2089	2168	2189	2200	2179
				Place	Barnsley	283	F	H	244	250	252	255	278	298	314	332	342	341	349	345
					Calderdale	247	F	H	264	269	279	281	302	305	312	330	339	340	342	325
					Kirklees	541	F	H	546	553	570	576	626	660	694	735	765	780	778	778
					Wakefield	406	?	H	418	440	477	508	543	558	567	588	618	624	622	617
M194	Number of people accessing individual placement and support (IPS) services (rolling 12 months)	Best Quality	Responsive	Trust	Trust			H	541	546	564	560	568	568	554	569	568	560	560	584
				Place	Calderdale			H	108	102	109	106	110	104	99	105	99	95	92	96
					Kirklees			H	127	125	127	142	143	153	149	155	157	167	173	195
					Wakefield			H	163	140	110	117	131	146	146	140	144	136	157	182

National Metrics

Data as of : 28/11/2025 12:26:24

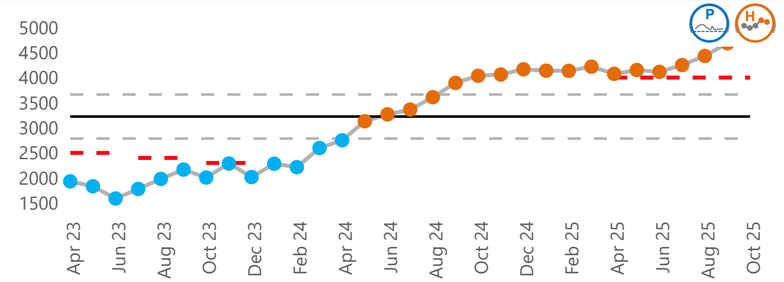
NHS South West Yorkshire Partnership NHS Foundation Trust

M184 - New RTT pathways (clock starts)



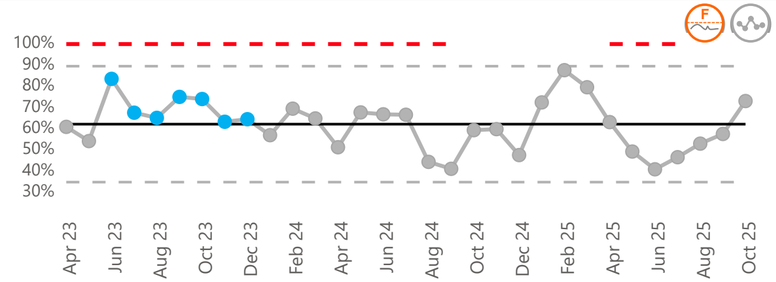
The Statistical Process Control (SPC) chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers. A new target is in place for 2025/26.

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



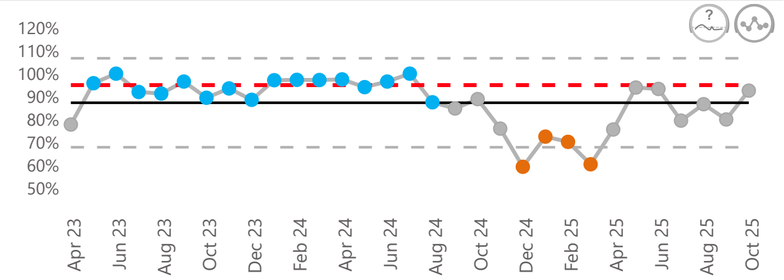
The SPC chart shows that we remain in a period of special cause concerning variation (something is happening and should be investigated) following a sustained increase in numbers of incomplete pathways over the past 12 months.

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



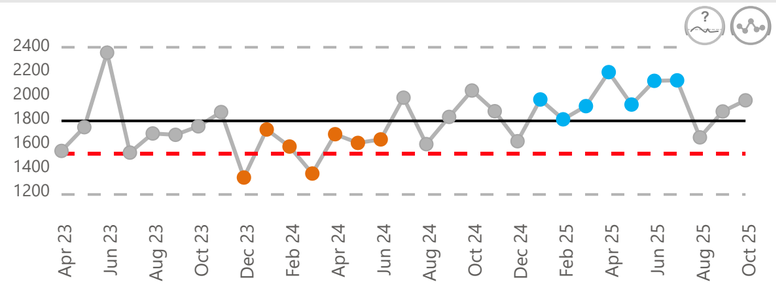
The SPC chart shows that we remain in a period of common cause variation (no concern.

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



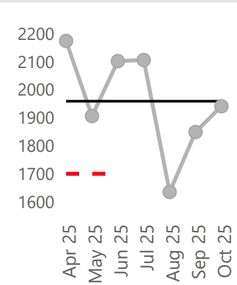
The SPC chart shows that we have re-entered a period of common cause variation (no concern) following an increase in performance in the last month which is back in line with usual performance.

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



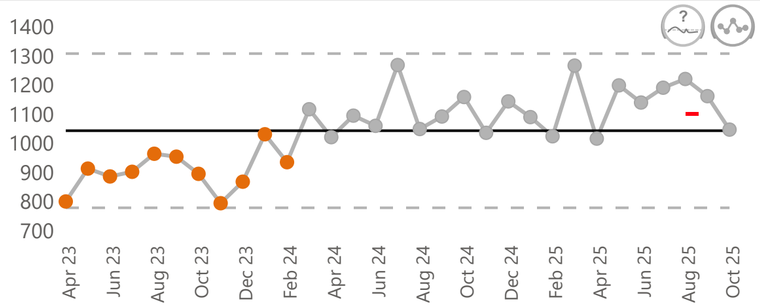
The run chart shows the continued performance above the target for this measure. As this is a new metric from April 2025 we cannot yet determine any patterns in variation.

National Metrics

Data as of : 28/11/2025 12:26:24

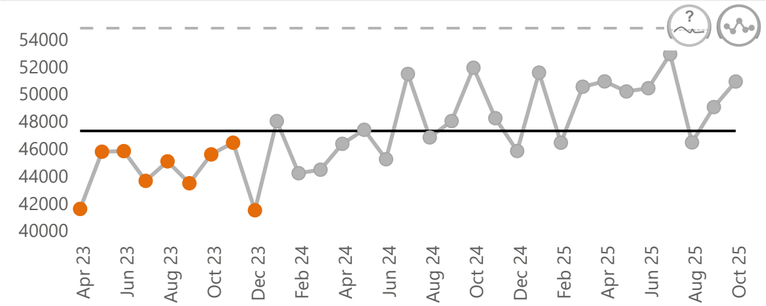
NHS South West Yorkshire Partnership NHS Foundation Trust

M187 - Urgent Community Response (UCR) referrals



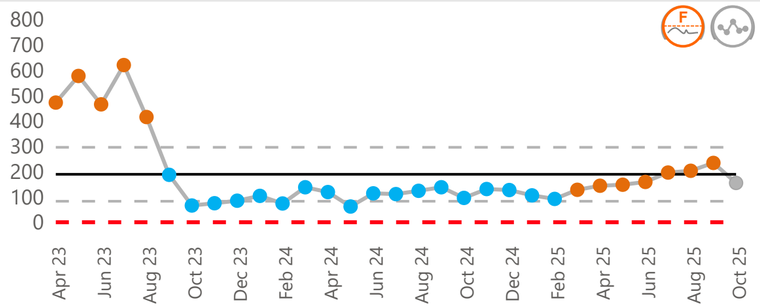
The SPC chart shows that we remain in a period of common cause variation (no concern).

M207 - Attended Community Care Contacts



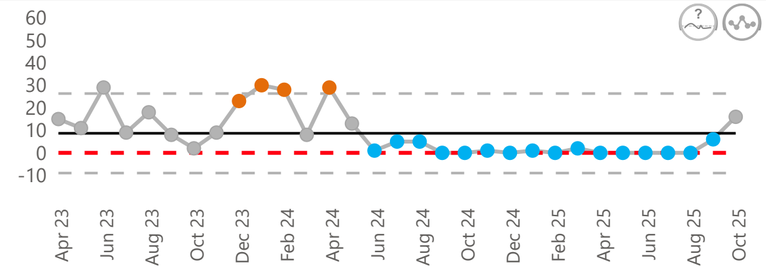
The SPC chart shows that we remain in a period of common cause variation (no concern).

M2 - Inappropriate out of area bed days



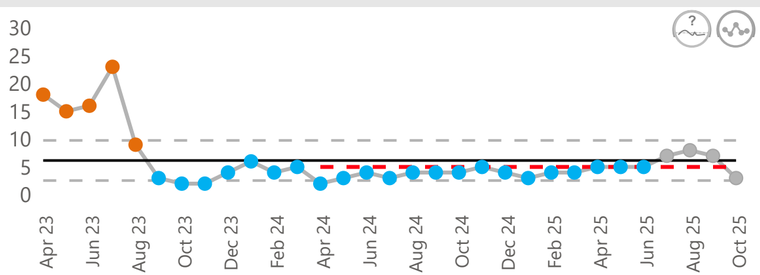
The SPC chart shows that we have entered a period of common cause variation (no concern). We are still not anticipated to achieve the target of zero.

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



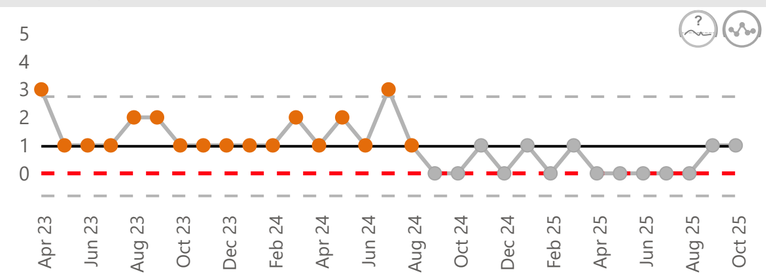
The SPC chart shows that we have entered a period of common cause variation (no concern).

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



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

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 October 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 : 28/11/2025 12:26:24

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 October where the person was under 18 years old.
• There was a decrease in out of area bed usage, down to 155 days used in October and 3 people remaining placed out of area at the end of the month.
• The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is 92.6% in October - this relates to two service users who were not seen, one of which relates to the ARFID (avoidant restrictive food intake disorder) pathway. The urgent access to treatment measure has achieved 100% in October.
• Average Length of Stay (ALOS). There were at least 3 service users with lengths of stay greater than 200 days discharged in October which have impacted on the months figure. Whilst this has impacted negatively on the length of stay figure for this month, it is indicative of a positive move in patient flow back in to the community.
• 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 has fallen below the target of 80% at 76% for October. The end part of October was affected by a pause to Frailty Virtual Ward onboarding due to consultant capacity to support the pathway, process the volume of patient discharges, and safely manage the patients currently on the pathway.
• Community services waiting list - This metric reports the total number of people waiting across a range of physical health and well-being services in Barnsley (aligned to the national community services SitRep). There has been a significant increase in demand for musculoskeletal services which is also reflected in the number of incomplete Referral to Treatment (RTT) pathways (M45). It is important to note that although there has been an increase in numbers waiting, this does not mean they are waiting above threshold.
• The percentage of service users waiting for a diagnostic appointment (Paediatric Audiology service only) within 6 weeks in has decreased in October to 28.5%, 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 October none of these metrics are below expected levels.

Benchmarking Metrics

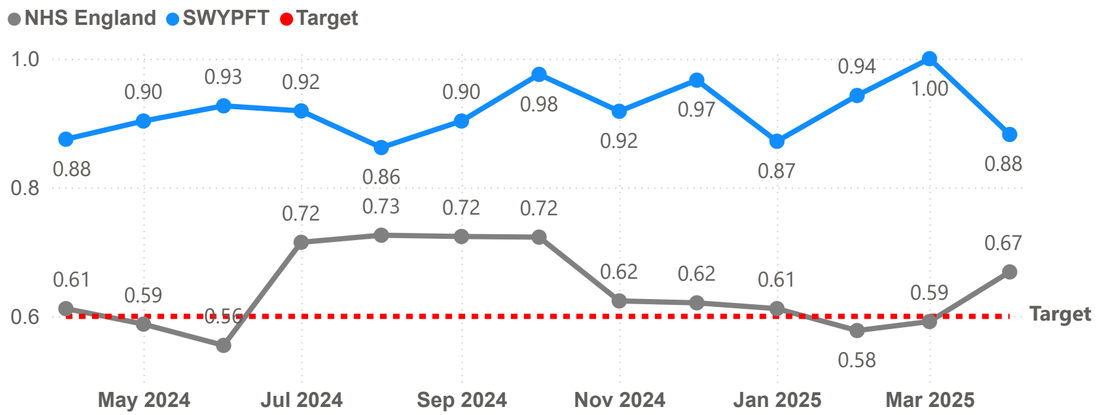
Data as of : 28/11/2025 12:26:24

NHS South West Yorkshire Partnership NHS Foundation Trust

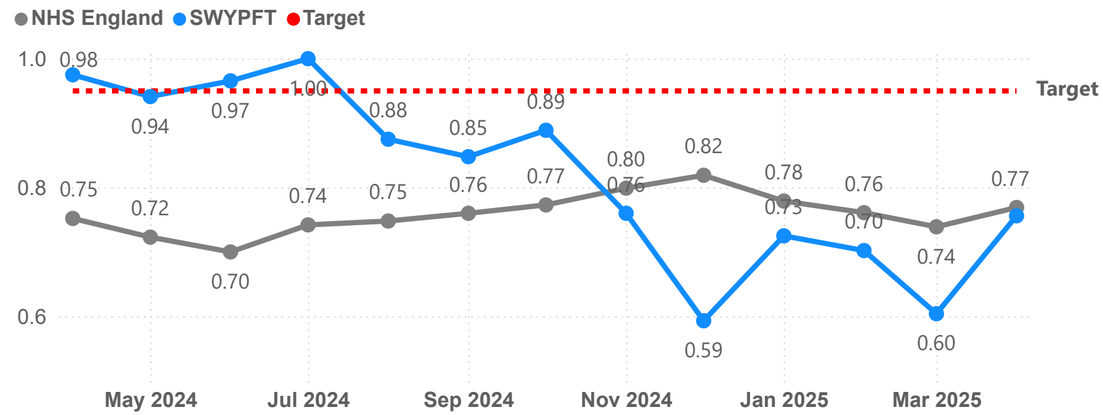
Benchmarking Headlines

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.

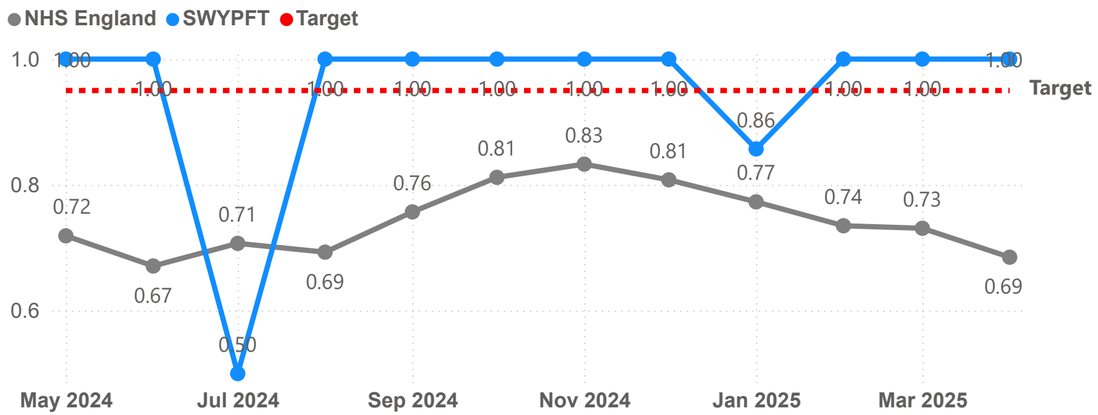
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops



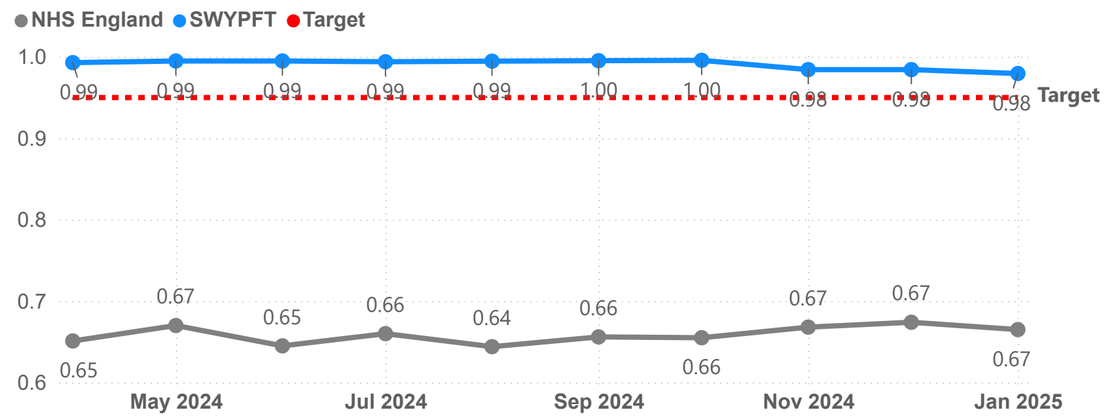
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks



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



Data Quality Maturity Index



National Metrics

Data as of : 27/11/2025 15:23:49

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 October where the person was under 18 years old.
• There was a decrease in out of area bed usage, down to 155 days used in October and 3 people remaining placed out of area at the end of the month.
• The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is 92.6% in October - this relates to two service users who were not seen, one of which relates to the ARFID (avoidant restrictive food intake disorder) pathway. The urgent access to treatment measure has achieved 100% in October.
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• 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.
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• The percentage of service users waiting for a diagnostic appointment (Paediatric Audiology service only) within 6 weeks in has decreased in October to 28.5%, 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 October none of these metrics are below expected levels.

Benchmarking Metrics

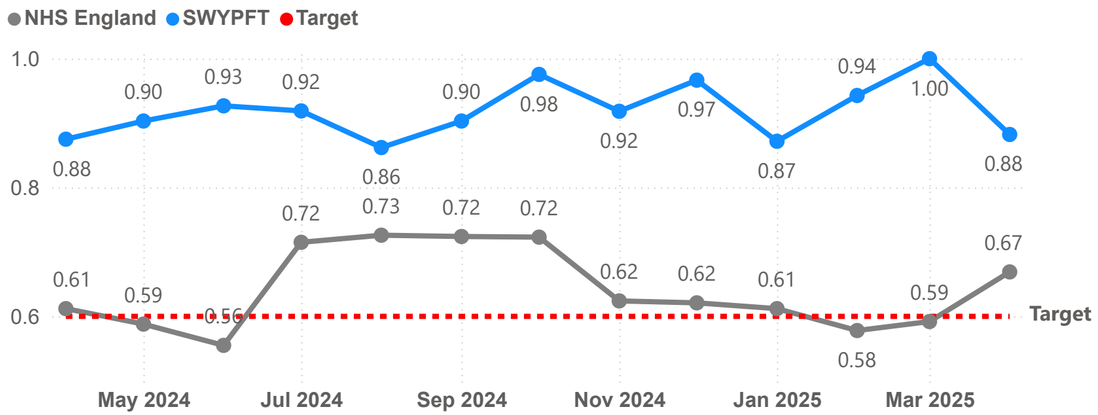
Data as of : 26/11/2025 12:56:25

NHS South West Yorkshire Partnership NHS Foundation Trust

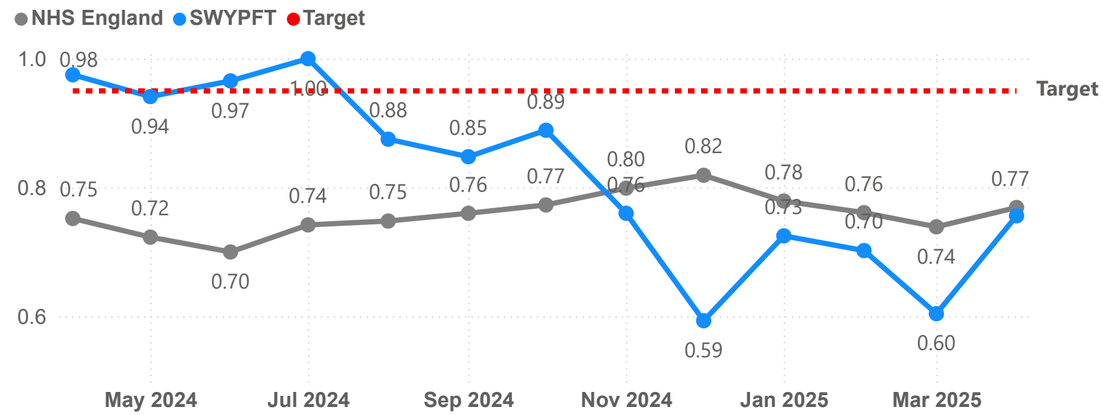
Benchmarking Headlines

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.

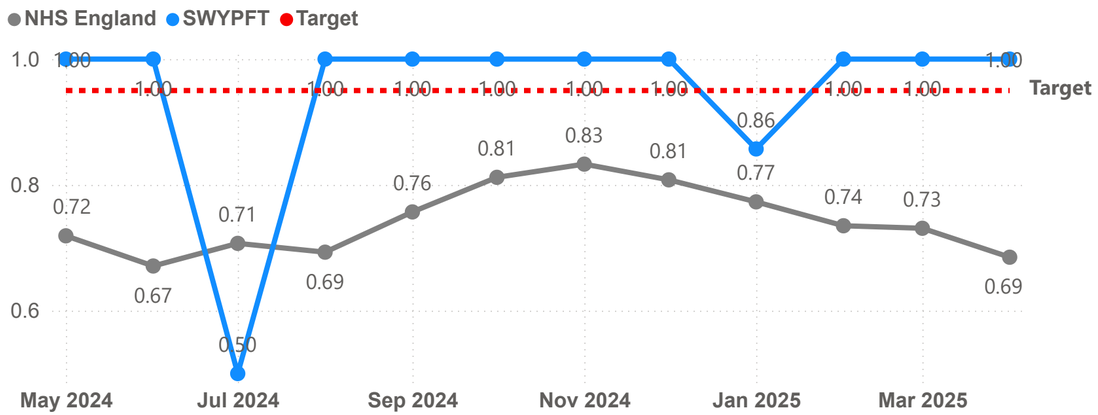
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops



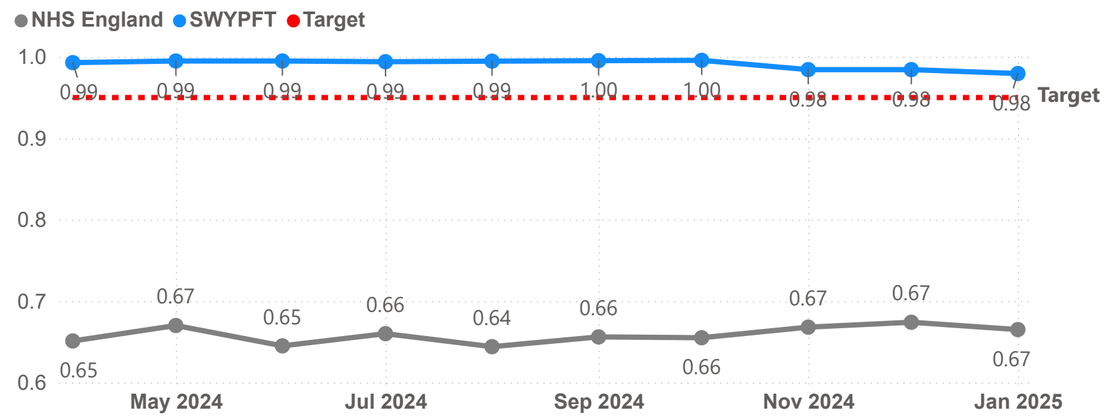
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks



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 October the following data quality issue has been identified in the reporting:

- The reporting for employment and accommodation shows 13.2% 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

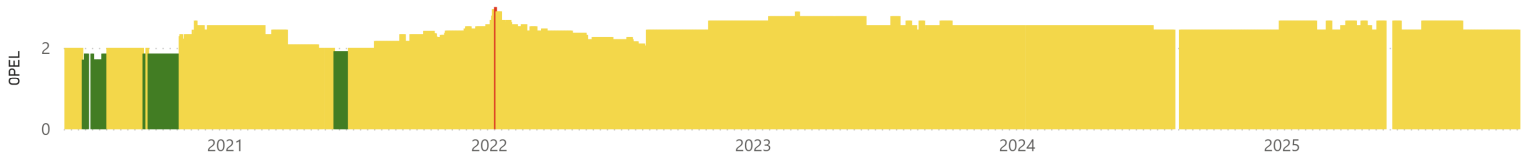
On 30th January 2025, NHS England (NHSE) released its 2025/26 priorities and operational planning guidance.
The guidance outlines the ambition for the NHS to transform and to address the challenges highlighted by Lord Darzi's "Independent investigation of the NHS in England", 12 September 2024, such 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 underway to develop the Trust operational plan in line with NHS England medium term planning guidance. This includes development of our Trust priorities, workforce, finance and activity plans. Progress on planning will be shared with Trust Board on 2nd December 2025, and the initial plan submission presented to Board in its meeting on 16th December 2025 prior to national submission on 17th December 2025.

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 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

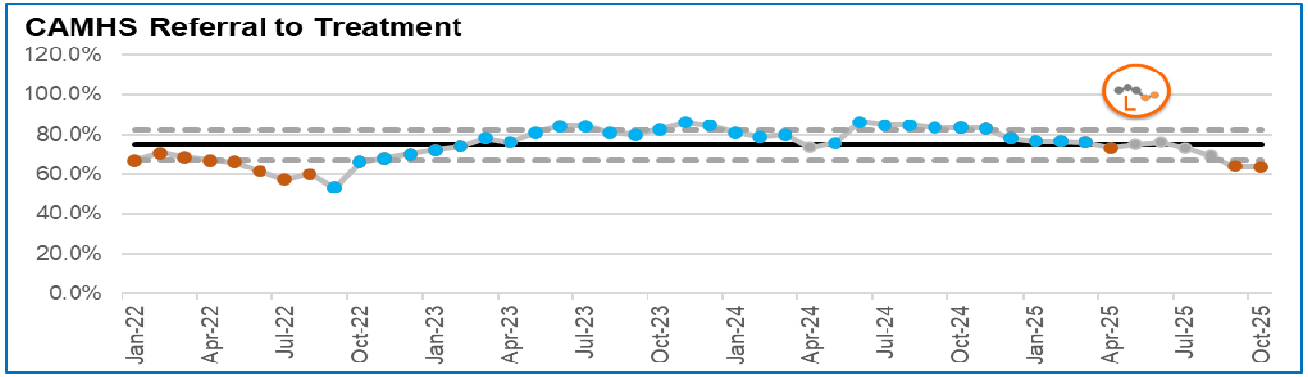
Children and Young Peoples Mental Health Services

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	Aug-25	Sep-25	Oct-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	89.5%	87.9%	92.0%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	33% (1/3)	0% (0/7)	0% (0/4)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	89.6%	92.3%	85.8%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	100.0%	98.2%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.7%	83.4%	82.5%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	86.7%	80.0%	92.6%	
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%	97.8%	99.2%	99.0%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	80.6%	85.5%	86.8%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.1%	4.8%	5.1%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	408	427	425	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	905	899	1025	
Total number of reported incidents	Best Quality	Safe	Trend monitor	37	49	55	



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

Alert/Action

• Calderdale & Kirklees CAMHS continue to experience increasing waiting lists which are impacted by multiple challenges including staffing levels and referrals into services outstripping capacity. 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 numbers waiting and length of time waiting 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 CAMHS 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 CAMHS –The installation of SWYFT IT system access within the three settings has been approved, the timescales of the work being commenced is to be agreed. The lack of 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 children, young people and families. The care group are working with the performance and business intelligence team to ensure the metrics 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 rose to 92% in October from 87.9% in September.

Assure

• Supervision continues to be above the 80% threshold in October at 85.8%
• In August overall mandatory training compliance for CYP&F in October is 94.75% above the target of 80%.

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, we have seen a reduction in use in October and this continues to be closely monitored and managed.
Bed occupancy had reduced slightly but high acuity remains and this 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 has also increased and remains above Trust threshold.
Under-performance in appraisals within community services is being addressed through line management support and oversight.

Mental Health Community

Metrics	Strategic Objective	CQC Domain	Threshold	Aug-25	Sep-25	Oct-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	86.0%	85.5%	88.2%	
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	62.6%	51.6%	57.5%	
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	95.3%	96.9%	98.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/6)	14% (2/14)	18% (2/11)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	88.7%	89.3%	87.5%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	88.6%	88.2%	89.0%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	95.3%	96.0%	96.1%	
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	95.7%	93.1%	98.4%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.5%	85.1%	85.2%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	93.3%	94.7%	95.3%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.4%	98.5%	98.2%	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	87.3%	88.5%	89.3%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.9%	5.7%	6.0%	
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,180	13,137	13,157	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	118	118	114	

Mental Health Inpatient

Metrics	Strategic Objective	CQC Domain	Threshold	Aug-25	Sep-25	Oct-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	93.2%	95.2%	95.1%	
% Bed occupancy (excl leave)	Best Quality	Safe	85%	89.6%	87.5%	86.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	0% (0/2)	0% (0/6)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	92.5%	92.5%	92.7%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.2%	88.6%	90.4%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	8.4%	8.7%	8.2%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	85.0%	93.1%	93.9%	
Inappropriate Out of Area Bed days	Best Quality	Responsive	155 (July)	203	234	155	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.8%	97.1%	97.8%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	22	22	25	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	59	57	44	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	90.3%	90.3%	89.4%	
Restraint incidents	Best Quality	Safe	Trend Monitor	119	108	*135*	
Safer staffing (Overall)	Best Quality	Safe	90%	117.7%	116.8%	119.7%	
Safer staffing (Registered)	Best Quality	Safe	80%	97.8%	96.8%	100.3%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	7.6%	6.5%	6.7%	
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	56.9	51.7	59.4	
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	66.8	66.9	59.6	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	621	598	681	

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 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 October 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 October 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 October'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 P&BI 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 Calderdale and Wakefield. Barnsley and Kirklees are slightly under the 95% target this month at 94.99% and 94.81% respectively. Action plans and support from Quality and Governance Leads remain in place and all areas are expected to be above threshold in November.
• 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. The service has implemented business continuity plans, with a focus on diverting increased resource towards triage.

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 October is 58.19% for Kirklees and 50.91% for Barnsley, both achieving the national standard of 50%. In October Barnsley and Kirklees Talking Therapies were above the expected national standard of less than 10% for waits to second treatment within 90 days at 19.18% and 14.45% 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.
• Mandatory training compliance has improved. All areas are above target for all mandatory training with the exception of Wakefield community which is slightly under the 80% target for Cardio-Pulmonary Resuscitation at 78.3%. Work continues with training leads to address priority areas and utilise all training capacity.
• The care group holds monthly meetings to track and review progress of Equality Impact Assessments (EIAs). Performance remains strong. Delay in completion of EIAs in some areas have been due to manager changes/sickness and the service line Trios are supporting the teams in their completion.
• Equality data – we are working with a trust wide quality improvement group to enhance how equality information is captured on System One. Completeness of equality data is on our data quality improvement action plan.
• There were 8 incidents of prone restraint in October all of which were on working age adult (WAA) inpatient wards and were under 3 minutes duration. The monthly restraint oversight meeting, led by NQP, involving RRPI, safeguarding and matrons, review all prone restraint incidents for any opportunities for learning.

Assure

• IHBT teams continue to perform well in gatekeeping admissions to our inpatient beds.
• Supervision continues to be above the 80% threshold at 88.6%
• Appraisal performance was above the 90% target in October.
• Launch of the Barnsley locality patient flow and the ward based daily huddles across the wider Trust in October have shown initial positive results. Services have moved from OPEL 3 to OPEL 2 and bed availability has improved. Work continues and will incorporate a purposeful admission approach and all the above is being supported on a daily basis to maintain the improvement.

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 - there has been a slight dip in performance in October, which we think is impacted by recording issues - these will be addressed an the figure refreshed in next months report. 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	Aug-25	Sep-25	Oct-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	87.3%	89.6%	86.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/4)	0% (0/3)	0% (0/3)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	89.6%	89.3%	89.0%	
Bed occupancy (excluding leave) - Commissioned Beds	Best Quality	Safe	N/A	43.1%	49.2%	39.9%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.4%	88.9%	88.9%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	56.1%	75.0%	64.6%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	96.7%	97.2%	98.1%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	95.3%	92.9%	88.9%	
Physical Violence - Against Patient by Patient	Best Quality	Safe	Trend Monitor	0	2	0	
Physical Violence - Against Staff by Patient	Best Quality	Safe	Trend Monitor	1	7	4	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.5%	87.8%	89.0%	
Safer staffing (Overall)	Best Quality	Safe	90%	118.9%	112.0%	104.0%	
Safer staffing (Registered)	Best Quality	Safe	80%	171.1%	149.0%	163.6%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.8%	3.8%	5.7%	
Restraint incidents	Best Quality	Safe	Trend Monitor	4	4	*1*	
Average length of stay	Best Quality	Safe	Trend Monitor	27	N/A	34	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	25	37	31	

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

Alert/Action

Adult ADHD Waiting Lists

Screening & Triage

- 478 people are currently waiting for an ADHD triage appointment (slightly down on last month).
- Wakefield has requested a business proposal to increase referral rates and restore assessment capacity to 110 per year.
- Barnsley and Calderdale do not currently commission this step; both have requested business cases but have not yet responded.

Adult Assessments

- Over 6,700 people are waiting for an ADHD assessment.
- Longest wait: approx. 3.5 years for standard referrals.
- High/medium risk cases: prioritised and seen within 18 weeks.
- Numbers remain stable month-on-month due to audits discharging those no longer appropriate for assessment.

Activity & Performance

- Despite long waiting lists, the Service is delivering contracted activity:
    - Capacity: 430 new cases this year.
    - Progress: 400 people (93%) have started or been invited to start the assessment process since April 2025.
    - On track to meet annual target.

Key Risks

- Prolonged waiting times may impact patient experience and increase escalation risk.
- Commissioning gaps for triage in Barnsley and Calderdale could exacerbate inequalities.

Mitigations

- Business proposals in progress for Wakefield, Barnsley, and Calderdale.
- Continued prioritisation of high-risk cases.
- Ongoing audits to maintain accuracy of waiting list.

Adult Autism Pathways

There has been no change in waiting numbers or waiting times since the last report. Across most areas—Barnsley, Bradford, Kirklees, and Wakefield—people continue to experience relatively short waits for assessment, which reflects the effectiveness of local commissioning arrangements and triage processes.

However, Calderdale remains a significant outlier. At present, 259 people are waiting for an assessment, and the commissioner has opted not to include a triage step in the pathway. This decision limits our ability to prioritise cases based on clinical need and contributes to extended waiting times. The longest current wait is 1 year and 43 weeks, but individuals invited today are likely to wait at least three years before their assessment can be completed. This creates a growing risk of unmet need and potential escalation for those whose circumstances change during the waiting period.

The service continues to monitor this position closely and maintain dialogue with commissioners to explore options for introducing triage or alternative solutions that could improve equity and reduce delays.

Advise

ADHD – Probation Service Project (2025/26)
The Probation Service are exploring plans to purchase a small number of ADHD cases as part of a pilot to evidence how effective treatment can reduce costs and burden within probation. Discussions are ongoing to agree operational details, including referral pathways and governance. Updates will follow as the project develops.

ADHD Shared Care
To prevent breaks in medication and symptom relapse, the service is providing ongoing routine prescriptions for individuals we have diagnosed where their GP will not enter into shared care. This approach safeguards continuity of treatment but diverts resource away from assessment capacity, so it is not offered to people diagnosed elsewhere.
The majority of these cases are from Barnsley, and we have shared data with local commissioners to illustrate the impact and explore potential solutions with GP colleagues.

Service Efficiency and Innovation
The Service continues to review and develop processes to improve efficiency, enhance workforce capacity, and deliver better experiences for service users. These initiatives also have potential financial benefits for the Trust and the wider ICS.
Recent examples include:
• ADHD Triage – now commissioned in both Wakefield and Kirklees, supporting earlier prioritisation and streamlined pathways.
• Digitised Self-Questionnaire Tools – launched in early November, improving patient experience, freeing clinical staff for direct care, and reducing non-pay costs.

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

• Waiting Lists – Quality Improvement Programme
• Significant Reduction in Longest Waits - Focused efforts have led to measurable improvements in reducing the longest waiting times across services.
• Targeted Resource Deployment, e.g: Wakefield nursing staff supporting Barnsley to address local pressures and balance capacity.
• Short-Term Locum Cover for Specialist Roles - Locum Speech and Language Therapy support prioritised for dysphagia cases to maintain safety and quality.
• Enhanced Autism Assessment Capacity - 22 additional staff trained in ADOS assessments, improving throughput and reducing autism waiting lists.
• Embedded Culture of Waiting List Management - Adoption of 'Waiting Well' and 'Waiting Fairly' principles to ensure equitable and safe care during delays.
• Operational Adjustments to Accelerate Progress - Non-urgent work paused; caseload planning enhanced to prioritise high-risk and longest-wait cases.
• Review of Intensive Support Team Pathway Commenced
• Work underway to strengthen pathways for complex cases requiring intensive intervention.

ATU (Horizon) Update

• Service Review - The service continues to work closely with West Yorkshire partners to review Assessment and Treatment (ATU) provision across the region. Dedicated workstreams have been established.
This collaborative approach ensures that any ward reconfiguration aligns with wider system priorities and future commissioning intentions
• Care Planning - The ward is beginning to operationalise Talking Care Plans, a person-centred approach designed to improve engagement and understanding for service users. This initiative supports recovery and discharge readiness by ensuring care plans are meaningful and accessible.
• 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; Strengthening links between inpatient and community provision

Advise

•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 stra-tegic priorities. Further details will be shared as the review progresses.
• While the service has successfully discharged a number of service users re-cently, challenges persist in securing suitable accommodation to meet the needs of this service user group.
• Mandatory Training – the service is reaching the threshold for all mandatory training.
• Quality improvement - work continues, with ongoing focus on care planning and FIRM Risk Assessment. Notable improvements in compliance have already been observed.

Assure

• Annual health Checks in all 4 localities have exceeded the 75% threshold.
• Data Quality remains good.
• Friends and Family Test 96%.
• All mandatory training is meeting threshold.

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	Aug-25	Sep-25	Oct-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	93.4%	91.6%	92.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	100% (1/1)	0% (0/1)	0% (0/1)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	94.4%	81.8%	92.3%	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	82.1%	82.7%	84.8%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	89.5%	90.4%	90.3%	
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%	98.8%	97.0%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	97.5%	97.2%	97.1%	
Safer staffing (Overall)	Best Quality	Safe	90%	91.2%	82.4%	97.0%	
Safer staffing (Registered)	Best Quality	Safe	80%	92.7%	89.9%	98.4%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	3.6%	5.7%	5.6%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	99%	52.1%	56.4%	71.5%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	7,116	7,252	7,392	
Total number of reported incidents	Best Quality	Safe	Trend monitor	248	222	232	

Alert/Action

• Paediatric Audiology 6-week target for diagnostic procedures has seen a significant improvement in October from 56.6% to 71.5% against the target of 99% (with a further increase to 72.2% for October data as of 19.11.25). 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.
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. Some additional information has been requested by the ICB, and our Contracting Team are currently working on this.

Barnsley Physical Health and Wellbeing Care Group

Advise

• Overall sickness rates are showing at 5.6% with a Year-to-Date figure of 4.6%. This is outside compliance for the month of October and is a continuation of last month - an ongoing spike in seasonal infections / viruses which is also reflected in the local population.
• Virtual Ward occupancy rate has reduced to 76% which is below the target of 80%. The end part of October was affected by a pause to Frailty Virtual Ward onboarding due to consultant capacity to support the pathway, process the volume of patient discharges and safely manage the patients currently on the pathway.

Assure

• Appraisals - for October, the overall care group figure is 93% which exceeds the target of 90%.
• Staff receiving supervision - the October figure is achieving compliance at 84.8%.
• Urgent Community Response Service 2-hour target is 86.1% at end of October which continues to be well above the 70% threshold.
• Musculo Skeletal Service (MSK) are seeing a continued achievement against the national target of 92% for 18-week RTT (Referral to Treatment) – 97.1% for October 2025.
• People dying in their place of choosing continues to maintain compliancy and has increased to 92.3% for October against the threshold of 80%.
• Information Governance training maintains compliance at 97.1%.
• Friends and Family Test (FFT) - 96% of people would recommend community services.
• CPR training maintains compliance at 90.3% for October.
• Several of our services have supported the first cohort of colleagues to successfully complete their AHP apprenticeships; these staff have all secured Band 5 roles within the Trust.
• Commencement of staff flu vaccination programme on 6 October – dedicated sessions at Kendray Hospital are being staffed by our peer-to-peer vaccinators and supported by our admin team.
• Colleagues who are part of the joint venture which includes our Health Inclusion Team, Barnsley Council and Recovery Steps supporting rough sleepers and homeless people, have taken part in an awareness walk to coincide with World Homeless Day. The walk was along the Trans Pennine Way from Wellington House to Penistone and aimed to promote the support that is now available as a result of services working together.
• Tuesday 14 October was Allied Health Professionals (AHP) Day, recognising the third largest workforce in the NHS
• On 22 October the annual We Care into The Future Schools Event took place at the Barnsley Metrodome. A significant number of SWYPFT Services from physical health (adults and children), mental health, learning disabilities, and corporate services took part alongside Barnsley partners. This was coordinated from within our own Care Group, in collaboration with the ICB (Integrated Care Board), acute trust (BHNFT) and the local authority (BMBC). The event welcomed over 650 students from Barnsley secondary schools, special educational needs institutions and colleges, with the aim of inspiring individuals to consider careers in the health and care sector and to become part of our future workforce.
• One of our District Nurses celebrated her huge milestone of 50 years serving the people of Barnsley in their homes and communities.
• Kendray Hospital welcomed a special visitor – a 97-year-old lady whose memories of the hospital began 80 years ago when she started her nursing career on the fever ward. During her visit, staff showed the lady and her daughter around the main reception, as well as the stroke and neurological rehabilitation units. They were both appreciative of the opportunity to return and reflect on such an important part of her life.
• Neighbourhood Rehabilitation Service (NRS) – commenced 6-month pilot in collaboration with therapists from the hospital terms - trialling new way of working for Discharge to Assess (D2A) patients on Pathway 1B.
• Our Adult Speech and Language Service is the final service to migrate into Neighbourhood Team Specification (NTS) single module on SystmOne during October.
• Our Yorkshire Smokefree (YSF) services in Barnsley, Calderdale, Doncaster, Wakefield, and Sheffield, have exceeded both England and Yorkshire and Humber averages for referral rates per 100,000 smokers (according to new analysis using the latest available Office for National Statistics (ONS) smoking prevalence data). Four of the five services also rank highest in the region for quit attempt rates per 100,000 smokers, reinforcing YSF's strong impact in helping people stop smoking.
• SWYPFT have been accepted independently to be part of a clinical trial for stroke. The trial is called the Spatial Inattention Grasping Therapy (SIGHT) for Spatial Inattention post stroke project, and is designed for stroke survivors who have spatial inattention following a stroke (it is estimated that it affects one third of stroke patients). Patients in the trial will receive normal therapy or eight sessions of SIGHT therapy over 10 days. There are then follow up sessions with some tests and questionnaires. The study gained MHRA (Medicines and Healthcare products Regulatory Agency) approval earlier this year and they hope to recruit 206 participants. We are awaiting a start date.
• Neighbourhood Rehabilitation Service Intermediate Care Pathway Perfect Month commenced 20.10.2025 with the aim of keeping to a 200-patient capacity caseload including community intermediate care beds.

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	Aug-25	Sep-25	Oct-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	79.8%	74.6%	81.4%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	85.3%	84.3%	84.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/1)	50% (1/2)	0% (0/0)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	88.6%	90.9%	90.4%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	97.9%	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.5%	86.5%	86.1%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	75.0%	100.0%	75.0%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95.0%	90.3%	83.8%	85.6%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	97.6%	98.1%	97.8%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	2	5	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	9	12	14	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.8%	87.9%	87.4%	
Restraint incidents	Best Quality	Safe	Trend Monitor	20	22	*22*	
Safer staffing (Overall)	Best Quality	Safe	90%	129.7%	120.8%	121.2%	
Safer staffing (Registered)	Best Quality	Safe	80%	98.7%	102.9%	102.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	7.4%	7.5%	7.8%	
Average length of stay	Best Quality	Safe	Trend Monitor	1899	968	2528	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	229	194	206	

Forensic - West Yorkshire:

Alert/Action

Forensic Community Transition Team – Funding and Service Development
The Forensic Community Transition Team currently operates without dedicated 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 ongoing funding will not be supported.
A decision tree outlining potential options has been developed and submitted to the Value for Money Group and Executive Management Team (EMT) for consideration. The Value for Money Group has requested further work on the options presented to ensure a comprehensive appraisal before any decision is made.

Bed Occupancy – Medium Secure Services
Current occupancy across medium secure services remains below commissioned capacity, with the most significant underutilisation in the Learning Disabilities and Women's pathways, where there are no active waiting lists. This continues to impact efficiency and resource optimisation.
While referrals for male medium secure beds have increased substantially, resulting in a growing waiting list and improved overall utilisation, we have also seen an increase in referrals for the Women's pathway. Although this has not yet translated into a waiting list, it may indicate a shift in demand that requires close monitoring and consideration in future planning.
In response, the service has initiated detailed bed modelling discussions to ensure provision is aligned with current and projected needs across all pathways.
• Newton Lodge: 87.74% ↑– Increased referrals in the male pathway; occupancy spans LD and Women's services.
• Bretton Centre: 79.2% ↓– 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.
Current compliance stands at 82.5%, and additional measures have been implemented to further improve both completion rates and quality:
• Dedicated Time Allocation: Managers are encouraged to schedule protected time for appraisals within team rotas.
• Enhanced Monitoring: Monthly compliance reports and reminders are being introduced to maintain visibility and accountability.
• Leadership Oversight: Appraisal completion is now a standing agenda item in leadership meetings to ensure sustained 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: 6.6%↓
• Bretton Centre: 9.3%↑
• Newhaven: 12.2%↓
Both Newton Lodge and Newhaven have seen a drop in month in sickness absence but there has been a significant rise on the Bretton Centre which the service is trying to understand.

Mandatory training overall compliance:
• Newton Lodge – 94.1%
• Bretton – 95.5%
• Newhaven –95.8%
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 and Care Planning
A quality improvement initiative is currently underway to strengthen compliance with FIRM risk assessment and care planning standards. Additional measures have been introduced to improve consistency and ensure robust clinical practice across all teams.

Assure

• High levels of Data Quality across the Care Group.
• 100% compliance for HCR20 completed within 3 months of admission
• CPA – 100%
• Turnover rates within normal variation

Forensic - South Yorkshire							
Metrics	**Strategic Objective**	**CQC Domain**	**Threshold**	**Aug-25**	**Sep-25**	**Oct-25**	**Variation/ Assurance**
% Appraisal rate	Best place to work and learn	Well led	90%	95.3%	82.6%		
% Bed occupancy (incl leave)	Best Quality	Safe	90%	84.8%	84.7%	83.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/1)	0% (0/4)	0% (0/1)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	96.2%	90.2%	97.5%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	75.5%	78.9%	77.3%	
% 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%	89.8%	90.6%	91.0%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	5	5	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	9	6	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.6%	81.9%	81.5%	
Restraint incidents	Best Quality	Safe	Trend Monitor	19	17	*28*	
Safer staffing (Overall)	Best Quality	Safe	90%	131.0%	127.0%	135.5%	
Safer staffing (Registered)	Best Quality	Safe	80%	101.5%	96.0%	110.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	3.8%	4.9%	4.9%	
Average length of stay	Best Quality	Safe	Trend Monitor	851	1674	1967	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	139	189	165	

Forensic - South Yorkshire:

Alert/Action

Wentbridge Ward Update (ASD Service)
Due to significant rainfall, a roof leak on Wentbridge Ward required the evacuation of service users. They were initially accommodated across the service and have now settled on Hamilton Ward, where they will remain until repairs are completed.
Roof works have not yet commenced and once started, are expected to take approximately six months.
• Acuity - Levels remain extremely high, with multiple service users on enhanced observations.
• Water Quality – Water quality issues continue but recent testing has released 2 seclusion facilities easing some pressure.
• Bed Occupancy - Since 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 during this phase, with a focus on stabilising core functions and restoring capacity. Currently, occupancy remains below full levels, 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. Current bed occupancy is 78 (one service user is occupying a space with 2 beds). There are 81 beds available.
• Cardiopulmonary Resuscitation training - currently 77.3↑% with a recovery plan to be above threshold and mitigating actions to ensure CPR trained staff are on duty at all times.
• Appraisal rates – 86%
• Supervision rates – 87%

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 1.3%.
• 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 October.
- Melton (85.7%) and Ashdale (84.0%) dropped below compliance threshold. Targeted work has been undertaken by the ward managers to increase compliance, and Melton are currently above threshold at 92.9% and Ashdale just under at 87.5% (as of 25/11/25) with outstanding appraisals scheduled.
- Crofton (84.2%) is below compliance threshold, impacted by ongoing ward manager absence and scheduled appraisals needing to be rebooked due to clinical demands. Targeted work is being overseen by the matron.
- Matrons continue to work closely with ward managers to ensure outstanding appraisals are booked.

Sickness

- 7 wards have sickness rates below 5% threshold.
- Sickness improved to below threshold in October on Melton (return of staff from long term sick), Ward 19 Male (return of staff from long term sick), and Ward 19 Female (reduced short term sickness absence).
- Sickness increased to above threshold on Stanley (7.4%) due to both short term and long-term sickness, no themes.
- Although still above threshold, sickness on Nostell (6.2%), Walton (9.1%), and Enfield Down (5.4%) has reduced following the return of staff from long term sickness and a reduction in short-term sickness.
- Ward 18 (10.4%) sickness has increased due to a mixture of both long and short-term sickness, no themes.
- Sickness is considerably above threshold on several wards:
    - Sickness on Ashdale has reduced following the return of two staff from long term sickness but remains above threshold at 11.2% and is impacted by both long-term and short-term sickness, no themes.
    - Crofton (14%) and Willow (14.9) sickness has increased and is impacted by both long and short-term sickness, no themes.
    - Poplars' sickness has increased (15.8%) and is impacted by both long and short-term sickness with personal stress being a theme.
    - Sickness on Beechdale (14.3%) has significantly increased and is impacted by long term sickness and some short-term sickness absence.
- 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 October, 7 of those wards are at 100% supervision compliance.
- Nostell (76.9%) dropped below compliance impacted by clinical acuity
- Ashdale compliance improved in October although remains below compliance at 78.6%. Focused work by the ward leadership team has continued and compliance is 100% in November (as of 25/11/25).
- The senior leadership team maintain close oversight of supervision compliance via the weekly inpatient quality and performance meeting.

Mandatory Training

IG

- 15 wards are above 95% compliance target for October.
- Melton (93.3%) and Poplars (93.3%) are just below target. Staff out of compliance are being supported to complete their e-learning training as a priority and both wards are 100% compliant in November (as of 25/11/25).
- 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

• All 17 wards are at or above the CPR training compliance threshold in October.

RRPI

• 15 wards are above the RRPI training compliance threshold.
• Ward 19 Female (76.2%) remain below compliance in October. Staff have either attended recent training or are booked to attend upcoming dates, and current compliance is 89.5% (as of 25/11/2025).
• Poplars (79.3%) remain below compliance and are 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

• 16 wards are above fire safety training compliance threshold.
• Nostell (81.5%) dropped below compliance in October however staff have attended recent training sessions and current compliance is above threshold at 85.2% (21/11/25).
• 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.
• 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 (LOS) 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 October Beamshaw ward ALOS increased from 37 days to 99 days. Beamshaw had a total of 16 discharges in October – 1 service users' LOS was above 100 days, 3 service users' LOS was above 200 days

Clinically Ready for Discharge (CRFD)

• CRFD rates are significantly above threshold on several wards:
  • Clark CRFD has increased to 22.7% in October reflecting 3 service users awaiting placement, one of whom has recently been discharged.
  • Melton CRFD is 33.3% in October. This is 2 service users awaiting placements.
  • Poplars CRFD has increased to 30.6% and is reflective of 8 service users awaiting placements, 2 of whom have now been discharged.
• 9 other wards are above the threshold for CRFD with Beamshaw and Walton above 10%. Ward 18, Elmdale, Willow, Beechdale, Ward 19 Male, Ward 19 Female, and Enfield Down are also above target. This is due to the number of service users with complex needs who are awaiting placement or suitable accommodation.
• Across all wards the multi-disciplinary team continue to collaborate to progress pathways as timely as possible.
• There is a weekly check and challenge meeting led by the Director of Service to ensure senior oversight and focus and timely external escalations.

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 October was 93.9% for 24hr target and 98.4% completed within 48hrs.
• During October, Ward 18, Ward 19 Male, and Elmdale had 1 FIRM breach each. Nostell had 2 breaches and Ashdale had 3 (all of which met 48hr target).
• 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)

• 25 incidents of patient-on-patient physical violence throughout October (Ward 19 Male and Female incidents are combined). Highest number of incidents on Ashdale (9) 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)

• 44 incidents of patient on staff physical violence throughout October (Ward 19 Male and Female incidents are combined) across multiple wards.
• Where service users are a known risk of violence and aggression, risk specific care plans are in place with input from trust RRPI specialist advisors as needed.
• Staff involved in incidents are supported by ward leadership teams including both managerial and clinical supervision.

Restraint incidents

• High incidence on Nostell (32). The majority of incidences relate to one service user with complex needs. In reach support was provided to the team by RRPI specialist advisors.
• Higher incidence on Walton (14), Ashdale (12), and Elmdale (14) is reflective of current patient population and the presentation and risk profile of service users.

Prone restraint incidents

• 8 incidents of prone restraint in October, all of which were service user led:
    • Ashdale (2) – Both incidents involve the same service user and were to exit seclusion. Service user drove themselves forward into prone position.
    • Nostell (5) - All 5 incidents involve the same service user. In each incident the service user placed herself in prone position and engaged in high-risk self-harm behaviour (headbanging) necessitating staff to apply holds. In-reach support provided to team by RRPI specialist advisors.
    • Walton (1) – To exit seclusion. Service user drove themselves forward into prone position.
• Prone restraint as an emergency intervention is still taught within RRPI training.
• The care group Senior Leadership Team have engaged with colleagues in Nursing, Quality, and Professions regarding communication to teams to support the Trusts ambition for zero staff led prone restraint.

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Beamshaw Suite Aug-25	Beamshaw Suite Sep-25	Beamshaw Suite Oct-25	Clark Suite Aug-25	Clark Suite Sep-25	Clark Suite Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	80.0%	100.0%	100.0%	95.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.0%	3.7%	0.8%	2.5%	1.6%	0.6%
Supervision	Best place to work and learn	Well led	80%	100.0%	83.3%	81.8%	100.0%	92.3%	84.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.4%	96.3%	96.3%	95.8%	92.0%	96.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.7%	88.9%	92.6%	100.0%	88.0%	96.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.1%	77.8%	81.5%	91.7%	92.0%	92.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	85.7%	92.6%	92.6%	87.5%	88.0%	100.0%
Bed occupancy**	Best Quality	Safe	85%	106.2%	103.6%	98.5%	106.2%	103.6%	98.5%
Average Length of Stay	Best Quality	Safe	Trend Monitor	58	37	99	42	73	31
Safer staffing (Overall)	Best Quality	Safe	90%	136.2%	120.3%	112.9%	103.5%	105.0%	115.6%
Safer staffing (Registered)	Best Quality	Safe	80%	92.6%	100.0%	106.5%	101.7%	98.7%	98.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	19.2%	17.5%	19.0%	21.1%	17.9%	22.7%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	90.0%	100.0%	75.0%	80.0%	100.0%
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	5	2	0	2	3	2
Restraint incidents	Best Quality	Safe	Trend Monitor	10	1	*2*	8	10	*11*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	4	1	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	37	8	7	17	12	10

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

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

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Melton Suite Aug-25	Melton Suite Sep-25	Melton Suite Oct-25	Nostell Aug-25	Nostell Sep-25	Nostell Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	73.9%	92.0%	85.7%	95.0%	100.0%	95.2%
Sickness	Best place to work and learn	Well led	5.0%	13.3%	8.1%	3.2%	9.7%	7.0%	6.2%
Supervision	Best place to work and learn	Well led	80%	60.0%	75.0%	86.7%	92.9%	100.0%	76.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	96.6%	93.3%	96.3%	92.6%	96.3%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.4%	93.1%	90.0%	85.2%	100.0%	96.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	96.4%	89.7%	80.0%	100.0%	96.3%	92.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	89.3%	86.2%	86.7%	100.0%	96.3%	81.5%
Bed occupancy	Best Quality	Safe	85%	111.8%	116.7%	100.0%	99.9%	97.2%	96.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	221	112	n/a	67	47	40
Safer staffing (Overall)	Best Quality	Safe	90%	153.8%	147.1%	152.4%	97.4%	92.6%	106.0%
Safer staffing (Registered)	Best Quality	Safe	80%	86.9%	95.3%	99.2%	98.8%	93.7%	99.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	29.0%	28.2%	33.3%	4.0%	5.6%	2.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	N/A	100.0%	71.4%	84.6%	87.5%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	2	0	1	0	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	0	3	3	4	7
Restraint incidents	Best Quality	Safe	Trend Monitor	15	13	11	14	4	*32*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	0	*5*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	41	29	36	10	5	25

*** 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 Aug-25	Stanley Sep-25	Stanley Oct-25	Walton Aug-25	Walton Sep-25	Walton Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	95.7%	95.8%	90.9%	100.0%	97.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	2.2%	4.5%	7.4%	13.3%	9.5%	9.1%
Supervision	Best place to work and learn	Well led	80%	100.0%	92.9%	100.0%	100.0%	100.0%	94.1%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	96.4%	92.5%	97.6%	97.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	93.8%	94.1%	96.4%	92.5%	90.5%	90.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	96.9%	97.1%	96.4%	77.5%	81.0%	85.4%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	96.4%	82.5%	88.1%	90.2%
Bed occupancy**	Best Quality	Safe	85%	99.9%	97.2%	96.4%	101.8%	97.4%	101.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	46	80	42	69	82	61
Safer staffing (Overall)	Best Quality	Safe	90%	107.5%	115.7%	109.7%	125.5%	136.6%	138.2%
Safer staffing (Registered)	Best Quality	Safe	80%	99.4%	94.3%	93.1%	94.7%	94.9%	100.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	5.6%	1.2%	1.9%	18.9%	31.8%	16.8%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	90.9%	100.0%	100.0%	100.0%	66.7%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	4	1	0	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	1	0	3	2	3
Restraint incidents	Best Quality	Safe	Trend Monitor	8	5	*9*	11	12	*14*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*0*	5	2	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	20	17	21	17	19

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

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Ashdale Aug-25	Ashdale Sep-25	Ashdale Oct-25	Ward 18 Aug-25	Ward 18 Sep-25	Ward 18 Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	91.7%	95.8%	84.0%	95.8%	95.8%	95.5%
Sickness	Best place to work and learn	Well led	5.0%	18.5%	12.8%	11.2%	7.0%	8.1%	10.4%
Supervision	Best place to work and learn	Well led	80%	80.0%	69.2%	78.6%	77.8%	90.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	82.1%	88.9%	89.7%	93.5%	86.2%	87.1%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.1%	74.1%	82.8%	90.3%	82.8%	83.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	92.6%	96.6%	100.0%	100.0%	96.8%
Bed occupancy	Best Quality	Safe	85%	99.6%	99.0%	96.0%	99.6%	97.4%	94.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	56	53	82	65	22	37
Safer staffing (Overall)	Best Quality	Safe	90%	100.0%	101.8%	100.5%	102.0%	110.1%	114.4%
Safer staffing (Registered)	Best Quality	Safe	80%	95.5%	99.2%	97.1%	96.0%	94.6%	106.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.7%	0.0%	3.6%	5.2%	4.7%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	37.5%	87.5%	76.9%	77.8%	92.6%	94.4%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	4	5	9	8	2	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	6	7	13	3	1
Restraint incidents	Best Quality	Safe	Trend Monitor	6	12	12	23	7	*7*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*2*	1	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	2	12	6	2	12	23

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Elmdale Aug-25	Elmdale Sep-25	Elmdale Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	95.8%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	10.8%	3.8%	4.4%
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%	89.3%	89.3%	91.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	78.6%	88.9%	82.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	96.4%	95.8%
Bed occupancy	Best Quality	Safe	85%	96.8%	94.7%	95.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	29	41	35
Safer staffing (Overall)	Best Quality	Safe	90%	99.0%	107.2%	112.7%
Safer staffing (Registered)	Best Quality	Safe	80%	93.7%	94.5%	92.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	1.2%	6.0%	9.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	86.7%	92.9%	91.7%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	3	6	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	13	4
Restraint incidents	Best Quality	Safe	Trend Monitor	11	11	*14*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	5	5	10

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Crofton Aug-25	Crofton Sep-25	Crofton Oct-25	Poplars CUE Aug-25	Poplars CUE Sep-25	Poplars CUE Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	90.9%	85.0%	84.2%	93.1%	89.3%	96.2%
Sickness	Best place to work and learn	Well led	5.0%	6.7%	12.6%	14.0%	6.0%	9.2%	15.8%
Supervision	Best place to work and learn	Well led	80%	81.8%	80.0%	90.0%	91.7%	90.0%	91.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	96.7%	93.3%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.5%	100.0%	91.3%	89.3%	79.3%	79.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	95.7%	89.3%	82.8%	86.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	95.8%	96.6%	100.0%	96.7%
Bed occupancy	Best Quality	Safe	85%	89.5%	87.9%	82.3%	69.5%	75.1%	67.5%
Average Length of Stay	Best Quality	Safe	Trend Monitor	65	58	47	91	146	112
Safer staffing (Overall)	Best Quality	Safe	90%	175.8%	167.7%	163.8%	178.5%	186.7%	189.6%
Safer staffing (Registered)	Best Quality	Safe	80%	140.5%	123.9%	120.7%	100.9%	104.2%	106.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	25.7%	20.4%	30.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	100.0%	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	1	0	2	3	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	4	4	14	16	6
Restraint incidents	Best Quality	Safe	Trend Monitor	5	5	*5*	30	15	*9*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	27	18	36	11	51	61

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Willow			Beechdale		
				Aug-25	Sep-25	Oct-25	Aug-25	Sep-25	Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	95.5%	86.4%	90.0%	90.5%	94.7%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	12.9%	11.2%	14.9%	7.5%	6.4%	14.3%
Supervision	Best place to work and learn	Well led	80%	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	90.5%	100.0%	100.0%	95.7%	95.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.0%	85.7%	84.2%	92.0%	87.0%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	91.3%	100.0%	100.0%	95.8%	95.5%	90.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.7%	100.0%	100.0%	92.0%	95.7%	95.2%
Bed occupancy	Best Quality	Safe	85%	89.4%	93.7%	91.0%	94.8%	92.1%	89.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	56	74	70	105	121	126
Safer staffing (Overall)	Best Quality	Safe	90%	125.9%	96.6%	104.8%	134.4%	125.3%	134.2%
Safer staffing (Registered)	Best Quality	Safe	80%	93.5%	100.5%	97.8%	103.8%	97.8%	89.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	10.3%	6.3%	6.9%	5.8%	10.5%	5.7%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*1*	1	0	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	22	7	3	10	0	21

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male			Ward 19 - Female		
				Aug-25	Sep-25	Oct-25	Aug-25	Sep-25	Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	89.5%	90.0%	90.0%	100.0%	94.7%	94.7%
Sickness	Best place to work and learn	Well led	5.0%	5.0%	6.3%	2.0%	4.0%	9.0%	3.6%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	96.0%	100.0%	95.8%	95.8%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	84.0%	88.0%	95.8%	83.3%	79.2%	76.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	92.0%	84.0%	100.0%	91.7%	91.7%	95.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.0%	96.0%	100.0%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	96.1%	101.6%	100.0%	84.9%	76.9%	86.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	138	91	91	91	84	56
Safer staffing (Overall)	Best Quality	Safe	90%	115.1%	101.1%	97.8%	112.9%	94.5%	113.0%
Safer staffing (Registered)	Best Quality	Safe	80%	81.9%	74.3%	103.2%	98.5%	90.7%	106.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	15.2%	5.0%	4.4%	0.0%	3.2%	5.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	71.4%	100.0%	66.7%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	2	2	0	2	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	1	7	3	1	7
Restraint incidents	Best Quality	Safe	Trend Monitor	4	13	*7*	4	13	*7*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	2	0	13	17

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down Aug-25	Enfield Down Sep-25	Enfield Down Oct-25	Lyndhurst Aug-25	Lyndhurst Sep-25	Lyndhurst Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	100.0%	92.3%	92.6%	96.0%
Sickness	Best place to work and learn	Well led	5.0%	8.8%	7.2%	5.4%	6.8%	4.4%	4.9%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	96.3%	78.6%	92.9%	85.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	98.0%	98.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.5%	87.5%	82.0%	81.5%	85.2%	88.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.4%	86.4%	97.8%	100.0%	92.6%	96.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.8%	95.9%	100.0%	92.6%	88.9%	100.0%
Bed occupancy	Best Quality	Safe	Trend Monitor	50.8%	48.2%	48.7%	56.2%	41.9%	44.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	617	N/A	305	955	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	97.0%	99.7%	98.0%	97.3%	98.2%	96.1%
Safer staffing (Registered)	Best Quality	Safe	80%	95.7%	101.8%	100.8%	100.0%	93.8%	95.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	11.8%	12.4%	6.3%	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	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	1	2	0	0	1	0

Inpatients - Forensic West Yorkshire - Medium Secure

Medium Secure

• All seven wards are within compliance for supervision.

• Some overall improvements in sickness absence noted with six wards within compliance: Priestley (0.3%%), Johnson (4.3%), Hepworth (5.1%), Chippendale (3.7%), Bronte (1.7%) and Appleton (0%). Waterton has been affected by both long-term sickness absence and short-term sickness absence. Individual support plans are in place by the ward managers with support from our People Directorate and an whilst continues to remain out of compliance (9.7%) an improving trajectory is noted.

• 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. Four wards currently remain above compliance (Bronte 100%, Hepworth 100%, Priestley 95% and Chippendale 90%). Hotspots have been identified on Johnson (79.2%), Waterton (85%) and Appleton (86.7%) which are understood to have resulted from clinical acuity and staff members currently on placements, but improving trajectories are noted.

• Good compliance is noted for mandatory training across the medium secure service. Improvements are noted in RRPI with all teams now above compliance. 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 Bronte (72.7%) and the other is for Fire Safety Training on Waterton (81.0%) and Appleton (82.4%), which is provided as part of yearly security updates. Following the cancellation of some security update training staff are beings supported to book on Trust planned training.

• 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 69%) is also low but has noted a slight improvement and the service has received referrals and has a has 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.

• There is one prone restraint in medium secure on Hepworth that was under 15 seconds and a seclusion exit. 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. Incidents of violence and restraint incidents remains broadly consistent.

• The service continues to experience high levels of acuity with wards frequently working above establishment numbers to support clinical need. The service continues to review staffing on a daily basis 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. A dedicated piece of work to further embed SafeCare into the morning meeting and practice has been supported by the E-Rostering team and supported improvements in SafeCare data.

• 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. Continued challenges are evident in relation to sickness and absence across low secure with Thornhill (11.5%), Sandal (19.1%) and Ryburn (9.6%). This is inclusive of long (11 staff) and short-term sickness absence and includes an increase in seasonal illness. Improvements have been evident on Newhaven (5.7%) from 11.9%. 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, and all areas are now above compliance. Sandal (100%), Thornhill (100%), Ryburn (100) and Newhaven (96.8%).

• 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 continue to experience challenges on Sandal Ward, and further review is underway with the Ward Manager and Clinical Service Manager to support quality improvement.

• 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 (72.7%) to support capacity for admissions. Sandal (81.3%) currently has three empty beds, and three assessments in progress. Newhaven (75%) continues to experience lower level of referrals and has no waiting list.

• There have been three prone incidents on Sandal. These have been in relation to one service and particular challenges in seclusion exit, with wider support services (RRPI) supporting the clinical team. The service is in addition actively engaged in the Trust wide 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. The service continues to review staffing on a daily basis 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 (96.8%) and Thornhill (100%).

Metrics	Strategic Objective	CQC Domain	Threshold	Appleton			Bronte		
				Aug-25	Sep-25	Oct-25	Aug-25	Sep-25	Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	71.4%	53.3%	86.7%	95.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	6.2%	5.4%	0.0%	8.1%	4.7%	1.7%
Supervision	Best place to work and learn	Well led	80%	88.9%	100.0%	100.0%	100.0%	92.3%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	94.1%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.0%	76.5%	82.4%	82.6%	77.3%	72.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.0%	88.2%	82.4%	91.3%	86.4%	86.4%
Bed occupancy	Best Quality	Safe	90%	52.0%	62.5%	62.5%	100.0%	91.9%	88.0%
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%	136.2%	138.0%	122.0%	94.5%	98.5%	111.1%
Safer staffing (Registered)	Best Quality	Safe	80%	89.6%	88.9%	92.5%	87.2%	94.6%	99.7%
% 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%	100.0%	N/A	N/A	N/A	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	3	4	1	2	2
Restraint incidents	Best Quality	Safe	Trend Monitor	5	10	*12*	4	1	*6*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	*0*	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	19	9	9	0	0	11

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Chippendale			Hepworth		
				Aug-25	Sep-25	Oct-25	Aug-25	Sep-25	Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	95.0%	89.5%	90.0%	95.5%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	9.7%	8.2%	3.7%	2.6%	0.7%	5.1%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	86.7%	70.0%	84.6%	84.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.3%	90.0%	90.9%	91.7%	100.0%	95.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	91.3%	95.0%	86.4%	91.7%	90.5%	90.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.7%	90.0%	95.5%	91.7%	100.0%	95.2%
Bed occupancy	Best Quality	Safe	90%	100.0%	100.0%	100.0%	79.1%	84.7%	86.0%
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%	141.4%	111.4%	116.0%	94.9%	108.3%	95.4%
Safer staffing (Registered)	Best Quality	Safe	80%	116.8%	116.9%	124.0%	89.7%	90.7%	80.9%
% 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	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	2	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	0	1	2	1
Restraint incidents	Best Quality	Safe	Trend Monitor	0	3	*0*	3	2	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	30	3	2	3	2	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Johnson			Priestley		
				Aug-25	Sep-25	Oct-25	Aug-25	Sep-25	Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	84.6%	76.0%	79.2%	75.0%	89.5%	95.0%
Sickness	Best place to work and learn	Well led	5.4%	1.1%	2.8%	4.3%	0.7%	1.7%	0.3%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.6%	93.3%	96.9%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	79.3%	80.0%	84.4%	90.9%	90.0%	81.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.2%	83.3%	81.3%	86.4%	95.0%	90.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.1%	90.0%	87.5%	100.0%	100.0%	95.5%
Bed occupancy	Best Quality	Safe	90%	73.3%	73.3%	69.0%	96.0%	92.7%	97.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	4013	N/A	1362	1043
Safer staffing (Overall)	Best Quality	Safe	90%	118.8%	120.0%	117.9%	92.9%	94.6%	94.4%
Safer staffing (Registered)	Best Quality	Safe	80%	91.4%	96.6%	86.2%	108.8%	81.4%	105.9%
% 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	100.0%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	1	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	4	5	8	4	0	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Waterton Aug-25	Waterton Sep-25	Waterton Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	94.7%	47.4%	85.0%
Sickness	Best place to work and learn	Well led	5.4%	18.7%	20.6%	9.7%
Supervision	Best place to work and learn	Well led	80%	90.0%	90.0%	80.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	95.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	94.4%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	75.0%	83.3%	90.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.0%	77.8%	81.0%
Bed occupancy	Best Quality	Safe	90%	96.2%	97.1%	99.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1431	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	151.9%	143.5%	141.1%
Safer staffing (Registered)	Best Quality	Safe	80%	89.4%	94.7%	94.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	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	21	13	10

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Thornhill Aug-25	Thornhill Sep-25	Thornhill Oct-25	Sandal Aug-25	Sandal Sep-25	Sandal Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	89.3%	86.7%	100.0%	90.9%	90.9%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	3.1%	8.7%	11.5%	14.1%	9.7%	19.1%
Supervision	Best place to work and learn	Well led	80%	50.0%	87.5%	100.0%	100.0%	100.0%	91.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	91.7%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.6%	87.9%	80.0%	91.7%	96.2%	88.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	93.8%	93.9%	93.3%	79.2%	80.8%	84.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	95.8%	92.3%	88.5%
Bed occupancy	Best Quality	Safe	85%	82.2%	72.2%	72.7%	86.5%	81.9%	81.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	2366	1019	N/A	N/A	78	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	115.3%	113.8%	115.1%	154.0%	116.3%	119.9%
Safer staffing (Registered)	Best Quality	Safe	80%	104.1%	103.7%	104.6%	99.5%	103.9%	100.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	0.0%	N/A	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	2	0	2
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	5	2	*2*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	2	0	*3*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	6	4	3	26	11	6

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Ryburn Aug-25	Ryburn Sep-25	Ryburn Oct-25	Newhaven Aug-25	Newhaven Sep-25	Newhaven Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	77.8%	88.9%	100.0%	84.4%	93.3%	96.8%
Sickness	Best place to work and learn	Well led	5.4%	16.2%	6.5%	9.6%	9.5%	11.9%	5.7%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	86.7%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	96.9%	93.9%	97.1%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.9%	88.9%	100.0%	96.4%	89.7%	96.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	85.7%	89.7%	93.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	88.9%	100.0%	100.0%	90.6%	90.9%	91.2%
Bed occupancy	Best Quality	Safe	85%	100.0%	100.0%	88.5%	74.2%	75.0%	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%	99.2%	97.4%	100.0%	138.2%	143.4%	141.5%
Safer staffing (Registered)	Best Quality	Safe	80%	98.4%	104.8%	100.6%	92.0%	101.4%	106.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	100.0%	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	2	3	5
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	*3*	4	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	*0*	1	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	24	17	10

Inpatients - Non-Mental Health

• **Appraisal rate:**
Neuro Rehabilitation Unit (NRU) rate continues to maintain compliance at 94.6% for October.
Stroke Rehabilitation Unit (SRU) rate continues to maintain compliance 95.5% for October.

• **Sickness:**
NRU – NRU – sickness for October has increased to 5.7% for October which is outside compliance. The current position includes some new instances of long term sickness.
SRU – Sickness for October has increased to 9.3% which is outside compliance. The current position still includes several instances of long term sickness, in addition to an increase in short term sickness:
Sickness absence for both units continues to be managed robustly via HR processes and sickness reviews.

• **Supervision:**
NRU has fallen slightly below compliance during October at 79.2% which could be attributed to senior staff on annual leave. As of 19 November, this has increased to 83.3% to regain compliance.
SRU figures have maintained compliance at 87.5% for October.

• **Information Governance Training:**
Both units continue to maintain compliance for October.

• **Cardiopulmonary resuscitation (CPR) Training:**
NRU is showing a slight increase to 76.9%. Some staff were already booked into mid-October sessions. (This training may not be showing yet due to lag in recording).
SRU continues to exceed the compliance 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 October.

• **Safer Staffing** - overall (Threshold 90%):
NRU 108.0%
SRU 88.6%
Safer staffing has dipped below accepted variance for SRU in October. This is due to an increase in short term sickness

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU) Aug-25	Sep-25	Oct-25	Stroke Rehabilitation Unit (SRU) Aug-25	Sep-25	Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	80.0%	88.6%	94.6%	96.8%	96.8%	95.5%
Sickness	Best place to work and learn	Well led	5.0%	2.0%	3.6%	5.7%	4.3%	7.5%	9.3%
Supervision	Best place to work and learn	Well led	80%	89.5%	90.5%	79.2%	71.4%	88.1%	87.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.6%	97.7%	95.2%	100.0%	98.6%	97.1%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	76.3%	72.5%	76.9%	94.0%	91.0%	89.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.2%	93.0%	95.2%	97.1%	94.3%	91.2%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	47.3%	41.1%	62.4%	80.4%	67.5%	79.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	38	58	39	24	32	32
Safer staffing (Overall)	Best Quality	Safe	90%	102.0%	83.1%	108.0%	83.1%	81.8%	88.6%
Safer staffing (Registered)	Best Quality	Safe	80%	90.2%	83.9%	99.3%	94.7%	97.2%	97.6%
% 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	1	6	0	30	47	55

Inpatients - Mental Health - Learning Disability

Headlines

- Positive performance across the team with established supervision and appraisal structure.
- Sickness and Absence – continued increase in sickness and absence noted and processes in place by Ward Manager.
- Low occupancy is understood and aligned with wider ATU workstream.
- Continued CRFD, understood and in relation to pathway challenges. The service continued to support system wider working to identify appropriate packages of care.
- On staffing levels, we have undertaken the establishment review and are just working on finalisation and ensuring template reflects new agreed staffing.
- Due to current acuity and needs of individual service users, the service has required additional staffing in the overall staffing (104.0%) and registered staffing (163.6%).
- Improving performance in relation to risk assessment completion within 24 hours.
- Reduction in restraint incidents and no prone restraint.

Metrics	Strategic Objective	CQC Domain	Threshold	Horizon Aug-25	Horizon Sep-25	Horizon Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	96.9%
Sickness	Best place to work and learn	Well led	5.0%	6.0%	7.5%	9.1%
Supervision	Best place to work and learn	Well led	80%	95.0%	95.0%	95.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.5%	97.6%	97.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	97.4%	87.2%	89.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.2%	84.6%	87.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.0%	92.7%	97.6%
Bed occupancy	Best Quality	Safe	N/A	43.1%	50.0%	39.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	27	N/A	34
Safer staffing (Overall)	Best Quality	Safe	90%	118.9%	111.9%	104.0%
Safer staffing (Registered)	Best Quality	Safe	80%	171.1%	148.6%	163.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	56.1%	75.0%	64.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	0% (0/1)	N/A	100% (1/1)
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	7	4
Restraint incidents	Best Quality	Safe	Trend Monitor	4	4	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	10	40	16

Inpatients - Forensic South Yorkshire

Medium Secure

- Supervision compliance is above threshold across both wards.
- Sickness absence is above target for Foss (7.7%) though has decreased in Skipton to below threshold at 4.3%. This continues to be 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 (75%) and Foss (78.6%) 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 across all low secure wards.
- Sickness absence is above target for Esk (13.1%). and Wentbridge (6.6%). This is now being closely monitored by Ward Managers with support from the People Directorate.
- Good compliance against mandatory training is noted across all areas. Information governance compliance has dropped below compliance on Wentbridge (90.0%) and Don (65.0%) with plans in place to improve. Some challenges with CPR compliance are noted (Aire; 58.8% Don; 60.9% and Wentbridge; 65.9%) 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 (72%) and Wentbridge (63.3%), whilst below usual compliance both are in relation to the mobilisation of Cheswold Park Hospital and plans are in place. Bed occupancy on Calder has reached 100% which again is in relation to the mobilisation of Cheswold Park Hospital
- 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 Aug-25	Foss Sep-25	Foss Oct-25	Skipton Aug-25	Skipton Sep-25	Skipton Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	71.0%		100.0%	74.1%	
Sickness	Best place to work and learn	Well led	5.4%	14.7%	10.5%	7.7%	6.3%	7.4%	4.3%
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%	83.3%	85.2%	86.0%	100.0%	100.0%	93.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.7%	91.0%	82.1%	86.2%	88.0%	71.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	66.7%	73.0%	64.3%	71.4%	75.0%	66.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	83.3%	81.0%	82.0%	100.0%	97.0%	90.0%
Bed occupancy	Best Quality	Safe	90%	74.7%	78.6%	78.6%	71.5%	75.0%	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%	101.8%	105.9%	107.4%	163.5%	159.4%	179.0%
Safer staffing (Registered)	Best Quality	Safe	80%	109.1%	107.8%	119.3%	107.8%	93.2%	114.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	2	1	0	2	2
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	15	13	*23*
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 Aug-25	Low Secure Services Esk Sep-25	Low Secure Services Esk Oct-25	Wentbridge Aug-25	Wentbridge Sep-25	Wentbridge Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	0.0%	89.4%		97.5%	88.4%	
Sickness	Best place to work and learn	Well led	5.4%	12.5%	12.9%	13.1%	2.0%	4.4%	6.6%
Supervision	Best place to work and learn	Well led	80%	100.0%	65.0%	100.0%	97.5%	97.5%	97.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	87.0%	90.9%	95.0%	97.6%	90.5%	90.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.3%	95.0%	90.5%	87.8%	79.0%	80.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.8%	87.0%	95.0%	65.9%	75.0%	65.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.3%	91.0%	86.0%	78.0%	76.0%	73.0%
Bed occupancy	Best Quality	Safe	90%	80.2%	84.2%	72.0%	91.1%	66.3%	63.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	50	N/A	2878	1662	1674	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	99.6%	104.3%	113.7%	151.1%	133.2%	139.1%
Safer staffing (Registered)	Best Quality	Safe	80%	98.8%	88.8%	108.3%	91.2%	92.4%	106.8%
% 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	3	3	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	2	0	1	3	2
Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*1*	1	1	*1*
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 Aug-25	Aire Sep-25	Aire Oct-25	Don Aug-25	Don Sep-25	Don Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	N/A	84.9%		75.0%	76.0%	
Sickness	Best place to work and learn	Well led	5.4%	2.1%	9.6%	4.5%	4.3%	1.0%	1.3%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	79.2%	68.0%	87.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	83.3%	93.3%	97.0%	76.0%	68.2%	65.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	70.0%	82.0%	76.5%	92.0%	98.0%	95.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	67.7%	78.0%	58.8%	64.0%	70.0%	60.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	76.7%	83.0%	85.0%	88.0%	82.0%	78.0%
Bed occupancy	Best Quality	Safe	90%	90.1%	90.8%	91.7%	91.7%	93.6%	94.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	N/A	1055
Safer staffing (Overall)	Best Quality	Safe	90%	88.8%	89.6%	85.8%	132.0%	133.1%	139.3%
Safer staffing (Registered)	Best Quality	Safe	80%	85.4%	87.9%	84.1%	100.0%	97.7%	101.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor		0	2		0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor		0	1		0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*2*	2	3	*0*
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 Aug-25	Sep-25	Oct-25
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	95.7%	
Sickness	Best place to work and learn	Well led	5.4%	3.4%	1.2%	1.8%
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%	95.7%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	95.8%	95.6%	100.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	840	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	92.2%	98.8%	94.6%
Safer staffing (Registered)	Best Quality	Safe	80%	68.3%	74.8%	70.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*1*
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	(£0.8m)	£0m	A further surplus (£177k) has been reported for October 2025. As a result this supports the reduction in the year to date deficit to £776k and continues to track towards the forecast breakeven position. Although a surplus, this is less than plan with additional efficiency requirements profiled in the plan from October onwards.
2	Agency Spend	Best Value	Well Led	£2.2m	£3.3m	Agency spend in October is £228k and continues to demonstrate a reducing run rate and expenditure lower than planned. The Trust currently utilise medical and unregistered nursing agency and is working towards the updated NHS England agency rule of no Band 2 or 3 agency usage.
3	Bank Spend	Best Value	Well Led	£14m	£22.2m	Bank utilisation continues to be higher than planned with the main area of spend in unregistered nurses in inpatient wards. However, for October, there has been a stepped reduction of £344k (58 worked WTE) since the previous months. The main reason for this is previous, and continued, recruitment.
4	Corporate Spend	Best Value	Well Led	£38.1m	£66.9m	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	£12.4m	£28.2m	The value for money programme profile included increased delivery within the later months of the year. Whilst original schemes continue to be progressed a number of mitigations have been identified, and delivering from October, which mean that current performance is £0.4m (2.8%) behind plan and therefore rated as green.
6	Cash	Best Value	Well Led	£56.6m	£55.1m	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	£4.5m	£18.3m	A significant lease has been transacted in month which has increased the spend to date. At October this is now 6% less than planned. The overall forecast has been reduced to reflect the current position on potential seclusion room work. The current forecast is that the revised allocation will be fully utilised and the risk in delivery is being assessed.
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

NHS South West Yorkshire Partnership Teaching NHS Foundation Trust

	Objective	CQC Domain	Trust Threshold	Aug-25	Sep-25	Oct-25
Mandatory Training - TOTAL	Improving Care		>=80%	94.0%	94.0%	94.0%
Mandatory Training - Reducing Restrictive Practice Interventions				85.6%	81.9%	81.5%
Mandatory Training - Cardiopulmonary Resuscitation				75.5%	78.9%	77.3%
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				97.9%	96.0%	96.7%
Mandatory Training - Fire Safety			>=85%	86.9%	87.0%	85.3%
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				90.6%	93.3%	92.2%
Mandatory Training - Information Governance (Data Security)			>=95%	89.8%	90.6%	91.0%
Mandatory Training - Moving & Handling			>=80%	86.9%	87.0%	85.3%
Mandatory Training - Mental Capacity Act/Dols				90.7%	88.0%	83.3%
Mandatory Training - Mental Health Act				90.7%	88.0%	83.3%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				98.9%	99.3%	99.3%
Mandatory Training - Prevent			>=80%	N/A	N/A	N/A
Mandatory Training - Safeguarding Adults				86.4%	91.2%	92.0%
Mandatory Training - Safeguarding Children				86.4%	91.2%	92.0%

South West Yorksh
Partnership Teach
NHS Foundation

Finance Report

Month 7 (2025 / 26)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0	Executive Summary / Key Performance Indicators			
Key Performance Indicator		**Year to Date**	**Forecast 2025 / 26**	**Narrative**
1	**Surplus / (Deficit)**	(£0.8m)	£0m	A further surplus (£177k) has been reported for October 2025. As a result this supports the reduction in the year to date deficit to £776k and continues to track towards the forecast breakeven position. Although a surplus this is less than plan with additional efficiency requirements profiled in the plan from October onwards.
2	**Agency Spend**	£2.2m	£3.3m	Agency spend in October is £228k and continues to demonstrate a reducing run rate and expenditure lower than planned. The Trust currently utilise medical and unregistered nursing agency and is working towards the updated NHS England agency rule of no band 2 or 3 agency usage.
3	**Bank Spend**	£14m	£22.2m	Bank utilisation continues to be higher than planned with the main area of spend in unregistered nurses in inpatient wards. However, for October, there has been a stepped reduction of £344k (58 worked WTE) since the previous months. The main reason for this is previous, and continued, recruitment.
4	**Corporate Spend**	£38.1m	£66.9m	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**	£12.4m	£28.2m	The value for money programme profile included increased delivery within the later months of the year. Whilst original schemes continue to be progressed a number of mitigations have been identified, and delivering from October, which mean that current performance is £0.4m (2.8%) behind plan and therefore rated as green.
6	**Cash**	£56.6m	£55.1m	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**	£4.5m	£18.3m	A significant lease has been transacted in month which has increased the spend to date. At October this is now 6% less than planned. The overall forecast has been reduced to reflect the current position on potential seclusion room work. The current forecast is that the revised allocation will be fully utilised and the risk in delivery is being assessed.
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.

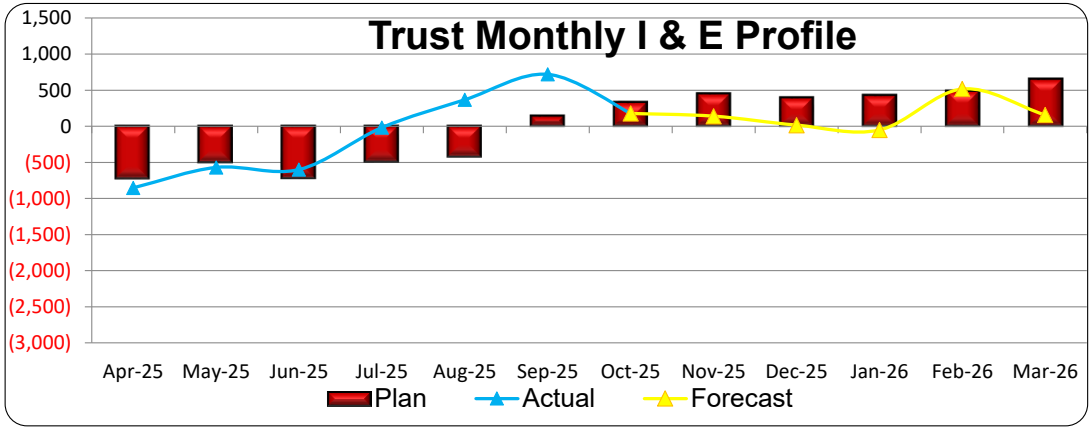
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

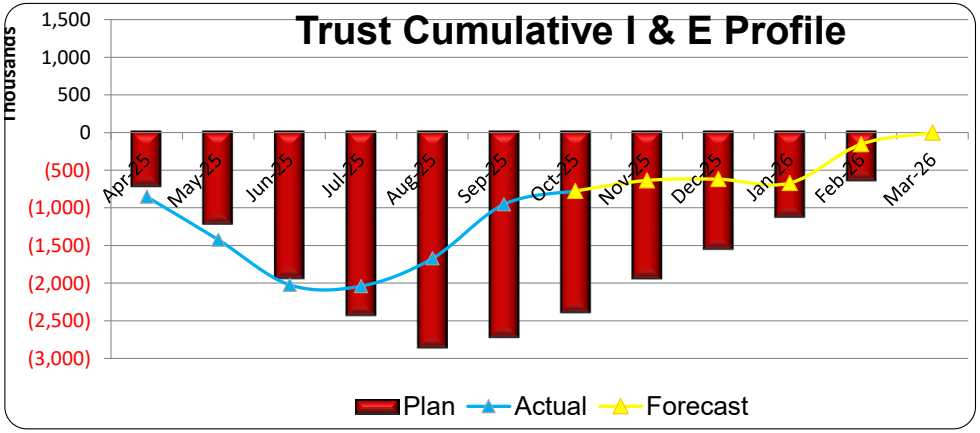
2.0 Income & Expenditure Position 2025 / 26

The table below presents the total consolidated financial position for South West Yorkshire Partnership Teaching 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					38,351	38,320	(31)	265,859	266,916	1,057	456,542	457,260	718
Other Operating Revenue					1,341	1,400	59	9,206	9,541	335	15,855	16,332	477
Total Revenue					**39,692**	**39,720**	**28**	**275,064**	**276,457**	**1,392**	**472,397**	**473,592**	**1,195**
Pay Costs	5,406	5,299	(107)	2.0%	(25,179)	(24,487)	692	(175,587)	(173,211)	2,376	(301,195)	(297,518)	3,677
Non Pay Costs					(13,345)	(14,313)	(968)	(96,151)	(98,935)	(2,784)	(161,298)	(167,248)	(5,950)
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	**5,406**	**5,299**	**(107)**	**-2.0%**	**(38,524)**	**(38,800)**	**(276)**	**(271,738)**	**(272,145)**	**(408)**	**(462,493)**	**(464,766)**	**(2,273)**
EBITDA	**5,406**	**5,299**	**(107)**	**-2.0%**	**1,168**	**920**	**(248)**	**3,327**	**4,311**	**985**	**9,904**	**8,826**	**(1,078)**
Depreciation					(633)	(647)	(14)	(4,314)	(4,608)	(294)	(7,447)	(7,810)	(363)
PDC Paid					(378)	(325)	53	(2,645)	(2,229)	416	(4,534)	(3,816)	719
Interest Received					170	229	59	1,251	1,749	498	2,077	2,799	723
Surplus / (Deficit) - ICB performance measure	**5,406**	**5,299**	**(107)**	**-2.0%**	**326**	**177**	**(149)**	**(2,382)**	**(776)**	**1,606**	**(0)**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					(9)	(1)	8	(61)	(27)	34	(94)	(61)	33
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,406**	**5,299**	**(107)**	**-2.0%**	**318**	**176**	**(141)**	**(2,443)**	**(803)**	**1,640**	**(94)**	**(61)**	**33**





Income & Expenditure Position 2025 / 26

The consolidated Trust surplus in October 2025 is £177k.
This is £149k worse 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)	5,383	5,276	(108)	2.0%	(377)	170	546	(4,354)	(483)	3,871	(6,966)	(3,179)	3,788
Provider Collaboratives	23	23	0	1.3%	2	(41)	(44)	15	(472)	(487)	26	(282)	(308)
Budgets held centrally	0	0	0	0.0%	701	49	(652)	1,957	178	(1,779)	6,940	3,461	(3,480)
Total - Consolidated position (ICB performance measure)	**5,406**	**5,299**	**(107)**	**-2.0%**	**326**	**177**	**(149)**	**(2,382)**	**(776)**	**1,606**	**(0)**	**(0)**	**(0)**

October represents the 4th consecutive month that the core Trust has reported a surplus position. However, increasingly from October, and for the rest of the year, this needs to be considered against the budgets held centrally value. This includes planned value for money / efficiency schemes which have not yet been allocated against individual budgets. In part this is due to the way that the value for money target is being achieved in year which is considered further on page 11.

The main driver, as shown on page 6, is the reduction in workforce from September to October. Overall actual worked WTE has reduced by 45 WTE in month.

The run rate for provider collaboratives has continued in October with in month deficits reported for both the West Yorkshire and South Yorkshire Adult Secure Provider Collaboratives. Financial pressures remain due the volume of 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 Teaching 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.

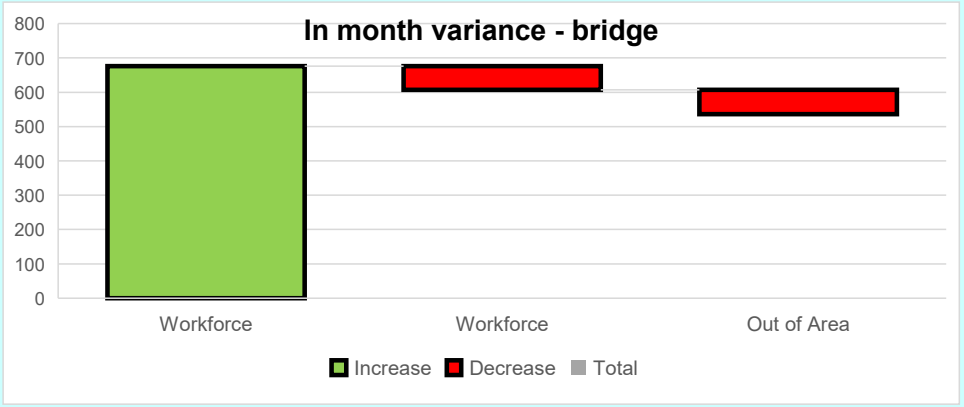
Total Financial Position - Core Trust only

	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					29,011	28,964	(47)	200,765	200,875	110	344,749	344,254	(496)
Other Operating Revenue					1,262	1,297	35	8,648	8,931	283	14,900	15,280	380
Total Revenue					**30,272**	**30,261**	**(12)**	**209,413**	**209,806**	**393**	**359,649**	**359,533**	**(116)**
Pay Costs	5,383	5,276	(108)	2.0%	(24,953)	(24,346)	607	(174,001)	(172,193)	1,808	(298,477)	(295,778)	2,699
Non Pay Costs					(4,855)	(5,002)	(147)	(34,058)	(33,009)	1,049	(58,234)	(58,108)	127
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	**5,383**	**5,276**	**(108)**	**-2.0%**	**(29,808)**	**(29,348)**	**460**	**(208,059)**	**(205,201)**	**2,857**	**(356,711)**	**(353,885)**	**2,826**
EBITDA	**5,383**	**5,276**	**(108)**	**-2.0%**	**465**	**912**	**448**	**1,354**	**4,605**	**3,251**	**2,938**	**5,648**	**2,710**
Depreciation					(633)	(647)	(14)	(4,314)	(4,608)	(294)	(7,447)	(7,810)	(363)
PDC Paid					(378)	(325)	53	(2,645)	(2,229)	416	(4,534)	(3,816)	719
Interest Received					170	229	59	1,251	1,749	498	2,077	2,799	723
Surplus / (Deficit) - ICB performance measure	**5,383**	**5,276**	**(108)**	**-2.0%**	**(377)**	**170**	**546**	**(4,354)**	**(483)**	**3,871**	**(6,966)**	**(3,179)**	**3,788**
Depn Peppercorn Leases (IFRS16)					(9)	(1)	8	(61)	(27)	34	(94)	(61)	33
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,383**	**5,276**	**(108)**	**-2.0%**	**(385)**	**169**	**554**	**(4,416)**	**(510)**	**3,906**	**(7,060)**	**(3,239)**	**3,821**

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. The majority of care groups are under in month. The largest are mental health care group and corporate services.	676
Workforce - Overspends in OPS inpatient, adult inpatient and Children's care groups. To note all have an improved run rate in month.	(51)
Out of area placements - operational pressures continuing to require more out of area placements than planned	(71)

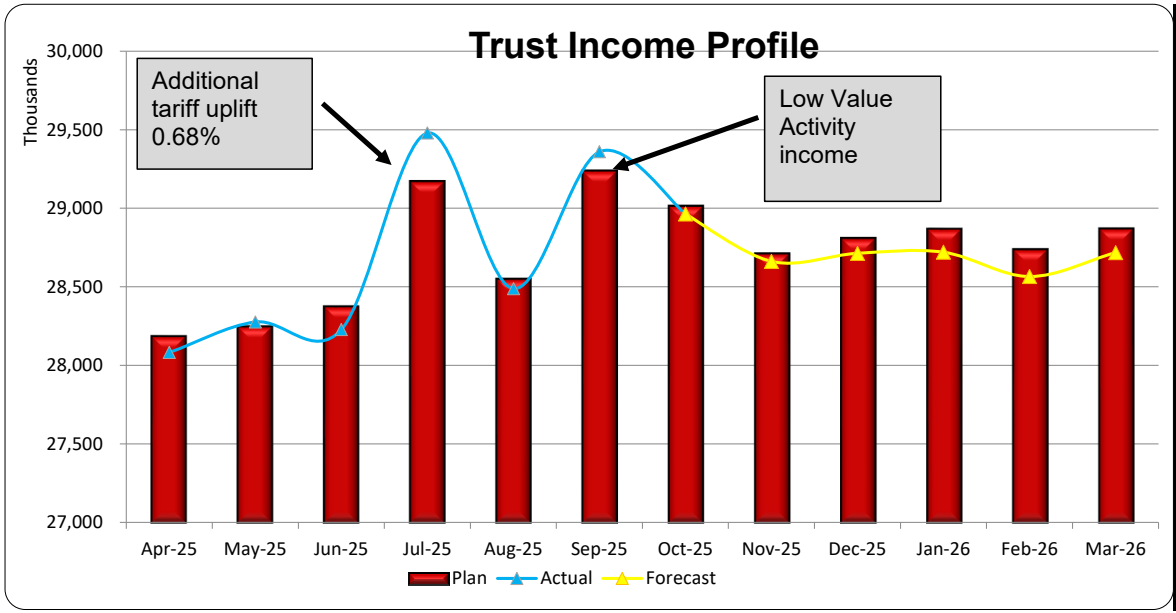


2.1 Income Information

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	23,130	23,021	23,044	23,051	23,051	23,049	**276,497**	276,547	(50)
Specialist Commissioner	36,788	4,697	4,723	4,666	4,861	4,956	5,036	4,919	4,859	4,903	4,903	4,770	4,903	**58,197**	57,587	610
Local Authority	5,141	318	465	314	680	303	422	486	420	397	397	397	397	**4,998**	5,386	(388)
Partnerships	2,940	248	251	243	251	233	197	238	212	219	219	198	219	**2,724**	3,099	(375)
Other Contract Income	1,583	127	168	155	141	149	155	191	150	150	150	150	150	**1,837**	2,131	(294)
Total	**312,292**	**28,082**	**28,276**	**28,227**	**29,479**	**28,488**	**29,359**	**28,964**	**28,662**	**28,713**	**28,720**	**28,565**	**28,718**	**344,254**	**344,749**	**(496)**
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	9,356	9,348	9,407	9,407	9,397	9,407	**113,007**		
Total	**312,292**	**37,286**	**37,484**	**37,424**	**38,930**	**38,092**	**39,381**	**38,320**	**38,010**	**38,120**	**38,127**	**37,963**	**38,125**	**457,260**		



Additional income from commissioners continues to be included in the financial position as and when agreed. October 2005 includes investment in Individual Placement Support (IPS) in line with national priorities and specific winter pressure funding.

Investment is offset by additional costs.

The forecast variance is primarily due to :

	Forecast
* Additional roles reimbursement	£247k

Recharge of salary based on staff in post

* Local Authority - Yorkshire Smokefree	£336k

Payment by results on some Smokefree contracts and recharge of actual prescribing costs

2.2 Pay Information

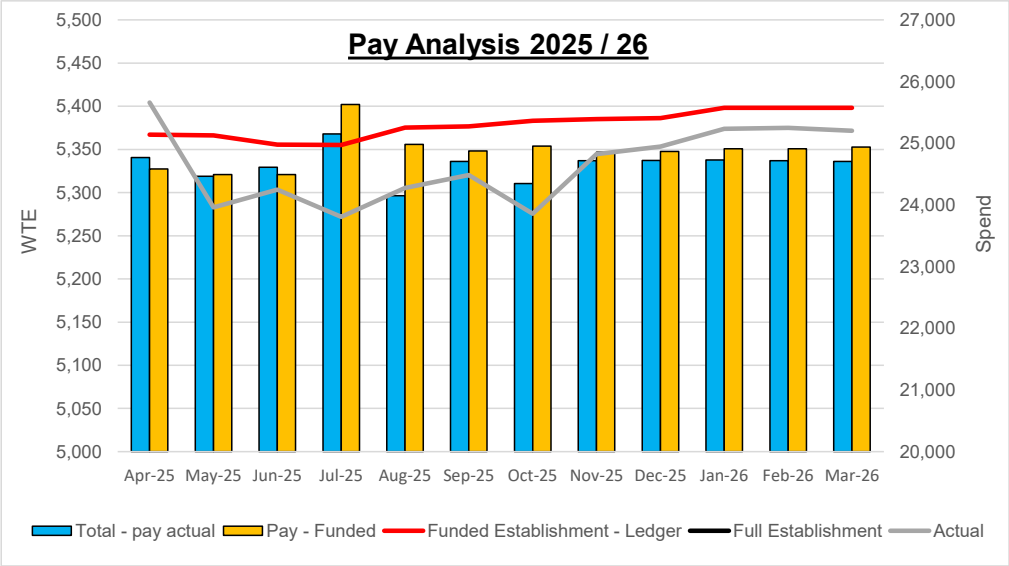
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives).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

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

Staff type	Apr-25 £k	May-25 £k	Jun-25 £k	Jul-25 £k	Aug-25 £k	Sep-25 £k	Oct-25 £k	Nov-25 £k	Dec-25 £k	Jan-26 £k	Feb-26 £k	Mar-26 £k	Total £k
Substantive	22,200	22,182	22,290	22,734	21,955	22,338	22,357	22,753	22,806	22,870	22,888	22,900	**270,272**
Bank & Locum	2,216	1,926	1,964	2,057	1,913	2,106	1,761	1,717	1,665	1,634	1,630	1,601	**22,190**
Agency	352	355	356	361	281	260	228	246	251	224	198	203	**3,316**
Total	**24,768**	**24,463**	**24,610**	**25,151**	**24,150**	**24,704**	**24,346**	**24,716**	**24,721**	**24,727**	**24,716**	**24,705**	**295,778**
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%	7.2%	6.9%	6.7%	6.6%	6.6%	6.5%	7.5%
Agency as % (in month)	1.4%	1.5%	1.4%	1.4%	1.2%	1.1%	0.9%	1.0%	1.0%	0.9%	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	4,838	4,926	4,947	4,975	4,977	4,979	**4,873**
Bank & Locum	528	443	452	452	487	481	408	398	386	379	378	374	**431**
Agency	39	31	42	35	35	31	30	20	20	20	20	19	**28**
Total	**5,404**	**5,283**	**5,303**	**5,272**	**5,305**	**5,320**	**5,276**	**5,344**	**5,353**	**5,374**	**5,375**	**5,372**	**5,332**
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**



As previously reported the Trust has been undertaking focussed recruitment activities for unregistered nurses for inpatient settings. The impact of this is now being seen through increases in substantive staffing, and now following initial onboarding and embedding, reductions on bank staff.

This supports an overall reduction in Trust pay expenditure and WTE worked as shown in the tables above and the graph to the left.

Overall worked WTE has reduced by 45 WTE with an increase of substantive of 29 and reductions in bank and agency of 73 and 1 respectively.

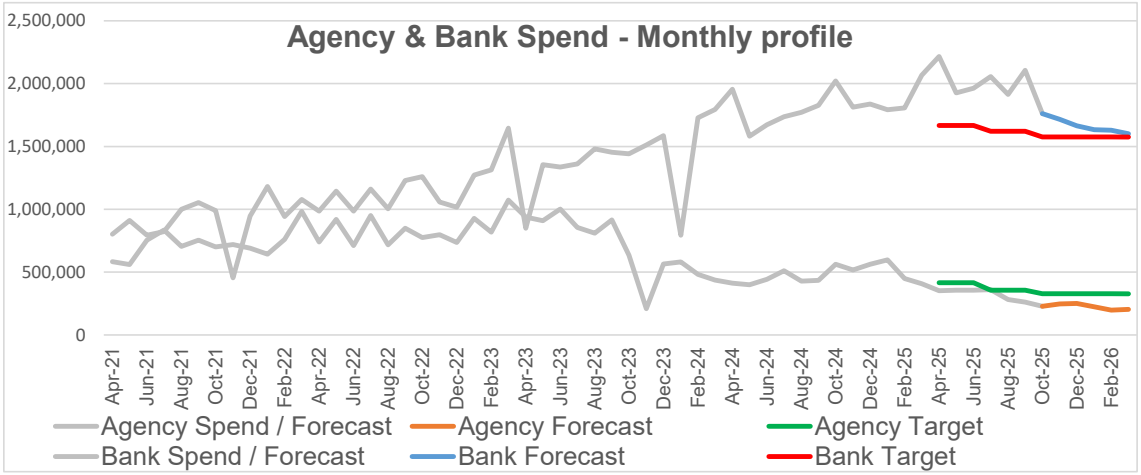
The baseline forecast models an overall increase in worked WTE (96 by March 2026) for the remainder of the year. This will continue to be under review.

2.2 Temporary Staffing Focus

Trust spend in October 2025:
Agency £228k
Bank £1,762k

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	1,071	386	**1,458**
Other Medical	565	258	**824**
Reg Nursing	30	3,438	**3,468**
UnReg Nursing	431	8,949	**9,380**
Other Clinical	94	407	**501**
A & C	2	504	**506**
Other	0	0	**0**
Total	**2,195**	**13,943**	**16,138**
Lead Provider Collaborative	25	3	**28**
Budgets held centrally		11	**11**
Total	**2,220**	**13,957**	**16,177**

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 same percentage reduction expectation has been set for 2026 / 27. 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. An additional review is now being undertaken relating to band 2 and 3 agency usage and the new requirement for zero usage, no later than January 2026, unless under exceptional patient safety issues. Positive actions have already impacted on this; the forecast spend is £1.3m (67%) less than last year and recruitment is expected to improve this further.

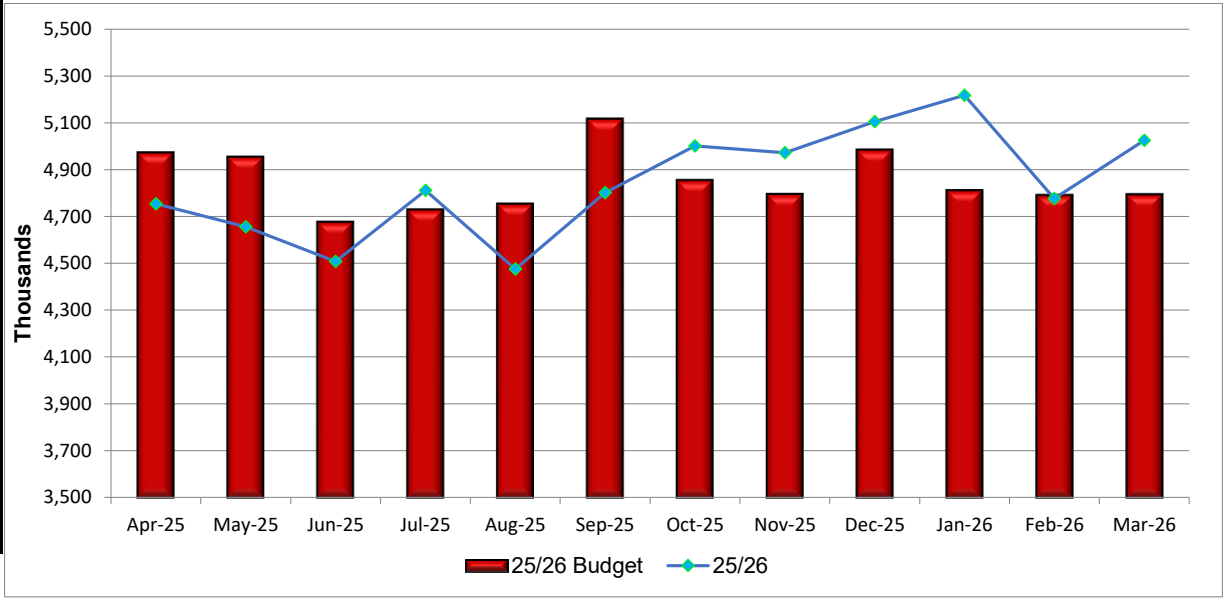
We have already seen the impact of this recruitment with a stepped reduction in bank spend in month. Overall spend is £344k less than last month with largest reduction in unregistered nursing for inpatient wards.

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	5,002	4,973	5,106	5,218	4,777	5,026	**58,108**
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	2,632	2,516	(116)
Establishment	5,829	5,240	(590)
Lease & Property Rental	5,233	4,981	(251)
Premises (inc. rates)	3,185	3,387	203
Utilities	1,585	1,644	59
Purchase of Healthcare	3,931	4,356	425
Travel & vehicles	3,864	3,674	(191)
Supplies & Services	5,317	5,114	(204)
Training & Education	622	551	(71)
Clinical Negligence & Insurance	1,024	843	(181)
Other non pay	835	703	(132)
Total	**34,058**	**33,009**	**(1,049)**
Total Excl OOA and Drugs	**27,494**	**26,136**	**(1,358)**



Key Messages

Non pay expenditure, excluding provider collaboratives and budgets held centrally, has increased by £0.2m in month. This is mainly within premises and utilities costs with a £270k movement. Drugs expenditure has also increased in month with £92k more than previously.

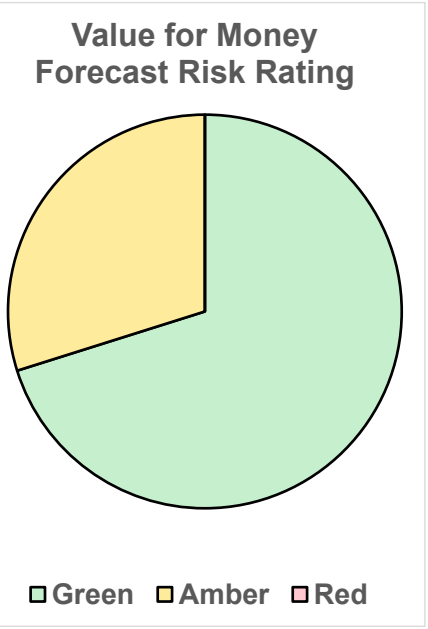
Although it remains the largest area of overspend for the year to date the purchase of healthcare category run rate has slowed in month with a £173k reduction. In October the number of out of area placements has reduced from 7 to 3 (all PICU) and operational pressures continue to be mitigated. As previously highlighted this does remain a volatile area, the forecast is that this will increase for the remainder of this year but this will be minimised as far as possible. Potential changes in activity are included within the Trust forecast scenario modelling.

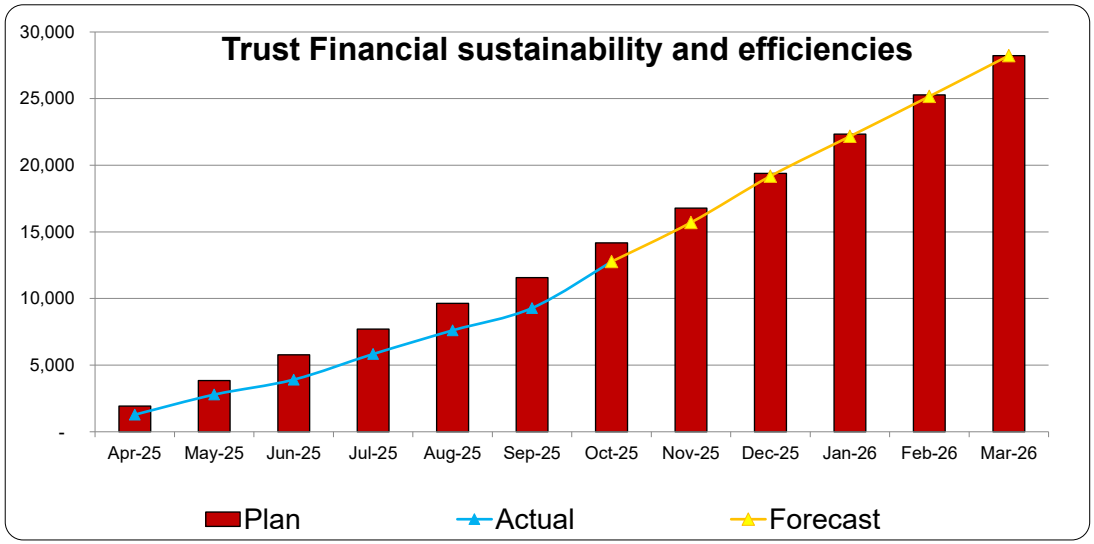
3.0 Value for Money & Financial sustainability

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	4,983	4,821		(162)	10,500	0	10,500	4,821	4,907		(772)
	Unallocated	1	0		(1)	3,400	(3,400)	0			0	(0)
	Fixed Term Contracts	294	123		(171)	500	0	500	362			(138)
	Corp / non clinical	1,164	1,158	1,046	1,040	2,000	1,000	3,000	3,310			310
	Productivity	184	0		(184)	1,100	0	1,100	0		0	(1,100)
	Temporary Staffing	2,275	1,369		(906)	3,900	0	3,900	2,782	0		(1,118)
	Difficult Decisions	0	0		0	1,000	0	1,000	0			(1,000)
Non Pay	Non Pay	617	627		10	1,130	0	1,130	27	796		(307)
	Difficult Decisions	0	127		127	0	0	0	236			236
Other	Corporate Services	994	1,015		21	1,700	0	1,700	1,745			45
	Provider Collaboratives	875	1,239		364	1,500	0	1,500	2,121			621
	Bed Sales	83	0		(83)	500	0	500	0			(500)
	Income	411	411		0	0	705	705	705			0
	Misc income - overage	520		0	(520)	0	520	520		520		0
	Technical	363		464	101	1,000	1,175	2,175	3,692	2,207		3,724
Total		**12,764**	**10,890**	**1,510**	**(363)**	**28,230**	**0**	**28,230**	**19,800**	**8,430**	**0**	**0**
Recurrent		6,723	10,890		4,167	16,430	(2,695)	14,735	12,296	7,910	0	5,470
Non Recurrent		6,041		1,510	(4,531)	11,800	2,695	13,495	7,505	520	0	(5,470)





The Trust value for money plan, as submitted in April 2025, included £3.4m high risk / unallocated. Actions have continued throughout the year and, as schemes have progressed, the high risk value has been allocated against new mitigations. An adjustment column has been added to the table above to show these reallocations.

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

The plan profile increased from October 2025 as schemes were due to have been implemented and having a financial impact. The additional mitigations identified, mostly non recurrent, have commenced from October which has contributed in the increased run rate with the year to date position increasing £12.4m. This is £363k behind plan which is a £223k improvement compared to last month.

There has also been changes in delivery from originally planned. For example difficult decisions (target £1m pay) has delivered a cost reduction but this has been within the non pay category. As such this shows on a new separate line.

In line with national guidance the workforce scheme has been updated to recurrent and this will continue to be triangulated as part of the Trust medium term financial planning process.

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	192,543	
Current Assets			
Inventories & Work in Progress	248	248	
NHS Trade Receivables (Debtors)	2,453	637	
Non NHS Trade Receivables (Debtors)	989	1,205	
Prepayments	2,863	5,437	1
Accrued Income	6,235	5,312	2
Cash and Cash Equivalents	55,748	56,560	Pg 15
Total Current Assets	**68,537**	**69,400**	
Current Liabilities			
Trade Payables (Creditors)	(10,899)	(4,640)	3
Capital Payables (Creditors)	(1,551)	(732)	
Tax, NI, Pension Payables, PDC	(9,478)	(10,124)	
Accruals	(14,054)	(15,233)	4
Deferred Income	(644)	(4,626)	5
Other Liabilities (IFRS 16 / leases)	(48,793)	(46,975)	
Total Current Liabilities	**(85,419)**	**(82,330)**	
Net Current Assets/Liabilities	**(16,882)**	**(12,930)**	
Total Assets less Current Liabilities	**180,552**	**179,613**	
Provisions for Liabilities	(3,357)	(3,246)	
Total Net Assets/(Liabilities)	**177,195**	**176,367**	
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	80,650	
Total Taxpayers' Equity	**177,195**	**176,367**	

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 is higher than intended, as part of the Trust cash management programme, and actions continue to minimise and ensure that all cash is received in a timely manner. Of this value £3.8m relates to provider collaborative income from NHS England and other collaboratives.

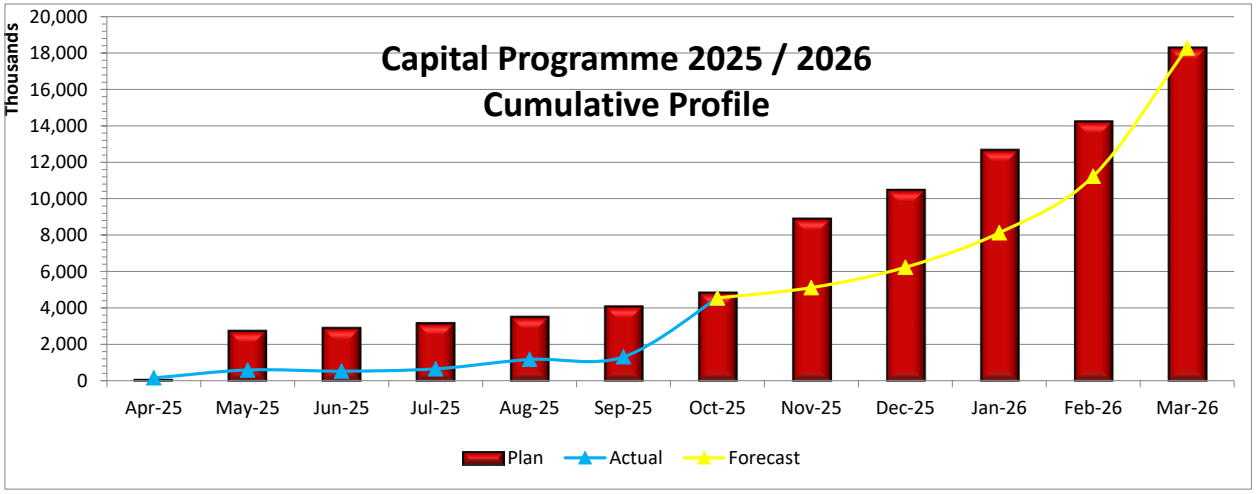
3. As is normal Trade creditors were exceptionally high at year end and have now reduced. As demonstrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution.

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 increased by c. £3m in month. Of this £2m relates to Health Education England funding received in advance.

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	2,050	454	(1,596)	7,425	1,825	(5,600)
Estates safety	0	0	0	675	675	0
Seclusion rooms	0	56	56	0	1,500	1,500
Backlog Maintenance	0	138	138	0	1,765	1,765
Equipment	0	0	0	0	35	35
Vehicles	0	0	0	0	36	36
IM & T	0	431	431	0	2,573	2,573
Other	0	(49)	(49)	0	1,603	1,603
Leases (IFRS 16)	2,781	3,514	733	6,148	3,732	(2,416)
TOTALS	**4,831**	**4,544**	**(287)**	**14,248**	**13,744**	**(504)**
Additional allocations						
Net Zero (solar funding)	0	0	0	1,952	1,952	0
Cheswold - seclusion room	0	4	4	0	4	4
Cheswold - Minor Capital	0	1	1	2,082	2,582	500
Cheswold - IM & T	0	0	0			0
TOTALS	**4,831**	**4,549**	**(282)**	**18,282**	**18,282**	**(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.

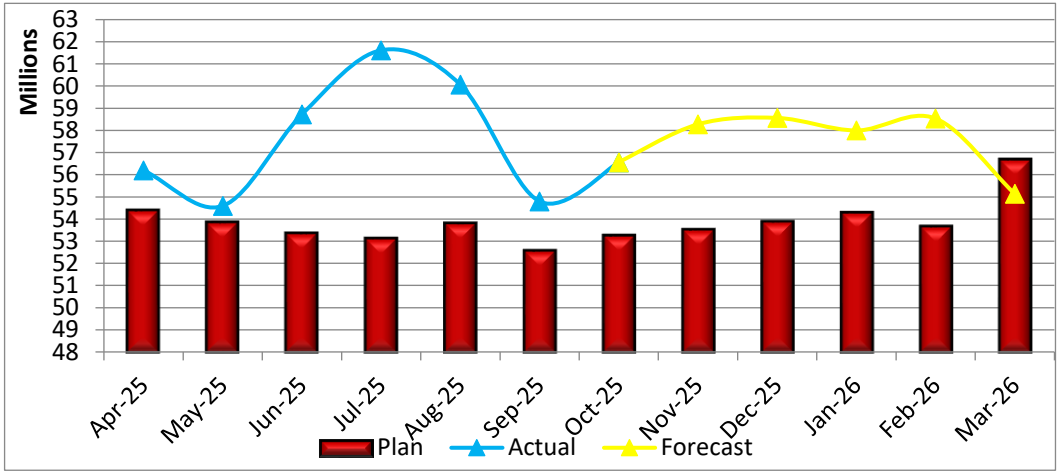
Additional allocations have been secured in line with the Cheswold Park Business case and additional successful funding bids. In October the Cheswold seclusion funding has been removed following confirmation that, due to other site issues and priorities, this can no longer be completed. This external funding was £1m.

The timeline, and financial implications, for the Older People scheme continues to be worked through with our construction partner and external specialists. Changes to market conditions are having an impact on this project.

Whilst this means that the scheme is behind original plans this does create an opportunity to prioritise other schemes and complete within the current financial year. Development of these detailed schemes continue, for both Estates and IM & T investment, to ensure they reflect Trust priorities and value for money.

It is acknowledged that this will have an impact on the capital programme for 2026 / 27 and these implications are being considered within the annual planning process.

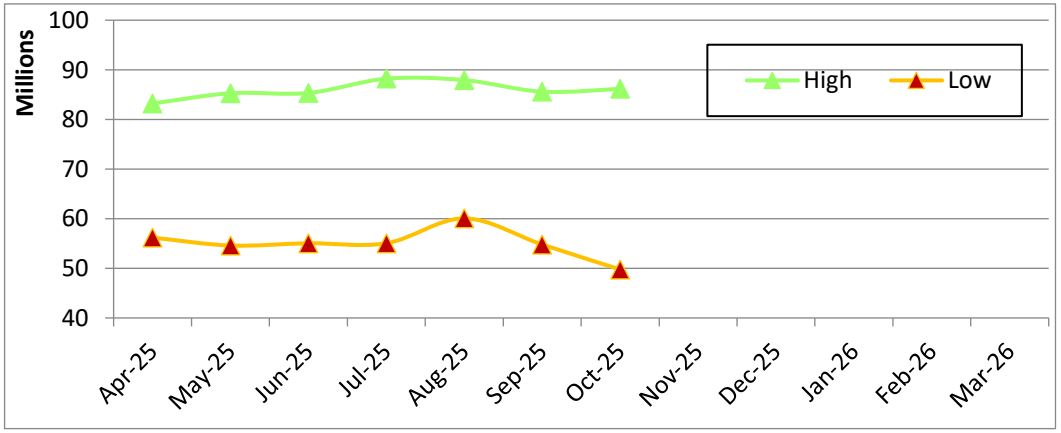
4.2 Cash Flow & Cash Flow Forecast 2025 / 2026



Cash remains above plan

	Plan £k	Actual £k	Variance £k
Opening Balance	55,839	55,839	
Closing Balance	53,259	56,560	3,302

Following the reduction in September due to PDC, tax, national insurance and pension payments the cash position has re-increased again in October.
The drop in the lowest balance graph is due to the timing of commissioner payments in month. This has returned to normal for November.



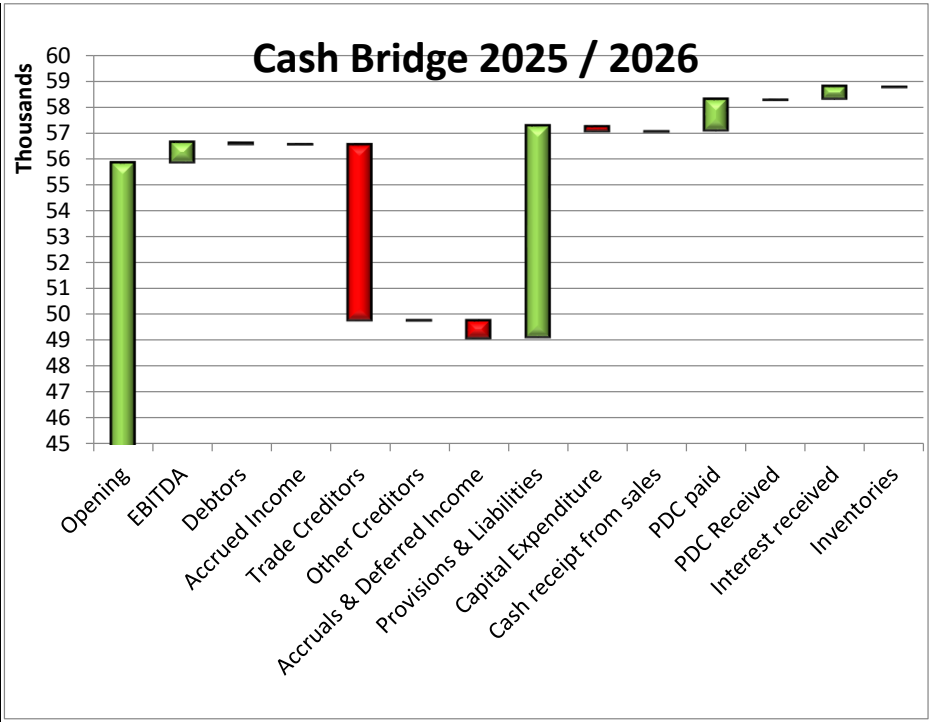
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £86.2m
The lowest balance is: £49.8m

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)	8,666	9,464	799	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	600	545	(55)	
Trade Payables (Creditors)	550	(6,251)	(6,801)	
Accruals & Deferred income	0	(686)	(686)	
Provisions & Liabilities	(4,316)	3,865	8,181	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(1,650)	(1,853)	(203)	
Cash receipts from asset sales	0	0	0	
Leases	(5,414)	(5,061)	352	
PDC Dividends paid	(2,267)	(1,050)	1,217	
PDC Dividends received	0	0	0	
Interest (paid)/ received	1,251	1,749	498	
Closing Balances	**53,258**	**56,560**	**3,302**	



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

The main headlines are picked out on the previous page.

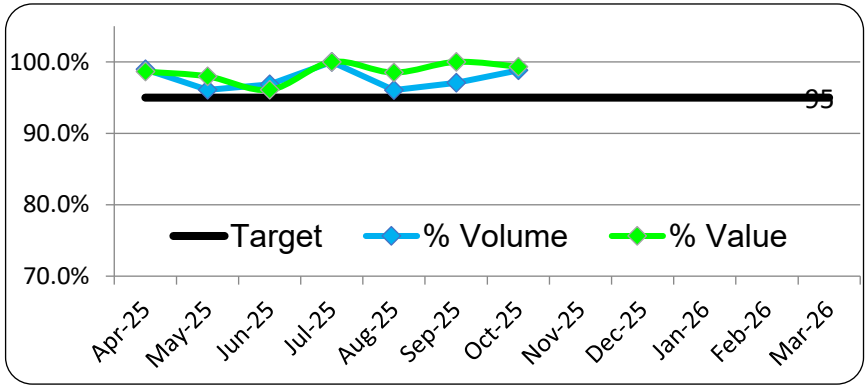
5.0 Better Payment Practice Code

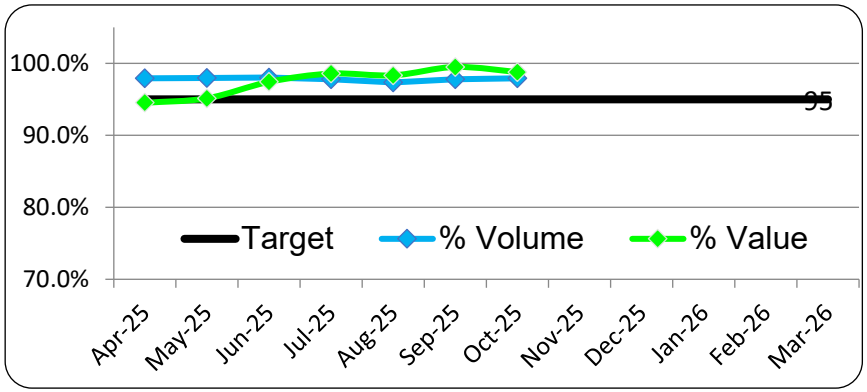
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

NHS	Number %	Value %
In Month	99%	99%
Cumulative Year to Date	98%	99%

Non NHS	Number %	Value %
In Month	98%	99%
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 (£)
21-Oct-25	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	2000032044	763,722
09-Oct-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005430	717,325
14-Oct-25	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	206132	685,028
29-Oct-25	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	206206	663,103
21-Oct-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS63	400,000
05-Oct-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010524	368,723
27-Oct-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000001957	358,063
08-Oct-25	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foundation Trust	4400003562	248,140
20-Oct-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS40	240,000
08-Oct-25	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 306	232,724
06-Oct-25	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600037941	155,788
18-Oct-25	Purchase of Healthcare	Trustwide	Diabetes Digital Media Ltd	INV8038	131,488
06-Oct-25	IT Services	Trustwide	Wavenet Ltd	1413464	108,300
16-Oct-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYSCYGUP060INV	102,414
05-Oct-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010521	89,637
09-Oct-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS061SN	87,465
24-Oct-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34048291	83,608
09-Oct-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS061INV	82,751
20-Oct-25	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710182205	81,705
29-Oct-25	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trust	330873	76,177
02-Oct-25	Drugs	Trustwide	Rowlands Pharmacy	1800004253	74,361
24-Oct-25	NHS Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6029071	73,961
10-Oct-25	Lease cars	Trustwide	Athlon Mobility Services Uk Ltd	202580028656	73,457
09-Oct-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005429	69,872
07-Oct-25	NHS Recharge	Kirklees	Mid Yorkshire Hospitals NHS Trust	1600037946	69,236
27-Oct-25	Drugs	Trustwide	Rowlands Pharmacy	1800004394	64,115
05-Oct-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D5100104281	63,645
27-Oct-25	Drugs	Trustwide	Rowlands Pharmacy	1800004390	63,416
27-Oct-25	Drugs	Trustwide	Rowlands Pharmacy	1800004393	62,127
02-Oct-25	Drugs	Trustwide	Rowlands Pharmacy	1800004157	60,708

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
30-Oct-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	KHS0424744	53,429
20-Oct-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSECCYGUP060INV	52,431
27-Oct-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000001956	52,190
23-Oct-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	KHS0432272	49,992
06-Oct-25	IT Services	Trustwide	Wavenet Ltd	N007744	49,983
10-Oct-25	Lease cars	Trustwide	Arval Uk Ltd	RI0014023093	49,388
27-Oct-25	Drugs	Trustwide	NHS Business Services Authority	1000085714	49,322
29-Oct-25	Audit Fee	Trustwide	Deloitte Llp	8006606220	46,800
10-Oct-25	Utilities	Trustwide	Edf Energy Customers Ltd	000025319794	40,897
06-Oct-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001425EPC	39,629
23-Oct-25	Purchase of Healthcare	Calderdale	Invictus Wellbeing Services Cic	511	39,500
27-Oct-25	Drugs	Trustwide	Rowlands Pharmacy	1800004391	38,271
27-Oct-25	Drugs	Trustwide	Rowlands Pharmacy	1800004391	38,068
28-Oct-25	Staff Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6029089	34,327
16-Oct-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	APL0429360	31,800
16-Oct-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	KHS0429747	31,800
15-Oct-25	Computer Licence	Trustwide	Civica Uk Ltd	COH340822	30,000
07-Oct-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897497	29,756
08-Oct-25	Drugs	Trustwide	Speeds Healthcare Ltd	INV164622	29,429
13-Oct-25	Purchase of Healthcare	Forensics	Change Grow Live	IN15314	28,406
21-Oct-25	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN25128924	27,632
27-Oct-25	Drugs	Trustwide	Aventis Pharma T/A Sanofi	929749107	27,085
10-Oct-25	Lease cars	Trustwide	Athlon Mobility Services Uk Ltd	202580025211	26,515
10-Oct-25	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72490761	26,345
07-Oct-25	Staff Recharge	Trustwide	Sheffield Health & Social Care NHS Foundation Trust	0000001921	26,171
23-Oct-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897474	26,098
02-Oct-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897468	25,283
02-Oct-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897470	25,283
02-Oct-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897471	25,283
02-Oct-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897473	25,283
02-Oct-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897475	25,283
02-Oct-25	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	90156145	25,019

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

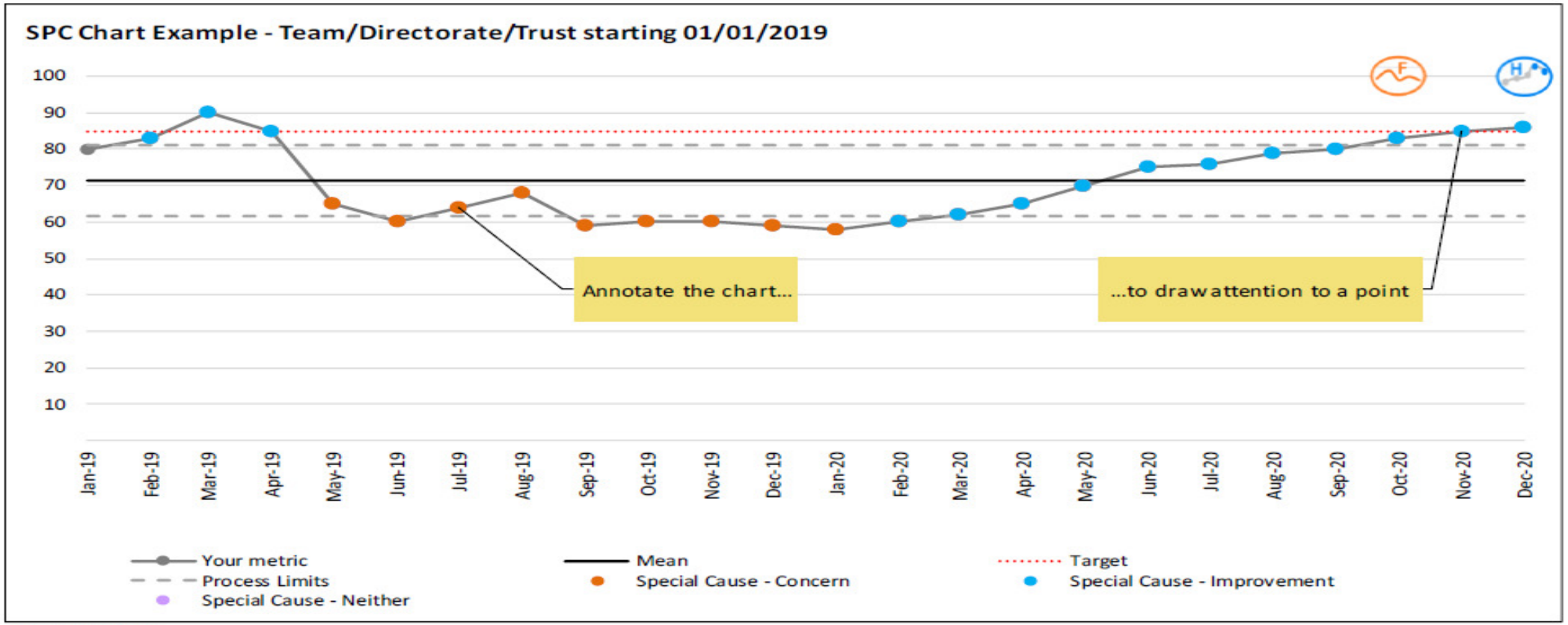
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data 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.