NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

November 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 November 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.

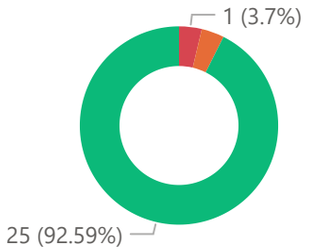
An exercise has been undertaken to review all metrics and thresholds to ensure they meet the requirements and priorities for 2025/26, the report has been updated to reflect this. In particular, the national metrics section includes those contained within the NHS oversight framework, operational planning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

Our Integrated Performance Report is publicly available on the internet.

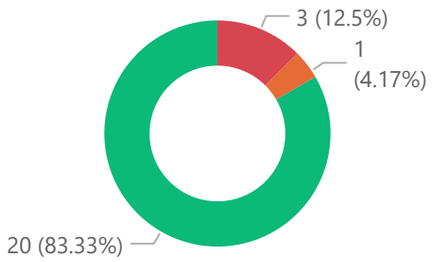
Headlines - Performance Rates Summary

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.

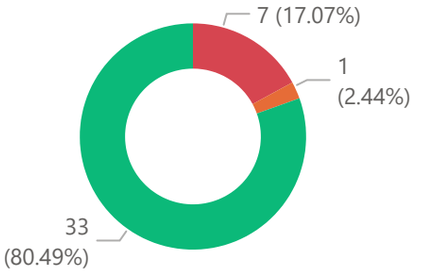
Quality & Safety Metrics Performance Rate



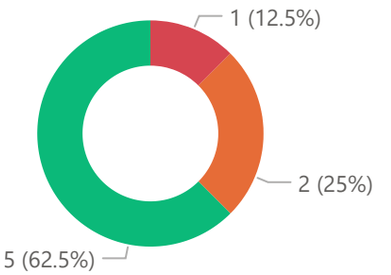
People Metrics Performance Rate



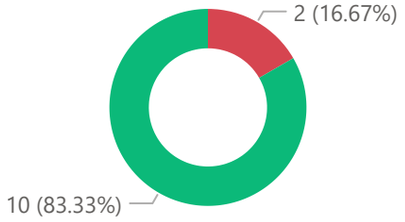
National Metrics Performance Rate



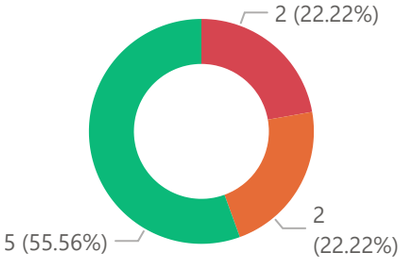
Finance Metrics Performance Rate



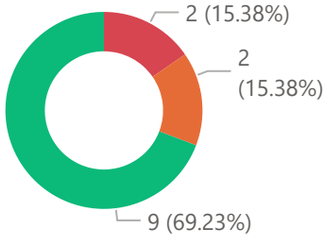
Barnsley Physical Health Metrics Performance Rate



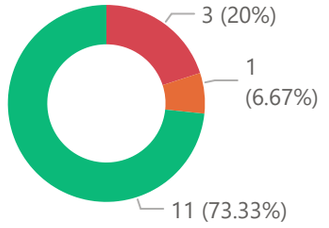
CAMHS Metrics Performance Rate



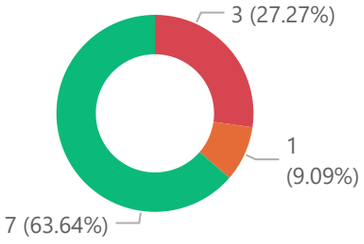
Mental Health Community Metrics Performance Rate



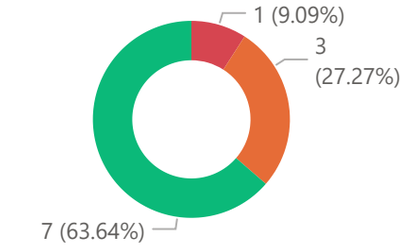
Mental Health Inpatient Metrics Performance Rate



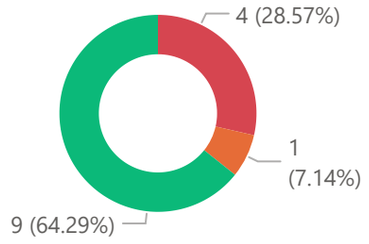
ASD/ADHD Metrics Performance Rate



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	↑	
% 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)	↑	

Finance

Metric	Change from last month	Variation/ Assurance
Bank spend	↓	
Cash	↔	
Capital Spend	↓	

People

Metric	Change from last month	Variation/ Assurance
Registered workforce growth	↓	
Sickness absence - Month	↑	
Sickness absence - YTD	↔	
Appraisals - rolling 12 months	↓	

National metrics

Metric	Change from last month	Variation/ Assurance
Children & Younger People with eating disorder - % Routine cases accessing treatment within 4 weeks	↓	
Children & Younger People with eating disorder - % Urgent cases accessing treatment within 1 week	↓	
Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over (paediatric audiology only)	↑	
Total bed days of Children and Younger People aged under 18 in adult inpatient wards	↑	
Total number of of Children and Younger People aged under 18 in adult inpatient wards	↔	
Inappropriate out of area bed days	↑	
Virtual Ward Occupancy	↓	
The number of incomplete Referral to Treatment (RTT) pathways	↑	

Care Groups

Children and Young Peoples Mental Health Services (CAMHS)

Metric	Change from last month	Variation/ Assurance
% Appraisal rate	↓	
Sickness rate (monthly)	↓	
Eating Disorder - Routine clock stops	↓	
Eating Disorder - Urgent/Emergency clock stops	↓	

Mental Health Community

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% of feedback with staff values and behaviours as an issue	↓	
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	↓	
% of clients clinically ready for discharge	↓	
Sickness rate (monthly)	↑	
Out of area bed days	↑	
% of feedback with staff values and behaviours as an issue	↓	

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	↓	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	↓	

Forensic - South Yorkshire

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↔	
% 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)	↑	
Maximum 6 week wait for diagnostic procedures	↑	

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 November reduced to 1,353, 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. All incidents continue to be subject to review by the patient safety team with relevant governance within the care groups and the numbers reported suggest data is in line with the number of incidents reported in previous months.

• The overall number of restraint incidents in November reduced compared to previous months. The highest number of incidents were on Clarke ward, acute mental health in Barnsley (23) with the majority of these incidents relating to one complex service user; and Skipton ward, Cheswold Park Hospital (24). 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'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 Trust had 32 incidents against staff on mental health wards involving race during November, this is a slight reduction compared to 39 that were reported in October. 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 3 staff led prone restraints during the month and 1 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 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 November with 2 out of the three staff led incidents relating to safe exit of seclusion.

• Sadly, there was a patient safety related death in November of a community mental health patient. These incidents are subject to review and any learning will be identified. We will always endeavour to contact the families of the bereaved to offer condolences and support in these circumstances, wherever possible.

• There were 54 inpatient falls reported during November 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.

• 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 52.6%, sexual orientation 56% 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.

• 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 and continues to see a month-on-month improvement against most metrics 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. 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 November, 64.5% 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 November. 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 November, the Trust had 4 patients placed in inappropriate out of area beds. This has continues to be 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 November, 31 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 November was 261. Calderdale does not block commission assessments, but we do assess 7-8 people from that locality via the Patient Choice framework. 29 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 November 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 sickness rates remain high this month at 5.9%, however, this is largely due to the impact of seasonal absences. When benchmarking nationally (latest benchmark position available via NHS Digital is July 2025), our July position (5.42%) was above the mean (4.88%), but below the average rate for mental health Trusts nationally (5.74%) and lower when compared to our immediate peers (Leeds and York Partnership Foundation Trust 6.05%) and Bradford District Care Trust (7.03%)). We have set our intentions in the annual plan to reduce absence to 5% by March 2027, reducing to 4.1% by March 2029 in accordance with the expectations set out in the Medium Term Planning guidance.
• Although we have an appraisal compliance rate of 86.5%, this is still below our Trust compliance target. We have identified areas which require additional focussed attention and these have been flagged to operational teams to review.
• 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.
• Whilst the number of new starters and leavers have both reduced in November, the number of new starters continues to exceeds the number of leavers and therefore substantive workforce growth has continued in line with our workforce plan.
• 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 are being considered by a working group and will be submitted to the Executive Management team for approval.

National Indicators

The Trust continues to perform well against most national metrics. The following should be noted:
• It is important that hearing loss is identified quickly to support a child's development including their language skills and cognitive pathways. Regarding the 6 weeks to a diagnostic appointment target, 121 out of 163 children (74.2%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in November. 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 25. Both of these cases relate to where an appointment was offered within the time frame, one was not attended and one was cancelled by service due to staff sickness.
For urgent cases, there was one breach out of three cases during the month, the patient was offered an appointment within timeframe 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 November reduced slightly from last month 56 days). In terms of performance against the trajectory, we are meeting the trajectory for November for both West Yorkshire acute mental health and PICU wards and Barnsley wards.
• Expansion of mental health teams in schools – we are working with commissioners regarding the plans for Mental Health Support Teams in 2025/26 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

• November 2025 represents the 4th consecutive month where a surplus has been reported (consolidated £299k in month). This continues to reduce the deficit reported in the earlier part of the year with a year to date position of £478k deficit. This continues to track towards the forecast breakeven position. Although a surplus this is less than originally planned.
• Agency spend in November is £163k (was £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. Spend in November was £39k which is a reduction from the previous run rate.
• Bank utilisation continues to be higher than planned with the main area of spend in unregistered nurses in inpatient wards. There was a stepped reduction in October (58 worked WTE less) but this has increased by 20 in November 2025.
• 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, which means that current performance is £0.4m (2.4%) behind plan and therefore rated as green.
• 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.
• The capital plan for 2025 / 26 was focused on the significant scheme within Older People Inpatient Services at Fieldhead. This continues although later than originally planned. Mitigations have been brought forward and the current forecast remains that the revised allocation will be fully utilised. The risk in delivery is being assessed.

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Best Quality	Responsive	TBC	76.0%	73.0%	69.3%	64.1%	63.8%	64.5%	N/A
Complaints	% of feedback with staff values and behaviours as an issue [12]	Best Quality	Caring	< 20%	8% (3/38)	17% (8/48)	9% (2/22)	9% (3/33)	8% (2/26)	15.7% (6/38)	1
	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	108.4	144.8	108.7	122.6	116.6	112.8	N/A
	Complaints - Number of responses provided within six months of the date a complaint received [16]	Best Quality	Well led	100%	95% (18/19)	84% (16/19)	95% (20/21)	93% (25/27)	92% (24/26)	95% (18/19)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	86%	91%	89%	89%	94%	93%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	95%	97%	97%	97%	96%	97%	1
	Number of compliments received	Best Quality	Caring	N/A	74	37	68	44	32	19	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Best Quality	Safe	Trend monitor	5	8	7	14	11	2	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Best Quality	Safe	Trend monitor	0	3	0	0	1	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	Best Quality	Safe	0	0	0	0	0	0	0	1
	Number of Information Governance breaches [3]	Best Quality	Well led	<12	8	13	8	9	8	6	2
	% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	5.4%	3.9%	5.2%	5.5%	5.0%	5.7%	3
	Total number of reported incidents	Best Quality	Safe	Trend monitor	1491	1681	1424	1414	1530	1353	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	35	37	36	39	37	39	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	2	4	2	0	1	5	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	0	1	0	4	3	1	
	Safer staff fill rates *	Best Quality	Safe	90%	119.4%	119.4%	118.3%	115.6%	118.1%	120.1%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	97.5%	96.0%	97.9%	94.4%	97.6%	101.3%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Best Quality	Safe	Trend monitor	38	50	46	40	51	43	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	Best Quality	Safe	0	0	1	0	2	0	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	49	59	51	45	60	54	
	Number of restraint incidents *	Best Quality	Safe	Trend monitor	184	258	208	180	244	168	
	% of staff receiving supervision within policy guidance [15]	Best place to work and learn	Well led	80%	88.6%	89.5%	87.5%	88.5%	87.6%	89.7%	1
	Potential under-reporting of patient safety incidents	Best Quality	Safe								
	% people dying in a place of their choosing [14]	Person first and in the centre	Responsive	80%	93.1%	78.1%	94.4%	81.8%	92.3%	90.5%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	18	19	16	17	15	15	N/A
	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	Best Quality	Effective	55%	68.2%		69.1%		Due February 2026		
	Number of incidents against staff on mental health wards involving race *	Best place to work and learn	Safe	Trend Monitor	37	36	26	51	39	32	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%	98.9%	95.6%	92.4%	100.0%	100.0%	97.3%	
	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%	94.6%	95.1%	95.2%	95.4%	95.4%	95.2%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	54.6%	54.7%	54.7%	54.3%	53.6%	52.6%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	58.5%	58.6%	58.3%	57.7%	56.9%	56.0%	
	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%	99.5%	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%	100% Service 100% Policy	100% Service 100% Policy	100% Service 97.3% Policy	100% Service 97.3% Policy	100% Service 99.3% Policy	99.4% Service 95.6% 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%	51.5%	57.4%	62.4%	71.4%	81.7%	85.4%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring		79.2%	80.4%	80.7%	81.0%	80.9%	81.6%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		92.5%	94.4%	96.9%	98.5%	94.9%	90.9%	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Year End Forecast*
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		79.2%	80.2%	81.4%	91.9%	92.8%	88.2%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		91.7%	92.2%	92.3%	93.5%	93.5%	93.7%	
	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	7	5	9	4	7	3	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor	54	39	64	64	49	134	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor	6,738	8,226	7,958	8,315	8,758	9,256	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	3	1			Due March 26		
	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 - November saw a slight increase in the number of young people waiting less than 18 weeks for their treatment appointment, this is still a much higher level that we would like to be experiencing. 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 19 complaints responded to during the month, 18 were undertaken within six months of the complaints being received, and the average number of working days these complaints were open was 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.
• 6 complaint incidents during the month related to staff values and behaviours. These were spread across 5 different teams and 1 related to a service user which had been discharged from Trust community mental health services. All incidents are currently under investigation following Trust policy to identify any learning.
• Clinically ready for discharge (previously delayed transfers of care) - Overall Trust position for November has increased up to 5.7% from 5% last month. This includes data for Cheswold Park Hospital. The performance excluding Cheswold Park Hospital is 6.78%. At the end of the month there were 31 patients who were clinically ready for discharge but remained in a bed due to delays in being able to move them to an appropriate place of discharge. Further detail regarding hotspot areas can be seen in the care group and ward level sections of this report along with work taking place to reduce the number of delays.
• The number of reported incidents - A decrease in the number of incidents reported during November, the total figure for the month incudes 152 incidents that are attributed to Cheswold Park Hospital; 1201 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.
• 6 out of 38 complaints reported during the month that related to staff values and behaviours. These are complaints which have not yet been investigated.
• Number of violence and aggression incidents against staff on mental health wards involving race - an decrease in incidents has been seen during November. 8 incidents related to the Forensics Care Group across 4 wards/teams with the majority of incidents (3) occurring Sandal ward; 20 incidents in mental health inpatients across 9 wards/teams with the majority of incidents occurring on Walton Psychiatric Intensive Care Unit (6); 4 incidents in Cheswold Park Hospital across 4 wards/teams with the majority of incidents occurring on low secure male wards involving a small number of service users. Over the last three months, 122 incidents against staff on mental health wards involving race were reported, 25 of the 122 incidents were physical assaults with the remainder being from a range of incidents including verbal racial abuse and threatening behaviour. Of the 122 incidents 63 were reported with a severity of green, 54 were reported with a severity of yellow and 5 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. 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 was a patient safety related death in November of a community mental health patient. These incidents are subject to review and any learning will be identified. We will always endeavour to contact the families of the bereaved to offer condolences and support in these circumstances, wherever possible.
The number of incidents resulting in severe harm increased slightly during the month. Three of those incidents related to self harm by services users known to our community mental health services and two related to pressure ulcer incidents for patients known to our Barnsley physical health & wellbeing services. All incidents are subject to review and learning and staff, service users and families are supported through the process.
• The overall number of restraint incidents in November reduced compared to previous months. The highest number of incidents were on Clarke ward, acute mental health in Barnsley (23) with the majority of these incidents relating to one complex service user; and Skipton ward, Cheswold Park Hospital (24). 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 3 for November. There was also 1 instance where the prone position was service user led. Alternative seclusion exit training is now embedded in both four day initial and two day annual refresher Reducing Restrictive Physical Interventions training. Additional bespoke sessions are being offered across inpatient units in collaboration with Ward Managers to ensure all inpatient nursing staff, both registered and unregistered staff are supported to undertake training in alternative seclusion exit techniques and feel confident to use. This should support a move away from prone restraint being used as a method for exiting seclusion which the data above shows is the primary reason for prone restraint use in November with 2 out of the three staff led incidents relating to safe exit of seclusion.
• 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.

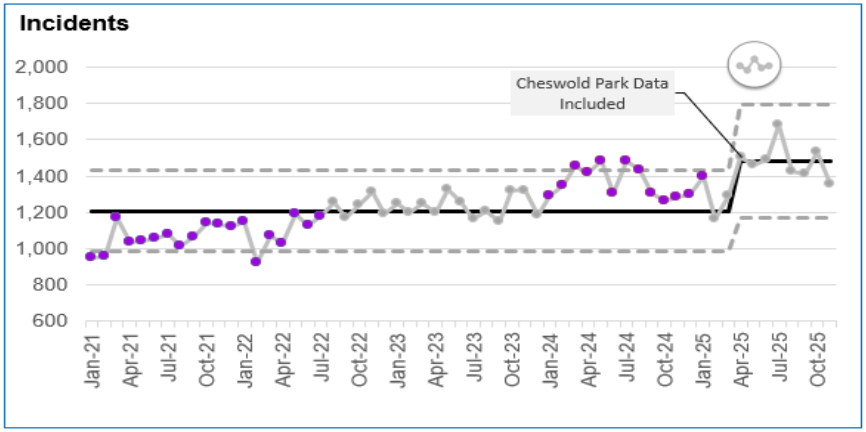
Quality & Safety Headlines Cont…

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.

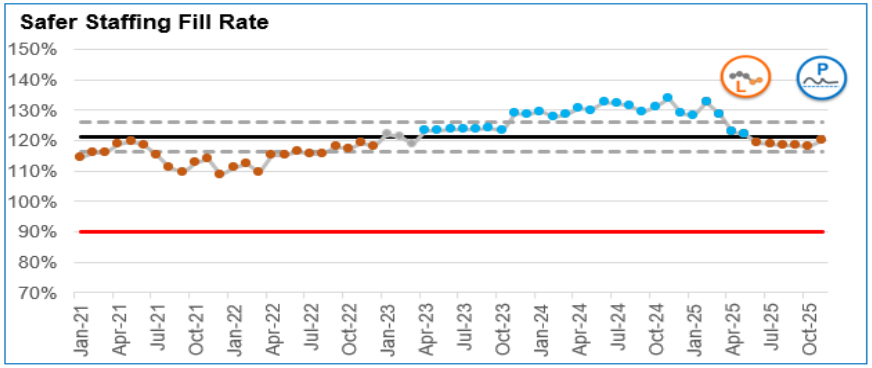
Statistical process control charts

Incidents

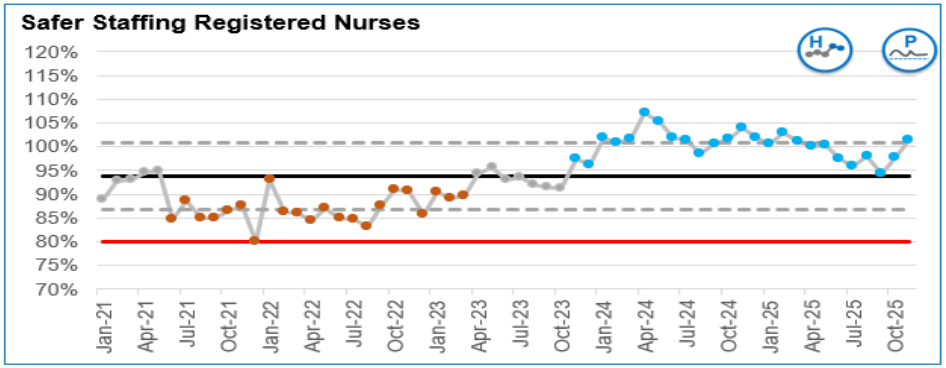


We have recalculated the chart from April 2025 due to the inclusion of Cheswold Park Hospital data. The chart shows that we are in a period of common cause variation (no concern)
It should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting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

Safer Staffing Inpatients



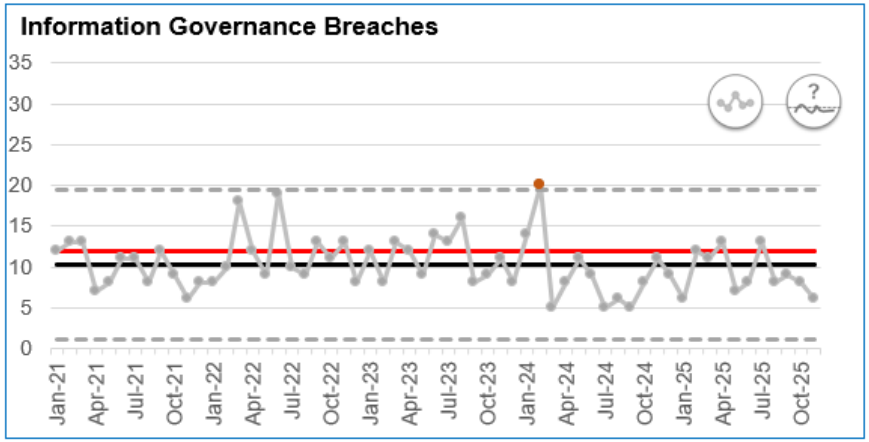
The chart above shows that in November 2025 we remain in a period of special cause concerning variation (something is happening and should be investigated). There has been an increase in demand which means more shifts are being requested, there has been a smaller increase in the number of shifts being filled however this is being outstripped by demand and that means that the number of unfilled shifts is actually increasing. Put into the mix the very deliberate reduction of agency this all leads us to where we are at the moment.



The chart above shows that in November 2025 we remain in a period of special cause improving variation (something is happening and this should be investigated) and we are expected to meet the target.

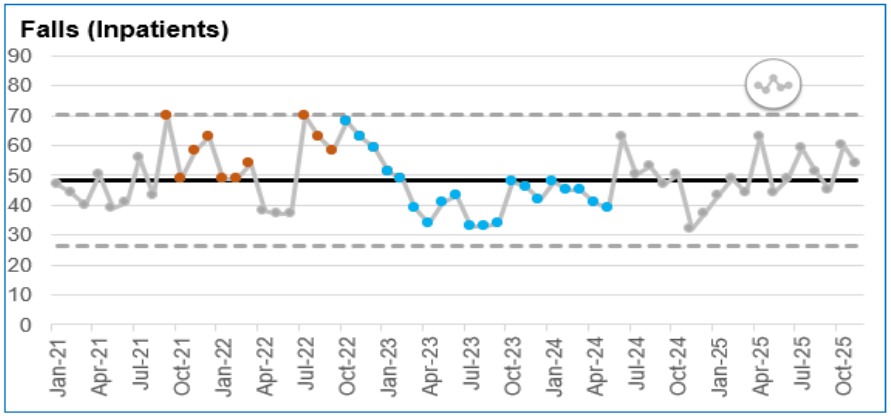
Statistical process control charts

Information Governance (IG)



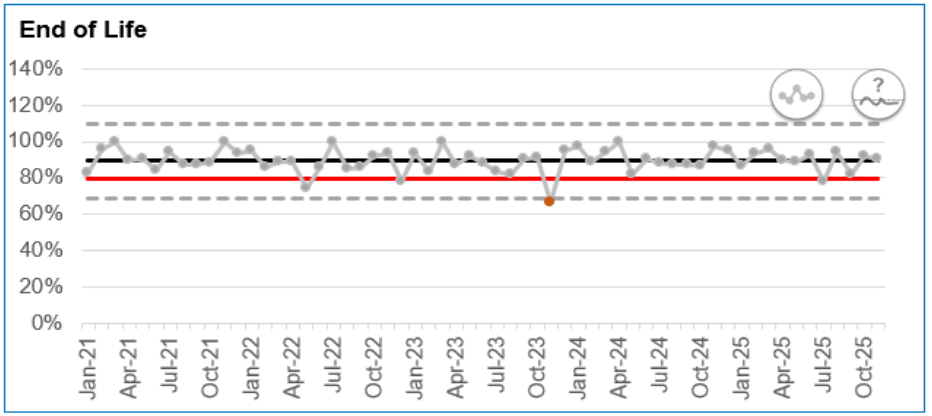
This SPC chart shows that as at November 2025 we remain in a period of common cause variation (no concern, no action is required).

Falls (Inpatient)



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

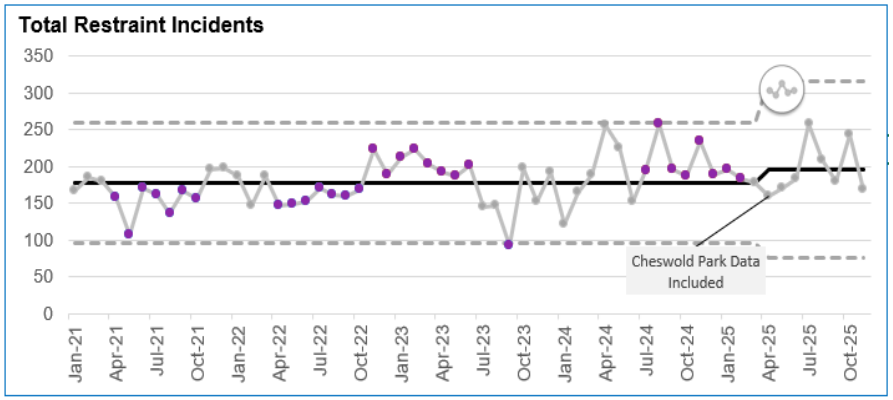
End of Life



The chart above shows that in November 2025 the performance against this metric remains in common cause variation (no concern). The performance for the month remains above the target.

Statistical process control charts

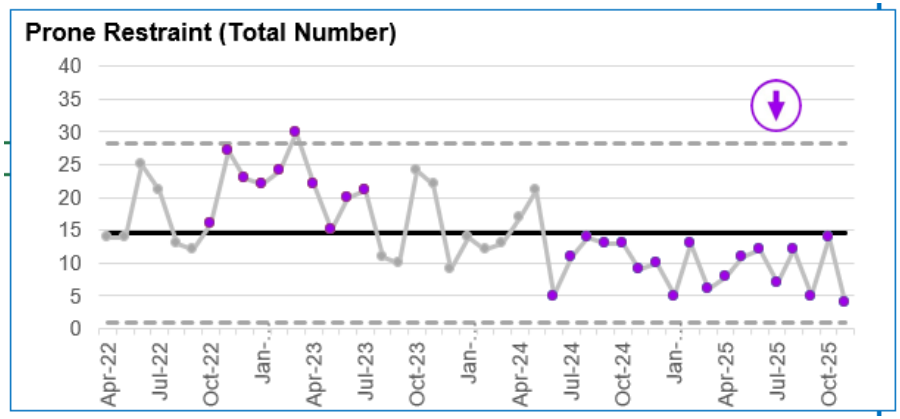
Restraints



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

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

We have recalculated the chart from April 2025 due to the inclusion of Cheswold Park Hospital data.



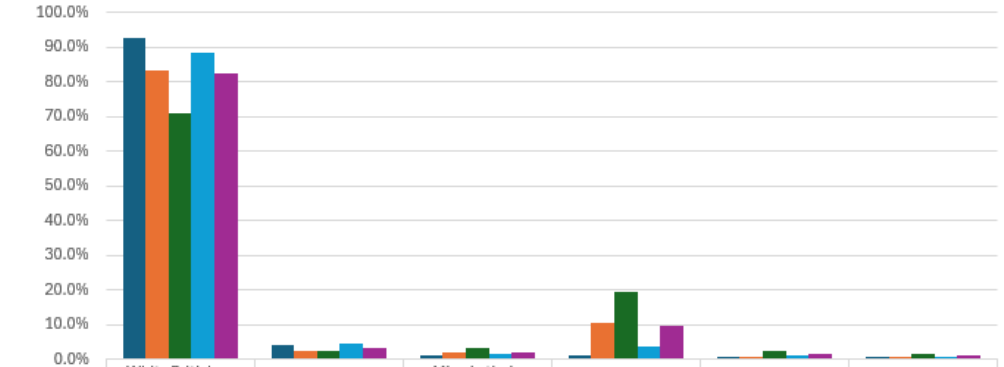
The total number of prone restraints continues to show a decreasing special cause variation in line with the continued work to reduce prone restraints. Of the four total prone restraints in November, one was service user led.

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.

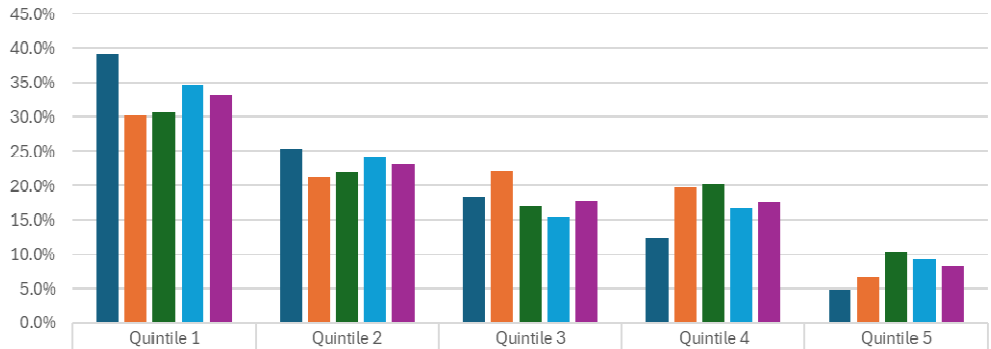
The population our Trust serves is varied in terms of ethnic make-up and also levels of deprivation. We can measure the relative deprivation of an area using 7 distinct domains of deprivation, which are: 1) Income 2) Employment 3) Health deprivation and disability 4) Education, skills & training 5) Crime,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

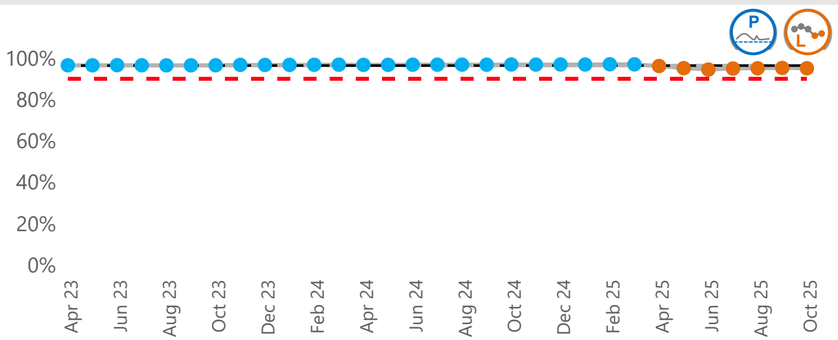
Data as of : 27/11/2025 09:42:26

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.

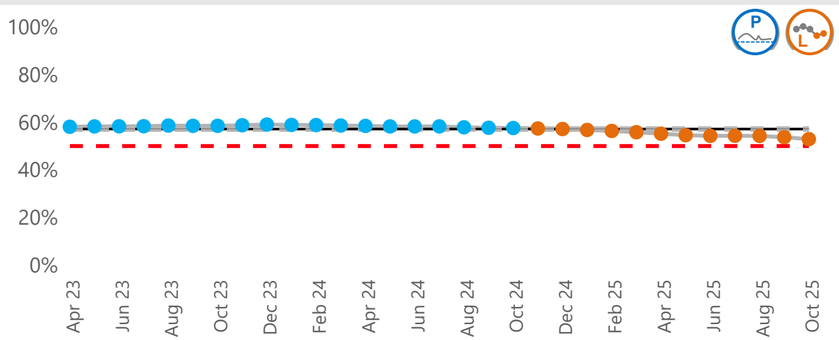
The SPC charts below show the completion rates for these measures.

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



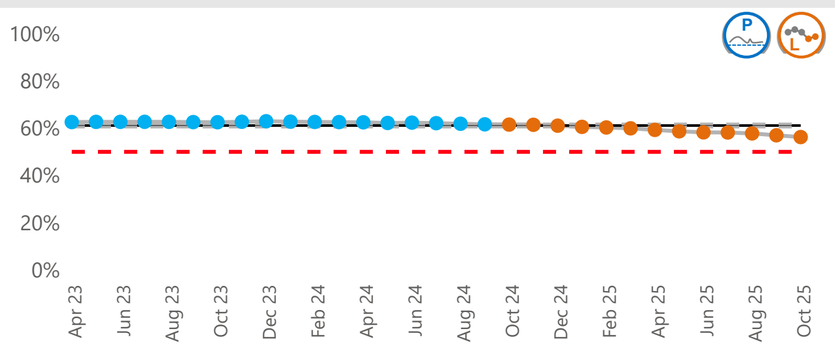
The Statistical Process Control (SPC) chart shows that in October 2025 due to the continued dip in performance we remain in a period of special cause deteriorating variation (something is happening and should be investigated). We are expected to meet the target against this metric.

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



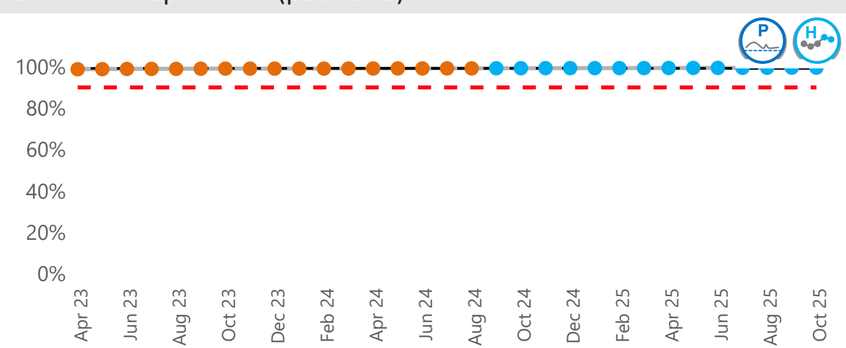
The SPC chart shows that in October 2025 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months. We are expected to meet the target against this metric.

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)



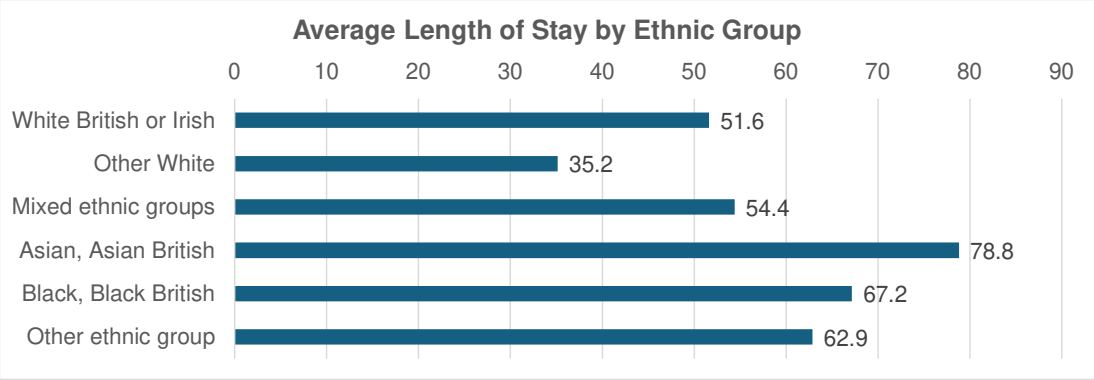
The SPC chart shows that in October 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained increase in performance. We are expected to meet the target against this metric.

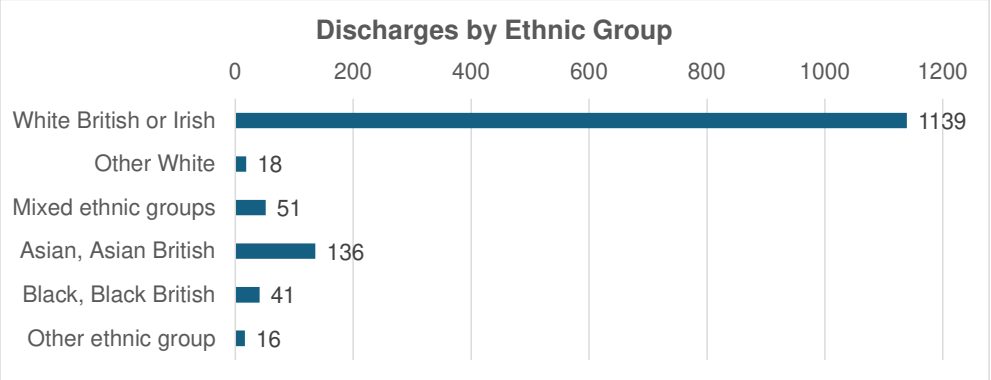
Reducing Inequalities

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).

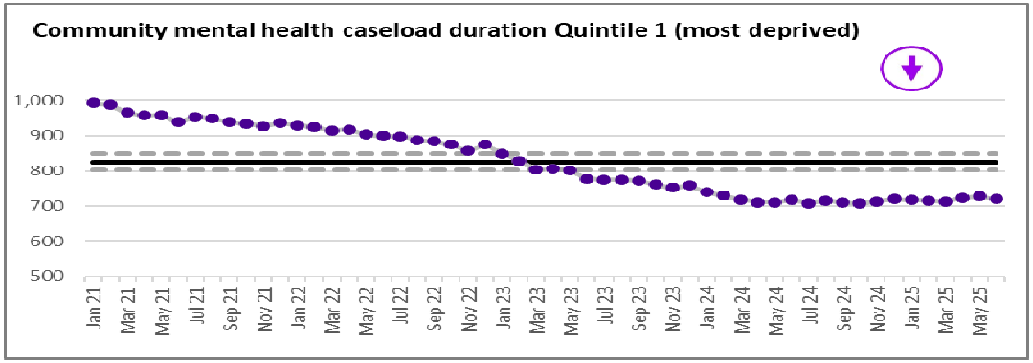
Our review of inpatient length of stay (LoS) data highlights important patterns. Employing our quality improvement methodology and data driven approach we have been able to identify opportunities for further understanding. Examining variance of the median LoS (rather than the mean) has enabled us to 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.

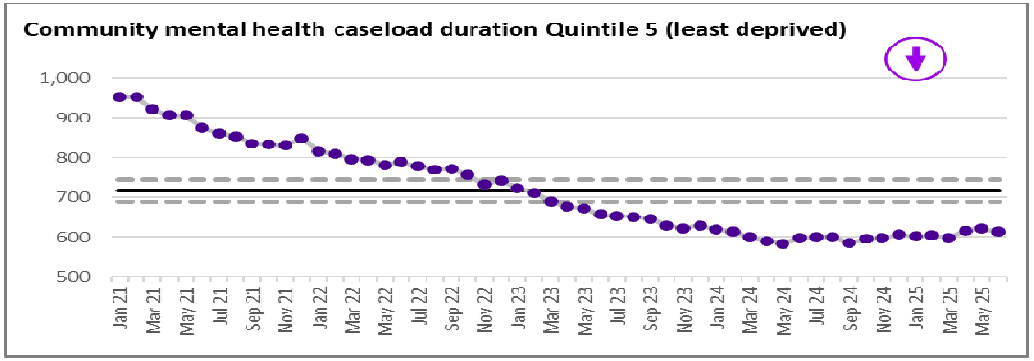
Differences in admission practices i.e. formal (compulsory) and informal (voluntary) also appear to influence LoS, with compulsory admissions tending to require more intensive interventions and longer discharge planning. Similarly, discharge approaches differ, with patients facing socioeconomic challenges 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.





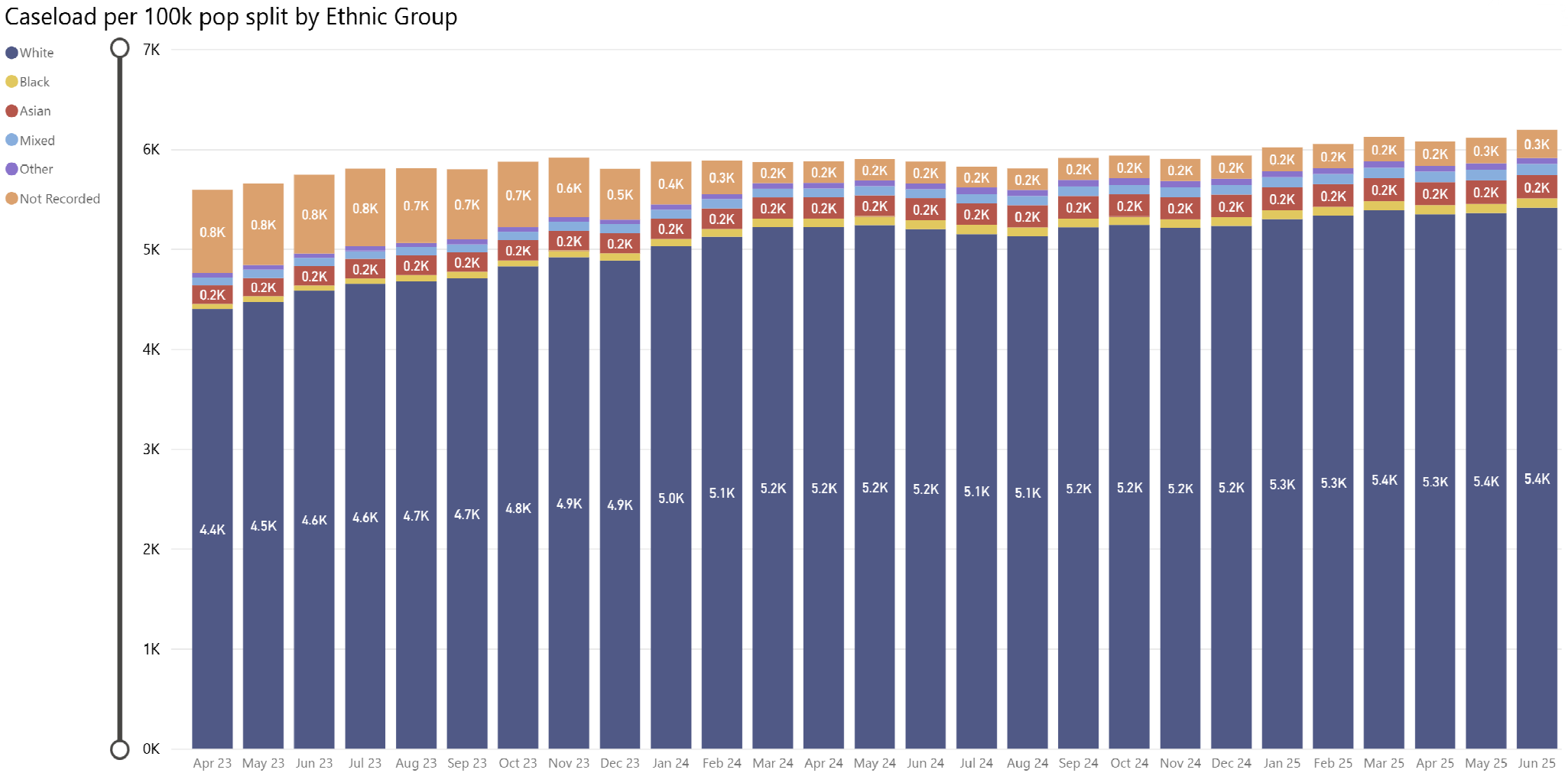
The charts below show the average caseload length for patients on the caseload of a community health team by those with a post code in the most deprived areas (Quintile 1) and those with a post code in the least deprived areas (Quintile 5).





Reducing Inequalities

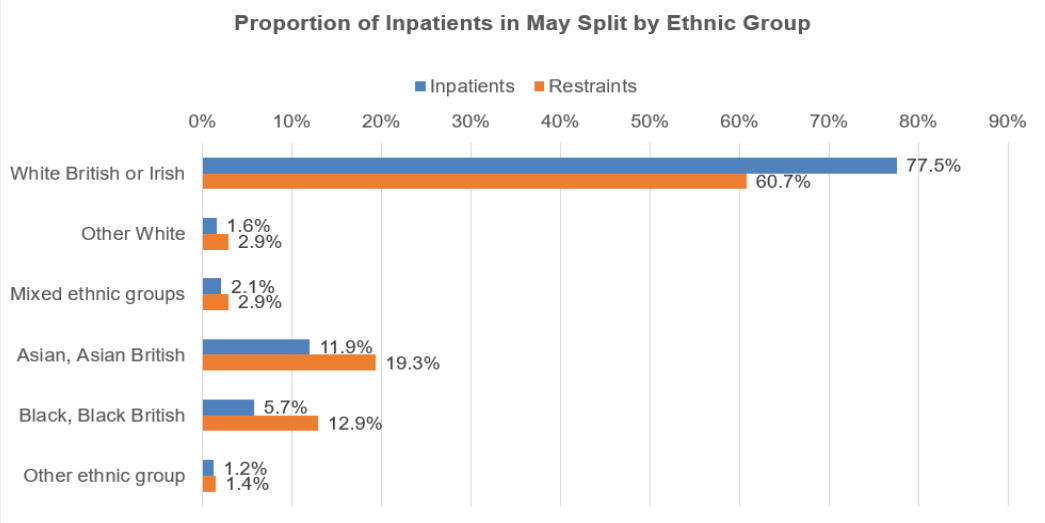
The chart below shows the split by the ethnic group of the clients on the caseload of a community health team, shown per 100,000 population.

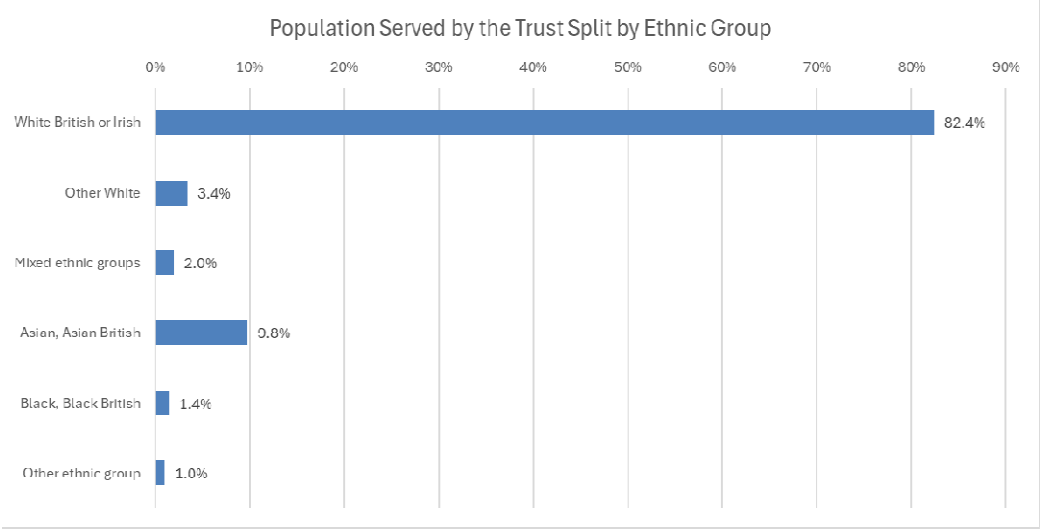


NB: 'White Other' is incorporated in the 'white' category in this chart.

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.

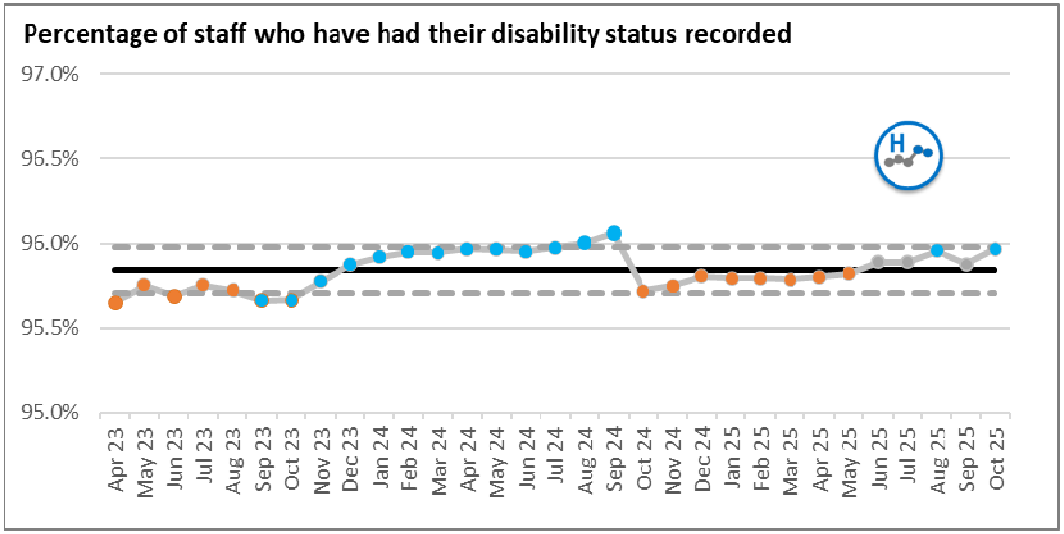


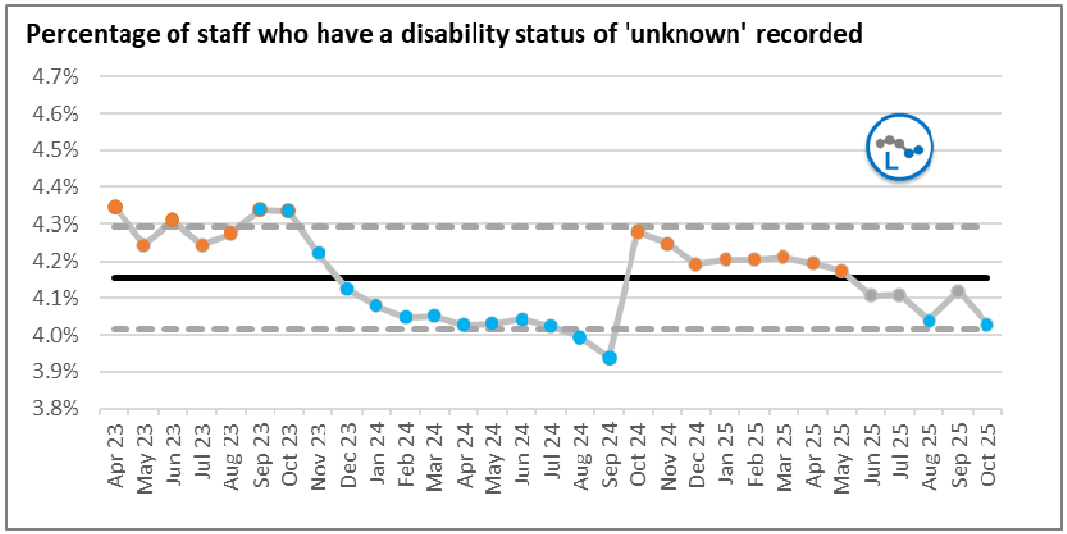


Reducing Inequalities

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	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
Establishment	Best place to work and learn	Well led	-	5728.1	5724.5	5752.6	5757.1	5763.7	5756.4
Contracted Staff In Post (Ledger)	Best place to work and learn	Well led	-	4980.1	4959.0	4982.7	4921.7	5004.0	5033.0
Vacancies	Best place to work and learn	Well led	-	748.0	765.5	775.8	788.2	759.4	723.4
Turnover external (12 months rolling) *	Best place to work and learn	Well led	>12% - <13%	9.4%	9.7%	10.2%	10.1%	10.1%	9.6%
Starters	Best place to work and learn	Well led	-	30.0	17.8	31.2	53.9	45.3	36.6
Leavers	Best place to work and learn	Well led	-	38.1	41.7	77.7	34.4	26.3	21.3
% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	77.0%	72.5%	71.0%	81.3%	83.9%	84.9%
% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	82.4%	81.3%	79.5%	83.9%	83.5%	85.5%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)	Best place to work and learn	Safe	-	86.6%	84.7%	83.1%	89.8%	89.4%	90.1%
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	-	230 - All staff (17.6%) 114 - excl medics (10.2%)	231 - All staff (17.7%) 116 - excl medics (10.3%)	236 - All Staff (18.1%) 117 - excl medics (10.4%)	236 - all staff (18.0%) 117 - excl medics (10.4%)	237 - all staff (18.1%) 117 - excl medics (10.4%)	240 - all staff (18.2%) 120 - excl medics (10.6%)
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	-	931 (71.3%)	931 (71.3%)	929 (71.2%)	932 (71.3%)	938 (71.5%)	946 (71.5%)
Sickness absence - Year-to-Date (YTD)	Best place to work and learn	Well led	<=5%	4.8%	5.0%	5.1%	5.2%	5.4%	5.4%
Sickness absence - Month	Best place to work and learn	Well led		4.9%	5.3%	5.4%	5.7%	5.9%	5.9%
Employees with long term sickness over 12 months	Best place to work and learn	Well led	-	1	0	0	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%	89.9%	90.2%	88.6%	88.2%	89.9%	86.5%
Employee Relations - Suspensions (over 90 days)	Best place to work and learn	Well led	-	4	2	4	3	1	1
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	74	65	62	66	66	75
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%	1.2%					
Registered substantive staff in post mental health and learning disabilities services	Best place to work and learn	Safe	Establishment - 1315	1,180	1,176	1,174	1,169	1,177	1,180
Registered substantive staff in neighbourhood teams	Best place to work and learn	Safe	Establishment - 169	161	160	159	161	163	164
% 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	>=80%	95.1%	95.3%	95.7%	95.7%	95.8%	95.6%
Mandatory Training - Reducing Restrictive Practice Interventions	Best place to work and learn	Well led		83.4%	84.0%	86.4%	89.3%	88.4%	88.4%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led		84.9%	85.7%	87.0%	89.7%	87.0%	86.8%
Mandatory Training - Clinical Risk	Best place to work and learn	Well led		97.6%	97.7%	97.4%	97.0%	97.0%	97.2%
Mandatory Training - Display Screen Equipment	Best place to work and learn	Well led		98.5%	98.6%	98.7%	98.6%	98.7%	98.6%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		97.5%	97.5%	97.8%	97.7%	97.9%	97.7%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	93.2%	94.3%	94.4%	94.6%	94.4%	94.4%
Mandatory Training - Food Safety	Best place to work and learn	Well led	>=80%	95.1%	95.1%	92.0%	92.7%	91.8%	92.3%
Mandatory Training - Freedom To Speak Up (FTSU)	Best place to work and learn	Well led		97.8%	97.9%	98.0%	98.0%	98.0%	98.1%
Mandatory Training - Infection Control & Hand Hygiene	Best place to work and learn	Well led		96.0%	95.8%	96.1%	96.4%	96.6%	96.3%
Mandatory Training - Information Governance (Data Security)	Best place to work and learn	Well led	>=95%	97.8%	98.2%	98.3%	98.4%	97.8%	97.7%
Mandatory Training - Moving & Handling	Best place to work and learn	Well led	>=80%	98.3%	98.3%	98.4%	98.5%	98.5%	98.5%
Mandatory Training - Nat Early Warning Score 2 (New S2)	Best place to work and learn	Well led		98.2%	98.4%	98.4%	98.3%	98.5%	98.4%
Mandatory Training - Mental Capacity Act/Dols	Best place to work and learn	Well led		92.8%	93.2%	93.5%	93.7%	93.9%	94.1%
Mandatory Training - Mental Health Act	Best place to work and learn	Well led		93.7%	93.5%	93.2%	93.3%	93.9%	93.7%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism e-learning aspect of Level 1	Best place to work and learn	Well led		95.7%	95.8%	96.1%	96.3%	96.6%	96.7%
Mandatory Training - Prevent	Best place to work and learn	Well led	>=80%	97.3%	97.7%	97.7%	98.1%	97.9%	97.6%
Mandatory Training - Safeguarding Adults	Best place to work and learn	Well led		92.0%	92.0%	92.9%	92.7%	92.5%	92.4%
Mandatory Training - Safeguarding Children	Best place to work and learn	Well led		92.1%	91.6%	92.7%	92.1%	92.4%	93.4%

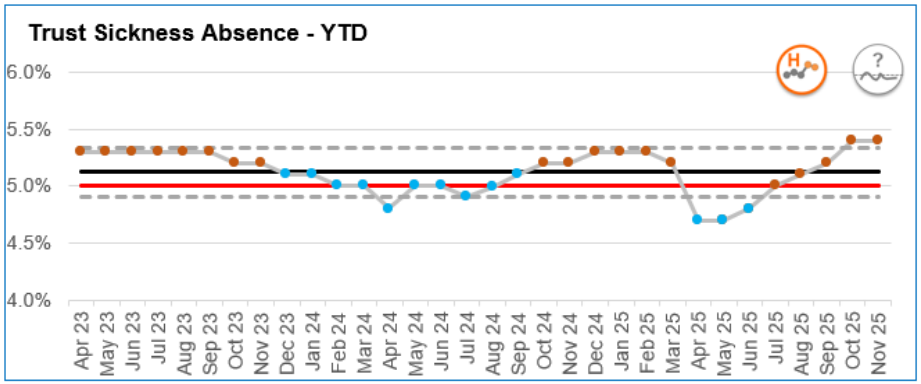
Notes:

- 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.

• Turnover has dropped this month to 9.6%
• Whilst the number of new starters and leavers have both reduced in November, the number of new starters continues to exceeds the number of leavers and therefore substantive workforce growth has continued in line with our workforce plan.
• As a result of this growth and due to a reduction in our establishment, our vacancy position has continued to decrease, to 12.6%.
• We have seen a sustained increase in the proportion of our workforce who are from a BAME background (10.6%).
• Our training compliance remains high and above our KPI targets across all statutory and mandatory training.
• Although we have an appraisal compliance rate of 86.5%, this is still below our KPI target. We have identified areas which require additional focussed attention and these have been flagged to operational teams to review.
• Our sickness rates remain high this month at 5.9%, however, this is largely due to the impact of seasonal absences. When benchmarking nationally (latest benchmark position available via NHS Digital is July 2025), our July position (5.42%) was above the mean (4.88%), but below the average rate for mental health Trusts nationally (5.74%) and lower when compared to our immediate peers (Leeds and York Partnership Foundation Trust 6.05%) and Bradford District Care Trust (7.03%)). We have set our intentions in the annual plan to reduce absence to 5% by March 2027, reducing to 4.1% by March 2029 in accordance with the expectations set out in the Medium Term Planning guidance.

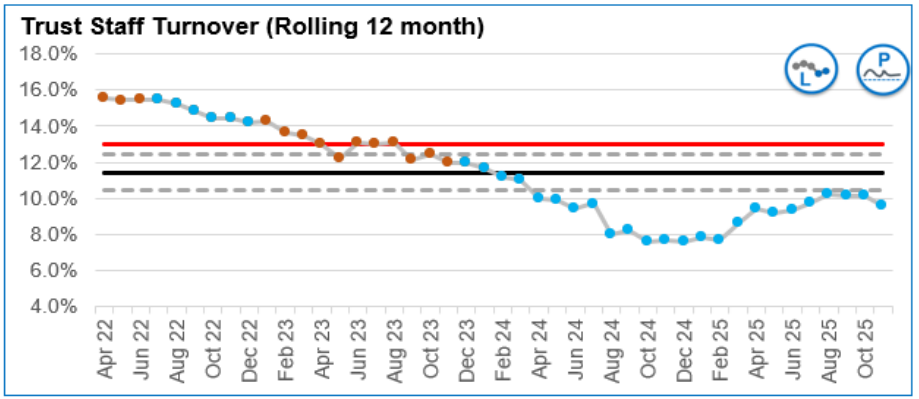
Statistical process control charts



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

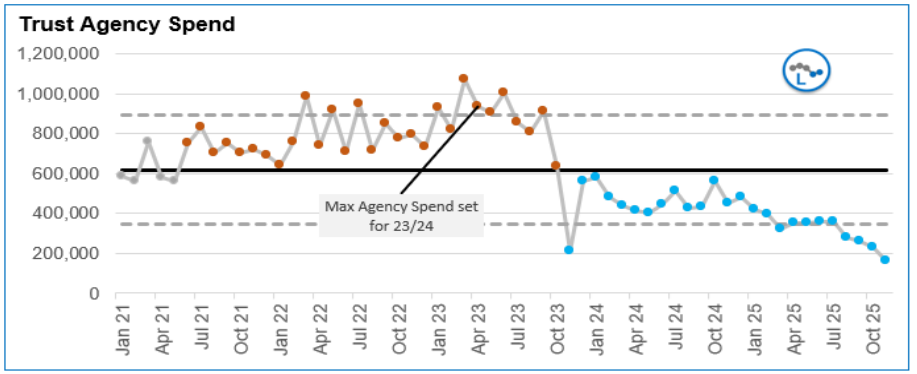
From July 2022 this data also includes absence due to Covid-19.

From April 2025 this data includes Cheswold Park Hospital.



The SPC chart shows that in November 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 November is £163k (was £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. Spend in November was £39k which is a reduction from the previous run rate.

The SPC chart shows that due to the sustained reduction in spend in November 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 : 16/12/2025 14:50:39

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 : 16/12/2025 14:50:39

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 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		98.2%	97.2%	96.7%	97.0%	97.1%	97.2%	97.8%	97.7%	97.5%	97.2%	97.1%	97.8%
M202	RTT waiting list, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive									31	53	58	50	47	56	75	61
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	0
M204	RTT waiting list within 18 weeks (monthly RTT data)	Best Quality	Responsive		3680							3957	4035	4025	4151	4319	4554	4641	4514
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	61
M206	Diagnostic test activity	Best Quality	Responsive		190							128	70	128	206	239	305	273	247
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%	25.3%
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%	?		100%	100%	98.9%	100%	97.8%	97.9%	100%	98.7%	96.3%	100%	98.9%	100%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0	F	L	127	106	92	128	144	148	159	196	203	234	155	97
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5	?	L	4	3	4	4	5	5	5	7	8	7	3	4
M7	72 hour follow-up from psychiatric in-patient care	Best Quality	Safe		80%	?	L	93.9%	92.4%	89.7%	87.5%	88.6%	95.7%	90.7%	91.1%	88.6%	88.2%	89.0%	86.9%
M208	Average Length of stay for Adult Acute Beds (rolling 3 months)	Best Quality	Responsive				H	59.2	61.6	62.7	65.3	58.9	58.7	56.7	58.0	60.2	59.1	60.2	56.0
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%	P	H	96.7%	87.2%	94.3%	100%	88.2%	88%	97.4%	95.5%	87.5%	93.3%	94.7%	96.3%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%	?		98.0%	97.8%	97.5%	97.0%	96.8%	97.5%	95.5%	96.1%	96.1%	96.4%	96.9%	96.4%
M34	% Clients in settled accommodation	Best Value	Effective	⚠	60%	P	L	84.4%	84.3%	83.1%	83.2%	83.2%	83.5%	83.0%	82.9%	76.0%	82.8%	82.9%	83.3%
M35	% Clients in employment	Best Value	Effective	⚠	10%	P	H	12.8%	12.5%	13.2%	13.2%	13.0%	13.2%	13.0%	13.3%	12.6%	13.3%	13.6%	14.0%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0	?		0	1	0	2	0	0	0	0	0	6	16	2
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0	?	L	0	1	0	1	0	0	0	0	0	1	1	1

National Metrics

Data as of : 16/12/2025 14:50:39

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%	?		100%	85.7%	100%	100%	100%	50%	100%	100%	100%	100%	100%	66.7%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%	?		59.3%	72.5%	70.2%	60.4%	75.6%	94.1%	91.3%	81.4%	86.7%	80%	93.1%	92%
M47	Virtual ward occupancy	Best Quality	Responsive		80%	?		101%	98.7%	121%	119%	101%	81.3%	90.7%	84%	89.3%	93.3%	76%	72%
M188	Community services waiting list, over 52 weeks	Best Quality	Responsive		0	F	L	0	0	0	0	0	0	0	0	0	0	0	0
M30	Number of detentions under the Mental Health Act (MHA)	Best Quality	Safe					99	90	102	93	111	109	104	88	98	102	102	83
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive					19.2%	23.3%	17.6%	21.5%	24.3%	22.0%	26.0%	23.9%	24.5%	25.5%	21.6%	16.9%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%	P	H	97.8%	98.7%	99.8%	99.6%	99.7%	99.8%	99.8%	99.7%	99.4%	99.5%	99.3%	99.4%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%	P	H	100%	100%	99.8%	100%	100%	100%	100%	100%	100%	100%	100%	100%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users	Best Quality	Well Led		90%	P		99.2%	99.7%	99.8%	99.8%	99.5%	99.7%	99.2%	99.7%	99.6%	99.5%	99.5%	99.4%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%	?		50.7%	52.6%	49.4%	49.7%	48.6%	51.9%	47.3%	53.4%	47.2%	52.5%	52.9%	48.7%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%	?		69.0%	69.2%	67.7%	71.2%	68.3%	68.7%	65.4%	71.8%	65.8%	70.4%	70.5%	72.2%
M15	Data Quality Maturity Index	Best Quality	Well Led		95%	P	H	98.4%	98.0%	99.6%	99.6%	99.2%	99.6%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%
M43	Community health services two hour urgent response standard	Best Quality			70%	?	H	89.4%	90.5%	90.5%	92.7%	90.6%	91.4%	91.2%	91.5%	92.0%	90.9%	86.7%	88.5%

National Metrics

Data as of : 16/12/2025 14:50:39

NHS South West Yorkshire Partnership NHS Foundation Trust

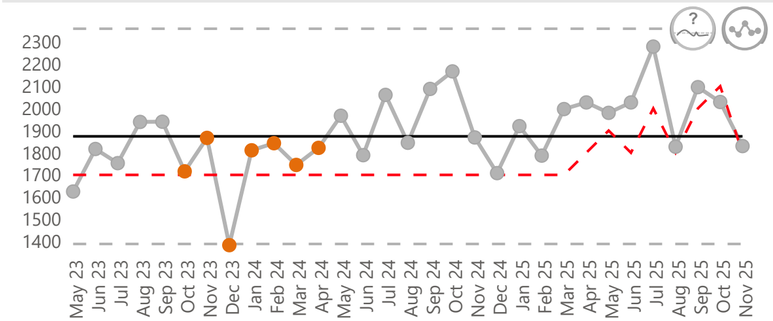
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%	?		52.4%	55.1%	53.0%	53.0%	51.0%	53.5%	49.8%	56.1%	49.9%	54.2%	55.2%	50.5%
				Place	Barnsley	50%	?		50.9%	50.8%	49.4%	52.7%	51.3%	52.8%	48.1%	52.8%	52.6%	52.5%	50.9%	50.6%
					Kirklees	50%	?		53.8%	59.2%	56.3%	53.4%	50.7%	54.2%	51.6%	59.0%	47.8%	55.6%	58.0%	50.4%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust			L	509	633	524	566	615	600	653	614	480	550	594	532
				Place	Barnsley				241	311	244	270	318	312	324	272	200	231	228	235
					Kirklees			L	268	322	280	296	297	288	329	342	280	319	366	297
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months	Best Quality	Responsive	Trust	Trust			H	14435	14404	14283	14552	14534	14594	14826	14903	14867	14973	14871	14897
				Place	Barnsley	2000	P	H	2716	2727	2679	2742	2831	2872	2934	2984	2991	3015	2940	2905
					Calderdale	1200	P	H	1368	1388	1403	1450	1449	1463	1482	1471	1454	1456	1467	1484
					Kirklees	3600	P		4797	4699	4627	4706	4680	4743	4818	4879	4841	4883	4867	4897
					Wakefield	3900	P	H	4235	4264	4259	4360	4331	4308	4402	4403	4427	4508	4533	4604
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust			H	1566	1642	1696	1833	1912	1982	2089	2168	2189	2200	2179	2169
				Place	Barnsley	283	F	H	250	252	255	278	298	314	332	342	341	349	345	346
					Calderdale	247	F	H	269	279	281	302	305	312	330	339	340	342	325	321
					Kirklees	541	F	H	553	570	576	626	660	694	735	765	780	778	778	777
					Wakefield	406	?	H	440	477	508	543	558	567	588	618	624	622	617	609
M194	Number of people accessing individual placement and support (IPS) services (rolling 12 months)	Best Quality	Responsive	Trust	Trust			H	644	664	677	699	702	710	717	720	718	728	733	726
				Place	Calderdale			H	128	137	138	145	138	138	139	128	122	123	126	125
					Kirklees			H	239	244	249	257	253	255	258	261	260	261	258	255
					Wakefield			H	274	280	287	293	307	313	316	327	334	341	346	343

National Metrics

Data as of : 16/12/2025 14:50:39

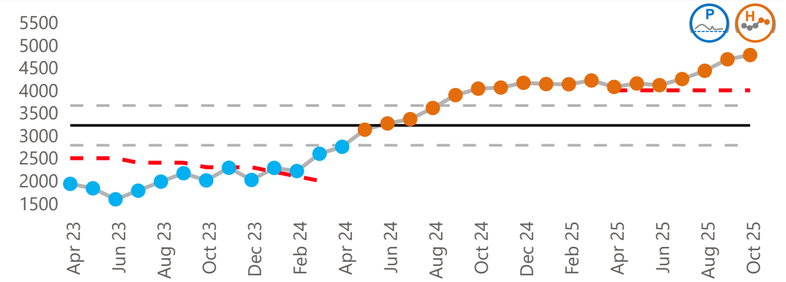
NHS South West Yorkshire Partnership NHS Foundation Trust

M184 - New RTT pathways (clock starts)



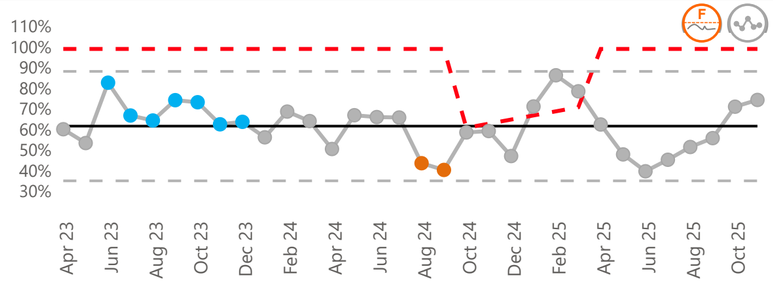
The Statistical Process Control (SPC) chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers. A new target is in place for 2025/26.

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



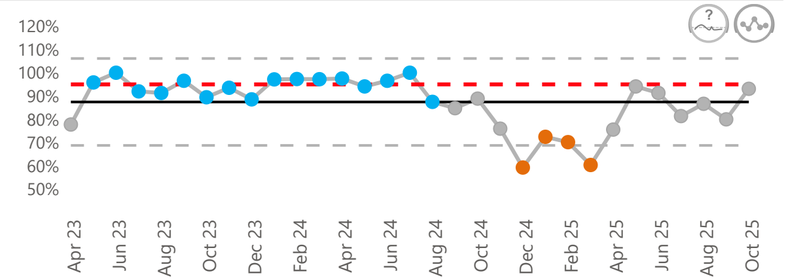
The SPC chart shows that we remain in a period of special cause concerning variation (something is happening and should be investigated) following a sustained increase in numbers of incomplete pathways over the past 12 months.

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



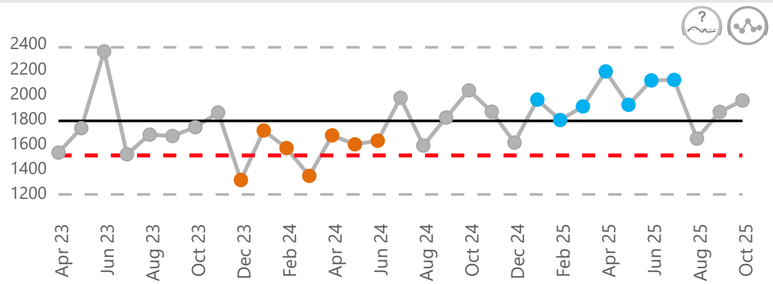
The SPC chart shows that we remain in a period of common cause variation (no concern.

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



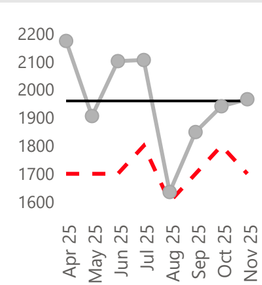
The SPC chart shows that we have re-entered a period of common cause variation (no concern) following an increase in performance in the last month which is back in line with usual performance.

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



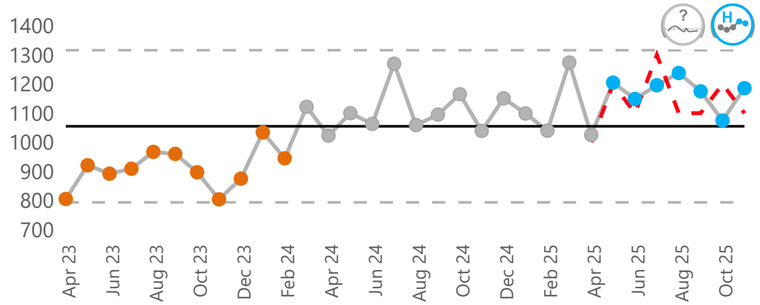
The run chart shows the continued performance above the target for this measure. As this is a new metric from April 2025 we cannot yet determine any patterns in variation.

National Metrics

Data as of : 16/12/2025 14:50:39

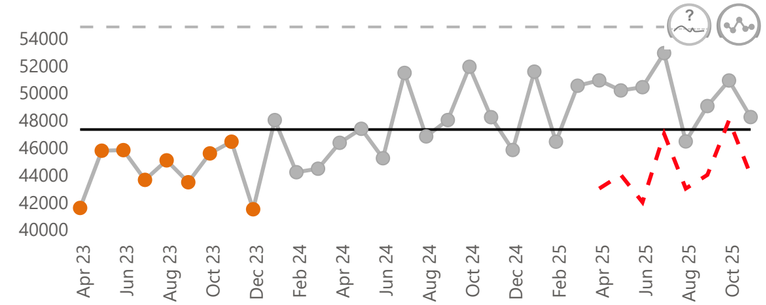
NHS South West Yorkshire Partnership NHS Foundation Trust

M187 - Urgent Community Response (UCR) referrals



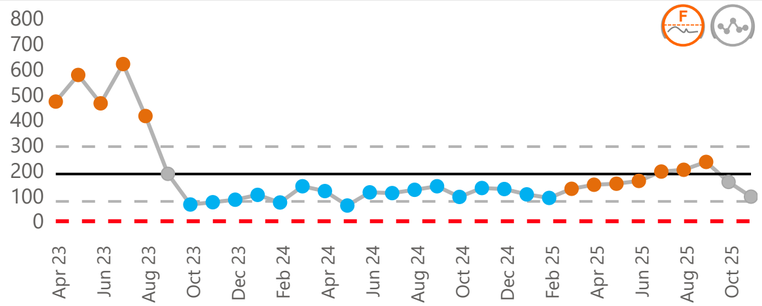
The SPC chart shows that we remain in a period of common cause variation (no concern).

M207 - Attended Community Care Contacts



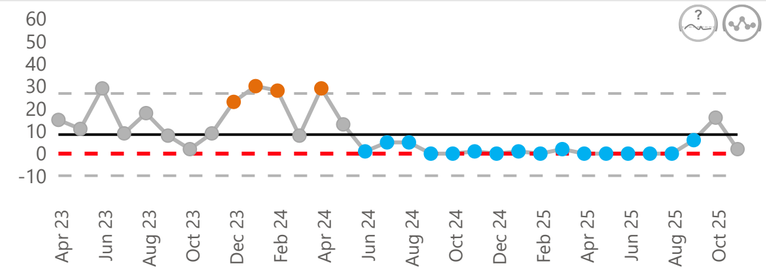
The SPC chart shows that we remain in a period of common cause variation (no concern).

M2 - Inappropriate out of area bed days



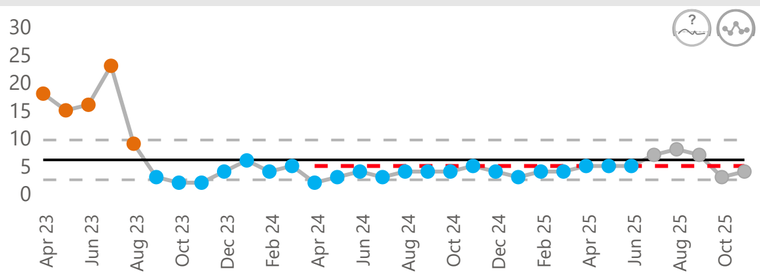
The SPC chart shows that we have entered a period of common cause variation (no concern). We are still not anticipated to achieve the target of zero.

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



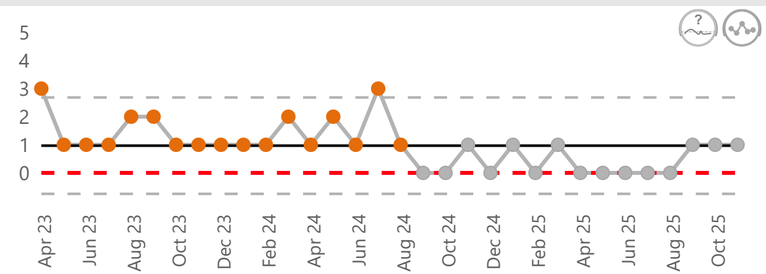
The SPC chart shows that we have entered a period of common cause variation (no concern).

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 November 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 : 16/12/2025 14:50:39

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 an adult acute mental health bed during November where the person was under 18 years old. They were an inpatient for 2 days.
• There was a decrease in out of area bed usage, down to 97 days used in November and 4 people remaining placed out of area at the end of the month.
• 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 25. Both of these cases relate to where an appointment was offered within the time frame, one was not attended and one was cancelled by service due to staff sickness. For urgent cases, there was one breach out of three cases during the month, the patient was offered an appointment within timeframe but this was cancelled by the family.
• 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 further reduced to 72% which is below the target of 80%. Virtual ward onboarding has continued to be affected by consultant capacity to support the pathway during parts of the month. Onboarding has been paused, during the month to ensure that the multi-disciplinary team can safely manage current patients and to process discharges in a timely manner.
• 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 increased further in November to 74.2%, remaining below the national threshold of 99%. We are continuing to see a decrease in the actual number of patients waiting.

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 November none of these metrics are below expected levels.

NHS Oversight Framework 2025/26

The framework introduced for 2025/26 outlines a consistent and transparent approach to assessing Integrated Care Boards (ICBs), 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 are 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 and 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 quarters 1 and 2 can be seen in the table below and are also publicly available via NHS.co.uk.
The majority of these metrics are already included in the IPR and performance is monitored monthly, where available.

NHS Oversight Framework						
SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST (RXG)	Quarter 1			Quarter 2		
	Performance	Score derived	Average score	Performance	Score derived	Average score
Percentage of community services waiting list waiting over 52 weeks	0.00%	1.00		0.00%	1.00	
% change in number of under 18s supported through NHS funded mental health with at least one contact in a rolling 12 month period	0.63%	3.28		3.12%	2.78	
DOMAIN SCORE - Access to Services			2.14			1.89
National CQC community mental health survey overall experience rating	As expected	2.00		As expected	2.00	
Urgent Community Response % achieving 2hr standard	97.68%	1.00		97.91%	1.07	
Percentage of adult discharges with a length of stay above 60 days	22.09%	1.83		25.88%	2.85	
DOMAIN SCORE - Effectiveness and Experience			1.61			1.97
NHS Staff Survey raising concerns sub-score (MHPRV)	6.92	2.00		6.92	2.00	
Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours	72.24%	1.67		80.85%	1.37	
DOMAIN SCORE - Patient Safety			1.83			1.69
Sickness absence rate	5.14%	2.19		4.83%	2.41	
NHS Staff Survey engagement sub-score (MHPRV)	7.19	2.10		7.19	2.10	
DOMAIN SCORE - People and Workforce			2.15			2.26
Planned surplus / deficit as a proportion of turnover	0.0%			0.0%		
YTD surplus / deficit	-0.1%			0.83		
Aggregated finance score		1.00			1.00	
Relative cost difference	88.55	1.40		88.96%	1.39	
DOMAIN SCORE - Productivity and Value for Money			1.20			1.20
Total Score	19.47			19.97		
OVERALL AVERAGE SCORE			1.77			1.82
FINAL SEGMENTATION	**3**			**1**		

The Trust's overall score for quarter 2 had increased to segment 1 from segment 3. This predominantly relates to the change in financial position reported at quarter 2 compared to quarter 1. Performance against the measures in the 5 domains is strong and our average Trust score puts the Trust as ranked 4 out of 61 providers of non-acute hospitals (including Mental Health and Learning Disability, Community and Care Trusts). Performance against each of the applicable metrics can be seen above.
Drilling down into the individual metrics - areas of note relate to:

- % change in number of under 18s supported through NHS funded mental health with at least one contact in a rolling 12 month period. The Trust has increased its performance for this metric in quarter 2 and therefore an improved score of 2.78 reporting a 3.12% increase over the last 12 months (August '24 - September '25), this places us as 30 out of 49 (Trusts where this metric is applicable). The metric is looking for an increase in people under 18 years old accessing the services, so a higher value is better. The median value across Trusts where this metric is applicable is 7.26%. The data for this metric feeds from the Trust's Mental Health Services Data Set (MHSDS) submission which is a monthly submission of data extracted from our clinical information system, SystmOne.
- Percentage of adult discharges with a length of stay above 60 days. Performance in quarter 2 has reduced compared to the previous quarter and the score has increased to 2.85, performance for the quarter was 25.88%, this places us 30 out of 47 (Trusts where this metric is applicable). This metric is looking for a lower percentage of discharges having a length of stay of 60 days or more. The Trust did have a number of discharges during the quarter with a length of stay over 200 days and this has impacted on the overall position, however, it is positive that we have been able to discharge patients who have been complex and required a long length of stay.
- Sickness absence, we have seen an improved position in our sickness absence rate during the quarter but our score has deteriorated due to our benchmark position, suggested other Trusts have also seen an improvement over the quarter.

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

A local reporting dashboard is being developed which will allow users to drill down to patient level in order to be able to monitor performance on this.

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 November the following data quality issue has been identified in the reporting:
- The reporting for employment and accommodation shows 12.3% of records have missing employment and/or accommodation status with a further 2.1% that have an unknown employment status and 1.4% 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. Our initial plan submission was made on 17 December 2025, following approval of the draft submission by Trust Board in its meeting on 16th 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

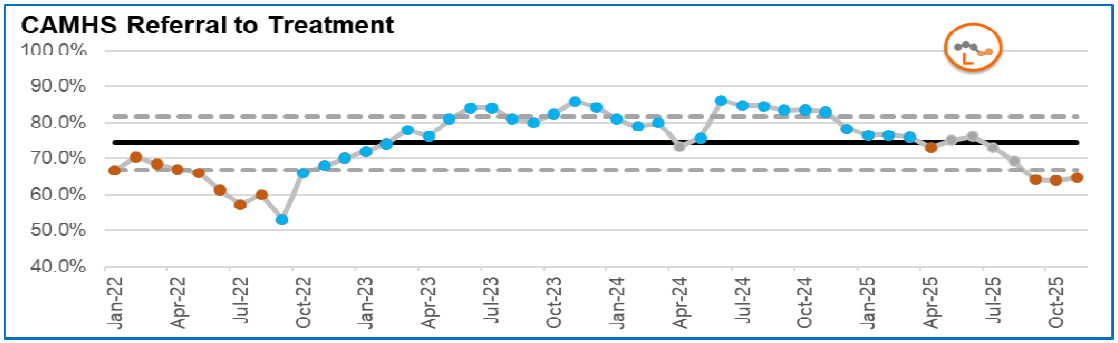
Children and Young Peoples Mental Health Services

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.
Increase in sickness in November. General Managers have a firm grip on absence with staff being supported and managed in line with Trust policies.

Children and Young Peoples Mental Health Services (CAMHS)

Metrics	Strategic Objective	CQC Domain	Threshold	Sep-25	Oct-25	Nov-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	87.5%	91.7%	89.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/7)	0% (0/4)	0% (0/2)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	92.2%	86.1%	89.8%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	98.2%	100.0%	86.8%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.4%	82.5%	83.0%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	80.0%	93.1%	92.0%	
Eating Disorder - Urgent/Emergency clock stops	Best Quality	Effective	95%	100.0%	100.0%	75.0%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	99.2%	99.0%	97.9%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.5%	86.8%	87.6%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.8%	5.1%	7.4%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	427	425	477	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	899	1025	1036	
Total number of reported incidents	Best Quality	Safe	Trend monitor	50	59	33	



In November 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 waiting numbers across all KKiM waiting lists. The service has worked with Commissioners to agree a new delivery model to commence in January 2026 and a funded recovery plan which began in September 2025.
• Capacity and Demand across Community CAMHS Crisis and Eating Disorder teams are being monitored, however this service is no longer on the Risk Register as controls are in place.
• Wakefield 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.
• The sickness rate for November is above the Trust threshold in Barnsley, Calderdale & Kirklees and Wakefield. 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.
• 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 and Young People. The care group are working with P&BI to ensure the metric reflects practice and is applicable to the service. Clinical staff are adapting to the new requirements of where and how to record items.

Advise

• Barnsley CAMHS- The business proposal approved by commissioners for two posts for learning disability nursing will positively impact health inequalities and service user experience. Mobilisation plans are being developed, and recruitment has commenced.
• Calderdale & Kirklees CAMHS experiencing increased referrals and reduced resources which are impacting waiting times for ADHD medication activity. Increased prevalence of ADHD has led to SWYFT receiving an increased number of referrals for medication assessment and titration from Right to Choose (RtC) providers specifically within Calderdale. Kirklees numbers are directly related to the number of diagnosed assessments undertaken by the Neuro Developmental assessment team in Kirklees. Calderdale commissioners are considering business proposal for increasing capacity with Calderdale ADHD.
• Calderdale & Kirklees CAMHS Crisis team continues to receive in the region of 100 referrals per month for CYP requiring emergency or urgent support. In addition, the C&K CAMHS Crisis line receives in the region of 100 calls per month and also a further 25 calls per month from NHS 111. The Service is working with IM&T to maximise telephony provision to streamline calls more productively.
• Calderdale & Kirklees CAMHS Waiting numbers for autistic spectrum condition (ASC) / attention deficit hyperactivity disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees continue to remain challenging. This is further impacted by staff vacancies. This has been recorded on the risk register. Commissioners are sighted on these challenges. Once inducted this will increase the number of assessments completed, however, demand will still outstrip capacity.
• Appraisal rates dropped slightly in November to 88.8%. Remedial action plans are in place.

Assure

• Supervision continues to be above the 80% threshold in November at 89.3% and is an improvement from October (85.7%)
• Overall mandatory training compliance for November was 95% which is 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 further reduction in use in November and this continues to be closely monitored and managed.

Bed occupancy has stayed around the same 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	Sep-25	Oct-25	Nov-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	85.2%	87.7%	89.0%	
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	51.6%	57.5%	54.2%	
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	96.9%	98.9%	98.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	14% (2/14)	18% (2/11)	21% (4/19)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	89.6%	88.0%	91.1%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	88.2%	89.0%	86.9%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	96.0%	96.1%	95.9%	
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	93.1%	98.4%	91.7%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.1%	85.2%	83.8%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	94.8%	95.5%	95.9%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.5%	98.2%	98.0%	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	88.5%	89.3%	88.4%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.7%	6.0%	6.0%	
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,137	13,157	13,104	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	119	122	141	

Mental Health Inpatient

Metrics	Strategic Objective	CQC Domain	Threshold	Sep-25	Oct-25	Nov-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	93.3%	93.2%	93.1%	
% Bed occupancy (excl leave)	Best Quality	Safe	85%	87.5%	86.2%	86.5%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/2)	0% (0/6)	29% (2/7)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	92.5%	93.1%	94.6%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.6%	90.4%	91.1%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	8.7%	8.2%	9.7%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	93.1%	93.9%	92.2%	
Inappropriate Out of Area Bed days	Best Quality	Responsive	155 (July)	234	155	97	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.1%	97.8%	98.7%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	22	25	12	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	57	44	58	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	90.3%	89.4%	89.9%	
Restraint incidents	Best Quality	Safe	Trend Monitor	108	150	*39*	
Safer staffing (Overall)	Best Quality	Safe	90%	116.8%	119.7%	119.2%	
Safer staffing (Registered)	Best Quality	Safe	80%	96.8%	100.3%	99.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	6.5%	6.7%	5.5%	
Average length of stay - Acute and Psychiatric Intensive Care Unit - West Yorkshire (3 Months Rolling)	Best Quality	Safe	Sep 60.4, Oct 59.9, Nov 59.4	51.7	59.4	54.0	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	Best Quality	Safe	Sep 61.2, Oct 60.6, Nov 60.1	66.9	59.6	57.9	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	597	685	549	

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 November 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 November 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 (IHBT) teams in Calderdale and Kirklees are experiencing ongoing workforce challenges, recruitment is underway.
• All areas are focussing on continuing to improve performance for FIRM risk assessments. Staying Safe plans are now captured as part of the My Care and Safety Plan, rather than the FIRM risk assessment, following the changes to care plans. The Staying Safe percentage compliance for inpatient services is significantly impacted due to the relatively small number of admissions and November'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, Kirklees and Wakefield. Barnsley are slightly under the 95% target this month at 94.64%. Action plans and support from Quality and Governance Leads remain in place and all areas are expected to be above threshold in December.
• 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 November is 50.36% for Kirklees and 50.65% for Barnsley, both achieving the national standard of 50%. In November, Kirklees Talking Therapies were above the expected national standard of less than 10% for waits to second treatment within 90 days at 18.1%, Barnsley achieved the target at 8.7%. 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 79.6%. 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 no incidents of prone restraint in November, which is reflective of the ongoing improvement work relating to the roll out of alternative seclusion exit training and overall reduced number of restraint incidents across all wards. Working age adult (WAA) wards in Wakefield now all being live with the alternative seclusion exit training following targeted training sessions. Targeted training sessions are now being facilitated for wards in Barnsley.

Assure

• IHBT teams continue to perform well in gatekeeping admissions to our inpatient beds.
• Supervision continues to be above the 80% threshold at 91.5%
• Appraisal performance was above the 90% target in November at 91.9%.

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. 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.

LD, ADHD & ASD

Metrics	Strategic Objective	CQC Domain	Threshold	Sep-25	Oct-25	Nov-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	89.1%	86.2%	86.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	0% (0/3)	0% (0/4)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	89.3%	89.4%	91.7%	
Bed occupancy (excluding leave) - Commissioned Beds	Best Quality	Safe	N/A	49.2%	39.9%	50.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.9%	88.9%	90.4%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	75.0%	64.6%	50.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	97.2%	98.1%	96.7%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	92.9%	85.2%	84.2%	
Physical Violence - Against Patient by Patient	Best Quality	Safe	Trend Monitor	2	0	0	
Physical Violence - Against Staff by Patient	Best Quality	Safe	Trend Monitor	7	4	7	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.8%	89.0%	88.8%	
Safer staffing (Overall)	Best Quality	Safe	90%	112.0%	104.0%	127.2%	
Safer staffing (Registered)	Best Quality	Safe	80%	149.0%	163.6%	164.7%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	3.8%	5.7%	5.8%	
Restraint incidents	Best Quality	Safe	Trend Monitor	4	1	*6*	
Average length of stay	Best Quality	Safe	Trend Monitor	N/A	34	N/A	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	37	31	30	

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

Alert/Action

West Yorkshire Integrated Care Board Neurodiversity Project
The Integrated Care Board is introducing an Any Qualified Provider (AQP) framework to increase capacity for all-age neurodiversity assessments and treatments. The details of this are being considered.

South Yorkshire Integrated Care Board Neurodiversity Project
South Yorkshire ICB is pursuing a similar approach to West Yorkshire, exploring options to expand neurodiversity assessment and treatment capacity. The Trust awaits details from the ICB as to the proposed approach.

Advise

Adult ADHD Waiting Lists – Screening, Triage, and Assessment
The service currently has 517 individuals waiting for an ADHD Triage appointment, commissioned in Wakefield and Kirklees, where demand remains high.
Wakefield has recently received a business proposal to increase referral rates and restore assessment capacity to 110 per year. Barnsley and Calderdale do not currently commission triage, although both have requested proposals and have yet to respond.

ADHD Capacity for 2025/26
The service anticipated capacity for 500 new ADHD cases in 2025/26; however, only 330 cases have been commissioned to date from Barnsley, Kirklees, and Wakefield. Work is taking place across places to explore options for increasing capacity.

ADHD Shared Care – Current Position
Recent ADHD medication shortages, combined with rising demand for ADHD assessments across NHS and independent providers, have placed additional pressure on primary care. Some GPs have expressed concerns about the reliability of diagnoses from certain providers, leading a small number of practices to end shared care agreements or refuse new ones for ADHD medication.
Currently, the impact on this service is minimal, as some GPs have chosen to maintain shared care only with their local NHS provider. However, this position may change, and the situation is being closely monitored.
Where individuals are disadvantaged because their GP will not enter into shared care, the service is offering ongoing routine prescriptions for people it has diagnosed, to prevent breaks in medication and the return of symptoms. This approach has diverted resource away from assessment capacity, and therefore the service is unable to extend this offer to individuals diagnosed by other providers

Adult Autism Waiting Lists – Current Position
There has been no change in waiting numbers or times for adult autism assessments. Individuals in Barnsley, Bradford, Kirklees, and Wakefield continue to experience relatively short waits. In Calderdale, where there is no triage step (as requested by the commissioner), 255 people are currently waiting for assessment. The longest wait is 1 year and 45 weeks, but those invited today are likely to wait at least three years.
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 Integrated Care Service.
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

ADHD Assessments – Proof of Concept

In November 2025, a six-month proof of concept will launch to test innovative approaches aimed at improving ADHD assessment capacity and efficiency. This initiative responds to growing demand and long waiting times, with the goal of streamlining processes, reducing delays, and enhancing patient experience. The pilot will run across designated clinics already in place.

Waiting Lists – Quality Improvement Programme

The service has made significant progress in reducing the longest waits across pathways. This improvement has been achieved through practical measures such as deploying staff to areas of greatest pressure—for example, Wakefield nursing staff supporting Barnsley—and securing short-term locum cover for specialist roles, including Speech and Language Therapy for dysphagia cases, to maintain safety and quality.

Autism assessment capacity has also increased, with 22 additional staff trained in ADOS assessments, helping to reduce waiting times. A culture of active waiting list management is now embedded, guided by the principles of Waiting Well and Waiting Fairly, ensuring care remains safe and equitable during delays. Operational adjustments, such as pausing non-urgent work and prioritising high-risk and longest-wait cases, have supported this progress.

Despite these improvements, waiting lists continue to require close management. Particular challenges remain in areas where a discipline is covered by only one clinician. In these cases, any vacancy or sickness absence has an immediate and significant impact on performance, creating vulnerability in service delivery. Addressing these single-point dependencies is essential to sustain progress and build resilience.

Review of Intensive Support Team Pathway Commenced

Work underway to strengthen pathways for complex cases requiring intensive intervention.

ATU (Horizon) Update

Service Review and Regional Collaboration

The service continues to work closely with partners across West Yorkshire to review Assessment and Treatment Unit (ATU) provision within the region. Dedicated workstreams have been established to support this process, ensuring that any proposed changes are informed by a collaborative approach. This partnership working is designed to make sure that any ward reconfiguration aligns with wider system priorities and reflects future commissioning intentions.

The review is now nearing completion, and an options appraisal is being considered to determine the most effective and sustainable configuration for future service delivery.

Advise

Clinically Ready for Discharge

There are currently four patients clinically ready for discharge, two of whom are formally recorded as CRFD (Clinically Ready for Discharge). Options for future placement are actively being explored to ensure safe and appropriate transitions into the community. This work involves close collaboration with commissioners and providers to identify suitable accommodation and support packages that meet individual needs.

Appraisal and Supervision

The service is continuing to push towards achieving the required thresholds for both appraisal and supervision compliance. This remains a key priority to ensure staff receive the support, guidance, and professional development necessary for safe and effective practice. Targeted actions are in place, including regular monitoring, reminders, and escalation processes, to close any remaining gaps and maintain compliance across all teams.

Assure

Annual health checks in all four localities have exceeded the 75% threshold.
Data quality remains consistently good.
Mandatory training compliance is meeting required thresholds across all teams.

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	Sep-25	Oct-25	Nov-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	74.6%	81.4%	78.3%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	84.3%	84.1%	86.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	50% (1/2)	0% (0/0)	0% (0/0)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	90.9%	90.3%	89.4%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	100.0%	100.0%	96.9%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.5%	86.1%	87.1%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	100.0%	75.0%	60.0%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95.0%	83.3%	85.2%	84.4%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	98.1%	97.8%	96.8%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	5	2	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	12	14	11	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.9%	87.4%	89.8%	
Restraint incidents	Best Quality	Safe	Trend Monitor	22	30	*20*	
Safer staffing (Overall)	Best Quality	Safe	90%	120.8%	121.2%	117.1%	
Safer staffing (Registered)	Best Quality	Safe	80%	102.9%	102.5%	99.7%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	7.5%	7.8%	7.0%	
Average length of stay	Best Quality	Safe	Trend Monitor	968	2528	2064	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	193	210	194	

Forensic - West Yorkshire:

Alert/Action

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: 88.19% ↑– 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 – Current Position and Actions

Appraisal completion remains a key workforce priority, underpinning the service's commitment to staff development, engagement, and accountability.

Current compliance has fallen to 77.3%, which represents a decline from previous reporting periods and is below the expected standard. This reduction highlights the need for renewed focus to ensure timely and high-quality completion.

To address this, the following measures have been implemented:

- 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 and improvement.

The service will continue to monitor compliance closely and provide targeted support where required to achieve improvement by the next reporting cycle.

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: 6.5%↓
• Bretton Centre: 9.6%↑
• Newhaven: 11.2%↓

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 – 93.8%
• Bretton – 93.8%
• Newhaven –95.3%

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. The programme has several workstreams and is being monitored through the Care Group Governance structure and OMG.

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
• Care programme approach – 95%
• Turnover rates within normal variation

Forensic - South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Sep-25	Oct-25	Nov-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	82.6%	60.7%	67.7%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	84.7%	83.2%	88.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/4)	0% (0/1)	0% (0/3)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	90.2%	97.5%	98.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	78.9%	77.3%	77.6%	
% 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%	90.6%	91.0%	93.9%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	5	5	1	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	9	6	6	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	81.9%	81.5%	81.7%	
Restraint incidents	Best Quality	Safe	Trend Monitor	17	29	*20*	
Safer staffing (Overall)	Best Quality	Safe	90%	127.0%	135.5%	138.8%	
Safer staffing (Registered)	Best Quality	Safe	80%	96.0%	110.5%	108.0%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	4.9%	4.9%	3.9%	
Average length of stay	Best Quality	Safe	Trend Monitor	1674	1967	231	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	189	169	152	

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. Service users were initially accommodated across the service and have now settled on Hamilton Ward, where they will remain until repairs are completed.
Wentbridge Ward remains closed, as roof works have not yet commenced. Once started, repairs are expected to take approximately six months once work has commenced

Acuity:
Levels remain extremely high, with multiple service users on enhanced observations.

Water Quality
Water quality issues remain ongoing, although recent testing has allowed two seclusion facilities to reopen, easing some operational 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 referrals during this phase, with a strong emphasis on stabilising core functions and restoring capacity.
Occupancy remains below full levels, with further admissions scheduled in the coming weeks, some of which require warrants. To support timely and coordinated transfers, regular updates on warrant progress are being requested, drawing on lessons learned from previous admissions.
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Cardio Pulmonary Resuscitation training compliance - 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 complaisance – 68.1% The service is currently undertaking work to understand the sudden drop in compliance levels to implement remedial actions to improve this.
Supervision compliance – 97.5%

Advise

Cheswold Park – Integration and Service Development Update
Cheswold Park is continuing its integration within the Forensic Care Group, embedding Trust governance and operational frameworks to ensure consistent standards and robust oversight.
Quality and safety remain a priority, monitored through the internal Quality Improvement Group, now convening quarterly. External assurance from NHSE and the South Yorkshire Provider Collaborative continues at routine levels, reflecting confidence in the progress achieved.
As outlined previously strategic priorities will centre on stabilisation, service development, and future planning. Work is underway to establish a clear clinical and operational model to guide delivery and inform workforce planning.
Alignment of policies and procedures is progressing to meet Trust, CQC, and secure service standards. Leadership capability is being enhanced through a Ward Manager development programme, while improvements to reporting mechanisms are underway. Access to the Trust Bank has now been secured, supporting sustainable and flexible staffing solutions.

Assure

- Turnover in month remains very low at 0.9%.
- Relationships with the South Yorkshire Provider Collaborative are much improved with joint working regarding future bed modelling continuing to be a priority.
- SWYPFT policy integration continues.

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	Sep-25	Oct-25	Nov-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	90.8%	92.1%	91.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/1)	0% (0/1)	0% (0/3)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	81.8%	92.3%	90.5%	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	82.7%	84.8%	84.4%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.4%	90.3%	89.9%	
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%	98.8%	97.0%	97.8%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	97.2%	97.1%	97.8%	
Safer staffing (Overall)	Best Quality	Safe	90%	82.4%	97.0%	97.6%	
Safer staffing (Registered)	Best Quality	Safe	80%	89.9%	98.4%	99.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.7%	5.6%	5.3%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	99%	55.7%	70.9%	74.2%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	7,252	7,392	7,206	
Total number of reported incidents	Best Quality	Safe	Trend monitor	222	238	236	

Barnsley Physical Health and Wellbeing Care Group

Alert/Action

• Paediatric Audiology 6-week target for diagnostic procedures has seen a further improvement in November from 71.5% to 74.7% against the target of 99%.
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 executive management team 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.
• Virtual Ward occupancy rate has further reduced to 72% which is below the target of 80%. Virtual ward onboarding has continued to be affected by consultant capacity to support the pathway during parts of the month. Onboarding has been paused, during the month to ensure that the multi disciplinary team can safely manage current patients and to process discharges in a timely manner.

Advise

• BREATHE – derogation has been agreed to allow exceptional use of agency due to short term staffing vacancies in critical posts, at this point we have not managed to source any agency staff.
• Overall sickness rates are showing at 5.3% with a Year-to-Date figure of 4.7%. This is outside compliance for the month of November; continues to show an improving trend. However, is susceptible to spikes in seasonal infections / viruses which is also reflected in the local population.

Assure

• Appraisals - for November, the overall care group figure is 91.1% which exceeds the target of 90%.
• Staff receiving supervision - the November figure is achieving compliance at 84.4%.
• Urgent Community Response Service 2-hour target is 88.8% at end of November 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) – 97.79% for November 2025.
• People dying in their place of choosing continues to maintain compliancy at 90.48% for November against the threshold of 80%.
• Information Governance training maintains compliance at 97.8%.
• Friends and Family Test (FFT) - 97% of people would recommend community services.
• Cardio Pulmonary Resuscitation training maintains compliance at 89.9% for October.
• Intermediate Care – 24 block purchase rehabilitation beds called the Cedars based at Buckingham House Care Home, Sheffield launched on 19 November. This means that instead of being spread across multiple care homes, all these patients will be in one place therefore reducing travel time, increasing efficiency for our staff and improving patient outcomes.
• Yorkshire Smokefree Barnsley has recorded its lowest smoking prevalence since current records began. Figures falling from 14.1% last year to 12.5% this year. The year-on-year drop reflects coordinated activity across local partners aiming to make quitting easier.
• NHS Staff Survey the care group had a completion rate of 58.0%.
• 3rd – 9th November marked Occupational Therapy week – colleagues sharing ideas and stories highlighting the impact and difference they make.

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

- 10 wards have achieved the 90% threshold target in November.
- Ward 18 (81.8%) dropped below compliance threshold impacted by sickness absence and staff being on placement (TNA). The ward manager has scheduled the 3 appraisals that are outstanding.
- Poplars, Willow, Ward 19 Male, and Lyndhurst dropped below compliance threshold. Targeted work has been undertaken by the ward managers to increase compliance, and Willow (94.7%), Ward 19 Male (100%), and Lyndhurst (96.6%) are currently above threshold and Poplars is just under at 89.3% (as of 15/12/25).
- Ashdale (84.0%) remain below compliance impacted by planned appraisals needing to be rescheduled due to acuity. Current compliance is 88% (as of 15/12/25) with the 3 outstanding appraisals scheduled.
- Crofton (73.7%) is below compliance threshold, impacted by ongoing ward manager absence and scheduled appraisals needing to be rebooked due to clinical demands. Targeted work continues and is being overseen by the matron.
- Matrons continue to work closely with ward managers to ensure outstanding appraisals are booked.

Sickness

- 6 wards have sickness rates below 5% compliance threshold.
- Sickness improved to below threshold in November on Enfield Down following the return of one staff from long term sick.
- Sickness increased to above threshold on Ward 19 Female (10.8%) and Lyndhurst (10%) due to both short term and long-term sickness. Cold, coughs, and flu was a theme for short term sickness at Lyndhurst.
- Although still above threshold, sickness on Nostell (5.5%), Stanley (5.2%), Walton (5.7%), Ashdale (6.1%), Ward 18 (7.9%), and Beechdale (10.9%) has reduced following the return of staff from long term sickness and a reduction in short-term sickness.
- Sickness has reduced comparative to October but remains considerably above threshold on Crofton (12.3%), Poplars (11.9%) and Willow (11.1%), impacted by both long-term and short-term sickness. Physical health issues is a theme for long-term sickness. Short-term sickness themes are colds, coughs, and flu and gastrointestinal related.
- 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 November, 9 of those wards are at 100% supervision compliance.
- Crofton (77.8%) compliance dropped below threshold impacted by clinical acuity. In the absence of the ward manager, oversight is being maintained by the matron.
- Nostell (76.9%) remained below compliance impacted by clinical acuity however current compliance is above threshold at 91.7% (as of 15/12/25).
- The senior leadership team maintain close oversight of supervision compliance via the weekly inpatient quality and performance meeting.

Mandatory Training

Information Governance (IG)

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

Cardiopulmonary resuscitation (CPR)

- 16 wards are at or above the CPR training compliance threshold in November.
- Ashdale has fallen just under compliance at 79.3% and staff needing training are booked to attend dates throughout January.

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

Mandatory Training Continued

Reducing Restrictive Practice Interventions (RRPI)

• 15 wards are above the RRPI training compliance threshold.
• Ashdale (79.3%) has dropped just under compliance in November. Staff have either attended recent training or are booked to attend upcoming dates, and current compliance is 80.0% (as of 15/12/2025).
• Poplars (78.6%) 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.
• Beechdale (94.7%) dropped just below compliance in November however staff have attended recent training sessions and current compliance is above threshold at 95.2% (15/12/25).

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 November:
  • Willow ALOS increased from 70 days to 138 days. Willow had a total of 5 discharges in November – 2 service users' LOS was above 100 days, 1 service users' LOS was above 400 days.
  • Ward 19 Male ALOS increased from 91 days to 200 days reflecting a total of 2 discharges in November – 1 of those service users' LOS was above 300 days.

Clinically Ready for Discharge (CRFD)

• CRFD rates are significantly above threshold on several wards:
  • Walton CRFD has increased to 22.3% in November reflecting 3 service users, 2 of whom are restricted patients awaiting Ministry of Justice permissions.
  • Melton CRFD is 33.3% in November. This is 2 service users awaiting placements.
  • Poplars CRFD has increased to 51.7% and is reflective of 7 service users awaiting placements, 4 of whom have now been discharged.
• 10 other wards are above the threshold for CRFD with Clark, Beechdale, Willow, and Ward 19 Male above 10%. Beamshaw, Nostell, Ward 18, Elmdale, 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 November was 92.2% for 24hr target and 96.0% completed within 48hrs.
• During November, Clark, Ward 19 Male, Ward 19 Female, and Stanley had 1 FIRM breach each. Nostell and Ashdale had 2 breaches each.
• In line with the Risk Assessment and Risk Management policy, the team who assessed the service user as requiring admission have a responsibility to update the FIRM risk assessment to reflect the change in risk necessitating inpatient admission.
• Compliance monitoring dashboards support oversight and a deep dive will be conducted by the inpatient matron for each breach to identify learning and inform improvement. This will be shared with Quality and Governance Leads in community to ensure a collaborative approach to improvement.
• The inpatient team receive a handover of risk prior to admission and at the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. A Staying Safe risk management care plan is also implemented within 24hrs of admission.

Physical violence (Patient on Patient)

• 12 incidents of patient-on-patient physical violence throughout November (Ward 19 Male and Female incidents are combined) across multiple wards.
• 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)

• 57 incidents of patient on staff physical violence throughout November (Ward 19 Male and Female incidents are combined).
• Highest number of incidents on Ashdale (11) and Elmdale (14) and relate to a small number of service users with a risk profile of violence and aggression.
• 7 incidents at Poplars that relate to specific service users with behavioural and psychological symptoms of dementia. Risk management care plans are in place, and the ward psychologist supports with psychological formulation.
• 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

• Fewer restraint incidents in November (39 total) compared to October across all wards and is reflective of the patient population and risk presentations.
• Ward teams seek advice and support from RRPI specialist advisors as needed to inform individualised and person-centred care planning for those service users with a known risk of violence and aggression.

Prone restraint incidents

• There were no incidents of prone restraint in November, which is reflective of the ongoing improvement work relating to the roll out of alternative seclusion exit training and overall reduced number of restraint incidents across all wards.
• 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 Sep-25	Beamshaw Suite Oct-25	Beamshaw Suite Nov-25	Clark Suite Sep-25	Clark Suite Oct-25	Clark Suite Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.7%	0.8%	0.7%	1.6%	0.6%	0.6%
Supervision	Best place to work and learn	Well led	80%	83.3%	81.8%	84.6%	92.3%	84.6%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.3%	96.3%	96.3%	92.0%	96.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.9%	92.6%	85.2%	88.0%	96.0%	96.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	77.8%	81.5%	96.3%	92.0%	92.0%	96.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.6%	92.6%	96.3%	88.0%	100.0%	100.0%
Bed occupancy**	Best Quality	Safe	85%	103.6%	98.5%	91.9%	103.6%	98.5%	91.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	37	99	25	73	31	41
Safer staffing (Overall)	Best Quality	Safe	90%	120.3%	112.9%	104.6%	105.0%	115.6%	146.7%
Safer staffing (Registered)	Best Quality	Safe	80%	100.0%	106.5%	98.7%	98.7%	98.3%	105.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	17.5%	19.0%	9.5%	17.9%	22.7%	16.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	90.0%	100.0%	100.0%	80.0%	100.0%	87.5%
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	2	0	0	3	2	1
Restraint incidents	Best Quality	Safe	Trend Monitor	1	2	*0*	10	13	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	8	7	11	12	10	21

*** 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			Nostell		
				Sep-25	Oct-25	Nov-25	Sep-25	Oct-25	Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	92.0%	85.7%	100.0%	100.0%	95.2%	90.5%
Sickness	Best place to work and learn	Well led	5.0%	8.1%	3.2%	2.7%	7.0%	6.2%	5.5%
Supervision	Best place to work and learn	Well led	80%	75.0%	86.7%	100.0%	100.0%	76.9%	76.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.6%	93.3%	100.0%	92.6%	96.3%	95.8%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	93.1%	90.0%	93.5%	100.0%	96.3%	95.8%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	89.7%	80.0%	90.3%	96.3%	92.6%	95.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	86.2%	86.7%	90.3%	96.3%	81.5%	87.5%
Bed occupancy	Best Quality	Safe	85%	116.7%	100.0%	97.8%	97.2%	96.4%	96.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	112	N/A	N/A	47	40	37
Safer staffing (Overall)	Best Quality	Safe	90%	147.1%	152.4%	126.9%	92.6%	106.0%	124.6%
Safer staffing (Registered)	Best Quality	Safe	80%	95.3%	99.2%	98.2%	93.7%	99.2%	106.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	28.2%	33.3%	33.3%	5.6%	2.5%	5.3%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	100.0%	N/A	84.6%	87.5%	75.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	0	0	0	3	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	3	4	4	7	4
Restraint incidents	Best Quality	Safe	Trend Monitor	13	11	*5*	4	34	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	5	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	29	36	19	5	25	44

*** 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 Sep-25	Stanley Oct-25	Stanley Nov-25	Walton Sep-25	Walton Oct-25	Walton Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	95.8%	90.9%	95.7%	97.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	4.5%	7.4%	5.2%	9.5%	9.1%	5.7%
Supervision	Best place to work and learn	Well led	80%	92.9%	100.0%	100.0%	100.0%	94.1%	94.1%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	96.4%	96.4%	97.6%	97.6%	97.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	94.1%	96.4%	92.9%	90.5%	90.2%	90.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	97.1%	96.4%	96.4%	81.0%	85.4%	83.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	96.4%	85.7%	88.1%	90.2%	88.4%
Bed occupancy**	Best Quality	Safe	85%	97.2%	96.4%	96.7%	97.4%	101.4%	93.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	80	42	54	82	61	76
Safer staffing (Overall)	Best Quality	Safe	90%	115.7%	109.7%	110.6%	136.6%	138.2%	133.4%
Safer staffing (Registered)	Best Quality	Safe	80%	94.3%	93.1%	89.8%	94.9%	100.4%	96.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	1.2%	1.9%	1.8%	31.8%	16.8%	22.3%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	90.0%	66.7%	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	4	1	0	2	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	1	2	3	2
Restraint incidents	Best Quality	Safe	Trend Monitor	5	8	*3*	12	14	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*0*	2	1	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	20	17	20	17	19	14

*** 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			Ward 18		
				Sep-25	Oct-25	Nov-25	Sep-25	Oct-25	Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	95.8%	84.0%	84.0%	95.8%	95.5%	81.8%
Sickness	Best place to work and learn	Well led	5.0%	12.8%	11.2%	6.1%	8.1%	10.4%	7.9%
Supervision	Best place to work and learn	Well led	80%	69.2%	78.6%	100.0%	90.0%	100.0%	92.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	96.6%	100.0%	96.8%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.9%	89.7%	79.3%	86.2%	87.1%	90.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	74.1%	82.8%	79.3%	82.8%	83.9%	87.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.6%	96.6%	89.7%	100.0%	96.8%	100.0%
Bed occupancy	Best Quality	Safe	85%	99.0%	96.0%	98.8%	97.4%	94.0%	96.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	53	82	50	22	37	35
Safer staffing (Overall)	Best Quality	Safe	90%	101.8%	100.5%	105.2%	110.1%	114.4%	106.7%
Safer staffing (Registered)	Best Quality	Safe	80%	99.2%	97.1%	98.8%	94.6%	106.6%	106.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.7%	0.0%	2.4%	5.2%	4.7%	6.4%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	87.5%	76.9%	66.7%	92.6%	94.4%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	5	9	0	2	3	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	7	11	3	1	4
Restraint incidents	Best Quality	Safe	Trend Monitor	12	12	*3*	7	7	*2*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	2	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	12	6	4	12	23	5

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Elmdale Sep-25	Elmdale Oct-25	Elmdale Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.8%	4.4%	3.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	90.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.3%	91.7%	96.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.9%	82.6%	88.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.4%	95.8%	96.2%
Bed occupancy	Best Quality	Safe	85%	94.7%	95.6%	98.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	41	35	50
Safer staffing (Overall)	Best Quality	Safe	90%	107.2%	112.7%	105.5%
Safer staffing (Registered)	Best Quality	Safe	80%	94.5%	92.5%	95.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.0%	9.0%	9.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	92.9%	91.7%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	6	1	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	13	4	14
Restraint incidents	Best Quality	Safe	Trend Monitor	11	15	*9*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	5	10	8

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Crofton Sep-25	Crofton Oct-25	Crofton Nov-25	Poplars CUE Sep-25	Poplars CUE Oct-25	Poplars CUE Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	85.0%	84.2%	73.7%	89.3%	96.2%	81.5%
Sickness	Best place to work and learn	Well led	5.0%	12.6%	14.0%	12.3%	9.2%	15.8%	11.9%
Supervision	Best place to work and learn	Well led	80%	80.0%	90.0%	77.8%	90.0%	91.7%	91.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	96.7%	93.3%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	91.3%	91.3%	79.3%	79.3%	78.6%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	95.7%	87.0%	82.8%	86.2%	82.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	95.8%	95.8%	100.0%	96.7%	96.6%
Bed occupancy	Best Quality	Safe	85%	87.9%	82.3%	85.6%	75.1%	67.5%	65.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	58	47	30	146	112	89
Safer staffing (Overall)	Best Quality	Safe	90%	167.7%	163.8%	157.9%	186.7%	189.6%	185.8%
Safer staffing (Registered)	Best Quality	Safe	80%	123.9%	120.7%	126.1%	104.2%	106.4%	103.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	2.5%	20.4%	30.6%	51.7%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	N/A	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	1	3	1	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	4	2	16	6	7
Restraint incidents	Best Quality	Safe	Trend Monitor	5	11	*2*	15	9	*2*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	18	36	25	51	61	30

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Willow Sep-25	Willow Oct-25	Willow Nov-25	Beechdale Sep-25	Beechdale Oct-25	Beechdale Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	72.7%	75.0%	85.0%	94.7%	100.0%	94.1%
Sickness	Best place to work and learn	Well led	5.0%	11.2%	14.9%	11.1%	6.4%	14.3%	10.9%
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%	90.5%	100.0%	100.0%	95.7%	95.2%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.7%	84.2%	85.0%	87.0%	85.7%	84.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	95.0%	95.5%	90.0%	88.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	95.7%	95.2%	94.7%
Bed occupancy	Best Quality	Safe	85%	93.7%	91.0%	76.7%	92.1%	89.7%	92.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	74	70	138	121	126	60
Safer staffing (Overall)	Best Quality	Safe	90%	96.6%	104.8%	114.1%	125.3%	134.2%	131.6%
Safer staffing (Registered)	Best Quality	Safe	80%	100.5%	97.8%	101.9%	97.8%	89.6%	100.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.3%	6.9%	17.0%	10.5%	5.7%	11.6%
% 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	1	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	1	*0*	0	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	7	3	5	0	21	7

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male			Ward 19 - Female		
				Sep-25	Oct-25	Nov-25	Sep-25	Oct-25	Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	75.0%	70.0%	80.0%	94.7%	94.7%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	6.3%	2.0%	0.0%	9.0%	3.6%	10.8%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.0%	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%	88.0%	95.8%	95.5%	79.2%	76.2%	90.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.0%	100.0%	100.0%	91.7%	95.2%	90.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.0%	100.0%	90.9%	100.0%	100.0%	95.0%
Bed occupancy	Best Quality	Safe	85%	101.6%	100.0%	97.3%	76.9%	86.7%	90.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	91	91	200	84	56	77
Safer staffing (Overall)	Best Quality	Safe	90%	101.1%	97.8%	100.9%	94.5%	113.0%	106.7%
Safer staffing (Registered)	Best Quality	Safe	80%	74.3%	103.2%	96.0%	90.7%	106.2%	102.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	5.0%	4.4%	10.7%	3.2%	5.5%	4.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	66.7%	75.0%	100.0%	100.0%	83.3%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	2	0	2	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	7	6	1	7	6
Restraint incidents	Best Quality	Safe	Trend Monitor	13	12	*4*	13	12	*4*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	2	2	13	17	9

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down Sep-25	Enfield Down Oct-25	Enfield Down Nov-25	Lyndhurst Sep-25	Lyndhurst Oct-25	Lyndhurst Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	95.7%	97.9%	97.9%	85.2%	88.0%	89.3%
Sickness	Best place to work and learn	Well led	5.0%	7.2%	5.4%	3.9%	4.4%	4.9%	10.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	92.9%	85.7%	93.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.0%	98.0%	100.0%	100.0%	100.0%	96.4%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.5%	82.0%	82.0%	85.2%	88.9%	92.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.4%	97.8%	93.3%	92.6%	96.3%	92.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.9%	100.0%	96.1%	88.9%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	Trend Monitor	48.2%	48.7%	49.0%	41.9%	44.7%	63.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	617	N/A	N/A	955	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	99.7%	98.0%	96.2%	98.2%	96.1%	91.0%
Safer staffing (Registered)	Best Quality	Safe	80%	101.8%	100.8%	95.8%	93.8%	95.6%	86.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	12.4%	6.3%	5.8%	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	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	1
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	2	0	0	1	0	1

Inpatients - Forensic West Yorkshire - Medium Secure

Medium Secure

• Within medium secure six wards are above supervision compliance; Appleton (100%), Bronte (100%), Johnson (100%), Priestley (92.9%), Chippendale (92.9%) and Hepworth (92.9%). Waterton (70%) is following a period of improved compliance as is under review by the Ward Manager.

• Some overall improvements in sickness absence noted with six wards within compliance: Priestley (3.7%), Johnson (3.7%), Hepworth (0%), Chippendale (2.0%), Bronte (3.9%) and Waterton (4.5%). Appleton (14.2%) has been affected by both long-term sickness absence and short-term sickness absence. Individual support plans are in place by the ward manager with support from our People Directorate.

• Quality appraisals remain a service priority. Previous reviews highlighted recording and system issues alongside a spike in appraisal acuity. To address this, the People Planning and Performance Lead delivered a session on dashboards, data, and workforce. This was followed by targeted work to ensure accurate ward representation for some staff. Four wards currently remain above compliance (Waterton 100%, Hepworth 100%, Chippendale 95% and Bronte 94.7%). Hotspots have been identified on Priestley (89.5%), Appleton (86.7%) and Johnson (64%) which are understood to have resulted from clinical acuity and staff members currently on placements and, but improving trajectories are noted. For Johnson a number of changes in Ward Manager due to absence has required frequent ESR permission changes which has resulted in delays in uploading appraisals.

• Good compliance is noted for mandatory training across the medium secure service. Three hotspots are evident. One for CPR on Bronte (72.7%) where all staff are booked onto training. Fire Safety Training on Appleton (83.3%) is a further hotspot, 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. IG on Waterton (91.7%) and a plan is in place to improve compliance.

• Bed occupancy on Appleton (62.5%) is below compliance due to a reduction in overall learning disability referrals to secure care. Occupancy in the women's service (Johnson medium secure 73.3%) is also low but has noted a slight improvement and the service 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 were two prone restraints in medium secure on Appleton. One of these was a service user led, and the other was under 30 seconds and a seclusion incident. 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.

Low Secure

• Sickness across all wards monitored closely and ward managers are working closely with the people directorate and occupational health colleagues. Continued challenges are evident in relation to sickness and absence across low secure with Thornhill (13.4%), Sandal (13.0%) and Ryburn (18.8%). This is inclusive of long-term (15 staff) and short-term sickness absence and includes an increase in seasonal illness. Improvements are noted and seven staff have been supported to return from long term absence during November with two further planned for December. Improvements have been evident on Newhaven (3.5%) from 5.7%. 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 (95.2%), Thornhill (100%), Ryburn (90%) and Newhaven (96.8%).

• Supervision is above compliance across low secure, on Ryburn (100%), Newhaven (100%), Thornhill (100%) and Sandal (85.7%).

• The Inpatient risk assessment completed within 24 hours has been reviewed by the service. Within forensic services, forensic risk assessments are completed prior to admission as part of the gate keeping process to support planning. Communication has been shared to ensure that this is reviewed, and all parts are being signed off again as part of the admission process. We have continued to experience challenges on Sandal Ward (75%) and Thornhill Ward (0%) which relates to one admission), 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 Bretton Centre currently has good occupancy with Sandal (86.3%), Thornhill (86.9%) and Ryburn (98.6%). Assessments are also in progress. Newhaven (75%) continues to experience lower level of referrals and has no waiting list.

• There has been one prone incident on Sandal. This have been in relation to one service and particular challenges in seclusion exit. The team have been working closely with RRPI in relation to alternative exit techniques but due to risks posed and to ensure safety there is a continued risk in relation to prone incidents. This has been escalated. The service is in addition actively engaged in the Trustwide improvement work with regards to minimising prone restraints during seclusion exit and when administrating intra-muscular medication.

• The service continues to experience high levels of acuity with wards frequently working above establishment numbers to support clinical need, Thornhill (113.2%), Sandal (129%), Newhaven (117.4%). 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.

Metrics	Strategic Objective	CQC Domain	Threshold	Appleton Sep-25	Appleton Oct-25	Appleton Nov-25	Bronte Sep-25	Bronte Oct-25	Bronte Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	53.3%	80.0%	86.7%	100.0%	100.0%	94.7%
Sickness	Best place to work and learn	Well led	5.4%	5.4%	0.0%	14.2%	4.7%	1.7%	3.9%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	85.7%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.1%	100.0%	94.4%	100.0%	100.0%	95.5%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	94.4%	100.0%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	76.5%	82.4%	83.3%	77.3%	72.7%	72.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	88.2%	82.4%	83.3%	86.4%	86.4%	86.4%
Bed occupancy	Best Quality	Safe	90%	62.5%	62.5%	62.5%	91.9%	88.0%	100.0%
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%	138.0%	122.0%	128.7%	98.5%	111.1%	98.6%
Safer staffing (Registered)	Best Quality	Safe	80%	88.9%	92.5%	93.5%	94.6%	99.7%	93.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	100.0%	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	4	5	2	2	1
Restraint incidents	Best Quality	Safe	Trend Monitor	10	13	*10*	1	6	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*2*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	9	9	12	0	11	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Chippendale			Hepworth		
				Sep-25	Oct-25	Nov-25	Sep-25	Oct-25	Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	89.5%	90.0%	95.0%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	8.2%	3.7%	2.0%	0.7%	5.1%	0.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	86.7%	92.9%	84.6%	84.6%	92.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	95.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	90.9%	91.3%	100.0%	95.2%	95.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.0%	86.4%	95.7%	90.5%	90.5%	81.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.0%	95.5%	100.0%	100.0%	95.2%	95.2%
Bed occupancy	Best Quality	Safe	90%	100.0%	100.0%	89.7%	84.7%	86.0%	90.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	2064	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	111.4%	116.0%	132.1%	108.3%	95.4%	94.6%
Safer staffing (Registered)	Best Quality	Safe	80%	116.9%	124.0%	125.5%	90.7%	80.9%	88.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	100.0%	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	0	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	0	2	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	3	0	*0*	2	1	*2*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	1	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	3	2	28	2	0	6

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Johnson			Priestley		
				Sep-25	Oct-25	Nov-25	Sep-25	Oct-25	Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	76.0%	79.2%	64.0%	89.5%	95.0%	89.5%
Sickness	Best place to work and learn	Well led	5.4%	2.8%	4.3%	3.7%	1.7%	0.3%	3.7%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	92.9%	92.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.3%	96.9%	96.8%	100.0%	100.0%	95.5%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	80.0%	84.4%	83.9%	90.0%	81.0%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.3%	81.3%	83.9%	95.0%	90.5%	90.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.0%	87.5%	93.5%	100.0%	95.5%	95.5%
Bed occupancy	Best Quality	Safe	90%	73.3%	69.0%	73.3%	92.7%	97.3%	94.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	4013	N/A	1362	1043	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	120.0%	117.9%	150.3%	94.6%	94.4%	93.2%
Safer staffing (Registered)	Best Quality	Safe	80%	96.6%	86.2%	102.4%	81.4%	105.9%	115.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	100.0%	N/A	N/A	N/A	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	0	1	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	5	8	12	0	0	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Waterton Sep-25	Waterton Oct-25	Waterton Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	47.4%	85.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	20.6%	9.7%	4.5%
Supervision	Best place to work and learn	Well led	80%	90.0%	80.0%	70.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	95.2%	91.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	94.4%	90.5%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.3%	90.5%	83.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	77.8%	81.0%	85.7%
Bed occupancy	Best Quality	Safe	90%	97.1%	99.2%	100.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	143.5%	141.1%	137.9%
Safer staffing (Registered)	Best Quality	Safe	80%	94.7%	94.4%	92.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	13	10	11

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Thornhill Sep-25	Thornhill Oct-25	Thornhill Nov-25	Sandal Sep-25	Sandal Oct-25	Sandal Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	86.7%	100.0%	100.0%	90.9%	100.0%	95.2%
Sickness	Best place to work and learn	Well led	5.4%	8.7%	11.5%	13.4%	9.7%	19.1%	13.0%
Supervision	Best place to work and learn	Well led	80%	87.5%	100.0%	100.0%	100.0%	91.7%	85.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.9%	80.0%	89.3%	96.2%	88.5%	92.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	93.9%	93.3%	92.9%	80.8%	84.6%	84.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	96.4%	92.3%	88.5%	92.0%
Bed occupancy	Best Quality	Safe	85%	72.2%	72.7%	86.9%	81.9%	81.3%	86.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1019	N/A	N/A	78	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	113.8%	115.1%	113.2%	116.3%	119.9%	129.0%
Safer staffing (Registered)	Best Quality	Safe	80%	103.7%	104.6%	95.5%	103.9%	100.8%	101.8%
% 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	0.0%	N/A	0.0%	75.0%
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	0	0	0	0	2	1
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	2	3	*2*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	3	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	4	3	6	11	6	15

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Ryburn Sep-25	Ryburn Oct-25	Ryburn Nov-25	Newhaven Sep-25	Newhaven Oct-25	Newhaven Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	88.9%	100.0%	90.0%	93.3%	96.8%	96.8%
Sickness	Best place to work and learn	Well led	5.4%	6.5%	9.6%	18.8%	11.9%	5.7%	3.5%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	93.9%	97.1%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.9%	100.0%	100.0%	89.7%	96.7%	96.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	90.0%	89.7%	93.3%	96.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	90.9%	91.2%	91.2%
Bed occupancy	Best Quality	Safe	85%	100.0%	88.5%	98.6%	75.0%	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%	97.4%	100.0%	97.5%	143.4%	141.5%	117.4%
Safer staffing (Registered)	Best Quality	Safe	80%	104.8%	100.6%	96.8%	101.4%	106.2%	96.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	3	5	4
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	4	7	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	17	10	11

Inpatients - Non-Mental Health

• **Appraisal rate:**
NRU rate continues to maintain compliance at 100% for November.
SRU rate continues to maintain compliance 91% for November.

• **Sickness:**
NRU – sickness for November has increased to 6.9% for November which is outside compliance.In addition there has been some short term sickness which has included Flu.
SRU – Sickness for November is 3.2% which meets compliance.
Sickness absence for both units continues to be managed robustly via HR processes and sickness reviews.

• **Supervision:**
NRU has fallen below compliance during November at 75% which could be attributed to senior staff on sickness. As of 15 December, this has increased to 78.3%
SRU figures have maintained compliance at 97.5% for November.

• **Information Governance Training:**
NRU has fallen very slightly below compliance during November at 94.9%. This is due to staff sickness.
SRU continue to maintain compliancy for November at 97.1%

• **Cardiopulmonary resuscitation (CPR) Training:**
NRU is showing at 75%. Staff are booked onto upcoming sessions. (This training may not be showing yet due to lag in recording).
SRU continues to exceed the compliancy level.
To note: Resus Lead has advised that the process for CPR training recording is that they send the signature sheets to L&D. These are inputted by L&D but at irregular intervals once per month. Therefore, there is a potential for up to a 6-week lag before the updated training statistics are showing.

• **Fire Training:**
Both units continue to achieve compliance in November.

• **Safer Staffing** - overall (Threshold 90%):
NRU107.6%
SRU90.1%

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU)			Stroke Rehabilitation Unit (SRU)		
				Sep-25	Oct-25	Nov-25	Sep-25	Oct-25	Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	88.6%	94.6%	100.0%	96.8%	95.5%	91.0%
Sickness	Best place to work and learn	Well led	5.0%	3.6%	5.7%	6.9%	7.5%	9.3%	3.2%
Supervision	Best place to work and learn	Well led	80%	90.5%	79.2%	75.0%	88.1%	87.5%	97.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.7%	95.2%	94.9%	98.6%	97.1%	97.1%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	72.5%	76.9%	75.0%	91.0%	89.2%	92.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.0%	95.2%	92.3%	94.3%	91.2%	89.9%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	41.1%	62.4%	68.1%	67.5%	79.0%	97.5%
Average Length of Stay	Best Quality	Safe	Trend Monitor	58	39	61	32	32	33
Safer staffing (Overall)	Best Quality	Safe	90%	83.1%	108.0%	107.6%	81.8%	88.6%	90.1%
Safer staffing (Registered)	Best Quality	Safe	80%	83.9%	99.3%	97.6%	97.2%	97.6%	101.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	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	6	0	7	47	55	49

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 (8.5%) noted and processes in place by Ward Manager.
- Low occupancy is understood and aligned with wider Assessment Treatment Unit (ATU) workstream.
- Continued CRFD albeit noted reduction to 50%, 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 (127.2%) and registered staffing (164.7%).
- A small increase in restraint incidents which aligns with increased occupancy and zero prone restraints.

Metrics	Strategic Objective	CQC Domain	Threshold	Horizon Sep-25	Horizon Oct-25	Horizon Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	96.9%	94.3%
Sickness	Best place to work and learn	Well led	5.0%	7.5%	9.1%	8.5%
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%	97.6%	97.6%	95.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.2%	89.7%	92.1%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.6%	87.2%	94.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.7%	97.6%	97.5%
Bed occupancy	Best Quality	Safe	N/A	50.0%	39.9%	50.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	34	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	111.9%	104.0%	127.2%
Safer staffing (Registered)	Best Quality	Safe	80%	148.6%	163.6%	164.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	75.0%	64.6%	50.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	7	4	7
Restraint incidents	Best Quality	Safe	Trend Monitor	4	1	*6*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	40	16	19

Inpatients - Forensic South Yorkshire

Medium Secure

• Supervision compliance is above threshold across both wards (100%)
• Sickness absence is above target for Foss (10.9%) though has there has a further decrease in Skipton sickness from 4.3% to 1.9% which is a significant improvement since September. 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. Both wards have single patients with extra packages of care that occupy multiple bed spaces.
• 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%). Esk is related to long term sickness. 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 improved across all areas except Don ward, however there has been some improvement since October (65% to 78.3%). Some challenges with CPR compliance are noted (Aire; 65.6% Don; 65.2% 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.

				Medium Secure Services					
				Foss			Skipton		
Metrics	Strategic Objective	CQC Domain	Threshold	Sep-25	Oct-25	Nov-25	Sep-25	Oct-25	Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	71.0%	81.5%	96.3%	74.1%	73.1%	76.0%
Sickness	Best place to work and learn	Well led	5.4%	10.5%	7.7%	10.9%	7.4%	4.3%	1.6%
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%	85.2%	86.0%	90.0%	100.0%	93.0%	96.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.0%	82.1%	90.0%	88.0%	71.0%	67.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	73.0%	64.3%	66.7%	75.0%	66.7%	63.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	81.0%	82.0%	73.3%	97.0%	90.0%	86.7%
Bed occupancy	Best Quality	Safe	90%	78.6%	78.6%	78.6%	75.0%	75.0%	75.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	105.9%	107.4%	103.4%	159.4%	179.0%	202.1%
Safer staffing (Registered)	Best Quality	Safe	80%	107.8%	119.3%	106.5%	93.2%	114.1%	115.6%
% 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	1	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	1	2	2	2	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	13	24	*19*
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 Sep-25	Low Secure Services Esk Oct-25	Low Secure Services Esk Nov-25	Wentbridge Sep-25	Wentbridge Oct-25	Wentbridge Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	89.4%	52.4%	81.8%	88.4%	84.2%	88.6%
Sickness	Best place to work and learn	Well led	5.4%	12.9%	13.1%	12.6%	4.4%	6.6%	2.3%
Supervision	Best place to work and learn	Well led	80%	65.0%	100.0%	81.8%	97.5%	97.5%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	90.9%	95.0%	100.0%	90.5%	90.0%	97.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.0%	90.5%	95.2%	79.0%	80.0%	80.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	87.0%	95.0%	100.0%	75.0%	65.9%	65.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.0%	86.0%	76.2%	76.0%	73.0%	70.7%
Bed occupancy	Best Quality	Safe	90%	84.2%	72.0%	71.5%	66.3%	63.3%	83.3%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	2878	N/A	1674	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	104.3%	113.7%	112.4%	133.2%	139.1%	139.0%
Safer staffing (Registered)	Best Quality	Safe	80%	88.8%	108.3%	109.5%	92.4%	106.8%	108.8%
% 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	3	3	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	0	1	3	2	3
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*1*	1	1	*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 Aire Sep-25	Aire Oct-25	Aire Nov-25	Don Sep-25	Don Oct-25	Don Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	84.9%	67.6%	64.7%	76.0%	75.0%	83.3%
Sickness	Best place to work and learn	Well led	5.4%	9.6%	4.5%	0.7%	1.0%	1.3%	4.9%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	68.0%	87.0%	95.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.3%	97.0%	96.8%	68.2%	65.0%	78.3%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	82.0%	76.5%	77.4%	98.0%	95.7%	95.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	78.0%	58.8%	65.6%	70.0%	60.9%	65.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	83.0%	85.0%	80.6%	82.0%	78.0%	82.6%
Bed occupancy	Best Quality	Safe	90%	90.8%	91.7%	86.1%	93.6%	94.4%	100.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	231	N/A	1055	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	89.6%	85.8%	101.6%	133.1%	139.3%	136.4%
Safer staffing (Registered)	Best Quality	Safe	80%	87.9%	84.1%	95.5%	97.7%	101.5%	97.5%
% 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	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	2	*0*	3	0	*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 Sep-25	Oct-25	Nov-25
Appraisal rate	Best place to work and learn	Well led	90%	95.7%	95.7%	91.7%
Sickness	Best place to work and learn	Well led	5.4%	1.2%	1.8%	0.5%
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%	100.0%	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%	95.6%	100.0%	100.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	98.8%	94.6%	103.1%
Safer staffing (Registered)	Best Quality	Safe	80%	74.8%	70.9%	77.5%
% 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	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor			

Overall Financial Performance 2025/26

Executive Summary / Key Performance Indicators

	Performance Indicator	Strategic Objective	CQC Domain	Year to Date	Forecast 2025/26	Narrative
1	Surplus / (Deficit)	Best Value	Well Led	(£0.5m)	£0m	November 2025 represents the fourth consecutive month where a surplus has been reported (consolidated £299k in month). This continues to reduce the deficit reported in the earlier part of the year with a year to date position of £478k deficit. This continues to track towards the forecast breakeven position. Although a surplus this is less than originally planned.
2	Agency Spend	Best Value	Well Led	£2.4m	£3.1m	Agency spend in November is £163k (was £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. Spend in November was £39k which is a reduction from the previous run rate.
3	Bank Spend	Best Value	Well Led	£15.8m	£22.6m	Bank utilisation continues to be higher than planned with the main area of spend in unregistered nurses in inpatient wards. There was a stepped reduction in October (58 worked WTE less) but this has increased by 20 in November 2025.
4	Corporate Spend	Best Value	Well Led	£43.5m	£66.5m	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	£15.3m	£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, which means that current performance is £0.4m (2.4%) behind plan and therefore rated as green.
6	Cash	Best Value	Well Led	£57.8m	£53.8m	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	£4.9m	£18.3m	The capital plan for 2025 / 26 was focused on the significant scheme within Older People Inpatient Services at Fieldhead. This continues although later than originally planned. Mitigations have been brought forward and the current forecast remains that the revised allocation will be fully utilised. 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

	Objective	CQC Domain	Trust Threshold	Sep-25	Oct-25	Nov-25
Mandatory Training - TOTAL	Improving Care		>=80%	94.0%	94.0%	93.0%
Mandatory Training - Reducing Restrictive Practice Interventions				81.9%	81.5%	81.7%
Mandatory Training - Cardiopulmonary Resuscitation				78.9%	77.3%	77.6%
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				96.0%	96.7%	97.4%
Mandatory Training - Fire Safety			>=85%	87.0%	85.3%	81.2%
Mandatory Training - Food Safety			>=80%	100.0%	100.0%	100.0%
Mandatory Training - Freedom To Speak Up (FTSU)				100.0%	100.0%	100.0%
Mandatory Training - Infection Control & Hand Hygiene				93.3%	92.2%	89.6%
Mandatory Training - Information Governance (Data Security)			>=95%	90.6%	91.0%	93.9%
Mandatory Training - Moving & Handling			>=80%	87.0%	85.3%	81.2%
Mandatory Training - Mental Capacity Act/DoIs				88.0%	83.3%	78.0%
Mandatory Training - Mental Health Act				88.0%	83.3%	78.0%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				99.3%	99.3%	99.3%
Mandatory Training - Prevent			>=80%	N/A	N/A	N/A
Mandatory Training - Safeguarding Adults				91.2%	92.0%	91.6%
Mandatory Training - Safeguarding Children				91.2%	92.0%	91.6%

South West Yorksh
Partnership Teach
NHS Foundation

Finance Report

Month 8 (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)**	(£0.5m)	£0m	November 2025 represents the 4th consecutive month where a surplus has been reported (consolidated £299k in month). This continues to reduce the deficit reported in the earlier part of the year with a year to date position of £478k deficit. This continues to track towards the forecast breakeven position. Although a surplus this is less than originally planned.
2	**Agency Spend**	£2.4m	£3.1m	Agency spend in November is £163k (was £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. Spend in November was £39k which is a reduction from the previous run rate.
3	**Bank Spend**	£15.8m	£22.6m	Bank utilisation continues to be higher than planned with the main area of spend in unregistered nurses in inpatient wards. There was a stepped reduction in October (58 worked WTE less) but this has increased by 20 in November 2025.
4	**Corporate Spend**	£43.5m	£66.5m	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**	£15.3m	£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, which means that current performance is £0.4m (2.4%) behind plan and therefore rated as green.
6	**Cash**	£57.8m	£53.8m	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**	£4.9m	£18.3m	The capital plan for 2025 / 26 was focused on the significant scheme within Older People Inpatient Services at Fieldhead. This continues although later than originally planned. Mitigations have been brought forward and the current forecast remains that the revised allocation will be fully utilised. 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.

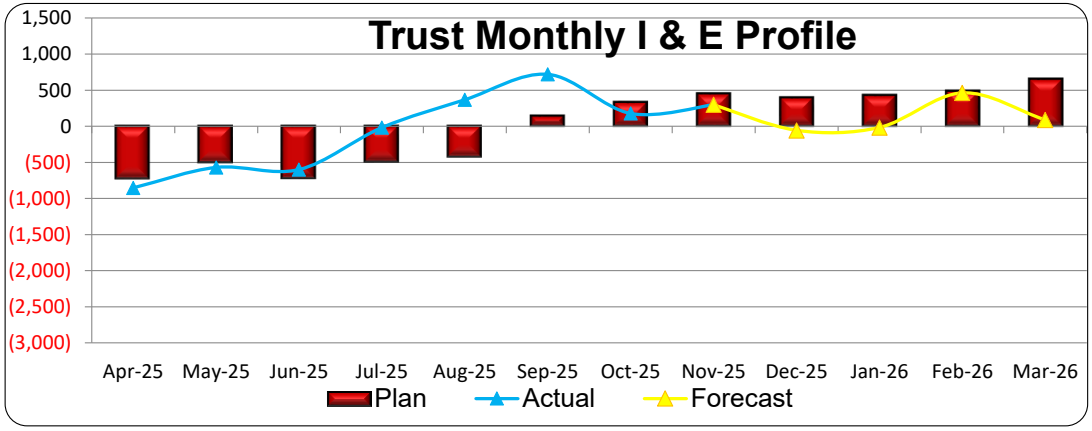
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

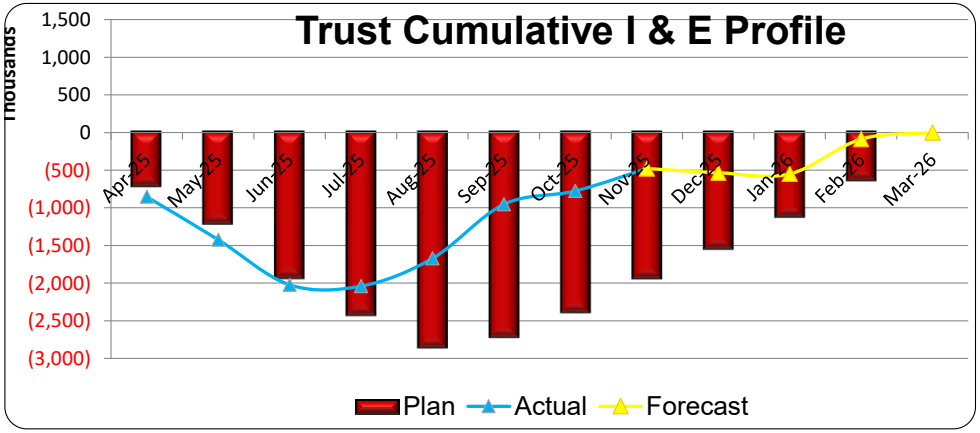
2.0 Income & Expenditure Position 2025 / 26

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					38,050	38,297	247	303,908	305,213	1,305	456,577	457,798	1,221
Other Operating Revenue					1,376	1,411	35	10,582	10,952	370	15,910	16,372	462
Total Revenue					**39,426**	**39,708**	**282**	**314,490**	**316,165**	**1,674**	**472,487**	**474,170**	**1,683**
Pay Costs	5,407	5,335	(72)	1.3%	(25,085)	(24,556)	529	(200,672)	(197,767)	2,905	(301,235)	(297,151)	4,084
Non Pay Costs					(13,049)	(14,092)	(1,044)	(109,199)	(113,027)	(3,827)	(161,348)	(168,145)	(6,798)
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	**5,407**	**5,335**	**(72)**	**-1.3%**	**(38,134)**	**(38,648)**	**(515)**	**(309,872)**	**(310,794)**	**(922)**	**(462,583)**	**(465,297)**	**(2,714)**
EBITDA	**5,407**	**5,335**	**(72)**	**-1.3%**	**1,292**	**1,060**	**(233)**	**4,619**	**5,371**	**752**	**9,904**	**8,873**	**(1,031)**
Depreciation					(633)	(647)	(14)	(4,947)	(5,255)	(308)	(7,447)	(7,810)	(363)
PDC Paid					(378)	(325)	53	(3,023)	(2,554)	469	(4,534)	(3,823)	711
Interest Received					164	211	47	1,415	1,960	545	2,077	2,760	683
Surplus / (Deficit) - ICB performance measure	**5,407**	**5,335**	**(72)**	**-1.3%**	**445**	**299**	**(147)**	**(1,937)**	**(478)**	**1,459**	**0**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					(9)	(14)	(5)	(70)	(41)	29	(94)	(61)	33
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,407**	**5,335**	**(72)**	**-1.3%**	**437**	**285**	**(152)**	**(2,006)**	**(518)**	**1,488**	**(94)**	**(61)**	**33**





Income & Expenditure Position 2025 / 26

The consolidated Trust surplus in November 2025 is £299k.
This is £147k 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)	5,384	5,315	(69)	1.3%	(512)	32	544	(4,866)	(451)	4,416	(6,940)	(2,618)	4,322
Provider Collaboratives	23	21	(2)	10.2%	2	283	281	17	(188)	(206)	26	52	27
Budgets held centrally	0	0	0	0.0%	955	(17)	(972)	2,913	162	(2,751)	6,914	2,566	(4,349)
Total - Consolidated position (ICB performance measure)	**5,407**	**5,335**	**(72)**	**-1.3%**	**445**	**299**	**(147)**	**(1,937)**	**(478)**	**1,459**	**0**	**(0)**	**(0)**

November represents the **5th consecutive** month that the core Trust has reported a surplus position. This has continued to reduce the year to date deficit. The increased forecast deficit, as a result of detailed modelling, is under review to ensure deliverability for 2025 / 26 and the impact on run rates into 2026 / 27. A pro rata value would be £676k.

The main driver, as shown on page 6, remains workforce with total worked WTE lower than originally planned. November has reported increased substantive and bank staff with a reduction in agency.

All three provider collaboratives have reported surplus positions in month which has helped to reduce the year to date deficit to £188k. The financial position remains volatile with pressures remaining due to the volume of activity and placements made out of area.

Budgets held centrally is primarily targets for value for money / efficiency schemes which have not yet been allocated against individual budgets. In part this is due to the way that the Trust Value for Money target is being achieved for 2025 / 26 with centralised non-recurrent schemes which is considered further on page 11.

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.

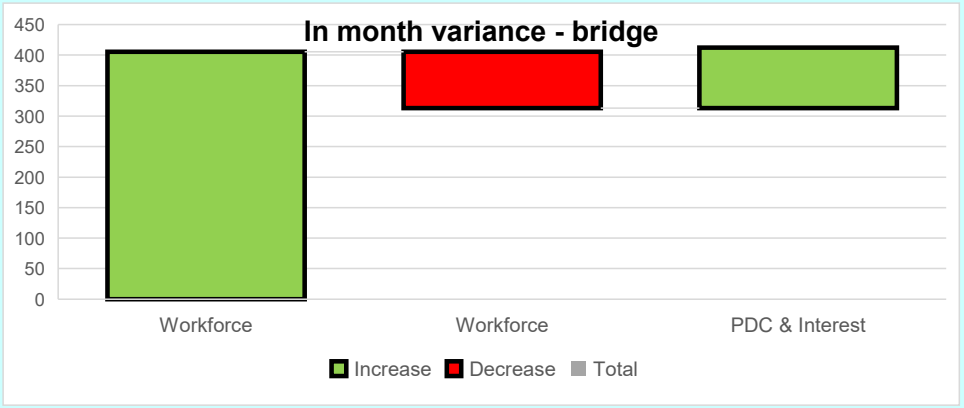
Total Financial Position - Core Trust only

	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					28,710	28,761	52	229,475	229,637	162	344,784	344,596	(188)
Other Operating Revenue					1,297	1,289	(8)	9,944	10,219	275	14,954	15,316	361
Total Revenue					**30,006**	**30,050**	**44**	**239,419**	**239,856**	**437**	**359,739**	**359,912**	**173**
Pay Costs	5,384	5,315	(69)	1.3%	(24,859)	(24,461)	397	(198,860)	(196,654)	2,206	(298,517)	(295,515)	3,002
Non Pay Costs					(4,813)	(4,795)	17	(38,871)	(37,804)	1,066	(58,258)	(58,142)	116
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	**5,384**	**5,315**	**(69)**	**-1.3%**	**(29,671)**	**(29,257)**	**415**	**(237,730)**	**(234,458)**	**3,272**	**(356,775)**	**(353,657)**	**3,118**
EBITDA	**5,384**	**5,315**	**(69)**	**-1.3%**	**335**	**793**	**459**	**1,689**	**5,398**	**3,709**	**2,964**	**6,255**	**3,291**
Depreciation					(633)	(647)	(14)	(4,947)	(5,255)	(308)	(7,447)	(7,810)	(363)
PDC Paid					(378)	(325)	53	(3,023)	(2,554)	469	(4,534)	(3,823)	711
Interest Received					164	211	47	1,415	1,960	545	2,077	2,760	683
Surplus / (Deficit) - ICB performance measure	**5,384**	**5,315**	**(69)**	**-1.3%**	**(512)**	**32**	**544**	**(4,866)**	**(451)**	**4,416**	**(6,940)**	**(2,618)**	**4,322**
Depn Peppercorn Leases (IFRS16)					(9)	(14)	(5)	(70)	(41)	29	(94)	(61)	33
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,384**	**5,315**	**(69)**	**-1.3%**	**(521)**	**18**	**539**	**(4,936)**	**(491)**	**4,445**	**(7,034)**	**(2,679)**	**4,355**

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 requirement for these schemes are held centrally until schemes are identified. At this stage the Trust (core) remains in a deficit position.

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

	£k
Workforce - Expenditure, and WTE worked, less than planned. Continuation of previous trends with largest being corporate services and mental health care group .	405
Workforce - Continuation of previous trends. Overspends in OPS inpatient, adult inpatient and Children's care groups. To note all have an improved run rate in month.	(93)
Impact of timing of capital programme. Increasing cash (interest remains higher than plan) and reduced asset value (less PDC paid)	100

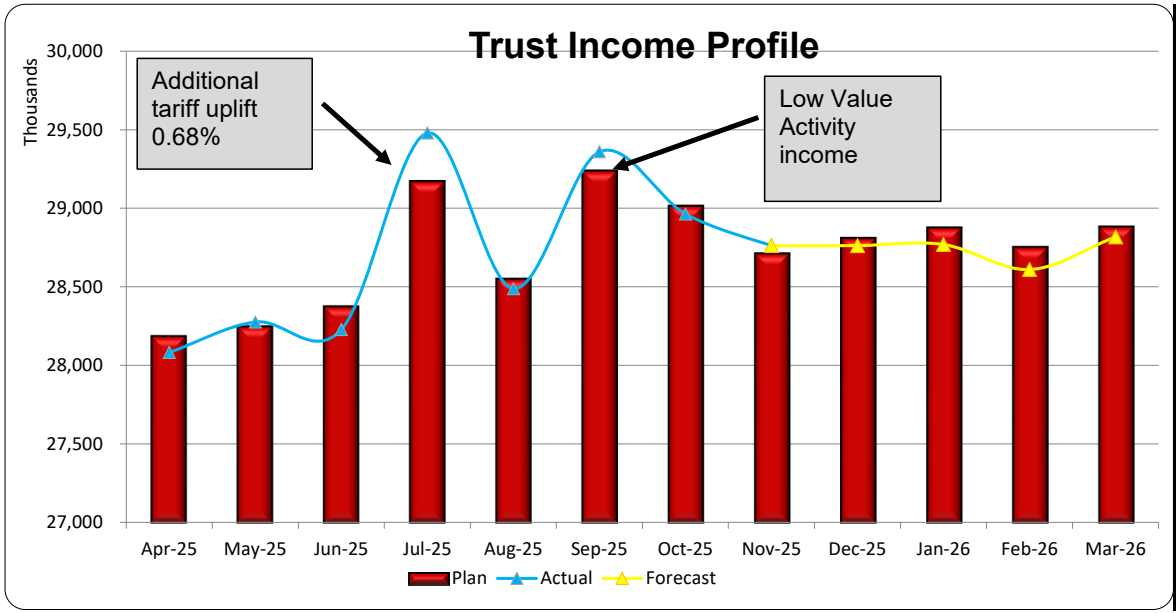


2.1 Income Information

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	23,009	23,044	23,051	23,051	23,100	**276,536**	276,582	(46)
Specialist Commissioner	36,788	4,697	4,723	4,666	4,861	4,956	5,036	4,919	4,922	4,953	4,953	4,814	4,953	**58,451**	57,587	864
Local Authority	5,141	318	465	314	680	303	422	486	483	397	397	397	397	**5,061**	5,386	(325)
Partnerships	2,940	248	251	243	251	233	197	238	212	219	219	198	219	**2,725**	3,099	(374)
Other Contract Income	1,583	127	168	155	141	149	155	191	136	150	150	150	150	**1,823**	2,131	(308)
Total	**312,292**	**28,082**	**28,276**	**28,227**	**29,479**	**28,488**	**29,359**	**28,964**	**28,761**	**28,762**	**28,769**	**28,610**	**28,818**	**344,596**	**344,784**	**(188)**
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	9,535	9,409	9,409	9,399	9,409	**113,202**		
Total	**312,292**	**37,286**	**37,484**	**37,424**	**38,930**	**38,092**	**39,381**	**38,320**	**38,297**	**38,171**	**38,178**	**38,009**	**38,227**	**457,798**		



Income has fluctuated in the previous months due to tariff uplifts, low value activity income and additional investment agreed with Commissioners. Most each increased costs are reflected as appropriate within pay and non pay.

Although the majority of income remains within Aligned Incentive Contracts (AIC), and essential block contracts in value, there are a limited number of variances to plan:

	Forecast
* Additional roles reimbursement	£248k
Recharge of salary based on staff in post	
* Local Authority - Yorkshire Smokefree	£307k
Payment by results on some Smokefree contracts and recharge of actual prescribing costs	

2.2 Pay Information

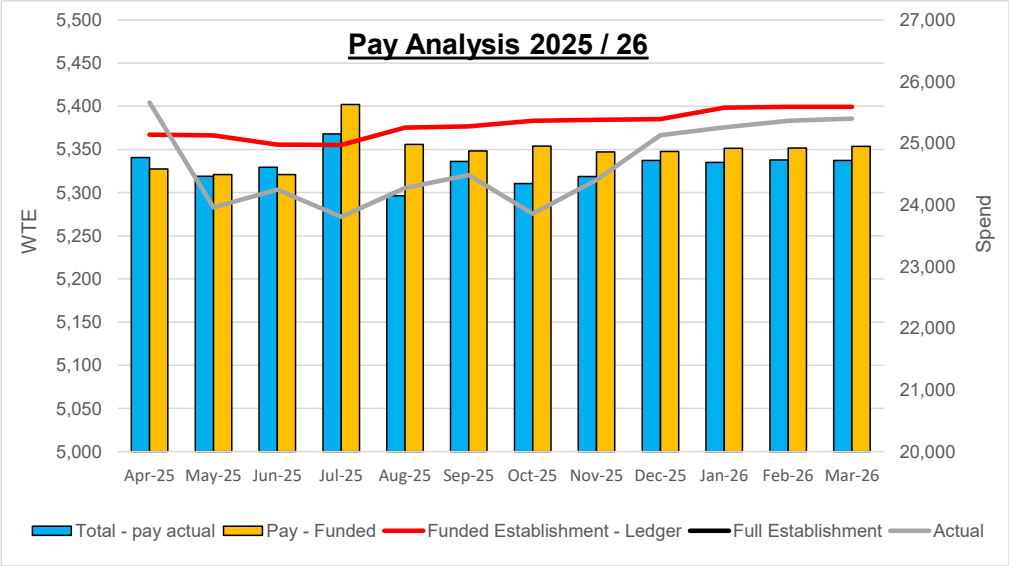
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	22,455	22,788	22,802	22,874	22,881	**269,854**
Bank & Locum	2,216	1,926	1,964	2,057	1,913	2,106	1,761	1,844	1,716	1,694	1,689	1,670	**22,556**
Agency	352	355	356	361	281	260	228	163	218	191	167	171	**3,104**
Total	**24,768**	**24,463**	**24,610**	**25,151**	**24,150**	**24,704**	**24,346**	**24,461**	**24,722**	**24,688**	**24,730**	**24,721**	**295,515**
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%	7.5%	6.9%	6.9%	6.8%	6.8%	7.6%
Agency as % (in month)	1.4%	1.5%	1.4%	1.4%	1.2%	1.1%	0.9%	0.7%	0.9%	0.8%	0.7%	0.7%	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	4,863	4,953	4,967	4,978	4,983	**4,868**
Bank & Locum	528	443	452	452	487	481	408	428	395	391	388	386	**437**
Agency	39	31	42	35	35	31	30	23	18	18	17	17	**28**
Total	**5,404**	**5,283**	**5,303**	**5,272**	**5,305**	**5,320**	**5,276**	**5,315**	**5,367**	**5,375**	**5,383**	**5,386**	**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 per the previous month there has been a further increase in substantive WTE (25 worked WTE) although this month there has also been an increase in bank staff (20 worked WTE); for bank this remains lower than previous usage. Agency has reduced by 7 worked WTE in month.

This WTE movement is reflected in the increased rate of expenditure as shown in the tables above and in the graph on the left.

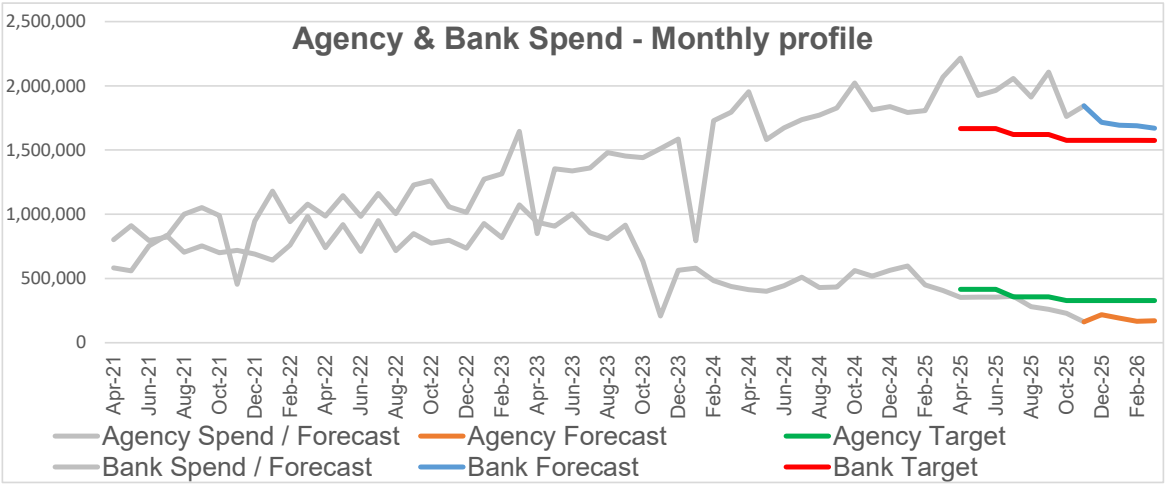
The detailed modelling includes a continuation of this trend with recruitment supporting a reduction in temporary staffing utilisation. Overall there is an increase in workforce numbers. This continues to be triangulated with detailed recruitment activities.

2.2 Temporary Staffing Focus

Trust spend in November 2025:
Agency £163k
Bank £1,845k

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	1,205	425	**1,630**
Other Medical	551	312	**863**
Reg Nursing	34	3,914	**3,948**
UnReg Nursing	471	10,092	**10,563**
Other Clinical	94	478	**572**
A & C	2	566	**568**
Other	0	0	**0**
Total	**2,357**	**15,787**	**18,144**
Lead Provider Collaborative	25	4	**30**
Budgets held centrally		11	**11**
Total	**2,383**	**15,802**	**18,185**

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. Further percentage reductions have been outlined within the planning guidance 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.

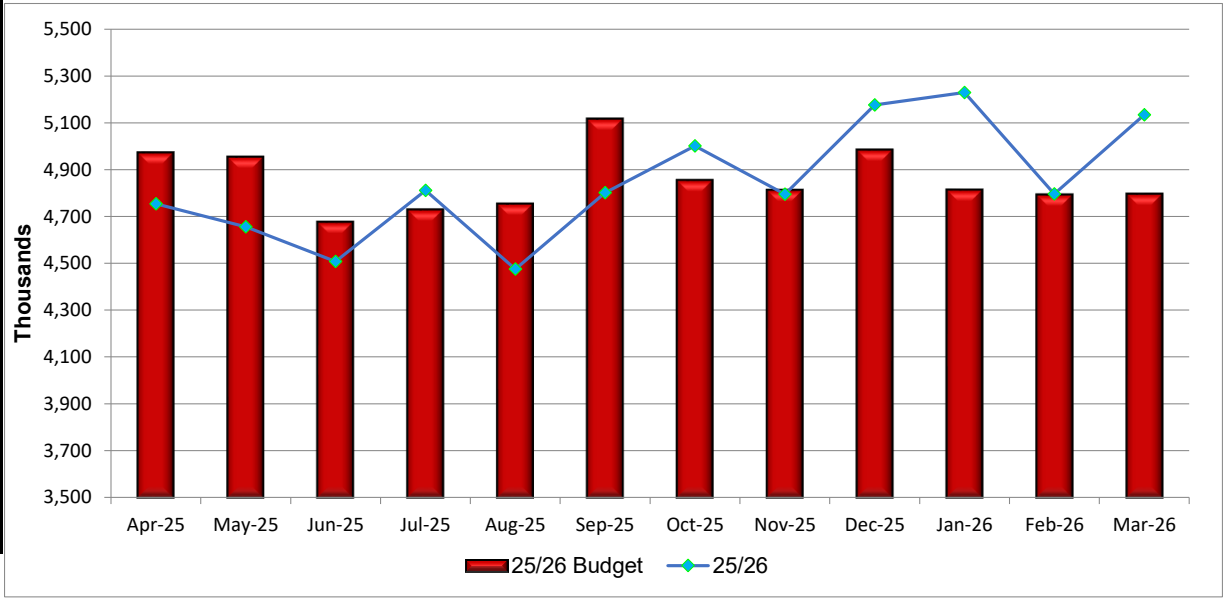
Whilst there has been an increase in bank usage in November, in comparison to October, this remains lower than the run rate in the early months of the year. This most recent reduction is an impact of recent recruitment and is forecast to continue.

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	4,795	5,176	5,230	4,796	5,135	**58,142**
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	3,008	2,885	(122)
Establishment	6,542	5,902	(640)
Lease & Property Rental	5,976	5,682	(295)
Premises (inc. rates)	3,643	3,877	235
Utilities	1,830	1,927	97
Purchase of Healthcare	4,519	4,977	458
Travel & vehicles	4,415	4,223	(192)
Supplies & Services	6,072	5,866	(206)
Training & Education	742	689	(53)
Clinical Negligence & Insurance	1,170	966	(204)
Other non pay	954	811	(143)
Total	**38,871**	**37,804**	**(1,066)**
Total Excl OOA and Drugs	**31,344**	**29,942**	**(1,402)**



Key Messages

Non pay expenditure, excluding provider collaboratives and budgets held centrally, has continued to fluctuate. November 2025 spend is £0.2m less than last month and the same total as September 2025. Although most categories are less than previous, and continue to be lower than planned for the year to date, the largest in month reduction is in premises.

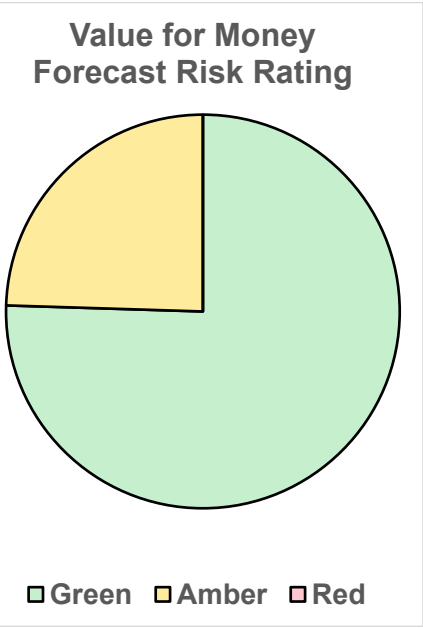
Although it remains the largest area of overspend for the year to date the purchase of healthcare category run rate has slowed with spend in November the same as October. This is due to maintained low levels (had been running at 7 placements but October / November is at 3 or 4) of out of area placements. Potential changes in activity are included within the Trust forecast scenario modelling.

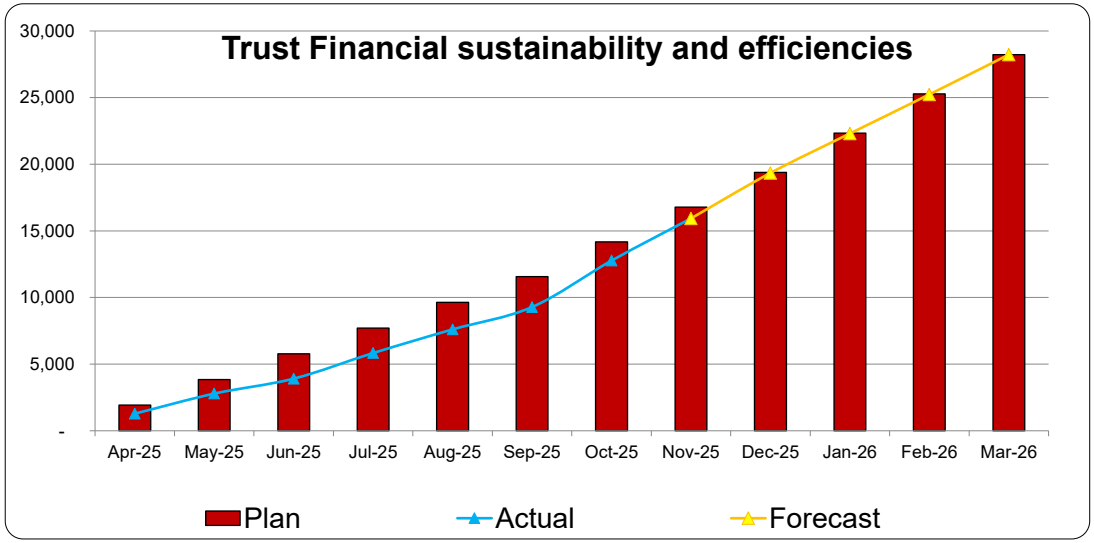
3.0 Value for Money & Financial sustainability

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	6,086	5,802		(284)	10,500	0	10,500	5,802	3,802		(896)
	Unallocated	1	0		(1)	3,400	(3,400)	0			0	(0)
	Fixed Term Contracts	336	165		(171)	500	0	500	362			(138)
	Corp / non clinical	1,530	1,327	1,240	1,037	2,000	1,000	3,000	3,628			628
	Productivity	367	0		(367)	1,100	0	1,100	0		0	(1,100)
	Temporary Staffing	2,600	1,784		(816)	3,900	0	3,900	2,994	0		(906)
	Difficult Decisions	0	0		0	1,000	0	1,000	0			(1,000)
Non Pay	Non Pay	718	846		128	1,130	0	1,130	27	796		(307)
	Difficult Decisions	0	141		141	0	0	0	236			236
Other	Corporate Services	1,136	1,160		24	1,700	0	1,700	1,745			45
	Provider Collaboratives	1,000	1,416		416	1,500	0	1,500	2,121			621
	Bed Sales	166	0		(166)	500	0	500	0			(500)
	Income	470	470		0	0	705	705	705			0
	Misc income - overage	520		0	(520)	0	520	520		520		0
	Technical	726		928	202	1,000	1,175	2,175	3,692	1,801		3,318
Total		**15,656**	**13,112**	**2,168**	**(376)**	**28,230**	**0**	**28,230**	**21,312**	**6,919**	**0**	**0**
Recurrent		8,124	13,112		4,988	16,430	(2,695)	14,735	13,895	6,399	0	5,559
Non Recurrent		7,532		2,168	(5,364)	11,800	2,695	13,495	7,416	520	0	(5,559)





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.

As at November 2025 achievement is £376k behind plan. October was £363k. This will be recovered in December as the income from overage has been received in month.

The forecast remains that the full target will be achieved. The value of amber rated schemes continue to reduce as actual delivery is confirmed; each element is a defined scheme but actual performance does fluctate month on month.

Development of additional mitigations, to support financial targets in both the current and future financial years, continues and will be included as appropriate.

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	191,585	
Current Assets			
Inventories & Work in Progress	248	248	
NHS Trade Receivables (Debtors)	2,453	366	
Non NHS Trade Receivables (Debtors)	989	886	
Prepayments	2,863	4,932	1
Accrued Income	6,235	5,490	2
Cash and Cash Equivalents	55,748	57,771	Pg 15
Total Current Assets	**68,537**	**69,693**	
Current Liabilities			
Trade Payables (Creditors)	(10,899)	(4,465)	3
Capital Payables (Creditors)	(1,551)	(928)	
Tax, NI, Pension Payables, PDC	(9,478)	(10,231)	
Accruals	(14,054)	(15,520)	4
Deferred Income	(644)	(3,706)	5
Other Liabilities (IFRS 16 / leases)	(48,793)	(46,548)	
Total Current Liabilities	**(85,419)**	**(81,398)**	
Net Current Assets/Liabilities	**(16,882)**	**(11,706)**	
Total Assets less Current Liabilities	**180,552**	**179,880**	
Provisions for Liabilities	(3,357)	(3,228)	
Total Net Assets/(Liabilities)	**177,195**	**176,651**	
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	80,935	
Total Taxpayers' Equity	**177,195**	**176,651**	

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 £3.3m relates to agreed income from NHS England.

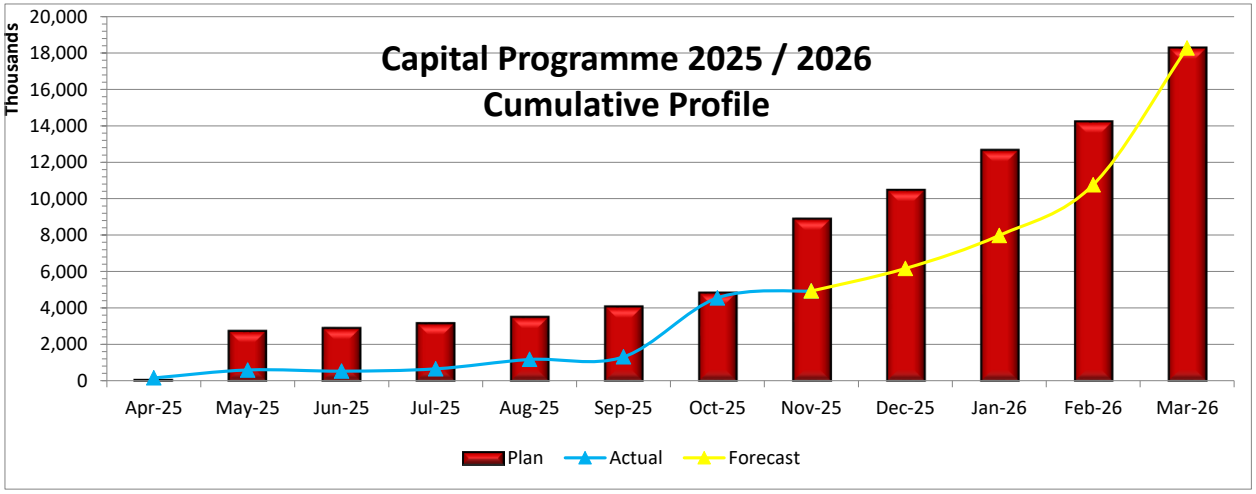
3. As is normal Trade creditors were exceptionally high at year end and have now reduced. As demonstrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution.

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

5. Deferred income has reduced by £0.9m in month. This is expected to reduce further ahead of the year end.

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	2,900	465	(2,435)	7,425	1,825	(5,600)
Estates safety	50	0	(50)	675	675	0
Seclusion rooms	0	434	434	0	1,506	1,506
Backlog Maintenance	0	167	167	0	2,839	2,839
Equipment	0	0	0	0	35	35
Vehicles	0	0	0	0	36	36
IM & T	0	440	440	0	2,605	2,605
Other	0	(108)	(108)	0	1,577	1,577
Leases (IFRS 16)	5,952	3,528	(2,424)	6,148	3,732	(2,416)
TOTALS	**8,902**	**4,926**	**(3,976)**	**14,248**	**14,830**	**582**
Additional allocations						
Net Zero (solar funding)	0	0	0	1,952	1,952	0
Cheswold - seclusion room	0	0	0	0	0	0
Cheswold - Minor Capital	0	1	1	2,082	1,500	(582)
Cheswold - IM & T	0	0	0			0
TOTALS	**8,902**	**4,927**	**(3,975)**	**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.

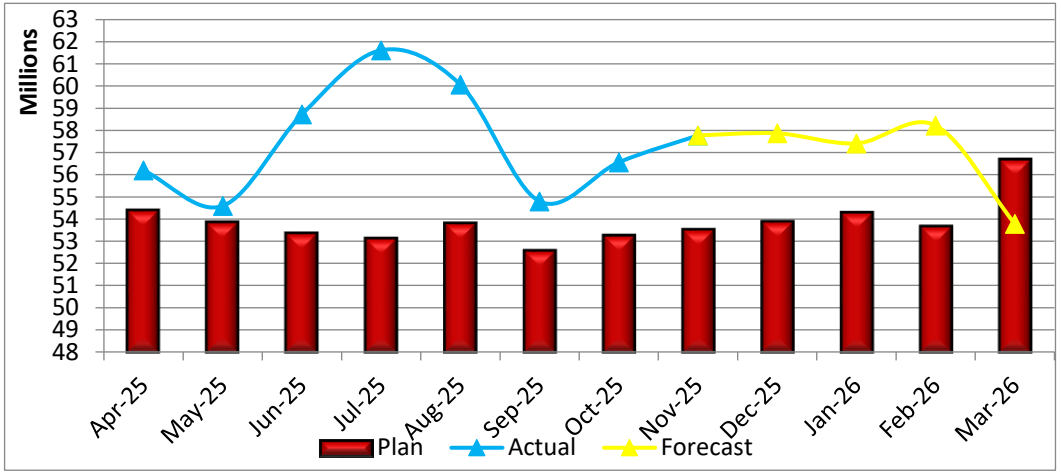
Additional allocations have been secured in line with the Cheswold Park Business case and additional successful funding bids. In October the Cheswold seclusion funding has been removed following confirmation that, due to other site issues and priorities, this can no longer be completed. This external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

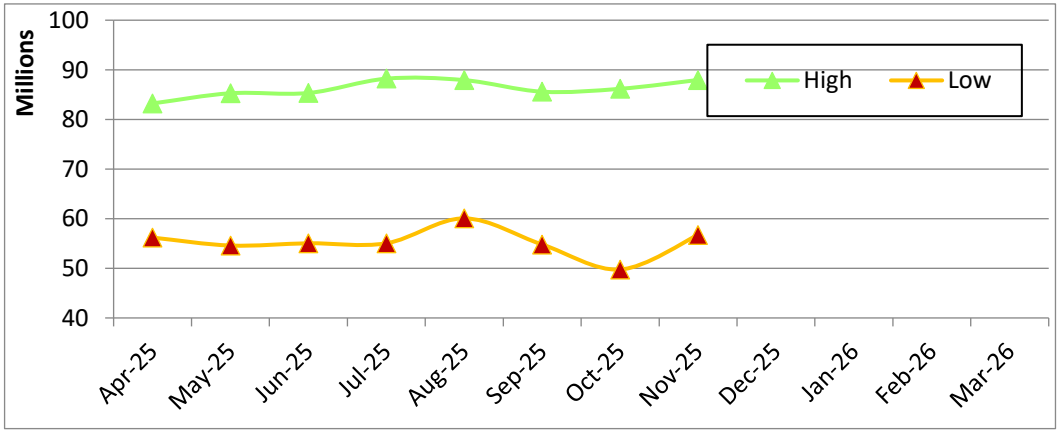
4.2 Cash Flow & Cash Flow Forecast 2025 / 2026



Cash remains above plan

The Trust cash position has continued to increase in November 2025 due to the overall Trust cash position and lower than planned capital spend.
The drop in the lowest balance graph is due to the timing of commissioner payments in month. This has returned to normal for November.

	Plan £k	Actual £k	Variance £k
Opening Balance	55,839	55,839	
Closing Balance	53,524	57,771	4,247



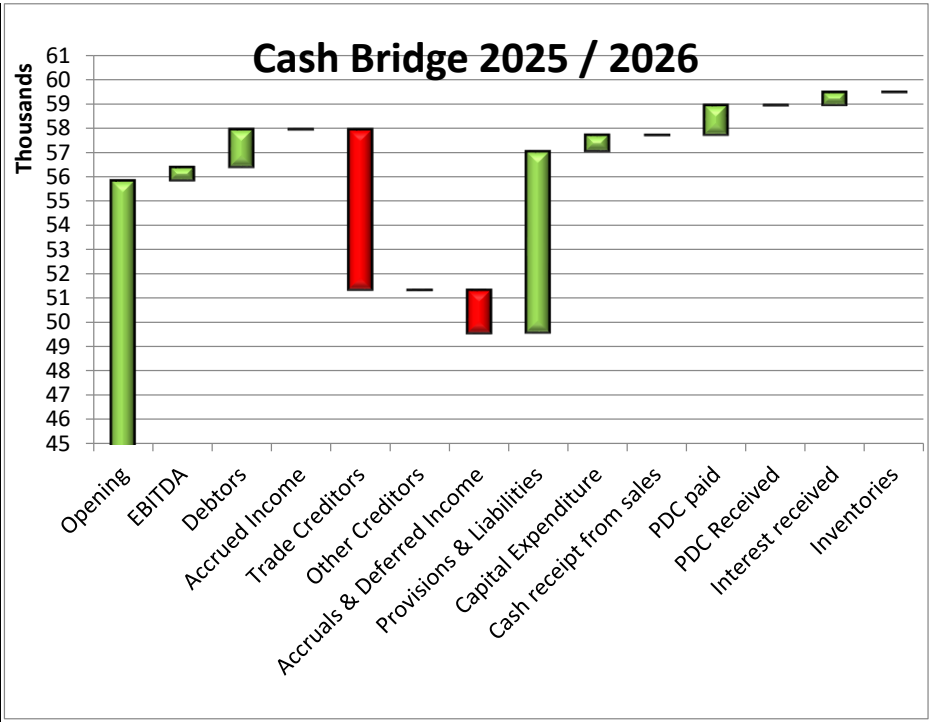
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £88m
The lowest balance is: £56.7m

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)	10,708	11,260	552	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	1,000	2,559	1,559	
Trade Payables (Creditors)	250	(6,356)	(6,606)	
Accruals & Deferred income	0	(1,783)	(1,783)	
Provisions & Liabilities	(4,561)	2,927	7,488	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(2,700)	(2,022)	678	
Cash receipts from asset sales	0	0	0	
Leases	(6,159)	(5,562)	597	
PDC Dividends paid	(2,267)	(1,050)	1,217	
PDC Dividends received	0	0	0	
Interest (paid)/ received	1,415	1,960	545	
Closing Balances	**53,524**	**57,771**	**4,247**	



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.

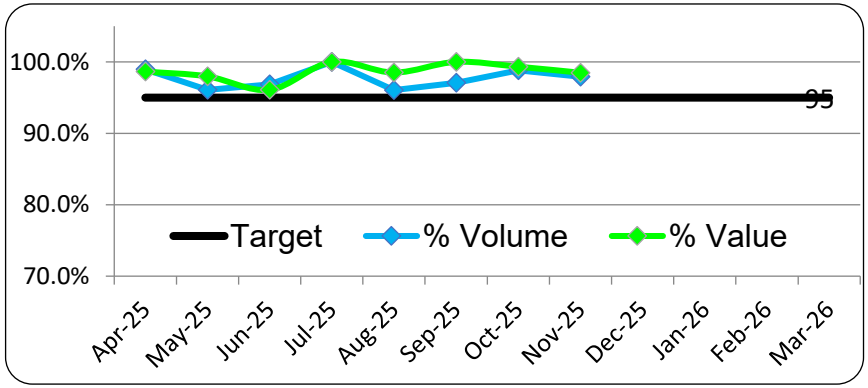
5.0 Better Payment Practice Code

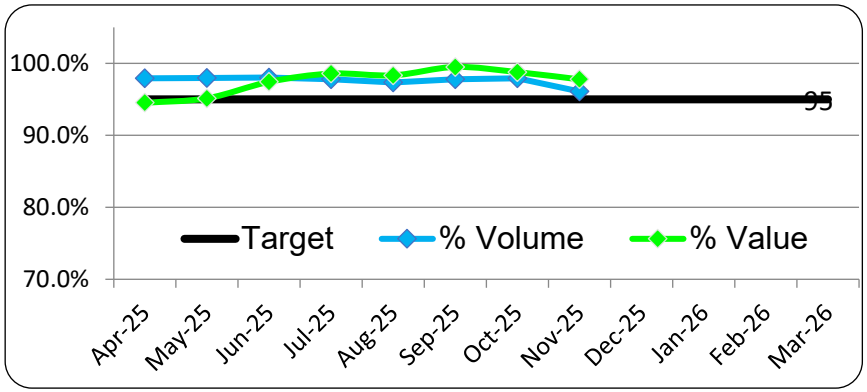
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	98%	98%
Cumulative Year to Date	98%	99%

Non NHS	Number %	Value %
In Month	96%	98%
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 (£)
19-Nov-25	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	2000032340	739,248
18-Nov-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005628	717,325
27-Nov-25	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	206263	663,103
20-Nov-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS64	400,000
03-Nov-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010614	387,041
05-Nov-25	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foundation Trust	4400003726	248,140
21-Nov-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS41	240,000
10-Nov-25	Purchase of Healthcare	AS Collaborative	Sheffield Childrens NHS Foundation Trust	2400008730	229,417
18-Nov-25	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 307	225,217
25-Nov-25	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600038405	168,567
06-Nov-25	IT Services	Trustwide	Wavenet Ltd	1430998	160,206
26-Nov-25	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foundation Trust	4400003783	155,630
27-Nov-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34028181	128,327
13-Nov-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34031926	124,187
11-Nov-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34051529	120,000
13-Nov-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34035005	118,366
11-Nov-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS062SN	115,044
15-Nov-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34038366	113,117
06-Nov-25	IT Services	Trustwide	Wavenet Ltd	1430997	108,300
11-Nov-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS062INV	98,843
18-Nov-25	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710182366	81,705
20-Nov-25	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trust	331175	79,846
05-Nov-25	Drugs	Trustwide	Rowlands Pharmacy	1800004392	77,088
03-Nov-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010611	75,787
27-Nov-25	Drugs	Trustwide	Rowlands Pharmacy	1800004701	73,529
13-Nov-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC042INV	70,117
18-Nov-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005627	69,872
27-Nov-25	Drugs	Trustwide	Rowlands Pharmacy	1800004282	65,057
06-Nov-25	Purchase of Healthcare	Kirklees	Northpoint Wellbeing Ltd	INV15817	60,026
15-Nov-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	KHS0436278	53,285

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
05-Nov-25	Property Service Charge	Barnsley	Community Health Partnerships Ltd	64032565	51,292
13-Nov-25	Utilities	Trustwide	Edf Energy Customers Ltd	000025712662	46,061
11-Nov-25	Purchase of Healthcare	Kirklees	Kirklees Council	8609956531	43,750
18-Nov-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34051479	42,489
04-Nov-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001445EPC	40,950
25-Nov-25	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600038412	38,337
05-Nov-25	Property Service Charge	Barnsley	Community Health Partnerships Ltd	64032618	34,443
06-Nov-25	Drugs	Doncaster	Speeds Healthcare Ltd	INV165773	33,965
15-Nov-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	APL0436396	32,860
15-Nov-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	KHS0436255	32,860
06-Nov-25	Lease Cars	Trustwide	Arval Uk Ltd	RI0013887225	32,573
05-Nov-25	Purchase of Healthcare	Trustwide	Change Grow Live	IN15545	28,406
04-Nov-25	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72490975	26,345
11-Nov-25	Utilities	Trustwide	Edf Energy Customers Ltd	000025640854	25,187
06-Nov-25	Lease Cars	Trustwide	Athlon Mobility Services Uk Ltd	202580032138	25,024

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

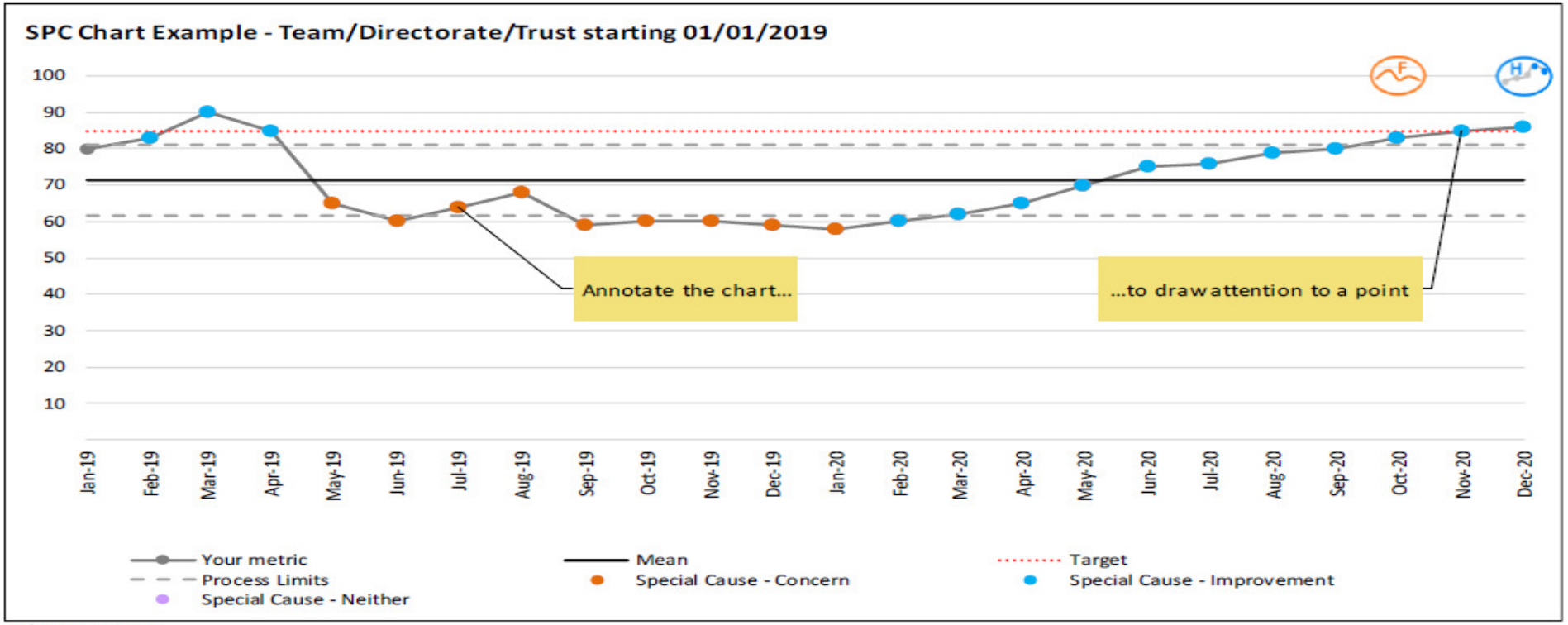
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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