NHS
South West Yorkshire
Partnership Teaching
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

December 2025

With **all of us** in mind.

NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

Table of Contents

Click on each section heading to navigate to that section

Introduction

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

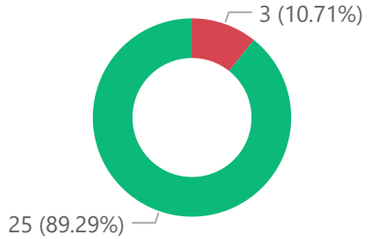
An exercise has been undertaken to review all metrics and thresholds to ensure they meet the requirements and priorities for 2025/26, the report has been updated to reflect this. In particular, the national metrics section includes those contained within the NHS oversight framework, operational planning 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. Since the 1st October 2024 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.

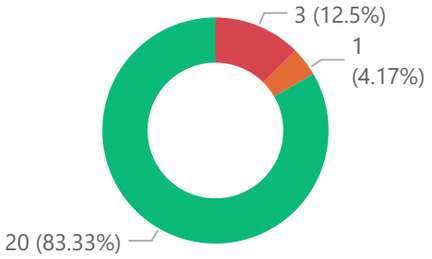
Headlines - Performance Rates Summary

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.

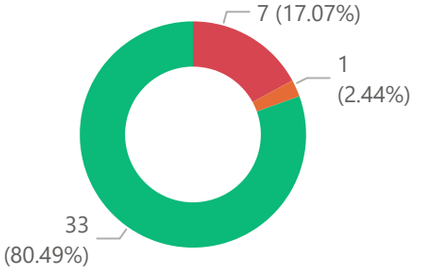
Quality & Safety Metrics Performance Rate



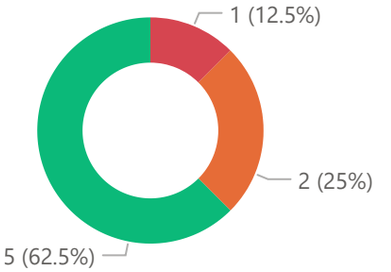
People Metrics Performance Rate



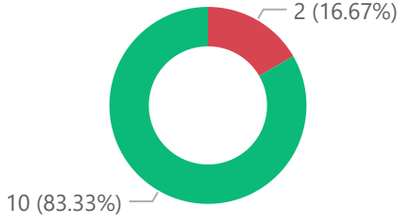
National Metrics Performance Rate



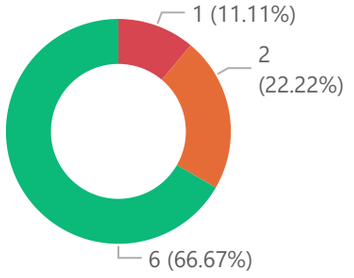
Finance Metrics Performance Rate



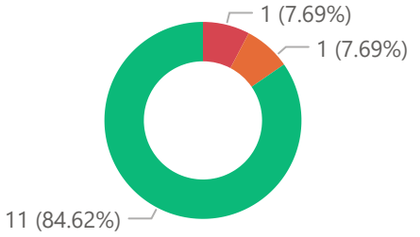
Barnsley Physical Health Metrics Performance Rate



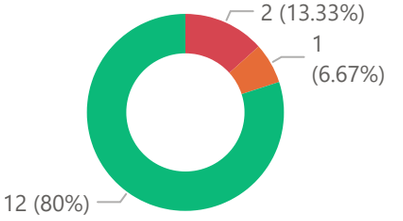
CAMHS Metrics Performance Rate



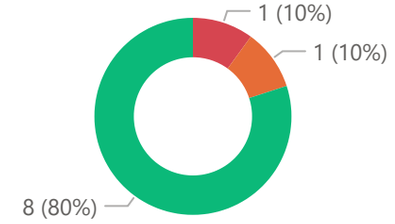
Mental Health Community Metrics Performance Rate



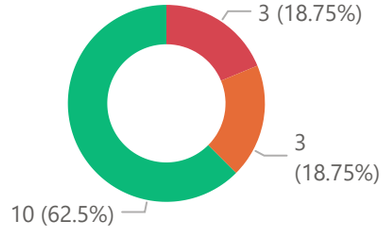
Mental Health Inpatient Metrics Performance Rate



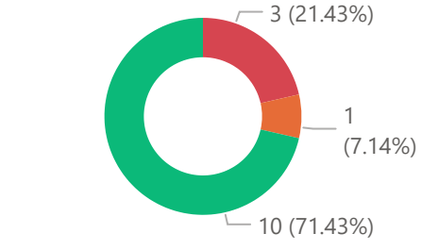
ASD/ADHD Metrics Performance Rate



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	↑	
Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure) - Policy	↓	
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	↑	

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	↑	

Finance

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

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
% Appraisal rate	↑	
% inpatient risk assessment completed within 24hrs before or after admission	↑	
% of clients clinically ready for discharge	↑	
Sickness rate (monthly)	↓	
% 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	↓	
Reducing Restrictive Practice Interventions training compliance	↓	
% of feedback with staff values and behaviours as an issue	↓	

Barnsley Physical Health and Wellbeing

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

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 December increased to 1,418, this includes incidents relating to Cheswold Park Hospital which were reported separately prior to April 2025. Breakdown of this data can be seen in the Care Group dashboards. Although there has been a slight increase, the numbers reported suggest data is in line with the number of incidents reported in previous months. All incidents continue to be subject to review by the patient safety team with relevant governance within the care groups.

• The number of restraint incidents increased this month from 168 reported in November to 220. The highest number of incidents were on Clarke (28), Elmdale (24), and Stanley (19). Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month remain within expected range – all incidents are reviewed, and learning is shared.

• The Trust had 39 incidents against staff on mental health wards involving race during December. We are very aware of the personal impact this has on our colleagues. We are working with the People Directorate colleagues to identity further wellbeing offers to increase the support.

• There were four staff led prone restraints during the month and three 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 (RRPI) training. Where required, the RRPI trainers attend the wards to offer support for individual cases that may require a bespoke care plan. Two staff led incidents took place on Walton psychiatric intensive care unit and two service user incidents took place on Stanley ward.

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

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

• There were 58 inpatient falls reported during December 2025. We actively risk assess those service users who are at high risk of falling and implement care plans. All falls incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required.

• 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 55.9%, sexual orientation 56.1% 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 except for the metric '% with care plan that includes service user input/views'. Performance against most metrics has seen an increase in December 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. This is alongside the required Historical, Clinical Risk Management 20 tool (HCR20) required for a patient in forensics.

• All services are focusing on continuing to improve performance for risk assessments. Staying Safe plans are now captured as part of the My Care and Safety Plan, rather than the FIRM risk assessment. 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.

People

•The overall sickness in month continued to rise in December reaching 6%. This mirrors national and regional trends, some relating to seasonal related absences compared to the same period last year. However, there have also been a rise in long term absence reported to be work related, including stress related absences. People directorate colleagues and line managers are continuing to manage absences and supporting staff.

•Our Appraisal compliance continues to rise reaching 88.1% in December

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

•Our statutory and mandatory training compliance is consistently higher than our targets and has remained above our local threshold target since May 25 for all subjects. A comprehensive review of our local mandatory training requirements has concluded, and the recommendations have been endorsed by the Executive Management Team. This is in line with the national training review and will be fully implemented from April 26. This will ensure all colleagues are skilled and trained as per national guidance.

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, 84 out of 127 children (66.1%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in December. The demand in referrals consistently outweighs commissioned activity levels – which is a national issue. We continue to work with commissioning colleagues to achieve a solution.

• Children & Younger People with an eating disorder - % routine cases accessing treatment within 4 weeks remains below the national threshold of 95%. This relates to 3 service users out of a total of 38. Two of these cases relate to where an appointment was offered within the time frame, but this was cancelled or not accepted by the family, one patient breached the standard by one day.

• 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 mental health acute average length of stay (ALOS). The Trust has set itself a 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 December has reduced compared to previous month (54.1 days). In terms of performance against the trajectory, we are meeting the trajectory for December for both West Yorkshire acute mental health and PICU wards and Barnsley wards. It is important to note that the performance will be affected by discharges of patients with particularly long lengths of stay and this may be impacted by the availability of external factors as identified when we highlight our performance against the clinically ready for discharge metric.

• Virtual Ward occupancy rate has slightly increased to 73.3% but remains below the target of 80%. Virtual ward onboarding has continued to be affected by consultant capacity within Barnsley Hospitals NHS Foundation Trust (BHNFT) to support the pathway. The Barnsley Physical Health and Wellbeing Care Group continue to work closely with BHNFT to support step down from the acute hospital into our community teams.

• 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.

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 December, 67.5% of those waiting had been waiting for a period of 18 weeks or less which is an improvement compared to previous months, however some young people are still 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 delivery model that commences in January and a funded recovery plan that commenced in September. 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 for patient having a completed assessment, care package and commenced service delivery within 18 weeks. December performance increased to 93.9% against a 90% threshold with just 3 patients out of 46 not reaching the standard. 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 December the Trust had reduced its use of inappropriate out of area placements to 2 at the end of the month with 76 bed days used over the month in total. This has been supported by significant improvements with patient flow and bed management.

• Focus on patients clinically ready for discharge continues to take place across mental health and learning disabilities, with support from colleagues within place with improvements recognised. The main challenges continue to be specialist placements and housing. At the end of December, 21 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 December was 248. Calderdale does not block commission assessments, but we do assess 7-8 people from that locality via the Patient Choice framework. 18 referrals were received from Calderdale in December.
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 ADHD Triage is available to ensure that only clinically appropriate cases are offered an assessment, and this is currently commissioned in Wakefield and Kirklees. Barnsley and Calderdale are still considering their preferred model.
• Whilst Mental health bed occupancy levels have seen an overall reduction 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. Bank and locum expenditure continues to fluctuate from month to month. Overall spend increased in December, mainly due to medical and unregistered nursing staff usage. The temporary staffing weekly meeting scrutinises the use of additional staffing and any areas of improvement to reduce the reliance on bank staff. The standard operating procedure has been reviewed and added further scrutiny to agency use of band 2 and 3. whilst ensuring safety is priority.
• 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 all areas this month, following a period of underperformance linked to challenges with vacancies in Calderdale & Kirklees SPA alongside an increased demand for urgent referrals. The service have implemented business continuity plans, with a focus on diverting increased resource towards triage and this has improved timely assessment during the month. This will continue to be monitored whilst longer term improvements are implemented and sustained.

Finance

• The financial position in December 2025 presents a continuation of the surplus run rate. In month the surplus is £901k. Of this £448k relates to one off income which has been included as part of the value for money programme. Excluding the position would have been a £453k surplus. This is the first period where the year to date is also a surplus. The spend run rate does increase in Quarter 4 including the impact of normal seasonal changes such as increased utilities costs and the planned timing of purchases such as IM & T equipment.
• Agency spend in December is £200k which, whilst an increase from £163k last month, 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 December was £41k and further actions will be required to achieve this target.
• The Trust continues to utilise bank and locum staff as part of it's overall workforce strategy. Spend has been higher than originally planned, and higher than target, throughout the year end this has continued in December. Spend was £1,886k in month.
• 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.
• The value for money programme profile included increased delivery within the later months of the year. Identified mitigations are having the required impact and as at December 2025 delivery is back in line with plan. Elements of this are non-recurrent and this impact of this has been included in the Trust annual planning process.
• 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 expenditure position on capital schemes continues to be updated each month. For December further updates have been made to the major Older People scheme profile and, despite, further mitigations the forecast is now that the full allocation will not be utilised in year.

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Best Quality	Responsive	TBC	73.0%	69.3%	64.1%	63.8%	64.5%	67.5%	N/A
Complaints	% of feedback with staff values and behaviours as an issue [12]	Best Quality	Caring	< 20%	17% (8/48)	9% (2/22)	9% (3/33)	8% (2/26)	15.7% (6/38)	8.8% (3/34)	1
	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	144.8	108.7	122.6	116.6	112.8	101.0	N/A
	Complaints - Number of responses provided within six months of the date a complaint received [16]	Best Quality	Well led	100%	84% (16/19)	95% (20/21)	93% (25/27)	92% (24/26)	95% (18/19)	100% (16/16)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	91%	89%	89%	94%	93%	93%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	97%	97%	97%	96%	97%	96%	1
	Number of compliments received	Best Quality	Caring	N/A	37	68	44	32	19	51	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Best Quality	Safe	Trend monitor	8	6	14	11	2	4	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Best Quality	Safe	Trend monitor	3	0	0	1	0	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	Best Quality	Safe	0	0	0	0	0	0	0	1
	Number of Information Governance breaches [3]	Best Quality	Well led	<12	13	8	9	8	6	8	2
	% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	3.9%	5.2%	5.5%	5.0%	5.7%	4.9%	3
	Total number of reported incidents	Best Quality	Safe	Trend monitor	1682	1424	1413	1536	1385	1418	
	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	37	35	39	38	41	24	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	4	2	0	1	4	1	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	1	0	4	3	0	2	
	Safer staff fill rates *	Best Quality	Safe	90%	119.4%	118.3%	115.6%	118.1%	120.1%	120.6%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	96.0%	97.9%	94.4%	97.6%	101.3%	100.3%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Best Quality	Safe	Trend monitor	50	46	40	51	48	56	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	Best Quality	Safe	0	1	0	2	0	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	59	51	45	60	54	58	
	Number of restraint incidents *	Best Quality	Safe	Trend monitor	258	208	180	244	168	220	
	% of staff receiving supervision within policy guidance [15]	Best place to work and learn	Well led	80%	89.5%	87.6%	88.8%	88.4%	90.4%	88.5%	1
	Potential under-reporting of patient safety incidents	Best Quality	Safe								
	% people dying in a place of their choosing [14]	Person first and in the centre	Responsive	80%	78.1%	94.4%	81.8%	92.3%	90.5%	93.3%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	19	16	18	16	16	7	N/A
	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	Best Quality	Effective	55%	69.1%			Due February 2026			
	Number of incidents against staff on mental health wards involving race *	Best place to work and learn	Safe	Trend Monitor	36	26	51	39	32	39	N/A
	Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Best Quality	Safe	0	17			10			
	Estates Urgent Response Times - Service level agreement (SLA)	Best Quality	Well led	95%	95.6%	92.4%	100.0%	100.0%	97.3%	100.0%	
	Compliance with statutory requirements (Water, Gas, Electricity, Refrigeration, Pressure, Loler and Asbestos)	Best Quality	Well led	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	Best Quality	Well led	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	Percentage of service users who have had their equality data recorded - ethnicity	Best Quality	Responsive	90%	95.2%	95.3%	95.5%	95.6%	95.6%	95.4%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	57.9%	57.9%	57.7%	57.2%	56.6%	55.9%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	59.1%	58.9%	58.5%	57.6%	56.8%	56.1%	
	Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.4%	99.4%	99.4%	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 97.3% Policy	100% Service 97.3% Policy	100% Service 99.3% Policy	99.4% Service 95.6% Policy	99.4% Service 100% Policy	
	% on community active caseload at month end with a care plan which has been reviewed within the last year	Person first and in the centre	Caring	Interim trajectory 75-80%	51.9%	55.6%	62.2%	70.0%	78.0%	87.7%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring		82.5%	83.2%	83.7%	84.0%	83.9%	83.2%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		94.4%	96.9%	98.5%	94.9%	90.9%	96.3%	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Year End Forecast*
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		80.2%	81.4%	91.9%	92.8%	88.2%	94.1%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		92.3%	92.4%	93.6%	93.8%	93.8%	94.5%	
	Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	Best Quality	Safe	June and July – 10 Aug and Sept – 8 October and November – 6 December and January – 4	5	9	4	7	3	4	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor	39	64	64	49	134	122	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor	8,226	7,958	8,315	8,758	9,256	7,516	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Person first and in the centre	Safe	6	0	0	0	0	0	1	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	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 - December saw a slight increase in the number of young people waiting less than 18 weeks for their treatment appointment, this is still a much lower 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 16 complaints responded to during the month, all of these were undertaken within six months of the complaints being received, and the average number of working days these complaints were open was 101 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.
• 3 complaint incidents during the month related to staff values and behaviours. 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 December has reduced to 4.9% from 5.7% last month. This includes data for Cheswold Park Hospital. The performance excluding Cheswold Park Hospital is 6.1%. At the end of the month there were 21 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 - An increase in the number of incidents reported during December, the total figure for the month incudes 148 incidents that are attributed to Cheswold Park Hospital; 1270 incidents were attributed to the rest of the Trust. All incidents continue to be subject to review by the patient safety team with relevant governance within the care groups.
• Number of incidents against staff on mental health wards involving race - a decrease in incidents has been seen during December. 5 incidents related to the Forensics Care Group across 4 wards/teams with the majority of incidents (2) occurring on Hepworth ward; 17 incidents in mental health inpatients across 8 wards/teams with the majority of incidents occurring on Ashdale ward (4); 17 incidents in Cheswold Park Hospital across 5 wards/teams with the majority of incidents occurring on Foss ward (7). Over the last three months, 110 incidents against staff on mental health wards involving race were reported, 22 of the 110 incidents were physical assaults with the remainder being from a range of incidents including verbal racial abuse and threatening behaviour. Of the 110 incidents 62 were reported with a severity of green, 42 were reported with a severity of yellow and 6 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 were two unexpected deaths of patients in December who were being assessed by the Trust or were under the Trust's care at the time of death. These incidents are subject to review and any learning will be identified. We will always endeavour to contact bereaved families to offer condolences and support in these circumstances, wherever possible.
• The number of incidents resulting in severe harm decreased during December. Three incidents related to self harm by services users known to our community mental health 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 December increased compared to previous months. The highest number of incidents were on Clark ward, acute mental health in Barnsley (28) with the majority of these incidents relating to one complex service user; and Elmdale ward (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 4 for December. There were also 3 instances 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.
• 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)

The review of the Trust's PSIRF plan and policy is currently underway. Several workstreams are underway to revise procedures, processes in response to reflects on the past 2 years of working under PSIRF.

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.

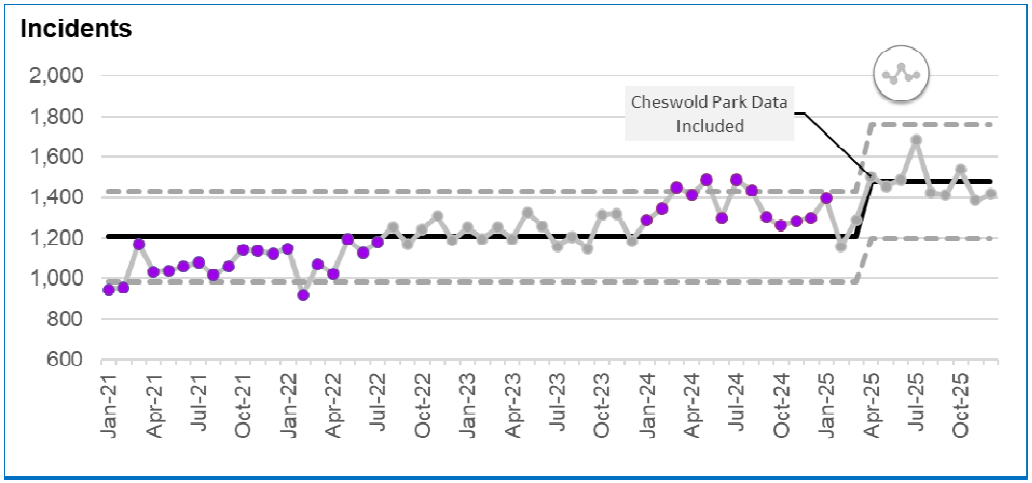
15 - % of Band 4 and above clinical staff who have received supervision in the previous 90 days.

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.

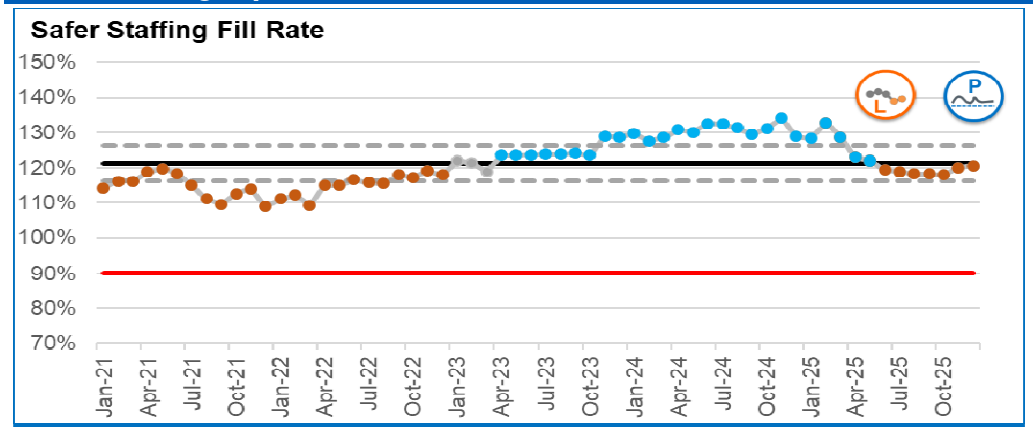
Statistical process control charts

Incidents

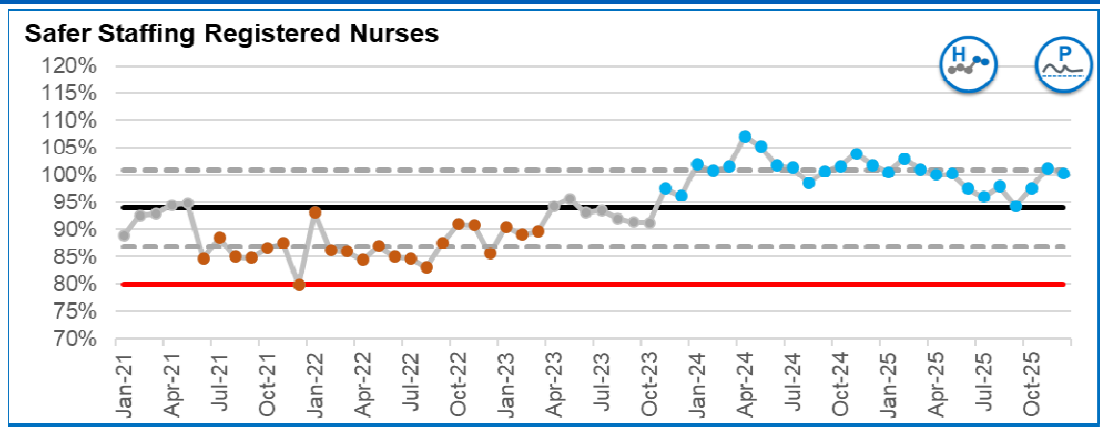


We have recalculated the chart from April 2025 due to the inclusion of Cheswold Park Hospital data. The chart shows that we are in a period of common cause variation (no concern)
It should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting 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



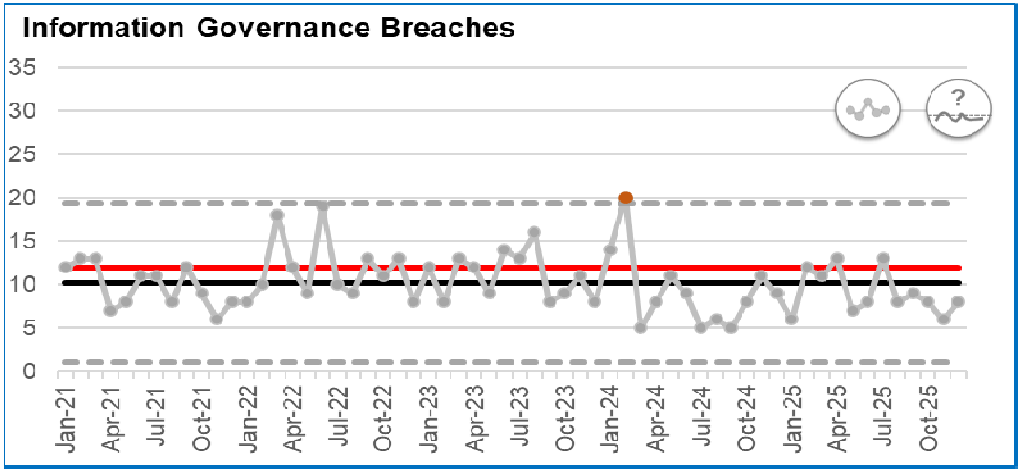
The chart above shows that in December 2025 we remain in a period of special cause concerning variation (something is happening and should be investigated). There has been an increase in demand which means more shifts are being requested, there has been a smaller increase in the number of shifts being 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 December 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.

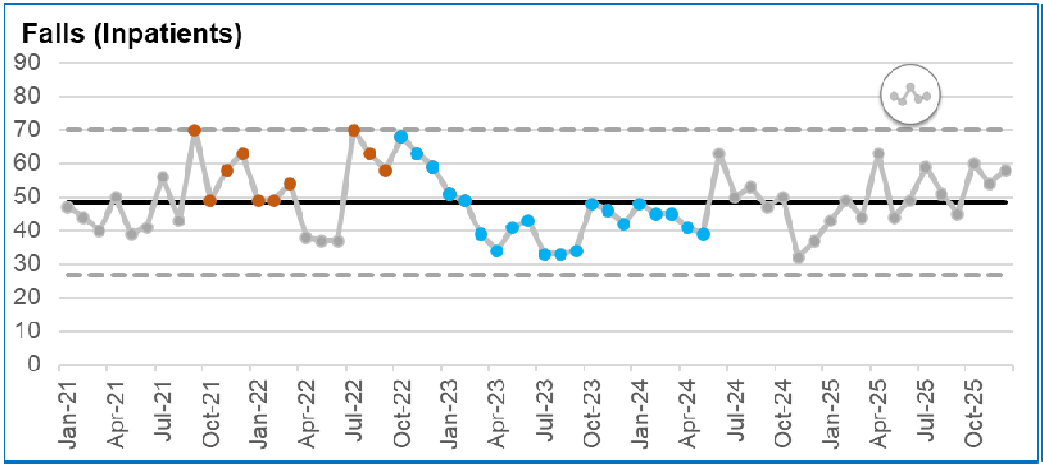
Statistical process control charts

Information Governance (IG)



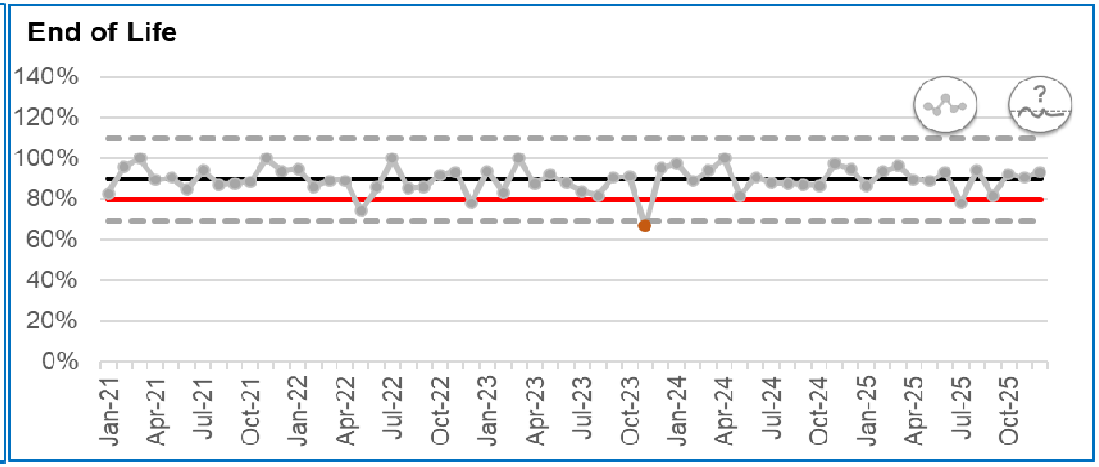
This SPC chart shows that as at December 2025 we remain in a period of common cause variation (no concern, no action is required).

Falls (Inpatient)



The SPC chart above shows that in December 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.

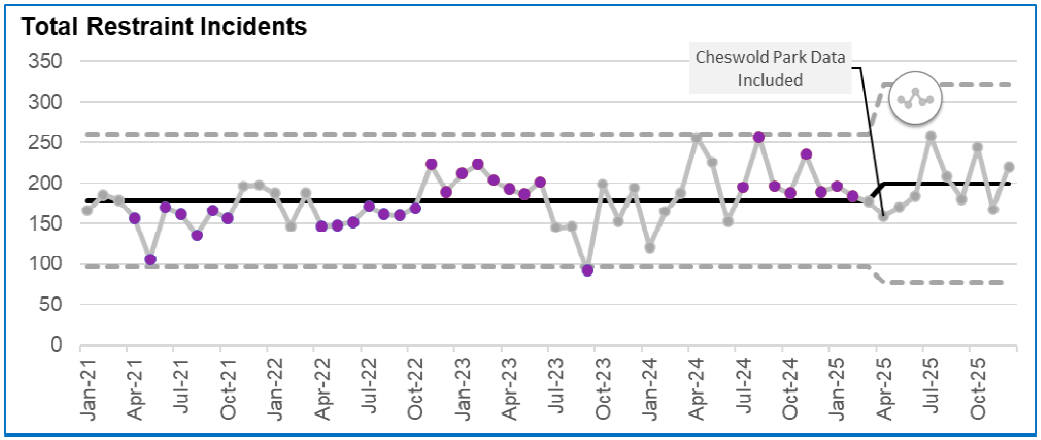
End of Life



The chart above shows that in December 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

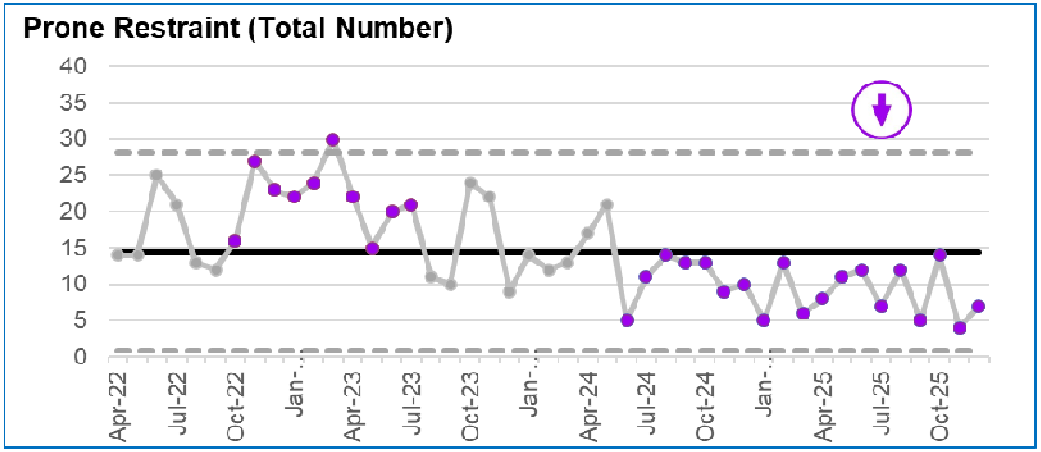
Restraints



This SPC chart shows that in December 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 seven total prone restraints in November, three were service user led.

People - Performance Wall

Trust Performance Wall

	Strategic Objective	CQC Domain	Threshold	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Establishment (Ledger excluding vacancy factor)	Best place to work and learn	Well led	-	5724.5	5752.6	5757.1	5763.7	5756.4	5764.1
Contracted Staff In Post (Ledger)	Best place to work and learn	Well led	-	4959.0	4982.7	4921.7	5004.0	5033.0	5052.0
Vacancies	Best place to work and learn	Well led	-	765.5	775.8	788.2	759.4	723.4	712.1
Turnover external (12 months rolling) *	Best place to work and learn	Well led	>12% - <13%	9.7%	10.2%	10.1%	10.1%	9.6%	9.4%
Starters	Best place to work and learn	Well led	-	17.8	31.2	53.9	45.3	36.6	21.3
Leavers	Best place to work and learn	Well led	-	41.7	77.7	34.4	26.3	21.3	28.8
% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	72.5%	71.0%	81.3%	83.9%	84.9%	82.1%
% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	81.3%	79.5%	83.9%	83.5%	85.5%	87.4%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)	Best place to work and learn	Safe	-	84.7%	83.1%	89.8%	89.4%	90.1%	90.2%
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	-	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%)	240 - all staff (18.1%) 121 - 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%)	929 (71.2%)	932 (71.3%)	938 (71.5%)	946 (71.5%)	952 (71.7%)
Sickness absence - Year-to-Date (YTD)	Best place to work and learn	Well led	<=5%	5.0%	5.1%	5.2%	5.4%	5.4%	5.5%
Sickness absence - Month	Best place to work and learn	Well led		5.3%	5.4%	5.7%	5.9%	5.9%	6.0%
Employees with long term sickness over 12 months	Best place to work and learn	Well led	-	0	0	0	0	0	1
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%	90.2%	88.6%	88.2%	89.9%	86.5%	88.3%
Employee Relations - Suspensions (over 90 days)	Best place to work and learn	Well led	-	2	4	3	1	1	1
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	65	62	66	66	75	60
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	1,176	1,174	1,169	1,177	1,180	1,199
Registered substantive staff in neighbourhood teams	Best place to work and learn	Safe	Establishment - 169	160	159	161	163	164	165
% 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%	95.3%	95.7%	95.7%	95.8%	95.6%	95.7%
Mandatory Training - Reducing Restrictive Practice Interventions	Best place to work and learn	Well led		84.0%	86.4%	89.3%	88.4%	88.4%	89.0%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led		85.7%	87.0%	89.7%	87.0%	86.8%	87.1%
Mandatory Training - Clinical Risk	Best place to work and learn	Well led		97.7%	97.4%	97.0%	97.0%	97.2%	97.7%
Mandatory Training - Display Screen Equipment	Best place to work and learn	Well led		98.6%	98.7%	98.6%	98.7%	98.6%	98.6%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		97.5%	97.8%	97.7%	97.9%	97.7%	97.9%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	94.3%	94.4%	94.6%	94.4%	94.4%	94.5%
Mandatory Training - Food Safety	Best place to work and learn	Well led	>=80%	95.1%	92.0%	92.7%	91.8%	92.3%	93.4%
Mandatory Training - Freedom To Speak Up (FTSU)	Best place to work and learn	Well led		97.9%	98.0%	98.0%	98.0%	98.1%	98.0%
Mandatory Training - Infection Control & Hand Hygiene	Best place to work and learn	Well led		95.8%	96.1%	96.4%	96.6%	96.3%	96.4%
Mandatory Training - Information Governance (Data Security)	Best place to work and learn	Well led	>=95%	98.2%	98.3%	98.4%	97.8%	97.7%	97.4%
Mandatory Training - Moving & Handling	Best place to work and learn	Well led	>=80%	98.3%	98.4%	98.5%	98.5%	98.5%	98.7%
Mandatory Training - Nat Early Warning Score 2 (New S2)	Best place to work and learn	Well led		98.4%	98.4%	98.3%	98.5%	98.4%	98.4%
Mandatory Training - Mental Capacity Act/Dols	Best place to work and learn	Well led		93.2%	93.5%	93.7%	93.9%	94.1%	94.2%
Mandatory Training - Mental Health Act	Best place to work and learn	Well led		93.5%	93.2%	93.3%	93.9%	93.7%	93.9%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism e-learning aspect of Level 1	Best place to work and learn	Well led		95.8%	96.1%	96.3%	96.6%	96.7%	96.8%
Mandatory Training - Prevent	Best place to work and learn	Well led	>=80%	97.7%	97.7%	98.1%	97.9%	97.6%	97.8%
Mandatory Training - Safeguarding Adults	Best place to work and learn	Well led		92.0%	92.9%	92.7%	92.5%	92.4%	93.4%
Mandatory Training - Safeguarding Children	Best place to work and learn	Well led		91.6%	92.7%	92.1%	92.4%	93.4%	93.6%

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.

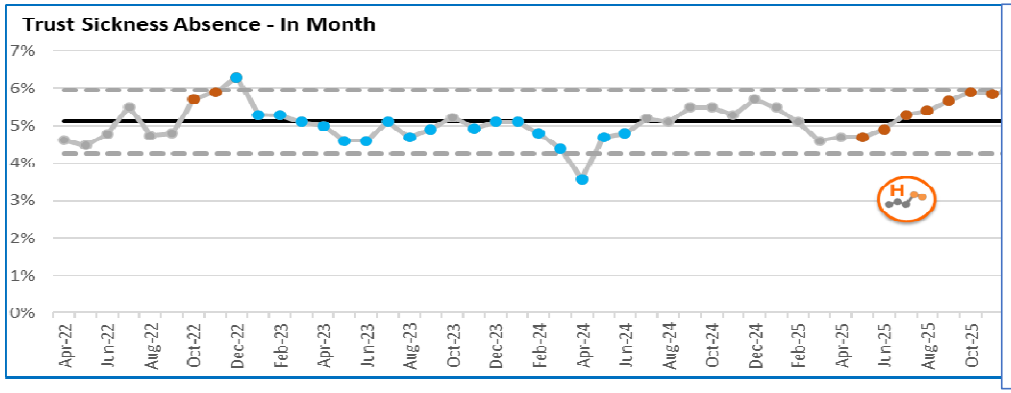
Turnover
Our Turnover continues to drop in December to 9.4%

Sickness
The overall sickness in month continues to rise in December to 6.0%. This is in keeping with national and regional trends.
We have seen increased sickness absence rate in December due to a significant rise in seasonal related absences compared to the same period last year
The Forensic care group continues to be a hotspot and there has been a marked increase in absences due to 'Anxiety and Stress'.
Whilst our Estates and Facilities teams still have sickness rates above our targeted KPIs the rate has reduced in December to 6.4%. This is the lowest sickness rate since July 2025.

Appraisal Compliance
Our Appraisal compliance continues to rise in December to 88.3%

Training compliance
Training compliance remains above our KPI target for all Statutory and Mandatory training subjects

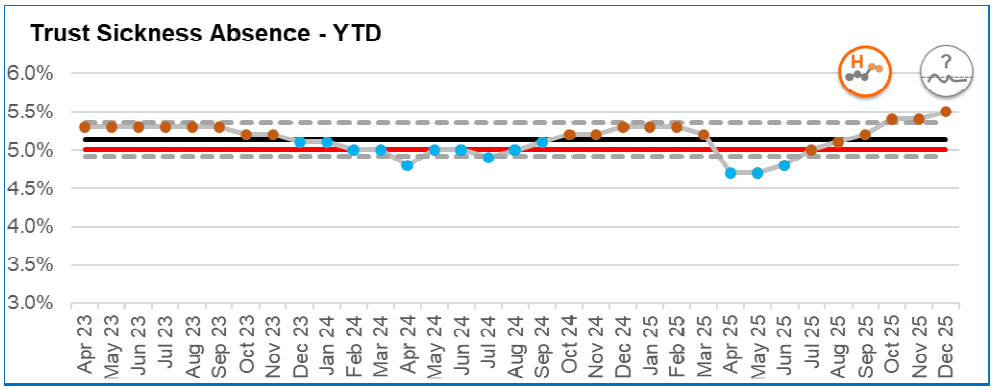
Statistical process control charts



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



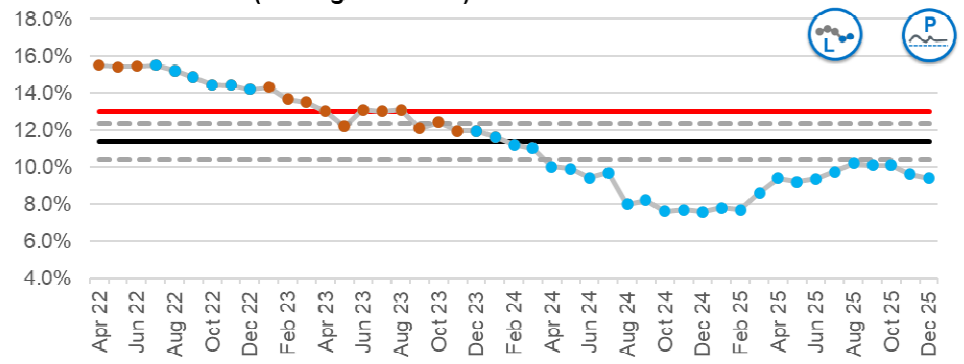
The SPC chart shows that in December 2025 we remain in a period of special cause concerning variation (something is happening and this should be investigated) following a sustained increase in the sickness rate.

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

From April 2025 this data includes Cheswold Park Hospital.

Statistical process control charts

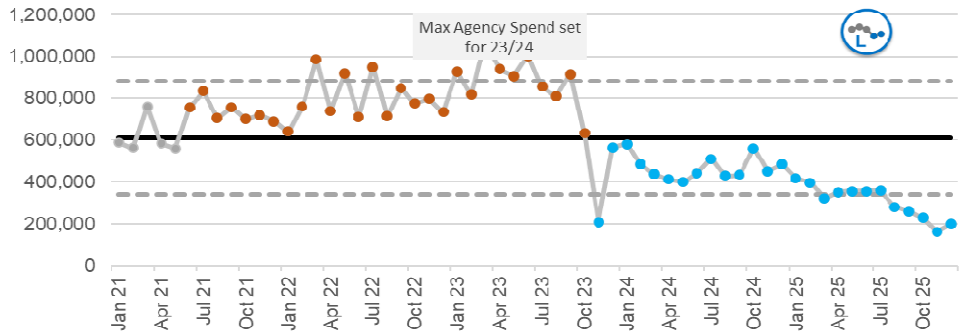
Trust Staff Turnover (Rolling 12 month)



The SPC chart shows that in December 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.

Trust Agency Spend



Agency spend in November is £200k 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.

The SPC chart shows that due to the sustained overall reduction in spend, in December 2025 we remain in a period of special cause improving variation.

From April 2025 this data includes Cheswold Park Hospital.

Please see the Finance Report for further information.

NHS Oversight Framework 2025/26

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 December the following data quality issue has been identified in the reporting:
- The reporting for employment and accommodation shows 13.2% of records have missing employment and/or accommodation status with a further 2.0% that have an unknown employment status and 1.3% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

Operational planning priorities

On 30th January 2025, NHS England (NHSE) released its 2025/26 priorities and operational planning guidance.
The guidance outlines the ambition for the NHS to transform and to address the challenges highlighted by Lord Darzi's "Independent investigation of the NHS in England", 12 September 2024, such as long wait times and declining public health. Key priorities include improving productivity, shifting care to community settings, focusing on prevention, and embracing digital transformation. Local systems will have more control over funding, and integrated care is being developed. Leadership and management will be strengthened, and a new framework will assess performance. Financial responsibility is crucial to ensure resources are used wisely within the allocated financial envelope. Additionally, a new 10-Year Health Plan aims to create a modern, sustainable health service. These changes aim to make the NHS more efficient, and patient focused.
The guidance also sets the expectation for integrated care boards (ICBs), Trusts, and primary care providers to collaborate with other integrated care system (ICS) partners to achieve a balanced financial position.
Further detail in relation to the Trusts response to this can be seen in the Trusts Operational Plan for 2025/26.

The following section provides an update on a number of key national operational priorities that the Trust will contribute to during 2025/26:
- Reduction in 12-hour breaches of people presenting at acute A&E with mental illness – to be good partners we are working with our acute Trusts in West Yorkshire on a national project to reduce the Emergency Department waits. To understand the impact of this on the whole pathway for those waiting for beds in mental health services, the project will look at how we share data to align the 12-hour breach waits to our internal waits. Once this is established, we will try to report on the 12-hour breaches.
- Reduction in acute length of stay. The Trust has set itself a local target to reduce adult acute lengths of stay by 10% by the end of March 2025. Performance against this can be seen in the national metrics section above and individual care group and ward level compliance can be seen in the care group section of the report.
- Increased access for children and young people – our performance against this metric can be seen in the national metrics section above.
- Productivity of services for children and young people – work is taking place across the Trust to improve productivity across all services whilst continuing to deliver (and improve) high quality and safe services. To support Trust financial viability. For services to work within the financial envelope defined within the establishment reviews, exploring and exploiting opportunities for working differently and effectively. Updates will be provided as this work progresses.
- The Trust does not anticipate further expansion of Mental Health Support Team (MHST) services in 2025/26, aside from continuing to embed the Wave 12 teams following the investment made at the end of 2024/25 and realisation of the full-year effect (FYE) in 2025/26. Efforts will focus on maximising the impact of existing funding to reduce waiting times and improve access to services. This will involve close collaboration with local communities, schools, and healthcare providers to tailor support to local needs. The Trust will also implement digital innovations to enhance service delivery, map workforce requirements to ensure appropriate staffing, and collect and analyse feedback to drive continuous improvement. Ongoing staff training and development will be prioritised, alongside the creation of integrated care pathways to ensure seamless support across services. Additionally, staff wellbeing will remain a key focus to maintain a resilient and effective workforce.
- Expansion of talking therapies service - the ongoing expansion of talking therapies services is progressing in alignment with national expansion targets and the corresponding funding provisions further plans for service development include:
    - Aim to increase performance against reliable recovery and reliable improvement metrics in line with funding and locally agreed targets.
    - Use benchmarking to compare your performance against peers, identify areas of variation, and set measurable goals for improvement.
    - Identify initiatives that aim to reduce missed appointment rates (also known as Did Not Attends (DNAs) reducing overall waiting times and increasing reliable recovery/improvement.
    - Additional focus on improving recovery waits for all communities with a focus on black, Asian and minority ethnic communities and on older people.
    - Ensure our service strategy is aligned with the Long-Term Plan and the Advancing mental health equalities strategy with a focus on improving access, outcomes and experiences for specific populations and under-represented groups.
    - Identifying gaps and opportunities for skill mixing to enhance capacity and efficiency in community services.

Work is ongoing to develop the Trust's operational plan in line with NHS England medium term planning guidance. This includes finalising 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 final plan will be submitted to NHSE on 12th February 2026.

National Metrics

Data as of : 21/01/2026 18:10:42

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 : 21/01/2026 18:10:42

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more	Best Quality	Responsive		0			0	0	0	0	0	0	0	0	0	0	0	0
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive		92%			97.2%	96.7%	97.0%	97.1%	97.2%	97.8%	97.7%	97.5%	97.2%	97.1%	97.8%	97.5%
M202	RTT waiting list, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive								31	53	58	50	47	56	75	61	54
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	0
M204	RTT waiting list within 18 weeks (monthly RTT data)	Best Quality	Responsive		3680						3957	4035	4025	4151	4319	4554	4641	4514	4287
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	53
M206	Diagnostic test activity	Best Quality	Responsive		190						128	70	128	206	239	305	273	247	263
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%			100%	98.9%	100%	97.8%	97.9%	100%	98.7%	96.3%	100%	98.9%	100%	100%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0			106	92	128	144	148	159	196	203	234	155	97	76
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5			3	4	4	5	5	5	7	8	7	3	4	2
M7	72 hour follow-up from psychiatric in-patient care	Best Quality	Safe		80%			92.4%	89.7%	87.5%	88.6%	95.7%	90.7%	91.1%	88.6%	88.2%	89.0%	86.9%	86.0%
M208	Average Length of stay for Adult Acute Beds (rolling 3 months)	Best Quality	Responsive					61.6	62.7	65.3	58.9	58.7	56.7	58.0	60.2	59.1	60.2	56.0	54.1
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%			87.2%	94.3%	100%	88.2%	88%	97.4%	95.5%	87.5%	93.3%	94.7%	96.4%	96.8%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%			97.8%	97.4%	96.9%	96.8%	97.5%	95.5%	96.2%	96.2%	96.5%	97.0%	96.8%	97.2%
M34	% Clients in settled accommodation	Best Value	Effective	⚠	60%			84.3%	83.1%	83.2%	83.2%	83.5%	83.0%	82.9%	76.0%	82.8%	82.9%	83.3%	83.0%
M35	% Clients in employment	Best Value	Effective	⚠	10%			12.5%	13.2%	13.2%	13.0%	13.2%	13.0%	13.3%	12.6%	13.3%	13.6%	14.0%	13.7%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0			1	0	2	0	0	0	0	0	6	16	2	4
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0			1	0	1	0	0	0	0	0	1	1	1	1

National Metrics

Data as of : 21/01/2026 18:10:42

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%			85.7%	100%	100%	100%	50%	100%	100%	100%	100%	100%	75%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%			72.5%	70.2%	60.4%	75.6%	94.1%	91.3%	81.4%	86.7%	80.6%	94.1%	92.6%	92.1%
M47	Virtual ward occupancy	Best Quality	Responsive		80%			98.7%	121%	119%	101%	81.3%	90.7%	84%	89.3%	93.3%	76%	72%	73.3%
M188	Community services waiting list, over 52 weeks	Best Quality	Responsive		0			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					90	102	93	111	109	106	87	99	101	102	83	104
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive					24.4%	17.6%	22.6%	24.3%	21.1%	26.4%	24.1%	23.2%	24.8%	20.6%	16.9%	17.3%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%			98.7%	99.8%	99.6%	99.7%	99.8%	99.8%	99.7%	99.4%	99.5%	99.3%	99.4%	98.9%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%			100%	99.8%	100%	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%			99.7%	99.8%	99.8%	99.5%	99.7%	99.2%	99.7%	99.6%	99.5%	99.5%	99.4%	98.1%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%			52.6%	49.4%	49.7%	48.6%	51.9%	47.3%	53.4%	47.2%	52.5%	52.9%	48.7%	50.4%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%			69.2%	67.7%	71.2%	68.3%	68.7%	65.4%	71.8%	65.8%	70.4%	70.5%	72.2%	68.6%
M15	Data Quality Maturity Index	Best Quality	Well Led		95%			98.0%	99.6%	99.6%	99.2%	99.6%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
M43	Community health services two hour urgent response standard	Best Quality			70%			90.4%	90.5%	92.8%	90.5%	91.4%	91.1%	91.5%	92.0%	91.2%	86.7%	88.5%	87.0%

National Metrics

Data as of : 21/01/2026 18:10:42

NHS South West Yorkshire Partnership NHS Foundation Trust

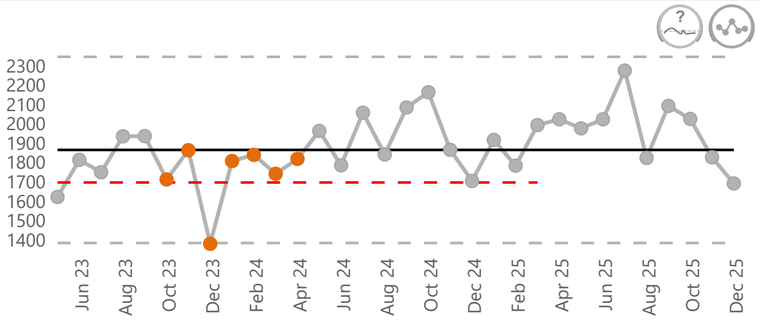
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%	?		55.1%	53.0%	53.0%	51.0%	53.5%	49.8%	56.1%	49.9%	54.2%	55.2%	50.5%	53.5%
				Place	Barnsley	50%	?		50.8%	49.4%	52.7%	51.3%	52.8%	48.1%	52.8%	52.6%	52.5%	50.9%	50.6%	51.1%
					Kirklees	50%	?		59.2%	56.3%	53.4%	50.7%	54.2%	51.6%	59.0%	47.8%	55.6%	58.0%	50.4%	54.9%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust			L	633	524	566	615	600	653	614	480	550	594	532	539
				Place	Barnsley				311	244	270	318	312	324	272	200	231	228	235	189
					Kirklees				322	280	296	297	288	329	342	280	319	366	297	350
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	14404	14283	14552	14533	14593	14825	14902	14866	14972	14871	14896	14926
				Place	Barnsley	2000	P	H	2727	2679	2742	2831	2872	2934	2984	2991	3015	2940	2905	2865
					Calderdale	1200	P	H	1388	1403	1450	1448	1462	1481	1470	1453	1455	1467	1484	1482
					Kirklees	3600	P		4699	4627	4706	4680	4743	4818	4879	4841	4883	4867	4896	4983
					Wakefield	3900	P	H	4264	4259	4360	4331	4308	4402	4403	4427	4508	4533	4604	4626
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust			H	1642	1696	1833	1912	1982	2089	2168	2189	2200	2180	2170	2189
				Place	Barnsley	283	F	H	252	255	278	298	314	332	342	341	349	346	347	346
					Calderdale	247	F	H	279	281	302	305	312	330	339	340	342	325	321	324
					Kirklees	541	F	H	570	576	626	660	694	735	765	780	778	778	777	786
					Wakefield	406	?	H	477	508	543	558	567	588	618	624	622	617	609	608
M194	Number of people accessing individual placement and support (IPS) services (rolling 12 months)	Best Quality	Responsive	Trust	Trust			H	664	677	699	702	710	717	720	718	728	733	727	738
				Place	Calderdale			H	137	138	145	138	138	139	128	122	123	126	125	121
					Kirklees			H	244	249	257	253	255	258	261	260	261	258	256	255
					Wakefield			H	280	287	293	307	313	316	327	334	341	346	343	359

National Metrics

Data as of : 21/01/2026 18:10:42

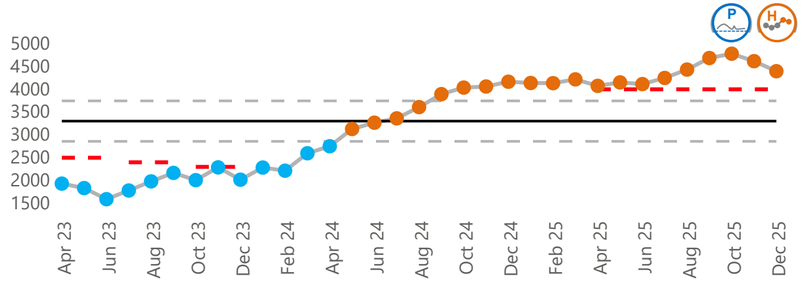
NHS South West Yorkshire Partnership NHS Foundation Trust

M184 - New RTT pathways (clock starts)



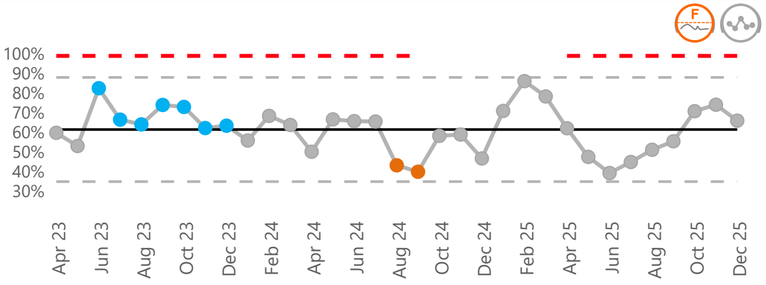
The Statistical Process Control (SPC) chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers. A new target is in place for 2025/26.

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



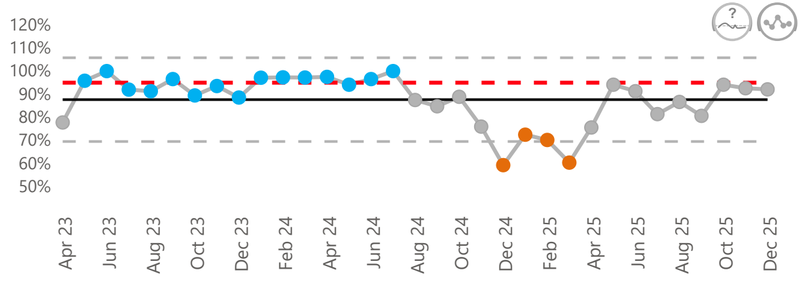
The SPC chart shows that we remain in a period of special cause concerning variation (something is happening and should be investigated) following a sustained increase in numbers of incomplete pathways over the past 12 months.

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



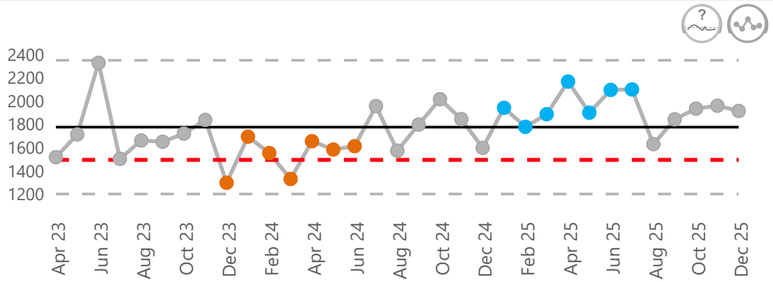
The SPC chart shows that we remain in a period of common cause variation (no concern.

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

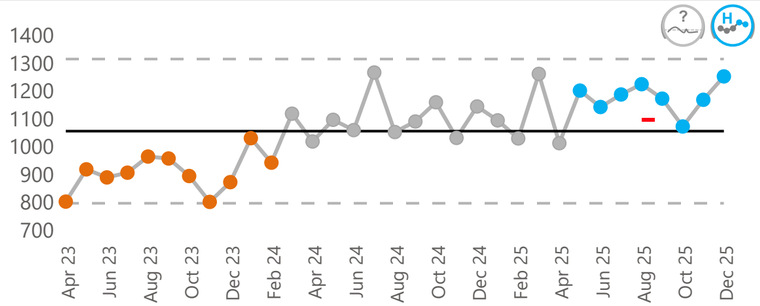
The run chart shows the continued performance above the target for this measure. As this is a new metric from April 2025 we cannot yet determine any patterns in variation.

National Metrics

Data as of : 21/01/2026 18:10:42

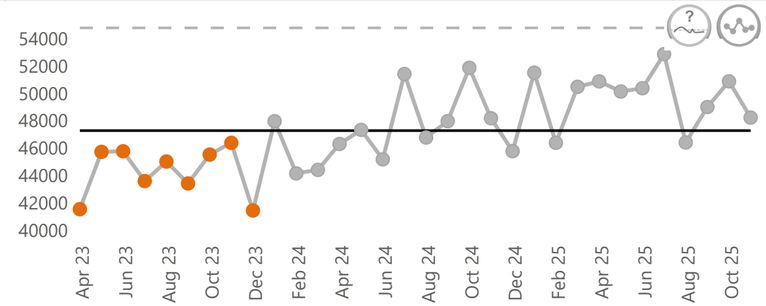
NHS South West Yorkshire Partnership NHS Foundation Trust

M187 - Urgent Community Response (UCR) referrals



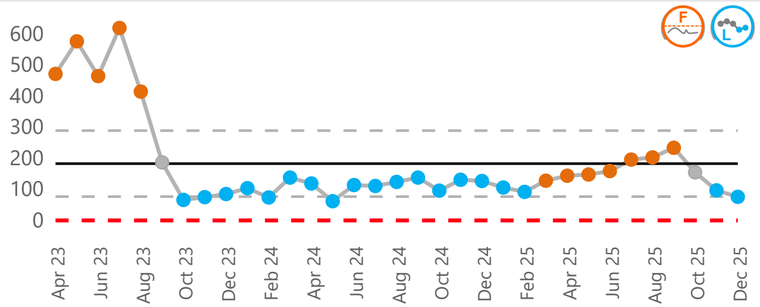
The SPC chart shows that we have entered a period special cause improving variation (something is happening and should be investigated).

M207 - Attended Community Care Contacts



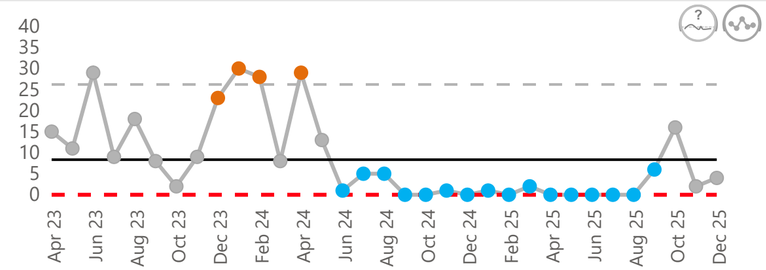
The SPC chart shows that we remain in a period of common cause variation (no concern).

M2 - Inappropriate out of area bed days



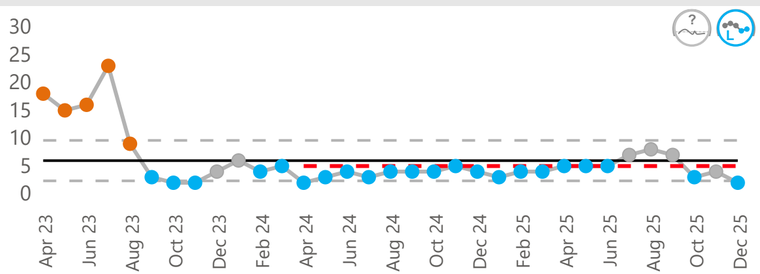
The SPC chart shows that due to the continued improvement in the number of out of area bed days we have entered a period of special cause improving variation (something is happening and should be investigated). Though we are still not anticipated to achieve the target of zero.

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



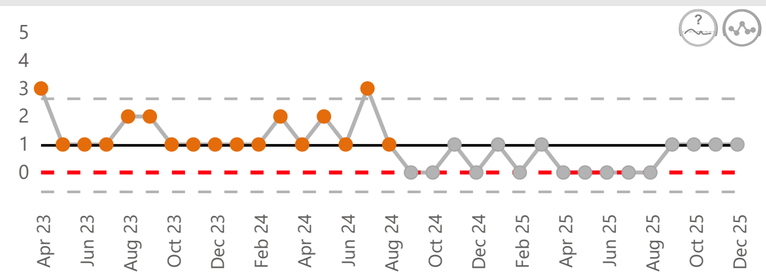
The SPC chart shows that we have entered a period of common cause variation (no concern).

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



The SPC chart shows that due to the continued improvement in the number of out of area placements we have entered a period of special cause improving variation (something is happening and should be investigated).

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 December 2025. The admission was for 4 days.

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 : 21/01/2026 18:10:42

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 December where the person was under 18 years old. They were an inpatient for 4 days.
• There was a decrease in out of area bed usage, down to 76 days used in December and 2 people remaining placed out of area at the end of the month. The continued decrease in the number of out of area bed days, has meant that we have entered a period of special cause improving variation (something is happening and should be investigated).
• The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is 92.1% in December - this relates to 3 service users who were not seen out of 38. All three relate to the ARFID (avoidant restrictive food intake disorder) pathway. Two of these cases were offered an appointment within the time frame, but this was cancelled or not accepted by the family; one patient breached the standard by one day. The urgent access to treatment measure has achieved 100% in December.
• Average Length of Stay (ALOS). We continue to see an overall reduction in lengths of stay.
• 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 remained around the same at 73.3% in December. This 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 decreased again to 66.1% in December, remaining below the national threshold of 99%. We are continuing to see a decrease in the actual number of patients waiting.

Benchmarking Metrics

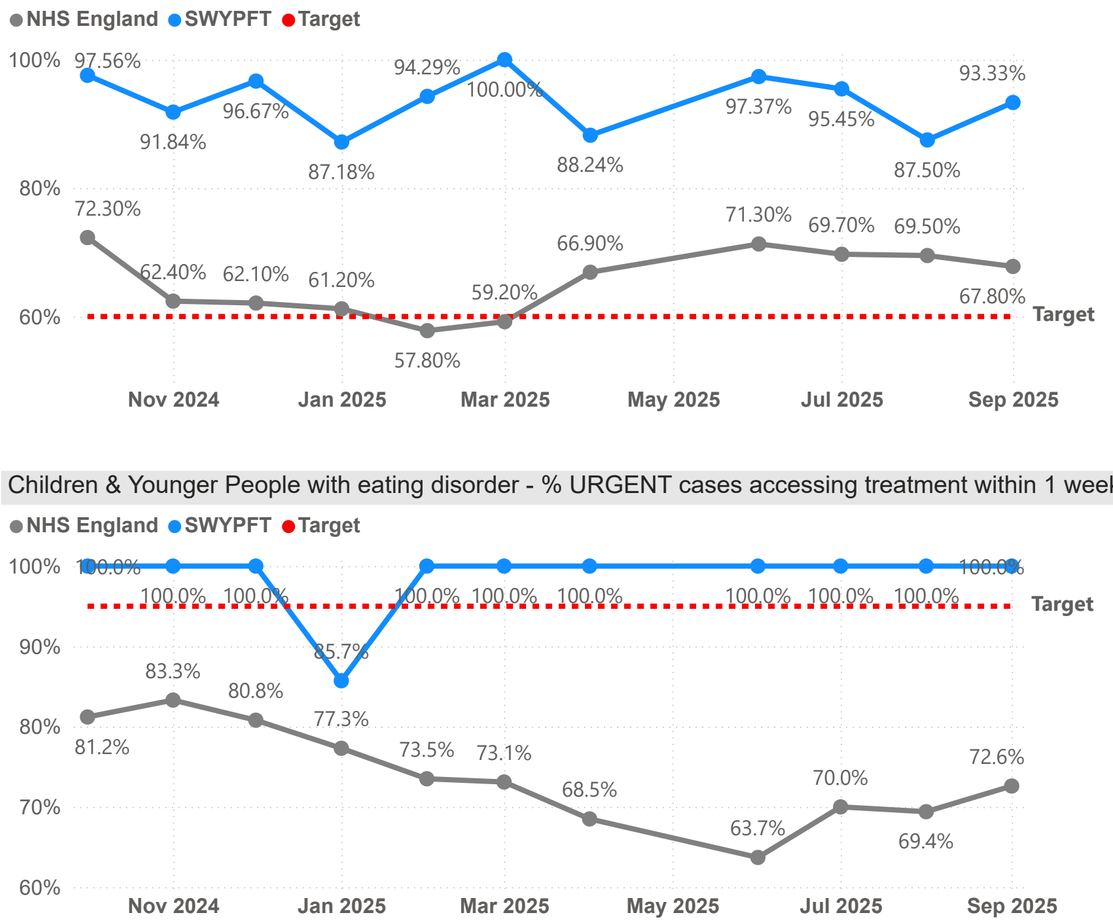
Data as of : 21/01/2026 18:10:42

NHS South West Yorkshire Partnership NHS Foundation Trust

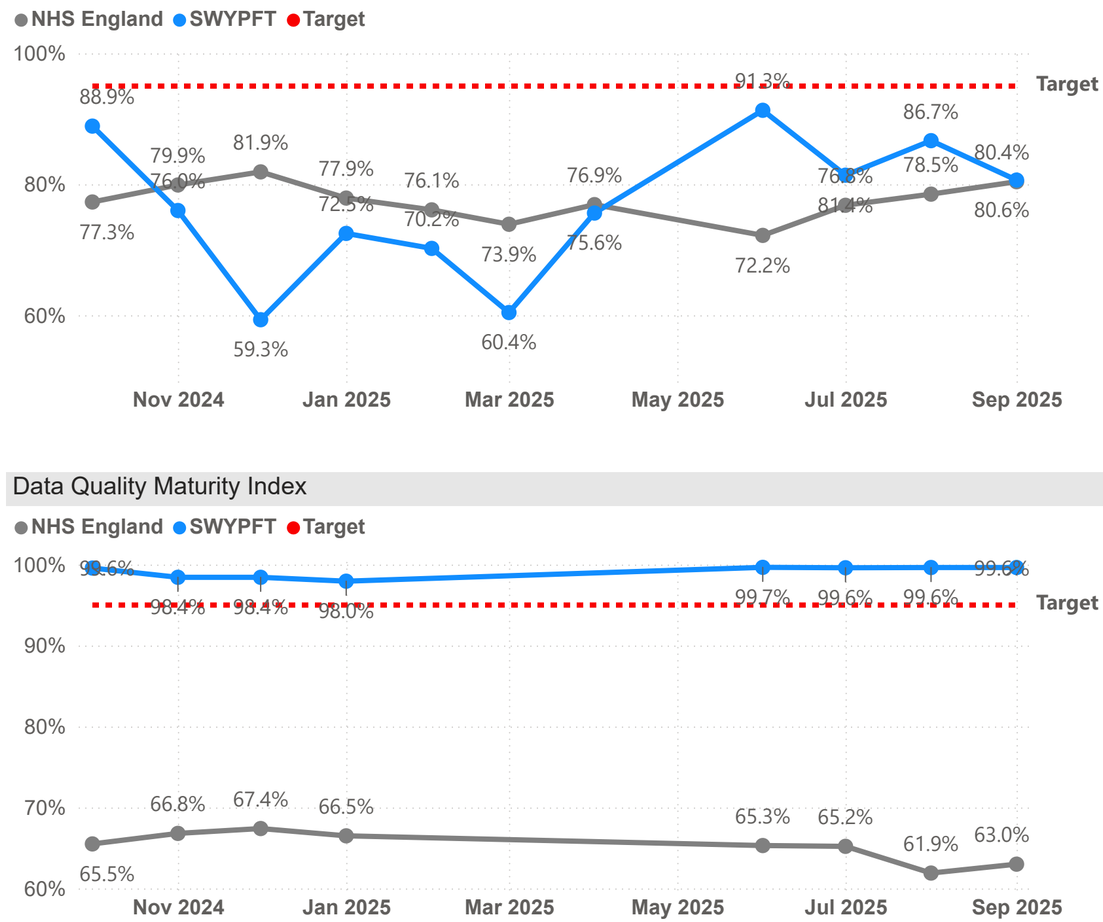
Benchmarking Headlines

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

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



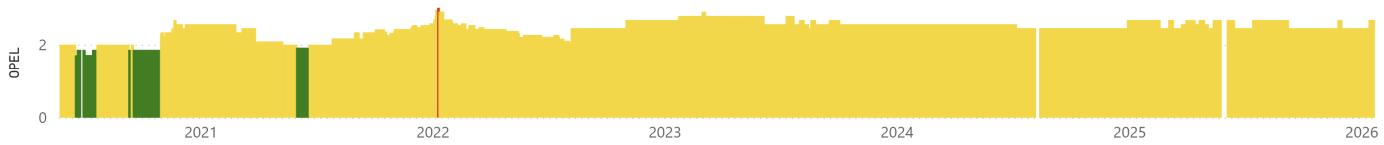
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks



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

Data Quality Maturity Index

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

2.67

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

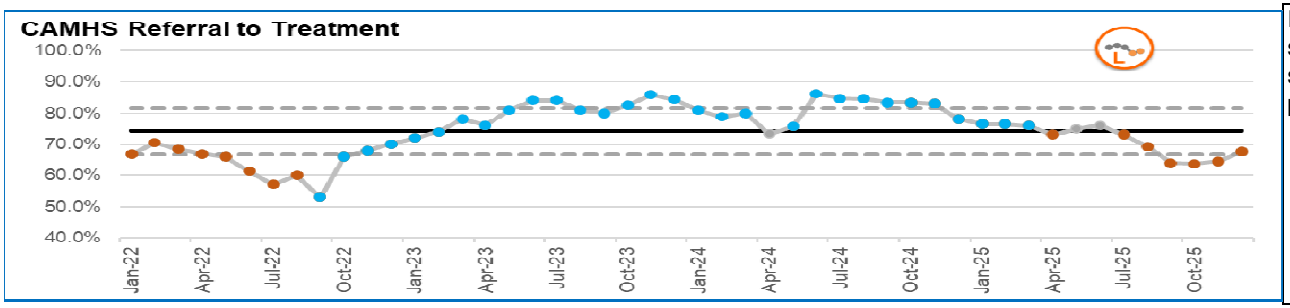
Children and Young Peoples Mental Health Services

Headlines

Neurodevelopment waits remain a concern and discussions are underway with commissioners about how we can further strengthen the offer to reduce any impact on those who require assessment or support.
Decrease in sickness in December but remains above threshold. 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	Oct-25	Nov-25	Dec-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	90.1%	88.8%	89.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/4)	0% (0/2)	0% (0/4)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	89.8%	89.8%	89.0%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	100.0%	97.3%	94.9%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.5%	83.0%	83.6%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	94.1%	92.6%	92.1%	
Eating Disorder - Urgent/Emergency clock stops	Best Quality	Effective	95%	100.0%	75.0%	100.0%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	99.0%	97.9%	96.4%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.8%	87.6%	89.2%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.1%	7.4%	5.6%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	425	477	478	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	1025	1036	929	
Total number of reported incidents	Best Quality	Safe	Trend monitor	59	38	54	



In December 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.
• A weekly rapid improvement group has been established to reduce the above treatment waits and each locality has an action plan. Actions include streamlining meeting attendance, job planning reviews to increase clinical appointment capacity, streamlining clinical pathways including allocation and data quality improvement work.
• 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 care plan metrics for community are now capturing the whole community caseload including CYP&F. The care group are working with P&BI to ensure the metric reflects practice.

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 in C&YP increased slightly in December to 89.9% from 88.8 % in December. Remedial action plans are in place
• Sickness rates remain higher than normal, but this is predominantly due to an increase in long term sickness in Barnsley and an increase in short term sickness in Kirklees, Wakefield and secure services. All sickness absences are being managed well with in HR processes.
• All data regarding waiting times is being scrutinised and a task group has been set up to review operational processes and identify how waiting times can be managed and reduced effectively

Assure

• Supervision continues to be above the 80% threshold in December at 89%.
• Overall mandatory training compliance for CYP&F in December was 94.8% 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	Oct-25	Nov-25	Dec-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	85.0%	86.4%	89.8%	
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	57.5%	54.2%	84.7%	
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	98.9%	98.8%	96.0%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	18% (2/11)	21% (4/19)	13% (2/16)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	88.5%	92.1%	91.5%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	89.0%	86.9%	86.0%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	96.1%	95.9%	96.6%	
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	98.4%	91.7%	98.3%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.2%	83.8%	84.6%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	95.6%	96.0%	96.9%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.2%	98.0%	97.8%	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	89.3%	88.4%	88.3%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	6.0%	6.0%	5.6%	
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,156	13,106	13,155	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	126	146	92	

Mental Health Inpatient							
Metrics	**Strategic Objective**	**CQC Domain**	**Threshold**	**Oct-25**	**Nov-25**	**Dec-25**	**Variation/ Assurance**
% Appraisal rate	Best place to work and learn	Well led	90%	89.8%	89.5%	92.6%	
% Bed occupancy (excl leave)	Best Quality	Safe	85%	86.2%	86.5%	87.0%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/6)	29% (2/7)	0% (0/6)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	93.3%	94.5%	93.2%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.4%	91.1%	90.7%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	8.2%	9.7%	8.0%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	93.9%	92.2%	94.0%	
Inappropriate Out of Area Bed days	Best Quality	Responsive	155 (July)	155	97	76	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.8%	98.7%	98.5%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	25	12	20	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	44	58	59	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	89.4%	89.9%	91.3%	
Restraint incidents	Best Quality	Safe	Trend Monitor	150	91	*111*	
Safer staffing (Overall)	Best Quality	Safe	90%	119.7%	119.2%	120.6%	
Safer staffing (Registered)	Best Quality	Safe	80%	100.3%	99.9%	99.1%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	6.7%	5.5%	6.6%	
Average length of stay - Acute and Psychiatric Intensive Care Unit - West Yorkshire (3 Months Rolling)	Best Quality	Safe	Oct 59.9, Nov 59.4, Dec 58.8	59.4	54.0	52.4	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	Best Quality	Safe	Oct 60.6, Nov 60.1, Dec 59.6	59.6	57.9	51.2	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	685	552	639	

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 December 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 December and the pressure to meet the demand for admissions in a timely way has intensified. The impact of reduced usage of out of area beds on inpatient wards, Intensive Home-Based Treatment Teams, and community teams is triangulated and monitored.
• Intensive Home-Based Treatment teams in Calderdale and Kirklees are experiencing ongoing workforce challenges, recruitment is underway.
• All areas are focussing on continuing to improve performance for FIRM risk assessments. Staying Safe percentage compliance for inpatient services is significantly impacted due to the relatively small number of admissions. 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.
• Care plan metrics for community capture the whole community caseload rather than only individuals on CPA. The care group are working with P&BI to ensure the metric reflects practice.
• Care Programme Approach (CPA) review performance is above target in Barnsley, Calderdale, Kirklees and Wakefield. Action plans and support from Quality and Governance Leads remain in place to sustain performance.
• 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. In December the access standard for assessed within 14 days of referral has been met in all localities. 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 and have achieved the access target in December.

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 December is 52.11% for Kirklees and 51.08% for Barnsley, both achieving the national standard of 50%. In December both Barnsley and Kirklees Talking Therapies were above the expected national standard of less than 10% for waits to second treatment within 90 days with Barnsley at 16.24%, Barnsley and Kirklees at 20.42%. 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. 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 four incidents of prone restraint in December, all related to either exiting seclusion or administering intramuscular medication and were under 3 minutes duration. One prone restraint was service user led and three prone restraints were staff led for clinical reasons specific to the individual incidents. All prone restraints are reviewed by RRPI specialist advisors and any identified learning shared to the clinical team. The care group continue to work collaboratively with colleagues in Nursing, Quality, and Professions to support the Trusts ambition for zero staff led prone restraint.

Assure

• IHBT teams continue to perform well in gatekeeping admissions to our inpatient beds.
• Supervision continues to be above the 80% threshold at 89.9%
• The overall appraisal performance was above the 90% target in December at 91.4%.

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	Oct-25	Nov-25	Dec-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	86.3%	88.9%	88.7%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	0% (0/4)	0% (0/3)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	90.0%	93.7%	91.7%	
Bed occupancy (excluding leave) - Commissioned Beds	Best Quality	Safe	N/A	39.9%	50.0%	50.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.9%	90.4%	91.2%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	64.6%	50.0%	62.9%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	98.1%	96.7%	96.7%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	85.2%	84.2%	93.5%	
Physical Violence - Against Patient by Patient	Best Quality	Safe	Trend Monitor	0	0	0	
Physical Violence - Against Staff by Patient	Best Quality	Safe	Trend Monitor	4	7	8	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.0%	88.8%	89.0%	
Safer staffing (Overall)	Best Quality	Safe	90%	104.0%	127.2%	133.3%	
Safer staffing (Registered)	Best Quality	Safe	80%	163.6%	164.7%	171.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.7%	5.8%	4.7%	
Restraint incidents	Best Quality	Safe	Trend Monitor	1	7	*3*	
Average length of stay	Best Quality	Safe	Trend Monitor	34	N/A	N/A	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	31	32	45	

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 rollout will be phased, with initial efforts focused on the longest waiters.

South Yorkshire Integrated Care Board Neurodiversity Project
South Yorkshire Integrated Care Board are exploring options to expand neurodiversity assessment and treatment capacity, adopting an approach similar to West Yorkshire.

Advise

Adult ADHD Waiting Lists – Screening, Triage, and Assessment
The service currently have 620 people waiting for an ADHD Triage appointment. ADHD Triage is commissioned in Wakefield and Kirklees, where demand remains high. Activity data indicates that, for every 1,000 valid ADHD referrals, approximately:
• 200 are accepted directly for assessment
• 800 require ADHD Triage
• Of those triaged, around 400 are declined as not meeting assessment criteria
This triage step is currently supporting a way to assess and triage which is impacting on the overall waiting list.

ADHD Capacity for 2025/26
The service anticipated capacity for 500 new ADHD cases in 2025/26; which is above commissioned levels. Approximately 100 assessments will be offered to Calderdale, reimbursed under Patient Choice regulations, though delivery is limited by available space.
Additionally, the Probation Service may purchase a small number of assessments as part of a project aimed at demonstrating how effective ADHD treatment can reduce costs and burden within probation. Actions, including information governance checks, are underway to enable this initiative.

ADHD Shared Care – Current Position
ADHD medication shortages and rising assessment demand have increased pressure on primary care, with some GP practices limiting or declining shared care arrangements. Current impact on this service is limited, as many GPs continue shared care with the local NHS provider; however, this position is being monitored.
To prevent treatment interruption, the service is maintaining prescribing for individuals it has diagnosed where shared care is unavailable. This has reduced assessment capacity and cannot be extended to patients diagnosed by other providers.

Adult Autism Waiting Lists – Current Position
Overall waiting numbers and waiting times have remained stable, with no significant change since the previous reporting period. Waiting times for ADHD assessment remain relatively short in Barnsley, Kirklees and Wakefield. In Calderdale, there is currently no triage step and we have 256 people awaiting assessment. This continues to be the area of greatest pressure within the service.

Barnsley 17+ Autism Pathway
A business proposal has been submitted to offer approximately 20 autism assessments for 17 year olds, building on the successful project delivered last year. The Trust and commissioners are in engagement regarding this.

Risk Assessments
The proportion of people on an active caseload with a risk assessment reviewed within the last 12 months was 82.7% in December, below the Trust threshold. This has been reviewed with business intelligence colleagues, and an in depth audit is underway to understand the drivers and agree remedial actions.

Assure

• All key performance indicator 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 commenced to test innovative approaches aimed at improving ADHD assessment capacity and efficiency. The initiative responds to increasing demand and prolonged waiting times, with a focus on streamlining assessment processes, reducing delays, and enhancing the patient experience. Early implementation indicates that the project is working well across the designated pilot clinics. A formal evaluation will be undertaken at the end of the Proof of Concept, with findings and outcomes presented to commissioners to inform future decision making and potential wider rollout.

Waiting Lists – Quality Improvement Programme

During 2024/25, the service made sustained and significant improvements in reducing waiting times across pathways. Achieving and maintaining this progress has required continuous and close monitoring by the management team, alongside proactive operational management to respond to emerging pressures.

More recently, the service has experienced a decline in performance within Calderdale and Barnsley. Detailed analysis has identified that the reduction in performance in Calderdale is entirely attributable to workforce vacancies in services where a single clinician represents a specialist discipline. While recruitment to these posts has been successfully completed, start dates are yet to be finalised, and interim capacity remains constrained.

In Barnsley, similar challenges related to vacancies have been identified. In addition, the service has recognised data entry and recording issues which have contributed to an apparent reduction in performance. These data quality issues have been identified and are currently being addressed, with assurance arrangements in place to support recovery and accurate performance reporting.

Review of Intensive Support Team Pathway Commenced

The review of the Intensive Support Team pathway is progressing, with targeted work underway to strengthen and clarify pathways for complex cases requiring more intensive and specialist intervention.

ATU (Horizon) Update

Service Review and Regional Collaboration

Work is ongoing with West Yorkshire system partners to review Assessment and Treatment Unit (ATU) provision, supported by dedicated collaborative workstreams. The review is nearing completion, with an options appraisal being developed to identify a sustainable and system aligned future configuration.

Advise

Clinically Ready for Discharge

As at the end of December there were three patients 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 continues to prioritise achievement of appraisal and supervision compliance thresholds. Appraisal compliance is on a slow but sustained upward trajectory, reflecting the impact of ongoing management focus. While a recent dip in supervision compliance has been noted within the Horizon team, this is being actively managed and is not expected to persist. Targeted actions including regular monitoring, reminders, and escalation processes remain in place to address outstanding gaps and maintain compliance, ensuring staff receive the support and development required for safe and effective practice.

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	Oct-25	Nov-25	Dec-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	75.2%	74.0%	76.9%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	84.1%	86.9%	88.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/0)	0% (0/0)	0% (0/0)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	90.6%	91.1%	87.8%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	100.0%	96.9%	99.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.1%	87.1%	89.8%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	75.0%	60.0%	100.0%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95.0%	85.2%	84.4%	83.2%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	97.8%	96.8%	97.5%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	5	2	4	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	14	11	9	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.4%	89.8%	90.2%	
Restraint incidents	Best Quality	Safe	Trend Monitor	30	24	*17*	
Safer staffing (Overall)	Best Quality	Safe	90%	121.2%	117.1%	117.4%	
Safer staffing (Registered)	Best Quality	Safe	80%	102.5%	99.7%	96.1%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	7.8%	7.0%	8.7%	
Average length of stay	Best Quality	Safe	Trend Monitor	2528	2064	3732	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	210	194	181	

Forensic - West Yorkshire:

Alert/Action

Bed Occupancy – Medium Secure Services

Current occupancy across medium secure services remains below commissioned capacity, with the greatest underutilisation within the Learning Disabilities and Women's pathways, where there are currently no active waiting lists. This continues to impact overall efficiency and resource optimisation.

In contrast, referrals for male medium secure beds have increased significantly, resulting in a growing waiting list and improved utilisation within this pathway. An increase in referrals to the Women's pathway has also been observed. While this has not yet resulted in a waiting list, it may indicate an emerging shift in demand and will require ongoing monitoring as part of future service planning. In response to these disparities, the service has commenced detailed bed modelling discussions to ensure that capacity and configuration are aligned with current activity levels and projected demand across all pathways.

• Newton Lodge: 89.43% ↑– Increased referrals in the male pathway; occupancy spans LD and Women's services.
• Bretton Centre: 94.74%↑– Admissions are pending due to legal processes.
• Newhaven: 70.77%↓ – Reflects a recent discharge the service has received one new referral.

Appraisals – Current Position and Actions

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

Current compliance stands at 77.7%, representing a reduction from previous reporting periods and remaining below the expected standard. This decline indicates the need for renewed focus to ensure timely, high quality appraisal completion across all teams.

A number of targeted actions have been implemented to support improvement, including:

• Protected time for appraisals: Managers are encouraged to build dedicated appraisal time into team rotas.
• Enhanced monitoring: Monthly compliance reporting and reminder mechanisms have been introduced to maintain oversight and accountability.
• Leadership oversight: Appraisal completion is now a standing agenda item at leadership meetings to ensure sustained focus and drive improvement.

Compliance will continue to be closely monitored, with targeted support provided where required, to support recovery and 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: 6.7%↑
• Bretton Centre: 9.7%↑
• Newhaven: 11.0%↓

Mandatory training overall compliance: All areas of mandatory training are compliant

Forensic Improvement Programme – continues to progress 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. December's data indicates the threshold for compliance is met.

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**	**Oct-25**	**Nov-25**	**Dec-25**	**Variation/ Assurance**
% Appraisal rate	Best place to work and learn	Well led	90%	60.3%	67.3%	72.7%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	83.2%	88.9%	86.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/1)	0% (0/3)	50% (1/2)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	97.5%	98.0%	95.2%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	77.3%	77.6%	74.1%	
% 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%	91.0%	93.9%	93.4%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	5	1	0	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	6	8	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	81.5%	81.7%	78.2%	
Restraint incidents	Best Quality	Safe	Trend Monitor	29	26	*14*	
Safer staffing (Overall)	Best Quality	Safe	90%	135.5%	138.8%	136.6%	
Safer staffing (Registered)	Best Quality	Safe	80%	110.5%	108.0%	108.4%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	4.9%	3.9%	3.9%	
Average length of stay	Best Quality	Safe	Trend Monitor	1967	231	1047	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	170	153	148	

Forensic - South Yorkshire:

Alert/Action

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 made steady progress in rebuilding operational activity, including the resumption of admissions and discharges. The service has continued to accept new referrals throughout this period, with a strong focus on stabilising core functions and restoring capacity.
Occupancy remains below full capacity, with further admissions planned in the coming weeks, some of which require warrants. Current occupancy stands at 76 service users across 81 available beds, equating to an occupancy rate of 86.1%.

Appraisal
Data reflects a compliance rate of 78.2% although the service local data would indicate the figure is above this so further work is being undertaken to ensure that data reflects the current position.

Mandatory Training
Work is ongoing to ensure mandatory training is kept up to date and that the system reflects the training that has been undertaken.

Advise

Wentbridge Ward Update (ASD Service)
Following significant rainfall, a roof leak on Wentbridge Ward required the evacuation of service users. Individuals were initially accommodated across the service and have now been relocated to Hamilton Ward, where they will remain until remedial works are completed.
Wentbridge Ward remains closed; however, roof repair works are due to commence imminently.

Cheswold Park
The service 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 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). This is a national issue and the Care Group continue to discuss with commissioners.

Barnsley Physical Health and Wellbeing

Metrics	Strategic Objective	CQC Domain	Threshold	Oct-25	Nov-25	Dec-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	89.3%	89.1%	91.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/1)	0% (0/3)	0% (0/2)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	92.3%	90.5%	93.3%	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	84.8%	84.8%	81.7%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.3%	89.9%	88.5%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	97.0%	97.8%	96.6%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	97.1%	97.8%	97.5%	
Safer staffing (Overall)	Best Quality	Safe	90%	97.0%	97.6%	101.6%	
Safer staffing (Registered)	Best Quality	Safe	80%	98.4%	99.9%	100.2%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.6%	5.3%	6.1%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	99%	70.9%	74.2%	66.1%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	7,392	7,206	6,896	
Total number of reported incidents	Best Quality	Safe	Trend monitor	239	251	254	

Barnsley Physical Health and Wellbeing Care Group

Alert/Action

• Paediatric Audiology 6-week target for diagnostic procedures has seen a slight reduction during December to 66.1% against the target of 99%. This is a result of reduced clinic capacity due to the bank holidays. We continue to see a decrease in the actual number of patients waiting. As a comparison for November data, the national average wait (for adults and children) was 4.6 weeks; the SWYPFT Paediatric Audiology wait was 3.36 weeks. To note: The target of 99% is not achieved nationally.
Following the meeting with South Yorkshire Integrated Care Board (SYICB) Quality and Contracting Team on 20.1.26, we agreed to strengthen the business case in relation to the health inequalities impact of children and young people not being seen for diagnostics in the 6-week timeframe. The ICB agreed to place the non-achievement of the 6-week diagnostic target on the risk register to ensure a shared risk to compliance is accepted and recognised. The business case will be considered alongside the ICB's commissioning and contracting discussions.
• Virtual Ward occupancy rate has slightly increased to 73.3% which remains below the target of 80%. Virtual ward onboarding has continued to be affected by consultant capacity to support the pathway. Onboarding has been paused for hospital step down, during the month to ensure that the Multi-Disciplinary Team (MDT) can safely manage current patients and to process discharges in a timely manner. We have continued to maintain onboarding for hospital avoidance / community step up patients.

Advise

• BREATHE – a recent derogation was agreed to allow the exceptional use of agency due to short term staffing vacancies in critical posts. To date, we have been unable to source any agency staff but have recruited to 2 x Band 6 vacant posts (both awaiting start dates). In addition, as an alternative to agency, two fixed term posts have been advertised twice but with no success. We continue to support crisis and urgent referrals as well as Virtual Ward and hospital avoidance.
• Overall sickness rates are showing an increase at 6.1% with a Year-to-Date figure of 4.9%. This is outside compliance for the month of December and is reflective of the spikes in seasonal infections / viruses which is mirrored in the local population. We have also seen some instances of long-term sicknesses relating to serious illnesses; this is significantly impacting our Neighbourhood Nursing Service in particular. The care group 12-month rolling figure is within compliance at 4.79%.

Assure

•Appraisals - for December, the overall care group figure is 91.8% which exceeds the target of 90%.
•Staff receiving supervision - the December figure is achieving compliance at 81.7%.
•Urgent Community Response Service 2-hour target is 86.9% at end of December 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) – 97.52% for December 2025.
•People dying in their place of choosing continues to maintain compliancy at 93.3% for December against the threshold of 80%.
• Information Governance training maintains compliance at 96.6%.
• Friends and Family Test (FFT) - 96% of people would recommend community services.
• CPR training maintains compliance at 88.4% for December.
• Following updates to the UK's National Clinical Guideline for Stroke and NICE Stroke rehabilitation in adults, the Sentinel Stroke National Audit Programme (SSNAP) dataset was revised in October 2024 to allow measurement against the new evidence-based standards. These revisions also involve a recalibration of the scoring system within the audit, including the A to E ratings for services that have been used over the last 12 years to summarize the overall quality of inpatient stroke care. The programme anticipated this would cause a significant change to the ratings with a higher proportion of sites being allocated lower ratings and the reports show that the new targets are having a significant impact on scoring outcomes nationally. It is important to note that the change in ratings reflects the overall recalibration at a national level, rather than any sudden deterioration in the quality of stroke care. We have just received the first report covering July – September 2025 and for our Barnsley Integrated Community Stroke Rehabilitation Service, the overall rating is C. Some of our results are both impacted by, and reliant on information from the referrer to us, and approximately one third of the patient data was not captured in this reporting period. Some of the ratings reflect the systemic problems in the timeliness of transfer / discharge patient records from other Trusts before we can access them. Despite these impacts, we remain one of the best performing services in the Integrated Stroke Delivery Network.
• The Life after Stroke Service in Barnsley had a successful and impactful year in 2024/25, highlighted by significant community engagement, innovative initiatives, and unwavering support for stroke survivors and their families. Key achievements include features on BBC News, a collaborative exhibition at The Cooper Gallery, and the successful 'In Two Minds' stroke awareness campaign, all supported by strengthened partnerships, notably with Barnsley Council 'Know Your Neighbourhood' project.
• On 8 December, the Trust proudly hosted a Nursing Careers Day, welcoming 30 Year 9 students from Barnsley Academy for an interactive experience. The event, held at Kendray Hospital in Barnsley, was designed to showcase nursing as a rewarding and dynamic profession. Students spent the day rotating through a series of nursing-themed workshops, giving hands-on learning and insight into the vital role nurses play in healthcare. They also found out more about different pathways into nursing careers, including T Levels and apprenticeships, helping students understand the different options available to start their journey into healthcare.

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

• 12 wards have achieved the 90% threshold target in December.
• Walton (88.6%) and Ashdale (87.5%) are below compliance threshold. Targeted work has been undertaken by the ward managers, and both wards are above compliance as of 16/01/26.
• Stanley (87.5%) also dropped below compliance threshold, equating to 3 appraisals that are outstanding. These have been scheduled for completion by the end of January.
• Crofton (56.3%) compliance remains below threshold and has decreased compared to November. It continues to be impacted by ongoing ward manager absence. The matron has scheduled appraisals however they have needed to be cancelled due to either staff absence or clinical demands. These have been rebooked and strong efforts are being made by the matron to action appraisals as soon as possible.
• Lyndhurst (89.7%) remain just below target with outstanding appraisals scheduled.
• 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 December on Stanley, Nostell, and Ward 19 Female following the return of staff from long term sick.
• Sickness increased to above threshold on Beamshaw (6.6%), Melton (7.5%) and Elmdale (5.8%) due to both short term and long-term sickness. Cold, coughs, and flu was a theme for short term sickness on both Beamshaw and Elmdale.
• Sickness remains above threshold and has increased on Walton (7.5%), Ashdale (6.4%), and Ward 18 (8.5%) due to both short term and long-term sickness. Cold, coughs, and flu was a theme for short term sickness on Ashdale.
• Although still above threshold, sickness on Poplars (6.2%), Beechdale (5.8%), and Lyndhurst (9.0%) has reduced following the return of staff from long term sickness and a reduction in short-term sickness.
• Sickness has increased and is considerably above threshold on both Crofton (19.8%) and Willow (20.2%) impacted by both long-term and short-term sickness. Physical health issues is a theme for long-term sickness.
• 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 December, 9 of those wards are at 100% supervision compliance.
• Crofton (75.0%) compliance remains below threshold impacted by recording accuracy. 2 staff are out of compliance, one of whom is long-term sick and should be recorded as an exclusion. This puts there December compliance at 87.5%. In the absence of the ward manager, oversight is being maintained by the matron. The ward psychologist is supporting the delivery of supervision, targeting staff outside of compliance.
• Ward 18 (54.5%) dropped below compliance in part due to completed supervision not being recorded. Current compliance is 80.0% (as of 19/01/26) with supervision for the 3 staff remaining planned as a priority.
• The senior leadership team maintain close oversight of supervision compliance via the weekly inpatient quality and performance meeting.

Mandatory Training

Information Governance (IG)

• 16 wards are above 95% compliance target for December.
• Beamshaw (92.6%) dropped under threshold with 2 staff outside of compliance. Action is being taken by the ward manager to ensure they complete the e-learning.
• 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 December.
• Ashdale remain compliance at 75.0% 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)
• All 17 wards are above the RRPI training compliance threshold.
• Rota planning and oversight from ward managers ensures adequate numbers of RRPI and CPR trained staff on each shift.

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

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 December:
    • Beamshaw ALOS increased from 25 days to 114 days. Beamshaw had a total of 9 discharges in December – 1 service users' LOS was above 100 days; 1 service users' LOS was above 700 days (impacted by Ministry of Justice permissions).
    • Enfield Down ALOS is 596 days reflecting a total of 2 discharges in December. The nature and function of Rehab and Recovery Units mean service users will have longer length of stays.
• Rehab and Recovery length of stays also include any acute/PICU ward stays.

Clinically Ready for Discharge (CRFD)
• CRFD rates are significantly above threshold on several wards:
    • Melton CRFD is 28.3% in December. This is 2 service users awaiting placements.
    • Poplars CRFD is 47.9% and is reflective of several service users awaiting placements.
• 10 other wards are above the threshold for CRFD with Beamshaw, Walton, and Beechdale above 10%. Clark, Ashdale, Ward 18, Elmdale, Willow, Ward 19 Male, 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 December was 94.0% (8 breaches) for 24hr target and 98.4% (2 breaches) completed within 48hrs.
• During December, Ashdale, Beamshaw, Crofton and Ward 19 Male had 1 FIRM breach each. Elmdale and Nostell had 2 breaches each and both Nostell breaches were by less than 2 hours.
• 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. These will be reviewed at the weekly inpatient quality and performance meeting and 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)

• 20 incidents of patient-on-patient physical violence throughout December (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)

• 59 incidents of patient on staff physical violence throughout December (Ward 19 Male and Female incidents are combined).
• Highest number of incidents on Elmdale (10) 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

• High incidence on Elmdale (22) correlates with incidents of physical violence as outlined above.
• Higher incidence on Clark (16), Melton (13), Nostell (14), is reflective of current patient population and the presentation and risk profile of service users.
• 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

• 4 incidents of prone restraint in December:
  • Melton (1) – Staff led to exit seclusion. Service user was restrained in the supine position for several minutes. Rolled into prone position to allow staff to exit seclusion. RRPI specialist advisor comments state 'understand staff rationale for [prone] given the service user was in the supine position and a supine exit is not taught'.
  • Stanley (1) – Service user led to administer intramuscular medication (IM).
  • Walton (2) – Both incidents were staff led to administer medication. For one incident RRPI specialist advisor comments state 'understand rationale for use of prone restraint rather than the safety pod due to the identified hazards'. In the other incident, the service user was already sat on his bed and due to agitated presentation decision made to administer IM with him laid in prone on the bed, rather than relocate him to the safety pod.
• 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 Oct-25	Beamshaw Suite Nov-25	Beamshaw Suite Dec-25	Clark Suite Oct-25	Clark Suite Nov-25	Clark Suite Dec-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%	0.8%	0.7%	6.6%	0.6%	0.6%	2.1%
Supervision	Best place to work and learn	Well led	80%	81.8%	84.6%	92.3%	84.6%	100.0%	91.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.3%	96.3%	92.6%	96.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	92.6%	85.2%	85.2%	96.0%	96.0%	91.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.5%	96.3%	88.9%	92.0%	96.0%	87.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.6%	96.3%	100.0%	100.0%	100.0%	100.0%
Bed occupancy**	Best Quality	Safe	85%	98.5%	91.9%	97.4%	98.5%	91.9%	97.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	99	25	114	31	41	52
Safer staffing (Overall)	Best Quality	Safe	90%	112.9%	104.6%	112.0%	115.6%	146.7%	124.8%
Safer staffing (Registered)	Best Quality	Safe	80%	106.5%	98.7%	91.0%	98.3%	105.6%	105.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	19.0%	9.5%	14.2%	22.7%	16.2%	9.3%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	88.9%	100.0%	87.5%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	3	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	1	2	1	3
Restraint incidents	Best Quality	Safe	Trend Monitor	2	0	*4*	13	20	*16*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	7	11	9	10	21	10

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

*** 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 Oct-25	Melton Suite Nov-25	Melton Suite Dec-25	Nostell Oct-25	Nostell Nov-25	Nostell Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	85.7%	100.0%	100.0%	90.5%	85.7%	94.4%
Sickness	Best place to work and learn	Well led	5.0%	3.2%	2.7%	7.5%	6.2%	5.5%	4.7%
Supervision	Best place to work and learn	Well led	80%	92.9%	100.0%	100.0%	76.9%	76.9%	91.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.3%	100.0%	100.0%	96.3%	95.8%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	93.5%	93.1%	96.3%	95.8%	95.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	80.0%	90.3%	93.1%	92.6%	95.8%	95.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	86.7%	90.3%	96.6%	81.5%	87.5%	91.3%
Bed occupancy	Best Quality	Safe	85%	100.0%	97.8%	90.3%	96.4%	96.7%	95.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	42	40	37	20
Safer staffing (Overall)	Best Quality	Safe	90%	152.4%	126.9%	125.7%	106.0%	124.6%	114.4%
Safer staffing (Registered)	Best Quality	Safe	80%	99.2%	98.2%	94.2%	99.2%	106.0%	106.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	33.3%	33.3%	28.3%	2.5%	5.3%	1.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	N/A	100.0%	87.5%	75.0%	85.7%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	3	2	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	4	6	7	4	7
Restraint incidents	Best Quality	Safe	Trend Monitor	11	7	*13*	34	8	*14*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*1*	5	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	36	19	42	25	44	9

*** 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 Oct-25	Stanley Nov-25	Stanley Dec-25	Walton Oct-25	Walton Nov-25	Walton Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	90.9%	95.7%	87.5%	90.9%	90.9%	88.6%
Sickness	Best place to work and learn	Well led	5.0%	7.4%	5.2%	1.4%	9.1%	5.7%	7.5%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	94.1%	94.1%	88.2%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.4%	96.4%	96.8%	97.6%	97.7%	97.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.4%	92.9%	96.8%	90.2%	90.7%	92.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	96.4%	96.4%	100.0%	85.4%	83.7%	83.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.4%	85.7%	93.5%	90.2%	88.4%	90.5%
Bed occupancy**	Best Quality	Safe	85%	96.4%	96.7%	95.1%	101.4%	93.3%	98.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	42	54	39	61	76	74
Safer staffing (Overall)	Best Quality	Safe	90%	109.7%	110.6%	113.8%	138.2%	133.4%	140.8%
Safer staffing (Registered)	Best Quality	Safe	80%	93.1%	89.8%	96.3%	100.4%	96.7%	92.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	1.9%	1.8%	0.4%	16.8%	22.3%	16.4%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	90.0%	100.0%	N/A	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	4	1	2	2	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	5	3	2	0
Restraint incidents	Best Quality	Safe	Trend Monitor	8	3	*7*	14	8	*9*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*1*	1	0	*2*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	17	20	11	19	14	11

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

*** 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 Oct-25	Ashdale Nov-25	Ashdale Dec-25	Ward 18 Oct-25	Ward 18 Nov-25	Ward 18 Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	80.0%	76.9%	87.5%	90.9%	81.8%	91.3%
Sickness	Best place to work and learn	Well led	5.0%	11.2%	6.1%	6.4%	10.4%	7.9%	8.5%
Supervision	Best place to work and learn	Well led	80%	76.9%	100.0%	100.0%	100.0%	90.9%	54.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	96.6%	96.9%	96.8%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.7%	79.3%	87.5%	87.1%	90.3%	93.8%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.8%	79.3%	75.0%	83.9%	87.1%	84.4%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.6%	89.7%	87.5%	96.8%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	96.0%	98.8%	98.9%	94.0%	96.8%	95.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	82	50	46	37	35	30
Safer staffing (Overall)	Best Quality	Safe	90%	100.5%	105.2%	97.8%	114.4%	106.7%	97.1%
Safer staffing (Registered)	Best Quality	Safe	80%	97.1%	98.8%	93.0%	106.6%	106.0%	101.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	2.4%	4.1%	4.7%	6.4%	6.9%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	76.9%	66.7%	66.7%	94.4%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	9	0	3	3	2	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	7	11	6	1	4	2
Restraint incidents	Best Quality	Safe	Trend Monitor	12	6	*5*	7	7	*7*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	2	1	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	6	4	7	23	5	0

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Elmdale Oct-25	Elmdale Nov-25	Elmdale Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	95.5%
Sickness	Best place to work and learn	Well led	5.0%	4.4%	3.0%	5.8%
Supervision	Best place to work and learn	Well led	80%	100.0%	90.0%	92.3%
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%	91.7%	96.2%	96.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.6%	88.0%	88.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.8%	96.2%	96.2%
Bed occupancy	Best Quality	Safe	85%	95.6%	98.9%	97.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	35	50	27
Safer staffing (Overall)	Best Quality	Safe	90%	112.7%	105.5%	119.3%
Safer staffing (Registered)	Best Quality	Safe	80%	92.5%	95.3%	91.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	9.0%	9.2%	6.8%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	91.7%	100.0%	83.3%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	2	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	14	10
Restraint incidents	Best Quality	Safe	Trend Monitor	15	15	*22*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	10	8	15

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Crofton Oct-25	Crofton Nov-25	Crofton Dec-25	Poplars CUE Oct-25	Poplars CUE Nov-25	Poplars CUE Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	84.2%	68.4%	56.3%	92.3%	77.8%	96.4%
Sickness	Best place to work and learn	Well led	5.0%	14.0%	12.3%	19.8%	15.8%	11.9%	6.2%
Supervision	Best place to work and learn	Well led	80%	90.0%	77.8%	75.0%	91.7%	91.7%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	95.5%	93.3%	100.0%	96.9%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.3%	91.3%	90.5%	79.3%	78.6%	80.6%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.7%	87.0%	90.5%	86.2%	82.1%	90.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.8%	95.8%	90.9%	96.7%	96.6%	93.8%
Bed occupancy	Best Quality	Safe	85%	82.3%	85.6%	88.3%	67.5%	65.8%	67.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	47	30	39	112	89	149
Safer staffing (Overall)	Best Quality	Safe	90%	163.8%	157.9%	157.9%	189.6%	185.8%	183.8%
Safer staffing (Registered)	Best Quality	Safe	80%	120.7%	126.1%	118.4%	106.4%	103.9%	99.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	2.5%	3.1%	30.6%	51.7%	47.9%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	85.7%	N/A	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	1	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	2	7	6	7	7
Restraint incidents	Best Quality	Safe	Trend Monitor	11	2	*1*	9	9	*5*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	36	25	27	61	30	18

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Willow Oct-25	Willow Nov-25	Willow Dec-25	Beechdale Oct-25	Beechdale Nov-25	Beechdale Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	75.0%	85.0%	94.7%	100.0%	94.1%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	14.9%	11.1%	20.2%	14.3%	10.9%	5.8%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	95.2%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	84.2%	85.0%	90.0%	85.7%	84.2%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	95.0%	95.0%	90.0%	88.9%	85.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	95.2%	94.7%	95.2%
Bed occupancy	Best Quality	Safe	85%	91.0%	76.7%	88.4%	89.7%	92.3%	92.5%
Average Length of Stay	Best Quality	Safe	Trend Monitor	70	138	49	126	60	134
Safer staffing (Overall)	Best Quality	Safe	90%	104.8%	114.1%	116.1%	134.2%	131.6%	159.8%
Safer staffing (Registered)	Best Quality	Safe	80%	97.8%	101.9%	100.0%	89.6%	100.1%	101.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.9%	17.0%	5.9%	5.7%	11.6%	15.2%
% 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	1	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	1	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*5*	1	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	3	5	18	21	7	10

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male			Ward 19 - Female		
				Oct-25	Nov-25	Dec-25	Oct-25	Nov-25	Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	65.0%	75.0%	94.4%	84.2%	89.5%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	2.0%	0.0%	3.8%	3.6%	10.8%	4.8%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.8%	95.5%	95.0%	76.2%	90.0%	95.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	95.2%	90.0%	95.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	90.9%	95.0%	100.0%	95.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	100.0%	97.3%	95.3%	86.7%	90.7%	73.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	91	200	107	56	77	61
Safer staffing (Overall)	Best Quality	Safe	90%	97.8%	100.9%	120.0%	113.0%	106.7%	108.8%
Safer staffing (Registered)	Best Quality	Safe	80%	103.2%	96.0%	110.0%	106.2%	102.7%	106.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	4.4%	10.7%	4.2%	5.5%	4.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	66.7%	75.0%	85.7%	100.0%	83.3%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	0	6	2	0	6
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	7	6	4	7	6	4
Restraint incidents	Best Quality	Safe	Trend Monitor	12	6	*3*	12	6	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	2	2	0	17	9	8

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down Oct-25	Enfield Down Nov-25	Enfield Down Dec-25	Lyndhurst Oct-25	Lyndhurst Nov-25	Lyndhurst Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	93.8%	93.8%	93.9%	76.0%	78.6%	89.7%
Sickness	Best place to work and learn	Well led	5.0%	5.4%	3.9%	3.6%	4.9%	10.0%	9.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	85.7%	93.3%	80.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.0%	100.0%	100.0%	100.0%	96.4%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	82.0%	82.0%	86.3%	88.9%	92.9%	92.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	97.8%	93.3%	91.3%	96.3%	92.9%	89.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	96.1%	94.2%	100.0%	100.0%	96.4%
Bed occupancy	Best Quality	Safe	Trend Monitor	48.7%	49.0%	51.1%	44.7%	63.8%	74.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	596	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	98.0%	96.2%	97.2%	96.1%	91.0%	97.1%
Safer staffing (Registered)	Best Quality	Safe	80%	100.8%	95.8%	96.0%	95.6%	86.6%	96.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.3%	5.8%	3.8%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	100.0%	100.0%	100.0%	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	0	1	0

Inpatients - Forensic West Yorkshire - Medium Secure

Medium Secure

• Within medium secure six wards are above supervision compliance: Appleton (100%), Bronte (100%), Johnson (100%), Priestley (84.6%), Chippendale (100%) and Hepworth (92.3%). Waterton (72.7%) is following a period of improved compliance has a plan in place to improve compliance.
• Some hotspots in sickness and absence noted on Bronte (10.1%), Priestley (10.8%) and Appleton (18.5%) which have been affected by both long-term sickness and increases in short term seasonal absence. Individual support plans are in place by the ward manager with support from our People Directorate. Waterton (3.3%), Johnson (4.4%), Chippendale (1.5%) and Hepworth (1.0%) are all above compliance.
• 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 95%, Hepworth 95%, Chippendale 95% and Bronte 94.1%). Hotspots have been identified on Priestley (84.2%), Appleton (72.7%) and Johnson (74.1%) which are all one or two members of staff and are understood to have resulted from system issues, clinical acuity and redeployed staff members. All managers are closely monitoring appraisal performance.
• Good compliance is noted for mandatory training across the medium secure service. Three hotspots are evident. One for CPR on Bronte (70%) where all staff are booked onto training. Fire Safety Training on Waterton (77.3%) 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 (90.9%) and a plan is in place to improve compliance as part of staff inductions.
• 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 78.5%) 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 no prone restraint incidents and 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 albeit with a slightly improving trajectory. Thornhill (12.5%), Sandal (9.3%), Ryburn (14.9%) and Newhaven (9.7%). This is inclusive of long-term and short-term sickness absence and includes an increase in seasonal illness. This is currently under review by the clinical service manager, and we are expecting an improving trajectory for long term sickness due to plans in place for return to work.
• Mandatory training compliance remains positive across the service.
• An ongoing focus on quality appraisals is a service priority. Thornhill is above compliance at 96.2%. Improving trajectories are noted on Ryburn (88.9%) and Sandal (82.6%). Newhaven is below compliance at 87.1%. Work has been undertaken to understand data quality issues and on review in January 2026 all wards have 100% of appraisals completed with dates planned for those due to expire.
• Supervision is above compliance across low secure, on Ryburn (100%), Newhaven (100%), Thornhill (92.3%) and Sandal (90.9%).
• 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. There were no admission assessment requirements in January to establish if this has improved our process and the service will continue to monitor.
• The service continues to work closely with the provider collaborative to support effective use of bed occupancy across West Yorkshire. The Bretton Centre currently has good occupancy with Sandal (88.3%), Thornhill (99.1%) and Ryburn (100%). Assessments are also in progress to support admissions to Sandal. Newhaven (70.8%) continues to experience lower level of referrals and has one admission and one discharge and has no waiting list.
• There have been two prone incidents 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. Restraint incidents remain with usual range.
• The service continues to experience high levels of acuity with wards frequently working above establishment numbers to support clinical need, Thornhill (113.8%), Sandal (130.7%), Newhaven (125.0%). 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 Oct-25	Appleton Nov-25	Appleton Dec-25	Bronte Oct-25	Bronte Nov-25	Bronte Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	73.3%	73.3%	72.7%	100.0%	94.7%	94.1%
Sickness	Best place to work and learn	Well led	5.4%	0.0%	14.2%	18.5%	1.7%	3.9%	10.1%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	94.4%	100.0%	100.0%	95.5%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	94.4%	100.0%	100.0%	100.0%	95.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.4%	83.3%	85.7%	72.7%	72.7%	70.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	82.4%	83.3%	85.7%	86.4%	86.4%	85.0%
Bed occupancy	Best Quality	Safe	90%	62.5%	62.5%	62.5%	88.0%	100.0%	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%	122.0%	128.7%	133.7%	111.1%	98.6%	99.2%
Safer staffing (Registered)	Best Quality	Safe	80%	92.5%	93.5%	97.1%	99.7%	93.7%	88.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	100.0%	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	1	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	5	4	2	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	13	11	*10*	6	3	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	2	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	9	12	17	11	0	3

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Chippendale Oct-25	Chippendale Nov-25	Chippendale Dec-25	Hepworth Oct-25	Hepworth Nov-25	Hepworth Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	90.0%	95.0%	95.0%	95.2%	95.2%	95.0%
Sickness	Best place to work and learn	Well led	5.4%	3.7%	2.0%	1.5%	5.1%	0.0%	1.0%
Supervision	Best place to work and learn	Well led	80%	86.7%	100.0%	100.0%	84.6%	92.9%	92.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	95.2%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.9%	91.3%	95.7%	95.2%	95.2%	89.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.4%	95.7%	100.0%	90.5%	81.0%	94.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.5%	100.0%	95.7%	95.2%	95.2%	94.7%
Bed occupancy	Best Quality	Safe	90%	100.0%	89.7%	83.3%	86.0%	90.7%	98.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	2064	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	116.0%	132.1%	126.2%	95.4%	94.6%	91.3%
Safer staffing (Registered)	Best Quality	Safe	80%	124.0%	125.5%	120.1%	80.9%	88.7%	86.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	100.0%	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	2	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	2	28	10	0	6	1

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Johnson Oct-25	Johnson Nov-25	Johnson Dec-25	Priestley Oct-25	Priestley Nov-25	Priestley Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	54.2%	60.0%	74.1%	85.0%	78.9%	84.2%
Sickness	Best place to work and learn	Well led	5.4%	4.3%	3.7%	4.4%	0.3%	3.7%	10.8%
Supervision	Best place to work and learn	Well led	80%	100.0%	94.1%	100.0%	92.9%	92.3%	84.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.9%	96.8%	100.0%	100.0%	95.5%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	84.4%	83.9%	87.5%	81.0%	90.5%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.3%	83.9%	81.3%	90.5%	90.5%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	87.5%	93.5%	93.8%	95.5%	95.5%	94.7%
Bed occupancy	Best Quality	Safe	90%	69.0%	73.3%	78.5%	97.3%	94.1%	94.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	4013	N/A	N/A	1043	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	117.9%	150.3%	135.2%	94.4%	93.2%	89.0%
Safer staffing (Registered)	Best Quality	Safe	80%	86.2%	102.4%	101.4%	105.9%	115.6%	92.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	N/A	100.0%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	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	8	12	20	0	0	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Waterton Oct-25	Waterton Nov-25	Waterton Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	85.0%	100.0%	95.0%
Sickness	Best place to work and learn	Well led	5.4%	9.7%	4.5%	3.3%
Supervision	Best place to work and learn	Well led	80%	80.0%	70.0%	72.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.2%	91.7%	90.9%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.5%	87.5%	95.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.5%	83.3%	90.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	81.0%	85.7%	77.3%
Bed occupancy	Best Quality	Safe	90%	99.2%	100.0%	100.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	141.1%	137.9%	129.0%
Safer staffing (Registered)	Best Quality	Safe	80%	94.4%	92.2%	84.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	1
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	10	11	17

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Thornhill Oct-25	Thornhill Nov-25	Thornhill Dec-25	Sandal Oct-25	Sandal Nov-25	Sandal Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	89.7%	85.7%	96.2%	81.0%	77.3%	82.6%
Sickness	Best place to work and learn	Well led	5.4%	11.5%	13.4%	12.5%	19.1%	13.0%	9.3%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	92.3%	100.0%	90.9%	90.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	96.8%	100.0%	100.0%	96.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	80.0%	89.3%	90.3%	88.5%	92.0%	88.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	93.3%	92.9%	90.3%	84.6%	84.0%	80.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	96.4%	96.8%	88.5%	92.0%	96.2%
Bed occupancy	Best Quality	Safe	85%	72.7%	86.9%	99.1%	81.3%	86.3%	88.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	115.1%	113.2%	113.8%	119.9%	129.0%	130.7%
Safer staffing (Registered)	Best Quality	Safe	80%	104.6%	95.5%	99.0%	100.8%	101.8%	103.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	0.0%	N/A	0.0%	75.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	2	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	3	2	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	3	1	*2*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	3	6	7	6	15	5

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Ryburn Oct-25	Ryburn Nov-25	Ryburn Dec-25	Newhaven Oct-25	Newhaven Nov-25	Newhaven Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	80.0%	80.0%	88.9%	90.3%	90.3%	87.1%
Sickness	Best place to work and learn	Well led	5.4%	9.6%	18.8%	14.9%	5.7%	3.5%	9.7%
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%	97.1%	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%	96.7%	96.7%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	90.0%	100.0%	93.3%	96.7%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	91.2%	91.2%	100.0%
Bed occupancy	Best Quality	Safe	85%	88.5%	98.6%	100.0%	75.0%	75.0%	70.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	N/A	3732
Safer staffing (Overall)	Best Quality	Safe	90%	100.0%	97.5%	99.2%	141.5%	117.4%	125.0%
Safer staffing (Registered)	Best Quality	Safe	80%	100.6%	96.8%	100.0%	106.2%	96.7%	96.5%
% 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	2	0	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	5	4	3
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	7	6	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	10	11	17

Inpatients - Forensic South Yorkshire

Medium Secure

- Supervision compliance is above threshold across both wards (100%)
- Sickness absence has improved across both wards and is no withing threshold which is a significant improvement.
- 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. Compliance with RRPI is at 54.2% for Skipton due to acuity/staffing however resolution to this has been implemented which will result in improvement by next month.
- 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 remains above target for Esk (11.5%) – relating to long term sickness. Plan in place with ward manager and peoples directorate to address.
- Good compliance against mandatory training is noted across all areas. Some challenges with CPR compliance are noted (Aire; 66.7% and Wentbridge; 58.5%) 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	Oct-25	Nov-25	Dec-25	Oct-25	Nov-25	Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	81.5%	96.3%	100.0%	73.1%	76.0%	79.2%
Sickness	Best place to work and learn	Well led	5.4%	7.7%	10.9%	4.8%	4.3%	1.6%	1.3%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	86.0%	90.0%	89.7%	93.0%	96.7%	95.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	82.1%	90.0%	82.8%	71.0%	67.7%	54.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	64.3%	66.7%	41.4%	66.7%	63.3%	65.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	82.0%	73.3%	82.8%	90.0%	86.7%	82.6%
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%	107.4%	103.4%	96.5%	179.0%	202.1%	202.3%
Safer staffing (Registered)	Best Quality	Safe	80%	119.3%	106.5%	100.8%	114.1%	115.6%	114.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	2	3	2	0	2
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*1*	24	23	*12*
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 Oct-25	Low Secure Services Esk Nov-25	Low Secure Services Esk Dec-25	Wentbridge Oct-25	Wentbridge Nov-25	Wentbridge Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	52.4%	81.8%	78.3%	84.2%	88.6%	85.3%
Sickness	Best place to work and learn	Well led	5.4%	13.1%	12.6%	11.5%	6.6%	2.3%	0.9%
Supervision	Best place to work and learn	Well led	80%	100.0%	81.8%	66.7%	97.5%	100.0%	97.4%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.0%	100.0%	95.8%	90.0%	97.6%	92.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.5%	95.2%	95.5%	80.0%	80.5%	78.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.0%	100.0%	91.7%	65.9%	65.9%	58.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	86.0%	76.2%	79.2%	73.0%	70.7%	85.4%
Bed occupancy	Best Quality	Safe	90%	72.0%	71.5%	71.4%	63.3%	83.3%	87.5%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	2878	N/A	1047	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	113.7%	112.4%	114.4%	139.1%	139.0%	143.1%
Safer staffing (Registered)	Best Quality	Safe	80%	108.3%	109.5%	111.1%	106.8%	108.8%	111.9%
% 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	3	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	0	2	3	1
Restraint incidents	Best Quality	Safe	Trend Monitor	1	1	*0*	1	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor						

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Aire Oct-25	Aire Nov-25	Aire Dec-25	Don Oct-25	Don Nov-25	Don Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	67.6%	64.7%	67.6%	75.0%	83.3%	87.0%
Sickness	Best place to work and learn	Well led	5.4%	4.5%	0.7%	1.8%	1.3%	4.9%	5.4%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	87.0%	95.5%	95.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.0%	96.8%	93.9%	65.0%	78.3%	85.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	76.5%	77.4%	78.8%	95.7%	95.7%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	58.8%	65.6%	66.7%	60.9%	65.2%	90.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	85.0%	80.6%	72.7%	78.0%	82.6%	95.2%
Bed occupancy	Best Quality	Safe	90%	91.7%	86.1%	91.7%	94.4%	100.0%	100.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	231	N/A	1055	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	85.8%	101.6%	105.9%	139.3%	136.4%	124.9%
Safer staffing (Registered)	Best Quality	Safe	80%	84.1%	95.5%	92.3%	101.5%	97.5%	104.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	2	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	2	0	*0*	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor						

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Calder Oct-25	Nov-25	Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	91.3%	87.5%	80.0%
Sickness	Best place to work and learn	Well led	5.4%	1.8%	0.5%	0.6%
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%	95.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	91.7%
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%	100.0%	100.0%	100.2%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	94.6%	103.1%	101.0%
Safer staffing (Registered)	Best Quality	Safe	80%	70.9%	77.5%	82.5%
% 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	1	0	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor			

Inpatients - Non-Mental Health

• **Appraisal rate:**
NRU rate continues to maintain compliance at 100% for December.
SRU rate continues to maintain compliance 94.3% for December.

• **Sickness:**
NRU – sickness for December has increased to 8.7% which is outside compliance.
The current position includes some instances of LTS:
• 1 x bereavement (this person returned to work during the month)
• 1 x cancer
• 1 x musculoskeletal
In addition there has been some short-term sickness which has included Flu and D&V (4 instances of seasonal illness).
SRU – Sickness for December is 3.6% which meets compliance.
Sickness absence for both units continues to be managed robustly via HR processes and sickness reviews.

• **Supervision:**
NRU compliance has reduced further during December to 69.6%; this correlates with high sickness levels where patient safety has been prioritised in terms of safer staffing levels. As of 19 January, this has improved to 75%.
SRU have maintained compliance at 82.5% for December.

• **Information Governance Training:**
NRU has remained very slightly below compliance during December at 94.7%. This is due to staff sickness.
SRU continue to maintain compliancy for December at 98.6%.

• **Cardiopulmonary resuscitation (CPR) Training:**
NRU has reduced to 60% for December. 5 staff attended training during week commencing 12.1.26. This training will not be showing yet on reporting mechanisms.
SRU continues to exceed the compliancy level at 87.9%.
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.

• **Safer Staffing** - overall (Threshold 90%):
NRU - within compliancy at 120.2% - this is above 100% due to the need for additional unqualified staff to support 1:1 observation levels.
SRU – just below compliancy at 87.3% - the unit has been supporting NRU with staffing during periods of sickness absence.
To note: the establishment figures for both wards have recently been reviewed (November) and work continues to realign this on e-roster for SRU.

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU)			Stroke Rehabilitation Unit (SRU)		
				Oct-25	Nov-25	Dec-25	Oct-25	Nov-25	Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	91.9%	97.1%	100.0%	94.0%	89.7%	94.3%
Sickness	Best place to work and learn	Well led	5.0%	5.7%	6.9%	8.7%	9.3%	3.2%	3.6%
Supervision	Best place to work and learn	Well led	80%	79.2%	75.0%	69.6%	87.5%	97.5%	82.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.2%	94.9%	94.7%	97.1%	97.1%	98.6%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	76.9%	75.0%	60.0%	89.2%	92.3%	87.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.2%	92.3%	92.1%	91.2%	89.9%	92.9%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	62.4%	68.1%	73.1%	79.0%	97.5%	94.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	39	61	38	32	33	37
Safer staffing (Overall)	Best Quality	Safe	90%	108.0%	107.6%	120.2%	88.6%	90.1%	87.3%
Safer staffing (Registered)	Best Quality	Safe	80%	99.3%	97.6%	104.6%	97.6%	101.9%	96.5%
% 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	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	7	12	55	49	33

Inpatients - Mental Health - Learning Disability

Headlines

- Positive appraisal performance across the team at 100%. An unusual variation is supervision (60%) is noted and is under review by the service.
- Improvements in sickness and absence noted at 3.6%.
- Low occupancy is understood and aligned with wider Assessment Treatment Unit (ATU) workstream.
- Continued CRFD at 62.9% and 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 (133.3%) and registered staffing (171.5%).
- There are no prone restraints and restraint incidents remain broadly consistent.

Metrics	Strategic Objective	CQC Domain	Threshold	Horizon Oct-25	Horizon Nov-25	Horizon Dec-25
Appraisal rate	Best place to work and learn	Well led	90%	96.9%	94.3%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	9.1%	8.5%	3.6%
Supervision	Best place to work and learn	Well led	80%	95.0%	95.0%	60.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.6%	95.0%	93.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.7%	92.1%	87.8%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	87.2%	94.7%	97.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	97.6%	97.5%	95.3%
Bed occupancy	Best Quality	Safe	N/A	39.9%	50.0%	50.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	34	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	104.0%	127.2%	133.3%
Safer staffing (Registered)	Best Quality	Safe	80%	163.6%	164.7%	171.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	64.6%	50.0%	62.9%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	7	8
Restraint incidents	Best Quality	Safe	Trend Monitor	1	7	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	16	19	20

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	(£0.4m)	£0m	The financial position in December 2025 presents a continuation of the surplus run rate. In month the surplus is £901k. Of this £448k relates to one off income which has been included as part of the value for money programme. Excluding the position would have been a £453k surplus. This is the first period where the year to date is also a surplus. The spend run rate does increase in Quarter 4 including the impact of normal seasonal changes such as increased utilities costs and the planned timing of purchases such as IM & T equipment.
2	Agency Spend	Best Value	Well Led	£2.6m	£3.1m	Agency spend in December is £200k which, whilst an increase from £163k last month, 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 December was £41k and further actions will be required to achieve this target.
3	Bank Spend	Best Value	Well Led	£17.7m	£23.1m	The Trust continues to utilise bank and locum staff as part of it's overall workforce strategy. Spend has been higher than originally planned, and higher than target, throughout the year end this has continued in December. Spend was £1,886k in month.
4	Corporate Spend	Best Value	Well Led	£48.9m	£66.7m	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	£18.5m	£28.2m	The value for money programme profile included increased delivery within the later months of the year. Identified mitigations are having the required impact and as at December 2025 delivery is back in line with plan. Elements of this are non-recurrent and this impact of this has been included in the Trust annual planning process.
6	Cash	Best Value	Well Led	£56.1m	£54.8m	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	£6.9m	£17.1m	The expenditure position on capital schemes continues to be updated each month. At December further updates have been made to the major Older People scheme profile and, despite, further mitigations the forecast is now that the full allocation will not be utilised in year.
8	Better Payment Practice Code	Best Value	Well Led	98%		This performance is based upon a combined NHS / Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

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

Appendix 1 - Cheswold Park Hospital

NHS South West Yorkshire Partnership Teaching NHS Foundation Trust

	Objective	CQC Domain	Trust Threshold	Oct-25	Nov-25	Dec-25
Mandatory Training - TOTAL	Improving Care		>=80%	94.0%	93.0%	92.0%
Mandatory Training - Reducing Restrictive Practice Interventions				81.5%	81.7%	78.2%
Mandatory Training - Cardiopulmonary Resuscitation				77.3%	77.6%	74.1%
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				96.7%	97.4%	97.4%
Mandatory Training - Fire Safety			>=85%	85.3%	81.2%	81.7%
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				92.2%	89.6%	89.7%
Mandatory Training - Information Governance (Data Security)			>=95%	91.0%	93.9%	93.4%
Mandatory Training - Moving & Handling			>=80%	85.3%	81.2%	81.7%
Mandatory Training - Mental Capacity Act/Dols				83.3%	78.0%	71.5%
Mandatory Training - Mental Health Act				83.3%	78.0%	71.5%
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				92.0%	91.6%	89.7%
Mandatory Training - Safeguarding Children				92.0%	91.6%	89.7%

South West Yorkshire Partnership Teaching
NHS Foundation Trust

Finance Report

Month 9 (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)**	(£-0.4m)	£0m	The financial position in December 2025 presents a continuation of the surplus run rate. In month the surplus is £901k. Of this £448k relates to one off income which has been included as part of the value for money programme. Excluding the position would have been a £453k surplus. This is the first period where the year to date is also a surplus. The spend run rate does increase in Quarter 4 including the impact of normal seasonal changes such as increased utilities costs and the planned timing of purchases such as IM & T equipment.
2	**Agency Spend**	£2.6m	£3.1m	Agency spend in December is £200k which, whilst an increase from £163k last month, 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 December was £41k and further actions will be required to achieve this target.
3	**Bank Spend**	£17.7m	£23.1m	The Trust continues to utilise bank and locum staff as part of it's overall workforce strategy. Spend has been higher than originally planned, and higher than target, throughout the year end this has continued in December. Spend was £1,886k in month.
4	**Corporate Spend**	£48.9m	£66.7m	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**	£18.5m	£28.2m	The value for money programme profile included increased delivery within the later months of the year. Identified mitigations are having the required impact and as at December 2025 delivery is back in line with plan. Elements of this are non-recurrent and this impact of this has been included in the Trust annual planning process.
6	**Cash**	£56.1m	£54.8m	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**	£6.9m	£17.1m	The expenditure position on capital schemes continues to be updated each month. At December further updates have been made to the major Older People scheme profile and, despite, further mitigations the forecast is now that the full allocation will not be utilised in year.
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.

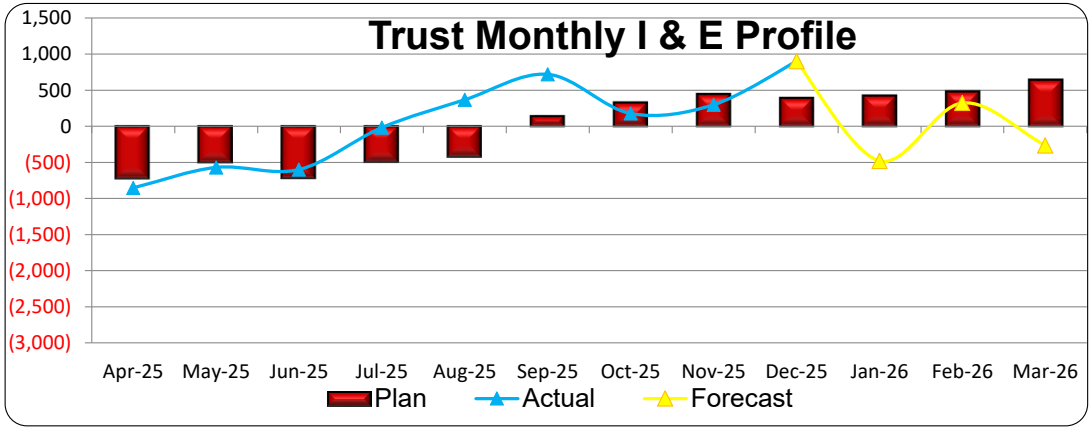
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

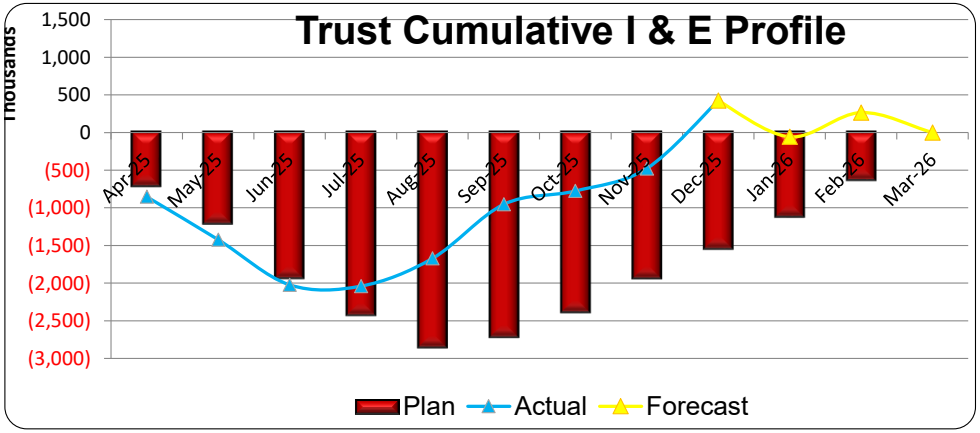
2.0 Income & Expenditure Position 2025 / 26

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					38,892	38,677	(214)	342,800	343,890	1,090	458,089	459,116	1,027
Other Operating Revenue					1,349	1,512	163	11,931	12,464	533	15,936	16,548	612
Total Revenue					**40,241**	**40,189**	**(52)**	**354,731**	**356,354**	**1,623**	**474,026**	**475,664**	**1,639**
Pay Costs	5,415	5,354	(61)	1.1%	(25,250)	(24,933)	318	(225,922)	(222,699)	3,223	(301,528)	(297,617)	3,911
Non Pay Costs					(13,759)	(14,065)	(306)	(122,958)	(127,092)	(4,134)	(162,593)	(169,648)	(7,055)
Gain / (loss) on disposal					0	448	448	0	448	448	0	448	448
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,415**	**5,354**	**(61)**	**-1.1%**	**(39,009)**	**(38,550)**	**459**	**(348,881)**	**(349,344)**	**(463)**	**(464,122)**	**(466,817)**	**(2,696)**
EBITDA	**5,415**	**5,354**	**(61)**	**-1.1%**	**1,232**	**1,639**	**408**	**5,851**	**7,010**	**1,160**	**9,904**	**8,847**	**(1,057)**
Depreciation					(633)	(647)	(14)	(5,580)	(5,902)	(321)	(7,447)	(7,810)	(363)
PDC Paid					(378)	(325)	53	(3,401)	(2,879)	522	(4,534)	(3,831)	703
Interest Received					170	234	64	1,584	2,194	609	2,077	2,794	717
Surplus / (Deficit) - ICB performance measure	**5,415**	**5,354**	**(61)**	**-1.1%**	**391**	**901**	**511**	**(1,546)**	**423**	**1,969**	**0**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					(9)	(5)	4	(79)	(46)	33	(94)	(61)	33
Revaluation of Assets					0	(1,754)	(1,754)	0	(1,754)	(1,754)	0	(1,754)	(1,754)
Surplus / (Deficit) - Total	**5,415**	**5,354**	**(61)**	**-1.1%**	**382**	**(858)**	**(1,240)**	**(1,625)**	**(1,376)**	**248**	**(94)**	**(1,815)**	**(1,721)**





Income & Expenditure Position 2025 / 26

The consolidated Trust surplus in December 2025 is £901k.
Of this £448k related to additional one off income. Excluding this the surplus was £453k.
This is £62k better than plan.

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

NHS England - monthly submission

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

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

	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
Description	**WTE**	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
Trust (core)	5,392	5,333	(59)	1.1%	(590)	751	1,341	(5,456)	300	5,756	(6,842)	(1,816)	5,026
Provider Collaboratives	23	21	(2)	6.9%	4	158	154	21	(30)	(52)	28	72	44
Budgets held centrally	0	0	0	0.0%	976	(8)	(984)	3,889	154	(3,735)	6,814	1,744	(5,070)
Total - Consolidated position (ICB performance measure)	**5,415**	**5,354**	**(61)**	**-1.1%**	**391**	**901**	**511**	**(1,546)**	**423**	**1,969**	**0**	**(0)**	**(0)**

The core Trust has continued to report in month surpluses (December being the **5th consecutive** month). Excluding the one off income this would have been a surplus of £303k and better than plan. Through this period of operational surplus this has reduced the year to deficit accumlated at the start of the year to £148k deficit excluding the one off. This has continued to reduce the year to date deficit.

The forecast presents a change to this positive run rate with additional expenditure forecast resulting in a core Trust deficit. This includes modelling of seasonal costs (such as increased utilities costs) but remains primarily driven by workforce assumptions.

As shown on page 8 workforce (worked WTE) has increased in November and December 2025 with further increases expected in Quarter 4. Increases are reviewed at a granular level and include recruitment into additional, recurrent and non-recurrent, commissioner investment.

The financial performance of provider collaboratives remains volatile based on activity and operational pressures leading to out of area placements and exceptional packages of care. In December West Yorkshire Adult Secure has reported a small deficit (£13k) whilst South Yorkshire Adult Secure and Forensic CAMHS have reported surpluses. Both West and South Yorkshire are forecasting small deficits for 2025 / 26.

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.

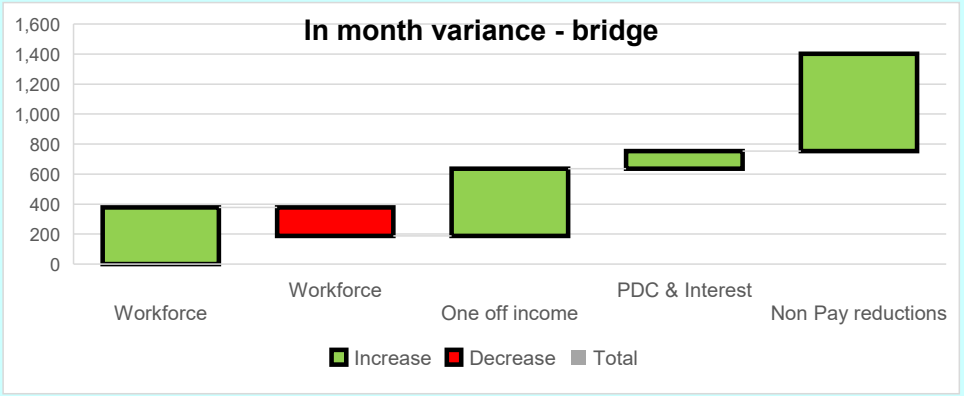
Total Financial Position - Core Trust only

	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					29,165	29,030	(135)	258,640	258,667	27	345,781	345,618	(163)
Other Operating Revenue					1,270	1,323	53	11,214	11,542	328	14,981	15,365	384
Total Revenue					**30,435**	**30,353**	**(82)**	**269,854**	**270,209**	**355**	**360,762**	**360,982**	**220**
Pay Costs	5,392	5,333	(59)	1.1%	(25,024)	(24,800)	223	(223,883)	(221,454)	2,429	(298,810)	(295,979)	2,831
Non Pay Costs					(5,160)	(4,511)	648	(44,030)	(42,316)	1,715	(58,890)	(58,421)	469
Gain / (loss) on disposal					0	448	448	0	448	448	0	448	448
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,392**	**5,333**	**(59)**	**-1.1%**	**(30,183)**	**(28,864)**	**1,320**	**(267,914)**	**(263,322)**	**4,592**	**(357,700)**	**(353,952)**	**3,748**
EBITDA	**5,392**	**5,333**	**(59)**	**-1.1%**	**251**	**1,489**	**1,238**	**1,940**	**6,887**	**4,947**	**3,062**	**7,031**	**3,969**
Depreciation					(633)	(647)	(14)	(5,580)	(5,902)	(321)	(7,447)	(7,810)	(363)
PDC Paid					(378)	(325)	53	(3,401)	(2,879)	522	(4,534)	(3,831)	703
Interest Received					170	234	64	1,584	2,194	609	2,077	2,794	717
Surplus / (Deficit) - ICB performance measure	**5,392**	**5,333**	**(59)**	**-1.1%**	**(590)**	**751**	**1,341**	**(5,456)**	**300**	**5,756**	**(6,842)**	**(1,816)**	**5,026**
Depn Peppercorn Leases (IFRS16)					(9)	(5)	4	(79)	(46)	33	(94)	(61)	33
Losses Peppercorn Leases (IFRS16)					0	(1,754)	(1,754)	0	(1,754)	(1,754)	0	(1,754)	(1,754)
Surplus / (Deficit) - Total	**5,392**	**5,333**	**(59)**	**-1.1%**	**(599)**	**(1,008)**	**(409)**	**(5,535)**	**(1,500)**	**4,035**	**(6,936)**	**(3,631)**	**3,305**

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. Same care groups underspent on pay. Largest remain corporate services and mental health care group.	379
Workforce - Continuation of previous trends. Overspends in OPS inpatient, adult inpatient and Children's care groups.	(123)
One off income	448
PDC & Interest - Impact of timing of capital programme.	117
Non pay - continued reduction in run rates and expenditure control	648

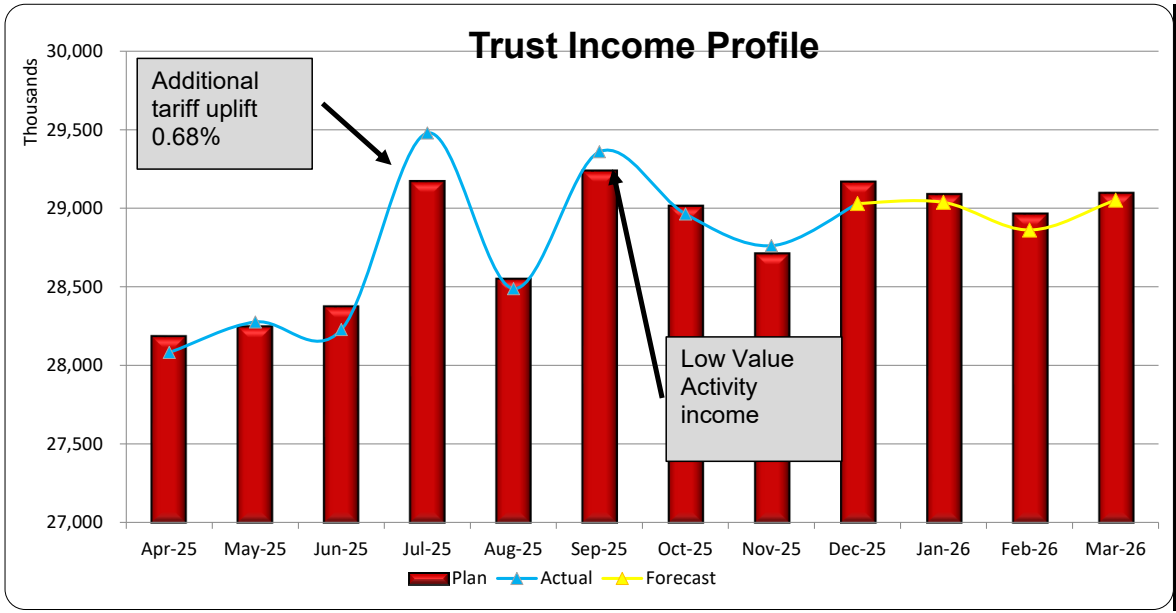


2.1 Income Information

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	23,325	23,270	23,270	23,298	**277,454**	277,508	(54)
Specialist Commissioner	36,788	4,697	4,723	4,666	4,861	4,956	5,036	4,919	4,922	5,006	5,002	4,846	4,988	**58,622**	57,593	1,029
Local Authority	5,141	318	465	314	680	303	422	486	483	427	397	397	397	**5,090**	5,450	(361)
Partnerships	2,940	248	251	243	251	233	197	238	212	76	219	198	219	**2,583**	3,099	(516)
Other Contract Income	1,583	127	168	155	141	149	155	191	136	197	150	150	150	**1,870**	2,131	(261)
Total	**312,292**	**28,082**	**28,276**	**28,227**	**29,479**	**28,488**	**29,359**	**28,964**	**28,761**	**29,030**	**29,038**	**28,862**	**29,051**	**345,618**	**345,781**	**(163)**
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	9,647	9,428	9,419	9,428	**113,499**		
Total	**312,292**	**37,286**	**37,484**	**37,424**	**38,930**	**38,092**	**39,381**	**38,320**	**38,297**	**38,677**	**38,466**	**38,280**	**38,480**	**459,116**		



Further income has been agreed with commissioner in month (recurrent and non-recurrent) which has increased the total value of income received and forecast. The full year effect of investment, where applicable, is factored into the 2026 / 27 Trust plan.

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	£250k
Recharge of salary based on staff in post	
* Local Authority - Yorkshire Smokefree	£341k
Payment by results on some Smokefree contracts and recharge of actual prescribing costs	

2.2 Pay Information

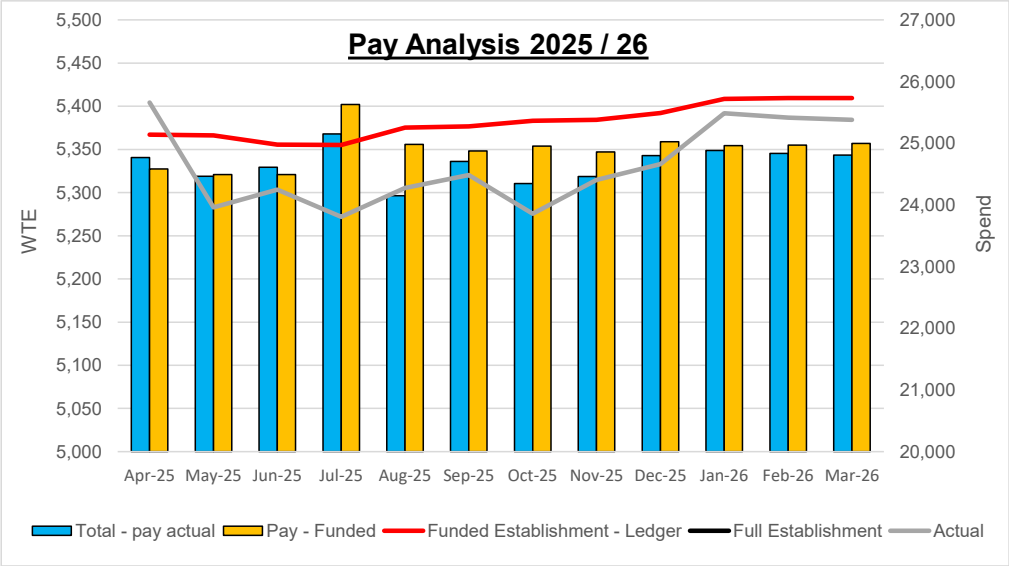
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	22,716	22,862	22,872	22,878	**269,838**
Bank & Locum	2,216	1,926	1,964	2,057	1,913	2,106	1,761	1,844	1,884	1,816	1,795	1,759	**23,040**
Agency	352	355	356	361	281	260	228	163	200	206	167	171	**3,101**
Total	**24,768**	**24,463**	**24,610**	**25,151**	**24,150**	**24,704**	**24,346**	**24,461**	**24,800**	**24,883**	**24,834**	**24,807**	**295,979**
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%	7.6%	7.3%	7.2%	7.1%	7.8%
Agency as % (in month)	1.4%	1.5%	1.4%	1.4%	1.2%	1.1%	0.9%	0.7%	0.8%	0.8%	0.7%	0.7%	1.0%

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	4,887	4,953	4,958	4,962	**4,858**
Bank & Locum	528	443	452	452	487	481	408	428	424	418	412	406	**445**
Agency	39	31	42	35	35	31	30	23	22	20	17	17	**28**
Total	**5,404**	**5,283**	**5,303**	**5,272**	**5,305**	**5,320**	**5,276**	**5,315**	**5,333**	**5,392**	**5,387**	**5,384**	**5,331**
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**



Trust worked WTE has increased from October to November (57 worked WTE overall) and is forecast to further increase in January before small reductions in February and March 2026.

Forecasts continue to be reviewed on a granular basis and triangulated with operational teams. In November the forecast for December was 5,367; actual staff in post was 34 less which may suggest that the increase may not be as many as currently modelled.

There has been small changes in bank and agency staff in month and therefore the main movement is an increase in substantive staff (24 worked WTE). Recruitment, especially of unregistered nurses in inpatient areas, was the main action to reduce temporary staffing usage. Other factors such as current sickness levels, acuity, and the seasonal period all contribute to this not being a direct 1 for 1 relationship.

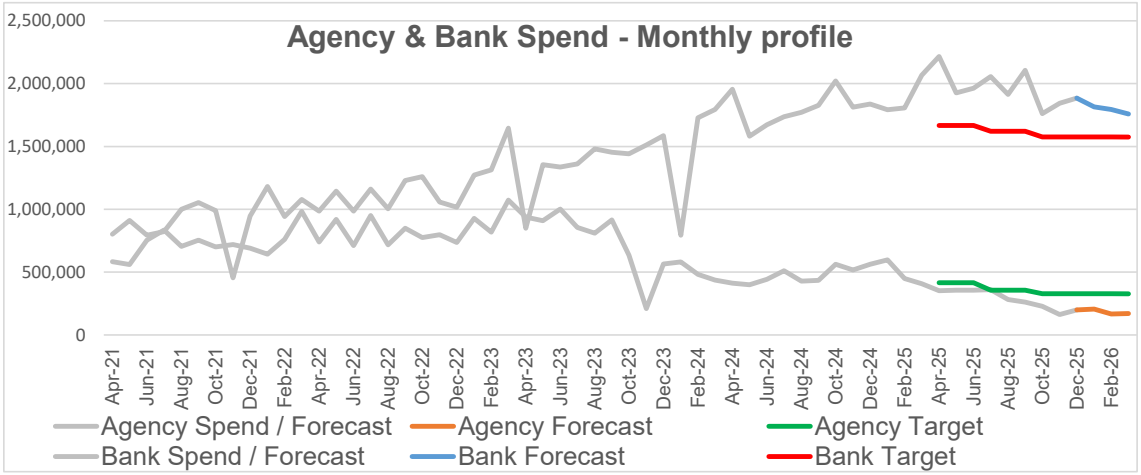
All care groups have been reviewed to assess current workforce trajectories against the current plan for 2026 / 27 to ensure that actions taken now do not lead to increased financial challenges next year.

2.2 Temporary Staffing Focus

Trust spend in December 2025:
Agency £200k
Bank £1,884k

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	1,353	463	**1,816**
Other Medical	559	368	**926**
Reg Nursing	37	4,443	**4,480**
UnReg Nursing	511	11,256	**11,768**
Other Clinical	94	521	**615**
A & C	2	620	**623**
Other	0	0	**0**
Total	**2,557**	**17,672**	**20,229**
Lead Provider Collaborative	25	5	**31**
Budgets held centrally		11	**11**
Total	**2,582**	**17,688**	**20,270**

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.

Agency spend has increased in December, in both medical and unregistered nursing as the remaining categories. This remains less than originally planned. The current forecast includes a continued level of band 2 and agency usage after January 2026. The national target (introduced November 2025) is for zero usage in this area no later than January unless under exceptional patient safety issues. Whilst there has been positive reductions in the run rate further action will be required to achieve this target.

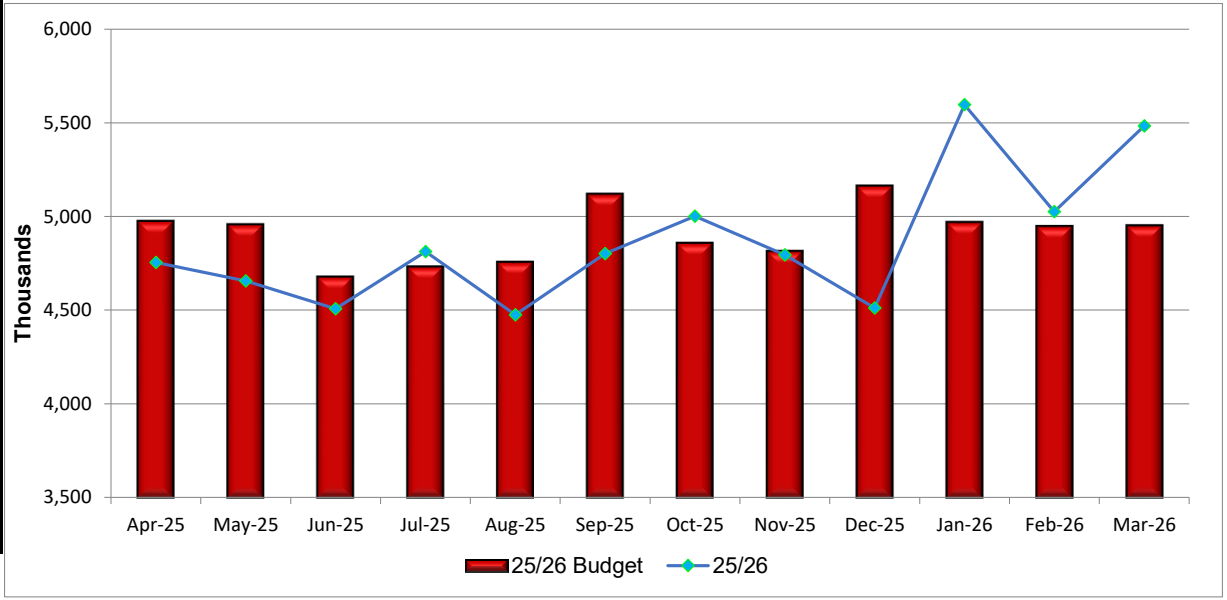
Bank and locum expenditure continues to fluctuate from month to month. Overall spend has increased in December (£40k) mainly due to increased registered nurse usage. The national target set for 2026 / 27, based on current run rates, looks extremely challenging. As mentioned previously the reasons for usage in this area continue to be scrutinised through the Trust temporary staffing group.

2.3 Non Pay Expenditure

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

Non pay spend	Apr-25 £k	May-25 £k	Jun-25 £k	Jul-25 £k	Aug-25 £k	Sep-25 £k	Oct-25 £k	Nov-25 £k	Dec-25 £k	Jan-26 £k	Feb-26 £k	Mar-26 £k	Total £k
2025 / 26	4,754	4,656	4,507	4,812	4,475	4,802	5,002	4,795	4,511	5,597	5,025	5,483	**58,421**
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	3,400	3,247	(153)
Establishment	7,413	6,549	(864)
Lease & Property Rental	6,721	6,442	(279)
Premises (inc. rates)	4,102	4,429	327
Utilities	2,127	2,173	46
Purchase of Healthcare	5,200	5,560	360
Travel & vehicles	4,957	4,640	(317)
Supplies & Services	6,860	6,561	(299)
Training & Education	862	701	(161)
Clinical Negligence & Insurance	1,316	1,083	(233)
Other non pay	1,073	932	(141)
Total	**44,030**	**42,316**	**(1,715)**
Total Excl OOA and Drugs	**35,431**	**33,509**	**(1,922)**



Key Messages

Non pay expenditure, excluding provider collaboratives and budgets held centrally, has continued to fluctuate. December 2025 is a further reduction in spend with £293k less spent than November 2025. This again applies to most categories in the table above with the largest being travel & vehicles and training & education.

Additional expenditure is forecast in January 2026. This includes one off purchases such as IM & T equipment, seasonal costs such as utilities and the timing of other expenditure such as training & education.

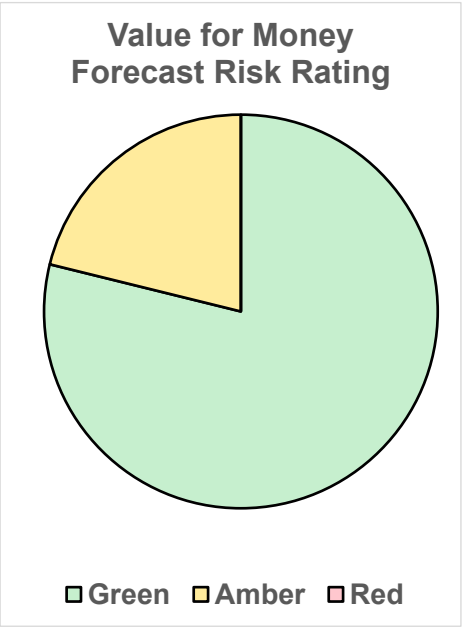
Further expenditure is also forecast, although will be mitigated as far as possible, on out of area placements. PICU and acute placements in December had reduced to 2 only which is lower than the previous run rate. The forecast also considers usual annual trends, traditionally demand has increased in the January to March period. This also applies to locked rehab placements.

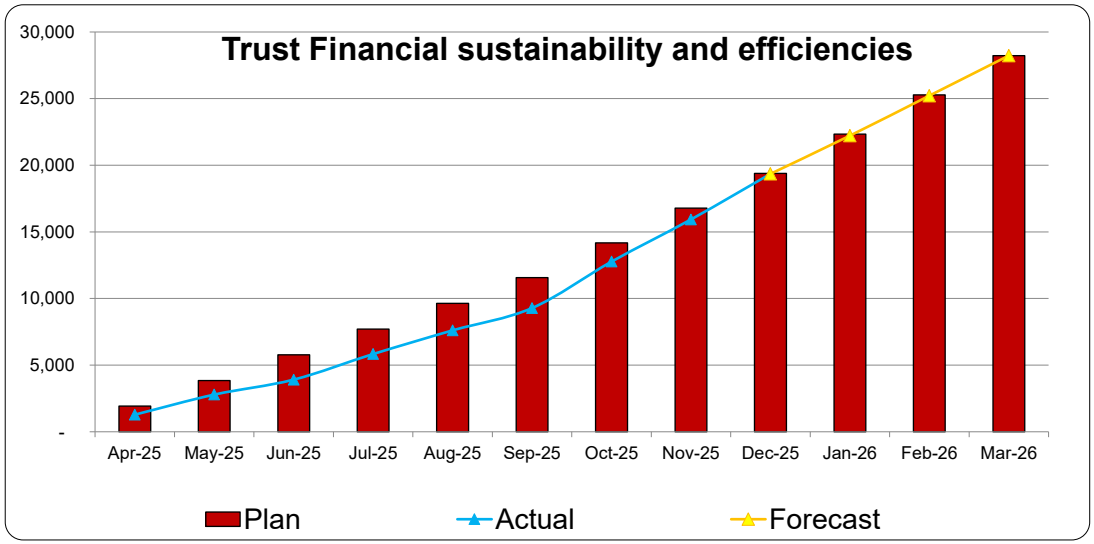
3.0 Value for Money & Financial sustainability

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	7,190	6,845		(345)	10,500	0	10,500	6,845	3,381		(274)
	Unallocated	2	0		(2)	3,400	(3,400)	0			0	(0)
	Fixed Term Contracts	378	212		(166)	500	0	500	362			(138)
	Corp / non clinical	1,896	1,496	1,341	941	2,000	1,000	3,000	3,530			530
	Productivity	550	0		(550)	1,100	0	1,100	0		0	(1,100)
	Temporary Staffing	2,925	2,115		(810)	3,900	0	3,900	2,997	0		(903)
	Difficult Decisions	0	0		0	1,000	0	1,000	0			(1,000)
Non Pay	Non Pay	819	1,065		246	1,130	0	1,130	27	796		(307)
	Difficult Decisions	0	172		172	0	0	0	236			236
Other	Corporate Services	1,278	1,305		27	1,700	0	1,700	1,745			45
	Provider Collaboratives	1,125	1,593		468	1,500	0	1,500	2,121			621
	Bed Sales	249	0		(249)	500	0	500	0			(500)
	Income	529	529		0	0	705	705	705			0
	Misc income - overage	520		448	(72)	0	520	520		520		0
	Technical	1,089		1,392	303	1,000	1,175	2,175	3,692	1,273		2,790
Total		**18,549**	**15,332**	**3,181**	**(36)**	**28,230**	**0**	**28,230**	**22,260**	**5,970**	**0**	**(0)**
Recurrent		9,526	15,332		5,806	16,430	(2,695)	14,735	15,469	5,450	0	6,184
Non Recurrent		9,024		3,181	(5,843)	11,800	2,695	13,495	6,791	520	0	(6,184)





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 December 2025 the run rate has continued to move back towards plan and is now £36k behind plan. November was £376k. The main movement is receipt of the overage payment which is shown in the income and expenditure position.

The forecast remains that the full target will be achieved. The value of amber rated schemes continue to reduce (was £6,919k last month) 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	190,144	
Current Assets			
Inventories & Work in Progress	248	248	
NHS Trade Receivables (Debtors)	2,453	1,302	
Non NHS Trade Receivables (Debtors)	989	890	
Prepayments	2,863	5,136	1
Accrued Income	6,235	5,201	2
Cash and Cash Equivalents	55,748	56,094	Pg 15
Total Current Assets	**68,537**	**68,871**	
Current Liabilities			
Trade Payables (Creditors)	(10,899)	(5,672)	3
Capital Payables (Creditors)	(1,551)	(676)	
Tax, NI, Pension Payables, PDC	(9,478)	(10,340)	
Accruals	(14,054)	(14,400)	4
Deferred Income	(644)	(2,999)	5
Other Liabilities (IFRS 16 / leases)	(48,793)	(46,118)	
Total Current Liabilities	**(85,419)**	**(80,206)**	
Net Current Assets/Liabilities	**(16,882)**	**(11,335)**	
Total Assets less Current Liabilities	**180,552**	**178,809**	
Provisions for Liabilities	(3,357)	(3,313)	
Total Net Assets/(Liabilities)	**177,195**	**175,496**	
Taxpayers' Equity			
Public Dividend Capital	76,344	76,344	
Revaluation Reserve	21,306	13,479	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	74,325	80,453	
Total Taxpayers' Equity	**177,195**	**175,496**	

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 £3.5m relates to agreed income from NHS England.

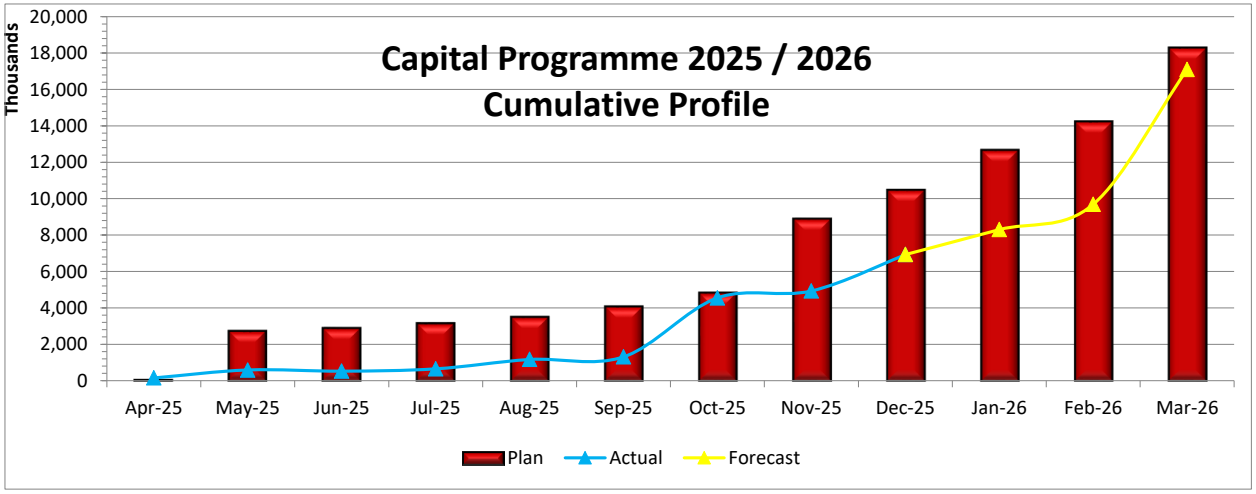
3. As is normal Trade creditors were exceptionally high at year end and have now reduced. As demonstrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution.

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 continued to reduce in month. This is expected to be minimal, as per previous year ends, by 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	4,350	521	(3,829)	7,425	950	(6,475)
Estates safety	100	0	(100)	675	675	0
Seclusion rooms	0	476	476	0	1,207	1,207
Backlog Maintenance	0	1,171	1,171	0	2,639	2,639
Equipment	0	29	29	0	29	29
Vehicles	0	0	0	0	90	90
IM & T	0	747	747	0	2,625	2,625
Other	0	(128)	(128)	0	918	918
Leases (IFRS 16)	6,027	4,064	(1,963)	6,148	4,269	(1,879)
TOTALS	**10,477**	**6,881**	**(3,596)**	**14,248**	**13,402**	**(846)**
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	46	46	2,082	1,745	(337)
Cheswold - IM & T	0	0	0			0
TOTALS	**10,477**	**6,927**	**(3,550)**	**18,282**	**17,099**	**(1,183)**



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.

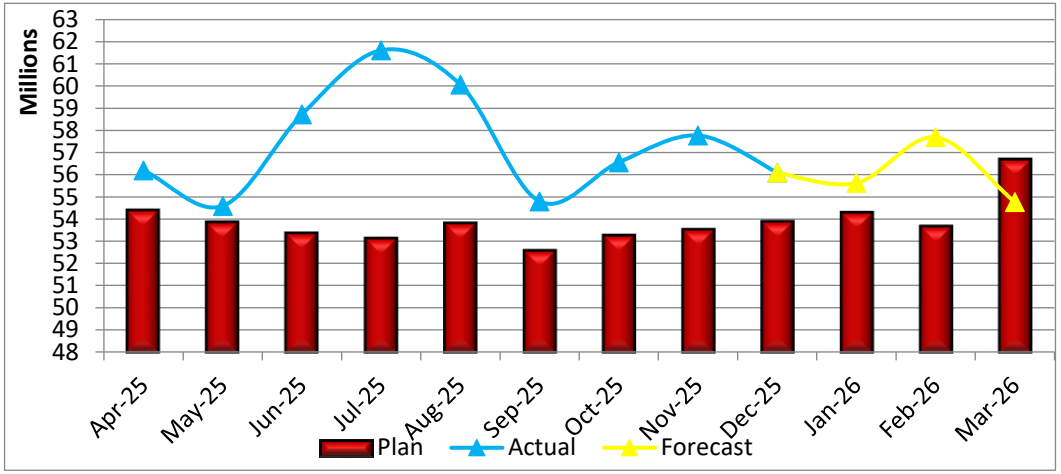
Additional allocations have been secured in line with the Cheswold Park Business case and additional successful funding bids. In October the Cheswold seclusion funding was removed following confirmation that, due to other site issues and priorities, this can no longer be completed. This external funding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

Issues, associated with the Older People Transformation scheme, continue to be resolved in conjunction with our construction partner. As a result this scheme is behind the original plan profile but this continues to be progressed and prioritised as part of the ongoing capital programme.

The value for Older People has been reviewed, as we do with all schemes, in month and has been reduced. Although mitigations continue to be identified the overall forecast is currently that £17.1m, of the £18.3m, allocation will be utilised.

A detailed progress update is provided to the Trust Finance, Investment and Performance Committee.

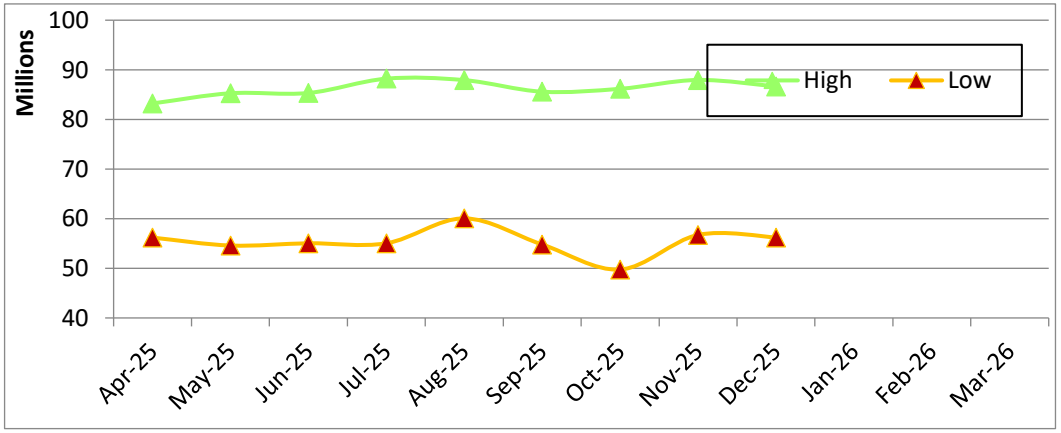
4.2 Cash Flow & Cash Flow Forecast 2025 / 2026



Cash remains above plan

The Trust cash position has continued to fluctuate at a level higher than planned. This remains above plan primarily due to the overall Trust financial position and that capital spend is lower than planned.

	Plan £k	Actual £k	Variance £k
Opening Balance	55,839	55,839	
Closing Balance	53,882	56,094	2,212



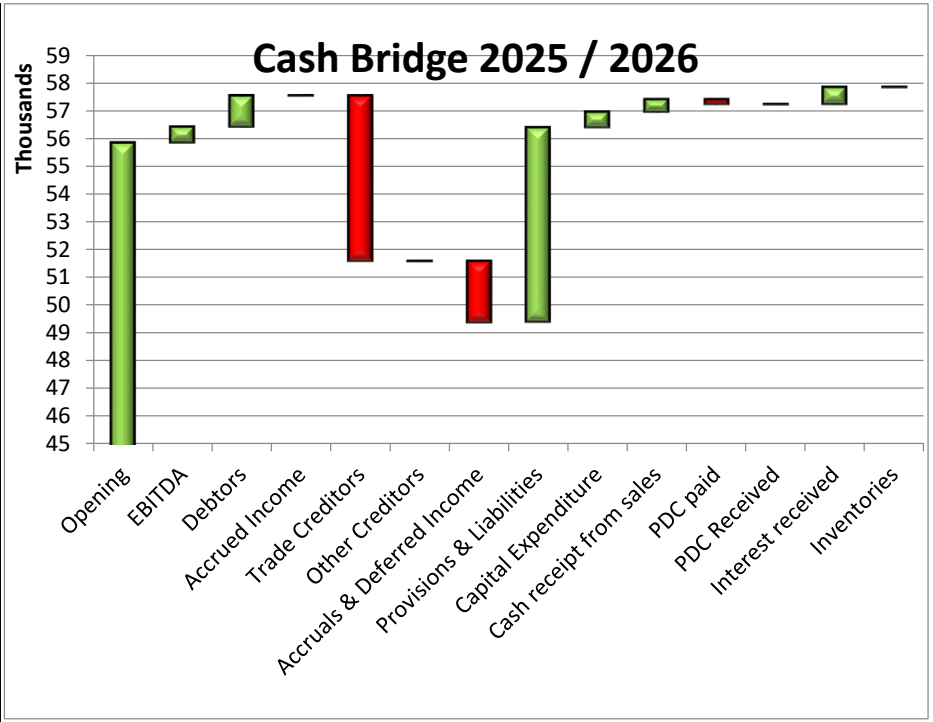
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £86.6m
The lowest balance is: £56.2m

This reflects cash balances built up from historical surpluses.

4.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**55,839**	**55,839**	0	
Surplus / Deficit (Exc. non-cash items & revaluation)	12,690	13,258	568	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	1,000	2,126	1,126	
Trade Payables (Creditors)	850	(5,103)	(5,953)	
Accruals & Deferred income	0	(2,201)	(2,201)	
Provisions & Liabilities	(4,702)	2,304	7,006	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(4,300)	(3,737)	563	
Cash receipts from asset sales	0	448	448	
Leases	(6,812)	(6,601)	211	
PDC Dividends paid	(2,267)	(2,433)	(166)	
PDC Dividends received	0	0	0	
Interest (paid)/ received	1,584	2,194	609	
Closing Balances	**53,882**	**56,094**	**2,211**	



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.

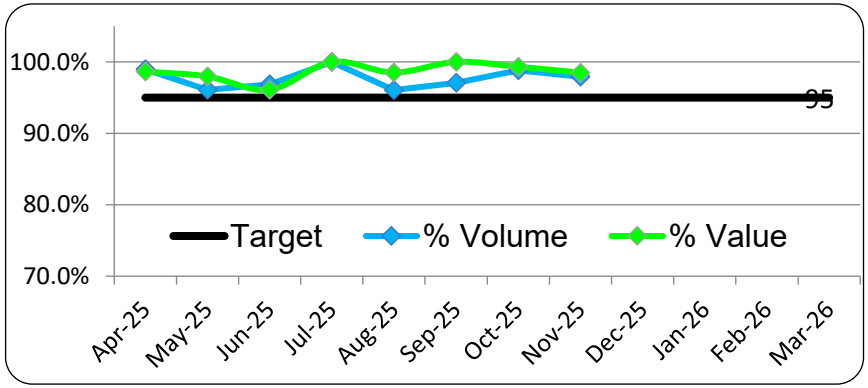
5.0 Better Payment Practice Code

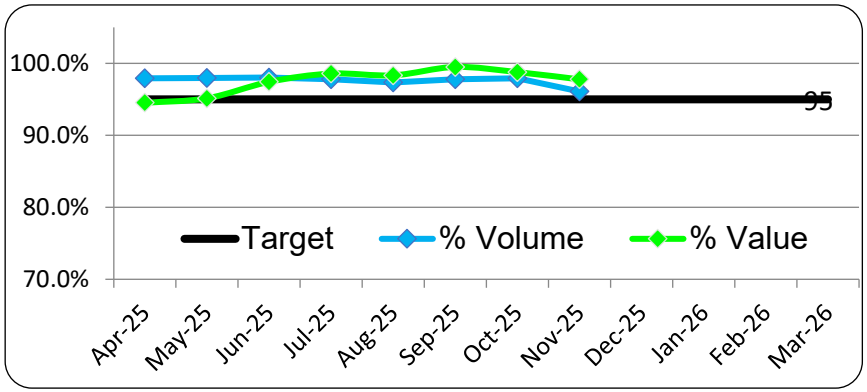
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	96%	98%
Cumulative Year to Date	98%	99%

Non NHS	Number %	Value %
In Month	97%	99%
Cumulative Year to Date	98%	97%





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5.1 Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
13-Dec-25	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	2000032479	739,248
16-Dec-25	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	2000032501	739,248
05-Dec-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005789	717,325
24-Dec-25	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	206355	663,103
29-Dec-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS65	400,000
01-Dec-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010705	353,165
18-Dec-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000002072	344,118
19-Dec-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS42	240,000
03-Dec-25	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 308	232,724
19-Dec-25	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foundation Trust	4400003879	150,610
19-Dec-25	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foundation Trust	4400003880	136,176
17-Dec-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34055771	120,000
18-Dec-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34049506A	120,000
01-Dec-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010702	110,842
04-Dec-25	IT Services	Trustwide	Wavenet Ltd	1447942	108,300
09-Dec-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS063SN	103,642
23-Dec-25	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trust	331520	84,369
10-Dec-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS063INV	82,751
15-Dec-25	Staff Recharge	Forensics	Wakefield Metropolitan District Council	91317721795	82,324
24-Dec-25	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710182557	81,705
05-Dec-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005788	69,872
18-Dec-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	KHS0441213	56,893
16-Dec-25	Purchase of Healthcare	AS Collaborative	Cumbria Northumberland Tyne And Wear NHS Foundation Trust	9810038451	56,174
09-Dec-25	Lease Cars	Trustwide	Athlon Mobility Services Uk Ltd	202580035466	55,924
11-Dec-25	Course Fees	Trustwide	Royal College Of Nursing	ARGI00018215	54,000
01-Dec-25	Computer Software	Trustwide	Mri Software Emea Ltd	MRIUK1049947	51,870
18-Dec-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000002073	50,158
18-Dec-25	Drugs	Trustwide	NHS Business Services Authority	1000086020	49,531
19-Dec-25	Utilities	Trustwide	Edf Energy Customers Ltd	000026056649	46,947
18-Dec-25	Drugs	Trustwide	NHS Business Services Authority	1000086643	46,725

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
02-Dec-25	Purchase of Healthcare	Kirklees	Invictus Wellbeing Services Cic	528	42,433
08-Dec-25	Drugs	Trustwide	NHS Business Services Authority	1000086330	41,078
02-Dec-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001462EPC	39,629
16-Dec-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005967	38,562
05-Dec-25	Purchase of Healthcare	Forensics	Humber Teaching NHS Foundation Trust	59897754	38,316
16-Dec-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1005966	37,318
10-Dec-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC043INV	37,047
01-Dec-25	NHS Recharge	Kirklees	Mid Yorkshire Hospitals NHS Trust	1600038410	33,723
16-Dec-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	APL0440855	31,800
16-Dec-25	Purchase of Healthcare	Trustwide	Cygnet Behavioural Health Ltd	KHS0441204	31,800
30-Dec-25	Continence Products	Barnsley	Supply Chain Coordination Limited	290868	28,546
08-Dec-25	Purchase of Healthcare	Forensics	Change Grow Live	IN15742	28,406
02-Dec-25	Rent	Kirklees	Bradbury Investments Ltd	19968	27,158
05-Dec-25	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72491234	26,345
08-Dec-25	Drugs	Doncaster	Speeds Healthcare Ltd	INV166891	25,772
10-Dec-25	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	IN1000083	25,727
30-Dec-25	Continence Products	Barnsley	Supply Chain Coordination Limited	291868	25,663
24-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897878	25,283
24-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897882	25,283
24-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897883	25,283
29-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897902	25,283
29-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897904	25,283
29-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897905	25,283
29-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897908	25,283
29-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897910	25,283
24-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897884	25,283
24-Dec-25	Purchase of Healthcare	AS Collaborative	Humber Teaching NHS Foundation Trust	59897885	25,283
01-Dec-25	Purchase of Healthcare	Forensics	Tees Esk & Wear Valleys NHS Foundation Trust	4810028341	25,249
11-Dec-25	Staff Recharge	Trustwide	Sheffield Health & Social Care NHS Foundation Trust	0000001987	25,148

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

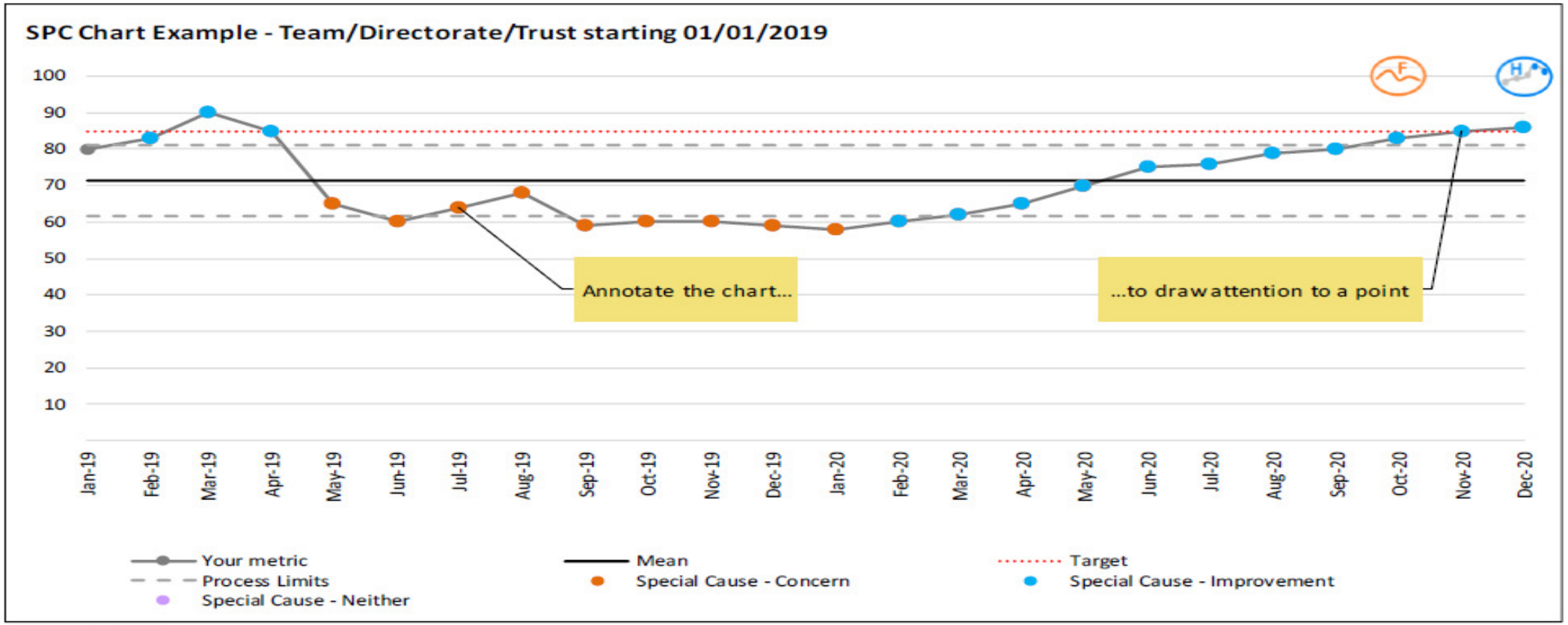
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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