NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

January 2026

With all of us in mind.

NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

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Introduction

Welcome to the Trust's Integrated Performance Report (IPR) for January 2026.

The report format for 2025/26 has been changed slightly this year to align with the Trust board's focus. In months where the report is not included on the Trust board agenda (Strategy focus) or has a shorter time allocation (Risk focus) a more data focussed report with key headlines will be produced. For Performance focus months, this will be a full report including supporting narrative and we will continue to develop more in depth analysis over the year.

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:

- Headlines
- Executive summary
- Quality and Safety
- People
- National metrics
- Care groups including ward level detail
- Finance

The Trust has recently undertaken a refresh of its Strategy and as a result has identified three new strategic aims: We will live our values, We will be the best we can be, We will be ambitious. Our Integrated Performance Report (IPR) provides a comprehensive view of Trust performance against our targets. We have mapped this performance information against the new strategic aims, values and best statements so that it is easy to see how the performance data links to the delivery of the strategy. Mapping of metrics included in the integrated performance report against the new strategic objectives has been undertaken and a new column added to dashboards to display this. A separate report will be provided to board with a specific focus on delivery of the Strategy. We have also mapped the metrics included in this report against the Care Quality Commission domains and this can also be seen in the addition of a column to each of the dashboards.

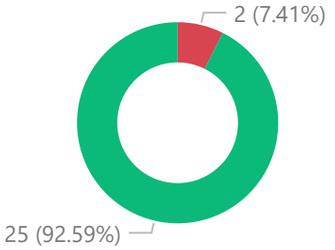
An exercise has been undertaken to review all metrics and thresholds to ensure they meet the requirements and priorities for 2025/26, the report has been updated to reflect this. In particular, the national metrics section includes those contained within the NHS oversight framework, operational planning guidance for 2025/26 and NHS standard contract items. On 1st October 2024 the Trust acquired Cheswold Park Hospital, which is a 112-bed low and medium secure mental health hospital based in Doncaster, providing services to male and female patients with a diagnosis of mental illness, personality disorder or neurodevelopmental disorders. Cheswold Park provides services to patients from South Yorkshire Adult Secure Provider Collaborative and placements for patients who may be from out of the area and need the specific treatment pathways the hospital provides. Over the last eight months the Trust has been undertaking an integration programme to embed Cheswold Park Hospital Services into the Trust and reporting systems. We expect this project to be complete by the end of March 2026 and as data becomes available within Trustwide systems, this will be included in the main report during this transition period, any metrics not yet available will be reported separately in the appendix for Cheswold Park Hospital. We have added the reducing inequalities section to the report again this month, this is linked to the Trust's equality, diversity and inclusion strategy it includes a number of metrics to evidence our progress towards delivering more responsive and equitable services for our communities. The strategy will guide us to being a more inclusive employer where everyone can be themselves and feel valued for their contribution. We will continue to further develop this section of the report over the coming months in line with the deployment of the Trusts Equality, diversity, and inclusion strategy.

Our Integrated Performance Report is publicly available on the internet.

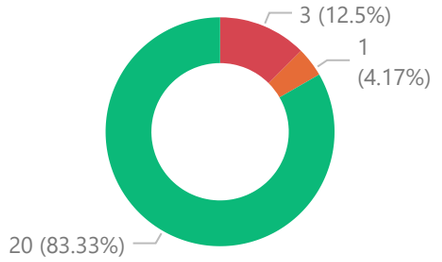
Headlines - Performance Rates Summary

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

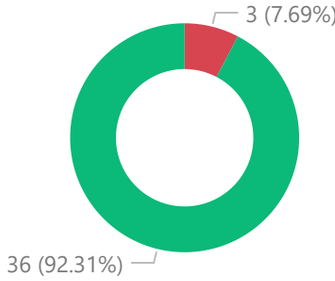
Quality & Safety Metrics Performance Rate



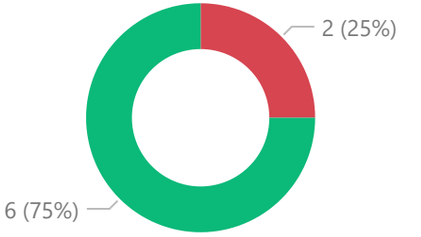
People Metrics Performance Rate



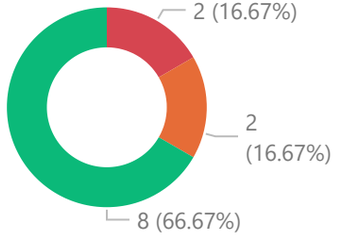
National Metrics Performance Rate



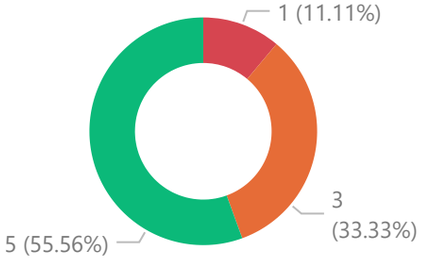
Finance Metrics Performance Rate



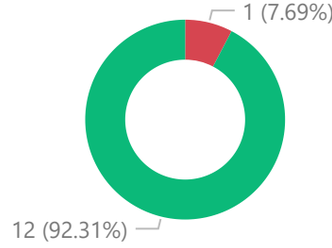
Barnsley Physical Health Metrics Performance Rate



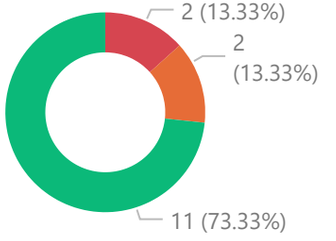
CAMHS Metrics Performance Rate



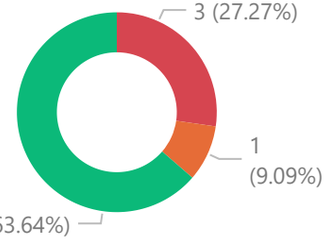
Mental Health Community Metrics Performance Rate



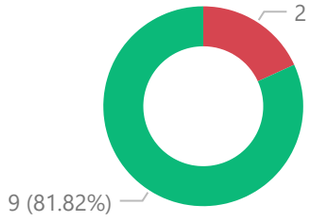
Mental Health Inpatient Metrics Performance Rate



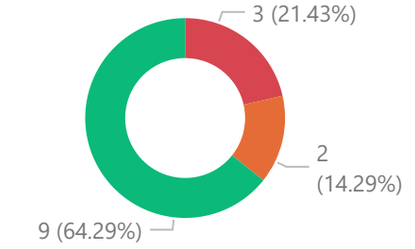
ASD/ADHD Metrics Performance Rate



Forensic SY Metrics Performance Rate



Forensic WY Metrics Performance Rate



Headlines

This section of the report identifies the metrics where there has been a change in performance or where expected levels are not being achieved. Metrics that are routinely meeting thresholds will not appear on this page. Whilst the metrics included may have seen a change since last month the assurance/variation icons where available, show if the data over time indicates that there is any action required.

A hyperlink has been added to each section so the reader can look at the detail relating to the metrics in that section in the main body of the report as required.

Quality and Safety

Metric	Change from last month	Variation/ Assurance
Complaints - Number of responses provided within six months of the date a complaint received	↓	
% of inpatients clinically ready for discharge	↓	

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	↓	
The number of incomplete Referral to Treatment (RTT) pathways	↑	
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 Children and Younger People aged under 18 in adult inpatient wards	↑	
Inappropriate out of area bed days	↑	
Virtual Ward Occupancy	↓	

Finance

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

Mental Health Community

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

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)	↓	

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)	↓	
% of feedback with staff values and behaviours as an issue	↓	

Forensic - West Yorkshire

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
Sickness rate (Monthly)	↑	
% Bed occupancy (incl leave)	↓	
Information Governance (IG) training compliance	↓	
% 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	↑	
Cardiopulmonary resuscitation (CPR) 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 January decreased to 1,433, 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 decreased this month from 220 reported in December to 175. The highest number of incidents were on Ward 19 (27) and Elmdale ward (20). 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 24 incidents against staff on mental health wards involving race during January. 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 three staff led prone restraints during the month. 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. 1 staff led incidents took place on Walton psychiatric intensive care unit, 1 on Bronte ward and 1 on Stanley ward.

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

• There were 59 inpatient falls reported during January 2026. We actively risk assess those service users who are at high risk of falling and implement care plans. All fall incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required.

• 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 95.4% against a target of 90%. Disability recording was at 55.9%, sexual orientation 55.6% 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 January 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 decreased slightly in January at 5.8%. There has been a general 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. The West Yorkshire Forensic care group have reduced their absence rate to 7% in January (previously 8.7%). This is due to the reduction of LTS to 4.8% (previously 6.3%). LD &ASD and ADHD care group have increased to 5.8% in January. The main reason for this is a high amount of seasonal related absences. Our Estates and Facilities long term absences remain above our local threshold, however, these are all known absences which are being managed appropriately and fairly between the people business partners and the operational leads.

• Our Appraisal compliance continues to rise reaching 89.2% in January.

• 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, 91 out of 121 children (75.2%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in January. 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 33.
One was due to patient choice (cancellation of offered appointments) and the others (which were both referrals to the ARFID (avoidant restrictive food intake disorder) pathway, were due to staffing pressures.

• 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 January has increased compared to previous month (55.1 days). In terms of performance against the trajectory, we are meeting the trajectory for January 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 decreased to 70.7% and 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 January, 73.8% 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. January performance decreased to 88.2% against a 90% threshold with 6 patients out of 51 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 January the Trust had reduced its use of inappropriate out of area placements to 1 at the end of the month with 52 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 January, 28 people were clinically ready for discharge but remained in a bed.

Care Groups Continued...

• 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 January was 301. Calderdale does not block commission assessments, but we do assess 7-8 people from that locality via the Patient Choice framework. 33 referrals were received from Calderdale in January.

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 recurrently commissioned in Kirklees. Wakefield have non recurrently invested to March 2026. Barnsley and Calderdale have not invested in this step.

• 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 January, 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 January 2026 presents a continuation of the surplus run rate. In month the surplus is £383k which is similar to previous months after discounting one off impacts. This increases the year to date surplus to £806k. There is additional spend forecast in February and March 2026 and a breakeven year end position remains the most likely forecast.

• Agency spend has continued to reduce in month. Spend in January 2026 is £112k which is the lowest individual month this financial year. Medical staff make up the majority of this cost although this equates to 5.87 worked WTE only. Unregistered nursing has also continued to reduce (£16k in month); the NHS England target is zero from February 2026 onwards unless under exceptional patient safety requirements.

• 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. Spend in January is £1,910k. This is £25k more than last 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. Any slippage on original schemes has been covered by new mitigations and current 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.

• Capital expenditure has increased in December 2025 and January 2026, however, the capital programme remains behind plan for the year to date and is forecast to be less than the allocation. The main driver for this is the Older People scheme. Changes in the profile have been mitigated by future year schemes being brought forward wherever possible.

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Best Quality	Responsive	TBC	69.3%	64.1%	63.8%	64.5%	67.5%	73.8%	N/A
Complaints	% of feedback with staff values and behaviours as an issue [12]	Best Quality	Caring	< 20%	9% (2/22)	9% (3/33)	8% (2/26)	15.7% (6/38)	8.8% (3/34)	14% (6/43)	1
	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	108.7	122.6	116.6	112.8	101.0	101.6	N/A
	Complaints - Number of responses provided within six months of the date a complaint received [16]	Best Quality	Well led	100%	95% (20/21)	93% (25/27)	92% (24/26)	95% (18/19)	100% (16/16)	94% (15/16)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	89%	89%	94%	93%	93%	91%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	97%	97%	96%	97%	96%	96%	1
	Number of compliments received	Best Quality	Caring	N/A	68	44	32	45	51	25	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Best Quality	Safe	Trend monitor	6	14	10	2	4	2	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Best Quality	Safe	Trend monitor	0	0	1	0	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	8	9	8	6	8	10	2
	% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	5.2%	5.5%	5.0%	5.7%	4.9%	5.3%	3
	Total number of reported incidents	Best Quality	Safe	Trend monitor	1424	1414	1538	1386	1448	1433	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	35	39	37	43	32	33	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	2	0	1	4	1	0	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	0	4	3	0	3	0	
	Safer staff fill rates *	Best Quality	Safe	90%	118.3%	115.6%	118.1%	120.1%	120.6%	116.3%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	97.9%	94.4%	97.6%	101.3%	100.3%	100.2%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Best Quality	Safe	Trend monitor	46	40	51	47	66	65	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	Best Quality	Safe	0	0	2	0	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	51	45	60	54	58	59	
	Number of restraint incidents *	Best Quality	Safe	Trend monitor	208	180	244	168	220	175	
	% of staff receiving supervision within policy guidance [15]	Best place to work and learn	Well led	80%	87.6%	88.8%	88.4%	90.5%	88.7%	87.9%	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%	94.4%	81.8%	92.3%	90.5%	93.3%	97.4%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	16	18	16	20	9	11	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 March 2026				
	Number of incidents against staff on mental health wards involving race *	Best place to work and learn	Safe	Trend Monitor	26	51	39	32	39	24	N/A
	Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Best Quality	Safe	0	17		10			Due Apr 25	
	Estates Urgent Response Times - Service level agreement (SLA)	Best Quality	Well led	95%	92.4%	100.0%	100.0%	97.3%	100.0%	97.9%	
	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%	95.4%	95.7%	95.8%	95.8%	95.8%	95.4%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	58.3%	58.2%	57.8%	57.3%	56.9%	55.9%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	59.3%	59.1%	58.5%	57.8%	57.1%	56.5%	
	Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.4%	99.5%	99.5%	99.5%	99.5%	99.5%	
	Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure) EIA policy reporting refers to policies signed off by the Executive Management Team (EMT) with an up to date EIA in place	Best Quality	Responsive	Service timely completion - 75% Policy - 95%	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	100% Service 100% Policy	
	% on community active caseload at month end with a care plan which has been reviewed within the last year	Person first and in the centre	Caring	Interim trajectory 75-80%	83.5%	85.7%	87.7%	89.4%	90.7%	91.1%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring		84.1%	84.5%	84.8%	85.0%	85.1%	94.5%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		96.9%	98.5%	94.9%	90.9%	96.3%	97.8%	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Year End Forecast*
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		81.4%	91.9%	92.8%	88.2%	94.1%	90.5%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		91.6%	92.3%	92.6%	92.7%	93.5%	93.9%	
	Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	Best Quality	Safe	Aug and Sept – 8 October and November – 6 December and January – 4	9	4	7	3	4	3	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor	64	64	49	134	122	187	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor	7,958	8,315	8,758	9,256	7,516	9,726	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Person first and in the centre	Safe	6	0	0	0	0	1	0	1
	C Diff avoidable cases	Person first and in the centre	Safe	0	0	0	0	0	0	0	1
	E. Coli bloodstream infection rate	Person first and in the centre	Safe	0	0	0	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Person first and in the centre	Safe	0	0	0	0	0	0	0	
Improving Resource	NHS Oversight Framework segmentation	All	Well led	1/2	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 - January 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, 15 of these were undertaken within six months of the complaints being received, and the average number of working days these complaints were open was 101.6 days. Before the response is sent back to complainant, sign off is required which includes formulation of a written response and review by the customer services office manager, following a review by the Care Group trio (general manager, clinical lead and quality and governance lead), the director of service, an executive director and final sign off from the Chief Executive. Complaints vary in complexity and this is sometimes reflected in the amount of time taken to investigate and to move through the sign off process.
• 6 complaint incidents during the month related to staff values and behaviours. 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 January has increased to 5.3% from 4.9% last month. This includes data for Cheswold Park Hospital. The performance excluding Cheswold Park Hospital is 6.3%. At the end of the month there were 28 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 slight decrease in the number of incidents reported during January, the total figure for the month incudes 175 incidents that are attributed to Cheswold Park Hospital; 1258 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 January. 6 incidents related to the Forensics Care Group across 4 wards/teams with the majority of incidents occurring on Newhaven ward (2) and Sandal ward (2); 12 incidents in mental health inpatients across 5 wards/teams with the majority of incidents occurring on Ashdale ward (4) and Stanley ward (4); 6 incidents in Cheswold Park Hospital across 4 wards/teams with the majority of incidents occurring on Calder ward (2) and Esk ward (2). Over the last three months, 95 incidents against staff on mental health wards involving race were reported, 19 of the 95 incidents were physical assaults with the remainder being from a range of incidents including verbal racial abuse and threatening behaviour. Of the 95 incidents 53 were reported with a severity of green, 39 were reported with a severity of yellow and 3 incidents with a severity of amber. All incidents continue to be monitored the SWYPT governance structures and work regarding protected characteristics continue to be a priority through REACH and sexual safety workstreams. 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.
• The overall number of restraint incidents in January decreased compared to previous months. The highest number of incidents were on Ward 19 (27) related to two complex service users who were presenting with significant risks to others and Elmdale ward (20) related to the additional needs of three service users. The Trust's ongoing ambition is for a reduction in all restraint incidents, and reducing restrictive physical interventions training has a clear focus on interventions to prevent escalation of a situation to the point where restraint is required.
• The number of prone restraint incidents where we had purposely put the person in the prone position was 3 for January. 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 25. 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.

Learn From Patient Safety Events (LFPSE)

The Datix system was upgraded to v6 of the LFPSE taxonomy which includes enhanced LFPSE functionality and replaces reporting Patient Safety Incident Investigations (PSII) via Strategic Executive Information System (StEIS). The upgrade to v6 on Datixweb took place on 14/01/2026.

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.

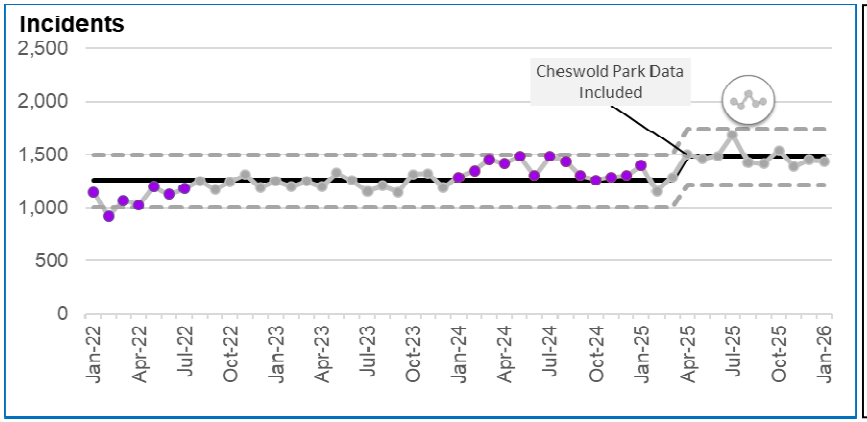
15 - % of Band 4 and above clinical staff who have received supervision in the previous 90 days.

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.

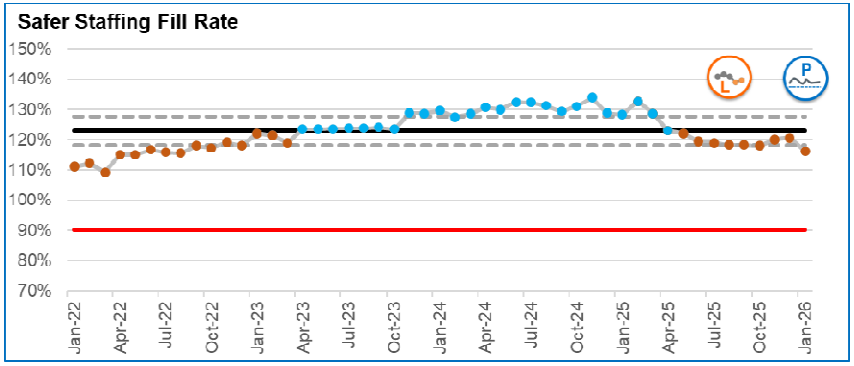
Statistical process control charts

Incidents

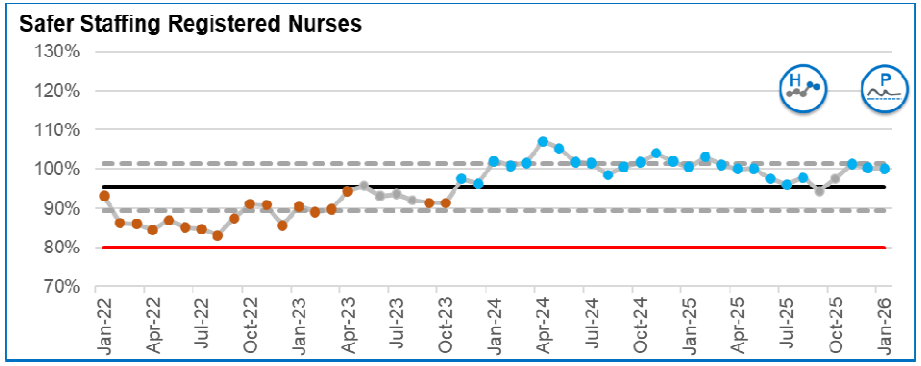


We have recalculated the chart from April 2025 due to the inclusion of Cheswold Park Hospital data. The chart shows that we are in a period of common cause variation (no concern).
It should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting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



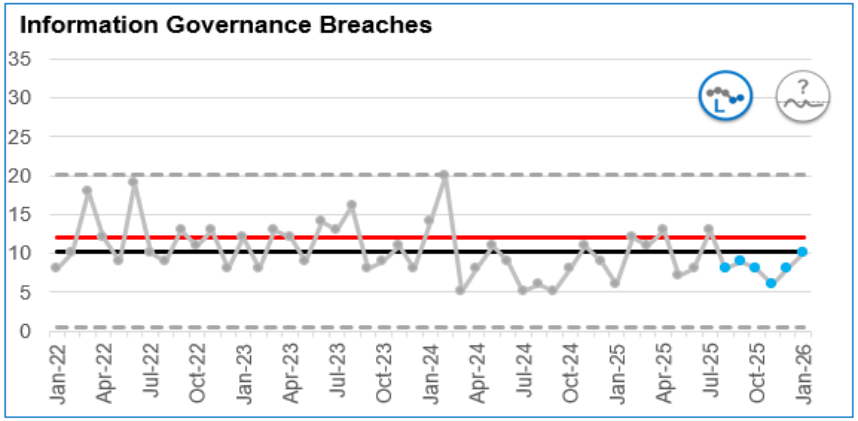
The chart above shows that in January 2026 we remain in a period of special cause concerning variation (something is happening and should be investigated). There has been an increase in demand which means more shifts are being requested, there has been a smaller increase in the number of shifts being 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 January 2026 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.

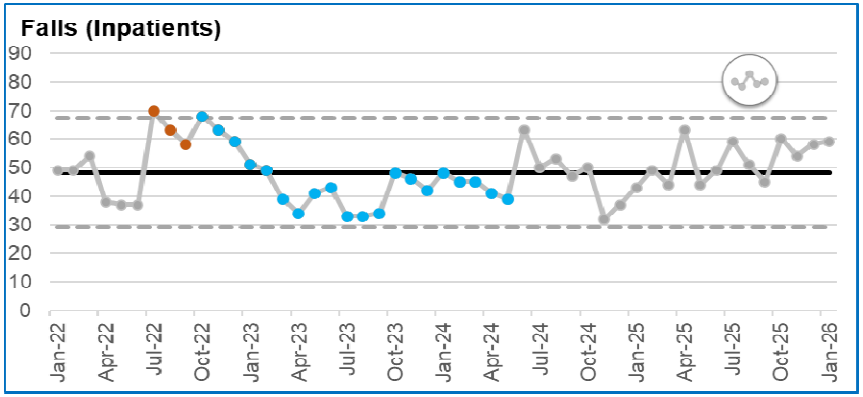
Statistical process control charts

Information Governance (IG)



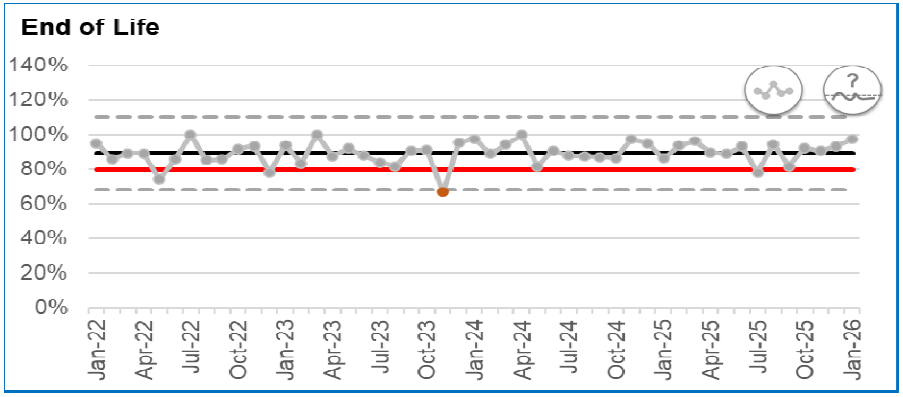
This SPC chart shows that as at January 2026 we have entered a period of special cause improving variation (something is happening and this should be investigated).

Falls (Inpatient)



The SPC chart above shows that in January 2026 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.

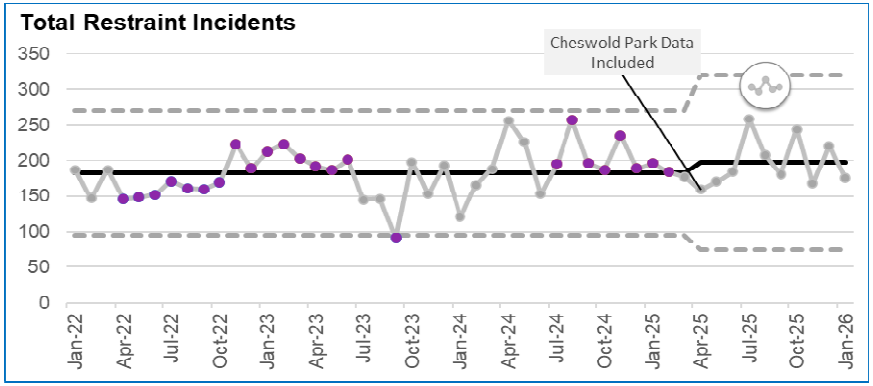
End of Life



The chart above shows that in January 2026 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

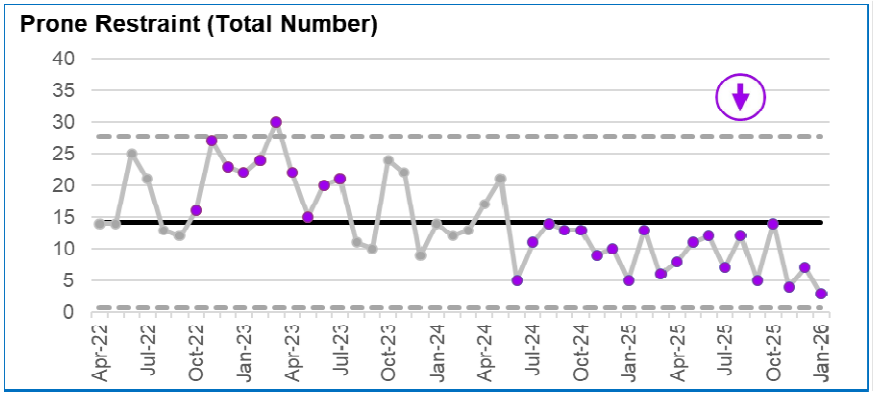
Restraints



This SPC chart shows that in January 2026 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.



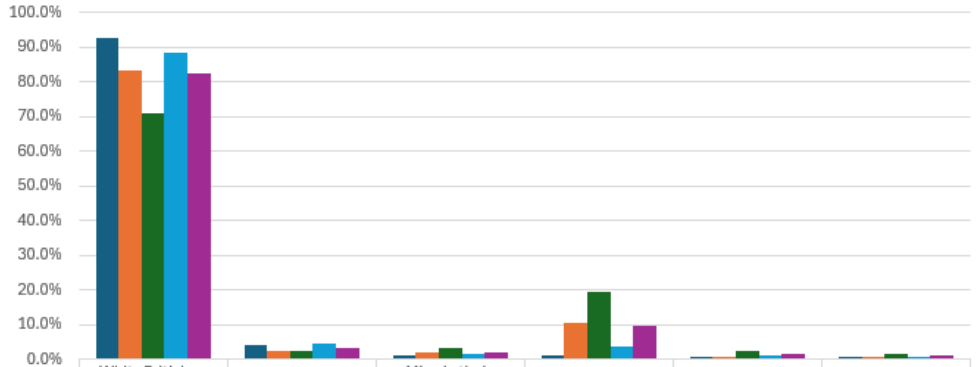
The total number of prone restraints continues to show a decreasing special cause variation in line with the continued work to reduce prone restraints. All of the three prone restraints in January 2026 were staff led.

Reducing Inequalities

This section of the report has been added to give focus to a number of metrics to evidence our progress towards delivering more responsive and equitable services for our communities and will guide us to being an inclusive employer where everyone can be themselves and feel valued for their contribution. We will continue to further develop this section of the report over the coming months in line with the deployment of our Equality, diversity and inclusion (EDI) strategy.

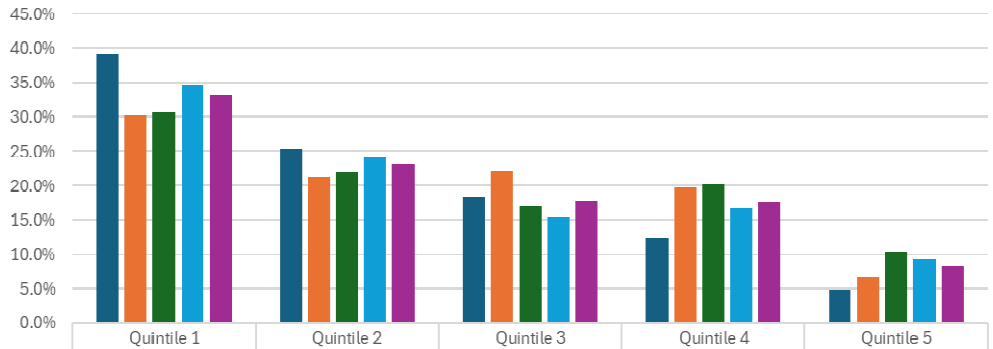
The population our Trust serves is varied in terms of ethnic make-up and also levels of deprivation. We can measure the relative deprivation of an area using 7 distinct domains of deprivation, which are: 1) Income 2) Employment 3) Health deprivation and disability 4) Education, skills & training 5) Crime,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

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



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

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



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

Reducing Inequalities

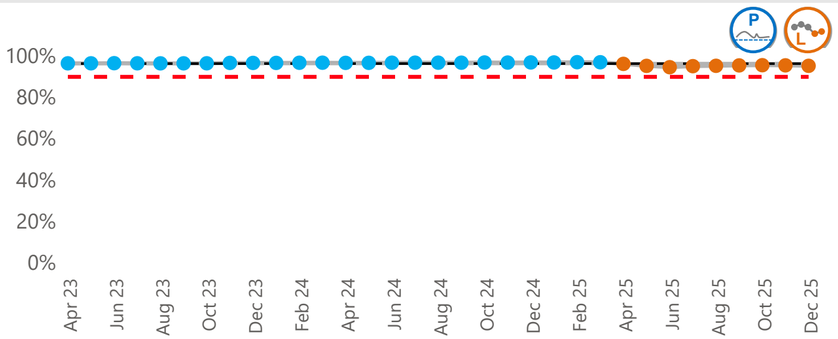
Data as of : 16/01/2026 09:31:07

NHS South West Yorkshire Partnership NHS Foundation Trust

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

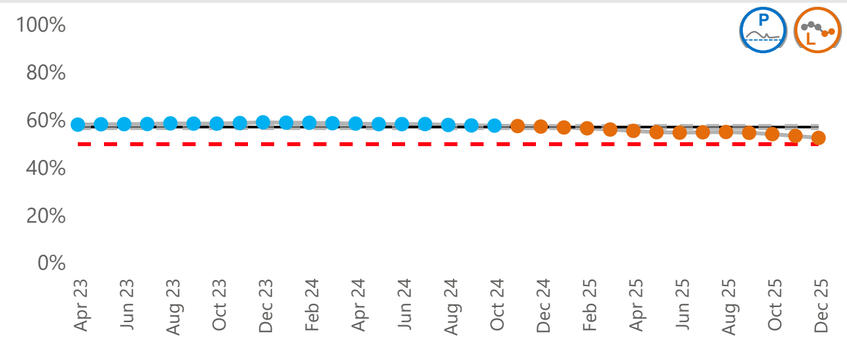
The SPC charts below show the completion rates for these measures.

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



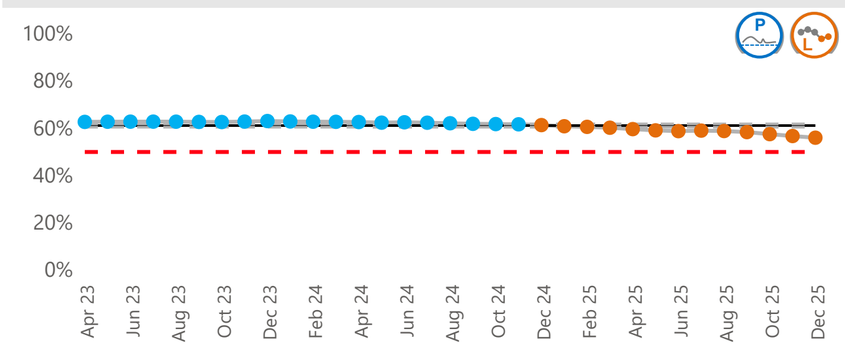
The Statistical Process Control (SPC) chart shows that in December 2025 due to the continued dip in performance we remain in a period of special cause deteriorating variation (something is happening and should be investigated). We are expected to meet the target against this metric.

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



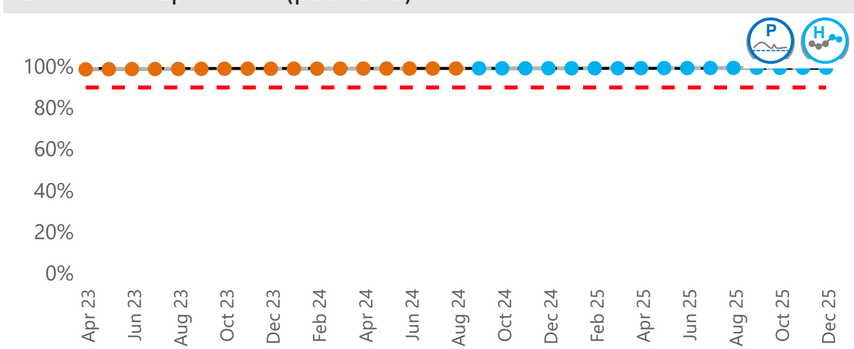
The SPC chart shows that in December 2025 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months. We are expected to meet the target against this metric.

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



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

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



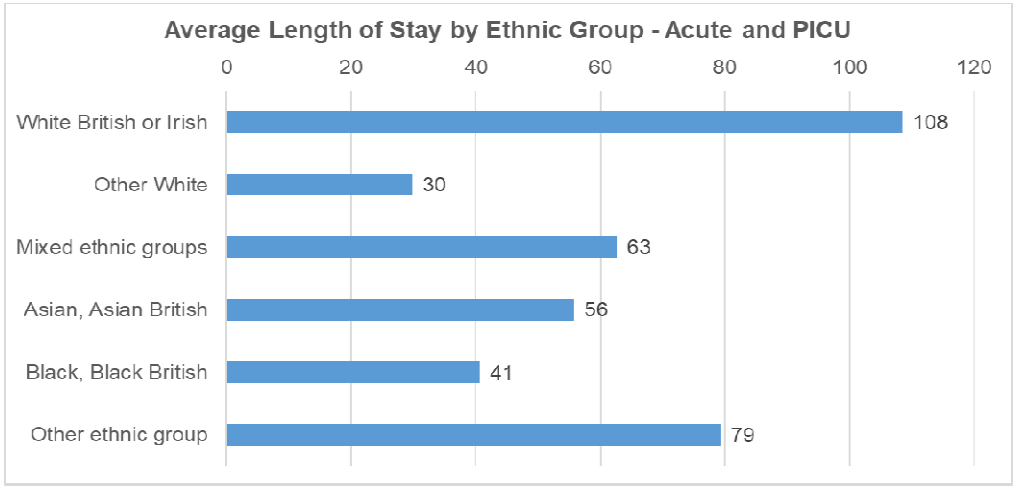
The SPC chart shows that in December 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained increase in performance. We are expected to meet the target against this metric.

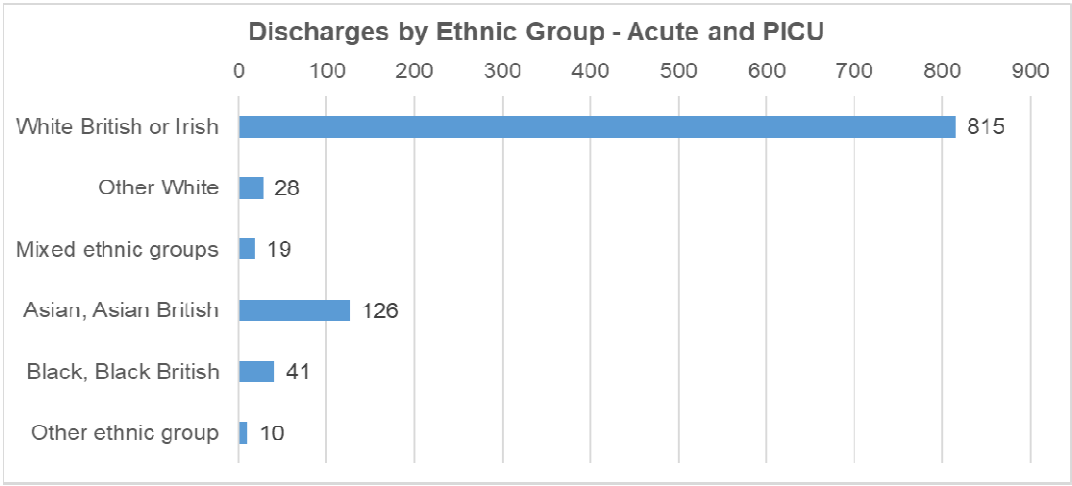
Reducing Inequalities

The charts show the average lengths of stay (ALOS) for our Acute and PICU, adult and older adults wards, for the financial year 2025/2026 (excluding 136 Suite and out of area stays).

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

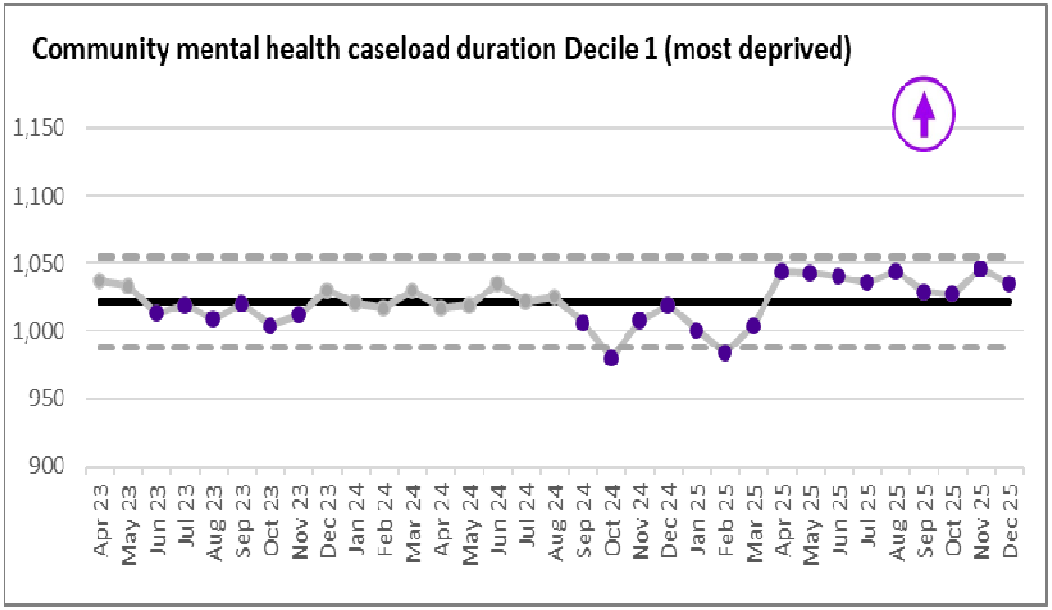
Differences in admission practices i.e. formal (compulsory) and informal (voluntary) also appear to influence LoS, with compulsory admissions tending to require more intensive interventions and longer discharge planning. Similarly, discharge approaches differ, with patients facing socioeconomic challenges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

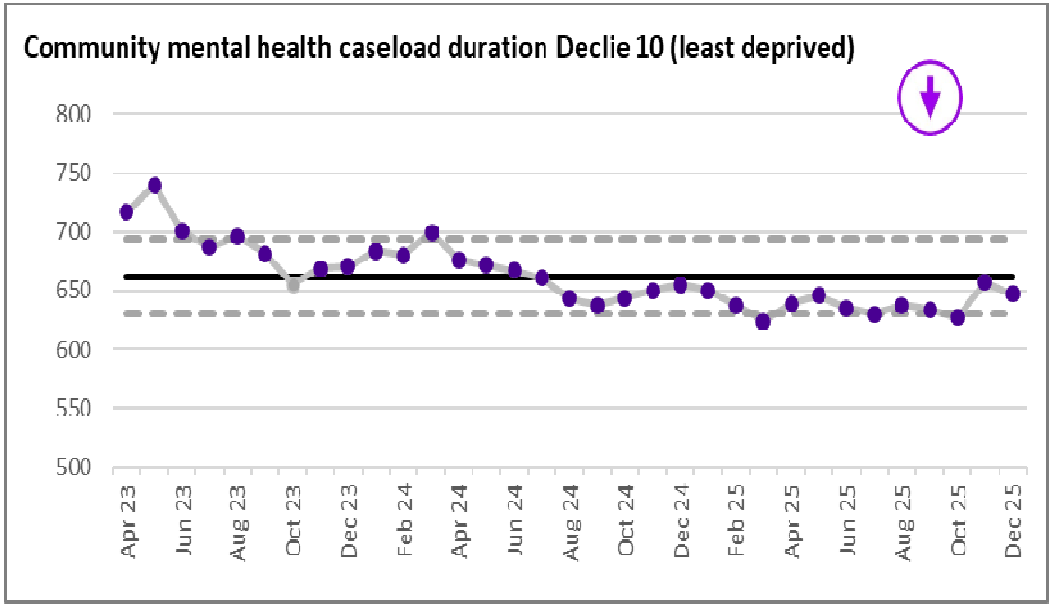




Reducing Inequalities

The charts below show the average caseload length for patients on the caseload of a community health team by those with a post code in the most deprived areas (Declie 1) and those with a post code in the least deprived areas (Decile 10).

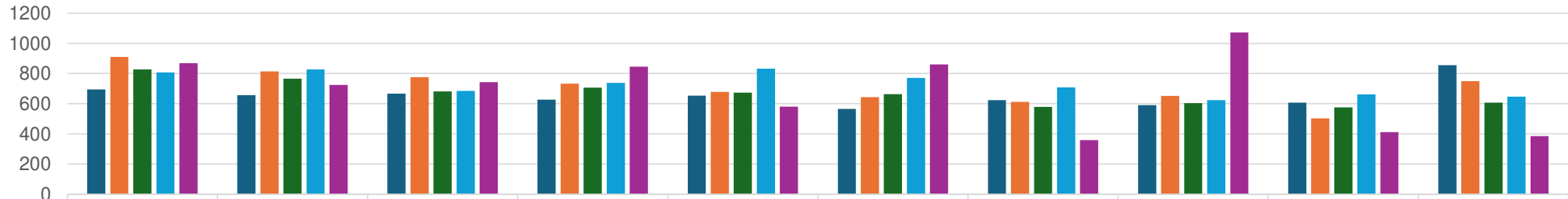




Reducing Inequalities

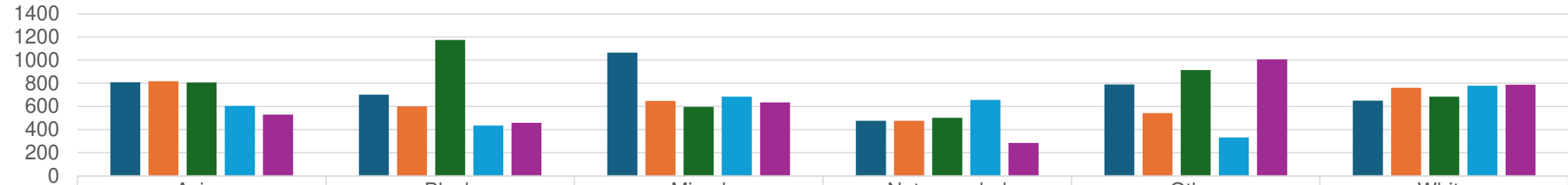
The charts below show the average caseload length of patients on a community mental health caseload split by ethnic group, and deprivation decile, and also split by Place..

Average Caseload Length by Deprivation Decile and Place Aug - October 2025



	1	2	3	4	5	6	7	8	9	10
Barnsley	695	656	666	626	653	565	624	590	607	855
Calderdale	910	814	776	733	678	643	612	651	503	749
Kirklees	828	766	682	707	673	664	578	603	576	607
Wakefield	807	828	685	737	832	771	708	623	662	647
Other	869	725	742	845	580	860	358	1072	411	385

Average Caseload Length Split by Ethnic Group and Place Aug - October 2025

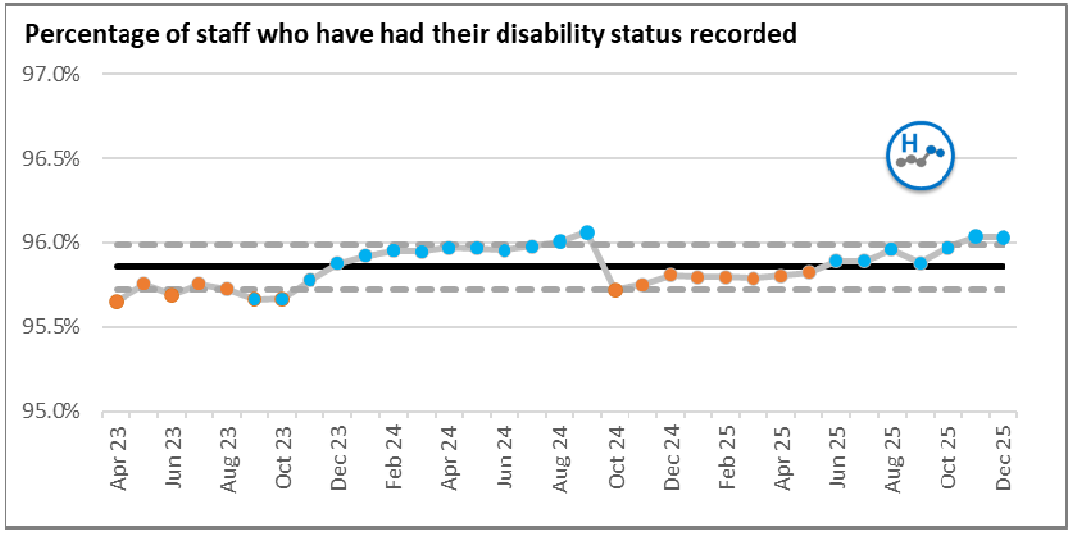


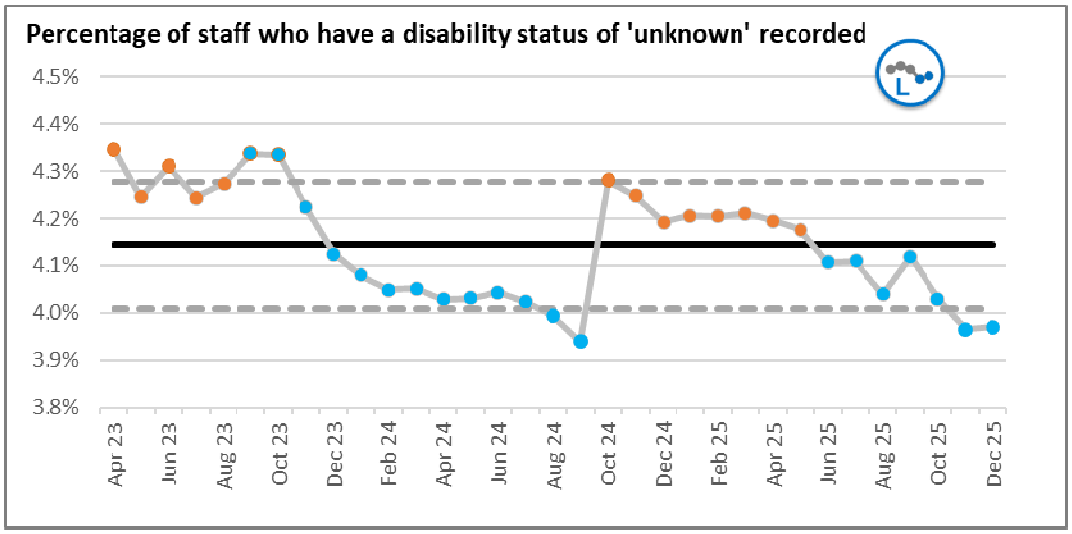
	Asian	Black	Mixed	Not recorded	Other	White
Barnsley	809	703	1066	477	791	650
Calderdale	819	601	649	476	543	762
Kirklees	808	1175	597	502	914	685
Wakefield	606	435	685	656	332	780
Other	529	459	636	284	1008	788

Reducing Inequalities

Disability Confidence and Data Transparency

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

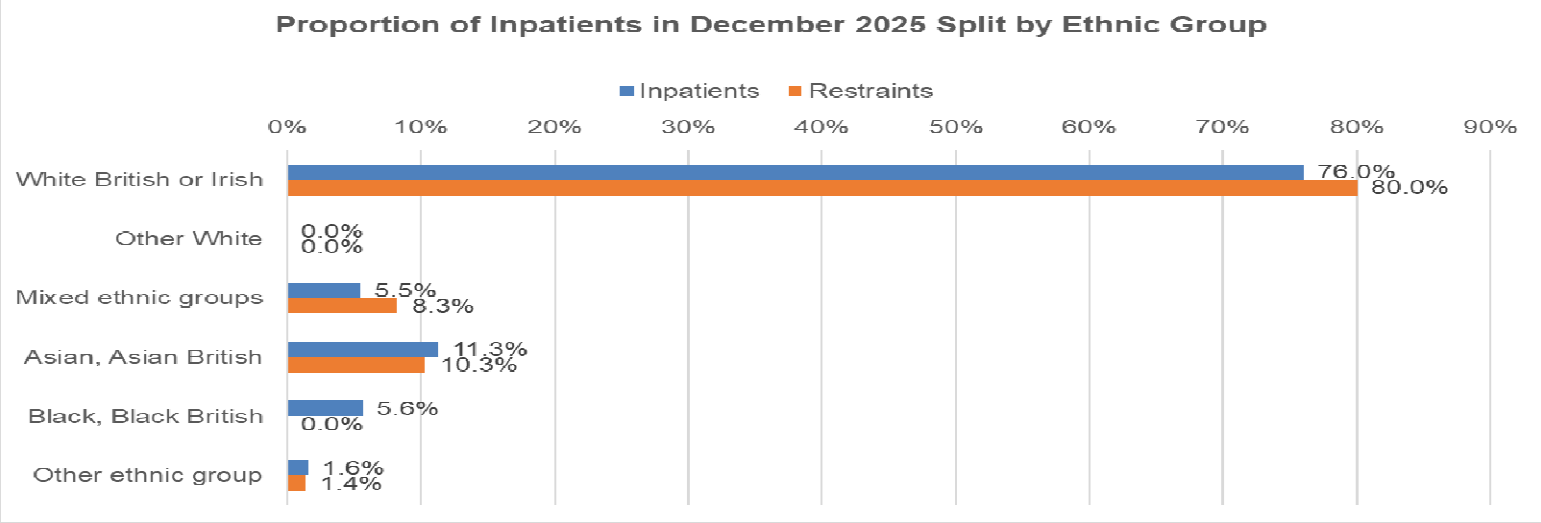


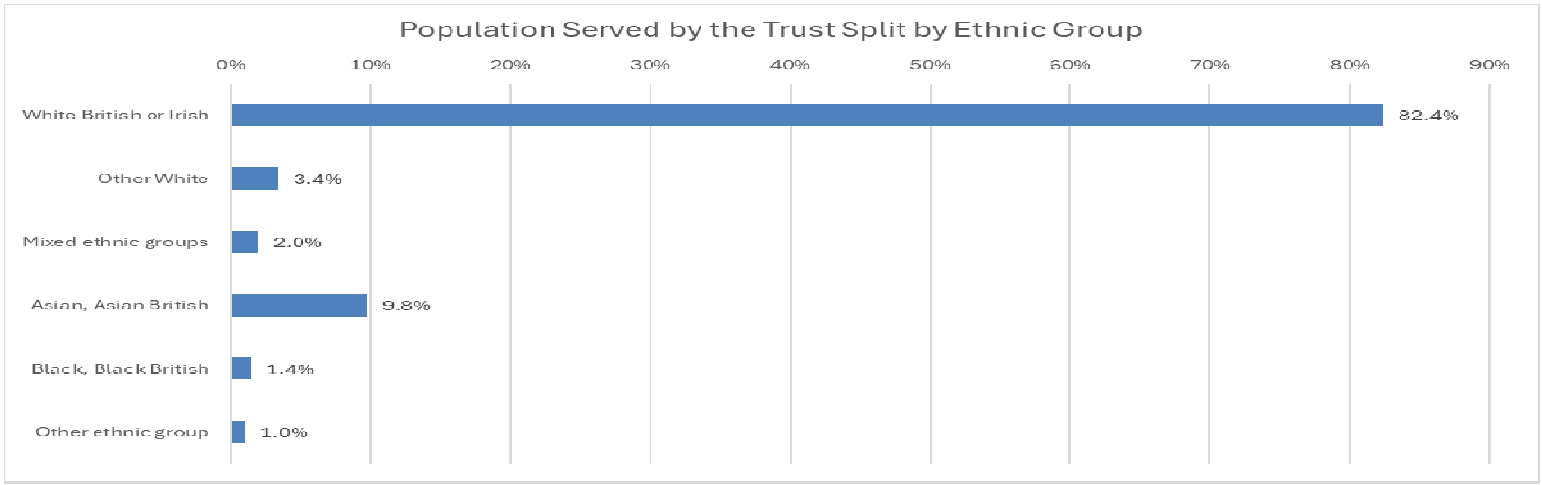


Further development of people related metrics will be undertaken over the coming months with focus being on the following areas: Increase Diversity in Senior Leadership, Fair and Trusted Processes, Wellbeing with Inclusion at the Core.

Reducing Inequalities

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





People - Performance Wall

Trust Performance Wall

	Strategic Objective	CQC Domain	Threshold	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
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	5789.5
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	5068.0
Vacancies	Best place to work and learn	Well led	-	765.5	775.8	788.2	759.4	723.4	712.1	722.0
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%	9.1%
Starters	Best place to work and learn	Well led	-	17.8	31.2	53.9	45.3	36.6	21.3	51.4
Leavers	Best place to work and learn	Well led	-	41.7	77.7	34.4	26.3	21.3	28.8	29.0
% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	72.5%	71.0%	81.3%	83.9%	84.9%	82.1%	84.8%
% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	81.3%	79.5%	83.9%	83.5%	85.5%	87.4%	86.0%
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%	87.2%
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%)	246 - all staff (18.4%) 125 - excl medics (10.8%)
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%)	962 (71.8%)
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%	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%	5.8%
Employees with long term sickness over 12 months	Best place to work and learn	Well led	-	0	0	0	0	0	1	1
Appraisals - rolling 12 months **	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87% May 88% June 89% July onwards 90%	90.2%	88.6%	88.2%	89.9%	86.5%	88.3%	89.2%
Employee Relations - Suspensions (over 90 days)	Best place to work and learn	Well led	-	2	4	3	1	1	1	1
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	65	62	66	66	75	60	69
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%	1.6%						
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	1,202
Registered substantive staff in neighbourhood teams	Best place to work and learn	Safe	Establishment - 169	160	159	161	163	164	165	165
% staff recommending the Trust as a place to work	Best place to work and learn	Caring	65%	Annual metrics - due February 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		95.3%	95.7%	95.7%	95.8%	95.6%	95.7%	95.4%
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%	88.4%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led	>=80%	85.7%	87.0%	89.7%	87.0%	86.8%	87.1%	86.1%
Mandatory Training - Clinical Risk	Best place to work and learn	Well led		97.7%	97.4%	97.0%	97.0%	97.2%	97.7%	97.1%
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%	98.7%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		97.5%	97.8%	97.7%	97.9%	97.7%	97.9%	98.0%
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%	93.3%
Mandatory Training - Food Safety	Best place to work and learn	Well led		95.1%	92.0%	92.7%	91.8%	92.3%	93.4%	93.1%
Mandatory Training - Freedom To Speak Up (FTSU)	Best place to work and learn	Well led	>=80%	97.9%	98.0%	98.0%	98.0%	98.1%	98.0%	98.2%
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%	96.1%
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%	96.3%
Mandatory Training - Moving & Handling	Best place to work and learn	Well led		98.3%	98.4%	98.5%	98.5%	98.5%	98.7%	98.6%
Mandatory Training - Nat Early Warning Score 2 (New S2)	Best place to work and learn	Well led	>=80%	98.4%	98.4%	98.3%	98.5%	98.4%	98.4%	98.3%
Mandatory Training - Mental Capacity Act/DoIs	Best place to work and learn	Well led		93.2%	93.5%	93.7%	93.9%	94.1%	94.2%	94.3%
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%	93.8%
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%	97.0%
Mandatory Training - Prevent	Best place to work and learn	Well led		97.7%	97.7%	98.1%	97.9%	97.6%	97.8%	97.5%
Mandatory Training - Safeguarding Adults	Best place to work and learn	Well led	>=80%	92.0%	92.9%	92.7%	92.5%	92.4%	93.4%	92.9%
Mandatory Training - Safeguarding Children	Best place to work and learn	Well led		91.6%	92.7%	92.1%	92.4%	93.4%	93.6%	93.2%

Notes:

• Establishment is the current budget, as set out in ledger, it's a wte conversion from a £ value. This is the total budget before any adjustments to reflect the vacancy factor. Budgeted staff(reported in Finance report) has been adjusted to account for the vacancy factor.

• Contracted Staff In Post (Ledger)- this represents the total number of people contracted to work for us throughout the total reporting period. It is calculated using the number of direct employees on ESR and those who have invoiced us for work done during the month using the ledger. Where individuals have worked part of the month, this is represented by a proportionate wte. It does not include overtime, additional hours worked or agency, which is reported separately n "actual worked" in the Finance report

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

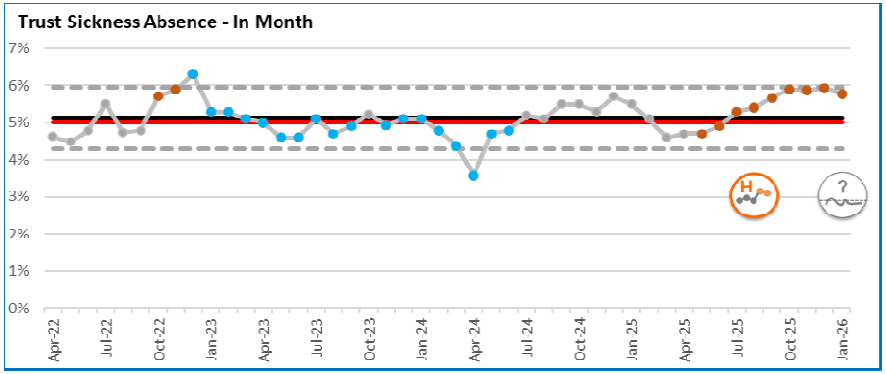
Turnover
Our Turnover continues to drop in January to 9.06%.
We have seen an increase in new starters in January. Our Support Workers have seen an increase of 21 staff. This is expected and is due to the success of the recent Support Worker assessment centres.

Sickness
The overall sickness in January has dropped to 5.8%.
The West Yorkshire Forensic care group have reduced their absence rate to 7% in January (previously 8.7%). This is due to the reduction of long term sickness to 4.8% (previously 6.3%)
LD, ASD and ADHD care group have increased to 5.8% in January. The main reason for this is a high amount of seasonal related absences
Our Estates and Facilities long term absences are still above threshold, however these are all known absences which are being managed appropriately and fairly between the people business partners and the operational leads.

Appraisal Compliance
Our Appraisal compliance continues to rise in January to 89.2%.

Training compliance
Training compliance continues to remain above our KPI target for all Statutory and Mandatory training subjects.

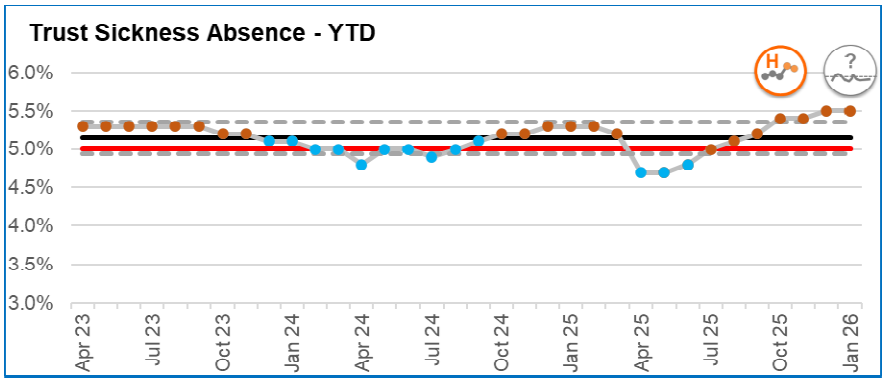
Statistical process control charts



The SPC chart shows that in January 2026 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.



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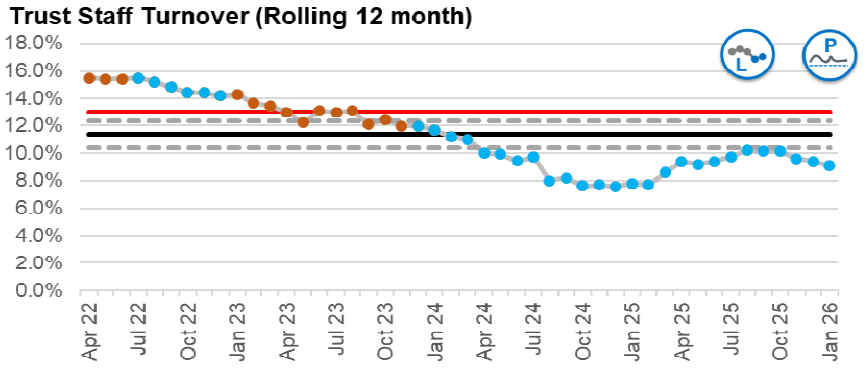
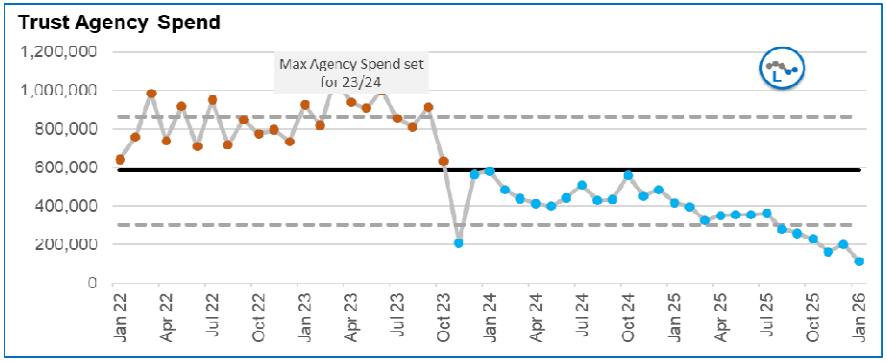
Statistical process control charts



The SPC chart shows that in January 2026, we remain a period of special cause improving variation (something is happening and this should be investigated) following a sustained decrease in the turnover percentage.

From April 2025 this data includes Cheswold Park Hospital.



Agency spend has continued to reduce in month. Spend in January 2026 is £112k which is the lowest individual month this financial year. Medical staff make up the majority of this cost although this equates to 5.87 worked WTE only. Unregistered nursing has also continued to reduce (£16k in month); the NHS England target is zero from February 2026 onwards unless under exceptional patient safety requirements.

The SPC chart shows that due to the sustained overall reduction in spend, in January 2026 we remain in a period of special cause improving variation.

From April 2025 this data includes Cheswold Park Hospital.

Please see the Finance Report for further information.

Headlines

- 90% of the medics that were due to have an appraisal in quarter 3 2025/26 were appraised within the timeframe.
  - Of the 5 medics that were not appraised in time, the main themes were: the unplanned absence/workload not allowing time of the appraiser and sickness of the medic during the appraisal due window.
- 100% of revalidation recommendations were made.
- No active concerns under the Maintain High Professional Standards procedures.

MEDICAL APPRAISALS	Q1	Q2	Q3
Number of doctors due to have an appraisal meeting in the reporting period	40	45	49
Number undertaken in period	35	36	44
Number not undertaken for which the RO accepts postponement is reasonable	5	8	5
Percentage of appraisals taken place and submitted on time	88%	80%	90%

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

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

National Metrics

Data as of : 18/02/2026 12:55:24

NHS South West Yorkshire Partnership NHS Foundation Trust

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

NHS Oversight Framework 2025/26

On 26th June NHS England published the NHS Oversight Framework (NOF) for 2025/26. The framework outlines a consistent and transparent approach to assessing Integrated Care Boards (ICBs) and NHS Trusts and Foundation Trusts.

It ensures public accountability for performance and is a foundation for how NHS England will work with systems and providers to support improvement. It is a 1-year framework and will be reviewed at the end of 2025/26. A range of agreed metrics will be used to assess performance. These reflect the 2025/26 NHS
priorities and operational planning guidance. Not all metrics will be used to formulate the segmentation; some metrics are contextual metrics which will be used for consideration in NHS England's oversight response. All metrics are split into domains: access to services, effectiveness and experience of care, patient safety, people and workforce, finance and productivity, improving health and reducing inequality. Assessment of the scoring metrics will determine a segmentation score.

Segmentation scores will range from 1 (high performing) to 4 (low performing). An additional segment (5) will be used if the organisation is one of the most challenged providers in the country, with low performance across a range of domains and low capability to improve, or an organisation is a challenged provider where NHS England has identified significant concerns. All organisations in deficit, or in receipt of deficit support, will be limited to an organisational delivery score of no greater than 3.

Promotion of improvement and identification of support needs. Segmentation data will be reviewed at least quarterly as part of a review meeting and segments may be updated at any time based on emerging information. Data on Trust performance for quarter 1 can be seen in the table overleaf and is also publicly available NHS.co.uk

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

National Metrics

Data as of : 18/02/2026 12:55:24

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more	Best Quality	Responsive		0	?	H	0	0	0	0	0	0	0	0	0	0	0	0
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive		92%	P		96.7%	97.0%	97.1%	97.2%	97.8%	97.7%	97.5%	97.2%	97.1%	97.8%	97.5%	96%
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	52
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	0
M204	RTT waiting list within 18 weeks (monthly RTT data)	Best Quality	Responsive		3680					3957	4035	4025	4151	4319	4554	4641	4514	4287	3868
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	52
M206	Diagnostic test activity	Best Quality	Responsive		190					128	70	128	206	239	305	273	247	263	294
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%	?		98.9%	100%	97.8%	97.9%	100%	98.7%	96.3%	100%	98.9%	100%	100%	100%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0	F	L	92	128	144	148	159	196	203	234	155	97	76	52
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5	?	L	4	4	5	5	5	7	8	7	3	4	2	1
M7	72 hour follow-up from psychiatric in-patient care	Best Quality	Safe		80%	?		89.7%	87.5%	88.6%	95.7%	90.7%	91.1%	88.6%	88.2%	89.0%	86.9%	87.6%	91.1%
M208	Average Length of stay for Adult Acute Beds (rolling 3 months)	Best Quality	Responsive				H	62.7	65.3	58.9	58.7	56.7	58.0	60.2	59.1	60.2	56.0	54.1	55.1
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%	P	H	97.1%	100%	88.2%	88%	97.4%	95.5%	87.5%	93.3%	94.7%	96.4%	96.9%	92.3%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%	?		97.5%	96.9%	96.7%	97.5%	95.4%	96.1%	96.2%	96.5%	97.0%	96.8%	97.3%	96.7%
M34	% Clients in settled accommodation	Best Value	Effective	⚠	60%	P	L	83.1%	83.2%	83.2%	83.5%	83.0%	82.9%	76.0%	82.8%	82.9%	83.3%	83.0%	83.0%
M35	% Clients in employment	Best Value	Effective	⚠	10%	P	H	13.2%	13.2%	13.0%	13.2%	13.0%	13.3%	12.6%	13.3%	13.6%	14.0%	13.7%	14.0%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0	?		0	2	0	0	0	0	0	6	16	2	4	0
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0	?	L	0	1	0	0	0	0	0	1	1	1	1	0

National Metrics

Data as of : 18/02/2026 12:55:24

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%			100%	100%	100%	50%	100%	100%	100%	100%	100%	75%	100%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%			70.2%	60.4%	75.6%	94.1%	91.3%	81.4%	86.7%	80.6%	94.1%	92.6%	92.1%	90.9%
M47	Virtual ward occupancy	Best Quality	Responsive		80%			121%	119%	101%	81.3%	90.7%	84%	89.3%	92%	74.7%	70.7%	72%	70.7%
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					102	93	111	109	106	87	99	101	102	83	105	98
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive					17.6%	22.6%	24.3%	21.1%	26.4%	24.1%	24.2%	24.8%	19.6%	16.9%	17.1%	21.4%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%			99.8%	99.6%	99.7%	99.8%	99.8%	99.7%	99.4%	99.5%	99.3%	99.4%	98.9%	97.7%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%			99.8%	100%	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%			99.8%	99.8%	99.5%	99.7%	99.2%	99.7%	99.6%	99.5%	99.5%	99.4%	98.1%	99.1%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%			49.4%	49.7%	48.6%	51.9%	47.3%	53.4%	47.2%	52.5%	52.9%	48.7%	50.3%	50.3%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%			67.7%	71.2%	68.3%	68.7%	65.4%	71.8%	65.8%	70.4%	70.5%	72.2%	68.5%	69.0%
M15	Data Quality Maturity Index	Best Quality	Well Led		95%			99.6%	99.6%	99.2%	99.6%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.5%
M43	Community health services two hour urgent response standard	Best Quality			70%			90.5%	92.7%	90.6%	91.4%	91.1%	91.5%	92.1%	91.8%	87.3%	89.3%	88.2%	87.8%

National Metrics

Data as of : 18/02/2026 12:55:24

NHS South West Yorkshire Partnership NHS Foundation Trust

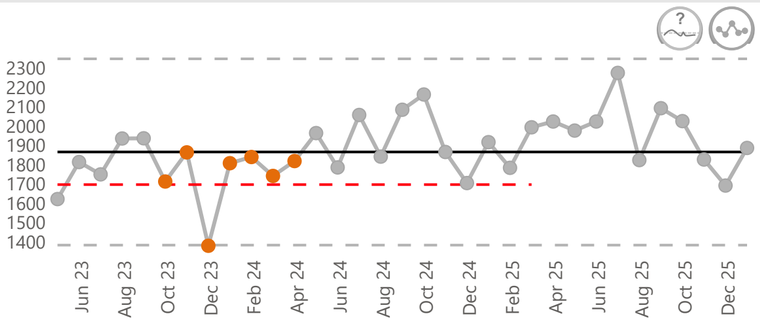
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%	?		53.0%	53.0%	51.0%	53.5%	49.8%	56.1%	49.9%	54.2%	55.2%	50.5%	53.4%	53.3%
				Place	Barnsley	50%	?	H	49.4%	52.7%	51.3%	52.8%	48.1%	52.8%	52.6%	52.5%	50.9%	50.6%	51.1%	52.8%
					Kirklees	50%	?		56.3%	53.4%	50.7%	54.2%	51.6%	59.0%	47.8%	55.6%	58.0%	50.4%	54.7%	53.5%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust				524	566	615	600	653	614	480	550	594	532	540	562
				Place	Barnsley				244	270	318	312	324	272	200	231	228	235	189	196
					Kirklees				280	296	297	288	329	342	280	319	366	297	351	366
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	14282	14552	14533	14593	14825	14901	14865	14971	14869	14895	14932	14946
				Place	Barnsley	2000	P	H	2679	2742	2831	2872	2934	2984	2991	3015	2940	2905	2866	2845
					Calderdale	1200	P	H	1402	1450	1448	1462	1481	1470	1453	1455	1466	1483	1483	1491
					Kirklees	3600	P	H	4629	4707	4681	4744	4819	4880	4842	4884	4868	4898	4986	5052
					Wakefield	3900	P	H	4259	4361	4332	4309	4403	4403	4427	4508	4533	4604	4628	4637
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust			H	1696	1833	1912	1982	2089	2168	2189	2200	2180	2170	2189	2203
				Place	Barnsley	283	F	H	255	278	298	314	332	342	341	349	346	347	346	363
					Calderdale	247	F	H	281	302	305	312	330	339	340	342	325	321	324	325
					Kirklees	541	?	H	576	626	660	694	735	765	780	778	778	777	786	789
					Wakefield	406	?	H	508	543	558	567	588	618	624	622	617	609	608	604
M194	Number of people accessing individual placement and support (IPS) services (rolling 12 months)	Best Quality	Responsive	Trust	Trust			H	678	699	702	710	717	720	718	728	733	727	738	744
				Place	Calderdale			H	138	145	138	138	139	128	122	123	126	125	121	121
					Kirklees			H	249	257	253	255	258	261	260	261	258	256	255	251
					Wakefield			H	287	293	307	313	316	327	334	341	346	343	359	369

National Metrics

Data as of : 18/02/2026 12:55:24

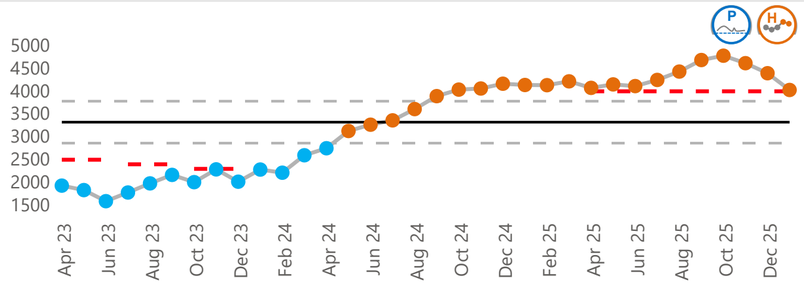
NHS South West Yorkshire Partnership NHS Foundation Trust

M184 - New RTT pathways (clock starts)



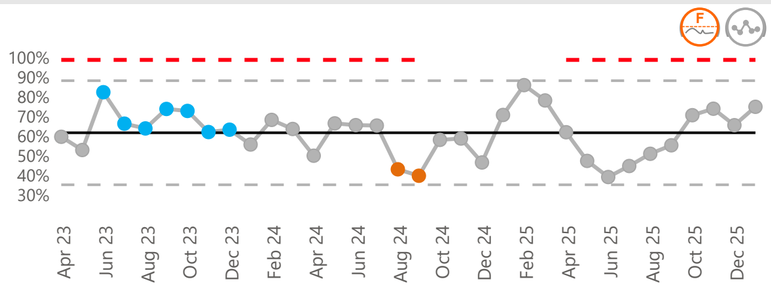
The Statistical Process Control (SPC) chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers. A new target is in place for 2025/26.

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



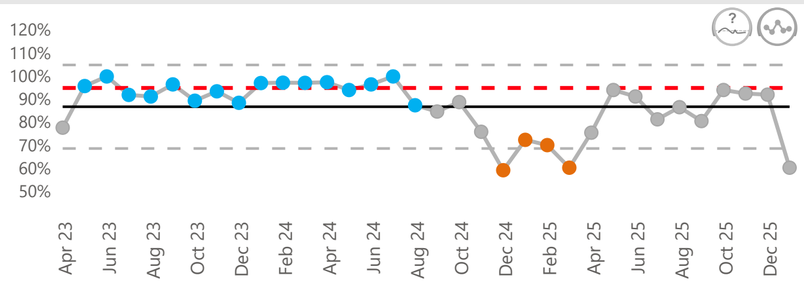
The SPC chart shows that we remain in a period of special cause concerning variation (something is happening and should be investigated) following a sustained increase in numbers of incomplete pathways over the past 12 months.

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



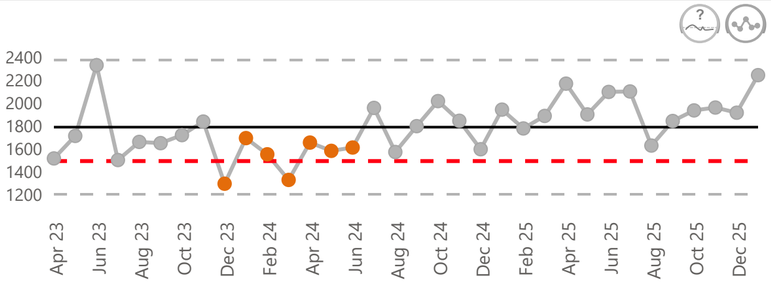
The SPC chart shows that we remain in a period of common cause variation (no concern.

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



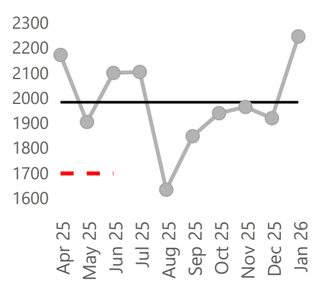
The SPC chart shows that we have re-entered a period of common cause variation (no concern) following an increase in performance in the last month which is back in line with usual performance.

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



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

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



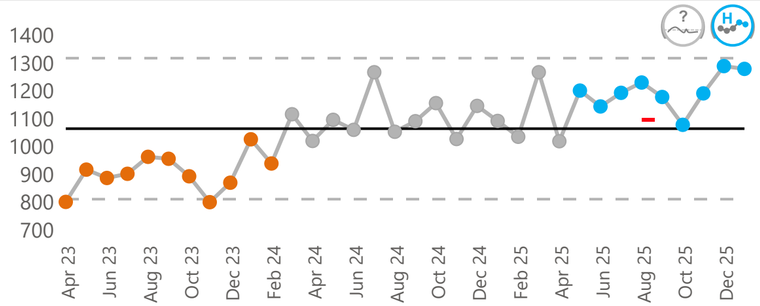
The run chart shows the continued performance above the target for this measure. As this is a new metric from April 2025 we cannot yet determine any patterns in variation.

National Metrics

Data as of : 18/02/2026 12:55:24

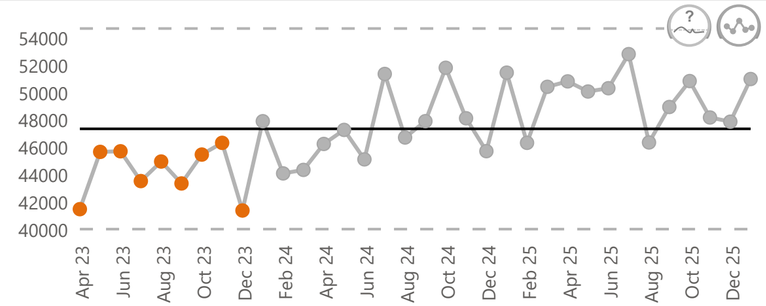
NHS South West Yorkshire Partnership NHS Foundation Trust

M187 - Urgent Community Response (UCR) referrals



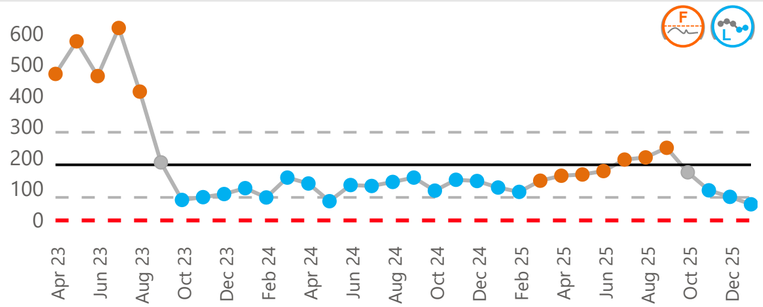
The SPC chart shows that we have entered a period special cause improving variation (something is happening and should be investigated).

M207 - Attended Community Care Contacts



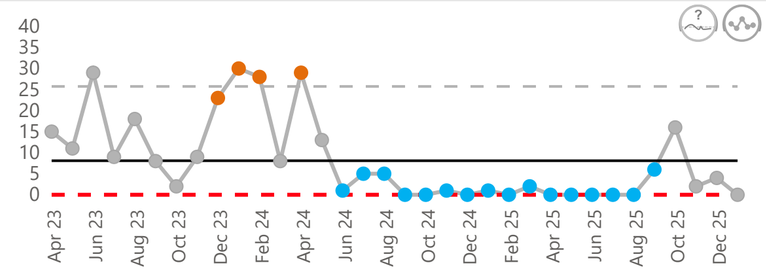
The SPC chart shows that we remain in a period of common cause variation (no concern).

M2 - Inappropriate out of area bed days



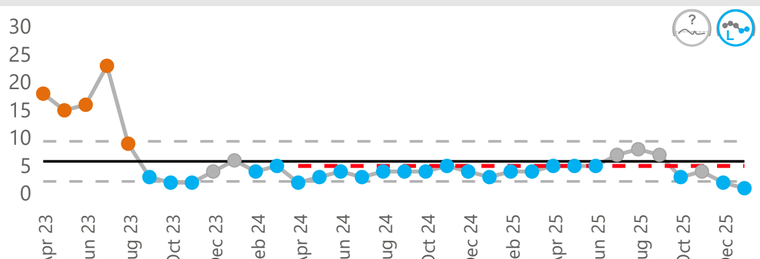
The SPC chart shows that due to the continued improvement in the number of out of area bed days we have entered a period of special cause improving variation (something is happening and should be investigated). Though we are still not anticipated to achieve the target of zero.

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



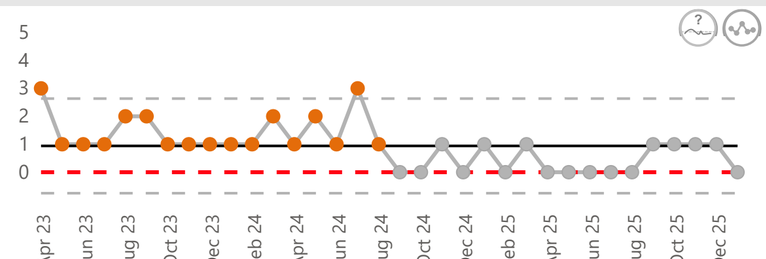
The SPC chart shows that we have entered a period of common cause variation (no concern).

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 no admissions of a person aged under 18 to an adult ward in January 2026.

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 : 18/02/2026 12:55:24

NHS South West Yorkshire Partnership NHS Foundation Trust

The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.

• There were no admission to an adult mental health ward where the person was under 18 years old.
• There was a further decrease in out of area bed usage, down to 52 days used in January and one person 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 90.9% in January. This relates to three clients who were not seen in time. One was due to patient choice (cancellation of offered appointments) and the others (which were both referrals to the ARFID (avoidant restrictive food intake disorder) pathway, were due to staffing pressures. The urgent access to treatment measure has achieved 100% in January.
• 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 70.7% in January. 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 increased to 75.2% in January, remaining below the national threshold of 99%. We are continuing to see a decrease in the actual number of patients waiting.

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.

Quarter 3 performance is expected to be published in March 2026.

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 January the following data quality issue has been identified in the reporting:
- The reporting for employment and accommodation shows 13.6% of records have missing employment and/or accommodation status with a further 1.9% that have an unknown employment status and 1.5% 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.

<u>Operational Planning 2026/27 +</u>
Following further work to triangulate our workforce, finance and activity plans and to further develop our plan priorities, our Trust Plan was submitted to NHSE on 12th February 2026.

The following section of the report has been created to give assurance regarding the quality and safety of the care we provide. A number of key metrics have been identified for each care group, and performance for the reporting month is stated along with variation/assurance for each metric where applicable. Figures in italics are provisional and will be refreshed next month.

Current average OPEL level

2.44

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

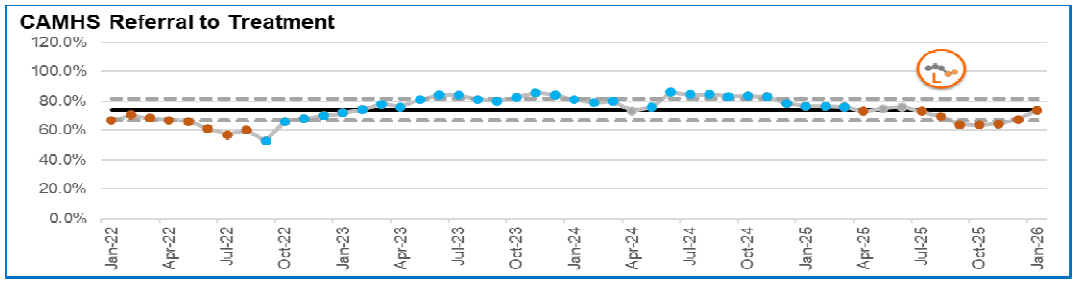
Children and Young Peoples Mental Health Services

Headlines

Neurodevelopment waits remain a concern and discussions are underway with commissioners about how we can further strengthen the offer to reduce any impact on those who require assessment or support.
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	Nov-25	Dec-25	Jan-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	88.8%	89.9%	88.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/2)	0% (0/4)	33% (2/6)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	91.2%	89.5%	90.5%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	97.3%	97.4%	98.2%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.0%	83.6%	84.8%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	92.6%	92.1%	90.9%	
Eating Disorder - Urgent/Emergency clock stops	Best Quality	Effective	95%	75.0%	100.0%	100.0%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.9%	96.4%	95.7%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.6%	89.2%	87.3%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	7.4%	5.6%	5.2%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	477	478	535	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	1036	929	1083	
Total number of reported incidents	Best Quality	Safe	Trend monitor	38	57	57	



In January 2026, 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. The service has worked with Commissioners to agree a new delivery model which commenced in January 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 completed is to be agreed.
• Secure CAMHS –Work continues to determine the responsibilities and associated finance for the prescribing of mental health medications in the secure children's homes in accordance with contractual arrangements.
• The care plan metrics for community are now capturing the whole community caseload including CYPMH. The care group are working with P&BI to ensure the metric reflects practice.
• Barnsley CAMHS are experiencing challenges with transitions to adult services for children and young people with ADHD and on prescribed medication. This is impacted by the current position regarding shared care agreements being taken by primary care. Discussions at place and with partners are ongoing.

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 have been developed, and recruitment has commenced. Funding has been approved for phase 2 of the model which is a more comprehensive team for CAMHS LD, recruitment underway and monies will flow in April.
• 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.
• The appraisal rate in C&YP for January was 89.6%. Action plans remain in place to improve performance, monitored through the weekly performance group.
• Sickness levels in January were 4.6% a reduction from 5.7% in December 2025. All long-term sicknesses are being managed well within our 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 in C&YP continues to be above the 80% threshold in January at 90.5%
• Overall mandatory training compliance for C&YP for January was 95.4 % above the target of 80%
• Adel Beck Children's Secure Unit had a CQC visit in January with an overall outcome of Good, with the Health Team being assessed as Outstanding

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 now meeting the threshold.

Mental Health Community

Metrics	Strategic Objective	CQC Domain	Threshold	Nov-25	Dec-25	Jan-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	86.4%	89.8%	90.9%	
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	54.2%	84.7%	85.0%	
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	98.8%	96.0%	100.0%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	21% (4/19)	13% (2/16)	10% (2/20)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	92.5%	92.2%	92.9%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	86.9%	87.7%	91.1%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	95.9%	96.6%	96.2%	
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	91.7%	98.3%	96.9%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.8%	84.6%	85.4%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	94.7%	95.6%	96.2%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.0%	97.8%	97.0%	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	88.4%	88.3%	88.6%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	6.0%	5.6%	5.4%	
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,159	13,205	13,131	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	145	102	132	

Mental Health Inpatient

Metrics	Strategic Objective	CQC Domain	Threshold	Nov-25	Dec-25	Jan-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	89.5%	92.6%	86.3%	
% Bed occupancy (excl leave)	Best Quality	Safe	85%	86.5%	87.0%	88.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	29% (2/7)	0% (0/6)	0% (0/3)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	94.4%	93.6%	89.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	91.1%	90.7%	87.6%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	9.7%	8.0%	8.7%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	92.2%	94.0%	91.0%	
Inappropriate Out of Area Bed days	Best Quality	Responsive	155 (January)	97	76	52	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.7%	98.5%	97.6%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	12	20	18	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	58	59	55	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	89.9%	91.3%	89.9%	
Restraint incidents	Best Quality	Safe	Trend Monitor	91	150	*90*	
Safer staffing (Overall)	Best Quality	Safe	90%	119.2%	120.6%	117.6%	
Safer staffing (Registered)	Best Quality	Safe	80%	99.9%	99.1%	99.8%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	5.5%	6.6%	7.1%	
Average length of stay - Acute and Psychiatric Intensive Care Unit - West Yorkshire (3 Months Rolling)	Best Quality	Safe	Nov 59.4, Dec 58.8, Jan 58.3	54.0	52.4	47.2	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	Best Quality	Safe	Nov 60.1, Dec 59.6, Jan 59.0	57.9	51.2	52.9	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	553	644	546	

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 January acute wards have worked above establishment. This is closely monitored by senior managers.
• Work to maintain effective patient flow continues, with the use of out of area beds being closely managed. The situation remains challenging in January 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. FIRM 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 FIRM risk assessment is not completed or reviewed and updated within 24 hours pre or post admission. 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.
• 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. Continued improvement in January in all areas.
• Care Programme Approach (CPA) review performance is above target in Calderdale, Kirklees and Wakefield. Barnsley are slightly under the 95% target this month at 93.3%. Action plans and support from Quality and Governance Leads remain in place and all areas are expected to be above threshold in February.
• 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 January 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 January.

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 January is 53.4% for Kirklees and 52.9% for Barnsley, both achieving the national standard of 50%. In January 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 23.2% and Kirklees at 23.1%. 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 two incidents of prone restraint in January, both related to exiting seclusion and were under 3 minutes duration. Both 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 91.6%
• The care group is above target in all areas of mandatory training.

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	Nov-25	Dec-25	Jan-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	88.9%	88.7%	91.6%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/4)	0% (0/3)	25% (2/8)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	93.7%	91.5%	90.4%	
Bed occupancy (excluding leave) - Commissioned Beds	Best Quality	Safe	N/A	50.0%	50.0%	50.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.4%	91.2%	90.1%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	50.0%	62.9%	75.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	96.7%	96.7%	95.3%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	86.0%	93.6%	88.2%	
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	7	8	9	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.8%	89.0%	90.2%	
Safer staffing (Overall)	Best Quality	Safe	90%	127.2%	133.3%	123.4%	
Safer staffing (Registered)	Best Quality	Safe	80%	164.7%	171.5%	178.0%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.8%	4.7%	5.8%	
Restraint incidents	Best Quality	Safe	Trend Monitor	7	8	7	
Average length of stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	33	46	37	

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

Alert/Action

ICB West Yorkshire Neurodiversity Project – Update
Following last month's update, the ICB has revised its criteria for transferring long waiters on the Adult ADHD NHS waiting list to providers within the WY AQP framework, enabling more individuals to be considered. The updated process has been shared, noting that it requires detailed administrative and clinical input before referrals can progress. The Service will review the process, assess associated resource implications, and take proposals through Trust governance before any transfers are initiated. A meeting with senior colleagues from the WY Neurodiversity Board has been arranged for 25 March 2026 to discuss the management of SWYPFT waiting lists. To date, the transfer process has applied to adult services. Children and young people referred before 30 June 2023 are now also being considered for both ADHD and Autism pathways, and CAMHS teams in Calderdale and Kirklees have been informed.

South Yorkshire ICB Neurodiversity Project – Update
The service has been advised that decisions on the business cases submitted for this financial year will be delayed. Further clarification on next steps is awaited, and confirmation of future meeting arrangements is expected in due course.

Advise

Innovations Update
The Service continues to review and develop processes to improve efficiency and deliver benefits for both the workforce and service users. Several initiatives also have the potential to generate financial efficiencies for the Trust:
- ADHD Triage: Now commissioned in both Wakefield and Kirklees, supporting more timely and consistent decision making.
- E referrals: Now available in areas commissioning ADHD Triage or Autism referral clinics, improving the referral process for primary care and enhancing service user experience.
- E questionnaires: Introduced within the ADHD pathway, replacing paper forms. Completion rates have already improved, supporting better flow, improving patient experience, releasing clinical capacity, and reducing non pay costs over time.
- AI screening tool for ADHD assessments: Developed jointly with Leeds Beckett University, this tool supports stratification of cases based on likely complexity to ensure appropriate allocation to assessors/providers. It is now in testing. Kirklees commissioners have agreed in principle to fund further collaborative work to support this approach.

Adult ADHD Waiting Lists – Screening, Triage, and Assessment
- ADHD Triage waiting list: 500 people (Wakefield & Kirklees).
- Efficiency impact: For every 1,000 valid referrals, triage potentially avoids 400 assessments.

Commissioner Updates
- Wakefield: Meeting requested to discuss restoring assessment capacity to 110 per year.
- Kirklees:

£314k investment from April 2026 for ADHD & Autism demand.
£236k non recurrent funding for 2025/26 temporary measures.
£36k non recurrent funding to progress the ADHD stratification tool (working with Leeds Beckett University).
Barnsley: Developments paused pending South Yorkshire Neurodiversity Programme.

Assessment Waiting List
- 7,000+ people waiting for an ADHD assessment.
- Longest waits: 3.7 years for routine referrals.
- High/medium risk cases prioritised and typically seen within 18 weeks.

ADHD Shared Care – Current Position
National shortages of ADHD medication, combined with rising assessment demand, are creating additional pressure for primary care. As a result, some GP practices are limiting or declining shared care arrangements. The impact on the service remains limited at present, as many practices continue shared care with the local NHS provider, but the situation is being closely monitored.
To avoid treatment interruption for service users, the service is continuing to prescribe for individuals it has diagnosed where shared care is unavailable. However, this approach reduces overall assessment capacity and cannot be extended to those diagnosed by other providers.

Adult Autism Waiting Lists – Current Position
Waiting numbers and waiting times remain unchanged. People continue to experience relatively short waits for assessment in Barnsley, Bradford, Kirklees, and Wakefield. In Calderdale, where there is no triage step, 257 people are currently waiting. The longest wait is 1 year and 51 weeks, although individuals invited today are likely to wait at least 3 years or may require transfer to an independent provider commissioned by the WY ICB.

Risk Assessments
The metric measuring the proportion of people on an active caseload with a risk assessment reviewed within the past year indicates performance below the required threshold, with 84.1% compliance in January. This has been explored with BI colleagues, and an in depth audit is now underway to understand the nature of the breaches and identify the actions required to address them.

Assure

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

Learning disability services:

Alert/Action

Community Service Update

• The contract specification has been reviewed and updated for implementation from 1st April 2026 for Calderdale, Kirklees and Wakefield. The revised specification has also been shared with Barnsley Integrated Care Board to enable alignment of their contractual documentation.
• Community Services have formally agreed to participate in the ICONIC Programme, which is adapting DIALOG+ as a digital mental health intervention specifically designed for people with learning disabilities.
• Annual Health Checks -There is a lag in the annual health check data, which means the national dataset is currently not aligned with our local data. This is expected to resolve once the new NHSE/ICB changes are fully implemented.

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

• ADHD Assessments – Proof of Concept - A six month Proof of Concept began in November 2025 to test new ways of increasing ADHD assessment capacity and improving efficiency. This was introduced in response to rising demand and long waiting times. Early feedback shows the approach is working well across the pilot clinics. A full evaluation will be completed at the end of the six months, with the findings shared with commissioners to inform next steps.
• Waiting Lists – Quality Improvement Programme - During 2024/25 the service achieved sustained improvements in waiting times. Recent performance dips in Calderdale and Barnsley are mainly due to workforce vacancies. In Calderdale, the issue relates to single clinician specialist roles; recruitment is complete but start dates are pending, so capacity remains limited. In Barnsley, vacancies and data recording issues have affected reported performance. The data issues are being addressed, with assurance in place to support recovery.
• Clinically Ready for Discharge - There are currently four patients clinically ready for discharge, two of whom are formally recorded as CRFD (Clinically Ready for Discharge). Options for future placement are actively being explored to ensure safe and appropriate transitions into the community. This work involves close collaboration with commissioners and providers to identify suitable accommodation and support packages that meet individual needs.
• Appraisal and Supervision - The service 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

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	Nov-25	Dec-25	Jan-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	74.0%	76.9%	80.0%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	86.9%	88.8%	87.2%	
% 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%	91.1%	88.3%	87.0%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	96.9%	99.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	87.1%	89.8%	84.0%	
% 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%	60.0%	100.0%	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%	84.4%	83.2%	80.2%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	96.8%	97.5%	94.7%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	4	1	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	11	9	8	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.8%	90.2%	89.1%	
Restraint incidents	Best Quality	Safe	Trend Monitor	24	25	*22*	
Safer staffing (Overall)	Best Quality	Safe	90%	117.1%	117.4%	115.0%	
Safer staffing (Registered)	Best Quality	Safe	80%	99.7%	96.1%	100.7%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	7.0%	8.7%	7.0%	
Average length of stay	Best Quality	Safe	Trend Monitor	2064	3732	1320	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	194	185	191	

Forensic - West Yorkshire:

Alert/Action

Bed Occupancy – Medium Secure Services
Occupancy across medium secure services remains below commissioned levels, with the largest gap in the Learning Disabilities (LD) pathway. Three of eight LD beds are currently vacant, with some capacity occupied by out of area service users. One service user is also awaiting transfer to high secure care.
Demand for male medium secure beds remains high, reflected in continued referral pressures and an active waiting list. The Women's pathway has also seen an increase in referrals, leading to several recent admissions and leaving only one bed currently available.
These pathway variations continue to affect operational efficiency and resource utilisation. In response, the service has initiated detailed bed modelling work to ensure future configuration and capacity are aligned with current activity and projected demand across all pathways.

- Newton Lodge: 89.28%↓ – Increased referrals in the male pathway; occupancy spans LD and Women's services.
- Bretton Centre: 89.% ↓– Admissions are pending due to legal processes.
- Newhaven: 68.75%↓ – Reflects a recent discharge the service has received one new referral.

Appraisal
Appraisal completion remains a key workforce priority, supporting staff development and professional accountability. Overall compliance has improved to 79.2%, up from last month. Hotspots remain Newhaven (78.1%) and Newton Lodge (75.3%), while the Bretton Centre has strengthened to 87%.
Actions to support further improvement include protecting time in team rotas for appraisals, tighter monthly monitoring and reminders, and maintaining appraisal performance as a regular item at leadership meetings. Compliance will continue to be monitored closely, with targeted support where needed to sustain progress into the next reporting period.

Advise

Future Secure Care provision
Provider Collaborative colleagues across the region will meet in early March to review demand and capacity across Yorkshire and Humber. The meeting will focus on maximising the efficient use of regional capacity, reducing out of area placements, and agreeing where specialist services are best located to support service users to remain within the region.

Sickness Absence
Sickness absence remains a key area of focus across the service. A targeted piece of work is now underway with support from the People Directorate to help teams address the underlying issues and improve overall attendance.

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 in progress to strengthen compliance with FIRM risk assessment and care planning standards. Additional measures have been implemented to enhance consistency and ensure the delivery of robust clinical practice across all teams. January's data confirms that the required compliance threshold has been achieved.

Assure

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

Forensic - South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Nov-25	Dec-25	Jan-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	67.3%	72.7%	76.5%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	88.9%	86.1%	84.4%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	50% (1/2)	0% (0/1)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	98.0%	95.2%	98.3%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	77.6%	74.1%	85.5%	
% 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%	93.9%	93.4%	95.8%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	3	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	8	4	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	81.7%	78.2%	84.4%	
Restraint incidents	Best Quality	Safe	Trend Monitor	26	16	*15*	
Safer staffing (Overall)	Best Quality	Safe	90%	138.8%	136.6%	125.5%	
Safer staffing (Registered)	Best Quality	Safe	80%	108.0%	108.4%	96.0%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	3.9%	3.9%	3.9%	
Average length of stay	Best Quality	Safe	Trend Monitor	231	1047	967	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	153	150	175	

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 been more positive.

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 focus on stabilising core functions and restoring capacity. Occupancy remains below full capacity, with further admissions planned in the coming weeks, including several requiring warrants. Current occupancy is 74 service users across 81 beds. Further work is being undertaken locally, and in collaboration with commissioners and wider system partners.

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
Local data indicates all mandatory training is reaching the required thresholds with the exception of Mental Capacity Act and Mental Health Act although these are on a positive trajectory.

Advise

Wentbridge Ward Update (ASD Service)
Wentbridge Ward remains closed; however, roof repair works have now commenced. Progress has been slower than anticipated due to the recent period of wet weather, but work continues and will be monitored closely.

Cheswold Park
The service continues to integrate into the Forensic Care Group, embedding Trust governance and operational frameworks to ensure consistent standards and strong oversight. Quality and safety remain key priorities and are monitored through the internal Quality Improvement Group, which now meets quarterly. External assurance from NHSE and the South Yorkshire Provider Collaborative continues at routine levels, reflecting confidence in the progress to date.
As outlined previously, strategic priorities remain focused on stabilisation, service development, and future planning. Work is underway to establish a clear clinical and operational model to guide service delivery and inform future workforce planning.
Progress continues on aligning policies and procedures with Trust, CQC, and secure service standards. Leadership capability is being strengthened through a Ward Manager development programme, and improvements to reporting mechanisms are in progress. Access to the Trust Bank has now been secured, supporting more sustainable and flexible staffing arrangements.

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	Nov-25	Dec-25	Jan-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	June 89% July onwards 90%	89.1%	91.8%	89.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	0% (0/2)	0% (0/3)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	90.5%	93.3%	97.37%	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	85.2%	82.1%	77.4%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	89.9%	88.5%	87.2%	
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%	97.8%	96.6%	95.6%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	97.8%	97.5%	96.0%	
Safer staffing (Overall)	Best Quality	Safe	90%	97.6%	101.6%	93.6%	
Safer staffing (Registered)	Best Quality	Safe	80%	99.9%	100.2%	91.7%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.3%	6.1%	6.0%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	99%	74.2%	65.9%	75.2%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	7,206	6,896	6,578	
Total number of reported incidents	Best Quality	Safe	Trend monitor	251	259	284	

Barnsley Physical Health and Wellbeing Care Group

Alert/Action

• Paediatric Audiology 6-week target for diagnostic procedures has seen a good increase during January to 75.2% against the target of 99%. There has been further improvement into February; as at 8.2.2026 the figure is at 86.51%.
We continue to see a decrease in the actual number of patients waiting. The total number waiting as at 8.2.26 is 126 patients with the longest wait now reduced to 8 weeks. The number of patients waiting between 6 and 8 weeks is down to 17.
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 decreased to 70.7% which remains below the target of 80%. Onboarding has continued to be affected by consultant capacity in the local acute trust (BHNFT) to support the pathway. Onboarding was paused throughout a significant period of December. The Christmas and New Year period then affected recovery during early January. The position improved throughout the month but was again affected by consultant capacity during the last week of January, with a decision to pause onboarding so that the Multi-Disciplinary Team (MDT) could safely manage current patients and to process discharges in a timely manner. Onboarding for hospital avoidance / community step up patients has continued throughout January 2026.

Advise

• BREATHE – a recent derogation was agreed to allow the exceptional use of agency due to short term staffing vacancies in critical posts. Due to the lack of success in sourcing agency or fixed term posts, these options are no longer being pursued. Staffing pressures and long-term sickness are gradually resolving. 2 x Band 6 nurses have been appointed with start dates in February and March. We continue to support crisis and urgent referrals as well as Virtual Ward and hospital avoidance as priorities in the service.
• Overall sickness rates are showing a slight improvement at 6%. This is outside compliance for the month of January and continues to be reflective of the spikes in seasonal infections / viruses (i.e. Flu, Covid 19, Norovirus) which is mirrored in the local population. We have also seen some instances of long-term sicknesses relating to serious illnesses. The care group 12-month rolling figure is within compliance at 4.87%, as is the Year-to-Date figure of 5%.
• There was a Covid 19 outbreak on our inpatient wards during January. This affected both staff and patients. Infection Prevention and Control (IPC) were involved, and the wearing of masks was instigated as a result of outbreak meetings. Stroke Rehabilitation Unit (SRU) reopened on 14 January and Neuro Rehabilitation Unit (NRU) reopened on 20 January.
• Our Cedars Community Intermediate Care Unit within Buckingham Care Home had a Diarrhoea and Vomiting outbreak during January which impacted on admissions for 24 hours.
• Staff receiving supervision - the January figure is slightly below compliance at 77.4%. Compliance with clinical supervision has been challenging in the care group. The Professional Leads and Quality, Governance and Performance Manager are working to understanding the reasons for the reduction and establishing an action plan to address this.

Assure

• Appraisals - for January, the overall care group figure is 89.8% which is marginally below the target of 90%. To note: the care group is a pilot site for the new appraisal system during January and February and therefore this has impacted compliance in the short term as staff had to attend training before they could undertake appraisals due during that period.
• Urgent Community Response Service 2-hour target is 88% at end of January 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) – 96% for January 2026.
• People dying in their place of choosing continues to maintain compliancy at 97.37% for January against the threshold of 80%.
• Information Governance training maintains compliance at 95.6%.
• Friends and Family Test (FFT) - 96% of people would recommend community services.
• Cardiopulmonary resuscitation training maintains compliance at 87.2% for January.

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

To avoid the use of agency and to maintain safe staffing levels for shifts when bank and agency have been exhausted, ward managers and matrons have worked clinically in ward numbers. Because of this, we are noting that appraisals and supervision are needing to be rescheduled, with some impact on performance. In addition, the matron's ability to oversee their wards performance, and instigate a plan for improving performance has been impacted.

Appraisal

- Several wards fell under the 90% compliance threshold in January, impacted by sickness, acuity, with some planned appraisals needing to be rescheduled
- Clark (85%), Walton (84.8%), Beechdale (83.3%), Ward 19 Female (75%), and Enfield Down (86%) are all above compliance as of 17/02/26 following targeted work by the ward managers.
- Nostell (77.6%), Stanley (69.6%), Ward 18 (85%), Poplars (89.7%), Willow (88.9%), and Lyndhurst (82.8%) currently remain below compliance and matrons are working closely with ward managers to ensure outstanding appraisals are booked.
- Crofton (56.3%) compliance remains below threshold. 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.

Sickness

- 5 wards have sickness rates below 5% compliance threshold.
- Sickness improved to below threshold in January on Melton and Beechdale following the return of staff from long term sick.
- Sickness increased to above threshold on Nostell (6.6%), Stanley (5.4%) and Enfield Down (5.7%) due short-term sickness. Cold, coughs, and flu was a theme on Enfield Down.
- Sickness remains above threshold and has increased on Beamshaw (7.7%), Ashdale (9.8%), Elmdale (10.7%), and Poplars (8.6%) due to both short term and long-term sickness. Gastrointestinal problems was a theme for short term sickness on Poplars.
- Although still above threshold, sickness on Walton (5.4%), Ward 18 (6.8%), and Lyndhurst (8.2%) 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 (21.4%) and Willow (21.2%) 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

- 14 wards are above 80% compliance target for January, 6 of those wards are at 100% supervision compliance.
- Crofton (60.0%) compliance is impacted by recording accuracy. 4 staff are out of compliance, 3 of whom should be recorded as an exclusion due to either long-term sickness or maternity leave (exclusion added 17/02/26). This puts there January compliance at 85.7%. 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.
- Elmdale (78.6%) and Lyndhurst (73.3%) dropped below compliance and targeted work has been undertaken by the leadership teams. Current compliance for both teams is above 80% (as of 17/02/26) with supervision for the remaining staff 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)

- 14 wards are above 95% compliance target for January.
- Ashdale (90.3%), Willow (94.1%), and Enfield Down (94.2%) dropped under threshold. Action is being taken by the ward managers to ensure the staff outstanding complete the e-learning.
- The senior leadership team maintain close oversight of information governance training compliance via the weekly inpatient quality and performance meeting.

Cardiopulmonary resuscitation (CPR)

- 14 wards are at or above the CPR training compliance threshold in January.
- Poplars (78.1%) dropped below compliance however staff have attended recent training sessions and current compliance is above threshold (as of 17/02/26)
- Walton (70.7%) dropped below compliance and staff needing training are booked to attend dates throughout February and March.
- Ashdale remain under compliance (67.7%) impacted by 3 staff attending training at the end of January whose records aren't yet updated and 2 new starters who commenced in January and are booked to attend training in March and April.

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

Mandatory Training Continued

Reducing Restrictive Practice Interventions (RRPI)

• 16 wards are above the RRPI training compliance threshold.
• Poplars (71.9%) dropped below compliance and is impacted by a small number of staff unable to attend RRPI training due to physical health reasons. Staff are referred to occupational health and the ward manager, supported by the matron, is maintaining oversight. Other staff out of compliance have either attended recent training dates or are booked to attend throughout February and March.
• Rota planning and oversight from ward managers ensures adequate numbers of RRPI and CPR trained staff on each shift.

Fire Safety

• 15 wards are above fire safety training compliance threshold.
• Poplars (81.8%) and Ward 19 Female (81%) are under compliance and action will be taken by the ward managers to ensure staff out of compliance are booked onto future fire training sessions.
• Ward managers, with oversight from matrons, continue to ensure outstanding staff are booked to attend fire safety training.

Bed Occupancy

• Ongoing environmental repairs mean Beamshaw/Clark are operating on reduced bed base of 2 from 5th January 26.
• 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 January:
  • Melton ALOS increased from 42 days to 225 days. Melton had a total of 4 discharges in January – 1 service users' LOS was above 200 days; 1 service users' LOS was above 500 days.
  • Enfield Down ALOS is 223 days reflecting a total of 2 discharges in January. 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 two wards:
  • Melton CRFD is 21.3% in January. This is 2 service users awaiting placements, one of whom has been recently discharged.
  • Poplars CRFD is 34.6% and is reflective of several service users awaiting placements.
• 11 other wards are above the threshold for CRFD with Stanley, Walton, Ward 19 Male, and Beechdale above 10%. Beamshaw, Clark, Nostell, Ashdale, Ward 18, Elmdale, and Willow are also above target. This is due to the number of service users with complex needs who are awaiting placement or suitable accommodation.
• Across all wards the multi-disciplinary team continue to collaborate to progress pathways as timely as possible.
• There is a weekly check and challenge meeting led by the Director of Service to ensure senior oversight and focus and timely external escalations.

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

FIRM Risk assessments

• The reporting metric changed as of 1st April to percentage of inpatient risk assessment completed within 24hrs before or after admission.
• Overall compliance in January was 91.0% (12 breaches) for 24hr target and 95.4% (6 breaches) completed within 48hrs.
• During January, Clark and Ward 19 Female had 1 FIRM breach each and both were completed within 48hrs. Ashdale, Stanley, and Ward 18 had 2 breaches each. Nostell had 4 breaches, 3 of these were completed within 48hrs.
• 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.
• A theme in January breaches was service users assessed outside of SWYPFT. It has been reinforced to inpatient teams that in these cases it is the wards responsibility to ensure timely update of FIRM (based on handover of information received prior to admission).
• 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)

• 18 incidents of patient-on-patient physical violence throughout January (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)

• 53 incidents of patient on staff physical violence throughout January (Ward 19 Male and Female incidents are combined).
• Highest number of incidents on Poplars (12) and 10 of these incidents relate to a specific service user with a risk profile of violence and aggression who has recently been transferred back to an acute ward.
• 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 (19) 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

• 2 incidents of prone restraint in January:
  • Walton (1) – Staff led to exit seclusion. Safety pod used initially but staff unable to safely exit seclusion and due to service user presentation prone was used. RRPI specialist advisor comments state 'in this instance prone restraint appears to have been the least restrictive intervention for staff to safely exit seclusion'.
  • Stanley (1) – Staff led to exit seclusion. Prone lasted < 5 seconds. RRPI specialist advisor comments note that alternative seclusion exit techniques should be attempted initially and this feedback has been shared with the team.
• Prone restraint as an emergency intervention is still taught within RRPI training.
• 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.

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Beamshaw Suite Nov-25	Beamshaw Suite Dec-25	Beamshaw Suite Jan-26	Clark Suite Nov-25	Clark Suite Dec-25	Clark Suite Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	100.0%	100.0%	100.0%	85.0%
Sickness	Best place to work and learn	Well led	5.0%	0.7%	6.6%	7.7%	0.6%	2.1%	4.2%
Supervision	Best place to work and learn	Well led	80%	84.6%	92.3%	91.7%	100.0%	91.7%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.3%	92.6%	96.0%	100.0%	100.0%	95.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.2%	85.2%	84.0%	96.0%	91.7%	91.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	96.3%	88.9%	92.0%	96.0%	87.5%	95.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.3%	100.0%	100.0%	100.0%	100.0%	95.7%
Bed occupancy**	Best Quality	Safe	85%	91.9%	97.4%	94.8%	91.9%	97.4%	94.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	25	114	38	41	52	48
Safer staffing (Overall)	Best Quality	Safe	90%	104.6%	112.0%	112.0%	146.7%	124.8%	98.0%
Safer staffing (Registered)	Best Quality	Safe	80%	98.7%	91.0%	94.3%	105.6%	105.7%	101.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	9.5%	14.2%	9.1%	16.2%	9.3%	8.1%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	88.9%	100.0%	87.5%	100.0%	87.5%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	3	0	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	1	1	3	1
Restraint incidents	Best Quality	Safe	Trend Monitor	0	4	*6*	20	27	*6*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	9	11	21	10	5

*** 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 Nov-25	Melton Suite Dec-25	Melton Suite Jan-26	Nostell Nov-25	Nostell Dec-25	Nostell Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	96.4%	85.7%	94.4%	77.8%
Sickness	Best place to work and learn	Well led	5.0%	2.7%	7.5%	5.0%	5.5%	4.7%	6.6%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	76.9%	91.7%	83.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	93.5%	93.1%	96.6%	95.8%	95.7%	95.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.3%	93.1%	93.1%	95.8%	95.7%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.3%	96.6%	93.1%	87.5%	91.3%	100.0%
Bed occupancy	Best Quality	Safe	85%	97.8%	90.3%	98.9%	96.7%	95.1%	97.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	42	225	37	20	57
Safer staffing (Overall)	Best Quality	Safe	90%	126.9%	125.7%	116.1%	124.6%	114.4%	94.5%
Safer staffing (Registered)	Best Quality	Safe	80%	98.2%	94.2%	97.9%	106.0%	106.9%	105.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	33.3%	28.3%	21.3%	5.3%	1.2%	4.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	100.0%	100.0%	75.0%	85.7%	73.3%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	2	1	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	6	1	4	7	6
Restraint incidents	Best Quality	Safe	Trend Monitor	7	13	*6*	8	14	*8*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	19	42	25	44	9	2

*** 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 Nov-25	Stanley Dec-25	Stanley Jan-26	Walton Nov-25	Walton Dec-25	Walton Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	95.7%	87.5%	69.6%	90.9%	88.6%	84.8%
Sickness	Best place to work and learn	Well led	5.0%	5.2%	1.4%	5.4%	5.7%	7.5%	5.4%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	94.1%	88.2%	82.4%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.4%	96.8%	100.0%	97.7%	97.6%	97.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	92.9%	96.8%	96.7%	90.7%	92.9%	95.1%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	96.4%	100.0%	100.0%	83.7%	83.3%	70.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	85.7%	93.5%	96.7%	88.4%	90.5%	87.8%
Bed occupancy**	Best Quality	Safe	85%	96.7%	95.1%	97.1%	93.3%	98.2%	97.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	54	39	33	76	74	123
Safer staffing (Overall)	Best Quality	Safe	90%	110.6%	113.8%	126.8%	133.4%	140.8%	136.1%
Safer staffing (Registered)	Best Quality	Safe	80%	89.8%	96.3%	93.3%	96.7%	92.4%	92.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	1.8%	0.4%	11.4%	22.3%	16.4%	18.3%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	90.0%	100.0%	80.0%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	2	3	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	5	4	2	0	6
Restraint incidents	Best Quality	Safe	Trend Monitor	3	18	*5*	8	9	*10*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	2	*1*	0	2	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	20	11	9	14	11	10

*** 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 Nov-25	Ashdale Dec-25	Ashdale Jan-26	Ward 18 Nov-25	Ward 18 Dec-25	Ward 18 Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	76.9%	87.5%	95.7%	81.8%	91.3%	85.0%
Sickness	Best place to work and learn	Well led	5.0%	6.1%	6.4%	9.8%	7.9%	8.5%	6.8%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	87.5%	90.9%	54.5%	93.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.6%	96.9%	90.3%	100.0%	100.0%	96.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	79.3%	87.5%	83.9%	90.3%	93.8%	93.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	79.3%	75.0%	67.7%	87.1%	84.4%	86.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	89.7%	87.5%	87.1%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	98.8%	98.9%	99.1%	96.8%	95.1%	96.5%
Average Length of Stay	Best Quality	Safe	Trend Monitor	50	46	40	35	30	30
Safer staffing (Overall)	Best Quality	Safe	90%	105.2%	97.8%	99.4%	106.7%	97.1%	101.4%
Safer staffing (Registered)	Best Quality	Safe	80%	98.8%	93.0%	95.5%	106.0%	101.2%	110.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	2.4%	4.1%	4.2%	6.4%	6.9%	5.8%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	66.7%	66.7%	81.8%	100.0%	100.0%	92.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	3	4	2	1	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	11	6	3	4	2	1
Restraint incidents	Best Quality	Safe	Trend Monitor	6	5	*4*	7	8	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	4	7	2	5	0	4

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Elmdale Nov-25	Elmdale Dec-25	Elmdale Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	95.5%	90.0%
Sickness	Best place to work and learn	Well led	5.0%	3.0%	5.8%	10.7%
Supervision	Best place to work and learn	Well led	80%	90.0%	92.3%	78.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	95.8%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.2%	96.2%	95.8%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.0%	88.0%	95.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.2%	96.2%	100.0%
Bed occupancy	Best Quality	Safe	85%	98.9%	97.6%	91.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	50	27	71
Safer staffing (Overall)	Best Quality	Safe	90%	105.5%	119.3%	114.1%
Safer staffing (Registered)	Best Quality	Safe	80%	95.3%	91.6%	98.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	9.2%	6.8%	6.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	83.3%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	1	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	14	10	4
Restraint incidents	Best Quality	Safe	Trend Monitor	15	22	*19*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	8	15	19

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Crofton Nov-25	Crofton Dec-25	Crofton Jan-26	Poplars CUE Nov-25	Poplars CUE Dec-25	Poplars CUE Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	68.4%	56.3%	56.3%	77.8%	96.4%	89.7%
Sickness	Best place to work and learn	Well led	5.0%	12.3%	19.8%	21.4%	11.9%	6.2%	8.6%
Supervision	Best place to work and learn	Well led	80%	77.8%	85.7%	60.0%	91.7%	100.0%	84.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	95.5%	100.0%	100.0%	96.9%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.3%	90.5%	90.0%	78.6%	80.6%	71.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	87.0%	90.5%	80.0%	82.1%	90.3%	78.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.8%	90.9%	95.2%	96.6%	93.8%	81.8%
Bed occupancy	Best Quality	Safe	85%	85.6%	88.3%	92.9%	65.8%	67.3%	78.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	30	39	63	89	149	90
Safer staffing (Overall)	Best Quality	Safe	90%	157.9%	157.9%	161.7%	185.8%	183.8%	195.7%
Safer staffing (Registered)	Best Quality	Safe	80%	126.1%	118.4%	127.2%	103.9%	99.1%	103.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	2.5%	3.1%	0.0%	51.7%	47.9%	34.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	85.7%	100.0%	100.0%	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	1	2	0	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	7	2	7	7	12
Restraint incidents	Best Quality	Safe	Trend Monitor	2	10	*0*	9	6	*6*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	25	27	25	30	18	29

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Willow Nov-25	Willow Dec-25	Willow Jan-26	Beechdale Nov-25	Beechdale Dec-25	Beechdale Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	85.0%	94.7%	88.9%	94.1%	100.0%	83.3%
Sickness	Best place to work and learn	Well led	5.0%	11.1%	20.2%	21.2%	10.9%	5.8%	2.4%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	94.1%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.0%	90.0%	88.2%	84.2%	90.5%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.0%	95.0%	94.1%	88.9%	85.0%	90.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	94.1%	94.7%	95.2%	90.5%
Bed occupancy	Best Quality	Safe	85%	76.7%	88.4%	90.3%	92.3%	92.5%	97.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	138	49	54	60	134	157
Safer staffing (Overall)	Best Quality	Safe	90%	114.1%	116.1%	115.5%	131.6%	159.8%	152.2%
Safer staffing (Registered)	Best Quality	Safe	80%	101.9%	100.0%	104.7%	100.1%	101.0%	101.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	17.0%	5.9%	8.7%	11.6%	15.2%	14.3%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	5	*0*	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	5	18	13	7	10	11

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male			Ward 19 - Female		
				Nov-25	Dec-25	Jan-26	Nov-25	Dec-25	Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	75.0%	94.4%	100.0%	89.5%	100.0%	75.0%
Sickness	Best place to work and learn	Well led	5.0%	0.0%	3.8%	3.6%	10.8%	4.8%	3.7%
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%	100.0%	95.0%	95.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.5%	95.0%	90.0%	90.0%	95.0%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	80.0%	90.0%	95.0%	85.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.9%	95.0%	85.0%	95.0%	100.0%	81.0%
Bed occupancy	Best Quality	Safe	85%	97.3%	95.3%	98.5%	90.7%	73.1%	97.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	200	107	85	77	61	54
Safer staffing (Overall)	Best Quality	Safe	90%	100.9%	120.0%	101.4%	106.7%	108.8%	120.2%
Safer staffing (Registered)	Best Quality	Safe	80%	96.0%	110.0%	89.7%	102.7%	106.9%	101.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	10.7%	4.2%	16.9%	4.0%	0.0%	0.7%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	75.0%	85.7%	100.0%	83.3%	100.0%	83.3%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	6	2	0	6	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	4	12	6	4	12
Restraint incidents	Best Quality	Safe	Trend Monitor	6	9	*20*	6	9	*20*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	2	0	0	9	8	12

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down Nov-25	Enfield Down Dec-25	Enfield Down Jan-26	Lyndhurst Nov-25	Lyndhurst Dec-25	Lyndhurst Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	93.8%	93.9%	86.0%	78.6%	89.7%	82.8%
Sickness	Best place to work and learn	Well led	5.0%	3.9%	3.6%	5.7%	10.0%	9.0%	8.2%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	92.3%	93.3%	80.0%	73.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	94.2%	96.4%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	82.0%	86.3%	86.3%	92.9%	92.9%	89.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	93.3%	91.3%	91.3%	92.9%	89.3%	82.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.1%	94.2%	90.4%	100.0%	96.4%	100.0%
Bed occupancy	Best Quality	Safe	Trend Monitor	49.0%	51.1%	46.8%	63.8%	74.7%	72.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	596	223	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	96.2%	97.2%	98.2%	91.0%	97.1%	95.2%
Safer staffing (Registered)	Best Quality	Safe	80%	95.8%	96.0%	99.0%	86.6%	96.5%	90.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	5.8%	3.8%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	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*	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	1	0	2

Inpatients - Forensic West Yorkshire - Medium Secure

Medium Secure

• Supervision compliance remains excellent, with consistently high completion rates across the service. Managers and clinicians continue to prioritise regular, high-quality supervision, ensuring strong oversight, reflective practice, and adherence to professional standards..

• Some hotspots in sickness and absence noted on Bronte (8.6%) which represents a slight reduction, Priestley (7.6%) and Appleton (8.9%) 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 (12.4%) has experienced a significant increase analysis is being completed to understand the reasons for this and all other wards are compliant with the threshold.

• Appraisals remain a key priority for the Care Group. Three medium secure wards are currently below the required threshold: Johnson (78.6%), Priestley (85.9%), and Waterton (89.5%). Remedial actions are in place, and a strengthened monitoring system is being used within the Care Group to support improvement.

• Good compliance is noted for mandatory training across the medium secure service. Three hotspots are evident. One for Fire Safety on Bronte (60%) which is provided as part of yearly security updates. IG Training on Waterton (91.3%) is a further hotspot, and Chippendale CPR which is 76.2% which would suggest a number of staff are just out of training as compliance was 100% last month. Johnson Ward has three areas of reduced compliance, with RRPI at 78.1%, CPR at 71.9% and Information Governance at 90.6%. The Care Group is reviewing these areas and determining the support required to enable the ward to reach the expected standards.

Bed occupancy on Appleton remains low at 62.5%, reflecting a continued reduction in learning disability referrals to secure care. Occupancy in the women's service also remains below the expected level, with Johnson Ward (medium secure) at 80.1%, although a slight improvement has been noted as admissions have increased. In contrast, occupancy on the male pathway is strong, and a recent rise in medium secure referrals has resulted in the development of a waiting list.

• There was 1 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 operating above establishment to meet clinical need. Staffing levels are reviewed daily through the morning meeting, supported by team leaders to ensure proactive deployment of resources and the reallocation of staff from the wider multi-disciplinary team where required. A focused piece of work, supported by the E-Rostering team, has helped to further embed SafeCare within the morning meeting and routine practice, contributing to improvements in the quality and accuracy of SafeCare data. The metric relating to completion of inpatient risk assessments within 24 hours has been reviewed by the service. Within forensic services, forensic risk assessments are completed prior to admission as part of the gatekeeping process, supporting safe and effective planning. A communication has been issued to ensure these assessments are reviewed and formally signed off again on admission. The service is currently compliant and will continue to monitor this closely to maintain high standards.

Low Secure

• Sickness levels continue to be monitored closely, with ward managers working alongside the People Directorate and Occupational Health. Sandal, Ryburn, and Thornhill are all showing improvement, while Newhaven remains the only area without a positive trajectory, with sickness currently at 9.9%. Rates across the other wards include Thornhill 9.5%, Sandal 4%, and Ryburn 7.7%, covering both long-term and short-term absence and seasonal increases in illness. The Clinical Service Manager is reviewing the position, and planned return-to-work arrangements are expected to support further improvement in long-term sickness levels.

• Mandatory training compliance remains positive across the service. Hotspots for this month are Newhaven Fire training which is 68.8% and Sandal CPR which is 71.4%. Targeted actions are in place.

• A continued focus on high-quality appraisals remains a priority for the service. Current compliance stands at 89.3% on Thornhill and 81.3% on Newhaven, with improving trajectories on Ryburn (90%) and Sandal (95.7%). Work has taken place to address data quality issues, and the service remains committed to ensuring that all staff receive a timely and high-quality appraisal.

• Supervision is above compliance across low secure.

• The metric relating to completion of inpatient risk assessments within 24 hours has been reviewed by the service. Within forensic services, forensic risk assessments are completed prior to admission as part of the gatekeeping process, supporting safe and effective planning. A communication has been issued to ensure these assessments are reviewed and formally signed off again on admission. The service is currently compliant and will continue to monitor this closely to maintain high standards.

• 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 no prone restraints this month

• The service continues to experience high levels of acuity, alongside sickness absence and other staffing pressures such as adjusted duties. As a result, wards are frequently operating above establishment to meet clinical need.

Metrics	Strategic Objective	CQC Domain	Threshold	Appleton			Bronte		
				Nov-25	Dec-25	Jan-26	Nov-25	Dec-25	Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	73.3%	72.7%	92.9%	94.7%	94.1%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	14.2%	18.5%	8.9%	3.9%	10.1%	6.6%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	90.0%	100.0%	100.0%	92.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.4%	100.0%	93.8%	95.5%	100.0%	95.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	94.4%	100.0%	100.0%	100.0%	95.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.3%	85.7%	87.5%	72.7%	70.0%	60.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	83.3%	85.7%	87.5%	86.4%	85.0%	85.0%
Bed occupancy	Best Quality	Safe	90%	62.5%	62.5%	62.5%	100.0%	100.0%	99.1%
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%	128.7%	133.7%	137.2%	98.6%	99.2%	126.4%
Safer staffing (Registered)	Best Quality	Safe	80%	93.5%	97.1%	92.8%	93.7%	88.3%	109.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	5	4	2	1	0	2
Restraint incidents	Best Quality	Safe	Trend Monitor	11	10	*4*	3	3	*8*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	2	0	*0*	0	0	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	12	17	17	0	3	9

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Chippendale			Hepworth		
				Nov-25	Dec-25	Jan-26	Nov-25	Dec-25	Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	95.0%	95.0%	94.7%	95.2%	95.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	2.0%	1.5%	4.6%	0.0%	1.0%	1.6%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	92.9%	92.3%	91.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	95.2%	95.2%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.3%	95.7%	95.2%	95.2%	89.5%	89.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.7%	100.0%	76.2%	81.0%	94.7%	89.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	95.7%	95.2%	95.2%	94.7%	89.5%
Bed occupancy	Best Quality	Safe	90%	89.7%	83.3%	83.3%	90.7%	98.1%	92.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	2064	N/A	N/A	N/A	N/A	1041
Safer staffing (Overall)	Best Quality	Safe	90%	132.1%	126.2%	95.9%	94.6%	91.3%	92.1%
Safer staffing (Registered)	Best Quality	Safe	80%	125.5%	120.1%	120.7%	88.7%	86.9%	84.3%
% 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	N/A	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	1
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	2	0	*2*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	28	10	2	6	1	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Johnson			Priestley		
				Nov-25	Dec-25	Jan-26	Nov-25	Dec-25	Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	60.0%	74.1%	78.6%	78.9%	84.2%	89.5%
Sickness	Best place to work and learn	Well led	5.4%	3.7%	4.4%	3.4%	3.7%	10.8%	7.6%
Supervision	Best place to work and learn	Well led	80%	94.1%	100.0%	100.0%	92.3%	84.6%	81.8%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.8%	100.0%	90.6%	95.5%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	83.9%	87.5%	78.1%	90.5%	100.0%	94.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.9%	81.3%	71.9%	90.5%	100.0%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.5%	93.8%	93.8%	95.5%	94.7%	75.0%
Bed occupancy	Best Quality	Safe	90%	73.3%	78.5%	80.0%	94.1%	94.1%	97.3%
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%	150.3%	135.2%	121.4%	93.2%	89.0%	91.2%
Safer staffing (Registered)	Best Quality	Safe	80%	102.4%	101.4%	110.0%	115.6%	92.9%	105.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	100.0%	N/A	N/A	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	1	1	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*1*	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	12	20	7	0	0	0

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Waterton Nov-25	Waterton Dec-25	Waterton Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	95.0%	89.5%
Sickness	Best place to work and learn	Well led	5.4%	4.5%	3.3%	12.4%
Supervision	Best place to work and learn	Well led	80%	70.0%	72.7%	81.8%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	91.7%	90.9%	91.3%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.5%	95.5%	87.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.3%	90.9%	87.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	85.7%	77.3%	87.0%
Bed occupancy	Best Quality	Safe	90%	100.0%	100.0%	99.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	1315
Safer staffing (Overall)	Best Quality	Safe	90%	137.9%	129.0%	118.8%
Safer staffing (Registered)	Best Quality	Safe	80%	92.2%	84.5%	98.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	17	21

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Thornhill Nov-25	Thornhill Dec-25	Thornhill Jan-26	Sandal Nov-25	Sandal Dec-25	Sandal Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	85.7%	96.2%	89.3%	77.3%	82.6%	95.7%
Sickness	Best place to work and learn	Well led	5.4%	13.4%	12.5%	9.1%	13.0%	9.3%	4.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	92.3%	86.7%	90.9%	90.9%	71.4%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	96.8%	96.8%	100.0%	96.2%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.3%	90.3%	93.5%	92.0%	88.5%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	92.9%	90.3%	90.3%	84.0%	80.8%	71.4%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.4%	96.8%	96.8%	92.0%	96.2%	100.0%
Bed occupancy	Best Quality	Safe	85%	86.9%	99.1%	99.6%	86.3%	88.3%	83.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	330	N/A	N/A	167
Safer staffing (Overall)	Best Quality	Safe	90%	113.2%	113.8%	106.1%	129.0%	130.7%	127.0%
Safer staffing (Registered)	Best Quality	Safe	80%	95.5%	99.0%	97.2%	101.8%	103.1%	105.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	0.0%	N/A	N/A	75.0%	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	1	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*	2	3	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	2	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	6	7	5	15	5	29

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Ryburn Nov-25	Ryburn Dec-25	Ryburn Jan-26	Newhaven Nov-25	Newhaven Dec-25	Newhaven Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	80.0%	88.9%	90.0%	90.3%	87.1%	81.3%
Sickness	Best place to work and learn	Well led	5.4%	18.8%	14.9%	7.7%	3.5%	9.7%	9.9%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.0%	100.0%	100.0%	96.7%	100.0%	86.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	91.2%	100.0%	97.1%
Bed occupancy	Best Quality	Safe	85%	98.6%	100.0%	83.4%	75.0%	70.8%	68.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	2535	N/A	3732	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	97.5%	99.2%	97.5%	117.4%	125.0%	131.1%
Safer staffing (Registered)	Best Quality	Safe	80%	96.8%	100.0%	99.3%	96.7%	96.5%	98.3%
% 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	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	4	3	3
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	6	7	*6*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	11	17	31

Inpatients - Non-Mental Health

• **Appraisal rate:**
NRU rate continues to maintain compliance at 97.1% for January.
SRU rate continues to maintain compliance at 98.6% for January.

• **Sickness:**
NRU – sickness for January has seen a significant improvement from 8.7% to 5.3%
The current position includes some instances of long term sickness.
SRU – Sickness for January has increased to 4.5% but remains within compliance.
Sickness absence for both units continues to be managed robustly via HR processes and sickness reviews.

• **Supervision:**
NRU compliance has shown a good increase during January, almost reaching compliance at 79.2%.
SRU have increased and maintained compliance at 88.4% for January.

• **Information Governance Training:**
NRU has increased to meet compliance at 97.4% for January
SRU continues to maintain compliancy for January at 95.9%.

• **Cardiopulmonary resuscitation (CPR) Training:**
NRU has increased slightly to 69.4% for January. Five staff attended training during week commencing 12.1.26. This training may not be showing yet on reporting mechanisms.
SRU continues to exceed the compliancy level at 84.3%.
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 103.4%. This correlates with bed occupancy being above compliance (85.8% against target of 80%).
SRU – slightly below compliancy at 85.6%. This correlates with bed occupancy being well above compliance at 98.7% against the target of 80%
Safer staffing (registered 80%) is within compliance for both units.
To note: the establishment figures for both wards were recently reviewed (November 2025) and work continues to realign this on e-roster following a further meeting on 9 February.

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU)			Stroke Rehabilitation Unit (SRU)		
				Nov-25	Dec-25	Jan-26	Nov-25	Dec-25	Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	97.1%	100.0%	97.1%	89.7%	94.3%	98.6%
Sickness	Best place to work and learn	Well led	5.0%	6.9%	8.7%	5.3%	3.2%	3.6%	4.5%
Supervision	Best place to work and learn	Well led	80%	75.0%	69.6%	79.2%	97.5%	82.5%	88.4%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.9%	94.7%	97.4%	97.1%	98.6%	95.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	75.0%	60.0%	69.4%	92.3%	87.9%	84.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.3%	92.1%	89.7%	89.9%	92.9%	89.2%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	68.1%	73.1%	85.8%	97.5%	94.9%	98.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	61	38	71	33	37	37
Safer staffing (Overall)	Best Quality	Safe	90%	107.6%	120.2%	103.4%	90.1%	87.3%	85.6%
Safer staffing (Registered)	Best Quality	Safe	80%	97.6%	104.6%	87.5%	101.9%	96.5%	95.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Unfilled Shifts	Best Quality	Safe	Trend Monitor	7	12	2	49	33	38

Inpatients - Mental Health - Learning Disability

Headlines

- Positive appraisal performance across the team at 97.3%. An unusual variation is supervision (50%) is noted and is under review by the service.
- Improvements in sickness and absence have unfortunately not been sustained with a slight rise to 5.3%.
- Low occupancy is understood and aligned with wider Assessment Treatment Unit (ATU) workstream.
- Continued CRFD at 75% and understood and in relation to pathway challenges. The service continued to support system wider working to identify appropriate packages of care. In real terms this represents 3 of the 4 services users on Horizon. All 3 have placements identified the challenge remains the bespoke nature of the packages.
- 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 (123.4%) and registered staffing (178%).
- There are no prone restraints and restraint incidents remain broadly consistent.

Metrics	Strategic Objective	CQC Domain	Threshold	Horizon Nov-25	Horizon Dec-25	Horizon Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	94.3%	100.0%	97.3%
Sickness	Best place to work and learn	Well led	5.0%	8.5%	3.6%	5.3%
Supervision	Best place to work and learn	Well led	80%	95.0%	60.0%	50.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.0%	93.0%	93.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	92.1%	87.8%	90.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	94.7%	97.6%	90.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	97.5%	95.3%	88.4%
Bed occupancy	Best Quality	Safe	N/A	50.0%	50.0%	50.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	127.2%	133.3%	123.4%
Safer staffing (Registered)	Best Quality	Safe	80%	164.7%	171.5%	178.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	50.0%	62.9%	75.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	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	7	8	9
Restraint incidents	Best Quality	Safe	Trend Monitor	7	8	*7*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	19	20	25

Inpatients - Forensic South Yorkshire

Medium Secure

• Supervision compliance is above threshold across both wards (100%)
• Sickness absence has risen in the last month on both wards. The service is currently trying to establish if there are any themes or if seasonal illnesses are the main cause.
• 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 62.5%% 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 (67.7%) and Foss (78.6%) whilst below usual compliance this is in relation to the mobilisation of Cheswold Park Hospital and plans are in place. Skipton continues to have a bespoke package of care taking up 2 beds. Skipton has also received more referrals so occupancy should rise.
• 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 (9.5%) – 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 aligning local figures with Trust compliance figures as these systems have not yet been aligned fully.
• Bed occupancy on Esk (68.8%) there are currently 4 beds unavailable due to water quality issues. Wentbridge (87.5%), 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	Nov-25	Dec-25	Jan-26	Nov-25	Dec-25	Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	96.3%	100.0%	83.3%	76.0%	79.2%	73.9%
Sickness	Best place to work and learn	Well led	5.4%	10.9%	4.8%	7.6%	1.6%	1.3%	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%	90.0%	89.7%	93.1%	96.7%	95.7%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	82.8%	93.1%	67.7%	54.2%	62.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	66.7%	41.4%	62.1%	63.3%	65.2%	69.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	73.3%	82.8%	93.1%	86.7%	82.6%	95.7%
Bed occupancy	Best Quality	Safe	90%	78.6%	78.6%	78.6%	75.0%	75.0%	67.7%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	N/A	1631
Safer staffing (Overall)	Best Quality	Safe	90%	103.4%	96.5%	92.6%	202.1%	202.3%	201.9%
Safer staffing (Registered)	Best Quality	Safe	80%	106.5%	100.8%	103.5%	115.6%	114.4%	108.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	3	2	0	2	1
Restraint incidents	Best Quality	Safe	Trend Monitor	1	1	*0*	23	14	*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 Nov-25	Low Secure Services Esk Dec-25	Low Secure Services Esk Jan-26	Wentbridge Nov-25	Wentbridge Dec-25	Wentbridge Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	81.8%	78.3%	77.3%	88.6%	85.3%	85.3%
Sickness	Best place to work and learn	Well led	5.4%	12.6%	11.5%	9.5%	2.3%	0.9%	2.2%
Supervision	Best place to work and learn	Well led	80%	81.8%	66.7%	100.0%	100.0%	97.4%	97.1%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	95.8%	100.0%	97.6%	92.7%	97.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.2%	95.5%	100.0%	80.5%	78.0%	86.1%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	91.7%	95.5%	65.9%	58.5%	88.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	76.2%	79.2%	81.8%	70.7%	85.4%	94.4%
Bed occupancy	Best Quality	Safe	90%	71.5%	71.4%	68.8%	83.3%	87.5%	87.5%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	1047	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	112.4%	114.4%	99.6%	139.0%	143.1%	131.3%
Safer staffing (Registered)	Best Quality	Safe	80%	109.5%	111.1%	92.5%	108.8%	111.9%	98.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	1	3	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*1*	1	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 Aire Nov-25	Aire Dec-25	Aire Jan-26	Don Nov-25	Don Dec-25	Don Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	64.7%	67.6%	60.0%	83.3%	87.0%	73.9%
Sickness	Best place to work and learn	Well led	5.4%	0.7%	1.8%	1.5%	4.9%	5.4%	3.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	95.5%	95.5%	89.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.8%	93.9%	93.9%	78.3%	85.7%	95.2%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	77.4%	78.8%	81.8%	95.7%	85.7%	85.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	65.6%	66.7%	81.8%	65.2%	90.5%	90.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	80.6%	72.7%	100.0%	82.6%	95.2%	95.2%
Bed occupancy	Best Quality	Safe	90%	86.1%	91.7%	90.3%	100.0%	100.0%	100.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	231	N/A	303	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	101.6%	105.9%	109.9%	136.4%	124.9%	101.1%
Safer staffing (Registered)	Best Quality	Safe	80%	95.5%	92.3%	95.1%	97.5%	104.3%	77.0%
% 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	2	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*1*	0	0	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor						

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Calder Nov-25	Low Secure Services Calder Dec-25	Low Secure Services Calder Jan-26
Appraisal rate	Best place to work and learn	Well led	90%	87.5%	80.0%	87.0%
Sickness	Best place to work and learn	Well led	5.4%	0.5%	0.6%	1.2%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	95.7%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	91.7%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	100.0%	100.2%	100.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	103.1%	101.0%	91.3%
Safer staffing (Registered)	Best Quality	Safe	80%	77.5%	82.5%	74.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor			

Overall Financial Performance 2025/26

Executive Summary / Key Performance Indicators

	Performance Indicator	Strategic Objective	CQC Domain	Year to Date	Forecast 2025/26	Narrative
1	Surplus / (Deficit)	Best Value	Well Led	£0.8m	£0m	The financial position in January 2026 presents a continuation of the surplus run rate. In month the surplus is £383k which is similar to previous months after discounting one off impacts. This increases the year to date surplus to £806k. There is additional spend forecast in February and March 2026 and a breakeven year end position remains the most likely forecast.
2	Agency Spend	Best Value	Well Led	£2.7m	£3m	Agency spend has continued to reduce in month. Spend in January 2026 is £112k which is the lowest individual month this financial year. Medical staff make up the majority of this cost although this equates to 5.87 worked WTE only. Unregistered nursing has also continued to reduce (£16k in month); the NHS England target is zero from February 2026 onwards unless under exceptional patient safety requirements.
3	Bank Spend	Best Value	Well Led	£19.6m	£23.2m	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. Spend in January is £1,910k. This is £25k more than last month.
4	Corporate Spend	Best Value	Well Led	£54.2m	£66.3m	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	£21.8m	£28.2m	The value for money programme profile included increased delivery within the later months of the year. Any slippage on original schemes has been covered by new mitigations and current 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	£55.5m	£54.3m	The current cash position continues to be positive but, in line with national focus in this area, best practice continues to be reviewed to ensure that we have effective management of the Trust working capital position. The position is forecast to reduce in future months due to the timing of capital expenditure.
7	Capital Spend	Best Value	Well Led	£8.8m	£17.1m	Although expenditure has increased in December 2025 and January 2026 the capital programme remains behind plan for the year to date and is forecast to be less than the allocation. The main driver for this is the Older People scheme. Changes in the profile have been mitigated by future year schemes being brought forward wherever possible.
8	Better Payment Practice Code	Best Value	Well Led	98%		This performance is based upon a combined NHS / Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

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

Appendix 1 - Cheswold Park Hospital

	Objective	CQC Domain	Trust Threshold	Nov-25	Dec-25	Jan-26
Mandatory Training - TOTAL	Improving Care		>=80%	93.0%	92.0%	95.0%
Mandatory Training - Reducing Restrictive Practice Interventions				81.7%	78.2%	84.4%
Mandatory Training - Cardiopulmonary Resuscitation				77.6%	74.1%	85.5%
Mandatory Training - Clinical Risk				N/A	N/A	N/A
Mandatory Training - Display Screen Equipment				N/A	N/A	N/A
Mandatory Training - Equality & Diversity				97.4%	97.4%	98.1%
Mandatory Training - Fire Safety			>=85%	81.2%	81.7%	91.3%
Mandatory Training - Food Safety			>=80%	100.0%	100.0%	100.0%
Mandatory Training - Freedom To Speak Up (FTSU)				100.0%	100.0%	100.0%
Mandatory Training - Infection Control & Hand Hygiene				89.6%	89.7%	95.4%
Mandatory Training - Information Governance (Data Security)			>=95%	93.9%	93.4%	95.8%
Mandatory Training - Moving & Handling			>=80%	81.2%	81.7%	91.3%
Mandatory Training - Mental Capacity Act/Dols				78.0%	71.5%	79.2%
Mandatory Training - Mental Health Act				78.0%	71.5%	79.2%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				99.3%	99.3%	99.6%
Mandatory Training - Prevent			>=80%	N/A	N/A	N/A
Mandatory Training - Safeguarding Adults				91.6%	89.7%	95.0%
Mandatory Training - Safeguarding Children				91.6%	89.7%	95.0%

NHS
South West Yorkshire Partnership Teaching
NHS Foundation Trust

Finance Report

Month 10 (2025 / 26)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0	Executive Summary / Key Performance Indicators			
Key Performance Indicator		**Year to Date**	**Forecast 2025 / 26**	**Narrative**
1	**Surplus / (Deficit)**	£0.8m	£0m	The financial position in January 2026 presents a continuation of the surplus run rate. In month the surplus is £383k which is similar to previous months after discounting one off impacts. This increases the year to date surplus to £806k. There is additional spend forecast in February and March 2026 and a breakeven year end position remains the most likely forecast.
2	**Agency Spend**	£2.7m	£3m	Agency spend has continued to reduce in month. Spend in January 2026 is £112k which is the lowest individual month this financial year. Medical staff make up the majority of this cost although this equates to 5.87 worked WTE only. Unregistered nursing has also continued to reduce (£16k in month); the NHS England target is zero from February 2026 onwards unless under exceptional patient safety requirements.
3	**Bank Spend**	£19.6m	£23.2m	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. Spend in January is £1,910k. This is £25k more than last month.
4	**Corporate Spend**	£54.2m	£66.3m	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**	£21.8m	£28.2m	The value for money programme profile included increased delivery within the later months of the year. Any slippage on original schemes has been covered by new mitigations and current 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**	£55.5m	£54.3m	The current cash position continues to be positive but, in line with national focus in this area, best practice continues to be reviewed to ensure that we have effective management of the Trust working capital position. The position is forecast to reduce in future months due to the timing of capital expenditure.
7	**Capital**	£8.8m	£17.1m	Although expenditure has increased in December 2025 and January 2026 the capital programme remains behind plan for the year to date and is forecast to be less than the allocation. The main driver for this is the Older People scheme. Changes in the profile have been mitigated by future year schemes being brought forward wherever possible.
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.

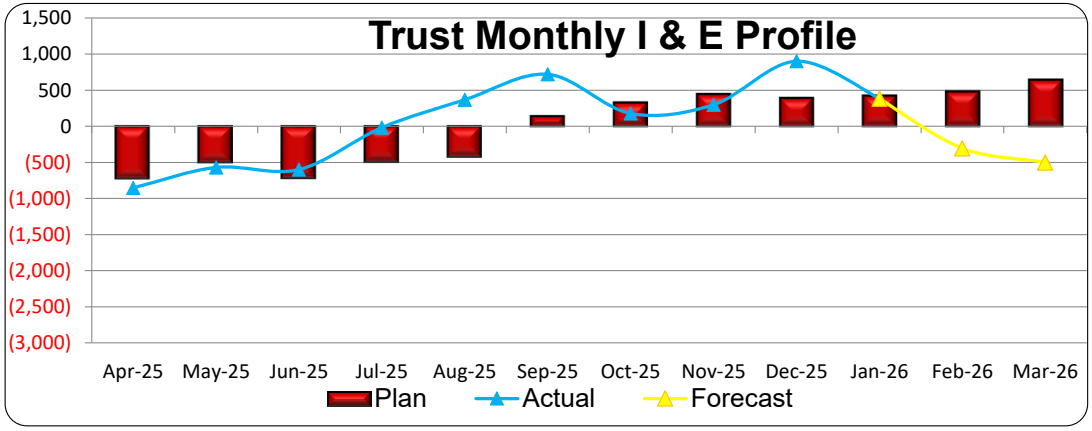
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

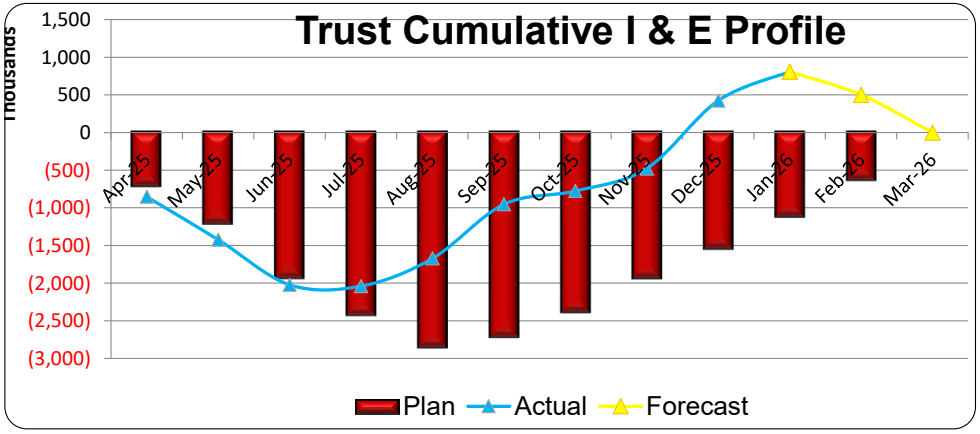
2.0 Income & Expenditure Position 2025 / 26

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					38,520	39,361	841	381,320	383,251	1,931	458,358	460,636	2,278
Other Operating Revenue					1,341	1,339	(2)	13,273	13,803	530	15,936	16,522	586
Total Revenue					**39,862**	**40,700**	**839**	**394,593**	**397,054**	**2,462**	**474,294**	**477,158**	**2,863**
Pay Costs	5,432	5,349	(83)	1.5%	(25,229)	(25,507)	(278)	(251,151)	(248,206)	2,945	(301,577)	(298,631)	2,946
Non Pay Costs					(13,379)	(14,060)	(681)	(136,338)	(141,152)	(4,815)	(162,814)	(170,131)	(7,318)
Gain / (loss) on disposal					0	(2)	(2)	0	446	446	0	446	446
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,432**	**5,349**	**(83)**	**-1.5%**	**(38,608)**	**(39,568)**	**(960)**	**(387,489)**	**(388,912)**	**(1,423)**	**(464,390)**	**(468,316)**	**(3,925)**
EBITDA	**5,432**	**5,349**	**(83)**	**-1.5%**	**1,254**	**1,132**	**(122)**	**7,104**	**8,142**	**1,038**	**9,904**	**8,842**	**(1,062)**
Depreciation					(622)	(649)	(27)	(6,202)	(6,551)	(349)	(7,447)	(7,823)	(376)
PDC Paid					(378)	(325)	53	(3,779)	(3,204)	575	(4,534)	(3,839)	696
Interest Received					170	225	56	1,754	2,419	665	2,077	2,819	743
Surplus / (Deficit) - ICB performance measure	**5,432**	**5,349**	**(83)**	**-1.5%**	**423**	**383**	**(40)**	**(1,123)**	**806**	**1,929**	**(0)**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					(5)	(5)	(0)	(84)	(51)	33	(94)	(61)	33
Revaluation of Assets					0	0	0	0	(1,754)	(1,754)	0	(1,754)	(1,754)
Surplus / (Deficit) - Total	**5,432**	**5,349**	**(83)**	**-1.5%**	**418**	**378**	**(40)**	**(1,207)**	**(998)**	**208**	**(94)**	**(1,815)**	**(1,721)**





Income & Expenditure Position 2025 / 26

The consolidated Trust surplus in January 2026 is £383k.
Although this is £40k less than plan in month this increases the year to date surplus to £806k.

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)	5,409	5,328	(81)	1.5%	(447)	506	953	(5,903)	806	6,709	(6,669)	(757)	5,913
Provider Collaboratives	23	21	(2)	8.3%	2	(142)	(144)	24	(172)	(196)	28	(22)	(50)
Budgets held centrally	0	0	0	0.0%	868	19	(849)	4,757	172	(4,584)	6,641	779	(5,862)
Total - Consolidated position (ICB performance measure)	**5,432**	**5,349**	**(83)**	**-1.5%**	**423**	**383**	**(40)**	**(1,123)**	**806**	**1,929**	**(0)**	**(0)**	**(0)**

The core Trust has continued to report in month surpluses (January 2026 being the **6th consecutive** month). Significant expenditure is forecast in February and March 2026 and this continues to be reviewed with teams. Forecast spend is both pay, with substantive recruitment greater than reductions in temporary staffing and non pay. Elements of this had been planned throughout the year such as IT equipment. The year to date position continues as a surplus.

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. Both West Yorkshire and South Yorkshire collaboratives have reported deficits in January 2026 and are forecast to report deficits at year end. Based on the Trust share (risk share percentage for West Yorkshire and 100% in South Yorkshire) this totals £412k which is partially offset by Forensic CAMHS.

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.

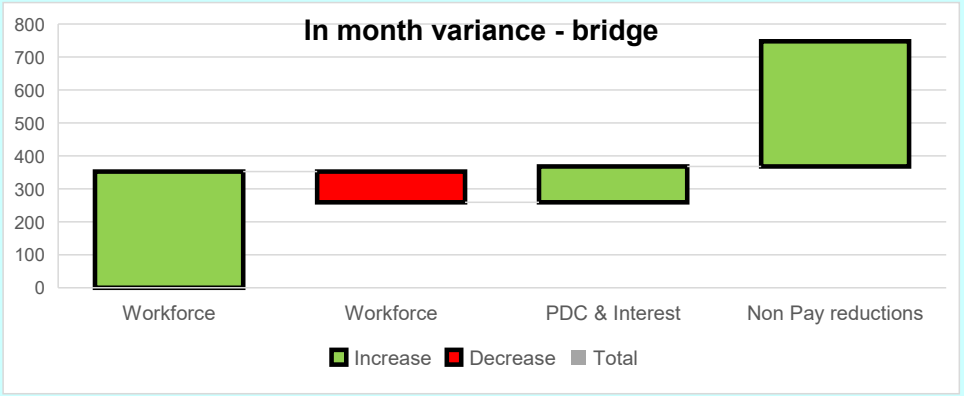
Total Financial Position - Core Trust only

	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					29,137	29,944	807	287,777	288,611	834	346,050	347,149	1,099
Other Operating Revenue					1,261	1,337	76	12,475	12,879	404	14,981	15,443	462
Total Revenue					**30,399**	**31,281**	**883**	**300,253**	**301,490**	**1,238**	**361,031**	**362,592**	**1,561**
Pay Costs	5,409	5,328	(81)	1.5%	(25,002)	(25,392)	(390)	(248,885)	(246,846)	2,039	(298,858)	(297,015)	1,843
Non Pay Costs					(5,013)	(4,633)	380	(49,043)	(46,949)	2,095	(58,938)	(57,937)	1,000
Gain / (loss) on disposal					0	(2)	(2)	0	446	446	0	446	446
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,409**	**5,328**	**(81)**	**-1.5%**	**(30,015)**	**(30,026)**	**(11)**	**(297,929)**	**(293,348)**	**4,580**	**(357,796)**	**(354,506)**	**3,290**
EBITDA	**5,409**	**5,328**	**(81)**	**-1.5%**	**384**	**1,255**	**871**	**2,324**	**8,142**	**5,818**	**3,235**	**8,086**	**4,851**
Depreciation					(622)	(649)	(27)	(6,202)	(6,551)	(349)	(7,447)	(7,823)	(376)
PDC Paid					(378)	(325)	53	(3,779)	(3,204)	575	(4,534)	(3,839)	696
Interest Received					170	225	56	1,754	2,419	665	2,077	2,819	743
Surplus / (Deficit) - ICB performance measure	**5,409**	**5,328**	**(81)**	**-1.5%**	**(447)**	**506**	**953**	**(5,903)**	**806**	**6,709**	**(6,669)**	**(757)**	**5,913**
Depn Peppercorn Leases (IFRS16)					(5)	(5)	(0)	(84)	(51)	33	(94)	(61)	33
Losses Peppercorn Leases (IFRS16)					0	0	0	0	(1,754)	(1,754)	0	(1,754)	(1,754)
Surplus / (Deficit) - Total	**5,409**	**5,328**	**(81)**	**-1.5%**	**(452)**	**501**	**953**	**(5,987)**	**(999)**	**4,988**	**(6,763)**	**(2,571)**	**4,192**

The Trust plan for 2025 / 26 is profiled with a deficit in the early part of the year and reducing as value for money schemes have an impact. The budget requirement for these schemes are held centrally until schemes are identified. At this stage the Trust (core) remains in a deficit position.

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

	£k
Workforce - Expenditure, and WTE worked, less than planned. Continuation of previous trends with same care groups underspent on pay. Largest remain corporate services and mental health care group.	353
Workforce - Continuation of previous trends. Overspends across inpatient areas - Older People, Adult and Forensics.	(152)
PDC & Interest - Impact of timing of capital programme.	109
Non pay - continued reduction in run rates and expenditure control	380

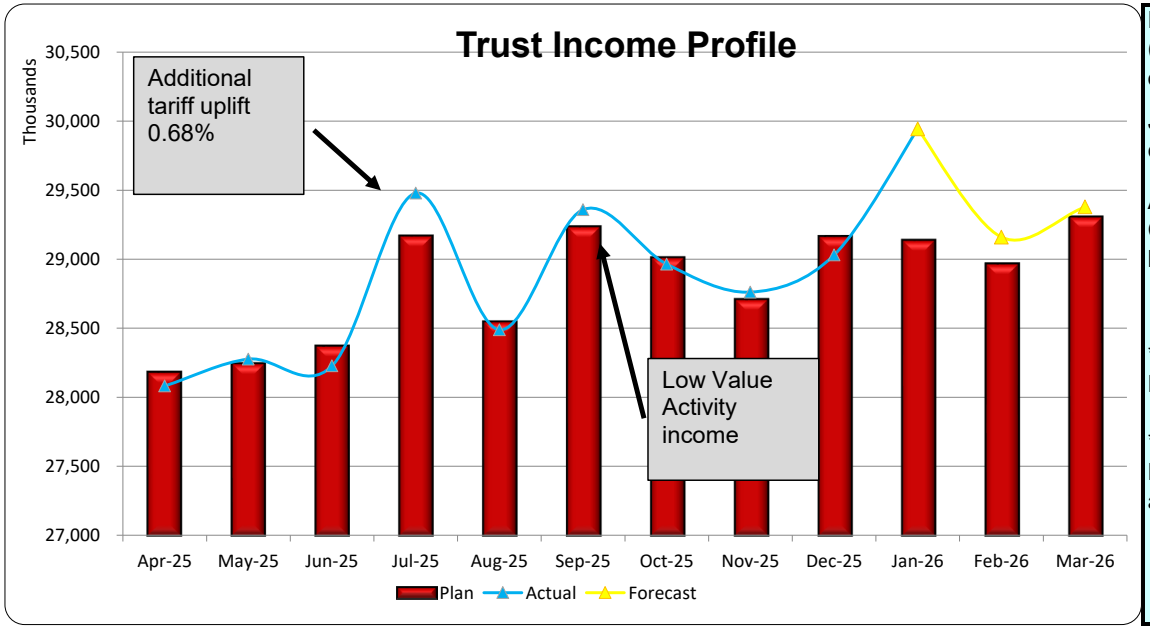


2.1 Income Information

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	23,720	23,275	23,499	**278,110**	277,776	333
Specialist Commissioner	36,788	4,697	4,723	4,666	4,861	4,956	5,036	4,919	4,922	5,006	5,317	5,155	5,131	**59,388**	57,593	1,795
Local Authority	5,141	318	465	314	680	303	422	486	483	427	441	399	398	**5,137**	5,450	(314)
Partnerships	2,940	248	251	243	251	233	197	238	212	76	345	180	199	**2,673**	3,099	(426)
Other Contract Income	1,583	127	168	155	141	149	155	191	136	197	121	150	150	**1,841**	2,131	(290)
Total	**312,292**	**28,082**	**28,276**	**28,227**	**29,479**	**28,488**	**29,359**	**28,964**	**28,761**	**29,030**	**29,944**	**29,160**	**29,378**	**347,149**	**346,050**	**1,099**
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	9,417	9,419	9,428	**113,487**		
Total	**312,292**	**37,286**	**37,484**	**37,424**	**38,930**	**38,092**	**39,381**	**38,320**	**38,297**	**38,677**	**39,361**	**38,578**	**38,807**	**460,636**		



Further income has been agreed with commissioner in month (recurrent and non-recurrent) which has increased the total value of income received and forecast.

January 2026 includes £400k national support for industrial actions costs.

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 Recharge of salary based on staff in post	£252k
* Local Authority - Yorkshire Smokefree Payment by results on some Smokefree contracts and recharge of actual prescribing costs	£330k

2.2 Pay Information

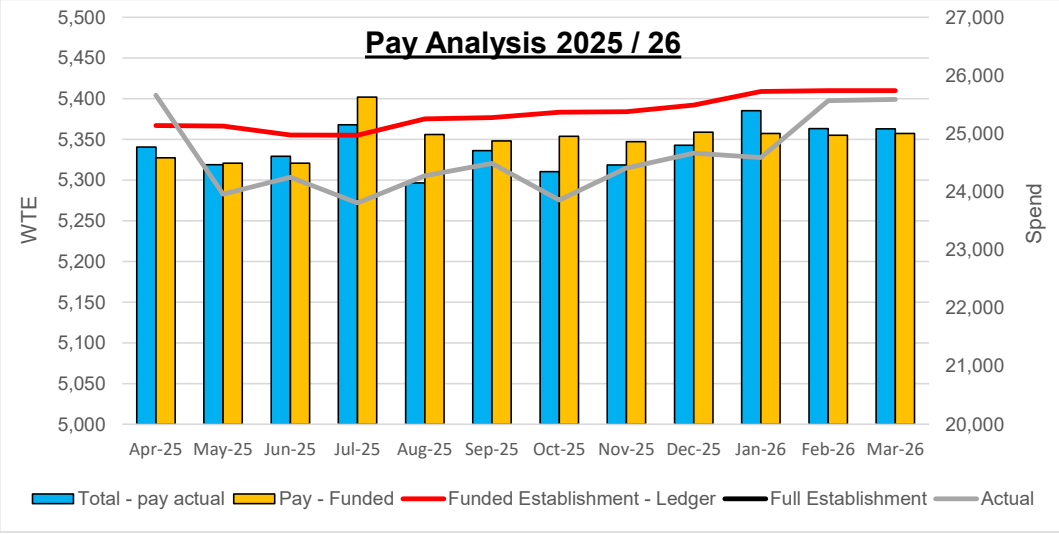
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	23,370	23,124	23,161	**270,881**
Bank & Locum	2,216	1,926	1,964	2,057	1,913	2,106	1,761	1,844	1,884	1,909	1,826	1,801	**23,208**
Agency	352	355	356	361	281	260	228	163	200	112	137	119	**2,926**
Total	**24,768**	**24,463**	**24,610**	**25,151**	**24,150**	**24,704**	**24,346**	**24,461**	**24,800**	**25,392**	**25,087**	**25,082**	**297,015**
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%	7.5%	7.3%	7.2%	7.8%
Agency as % (in month)	1.4%	1.5%	1.4%	1.4%	1.2%	1.1%	0.9%	0.7%	0.8%	0.4%	0.5%	0.5%	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	4,887	4,967	4,975	**4,854**
Bank & Locum	528	443	452	452	487	481	408	428	424	427	417	411	**447**
Agency	39	31	42	35	35	31	30	23	22	13	14	13	**27**
Total	**5,404**	**5,283**	**5,303**	**5,272**	**5,305**	**5,320**	**5,276**	**5,315**	**5,333**	**5,328**	**5,398**	**5,399**	**5,328**
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 remained the same this month following a trend of monthly increases. Based on the forecast this is viewed as a pause with further increases modelled for February and March 2026.

Forecasts continue to be reviewed on a granular basis and triangulated with operational teams and People Directorate collegues. In December the forecast for January was 5,392; actual staff in post was 64 less which may suggest that the increase may not be as many as currently modelled.

In total worked WTE has reduced in month by 5. With substantive remaning the same this is a small increase in bank (3) which has been offset by the reduction in agency staff. The agency is primarily a reduction in unregistered nurse usage in line with national targets.

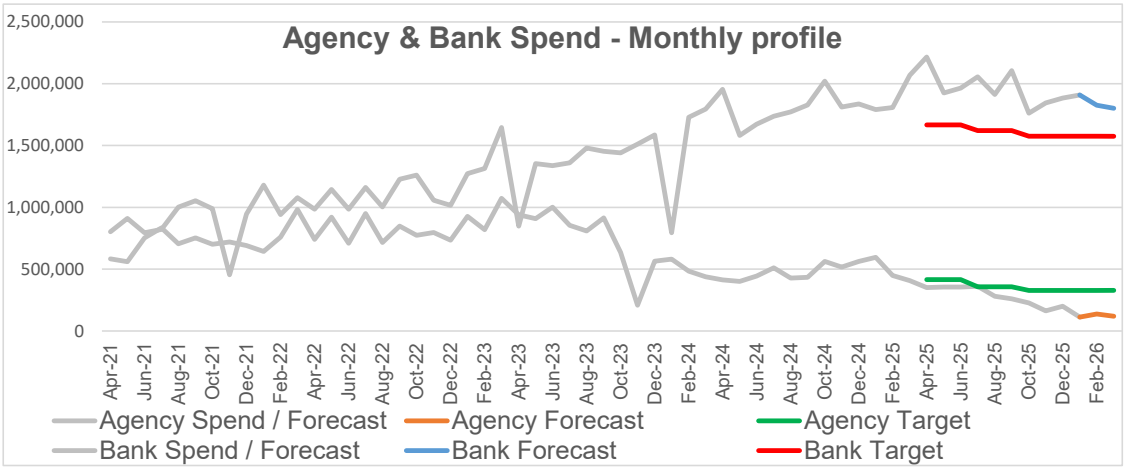
All care groups have been reviewed to assess current workforce trajectories against the current plan for 2026 / 27 to ensure that actions taken now do not lead to increased financial challenges next year.

2.2 Temporary Staffing Focus

Trust spend in January 2026:
Agency £112k
Bank £1,909k

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	1,433	514	**1,947**
Other Medical	570	444	**1,014**
Reg Nursing	42	4,932	**4,974**
UnReg Nursing	527	12,465	**12,992**
Other Clinical	94	560	**655**
A & C	2	666	**669**
Other	0	0	**0**
Total	**2,669**	**19,581**	**22,250**
Lead Provider Collaborative	25	7	**32**
Budgets held centrally		11	**11**
Total	**2,695**	**19,598**	**22,293**

In line with national guidance the Trust financial plan for 2025 / 26 included spend reduction targets; 30% reduction in agency and 10% reduction in bank. Further percentage reductions have been outlined within the planning guidance for 2026 / 27. The target levels of expenditure per month are shown in the graph above.

Performance measurement of these targets is based upon total consolidated agency and bank expenditure and are reported as part of the Trust value for money programme and as overall key financial performance indicators (KPI). These are considered as absolute values and not in the context of other pay expenditure movements.

The overall trend for agency spend has continued to be a reduction across all remaining categories. There is minimal monthly spend on registered nursing so this is essentially medical and unregistered nursing as the remaining categories. 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 circumstances. Whilst there has been positive reductions in the run rate further action will be required to achieve this target; the Trust has an enhanced Standard Operating Procedure and break glass process in place.

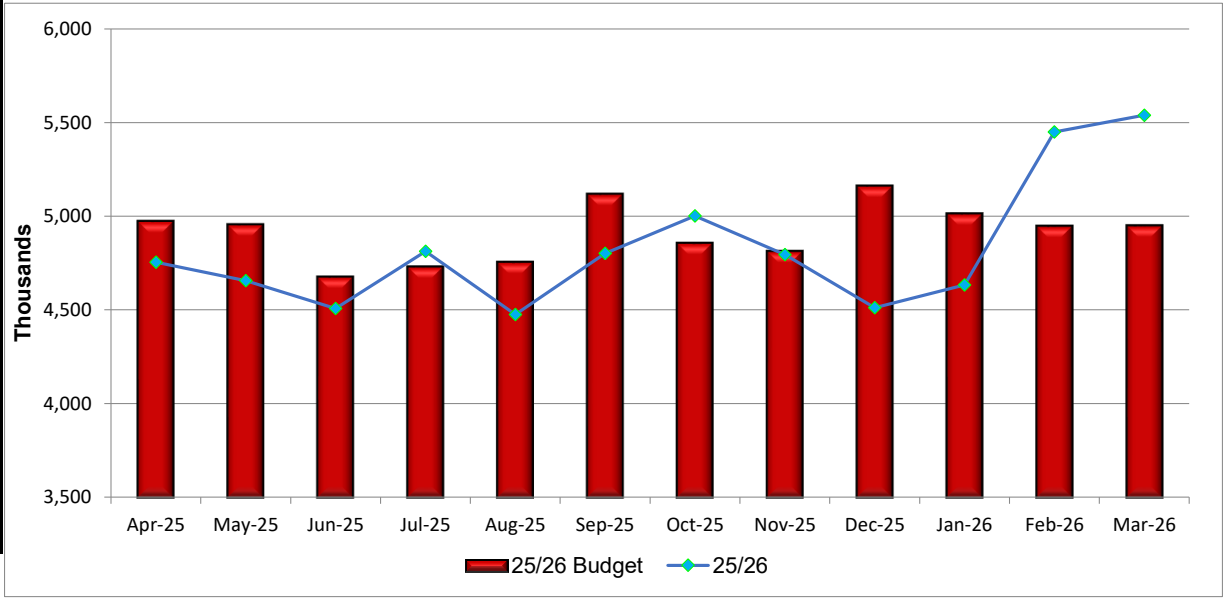
Bank and locum expenditure has continued to fluctuate from month to month. The trend from October 2025 to January 2026 has been small monthly increases (£25k in month). In general terms this has been in unregistered nursing to support the reduction of agency above and total usage has remained broadly the same. 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	4,633	5,449	5,540	**57,937**
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	3,777	3,616	(161)
Establishment	8,167	7,193	(974)
Lease & Property Rental	7,459	7,156	(303)
Premises (inc. rates)	4,562	4,893	331
Utilities	2,421	2,469	48
Purchase of Healthcare	5,924	6,076	153
Travel & vehicles	5,493	5,123	(370)
Supplies & Services	7,611	7,317	(294)
Training & Education	980	780	(199)
Clinical Negligence & Insurance	1,463	1,201	(261)
Other non pay	1,188	1,123	(65)
Total	**49,043**	**46,949**	**(2,095)**
Total Excl OOA and Drugs	**39,343**	**37,256**	**(2,086)**



Key Messages

Non pay expenditure, excluding provider collaboratives and budgets held centrally, has remained lower than plan in January 2026. Overall spend is £2,095k less than plan and £420k less in month. This again applies to most categories in the table above although the largest in January 2026 is the purchase of healthcare category.

PICU and acute placements in January have reduced to one indiviudal placement. There have also been reductions in locked rehab placements which feeds into the purchase of healthcare category.

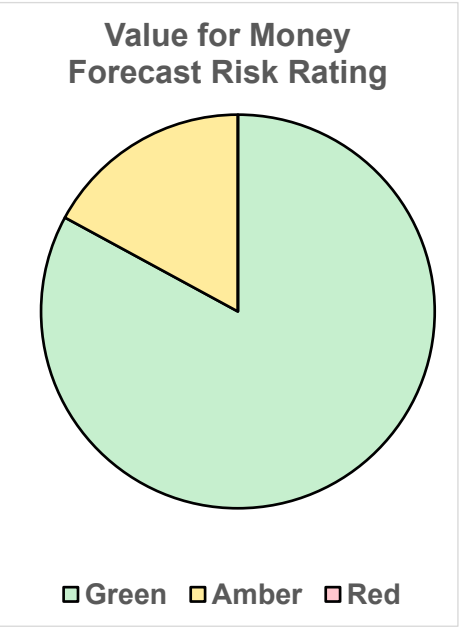
There is additional expenditure forecast for February and March 2026.

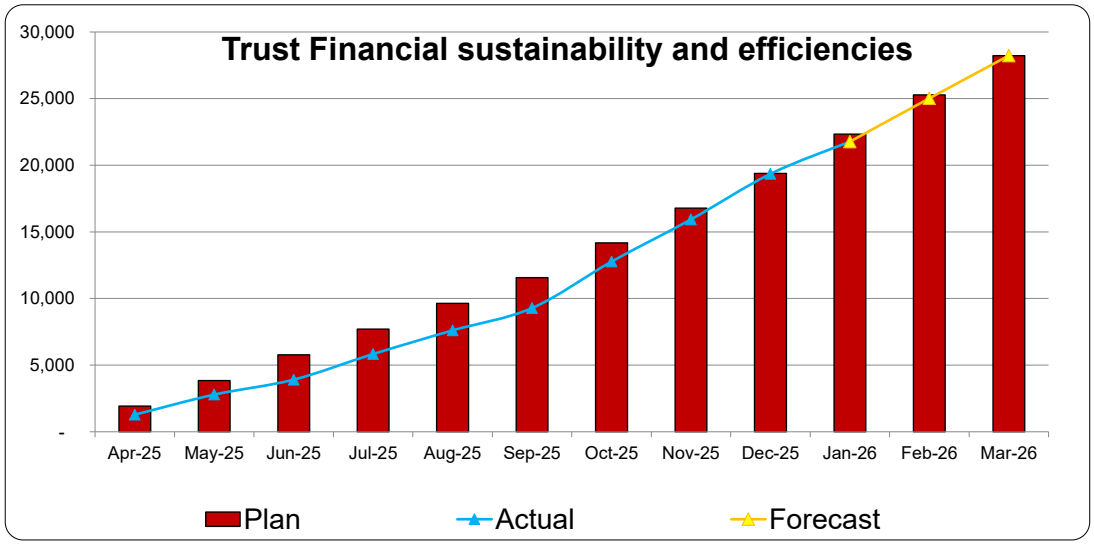
3.0 Value for Money & Financial sustainability

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	8,293	7,240		(1,053)	10,500	0	10,500	7,240	1,716		(1,543)
	Unallocated	2	0		(2)	3,400	(3,400)	0			0	(0)
	Fixed Term Contracts	420	259		(161)	500	0	500	362			(138)
	Corp / non clinical	2,262	1,665	1,525	929	2,000	1,000	3,000	3,660			660
	Productivity	733	0		(733)	1,100	0	1,100	0		0	(1,100)
	Temporary Staffing	3,250	2,513		(737)	3,900	0	3,900	3,172	0		(728)
	Difficult Decisions	333	0		(333)	1,000	0	1,000	0			(1,000)
Non Pay	Non Pay	920	1,284		364	1,130	0	1,130	27	796		(307)
	Difficult Decisions	0	184		184	0	0	0	236			236
Other	Corporate Services	1,420	1,450		30	1,700	0	1,700	1,745			45
	Provider Collaboratives	1,250	1,770		520	1,500	0	1,500	2,121			621
	Bed Sales	332	0		(332)	500	0	500	0			(500)
	Income	588	588		0	0	705	705	705			0
	Misc income - overage	520		448	(72)	0	520	520	448	72		0
	Technical	1,452		2,840	1,388	1,000	1,175	2,175	3,692	2,238		3,755
Total		**21,775**	**16,954**	**4,814**	**(7)**	**28,230**	**0**	**28,230**	**23,408**	**4,822**	**0**	**(0)**
Recurrent		11,260	16,954		5,694	16,430	(2,695)	14,735	15,074	4,750	0	5,089
Non Recurrent		10,515		4,814	(5,701)	11,800	2,695	13,495	8,334	72	0	(5,089)





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.

Although there are variances at indiviudal scheme level the overall year to date is broadly in line with plan.

The forecast remains that the full target will be achieved. The value of amber rated schemes continue to reduce (was £5,970k 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	190,615	
Current Assets			
Inventories & Work in Progress	248	248	
NHS Trade Receivables (Debtors)	2,453	545	
Non NHS Trade Receivables (Debtors)	989	738	
Prepayments	2,863	4,036	1
Accrued Income	6,235	5,682	2
Cash and Cash Equivalents	55,748	55,485	Pg 15
Total Current Assets	**68,537**	**66,734**	
Current Liabilities			
Trade Payables (Creditors)	(10,899)	(4,550)	3
Capital Payables (Creditors)	(1,551)	(968)	
Tax, NI, Pension Payables, PDC	(9,478)	(10,430)	
Accruals	(14,054)	(14,885)	4
Deferred Income	(644)	(1,891)	5
Other Liabilities (IFRS 16 / leases)	(48,793)	(45,488)	
Total Current Liabilities	**(85,419)**	**(78,212)**	
Net Current Assets/Liabilities	**(16,882)**	**(11,478)**	
Total Assets less Current Liabilities	**180,552**	**179,136**	
Provisions for Liabilities	(3,357)	(3,262)	
Total Net Assets/(Liabilities)	**177,195**	**175,874**	
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	80,831	
Total Taxpayers' Equity	**177,195**	**175,874**	

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.

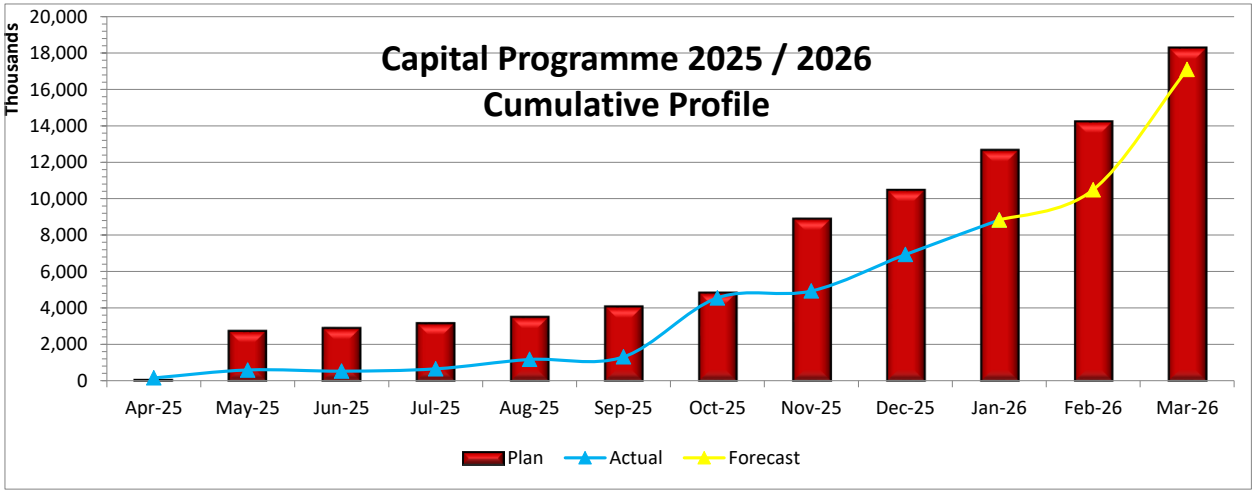
3. As is normal Trade creditors were exceptionally high at year end and have now reduced. As demonstrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution.

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. The largest element relates to income for the R&D capital scheme.

4.1 Capital Programme 2025 / 26

Capital schemes	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Annual Budget £k	2024 / 25 Outturn £k	Variance £k
Major Capital Schemes						
Older People Transformation	5,750	674	(5,076)	7,425	950	(6,475)
Estates safety	200	0	(200)	675	675	0
Seclusion rooms	0	544	544	0	1,207	1,207
Backlog Maintenance	0	1,237	1,237	0	2,757	2,757
Equipment	0	34	34	0	34	34
Vehicles	0	6	6	0	90	90
IM & T	0	1,704	1,704	0	2,655	2,655
Other	0	314	314	0	766	766
Leases (IFRS 16)	6,073	4,077	(1,996)	6,148	4,269	(1,879)
TOTALS	**12,023**	**8,591**	**(3,432)**	**14,248**	**13,402**	**(846)**
Additional allocations						
Net Zero (solar funding)	650	0	(650)	1,952	1,950	(2)
Cheswold - seclusion room	0	0	0	0	0	0
Cheswold - Minor Capital	0	240	240	2,082	1,745	(337)
Cheswold - IM & T	0	0	0			0
TOTALS	**12,673**	**8,830**	**(3,843)**	**18,282**	**17,097**	**(1,185)**



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.

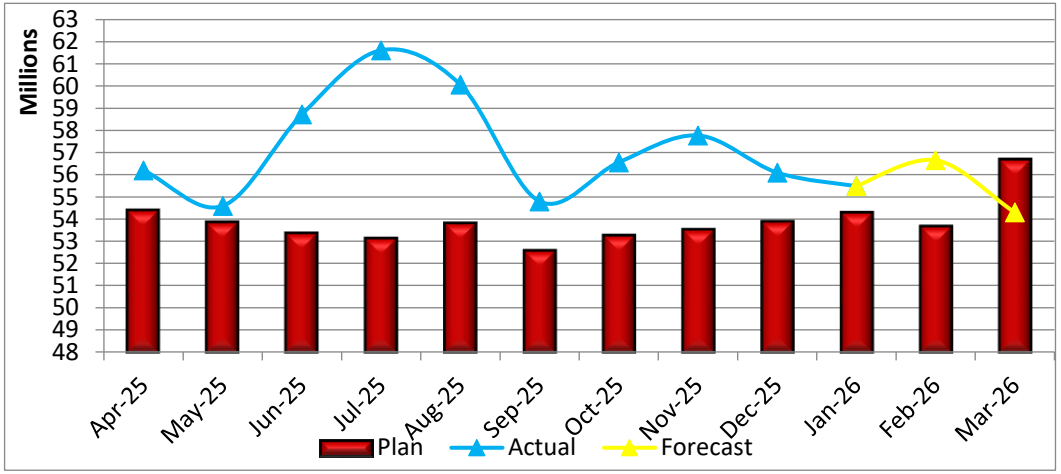
Additional allocations have been secured in line with the Cheswold Park Business case and additional successful funding bids. In October the Cheswold seclusion funding was removed following confirmation that, due to other site issues and priorities, this can no longer be completed. This external funding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

All schemes are reviewed and expenditure of £17,097k is the current position. This has been shared externally for consolidation into the overall West Yorkshire capital position.

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

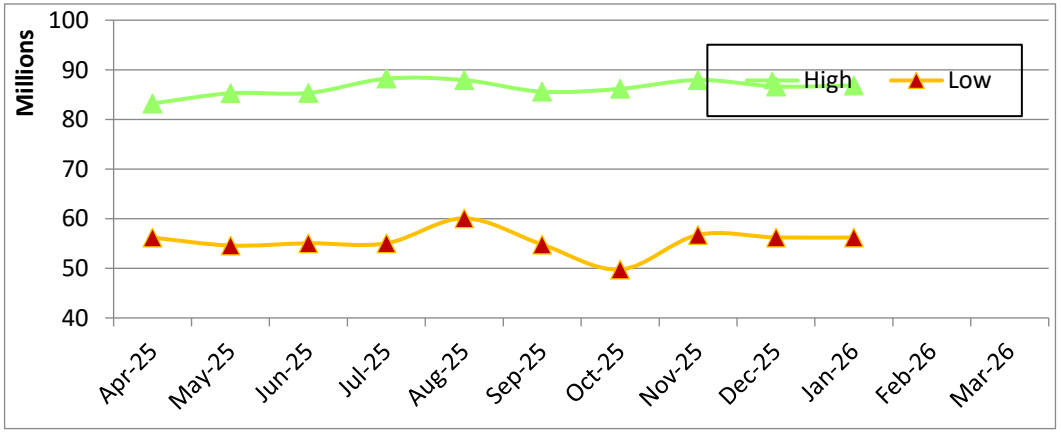
4.2 Cash Flow & Cash Flow Forecast 2025 / 2026



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	54,290	55,485	1,195



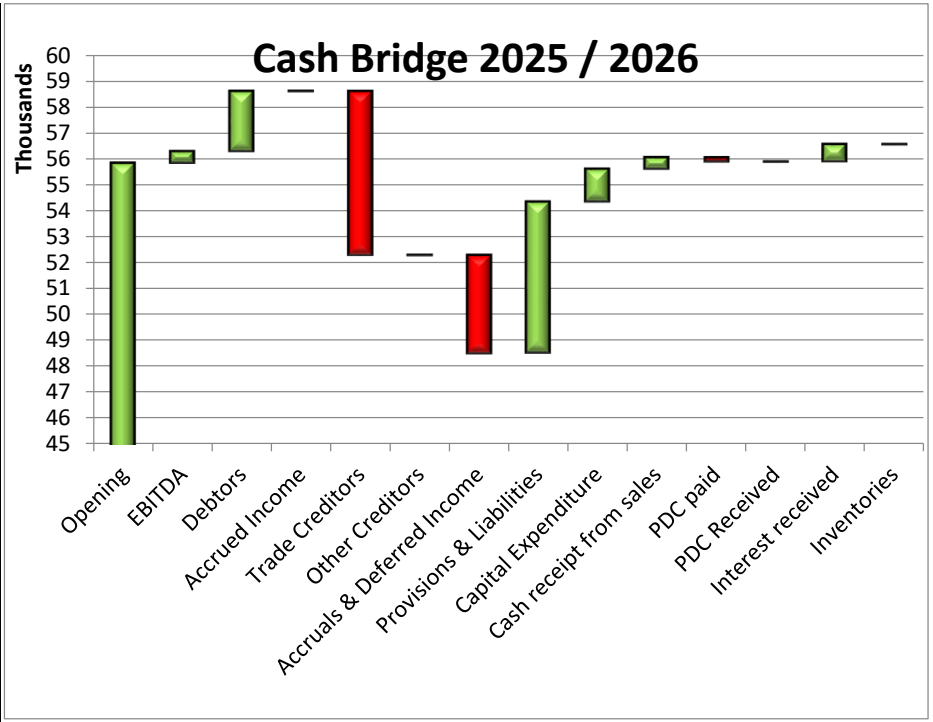
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £86.8m
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)	14,686	15,134	449	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	2,900	5,232	2,332	
Trade Payables (Creditors)	350	(5,975)	(6,325)	
Accruals & Deferred income	0	(3,791)	(3,791)	
Provisions & Liabilities	(4,702)	1,146	5,848	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(6,600)	(5,336)	1,264	
Cash receipts from asset sales	0	448	448	
Leases	(7,670)	(7,199)	471	
PDC Dividends paid	(2,267)	(2,433)	(166)	
PDC Dividends received	0	0	0	
Interest (paid)/ received	1,754	2,419	665	
Closing Balances	**54,290**	**55,485**	**1,195**	



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

The main headlines are picked out on the previous page.

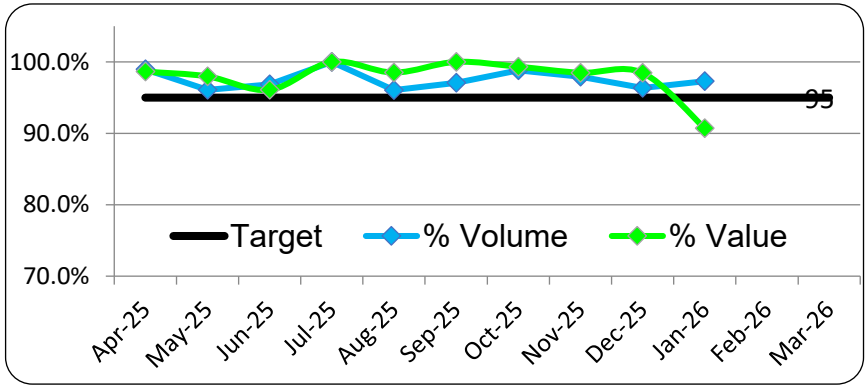
5.0 Better Payment Practice Code

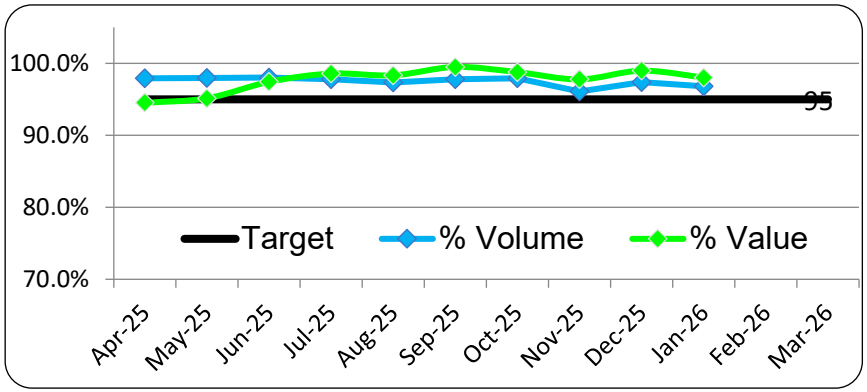
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

NHS	Number %	Value %
In Month	97%	91%
Cumulative Year to Date	98%	98%

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





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5.1 Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
19-Jan-26	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare Nhs Trust	2000032660	739,248
13-Jan-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1006141	712,582
20-Jan-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS66	400,000
02-Jan-26	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010795	370,371
03-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care Nhs Foundation Trust	0000002027	344,118
16-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care Nhs Foundation Trust	0000002133	344,118
07-Jan-26	NHS Recharge	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009566	294,060
21-Jan-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS43	240,000
05-Jan-26	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 309	232,724
07-Jan-26	NHS Recharge	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009280	227,638
02-Jan-26	Staff Recharge	Trustwide	Mid Yorkshire Hospitals Nhs Trust	1600038782	169,230
26-Jan-26	Staff Recharge	Trustwide	Mid Yorkshire Hospitals Nhs Trust	1600039040	169,230
20-Jan-26	Purchase of Healthcare	Trustwide	Diabetes Digital Media Ltd	INV8039	131,488
02-Jan-26	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010792	129,207
17-Jan-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34058283	120,000
12-Jan-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS064SN	114,779
07-Jan-26	IT Services	Trustwide	Wavenet Ltd	1464707	108,300
19-Jan-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC044INV	94,575
12-Jan-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS064INV	90,203
07-Jan-26	NHS Recharge	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009283	75,644
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009806	73,854
21-Jan-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34058341	72,764
13-Jan-26	IT Services	Trustwide	Wavenet Ltd	N012925	72,220
13-Jan-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1006140	69,872
06-Jan-26	Drugs	Trustwide	Rowlands Pharmacy	1800004774	65,570
30-Jan-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34058861	64,467
15-Jan-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34058025	63,690
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009806	63,466
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009806	62,756
21-Jan-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34058333	61,354

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
28-Jan-26	Drugs	Trustwide	Bradford Teaching Hospitals Nhs Foundation Trust	331795	57,755
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009806	56,640
05-Jan-26	Purchase of Healthcare	Forensics	Spectrum Community Health Cic	SINV9620	53,992
05-Jan-26	Purchase of Healthcare	Forensics	Spectrum Community Health Cic	SINV9621	53,992
05-Jan-26	Purchase of Healthcare	Forensics	Spectrum Community Health Cic	SINV9622	53,992
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009806	51,003
03-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care Nhs Foundation Trust	0000002028	50,158
08-Jan-26	Utilities	Trustwide	Edf Energy Customers Ltd	000026433500	49,056
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400010368	48,232
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009806	46,577
02-Jan-26	Purchase of Healthcare	Forensics	Sheffield Childrens Nhs Foundation Trust	2400010232	45,840
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400010368	41,537
05-Jan-26	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001480EPC	40,950
06-Jan-26	Purchase of Healthcare	Calderdlae	Invictus Wellbeing Services Cic	543	39,500
08-Jan-26	Purchase of Healthcare	Kirklees	Ieso Digital Health (Uk) Ltd	UK001737	37,925
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009806	36,222
06-Jan-26	NHS Recharge	Kirklees	Mid Yorkshire Hospitals Nhs Trust	1600038787	33,723
30-Jan-26	NHS Recharge	Kirklees	Mid Yorkshire Hospitals Nhs Trust	1600039045	33,723
07-Jan-26	Drugs	Doncaster	Speeds Healthcare Ltd	INV167835	32,496
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400010368	31,731
12-Jan-26	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0446214	31,465
20-Jan-26	Lease Cars	Trustwide	Athlon Mobility Services Uk Ltd	202680000143	30,595
22-Jan-26	MFDs	Trustwide	Annodata Ltd	1428795	29,384
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400010368	28,497
14-Jan-26	Purchase of Healthcare	Forensics	Change Grow Live	IN16043	28,406
28-Jan-26	Utilities	Trustwide	Totalenergies Gas & Power Ltd	40295052026	26,714
06-Jan-26	Purchase of Healthcare	Forensics	Mersey Care Nhs Foundation Trust	72491459	26,345
09-Jan-26	Staff Recharge	Trustwide	Sheffield Health & Social Care Nhs Foundation Trust	0000002047	26,291
10-Jan-26	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	IN1000809	25,727
09-Jan-26	Staff Recharge	Trustwide	Sheffield Health & Social Care Nhs Foundation Trust	0000002096	25,615
08-Jan-26	Utilities	Trustwide	Edf Energy Customers Ltd	000026364927	25,520
26-Jan-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1006269	25,127
20-Jan-26	Purchase of Healthcare	AS Collaborative	Sheffield Childrens Nhs Foundation Trust	2400009806	25,093

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

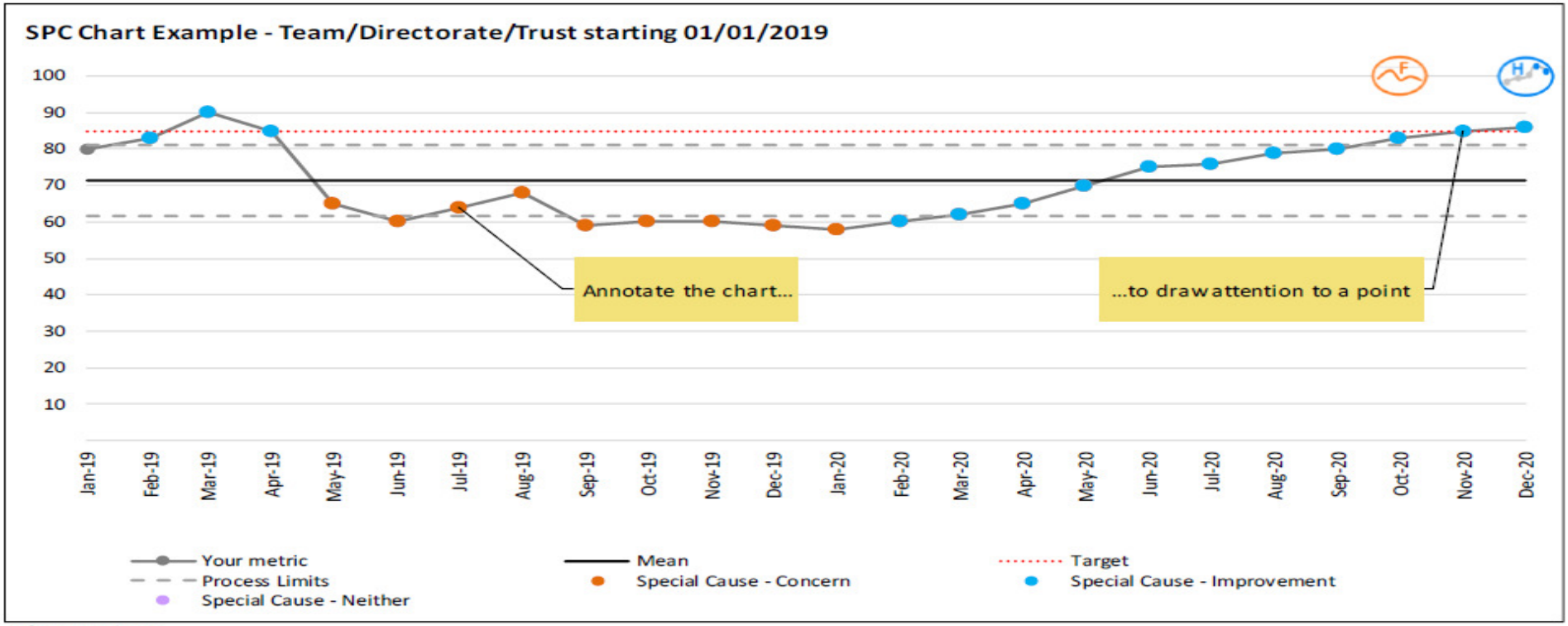
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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