South West Yorkshire Partnership Teaching
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

February 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 February 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.

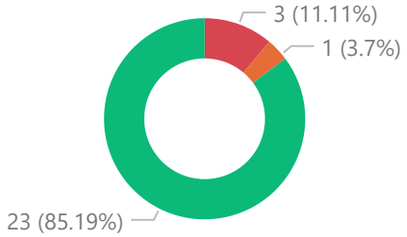
An exercise has been undertaken to review all metrics and thresholds to ensure they meet the requirements and priorities for 2025/26, the report has been updated to reflect this. In particular, the national metrics section includes those contained within the NHS oversight framework, operational planning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

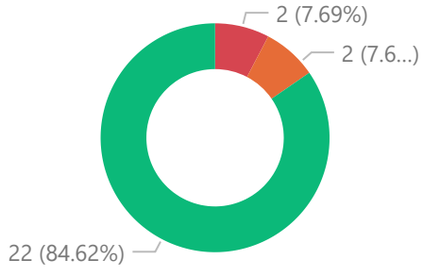
Headlines - Performance Rates Summary

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.

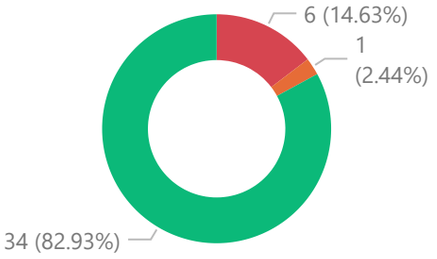
Quality & Safety Metrics Performance Rate



People Metrics Performance Rate

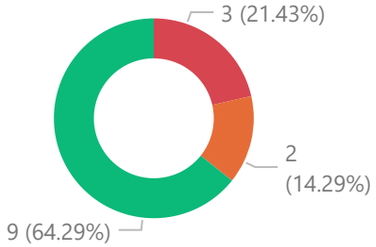


National Metrics Performance Rate

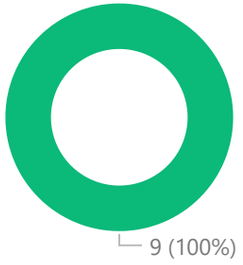


Finance Metrics Performance Rate

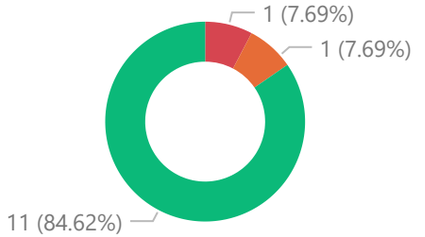
Barnsley Physical Health Metrics Performance Rate



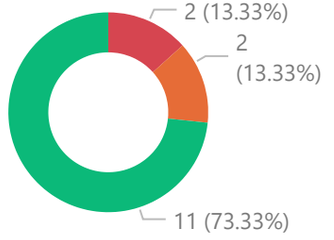
CAMHS Metrics Performance Rate



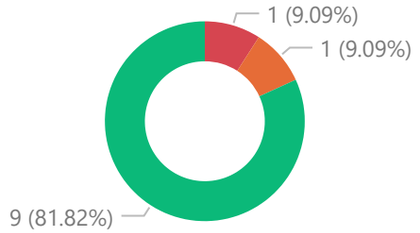
Mental Health Community Metrics Performance Rate



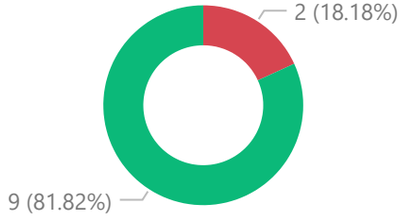
Mental Health Inpatient Metrics Performance Rate



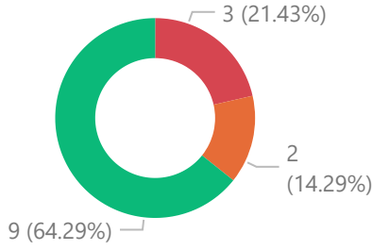
ASD/ADHD Metrics Performance Rate



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	↓	
% of feedback with staff values and behaviours as an issue	↓	
Number of Information Governance breaches	↓	

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	↑	
Average Length of stay for Adult Acute Beds (rolling 3 months)	↑	
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
Sickness rate (monthly)	↑	
% of feedback with staff values and behaviours as an issue	↓	

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
Sickness rate (Monthly)	↑	
% of clients clinically ready for discharge	↔	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	↓	
% 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	↑	

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
Sickness rate (Monthly)	↔	
Maximum 6 week wait for diagnostic procedures	↑	
% Appraisal rate	↓	
% of feedback with staff values and behaviours as an issue	↓	
% of staff receiving supervision within policy guidance	↑	
Information Governance (IG) training compliance	↓	

Forensic - South Yorkshire

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	
% Bed occupancy	↓	

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 February decreased to 1,270, 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 decrease, the numbers reported suggest data is in line with the number of incidents reported in previous months. All incidents continue to be subject to review by the patient safety team with relevant governance within the care groups.
• The number of restraint incidents increased this month from 175 reported in January to 200. The highest number of incidents were at the Poplars unit (26) and Crofton ward (26) – both of these are older peoples mental health wards. The majority of these incidents related to one service user with complex needs who was transferred between wards. 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 27 incidents against staff on mental health wards involving race during February. 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 was one staff led prone restraint on one of our psychiatric intensive care units 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. There were a further two service user led incidents during the month. These incidents are also reviewed by the reducing restrictive practice intervention team.
• There were 12 information governance personal data breaches during February which is a slight increase compared to last month and remains just over the Trust threshold less than 12. Information disclosed in error continues to be the highest reported category.
• The number of compliments the Trust received during the month increased to 60 which is a positive refection of the care provided by the Trust and people's experience.
• There were 45 inpatient falls reported during February 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 95.8% against a target of 90%. Disability recording was at 56.5%, sexual orientation 57% and postcode at 99.6%. Work continues to ensure data capture across all services and further detail of these metrics can be seen in the equalities section of this month's report.
• For risk assessments and care plans, the Trust's aim is to work towards achievement of 95% against each of these standards. The metrics do show an overall increase in performance – detail can be seen in the Quality dashboard and care group section of the report. care group and ward level detail can be seen in the detail of the report. All risk assessments and care plans that have not been completed within the timescale have oversight and scrutiny from the Care Groups.
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

• Our overall sickness absence rate has dropped again in February 2026. This is due to a combined reduction of long term and short term absences.
• There has been a drop in short term absences due to an expected reduction seasonal absences in line with annual trends.
• There has been a reduction in Anxiety and Stress related absences in February 2026 (3009 days lost). The number of days lost due to Anxiety and Stress is now the lowest since April 2024 (2835 days lost).
• Our Appraisal compliance continues to rise reaching 89.2% in January.
• 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 2026. 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, 116 out of 127 children (91.3%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in February. 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 – all urgent and routine referrals were seen within national expected time frames of one week and four weeks respectively. This relates to 11 (urgent) and 37 (routine) referrals.

• 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 from March 2025 baseline. Overall, the average length of stay for people discharged in February has decreased compared to previous month (54.7 days) but remains slightly above the 10% reduction. In terms of performance against the trajectory, we are meeting the trajectory for February in both our South and West Yorkshire acute mental health and PICU 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 increased to 85.3% and now sits above target of 80%. The issues previously reported related to medical onboarding have reduced and the Barnsley Physical Health and Wellbeing Care Group continue to work closely with Barnsley Hospitals NHS Foundation Trust 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 February, 76.1% 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. February performance remained at a similar level to previous month 88.0% against a 90% threshold with 6 patients out of 50 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 February the Trust had reduced its use of inappropriate out of area placements to 1 at the end of the month with 28 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 February, 26 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 average number of referrals for ADHD received for these areas in the last three months was 292. Calderdale does not block commission assessments, but we do assess 7-8 people from that locality via the Patient Choice framework. The average number of referrals received per month for Calderdale is 23.

As demand in all areas is significantly more than capacity, this leads to lengthy waits, and the care remains with the referrer until accepted by the service. An innovative new step has been developed to offer Face to face ADHD Triage is available to ensure that only clinically appropriate cases are offered an assessment, and this is currently commissioned in Wakefield and Kirklees. Barnsley and Calderdale are still considering their preferred model.

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

• The temporary staffing group continues to have a focus on the use of temporary workforce, ensuring safe staffing whilst delivering a sustainable workforce to meet the patient needs. Bank and locum expenditure continues to fluctuate from month to month. Agency spend increased in month due to the need for use of medical staff on mental health inpatient wards. Bank usage reduced compared to January. 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 maintained 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 the improvements are implemented and sustained.

Finance

• The Trust consolidated surplus run rate has continued in February with a surplus of £181k, increasing the year to date surplus to £987k. There is additional spend forecast in March 2026 and a breakeven year end position remains the most likely forecast.

• Agency spend has increased in February 2026, compared to the previous months, but remains significantly lower than historical run rates. The increase in month relates to medical staff. Unregistered nursing spend in month was £17k against the NHS England target of zero (unless under exceptional patient safety requirements).

• The Trust continues to utilise bank and locum staff as part of it's overall workforce strategy. Spend in February is £1,902k. This is £8k less 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 schemes have continued to progress and especially the mitigations identified to offset the delayed on site commencement of the Older People scheme. In February 2026 expenditure has started on the Trust solar panel scheme.

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Best Quality	Responsive	TBC	64.1%	63.8%	64.5%	67.5%	73.8%	76.1%	N/A
Complaints	% of feedback with staff values and behaviours as an issue [12]	Best Quality	Caring	< 20%	9% (3/33)	8% (2/26)	15.7% (6/38)	8.8% (3/34)	14% (6/43)	22% (6/27)	1
	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	122.6	116.6	112.8	101.0	101.6	109.8	N/A
	Complaints - Number of responses provided within six months of the date a complaint received [16]	Best Quality	Well led	100%	93% (25/27)	92% (24/26)	95% (18/19)	100% (16/16)	94% (15/16)	94% (16/17)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	89%	94%	93%	93%	91%	91%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	97%	96%	97%	96%	96%	99%	1
	Number of compliments received	Best Quality	Caring	N/A	44	32	45	51	25	60	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Best Quality	Safe	Trend monitor	14	11	2	4	4	5	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Best Quality	Safe	Trend monitor	0	1	0	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	9	8	6	8	10	12	2
	% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	5.5%	5.0%	5.7%	4.9%	5.3%	5.4%	3
	Total number of reported incidents	Best Quality	Safe	Trend monitor	1412	1540	1390	1454	1478	1270	
	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	39	38	43	32	33	44	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	0	1	4	1	0	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	4	3	0	3	0	1	
	Safer staff fill rates *	Best Quality	Safe	90%	115.6%	118.1%	120.1%	120.6%	116.3%	113.8%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	94.4%	97.6%	101.3%	100.3%	100.2%	100.6%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Best Quality	Safe	Trend monitor	40	51	47	66	68	47	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	Best Quality	Safe	0	2	0	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	45	60	54	58	59	45	
	Number of restraint incidents *	Best Quality	Safe	Trend monitor	180	244	168	220	175	200	
	% of staff receiving supervision within policy guidance [15]	Best place to work and learn	Well led	80%	88.8%	88.4%	90.5%	88.7%	87.9%	90.3%	1
	Potential under-reporting of patient safety incidents	Best Quality	Safe								
	% people dying in a place of their choosing [14]	Person first and in the centre	Responsive	80%	81.8%	92.3%	90.5%	93.3%	97.4%	84.6%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	18	16	20	11	13	7	N/A
	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	Best Quality	Effective	55%	69.6%		71.1%		Due May 2026		
	Number of incidents against staff on mental health wards involving race *	Best place to work and learn	Safe	Trend Monitor	51	39	32	39	24	27	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%	100.0%	100.0%	97.3%	100.0%	97.9%	95.6%	
	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%	95.7%	95.8%	95.8%	95.8%	95.4%	95.8%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	58.2%	57.8%	57.3%	56.9%	55.9%	56.5%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	59.1%	58.5%	57.8%	57.1%	56.5%	57.0%	
	Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.5%	99.5%	99.5%	99.5%	99.5%	99.6%	
	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 99.3% Policy	99.4% Service 95.6% Policy	99.4% Service 100% Policy	100% Service 100% Policy	98.4% Service 100% Policy	
	% on community active caseload at month end with a care plan which has been reviewed within the last year	Person first and in the centre	Caring	Interim trajectory 75-80%	85.7%	87.7%	89.4%	90.7%	91.1%	94.1%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring		84.5%	84.8%	85.0%	85.1%	94.5%	96.9%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		98.5%	94.9%	90.9%	96.3%	97.8%	96.3%	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Year End Forecast*
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		91.9%	92.8%	88.2%	94.1%	90.5%	89.7%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		92.3%	92.6%	92.7%	93.5%	93.9%	92.5%	
	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 February and March - 2	4	7	3	4	3	1	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor	64	49	134	122	187	97	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor	8,315	8,758	9,256	7,516	9,726	10,035	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Person first and in the centre	Safe	6	0	0	0	1	0	0	1
	C Diff avoidable cases	Person first and in the centre	Safe	0	0	0	0	0	0	0	1
	E. Coli bloodstream infection rate	Person first and in the centre	Safe	0	0	0	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Person first and in the centre	Safe	0	0	0	0	0	0	0	
Improving Resource	NHS Oversight Framework segmentation	All	Well led	1/2	1		1		Due May 2026		
	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 - February 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 17 complaints responded to during the month, 16 of these were undertaken within six months of the complaints being received, and the average number of working days these complaints were open was 109.8 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 February has increased to 5.4% from 5.3% last month. This includes data for Cheswold Park Hospital. The performance excluding Cheswold Park Hospital is 6.4%. At the end of the month there were 26 patients who were clinically ready for discharge but remained in a bed due to delays in being able to move them to an appropriate place of discharge. Further detail regarding hotspot areas can be seen in the care group and ward level sections of this report along with work taking place to reduce the number of delays.
• The number of reported incidents - A decrease in the number of incidents reported during February, the total figure for the month incudes 98 incidents that are attributed to Cheswold Park Hospital; 1172 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 - an increase in incidents has been seen during February. 14 incidents related to the Forensics Care Group across 4 wards/teams with the majority of incidents occurring on Chippendale ward (7); 9 incidents in mental health inpatients across 5 wards/teams with the majority of incidents occurring on Elmdale ward (3) and Poplars (3); 4 incidents in Cheswold Park Hospital across 3 wards/teams with the majority of incidents occurring on Calder ward (2). Over the last three months, 90 incidents against staff on mental health wards involving race were reported, 15 of the 90 incidents were physical assaults with the remainder being from a range of incidents including verbal racial abuse and threatening behaviour. Of the 90 incidents 58 were reported with a severity of green, 29 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 February increased compared to previous months. The highest number of incidents were on Poplars (26) and Crofton (26) and related to one complex service user who has been on both wards during the month. 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 1 for February. There were a further 2 incidents of service user led prone restraint. 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 2025, a set of new metrics have been identified to monitor care plans and risk assessments and these have been in place since April 2025. 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 2025. 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. Stakeholder events will be held in March 2026 to consult on revisions to the plan.

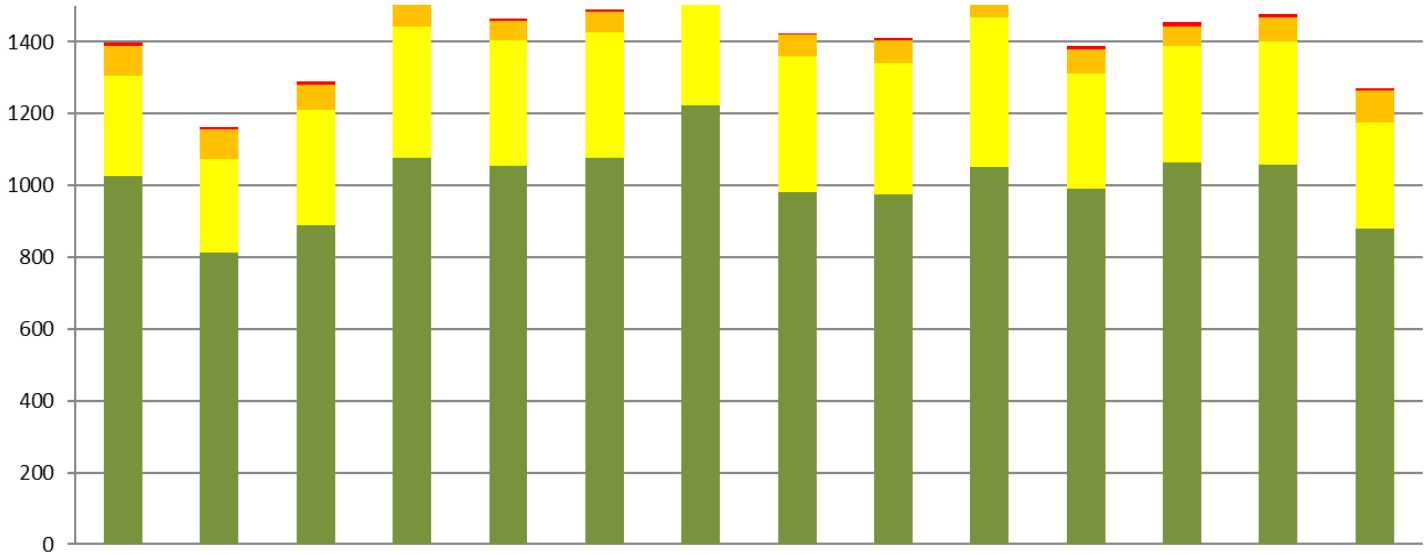
Quality & Safety Dashboard Footnotes:
1 - Number of pressure ulcers which developed under SWYPFT care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 – Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The Information Governance breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
4 - Notifiable Safety Incidents are where Duty of Candour is applicable.
5 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Excludes autistic spectrum disorder waits and neurodevelopmental teams.
8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
9 - Patient safety incidents resulting in death (subject to change as more information comes available). All incident data is reviewed using SPC charts to identify any special cause variation, if this occurs this will be reported by exception. Otherwise reporting rates remain within normal variation.
11 - Number of records with up to date risk assessment - 'Older people and working age adult inpatients' - we are counting how many staying safe care plans were completed within 24 hours and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point.
12 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return. Please note, the wording of this metric has changed from the November 2024 report to align with wording used in the national reporting. This relates to complaints received during the month and until investigation process is complete, this may result in not all of those being upheld.
14 - This metric relates to the Macmillan service, end of life pathway.
15 - % of Band 4 and above clinical staff who have received supervision in the previous 90 days.
16 - Formal complaints should be responded to/closed within 6 months of the date received as is written into the NHS Complaints (England) Regulations 2009
* - includes data for Cheswold Park Hospital from April 2025.

Safety First

Summary of Incidents

Although we have reported 7 red incidents in February, incidents may be subject to regrading as more information becomes available, which means this figure is subject to change.

95% of incidents reported in February 2026 resulted in no harm or low harm or were not under the care of SWYPFT.
No never events reported in February 2026



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Red	10	6	10	2	6	8	6	4	9	14	11	12	9	7
Amber	83	82	72	70	52	55	76	60	61	58	67	55	69	89
Yellow	280	262	319	364	350	350	379	379	366	418	322	324	343	296
Green	1025	813	890	1078	1056	1078	1223	981	976	1050	990	1063	1057	878

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

Safety First cont…

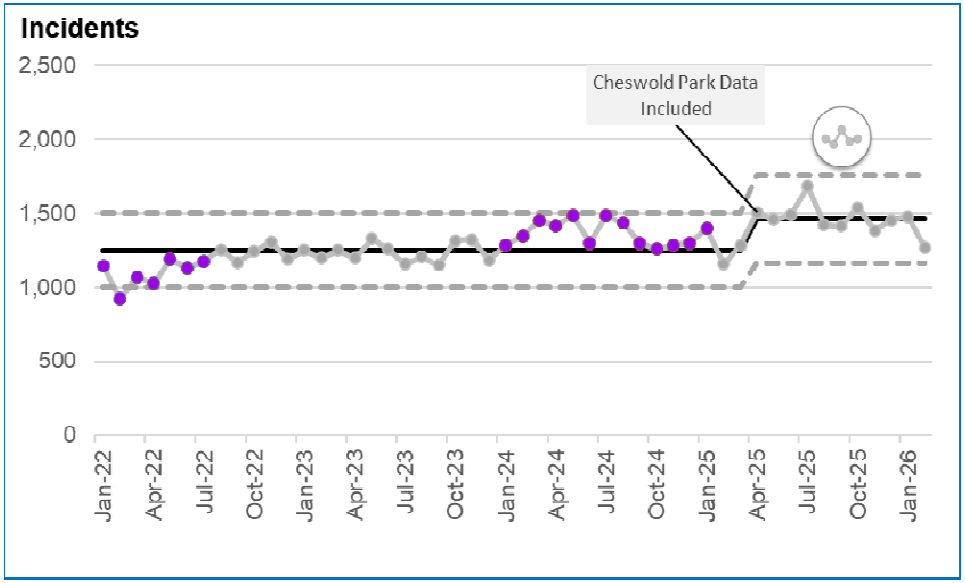
Summary of Patient Safety Incidents resulting in moderate or severe harm or death

Breakdown of incidents in February 2026

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

Sadly, there was one patient safety related death in February where the service user was known to the Trust's mental health services. This incident is subject to review and any learning will be identified. Condolences and support have been offered to the family concerned in these tragic circumstances.

Incidents

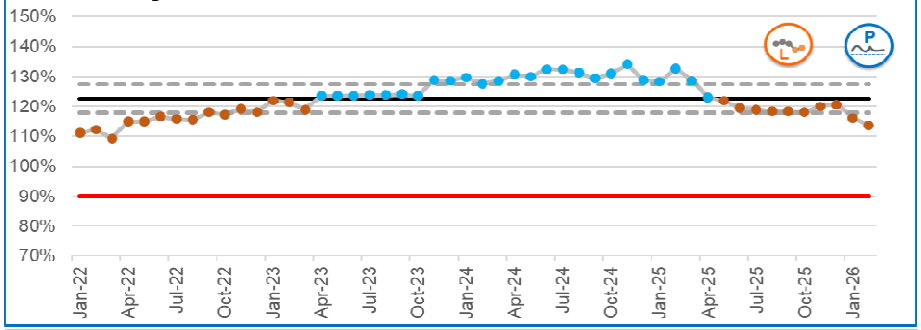


We have remain in a period of common cause variation in February 2026 due to an overall decrease in the number of incidents, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. Any outlier areas are explored with specialists and care groups, who are best placed to understand changes in light of other factors. They also ensure we are doing everything we can to support individuals to minimise patient safety incidents.

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

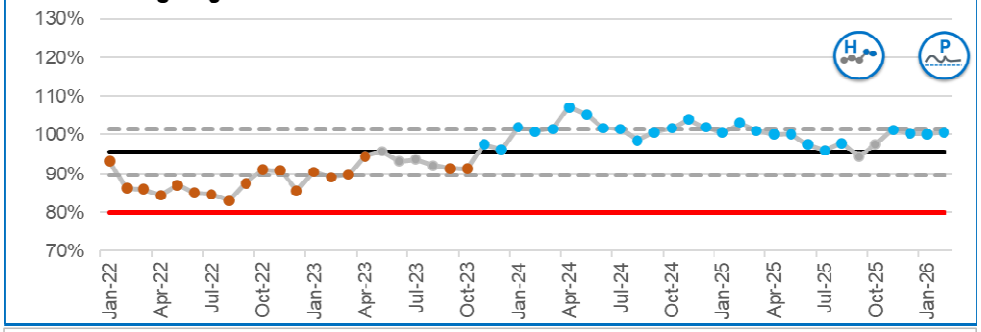
Safer Staffing Inpatients

Safer Staffing Fill Rate



The chart above shows that as at February 2026, due to the sustained decrease we remain in a period of special cause concerning variation (something is happening and this should be investigated) but we are expected to meet the target (see narrative below).

Safer Staffing Registered Nurses



The chart above shows that in February 2026, due to the sustained increase in the registered nurses fill rate, we remain in a period of special cause improving variation (something is happening and this should be investigated) and we are expected to meet the target.

- In February within the flexible staffing pool, there was a total of 606 (5629) less shift requests, and the overall fill rate for flexible staffing increased by 3.23% to 90.41%
- Within overall fill rates there was a decrease in the fill rates of 4.6% for Forensic and LD care group to 111.2%, Adult and Older Peoples Care Group increased by 1.5% to 119.1%, Cheswold Park Hospital decreased by 10.3% to 108.7% and Barnsley Integrated Services increased 1.0% to 94.6%
- We continue to scrutinise flexible staffing usage in our temporary staffing scrutiny group
- The utilisation of agency workers has decreased in authorised situations which is in line with our Grip and Control group. This will continue except in extreme patient safety situations.
- The overall fill rate has decreased compared to the previous month by 2.5% and was 113.8%
- The day fill rate for registered nurses (RNs) increased by 0.1% to 98.7%. An increase of two wards on the previous month to 10 wards fell below the 90% RN Day fill rate, Walton within PICU, Stanley within Working Aged Adults, Stroke Rehab within Barnsley Physical Health Services and Appleton, Chippendale, Hepworth and Priestley Wards within the Forensic and LD care group, and Ward 19 (male) and Ward 19 (female) within Older Aged Adults and Aire within Cheswold Park Hospital. They were supported through local escalation plans
- The night RN fill rate increased by 1.2% to 103.8%. Night fill rate threshold of 90% was not achieved by five wards, Esk, Aire, Wentbridge and Calder Ward at Cheswold Park and Neuro Rehab Unit within Barnsley Physical Health care group. This was an increase of one on the previous month
- In February one ward fell below the 90% overall fill rate threshold. This was Stroke Rehab Unit within Barnsley Physical Health. This was consistent with the previous month.
- The overall fill rate has seen a continued decrease causing us to enter a period of special cause (deteriorating) variation, The main reason for this is that there was an overall reduction of over 10% in requests for temporary staffing which is indicative of two things, either a reduction in acuity (demand) from the service users overall presentation or a reduction in the bed base therefor reducing the demand. However, the bank fill rate increased as the number of worked temporary shifts varied minimally. The other indicator for a reduction in acuity is that the reduction of the number of shifts worked overall was exclusively within the HCSW workforce (-4.6% on previous month) which is what is utilised when acuity increases the staffing demand. The amount of work that operational colleagues are investing to ensure that only shifts that are truly clinically needed are requested and filled impacts on fill rate. The largest reduction came within CPH (-10.3%)which was influenced by the change in a service user being discharged and reduction of the associated

Safer Staffing Inpatients cont…

Registered Nurse Day Rate:

Registered day rate	Dec-25	Jan-26	Feb-26
Adults and Older People	85.7%	97.1%	96.8%
Barnsley Integrated Services	91.7%	88.5%	93.5%
Forensic and LD	91.7%	99.4%	99.8%
Cheswold Park Hospital	112.8%	106.7%	105.5%
Overall shift fill rate	**96.5%**	**98.6%**	**98.7%**

Registered Nurse Night Rate:

Registered night rate	Dec-25	Jan-26	Feb-26
Adults and Older People	105.0%	104.9%	105.5%
Barnsley Integrated Services	115.6%	96.5%	106.5%
Forensic and LD	117.1%	118.0%	116.6%
Cheswold Park Hospital	90.2%	78.9%	80.9%
Overall shift fill rate	**106.4%**	**102.6%**	**103.8%**

Overall Registered Rate: 100.6%.

Overall Fill Rate:

Overall Fill Rate	Dec-25	Jan-26	Feb-26
Adults and Older People	120.6%	117.6%	119.1%
Barnsley Integrated Services	101.6%	93.6%	94.6%
Forensic and LD	119.2%	115.8%	111.2%
Cheswold Park Hospital	127.5%	119.0%	108.7%
Grand total	**120.6%**	**116.3%**	**113.8%**

Bank staff filled 85.14% (an increase of 0.31% on the previous month) of registered nurse requests for flexible staffing and 91.10% (an increase of 4.14% on the previous month) of health care assistant requests.
Agency staff filled 0.68% (a decrease of 0.44% on the previous month) of registered nurse requests for flexible staffing and 1.72% (an increase of 0.03% on the previous month) of health care assistant requests.

Hours Worked	Substantive	Bank	Agency
Dec-25	64.7%	33.7%	1.6%
Jan-26	65.0%	34.3%	0.7%
Feb-26	64.1%	35.2%	0.7%
Grand Total	**64.6%**	**34.4%**	**1.0%**

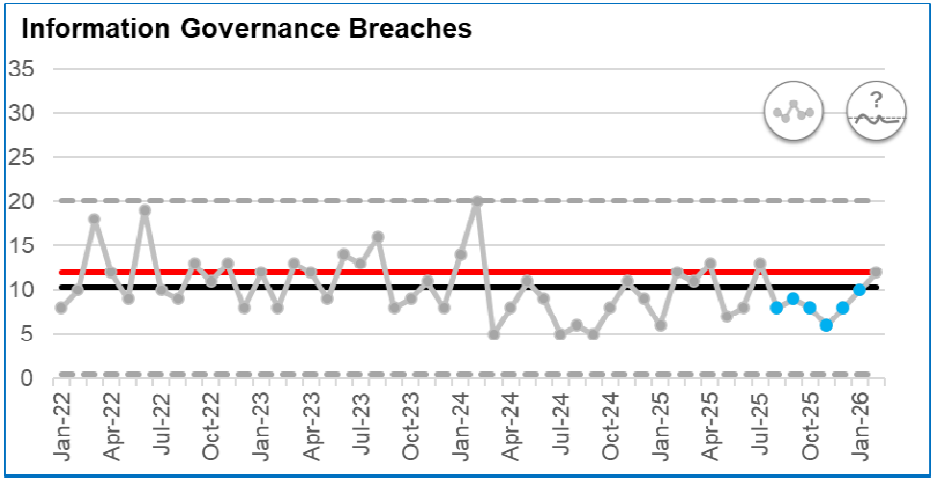
Information Governance (IG)

12 personal data breaches were reported during February 2026, which is the highest number of breaches since July 2025.

Information disclosed in error continues to be the highest reported category with breaches also reported due to patient healthcare record issues and lost or stolen hardware.

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

This SPC chart shows that as at February 2026 we have entered a period of common cause variation.



Learning Library

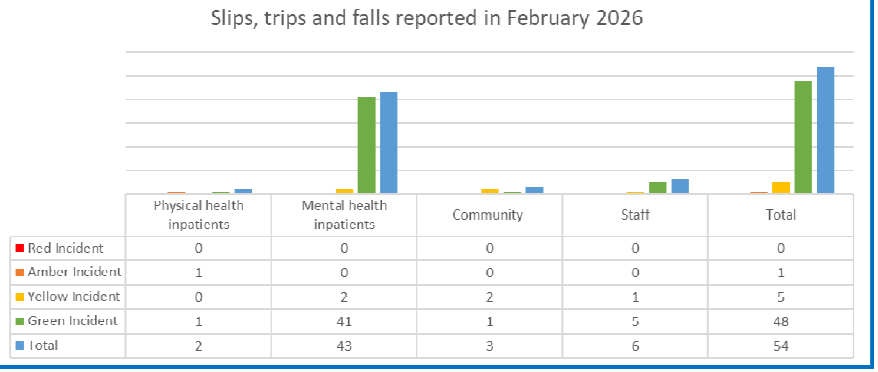
The learning library has been developed as a way to gather and share examples of learning from experience.
Further examples can be found on the SWYPFT intranet page.

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

Patient Safety Alerts

There were no patient safety alerts that were not completed by deadline in February 2026.

Trustwide Falls



	Physical health inpatients	Mental health inpatients	Community	Staff	Total
Red Incident	0	0	0	0	0
Amber Incident	1	0	0	0	1
Yellow Incident	0	2	2	1	5
Green Incident	1	41	1	5	48
Total	2	43	3	6	54

February 2026, Datix reported a Trustwide total of 54 slips, trips and falls. This equates to 4.1% of all Datix safety events reported in February 2026. To the left is a breakdown of falls and where they occurred in the community, inpatients, or staff group/visitor.

The Trust inpatient falls rate is approximately 2.88 per 1000 bed days. We continue to be below the national average for inpatient falls of 6.3 per 1000 bed days

Incident Grading
Red: No red fall incidents reported.
Amber: There was one (1%) amber Datix reported for an older person who fell out of bed. They have returned to the ward with no fracture and continue to receive rehabilitation.
Yellow: A total of five (9%) reported events needed higher intervention. One member of staff accidentally tripped over a chair exacerbating an underlying condition and this required RIDDOR reporting.
Green: A total of 48 (80%) reported safety events had low, or no harm recorded

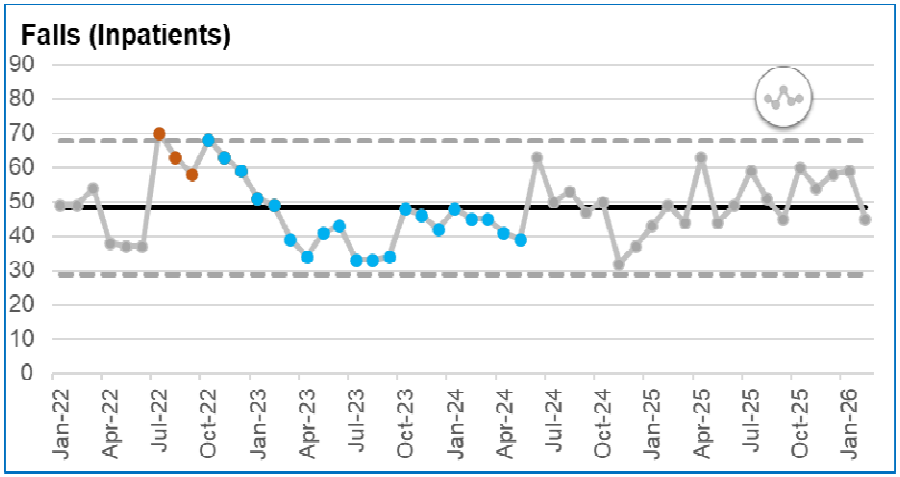
Inpatient falls had a high correlation with:
- three falls (7%) for patients out on leave or off the ward when the fall occurred
- ten falls (22%) directly linked to deteriorating physical illness such as infection, diarrhoea, and low blood pressure linked with dehydration
- ten falls (22%) caused by agitation, pacing and aggressive behaviour
- ten patients had repeated falls (2+ falls); and accounted for 22 (49%) inpatient falls

When reviewing age related information:
- there were 14 falls (31%) by patients aged below 65 years old, of these:
    - 11 falls (79%) were patients with no falls history and linked with physical exercise, agitation, not wearing shoes properly, and dizziness due to fasting
    - three falls (21%) for younger patients with known falls risk who fell following gym use, slipping from a chair and legs giving way as declined to wear orthotic brace
- there were 31 falls (69%) for patients aged 65 years and above, of these:
    - all 31 patients (100%) had a recognised physical frailty/long-term physical health condition
    - 29 patients (94%) have a known history of falls
    - 24 falls (77%) for patients with a diagnosed dementia or neurological condition, of those falls
    - six falls (25%) were linked with agitation and behavioural aspects of dementia

Things to celebrate
- Across older adult and NRU/SRU wards there were a total of 83 patients at high risk of falls; of these, 74 (89%) received falls education and encouragement to attend therapy; with 81 (98%) of patients with a good quality multifactorial mobility plan in place

Falls (Inpatient)

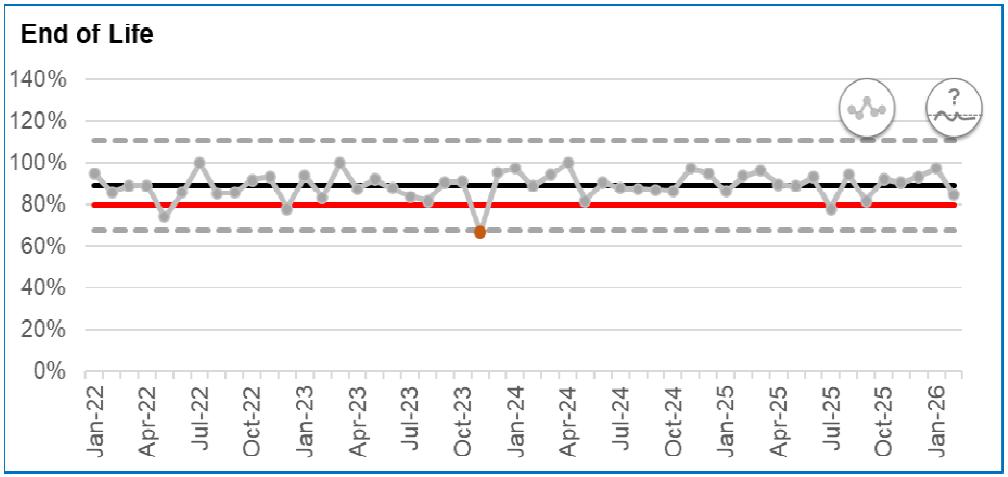
The total number of inpatient falls was 45 in February.



The SPC chart above shows that in February 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 total percentage of people dying in a place of their choosing was 84.6% in February. As is noted in the quality dashboard, performance against this metric remains above threshold this month. This metric relates to the Macmillan service, end of life pathway.



The chart above shows that in February 2026 the performance against this metric remains in common cause variation (no concern). As the mean performance for this measure is high (90%), the upper control limit (based on the average of the moving range) shows as above 100%.

Patient Experience

Friends and family test results (FFT) show:

- 99% would recommend physical health services
- 91% would recommend mental health services

	Target	Dec-25	Jan-26	Feb-26
Mental health community	85%	95% (377)	91% (228)	92% (207)
Mental health inpatient	85%	94% (36)	96% (25)	90% (30)
Learning Disabilities	85%	95% (19)	97% (33)	96% (25)
ASD/ ADHD	85%	94% (31)	80% (20)	67% (12)
CAMHS	85%	70% (20)	90% (21)	85% (34)
Forensic	60%	100% (1)	100% (2)	100% (1)
Mental health overall	84%*	93% (485)	91% (331)	91% (309)
Barnsley Physical Health	95%	96% (332)	96% (382)	99% (310)
Trustwide	**85%**	95% (817)	94% (713)	95% (619)

** weighted for 2025/26*

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

The satisfaction rate across the Trust has increased from the previous month and remains above target.

- Trustwide returns have decreased for the third month in a row but remain above target.
- Satisfaction rates across Mental Health Community and Barnsley General services have increased in February.
- In February, satisfaction levels decreased across Mental Health Inpatients, Learning Disabilities, ADHD & ASD services and CAMHS.
- All services met or exceeded target thresholds, except for ADHD & ASD.
- ADHD & ASD services have seen a decrease in returns over the past 3 months; the overall percentage has decreased from 94% in December to 67% this month (18%) below target.
- CAMHS services continue to see an increase in returns and remain above target.

Safeguarding

Safeguarding Adults:
In February 2026, there were 37 safeguarding adult incidents recorded on Datix. Of these, there were zero incidents graded red, 7 graded amber, 15 graded yellow and the remaining 15 incidents were graded green. The most common subcategories of these were neglect, self neglect and domestic abuse.

In addition to the Safeguarding Adult Datix's, there were 19 sexual safety incidents recorded on Datix. Of these, there was one Datix incident graded red or amber, 5 were graded yellow and 14 were graded green. The most common subcategory related to inappropriate sexual behaviour.

Safeguarding Children:
In February 2026 there were 11 Datix categorised as Safeguarding Children. The most common subcategories of these were requests for service and child protection (non-specific).

Complaints

- There have been 27 new formal complaints received in February 2026 which is a 37% decrease from the previous month.
- 96% of new formal complaints were acknowledged within three days, in line with the regulatory requirements.
- There were 17 complaints closed in February which is a slight increase from 16 in January and of these, 94% were closed within the six-month statutory timeframe.
- There were 6 (22%) formal complaints which had values and behaviours (staff) as a primary reason for the complaint. These are complaints which have not yet been investigated.
- The Trust received 60 compliments in February which is a 140% increase from January.

Infection Prevention Control (IPC)

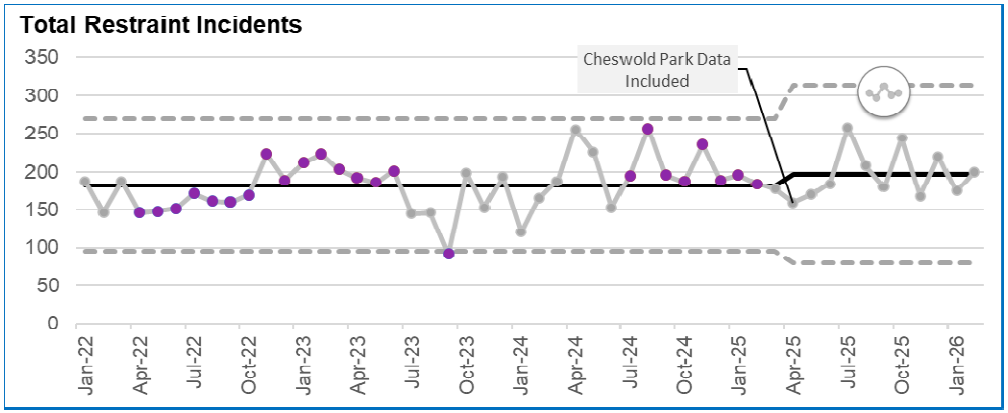
Outbreaks / Clusters
In February there were two outbreaks on the following wards
- Beamshaw ward - Influenza A
- Ward 19 female - Covid-19

Reducing Restrictive Physical Intervention (RRPI)

This report includes Cheswold Park data from April 2025.

- During February 2026, there were 200 incidents of physical restraint throughout the Trust, an increase of 25 from January 2026.
- There was one staff led prone restraint a decrease of three from January. There were also two service user led prone restraints.
- The restraint table shows the type of restraint positions used Trustwide February 2026 (in 200 restraints). Please note there are more positions used than incidents due to multiple positions being used during one incident.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	98	34.3%
Seated	63	22.0%
Safety Pod	57	19.9%
Escorted under restraint	16	5.6%
Side	15	5.2%
Supine - held on their back, regardless of surface	11	3.8%
Safety Pod Technique (IM administration then exit)	7	2.4%
Safety Pod Technique (Immediate Exit)	4	1.4%
Other	4	1.4%
Kneeling	3	1.0%
Prone descent then immediately rolled to other position side/back	3	1.0%
Prone descent then remained in chest down position	2	0.7%
Service User placed self in prone, and staff immediately let go or rolled	1	0.3%
Immediate disengagement from prone	1	0.3%
Reverse arms seclusion exit (knees position)	1	0.3%
Total	286	100.0%

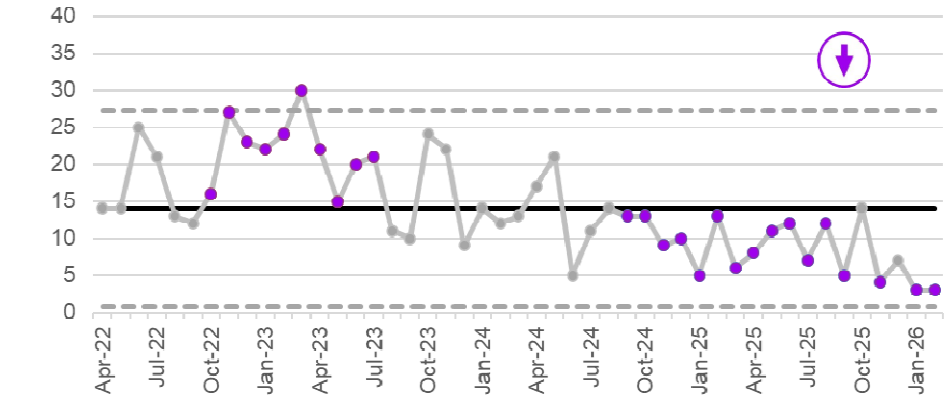


This SPC chart shows that in February 2026 we remain in a period of common cause improving variation.

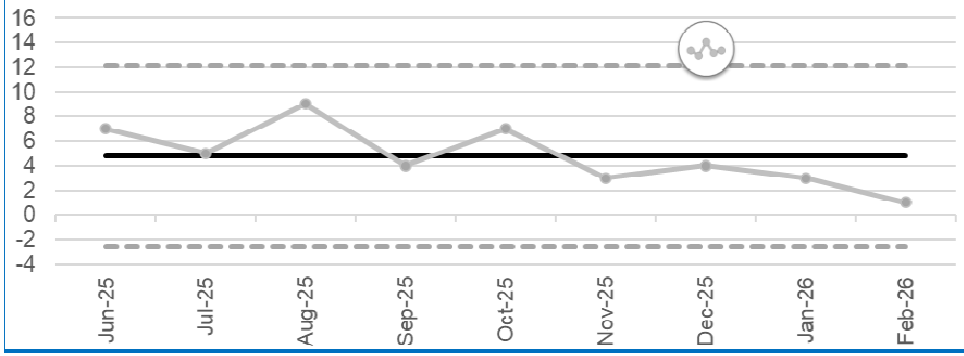
It should be noted that an increase in restraint incidents does not always indicate a deterioration in performance.

Reducing Restrictive Physical Intervention (RRPI)

Prone Restraint (Total Number)



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



The circumstances where prone is used will be influenced by the level of concern during the incident. Alternative seclusion exit training is now embedded in both four-day initial and two-day annual refresher Reducing Restrictive Physical Interventions training. Additional bespoke sessions are being offered across inpatient units in collaboration with Ward Managers to ensure all inpatient nursing staff, both registered and unregistered staff are supported to undertake training in alternative seclusion exit techniques and feel confident to use. We expect this will further support a move away from prone restraint being used as a method for exiting seclusion

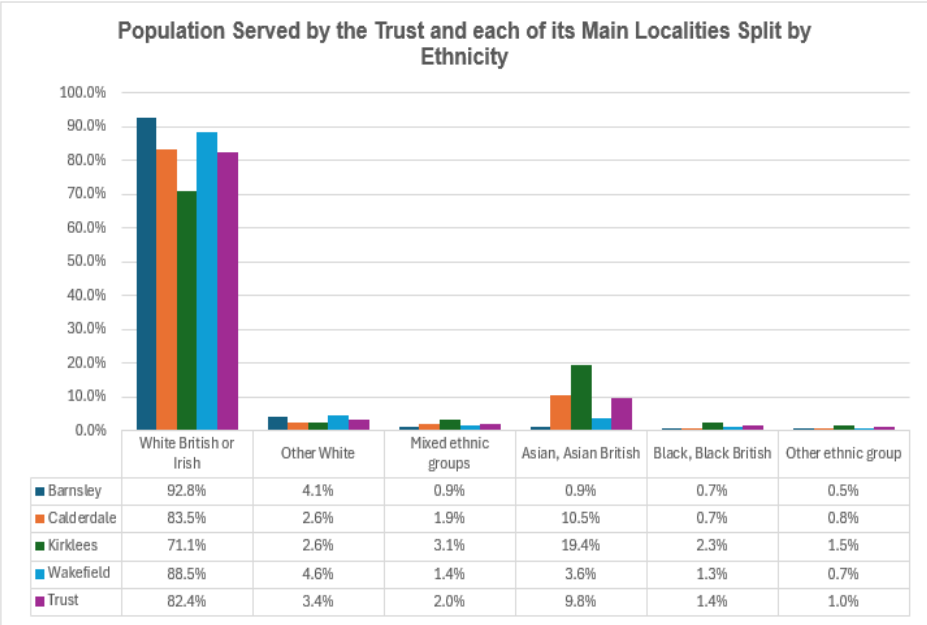
From June 2025 we have separated out the number of prone restraints where we have purposefully placed the service user in the prone position from those that were service user led.

In February 2026 there was one instance of prone restraint where the service user was purposefully placed in the prone position.

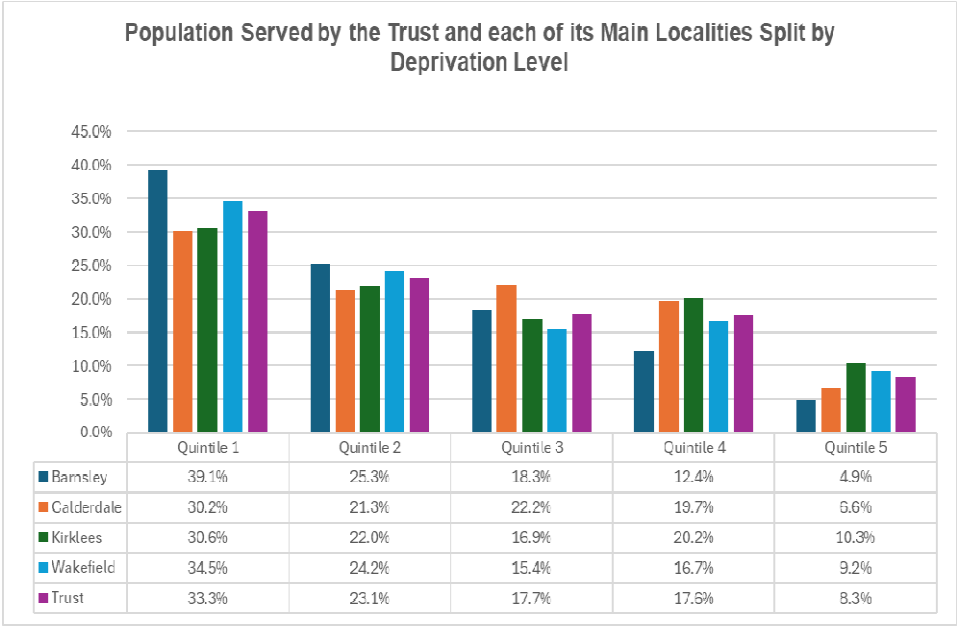
Reducing Inequalities

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.



	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%



	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

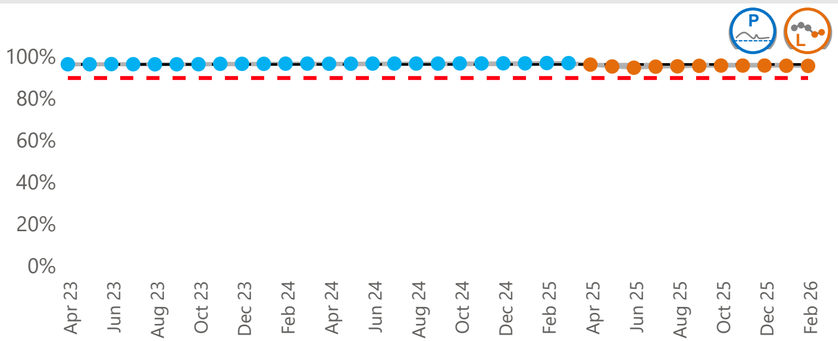
Data as of : 25/03/2026 13:19:37

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.

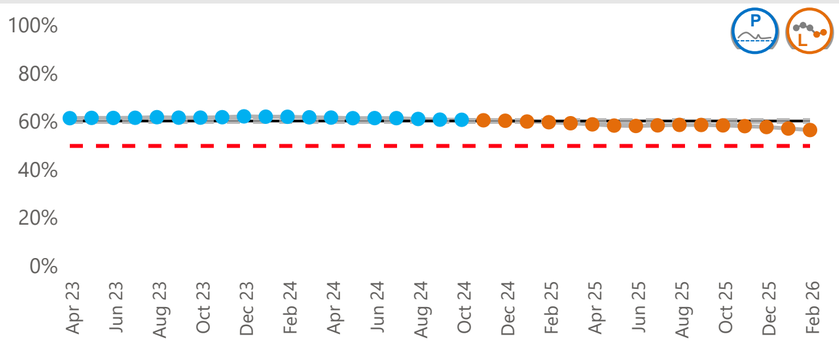
The SPC charts below show the completion rates for these measures.

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



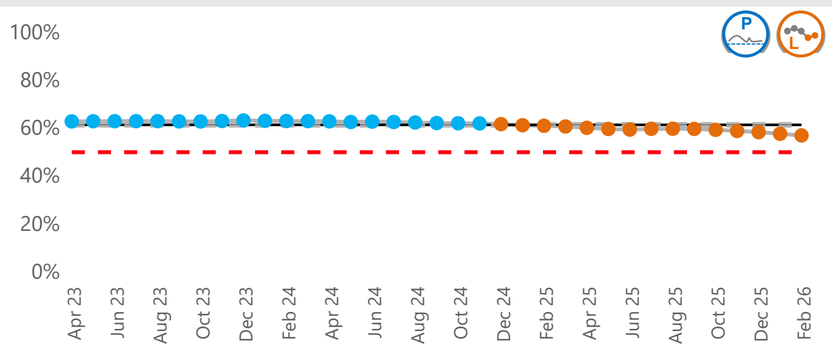
The Statistical Process Control (SPC) chart shows that in February 2026 due to the continued dip in performance we remain in a period of special cause deteriorating variation (something is happening and should be investigated). We are expected to meet the target against this metric.

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



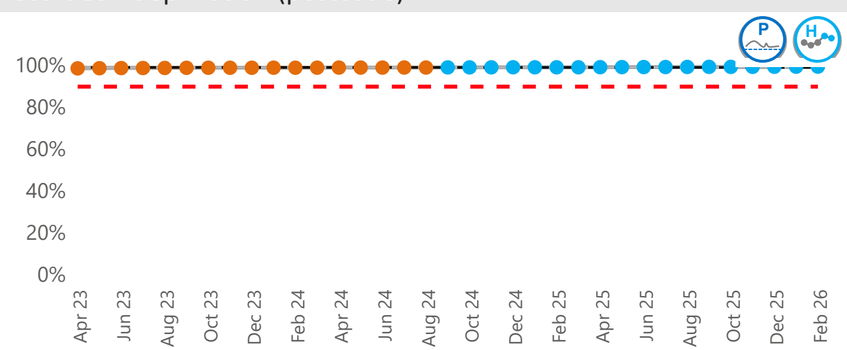
The SPC chart shows that in February 2026 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months. We are expected to meet the target against this metric.

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



The SPC chart shows that in February 2026 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)



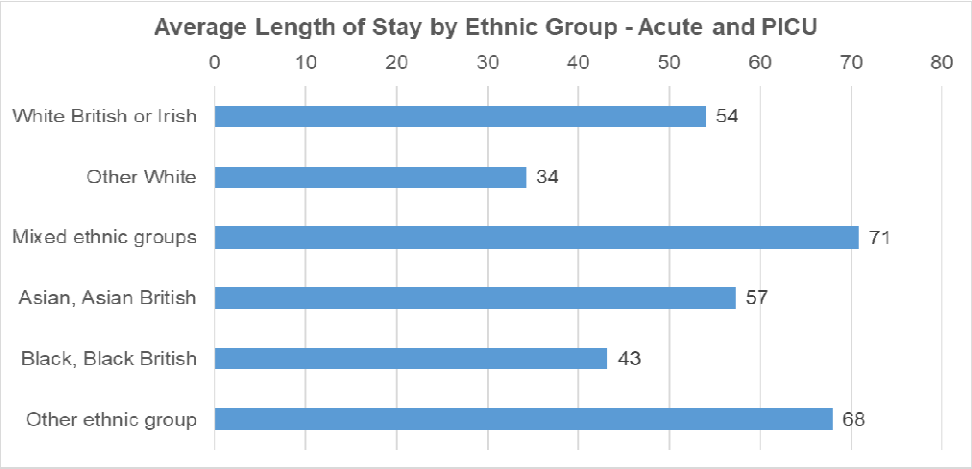
The SPC chart shows that in February 2026 we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained increase in performance. We are expected to meet the target against this metric.

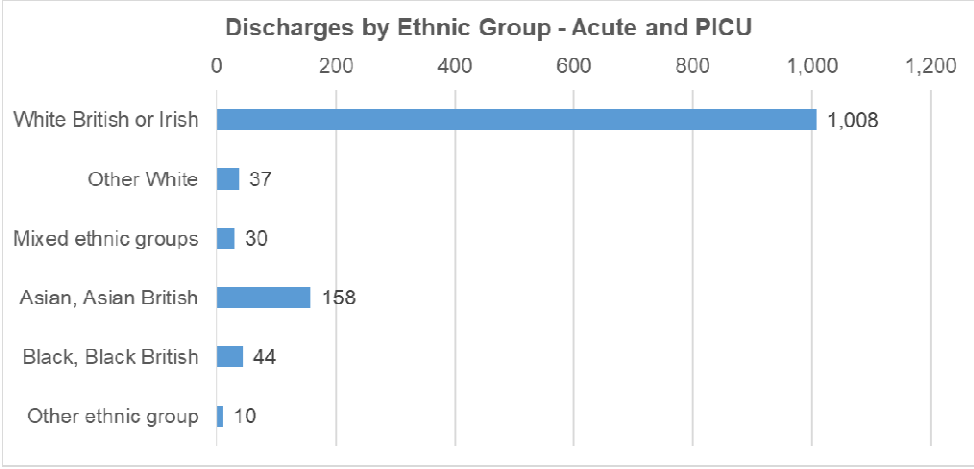
Reducing Inequalities

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.

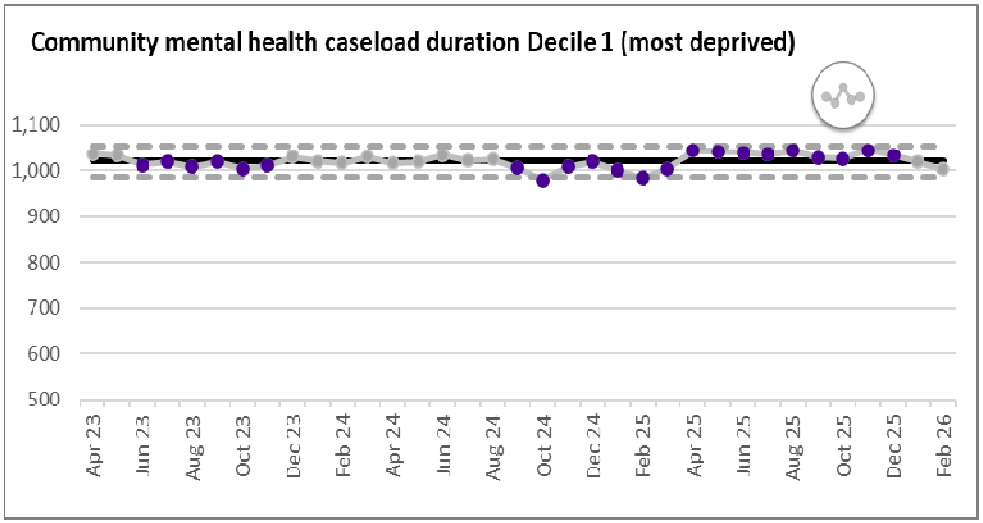
Differences in admission practices i.e. formal (compulsory) and informal (voluntary) also appear to influence LoS, with compulsory admissions tending to require more intensive interventions and longer discharge planning. Similarly, discharge approaches differ, with patients facing socioeconomic challenges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

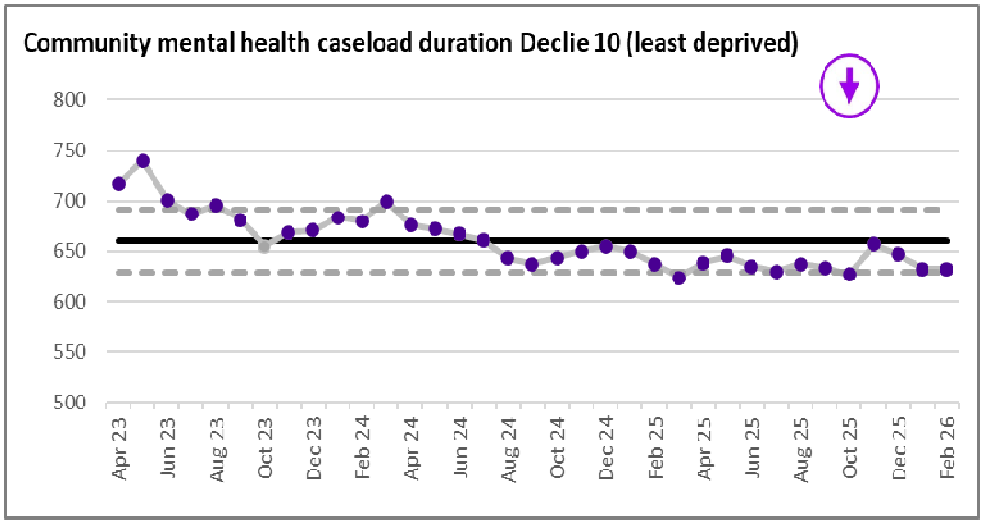




Reducing Inequalities

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).

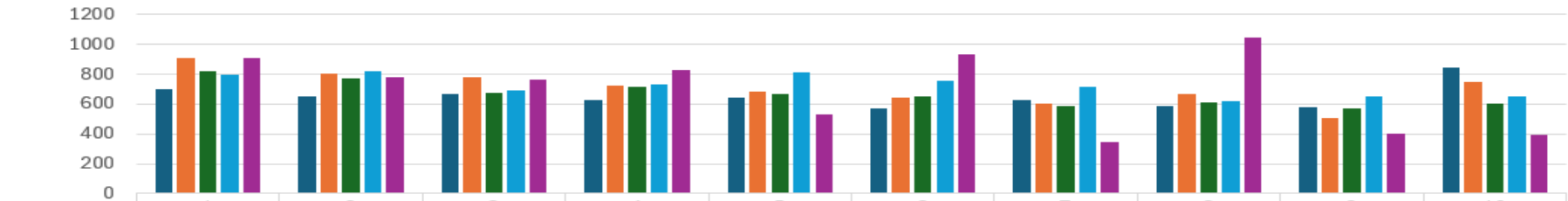




Reducing Inequalities

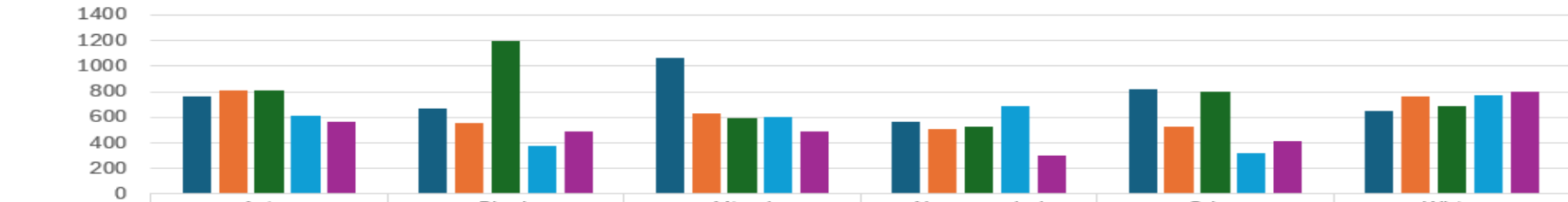
The charts below show the average caseload length of patients on a community mental health caseload split by ethnic group, and deprivation decile, and also split by Place.

Average Caseload Length by Place and Deprivation Decile - January 2026



	1	2	3	4	5	6	7	8	9	10
Barnsley	696	653	670	631	646	573	628	587	582	845
Calderdale	906	805	780	726	687	647	605	669	503	749
Kirklees	823	774	675	713	667	652	586	610	575	606
Wakefield	794	819	688	733	814	758	717	616	653	650
Other	909	779	764	825	530	932	347	1049	403	395

Average Caseload Length by Place and Ethnic Group - January 2026

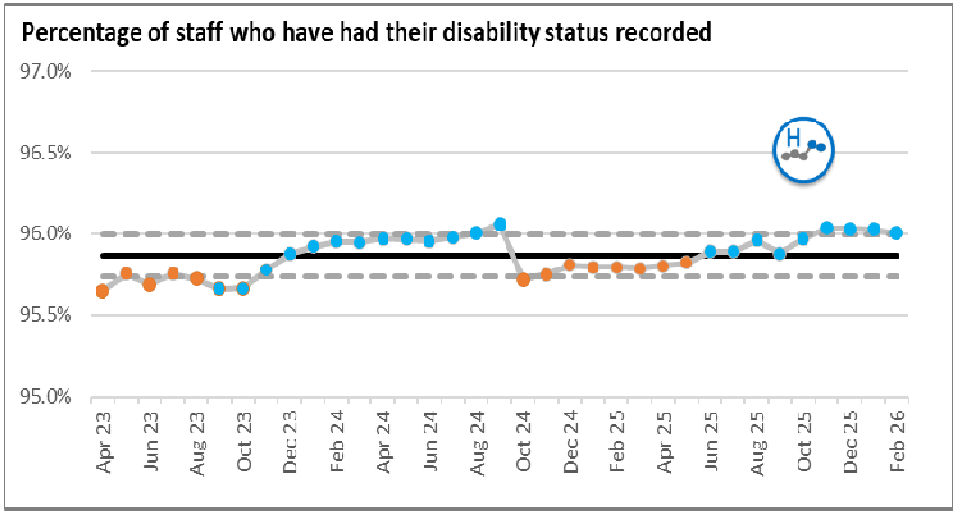


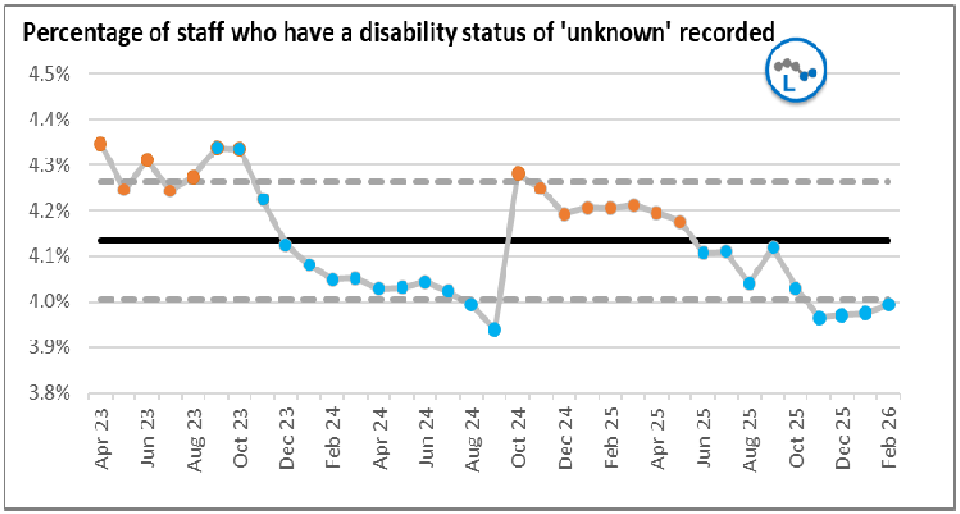
	Asian	Black	Mixed	Not recorded	Other	White
Barnsley	761	671	1062	562	821	646
Calderdale	808	553	633	512	531	760
Kirklees	808	1197	595	530	797	684
Wakefield	609	373	603	687	319	773
Other	566	491	487	303	417	801

Reducing Inequalities

Disability Confidence and Data Transparency

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

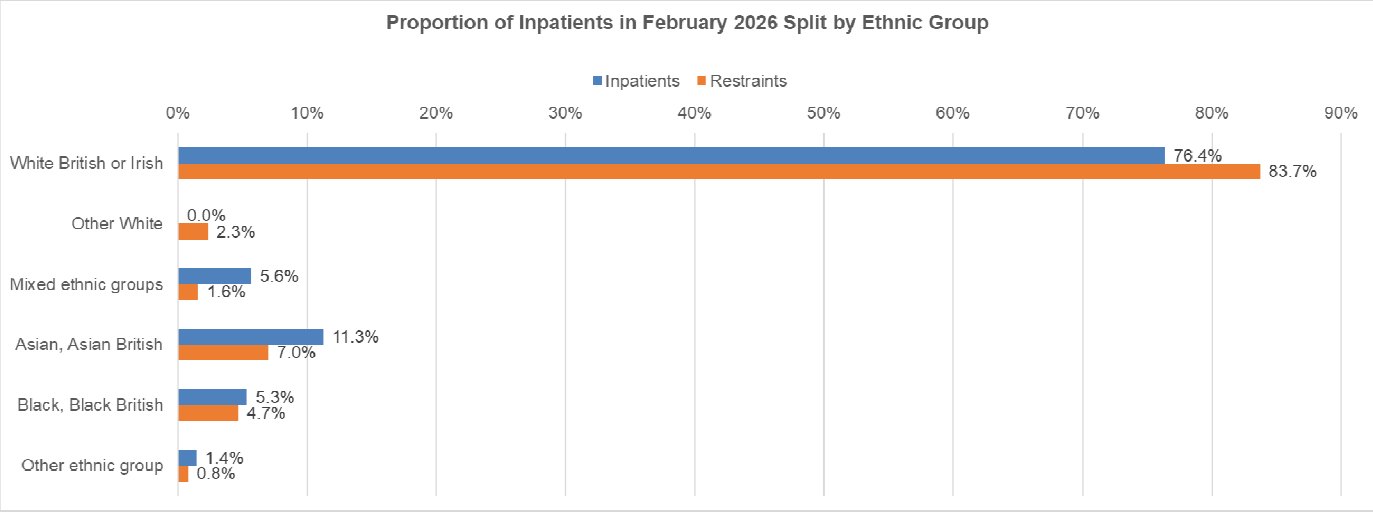


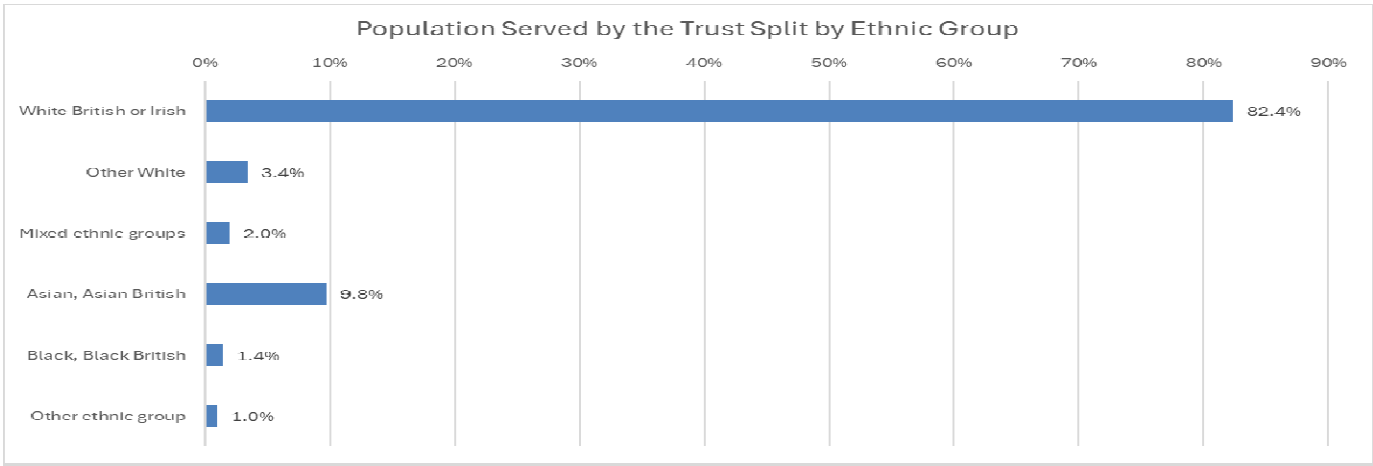


Further development of people related metrics will be undertaken over the coming months with focus being on the following areas: Increase Diversity in Senior Leadership, Fair and Trusted Processes, Wellbeing with Inclusion at the Core.

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	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Establishment (Ledger excluding vacancy factor)	Best place to work and learn	Well led	-	5757.1	5763.7	5756.4	5764.1	5789.5	5788.5
Contracted Staff In Post (Ledger)	Best place to work and learn	Well led	-	4921.7	5004.0	5033.0	5052.0	5068.0	5091.0
Vacancies	Best place to work and learn	Well led	-	788.2	759.4	723.4	712.1	722.0	697.7
Turnover external (12 months rolling) *	Best place to work and learn	Well led	>12% - <13%	10.1%	10.1%	9.6%	9.4%	9.1%	9.0%
Starters	Best place to work and learn	Well led	-	53.9	45.3	36.6	21.3	51.4	47.5
Leavers	Best place to work and learn	Well led	-	34.4	26.3	21.3	28.8	29.0	35.6
% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	81.3%	83.9%	84.9%	82.1%	84.8%	85.1%
% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	83.9%	83.5%	85.5%	87.4%	86.0%	91.1%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)	Best place to work and learn	Safe	-	89.8%	89.4%	90.1%	90.2%	87.2%	90.4%
Proportion of staff in senior leadership roles who are from ethnic minority background (relates to staff in post band 7 and above, excludes bank staff) *	Best place to work and learn	Well led	-	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%)	249 - 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	-	932 (71.3%)	938 (71.5%)	946 (71.5%)	952 (71.7%)	962 (71.8%)	975 (72.1%)
Sickness absence - Year-to-Date (YTD)	Best place to work and learn	Well led	<=5%	5.2%	5.4%	5.4%	5.5%	5.5%	5.5%
Sickness absence - Month	Best place to work and learn	Well led		5.7%	5.9%	5.9%	6.0%	5.8%	5.2%
Employees with long term sickness over 12 months	Best place to work and learn	Well led	-	0	0	0	1	1	1
Appraisals - rolling 12 months **	Best place to work and learn	Well led	90%	88.2%	89.9%	86.5%	88.3%	89.2%	87.8%
Employee Relations - Suspensions (over 90 days)	Best place to work and learn	Well led	-	3	1	1	1	1	3
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	66	66	75	60	69	66
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%	2.0%					
Registered substantive staff in post mental health and learning disabilities services	Best place to work and learn	Safe	Establishment - 1315	1,169	1,177	1,180	1,199	1,202	1,203
Registered substantive staff in neighbourhood teams	Best place to work and learn	Safe	Establishment - 169	161	163	164	165	165	164
% staff recommending the Trust as a place to work	Best place to work and learn	Caring	65%	68.5%					
% staff recommending the Trust as a place to receive care and treatment	Best Quality	Caring	65%	72.4%					
Mandatory Training - TOTAL	Best place to work and learn	Well led		95.7%	95.8%	95.6%	95.7%	95.4%	95.3%
Mandatory Training - Reducing Restrictive Practice Interventions	Best place to work and learn	Well led		89.3%	88.4%	88.4%	89.0%	88.4%	89.1%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led	>=80%	89.7%	87.0%	86.8%	87.1%	86.1%	86.4%
Mandatory Training - Clinical Risk	Best place to work and learn	Well led		97.0%	97.0%	97.2%	97.7%	97.1%	96.8%
Mandatory Training - Display Screen Equipment	Best place to work and learn	Well led		98.6%	98.7%	98.6%	98.6%	98.7%	98.7%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		97.7%	97.9%	97.7%	97.9%	98.0%	97.7%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	94.6%	94.4%	94.4%	94.5%	93.3%	92.5%
Mandatory Training - Food Safety	Best place to work and learn	Well led		92.7%	91.8%	92.3%	93.4%	93.1%	93.3%
Mandatory Training - Freedom To Speak Up (FTSU)	Best place to work and learn	Well led	>=80%	98.0%	98.0%	98.1%	98.0%	98.2%	98.1%
Mandatory Training - Infection Control & Hand Hygiene	Best place to work and learn	Well led		96.4%	96.6%	96.3%	96.4%	96.1%	95.7%
Mandatory Training - Information Governance (Data Security)	Best place to work and learn	Well led	>=95%	98.4%	97.8%	97.7%	97.4%	96.3%	95.8%
Mandatory Training - Moving & Handling	Best place to work and learn	Well led		98.5%	98.5%	98.5%	98.7%	98.6%	98.5%
Mandatory Training - Nat Early Warning Score 2 (New S2)	Best place to work and learn	Well led	>=80%	98.3%	98.5%	98.4%	98.4%	98.3%	98.1%
Mandatory Training - Mental Capacity Act/Dols	Best place to work and learn	Well led		93.7%	93.9%	94.1%	94.2%	94.3%	94.2%
Mandatory Training - Mental Health Act	Best place to work and learn	Well led		93.3%	93.9%	93.7%	93.9%	93.8%	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		96.3%	96.6%	96.7%	96.8%	97.0%	97.0%
Mandatory Training - Prevent	Best place to work and learn	Well led		98.1%	97.9%	97.6%	97.8%	97.5%	97.4%
Mandatory Training - Safeguarding Adults	Best place to work and learn	Well led	>=80%	92.7%	92.5%	92.4%	93.4%	92.9%	92.9%
Mandatory Training - Safeguarding Children	Best place to work and learn	Well led		92.1%	92.4%	93.4%	93.6%	93.2%	93.5%

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.

Our current workforce

There is an increase in our workforce in February 2026. This is as a result of the successful recruitment campaign of our clinical support workers and medical staff within the Trust. We have seen a slight increase in the number of employees leaving the Trust due to retirement (7 employees)

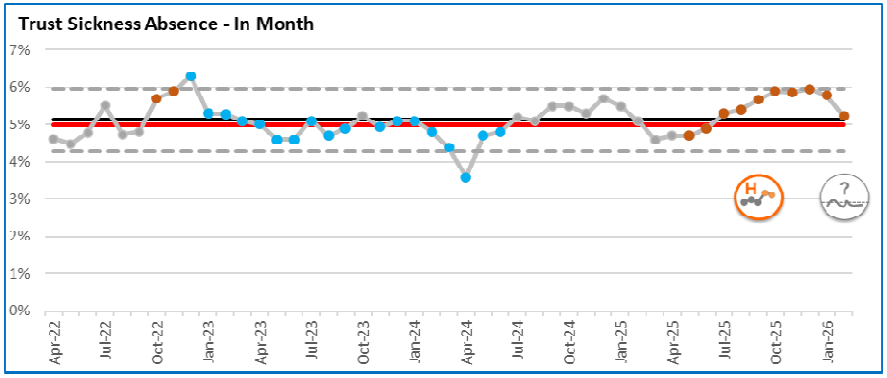
Sickness Absence

Our overall sickness absence rate has dropped again in February 2026. This is due to a combined reduction of long term and short term absences.
There has been a drop in short term absences due to an expected reduction seasonal absences in line with annual trends.
There has been a reduction in Anxiety and Stress related absences in February 2026 (3009 days lost). The number of days lost due to Anxiety and Stress is now the lowest since April 2024 (2835 days lost).

Appraisal Compliance

Cheswold Park care group (71.1%) and Forensics care group (76.3%) remain areas of focus for improvement. The Trust continues to monitor compliance closely through data provided to our local leadership teams, Operational Management Groups and Executive Management Team.

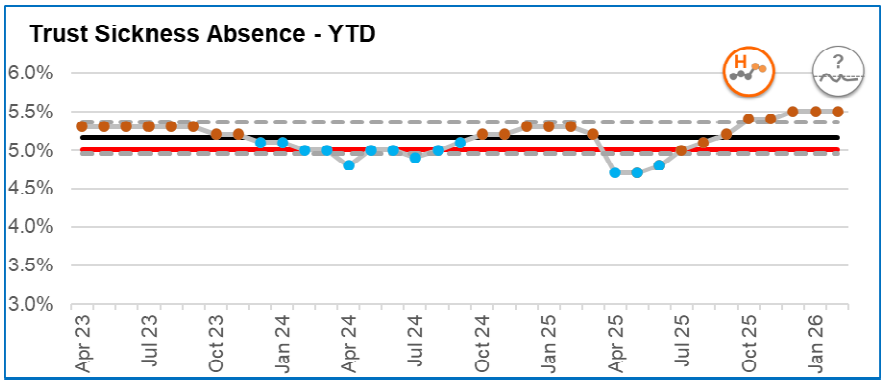
Statistical process control charts



The SPC chart shows that in February 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.

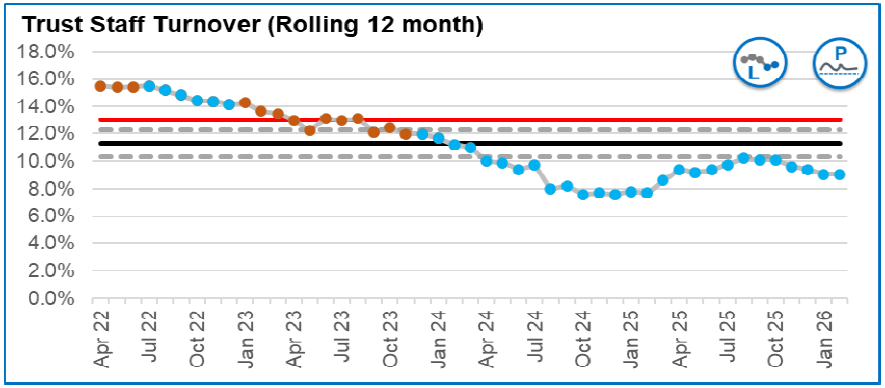


The SPC chart shows that in February 2026 we remain in a period of special cause concerning variation (something is happening and this should be investigated) following a sustained increase in the sickness rate.

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

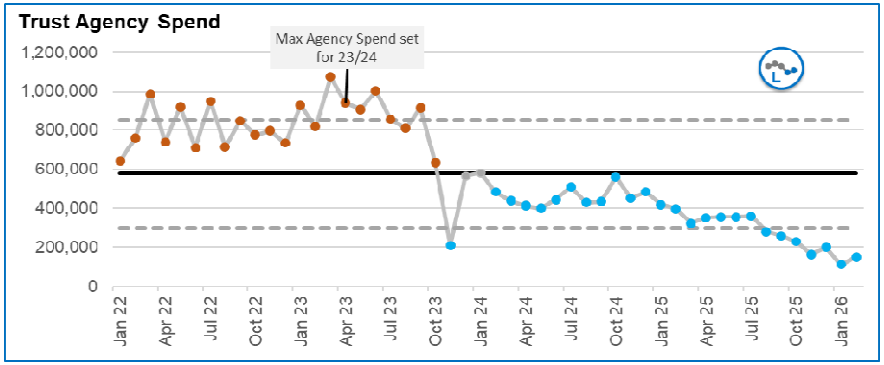
From April 2025 this data includes Cheswold Park Hospital.

Statistical process control charts



The SPC chart shows that in February 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 February 2026 is £152k which is an increase compared to the previous months, but remains significantly lower than historical run rates. The increase in month relates to medical staff. Unregistered nursing spend in month was £17k against the NHS England target of zero (unless under exceptional patient safety requirements).

The SPC chart shows that due to the sustained overall reduction in spend, in February 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.

National Metrics

Data as of : 25/03/2026 12:31:58

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 : 25/03/2026 12:31:58

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more	Best Quality	Responsive		0			0	0	0	0	0	0	0	0	0	0	0	0
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive		92%			97.0%	97.1%	97.2%	97.8%	97.7%	97.5%	97.2%	97.1%	97.8%	97.5%	96%	95.6%
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	48
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	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	3946
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	45
M206	Diagnostic test activity	Best Quality	Responsive		190				128	70	128	206	239	305	273	247	263	294	235
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%			100%	97.8%	97.9%	100%	98.7%	96.3%	100%	98.9%	100%	100%	100%	100%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0			128	144	148	159	196	203	234	155	97	76	52	28
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5			4	5	5	5	7	8	7	3	4	2	1	1
M7	72 hour follow-up from psychiatric in-patient care	Best Quality	Safe		80%			87.5%	88.6%	95.7%	90.7%	91.1%	88.6%	88.2%	89.0%	87.8%	87.6%	91.1%	87.7%
M208	Average Length of stay for Adult Acute Beds (rolling 3 months)	Best Quality	Responsive					65.3	58.9	58.7	56.7	58.0	60.2	59.1	60.2	56.0	54.1	55.1	54.7
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%			100%	88.2%	88%	97.4%	95.5%	87.5%	93.3%	94.7%	96.4%	96.9%	89.7%	96.3%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%			96.9%	96.7%	97.5%	95.4%	96.1%	96.2%	96.5%	97.0%	96.8%	97.4%	96.8%	96.3%
M34	% Clients in settled accommodation	Best Value	Effective	⚠	60%			83.2%	83.2%	83.5%	83.0%	82.9%	76.0%	82.8%	82.9%	83.3%	83.0%	83.0%	83.2%
M35	% Clients in employment	Best Value	Effective	⚠	10%			13.2%	13.0%	13.2%	13.0%	13.3%	12.6%	13.3%	13.6%	14.0%	13.7%	14.0%	14.0%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0			2	0	0	0	0	0	6	16	2	4	0	2
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0			1	0	0	0	0	0	1	1	1	1	0	1

National Metrics

Data as of : 25/03/2026 12:31:58

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%	?	?	100%	100%	50%	100%	100%	100%	100%	100%	75%	100%	100%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%	?	?	60.4%	75.6%	94.1%	91.3%	81.4%	88.2%	83.8%	94.4%	94.4%	92.9%	91.2%	100%
M47	Virtual ward occupancy	Best Quality	Responsive		80%	?	?	119%	101%	81.3%	90.7%	84%	89.3%	92%	74.7%	70.7%	72%	70.7%	85.3%
M188	Community services waiting list, over 52 weeks	Best Quality	Responsive		0	F	L	0	0	0	0	0	0	0	0	0	0	0	0
M30	Number of detentions under the Mental Health Act (MHA)	Best Quality	Safe				?	93	111	109	105	87	99	102	102	83	105	97	101
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive				?	22.6%	24.3%	22.0%	26.7%	24.1%	24.2%	27.5%	19.6%	16.9%	17.1%	22.7%	13.9%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%	P	?	99.6%	99.7%	99.8%	99.8%	99.7%	99.4%	99.5%	99.3%	99.4%	98.9%	97.7%	98.9%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%	P	H	100%	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%	P	?	99.8%	99.5%	99.7%	99.2%	99.7%	99.6%	99.5%	99.5%	99.4%	98.1%	99.1%	99.3%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%	?	?	49.7%	48.6%	51.9%	47.3%	53.4%	47.2%	52.5%	52.9%	48.7%	50.2%	50.1%	50.5%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%	?	?	71.2%	68.3%	68.7%	65.4%	71.8%	65.8%	70.4%	70.5%	72.2%	68.5%	69.0%	69.7%
M15	Data Quality Maturity Index	Best Quality	Well Led		95%	P	H	99.6%	99.2%	99.6%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.5%	99.5%
M43	Community health services two hour urgent response standard	Best Quality			70%	?	H	92.7%	90.6%	91.5%	91.2%	91.4%	92.0%	91.8%	87.3%	89.3%	88.1%	88.0%	88.3%

National Metrics

Data as of : 25/03/2026 12:31:58

NHS South West Yorkshire Partnership NHS Foundation Trust

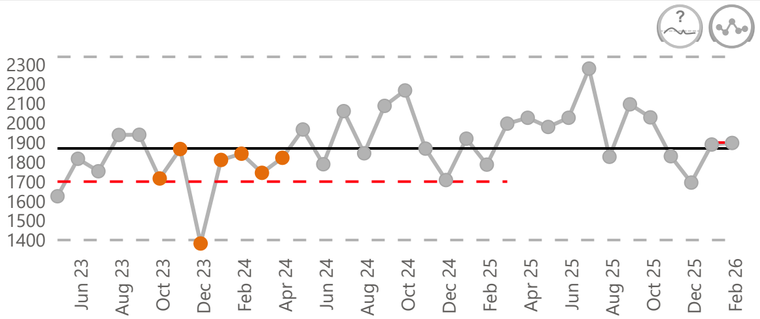
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%	?		53.0%	51.0%	53.5%	49.8%	56.1%	49.9%	54.2%	55.2%	50.5%	53.3%	53.1%	52.5%
				Place	Barnsley	50%	?		52.7%	51.3%	52.8%	48.1%	52.8%	52.6%	52.5%	50.9%	50.6%	51.1%	52.8%	49.3%
					Kirklees	50%	?		53.4%	50.7%	54.2%	51.6%	59.0%	47.8%	55.6%	58.0%	50.4%	54.6%	53.2%	54.6%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust				566	615	600	653	614	480	550	594	532	539	564	564
				Place	Barnsley				270	318	312	324	272	200	231	228	235	189	196	228
					Kirklees				296	297	288	329	342	280	319	366	297	350	368	336
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	14554	14534	14594	14826	14902	14866	14972	14871	14898	14934	14953	15080
				Place	Barnsley	2000	P	H	2742	2831	2872	2934	2984	2991	3015	2940	2905	2866	2845	2831
					Calderdale	1200	P	H	1450	1448	1462	1481	1469	1452	1454	1465	1483	1483	1491	1512
					Kirklees	3600	P	H	4708	4681	4744	4819	4881	4843	4885	4870	4900	4987	5055	5152
					Wakefield	3900	P	H	4361	4332	4309	4403	4403	4427	4508	4533	4604	4629	4641	4716
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust			H	1833	1912	1982	2089	2168	2189	2200	2180	2170	2189	2203	2208
				Place	Barnsley	283	F	H	278	298	314	332	342	341	349	346	347	346	363	369
					Calderdale	247	F	H	302	305	312	330	339	340	342	325	321	324	325	329
					Kirklees	541	?	H	626	660	694	735	765	780	778	778	777	786	789	795
					Wakefield	406	?	H	543	558	567	588	618	624	622	617	609	608	604	593
M194	Number of people accessing individual placement and support (IPS) services (rolling 12 months)	Best Quality	Responsive	Trust	Trust			H	699	702	710	717	720	718	728	734	728	739	747	755
				Place	Calderdale			H	145	138	138	139	128	122	123	127	126	122	124	121
					Kirklees			H	257	253	255	258	261	260	261	258	256	255	251	254
					Wakefield			H	293	307	313	316	327	334	341	346	343	359	369	376

National Metrics

Data as of : 25/03/2026 12:31:58

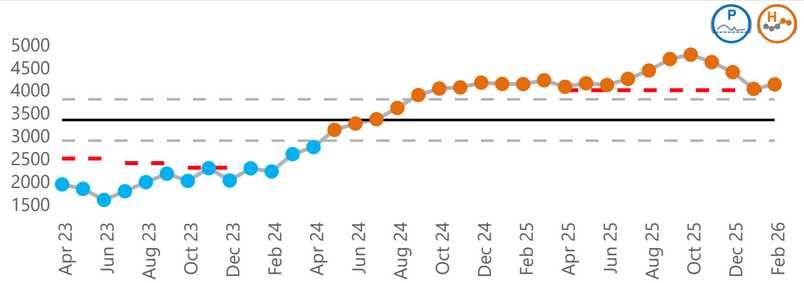
NHS South West Yorkshire Partnership NHS Foundation Trust

M184 - New RTT pathways (clock starts)



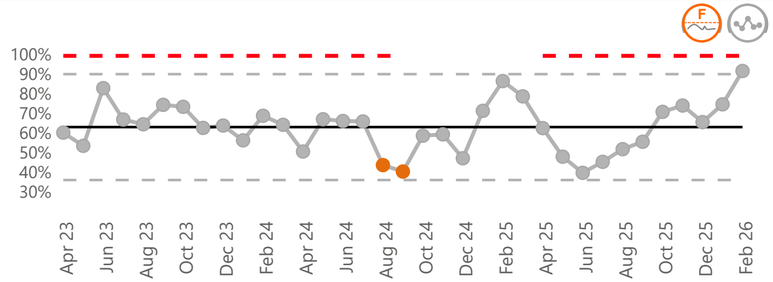
The Statistical Process Control (SPC) chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers. A new target is in place for 2025/26.

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



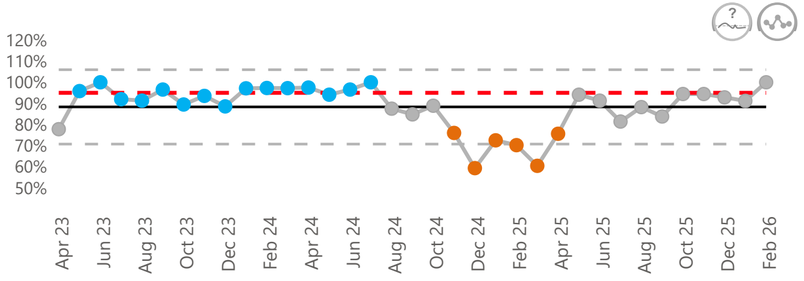
The SPC chart shows that we remain in a period of special cause concerning variation (something is happening and should be investigated) following a sustained increase in numbers of incomplete pathways over the past 12 months.

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



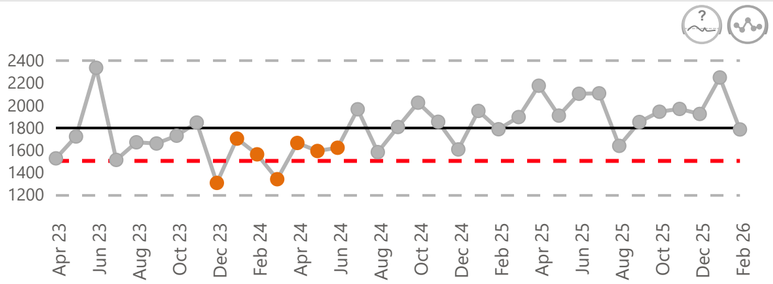
The SPC chart shows that we remain in a period of common cause variation (no concern.

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



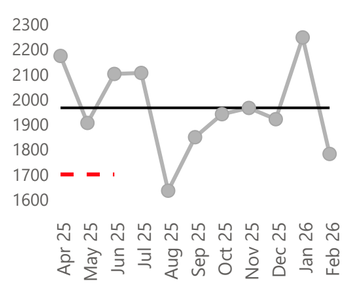
The SPC chart shows that we have re-entered a period of common cause variation (no concern) following an increase in performance in the last month which is back in line with usual performance.

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



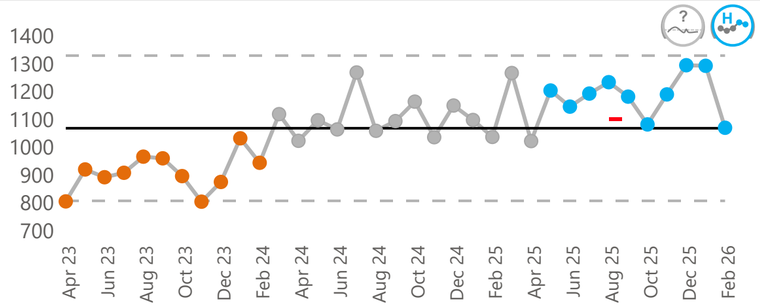
The run chart shows the continued performance above the target for this measure. As this is a new metric from April 2025 we cannot yet determine any patterns in variation.

National Metrics

Data as of : 25/03/2026 12:31:58

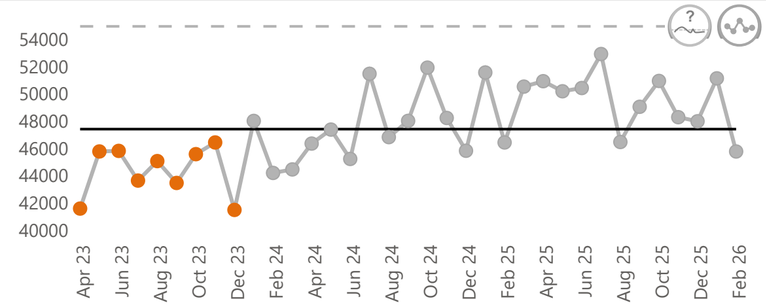
NHS South West Yorkshire Partnership NHS Foundation Trust

M187 - Urgent Community Response (UCR) referrals



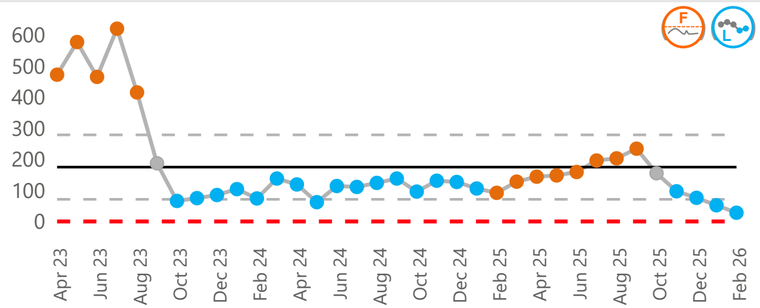
The SPC chart shows that we have entered a period special cause improving variation (something is happening and should be investigated).

M207 - Attended Community Care Contacts



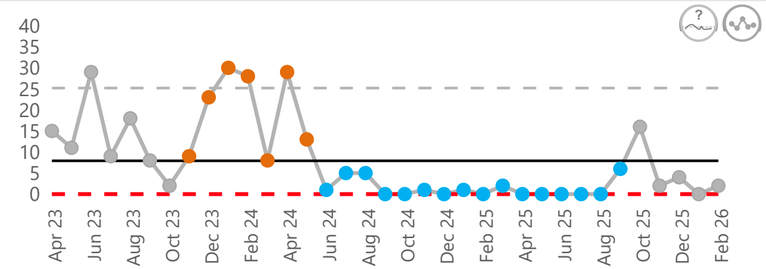
The SPC chart shows that we remain in a period of common cause variation (no concern).

M2 - Inappropriate out of area bed days



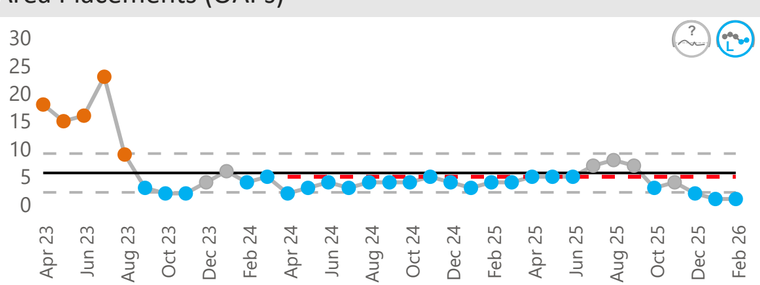
The SPC chart shows that due to the continued improvement in the number of out of area bed days we have entered a period of special cause improving variation (something is happening and should be investigated). Though we are still not anticipated to achieve the target of zero.

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



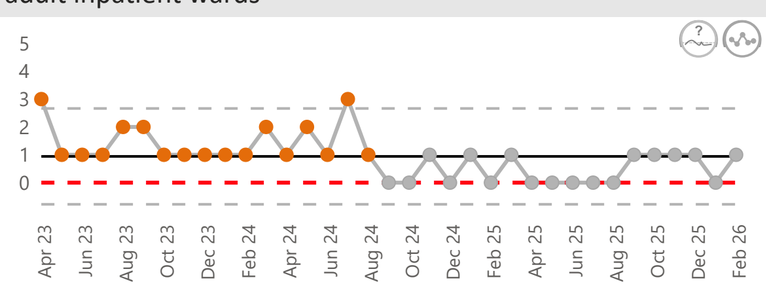
The SPC chart shows that we have entered a period of common cause variation (no concern).

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 : 25/03/2026 12:31:58

NHS South West Yorkshire Partnership NHS Foundation Trust

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

• There was one admission to an adult mental health ward where the person was under 18 years old. The person was an inpatient for two days.
• There was a further decrease in out of area bed usage, down to 28 days used in February 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 100% in February. The urgent access to treatment measure has also achieved 100% in February.
• 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 increased to 85.3% in February which is above 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 90.1% in February, remaining below the national threshold of 99%. We are continuing to see a decrease in the actual number of patients waiting.

Benchmarking Metrics

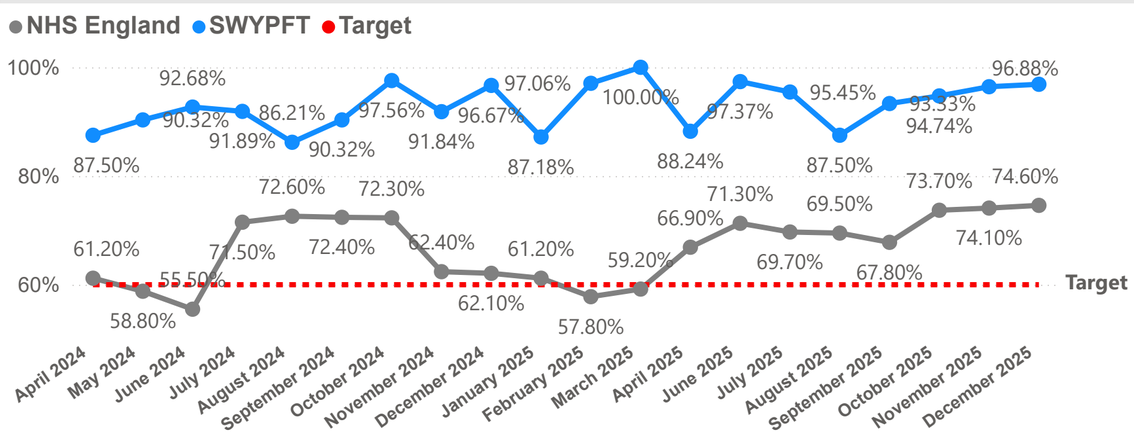
Data as of : 27/03/2026 10:19:37

NHS South West Yorkshire Partnership NHS Foundation Trust

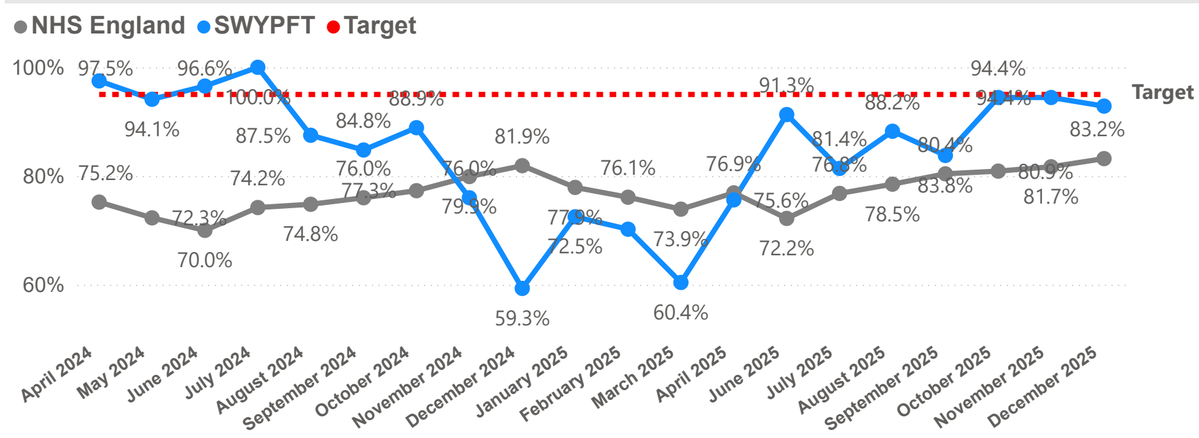
Benchmarking Headlines

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

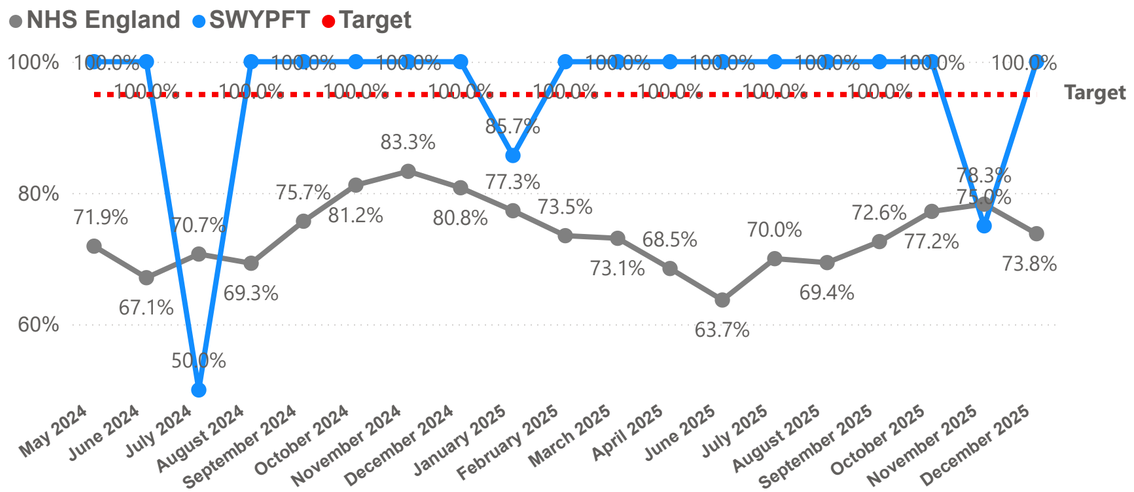
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops



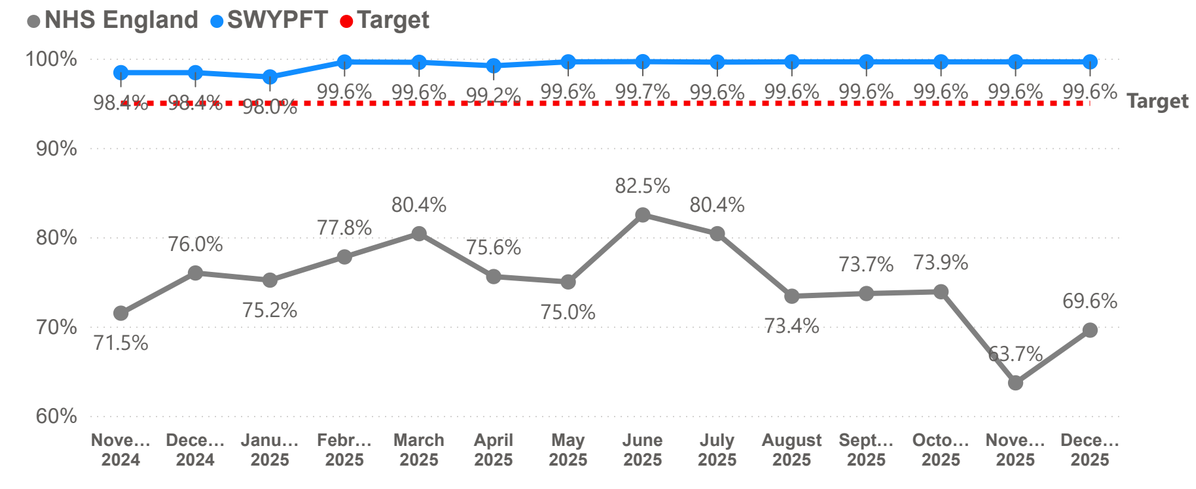
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks



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



Data Quality Maturity Index



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.

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST (RXG)									
	Quarter 1			Quarter 2			Quarter 3		
	Q1 performance	Q1 score	Q1 rank	Q2 performance	Q2 score	Q2 rank	Q3 performance	Q3 score	Q3 rank
Percentage of community services waiting list waiting over 52 weeks	0.00%	1.00	1/41	0.00%	1.00	1/41	0.00%	1.00	1/41
% 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	34/46	3.12%	2.78	30/49	3.67%	2.90	33/49
DOMAIN SCORE - Access to Services		**2.14**			**1.89**			**1.95**	
National CQC community mental health survey overall experience rating	As expected	2.00		As expected	2.00		As expected	2.00	
Urgent Community Response % achieving 2hr standard	97.68%	1.00	1/37	97.91%	1.07	2/38	64.19%	4.00	38/38
Percentage of adult discharges with a length of stay above 60 days	22.09%	1.83	14/47	25.88%	2.85	30/47	19.84%	1.83	14/47
DOMAIN SCORE - Effectiveness and Experience		**1.61**						**2.61**	
NHS Staff Survey raising concerns sub-score (MHPRV)	6.92	2.00	21/61	6.92	2.00	21/61	6.92	2.00	21/61
Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours	72.24%	1.67	11/45	80.85%	1.37	6/48	80.74%	1.19	4/48
DOMAIN SCORE - Patient Safety		**1.83**						**1.60**	
Sickness absence rate	5.14%	2.19	18/61	4.83%	2.41	21/61	5.44%	2.78	25/61
NHS Staff Survey engagement sub-score (MHPRV)	7.19	2.10	23/61	7.19	2.10	23/61	7.19	2.10	23/61
DOMAIN SCORE - People and Workforce		**2.15**						**2.44**	
Planned surplus / deficit as a proportion of turnover	0.0%		15/61	0.0%	1.00	16/61	0.0%		16/61
YTD surplus / deficit	-0.1%		52/61	0.83%	1.00	3/61	0.63%		6/61
Aggregated finance score		1.00			1.00			1.00	
Relative cost difference	88.55	1.40	10/60	88.96%	1.39	9/61	88.96%	1.39	9/61
DOMAIN SCORE - Productivity and Value for Money		**1.20**						**1.20**	
Total score		28.40			19.97			22.19	
OVERALL AVERAGE SCORE		**2.58**	3/61		1.82			2.02	
FINAL SEGMENTATION	**3 * financial override applied**		26/61	**1**		4/61	**1**		12/61

The Trust's overall score for quarter 3 remains at segment 1 from segment 3. 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.

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 4 performance is expected to be published in May or June 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 February the following data quality issue has been identified in the reporting:
- The reporting for employment and accommodation shows 13.4% of records have missing employment and/or accommodation status with a further 2.0% that have an unknown employment status and 1.4% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

Operational planning priorities

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

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

<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. A further refresh of this was undertaken on 17th March and this is expected to be the final position. This refreshed position had made some revisions to the activity forecasts in our provider submission for out of areaplacements and children and young people waiting over 104 weeks only.

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

Current average OPEL level

2.67

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

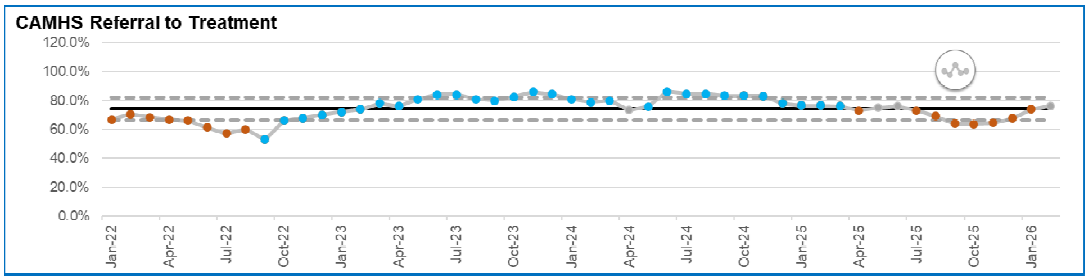
Children and Young Peoples Mental Health Services

Headlines

Neurodevelopment waits remain a concern and discussions are underway with commissioners about how we can further strengthen the offer to reduce any impact on those who require assessment or support.
Decrease in sickness in February now below 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	Dec-25	Jan-26	Feb-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	89.9%	88.8%	91.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/4)	33% (2/6)	0% (0/2)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	89.5%	90.5%	91.8%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	97.4%	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.6%	84.8%	86.7%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	92.1%	90.9%	100.0%	
Eating Disorder - Urgent/Emergency clock stops	Best Quality	Effective	95%	100.0%	100.0%	100.0%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.4%	95.7%	96.0%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.2%	87.3%	90.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.6%	5.2%	4.4%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	478	535	565	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	929	1083	1081	
Total number of reported incidents	Best Quality	Safe	Trend monitor	58	59	42	



In February 2026, the SPC chart indicates that we have entered a period of common cause variation (no concern). See narrative below for further information.

Alert/Action

• 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 is developing its offer to align with its provision with the national model, working collaboratively with schools, local Authority and ICB. Further funding will be available over the next 3 years to provide sufficient resource to provide MHST service to 100% of schools in Kirklees.
• Wakefield CAMHS ReACH Team and Primary Intervention Team (PIT), which is the single point of access (SPA), have experienced challenges recruiting to posts. Recent recruitment to the Team has improved allocation. The team remains RED on the risk register due to long term sickness and position and vacancies awaiting recruitment. Paediatric Liaison has been streamlined and formalised to ensure this resource complements ReACH. Core team long term sickness and maternity leave is impacting on waits for psychotherapy interventions. There is an action plan in place, monitored in the waits improvement group.
• Secure CAMHS – The installation of SWYFT IT system access within the three settings has been approved, and some the work has been completed. Adel Beck and Aldine House Secure Children's Homes now have the SWYFT network; however, we are still awaiting the network being installed in Wetherby Young Offenders Institute. We are hopeful that this will happen soon.
• 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 CYP&F. 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.
• A weekly rapid improvement group has been established to reduce CAMHS 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.

Advise

• Barnsley CAMHS - The business proposal approved by commissioners for two posts for learning disability nursing will positively impact health inequalities and service user experience. Mobilisation plans are in place and the service have successfully recruited into post. Funding has been approved for phase 2 of the model which is a more comprehensive team for CAMHS LD, recruitment is underway. Funding 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.

Assure

• The appraisal rate in C&YP in February was 93% above the 90% target.
• Supervision in C&YP continues to be above the 80% threshold in February at 90.8%
• Overall mandatory training compliance for C&YP in February was 95% above the target of 80%
• Sickness levels reduced below threshold in February 2026.
• Adel Beck Secure C&YP Service has been shortlisted for this year's Excellence Awards in the Best Quality Excellence category.

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. Usage of out of area beds continues to be closely monitored and managed and has seen a sustained reduction over the past months.

Bed occupancy has stayed around the same but high acuity remains. 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 though there has been reduction in February. 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	Dec-25	Jan-26	Feb-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	89.8%	90.9%	91.0%	
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	84.7%	85.0%	88.8%	
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	96.0%	100.0%	99.1%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	13% (2/16)	10% (2/20)	31% (5/16)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	92.2%	92.9%	93.8%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	87.7%	91.1%	87.7%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	96.6%	96.2%	95.3%	
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	98.3%	96.9%	96.5%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.6%	85.4%	84.9%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	95.6%	96.2%	96.5%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.8%	97.0%	95.9%	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	88.3%	88.6%	88.6%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.6%	5.4%	5.3%	
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,205	13,131	13,212	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	106	150	121	

Mental Health Inpatient

Metrics	Strategic Objective	CQC Domain	Threshold	Dec-25	Jan-26	Feb-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	92.6%	86.3%	84.7%	
% Bed occupancy (excl leave)	Best Quality	Safe	85%	87.0%	88.8%	88.8%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/6)	0% (0/3)	0% (0/5)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	93.6%	89.0%	91.3%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.7%	87.6%	88.2%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	8.0%	8.7%	8.7%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	94.0%	91.0%	90.9%	
Inappropriate Out of Area Bed days	Best Quality	Responsive	140 (February)	76	52	28	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	98.5%	97.6%	97.3%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	20	18	25	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	59	55	53	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	91.3%	89.9%	89.9%	
Restraint incidents	Best Quality	Safe	Trend Monitor	150	111	*104*	
Safer staffing (Overall)	Best Quality	Safe	90%	120.6%	117.6%	119.1%	
Safer staffing (Registered)	Best Quality	Safe	80%	99.1%	99.8%	99.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	6.6%	7.1%	5.3%	
Average length of stay - Acute and Psychiatric Intensive Care Unit - West Yorkshire (3 Months Rolling)	Best Quality	Safe	Dec 58.8, Jan 58.3, Feb 57.8	52.4	47.2	52.7	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	Best Quality	Safe	Dec 59.6, Jan 59.0, Feb 58.5	51.2	52.9	45.0	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	645	548	581	

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 safety 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 February some 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 February 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 the Trusts performance and business intelligence team to ensure the metric reflects practice. Continued improvement in February in all areas.
• Care Programme Approach (CPA) review performance is above target in Barnsley and Wakefield. Calderdale and Kirklees are slightly under the 95% target this month at 94.29% and 93.88% respectively. 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 Reducing Restrictive Practice Interventions 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 February 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 February.

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 February is 54.63% for Kirklees achieving the national standard of 50%. Barnsley was slightly under target at 49.33%. In February 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 18.65% and Kirklees at 27.4%. 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 February, both were under 3 minutes duration. One of the prone restraints was staff led for clinical reasons specific to the individual and related to exiting seclusion. The other prone restraint was service user led. All prone restraints are reviewed by Reducing Restrictive Practice Interventions 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

• Intensive Home Based Treatment teams continue to perform well in gatekeeping admissions to our inpatient beds.
• Supervision continues to be above the 80% threshold at 92.5%
• 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	Dec-25	Jan-26	Feb-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	88.7%	91.6%	91.7%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	25% (2/8)	0% (0/2)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	91.5%	90.4%	93.8%	
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%	91.2%	90.1%	90.5%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	62.9%	75.0%	75.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	96.7%	95.3%	96.8%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	93.6%	88.2%	88.0%	
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	8	9	4	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.0%	90.2%	92.7%	
Safer staffing (Overall)	Best Quality	Safe	90%	133.3%	123.4%	122.1%	
Safer staffing (Registered)	Best Quality	Safe	80%	171.5%	178.0%	188.0%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.7%	5.8%	4.2%	
Restraint incidents	Best Quality	Safe	Trend Monitor	8	7	*8*	
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	46	40	40	

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

Alert/Action

ICB West Yorkshire Neurodiversity Project – Update

As previously reported, the ICB has revised its criteria for transferring long waiters on the Adult ADHD NHS waiting list to providers within the West Yorkshire AQP framework, enabling a greater number of individuals to be considered.
The updated process has been shared with the Service and will require detailed administrative and clinical input before any referrals can progress.
The Service will review the revised process, assess the associated resource implications, and take proposals through Trust governance prior to initiating any transfers.
A meeting with senior colleagues from the West Yorkshire Neurodiversity Board is being planned to discuss the management of SWYPFT waiting lists and ensure alignment across the system.
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. CAMHS teams in Calderdale and Kirklees have been informed, and a paper is being prepared for EMT to outline implications and proposed next steps.

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 refine processes to improve efficiency and deliver benefits for both the workforce and service users. Several initiatives underway also have the potential to generate financial efficiencies for the organisation:

- ADHD Triage: Now commissioned in both Wakefield and Kirklees, supporting more timely and consistent decision making.
- E Referrals: Introduced in areas where ADHD Triage or Autism referral clinics are commissioned, improving the referral process for primary care and enhancing service user experience.
- E Questionnaires: Implemented within the ADHD pathway, replacing paper forms. Completion rates have already improved, supporting smoother patient flow, enhancing 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 triage by stratifying cases based on likely complexity to ensure appropriate allocation to assessors. It is currently in testing.

Commissioners in one locality have agreed in principle to support further collaborative work to develop this approach.

Adult ADHD Waiting Lists – Screening, Triage, and Assessment

- ADHD Triage waiting list: 725 people (Wakefield & Kirklees).
- Efficiency impact: For every 1,000 valid referrals, triage potentially avoids 400 assessments.

Assessment Waiting List

- 7,100+ 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 individuals on an active caseload with a risk assessment reviewed within the past year remains 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 to identify the actions required to address them.
Further analysis has highlighted a number of data anomalies linked to activity recorded by other services, which may be artificially negatively affecting the reported position. This will be reviewed as part of the audit to ensure that compliance figures accurately reflect clinical practice.

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

Learning disability services will be taking on responsibility for Care (Education) and Treatment Reviews (C(E)TRs), and the Dynamic Support Register (DSR) for Calderdale, Kirklees and Wakefield.

Community Service Update
• The service has agreed to participate in the ICONIC research project (a national research programme aimed at improving quality of life and reducing challenging behaviours in people with mild to moderate learning disabilities) and will be working with approximately 8 to 10 service users across Wakefield and Kirklees over the coming months.

Horizon – Assessment and Treatment Unit (ATU)
• Work is progressing with the West Yorkshire System partners on the comprehensive review of the Assessment and treatment unit (ATU) provision across West Yorkshire. The work is supported by dedicated collaborative workstreams with strong engagement from all partners. The review is now nearing completion and an options appraisal is being finalised to set out a sustainable, system aligned configuration for future ATU provision. This work will support a partnership approach that reflects current and future demand, quality requirements and financial sustainability.

Advise

Supervision and Appraisal
The service continued to focus on meeting appraisal and supervision standards. Supervision rates have increased this month following a dip in Horizon's performance. Appraisal rates continue to show steady improvement reflecting the impact of consistent managerial oversight. Targeted actions included routine monitoring, timely reminders, and established escalation processes remain in place to close the outstanding gaps to ensure that staff receive the necessary support and professional development.

Community
• Following a successful 6-month proof of concept, recurrent funding has now been confirmed for the LD ADHD diagnostic service.
• Waiting lists continue to be well managed, with a clear and detailed overview of current challenges and pressures. The service maintains strong oversight of cases where treatment times have breached expected standards. Any gaps in performance are directly linked to vacancy or absence within single post holder roles, rather than systemic service issues.
• Regular audits of risk assessments are care plans are now embedded across all areas with ongoing action planning in place, these processes have already led to notable improvements and further progress continues.

Horizon – Assessment and Treatment Unit (ATU)
• Clinically Ready for Discharge – The service has currently got four inpatients with 75% clinically ready for discharge. Discharge planning activity remains varied. One individual is currently working through transition; two service users have potential discharge options identified and discussions with providers are ongoing. The fourth case is likely to be more complex with potential options requiring more long-term planning.

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	Dec-25	Jan-26	Feb-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	76.9%	80.0%	76.3%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	88.8%	87.2%	86.4%	
% 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%	88.3%	87.0%	89.0%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	99.0%	100.0%	100.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	89.8%	84.0%	83.7%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	100.0%	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%	83.2%	80.2%	81.7%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	97.5%	94.7%	93.8%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	4	1	3	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	9	8	4	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.2%	89.1%	89.4%	
Restraint incidents	Best Quality	Safe	Trend Monitor	25	22	*11*	
Safer staffing (Overall)	Best Quality	Safe	90%	117.4%	115.0%	104.4%	
Safer staffing (Registered)	Best Quality	Safe	80%	96.1%	100.7%	102.4%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	8.7%	7.0%	6.1%	
Average length of stay	Best Quality	Safe	Trend Monitor	3732	1320	540	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	185	193	145	

Forensic - West Yorkshire:

Alert/Action

An event was recently held in Bradford bringing together regional partners to review demand and capacity across the system in preparation for the anticipated changes to the commissioning landscape. The session provided an opportunity to share intelligence, explore emerging pressures and consider how services may need to adapt to ensure a coordinated and sustainable response across West Yorkshire. The event was well attended and there was a strong commitment to working collaboratively moving forward.

Bed Occupancy - Occupancy across medium secure services remains largely unchanged this month with the most significant variance continuing in learning disabilities (LD). Four of the 8 beds remain unoccupied and a proportion of filled capacity is occupied by out of area placements. There have been some discharges across the male pathway and also some admissions in the women's pathway, with the women's pathway now at maximum occupancy.

The pathway specific pressures continue to influence operational efficiency and resource utilisation. To support future planning the service has commenced a detailed bed modelling exercise with the commissioning hub to ensure that configuration and capacity across all pathways remain aligned with current activity patterns and projected demand.
- Newton Lodge: 89.17%
- Bretton Centre: 86.84%
- Newhaven: 69.87%

Vacancies – HCA vacancies remain high this month continuing to place pressure on rota coverage and operational resilience, which also impacts on the services use of temporary staffing. Recruitment activity is ongoing but high turnover in the cohort of staff means the service is making limited impact on the overall number of vacancies.

Advise

Sickness Absence
Sickness absence continues to be a key area of focus across the service. A targeted programme of work is now underway, supported by the People Directorate, to help teams identify and address the underlying causes of absence and to strengthen overall attendance.
All service lines have reported a reduction in sickness absence this month, with the exception of Newhaven, which has seen a slight increase of 0.1%. Early analysis indicates that long term sickness accounts for a proportionally higher share of overall absence. Further detailed work is being undertaken to understand the drivers for this and to develop appropriate interventions.

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

Forensic Improvement Programme
The programme continues to make steady progress, with several workstreams focused on improving service user experience and outcomes, as well as driving operational efficiencies. These workstreams form part of a coordinated improvement programme and are being actively monitored through the Care Group Governance structure and the Operational Management Group (OMG), ensuring appropriate oversight, risk management, and delivery against agreed milestones.

FIRM Risk Assessment and Care Planning
A quality improvement initiative is underway to strengthen compliance with FIRM risk assessment and care planning standards across the service. Additional measures have been implemented to improve consistency and ensure robust clinical practice in all teams. February's data confirms that the required compliance threshold has been achieved for 2 of the metrics. However, there has been a slight dip in performance relating to service user involvement in care planning, and further work is being taken forward to understand and address this.

Appraisal
Appraisal performance has continued to improve, with compliance increasing to 80.1%. This represents positive progress towards achieving full compliance, reflecting strengthened managerial oversight and the continued focus on supporting staff to complete high quality appraisals.

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	Dec-25	Jan-26	Feb-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	72.7%	76.5%	71.1%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	86.1%	84.4%	82.4%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	50% (1/2)	0% (0/1)	0% (0/0)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	95.2%	98.3%	97.3%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	74.1%	85.5%	87.6%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	93.4%	95.8%	95.3%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	3	0	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	8	4	3	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	78.2%	84.4%	82.6%	
Restraint incidents	Best Quality	Safe	Trend Monitor	16	16	*9*	
Safer staffing (Overall)	Best Quality	Safe	90%	136.6%	125.5%	114.9%	
Safer staffing (Registered)	Best Quality	Safe	80%	108.4%	96.0%	98.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	3.9%	3.9%	3.3%	
Average length of stay	Best Quality	Safe	Trend Monitor	1047	967	700	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	150	178	98	

Forensic - South Yorkshire:

Alert/Action

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

Water Quality

Water quality issues remain ongoing; however, recent test results have been more positive. Four rooms on Esk Ward have now been released back into service following improved water quality findings. Monitoring and remedial actions continue to ensure safety and full restoration of capacity.

Bed Occupancy

Since reopening under SWYPFT in October 2024, Cheswold Park has made steady progress in rebuilding operational activity, including the safe resumption of admissions and discharges. The service has continued to accept new referrals throughout this period, with a sustained focus on stabilising core functions and restoring capacity.
Occupancy remains below full utilisation, with 76 service users, and further admissions planned in the coming weeks, including several requiring warrants. Work is ongoing locally, and in collaboration with commissioners and wider system partners, to support recovery of activity and ensure appropriate patient flow.
The recent release of four beds on Esk Ward will enable a number of internal transfers to proceed, creating the capacity required for planned admissions and supporting continued service stabilisation.

Appraisal

Data currently reflects a compliance rate of 78.2%; however, local service data indicates that actual performance is higher. Work is underway to reconcile discrepancies and ensure that reported data accurately reflects the current position. This will support clearer oversight and more reliable performance assurance going forward.

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 made 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 future service delivery and inform workforce planning.
Progress also continues on aligning policies and procedures with Trust, CQC, and secure service standards. Importantly, only five Quality and Safety policies remain to be fully aligned with SWYPFT, and this work is on track for completion. Leadership capability is being strengthened through the Ward Manager Development Programme, and improvements to reporting mechanisms are progressing. Access to the Trust Bank has now been secured, supporting more sustainable and flexible staffing arrangements across the service.

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) but have seen an improvmenet in performance this month. This continues to be a national issue and the Care Group continue to discuss with commissioners.

Barnsley Physical Health and Wellbeing

Metrics	Strategic Objective	CQC Domain	Threshold	Dec-25	Jan-26	Feb-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	91.8%	89.8%	86.6%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/2)	0% (0/3)	50% (1/2)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	93.3%	97.37%	84.62%	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	82.1%	78.8%	83.5%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.5%	87.2%	87.7%	
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%	96.6%	95.6%	94.6%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	97.5%	96.0%	95.6%	
Safer staffing (Overall)	Best Quality	Safe	90%	101.6%	93.6%	94.6%	
Safer staffing (Registered)	Best Quality	Safe	80%	100.2%	91.7%	98.3%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	6.1%	6.0%	6.0%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	99%	65.9%	75.2%	91.3%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	6,896	6,578	6,659	
Total number of reported incidents	Best Quality	Safe	Trend monitor	259	298	236	

Barnsley Physical Health and Wellbeing Care Group

Alert/Action

• Feedback with staff values and behaviours as an issue is reported as 50% in February. This relates to 1 item of feedback out of 2 received. The care group is reviewing all forms of feedback to identify and address any themes in relation to staff values and behaviours.

Advise

• Paediatric Audiology 6-week target for diagnostic procedures has seen a further significant increase during February to 91.3% against the target of 99%. The total number waiting continues to reduce and as at 8th March this figure is 123 patients. To note: The target of 99% is not achieved nationally.
• Overall sickness rates remain outside compliance for the month of February but are showing a further improvement at 5.99%. We continue to have some instances of long-term sicknesses relating to serious illnesses. The care group 12-month rolling figure is at 5.02%
• Appraisals - for February, the overall care group figure is 86.8% which is 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 during the short term as staff had to attend training before they could undertake appraisals due during that period.
• Information Governance training is marginally below compliance at 94.6%.

Assure

• Staff receiving supervision - the February figure has improved to achieve compliance at 83.5%. Professional Leads and Quality, Governance and Performance Manager are continuing to undertake work to improve supervision levels as we enter the new separate targets from April 2026.
• Urgent Community Response Service 2-hour target is 87.9% at end of February 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) – 95.61% for February 2026.
• People dying in their place of choosing continues to maintain compliancy at 84.6% for February against the threshold of 80%.
• Virtual Ward occupancy rate increased to achieve compliance at 85.3% against the target of 80%.
• Friends and Family Test (FFT) – 99% of people would recommend community services.
• CPR training maintains compliance at 87.7% for February.
• CQC SEND Inspection – Children's Physical Health Services involved.
• Our Clinical Lead for Urgent Community Response (UCR) has successfully completed a Master's Degree in Health and Social Care.
• In mid-February, the Mayor of Barnsley paid a visit to the Goldthorpe stroke drop-in café, joining stroke survivors, carers and staff from the Barnsley Integrated Community Stroke Rehabilitation Team for the monthly gathering at the Snap Tin Café. This gave attendees the chance to share experiences, access practical support and take part in health checks aimed at reducing future stroke risk. The café continues to attract a diverse group of people including recent stroke survivors, long-term survivors, family members and carers, creating a network that helps reduce isolation and build confidence.
• Our Equipment Adaptations and Sensory Impairment Team (EASI) attended the Together Event at Barnsley Town Hall, discussing equipment and adaptations to assist with keeping people safe in their own homes.
• Barnsley has reached its lowest recorded level of smoking, with the proportion of residents who smoke falling from 14.1% to 12.5% over the past year. This gives the town the second lowest rate in South Yorkshire. The report reflects the excellent work Yorkshire Smokefree Barnsley have been doing in the area which is having a significant impact on the future health of the borough.

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 February, impacted by sickness, acuity, with some planned appraisals needing to be rescheduled.
- Beechdale, Melton & Walton are at 100% compliance with Clark (95%), Ward 19 Female (94.4%), Ward 19 Male (93.8%) and Elmdale (90.5%) are all above compliance following targeted work by the ward managers.
- Beamshaw (88.9%), Nostell (83.3%), Stanley (84%), Ward 18 (85.9%), Poplars (86.2%), Willow (84.2%), Ashdale (73.9%), Enfield Down (83.3%) and Lyndhurst (82.1%) remained below compliance in February and matrons are working closely with ward managers to ensure outstanding appraisals are booked..
- Crofton (43.8%) compliance is significantly 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
- 8 wards out of 17 have sickness rates below 5% compliance threshold.
- Sickness improved to below threshold in February on Stanley, Walton, Ward 18 and Enfield Down following the return of staff from long term sick.
- Sickness increased to considerably above threshold on Ward 19 Female (13.7%) impacted by both long-term and short-term sickness.
- Although still above threshold, sickness on Beamshaw (7.1%), Nostell (5.3%), Ashdale (8.4%), Elmdale (10.6%), Crofton (9.2%), Poplars (8.4%), Willow (8.8%), and Lyndhurst (5.6%) has reduced following the return of staff from long term sickness and a reduction in short-term sickness.
- Ward managers are supported by People Directorate colleagues to actively manage long term sickness and timely referrals to occupational health are made.

Supervision
- 15 wards are above 80% compliance target for February, 5 of those wards are at 100% supervision compliance.
- Crofton (77.8%) compliance has improved in February with 2 staff on maternity and 1 long term sickness. In the absence of the ward manager, oversight is being maintained by the matron. The ward psychologist is supporting the delivery of supervision, targeting the 6 remaining staff outside of compliance.
- Nostell (66.7%) dropped significantly below compliance and targeted work has been undertaken by the leadership teams. Current compliance for Nostell is 73% (as of 24th March) with supervision for the remaining 4 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 February.
- Ashdale (93.3%), Clarke (86%), and Ward 19 Female (85.7%) 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)
- 15 wards are at or above the CPR training compliance threshold in February.
- Ward 19 Female (76.2%) dropped below compliance. 2 staff are on maternity leave and 2 people are on long term sick.
- Walton remain under compliance (71.1%) staff 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.
• Beamshaw (68%) staff out of compliance have either attended recent training dates or are booked to attend throughout March and April.
• Rota planning and oversight from ward managers ensures adequate numbers of RRPI and CPR trained staff on each shift.

Fire Safety

• 13 wards are above fire safety training compliance threshold.
• Poplars (82.4%), Ashdale (80%), Beechdale (73.9%) and Ward 19 Female (76.2%) are under compliance. There have been some cancellations of training which has impacted compliance. Action is being 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 and Elmdale are operating on reduced bed base of 2 from 5th February 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 February Enfield Down ALOS increased from 223 days to 766 days due to 1 discharge in February who had a LOS of 766 days. Lyndhurst ALOS has also increased significantly to 961 days reflecting a total of 2 discharges in February both with significant lengths of stay.
• 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 is significantly above threshold on Ward 19 Female in February at 25.3%. This is reflective of several service users awaiting placements.
• 13 other wards are above the threshold for CRFD with Clarke, Melton, Stanley, Walton and Poplars above 10%. Beamshaw, Ashdale, Ward 18, Elmdale, Ward 19 Male and Willow are also above target. This is due to the number of service users with complex needs who are awaiting placement or suitable accommodation.
• Across all wards the multi-disciplinary team continue to collaborate to progress pathways as timely as possible.
• There is a weekly check and challenge meeting led by the Director of Service to ensure senior oversight and focus and timely external escalations.

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

FIRM Risk assessments

• The reporting metric changed as of 1st April to percentage of inpatient FIRM risk assessment completed within 24hrs before or after admission.
• Overall compliance in February was 90.9% (12 breaches) for 24hr target and 96.2% (5 breaches) completed within 48hrs.
• During February, Elmdale, Nostell, Stanley, and Lyndhurst had 1 FIRM breach each. Ward 18 had 3 breaches, 2 of these were completed within 48hrs. Ashdale had 5 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.
• The inpatient team receive a handover of risk prior to admission and at the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. A Staying Safe risk management care plan is also implemented within 24hrs of admission.

Physical violence (Patient on Patient)

• 25 incidents of patient-on-patient physical violence throughout February (Ward 19 Male and Female incidents are combined) across multiple wards. This is reflective of current patient population and the presentation and risk profile of service users.
• 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)

• 54 incidents of patient on staff physical violence throughout February (Ward 19 Male and Female incidents are combined).
• Highest number of incidents are on Poplars (10) and Elmdale (10) incidents relate to 2 specific service users 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 Crofton (23) and Poplars (22) are 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 February:
  • Elmdale (1) – Service user led to administer intra-muscular medication. Service user was already laying on her bed in a prone position immediately prior to intervention. RRPI specialist advisor comments state 'documentation points to SU being laid in prone when IM administered which in this case would appear least restrictive'.
  • Walton (1) – Staff led prone restraint to exit seclusion. Staff attempted twice to exit seclusion using the safety pod, without success, and prone restraint was used to allow a safe exit for staff. RRPI specialist advisor comments state 'the incident has been discussed between Walton leadership and the RRP team and it is clear the use of prone restraint was the least restrictive intervention and was commensurate to the presenting risks.'
• 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 Dec-25	Beamshaw Suite Jan-26	Beamshaw Suite Feb-26	Clark Suite Dec-25	Clark Suite Jan-26	Clark Suite Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	88.9%	100.0%	85.0%	95.0%
Sickness	Best place to work and learn	Well led	5.0%	6.6%	7.7%	7.1%	2.1%	4.2%	0.6%
Supervision	Best place to work and learn	Well led	80%	92.3%	91.7%	100.0%	91.7%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	92.6%	96.0%	96.0%	100.0%	95.7%	88.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.2%	84.0%	68.0%	91.7%	91.3%	92.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.9%	92.0%	96.0%	87.5%	95.7%	92.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	92.0%	100.0%	95.7%	92.0%
Bed occupancy**	Best Quality	Safe	85%	97.4%	94.8%	94.3%	97.4%	94.8%	94.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	114	38	30	52	48	50
Safer staffing (Overall)	Best Quality	Safe	90%	112.0%	112.0%	112.9%	124.8%	98.0%	106.4%
Safer staffing (Registered)	Best Quality	Safe	80%	91.0%	94.3%	99.2%	105.7%	101.6%	100.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	14.2%	9.1%	6.5%	9.3%	8.1%	11.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	88.9%	100.0%	100.0%	100.0%	87.5%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	3	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	1	0	3	1	4
Restraint incidents	Best Quality	Safe	Trend Monitor	4	6	*5*	27	6	*7*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	9	11	6	10	5	7

*** 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 Dec-25	Melton Suite Jan-26	Melton Suite Feb-26	Nostell Dec-25	Nostell Jan-26	Nostell Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	96.4%	100.0%	94.4%	77.8%	83.3%
Sickness	Best place to work and learn	Well led	5.0%	7.5%	5.0%	3.6%	4.7%	6.6%	5.3%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	91.7%	83.3%	66.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	96.9%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	93.1%	96.6%	93.8%	95.7%	95.7%	96.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	93.1%	93.1%	93.8%	95.7%	100.0%	84.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.6%	93.1%	93.8%	91.3%	100.0%	96.2%
Bed occupancy	Best Quality	Safe	85%	90.3%	98.9%	104.2%	95.1%	97.1%	98.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	42	225	237	20	57	50
Safer staffing (Overall)	Best Quality	Safe	90%	125.7%	116.1%	111.4%	114.4%	94.5%	111.2%
Safer staffing (Registered)	Best Quality	Safe	80%	94.2%	97.9%	95.8%	106.9%	105.8%	107.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	28.3%	21.3%	12.2%	1.2%	4.5%	0.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	85.7%	73.3%	93.8%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	2	1	1	5
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	1	3	7	6	2
Restraint incidents	Best Quality	Safe	Trend Monitor	13	6	*4*	14	8	*4*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	42	25	9	9	2	14

*** 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 Dec-25	Stanley Jan-26	Stanley Feb-26	Walton Dec-25	Walton Jan-26	Walton Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	87.5%	69.6%	84.0%	88.6%	84.8%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	1.4%	5.4%	2.3%	7.5%	5.4%	4.4%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	84.6%	88.2%	82.4%	82.4%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.8%	100.0%	100.0%	97.6%	97.6%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.8%	96.7%	96.7%	92.9%	95.1%	97.4%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	96.7%	83.3%	70.7%	71.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.5%	96.7%	93.3%	90.5%	87.8%	97.4%
Bed occupancy**	Best Quality	Safe	85%	95.1%	97.1%	98.6%	98.2%	97.2%	95.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	39	33	64	74	123	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	113.8%	126.8%	115.6%	140.8%	136.1%	118.1%
Safer staffing (Registered)	Best Quality	Safe	80%	96.3%	93.3%	90.2%	92.4%	92.8%	91.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.4%	11.4%	21.9%	16.4%	18.3%	14.7%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	80.0%	88.9%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	3	0	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	5	4	2	0	6	1
Restraint incidents	Best Quality	Safe	Trend Monitor	18	9	*3*	9	10	*7*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	2	1	*0*	2	1	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	9	12	11	10	5

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

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Ashdale			Ward 18		
				Dec-25	Jan-26	Feb-26	Dec-25	Jan-26	Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	87.5%	95.7%	73.9%	91.3%	85.0%	85.7%
Sickness	Best place to work and learn	Well led	5.0%	6.4%	9.8%	8.4%	8.5%	6.8%	1.3%
Supervision	Best place to work and learn	Well led	80%	100.0%	87.5%	87.5%	54.5%	93.3%	93.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.9%	90.3%	93.3%	100.0%	96.7%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.5%	83.9%	86.7%	93.8%	93.3%	93.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	75.0%	67.7%	80.0%	84.4%	86.7%	87.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	87.5%	87.1%	80.0%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	98.9%	99.1%	99.4%	95.1%	96.5%	98.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	46	40	58	30	30	30
Safer staffing (Overall)	Best Quality	Safe	90%	97.8%	99.4%	98.9%	97.1%	101.4%	101.2%
Safer staffing (Registered)	Best Quality	Safe	80%	93.0%	95.5%	104.6%	101.2%	110.0%	104.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	4.1%	4.2%	8.7%	6.9%	5.8%	4.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	66.7%	81.8%	54.5%	100.0%	92.0%	88.9%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	3	4	1	1	3	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	3	3	2	1	3
Restraint incidents	Best Quality	Safe	Trend Monitor	5	5	8	8	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	7	2	4	0	4	1

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Elmdale Dec-25	Elmdale Jan-26	Elmdale Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	95.5%	90.0%	90.5%
Sickness	Best place to work and learn	Well led	5.0%	5.8%	10.7%	10.6%
Supervision	Best place to work and learn	Well led	80%	92.3%	78.6%	93.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	95.8%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.2%	95.8%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.0%	95.7%	95.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.2%	100.0%	95.8%
Bed occupancy	Best Quality	Safe	85%	97.6%	91.1%	92.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	27	71	29
Safer staffing (Overall)	Best Quality	Safe	90%	119.3%	114.1%	112.6%
Safer staffing (Registered)	Best Quality	Safe	80%	91.6%	98.8%	97.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.8%	6.5%	6.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	83.3%	100.0%	92.9%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	1	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	10	4	10
Restraint incidents	Best Quality	Safe	Trend Monitor	22	20	*13*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	15	19	4

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Crofton Dec-25	Crofton Jan-26	Crofton Feb-26	Poplars CUE Dec-25	Poplars CUE Jan-26	Poplars CUE Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	56.3%	56.3%	43.8%	96.4%	89.7%	86.2%
Sickness	Best place to work and learn	Well led	5.0%	19.8%	21.4%	9.2%	6.2%	8.6%	8.4%
Supervision	Best place to work and learn	Well led	80%	85.7%	60.0%	77.8%	100.0%	84.6%	84.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.5%	100.0%	100.0%	96.9%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.5%	90.0%	95.5%	80.6%	71.9%	84.8%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.5%	80.0%	81.8%	90.3%	78.1%	84.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.9%	95.2%	95.7%	93.8%	81.8%	82.4%
Bed occupancy	Best Quality	Safe	85%	88.3%	92.9%	93.8%	67.3%	78.9%	75.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	39	63	70	149	90	116
Safer staffing (Overall)	Best Quality	Safe	90%	157.9%	161.7%	174.0%	183.8%	195.7%	205.8%
Safer staffing (Registered)	Best Quality	Safe	80%	118.4%	127.2%	130.2%	99.1%	103.6%	99.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	3.1%	0.0%	0.0%	47.9%	34.6%	12.9%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	85.7%	100.0%	100.0%	N/A	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	2	0	3	7
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	7	2	6	7	12	10
Restraint incidents	Best Quality	Safe	Trend Monitor	10	1	*23*	6	16	*22*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	27	25	15	18	29	18

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Willow Dec-25	Willow Jan-26	Willow Feb-26	Beechdale Dec-25	Beechdale Jan-26	Beechdale Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	94.7%	88.9%	84.2%	100.0%	83.3%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	20.2%	21.2%	8.8%	5.8%	2.4%	1.9%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	88.9%	100.0%	90.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	94.1%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	88.2%	94.4%	90.5%	90.5%	91.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.0%	94.1%	94.4%	85.0%	90.0%	81.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	94.1%	100.0%	95.2%	90.5%	73.9%
Bed occupancy	Best Quality	Safe	85%	88.4%	90.3%	98.6%	92.5%	97.0%	99.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	49	54	70	134	157	109
Safer staffing (Overall)	Best Quality	Safe	90%	116.1%	115.5%	127.8%	159.8%	152.2%	151.1%
Safer staffing (Registered)	Best Quality	Safe	80%	100.0%	104.7%	103.2%	101.0%	101.0%	102.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	5.9%	8.7%	6.0%	15.2%	14.3%	10.3%
% 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	1	0	0	1	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	0	0	0	1
Restraint incidents	Best Quality	Safe	Trend Monitor	5	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	18	13	9	10	11	0

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male			Ward 19 - Female		
				Dec-25	Jan-26	Feb-26	Dec-25	Jan-26	Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	94.4%	100.0%	93.8%	100.0%	75.0%	94.4%
Sickness	Best place to work and learn	Well led	5.0%	3.8%	3.6%	3.9%	4.8%	3.7%	13.7%
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%	95.2%	95.0%	95.2%	85.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.0%	90.0%	100.0%	95.0%	85.7%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	80.0%	81.0%	95.0%	85.7%	76.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.0%	85.0%	85.7%	100.0%	81.0%	76.2%
Bed occupancy	Best Quality	Safe	85%	95.3%	98.5%	99.8%	73.1%	97.2%	96.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	107	85	97	61	54	38
Safer staffing (Overall)	Best Quality	Safe	90%	120.0%	101.4%	119.0%	108.8%	120.2%	127.1%
Safer staffing (Registered)	Best Quality	Safe	80%	110.0%	89.7%	97.5%	106.9%	101.9%	90.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	4.2%	16.9%	9.4%	0.0%	0.7%	25.3%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	85.7%	100.0%	100.0%	100.0%	83.3%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	6	2	2	6	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	12	3	4	12	4
Restraint incidents	Best Quality	Safe	Trend Monitor	9	23	*3*	9	23	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	5	8	12	19

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down Dec-25	Enfield Down Jan-26	Enfield Down Feb-26	Lyndhurst Dec-25	Lyndhurst Jan-26	Lyndhurst Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	93.9%	86.0%	83.3%	89.7%	82.8%	82.1%
Sickness	Best place to work and learn	Well led	5.0%	3.6%	5.7%	3.8%	9.0%	8.2%	5.6%
Supervision	Best place to work and learn	Well led	80%	100.0%	92.3%	100.0%	80.0%	73.3%	87.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	94.2%	100.0%	100.0%	100.0%	96.3%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.3%	86.3%	84.0%	92.9%	89.3%	81.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	91.3%	91.3%	91.1%	89.3%	82.1%	96.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	94.2%	90.4%	94.1%	96.4%	100.0%	96.3%
Bed occupancy	Best Quality	Safe	Trend Monitor	51.1%	46.8%	47.1%	74.7%	72.4%	55.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	596	223	766	N/A	N/A	961
Safer staffing (Overall)	Best Quality	Safe	90%	97.2%	98.2%	97.1%	97.1%	95.2%	102.2%
Safer staffing (Registered)	Best Quality	Safe	80%	96.0%	99.0%	96.8%	96.5%	90.6%	99.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	3.8%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	N/A	N/A	N/A	N/A	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	0	0	2	1

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 (9.7%), Priestley (7.5%) and Appleton (7.7%) 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 (12.0%) has experienced a significant increase in support worker long term sickness absence. The Ward Manager is working with the People Directorate to ensure individual plans.

• Appraisals remain a key priority for the Care Group. Four wards currently are at 100% and three medium secure wards are currently below the required threshold: Johnson (78.6%), Priestley (73.7%), and Appleton (78.6%). 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 although three hotspots are evident. One for Fire Safety on Appleton (66.7%) which is provided as part of yearly security updates. IG Training on Waterton (87.0%), Johnson (90.6%) and Appleton (83.3%) is a further hotspot. Challenges with CPR training have been evident with compliance on Appleton (77.8%), Chippendale (76.2%) and Bronte (60.0%). The service has had challenges in the release of staff from shift for this ½ day training and have requested staff to not book this whilst on shift to support attendance. Johnson Ward has an improving trajectory with now two areas of reduced compliance. Appleton has however three areas out of compliance, which is understood to be related to a service acuity spike. 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 has seen a period of unusual variation, with Johnson Ward (medium secure) at 90.2%. In contrast, occupancy on the male pathway is strong. Whilst there has seen some reduction this month on Bronte (74.8%), Hepworth (89%) and Chippendale (88.4%), this reflects positive patient flow and a period of waiting for process to support admissions into the service. A recent rise in medium secure referrals has resulted in the development of a waiting list.

• There were no prone restraint incidents, and Incidents of restraint show broad consistency, albeit at a lower baseline, reflecting the positive impact of improved flow

•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 (100%) 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 and an improving trajectory is noted. Sandal (3.1%) and Ryburn (4.5%) are now within expected compliance range. Thornhill (7.8%) and Newhaven (7.6%) are both demonstrating an improving trajectory but do continue to be impacted by both long-term and short-term absence and seasonal increases in illness. The Ward Managers with support of the People Directorate continue to review 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 IG training which is 94.3% and Sandal CPR which is 71.4%. The service has had challenges in the release of staff from shift for this ½ day training and have requested staff to not book this whilst on shift to support attendance. Targeted actions are in place to improve compliance.

• A continued focus on high-quality appraisals remains a priority for the service, with the current rise in outstanding appraisals reflects a cyclical peak in the appraisal schedule. Current compliance stands at 82.8% on Thornhill, 81.3% on Sandal 70.6% on Newhaven, with improving trajectories on Ryburn (90.9%). 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 at 100% on Ryburn and Newhaven. There is an unusual variation in supervision compliance across Thornhill (73.3%) and Sandal (78.6%). Further review is needed to identify the contributing factors.

• 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 (81.3%), Thornhill (99.8%) with processes in place to support admissions. Ryburn (71.9%) currently has service users working towards transition. Newhaven (69.9%) continues to experience lower level of referrals and has no waiting list.

• There were no prone restraint incidents, and Incidents of restraint show broad consistency, albeit at a lower baseline, reflecting the positive impact of improved flow.

• Safer staffing levels are within the expected compliance range. Increased acuity on Newhaven has resulted in additional staffing to ensure safe service delivery at 125.6%.

Metrics	Strategic Objective	CQC Domain	Threshold	Appleton Dec-25	Appleton Jan-26	Appleton Feb-26	Bronte Dec-25	Bronte Jan-26	Bronte Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	72.7%	92.9%	78.6%	94.1%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	18.5%	8.9%	7.7%	10.1%	6.6%	9.7%
Supervision	Best place to work and learn	Well led	80%	100.0%	90.0%	88.9%	100.0%	92.3%	84.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	93.8%	83.3%	100.0%	95.0%	95.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	95.0%	100.0%	95.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.7%	87.5%	77.8%	70.0%	60.0%	60.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	85.7%	87.5%	66.7%	85.0%	85.0%	90.0%
Bed occupancy	Best Quality	Safe	90%	62.5%	62.5%	62.5%	100.0%	99.1%	74.5%
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%	133.7%	137.2%	146.3%	99.2%	126.4%	106.0%
Safer staffing (Registered)	Best Quality	Safe	80%	97.1%	92.8%	105.8%	88.3%	109.7%	96.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	2	1	0	2	0
Restraint incidents	Best Quality	Safe	Trend Monitor	10	4	*5*	3	8	*3*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	1	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	17	17	12	3	9	1

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Chippendale			Hepworth		
				Dec-25	Jan-26	Feb-26	Dec-25	Jan-26	Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	95.0%	94.7%	100.0%	95.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	1.5%	4.6%	2.6%	1.0%	1.6%	2.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	92.3%	92.3%	91.7%	91.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	95.2%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.7%	95.2%	95.2%	89.5%	89.5%	89.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	76.2%	76.2%	94.7%	89.5%	84.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.7%	95.2%	95.2%	94.7%	89.5%	89.5%
Bed occupancy	Best Quality	Safe	90%	83.3%	83.3%	88.4%	98.1%	92.9%	89.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	1041	140
Safer staffing (Overall)	Best Quality	Safe	90%	126.2%	95.9%	94.0%	91.3%	92.1%	96.8%
Safer staffing (Registered)	Best Quality	Safe	80%	120.1%	120.7%	104.4%	86.9%	84.3%	89.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	100.0%	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	2	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	10	2	0	1	0	1

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Johnson Dec-25	Johnson Jan-26	Johnson Feb-26	Priestley Dec-25	Priestley Jan-26	Priestley Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	74.1%	78.6%	78.6%	84.2%	89.5%	73.7%
Sickness	Best place to work and learn	Well led	5.4%	4.4%	3.4%	2.5%	10.8%	7.6%	7.5%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	84.6%	81.8%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	90.6%	90.6%	100.0%	100.0%	95.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.5%	78.1%	84.4%	100.0%	94.7%	89.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.3%	71.9%	75.0%	100.0%	100.0%	94.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.8%	93.8%	87.5%	94.7%	75.0%	85.0%
Bed occupancy	Best Quality	Safe	90%	78.5%	80.0%	90.2%	94.1%	97.3%	97.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	N/A	939
Safer staffing (Overall)	Best Quality	Safe	90%	135.2%	121.4%	132.5%	89.0%	91.2%	93.7%
Safer staffing (Registered)	Best Quality	Safe	80%	101.4%	110.0%	102.8%	92.9%	105.8%	104.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	N/A	100.0%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	1	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	20	7	13	0	0	1

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Waterton Dec-25	Waterton Jan-26	Waterton Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	95.0%	89.5%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	3.3%	12.4%	12.0%
Supervision	Best place to work and learn	Well led	80%	72.7%	81.8%	90.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	90.9%	91.3%	87.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.5%	87.0%	87.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.9%	87.0%	82.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	77.3%	87.0%	87.0%
Bed occupancy	Best Quality	Safe	90%	100.0%	99.6%	100.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	1315	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	129.0%	118.8%	105.2%
Safer staffing (Registered)	Best Quality	Safe	80%	84.5%	98.3%	99.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	17	21	5

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Thornhill Dec-25	Thornhill Jan-26	Thornhill Feb-26	Sandal Dec-25	Sandal Jan-26	Sandal Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	96.2%	89.3%	82.8%	82.6%	95.7%	81.3%
Sickness	Best place to work and learn	Well led	5.4%	12.5%	9.1%	7.8%	9.3%	4.0%	3.1%
Supervision	Best place to work and learn	Well led	80%	92.3%	86.7%	73.3%	90.9%	71.4%	78.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.8%	96.8%	100.0%	96.2%	100.0%	96.4%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.3%	93.5%	93.9%	88.5%	85.7%	92.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	90.3%	90.3%	84.8%	80.8%	71.4%	71.4%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.8%	96.8%	100.0%	96.2%	100.0%	96.4%
Bed occupancy	Best Quality	Safe	85%	99.1%	99.6%	99.8%	88.3%	83.7%	81.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	330	N/A	N/A	167	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	113.8%	106.1%	99.0%	130.7%	127.0%	98.9%
Safer staffing (Registered)	Best Quality	Safe	80%	99.0%	97.2%	101.7%	103.1%	105.9%	104.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	3	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	2	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	7	5	7	5	29	7

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Ryburn Dec-25	Ryburn Jan-26	Ryburn Feb-26	Newhaven Dec-25	Newhaven Jan-26	Newhaven Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	88.9%	90.0%	90.9%	87.1%	81.3%	70.6%
Sickness	Best place to work and learn	Well led	5.4%	14.9%	7.7%	4.5%	9.7%	9.9%	7.6%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	94.1%	94.3%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	100.0%	86.7%	93.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	100.0%	97.1%	94.3%
Bed occupancy	Best Quality	Safe	85%	100.0%	83.4%	71.9%	70.8%	68.8%	69.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	2535	N/A	3732	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	99.2%	97.5%	99.1%	125.0%	131.1%	125.6%
Safer staffing (Registered)	Best Quality	Safe	80%	100.0%	99.3%	101.8%	96.5%	98.3%	102.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	2	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	3	3	3
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	7	6	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	2	17	31	11

Inpatients - Non-Mental Health

• **Appraisal rate:**
NRU rate is below compliance at 80.6% for February (noting care group as pilot site – see earlier note). As of 20 March there has been a good improvement towards compliance at 94.4%.
SRU rate continues to maintain compliance at 98.6% for February.

• **Sickness:**
NRU – sickness for February has seen a significant improvement to 4.6%. The current position includes some instances of long term sickness.
SRU – Sickness for February has seen an improvement at 2%

• **Supervision:**
NRU has shown a further increase in February and is achieving compliance at 83.3%.
SRU have seen a reduction to 72.7% for February. Unit Manager is aware and will focus on ensuring staff has access to supervision.

• **Information Governance Training:**
NRU continues to maintain compliancy for February at 95.1%.
SRU continues to maintain compliancy for February at 95.8%.

• **Cardiopulmonary resuscitation (CPR) Training:**
NRU is below compliancy 68.4% for February. Staff attended in February and all staff who are out of date are booked to attend future dates of immediate life support (ILS) and basic life support (BLS).
SRU continues to maintain compliancy at 80.9%.
To note: Resus Lead has advised that the process for CPR training recording is that they send the signature sheets to L&D. These are inputted by L&D but at irregular intervals once per month. Therefore, there is a potential for up to a 6-week lag before the updated training statistics are showing.

• **Safer Staffing** - overall (Threshold 90%):
Safer staffing (registered 80%) is within compliance for both units.
To note: the establishment figures for both wards were reviewed in November 2025 and work continues to realign this on e-roster following a further meetings in February and March 2026.

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU) Dec-25	Jan-26	Feb-26	Stroke Rehabilitation Unit (SRU) Dec-25	Jan-26	Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	97.1%	80.6%	94.3%	98.6%	98.6%
Sickness	Best place to work and learn	Well led	5.0%	8.7%	5.3%	4.6%	3.6%	4.5%	2.0%
Supervision	Best place to work and learn	Well led	80%	69.6%	79.2%	83.3%	82.5%	88.4%	72.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.7%	97.4%	95.1%	98.6%	95.9%	95.8%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	60.0%	69.4%	68.4%	87.9%	84.3%	80.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.1%	89.7%	85.4%	92.9%	89.2%	93.1%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	73.1%	85.8%	88.7%	94.9%	98.7%	90.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	38	71	39	37	37	30
Safer staffing (Overall)	Best Quality	Safe	90%	120.2%	103.4%	106.1%	87.3%	85.6%	85.6%
Safer staffing (Registered)	Best Quality	Safe	80%	104.6%	87.5%	103.3%	96.5%	95.9%	93.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
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	12	2	5	33	38	24

Inpatients - Mental Health - Learning Disability

Headlines

• Positive appraisal performance across the team at 100%. The unusual variation in supervision has now been rectified, with compliance restored to 88.9%.
• Sickness has now returned to 3.5%, reflecting a positive downward trend.
• 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 (122.1%) and registered staffing (188%).
• There are no prone restraints and restraint incidents remain broadly consistent.

Metrics	Strategic Objective	CQC Domain	Threshold	Horizon Dec-25	Horizon Jan-26	Horizon Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	97.3%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.6%	5.3%	3.5%
Supervision	Best place to work and learn	Well led	80%	60.0%	50.0%	88.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.0%	93.0%	95.3%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.8%	90.2%	92.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	97.6%	90.2%	95.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.3%	88.4%	95.3%
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%	133.3%	123.4%	122.1%
Safer staffing (Registered)	Best Quality	Safe	80%	171.5%	178.0%	188.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	62.9%	75.0%	75.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	0.0%	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	8	9	4
Restraint incidents	Best Quality	Safe	Trend Monitor	8	7	*8*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	20	25	18

Inpatients - Forensic South Yorkshire

Medium Secure

• Supervision compliance is above threshold across both wards (100%)
• Sickness absence has risen on Skipton in the last month but reduced on Foss.
• Safer staffing is within compliance and is reviewed by service management on a daily basis.
• Mandatory training compliance is a mixed picture and there remains issues with training being recorded consistently.Foss areas requiring improvement are IG and CPR (plans in place to mitigate low compliance). Skipton areas to address are RRPI and CPR (plans are in place to mitigate the risks).
• Bed occupancy on Skipton (69.9%) 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.
• Prone restraints - none across the service
• 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: Above threshold across all wards.
Sickness: Esk remains high (6.3%) this does represent a reduction from January and is largely long-term cases with plans in place.
Mandatory training: Generally strong, though some local vs Trust reporting mismatches persist due to system alignment issues post-Cheswold transfer. Aire is somewhat of a hotspot with remedial actions in place for RRPI and IG trainingplans are in place to target individuals who require training
Bed occupancy: generally an improving position. Referrals are strong and once Esk is able to open the 4 beds which are currently closed for
No prone restraints across all low secure wards.
Risk assessment reporting still unavailable for CPH-linked areas pending FIRM implementation.

				Medium Secure Services Foss			Skipton		
Metrics	Strategic Objective	CQC Domain	Threshold	Dec-25	Jan-26	Feb-26	Dec-25	Jan-26	Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	83.3%	63.6%	79.2%	73.9%	58.1%
Sickness	Best place to work and learn	Well led	5.4%	4.8%	7.6%	6.4%	1.3%	4.8%	5.7%
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%	89.7%	93.1%	92.0%	95.7%	100.0%	96.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	82.8%	93.1%	92.0%	54.2%	62.5%	51.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	41.4%	62.1%	68.0%	65.2%	69.6%	69.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	82.8%	93.1%	92.0%	82.6%	95.7%	89.7%
Bed occupancy	Best Quality	Safe	90%	78.6%	78.6%	78.6%	75.0%	67.7%	69.9%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	1631	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	96.5%	92.6%	92.9%	202.3%	201.9%	179.4%
Safer staffing (Registered)	Best Quality	Safe	80%	100.8%	103.5%	97.0%	114.4%	108.7%	118.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	2	1	2	1	1
Restraint incidents	Best Quality	Safe	Trend Monitor	1	1	*0*	14	12	*6*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor			6			72

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Esk			Wentbridge		
				Dec-25	Jan-26	Feb-26	Dec-25	Jan-26	Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	78.3%	77.3%	77.3%	85.3%	85.3%	81.3%
Sickness	Best place to work and learn	Well led	5.4%	11.5%	9.5%	6.3%	0.9%	2.2%	1.0%
Supervision	Best place to work and learn	Well led	80%	66.7%	100.0%	78.6%	97.4%	97.1%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.8%	100.0%	100.0%	92.7%	97.2%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.5%	100.0%	100.0%	78.0%	86.1%	85.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	91.7%	95.5%	95.7%	58.5%	88.9%	94.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	79.2%	81.8%	86.4%	85.4%	94.4%	97.1%
Bed occupancy	Best Quality	Safe	90%	71.4%	68.8%	68.8%	87.5%	87.5%	75.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	1047	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	114.4%	99.6%	102.6%	143.1%	131.3%	96.4%
Safer staffing (Registered)	Best Quality	Safe	80%	111.1%	92.5%	88.4%	111.9%	98.0%	90.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	0	1	0	1
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*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			2			25

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Aire Dec-25	Aire Jan-26	Aire Feb-26	Don Dec-25	Don Jan-26	Don Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	67.6%	60.0%	54.8%	87.0%	73.9%	65.2%
Sickness	Best place to work and learn	Well led	5.4%	1.8%	1.5%	0.9%	5.4%	3.0%	2.0%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	95.5%	89.5%	95.2%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	93.9%	93.9%	92.6%	85.7%	95.2%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	78.8%	81.8%	77.8%	85.7%	85.0%	90.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	66.7%	81.8%	82.8%	90.5%	90.5%	90.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	72.7%	100.0%	96.3%	95.2%	95.2%	100.0%
Bed occupancy	Best Quality	Safe	90%	91.7%	90.3%	81.3%	100.0%	100.0%	100.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	303	700	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	105.9%	109.9%	92.7%	124.9%	101.1%	112.0%
Safer staffing (Registered)	Best Quality	Safe	80%	92.3%	95.1%	87.5%	104.3%	77.0%	100.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*1*	0	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor			9			6

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Calder Dec-25	Jan-26	Feb-26
Appraisal rate	Best place to work and learn	Well led	90%	80.0%	87.0%	86.4%
Sickness	Best place to work and learn	Well led	5.4%	0.6%	1.2%	0.3%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.7%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	91.7%	100.0%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	100.2%	100.0%	100.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	101.0%	91.3%	92.8%
Safer staffing (Registered)	Best Quality	Safe	80%	82.5%	74.7%	74.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor			7

Overall Financial Performance 2025/26

Executive Summary / Key Performance Indicators

	Performance Indicator	Strategic Objective	CQC Domain	Year to Date	Forecast 2025/26	Narrative
1	Surplus / (Deficit)	Best Value	Well Led	£1m	£0m	The Trust consolidated surplus run rate has continued in February with a surplus of £181k, increasing the year to date surplus to £987k.There is additional spend forecast in March 2026 and a breakeven year end position remains the most likely forecast.
2	Agency Spend	Best Value	Well Led	£2.8m	£3m	Agency spend has increased in February 2026, compared to the previous months, but remains significantly lower than historical run rates. The increase in month relates to medical staff. Unregistered nursing spend in month was £17k against the NHS England target of zero (unless under exceptional patient safety requirements).
3	Bank Spend	Best Value	Well Led	£21.5m	£23.2m	The Trust continues to utilise bank and locum staff as part of it's overall workforce strategy. Spend in February is £1,902k. This is £8k less than last month.
4	Corporate Spend	Best Value	Well Led	£59.9m	£66.1m	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	£24.9m	£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	£58.3m	£55.5m	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	£10.8m	£17.1m	Schemes have continued to progress and especially the mitigations identified to offset the delayed on site commencement of the Older People scheme. In February 2026 expenditure has started on the Trust solar panel scheme.
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	Dec-25	Jan-26	Feb-26
Mandatory Training - TOTAL	Improving Care		>=80%	92.0%	95.0%	95.0%
Mandatory Training - Reducing Restrictive Practice Interventions				78.2%	84.4%	82.6%
Mandatory Training - Cardiopulmonary Resuscitation				74.1%	85.5%	87.6%
Mandatory Training - Clinical Risk				N/A	N/A	N/A
Mandatory Training - Display Screen Equipment				N/A	N/A	N/A
Mandatory Training - Equality & Diversity				97.4%	98.1%	97.3%
Mandatory Training - Fire Safety			>=85%	81.7%	91.3%	91.1%
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				89.7%	95.4%	95.5%
Mandatory Training - Information Governance (Data Security)			>=95%	93.4%	95.8%	95.3%
Mandatory Training - Moving & Handling			>=80%	81.7%	91.3%	91.1%
Mandatory Training - Mental Capacity Act/Dols				71.5%	79.2%	81.3%
Mandatory Training - Mental Health Act				71.5%	79.2%	81.3%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				99.3%	99.6%	99.6%
Mandatory Training - Prevent			>=80%	N/A	N/A	N/A
Mandatory Training - Safeguarding Adults				89.7%	95.0%	95.7%
Mandatory Training - Safeguarding Children				89.7%	95.0%	95.7%

South West Yorkshire Partnership Teaching
NHS Foundation Trust

Finance Report

Month 11 (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)**	£1m	£0m	The Trust consolidated surplus run rate has continued in February with a surplus of £181k, increasing the year to date surplus to £987k. There is additional spend forecast in March 2026 and a breakeven year end position remains the most likely forecast.
2	**Agency Spend**	£2.8m	£3m	Agency spend has increased in February 2026, compared to the previous months, but remains significantly lower than historical run rates. The increase in month relates to medical staff. Unregistered nursing spend in month was £17k against the NHS England target of zero (unless under exceptional patient safety requirements).
3	**Bank Spend**	£21.5m	£23.2m	The Trust continues to utilise bank and locum staff as part of it's overall workforce strategy. Spend in February is £1,902k. This is £8k less than last month.
4	**Corporate Spend**	£59.9m	£66.1m	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**	£24.9m	£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**	£58.3m	£55.5m	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**	£10.8m	£17.1m	Schemes have continued to progress and especially the mitigations identified to offset the delayed on site commencement of the Older People scheme. In February 2026 expenditure has started on the Trust solar panel scheme.
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.

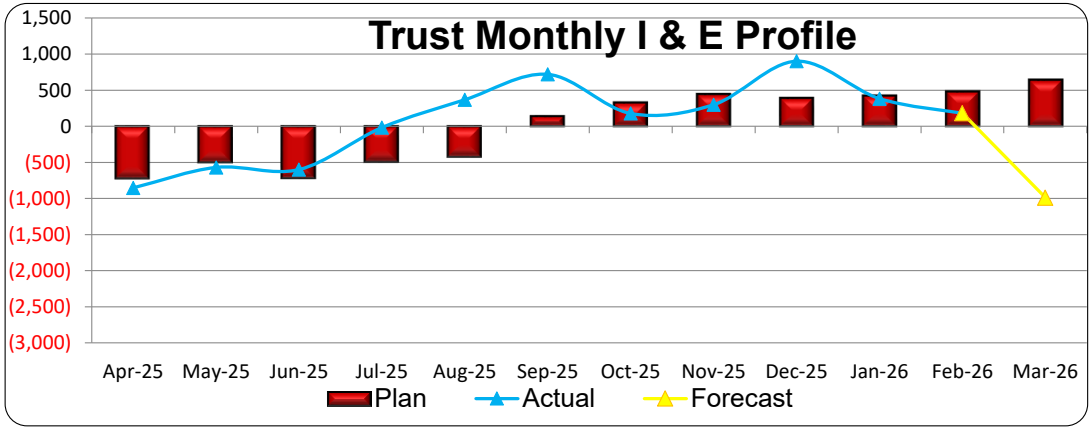
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

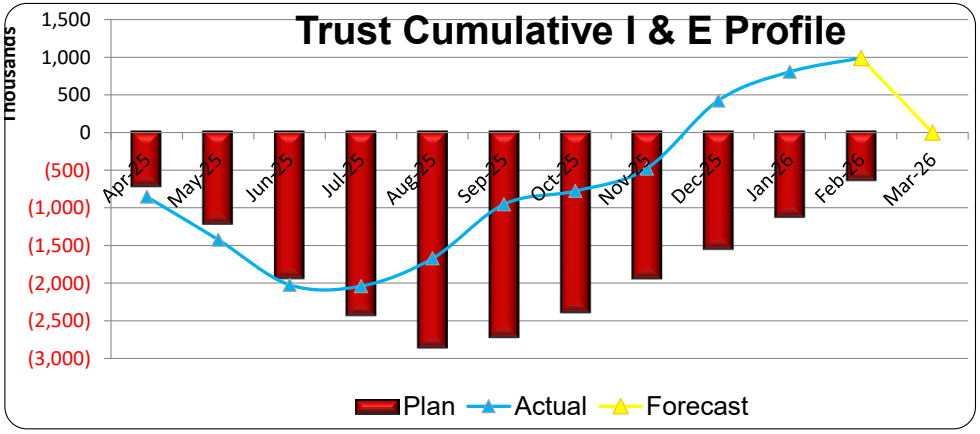
2.0 Income & Expenditure Position 2025 / 26

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					38,422	38,919	497	419,742	422,170	2,428	458,957	461,422	2,465
Other Operating Revenue					1,480	1,543	64	14,752	15,346	594	16,087	16,723	635
Total Revenue					**39,902**	**40,462**	**560**	**434,494**	**437,516**	**3,022**	**475,045**	**478,145**	**3,100**
Pay Costs	5,434	5,390	(44)	0.8%	(25,295)	(25,395)	(99)	(276,446)	(273,601)	2,846	(301,678)	(298,853)	2,825
Non Pay Costs					(13,278)	(14,171)	(893)	(149,616)	(155,324)	(5,708)	(163,463)	(170,937)	(7,474)
Gain / (loss) on disposal					0	0	0	0	446	446	0	446	446
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,434**	**5,390**	**(44)**	**-0.8%**	**(38,573)**	**(39,566)**	**(993)**	**(426,062)**	**(428,478)**	**(2,416)**	**(465,141)**	**(469,343)**	**(4,203)**
EBITDA	**5,434**	**5,390**	**(44)**	**-0.8%**	**1,328**	**896**	**(432)**	**8,433**	**9,038**	**606**	**9,904**	**8,802**	**(1,103)**
Depreciation					(622)	(609)	13	(6,825)	(7,160)	(336)	(7,447)	(7,793)	(347)
PDC Paid					(378)	(325)	53	(4,156)	(3,529)	627	(4,534)	(3,846)	688
Interest Received					153	219	66	1,907	2,638	731	2,077	2,838	761
Surplus / (Deficit) - ICB performance measure	**5,434**	**5,390**	**(44)**	**-0.8%**	**482**	**181**	**(301)**	**(641)**	**987**	**1,629**	**(0)**	**(0)**	**(0)**
Depn Peppercorn Leases (IFRS16)					(5)	(5)	0	(89)	(56)	33	(94)	(61)	33
Revaluation of Assets					0	(419)	(419)	0	(2,173)	(2,173)	0	(2,173)	(2,173)
Surplus / (Deficit) - Total	**5,434**	**5,390**	**(44)**	**-0.8%**	**477**	**(243)**	**(719)**	**(730)**	**(1,241)**	**(511)**	**(94)**	**(2,234)**	**(2,140)**





Income & Expenditure Position 2025 / 26

The consolidated Trust surplus in February 2026 is £181k.
Although this is £301k less than plan in month this increases the year to date surplus to £987k.

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)	5,411	5,368	(43)	0.8%	(580)	(59)	520	(6,483)	747	7,230	(6,238)	320	6,557
Provider Collaboratives	23	22	(1)	5.0%	2	216	214	26	44	18	28	(174)	(202)
Budgets held centrally	0	0	0	0.0%	1,059	24	(1,035)	5,815	197	(5,619)	6,209	(146)	(6,355)
Total - Consolidated position (ICB performance measure)	**5,434**	**5,390**	**(44)**	**-0.8%**	**482**	**181**	**(301)**	**(641)**	**987**	**1,629**	**(0)**	**(0)**	**(0)**

As previously highlighted, whilst the core Trust had a surplus run rate for 6 consecutive months, there was additional expenditure forecast in February and March which would reduce this. This has occurred in February with IM & T expenditure (always within the plan and forecast) now having been incurred. This has been offset by pay expenditure less than plan, additional income from commissioners, maintained low levels of out of area placements and general non pay expenditure control.

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. This is highlighted in February 2026 with all collaboratives reporting an in month surplus but forecasting further deficits in March 2026.

The collaborative position has supported the overall consolidated position remaining in surplus.

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.

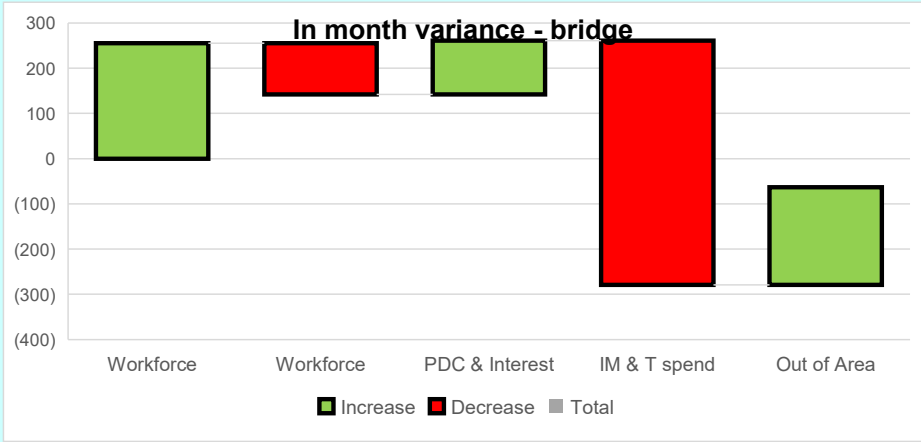
Total Financial Position - Core Trust only

	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					29,039	29,445	405	316,817	318,056	1,239	346,649	347,904	1,255
Other Operating Revenue					1,400	1,499	99	13,875	14,378	503	15,132	15,678	546
Total Revenue					**30,439**	**30,943**	**504**	**330,692**	**332,434**	**1,742**	**361,781**	**363,582**	**1,801**
Pay Costs	5,411	5,368	(43)	0.8%	(25,069)	(25,264)	(195)	(273,954)	(272,110)	1,844	(298,959)	(297,231)	1,728
Non Pay Costs					(5,103)	(5,023)	80	(54,147)	(51,972)	2,175	(59,155)	(57,676)	1,479
Gain / (loss) on disposal					0	0	0	0	446	446	0	446	446
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,411**	**5,368**	**(43)**	**-0.8%**	**(30,172)**	**(30,287)**	**(115)**	**(328,101)**	**(323,636)**	**4,465**	**(358,115)**	**(354,461)**	**3,654**
EBITDA	**5,411**	**5,368**	**(43)**	**-0.8%**	**267**	**656**	**389**	**2,591**	**8,798**	**6,207**	**3,666**	**9,121**	**5,455**
Depreciation					(622)	(609)	13	(6,825)	(7,160)	(336)	(7,447)	(7,793)	(347)
PDC Paid					(378)	(325)	53	(4,156)	(3,529)	627	(4,534)	(3,846)	688
Interest Received					153	219	66	1,907	2,638	731	2,077	2,838	761
Surplus / (Deficit) - ICB performance measure	**5,411**	**5,368**	**(43)**	**-0.8%**	**(580)**	**(59)**	**520**	**(6,483)**	**747**	**7,230**	**(6,238)**	**320**	**6,557**
Depn Peppercorn Leases (IFRS16)					(5)	(5)	0	(89)	(56)	33	(94)	(61)	33
Losses Peppercorn Leases (IFRS16)					0	(419)	(419)	0	(2,173)	(2,173)	0	(2,173)	(2,173)
Surplus / (Deficit) - Total	**5,411**	**5,368**	**(43)**	**-0.8%**	**(585)**	**(483)**	**102**	**(6,571)**	**(1,482)**	**5,090**	**(6,332)**	**(1,914)**	**4,417**

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) budget remains in a deficit position. Actual performance however is a surplus of £747k for the year to date.

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.	255
Workforce - Continuation of previous trends. Overspends across inpatient areas - Older People, Adult and Forensics.	(113)
PDC & Interest - Impact of timing of capital programme.	119
Non pay - IM & T expenditure in month (timing. Included in plan and previous forecast)	(540)
Non pay - less than plan / expenditure control. Out of area placements,	216

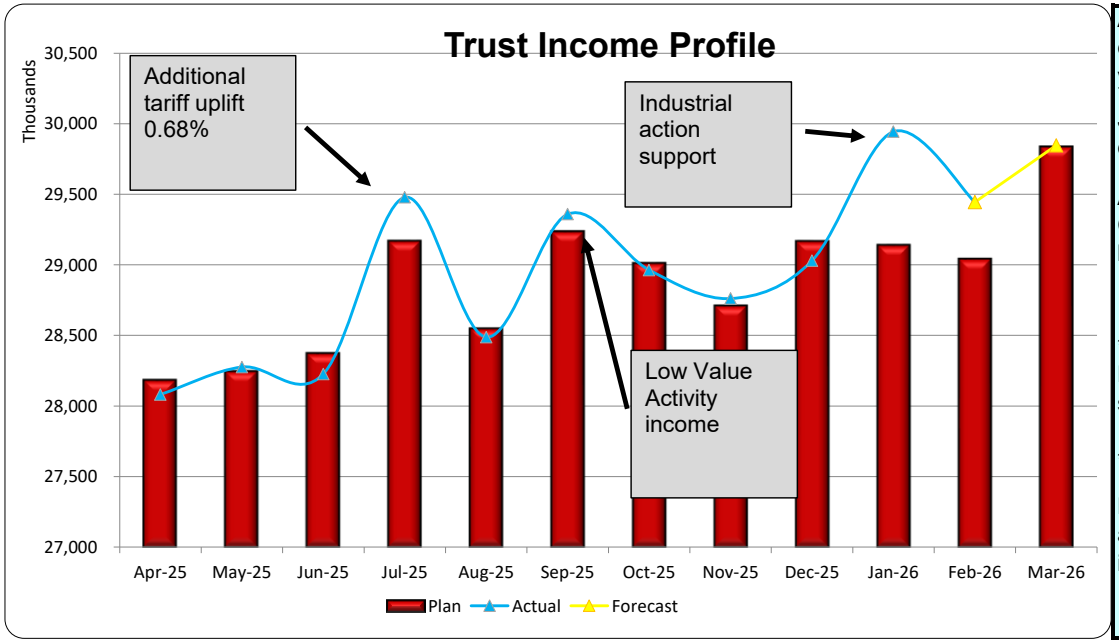


2.1 Income Information

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	23,336	24,009	**278,680**	278,366	314
Specialist Commissioner	36,788	4,697	4,723	4,666	4,861	4,956	5,036	4,919	4,922	5,006	5,317	5,522	5,124	**59,748**	57,593	2,155
Local Authority	5,141	318	465	314	680	303	422	486	483	427	441	294	401	**5,035**	5,460	(425)
Partnerships	2,940	248	251	243	251	233	197	238	212	76	345	182	166	**2,642**	3,099	(458)
Other Contract Income	1,583	127	168	155	141	149	155	191	136	197	121	111	148	**1,799**	2,131	(332)
Total	**312,292**	**28,082**	**28,276**	**28,227**	**29,479**	**28,488**	**29,359**	**28,964**	**28,761**	**29,030**	**29,944**	**29,445**	**29,848**	**347,904**	**346,649**	**1,255**
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	9,474	9,404	**113,518**		
Total	**312,292**	**37,286**	**37,484**	**37,424**	**38,930**	**38,092**	**39,381**	**38,320**	**38,297**	**38,677**	**39,361**	**38,919**	**39,252**	**461,422**		



Additional investment has continued to be agreed with commissioners. This is both recurrent and non-recurrent; the full year impact has been included for 2026 / 27.

January 2026 includes £400k national support for industrial actions costs. This is non-recurrent.

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	£288k

Recharge of salary based on staff in post. Revised due to current staffing level and maternity arrangements

* Local Authority - Yorkshire Smokefree	£485k

Payment by results on some Smokefree contracts and recharge of actual prescribing costs. The shortfall against plan has increased in February 2026 based upon current activity trajectories.

2.2 Pay Information

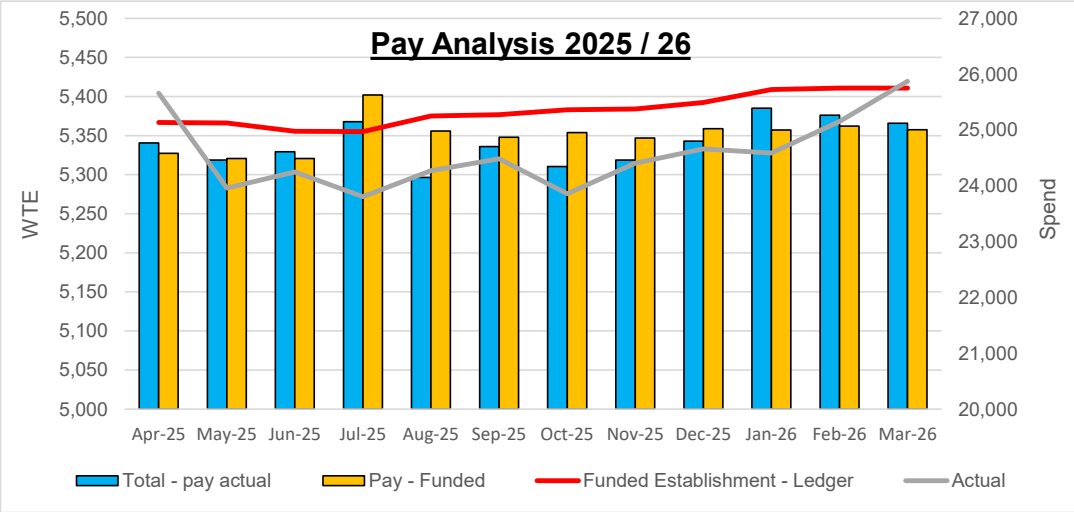
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). 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	23,371	23,211	23,241	**271,049**
Bank & Locum	2,216	1,926	1,964	2,057	1,913	2,106	1,761	1,844	1,884	1,908	1,900	1,729	**23,209**
Agency	352	355	356	361	281	260	228	163	200	112	152	151	**2,973**
Total	**24,768**	**24,463**	**24,610**	**25,151**	**24,150**	**24,704**	**24,346**	**24,461**	**24,800**	**25,392**	**25,264**	**25,121**	**297,231**
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%	7.5%	6.9%	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%	0.6%	0.6%	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	4,888	4,916	5,008	**4,853**
Bank & Locum	528	443	452	452	487	481	408	428	424	427	440	397	**447**
Agency	39	31	42	35	35	31	30	23	22	13	12	15	**27**
Total	**5,404**	**5,283**	**5,303**	**5,272**	**5,305**	**5,320**	**5,276**	**5,315**	**5,333**	**5,328**	**5,368**	**5,420**	**5,327**
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**



The Trust worked WTE has been forecast to increase in the latter months of 2025 / 26 to reflect workforce actions and following additional new investment from commissioners. In February 2026, overall, the increase was 40 WTE worked.
This compares to 70 as the forecast increase last month (30 less). There is a further 51 increase forecast in March 2026. If this is realised then it will be first month where worked WTE is higher than planned since April 2025 and the impact into 2026 / 27 is being considered.

Of the increase 28 relates to substantive staffing with a 13 worked WTE increase in bank staff. Agency reductions continue with a further 1 in month. The current run rate is the lowest usage for more than 5 years.

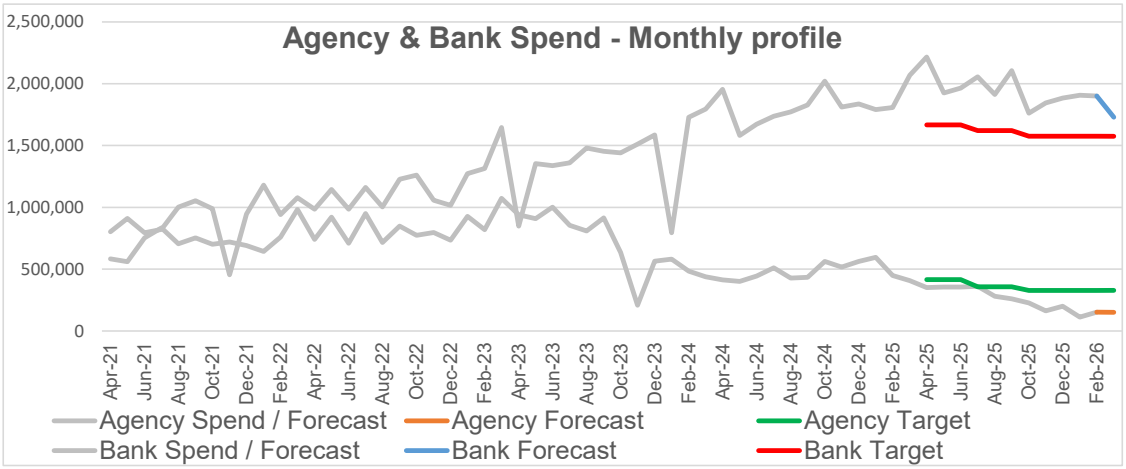
All care groups have been reviewed to assess current workforce trajectories against the current plan for 2026 / 27 to ensure that actions taken now do not lead to increased financial challenges next year.

2.2 Temporary Staffing Focus

Trust spend in February 2026:
Agency £152k
Bank £1,900k

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	1,548	549	**2,097**
Other Medical	586	504	**1,090**
Reg Nursing	46	5,454	**5,500**
UnReg Nursing	545	13,644	**14,188**
Other Clinical	94	615	**709**
A & C	2	715	**717**
Other	0	0	**0**
Total	**2,822**	**21,480**	**24,302**
Lead Provider Collaborative	25	8	**34**
Budgets held centrally		11	**11**
Total	**2,847**	**21,499**	**24,346**

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

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

Agency spend remains at the lowest level in recent history with minimal specific usage. The main area of spend remains medical staff, although this is minimal at 5.96 worked WTE. There remains small usage (£4k and 17k) for registered and unregistered nursing. As such, whilst lower than historical levels, the unregistered nursing spend remains higher than the NHS England target of zero; the Trust has an enhanced Standard Operating Procedure and break glass process in place. Usage remains in inpatient wards only. All other agency controls remain green as reported to the Trust temporary staffing management group.

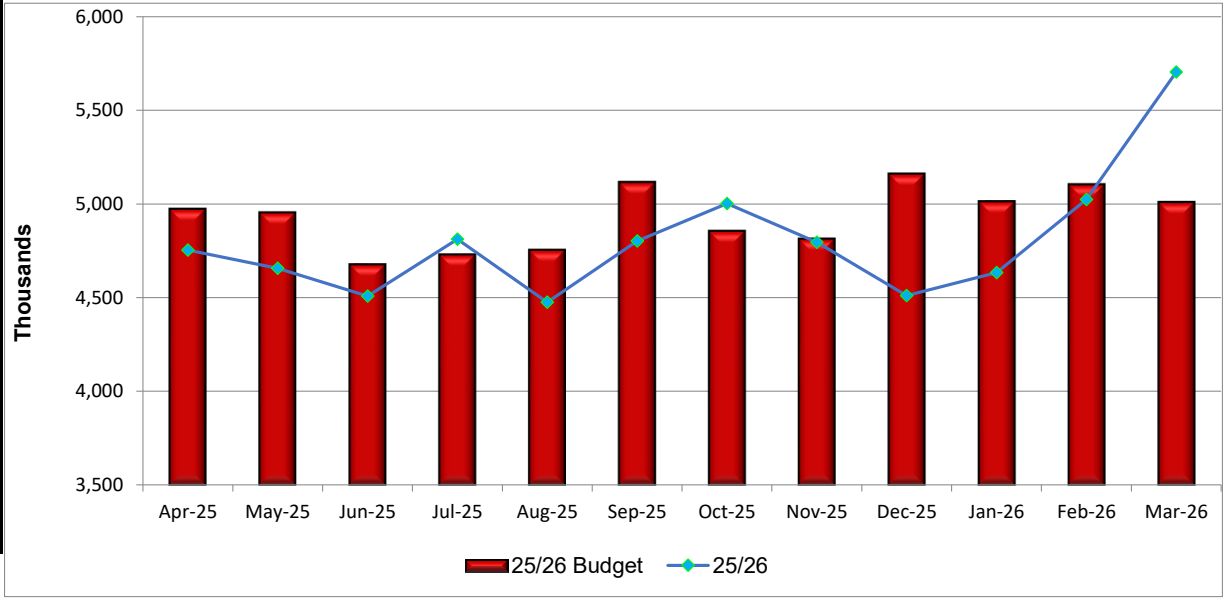
Bank and locum expenditure has continued to fluctuate from month to month as shown by the graph above. There is a small reduction from January to February 2026 but this remains higher than planned. There is a forecast reduction in March 2026, as a result of previous workforce actions and shown by the substantive worked WTE increase reported on page 8, and this will be required to significantly reduce the run rate into 2026 / 27.

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	5,023	5,704	**57,676**
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	4,222	4,055	(167)
Establishment	8,932	8,522	(410)
Lease & Property Rental	8,196	7,850	(346)
Premises (inc. rates)	5,023	5,308	285
Utilities	2,714	2,750	36
Purchase of Healthcare	6,631	6,508	(123)
Travel & vehicles	6,030	5,580	(450)
Supplies & Services	8,357	8,005	(352)
Training & Education	1,130	837	(293)
Clinical Negligence & Insurance	1,609	1,320	(289)
Other non pay	1,303	1,237	(67)
Total	**54,147**	**51,972**	**(2,175)**
Total Excl OOA and Drugs	**43,294**	**41,409**	**(1,885)**



Key Messages

Non pay expenditure, excluding provider collaboratives and budgets held centrally, has remained lower than plan in February 2026 although there has been an increase in the actual run rate as previously predicated. The largest of these is within IM & T expenditure with costs relating to the Trust planned replacement programme being incurred in month.

This however has remained within budget overall due to run rate reductions in expenditure in most other categories. Typical volatile and pressure areas, such as PICU and acute placements, have been maintained at low levels.

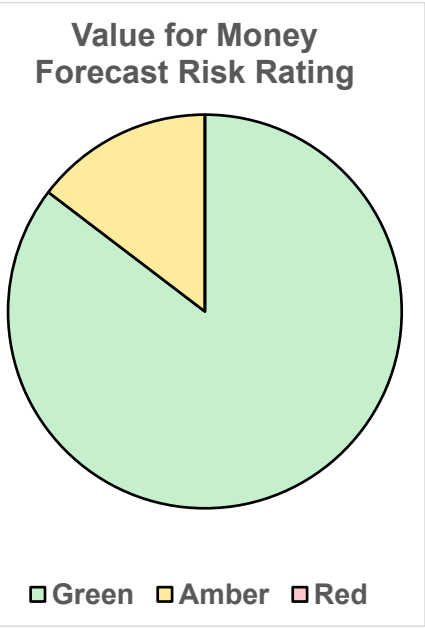
There is additional expenditure forecast for March 2026.

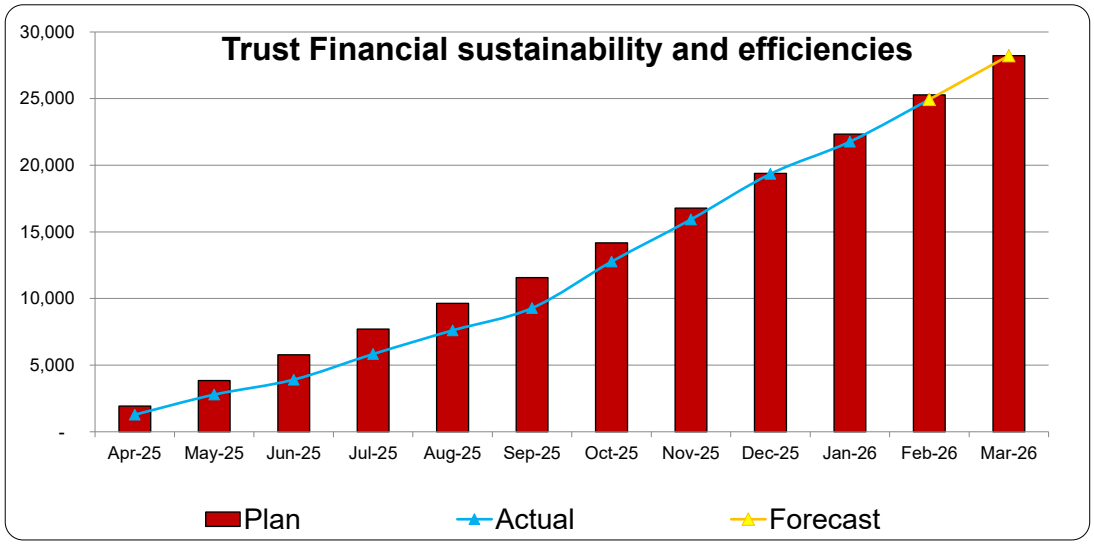
3.0 Value for Money & Financial sustainability

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	9,397	8,028		(1,369)	10,500	0	10,500	8,028	904		(1,568)
	Unallocated	2	0		(2)	3,400	(3,400)	0			0	(0)
	Fixed Term Contracts	460	310		(150)	500	0	500	362			(138)
	Corp / non clinical	2,628	1,835	1,586	792	2,000	1,000	3,000	3,610			610
	Productivity	916	0		(916)	1,100	0	1,100	0		0	(1,100)
	Temporary Staffing	3,575	2,818		(757)	3,900	0	3,900	3,125	0		(775)
	Difficult Decisions	666	0		(666)	1,000	0	1,000	0			(1,000)
Non Pay	Non Pay	1,023	1,505		482	1,130	0	1,130	27	796		(307)
	Difficult Decisions	0	203		203	0	0	0	236			236
Other	Corporate Services	1,560	1,595		35	1,700	0	1,700	1,745			45
	Provider Collaboratives	1,375	1,947		572	1,500	0	1,500	2,121			621
	Bed Sales	415	0		(415)	500	0	500	0			(500)
	Income	646	646		0	0	705	705	705			0
	Misc income - overage	520		448	(72)	0	520	520	448	0		(72)
	Technical	1,815		4,020	2,205	1,000	1,175	2,175	3,692	2,431		3,948
Total		**24,998**	**18,887**	**6,054**	**(57)**	**28,230**	**0**	**28,230**	**24,099**	**4,132**	**0**	**0**
Recurrent		12,992	18,887		5,895	16,430	(2,695)	14,735	15,621	4,132	0	5,018
Non Recurrent		12,007		6,054	(5,953)	11,800	2,695	13,495	8,477	0	0	(5,018)





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 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	189,687	
Current Assets			
Inventories & Work in Progress	248	248	
NHS Trade Receivables (Debtors)	2,453	1,107	
Non NHS Trade Receivables (Debtors)	989	834	
Prepayments	2,863	3,747	1
Accrued Income	6,235	6,230	2
Cash and Cash Equivalents	55,748	58,325	Pg 15
Total Current Assets	**68,537**	**70,492**	
Current Liabilities			
Trade Payables (Creditors)	(10,899)	(6,867)	3
Capital Payables (Creditors)	(1,551)	(1,965)	
Tax, NI, Pension Payables, PDC	(9,478)	(10,519)	
Accruals	(14,054)	(15,830)	4
Deferred Income	(644)	(2,133)	5
Other Liabilities (IFRS 16 / leases)	(48,793)	(44,406)	
Total Current Liabilities	**(85,419)**	**(81,721)**	
Net Current Assets/Liabilities	**(16,882)**	**(11,229)**	
Total Assets less Current Liabilities	**180,552**	**178,458**	
Provisions for Liabilities	(3,357)	(3,250)	
Total Net Assets/(Liabilities)	**177,195**	**175,208**	
Taxpayers' Equity			
Public Dividend Capital	76,344	77,167	
Revaluation Reserve	21,306	12,232	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	74,325	80,588	
Total Taxpayers' Equity	**177,195**	**175,208**	

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 £4.2m relates to agreed income from NHS England. This is to be paid in March 2026.

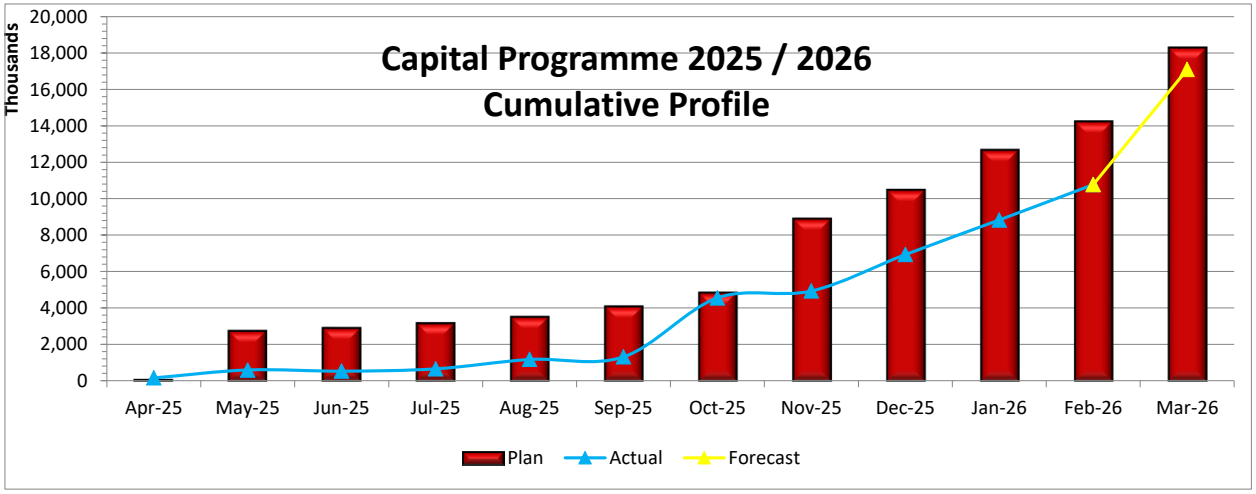
3. As is normal Trade creditors were exceptionally high at year end and have now reduced. As demonstrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution.

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	6,850	704	(6,146)	7,425	950	(6,475)
Estates safety	600	675	75	675	675	0
Seclusion rooms	0	550	550	0	1,207	1,207
Backlog Maintenance	0	1,014	1,014	0	2,776	2,776
Equipment	0	34	34	0	53	53
Vehicles	0	6	6	0	285	285
IM & T	0	1,838	1,838	0	2,603	2,603
Other	0	474	474	0	745	745
Leases (IFRS 16)	6,073	4,135	(1,938)	6,148	4,269	(1,879)
TOTALS	**13,523**	**9,428**	**(4,095)**	**14,248**	**13,562**	**(686)**
Additional allocations						
Net Zero (solar funding)	715	753	38	1,952	1,950	(2)
Cheswold - seclusion room	0	0	0	0	0	0
Cheswold - Minor Capital	0	589	589	2,082	1,584	(498)
Cheswold - IM & T	0	0	0			0
TOTALS	**14,238**	**10,771**	**(3,467)**	**18,282**	**17,097**	**(1,185)**



Capital Expenditure 2025 / 26

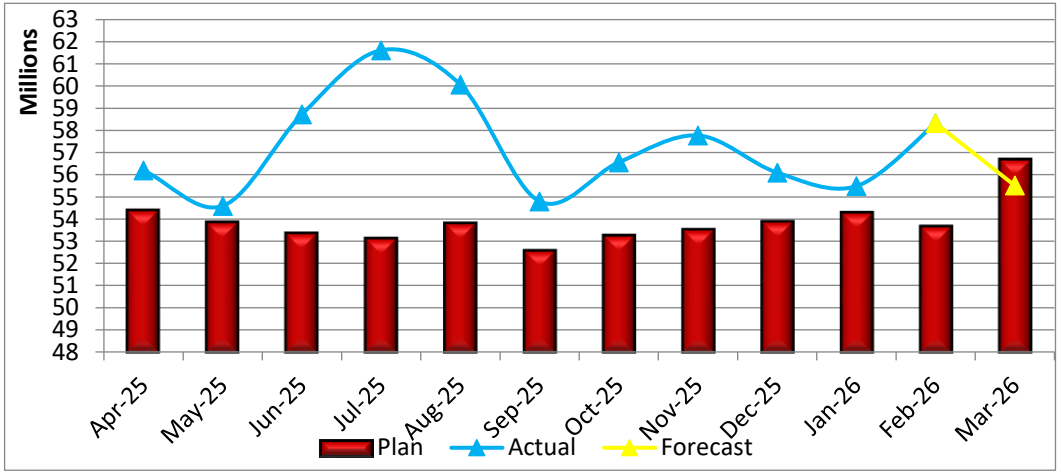
The table on the left summarises the capital programme for 2025 / 26. The first section is activity as reported against the standard West Yorkshire Integrated Care Board capital allocation. For 2025 / 26 the Trust programme was prioritised against the main older people transformation scheme and the impact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

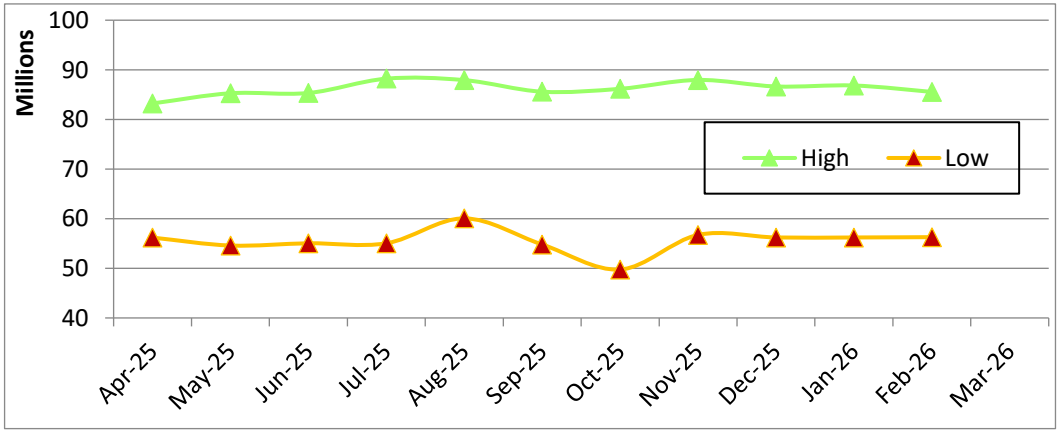
4.2 Cash Flow & Cash Flow Forecast 2025 / 2026



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. The reduction in March will be the PDC payment and Capital spend.

	Plan £k	Actual £k	Variance £k
Opening Balance	55,839	55,839	
Closing Balance	53,659	58,325	4,667



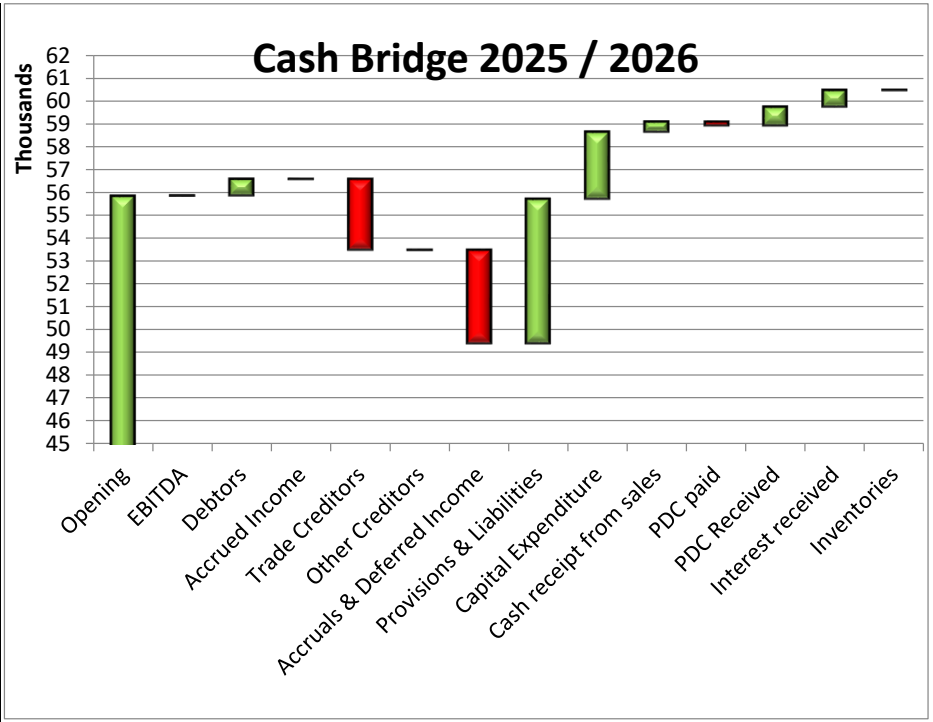
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £85.5m
The lowest balance is: £56.3m

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)	16,757	16,773	16	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	3,800	4,524	724	
Trade Payables (Creditors)	150	(2,949)	(3,099)	
Accruals & Deferred income	0	(4,097)	(4,097)	
Provisions & Liabilities	(4,952)	1,376	6,328	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(9,150)	(6,221)	2,929	
Cash receipts from asset sales	0	448	448	
Leases	(8,425)	(8,395)	30	
PDC Dividends paid	(2,267)	(2,433)	(166)	
PDC Dividends received	0	823	823	
Interest (paid)/ received	1,907	2,638	731	
Closing Balances	**53,658**	**58,325**	**4,667**	



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

The main headlines are picked out on the previous page.

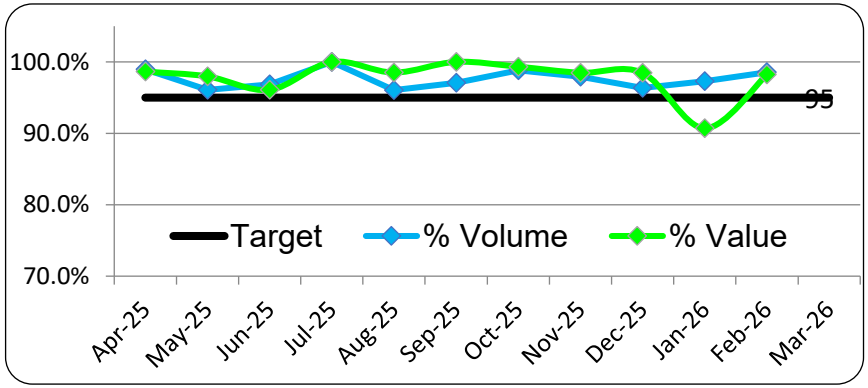
5.0 Better Payment Practice Code

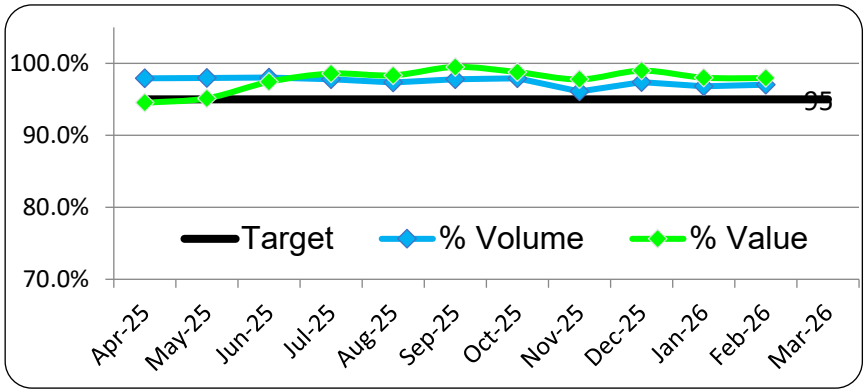
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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

NHS	Number %	Value %
In Month	99%	98%
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 (£)
09-Feb-26	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	2000032747	739,248
05-Feb-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1006383	722,069
02-Feb-26	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	206540	663,103
20-Feb-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS67	400,000
16-Feb-26	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000002186	344,118
03-Feb-26	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010892	334,529
05-Feb-26	Computer Licence	Trustwide	Softcat Plc	INVUK2103629	323,782
20-Feb-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS44	240,000
05-Feb-26	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 310	210,203
23-Feb-26	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600039261	169,230
05-Feb-26	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber NHS Foundation Trust	4400004026	136,176
14-Feb-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34061108	120,000
05-Feb-26	IT Services	Trustwide	Wavenet Ltd	1481664	108,300
03-Feb-26	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010888	107,995
25-Feb-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34059816	105,281
09-Feb-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS065INV	94,032
09-Feb-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS065SN	90,381
10-Feb-26	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710182757	81,705
11-Feb-26	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710182780	81,705
04-Feb-26	Drugs	Trustwide	Rowlands Pharmacy	1800005029	77,867
17-Feb-26	Drugs	Trustwide	Rowlands Pharmacy	1800005284	72,490
11-Feb-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1006413	69,872
16-Feb-26	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Trust	331975	69,687
23-Feb-26	NHS Recharge	Barnsley	Barnsley Hospital NHS Foundation Trust	6029410	64,348
14-Feb-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34061126	60,290
10-Feb-26	Drugs	Trustwide	NHS Business Services Authority	1000086956	57,323
11-Feb-26	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	SYSEC045INV	56,972
27-Feb-26	Purchase of Healthcare	AS Collaborative	Cumbria Northumberland Tyne And Wear NHS Foundation Trust	9810039049	55,557
01-Feb-26	Purchase of Healthcare	Forensics	Spectrum Community Health Cic	SINV9740	53,992
26-Feb-26	Furniture	Trustwide	Pineapple Contracts	SI106462	52,973

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
12-Feb-26	Utilities	Trustwide	Edf Energy Customers Ltd	000026678410	50,300
03-Feb-26	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000002151	50,158
16-Feb-26	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation Trust	0000002187	50,158
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157924	47,700
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157925	47,700
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157926	47,700
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157927	47,700
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157928	47,700
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157929	47,700
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157930	47,700
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157931	47,700
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157932	47,700
21-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403157933	47,700
17-Feb-26	Purchase of Healthcare	Kirklees	Kirklees Council	8610139923	43,750
26-Feb-26	Purchase of Healthcare	Kirklees	Invictus Wellbeing Services Cic	568	42,433
04-Feb-26	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001498EPC	40,950
17-Feb-26	Lease Cars	Trustwide	Athlon Mobility Services Uk Ltd	202680003498	39,458
04-Feb-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1006373	38,562
04-Feb-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1006374	38,562
04-Feb-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	1006372	37,318
04-Feb-26	Rent	Trustwide	Mmn&R Ltd	INV0287	34,684
26-Feb-26	NHS Recharge	Kirklees	Mid Yorkshire Hospitals NHS Trust	1600039266	33,723
24-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403158274	33,000
24-Feb-26	IT Equipment	Trustwide	Dell Corporation Ltd	7403158275	33,000
19-Feb-26	Utilities	Trustwide	Totalenergies Gas & Power Ltd	40558057626	32,508
06-Feb-26	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0451141	31,465
11-Feb-26	Purchase of Healthcare	Forensics	Change Grow Live	IN16298	28,406
19-Feb-26	Utilities	Trustwide	Totalenergies Gas & Power Ltd	40558039026	28,216
19-Feb-26	Utilities	Trustwide	Totalenergies Gas & Power Ltd	40391975226	27,547
01-Feb-26	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN25169152	27,177
06-Feb-26	Drugs	Doncaster	Speeds Healthcare Ltd	INV168850	27,045
18-Feb-26	Rent	Barnsley	Dr A D Mellor And Partners	300068	26,460
04-Feb-26	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72491636	26,345
12-Feb-26	Utilities	Trustwide	Edf Energy Customers Ltd	000026677819	26,328
19-Feb-26	Utilities	Trustwide	Totalenergies Gas & Power Ltd	40392244726	25,197

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

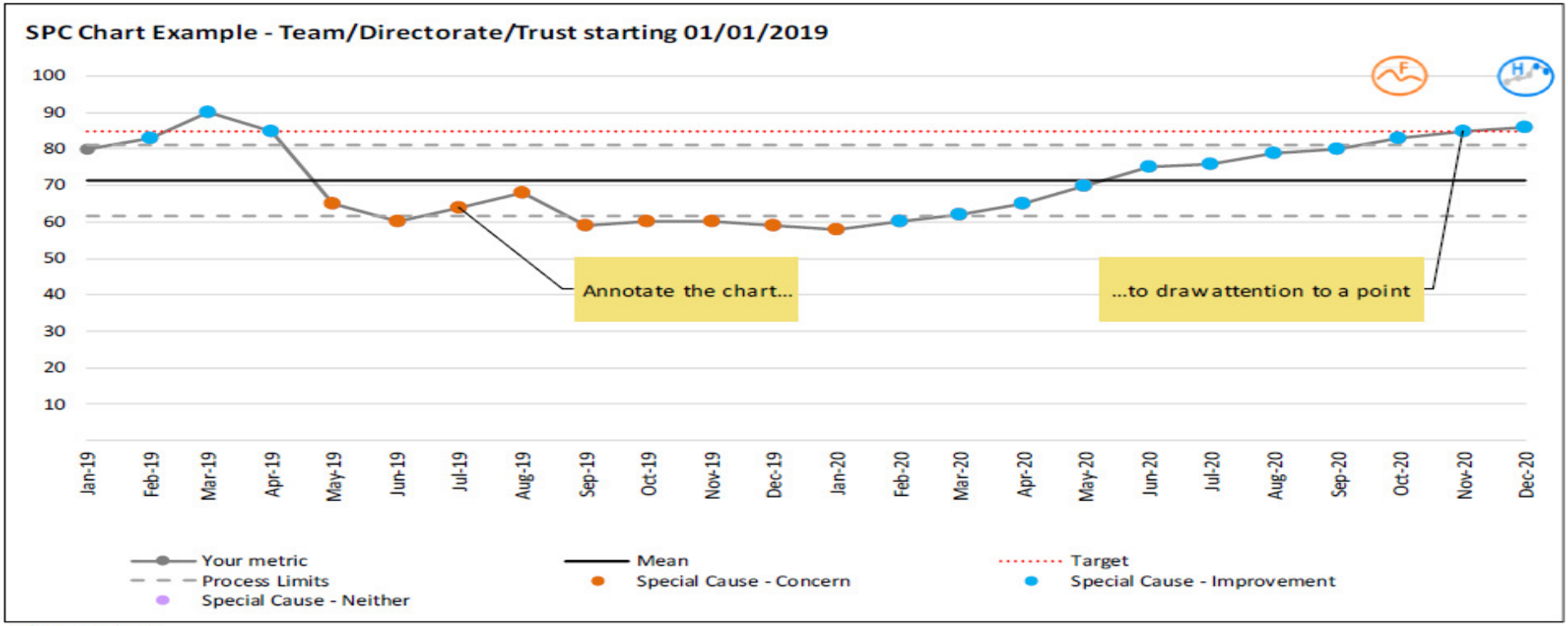
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data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