NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

July 2025

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for July 2025.

The format of the report for 2025/26 has been changed slightly to align with the focus of Trust board. 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 and the report has been updated to reflect this. In particular, the national metrics section includes metrics contained within the NHS England oversight framework, operational planning guidance for 2025/26 and NHS standard contract items for 2024/25 - this will be updated once contracts for 2025/26 have been agreed. 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 quarter two 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 and includes 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 depolyment of the Trusts Equality, diversity, and inclusion strategy.

Our Integrated Performance Report is publicly available on the internet.

Headlines

This section of the report identifies metrics where there has been a change in performance or where expected levels are not being achieved. 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	↓	
% service users clinically ready for discharge	↑	
% people dying in a place of their choosing	↓	
Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	↑	
% with care plan that includes service user input/views	↓	New metric from April 25
% inpatient care plans commenced within 24hrs before or after admission	↑	New metric from April 25
% inpatient risk assessment completed within 24hrs before or after admission	↑	New metric from April 25
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	↑	New metric from April 25
% on community active caseload at month end with a care plan which has been reviewed within the last year	↑	New metric from April 25

People

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

Finance

Metric	Change from last month	Variation/ Assurance
Surplus/(deficit) against plan (monthly)	↑	
Bank spend	↓	New metric from April 25
Financial sustainability and efficiencies	↑	New metric from April 25

National metrics

Metric	Change from last month	Variation/ Assurance
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	↑	
Maximum 6 week wait for diagnostic procedures	↓	
Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over	↓	New metric from April 25
Diagnostic test activity	↑	New metric from April 25
Inappropriate out of area bed days	↓	
Talking Therapies - Reliable Recovery	↑	
Talking Therapies - Reliable Improvement	↑	
Talking Therapies - proportion of people completing treatment who move to recovery - Trust	↑	
Talking Therapies - proportion of people completing treatment who move to recovery - Barnsley	↑	

Care Groups

Children and Young Peoples Mental Health Services (CAMHS)

Metric	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
Reducing restrictive physical interventions training compliance	↑	

Mental Health Community

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	
% Service Users on CPA with a formal review within the previous 12 months	↑	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	↑	New metric from April 25
Sickness rate (monthly)	↓	

Mental Health Inpatient

Metrics	Change from last month	Variation/ Assurance
% inpatient risk assessment completed within 24hrs before or after admission	↑	New metric from April 25
% of clients clinically ready for discharge	↑	
Sickness rate (monthly)	↓	
% Bed occupancy	↔	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	↓	New metric from April 25
Out of area bed days	↓	

LD, ADHD & ASD

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↓	
% of clients clinically ready for discharge	↑	
% of feedback with staff values and behaviours as an issue	↓	

Forensic - West Yorkshire

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	
% of feedback with staff values and behaviours as an issue	↓	
Sickness rate (Monthly)	↓	
% Bed occupancy (incl leave)	↑	
% inpatient risk assessment completed within 24hrs before or after admission	↓	New metric from April 25
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	↓	New metric from April 25

Forensic - South Yorkshire

Metrics	Change from last month	Variation/ Assurance
Cardiopulmonary resuscitation (CPR) training compliance	↓	
% Appraisal rate	↑	
% Bed occupancy	↑	

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
% of staff receiving supervision within policy guidance	↓	
% of feedback with staff values and behaviours as an issue	↔	
% of people dying in a place of their choosing	↓	

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 Trust had 36 violence and aggression incidents against staff on mental health wards involving race during July. This data now includes Cheswold Park Hospital. We are very mindful of the personal impact this has on our colleagues. We provide support to those affected and are working with other trusts to identify other opportunities to reduce the prevalence of these incidents.

• The total number of reported incidents in July increased to 1,647, 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 an increase in Barnsley Physical Health and Wellbeing related to a higher number of pressure ulcer incidents reported for this care group during the month. There is also a higher number of incidents reported by Mental Health Inpatients and this is attributed to violence and aggression incidents by patient against staff linked to the acuity of a number of service users. All incidents continue to be subject to review by the patient safety team with relevant governance within the care groups.

• 96% of incidents reported in July 2025 resulted in no or low harm or were not under the care of the Trust.

• The number of restraint incidents increased this month from 184 reported in June to 258. 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.

• There were 5 prone restraints in total. There were also 2 instances where the prone position was service user led. Alternative seclusion exit training is now embedded in both four-day initial and two-day annual refresher Reducing Restrictive Physical Interventions training. Additional bespoke sessions are being offered across inpatient units in collaboration with Ward Managers to ensure all inpatient nursing staff, both registered and unregistered staff are supported to undertake training in alternative seclusion exit techniques and feel confident to use. This should support a move away from prone restraint being used as a method for exiting seclusion which as the data above shows is the primary reason for prone restraint use in July 2025.

• There were 13 information governance personal data breaches during July which is above the threshold of 12 or less. Information disclosed in error continues to be the highest reported category, these were spread across various care groups, however, a communications campaign is in progress and personal responsibility for correctly identifying services users on the clinical systems is a key focus this month, to prevent further incidents.

• There were 49 inpatient falls reported during July 2025. We actively risk assess those service users who are at high risk of falling and implement care plans. All falls incidents are reviewed regularly by the Trustwide falls coordinator to ascertain any themes or actions required. There is a project commencing to review alternative methods of support and manage the risks.

• 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 93.5% against a target of 90%. Disability recording was at 50.2%, sexual orientation 53.9% 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.

• The reducing inequalities data has demonstrated a striking and significant difference in the average length of stay, which is longer for Asian and Black service users. We have done some work to drill into this data and have included more detail in the inequalities section of the report.

• Risk assessments and care plans – as we aim to continually improve, we have further developed our metric regarding care plans. The new care plan metrics for community are now capturing the whole community caseload rather than only individuals on the care programme approach. From a safety and quality perspective, the Trust's aim is to work towards achievement of 95% against each of these standards. Clinical staff are adapting to the new requirements of where and how to record items and we have a phased trajectory progressively working towards 95%. Forensic risk assessments are completed prior to admission as part of the admission assessment and planning process. In line with good clinical practice these are then reviewed at the point of admission to ensure they are still clinically accurate, the admitting clinician will record this review within the risk assessment going forwards, which will enable capture of risk assessment.

• All areas are focusing on continuing to improve performance for risk assessments. Staying Safe plans are now captured as part of the My Care and Safety Plan, rather than the FIRM risk assessment, following the changes to care plans that went live in January. There is a high level of scrutiny when a staying safe care plan is not completed within 24 hours. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. Clinical staff are adapting to the new requirements of where and how to record items measured in the metric, and some changes to care programme approach recording.

• The Trust has seen a reduction in the safer staffing fill rate over the last six months; this is linked to the grip and control measures that have been put into place in relation to the use of temporary staffing. At the new temporary staffing meeting, members review all Datix incidents submitted around safe staffing and quality impact to ensure safety is maintained. Each care

Care Groups

• Children's neurodevelopment waits remain a major issue given the exponential growth in demand in recent years, which has been further compounded by vacancies in the team. There is an offer in place to support children and families whilst waiting. Close work with commissioners continues across each place.

• Improvement work on waiting list times in community learning disability services has led to an overall improvement against the 18 weeks standard and for the month of July 91.5% was achieved. This has shown a sustained improvement and been consistently achieved since November 2024.

• The number of out of area bed placements remains amongst the lowest in the North-East, Yorkshire and Humber region. Demand for beds continues to be a significant challenge and we have experienced increased use of out of area beds days in the last month. The benefits of providing care close to home are very evident. This can have an impact on our inpatient staffing costs given the high occupancy on many wards, and we are evaluating any unintended risks as a result of focus on maintaining local care. We are working with commissioners to address the increase in clinically ready for discharge patients.

• 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 a first appointment at the end of July, 73% of those waiting had been waiting for a period of 18 weeks or less. This excludes waits for autistic spectrum disorder waits and neurodevelopmental teams which are reported separately. The average wait for neuro development assessment is 959 days in Kirklees and 356 days in Calderdale. Neurodevelopment waits for children remain a concern and discussions continue with commissioners about how we can further strengthen the offer to reduce any impact on those who require assessment or support.

• Adult Attention Deficit Hyperactivity Disorder (ADHD) and autism referrals continue to be at levels significantly higher than commissioned – cases, where agreed with commissioners, are triaged and prioritised according to need.

The commissioned level for ADHD pathways in Barnsley, Wakefield and Kirklees is approximately 27 cases across all three areas per month. The number of referrals for ADHD received for these areas in July was 346.

As demand in all areas is significantly more than capacity, this leads to lengthy waits, and the care remains with the referrer until accepted by the service. An innovative new step has been developed to offer face to face triage for ADHD to ensure only clinically appropriate cases are offered an assessment, this is currently commissioned in Wakefield and Kirklees. Barnsley and Calderdale have requested updated business cases for their consideration.

• Mental health acute wards have continued to manage high levels of acuity and increased levels of risk to self and others as shown in the incident data. Further work is being carried out to understand how efficiency can be improved to release time for nursing staff to care. Continued high occupancy levels contribute to increased acuity. Capacity to meet demand for beds remains challenging and is placing significant pressure on patient flow, Intensive Home-Based Treatment Teams, community teams and wards. This pressure links to the urgent and emergency care planning guidance that escalates 12-hour breaches to the Integrated Care Board therefore, pressure to focus on those patients in the acute Trust Emergency departments.

• A significant reduction in the use of agency staff on wards has been sustained. However, use of bank staff increased slight during the month compared to last month. The temporary staffing weekly meeting scrutinises the use of additional staffing and any areas of improvement to reduce the reliance on bank staff.

• Focus on patients clinically ready for discharge continues to take place across mental health and learning disabilities, although we have seen an overall reduction in delays during July. Challenges are those associated to specialist placements and housing. Hotspot areas include learning disabilities, adult and older peoples wards and psychiatric intensive care unit (PICU). Further detail can be seen in the care group section of the report.

People

• Overall sickness absence has increase slightly to threshold for July 2025 at 5%. July sickness increased to 5.3%. We have seen an overall rise in long term sickness as a % of total absence – these are being managed in Care Groups with support from the people directorate. The introduction of a new sickness absence dashboard has been rolled out for managers, to support them in managing absences and enabling more Trustwide information to be available.
• Appraisal compliance continues to improve from previous levels and stands at 90.2% in July 2025. A trajectory has been set at 90% which we expect will be achieved in the coming months.
• Our 12-month staff turnover rate in July has increased slightly from last month to 9.7%. This is still a lower level than we have seen in previous years. Staffing establishments for mental health inpatient wards have been agreed therefore recruitment has commenced which will improve consistency of care and reduce the requirement for high use of temporary staffing in time. There will be a number of bank staff transitioning to substantive clinical support worker posts by the end of October which will support both Mental health adult and older people wards and Forensic inpatient wards.
• In July, we had 17 new starters and 41 leavers. July also saw a further decrease in substantive staff, this is being monitored against a forecast 2% reduction expected to be achieved by end of March 2026.
• Our overall mandatory training compliance remains above threshold, with the majority of training areas sustaining performance. Dedicated focus on non-compliance continues within all care groups.

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, 118 out of 254 children (46.5%) received a diagnostic appointment within 6 weeks against a national threshold of 99% in July. This is an improvement in performance, however, issues continue to relate to staffing issues within this service. Additional staffing is now in post and temporary cover will continue until their induction period is completed.
• Children & Younger People with an eating disorder - % routine cases accessing treatment within 4 weeks remains below the national threshold of 95%. This relates to 8 service users out of a total of 39. 3 of those related to Avoidant/restrictive food intake disorder (ARFID) referrals. Of the remaining 5 cases, 3 of those were offered earlier appointments but were either re-arranged by family, did not attend or cancelled and 2 were due to clinical capacity.
• Community services waiting list - This metric reports the total number of people waiting across a range of physical health and wellbeing 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 It is important to note that although there has been an increase in numbers waiting, this does not mean they are waiting above threshold.
• Reduction in acute length of stay (ALOS). The Trust has set itself a local target to reduce adult acute lengths of stay by 10% by the end of March 2026. Overall, the average length of stay for people discharged in July has increased slightly from last month – this can be impacted by a long stay being discharged during the month. In terms of performance against the trajectory, we are meeting the trajectory for June for our West Yorkshire acute mental health and PICU wards (Calderdale, Kirklees, and Wakefield), but remain above our trajectory for Barnsley wards.
• 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. For services to work within the financial envelope opportunities for working differently and effectively need to be explored and introduced.
• Expansion of mental health teams in schools – we are working with commissioners regarding the plans for Mental Health Support Teams in 2025/26.
• Expansion of talking therapies service - The ongoing expansion of talking therapies services is progressing in alignment with national expansion targets and the corresponding funding provisions further plans for service development can be seen in the national metrics section of the report

Finance

• The financial performance for July 2025 is a deficit of £18k which is £0.5m better than plan. This means that the year to date deficit has remained at £2.0m, but due to the plan profile, is now £0.4m better than plan is a deficit of £0.6m which is £0.1m (16%) better than plan. In order to achieve the breakeven target further improvements to the current run rate are required; whilst a number of mitigations have been identified the focus remains on the identification and delivery of further schemes to support medium term financial sustainability.
• Agency spend has continued to be lower than planned against the year to date position.
• Trust bank expenditure has continued increase each month with July spend similar to March / April 2025 run rate. Usage, and the operational reasons, continue to be monitored weekly through the Trust temporary staffing management group.
• In July corporate services spend is £0.2m less than planned.
• The value for money programme is £0.7m behind plan for the year to date. This is primarily due to workforce and temporary staffing (bank). Mitigations continue to be developed to ensure that the target is delivered in full as part of supporting delivery of the overall financial position.
• Cash continues to be monitored to ensure effective management of the Trust working capital position. In July 2025 this remains better than planned.
• Spend on capital is less than planned for the year to date. The main driver is leased properties which, following the annual revaluation exercise, are significantly lower than previously estimated. The forecast position, still assuming full utilisation of the various allocations, has been updated in month reflect the current position. As such some schemes have been brought forward from future years.

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	May-25	Jun-25	Jul-25	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks [5]	Best Quality	Responsive	TBC	74.9%	76.0%	73.0%	N/A
Complaints	% of feedback with staff values and behaviours as an issue [12]	Best Quality	Caring	< 20%	18% (5/28)	8% (3/38)	17% (8/48)	1
	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	116.1	108.4	144.8	N/A
	Complaints - Number of responses provided within six months of the date a complaint received [16]	Best Quality	Well led	100%	88% (15/17)	95% (18/19)	84% (16/19)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	94%	86%	91%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	96%	95%	97%	1
	Number of compliments received	Best Quality	Caring	N/A	75	74	37	N/A
Quality	Notifiable Safety Incidents (where Duty of Candour applies) [4]	Best Quality	Safe	Trend monitor	8	1	5	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions [4]	Best Quality	Safe	Trend monitor	1	0	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches [4]	Best Quality	Safe	0	0	0	0	1
	Number of Information Governance breaches [3]	Best Quality	Well led	<12	7	8	13	2
	% of inpatients clinically ready for discharge *	Person first and in the centre	Responsive	3.5%	6.1%	5.4%	3.9%	3
	Total number of reported incidents [18] *	Best Quality	Safe	Trend monitor	1457	1488	1647	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	31	34	37	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	0	2	5	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) [9]	Best Quality	Safe	Trend monitor	2	0	0	
	Safer staff fill rates *	Best Quality	Safe	90%	122.0%	119.4%	119.4%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	100.2%	97.5%	96.0%	1
	Number of pressure ulcers which developed under SWYPFT care [1]	Best Quality	Safe	Trend monitor	35	38	49	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement [2]	Best Quality	Safe	0	0	0	1	0
	Eliminating Mixed Sex Accommodation Breaches	Best Quality	Safe	0	0	0	0	1
	Number of Falls (inpatients) *	Best Quality	Safe	Trend monitor	44	49	49	
	Number of restraint incidents *	Best Quality	Safe	Trend monitor	170	184	258	
	% of staff receiving supervision within policy guidance [15]	Best place to work and learn	Well led	80%	85.7%	88.0%	88.1%	1
	Potential under-reporting of patient safety incidents	Best Quality	Safe					
	% people dying in a place of their choosing [14]	Person first and in the centre	Responsive	80%	88.9%	93.1%	78.1%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	28	17	17	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%	Due August 2025			
	Number of violence and aggression incidents against staff on mental health wards involving race *	Best place to work and learn	Safe	Trend Monitor	35	37	36	N/A
	Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Best Quality	Safe	0	9		Due October	
	Estates Urgent Response Times - Service level agreement (SLA)	Best Quality	Well led	95%	99.5%	98.9%	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%	
	% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	Best Quality	Well led	100%	100.0%	100.0%	100.0%	
	Percentage of service users who have had their equality data recorded - ethnicity	Best Quality	Responsive	90%	94.4%	93.3%	93.5%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	52.0%	51.1%	50.2%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	56.3%	55.1%	53.9%	
	Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.5%	99.6%	99.6%	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	May-25	Jun-25	Jul-25	Year End Forecast*
	Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	Best Quality	Responsive	Service timely completion - 75% Policy - 95%	88.2% Service 100% Policy	100% Service 100% Policy	100% Service 100% Policy	
	% 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%	57.7%	65.4%	75.7%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring		70.0%	70.1%	70.0%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		97.2%	92.5%	94.5%	
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		86.6%	78.3%	81.1%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		88.9%	88.8%	89.1%	
	Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	Best Quality	Safe	April and May – 12 June and July – 10	11	7	5	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor	92	54	39	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor	4814	5093	6639	N/A
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Person first and in the centre	Safe	6	0	0	0	1
	C Diff avoidable cases	Person first and in the centre	Safe	0	0	0	0	1
	E. Coli bloodstream infection rate	Person first and in the centre	Safe	0	0	0	0	
	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Person first and in the centre	Safe	0	0	0	0	
Improving Resource	NHS England Systems Oversight framework segmentation	All	Well led	2	2	2	2	
	Overall CQC rating	All	Well led		Good			
	CQC well - led rating	All	Well led		Good			

Quality & Safety Headlines

• Complaints - Number of responses provided within six months of the date a complaint received – reporting against this metric aligns to the NHS Complaints (England) Regulations 2009 stating that complaints should be responded to/closed within six months of the date received. The Trust is undertaking work to review the time taken for complaints to be investigated and responded to, to help understand any areas for improvement and how this can be monitored locally. Of the 19 complaints responded to during the month, 16 were undertaken within six months of the complaints being received, and the average number of working days these complaints were open was 144.8 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.
• The number of information governance breaches increased during July. Information disclosed in error continues to be the highest reported category, these were spread across various care groups, however, a communications campaign is in progress and personal responsibility for correctly identifying services users on the clinical systems is a key focus this month, to prevent further incidents.
• Clinically ready for discharge (previously delayed transfers of care) - Overall Trust position for July was 3.9%, this includes data for Cheswold Park Hospital. The performance excluding Cheswold Park Hospital is 6.3% which is in line with last month. There are still a significant number of people who are delayed which may impact on performance in future months and further detail regarding hotspot areas can be seen in the care group and ward level sections of this report along with work taking place to reduce the number of delays, with partner agencies.
• % people dying in a place of their choosing has dropped below the 80% threshold at 78.1% in July. Seven individuals were unable to be transferred to their preferred place due to complex medical needs
• The number of reported incidents - An increase in incidents has been seen in July, the total figure for July incudes 106 incidents that are attributed to Cheswold Park Hospital; 1541 incidents were attributed to the rest of the Trust. All care groups are showing within normal variation but Barnsley Physical Health and Wellbeing are showing as higher than usual. There is a high number of pressure ulcer incidents reported for this care group during the month. There is also a higher number of incidents reported by Mental Health Inpatients and this is attributed to violence and aggression incidents by patient against staff. All incidents continue to be subject to review by the patient safety team with relevant governance within the care groups.
• There were 5 severe harm incidents reported during the month three of which related to pressure ulcers.
• The overall number of restraint incidents in July was 258 though this figure now includes data for Cheswold Park Hospital. 33 of these incidents were attributed to Melton ward and 32 to Ward 18 at the Priestley Unit. 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 decreased to 5 in July. There were also 2 instances where the prone position was service user led. Alternative seclusion exit training is now embedded in both four day initial and two day annual refresher Reducing Restrictive Physical Interventions training. Additional bespoke sessions are being offered across inpatient units in collaboration with Ward Managers to ensure all inpatient nursing staff, both registered and unregistered staff are supported to undertake training in alternative seclusion exit techniques and feel confident to use. This should support a move away from prone restraint being used as a method for exiting seclusion which as the data above shows is the primary reason for prone restraint use in July 2025.
• Following the implementation of the new care plan in January 25, a set of new metrics have been identified to monitor care plans and risk assessments and these have been in place since April 25. These now cover the whole community caseload rather than only individuals on the care programme approach (CPA) and this has impacted on the overall performance across all metrics. From a safety and quality perspective, the Trusts aim is to achieve 95% against each of these standards. Clinical staff are adapting to the new requirements of where and how to record items and this is adversely impacting on the overall compliance, as a result an interim trajectory of 75%-80% has been identified and work is taking place to set a trajectory of improvement to get services up to the 95% standard.
• All areas are focussing on continuing to improve performance for risk assessments. Staying Safe plans are now captured as part of the My Care and Safety Plan, rather than the FIRM risk assessment, following the changes to care plans that went live on 6th January. The Staying Safe percentage compliance for inpatient services is significantly impacted due to the relatively small number of admissions and April's compliance is impacted further by ward teams adjusting to the new layout and format of care plans. There is a high level of scrutiny when a staying safe care plan is not completed within 24 hours. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. The go live of the new mental health care plan has negatively impacted on this metric reporting, in part due to clinical staff adapting to the new requirements of where and how to record items measured in the metric, and some changes to CPA recording. Oversight of these in each team is

Quality & Safety Headlines Cont…

Patient Safety Incident Response Framework (PSIRF)
A review of the Trust's PSIRF plan and policy is currently underway.

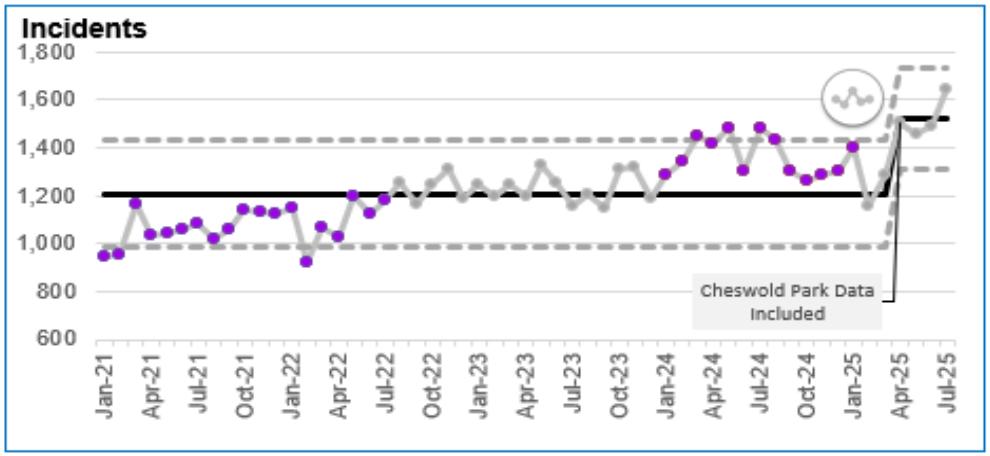
Safety Incident Response Accreditation Network (SIRAN)
Feedback has been received from the accreditation committee. There are two standards remaining outstanding relating to the implementation of feedback surveys. This has been finalised and submitted as evidence and will be reviewed by the Accreditation Committee by the end of September.

Learn from Patient Safety Events (LFPSE) Data Validation
The LFPSE is a standardised framework designed to categorise and report patient safety incidents in healthcare settings. Its purpose is to facilitate better data collection, reporting, and analysis, which ultimately aims to improve patient outcomes and care quality. LFPSE data validation for the Trust has taken place in line with a national request. RLDatix are working on the upgraded version - LFPSE Taxonomy V6 - and an upgrade to Datixweb will be carried out once this is available.

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 24 report to align with wording used in the national reporting. This relates to complaints received during the month and until investigation process is complete, this may result in not all of those being upheld.
14 - This metric relates to the Macmillan service, end of life pathway.
15 - % of Band 4 and above clinical staff who have received supervision in the previous 90 days.
16 - Formal complaints should be responded to/closed within 6 months of the date received as is written into the NHS Complaints (England) Regulations 2009
* - includes data for Cheswold Park Hospital from April 2025.

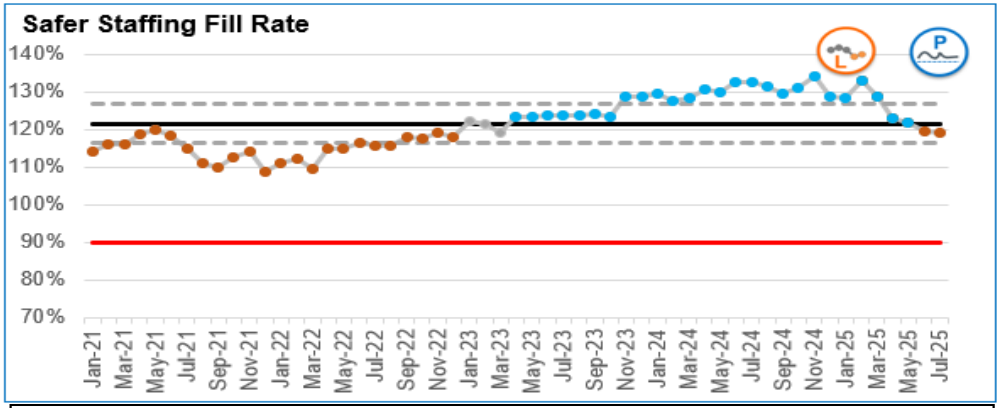
Statistical process control charts

Incidents

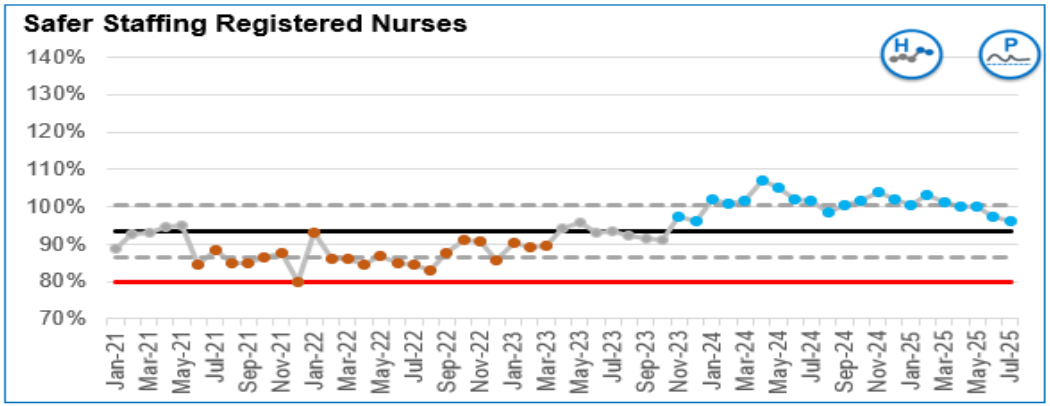


We have recalculated the chart from April 2025 due to the inclusion of Cheswold Park Hospital data. The chart shows that we are in a period of common cause variation (no concern)
It should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting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

Safer Staffing Inpatients



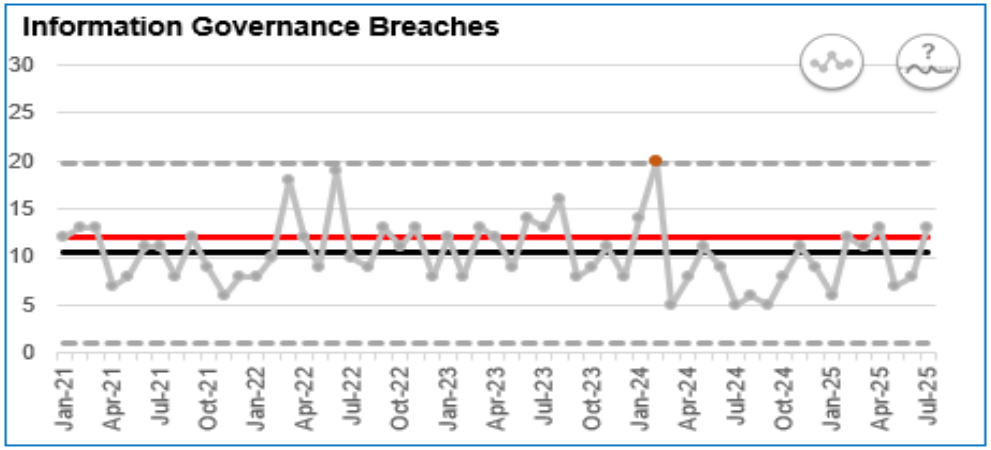
The chart above shows that in July 2025 due a sustained decrease in the staffing fill rate, we have entered a period of special cause concerning variation (something is happening and should be investigated). There has been an increase in demand which means more shifts are being requested, there has been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



The chart above shows that in July 2025, due to the continued reduction 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.

Statistical process control charts

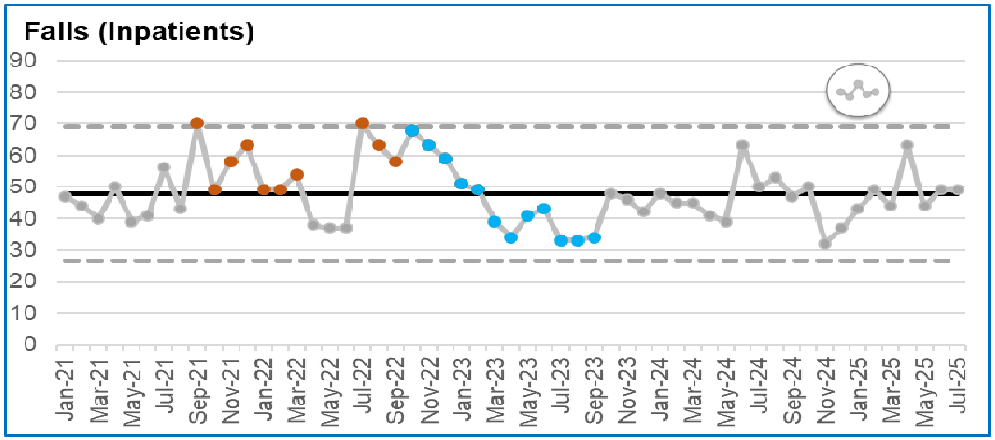
Information Governance (IG)



This SPC chart shows that as at July 2025 we remain in a period of common cause variation (no concern, no action is required), though the performance for the month is over the target.

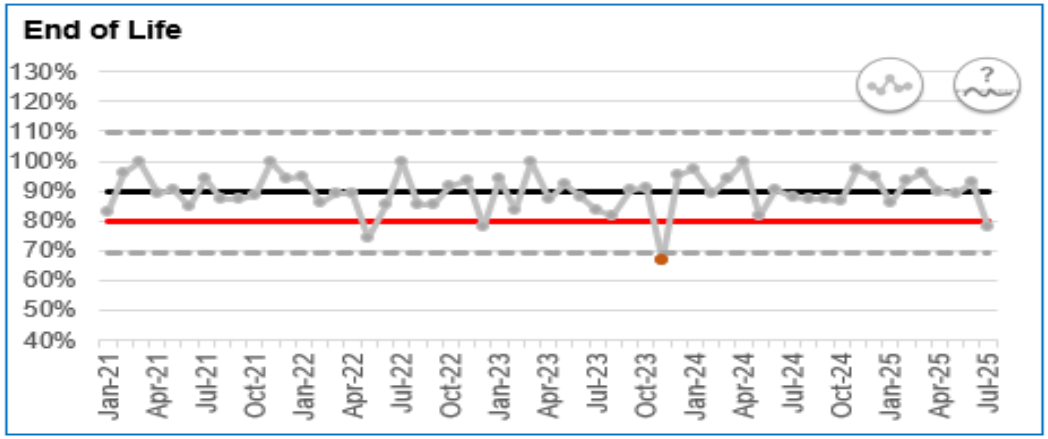
Overall there has been a decrease in the number of IG breaches, however, the Trust has seen an increase in the month of July. A review of incidents for the period April 25 - July 25 has found that they are spread across all care groups and no hotspots have been identified.

Falls (Inpatient)



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

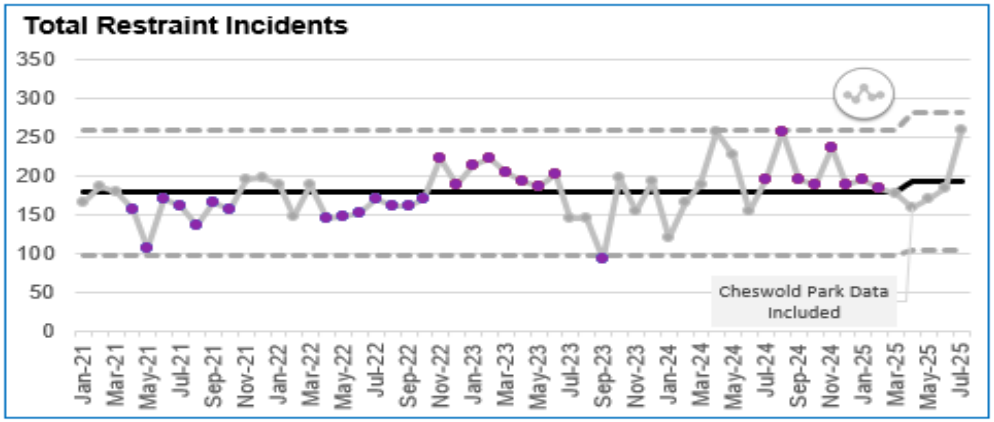
End of Life



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

Statistical process control charts

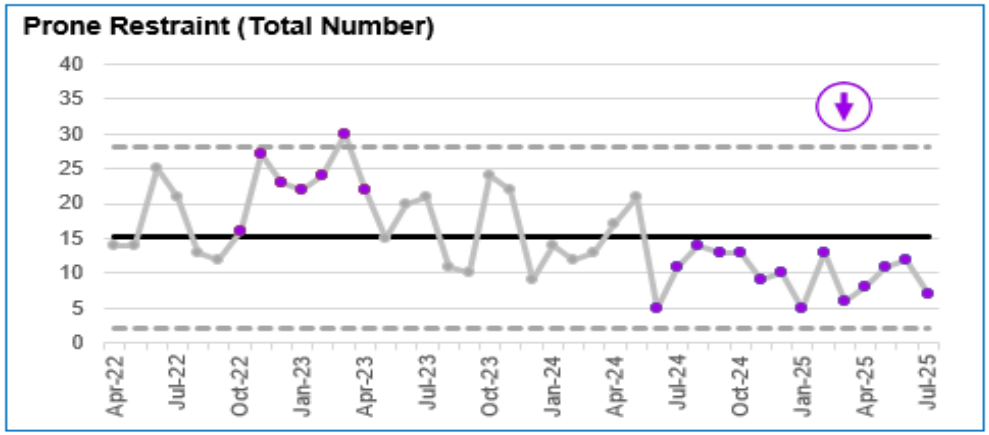
Restraints



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

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

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



The total number of prone restraints has decreased in July and the SPC chart shows an overall reducing trend. All incidents of prone restraint are reviewed for learning in the Patient Safety Oversight Group. The improvement work continues.

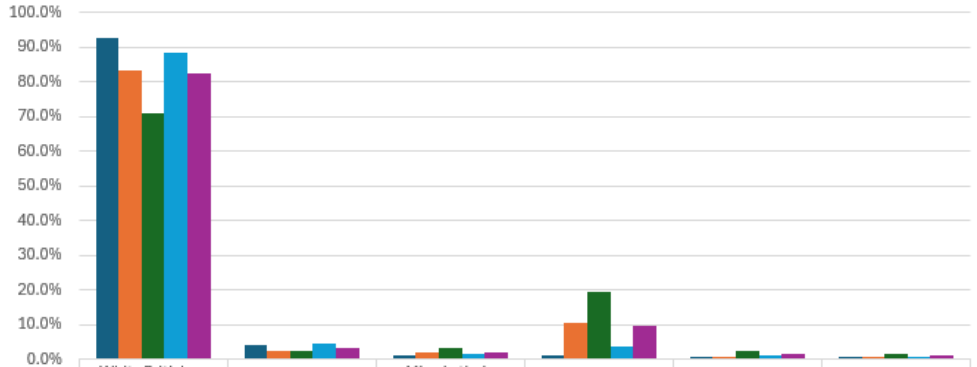
Of the seven total prone restraints in July, two were service user led.

Reducing Inequalities

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

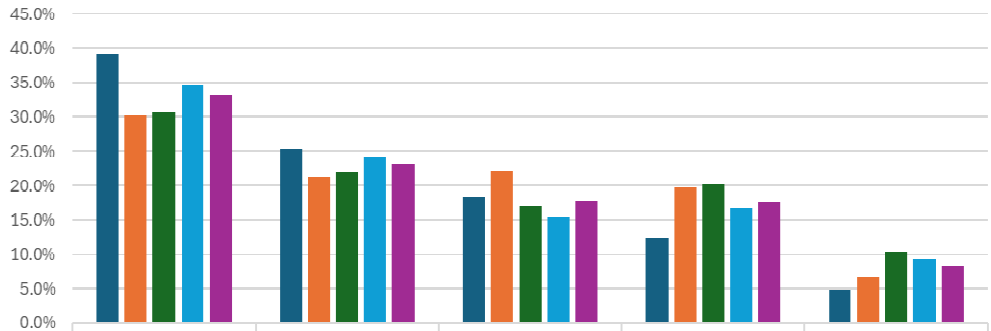
The population our Trust serves is varied in terms of ethnic make-up and also levels of deprivation. We can measure the relative deprivation of an area using 7 distinct domains of deprivation, which are: 1) Income 2) Employment 3) Health deprivation and disability 4) Education, skills & training 5) Crime,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

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



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

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



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

Reducing Inequalities

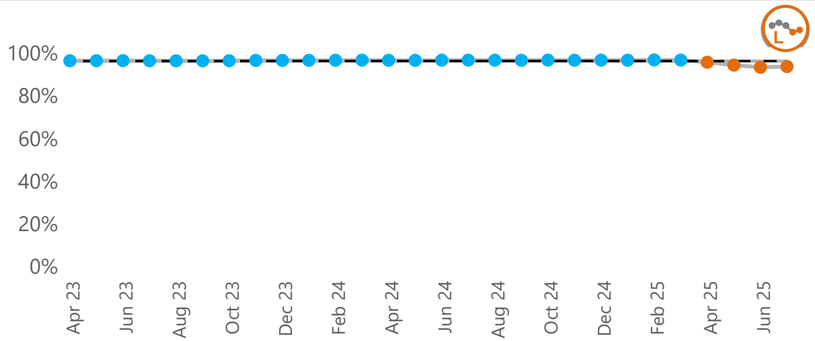
Data as of : 20/08/2025 17:35:04

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.

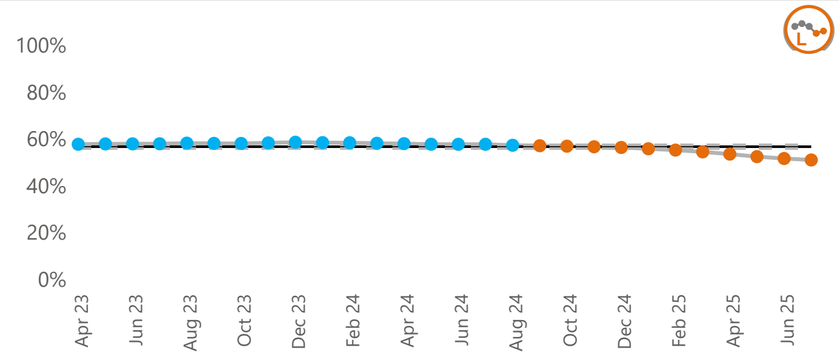
The SPC charts below show the completion rates for these measures.

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



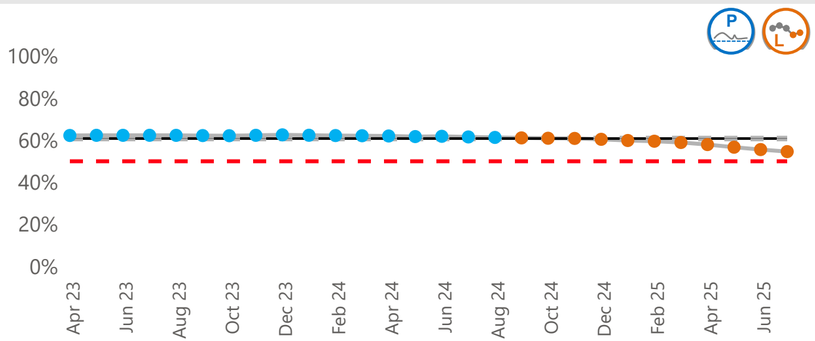
The Statistical Process Control (SPC) chart shows that in July 2025 due to the continued dip in performance we have entered a period of special cause deteriorating variation (something is happening and should be investigated).

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



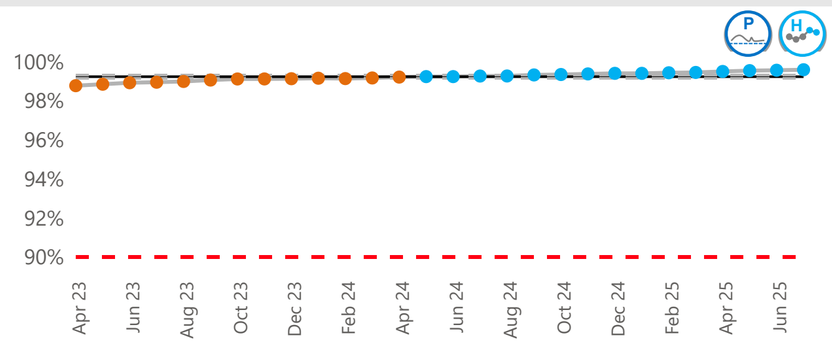
The SPC chart shows that in July 2025 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months.

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



The SPC chart shows that in July 2025 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months.

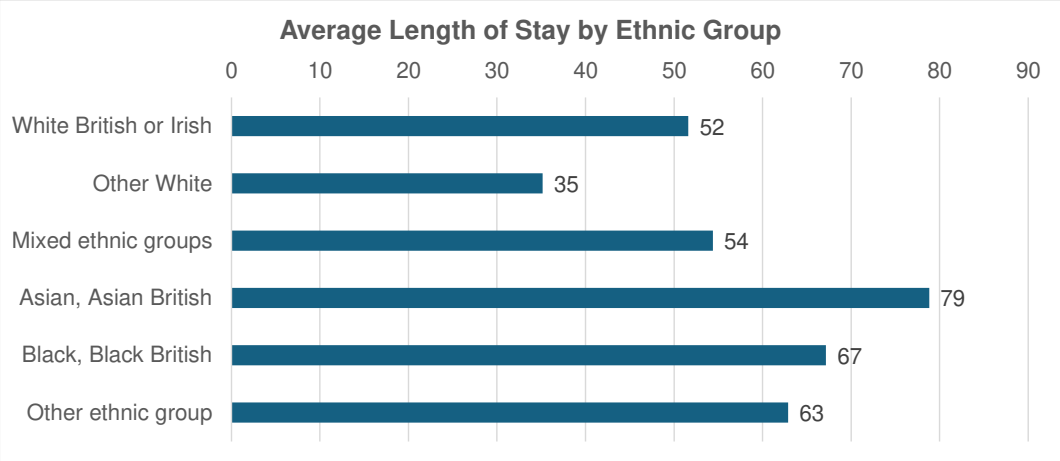
M95 - Percentage of service users who have had their equality data recorded - deprivation (postcode)

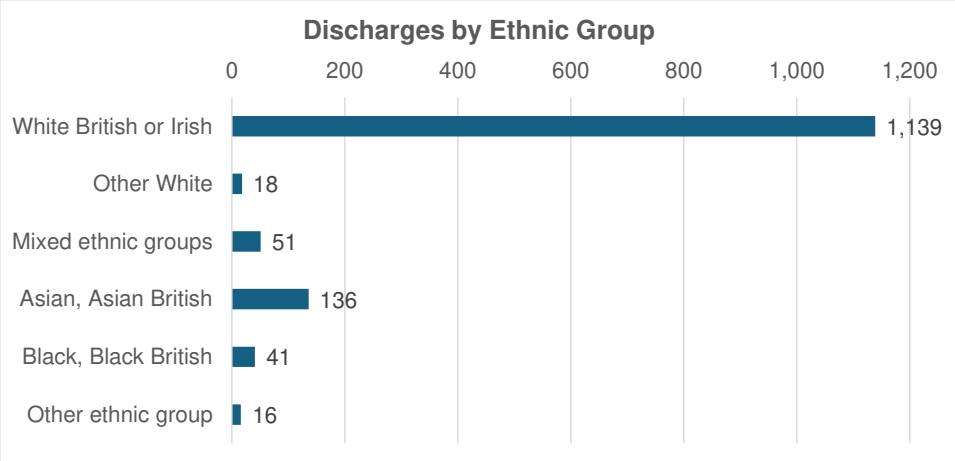


The SPC chart shows that in July 2025 we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained increase in performance.

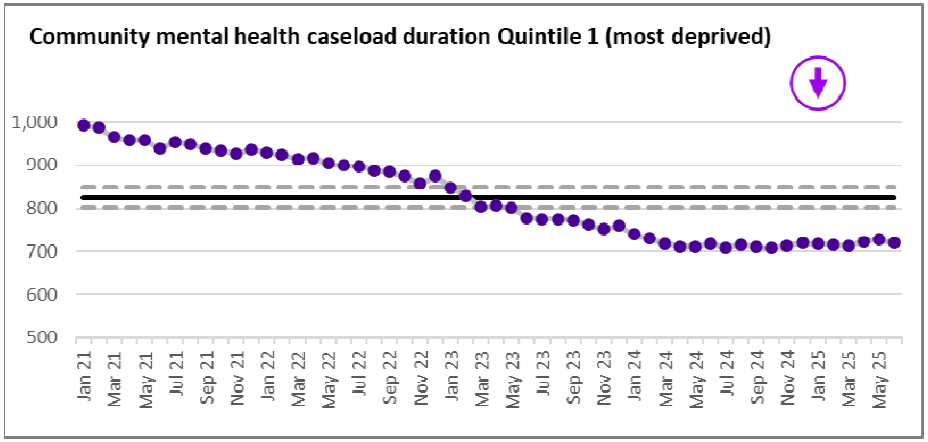
Reducing Inequalities

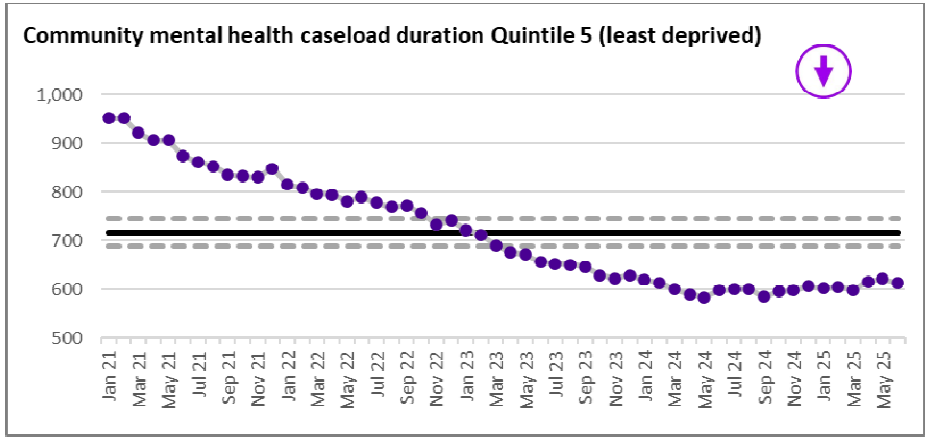
Please note the charts have been revised due to an error in the previous data reported. The charts show the average lengths of stay (ALOS) for our Acute and PICU, adult and older adults wards, for the financial year 2024/2025 (excluding 136 Suite and out of area stays). The data suggests evidence in disparity of average Length of Stay (LoS) between ethnic groups. We need to carry out further review of this to achieve a greater level of understanding of the context of the data, for example looking at inpatient population size of all ethnicities during this reporting period. The review of a cross section of patient journeys may help us to understand whether there are any themes identifying variation in presentation and / or care that may contribute to the differences seen in average LoS.





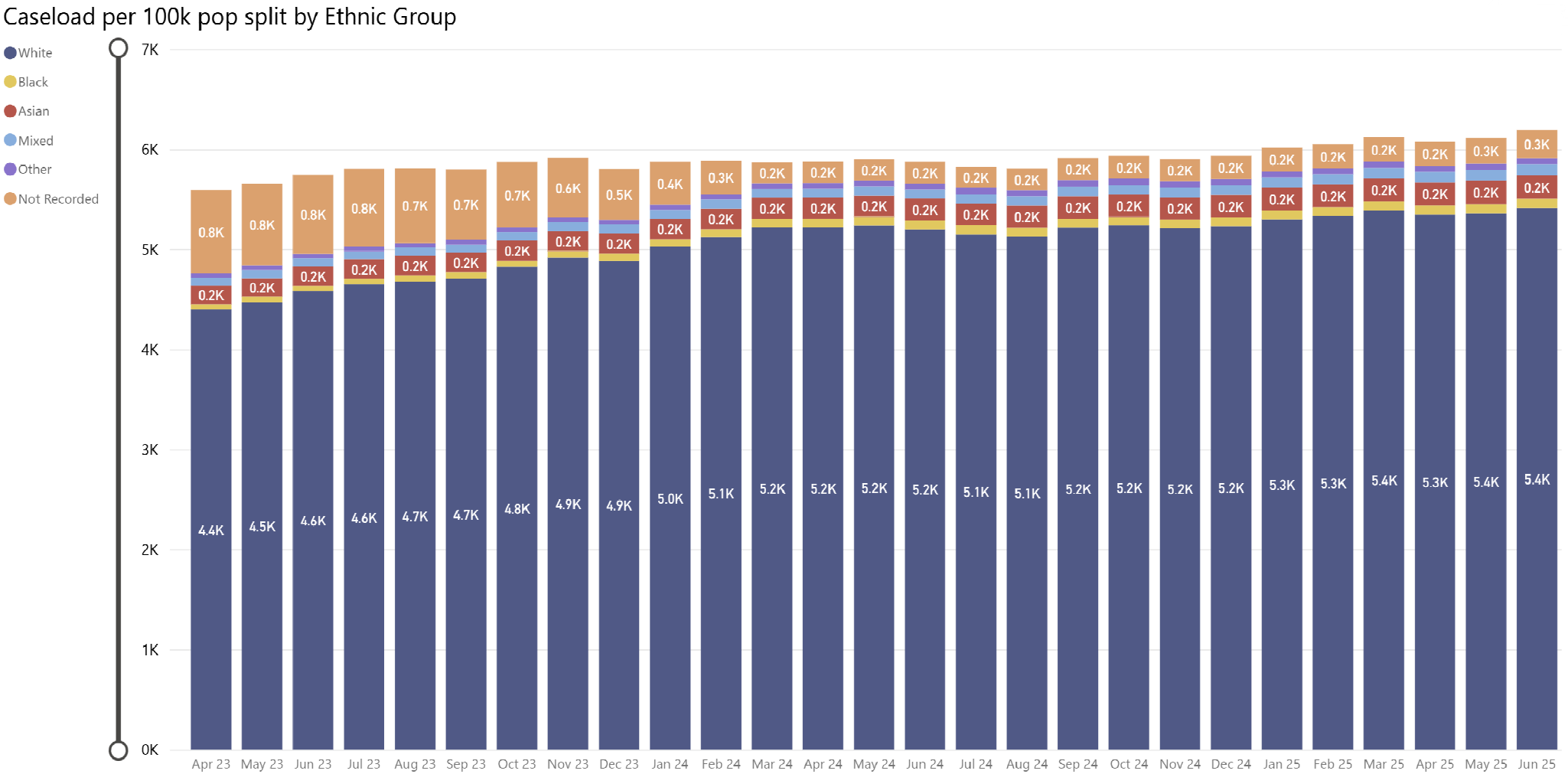
The charts below show the average caseload length for patients on the caseload of a community health team by those with a post code in the most deprived areas (Quintile 1) and those with a post code in the least deprived areas (Quintile 5).





Reducing Inequalities

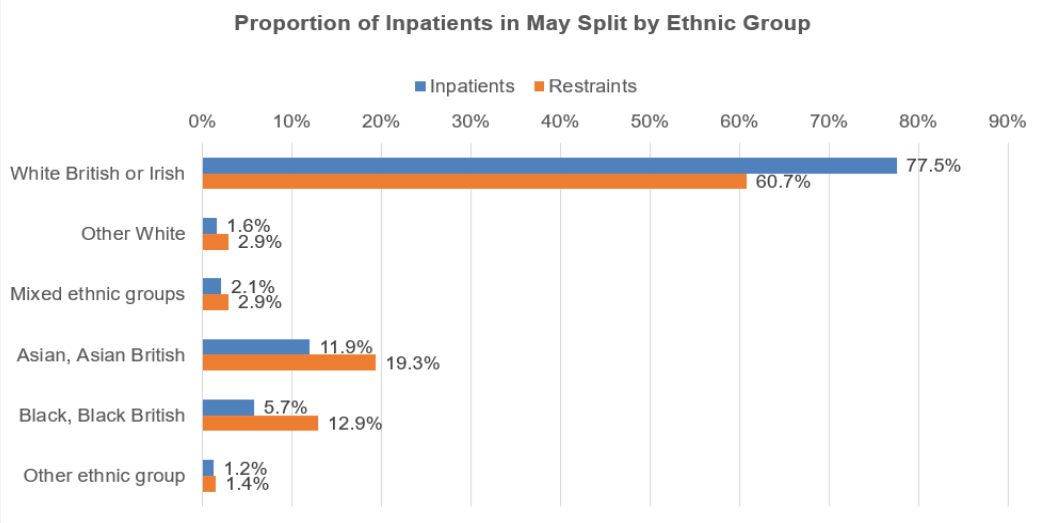
The chart below shows the split by the ethnic group of the clients on the caseload of a community health team, shown per 100,000 population.

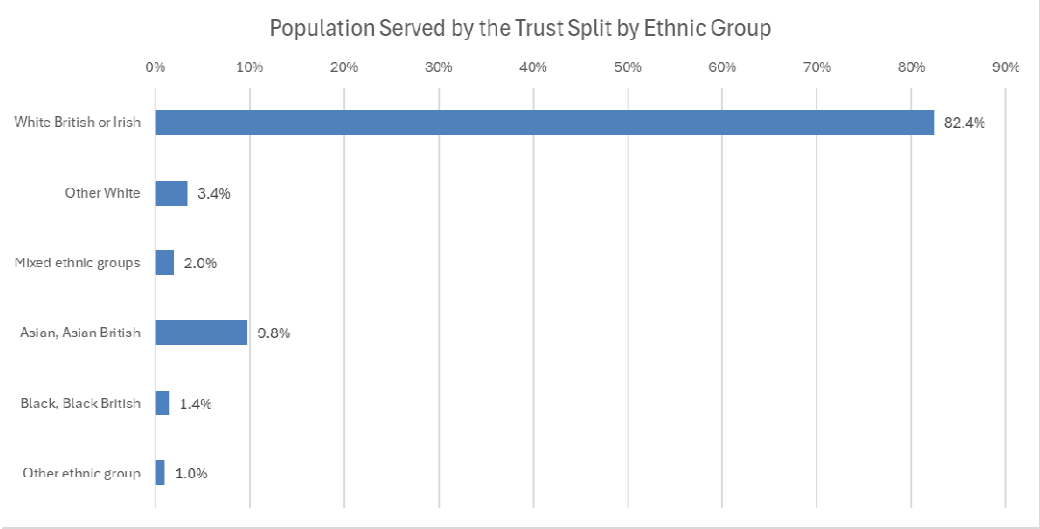


NB: 'White Other' is incorporated in the 'white' category in this chart.

Reducing Inequalities

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

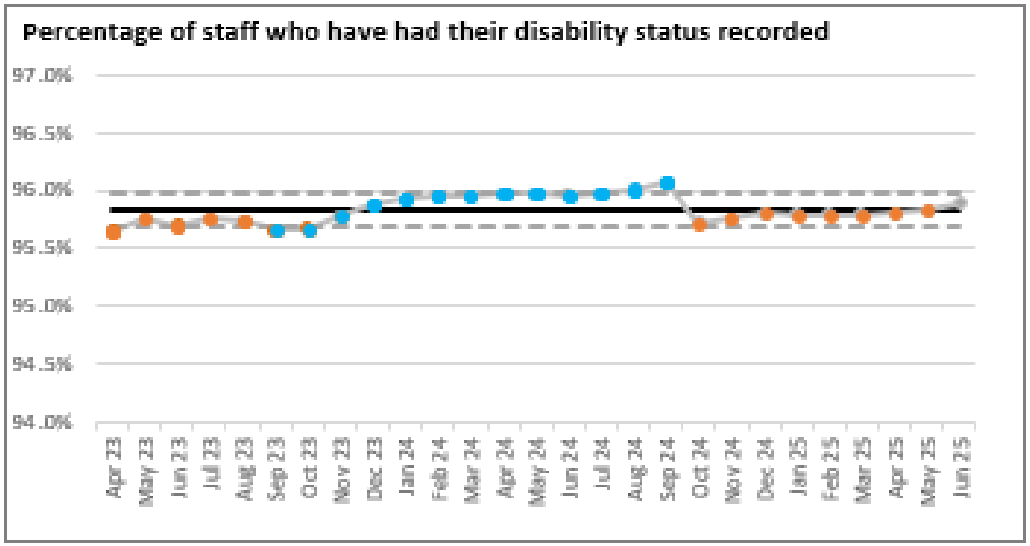


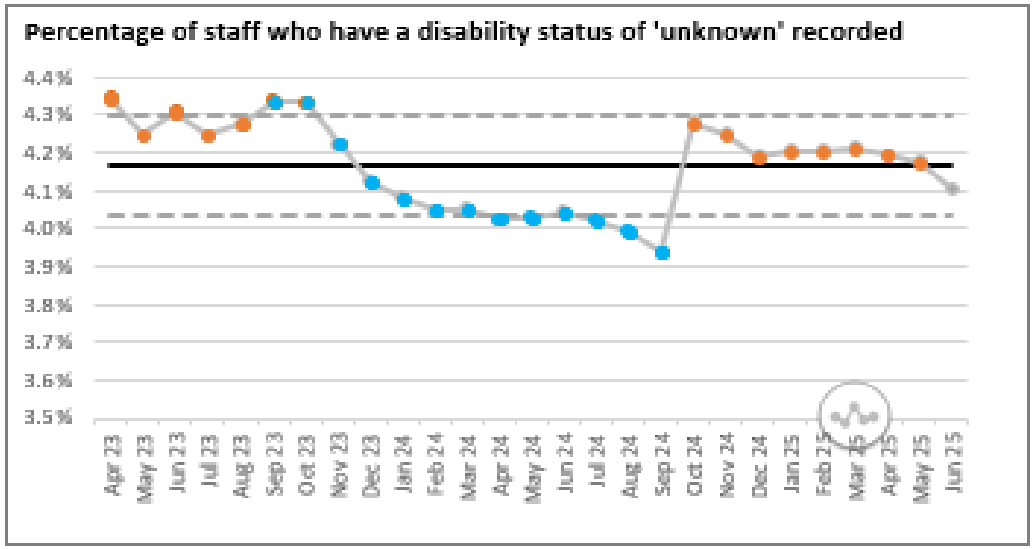


Reducing Inequalities

Disability Confidence and Data Transparency

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





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

People - Performance Wall

Trust Performance Wall

	Strategic Objective	CQC Domain	Threshold	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Establishment	Best place to work and learn	Well led	-	5523.1	5514.2	5733.3	5733.3	5728.1	5724.5
Contracted Staff In Post (Ledger)	Best place to work and learn	Well led	-	4747.5	4749.9	4988.0	4971.6	4980.1	4959.0
Vacancies	Best place to work and learn	Well led	-	775.7	764.3	745.3	761.7	748.0	765.5
Turnover external (12 months rolling) *	Best place to work and learn	Well led	>12% - <13%	7.7%	8.6%	9.4%	9.2%	9.4%	9.7%
Starters	Best place to work and learn	Well led	-	30.6	25.2	21.2	19.4	30.0	17.8
Leavers	Best place to work and learn	Well led	-	26.9	74.1	41.8	24.0	38.1	41.7
% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	83.3%	85.7%	84.6%	80.8%	77.0%	72.5%
% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	83.1%	82.6%	85.2%	87.3%	82.4%	81.3%
Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)	Best place to work and learn	Safe	-	92.6%	90.9%	89.7%	89.5%	86.6%	84.7%
Proportion of staff in senior leadership roles who are from ethnic minority background (relates to staff in posts band 7 and above, excludes bank staff) *	Best place to work and learn	Well led	-	226 - All staff (17.4%) 91 - excl medics (8.3%)	228 - All staff (17.4%) 92 - excl medics (8.3%)	229 - All staff (17.4%) 93 - excl medics (8.4%)	232 - All staff (17.7%) 94 - excl medics (8.5%)	232 - All staff (17.7%) 95 - excl medics (8.6%)	232 - All staff (17.7%) 94 - excl medics (8.6%)
Proportion of staff in senior leadership roles who are women (relates to staff in posts band 7 and above, excludes bank staff)	Best place to work and learn	Well led	-	927 (71.4%)	935 (71.4%)	936 (71.4%)	937 (71.3%)	933 (71.2%)	930 (71.1%)
Sickness absence - YTD	Best place to work and learn	Well led	<=5%	5.3%	5.2%	4.7%	4.7%	4.8%	5.0%
Sickness absence - Month	Best place to work and learn	Well led		5.1%	4.6%	4.7%	4.7%	4.9%	5.3%
Employees with long term sickness over 12 months	Best place to work and learn	Well led	-	2	2	1	1	1	0
Appraisals - rolling 12 months	Best place to work and learn	Well led	Feb 82.3% Mar 84.9% April 87% May 88% June 89% July onwards 90%	84.3%	86.3%	88.9%	90.8%	89.9%	90.2%
Employee Relations - Suspensions (over 90 days)	Best place to work and learn	Well led	-	2	2	2	6	4	2
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	71	60	66	72	74	65
Workforce growth (substantive staff)	Best place to work and learn	Well led	-2%	2.3%		-0.9%			
Registered substantive staff in post mental health and learning disabilities services	Best place to work and learn	Safe	Establishment - 1315	1,138	1,143	1,174	1,174	1,180	1,176
Registered substantive staff in neighbourhood teams	Best place to work and learn	Safe	Establishment - 169	165	166	162	160	161	160
% staff recommending the Trust as a place to work	Best place to work and learn	Caring	65%	70%		Annual metrics - due Jan 26			
% staff recommending the Trust as a place to receive care and treatment	Best Quality	Caring	65%	72%					
Mandatory Training - TOTAL	Best place to work and learn	Well led	>=80%	93.7%	93.3%	94.0%	94.7%	95.1%	95.3%
Mandatory Training - Reducing Restrictive Practice Interventions	Best place to work and learn	Well led		80.1%	79.6%	82.1%	84.3%	83.4%	84.0%
Mandatory Training - Cardiopulmonary Resuscitation	Best place to work and learn	Well led		81.3%	79.7%	80.9%	82.7%	84.9%	85.7%
Mandatory Training - Clinical Risk	Best place to work and learn	Well led		96.6%	96.4%	96.7%	97.0%	97.6%	97.7%
Mandatory Training - Display Screen Equipment	Best place to work and learn	Well led		98.0%	98.2%	98.3%	98.5%	98.5%	98.6%
Mandatory Training - Equality & Diversity	Best place to work and learn	Well led		96.3%	95.9%	96.6%	97.3%	97.5%	97.5%
Mandatory Training - Fire Safety	Best place to work and learn	Well led	>=85%	90.9%	88.9%	90.7%	91.9%	93.2%	94.3%
Mandatory Training - Food Safety	Best place to work and learn	Well led	>=80%	92.4%	92.5%	94.0%	94.6%	95.1%	95.1%
Mandatory Training - Freedom To Speak Up (FTSU)	Best place to work and learn	Well led		97.1%	97.2%	97.4%	97.7%	97.8%	97.9%
Mandatory Training - Infection Control & Hand Hygiene	Best place to work and learn	Well led		95.3%	94.4%	95.6%	96.3%	96.0%	95.8%
Mandatory Training - Information Governance (Data Security)	Best place to work and learn	Well led	>=95%	93.1%	91.1%	92.4%	95.8%	97.8%	98.2%
Mandatory Training - Moving & Handling	Best place to work and learn	Well led	>=80%	97.9%	98.0%	98.3%	98.7%	98.3%	98.3%
Mandatory Training - Nat Early Warning Score 2 (New S2)	Best place to work and learn	Well led		97.9%	97.9%	98.0%	98.3%	98.2%	98.4%
Mandatory Training - Mental Capacity Act/Dols	Best place to work and learn	Well led		91.6%	91.3%	91.8%	92.2%	92.8%	93.2%
Mandatory Training - Mental Health Act	Best place to work and learn	Well led		90.5%	90.4%	91.7%	92.4%	93.7%	93.5%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism e-learning aspect of Level 1	Best place to work and learn	Well led		93.8%	94.0%	94.8%	95.3%	95.7%	95.8%
Mandatory Training - Prevent	Best place to work and learn	Well led	>=80%	95.7%	95.4%	96.4%	96.9%	97.3%	97.7%
Mandatory Training - Safeguarding Adults	Best place to work and learn	Well led		91.0%	91.1%	91.6%	91.4%	92.0%	92.0%
Mandatory Training - Safeguarding Children	Best place to work and learn	Well led		92.9%	92.4%	91.7%	91.7%	92.1%	91.6%

Notes:

- Contracted Staff In Post (Ledger) - this has replaced the previously reported Staff in Post (ESR Last Day of the month)
- The figures reported here differ to the figures included in the finance appendix 'WTE (whole time equivalent) worked' as this reflects contracted employment and therefore does not include overtime, additional hours worked or agency.
- Starters/Leavers vs Staff in Post – Whilst our starters and leavers figures give us a true account of turnover growth it will not exactly match the overall staff in post movement from month to month as this also includes any contracted hours changes of existing staff in that same month.
- Turnover - Quarterly reports from feedback of leavers are being appraised in the Trust's operational management group with reporting and actions from quarterly reports to care groups.
- Sickness absence - from April 23 - the reported figure is rolling over 12 months. For earlier months this was year to date
- .Bank fill rates - We are continuing to successfully recruit to band 2 and bank 5 posts for both substantive posts and bank. Our use of agency is under constant scrutiny, with bank being used as opposed to agency as much as possible, including for block bookings, and this is seeing a positive impact on agency spend.

Staff in post

• The reduction in staff continues to be seen from April to now (-49 whole time equivalent (WTE)). A large proportion of this is due to ending of diversion liaison services. It has also, to lesser extent, been down to terminations of fixed term contracts as part of the Trust Value for Money programme. Further fixed term contracts will be coming to an end throughout the year.

Vacancies

• Due to the reduction of staff in post we have seen a rise in vacancies (+17.5) against a static establishment figure (reduction of 3.4wte).
• Ongoing recruitment of Clinical Support Workers (Health Care Support Worker) roles into our ward areas continues (146 vacancies). This has come from both bank to substantive conversion and values based assessment centre recruitment. A total of 102 starters have either start dates agreed or to be confirmed. A second wave of recruitment over the next 6-8 weeks has been planned to meet the remaining identified vacancies from the establishment review.

Turnover & Stability

• External turnover has increased by 0.7% in month to 9.7%. This is still under our target of between 12-13%. We are seeing higher turnover in clinical support roles (12%), but sustained low turnover in nursing (7%) and medics (6%).

Sickness

• Overall sickness absence (year to date rolling) has risen in July to 5.0% which is our overall target.
• We are seeing higher absence rates in Forensics (8.85%) and Estates (6.93%) with both relating to higher levels of long term sickness cases which are being pro-actively managed between People Directorate Business Partners and Operational leads.
• The higher levels of long term sickness in these two areas are contributing factors to an overall rise in long term sickness as a % of total absence.
• The introduction of a new ‘Live’ sickness absence dashboard has been rolled out Trustwide, enabling faster, more dynamic intervention and management of hotspot areas for sickness in teams and individuals.

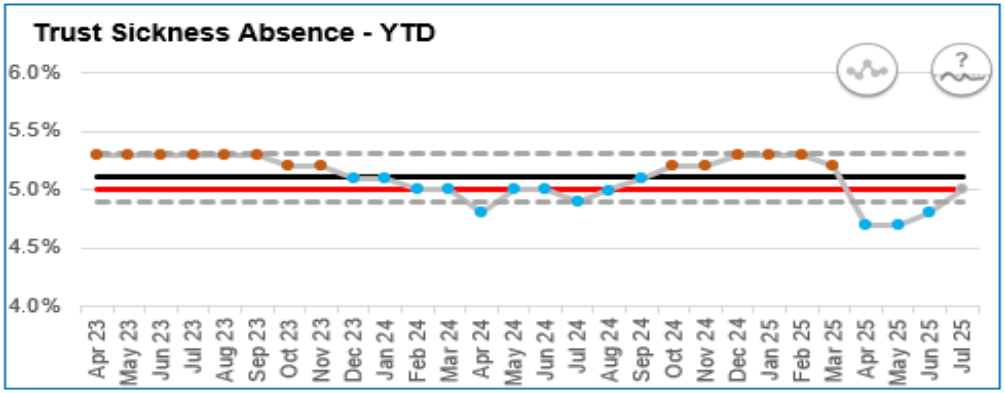
Appraisal Compliance

• The overall year to date figure in July 2025 is 89.8%: This has now slightly reduced from June (90%). Uptake by care group continues to be an OMG focus.
• Work to integrate the Cheswold Park Hospital appraisal rates into Trust reporting is ongoing. Cheswold Park Hospital currently have a 94% completion rate.

Training Compliance

• Our overall mandatory training compliance remains above target at 95.3% and has risen month on month since February.
• All mandatory training at Trust level in July is above our target (Green).
• Information Governance training is now green at 98.2% - The highest the Trust has ever achieved.
• Reducing Restrictive Practice Interventions Self Service and Manager self-service is open, and training planned until the end of September with availability on both 2 and 4-day programmes and as a result has seen an increase in compliance to 84.0%.
• The Trust learning and development team are part of the work led by Skills for Health to reform national mandatory training delivery into the national Core Skills Training Framework. We are also reviewing our ‘Essential To Job Training’ matrixes.

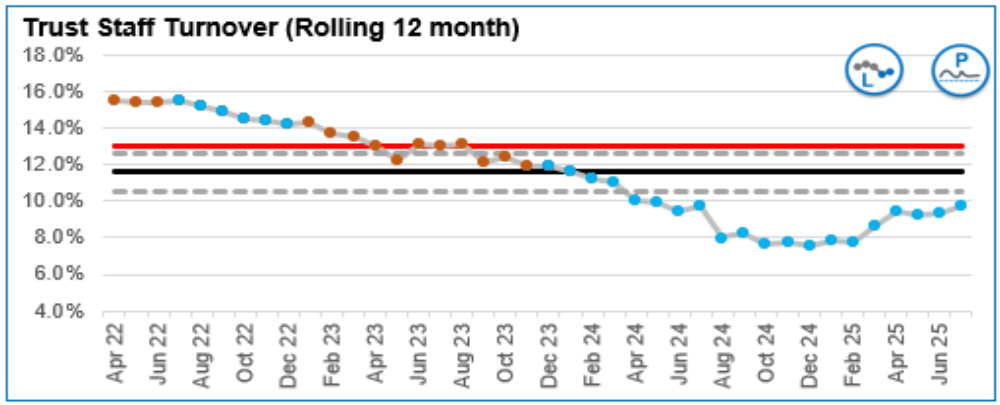
Statistical process control charts



The SPC chart shows that in July 2025 we have entered a period of common cause variation (no concern) following a sustained improvement in the sickness rate.

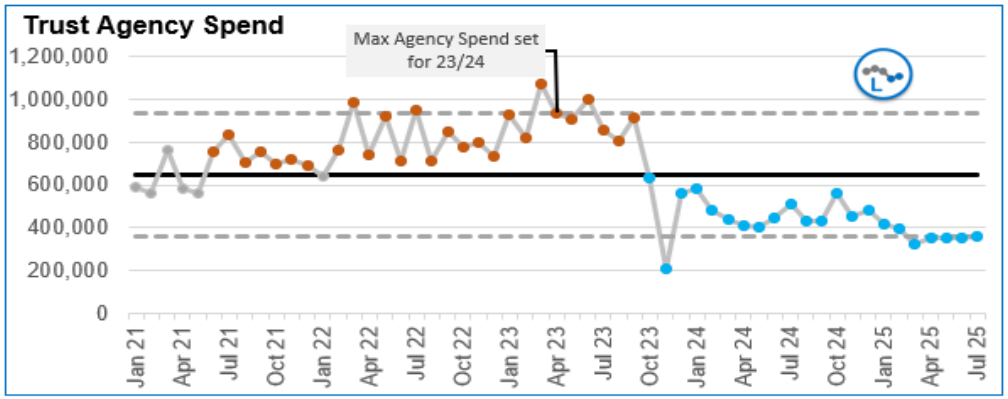
From July 2022 this data also includes absence due to Covid-19.

From April 2025 this data includes Cheswold Park Hospital.



The SPC chart shows that in July 2025, we remain a period of special cause improving variation (something is happening and this should be investigated) following a sustained decrease in the turnover percentage.

From April 2025 this data includes Cheswold Park Hospital.



This is £4k more than plan due to the planned reduction in spend. The monthly spend is in line with that of the previous 3 months. For the year to date this remains lower than target but actions are required to be realised in order to secure the forecast of £3.2m spend for 2025/26.

The SPC chart shows the sustained reduction in spend and in June 2025 we remain in a period of special cause improving variation.

From April 2025 this data includes Cheswold Park Hospital.

Please see the Finance Report for further information.

National Metrics

Data as of : 21/08/2025 14:02:26

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 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 against the applicable metrics will be made publicly available via NHS.co.uk – timescales for this have not yet been confirmed, although it is expected to be some time in August 2025.
- Work is taking place in the Trust to validate the draft data which will be used to define the Trusts segmentation.
- It is anticipated that the first public report detailing individual segmentation scores will be published early September 2025.

The following metrics will be used to define the score and segmentation for the Trust:

DOMAIN	Metric
Access	Percentage of people waiting over 52 weeks for community services score
	Annual change in number of children and young people accessing NHS-funded MH services score
Effectiveness & Experience of care	Community mental health survey satisfaction rate
	Percentage of inpatients with >60 day length of stay
	Urgent community response 2-hour performance
Patient Safety	NHS Staff Survey - raising concerns sub-score
	CQC safe inspection score (if awarded within the preceding 2 years)
	Rate of restrictive interventions use
	Percentage of patients in crisis to receive face-to-face contact within 24 hours
People & Workforce	Sickness absence rate
	NHS staff survey engagement theme
Finance & Productivity	Variance year-to-date to financial plan

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

National Metrics

Data as of : 21/08/2025 14:02:26

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more	Best Quality	Responsive		0	P		0	0	0	0	0	0	0	0	0	0	0	0
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive		92%	P		99.5%	99.5%	99.2%	99.0%	98.2%	97.2%	96.7%	97.0%	97.1%	97.2%	97.8%	97.7%
M202	RTT waiting list, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive													31	53	58	50
M203	Number of 52+ week RTT waits, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive		0											0	0	0	0
M204	RTT waiting list within 18 weeks (monthly RTT data)	Best Quality	Responsive		3680											3957	4035	4025	4151
M205	RTT waiting list within 18 weeks, of which children aged 18 years and under (WLMDS)	Best Quality	Responsive													31	53	58	47
M206	Diagnostic test activity	Best Quality	Responsive		190											128	70	128	206
M209	Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over	Best Quality	Responsive		5%											35.7%	51.3%	60.4%	53.5%
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%			97.9%	97.5%	100%	97.8%	100%	100%	98.9%	100%	97.8%	97.9%	100%	98.7%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0	F	L	124	138	96	131	127	106	92	128	144	148	159	196
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5		L	4	4	4	5	4	3	4	4	5	5	5	7
M208	Average Length of stay for Adult Acute Beds (rolling 3 months)	Best Quality	Responsive				H	54.7	59.9	61.7	64.1	59.2	61.6	62.7	65.3	58.9	58.7	56.8	58.0
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%	P	H	86.2%	90.3%	97.6%	91.8%	96.7%	87.2%	94.3%	100%	88.2%	88%	97.4%	95.3%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%			96.8%	96.4%	96.4%	96.9%	98.0%	97.8%	97.5%	97.0%	97.0%	97.6%	95.5%	95.8%
M34	% Clients in settled accommodation	Best Value	Effective	⚠	60%	P	L	83.6%	84.0%	83.3%	84.1%	84.4%	84.3%	83.1%	83.2%	83.2%	83.5%	83.0%	82.9%
M35	% Clients in employment	Best Value	Effective	⚠	10%	P	H	12.7%	12.5%	13.1%	13.3%	12.8%	12.5%	13.2%	13.2%	13.0%	13.2%	13.0%	13.3%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0		L	5	0	0	1	0	1	0	2	0	0	0	0
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0		L	1	0	0	1	0	1	0	1	0	0	0	0

National Metrics

Data as of : 21/08/2025 14:02:26

NHS South West Yorkshire Partnership NHS Foundation Trust

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%	?		100%	100%	100%	100%	100%	85.7%	100%	100%	100%	50%	100%	100%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%	?		87.5%	84.8%	88.9%	76%	59.3%	72.5%	70.2%	60.4%	75.6%	93.9%	93.3%	79.5%
M47	Virtual ward occupancy	Best Quality	Responsive		80%	?		70%	82.9%	86.7%	112%	101%	98.7%	121%	119%	101%	81.3%	90.7%	84%
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					105	97	95	117	99	90	102	93	111	108	103	87
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive					26.7%	11.3%	25.3%	17.9%	18.2%	24.4%	15.7%	20.4%	24.3%	24.1%	26.2%	23.0%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%	P	H	99.4%	99.0%	98.7%	98.6%	97.8%	98.7%	99.8%	99.6%	99.7%	99.8%	99.8%	99.7%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%	P		100%	100%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users	Best Quality	Well Led		90%	P		99.3%	100%	99.0%	99.1%	99.2%	99.7%	99.8%	99.8%	99.5%	99.7%	99.2%	99.7%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%	?	L	49.8%	50.7%	52.0%	52.6%	50.7%	52.6%	49.4%	50.1%	48.5%	51.9%	47.3%	53.5%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%	?	L	69.0%	70.3%	71.0%	68.4%	68.6%	68.9%	67.9%	71.6%	68.1%	68.5%	66.0%	72.0%
M15	Data Quality Maturity Index	Best Quality	Well Led		95%	P		99.5%	99.5%	99.6%	98.4%	98.4%	98.0%	99.6%	99.6%	99.2%	99.6%	99.7%	99.6%
M41	Completion of a valid NHS number	Best Value	Well Led		99%	P	H	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100.0%	100%	100.0%
M42	Completion of ethnicity coding for all service users	Best Value	Well Led		90%	P		99.4%	100.0%	99.5%	99.6%	99.5%	99.6%	99.6%	99.4%	99.4%	99.5%	99.0%	99.6%
M43	Community health services two hour urgent response standard	Best Quality			70%	?	H	91.6%	91.6%	90.9%	88.0%	89.2%	90.6%	90.2%	92.6%	90.3%	91.0%	91.3%	90.9%

National Metrics

Data as of : 21/08/2025 14:02:26

NHS South West Yorkshire Partnership NHS Foundation Trust

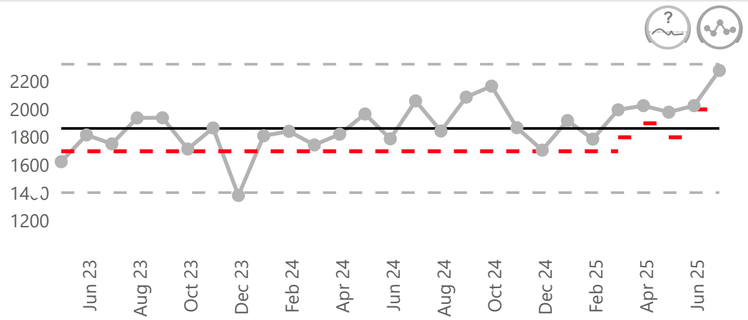
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%	?	L	51.0%	54.1%	53.9%	54.6%	52.4%	55.1%	53.0%	53.2%	51.0%	53.5%	49.8%	56.3%
				Place	Barnsley	50%	?		50.4%	51.2%	51.0%	50.8%	50.9%	50.8%	49.4%	52.7%	51.3%	52.8%	48.1%	52.8%
					Kirklees	50%	?		51.5%	56.8%	57.0%	59.1%	53.8%	59.2%	56.3%	53.8%	50.7%	54.2%	51.6%	59.2%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust			L	545	518	679	586	509	633	524	566	615	600	653	611
				Place	Barnsley				278	253	355	317	241	311	244	270	318	312	324	272
					Kirklees			L	267	265	324	269	268	322	280	296	297	288	329	339
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				15170	15143	15124	15095	15086	15043	14958	15246	15212	15281	15487	15553
				Place	Barnsley	2000	P	H	2793	2793	2796	2765	2750	2756	2711	2777	2862	2902	2967	3021
					Calderdale	1200	P	H	1364	1391	1400	1415	1433	1456	1479	1531	1532	1547	1559	1549
					Kirklees	3600	P		5039	4966	4879	4897	4874	4767	4698	4778	4746	4807	4884	4947
					Wakefield	3900	P		4577	4585	4620	4587	4583	4613	4632	4741	4715	4699	4779	4769
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust			H	1249	1305	1421	1519	1566	1642	1696	1833	1913	1982	2089	2168
				Place	Barnsley	283	F	H	197	203	226	244	250	252	255	278	299	314	332	342
					Calderdale	247	F	H	230	242	261	264	269	279	281	302	305	312	330	339
					Kirklees	541	F	H	464	486	521	546	553	570	576	626	660	694	735	765
					Wakefield	406	?	H	335	347	375	418	440	477	508	543	558	567	588	618
M194	Number of people accessing individual placement and support (IPS) services (rolling 12 months)	Best Quality	Responsive	Trust	Trust			H	474	485	482	480	480	483	466	463	448	437	447	446
				Place	Calderdale			H	113	115	113	108	102	109	106	110	104	99	105	99
					Kirklees			H	150	162	149	127	125	141	142	157	153	149	155	170
					Wakefield			H	188	188	186	186	182	173	158	151	150	154	153	158

National Metrics

Data as of : 21/08/2025 14:02:26

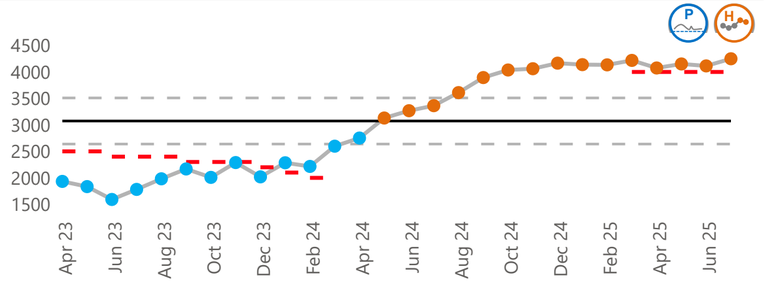
NHS South West Yorkshire Partnership NHS Foundation Trust

M184 - New RTT pathways (clock starts)



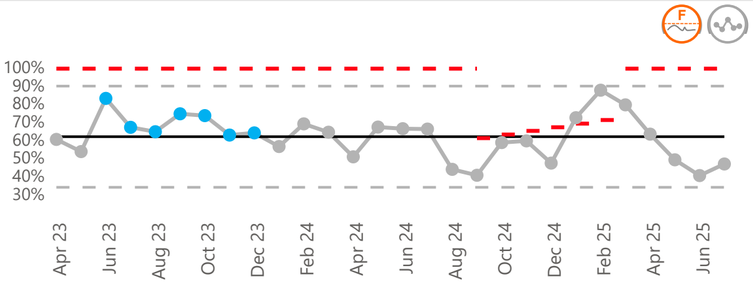
The Statistical Process Control (SPC) chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers. A new target is in place for 2025/26.

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



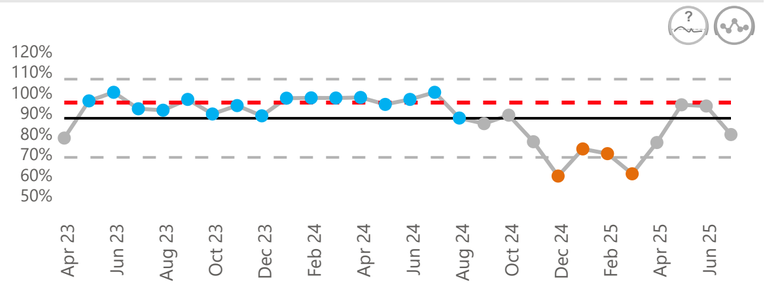
The SPC chart shows that we remain in a period of special cause concerning variation (something is happening and should be investigated) following a sustained increase in numbers of incomplete pathways over the past 12 months.

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



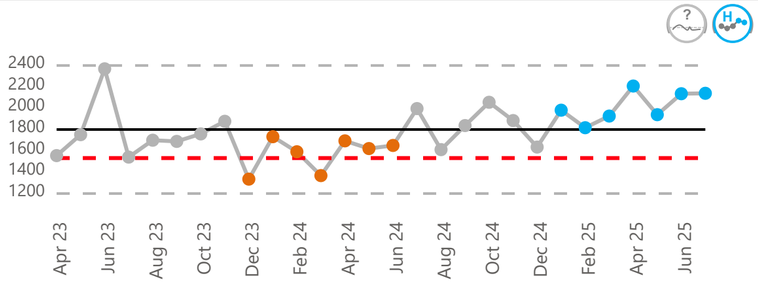
The SPC chart shows that we remain in a period of common cause variation (no concern.

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



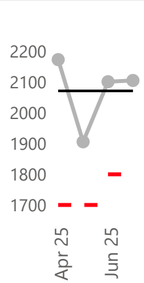
The SPC chart shows that we have re-entered a period of common cause variation (no concern) following an increase in performance in the last month which is back in line with usual performance.

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



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

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



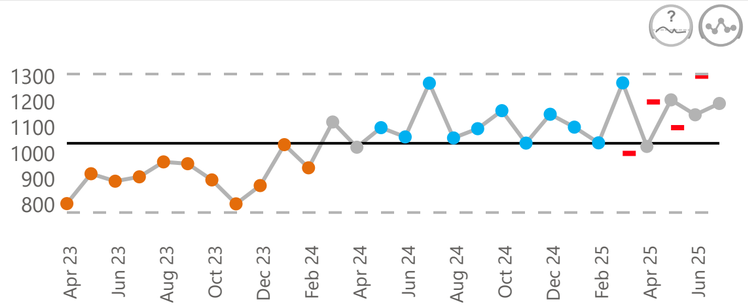
The run chart shows the continued performance above the target for this measure. As this is a new metric from April 2025 we cannot yet determine any patterns in variation.

National Metrics

Data as of : 21/08/2025 14:02:26

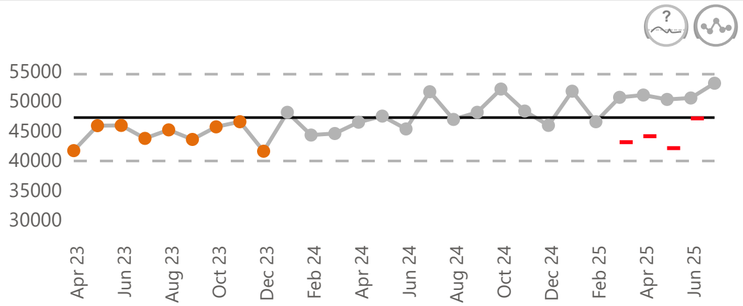
NHS South West Yorkshire Partnership NHS Foundation Trust

M187 - Urgent Community Response (UCR) referrals



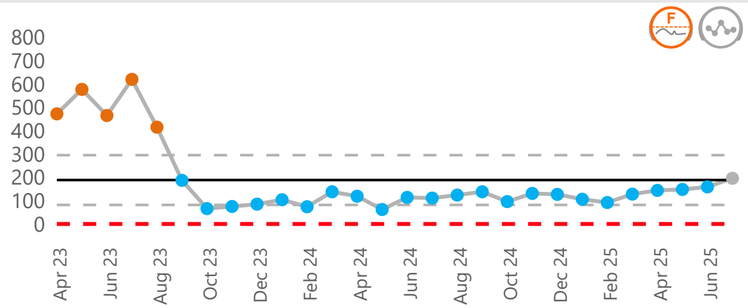
The SPC chart shows that we remain in a period of common cause variation (no concern).

M207 - Attended Community Care Contacts



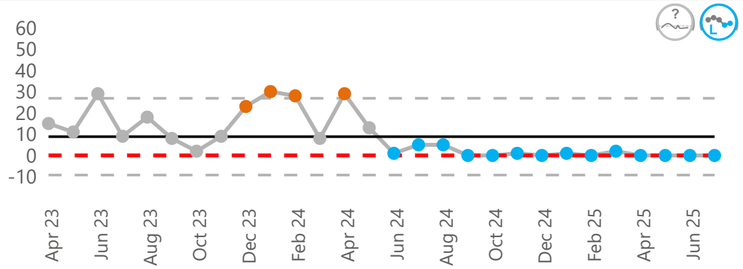
The SPC chart shows that we remain in a period of common cause variation (no concern).

M2 - Inappropriate out of area bed days



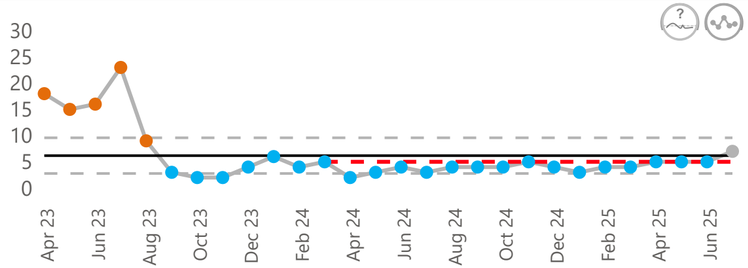
The SPC chart shows that we have entered a period of common cause variation (no concern) following a continued overall reduction in the performance despite the slight increase in the past 5 months. We are still not anticipated to achieve the target of zero.

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



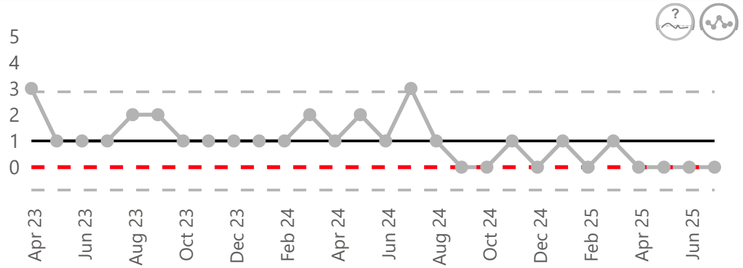
The SPC chart shows that we remain in a period of special cause improving variation (something is happening and should be investigated) following a sustained reduction in the number of bed days for under 18 year-olds.

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



The SPC chart shows that we have entered a period of common cause variation (no concern) due a sustained reduction in the number of clients placed out of area.

M9 - Total number of Children and Younger People under 18 in adult inpatient wards



There were no admissions aged under 18 to an adult ward in July 2025.

Whilst the SPC chart shows us that this is an improving position when we compare it to the range of admissions we have had in the past, it is recognised that any admission of an individual under 18 is due to the national unavailability of a bed for young people to meet their specific needs. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care, and treatment reviews.

National Metrics

Data as of : 21/08/2025 14:02:26

NHS South West Yorkshire Partnership NHS Foundation Trust

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

• There were no admissions of under 18 year olds to adult acute mental health beds during July.
• There was a further increase in out of area bed usage up to 196 days used in July and 7 people remaining placed out of area at the end of the month.
• The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks is 79.5% in July - this relates to eight service users who was not seen, three of which relate to the ARFID (avoidant restrictive food intake disorder) pathway. The urgent access to treatment measure has achieved 100% in July.
• 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 remains above the target of 80% at 84.0% for July.
• 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 in July to 51.3%, remaining below the national threshold of 99%.

A number of new national metrics were applicable to the Trust from April 2025, these are part of the operational planning framework. Forecasts for 2025/26 were agreed with Place commissioners at the start of the financial year aligning to national, local and regional priorities. This is the fourth month performance against these metrics has been reported in the integrated performance report. In July none of these metrics are below expected levels.

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 July the following data quality issue has been identified in the reporting:
- The reporting for employment and accommodation shows 12.6% of records have missing employment and/or accommodation status with a further 2.0% that have an unknown employment status and 1.2% with an unknown accommodation status. This has been flagged as a data quality issue and work is taking place within care groups as part of their data quality action plans to review this data and improve completeness.

Operational planning priorities

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

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

Work will be taking place over the coming weeks to prepare for planning for 2026 onwards, it is anticipated that this will include 5 year rolling plans, national guidance awaited.

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 bold and 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

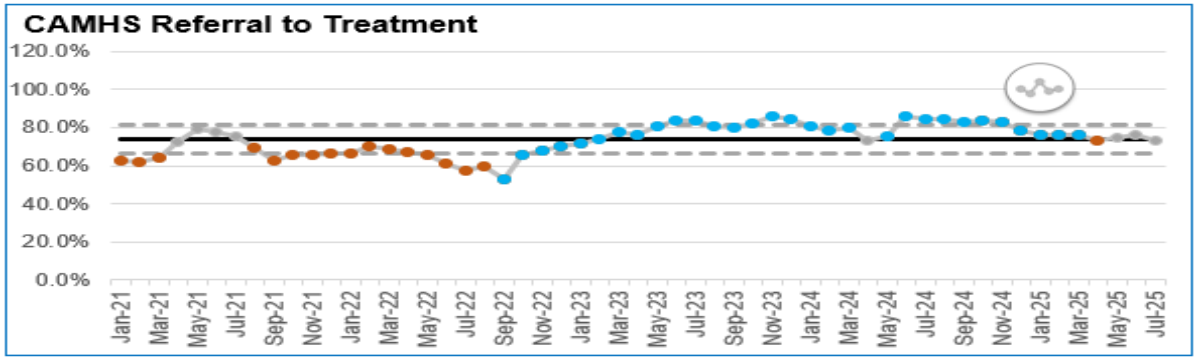
Headlines

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.

Children and Young Peoples Mental Health Services (CAMHS)

Metrics	Strategic Objective	CQC Domain	Threshold	May-25	Jun-25	Jul-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	86.4%	84.6%	87.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	0% (0/5)	0% (0/5)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	85.6%	86.8%	87.0%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	97.6%	98.4%	88.5%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.0%	83.0%	82.8%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	93.9%	93.3%	79.5%	
Eating Disorder - Urgent/Emergency clock stops	Best Quality	Effective	95%	50.0%	100.0%	100.0%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.5%	98.7%	99.0%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	79.3%	78.5%	78.7%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	2.1%	3.6%	4.0%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	332	370	356	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	907	921	959	
Total number of reported incidents	Best Quality	Safe	Trend monitor	35	52	57	

**From April 2024, figures now include children's physical health teams as per the change to the care group structure*



In July 2025, the SPC chart indicates that we remain in a period of common cause variation (no concern), following a recent downward trend in the percentage. See narrative below for further information.

Alert/Action

- Calderdale & Kirklees CAMHS continue to experience increasing waiting lists which are impacted by multiple challenges including staffing levels and referrals into services outstripping capacity. Services implementing While You Wait offers.
- Calderdale & Kirklees CAMHS Keeping Kirklees in Mind (KKiM) MHST (mental health support into schools) continues to experience significant challenges around referral numbers and recruitment and retention. These directly correlate to increased waiting numbers across all KKiM waiting lists. Service is currently working with commissioners and contracting to complete demand & capacity work for robust service design to help support challenges faced.
- Capacity and Demand across Community CAMHS Crisis and Eating Disorder teams are being monitored some teams utilising business continuity measures and rated as red on Risk Register.
- Wakefield CAHMS staffing – ReACH Team, Primary Intervention Team (PIT) which is the single point of access (SPA) and ED Teams all in business continuity due to low staffing numbers and challenges recruiting to posts although this is now an improving situation. A range of options is being considered activated led by the General Manager. The Paediatric Liaison offer is being streamlined and formalised to ensure this resource is accessible to ReACH.
- Wakefield CAMHS PIT/Single Point Access Team is experiencing increased waits. The team is the front door to the service and handles all referrals and assessments. The local threshold wait is 12 weeks for assessments and the wait now is 20 weeks. Recruitment is a real challenge. Focused work is underway around triage and developing a new assessment model. MHST will take some assessments over the summer period to manage the waits. Services implementing While You Wait offers.
- Secure CAMHS – Since the Trust became lead provider for this contract, there have been a number of urgent pieces of work required to allow access to systems and reporting. The installation of SWYFT IT system access within the three settings has been approved, the timescales of the work being commenced is to be agreed. The lack of Trust Information Management & Technology infrastructure within the three secure settings continues to provide challenges and risks. This issue remains on the risk register due to concerns of the impact that this will have upon service delivery but has been downgraded to amber.
- Secure CAMHS – Work continues to determine the responsibilities and associated finance for the prescribing of mental health medications in the secure children's homes
- The new care plan metrics for community are now capturing the whole community caseload including Children Young People & Families. The care group are working with support services to ensure the metric reflects practice. Clinical staff are adapting to the new requirements of where and how to record items adversely impacting on the overall compliance.

Advise

- 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 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 children and young people requiring emergency or urgent support. In addition, the Calderdale & Kirklees CAMHS Crisis line receives in the region of 100 calls per month and also a further 25 calls per month from NHS 111.
- 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
- Wakefield CAMHS – Eating disorders team will face staffing pressures due to vacancies. Recruitment is in process. The team is using resource from across CAMHS teams to deliver the core assessment offer which adds to pressures across the service and a bank member of staff is also offering support to this process.
- Appraisal rates across the Care Group continue to improve (87.5% in July). There are targeted action plans across the care group in place for those services indicating low appraisal rates.
- We are undertaking a deep dive to understand waits, vacancies, demand into the service, by place.

Assure

- Supervision continues to be above the 80% threshold in July at 90.3%
- In July overall mandatory training compliance for children, young people and families is 94.4% above the target of 80%
- Barnsley CAMHS - Our business proposal has been approved by commissioners for the learning disability CAMHS pathway and wider provision which will positively impact health inequalities and service user experience. Mobilisation plans are being developed including a recruitment plan.

Mental Health Care Group

Headlines

The improvement work continues to contribute to an overall reduced reliance on out of area bed use. The Trust is a positive outlier and has shared learning and actions with neighbouring Trusts, whilst still recognising that this is an ongoing challenge and we did see an increase in use of out of area beds during July.

High acuity and high occupancy on wards is directly linked to the work on reducing reliance on out of area beds, the work underway in the Intensive Home Based Treatment teams to gatekeep admissions and support people at home significantly helps to manage the overall position.

Inpatient services continue to have a high level of sickness. The sickness rate is above the Trust threshold on some wards, due to a combination of long-term absence, pregnancy related illness and seasonal illness. General managers have a firm grip on absence with staff being supported and managed in line with Trust policies. Community services also saw an increase in sickness during July.

Under-performance in mandatory training and appraisals is being addressed through line management support and oversight and has seen some improvement during the month.

Mental Health Community

Metrics	Strategic Objective	CQC Domain	Threshold	May-25	Jun-25	Jul-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	91.3%	90.3%	89.5%	
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	81.8%	76.0%	72.7%	
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	96.2%	96.2%	88.0%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	18% (2/11)	13% (1/8)	14% (3/22)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	90.9%	91.3%	90.6%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	95.7%	90.6%	83.3%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	96.1%	94.6%	95.4%	
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	96.5%	95.8%	95.4%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	78.7%	81.3%	82.8%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	91.3%	90.7%	91.4%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.6%	97.8%	98.4%	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	84.0%	83.9%	84.9%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.6%	4.8%	5.5%	
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,185	13,207	13,182	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	141	130	132	

Mental Health Inpatient

Metrics	Strategic Objective	CQC Domain	Threshold	May-25	Jun-25	Jul-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	97.2%	94.9%	93.8%	
% Bed occupancy (excl leave)	Best Quality	Safe	85%	90.2%	91.2%	91.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/4)	10% (2/20)	14% (1/7)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	90.1%	94.2%	92.0%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	87.1%	89.7%	89.9%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	9.5%	8.7%	6.3%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	88.2%	81.3%	84.7%	
Inappropriate Out of Area Bed days	Best Quality	Responsive	155 (July)	148	158	196	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.9%	99.0%	99.2%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	14	22	28	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	41	46	61	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	92.9%	87.6%	89.8%	
Restraint incidents	Best Quality	Safe	Trend Monitor	111	111	*135*	
Safer staffing (Overall)	Best Quality	Safe	90%	128.0%	124.4%	123.1%	
Safer staffing (Registered)	Best Quality	Safe	80%	101.8%	99.9%	100.2%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	5.6%	6.4%	6.6%	
Average length of stay - Acute and Psychiatric Intensive Care Unit - West Yorkshire (3 Months Rolling)	Best Quality	Safe	May 62.5, Jun 62.0, Jul 61.5	55.0	54.6	53.3	
Average length of stay - Acute and Psychiatric Intensive Care Unit - South Yorkshire (3 Months Rolling)	Best Quality	Safe	May 63.3, Jun 62.4, Jul 62.2	70.8	67.1	74.3	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	614	670	752	

Alert/Action

• Acute wards have continued to manage high levels of acuity.
• High occupancy levels across wards and capacity to meet demand for beds remains a challenge. Plans are in place to mitigate any impact on quality of high occupancy such as increased staffing levels.
• 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 integrated care boards 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 July acute wards have worked above establishment. This is closely monitored by senior managers on a daily basis with action plans to address.
• Work to maintain effective patient flow continues, with the use of out of area beds being closely managed. The situation remains challenging in July 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.
• Performance against the crisis 4 hour waits has dipped below threshold this month due to 4 breaches. All of these were referrals from neighbouring Places where the delay in seeing them was beyond our control. All were seen and assessed as soon as it was possible to do so.
• All areas are focussing on continuing to improve performance for FIRM risk assessments. Staying Safe plans are now captured as part of the My Care and Safety Plan, rather than the FIRM risk assessment, following the changes to care plans. The Staying Safe percentage compliance for inpatient services is significantly impacted due to the relatively small number of admissions and July's compliance is impacted further by ward teams adjusting to the new layout and format of care plans. There is a high level of scrutiny when a staying safe care plan is not completed within 24 hours. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. The go live of the new mental health care plan has negatively impacted on this metric reporting, in part due to clinical staff adapting to the new requirements of where and how to record items measured in the metric, and some changes to CPA recording.
• The new care plan metrics for community are now capturing the whole community caseload rather than only individuals on CPA. The care group are working with support services to ensure the metric reflects practice. Clinical staff are adapting to the new requirements of where and how to record items adversely impacting on the overall compliance.
• Care Programme Approach (CPA) review performance is above target in Barnsley and Kirklees. Calderdale and Wakefield are slightly under target this month at 94.46 and 94.36 respectively. Action plans and support from Quality and Governance Leads remain in place and all areas are expected to be above threshold in August.
• The sickness rate is above the Trust threshold on some wards. Wards and teams with high sickness are where there are a number of people with long term sickness in addition to short term sickness. General Managers have a firm grip on absence with staff being supported and managed in line with Trust policies.
• The service is actively engaged in the trust wide improvement work with regards to minimising prone restraints during seclusion exit and when administrating intra-muscular medication. Matrons attend the monthly restraint oversight meeting chaired by RRPI specialist advisors and includes an in-depth review of all prone restraint incidents for learning.
• Single point of access (SPA) are prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment remains at risk of being delayed in all areas. The access standard for assessed within 14 days of referral has been met in Barnsley and Wakefield. There have been challenges with admin vacancies in Calderdale & Kirklees SPA and there has been work focussing on assessing individuals waiting longer than 14days which have both impacted on performance.

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 July is 59.24% for Kirklees and 52.79% for Barnsley, both achieving the national standard of 50%. In July Barnsley and Kirklees Talking Therapies were above the expected national standard of less than 10% for waits to second treatment within 90 days at 12.85% and 14.73% respectively. This is measured on completion of treatment and is therefore measuring access some months ago. Data shows that current waits for second treatment are lower.
• Work continues towards meeting expected thresholds where compliance rates are below target for mandatory training (this includes Reducing Restrictive Practice, Cardio-Pulmonary Resuscitation and information Governance). Care Group compliance has improved, particularly in inpatients where the target has been achieved. 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 was 1 incident of prone restraint in July on Walton ward which was under 3 minutes duration. The monthly restraint oversight meeting, led by he nursing, quality and professions directorate, involving RRPI, safeguarding and matrons, review all prone restraint incidents for any opportunities for learning.

Assure

• Intensive Home Based Treatment teams continue to perform well in gatekeeping admissions to our inpatient beds.
• The use of out of area beds remains low due to continued intensive work as part of the care closer to home workstream
• Supervision continues to be above the 80% threshold at 89.6%

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 - achievement of this standard has consistently been met since November 2024. The learning disability team continue to have robust oversight of all waits and are carrying out profession specific actions to address waits within individual disciplines
A number of discharges have taken place which have positively impacted those identified as clinically ready for discharge work continues with partners to encourage flow.

LD, ADHD & ASD

Metrics	Strategic Objective	CQC Domain	Threshold	May-25	Jun-25	Jul-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	89.3%	88.4%	85.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	40% (2/5)	0% (0/7)	20% (1/5)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	80.9%	83.4%	88.8%	
Bed occupancy (excluding leave) - Commissioned Beds	Best Quality	Safe	N/A	49.2%	32.1%	40.7%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.8%	81.3%	86.0%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	78.3%	81.8%	44.6%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	94.3%	95.8%	97.2%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	100.0%	93.1%	91.5%	
Physical Violence - Against Patient by Patient	Best Quality	Safe	Trend Monitor	0	0	0	
Physical Violence - Against Staff by Patient	Best Quality	Safe	Trend Monitor	19	7	8	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	84.9%	86.0%	85.9%	
Safer staffing (Overall)	Best Quality	Safe	90%	138.5%	104.5%	115.4%	
Safer staffing (Registered)	Best Quality	Safe	80%	179.7%	172.9%	170.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.4%	3.9%	4.4%	
Restraint incidents	Best Quality	Safe	Trend Monitor	22	11	*5*	
Average length of stay	Best Quality	Safe	Trend Monitor	270	114	333	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	64	52	38	

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

Alert/Action

The West Yorkshire Integrated Care Board (ICB) is currently undertaking a consultation process to explore the development of an all-age Neurodiversity hub. This hub is envisioned as a first point of contact for individuals seeking support, with the potential to triage referrals, offer early intervention, and in some cases, divert individuals from formal assessment pathways.
• Adult ADHD – Waiting Lists and Triage - The service currently has 858 individuals awaiting an ADHD triage appointment in Kirklees and Wakefield. The new triage model in place ensures only clinically appropriate cases proceed to full assessment, improving access and managing demand.
Commissioning Status: • Continued work with commissioners to develop a model to meet demand. Adult ADHD Assessments: Total Waiting List: Over 6,600 individuals.
Wait Times: • Standard Referrals: Up to 3 years.
• High/Medium Risk Cases: Prioritised; seen within 18 weeks.
• Assessment Capacity: 430 new cases per year.
• Progress Since April 2025:
• 126 individuals (29%) have started assessments.
• Service is on track to meet contracted activity.

Advise

ADHD CAPACITY IN 2025/26

The service expects to have capacity for 500 new cases in 2025/26, however at this current time only 330 of this has been commissioned from Barnsley, Kirklees and Wakefield.
Approximately 100 assessments are to be offered to Calderdale. The Trust is working with commissioners and other system partners to increase capacity and offer alternative solutions.
Shared Care for ADHD Medication – Service Summary
The service have been delivering shared care for ADHD medication in Barnsley, Kirklees, and Wakefield for several years, and has recently expanded to include Calderdale following agreement with the integrated care board. National medication shortages and increased demand for ADHD assessments have placed added pressure on primary care. The situation is being actively monitored.
Adult Autism – Waiting Lists
There has been no significant change in waiting list numbers or waiting times for adult autism assessments across the region. Individuals continue to experience relatively short waits in Barnsley, Kirklees, and Wakefield.
In Calderdale, however, 255 people are currently waiting for assessment. This pathway does not include a triage step, as per the commissioner's request. The longest current wait is 1 year and 37 weeks, but individuals referred today are likely to wait up to 3 years for assessment.
Barnsley 17+ Autism Pathway
The service have been invited to submit a business case to deliver approximately 20 autism assessments for 17-year-olds in Barnsley. This proposal mirrors a successful project delivered last year and aims to reduce waiting times for young people currently on the paediatric caseload at Barnsley Hospital NHS Foundation Trust.
The business case has been developed and shared with the relevant stakeholders.
Innovations
The service is actively reviewing and developing processes to enhance efficiency and improve outcomes for both staff and service users. Innovations include the ADHD Triage model, now commissioned in Wakefield and Kirklees, and the upcoming launch of digitised self-questionnaire tools within six months. These initiatives aim to improve patient experience, optimise clinical time, and reduce non-pay costs, offering potential financial benefits to the Trust and the wider integrated care system.

Assure

- All key performance indicator thresholds 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 (LD)

Mandatory Training:
- Overall compliance remains strong. The only area requiring additional focus is Cardiopulmonary resuscitation (CPR) training, where completion rates are below target (78.1%). Plans are in place to address this and mitigating actions are in place to ensure CPR trained staff are on duty at all times on Horizon.

Appraisals and Supervision:
- These continue to be a workforce priority. While there has been a slight dip in supervision compliance, appraisal rates are improving steadily.

NHS Staff Survey action plan:
- Progress is ongoing, with key actions being implemented in line with the agreed timeline.

Community
- Waiting Lists – continue to be a priority for the service.
- Clinical Acuity- Community Teams continue to report high levels of learning disability service users in crisis.
- Contract specifications for Calderdale, Kirklees and Wakefield are currently being updated by commissioners and these will be sent back to the Trust during the month for review and updates.

Assessment & Treatment Unit (ATU)
- Following a recent ATU workshop, a series of targeted workstreams have been agreed and are scheduled to commence in September. These focus areas are designed to improve operational effectiveness and patient flow across the unit:
- Bed utilisation and optimisation: Reviewing current occupancy and throughput to ensure beds are used efficiently and aligned with clinical need.
- Contract & Finance: Strengthening engagement with commissioning partners to ensure clarity around expectations, funding, and service delivery.
- Clinically Ready for discharge: Improving processes for identifying and progressing patients who are clinically ready to move on, reducing delays and supporting recovery pathways.

These workstreams will be supported by cross-functional teams and monitored through existing governance structures to ensure progress is tracked and outcomes are delivered.
- The service has successfully discharged 5 service users in the last 3 months

Advise

Community
- Following the successful pilot of 'Keeping my chest health' the service has committed to rolling out the initiative across all localities.
- The recruitment to speech and language therapy posts continues to be a challenge.
- Raising awareness of the Greenlight toolkit across the Trust has noticeably improved communication about individual service users when agreeing service provision or signposting.

Assessment & Treatment Unit (ATU)
- A review of the current establishment is planned to ensure that staffing structures and resource allocation remain aligned with service delivery needs and strategic priorities. Further details will be shared as the review progresses.
- Although the service has successfully discharged a number of service users recently the challenge to find suitable accommodation to meet the needs of this service user group persists.

Assure

- Medical recruitment progressing well.
- Annual health checks in all 4 localities have exceeded the 75% threshold.
- Data quality remains good.
- Friends and family test scores remain positive at 96% for the month, providing assurance on patient experience within the service.

Barnsley Physical Health and Wellbeing Care Group

Headlines

Musculoskeletal (MSK) and neurological physiotherapy estate issues continue and now are using alternative accommodation until the end of September 2025 to accommodate forward booking of outpatient activity. This remains on the local risk register. This is having an impact on the full-service offer and may lead to an impact on the 18-week Referral to Treatment target (RTT).

Barnsley Physical Health and Wellbeing

Metrics	Strategic Objective	CQC Domain	Threshold	May-25	Jun-25	Jul-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	95.3%	94.8%	95.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/1)	33% (1/3)	33% (1/3)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	88.9%	93.1%	78.1%	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	74.2%	80.9%	79.8%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.4%	88.5%	88.8%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	97.3%	98.0%	98.5%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	97.2%	97.8%	97.7%	
Safer staffing (Overall)	Best Quality	Safe	90%	102.9%	106.5%	107.9%	
Safer staffing (Registered)	Best Quality	Safe	80%	102.3%	108.2%	108.8%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.1%	4.0%	4.1%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	99%	49.0%	40.2%	46.5%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	7,036	6,887	6,989	
Total number of reported incidents	Best Quality	Safe	Trend monitor	236	218	305	

Barnsley Physical Health and Wellbeing Care Group

Alert/Action

• Paediatric Audiology 6-week target for diagnostic procedures has seen a slight improvement in July from 40.1% to 46.5% against the target of 99%. We are seeing a steady upturn with figures at 48.51% as of 13 August alongside a decrease on the actual number of patients waiting. Director of Services has highlighted to the Executive Management Team that this target of 99% is not achievable and this is reflected nationally. Average wait time continues to be monitored closely by the service and work has taken place on the internal referral pathway from Speech and Language Therapy (SALT) in order to reduce DNA rates via a new screening process. Agency cover continues until end of September to maintain service delivery, whilst new staff member completes their induction period. A business case has been approved at EMT to submit to the Barnsley Integrated Care Board (ICB) Deputy Chief Nurse to request investment into the service aligned to Quality National Standards.

Advise

• One instance of feedback with staff values and behaviours as an issue has been recorded during July. This relates to our Neighbourhood Nursing Service (NNS) and we are currently awaiting consent from the family via the Trust's Customer Service Team in order to proceed with further investigation once the scope is agreed; this will enable us to ascertain if the complaint is upheld.
• We have seen a reduction in people dying in their place of choosing from 93.10% last month to 78.1% in July; this has fallen slightly below the threshold of 80%. Two patients had died before they were reviewed by the specialist palliative care team, and other patients had died following transfer to other places (hospital, care home palliative care bed) for symptom management.
• In July there was one instance of a pressure ulcer which developed under SWYPFT care where there was an area for improvement. This incident relates to a missed opportunity to carry out pressure ulcer screening within the Neighbourhood Rehabilitation Team (NRS). Feedback has been provided, and the team has received a debrief. As pressure ulcer screening is a newly introduced process within NRS, the team is still embedding this into routine practice.

Assure

• Appraisals - for July, the overall care group figure is 95.2% which exceeds the updated target of 90% going forward.
• Staff receiving supervision - ongoing focus with a drive to improve recording and increased numbers of trained supervisors. July figure is only minimally below target at 79.8% and as of 13.8.25 this had increased to 80.2% compliance for July with improvement continuing into August.
• Overall sickness rates continue to be stable through July, and the care group is achieving compliance at 4.1%, with a year-to-date figure of 4.3%.
• Urgent Community Response Service 2-hour target is 90.9% at end of July which continues to be well above the 70% threshold.
• Musculo Skeletal Service (MSK) are seeing a continued achievement against the national target of 92% for 18-week RTT (Referral to Treatment) – 97.69% for July 2025.
• Information Governance training maintains compliance at 98.5%.
• Friends and Family Test (FFT) 97% of people would recommend community services.
• CPR training maintains compliance at 88.8% for July.
• Virtual Ward occupancy rate maintains compliancy at 84% which continues to be above the target of 80%.
• Barnsley stroke survivors and their carers attended an informative session looking at services that carers can access locally. This was followed by a pie and pea supper and the event was made possible due to financial support provided by our EyUp! Charity.
• In July, Yorkshire Smokefree celebrated 25 years of delivering smoking cessation services across Barnsley, Doncaster, Sheffield and Wakefield.
• MSK & Neuro Physio, Priory Day Centre – remains closed. Services affected continue to utilise Priory Campus as temporary alternative accommodation and this arrangement has been extended further until end of December 2025. General Manager has worked with the MSK Service and SWYPFT Strategic Planning Lead for Estates to explore long term options; from January 2026 all group sessions will be delivered from Hoyland Sports Centre.

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	May-25	Jun-25	Jul-25	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	82.7%	83.4%	84.3%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	84.2%	81.9%	85.3%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	0% (0/1)	66% (2/3)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	88.2%	90.5%	86.8%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	100.0%	100.0%	98.9%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.8%	87.1%	86.3%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	75.0%	50.0%	0.0%	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95.0%	97.7%	95.5%	92.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	94.2%	96.2%	96.5%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	3	3	5	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	11	20	16	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.6%	89.5%	88.0%	
Restraint incidents	Best Quality	Safe	Trend Monitor	18	34	*31*	
Safer staffing (Overall)	Best Quality	Safe	90%	117.8%	118.1%	120.7%	
Safer staffing (Registered)	Best Quality	Safe	80%	102.0%	100.6%	102.5%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	7.7%	7.5%	8.8%	
Average length of stay	Best Quality	Safe	Trend Monitor	353	670	1309	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	191	231	245	

Forensic - West Yorkshire:

Alert/Action

Bed Occupancy

• Current occupancy levels across medium secure services remain below capacity, with the most significant underutilisation observed in the Learning Disabilities (LD) and Women's pathways, where there are presently no active waiting lists. This presents ongoing challenges in terms of service efficiency and resource optimisation.
In contrast, there has been a marked increase in referrals for male medium secure beds, which is contributing positively to overall utilisation rates. There is now a growing waiting list. This shift in referral patterns may indicate emerging trends in demand and will be important to consider in future service planning and pathway development.
• Newton Lodge: 87.46% – Increased referrals in the male pathway; occupancy spans Learning Disability and Women's services.
• Bretton Centre: 84.72% – Admissions are pending due to legal processes.
• Newhaven: 74.19% – Reflects ongoing underoccupancy.

Appraisals

• Appraisal completion continues to be a key workforce priority, reflecting our commitment to staff development, engagement, and accountability. The service has made significant progress in this area, with the current completion rate standing at 94.8%. This marks a positive trajectory and highlights the sustained efforts of teams and managers to improve compliance and embed appraisal processes into routine practice.
• Risk assessments - 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.

Forensic Community Transition Team

• The Forensic Community Transition Team is currently unfunded by the West Yorkshire Provider Collaborative and has not been prioritised for community service investment. The matter has been escalated and has been discussed at the Adult Secure Services Board in July who will not be supporting funding the service moving forward. The service will complete a Decision Tree to be discussed at Value for Money meeting.

Advise

Provider Collaborative Engagement -

•The West Yorkshire Provider Collaborative has signalled its intention to:

- Review male and female pathways within medium secure services to ensure alignment with regional needs.
- Undertake a detailed review of patients deemed clinically ready for discharge, with the aim of improving patient flow and discharge planning.

Sickness Absence – Service Overview

Sickness absence rates remain above the expected threshold across several service areas, with current year-to-date figures as follows:

• Newton Lodge: 6.9%
• Bretton Centre: 7.9%
• Newhaven: 14.4%

These figures indicate ongoing challenges in workforce stability and resilience, particularly at Newhaven where absence levels are significantly elevated. The service continues to work closely with the People Relations team to understand the underlying causes and to identify targeted interventions.

This includes reviewing patterns of absence, exploring wellbeing and support mechanisms, and ensuring that managers are equipped to respond proactively. Further updates will be provided as improvement plans are developed and implemented.

Mandatory training overall compliance:

• Newton Lodge – 94.2%
• Bretton – 94.9%
• Newhaven –95%

Hotspots are Information Governance in the Bretton Centre (94.9%).

• Turnover – Turnover across the service is much lower than in previous years at 10% or less.
• Forensic Improvement Programme – is well underway with several workstreams focusing on improved service user experience and outcomes and improved efficiencies.

Assure

• High levels of data quality across the care group.
•100% compliance for HCR20 completed within 3 months of admission.
• 25 hours of meaningful activity 100%.
• % Service users on care programme approach with a formal review within the previous 12 months –100%

Forensic - South Yorkshire							
Metrics	**Strategic Objective**	**CQC Domain**	**Threshold**	**May-25**	**Jun-25**	**Jul-25**	**Variation/ Assurance**
% Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	91.5%	84.4%	94.3%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	73.5%	78.3%	81.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	50% (1/2)	0% (0/3)	0% (0/1)	
% of staff receiving supervision within policy guidance	Best place to work and learn	Well led	80%	91.0%	81.0%	94.6%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.8%	79.4%	76.9%	
% 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%	98.0%	96.2%	94.0%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	2	2	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	10	8	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.5%	86.3%	85.3%	
Restraint incidents	Best Quality	Safe	Trend Monitor	5	15	*12*	
Safer staffing (Overall)	Best Quality	Safe	90%	123.3%	123.0%	122.1%	
Safer staffing (Registered)	Best Quality	Safe	80%	100.4%	94.6%	96.3%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.4%	4.0%	5.1%	4.7%	
Average length of stay	Best Quality	Safe	Trend Monitor	N/A	2637	1077	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	166	121	106	

Forensic - South Yorkshire:

Alert/Action

Bed Occupancy

• Following a period of closure, Cheswold Park successfully reopened under SWYPFT in October 2024. By January 2025, the service had resumed both admissions and discharges, gradually rebuilding capacity and stabilising core functions. By March, occupancy had reached 70 beds, slightly below the initial Q1 target of 80 beds. This shortfall was due to a range of operational challenges encountered during mobilisation, including workforce alignment, infrastructure readiness, and referral flow adjustments.
In response, the service is now working closely with commissioners to agree a revised and more realistic occupancy plan. This plan will be subject to ongoing review throughout Q2 and Q3, ensuring it remains aligned with service capacity and patient needs as the site continues to stabilise. This approach ensures that occupancy targets remain aligned with current service capacity, patient needs, and the pace of operational recovery.
• Cardiopulmonary resuscitation (CPR) training compliance - THis is currently below the Trust 80% threshold but there is a recovery plan in place and mitigating actions to ensure trained staff are on duty at all times.

Advise

Cheswold Park – Integration and Service Development Update

• Cheswold Park continues to make steady progress in its integration into the Forensic Care Group, aligning with Trust-wide governance structures and operational frameworks. This integration is supporting consistency in standards, oversight, and strategic direction.
• A corporate services establishment review is now complete.
• Quality and safety oversight is maintained through the internal Quality Improvement Group, which now meets quarterly, providing structured assurance and a forum for continuous improvement.
• External oversight from NHS England and the South Yorkshire Provider Collaborative remains at a routine monitoring level, reflecting confidence in the service's progress.
• Strategic priorities have been defined for the next six months across both the Programme Group and Clinical/Operational services, ensuring a clear focus on stabilisation, development, and future planning.
• Work is underway to develop a clear clinical and operational model for the future, which will guide service delivery and inform workforce planning. A medical workforce business case has been submitted to executive management team and supported which will support future admissions in line with the overarching business case, and additional business cases for psychology, allied health professionals, and pharmacy are in development to strengthen multidisciplinary provision.
• The service is also progressing with policy and procedure alignment to meet Trust, CQC, and secure service standards. A ward manager development programme is underway to support leadership capability and align the role with Trust-wide expectations.
• Support is being provided to improve internal and external reporting mechanisms, enhancing performance monitoring. Additionally, access to the Trust bank has now been established, improving the sustainability and flexibility of ward staffing.

Assure

• Low level of turnover 1.9%.
• Joint working on future bed modelling continues to be a priority with the South Yorkshire Provider Collaborative.

The following section of the report has been created to give assurance regarding the quality and safety of the care we provide on our inpatient wards. A number of key metrics have been identified the wards and performance against these for the past three months is stated. The wards in Cheswold Park Hospital are now incorporated into this report and the monthly data will be added over the financial year so that a three month rolling position is also shown. Figures in bold and italics are provisional and will be refreshed next month.

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

Appraisal
• 13 wards have achieved the 90% threshold target in July.
• Clark (89.5%) and Enfield Down (87%) are both below compliance threshold however targeted work has been undertaken by the ward managers and August compliance is above 90% (as of 14/08/25).
• Beamshaw (75%) and Melton (75%) are both below compliance threshold, impacted by clinical acuity and planned appraisals needing to be rescheduled. Work is ongoing to complete these as soon as possible.
• Matrons continue to work closely with ward managers to ensure outstanding appraisals are booked.

Sickness
• 6 wards have sickness rates below 5% compliance threshold.
• Sickness improved to below threshold in July on Beamshaw and Beechdale following the return of staff from long term sickness.
• Sickness increased to above threshold on Melton (5.9%) due to long term sickness, with one absence being due to work related injury. Sickness also increased to above threshold on Crofton (6.6%), Poplars (9.7%), and Ward 19 Female (5.7%) due to both short term and long-term sickness, no themes.
• Sickness on Nostell has reduced but remains above threshold and continues to be impacted by a combination of long and short-term sickness, no specific themes.
• Walton (9.4%), Elmdale (10%), Enfield Down (7.9%), and Lyndhurst (7.5%) sickness has increased due to a mixture of both long and short-term sickness, no specific themes.
• Sickness on Ashdale has reduced but remains above threshold at 14.5%. This continues to be impacted by long-term sickness with themes of personal and work-related stress, work related injury, and long-term physical health conditions.
• Sickness on Willow has also reduced but remains above threshold at 13.2%. This is impacted by both short and long-term sickness although no specific themes.
• 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 July, 9 of those wards are at 100% supervision compliance.
• Nostell (64.3%) and Walton (64.7%) are below compliance however focused work has been undertaken by the ward leadership teams and both wards are above the 80% threshold in August (as of 14/08/25)
• The senior leadership team maintain close oversight of supervision compliance via the weekly inpatient quality and performance meeting

Mandatory Training
Information Governance
• 16 wards are above 95% compliance target for July, 14 of those wards are at 100% information governance training compliance
• Beechdale is just below target at 92% and this relates to 2 staff, both of whom are on long-term sickness and working their notice period.
• Ward managers, with oversight from matrons, continue to ensure outstanding staff complete information governance training.

CPR
• 16 wards are above the CPR training compliance threshold.
• Walton (74.3%) remains below compliance threshold in July. Some staff have completed training in July, and this is reflected in August compliance (currently 77.8% as of 14/08/25). Other staff with outstanding training are booked to attend courses in September.

RRPI
• 16 wards are above the RRPI training compliance threshold.
• Ashdale (74.1%) dropped below compliance threshold in July. The ward manager, with oversight from the matron, is reviewing training to ensure all staff are booked onto future dates.
• Rota planning and oversight from ward managers ensures adequate numbers of RRPI and CPR trained staff on each shift.

Fire Safety
• All 17 wards are above fire safety training compliance threshold.

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

Bed Occupancy

• Bed occupancy exceeding target is reflective of general increased demand for admissions, particularly across working age adults.
• Melton high bed occupancy (120.3%) reflects one service user with complex needs and high risk being nursed in the extra care area.
• 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.

Clinically Ready for Discharge (CRFD)

• CRFD rates are significantly above threshold on Melton at 27.2% in July. This reflects 2 service users awaiting placements.
• 10 other wards are above the threshold for CRFD with Beamshaw, Clark, Nostell, Walton, Poplars, and Enfield Down above 10%. Stanley, Ward 18, Beechdale, and Ward 19 (Male) 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.

FIRM Risk assessments

• The reporting metric changed as of 1st April to percentage of inpatient risk assessment completed within 24hrs before or after admission.
• Overall compliance in July was 84.6% for 24hr target and 89.7% completed within 48hrs.
• During July, Nostell, Stanley, Crofton, and Ward 19 Male had 1 FIRM breach each. Elmdale (2), Willow (2), Ward 19 Female (2), Ashdale (4), and Ward 18 (4) had multiple.
• In line with the Risk Assessment and Risk Management policy, the team who assessed the service user as requiring admission have a responsibility to update the FIRM risk assessment to reflect the change in risk necessitating inpatient admission.
• Compliance monitoring dashboards support oversight and a deep dive will be conducted by the inpatient matron for each breach to identify learning and inform improvement. This will be shared with Quality and Governance Leads in community to ensure a collaborative approach to improvement.
• The inpatient team receive a handover of risk prior to admission and at the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. A Staying Safe risk management care plan is also implemented within 24hrs of admission.

Physical violence

• 28 incidents of patient-on-patient physical violence throughout July. 7 of these incidents were on Ashdale and related to a small number of service users with a risk profile of violence and aggression.
• Service users are supported on an individual basis by staff teams and risks are managed through individual care planning. Appropriate safeguarding actions taken by ward teams, including liaison with trust safeguarding specialist advisors and reporting to the police.
• 11 incidents of patient on staff physical violence at Poplars. Incidents relate to specific service users with behavioural and psychological symptoms of dementia. Risk management care plans are in place and the ward psychologist is supporting with psychological formulation. Trust specialist advice from RRPI and safeguarding is also sought as needed.
• Clark (7), Elmdale (7) and Ward 18 (10) incidents of patient-on-staff physical violence throughout July relate to a small number of service users with complex needs. Psychological formulation is developed on the wards as required to support management and care of individuals with complex needs.
• Risk specific care plans are in place to support managing incidences of violence 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

• Higher incidence on Nostell (14), Ward 18 (26), Elmdale (24) is reflective of current patient population and the presentation and risk profile of service users.
• Higher incidence on Melton (17) is linked to a specific service user who presents with high risks to themself and is requiring physical intervention to manage this.

Prone restraint incidents

• Only 1 incident of prone restraint in July, which was on Walton (PICU) and was under 3 minutes duration.
• The reason for prone restraint use was exiting seclusion. 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.

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Beamshaw Suite May-25	Beamshaw Suite Jun-25	Beamshaw Suite Jul-25	Clark Suite May-25	Clark Suite Jun-25	Clark Suite Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	90.9%	75.0%	100.0%	94.4%	89.5%
Sickness	Best place to work and learn	Well led	5.0%	2.9%	6.9%	0.5%	5.6%	2.7%	4.2%
Supervision	Best place to work and learn	Well led	80%	64.3%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.3%	91.3%	87.0%	100.0%	95.2%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.3%	91.3%	91.3%	100.0%	95.2%	95.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.7%	87.0%	87.0%	100.0%	100.0%	100.0%
Bed occupancy**	Best Quality	Safe	85%	104.6%	106.0%	107.1%	104.6%	106.0%	107.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	90	77	73	97	64	83
Safer staffing (Overall)	Best Quality	Safe	90%	125.3%	139.1%	122.4%	109.9%	135.5%	119.8%
Safer staffing (Registered)	Best Quality	Safe	80%	106.8%	100.4%	99.1%	111.2%	108.7%	106.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	13.1%	10.7%	13.0%	32.2%	18.3%	15.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	0	1	0	3	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	2	2	3	7	7
Restraint incidents	Best Quality	Safe	Trend Monitor	3	7	*2*	7	16	*9*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	2	*0*	1	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	17	12		8	11	

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

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Melton Suite May-25	Melton Suite Jun-25	Melton Suite Jul-25	Nostell May-25	Nostell Jun-25	Nostell Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	91.7%	75.0%	90.5%	90.5%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	2.6%	4.8%	5.9%	7.9%	10.4%	7.9%
Supervision	Best place to work and learn	Well led	80%	84.6%	91.7%	80.0%	92.3%	84.6%	64.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	87.5%	95.8%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	100.0%	91.7%	78.3%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	79.2%	87.5%	95.8%	87.5%	82.6%	95.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	75.0%	87.5%	87.5%	95.8%	95.7%	95.8%
Bed occupancy	Best Quality	Safe	85%	106.5%	106.7%	120.3%	98.4%	98.9%	99.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	102	104	N/A	26	59	56
Safer staffing (Overall)	Best Quality	Safe	90%	123.3%	138.5%	176.0%	133.7%	134.7%	120.4%
Safer staffing (Registered)	Best Quality	Safe	80%	98.5%	92.1%	93.9%	100.9%	102.8%	106.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	28.3%	15.6%	27.2%	17.5%	7.9%	10.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	N/A	58.3%	100.0%	85.7%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	2	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	5	2	1	8	3
Restraint incidents	Best Quality	Safe	Trend Monitor	5	12	*17*	10	34	*14*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	2	0	*0*	1	3	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	14	23		4	21	

*** 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			Walton		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	95.8%	100.0%	93.8%	91.2%	96.9%
Sickness	Best place to work and learn	Well led	5.0%	5.4%	3.9%	4.5%	9.1%	8.9%	9.4%
Supervision	Best place to work and learn	Well led	80%	73.3%	93.3%	92.9%	82.4%	88.2%	64.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.0%	100.0%	100.0%	88.6%	97.1%	97.1%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	92.0%	92.3%	96.2%	94.3%	91.4%	94.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.0%	88.5%	88.5%	82.9%	74.3%	74.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	84.0%	92.3%	96.2%	82.9%	85.7%	88.6%
Bed occupancy**	Best Quality	Safe	85%	98.4%	98.9%	99.0%	97.5%	103.3%	99.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	56	53	38	N/A	80	70
Safer staffing (Overall)	Best Quality	Safe	90%	136.7%	117.5%	113.6%	155.7%	127.5%	126.2%
Safer staffing (Registered)	Best Quality	Safe	80%	105.7%	97.1%	93.6%	90.6%	94.7%	89.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.2%	14.1%	3.9%	22.8%	31.1%	16.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	85.7%	66.7%	90.9%	N/A	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	3	1	0	2	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	2	0	3	1	4
Restraint incidents	Best Quality	Safe	Trend Monitor	5	2	*4*	27	6	*7*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	2	1	*0*	3	3	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	17		6	11	

*** 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		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	96.7%	96.4%	96.0%	95.8%	95.8%	96.0%
Sickness	Best place to work and learn	Well led	5.0%	13.5%	21.8%	14.5%	8.1%	2.2%	2.1%
Supervision	Best place to work and learn	Well led	80%	80.0%	86.7%	87.5%	88.9%	90.9%	90.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.8%	96.0%	100.0%	96.4%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.3%	80.0%	74.1%	89.3%	82.1%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	92.6%	60.7%	71.4%	86.2%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	96.8%	92.0%	100.0%	92.9%	96.4%	96.6%
Bed occupancy	Best Quality	Safe	85%	98.4%	99.7%	98.7%	101.0%	103.9%	100.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	51	60	46	34	40	29
Safer staffing (Overall)	Best Quality	Safe	90%	127.9%	115.7%	107.0%	97.4%	105.3%	104.9%
Safer staffing (Registered)	Best Quality	Safe	80%	103.9%	101.3%	99.6%	96.4%	97.5%	104.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	3.1%	2.8%	0.0%	3.5%	4.2%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	68.8%	57.1%	69.2%	87.5%	70.0%	81.8%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	4	7	0	0	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	2	1	1	2	10
Restraint incidents	Best Quality	Safe	Trend Monitor	7	3	*11*	5	3	*26*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	8	8		2	4	

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Elmdale May-25	Elmdale Jun-25	Elmdale Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	88.5%	88.0%	96.0%
Sickness	Best place to work and learn	Well led	5.0%	4.4%	8.6%	10.0%
Supervision	Best place to work and learn	Well led	80%	77.8%	85.7%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.3%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	88.9%	96.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	92.6%	92.6%	80.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	74.1%	96.0%
Bed occupancy	Best Quality	Safe	85%	94.8%	103.3%	98.5%
Average Length of Stay	Best Quality	Safe	Trend Monitor	56	35	60
Safer staffing (Overall)	Best Quality	Safe	90%	114.0%	102.6%	105.3%
Safer staffing (Registered)	Best Quality	Safe	80%	95.1%	93.6%	97.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	3.3%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	69.2%	84.6%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	3	3	4
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	10	3	7
Restraint incidents	Best Quality	Safe	Trend Monitor	21	16	*24*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	10	6	

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Crofton			Poplars CUE		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	95.5%	90.9%	100.0%	100.0%	96.4%
Sickness	Best place to work and learn	Well led	5.0%	1.4%	4.7%	6.6%	4.1%	4.6%	9.7%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.2%	90.0%	90.0%	86.7%	80.0%	89.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.0%	90.0%	100.0%	93.3%	96.7%	92.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.3%	90.9%	100.0%	93.5%	100.0%	93.1%
Bed occupancy	Best Quality	Safe	85%	98.6%	105.8%	96.6%	71.2%	74.2%	68.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	79	35	68	103	100	123
Safer staffing (Overall)	Best Quality	Safe	90%	186.1%	168.7%	169.0%	223.5%	225.6%	191.6%
Safer staffing (Registered)	Best Quality	Safe	80%	154.3%	138.4%	143.1%	110.2%	104.4%	102.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	39.3%	27.5%	17.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	83.3%	87.5%	N/A	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	0	1	3	2	4
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	11	12	9	11
Restraint incidents	Best Quality	Safe	Trend Monitor	3	0	*5*	11	8	*10*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	18	29		36	23	

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Willow			Beechdale		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	95.0%	95.0%	95.2%	95.5%	100.0%	95.5%
Sickness	Best place to work and learn	Well led	5.0%	20.0%	17.8%	13.2%	9.2%	7.1%	4.5%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	92.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.7%	83.3%	86.4%	90.5%	91.3%	84.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.0%	94.4%	95.5%	100.0%	100.0%	91.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	95.5%	95.2%	82.6%	88.0%
Bed occupancy	Best Quality	Safe	85%	91.0%	105.0%	94.5%	96.2%	106.0%	97.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	132	99	44	85	70	124
Safer staffing (Overall)	Best Quality	Safe	90%	127.7%	119.9%	113.6%	122.7%	113.1%	136.0%
Safer staffing (Registered)	Best Quality	Safe	80%	77.4%	81.3%	85.5%	98.6%	94.2%	107.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	30.7%	8.9%	0.3%	0.0%	4.3%	5.7%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	85.7%	66.7%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	3	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	2	2	2	0
Restraint incidents	Best Quality	Safe	Trend Monitor	3	0	*2*	1	3	*2*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	13	4		5	2	

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male May-25	Ward 19 - Male Jun-25	Ward 19 - Male Jul-25	Ward 19 - Female May-25	Ward 19 - Female Jun-25	Ward 19 - Female Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	1.5%	2.9%	4.7%	6.2%	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%	95.8%	95.8%	95.8%	95.5%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	91.7%	87.5%	83.3%	95.5%	91.3%	91.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	87.5%	95.8%	86.4%	91.3%	95.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.8%	95.8%	95.8%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	85%	97.0%	105.1%	99.8%	91.0%	98.4%	93.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	121	64	80	89	105	39
Safer staffing (Overall)	Best Quality	Safe	90%	99.6%	111.3%	123.3%	94.7%	96.2%	107.9%
Safer staffing (Registered)	Best Quality	Safe	80%	79.9%	82.5%	85.6%	101.4%	113.3%	103.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	13.5%	16.1%	12.0%	6.9%	0.2%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	50.0%	100.0%	66.7%	100.0%	100.0%	60.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	0	0	2	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	2	1	0	2	1
Restraint incidents	Best Quality	Safe	Trend Monitor	3	1	*1*	3	1	*1*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	6	4		1	2	

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down May-25	Enfield Down Jun-25	Enfield Down Jul-25	Lyndhurst May-25	Lyndhurst Jun-25	Lyndhurst Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	91.5%	87.0%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.7%	7.6%	7.9%	0.9%	5.1%	7.5%
Supervision	Best place to work and learn	Well led	80%	96.3%	96.3%	96.3%	100.0%	87.5%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	96.6%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	85.7%	83.7%	89.4%	86.2%	79.3%	85.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.5%	95.5%	95.3%	96.6%	100.0%	96.4%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	88.0%	96.0%	95.8%	96.6%	96.6%	100.0%
Bed occupancy	Best Quality	Safe	Trend Monitor	57.1%	59.6%	51.6%	50.5%	66.2%	59.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	265	1058	N/A	821	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	100.6%	96.0%	104.3%	113.4%	102.9%	97.1%
Safer staffing (Registered)	Best Quality	Safe	80%	107.9%	101.2%	96.7%	99.9%	102.7%	101.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	5.2%	5.4%	11.9%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	N/A	N/A	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	3	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	2	1	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	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	0		1	4	

Inpatients - Forensic West Yorkshire - Medium Secure

Medium Secure

• Five of the seven wards are above supervision compliance (Bronte, Hepworth, Waterton, Johnson and Priestley). Chippendale (37.5%) is under compliance and understood to be a recording issue due to team high acuity. Appleton is also under the threshold (73.3%)

• Some noted improvements in sickness absence noted Appleton (3.3%), Hepworth (3.4%) and Priestley (2.2%) and Chippendale (4.8%) are now compliant with the service threshold. Waterton (16.1%), Johnson (8.4%) and Bronte (8%) remain above target. This is a combination of both increases in long-term sickness absence and short-term. Individual support plans are in place by Ward Managers with support from our People Directorate.

• Improvements are noted with mandatory training compliance. Johnson is slightly below RRPI compliance but has plans in place to address.

• Bed occupancy on Appleton (58.9%) is below compliance and due to a reduction in overall learning disability referrals to secure care. Of note the service has seen referrals that are now in process. Bed occupancy in the women's service (Johnson medium secure 73.3%) is also low but has noted a slight improvement and referrals have been received into the service. Neither of these services have a waiting list. Bed occupancy on the male pathway has increased significantly due to a spike in medium secure referrals.

There were no prone restraints in medium secure and incidents of violence and restraint incidents remains broadly consistent.

• Continued work and increased oversight of Priestley has been in place to understand the challenges in performance and enable focused intervention and support is in place. A gradual, albeit improving trajectory is noted.

Low Secure

• Sickness across all wards monitored closely, and ward managers are working closely with people directorate colleagues. Improvement has been noted on Thornhill (4.7%). Newhaven (15.2%) is related to three long term sickness and absence. A plan is in place with the People Directorate and additional Occupational Health Support using the CRISSP approach. Increases in sickness absence noted on Sandal (11.5%) which is related to one long term sickness absence and an increase in short term absence. Ryburn (12.9%) although above the target has reduced significantly.

• Mandatory training compliance remains positive across all areas. The only hotspot is Sandal's IG training at 92%.

• The Inpatient risk assessment completed within 24 hours on Sandal is under review by the service and plans in place to ensure systems in place to ensure compliance. Within forensic services it is likely that forensic risk assessments are completed prior to admission as part of the gate keeping process to support planning. We are working to understand how this is impacting on our data quality.

• Bed occupancy has increased across all 4 wards in low secure, with Ryburn (87.1%), Thornhill (83%) and Sandal (83.5%). The service is currently working to support transitions to Ryburn and Thornhill to support capacity for admissions. Newhaven (742%) continues to experience lower level of referrals and has no waiting list.

• There has been one prone incident on Newhaven but resolved in under 2 minutes. The service continues to access RRPI and wider Trust services, RRPI / safeguarding for advice and support.

• Supervision is above compliance on Ryburn (93%) and Newhaven (83%). Thornhill (50%%) & Sandal (18.2%) have experienced a drop in performance and the service is taking action to identify the causes and take action.

Metrics	Strategic Objective	CQC Domain	Threshold	Appleton			Bronte		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	80.0%	73.3%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	5.7%	4.4%	3.3%	8.7%	4.7%	8.0%
Supervision	Best place to work and learn	Well led	80%	78.6%	83.3%	76.9%	100.0%	100.0%	92.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	90.9%	100.0%	95.2%	95.5%	95.7%	95.5%
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%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.8%	90.9%	81.0%	90.9%	84.0%	81.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	86.4%	90.9%	95.2%	95.5%	95.7%	95.5%
Bed occupancy	Best Quality	Safe	90%	62.5%	62.5%	58.9%	70.5%	83.3%	96.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	1511	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	128.6%	125.7%	126.0%	95.9%	97.7%	94.1%
Safer staffing (Registered)	Best Quality	Safe	80%	104.7%	92.5%	93.4%	106.5%	102.0%	87.0%
% 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	100.0%	100.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	1	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	5	7	2	0	3	3
Restraint incidents	Best Quality	Safe	Trend Monitor	11	18	*9*	1	1	*6*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	22		0	2	

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Chippendale			Hepworth		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	89.5%	90.0%	100.0%	96.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	7.0%	6.4%	4.8%	6.2%	4.8%	3.4%
Supervision	Best place to work and learn	Well led	80%	87.5%	56.3%	37.5%	94.4%	88.9%	81.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	90.9%	95.5%	100.0%	96.4%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.4%	90.9%	91.3%	92.9%	88.5%	88.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.8%	90.9%	87.0%	96.4%	92.3%	92.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.5%	90.9%	91.3%	92.9%	96.2%	96.2%
Bed occupancy	Best Quality	Safe	90%	87.4%	96.7%	100.0%	96.8%	88.9%	81.7%
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%	102.7%	118.8%	103.6%	92.8%	89.8%	91.5%
Safer staffing (Registered)	Best Quality	Safe	80%	120.1%	114.1%	97.3%	91.7%	85.9%	90.2%
% 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%	0.0%	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*1*	1	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	1	23		1	0	

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Johnson			Priestley		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	96.2%	100.0%	100.0%	65.2%	61.9%	56.5%
Sickness	Best place to work and learn	Well led	5.4%	10.8%	10.1%	8.4%	3.1%	5.3%	2.2%
Supervision	Best place to work and learn	Well led	80%	93.3%	94.1%	93.3%	75.0%	87.5%	81.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.7%	100.0%	96.4%	84.6%	88.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	85.2%	78.6%	84.0%	82.6%	87.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	73.3%	77.8%	82.1%	80.0%	82.6%	83.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.3%	92.6%	96.4%	76.9%	80.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	73.3%	73.1%	73.3%	100.0%	96.7%	94.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	722	790
Safer staffing (Overall)	Best Quality	Safe	90%	118.0%	113.0%	119.6%	92.0%	93.0%	86.5%
Safer staffing (Registered)	Best Quality	Safe	80%	87.9%	88.3%	89.6%	105.9%	99.4%	101.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	3	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*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	13	16		0	1	

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Waterton May-25	Waterton Jun-25	Waterton Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	94.7%	85.0%	85.0%
Sickness	Best place to work and learn	Well led	5.4%	12.1%	12.6%	16.1%
Supervision	Best place to work and learn	Well led	80%	90.9%	84.6%	84.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	90.9%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.4%	94.7%	90.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.4%	94.7%	81.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	81.8%	78.9%	86.4%
Bed occupancy	Best Quality	Safe	90%	100.0%	89.2%	100.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	679	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	124.2%	163.1%	156.3%
Safer staffing (Registered)	Best Quality	Safe	80%	98.2%	98.2%	99.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	12	10	

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Thornhill			Sandal		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	96.2%	96.4%	100.0%	95.7%	95.7%	91.7%
Sickness	Best place to work and learn	Well led	5.4%	10.2%	5.7%	4.7%	2.1%	8.0%	11.5%
Supervision	Best place to work and learn	Well led	80%	78.6%	75.0%	50.0%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	100.0%	100.0%	92.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	93.3%	96.3%	96.2%	92.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.8%	96.4%	90.0%	92.6%	92.3%	84.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	89.7%	100.0%	100.0%	92.6%	96.2%	92.0%
Bed occupancy	Best Quality	Safe	85%	63.0%	75.8%	83.0%	91.3%	76.9%	85.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	387	45	N/A	N/A	1235	594
Safer staffing (Overall)	Best Quality	Safe	90%	122.6%	113.7%	110.7%	126.9%	110.9%	125.9%
Safer staffing (Registered)	Best Quality	Safe	80%	105.0%	100.0%	104.7%	104.7%	104.3%	104.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	0.0%	N/A	N/A	N/A	50.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	1	2	2
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	1	5	*8*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	2	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	18	13		30	25	

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Ryburn			Newhaven		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	100.0%	100.0%	80.0%	90.3%	96.3%
Sickness	Best place to work and learn	Well led	5.4%	3.0%	20.3%	12.8%	13.0%	13.4%	15.2%
Supervision	Best place to work and learn	Well led	80%	100.0%	100.0%	83.3%	88.9%	89.5%	93.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	94.1%	97.0%	96.8%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.9%	80.0%	88.9%	96.7%	93.1%	88.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	66.7%	80.0%	100.0%	73.3%	79.3%	92.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	94.1%	90.9%	90.3%
Bed occupancy	Best Quality	Safe	85%	88.9%	85.7%	87.1%	75.0%	68.1%	74.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	318	N/A	N/A	N/A	N/A	2342
Safer staffing (Overall)	Best Quality	Safe	90%	98.4%	97.7%	97.6%	124.9%	124.0%	132.2%
Safer staffing (Registered)	Best Quality	Safe	80%	100.0%	96.5%	96.8%	97.0%	102.9%	104.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	5	6	6
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	4	8	*6*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	0	0	*1*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	1		2	26	

Inpatients - Non-Mental Health

• **Appraisal rate:**
NRU rate is showing a slight decrease at 84.2% for July. Current August figures are showing an improvement – 86.1% as at 13.8.25. Long Term Sickness (see below) has impacted the ability to achieve compliance on this measure.
SRU rate has maintained compliance this month at 95.3% for July.

• **Sickness:**
NRU – sickness has improved considerably from 10.4% in June to 6.8% in July. There are a number of reasons for ongoing LTS (long term sickness), and they have all being managed via HR processes and sickness reviews:
• 2 staff off due to planned surgery – both returned as planned in late July.
• 1 due to anxiety – returned late July.
• 1 due to seriously ill family member – returned to work during July.
• 1 currently on sick leave due to MSK issue.
SRU – Sickness for July continued to improve and has decreased from 7% to 5.2% which is only very slightly outside the compliance level of 5%. The current position includes two instances of LTS:
• 1 due to anxiety - until early September
• 1 due to planned surgery - until September
Sickness absence continues to be managed via HR processes and sickness reviews.

• **Supervision:**
NRU has seen further improvement in July to reach 76.2% with continuing focus to improve recording of supervision. As of 13.8.25 the dashboard shows that the unit is meeting compliance for July at 81%, with further continued improvement into August.
SRU figures continue to improve into July and maintain compliance at 83.3%.

• **Information Governance:**
Both wards are at 100% for July.

• **Cardiopulmonary resuscitation (CPR):**
Both wards continue to exceed the compliancy level.
To note: Resus Lead has advised that the process for CPR training recording is that they send the signature sheets to L&D. These are inputted by L&D but at irregular intervals once per month. Therefore, there is a potential for up to a 6-week lag before the updated training statistics are showing.

• **Fire Training:**
NRU has fallen very slightly below compliance at 84.2%. Staff are booked onto sessions during August.
SRU continues to maintain compliance.

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU) May-25	Jun-25	Jul-25	Stroke Rehabilitation Unit (SRU) May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	83.8%	85.3%	84.2%	95.2%	95.2%	95.3%
Sickness	Best place to work and learn	Well led	5.0%	7.2%	10.4%	6.8%	8.4%	7.0%	5.2%
Supervision	Best place to work and learn	Well led	80%	40.9%	70.0%	76.2%	70.0%	80.5%	83.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.6%	100.0%	100.0%	98.5%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	92.3%	91.7%	88.9%	90.6%	91.0%	92.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.7%	92.1%	84.2%	91.2%	92.9%	92.9%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	63.2%	66.9%	65.1%	90.3%	83.6%	90.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	155	45	55	28	26	25
Safer staffing (Overall)	Best Quality	Safe	90%	116.9%	119.2%	117.8%	92.2%	96.8%	100.3%
Safer staffing (Registered)	Best Quality	Safe	80%	95.0%	94.5%	98.6%	108.8%	120.2%	117.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	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	10	0		86	66	

Inpatients - Mental Health - Learning Disability

Headlines

- The service continues to support the provision of appraisal. The service continues to monitor closely and is compliant at 100%.
- The Ward Manager has been undertaking some quality improvement work on supervision, which reflects the improving compliance currently at 100%.
- Mandatory training compliance remains positive, with a hotspot in CPR (76.3%). Training delivery continues, and mitigating actions are in place to ensure that a CPR-trained staff member is on duty at all times, maintaining safety and clinical standards
- Sickness absence has now returned to within compliance levels (3%).
- In terms of patient flow, the number of service users clinically ready for discharge remains high. Despite this, the service successfully discharged five individuals in Q1, supported by a more proactive approach from Horizon clinicians and collaborative efforts with local commissioners. However, identifying suitable community placements continues to be a challenge, which may impact future discharge planning and throughput. There is a service user who is clinically ready for discharge that now has a plan in place for discharge in August.
- Improvements have been noted in the risk assessment compliance.
- Due to the current acuity and individual needs of service users, the service has required additional staffing, reflected in the overall safer staffing (115.4%) and registered safer staffing (170.5%).

Metrics	Strategic Objective	CQC Domain	Threshold	Horizon May-25	Horizon Jun-25	Horizon Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.1%	2.8%	3.0%
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%	97.5%	97.4%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.5%	94.6%	92.1%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	68.4%	64.9%	76.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	94.1%	97.4%	97.5%
Bed occupancy	Best Quality	Safe	N/A	49.2%	32.1%	40.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	270	114	333
Safer staffing (Overall)	Best Quality	Safe	90%	138.5%	104.5%	115.4%
Safer staffing (Registered)	Best Quality	Safe	80%	179.7%	172.9%	170.5%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	78.3%	81.8%	44.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	0.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	19	7	8
Restraint incidents	Best Quality	Safe	Trend Monitor	22	11	*5*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	1	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	16	21	

Inpatients - Forensic South Yorkshire

Medium Secure

- Supervision compliance is above compliance Skipton (100%). Data quality issues are evident with Foss (51.3%), due to recording issues. Plans are in place to improve recording systems.
- Appraisal is within compliance on both Foss (89.7%) and Skipton (100%).
- Sickness absence is above target for Foss (6.4%) and Skipton (12.2%). This is now being closely monitored by ward managers with support from the People Directorate.
- Safer staffing is within compliance and is reviewed by service management on a daily basis.
- Good compliance against mandatory training is noted across all areas.
- Bed occupancy on Skipton (53.1%) and Foss (81%) whilst below usual compliance this is in relation to the mobilisation of Cheswold Park Hospital and plans are in place.
- There were no prone restraints.
- Risk assessment data is not currently captured as Cheswold Park Hospital do not currently complete FIRM risk assessments; this is within the improvement plan.

Low Secure

- Supervision compliance is above compliance for Wentbridge (95.5%), (Esk 86.4%) and Calder (100%). For Aire (62.9%) and Don (48%) this is identified as a recording issue and improvements in recording systems are under review within the service.
- Appraisal compliance across four low secure wards (Esk 73.7%, Wentbridge 78%, Aire (80.6%) and Don (68%) remain below expected compliance. A review is underway to understand the challenges within the service. Calder has sustained improvement at 100%.
- Sickness absence is above target for Don (7.1%). Wentbridge whilst remains above target compliance has seen some improvements (7.5%). This is now being closely monitored by Ward Managers with support from the People Directorate. Sickness absence is within compliance on Calder (4.4%), Aire (2.2%), Esk (2.6%).
- Good compliance against mandatory training is noted across all areas. Information governance compliance has dropped just below compliance on Aire (93.8%) and Don (88.5%) with plans in place to improve. Some challenges with CPR compliance are noted (Don; 76.9% and Wentbridge; 61.9) and have been reviewed by the service. Whilst Immediate Life Support (ILS) training is noted to be positive (100%), the challenges are noted to be with Basic Life Support (BLS). A new approach has been introduced to support BLS training and will be reviewed.
- Bed occupancy on Esk (69.8%) and Wentbridge (80%), whilst below usual compliance both are in relation to the mobilisation of Cheswold Park Hospital and plans are in place.
- There were no prone restraints.
- Risk assessment data is not currently captured as Cheswold Park Hospital do not currently complete FIRM risk assessments, this is within the improvement plan.

Metrics	Strategic Objective	CQC Domain	Threshold	Medium Secure Services Foss			Skipton		
				May-25	Jun-25	Jul-25	May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	92.3%	89.7%	93.6%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	5.6%	6.4%	8.7%	7.6%	12.2%	7.3%
Supervision	Best place to work and learn	Well led	80%	100.0%	51.3%	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%	93.5%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	93.1%	89.7%	86.7%	93.5%	86.2%	86.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	93.1%	75.9%	67.7%	93.1%	86.2%	82.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	89.7%	93.1%	87.1%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	85.7%	81.0%	78.6%	50.0%	53.1%	58.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	749	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	105.2%	102.2%	113.5%	102.9%	108.2%	105.1%
Safer staffing (Registered)	Best Quality	Safe	80%	112.9%	98.3%	107.6%	77.1%	87.1%	84.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A			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	0	2	3	0	3	2
Restraint incidents	Best Quality	Safe	Trend Monitor	0	3	*7*	3	5	*4*
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	

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Esk May-25	Low Secure Services Esk Jun-25	Low Secure Services Esk Jul-25	Wentbridge May-25	Wentbridge Jun-25	Wentbridge Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	75.0%	73.7%	100.0%	93.2%	78.0%	95.0%
Sickness	Best place to work and learn	Well led	5.4%	5.1%	2.6%	4.6%	10.1%	7.5%	3.1%
Supervision	Best place to work and learn	Well led	80%	65.2%	86.4%	95.0%	88.6%	95.5%	92.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.5%	87.0%	95.2%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	95.5%	87.0%	90.5%	93.3%	90.5%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.2%	82.6%	76.2%	72.7%	61.9%	72.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.5%	100.0%	100.0%	88.9%	88.1%	85.7%
Bed occupancy	Best Quality	Safe	90%	87.5%	69.8%	76.6%	87.5%	80.0%	87.5%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	4525	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	114.5%	116.8%	108.5%	155.7%	150.7%	149.9%
Safer staffing (Registered)	Best Quality	Safe	80%	105.5%	92.5%	94.6%	106.4%	94.9%	100.0%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	1	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	3	3	2
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*	2	2	*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	

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Aire May-25	Aire Jun-25	Aire Jul-25	Don May-25	Don Jun-25	Don Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	80.6%	100.0%	72.0%	68.0%	76.9%
Sickness	Best place to work and learn	Well led	5.4%	0.9%	2.2%	8.3%	2.5%	7.1%	6.1%
Supervision	Best place to work and learn	Well led	80%	100.0%	62.9%	95.0%	96.2%	48.0%	80.8%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.0%	93.8%	93.9%	96.4%	88.5%	80.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	84.8%	81.3%	75.8%	94.6%	92.3%	96.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.8%	81.8%	81.8%	84.6%	76.9%	76.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	87.9%	90.6%	84.8%	100.0%	92.3%	92.0%
Bed occupancy	Best Quality	Safe	90%	91.4%	77.8%	76.3%	91.9%	95.3%	97.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	N/A	1077
Safer staffing (Overall)	Best Quality	Safe	90%	110.8%	96.2%	91.9%	128.9%	132.6%	122.8%
Safer staffing (Registered)	Best Quality	Safe	80%	99.7%	90.7%	89.8%	101.0%	102.3%	94.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	2	1	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	3	*1*	0	2	*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	

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Calder May-25	Jun-25	Jul-25
Appraisal rate	Best place to work and learn	Well led	May 88% June 89% July 90%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.4%	3.0%	4.4%	3.8%
Supervision	Best place to work and learn	Well led	80%	96.3%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	95.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	95.8%
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%	62.3%	79.4%	93.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	99.2%	107.1%	106.4%
Safer staffing (Registered)	Best Quality	Safe	80%	75.3%	81.3%	84.7%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	1
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Prone Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	*0*
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	0	

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	(£2m)	£0	The financial performance for July 2025 is a deficit of £18k which is £0.5m better than plan. This means that the year to date deficit has remained at £2.0m, but due to the plan profile, is now £0.4m better than plan. In order to achieve the breakeven target further improvements to the current run rate are required; whilst a number of mitigations have been identified the focus remains on the identification and delivery of further schemes to support medium term financial sustainability.
2	Agency Spend	Best Value	Well Led	£1.5m	£3.2m	Agency spend in July is £361k. This is £4k more than plan due to the plan reduction in spend. Spend is similar to June. For the year to date this remains lower than target but actions are required to be realised in order to secure the forecast of £3.2m spend for 2025 / 26.
3	Bank Spend	Best Value	Well Led	£8.2m	£22.5m	Bank expenditure has continued increase each month with July spend of £m similar to March / April 2025 run rate. Usage, and the operational reasons, continue to be monitored weekly through the Trust temporary staffing management group.
4	Corporate Spend	Best Value	Well Led	£22m	£67.8m	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 with the RAG rating as a comparison against plan following agreed budgetary reductions. In July spend is £0.2m less than planned.
5	Financial sustainability and efficiencies	Best Value	Well Led	£5.8m	£28.2m	Whilst the value for money programme remains behind plan for the year to date (£0.7m) this is an improvement from month 3. Further mitigations (both recurrent and non-recurrent) have been identified which will help to deliver the Trust financial targets. Currently it is forecast that the full target of £28.2m will be delivered.
6	Cash	Best Value	Well Led	£61.6m	£56m	Cash continues to be monitored to ensure effective management of the Trust working capital position. At July 2025 this remains better than planned and is forecast to increase in future months, in part due to the revised timing of capital expenditure.
7	Capital Spend	Best Value	Well Led	£0.6m	£19.3m	Spend on capital and leases is less than planned. Leases annual revaluations have been actioned, but are less than planned, whilst work continues on the Older People Scheme. The forecast position, still assuming full utilisation of the various allocations, has been updated in month reflect the current position. As such some schemes have been brought forward from future years.
8	Better Payment Practice Code	Best Value	Well Led	97%		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	May-25	Jun-25	Jul-25
Mandatory Training - TOTAL	Improving Care		>=80%	97.0%	96.0%	96.0%
Mandatory Training - Reducing Restrictive Practice Interventions				91.5%	86.3%	85.3%
Mandatory Training - Cardiopulmonary Resuscitation				86.8%	79.4%	76.9%
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				98.3%	99.3%	98.6%
Mandatory Training - Fire Safety			>=85%	94.6%	95.2%	92.6%
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				95.6%	95.0%	94.5%
Mandatory Training - Information Governance (Data Security)			>=95%	98.0%	96.2%	94.0%
Mandatory Training - Moving & Handling			>=80%	94.6%	95.2%	92.6%
Mandatory Training - Mental Capacity Act/DoIs				93.2%	93.7%	94.7%
Mandatory Training - Mental Health Act				93.2%	93.7%	94.7%
Mandatory Training - Oliver McGowan Training on Learning Disability and Autism - e-learning aspect of Level 1				99.0%	99.0%	98.9%
Mandatory Training - Prevent			>=80%	N/A	N/A	N/A
Mandatory Training - Safeguarding Adults				95.3%	93.8%	92.5%
Mandatory Training - Safeguarding Children				95.3%	93.8%	92.5%

South West Yorkshire Partnership NHS Foundation Trust

Finance Report

Month 4 (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)**	(£2m)	£0m	The financial performance for July 2025 is a deficit of £18k which is £0.5m better than plan. This means that the year to date deficit has remained at £2.0m, but due to the plan profile, is now £0.4m better than plan. In order to acheive the breakeven target further improvements to the current run rate are required; whilst a number of mitigations have been identified the focus remains on the identification and delivery of further schemes to support medium term financial sustainability.
2	**Agency Spend**	£1.5m	£3.2m	Agency spend in July is £361k. This is £4k more than plan due to the plan reduction in spend. Spend is similar to June. For the year to date this remains lower than target but actions are required to be realised in order to secure the forecast of £3.2m spend for 2025 / 26.
3	**Bank Spend**	£8.2m	£22.5m	Bank expenditure has continued increase each month with July spend of £m similar to March / April 2025 run rate. Usage, and the operational reasons, continue to be monitored weekly through the Trust temporary staffing management group.
4	**Corporate Spend**	£22m	£67.8m	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 with the RAG rating as a comparison against plan following agreed budgetary reductions. In July spend is £0.2m less than planned.
5	**Financial sustainability and efficiencies**	£5.8m	£28.2m	Whilst the value for money programme remains behind plan for the year to date (£0.7m) this is an improvement from month 3. Further mitigations (both recurrent and non-recurrent) have been identified which will help to deliver the Trust financial targets. Currently it is forecast that the full target of £28.2m will be delivered.
6	**Cash**	£61.6m	£56m	Cash continues to be monitored to ensure effective management of the Trust working capital position. At July 2025 this remains better than planned and is forecast to increase in future months, in part due to the revised timing of capital expenditure.
7	**Capital**	£0.6m	£19.3m	Spend on capital and leases is less than planned. Leases annual revaluations have been actioned, but are less than planned, whilst work continues on the Older People Scheme. The forecast position, still assuming full utilisation of the various allocations, has been updated in month reflect the current position. As such some schemes have been brought forward from future years.
8	**Better Payment Practice Code**	97%		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.

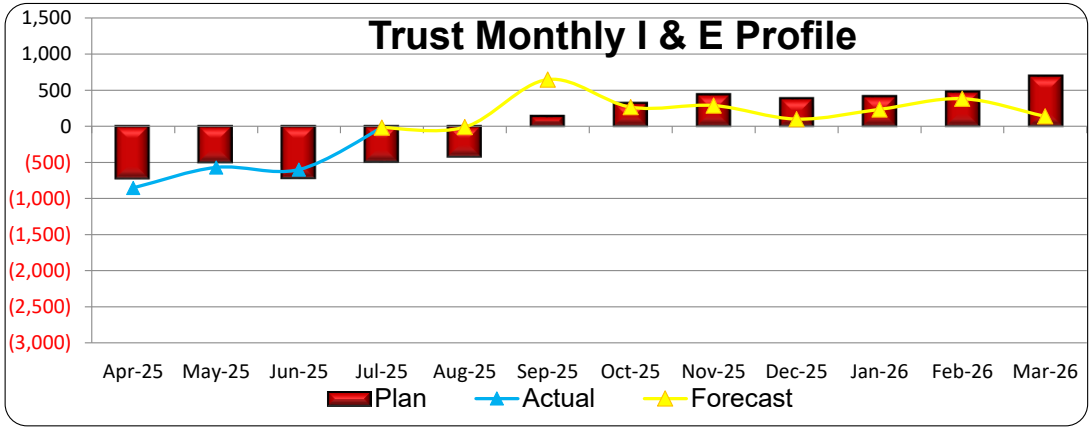
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

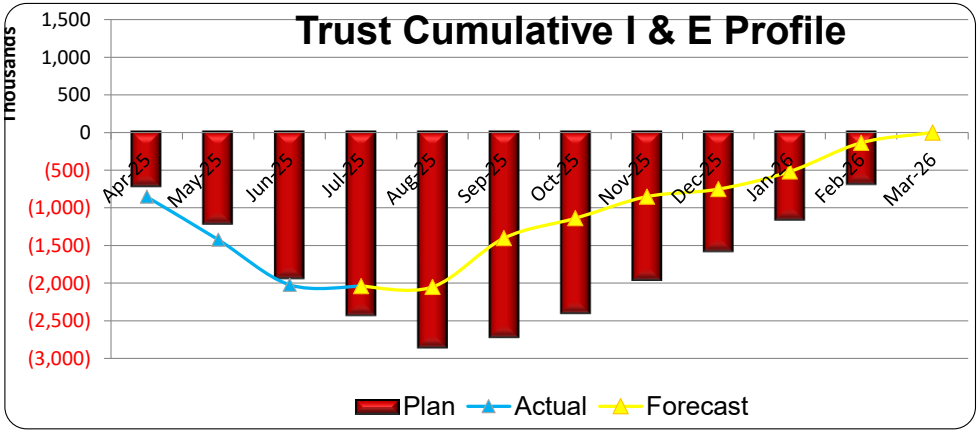
2.0 Income & Expenditure Position 2025 / 26

The table below presents the total consolidated financial position for South West Yorkshire Partnership 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					38,623	38,930	307	151,046	151,124	78	454,427	454,080	(348)
Other Operating Revenue					1,318	1,386	68	5,056	5,270	214	15,498	15,859	361
Total Revenue					**39,941**	**40,316**	**376**	**156,101**	**156,393**	**292**	**469,926**	**469,939**	**14**
Pay Costs	5,378	5,297	(81)	1.5%	(25,862)	(25,296)	566	(100,105)	(99,570)	535	(299,722)	(297,344)	2,379
Non Pay Costs					(13,758)	(14,243)	(484)	(55,191)	(55,704)	(513)	(160,299)	(162,319)	(2,020)
Gain / (loss) on disposal					0	0	0	0	0	0	0	0	0
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,378**	**5,297**	**(81)**	**-1.5%**	**(39,621)**	**(39,539)**	**82**	**(155,296)**	**(155,274)**	**22**	**(460,021)**	**(459,663)**	**359**
EBITDA	**5,378**	**5,297**	**(81)**	**-1.5%**	**320**	**778**	**457**	**806**	**1,120**	**314**	**9,904**	**10,277**	**373**
Depreciation					(615)	(659)	(45)	(2,452)	(2,642)	(190)	(7,447)	(8,454)	(1,007)
PDC Paid					(378)	(382)	(4)	(1,511)	(1,528)	(17)	(4,534)	(4,584)	(50)
Interest Received					181	246	65	736	1,011	275	2,077	2,761	684
Surplus / (Deficit) - ICB performance measure	**5,378**	**5,297**	**(81)**	**-1.5%**	**(491)**	**(18)**	**473**	**(2,422)**	**(2,040)**	**382**	**0**	**0**	**0**
Depn Peppercorn Leases (IFRS16)					(9)	(5)	4	(35)	(20)	15	(94)	(61)	33
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,378**	**5,297**	**(81)**	**-1.5%**	**(500)**	**(23)**	**477**	**(2,457)**	**(2,060)**	**397**	**(94)**	**(61)**	**33**





Income & Expenditure Position 2025 / 26

The Trust deficit in July 2025 is £18k.
This is £473k better than plan.

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

NHS England - monthly submission

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

The submission is for the total consolidated financial position which operates as a single segment for the purpose of providing healthcare services. Within this report the financial information is split into core Trust, Provider Collaboratives and budgets held centrally. Cheswold Park Hospital, which was purchased in October 2024 and was reported separately during 2024 / 25, has now been consolidated into the Core Trust as business as usual. Previous year comparators have been updated to include this. This 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)	5,355	5,272	(83)	1.6%	(762)	14	776	(3,044)	(1,874)	1,170	(6,928)	(5,603)	1,325
Provider Collaboratives	23	25	2	7.8%	2	(71)	(73)	9	(254)	(263)	26	107	81
Budgets held centrally	0	0	0	0.0%	269	39	(230)	613	88	(525)	6,902	5,496	(1,406)
Total - Consolidated position (ICB performance measure)	**5,378**	**5,297**	**(81)**	**-1.5%**	**(491)**	**(18)**	**473**	**(2,422)**	**(2,040)**	**382**	**0**	**0**	**0**

For the first period in 2025 / 26 the Core Trust has reported a surplus (£14k). This is a continuation of the improving run rate in previous months. As such this has reduced the year to date deficit to £1,874k which is £1,170k better than plan. The baseline forecast broadly assumes delivery in line with the profile of future plans.

However this needs to be considered in conjunction with budgets held centrally as these are primarily the targets for value for money which require allocation into the core Trust position as and when schemes are in a position to do so. These formed part of the overall breakeven position and do need to be realised to secure the breakeven financial position.

Provider collaboratives run rate continues with a deficit reported in month which, in turn, increases the year to date deficit to £0.3m. The main driver continues to be the South Yorkshire Adult Secure provider collaborative although West Yorkshire Adult Secure Provider Collaborative has reported a £0.1m deficit for the year to date.

2.0 Income & Expenditure Position 2025 / 26

This section focusses on the financial performance of South West Yorkshire Partnership 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.

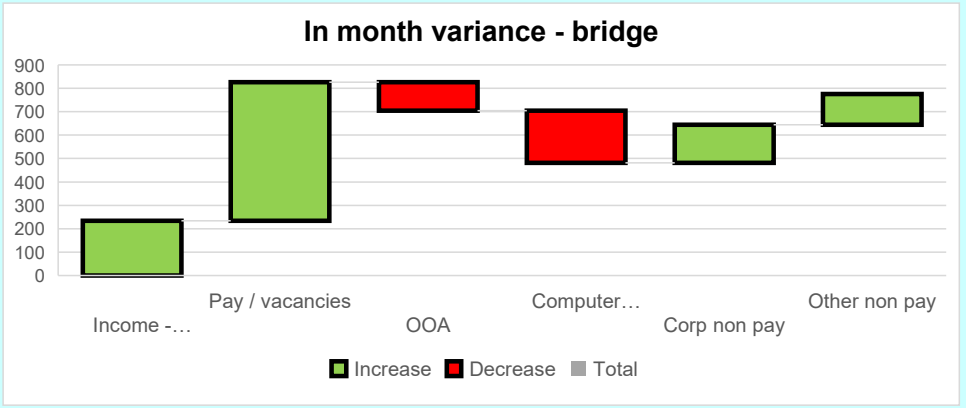
Total Financial Position - Core Trust only

	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					29,168	29,479	311	113,972	114,064	92	343,205	343,055	(150)
Other Operating Revenue					1,238	1,293	55	4,737	4,944	207	14,543	14,897	354
Total Revenue					**30,406**	**30,772**	**366**	**118,709**	**119,008**	**299**	**357,748**	**357,952**	**204**
Pay Costs	5,355	5,272	(83)	1.6%	(25,627)	(25,151)	475	(99,192)	(98,993)	200	(296,985)	(295,633)	1,352
Non Pay Costs					(4,730)	(4,812)	(82)	(19,332)	(18,730)	602	(57,787)	(57,646)	141
Gain / (loss) on disposal					0	0	0	0	0	0	0	0	0
Impairment of Assets					0	0	0	0	0	0	0	0	0
Total Operating Expenses	**5,355**	**5,272**	**(83)**	**-1.6%**	**(30,357)**	**(29,963)**	**394**	**(118,525)**	**(117,723)**	**802**	**(354,772)**	**(353,279)**	**1,494**
EBITDA	**5,355**	**5,272**	**(83)**	**-1.6%**	**49**	**809**	**760**	**184**	**1,285**	**1,101**	**2,976**	**4,673**	**1,698**
Depreciation					(615)	(659)	(45)	(2,452)	(2,642)	(190)	(7,447)	(8,454)	(1,007)
PDC Paid					(378)	(382)	(4)	(1,511)	(1,528)	(17)	(4,534)	(4,584)	(50)
Interest Received					181	246	65	736	1,011	275	2,077	2,761	684
Surplus / (Deficit) - ICB performance measure	**5,355**	**5,272**	**(83)**	**-1.6%**	**(762)**	**14**	**776**	**(3,044)**	**(1,874)**	**1,170**	**(6,928)**	**(5,603)**	**1,325**
Depn Peppercorn Leases (IFRS16)					(9)	(5)	4	(35)	(20)	15	(94)	(61)	33
Losses Peppercorn Leases (IFRS16)					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - Total	**5,355**	**5,272**	**(83)**	**-1.6%**	**(771)**	**9**	**779**	**(3,079)**	**(1,894)**	**1,184**	**(7,022)**	**(5,664)**	**1,358**

The Trust plan for 2025 / 26 is profiled with a deficit in the early part of the year and reducing as value for money schemes have an impact. The budget deficit arises, following a period of small surpluses in the monthly run rate in late 2024 / 25, due to inflationary cost pressures such as pay award assumptions and national insurance changes set by government.

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

	£k
Smokefree - additional non recurrent grants received including arrears	234
Staffing - Various care groups with pay underspends / vacancies. Pay award budgets greater than accrued value	592
Out of area placements - higher than planned	(122)
Computer replacement programme - timing difference to plan	(223)
Non Pay - Corporate expenditure control	162
Non pay - other expenditure control	132

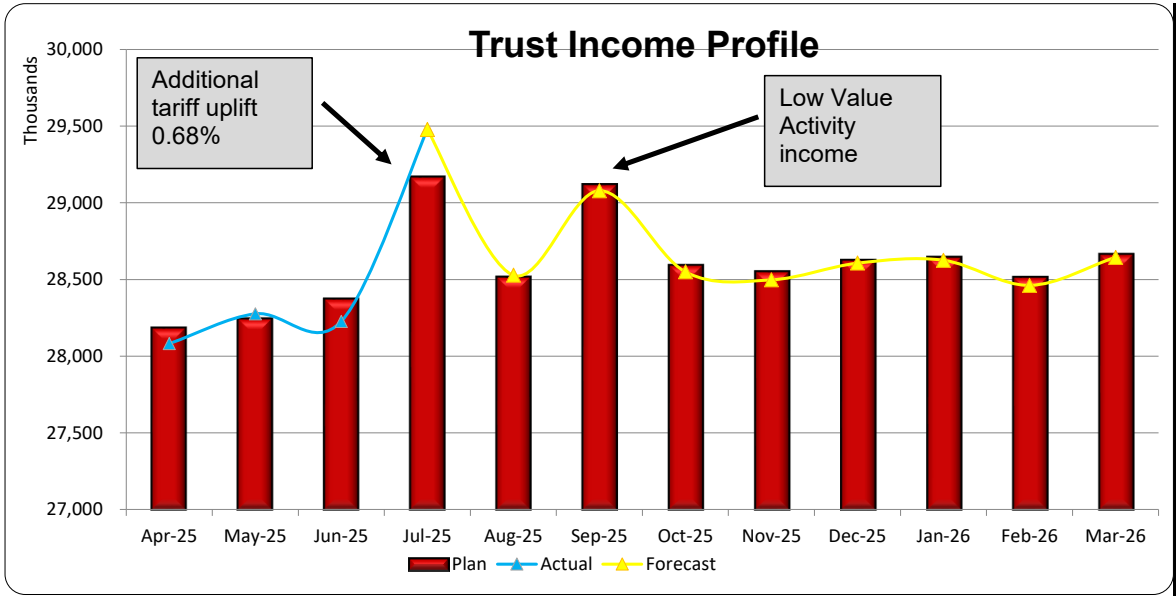


2.1 Income Information

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	22,930	23,533	22,930	22,930	22,930	22,930	22,930	22,931	**275,803**	275,804	(1)
Specialist Commissioner	36,788	4,697	4,723	4,666	4,861	4,810	4,766	4,810	4,766	4,810	4,810	4,678	4,810	**57,209**	56,986	223
Local Authority	5,141	318	465	314	680	406	406	406	406	406	406	406	406	**5,022**	5,250	(228)
Partnerships	2,940	248	251	243	251	233	226	255	247	312	331	299	350	**3,246**	3,099	147
Other Contract Income	1,583	127	168	155	141	148	148	148	148	148	148	148	148	**1,775**	2,066	(291)
Total	**312,292**	**28,082**	**28,276**	**28,227**	**29,479**	**28,528**	**29,079**	**28,550**	**28,497**	**28,606**	**28,625**	**28,462**	**28,644**	**343,055**	**343,205**	**(150)**
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	9,247	9,244	9,247	9,244	9,247	9,247	9,239	9,248	**111,024**		
Total	**312,292**	**37,286**	**37,484**	**37,424**	**38,930**	**37,775**	**38,323**	**37,797**	**37,742**	**37,853**	**37,872**	**37,701**	**37,893**	**454,080**		



In line with national guidance control values with main NHS commissioners have been updated to reflect the additional tariff (CUF - Cost Uplift Factor) for pay awards. This is a further 0.68% uplift. The graph to the left shows both the increase in budget and actual income expected. This is expected to be received in August 2025 to align with the payment of the pay award (including arrears).

The variance to date is primarily due to :

	Forecast
* Additional roles reimbursement	£268k
Recharge of salary based on staff in post	
* Local Authority - Yorkshire Smokefree	£192k
Payment by results on some Smokefree contracts and recharge of actual prescribing costs	

2.2 Pay Information

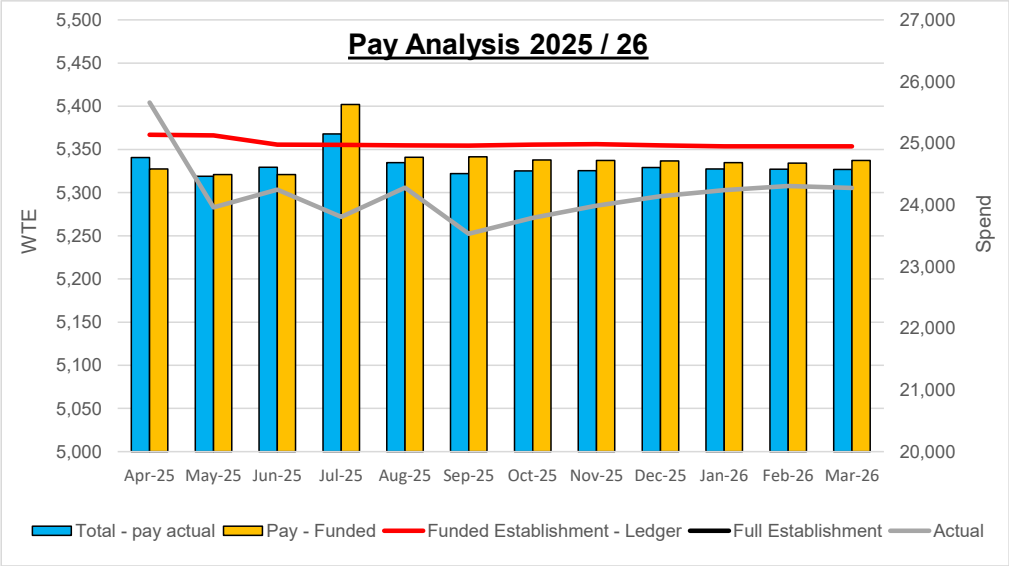
Our workforce is our greatest asset; ensuring that we have the right staff, with the right skills available at the right place and time in order to deliver safe and quality services. In total workforce spend accounts for c.80% of our budgeted total expenditure (excluding the Adult Secure Collaboratives).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

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

Staff type	Apr-25 £k	May-25 £k	Jun-25 £k	Jul-25 £k	Aug-25 £k	Sep-25 £k	Oct-25 £k	Nov-25 £k	Dec-25 £k	Jan-26 £k	Feb-26 £k	Mar-26 £k	Total £k
Substantive	22,200	22,182	22,290	22,734	22,447	22,402	22,541	22,595	22,637	22,624	22,640	22,651	**269,943**
Bank & Locum	2,216	1,926	1,964	2,057	1,971	1,855	1,794	1,756	1,761	1,752	1,738	1,715	**22,505**
Agency	352	355	356	361	268	249	216	203	207	206	202	210	**3,185**
Total	**24,768**	**24,463**	**24,610**	**25,151**	**24,686**	**24,506**	**24,551**	**24,554**	**24,605**	**24,582**	**24,580**	**24,576**	**295,633**
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%	8.0%	7.6%	7.3%	7.2%	7.2%	7.1%	7.1%	7.0%	7.6%
Agency as % (in month)	1.4%	1.5%	1.4%	1.4%	1.1%	1.0%	0.9%	0.8%	0.8%	0.8%	0.8%	0.9%	1.1%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,837	4,809	4,810	4,785	4,830	4,815	4,845	4,867	4,876	4,884	4,893	4,896	**4,846**
Bank & Locum	528	443	452	452	445	408	400	392	394	392	389	384	**423**
Agency	39	31	42	35	30	30	26	26	26	26	26	25	**30**
Total	**5,404**	**5,283**	**5,303**	**5,272**	**5,306**	**5,252**	**5,271**	**5,285**	**5,296**	**5,303**	**5,308**	**5,305**	**5,299**
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**



In line with national guidance, estimates for pay awards (to be paid including arrears to April 2025) in August 2025, have been updated to reflect the communicated 2025 / 26 pay awards. This is an increase from the original planning guidance position of 2.8% pay award for all staff groups. Income has been updated to reflect the increase in funding through the CUF (Cost Uplift Factor / tariff).

July reports a further reduction in WTE worked within the Trust. Whilst bank has remained the same as last month substantive (25 reduction) and agency (7 reduction) mean an overall reduction of 31 WTE worked.

As shown within the core Trust position this is 81 worked WTE less than planned for July 2025.

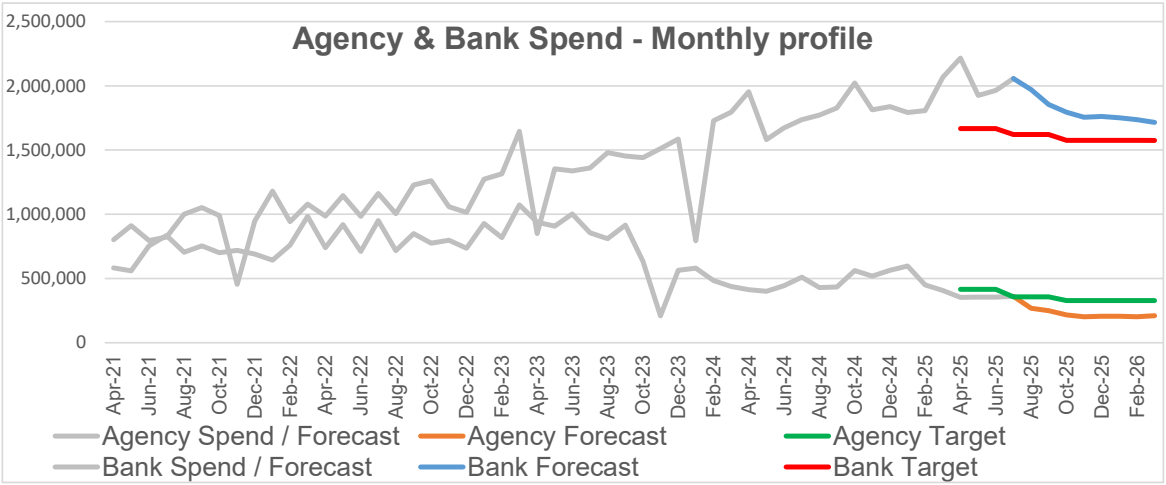
The operational impact of this continues to be understood within the Trust including weekly insight through the Trust Temporary Staffing Scrutiny and Management group.

2.2 Temporary Staffing Focus

Trust spend in July 2025:
Agency £361k
Bank £2,057k

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	675	243	**919**
Other Medical	397	129	**526**
Reg Nursing	27	2,002	**2,030**
UnReg Nursing	222	5,209	**5,431**
Other Clinical	101	236	**337**
A & C	2	344	**346**
Other	0	0	**0**
Total	**1,425**	**8,163**	**9,587**
Lead Provider Collaborative	25	2	**28**
Budgets held centrally		11	**11**
Total	**1,450**	**8,176**	**9,626**

In line with national guidance the Trust financial plan for 2025 / 26 included spend reduction targets; 30% reduction in agency and 10% reduction in bank. The target levels of expenditure per month are now 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).

Agency spend continues to be underplan for the year to date although there is a small overspend in July (£4k). Expenditure run rate is similar to June 2025 but the plan had reduction expected in month. As shown in the table above the majority of agency spend (74%) relates to medical staffing. Exit strategies for all agency posts continues to be monitored through the weekly Trust temporary staffing scrutiny and management group.

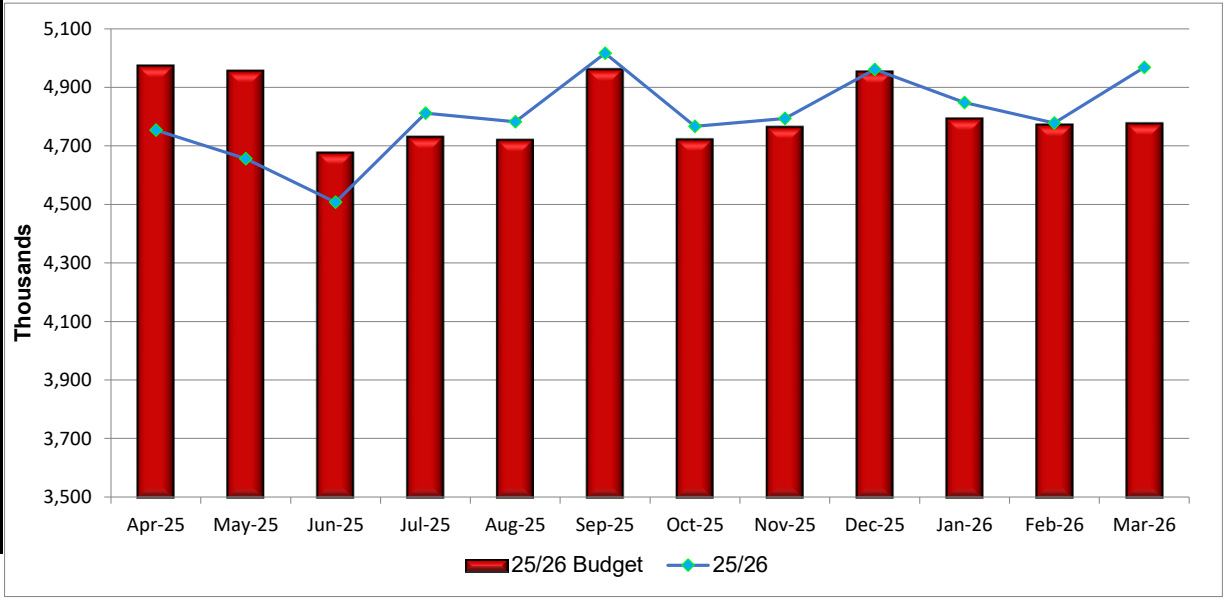
As per the standard operating procedure bank usage is the first option to meet operational requirements. This continues to be significant expenditure with £2,057k (was £1,964k) paid in month (452 worked WTE). As with agency requirements and actions continue to be reviewed by the Trust temporary staffing scrutiny group. The main driver remains supporting additional observation requirements which continue to be at sustained high levels. As previously spend is mostly on inpatient wards. Any remaining corproate bank spend has been approved by the Trust Value For Money group.

2.3 Non Pay Expenditure

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

Non pay spend	Apr-25 £k	May-25 £k	Jun-25 £k	Jul-25 £k	Aug-25 £k	Sep-25 £k	Oct-25 £k	Nov-25 £k	Dec-25 £k	Jan-26 £k	Feb-26 £k	Mar-26 £k	Total £k
2025 / 26	4,754	4,656	4,507	4,812	4,783	5,017	4,767	4,794	4,961	4,848	4,778	4,968	**57,646**
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	1,501	1,488	(13)
Establishment	3,364	3,184	(181)
Lease & Property Rental	2,993	2,857	(136)
Premises (inc. rates)	1,814	1,850	36
Utilities	936	967	31
Purchase of Healthcare	2,182	2,288	106
Travel & vehicles	2,206	2,126	(80)
Supplies & Services	3,011	2,892	(119)
Training & Education	261	191	(69)
Clinical Negligence & Insurance	585	485	(100)
Other non pay	478	401	(77)
Total	**19,332**	**18,730**	**(602)**
Total Excl OOA and Drugs	**15,649**	**14,954**	**(695)**



Key Messages

Non pay expenditure, excluding provider collaboratives and budgets held centrally, has increased in July 2025 although not as high as previously forecast. £0.2m, of the £0.3m increase, relates to the computer equipment replacement programme as previously reported. This was planned expenditure although it has occurred later than originally intended.

The largest overspend, at £106k for the year to date, is the purchase of healthcare. This includes out of area placements (both acute and PICU) which are higher than plan (5 / 6 / 7 each day compared to the 4 / 5 included in the plan) and are reflective of the operational pressures being experienced in order to meet the demand for our inpatient services. In month, and the year to date, spend is £0.1m higher than plan. Whilst this is a relatively low variance to plan, especially when considering historical levels of spend, this does remain a financial pressure which requires mitigation. Potential changes in activity are included within the Trust forecast scenario modelling.

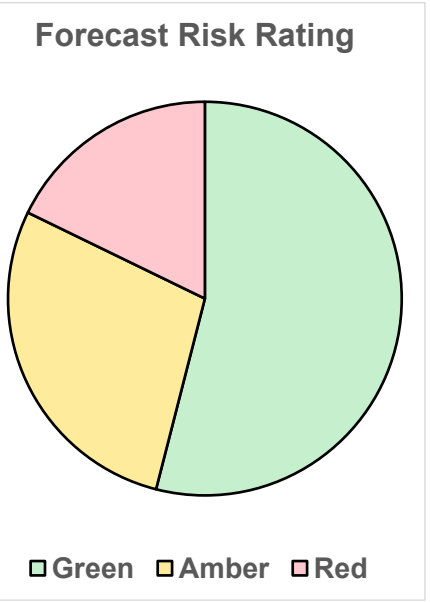
Other non pay costs are currently being managed within budgets and this will continue to be monitored.

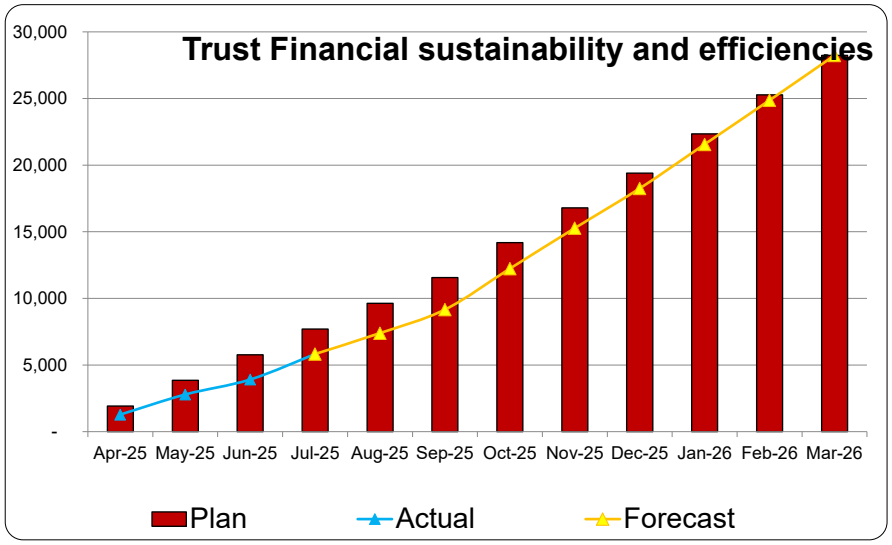
3.0 Value for Money & Financial sustainability

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	2,933	0	2,414	(519)	10,500	0	10,500	2,414	6,648		(1,439)
	Unallocated	(0)	0		0	3,400	(3,400)	0			2,425	2,425
	Fixed Term Contracts	168	0		(168)	500	0	500				(500)
	Corp / non clinical	532	650	535	652	2,000	1,000	3,000	2,908			(92)
	Productivity	0	0		0	1,100	0	1,100	0		1,100	0
	Temporary Staffing	1,300	520		(780)	3,900	0	3,900	2,913	0		(987)
	Difficult Decisions	0	0		0	1,000	0	1,000	0		1,000	0
Non Pay	Non Pay	334	186		(148)	1,130	0	1,130	261	796		(73)
Other	Corporate Services	568	580		12	1,700	0	1,700	1,745			45
	Provider Collaboratives	500	708		208	1,500	0	1,500	2,121			621
	Bed Sales	0	0		0	500	0	500	0		500	0
	Income	235	235		0	0	705	705	705			0
	Misc income - overage	0		0	0	0	520	520		520		0
	Technical	0		0	0	1,000	1,175	2,175	2,175			0
Total		**6,570**	**2,879**	**2,948**	**(743)**	**28,230**	**0**	**28,230**	**15,242**	**7,964**	**5,025**	**0**
Recurrent		3,537	2,879		(658)	16,430	(2,695)	14,735	8,929	1,316	5,025	535
Non Recurrent		3,033		2,948	(85)	11,800	2,695	13,495	6,313	6,648	0	(535)





The Trust value for money plan, as submitted in April 2025, included £3.4m high risk / unallocated. By month 3 (June 2025) schemes have progressed, and this value has been allocated, meaning that there is no unallocated value within the Trust programme. An adjustment column has been added to the table above to show these reallocations.

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

Although the unallocated target has now been allocated there remains risk as identified in the red (high risk) column. Progress, and mitigation of this risk, continues to be overseen by the Trust Value for Money group.

The red schemes includes a value of £2.4m as unallocated. This is a balancing number to support full delivery of the £28.2m target which is the expection of the Integrated Care Board.

4.0 Statement of Financial Position (SOFP) 2025 / 26

Balance Sheet / Statement of Financial Position (SOFP)	2024 / 2025 £k	Current £k	Note
Non-Current (Fixed) Assets	197,434	192,660	
Current Assets			
Inventories & Work in Progress	248	248	
NHS Trade Receivables (Debtors)	2,453	467	
Non NHS Trade Receivables (Debtors)	989	867	
Prepayments	2,863	6,356	1
Accrued Income	6,235	5,514	2
Cash and Cash Equivalents	55,748	61,618	Pg 15
Total Current Assets	**68,537**	**75,070**	
Current Liabilities			
Trade Payables (Creditors)	(10,899)	(4,350)	3
Capital Payables (Creditors)	(1,551)	(897)	
Tax, NI, Pension Payables, PDC	(9,478)	(9,543)	
Accruals	(14,054)	(20,862)	4
Deferred Income	(644)	(3,302)	5
Other Liabilities (IFRS 16 / leases)	(48,793)	(50,383)	
Total Current Liabilities	**(85,419)**	**(89,336)**	
Net Current Assets/Liabilities	**(16,882)**	**(14,266)**	
Total Assets less Current Liabilities	**180,552**	**178,394**	
Provisions for Liabilities	(3,357)	(3,284)	
Total Net Assets/(Liabilities)	**177,195**	**175,110**	
Taxpayers' Equity			
Public Dividend Capital	76,344	76,344	
Revaluation Reserve	21,306	14,152	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	74,325	79,393	
Total Taxpayers' Equity	**177,195**	**175,110**	

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 broadly the same as last month. This was reduced, when compared to month 3, the receipt of part of NHS England income in relation to provider collaboratives. This however has increased due to recognition of the additional tariff uplift. This is expected to be received in month 5.

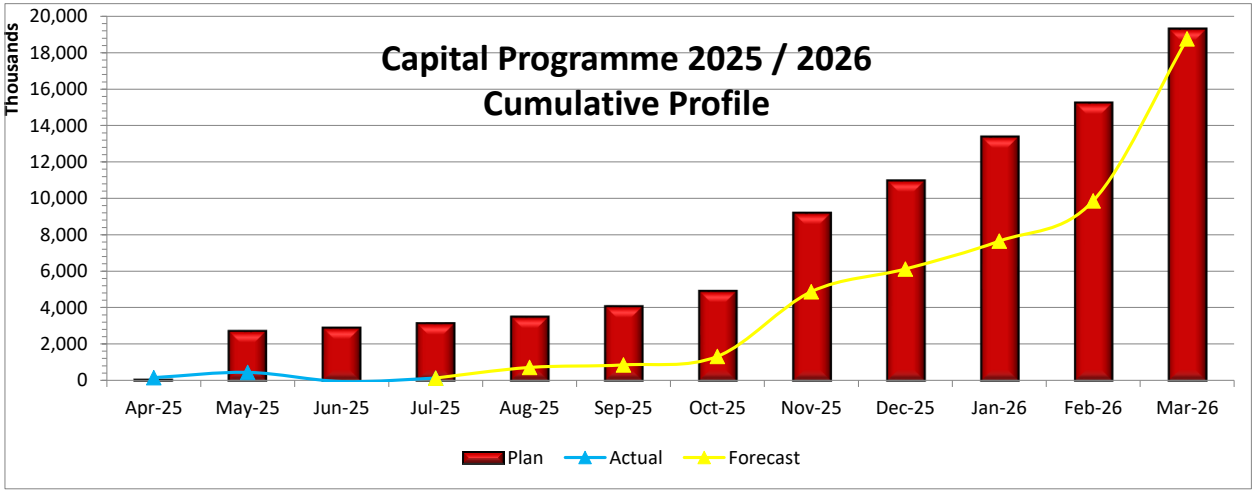
3. As is normal Trade creditors were exceptionally high at year end and have now reduced. As demonstrated by the continued positive better payment practice code performance, we continue to pay suppliers promptly. Aged creditors are reviewed and actively targeted for resolution.

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. The pay award accrual is £3.4m.

5. Deferred income has increased from month 3 (was £1.8m). The largest element is the timing of education training funding from NHS England (£1.6m) and £0.6m in relation to the Research and Development 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	450	85	(365)	7,425	3,825	(3,600)
Estates safety	0	0	0	675	675	0
Backlog Maintenance	0	12	12	0	1,524	1,524
IM & T	0	0	0	0	1,139	1,139
Other	0	230	230	0	1,428	1,428
Leases (IFRS 16)	2,706	317	(2,389)	6,148	4,158	(1,990)
TOTALS	**3,156**	**645**	**(2,511)**	**14,248**	**12,748**	**(1,500)**
Additional allocations						
Net Zero (solar funding)	0	0	0	1,952	1,952	0
Cheswold - seclusion room	0	4	4	1,000	2,000	1,000
Cheswold - Minor Capital	0	0	0	2,082	2,582	500
Cheswold - IM & T	0	0	0			0
TOTALS	**3,156**	**649**	**(2,507)**	**19,282**	**19,282**	**0**



Capital Expenditure 2025 / 26

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

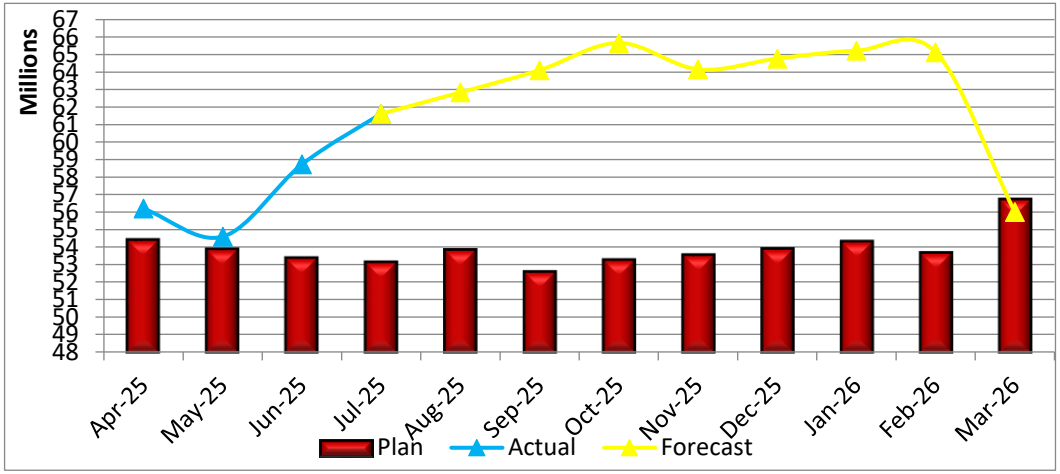
Unlike previous years leases is included within the single allocation value and is being managed as such.

There has been minimal spend to date. For leases the annual revaluations have been completed but were less than planned.

The forecast position has been updated in month. This reflects continued discussions with our construction partner and a revised estimate for 2025 / 26 expenditure on the older people transformation scheme has been included. This is lower than originally planned and will, by it's nature, create a pre-commitment into the 2026 / 27 capital programme.

This reduction, alongside the reduction in leases, will provide funding for the Cheswold Park seclusion room project (where costs are higher than originally anticipated), and re-prioritisation of remaining capital to bring forward schemes from future years.

4.2 Cash Flow & Cash Flow Forecast 2025 / 2026

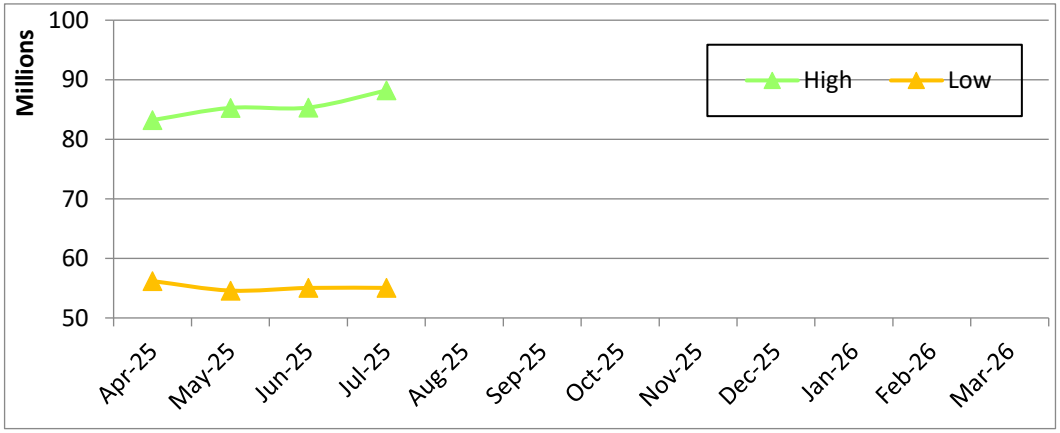


Cash remains above plan

Cash has increased again in July, primarily due to the increase in deferred income (timing of education funding from NHS England).

This is forecast to increase but then reduce later in the year as capital spend is made.

	Plan £k	Actual £k	Variance £k
Opening Balance	55,839	55,839	
Closing Balance	53,123	61,618	8,495



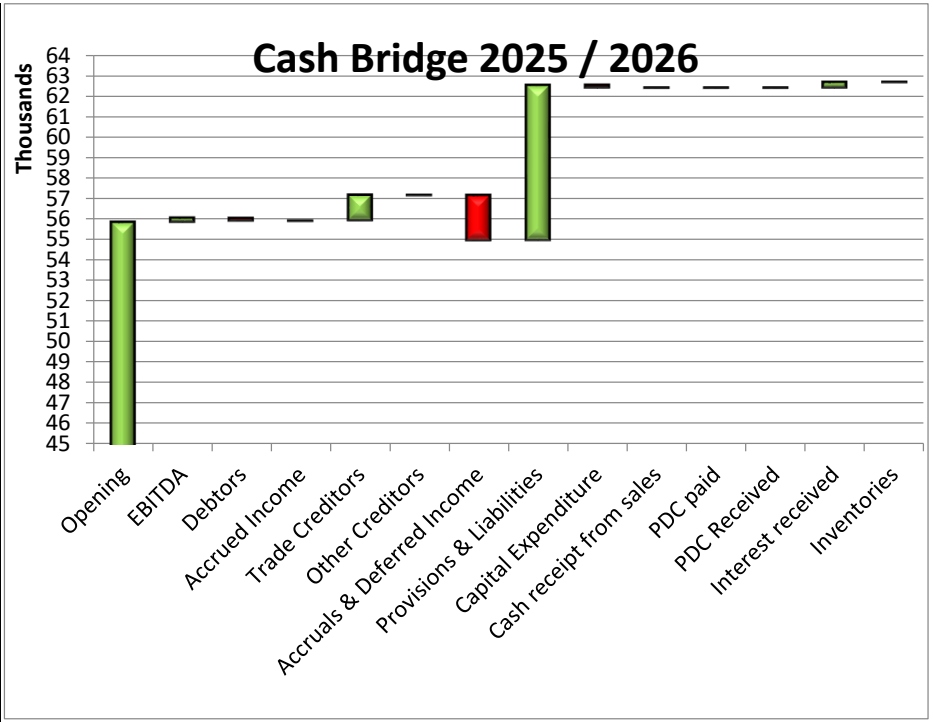
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £88.2m
The lowest balance is: £55m

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)	3,860	4,064	203	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	1,600	1,459	(141)	
Trade Payables (Creditors)	200	1,459	1,259	
Accruals & Deferred income	0	(2,213)	(2,213)	
Provisions & Liabilities	(5,003)	2,578	7,581	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(850)	(985)	(135)	
Cash receipts from asset sales	0	0	0	
Leases	(3,259)	(1,594)	1,665	
PDC Dividends paid	0	0	0	
PDC Dividends received	0	0	0	
Interest (paid)/ received	736	1,011	275	
Closing Balances	**53,123**	**61,618**	**8,495**	



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.

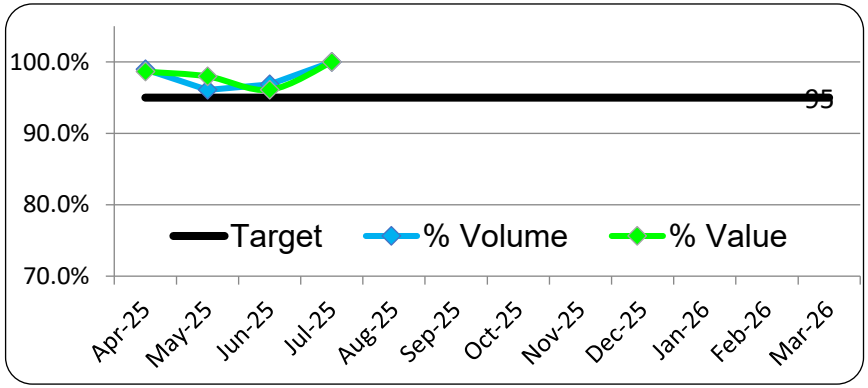
5.0 Better Payment Practice Code

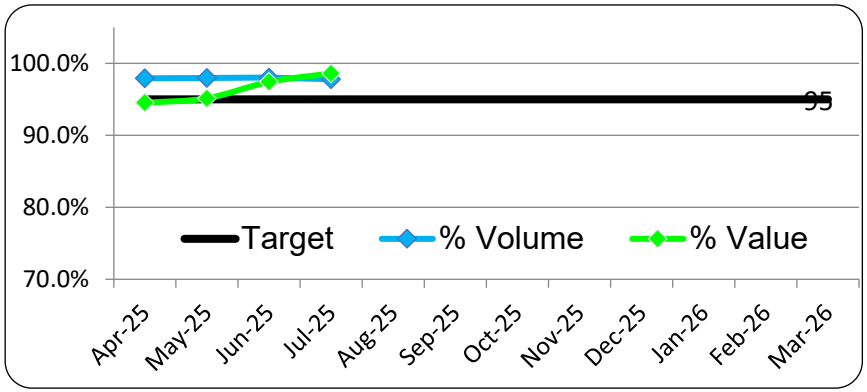
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	100%	100%
Cumulative Year to Date	98%	98%

Non NHS	Number %	Value %
In Month	98%	99%
Cumulative Year to Date	98%	96%





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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 (£)
23-Jul-25	Purchase of Healthcare	AS Collaborative	Bradford District Care Nhs Foundation Trust	205846	658,717
18-Jul-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS60	400,000
01-Jul-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010250	370,180
21-Jul-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care Nhs Foundation Trust	0000001748	341,793
04-Jul-25	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Nhs Foundation Trust	4400003223	246,499
19-Jul-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS37	240,000
03-Jul-25	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 301	226,385
01-Jul-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510010247	134,051
25-Jul-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34039729	120,000
03-Jul-25	Utilities	Trustwide	Totalenergies Gas & Power Ltd	38071658325	119,247
18-Jul-25	Drugs	Trustwide	Rowlands Pharmacy	1800003546	113,775
18-Jul-25	Drugs	Trustwide	Rowlands Pharmacy	1800003547	111,229
10-Jul-25	IT Services	Trustwide	Wavenet Ltd	1367245	108,300
08-Jul-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS058SN	108,290
18-Jul-25	Drugs	Trustwide	Rowlands Pharmacy	1800003545	102,670
17-Jul-25	Drugs	Trustwide	Rowlands Pharmacy	1800003535	94,419
22-Jul-25	Drugs	Trustwide	Rowlands Pharmacy	1800003548	92,206
13-Jul-25	Audit	Trustwide	Deloitte Llp	8006225494	90,000
29-Jul-25	Purchase of Healthcare	Kirklees	Kirklees Council	8609728594	87,500
03-Jul-25	Purchase of Healthcare	AS Collaborative	Oxford Health Nhs Foundation Trust	A0133378	79,764
30-Jul-25	NHS Recharge	Barnsley	Barnsley Hospital Nhs Foundation Trust	6028872	77,007
08-Jul-25	Staff Recharge	Forensic	Wakefield Metropolitan District Council	91317253739	73,934
08-Jul-25	Rent	Barnsley	Dr A D Mellor And Partners	300069	61,824
02-Jul-25	Purchase of Healthcare	AS Collaborative	Cumbria Northumberland Tyne And Wear Nhs Foundation Trust	9810036964	60,453
25-Jul-25	Drugs	Trustwide	Bradford Teaching Hospitals Nhs Foundation Trust	330174	59,406
18-Jul-25	Staff Recharge	Trustwide	Sheffield Health & Social Care Nhs Foundation Trust	0000001721	57,200
29-Jul-25	Staff Recharge	Trustwide	University Of Huddersfield Hec	5179461	53,667
21-Jul-25	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care Nhs Foundation Trust	0000001749	49,819
29-Jul-25	Drugs	Trustwide	Nhs Business Services Authority	1000085095	44,833
02-Jul-25	Purchase of Healthcare	Trustwide	Sheffield Childrens Nhs Foundation Trust	2400008606	44,578

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
13-Jul-25	IT Hardware	Trustwide	Dell Corporation Ltd	7403108481	42,361
15-Jul-25	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34039061	40,575
30-Jul-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001394EPC	39,834
07-Jul-25	Purchase of Healthcare	Calderdale	Invictus Wellbeing Services Cic	458	39,500
14-Jul-25	IT Hardware	Trustwide	Dell Corporation Ltd	7403108606	39,300
01-Jul-25	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001379EPC	38,549
29-Jul-25	Service Charge	Barnsley	Community Health Partnerships Ltd	64000794B	36,503
15-Jul-25	Purchase of Healthcare	Kirklees	Ieso Digital Health Ltd	UK001694	36,000
28-Jul-25	Service Charge	Barnsley	Community Health Partnerships Ltd	64000814B	33,893
16-Jul-25	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1004666	32,624
04-Jul-25	IT Services	Trustwide	Wavenet Ltd	N002341	31,667
07-Jul-25	Staff Recharge	Barnsley	Barnsley Hospital Nhs Foundation Trust	6028775	31,204
08-Jul-25	Drugs	Doncaster	Speeds Healthcare Ltd	INV160934	29,268
29-Jul-25	Service Charge	Barnsley	Community Health Partnerships Ltd	64000840B	28,527
14-Jul-25	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	STE0414962	28,378
31-Jul-25	Staff Recharge	Calderdale	Calderdale Metropolitan Borough Council	IN25085530	26,899
28-Jul-25	Service Charge	Barnsley	Community Health Partnerships Ltd	64000839B	26,770
08-Jul-25	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	WYS058INV	26,476
13-Jul-25	Purchase of Healthcare	AS Collaborative	Mersey Care Nhs Foundation Trust	72490170	26,170
21-Jul-25	Interpretation	Trustwide	Word360 Ltd	130040	25,656
31-Jul-25	Service Charge	Barnsley	Community Health Partnerships Ltd	64019237	25,594
14-Jul-25	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	STE0414947	25,375
04-Jul-25	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	90153024	25,019
04-Jul-25	Purchase of Healthcare	AS Collaborative	St Andrews Healthcare	90153026	25,019

5.2 Glossary

* Recurrent - an action or decision that has a continuing financial effect.

* Non-Recurrent - an action or decision that has a one off or time limited effect.

* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year.

* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a post / new investment were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year.

* Surplus - Trust income is greater than costs.

* Deficit - Trust costs are greater than income.

* Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.

* Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year.

* Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions). This is set in advance of the year and before all variables are known.

* Value for Money / Cost Savings - The Trust priority of Value For Money is intrinsically linked to the ability to maintain financial sustainability. In addition to value for money this are also called savings, efficiencies, and Cost Improvement Programmes (CIP). In each case this is the identification of schemes to increase efficiency, reduce expenditure or increase income.

* CDEL - Capital Departmental Expenditure Limit. This refers to the amount of capital set by Her Majesty's Treasury each year which the whole of the NHS must remain within for capital expenditure.

* ICS - Integrated Care System. ICB - Integrated Care Board.

* EBITDA - earnings before interest, tax, depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

Appendix 3 - Statistical Process Control (SPC) Charts Explained

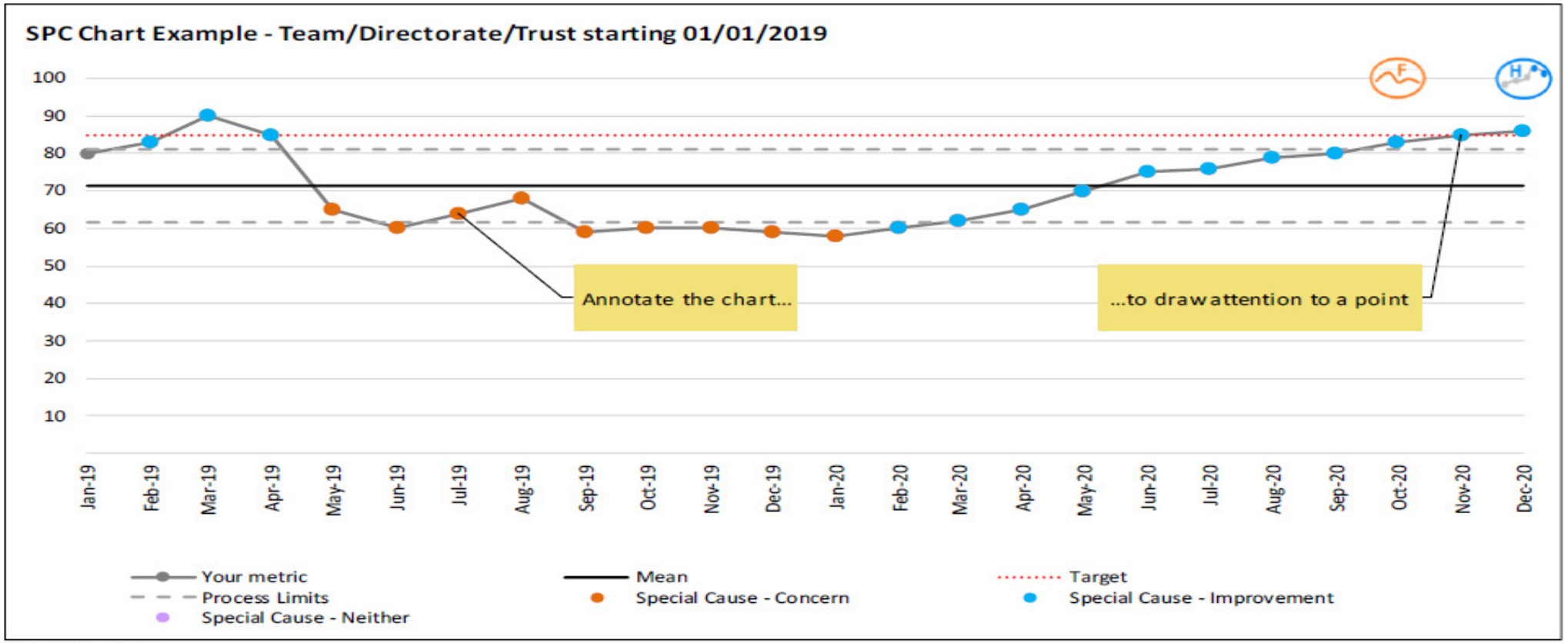
natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting 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 base 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 thi is by design (I) and consider whether the target is still appropriate should be stretched, or whether resource can b directed elsewhere without risking the ongoing achievement o 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.