

Integrated Performance Report Strategic Overview



August 2026

With **all of us** in mind.

Table of Contents

Click on each section heading to navigate to that section

	Page No
<u>Introduction</u>	4
<u>Headlines</u>	5 - 8
<u>Summary</u>	9 - 11
<u>Quality & Safety</u>	12 - 33
<u>People</u>	34 - 35
<u>National Metrics</u>	36 - 46
<u>Care Groups</u>	47 - 61
<u>Ward Detail</u>	62 - 86
<u>Finance</u>	87
<u>Appendix 1 - Finance Report</u>	88 - 103
<u>Appendix 2 - SPC Charts - Explained</u>	104 - 105

Introduction

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

The report format for 2026/27 aligns with the Trust board's focus and national priorities. 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. Please note, data is correct at the time of reporting and will be refreshed each month. This can mean that historical months performance will change as records are updated.

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

Our Integrated Performance Report (IPR) provides a comprehensive view of Trust performance against its targets. We have mapped this performance information against our strategic aims, values and best statements so that it is easy to see how the performance data links to the delivery of the strategy. 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.

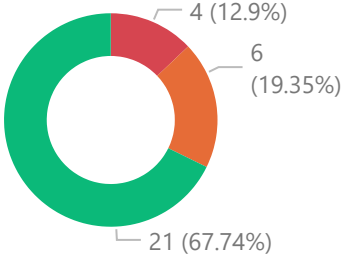
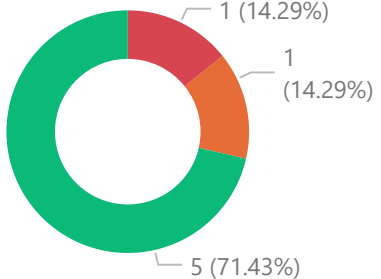
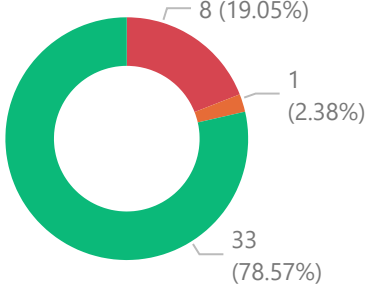
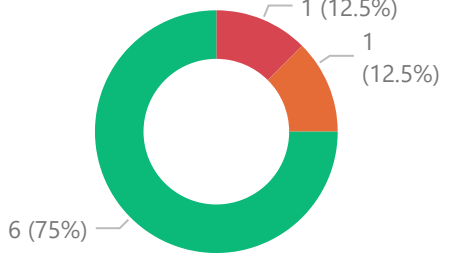
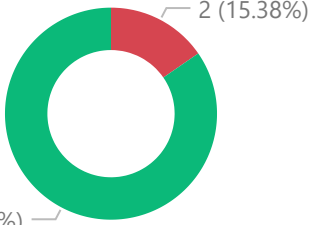
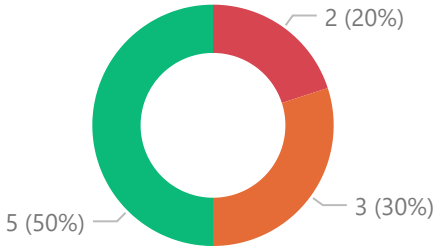
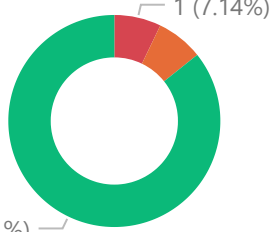
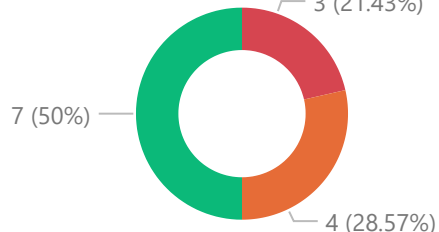
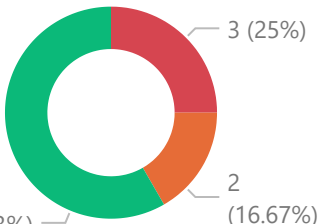
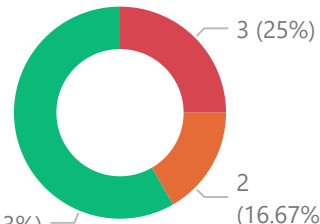
An exercise has been undertaken to review all metrics and thresholds to ensure they meet the requirements and priorities for 2026/27; the report has been updated to reflect this. In particular, the national metrics section includes those metrics contained within the NHS oversight framework, operational planning guidance for 2026/27 and NHS standard contract items.

A review of the reducing inequalities section has been undertaken to ensure alignment with the Trust's equality, diversity and inclusion strategy which includes a number of metrics to evidence our progress towards delivering more responsive and equitable services for our communities. The strategy will guide us to being a more inclusive employer, where everyone can be themselves and feel valued for their contribution. This reporting will align to the deployment of the Trusts Equality, diversity, and inclusion strategy. This section will be updated over the next month.

Our Integrated Performance Report is publicly available on the internet.

Headlines - Performance Rates Summary

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

Quality & Safety Metrics Performance Rate 	People Metrics Performance Rate 	National Metrics Performance Rate 	Finance Metrics Performance Rate 
Barnsley Physical Health Metrics Performance Rate 	CAMHS Metrics Performance Rate 	Mental Health Community Metrics Performance Rate 	Mental Health Inpatient Metrics Performance Rate 
ASD/ADHD Metrics Performance Rate 	Forensic SY Metrics Performance Rate 	Forensic WY Metrics Performance Rate 	

Headlines

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

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

Quality and Safety

Metric	Change from last month	Variation/ Assurance
Number of Information Governance breaches	↑	 
% of inpatients clinically ready for discharge	↓	
Estates Urgent Response Times - Service level agreement (SLA)	↓	
Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement	↔	
E. Coli bloodstream infection rate	↑	
% of staff receiving supervision within policy guidance - Clinical	↓	
% of staff receiving supervision within policy guidance - Management	↓	
% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	↓	
% on community active caseload at month end with a care plan which has been reviewed within the last year	↓	
% inpatient care plans commenced within 24hrs before or after admission	↓	
% inpatient risk assessment completed within 24hrs before or after admission	↑	
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	↓	

National metrics

Metric	Change from last month	Variation/ Assurance
Average Length of Stay for Patients in Adult Acute and PICU Mental Health Beds (3 months rolling) - Trust	↓	
Average Length of Stay for Patients in Adult Acute and PICU Mental Health Beds (3 months rolling) - West Yorkshire	↓	
Average Length of Stay for Patients in Older Adult Acute Mental Health Beds (3 months rolling) - West Yorkshire	↑	
Number of patients accessing Individual Placement Support services - rolling 12-month - Calderdale	↓	
Number of patients accessing Individual Placement Support services - rolling 12-month - Kirklees	↑	
Percentage of people on waiting lists for CYP Community Services per system who are waiting 18 weeks or less as proportion of entire CYP waiting list	↑	
Diagnostic test activity	↓	 
Inappropriate out of area bed days	↑	 
Total bed days of Children and Younger People aged under 18 in adult inpatient wards	↑	 
Total number of Children and Younger People aged under 18 in adult inpatient wards	↑	 
Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	↓	 
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	↑	 
Virtual ward occupancy	↓	 

Finance

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

People

Metric	Change from last month	Variation/ Assurance
Sickness absence - Month	↓	 
Sickness absence - Year to date	↓	

LD, ADHD & ASD

Metrics	Change from last month	Variation/ Assurance
% of clients clinically ready for discharge	↓	 
% of staff receiving supervision within policy guidance - Clinical	↓	
% of staff receiving supervision within policy guidance - Management	↓	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	↑	 
Information Governance training compliance	↓	 

Children and Young Peoples Mental Health Services

Metric	Change from last month	Variation/ Assurance
% of staff receiving supervision within policy guidance - Clinical	↓	
% of staff receiving supervision within policy guidance - Management	↓	
Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	↓	 
Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	↑	 
Information Governance training compliance	↓	 
Sickness rate (Monthly)	↑	 

Mental Health Inpatient

Metrics	Change from last month	Variation/ Assurance
% Bed occupancy (excluding leave)	↓	
% of feedback with staff values and behaviours as an issue	↓	 
% of staff receiving supervision within policy guidance - Clinical	↓	
% of staff receiving supervision within policy guidance - Management	↓	
% of clients clinically ready for discharge	↓	 
% inpatient risk assessment completed within 24hrs before or after admission	↑	 
Sickness rate (Monthly)	↓	 

Forensic - West Yorkshire

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	 
Sickness rate (Monthly)	↑	 
% Bed occupancy (incl leave)	↑	 
Information Governance (IG) training compliance	↔	 
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	↑	 
% of staff receiving supervision within policy guidance - Clinical	↓	
% of staff receiving supervision within policy guidance - Management	↑	
% with care plan that includes service user input/views	↓	
% of feedback with staff values and behaviours as an issue	↓	 

Forensic - South Yorkshire

Metrics	Change from last month	Variation/ Assurance
% Appraisal rate	↑	 
% Bed occupancy	↑	 
% of feedback with staff values and behaviours as an issue	↑	 
% of staff receiving supervision within policy guidance - Clinical	↑	
% of staff receiving supervision within policy guidance - Management	↑	
Information Governance training compliance	↓	 

Mental Health Community

Metrics	Change from last month	Variation/ Assurance
% Assessed within 14 days of referral (Routine)	↑	 
% of staff receiving supervision within policy guidance - Management	↓	
Sickness rate (Monthly)	↓	 

Barnsley Physical Health and Wellbeing

Metrics	Change from last month	Variation/ Assurance
Sickness rate (Monthly)	↑	 
% of staff receiving supervision within policy guidance - Clinical	↓	
% of staff receiving supervision within policy guidance - Management	↑	

KEY

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.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/Contracts

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

Areas of positive assurance

- Complaints performance remains positive, with 100% of complaints responded to within six months of the date received for the second month in a row.
- The overall number of reported incidents in August was 1,388 and remains within normal range. All incidents continue to be reviewed by the patient safety team, with relevant governance oversight and learning within care groups.
- The Trust's focus on reducing prone restraint continues to show sustained improvement, there have been zero prone restraints incidents reported in August.

Key areas requiring attention

- There were 10 information governance personal data breaches during August which is under the Trust target of less than 12 per month. A review has identified these were in different teams, however, there were four common human error themes, which are being addressed through targeted communications and improvement work.
- Supervision remains an area of focus following the revised policy and new reporting method introduced from April 2026. Management and clinical supervision are now reported separately against a 60-day standard and include all clinical staff. Targeted work is underway to maintain a positive trajectory, with care groups addressing identified hotspot areas.
- We have seen a trend over the last four months of ligature jobs not being completed within timeframe, with issues linked to access or escort availability in ward areas. Risk assessments were in place to reduce the risk of harm until the work was completed, there is a focussed piece of work to support estates maintenance to improve compliance.
- Risk assessment and care planning performance continues to improve compared with last year; the focused work continues to meet the trajectory of compliance to achieve the Trust's 95% standard across all five metrics and all areas. Any risk assessments or care plans not completed within timescale remain subject to care group oversight and scrutiny.

Patient safety, harm and clinical risk

- There were no red rated inpatient falls across our inpatient services. All patients that are at risk of falls have a risk assessment and care plans to manage falls. Falls on inpatient wards per 1,000 bed days remain notably lower than national averages.
- There were no prone restraints in August and the number of restraint incidents in August was within normal range. All incidents are reviewed and learning is shared through the relevant governance routes.
- There was one case of Clostridioides difficile toxin positive on Beechdale Ward in August 2026. A case review has been undertaken and learning will be shared through the patient safety incident response framework processes.

Staff and patient experience

- There were 19 incidents involving race against staff on mental health wards during August, across 10 wards.
- There were four sexual safety incidents against staff by patients and eight sexual safety incidents against patients in August. The most common theme was inappropriate sexual behaviour. We are very aware of the personal impact this has on our colleagues and service users and as part of our We are safe and healthy we are launching a #alofustogogether campaign aimed at preventing harm to staff and providing support when it does, which will also support the implementation of the national staff standards aimed at improving staff experience.
- The Trust continues to improve the recording and collection of protected characteristics across services to support better understanding of service provision and experience. All data recording is within target, with ethnicity at 95.3% against a 90% target; disability recording is 57.9%, sexual orientation 58.7% and postcode 99.6%. Work continues to improve data capture across all services.

Health Inequalities

- As agreed, the health inequalities metrics have been reviewed and refined to provide trend data to help us identify where inequities exist and informing targeted action through our quality improvement approach. The revisions ensure that, for 2026/27, this work is aligned to the 'Access and Waits' improvement area of focus, with measures centred on the review of ethnicity and socioeconomic deprivation. For the data included in this report, key points to note include:
- Our review of inpatient length of stay (LoS) data highlights important patterns. The current inpatient LoS chart should be interpreted with caution. It is a snapshot of people currently in hospital and is influenced by the number and timing of admissions into each ethnic group. Higher volumes of recent admissions in the White British population will tend to reduce the median current LoS. Cross checking against the analysis of discharged patients provides the other side of the picture and a more complete and robust comparison of LoS between groups, because it is not affected by current admission volumes.
- Differences in admission practices i.e. formal (compulsory) and informal (voluntary) also appear to influence LoS, with compulsory admissions tending to require more intensive interventions and longer discharge planning. Similarly, discharge approaches differ, with patients facing socioeconomic challenges or limited community support experiencing delays. Using the Trust's improvement methodology, insights are being derived and helping to identify systemic drivers and opportunities for change. Work is currently underway to engage with service users to understand their experiences. This will help us to plan and generate ideas that will inform targeted actions, ensuring that improvements in admission and discharge processes, culturally competent care, and partnership working are embedded across services.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/Contracts

People

- Sickness absence performance for the month (at 5.7%) is comparable to our position at the same time last year (5.6%). At 5.3% our current year to date performance is above the level required to deliver the year-end target of 5% by March 2029. The Sickness Absence Reduction Plan sets out a range of targeted interventions designed to address the key drivers of absence, support employee wellbeing, and strengthen management of attendance aligned to our planned thresholds, which is now a key focus of work for our business partners to support care groups
- In August 2026, appraisal compliance was 94.5%, achieving the Trust's KPI target of having an appraisal within a rolling 12-month period. The Trust is moving to a new appraisal window (April-September) and 2026 is a transition year. However, as at 25th September we have already achieved 80.3%.
- At trust level, we are achieving overall compliance for statutory and mandatory training and following a focus on Information Governance we are now achieving compliance at Trust level in all individual topics. Information Governance does remain a hot spot within Forensics and Learning Disability, Autistic Spectrum Disorder where compliance is just below the threshold.

National Metrics

The Trust continues to perform well against most national metrics.

The performance rates summary (page 5 of the IPR), shows 78.6% of the metrics with a target are being fully achieved with 21.4% showing areas of improvement (9 metrics). The following should be noted:

- In paediatric audiology, 100% of children referred, received a diagnostic appointment within 6 weeks, this is now significantly above the revised national threshold.
 - Children & younger people with an eating disorder – one urgent referral was not seen within the one-week target. An appointment was offered within the timeframe, but the family declined and chose a later date.
 - The Trust has set itself a target to reduce adult acute and psychiatric intensive care lengths of stay by 10% by the end of March 2027. Longer lengths of stay for people discharged in August in our West Yorkshire wards have impacted the rolling 3 monthly average for the Trust and we have exceeded slightly our forecast position. We have achieved our forecast for older people lengths of stay (77.4 days against a forecast of 79.6 days), however, have longer lengths of stay for West Yorkshire patients. Reported performance is affected by discharges of patients with particularly long lengths of stay, this is associated with the availability of external placements, particularly for older people and specialist mental health support. There are robust escalation processes in place to expedite those clinically ready for discharge.
 - For the month of August, 80% of children and young people waiting for a community health appointment were waiting 18 weeks or less, which exceeds the national year-end target of 78%.
 - Virtual ward occupancy during August was 77.3%, below the 80% target. This was primarily due to the Frailty pathway operating with a capped caseload of 50 patients for a significant proportion of the month to ensure services could continue to be delivered safely within available clinical capacity. As a result, referrals were limited to hospital avoidance and admission avoidance patients.
- Occupancy within the respiratory pathway also remained below target during the final two weeks of August, consistent with seasonal trends observed over the previous two years. Further work is required with Acute Trusts and community partners to maximise referrals.

Care Groups

- The performance rates summary (page 5 of the IPR) shows some areas for improvement against Trust targets within mental health inpatients and forensic services. The specific detail and improvements taking place can be seen in the care group section of the report.
- Child and adolescent mental health services (CAMHS) continue to prioritise children with high levels of need and if a child's/young person's needs escalate whilst they are waiting for a service, the service provides additional support during the waiting period. For service users waiting for treatment at the end of August, 85.2% had been waiting for a period of 18 weeks or less which represents a sustained improvement. All of these cases have had some form of screening, consultation, or initial assessment before being placed on a treatment waiting list. This service is experiencing an increase in demand, particularly in Kirklees.
- Children's neurodevelopmental waits remain a significant issue given the exponential growth in demand in recent years, which has been further compounded by vacancies in the team. Neuro-development waits are part of a specific pathway review across places in line with commissioned models. There is an offer in place to support children and families whilst waiting.
- Improvement work within community learning disability services has delivered a sustained improvement in waiting-time performance. In August, performance recovered from the reduction seen in previous months and is now just below the 95% threshold for people completing their assessment, having an agreed care package and commencing service delivery within 18 weeks.
- The number of out of area bed placements remains at a lower level than previous years. At the end of August, the Trust had 2 service users placed in an inappropriate out of area bed with 87 bed days used over the month, which is a decrease on the previous two months. There is significant ongoing focus on patient flow and bed management to minimise out of area bed placements.
- Focus on patients clinically ready for discharge continues to take place across all services. At the end of August, 30 people were clinically ready for discharge but remained in a bed, accounting for a total of 845 bed days over the month. The main challenges to discharge continue to be specialist placements and housing and we are continually in dialogue with partners to identify solutions.
- 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 29 cases across all three areas per month. The average number of referrals for ADHD received for these areas in the last three months was 318. 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.
- Mental health bed occupancy (excluding leave) increased to 91.6%. There are individual wards which have a much higher occupancy and increasing acuity of patients places further challenge on colleagues. The acuity of patients remains a challenge. Particularly with risk to self and others, therefore, requires enhanced observations to keep people safe, which has an impact on staffing and finance.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/Contracts

Care Groups Continued

- The temporary staffing group continues to have a focus on the use of temporary workforce, ensuring safe staffing whilst delivering a sustainable workforce to meet the patient needs. Bank and locum expenditure continues to fluctuate from month to month, and bank staffing remains higher than plan. Agency spend has continued to be maintained at an overall low level (£130k in August). The use of agency staff largely relates to very limited number of medical staff although some pressures are expected in the coming weeks due to pending staff retirements. Use of bank staff continues to have executive oversight of the reason for requirements. The recruitment of healthcare support workers continue to support the reduction of bank staff and improve continuity of care.
- Single point of access (SPA) is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment remains at risk of being delayed in all areas. The access standard for assessed within 14 days of referral has been met in Barnsley and Wakefield. There have been challenges with vacancies in Calderdale & Kirklees SPA and an increased demand for urgent assessments. The service has implemented business continuity plans, with a focus on diverting increased resource towards triage. There is also a review of the SPA services to understand improvements required.
- Our bank fill rate for registered nurses continues to be at a reduced level compared to earlier months, at 81%. This continues to be due to various reasons such as an increase in sickness, higher acuity and availability for cover, however, redeployment across wards on a daily basis has occurred to ensure skill mix is safe.

Finance

- The financial performance in August 2026 is a deficit of £225k which is £30k better than plan in month. The year-to-date position remains just ahead of plan (£35k). Delivery, maintaining in line with plan, continues to be supported by one off items and the timing of resolved items such as funding from commissioners. Further actions are required to ensure that the breakeven target can be achieved.
- The Trust value for money programme is reported as ahead of plan at month 5. The largest contributors are the reduction in corporate costs and the maintained run rate reduction of spend on temporary staffing and out of area placements. The trajectory includes the identification, and delivery, of new schemes later in the year. These need to be recurrent in nature to ensure that the Trust medium term financial plan of breakeven is maintained.
- The current cash position continues to be positive but, in line with national focus in this area, best practice continues to be reviewed to ensure that we have effective management of the Trust working capital position.
- The Trust continues to progress with its capital programme. Pricing, and profiles, are expected to be agreed shortly for the main schemes. Mitigations to manage within the in-year allocation are being developed to ensure that this can be fully and appropriately utilised.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ¹	Best Quality	Responsive	TBC	86.2%	85.7%	87.9%	90.5%	86.9%	85.2%	N/A
	% of feedback with staff values and behaviours as an issue ¹²	Best Quality	Caring	< 20%	9% (3/33)	10% (3/30)	0% (0/33)	8% (3/38)	10% (4/39)	10% (4/40)	1
Complaints	Complaints - Average number of working days to sign off for closed complaints (in month)	Best Quality	Well led	Trend monitor	134.8	101.3	119.7	131.3	93.2	99.9	N/A
	Complaints - Number of responses provided within six months of the date a complaint received ¹⁶	Best Quality	Well led	100%	83% (19/23)	100% (14/14)	91% (10/11)	92% (24/26)	100% (9/9)	100% (21/21)	
Service User Experience	Friends and Family Test - Mental Health	Best Quality	Caring	84%	92%	86%	93%	87%	88%	86%	1
	Friends and Family Test - Community	Best Quality	Caring	95%	96%	91%	96%	94%	95%	97%	1
	Number of compliments received	Best Quality	Caring	N/A	41	40	33	55	53	36	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) ⁴	Best Quality	Safe	Trend monitor	5	2	5	1	5	1	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions ⁴	Best Quality	Safe	Trend monitor	1	0	0	0	0	0	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches ⁴	Best Quality	Safe	0	0	0	0	1	0	0	1
	Number of Information Governance breaches ³	Best Quality	Well led	<12	12	12	5	6	16	10	2
	% of inpatients clinically ready for discharge	Person first and in the centre	Responsive	3.5%	5.4%	6.1%	4.8%	4.0%	3.8%	5.2%	3
	Total number of reported incidents	Best Quality	Safe	Trend monitor	1416	1450	1385	1539	1379	1388	
	Total number of patient safety incidents resulting in moderate harm. (Degree of harm subject to change as more information becomes available) ⁵	Best Quality	Safe	Trend monitor	34	28	22	27	39	30	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) ⁵	Best Quality	Safe	Trend monitor	1	0	0	2	0	0	
	Total number of patient safety incidents resulting in death where the patient was under the care of the Trust at the time of death occurring (Degree of harm subject to change as more information becomes available) ⁵	Best Quality	Safe	Trend monitor	4	2	1	1	1	0	
Quality	Safer staff fill rates	Best Quality	Safe	90%	112.3%	114.0%	115.1%	115.0%	112.8%	112.1%	1
	Safer Staffing % Fill Rate Registered Nurses	Best Quality	Safe	80%	98.3%	99.7%	98.6%	99.5%	98.7%	96.3%	1
	% Bank Fill Rates - Registered Nurses	Best Quality	Safe	-	85.0%	90.5%	86.7%	81.0%	81.2%	80.8%	
	% Bank Fill Rates - Health Care Assistants	Best Quality	Safe	-	90.6%	95.3%	93.0%	93.0%	92.4%	91.6%	
	Overall Temporary Staffing Fill Rate (Bank & Agency fill inclusive)	Best place to work and learn	Safe	-	90.1%	94.3%	91.7%	86.4%	89.4%	88.8%	
	Number of pressure ulcers which developed under SWYPFT care ¹	Best Quality	Safe	Trend monitor	62	56	57	55	83	55	
	Number of pressure ulcers which developed under SWYPFT care where there was an area for improvement ²	Best Quality	Safe	0	0	0	0	0	1	1	0
	Eliminating Mixed Sex Accommodation Breaches	Best Quality	Safe	0	0	0	0	0	0	0	1
	Number of Falls (inpatients)	Best Quality	Safe	Trend monitor	61	53	65	55	48	69	
	Number of restraint incidents	Best Quality	Safe	Trend monitor	194	185	152	197	121	162	
	% of staff receiving supervision within policy guidance ¹⁵	Best place to work and learn	Well led	80%	92.1%	N/A	N/A	N/A	N/A	N/A	1
	% of staff receiving supervision within policy guidance ¹⁵ - Clinical			80%	From Apr26	74.7%	78.4%	78.6%	81.6%	77.0%	
	% of staff receiving supervision within policy guidance ¹⁵ - Management			80%	From Apr26	64.6%	69.2%	70.1%	74.1%	72.5%	
	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%	87.1%	93.5%	100%	100%	90.3%	89.5%	1
	Number of job start/work retention outcomes during month by individual placement and support service	Best Quality	Effective	Trend Monitor	13	10	19	24	15	11	N/A
	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	Best Quality	Effective	55%	68.8%	71.3%			Due November 26		
	Number of incidents against staff on mental health wards involving race	Best place to work and learn	Safe	Trend Monitor	29	34	27	18	45	19	N/A
	Number of sexual safety incidents against patients (source Datix)	Best Quality	Safe	Trend Monitor	Reporting commenced April 26	6	6	7	9	8	
	Number of sexual safety incidents against staff - patient on staff (source Datix)	Best place to work and learn	Safe	Trend Monitor	Reporting commenced April 26	16	9	11	13	4	

Quality & Safety Headlines

Section	KPI	Strategic Objective	CQC Domain	Target	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Year End Forecast*
Improving Resource	Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Best Quality	Safe	0	7	7			Due Oct 26		
	Estates Urgent Response Times - Service level agreement (SLA)	Best Quality	Well led	95%	96.9%	99.0%	95.9%	99.4%	96.0%	91.7%	
	Compliance with statutory requirements (Water, Gas, Electricity, Refrigeration, Pressure, Loler and Asbestos)	Best Quality	Well led	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of ligature jobs completed within timeframe (Urgent SLA 2 ligature jobs screened)	Best Quality	Well led	100%	100.0%	100.0%	87.1%*	96.0%	97.0%	88.2%	
	Percentage of service users who have had their equality data recorded - ethnicity	Best Quality	Responsive	90%	96.5%	96.5%	96.1%	95.2%	95.1%	95.3%	
	Percentage of service users who have had their equality data recorded - disability	Best Quality	Responsive	50%	59.1%	58.7%	58.0%	57.0%	56.5%	57.9%	
	Percentage of service users who have had their equality data recorded - sexual orientation	Best Quality	Responsive	50%	59.1%	58.7%	57.6%	56.7%	55.4%	58.7%	
	Percentage of service users who have had their equality data recorded - deprivation (postcode)	Best Quality	Responsive	90%	99.5%	99.6%	99.6%	99.6%	99.6%	99.6%	
	Timely completion of equality impact assessments (EIAs) in services and for policies (snapshot figure)	Best Quality	Responsive	Service timely completion - 75% Policy - 95%	99.4% Service	95.2% Service	92.7% Service	92.7% Service	74.3% Service	*	
	EIA policy reporting refers to policies signed off by the Executive Management Team (EMT) with an up to date EIA in place				100% Policy	100% Policy	100% Policy	100% Policy	100% Policy	100% Policy	
	% on community active caseload at month end with a care plan which has been reviewed within the last year				93.1%	94.0%	94.5%	95.1%	95.0%	94.5%	
	% with care plan that includes service user input/views	Person first and in the centre	Caring	25/26 Interim trajectory: 75-80% April 26: 95%	95.4%	95.6%	95.1%	95.2%	95.5%	95.5%	
	% inpatient care plans commenced within 24hrs before or after admission	Person first and in the centre	Caring		96.8%	97.3%	96.7%	94.9%	96.6%	94.9%	
	% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe		86.0%	91.3%	92.0%	89.3%	91.7%	92.8%	
	% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe		93.8%	93.7%	93.6%	93.6%	93.4%	92.7%	
	Number of prone restraint incidents during the month - (where we have purposefully placed the person in the prone position)	Best Quality	Safe	Dec & Jan - 4, Feb & Mar - 2, 26/27 stretch target to reduce to zero	5	3	2	6	3	0	
	No of times staff access Yorkshire & Humber care record / Interweave during month	Best Quality	Safe	Trend Monitor	98	73	144	54	117	64	N/A
	Number of Monthly Active Users (Patients accessing patient knows best system)	Best Quality	Safe	Trend Monitor	9,960	12,000	11,968	13,289	13,935	14,546	N/A
	Medical Devices compliance rate	Best Quality	Safe	Trend Monitor	reporting commenced	75%	75%	82%	88%	89%	
	Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Person first and in the centre	Safe	6	0	0	0	0	1	1
C Diff avoidable cases		Person first and in the centre	Safe	0	0	0	0	0	0	0	1
E. Coli bloodstream infection rate		Person first and in the centre	Safe	0	0	0	0	0	1	0	
Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate		Person first and in the centre	Safe	0	0	0	0	0	0	0	
Improving Resource	NHS Oversight Framework segmentation	All	Well led	1/2	1	1			Due Dec 26		
	Overall CQC rating	All	Well led		Good						
	CQC well - led rating	All	Well led		Good						

Quality & Safety Dashboard Footnotes:

- 1 - Number of pressure ulcers which developed under South West Yorkshire Partnership Teaching NHS Foundation Trust (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.
 - 9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
 - 9 - Patient safety incidents resulting in death (subject to change as more information comes available). All incident data is reviewed using SPC charts to identify any special cause variation, if this occurs this will be reported by exception. Otherwise reporting rates remain within normal variation.
 - 11 - Number of records with up to date risk assessment - 'Older people and working age adult inpatients' - we are counting how many staying safe care plans were completed within 24 hours and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point.
 - 12 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return. Please note, the wording of this metric has changed from the November 2024 report to align with wording used in the national reporting. This relates to complaints received during the month and until investigation process is complete, this may result in not all of those being upheld.
 - 14 - This metric relates to the Macmillan service, end of life pathway.
 - 15 - % of Band 4 and above clinical staff who have received supervision in the previous 90 days.
 - 16 - Formal complaints should be responded to/closed within 6 months of the date received as is written into the NHS Complaints (England) Regulations 2009
- * - 6 out of 30 jobs not completed in timescale, this was predominantly due to access issues and mitigations have been put in place to prevent such future issues occurring.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Quality & Safety Headlines

- Children and young people mental health services referral to treatment - August saw a slight dip in performance from previous month but an overall sustained position in the number of young people waiting less than 18 weeks for their treatment appointment. Following a period of focussed work on this metric since December 2025, performance has improved and has been above 80% for the last six months. Data for the metric will continue to be monitored to ensure we see a sustained improvement trend in the coming months.
- There were 10 information governance personal data breaches during August. Information disclosed in error continues to be the highest reported category. Four of those related to the mental health care group spread across four teams. Work is taking place to review the incidents and ensure learning is embedded to prevent future occurrences. A review of incidents has identified four common themes of; incorrectly addressing correspondence; failure to verify recipient details before disclosure; administrative errors; and data-quality issues affecting demographic details - these are being addressed through communications and improvement work.
- Focus on patients clinically ready for discharge continues to take place across mental health and learning disabilities, with support from colleagues within place with improvements recognised. The main challenges continue to be specialist placements and housing. At the end of August, 30 people were clinically ready for discharge but remained in a bed. Delays are spread across all our Places and services.
- The Trust has recently reviewed its supervision policy and as a result from 1st April, has moved to a new method of reporting splitting out management and clinical supervision and reporting against a 60 day standard. We also widened the scope to include all staff not just those who are registered as it was previously. This now shows some under performance against the 80% standard. Targeted work is taking place in care groups to address and ensure staff are fully supported.
- The total number of reported incidents in August decreased slightly but remains within usual variance. A breakdown of this data can be seen in the care group dashboards. All incidents continue to be subject to review by the patient safety team with relevant governance within the care groups.
- The Trust had 19 incidents involving race in August - six incidents in the Forensics Care Group across three wards/teams; seven incidents in Mental Health inpatients across three wards/teams; and six incidents in Cheswold Park Hospital across four wards/teams. We are working with the People Directorate colleagues to identify further wellbeing offers to increase the support. Recognising that this has an impact on staff, a robust process of personal and clinical support has been created to safeguard staff who experience racist abuse during their work in a clinical role.
- There were four sexual safety incidents against staff by patients and eight sexual safety incidents against patient in August. The most common theme for these incidents was inappropriate sexual behaviour. We are very aware of the personal impact this has on our colleagues and service users. In the event of an incident, a sexual safety panel is convened which includes individuals who have undertaken specialist training. The reporting process for sexual safety incidents is currently being reviewed as part of the Trust's We are Safe and Healthy priority. The current position is Datix is used for any incidents involving patients and there is a separate reporting mechanism for staff-to-staff incidents in line with the Sexual Safety Charter Assurance Framework and NHSE reporting requirements. Internal governance is through care groups and HR business partners for individual cases and through QSC and PRC for anonymised data for triangulation of themes and assurance. In addition to this all incidents reported through Datix are now reviewed at the daily NQP safety huddle and actioned as appropriate on an individual basis.
- Estates urgent Response times – three jobs did not achieve response time target during the month, this was due to availability of staff required to accompany contractors for water cooler install works. These works are due to finish at the end of September 2026.
- 45 out of 51 ligature job calls were logged and completed within timescale. For the 6 jobs that breached the timescale, the issue was availability of access to or escorts in ward areas for estates and facilities staff to undertake the job. The jobs were all completed but 1 day outside the timeframe. Risk assessments were in place to reduce risk of harm until the jobs could be undertaken.
- In August there was one instance of a pressure ulcer that development under SWYPFT care where there was an area for improvement identified. This was new learning for an alternative catheter appliance to be sourced, which would reduce the risk of reoccurrence of a medical devices related pressure ulcer development.
- The number of restraint incidents in August was 162. The highest number of incidents was on Walton PICU ward (24). Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month remain within expected range – all incidents are reviewed, and learning is shared.
- There were 69 inpatient falls reported during August 2026, which is within acceptable range.
- Our focus on reducing the use of prone restraint has shown significant improvement over the last few months; there were zero staff prone restraints on our mental health wards.
- For risk assessments and care plans, the Trust's aim is to work towards achievement of 95% against each of these standards. The metrics do show an improving position, however 95% has not been achieved across all 5 metrics in all areas – detail can be seen in the care group and ward level sections of the report. All risk assessments and care plans that have not been completed within the timescale have oversight and scrutiny from the Care Groups.
- Forensic risk assessments are completed prior to admission as part of the admission assessment and planning process. In line with good clinical practice these are then reviewed at the point of admission to ensure they are still clinically accurate, the admitting clinician will record this review within the risk assessment going forwards, which will enable capture of risk assessment. This is alongside the required Historical, Clinical Risk Management 20 tool (HCR20) required for a patient in forensics.
- All services are focusing on continuing to improve performance for risk assessments. Staying Safe plans are now captured as part of the My Care and Safety Plan, rather than the FIRM risk assessment. There is a high level of scrutiny when a staying safe care plan is not completed within 24 hours. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed and communicated to the service user and ward staff. There is development work occurring with community teams to ensure they update the risk assessment before admission to support inpatient staff to understand the change in risk and reason for admission.
- There has been one C.diff incident in August 2026. A case review has been undertaken and learning will be shared through PSIRF processes.
- *We have undertaken significant work to develop a series of health inequalities metrics which provide a more holistic and comprehensive view of our performance. These metrics are reported for the first time this month on page 27. It is therefore proposed to no longer report on this metric

Patient Safety Incident Response Framework (PSIRF)

The review of the Trust's PSIRF plan has been approved and published on Trust website. The PSIRF policy which supports this is currently under review.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

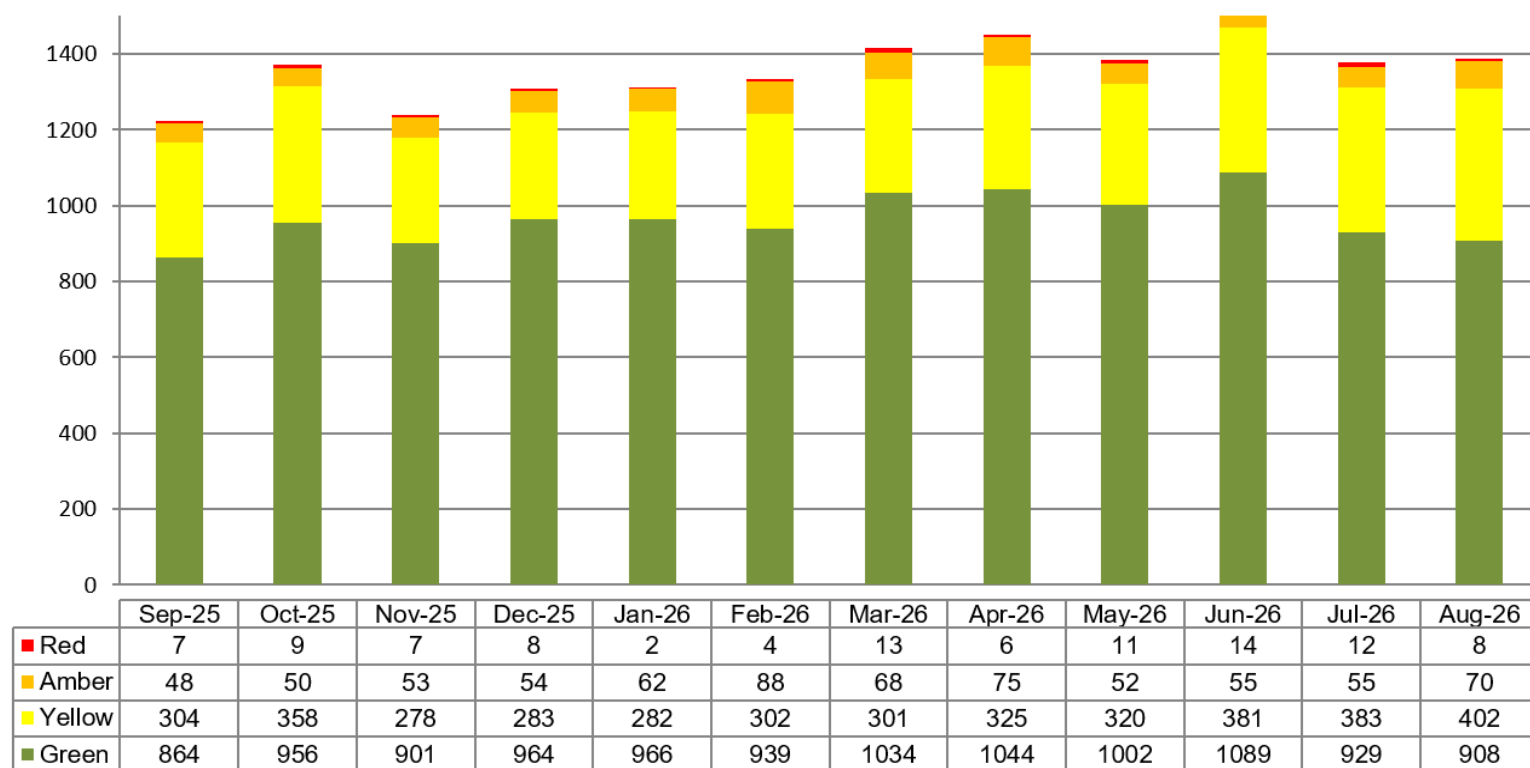
Safety First

Summary of Incidents

Although we have reported 8 red incidents in August, incidents may be subject to regrading as more information becomes available, which means this figure is subject to change.

97% of incidents reported in August 2026 resulted in no harm or low harm or were not under the care of SWYPFTT.

No never events reported in August 2026



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

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/
Contracts

Safety First cont...

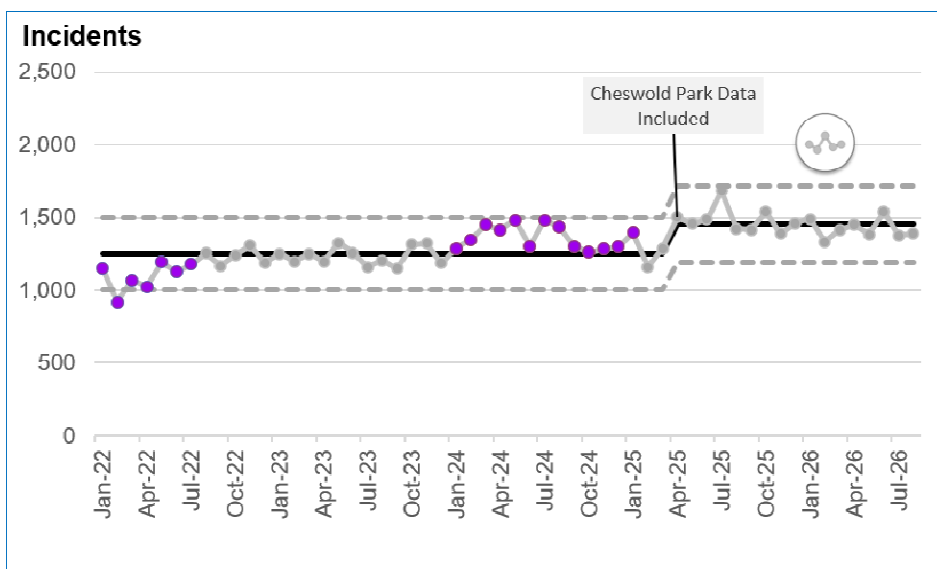
Summary of Patient Safety Incidents resulting in moderate or severe harm or death

Breakdown of incidents in August 2026

30 moderate harm incidents:

The most common subcategories for incidents were pressure ulcers and self harm with suicidal intent.

Incidents



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

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

Summary

Quality & Safety

People

National Metrics

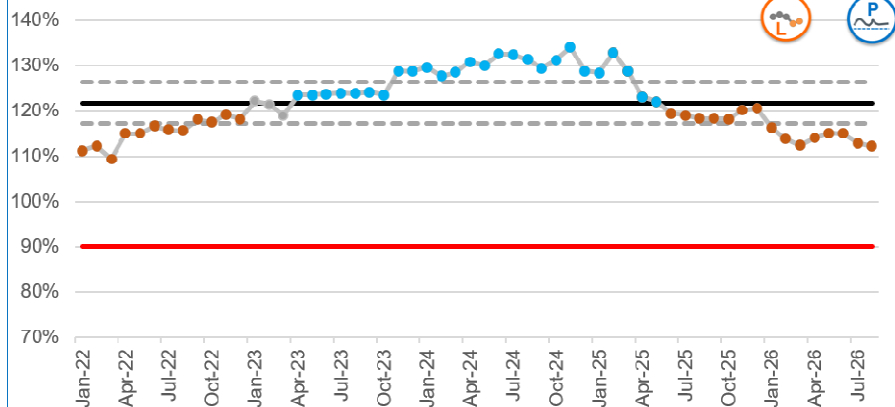
Care Groups

Ward Detail

Finance/ Contracts

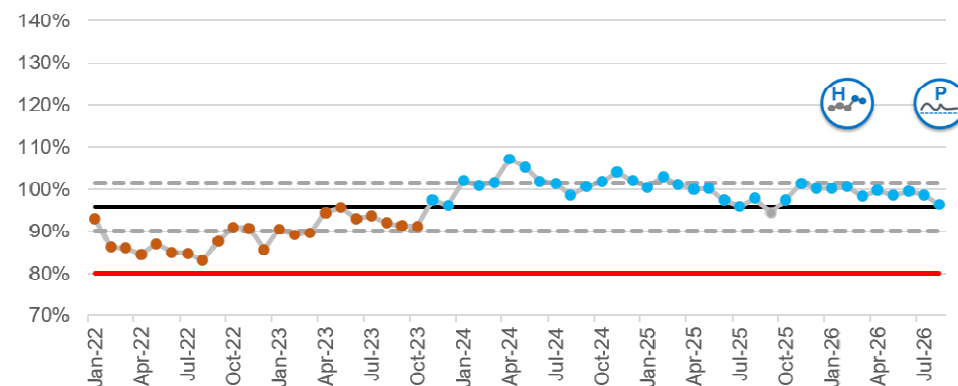
Safer Staffing Inpatients

Safer Staffing Fill Rate



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

Safer Staffing Registered Nurses



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

- In August within the flexible staffing pool, there was an increase in total of 406 (6,083) shift requests, and the overall fill rate for flexible staffing decreased by 0.9% to 88.78%
- Within overall fill rates there was a decrease in the fill rates of 0.1% for Forensic and LD care groups to 111.3%, Adult and Older Peoples Care Group decreased by 0.1% to 118.0%, Cheswold Park Hospital decreased by 1.7% to 103.6% and Barnsley Integrated Services decreased by 5.3% to 92.0%
- We continue to scrutinise flexible staffing usage in our temporary staffing scrutiny group
- The utilisation of agency workers within inpatient areas has remained at zero for the fourth consecutive month
- The overall fill rate has decreased compared to the previous month by 0.7% and was 112.1%
- The day fill rate for RNs decreased by 3.5% to 90.6%. With an increase of four on the previous month, 17 wards fell below the 90% RN Day fill rate, Walton Ward, Melton Suite and Beamshaw within Working Aged Adults, Stroke Rehab within Barnsley Physical Health Services and Appleton, Hepworth, Priestley and Waterton Wards within the Forensic and LD care group, Poplars, Willow, Ward 19 M and Ward 19 F within Older Aged Adults and Aire, Don, Esk, Hamilton and Skipton within Cheswold Park Hospital. They were supported through local escalation plans
- The night RN fill rate increased by 0.8% to 105.1%. Night fill rate threshold of 90% was not achieved by two wards, which was a decrease of two on the previous month. They were Skipton Ward at Cheswold Park and Neuro Rehab Unit within Barnsley Physical Health care group.
- In August two wards fell below the 90% overall fill rate threshold which was Stroke Rehab within Barnsley Physical Health and Aire within Cheswold Park Hospital. This was consistent with the previous month

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Safer Staffing Inpatients cont...

Registered Nurse Day Rate:

Registered day rate	Jun-26	Jul-26	Aug-26
Adults and Older People	98.3%	95.9%	92.7%
Barnsley Physical Health and Wellbeing	87.1%	96.0%	91.4%
Forensic and LD	98.5%	93.5%	90.7%
Cheswold Park Hospital	90.9%	88.3%	82.6%
Overall shift fill rate	96.6%	94.1%	90.6%

Overall Registered Rate: 98.6%.

Overall Fill Rate:

Overall Fill Rate	Jun-26	Jul-26	Aug-26
Adults and Older People	122.6%	118.1%	118.0%
Barnsley Physical Health and Wellbeing	93.0%	97.3%	92.0%
Forensic and LD	113.1%	111.4%	111.3%
Cheswold Park Hospital	103.9%	105.3%	103.6%
Grand total	115.0%	112.8%	112.1%

Registered Nurse Night Rate:

Registered night rate	Jun-26	Jul-26	Aug-26
Adults and Older People	107.1%	107.3%	105.5%
Barnsley Physical Health and Wellbeing	104.4%	107.5%	101.1%
Forensic and LD	114.7%	118.3%	116.6%
Cheswold Park Hospital	83.4%	87.1%	90.6%
Overall shift fill rate	103.8%	105.9%	105.1%

Bank staff filled 80.80% (a decrease of 0.12% on the previous month) of RN requests for flexible staffing and 91.55% (a decrease of 0.02% on the previous month) of HCA requests.
Agency staff filled 0.00% (for the fourth consecutive month)

Hours Worked	Substantive	Bank	Agency
Jun-26	68.0%	32.0%	0.0%
Jul-26	68.9%	31.2%	0.0%
Aug-26	66.2%	33.8%	0.0%
Grand Total	67.7%	32.3%	0.0%

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Information Governance (IG)

10 incidents were reported during August. Information disclosed in error continues to be the highest reported category for the following reasons:

- letters or correspondence sent to the wrong individual,
- emails sent to incorrect recipients,
- verbal disclosures to unauthorised recipients,
- inclusion of another individual's information within correspondence,
- letters being sent to historic or inaccurate addresses due to inaccurate demographic data,
- individuals' personal email address being visible to each another as the CC field as used instead of BCC (this incident was contained before harm could occur).

An accuracy breach was detected when a GP advised an allergy had not been recorded on a patient's clinical record. This was corrected and an apology was sent.

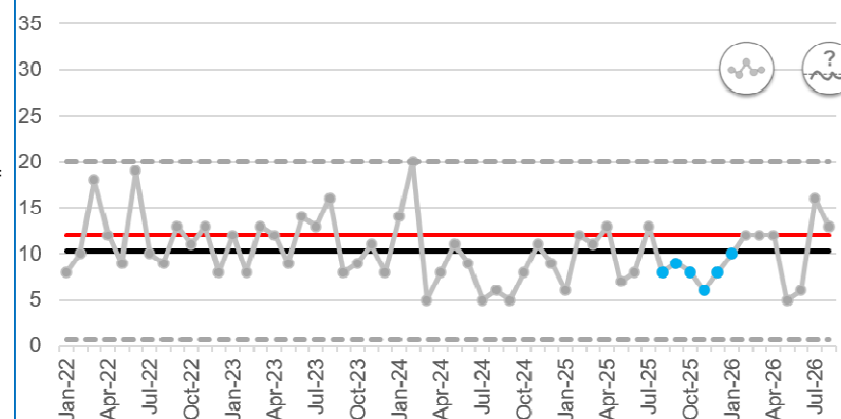
A review of incidents has identified the following, which are being address through comms and improvement work:

- incorrectly addressing correspondence,
- failure to verify recipient details before disclosure,
- admin errors,
- data-quality issues affecting demographic details.

No incidents reported during August met the threshold for a serious incident.

This SPC chart shows that as at August 2026 we remain in a period of common cause variation (no concern).

Information Governance Breaches



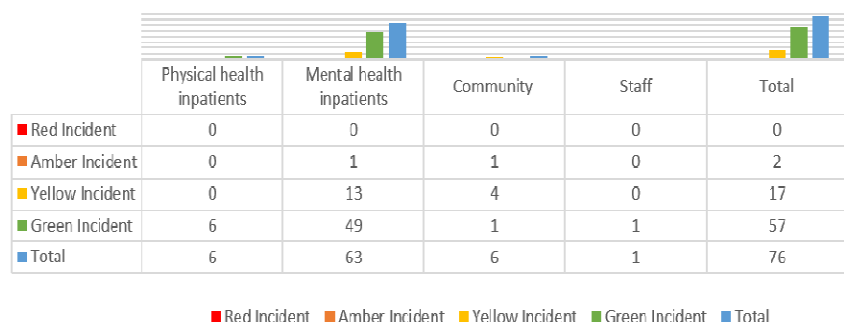
Patient Safety Alerts

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

Reference	Title	Date issued by agency	Alert applicable?	Trust final response	Alert closed on CAS
NatPSA/2026/004/MHRA	ResMed Astral 100 and 150 Ventilators: Potential for Patient Harm due to Unexpected Interruption of Ventilation Therapy	17/08/2026	No	18/08/2026	18/08/2026

Trustwide Falls

Slips, trips and falls reported in August 2026



August 2026, Datix reported a Trust-wide total of 76 slips, trips and falls. This equates to 5.2% of all Datix safety events reported in August 2026. Below is a breakdown of falls and where they occurred in the community, inpatients, or staff group/visitor.

The Trust inpatient falls rate is approximately 4.22 per 1000 bed days. We continue to be below the National average for inpatient falls of 6.63 per 1000 bed days.

Things to celebrate

There were 100% of patients deemed at high risk of falls who had a good quality, multifactorial mobility plan; with 94% of those plans having documented therapy, education/groupwork to reduce falls risk.

Incident Grading

Red: No red Datix reported.

Amber: There were two (3%) amber Datix reported.

Yellow: A total of 17 (22%) reported events needed higher intervention.

Green: A total of 57 (75%) reported safety events had low, or no harm recorded.

Inpatient falls accounted for 65 falls and had a high correlation with:

- Behavioural distress and cognitive impairment were the most common contributors, including agitation, confusion, wandering, pacing, hallucinations, and reduced risk awareness.
- High-risk activities frequently preceded falls, particularly toileting, showering, personal care, and transfers.
- Physical health factors including low blood pressure, dehydration, dizziness, fatigue, and acute illness were recurring themes.
- Falls often occurred when individuals were not using prescribed mobility aids or attempted to mobilise independently.
- Environmental hazards such as wet floors, clutter, trailing cables, bedding, and overreaching contributed to several events.

When reviewing age related information:

- there were 19 falls (28%) by patients aged below 65 years old, of these:
 - there were 15 falls (79%) where the patient had no history of falls, five falls were linked with agitation and responding to voices, general slips when completing daily activities, and low blood pressure/dizziness
 - and four falls (21%) for younger patients with known falls risk; these include falling forward overstretching for a phone charger, not using prescribed walking aids, or slipping from a chair applying cream on their feet
- there were 50 falls (72%) for patients aged 65 years and above, of these:
 - 45 falls (90%) occurred for patients who had a known history of falls
 - 40 falls (80%) for patients with a diagnosed dementia or neurological condition
 - there were 21 falls (42%) linked with agitation and distress

Across OPS wards, SRU/NRU there were a total of 84 patients (57% of patients) assessed as a high risk of falls. Of those patients, 35 (42%) experienced one or more falls. These patients accounted for 53 (77%) inpatient falls. There were twelve patients who experienced frequent falls (2 or more falls) and account for 30 (43%) inpatient falls.

Summary

Quality & Safety

People

National Metrics

Care Groups

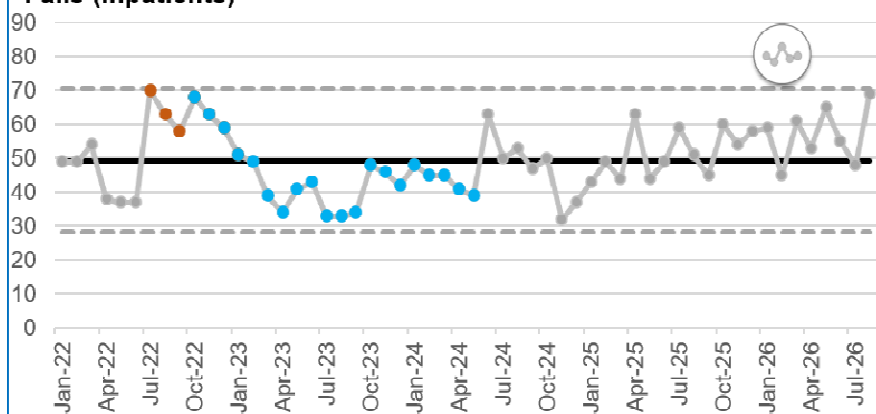
Ward Detail

Finance/ Contracts

Falls (Inpatient)

The total number of inpatient falls was 69 in August.

Falls (Inpatients)

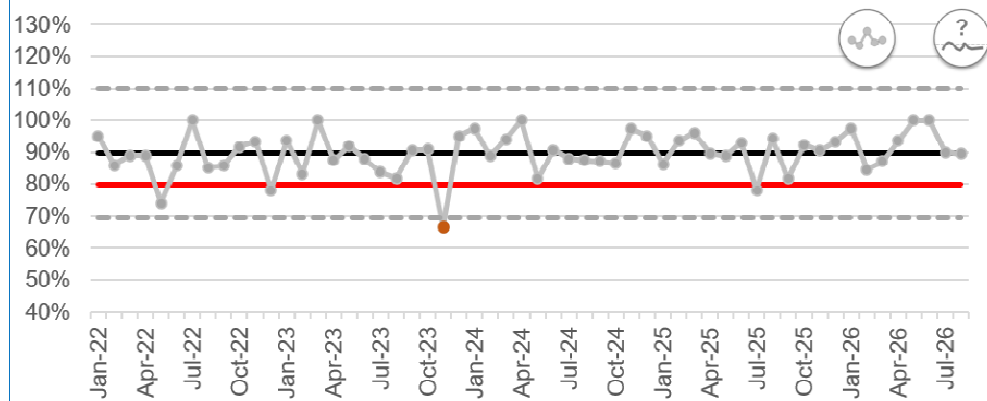


The SPC chart above shows that in August 2026 we remain in a period of common cause variation (no concern). All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.

End of Life

The total percentage of people dying in a place of their choosing was 89.5% in August. As is noted in the quality dashboard, performance against this metric remains above threshold this month. This metric relates to the Macmillan service, end of life pathway.

End of Life



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

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/
Contracts

Patient Experience

Friends and family test results (FFT) show:

- 97% would recommend physical health services
- 86% would recommend mental health services

	Target	Jun-26	Jul-26	Aug-26
Mental health community	85%	88% (469)	88% (446)	70% (313)
Mental health inpatient	85%	87% (39)	87% (68)	78% (23)
Learning Disabilities	85%	100% (26)	96% (23)	97% (38)
ASD/ ADHD	85%	89% (18)	71% (21)	94% (33)
CAMHS	85%	74% (39)	82% (33)	83% (35)
Forensic	60%	81% (58)	100% (1)	No Responses
Mental health overall	84%*	87% (647)	88% (583)	86% (442)
Barnsley Physical Health	95%	94% (218)	95% (171)	97% (70)
Trustwide	85%	89% (867)	89% (763)	87% (512)

* weighted for 2026/27

	Top three positive themes	Top three negative themes
Trustwide	1. Patient Care 2. Staff 3. Communication	1. Access & Waiting Times 2. Communication 3. Clinical treatment
Physical Health	1. Patient Care 2. Staff 3. Communication	1. Access & Waiting Times 2. Communication 3. Food/ facilities
Mental Health	1. Staff 2. Communication 3. Patient Care	1. Communication 2. Access & waiting times 3. Clinical Treatment

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

- Learning Disabilities (97%), ADHD & ASD (94%), and Barnsley General Operations (97%) exceeded their targets in August, with ADHD & ASD showing a significant improvement from 71% to 94%.
- CAMHS improved slightly from 82% to 83% but remained below the 85% target.
- Mental Health Community fell significantly from 88% to 70%, while Mental Health Inpatient declined from 87% to 78%, both falling below target.
- Mental Health Overall decreased from 88% to 86% but remained above the 84% target.
- Forensic received no responses in August and therefore no score was reported.
- Barnsley General Operations improved from 95% to 97%, remaining above target.
- Trust-wide satisfaction reduced slightly from 89% to 87% but continued to exceed the 85% target.
- Overall response rates reduced considerably in August (512 responses) compared with July (763 responses), alongside a reduction in satisfaction across Mental Health services, primarily driven by declines in Community and Inpatient feedback. The decrease in responses is partly attributable to the annual August reduction in activity; however, there has also been a further decline due to the patient experience surveys being temporarily offline and the text messaging stopping at the end of July and the transition to PKB. This is being closely monitored to assess the impact on response rates and engagement.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/
Contracts

Safeguarding

Safeguarding Adults:

In August 2026, there were 51 safeguarding adult incidents recorded on Datix. Of these, there were zero incidents graded red, four graded amber, 28 graded yellow and the remaining 19 incidents were graded green. The most common subcategories of these were neglect, financial abuse and emotional/psychological abuse.

In addition to the Safeguarding Adult Datix's, there were 21 sexual safety incidents recorded on Datix. Of these, there were zero incidents graded red, one graded amber, nine graded yellow and 11 were graded green. The most common subcategory related to inappropriate sexual behaviour.

Safeguarding Children:

In August 2026 there were 21 Datix categorised as Safeguarding Children. The most common subcategories of these were requests for service and child protection (non-specific).

Complaints

- There have been 40 new formal complaints received in August 2026 which is a 3% increase from the previous month.
- The team closed 21 complaints in August 2026, representing a substantial increase from the 9 closed in the previous month. In addition, for the second consecutive month, 100% of complaints were closed within the six-month timescale.
- There were 4 formal complaints which had values and behaviours (staff) as a primary reason for the complaint.
- There has been a 32% decrease in the number of compliments received in August 2026 whilst the volume of other types of feedback remains broadly similar.

Infection Prevention Control (IPC)

Outbreaks / Clusters

In August there was one outbreak on Crofton ward (Covid-19)

There has been 1 case of Clostridioides difficile toxin positive Beechdale Ward in August 2026. A case review has been undertaken, and learning will be shared through PSIRF processes.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

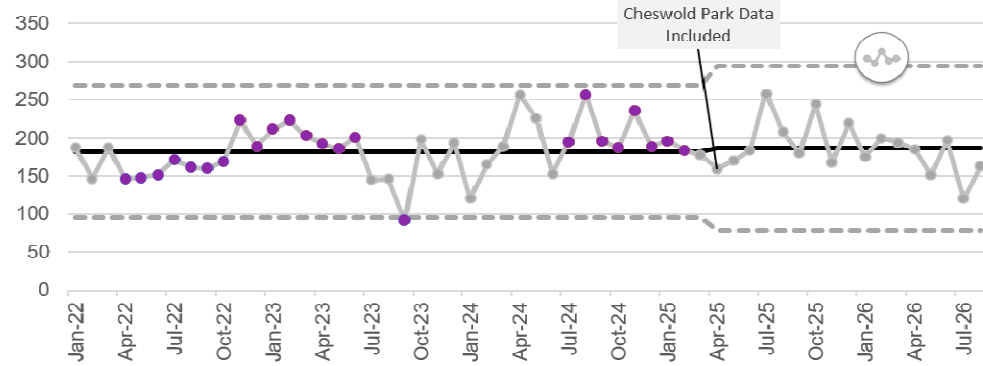
Finance/ Contracts

Reducing Restrictive Physical Intervention (RRPI)

- During August 2026, there were 162 incidents of physical restraint throughout the Trust, an increase of 41 from July 2026 figure of 121.
- There were zero incidents of prone restraint in August 2026 this is a decrease of three from three that occurred in July 2026.
- The restraint table shows the type of restraint positions used Trustwide August 2026 (in 162 restraints). Please note there are more positions used than incidents due to multiple positions being used during one incident.

Restraint Position	Total Restraint Positions Used	Percentage of Use
Standing	85	34.0%
Safety Pod	72	28.8%
Seated	41	16.4%
Escorted under restraint	16	6.4%
Safety Pod Technique (IM administration then exit)	10	4.0%
Kneeling	6	2.4%
Safety Pod Technique (Immediate Exit)	6	2.4%
Side	5	2.0%
Supine - held on their back, regardless of surface	4	1.6%
Service User placed self in prone and staff immediately let go or rolled	2	0.8%
Not recorded	2	0.8%
Prone descent then remained in chest down position	1	0.4%
Prone descent then immediately rolled to other position side/back	0	0.0%
Immediate disengagement from prone	0	0.0%
Reverse arms seclusion exit (knees position)	0	0.0%

Total Restraint Incidents



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

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

Summary

Quality & Safety

People

National Metrics

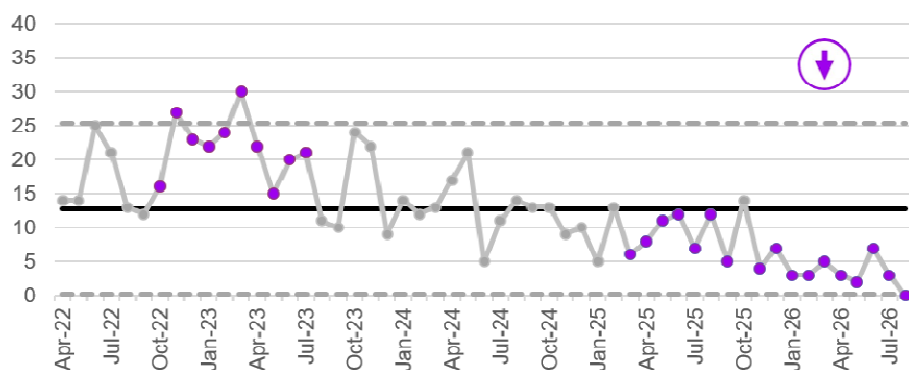
Care Groups

Ward Detail

Finance/ Contracts

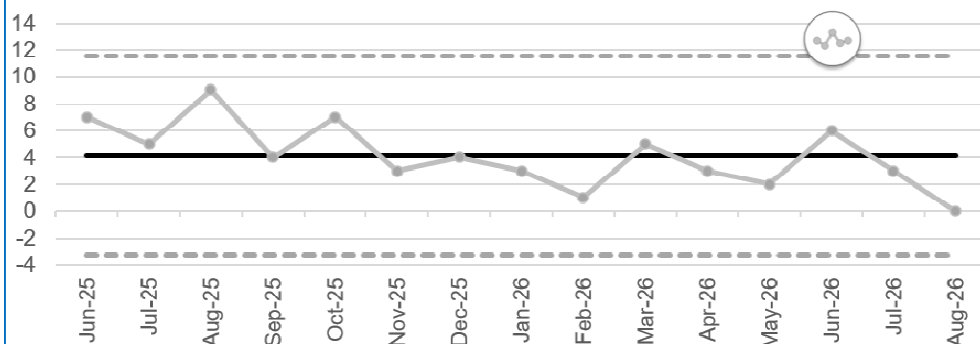
Reducing Restrictive Physical Intervention (RRPI)

Prone Restraint (Total Number)



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

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



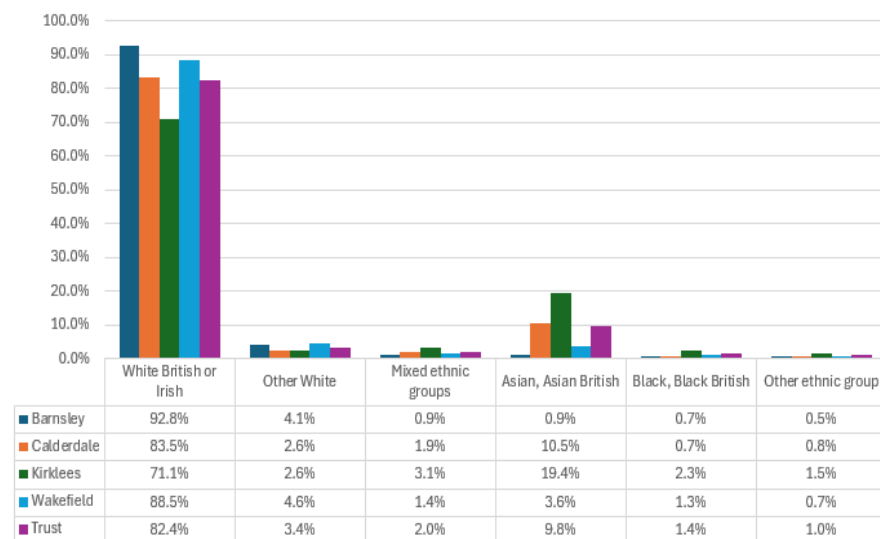
From June 2025 we have separated out the number of prone restraints where we have purposefully placed the service user in the prone position from those that were service user led.

In August 2026 there were no instances of prone restraint where the service user was purposefully placed in the prone position.

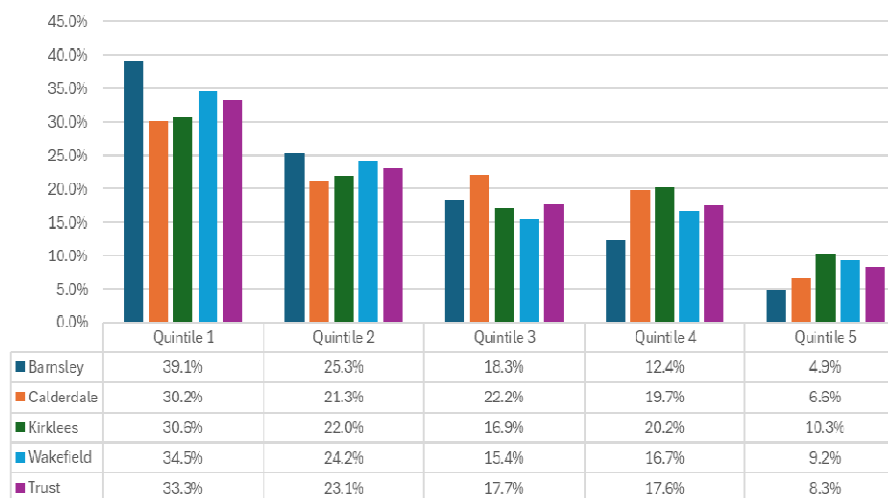
Reducing Inequalities

This section of the report has been added to give focus to a number of metrics to evidence our progress towards delivering more responsive and equitable services for our communities. The priority of identifying, understanding and addressing avoidable differences has been agreed at board as the priority 'Reduce inequalities and better describe impact'. The 26/27 focus of this work is to align this measurement to the 'Access and Waits' improvement area of focus. The following pages allow us to review ethnicity and socioeconomic deprivation as determinants of health and to consider the impact of their intersectionality. 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



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



The data on this page will not be refreshed except when population estimate data is published. This page helps to provide important context about the varied population our Trust serves in terms of ethnic make-up and 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 (quintile or decile) 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 and that we have significant global majority populations residing in some of our places.

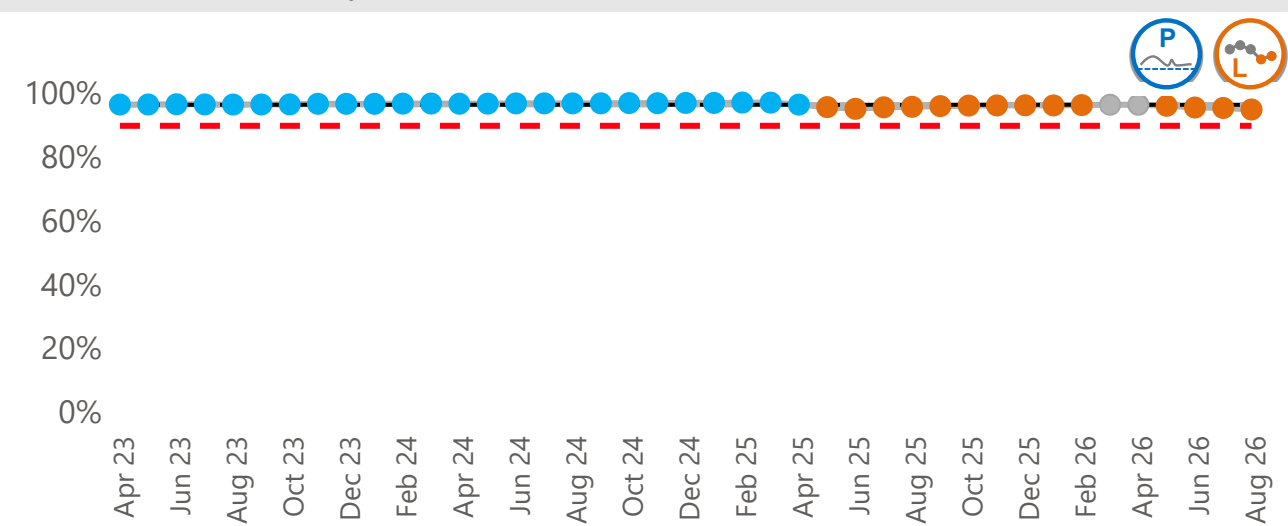
Reducing Inequalities

Data as of : 10/09/2026 12:54:00

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. This work involves the specific focus of improving the systematic collection and analysis of data (both numbers and voice) according to protected characteristics and continue to promote ‘All of You’ campaign. All services continue to work hard to maintain their data quality and future monitoring will form a standing agenda item in Care Group Data Quality meetings with specific actions held in governance via the EDI Operational Group.

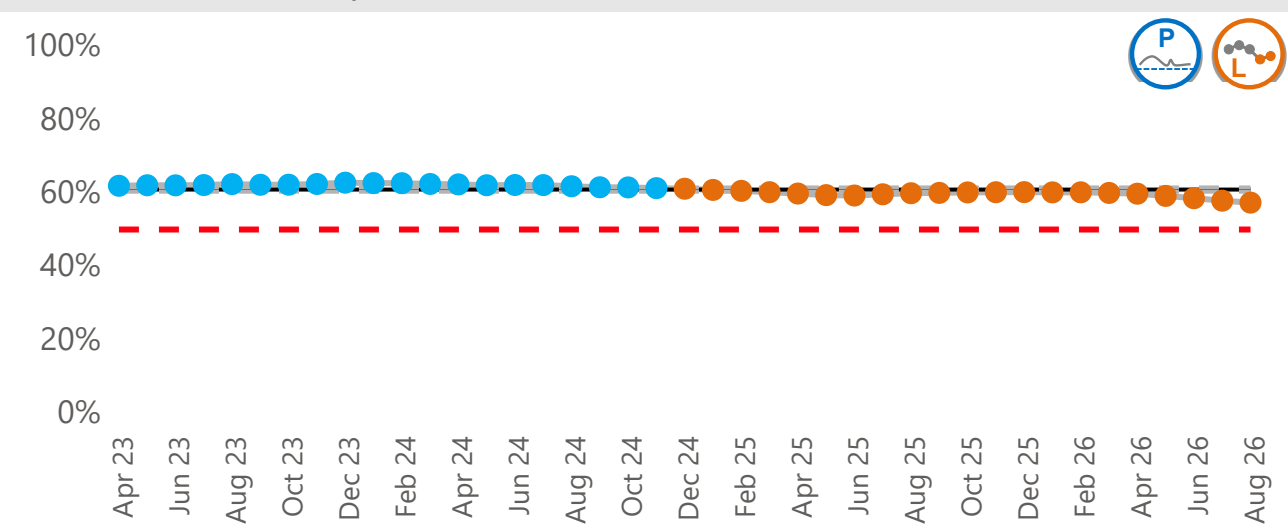
The SPC charts below show the completion rates for these measures.

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



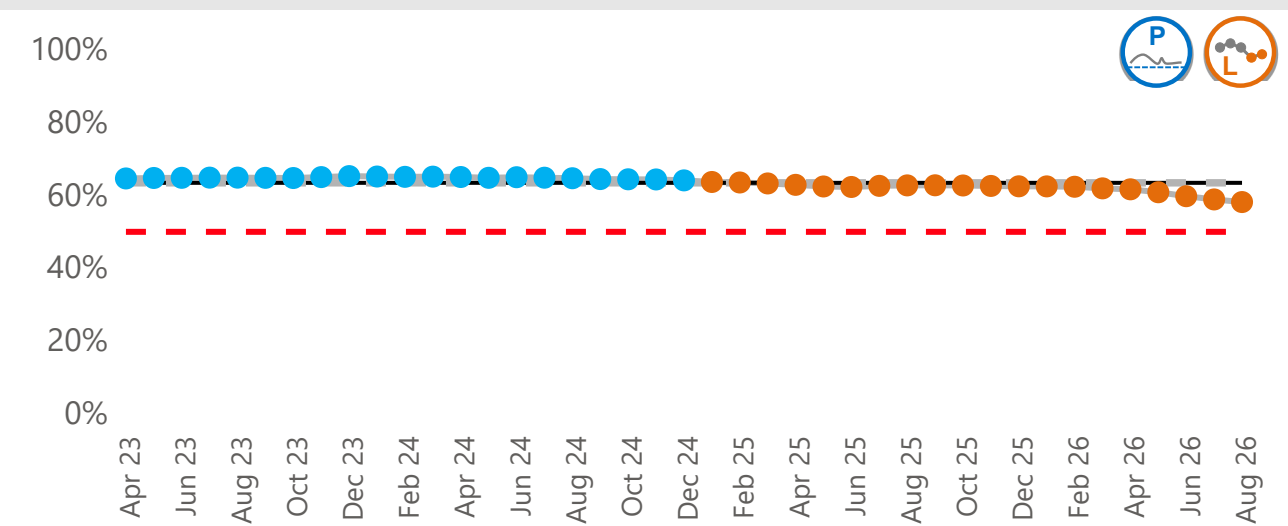
The Statistical Process Control (SPC) chart shows that in August 2026 due to the continued dip in performance we remain in a period of special cause deteriorating variation (something is happening and should be investigated). We are expected to meet the target against this metric.

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



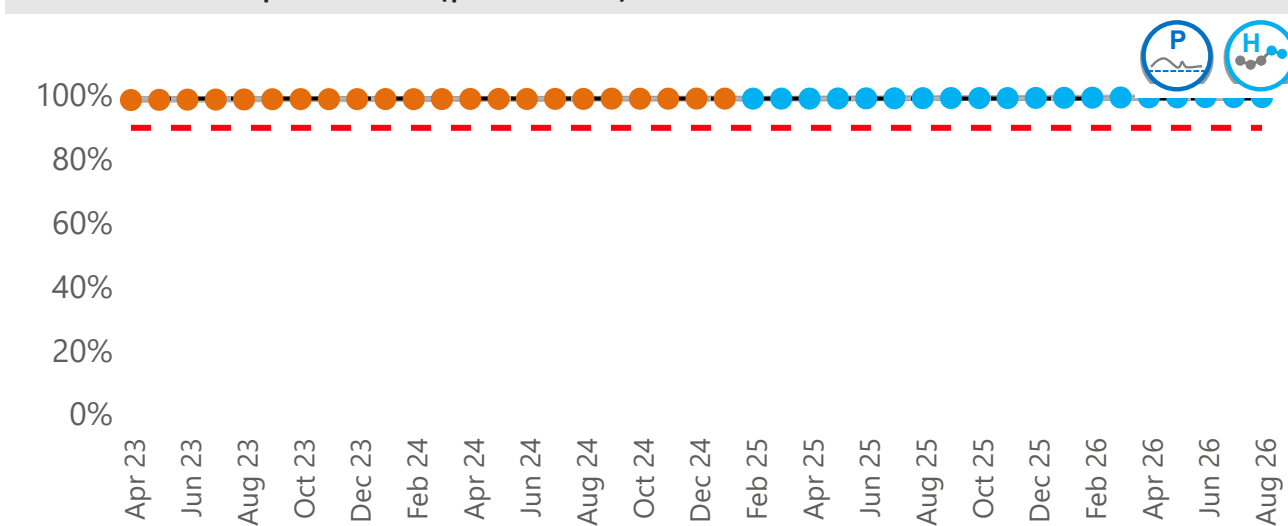
The SPC chart shows that in August 2026 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months. We are expected to meet the target against this metric. There are a number of service lines where data quality has reduced over the last 12 months and further work is being done to understand the contributing factors and direct improvement.

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



The SPC chart shows that in August 2026 we remain in a period of special cause deteriorating variation (something is happening and should be investigated) following a sustained decline in performance over the past 12 months. We are expected to meet the target against this metric. There are a number of service lines where data quality has reduced over the last 12 months and further work is being done to understand the reasons for this.

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



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

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

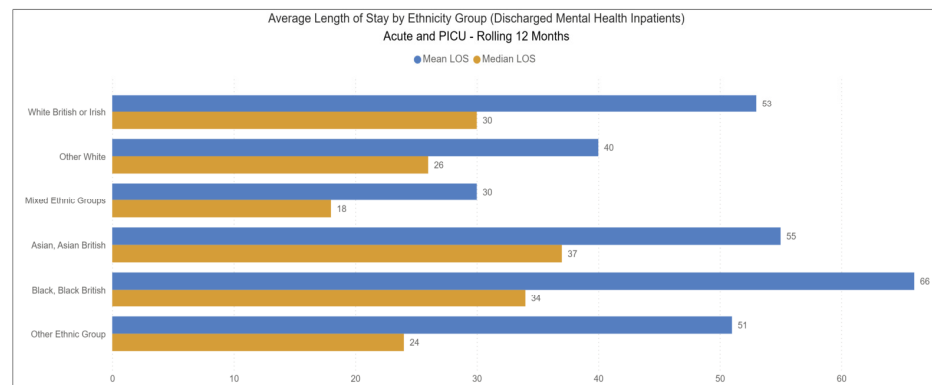
Reducing Inequalities

The charts show the mean and median average lengths of stay (ALOS) for our Acute and PICU, adult and older adults wards, for the previous rolling 12 months (excluding out of area stays). This data is calculated at the point of discharge and is therefore affected by skew where a patient is discharged following an extended LoS.

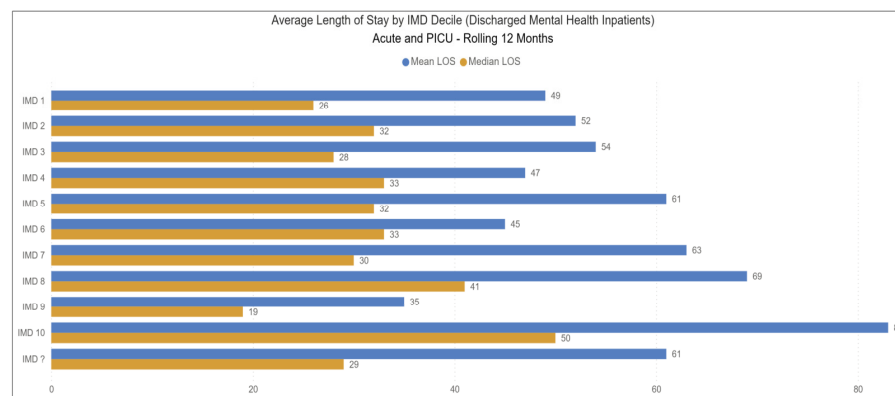
Our review of inpatient length of stay (LoS) data highlights important patterns. Employing our quality improvement methodology and data driven approach we have been able to identify opportunities for further understanding. Examining variance of the median LoS (alongside the traditional National measure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

Differences in admission practices i.e. formal (compulsory) and informal (voluntary) also appear to influence LoS, with compulsory admissions tending to require more intensive interventions and longer discharge planning. Similarly, discharge approaches differ, with patients facing socioeconomic challenges or limited community support experiencing delays. Using the Trust's improvement methodology, insights are being derived and helping to identify systemic drivers and opportunities for change. Work is currently underway to engage with service users to understand their experiences. The first phase of this work is to engage with service users who have been admitted via A&E. The findings from this work will continue to be shared with the Acute Pathways and Inpatient Improvement Programme Steering Group and the Improving Access to Care Group to ensure informed decision making and opportunities for sharing good practice can be maximised. This will help us to plan and generate ideas that will inform targeted actions, ensuring that improvements in admission and discharge processes, culturally competent care, and partnership working are embedded across services.

The current inpatient LOS chart should be interpreted with caution. It is a snapshot of people currently in hospital and is influenced by the number and timing of admissions into each ethnic group. Higher volumes of recent admissions in the White British population will tend to reduce the median current LOS. Cross checking against the analysis of discharged patients provides the other side of the picture and a more complete and robust comparison of LOS between groups, because it is not affected by current admission volumes.



	White British or Irish	Other White	Mixed ethnic groups	Asian, Asian British	Black, Black British	Other ethnic group
Number of discharged inpatients	1,249	39	39	177	56	40



	IMD1	IMD2	IMD3	IMD4	IMD5	IMD6	IMD7	IMD8	IMD9	IMD10
Number of discharged inpatients	377	370	162	171	122	85	74	79	57	20

Summary

Quality & Safety

People

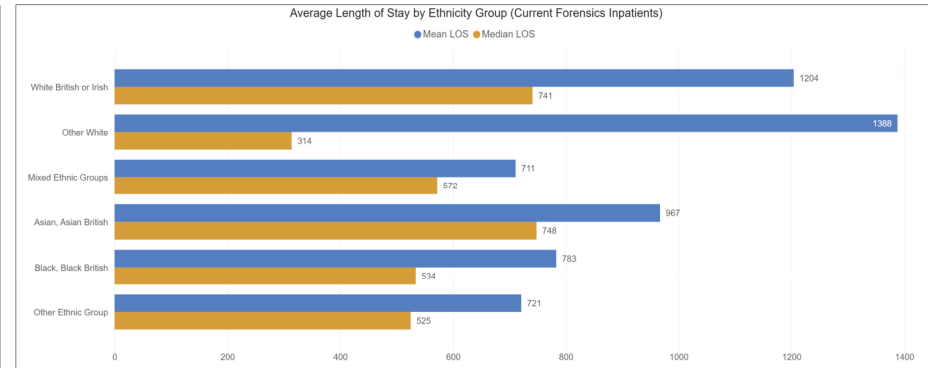
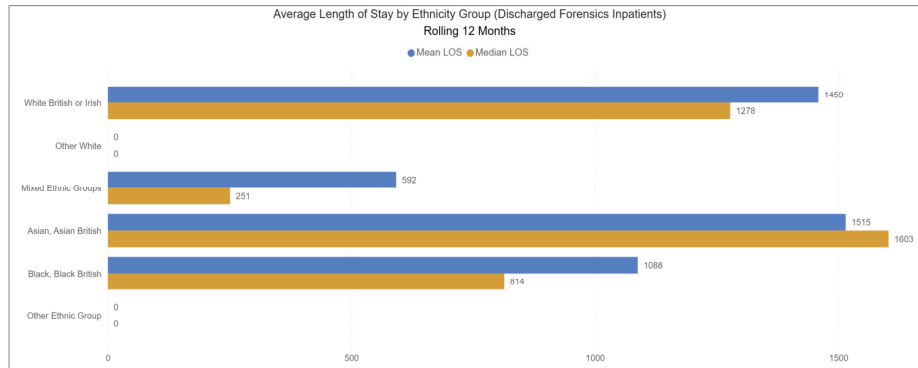
National Metrics

Care Groups

Ward Detail

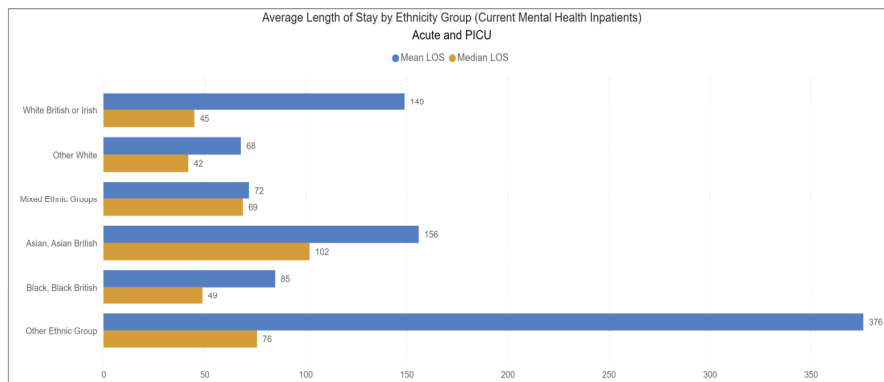
Finance/ Contracts

Reducing Inequalities

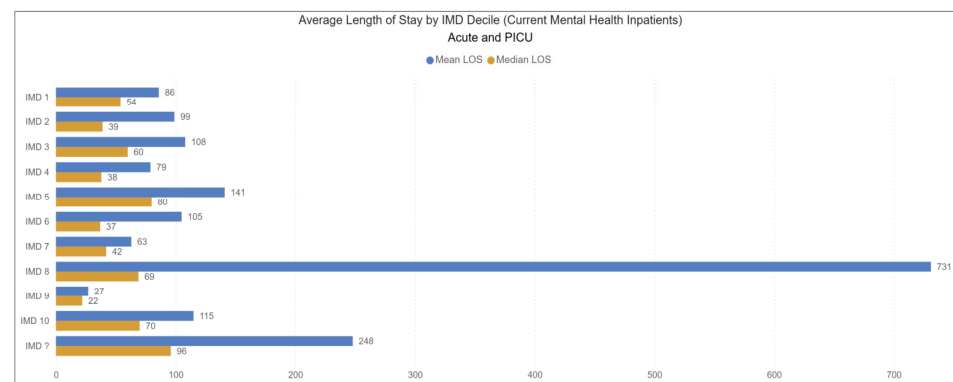


	White British or Irish	Other White	Mixed ethnic groups	Asian, Asian British	Black, Black British	Other ethnic group
Number of discharged inpatients	33	0	3	6	5	0

	White British or Irish	Other White	Mixed ethnic groups	Asian, Asian British	Black, Black British	Other ethnic group
Number of current inpatients	137	5	11	21	28	15



	White British or Irish	Other White	Mixed ethnic groups	Asian, Asian British	Black, Black British	Other ethnic group
Number of current inpatients	216	6	7	31	12	8



	IMD1	IMD2	IMD3	IMD4	IMD5	IMD6	IMD7	IMD8	IMD9	IMD10
Number of current inpatients	62	60	27	25	27	18	14	21	8	6

Summary

Quality & Safety

People

National Metrics

Care Groups

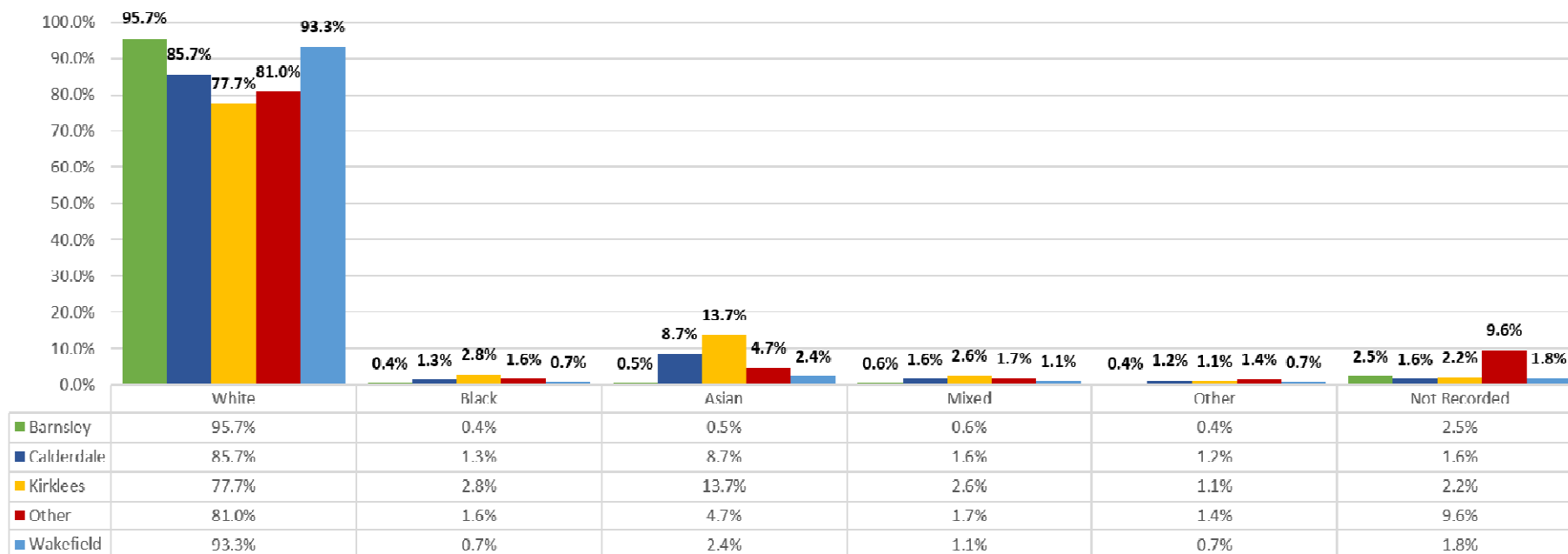
Ward Detail

Finance/ Contracts

Reducing Inequalities

The chart below show the number of patients on the caseload of our community mental health teams as a proportion of the respective populations split by ethnic group and place. This data can be considered against the population information on page 1 of the inequalities section.

Community Mental Health Caseload by Ethnic Group and Place - 12 Months Rolling



Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

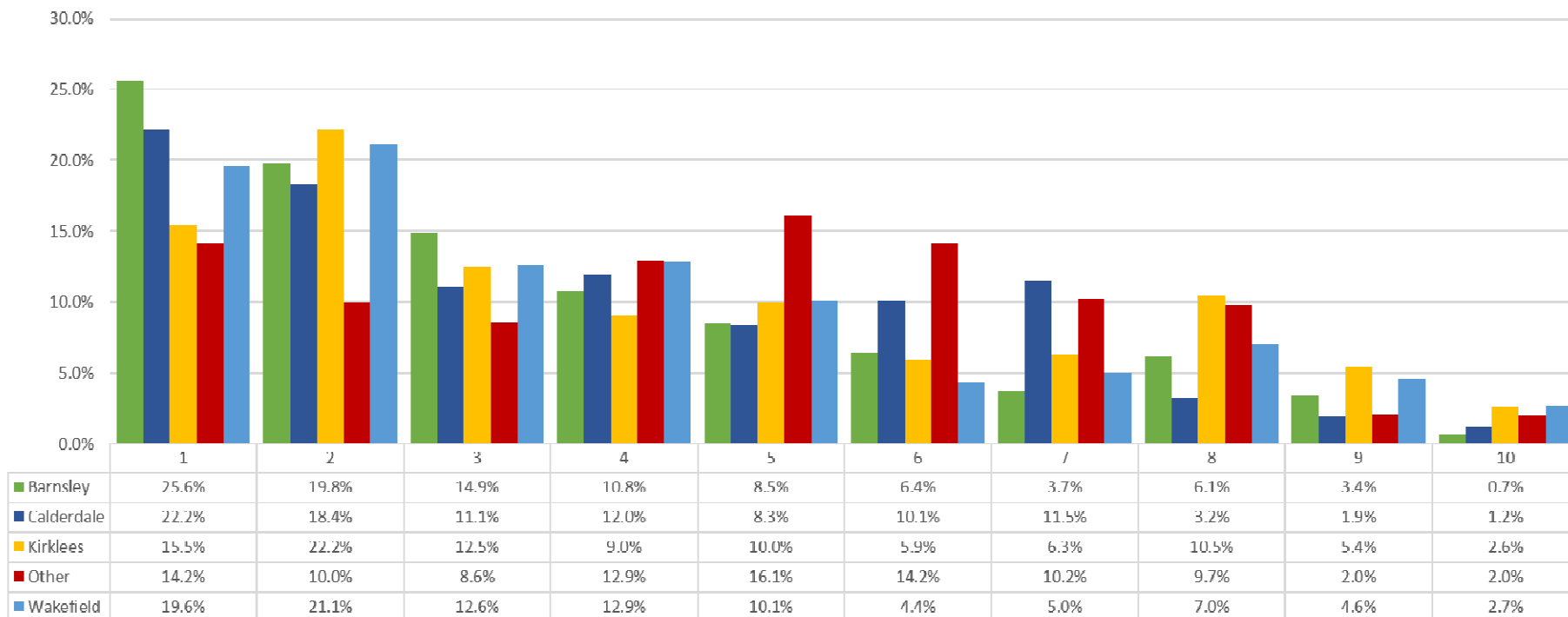
Finance/ Contracts

Reducing Inequalities

The chart below shows the average caseload duration for patients on the caseload of a MH community health team across all levels of socioeconomic deprivation (indices of multiple deprivation - IMD) as described on page 1.

The purpose of this data is to help us understand how differences may vary across IMDs and in the broader context of how any difference may be influenced across our Places.

Community Mental Health Caseload by Deprivation and Place - 12 Months Rolling



Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/
Contracts

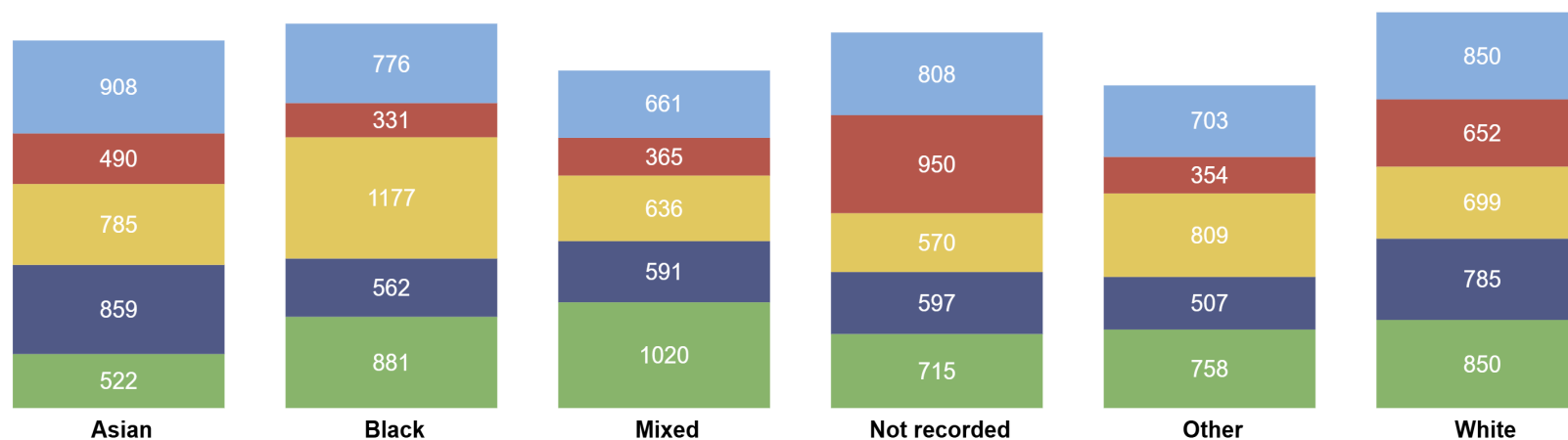
Reducing Inequalities

The charts below show the average caseload length (days) for the group of patients on a community mental health caseload split by ethnic group, and deprivation decile, and also split by Place. We can see that the pattern of lower duration on caseload in IMD10 is mirrored accross all our places. Further work is underway to direct future work but it is important to remember that for the data on this page, the different number of service users in each group (IMD or ethnicity) is different in each place and comparisons are therefore representative, rather than a direct comparison.

In line with the data on page 3 of this inequaitties section it is critical that our data is as complete as possible. Further work is underway to identify areas requiring improvement in the completion of their ethnicity data that is shown as Not Recorded on this page.

Average Days on Caseload Split by Ethnic Group and Place - Mental Health Rolling 12 Months

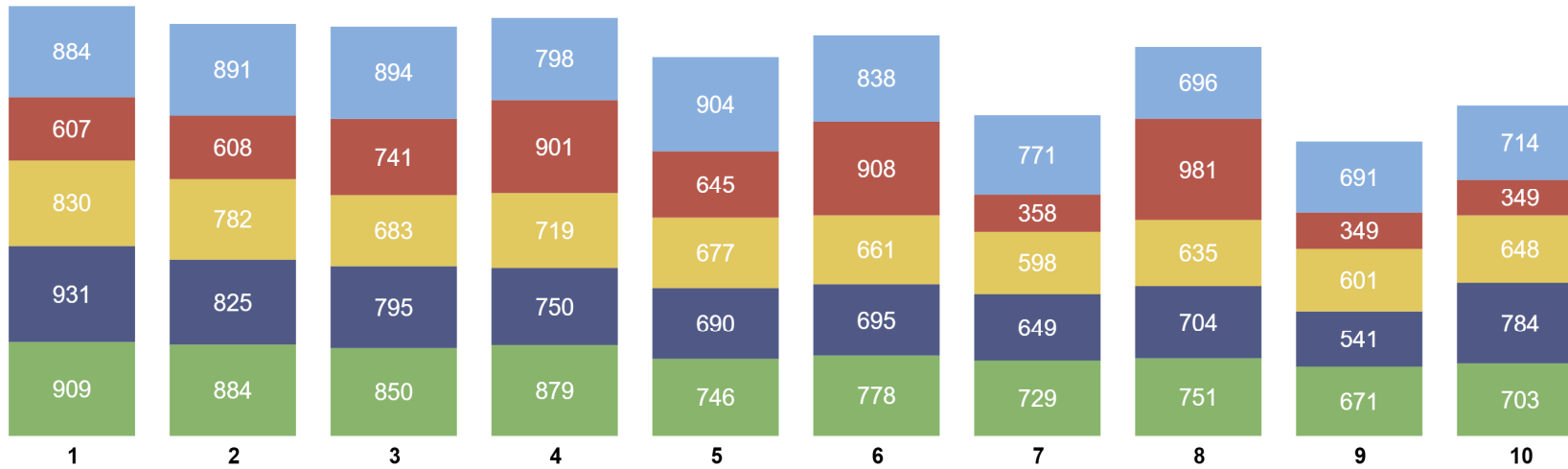
Place ● Barnsley ● Calderdale ● Kirklees ● Other ● Wakefield



	Asian, Asian British	Black, Black British	Mixed ethnic groups	Not Recorded	Other ethnic group	White British or Irish
Number of patients on caseload	14,583	3,259	3,520	5,691	1,960	213,802

Average Days on Caseload Split by Deprivation Decile and Place - Mental Health Rolling 12 Months

Place ● Barnsley ● Calderdale ● Kirklees ● Other ● Wakefield



	IMD1	IMD2	IMD3	IMD4	IMD5	IMD6	IMD7	IMD8	IMD9	IMD10
Number of patients on caseload	47,511	48,231	30,354	26,257	22,645	15,021	14,217	17,400	9,646	4,597

Summary	Quality & Safety	People	National Metrics	Care Groups	Ward Detail	Finance/ Contracts
---------	------------------	---------------	------------------	-------------	-------------	--------------------

People - Performance Wall

Trust Performance Wall

	Strategic Objective	CQC Domain	Threshold	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
Vacancy Rate	Best place to work and learn	Well led	8%	ing Commenced Ap	6.4%	6.6%	6.2%	5.9%	6.1%
Turnover external (12 months rolling)	Best place to work and learn	Well led	25/26 - 13% 26/27 - 10%	8.2%	8.4%	9.3%	9.0%	8.7%	8.3%
Starters	Best place to work and learn	Well led	-	39.0	37.3	14.8	39.6	38.9	50.8
Leavers	Best place to work and learn	Well led	-	36.2	28.9	39.3	25.7	36.2	55.9
Proportion of staff in senior leadership roles who are from ethnic minority background (relates to staff in post band 7 and above, excludes bank staff and medics) *	Best place to work and learn	Well led	-	131 (11.2%)	132 (11.2%)	134 (11.4%)	132 (11.2%)	133 (11.3%)	130 (11.1%)
Proportion of staff in senior leadership roles who were women (relates to staff in posts band 7 and above, excludes bank staff)	Best place to work and learn	Well led	-	986 (72.2%)	985 (72.3%)	985 (72.3%)	985 (72.4%)	987 (72.5%)	992 (72.8%)
Sickness absence - Year-to-Date (YTD)	Best place to work and learn	Well led	<=5%	5.4%	4.9%	4.9%	5.0%	5.1%	5.3%
Sickness absence - Month	Best place to work and learn	Well led		4.9%	4.9%	4.8%	5.2%	5.6%	5.7%
Appraisals - rolling 12 months	Best place to work and learn	Well led	90%	88.7%	92.2%	92.8%	93.5%	93.3%	94.5%
Appraisals completed within timeline (end of September 2026)	Best place to work and learn	Well led							80.3%
Carbon Impact (tonnes CO2e) - business miles	Best use of resources	Well led	<76	60	64	65	64	68	69
Number of sexual safety incidents against staff - staff on staff (source People directorate)	Best place to work and learn	Safe	Trend Monitor	From April 2026	0	0	0	1	0
Mandatory Training - TOTAL	Best place to work and learn	Well led	>=80%	95.3%	95.2%	95.4%	95.0%	95.4%	95.3%

Our workforce supply

Turnover

July 2026 turnover was 8.3%, which is below the KPI target. Although our Forensics Care group is still above our KPI target (10.1%) this has reduced again since last month (10.9%) as a result of legacy turnover associated with planned workforce reduction at Cheswold Park last year.

Vacancy Rate

The vacancy rate has increased slightly in August 2026 (6.1%), driven by a higher number of Medical Rotations coming to an end. Our ongoing recruitment campaign for Clinical Support Workers are continuing to reduce our vacancies.

We are safe and healthy

Sickness Absence

Sickness absence performance for the month (at 5.7%) is comparable to our position at the same time last year (5.6%). At 5.3% our current YTD performance is above the level required to deliver the year-end target set out in the Workforce Plan (5.0%). As a result of strong performance in the previous months, our year-to-date sickness absence rate is only slightly higher than the planned trajectory needed to achieve the agreed year-end position. While this variance is relatively small, it highlights the need for continued focus on attendance improvement activities. The Sickness Absence Reduction Plan sets out a range of targeted interventions designed to address the key drivers of absence, support employee wellbeing, and strengthen management of attendance aligned to our planned thresholds.

Employee Relations

Although there are currently three suspensions exceeding 90 days, all cases are actively reviewed by the Deputy Chief People Officer in collaboration with the People Relations team to ensure appropriate oversight and progress. It is expected that the Suspensions will be concluded by the end of September 26

We are compassionate and inclusive

Appraisal Compliance

In August 2026, appraisal compliance was 94.5%, achieving the Trust's KPI target. This figure includes a number of employees who are due an appraisal and are currently transitioning to the new appraisal window system. All outstanding appraisals are expected to be completed by the end of September 2026, Performance against this, as at 24th September was 80.4% which evidences the amount of work that has taken place across the Trust as part of the transition to the new system. We are providing leadership teams with data showing their progress towards achieving this and they are routinely reviewing their progress as part of localised governance. The Forensic Care Group still remains below the KPI target, with a compliance rate of 86.4%, however improvements continue.

Training Compliance

At trust level, we are achieving overall compliance and following a focus on Information Governance we are now achieving compliance at Trust level in all individual topics. Information Governance does remain a hot spot within Forensics and LD, ASD where compliance is just below the threshold. A continued focus on improving compliance within these areas is expected to increase Information Governance compliance and further strengthen overall Trust performance.

Summary

Quality & Safety

People

National Metrics

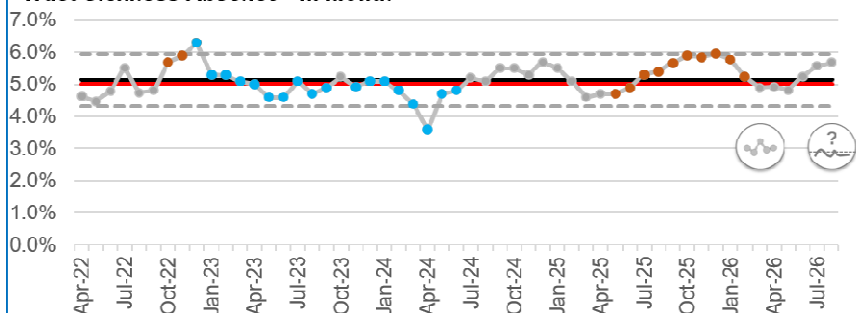
Care Groups

Ward Detail

Finance/ Contracts

Statistical process control charts

Trust Sickness Absence - In Month

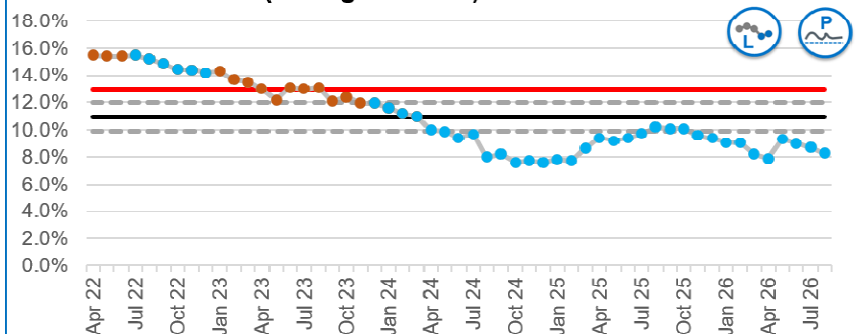


Sickness absence performance for the month (at 5.7%) is comparable to our position at the same time last year (5.6%). At 5.3% our current YTD performance is above the level required to deliver the year-end target set out in the Workforce Plan (5.0%). Please see previous page for detail and actions being undertaken.

The SPC chart shows that we remain a period of common cause variation.

From April 2025 this data includes Cheswold Park Hospital.

Trust Staff Turnover (Rolling 12 month)

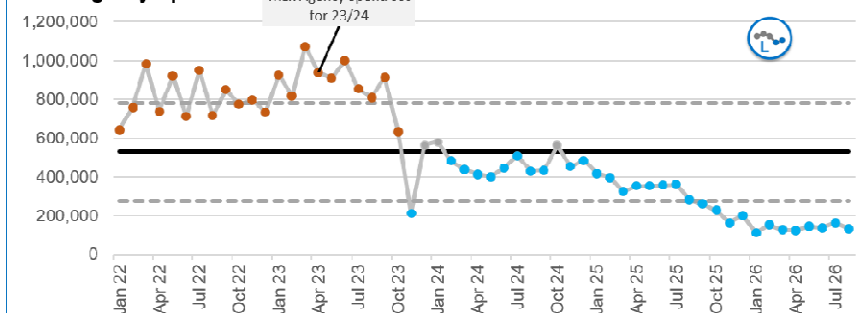


In August 2026 turnover was 8.3%, which is below the KPI target. Although our Forensics Care group is still above our KPI target (10.1%) this has reduced again since last month (10.9%) as a result of legacy turnover associated with planned workforce reduction at Cheswold Park last year.

The SPC chart shows that we remain a period of special cause improving variation.

From April 2025 this data includes Cheswold Park Hospital.

Trust Agency Spend



Agency spend, which continues to be limited to a small number of medical posts, has reduced from £162k to £130k in month. This is equivalent to 7.63 worked WTE. As monitored within the NOF this is 0.5% of the Trust year to date total pay bill.

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

From April 2025 this data includes Cheswold Park Hospital.

Please see the Finance Report for further information.

This section of the report includes the Trust performance against a range of national operational metrics including national priorities, operational planning and NHS Oversight Framework performance.

MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Jul 26	Aug 26
M1	Incomplete Referral to Treatment (RTT) pathways of 52 weeks or more	Best Quality	Responsive		0			0	0	0	0	0	0	0	0	0	0	0	0
M5	Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive		92%			97.2%	97.1%	97.8%	97.5%	96%	95.6%	96.4%	97.5%	97.5%	97.1%	97.1%	97.8%
M204	RTT waiting list within 18 weeks (monthly RTT data)	Best Quality	Responsive		3680			4554	4641	4514	4287	3868	3946	4162					
					4043										4273	4354	4454	4513	4602
M206	Diagnostic test activity	Best Quality	Responsive		190			305	273	247	263	294	235	265					
					193										249	205	277	218	173
M171	% Admissions gate kept by crisis resolution teams	Best Quality	Safe		95%			100%	98.9%	100%	100%	100%	100%	99.1%	100%	100%	98.2%	99.0%	99.0%
M2	Inappropriate out of area bed days	Best Quality	Responsive		0			234	155	97	76	52	28	73	90	82	137	116	87
M182	Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs)	Best Quality	Responsive		5			7	3	4	2	1	1	2	2	2	6	3	2
M7	72 hour follow-up from psychiatric in-patient care	Best Quality	Safe		80%			88.2%	89.0%	87.8%	87.6%	91.1%	87.7%	87.3%	86.5%	87.2%	86.8%	90%	92.0%
M3	Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Best Quality	Effective		60%			93.3%	94.6%	96.4%	96.9%	89.7%	96.4%	96.2%	85.3%	86.8%	90%	90.3%	100%
M33	% Service users on Care Programme Approach (CPA) having formal review within 12 months	Best Quality	Effective		95%			96.4%	96.9%	96.7%	97.4%	97.0%	96.6%	96.5%	95.9%	96.6%	97.3%	96.7%	95.9%
M34	% Clients in settled accommodation	Best Value	Effective		60%			82.8%	82.9%	83.3%	83.0%	83.0%	83.2%	83.2%	82.9%	83.4%	82.7%	83.0%	83.3%
M35	% Clients in employment	Best Value	Effective		10%			13.3%	13.6%	14.0%	13.7%	14.0%	14.1%	14.2%	14.1%	14.2%	13.6%	13.7%	13.4%
M8	Total bed days of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0			6	16	2	4	0	2	4	12	25	1	1	0
M9	Total number of Children and Younger People under 18 in adult inpatient wards	Best Quality	Safe		0			1	1	1	1	0	1	1	1	2	1	1	0

National Metrics

Data as of : 24/09/2026 13:33:53



MetricID	Metric	Strategic Objective	CQC Domain	Data Quality Rating	Target	Assurance	Variation	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26	Jul 26	Aug 26
M13	Children & Younger People with eating disorder - % URGENT cases accessing treatment within 1 week	Best Quality	Effective		95%			100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	85.7%
M14	Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks	Best Quality	Effective		95%			83.8%	94.4%	94.4%	92.9%	91.2%	100%	89.7%	95%	100%	92.3%	93.0%	95.3%
M47	Virtual ward occupancy	Best Quality	Responsive		80%			92%	74.7%	70.7%	72%	70.7%	85.3%	62.7%	108%	78.7%	86.7%	88%	77.3%
M188	Community services waiting list, over 52 weeks	Best Quality	Responsive		0			0	0	0	0	0	0	0	0	0	0	0	0
M30	Number of detentions under the Mental Health Act (MHA)	Best Quality	Safe					103	102	84	107	98	101	116	113	125	132	100	92
M31	Proportion of people detained under the Mental Health Act (MHA) who are of black or minority ethnic (BAME) origin	Best Quality	Responsive					24.3%	20.6%	17.9%	18.7%	23.5%	13.9%	22.4%	24.8%	24.8%	22.0%	14%	20.7%
M10	Talking Therapies - Treatment within 6 Weeks of referral	Best Quality	Effective		75%			99.5%	99.3%	99.4%	98.9%	97.7%	98.9%	98.6%	99.8%	99.6%	98.1%	99.0%	98.9%
M11	Talking Therapies - Treatment within 18 weeks of referral	Best Quality	Effective		95%			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
M23	Talking Therapies - Completion of outcome data for appropriate Service Users	Best Quality	Well Led		90%			99.5%	99.5%	99.4%	98.1%	99.1%	99.3%	99.5%	99.3%	99.0%	99.1%	98.6%	99.8%
M178	Talking Therapies - Reliable Recovery	Best Quality	Effective		48%			52.5%	52.9%	48.7%	50.2%	49.9%	50.6%	54.0%	56.8%	54.2%	52.5%	54.7%	50.6%
M179	Talking Therapies - Reliable Improvement	Best Quality	Effective		67%			70.4%	70.5%	72.2%	68.5%	68.9%	69.8%	71.7%	73.2%	72.8%	70.1%	72.1%	69.4%
M43	Community health services two hour urgent response standard	Best Quality			70%			92.0%	87.2%	89.5%	88.4%	88.2%	88.5%	91.2%	89.8%	90.6%	88.4%	88.5%	87.3%

National Metrics

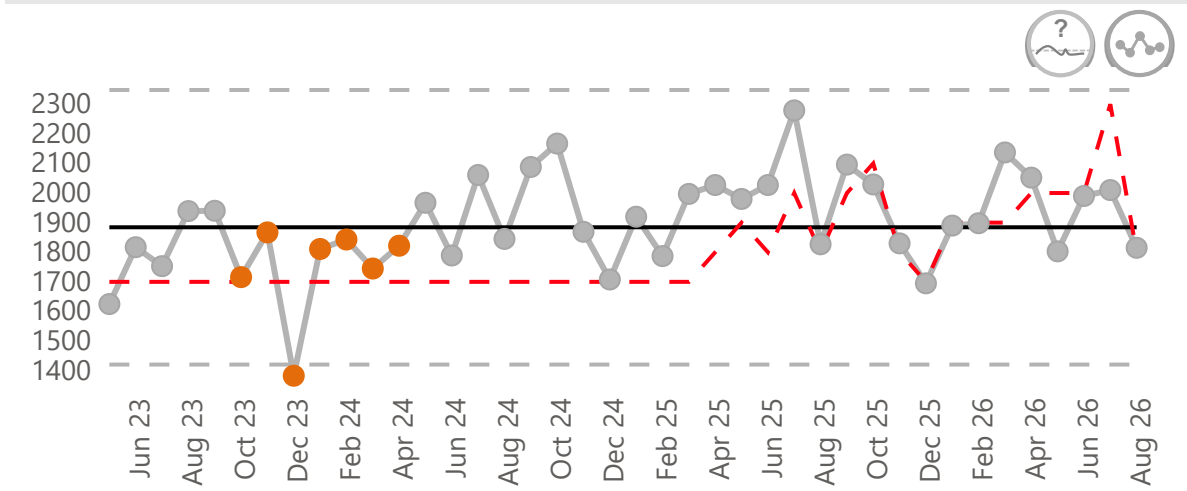
Data as of : 24/09/2026 13:33:53



The following metrics have Place based targets which have been updated for the 2026/2027 financial year. Data for the previous financial year therefore is no longer shown.

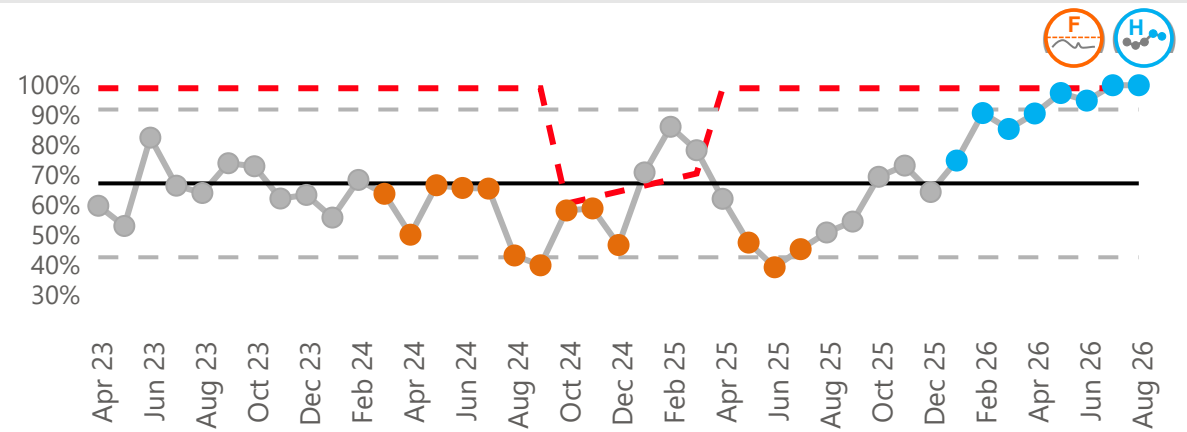
MetricID	Metric	Strategic Objective	CQC Domain	GroupCategory	GroupName	Target	Assurance	Variation	Apr 26	May 26	Jun 26	Jul 26	Aug 26
M4	Talking Therapies - proportion of people completing treatment who move to recovery	Best Quality	Effective	Trust	Trust	50%			59.9%	55.4%	55.0%	55.9%	53.0%
				Place	Barnsley	50%			59.4%	50.5%	52.8%	59.9%	49.4%
					Kirklees	50%			60.1%	58.9%	56.5%	53.3%	55.3%
M185	NHS Talking Therapies for anxiety and depression - number of adults and older adults completing treatment	Best Quality	Effective	Trust	Trust				571	514	579	631	474
				Place	Barnsley				219	206	218	236	177
					Kirklees				352	308	361	395	297
M50	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact - Rolling 12 months	Best Quality	Responsive	Trust	Trust	13400			15103	15085	15082	14934	14841
				Place	Barnsley	2900			2746	2688	2614	2561	2519
					Calderdale	1400			1503	1470	1483	1472	1476
					Kirklees	4800			5252	5304	5386	5380	5366
					Wakefield	4300			4774	4797	4765	4687	4655
M181	Women Accessing Specialist Community Perinatal Mental Health Services	Best Quality	Responsive	Trust	Trust				2099	2032	1969	1912	1882
				Place	Barnsley	283			344	333	334	322	314
					Calderdale	247			311	287	282	280	272
					Kirklees	541			760	739	711	684	679
					Wakefield	406			574	561	536	514	502

M184 - New RTT pathways (clock starts)



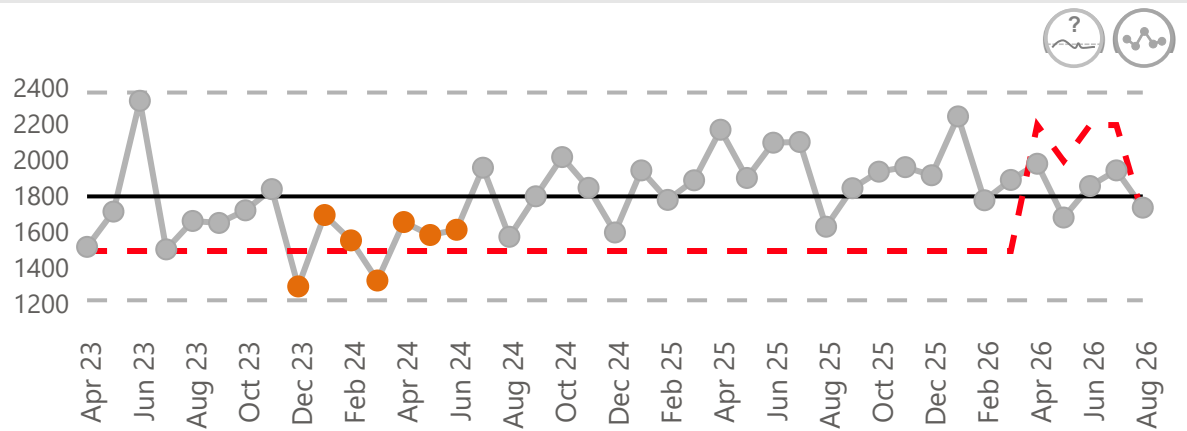
The Statistical Process Control (SPC) chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers. A new moving target is in place for 2025/26.

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



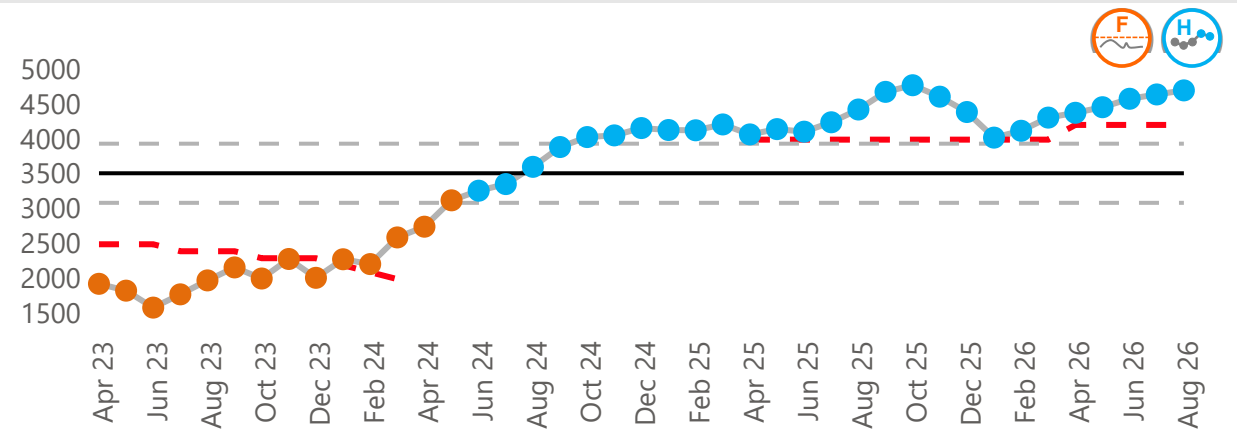
The SPC chart shows that we have entered a period of special cause improving variation (something is happening and should be investigated). Though we are not expected the meet the target of 99%.

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



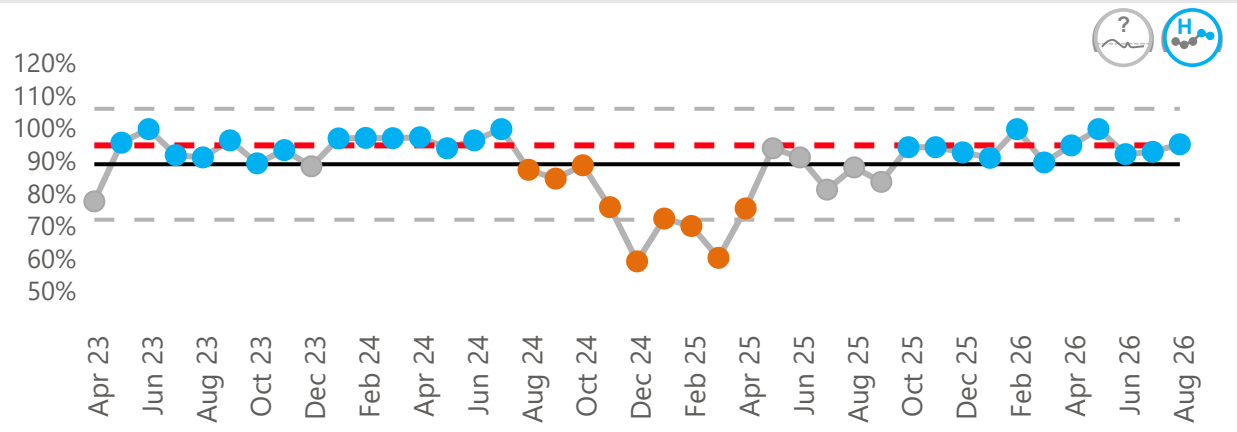
The SPC chart shows that we remain in a period of common cause variation (no concern). Whether we will meet the target cannot be established due to the previous fluctuations in numbers this time last year.

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

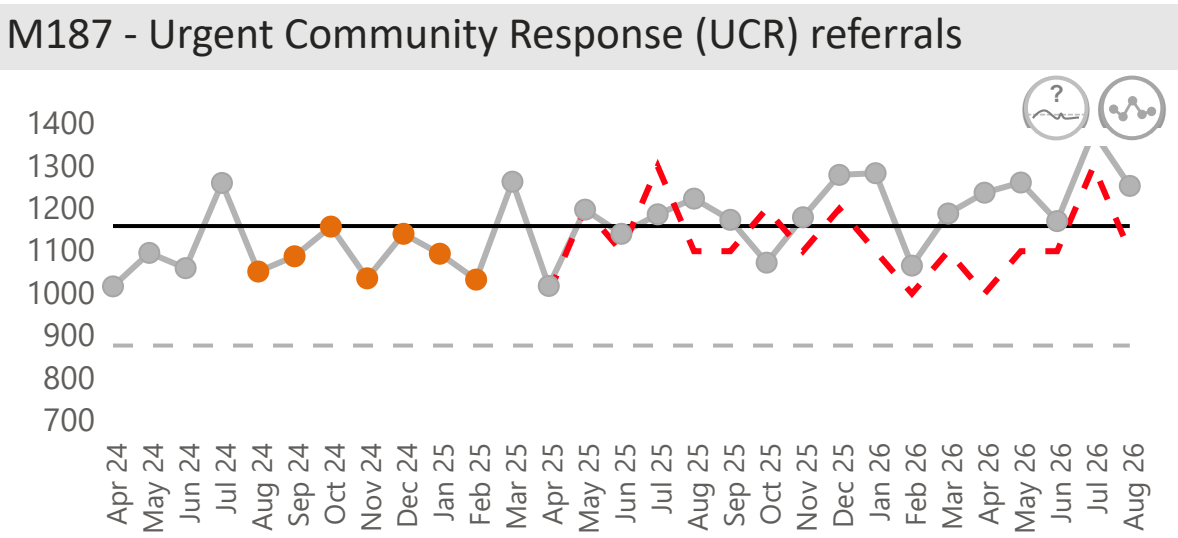


The SPC chart shows that we remain in a period of special cause concerning variation (something is happening and should be investigated) following a sustained increase in numbers of incomplete pathways over the past 12 months. We are not currently forecast to meet the target though current performance is above the target.

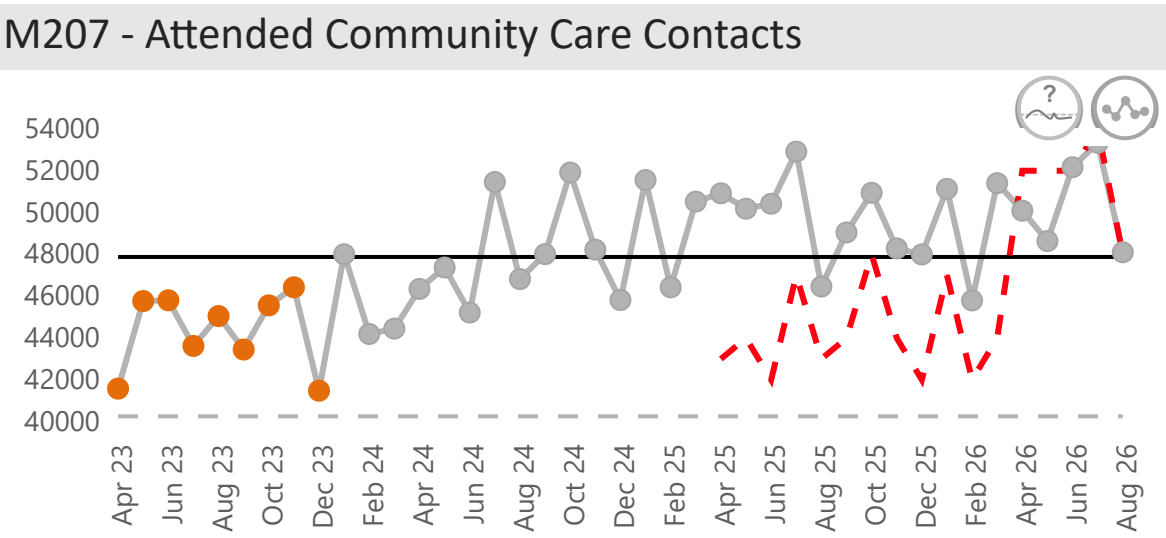
M14 - Children & Younger People with eating disorder - % ROUTINE cases accessing treatment within 4 weeks



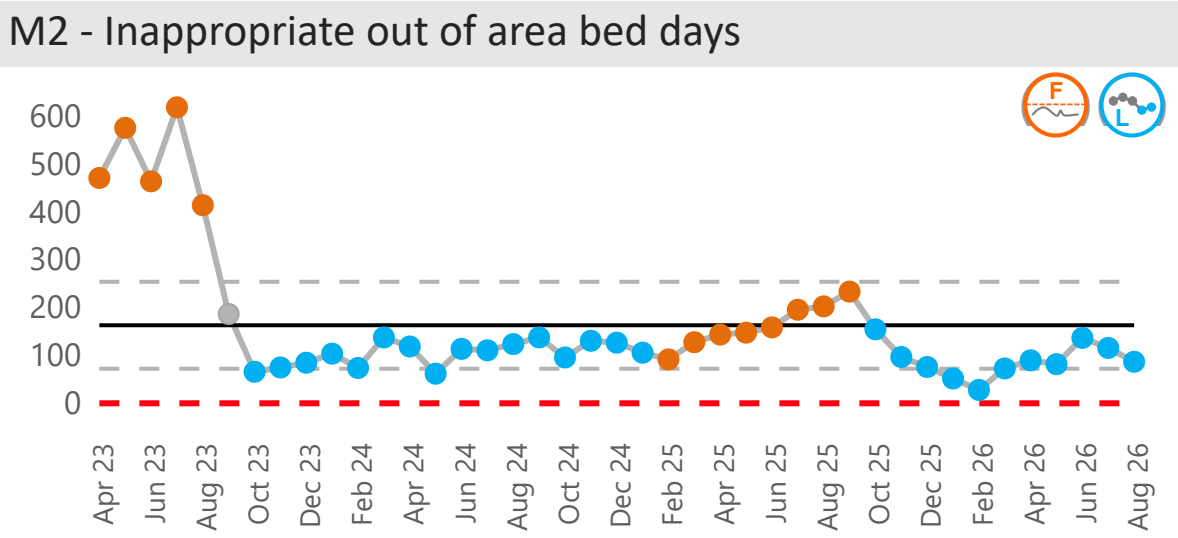
The SPC chart shows that we have entered a period of special cause improving variation (something is happening and should be investigated) following a continued increase in performance.



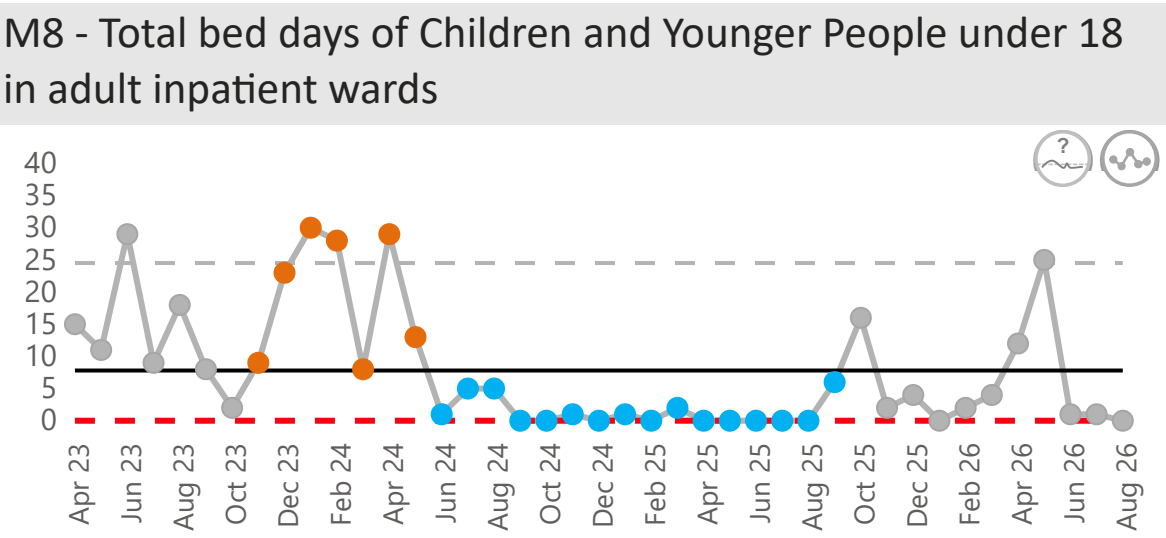
The SPC chart shows that we remain in a period of common cause variation (no concern).



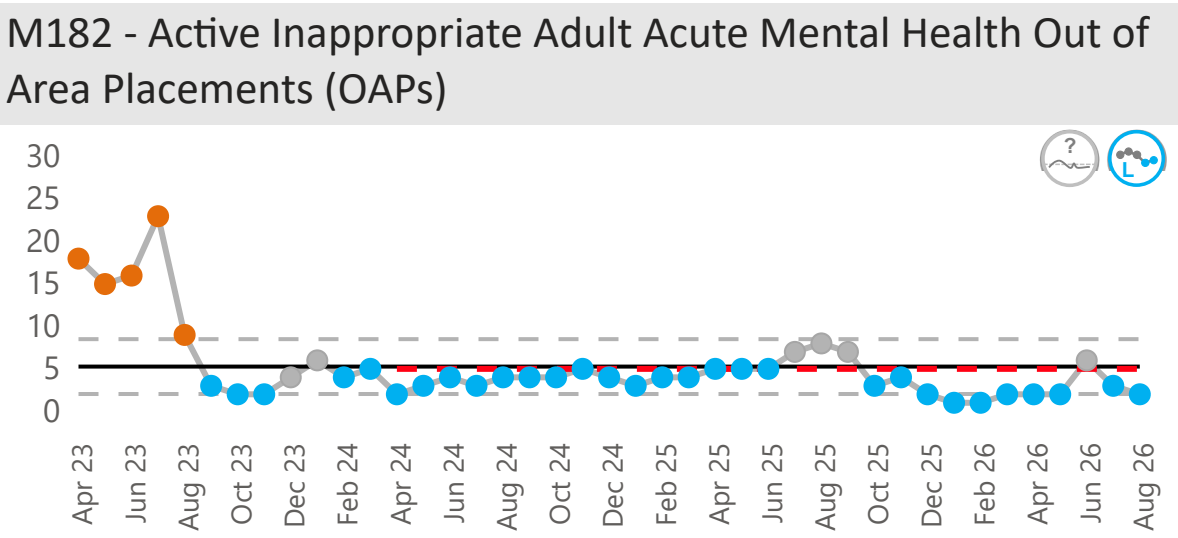
The SPC chart shows that we remain in a period of common cause variation (no concern).



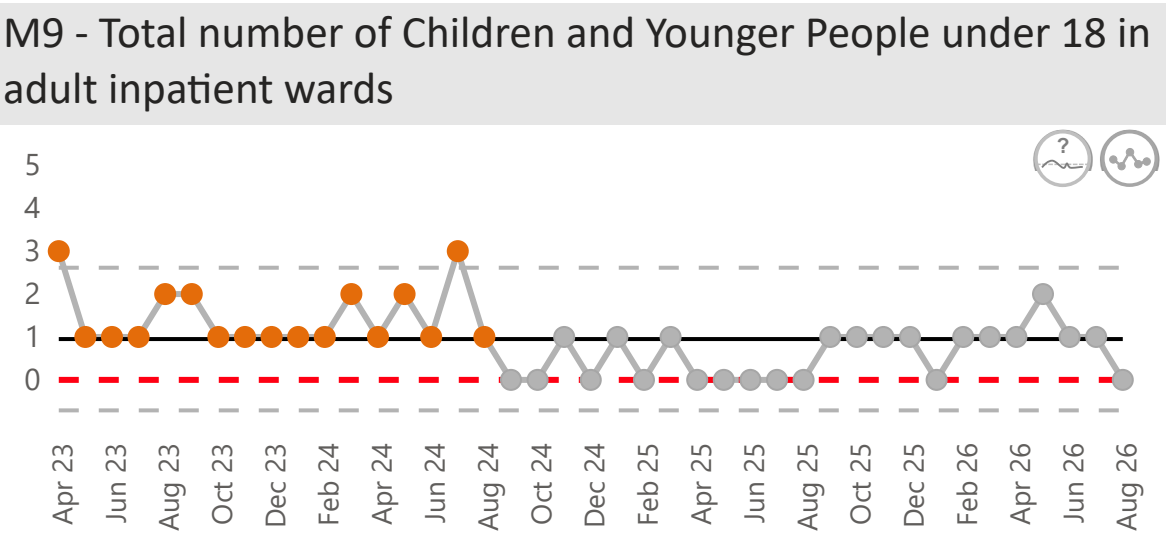
The SPC chart shows that due to the continued improvement in the number of out of area bed days we remain in a period of special cause improving variation (something is happening and should be investigated). Though we are still not anticipated to achieve the target of zero.



The SPC chart shows we remain in common cause variation (no concern).



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



There were no admission of an under 18 year old to an adult mental health ward in August.

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.

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

- M8 & M9 - There were no admissions of an under 18 year old to an adult mental health ward in August. It is recognised that any admission of an individual under 18 is due to the national unavailability of an appropriate 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.
- M2 - The number of out of area bed placements remains amongst the lowest in the North-East, Yorkshire and Humber region. At the end of August, the Trust had two service users placed in an inappropriate out of area bed with 87 bed days used over the month. 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.
- M13 & M14 - The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within four weeks was 85.7% in August. One urgent referral was not seen within the one-week target. An appointment was offered within the timeframe but the family declined and chose a later date. The routine access to treatment measure achieved 95.3%, which also related to one person not seen in time.
- M47 - Virtual Ward occupancy rate is 77.3% in August which is just below the target of 80%. For most of August, Frailty virtual ward (VW) has been near to, or over capacity. Frailty VW onboarding has been capped at 50 during a large part of August, accepting hospital avoidance/admission avoidance referrals only so that the pathway can continue to operate safely set against clinical capacity. Respiratory VW has been significantly below the occupancy target for the last two weeks in August which mirrors seasonal trends for the same period in the last 2 years. Respiratory continues to be our least utilised pathway and there is still further work to do alongside the acute trust and community colleagues to maximise use of this pathway for appropriate patients.
- M6 - The percentage of service users waiting for a diagnostic appointment (Paediatric Audiology service only) within 6 weeks has achieved 100% in August. The continued increased in performance has meant that we remain in a period of special cause improving variation (something is happening and should be investigated).
- Reduction in our mental health length of stays are now split between adult acute and psychiatric intensive care unit (PICU), and older people. The Trust has set itself a target to reduce adult acute lengths of stay by 10% by the end of March 2027 from an August 2025 baseline. At Trust level, we are slightly below our forecast position for August for adult and PICU lengths of stay (49.9 days against a forecast of 47.6 days) but are better than forecast for older peoples' lengths of stay (77.4 days against a forecast of 79.6 days). It is important to note that the performance will be affected by discharges of patients with particularly long lengths of stay and this may be impacted by the availability of external factors as identified when we highlight our performance against the clinically ready for discharge metric.
- Performance against number of patients accessing Individual Placement Support services is monitored at Place level and is an operational planning activity metric. IPS services help people with severe mental illness gain and maintain paid employment. This metric counts the number of people who have accessed the service over a rolling 12 month period. Calderdale - performance is impacted by primary care activity not currently being captured in reporting, resulting in under-representation of actual activity. Service growth has also been affected by workforce challenges including sickness absence and vacancies. Kirklees - primary care IPS provision has been delayed due to unresolved governance requirements, including data sharing and MoU, impacting on activity. Service growth is also affected by vacancies, again impacting on reported activity.
- As a whole our community services are achieving the national expectation of 78% of being seen within 18 weeks, achieving 95.1% in August. We do however, continue to have some long waiters in our Children’s Speech and language (SALT) therapy service though we have met the target in August with 80.3% of CYP waiting 18 weeks or less against a target of 78% by March 2027.

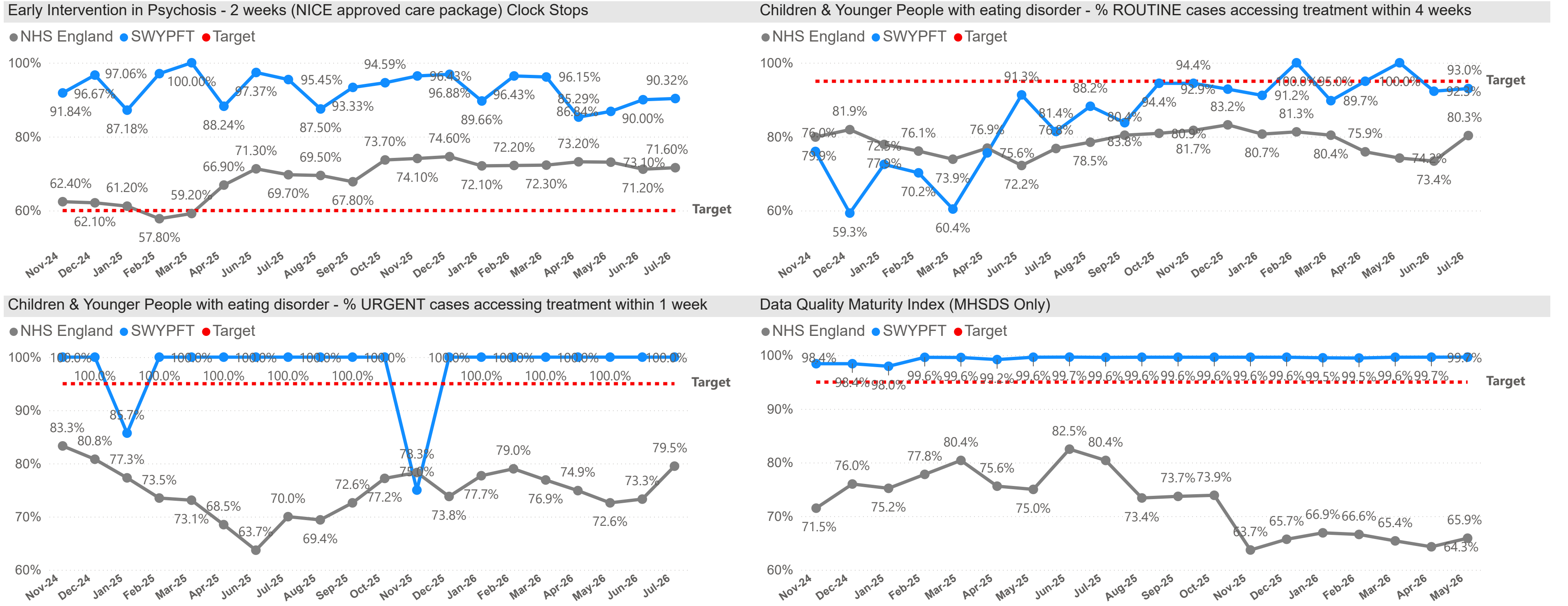
Benchmarking Metrics

Data as of : 24/09/2026 13:33:53

NHS

South West
Yorkshire Partnership
NHS Foundation Trust

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



Summary	Quality & Safety	People	National Metrics	Care Groups	Ward Detail	Finance/ Contracts
---------	------------------	--------	-------------------------	-------------	-------------	--------------------

KPI	Strategic Objective	CQC Domain	Target	Jun-26	Jul-26	Aug-26
Number of Children and Young People with mental health waits over 104 weeks (help-based clock stop) at the end of the reporting period - Trust	Best Quality	Responsive	Jun - 447 Jul - 443 Aug - 439	445 (16%)	450 (17%)	Due October 2026
Number of Children and Young People with mental health waits over 104 weeks (help-based clock stop) at the end of the reporting period - Barnsley	Best Quality	Responsive	Jun - 82 Jul - 81 Aug - 81	Breakdown available from July 2026	78	
Number of Children and Young People with mental health waits over 104 weeks (help-based clock stop) at the end of the reporting period - Calderdale	Best Quality	Responsive	Jun -44 Jul - 43 Aug - 43		73	
Number of Children and Young People with mental health waits over 104 weeks (help-based clock stop) at the end of the reporting period - Kirklees	Best Quality	Responsive	Jun - 223 Jul - 213 Aug - 202		244	
Number of Children and Young People with mental health waits over 104 weeks (help-based clock stop) at the end of the reporting period - Wakefield	Best Quality	Responsive	Jun -35 Jul - 34 Aug - 34		20	
Average Length of Stay for Patients in Adult Acute and PICU Mental Health Beds (3 months rolling) - Trust	Best Quality	Responsive	Jun - 47.1 Jul - 48.3 Aug - 47.6	47.7	47.6	49.9
Average Length of Stay for Patients in Adult Acute and PICU Mental Health Beds (3 months rolling) - South Yorkshire	Best Quality	Responsive	Jun - 56.7 Jul - 56.7 Aug - 58.6	46.0	37.5	38.6
Average Length of Stay for Patients in Adult Acute and PICU Mental Health Beds (3 months rolling) - West Yorkshire	Best Quality	Responsive	Jun - 43.8 Jul - 44.7 Aug - 44.3	44.0	47.9	49.3
Average Length of Stay for Patients in Older Adult Acute Mental Health Beds (3 months rolling) - Trust	Best Quality	Responsive	Jun - 79.0 Jul - 80.1 Aug - 79.6	90.2	82.5	77.4
Average Length of Stay for Patients in Older Adult Acute Mental Health Beds (3 months rolling) - South Yorkshire	Best Quality	Responsive	Jun - 76.8 Jul - 70.8 Aug - 73.2	64.2	62.1	64.6
Average Length of Stay for Patients in Older Adult Acute Mental Health Beds (3 months rolling) - West Yorkshire	Best Quality	Responsive	Jun - 76.1 Jul - 77.5 Aug - 77.5	97.8	86.7	81.4

KPI	Strategic Objective	CQC Domain	Target	Jun-26	Jul-26	Aug-26
Access to Mental Health Support Teams Mental Teams in schools and colleges - Kirklees	Best Quality	Responsive	Jun - 860 Jul - 890 Aug - 890	1018	1017	1001
Access to Mental Health Support Teams Mental Teams in schools and colleges - Wakefield	Best Quality	Responsive	1300	1834	1801	1783
Number of patients accessing Individual Placement Support services - rolling 12-month - Calderdale	Best Quality	Responsive	Jun - 168 Jul - 174 Aug - 182	126	121	116
Number of patients accessing Individual Placement Support services - rolling 12-month - Kirklees	Best Quality	Responsive	Jun - 311 Jul - 318 Aug - 324	248	253	257
Number of patients accessing Individual Placement Support services - rolling 12-month - Wakefield	Best Quality	Responsive	Jun - 285 Jul - 304 Aug - 314	406	414	411
Percentage of people on entire waiting lists who are waiting 18 weeks or less	Best Quality	Responsive	78% by March 27	90.4%	92.7%	95.1%
Percentage of people on waiting lists for Adult Community Services per system who are waiting 18 weeks or less as proportion of entire Adult waiting list	Best Quality	Responsive	78% by March 27	97.4%	97.4%	97.7%
Percentage of people on waiting lists for CYP Community Services per system who are waiting 18 weeks or less as proportion of entire CYP waiting list	Best Quality	Responsive	78% by March 27	65.9%	71.1%	80.3%

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 August the following data quality issue has been identified in the reporting:

- The reporting for employment and accommodation shows 15.2% of records have missing employment and/or accommodation status with a further 1.7% that have an unknown employment status and 1.1% 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

Monthly performance against the national activity metrics for operational services can be seen in the dashboard. Where metrics have carried forward into 2026/27, there may have been a change in threshold, this is reflected in the dashboard. There are a number of new metrics related to operational planning for 2026/27 and these can also be seen in this section.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

NHS Oversight Framework 2026/27

NHS England published the oversight framework, methodology and draft technical guidance on 11th June relating to 2026/27. It is a one-year framework which will be reviewed and updated for 2027/28.

A greater number of metrics are applicable to the Trust during 2026/27. This has increased to 25 from 12. All metrics flow from existing national data flows.

Data on Trust performance against the applicable metrics is made publicly available via NHS England website <https://data.england.nhs.uk/nhs-oversight-framework/overview>. Quarter one data was published 11th September 2026. Trust performance against each of the metrics can be seen in the table below. The Trust's overall score for quarter 1 remains at segment 1. Performance against the measures in the 5 domains is strong compared to other providers and our average Trust score puts the Trust as ranked 5 out of 58 providers of non-acute hospitals (including Mental Health and Learning Disability, Community and Care Trusts).

South West Yorkshire Partnership Teaching NHS Foundation Trust					
Metric ID		National Threshold	Q1 performance	Q1 score	Q1 rank
OF0001	% of patients waiting less than 18 weeks for community care	Where an organisation's value is at or above 78% they will score 1.00. <i>All organisations with a value below 78% are scored evenly between 2.00 and 4.00 based on absolute percentage value ranked high to low (higher is better)</i>	90.40%	1.00	14/58
OF0005	Percentage of community services waiting list waiting over 52 weeks	Organisations are scored between 1.00 and 4.00 based on absolute % value ranked high to low (lower is better)	0%	1.00	1/58
OF0036	% of total open children's and young persons mental health related waits that are over 104 weeks	1.00: ≤5% 2.00: 6–11% 3.00: 12–29% 4.00: ≥30%	15.98%	3.00	15/58
OF2029	% of people accessing mental health services with at least 2 contacts and a paired patient reported outcome score (all ages)	Scored from the results of CYP and Adult/OPS		4.00	
	% of people accessing mental health services with at least 2 contacts and a paired patient reported outcome score (CYP)	1.00: ≤28% 2.00: 20-27% 3.00: 13-19% 4.00: ≤ 12%	16.42%		
	% of people accessing mental health services with at least 2 contacts and a paired patient reported outcome score (Adult / OPS)	1.00: ≥12% 2.00: 8 -11% 3.00: 4-7% 4.00: ≤ 3%	3.36%		
DOMAIN SCORE - Access to Services				2.25	
OF2035	National CQC community mental health survey overall experience rating			2.00	
OF2047	NHS staff survey advocacy rate		7.27	1.68	14/58
OF0093	Mean length of stay for adult acute and psychiatric intensive care unit patients (Days)	1.00: ≤40 2.00: 41–49 3.00: 50–70 4.00: ≥71	46	2.00	23/58
OF0095	Mean length of stay for older adult acute discharges (Days)	1.00: ≤73 2.00: 74–93 3.00: 94–125 4.00: ≥126	90	2.00	22/58
OF0077	% of intermediate care beds occupied by patients without criteria to reside		0.00%	1.00	1/58

Summary	Quality & Safety	People	National Metrics	Care Groups	Ward Detail	Finance/ Contracts
---------	------------------	--------	-------------------------	-------------	-------------	--------------------

Metric ID		National Threshold	Q1 performance	Q1 score	Q1 rank
DOMAIN SCORE - Experience of care				1.74	
OF0113	% of acute and rehabilitation adult discharges followed up within 72 hours	1.00: ≥80% 2.00: 71–79% 3.00: 63–70% 4.00: ≤62%	83.85%	1.00	28/58
OF0043	14 day readmission rate	1.00: ≤5% 2.00: 6–10% 3.00: 11–17% 4.00: ≥18%	4.73%	1.00	13/58
OF0060	% of mental health inpatients making a supported quit attempt with an in-house tobacco dependence treatment service	Organisations = 0% score 4.00. Remainder standardised from 1.00 – 3.00 on a continuous scale based on percentage (higher percentage is better)	69.23%	1.17	3/58
DOMAIN SCORE - Population health and inequalities and Effectiveness of care				1.06	
OF0061 & OF0062	NHS Staff Survey raising concerns sub-score (MHPRV)		6.86	1.74	15/58
OF0016	Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours	1.00: ≥80% 2.00: 71–79% 3.00: 45–70% 4.00: ≤44%	85.20%	1.00	10/58
DOMAIN SCORE - Patient Safety				1.37	
OF0082 & OF0083	Sickness absence rate		5.26%	2.13	14/58
OF0084	NHS Staff Survey engagement sub-score (MHPRV)		7.17	1.63	13/58
OF0102	National Education and Training Survey satisfaction rate		82.13%	1.52	20/58
OF0120	NHS staff standards score		7.81	2.21	24/58
OF0101	Healthcare Worker Flu Vaccination Rate		51.10%	2.15	16/58
OF0108	Temporary staffing cost relative band			3.00	
	Bank		4.00		
	Agency		1.00		
DOMAIN SCORE - People				2.11	
OF0076 and OF0079	<i>Planned surplus / deficit</i>		0.01% (1)		25/58
OF0078 and OF0081	<i>YTD surplus / deficit</i>		0% (1)		9/58
	Combined finance score			1.00	
OF0086	Relative cost difference	All organisations with a score of 100% or lower receive a score of 1.00. Remaining organisations are scored between 2.00 and 4.00 based on their absolute % value ranked low to high (Lower is better)	88.96%	1.00	9/58
OF0094	% of clinical trials set up within 90 days		50.00%	4.00	25/58
OF0096	Data Quality Maturity Index score		95.00%	1.81	21/58
DOMAIN SCORE - Finance, productivity and innovation				1.95	
Total score					
OVERALL AVERAGE SCORE		1.00: <1.94 2.00: 1.94-2.33 3.00: 2.34-2.77 4.00: >2.77		1.84	5/58
FINAL SEGMENTATION			1		

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

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.

NB: data in *italics* is provisional, this will be refreshed in the next report once final.

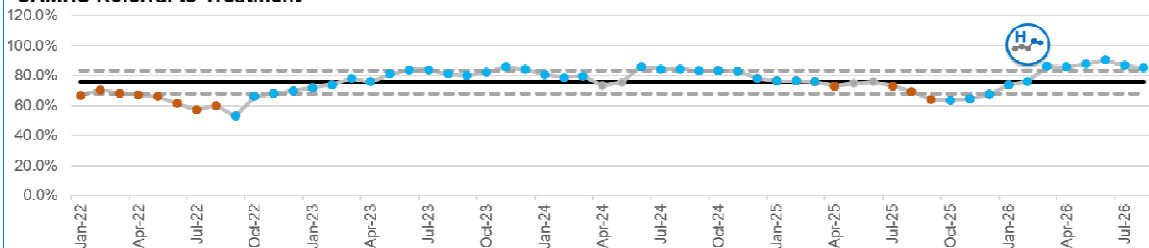
Child and Adolescent Mental Health Services (CAMHS)

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.

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Jul-26	Aug-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	93.2%	93.0%	92.9%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/5)	0% (0/4)	0% (0/5)	
% of staff receiving supervision within policy guidance - Clinical	Best place to work and learn	Well led	80%	86.5%	85.2%	78.5%	
% of staff receiving supervision within policy guidance - Management	Best place to work and learn	Well led	80%	79.4%	80.1%	70.3%	
CAMHS - Crisis Response 4 hours	Best Quality	Responsive	N/A	100.0%	100.0%	86.5%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.9%	83.7%	84.5%	
Eating Disorder - Routine clock stops	Best Quality	Effective	95%	92.3%	92.9%	95.3%	
Eating Disorder - Urgent/Emergency clock stops	Best Quality	Effective	95%	100.0%	100.0%	85.7%	
Information Governance training compliance	Best place to work and learn	Well led	>=95%	91.6%	95.0%	94.1%	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	92.1%	94.6%	91.7%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	4.8%	5.5%	5.2%	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	Best Quality	Responsive	126 days	732	711	700	
CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	Best Quality	Responsive	126 days	1,084	1,208	1,201	
Total number of reported incidents	Best Quality	Safe	Trend monitor	64	58	50	

CAMHS Referral to Treatment



In August 2026, the SPC chart indicates that we remain in a period of special cause improving variation (something is happening and this should be investigated). See narrative below for further information.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Alert/Action

- Kirklees CAMHS ADHD waiting list continues to rise due to increased referrals, Kirklees ICB RtC decision making, medical staffing vacancies and limited NMP support (0.6wte). Current longest wait (non-allocated appointment) is 92 weeks. Escalated to DoS and contracting colleagues.
- The service has identified issues with the Tier 4 inpatient bed provider for Calderdale, Kirklees and Wakefield with respect to communication and care planning. Community teams are not being involved as expected in ongoing risk assessment, care planning and discharge planning. This has been identified as a risk on the care group risk register.
- Barnsley CAMHS- continue to experience challenges with transitions to adult services for children and young people with ADHD and on prescribed medication. This is impacted by the current position regarding shared care agreements being taken by primary care. Discussions at place and with partners are ongoing. ADHD referrals for assessments are rising above capacity to deliver expectations; this compounds the challenge with patient flow through the pathway.
- There are system-wide barriers within the ADHD medication pathways across Barnsley, Calderdale and Kirklees which are preventing timely transition and discharge of young people from CAMHS to adult services includes, including transition and prescribing risk, patients remaining in CAMHS beyond commissioned age range is impacting on caseload capacity, medication licensing concerns and on the wider ADHD pathway including extended waits for children and young people. This has been escalated and discussed with partners & commissioners regarding transition and Shared Care challenges.
- Wakefield CAHMS ReACH Team and Primary Intervention Team (SPA), continues to experience challenges recruiting to posts. Both pathways remain red on the risk register due to long term sickness and vacancies awaiting recruitment. The Psychotherapy offer remains closed to internal referrals. The action plan remains in place and is monitored in the wait's improvement group. Waits are increasing but all long waiters have been allocated and all cases are risk assessed and care plans are in place.

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. Calderdale commissioners are considering business proposal for increasing capacity with Calderdale ADHD. Kirklees ICB commissioners have instructed GPs wishing to pursue Right to Choose pathway for ASD/ADHD assessments that these will need to be first screened by Kirklees CAMHS Neuro Assessment Service. This has led to an increase in referrals to the service and changes in practice for allocation to SWYFT ND assessment waiting list. Additionally, the increasing use of RtC by GPs is impacting on Kirklees CAMHS ADHD medication waiting list.
- Kirklees Keeping in Mind (KKiM) MHST (Mental Health Support into Schools) are in recruitment processes with positive application numbers to Trainee Education Mental Health Practitioners and are recruiting to existing vacancies within the team. September saw the mobilisation of NHSE MHST model realignment and successful application for Wave 16 funding. However, this remains a challenging time for the service.
- Kirklees & Calderdale medical workforce is currently running at 57% of establishment due to leavers and long-term sickness. Working with DoS and AMD Workforce to focus on recruitment of both substantive vacancies and temporary staffing. Reduced capacity for routine & emergency appointment and to cover medical on call.
- 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.

Assure

- The Sickness level across C&YP in August was 3.9%
- Secure CAMHS had positive Q1 feedback for the second year of our contract. The feedback from the NHSE commissioners and partners in the secure settings was very good with the service being referred to as "a gold standard CAMHS service".
- Mandatory training – overall training compliance across all mandatory training requirements for C&YP Services was 94.1%

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Mental Health Care Group

Headlines

Acute wards have continued to manage high levels of acuity.

General managers have a firm grip on sickness absence with staff being supported and managed in line with Trust policies. Community services sickness has been maintained under local threshold but there has been an increase across Mental Health inpatient services.

Mental Health Community

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Jul-26	Aug-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	96.5%	96.0%	96.3%	 
% Assessed within 14 days of referral (Routine)	Best Quality	Responsive	75%	87.4%	70.3%	75.2%	 
% Assessed within 4 hours (Crisis)	Best Quality	Responsive	90%	97.2%	97.8%	97.5%	 
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/15)	17% (3/18)	5% (1/21)	 
% of staff receiving supervision within policy guidance - Clinical	Best place to work and learn	Well led	80%	87.1%	87.6%	82.2%	
% of staff receiving supervision within policy guidance - Management	Best place to work and learn	Well led	80%	85.0%	84.8%	79.1%	
% service users followed up within 72 hours of discharge from inpatient care	Best Quality	Safe	80%	85.4%	90.0%	92.0%	 
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	97.3%	96.7%	95.3%	 
% Treated within 6 weeks of assessment (routine)	Best Quality	Responsive	70%	96.2%	97.5%	94.9%	 
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.6%	86.4%	81.6%	 
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95%	97.8%	97.4%	97.1%	 
Information Governance training compliance	Best place to work and learn	Well led	>=95%	95.1%	97.3%	95.3%	 
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	92.6%	94.4%	89.5%	 
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.0%	5.2%	5.7%	 
Access to Transformed Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - Trust	Best Quality	Responsive	Trend Monitor	13,194	13,147	13,150	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	157	143	146	

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Mental Health Inpatient

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Jul-26	Aug-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	96.1%	95.8%	95.0%	 
% Bed occupancy (excluding leave)	Best Quality	Safe	85%	91.5%	89.9%	91.6%	
% Bed occupancy (including leave)	Best Quality	Safe		97.4%	95.0%	98.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	14% (1/7)	0% (0/7)	50% (2/4)	 
% of staff receiving supervision within policy guidance - Clinical	Best place to work and learn	Well led	80%	81.0%	86.5%	77.0%	
% of staff receiving supervision within policy guidance - Management	Best place to work and learn	Well led	80%	79.1%	85.0%	75.8%	 
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.4%	87.3%	88.8%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.8%	5.9%	9.1%	 
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	90.1%	93.4%	94.0%	 
Inappropriate Out of Area Bed days	Best Quality	Responsive	155 (August)	137	116	87	 
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.1%	98.4%	98.1%	 
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	22	19	24	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	69	45	48	
Reducing Restrictive Practice Interventions (RRPI) training compliance	Best place to work and learn	Well led	>=80%	89.8%	91.3%	89.7%	 
Restraint incidents	Best Quality	Safe	Trend Monitor	139	76	89	
Safer staffing (Overall)	Best Quality	Safe	90%	122.6%	118.1%	118.0%	 
Safer staffing (Registered)	Best Quality	Safe	80%	101.5%	100.0%	97.3%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5%	6.3%	6.5%	7.4%	 
Readmissions within 28 days	Best Quality	Safe	Trend Monitor	13	11	2	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	641	540	591	

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Alert/Action

- Acute wards have continued to manage high levels of acuity.
- High occupancy levels across wards and capacity to meet demand for beds remains a challenge. Plans are in place to mitigate any impact on safety of high occupancy such as increased staffing levels.
- Occupancy levels in rehabilitation units are affected by the fact that within the overall commissioned bed base the service model offers a flexible usage of beds and community packages of care at any one time depending on service user need. Occupancy calculations are based on the full commissioned bed base, not accounting for the agreed flexible usage.
- There continues to be people who are clinically ready for discharge but are delayed. This is an area of focus as part of the priority programme work and is being addressed with the ICB's through the MADE meetings as well as a weekly Director of Services led challenge meeting with general managers.
- Workforce challenges have led to continued use of temporary staffing, primarily bank. Throughout August some acute wards have worked above establishment. This is closely monitored by senior managers.
- Work to maintain effective patient flow continues, with the use of out of area beds being closely managed. The situation remains challenging in August and the pressure to meet the demand for admissions in a timely way has intensified. The impact of reduced usage of out of area beds on inpatient wards, Intensive Home-Based Treatment Teams, and community teams is triangulated and monitored.
- Intensive Home-Based Treatment (IHBT) teams in Calderdale and Kirklees are experiencing ongoing workforce challenges, recruitment is underway.
- All areas are focussing on continuing to improve performance for FIRM risk assessments. FIRM percentage compliance for inpatient services is significantly impacted due to the relatively small number of admissions. There is a high level of scrutiny when a FIRM risk assessment is not completed or reviewed and updated within 24 hours pre or post admission. At the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. A Staying Safe risk management care plan is also implemented within 24hrs of admission. The care group are reviewing the locally agreed standards for documenting the review of FIRM risk assessments on admission, and this work will be shared into the trust wide risk assessment quality improvement work.
- Care plan metrics for community capture the whole community caseload rather than only individuals on CPA. The care group are working with P&BI to ensure the metric reflects practice. Continued positive performance in August for Calderdale, Kirklees and Wakefield. Barnsley dipped under target in August at 93.37% which is being addressed in weekly community performance meetings.
- Care Programme Approach (CPA) review performance is above target in Calderdale, Kirklees and Wakefield. Barnsley are under the 95% target this month at 93.37%. Action plans and support from Quality and Governance Leads remain in place and all areas are expected to be above threshold in September.
- The sickness rate is above the Trust threshold on some wards and community service lines. 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 administering intra-muscular medication. Matrons attend the monthly restraint oversight meeting chaired by RRPI specialist advisors and includes an in-depth review of all prone restraint incidents for learning.
- SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment remains at risk of being delayed in all areas. The access standard for assessed within 14 days of referral has been met in Barnsley and Wakefield. There have been challenges with vacancies in Calderdale & Kirklees SPA and an increased demand for urgent assessments. The service has implemented business continuity plans, with a focus on diverting increased resource towards triage

Advise

- Improvement work is underway to understand the capacity and demand pressures on inpatient services and is monitored via the Inpatient Priority Programme. In addition, there is a focus on implementing the culture of care standards to improve the therapeutic nature of inpatient care for both service users and staff.
- Work continues in front line community services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home including provision of robust gatekeeping and crisis alternatives, trauma informed care and effective intensive home treatment.
- Supervision reporting changed as of 1st April with separate 60-day targets for clinical and management supervision. Inpatient services have achieved the 60 day target overall for both clinical and management supervision. Community services have also achieved both targets with the exception of management supervision in Barnsley Community which has dipped under the 80%. There is an action plan in place and an expectation of improvement to above target at the end of September.
- The Talking Therapies recovery rate for August is 49.43% for Barnsley and 55.47% for Kirklees. Whilst Kirklees achieved the national standard of 50%, Barnsley dropped slightly under due to a reduction in the number of people completing treatment in August.
- The care group holds monthly meetings to track and review progress of Equality Impact Assessments (EIAs). Performance remains strong. Delay in completion of EIAs in some areas have been due to manager changes/sickness and the service line Trios are supporting the teams in their completion.
- Equality data – we are working with a trust wide quality improvement group to enhance how equality information is captured on System One. Completeness of equality data is on our data quality improvement action plan.
- There were zero incidences of prone restraint in August. The care group continue to work collaboratively with colleagues in Nursing, Quality, and Professions to support the Trusts ambition for zero staff led prone restraint.

Assure

- IHBT teams continue to perform well in gatekeeping admissions to our inpatient beds.
- Mandatory training compliance for the care group is 95.1%.
- The care group achieved 97.4% of appraisals completed within 12 months.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

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:

Performance against the % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks has improved from last month and is just below target during August, the Learning Disability team continue to have robust oversight of all waits and are carrying out profession specific actions to address waits within individual disciplines.

LD, ADHD & ASD							
Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Jul-26	Aug-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	93.3%	94.4%	92.7%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/2)	0% (0/4)	0% (0/5)	
% of staff receiving supervision within policy guidance - Clinical	Best place to work and learn	Well led	80%	69.8%	70.7%	68.9%	
% of staff receiving supervision within policy guidance - Management	Best place to work and learn	Well led	80%	62.8%	63.6%	57.1%	
Bed occupancy (excluding leave) - Commissioned Beds	Best Quality	Safe	N/A	45.0%	44.0%	40.7%	
Bed occupancy (including leave) - Commissioned Beds	Best Quality	Safe	N/A	45.8%	44.0%	40.7%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	85.7%	86.2%	86.2%	
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	81.8%	85.3%	92.1%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	96.3%	96.3%	94.6%	
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	Best Quality	Responsive	90%	95.6%	85.2%	89.5%	
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	6	3	0	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	92.1%	92.1%	91.3%	
Safer staffing (Overall)	Best Quality	Safe	90%	121.6%	115.7%	108.8%	
Safer staffing (Registered)	Best Quality	Safe	80%	161.1%	151.5%	125.6%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	2.8%	3.5%	4.6%	
Restraint incidents	Best Quality	Safe	Trend Monitor	6	3	1	
Average length of stay	Best Quality	Safe	Trend Monitor	N/A	20	10	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	46	33	26	

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

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

Alert/Action

Transfer of Waiting List Patients

Discussions continue with West Yorkshire ICB regarding opportunities to utilise independent sector capacity to support neurodevelopmental pathways.

Learning from other services across West Yorkshire has highlighted the importance of clinical review in determining the suitability of patients for transfer and ensuring safe and appropriate allocation to alternative providers.

Further work is underway to understand the operational requirements, resource implications and potential benefits of transfer arrangements. Discussions with commissioners continue to agree an approach that supports both patient choice and the delivery of commissioned services.

Risk Assessment Reporting

Reported compliance with risk assessments continues to be affected by limitations within the current reporting methodology. Analysis has identified that performance is influenced by the inclusion of triage appointments, extended waiting periods prior to assessment and some activity being recorded against ADHD and Autism referrals in a way that impacts reporting outcomes.

Business Intelligence colleagues have recommended development of a bespoke reporting approach that more accurately reflects the Adult ADHD and Autism service model and supports oversight of genuine compliance concerns. Formal approval will be required before any changes to reporting arrangements can be implemented.

Advise

Waiting Lists

ADHD

Demand for ADHD assessments continues to significantly exceed commissioned capacity. More than 7,200 people are currently awaiting assessment, with the longest waits now exceeding four years.

While demand remains high, waiting list growth has reduced across all localities. This is being supported through commissioned triage services, alternative assessment provision commissioned by the ICB and increasing awareness of available assessment routes.

All referrals continue to be clinically reviewed and prioritised according to individual need and risk, ensuring those requiring a more urgent response are prioritised appropriately.

Autism

Calderdale remains the only locality with a significant Autism waiting list.

There are currently 245 people awaiting assessment in Calderdale, with the longest waits approaching 800 days. The Calderdale triage project is expected to support waiting list reduction once operational.

Across all other localities combined, 24 people are awaiting assessment and the majority have waited less than 12 weeks.

Barnsley ADHD Triage Proposal

Barnsley commissioners have acknowledged receipt of a proposal to introduce an ADHD triage service. The proposed investment of approximately £125k per annum is estimated to generate annual system savings of £312k whilst reducing waiting times and improving pathway management.

A commissioning decision is awaited.

Calderdale ADHD and Autism Triage Project

Calderdale commissioners have provided £432k non-recurrent funding to support an 18-month project aimed at reducing neurodevelopmental waiting lists.

The project will provide triage for approximately 1,100 people awaiting ADHD assessment and 250 people awaiting Autism assessment, in addition to managing new referrals received throughout the duration of the project.

Four fixed-term posts are required to deliver the programme and recruitment requests have been submitted. Implementation will commence once staff have been recruited and trained.

Wakefield ADHD Triage Funding

Wakefield commissioners have agreed recurrent funding of £203k to continue the ADHD triage service. The service has continued delivery from April 2026 in line with the agreed arrangements; however, the funding has not yet been reflected within the Trust's block contract payment.

Finance colleagues are working with commissioners to resolve this matter.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Assure

- The service remains on track to deliver commissioned activity levels for 2026/27.
- Of the planned 440 ADHD assessments and treatment pathways for the year, 187 people (43%) have received a first appointment, 49 are awaiting appointment allocation and a further 18 have been invited to commence the assessment process.
- Four substantive clinical appointments have been offered and recruitment checks are underway.
- Recruitment to a further four fixed-term posts are progressing to support delivery of the Calderdale project.
- Appraisals remain on track for completion by September.
- Supervision compliance remains at or above target.
- Mandatory training compliance remains at or above target.
- Sickness absence remains within expected levels and no significant workforce wellbeing concerns have been identified.
- Investment in ADHD triage services is supporting improved referral management and contributing to a reduction in waiting list growth across commissioned areas.

Learning disability services:

Alert/Action

ADHD Pathway – Recruitment is now completed and the pathway has commenced.

Quality Network - Staff participation in the Quality Network for Learning Disabilities (QNLD) Development Programme, which commenced on 7 September, is strengthening quality improvement expertise across community services and supporting the continued delivery of care in line with recognised national standards.

Dysphagia Referrals - Dysphagia referrals have increased during the reporting period, creating additional pressure on SaLT capacity. This presents a risk to waiting list performance and may lead to longer waiting times for assessment and intervention.

Supervision: Compliance with management supervision has reduced to 52.2%, with clinical supervision at 65.3%, both remaining below the expected standard. An improvement plan is in place, including protected supervision sessions, increased oversight by managers, and routine monitoring of compliance to support sustained improvement.

CPR Training: Compliance with mandatory CPR training 73%. Controls are in place to maintain patient safety, including roster arrangements that ensure CPR-trained staff are available on every shift. Staff have been booked onto training sessions and compliance is expected to improve as these are completed.

Advise

Community

Waiting Times: Performance against waiting time standards has declined and is currently below the required target. This deterioration has been driven by workforce pressures, including increased sickness absence and staffing vacancies, which have reduced clinical capacity across the service. Actions are in place to support recovery, including active management of demand and capacity, vacancy recruitment, and close operational oversight of waiting list performance.

ICONIC - Research Project: Participation in the ICONIC research programme has commenced, supporting the service's commitment to research, innovation, and evidence-based practice within Community Services. Involvement in the programme will contribute to the development of knowledge and understanding to inform future service delivery and outcomes.

STOMP: STOMP - remains well embedded across all localities and continues to promote the safe and appropriate use of psychotropic medication. Local teams have reported positive outcomes, including reductions in medication where clinically appropriate and, in some cases, successful discharge from specialist services when individuals' needs can be effectively met through mainstream or community-based support. This demonstrates the ongoing impact of person-centred approaches to medication optimisation and least restrictive practice.

Horizon – Assessment and Treatment Unit (ATU)

Bed Occupancy: Current occupancy is 62.5% (5 of 8 beds occupied). Occupancy levels continue to be monitored to ensure capacity is used effectively and that beds remain available to meet demand.

Assessment and Treatment Review (ATU): Work is ongoing to further strengthen Assessment and Treatment Review pathways and processes. A programme of service development is underway, with additional improvements planned over the longer term to enhance care coordination, support timely progression through services, and promote positive outcomes for individuals accessing care.

Assure

- Annual health checks in all four localities have exceeded the 75% threshold.
- Friend and Family Test – 98%
- Prone Restraints – Horizon had no prone restraints.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Forensic Care Group

Headlines

The monthly sickness rate continues to be an issue for our West Yorkshire services, 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	Jun-26	Jul-26	Aug-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	81.0%	82.1%	87.7%	 
% Bed occupancy (incl leave)	Best Quality	Safe	90%	89.4%	89.5%	90.2%	 
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/3)	0% (0/1)	100% (1/1)	 
% of staff receiving supervision within policy guidance - Clinical	Best place to work and learn	Well led	80%	68.1%	72.7%	64.3%	
% of staff receiving supervision within policy guidance - Management	Best place to work and learn	Well led	80%	52.4%	65.5%	67.4%	
% Service Users on CPA with a formal review within the previous 12 months	Best Quality	Effective	95%	100.0%	96.4%	97.3%	 
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.5%	83.4%	84.0%	 
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	 
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95.0%	100.0%	100.0%	100.0%	 
% on community active caseload at month end with a risk assessment which has been reviewed within the last year	Best Quality	Safe	95.0%	89.6%	91.3%	93.3%	 
% with care plan that includes service user input/views	Best Quality	Safe	95.0%	92.1%	93.7%	93.2%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	94.3%	94.7%	94.7%	 
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	5	3	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	10	6	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	94.0%	95.8%	91.0%	 
Restraint incidents	Best Quality	Safe	Trend Monitor	17	9	9	
Safer staffing (Overall)	Best Quality	Safe	90%	116.0%	110.1%	110.9%	 
Safer staffing (Registered)	Best Quality	Safe	80%	99.3%	99.7%	96.0%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	7.1%	7.6%	7.1%	 
Average length of stay	Best Quality	Safe	Trend Monitor	949	1278	N/A	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	166	137	156	

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Forensic - West Yorkshire:

Alert/Action

Rapid Improvement Programme

The service has commenced a Rapid Improvement Programme, overseen by the Chief Operating Officer. The programme is focused on creating a positive culture where staff feel valued and supported to deliver key priorities across the service.

Supervision

Supervision compliance remains below the expected standard across a number of areas and requires continued attention.

- Newton Lodge: Management Supervision 72.2%, Clinical Supervision 66.3%
- Bretton Centre: Management Supervision 52.3%, Clinical Supervision 53.4%
- Newhaven: Management Supervision 72.0%, Clinical Supervision 88.0%

Performance at the Bretton Centre continues to be particularly challenging. This is largely attributable to increased patient acuity and difficulties releasing staff from clinical duties to undertake supervision. Further work is underway to ensure staff receive the required levels of both managerial and clinical supervision.

Future Capacity & Demand

Work is continuing through the West Yorkshire Provider Collaborative, alongside regional partners, to understand future demand and support longer-term service planning. This includes analysis of activity, patient flow, length of stay, bed occupancy and emerging demand trends to inform decisions around service capacity, workforce requirements and future service development. This work will help ensure specialised services are able to respond effectively to future population need and system pressures.

In Newton Lodge Clinical Supervision compliance is 74% and Management Supervision 64%. The Bretton Centre clinical supervision is 60.4% and management supervision 36.3%. The Bretton Centre appears to be struggling with higher sickness levels and acuity.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Advise

Bed Occupancy

- Bed occupancy remains stable across secure services:
- Newton Lodge: 90.75%
- Bretton Centre: 92.61%
- Newhaven: 81.25%
- Occupancy continues to be significantly impacted by reduced demand within the Learning Disability pathway. Appleton Ward is currently operating at 50% occupancy, although two admissions are planned which will improve utilisation. Newhaven occupancy is similarly affected by vacant Learning Disability beds.

Recruitment and Turnover

- Recruitment activity continues to focus on reducing unregistered nursing vacancies and improving workforce resilience.
- Staff turnover across inpatient services remains positive and is below 10% across all pathways. Turnover rates are higher within Forensic Community Services and will continue to be monitored.

Appraisals

- Plans remain in place to ensure all staff receive an appraisal by the end of September. Progress is being monitored through local management arrangements and governance processes.

Sickness Absence

- Year-to-date sickness absence remains above the Trust target of 4% across all service areas:
- Newton Lodge: 6.7%↓
- Bretton Centre: 8.9%↓
- Newhaven: 5.5%↑
- Sickness absence continues to be closely monitored, with the Bretton Centre reporting the highest level of absence. The People Business Partner and People Relations Team are working alongside managers to support attendance management, understand contributing factors and implement actions to reduce absence and improve workforce resilience.

Assure

- Performance against the 25 hours meaningful activity standard reduced at Newhaven during the reporting period. Review of the data identified this related to a single service user who was only 20 minutes short of achieving the standard, providing assurance that this was an isolated occurrence rather than a wider service issue.
- High levels of data quality continue across the Care Group.
- 100% compliance with completion of HCR-20 assessments within three months of admission.
- Positive relationships continue to be maintained with West Yorkshire Provider Collaborative partners.
- Robust mitigating arrangements remain in place to maintain safe staffing levels and support service delivery while improvement actions are implemented.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Forensic - South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Jul-26	Aug-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	80.2%	81.7%	84.7%	
% Bed occupancy (incl leave)	Best Quality	Safe	90%	86.8%	84.0%	85.3%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	0% (0/1)	50% (1/2)	0% (0/3)	
% of staff receiving supervision within policy guidance - Clinical	Best place to work and learn	Well led	80%	75.0%	68.4%	71.4%	
% of staff receiving supervision within policy guidance - Management	Best place to work and learn	Well led	80%	70.9%	61.2%	69.4%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.7%	92.3%	89.4%	
% 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%	95.8%	97.3%	93.7%	
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	0	0	
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	6	8	11	
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	88.0%	88.6%	88.8%	
Restraint incidents	Best Quality	Safe	Trend Monitor	18	16	14	
Safer staffing (Overall)	Best Quality	Safe	90%	108.2%	105.3%	107.8%	
Safer staffing (Registered)	Best Quality	Safe	80%	85.9%	87.7%	84.7%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	3.4%	3.9%	5.0%	
Average length of stay	Best Quality	Safe	Trend Monitor	1,894	464	5,508	
Total number of reported incidents	Best Quality	Safe	Trend Monitor	170	168	154	

Forensic - South Yorkshire:

Alert/Action

Section 17 Leave

Cancelled Section 17 leave increased on Aire Ward during August, with 21.4% of planned leave episodes recorded as cancelled. Whilst initial review suggests a proportion of cancellations may relate to patients choosing not to take planned leave, further work is required to better understand the underlying causes and ensure leave opportunities are being supported and facilitated wherever possible. The Ward Manager and clinical team are reviewing the data in more detail and will implement any actions identified through this work to improve patient access to planned leave and provide assurance regarding the accuracy of recording.

Workforce and Staffing

Although safer staffing levels remain above target across most wards, workforce pressures continue. High levels of unfilled shifts are being experienced across Wentbridge, Don, Aire and Esk. Aire have also fallen slightly below the registered staffing target at 86.5%.

Within Medium Secure Services, Skipton remains below the registered staffing target at 69.1%. This reflects the additional staffing required to support an enhanced package of care for one patient. Recruitment to registered nursing posts is ongoing and is expected to improve staffing resilience over the coming months.

Supervision

Clinical and management supervision compliance remains below the 80% target on Don, Wentbridge and Esk wards. Aire remains slightly below target, although performance has improved since July. Work continues with ward managers to improve both completion rates and recording on the Trust supervision database.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Advise

Policy Integration

Integration of SWYPFT policies and procedures continues, supporting consistency of practice, governance and assurance across Cheswold Park services.

Bed Occupancy

Bed occupancy remains high across the service:

- Hamilton Ward: 100%
- Don Ward: 100%
- Calder Ward: 99%
- Skipton Ward: 97.9%
- Foss Ward: 91.7%

Planned admissions to Aire Ward are awaiting warrants and further internal transfers are planned to Esk. One bedroom on Aire remains unavailable due to an ongoing water quality issue.

Appraisals

Calder and Esk have achieved the Trust target, with appraisal compliance of 100% and 90.5% respectively.

Compliance continues to improve on Aire (79.2%), Wentbridge (78.1%) and Don (69.6%). Ward managers are working to ensure all remaining appraisals are completed by the end of September.

Sickness Absence

Foss Ward continues to report sickness absence above the Trust target at 7.2%. Managers are working with the People Team to support attendance management and reduce the operational impact of sickness absence.

Assure

Mandatory Training

Mandatory training compliance remains strong across most wards.

The main areas below target relate to Reducing Restrictive Practice and Information Governance training within Don and Esk. Aire has also fallen slightly below target for CPR training. Action plans are in place and staff have been booked onto the required training programmes.

Supervision

Both Foss and Skipton are now achieving compliance above target for both management and clinical supervision, providing assurance that staff are receiving appropriate support and oversight.

Restrictive Practice

No prone restraint incidents were reported across either Low Secure or Medium Secure Services during August.

Overall use of restraint remains low. The majority of incidents on Hamilton Ward relate to one patient and have been managed effectively by the clinical team, avoiding the need for seclusion.

Quality and Performance

- Bed occupancy remains strong across the majority of wards.
- Appraisal compliance continues to improve.
- Mandatory training compliance remains high overall, with recovery plans in place where standards have not yet been achieved.
- Constructive joint working with South Yorkshire Provider Collaborative colleagues continues to support service planning and future capacity modelling.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Barnsley Physical Health and Wellbeing Care Group

Headlines

The care group continue to perform well against most metrics. Achieving the Trust targets for supervision remain challenging despite work to share information on types of supervision and standardised documentation and continued focussed work is taking place within the care group to improve this position.

The sickness rate has improved and is now within Trust threshold following a period of high levels.

Barnsley Physical Health and Wellbeing

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Jul-26	Aug-26	Variation/ Assurance
% Appraisal rate	Best place to work and learn	Well led	90%	95.4%	96.9%	98.2%	
% of feedback with staff values and behaviours as an issue	Best Quality	Caring	< 20%	40% (2/5)	0% (0/3)	0% (0/1)	
% people dying in a place of their choosing	Person first and in the centre	Responsive	80%	100.0%	90.3%	89.5%	
% of staff receiving supervision within policy guidance - Clinical	Best Quality	Safe	80%	61.3%	77.0%	73.1%	
% of staff receiving supervision within policy guidance - Management	Best Quality	Safe	80%	37.8%	52.3%	60.7%	
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.7%	88.6%	86.1%	
Clinically Ready for Discharge (Previously Delayed Transfers of Care)	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	
Information Governance (IG) training compliance	Best place to work and learn	Well led	>=95%	96.6%	96.8%	95.8%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Best Quality	Responsive	92%	97.1%	97.1%	97.8%	
Safer staffing (Overall)	Best Quality	Safe	90%	93.0%	97.3%	92.0%	
Safer staffing (Registered)	Best Quality	Safe	80%	93.0%	100.0%	94.7%	
Sickness rate (Monthly)	Best place to work and learn	Well led	5.0%	5.4%	5.5%	4.9%	
Maximum 6 week wait for diagnostic procedures	Best Quality	Responsive	25/26 - 99% 26/27 - 52.6%	96.9%	100.0%	100.0%	
Community services waiting list - All	Best Quality	Responsive	Trend monitor	7,012	7,008	6,942	
Total number of reported incidents	Best Quality	Safe	Trend monitor	284	289	256	

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Barnsley Physical Health and Wellbeing Care Group

Alert/Action

- Staff receiving supervision – Achieving targets for supervision remains challenging in the care group but continues to be an area of focus, particularly in terms of improving recording. We are seeing incremental increases with a view to achieving the target by the end of Quarter 2. Leaders are still unable to see their team data, and this is preventing them from taking a proactive targeted approach with individual staff. This has been escalated and is being looked at by senior colleagues in the Trust during September, including Chief Nurse/Director of Quality and Professions. Managers and service leads are reviewing the number of supervisors to ensure sufficient resource to support the size of each service and also cleansing the current list of clinical supervisors. Upcoming clinical supervision training dates have been promoted and circulated by Care Group Professional Lead.

Advise

- Medical devices – compliance has continued to improve and is now at 86%, close to the Trust-wide level of 89%. Assurance has been provided that out-of-date medical devices are not being used. Management team continue to promote Medical Equipment servicing sessions.
- Virtual Ward (VW) occupancy levels for August have dipped below the 80% occupancy target at 77.3%. For most of August, Frailty virtual ward has been near to, or over capacity. Frailty VW onboarding has been capped at 50 during a large part of August, accepting hospital avoidance /admission avoidance referrals only so that the pathway can continue to operate safely set against clinical capacity. Respiratory VW has been significantly below the occupancy target for the last 2 weeks in August which mirrors seasonal trends for the same period in the last 2 years. Respiratory continues to be our least utilised pathway and there is still further work to do alongside the acute trust and community colleagues to maximise use of this pathway for appropriate patients.
- In August there was 1 instance of a pressure ulcer that development under SWYPFT care where there was an area for improvement identified. This was new learning for an alternative catheter appliance to be sourced, which would reduce the risk of reoccurrence of a medical devices related pressure ulcer development.

Assure

- Overall sickness rates have improved to achieve compliance for the month of August at 4.89%. We are continuing to see instances of long-term sickness in some areas; these relate to serious illnesses which are unavoidable. The care group 12-month rolling figure has reduced to 5.4%. People Directorate colleagues continue to support the care group in reviewing trends and triangulating with other data, whilst excluding some reasons e.g. elective surgery and diagnosis of cancer. Targeted work on short term sickness continues alongside utilisation of resources available to us in respect of staff off work sick due to stress & anxiety, whether this be home or work related. In addition, the care group is looking at future instances to ensure that recording absence includes consideration of the most appropriate reason e.g. Sickness Absence / Carer's Leave / Dependant Leave. We are also linked into the review of the Supporting Wellbeing (Sickness and Absence Procedure) via one of our General Managers.
- Appraisal reporting has now transitioned from the requirement to have an appraisal in the last 365 days to having an appraisal within the financial year with a completion date of the end of September. To note: Appraisal compliance using the previous system is at 98.2% for August and continues to increase into September. The current focus is the target is for Bands 7 and below to have a completed appraisal by 30 September. Progress towards target continues to increase and is at 81.6% as of 21.9.26.
- Paediatric Audiology 6-week target for diagnostic procedures has maintained 100% compliancy for August. The total number on the waiting list as at 29.8.26 was 89 patients, with a continuation in terms of the number waiting over 6 weeks remaining at zero. The longest wait is also showing an improvement with only 1 patient at 5 weeks.
- Information Governance training has achieved 95.8% for August, maintaining compliancy with a continued focussed effort on monitoring by managers.
- Urgent Community Response Service 2-hour target has achieved 79.2% for August which continues to be above the 70% threshold.
- Musculo Skeletal Service (MSK) are seeing a continued achievement against the national target of 92% for 18-week RTT (Referral to Treatment) – 97.79% for August.
- People dying in their place of choosing remains compliant at 89.47% for August, exceeding the 80% threshold.
- CPR training maintains compliance at 86.1% for August. To note: Some services have hot spot areas which may show into next month; these are being scrutinised by managers. In some cases this is due to long term sickness / maternity leave and also term-time only staff in our Children's Services who are booked on shortly after their return to work in September. There have also been some instances of Resuscitation training sessions that have been cancelled. Training provided in Barnsley is limited for the rest of the year e.g. there are no ILS (Immediate Life Support) training sessions available locally for the rest of 2026.
- Friends and Family Test (FFT) – August has seen a further increase above compliance levels to 97%.
- Clinically Ready for Discharge – the Care Group is fully compliant at 0%. Sustained compliance on our 2 wards is due to most admissions/discharges being planned. Anticipated discharge dates are set on admission and discussed at the weekly MDT, adjusting when clinically appropriate.
- 18-week waiters - Overall, our community services are achieving the national expectation of 78% of being seen within 18 weeks, with a further increase to 95.1% for August. We continue to undertake focussed work on the long waiters in our Children's SALT (Speech and Language Therapy) service which are impacting the percentage of people on waiting lists. The number of C&YP waiting 18 weeks or less is continuing to improve and is now at 80.3%. Ongoing work includes the remedial action plan and the full review of the Children's SALT service. This is part of the Trust's Value for Money workstream which has identified and escalated a financial shortfall across Children's Therapy services. In addition, the review will look to improve service efficiencies alongside a reduction in waiting times.
- 52-week waiters – the care group continues to achieve compliance at 0%.

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

Nostell and Elmdale are involved in the quality improvement group work with Chief Nurse oversight to share data insights, learning, and improvement ideas. Nostell are engaging in the Rapid Improvement group chaired by the Chief Nurse and Director of Allied Professionals and areas of focus are held within this group for improvements.

Appraisal

- Beamshaw, Ward 18 and Crofton are outside of the 90% compliance threshold in August. Outstanding appraisals are scheduled to take place prior to the appraisal window deadline of 30th September.
- Reporting is based on appraisals completed within the last 12months and there will be variance in appraisal compliance rates due to ward teams transitioning to the new fixed appraisal window and aligning with timeframes for cascading appraisals.
- Ward teams are working to have all appraisals completed by 30th September as per the newly implemented appraisal window.
- Oversight of appraisal performance is maintained by the senior leadership team at the weekly inpatient quality and performance meeting.

Sickness

- 7 wards have sickness rates below 5% compliance threshold.
- Sickness improved to below threshold in August on Clarke, Stanley and Lyndhurst following 3 staff members returning from long-term sickness and a reduction in short-term sickness.
- Sickness increased to above threshold on Melton (12.3%) due to both short-term and long-term sickness. There are 4 long term absences and a number of short term absences with no identified themes.
- Although still above threshold, sickness on Ward 19F (7.8%) has reduced following a reduction in short-term sickness.
- Sickness remains above threshold and has increased on Nostell (8.2%), Walton (8.0%), Ashdale (13.1%), Crofton (9%), Poplars (19.1%), Willow (12.2%) Beechdale (11.5%), and Ward 19 Male (11.2%) due to both long-term and short-term sickness absences. Nostell has 3 staff members LTS with 1 planned return in September. A theme for long-term absence on Crofton is physical health conditions – unrelated to work.
- Ward managers are supported by People Directorate colleagues to actively manage long term sickness and timely referrals to occupational health are made.

Supervision

- 8 wards are above the 80% compliance target for clinical supervision in August.
- 9 wards are above the 80% compliance target for management supervision in August.
- Walton has dropped just under compliance for both clinical (79.1%) and management (76.7%). Beamshaw has also dropped under compliance at 70.4% for both clinical and management supervision and Elmdale with clinical at 78.8% and management at 69.7%. This is due to sickness, acuity and ward manager and lead nurse absences.
- Ward 18 is significantly under target in August with clinical and management supervision at 33.3% and 35.9% respectively. This is due to recording issues, current the ward is at 71.4% for clinical & 68.6% Managerial.
- Clark has improved management supervision compliance and is now at 93.1%. Clinical supervision remains under target for clinical supervision (55.2%) which is a data quality issue.
- Melton remains under compliance for both clinical (71.9%) and management (71.9%) due to clinical acuity and lead nurse absence.
- Ashdale remain below the 80% supervision compliance for both clinical (62.9%) and managerial (62.9%) and continue to be impacted by ward manager absence, and oversight is being supported by the matron and neighbouring ward manager.
- Crofton have fallen below compliance for clinical supervision (52%) and remain below compliance for management supervision (44%) impacted by ongoing ward manager absence. ACP and Band 6 oversight and ability to deliver supervision has been impacted by clinical acuity. A conclusion to the ward manager absence is expected by mid-September and support continues to be provided by the matron with an improvement expected in September.
- The senior leadership team maintain close oversight of supervision compliance via the weekly inpatient quality and performance meeting themes identified include absence of ward manager and/or lead nurse and the impact of increased acuity (both on delivery of supervision and in terms of releasing staff to attend).

Mandatory Training

Information Governance

- 16 wards are above 95% compliance target for July.
- Melton (92.9%) and Ashdale (94.1%) have dropped under threshold. 2 staff are outside of compliance and are being supported to complete the e-learning training as a priority.
- The senior leadership team maintain close oversight of information governance training compliance via the weekly inpatient quality and performance meeting.

CPR

- 16 wards are at or above the CPR training compliance threshold in August.
- Ward 18 (71.1%) remains below compliance but is improved compared to July. The Ward Manager has booked staff onto the earliest available dates and all staff outside compliance are booked to attend training throughout September and October. Mitigation is in place through roster planning and shared ILS cover across the unit (inclusive of Ward 19 Male and Female). Improvement work is captured on the Ward 18 Quality Improvement Plan.

RRPI

- 16 wards are above the RRPI training compliance threshold.
- Willow is below compliance at 70% - 5 staff are outside of compliance and 3 of those are unable to undertake it currently due to either pregnancy or long-term sickness. The other 2 staff have recently returned to work from long-term sickness and maternity leave and the ward manager will book them onto the next available dates.
- Rota planning and oversight from ward managers ensures adequate numbers of RRPI and CPR trained staff on each shift.

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

Mandatory Training continued

Fire Safety

- 15 wards are above fire safety training compliance threshold.
- Stanley (84.2%) remain just below compliance in August. All staff outside compliance are booked onto training dates in October.
- Ward 19 Female (81.8%) remain below compliance impacted by long-term sickness and staff who can attend training will be booked onto future dates.

Bed Occupancy

- Where wards are overoccupancy, staffing levels are reviewed and where necessary increased to maintain wards safety.
- Bed occupancy exceeding target is reflective of general increased demand for admissions, particularly across working age adults.
- Where the bed occupancy exceeds target, plans are in place to mitigate any impact on quality of high occupancy such as increased staffing levels.
- Occupancy calculations at Poplars is based on 15 beds, however they operate with a maximum capacity of 12 beds, agreed with commissioners several years ago.
- Occupancy levels in rehabilitation units are affected by the fact that within the overall commissioned bed base the service model offers a flexible usage of beds and community packages of care at any one time depending on service user need. Occupancy calculations are based on the full commissioned bed base, not accounting for the agreed flexible usage.

Average Length of Stay (ALOS)

- Length of stay (LOS) is measured at the point of discharge. The discharge of service users with a significantly long length of stay in any given month will impact to increase the overall average length of stay for the ward.
- In August:
 - Lyndhurst ALOS was 860 days. This relates to a service user subject to section 47/49 during admission leading to an extended length of stay due to the requirement for discharge in conjunction with the MOJ/probation.
 - Beechdale was 159 days which relates to 2 discharges (1 admitted in January 2026 and 1 in May 2026)
- The nature and function of Rehab and Recovery Units mean service users will have longer length of stays.
- Rehab and Recovery length of stays also include any acute/PICU ward stays.

Safer Staffing

- There have been recent establishment reviews for the OPS wards – 2 throughout 2025 and 1 in April 2026 however these are pending EMT approval.
- There has been no approved review of older adult staffing establishments since 2016. Overall safer staffing rates being above 100% on OPS wards reflects wards being staffed to maintain patient safety in relation to service users: at risk of falls and with frailty; escorts to the acute trust due to complex physical health; complex dementia diagnoses and associated increased levels of violence and aggression. This is particularly pertinent for Poplars who are an isolated unit and whose service user population is people diagnosed with dementia.
- The high overall safer staffing rates in August for Poplars (179.1%) reflects staffing increases for the reasons outlined above.
- Crofton (165.9%) safer staffing reflects staffing increases to support a small number of service users with complex needs requiring enhanced observation levels for a sustained period. The service is undertaking a deep dive into temporary staffing use on Crofton to increase our understanding and plan appropriate actions.

Unfilled Shifts

- Headroom does not account for people on maternity leave. Consistently across the inpatient service we have 10 staff on maternity leave every month. To maintain safer staffing and roster requirements these shifts all require back fill.
- Ad hoc but consistent workforce gaps also arise from staff being allocated 'other leave' in line with trust policy and phased return to work recommendations.
- Following a deep dive analysis into working age adult budgets and roster alignment it has been identified that the current funding for the inpatient wards is in deficit by 10WTE's, therefore, every time a roster is produced, we need an equivalent of 10 staff to produce the rosters that the service has had agreed via previous establishment review (March 2024).
- Staff who are being supported to train as registered nurses are not available in the roster. Again, to maintain roster and safer staffing requirements back fill is required. There are currently 10 people in WAA undertaking this training.
- Ward leadership teams adhere to the Rostering, Work Time, and Attendance Policy. Where shifts remain unfilled, support will be sought from neighbouring wards and ward managers will work clinically to maintain ward safety.

Clinically Ready for Discharge (CRFD)

- CRFD rates are significantly above threshold on:
- Clark CRFD is 28.6% and is reflective of 4 service users awaiting placement, 1 of whom has now been discharged with another planned discharge in September.
- Poplars CRFD is 47.3% and is reflective of 4 service users awaiting placements, 3 of whom have social care needs to be met by North Yorkshire or Leeds Las who are outside our usual escalation processes. To note, whilst Poplars CRFD is consistently high each month, it is not the same service users that remain CRFD for protracted periods of time. Most service users, on discharge from Poplars, are transferred to other care providers, involving lengthy placement searches and local authority processes. The Poplars leadership team and matron are actively engaged with colleagues in local authority and ICB to ensure that delays are highlighted early, barriers are worked through, and challenges escalated timely.
- 9 other wards are above the threshold for CRFD with Ward 19 Female above 10% at 16.6%. This is due to the number of service users with complex needs who are awaiting placement or suitable accommodation and also one service user awaiting MoJ permissions.
- 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.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

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

FIRM Risk assessments

- To understand the breaches, the inpatient SLT have recently reviewed and mapped the process for completing a risk assessment within 24hours of admission. As a result of this QI work, we have reviewed and agreed practice standards for documenting the review of FIRM risk assessments on admission. These locally agreed standards were implemented on 22nd July and have been shared into the trust wide risk assessment quality improvement work.
- Overall compliance in August is (94.0%) and although still under threshold is improved compared to July.
- There was a total of 8 breaches for 24hr target, 7 of which were completed within 48hrs.
- During August Ward 18 had 1 FIRM breach. This related to high clinical acuity at the time of admission. The FIRM was reviewed within 35hrs of admission.
- Ashdale had 3 breaches and all related to embedding of the implemented process and this has been addressed in reflective discussion with the staff who undertook the admissions.
- Nostell had 4 breaches. All these related to admissions during night shifts when the nurse completing the admission was a Bank RMN. All were completed within 48hrs, and the agreed mental health inpatient standards have been sent to the Bank Office Manager for wider sharing.
- Compliance monitoring dashboards support oversight and a deep dive will be conducted by the inpatient matron for each breach to identify learning and inform improvement. These will be reviewed at the weekly inpatient quality and performance meeting and shared with Quality and Governance Leads in community to ensure a collaborative approach to improvement.
- The inpatient team receive a handover of risk prior to admission and at the point of admission, a risk assessment on the immediate safety needs of the person is conducted and appropriate observation levels are prescribed. A Staying Safe risk management care plan is also implemented within 24hrs of admission.

Physical violence (Patient on Patient)

- 24 incidents of patient-on-patient physical violence throughout August across multiple wards.
- 7 incidents on Crofton, related to a small number of service users and reflective of the risk profiles of individual service users.
- Service users are supported on an individual basis by staff teams and risks are managed through individual care planning. Appropriate safeguarding actions taken by ward teams, including liaison with trust safeguarding specialist advisors and reporting to the police.

Physical violence (Patient on Staff)

- 8 incidents on Nostell. These relate to two acutely unwell females - one of whom has subsequently been transferred to PICU (Melton Ward) due to levels of violence and aggression.
- 6 incidents on Clark relating to an acutely unwell service user.
- 11 incidents on Poplars relate to a small number of service users with behavioural and psychological symptoms of dementia and a risk profile of violence and aggression.
- Where service users are a known risk of violence and aggression, risk specific care plans are in place with input from trust RRP specialist advisors as needed.
- Staff involved in incidents are supported by ward leadership teams including both managerial and clinical supervision.

Restraint incidents

- High incidence on Walton (24) relates to 3 service users with a risk profile of violence and aggression.
- High incidence on Elmdale (15) is reflective of current patient population and the presentation and risk profile of service users, including restraint to prevent self-harm.
- Ward teams seek advice and support from RRPI specialist advisors as needed to inform individualised and person-centred care planning for those service users with a known risk of violence and aggression.

Prone restraint incidents

- Zero incidences of prone restraint in August

Cancelled Agreed S17 Leave

- Ward 19 Female (1) – cancelled due to staffing
- Enfield Down (1) – cancellations due to patient being unwell

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Beamshaw Suite			Clark Suite		
				Jun-26	Jul-26	Aug-26	Jun-26	Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	88.2%	100.0%	89.5%	94.7%	95.2%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	7.3%	2.4%	3.9%	4.7%	6.8%	1.0%
Supervision - Clinical	Best place to work and learn	Well led	80%	92.6%	92.9%	70.4%	63.0%	66.7%	55.2%
Supervision - Management	Best place to work and learn	Well led	80%	92.6%	92.9%	70.4%	70.4%	74.1%	93.1%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	96.4%	100.0%	92.9%	100.0%	96.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	96.2%	89.3%	86.2%	96.4%	96.3%	96.6%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.5%	85.7%	93.1%	96.4%	96.3%	96.4%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	88.5%	92.9%	93.1%	92.9%	96.3%	100.0%
Bed occupancy (excluding leave)**	Best Quality	Safe	85%	101.7%	98.8%	103.5%	101.7%	98.8%	103.5%
Bed occupancy (including leave)**	Best Quality	Safe	Trend Monitor	108.7%	105.0%	108.4%	108.7%	105.0%	108.4%
Average Length of Stay	Best Quality	Safe	Trend Monitor	70	59	39	20	28	43
Safer staffing (Overall)	Best Quality	Safe	90%	110.9%	115.6%	123.7%	119.9%	102.3%	106.5%
Safer staffing (Registered)	Best Quality	Safe	80%	89.9%	93.5%	92.0%	99.6%	93.7%	97.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	5.7%	5.8%	9.2%	7.9%	22.6%	28.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	81.8%	85.7%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	1	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	0	4	12	1	6
Restraint incidents	Best Quality	Safe	Trend Monitor	2	2	5	10	4	4
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	3% (1/31)	0% (0/17)	0% (0/13)	14% (4/29)	12.5% (5/40)	0% (0/33)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	10	5	18	14	9	5

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

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

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Melton Suite Jul-26	Aug-26	Jun-26	Nostell Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	85.2%	93.3%	96.4%	75.0%	100.0%	94.1%
Sickness	Best place to work and learn	Well led	5.0%	3.8%	4.8%	12.3%	5.2%	7.2%	8.2%
Supervision - Clinical	Best place to work and learn	Well led	80%	87.5%	79.4%	71.9%	59.4%	87.1%	94.1%
Supervision - Management	Best place to work and learn	Well led	80%	87.5%	79.4%	71.9%	53.1%	83.9%	91.2%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.1%	94.1%	93.5%	100.0%	96.6%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	94.1%	97.1%	100.0%	100.0%	100.0%	93.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	79.4%	73.5%	87.1%	96.4%	100.0%	93.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	94.1%	94.1%	100.0%	85.7%	82.8%	86.7%
Bed occupancy (excluding leave)**	Best Quality	Safe	85%	109.4%	84.9%	105.4%	93.9%	93.8%	98.2%
Bed occupancy (including leave)**	Best Quality	Safe	Trend Monitor	113.9%	93.0%	110.2%	105.0%	103.9%	104.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	337	46	77	43	25	63
Safer staffing (Overall)	Best Quality	Safe	90%	112.0%	125.6%	122.4%	111.7%	106.7%	101.9%
Safer staffing (Registered)	Best Quality	Safe	80%	90.6%	93.0%	90.5%	126.8%	124.4%	115.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	1.5%	0.0%	0.0%	8.2%	15.1%	7.7%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	75.0%	90.0%	76.5%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	2	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	4	0	6	2	8
Restraint incidents	Best Quality	Safe	Trend Monitor	6	2	0	25	4	8
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	1	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	0% (0/3)	32.5% (13/40)	0% (0/6)	1% (1/87)	1.4% (1/74)	0% (0/58)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	12	15	14	33	8	10

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

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Stanley Jul-26	Aug-26	Jun-26	Walton Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	90.9%	100.0%	100.0%	83.3%	93.3%	93.5%
Sickness	Best place to work and learn	Well led	5.0%	7.2%	8.0%	4.0%	16.3%	6.2%	8.0%
Supervision - Clinical	Best place to work and learn	Well led	80%	66.7%	94.9%	97.4%	74.4%	89.7%	79.1%
Supervision - Management	Best place to work and learn	Well led	80%	63.9%	92.3%	94.9%	76.9%	89.7%	76.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.2%	100.0%	100.0%	97.4%	97.4%	97.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	94.4%	97.4%	100.0%	92.3%	87.2%	87.8%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	86.1%	92.1%	86.8%	87.2%	94.9%	97.6%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	83.3%	81.6%	84.2%	92.3%	92.3%	95.1%
Bed occupancy (excluding leave)**	Best Quality	Safe	85%	107.0%	97.7%	98.2%	96.0%	92.9%	91.0%
Bed occupancy (including leave)**	Best Quality	Safe	Trend Monitor	105.0%	103.9%	104.6%	99.0%	100.0%	103.2%
Average Length of Stay	Best Quality	Safe	Trend Monitor	50	31	71	42	57	34
Safer staffing (Overall)	Best Quality	Safe	90%	104.6%	105.1%	115.7%	123.1%	114.4%	114.5%
Safer staffing (Registered)	Best Quality	Safe	80%	93.9%	96.4%	96.5%	89.7%	88.4%	91.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	9.3%	10.0%	6.7%	14.4%	10.1%	6.9%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	2	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	1	2	10	4	1
Restraint incidents	Best Quality	Safe	Trend Monitor	11	11	0	13	7	24
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	1	2	0	1	1	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	2	0	0	1	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	0% (0/226)	0% (0/220)	0% (0/180)	N/A	0% (0/122)	0% (0/140)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	21	11	10	16	5	9

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

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Ashdale Jul-26	Aug-26	Jun-26	Ward 18 Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	91.7%	100.0%	100.0%	75.0%	82.6%	69.2%
Sickness	Best place to work and learn	Well led	5.0%	6.4%	7.2%	13.1%	3.6%	1.5%	2.1%
Supervision - Clinical	Best place to work and learn	Well led	80%	76.5%	65.6%	62.9%	92.1%	87.8%	33.3%
Supervision - Management	Best place to work and learn	Well led	80%	73.5%	65.6%	62.9%	92.1%	87.8%	35.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.6%	97.3%	100.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.5%	89.2%	88.9%	92.1%	95.0%	94.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.3%	83.3%	85.7%	68.4%	57.5%	71.1%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	91.9%	94.6%	94.4%	92.1%	95.0%	94.7%
Bed occupancy (excluding leave)	Best Quality	Safe	85%	99.2%	98.7%	98.3%	100.4%	98.5%	97.8%
Bed occupancy (including leave)	Best Quality	Safe	Trend Monitor	104.4%	103.4%	102.2%	100.9%	96.2%	103.6%
Average Length of Stay	Best Quality	Safe	Trend Monitor	59	189	84	32	37	25
Safer staffing (Overall)	Best Quality	Safe	90%	119.0%	102.3%	101.6%	112.6%	100.5%	103.8%
Safer staffing (Registered)	Best Quality	Safe	80%	106.4%	106.1%	102.1%	112.6%	110.1%	111.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	6.9%	8.5%	9.8%	0.9%	0.6%	5.5%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	81.3%	90.9%	62.5%	86.4%	94.7%	96.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	7	0	2	5	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	3	2	1	8	2	2
Restraint incidents	Best Quality	Safe	Trend Monitor	4	5	5	14	1	6
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	0% (0/636)	0% (0/653)	0% (0/636)	0% (0/588)	0% (0/337)	0% (0/477)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	7	2	3	10	4	3

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Working Age Adults

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Elmdale Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	95.5%	95.5%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.3%	3.7%	1.6%
Supervision - Clinical	Best place to work and learn	Well led	80%	91.7%	90.9%	78.8%
Supervision - Management	Best place to work and learn	Well led	80%	88.9%	90.9%	69.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.2%	97.1%	94.1%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	86.1%	88.2%	88.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.9%	87.9%	84.8%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	97.2%	97.1%	97.1%
Bed occupancy (excluding leave)	Best Quality	Safe	85%	94.4%	95.3%	98.0%
Bed occupancy (including leave)	Best Quality	Safe	Trend Monitor	97.9%	97.6%	103.1%
Average Length of Stay	Best Quality	Safe	Trend Monitor	52	20	28
Safer staffing (Overall)	Best Quality	Safe	90%	111.9%	108.9%	111.5%
Safer staffing (Registered)	Best Quality	Safe	80%	103.1%	99.7%	96.4%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	7.4%	1.2%	4.1%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	95.2%	95.7%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	1	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	8	5	1
Restraint incidents	Best Quality	Safe	Trend Monitor	16	13	15
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	1	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	0% (0/252)	0% (0/290)	0% (0/276)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	15	9	12

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Crofton Jul-26	Aug-26	Jun-26	Poplars CUE Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	73.7%	83.3%	83.3%	89.3%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	8.4%	8.8%	9.0%	14.5%	12.9%	19.1%
Supervision - Clinical	Best place to work and learn	Well led	80%	87.0%	84.0%	52.0%	85.7%	100.0%	87.1%
Supervision - Management	Best place to work and learn	Well led	80%	69.6%	72.0%	44.0%	85.7%	100.0%	87.1%
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%	92.6%	92.6%	92.6%	81.8%	86.1%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	80.0%	80.0%	80.0%	96.9%	82.9%	90.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	88.9%	85.2%	92.6%	78.8%	80.6%	100.0%
Bed occupancy (excluding leave)	Best Quality	Safe	85%	100.8%	97.4%	100.4%	72.7%	74.6%	76.1%
Bed occupancy (including leave)	Best Quality	Safe	Trend Monitor	114.6%	111.5%	114.5%	74.0%	74.6%	80.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	57	49	59	114	119	105
Safer staffing (Overall)	Best Quality	Safe	90%	159.1%	169.9%	165.9%	219.3%	186.1%	179.1%
Safer staffing (Registered)	Best Quality	Safe	80%	120.3%	115.1%	113.2%	110.2%	105.1%	87.2%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	3.4%	1.1%	19.5%	16.7%	47.3%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	90.9%	62.5%	100.0%	100.0%	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	2	6	7	1	3	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	4	2	0	10	8	11
Restraint incidents	Best Quality	Safe	Trend Monitor	21	7	9	12	3	8
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	5% (1/20)	0% (0/8)	0% (0/9)	9% (1/11)	20% (1/5)	0% (0/4)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	22	11	11	68	15	19

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Willow Jul-26	Aug-26	Jun-26	Beechdale Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	81.3%	100.0%	100.0%	83.3%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	2.5%	8.5%	12.2%	5.8%	8.6%	11.5%
Supervision - Clinical	Best place to work and learn	Well led	80%	88.2%	82.4%	66.7%	100.0%	100.0%	95.8%
Supervision - Management	Best place to work and learn	Well led	80%	88.2%	82.4%	66.7%	100.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	94.1%	84.2%	75.0%	95.7%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	82.4%	89.5%	90.0%	95.5%	100.0%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	94.7%	90.0%	95.7%	100.0%	100.0%
Bed occupancy (excluding leave)	Best Quality	Safe	85%	94.3%	94.2%	90.6%	99.4%	99.2%	97.4%
Bed occupancy (including leave)	Best Quality	Safe	Trend Monitor	106.0%	101.9%	107.1%	107.7%	101.0%	108.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	50	75	54	170	50	159
Safer staffing (Overall)	Best Quality	Safe	90%	121.7%	122.1%	135.4%	155.8%	164.9%	142.4%
Safer staffing (Registered)	Best Quality	Safe	80%	87.1%	84.3%	82.8%	103.4%	96.4%	95.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	5.0%	3.8%	6.4%	4.6%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	1	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	4	0	0	1	2	0
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	2% (1/67)	2.9% (2/68)	0% (0/7)	0% (0/27)	0% (0/33)	0% (0/48)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	18	27	10	7	9	8

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Older People Services

Metrics	Strategic Objective	CQC Domain	Threshold	Ward 19 - Male			Ward 19 - Female		
				Jun-26	Jul-26	Aug-26	Jun-26	Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	4.0%	7.6%	11.2%	7.5%	9.4%	7.8%
Supervision - Clinical	Best place to work and learn	Well led	80%	95.8%	96.2%	88.0%	95.0%	95.2%	94.7%
Supervision - Management	Best place to work and learn	Well led	80%	100.0%	100.0%	88.0%	95.0%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	95.8%	95.5%	95.8%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	87.5%	85.2%	87.5%	90.9%	87.5%	90.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.3%	92.6%	95.8%	68.2%	79.2%	90.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	95.8%	92.6%	95.8%	77.3%	79.2%	85.7%
Bed occupancy (excluding leave)	Best Quality	Safe	85%	96.2%	96.3%	98.5%	94.7%	93.8%	94.2%
Bed occupancy (including leave)	Best Quality	Safe	Trend Monitor	108.2%	103.4%	106.0%	103.3%	98.7%	98.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	109	60	73	82	80	65
Safer staffing (Overall)	Best Quality	Safe	90%	122.4%	129.5%	116.2%	152.3%	126.9%	131.5%
Safer staffing (Registered)	Best Quality	Safe	80%	90.9%	94.6%	80.8%	109.8%	104.3%	98.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	16.0%	0.0%	5.3%	9.7%	2.2%	16.6%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	71.4%	100.0%	100.0%	83.3%	100.0%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	2	4	2	2	3
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	7	3	2	3	4
Restraint incidents	Best Quality	Safe	Trend Monitor	0	6	2	0	9	3
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	0% (0/42)	0% (0/90)	0% (0/30)	0% (0/13)	0% (0/11)	5.9% (1/17)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	1	3	11	16	13

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Rehab

Metrics	Strategic Objective	CQC Domain	Threshold	Enfield Down			Lyndhurst		
				Jun-26	Jul-26	Aug-26	Jun-26	Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	89.4%	95.8%	95.8%	80.0%	95.8%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	3.2%	3.7%	3.7%	2.4%	5.6%	2.8%
Supervision - Clinical	Best place to work and learn	Well led	80%	97.8%	91.1%	95.6%	76.9%	96.4%	96.3%
Supervision - Management	Best place to work and learn	Well led	80%	97.8%	88.9%	95.6%	76.9%	100.0%	100.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.1%	100.0%	100.0%	96.3%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	84.3%	83.1%	80.8%	81.5%	81.5%	80.8%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	87.0%	88.9%	93.3%	74.1%	77.8%	92.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.2%	96.1%	98.1%	92.6%	92.6%	100.0%
Bed occupancy (excluding leave)	Best Quality	Safe	Trend Monitor	63.1%	62.5%	61.4%	51.7%	59.4%	63.8%
Bed occupancy (including leave)	Best Quality	Safe	Trend Monitor	65.2%	64.5%	64.8%	55.2%	64.3%	67.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	432	N/A	94	N/A	N/A	860
Safer staffing (Overall)	Best Quality	Safe	90%	98.3%	101.0%	99.7%	98.5%	98.1%	98.1%
Safer staffing (Registered)	Best Quality	Safe	80%	99.2%	98.3%	97.6%	97.7%	98.4%	98.2%
% 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	100.0%	100.0%	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	1	1	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	2% (2/121)	5.1% (5/98)	1.2% (1/82)	0% (0/30)	0% (0/44)	0% (0/13)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	4	1	0	0	0

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic West Yorkshire

Medium Secure

- No prone restraint incidents were recorded across any medium secure ward during August 2026.
- Inpatient risk assessments at 100%.
- Workforce pressures remain the principal risk, particularly sickness and supervision compliance. No apparent correlation between Incidents and sickness absence.
- Five wards were above the compliance threshold for sickness absence: Appleton (6.2%), Chippendale (11.1%), Hepworth (8.4%), Priestley (10.5%) and Waterton (15%). Current challenges within the service primarily relate to long-term sickness absence. The service is working closely with the People Directorate to support attendance management, with identified hotspot areas forming a key focus of the Trust-wide sickness reduction plan.
- Appraisal compliance has improved, with all wards now above the required compliance threshold, reflecting the focused work of Ward Managers.
- IG compliance has improved, with only two wards (Priestley and Chippendale) now just below the compliance target at 94.7% and 93.8% respectively. Ongoing focused work from Ward Managers over the next four weeks is expected to further improve performance and achieve compliance.
- Johnson was the only ward below CPR compliance target (78.1%), with staff booked onto training and compliance aimed to be achieved by October.
- Priestly was below compliance for fire training at 73.7%, and are reviewing compliance challenges to support plans to improve compliance.
- Both clinical and management supervision was above compliance for Bronte, Chippendale and Hepworth.
- Clinical Supervision was below compliance for Appleton (77.8%), Johnson (61.3%), Priestley (52.9%) and Waterton (32.0%).
- Management supervision was below compliance for Appleton (50%), Johnson (74.2%), Priestley (70.6%) and Waterton (68.0%).
- To improve supervision compliance and ensure all staff receive effective clinical and management supervision, the service is reviewing systems and structures, sharing good practice, updating guidance, and implementing a supervision recovery plan. Improvement is expected by October, with full compliance targeted by December to support sustainable embedding of processes.
- Bronte demonstrated the strongest overall performance profile.

Leadership Actions

- Ward managers to develop and implement recovery plans where sickness absence remains high, with particular focus on Chippendale, Waterton, Hepworth, Appleton and Priestley.
- Managers will review and strengthen supervision systems, guidance and oversight arrangements to improve compliance, share good practice, and deliver the supervision recovery plan towards full compliance by December.
- Chippendale and Priestley to complete outstanding Information Governance training and provide assurance that compliance is improving.
- Priestley to complete fire training and provide assurance compliance is improving.
- Johnson to increase uptake of CPR training and maintain appropriate skill mix arrangements until compliance is restored.
- Performance discussions to continue with wards experiencing a combination of high sickness and low supervision compliance to ensure risks are understood and managed.
- Learning from Bronte's performance to be shared across the service to support improvement in other ward areas.
- Progress against all actions to be monitored through monthly performance and quality meetings.

Low Secure Service

- No prone restraint incidents were recorded across Low Secure services during August 2026.
- Inpatient risk assessments at 100%.
- Workforce pressures remain the key area of concern, particularly supervision compliance and sickness absence.
- Appraisal compliance has improved, with Ryburn, Thornhill and Sandal now above the required compliance threshold, reflecting the focused work of Ward Managers. A clear plan for improvement is in place on Newhaven.
- Clinical Supervision was below compliance for Thornhill (37.5%), Sandal (63.6%) and Ryburn (50%).
- Management supervision was below compliance all areas.
- To improve supervision compliance and ensure all staff receive effective clinical and management supervision, the service is reviewing systems and structures, sharing good practice, updating guidance, and implementing a supervision recovery plan. Improvement is expected by October, with full compliance targeted by December to support sustainable embedding of processes.
- Two wards were above compliance for sickness absence, Ryburn (10%) and Newhaven (9.7%). The service is working closely with the People Directorate to support attendance management, with identified hotspot areas forming a key focus of the Trust-wide sickness reduction plan.
- Thornhill performance remains positive across several indicators, achieving 100% appraisal compliance, sickness of 1.4%, and occupancy of 99.1%. No violence, restraint or prone restraint incidents were reported. Training compliance is generally strong. Cancelled section 17 leave has also improved from 32% to 10.8%. Areas requiring a continued focus include supervision and IG compliance (90.3%).
- Sandal maintains strong performance in safety, staffing and several mandatory training areas, with no reported violence or restraint incidents and staffing levels remaining above target (146%). However, supervision and CPR compliance (63.3%) remain below expected standards and require continued management focus. Mitigating actions are in place to ensure there are CPR trained staff on every shift. Increased Section 17 leave cancellations and unfilled shifts will also be monitored. Acuity has accounted for an overall reduction in performance.

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic West Yorkshire

Low Secure Service Continued

- Ryburn demonstrates strong performance across a number of key workforce, training and safety indicators. Appraisal compliance remains at 100%, and all mandatory training remains within compliance. There are, however, notable workforce challenges. Sickness absence remains significantly above target at 10.0%, and supervision compliance remains below expected compliance.
- Newhaven continues to demonstrate strong staffing performance, with overall safer staffing at 107.8% and registered staffing at 97.8%. Clinical supervision compliance remains above target at 88.0%, although there has been an unexpected reduction in management supervision compliance to 72.0%, falling below the 80% target. Mandatory training compliance remains strong across all areas, while bed occupancy is maintained below the 85% threshold at 81.3%, supporting patient flow and capacity management. Areas requiring continued focus include appraisal compliance (80.8%), sickness absence (9.7%), and Information Governance compliance (92.6%), all of which remain below target. Safety incidents remain relatively low; however, the ward reported two incidents of patient-on-patient violence, alongside a small number of patient-on-staff violence and restraint incidents during the reporting period. These incidents relate to a small cohort of service users with complex needs and continue to be actively managed within existing risk management processes.

Leadership Actions

- Implement targeted recovery plans in Ryburn and Newhaven to reduce sickness absence and improve workforce resilience.
- Managers will review and strengthen supervision systems, guidance and oversight arrangements to improve compliance, share good practice, and deliver the supervision recovery plan towards full compliance by December.
- Restore mandatory training compliance through completion of outstanding Information Governance training in Thornhill and Newhaven, and CPR training in Sandal.
- Continue to review all violence and restraint incidents in Newhaven to identify learning and strengthen prevention and staff safety measures.

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Appleton Jul-26	Aug-26	Jun-26	Bronte Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	80.0%	93.3%	93.3%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	4.4%	4.0%	6.2%	0.6%	0.7%	3.3%
Supervision - Clinical	Best place to work and learn	Well led	80%	83.3%	88.9%	77.8%	90.9%	86.4%	82.6%
Supervision - Management	Best place to work and learn	Well led	80%	66.7%	88.9%	50.0%	54.5%	90.9%	87.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	88.9%	94.4%	100.0%	100.0%	100.0%	95.5%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	94.4%	100.0%	100.0%	100.0%	95.5%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	83.3%	83.3%	100.0%	81.0%	90.5%	95.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	88.9%	88.9%	94.1%	85.7%	85.7%	86.4%
Bed occupancy	Best Quality	Safe	90%	50.0%	50.0%	50.0%	98.6%	100.0%	100.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	93.8%	93.5%	101.4%	122.8%	196.0%	174.5%
Safer staffing (Registered)	Best Quality	Safe	80%	91.6%	86.1%	89.8%	112.4%	137.7%	127.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	100.0%	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	3	4	2	2
Restraint incidents	Best Quality	Safe	Trend Monitor	2	2	4	11	2	2
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	3	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	N/A	N/A	66.7% (4/6)	100% (6/6)	0% (0/7)	0% (0/2)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	1	1	0	5	9	11

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Chippendale Jul-26	Aug-26	Jun-26	Hepworth Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	84.2%	82.2%	100.0%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	7.1%	17.0%	11.1%	4.5%	10.7%	8.4%
Supervision - Clinical	Best place to work and learn	Well led	80%	78.9%	88.2%	94.1%	55.0%	66.7%	84.2%
Supervision - Management	Best place to work and learn	Well led	80%	42.1%	82.4%	100.0%	10.0%	61.1%	94.7%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.7%	94.4%	93.8%	95.2%	94.7%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	94.4%	93.8%	100.0%	100.0%	100.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	84.2%	83.3%	87.5%	76.2%	78.9%	89.5%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	94.7%	88.9%	93.8%	95.2%	94.7%	94.7%
Bed occupancy	Best Quality	Safe	90%	96.1%	91.7%	91.7%	79.8%	83.0%	84.9%
Average Length of Stay	Best Quality	Safe	Trend Monitor	814	N/A	N/A	66	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	122.1%	96.7%	97.3%	95.9%	96.3%	94.4%
Safer staffing (Registered)	Best Quality	Safe	80%	125.0%	106.1%	102.5%	89.7%	89.5%	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%	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	1	1	0	1	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	1	2	0	1	0	1
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	10% (3/31)	0% (0/23)	4.8% (1/21)	50% (1/2)	0% (0/4)	50% (2/4)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	14	3	1	1	2	0

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Johnson Jul-26	Aug-26	Jun-26	Priestley Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	80.8%	100.0%	100.0%	87.5%	93.8%	93.8%
Sickness	Best place to work and learn	Well led	5.0%	2.7%	2.0%	0.6%	4.2%	7.3%	10.5%
Supervision - Clinical	Best place to work and learn	Well led	80%	84.4%	77.4%	61.3%	78.9%	61.1%	52.9%
Supervision - Management	Best place to work and learn	Well led	80%	84.4%	87.1%	74.2%	57.9%	55.6%	70.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	96.9%	93.9%	96.9%	100.0%	95.0%	94.7%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	93.8%	90.9%	84.4%	94.4%	94.7%	94.4%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	87.5%	81.8%	78.1%	77.8%	84.2%	83.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	93.8%	90.9%	90.6%	89.5%	85.0%	73.7%
Bed occupancy	Best Quality	Safe	90%	100.0%	100.0%	100.0%	93.5%	94.1%	99.6%
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%	103.9%	99.9%	100.0%	90.9%	94.2%	98.7%
Safer staffing (Registered)	Best Quality	Safe	80%	99.5%	96.4%	103.4%	88.4%	84.9%	90.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	1	0	0	2	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	13% (5/39)	5.4% (2/37)	6.3% (2/32)	52% (11/21)	9.1% (1/11)	9.1% (1/11)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	3	1	0	1	0	0

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic West Yorkshire - Medium Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Waterton Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	100.0%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	18.3%	16.3%	15.0%
Supervision - Clinical	Best place to work and learn	Well led	80%	75.0%	75.0%	32.0%
Supervision - Management	Best place to work and learn	Well led	80%	62.5%	54.2%	68.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.4%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	100.0%	89.5%	95.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	88.9%	89.5%	85.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	88.9%	89.5%	90.5%
Bed occupancy	Best Quality	Safe	90%	92.7%	92.7%	93.8%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1514	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	97.8%	96.9%	95.5%
Safer staffing (Registered)	Best Quality	Safe	80%	99.1%	95.3%	88.4%
% 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	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	0
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	20% (5/25)	0% (0/71)	0% (0/69)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	5	1	0

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Thornhill Jul-26	Aug-26	Jun-26	Sandal Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	96.7%	100.0%	100.0%	83.3%	92.0%	96.2%
Sickness	Best place to work and learn	Well led	5.0%	5.9%	1.5%	1.4%	6.9%	6.7%	3.2%
Supervision - Clinical	Best place to work and learn	Well led	80%	52.9%	45.5%	37.5%	48.5%	72.7%	63.6%
Supervision - Management	Best place to work and learn	Well led	80%	41.2%	33.3%	46.9%	33.3%	24.2%	54.5%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	94.1%	93.9%	90.3%	96.6%	93.1%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	97.1%	100.0%	93.5%	93.1%	93.1%	90.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	76.5%	84.8%	87.1%	65.5%	69.0%	63.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	97.1%	97.0%	93.5%	93.1%	96.6%	96.7%
Bed occupancy	Best Quality	Safe	85%	96.0%	96.6%	99.1%	93.8%	90.5%	83.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	1400	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	95.4%	98.3%	103.0%	183.9%	133.0%	146.0%
Safer staffing (Registered)	Best Quality	Safe	80%	100.3%	98.3%	100.6%	105.3%	97.1%	99.3%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	N/A	100.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	32% (34/108)	10.8% (16/148)	6.0% (8/134)	10% (4/39)	13.3% (4/30)	22.2% (2/9)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	0	3	1	20	7	8

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic West Yorkshire - Low Secure

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Ryburn Jul-26	Aug-26	Jun-26	Newhaven Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	100.0%	90.9%	100.0%	81.5%	80.8%	80.8%
Sickness	Best place to work and learn	Well led	5.0%	28.4%	16.8%	10.0%	4.9%	11.6%	9.7%
Supervision - Clinical	Best place to work and learn	Well led	80%	30.8%	50.0%	50.0%	92.3%	92.3%	88.0%
Supervision - Management	Best place to work and learn	Well led	80%	23.1%	30.0%	50.0%	88.5%	80.8%	72.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	100.0%	93.3%	95.8%	92.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	90.0%	100.0%	100.0%	90.0%	95.8%	88.9%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	100.0%	100.0%	88.9%	92.3%	91.3%	95.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	96.7%	100.0%	92.6%
Bed occupancy	Best Quality	Safe	85%	87.6%	95.4%	100.0%	81.3%	81.3%	81.3%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	1278	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	97.4%	99.1%	99.1%	104.6%	108.7%	107.8%
Safer staffing (Registered)	Best Quality	Safe	80%	97.6%	98.3%	98.3%	102.5%	102.3%	97.8%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	N/A	N/A	N/A	N/A	N/A	N/A
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	2
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	2	6	1
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	0	2	3	2
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	0% (0/4)	0% (0/1)	0% 90/2)	3% (1/32)	3.6% (1/28)	4.5% (1/22)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	1	0	1	4	2	2

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Non-Mental Health

• Appraisal rate (90%):

Both units have seen an increase since last month.

Any appraisals outstanding / due have been booked in during September for both wards.

NRU 100%; SRU 98.5%.

• Supervision (80%):

Work continues to improve clinical and managerial supervision; both uptake and recording. As a result of plans put in place during July to improve the trajectory by undertaking clinical and managerial supervision during handovers and recording this daily, we are continuing to see a significant increase in both teams during August. See narrative on in care group section of the report; this also applies to both wards.

• Sickness (5%):

NRU – sickness for August remains outside compliance; but the position has improved further down to 7.1%.The current position continues to include some instances of long term sickness.

SRU – Sickness for August has increased and is now outside compliance at 6.9%. The current position includes several instances of long term sickness.

Sickness on both units is being monitored and managed via Supporting Wellbeing (Sickness and Attendance Procedure). As noted last month, some staff continue to be off work on a long-term basis and therefore continue to impact this month's figures.

• Information Governance (95%):

NRU continues to achieve compliance at 97.3% for August.

SRU continues to achieve compliance at 95.7% for August.

• CPR (80%):

NRU continues to achieve compliance during August at 85.7%.

SRU continues to achieve compliance during August at 83.3%.

Learning and Development colleagues are exploring the use of local venues to enable Barnsley staff to attend this training more easily and reduce the amount of travel time. See also narrative on page 2 for wider Care Group; this also applies to our wards.

• Fire Safety Training (85%):

NRU – has seen a further increase, maintaining compliance during August at 89.2%.

SRU – continues to maintain compliance during August at 91.3%.

• Safer Staffing - overall (90%):

NRU – within compliance – at 112%

SRU – below compliance – 77.8

Safer staffing (registered 80%) is within compliance for both units.

To note: the establishment figures for both wards were reviewed in November 2025 and work continues to realign this on e-roster following further meetings in the first half of 2026. The recommendations to correct the roster fill rate for SRU will take effect from 28th September. Until this date, there may be ongoing instances where the figures do not show as compliant.

Metrics	Strategic Objective	CQC Domain	Threshold	Neuro Rehabilitation Unit (NRU)			Stroke Rehabilitation Unit (SRU)		
				Jun-26	Jul-26	Aug-26	Jun-26	Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	97.1%	97.0%	100.0%	88.4%	97.1%	98.5%
Sickness	Best place to work and learn	Well led	5.0%	11.3%	9.4%	7.1%	3.8%	4.9%	6.9%
Supervision - Clinical	Best place to work and learn	Well led	80%	39.5%	75.0%	100.0%	47.7%	68.7%	88.1%
Supervision - Management	Best place to work and learn	Well led	80%	21.1%	44.4%	91.4%	12.3%	37.3%	74.6%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	97.3%	95.8%	95.8%	95.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	77.8%	80.0%	85.7%	80.9%	82.4%	83.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	84.2%	86.5%	89.2%	90.3%	93.1%	91.3%
Bed occupancy (Barnsley Commissioned beds only)	Best Quality	Safe	80%	97.8%	90.1%	93.5%	67.8%	88.7%	93.0%
Average Length of Stay	Best Quality	Safe	Trend Monitor	67	71	58	26	37	39
Safer staffing (Overall)	Best Quality	Safe	90%	110.9%	118.0%	112.0%	79.9%	82.7%	77.8%
Safer staffing (Registered)	Best Quality	Safe	80%	92.3%	106.9%	98.7%	93.7%	94.3%	91.3%
% 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	0	0	0	0	0	0
Unfilled Shifts	Best Quality	Safe	Trend Monitor	2	4	3	18	11	30

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Mental Health - Learning Disability

Headlines

- Strong overall quality and governance position with appraisals (97.1%), clinical supervision (88.9%) and management supervision (88.9%) and most mandatory training standards achieved.
- Positive reduction in patient-on-staff assaults (0) and restraint incidents (1).
- No prone restraints and strong risk assessment compliance (100%) provides assurance regarding safety processes.
- Sickness absence at 7.6%, remaining above the 5% target; however, a slight reduction has been observed compared to the previous reporting period. The increase is understood to be primarily attributable to long-term sickness absence, with appropriate management support and monitoring arrangements in place.
- CPR compliance fell below target to 73% and is the principal training hotspot. Plans are in place to ensure trained staff are always on duty and staff non-compliant are booked on training.
- No prone restraint incidents were recorded during August.
- 92.1% of patients were clinically ready for discharge, indicating ongoing discharge pathway pressures. Escalations are in place and close working with system partners to support onward placements.

Metrics	Strategic Objective	CQC Domain	Threshold	Jun-26	Horizon Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	88.2%	97.0%	97.1%
Sickness	Best place to work and learn	Well led	5.0%	5.7%	7.9%	7.6%
Supervision - Clinical	Best place to work and learn	Well led	80%	100.0%	86.1%	88.9%
Supervision - Management	Best place to work and learn	Well led	80%	97.2%	83.3%	88.9%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	97.5%	97.4%	97.4%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	92.5%	92.1%	92.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	81.6%	72.2%	73.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	90.0%	97.4%	92.3%
Bed occupancy (excluding leave)	Best Quality	Safe	N/A	45.0%	44.0%	40.7%
Bed occupancy (including leave)	Best Quality	Safe	Trend Monitor	45.8%	44.0%	40.7%
Average Length of Stay	Best Quality	Safe	Trend Monitor	N/A	20	10
Safer staffing (Overall)	Best Quality	Safe	90%	121.6%	115.7%	108.8%
Safer staffing (Registered)	Best Quality	Safe	80%	161.1%	151.5%	125.6%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	81.8%	85.3%	92.1%
% inpatient risk assessment completed within 24hrs before or after admission	Best Quality	Safe	95%	100.0%	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	6	3	0
Restraint incidents	Best Quality	Safe	Trend Monitor	6	3	1
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	0% (0/176)	0% (0/138)	0% (0/145)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	36	36	10

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic South Yorkshire

Relationships with the South Yorkshire Provider Collaborative are much improved with joint working regarding future bed modelling continuing to be a priority. SWYPFT policy integration continues.

Low Secure Services

- Bed Occupancy: Hamilton and Don are operating at full occupancy (100%) with Calder at 99%. Planned admissions to Aire (awaiting warrants) and internal moves planned to Esk. One bedroom on Aire remains out of use due to water quality issue.
- Supervision: Calder demonstrates strong compliance with both clinical and management supervision. Don, Wentbridge and Esk remain below the 80% target for both clinical and management supervision, Aire remains slightly below target but sees some improvements from July. Ongoing work with ward managers regarding recording on Trust supervision database. Improvement on recording of Don supervisions during this month.
- Appraisals: Strong performance in Calder (100%) and Esk (90.5%), meeting the 90% target. Aire (79.2%), Don (69.6%) and Wentbridge (78.1%) remain below target despite gradual improvement. Ward managers aware all have to be complete by end of September.
- Mandatory Training: Compliance is generally strong across all wards. The main exceptions are Don and Esk who both fall below threshold for Reducing Restrictive Practice training compliance and information governance. All relevant staff booked on RRPPI training and IG compliance is being addressed by ward managers. Aire has dipped slightly below target for CPR with a plan in place.
- Staffing: Safer staffing and registered staffing levels exceed target across all wards with the exception of Aire that has dipped very slightly below target (86.5%). However, high levels of unfilled shifts, particularly in Wentbridge, Don, Aire and Esk, indicate ongoing workforce pressures. Recruitment of registered staff undertaken and should contribute to improvement over coming months.
- Section 17 Leave: Increase in cancelled leave on Aire in August to 21.4% - needs further work to understand as very few patients on this ward have leave and clinical team/RC believe this is patients cancelling their own leave as opposed to us not being able to facilitate this.
- Restrictive Practice: No prone restraint incidents were reported across any ward. Restraint use remains low overall, incidents on Hamilton relate to one patient and repeated incidents that have been very well managed, avoiding seclusion.

Medium Secure Services (Foss and Skipton)

- Staffing: Overall safer staffing remains above target. However, Skipton continues to operate below the registered staffing target (69.1%) This is related to the increased staffing required for the extra package of care for one female.
- Patient Flow and Workforce: Foss continues to experience high sickness (7.2%) with staffing also having an impact on the amount of cancelled Section 17 leave (27%)
- Supervision: Foss and Skipton now both exceed target for clinical and management supervision.
- Bed Occupancy: Both wards exceed occupancy target, Skipton is 97.9% and Foss 91.7%
- Appraisals: Both wards exceed target at 100% compliance.
- Mandatory Training: Compliance is strong across both wards. All areas are now above target.
- Restrictive Practice: No prone restraint incidents were reported.

Metrics	Strategic Objective	CQC Domain	Threshold	Medium Secure Services Foss			Skipton		
				Jun-26	Jul-26	Aug-26	Jun-26	Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	83.3%	100.0%	100.0%	96.6%	96.3%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	7.1%	7.2%	7.1%	4.1%	3.8%	2.0%
Supervision - Clinical	Best place to work and learn	Well led	80%	88.9%	92.6%	100.0%	93.9%	79.3%	90.3%
Supervision - Management	Best place to work and learn	Well led	80%	85.2%	85.2%	100.0%	87.9%	82.8%	90.3%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	92.3%	96.3%	96.2%	100.0%	100.0%	96.6%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	84.6%	88.9%	92.3%	84.8%	83.9%	89.7%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	80.8%	96.3%	96.2%	82.8%	92.9%	89.3%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	92.3%	96.3%	96.2%	97.0%	96.8%	96.6%
Bed occupancy	Best Quality	Safe	90%	74.8%	92.6%	97.9%	91.7%	91.7%	91.7%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	1894	N/A	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	105.3%	107.8%	101.5%	103.7%	100.8%	92.9%
Safer staffing (Registered)	Best Quality	Safe	80%	104.6%	101.1%	99.5%	70.3%	69.4%	69.1%
% 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	2	1	0
Restraint incidents	Best Quality	Safe	Trend Monitor	1	4	2	14	4	5
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	27% (10/37)	27% (10/37)	5.1% (2/39)	16% (6/37)	5.1% (2/39)	8.0% (2/25)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	23	17	18	34	19	18

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services			Hamilton/Wentbridge		
				Jun-26	Jul-26	Aug-26	Jun-26	Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	90.5%	90.5%	90.5%	78.1%	74.2%	78.1%
Sickness	Best place to work and learn	Well led	5.0%	3.9%	0.8%	1.0%	3.2%	4.6%	3.3%
Supervision - Clinical	Best place to work and learn	Well led	80%	72.7%	68.2%	43.5%	91.2%	76.5%	70.6%
Supervision - Management	Best place to work and learn	Well led	80%	81.8%	50.0%	52.2%	88.2%	58.8%	50.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	100.0%	87.5%	97.1%	100.0%	100.0%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	81.8%	81.8%	75.0%	97.1%	97.0%	97.0%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.2%	95.2%	95.7%	97.1%	84.8%	87.9%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	78.1%	87.3%	81.5%	87.5%	96.5%	100.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	5,508	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	102.2%	96.4%	109.4%	121.4%	132.9%	132.6%
Safer staffing (Registered)	Best Quality	Safe	80%	81.4%	85.6%	89.6%	94.4%	92.0%	89.4%
% 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	2	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	1	0	3	6	10
Restraint incidents	Best Quality	Safe	Trend Monitor	1	1	1	0	5	5
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	18% (8/44)	37.9% (11/29)	13.0% (3/23)	76% (29/38)	5.9% (1/17)	13.3% (2/15)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	3	5	9	28	55	33

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services			Don		
				Jun-26	Jul-26	Aug-26	Jun-26	Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	64.3%	65.4%	79.2%	69.6%	70.8%	69.6%
Sickness	Best place to work and learn	Well led	5.0%	5.2%	10.3%	9.2%	1.8%	2.0%	3.0%
Supervision - Clinical	Best place to work and learn	Well led	80%	73.3%	69.5%	76.2%	50.0%	24.0%	64.0%
Supervision - Management	Best place to work and learn	Well led	80%	60.0%	69.5%	76.2%	45.8%	24.0%	68.0%
Information Governance training compliance	Best place to work and learn	Well led	>=95%	100.0%	92.6%	95.7%	95.7%	91.7%	91.3%
Reducing Restrictive Practice Interventions training compliance	Best place to work and learn	Well led	>=80%	89.3%	88.9%	91.3%	78.3%	79.2%	78.3%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	92.9%	88.9%	78.3%	87.0%	91.7%	95.7%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	87.2%	76.9%	83.3%	98.3%	93.8%	100.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	464	N/A	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	90.3%	89.9%	86.5%	106.4%	107.4%	105.3%
Safer staffing (Registered)	Best Quality	Safe	80%	90.9%	94.1%	91.4%	86.9%	90.2%	83.9%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	0	1	0	0
Restraint incidents	Best Quality	Safe	Trend Monitor	0	1	0	2	1	0
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	5% (1/20)	14.8% (4/27)	21.4% (6/28)	12% (5/42)	17.3% (9/52)	12.5% (6/48)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	11	8	20	8	13	20

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Inpatients - Forensic South Yorkshire

Metrics	Strategic Objective	CQC Domain	Threshold	Low Secure Services Calder		
				Jun-26	Jul-26	Aug-26
Appraisal rate	Best place to work and learn	Well led	90%	90.5%	90.5%	100.0%
Sickness	Best place to work and learn	Well led	5.0%	5.4%	4.9%	13.3%
Supervision - Clinical	Best place to work and learn	Well led	80%	100.0%	100.0%	94.4%
Supervision - Management	Best place to work and learn	Well led	80%	100.0%	100.0%	94.4%
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%	95.2%
Cardiopulmonary resuscitation (CPR) training compliance	Best place to work and learn	Well led	>=80%	95.2%	100.0%	100.0%
Fire Safety training compliance	Best place to work and learn	Well led	>=85%	100.0%	100.0%	100.0%
Bed occupancy	Best Quality	Safe	90%	92.9%	93.8%	99.0%
Average Length of Stay (days)	Best Quality	Safe	Trend Monitor	N/A	N/A	N/A
Safer staffing (Overall)	Best Quality	Safe	90%	91.6%	94.8%	96.6%
Safer staffing (Registered)	Best Quality	Safe	80%	90.2%	90.4%	92.1%
% of clients clinically ready for discharge	Best Quality	Responsive	3.5%	0.0%	0.0%	0.0%
Physical Violence (Patient on Patient)	Best Quality	Safe	Trend Monitor	0	0	0
Physical Violence (Patient on Staff)	Best Quality	Safe	Trend Monitor	0	0	1
Restraint incidents	Best Quality	Safe	Trend Monitor	0	0	1
Prone Restraint incidents - Staff Led	Best Quality	Safe	Trend Monitor	0	0	0
Prone Restraint incidents - Patient Led	Best Quality	Safe	Trend Monitor	0	0	0
% Section 17 Leave Cancelled	Best Quality	Safe	Trend Monitor	2% (1/57)	7.1% (4/56)	7.5% (4/53)
Unfilled Shifts	Best Quality	Safe	Trend Monitor	7	3	10

Summary

Quality & Safety

People

National Metrics

Care Groups

Ward Detail

Finance/ Contracts

Overall Financial Performance 2026/27

Executive Summary / Key Performance Indicators

Performance Indicator		Strategic Objective	CQC Domain	Year to Date	2026/27 Forecast	Narrative
NHS Oversight Framework - finance metric		Best Value	Well Led	1	1	From July 2026 the NHS Oversight Framework (NOF) finance rating has been incorporated into the monthly provider finance return (PFR). This includes the main finance rating and temporary staffing metrics. At August 2026, as the Trust remains ahead of plan, this rating is 1.
1	Surplus / (Deficit)	Best Value	Well Led	(£2.2m)	£0m	The financial performance in August 2026 is a deficit of £225k which is £30k better than plan in month. The year to date position remains just ahead of plan (£35k). Delivery, maintaining in line with plan, continues to be supported by one off items and the timing of resolved items such as funding from commissioners. Further actions are required to ensure that the breakeven target can be achieved.
2	Agency Spend	Best Value	Well Led	£0.7m	£1.8m	Agency spend, which continues to be limited to a small number of medical posts, has reduced from £162k to £130k in month. This is equivalent to 7.63 worked WTE. As monitored within the NOF this is 0.5% of the Trust year to date total pay bill.
3	Bank Spend	Best Value	Well Led	£9.4m	£20.7m	Bank spend has continued fluctuate. August is the second monthly reduction, this month due to reduced medical locum costs. Nursing staff, primarily to support operational pressures in inpatient areas, remains the same as July at £1,685k. The year to date £9.4m represents 7.2% of the total Trust pay bill. Although actions continue the forecast, reflected in the amber rating, is that the bank expenditure target will be exceeded.
4	Financial sustainability and efficiencies	Best Value	Well Led	£5.9m	£17.7m	The Trust value for money programme is reported as ahead of plan at month 5. The largest contributors are the reduction in corporate costs and the maintained run rate reduction of spend on temporary staffing and out of area placements. The trajectory includes the identification, and delivery, of new schemes later in the year. These need to be recurrent in nature to ensure that the Trust medium term financial plan of breakeven is maintained.
5	Cash	Best Value	Well Led	£57.6m	£58.7m	The current cash position continues to be positive but, in line with national focus in this area, best practice continues to be reviewed to ensure that we have effective management of the Trust working capital position.
6	Capital Spend	Best Value	Well Led	£3.4m	£14.9m	The Trust continues to progress with it's capital programme. Pricing, and profiles, are expected to be agreed shortly for the main schemes. Mitigations to manage within the in year allocation are being developed to ensure that this can be fully and appropriately utilised.
7	Better Payment Practice Code	Best Value	Well Led	98%		This performance is based upon a combined NHS / Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

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



South West Yorkshire
Partnership Teaching
NHS Foundation Trust



Finance Report

Month 5 (2026 / 27)



www.southwestyorkshire.nhs.uk

With **all of us** in mind.

1.0	Executive Summary / Key Performance Indicators		
-----	--	--	--

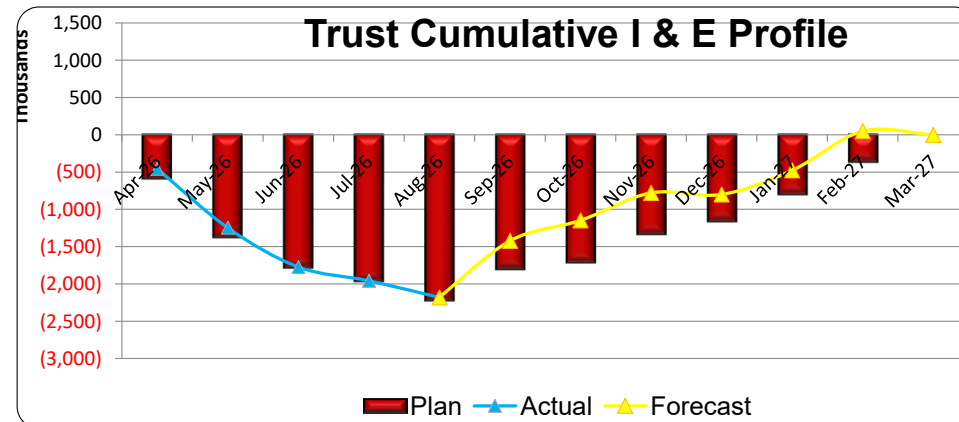
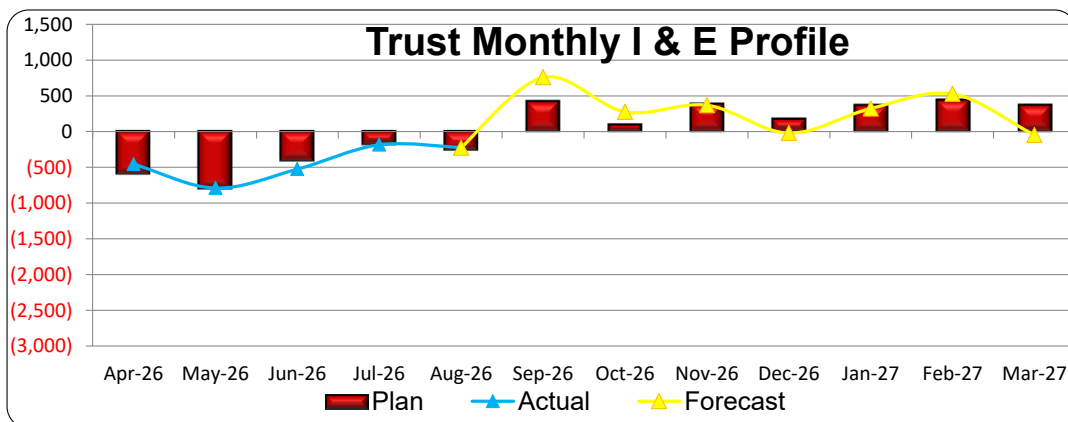
Key Performance Indicator		Year to Date	Forecast 2026 / 27	Narrative
NOF 1	NHS Oversight Framework	1	1	From July 2026 the NHS Oversight Framework (NOF) finance rating has been incorporated into the monthly provider finance return (PFR). This includes the main finance rating and temporary staffing metrics. At August 2026, as the Trust remains ahead of plan, this rating is 1.
1	Surplus / (Deficit)	(£2.2m)	£0m	The financial performance in August 2026 is a deficit of £225k which is £30k better than plan in month. The year to date position remains just ahead of plan (£35k). Delivery, maintaining in line with plan, continues to be supported by one off items and the timing of resolved items such as funding from commissioners. Further actions are required to ensure that the breakeven target can be achieved.
2	Agency Spend	£0.7m	£1.8m	Agency spend, which continues to be limited to a small number of medical posts, has reduced from £162k to £130k in month. This is equivalent to 7.63 worked WTE. As monitored within the NOF this is 0.5% of the Trust year to date total pay bill.
3	Bank Spend	£9.4m	£20.7m	Bank spend has continued fluctuate. August is the second monthly reduction, this month due to reduced medical locum costs. Nursing staff, primarily to support operational pressures in inpatient areas, remains the same as July at £1,685k. The year to date £9.4m represents 7.2% of the total Trust pay bill. Although actions continue the forecast, reflected in the amber rating, is that the bank expenditure target will be exceeded.
4	Financial sustainability and efficiencies	£5.9m	£17.7m	The Trust value for money programme is reported as ahead of plan at month 5. The largest contributors are the reduction in corporate costs and the maintained run rate reduction of spend on temporary staffing and out of area placements. The trajectory includes the identification, and delivery, of new schemes later in the year. These need to be recurrent in nature to ensure that the Trust medium term financial plan of breakeven is maintained.
5	Cash	£57.6m	£58.7m	The current cash position continues to be positive but, in line with national focus in this area, best practice continues to be reviewed to ensure that we have effective management of the Trust working capital position.
6	Capital	£3.4m	£14.9m	The Trust continues to progress with it's capital programme. Pricing, and profiles, are expected to be agreed shortly for the main schemes. Mitigations to manage within the in year allocation are being developed to ensure that this can be fully and appropriately utilised.
7	Better Payment Practice Code	98%		This performance is based upon a combined NHS / Non NHS value. The target is that 95% of all valid invoices have been paid within 30 days of receipt. Our performance demonstrates compliance with this target.

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

The table below presents the total consolidated financial position for South West Yorkshire Partnership Teaching NHS Foundation Trust. This incorporates its role as co-ordinating provider for a number of Mental Health Provider Collaboratives but excludes its 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					35,274	35,170	(104)	174,797	174,946	149	419,807	417,834	(1,973)
Other Operating Revenue					1,286	1,369	83	6,519	6,850	331	15,787	16,190	403
Total Revenue					36,560	36,539	(21)	181,316	181,796	480	435,594	434,025	(1,569)
Employee expenses	5,390	5,388	(2)	0.0%	(26,083)	(25,842)	242	(129,017)	(130,256)	(1,239)	(307,094)	(313,783)	(6,689)
Operating expenses exc. Employee expenses					(10,471)	(10,792)	(321)	(53,221)	(53,105)	116	(125,267)	(118,716)	6,552
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	5,390	5,388	(2)	0.0%	(36,554)	(36,634)	(80)	(182,238)	(183,361)	(1,123)	(432,361)	(432,498)	(137)
Operating Surplus / (Deficit)	5,390	5,388	(2)	0.0%	6	(95)	(101)	(922)	(1,565)	(643)	3,233	1,526	(1,707)
Finance expense					(56)	(60)	(3)	(280)	(297)	(17)	(673)	(676)	(3)
PDC Paid					(362)	(307)	55	(1,810)	(1,535)	275	(4,343)	(3,684)	659
Finance income					145	228	83	737	1,174	437	1,645	2,749	1,104
Surplus / (Deficit) - Total	5,390	5,388	(2)	0.0%	(267)	(233)	34	(2,275)	(2,223)	52	(138)	(84)	54
Adjusted Financial Performance													
Depn Peppercorn Leases (IFRS16)					11	8	(3)	57	41	(17)	138	84	(54)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - ICB performance measure	5,390	5,388	(2)	0.0%	(256)	(225)	30	(2,218)	(2,182)	35	(0)	0	0



Income & Expenditure Position 2026 / 27

**The consolidated Trust deficit in August 2026 is £225k.
This is £30k better than plan.**

In line with national guidance the Trust submitted a risk assessed breakeven financial plan for 2026 / 27. Within this position there were identified risks and opportunities and these will be continually assessed as the year progresses. These are discussed monthly at the Trust Finance, Investment and Performance Committee.

NHS England - monthly submission

The actual financial performance reported here is consistent with the monthly return made to NHS England. 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. Financial performance is summarised in the table below.

	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
Description	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Trust (core)	5,367	5,367	(0)	0.0%	(429)	135	563	(3,319)	(1,945)	1,374	(4,356)	(8,978)	(4,622)
Provider Collaboratives	23	21	(2)	9.0%	(55)	(445)	(390)	(82)	(862)	(781)	18	(1,975)	(1,993)
Budgets held centrally	0	0	0	0.0%	228	85	(143)	1,183	625	(558)	4,338	10,953	6,615
Total - Consolidated position (ICB performance measure)	5,390	5,388	(2)	0.0%	(256)	(225)	30	(2,218)	(2,182)	35	(0)	0	0

The in month position has been supported by the inclusion of income which has just been confirmed with commissioners. This, previously included in the forecast modelling, funds costs which were already being incurred, is backdated to April 2026, and adds substantive establishment to reduce the utilisation of bank staff. However the continued volatile performance on Adult Secure Provider Collaboratives have meant that further non recurrent benefits have been realised in month to ensure we remain ahead of plan.

The focus remains on run rate and improvements required to deliver the breakeven target. Excluding provider collaboratives and budgets held centrally the adjusted run rate (for example assuming that the additional income received in August had been received monthly from April) has improved from an average deficit of £448k from April to July 2026 to £154k in August.

The Adult Secure provider collaboratives (both South Yorkshire and West Yorkshire) continue to report operational and financial pressures with South Yorkshire reporting an increased in month deficit of £322k.

Budgets held centrally remains for items that are not able to be coded through care groups. Actual expenditure remains limited; £237k of non recurrent benefits have been realised in month (£900k for the year to date). The budget requires additional value for money schemes to be allocated against it. The forecast is significant improvement in order to achieve the breakeven target. The action plan, and forecast scenarios, is presented to the Trust Finance, Investment and Performance Committee.

2.0

Income & Expenditure Position 2026 / 27

This section focusses on the financial performance of South West Yorkshire Partnership Teaching NHS Foundation Trust. This excludes the financial impact of Provider Collaboratives and budgets held centrally which are presented separately. The movement between the total consolidated financial position and the table below is reconciled on the previous page for ease.

To confirm that the individual analysis within this report highlights the Trust only values unless explicitly stated otherwise.

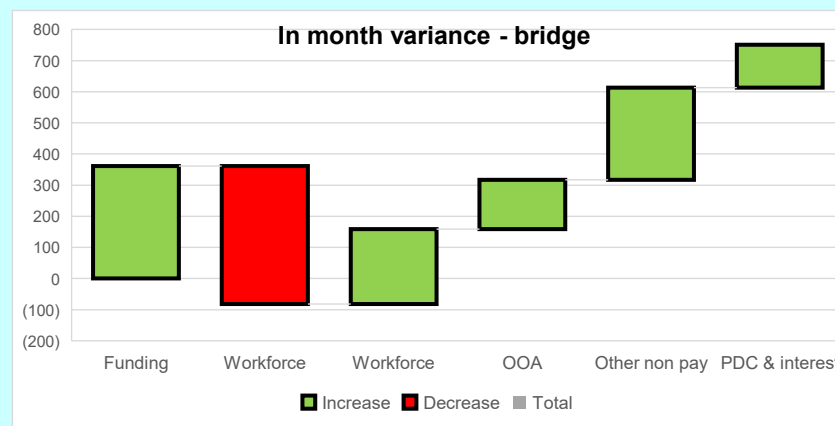
Total Financial Position - Core Trust only													
	Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
Description / Heading	WTE	WTE	WTE	%	£k	£k	£k	£k	£k	£k	£k	£k	£k
Healthcare contracts					25,520	25,330	(190)	126,028	125,890	(138)	302,761	300,139	(2,622)
Other Operating Revenue					1,252	1,262	9	6,281	6,454	174	14,832	15,337	505
Total Revenue					26,773	26,592	(181)	132,309	132,344	36	317,592	315,475	(2,117)
Employee expenses	5,367	5,367	(0)	0.0%	(25,899)	(25,740)	159	(128,096)	(129,731)	(1,634)	(304,885)	(312,350)	(7,465)
Operating expenses exc. Employee expenses					(1,040)	(586)	454	(6,235)	(3,942)	2,294	(13,831)	(10,577)	3,254
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	5,367	5,367	(0)	0.0%	(26,940)	(26,326)	613	(134,332)	(133,672)	660	(318,716)	(322,927)	(4,211)
Operating Surplus / (Deficit)	5,367	5,367	(0)	0.0%	(167)	266	432	(2,023)	(1,328)	695	(1,124)	(7,452)	(6,328)
Finance expense					(56)	(60)	(3)	(280)	(297)	(17)	(673)	(676)	(3)
PDC Paid					(362)	(307)	55	(1,810)	(1,535)	275	(4,343)	(3,684)	659
Finance income					145	228	83	737	1,174	437	1,645	2,749	1,104
Surplus / (Deficit) - Total	5,367	5,367	(0)	0.0%	(440)	127	567	(3,376)	(1,985)	1,391	(4,494)	(9,062)	(4,568)
Depn Peppercorn Leases (IFRS16)					11	8	(3)	57	41	(17)	138	84	(54)
Revaluation of Assets					0	0	0	0	0	0	0	0	0
Surplus / (Deficit) - ICB	5,367	5,367	(0)	0.0%	(429)	135	563	(3,319)	(1,945)	1,374	(4,356)	(8,978)	(4,622)

The Trust plan for 2026 / 27 is profiled with a deficit in the early part of the year and reducing as value for money schemes have an impact. The budget requirement for these schemes are held centrally until schemes are identified. At this stage the Trust (core) remains in a deficit position.

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

Additional commissioner funding for costs already incurred income	361
Workforce - continued inpatient pressures. Utilising more WTE than planned	(443)
Workforce - continuation of utilisation of less staffing than plan. Support care group, Barnsley Physical Health & Wellbeing and Specialist	241
Non pay - Out of area placements have continued, despite significant operational pressures, to be maintained less than planned.	158
Non pay - underspend in month across a number of catagories including establishment and training	296
PDC (Public dividend capital) and interest - updated calculation for the year to date based on current capital profile and cash position	138

£k



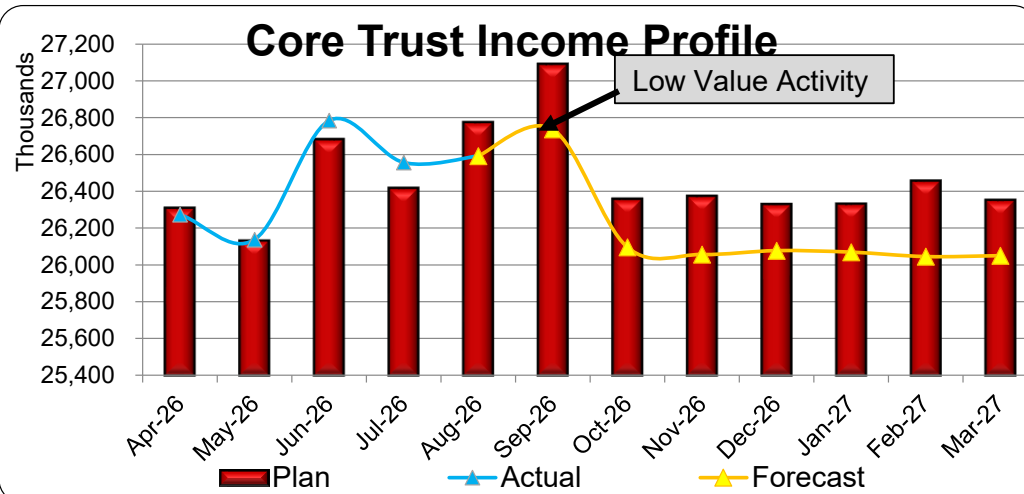
2.1

Income Information

The Trust receives income from its commissioners in order to deliver healthcare services to meet the defined needs of the local population. The majority of this funding 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 table below categorises total income received by commissioner type.

	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	£k	£k	£k	£k	£k	£k	£k	£k	£k
<i>Trust (core)</i>									
NHS Commissioners	23,944	24,031	88	118,370	118,297	(73)	284,460	284,127	(333)
Specialised Commissioning (NHS E)	596	393	(203)	3,222	3,287	66	7,148	6,011	(1,137)
Local Authorities	454	448	(5)	2,185	2,246	62	5,233	5,240	7
Partnerships	287	325	38	1,249	1,295	47	3,533	2,869	(664)
Other Healthcare income	168	57	(111)	642	402	(240)	1,521	1,033	(488)
Other non clinical income	1,324	1,339	14	6,641	6,816	175	15,696	16,195	498
Total - Trust core income	26,773	26,592	(181)	132,309	132,344	36	317,592	315,475	(2,117)
Provider Collaboratives	9,754	9,840	86	48,769	49,056	287	117,046	117,696	649
Budgets held centrally	34	107	74	238	395	157	955	854	(101)
Total - Consolidated income	36,560	36,539	(21)	181,316	181,796	480	435,594	434,025	(1,569)



Risks and opportunities

Although the majority of income is fixed in nature, and aligned with contracts and budgets, there are a limited number of variances.

These forecast variances are often offset by corresponding reductions in pay and non pay.

* Additional roles reimbursement £322k
 * Any qualified provider activity £43k

Other income variances include:

* Income received for bed sales inc. Provider Collabs £1,395k

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 Provider 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.

	In month		Year to Date	Forecast	
Description	Worked WTE	£k	£k	Worked WTE	£k
Substantive	4,936	23,813	119,613	5,063	289,809
Bank & locum	423	1,794	9,417	353	20,722
Agency	8	133	701	7	1,819
Total	5,367	25,740	129,731	5,422	312,350
Budget	5,367	25,899	128,096	5,355	304,885
Over / (Under)	(0)	(159)	1,634	67	7,465

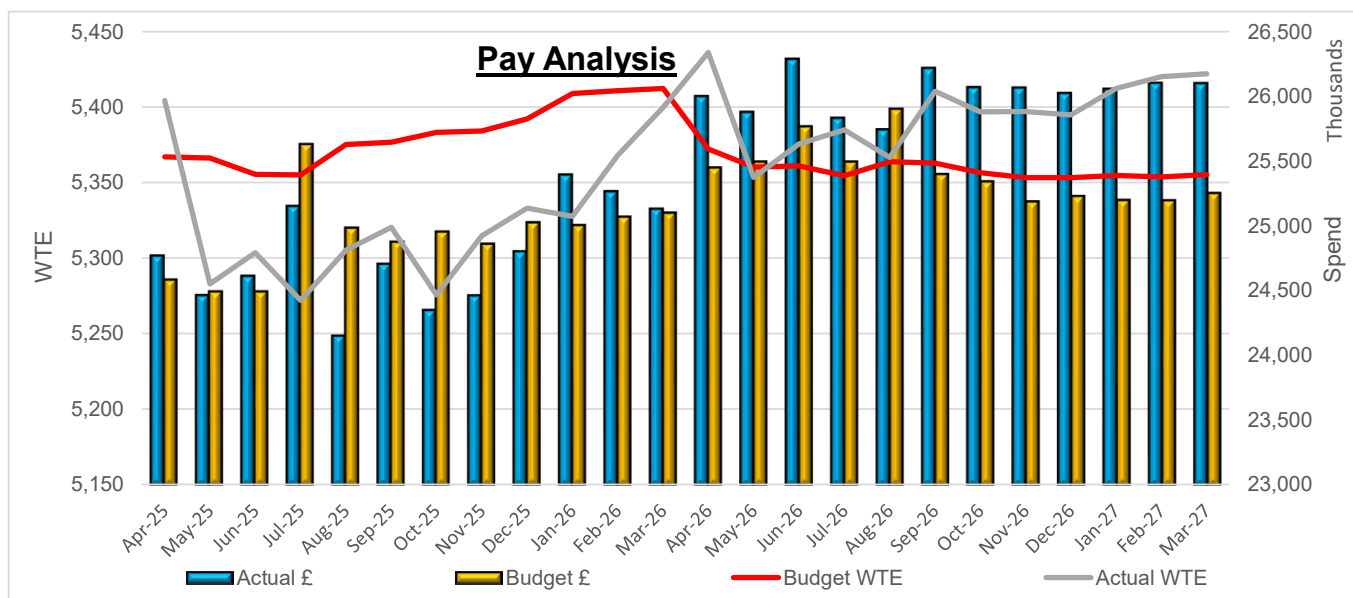
Movement since last month	
Worked WTE	£k
(15)	9
(3)	(71)
(0)	(30)
(18)	(91)
9	407
(28)	(498)

The table to the left, and graph below, show the breakdown of Trust pay expenditure.

In August 2026 there has been a reduction of worked WTE across substantive and bank categories whilst agency has maintained at the same level. In addition the funded WTE has increased by 9 in month which includes 20 WTE added following commissioner investment reduced by expected changes from the Trust Value for Money programme.

As a result of the investment pay expenditure is under plan in month however remains £1,634k over for the year to date.

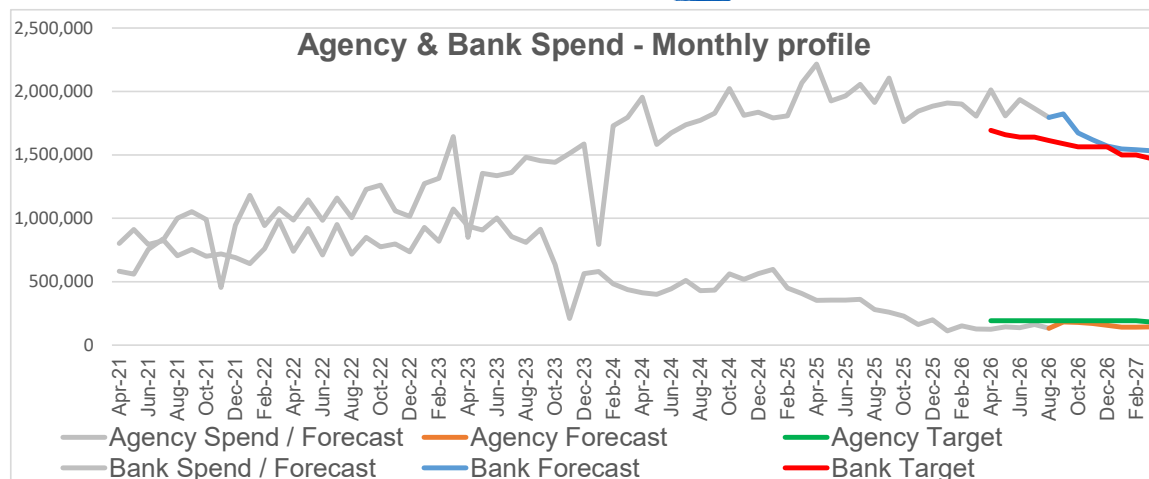
This continues to be forecast to increase and this is being aligned with the Trust workforce plan and actions.



Trust spend in August 2026:
Agency £133k
Bank £1,794k

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 £k	Bank £k	Total £k
Consultant	467	134	602
Other Medical	234	273	507
Reg Nursing	(1)	2,839	2,837
UnReg Nursing	(1)	5,679	5,677
Other Clinical	0	238	238
A & C	0	254	254
Other	0	0	0
Total	698	9,417	10,115
Lead Provider Collaborative		3	3
Budgets held centrally		0	0
Total	698	9,419	10,118

In line with national guidance the Trust financial plan for 2026 / 27 included spend reduction targets; c. 30% reduction in agency and 15% reduction in bank. Further reductions are required for future financial years. The target levels of expenditure per month are shown in the graph above. Delivery against these targets is monitored as part of the NHS Oversight Framework (NOF) alongside existing NHS England oversight.

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

As shown above agency spend has been maintained at a low level. This has reduced by £30k in month. This continues to be solely on medical staffing. The current forecast remains that the target can be achieved.

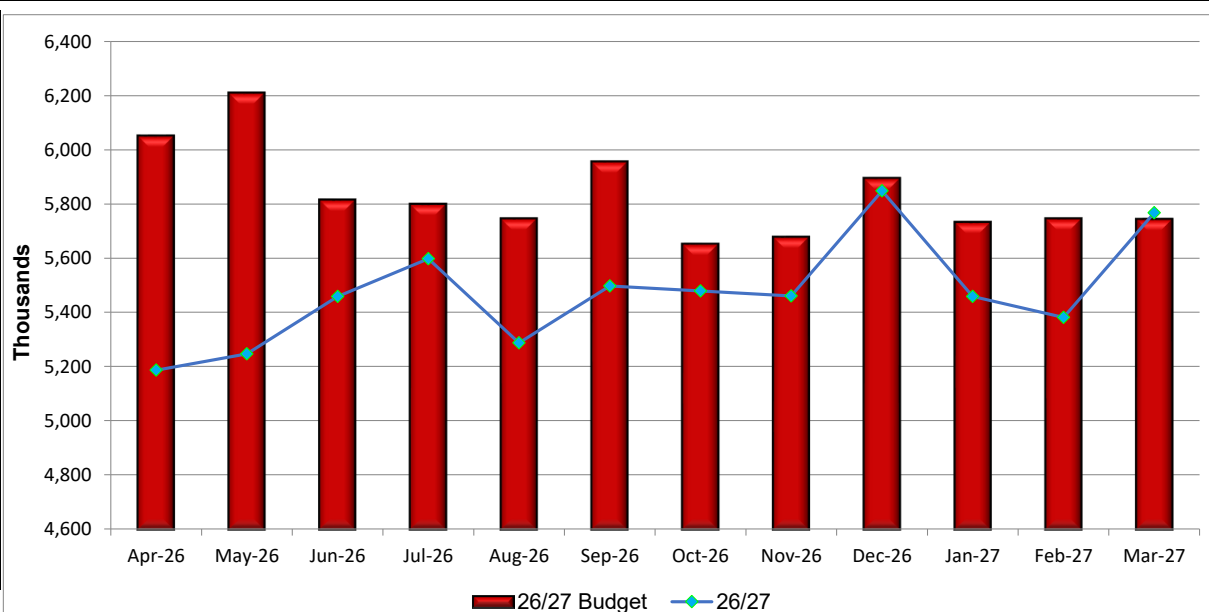
Bank spend has continued to fluctuate. August is the second monthly reduction, this time by £71k, which relates to medical locum costs. The majority of spend, with £1,658k spent in both July and August, continues to relate to nursing staff on inpatient wards. Actions are being taken as part of the Trust workforce plan, such as focussed recruitment and retention, the run rate is forecast to reduce. Based on this current trajectory the national target will be exceeded by £1.7m. This is an increase from last month due to revised profiles resulting from action taken.

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, To re-confirm that this presentation excludes non pay expenditure relating to the provider collaboratives and budgets held centrally.

Non pay spend	Apr-26 £k	May-26 £k	Jun-26 £k	Jul-26 £k	Aug-26 £k	Sep-26 £k	Oct-26 £k	Nov-26 £k	Dec-26 £k	Jan-27 £k	Feb-27 £k	Mar-27 £k	Total £k
2026 / 27	5,186	5,246	5,458	5,598	5,287	5,497	5,479	5,461	5,848	5,458	5,381	5,767	65,667
2025 / 26	4,754	4,656	4,507	4,812	4,475	4,802	5,002	4,795	4,511	4,633	5,023	5,833	57,805

Non Pay Category (per accounts)	Budget	Actual	Variance
	Year to date £k	Year to date £k	£k
Drugs	1,978	1,839	(140)
Establishment	4,506	4,000	(507)
Lease & Property Rental	3,680	3,668	(13)
Premises (inc. rates)	2,474	2,438	(37)
Utilities	1,257	1,058	(200)
Purchase of Healthcare	3,282	2,417	(865)
Travel & vehicles	2,549	2,462	(88)
Supplies & Services	3,746	3,660	(86)
Training & Education	593	393	(200)
Clinical Negligence & Insurance	604	600	(4)
Capital Charges Depn, PDC,	4,317	3,624	(693)
Other non pay	637	618	(19)
Total	29,625	26,775	(2,850)
Total Excl OOA and Drugs	24,364	22,520	(1,845)



Key Messages

Non pay expenditure, being less than plan, continues to support the overall Trust financial position but, as shown by the graph above, had been increasing since April 2026. This had reduced again in August 2026 partially due to the one off costs incurred in July that were not repeated in month (IM & T replacement programme spend).

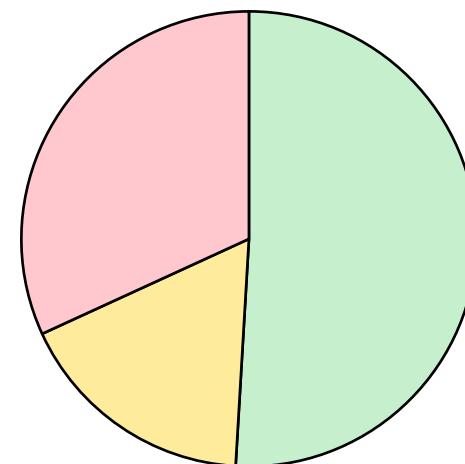
All categories continue to have spent less than plan for the year to date and the Trust non pay review group continues to focus on further actions to reduce the run rate further and demonstrate best use of Trust resources.

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 the value included in the plan was £17.7m. 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.

Group	Key lines of enquiry	Year to Date				Forecast				
		Target	Achieved Recurrent	Achieved Non Recurrent	Variance	Revised Target	Low	Medium	High	Variance
		£k	£k	£k	£k	£k	£k	£k	£k	£k
Pay	Workforce	260	453	68	261	3,689	521	880	5,629	3,341
	Temporary Staffing	2,186	1,703	0	(483)	4,412	1,703	1,886		(822)
	Corporate Pay	830	160	1,371	700	1,991	2,947			956
	Productivity	140	0	0	(140)	1,400				(1,400)
	Difficult Decisions	350	52	0	(298)	2,138	155			(1,983)
Non Pay	Non Pay	40	42	4	6	248	100			(148)
	Drugs optimisation	90	0	0	(90)	220	0	126		(94)
	Digital optimisation	15	125	4	114	35	310			275
	Out of Area placements	150	789	0	639	357	789	23		456
	Difficult Decisions	0	44	0	44	0	150			150
Other	Non pay - establishment	85	25	12	(48)	265	41	21		(202)
	Provider Collaboratives	900	900	0	0	2,160	2,160			0
	Bed Sales	0	0	0	0	0				0
	Income	320	48	77	(195)	760	125	107		(528)
	Misc income - overage	0	0	0	0	0				0
Total		5,366	4,340	1,537	512	17,675	9,003	3,043	5,629	(0)
Recurrent		5,051	4,340		(710)	16,925	6,095	3,043	474	(7,312)
Non Recurrent		315		1,537	1,222	750	2,907	0	5,155	7,312

Value for Money
Forecast Risk Rating

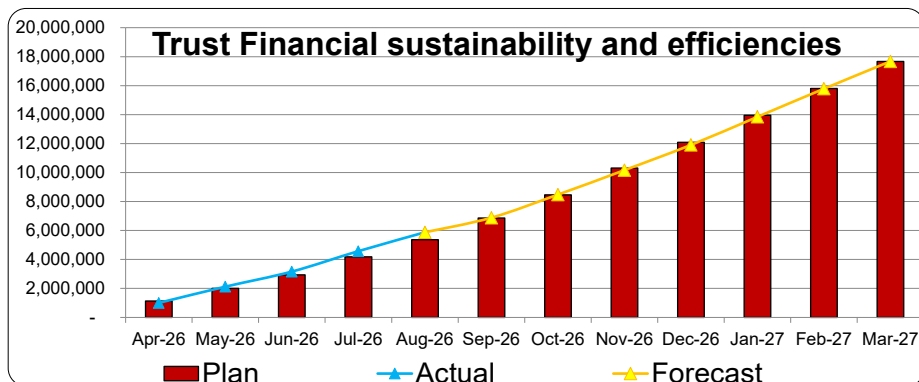


Low Medium High

LOW On track for delivery: The scheme is on track, savings are being realised according to the plan, and there are no significant risks to the budget.

MEDIUM There are risks or minor delays in achieving savings. The scheme requires management attention but is generally considered resolvable. Cost overruns or timing of delivery risks.

HIGH The scheme is failing to meet its financial targets. It is likely to be significantly over budget or fail to deliver the required savings within the timescale agreed. Or the scheme is not yet scoped.



The phasing of the Trust Value for Money schemes is set c. £1m per month for the first half of the financial year, and £1.8m in the second half as schemes progress. At the end of August 2026 / month 5 £5,877k has been reported. This is £512k ahead of plan.

The two largest drivers of this positive position continues to relate to corporate pay savings and reduced out of area placements. These are forecast to be maintained.

Development of schemes profiled later in the year continue. At this stage the largest risk relates to productivity and difficult decision schemes and a mitigation will be required for these should they fail to deliver in line with target. This is currently highlighted as red against workforce schemes.

The value requiring mitigation has increased in month due to revised temporary staffing forecasts for inpatient wards and timing update for medical staffing reviews.

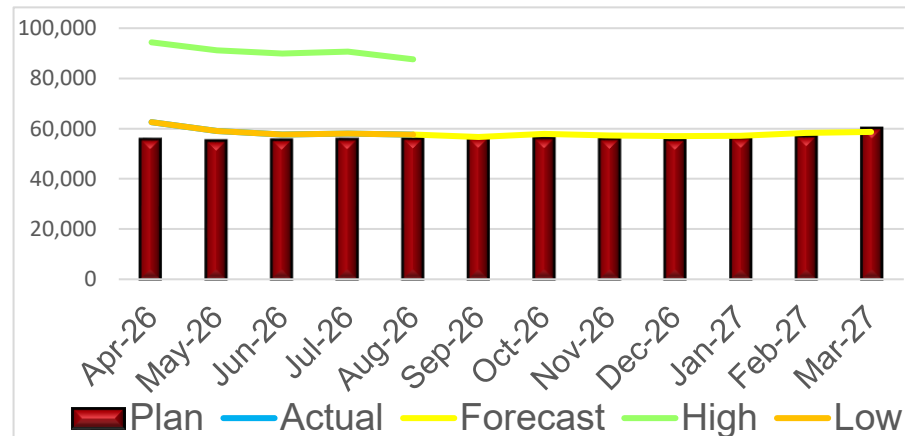
Whilst the focus is traditionally on the Trust income and expenditure position, the Statement of Financial Position (SOFP - balance sheet) presents a key snapshot of the Trusts overall financial health, stability and can provide important early warning flags of potential financial issues.

The balance sheet shows that the Trust owns (assets) and what it owes (liabilities).

Balance Sheet / Statement of Financial Position (SOFP)	Current £k	Note
Assets		
Non-Current (Fixed) Assets	189,319	Pg 13
Inventories & Work in Progress	209	
Trade receivables (Debtors)	1,114	
Accrued Income	5,618	Pg 14
Prepayments	5,578	
Cash and Cash Equivalents	57,598	
Total Assets	259,438	
Liabilities		
Payables (Creditors)	(13,226)	Pg 14
Accruals	(20,208)	
Deferred Income	(3,138)	
Provisions	(3,272)	
IFRS 16 / leases liabilities	(45,381)	
Total Liabilities	(85,225)	
Total Net Assets/(Liabilities)	174,213	
Taxpayers' Equity		
Public Dividend Capital	(79,119)	
Revaluation Reserve	(12,067)	
Other Reserves	(5,220)	
Income & Expenditure Reserve	(77,807)	
Total Taxpayers' Equity	(174,213)	

Non Current (Fixed assets): The value of Trust assets is impacted by additional capital purchases and disposals (page 13), reduced by the impact of depreciation and amortisation and annual revaluation exercises.

Cash: The Trust cash position is shown below. The graph shows the position at the end of each month and also the highest / lowest cash point during that month. This is monitored to highlight any risk or opportunity. Actual cash is £57.6m and remains ahead of plan.



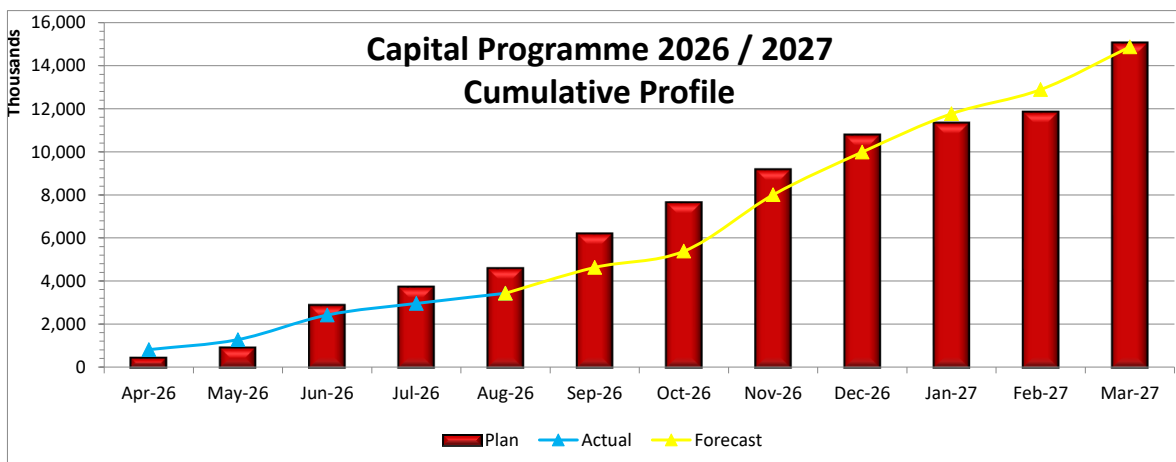
Overall the Trust balance sheet remains strong with assets greater than liabilities.

The taxpayers equity section, similar to shareholders equity, illustrates that Trust funding is entirely from public taxation.

4.1

Capital Programme 2026 / 27

Capital schemes	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Annual Budget £k	2026 / 27 Outturn £k	Variance £k
Major Capital Schemes						
Older People Transformation	2,175	448	(1,727)	5,428	4,133	(1,295)
IM & T - Digital Infrastructure	0	376	376	1,650	1,275	(375)
IM & T - Cyber Security	0	0	0	250	250	0
IM & T - Digital Care Records	80	0	(80)	200	200	0
IM & T - Digital Information Sharing	50	0	(50)	100	100	0
IM & T - Digital Insights	0	0	0	200	200	0
IM & T - Digitally Empowered Workforce	50	0	(50)	100	100	0
Net Zero Carbon	0	1,312	1,312	0	1,915	1,915
Critical risk	0	0	0	0	85	85
Equipment Replacement	0	0	0	0	10	10
Other	0	(596)	(596)	0	(312)	(312)
Leases (IFRS 16)	1,497	1,812	315	3,011	2,791	(220)
TOTALS	3,852	3,352	(500)	10,939	10,748	(191)
Additional allocations						
Cheswold	760	76	(684)	3,000	3,000	0
Community hub	0	0	0	750	750	0
Additional IM & T	0	0	0	375	375	0
Additional revenue incentive						
TOTALS	4,612	3,428	(1,184)	15,064	14,873	(191)
Expenditure outside allocations						
Intra NHS Leases (IFRS 16)	1,442	1,251	(191)	1,442	1,251	(191)
TOTALS - AFTER EXCLUSION	3,170	2,177	(993)	13,622	13,622	(0)



Capital Expenditure 2026 / 27

The table, left, summarises the Trust capital programme for 2026 / 27. This is split between the Trust core capital allocation and additional allocations which have been secured. There has been no additional funding since last month.

The main scheme relates to the development of inpatient older people services. We continue to work with partners to finalise a value and profile. This is currently expected September / October 2026 and will be subject to Trust Board approval.

This is later than planned and is currently £1.7m behind plan. The forecast will continue to be revisited and mitigation plans are being prepared to ensure that capital allocations are appropriately utilised across a number of financial years.

The net zero carbon / solar panel scheme, for which funding was received in 2025 / 26, is forecast to complete in September 2026.

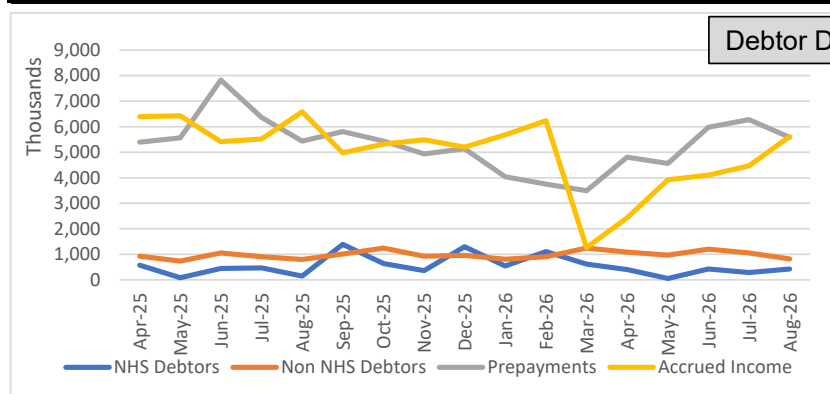
The other category includes VAT reclaims for previous capital schemes.

4.2

Balance sheet analysis

The presentation of this data, and supporting narrative, has been revised in order to enhance the awareness of potential future risk areas and the actions being taken to manage them.

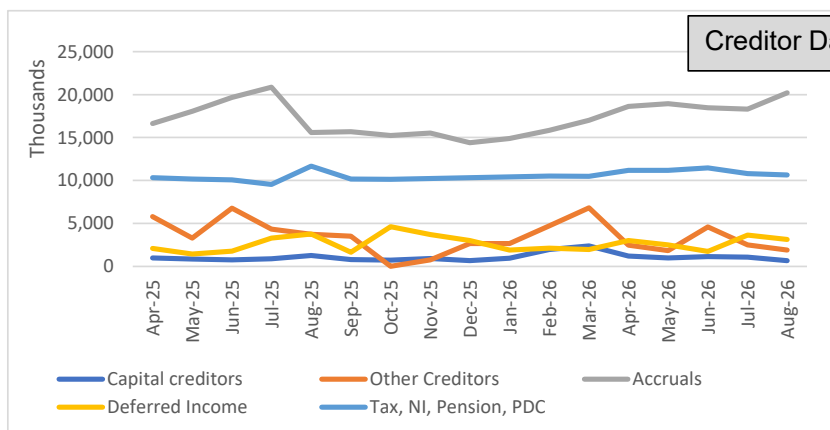
Debtors: A debtor is an individual or company who owes money to the Trust for services provided. This directly impacts on cashflow. The action is to minimise these balances as far as possible and ensure that debts are recovered in a timely manner. Both the value and age is shown below.



	Not Due	1 - 30 days	31 - 60 days	61 + days	Total
Debtors	£k	£k	£k	£k	£k
NHS	187	211	10	12	421
Non NHS	134	8	267	198	607
Total	322	219	277	210	1,028

Accrued income have continued to rise. Each line has been individually reviewed to ensure that appropriate actions are being taken. This includes raising quarterly invoices and discussions with commissioners to ensure that cash is flowing for agreed funding.

Creditors: The risk flag is when creditors are increasing, both value and timing, meaning that we are not paying Trust suppliers in a timely manner. This will temporarily increase the cash position. This can be triangulated with Better Payment Practice Code (BPPC) performance which shows the percentage of suppliers paid within 30 days.



	Not Due	1 - 30 days	31 - 60 days	61 + days	Total
Creditors	£k	£k	£k	£k	£k
NHS	228	127	103	86	544
Non NHS	1,279	161	2	407	1,848
Total	1,507	288	105	493	2,392

Overall levels have been maintained.. Other creditors have increased; 2 specific issues relating to the provider collaborative are being worked through concerning, in our opinion, incorrect invoicing.

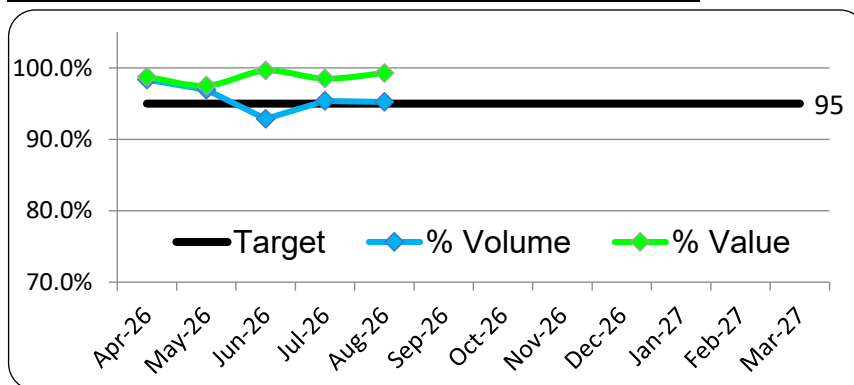
5.0

Better Payment Practice Code

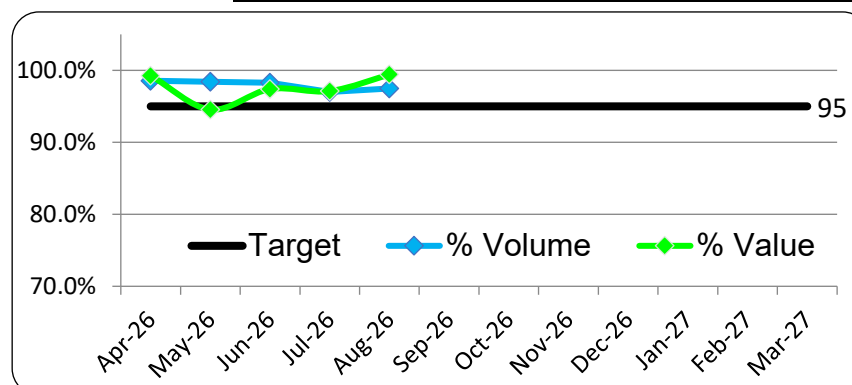
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

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	95%	99%
Cumulative Year to Date	96%	99%



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



..

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 (£)
07-Aug-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1007928	730,955
25-Aug-26	Purchase of Healthcare	AS Collaborative	Bradford District Care Nhs Foundation Trust	207093	670,993
04-Aug-26	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510011440	457,801
20-Aug-26	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	CYGWYS73	400,000
20-Aug-26	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	CYGSYS50	240,000
06-Aug-26	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HONHSL319	239,285
17-Aug-26	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	SYSEC051INV	228,579
25-Aug-26	Purchase of Healthcare	Forensics	Change Grow Live	IN17687	146,368
12-Aug-26	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	WYS071INV	144,466
04-Aug-26	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510011436	140,123
07-Aug-26	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Nhs Foundation Trust	4400004767	136,217
13-Aug-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34078857	135,938
18-Aug-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34079029	120,000
04-Aug-26	IT Services	Trustwide	Wavenet Ltd	1580091	108,300
06-Aug-26	Purchase of Healthcare	AS Collaborative	Elysium Healthcare Ltd	34078037	92,782
17-Aug-26	Drugs	Trustwide	Rowlands Pharmacy	1800006861	83,547
17-Aug-26	Staff Recharge	Trustwide	Sheffield Health & Social Care Nhs Foundation Trust	0000002468	74,058
07-Aug-26	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership Nhs Foundation Trust	1007927	71,198
06-Aug-26	Lease Cars	Trustwide	Athlon Mobility Services Uk Ltd	202680024234	70,465
12-Aug-26	Purchase of Healthcare	AS Collaborative	Cygnnet Health Care Ltd	WYS071SN	67,846
07-Aug-26	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Nhs Foundation Trust	4400004763	64,727
28-Aug-26	Drugs	Trustwide	Bradford Teaching Hospitals Nhs Foundation Trust	333672	64,510
27-Aug-26	Test Kits	Kirklees	Pearson Education Ltd	5450444	44,643
06-Aug-26	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D190001609EPC	41,813
07-Aug-26	Utilities	Trustwide	Edf Energy Customers Ltd	000029145310	38,769
27-Aug-26	NHS Recharge	Kirklees	Mid Yorkshire Hospitals Nhs Trust	1600041377	36,746
27-Aug-26	Staff Recharge	Trustwide	Barnsley Hospital Nhs Foundation Trust	6029876	36,709
20-Aug-26	Advocacy	Forensics	Cloverleaf Advocacy 2000 Ltd	15727	33,478
05-Aug-26	Drugs	Doncaster	Speeds Healthcare Ltd	INV175743	30,427
17-Aug-26	Purchase of Healthcare	Trustwide	Cygnnet Health Care Ltd	WKE0473133	28,980
18-Aug-26	Purchase of Healthcare	AS Collaborative	Humber Teaching Nhs Foundation Trust	59898919	26,603
17-Aug-26	Purchase of Healthcare	Trustwide	Cygnnet Health Care Ltd	WKE0470855	26,397

- * 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 2 - Statistical Process Control (SPC) Charts Explained

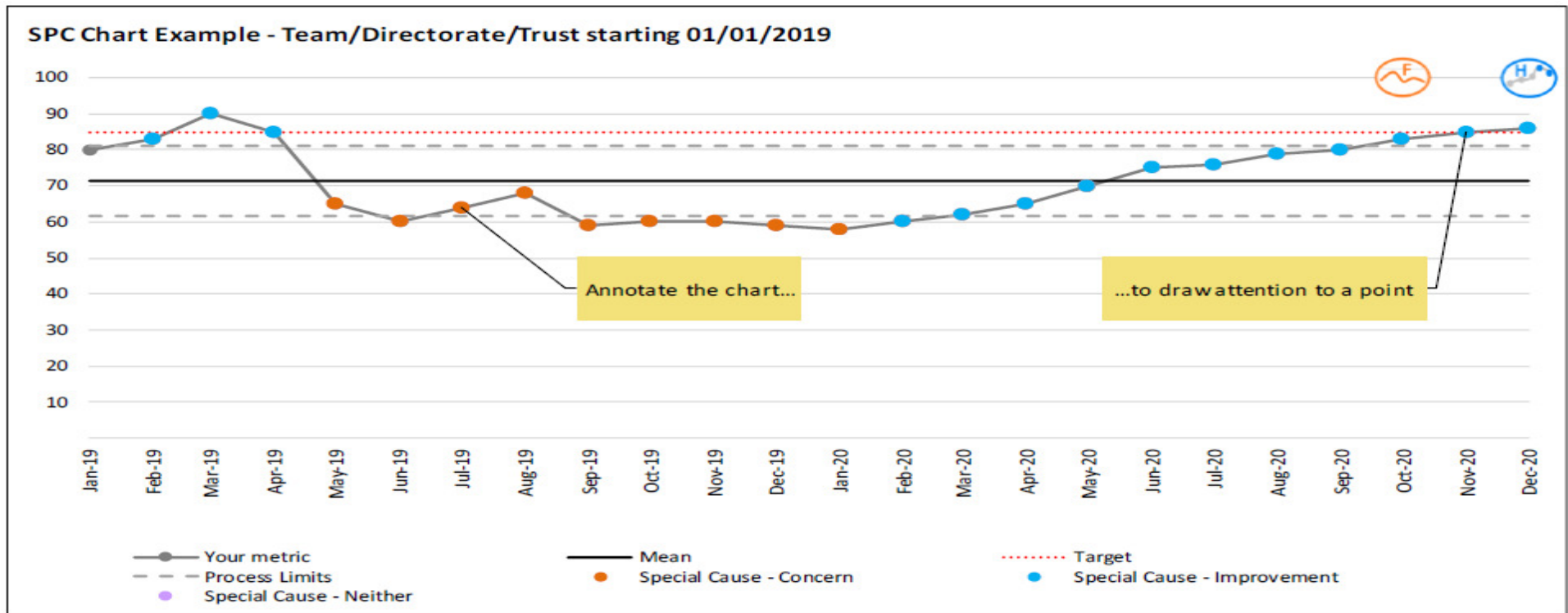
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

Variation Icons The icon which represents the last data point on an SPC chart is displayed.							Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
SIMPLE ICON	• • •	• ? H L •	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (I) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix 2 - 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 significant 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 significant change in process. This process is not in control.