

Financial Year
2025-26

Quality Dashboard

This document provides a high level summary of the performance measures stemming from the Integrated Quality and Performance Tracker.

The purpose of this report is to present to the Board a thematic review of the performance for a select number of indicators for the last 24 months including Statistical Process Control charts (SPC) with upper and lower control limits.

Reporting Month:

Jun-25

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team



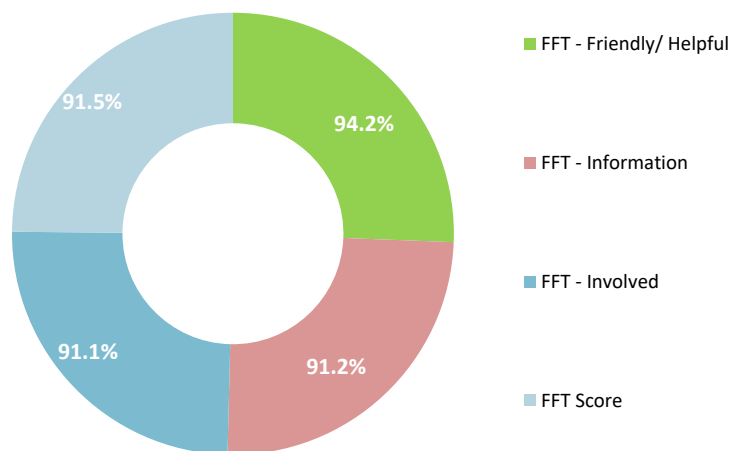
Domain

Patient / Carer Experience

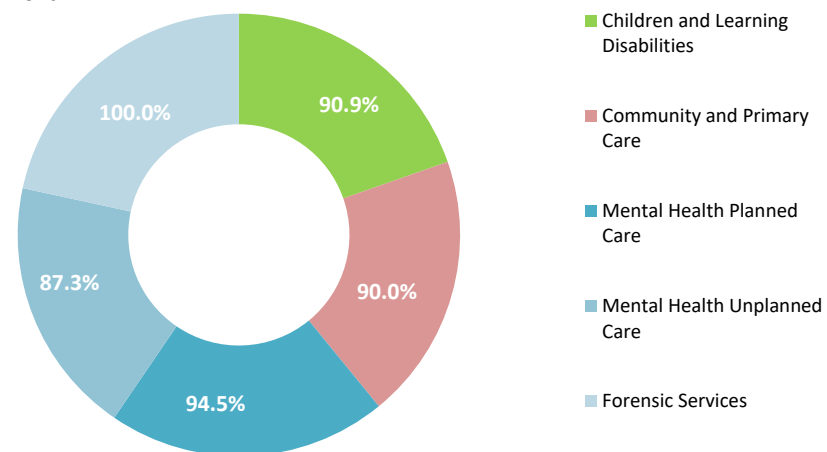
Quality Report

Section 1

Friends and Family Year to Date
Satisfaction Results



Friends and Family Satisfaction by Division
Current Month



**Overall Experience Score for CMHT
(Community Mental Health Team)
Patient Survey - 2024**

National Benchmark (Upper Quartile)

66.6%

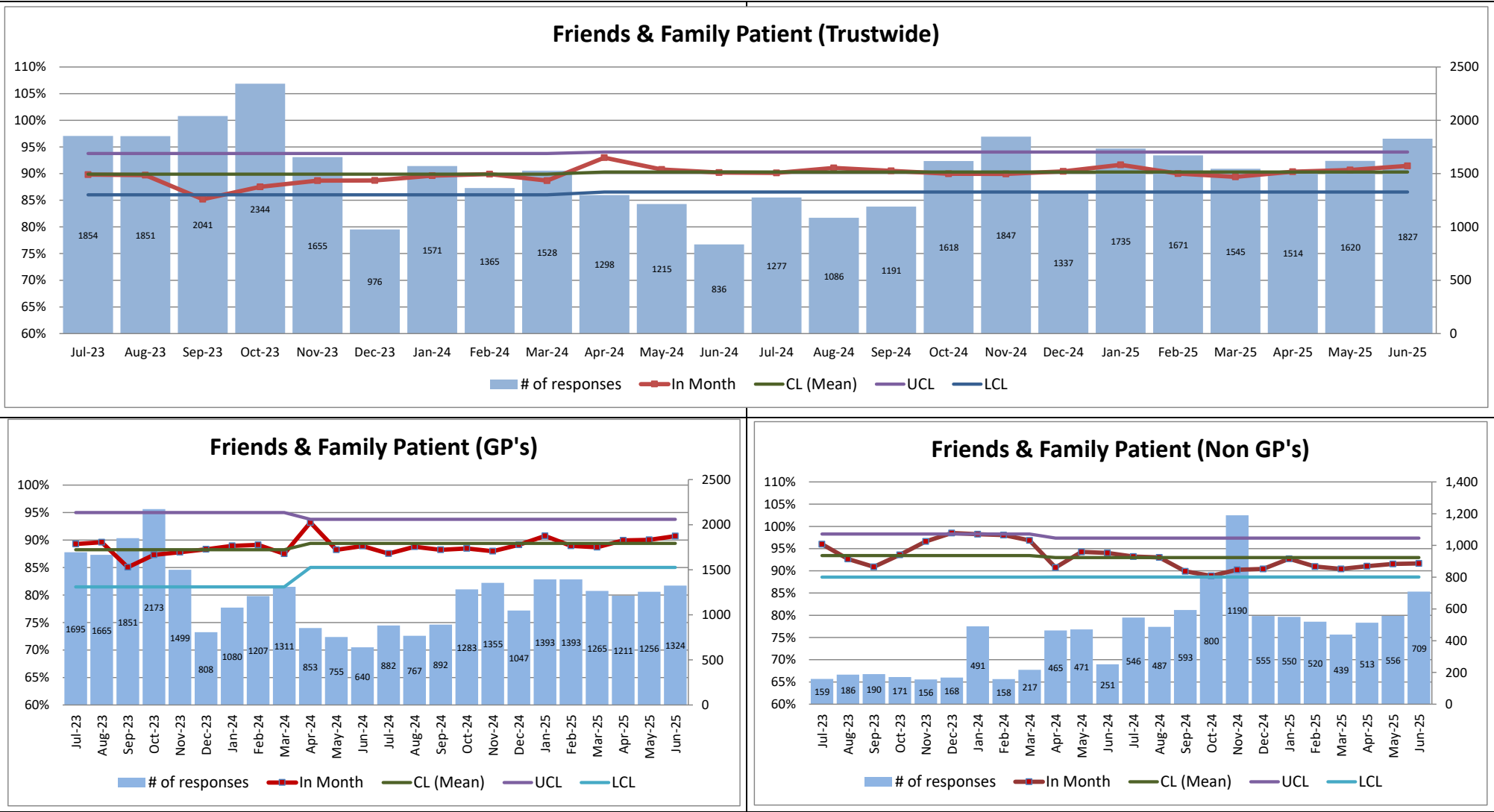
Trust Result

67.3%

Quality Dashboard

Section 1.1.1 Patient / Carer Experience - Trustwide / GP / Non GP Services

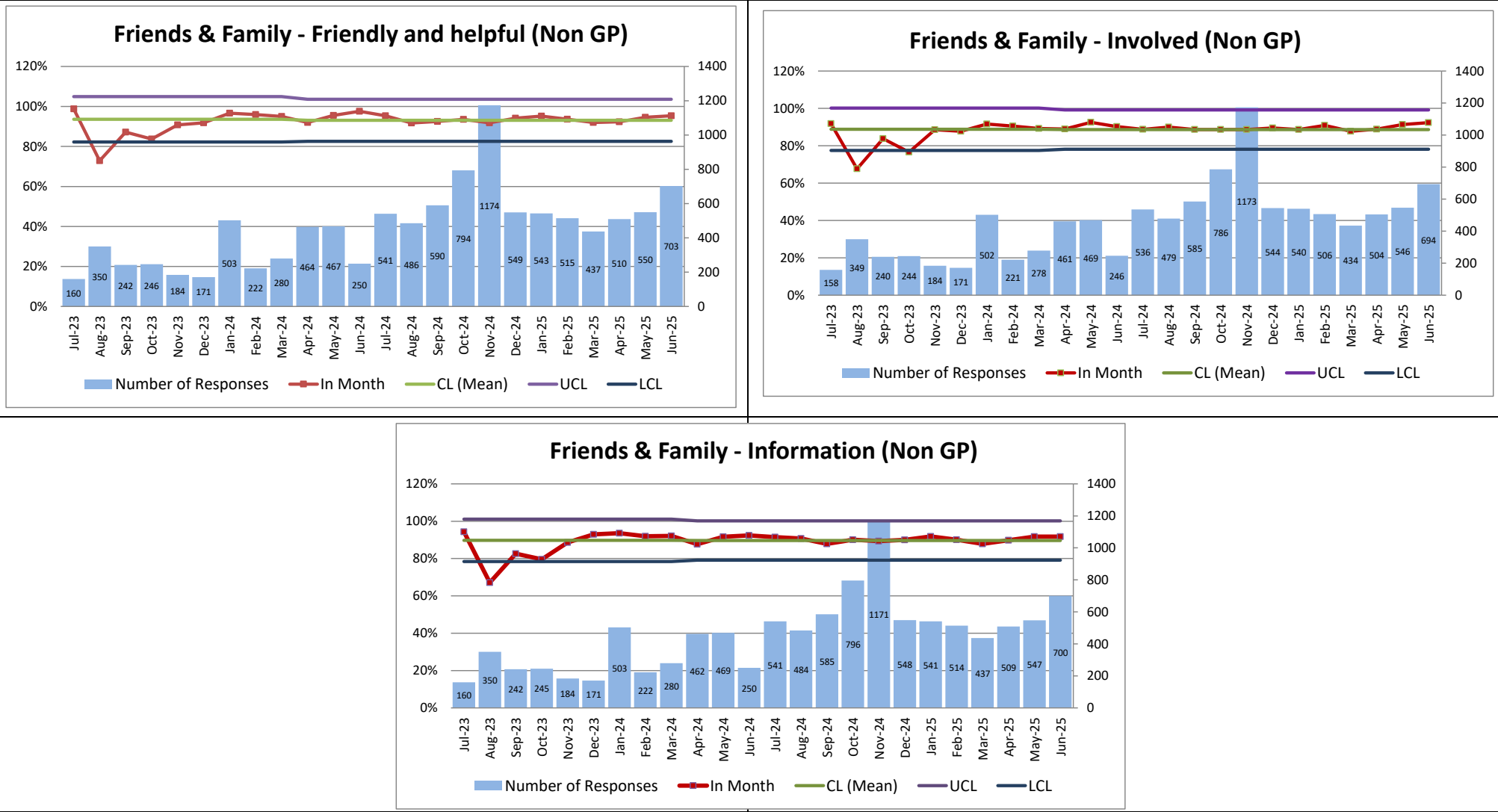
Friends and Family



Quality Dashboard

Section 1.1.2 Patient / Carer Experience - Core Questions (Non GP Services)

Friends and Family



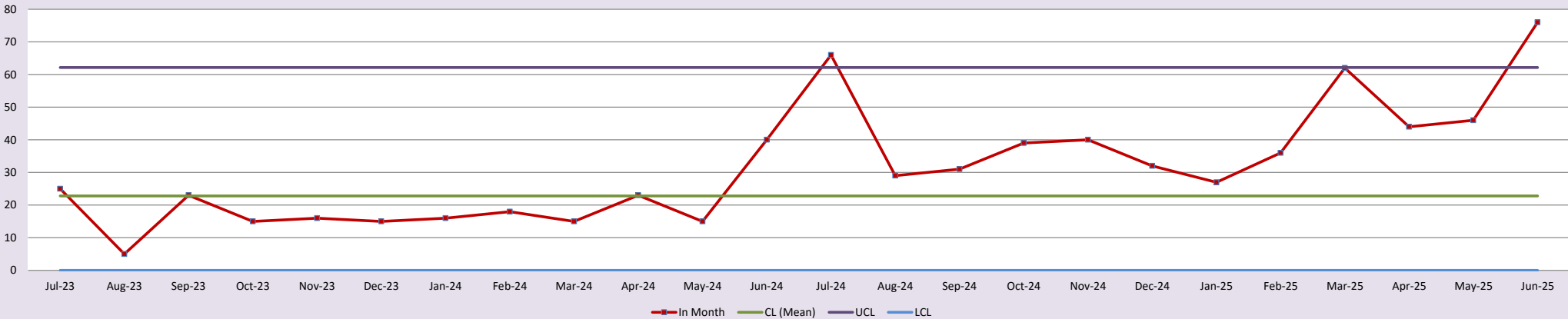
Quality Dashboard

Section 1.2

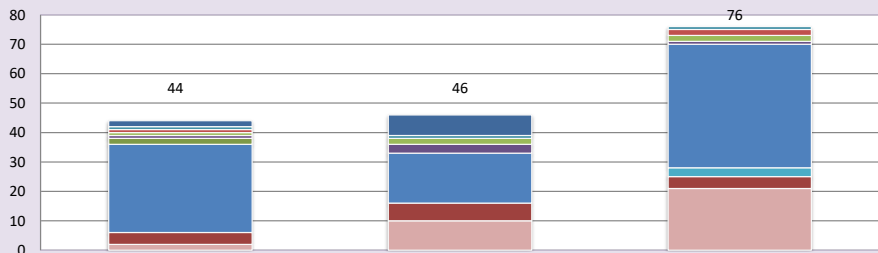
Patient / Carer Experience

Overall Trust Position

Compliments Received (24 month rolling period)

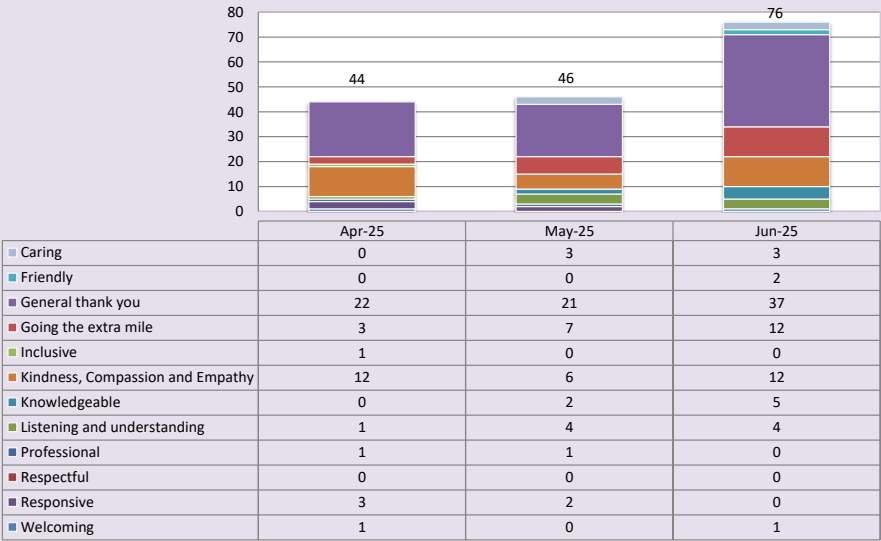


Compliments by Theme



Patient Experience Indicators	Apr-25	May-25	Jun-25
Eliminating Mixed Sex Accommodation	0	0	0
Duty of Candour Compliance	100%	100%	100%

Compliments by Sub Sub Type



Quality Dashboard

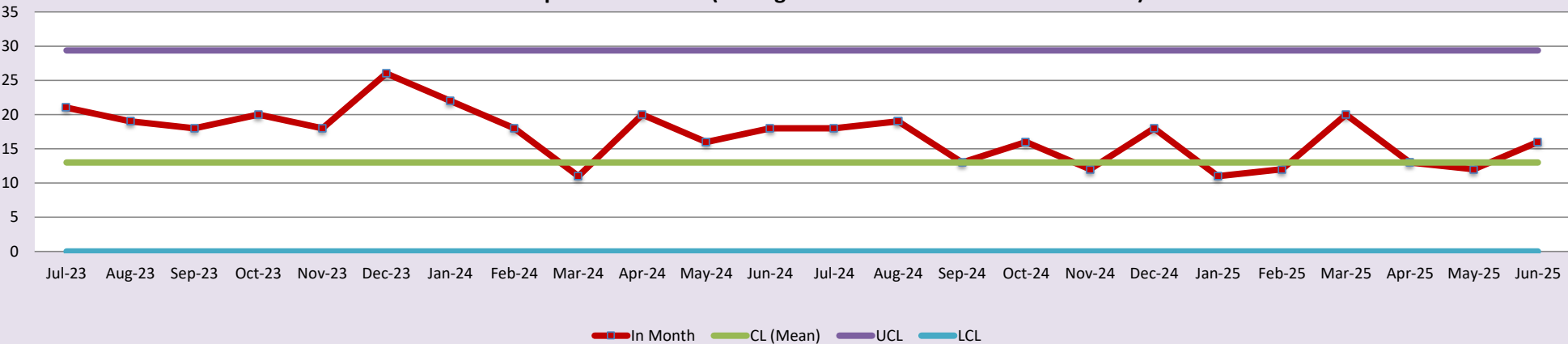
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Section 1.3.1

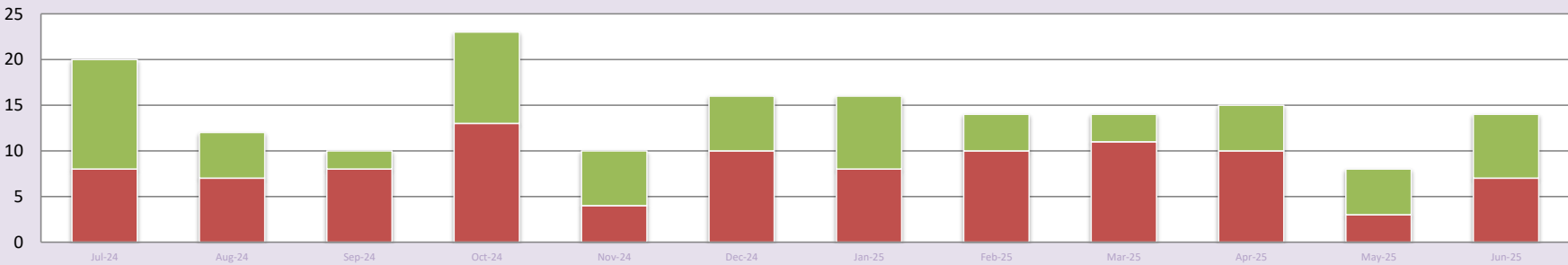
Patient / Carer Experience

Overall Trust Position

Formal Complaints Received (Rolling 24 months - Refreshed each month)



Complaints Responded To - Upheld Split (Current Year)



	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Complaints Not Upheld	12	5	2	10	6	6	8	4	3	5	5	7
Complaints Upheld Fully/Partly	8	7	8	13	4	10	8	10	11	10	3	7

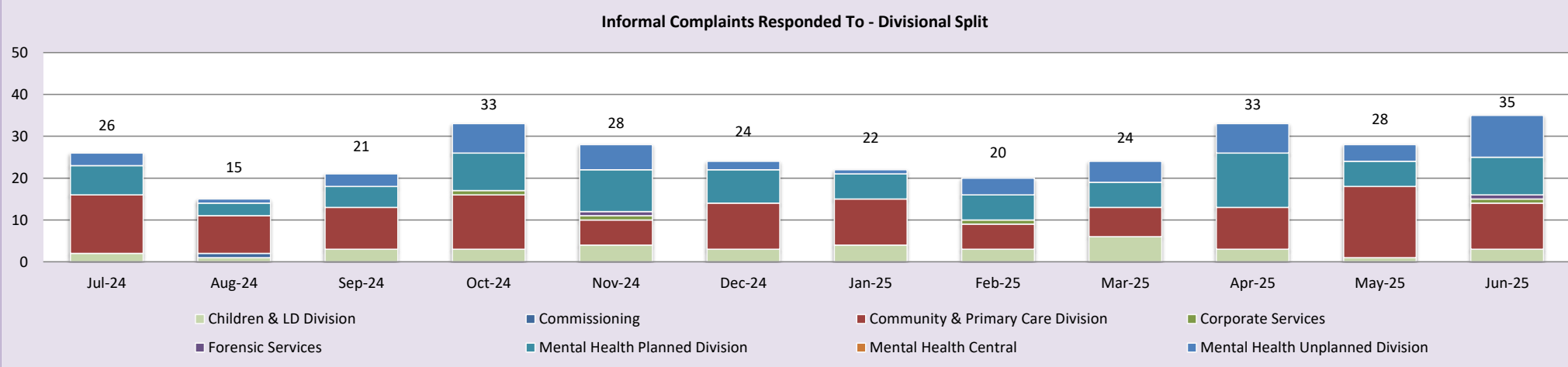
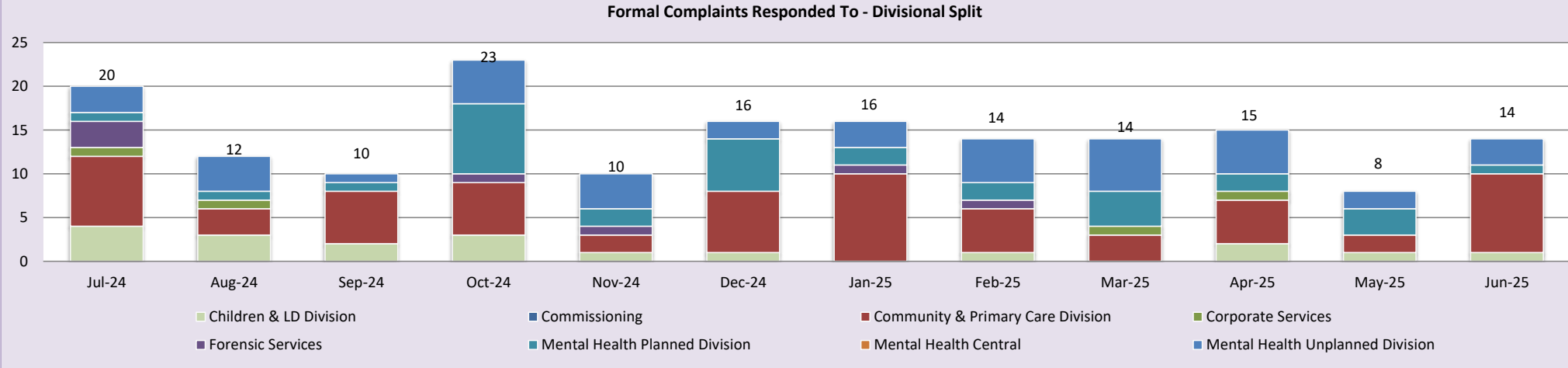
Quality Dashboard

Domain

Section 1.3.1

Patient / Carer Experience

Overall Trust Position



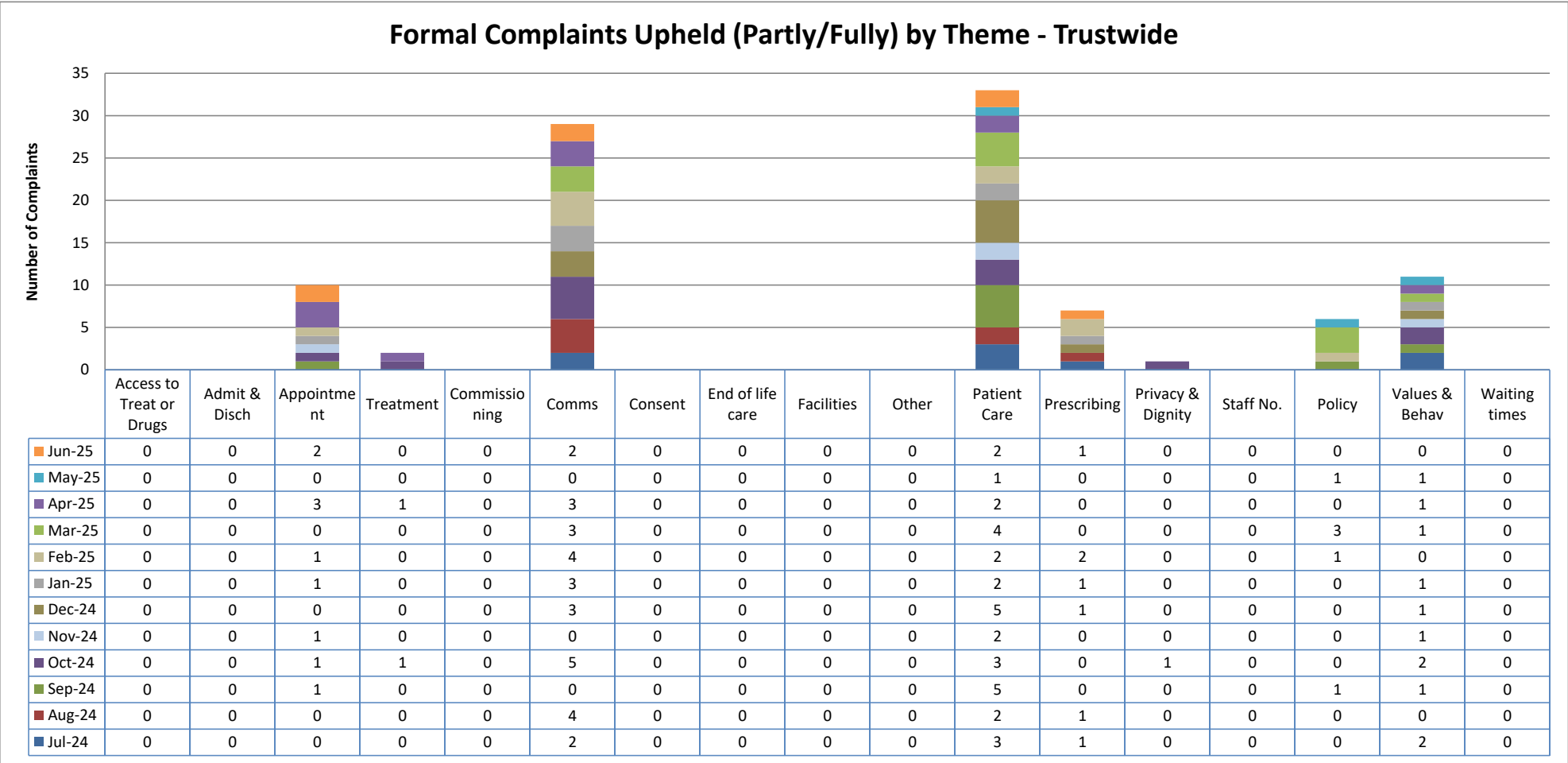
Withdrawn Complaints

Formal Complaints Withdrawn
Informal Complaints Withdrawn

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Formal Complaints Withdrawn	1	0	0	1	0	2	0	0	0	0	0	1
Informal Complaints Withdrawn	0	0	0	1	0	0	0	0	0	1	0	0

Quality Dashboard

Domain



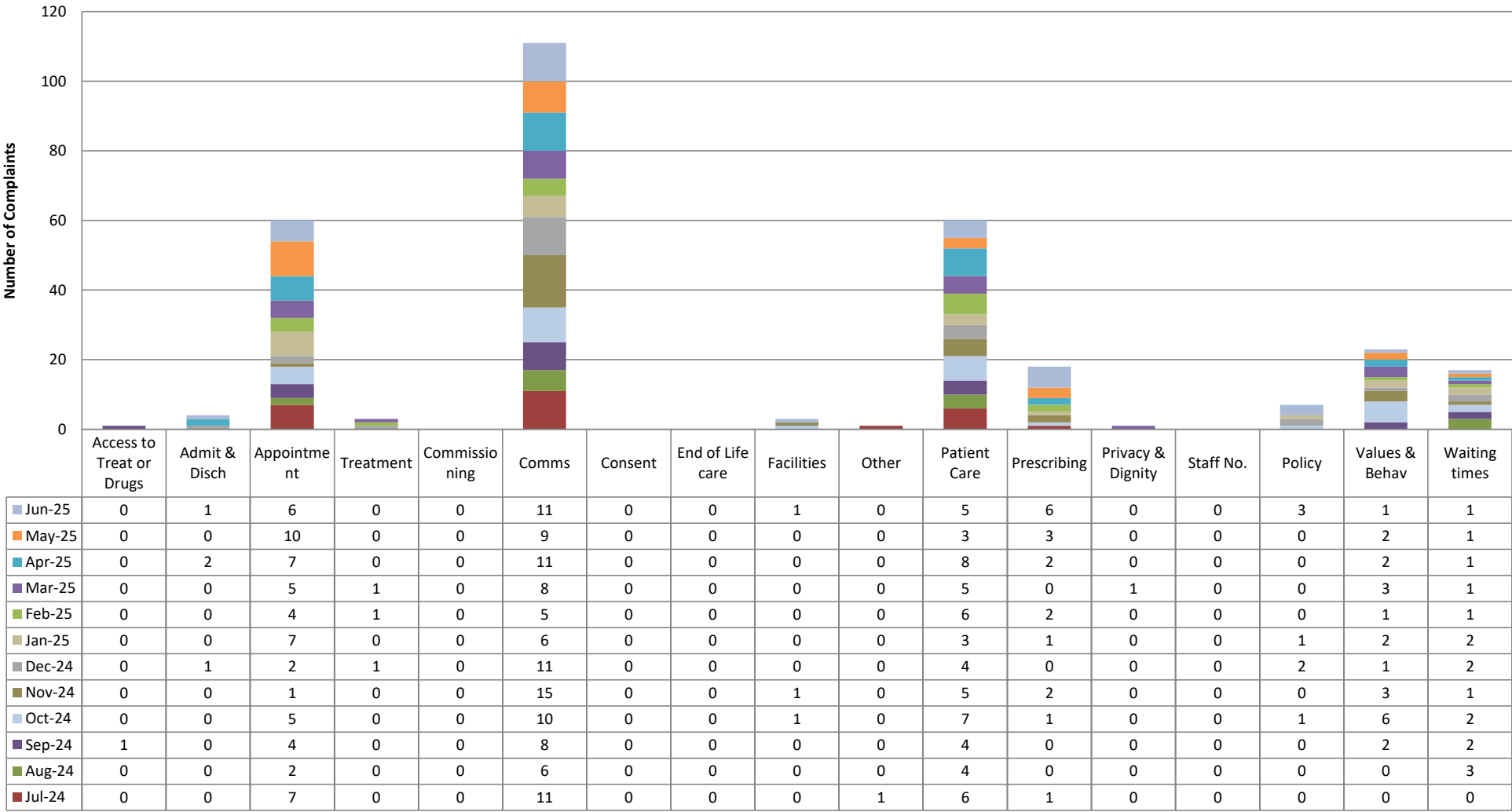
Quality Dashboard

Domain

Section 1.3.2 Complaints Themes

Overall Trust Position

Informal Complaints by Theme - Trustwide



Quality Dashboard

Domain

Section 1.3.3	Formal Complaints Upheld by Team (24 month rolling)	Overall Team Position
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Due to the number of teams involved over the 24 month rolling period, only teams with TWO OR MORE complaints are shown here

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Rolling Total
Humber Primary Care Practice	4	3	2	8	6	2	2	0	3	1	4	0	2	1	1	1	1	3	1	2	1	0	0	2	50
Market Weighton Practice	1	1	0	0	1	0	1	1	2	3	0	2	0	1	0	3	0	1	3	0	0	1	0	2	23
King Street Medical Centre	0	0	0	0	0	0	2	0	3	0	2	0	1	0	3	0	0	0	1	2	1	1	0	1	17
Hull CMHT - Management, Non Clinical and Psychology	2	0	0	1	0	0	0	0	0	3	1	0	0	0	0	3	0	2	0	1	1	0	0	0	14
Mental Health Crisis Intervention	0	1	1	1	0	2	1	0	0	1	1	0	1	0	0	0	1	1	0	0	1	1	0	0	13
Hull CMHT - Clinical	0	0	1	0	1	0	0	1	2	3	0	0	0	0	0	1	0	0	0	0	1	1	0	0	11
Westlands Unit Nursing	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	6
Beverley and Haltemprice OP CMHT	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	1	0	1	0	0	0	0	0	0	5
Hull and ER - Triage and Assessment	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	1	5
Newbridges Residential Unit	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	5
Specialist Psychotherapy Service	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	1	0	0	5
Community Core Team - Rivendell	0	1	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Neuro Front Door	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	4
Scarborough Core	0	1	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	4
Whitby Core	1	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	4
Haltemprice Mental Health	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	3
Hull and East Riding CAMHS	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	3
Hull Community Learning Disability	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	3
Lot 2 ER Specialist Clinical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	3
Mill View Court Adult	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	3
Townend Court	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3
Avondale - Wards	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Beverley Mental Health	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
CAMHS Crisis	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2
ER Talking Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	2
Facilities Management	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Humber - Recovery Support Team - EIP	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
Humber Centre - Swale	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Total	12	9	5	14	9	6	8	8	15	13	10	7	7	4	7	13	4	10	6	9	8	8	3	7	202

Quality Dashboard

Domain

Section 1.3.4

Informal Complaints Responded to by Team (24 month rolling)

Overall Team Position

Due to the number of teams involved over the 24 month rolling period, only teams with TWO OR MORE complaints are shown here

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Rolling Total
Humber Primary Care Practice	5	15	9	11	7	7	8	4	6	5	4	7	4	7	3	8	2	6	7	1	0	4	5	2	137
Hull CMHT - Management, Non Clinical and Psychology	3	1	3	3	3	4	0	4	2	4	7	2	2	3	4	4	7	3	2	5	1	4	1	6	78
King Street Medical Centre	0	1	1	4	3	2	1	9	6	4	4	3	3	1	3	0	2	3	2	1	0	1	6	3	63
Market Weighton Practice	1	1	4	2	2	1	3	1	4	3	3	2	4	1	3	5	0	1	2	2	6	3	5	4	63
Mental Health Crisis Intervention	4	3	0	2	1	2	1	0	6	2	3	0	0	0	2	4	4	0	0	1	2	4	4	3	48
Hull CMHT - Clinical	1	0	1	1	1	0	2	1	3	3	5	2	3	0	1	1	1	1	2	0	1	1	1	1	33
ER Talking Therapies	1	0	1	1	0	1	0	3	3	0	2	0	0	0	0	0	0	0	0	0	1	3	1	0	17
Neuro Front Door	0	0	0	1	2	0	0	1	0	1	1	0	0	0	0	1	0	0	2	0	2	0	0	1	12
Hull and ER - Triage and Assessment	0	0	0	1	1	0	0	0	0	0	1	0	1	0	0	1	1	1	2	1	1	1	0	0	12
Community Core Team - Rivendell	2	1	1	1	0	0	1	1	0	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	11
Neuro Diagnostic	1	0	0	0	0	1	1	1	1	0	1	0	0	0	1	0	0	0	1	0	0	1	0	1	10
Avondale - Wards	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	1	0	2	0	1	1	0	0	2	10
Facilities Management	0	1	1	0	0	1	0	0	0	1	0	1	0	0	0	1	1	0	0	1	0	0	0	1	9
Hull and East Riding CAMHS	0	1	0	1	0	0	0	0	0	1	1	1	0	0	0	0	1	0	0	0	1	1	0	1	9
Specialist Psychotherapy Service	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	1	0	1	1	1	0	0	0	7
Scarborough Core	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	2	0	0	0	1	7
Haltemprice Mental Health	0	0	0	1	0	1	1	0	0	0	0	0	1	0	0	0	1	1	0	0	1	0	0	0	7
Mill View Court Adult	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	5
Newbridges Residential Unit	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2	5
Westlands Unit Nursing	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Beverley Mental Health	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	1	0	5
Goole Mental Health	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	5
Mental Health Liaison Service	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	4
Hull Integrated Care Team for Older People	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	4
Childrens S< Hull & East Riding Service	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	0	1	0	0	4
Community Core Team - Rivendell	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	4
Hull Adult Autism Diagnosis Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	1	0	0	0	4
Holderness Mental Health	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	4
Hull Older Peoples MH Memory Services	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	3

Quality Dashboard

Domain

Section 1.3.4

Informal Complaints Responded to by Team (24 month rolling)

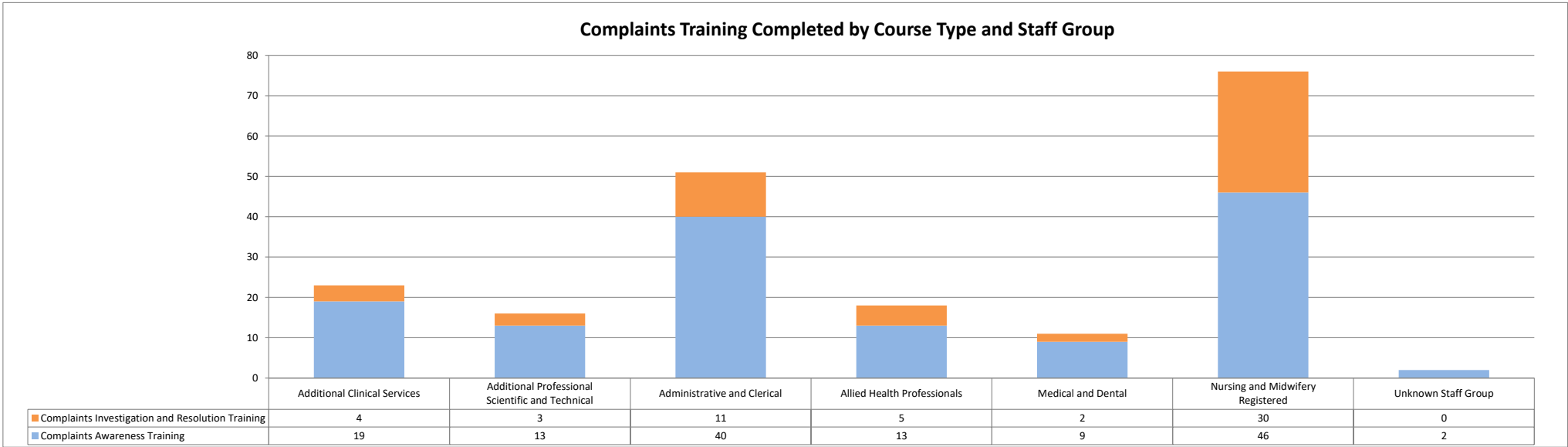
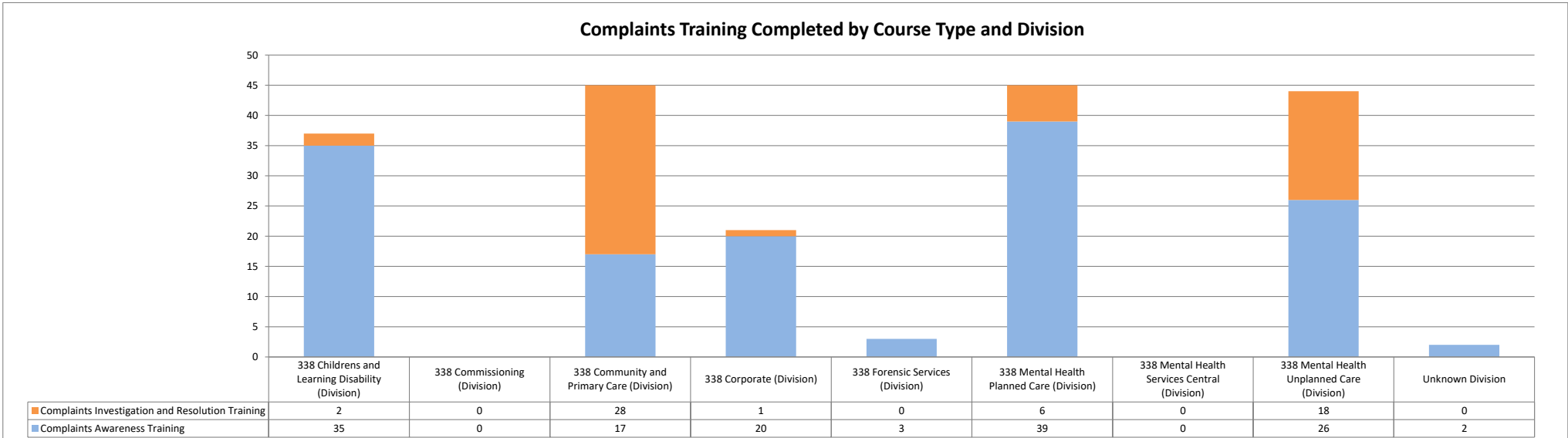
Overall Team Position

Due to the number of teams involved over the 24 month rolling period, only teams with TWO OR MORE complaints are shown here

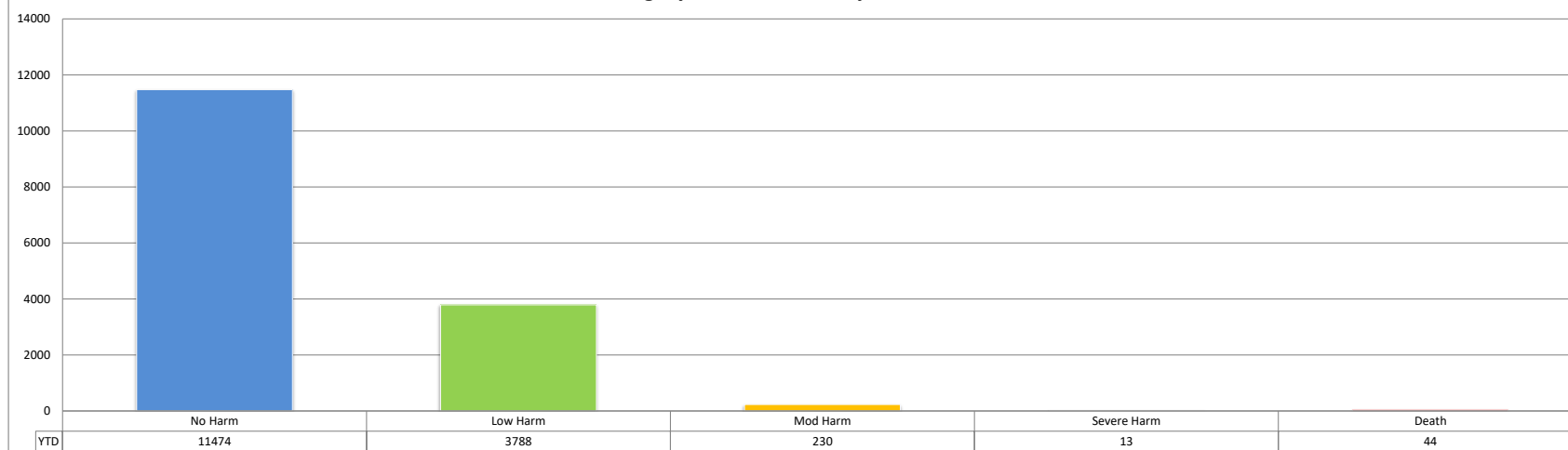
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Quality Dashboard

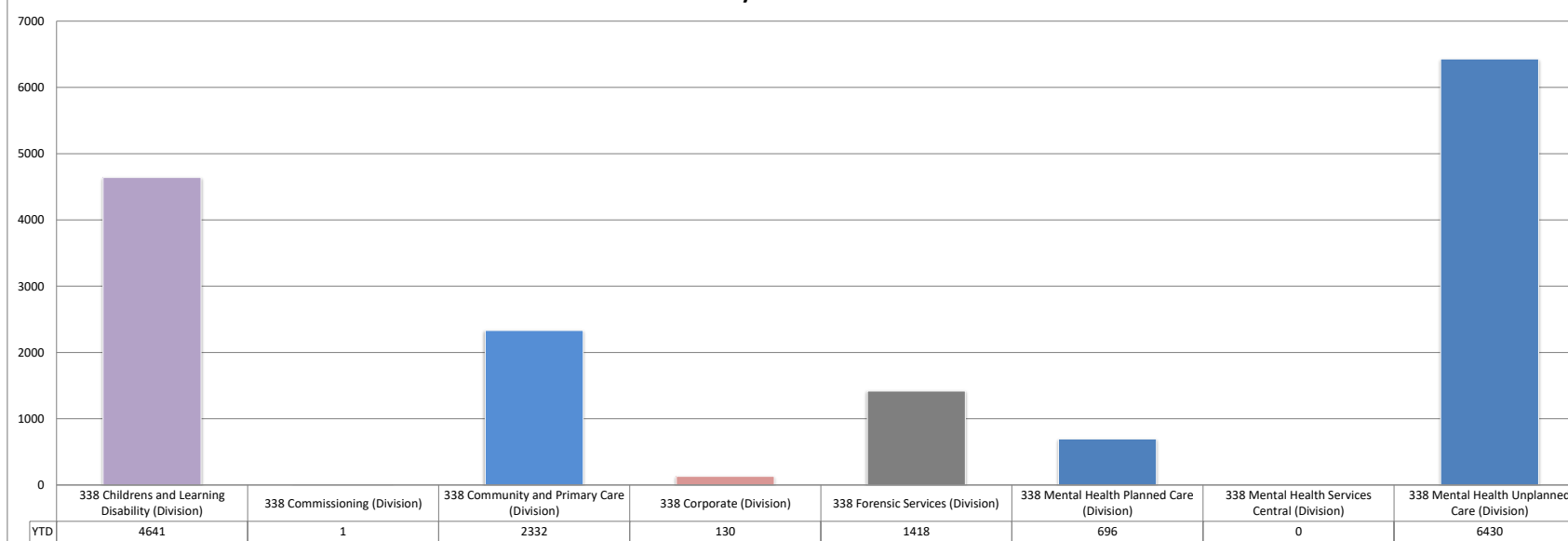
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Category of Harms Severity - Year to Date



Incidents by Division - Year to Date



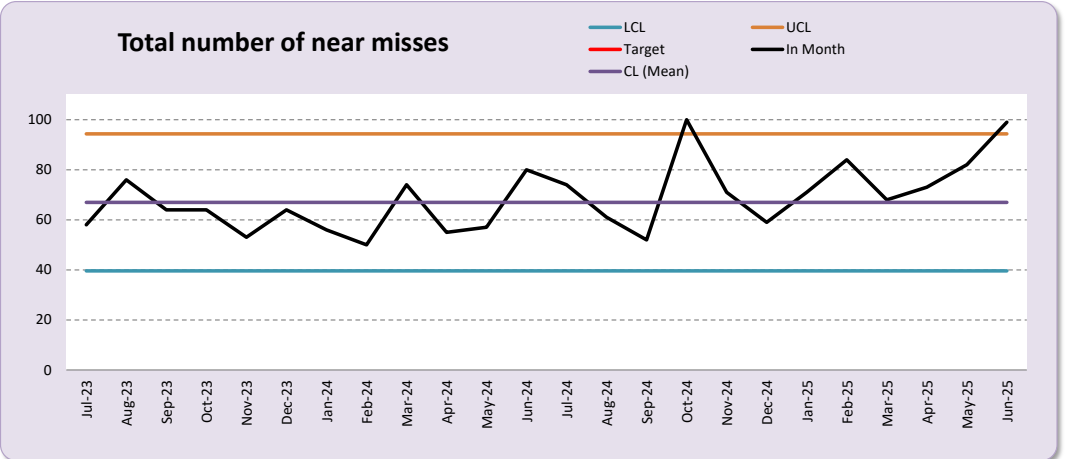
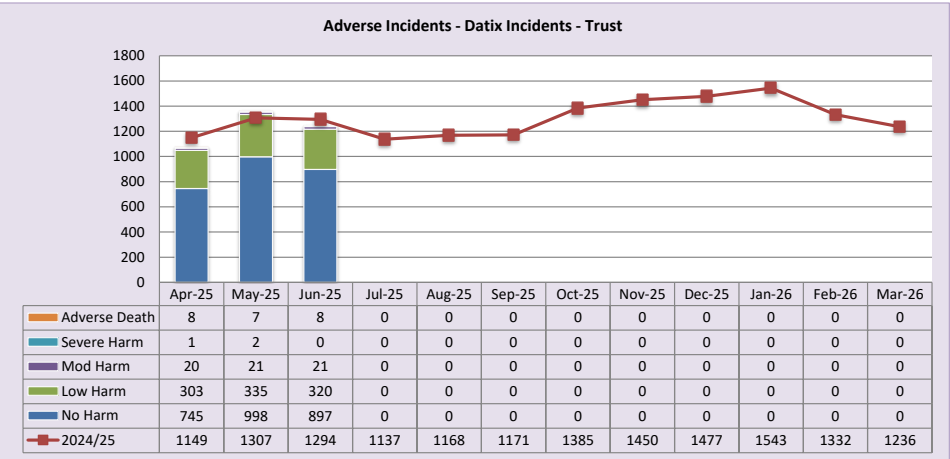
Quality Dashboard

Domain

Section 2.1

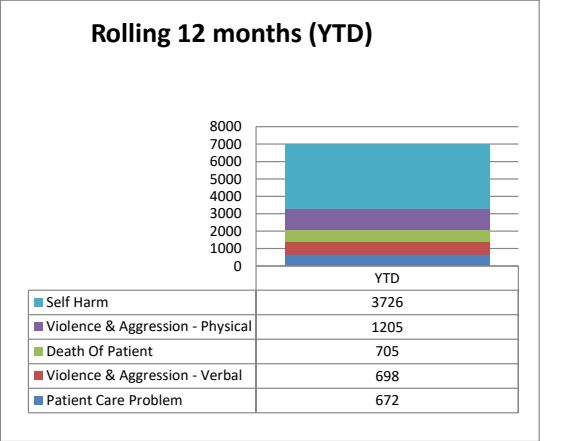
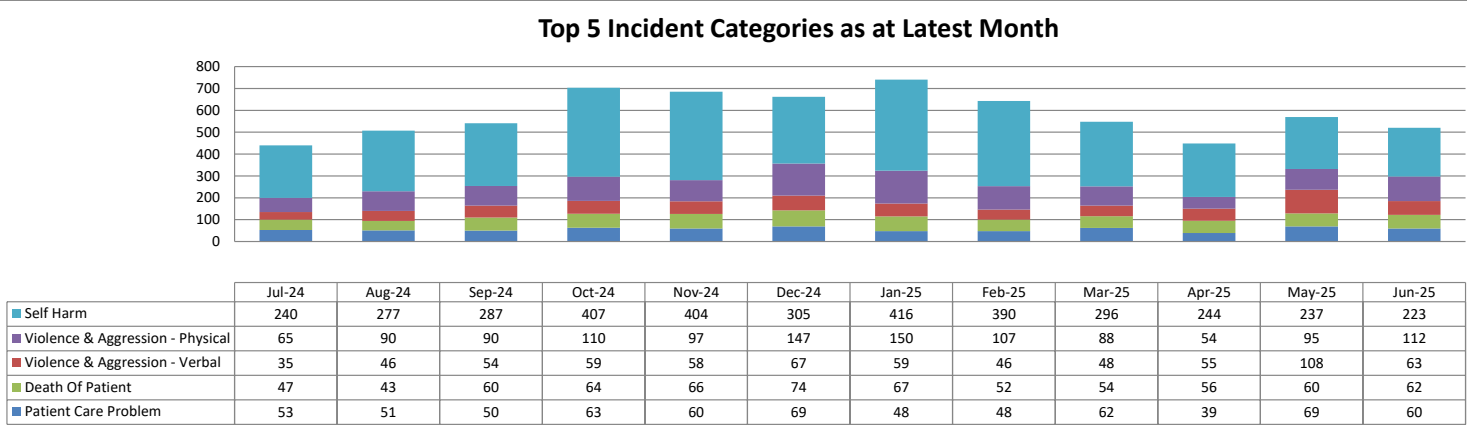
Clinical Risk

Overall Trust Position



National Safety Alerts : Central Alert System (CAS)	May-25	Jun-25
Number issued in month	0	1
Number applicable to HTFT	0	1
Number open pending action	0	1
Number closed in the month	0	0
Number of breaches	0	0

Incident Analysis	May-25	Jun-25
Never Events	0	0
% of Harm Free Care	99.7%	99.7%
% of incidents that resulted in Severe Harm or Death	0.7%	0.6%



Quality Dashboard

Domain

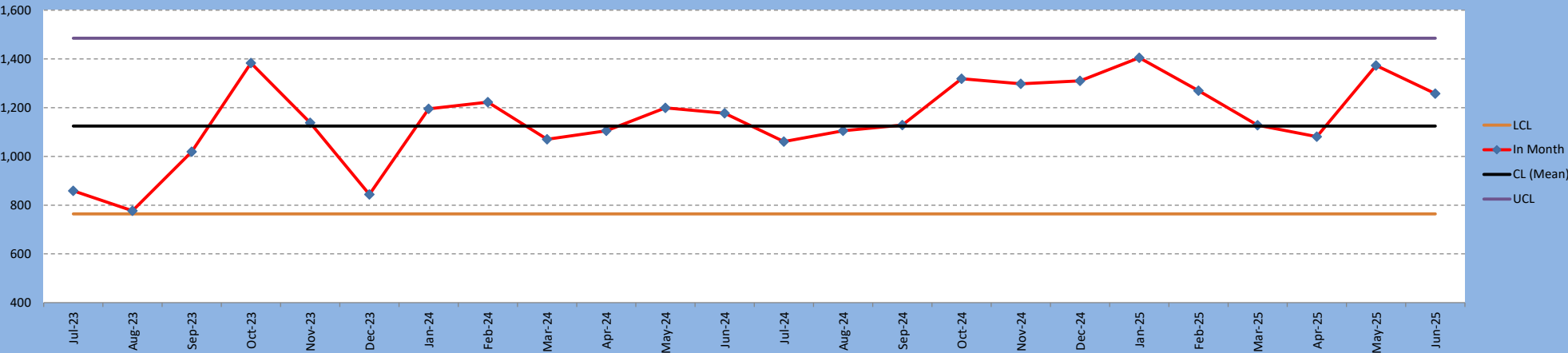
Section 2.1

Clinical Risk

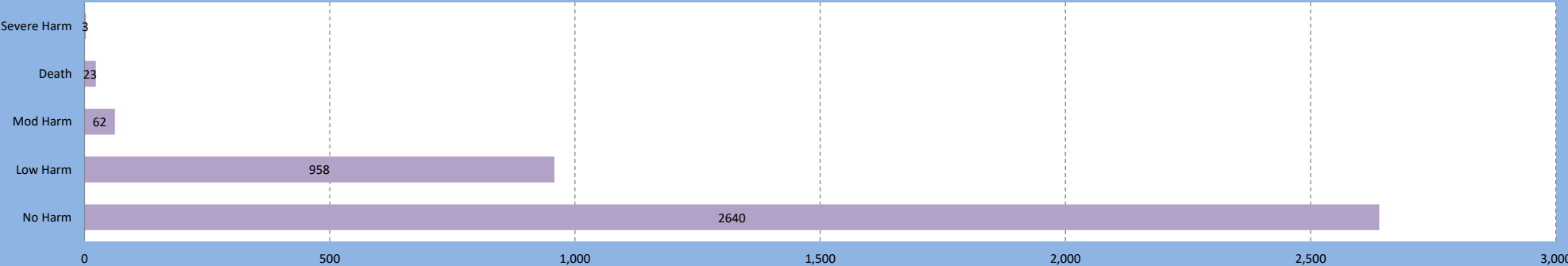
Overall Trust Position

Total Incidents Reported and Severity of incidents reported in the current financial year (YTD)

Number of Total Incidents Reported



Severity of Harm (current financial year)



Quality Dashboard

Section 2.2

Mortality Dashboard

Quality Dashboard

Description : Learning from Mortality Reviews

Summary of total number of deaths and total number of cases reviewed under the 'Patient Safety Incident' Framework or Mortality Review

Total Number of Deaths and Deaths Reviewed

(does not include patients with identified Learning Disabilities)

	Q1 24-25	Q2 24-25	Q3 24-25	Q4 24-25	Q1 25-26	Last 12 months
Total Number of Deaths	175	146	192	171	171	680
Total Number of Natural Deaths	154	136	171	159	156	622
Proportion of Natural Deaths	88.0%	93.2%	89.1%	93.0%	91.2%	91.5%
Total Number of Deaths - Community Hospitals	29	22	23	22	22	89
Total Number of Deaths - MH Inpatients	6	2	0	0	2	4
Total Number of Deaths - LD Inpatients	0	0	0	0	1	1
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	56	53	73	53	65	244
Total Number of Deaths - Addictions	14	3	8	3	10	24
Total Number of Deaths - MH Community	66	64	85	89	72	310

Review Process

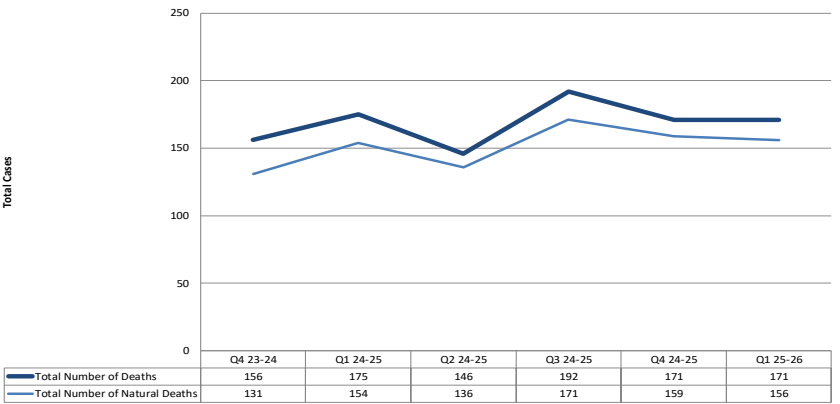
Reported as Mortality Review	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	153	129	161	146	148	584
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Patient Safety Incident Investigation (previously SI)	2	1	1	3	0	5
Reported as Patient Safety Incident Analysis (previously SEA)	2	0	6	3	3	12
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	0	1	0	3	0	4
Swarm Huddle	0	0	0	0	0	0
Total Deaths Reviewed	157	131	168	155	151	605
Awaiting Cause of Death	4	1	5	0	1	7
Not Yet Reported	13	14	19	16	19	68

Summary of total number of Learning Disability deaths and total number of cases reviewed under the LeDeR Review methodology

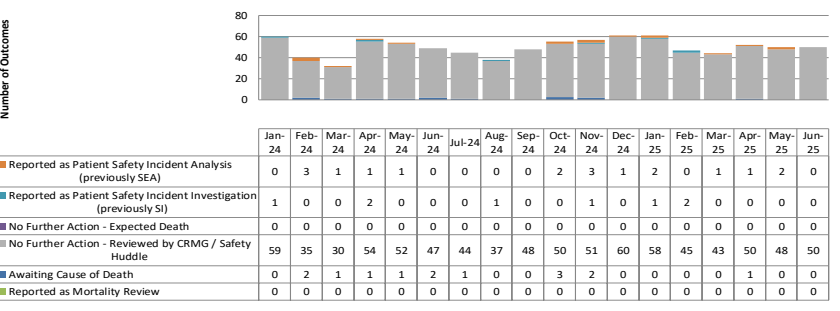
Total Number of Deaths, Deaths reviewed and Deaths Deemed Avoidable for patients with identified Learning Disabilities)

Number of Deaths in Inpatients (LD)	0	0	0	0	1	1
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Total Number of Deaths per quarter (18 months)

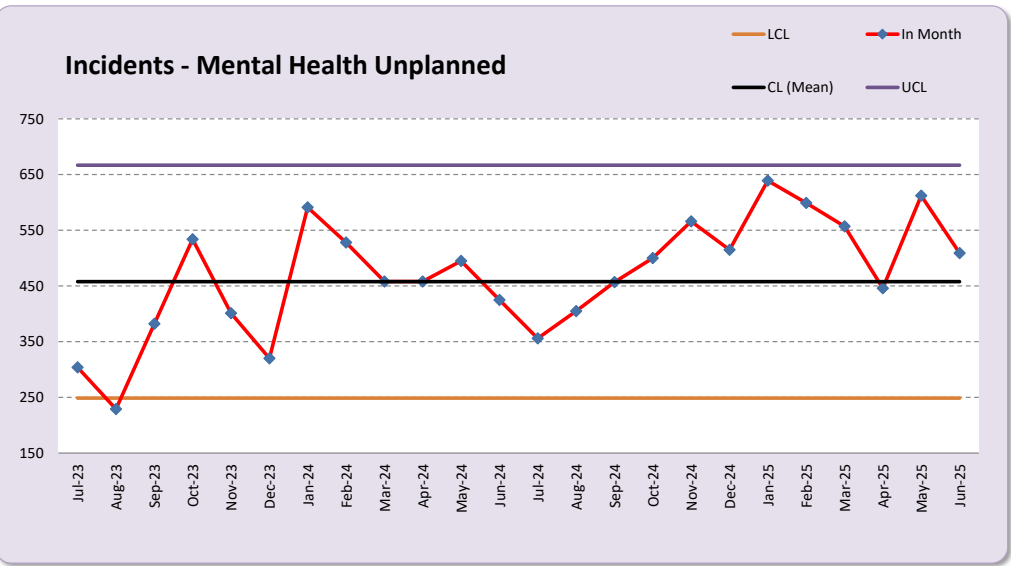
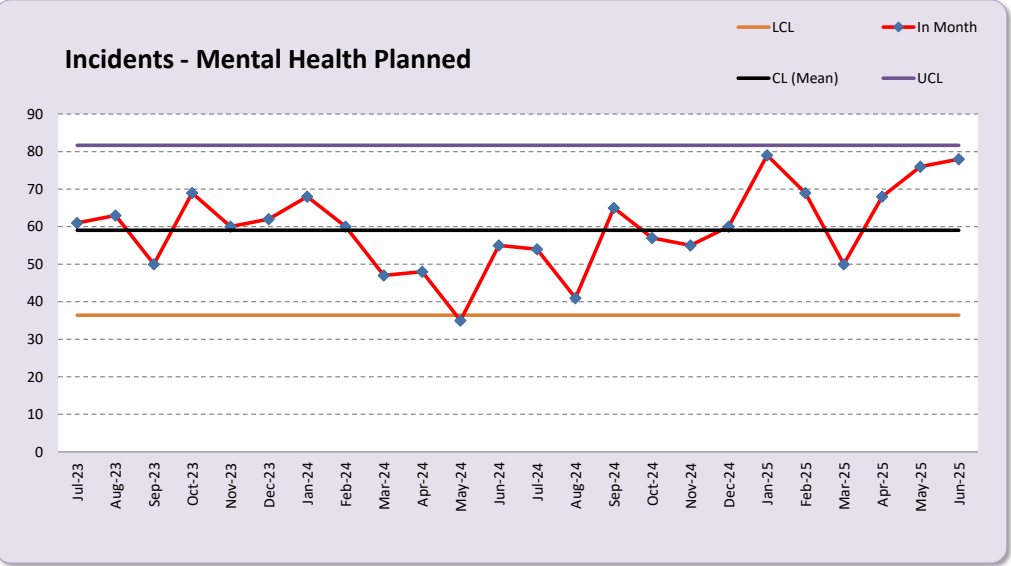
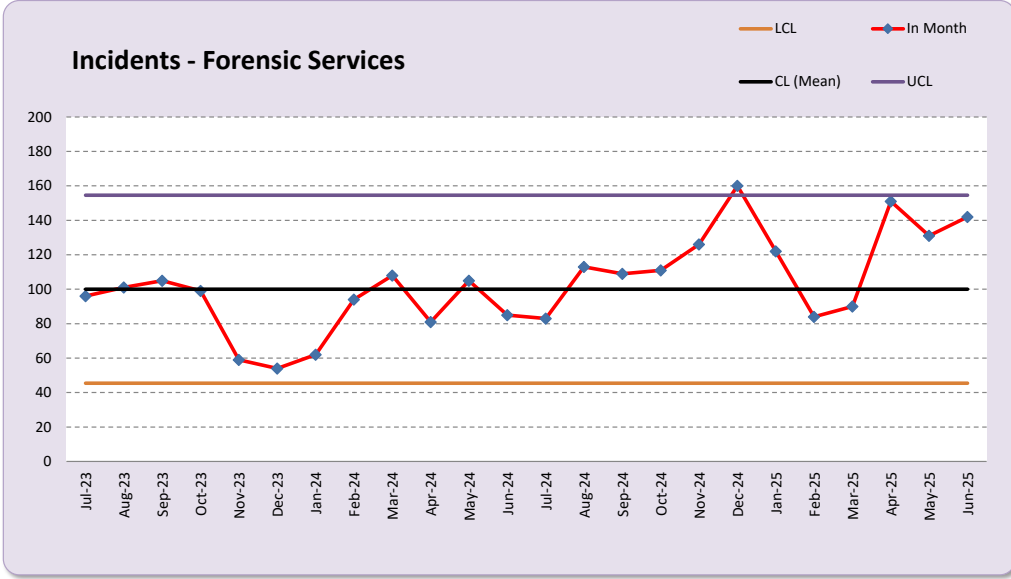
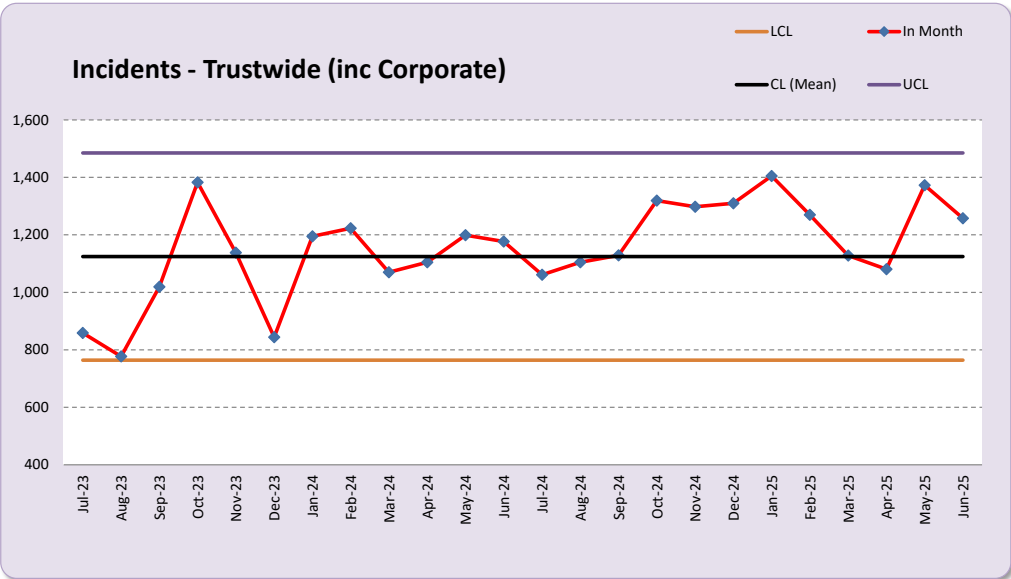


Outcome of Death Reviews (over the last 18 months)

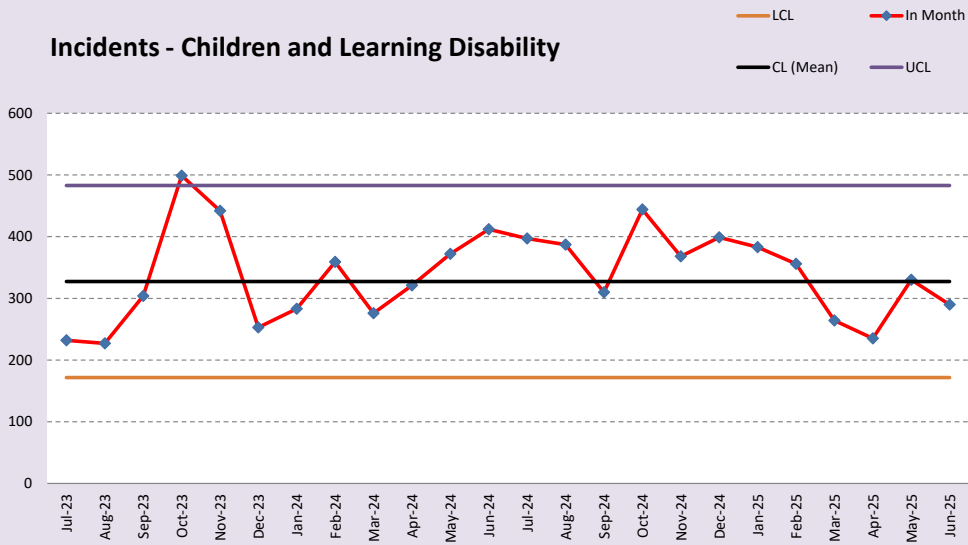


Quality Dashboard

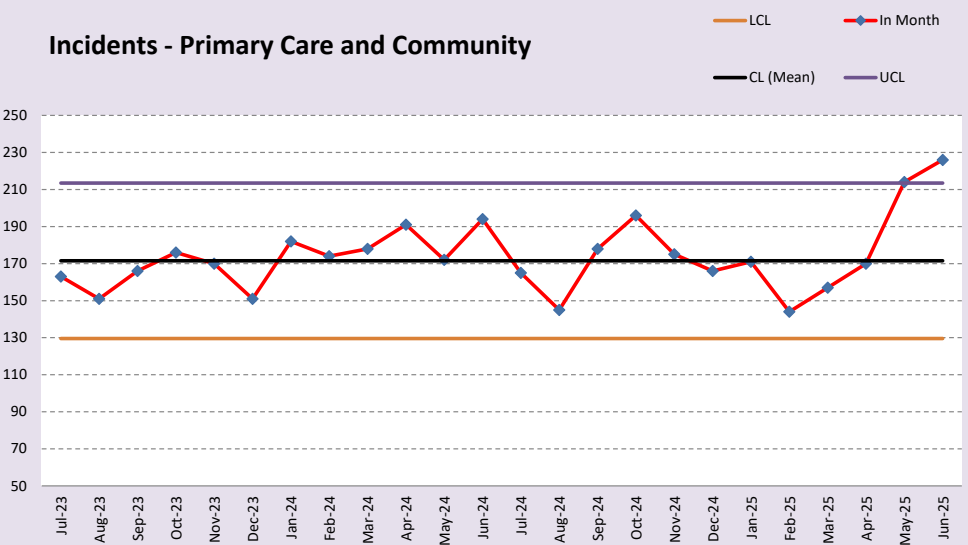
Domain



Incidents - Children and Learning Disability



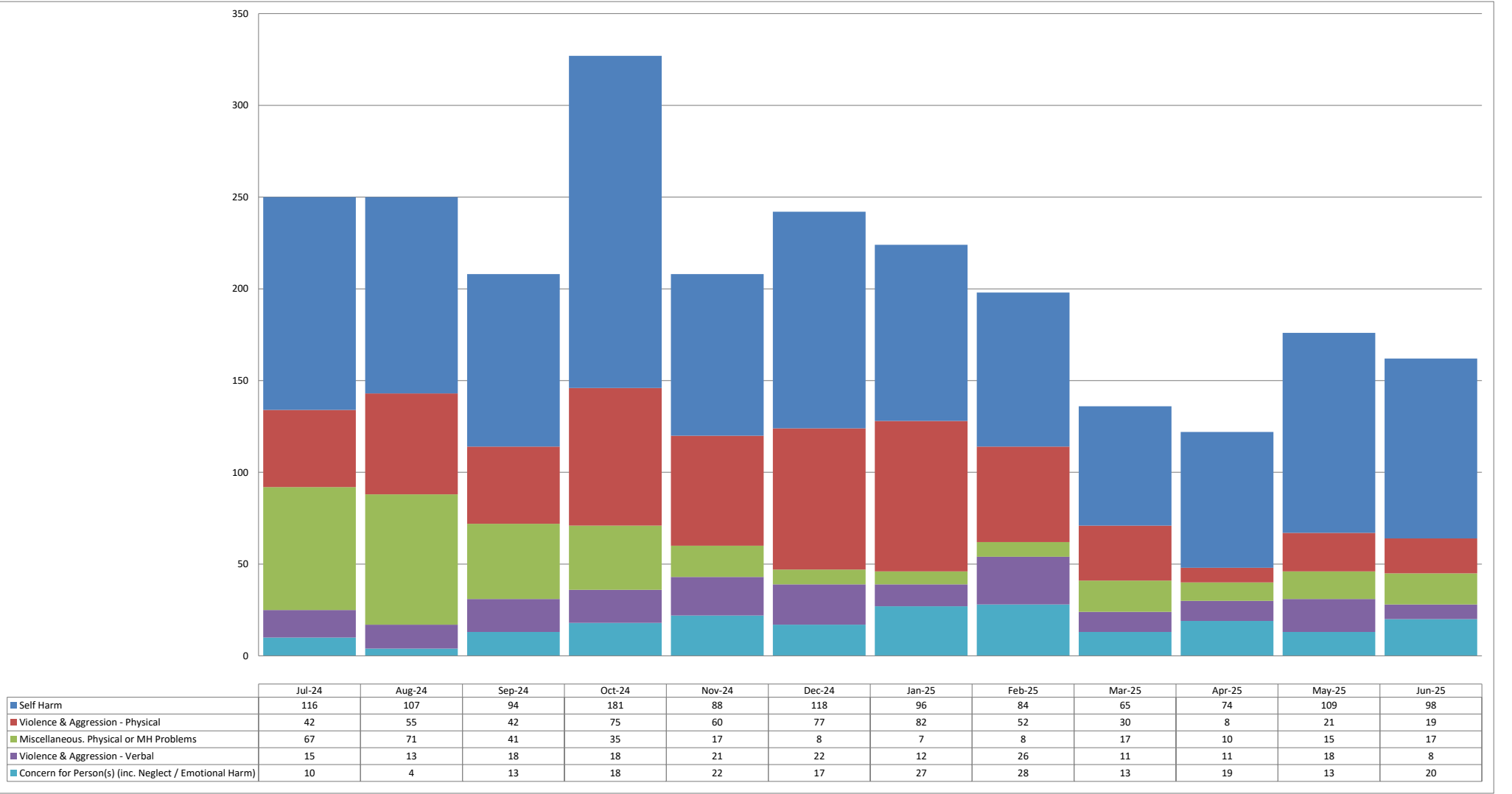
Incidents - Primary Care and Community



Quality Dashboard

Domain

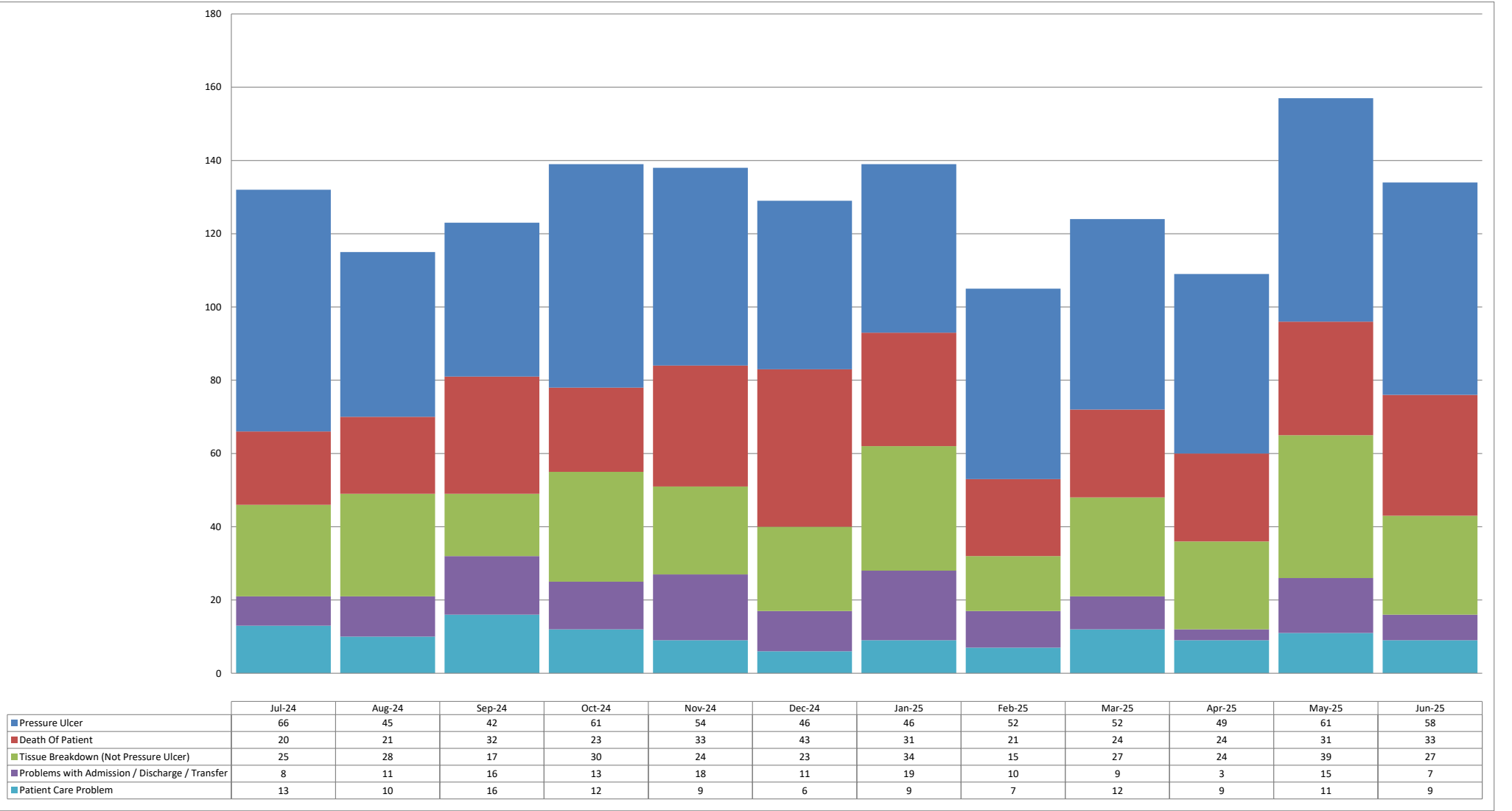
Section 2.3	Clinical Risk	Incidents by Care Group (Division) - Top 5 Categories	Incidents - Division
Childrens and Learning Disability (Division)			



Quality Dashboard

Domain

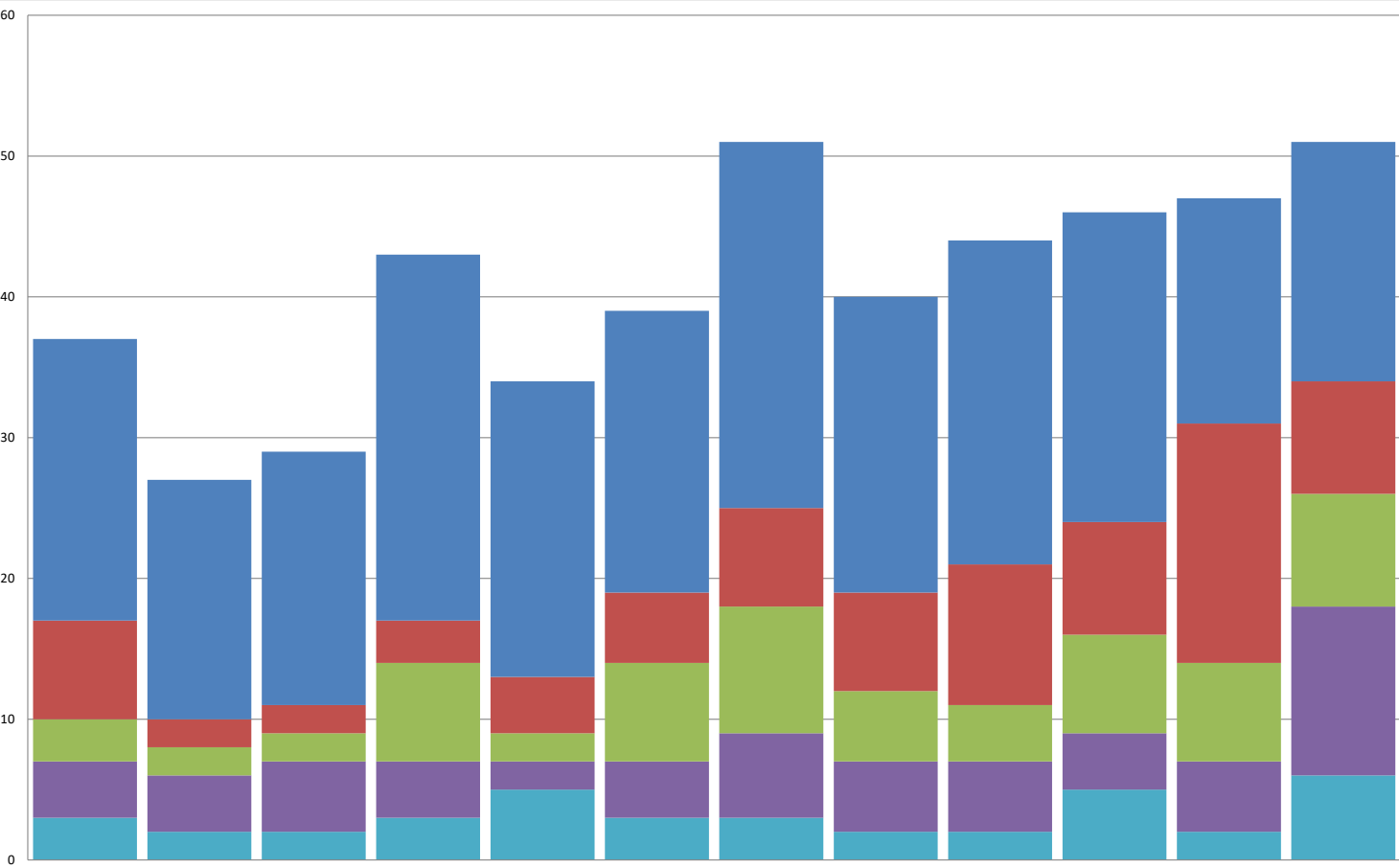
Section 2.3	Clinical Risk	Incidents by Care Group (Division) - Top 5 Categories	Incidents - Division
Community & Primary Care (Division)			



Quality Dashboard

Domain

Section 2.3	Clinical Risk	Incidents by Care Group (Division) - Top 5 Categories	Incidents - Division
Mental Health Planned (Division)			

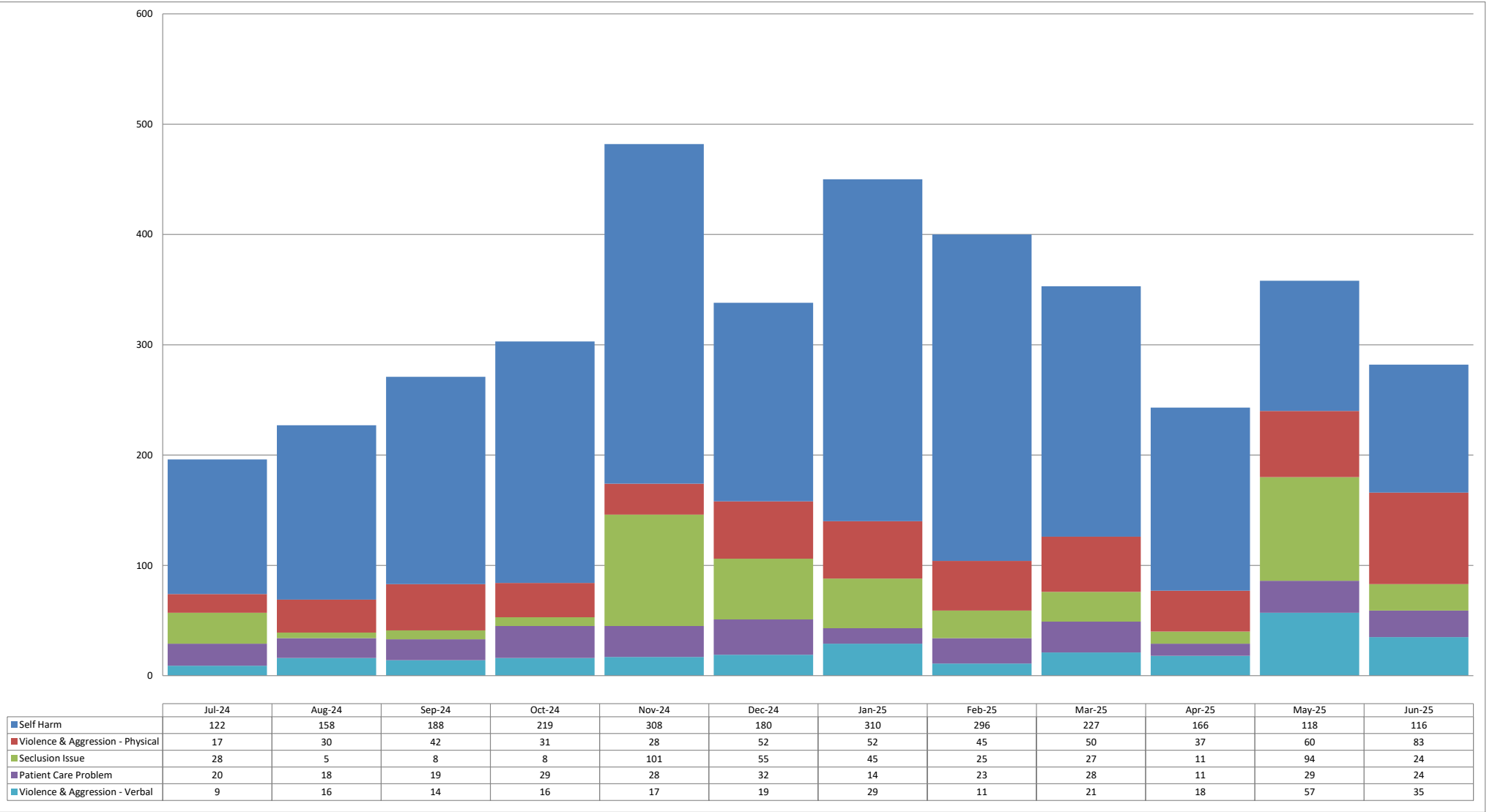


	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Death Of Patient	20	17	18	26	21	20	26	21	23	22	16	17
Patient Care Problem	7	2	2	3	4	5	7	7	10	8	17	8
Concern for Person(s) (inc. Neglect / Emotional Harm)	3	2	2	7	2	7	9	5	4	7	7	8
Patient Information	4	4	5	4	2	4	6	5	5	4	5	12
Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)	3	2	2	3	5	3	3	2	2	5	2	6

Quality Dashboard

Domain

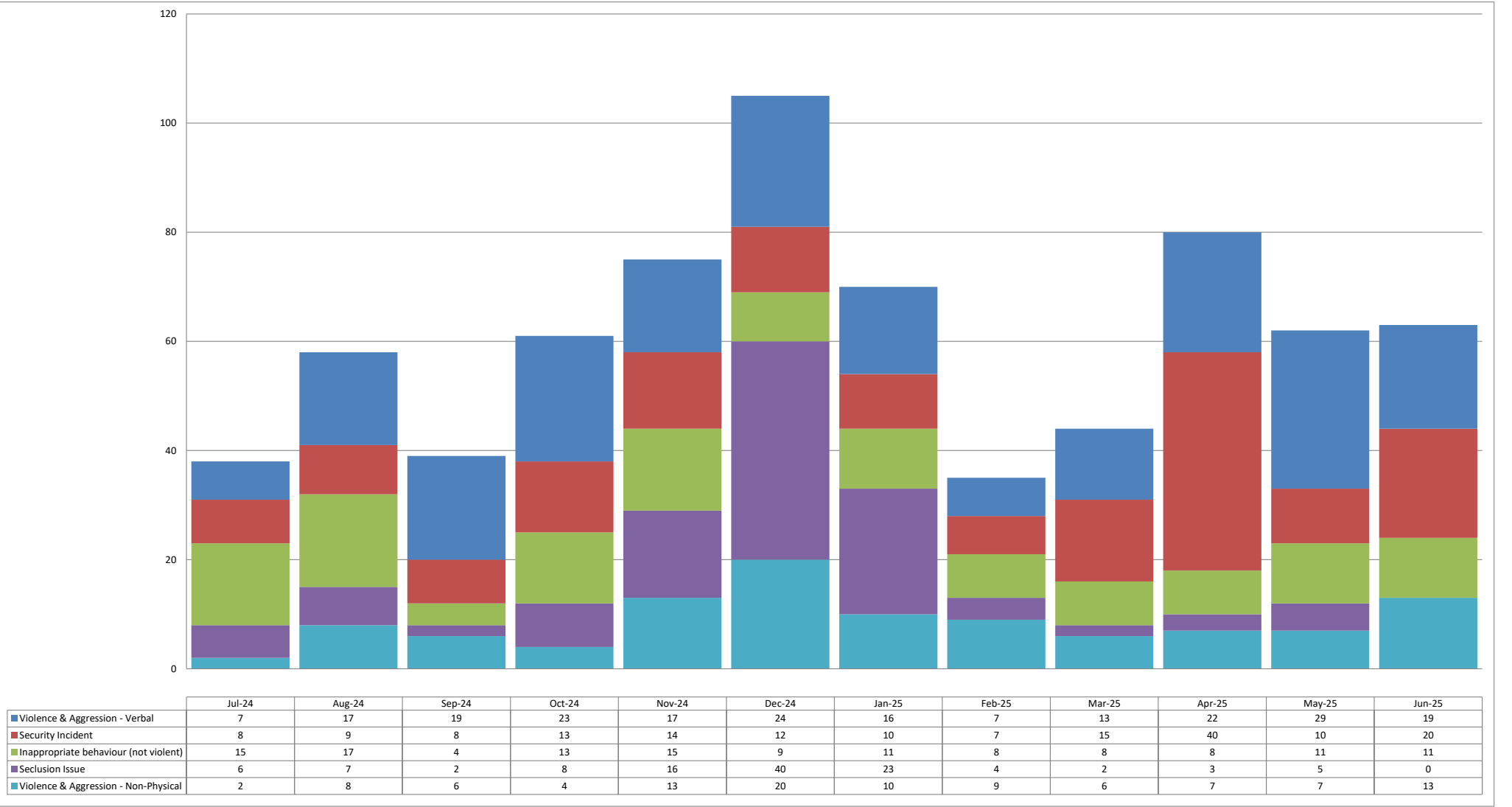
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Mental Health Unplanned (Division)			



Quality Dashboard

Domain

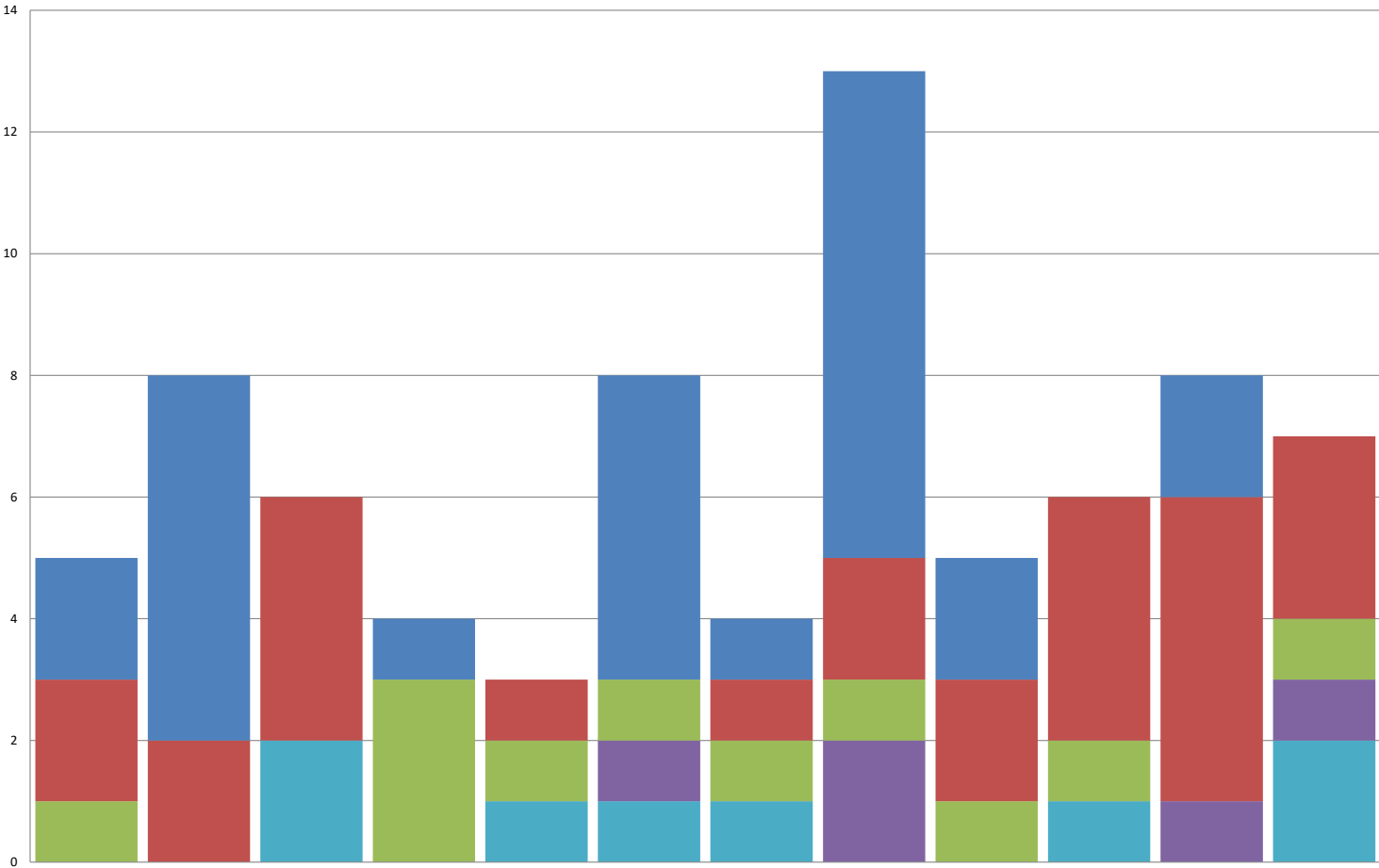
Section 2.3	Clinical Risk	Incidents by Care Group (Division) - Top 5 Categories	Incidents - Division
Secure Services (Division)			



Quality Dashboard

Domain

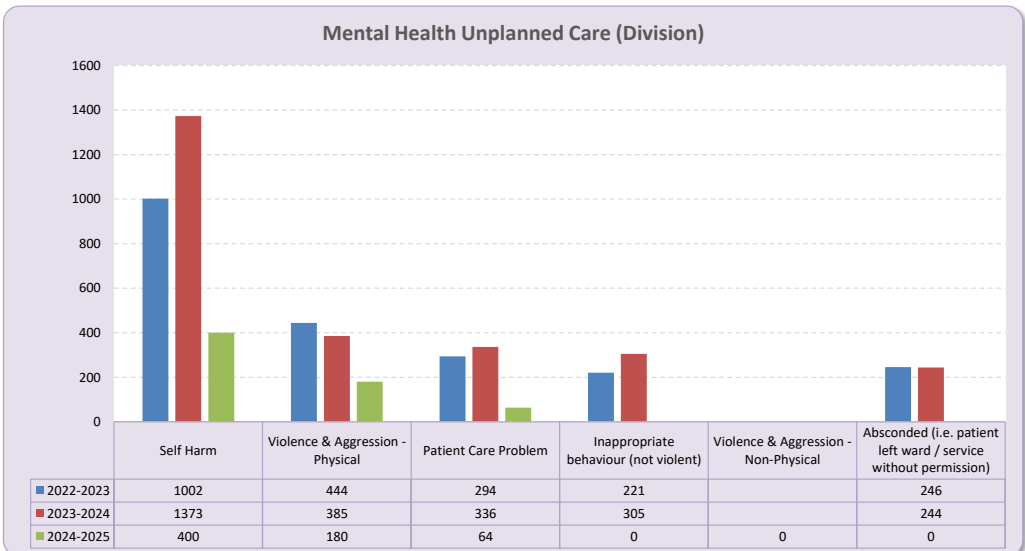
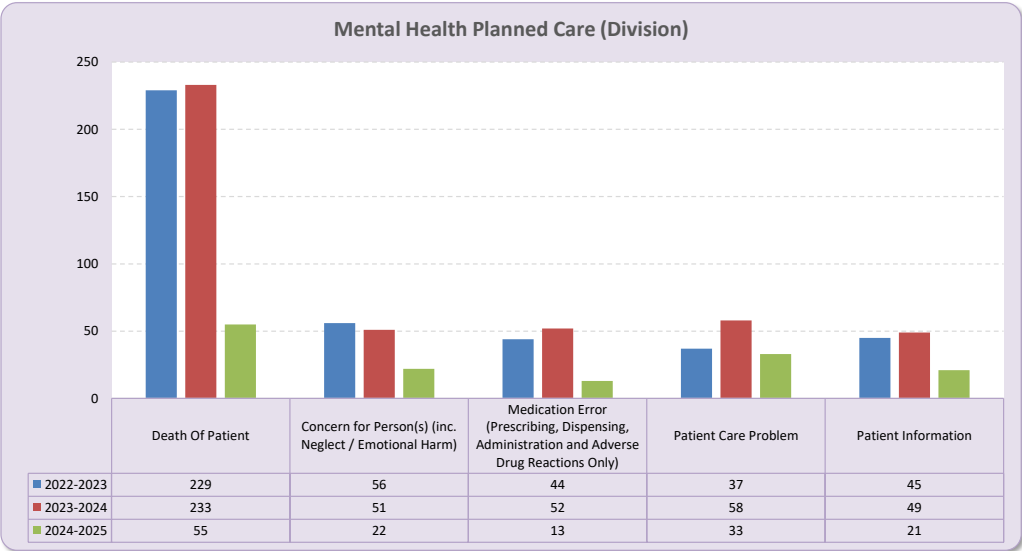
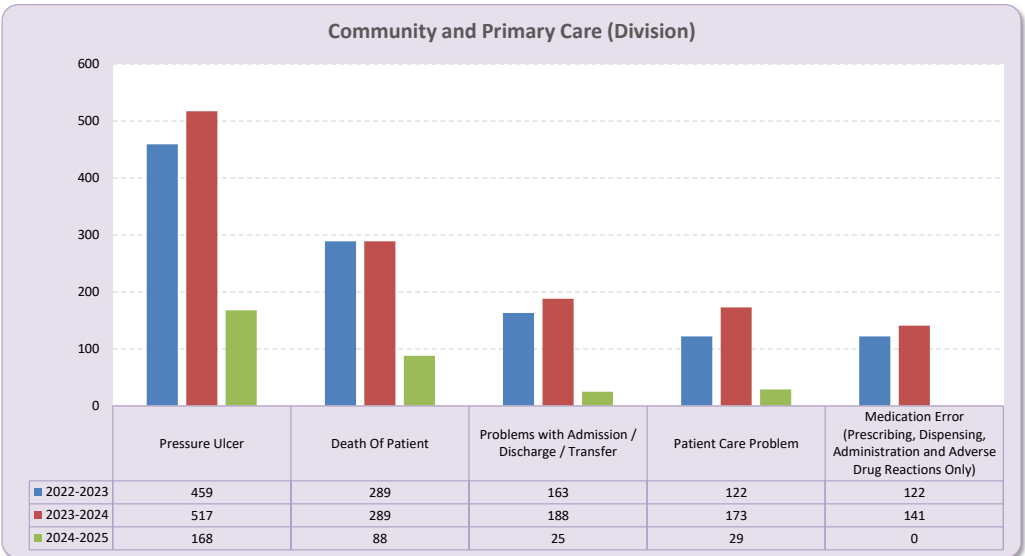
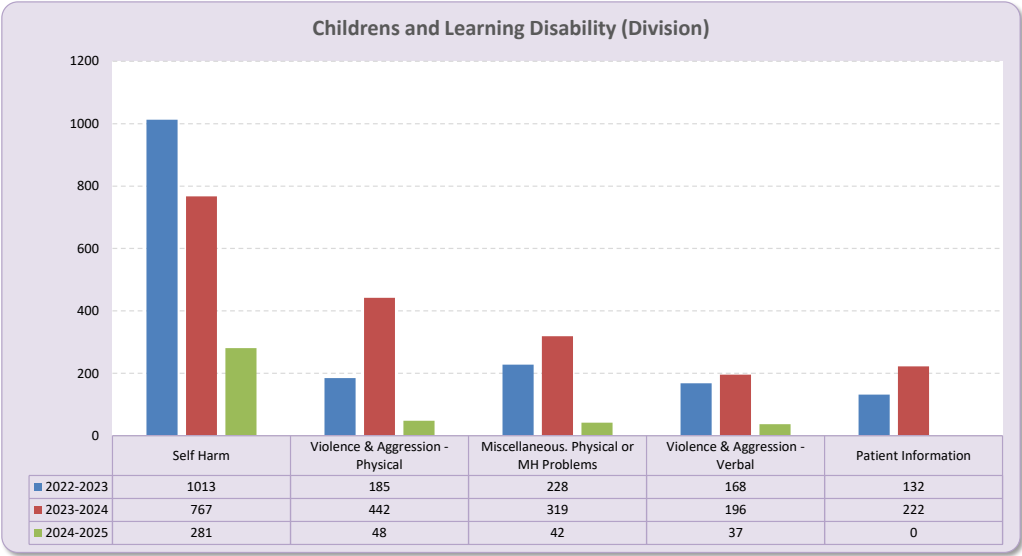
Section 2.3	Clinical Risk	Incidents by Care Group (Division) - Top 5 Categories	Incidents - Division
Corporate (Division)			



	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
■ Patient Information	2	6	0	1	0	5	1	8	2	0	2	0
■ Information Incident	2	2	4	0	1	0	1	2	2	4	5	3
■ Security Incident	1	0	0	3	1	1	1	1	1	1	0	1
■ Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)	0	0	0	0	0	1	0	2	0	0	1	1
■ Network / System security	0	0	2	0	1	1	1	0	0	1	0	2

Quality Dashboard

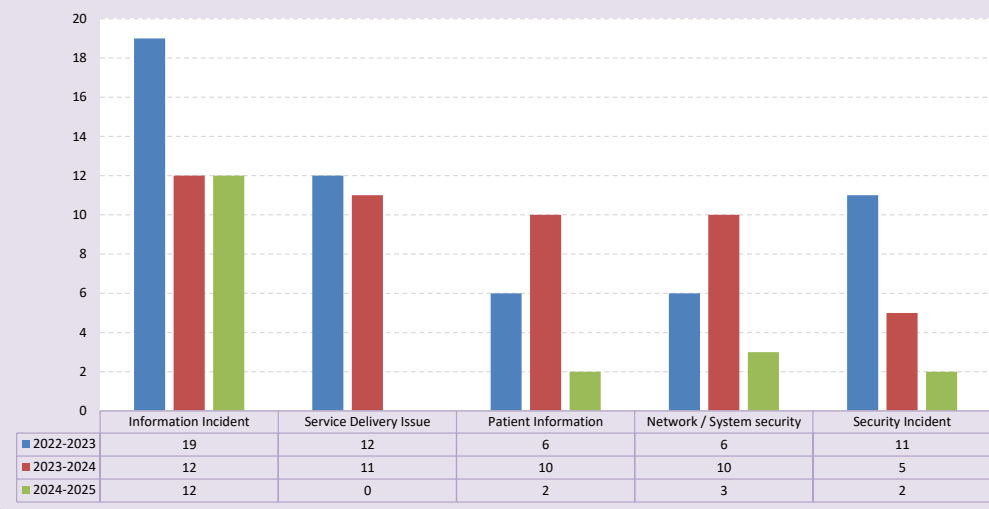
Domain



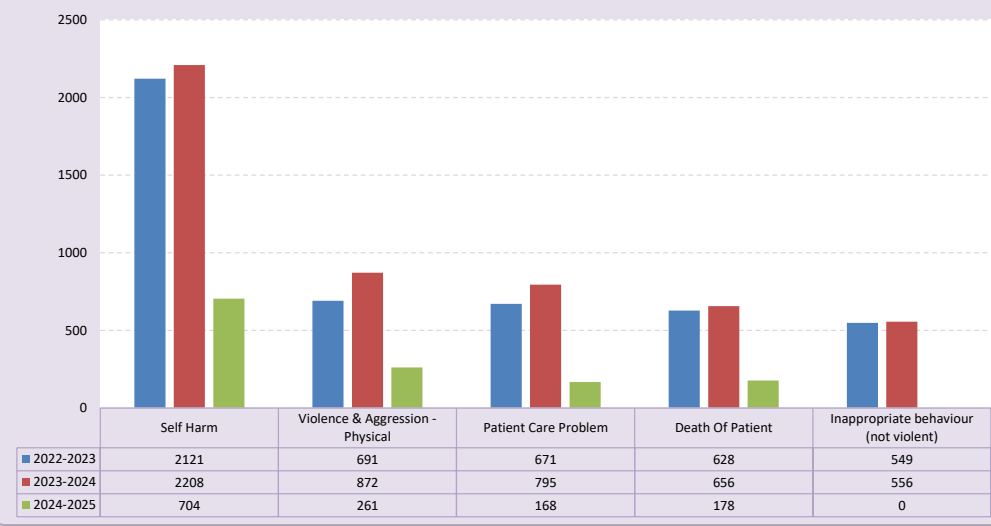
Forensic Services (Division)



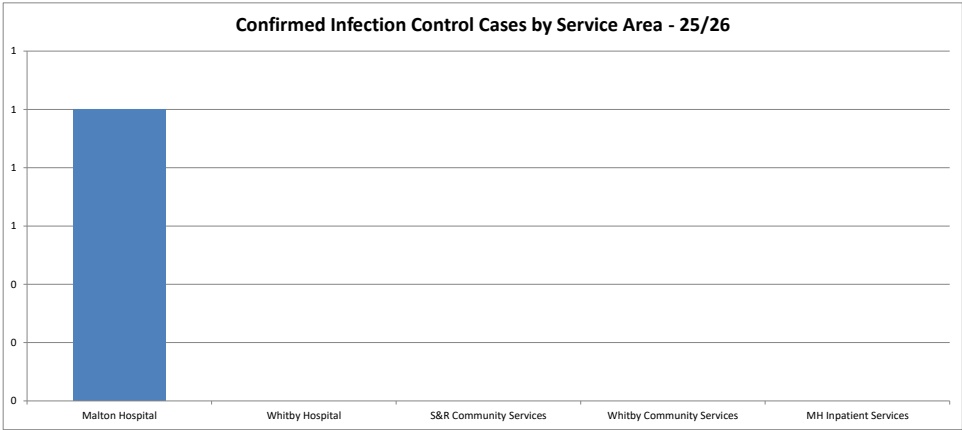
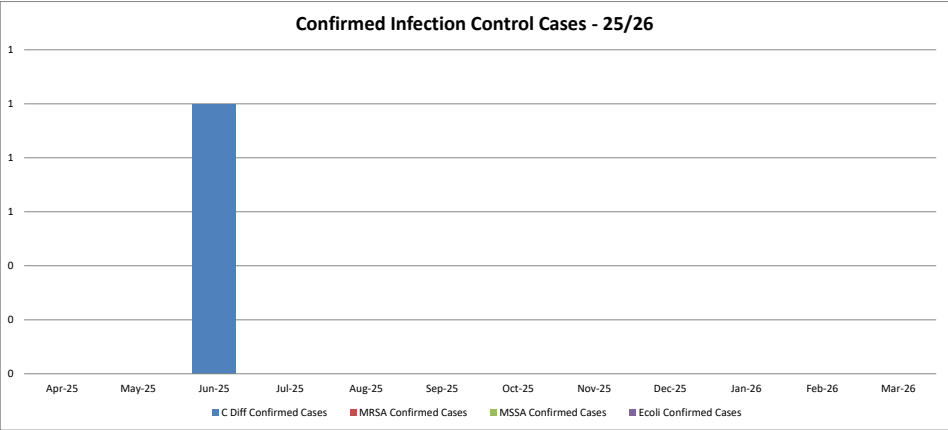
Corporate (Division)



Trustwide



Quality Dashboard



Narrative, Updates and Conclusions
<div>Q1</div> <p>The NHS Standard Contract 2025/26 outlines the quality requirements for acute NHS Trusts and Integrated Care Boards (ICBs) to minimise Clostridioides difficile (C. difficile) and Gram-negative Bloodstream Infections (GNBSIs) rates to threshold levels set by NHS England. The Trust currently has no contractually agreed thresholds in place for the number of HCAIs reported in 2025-2026, however individual HCAI cases continue to be monitored and reviewed as part of our focus to support the actions to reduce the risk of the infections and patient outcomes across the ICB.</p> <p>2025-2026 C.diff cases are reported when a specimen yielding a positive C.diff result is taken on or post day 3 of admission.</p> <p>Patient admitted from home to Fitzwilliam Ward, Malton Hospital on 06 June 2025 for palliative care support. Faecal specimen obtained on the 10 June 2025 yielding a positive result. Patient was discharged to home address on 11 June 2025. An After Action Review was completed and learning included:</p> <ul style="list-style-type: none">•No antimicrobial prescribing during the admission.•Patient management was in accordance with policy and guidance.•The need to improve information sharing when Trust Community Services are involved with a patient prior to admission.
<div>Q2</div>
<div>Q3</div>
<div>Q4</div>

Quality Dashboard

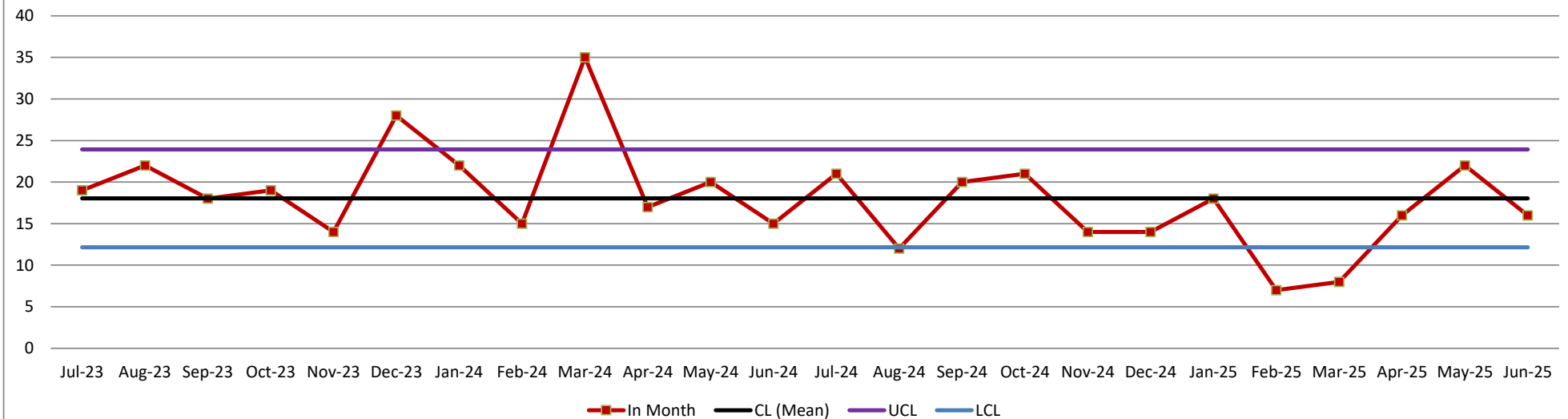
Domain

Section 2.5

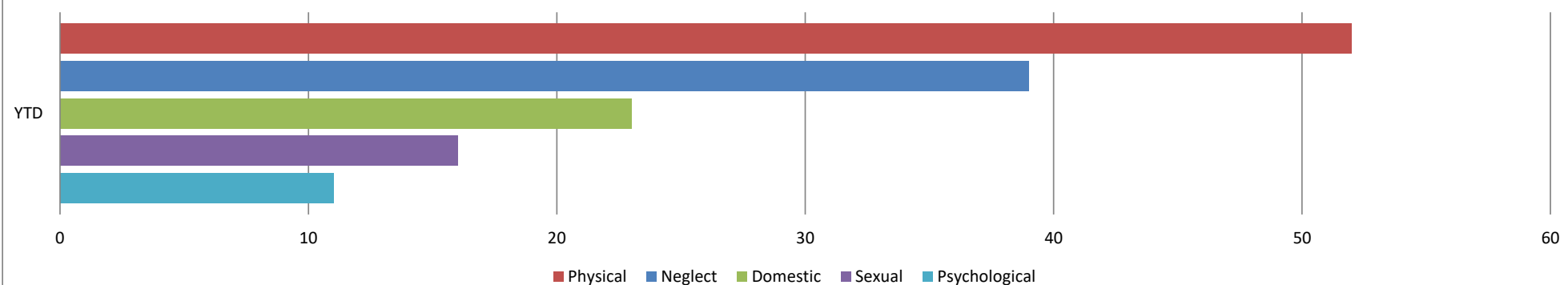
Clinical Risk

Adult Safeguarding Referrals

Adult Safeguarding Referrals Rate to Local Authority



Referral Reason rolling 12 months



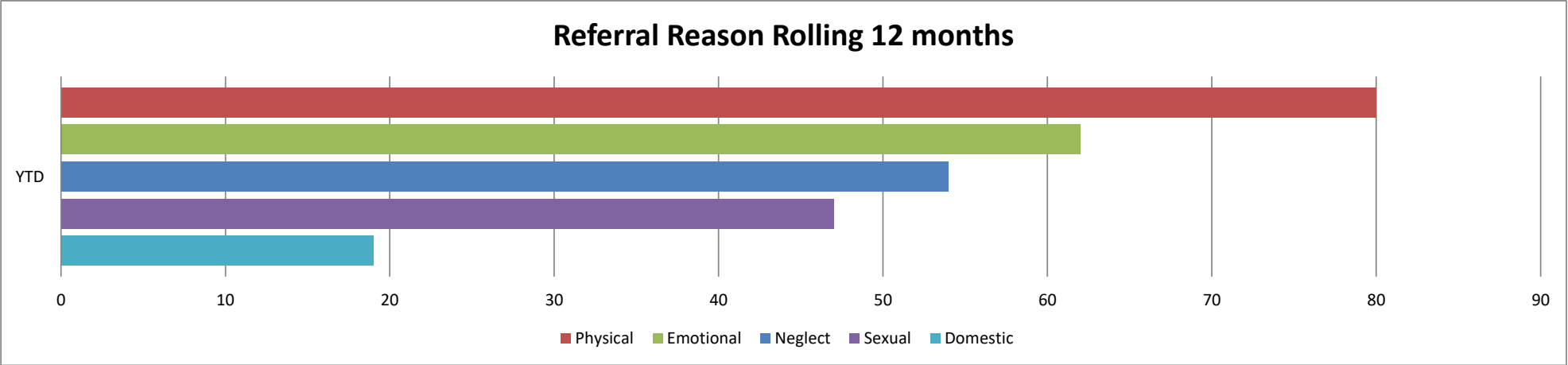
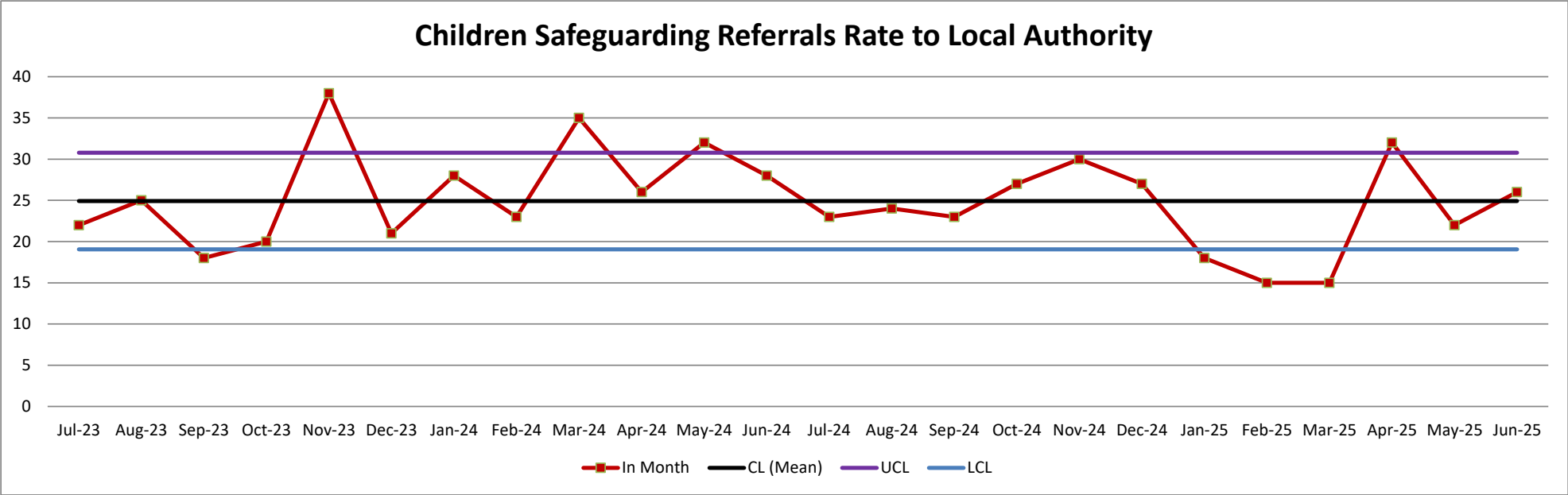
Quality Dashboard


Domain

Section 2.5

Clinical Risk

Children Safeguarding Referrals



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD															Staffing and Quality Indicators										 Humber Teaching NHS Foundation Trust						
Shown one month in arrears															Contract Period: 2025-26										Reporting Month: May-25						
Units						Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators																	
						Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		QUALITY INDICATORS																Indicator Totals	
Speciality	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)					Registered	Un Registered	Registered	Un Registered	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (ILS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Apr-25	May-25		
Adult MH	Avondale	Adult MH Assessment	31.2	77%	11.4	15.5%	1.8%	99%	110%	99%	109%	0	7	2	0	0	9	2	0	100.0%	93.6%	91.7%	88.2%	1.3%	0.0	0	0				
	New Bridges	Adult MH Treatment (M)	35.0	91%	8.2	17.0%	1.0%	92%	107%	98%	105%	0	2	0	0	0	5	0	0	92.5%	97.1%	93.8%	100.0%	8.2%	3.0	1	1				
	Westlands	Adult MH Treatment (F)	34.4	95%	8.2	46.0%	3.3%	90%	82%	100%	109%	0	15	0	0	0	19	2	0	90.0%	90.9%	88.2%	82.4%	18.2%	-0.8	1	2				
	Mill View Court	Adult MH Treatment	32.1	92%	7.8	15.3%	1.5%	99%	99%	100%	99%	0	2	0	0	0	2	1	0	96.6%	94.0%	76.5%	93.8%	5.3%	1.4	1	2				
	STARS	Adult MH Rehabilitation	14.2	100%	17.7	43.1%	1.8%	99%	93%	100%	102%	0	0	0	0	0	0	0	0	63.6%	93.2%	80.0%	80.0%	8.6%	2.0	2	3				
	PICU	Adult MH Acute Intensive	26.3	68%	27.4	42.5%	2.6%	92%	105%	101%	133%	0	19	0	0	0	31	0	0	80.0%	96.0%	100.0%	100.0%	2.6%	2.6	0	0				
OP MH	Maister Lodge	Older People Dementia Treatment	36.6	54%	21.7	20.8%	1.8%	106%	80%	100%	105%	0	4	0	0	0	11	0	0	102.5%	93.2%	83.3%	84.0%	8.6%	0.5	1	1				
	Mill View Lodge	Older People Treatment	30.7	99%	18.4	12.0%	0.0%	67%	82%	100%	98%	0	0	0	0	0	1	0	0	90.3%	98.1%	100.0%	94.7%	5.4%	1.0	2	3				
	Maister Court	Older People Treatment	19.4	99%	17.4	18.8%	0.5%	121%	61%	100%	102%	0	8	0	0	0	15	0	0	95.7%	85.7%	50.0%	90.9%	7.0%	0.0	4	4				
	Pine View	Forensic Low Secure	29.2	74%	35.3	13.4%	0.0%	87%	81%	84%	105%	0	1	0	0	0	1	0	0	100.0%	97.7%	90.9%	94.7%	5.3%	2.1	2	1				
	Derwent	Forensic Medium Secure	26.8	78%	18.0	30.5%	0.0%	101%	81%	110%	151%	0	3	0	0	0	7	0	0	100.0%	94.7%	100.0%	81.3%	0.7%	-0.8	0	0				
	Ouse	Forensic Medium Secure	26.6	78%	9.3	19.8%	0.0%	84%	106%	120%	90%	0	0	0	0	0	0	0	0	100.0%	96.2%	90.0%	86.7%	15.5%	-0.8	1	1				
Child & LD	Swale	Personality Disorder Medium Secure	26.5	87%	15.2	22.5%	0.0%	78%	100%	103%	94%	0	0	0	0	0	0	0	0	96.3%	99.7%	100.0%	100.0%	2.3%	3.0	1	0				
	Ullswater (10 Beds)	Learning Disability Medium Secure	30.2	90%	19.4	28.7%	0.0%	113%	140%	113%	165%	0	8	0	0	0	9	0	0	83.3%	96.0%	90.9%	94.7%	7.5%	-0.7	1	1				
	Townend Court	Learning Disability	42.8	47%	64.7	13.2%	1.4%	67%	85%	95%	97%	0	17	1	0	0	22	1	0	100.0%	94.8%	70.0%	87.9%	4.9%	1.7	1	1				
	Inspire	CAMHS	50.0	73%	24.6	9.6%	1.0%	99%	126%	96%	130%	0	0	0	0	0	0	0	0	N/R	93.6%	80.0%	100.0%	3.9%	-0.5	1	1				
	Granville Court	Learning Disability Nursing Care	52.3	66%	22.1	24.5%	0.0%	133%	100%	109%	111%	0	0	0	0	0	0	0	0	88.7%	98.4%	78.6%	100.0%	7.3%	-2.4	1	1				
	Whitby Hospital	Physical Health Community Hospital	30.9	78%	8.2	7.2%	0.0%	84%	54%	100%	97%	1	0	0	0	3	1	0	0	87.2%	90.7%	87.5%	80.0%	8.7%	0.5	1	2				
CH	Malton Hospital	Physical Health Community Hospital	29.4	79%	8.0	11.4%	0.0%	91%	81%	115%	84%	0	0	0	0	0	0	0	0	100.0%	90.5%	68.8%	81.3%	1.6%	0.9	1	0				
Key	Target met		Within 5% of target				Target not met																								

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : May

There has been a slight increase in the number of units flagging red for sickness, from 10 in April to 12 in May. This is following an improving picture from January.

The number of units with sickness rates above 10% has decreased further from 5 in April to 2 in May. There are 2 units with a sickness rate above 15%: Westlands 18.2% and Ouse which has a slightly improved position from 16.7 % in April to 15.5% in May. Targeted support continues for areas with continued high sickness rates.

There are no units with 5 red flags. Maister Court remains the only unit with 4 red flags but these relate to its bed occupancy which is consistently high due to the small bed base and the low fill rates for unregistered staff on days but this is balanced by an overflow on registered.

There are no red flags for Care Hours Per Patient Day (CHPPD). And only Mill View Court, is slightly below their target in May which is an improvement from 4 units in April. They have a target CHPPD of 8.0 which was achieved over a 6 month average (Oct-March) Bed occupancy continued to be high in May for Mill View Court.

Registered Nurse fill rates are satisfactory with the exception of Townend Court who are under the lower target threshold of 75% on days. This has been reviewed as part of the safer staffing reviews in May. Due to their low bed occupancy (47%) they are still maintaining high CHPPD (64.7)

Overall fill rates for Whitby on days are below target. (84% registered and 54% unregistered. This has been discussed with the modern matron and clinical lead who confirmed that they have significant challenges currently due to HCAs vacancies and LTS and TNAs not being backfilled. Staffing meetings were held daily through may (and continue) and professional judgement utilised to support 6 /4 staff on days due to low be occupancy and review of clinical acuity and they have maintained above target for their CHPPD. This has impacted their supervision compliance (as below) and the MM is addressing this with the charge nurse.

Townend Court report occasions when only 1 registered nurse on duty, however IST base themselves at Townend Court and provide support as required at weekends. During the week the band 7s and matron provide support if staffing numbers are reduced.

Statutory/Mandatory training (all) is now above the 85% target for all units.

Immediate Life Support and Basic Life Support compliance has improved at Malton and Whitby following targeted 2 day training in March. Areas of ongoing concern have been highlighted to the resuscitation officer.

There was 1 nil return for clinical supervision for Inspire in May for the second month- this has been addressed with the modern matron however their 6 month position is over 90% (Oct-Mar). STaRs and Whitby have below levels of supervision (63.6% and 10.3% respectively) this has been flagged with the MMs for action.

The CHPPD RAG ratings are following discussions with and agreed by EMT in November 2022. Breakdowns are as follows:

Red RAG falls below the lowest rating, Green RAG is greater than the highest rating. Amber RAG falls between

Red RAG	Green RAG	Units applied (Note: Some thresholds were changed for June data (Townend, Ullswater and Malton))
<=4.3	>=5.3	STaRS
<=5.3	>=6.3	Pine view, Ouse
<=7	>=8	New Bridges, Westlands, Mill View Court, Swale, Whitby, Malton
<=8	>=9	Avondale
<=9.3	>=10.3	Maister Lodge, Maister Court, Derwent, Inspire, Granville
<=10.5	>=11.5	Mill View Lodge
<=11.0	>=12.0	Ullswater
<=15.6	>=16.6	PICU
<=27.0	>=28.0	Townend Court

Registered Nurse Vacancy Rates (Rolling 12 months)

Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
9.66%	10.20%	10.28%	8.92%	6.80%	6.30%	7.39%	7.77%	7.57%	7.15%	7.71%	8.90%

Slips/Trips and Falls (Rolling 3 months)

	Mar-25	Apr-25	May-25
Maister Lodge	7	11	4
Millview Lodge	5	1	3
Malton IPU	4	2	1
Whitby IPU	0	2	1

Malton Sickness % is provided from ESR as they are not on Health Roster

HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING COMMUNITY DASHBOARD

Contract Period:

2025-26

Reporting Month:

May

Staffing and Quality Indicators



Humber Teaching
NHS Foundation Trust

Area	Team	Speciality	Workforce Indicators					Quality Indicators						Trend	
			WTE in post	Vacancies Budget - WTE	Sickness	Bank Spend £	Agency Spend £	Mandatory Training Overall	Clinical Supervision	Friends and Family YTD Responses	Friends and Family YTD %	Serious Incidents (reported to STEIS) YTD	Complaints Upheld (wholly or in part) YTD	Apr-25	May-25
Adult MH Services	Mental Health Response Service	Adult Crisis	77.8	9.5%	✗ 7.3%	£31,050	£1,017	✓ 92.0%	⚠ 81.1%	8	✗ 75.0%	0	0	✓ 1	⚠ 2
	Hull East Mental Health Team	Hull Adult MHT	27.9	29.0%	✗ 12.7%	£1,424	£0	✓ 87.9%	✓ 93.2%	2	✓ 100.0%	0	1	✓ 0	✓ 1
	Hull West Mental Health Team	Hull Adult MHT	20.8	16.2%	✗ 9.7%	£689	£0	✓ 95.6%	N/R	0	NS	0	0	✓ 1	✓ 1
	Beverley Mental Health Team	ER Adult MHT	8.4	10.6%	✓ 0.0%	£1,804	£0	✓ 96.1%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 0
	Goole Mental Health Team	ER Adult MHT	12.2	6.2%	✗ 6.6%	£913	£0	✓ 94.9%	✓ 100.0%	2	✓ 100.0%	0	0	✓ 1	✓ 1
	Haltemprice Mental Health Team	ER Adult MHT	12.2	3.2%	⚠ 4.8%	£1,269	£0	✓ 96.8%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 0
	Holderness Mental Health Team	ER Adult MHT	15.0	8.3%	✗ 13.0%	£0	£0	✓ 94.5%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 1
	Bridlington & Driffield MHT	ER Adult MHT	17.8	9.2%	✗ 6.8%	£135	£0	✓ 95.7%	✓ 100.0%	3	✓ 100.0%	0	0	✓ 1	✓ 1
Older People MH Services	Crisis Intervention Team for Older People (CITOP)	OP Crisis	22.0	34.4%	✓ 1.7%	£4,927	£0	✓ 98.1%	N/R	5	⚠ 80.0%	0	0	✓ 0	✓ 0
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	23.5	16.7%	✓ 3.2%	£1,111	£0	✓ 96.5%	✓ 100.0%	10	✓ 90.0%	0	0	✓ 0	✓ 0
	Beverley and Haltemprice OP CMHT	ER OP CMHT	10.0	3.8%	✗ 8.0%	£172	£0	✓ 98.3%	✓ 100.0%	1	✓ 100.0%	0	0	✓ 1	✓ 1
	Bridlington & Driffield OP CMHT	ER OP CMHT	9.4	0.0%	✗ 7.9%	£0	£0	✓ 91.0%	✓ 100.0%	2	✓ 100.0%	0	0	✓ 1	✓ 1
	Goole & Pocklington OP CMHT	ER OP CMHT	6.1	24.7%	✓ 0.0%	£0	£0	✓ 92.6%	✓ 100.0%	8	✓ 100.0%	0	0	✓ 0	✓ 0
	Holderness OP Community Team	ER OP CMHT	5.3	-0.1%	✗ 15.0%	£0	£0	✓ 93.2%	✓ 100.0%	1	✓ 100.0%	0	0	✓ 1	✓ 1
Universal	Early Intervention in Psychosis	14-65 MHT	26.3	14.3%	✗ 6.1%	£0	£0	✓ 88.4%	✓ 92.9%	0	NS	0	0	✓ 0	✓ 1
	Hospital Mental Health Team	Liaison Services	43.4	7.5%	✗ 5.4%	£4,686	£26,522	✓ 90.1%	✓ 85.7%	7	⚠ 85.7%	0	0	⚠ 2	✓ 1
Community Services	Ryedale Team	Comm Services	20.0	3.8%	✓ 1.4%	£517	£0	✓ 92.2%	✓ 89.7%	0	NS	0	0	✓ 1	✓ 0
	Scarborough Hub	Comm Services	64.0	10.0%	✗ 5.3%	£18,214	£7,288	✓ 91.0%	⚠ 82.0%	1	✓ 100.0%	0	0	⚠ 2	✓ 1
	Whitby Community Nurses	Comm Services	29.3	14.4%	✗ 8.1%	£4,874	£0	✓ 89.5%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 1
	Pocklington Nurses	Comm Services	19.0	3.6%	✓ 0.7%	£109	£0	⚠ 82.9%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 0

Points of Note:

Complaints - Zero figures indicate at least one complaint was made but not upheld. Figures above zero indicate these complaints were either Upheld or Partly Upheld. These incur a Red flag.

Active Caseload - patients seen at least once for treatment within the team. ER Adult Teams do not have the local authority staffing numbers included.

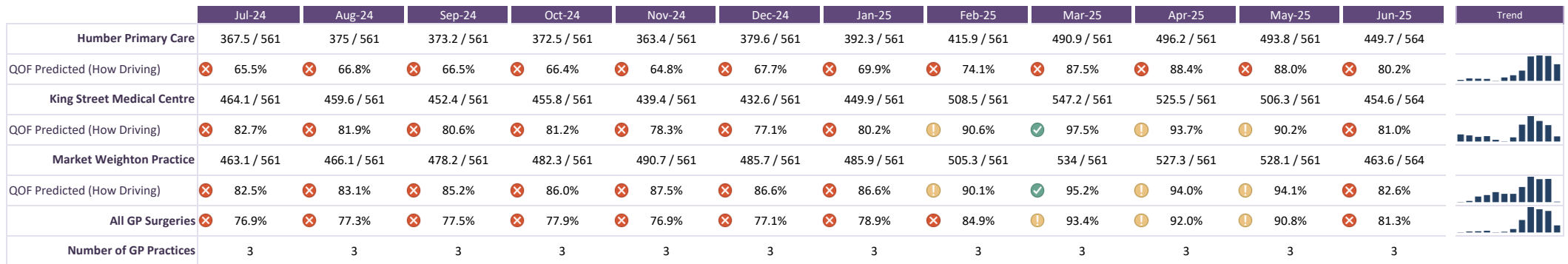
No returns for clinical supervision will incur a Red Flag

FFT % results based on the number of responses received with a satisfactory outcome

Waiting Assessment - Total number of patients not seen for assessment

All GP Surgeries - Overall QOF Results

June 2025



Divisional General Managers

Children's and Learning Disability : Justine Rooke
Primary Care and Community Services : Matthew Handley
Mental Health Services Planned : Sarah Bradshaw
Mental Health Services Unplanned : Adrian Elsworth
Specialist Services : Paula Phillips