

Financial Year  
2024-25

# 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:

Mar-25

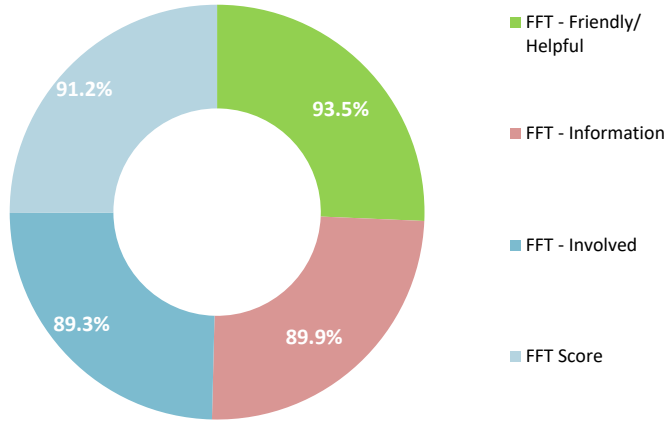
Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

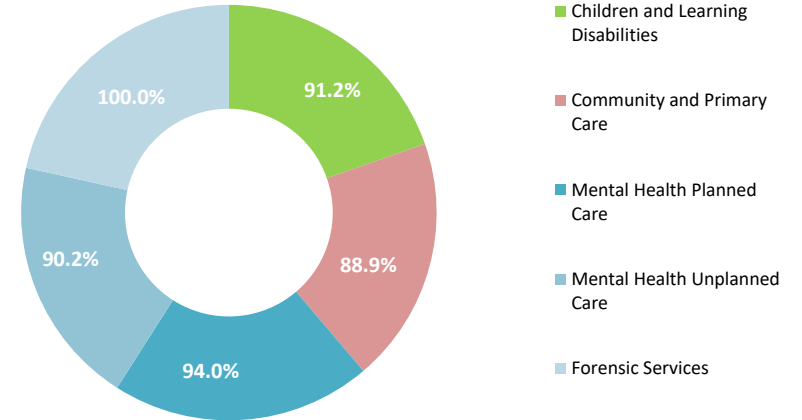
Caring, Learning and Growing



Friends and Family Year to Date Satisfaction Results



Friends and Family Satisfaction by Division Current Month



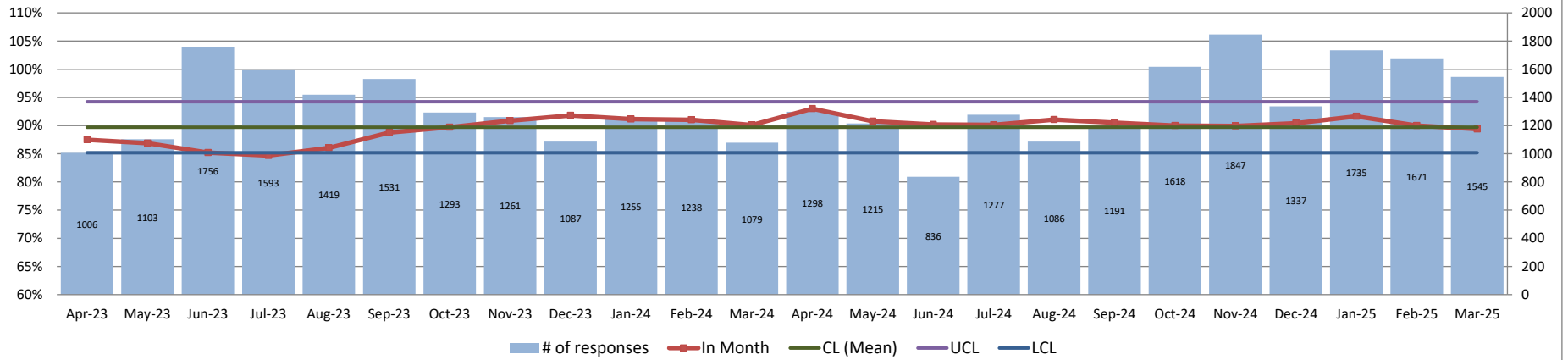
<p><b>Overall Experience Score for CMHT (Community Mental Health Team) Patient Survey - 2024</b></p>	<p><b>National Benchmark (Upper Quartile)</b></p>
	<p><b>66.6%</b></p>
	<p><b>Trust Result</b></p>
	<p><b>67.3%</b></p>

# Quality Dashboard

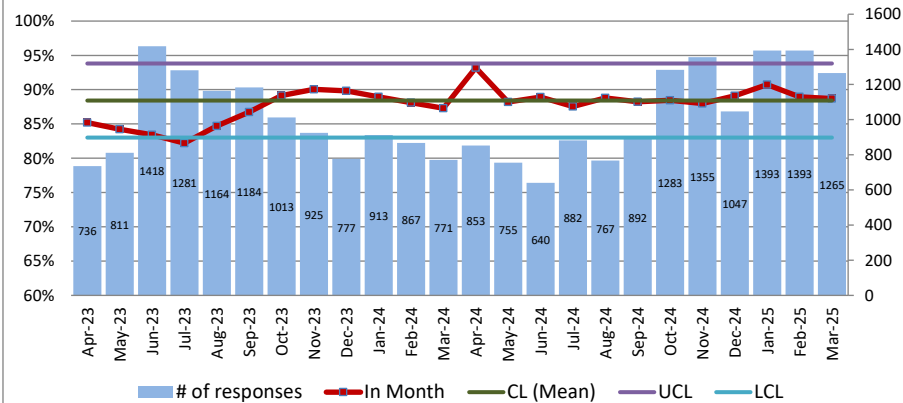
## Section 1.1.1 Patient / Carer Experience - Trustwide / GP / Non GP Services

## Friends and Family

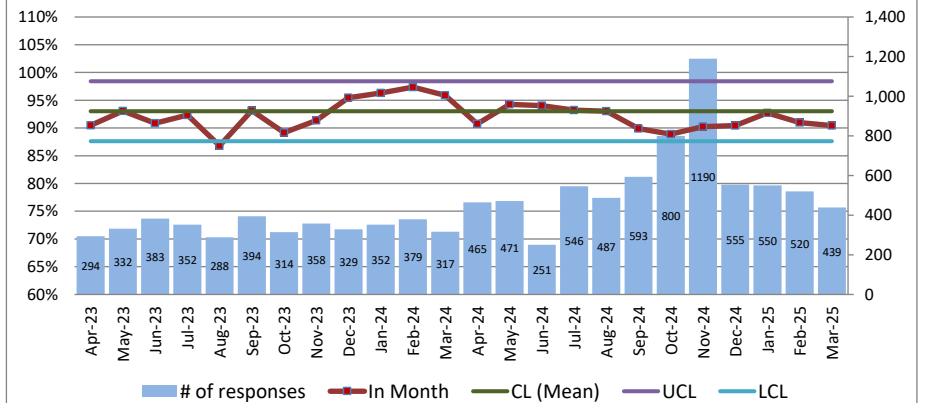
### Friends & Family Patient (Trustwide)



### Friends & Family Patient (GP's)



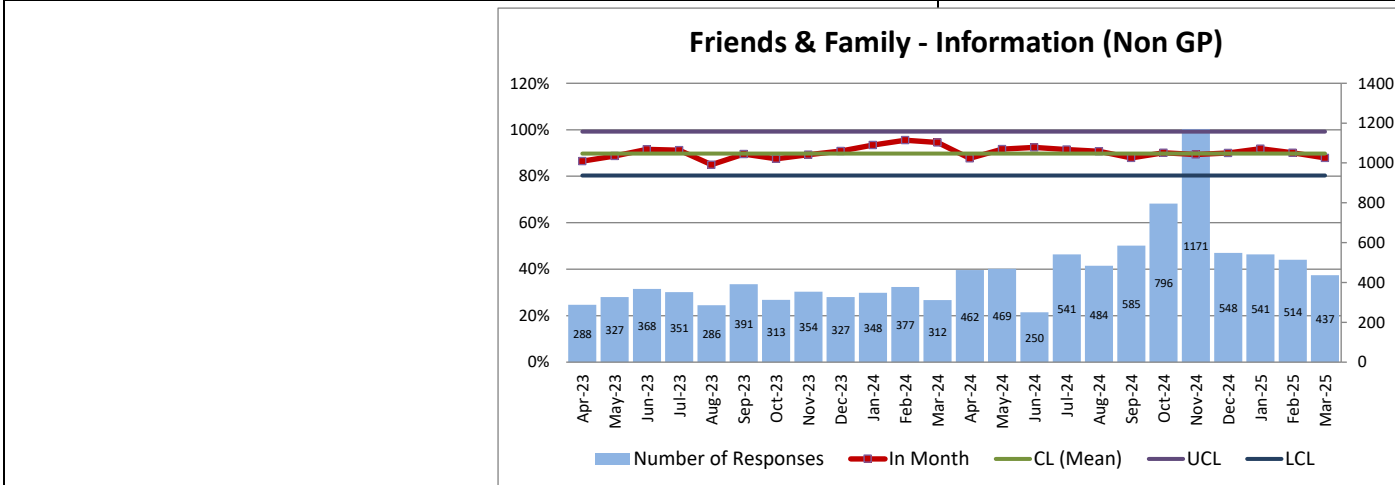
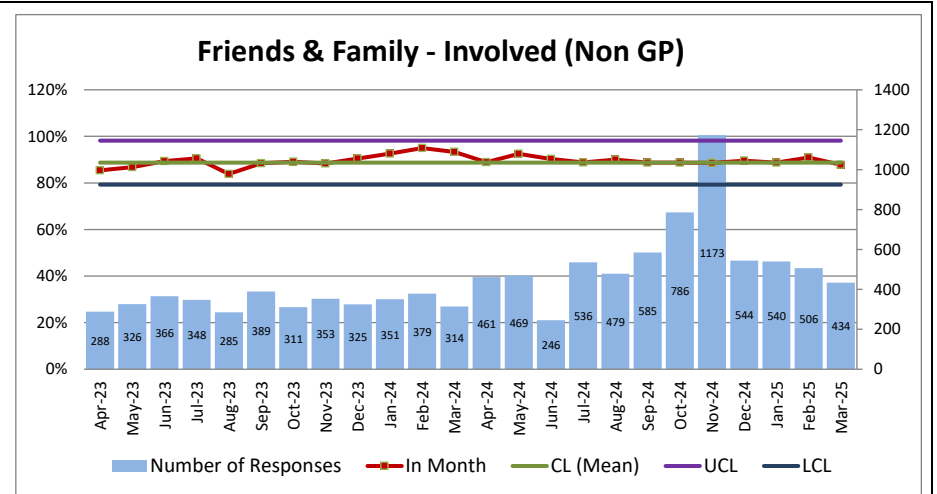
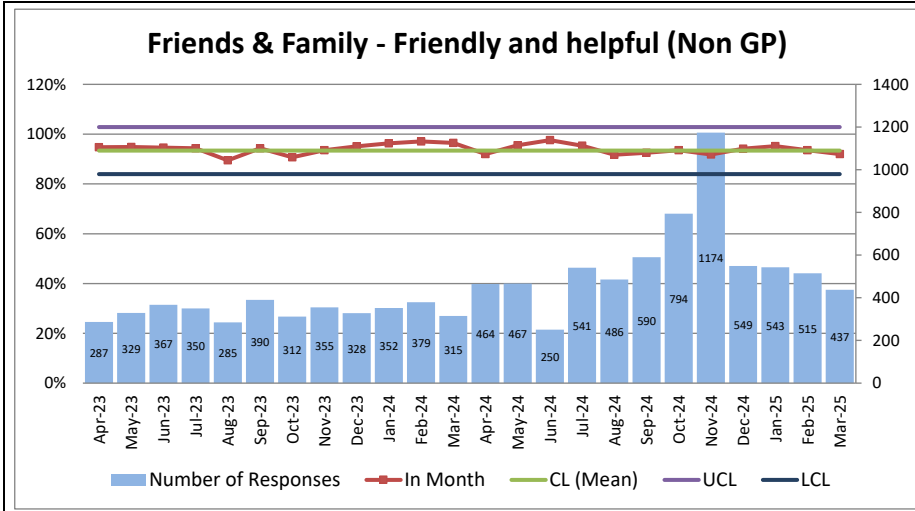
### Friends & Family Patient (Non GP's)



# Quality Dashboard

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

## Friends and Family

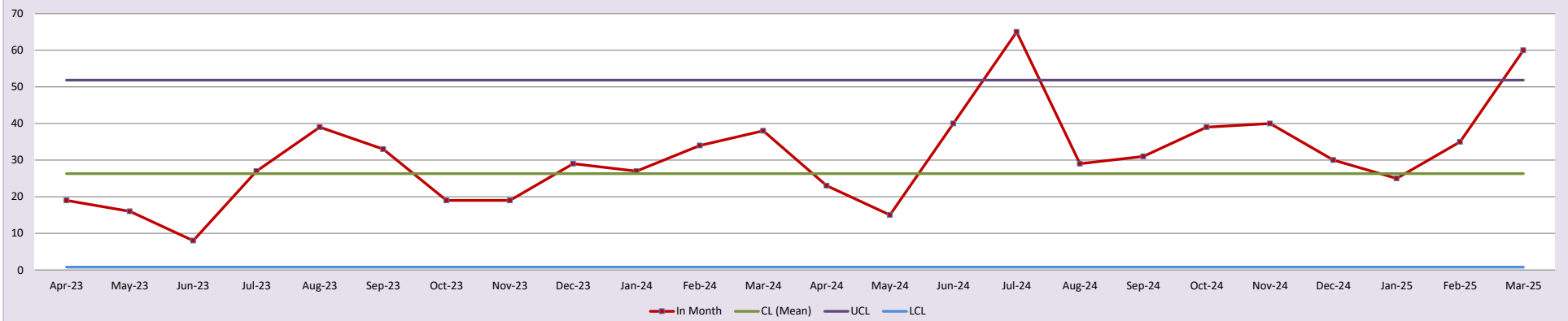


# Quality Dashboard

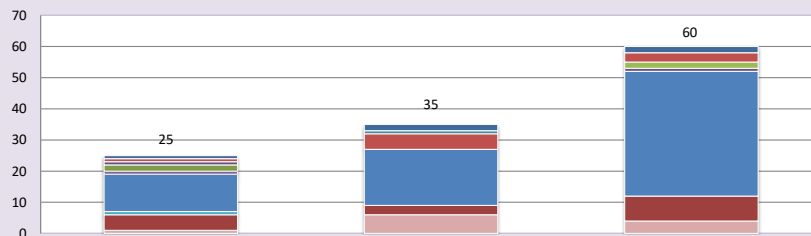
## Section 1.2 Patient / Carer Experience

## Overall Trust Position

### Compliments Received (24 month rolling period)



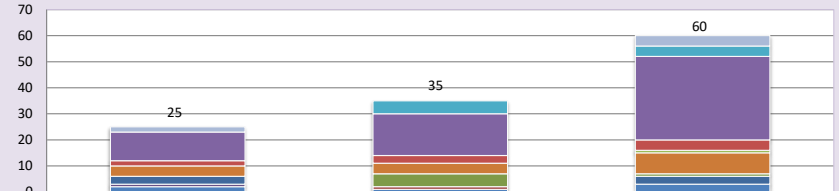
### Compliments by Theme



Theme	Jan-25	Feb-25	Mar-25
Access to care	1	2	2
Admission and Discharge	0	1	0
Appointments	1	5	3
Carer involvement	0	0	2
Communications	1	0	1
End of Life Care	2	0	0
Facilities	1	0	0
Patient Care/Treatment	12	18	40
Prescribing	0	0	0
Privacy, dignity and wellbeing	1	0	0
Trust admin policies/procedures	0	0	0
Values and Behaviours of staff	5	3	8
Waiting times	0	0	0
Other	1	6	4

Patient Experience Indicators	Jan-25	Feb-25	Mar-25
Eliminating Mixed Sex Accommodation	0	0	0
Duty of Candour Compliance	100%	100%	100%

### Compliments by Sub Sub Type



Sub Sub Type	Jan-25	Feb-25	Mar-25
Caring	2	0	4
Friendly	0	5	4
General thank you	11	16	32
Going the extra mile	2	3	4
Inclusive	0	0	1
Kindness, Compassion and Empathy	4	4	8
Knowledgeable	0	0	0
Listening and understanding	0	5	1
Professional	3	0	3
Respectful	0	1	0
Responsive	1	0	0
Welcoming	2	1	3

# Quality Dashboard

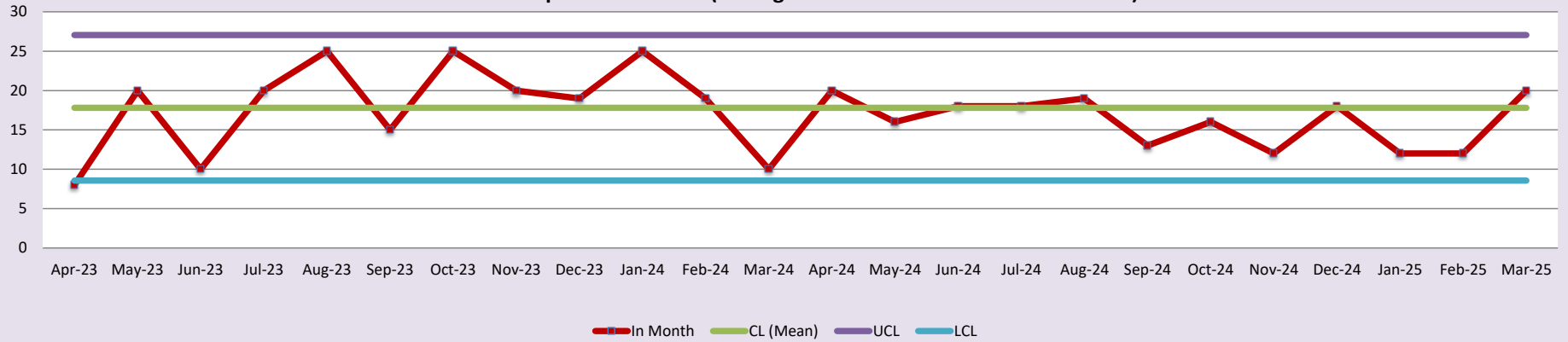
Domain

Section 1.3.1

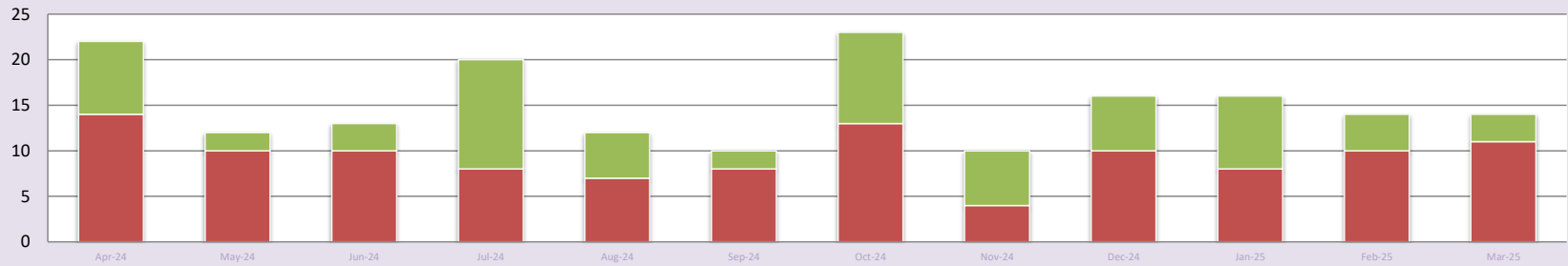
Patient / Carer Experience

Overall Trust Position

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



### Complaints Responded To - Upheld Split (Current Year)



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Complaints Not Upheld	8	2	3	12	5	2	10	6	6	8	4	3
Complaints Upheld Fully/Partly	14	10	10	8	7	8	13	4	10	8	10	11

# Quality Dashboard

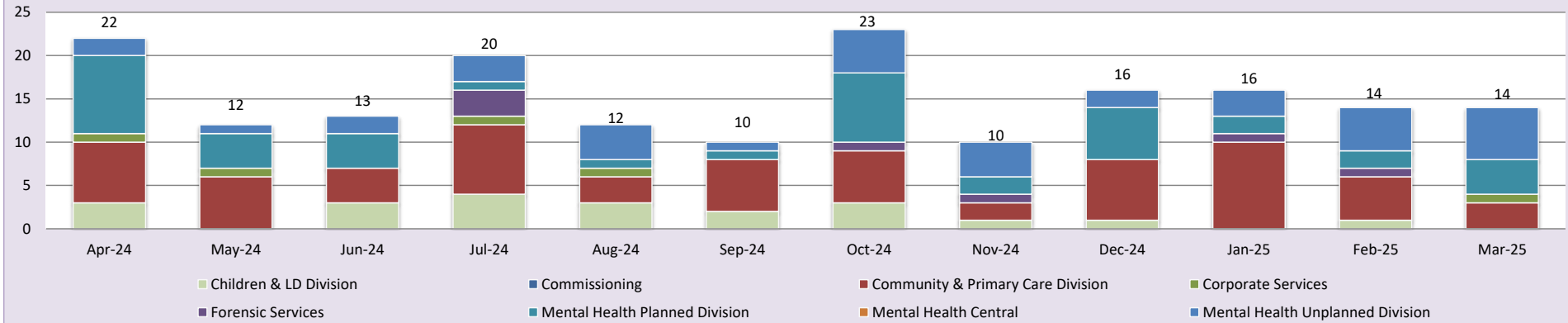
Domain

Section 1.3.1

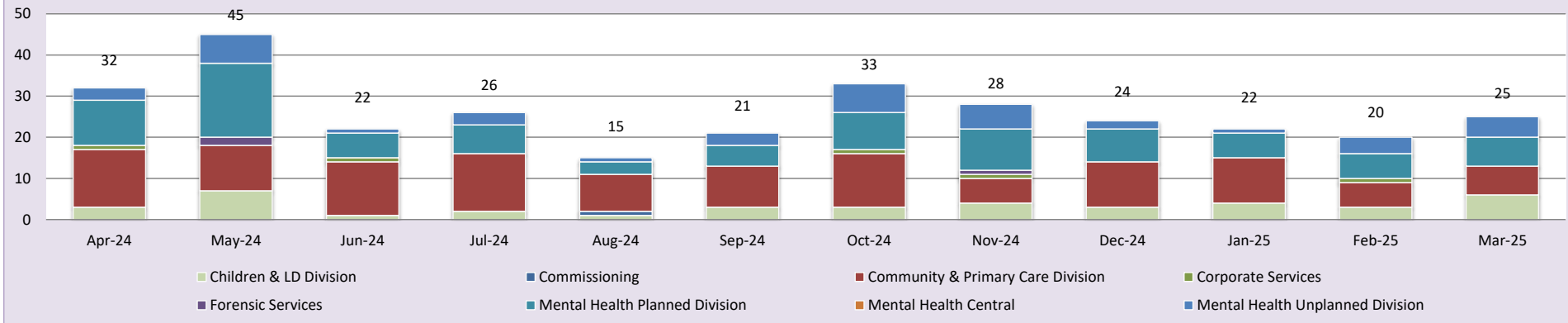
Patient / Carer Experience

Overall Trust Position

Formal Complaints Responded To - Divisional Split



Informal Complaints Responded To - Divisional Split



Withdrawn Complaints

Formal Complaints Withdrawn  
Informal Complaints Withdrawn

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

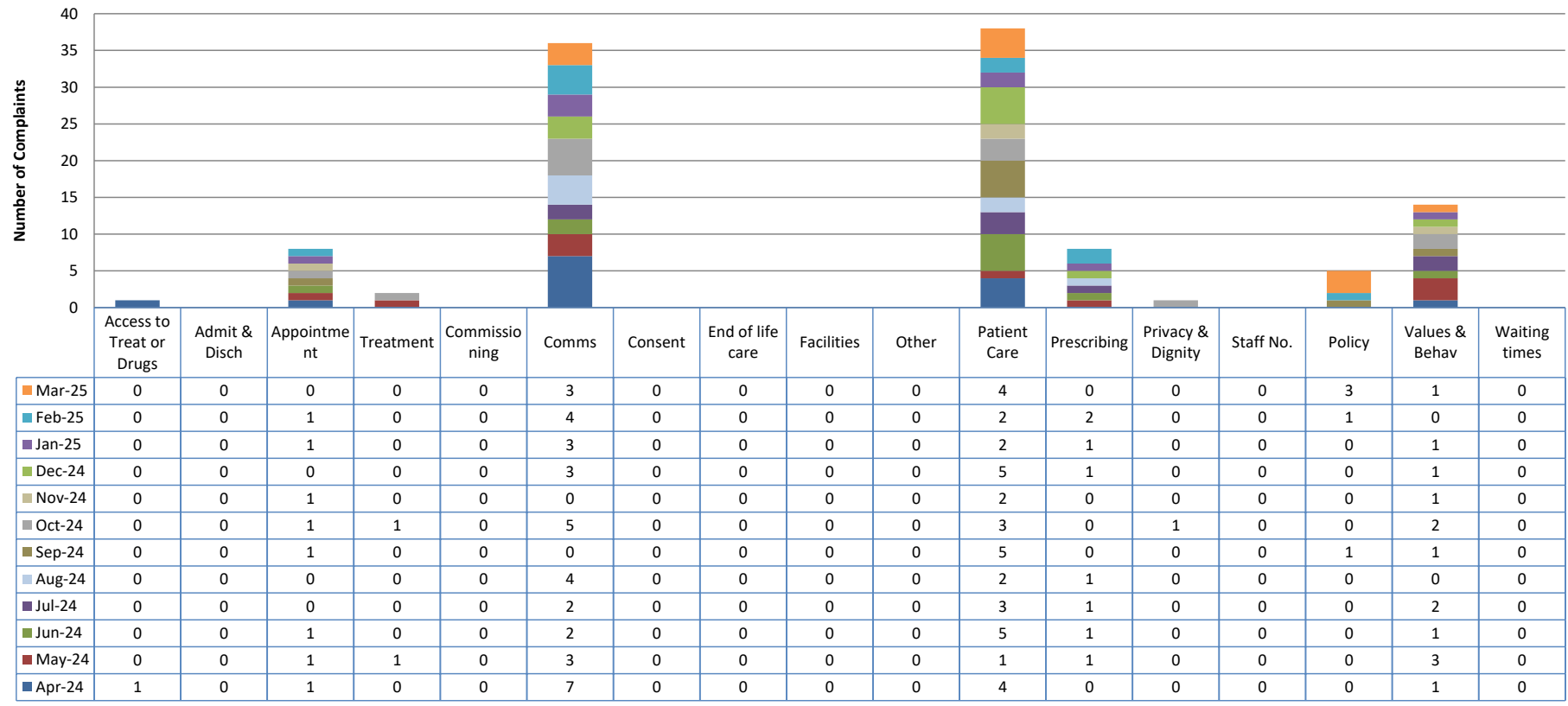
# Quality Dashboard

Domain

Section 1.3.2 Complaints Themes

Overall Trust Position

## Formal Complaints Upheld (Partly/Fully) by Theme - Trustwide





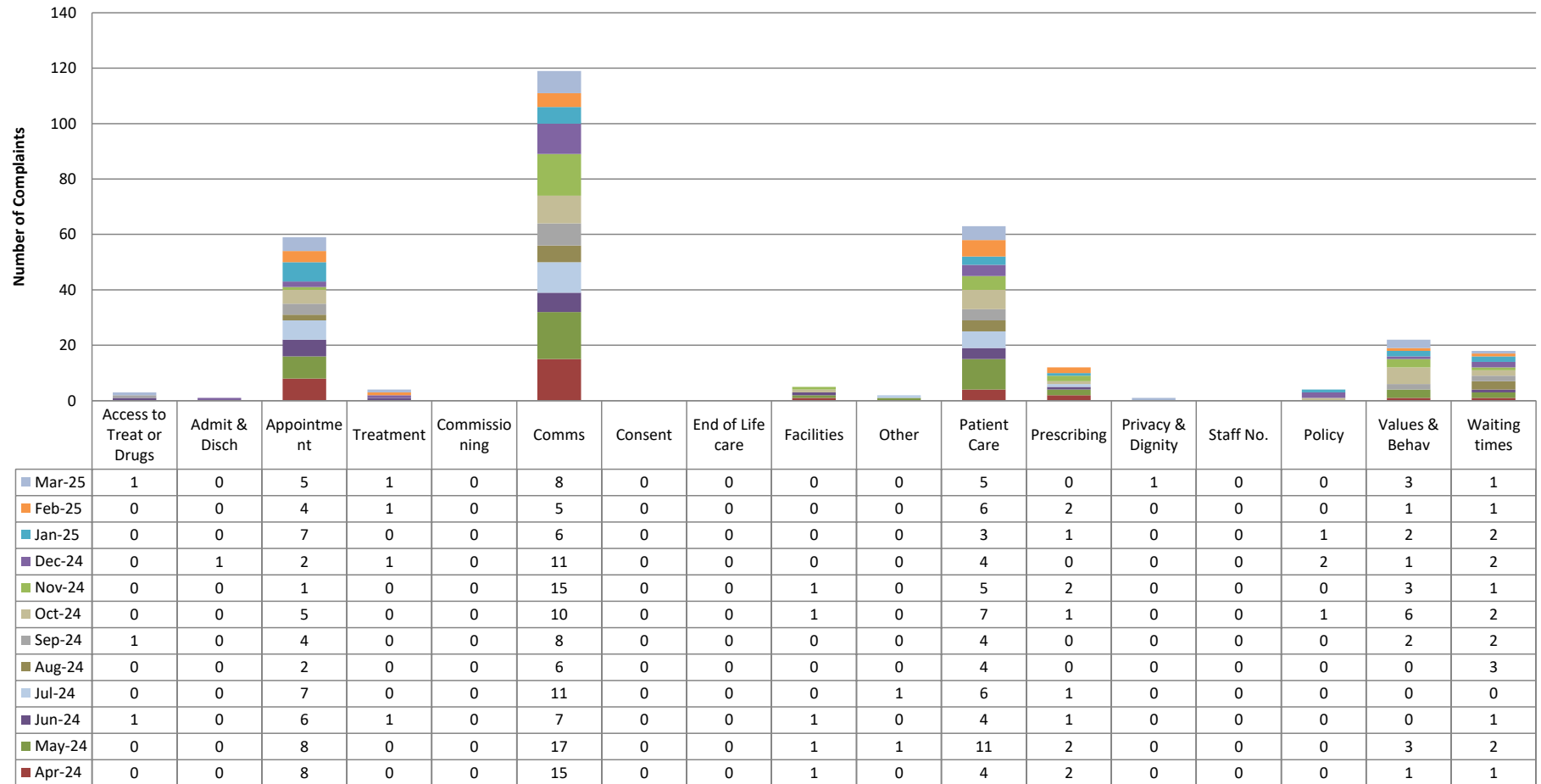
# Quality Dashboard

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

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

	Apr-23	May-23	Jun-23	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	Rolling Total
Humber Primary Care Practice	2	4	0	4	3	2	8	6	2	2	0	3	1	4	0	2	1	1	1	1	3	1	2	1	54
Market Weighton Practice	0	1	0	1	1	0	0	1	0	1	1	2	3	0	2	0	1	0	3	0	1	3	0	0	21
Hull CMHT - Management, Non Clinical and Psychology	0	1	1	2	0	0	1	0	0	0	0	0	3	1	0	0	0	0	3	0	2	0	1	1	16
King Street Medical Centre	0	0	0	0	0	0	0	0	0	2	0	3	0	2	0	1	0	3	0	0	0	1	2	1	15
Mental Health Crisis Intervention	0	1	0	1	1	1	1	0	2	1	0	0	1	1	0	1	0	0	0	1	1	1	0	1	15
Hull CMHT - Clinical	0	0	0	0	0	1	0	1	0	0	1	2	3	0	0	0	0	0	1	0	0	0	0	1	10
Beverley and Haltemprice OP CMHT	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	1	0	2	0	0	0	6
Community Core Team - Rivendell	1	0	0	0	1	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	5
Scarborough Core	1	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	5
Specialist Psychotherapy Service	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	5
Westlands Unit Nursing	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	1	1	0	0	0	0	5
Neuro Front Door	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	4
Newbridges Residential Unit	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	4
Townend Court	0	0	0	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	0	4
ER Talking Therapies	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	3
Hull and East Riding CAMHS	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	3
Hull and ER - Triage and Assessment	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	3
Hull Community Learning Disability	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	3
Mill View Court Adult	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	3
Whitby Core	0	0	0	1	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3
Avondale - Wards	0	0	0	2	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	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	2
CAMHS Crisis	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	2
Facilities Management	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
Haltemprice Mental Health	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
Lot 2 ER Specialist Clinical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	2
Miranda House - PICU	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
Pocklington Core	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
<b>Total</b>	<b>5</b>	<b>9</b>	<b>2</b>	<b>13</b>	<b>9</b>	<b>5</b>	<b>14</b>	<b>9</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>14</b>	<b>13</b>	<b>10</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>7</b>	<b>13</b>	<b>4</b>	<b>10</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>203</b>

# 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

	Apr-23	May-23	Jun-23	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	Rolling Total
Humber Primary Care Practice	9	1	7	5	15	9	11	7	7	8	4	6	5	4	7	4	7	3	8	2	6	7	1	0	143
Hull CMHT - Management, Non Clinical and Psychology	2	3	4	3	1	4	3	3	4	0	4	2	4	7	2	2	3	4	4	7	3	2	5	2	78
Market Weighton Practice	3	1	4	1	1	4	2	2	1	3	1	4	3	3	2	4	1	3	5	0	1	2	2	6	59
King Street Medical Centre	1	1	3	0	1	1	4	3	2	1	9	6	4	4	3	3	1	3	0	2	3	2	1	0	58
Mental Health Crisis Intervention	3	0	7	4	3	0	2	2	2	1	0	6	2	3	0	0	0	2	4	4	0	0	1	2	48
Hull CMHT - Clinical	1	2	3	1	0	1	1	0	0	2	1	3	3	5	2	3	0	1	1	1	1	2	0	1	35
Neuro Diagnostic	1	4	3	1	0	0	0	0	1	1	1	1	0	1	0	0	0	1	0	0	0	1	0	0	16
ER Talking Therapies	0	0	0	1	0	1	1	0	1	0	3	3	0	2	0	0	0	0	0	0	0	0	0	1	13
Hull and ER - Triage and Assessment	0	1	0	0	0	0	1	1	0	0	0	0	0	1	0	1	0	0	1	1	1	2	1	1	12
Neuro Front Door	0	1	1	0	0	0	1	2	0	0	1	0	1	1	0	0	0	0	1	0	0	1	0	2	12
Community Core Team - Rivendell	0	0	0	2	1	1	1	0	0	1	1	0	1	1	0	0	0	0	0	1	0	0	1	0	11
Scarborough Core	0	1	1	0	0	1	0	0	0	0	2	0	1	0	0	0	0	1	0	1	0	0	2	0	10
Avondale - Wards	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	1	0	2	0	1	1	8
Facilities Management	0	0	0	0	1	1	0	0	1	0	0	0	1	0	1	0	0	0	1	1	0	0	1	0	8
Haltemprice Mental Health	0	0	1	0	0	0	1	0	1	1	0	0	0	0	0	1	0	0	0	1	1	0	0	1	8
Hull and East Riding CAMHS	0	0	0	0	1	0	1	0	0	0	0	0	1	1	1	0	0	0	0	1	0	0	0	1	7
Specialist Psychotherapy Service	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	1	0	1	1	0	6
Childrens S&LT Hull & East Riding Service	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	0	5
Goole Mental Health	1	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	5
Hull Community Learning Disability	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	2	5
Westlands Unit Nursing	1	0	0	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Bridlington & Driffeld Mental Health	1	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	4
Community Core Team - Rivendell	0	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	4
Mill View Court Adult	0	0	0	0	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	4
Beverley Mental Health	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	3
East Riding Community Learning Disability	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	3
Holderness Mental Health	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Hull Adult Autism Diagnosis Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	3
Hull Integrated Care Team for Older People	0	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	3
Humber Centre - Swale	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Lot 2 ER Specialist Clinical	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	3
Malton Ward	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	3
Mental Health Liaison Service	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	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

	Apr-23	May-23	Jun-23	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	Rolling Total
Newbridges Residential Unit	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	3
PCN CMHT East Riding	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	3
Pine View	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	3
0-19 Health Visitors & School Nurses - East Riding North	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2
CAMHS Contact Point	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	2
Crisis and Intervention for Older People	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2
Early Intervention Contact Point	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	2
ER Memory Services	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2
Forensic Management	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
Hull Older Peoples MH Memory Services	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	2
Humber - Recovery Support Team - EIP	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Humber Centre - Ouse	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Humber Centre - Ullswater	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Inspire Multi-Disciplinary	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Maister Lodge Nursing	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2
Miranda House - PICU	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2
STaRS Ward	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
Whitby Ward	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2
<b>Total</b>	<b>27</b>	<b>20</b>	<b>39</b>	<b>21</b>	<b>30</b>	<b>28</b>	<b>33</b>	<b>22</b>	<b>26</b>	<b>22</b>	<b>29</b>	<b>36</b>	<b>30</b>	<b>41</b>	<b>22</b>	<b>23</b>	<b>14</b>	<b>21</b>	<b>33</b>	<b>27</b>	<b>21</b>	<b>22</b>	<b>19</b>	<b>24</b>	<b>630</b>

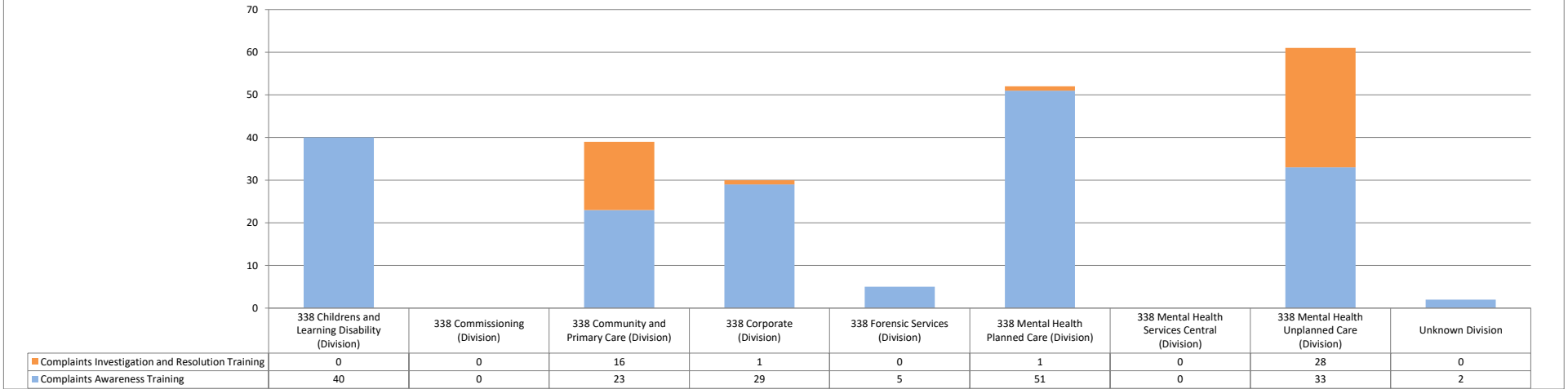
# Quality Dashboard

Domain

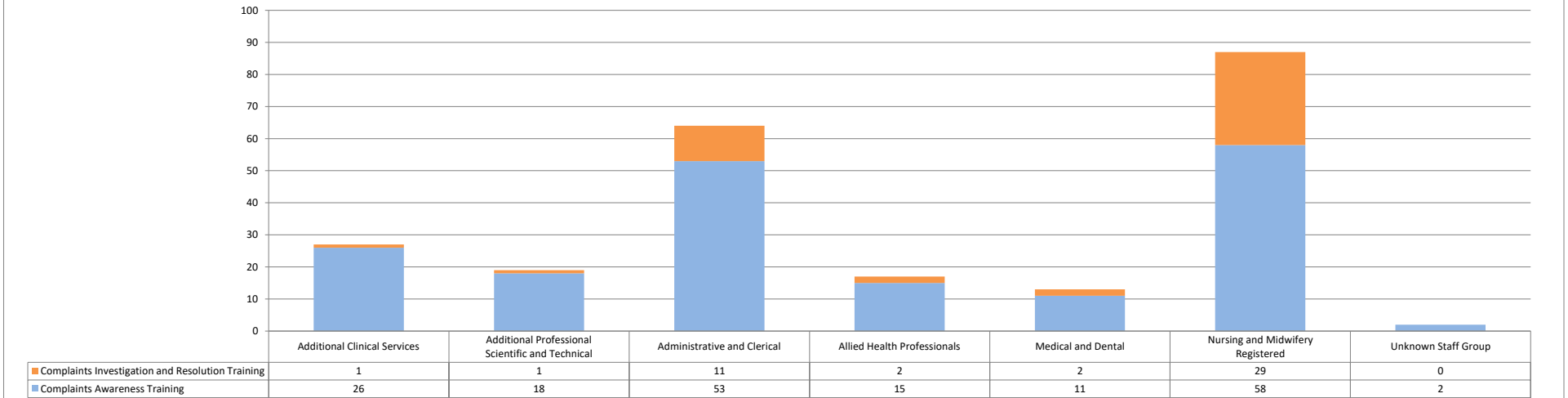
Section 1.3.5 Complaints Training

12 months rolling data

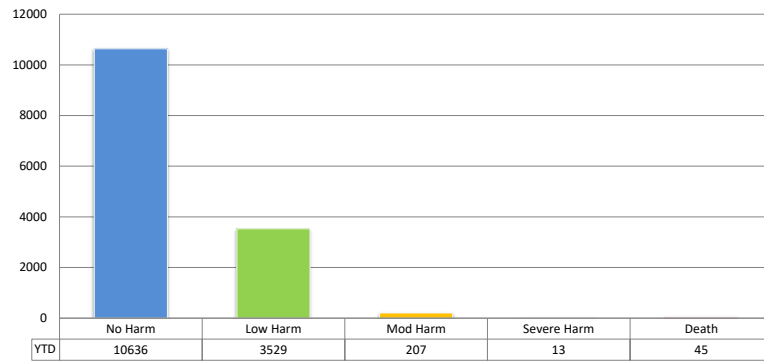
### Complaints Training Completed by Course Type and Division



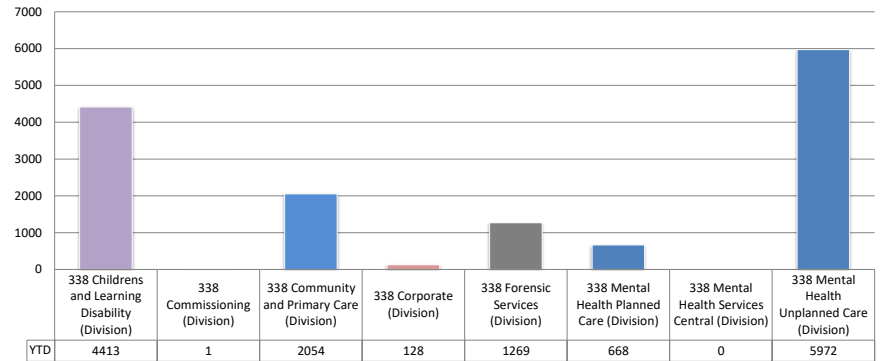
### Complaints Training Completed by Course Type and Staff Group



Category of Harms Severity - Year to Date



Incidents by Division - Year to Date



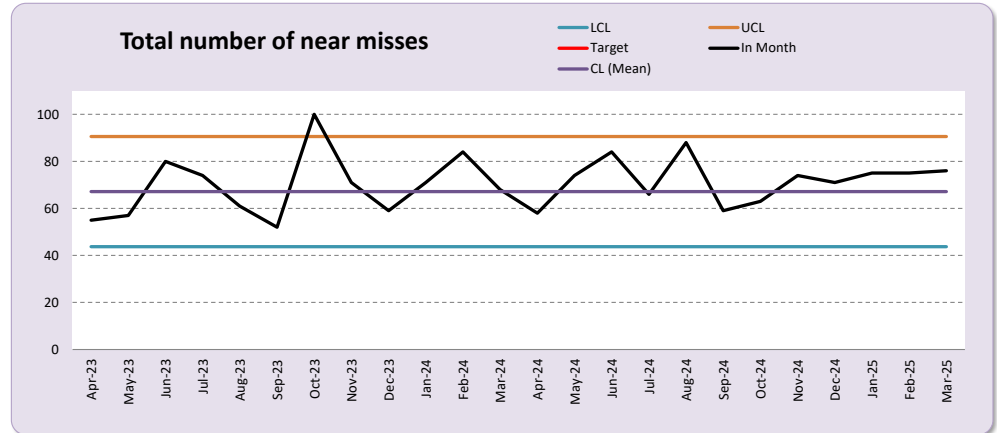
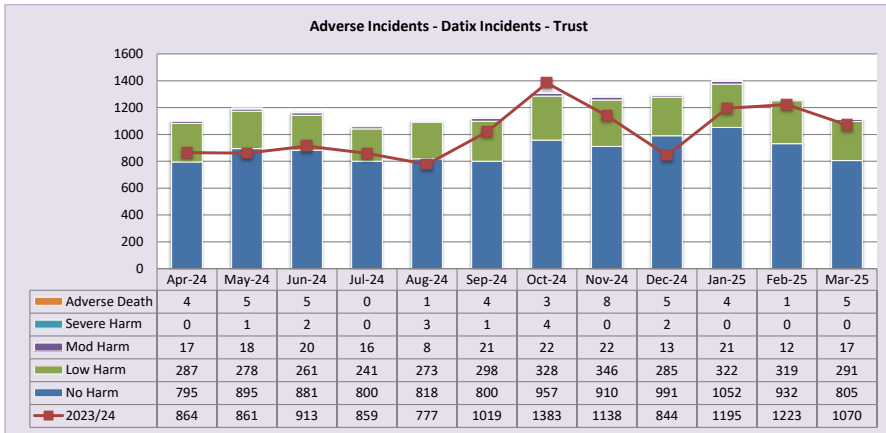
# Quality Dashboard

Domain

Section 2.1

Clinical Risk

Overall Trust Position

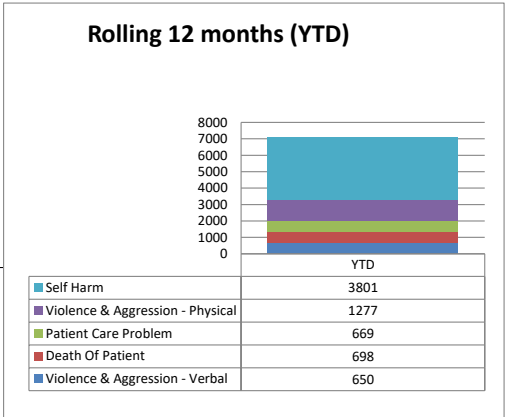
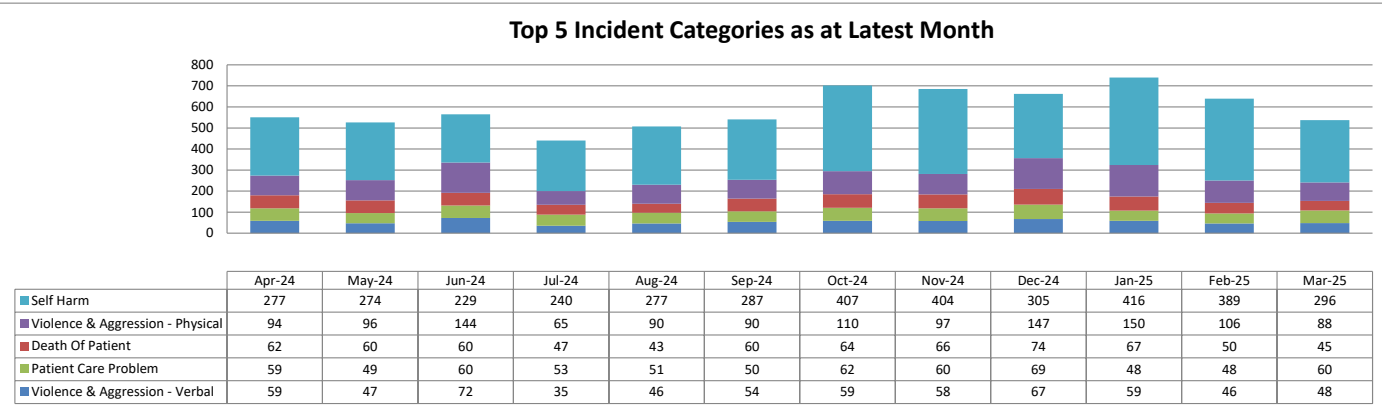


### National Safety Alerts : Central Alert System (CAS)

	Feb-25	Mar-25
Number issued in month	0	1
Number applicable to HTFT	0	1
Number open pending action	0	0
Number closed in the month	0	1
Number of breaches	0	0

### Incident Analysis

	Feb-25	Mar-25
Never Events	0	0
% of Harm Free Care	99.4%	99.5%
% of incidents that resulted in Severe Harm or Death	0.1%	0.4%



# Quality Dashboard

Domain

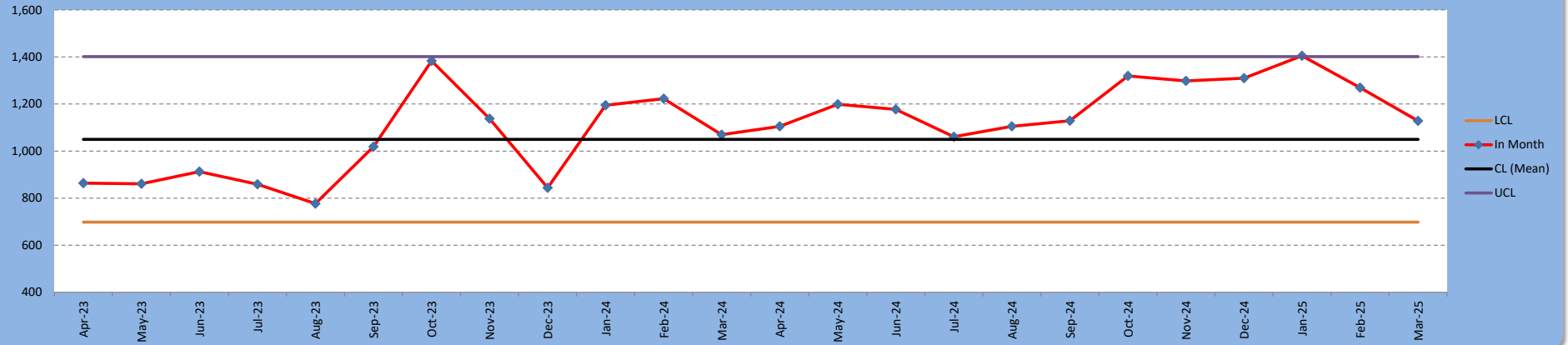
Section 2.1

Clinical Risk

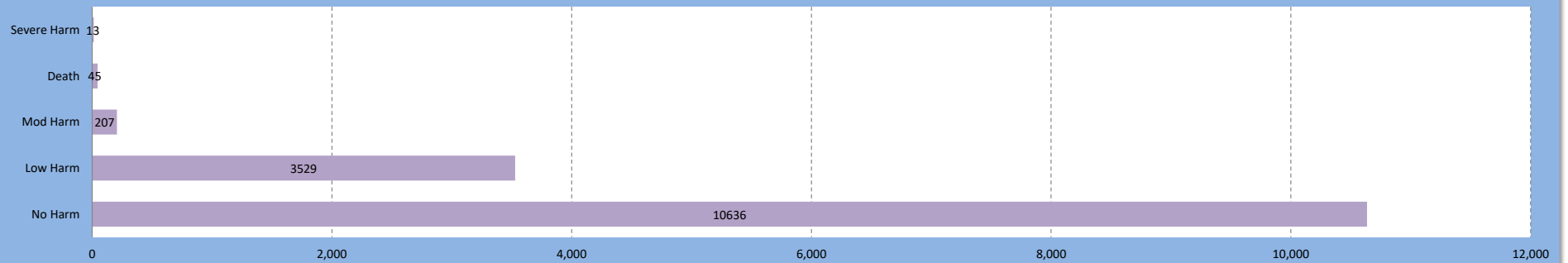
Overall Trust Position

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

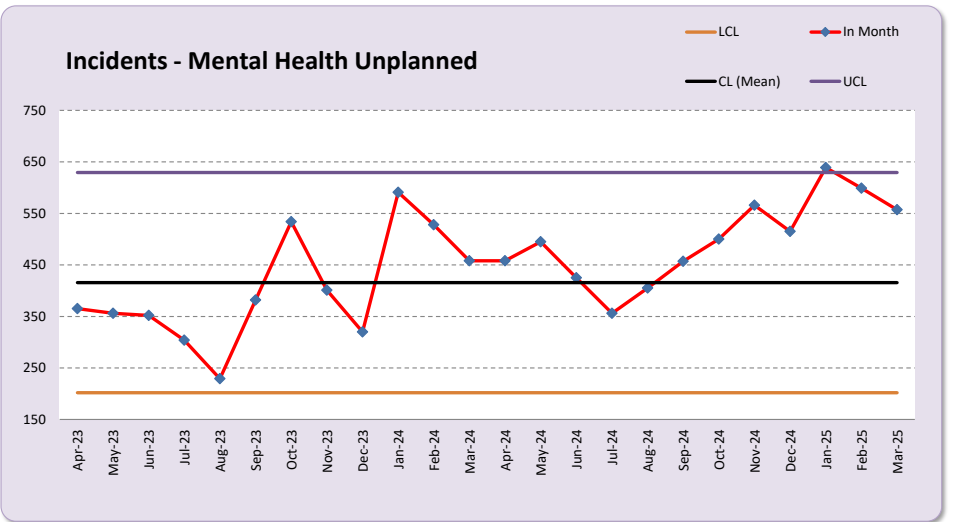
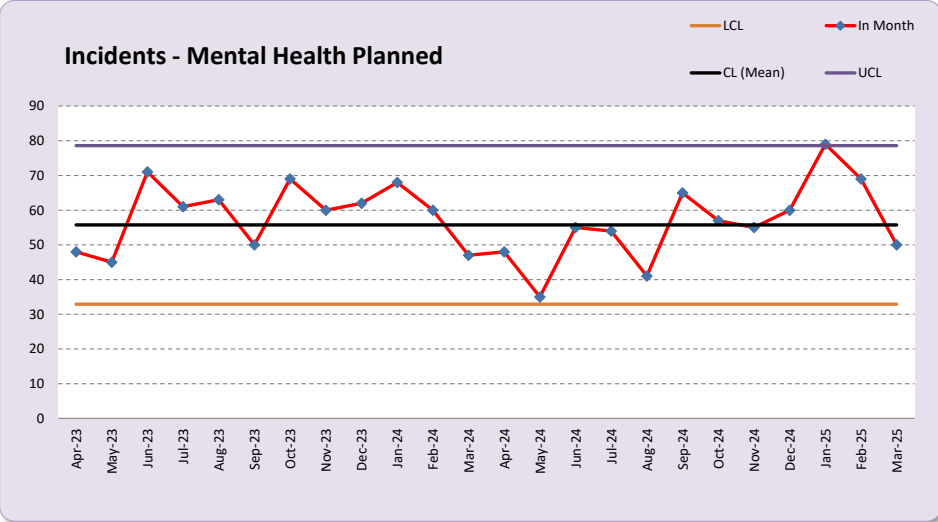
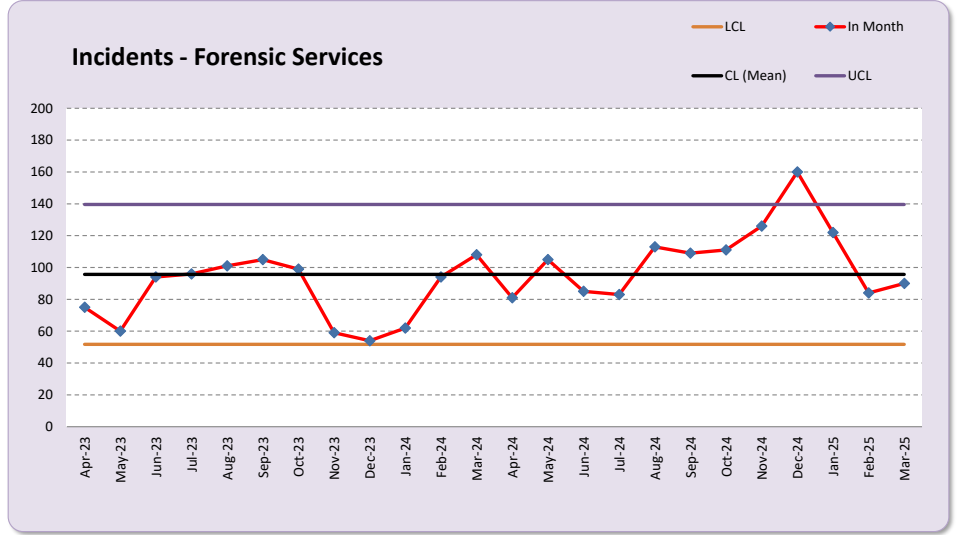
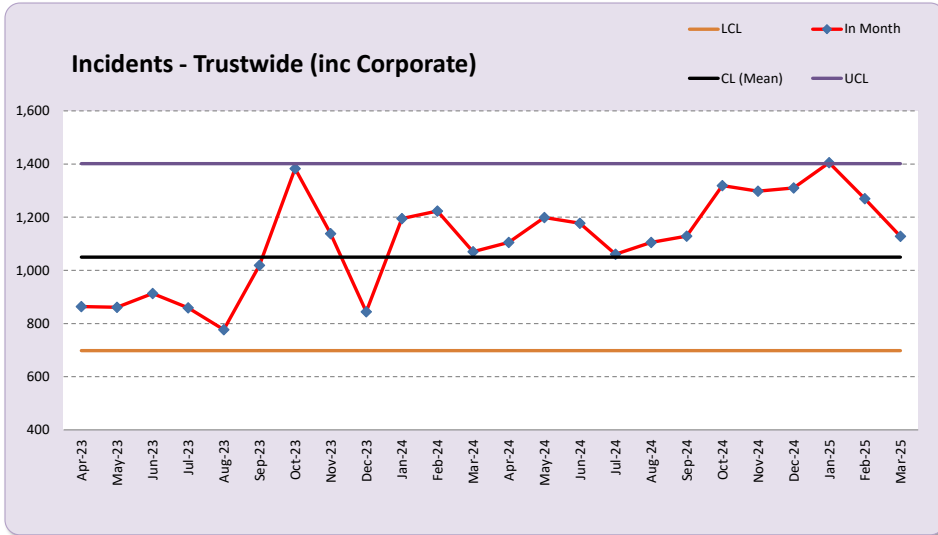
Domain

Section 2.3

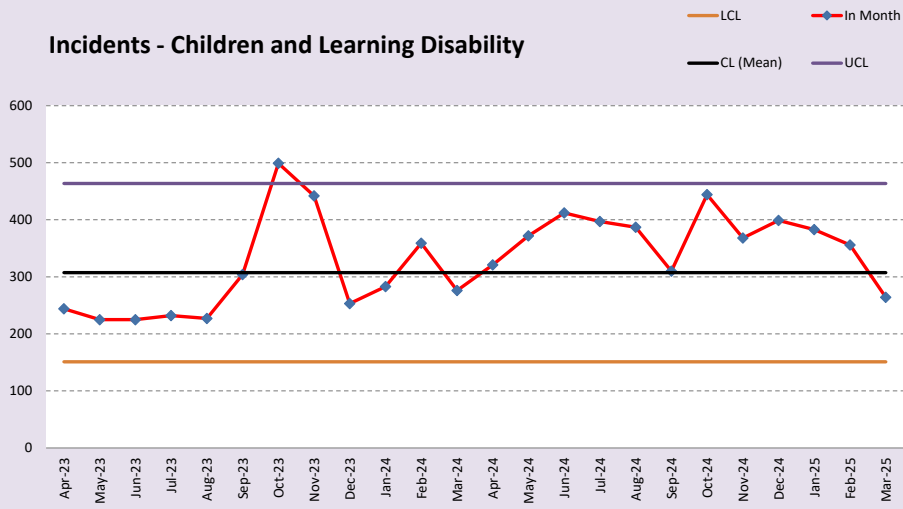
Clinical Risk

Incidents Registered by Division (Statistical Process Charts)

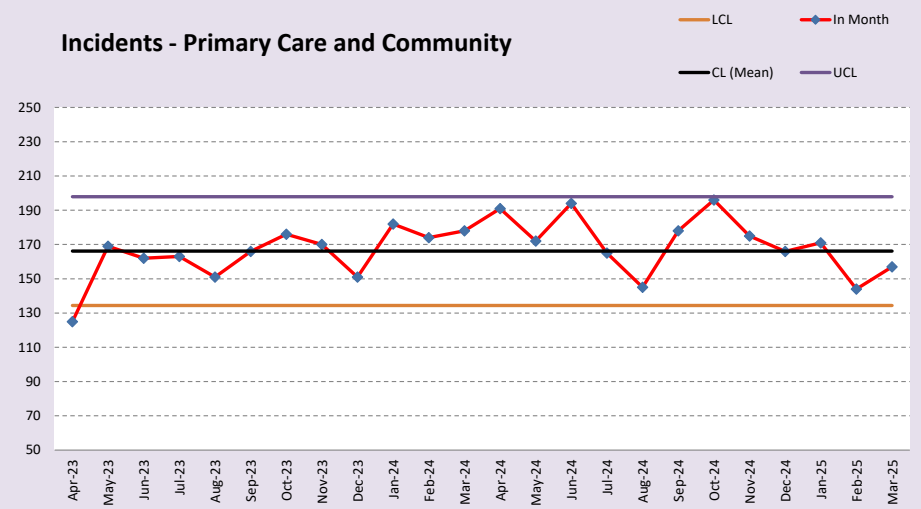
Incidents - Division SPCs



Incidents - Children and Learning Disability



Incidents - Primary Care and Community



# Quality Dashboard

Domain

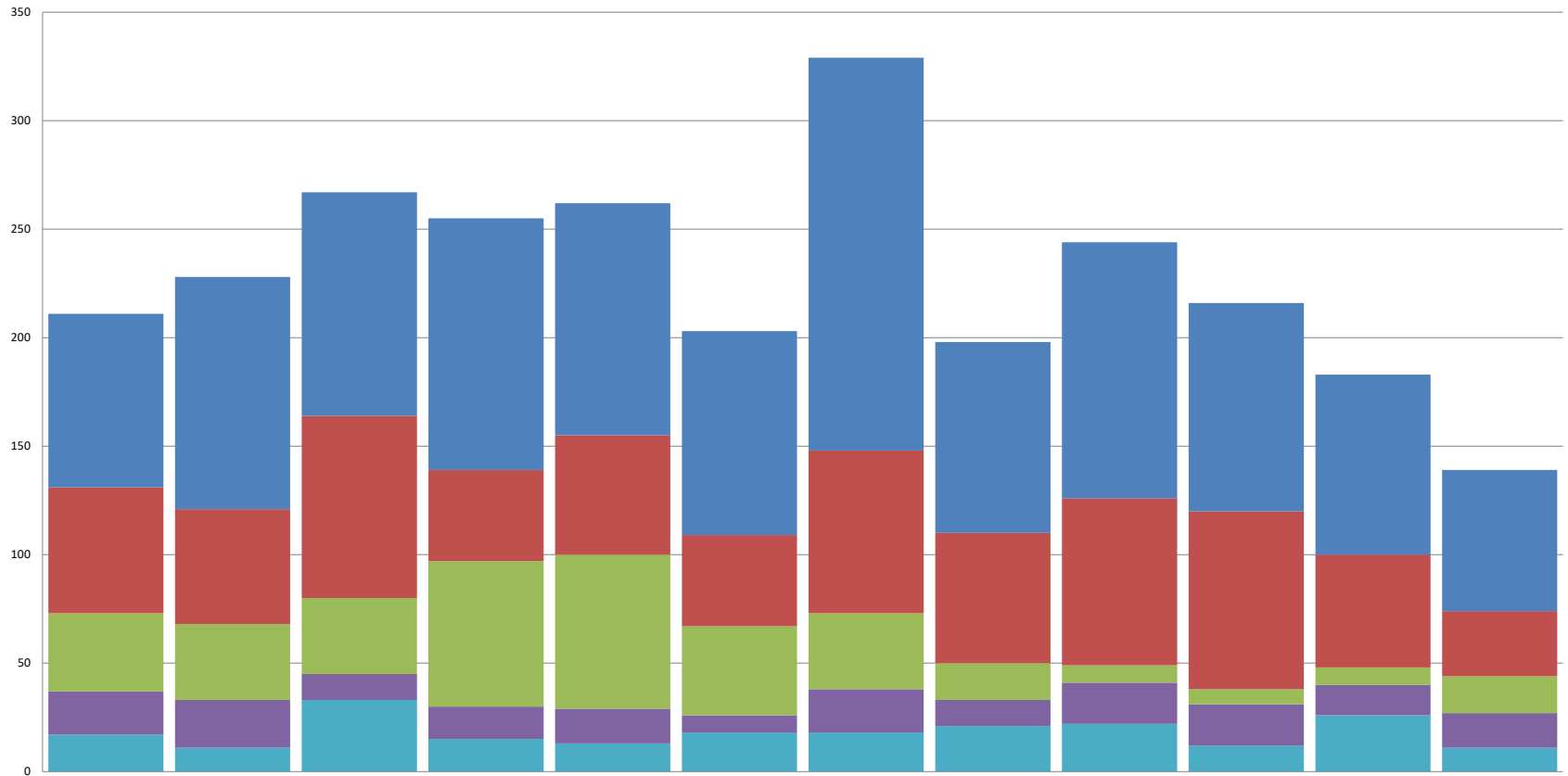
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

## Childrens and Learning Disability (Division)



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Self Harm	80	107	103	116	107	94	181	88	118	96	83	65
Violence & Aggression - Physical	58	53	84	42	55	42	75	60	77	82	52	30
Miscellaneous. Physical or MH Problems	36	35	35	67	71	41	35	17	8	7	8	17
Patient Information	20	22	12	15	16	8	20	12	19	19	14	16
Violence & Aggression - Verbal	17	11	33	15	13	18	18	21	22	12	26	11

# Quality Dashboard

Domain

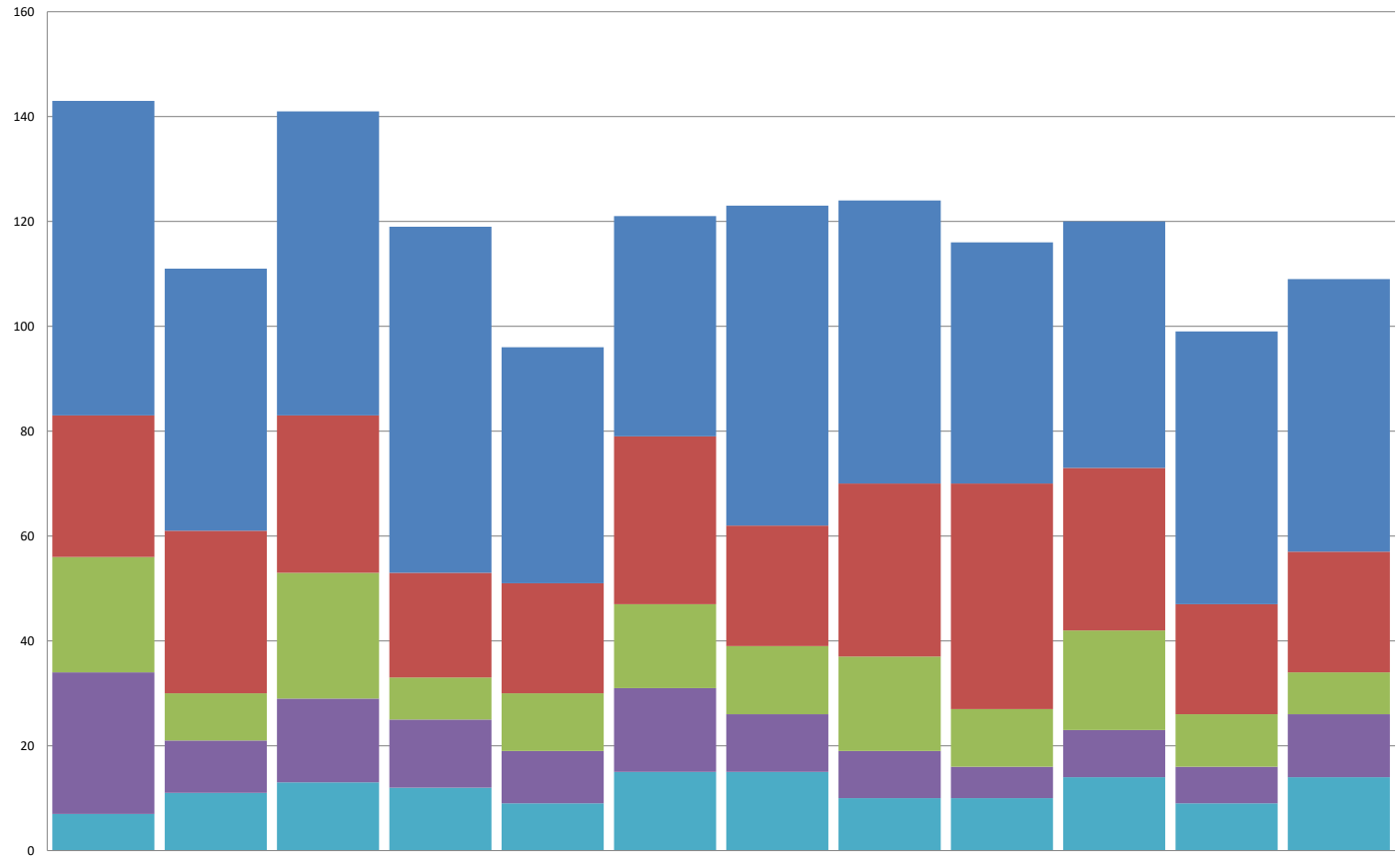
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

## Community & Primary Care (Division)



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
■ Pressure Ulcer	60	50	58	66	45	42	61	54	46	47	52	52
■ Death Of Patient	27	31	30	20	21	32	23	33	43	31	21	23
■ Problems with Admission / Discharge / Transfer	22	9	24	8	11	16	13	18	11	19	10	8
■ Patient Care Problem	27	10	16	13	10	16	11	9	6	9	7	12
■ Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)	7	11	13	12	9	15	15	10	10	14	9	14

# Quality Dashboard

Domain

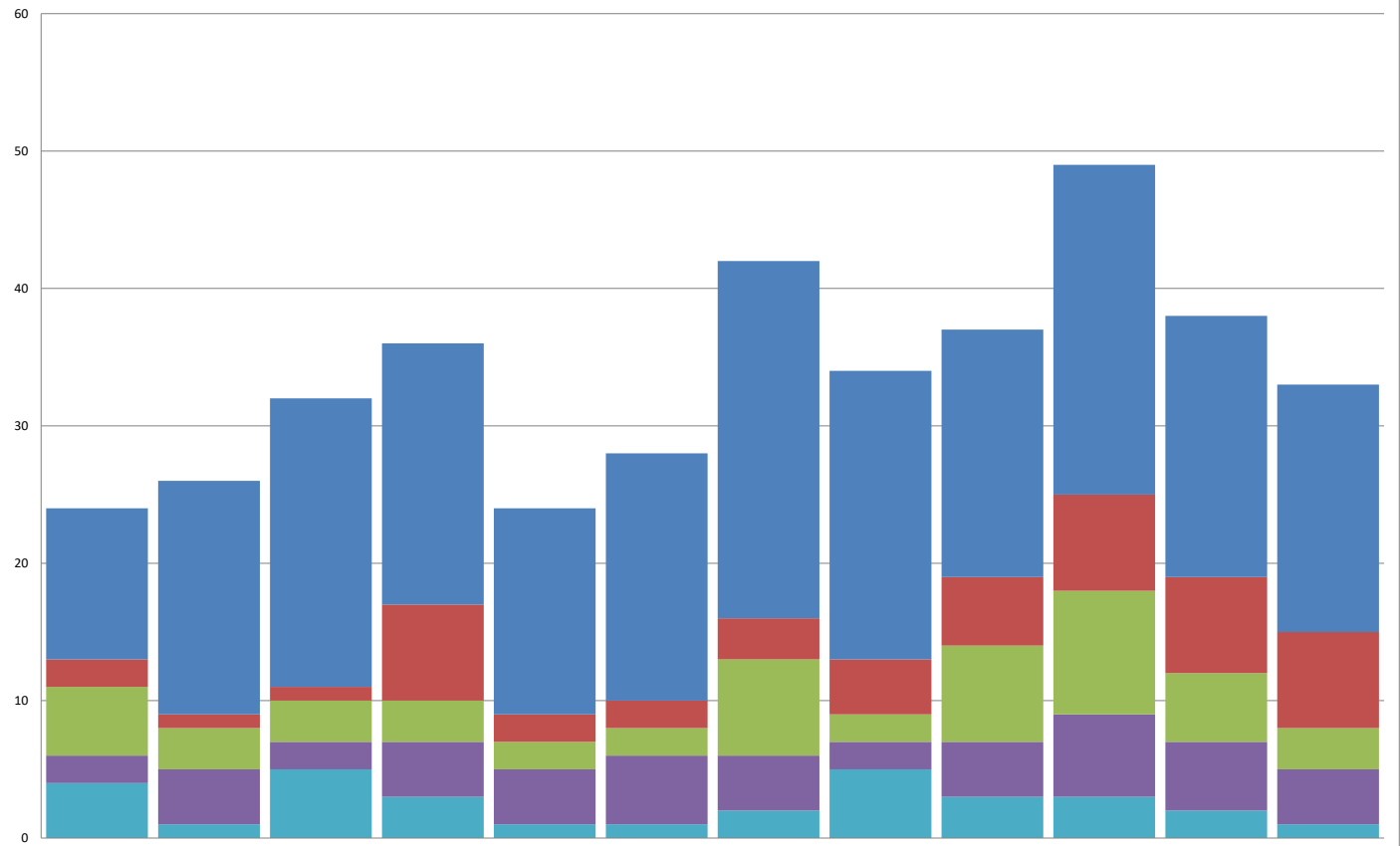
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

## Mental Health Planned (Division)



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Death Of Patient	11	17	21	19	15	18	26	21	18	24	19	18
Patient Care Problem	2	1	1	7	2	2	3	4	5	7	7	7
Concern for Person(s) (inc. Neglect / Emotional Harm)	5	3	3	3	2	2	7	2	7	9	5	3
Patient Information	2	4	2	4	4	5	4	2	4	6	5	4
Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)	4	1	5	3	1	1	2	5	3	3	2	1

# Quality Dashboard

Domain

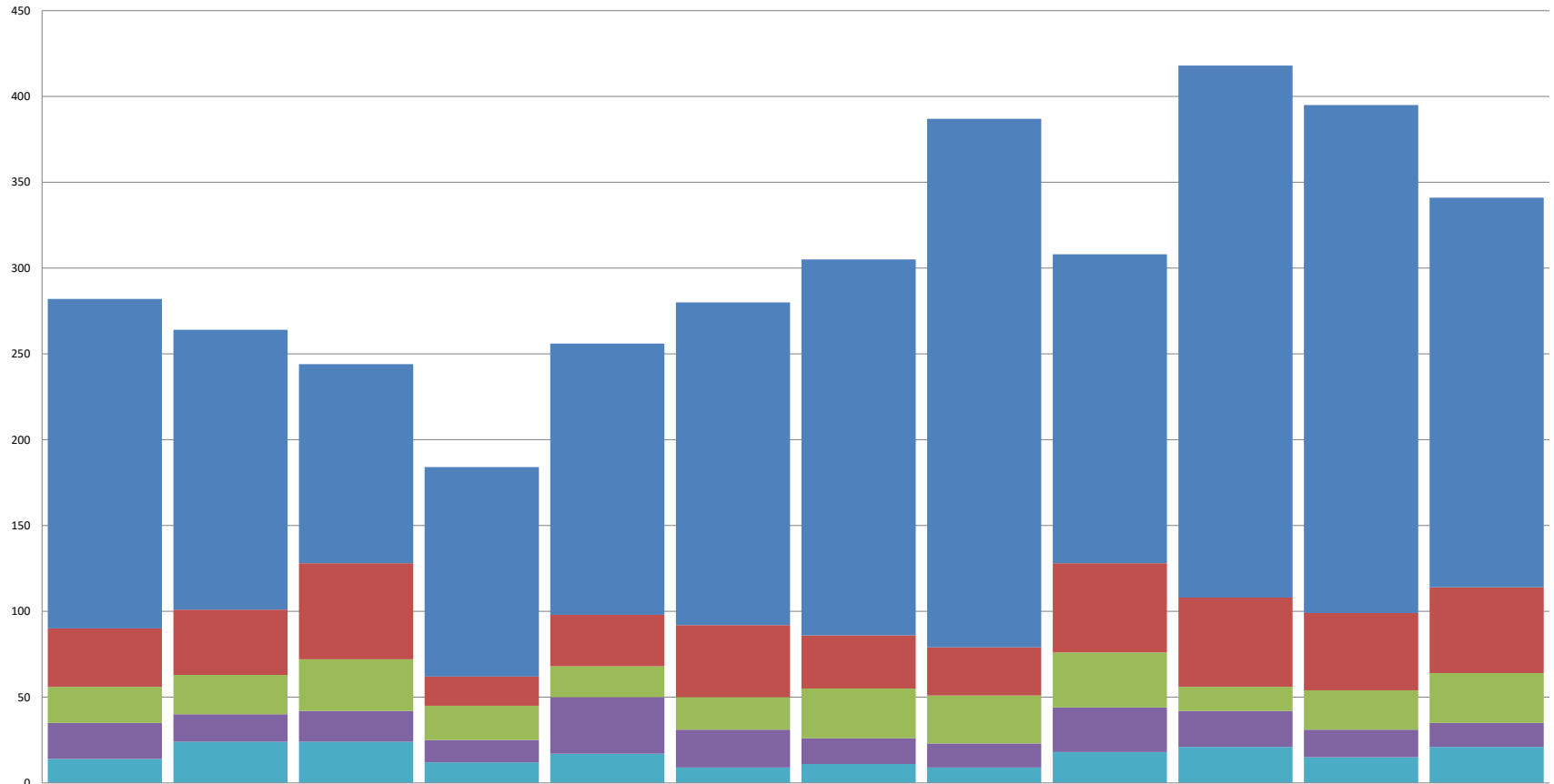
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

## Mental Health Unplanned (Division)



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Self Harm	192	163	116	122	158	188	219	308	180	310	296	227
Violence & Aggression - Physical	34	38	56	17	30	42	31	28	52	52	45	50
Patient Care Problem	21	23	30	20	18	19	29	28	32	14	23	29
Inappropriate behaviour (not violent)	21	16	18	13	33	22	15	14	26	21	16	14
Violence & Aggression - Non-Physical	14	24	24	12	17	9	11	9	18	21	15	21

# Quality Dashboard

Domain

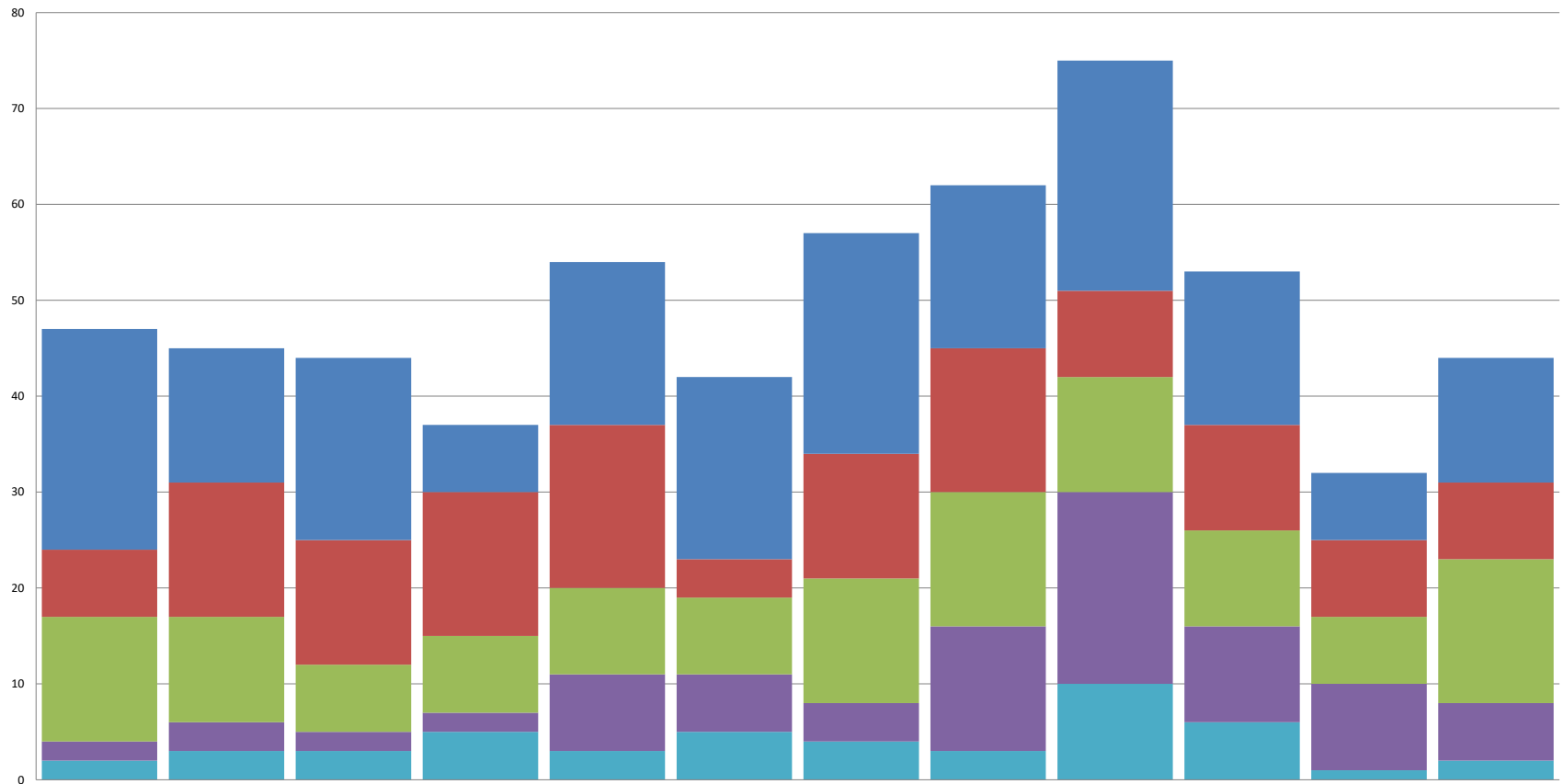
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

## Secure Services (Division)



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Violence & Aggression - Verbal	23	14	19	7	17	19	23	17	24	16	7	13
Inappropriate behaviour (not violent)	7	14	13	15	17	4	13	15	9	11	8	8
Security Incident	13	11	7	8	9	8	13	14	12	10	7	15
Violence & Aggression - Non-Physical	2	3	2	2	8	6	4	13	20	10	9	6
Staffing Level Shortage	2	3	3	5	3	5	4	3	10	6	1	2

# Quality Dashboard

Domain

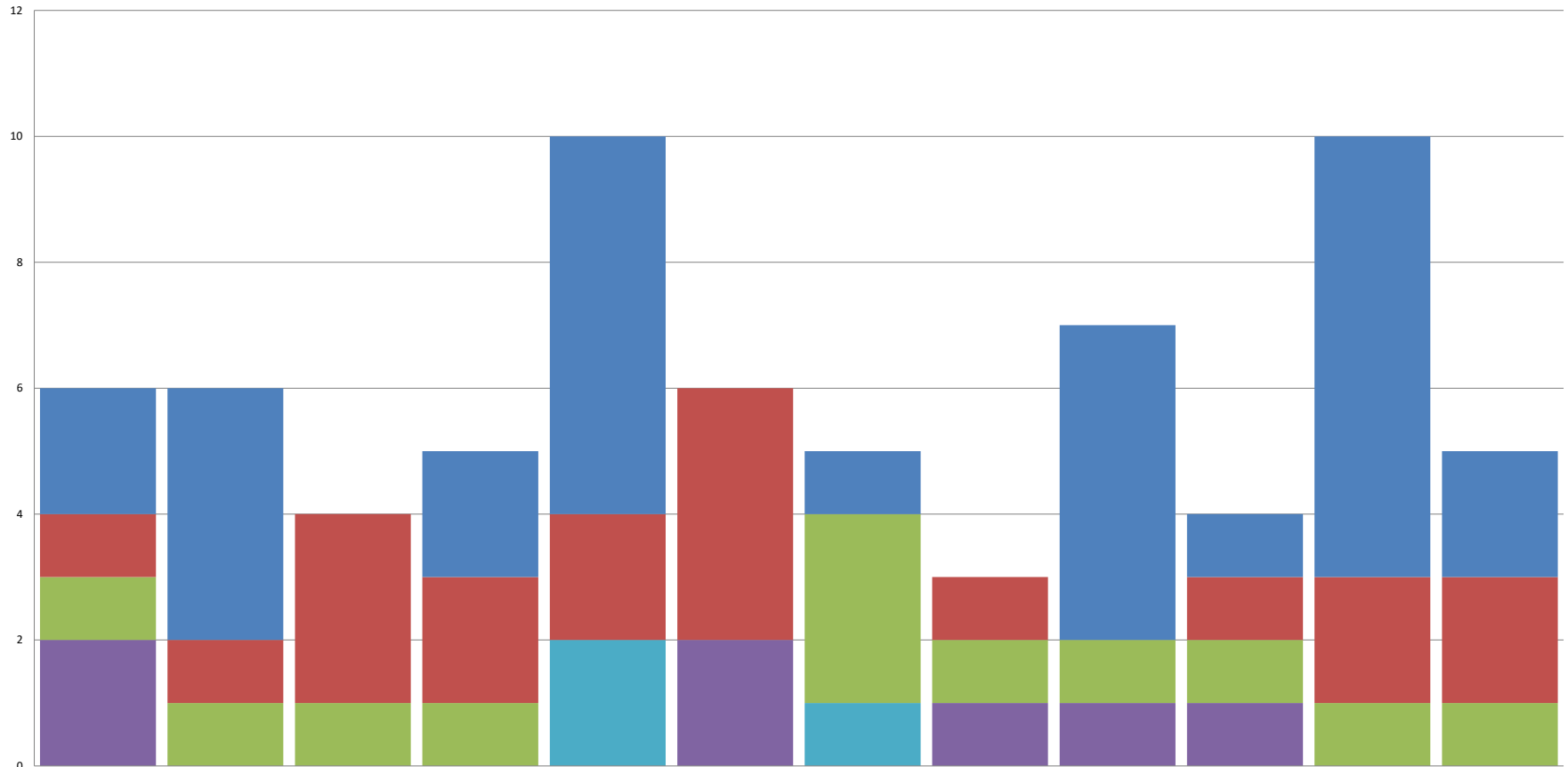
Section 2.3

Clinical Risk

Incidents by Care Group (Division) - Top 5 Categories

Incidents - Division

Corporate (Division)



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
■ Patient Information	2	4	0	2	6	0	1	0	5	1	7	2
■ Information Incident	1	1	3	2	2	4	0	1	0	1	2	2
■ Security Incident	1	1	1	1	0	0	3	1	1	1	1	1
■ Network / System security	2	0	0	0	0	2	0	1	1	1	0	0
■ Service Delivery Issue	0	0	0	0	2	0	1	0	0	0	0	0



# Quality Dashboard

Domain

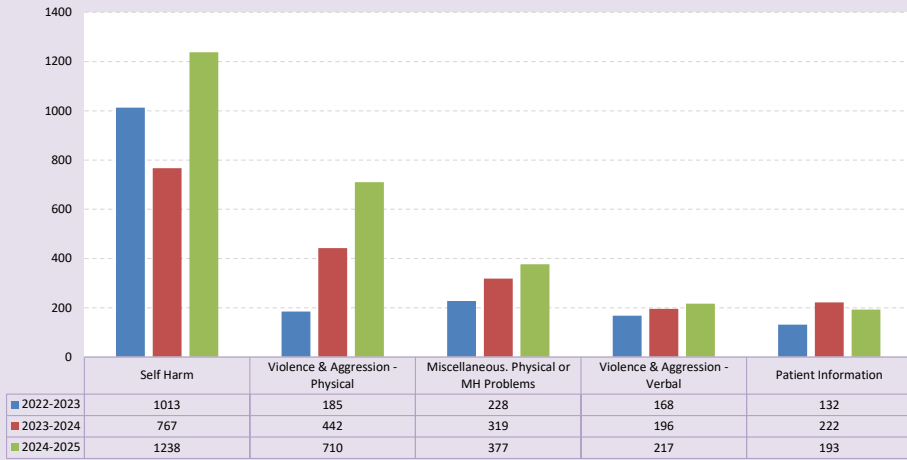
Section 2.3

Clinical Risk

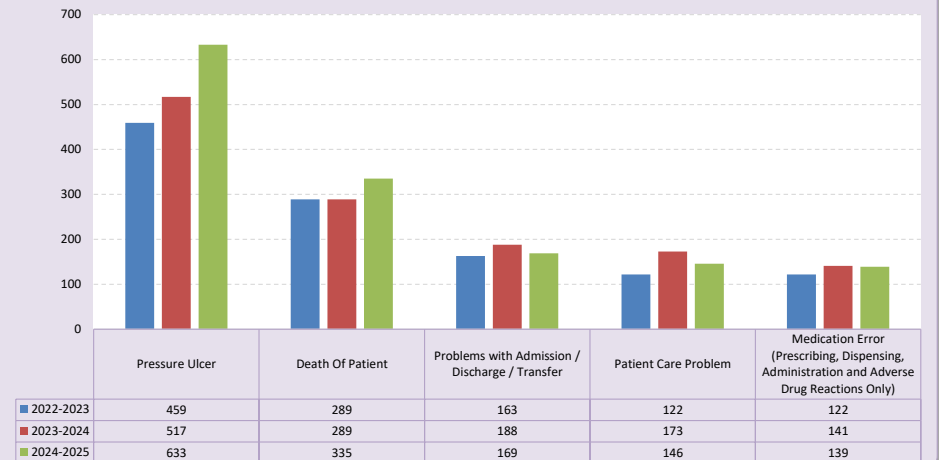
Incidents Registered by Division (by financial year)

Incidents - Division (by year)

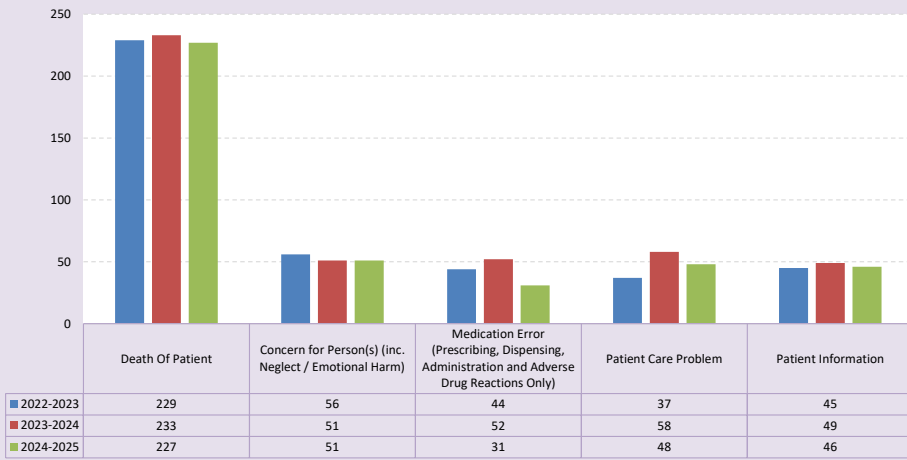
Childrens and Learning Disability (Division)



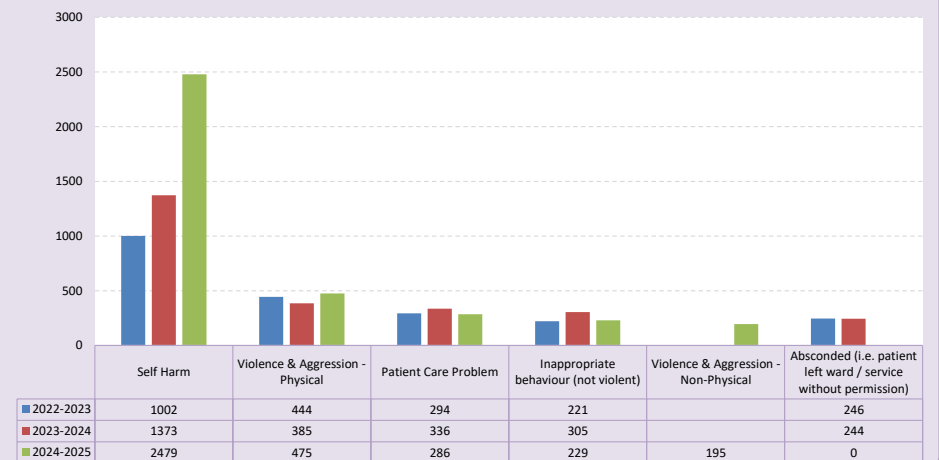
Community and Primary Care (Division)



Mental Health Planned Care (Division)



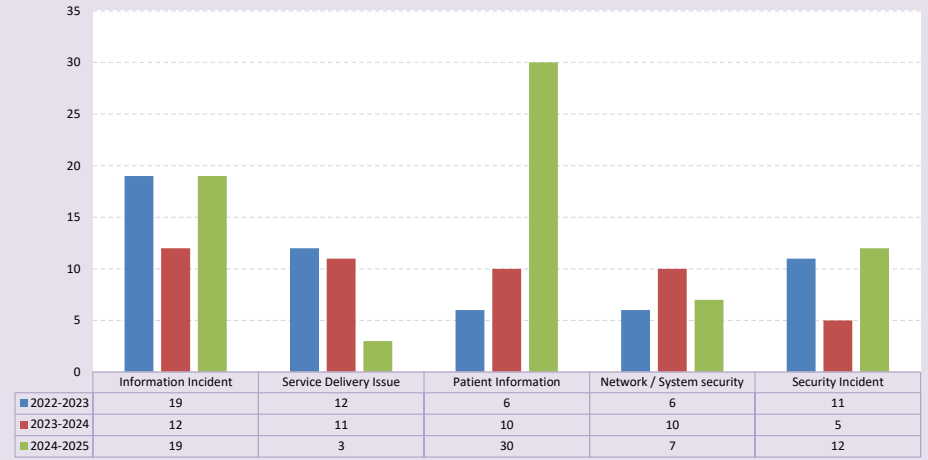
Mental Health Unplanned Care (Division)



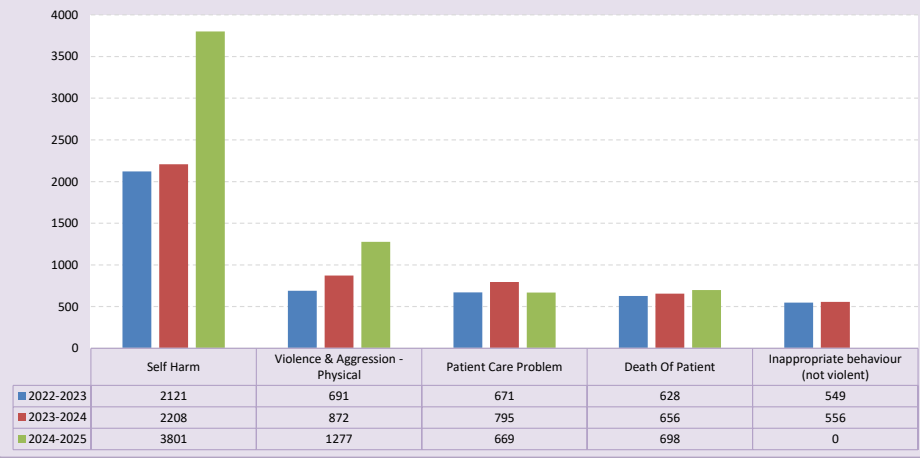
Forensic Services (Division)



Corporate (Division)



Trustwide



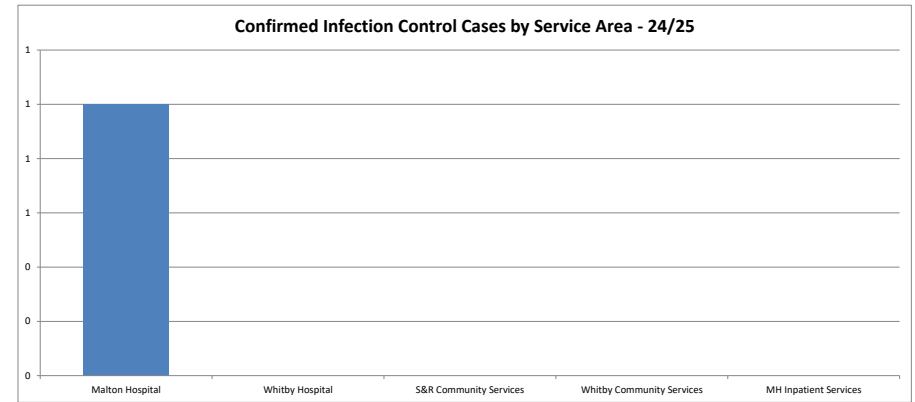
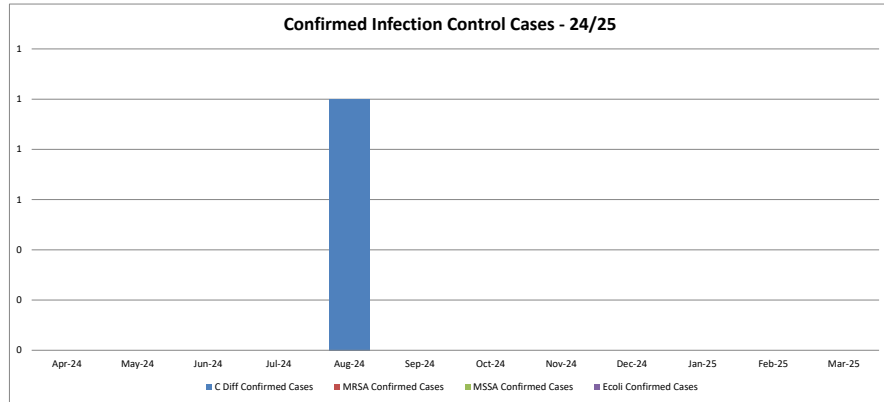
# Quality Dashboard

Domain

Section 2.4

Clinical Risk - Infection Control (Report by Exception)

Quality Dashboard



## Narrative, Updates and Conclusions

Q1

None reported

Q2

1 patient residing at Fitzwilliam Unit (August) yielded a positive Clostridioides difficile result. An 'after action review' is underway and any learning will be included in the next months report. The patient has recovered and has been discharged home.

Learning from the After Action Review completed following the notification of a Clostridioides difficile toxin positive result yielded from a faecal sample sent from an in-patient residing on Fitzwilliam Ward, Malton Hospital (August 2024).

All care and the management received by the patient was in accordance with the local Trust C. difficile policy and NICE national prescribing algorithm.

The patient recovered and was discharged to place of residence.

Environmental cleanliness noted to be good – mirrored in the domestic cleanliness audit results at the time of acquisition.

Positive feedback provided from the patient re the level of care received.

Inconsistencies were noted with the quality of documentation however. This is currently being addressed within the unit.

Q3

None reported

Q4

None reported

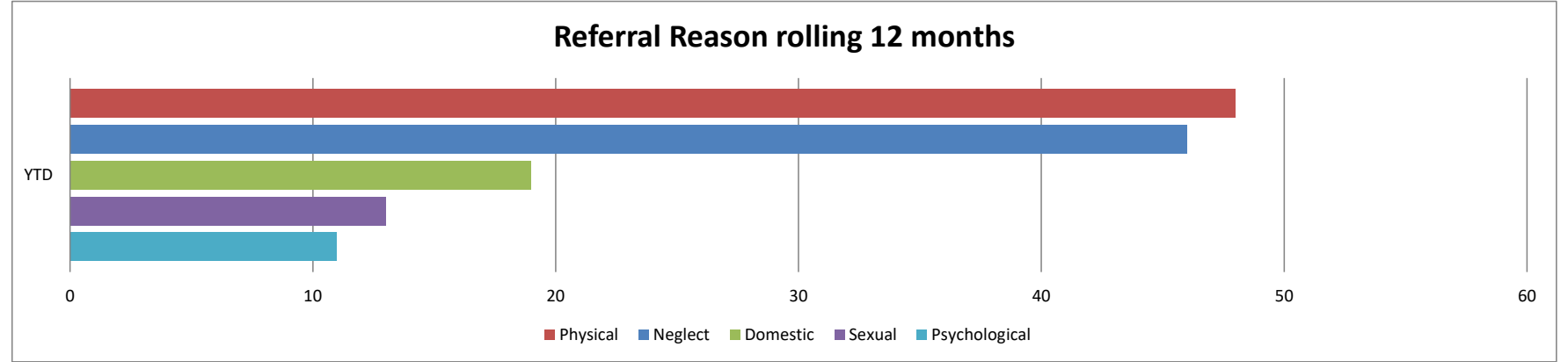
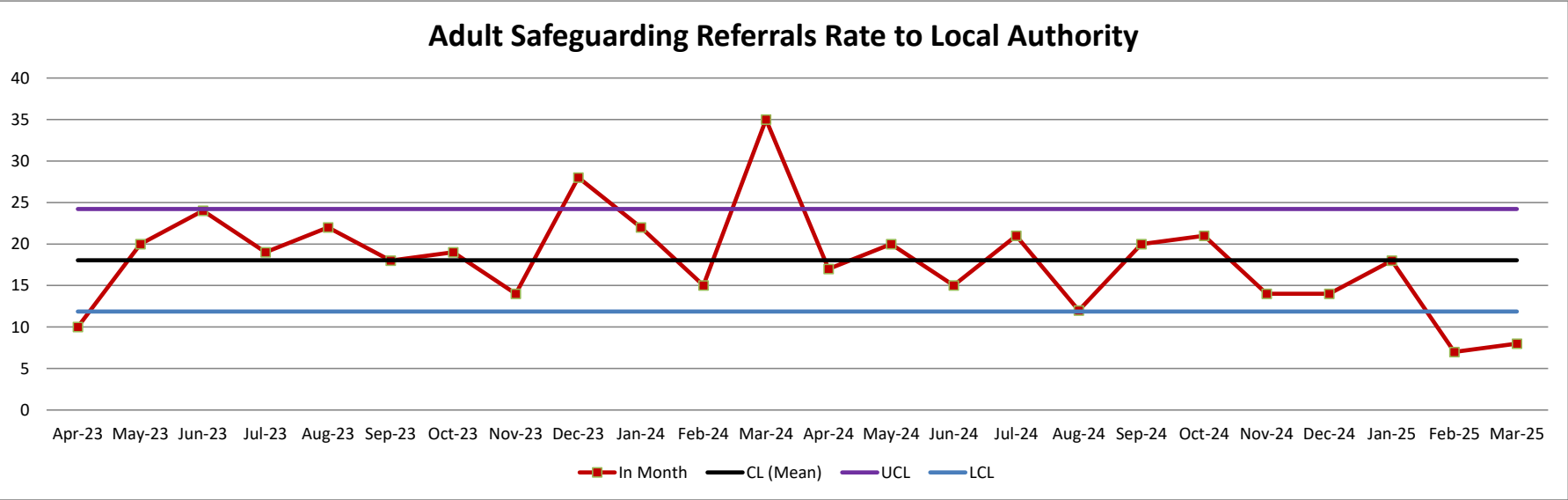
# Quality Dashboard

Domain

Section 2.5

Clinical Risk

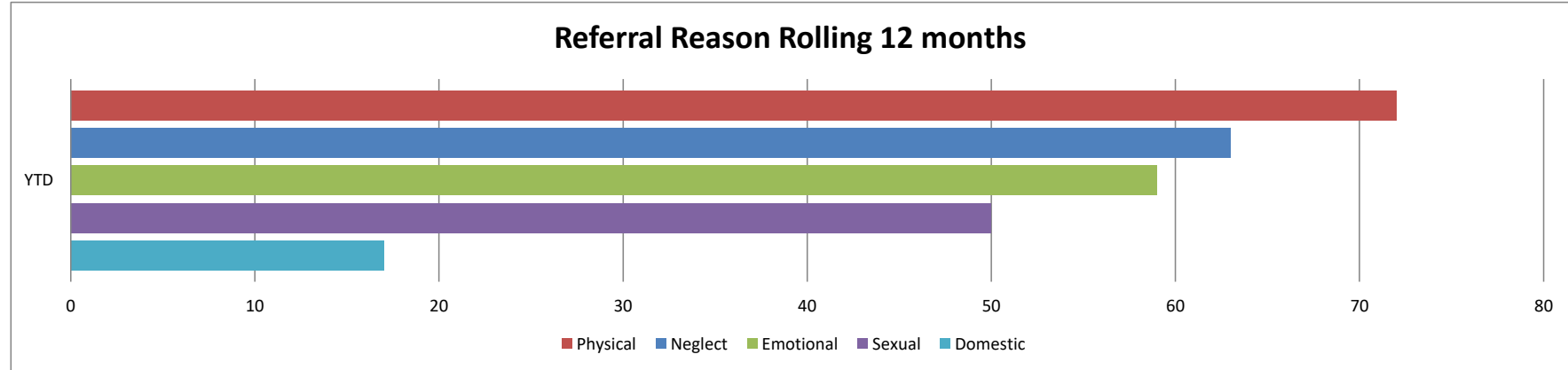
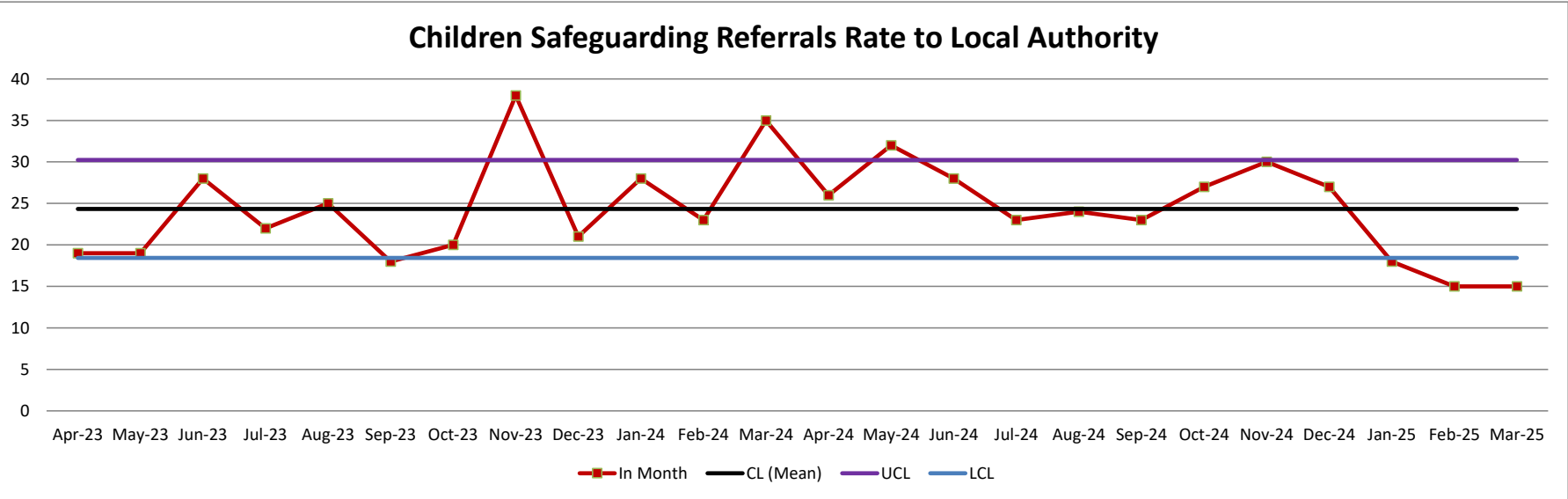
Adult Safeguarding Referrals



# Quality Dashboard

Domain

Section 2.5      Clinical Risk      Children Safeguarding Referrals



# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators	
Contract Period:	2024-25
Reporting Month:	Feb-25



Shown one month in arrears

Speciality	Units					Bank/Agency Hours				Average Safer Staffing Fill Rates				QUALITY INDICATORS (YTD)										High Level Indicators		Indicator Totals	
	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Improvement	Bank % Filled	Improvement	Agency % Filled	Improvement	Day		Night		Staffing Incidents (Poor Staffing Levels)	Incidents of Physical Violence / Aggression	Complaints (Upheld/ partly upheld)	Failed S17 Leave	Clinical Supervision	Mandatory Training (ALL)	Mandatory Training (LS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	Jan-25	Feb-25	
											Registered	Un Registered	Registered	Un Registered													
Adult MH	Avondale	Adult MH Assessment	32.0	73%	12.7	19.2%	2.6%	100%	121%	95%	118%	0	43	5	0	87.5%	91.3%	93.3%	75.0%	0.8%	0.0	1	0				
	New Bridges	Adult MH Treatment (M)	36.0	99%	7.8	22.6%	0.0%	101%	102%	98%	111%	1	39	4	0	84.2%	96.6%	88.2%	100.0%	3.9%	0.0	2	1				
	Westlands	Adult MH Treatment (F)	35.6	92%	7.2	34.8%	0.7%	87%	74%	99%	100%	2	51	4	0	94.1%	88.4%	86.7%	83.3%	5.7%	0.4	1	3				
	Mill View Court	Adult MH Treatment	33.4	98%	7.6	22.1%	1.6%	93%	96%	98%	100%	4	35	2	0	93.3%	89.3%	88.9%	87.5%	3.9%	0.8	2	1				
	STARS	Adult MH Rehabilitation	15.2	100%	16.9	35.1%	3.9%	118%	78%	102%	127%	7	6	1	0	N/R	92.8%	83.3%	81.8%	25.0%	1.0	4	3				
	PICU	Adult MH Acute Intensive	31.3	87%	21.9	45.2%	0.7%	97%	104%	98%	134%	0	110	1	2	82.1%	91.5%	87.5%	100.0%	14.0%	1.6	2	1				
OP MH	Maister Lodge	Older People Dementia Treatment	33.6	81%	15.8	32.2%	3.0%	143%	89%	93%	141%	4	142	0	0	N/R	94.7%	100.0%	92.0%	9.1%	0.7	1	2				
	Mill View Lodge	Older People Treatment	32.1	101%	11.8	27.6%	4.7%	76%	68%	104%	105%	1	26	0	0	77.8%	95.1%	92.3%	90.5%	13.7%	2.0	4	3				
	Maister Court	Older People Treatment	17.4	106%	15.5	34.8%	2.4%	101%	76%	100%	98%	0	6	1	0	94.4%	87.1%	42.9%	90.0%	9.6%	1.0	3	3				
	Pine View	Forensic Low Secure	28.9	69%	10.3	34.8%	0.0%	96%	61%	88%	94%	2	1	0	8	96.0%	93.7%	78.6%	88.9%	12.0%	0.9	2	2				
	Derwent	Forensic Medium Secure	29.9	66%	19.1	23.7%	0.0%	110%	73%	101%	122%	8	23	0	0	100.0%	93.2%	91.7%	72.2%	6.0%	-1.0	1	2				
	Ouse	Forensic Medium Secure	26.6	86%	10.0	40.6%	0.0%	83%	127%	125%	172%	5	4	4	0	86.4%	94.8%	100.0%	93.8%	14.3%	-0.8	1	1				
Child & LD	Swale	Personality Disorder Medium Secure	27.5	87%	9.3	28.5%	0.0%	88%	92%	104%	85%	3	5	2	0	100.0%	99.0%	100.0%	88.9%	1.1%	2.0	1	0				
	Ullswater (10 Beds)	Learning Disability Medium Secure	29.2	90%	15.2	44.9%	0.0%	101%	135%	119%	135%	3	42	1	2	92.0%	92.9%	90.9%	77.8%	11.8%	-0.7	1	1				
	Townend Court	Learning Disability	44.9	43%	30.6	20.6%	2.8%	59%	77%	94%	93%	7	623	1	0	81.0%	92.8%	83.3%	82.4%	10.3%	2.4	2	2				
	Inspire	CAMHS	49.0	57%	34.4	17.9%	0.0%	104%	120%	100%	141%	1	19	0	0	83.3%	91.1%	89.5%	85.7%	7.4%	-0.5	1	1				
	Granville Court	Learning Disability Nursing Care	54.1	69%	19.5	25.4%	0.0%	114%	95%	100%	100%	0	2	0	0	90.0%	96.8%	73.3%	97.5%	14.8%	-2.4	1	1				
	CH	Whitby Hospital	Physical Health Community Hospital	30.1	86%	8.4	7.1%	0.0%	80%	81%	100%	100%	9	1	0	0	86.8%	90.5%	76.5%	47.4%	8.1%	1.3	3	2			
Malton Hospital		Physical Health Community Hospital	30.7	92%	6.6	22.8%	0.0%	77%	90%	120%	77%	3	2	1	0	100.0%	90.1%	93.8%	75.0%	3.7%	0.7	1	1				
Key	Target met		Within 5% of target		Target not met																						

**Exception Reporting and Operational Commentary**

**Safer Staffing Dashboard Narrative : Feb**

14 units are flagging red for sickness in February, down from 17 in January. The number of units with sickness rates above 10% has decreased to 8 from 10 in January with 1 unit with a sickness rate above 15% (STaRS = 25%). Targeted support is being provided for areas with continued high sickness rates.

There are no units with more than 3 red flags.

CHPPD is strong for most units however Newbridge's, Westlands, MVC and Malton inpatient unit are slightly below their target in February. Bed occupancy on all but Malton was above 95%.

Malton, as noted in previous months, continues to flag red for CHPPD but benchmark positively against model health system peers. The introduction of the revised Safe Nursing Care Tool (SNCT) during 2025 will support HTFT in determining an evidence based CHPPD on local acuity/dependency data. Day time fill rates for both registered and unregistered staff on days are below target despite sickness rates being within target.

Despite challenges with sickness, fill rates are satisfactory with the exception of TEC who are under the lower target threshold of 75% for RNs on days. Westlands daytime fill rates for both registered and unregistered staff have not met target planned hours for the month and Pine view and Derwent wards are also below the lower target threshold for planned versus actual hours for unregistered staff on days. Further exploration will take place during the safe staffing reviews next month (May).

TEC continue to have low bed occupancy (43%) and a strong CHPPD (30.6). Sickness remains above 10% however has significantly and consistently reduced from nearly 25% in May 2024.

Mandatory training (all) is again above 85% for all units.

Whitby is below the lower threshold for BLS, however the resuscitation team have carried out ILS and BLS training at Whitby over two days in March so these figures will show an improvement in March's data. Maister Court are below the lower threshold for ILS for the second month. This has been escalated to the matron and resuscitation officer. STaRS have recovered their position to above 80%.

There have been 3 nil returns for clinical supervision in January. STARS was reported at 61% Jan, Whitby at 90% in Jan). Maister Lodge has had 3 nil returns in the previous 4 months reporting period, escalated to the matron and divisional clinical lead.

**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)**

Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
9.56%	9.10%	9.59%	9.66%	10.20%	10.28%	8.92%	6.80%	6.30%	7.39%	7.77%	7.57%

**Slips/Trips and Falls (Rolling 3 months)**

	Dec-24	Jan-25	Feb-25
Maister Lodge	17	16	5
Millview Lodge	1	4	2
Malton IPU	4	1	2
Whitby IPU	3	5	5

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

# HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING COMMUNITY DASHBOARD

Contract Period:  
Reporting Month:

## Staffing and Quality Indicators

2024-25

Feb



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	Jan-25	Feb-25	
Adult MH Services	Mental Health Response Service	Adult Crisis	64.9	7.3%	⊗ 7.9%	£33,045	£5,948	✓ 90.4%	N/R	4	⊗ 75.0%	0	0	✓ 1	⚠ 2	
	Hull East Mental Health Team	Hull Adult MHT	30.1	23.5%	⊗ 15.8%	£662	£0	✓ 85.2%	N/R	1	✓ 100.0%	0	0	✓ 1	✓ 1	
	Hull West Mental Health Team	Hull Adult MHT	11.7	17.0%	⊗ 8.2%	£0	£0	✓ 95.1%	⚠ 83.0%	0	NS	0	1	✓ 1	✓ 1	
	Beverley Mental Health Team	ER Adult MHT	6.6	10.4%	✓ 1.3%	£1,951	£0	✓ 92.1%	✓ 100.0%	5	✓ 100.0%	0	0	✓ 0	✓ 0	
	Goole Mental Health Team	ER Adult MHT	9.4	1.6%	✓ 3.2%	£786	£0	✓ 95.5%	✓ 100.0%	1	✓ 100.0%	0	0	✓ 0	✓ 0	
	Haltemprice Mental Health Team	ER Adult MHT	10.1	1.6%	✓ 1.7%	£1,039	£0	✓ 96.8%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 0	
	Holderness Mental Health Team	ER Adult MHT	12.0	-1.3%	⊗ 10.0%	£350	£0	✓ 94.8%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 1	
Older People MH Services	Bridlington & Driffield MHT	ER Adult MHT	15.7	2.1%	⊗ 8.6%	£0	£0	✓ 95.0%	✓ 100.0%	5	⚠ 80.0%	0	0	✓ 1	✓ 1	
	Crisis Intervention Team for Older People (CITOP)	OP Crisis	20.1	22.4%	✓ 4.5%	£5,023	£0	✓ 97.3%	N/R	4	✓ 100.0%	0	0	✓ 0	✓ 0	
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	21.5	9.4%	⚠ 4.5%	£0	£0	✓ 93.9%	✓ 100.0%	5	✓ 100.0%	0	0	✓ 0	✓ 0	
	Beverley and Haltemprice OP CMHT	ER OP CMHT	6.4	23.7%	⊗ 20.7%	£221	£0	✓ 99.4%	✓ 100.0%	4	✓ 100.0%	0	0	✓ 0	✓ 1	
	Bridlington & Driffield OP CMHT	ER OP CMHT	7.3	0.0%	⊗ 18.5%	£0	£0	✓ 92.8%	✓ 100.0%	1	✓ 100.0%	0	0	✓ 1	✓ 1	
	Goole & Pocklington OP CMHT	ER OP CMHT	7.1	0.0%	✓ 2.8%	£0	£0	✓ 95.1%	✓ 100.0%	3	✓ 100.0%	0	0	✓ 0	✓ 0	
Universal	Holderness OP Community Team	ER OP CMHT	5.3	-0.1%	⊗ 15.0%	£0	£0	✓ 95.6%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 1	
	Early Intervention in Psychosis	14-65 MHT	24.7	19.5%	⊗ 5.4%	£0	£0	✓ 89.3%	✓ 95.5%	0	NS	0	0	✓ 1	✓ 1	
Community Services	Hospital Mental Health Team	Liaison Services	36.0	-1.8%	✓ 4.1%	£1,859	£17,636	✓ 91.0%	⊗ 71.8%	2	✓ 100.0%	0	0	✓ 0	✓ 1	
	Ryedale Team	Comm Services	22.0	-5.8%	✓ 4.5%	£0	£0	✓ 92.6%	⚠ 84.4%	2	✓ 100.0%	0	0	✓ 0	✓ 0	
	Scarborough Hub	Comm Services	64.3	8.2%	⊗ 9.4%	£21,462	£7,214	✓ 88.4%	⊗ 79.7%	0	NS	0	0	⚠ 2	⚠ 2	
	Whitby Community Nurses	Comm Services	29.4	11.5%	⊗ 5.8%	£1,822	£0	✓ 93.1%	N/R	0	NS	0	0	✓ 0	✓ 1	
	Pocklington Nurses	Comm Services	18.9	-1.0%	✓ 3.4%	£2,023	£0	⚠ 80.5%	✓ 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





## **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

