

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:

Jul-25

Chief Executive: Michele Moran

Prepared by: Business Intelligence Team

Caring, Learning and Growing



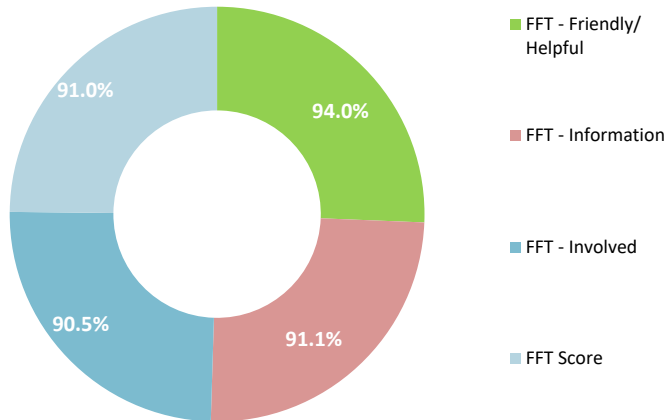
## Domain

### Patient / Carer Experience

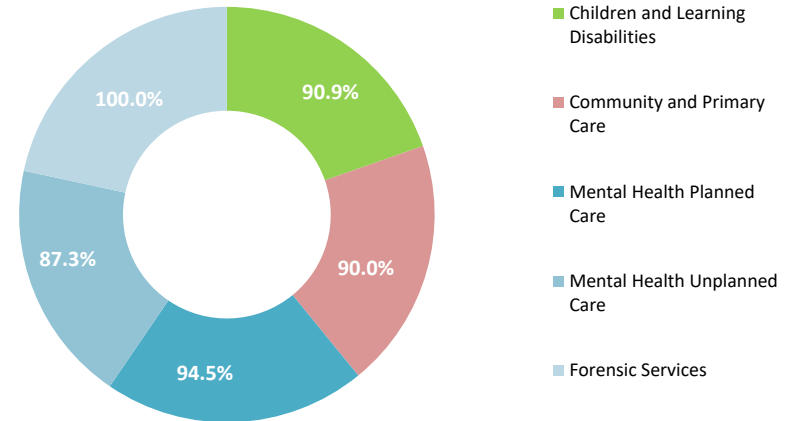
## Quality Report

## 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%**

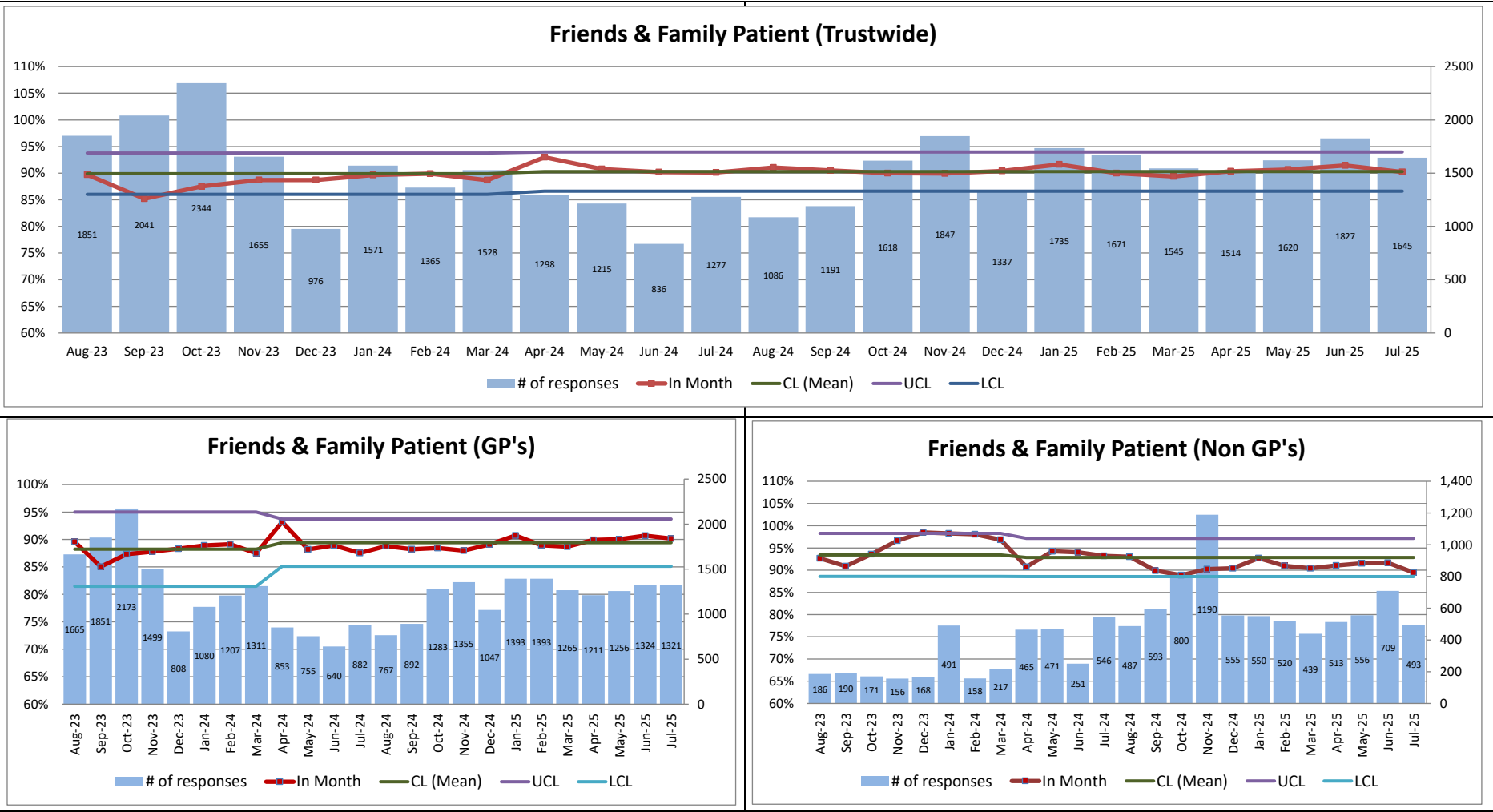
**Trust Result**

**67.3%**

Quality Dashboard

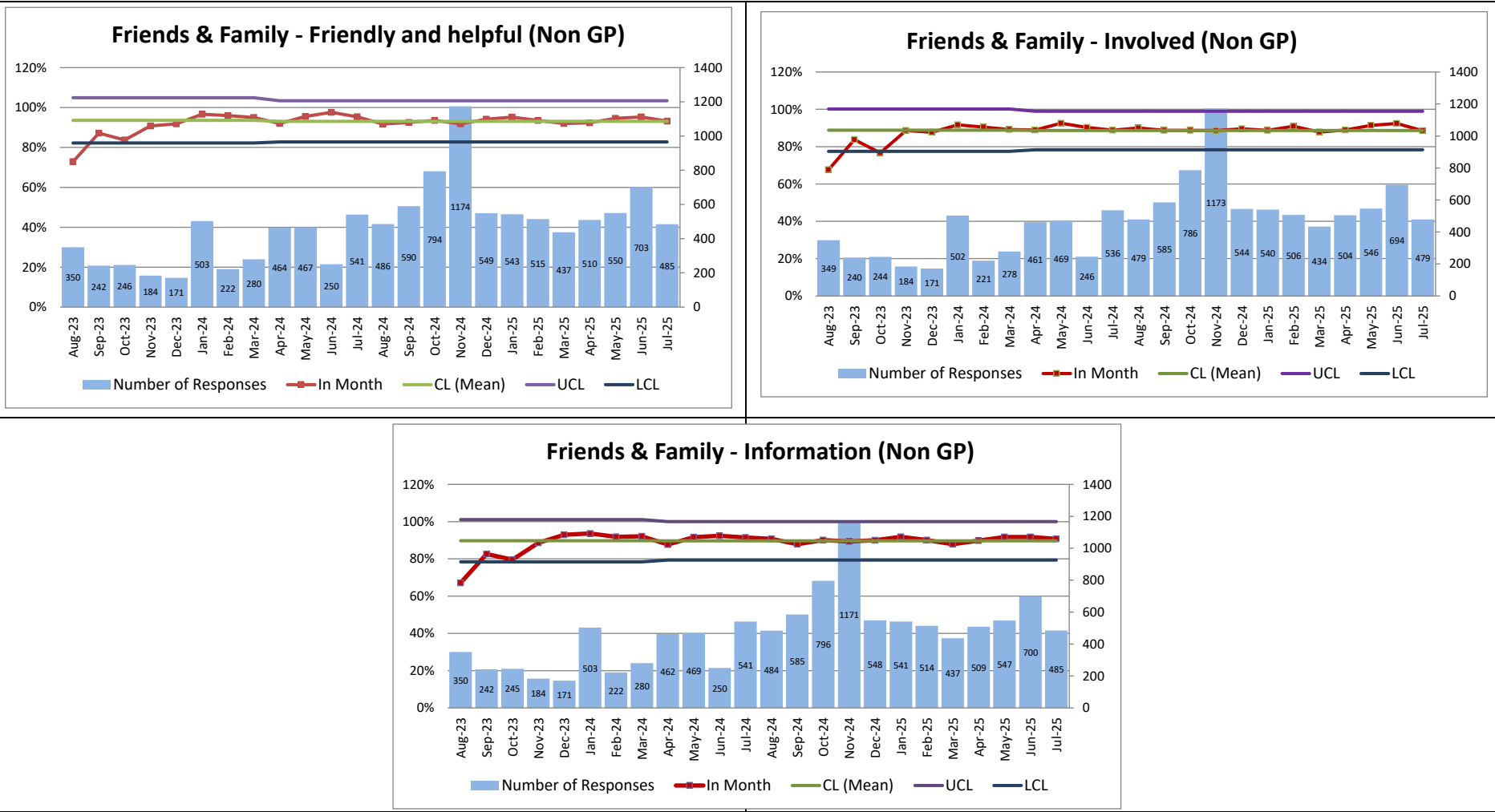
Section 1.1.1 Patient / Carer Experience - Trustwide / GP / Non GP Services

Friends and Family

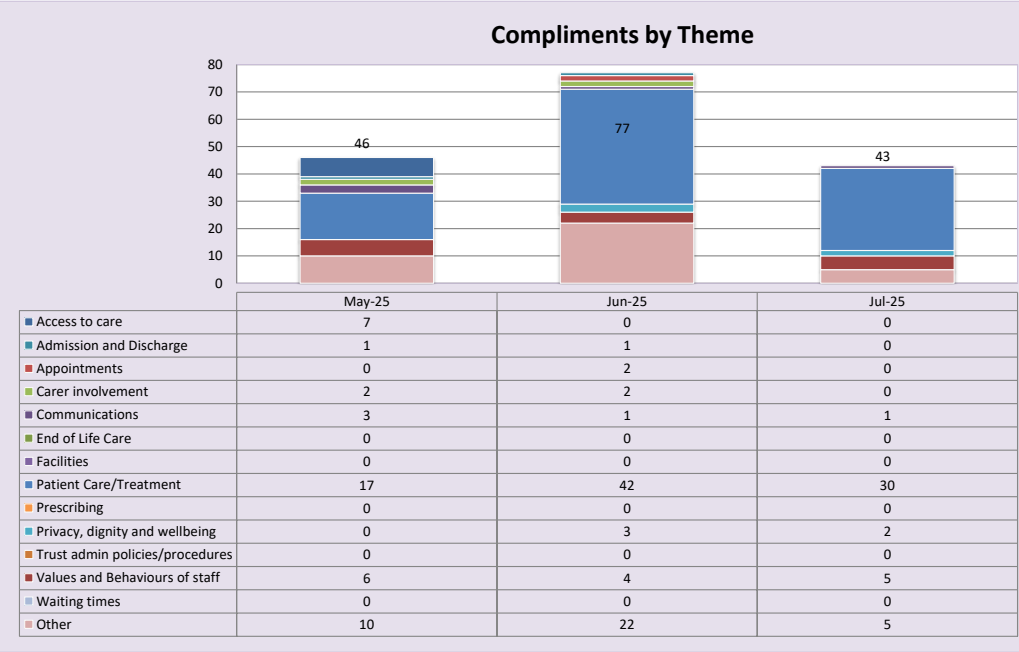
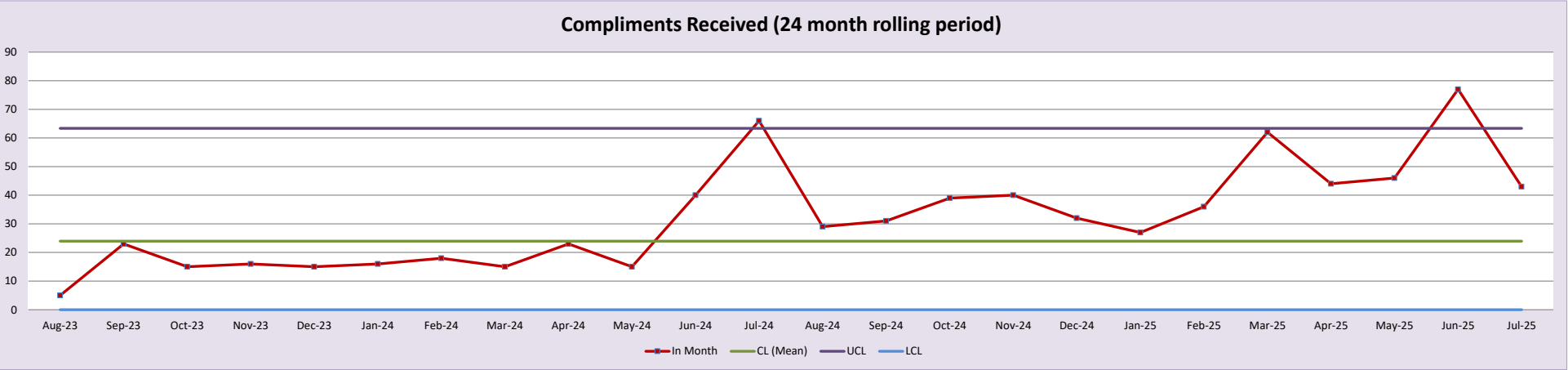


Quality Dashboard

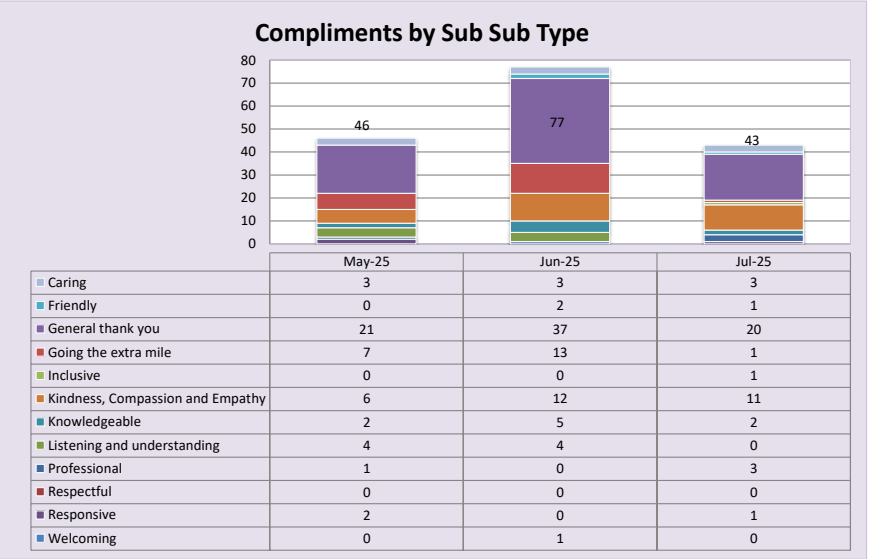
Section 1.1.2 Patient / Carer Experience - Core Questions (Non GP Services) Friends and Family



Quality Dashboard



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



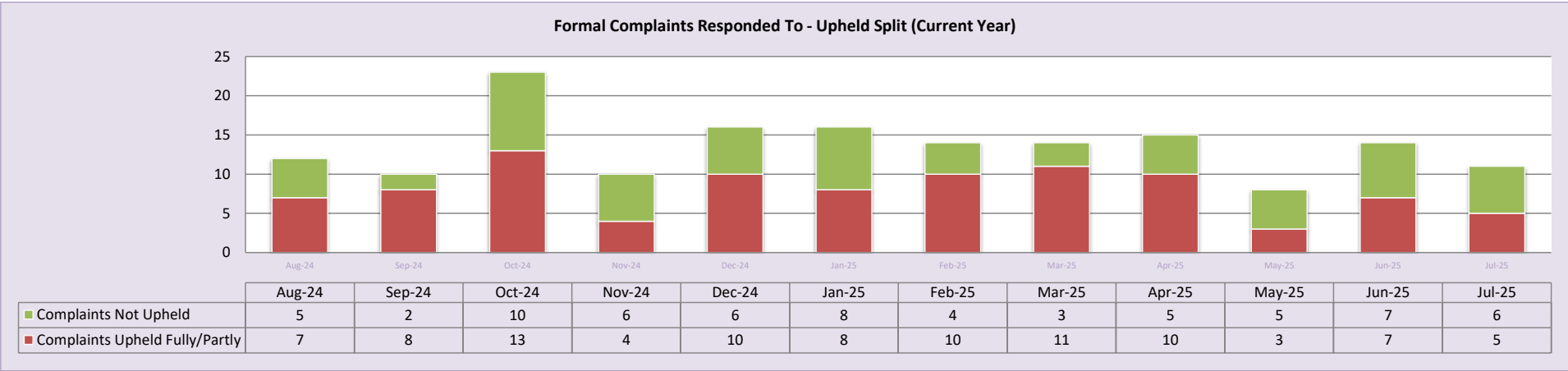
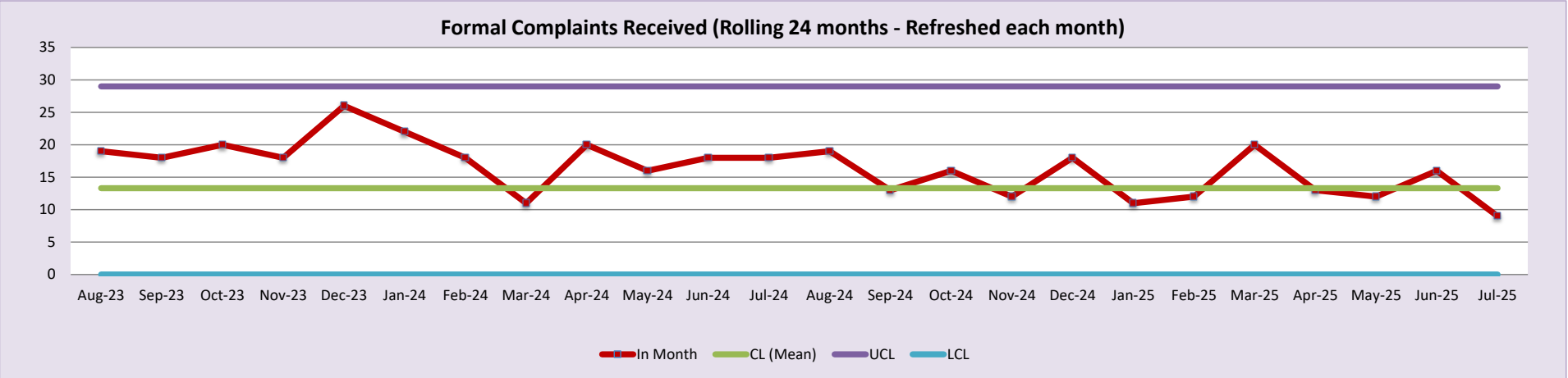
# Quality Dashboard

Domain

Section 1.3.1

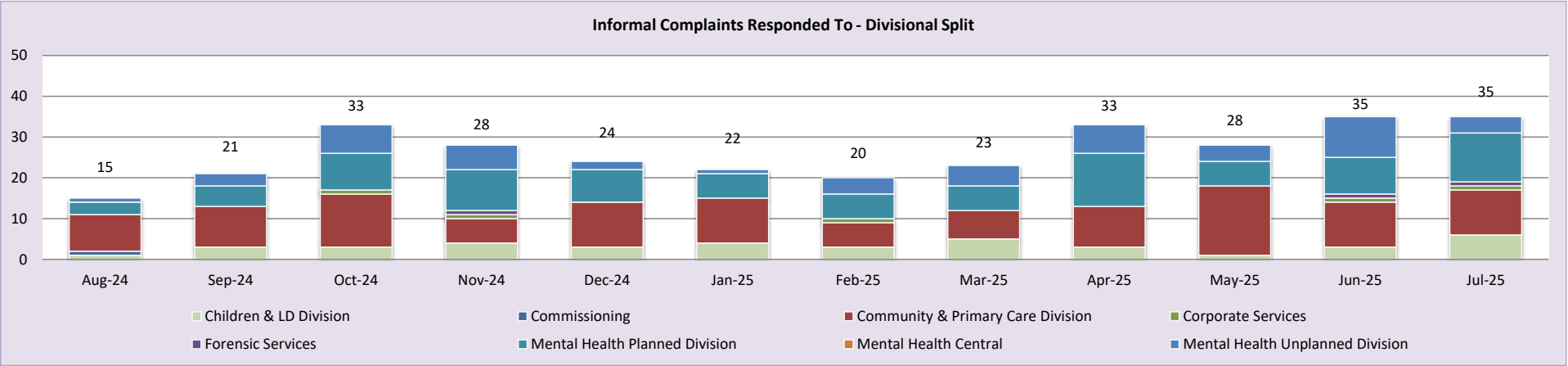
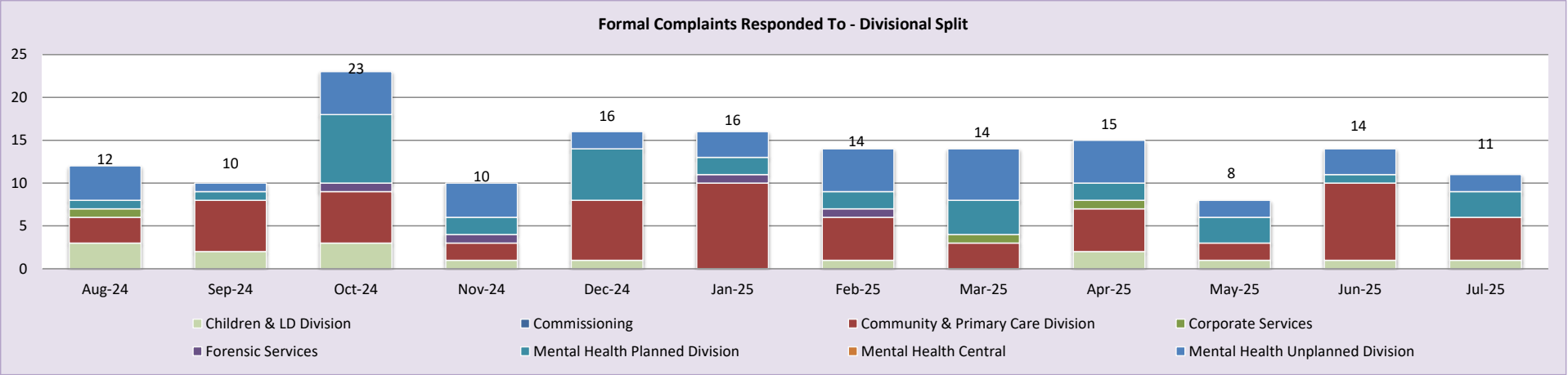
Patient / Carer Experience

Overall Trust Position



# Quality Dashboard

Domain



Withdrawn Complaints

Formal Complaints Withdrawn  
Informal Complaints Withdrawn

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

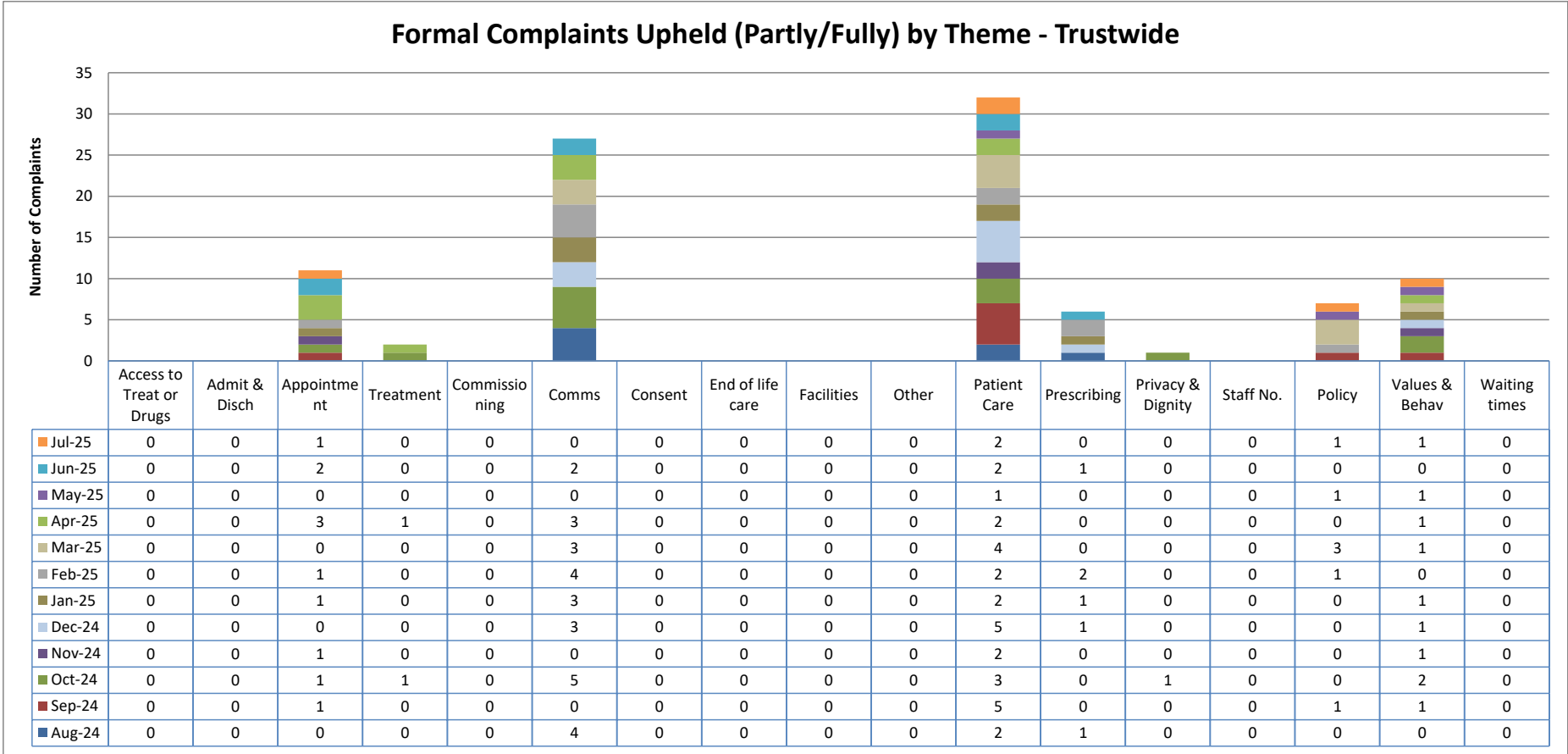
# Quality Dashboard

Domain

Section 1.3.2 Complaints Themes

Overall Trust Position

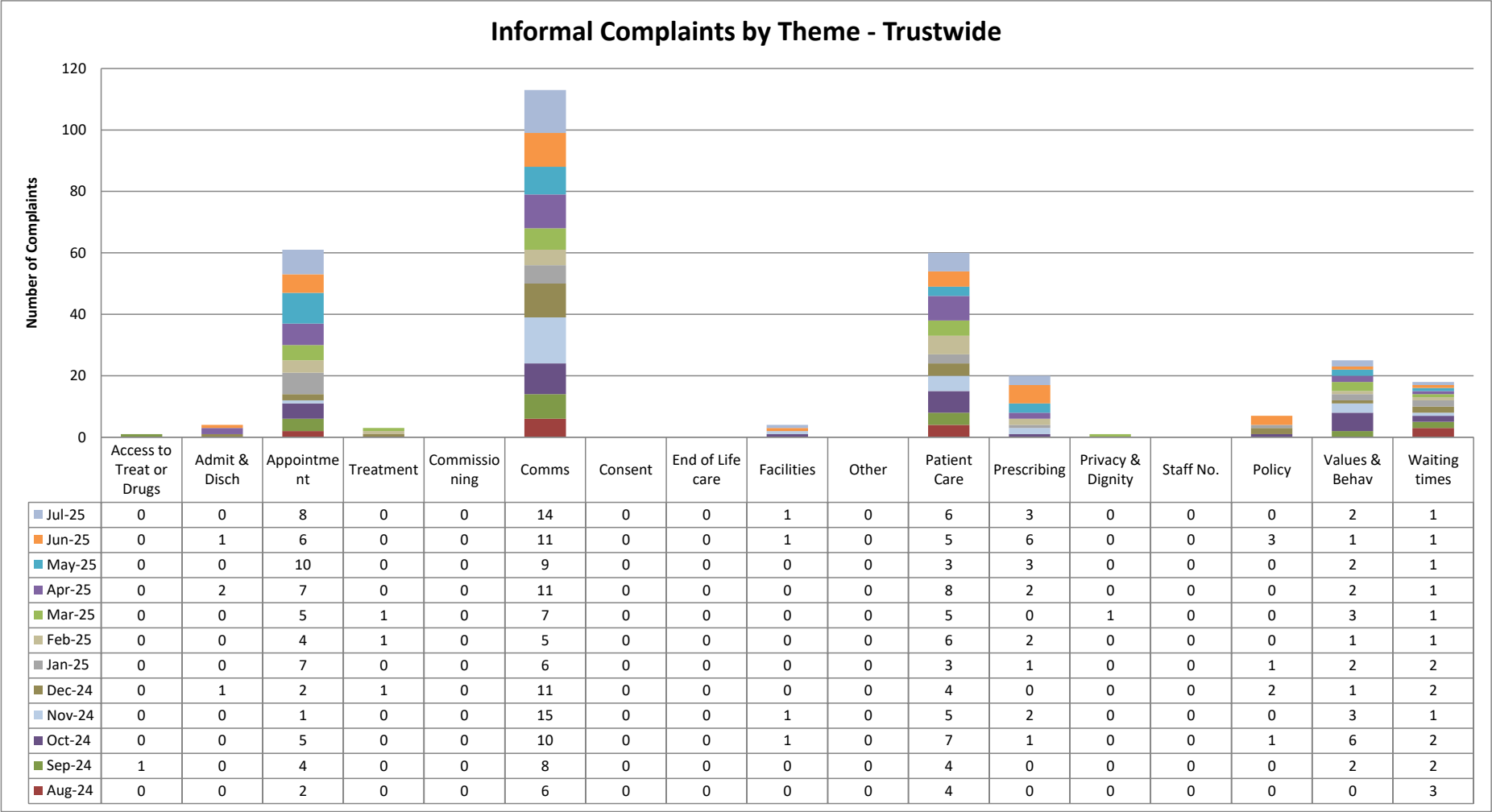
Formal Complaints Upheld (Partly/Fully) by Theme - Trustwide





# Quality Dashboard

Domain



# 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

	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	Jul-25	Rolling Total
Humber Primary Care Practice	3	2	8	6	2	2	0	3	1	4	0	2	1	1	1	1	3	1	2	1	0	0	2	1	47
Market Weighton Practice	1	0	0	1	0	1	1	2	3	0	2	0	1	0	3	0	1	3	0	0	1	0	2	1	23
King Street Medical Centre	0	0	0	0	0	2	0	3	0	2	0	1	0	3	0	0	0	1	2	1	1	0	1	0	17
Mental Health Crisis Intervention	1	1	1	0	2	1	0	0	1	1	0	1	0	0	0	1	1	0	0	1	1	0	0	0	13
Hull CMHT - Management, Non Clinical and Psychology	0	0	1	0	0	0	0	0	3	1	0	0	0	0	3	0	2	0	1	1	0	0	0	0	12
Hull CMHT - Clinical	0	1	0	1	0	0	1	2	3	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	11
Westlands Unit Nursing	0	0	1	0	0	1	0	1	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	6
Beverley and Haltemprice OP CMHT	0	0	0	1	0	0	0	0	0	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	5
Community Core Team - Rivendell	1	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5
Hull and ER - Triage and Assessment	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	1	0	5
Specialist Psychotherapy Service	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	1	0	0	0	5
Neuro Front Door	0	0	1	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	4
Scarborough Core	1	1	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	4
Haltemprice Mental Health	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	3
Hull and East Riding CAMHS	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	3
Hull Community Learning Disability	0	0	0	0	0	0	1	0	0	0	0	1	0	1	0	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	1	0	1	0	1	0	0	3
Mill View Court Adult	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	3
Newbridges Residential Unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	3
Townend Court	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3
Whitby Core	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	3
Beverley Mental Health	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
CAMHS Crisis	0	0	0	0	0	0	0	1	0	0	0	0	1	0	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	1	0	0	0	0	1	0	0	0	0	0	2
Facilities Management	0	0	0	0	0	0	0	0	1	1	0	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	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Humber Centre - Swale	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Malton Ward	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
Total	9	5	14	9	6	9	8	15	13	10	7	7	4	7	13	4	10	6	9	8	8	3	7	4	195

Domain	
Section 1.3.4	Informal Complaints Responded to by Team (24 month rolling)
	Overall Team Position

	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	Jul-25	Rolling Total
Humber Primary Care Practice	15	9	11	7	7	8	4	6	5	4	7	4	7	3	8	2	6	7	1	0	4	5	2	3	135
Hull CMHT - Management, Non Clinical and Psychology	1	3	3	3	4	0	4	2	4	7	2	2	3	4	4	7	3	2	5	1	4	1	6	9	84
Market Weighton Practice	1	4	2	2	1	3	1	4	3	3	2	4	1	3	5	0	1	2	2	6	3	5	4	5	67
King Street Medical Centre	1	1	4	3	2	1	9	6	4	4	3	3	1	3	0	2	3	2	1	0	1	6	3	2	65
Mental Health Crisis Intervention	3	0	2	1	2	1	0	6	2	3	0	0	0	2	4	4	0	0	1	2	4	4	3	1	45
Hull CMHT - Clinical	0	1	1	1	0	2	1	3	3	5	2	3	0	1	1	1	1	2	0	1	1	1	1	1	33
ER Talking Therapies	0	1	1	0	1	0	3	3	0	2	0	0	0	0	0	0	0	0	0	1	3	1	0	0	16
Neuro Front Door	0	0	1	2	0	0	1	0	1	1	0	0	0	0	1	0	0	2	0	2	0	0	1	1	13
Hull and ER - Triage and Assessment	0	0	1	1	0	0	0	0	0	1	0	1	0	0	1	1	1	2	1	1	1	0	0	0	12
Avondale - Wards	0	0	0	0	0	0	0	0	0	1	0	2	0	0	1	0	2	0	1	1	0	0	2	1	11
Community Core Team - Rivendell	1	1	1	0	0	1	1	0	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	1	10
Facilities Management	1	1	0	0	1	0	0	0	1	0	1	0	0	0	1	1	0	0	1	0	0	0	1	1	10
Hull and East Riding CAMHS	1	0	1	0	0	0	0	0	1	1	1	0	0	0	0	1	0	0	0	1	1	0	1	1	10
Neuro Diagnostic	0	0	0	0	1	1	1	1	0	1	0	0	0	1	0	0	0	1	0	0	1	0	1	1	10
Specialist Psychotherapy Service	0	0	0	0	2	0	0	0	1	0	0	0	0	0	0	1	0	1	1	1	0	0	0	1	8
Haltemprice Mental Health	0	0	1	0	1	1	0	0	0	0	0	1	0	0	0	1	1	0	0	1	0	0	0	0	7
Scarborough Core	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	2	0	0	0	1	0	7
Beverley Mental Health	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	5
Goole Mental Health	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	5
Hull Adult Autism Diagnosis Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	2	5
Mill View Court Adult	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	5
Newbridges Residential Unit	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2	0	5
Childrens S&LT Hull & East Riding Service	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	0	1	0	0	0	4
Community Core Team - Rivendell	1	0	0	1	0	1	0	0	0																

Quality Dashboard

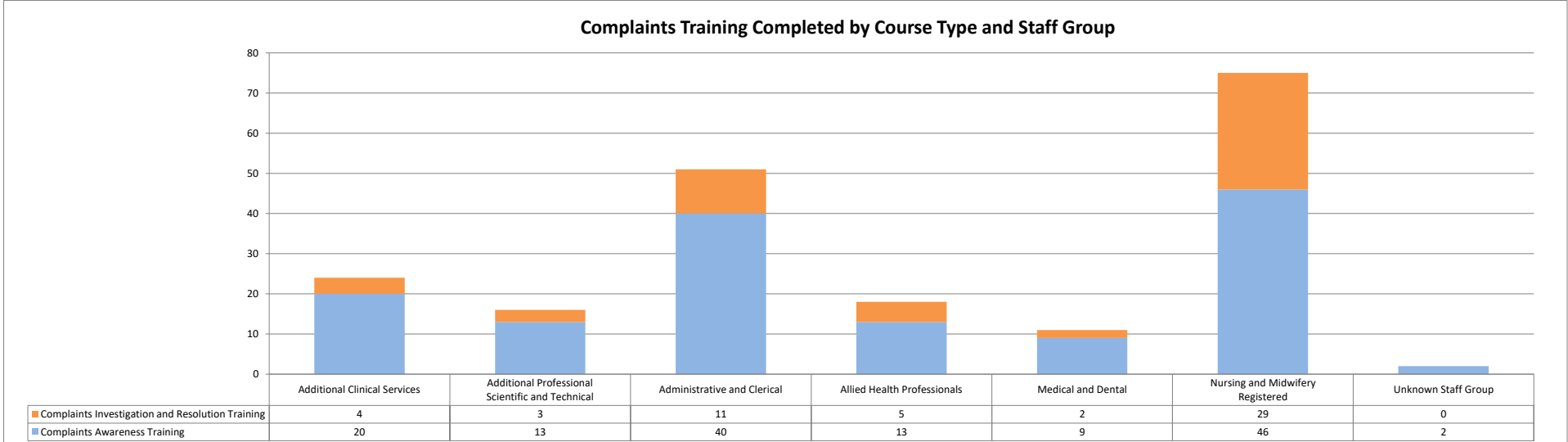
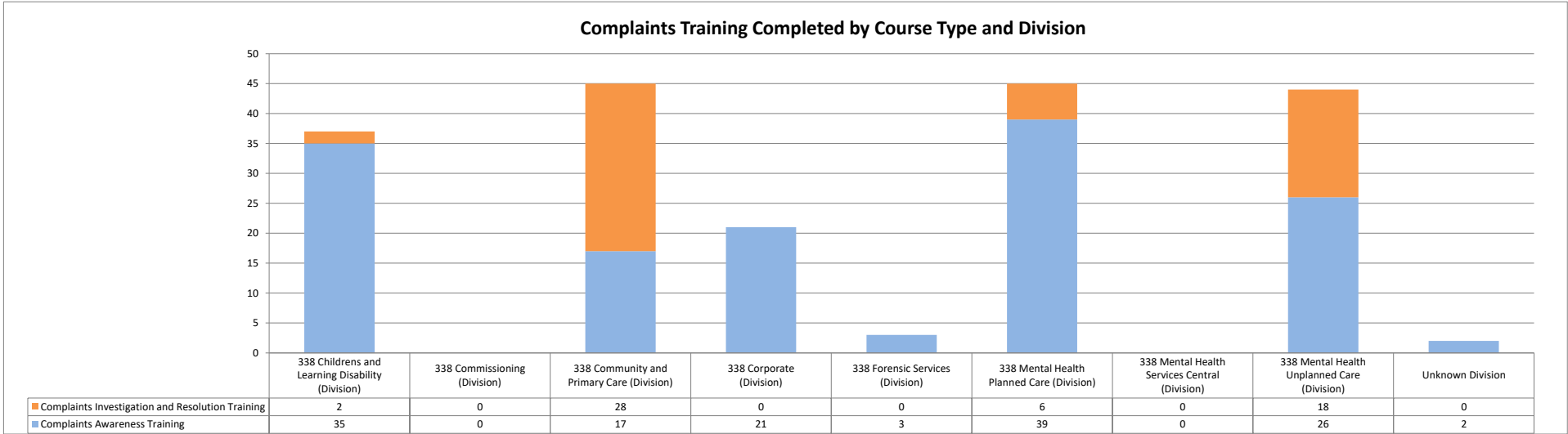
Domain
Section 1.3.4
Informal Complaints Responded to by Team (24 month rolling)
Overall Team Position

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

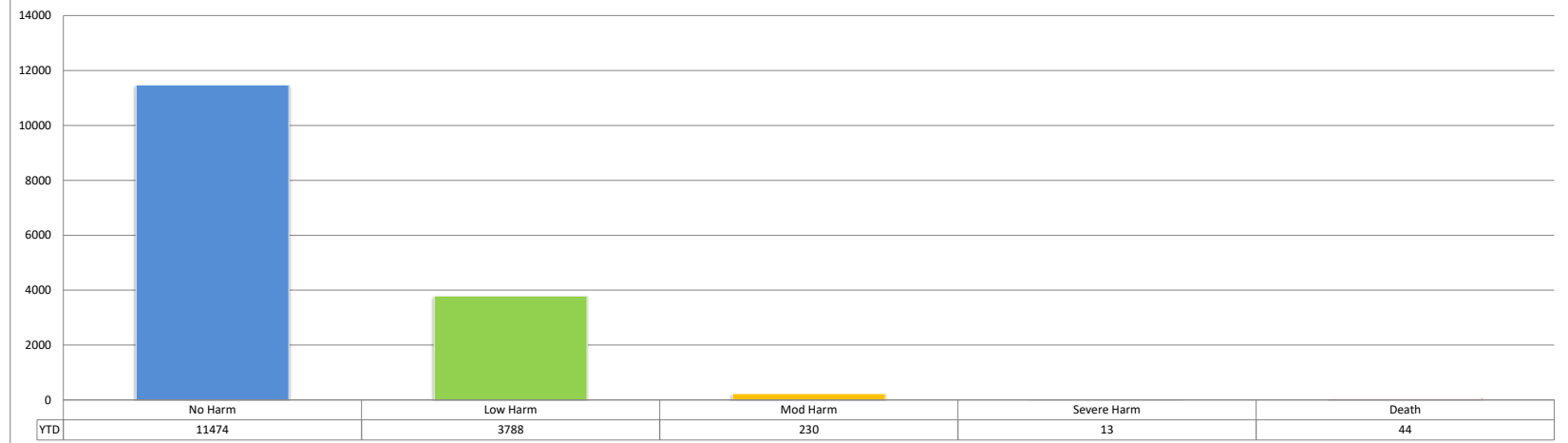
	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Rolling Total
Malton Ward	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	3
Miranda House - PICU	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	3
PCN CMHT East Riding	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	3
Pine View	0	0	1	0	0	0	0	2	0	0	0	0	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	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2
CAMHS Contact Point	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	2
East Riding Community Learning Disability	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
ER Contact Point & PMHW	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2
ER Memory Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	2
Forensic Management	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
Humber Centre - Ouse	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Humber Centre - Swale	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2
Maister Lodge Nursing	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
Mill View Lodge Nursing	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
North Yorkshire Bladder and Bowel	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2
North Yorkshire Heart Failure	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
North Yorkshire Therapy	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
Whitby UTC	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
Whitby Ward	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
Total	31	27	33	22	26	23	29	36	31	41	22	22	14	20	33	27	21	22	19	23	32	26	35	35	650

# Quality Dashboard

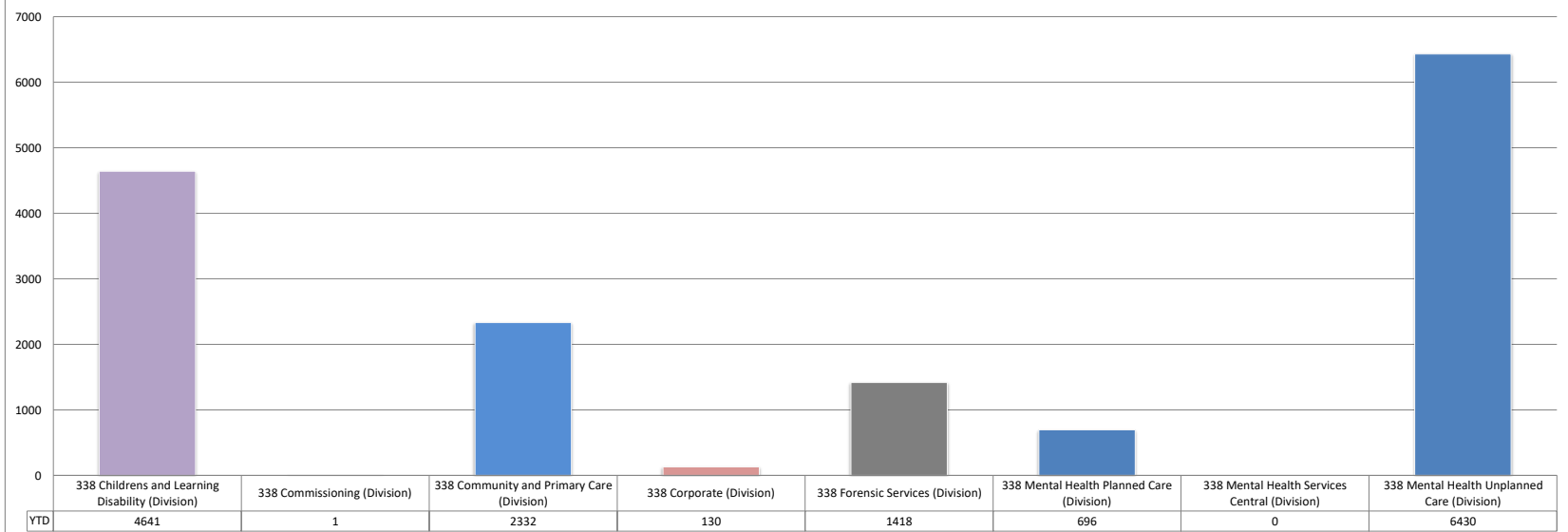
Domain



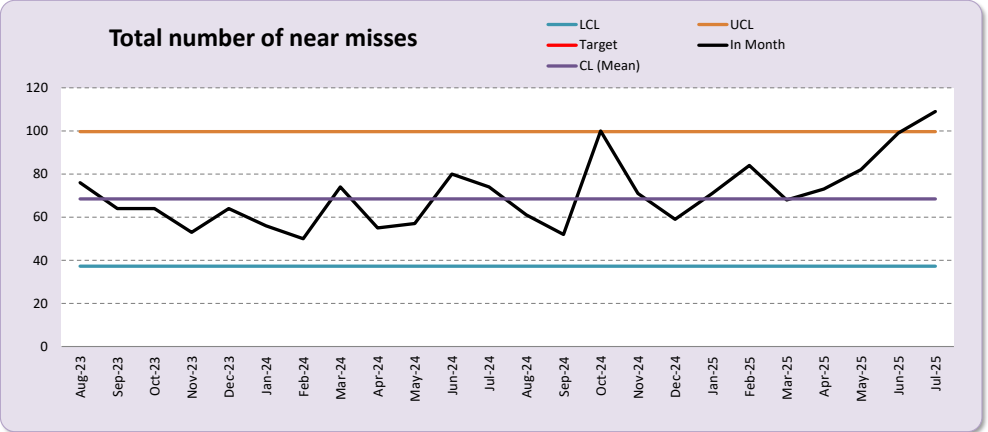
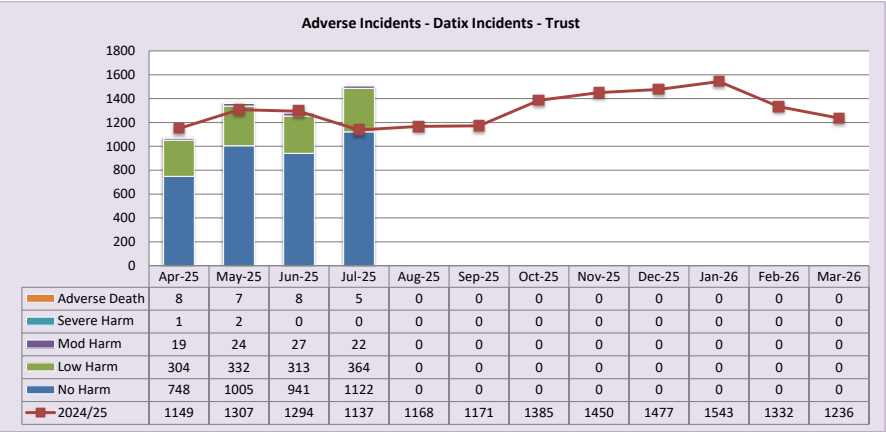
Category of Harms Severity - Year to Date



Incidents by Division - Year to Date

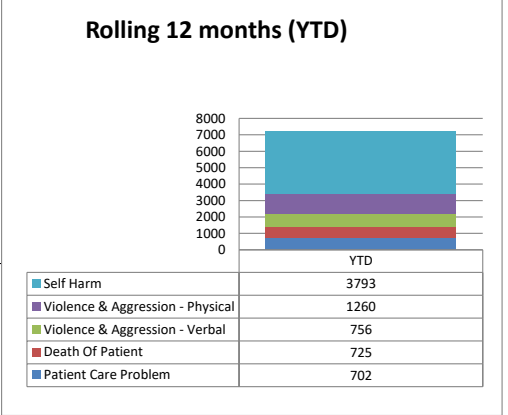
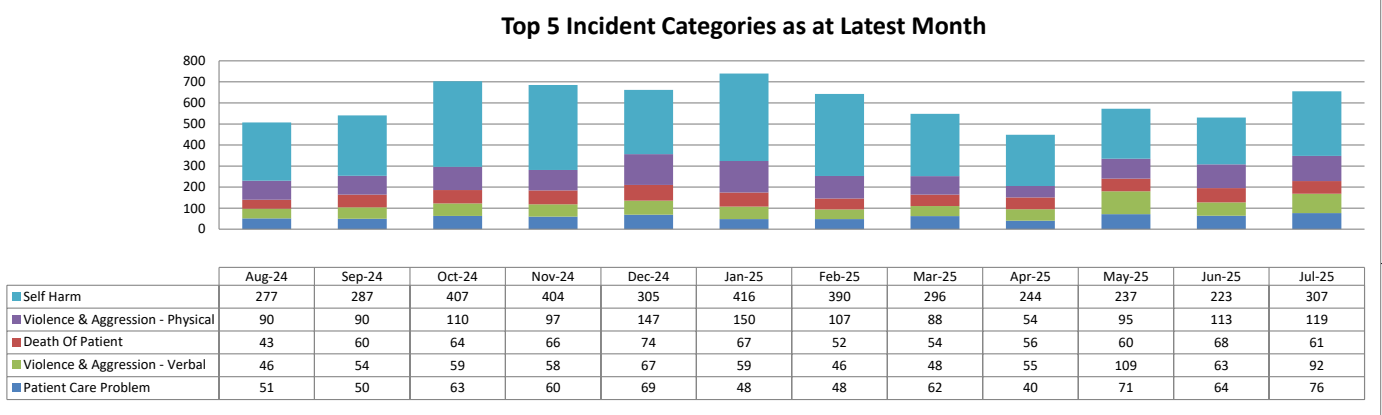


Quality Dashboard



National Safety Alerts : Central Alert System (CAS)	Jun-25	Jul-25
Number issued in month	1	2
Number applicable to HTFT	1	1
Number open pending action	1	0
Number closed in the month	0	2
Number of breaches	0	0

Incident Analysis	Jun-25	Jul-25
Never Events	0	0
% of Harm Free Care	99.7%	99.7%
% of incidents that resulted in Severe Harm or Death	0.6%	0.3%

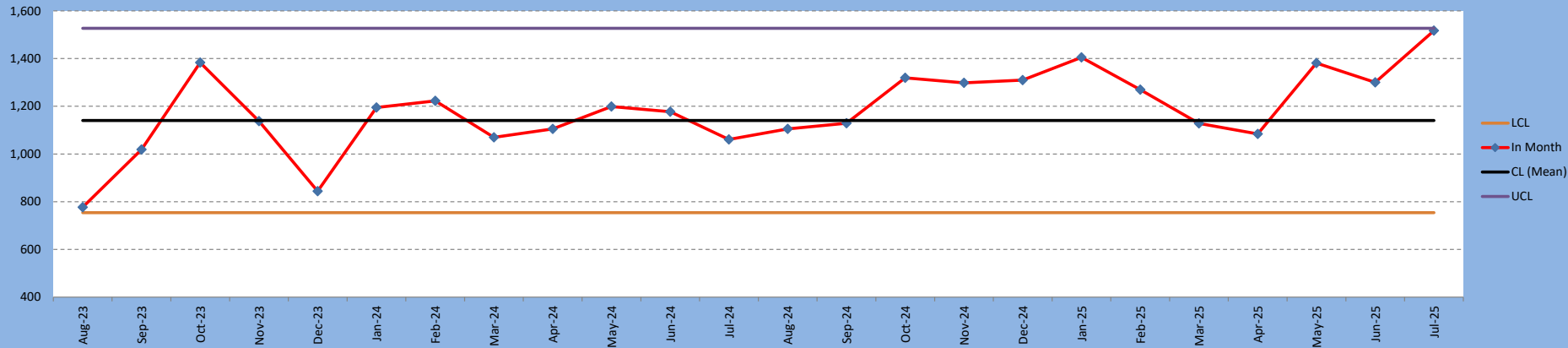


# Quality Dashboard

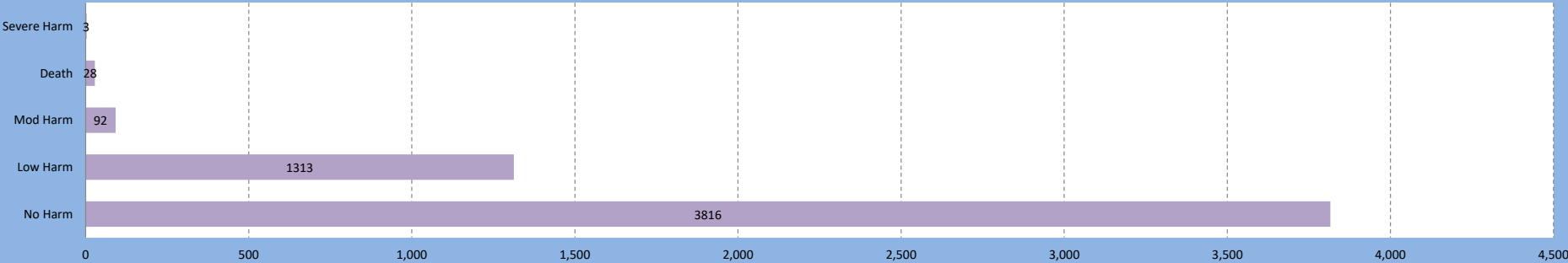
Domain		
Section 2.1	Clinical Risk	Overall Trust Position

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

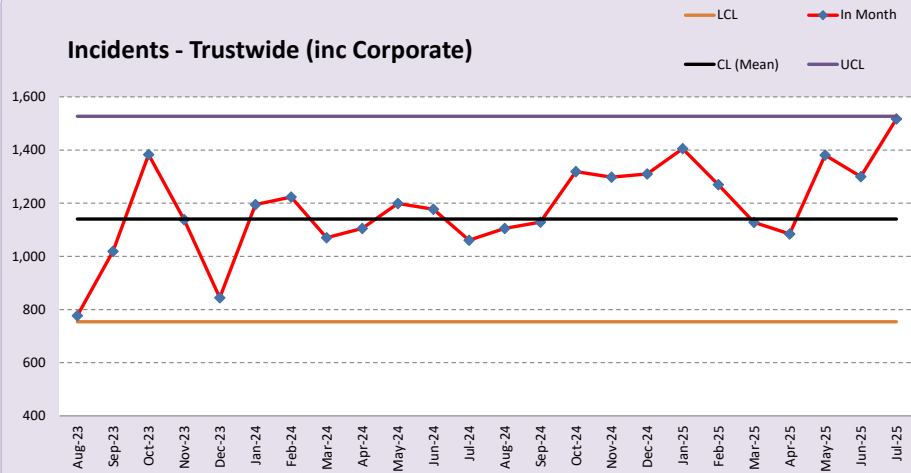
Section 2.3

Clinical Risk

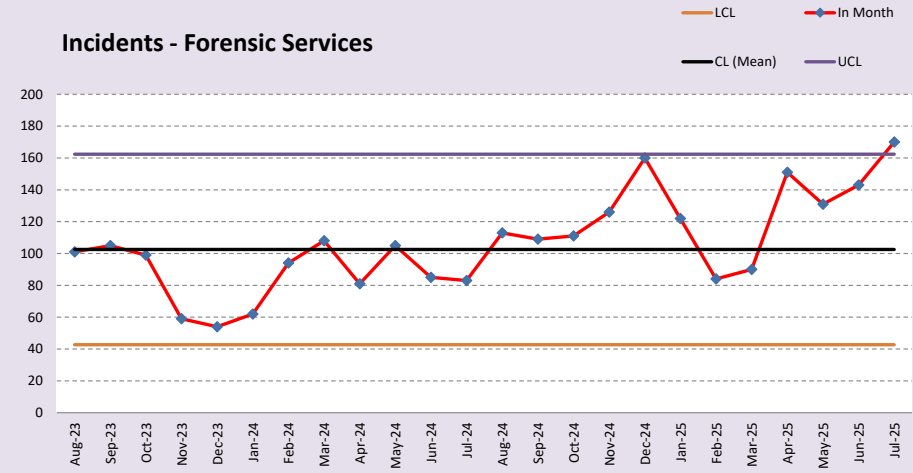
Incidents Registered by Division (Statistical Process Charts)

Incidents - Division SPCs

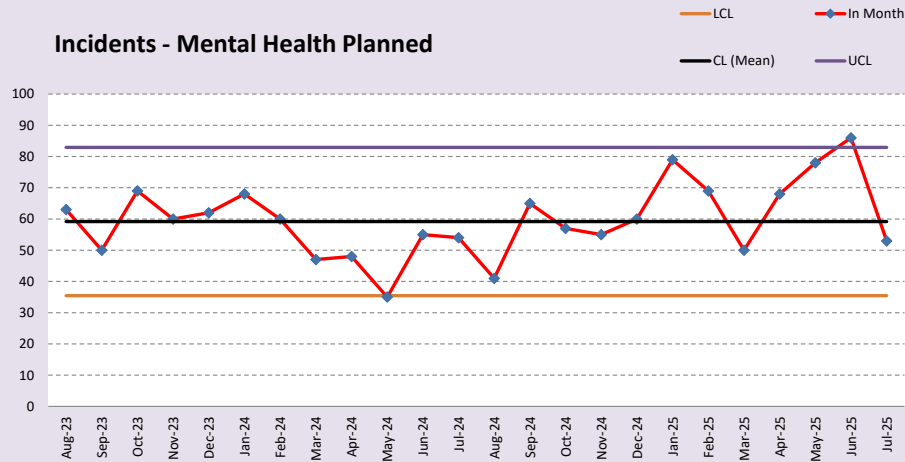
## Incidents - Trustwide (inc Corporate)



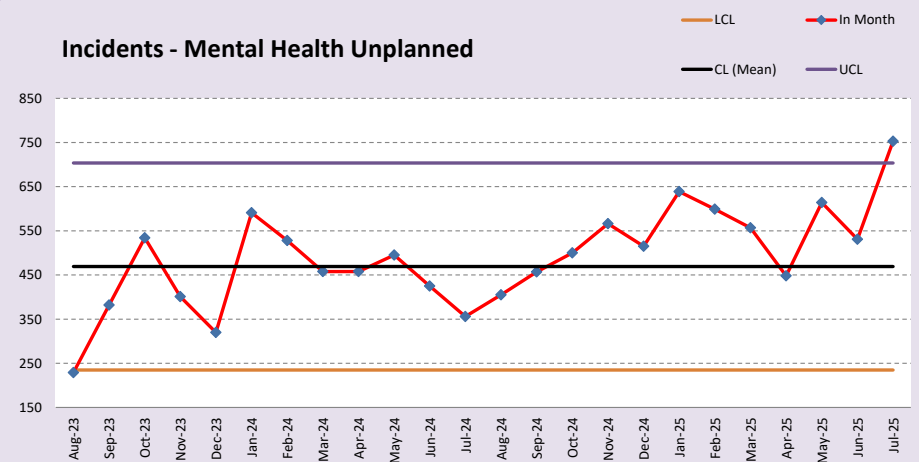
## Incidents - Forensic Services



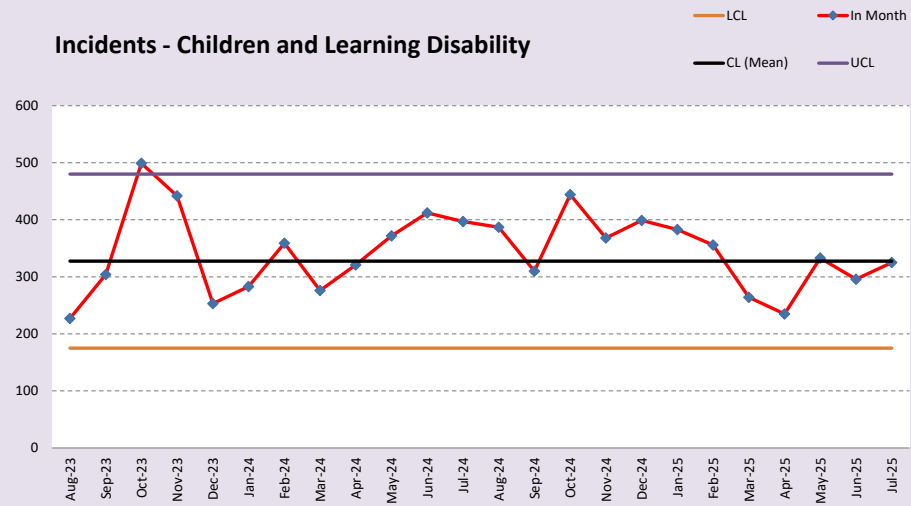
## Incidents - Mental Health Planned



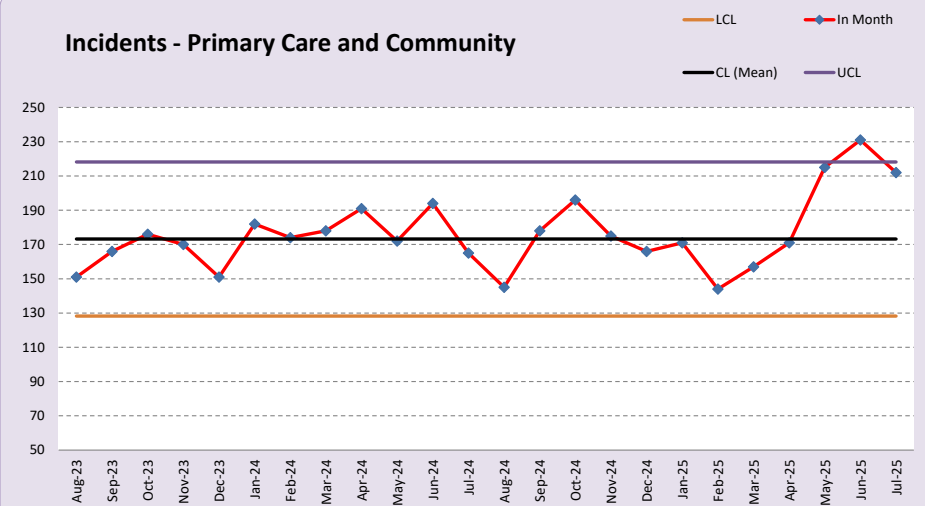
## Incidents - Mental Health Unplanned



## Incidents - Children and Learning Disability



## Incidents - Primary Care and Community

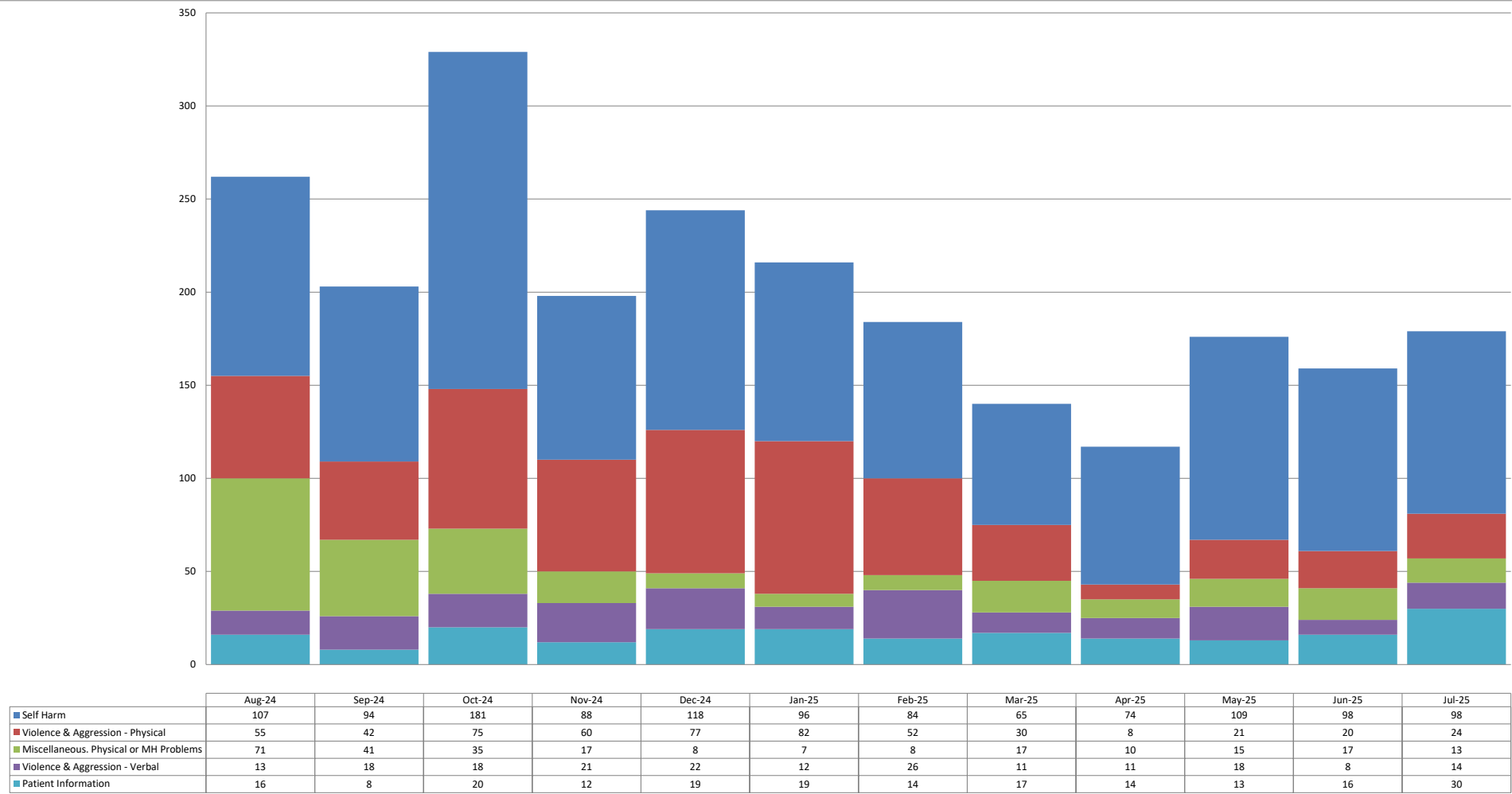


Quality Dashboard

Domain

Section 2.3Clinical RiskIncidents by Care Group (Division) - Top 5 CategoriesIncidents - Division

Childrens and Learning Disability (Division)

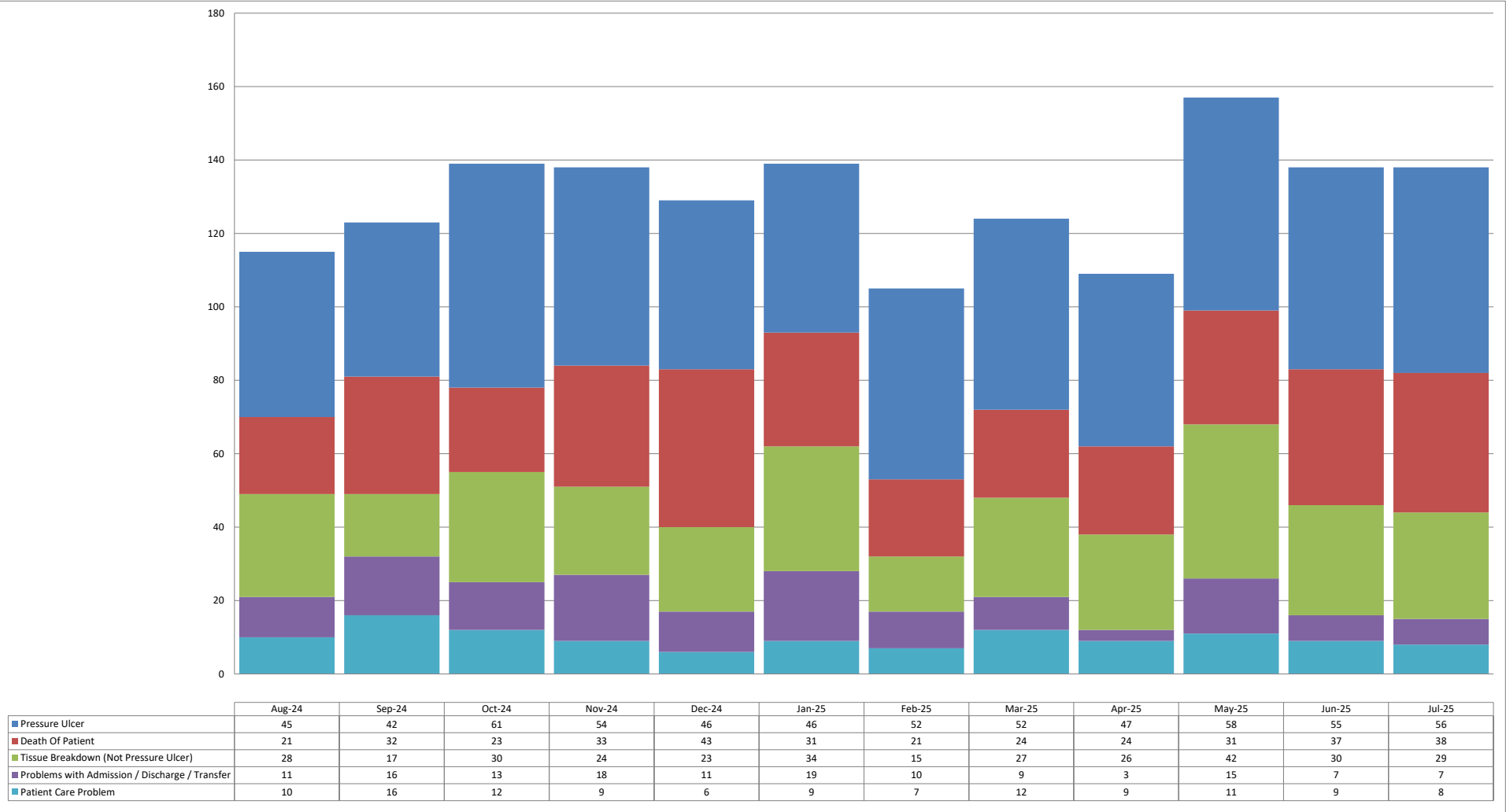


Quality Dashboard

Domain

Section 2.3Clinical RiskIncidents by Care Group (Division) - Top 5 CategoriesIncidents - Division

Community & Primary Care (Division)

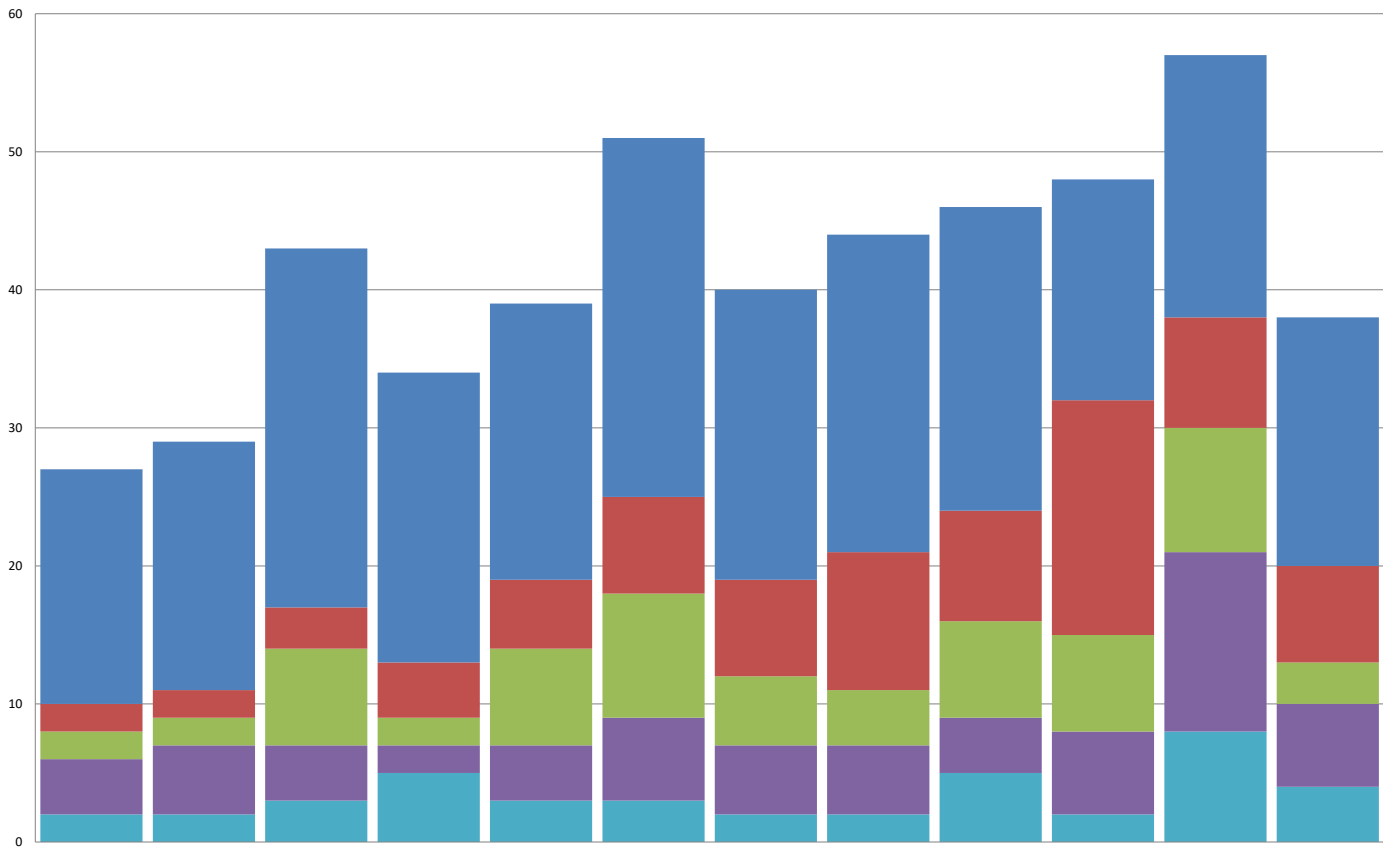


Quality Dashboard

Domain

Section 2.3Clinical RiskIncidents by Care Group (Division) - Top 5 CategoriesIncidents - Division

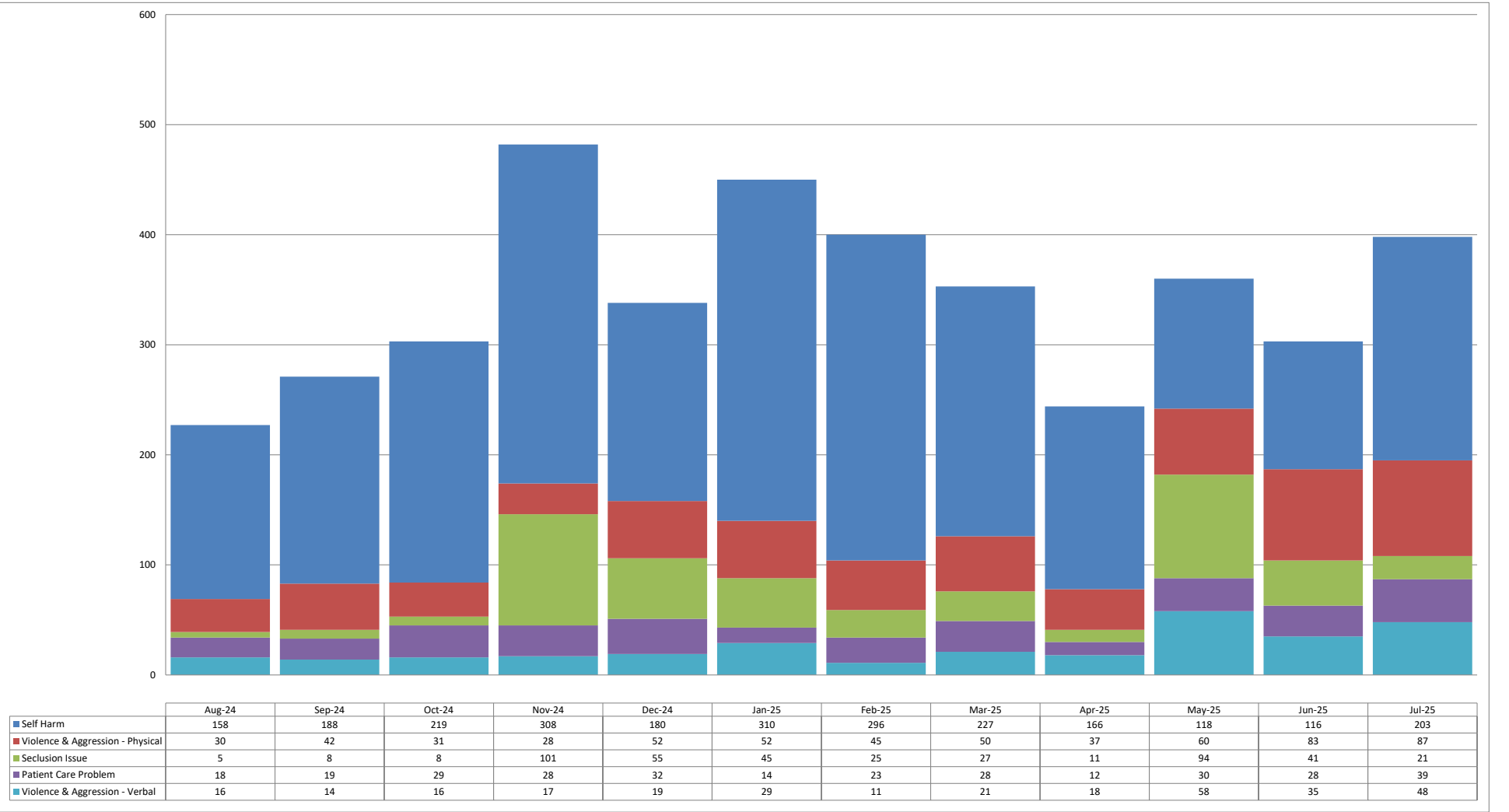
Mental Health Planned (Division)



	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Death Of Patient	17	18	26	21	20	26	21	23	22	16	19	18
Patient Care Problem	2	2	3	4	5	7	7	10	8	17	8	7
Concern for Person(s) (inc. Neglect / Emotional Harm)	2	2	7	2	7	9	5	4	7	7	9	3
Patient Information	4	5	4	2	4	6	5	5	4	6	13	6
Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)	2	2	3	5	3	3	2	2	5	2	8	4

Quality Dashboard

Mental Health Unplanned (Division)

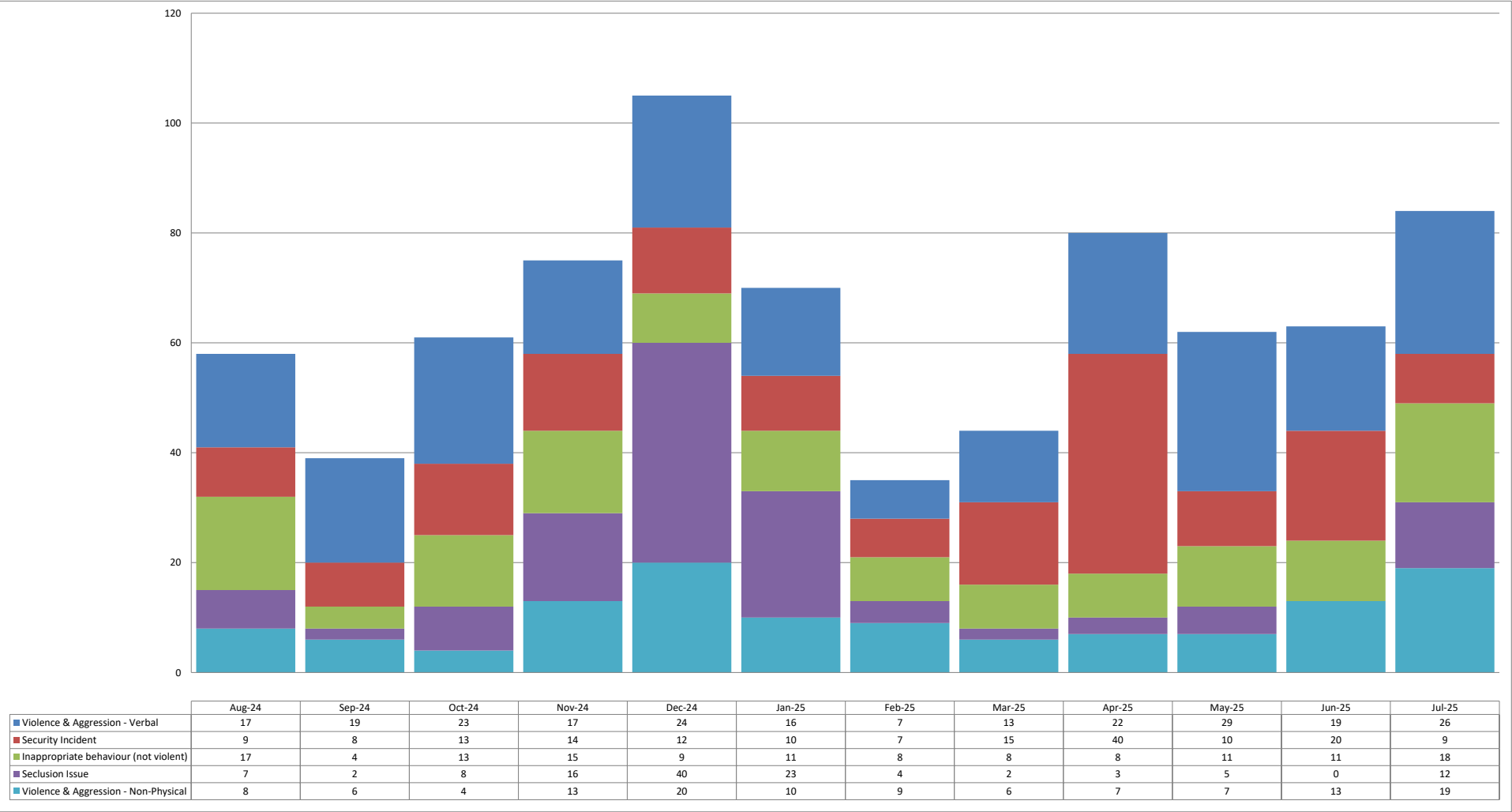


Quality Dashboard

Domain

Section 2.3Clinical RiskIncidents by Care Group (Division) - Top 5 CategoriesIncidents - Division

Secure Services (Division)

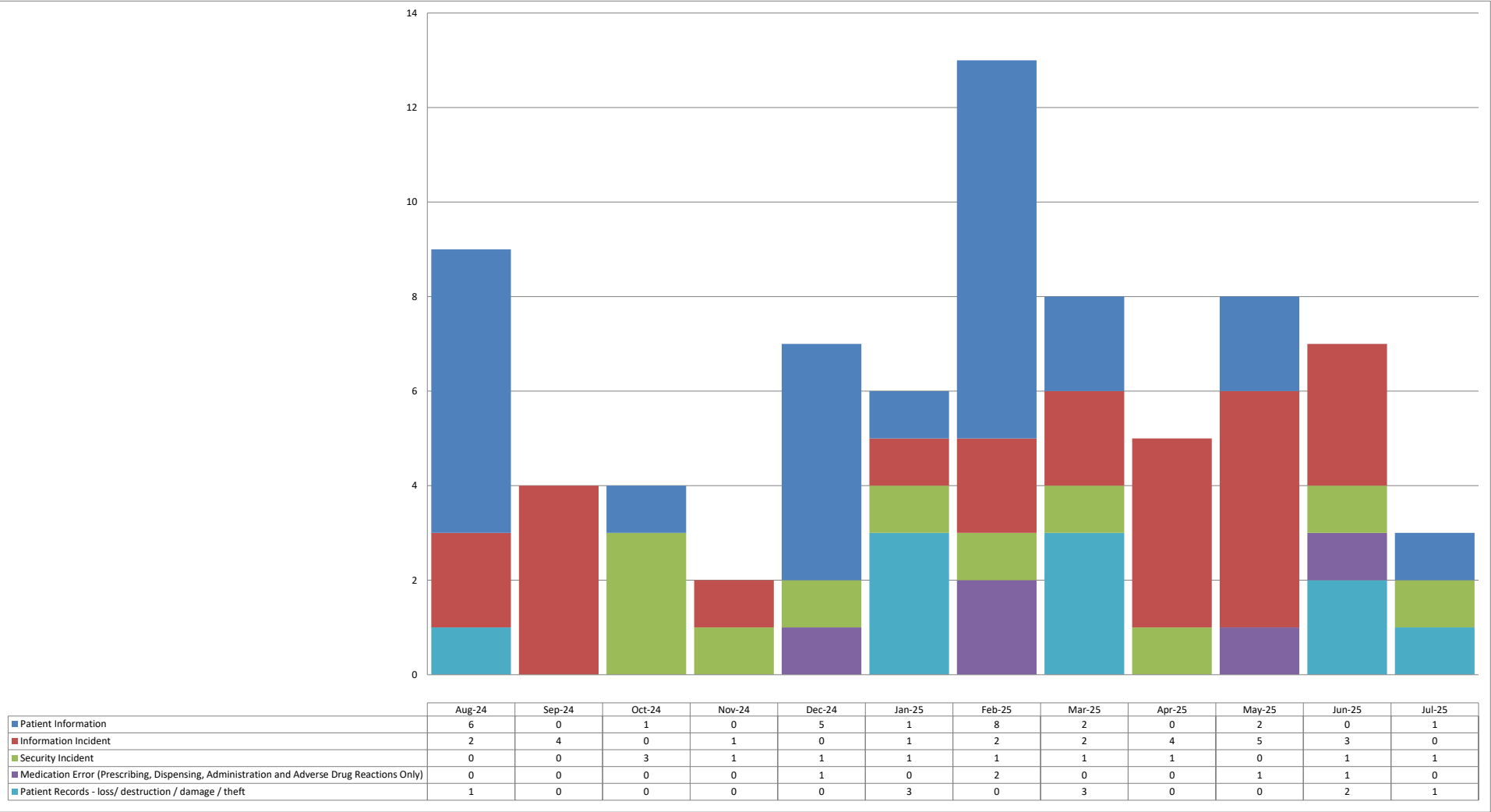


Quality Dashboard

Domain

Section 2.3Clinical RiskIncidents by Care Group (Division) - Top 5 CategoriesIncidents - Division

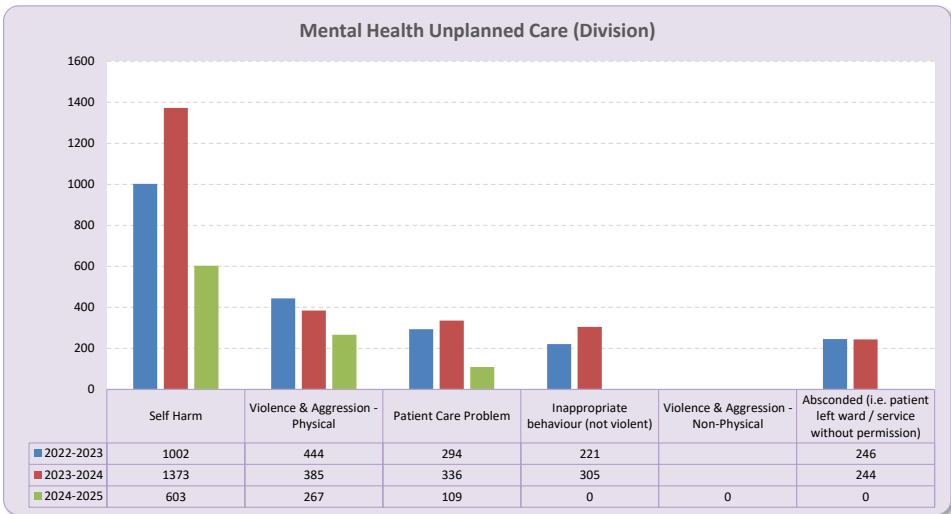
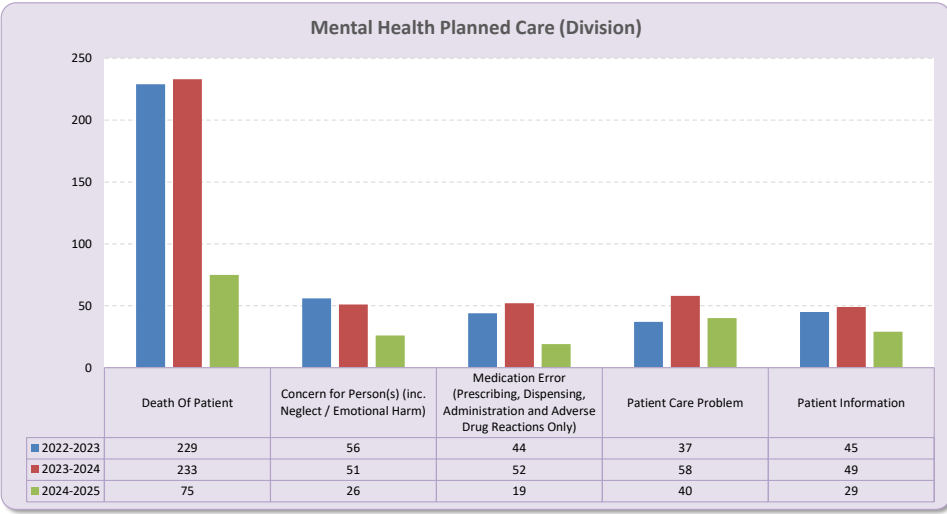
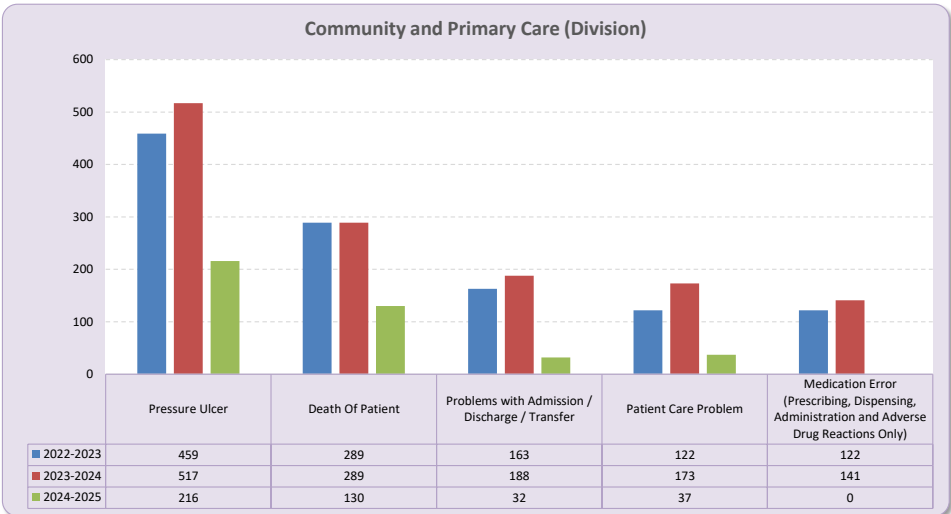
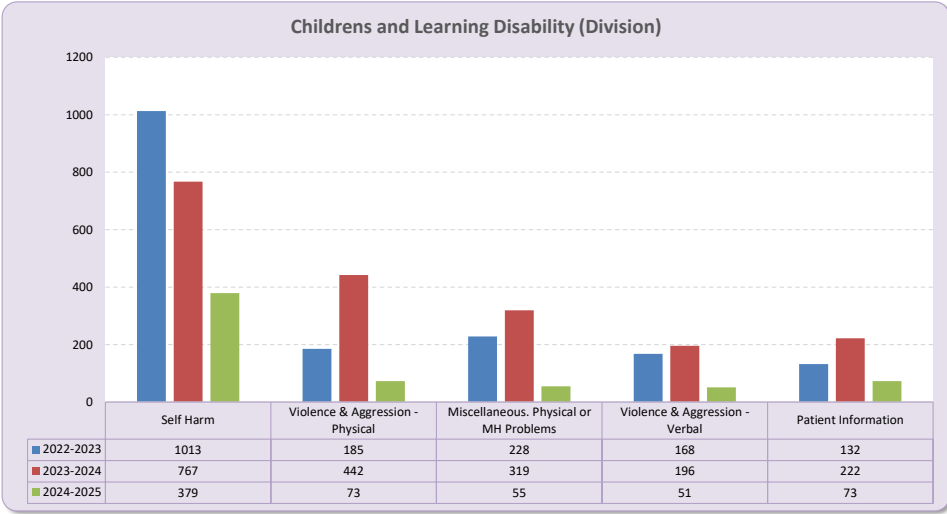
Corporate (Division)

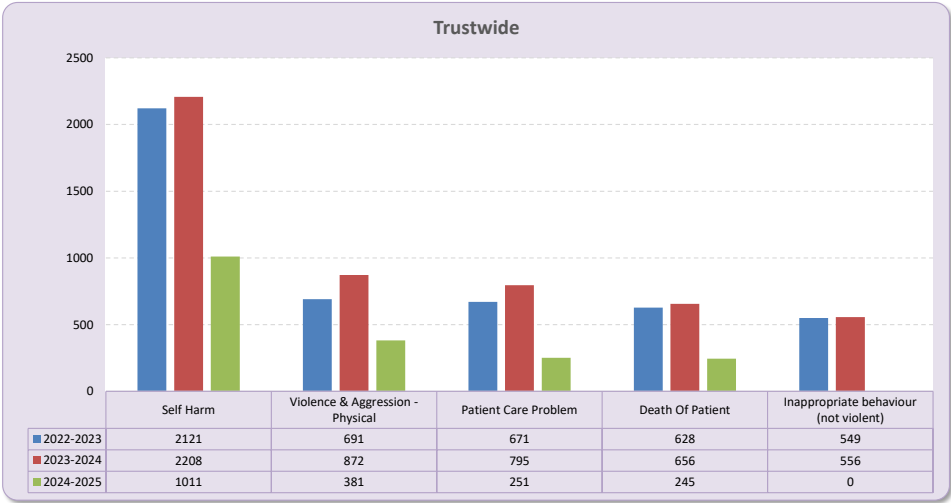




# Quality Dashboard

Domain





Quality Dashboard



Narrative, Updates and Conclusions

Q1

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 HCAs 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.

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.

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:

- \*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.

Q2

Q3

Q4

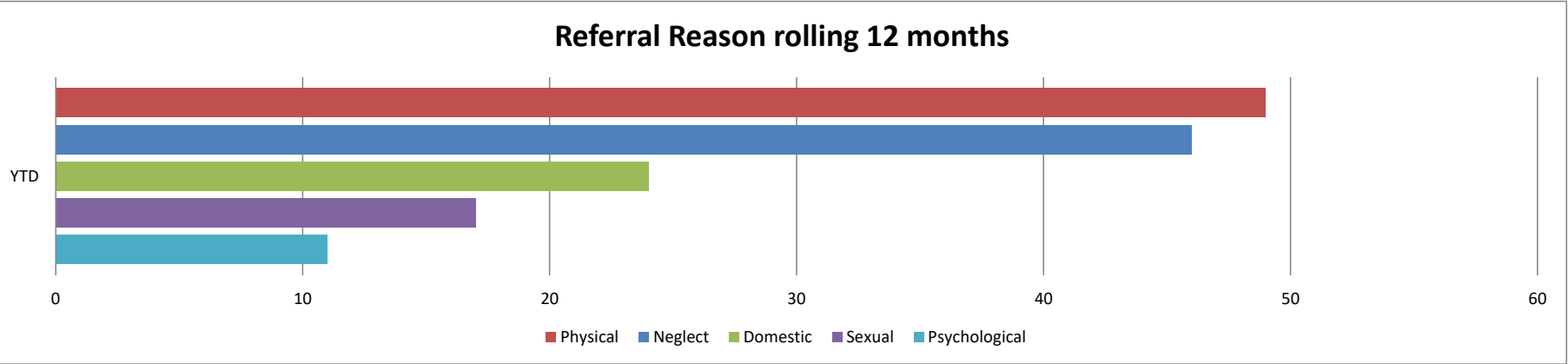
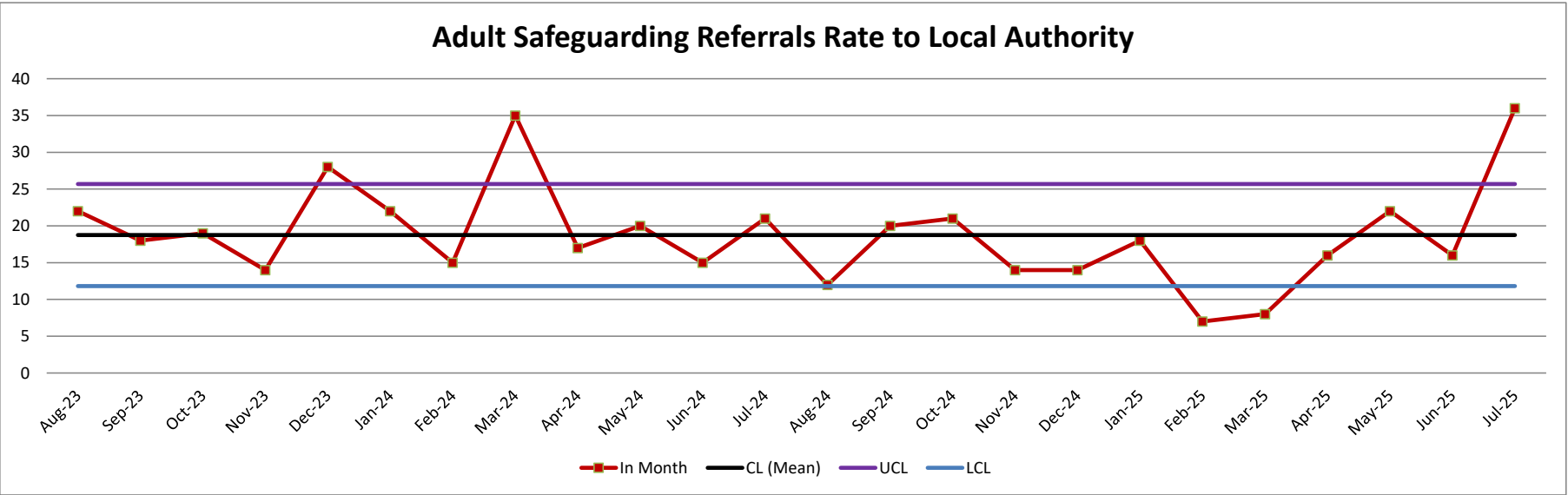
# Quality Dashboard

Domain

Section 2.5

Clinical Risk

Adult Safeguarding Referrals



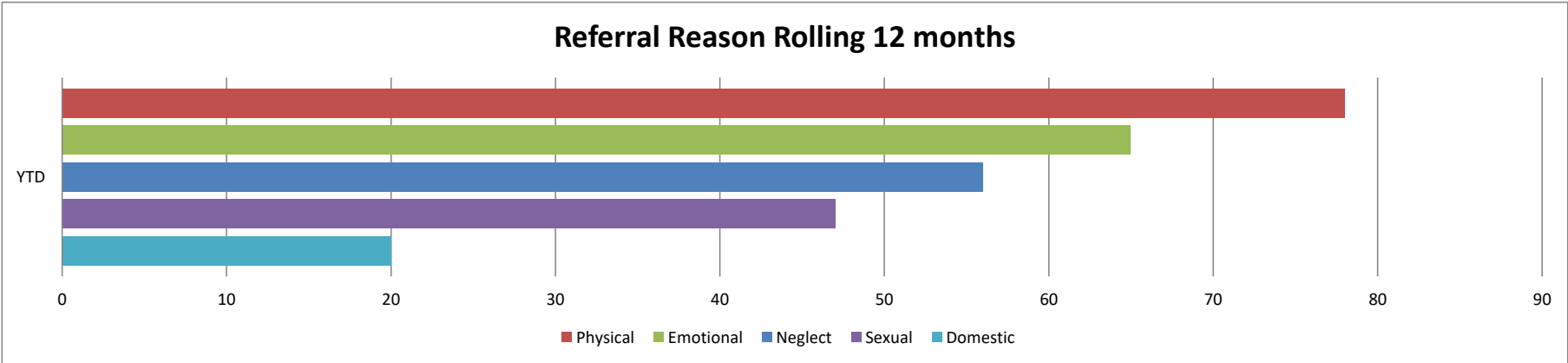
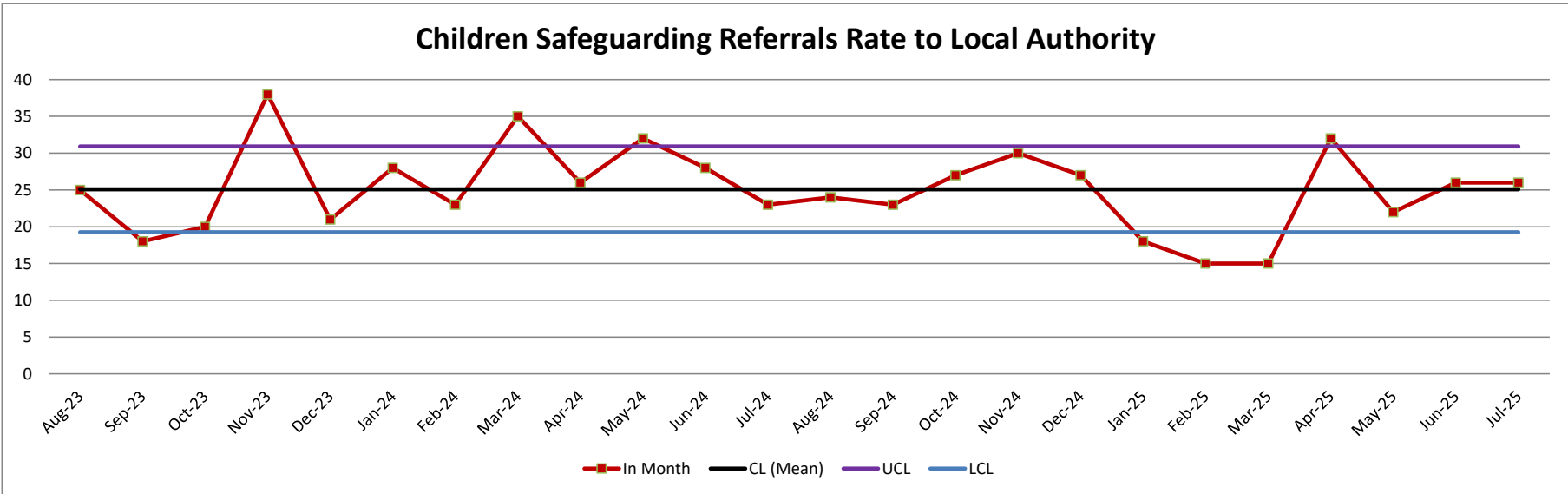
# Quality Dashboard

Domain

Section 2.5

Clinical Risk

Children Safeguarding Referrals



HUMBER TEACHING NHS FOUNDATION TRUST SAFER STAFFING INPATIENT DASHBOARD														Contract Period: 2025-26 Reporting Month: Jun-25														<div><div>NHS</div><div>Humber Teaching NHS Foundation Trust</div></div>													
Shown one month in arrears										Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators																				Indicator Totals			
Units											Day		Night		QUALITY INDICATORS								YTD																		
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 (BS)	Mandatory Training (BLS)	Sickness Levels (clinical)	WTE Vacancies (RNs only)	May-25	Jun-25										
Adult MH	Avondale	Adult MH Assessment	31.2	66%	12.7	10.9%	99%	101%	100%	103%	0	5	0	0	0	14	2	0	100.0%	93.1%	100.0%	87.5%	0.9%	0.0	0	0															
	New Bridges	Adult MH Treatment (M)	35.0	96%	7.7	17.1%	96%	100%	102%	102%	0	8	1	0	0	13	1	0	89.5%	97.4%	93.8%	100.0%	7.9%	3.0	1	2															
	Westlands	Adult MH Treatment (F)	33.0	75%	10.0	35.8%	97%	87%	99%	103%	1	32	0	0	1	51	2	0	93.5%	90.4%	86.7%	83.3%	14.3%	1.0	2	1															
	Mill View Court	Adult MH Treatment	32.9	94%	7.8	11.5%	98%	99%	100%	99%	0	0	0	0	0	2	1	0	97.1%	94.2%	66.7%	93.8%	5.6%	0.5	2	2															
	STARS	Adult MH Rehabilitation	15.2	100%	18.6	37.3%	100%	88%	101%	108%	0	0	0	0	0	0	0	0	100.0%	92.8%	83.3%	80.0%	11.3%	1.0	3	2															
OP MH	PICU	Adult MH Acute Intensive	26.3	85%	23.6	45.4%	112%	100%	98%	128%	0	23	1	0	0	54	1	0	86.7%	96.2%	100.0%	93.3%	3.0%	3.6	0	0															
	Maister Lodge	Older People Dementia Treatment	35.5	56%	19.4	11.0%	106%	78%	101%	105%	0	7	0	0	0	18	0	0	92.1%	93.4%	72.7%	96.0%	4.4%	1.6	1	0															
	Mill View Lodge	Older People Treatment	30.7	91%	14.2	20.6%	65%	87%	113%	95%	1	0	0	0	1	1	0	0	100.0%	97.0%	92.9%	94.7%	8.6%	1.0	3	2															
	Maister Court	Older People Treatment	21.4	101%	15.9	27.3%	95%	78%	103%	103%	2	6	0	0	2	21	0	0	0.0%	87.9%	66.7%	90.9%	9.3%	-1.0	4	3															
	Pine View	Forensic Low Secure	28.2	83%	11.7	16.4%	81%	78%	79%	102%	0	0	0	0	0	1	0	0	100.0%	97.9%	90.0%	100.0%	8.0%	3.1	1	1															
	Derwent	Forensic Medium Secure	26.2	80%	15.7	26.4%	96%	76%	107%	133%	0	1	0	0	0	8	0	0	100.0%	96.6%	100.0%	86.7%	0.7%	-0.8	0	0															
	Ouse	Forensic Medium Secure	24.6	74%	8.8	19.6%	76%	109%	107%	97%	0	0	0	0	0	0	0	0	100.0%	95.8%	88.9%	80.0%	11.2%	0.2	1	1															
	Swale	Personality Disorder Medium Secure	27.5	93%	10.8	26.4%	80%	113%	100%	111%	0	0	0	0	0	0	0	0	100.0%	99.8%	100.0%	100.0%	2.8%	2.0	0	1															
Child & LD	Ullswater (10 Beds)	Learning Disability Medium Secure	28.4	89%	22.8	41.9%	106%	192%	100%	210%	2	4	0	0	2	13	0	0	96.6%	96.2%	100.0%	94.4%	4.6%	-0.7	1	0															
	Townend Court	Learning Disability	44.8	47%	32.5	8.1%	69%	89%	97%	91%	0	15	0	0	0	37	1	0	N/R	94.4%	72.7%	88.2%	5.5%	2.7	1	3															
	Inspire	CAMHS	50.0	79%	25.0	22.1%	89%	141%	97%	162%	0	0	0	0	0	0	0	0	91.5%	94.1%	85.0%	96.6%	3.7%	-0.5	1	0															
CH	Granville Court	Learning Disability Nursing Care	52.3	66%	21.6	25.9%	131%	98%	129%	108%	0	0	0	0	0	0	0	0	94.3%	98.1%	85.7%	100.0%	5.7%	-2.4	1	1															
	Whitby Hospital	Physical Health Community Hospital	31.5	84%	8.1	8.5%	75%	67%	112%	95%	0	0	0	0	3	1	0	0	88.2%	89.3%	78.6%	73.7%	10.4%	1.5	2	2															
	Malton Hospital	Physical Health Community Hospital	29.4	81%	7.6	13.0%	89%	79%	132%	68%	0	0	0	0	0	0	0	0	100.0%	91.6%	62.5%	87.5%	6.3%	1.9	0	3															
Key	✔ Target met		⚠ Within 5% of target			✖ Target not met																																			

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Jun

The number of units flagging red for sickness has remained consistent with the previous month at 10.

Following a decrease last month, there has been an increase in the number of units with sickness rates above 10% from 2 in May to 4 in June. There are no units with a sickness rate above 15% which is an improvement from 2 in May.

There are no units with more than 3 red flags. TEC has three red flags, impacted by a nil return for supervision, a sickness rate of 5.5%, and registered nurse fill rates under target. However, bed occupancy remains low, CHPPD remains strong and no staffing level incidents reported providing assurance that the ward remains safely staffed. Similarly, Maister Court had high bed occupancy (101% - 5 bedded unit), sickness at 9.6% and a supervision return of 0%, prior to June they have consistently met the target for clinical supervision and this was 95.7% in May.

Fill rates are satisfactory with the exception of TEC, Whitby and Malton. As previously mentioned, TEC have low bed occupancy and high CHPPD. Malton have backfilled HCA night shift shortfalls with registered nurses. Whitby continue to have staffing pressures due to a number of vacancies however have recently recruited, start dates pending. The divisional clinical lead and matron continue to have daily oversight of the staffing on the ward. Despite challenges bed occupancy at 84% has supported the delivery of CHPPD. No staffing level incidents reported.

There are no red flags for Care Hours Per Patient Day (CHPPD). Mill View Court, Newbridges, and Malton as just under target with all three achieving CHPPD of 7.6 (target 8.0). No staffing levels incidents reported on any of these three units and all other quality indicators remain satisfactory, with the exception of sickness levels.

Statutory/Mandatory training (all) remains above the 85% target for all units. 1 red flag for ILS at Malton (62.5%) however current figures confirm the current compliance is 78%.

There was 1 nil return for clinical supervision for TEC, however they were at 100% compliance in May. STaRS and Whitby were previously noted to have low supervision levels, both have recovered their position to 100% and 88.2% respectively. Inspire had a nil return April and May but are 91.5% compliance for June.

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)

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

Slips/Trips and Falls (Rolling 3 months)

	Apr-25	May-25	Jun-25
Maister Lodge	10	4	1
Millview Lodge	1	3	3
Malton IPU	2	1	2
Whitby IPU	2	1	3

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

2025-26

Jun



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	May-25	Jun-25
Adult MH Services	Mental Health Response Service	Adult Crisis	61.9	9.9%	✗ 6.5%	£42,795	£1,993	✓ 92.9%	✓ 87.9%	14	ⓘ 85.7%	0	0	ⓘ 2	✓ 1
	Hull East Mental Health Team	Hull Adult MHT	23.9	39.2%	✗ 12.9%	£477	£0	✓ 86.3%	✗ 71.4%	0	NS	0	0	✓ 1	ⓘ 2
	Hull West Mental Health Team	Hull Adult MHT	12.7	12.2%	✗ 11.5%	£889	£0	✓ 94.0%	N/R	0	NS	0	0	✓ 1	✓ 1
	Beverley Mental Health Team	ER Adult MHT	6.6	10.6%	✓ 0.0%	£945	£0	✓ 98.0%	✓ 100.0%	9	✓ 100.0%	0	0	✓ 0	✓ 0
	Goole Mental Health Team	ER Adult MHT	9.4	6.2%	✗ 6.6%	£972	£0	✓ 97.0%	✓ 100.0%	6	✓ 100.0%	0	0	✓ 1	✓ 1
	Haltemprice Mental Health Team	ER Adult MHT	9.9	3.2%	✗ 12.6%	£753	£0	✓ 94.5%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 1
	Holderness Mental Health Team	ER Adult MHT	11.4	2.1%	ⓘ 5.1%	£0	£0	✓ 96.3%	✓ 100.0%	1	✓ 100.0%	0	0	✓ 1	✓ 0
Older People MH Services	Bridlington & Driffield MHT	ER Adult MHT	15.3	5.1%	✗ 7.6%	£0	£0	✓ 95.6%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 1
	Crisis Intervention Team for Older People (CITOP)	OP Crisis	19.7	35.6%	✓ 3.8%	£4,349	£0	✓ 98.6%	✓ 100.0%	5	✓ 100.0%	0	0	✓ 0	✓ 0
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	19.9	13.2%	✓ 0.9%	£4,266	£0	✓ 96.9%	✓ 100.0%	15	✓ 100.0%	0	0	✓ 0	✓ 0
	Beverley and Haltemprice OP CMHT	ER OP CMHT	9.4	-5.8%	✓ 0.0%	£109	£0	✓ 97.4%	✓ 100.0%	2	✓ 100.0%	0	0	✓ 1	✓ 0
	Bridlington & Driffield OP CMHT	ER OP CMHT	7.3	10.7%	✓ 1.1%	£0	£0	✓ 92.2%	✓ 100.0%	5	✓ 100.0%	0	0	✓ 1	✓ 0
	Goole & Pocklington OP CMHT	ER OP CMHT	5.1	24.7%	✓ 0.5%	£0	£0	✓ 94.4%	✓ 100.0%	3	✓ 100.0%	0	0	✓ 0	✓ 0
Universal	Holderness OP Community Team	ER OP CMHT	5.3	-0.1%	✗ 15.1%	£0	£0	✓ 95.9%	✓ 100.0%	3	✓ 100.0%	0	0	✓ 1	✓ 1
	Early Intervention in Psychosis	14-65 MHT	23.5	16.3%	✗ 6.5%	£0	£0	✓ 90.5%	✓ 93.1%	3	✓ 100.0%	0	0	✓ 1	✓ 1
Community Services	Hospital Mental Health Team	Liaison Services	35.0	13.9%	✓ 3.1%	£4,349	£26,254	✓ 89.3%	✓ 97.1%	0	NS	0	0	✓ 1	✓ 0
	Ryedale Team	Comm Services	20.0	3.8%	ⓘ 4.6%	£285	£0	✓ 92.5%	✓ 85.7%	0	NS	0	0	✓ 0	✓ 0
	Scarborough Hub	Comm Services	64.2	8.3%	✗ 6.4%	£17,279	£15,789	✓ 91.9%	N/R	2	✓ 100.0%	0	0	✓ 1	✓ 1
	Whitby Community Nurses	Comm Services	29.2	14.8%	✓ 4.1%	£5,694	£1,049	✓ 92.0%	✓ 100.0%	0	NS	0	0	✓ 1	✓ 0
	Pocklington Nurses	Comm Services	17.0	13.7%	✗ 6.7%	£344	£0	ⓘ 84.8%	✓ 100.0%	0	NS	0	0	✓ 0	✓ 1

### 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

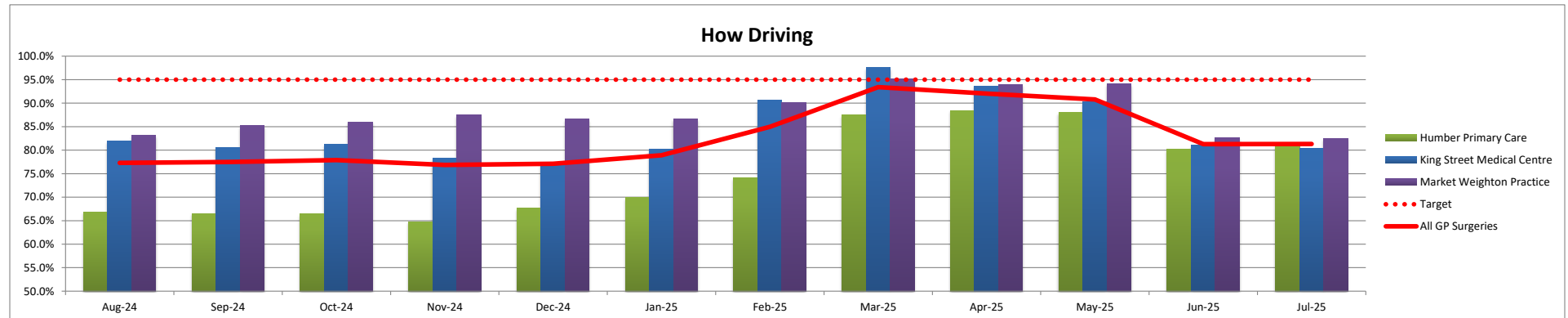
Waiting Assessment - Total number of patients not seen for assessment











### All GP Surgeries - Overall QOF Results

Reporting Month

July 2025



	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Trend
Humber Primary Care	375 / 561	373.2 / 561	372.5 / 561	363.4 / 561	379.6 / 561	392.3 / 561	415.9 / 561	490.9 / 561	496.2 / 561	493.8 / 561	449.7 / 564	455.5 / 564	
QOF Predicted (How Driving)	<span>⛔</span> 66.8%	<span>⛔</span> 66.5%	<span>⛔</span> 66.4%	<span>⛔</span> 64.8%	<span>⛔</span> 67.7%	<span>⛔</span> 69.9%	<span>⛔</span> 74.1%	<span>⛔</span> 87.5%	<span>⛔</span> 88.4%	<span>⛔</span> 88.0%	<span>⛔</span> 80.2%	<span>⛔</span> 81.2%	
King Street Medical Centre	459.6 / 561	452.4 / 561	455.8 / 561	439.4 / 561	432.6 / 561	449.9 / 561	508.5 / 561	547.2 / 561	525.5 / 561	506.3 / 561	454.6 / 564	450.7 / 564	
QOF Predicted (How Driving)	<span>⛔</span> 81.9%	<span>⛔</span> 80.6%	<span>⛔</span> 81.2%	<span>⛔</span> 78.3%	<span>⛔</span> 77.1%	<span>⛔</span> 80.2%	<span>⚠️</span> 90.6%	<span>✅</span> 97.5%	<span>⚠️</span> 93.7%	<span>⚠️</span> 90.2%	<span>⛔</span> 81.0%	<span>⛔</span> 80.3%	
Market Weighton Practice	466.1 / 561	478.2 / 561	482.3 / 561	490.7 / 561	485.7 / 561	485.9 / 561	505.3 / 561	534 / 561	527.3 / 561	528.1 / 561	463.6 / 564	462.6 / 564	
QOF Predicted (How Driving)	<span>⛔</span> 83.1%	<span>⛔</span> 85.2%	<span>⛔</span> 86.0%	<span>⛔</span> 87.5%	<span>⛔</span> 86.6%	<span>⛔</span> 86.6%	<span>⚠️</span> 90.1%	<span>✅</span> 95.2%	<span>⚠️</span> 94.0%	<span>⚠️</span> 94.1%	<span>⛔</span> 82.6%	<span>⛔</span> 82.5%	
All GP Surgeries	<span>⛔</span> 77.3%	<span>⛔</span> 77.5%	<span>⛔</span> 77.9%	<span>⛔</span> 76.9%	<span>⛔</span> 77.1%	<span>⛔</span> 78.9%	<span>⛔</span> 84.9%	<span>⚠️</span> 93.4%	<span>⚠️</span> 92.0%	<span>⚠️</span> 90.8%	<span>⛔</span> 81.3%	<span>⛔</span> 81.3%	
Number of GP Practices	3	3	3	3	3	3	3	3	3	3	3	3	

### **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