Financial Year
2025-26

NHS
Humber Teaching
NHS Foundation Trust

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:
Sep-25

Chief Executive: Michele Moran

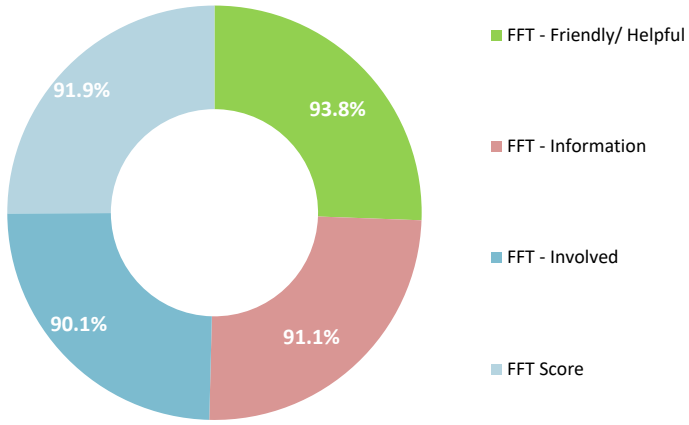
Prepared by: Business Intelligence Team

Domain

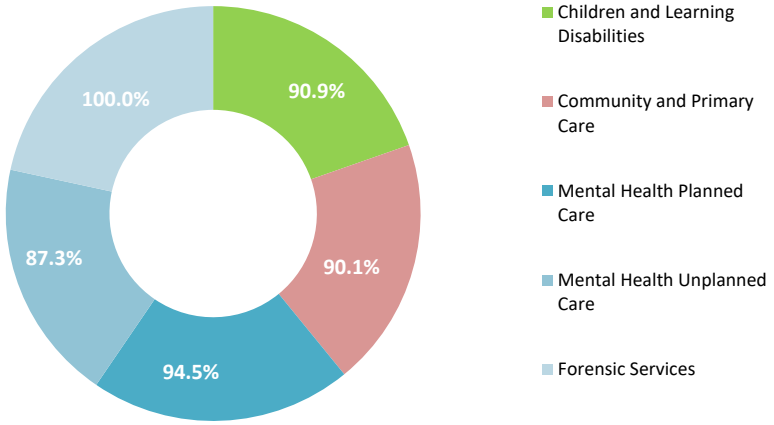
Patient / Carer Experience

Quality Report

Friends and Family Year to Date Satisfaction Results



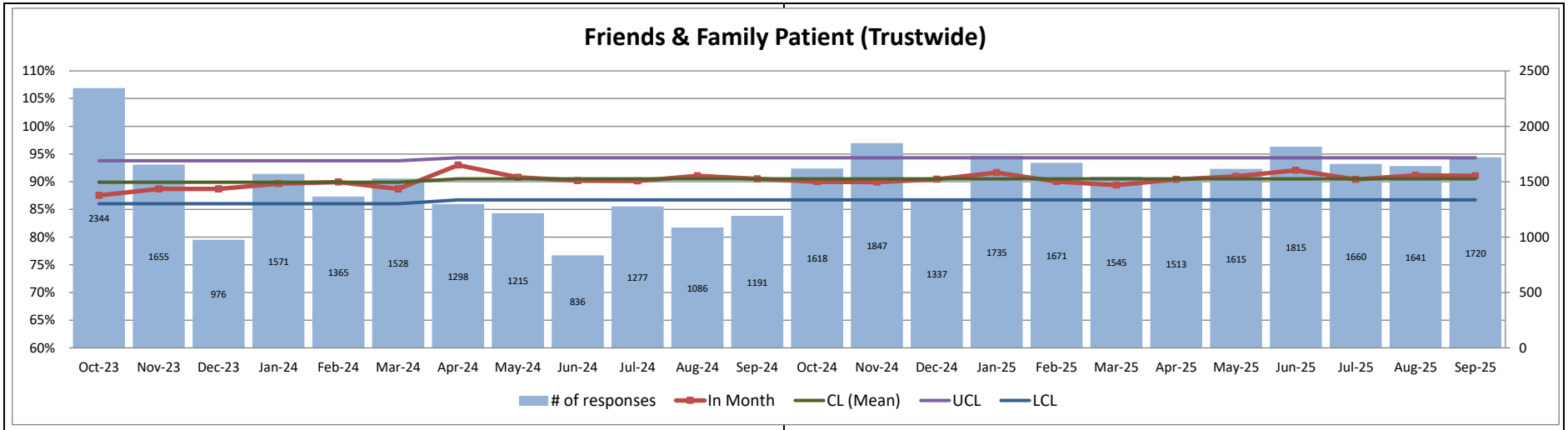
Friends and Family Satisfaction by Division Current Month

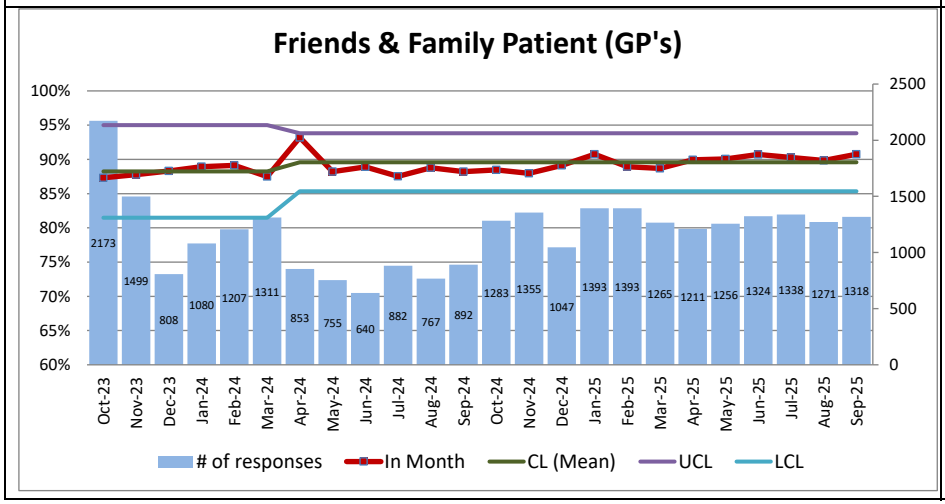


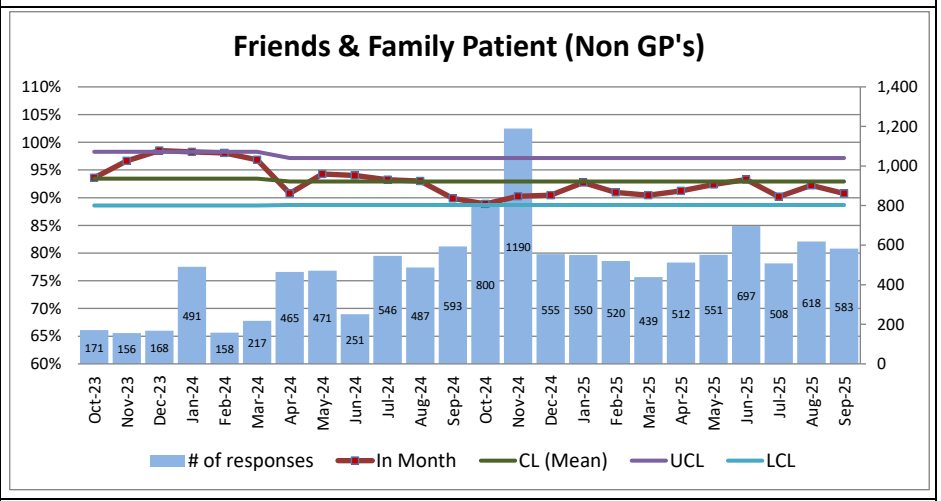
Overall Experience Score for CMHT (Community Mental Health Team) Patient Survey - 2024	National Benchmark (Upper Quartile)
	66.6%
	Trust Result
	67.3%

Quality Dashboard

Section 1.1.1 Patient / Carer Experience - Trustwide / GP / Non GP Services — Friends and Family

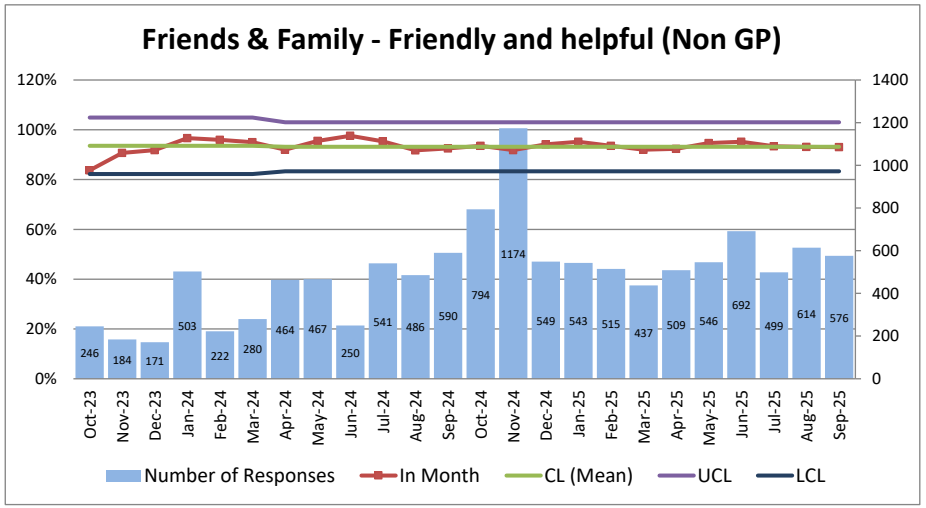


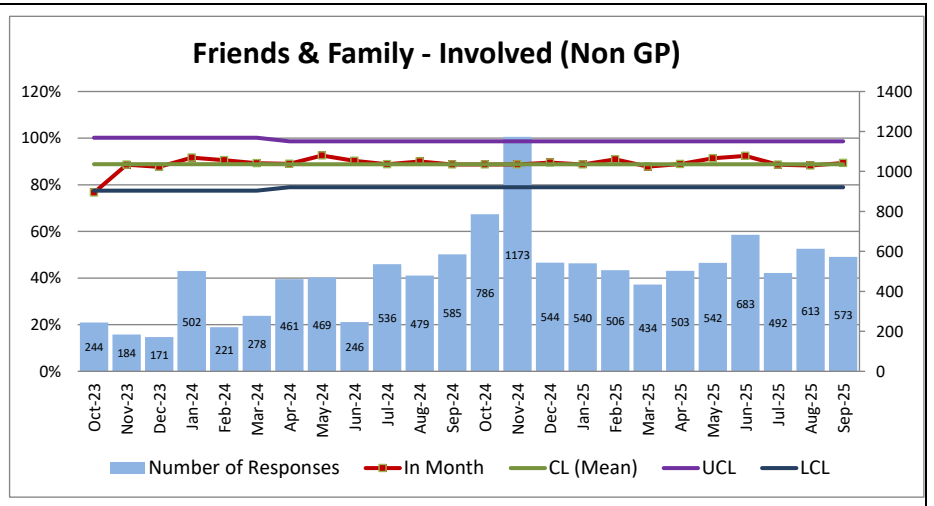


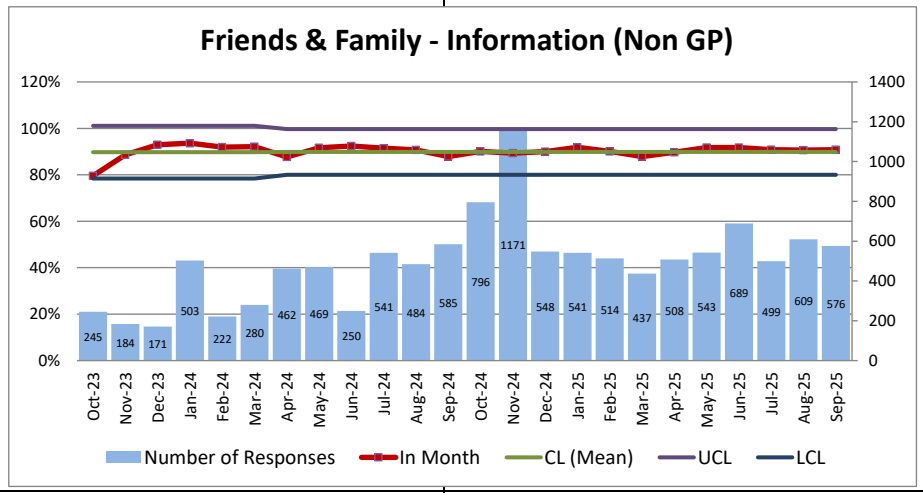


Quality Dashboard

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

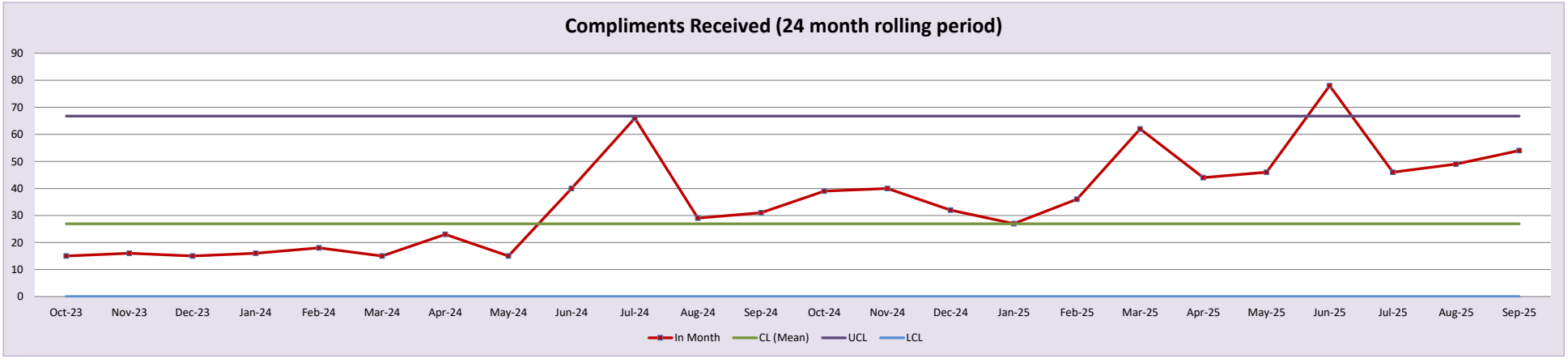


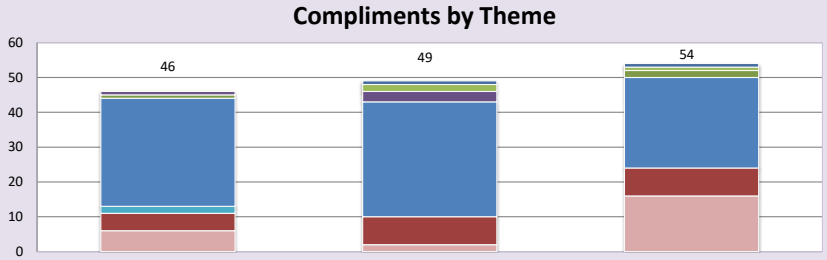




Quality Dashboard

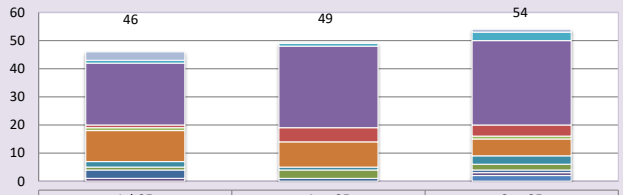
Section 1.2 Patient / Carer Experience — Overall Trust Position





	Jul-25	Aug-25	Sep-25
Access to care	0	1	1
Admission and Discharge	0	0	0
Appointments	0	0	0
Carer involvement	0	2	1
Communications	1	3	0
End of Life Care	1	0	2
Facilities	0	0	0
Patient Care/Treatment	31	33	26
Prescribing	0	0	0
Privacy, dignity and wellbeing	2	0	0
Trust admin policies/procedures	0	0	0
Values and Behaviours of staff	5	8	8
Waiting times	0	0	0
Other	6	2	16

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

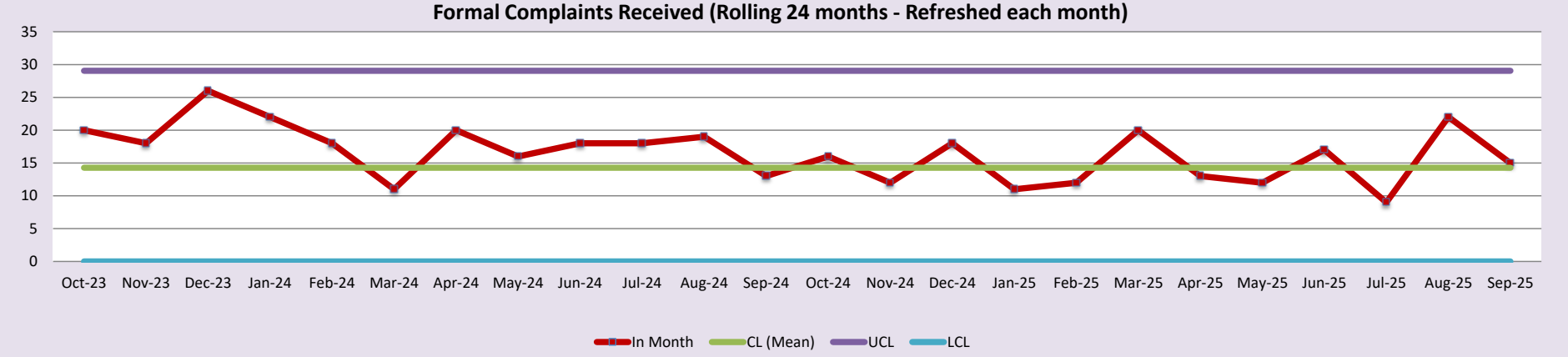


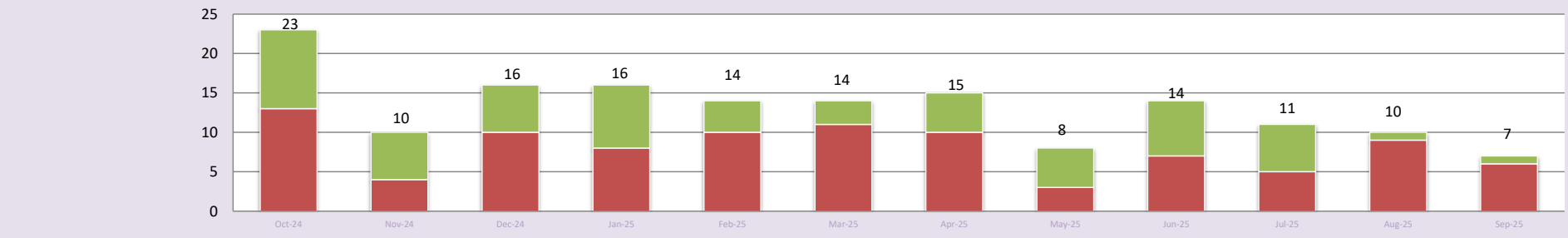
	Jul-25	Aug-25	Sep-25
Caring	3	0	1
Friendly	1	1	3
General thank you	22	29	30
Going the extra mile	1	5	4
Inclusive	1	0	1
Kindness, Compassion and Empathy	11	9	6
Knowledgeable	2	1	3
Listening and understanding	1	3	2
Professional	3	1	1
Respectful	0	0	0
Responsive	1	0	1
Welcoming	0	0	2

Quality Dashboard

Domain

Section 1.3.1 Patient / Carer Experience — **Overall Trust Position**



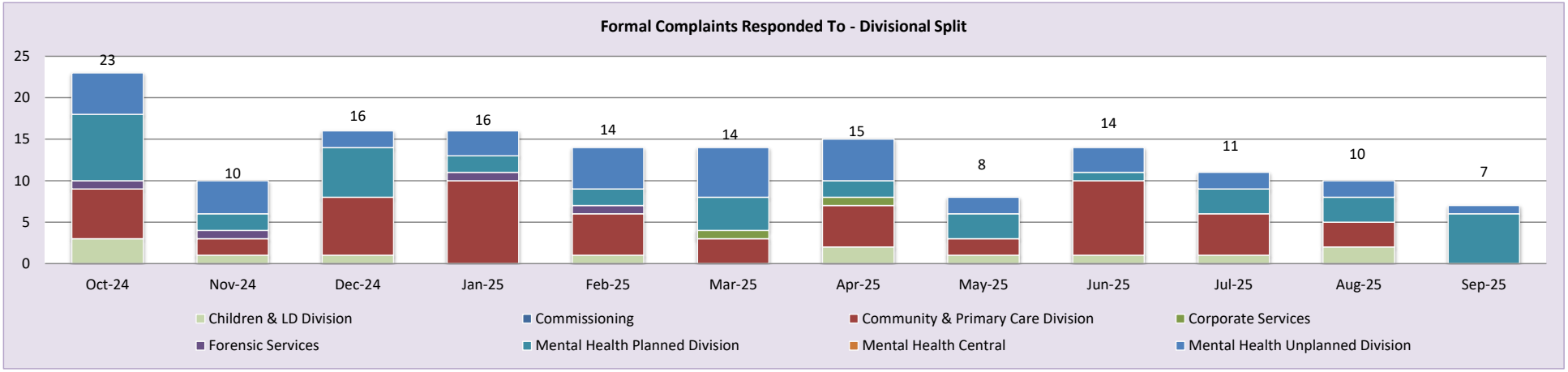


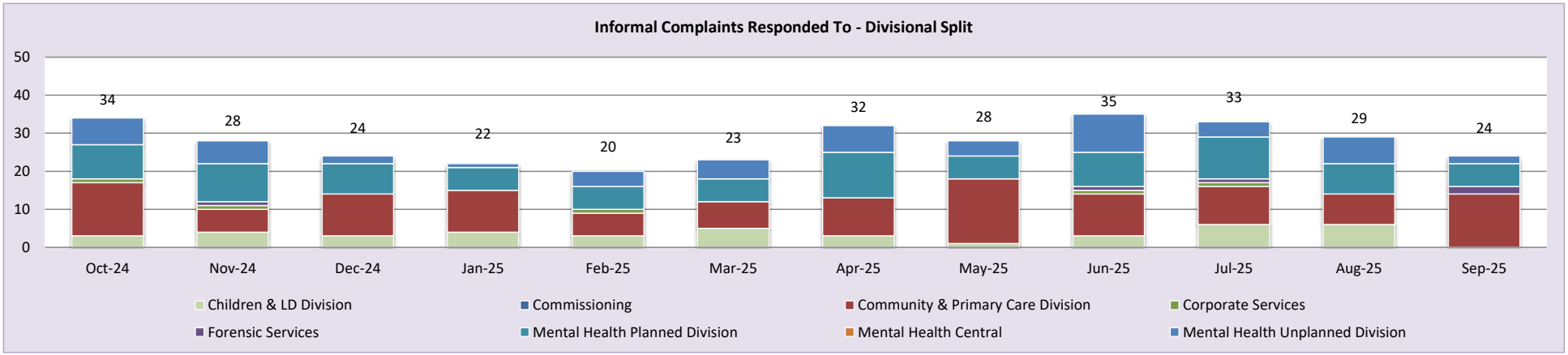
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Complaints Not Upheld	10	6	6	8	4	3	5	5	7	6	1	1
Complaints Upheld Fully/Partly	13	4	10	8	10	11	10	3	7	5	9	6

Quality Dashboard

Domain

Section 1.3.1 Patient / Carer Experience — **Overall Trust Position**





Withdrawn Complaints

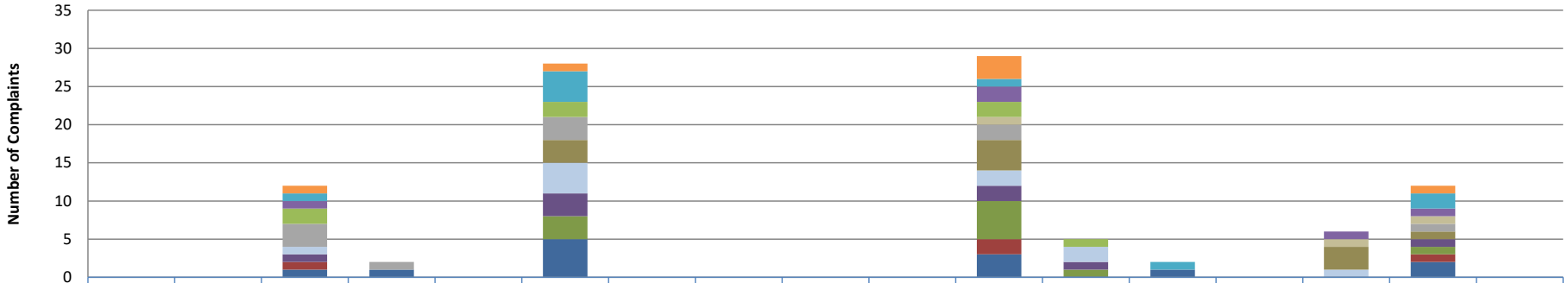
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Formal Complaints Withdrawn	1	0	2	0	0	0	0	0	1	0	2	3
Informal Complaints Withdrawn	1	0	0	0	0	0	1	0	0	0	0	0

Quality Dashboard

Domain

Section 1.3.2 Complaints Themes — **Overall Trust Position**

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

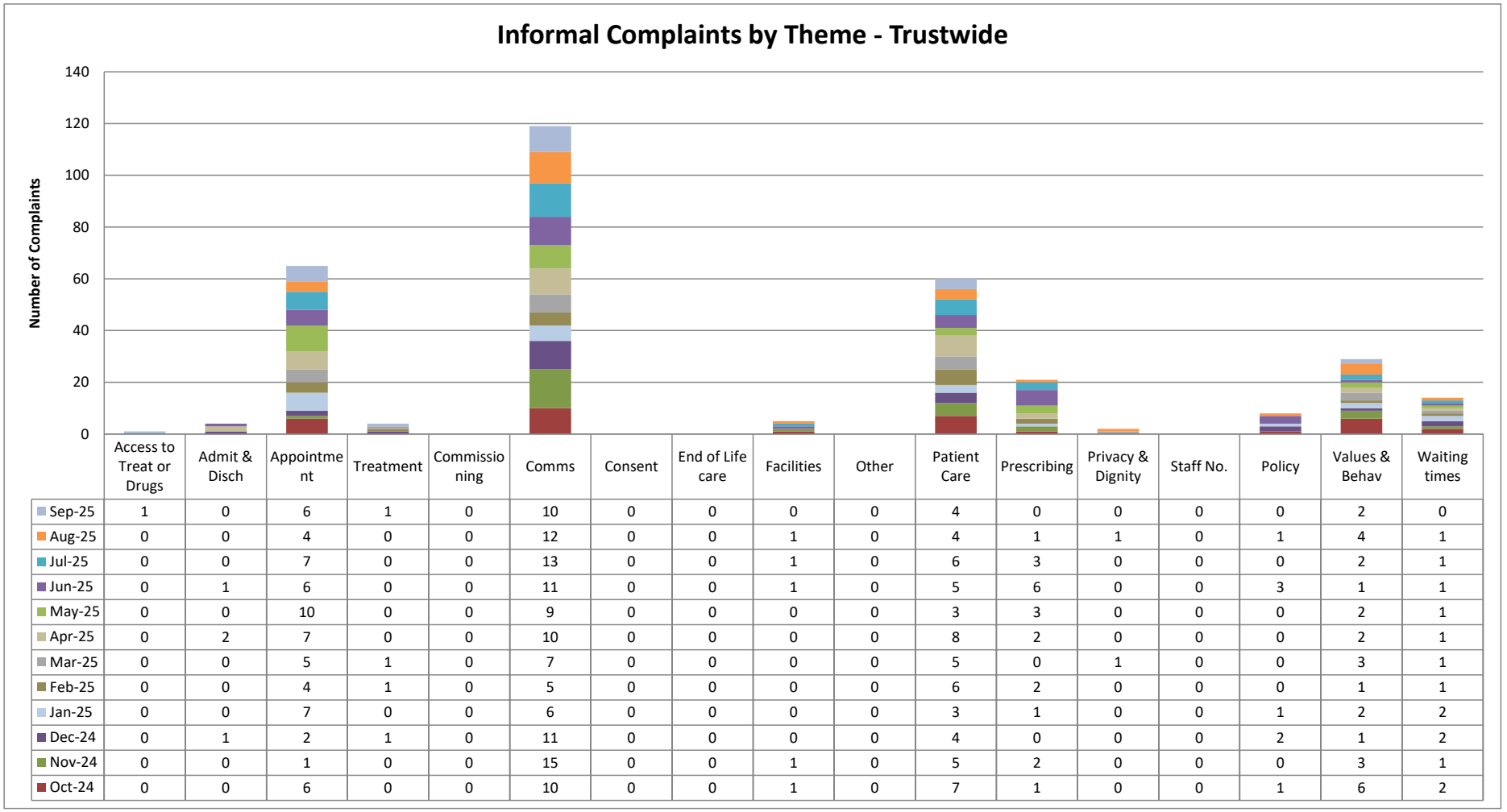


	Access to Treat or Drugs	Admit & Disch	Appointment	Treatment	Commissioning	Comms	Consent	End of life care	Facilities	Other	Patient Care	Prescribing	Privacy & Dignity	Staff No.	Policy	Values & Behav	Waiting times
Sep-25	0	0	1	0	0	1	0	0	0	0	3	0	0	0	0	1	0
Aug-25	0	0	1	0	0	4	0	0	0	0	1	0	1	0	0	2	0
Jul-25	0	0	1	0	0	0	0	0	0	0	2	0	0	0	1	1	0
Jun-25	0	0	2	0	0	2	0	0	0	0	2	1	0	0	0	0	0
May-25	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	0
Apr-25	0	0	3	1	0	3	0	0	0	0	2	0	0	0	0	1	0
Mar-25	0	0	0	0	0	3	0	0	0	0	4	0	0	0	3	1	0
Feb-25	0	0	1	0	0	4	0	0	0	0	2	2	0	0	1	0	0
Jan-25	0	0	1	0	0	3	0	0	0	0	2	1	0	0	0	1	0
Dec-24	0	0	0	0	0	3	0	0	0	0	5	1	0	0	0	1	0
Nov-24	0	0	1	0	0	0	0	0	0	0	2	0	0	0	0	1	0
Oct-24	0	0	1	1	0	5	0	0	0	0	3	0	1	0	0	2	0

Quality Dashboard

Domain

Section 1.3.2 Complaints Themes — **Overall Trust Position**



	Access to Treat or Drugs	Admit & Disch	Appointment	Treatment	Commissioning	Comms	Consent	End of Life care	Facilities	Other	Patient Care	Prescribing	Privacy & Dignity	Staff No.	Policy	Values & Behav	Waiting times
Sep-25	1	0	6	1	0	10	0	0	0	0	4	0	0	0	0	2	0
Aug-25	0	0	4	0	0	12	0	0	1	0	4	1	1	0	1	4	1
Jul-25	0	0	7	0	0	13	0	0	1	0	6	3	0	0	0	2	1
Jun-25	0	1	6	0	0	11	0	0	1	0	5	6	0	0	3	1	1
May-25	0	0	10	0	0	9	0	0	0	0	3	3	0	0	0	2	1
Apr-25	0	2	7	0	0	10	0	0	0	0	8	2	0	0	0	2	1
Mar-25	0	0	5	1	0	7	0	0	0	0	5	0	1	0	0	3	1
Feb-25	0	0	4	1	0	5	0	0	0	0	6	2	0	0	0	1	1
Jan-25	0	0	7	0	0	6	0	0	0	0	3	1	0	0	1	2	2
Dec-24	0	1	2	1	0	11	0	0	0	0	4	0	0	0	2	1	2
Nov-24	0	0	1	0	0	15	0	0	1	0	5	2	0	0	0	3	1
Oct-24	0	0	6	0	0	10	0	0	1	0	7	1	0	0	1	6	2

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

	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	Aug-25	Sep-25	Rolling Total
Humber Primary Care Practice	8	6	2	2	0	3	1	4	0	2	1	1	1	1	3	1	2	1	0	0	2	1	1	0	**43**
Market Weighton Practice	0	1	0	1	1	2	3	0	2	0	1	0	3	0	1	3	0	0	1	0	2	1	0	0	**22**
King Street Medical Centre	0	0	0	2	0	3	0	2	0	1	0	3	0	0	0	1	2	1	1	0	1	0	1	0	**18**
Hull CMHT - Management, Non Clinical and Psychology	1	0	0	0	0	0	3	1	0	0	0	0	3	0	2	0	1	1	0	0	0	0	1	1	**14**
Mental Health Crisis Intervention	1	0	2	1	0	0	1	1	0	1	0	0	0	1	1	0	0	1	1	0	0	0	2	0	**13**
Hull CMHT - Clinical	0	1	0	0	1	2	3	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	1	0	**11**
Westlands Unit Nursing	1	0	0	1	0	1	0	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	**6**
Beverley and Haltemprice OP CMHT	0	1	0	0	0	0	0	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	**5**
Hull and ER - Triage and Assessment	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	**5**
Community Core Team - Rivendell	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	**4**
ER Talking Therapies	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	1	1	**4**
Humber - Recovery Support Team - EIP	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	**4**
Neuro Front Door	1	0	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	**4**
Specialist Psychotherapy Service	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	1	0	0	0	0	0	**4**
Haltemprice Mental Health	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	**3**
Hull and East Riding CAMHS	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	**3**
Hull Community Learning Disability	0	0	0	0	1	0	0	0	0	1	0	1	0	0	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	1	0	1	0	1	0	0	0	0	**3**
Mill View Court Adult	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	**3**
Newbridges Residential Unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	**3**
Townend Court	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	**3**
Whitby Core	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**3**
Beverley Mental Health	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
CAMHS Crisis	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**
Facilities Management	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
HNY CYP Dynamic Support	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**
Humber Centre - Swale	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Malton Ward	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	**2**
Total	**14**	**9**	**6**	**9**	**7**	**15**	**13**	**10**	**7**	**7**	**4**	**7**	**13**	**4**	**10**	**6**	**9**	**8**	**8**	**3**	**7**	**4**	**9**	**4**	**193**

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

	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	Aug-25	Sep-25	Rolling Total
Humber Primary Care Practice	11	7	7	8	4	6	5	4	7	4	7	3	8	2	6	7	1	0	4	5	2	2	3	4	**117**
Hull CMHT - Management, Non Clinical and Psychology	3	3	4	0	4	2	4	7	2	2	3	4	4	7	3	2	5	1	3	1	6	8	4	3	**85**
Market Weighton Practice	2	2	1	3	1	4	3	3	2	4	1	3	5	0	1	2	2	6	3	5	4	5	2	4	**68**
King Street Medical Centre	4	3	2	1	9	6	4	4	3	3	1	3	0	2	3	2	1	0	1	6	3	2	2	2	**67**
Mental Health Crisis Intervention	2	1	2	1	0	6	2	3	0	0	0	2	4	4	0	0	1	2	4	4	3	1	2	0	**44**
Hull CMHT - Clinical	1	1	0	2	1	3	3	5	2	3	0	1	1	1	1	2	0	1	1	1	1	1	0	1	**33**
ER Talking Therapies	1	0	1	0	3	3	0	2	0	0	0	0	0	0	0	0	0	1	3	1	0	0	1	1	**17**
Avondale - Wards	0	0	0	0	0	0	0	1	0	2	0	0	1	0	2	0	1	1	0	0	2	1	3	1	**15**
Hull and ER - Triage and Assessment	1	1	0	0	0	0	0	1	0	1	0	0	1	1	1	2	1	1	1	0	0	0	2	1	**15**
Neuro Front Door	1	2	0	0	1	0	1	1	0	0	0	0	1	0	0	2	0	2	0	0	1	1	1	0	**14**
Neuro Diagnostic	0	0	1	1	1	1	0	1	0	0	0	1	0	0	0	1	0	0	1	0	1	1	1	0	**11**
Hull and East Riding CAMHS	1	0	0	0	0	0	1	1	1	0	0	0	0	1	0	0	0	1	1	0	1	1	1	0	**10**
Scarborough Core	0	0	0	0	1	0	1	0	0	0	0	1	0	1	0	0	2	0	0	0	1	0	1	1	**9**
Community Core Team - Rivendell	1	0	0	1	1	0	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	**8**
Facilities Management	0	0	1	0	0	0	1	0	1	0	0	0	1	1	0	0	1	0	0	0	1	1	0	0	**8**
Specialist Psychotherapy Service	0	0	2	0	0	0	1	0	0	0	0	0	0	1	0	1	1	1	0	0	0	1	0	0	**8**
Haltemprice Mental Health	1	0	1	1	0	0	0	0	0	1	0	0	0	1	1	0	0	1	0	0	0	0	0	0	**7**
Hull Adult Autism Diagnosis Service	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	2	1	0	**6**
Mill View Court Adult	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	2	0	**5**
Newbridges Residential Unit	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	**5**
Beverley Mental Health	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	0	**4**
Childrens S&LT Hull & East Riding Service	0	0	0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	0	1	0	0	0	0	0	**4**
Goole Mental Health	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	**4**
Holderness Mental Health	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**4**
Hull Integrated Care Team for Older People	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**4**
Hull Older Peoples MH Memory Services	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	**4**
Mental Health Liaison Service	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	**4**
Miranda House - PICU	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	**4**
Pine View	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**4**
CAMHS Contact Point	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	**3**
Community Core Team - Rivendell	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	**3**
Hull Community Learning Disability	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	**3**
Humber Centre - Swale	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	**3**
Lot 2 ER Specialist Clinical	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	**3**

Quality Dashboard

Domain

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

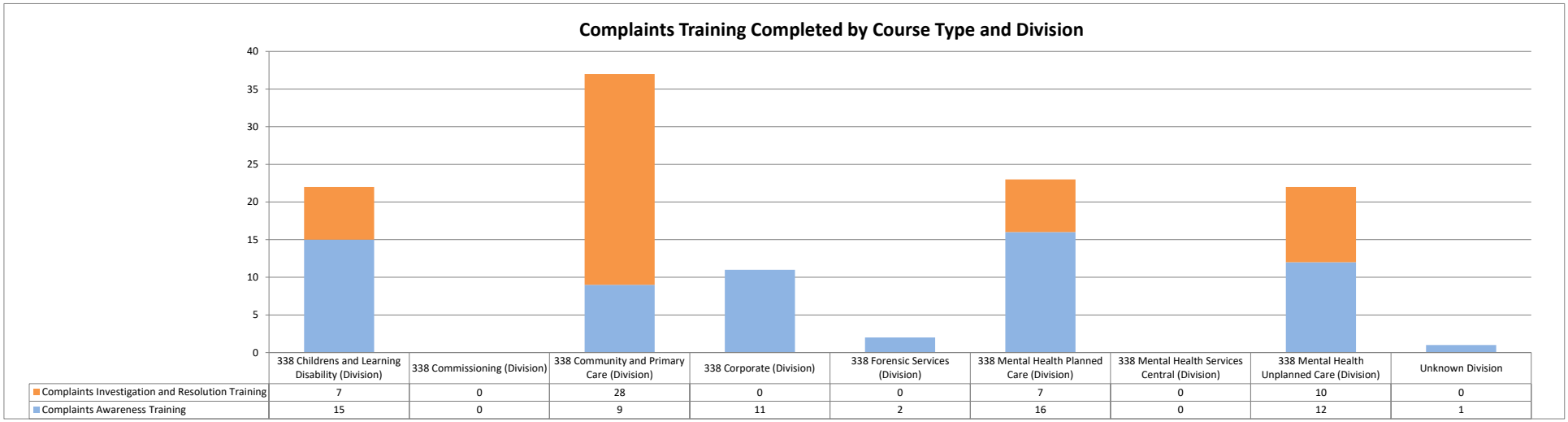
Due to the number of teams involved over the 24 month rolling period, only teams with TWO OR MORE complaints are shown here

	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	Aug-25	Sep-25	Rolling Total
PCN CMHT East Riding	0	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	**3**
Westlands Unit Nursing	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	**3**
Whitby UTC	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	**3**
Whitby Ward	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	**3**
0-19 Health Visitors & School Nurses - East Riding North	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	**2**
Bridlington & Driffield Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	**2**
CAMHS Crisis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	**2**
East Riding Community Learning Disability	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	**2**
ER Contact Point & PMHW	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	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	1	0	0	0	1	0	0	**2**
Forensic Management	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	**2**
Humber - Recovery Support Team - EIP	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	**2**
Maister Lodge Nursing	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**
Malton Ward	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	**2**
Mill View Lodge Nursing	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**
North Yorkshire Heart Failure	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Whitby Core	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**
Total	**33**	**22**	**26**	**23**	**29**	**36**	**31**	**40**	**22**	**23**	**14**	**20**	**34**	**27**	**22**	**22**	**19**	**23**	**30**	**26**	**34**	**33**	**29**	**23**	**641**

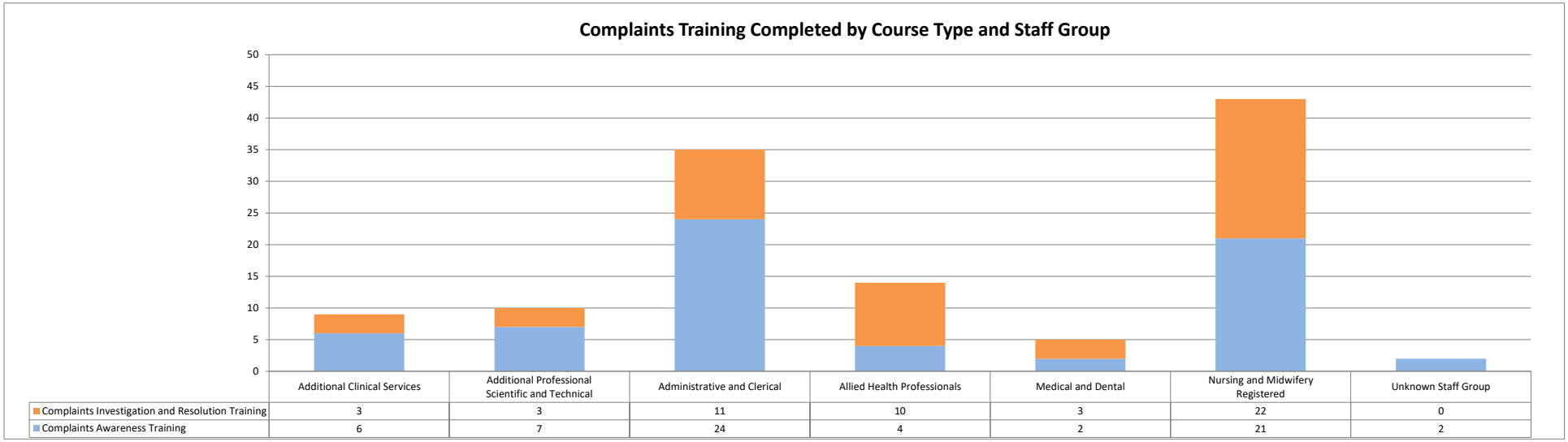
Quality Dashboard

Domain

Section 1.3.5 Complaints Training — 12 months rolling data

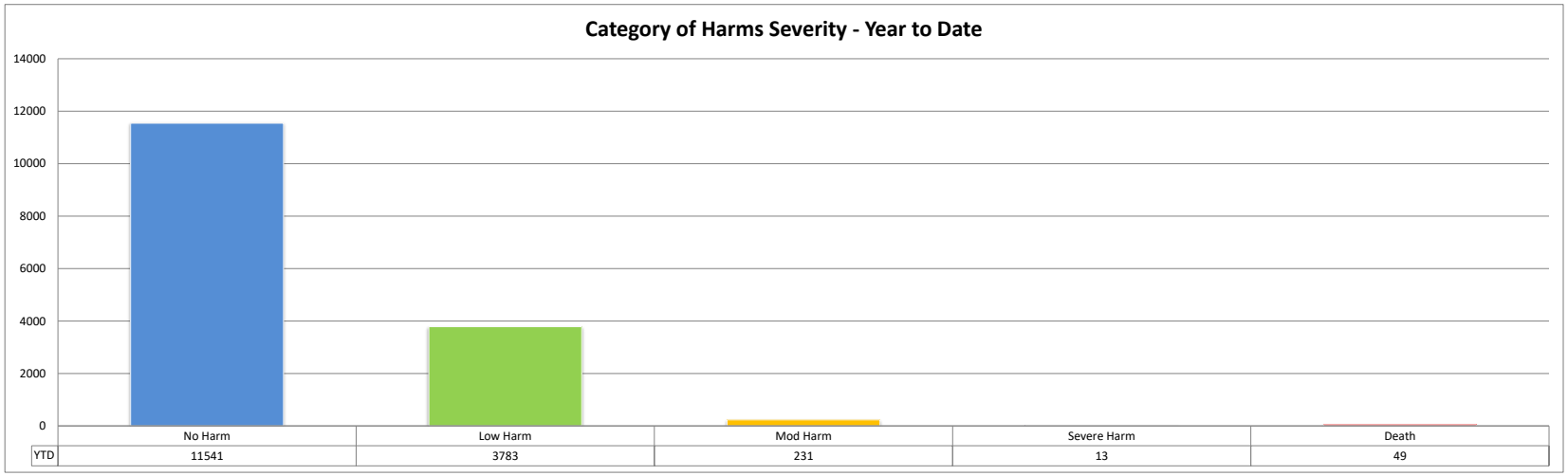


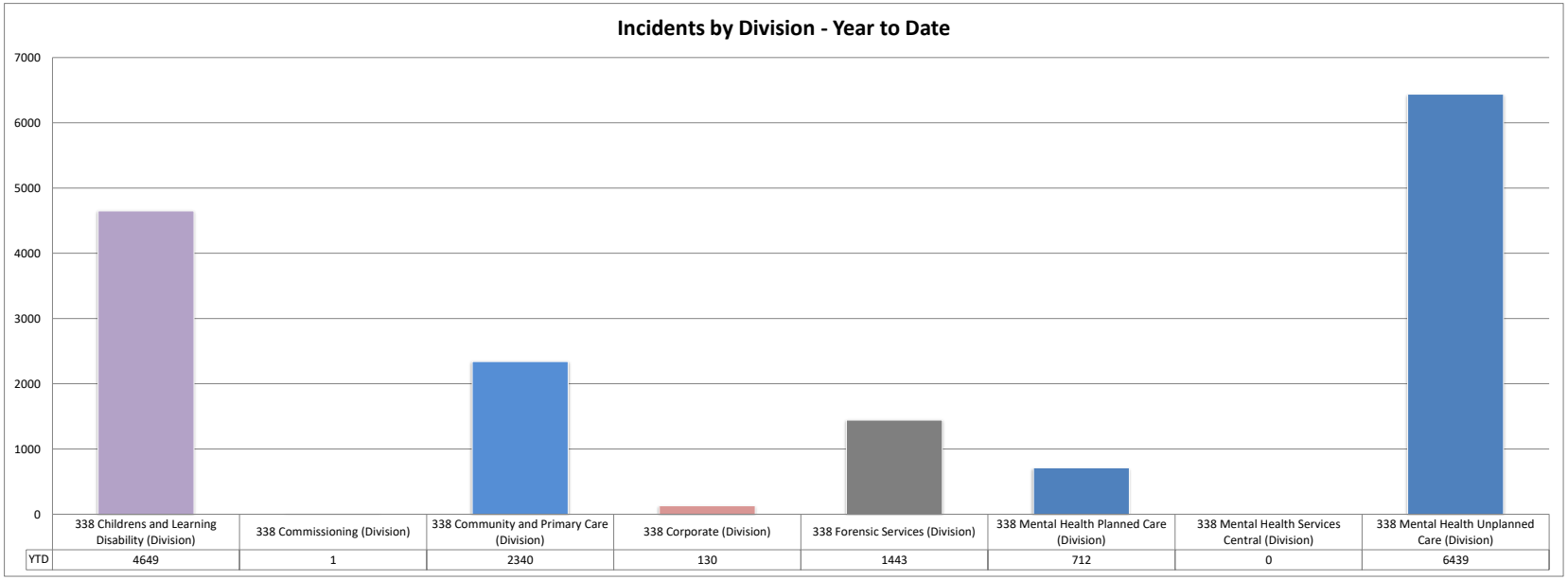
	338 Childrens and Learning Disability (Division)	338 Commissioning (Division)	338 Community and Primary Care (Division)	338 Corporate (Division)	338 Forensic Services (Division)	338 Mental Health Planned Care (Division)	338 Mental Health Services Central (Division)	338 Mental Health Unplanned Care (Division)	Unknown Division
Complaints Investigation and Resolution Training	7	0	28	0	0	7	0	10	0
Complaints Awareness Training	15	0	9	11	2	16	0	12	1



	Additional Clinical Services	Additional Professional Scientific and Technical	Administrative and Clerical	Allied Health Professionals	Medical and Dental	Nursing and Midwifery Registered	Unknown Staff Group
Complaints Investigation and Resolution Training	3	3	11	10	3	22	0
Complaints Awareness Training	6	7	24	4	2	21	2

Quality Report

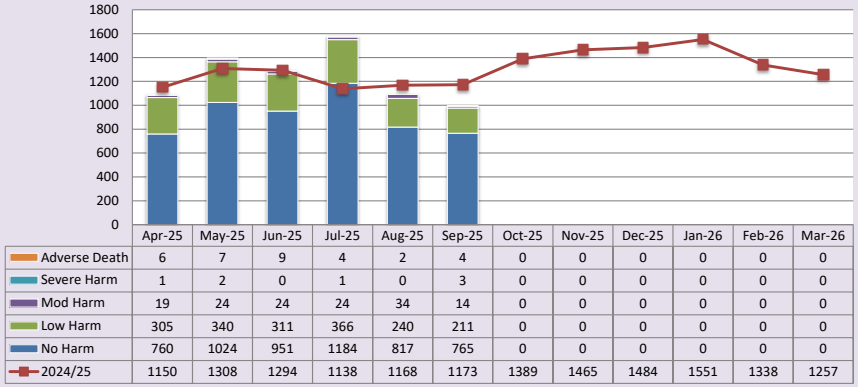




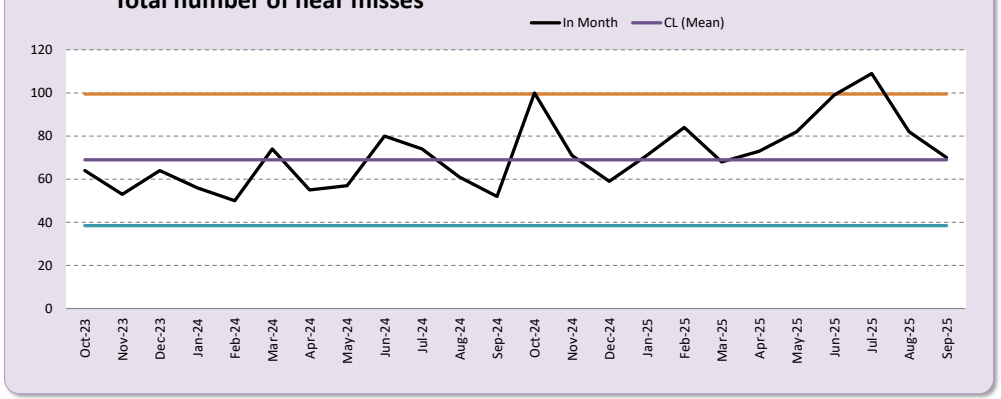
Quality Dashboard

Domain

Section 2.1 Clinical Risk — Overall Trust Position

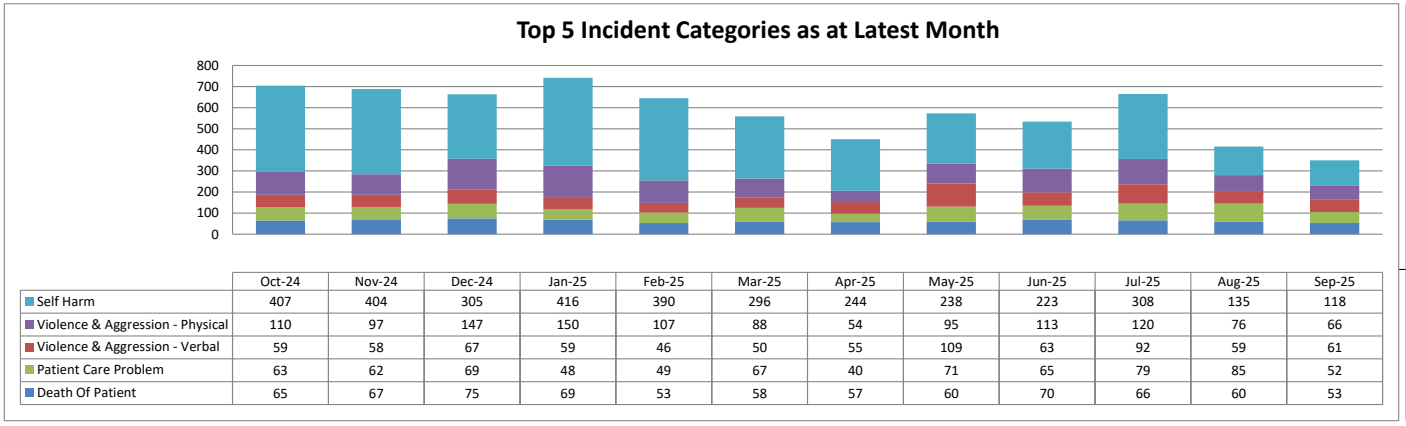


	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Adverse Death	6	7	9	4	2	4	0	0	0	0	0	0
Severe Harm	1	2	0	1	0	3	0	0	0	0	0	0
Mod Harm	19	24	24	24	34	14	0	0	0	0	0	0
Low Harm	305	340	311	366	240	211	0	0	0	0	0	0
No Harm	760	1024	951	1184	817	765	0	0	0	0	0	0
2024/25	1150	1308	1294	1138	1168	1173	1389	1465	1484	1551	1338	1257

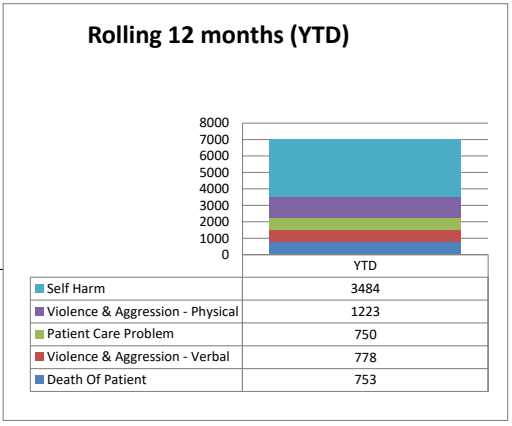


National Safety Alerts : Central Alert System (CAS)	Aug-25	Sep-25
Number issued in month	0	1
Number applicable to HTFT	0	0
Number open pending action	0	0
Number closed in the month	0	1
Number of breaches	0	0

Incident Analysis	Aug-25	Sep-25
Never Events	0	0
% of Harm Free Care	99.7%	99.8%
% of incidents that resulted in Severe Harm or Death	0.2%	0.7%



	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Self Harm	407	404	305	416	390	296	244	238	223	308	135	118
Violence & Aggression - Physical	110	97	147	150	107	88	54	95	113	120	76	66
Violence & Aggression - Verbal	59	58	67	59	46	50	55	109	63	92	59	61
Patient Care Problem	63	62	69	48	49	67	40	71	65	79	85	52
Death Of Patient	65	67	75	69	53	58	57	60	70	66	60	53



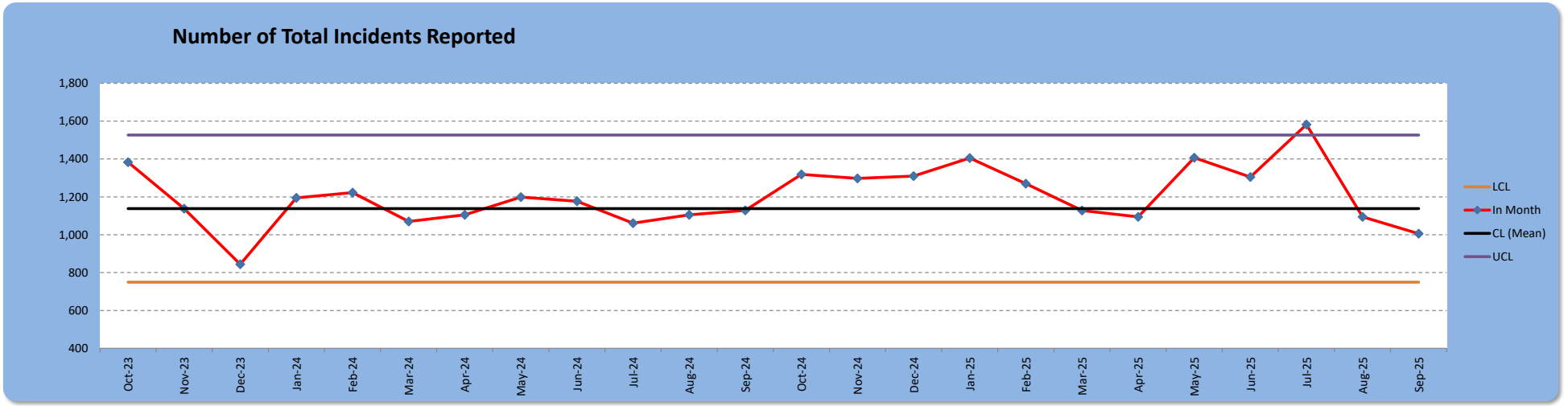
	YTD
Self Harm	3484
Violence & Aggression - Physical	1223
Patient Care Problem	750
Violence & Aggression - Verbal	778
Death Of Patient	753

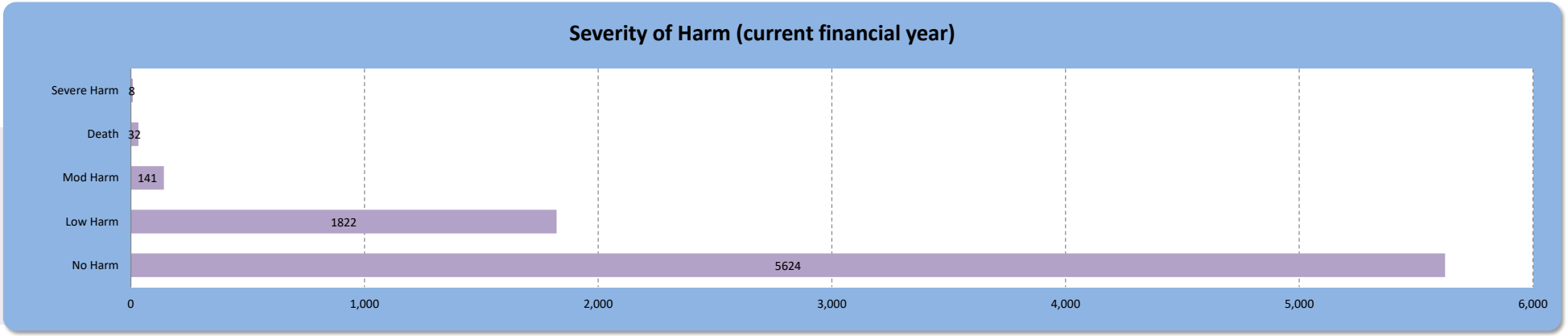
Quality Dashboard

Domain

Section 2.1	Clinical Risk	Overall Trust Position

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





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

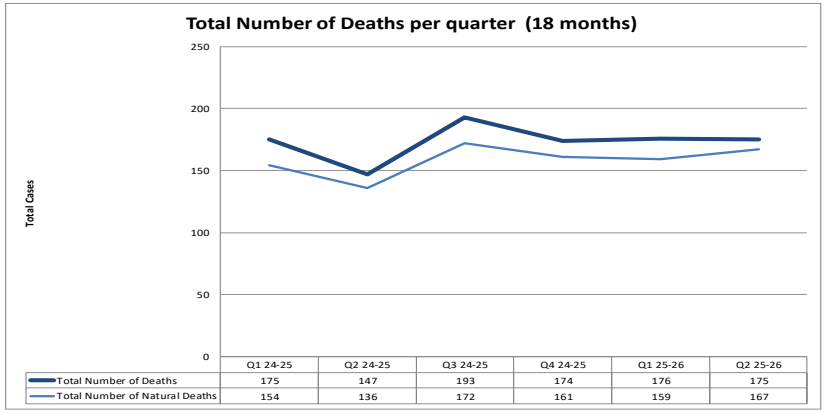
Total Number of Deaths and Deaths Reviewed (does not include patients with identified Learning Disabilities)

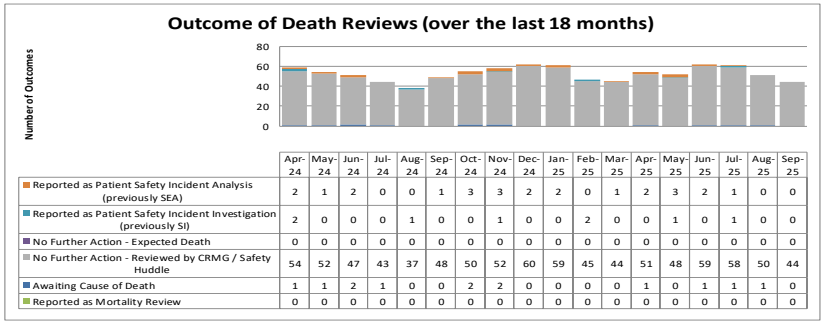
	Q2 24-25	Q3 24-25	Q4 24-25	Q1 25-26	Q2 25-26	Last 12 months
Total Number of Deaths	147	193	174	176	175	718
Total Number of Natural Deaths	136	172	161	159	167	659
Proportion of Natural Deaths	92.5%	89.1%	92.5%	90.3%	95.4%	91.8%
Total Number of Deaths - Community Hospitals	21	24	22	22	15	83
Total Number of Deaths - MH Inpatients	2	0	0	2	1	3
Total Number of Deaths - LD Inpatients	0	0	0	1	0	1
Total Number of Deaths - Forensics Inpatients	0	0	0	0	0	0
Total Number of Deaths - All Community excl. MH	55	74	53	65	82	274
Total Number of Deaths - Addictions	3	9	3	10	10	32
Total Number of Deaths - MH Community	64	85	92	75	70	322
Review Process						
Reported as Mortality Review	0	0	0	0	0	0
No Further Action - Reviewed by CRMG / Safety Huddle	128	162	148	158	152	620
No Further Action - Expected Death	0	0	0	0	0	0
Reported as Patient Safety Incident Investigation (previously SI)	1	1	2	1	1	5
Reported as Patient Safety Incident Analysis (previously SEA)	1	8	3	7	1	19
Child Death Review	0	0	0	0	0	0
Statements Being Produced For Coroners	1	0	3	1	1	5
Swarm Huddle	0	0	0	0	0	0
Total Deaths Reviewed	131	171	156	167	155	649
Awaiting Cause of Death	1	4	0	2	2	8
Not Yet Reported	13	18	17	7	16	58

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	1	0	1

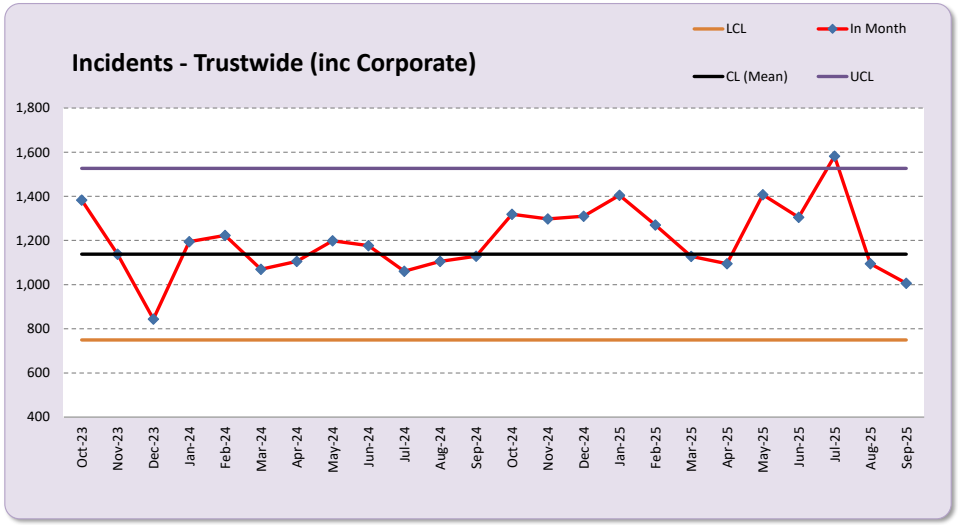


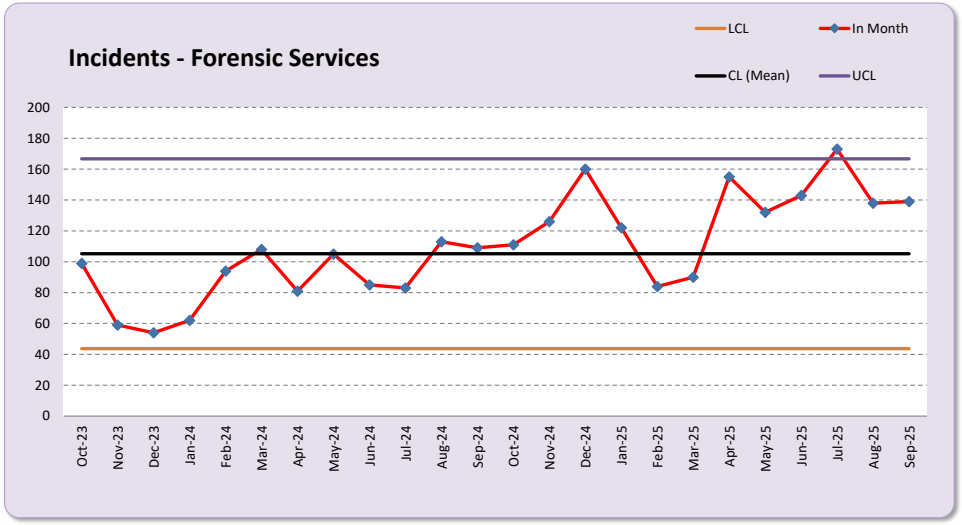


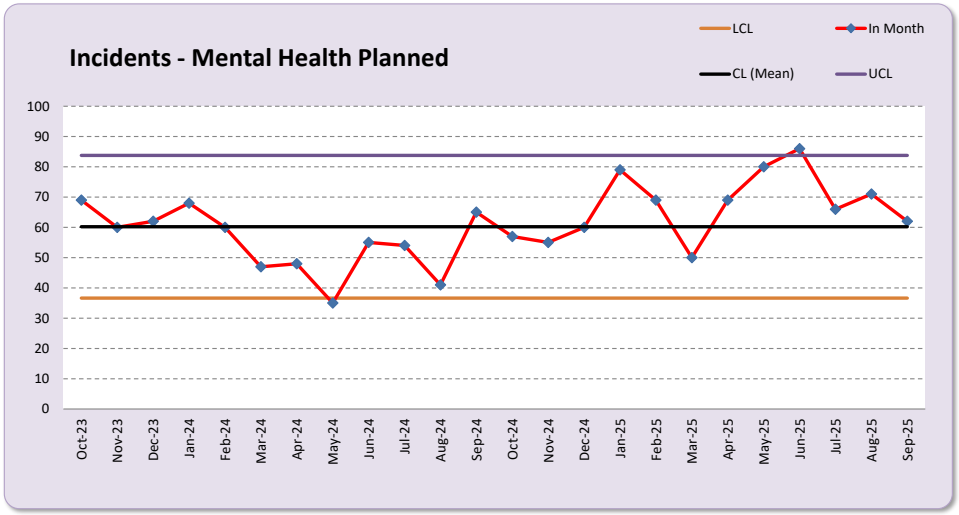
Quality Dashboard

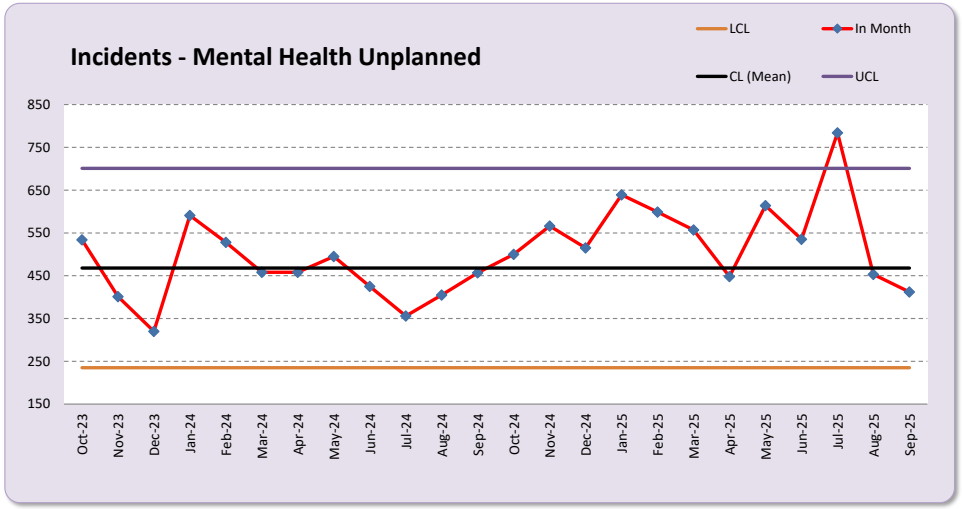
Domain

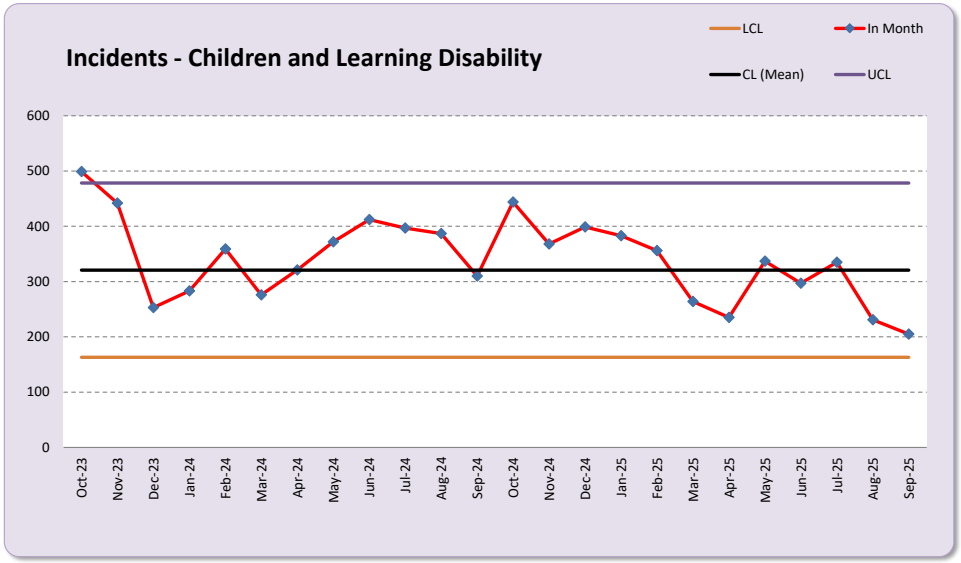
Section 2.3	Clinical Risk	Incidents Registered by Division (Statistical Process Charts)	Incidents - Division SPCs

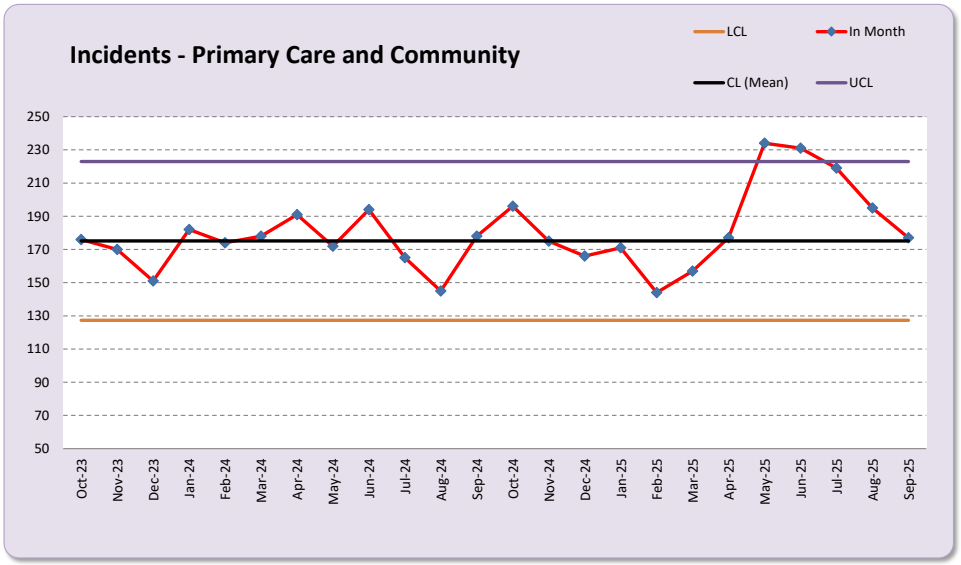









Incidents - Children and Learning Disability
LCL
In Month
CL (Mean)
UCL
600
500
400
300
200
100
0
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25

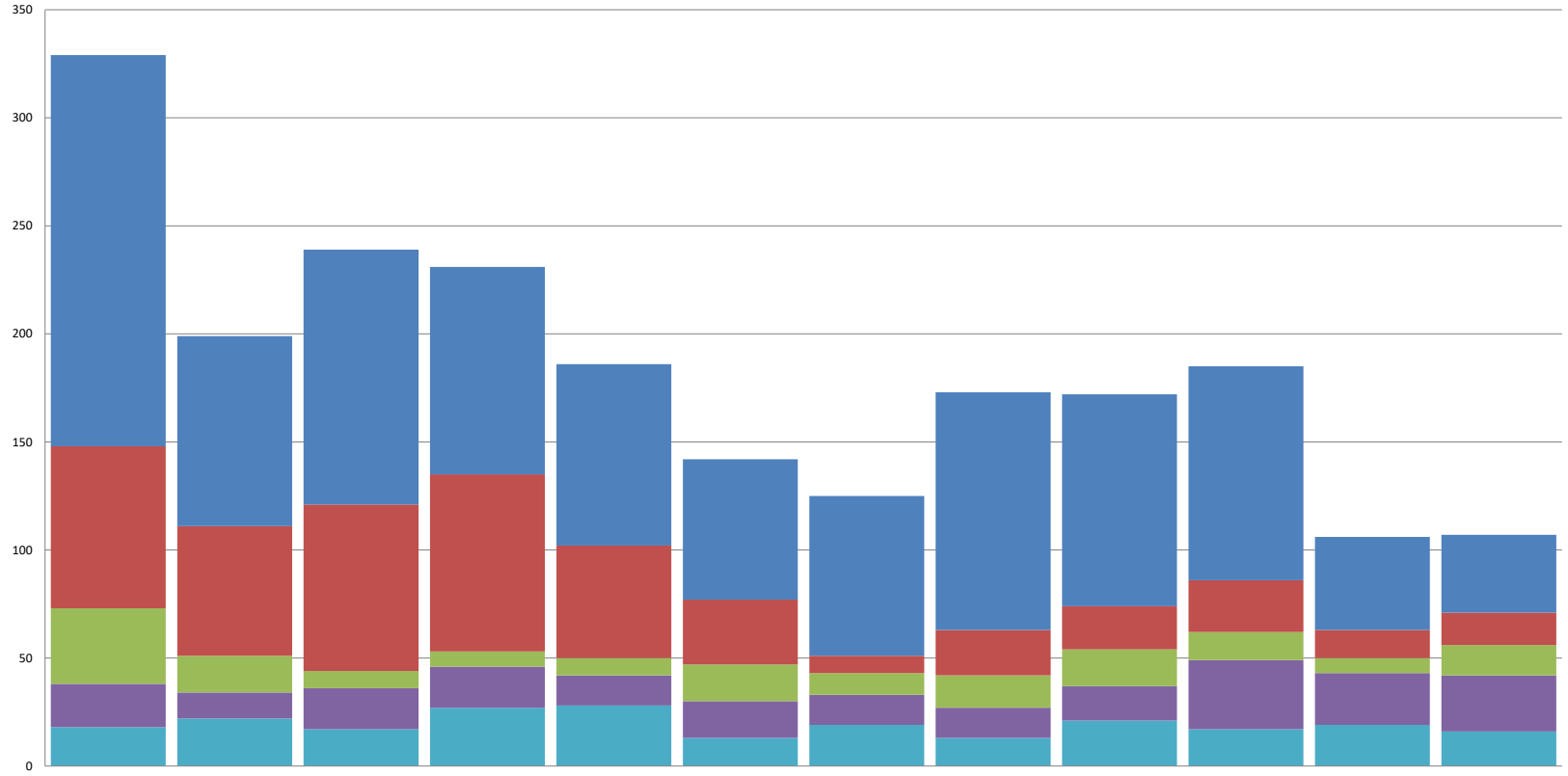

Incidents - Primary Care and Community
LCL
In Month
CL (Mean)
UCL
250
230
210
190
170
150
130
110
90
70
50
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Mar-25
Apr-25
May-25
Jun-25
Jul-25
Aug-25
Sep-25

Quality Dashboard

Domain

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

Childrens and Learning Disability (Division)



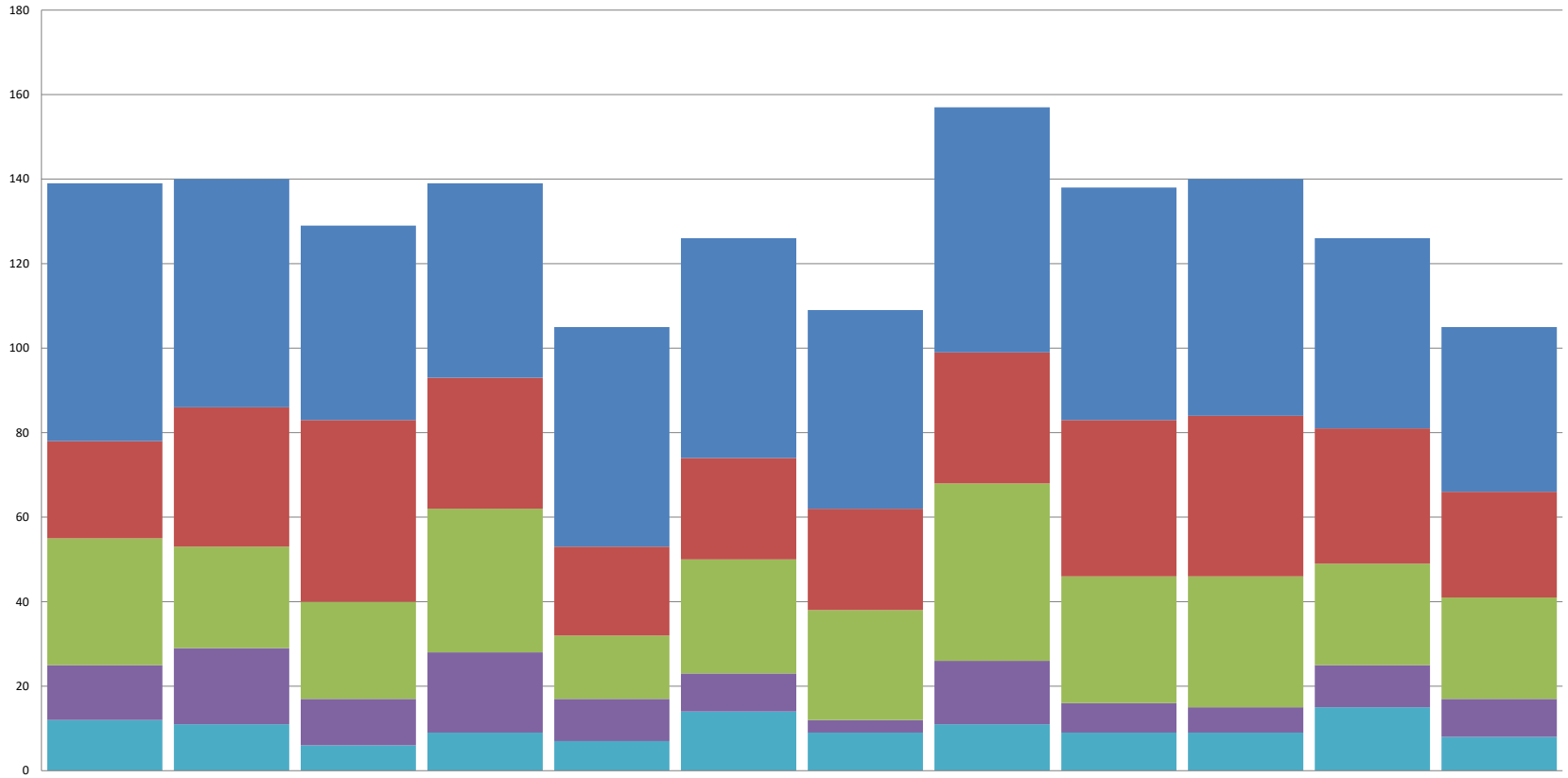
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Self Harm	181	88	118	96	84	65	74	110	98	99	43	36
Violence & Aggression - Physical	75	60	77	82	52	30	8	21	20	24	13	15
Miscellaneous. Physical or MH Problems	35	17	8	7	8	17	10	15	17	13	7	14
Patient Information	20	12	19	19	14	17	14	14	16	32	24	26
Concern for Person(s) (inc. Neglect / Emotional Harm)	18	22	17	27	28	13	19	13	21	17	19	16

Quality Dashboard

Domain

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

Community & Primary Care (Division)



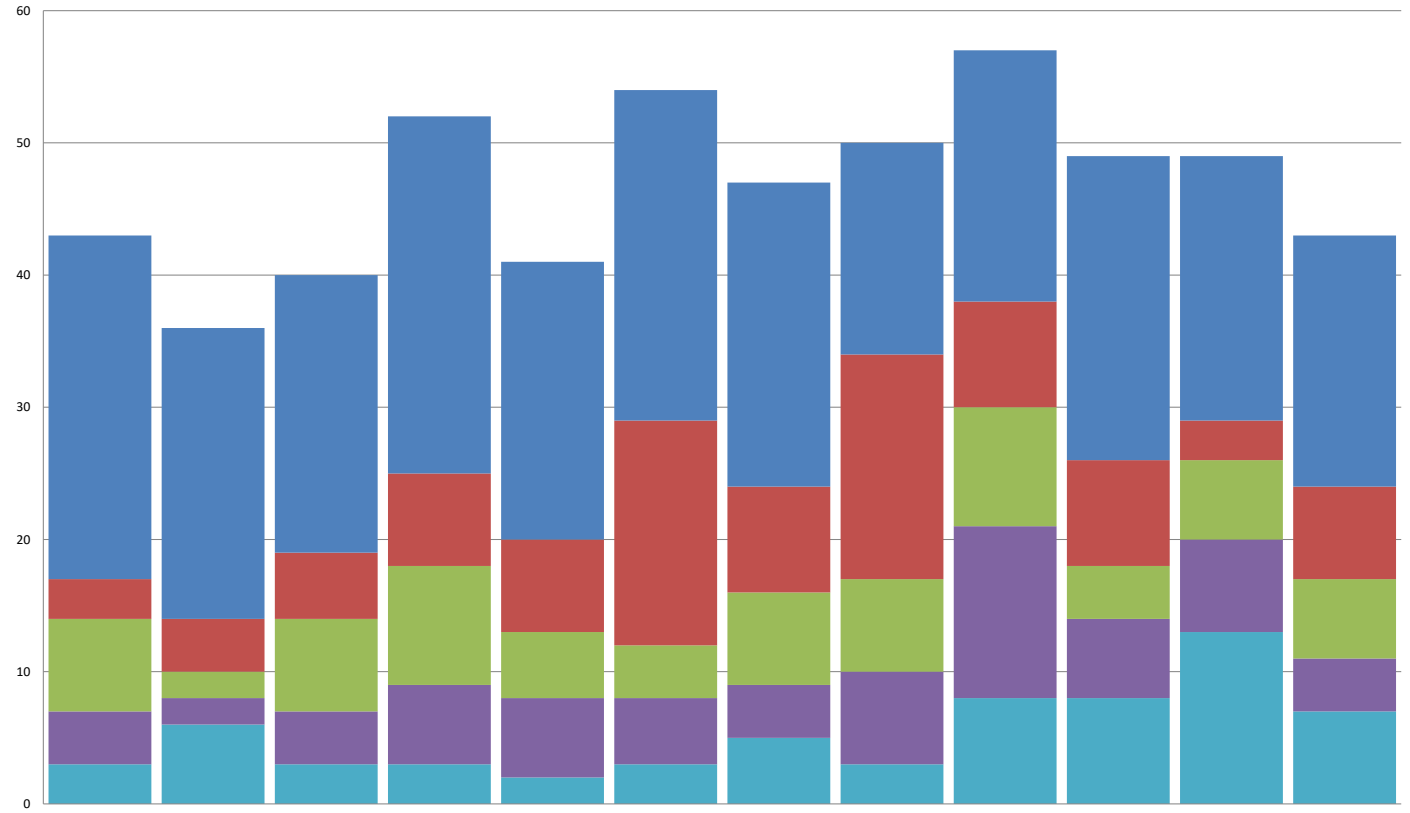
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Pressure Ulcer	61	54	46	46	52	52	47	58	55	56	45	39
Death Of Patient	23	33	43	31	21	24	24	31	37	38	32	25
Tissue Breakdown (Not Pressure Ulcer)	30	24	23	34	15	27	26	42	30	31	24	24
Problems with Admission / Discharge / Transfer	13	18	11	19	10	9	3	15	7	6	10	9
Patient Care Problem	12	11	6	9	7	14	9	11	9	9	15	8

Quality Dashboard

Domain

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

Mental Health Planned (Division)



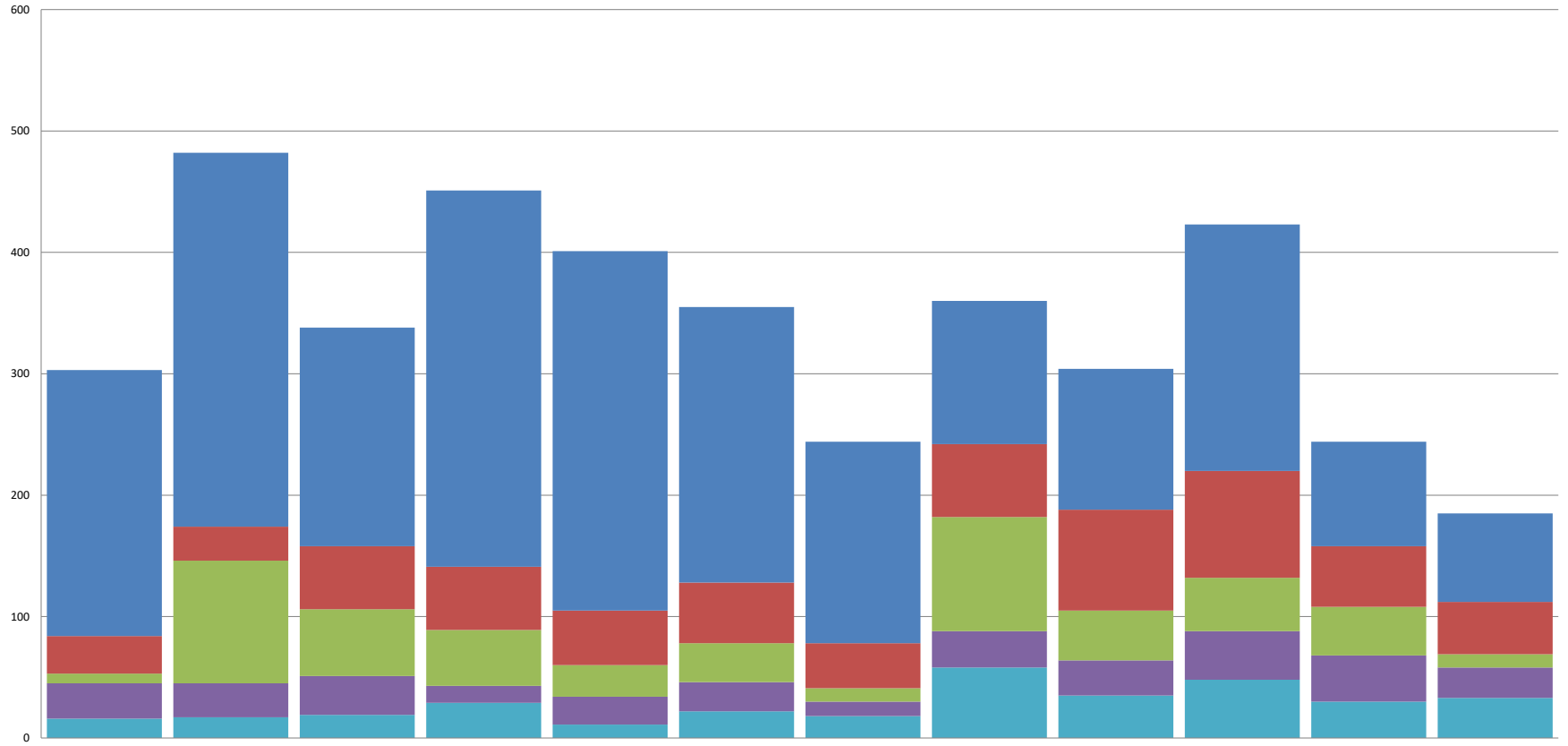
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Death Of Patient	26	22	21	27	21	25	23	16	19	23	20	19
Patient Care Problem	3	4	5	7	7	17	8	17	8	8	3	7
Concern for Person(s) (inc. Neglect / Emotional Harm)	7	2	7	9	5	4	7	7	9	4	6	6
Patient Information	4	2	4	6	6	5	4	7	13	6	7	4
Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)	3	6	3	3	2	3	5	3	8	8	13	7

Quality Dashboard

Domain

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

Mental Health Unplanned (Division)



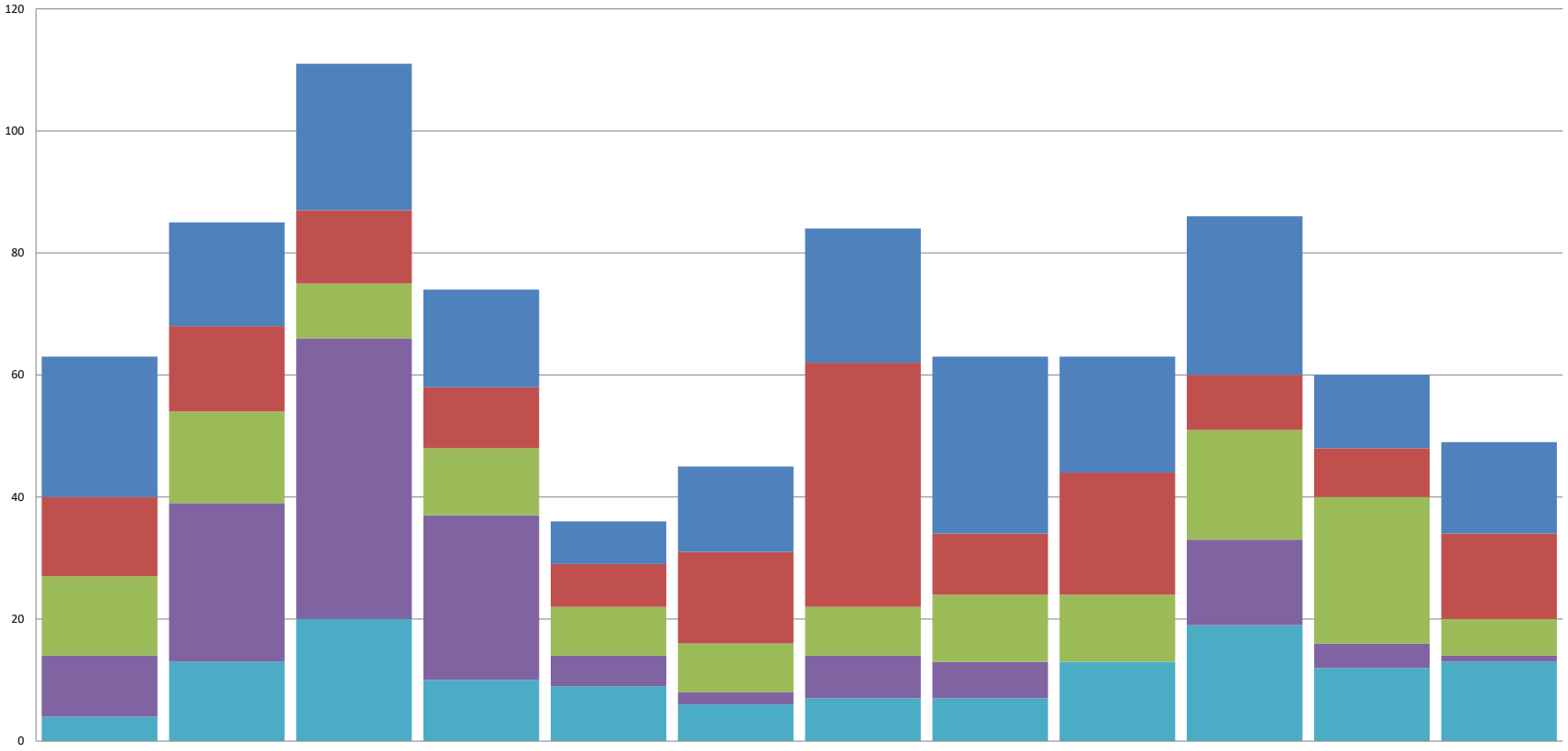
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Self Harm	219	308	180	310	296	227	166	118	116	203	86	73
Violence & Aggression - Physical	31	28	52	52	45	50	37	60	83	88	50	43
Seclusion Issue	8	101	55	46	26	32	11	94	41	44	40	11
Patient Care Problem	29	28	32	14	23	24	12	30	29	40	38	25
Violence & Aggression - Verbal	16	17	19	29	11	22	18	58	35	48	30	33

Quality Dashboard

Domain

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

Secure Services (Division)



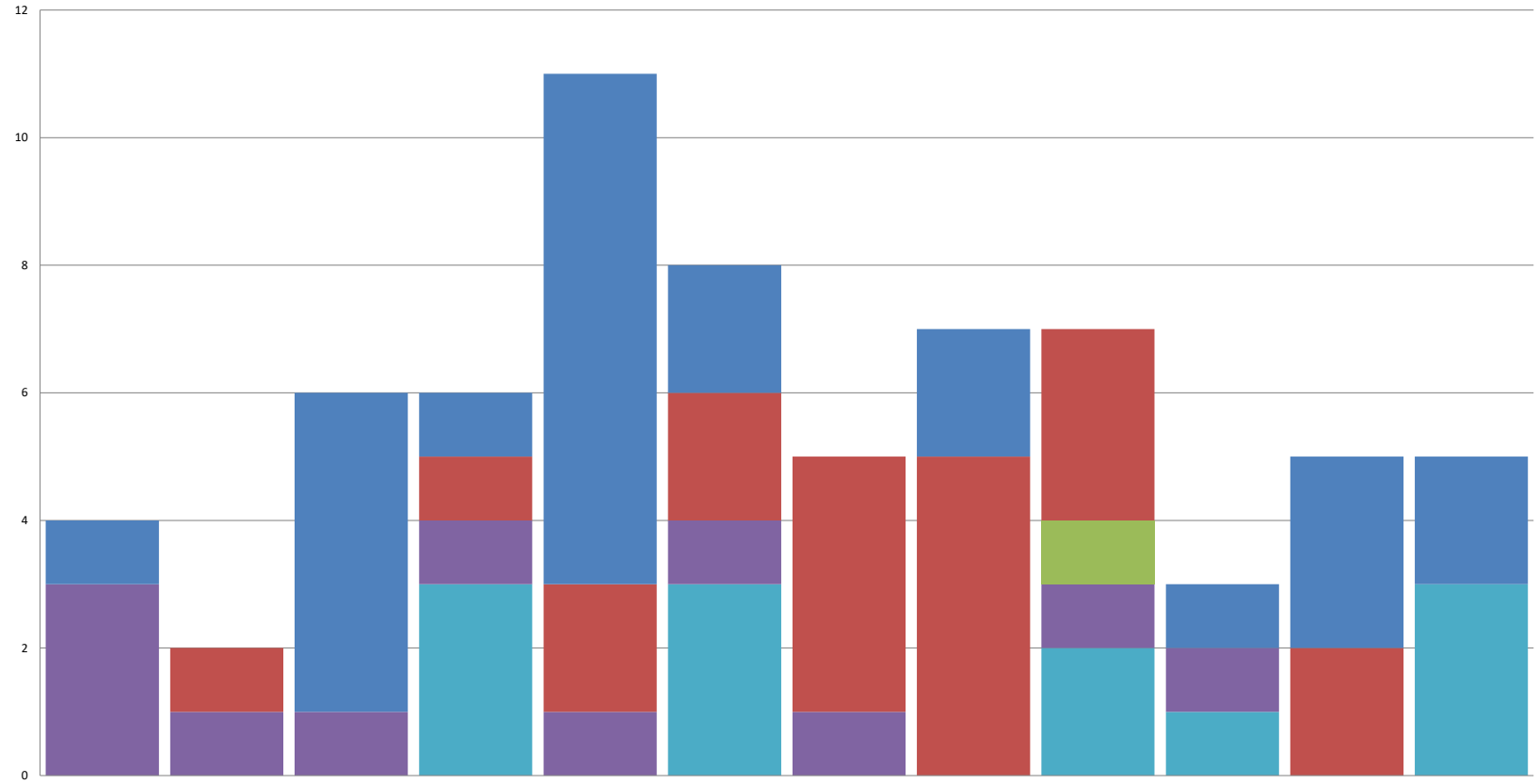
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Violence & Aggression - Verbal	23	17	24	16	7	14	22	29	19	26	12	15
Security Incident	13	14	12	10	7	15	40	10	20	9	8	14
Inappropriate behaviour (not violent)	13	15	9	11	8	8	8	11	11	18	24	6
Seclusion Issue	10	26	46	27	5	2	7	6	0	14	4	1
Violence & Aggression - Non-Physical	4	13	20	10	9	6	7	7	13	19	12	13

Quality Dashboard

Domain

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

Corporate (Division)



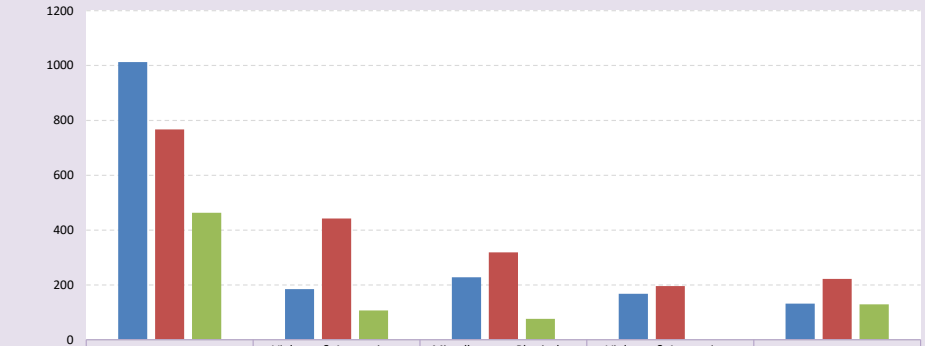
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Patient Information	1	0	5	1	8	2	0	2	0	1	3	2
Information Incident	0	1	0	1	2	2	4	5	3	0	2	0
Patient Care Problem	0	0	0	0	0	0	0	0	1	0	0	0
Security Incident	3	1	1	1	1	1	1	0	1	1	0	0
Patient Records - loss/ destruction / damage / theft	0	0	0	3	0	3	0	0	2	1	0	3

Quality Dashboard

Domain

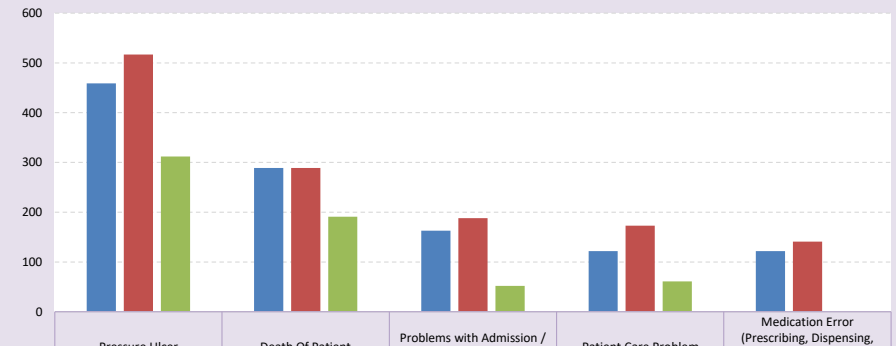
Section 2.3	Clinical Risk	Incidents Registered by Division (by financial year)	Incidents - Division (by year)

Childrens and Learning Disability (Division)



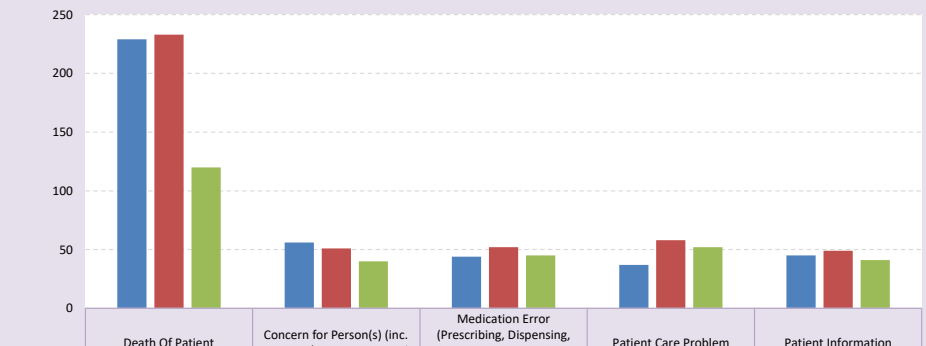
	Self Harm	Violence & Aggression - Physical	Miscellaneous. Physical or MH Problems	Violence & Aggression - Verbal	Patient Information
2022-2023	1013	185	228	168	132
2023-2024	767	442	319	196	222
2024-2025	463	107	76	0	129

Community and Primary Care (Division)



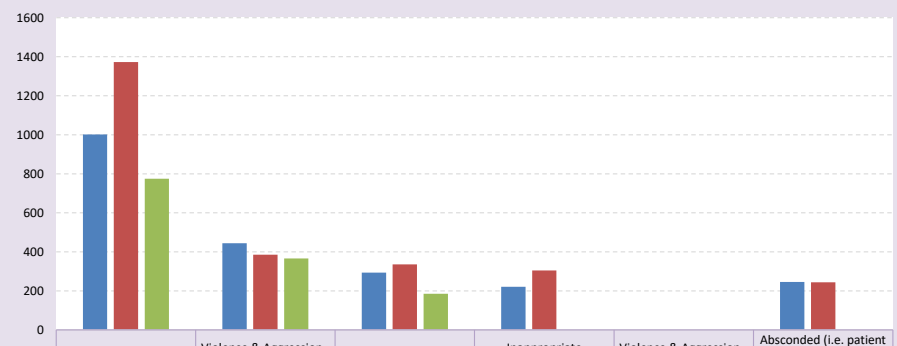
	Pressure Ulcer	Death Of Patient	Problems with Admission / Discharge / Transfer	Patient Care Problem	Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)
2022-2023	459	289	163	122	122
2023-2024	517	289	188	173	141
2024-2025	312	191	52	61	0

Mental Health Planned Care (Division)



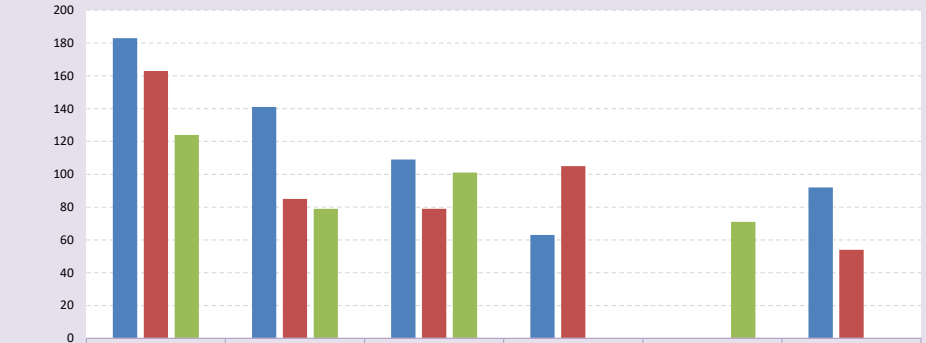
	Death Of Patient	Concern for Person(s) (inc. Neglect / Emotional Harm)	Medication Error (Prescribing, Dispensing, Administration and Adverse Drug Reactions Only)	Patient Care Problem	Patient Information
2022-2023	229	56	44	37	45
2023-2024	233	51	52	58	49
2024-2025	120	40	45	52	41

Mental Health Unplanned Care (Division)



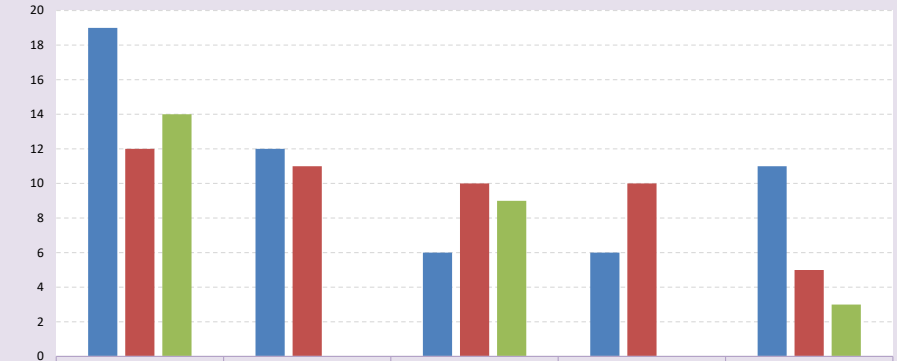
	Self Harm	Violence & Aggression - Physical	Patient Care Problem	Inappropriate behaviour (not violent)	Violence & Aggression - Non-Physical	Absconded (i.e. patient left ward / service without permission)
2022-2023	1002	444	294	221		246
2023-2024	1373	385	336	305		244
2024-2025	775	366	185	0	0	0

Forensic Services (Division)



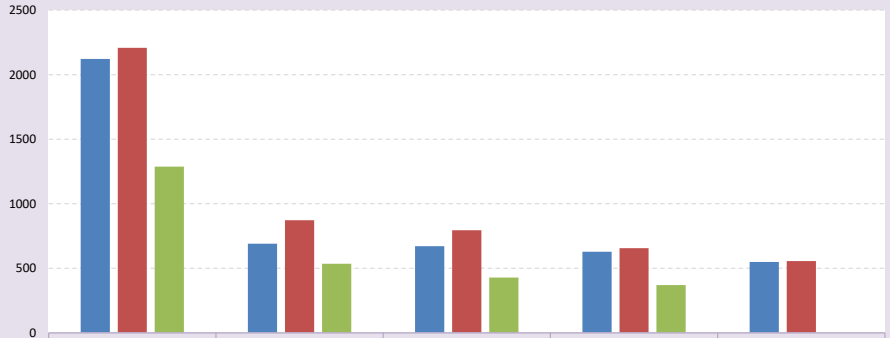
	Violence & Aggression - Verbal	Inappropriate behaviour (not violent)	Security Incident	Staffing Level Shortage	Violence & Aggression - Non-Physical	Self Harm
2022-2023	183	141	109	63		92
2023-2024	163	85	79	105		54
2024-2025	124	79	101	0	71	0

Corporate (Division)



	Information Incident	Service Delivery Issue	Patient Information	Network / System security	Security Incident
2022-2023	19	12	6	6	11
2023-2024	12	11	10	10	5
2024-2025	14	0	9	0	3

Trustwide

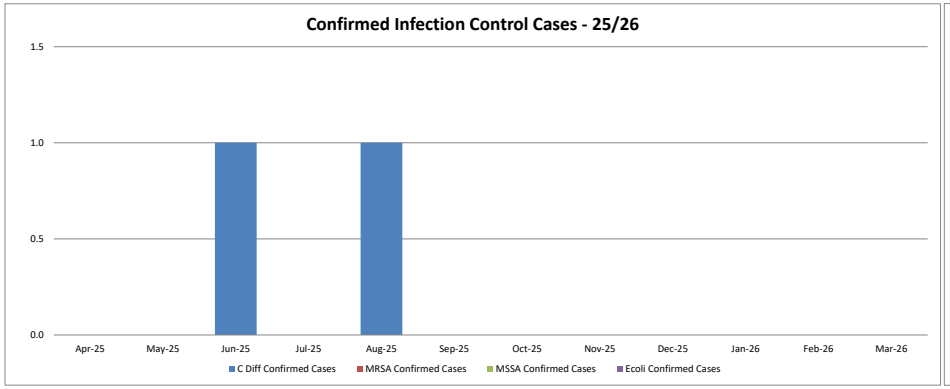


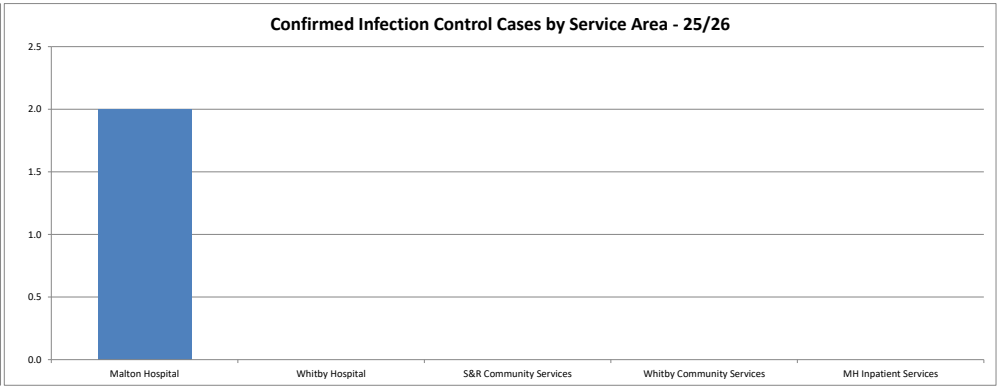
	Self Harm	Violence & Aggression - Physical	Patient Care Problem	Death Of Patient	Inappropriate behaviour (not violent)
2022-2023	2121	691	671	628	549
2023-2024	2208	872	795	656	556
2024-2025	1287	535	428	370	0

Quality Dashboard

Domain

Section 2.4 Clinical Risk - Infection Control (Report by Exception) Quality Dashboard



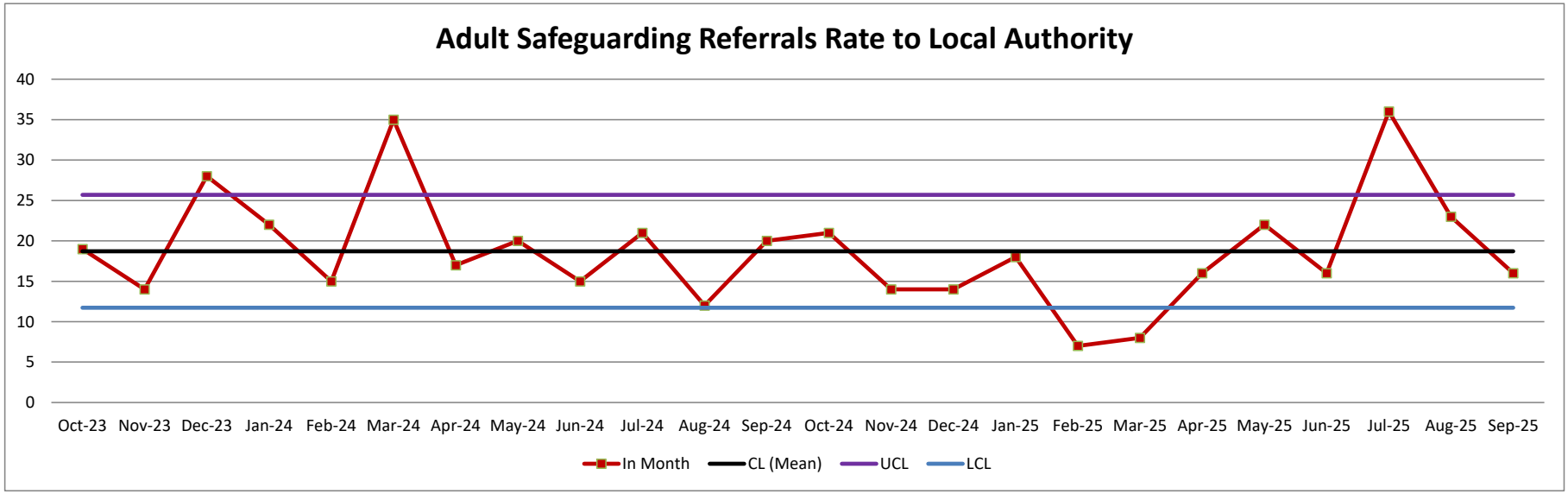


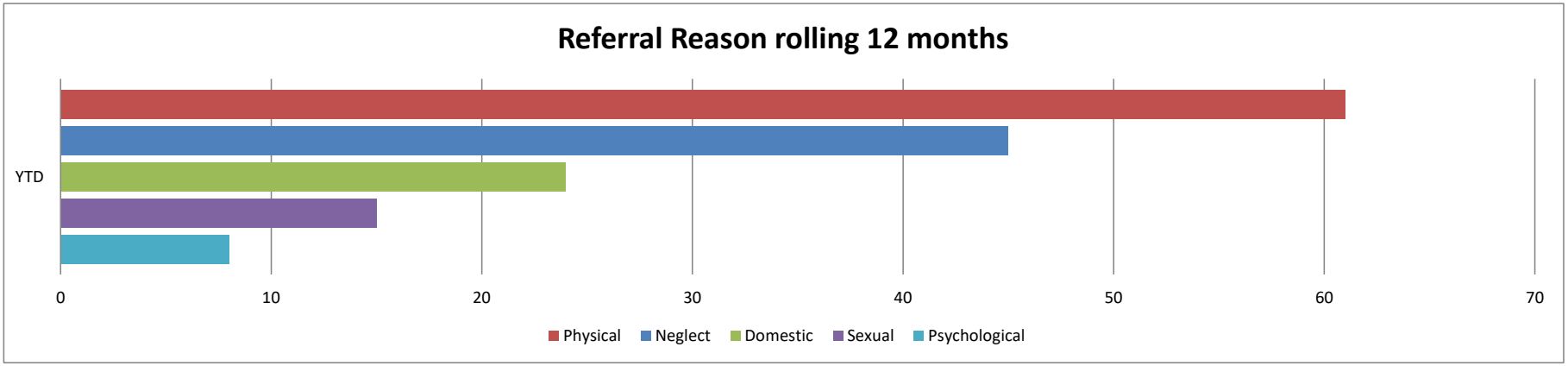
Narrative, Updates and Conclusions
Q1
The NHS Standard Contract 2025/26 outlines the quality requirements for acute NHS Trusts and Integrated Care Boards (ICBs) to minimise Clostridioides difficile (C. difficile) and Gram-negative Bloodstream Infections (GNBSIs) rates to threshold levels set by NHS England. The Trust currently has no contractually agreed thresholds in place for the number of 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. 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
One patient residing on Fitzwilliam Ward, Malton Hospital yielded a C.difficile toxin positive result post 3 days of admission. Patient was admitted to the ward from York and Scarborough Teaching Hospitals NHS Foundation Trust on 22/08/25 for rehabilitation. Patient started with loose stools on 23/08/25 and sample obtained, negative result received. A repeat stool sample obtained on the 29/08/25 yielded the positive C.diff result. After Action Review completed and learning included: •The patient had received several courses of antibiotics in York and Scarborough Teaching Hospitals NHS Foundation Trust prior to admission to Fitzwilliam Ward. •Patient management on Fitzwilliam Ward was in accordance with policy and guidance. •Antimicrobial prescribing during admission on Fitzwilliam for the C.diff infection only. •There was a lack of accurate clinical information provided prior to the patient being transferred to the ward (stool consistency and antibiotics) despite referral processes. •The patient did relapse following initial treatment completion and recovery. Patient was managed appropriately and recommenced on treatment for C.diff infection.
Q3
Q4

Quality Dashboard

Domain

Section 2.5	Clinical Risk	Adult Safeguarding Referrals

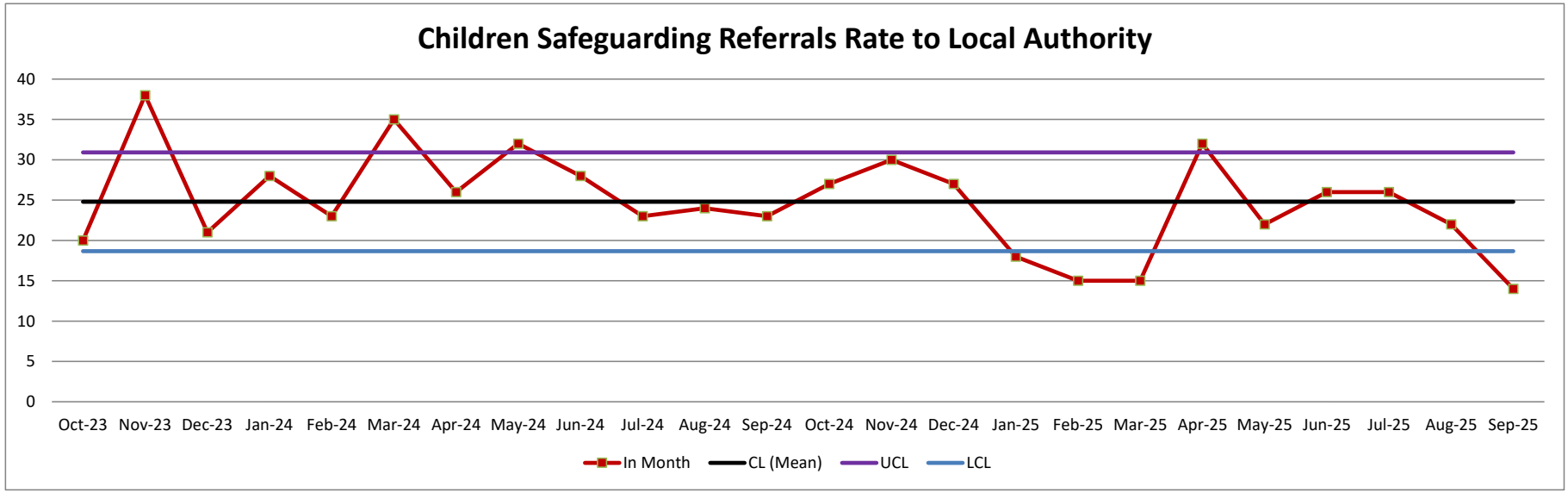


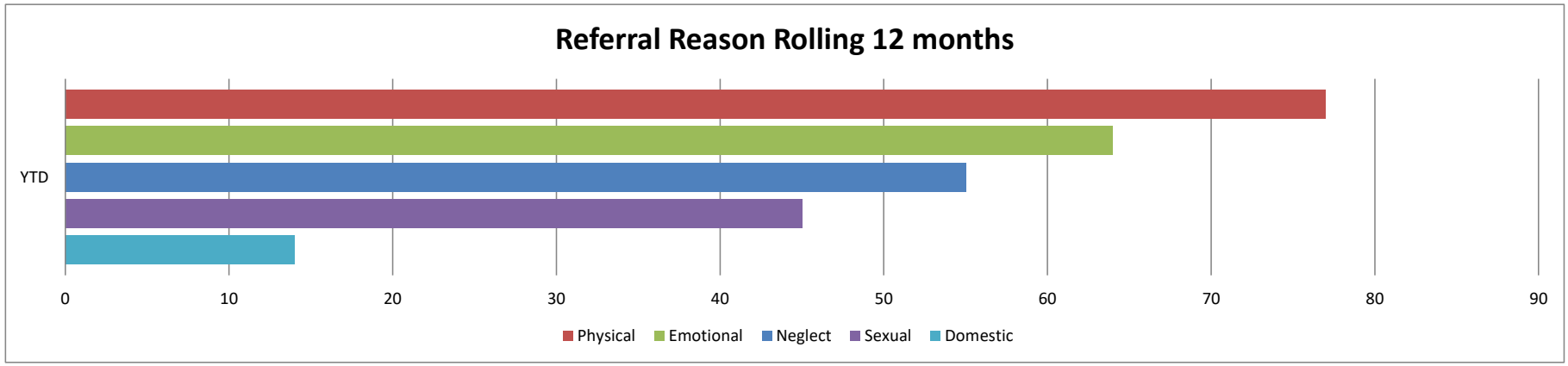


Quality Dashboard

Domain

Section 2.5	Clinical Risk	Children Safeguarding Referrals





HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING INPATIENT DASHBOARD

Staffing and Quality Indicators

Contract Period: 2025-26

Reporting Month: Aug-25

NHS Humber Teaching NHS Foundation Trust

Shown one month in arrears

Units						Bank/Agency Hours				Average Safer Staffing Fill Rates				High Level Indicators																Indicator Totals	
										Day		Night		QUALITY INDICATORS																	
														Month				YTD													
Speciality	Ward	Speciality	WTE	OBDs (including leave)	CHPPD Hours (Nurse)	Improvement	Bank % Filled	Improvement	Agency % Filled	Improvement	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)	Jul-25	Aug-25
Adult MH	Avondale	Adult MH Assessment	30.0	73%	12.2	↑	23.5%	↓	3.0%	↓	81%	99%	98%	99%	0	1	0	0	0	0	0	0	100.0%	93.1%	91.7%	87.5%	6.6%	1.0	0	1
	New Bridges	Adult MH Treatment (M)	33.8	97%	7.6	↑	24.8%	↓	0.6%	↑	103%	94%	100%	105%	3	2	0	0	0	0	0	0	86.8%	98.0%	100.0%	100.0%	7.6%	3.4	2	2
	Westlands	Adult MH Treatment (F)	34.0	91%	7.8	↓	35.7%	↑	5.1%	↓	88%	79%	99%	102%	0	10	0	0	0	0	0	0	90.9%	91.7%	80.0%	72.2%	14.1%	0.0	1	1
	Mill View Court	Adult MH Treatment	31.2	92%	7.8	↑	22.6%	↓	5.1%	↓	95%	94%	98%	107%	0	0	0	0	0	0	0	0	90.6%	94.9%	88.2%	87.5%	12.6%	1.8	3	2
	STARS	Adult MH Rehabilitation	16.2	72%	23.0	↑	29.6%	↑	0.5%	↑	97%	88%	100%	97%	0	0	0	0	0	0	0	0	81.3%	90.4%	80.0%	83.3%	5.0%	2.0	2	0
	PICU	Adult MH Acute Intensive	26.3	93%	22.8	↑	43.3%	↓	6.8%	↓	109%	112%	99%	133%	1	26	0	0	0	0	0	0	75.0%	95.8%	85.7%	92.9%	6.3%	2.6	1	3
OP MH	Maister Lodge	Older People Dementia Treatment	34.7	64%	18.1	↓	20.8%	↑	1.4%	↑	91%	86%	107%	123%	0	4	0	0	0	0	0	0	100.0%	94.5%	81.8%	96.0%	0.0%	1.6	1	0
	Mill View Lodge	Older People Treatment	30.7	93%	14.0	↓	26.9%	↓	1.1%	↓	61%	79%	103%	98%	0	0	0	0	0	0	0	0	N/R	95.3%	100.0%	100.0%	0.0%	0.0	2	3
	Maister Court	Older People Treatment	21.0	90%	19.8	↑	22.1%	↑	2.2%	↑	93%	67%	100%	102%	0	5	0	0	0	0	0	0	N/R	90.8%	87.5%	81.8%	4.6%	-0.6	2	2
	Pine View	Forensic Low Secure	27.2	73%	10.8	↑	18.5%	↓	0.0%	→	85%	101%	81%	104%	0	0	0	0	0	0	0	0	100.0%	99.0%	100.0%	84.2%	6.4%	4.1	1	1
	Derwent	Forensic Medium Secure	26.2	79%	16.9	↑	31.5%	↑	0.0%	→	85%	85%	100%	131%	0	0	0	0	0	0	0	0	96.3%	96.3%	83.3%	100.0%	0.9%	0.2	0	0
	Ouse	Forensic Medium Secure	24.6	85%	8.0	↑	22.5%	↓	0.0%	→	80%	95%	105%	97%	0	0	0	0	0	0	0	0	95.2%	95.8%	100.0%	80.0%	13.1%	0.2	1	1
	Swale	Personality Disorder Medium Secure	27.3	98%	10.5	↓	29.4%	↑	0.0%	→	100%	113%	100%	124%	0	0	0	0	0	0	0	0	100.0%	99.5%	90.9%	100.0%	2.3%	2.2	1	1
	Ullswater (10 Beds)	Learning Disability Medium Secure	27.4	75%	21.0	↓	38.1%	↑	0.0%	→	106%	162%	100%	180%	0	10	0	0	0	0	0	0	96.2%	96.5%	80.0%	100.0%	8.0%	0.0	0	1
Child & LD	Townend Court	Learning Disability	45.2	36%	35.6	↓	7.0%	↑	0.0%	→	58%	92%	97%	69%	0	10	0	0	0	0	0	0	89.2%	95.2%	70.0%	90.9%	6.4%	1.9	2	3
	Inspire	CAMHS	50.0	56%	29.9	↑	8.5%	↑	0.0%	→	67%	99%	87%	106%	0	0	0	0	0	0	0	0	87.5%	93.0%	90.0%	84.6%	7.2%	-0.5	1	2
	Granville Court	Learning Disability Nursing Care	50.8	66%	20.9	↓	29.6%	↓	0.0%	→	148%	85%	106%	101%	0	0	0	0	0	0	0	0	92.0%	98.1%	85.7%	71.4%	8.7%	-0.9	1	1
CH	Whitby Hospital	Physical Health Community Hospital	29.4	84%	7.9	↑	2.1%	↑	10.5%	↓	67%	59%	100%	100%	0	0	0	0	0	0	0	0	100.0%	90.9%	85.7%	63.2%	4.0%	2.9	2	3
	Malton Hospital	Physical Health Community Hospital	30.4	85%	7.8	↑	18.5%	↑	0.0%	→	84%	70%	123%	78%	0	1	0	0	0	0	0	0	100.0%	92.4%	87.5%	87.5%	9.1%	1.9	2	2

Key

Target met | Within 5% of target | Target not met

Exception Reporting and Operational Commentary

Safer Staffing Dashboard Narrative : Aug

There are 12 units flagging red for sickness compared to 14 in July, with 3 over 10% (reduced from 5 in July).

There continues to be no units with more than 3 red flags.

Malton, Mill View Court and Maister had three red flags in July and all have shown an improved overall position in August noting Mill View Court's compliance with ILS and BLS is now above the 85%, Malton has seen an improvement in CHPPD and OBDs and a slight reduction in their sickness rate compared to July and Maister Court has seen a further reduction in sickness, at 4.6% in August, and a reduction in OBDs to 90%.

As previously reported, Whitby continue to have staffing pressures, and a deep dive is being conducted. This is reflected in the reduced fill rates on days. Sickness is currently at 4.0% and RN vacancies currently reported at 2.9 WTE. The ward are currently conducting their safer nursing care tool dependency data collection, and all wards will be subject to safer staffing reviews in October/Nov.

TEC fill rates on days for RNs was low for August however they continue to have low bed occupancy (36%) and high CHPPD (35.6%).

Supervision compliance remains consistent, however there were 2 nil returns for August (Mill View Lodge and Maister Court) and 2 units under the target threshold (STaRS and PICU). STaRs is just under the 85% threshold at 81%, which is an improvement from 61% in July. PICU were above target in June but have dropped to 75% in August.

Statutory/Mandatory training (all) remains above the 85% target for all units. ILS and BLS remains consistently strong with 1 red flag for BLS at Whitby. BLS training continues to be delivered at site monthly.

The staffing level incidents reported in August have been reviewed. All reported as no harm.

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)

Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
8.92%	6.80%	6.30%	7.39%	7.77%	7.57%	7.15%	7.71%	8.90%	10.20%	10.65%	11.04%

Slips/Trips and Falls (Rolling 3 months)

	Jun-25	Jul-25	Aug-25
Maister Lodge	1	6	2
Millview Lodge	3	3	10
Malton IPU	2	0	4
Whitby IPU	3	7	0

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

HUMBER TEACHING NHS FOUNDATION TRUST
SAFER STAFFING COMMUNITY DASHBOARD

Staffing and Quality Indicators	
Contract Period:	2025-26
Reporting Month:	Aug

NHS Humber Teaching NHS Foundation Trust

			Workforce Indicators					Quality Indicators						Trend	
Area	Team	Speciality	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	Jul-25	Aug-25
Adult MH Services	Mental Health Response Service	Adult Crisis	59.6	12.7%	9.5%	£46,382	£458	93.2%	88.5%	6	83.3%	0	2	2	1
	Hull East Mental Health Team	Hull Adult MHT	20.9	46.8%	21.1%	£2,693	£2,680	84.8%	N/R	0	NS	0	1	2	1
	Hull West Mental Health Team	Hull Adult MHT	13.6	12.1%	11.2%	£1,310	£0	92.0%	N/R	0	NS	0	1	1	1
	Beverley Mental Health Team	ER Adult MHT	6.6	2.1%	13.4%	£3,098	£0	97.6%	100.0%	8	100.0%	0	0	1	1
	Goole Mental Health Team	ER Adult MHT	9.4	6.2%	7.4%	£598	£0	97.0%	100.0%	0	NS	0	0	2	1
	Haltemprice Mental Health Team	ER Adult MHT	9.9	4.7%	3.2%	£1,316	£0	94.5%	100.0%	9	77.8%	0	0	1	1
	Holderness Mental Health Team	ER Adult MHT	11.2	3.4%	8.8%	£0	£0	95.3%	100.0%	2	100.0%	0	0	1	1
	Bridlington & Driffield MHT	ER Adult MHT	14.3	10.2%	4.5%	£1	£0	96.0%	100.0%	7	57.1%	0	0	1	1
Older People MH Services	Crisis Intervention Team for Older People (CITOP)	OP Crisis	23.0	25.8%	16.8%	£8,224	£0	94.6%	100.0%	1	100.0%	0	0	1	1
	Hull Intensive Care Team for Older People (HICTOP)	Hull OP CMHT	21.9	6.1%	7.6%	£3,811	£0	98.1%	100.0%	17	100.0%	0	0	0	1
	Beverley and Haltemprice OP CMHT	ER OP CMHT	8.4	19.4%	0.6%	£9	£0	96.7%	100.0%	10	100.0%	0	0	0	0
	Bridlington & Driffield OP CMHT	ER OP CMHT	6.3	21.4%	0.0%	£0	£0	95.6%	100.0%	0	NS	0	0	0	0
	Goole & Pocklington OP CMHT	ER OP CMHT	6.1	-16.4%	15.1%	£0	£0	97.5%	100.0%	4	75.0%	0	0	1	2
	Holderness OP Community Team	ER OP CMHT	5.3	-0.1%	1.8%	£0	£0	97.7%	100.0%	2	100.0%	0	0	1	0
Universal	Early Intervention in Psychosis	14-65 MHT	23.5	13.3%	1.5%	£84	£0	90.8%	96.2%	0	NS	0	0	2	0
	Hospital Mental Health Team	Liaison Services	37.0	8.3%	3.1%	£3,002	£8,361	90.4%	15.8%	7	85.7%	0	0	0	1
Community Services	Ryedale Team	Comm Services	20.0	3.8%	0.5%	£2,710	£0	92.9%	80.8%	2	100.0%	0	0	0	0
	Scarborough Hub	Comm Services	65.6	5.9%	3.4%	£26,785	£3,774	90.0%	79.6%	0	NS	0	0	1	1
	Whitby Community Nurses	Comm Services	30.0	12.5%	4.4%	£5,253	£0	93.7%	100.0%	0	NS	0	0	1	0
	Pocklington Nurses	Comm Services	17.0	13.7%	9.9%	£6,547	£0	83.7%	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

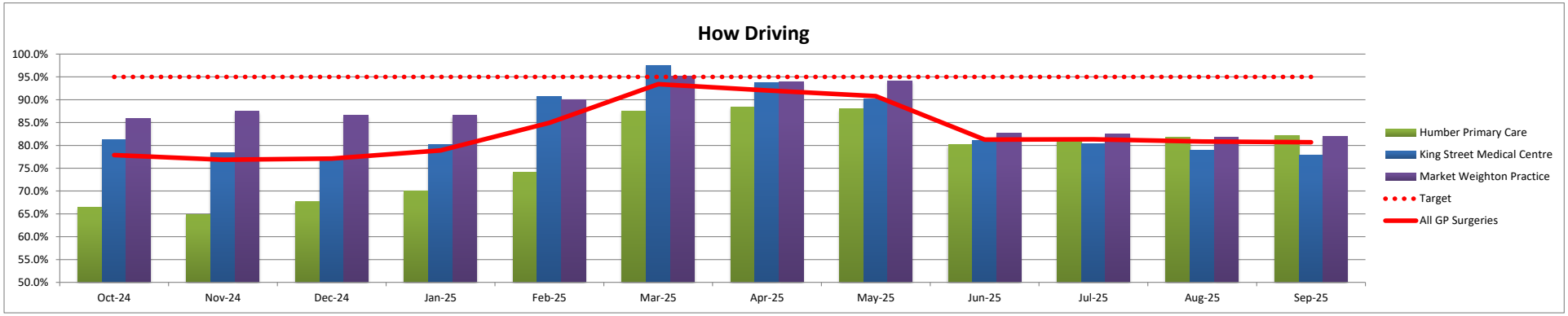
FFT % results based on the number of responses received with a satisfactory outcome

Waiting Assessment - Total number of patients not seen for assessment

Quality Dashboard

All GP Surgeries - Overall QOF Results

Reporting Month September 2025



	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Trend
Humber Primary Care	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	458.4 / 564	461.2 / 564	
QOF Predicted (How Driving)	66.4%	64.8%	67.7%	69.9%	74.1%	87.5%	88.4%	88.0%	80.2%	81.2%	81.7%	82.2%	
King Street Medical Centre	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	443.2 / 564	437.3 / 564	
QOF Predicted (How Driving)	81.2%	78.3%	77.1%	80.2%	90.6%	97.5%	93.7%	90.2%	81.0%	80.3%	79.0%	78.0%	
Market Weighton Practice	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	459.2 / 564	459.5 / 564	
QOF Predicted (How Driving)	86.0%	87.5%	86.6%	86.6%	90.1%	95.2%	94.0%	94.1%	82.6%	82.5%	81.9%	81.9%	
All GP Surgeries	77.9%	76.9%	77.1%	78.9%	84.9%	93.4%	92.0%	90.8%	81.3%	81.3%	80.9%	80.7%	
Number of GP Practices	3	3	3	3	3	3	3	3	3	3	3	3	

NHS
Humber Teaching
NHS Foundation Trust

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