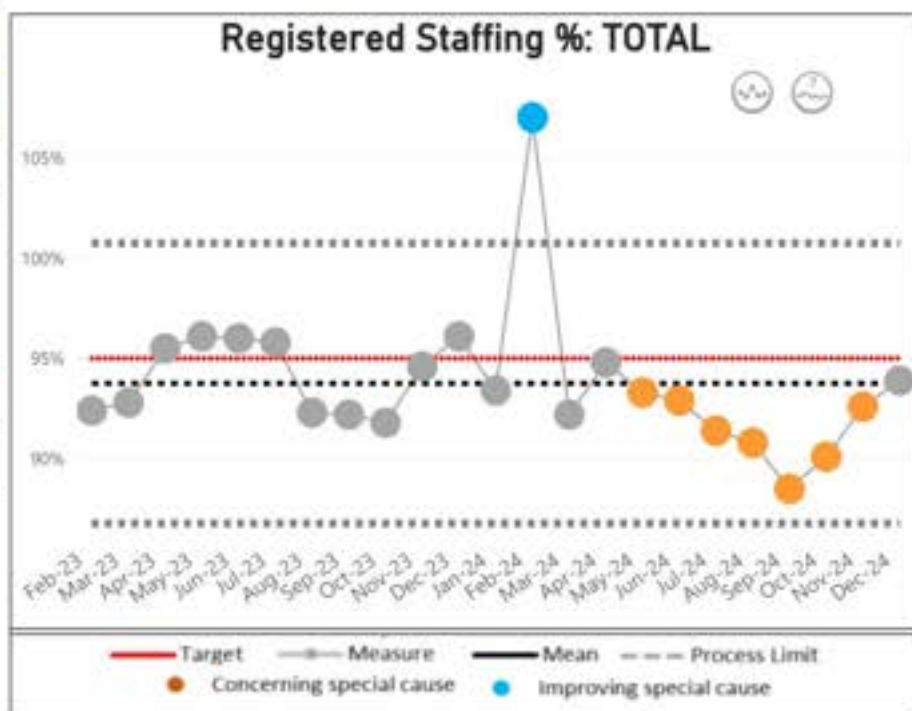
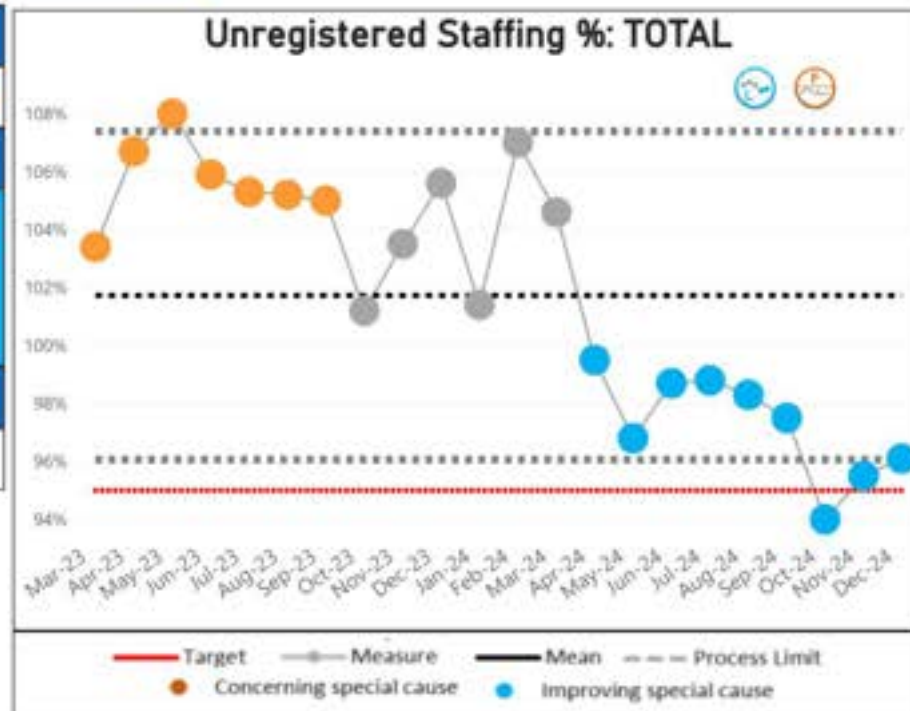


Dec-24
93.9%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



Dec-24
96.1%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
95%



Registered Nursing Narrative

Now that this metric is below the target of 95%, we are changing the direction of improvement. We had seen a run of 7 points below the mean in this metric but in prior months we have seen an increase and are now only 1% away from the 95% target.

The significant reduction in registered nurse fill rates had correlated with the establishment work completed earlier in the year, when Planned nursing numbers were increased within wards and departments in response to the acuity and dependency commonly seen in the area. This has resulted in a vacancy, which is actively being recruited to and there is a strong pipeline in place. However, the Trust is experiencing a higher-than-expected number of registered nurses unavailable for work and although a % of this is planned for in the establishment headroom (23%), current sickness and absence has exceeded this. A detailed analysis has been undertaken and this is largely being driven by stress and anxiety which triangulates with staff redeployment day to day to maintain staffing levels. Immediate actions have been put into place in the emergency department and SDEC (where staff are currently being redeployed to) to reduce the need for staff moves. These actions include redeploying interested staff for a period of time (rather than day to day) and increasing temporary staffing requests, in advance, on blocks contracts, where possible for continuity. This metric will continue to be closely monitored by the senior nursing team.

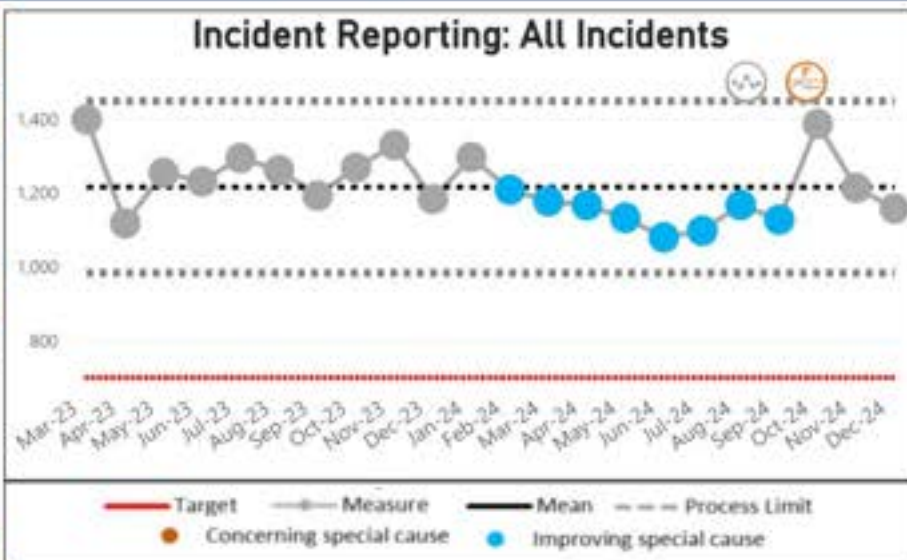
Unregistered Nursing Narrative

Unregistered nursing fill rates are below 100% at 96.1%. The direction of improvement is different to the registered side as we have historically been above 100% in this metric.

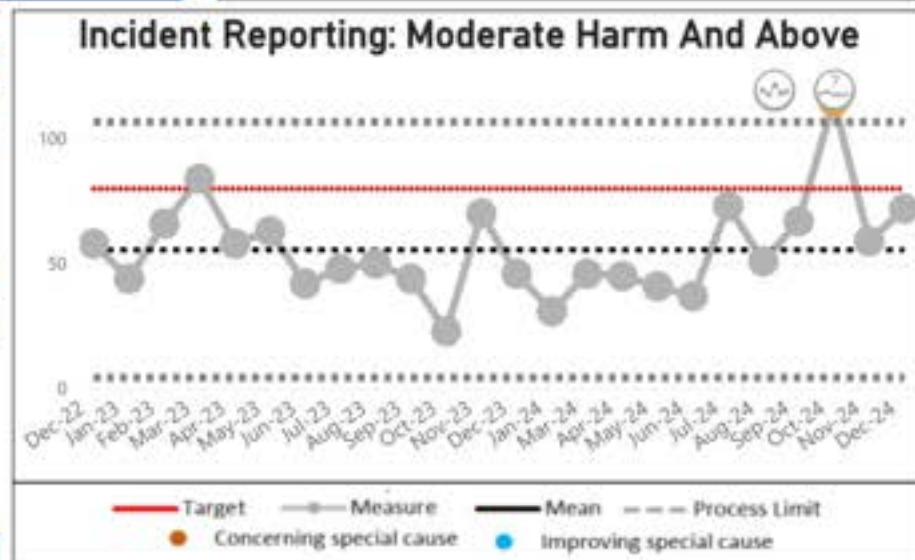
There still remains issues with the complexity of patients, with multiple wards and departments operationalising 'zoned bays' and nursing patients required on-to-one.

There has been a drop in both metrics this calendar year but unregistered staffing now appears as being more stable and close to the 95% target.

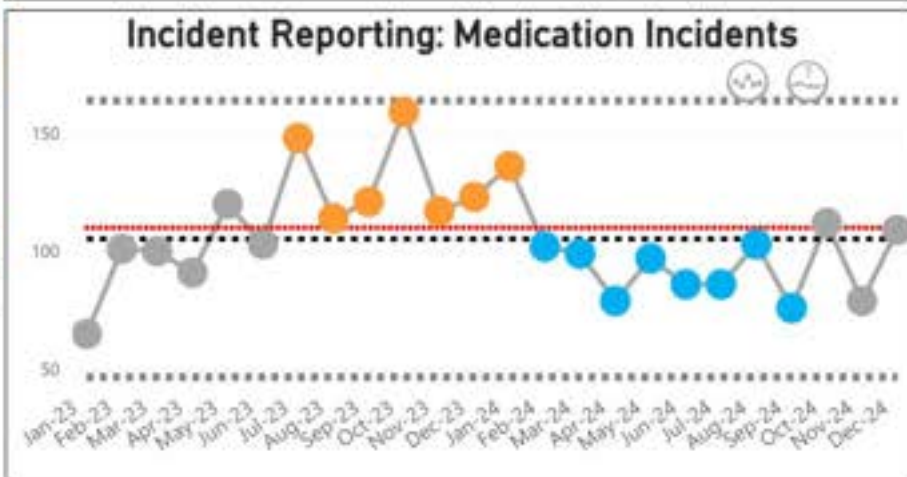
Dec-24
1158
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
700



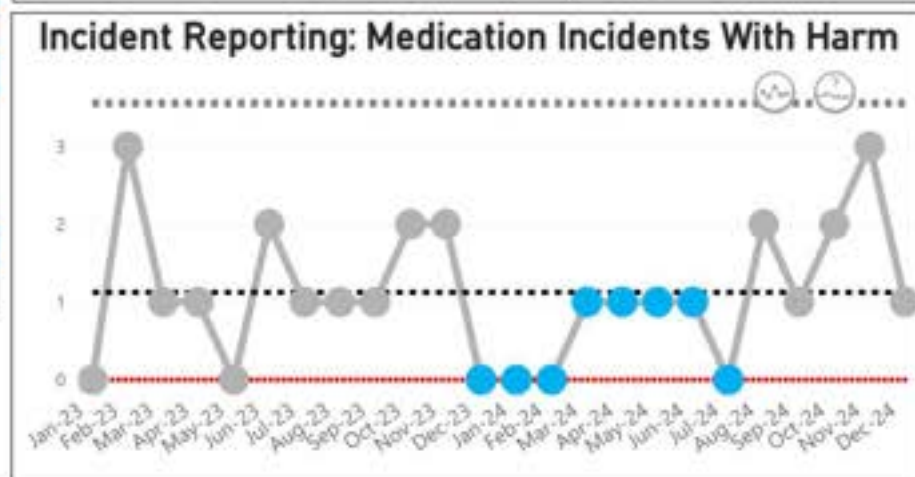
Dec-24
72
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
80



Dec-24
109
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
110



Dec-24
1
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
0



Incident Reporting Narrative

The metric for overall incidents has been changed, historically this metric comprised of only the incidents that were sent to NRLS now we are looking at any logged incident. There has been an decrease in the overall number of incidents reported (clinical and non-clinical); a total of 1158 – an decrease of 56 in comparison to November 2024.

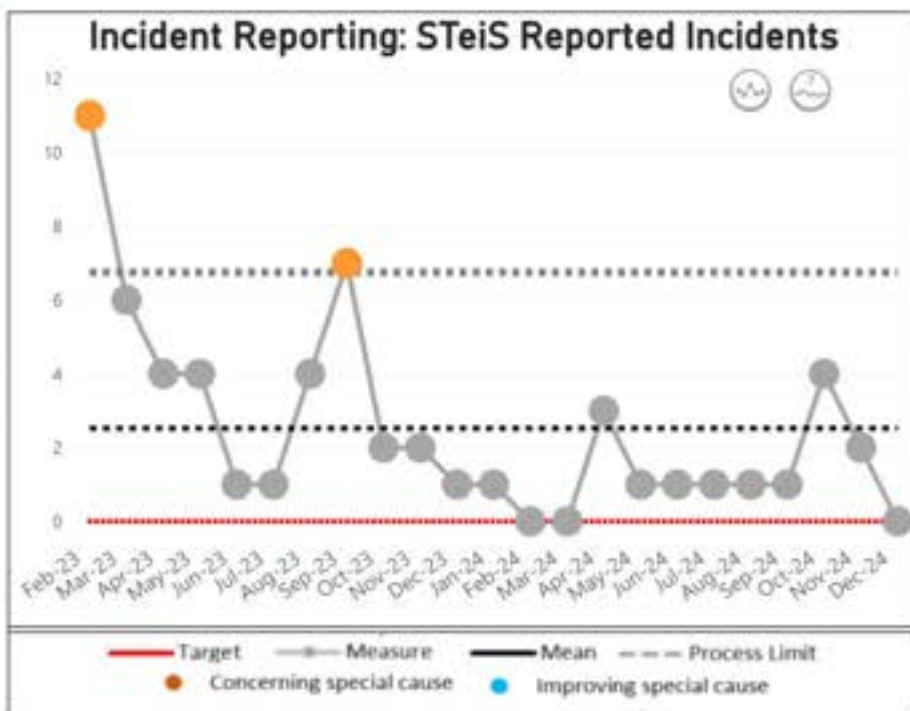
The top 4 reported incident categories were: Skin Integrity 150 (13%), Staffing 97 (8%), Slip, Trip and Fall (In-Patient) 96 (8.3%), Security Response 63 (5.4%).

Medication Incidents Narrative

The method of reporting medication incidents has changed week commencing the 18th October, before this change, all categories of medication incident were classified as medication, then the sub category was administration, prescribing etc.

We can now see that, of the 109 medication incidents, 36 were administration, 30 were prescribing and 9 were dispensing, the new logic allows us to see more detail on these categories, with the top 3 sub categories of administration being wrong frequency rate (9), omitted medicine (4) and Wrong Quantity (4) and the top 3 for prescribing being TTO issues (10), Wrong dose/strength(10) and omitted medicine (4).

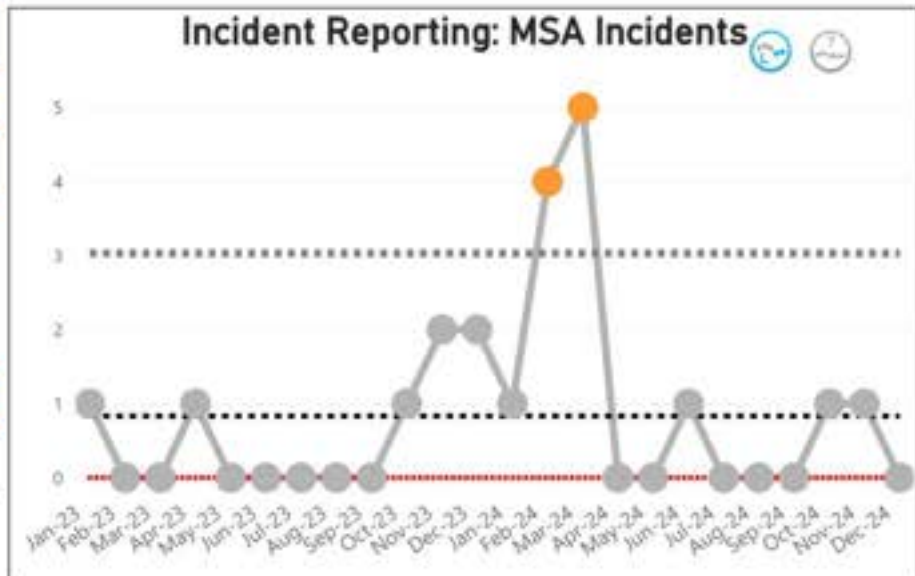
Dec-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Dec-24
0
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
0



Dec-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Serious Incidents Narrative

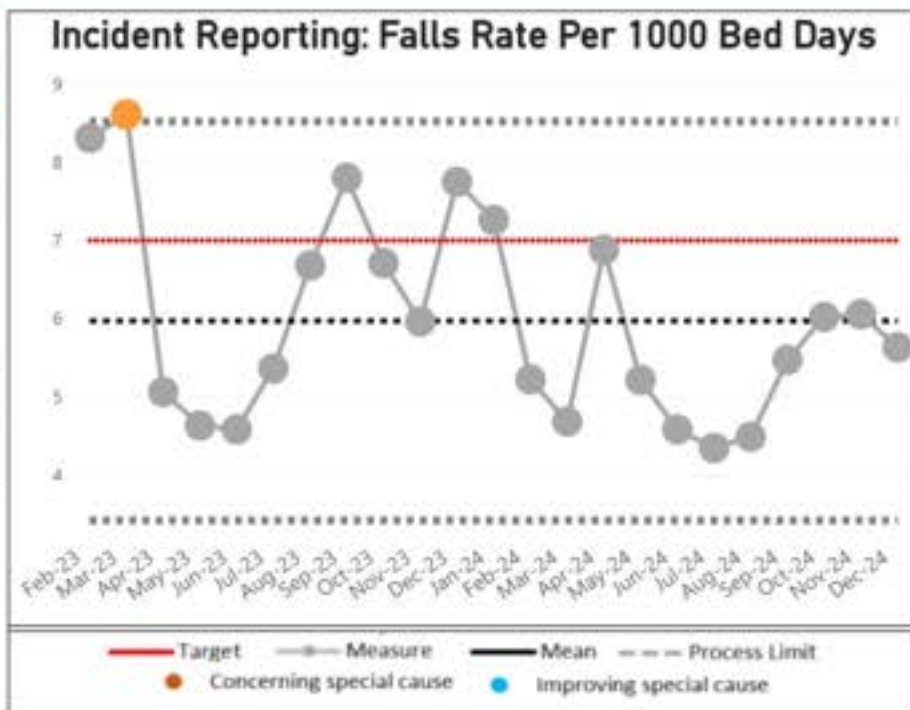
The Trust historically reported this metric as only the serious incidents that were sent to STeiS, from October's SOF, this is now amended to any incident that is reported to STeiS, thus the historical data has changed.

There were no such incidents in December.

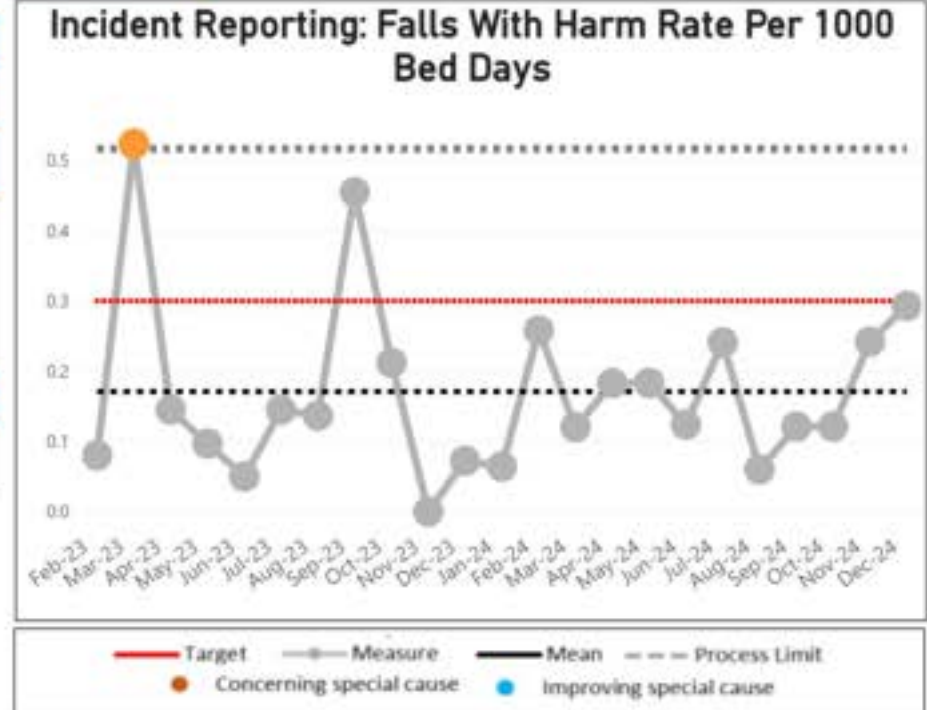
The Trust reported a Never Event in April which related to a retained foreign object post-procedure following a delivery. The Trust - in line with protocol - did a thorough investigation to identify lessons and ensure shared learning.

We have added the number of MSA incidents to the SOF as of June, at time of writing we are identifying the number of MSA incidents rather than total breaches, in December we reported 2 incidents both of which were justified and as such are not included in the submissions.

Dec-24
5.63
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
7



Dec-24
0.293
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0.3



Falls Narrative

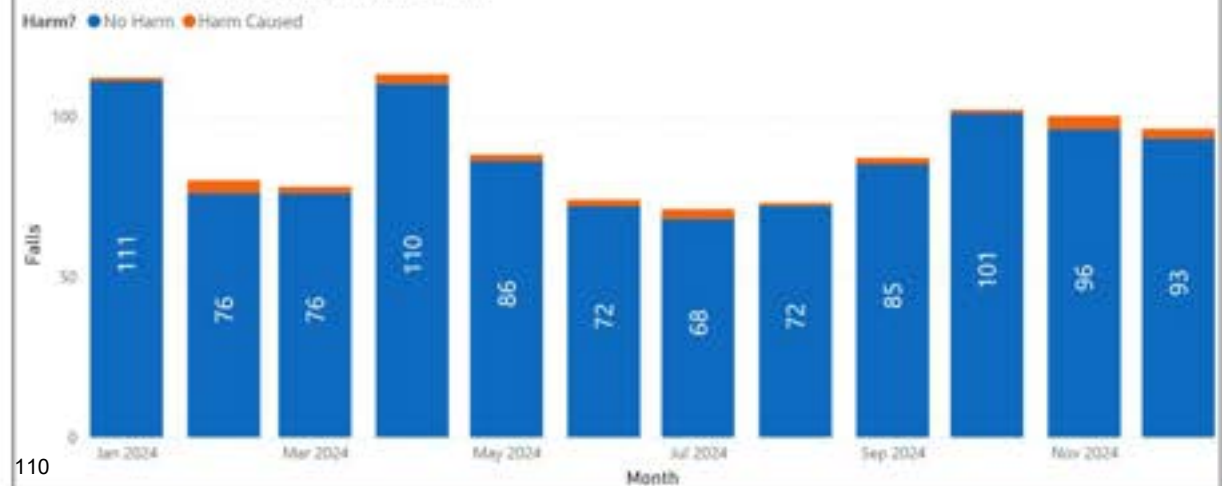
Falls has been reviewed as part of the 6 steps to patient safety and the aim will be to reduce the number of falls with harm by 40%. The Trust met it's target of reducing falls with harm by 40% in 2023/24 and we are on track to see further reductions in the coming year.

The harms improvement programme for 24/25 have been set and the smart targets are now to see a 20% reduction in overall Falls which encompasses a 20% reduction in unwitnessed falls as well.

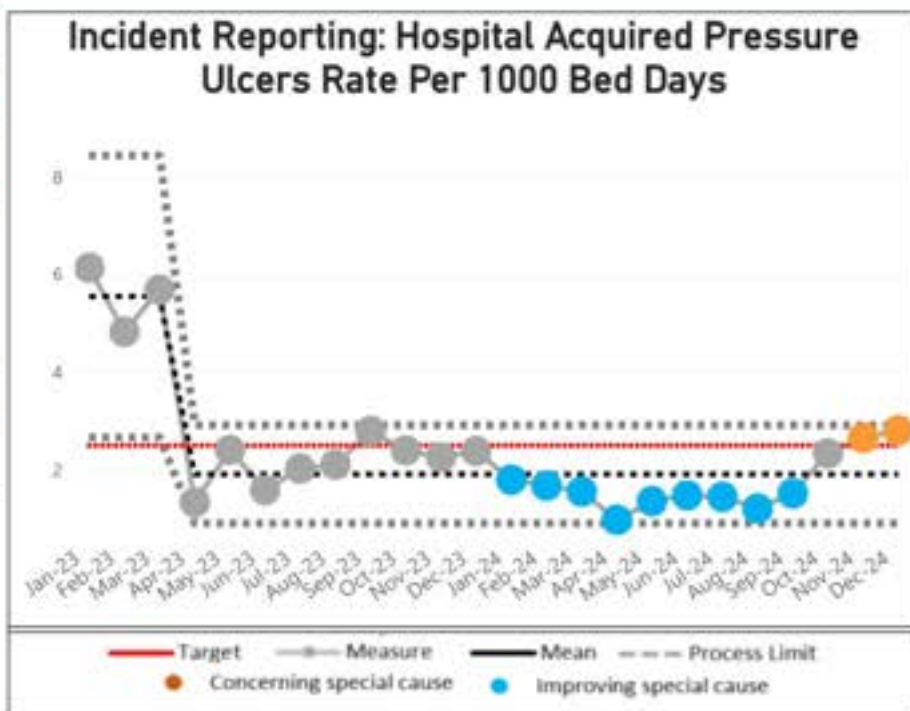
In December 24, similarly to November, we saw 4 falls with harm, all of which were recorded as moderate harm.

At the end of the current months position, we are demonstrating a 4% reduction in all Falls and a 7% reduction in Unwitnessed Falls. This is a reduction in our position from last month, as we saw 58 unwitnessed falls in December with 96 overall.

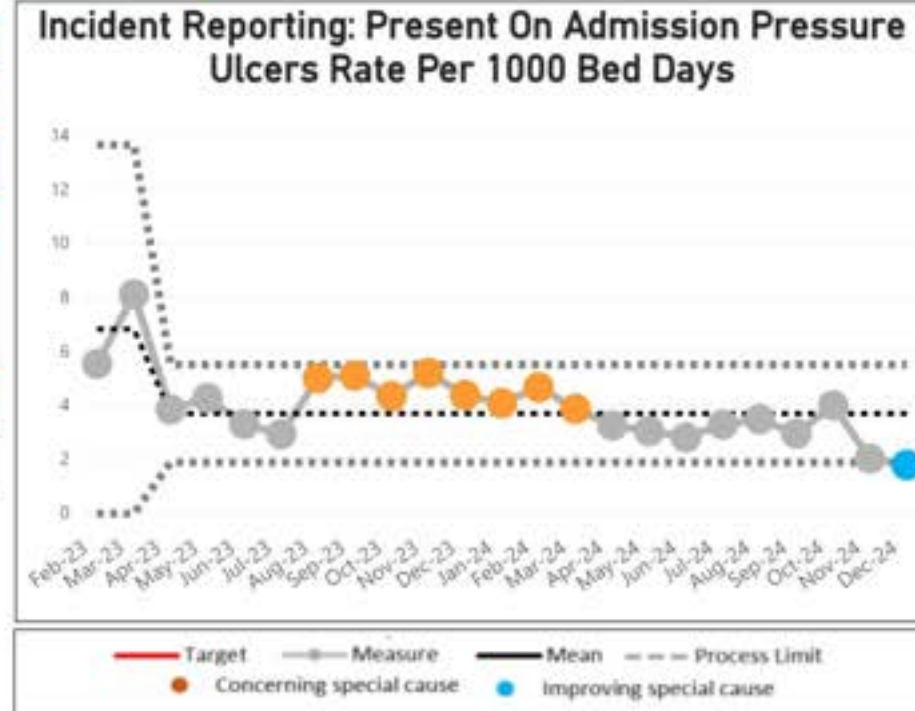
Overall Figures For Falls Split By Harm Caused



Dec-24
2.81
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
2.5



Dec-24
1.76
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
2.5



Pressure Ulcer Narrative

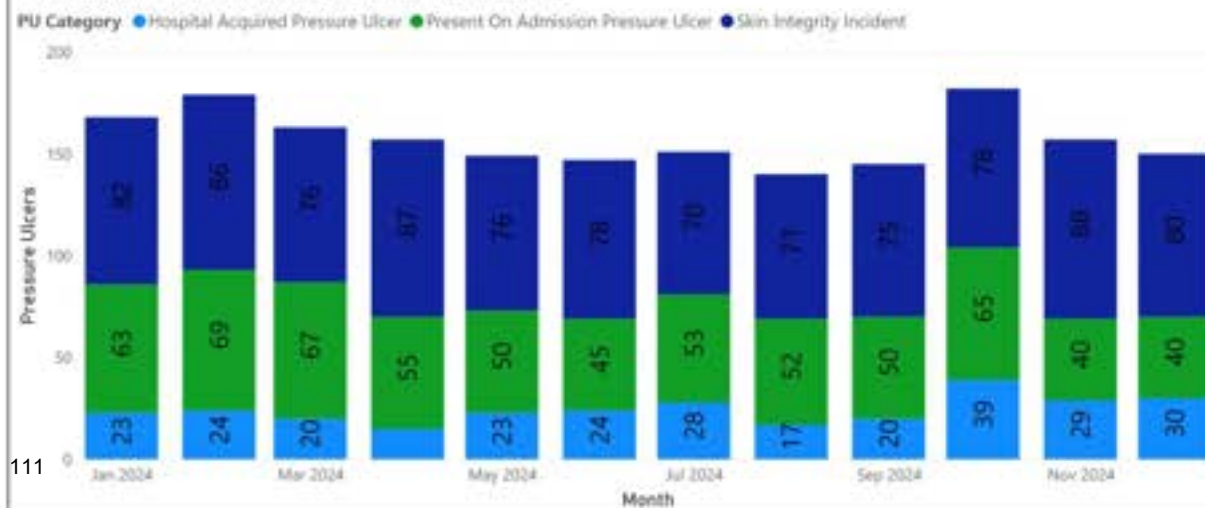
Considerable work has been done to move our Pressure Ulcer reporting in line with national standards, the Trust has finalised what we consider a Pressure Ulcer and what is considered a Skin Integrity Incident. This new methodology dates back to the start of the financial year and a step change will be put in place to acknowledge this change. The chart on the right is inclusive of all Skin Integrity Incidents. We have now amended our reporting again in line with national guidance, Deep Tissue Injuries will now sit under Skin Integrity but will not be part of our Pressure Ulcer numbers.

The target from the harms improvement programme is to reduce Hospital Acquired Pressure Ulcers by 20% by the 31st March 2025 with the new methodology of Pressure Ulcer reporting.

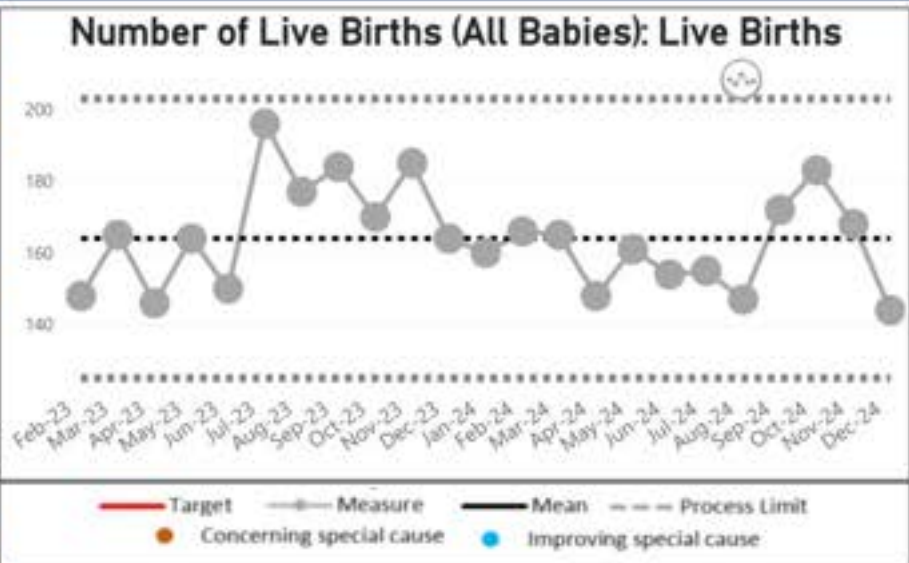
In December 2024 we saw 107 skin integrity incidents, of which 61 counted as Pressure Ulcers. The Pressure Ulcer figure comprised of 27 Hospital Acquired and 34 Present on admission, which means that 44% of our pressure Ulcers were hospital acquired.

There were 20 moderate or above Hospital Acquired Pressure Ulcers in month, 4 of which were Level 3, 8 were level 2 and the final 2 were deteriorations.

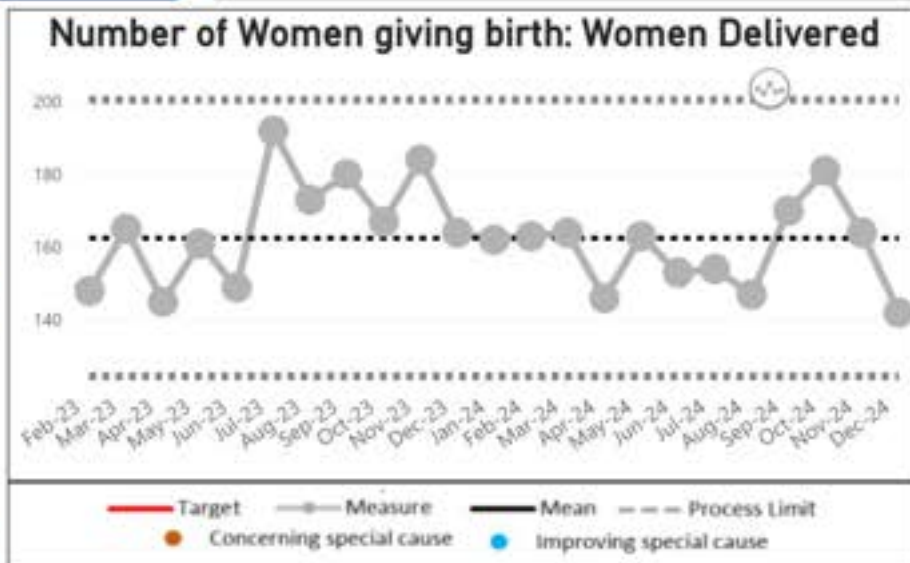
Overall Figures For Skin Integrity Incidents Split By Type



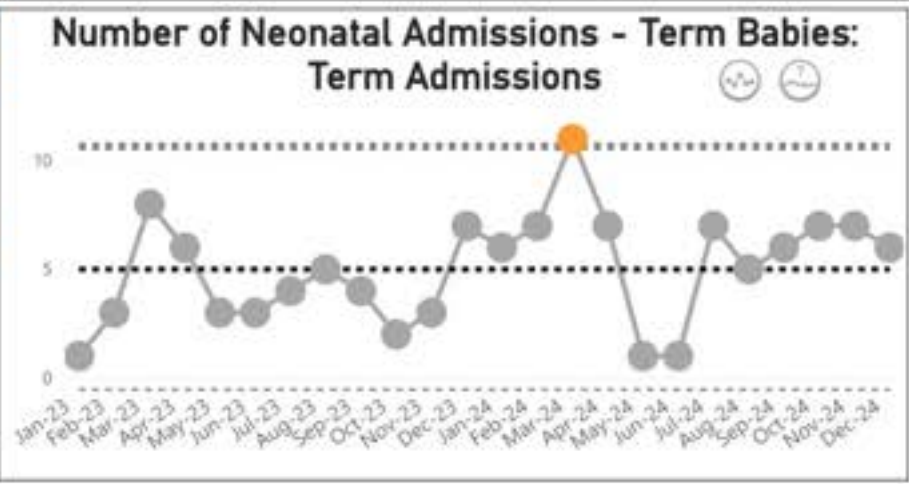
Dec-24
144
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



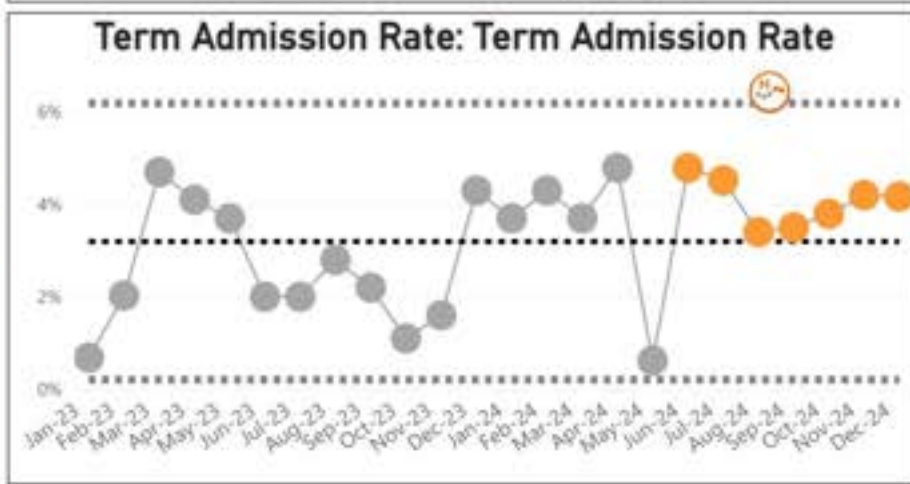
Dec-24
142
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



Dec-24
6
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



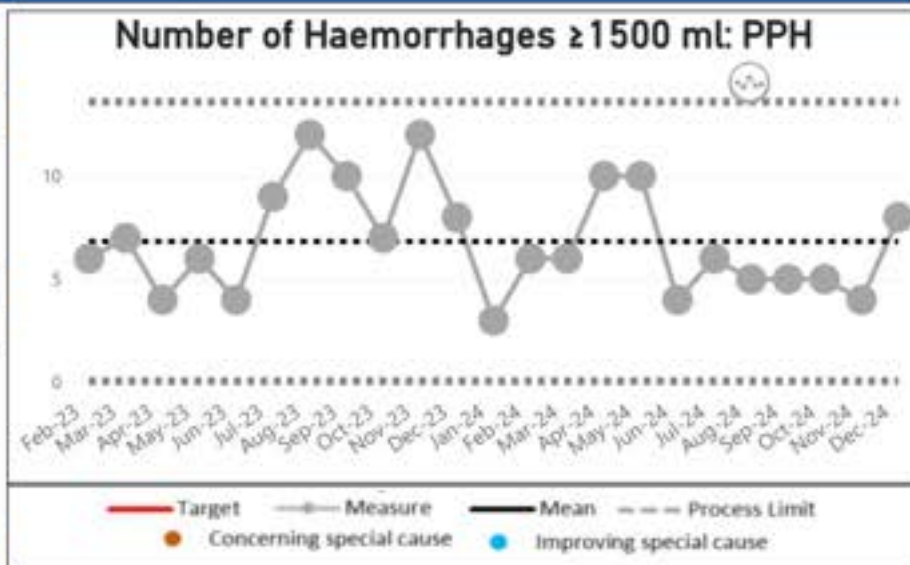
Dec-24
4.17%
Variance
Special cause variation of a CONCERNING nature where the measure is significantly HIGHER.
Target



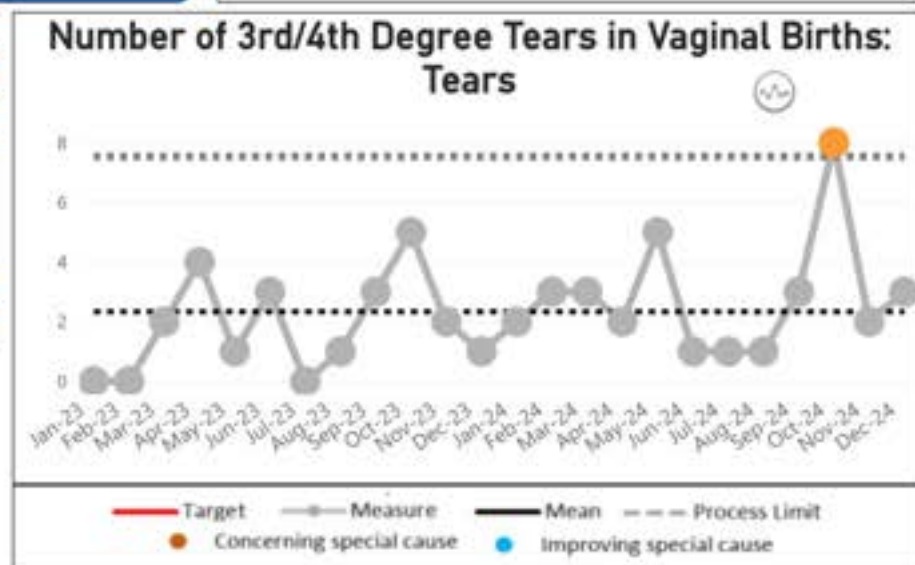
Narrative
 There is nothing of statistical significance in our metrics relating to women giving birth.

Narrative
 Term admissions slightly increased in the reporting month and remains within the target of 5%. There will always be term admissions for appropriate clinical reasons – although we certainly want to keep our numbers low, demonstrating only those infants that definitely need admission are admitted. The Trust has maintained a strong position for this metric during the entire reporting period but are now showing a statistically significant increase due to 7 points above the mean, albeit all these points remain within the 5% target.

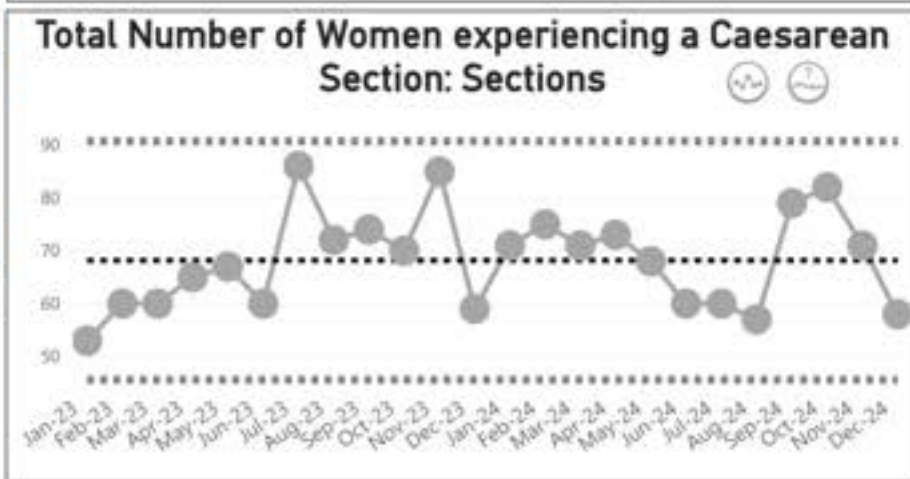
Dec-24
8
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Dec-24
3
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



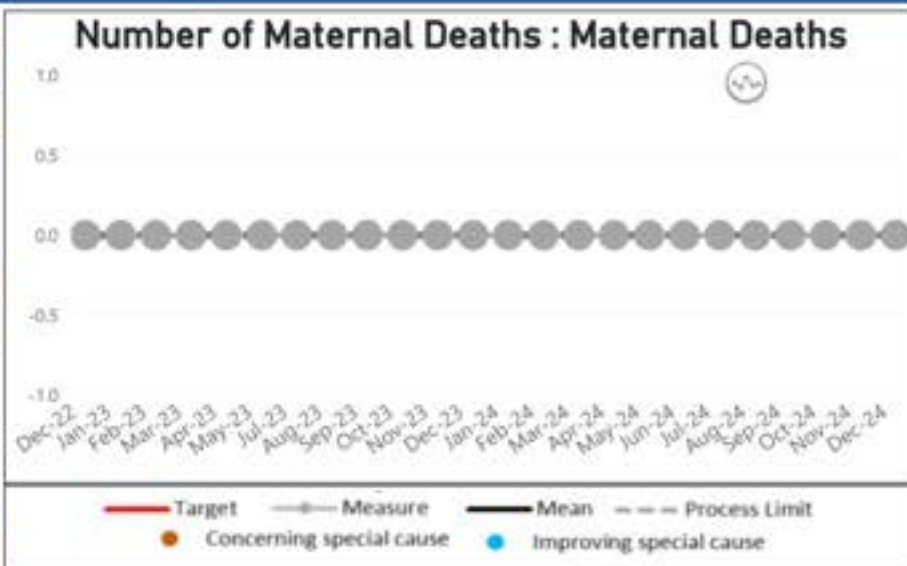
Dec-24
58
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



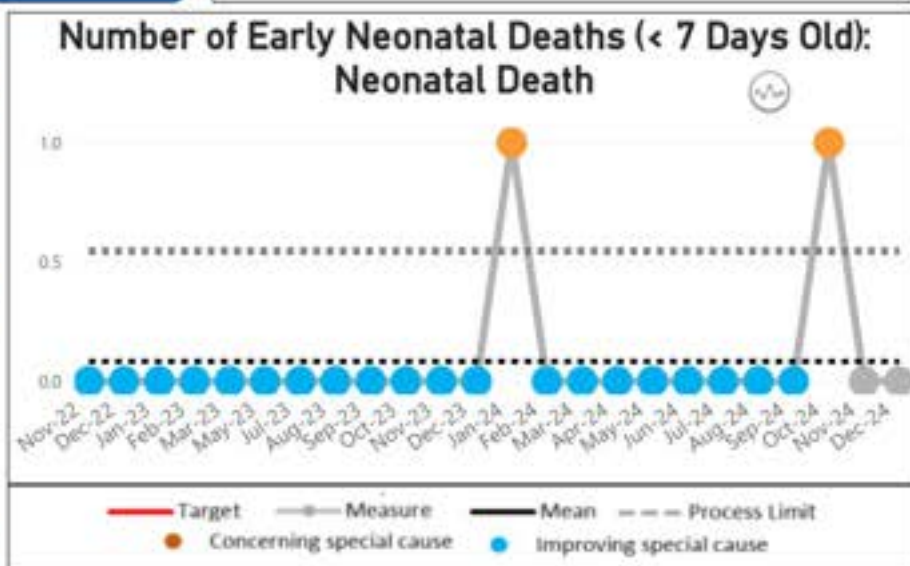
Narrative

Haemorrhages over 1500 ml has increased in the reporting month following a run of 6 points below the mean, but we remain in line with the metric mean. Women having a caesarean remains in line with the overall number of women giving birth and the number of 3rd/4th degree tears remains close to the process mean following a spike in October.

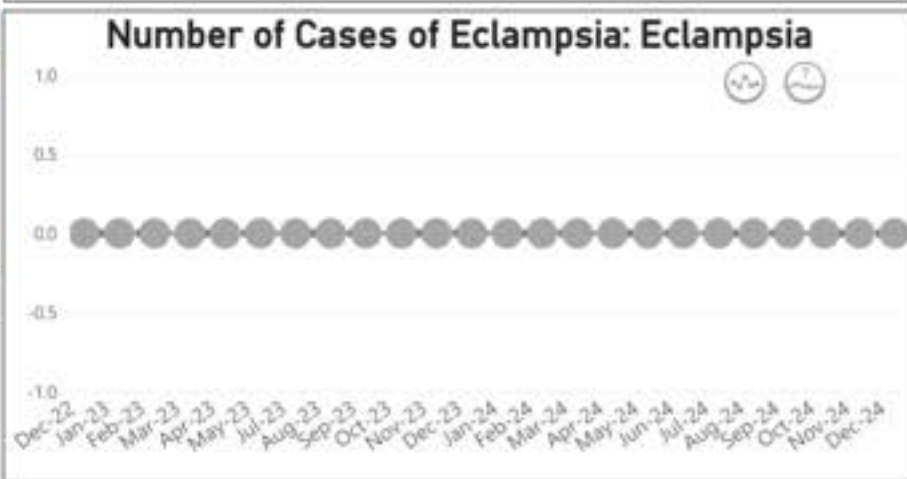
Dec-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



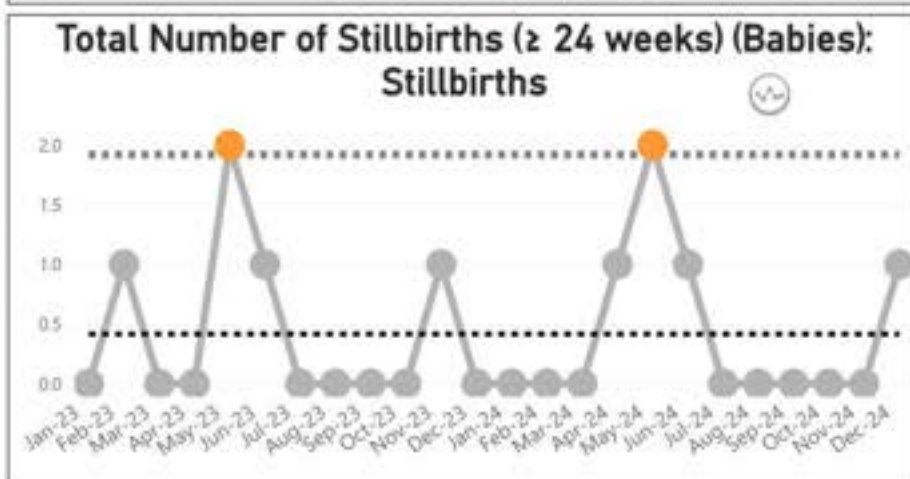
Dec-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Dec-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target

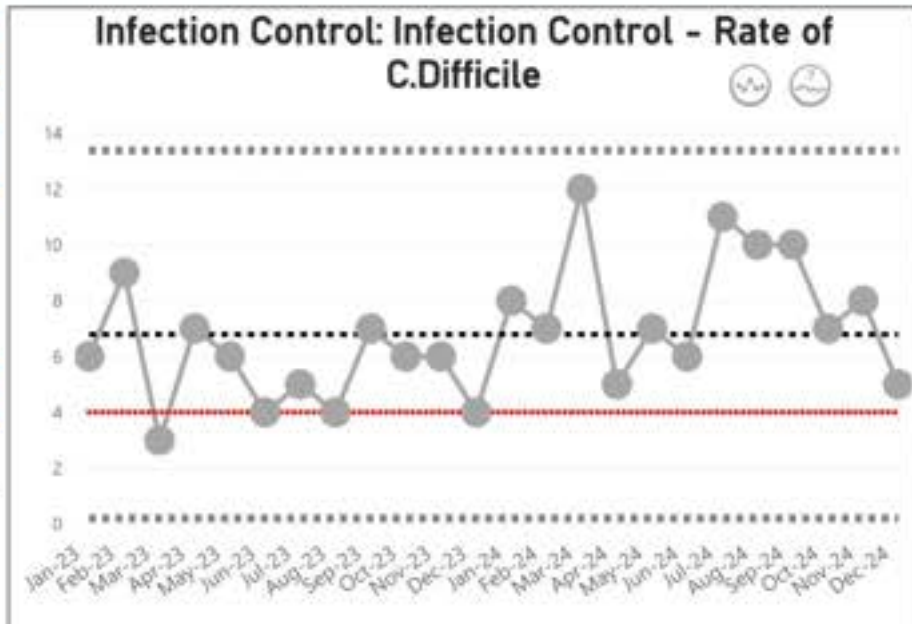


Dec-24
1
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target

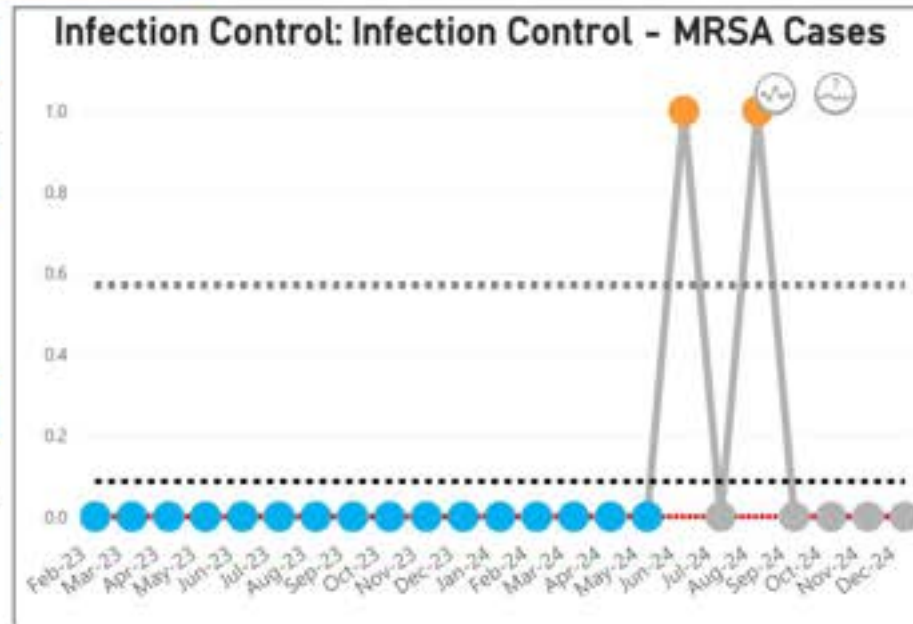


Narrative
The Trust continues a strong position across all maternal death metrics.

Dec-24
5
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
4

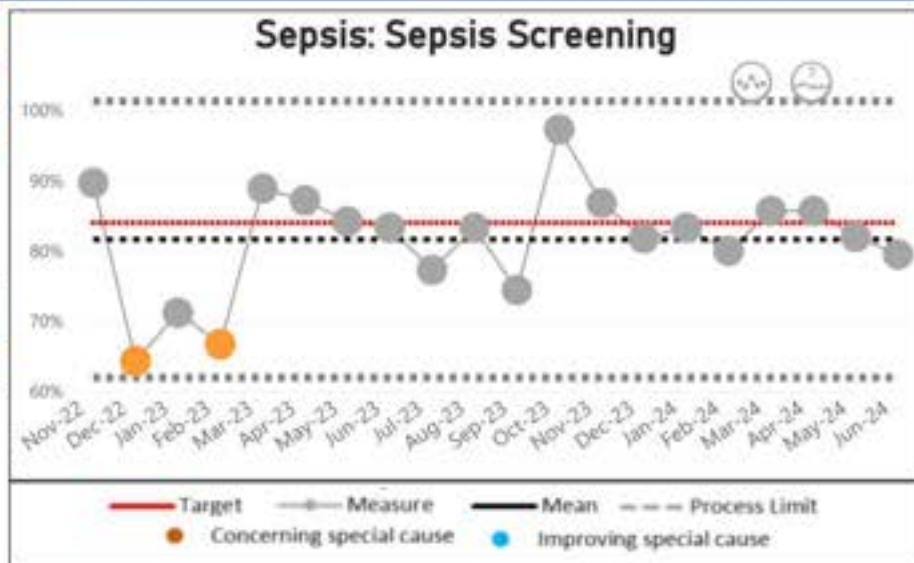


Dec-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0

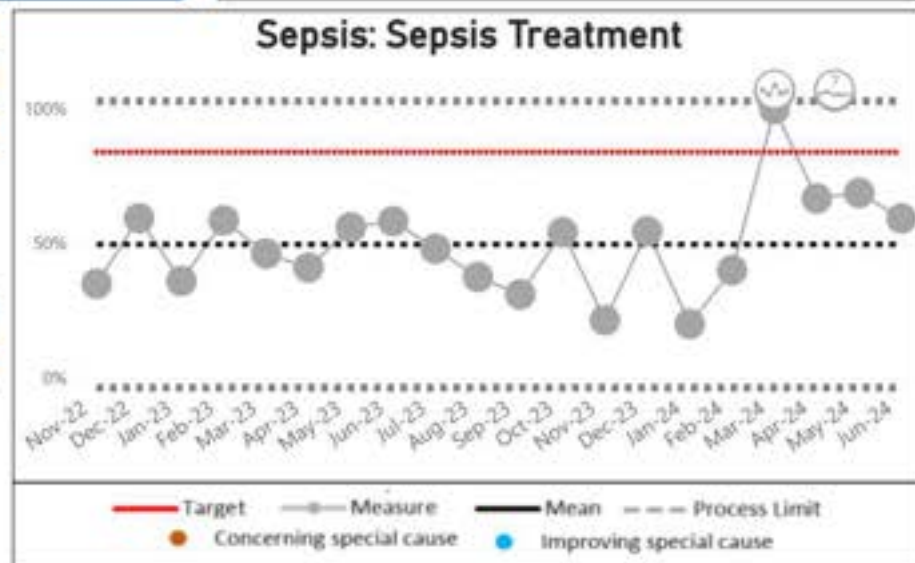


In October, we amended how we record Infection Control incidents on datix, and they now sit under the category of Healthcare associated infection (HCAI) rather than Infection Control. This change will allow us to see other infections more readily such as MSSA and CPE

Jun-24
79.5%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
84%



Jun-24
59.3%
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target
84%



	CPS rank	Data completeness	Exclusions	NEWS2	Blood cultures	Antibiotics within 1 hour	Serum lactate	IV fluids	Senior review	Care pathway	Appropriate Care Score (perfect care)	Composite Process Score
NQ overall	-	78.6%	26.6%	93.8%	57.6%	63.7%	64.1%	76.3%	66.4%	60.2%	27.2%	71.1%
Blackpool	8	94.2%	41.7%	98.3%	59.0%	60.0%	64.0%	74.2%	82.4%	90.3%	34.1%	73.1%
Bolton	4	95.1%	27.3%	98.8%	44.4%	84.3%	55.5%	94.4%	81.1%	55.6%	26.6%	74.9%
Catterbridge		0.0%										
Countess of Chester	13	99.8%	34.0%	84.7%	63.6%	56.0%	55.7%	47.2%	54.2%	24.0%	34.4%	63.7%
East Cheshire	7	65.3%	8.3%	91.8%	73.4%	58.3%	67.0%	67.2%	78.4%	57.7%	49.2%	73.9%
Latics Teaching	15	96.0%	17.8%	86.0%	50.0%	27.6%	79.5%	42.9%	41.1%	15.9%	33.5%	58.5%
Liverpool University Hospitals	12	100.0%	40.1%	91.5%	57.5%	54.8%	54.9%	84.5%	58.5%	69.4%	18.9%	65.5%
Manchester FT	2	97.2%	13.5%	83.6%	75.9%	87.6%	92.8%	79.1%	77.1%	100.0%	62.1%	83.0%
Mersey & W Lancs	9	90.8%	27.0%	98.9%	58.0%	55.6%	59.1%	79.1%	68.8%	66.7%	35.3%	69.9%
Mid Cheshire	10	93.1%	14.8%	96.1%	56.4%	59.1%	67.5%	72.8%	53.7%	24.3%	40.0%	69.0%
Morecambe Bay	11	54.6%	27.8%	92.1%	63.1%	65.9%	43.4%	74.6%	71.0%	59.5%	30.5%	68.5%
Northern Care Alliance	6	37.9%	11.5%	96.5%	62.7%	65.5%	62.6%	83.0%	70.0%	84.3%	47.0%	73.9%
Stockport	14	95.7%	4.5%	99.3%	38.0%	56.7%	49.2%	63.1%	67.9%	46.6%	27.7%	63.3%
Warrington & Halton	5	99.7%	55.1%	98.5%	66.2%	64.6%	69.2%	87.2%	66.2%	73.7%	35.3%	74.5%
Wrexham	1	74.0%	39.4%	98.0%	75.0%	80.7%	86.9%	81.8%	74.5%	46.6%	48.7%	83.3%
WWL	3	100.0%	14.6%	98.0%	34.1%	75.6%	70.3%	81.0%	84.6%	85.0%	44.9%	75.2%

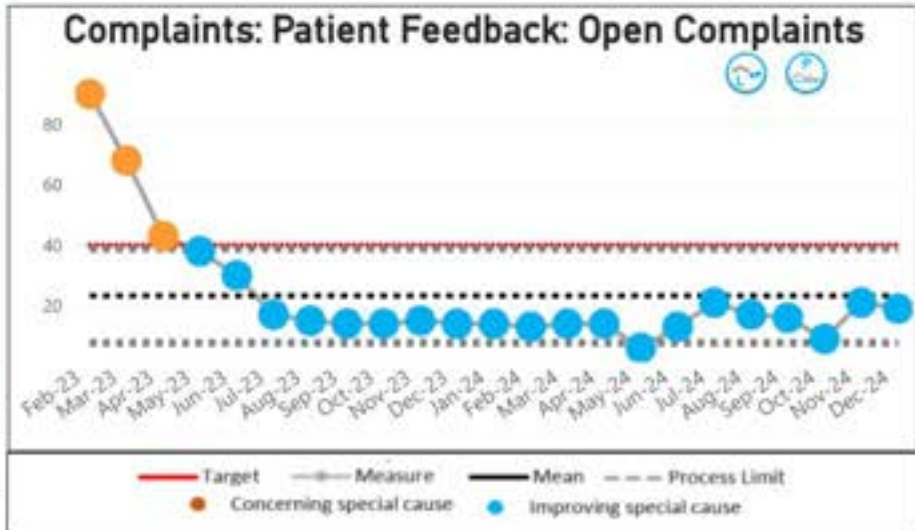
Sepsis Narrative

NEWS2 screening had remained consistent in recent months, **in June we did not meet the 84% target**. Sepsis reporting still has a 2 month lag rather than 3 as the Clinical Coding backlog has now been cleared and we envisage this to be the case moving forward.

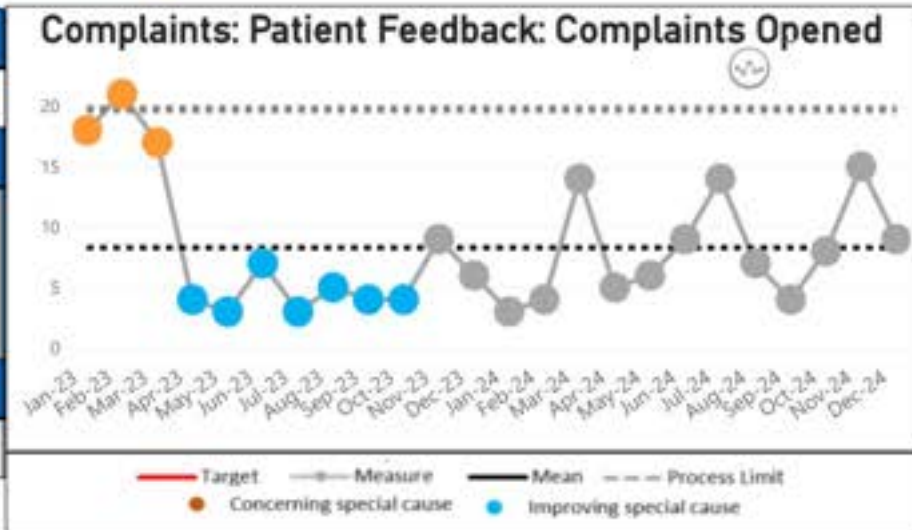
Sepsis Treatment within an hour of diagnosis has increased in the reporting month, with 3 eligible patients and 2 of which passed. The composite process score (CPS) for Sepsis is currently 66.7%.

Work is ongoing with relevant clinicians and sepsis lead to ensure we have these sepsis metrics readily available via real time reporting. We have now requested the relevant changes with Cerner on the front end, once these changes have been actioned, reporting should follow.

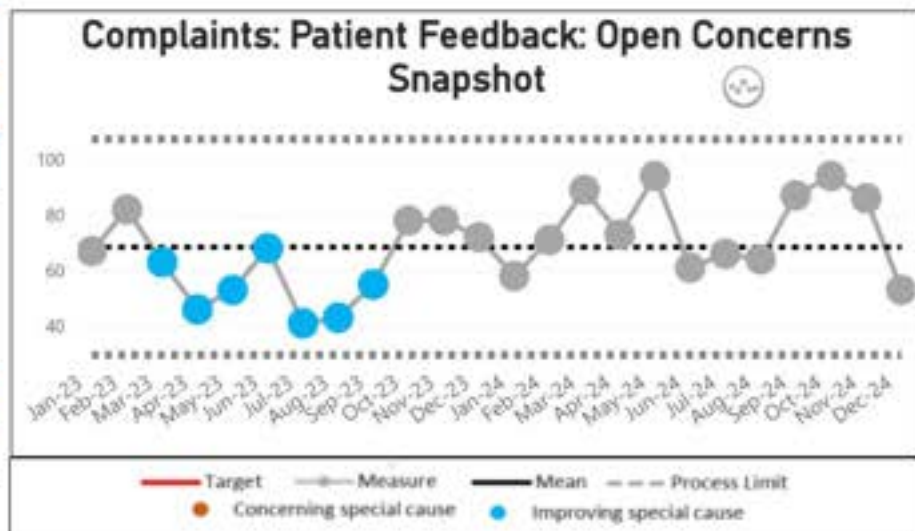
Dec-24
19
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
40



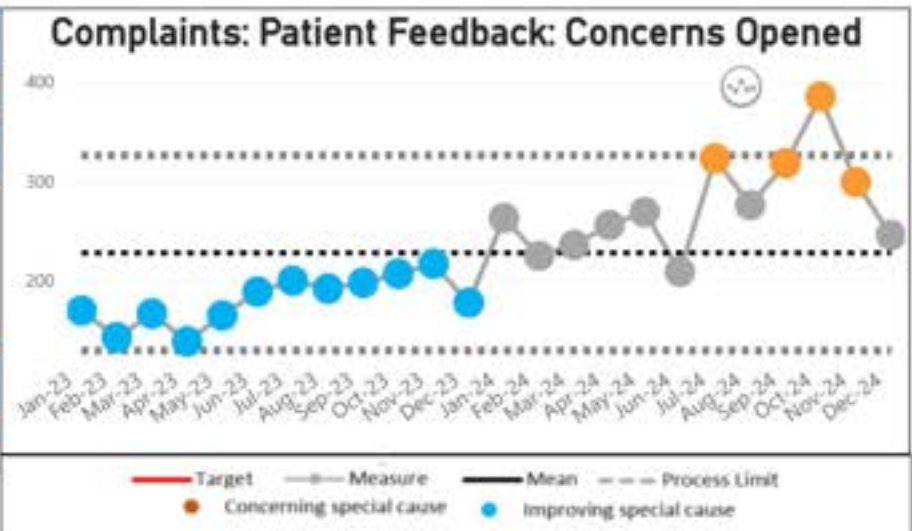
Dec-24
9
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
40



Dec-24
53
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



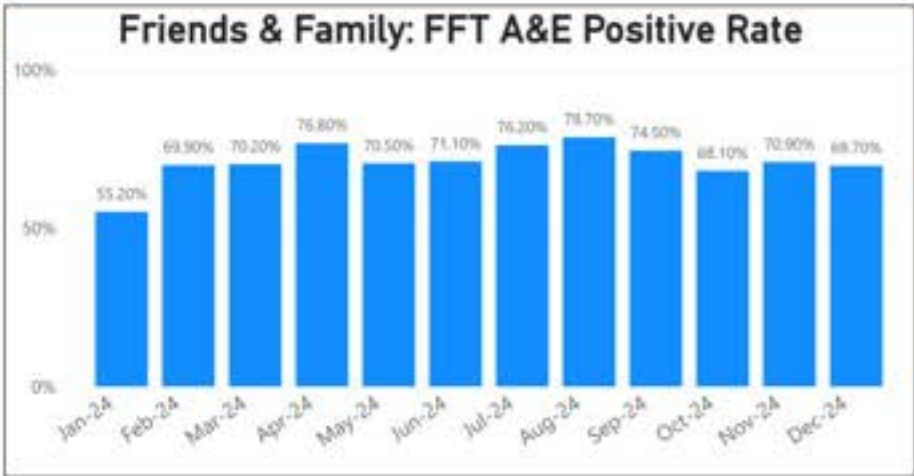
Dec-24
246
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



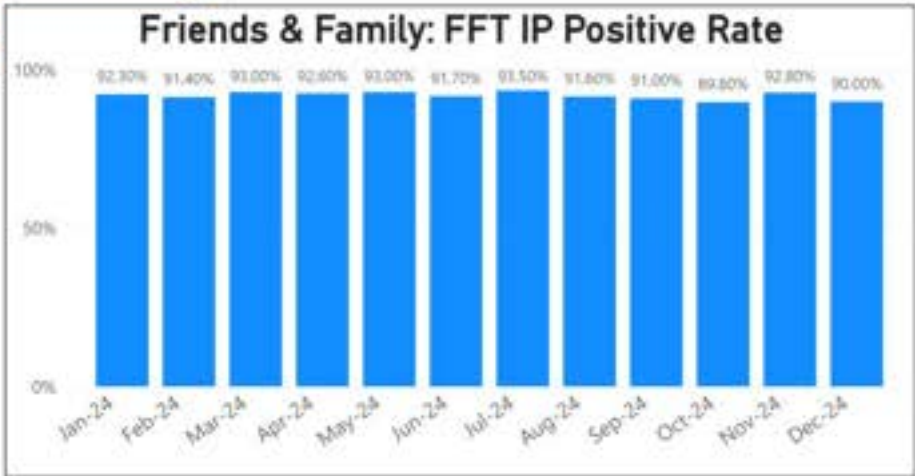
Complaints Narrative

The Trust continues to see stability in the number of Open Complaints in recent months, we have been below the target of 40 for the majority of the reporting period. We have added additional metrics to support patient feedback, the number of complaints per month, as well as the number of concerns and total open concerns snapshot as of the 1st of the month have been added for more clarity on patient experience. We can see our complaints open remains stable, but we are seeing more concerns in recent months albeit the Trust is still closing them in good time.

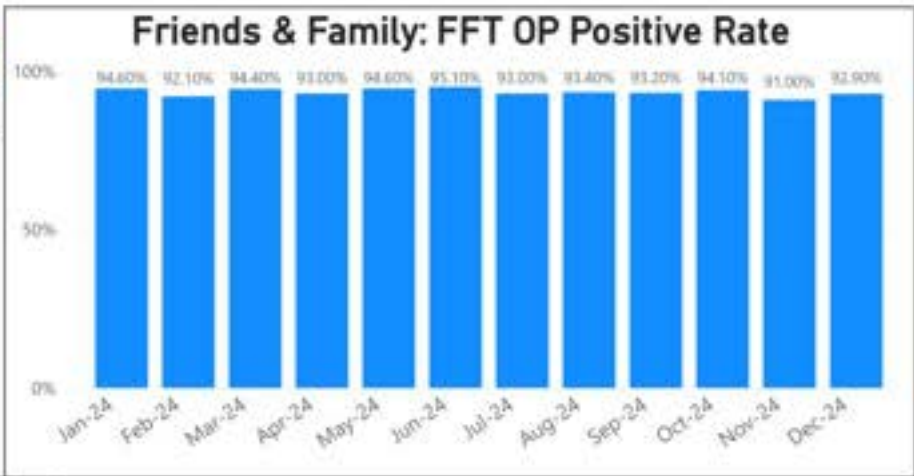
Dec-24
69.7%



Dec-24
90%



Dec-24
92.9%

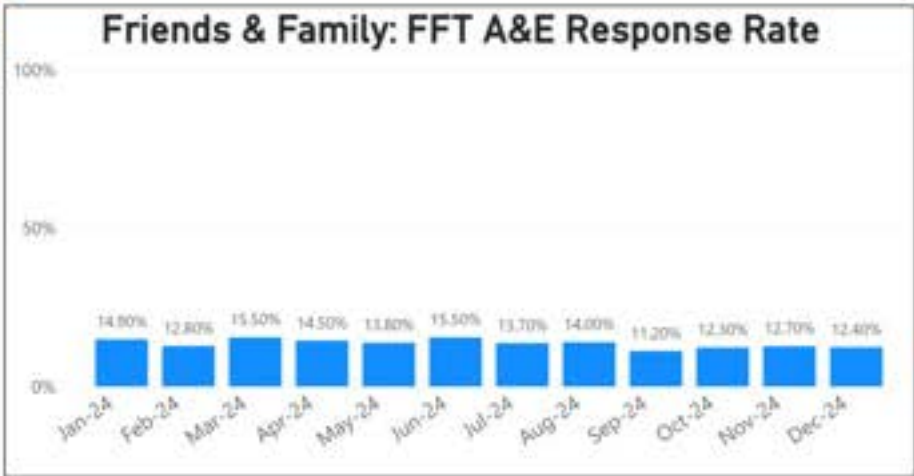


FFT Positive Rate Narrative

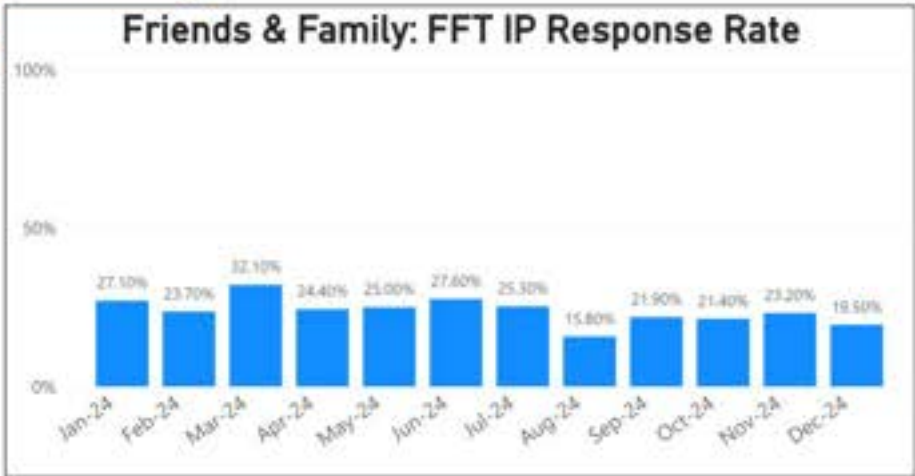
Friends and Family (FFT) data has been added back into the SOF after reporting recommenced in mid December and we are now compliant with all national returns. The data will remain in bar chart form until enough points are available for SPC, this is likely to be April-25's SOF. Our latest data shows us slightly below the national averages for national FFT, which are as follows:

- Inpatient: 94%
- A&E: 78%
- Outpatients: 94%

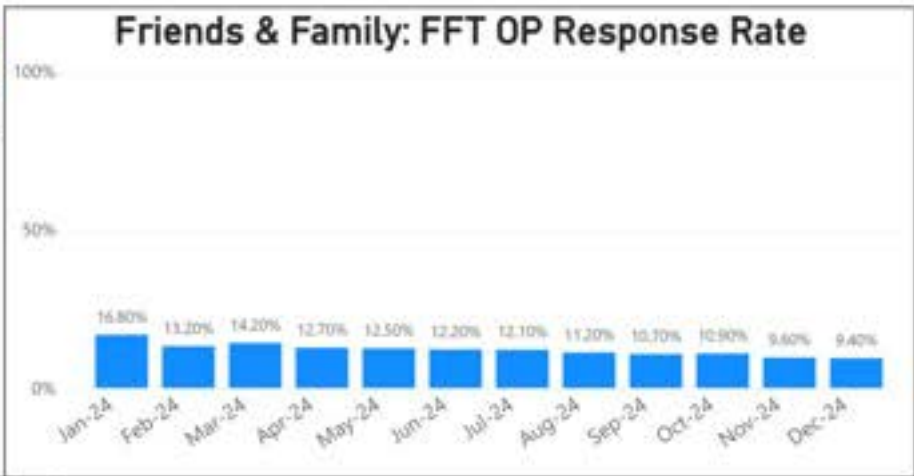
Dec-24
12.4%



Dec-24
19.5%



Dec-24
9.4%



FFT Positive Rate Narrative

Friends and Family (FFT) data has been added back into the SOF after reporting recommenced in December-23 and we are now compliant with all national returns. The data will remain in bar chart form until enough points are available for SPC.

Highlights:

In December, our 4-hour performance deteriorated by 2% to 55.9% from 57.9% in November, however we did see an improvement in both 12 hour DTA breaches and 60+ handover delays. The trust continues to work with ECIST and drive improvements through our ED improvement programme.

Sustained level of performance across all CWT standards with our 28 day FDS standard delivering 82.5% against 77% Target, the sustaining our good performance against the KPI.

The Trust saw an increase in the volume of 65-week open RTT pathways to 183 with 0 capacity breaches. The month end position for December there were 22 >78 week capacity breaches with 14 x choice, 2 x complex, 2 cornea and 4 patients unfit to proceed.

Areas of Concern:

Despite improvement in our 2 areas of our ED performance, UEC KPIs continues to be a concern. The Patient Flow steering group continues to meet on an alternate weekly basis, with all workstreams provided updates with agreed action plans.

Audiology balance assessments – long waiting patients with mutual aid requested and agreed with LUHFT this commenced in November, continuing in December and into January.

DM01 – Deterioration in performance by 5% to 87.2%. Performance usually drops due in December to reduction in activity across festive period, action plans in place for gastroscopy and non-obstetric ultrasound modalities to recover position

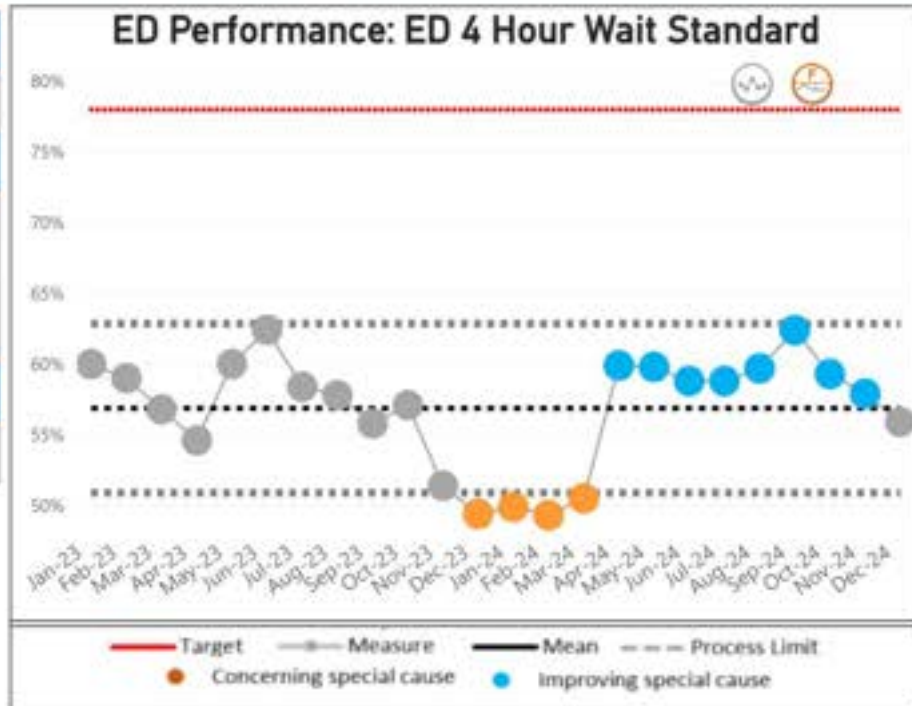
Forward Look (with action)

Annual Planning continued through December with continued engagement across operational, financial, HR and clinical teams to ensure trust in position to meet all external submission deadlines from start of February

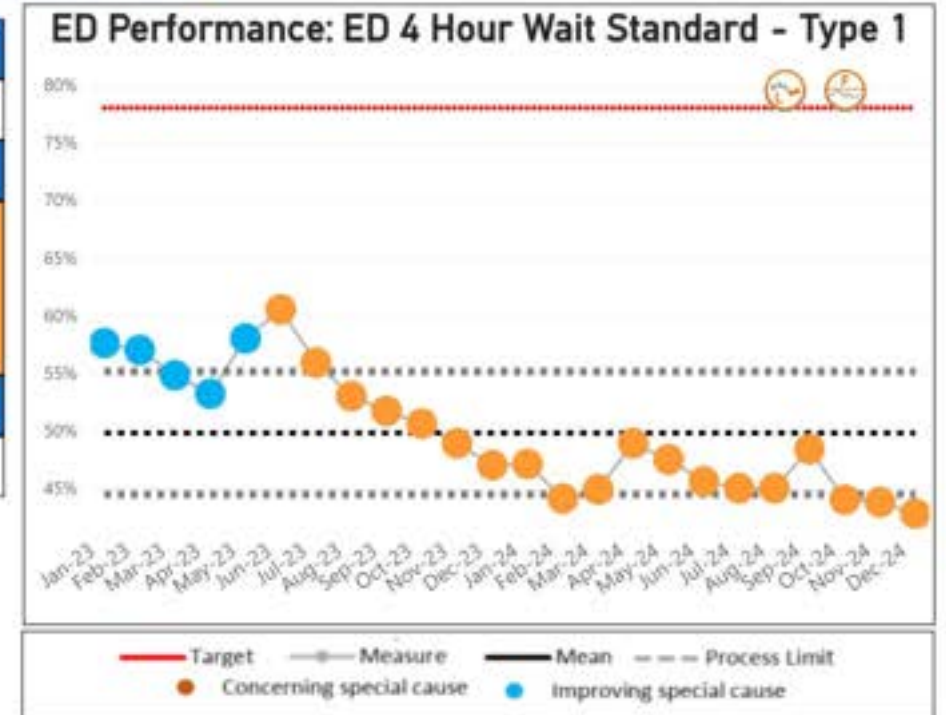
Call before convey to be commenced in January with a cohort of ambulances expected to be directly conveyed to SDEC rather than ED

The trust are exploring AQUA support for ambulance handovers and system escalation issues, with a review of a potential electronic triage solution being trialled in December

Dec-24
55.9%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
78%



Dec-24
42.8%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly LOWER.
Target
78%



ED attendances decreased by 1% in December (7319) compared to 7401 in November. Our average daily attends in December were 236 compared to 246 in November. There remains variation within the number of daily attendances, the lowest day in month was 189 and the highest 296. There were 12 days in December we had over 240 attends compared to 18 days in November.

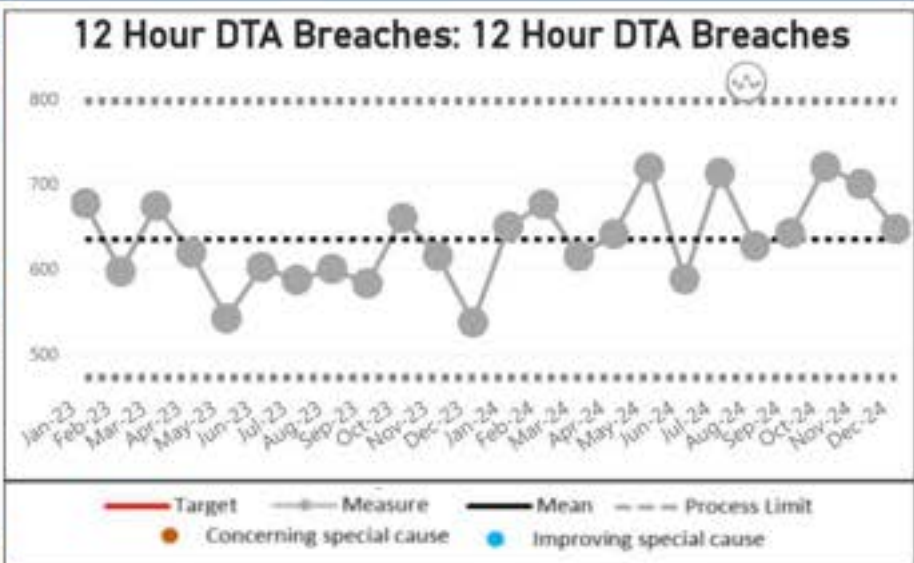
Ambulance arrivals for December were 1417 compared to November which was 1480. There is significant variation in daily ambulance arrivals, our lowest day in December was 31 and highest day 64. There was a slight increase in >25-minute breaches in December (880) compared to November (874). There continues to be pressure points throughout the month where there have been delays in ambulance offloads and subsequent 60-minute breaches. Ambulance handover is a priority for the trust, and we continue to work closely with system partners such as NWS to improve this which, includes commencing call before convey (20/01/25). This will allow patients over the age of 65 to access the Acute Frailty unit without ED intervention.

Overall, 4-hour performance for December was 55.9% compared to November which was 57.9%. Admitted 4-hour performance was 24.3%, which is a 2% deterioration from previous month which demonstrates the difficulties the organization is facing around flow out of the ED and into the inpatient bed base. Non admitted performance was 65.5%, this is a deterioration of 1.5% compared to previous month. There continues to be a sustained focus on protecting 'see and treat' capacity within the Emergency Department to support flow throughout the department, this remains challenging due to the volume of specialty patients within the ED for pro-longed periods of time.

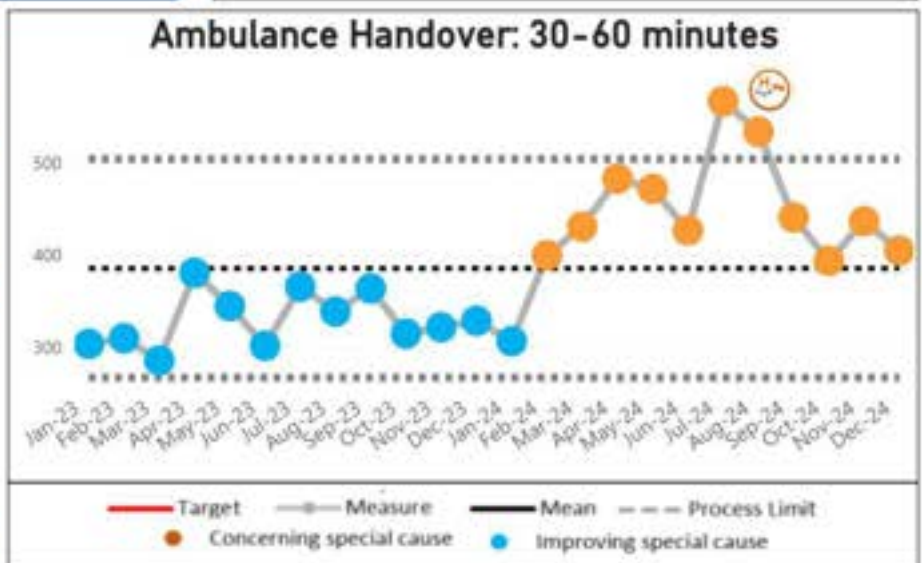
We continue to focus on 4-hour quality standard and optimizing the utilization of SDEC and UTC for appropriate patients, which supports the daily decongestion of the Emergency Department. In December, 2153 patients were streamed to the UTC which, is 29.4% of the Emergency Department take. 1289 patients were seen within the SDEC building and of those 480 were streaming from the ED. A streaming criteria from ED to UTC has been developed to support Nurses in triage with decision making around streaming appropriate type 3 patients to the UTC. In addition to this and during periods of high demand, we now have an ACP colleague actively streaming patients to more appropriate services. The ED improvement plan includes work with ECIST and AtED to ensure the department is utilizing all services and pathways available to it within the local footprint and area.

The latest National Comparator for this metric is 71.1% (Dec 24), type 1 was 54.7% nationally.

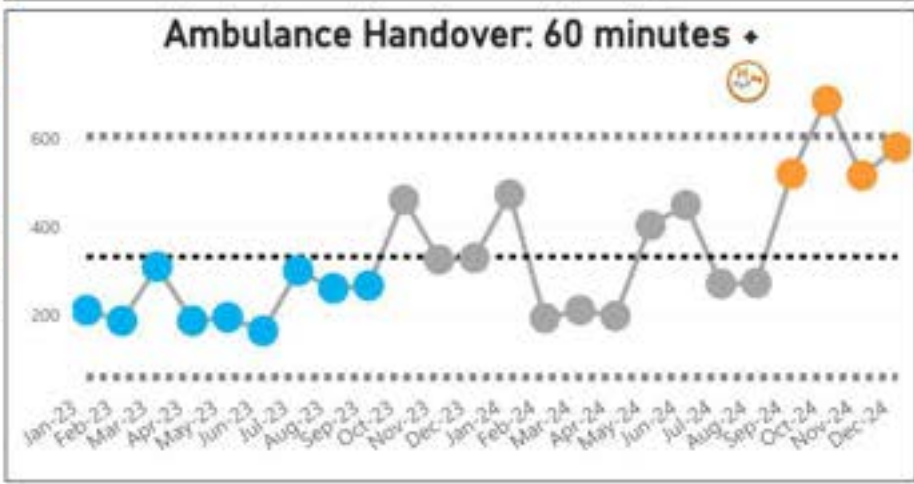
Dec-24
647
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



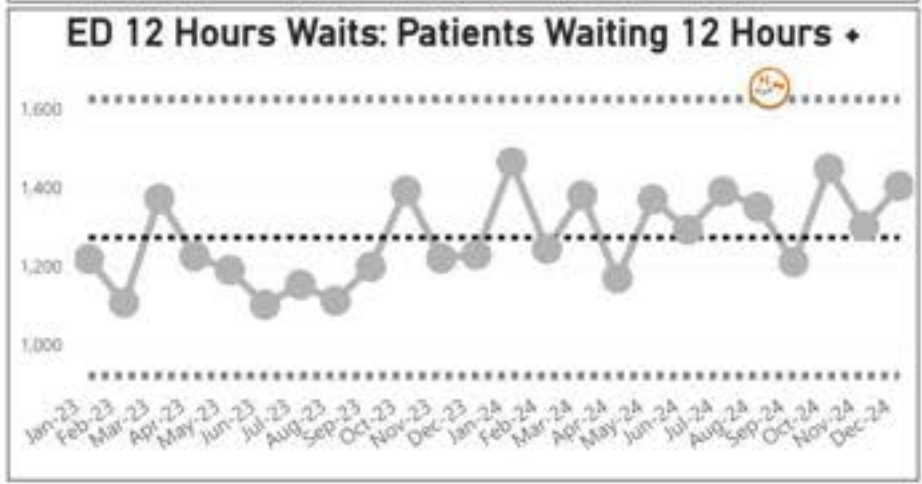
Dec-24
647
Variance
Special cause variation of an CONCERNING nature where the measure is significantly ...
Target



Dec-24
581
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target



Dec-24
1404
Variance
Common cause variation, NO SIGNIFICANT CHANGE
Target



Supplementary ED Narrative

These metrics have been added to give extra insight into how ED is performing. Ambulance handovers of 30-60 minutes or above has seen a statistically significant increase, with the July and August figures being above the Upper Control Limit and the rest of our figures since February all being above the mean. 12 Hour DTA breaches and patients waiting for 12 hours or more have remained consistent throughout the reporting period. In the last 4 months we have seen an increase in our 60+ minute ambulance handovers, with 1 point exceeding the Upper Control Limit and the rest close to it.