

Operational Metrics	Latest Date	Value	Variation	Assurance	Target
ED 4 Hour Wait Standard	May-25	60.7%			78%
ED 4 Hour Wait Standard - Type 1	May-25	47.6%			78%
ED Patients Waiting Over 12 hours	May-25	1408			0
12 Hour ED DTA Breaches	May-25	751			0
Ambulance Handovers 30-60 minutes	May-25	489			0
Ambulance Handovers 60+ minutes	May-25	193			0
18 Week Referral To Treatment (RTT) Incomplete Pathways	May-25	47.9%			60%
Total 18 Week RTT Incomplete Pathways	May-25	33714			26110
RTT Incomplete Pathways Waiting Over 52 Weeks	May-25	2555			0
RTT Incomplete Pathways Waiting Over 65 Weeks	May-25	189			0
RTT Incomplete Pathways Waiting Over 78 Weeks	May-25	16			0
RTT Incomplete Pathways Waiting Over 104 Weeks	May-25	0			0
RTT Wait for 1st OP Appt - % waiting <18 weeks	May-25	45.5%			67%
Patient Initiated Follow Up (%)	May-25	3.8%			5%
Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01)	May-25	19%			1%
Cancer Treatments: 28 Day FDS	Apr-25	84.3%			77%
Cancer Treatments: 31 Day Standard	Apr-25	89.7%			96%
Cancer Treatments: 62 Day Standard	Apr-25	80.8%			85%
NC2R: Total Delayed Days	May-25	3586			1740
E-Discharge Overall Compliance (%)	May-25	68.4%			95%

Maternity Metrics	Latest Date	Value	Variation	Assurance	Target
Women Delivered	May-25	179			
Live Births	May-25	178			
Births in Co-located MLU	May-25	7			
Term Admission Rate	May-25	2.2%			4.8%
Sections Rate	Apr-25	49%			45%
PPH rate per 1000 births	Apr-25	51			30
Tears rate per 1000 births	Apr-25	14.4			28
Eclampsia	May-25	0			0
Maternal Deaths	May-25	0			0
Stillbirths	May-25	1			0
Neonatal Deaths	Apr-25	0			0

Q&S Metrics	Latest Date	Value	Variation	Assurance	Target
SHMI	Jan-25	90.1			
Mortality - Total Inpatient Deaths	May-25	69			
STeIS Reported Incidents	May-25	1			0
Never Events	May-25	0			0
MSA Incidents	May-25	3			0
All Incidents	May-25	1255			1155
All Incidents: Moderate Harm and Above	May-25	67			40
Medication Incidents	May-25	142			108
Medication Incidents With Harm	May-25	1			0
Falls Rate Per 1000 Bed Days	May-25	5.51			4.87
Falls With Harm Rate Per 1000 Bed Days	May-25	0.175			0.1
Hospital Acquired Pressure Ulcers Rate Per 1000 Bed Days	May-25	2.11			1.22
Present On Admission Pressure Ulcers Rate Per 1000 Bed Days	May-25	1.52			
Infection Control - C.Difficile Cases	May-25	4			4
Infection Control - MRSA Cases	May-25	1			0
Patient Feedback: Complaints Opened In Month	May-25	12			40
Patient Feedback: Complaints Open At Month End	May-25	19			7
Patient Feedback: Concerns Opened In Month	May-25	277			229
Patient Feedback: Concerns Open At Month End	May-25	55			
FFT A&E Positive Rate	May-25	71.9%			95%
FFT IP Positive Rate	May-25	90.3%			95%
FFT OP Positive Rate	May-25	94.1%			95%
VTE - Assessment Completed Compliance	May-25	96.5%			95%
VTE - 14 Hour Compliance	May-25	92.5%			95%

HR / Finance Metrics	Latest Date	Value	Variation	Assurance	Target
Sickness Absence Rate	May-25	4.59%			5%
Staff Turnover Percentage	May-25	9.78%			10%
Annual Appraisal Compliance	May-25	81.6%			80%
Mandatory Training Compliance	May-25	89.8%			90%
Medical & Dental Reduction in Agency Shifts over Cap Rates	May-25	121			120
Nursing & Midwifery Reduction in Agency Shifts over Cap Rates	May-25	164			1200
Other Reduction in Agency Shifts over Cap Rates	May-25	245			
Better Payment Practice Code (value)	May-25	94.3%			95%
Better Payment Practice Code (number)	May-25	94.6%			95%

## Highlights:

In May, we sustained our 4-hour performance at 60.7%, and reduced the percentage of patients waiting longer than 12 hours despite seeing our daily attendances increase to the highest volume we have seen in a calendar month. We have sustained the improvements seen across our ambulance handover time metrics.

Sustained level of performance across our CWT standards with FDS continuing to deliver above planned trajectory, noting an improvement in month across all both 28 FDS and 62 Day metrics, driven by improvement plans developed at modality level across tumour groups.

DM01 performance saw a deterioration in month, driven by a reduction in performance within the Echocardiography and Non-obstetric ultrasound modalities.

The Trust saw improvements in 18 week RTT, wait to first appointment and PIFU performance, however due to a reduction in the volume of referrals received in month the percentage of patients above 52 weeks did increase.

## Areas of Concern:

Despite improvement in 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.

The deterioration in our DM01 performance, whilst Cardiology did improve last month following been a modality specific action plan there has been deterioration their position this month. Non-obstetric ultrasound has an action plan in situ including outsourcing so improvements are expected from next month.

RTT forecasts within annual planning cycle raised concerns for multiple specialties which are being borne out in our performance, improvements trajectories being developed for each, with weekly tracking and reporting at ODG. We are delivering within expected trajectory however forecast improvements in the next quarter are dependent on multiple initiatives delivering.

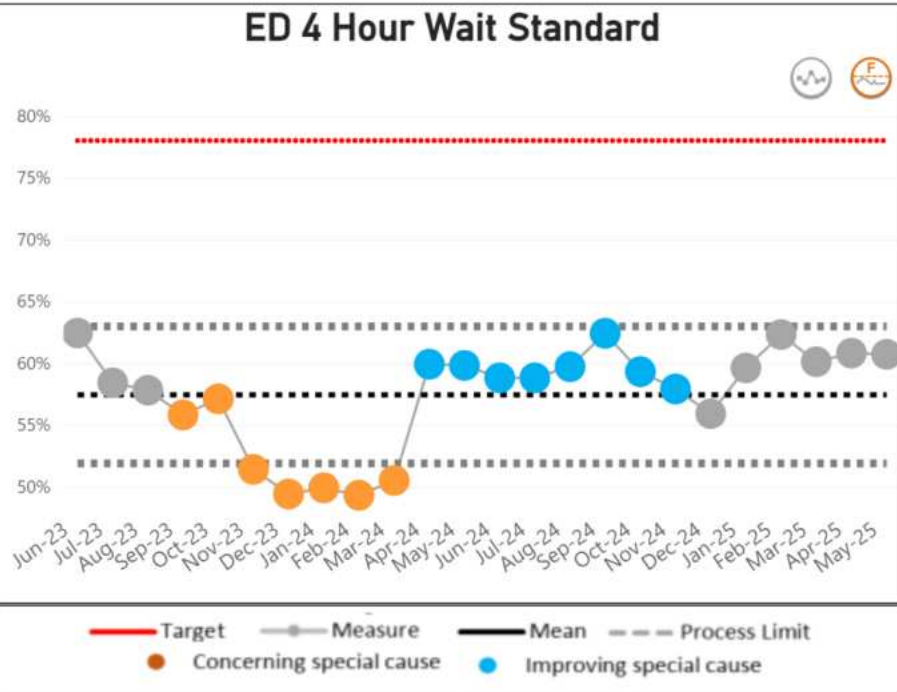
## Forward Look (with action)

On-going engagement with C&M ICB in relation to the regional varicose veins clinical guidance and community initiatives within ENT

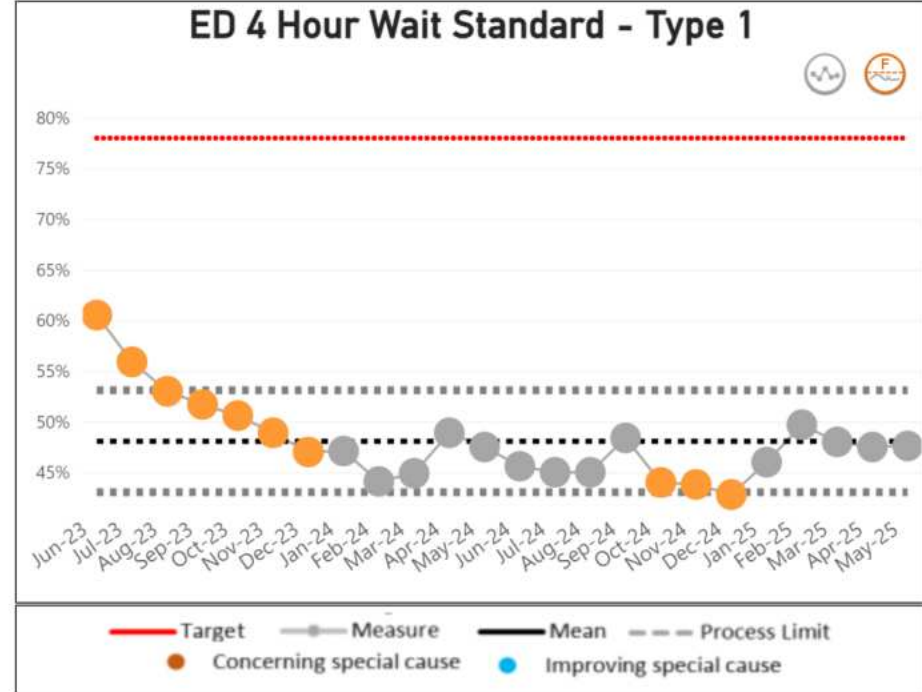
Commencement of consultant connect engagement within ENT and Vascular specialties

Use of Paddington CDC to support with mutual aid for Non-obstetric ultrasound DM01 backlog clearance.

<b>May-25</b>
<b>60.7%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>78%</b>

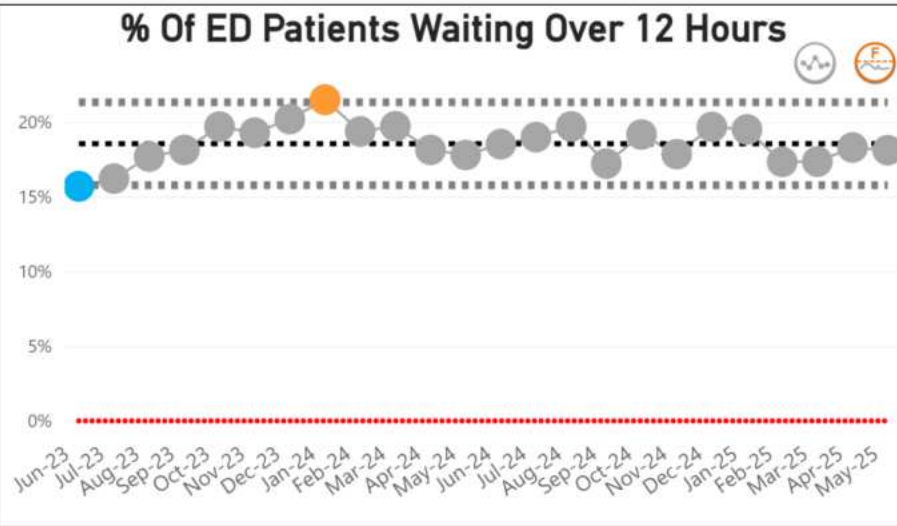


<b>May-25</b>
<b>47.6%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>78%</b>

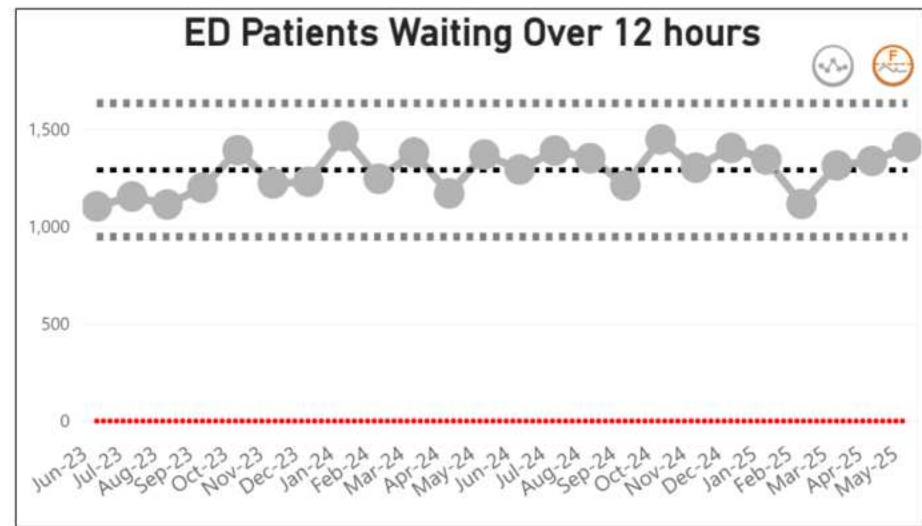


The latest National Comparator for this metric is 75.0% (April 25), type 1 was 60.9% nationally.

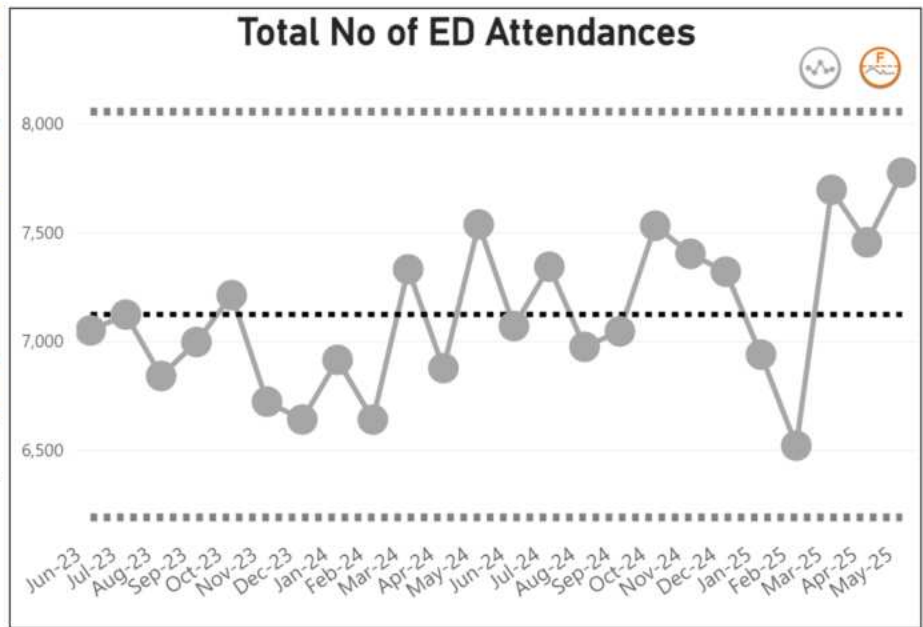
<b>May-25</b>
<b>18.1%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0%</b>



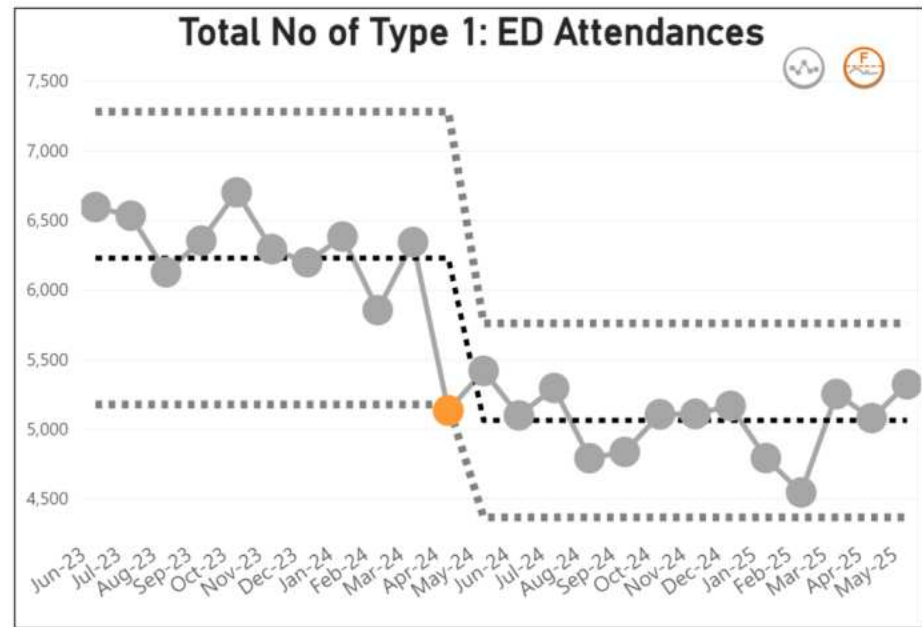
<b>May-25</b>
<b>1408</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0</b>



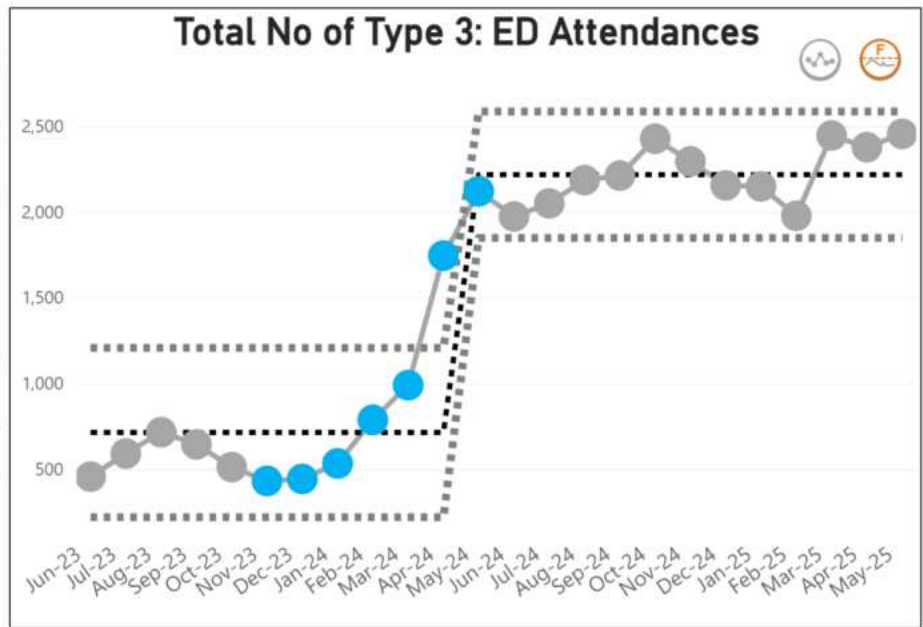
<b>May-25</b>
<b>7774</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>



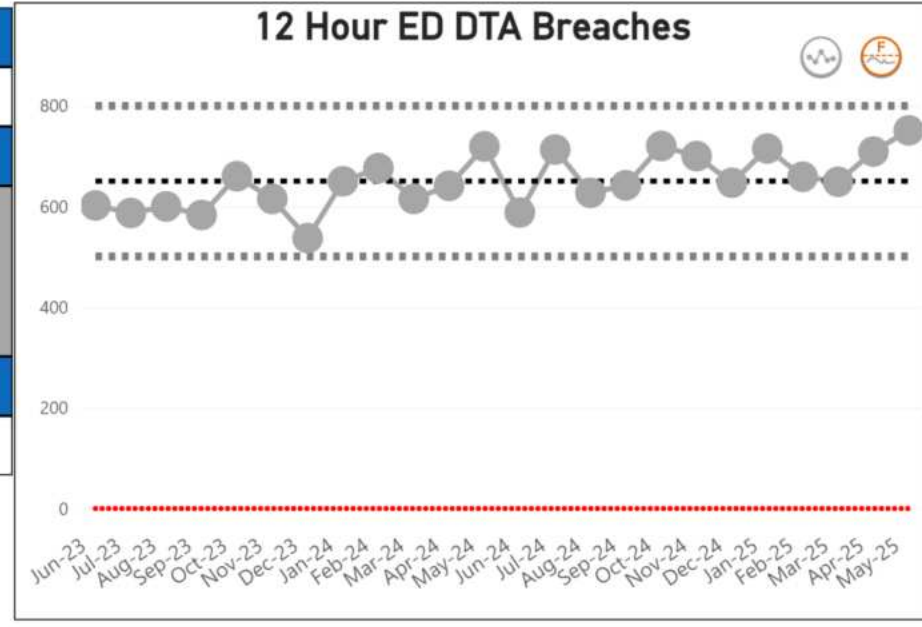
<b>May-25</b>
<b>5321</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>



<b>May-25</b>
<b>2453</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>

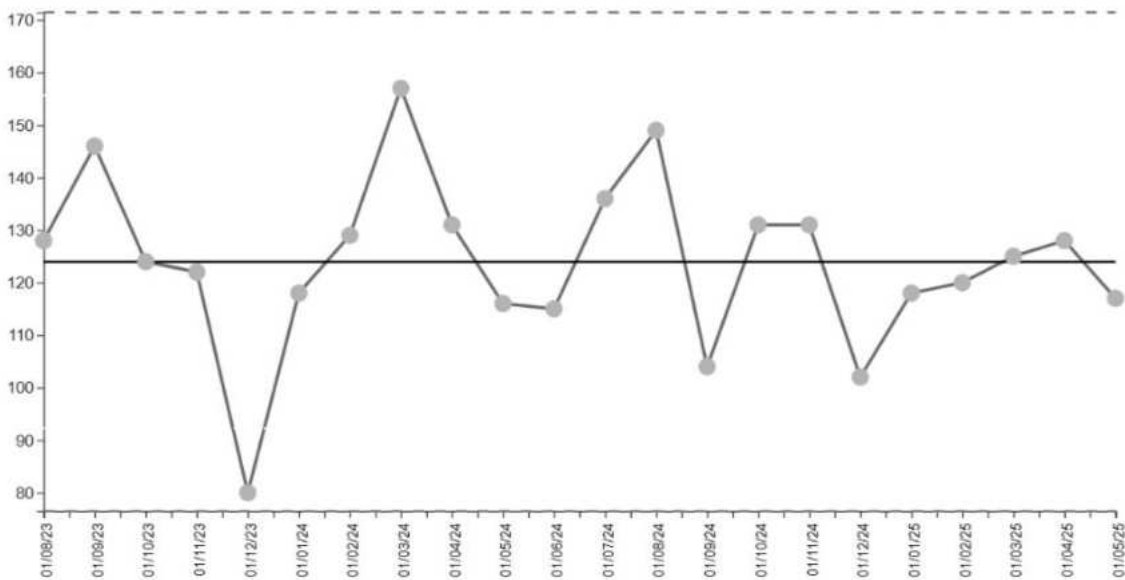


<b>May-25</b>
<b>751</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0</b>



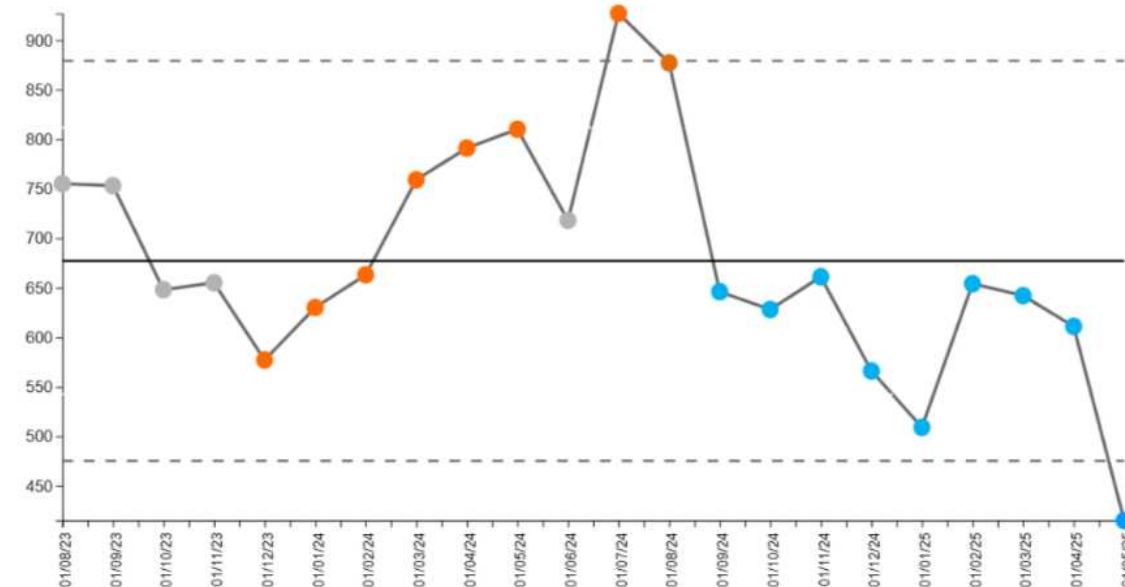
**Total Number of Mental Health Related ED Attendances**

View:  Split by:



**Total Number of patients given Corridor Care**

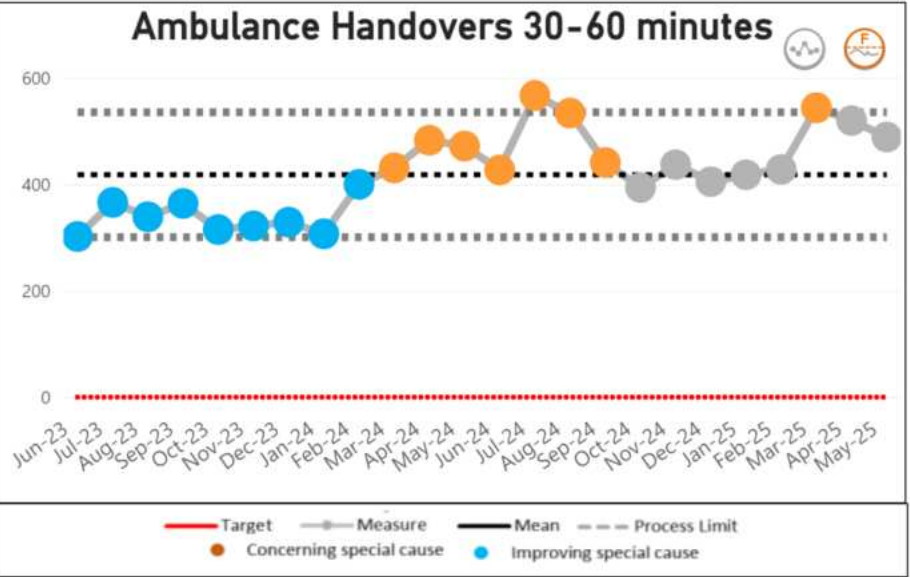
View:  Split by:



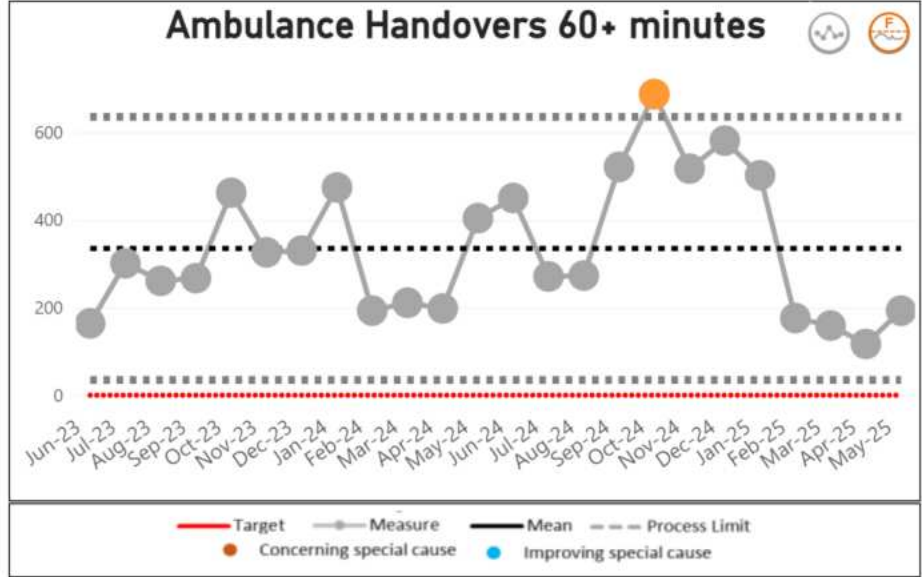
**ED Activity Narrative**

The two metrics above have been added into the report for the first time in Month 2. The number of MH related attendances have remained consistent throughout the period whilst the number of patients receiving Corridor Care has reduced.

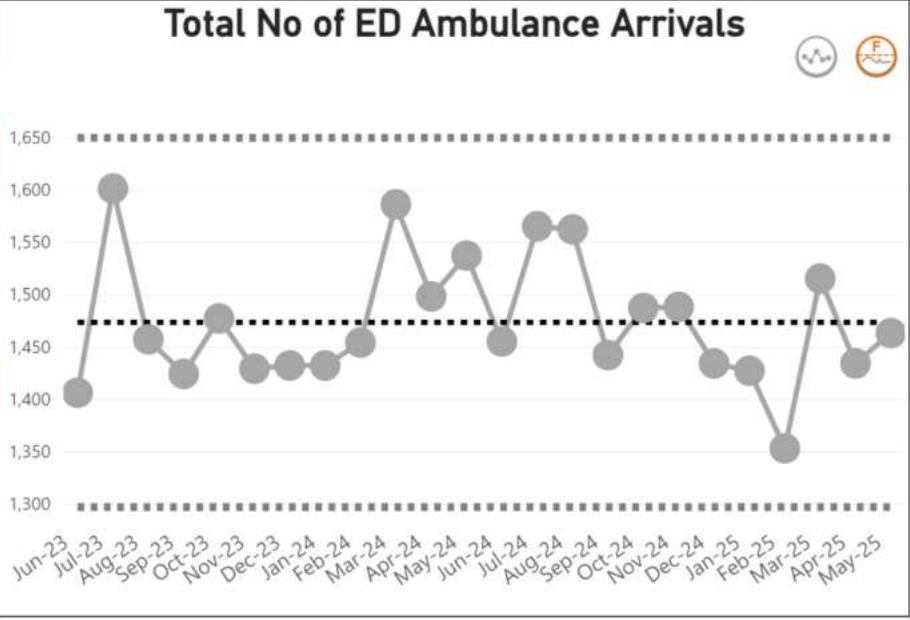
<b>May-25</b>
<b>489</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0</b>



<b>May-25</b>
<b>193</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0</b>



<b>May-25</b>
<b>751</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0</b>



**Supplementary ED Narrative**

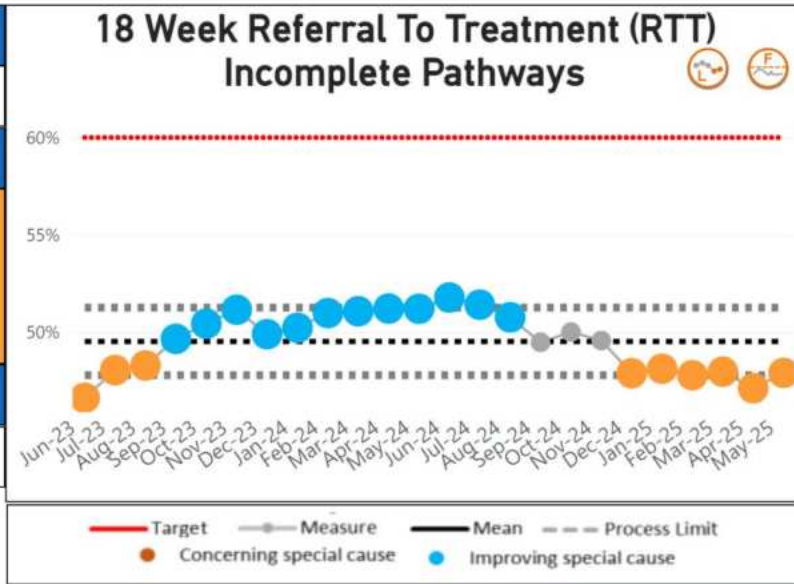
ED attendances increased by 4% in May (7748) compared to 7435 in April. Our average daily attends in May were 250 compared to 247 in April. There remains variation within the number of daily attendances, the lowest day in month was 214 and the highest 294. The number of days in which we had over 240 attends remained consistent, in June we had (20) compared to 19 May.

Ambulance arrivals for May were 1450 compared to April which was 1426. There is significant variation in daily ambulance arrivals, our lowest day in May was 39 and highest day 59. Over the last 3 months we have seen a slight decrease in the number of >25-minute breaches, in March we saw 700, in April we saw 634 and in May we saw this drop to 626. The Trust has seen significant improvements in ambulance handover times, particularly when it comes to delays of 60 minutes +. Ambulance handover is a priority for the trust, and we continue to work closely with system partners such as NWSA to improve this which, includes commencing call before convey, the age criteria for which has recently reduced.

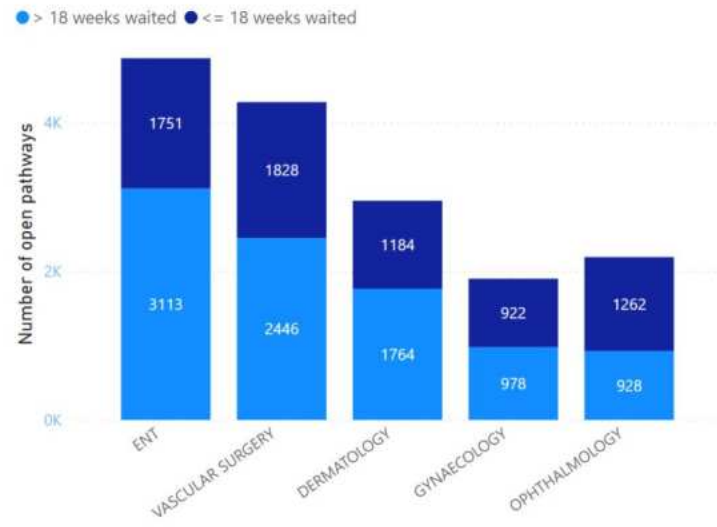
Overall, 4-hour performance for May was 60.9% compared to May which was 61%, this means that 4-hour performance has been 60%+ each month since Jan 25, with February being the best performing month YTD (63.3%). Admitted 4-hour performance was 27.1% which is a 2.9% improvement from previous month. Non admitted performance was 70.4%, this is an improvement of 0.6% when 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, as well as creating a sustainable and successful streaming model within initial assessment so patients are seen, treated and discharged in the most appropriate setting.

We continue to focus on 4-hour quality, which supports the daily decongestion of the Emergency Department. In May 2453 patients were streamed to the UTC which is 32% of the Emergency Department take, this figure was the highest number of patient streamed to the UTC YTD. Streaming patients to SDEC services also remains a priority for the ED, with 411 patients being streamed from ED to SDEC in May.

<b>May-25</b>
<b>47.9%</b>
<b>Variance</b>
Special cause variation of an <b>CONCERNING</b> nature where the measure is significantly <b>LOWER</b> .
<b>Target</b>
<b>60%</b>



**Top 5 Specialties - Open Pathways**

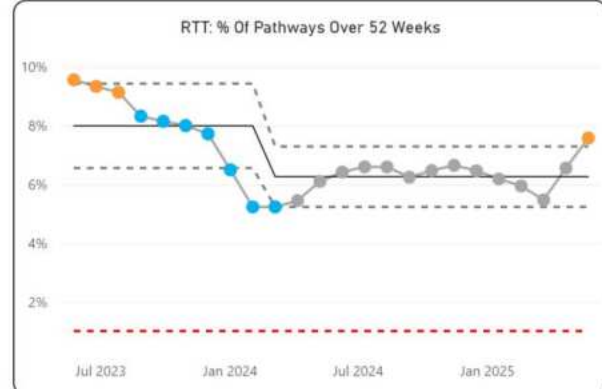
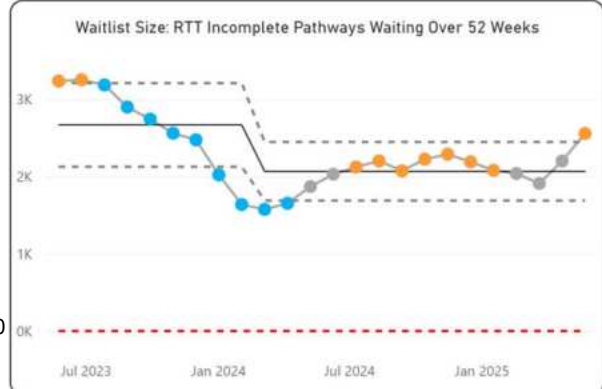
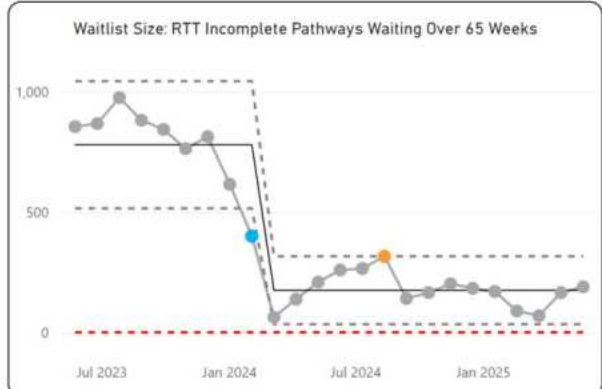
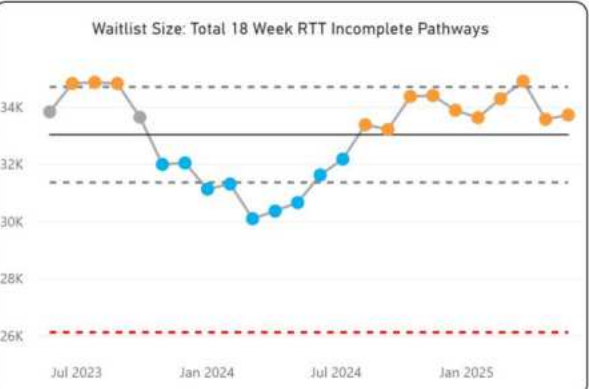


**RTT Narrative**

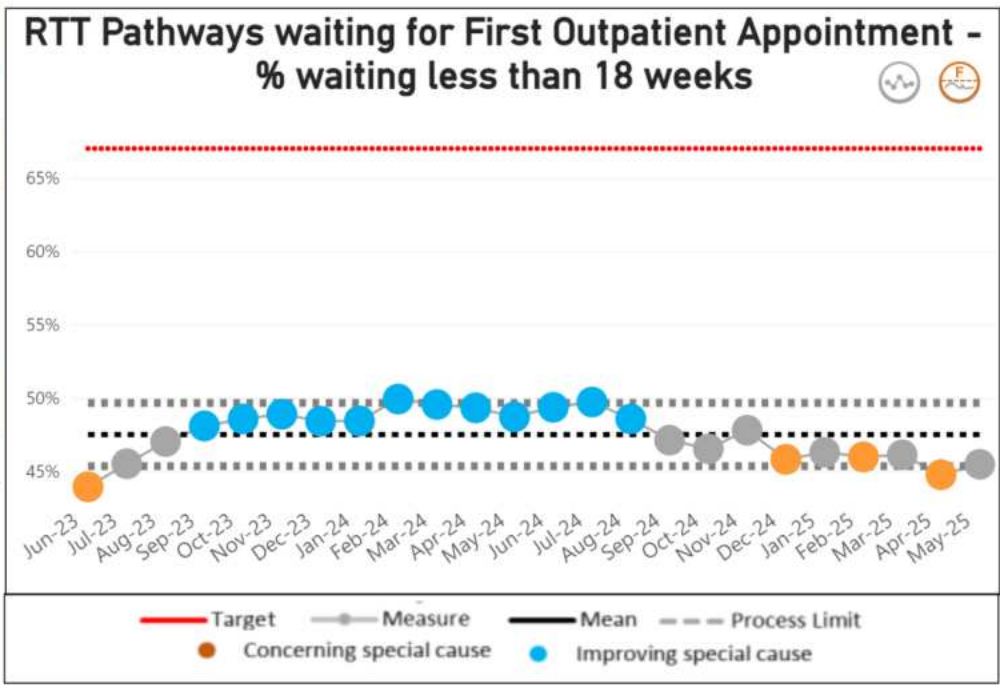
The target for total incomplete pathways sits at 26110, as this is the target for the end of the 25/26 Financial Year.

The Trust continued to ensure that there are minimal RTT pathways waiting longer than 78 weeks. In addition, Divisions are managing their waiting times with the aim of reducing long waits to have no pathways greater than 65 weeks on a month to month basis.

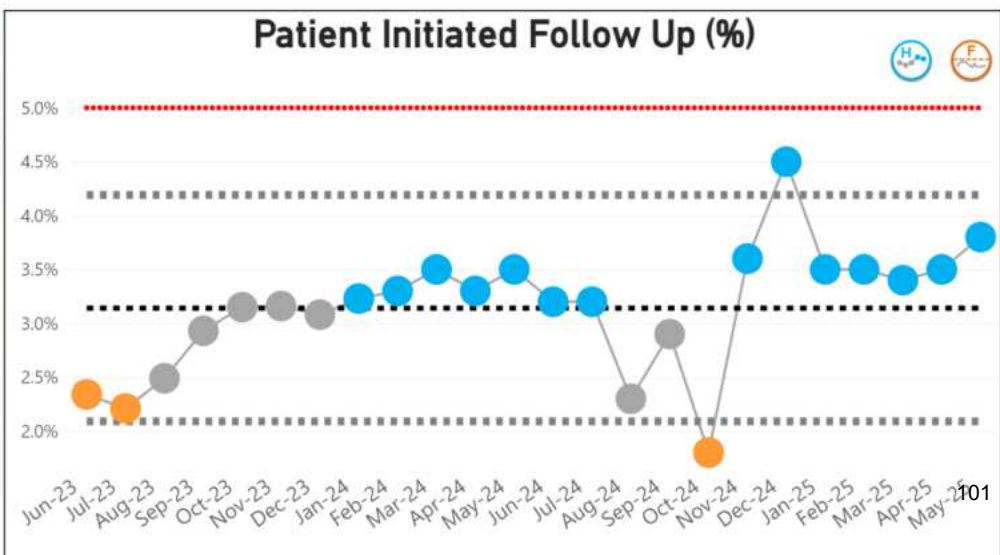
Group	Latest Date	Value	Variation	Assurance	Target
Total 18 Week RTT Incomplete Pathways	May-25	33714	🟡🟡	🟡🟡	26110
% Of Pathways Over 52 Weeks	May-25	7.58%	🟡🟡	🟡🟡	1%
RTT Incomplete Pathways Waiting Over 52 Weeks	May-25	2555	🟡🟡	🟡🟡	0
RTT Incomplete Pathways Waiting Over 65 Weeks	May-25	189	🟢🟢	🟢🟢	0
RTT Incomplete Pathways Waiting Over 78 Weeks	May-25	16	🟢🟢	🟢🟢	0
RTT Incomplete Pathways Waiting Over 104 Weeks	May-25	0	🟢🟢	🟢🟢	0



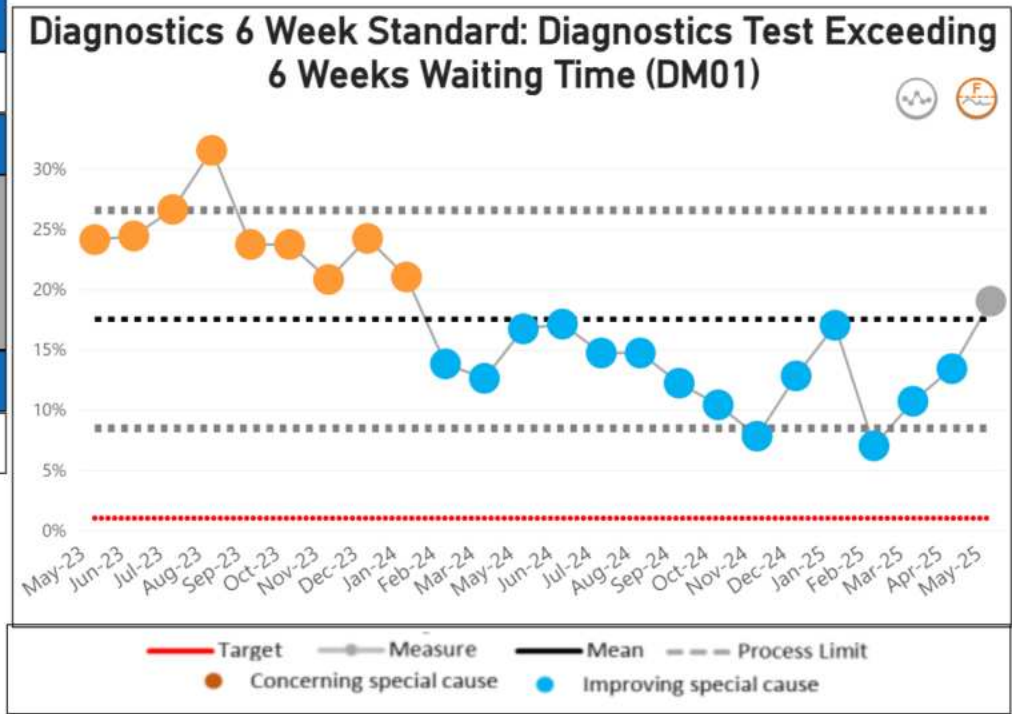
<b>May-25</b>
45.5%
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
67%



<b>May-25</b>
3.8%
<b>Variance</b>
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
<b>Target</b>
5%



May-25
19%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
1%



English - Number of exams >6 weeks

Month End Snapshot	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
Magnetic Resonance Imaging	11	8	2	4	2	7	14	13	15	6	8	4	20
Computed Tomography	4	0	0	4	0	2	8	14	22	3	13	24	26
Non-obstetric ultrasound	4	1	0	7	6	115	49	311	404	31	68	184	410
Barium Enema	0	0	0	0	0	0	0	0	0	0	0	0	0
DEXA Scan													0
Audiology - Audiology Assessments	215	169	103	70	61	40	36	74	92	51	99	108	82
Cardiology - echocardiography	333	340	203	215	112	30	36	62	191	161	264	221	417
Respiratory physiology - sleep studies	1	3	0	3	4	7	2	6	17	6	3	5	9
Colonoscopy	162	198	213	165	132	83	44	54	58	28	84	85	96
Flexi sigmoidoscopy	3	6	7	11	6	3	5	8	14	1	3	3	1
Cystoscopy	5	10	17	19	82	52	24	5	1	6	5	12	9
Gastroscopy	193	232	272	267	305	273	224	211	228	140	159	177	169
<b>Total patients waiting</b>	<b>5564</b>	<b>5645</b>	<b>5543</b>	<b>5198</b>	<b>5822</b>	<b>5903</b>	<b>5660</b>	<b>5916</b>	<b>6141</b>	<b>6159</b>	<b>6574</b>	<b>6142</b>	<b>6506</b>
<b>Total breaches</b>	<b>931</b>	<b>967</b>	<b>817</b>	<b>765</b>	<b>710</b>	<b>612</b>	<b>442</b>	<b>758</b>	<b>1042</b>	<b>433</b>	<b>706</b>	<b>823</b>	<b>1239</b>
<b>% &gt; Threshold</b>	<b>16.7%</b>	<b>17.1%</b>	<b>14.7%</b>	<b>14.7%</b>	<b>12.2%</b>	<b>10.4%</b>	<b>7.8%</b>	<b>12.8%</b>	<b>17.0%</b>	<b>7.0%</b>	<b>10.7%</b>	<b>13.4%</b>	<b>19.0%</b>

The latest National Comparator for DM01 is 21.2% (Apr 25)

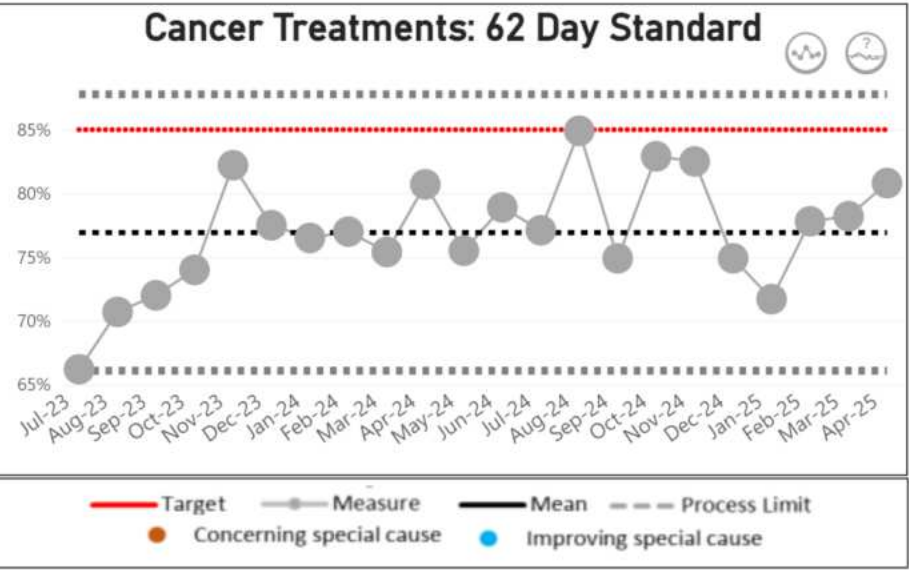
**DM01 Narrative**

Echo – significant sickness absence in the team meant our capacity was reduced to 50% normal which caused steep decline.

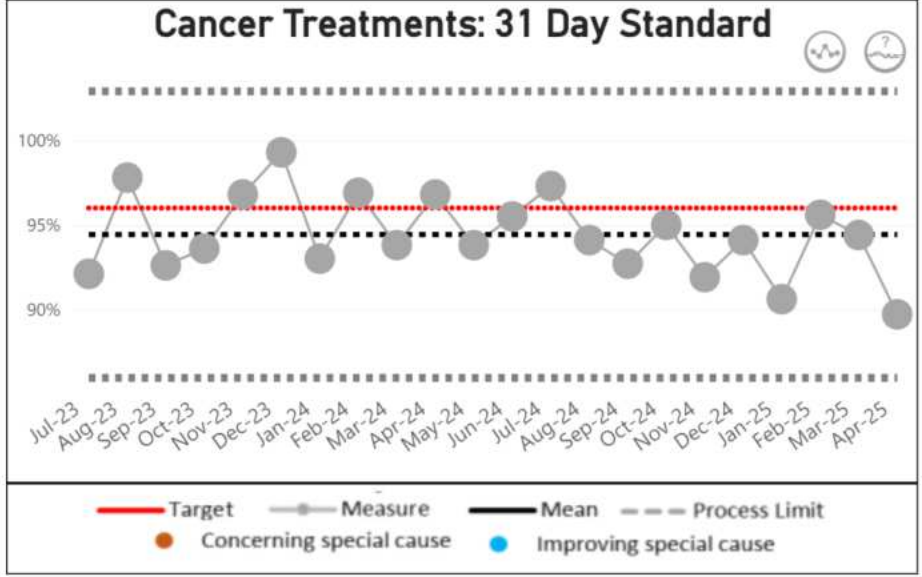
Respiratory – continued sickness absence of B6 staff has reduced reporting capacity, managing accordingly.

Audiology - The reduction in DM01 for paediatric audiology assessments was expected due to an unfilled maternity vacancy.

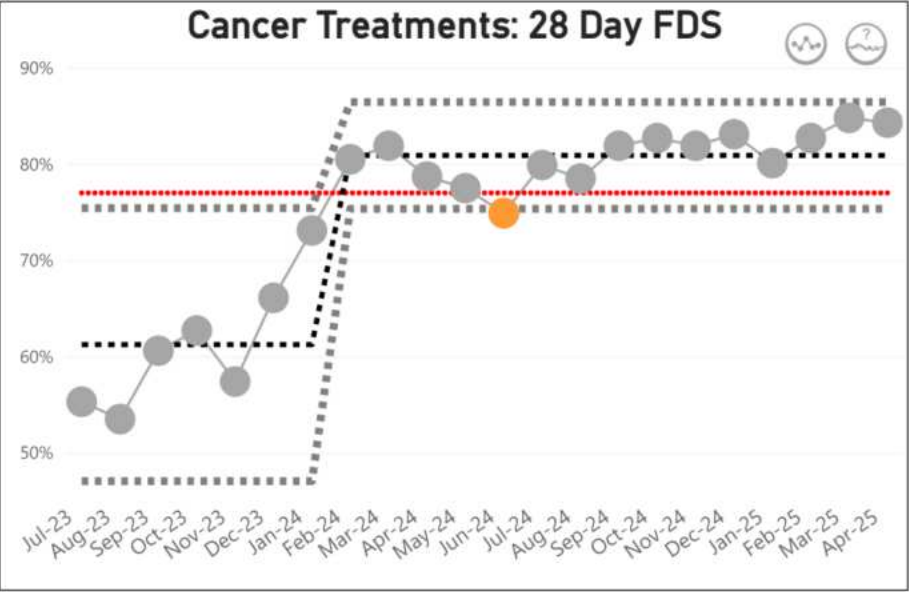
<b>Apr-25</b>
<b>80.8%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>85%</b>



<b>Apr-25</b>
<b>89.7%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>96%</b>



<b>Apr-25</b>
<b>84.3%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>77%</b>



**Cancer National Comparator**  
 The latest National Comparator for the Cancer 62 Day Standard is 69.9% (Apr 25)  
 The latest National Comparator for the Cancer 31 Day Standard is 91.3% (Apr 25)  
 The latest National Comparator for the Cancer 28 Day Standard is 76.7% (Apr 25)

**Cancer Narrative**

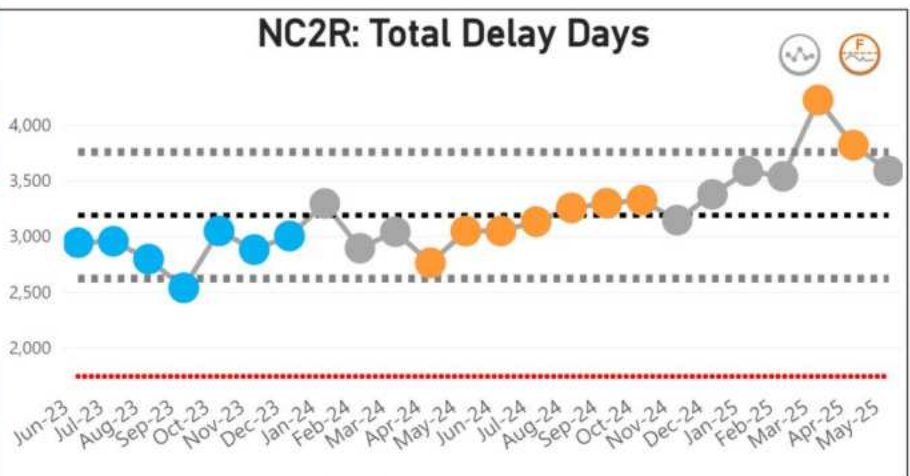
Some trusts have a performance that naturally falls outside the Acceptance Criteria. This is most likely the case for trusts providing specialist services (Type 2). In such situations these trusts might be included as exceptions.

Code	System	Organisation Name	Number of providers submitting acceptable data	% of providers submitting acceptable data	Date of discharge is same as Discharge Ready Date	Date of Discharge is 1+ days after Discharge Ready Date
National	England	ENGLAND	72	53.3%	86.4%	13.6%
RJR	NHS CHESHIRE	COUNTLESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	Acceptable	-	90.3%	9.7%
RJN	NHS CHESHIRE	EAST CHESHIRE NHS TRUST	Unacceptable	-	-	-
REM	NHS CHESHIRE	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Unacceptable	-	83.3%	16.7%
RBN	NHS CHESHIRE	MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	Acceptable	-	91.8%	8.2%
RBT	NHS CHESHIRE	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	Unacceptable	-	-	-
RWW	NHS CHESHIRE	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	Acceptable	-	83.4%	16.6%
RBL	NHS CHESHIRE	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	Acceptable	-	88.9%	11.1%
RMC	NHS GREATER	BOLTON NHS FOUNDATION TRUST	Unacceptable	-	-	-
ROA	NHS GREATER	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	Acceptable	-	88.6%	11.4%
RM3	NHS GREATER	NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	Acceptable	-	94.2%	5.8%
RWJ	NHS GREATER	STOCKPORT NHS FOUNDATION TRUST	Acceptable	-	79.9%	20.1%
RMP	NHS GREATER	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	Acceptable	-	95.2%	4.8%
RRF	NHS GREATER	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	Unacceptable	-	-	-
RXL	NHS LANCASHIRE	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	Acceptable	-	88.3%	11.7%
RXR	NHS LANCASHIRE	EAST LANCASHIRE HOSPITALS NHS TRUST	Unacceptable	-	-	-
RXN	NHS LANCASHIRE	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	Unacceptable	-	-	-
RTX	NHS LANCASHIRE	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	Acceptable	-	78.2%	21.8%

% of patients discharged after their Discharge Ready Date but discharged within -						
1 day	2-3 days	4-6 days	7-13 days	14-20 days	21 days or more	
33.1%	23.9%	16.1%	15.3%	5.5%	6.2%	
14.4%	12.2%	12.2%	33.8%	9.4%	18.0%	
-	-	-	-	-	-	
30.1%	22.9%	15.1%	18.0%	4.4%	9.4%	
19.1%	24.2%	14.8%	24.2%	9.4%	8.4%	
-	-	-	-	-	-	
18.5%	15.8%	17.4%	23.8%	14.3%	10.2%	
21.6%	25.1%	17.9%	18.2%	7.6%	9.6%	
-	-	-	-	-	-	
23.7%	18.9%	19.1%	18.5%	7.9%	11.9%	
24.4%	17.2%	16.8%	20.1%	5.0%	16.5%	
31.6%	29.9%	17.6%	12.5%	3.6%	4.8%	
24.6%	16.9%	20.0%	24.6%	7.7%	6.2%	
-	-	-	-	-	-	
32.1%	23.8%	16.9%	15.2%	5.9%	6.2%	
-	-	-	-	-	-	
21.7%	23.1%	16.9%	16.7%	9.6%	12.1%	

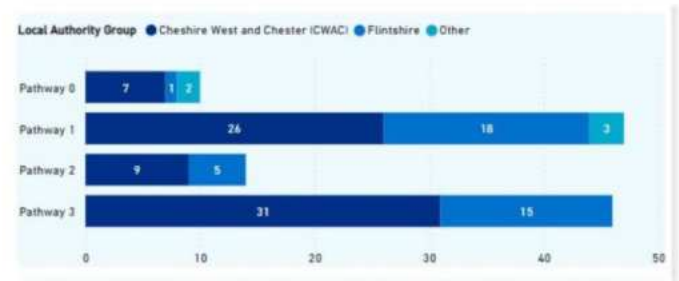
Total bed days after Discharge Ready Date for patients discharged within -						
1 day	2-3 days	4-6 days	7-13 days	14-20 days	21 days or more	
-	-	-	-	-	-	
20	40	82	427	210	964	
-	-	-	-	-	-	
227	415	541	1,258	547	2,845	
57	178	212	656	467	1,171	
-	-	-	-	-	-	
49	103	223	575	623	943	
63	173	259	476	367	766	
-	-	-	-	-	-	
175	332	692	1,247	976	2,985	
68	117	238	516	236	1,538	
131	296	343	471	240	910	
16	27	65	145	84	126	
-	-	-	-	-	-	
93	170	242	404	290	683	
-	-	-	-	-	-	
95	240	353	648	704	2,002	

<b>May-25</b>
<b>3586</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>1740</b>

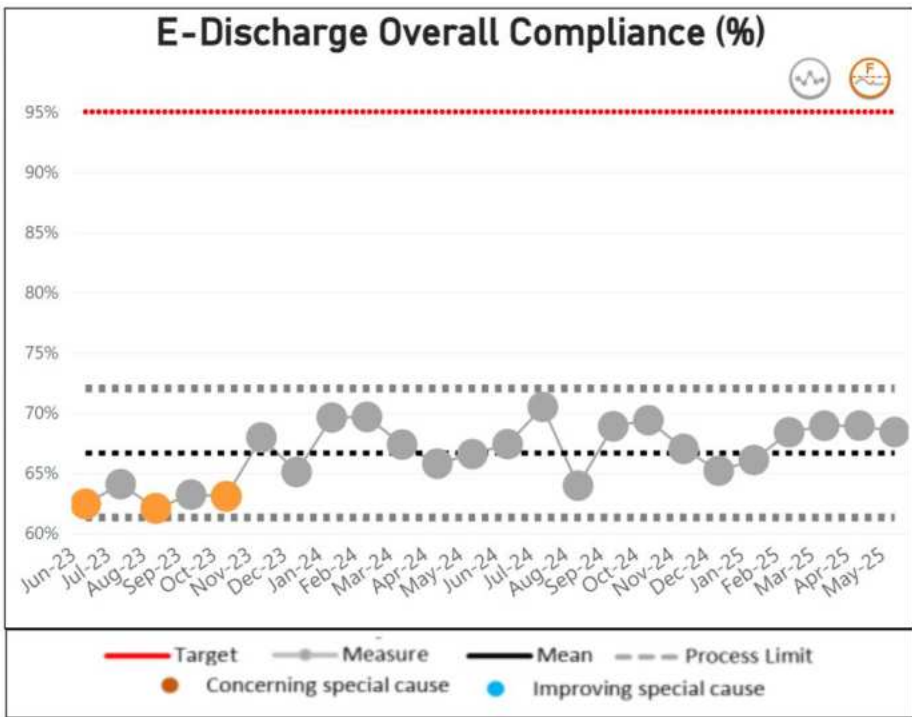


Discharge Ready Date Narrative

Hospital Site	Pathway 0	Pathway 1	Pathway 2	Pathway 3	Total
COCH	10	39	14	42	105
EPH		8		4	12
<b>Total</b>	<b>10</b>	<b>47</b>	<b>14</b>	<b>46</b>	<b>117</b>



<b>May-25</b>
<b>68.4%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>95%</b>



**E-Discharge Narrative**

The Trust has added E-Discharge back into the IPR this month, we are currently far below the national target of 95%. The Trust has a commitment to improving patient care continuity, enhancing communication with primary care, and aligning with national digital health priorities. E-Discharge ensures that accurate and timely clinical information is shared with General Practitioners (GPs) upon a patient's discharge from hospital. This is critical for safe post-discharge care, medication reconciliation, and the prevention of readmissions.

The tables on the right show each divisions compliance with E-Discharge as well as the backlog sizes, we will continue to monitor this metric closely moving forward.

**Planned Care E-Discharge**

Divisions	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	Total
Discharges added	968	983	953	1,065	937	1,030	1,142	1,018	986	1,006	931	980	947	1,035	13,981
Letters sent	1,106	1,863	897	1,161	1,173	937	1,188	1,341	994	921	818	899	828	897	15,023
Backlog size	1,679	885	944	798	618	680	611	365	344	416	538	615	728	867	867
Incomplete remaining	2		2	4	10	4	4	27	59	79	109	98	115	155	668
Within 24hr %	54.1%	56.8%	65.2%	63.8%	52.9%	58.3%	64.9%	63.8%	59.9%	63.9%	61.4%	62.6%	63.3%	58.6%	60.8%

**Urgent Care E-Discharge**

Divisions	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	Total
Discharges added	1,547	1,475	1,316	1,470	1,313	1,345	1,537	1,450	1,418	1,495	1,310	1,342	1,325	1,391	19,734
Letters sent	1,524	1,435	1,248	1,593	1,320	1,364	1,461	1,389	1,420	1,504	1,409	1,368	1,279	1,446	19,760
Backlog size	235	271	352	220	249	205	272	363	315	304	224	194	237	210	210
Incomplete remaining		1			2		3		2	3	4	4	9	14	42
Within 24hr %	68.9%	67.8%	62.8%	70.2%	64.0%	68.7%	65.0%	60.0%	58.5%	58.2%	64.7%	64.6%	63.2%	66.7%	64.5%

**W&C E-Discharge**

Divisions	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	Total
Discharges added	599	557	537	558	490	532	665	711	626	582	562	578	578	581	8,156
Letters sent	621	559	538	557	487	575	669	705	636	570	566	587	573	575	8,218
Backlog size	33	48	47	47	46	8	9	16	6	5	10	6	10	15	15
Incomplete remaining	1											1	4	4	10
Within 24hr %	76.5%	80.6%	82.5%	84.1%	84.9%	89.7%	87.2%	85.9%	88.5%	90.0%	88.3%	89.8%	90.1%	89.5%	86.3%

**Highlights:**

- Improvements noted risk assessments in May – Braden, Must and Falls and continued improvements in June
- Consistent incident reporting – reduction in moderate harm incidents in May
- One Steis reported incident in May – PSII underway
- CDIFF rates within trajectory in May
- Final position of Falls saw a 6.8% reduction in overall Falls
- Increase in Falls with Harm noted – due to a change in reporting of moderate harm (previously falls with harm that had no lapses in care were reported as no harm – change to falls reported to appropriate level of harm regardless of lapses in care. 24/25 will be base line going forward)
- Final position of Hospital Acquired Pressure Ulcers (HAPU) saw a 15.5% reduction –Further 20% reduction target 25/26.
- 42% of all Pressure Ulcers are Hospital Acquired – this relates to 27 patients
- Complaints and concerns – improvement in timely response (averaging 2 complaints a month and 70 concerns) -in May we noted 83% of complaints were responded to within target with 17% overdue (n=4)

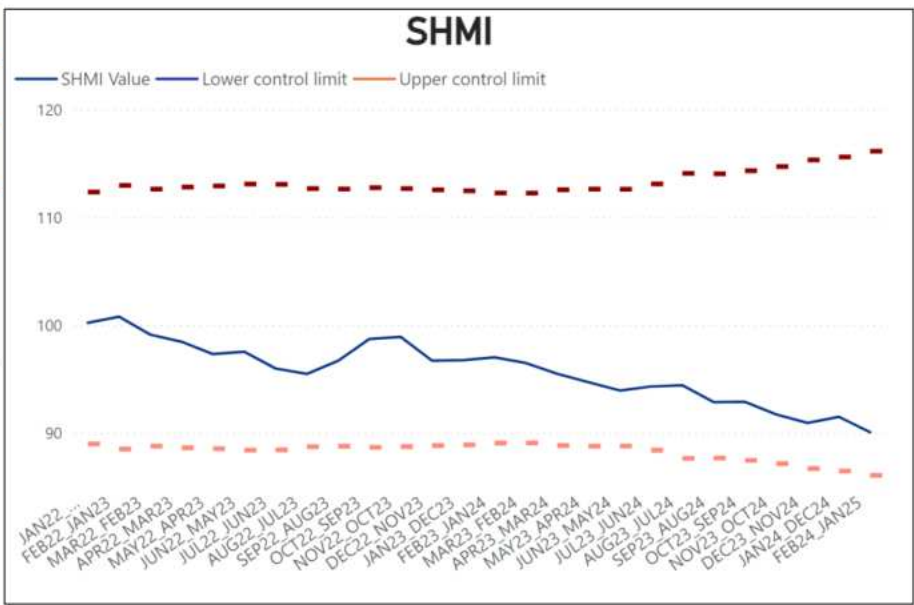
**Areas of Concern:**

- Sepsis Screening compliance
- Patient Flow and Emergency Department performance and quality indicators - Strengthening the leadership in the emergency department
- E-Discharge compliance requires improvement – Task and Finish Group
- 1 MRSA reported
- Continued focus on Pressure Ulcers weekly review and actions - ED specific Pressure Ulcer steering group commenced in May
- CQC warning notice – action plan – weekly monitoring
- FFT – just below national positive response rate in all three areas – work required to improve response rate

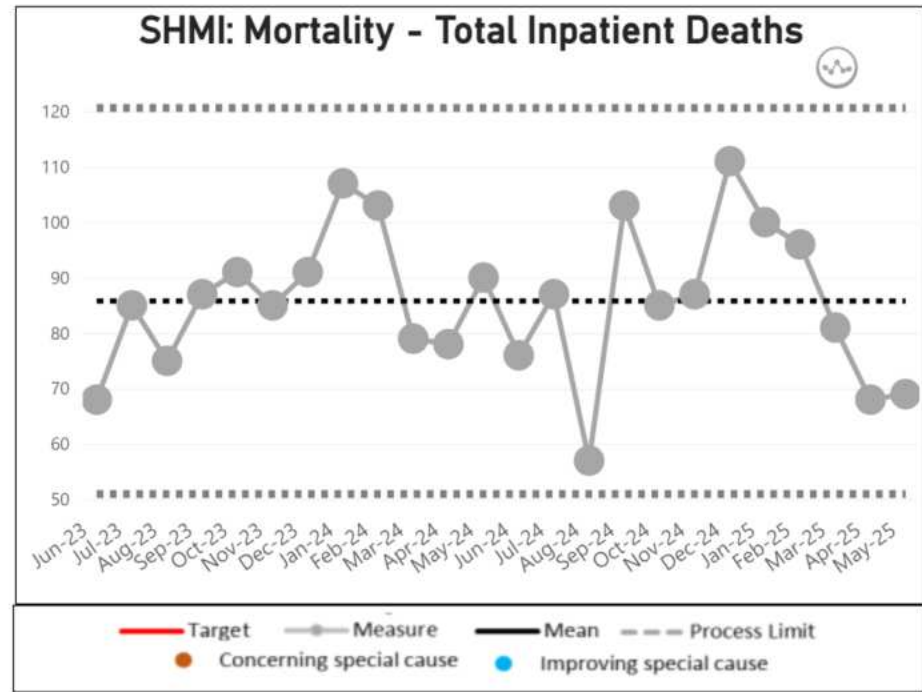
**Forward Look (with actions):**

- Quality, safety and Experience Strategy Launch
- 2025/26 PSIRF plan – ICB oversight and scrutiny
- Trust wide Medical Device/Equipment Action plan
- 3 Mixed Sex breaches – all relating to Stroke speciality – policy due for renew and refresh
- Renew and Refresh of Patient Experience Group

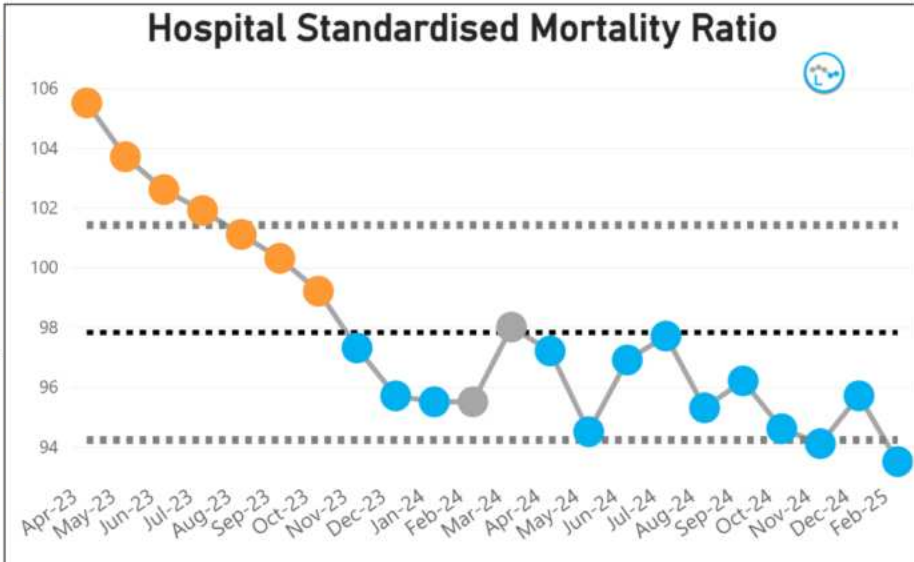
<b>FEB24_JAN25</b>
<b>90.08</b>
<b>Banding</b>
As expected



<b>Jan-25</b>
<b>69</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>



<b>Feb-25</b>
<b>93.5</b>
<b>Banding</b>
As expected



**HSMR Narrative**

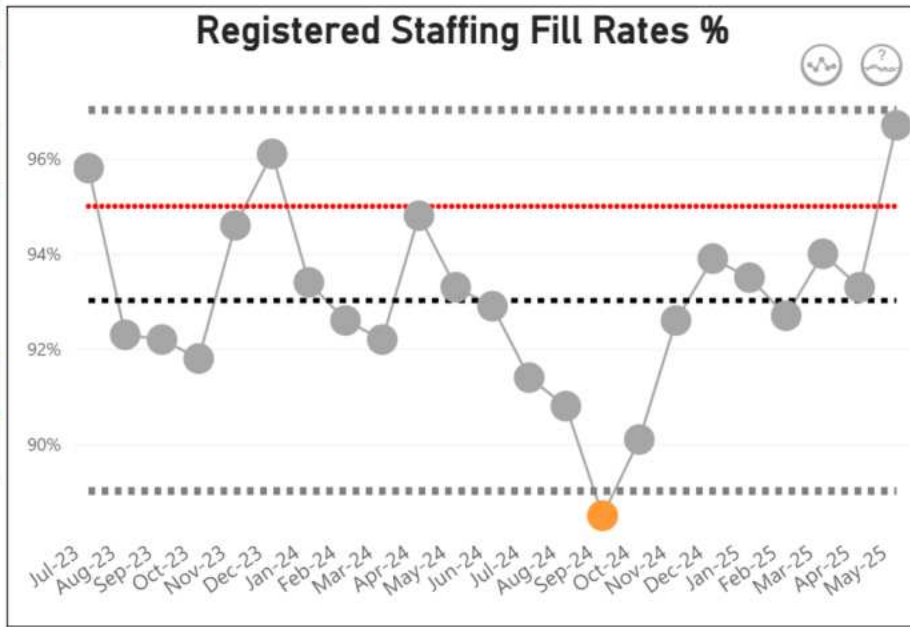
The current HSMR (to December 2024) is now 95.7 which is a slight increase from the previous month. From April - 23 onward, we are showing a statistically significant decrease in our HSMR score. As the reporting period now excludes most of the aftermath of the Cerner implementation the mean has dropped, and we now see that the current reporting figure is below the Lower Control Limit, showing an improved performance in this metric.

**SHMI Narrative**

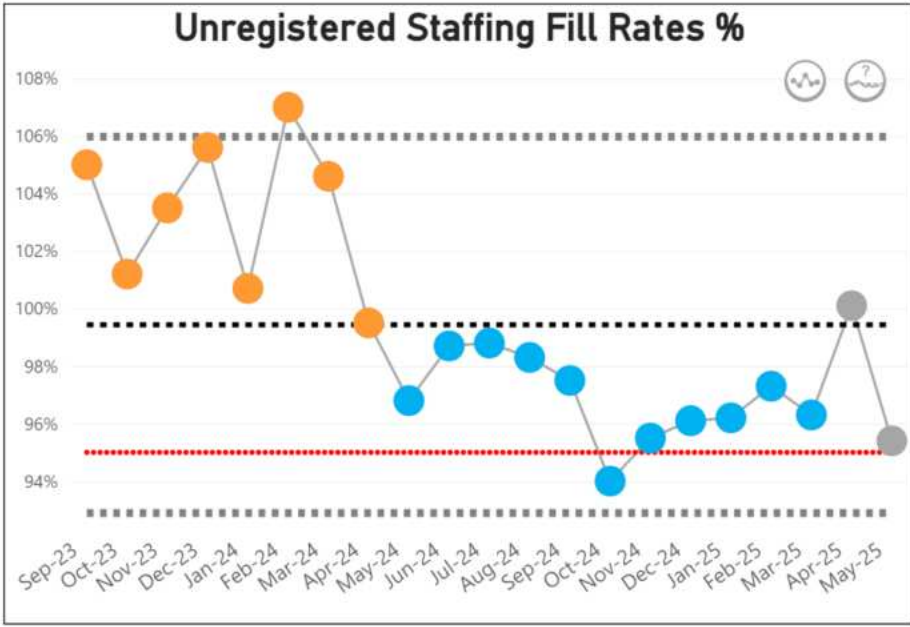
The current SHMI remains sub 100 which is on par with previous periods and remains within the expected range. The figures are now showing a 7 point below the mean improvement with recent months being below the Lower Control Limit, demonstrating a continued increase in performance.

We have added the total number of Inpatient deaths into the IPR as supplementary to our HSMR and SHMI being a few months behind.

<b>May-25</b>
<b>96.7%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>95%</b>



<b>May-25</b>
<b>95.4%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>95%</b>



**Registered Nursing Narrative**

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 Trusts 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**

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.

**Safer Staffing Levels - May 25**

Ward Information		Staffing Rates								CHPPD					Falls		Skin Integrit		Medication		Staffing		Friends & Family		
Directorate	Ward	Occupancy	Total Reg	Total Unreg	Day Reg	Day Unreg	Night Reg	Night Unreg	Reg	Non-Reg	Actual	Planned	Nat Avg	Total	With Harm	HAPU	Admin Incs	Incidents	Vth Harm	Positive	Negative	Response			
Urgent Care	Acute Medical Unit	50	97.73%	96.62%	96.91%	99.33%	99.23%	94.66%	4.2	3.8	8.0	8.2	9.7	15	1	1	9	6	0	85.00%	15.00%	11.36%			
	Ward 33 Trinity Ward	34	83.53%	81.93%	82.18%	84.70%	87.65%	80.44%	3.4	3.2	6.6	7.3	27.0	7	0	3	7	2	0						
	Ward 40	11	98.44%	90.80%	91.77%	98.39%	100.00%	84.02%	3.3	3.5	6.8	7.2	15.9	0	0	1	4	0	0	0.00%	0.00%	0.00%			
	Ward 42	16	99.50%	93.11%	92.08%	100.00%	100.00%	88.99%	4.7	5.1	9.8	10.2	15.0	3	0	0	1	0	0	100.00%	0.00%	26.09%			
	Ward 43 Meadows Ward	16	98.83%	95.81%	95.73%	96.77%	100.00%	94.93%	3.1	4.2	7.2	7.5	8.0	3	0	0	0	1	0	95.71%	14.29%	18.92%			
	Ward 44	28	93.19%	90.21%	95.95%	92.80%	102.63%	88.48%	3.4	3.5	6.9	7.5	13.7	12	0	2	1	1	0	75.00%	25.00%	8.51%			
	Ward 45 Palace	25	94.23%	98.81%	96.65%	100.00%	106.45%	98.02%	3.1	3.1	6.2	6.4	8.1	5	1	0	0	0	0	85.71%	0.00%	11.18%			
	Ward 50	28	90.08%	93.30%	91.36%	98.37%	99.63%	90.78%	3.7	3.6	7.2	7.9	8.7	9	0	1	2	1	0	50.00%	50.00%	6.25%			
	Ward 51	28	106.54%	101.36%	79.80%	100.00%	133.32%	106.46%	4.1	4.2	8.2	7.6	8.1	7	1	0	3	0	0	75.00%	25.00%	9.52%			
	Cardiology Unit	16	87.34%	87.43%	84.24%	90.54%	95.03%	81.80%	4.3	3.8	8.1	9.3	8.3	0	0	0	3	1	0	100.00%	0.00%	13.56%			
Respiratory Unit	38	95.41%	91.42%	94.68%	99.38%	96.50%	82.57%	4.2	3.8	8.0	8.5	7.1	5	1	4	7	0	0	75.00%	25.00%	16.00%				
Modular	20	86.23%	97.47%	80.58%	101.17%	101.03%	94.15%	2.3	2.3	5.3	6.4	8.1	0	0	0	0	0	1	0	0.00%	0.00%	0.00%			
Emergency Dept Team			95.35%	99.07%	93.08%	99.46%	101.58%	98.15%	#N/A	#N/A	#N/A	#N/A	#N/A	3	0	0	14	8	0	71.90%	17.15%	10.60%			
Ward 60 Haematology Oncology Suite			88.77%	50.07%	88.77%	100.00%	100.00%	50.07%	#N/A	#N/A	#N/A	#N/A	#N/A	0	0	0	0	0	0	91.11%	0.00%	10.56%			
Renal Unit (Care)			89.80%	93.32%	89.80%	100.00%	100.00%	93.32%	#N/A	#N/A	#N/A	#N/A	#N/A	0	0	0	0	0	0						
Planned Care	Ward 41	29	100.28%	97.31%	87.67%	100.00%	105.36%	96.11%	3.4	3.6	7.0	7.1	8.1	2	0	2	4	2	0	100.00%	0.00%	16.00%			
	Ward 52	28	111.50%	105.96%	94.58%	100.00%	137.39%	111.36%	3.4	2.7	6.1	5.6	8.7	8	0	1	0	2	0	66.67%	20.00%	17.86%			
	Ward 53	28	99.01%	95.34%	91.01%	100.07%	112.12%	92.95%	3.4	3.1	6.5	6.7	8.1	1	1	0	2	0	0	100.00%	0.00%	19.35%			
	Ward 54	28	100.94%	107.95%	87.05%	100.00%	167.88%	104.33%	3.0	3.2	6.2	5.5	9.1	5	0	1	1	0	0						
	Ward 56	28	106.53%	95.90%	93.20%	100.00%	162.74%	92.28%	3.2	3.3	6.5	6.4	6.2	0	0	0	1	0	0	80.00%	20.00%	23.81%			
	Critical Care	15	93.42%	94.02%	93.63%	94.08%	90.32%	93.32%	#N/A	#N/A	#N/A	#N/A	#N/A	3	0	0	3	1	0						
W&C TICC	Bluebell Unit	24	99.19%	98.17%	98.66%	100.00%	99.95%	97.51%	2.9	3.2	6.1	6.2	8.1	0	0	2	0	0	0	93.33%	0.00%	88.24%			
	EPH Stroke Rehab Unit Team	17	98.50%	96.53%	96.77%	100.00%	100.00%	95.28%	3.6	4.8	8.4	8.6	8.7	1	0	0	0	1	0	87.50%	12.50%	90.00%			
	Poppy Unit	19	75.42%	111.02%	97.27%	95.11%	46.71%	96.92%	1.8	4.4	2.4	3.9	8.0	1	0	1	2	0	0	66.67%	66.67%	50.00%			
W&C	Maternity Suite		93.92%	68.99%	92.78%	69.0%	94.2%	54.51%	33.1	1.9	35.2	2.7	9.0	0	0	0	0	0	0						
	MMU		94.02%	100.00%	106.08%	100.0%	79.1%	100.00%	20.9	0.0	22.2	0.0	8.7	0	0	0	0	0	0						
	Ward 29 & 30 Childrens' Unit	22	94.00%	100.93%	94.80%	123.2%	93.0%	117.92%	2.4	0.7	2.6	0.7	8.3	0	0	0	0	0	0						

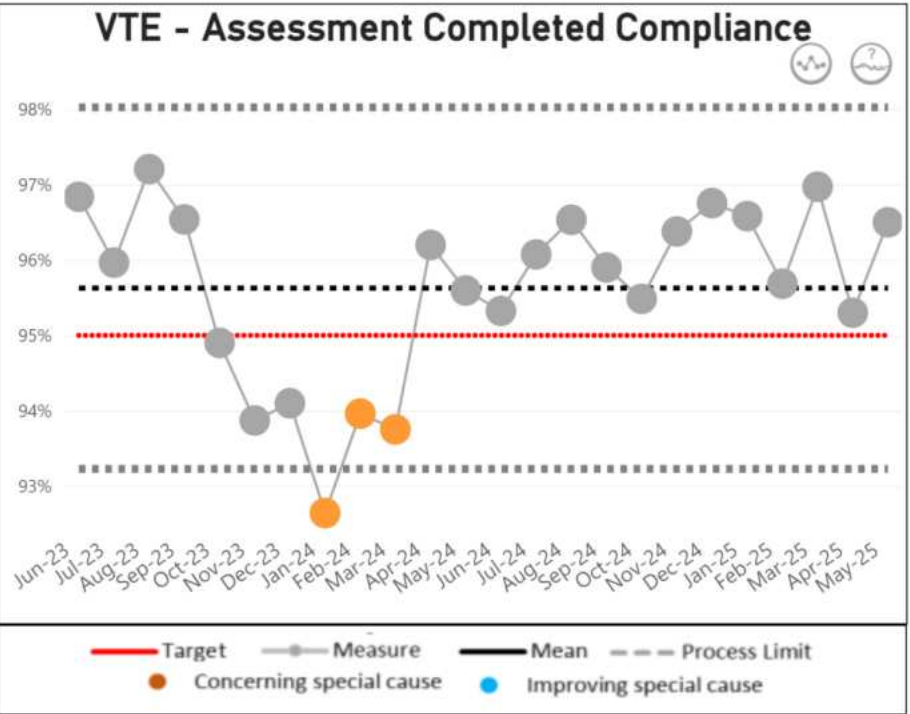
**Nurse Staffing Breakdown**

We have added this page to give further insight into our staffing levels as well as metrics effected by staffing levels. Each Ward area has a breakdown of their registered and unregistered staffing, as well as the breakdown of these figures for Day and Night. The Care Hours Per Patient Day (CHPPD) is also displayed, the national average is taken from the average CHPPD for the wards speciality.

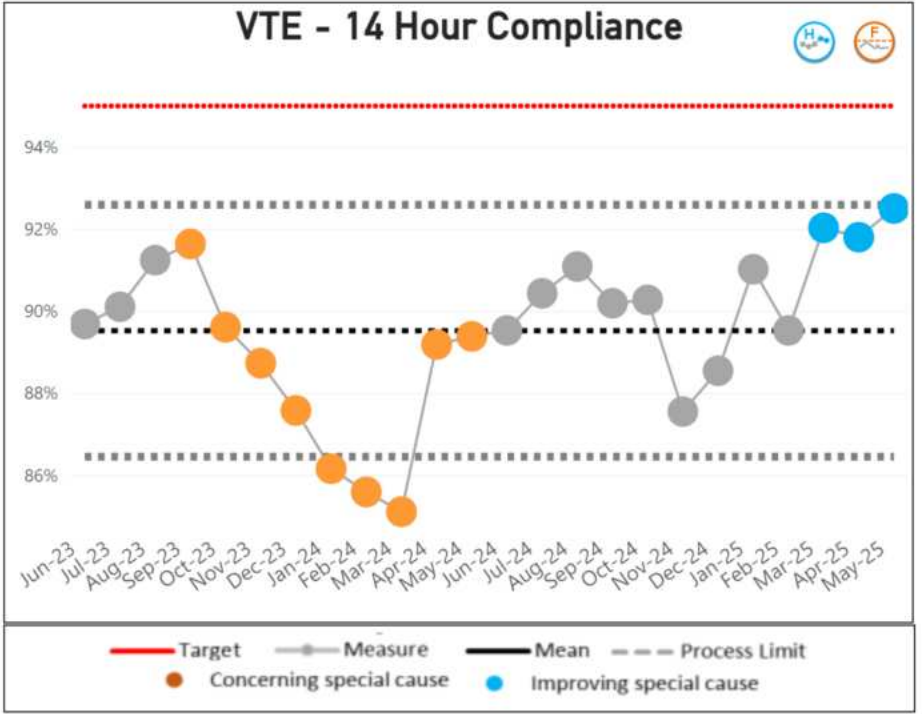
FFT Breakdowns for positive, negative and response rate are also given. This is based on the patient's discharge ward, i.e. the last ward of treatment. Our average response rate for Inpatient FFT is 20%, so there can be some wards/areas that do not get many responses, you also see a few patients responding multiple times, so that shows for some of the EPH areas where the response rate is over 100%.

FFT is split into 6 options, very good, good, neither, poor, very poor and "don't know", for positive we look at very good and good, and negative is poor and very poor, thus you can see that some of the % do not total 100%.

<b>May-25</b>
<b>96.5%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>95%</b>

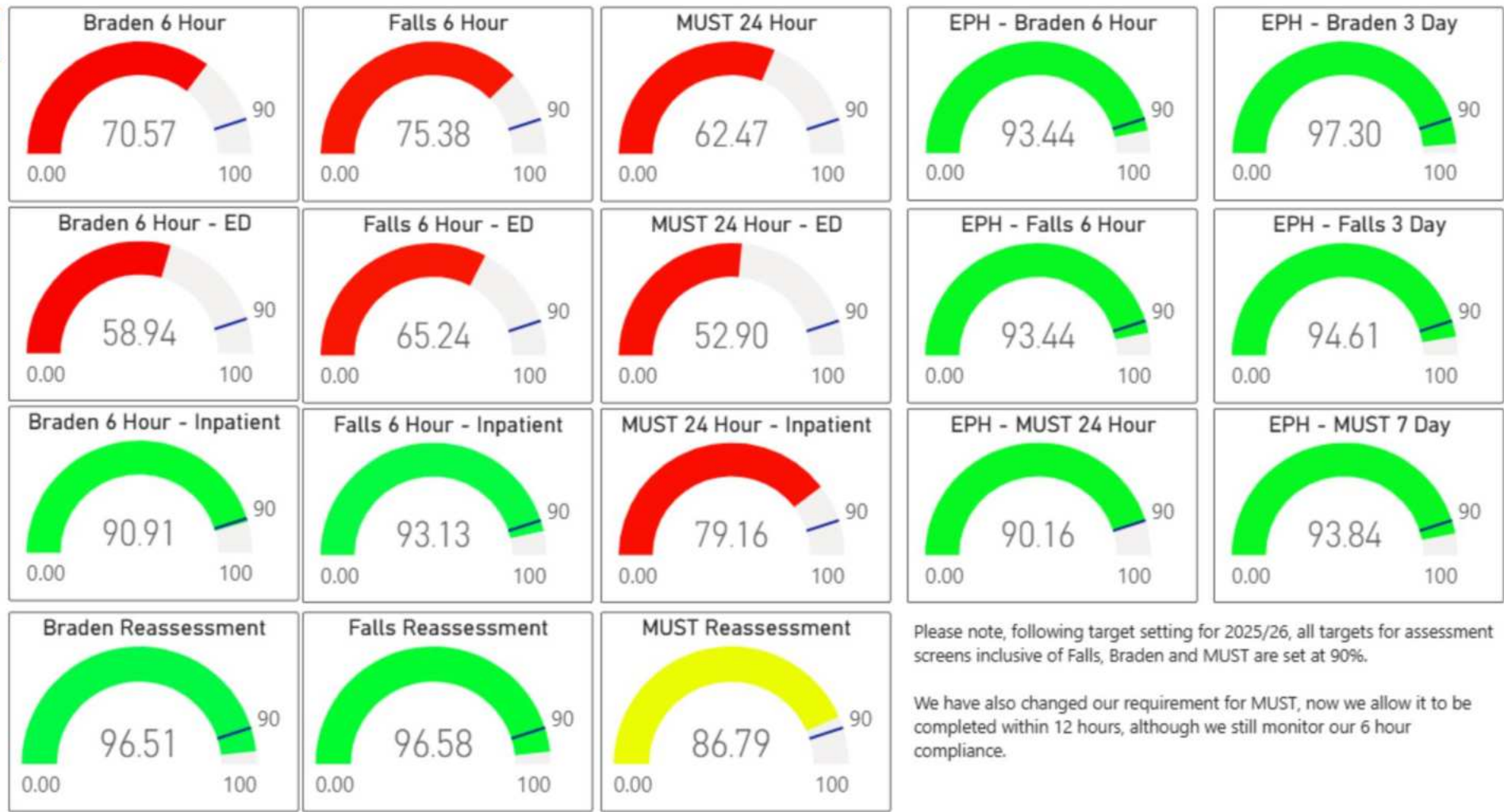


<b>May-25</b>
<b>92.5%</b>
<b>Variance</b>
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
<b>Target</b>
<b>95%</b>



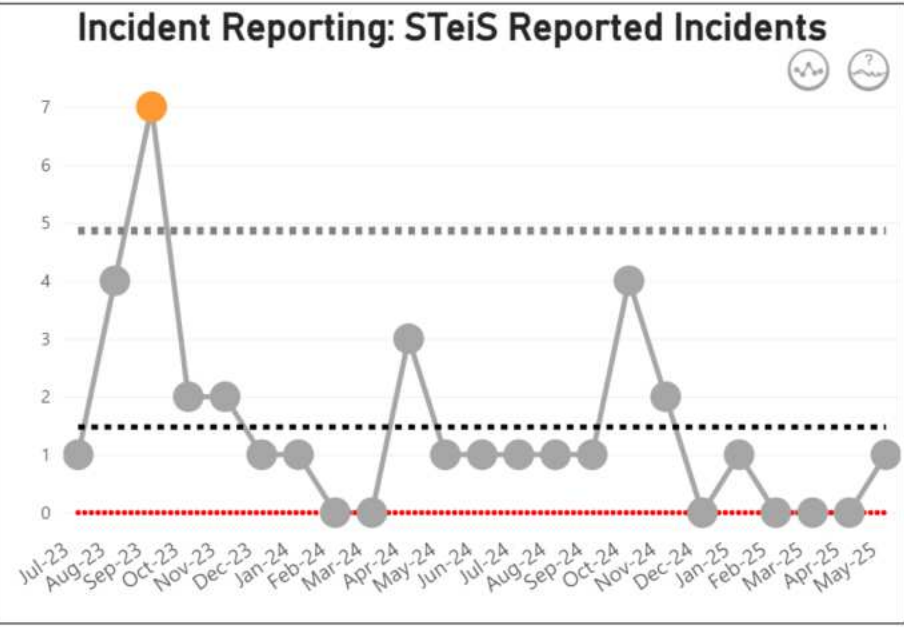
**VTE Narrative**  
 Our target for these metrics is 95% and we are consistently above the target for eligible patients receiving a VTE assessment. Whilst our 14 hour compliance has improved in recent months, it is below the target at 92.5% but above the national average of 90%.

May-25

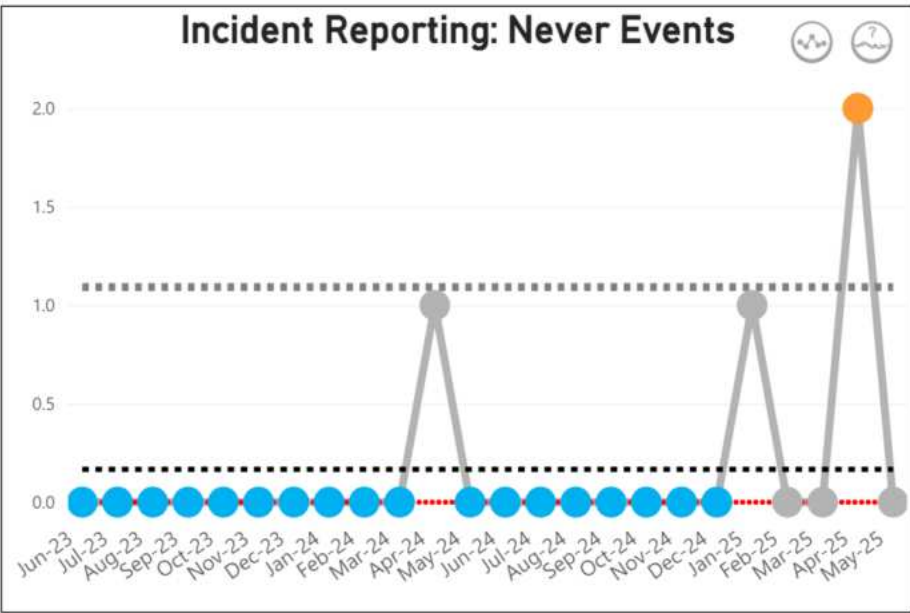


**Narrative:** This financial year we have added this page on assessment screen compliance so we have assurance and visibility that patients are being screened and assessed in a timely fashion. The above shows our monthly position for May-25 and we split between overall performance, as well as ED and Inpatient, this is due to the clock starting from the time a patient has a decision to admit in ED, so if the patient spends the majority of their first 6 hours in ED, they are assigned to ED. Due to operational pressures ED makes up around 60% of our eligible patients.

<b>May-25</b>
<b>1</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0</b>



<b>May-25</b>
<b>0</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0</b>



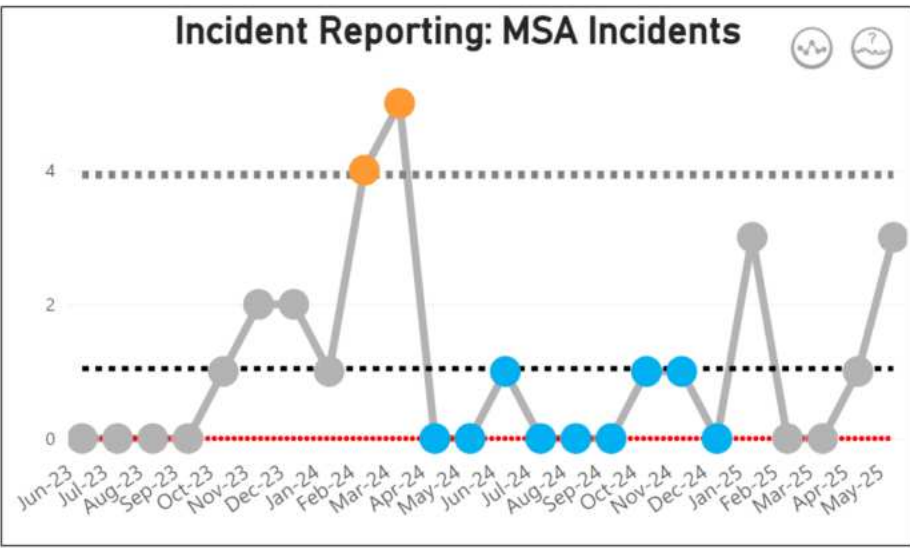
#### Serious Incidents Narrative

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.

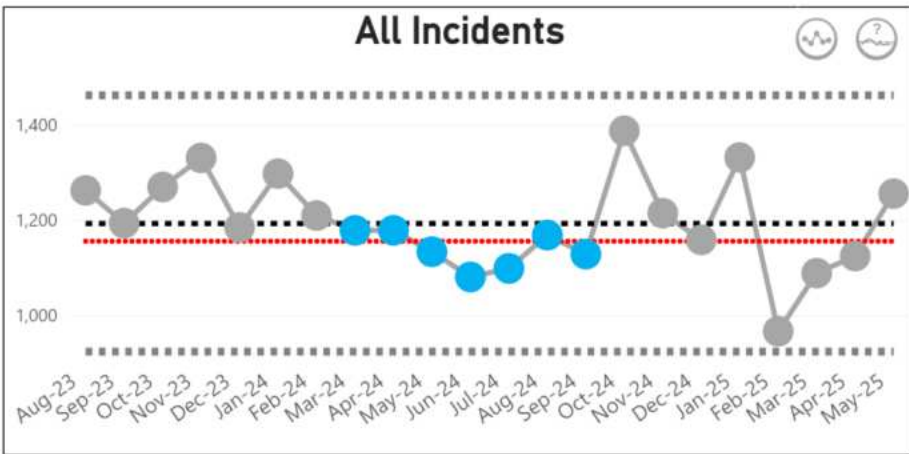
The Trust reported 0 Never Events this month.

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.

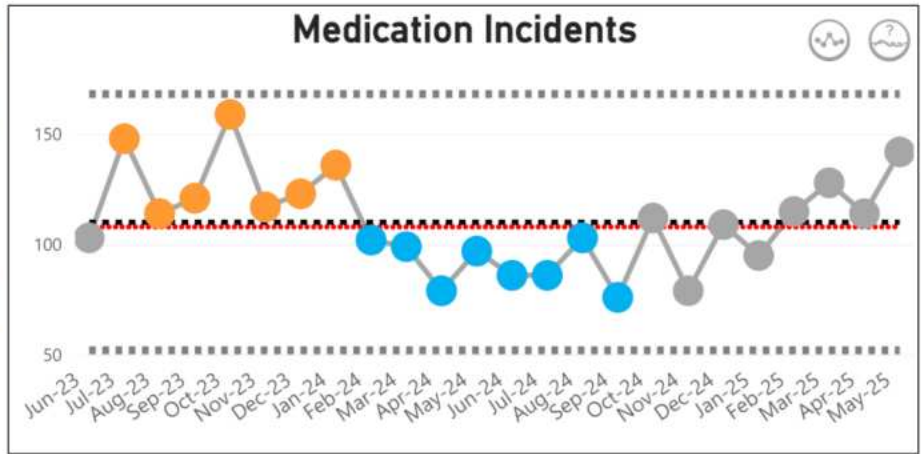
<b>May-25</b>
<b>3</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0</b>



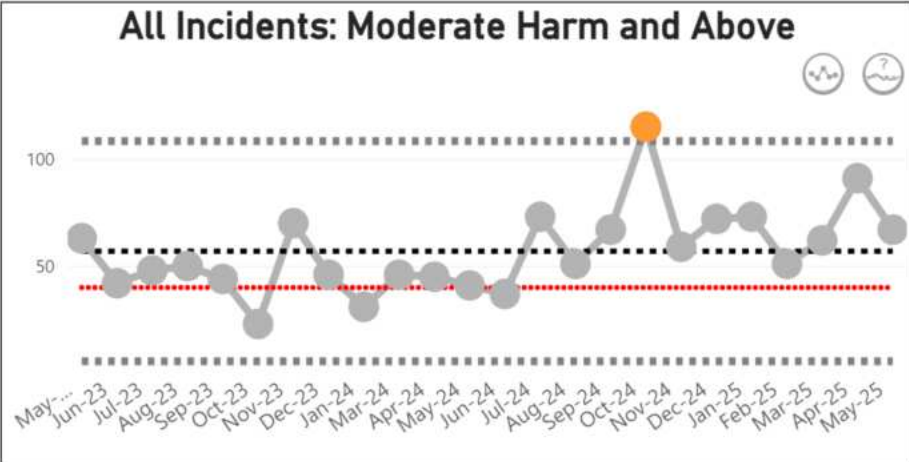
<b>May-25</b>
<b>1255</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>1155</b>



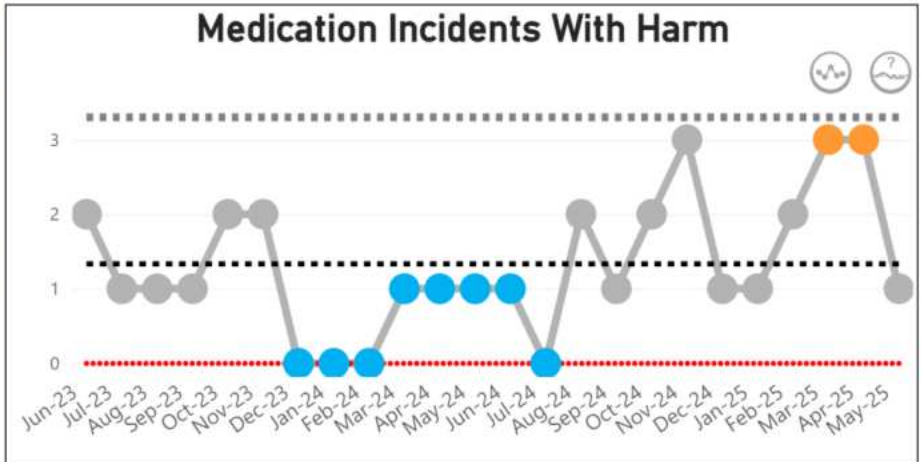
<b>May-25</b>
<b>142</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>108</b>



<b>May-25</b>
<b>67</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>40</b>



<b>May-25</b>
<b>1</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>0</b>



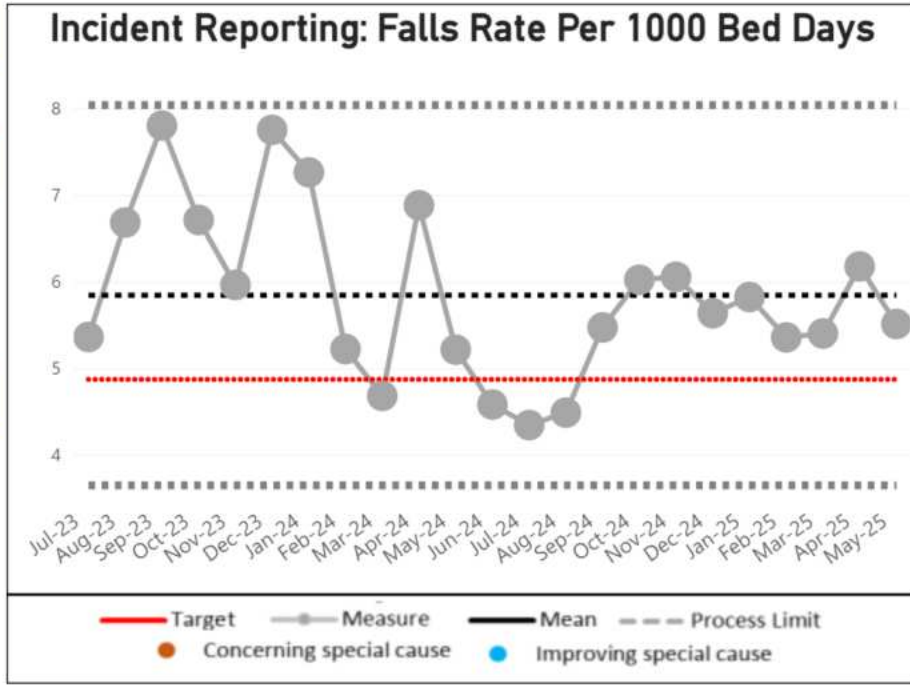
**Incident Reporting Narrative**

There has been a slight increase in the overall number of incidents reported (clinical and non-clinical); a total of 1255 – an increase of 131 in comparison to April 2025.

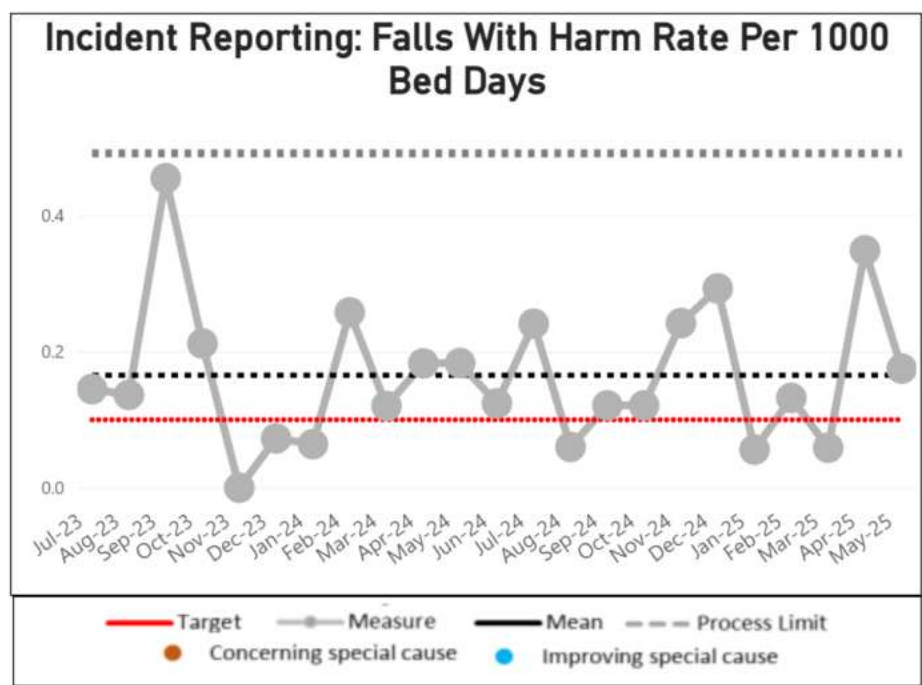
**Medication Incidents Narrative**

The method of reporting medication incidents has changed week commencing the 18th October 2024 before this change, all categories of medication incident were classified as medication, then the sub category was administration, prescribing etc.

<b>May-25</b>
5.51
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
4.87



<b>May-25</b>
0.175
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
0.1



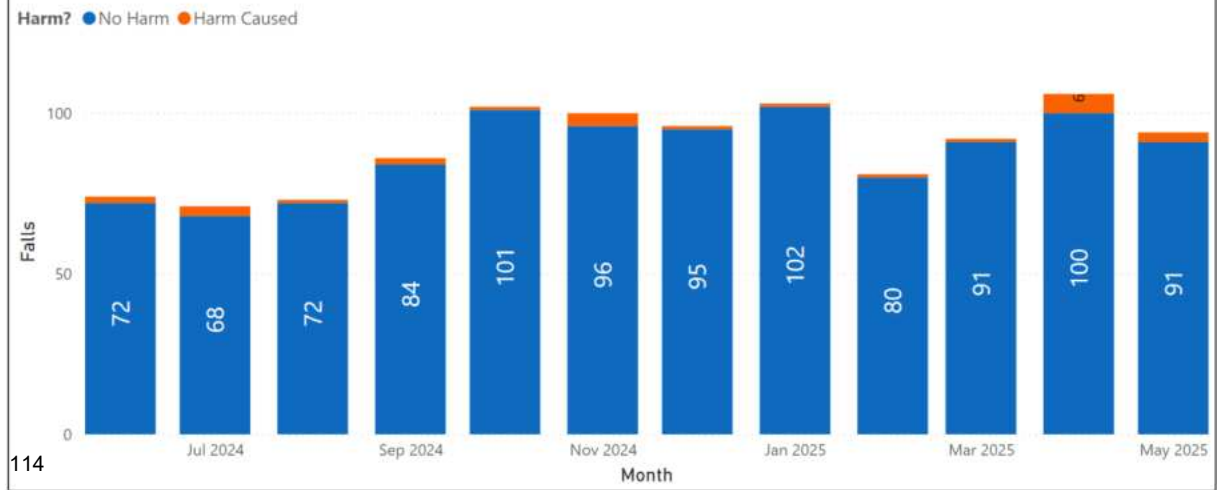
**Falls Narrative**

The Trust has finalised its position for Falls in 2024/25 and went from 1158 in 2023/24 to 1079 in 2024/25 which is a 6.8% reduction, which falls short of the 10% target.

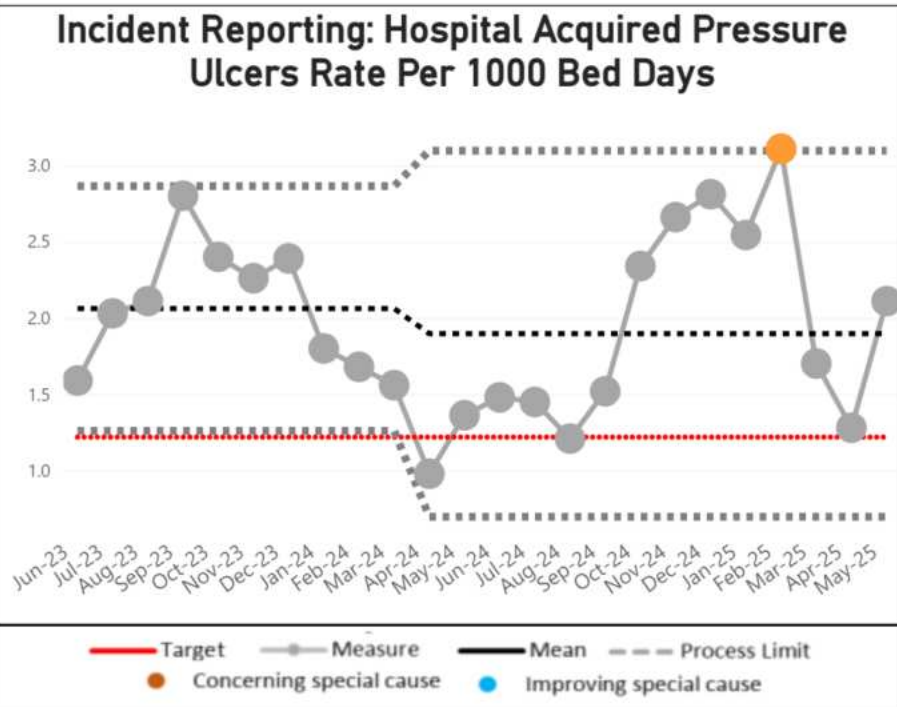
For Falls With Harm, the target was a 20% reduction, but we went from 19 in 2023/24 to 24 in 2024/25, which is a 26.3% increase.

On the back of this, the targets for 2025/26 remain a 10% reduction in overall falls and a 20% reduction in Falls With Harm.

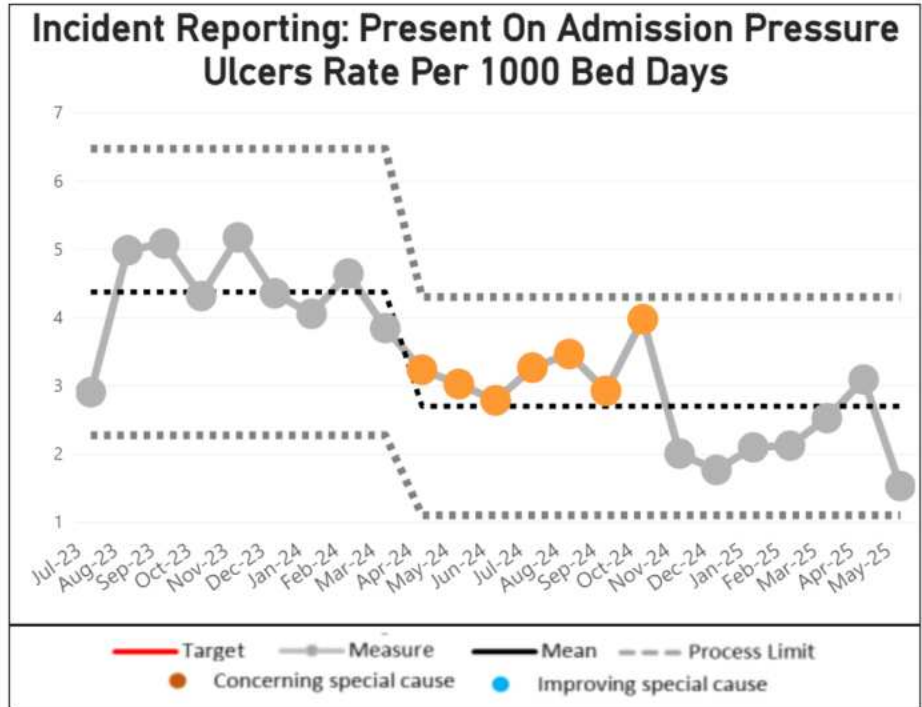
**Overall Figures For Falls Split By Harm Caused**



<b>May-25</b>
2.11
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
1.22



<b>May-25</b>
1.52
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
1.22



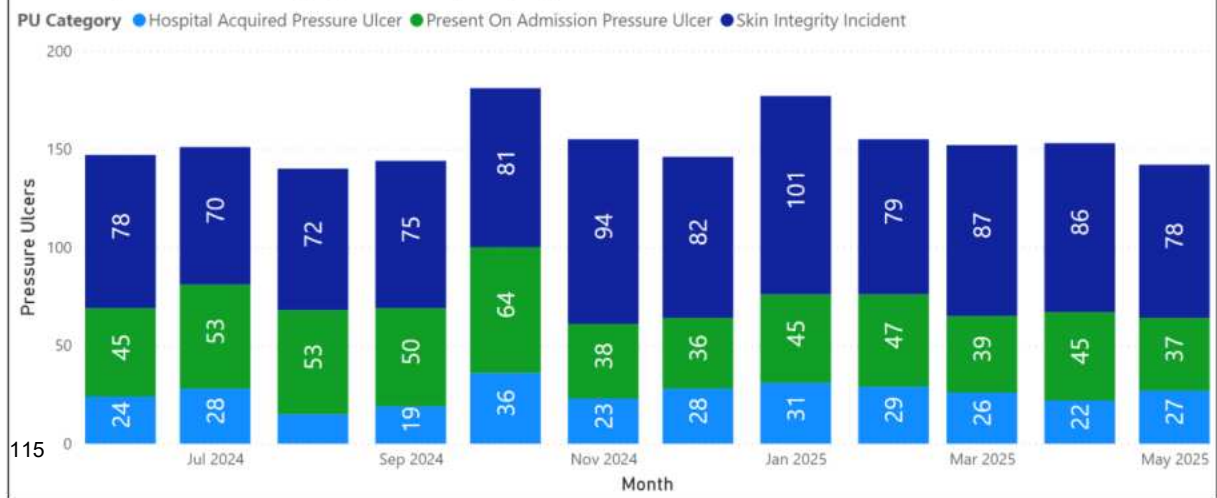
**Pressure Ulcer Narrative**

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 April 2024 explaining the step changes in place. 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.

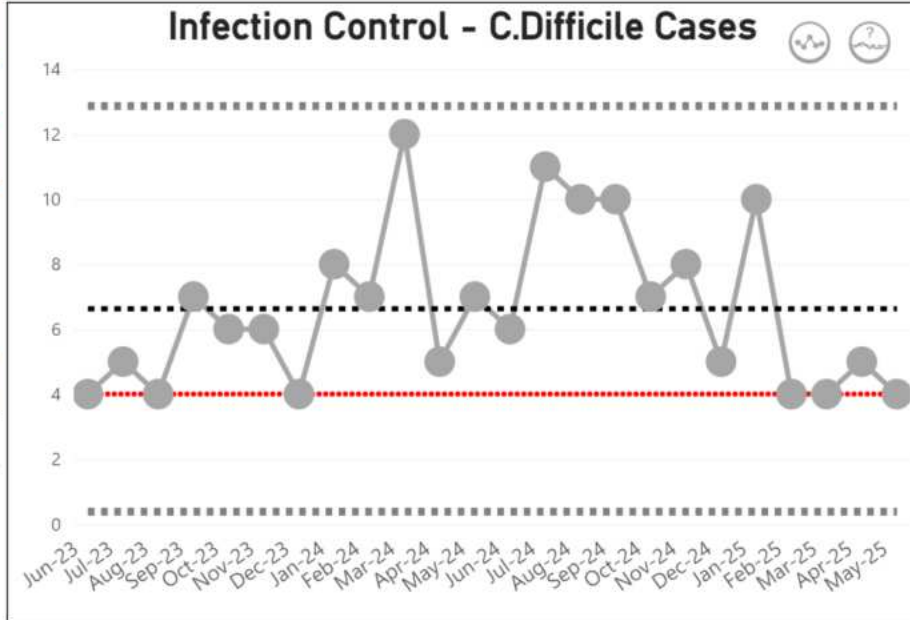
The target for 2024/25 was to reduce Hospital Acquired Pressure Ulcers by 20%, we finished 2024/25 with a 15.6% reduction overall. The target for 2025/26 remains a 20% reduction.

In May 2025 we saw 142 skin integrity incidents, of which 64 counted as Pressure Ulcers. The Pressure Ulcer figure comprised of 27 Hospital Acquired and 37 Present On admission, which means that 42% of our pressure Ulcers were hospital acquired.

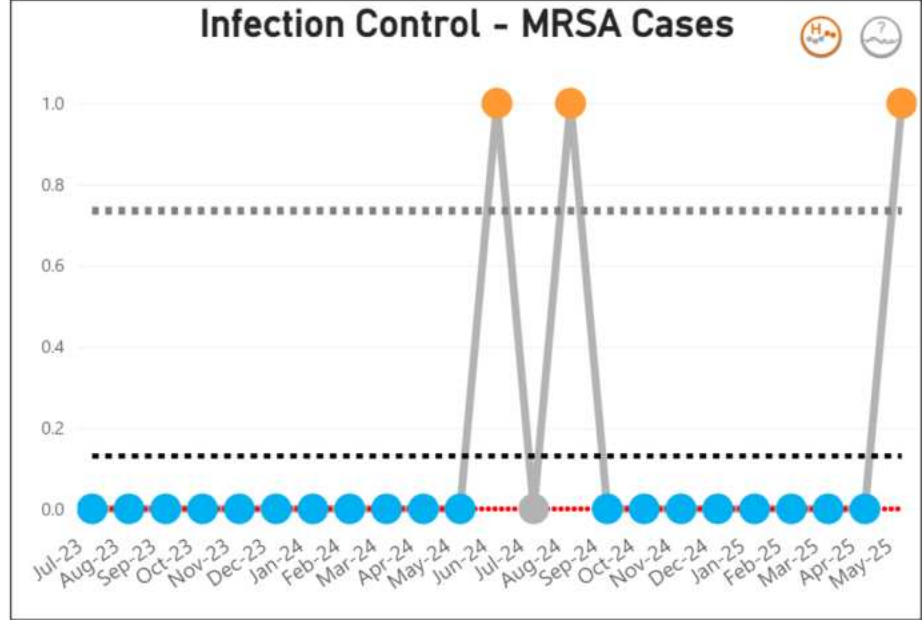
**Overall Figures For Skin Integrity Incidents Split By Type**



May-25
4
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
4

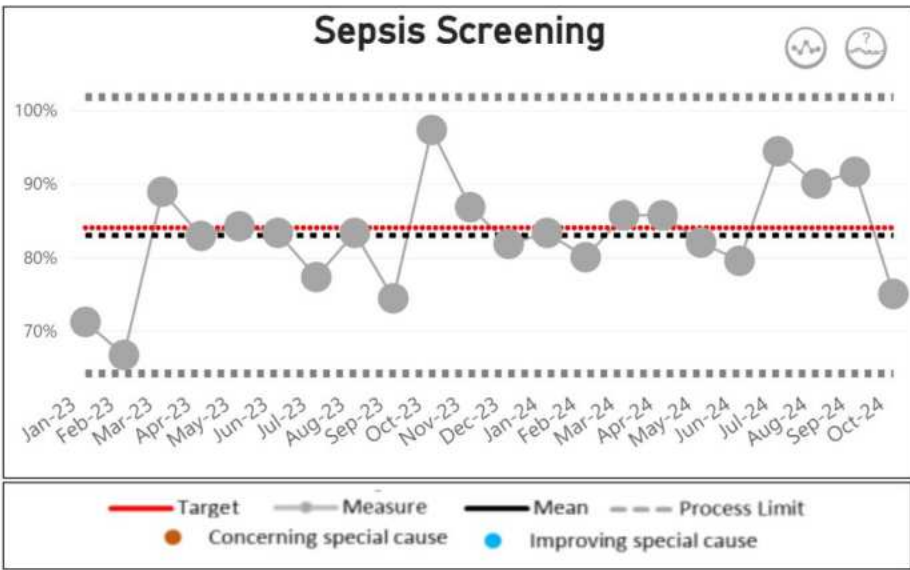


May-25
1
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
0

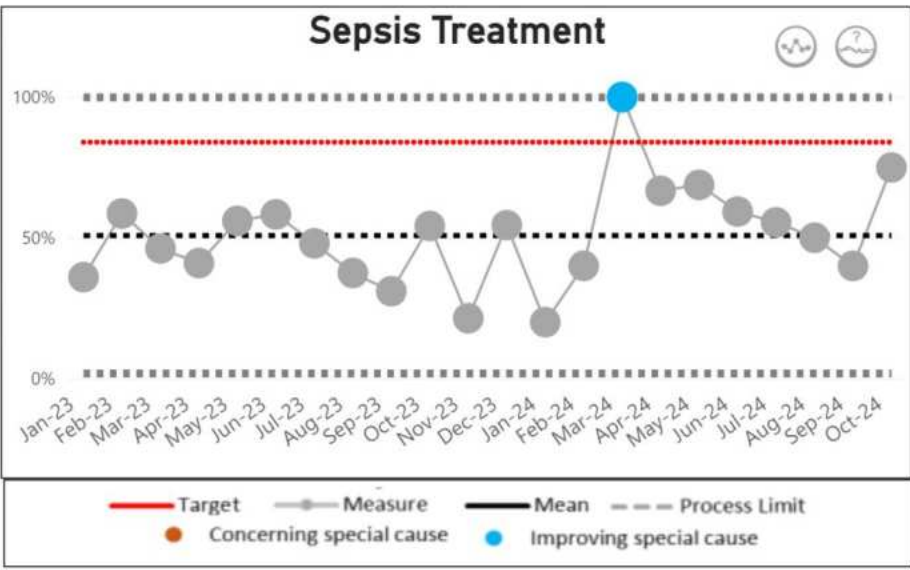


**Narrative:** In October 2024, we amended how we record Infection Control incidents on datix, and they now sit under the category of Healthcare associated infection (HCAI) rather than Infection Control. This change will allow us to see other infections more readily such as MSSA and CPE

<b>Oct-24</b>
<b>75%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>84%</b>



<b>Oct-24</b>
<b>75%</b>
<b>Variance</b>
Common cause variation, NO SIGNIFICANT CHANGE.
<b>Target</b>
<b>84%</b>



AQ overall	-	59.9%	22.7%	91.9%	62.5%	54.6%	70.4%	68.9%	60.0%	63.3%	74.1%
Blackpool	3	65.1%	8.9%	82.4%	71.4%	66.7%	85.7%	85.7%	66.7%	72.5%	80.8%
Bolton	2	64.0%	25.5%	97.6%	41.7%	80.0%	91.7%	86.4%	87.5%	63.4%	82.2%
Clatterbridge		0.0%									
Countess of Chester	12	100.0%	38.7%	84.2%	53.8%	30.0%	92.3%	53.8%	14.3%	63.2%	66.0%
East Cheshire	8	39.3%		63.6%	100.0%	80.0%	50.0%	70.0%	100.0%	50.0%	72.4%
Lancs Teaching	6	33.9%	31.6%	92.3%	66.7%	0.0%	66.7%	33.3%	100.0%	76.9%	75.0%
Liverpool University Hospitals	7	100.0%	28.9%	93.5%	69.6%	41.9%	75.4%	68.1%	62.5%	64.5%	74.8%
Manchester FT	4	60.3%	9.1%	92.5%	27.3%	20.0%	90.9%	90.9%	100.0%	70.0%	79.0%
Mersey & W Lancs	5	92.0%	19.2%	90.5%	81.6%	85.7%	64.9%	50.0%	53.8%	63.1%	76.5%
Mid Cheshire	11	64.4%	10.7%	96.1%	31.8%	37.5%	77.3%	59.1%	44.4%	64.0%	67.6%
Morecambe Bay		0.0%									
Northern Care Alliance	10	41.4%	18.3%	96.2%	50.0%	12.5%	84.6%	70.4%	53.8%	49.0%	67.8%
Stockport	9	96.6%	8.8%	96.2%	73.1%	63.6%	60.0%	56.0%	42.1%	61.5%	71.0%
Warrington & Halton	13	70.2%	57.6%	92.0%	20.0%	50.0%	41.2%	56.3%	60.0%	36.0%	56.7%
Wirral		0.0%									
WWL	1	100.0%	17.1%	96.6%	79.5%	88.5%	44.7%	89.7%	78.9%	71.3%	82.7%

**Sepsis Narrative**

From August-24 there has been a change in the metrics we record for Sepsis, the guidance has changed from SepsisNEWS to SepsisNICE, the metrics we report on the SOF are similar with the exception of treatment where instead of having a 1 hour window, we are measured against 1 hour targets for severe cases, and 3 hour targets for moderate cases. The step change in the SPC chart demonstrates this change.

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.