

**PUBLIC – Board of Directors**  
**31<sup>st</sup> March 2026**

Report	Agenda Item 16.	Integrated Performance Report (IPR) – February 2026					
Purpose of the Report	Decision		Ratification		Assurance	X	Information
Accountable Executive	Cathy Chadwick Sue Pemberton Nigel Scawn Karen Edge Vicki Wilson			Chief Operating Officer Director of Nursing/Deputy CEO Medical Director Director of Finance Chief People Officer			
Author(s)	Cathy Chadwick			Chief Operating Officer			
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			X	This report covers 5 areas of the BAF and therefore changes in performance in any of the areas can affect risk scores on the BAF.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						X X X X X X
CQC Domains	Safe Effective Caring Responsive Well led						X X X X X
Previous considerations	Not applicable						
Executive summary	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> <li>Summarise the key performance indicators.</li> <li>Assure the Board of the monthly oversight of Trust priorities against agreed targets.</li> <li>Highlight areas of high or low performance such as:</li> </ul> <p>Areas of positive assurance:</p> <ul style="list-style-type: none"> <li>Significant improvement in 18-week RTT compliance to 58.4%. bringing performance broadly in line with plan.</li> <li>An improvement on 52-week RTT compliance.</li> <li>Improvements in all key ED access standards: 4 hour, 12 hour and ambulance handover time.</li> <li>Diagnostic DM01 performance improved by 7.3%.</li> </ul>						

	<ul style="list-style-type: none"> <li>• 0 STEIS reportable incidents.</li> <li>• 0 mixed sex breaches.</li> <li>• Staff turnover remains to over-perform against target.</li> <li>• Appraisal and mandatory training compliance continues to exceed respective targets.</li> <li>• Planned YTD deficit in line with month 11 plan.</li> </ul> <p>Areas requiring improvement:</p> <ul style="list-style-type: none"> <li>• Further improvement in ED performance required to deliver against plan.</li> <li>• Falls, Braden and MUST risk assessments in the ED remain under compliance.</li> <li>• Sickness Absence Compliance.</li> <li>• Sepsis Screening Compliance.</li> </ul>
<b>Recommendations</b>	The Board of Directors is asked to consider and note the contents of the Report.

<b>Corporate Impact Assessment</b>	
<b>Statutory/regulatory requirements</b>	Monitors performance against key targets both quality and performance measures.
<b>Risk</b>	Report relates to 5 areas of the BAF risks
<b>Equality &amp; Diversity</b>	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
<b>Communication</b>	Not confidential



Countess of  
Chester Hospital  
NHS Foundation Trust

# Integrated Performance Report

Report to end of February 2026



### Data Quality Assurance Matrix (DQAM)

The DQAM 'kitemarking' has been added to the IPR from September 2025 to provide assurance on the quality of data included within the report.

The DQAM has been added to the report for the following metrics:

- Mixed Sex Accommodation (MSA) - substantial assurance
- VTE - substantial assurance
- Sickness Absence Rate
- Staff Turnover Percentage
- Annual Appraisal Compliance
- Mandatory Training Compliance



All metrics on the IPR will be reviewed by the end of the financial year.

The review is undertaken by the Data Governance team and reviews the following areas:

### Data Quality Assurance Matrix (DQAM)

**D - Data Capture & Robust System:** Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

**Q - Quality - Timely & Complete:** Is the data available and up to date at the time is someone is attempting to use it to understand the data. Are all of the elements of information needed present in the designated data source and no elements of needed information are missing?

**M - Management of Sign Off and Validation** - Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?

**A - Assurance - Audit & Accuracy** - Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / one off)?

A statistical process control (SPC) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

## XmR chart

The most common SPC chart type is the XmR chart. Each data point is shown as a grey dot on a grey line. From this data, the mean is calculated and added between the dots as a solid line, and process limits are added as grey dashed lines. If there is a target, it is shown as a red dashed line.

## Process limits

In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

## Special cause variation & common cause variation

Data naturally varies but if this variation is statistically significant, this is called special cause variation and the grey dots are instead shown as blue or orange, depending on whether a higher value is better or worse – blue is used for improving performance, orange for concerning performance. If not significant, the dots stay grey and this is called common cause variation.

The four rules used to trigger special cause variation on the chart, as advised by the Making Data Count team at NHS England, are:

- a point beyond the process limits
- a run of points all above or all below the mean
- a run of points all increasing or all decreasing
- two out of three points close to a process limit as an early warning indicator

## Recalculations

After a sustained change, a recalculation may be added. This splits the chart with the mean and process limits calculated separately using the data before and after. This gives a more accurate reflection on the system as it currently stands.

## Baselines

Baselines are commonly set as part of an improvement project, which are shown with solid line process limits. The mean and process limits are calculated from the data in this period and fixed in place for the data points afterwards. This will more easily show if a change has occurred. If a recalculation is later added, the fixed mean and process limits end and are recalculated from the data starting at this point.

## Summary icons

Summary icons are shown in the top-right of the chart and explained on the *Icon Descriptions* page.

## Ghosting

There is sometimes a need to remove a data point from the chart because it is a known anomaly – for example, a high referral count after a one-off migration – and will skew the data to render the chart meaningless. An alternative is to ghost the data point. The data point remains visible on the chart as a white dot but is excluded from all calculations.

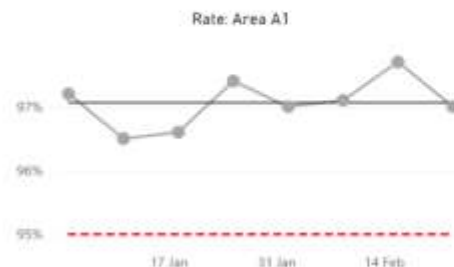
## Annotations

If a dot has a black circle around it, there is an annotation that can be viewed in a tooltip by placing the mouse cursor over it in the interactive version of the report.



## Not enough data points?

An SPC chart requires enough data for a robust analysis. If there are too few data points, the SPC elements are not displayed.



## Purple dots

It is not always possible to say that higher values are better or worse, for which purple is used instead of blue and orange.



Variance - Is the measure getting better/worse?

Assurance - Can the target be consistently achieved?					
Consistently hits target		Target not consistently achieved or failed		Consistently fails target	No target set / insufficient data points
Special Cause Improvement 	Staff Turnover Percentage Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Ambulance: Handovers 60+ minutes RTT: Incomplete pathways - Waiting over 78 weeks RTT: Incomplete pathways - Waiting over 104 weeks Patient Initiated Follow Up (%) VTE: Assessment Completed Compliance Fill rates: Registered Staffing (%) Fill rates: Unregistered Staffing (%) Annual Appraisal Compliance Mandatory Training Compliance	RTT: Incomplete pathways - Waiting up to 18 weeks (%) RTT: Incomplete pathways - Total RTT: Incomplete pathways - Waiting over 52 weeks RTT: Incomplete pathways - Waiting over 65 weeks RTT: Incomplete pathways - Waiting over 52 weeks (%) RTT Wait for 1st OP Appt - % waiting < 18 weeks E-Discharge Overall Compliance (within 24hr %) VTE: 14 Hour Compliance	SHMI - no target, but indicator is "as expected" Hospital Standardised Mortality Ratio (HSMR) - no target, but indicator banding is "as expected" FFT - IP Positive Rate - insufficient data points for assurance Other Reduction in Agency Shifts over Cap Rates - target to be identified	
	Eclampsia Maternal Deaths	Cancer Treatments: 28 Day FDS Cancer Treatments: 62 Day Standard Incidents: StEIS reported incidents Incidents: Never events Incidents: Mixed sex accommodation incidents Incidents: All incidents Incidents: All incidents with moderate harm and above Incidents: Medication incidents Incidents: Medication incidents with harm Falls: All - Inpatient Rate Per 1000 Bed Days Falls: With Harm - Inpatient Rate Per 1000 Bed Days Pressure ulcers: Hospital acquired - Rate per 1000 bed days Infection Control: C.Difficile Cases Infection Control: MRSA Cases Patient Feedback: Concerns Opened In Month FFT: IP Response Rate Term Admission Rate Sections Rate PPH rate per 1000 births Tears rate per 1000 births Stillbirths Neonatal Deaths Sickness Absence Rate Reduction in Agency Shifts over Cap Rates: Medical & Dental	ED: Patients waiting no more than 4 hours (%) ED: Patients waiting no more than 4 hours - Type 1 (%) ED: Patients waiting over 12 hours (%) ED: Patients waiting over 12 hours ED: Patients waiting over 12 hours from decision to admit to admission Ambulance: Handovers 30-60 minutes Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01) Diagnostics: % waiting less than 6 weeks - All NC2R: Total Delayed Days Patient Feedback: Complaints Open At Month End FFT: OP Response Rate	Mortality - Total Inpatient Deaths - no target, but value is in the normal range Present On Admission Pressure Ulcers Rate Per 1000 Bed Days - target to be identified Patient Feedback: Concerns Open At Month End - target to be identified FFT - A&E Positive Rate - insufficient data points for assurance FFT - OP Positive Rate - insufficient data points for assurance Women Delivered - no target, but value is in the normal range Live Births - no target, but value is in the normal range Births in Co-located MLU - no target, but value is in the normal range	
	Patient Feedback: Complaints Opened In Month	Cancer Treatments: 31 Day Standard FFT: A&E Response Rate Better Payment Practice Code (value)	Better Payment Practice Code (number)	Patient Feedback: Concerns Open At Month End	

Latest NOF published on 18th March. NOF published quarterly with next release expected early June.

## SCORED METRICS (Contributing to Segmentation)

Metric	Type	Target or Threshold	Mar-26 published (MHS)			Dec-25 published (MHS)			Sep-25 published (MHS)		Latest published				Overall Domain Score	Overall Domain Segment	
			Time period	*	Value	Time period	*	Value	Time period	Value	Rank	Score 1	Score 2	Score 3			Score 4
<b>ACCESS TO SERVICES DOMAIN</b>																	
% patients waiting <18 weeks (absolute)	Acute	65%	Dec-25	↑	53.6%	Sep-25	↑	51.43%	Jun-25	48.89%	122/131				3.79	3.09 (3.27)	4 (4)
% patients waiting <18 weeks (vs plan)	Acute	0%	Dec-25	↓	-2.07%	Sep-25	↑	-0.35%	Jun-25	-1.00%	74/131			2.76			
% patients waiting >52 weeks	Acute	1%	Dec-25	↑	4.36%	Sep-25	↑	7.61%	Jun-25	8.28%	127/131			3.92			
% patients waiting >52 weeks (community)	Community	-	Dec-25	↓	13.25%	Sep-25	↑	9.78%	Jun-25	10.60%	63/77			3.46			
% urgent referrals diagnosed within 4 weeks	Acute	80%	Oct-25 - Dec-25	↑	78.89%	Q2 2025/26	↓	71.64%	Q1 2025/26	78.58%	46/118		2.13				
% patients treated within 62 days	Acute	75%	Oct-25 - Dec-25	↑	77.07%	Q2 2025/26	↓	74.88%	Q1 2025/26	76.51%	35/118	1					
% A&E patients seen within 4 hours	Acute	78%	Oct-25 - Dec-25	↑	62.33%	Q2 2025/26	↑	62.80%	Q1 2025/26	61.20%	117/123			3.87			
% A&E attendances >12 hours	Acute	0%	Oct-25 - Dec-25	↑	14.86%	Q2 2025/26	↑	19.69%	Q1 2025/26	24.45%	113/123			3.75			
<b>EFFECTIVENESS &amp; EXPERIENCE DOMAIN</b>																	
Summary Hospital Level Mortality Indicator	Acute	As Expected	Oct-25 - Dec-25	↔	As Expected	Jul-24 - Jun-25	↔	As Expected	Apr-24 - Mar-25	As Expected	S2		2			2.57 (2.59)	4 (4)
Discharge delays (bed days lost) - including zero days - metric has changed	Acute	-	Dec-25	↓	2.20	Sep-25	↓	2.03	Jun-25	1.80	126/127			3.98			
CQC inpatient satisfaction	Acute		2023	↔	2	2023	↔	2	2023	2	S2		2				
Urgent Community Response 2-hour performance	Community	70%	Oct-25 - Dec-25	↑	82.64%	Q2 2025/26	↑	81.77%	Q1 2025/26	81.76%	28/50			2.32			
<b>PATIENT SAFETY DOMAIN</b>																	
Staff survey - raising concerns	Acute/Community		2024	↔	5.93%	2024	↔	5.93	2024	5.93	127-128/134			3.84	2.98 (2.79)	4 (3)	
CQC safe inspection score	Acute/Community		Q3 2025/26	↔	3	Q3 2025/26	↔	3	Q1 2025/26	3	3-8/8			3			
MRSA infections (rate)	Acute	0	Jan-25 - Dec-25	↓	4	Oct-24 - Sep-25	↔	3	Jul-24 - Jun-25	3	77-89/134			3.01			
C-Difficile infections (rate)	Acute	<1	Jan-25 - Dec-25	↑	0.93	Oct-24 - Sep-25	↑	0.93	Jul-24 - Jun-25	1.11	30/134	1					
E-Coli infections (rate)	Acute	<1	Jan-25 - Dec-25	↓	1.08	Oct-24 - Sep-25	↑	0.9	Jul-24 - Jun-25	1.33	38-39/134		2.24				
<b>PEOPLE &amp; WORKFORCE DOMAIN</b>																	
Sickness absence rate	Acute/Community	-	Q2 2025/26	↓	5.13%	Q1 2025/26	↑	4.96%	Q4 2024/25	6.04%	74-75/134		2.34		3.07 (3.22)	4 (4)	
Staff survey engagement score	Acute/Community	-	Dec-24	↔	6.48	Dec-24	↔	6.48	Dec-24	6.48	125-126/134			3.8			
<b>FINANCE &amp; PRODUCTIVITY DOMAIN</b>																	
Combined finance score (planned vs variance)	All Trusts		Q3 2025/26	↔	4	Q2 2025/26		4	Q1 2025/26	2	85-134/134			4	3.31 (3.58)	4 (4)	
Planned surplus/deficit	Acute/Community	Breakeven/ Surplus	Apr-25	↔	-9.38%	Apr-25	↔	-9.38%	Apr-25	-9.38%	130-131/134			4			
Variance YTD to plan (NEW Sep 25)	Acute/Community		Dec-25	↓	-3.39%	Sep-25	↓	-2.68%	Jun-25	0	122/134			4			
Implied productivity level	Acute	4% Imp	Sep-25	↑	2.50%	Jun-25	↓	-0.16%	Mar-25	0.55%	73-74/134			2.62			

\* arrow denotes improvement or deterioration from previous score

Operational Metrics	Period	Value	Variation	Assurance	Target
ED: Patients waiting no more than 4 hours (%)	Feb-26	60%			78%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Feb-26	48.6%			78%
ED: Patients waiting over 12 hours	Feb-26	1234			0
ED: Patients waiting over 12 hours from decision to admit to admission	Feb-26	751			0
Ambulance: Handovers 30-60 minutes	Feb-26	488			0
Ambulance: Handovers 60+ minutes	Feb-26	226			0
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Feb-26	58.4%			60%
RTT: Incomplete pathways - Total	Feb-26	29540			26110
RTT: Incomplete pathways - Waiting over 52 weeks	Feb-26	948			0
RTT: Incomplete pathways - Waiting over 65 weeks	Feb-26	4			0
RTT: Incomplete pathways - Waiting over 78 weeks	Feb-26	0			0
RTT: Incomplete pathways - Waiting over 104 weeks	Feb-26	0			0
RTT Wait for 1st OP Appt - % waiting <18 weeks	Feb-26	53.5%			67%
Patient Initiated Follow Up (%)	Feb-26	5.1%			5%
Diagnostics: % waiting less than 6 weeks - All	Feb-26	86.4%			99%
Cancer Treatments: 28 Day FDS	Jan-26	74.7%			80%
Cancer Treatments: 31 Day Standard	Jan-26	83.8%			96%
Cancer Treatments: 62 Day Standard	Jan-26	72.9%			75%
NC2R: Total Delayed Days	Feb-26	3438			1740
E-Discharge Overall Compliance (within 24hr %)	Feb-26	72.5%			95%

Maternity Metrics	Period	Value	Variation	Assurance	Target
Women Delivered	Feb-26	148			
Live Births	Feb-26	151			
Births in Co-located MLU	Feb-26	6			
Term Admission Rate	Feb-26	1.32%			4.8%
Sections Rate	Feb-26	50%			45%
PPH rate per 1000 births	Feb-26	33.8			30
Tears rate per 1000 births	Feb-26	0			28
Eclampsia	Feb-26	0			0
Maternal Deaths	Feb-26	0			0
Stillbirths	Feb-26	0			0
Neonatal Deaths	Feb-26	0			0

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target
Mortality: SHMI	Oct-25	0.880			
Mortality: Total inpatient deaths	Feb-26	97			
Incidents: STEIS reported incidents	Feb-26	0			0
Incidents: Never events	Feb-26	0			0
Incidents: Mixed sex accomodation incidents	Feb-26	0			0
Incidents: All incidents	Feb-26	1055			1155
Incidents: All incidents with moderate harm and above	Feb-26	70			40
Incidents: Medication incidents	Feb-26	103			108
Incidents: Medication incidents with harm	Feb-26	2			0
Falls: All - Inpatient Rate Per 1000 Bed Days	Feb-26	5.43			4.87
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Feb-26	0.123			0.1
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Feb-26	1.91			1.22
Pressure ulcers: Present on admission - Rate per 1000 bed days	Feb-26	3.27			
Infection Control: C.Difficile Cases	Feb-26	7			4
Infection Control: MRSA Cases	Feb-26	0			0
Patient Feedback: Complaints Opened In Month	Feb-26	39			40
Patient Feedback: Complaints Open At Month End	Feb-26	24			7
Patient Feedback: Concerns Opened In Month	Feb-26	338			229
Patient Feedback: Concerns Open At Month End	Feb-26	180			
FFT: A&E Positive Rate	Feb-26	70.0%			95%
FFT: IP Positive Rate	Feb-26	91.7%			95%
FFT: OP Positive Rate	Feb-26	94.3%			95%
VTE: Assessment Completed Compliance	Feb-26	95.3%			95%
VTE: 14 Hour Compliance	Feb-26	90.3%			95%

HR & Finance Metrics	Period	Value	Variation	Assurance	Target
Sickness Absence Rate	Feb-26	5.84%			5%
Staff Turnover Percentage	Feb-26	8.19%			10%
Annual Appraisal Compliance	Feb-26	83.1%			80%
Mandatory Training Compliance	Feb-26	90%			90%
Reduction in Agency Shifts over Cap Rates: Medical & Dental	Feb-26	168			120
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Feb-26	78			1200
Reduction in Agency Shifts over Cap Rates: Other	Feb-26	196			
Better Payment Practice Code (value)	Feb-26	90.8%			95%
Better Payment Practice Code (number)	Feb-26	91.2%			95%

## Highlights:

### ED:

- Compared to previous month, the Trust saw an improvement in performance of 2.9% in the 4-hour standard to 60%, 12-hour performance improved by 2% to 17.3% and mean ambulance handover time improved to 26 minutes (↑ 17 minutes).
- ED attendances were 635 more than same period previous year (Feb '25) and are over 8% higher than plan YTD.

### RTT:

- Overall RTT 18-week compliance improved to 58.4%, a 2.7% improvement on the previous month and only 0.1% behind plan.
- % of pathways >52 weeks improved by 0.4% to 3.2%. This is 1.7% off plan.

### Cancer:

- Performance against all three cancer access standard deteriorated in January, largely due to increased demand (↑ 14.5% referrals compared to December) and capacity challenges within skin, breast and gynaecology tumour sites.
- The Faster Diagnosis Standard (FDS) deteriorated to 74.7% in January, (↓ 15.6% on December).
- Performance in 31 day standard and 62 day standards deteriorated to 83.8% and 72.9% respectively (↓ 12.7 and ↓ 3.5% on December).
- Performance against FDS and 62 day cancer access standards expected to be back above target in February. 31 day performance expected to improve significantly but be slightly below target.

### Diagnostics:

- 6- week diagnostic performance improved by 7.3% to 86.4% primarily as a result in improved performance within the echocardiography modality.

### Areas of Concern:

- ED: Despite of an improvement in 4-hour performance compared to previous month, performance remains significantly off the Trust's performance against plan by over 16%.
- RTT: delivery of a year end position of <1% of open RTT pathways >52 weeks will be challenging due to a small number of specialties with capacity pressures: Vascular, Max-fax and gynaecology. The Trust is expected to deliver against year end targets of 60% open RTT pathways < 18 weeks.
- Diagnostics: Although Echocardiography performance has improved this month by over 14%, it still remains in a challenged position and well below the target threshold.

### Forward Look:

- ED: Improvement works within ED and Acute areas in conjunction with GIRFT colleagues to continue.
- RTT: All insourcing, outsourcing currently in place will continue throughout March. Further WLIs planned as part of the Trust's participation in the national 'Q4Outpatient sprint'.
- Diagnostics- Continue with additional capacity being provided via insourcing to improve position within echocardiography.

Operational Metrics	Period	Value	Variation	Assurance	Target	Benchmark
ED: Patients waiting no more than 4 hours (%)	Feb-26	60%			78%	Jan 26   72.5%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Feb-26	48.6%			78%	Jan 26   57.3%
ED: Paediatric Patients waiting no more than 4 hours (%)	Feb-26	87.7%				
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Feb-26	85.2%				
ED: Patients waiting over 12 hours - Type 1 (%)	Feb-26	24.8%				Jan 26   13.1%
ED: Patients waiting over 12 hours (%)	Feb-26	17.3%			0%	
ED: Patients waiting over 12 hours	Feb-26	1234			0	
ED: Patients waiting over 12 hours - Type 1	Feb-26	1215				
ED: Attendances	Feb-26	7155				
ED: Attendances - Type 1	Feb-26	4892				
ED: Attendances - Type 3	Feb-26	2263				
ED: Patients waiting over 12 hours from decision to admit to admission	Feb-26	751			0	
ED: Attendances with a stay in a corridor location	Feb-26	776				
ED: Attendances for mental health conditions	Feb-26	150				
ED: Mental Health patients waiting over 12 hours	Feb-26	40				
Avg Time To Ambulance Handover (mins)	Feb-26	26				
Ambulance: Handovers 30-60 minutes	Feb-26	488			0	
Ambulance: Handovers 60+ minutes	Feb-26	226			0	
Ambulance: Total Ambulance Arrivals	Feb-26	1469				
% of patients admitted following ED attendance - aged under 18	Feb-26	12.8%				
% of patients admitted following ED attendance - aged over 65	Feb-26	45.1%				
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Feb-26	58.4%			60%	Dec 25   61.5%
RTT: Incomplete pathways - Total	Feb-26	29540			26110	
RTT: Incomplete pathways - Waiting over 52 weeks	Feb-26	948			0	
RTT: Incomplete pathways - Waiting over 65 weeks	Feb-26	4			0	
RTT: Incomplete pathways - Waiting over 78 weeks	Feb-26	0			0	
RTT: Incomplete pathways - Waiting over 104 weeks	Feb-26	0			0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Feb-26	3.2%			1%	Dec 25   1.9%
RTT Wait for 1st OP Appt - % waiting <18 weeks	Feb-26	53.5%			67%	
Patient Initiated Follow Up (%)	Feb-26	5.1%			5%	Dec 25   5.0%

Operational Metrics	Period	Value	Variation	Assurance	Target	Benchmark
DNA Rates (%)	Feb-26	5.3%				Dec 25   5.9%
Advice and Guidance Utilisation Rate	Jan-26	24.3				Nov 25   23.4%
Advice and Guidance Diversion Rate (%)	Jan-26	20.9%				Nov 25   22.9%
Diagnostics: % waiting less than 6 weeks - All	Feb-26	86.4%			99%	Dec 25   78.2%
Diagnostics: % waiting less than 6 weeks - Magnetic Resonance Imaging	Feb-26	95.6%			99%	Dec 25   77.4%
Diagnostics: % waiting less than 6 weeks - Computed Tomography	Feb-26	100%			99%	Dec 25   87.9%
Diagnostics: % waiting less than 6 weeks - Non-obstetric ultrasound	Feb-26	93.6%			99%	Dec 25   78.6%
Diagnostics: % waiting less than 6 weeks - Barium Enema	Feb-26	100%			99%	Dec 25   80.3%
Diagnostics: % waiting less than 6 weeks - DEXA Scan	Feb-26	92.2%			99%	Dec 25   83.3%
Diagnostics: % waiting less than 6 weeks - Audiology - Adult Assessments	Feb-26	82.3%			99%	
Diagnostics: % waiting less than 6 weeks - Audiology - Paediatric Assessments	Feb-26	61.5%			99%	
Diagnostics: % waiting less than 6 weeks - Echocardiography	Feb-26	50.2%			99%	Dec 25   69.1%
Diagnostics: % waiting less than 6 weeks - Respiratory physiology - sleep studies	Feb-26	96.2%			99%	Dec 25   68.5%
Diagnostics: % waiting less than 6 weeks - Colonoscopy	Feb-26	85.2%			99%	Dec 25   67.2%
Diagnostics: % waiting less than 6 weeks - Flexi sigmoidoscopy	Feb-26	100%			99%	Dec 25   67.7%
Diagnostics: % waiting less than 6 weeks - Cystoscopy	Feb-26	100%			99%	Dec 25   73.2%
Diagnostics: % waiting less than 6 weeks - Gastroscopy	Feb-26	88.5%			99%	Dec 25   70.3%
Cancer Treatments: 28 Day FDS	Jan-26	74.7%			80%	Dec 25   77.4%
Cancer Treatments: 31 Day Standard	Jan-26	83.8%			96%	Dec 25   92.5%
Cancer Treatments: 62 Day Standard	Jan-26	72.9%			75%	Dec 25   71.9%
NC2R: Total Delayed Days	Feb-26	3438			1740	
E-Discharge Overall Compliance (within 24hr %)	Feb-26	72.5%			95%	
Community: % of patients waiting over 52 weeks	Feb-26	11.3%				Dec 25   41.7%
Community: Total patients waiting over 52 weeks	Feb-26	160				
Urgent Community Response 2-Hour performance	Jan-26	78%				

**ED: Patients waiting no more than 4 hours (%) (NOF)**



**ED: Patients waiting no more than 4 hours - Type 1 (%)**



**ED: Paediatric Patients waiting no more than 4 hours (%)**



**ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)**

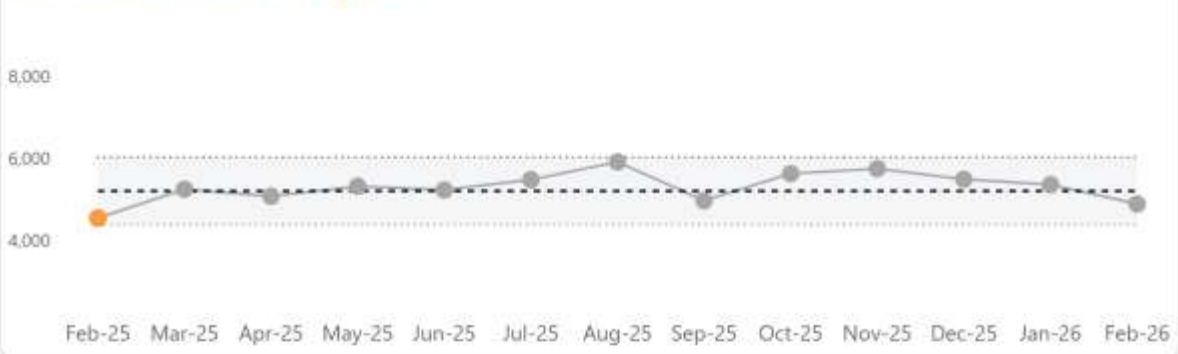


**ED: Attendances**

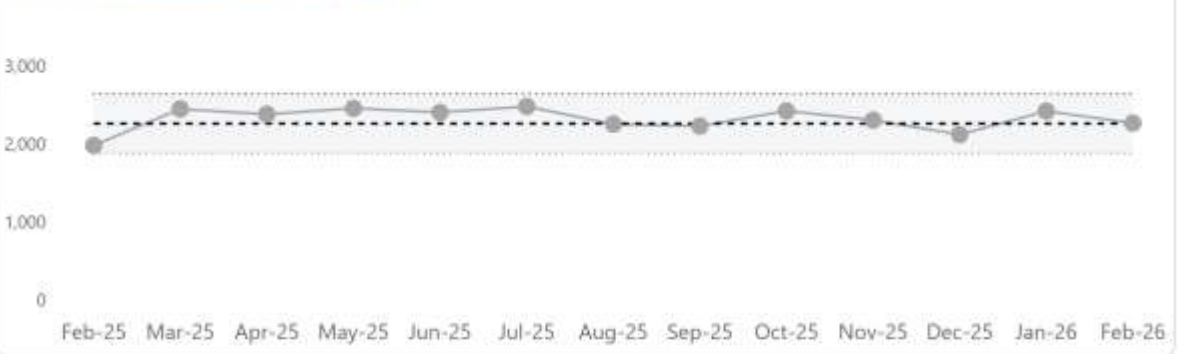


Metric	Period	Value	Variation	Assurance	Target Benchmark
ED: Paediatric Patients waiting no more than 4 hours (%)	Feb-26	87.7%	👍		
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Feb-26	85.2%	👍		
ED: Patients waiting no more than 4 hours (%)	Feb-26	60%	👎👎		78% Jan 26   72.5%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Feb-26	48.6%	👎👎		78% Jan 26   57.3%
ED: Attendances	Feb-26	7155	👎		

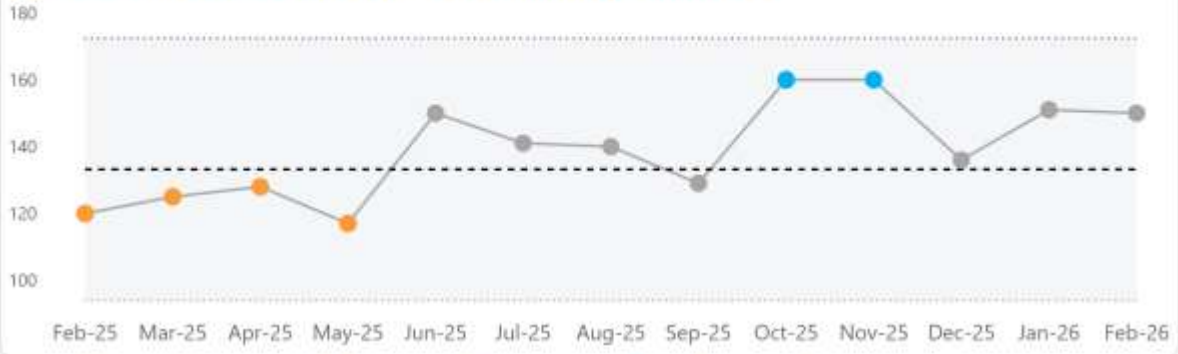
**ED: Attendances - Type 1**



**ED: Attendances - Type 3**



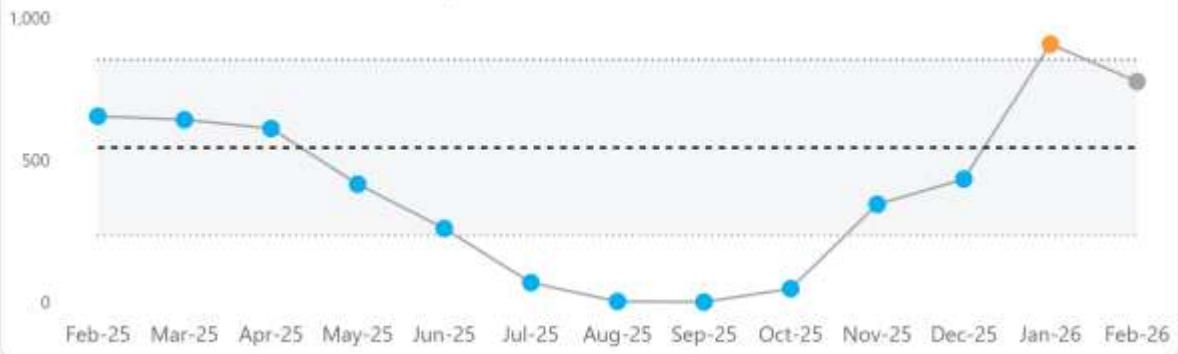
**ED: Attendances for mental health conditions**



**ED: Mental Health patients waiting over 12 hours**



**ED: Attendances with a stay in a corridor location**

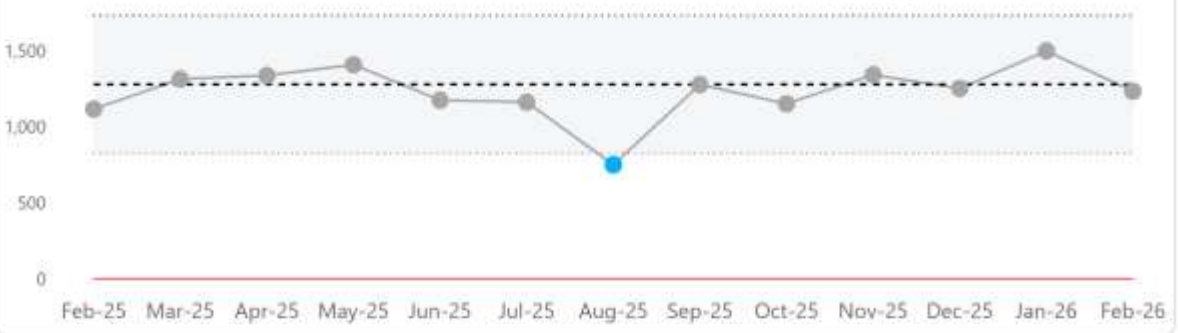


Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Attendances - Type 1	Feb-26	4892		☹️		
ED: Attendances - Type 3	Feb-26	2263		☹️		
ED: Attendances for mental health conditions	Feb-26	150		☹️		
ED: Mental Health patients waiting over 12 hours	Feb-26	40		☹️		
ED: Attendances with a stay in a corridor location	Feb-26	776		☹️		

**ED: Patients waiting over 12 hours (%)**



**ED: Patients waiting over 12 hours**



**ED: Patients waiting over 12 hours - Type 1 (%)**

**(NOF)**



**ED: Patients waiting over 12 hours - Type 1**

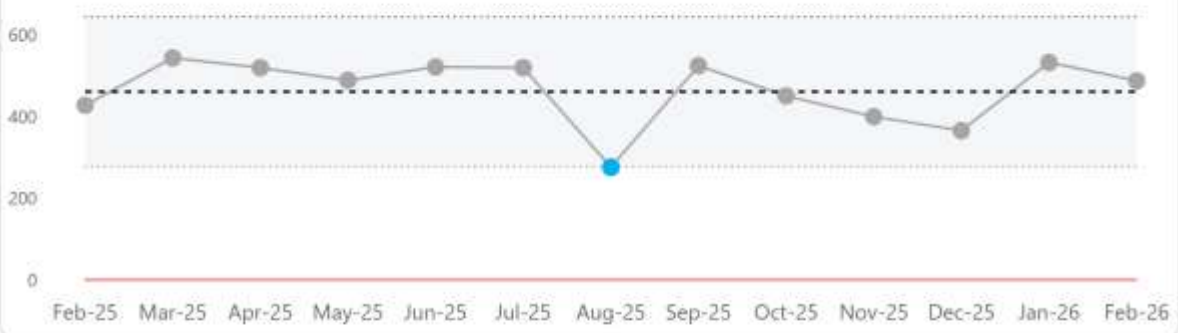


**ED: Patients waiting over 12 hours from decision to admit to admission**



Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Patients waiting over 12 hours (%)	Feb-26	17.3%	🟡🟠		0%	
ED: Patients waiting over 12 hours	Feb-26	1234	🟡🟠		0	
ED: Patients waiting over 12 hours - Type 1 (%)	Feb-26	24.8%	🟡			Jan 26   13.1%
ED: Patients waiting over 12 hours - Type 1	Feb-26	1215	🟡			
ED: Patients waiting over 12 hours from decision to admit to admission	Feb-26	751	🟡🟠		0	

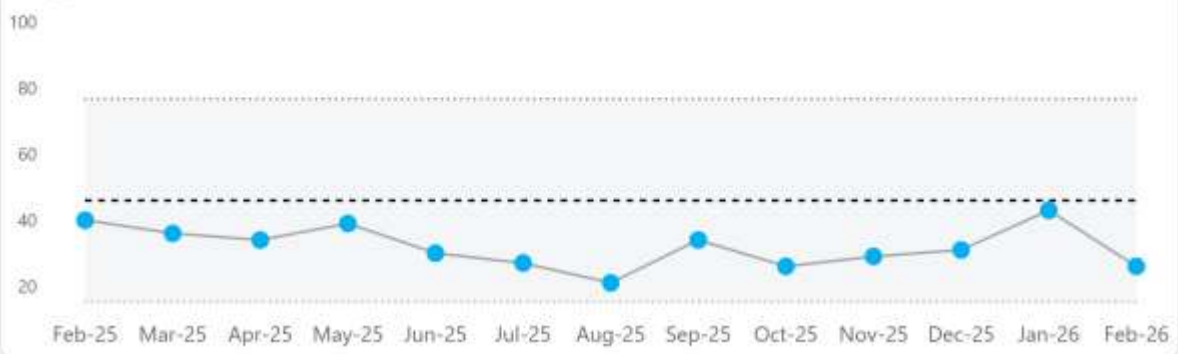
**Ambulance Handovers 30-60 minutes**



**Total No of Ambulance Arrivals**



**Avg time to Ambulance handover**



**Ambulance Handovers 60+ minutes**

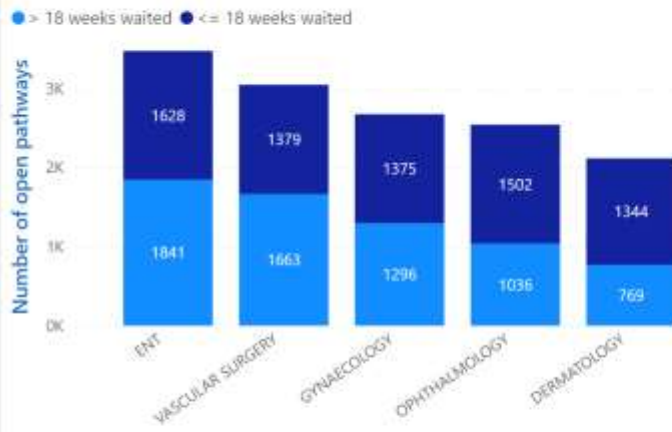


Metric	Period	Value	Variation	Assurance	Target Benchmark
Avg Time To Ambulance Handover (mins)	Feb-26	26			
Ambulance: Handovers 30-60 minutes	Feb-26	488			0
Ambulance: Handovers 60+ minutes	Feb-26	226			0
Ambulance: Total Ambulance Arrivals	Feb-26	1469			

### 18 Week Referral To Treatment (RTT) Incomplete Pathways



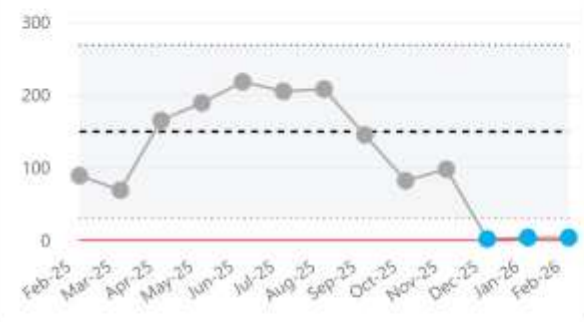
### Top 5 Specialties - Based on number of Open Pathways



### Total 18 Week RTT Incomplete Pathways



### RTT Incomplete Pathways Waiting Over 65 Weeks



### RTT Incomplete Pathways Waiting Over 52 Weeks



### % Of Pathways Over 52 Weeks



### % of Patients waiting over 52 weeks (Community) (NOF)



### Community: Total patients waiting over 52 weeks



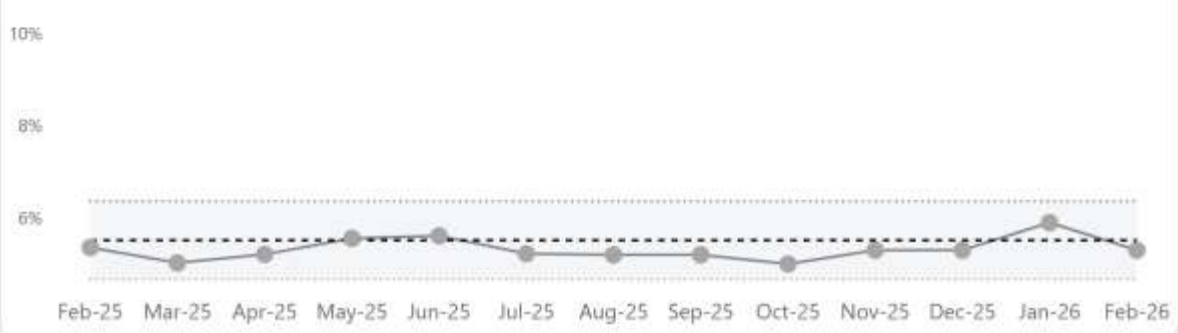
Metric	Period	Value	Variation	Assurance	Target	Benchmark
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Feb-26	58.4%	🟡🟡		60%	Dec 25   61.5%
RTT: Incomplete pathways - Waiting over 78 weeks	Feb-26	0	🟢🟢		0	
RTT: Incomplete pathways - Waiting over 65 weeks	Feb-26	4	🟢🟡		0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Feb-26	3.2%	🟢🟡		1%	Dec 25   1.9%
RTT: Incomplete pathways - Waiting over 104 weeks	Feb-26	0	🟢🟢		0	
RTT: Incomplete pathways - Total	Feb-26	29540	🟢🟡		26110	
Community: Total patients waiting over 52 weeks	Feb-26	160	🟡🟡			
Community: % of patients waiting over 52 weeks	Feb-26	11.3%	🟡🟡			Dec 25   41.7%

Community waits have been added from Sept 2025. The only service provided by COCH is Community Paediatrics.

**RTT Wait Time for 1st OPA**



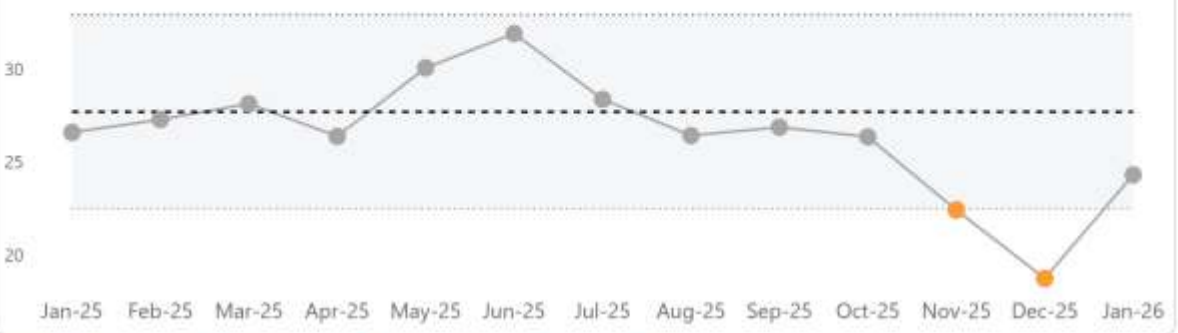
**DNA Rates**



**Patient Initiated Follow Up (%)**



**Advice and Guidance Utilisation Rate**



**Advice and Guidance Diversion Rate (%)**



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Initiated Follow Up (%)	Feb-26	5.1%	👍👎		5%	Dec 25   5.0%
RTT Wait for 1st OP Appt - % waiting < 18 weeks	Feb-26	53.5%	👍👎		67%	
DNA Rates (%)	Feb-26	5.3%	👍			Dec 25   5.9%
Advice and Guidance Utilisation Rate	Jan-26	24.3	👍			Nov 25   23.4%
Advice and Guidance Diversion Rate (%)	Jan-26	20.9%	👍			Nov 25   22.9%

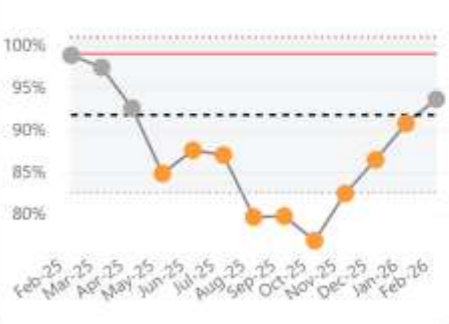
### Diagnosics Test waiting less than 6 weeks (%)



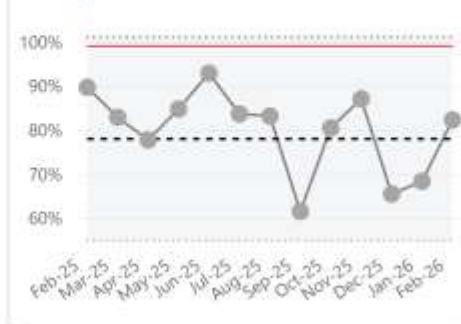
% waiting less than 6 weeks	Period	Value	Variation	Assurance	Target	Benchmark
All	Feb-26	86.4%		🟡 🟡	99%	Dec 25   78.2%
Non-obstetric ultrasound	Feb-26	93.6%		🟡 🟡	99%	Dec 25   78.6%
Audiology - Adult Assessments	Feb-26	82.3%		🟡 🟡	99%	
Echocardiography	Feb-26	50.2%		🟡 🟡	99%	Dec 25   69.1%
Colonoscopy	Feb-26	85.2%		🟢 🟡	99%	Dec 25   67.2%
Gastrosopy	Feb-26	88.5%		🟢 🟡	99%	Dec 25   70.3%

% waiting less than 6 weeks	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
All	89.3%	86.6%	81.0%	81.6%	80.1%	75.9%	76.1%	74.7%	76.9%	76.3%	79.1%	86.4%
Magnetic Resonance Imaging	99.2%	99.5%	97.7%	94.5%	94.3%	86.2%	92.6%	89.7%	91.8%	82%	88%	95.6%
Computed Tomography	97.8%	95.6%	95%	97.6%	95.1%	94.1%	98.1%	99.4%	99.2%	99.2%	98.5%	100%
Non-obstetric ultrasound	97.4%	82.5%	84.8%	87.5%	87.0%	79.6%	79.7%	76.8%	82.4%	86.4%	90.7%	93.6%
Barium Enema	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
DEXA Scan			100%	98.9%	96.6%	94%	76.9%	94%	69.2%	75.9%	82.4%	92.2%
Audiology - Adult Assessments	82.9%	77.8%	84.8%	92.9%	83.7%	83.2%	61.6%	80.5%	87.1%	65.5%	68.4%	82.3%
Audiology - Paediatric Assessments	64.0%	51.5%	44.5%	64%	73.3%	62.6%	44%	58.6%	53.4%	43.6%	50.5%	61.5%
Echocardiography	69.8%	73.8%	57.3%	53.6%	46.1%	35.5%	38.1%	39.6%	39.6%	39.1%	36%	50.2%
Respiratory physiology - sleep studies	97.4%	95.2%	90.3%	88.5%	99.2%	99.2%	95.6%	99.1%	100%	94.9%	98.5%	96.2%
Colonoscopy	72.4%	71.4%	67.0%	64.4%	69.6%	62.6%	79.3%	83.6%	85.1%	88.5%	85.8%	85.2%
Flexi sigmoidoscopy	93.8%	93.3%	97.2%	91.7%	100%	97.6%	100%	100%	100%	100%	100%	100%
Cystoscopy	94.9%	92.6%	95.7%	83.0%	96.8%	95.9%	96.6%	100%	100%	100%	100%	100%
Gastrosopy	68.8%	63.7%	64.7%	67.3%	62.9%	66.7%	78%	80.3%	81.8%	87.8%	78.5%	88.5%

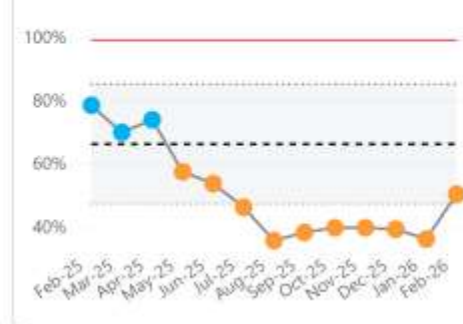
#### Non-obstetric ultrasound - % Waiting less than 6 weeks



#### Audiology - Adult Assessments - % Waiting less than 6 weeks



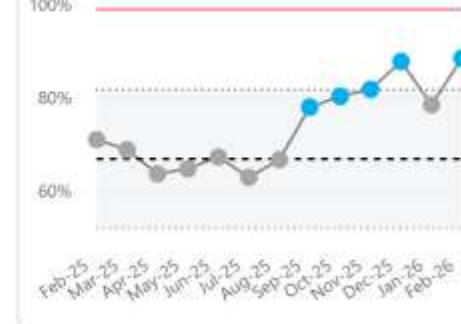
#### Echocardiography - % Waiting less than 6 weeks



#### Colonoscopy - % Waiting less than 6 weeks



#### Gastrosopy - % Waiting less than 6 weeks





Page Table Name	Period	Value	Variation	Assurance	Target	Benchmark
Cancer Treatments: 62 Day Standard	Jan-26	72.9%	🟡 🟢		75%	Dec 25   71.9%
Cancer Treatments: 31 Day Standard	Jan-26	83.8%	🟡 🟢		96%	Dec 25   92.5%
Cancer Treatments: 28 Day FDS	Jan-26	74.7%	🟡 🟢		80%	Dec 25   77.4%

Organisation Name	Number of providers submitting acceptable data	% of patients discharged where		Number of patients discharged where, between the Discharge Ready Date and Discharge Date, there is -							% patients discharged where, between the Discharge Ready Date and Discharge Date, there is -							Average days from Discharge Ready Date to date of discharge (inc 0 day delays)	Average days from Discharge Ready Date to date of discharge (exc 0 day delays)
		Date of discharge is same as Discharge Ready Date	Date of Discharge is 1+ days after Discharge Ready Date	No delay	1 day delay	2-3 day delay	4-6 day delay	7-13 day delay	14-20 day delay	21 days or more	No delay	1 day delay	2-3 day delay	4-6 day delay	7-13 day delay	14-20 day delay	21 days or more		
<b>ENGLAND</b>	<b>127</b>	<b>84.1%</b>	<b>15.9%</b>	<b>277,075</b>	<b>17,697</b>	<b>12,603</b>	<b>8,610</b>	<b>7,836</b>	<b>2,609</b>	<b>2,897</b>	<b>84.1%</b>	<b>5.4%</b>	<b>3.8%</b>	<b>2.6%</b>	<b>2.4%</b>	<b>0.8%</b>	<b>0.9%</b>	<b>0.9</b>	<b>5.9</b>
NORTH WEST	22	85.3%	14.7%	38,472	1,916	1,531	1,171	1,138	394	477	85.3%	4.2%	3.4%	2.6%	2.5%	0.9%	1.1%	1.0	6.7
ALDER HEY CHILDREN'S NHS FOUNDATION	Acceptable	100.0%	0.0%	44	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
COUNTLESS OF CHESTER HOSPITAL NHS FO	Acceptable	81.5%	18.5%	1,204	38	53	56	51	20	56	81.5%	2.6%	3.6%	3.8%	3.5%	1.4%	3.8%	2.6	13.9
EAST CHESHIRE NHS TRUST	Acceptable	80.7%	19.3%	652	43	23	38	32	10	10	80.7%	5.3%	2.8%	4.7%	4.0%	1.2%	1.2%	1.4	7.3
LIVERPOOL HEART AND CHEST HOSPITAL	Acceptable	98.0%	2.0%	622	2	3	6	1	1	-	98.0%	0.3%	0.5%	0.9%	0.2%	0.2%	0.0%	0.1	5.2
LIVERPOOL UNIVERSITY HOSPITALS NHS FC	Acceptable	81.5%	18.5%	3,646	263	193	161	130	44	37	81.5%	5.9%	4.3%	3.6%	2.9%	1.0%	0.8%	1.1	5.7
LIVERPOOL WOMEN'S NHS FOUNDATION	Acceptable	91.5%	8.5%	194	15	1	1	1	-	-	91.5%	7.1%	0.5%	0.5%	0.5%	0.0%	0.0%	0.2	1.8
THE CLATTERBRIDGE CANCER CENTRE NH	Acceptable	97.4%	2.6%	152	2	-	1	1	-	-	97.4%	1.3%	0.0%	0.6%	0.6%	0.0%	0.0%	0.1	3.5
THE WALTON CENTRE NHS FOUNDATION	Acceptable	100.0%	0.0%	289	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
WARRINGTON AND HALTON TEACHING HI	Acceptable	83.2%	16.8%	1,332	54	56	51	47	23	38	83.2%	3.4%	3.5%	3.2%	2.9%	1.4%	2.4%	1.5	8.9
WIRRAL UNIVERSITY TEACHING HOSPITAL	Acceptable	88.3%	11.7%	1,960	77	79	37	39	13	15	88.3%	3.5%	3.6%	1.7%	1.8%	0.6%	0.7%	0.7	5.8

**Total Delay Days**



Metric	Period	Value	Variation	Assurance	Target	Benchmark
NC2R: Total Delayed Days	Feb-26	3438	<span style="color: green;">↕</span>	<span style="color: orange;">😊</span>	1740	

**Urgent Community Response 2-Hour performance**



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Urgent Community Response 2-Hour performance	Jan-26	78%	<span style="color: green;">↕</span>	<span style="color: orange;">😊</span>		



Metric	Period	Value	Variation	Assurance	Target	Benchmark
E-Discharge Overall Compliance (within 24hr %)	Feb-26	72.5%			95%	

Incomplete E-Discharges														
Division	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Planned Care	2	6	2	8	12	28	59	43	24	58	49	63	76	88
Urgent Care	1	1	1	0	1	0	0	0	0	2	1	2	5	18
Womens & Children	0	0	1	0	2	4	7	2	7	7	7	11	26	30

24hr compliance														
Division	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Planned Care	63.8%	61.5%	62.6%	63.2%	58.5%	63.3%	65.4%	59.7%	61.8%	64.9%	64.1%	62.1%	66.2%	64.3%
Urgent Care	56.9%	63.5%	63.6%	61.6%	65.7%	73.7%	72.5%	72.5%	71.5%	70.1%	68.8%	68.7%	72.3%	73.6%
Womens & Children	90.0%	88.3%	89.8%	90.1%	89.3%	90.9%	89.3%	89.0%	86.4%	85.1%	88.6%	88.8%	82.8%	81.7%

**Highlights:**

Inpatient compliance in Braden and Falls risk assessments above 90% compliance with MUST just slightly below at 88.9% EPH demonstrating compliance over 90% in all risk assessments.

Continued improvement in VTE assessment within 14 hours at 90% compliance against a national target of 95%

Zero Steis reportable incidents reported in February 26

Zero Mixed sex breaches

Drop in overall incidents reporting in February 2026, similar decrease in moderate and above harm incidents in February. All moderate and above incidents are monitored and reviewed through the Patient Safety Oversight Group.

Medication incidents slightly increased with two moderate harm medication incidents reported – one has since been downgraded and the remaining incident was in relation to a TTO.

Increase in overall falls (by 6) reported in February with 2 falls with harm, which is a reduction from January. The 2 falls with harm occurred in 2 separate clinical areas. One patient suffered a cut on forehead following fall in ED and the second was a lady in maternity who suffered a fall and a break in her foot following a low dose spinal anaesthetic. Small increase in Hospital acquired Pressure Ulcers (by 3) and increase in Pressure Ulcers on admission (by 6) Static position re HAPU per 1000 bed days.

CDIFF remains below trajectory, with 7 cases was reported in February. with a total CDIFF cases year to date is 63

E-Coli Bloodstream infection noted an increase in cases with 9 reported in February increasing the Trust position of being over the trajectory by 9 cases.

Zero MRSA reported

Slight increase in open complaints and concerns in February and significant increase in complaints received in February. Drop in Sepsis screening compliance in January

Friends and Family Test – Improvement in positive response rates for inpatients and outpatients, ED positive response remains similar to previous months. Positive response rates - ED 70.0% (78%), Inpatient 91.7 (94%), Outpatient 94.3% (94%) – National Averages in brackets Small increase in overall response rate for all areas, falling just below national averages. Lack of postcard submission will contribute for drop-in response rate, resolution expected end of Quarter 4

**Areas of Concern:**

Falls, Braden and MUST risk assessments in the Emergency Department remain under compliance

Sepsis Screening compliance – in particular antibiotic compliance

Patient Flow and Emergency Department performance and quality indicators

New Pressure Ulcers ( Cat 2 and Cat 3) continue to be a focus- weekly review and actions and initiatives ongoing

**Forward Look (with actions):**

Sepsis Improvements

Friends and Family Test Improvements – working with external partners and BI to develop new system

VTE improvements

Continued actions from unannounced CQC Inspection whilst awaiting formal report

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Oct-25	0.880				
Mortality: HSMR	Jun-25	92.6				
Mortality: Total inpatient deaths	Feb-26	97				
Incidents: StEIS reported incidents	Feb-26	0			0	
Incidents: Never events	Feb-26	0			0	
Incidents: Mixed sex accomodation incidents	Feb-26	0			0	
Incidents: All incidents	Feb-26	1055			1155	
Incidents: All incidents with moderate harm and above	Feb-26	70			40	
Incidents: Medication incidents	Feb-26	103			108	
Incidents: Medication incidents with harm	Feb-26	2			0	
Falls: All - Inpatient Rate Per 1000 Bed Days	Feb-26	5.43			4.87	
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Feb-26	0.123			0.1	
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Feb-26	1.91			1.22	
Pressure ulcers: Present on admission - Rate per 1000 bed days	Feb-26	3.27				
Infection Control: C.Difficile Cases	Feb-26	7			4	
Infection Control: E-Coli Cases	Feb-26	9				
Infection Control: MRSA Cases	Feb-26	0			0	
Patient Feedback: Complaints Opened In Month	Feb-26	39			40	
Patient Feedback: Complaints Open At Month End	Feb-26	24			7	
Patient Feedback: Concerns Opened In Month	Feb-26	338			229	
Patient Feedback: Concerns Open At Month End	Feb-26	180				
FFT: A&E Positive Rate	Feb-26	70.0%			95%	
FFT: IP Positive Rate	Feb-26	91.7%			95%	
FFT: OP Positive Rate	Feb-26	94.3%			95%	
FFT: A&E Response Rate	Feb-26	10.9%			13%	
FFT: IP Response Rate	Feb-26	17.3%			23%	
FFT: OP Response Rate	Feb-26	10.9%			12%	
VTE: Assessment Completed Compliance	Feb-26	95.3%			95%	
VTE: 14 Hour Compliance	Feb-26	90.3%			95%	
Fill rates: Registered Staffing (%)	Feb-26	96.6%			95%	
Fill rates: Unregistered Staffing (%)	Feb-26	94.5%			95%	

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
12 month rolling count MRSA cases	Feb-26	4				
12 month rolling E-coli cases as proportion of trust threshold	Feb-26	1.09				
12 month rolling C-Diff cases as proportion of trust threshold	Feb-26	0.907				
Overall Braden 6 hr Compliance	Feb-26	69%				
ED Braden 6 hr Compliance	Feb-26	56.1%				
Inpatient Braden 6 hr compliance	Feb-26	91.8%				
Overall Falls 6 hr Compliance	Feb-26	72.5%				
ED Falls 6 hr Compliance	Feb-26	60.6%				
Inpatient Falls 6 hr compliance	Feb-26	93.4%				
Overall MUST 24 hr compliance	Feb-26	63.0%				
ED MUST 24 hr Compliance	Feb-26	48.5%				
Inpatient MUST 24 hr compliance	Feb-26	88.7%				



Metric	Period	Value	Variation	Assurance	Target Benchmark
Mortality: SHMI	Oct-25	0.880	🟡		
Mortality: HSMR	Jun-25	92.6	🟡		
Mortality: Total inpatient deaths	Feb-26	97	🟡		



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Fill rates: Registered Staffing (%)	Feb-26	96.6%			95%	
Fill rates: Unregistered Staffing (%)	Feb-26	94.5%			95%	

**Staffing level summary**

100%	Exactly the number of staff planned for
Below 100%	Fewer staff than planned
Above 100%	More staff than planned

95% minimum required to ensure safe staffing  
95-100 is the optimal balance.

**Safer Staffing Levels - Feb 26**

Ward Information			Staffing Rates						CHPPD					Falls		Skin Integrity	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	With Harm	Positive	Negative	Response
Urgent Care	Acute Medical Unit	50	99.31%	100.64%	85.76%	102.69%	105.89%	96.00%	4.3	3.9	8.2	8.2	9.7	9	0	2	3	3	0	89.47%	10.53%	14.50%
	Acute Stroke Unit	34	125.57%	113.67%	120.26%	129.00%	132.25%	104.47%	4.0	4.2	8.2	6.9		1	0	1	3	1	0	100.00%	0.00%	13.51%
	Ward 40	11	96.90%	93.36%	95.82%	100.00%	100.00%	87.48%	3.4	3.8	7.3	7.6	15.9	1	0	0	2	0	0	100.00%	0.00%	10.00%
	Ward 42	16	95.53%	91.18%	94.60%	97.62%	96.83%	84.36%	4.6	3.9	8.5	9.0	15.0	3	0	0	1	0	0	80.00%	20.00%	10.87%
	Ward 43 Meadows Ward	16	102.80%	91.25%	102.57%	97.84%	103.90%	85.42%	3.2	4.0	7.3	7.6	8.0	7	0	1	0	0	0	66.67%	33.33%	7.89%
	Ward 44	28	93.85%	95.14%	94.91%	103.88%	92.62%	90.44%	3.3	3.2	6.5	6.9	13.7	8	0	4	5	0	0	66.67%	25.00%	21.43%
	Ward 45 Palace	25	95.85%	93.46%	93.06%	100.32%	96.81%	89.78%	3.2	3.4	6.6	7.0	8.1	8	0	2	4	0	0	85.71%	14.29%	17.07%
	Ward 50	28	93.86%	89.52%	88.87%	99.03%	96.72%	85.33%	3.6	3.4	7.1	7.7	8.7	3	0	2	1	0	0	100.00%	0.00%	8.70%
	Ward 51	28	93.46%	89.56%	89.52%	98.59%	97.34%	85.54%	3.6	3.4	7.0	7.7	8.1	4	0	1	0	1	0	100.00%	0.00%	14.29%
	Cardiology Unit	16	88.73%	85.22%	83.50%	83.83%	94.64%	87.72%	4.1	3.7	7.8	9.1	8.3	1	0	2	3	1	0	100.00%	0.00%	12.96%
	Respiratory Unit	38	98.64%	98.73%	98.60%	103.35%	96.70%	93.57%	4.4	4.2	8.6	8.7	7.1	3	0	0	1	1	0	63.64%	18.18%	11.58%
	Modular	20	107.93%	94.19%	98.92%	100.00%	124.51%	88.97%	3.0	2.9	5.8	5.8	6.1	8	0	1	0	0	0	100.00%	0.00%	9.52%
	Emergency Dept Team			93.24%	94.70%	93.25%	97.67%	93.22%	87.84%						6	1	6	22	5	0	69.96%	22.86%
Ward 60 Haematology Oncology Suite			100.38%	76.99%	100.38%	100.00%	100.00%	76.99%						0	0	0	0	0	0	97.56%	0.00%	9.47%
Planned Care	Renal Unit (Care)		82.32%	91.98%	82.32%	100.00%	100.00%	91.98%						0	0	0	0	0	0			
	Ward 52	28	90.87%	91.60%	86.94%	98.81%	94.77%	87.73%	3.7	3.2	6.9	7.6	8.7	5	0	2	1	0	0	75.00%	0.00%	19.51%
	Ward 53	28	97.87%	86.81%	98.47%	100.11%	96.92%	77.89%	3.3	2.8	6.1	6.6	8.1	1	0	0	3	0	0	73.33%	13.33%	19.74%
	Ward 54	28	91.34%	89.40%	86.70%	97.73%	96.84%	83.88%	2.6	2.4	5.0	5.5	9.1	2	0	1	1	0	0	69.57%	8.70%	14.65%
	Ward 56	28	98.21%	95.66%	90.06%	100.00%	120.29%	91.84%	3.4	3.9	7.3	7.5	6.2	2	0	0	0	0	0	72.73%	9.09%	17.46%
Critical Care	15	87.02%	86.22%	89.26%	89.94%	53.57%	42.35%							0	0	0	5	4	0			
TICC	Bluebell Unit	24	111.76%	101.48%	99.46%	108.93%	127.31%	98.83%	3.1	3.2	6.2	5.9	8.1	4	0	0	0	1	0	100.00%	0.00%	8.00%
	EPH Stroke Rehab Unit Team	17	113.67%	105.87%	101.45%	100.04%	125.06%	107.98%	4.2	5.2	9.4	8.6	8.7	2	0	0	0	1	0	0.00%	0.00%	0.00%
	Poppy Unit	19	75.43%	111.12%	97.27%	95.05%	46.67%	94.11%	1.8	4.4	2.4	3.9	8.0	1	0	0	0	1	0	0.00%	0.00%	0.00%
W&C	Maternity Suite		93.92%	68.99%	93.78%	68.99%	94.15%		33.1	1.9	35.2	2.7	9.0	0	0	0	0	0	0			
	NNU		94.03%	100.00%	105.05%	100.00%	79.13%	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%	110.93%	94.80%	123.21%	93.05%	101.38%	2.4	0.7	2.6	0.7	8.3	0	0	0	0	0	0			

**Registered Staffing Fill Rate Narrative**

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%.