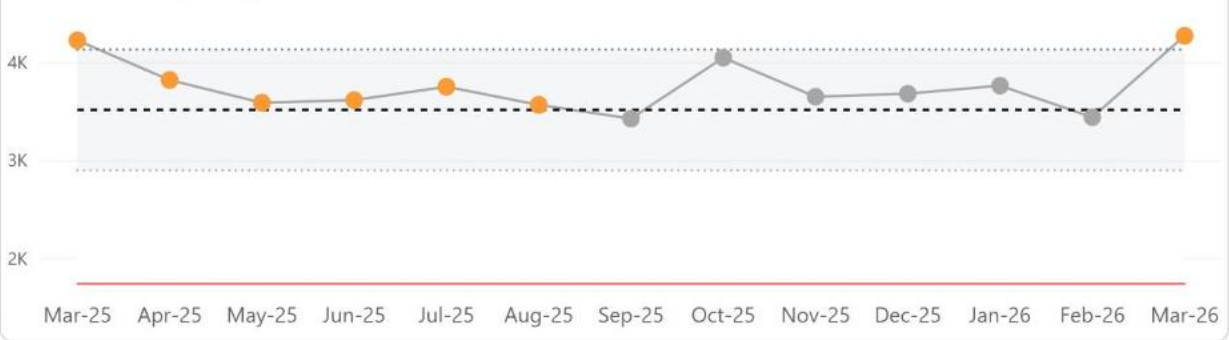


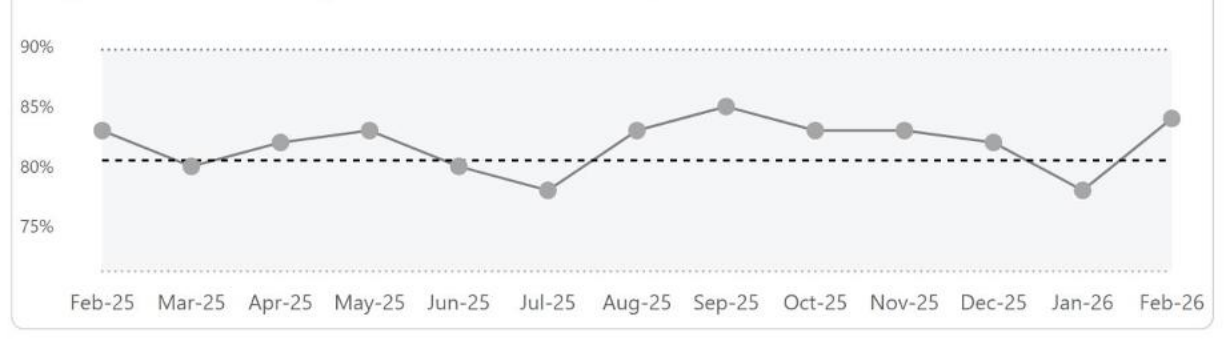
Organisation Name	Number of providers submitting acceptable data	% of patients discharged where		Number of patients discharged where, between the Discharge Ready Date and Discharge Date,							% patients discharged where, between the Discharge Ready Date and Discharge Date, there is -							Average days from Discharge Ready Date to date of discharge	Average days from Discharge Ready Date to date of discharge (exc)
		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		
ENGLAND	127	84.7%	15.3%	259,085	15,736	10,711	7,836	7,349	2,656	2,636	84.7%	5.1%	3.5%	2.6%	2.4%	0.9%	0.9%	0.9	6.1
NORTH WEST	22	86.2%	13.8%	36,053	1,598	1,256	1,028	1,046	435	425	86.2%	3.8%	3.0%	2.5%	2.5%	1.0%	1.0%	1.0	7.2
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	Acceptable	100.0%	0.0%	52	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	Acceptable	82.4%	17.6%	1,161	27	52	40	51	35	43	82.4%	1.9%	3.7%	2.8%	3.6%	2.5%	3.1%	2.0	11.4
EAST CHESHIRE NHS TRUST	Acceptable	83.5%	16.5%	542	21	24	21	21	7	13	83.5%	3.2%	3.7%	3.2%	3.2%	1.1%	2.0%	1.4	8.5
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	Acceptable	98.1%	1.9%	576	3	4	1	2	-	1	98.1%	0.5%	0.7%	0.2%	0.3%	0.0%	0.2%	0.2	8.7
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Acceptable	84.2%	15.8%	3,516	184	148	126	123	37	40	84.2%	4.4%	3.5%	3.0%	2.9%	0.9%	1.0%	1.0	6.5
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	Acceptable	92.5%	7.5%	160	9	3	1	-	-	-	92.5%	5.2%	1.7%	0.6%	0.0%	0.0%	0.0%	0.1	1.7
MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	Acceptable	84.0%	16.0%	2,986	102	105	105	134	47	74	84.0%	2.9%	3.0%	3.0%	3.8%	1.3%	2.1%	1.6	10.1
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	Acceptable	97.6%	2.4%	161	1	-	1	2	-	-	97.6%	0.6%	0.0%	0.6%	1.2%	0.0%	0.0%	0.2	6.8
THE WALTON CENTRE NHS FOUNDATION TRUST	Acceptable	100.0%	0.0%	324	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	Acceptable	80.9%	19.1%	1,204	55	44	56	65	33	32	80.9%	3.7%	3.0%	3.8%	4.4%	2.2%	2.1%	1.8	9.2
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	Acceptable	89.6%	10.4%	1,901	53	49	53	37	21	7	89.6%	2.5%	2.3%	2.5%	1.7%	1.0%	0.3%	0.6	6.2
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	Unacceptable	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Total Delay Days

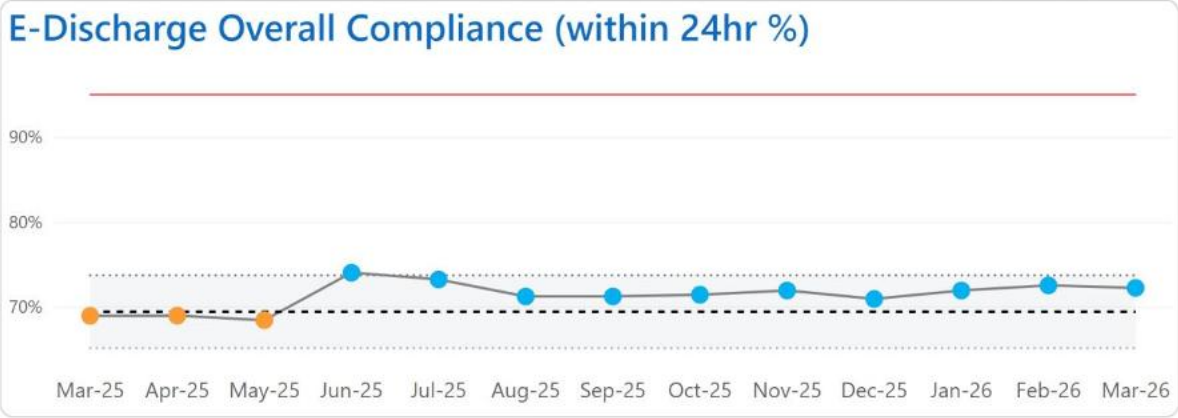


Metric	Period	Value	Variation	Assurance	Target	Benchmark
NC2R: Total Delayed Days	Mar-26	4268	↗	⚠	1740	

Urgent Community Response 2-Hour performance



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Urgent Community Response 2-Hour performance	Feb-26	84.0%	↘	✅		



Metric	Period	Value	Variation	Assurance	Target	Benchmark
E-Discharge Overall Compliance (within 24hr %)	Mar-26	72.2%			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	Mar-26
Planned Care	2	6	2	8	12	28	59	43	24	58	49	63	51	51	65
Urgent Care	1	1	1	0	1	0	0	0	0	2	1	2	5	5	42
Womens & Children	0	0	1	0	2	4	7	2	7	7	7	11	13	18	20

24-hr 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	Mar-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%	66.1%	64.3%	63.5%
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%	73.5%	71.2%
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%	85.3%

Highlights:

VTE 14-hour risk assessment demonstrate a month-on-month improvement but are not yet at the National compliance target of 95%. A Divisional action plan is in place driving improvements and monitored through Quality Governance Group.

Inpatient compliance in Braden and Falls risk assessments above 90% compliance with MUST below target. EPH demonstrating compliance over 90% in all risk assessments. Improvements being driven by senior nurse team.

One Steis reportable incidents reported in March 26 – this relates to the category of Never Event – Wrong Site Surgery within Ophthalmology. Patient Safety Investigation underway.

Zero Mixed sex breaches

Increase in March of incidents being reported and a decrease in moderate and above harm incidents in March. All moderate and above incidents are monitored and reviewed through the Patient Safety Oversight Group with a quarterly report to Quality Governance Group

Medication incidents remain static with three moderate harm medication incidents reported – one is regarding VTE prophylaxis and one regarding ophthalmology (StEIS recorded incident). The third incident has been downgraded.

Significant decrease in overall number of falls (by 21) reported in March, however 4 falls with harm reported. The 4 falls with harm, resulted in the 4 patients sustaining a fracture. Two Neck of Femur fractures (which in accordance with NAIF (National Audit of Inpatient Falls) must be reported as severe harm. The other two falls resulted in a fractured humerus and a fractured ulna, both of which were moderate harms.

Reduction in Hospital acquired Pressure Ulcers (by 5) and a similar decrease in Pressure Ulcers on admission (by 6). Also, a slight reduction in HAPU per 1000 bed days.

CDIFF remains below trajectory, with 4 cases was reported in March.

E-Coli Bloodstream infection noted a decrease in cases with 4 reported in March and over trajectory.

Zero MRSA reported

Overall, 14% reduction in Healthcare associated infections for 2025-26 vs previous year

Slight increase in open complaints and concerns in March and significant decrease in complaints received in March. Concerns have seen an increase, but open concerns is reducing.

Drop in Sepsis antibiotic compliance.

Friends and Family Test – Improvement in positive response rates for ED but a reduction in Inpatients and Outpatients. Overall response rates have dropped in ED and Outpatients – new FFT platform being implemented end of May which once embedded will improve response rates, provide real-time feedback and timely actions/resolution.

Areas of Concern:

Falls, Braden and MUST risk assessments particularly in the Emergency Department remain under compliance. Improvements being driven by senior nurse team

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

Reducing Falls with harm

Forward Look (with actions):

Sepsis Improvements – antibiotic compliance

Drive to improve Risk Assessment compliance

Friends and Family Test Improvements – moving to new platform from May 2026 – implementation group

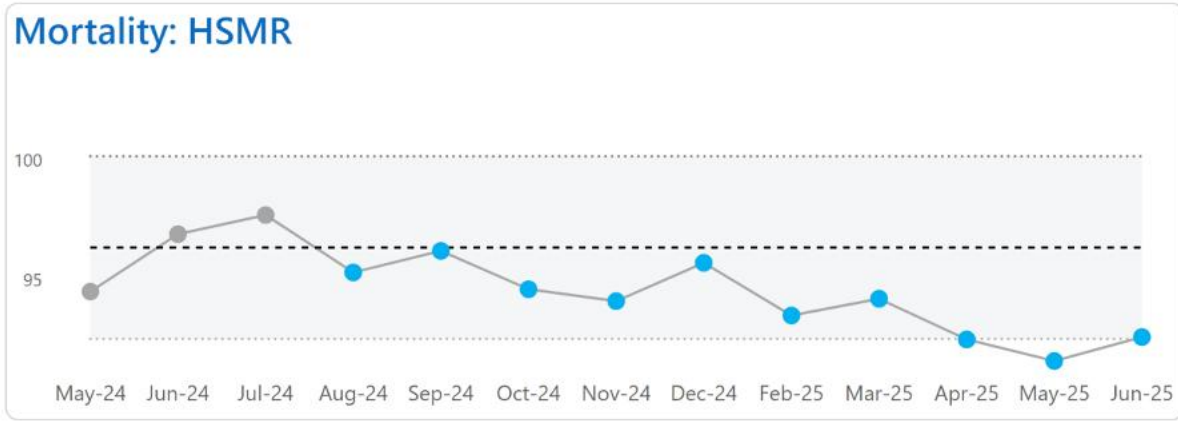
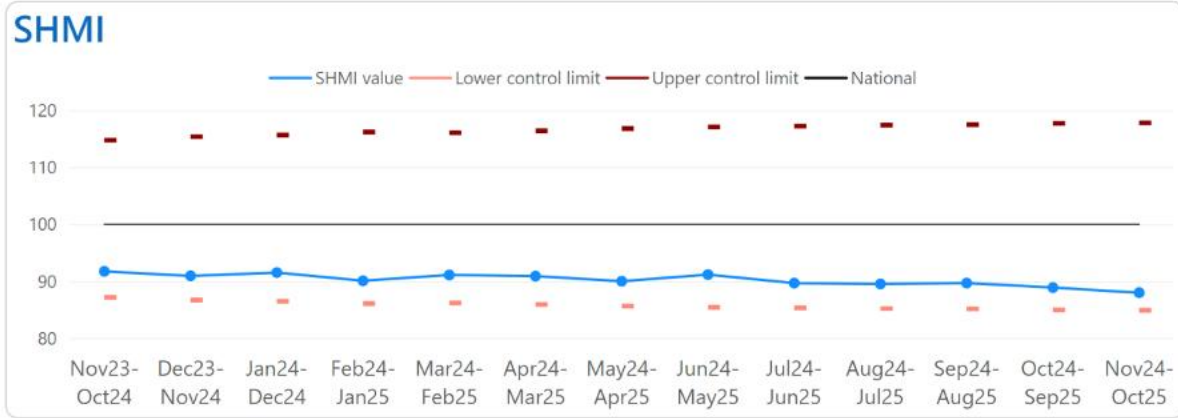
Continued VTE improvement to ensure sustainability

Continued actions from unannounced CQC Inspection whilst awaiting formal report

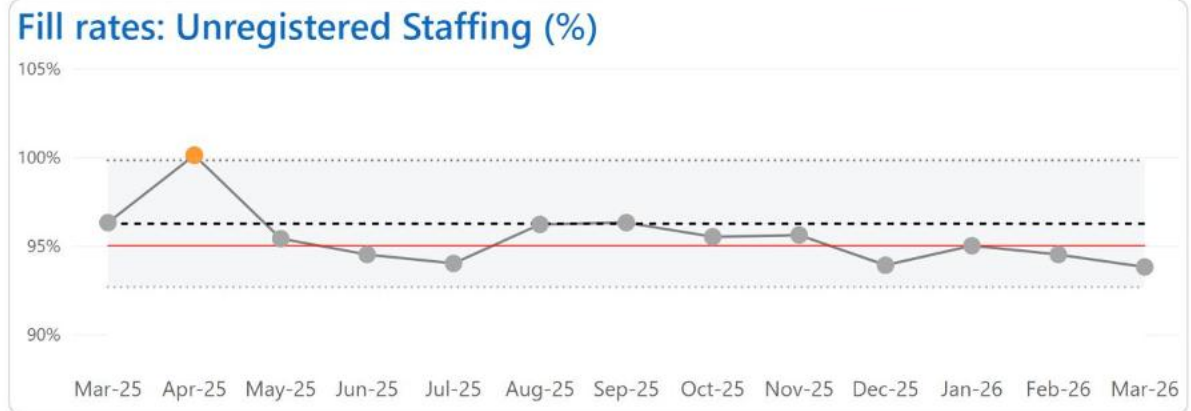
Divisional improvements in response times for complaints and concerns

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Nov-25	88.4				
Mortality: HSMR	Jun-25	92.6				
Mortality: Total inpatient deaths	Mar-26	92				
Incidents: StEIS reported incidents	Mar-26	1			0	
Incidents: Never events	Mar-26	1			0	
Incidents: Mixed sex accomodation incidents	Mar-26	0			0	
Incidents: All incidents	Mar-26	1141			1155	
Incidents: All incidents with moderate harm and above	Mar-26	55			40	
Incidents: Medication incidents	Mar-26	101			108	
Incidents: Medication incidents with harm	Mar-26	3			0	
Falls: All - Inpatient Rate Per 1000 Bed Days	Mar-26	3.87			4.87	
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Mar-26	0.224			0.1	
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Mar-26	1.63			1.22	
Pressure ulcers: Present on admission - Rate per 1000 bed days	Mar-26	2.69				
Infection Control: C.Difficile Cases	Mar-26	4			4	
Infection Control: E-Coli Cases	Mar-26	4				
Infection Control: MRSA Cases	Mar-26	0			0	
Patient Feedback: Complaints Opened In Month	Mar-26	15			40	
Patient Feedback: Complaints Open At Month End	Mar-26	40			7	
Patient Feedback: Concerns Opened In Month	Mar-26	371			229	
Patient Feedback: Concerns Open At Month End	Mar-26	158				
FFT: A&E Positive Rate	Mar-26	74.6%			95%	
FFT: IP Positive Rate	Mar-26	89.4%			95%	
FFT: OP Positive Rate	Mar-26	92.3%			95%	
FFT: A&E Response Rate	Mar-26	9.8%			13%	
FFT: IP Response Rate	Mar-26	17.4%			23%	
FFT: OP Response Rate	Mar-26	9.5%			12%	
VTE: Assessment Completed Compliance	Mar-26	96.5%			95%	
VTE: 14 Hour Compliance	Mar-26	91.9%			95%	
Fill rates: Registered Staffing (%)	Mar-26	97.8%			95%	
Fill rates: Unregistered Staffing (%)	Mar-26	93.8%			95%	

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
12 month rolling count MRSA cases	Mar-26	4				
12 month rolling E-coli cases as proportion of trust threshold	Mar-26	1.13				
12 month rolling C-Diff cases as proportion of trust threshold	Mar-26	0.893				
Overall Braden 6 hr Compliance	Mar-26	74.6%				
ED Braden 6 hr Compliance	Mar-26	67.2%				
Inpatient Braden 6 hr compliance	Mar-26	88.5%				
Overall Falls 6 hr Compliance	Mar-26	69.5%				
ED Falls 6 hr Compliance	Mar-26	69.4%				
Inpatient Falls 6 hr compliance	Mar-26	89.8%				
Overall MUST 24 hr compliance	Mar-26	68.9%				
ED MUST 24 hr Compliance	Mar-26	60.5%				
Inpatient MUST 24 hr compliance	Mar-26	84.7%				



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Nov-25	88.4				
Mortality: HSMR	Jun-25	92.6				
Mortality: Total inpatient deaths	Mar-26	92				



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Fill rates: Registered Staffing (%)	Mar-26	97.8%			95%	
Fill rates: Unregistered Staffing (%)	Mar-26	93.8%			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 - Mar 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	99.11%	103.53%	94.48%	105.42%	107.46%	101.11%	4.3	4.1	8.4	8.3	9.7	6	1	5	2	2	0	79.17%	12.50%	16.11%	
	Acute Stroke Unit	34	124.11%	115.54%	121.06%	132.65%	127.96%	105.34%	4.0	4.4	8.3	7.0		2	0	1	1	1	0	80.00%	0.00%	12.50%	
	Ward 40	11	99.40%	93.20%	99.17%	100.15%	100.00%	86.99%	3.6	3.9	7.6	7.9	15.9	1	0	1	2	0	0	0.00%	0.00%	0.00%	
	Ward 42	16	98.50%	93.96%	100.71%	96.77%	95.02%	90.50%	4.2	3.6	7.9	8.2	15.0	0	0	0	0	0	0	80.00%	20.00%	10.87%	
	Ward 43 Meadows Ward	16	101.95%	94.99%	100.51%	97.85%	107.04%	92.43%	3.2	4.1	7.3	7.4	8.0	6	0	0	0	0	0	85.71%	0.00%	15.56%	
	Ward 44	28	97.79%	93.30%	94.41%	99.76%	101.88%	89.80%	3.4	3.2	6.6	6.9	13.7	5	0	2	1	0	0	75.00%	16.67%	19.35%	
	Ward 45 Palace	25	94.74%	87.81%	93.33%	100.00%	96.97%	81.33%	3.1	3.2	6.3	6.9	8.1	6	0	0	1	1	0	66.67%	0.00%	10.17%	
	Ward 50	28	99.55%	94.16%	90.76%	97.51%	108.33%	92.67%	3.9	3.6	7.5	7.7	8.7	5	1	0	1	3	0	100.00%	0.00%	4.00%	
	Ward 51	28	96.15%	90.78%	91.28%	100.78%	101.01%	86.35%	3.7	3.5	7.2	7.7	8.1	2	0	0	2	0	0	50.00%	50.00%	5.88%	
	Cardiology Unit	16	84.42%	81.88%	78.30%	85.70%	99.71%	75.22%	4.1	3.6	7.7	9.3	8.3	1	0	2	2	0	0	100.00%	0.00%	25.71%	
	Respiratory Unit	38	98.46%	94.93%	97.69%	99.82%	99.65%	89.51%	4.4	4.0	8.4	8.7	7.1	4	0	1	4	0	0	62.50%	12.50%	7.34%	
	Modular	20	107.06%	93.51%	95.60%	100.00%	129.03%	87.74%	3.0	2.9	5.8	5.8	8.1	1	0	1	0	0	0	75.00%	25.00%	19.05%	
	Emergency Dept Team			92.61%	96.37%	92.12%	98.01%	93.92%	92.56%						6	0	5	25	7	0	74.57%	16.83%	9.79%
	Renal Unit (Care)			82.95%	69.27%	82.95%	100.00%	100.00%	69.27%						0	0	0	0	0	0			
Ward 60 Haematology Oncology Suite			98.04%	67.85%	98.04%	100.00%	100.00%	67.85%						0	0	0	0	0	0	96.43%	1.79%	12.20%	
Planned Care	Ward 41	29	80.07%	75.54%	64.60%	82.84%	97.48%	71.97%	3.2	3.3	6.5	8.3	15.9	4	1	1	1	0	0	100.00%	0.00%	8.70%	
	Ward 52	28	93.18%	93.90%	91.90%	101.71%	94.45%	89.68%	3.7	3.2	6.9	7.4	8.7	1	0	0	1	0	0	83.33%	16.67%	16.67%	
	Ward 53	28	97.87%	89.74%	99.64%	102.30%	95.06%	81.34%	3.4	3.0	6.3	6.7	8.1	2	0	2	4	0	0	100.00%	0.00%	20.97%	
	Ward 54	28	105.08%	92.40%	92.08%	95.01%	126.58%	90.63%	2.9	2.4	5.4	5.4	9.1	2	0	0	1	1	0	81.48%	11.11%	20.93%	
	Ward 56	28	111.81%	96.87%	98.03%	101.32%	148.83%	92.85%	3.7	3.6	7.3	7.1	6.2	2	1	0	0	0	0	45.45%	27.27%	16.67%	
	Critical Care	15	86.72%	89.95%	89.77%	93.76%	40.00%	46.25%							0	0	0	6	1	0			
TICC	Bluebell Unit	24	106.34%	96.77%	92.50%	98.39%	123.83%	96.20%	3.0	3.0	6.0	5.9	8.1	3	0	0	1	0	0	66.67%	33.33%	15.00%	
	EPH Stroke Rehab Unit Team	17	113.07%	102.99%	99.65%	100.00%	124.63%	104.06%	4.1	5.0	9.1	8.5	8.7	2	0	0	0	0	0	0.00%	0.00%	0.00%	
	Poppy Unit	19	100.78%	92.53%	101.52%	98.46%	99.85%	90.39%	1.8	4.4	2.4	3.9	8.0	0	0	1	0	0	0	100.00%	0.00%	7.14%	
W&C	Maternity Suite		102.80%	94.77%	102.80%	97.34%	100.00%	55.81%	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	8.0	0	0	0	0	0	0				
	Ward 29 & 30 Childrens' Unit	22	94.00%	110.93%	94.80%	123.21%	93.05%	114.12%	2.4	0.7	2.6	0.7	8.3	0	0	0	1	1	0				



Registered Staffing Fill Rate Narrative

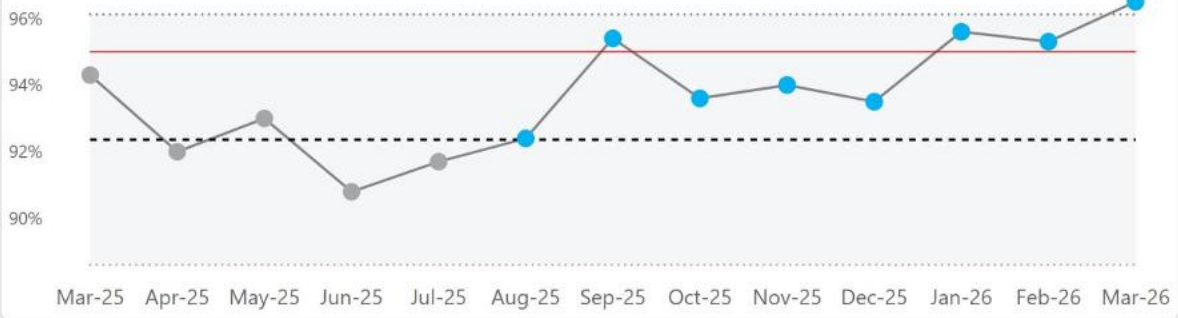
Each Ward area has a breakdown of their registered and unregistered staffing, as well as the breakdown of these figures for Day and Night. The Care Hours Per Patient Day (CHPPD) is also displayed, the national average is taken from the average CHPPD for the wards speciality.

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%.

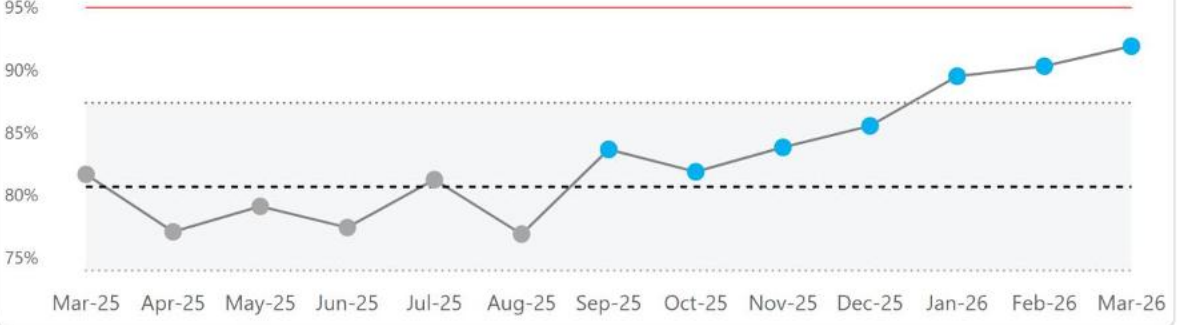
FFT is split into 6 options, very good, good, neither, poor, very poor and "don't know", for positive we look at very good and good, and negative is poor and very poor, thus you can see that some of the % do not total 100%.



VTE: Assessment Completed Compliance



VTE: 14 Hour Compliance



Metric	Period	Value	Variation	Assurance	Target	Benchmark
VTE: 14 Hour Compliance	Mar-26	91.9%			95%	
VTE: Assessment Completed Compliance	Mar-26	96.5%			95%	

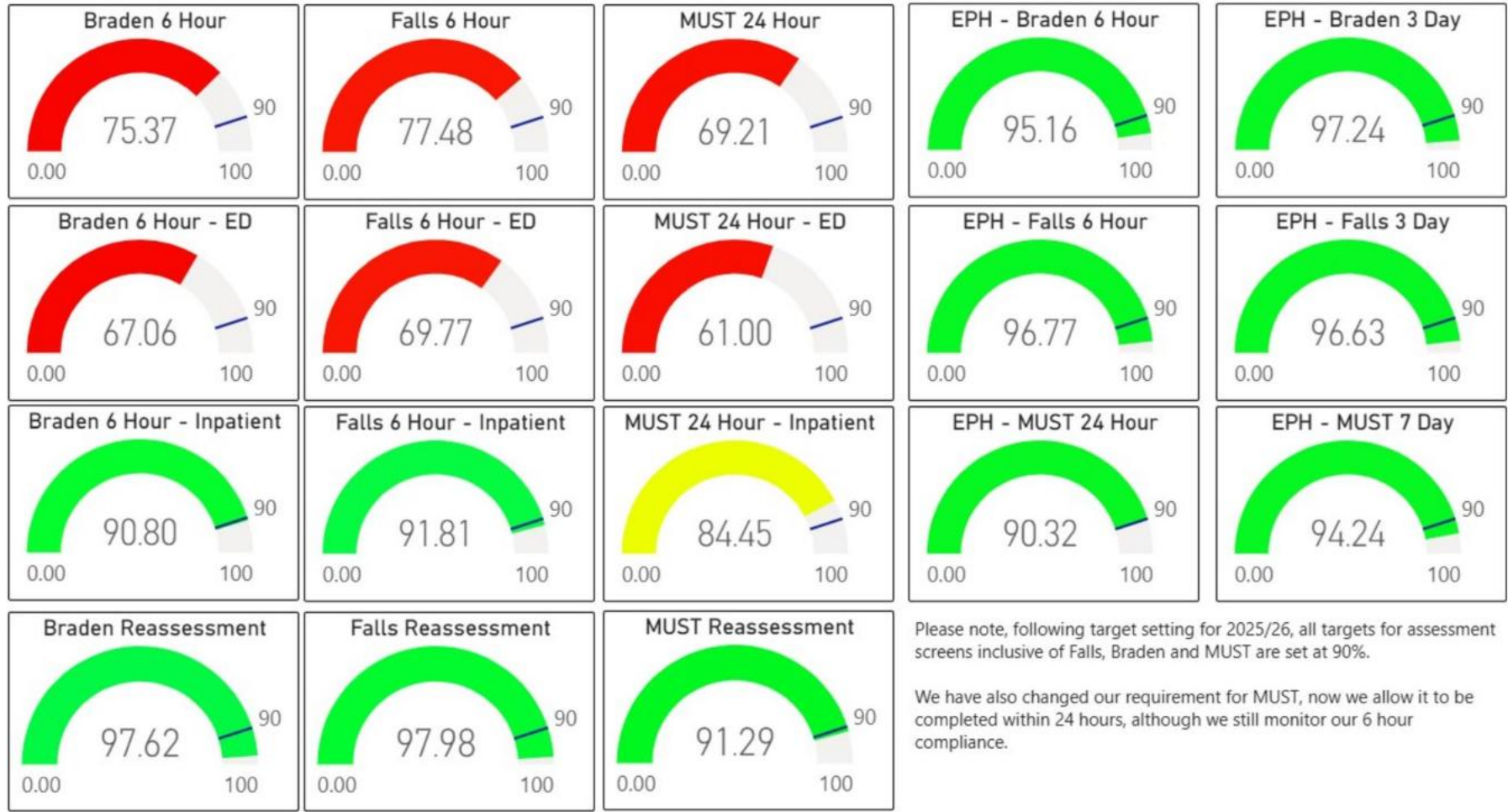
DQAM Narrative

The DQAM 'kitemarking' has been added to the IPR from September 2025 to provide assurance on the quality of data included within the report. **Following the Data Governance assurance process ('kitemarking') this metric has substantial assurance.**

VTE Compliance Narrative

VTE 14-hour risk assessment demonstrating a month-on-month improvement but not yet at National compliance target of 95%. Divisional action plan in place driving improvements and monitored through Quality Governance Group

Mar-26



Please note, following target setting for 2025/26, all targets for assessment screens inclusive of Falls, Braden and MUST are set at 90%.

We have also changed our requirement for MUST, now we allow it to be completed within 24 hours, although we still monitor our 6 hour compliance.

Assessment Screening Compliance Narrative
 The above shows the monthly position and it is split between overall performance, 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.

COCH IPR: Assessment screening compliance

Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Overall Braden 6 hr Compliance



ED Braden 6 hr Compliance



Inpatient Braden 6 hr compliance



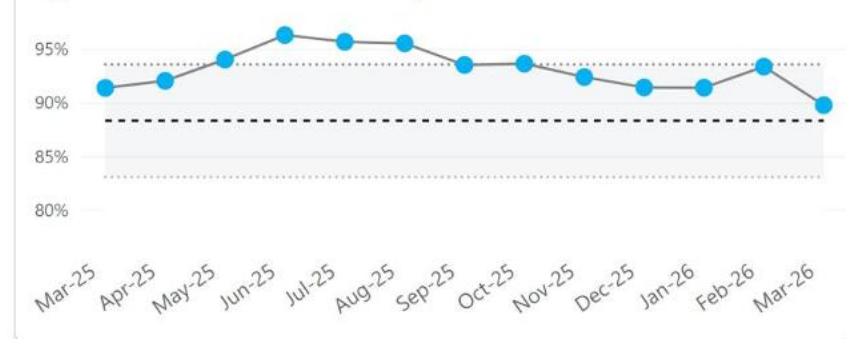
Overall Falls 6 hr Compliance



ED Falls 6 hr Compliance



Inpatient Falls 6 hr compliance



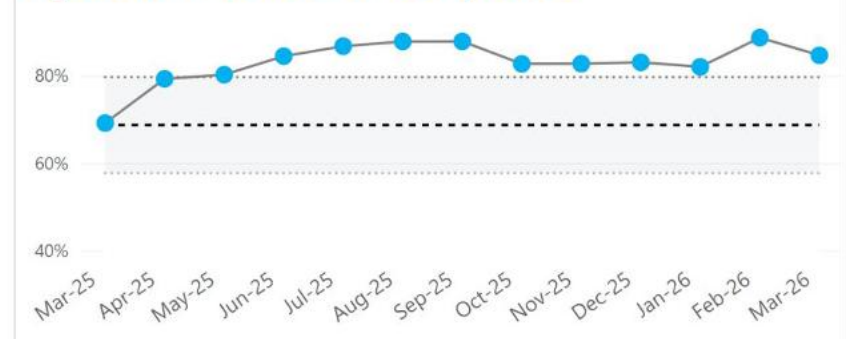
Overall MUST 24 hr compliance



ED MUST 24 hr Compliance



Inpatient MUST 24 hr compliance





Incidents: StEIS reported incidents



Incidents: Mixed sex accomodation incidents

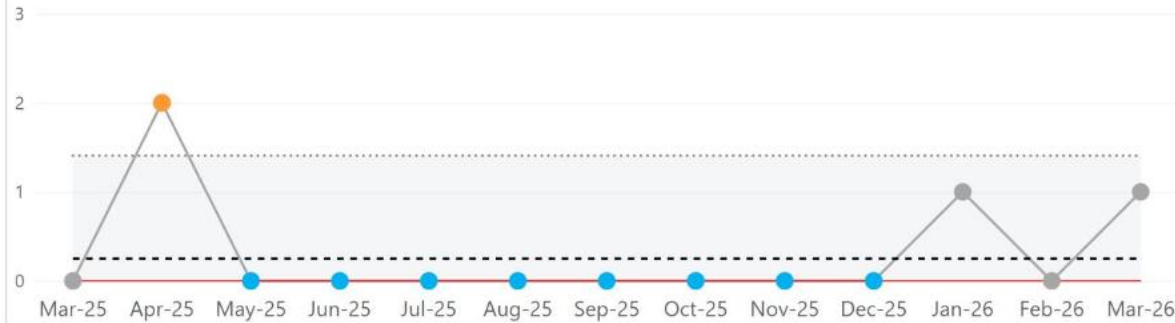


Serious Incidents Narrative

The Trust reported 9 Patient Safety Incidents to StEIS in the year 2026/26, including 4 Never Events.

The most recent Never Event reported in March relates to a Retained Guidewire.

Incidents: Never events



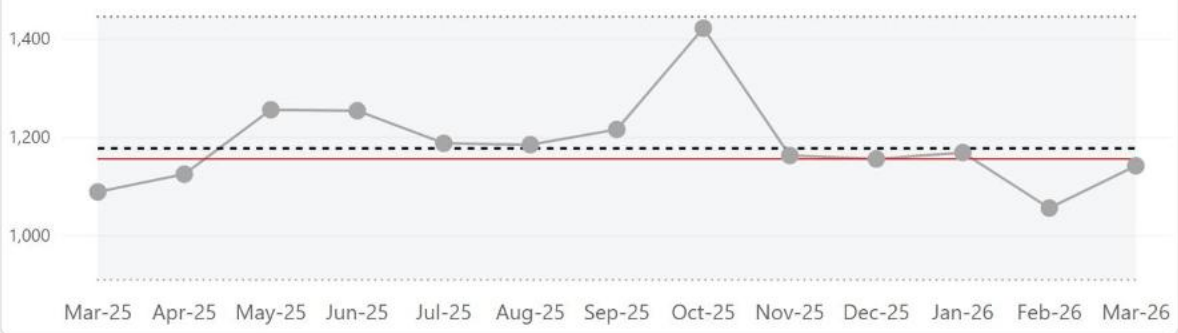
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Incidents: StEIS reported incidents	Mar-26	1	↔	↔	0	
Incidents: Never events	Mar-26	1	↔	↔	0	
Incidents: Mixed sex accomodation incidents	Mar-26	0	↔	↔	0	

DQAM Narrative

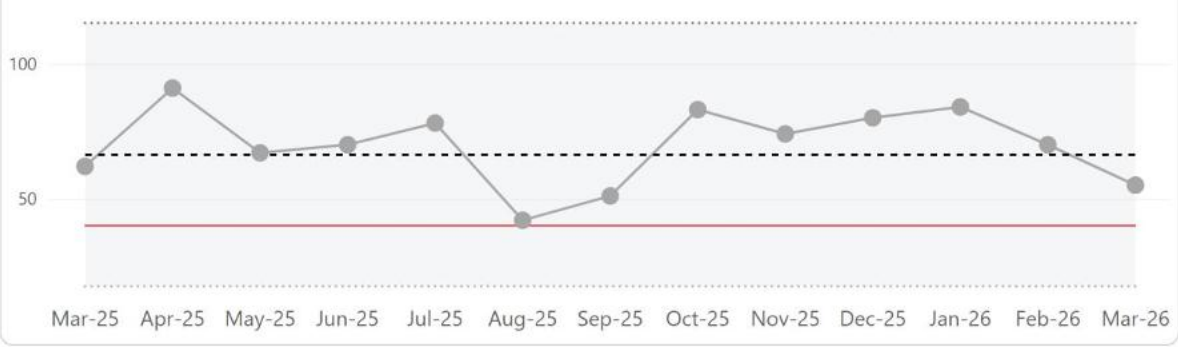
The DQAM 'kitemarking' has been added to the IPR from September 2025 to provide assurance on the quality of data included within the report. **Following the Data Governance assurance process ('kitemarking') this metric has substantial assurance.**



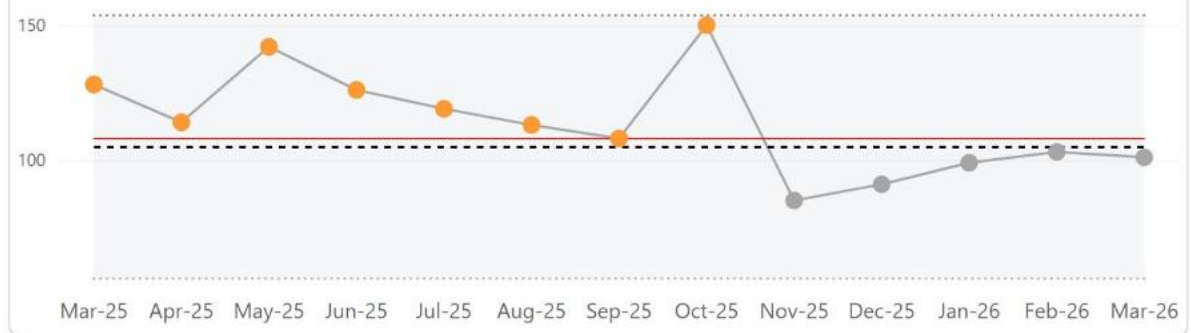
Incidents: All incidents



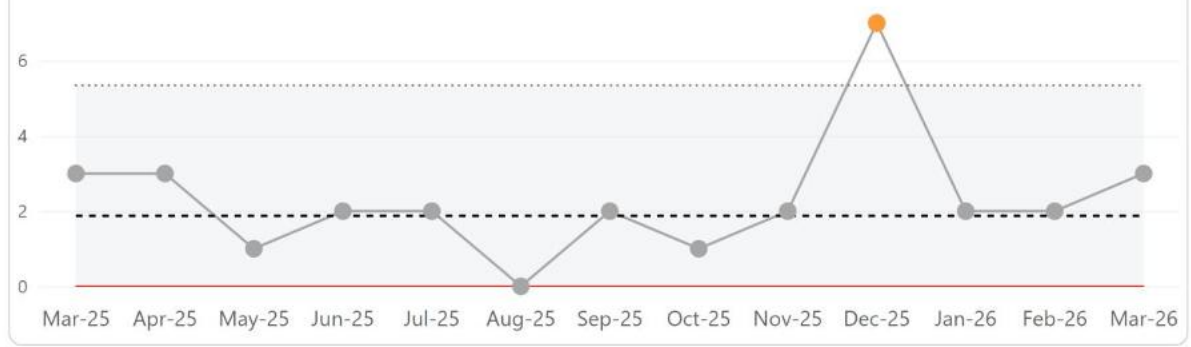
Incidents: All incidents with moderate harm and above



Incidents: Medication incidents



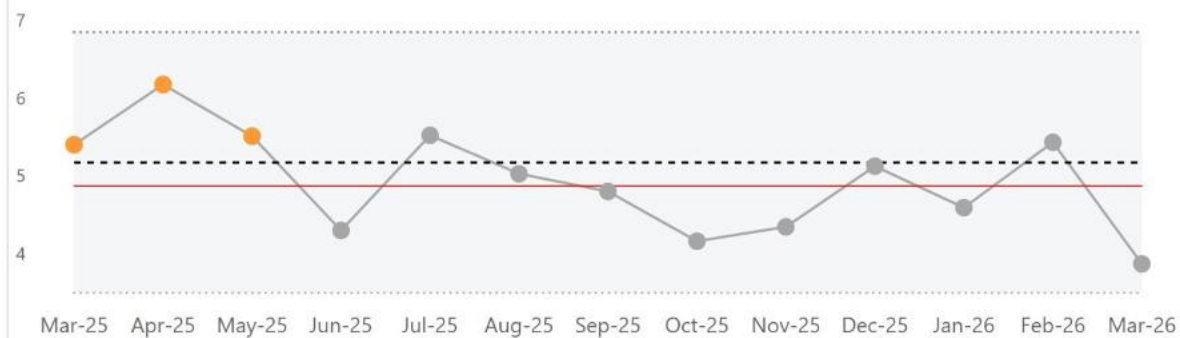
Incidents: Medication incidents with harm



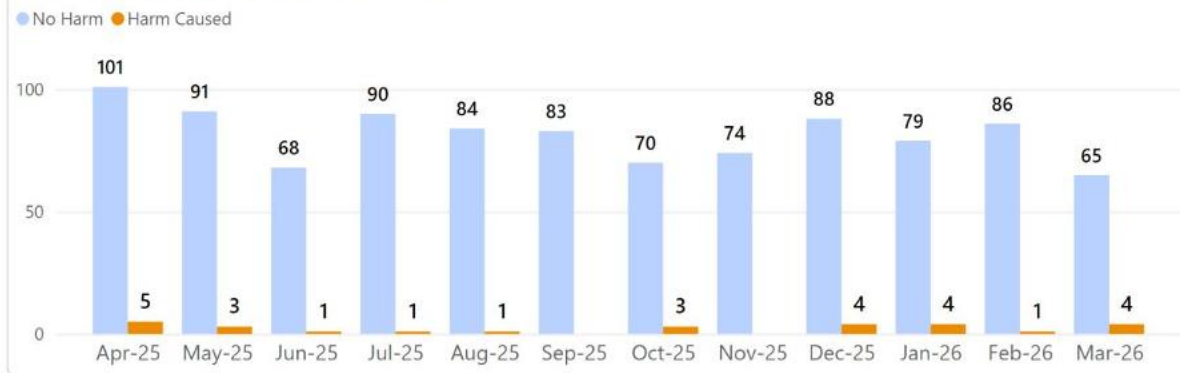
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Incidents: All incidents	Mar-26	1141	📉📉	🟡🟡	1155	
Incidents: All incidents with moderate harm and above	Mar-26	55	📉📉	🟡🟡	40	
Incidents: Medication incidents	Mar-26	101	📉📉	🟡🟡	108	
Incidents: Medication incidents with harm	Mar-26	3	📉📉	🟡🟡	0	



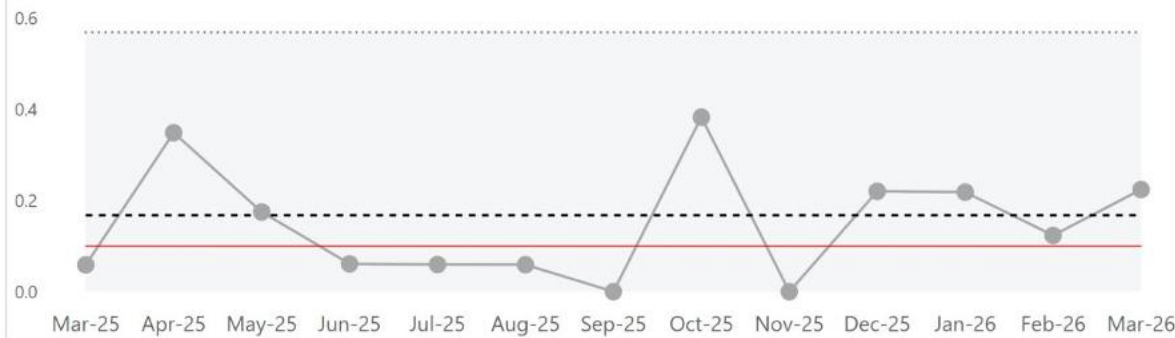
Falls: All - Inpatient Rate Per 1000 Bed Days



Falls Split By Harm Caused



Falls: With Harm - Inpatient Rate Per 1000 Bed Days

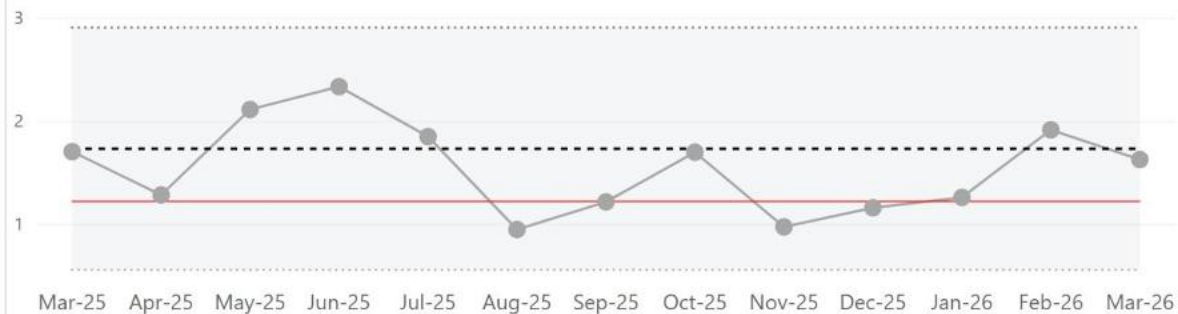


Metric	Period	Value	Variation	Assurance	Target Benchmark
Falls: All - Inpatient Rate Per 1000 Bed Days	Mar-26	3.87	⬇️	⬇️	4.87
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Mar-26	0.224	⬆️	⬆️	0.1

Falls Narrative

There has been a reduction in the number of overall falls this month with four falls with harm identified. Enhanced Therapeutic Observations in Care has been implemented Trust Wide and Ramble guard (falls prevention tool) has been audited re compliance and usage. Further training is being provided.

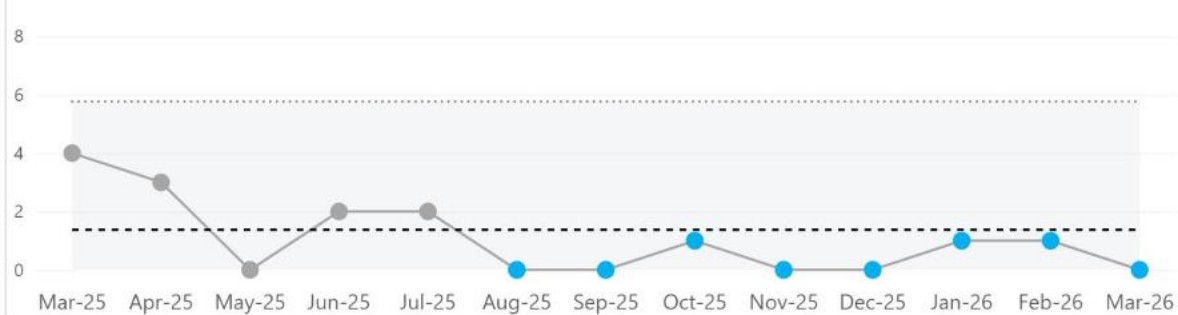
Pressure ulcers: Hospital acquired - Rate per 1000 bed days



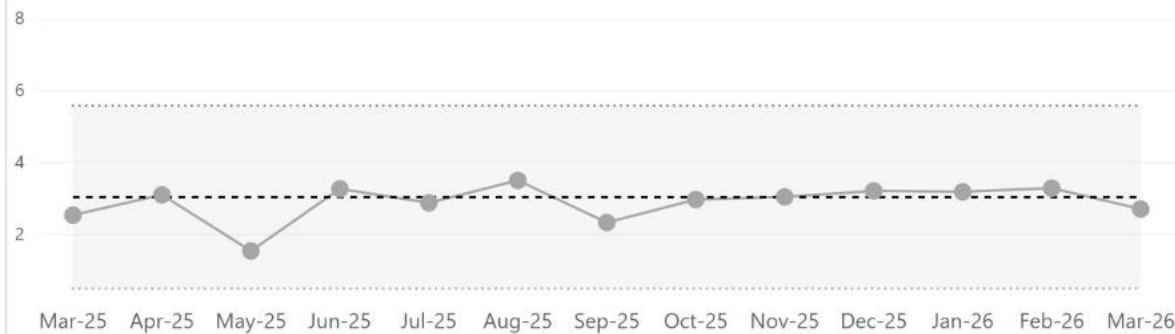
Pressure Ulcers split by Type



Incident Reporting: Lapses Leading to a Pressure Ulcer



Pressure ulcers: Present on admission - Rate per 1000 bed days



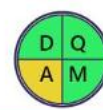
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Mar-26	1.63	⬇️	⬇️	1.22	
Pressure ulcers: Present on admission - Rate per 1000 bed days	Mar-26	2.69	⬇️			

Pressure Ulcers Narrative

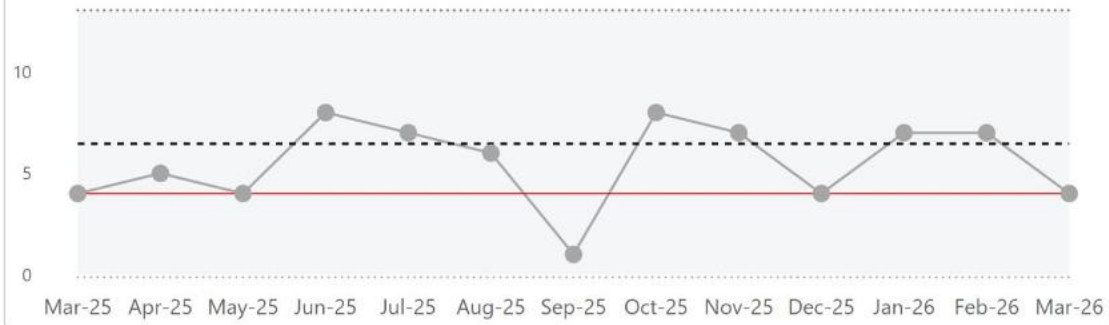
Considerable work has been done to move our Pressure Ulcer reporting in line with national standards, the Trust has finalised what we consider a Pressure Ulcer and what is considered a Skin Integrity Incident. This new methodology dates back to April 2024 explaining the step changes in place. The chart 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.

There is now a weekly review of Pressure Ulcers with a focus in the Emergency Department to ensure patients are receiving appropriate mattress types on admission to reduce the risk of pressure ulcer occurrence or deterioration of existing pressure ulcers. There is also a focus on undertaking skin inspection on admission to the Emergency Department with body map and photographs to provide evidence of pressure ulcers on admission.

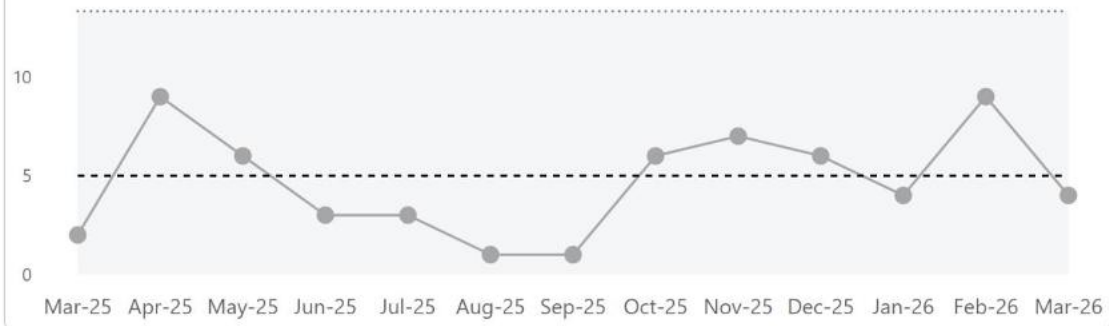
The SPC chart to the left identifies lapses in care that have led to a Pressure Ulcer developing, as this gives an indication of the total numbers that were avoidable. Lapses are identified when the Pressure Ulcer review has been completed at the Trust's weekly Pressure Ulcer review meeting, and thus can be reported after the incident has been opened.



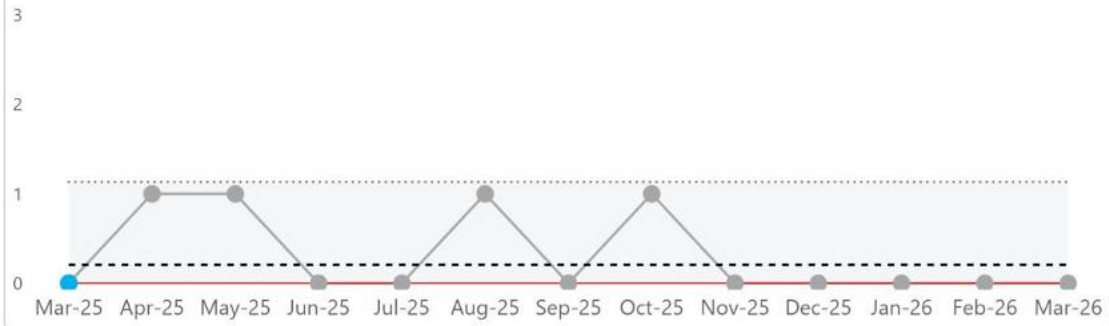
Infection Control: C.Difficile Cases



Infection Control: E-Coli Cases

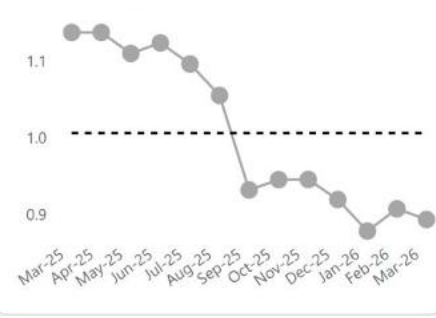


Infection Control: MRSA Cases

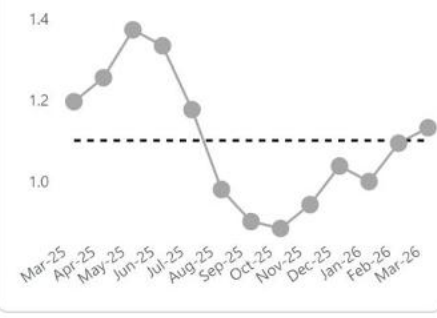


NOF Infection control metrics: MRSA rolling 12 month number of cases, C.Difficile & E-Coli rolling 12 month case numbers v rolling 12 month threshold (NOF)

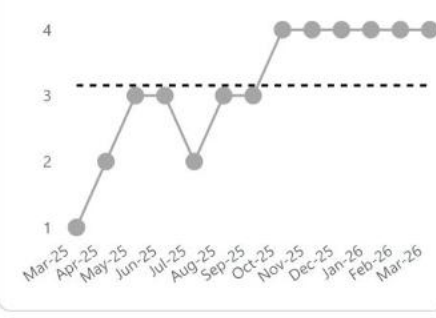
C.Difficile



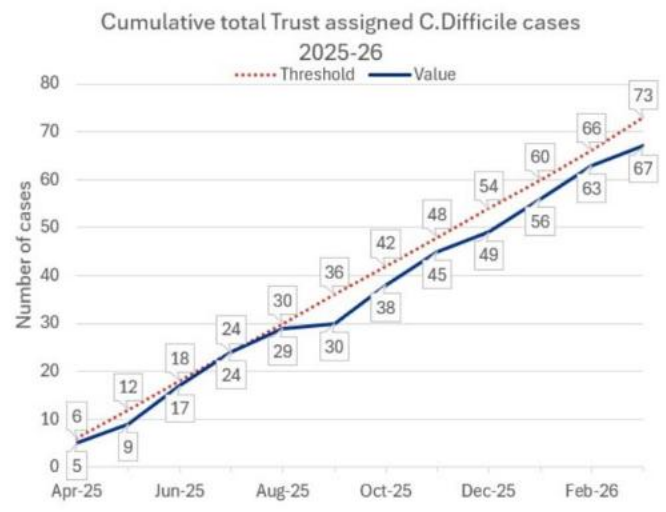
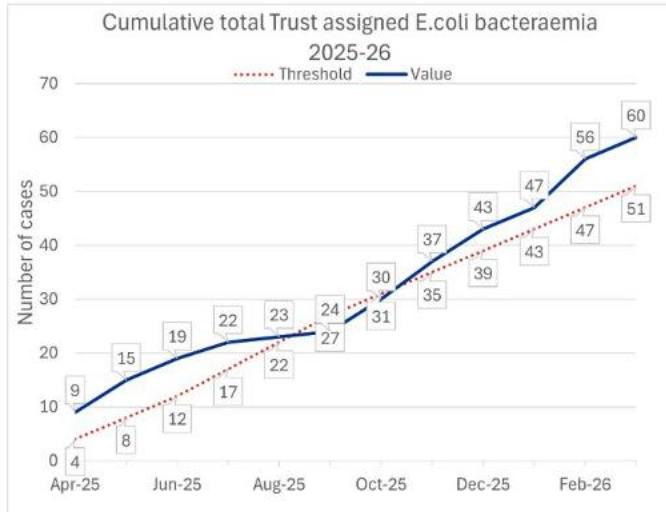
E-Coli



MRSA



Metric	Period	Value	Variation	Assurance	Target Benchmark
Infection Control: C.Difficile Cases	Mar-26	4	🟡🟢	🟢	4
Infection Control: E-Coli Cases	Mar-26	4	🟡🟢	🟢	0
Infection Control: MRSA Cases	Mar-26	0	🟡🟢	🟢	0





The Trust has implemented new Sepsis reporting and the data shows internal metrics relating to patients who were diagnosed with Sepsis in their first Finished Consultant Episode (FCE), we then look back to the ED spell of those patients and see whether - upon a elevated NEWS score - that the correct sepsis protocols were followed:

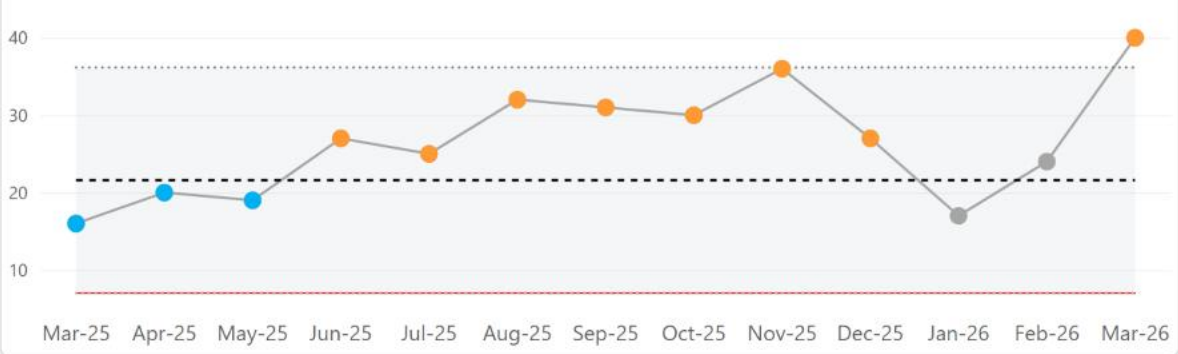
- 1) Observations within an hour of arrival
- 2) Clinical assessment within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)
- 3) Antibiotics administered within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)

With Clinical Assessment being timed on antibiotics being prescribed, as only the appropriate staff can authorise the prescription.

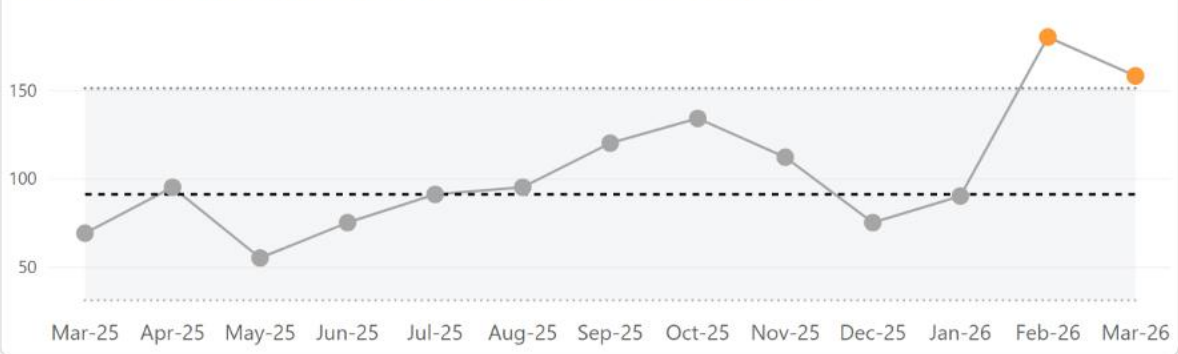
We expect the IPR metrics to develop as we review the roll out of the EPR solution.

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Benchmarking compared to regional figure (AQ - July 25)
Observations carried out within 60 mins	91.7%	95.1%	96.4%	93.8%	100.0%	92.6%	94.1%	91.9%	88.9%	87.5%	90.9%	91.80%
Clinical assessment compliance	85.4%	68.3%	60.7%	84.4%	86.7%	70.4%	85.3%	94.5%	70.3%	81.3%	81.8%	60.50%
Antibiotic compliance	54.2%	56.1%	42.9%	65.6%	73.3%	59.3%	79.4%	70.3%	48.1%	59.4%	40.9%	68.10%

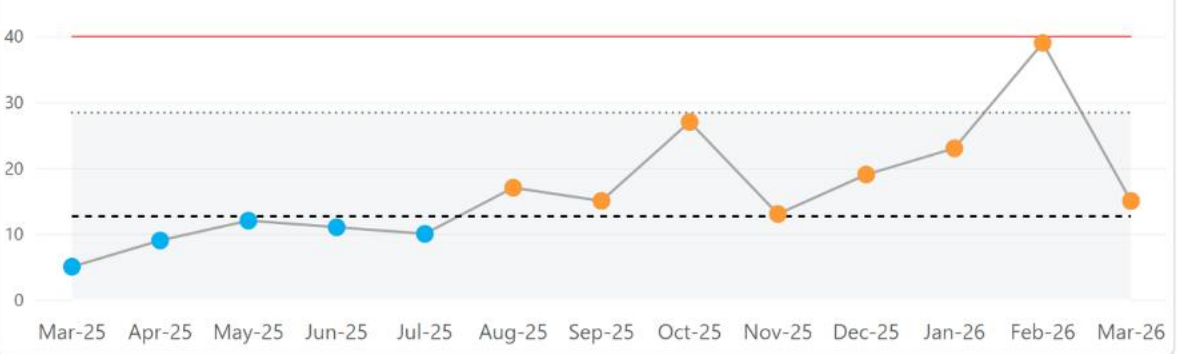
Patient Feedback: Complaints Open At Month End



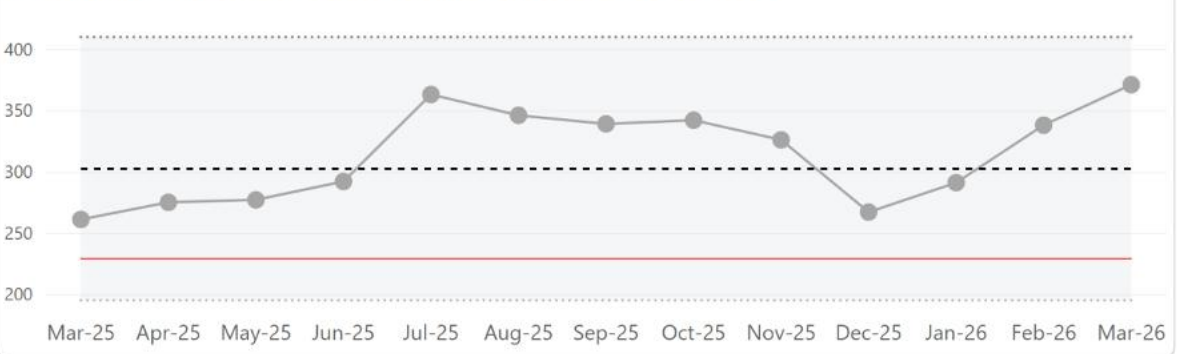
Patient Feedback: Concerns Open At Month End



Complaints: Patient Feedback: Complaints Opened

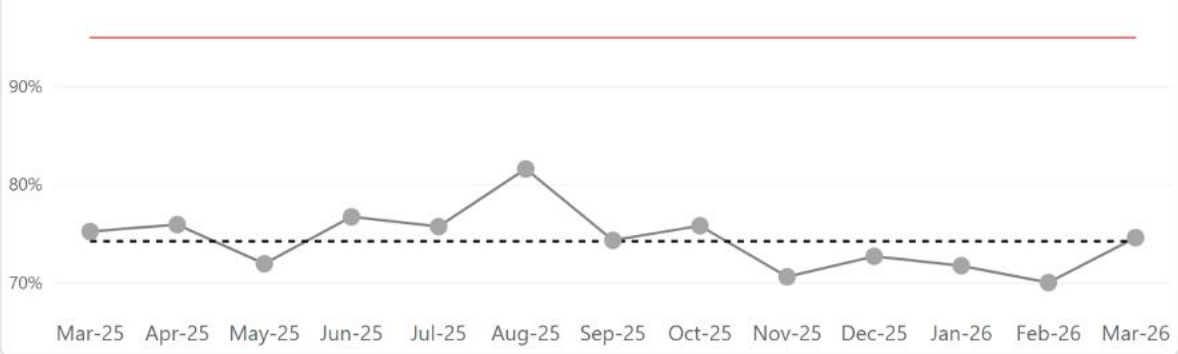


Patient Feedback: Concerns Opened In Month

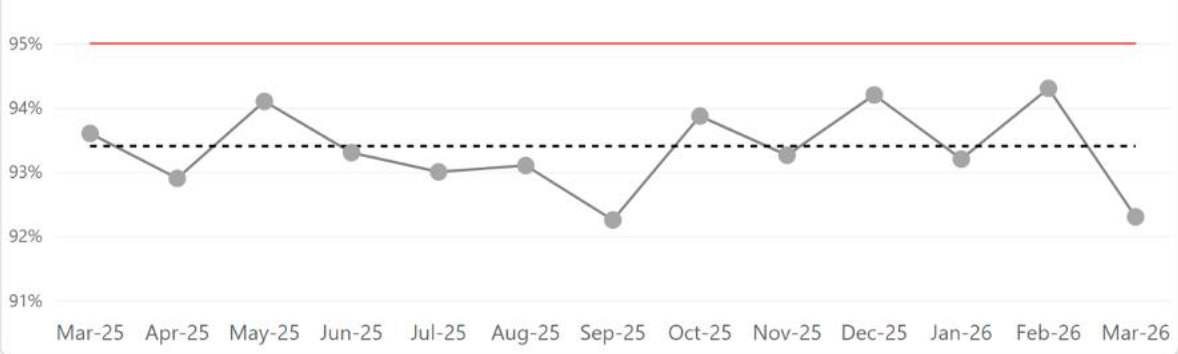


Metric	Period	Value	Variation	Assurance	Target Benchmark
Patient Feedback: Complaints Open At Month End	Mar-26	40	🟡🟡		7
Patient Feedback: Complaints Opened In Month	Mar-26	15	🟡🟢		40
Patient Feedback: Concerns Open At Month End	Mar-26	158	🟡		
Patient Feedback: Concerns Opened In Month	Mar-26	371	🟡🟡		229

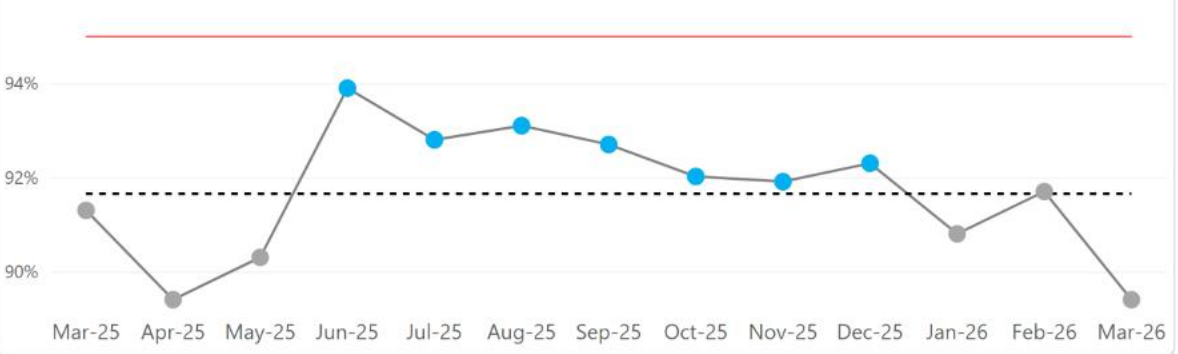
FFT: A&E Positive Rate



FFT: OP Positive Rate



FFT: IP Positive Rate



Metric	Period	Value	Variation	Assurance	Target	Benchmark
FFT: A&E Positive Rate	Mar-26	74.6%	⚠️		95%	
FFT: IP Positive Rate	Mar-26	89.4%	⚠️		95%	
FFT: OP Positive Rate	Mar-26	92.3%	⚠️		95%	