

PUBLIC – Board of Directors
29th September 2026

Report	Agenda Item 14.	Integrated Performance Report (IPR) - August 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 Chief Finance Officer 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 BAF 11 Transformation				X X X X X	This report covers 5 areas of the BAF and therefore changes in performance in any of the areas can affect risk score on the BAF.		
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							X X X X X
CQC Domains	Safe Effective Caring Responsive Well led							X X X X X
Previous considerations	Not applicable							
Executive summary	The purpose of this report is to: • Give an overview of the latest scored metrics in the National Oversight Framework (NOF). • Summarise the key performance indicators. • Assure the Board of the monthly oversight of Trust priorities against agreed targets. • Highlight areas of high or low performance. Areas of positive assurance: • RTT 18-week performance was 68.4% in August, 4.7 percentage points above plan. • The proportion of open pathways waiting over 52 weeks was 0.6%, 0.11% away from plan, with no patients waiting over 65 weeks in August.							

- Cancer performance remained strong: July Faster Diagnosis Standard performance was 87.4% against an 80% plan, delivered for the fifth consecutive month, and 62-day performance was 83.3% against the 80% target.
- Diagnostics performance remained above plan at 79.7%, despite a 0.4 percentage point deterioration in August.
- Average ambulance handover time remained favourable to plan at 24 minutes 31 seconds against a plan of 27 minutes 55 seconds.
- No MRSA cases and no Never Events were reported.

Areas requiring improvement and continued oversight:

- UEC performance remains challenged. Four-hour performance reduced to 61.0% against a plan of 64.2%, with continued high demand and flow pressures.
- August ED attendances were 14% (1,016 attendances) higher than the same period last year.
- Patients not meeting the criteria to reside remain a significant constraint, with 4,730 delayed days in August, 462 more than July and 2,990 above plan.
- The RTT waiting list reduced by 223 pathways compared with July but remained 2,288 pathways above plan. Focused validation work is continuing, with additional external validation support due to commence in September.
- Diagnostics performance deteriorated due to colonoscopy, adult audiology and gastroscopy. Non-obstetric ultrasound remains the largest underlying risk and accounts for 42% of patients waiting over six weeks.
- Cancer 31-day performance deteriorated by 1.8 percentage points to 93.5%, below the 96% target.
- VTE 14-hour compliance, ED assessment screening and sepsis compliance require improvement.
- Patient feedback measures, including complaints open at month end and concerns opened in month, require continued oversight.
- Mandatory training compliance was 89.0% against a 90% target, and appraisal compliance was 79.6% against an 80% target.
- At month 5, CIP delivery was £1.602m year to date against a £5.045m plan, an adverse variance of £3.443m. Divisional financial recovery plans have been presented to EDG and are being monitored.

Forward look:

- Additional external RTT validation support will commence in September to support 18-week pathway validation.
- The Diagnostics and Clinical Support Services Division is reviewing its improvement plan for non-obstetric ultrasound to mitigate the current risk.
- Enhanced executive oversight of CIP delivery and divisional financial recovery plans will continue.

Recommendations

The Board of Directors is asked to **note** the assurance provided within this report, including the areas requiring improvement and the mitigating actions described.

Corporate Impact Assessment	
Statutory/regulatory requirements	Monitors performance against key targets both quality and performance measures.
Risk	Relevant to multiple BAF risks
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Not confidential

Integrated Performance Report

Report to end of August 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 and level of assurance:

Substantial assurance

- Mixed Sex Accommodation (MSA)
- Cancer
- Pressure Ulcers
- RTT
- VTE
- Assessment Compliance
- Sepsis
- Staffing Levels
- Falls
- Infection Control
- E-Discharge
- FFT
- ED
- Maternity
- Incidents
- Sickness Absence Rate
- Staff Turnover Percentage
- Annual Appraisal Compliance
- Mandatory Training Compliance
- Agency Spend
- DM01

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.

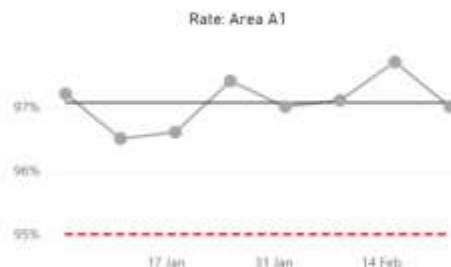
Annotations

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.



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

Ambulance: Handovers 60+ minutes
 Patient Initiated Follow Up (%)
 Cancer Treatments: 28 Day FDS
 Incidents: Mixed sex accommodation incidents
 Incidents: All incidents
 Fill rates: Registered Staffing (%)
 Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery

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 %)
 FFT: OP Response Rate

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

Common Cause Variation



Patient Feedback: Complaints Opened In Month
 Eclampsia

ED: Patients waiting no more than 4 hours (%)
 ED: Patients waiting over 12 hours (%)
 Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01)
 Diagnostics: % waiting less than 6 weeks - All
 Cancer Treatments: 31 Day Standard
 Cancer Treatments: 62 Day Standard
 Incidents: STEIS reported incidents (Excluding Never Events)
 Incidents: Never events
 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: A&E Response Rate
 FFT: IP Response Rate
 VTE: Assessment Completed Compliance
 Fill rates: Unregistered Staffing (%)
 Term Admission Rate
 PPH rate per 1000 Deliveries
 Tears rate per 1000 Deliveries
 Stillbirths
 Neonatal Deaths
 Sickness Absence Rate

ED: Patients waiting no more than 4 hours - Type 1 (%)
 ED: Patients waiting over 12 hours
 ED: Patients waiting over 12 hours from decision to admit to admission
 Ambulance: Handovers 30-60 minutes
 Patient Feedback: Complaints Open At Month End
 VTE: 14 Hour Compliance

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

Special Cause Concern



Maternal Deaths (includes coincidental deaths)
 Annual Appraisal Compliance
 Mandatory Training Compliance
 Reduction in Agency Shifts over Cap Rates: Medical & Dental

NC2R: Total Delayed Days

Patient Feedback: Concerns Open At Month End

Variance - Is the measure getting better/worse?

SCORED METRICS (Contributing to Segmentation)										Q1 RANKING 95 / 134 - SEGMENT 3					
Metric	Type	2025/26 Target or Threshold	Q1 2026/27			Q4 2025/26 (published)			Rank	Latest published				Overall Domain Score	Overall Domain Segment
			Time period	*	Value	Time period	*	Value		Score 1	Score 2	Score 3	Score 4		
ACCESS TO SERVICES DOMAIN															
% patients waiting <18 weeks (absolute)	Acute	60%	Jun-26	↑	67.78%	Mar-26	↑	64.3%	49/129		2.13		2.67 (2.24)	3 (3)	
% patients waiting <18 weeks (vs plan) **REMOVED**	Acute	0%				Mar-26	↑	4.27%							
% patients waiting >52 weeks	Acute	1%	Jun-26	↑	0.70%	Mar-26	↑	0.86%	45/129		2.65				
% patients waiting >52 weeks (community)	Community	-	Jun-26	↓	14.55%	Mar-26	∞	13.21%	65 / 79			3.52			
% patients waiting less than 18 weeks for community care **New Metric**	Community	-	Jun-26		42.19%				70/ 79			3.52			
% Diagnostic referrals waiting over 6 weeks **New Metric**	Acute		Jun-26		15.99%				62/ 131		2.41				
% urgent referrals for cancer diagnosed within 28 days	Acute	80%	Q1 2026/27	↑	84.45%	Q4 2025/26	↑	81.32%	13/116	1					
% patients treated for cancer within 62 days	Acute	80%	Q1 2026/27	↑	82.92%	Q4 2025/26	↑	78.51%	9/ 116	1					
% A&E patients seen within 4 hours	Acute	78%	Q1 2026/27	↑	65.10%	Q4 2025/26	↓	59.25%	114/123			3.83			
% A&E attendances >12 hours	Acute	0%	Q1 2026/27	↓	20.53%	Q4 2025/26	↓	17.58%	120/122			3.95			
EXPERIENCE OF CARE DOMAIN															
CQC inpatient satisfaction	Acute		2024	∞	2	2024	∞	2			2		3.05	4	
NHS staff survey advocacy rate **New Metric**	All Trusts		2025		5.79 / 10				129/134			3.89			
% of intermediate care beds occupied by patients without criteria to reside **New Metric**	Community		Jun-26		35.13%				34/ 50			3.25			
EFFECTIVENESS OF CARE AND POPULATION HEALTH DOMAIN															
Summary Hospital Level Mortality Indicator	Acute	As Expected	Apr-25 - Mar-26	∞	As Expected	Jan-25 - Dec-25	∞	As Expected	S2		2		2.82	4	
Rate of pregnant women with a delayed planned induction per 1,000 deliveries **New Metric**	Acute	-	Q1 2026/27		82.4 per 1000 births				104 /134			3.62			
30 day readmission rate band **New Metric**	Acute/Community	-	2025		Band A1 (Sig higher than national Average)				104 / 134						4
% of inpatients making a supported quit attempt with an in-house tobacco dependence treatment service **New Metric**	Acute		Apr-26		45.1%				33 / 97	1.67					
Urgent Community Response 2-hour performance **REMOVED**	Community	70%				Q4 2025/26	↓	81.8%							
Discharge delays (bed days lost) - including zero days - metric has changed **REMOVED**	Acute					Mar-26	↑	1.82							

SCORED METRICS (Contributing to Segmentation)										Q1 RANKING 95 / 134 - SEGMENT 3					
Metric	Type	2025/26 Target or Threshold	Q1 2026/27			Q4 2025/26 (published)			Rank	Latest published				Overall Domain Score	Overall Domain Segment
			Time period	*	Value	Time period	*	Value		Score 1	Score 2	Score 3	Score 4		
PATIENT SAFETY DOMAIN															
Breath and depth of clinic audit outliers **New Metric**	Acute		Q1 2026/27 1 (no alerts)							1				2.70 (3.06)	3 (4)
Number of cases of MRSA in the last 12 months	Acute	0	Jul-25 - Jun-26	↑	3	Apr-25 - Mar-26	⇌	4	59/134		2.64				
Rate of E-Coli	Acute	<1	Jul-25 - Jun-26	↑	0.98	Apr-25 - Mar-26	↓	1.18				3			
Rate of C-Difficile	Acute	<1	Jul-25 - Jun-26	↓	0.96	Apr-25 - Mar-26	⇌	0.92					4		
Staff survey - raising concerns	Acute/Community		2025	⇌	5.81	2025	↓	5.81	129/ 134			3.89			
PEOPLE & WORKFORCE DOMAIN															
Sickness absence rate	Acute/Community	-	Q4 2025/26	↑	5.50%	Q3 2025/26	↓	6.20%	77/134		2.46			2.79 (3.39)	4 (4)
Staff survey - engagement score	Acute/Community	-	2025	↓	6.27/10	2025	↓	6.27	129/134			3.89			
National education and training survey satisfaction rate **New Metric**	All Trusts		2025		74.38%				89/134			3.28			
NHS staff standards score **New Metric**	All Trusts		2025		7.18/10				131/134			3.93			
Healthcare worker flu vaccination rate **New Metric**	All Trusts		Feb-26		51.10%				59/134		2.15				
Temporary staffing cost relative band **New Metric**	All Trusts		Q1 2026/27		1					1					
FINANCE, PRODUCTIVITY & INNOVATION DOMAIN															
Combined finance score (planned vs variance)	All Trusts		Jun-26	↑	2	Q3 2025/26	⇌	4			2			1.62 (2.36)	1 (3)
Planned surplus/deficit	Acute/Community	Breakeven/ Surplus	Jun-26	↓	-5.70%	Apr-25	⇌	-9.38%	125/134				4		
Variance YTD to plan (NEW Sep 25)	Acute/Community		Jun-26	↓	0.00%	Dec-25	↓	-3.39%	52/134	1					
Relative cost difference **New Metric**	All Trusts	100%	2025		98.29				55/134	1					
% of clinical trials set up within 90 days **New Metric**	All Trusts		Q1 2026/27		100%				1/104	1					
Data Quality Maturity Index **New Metric**	Acute/Comm/MH		Apr-26		93%				62/134		2.48				
Implied productivity level! **REMOVED**	Acute	4% Imp				Dec-25	↓	2.22%							

* Arrow denotes improvement or deterioration from previous score

Operational Metrics	Period	Value	Variation	Assurance	Target
ED: Patients waiting no more than 4 hours (%)	Aug-26	61.0%			65%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Aug-26	49.9%			78%
ED: Patients waiting over 12 hours	Aug-26	1191			0
ED: Patients waiting over 12 hours from decision to admit to admission	Aug-26	626			0
Ambulance: Handovers 30-60 minutes	Aug-26	342			0
Ambulance: Handovers 60+ minutes	Aug-26	25			0
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Aug-26	68.4%			67%
RTT: Incomplete pathways - Total	Aug-26	29014			27651
RTT: Incomplete pathways - Waiting over 52 weeks	Aug-26	185			0
RTT: Incomplete pathways - Waiting over 65 weeks	Aug-26	0			0
RTT Wait for 1st OP Appt - % waiting < 18 weeks	Aug-26	68.8%			67%
Patient Initiated Follow Up (%)	Aug-26	4.8%			5%
Diagnostics: % waiting less than 6 weeks - All	Aug-26	79.6%			86%
Cancer Treatments: 28 Day FDS	Jul-26	87.4%			80%
Cancer Treatments: 31 Day Standard	Jul-26	93.5%			96%
Cancer Treatments: 62 Day Standard	Jul-26	83.3%			80%
NC2R: Total Delayed Days	Aug-26	4730			1740
E-Discharge Overall Compliance (within 24hr %)	Aug-26	72.2%			95%

Maternity Metrics	Period	Value	Variation	Assurance	Target
Women Delivered	Aug-26	195			
Live Births	Aug-26	200			
Births in Co-located MLU	Aug-26	15			
Term Admission Rate	Aug-26	3.5%			4.8%
Deliveries by Caesarean Sections Rate	Aug-26	49.2%			
PPH rate per 1000 Deliveries	Aug-26	56.4			30
Tears rate per 1000 Deliveries	Aug-26	10.3			28
Eclampsia	Aug-26	0			0
Maternal Deaths (includes coincidental deaths)	Aug-26	1			0
Stillbirths	Aug-26	0			0
Neonatal Deaths	Aug-26	2			0

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target
Mortality: SHMI	Apr-26	89.6			
Mortality: Total inpatient deaths	Aug-26	86			
Incidents: STEIS reported incidents (Excluding Never Events)	Aug-26	0			0
Incidents: Never events	Aug-26	0			0
Incidents: Mixed sex accommodation incidents	Aug-26	0			0
Incidents: All incidents	Aug-26	1148			1155
Incidents: All incidents with moderate harm and above	Aug-26	73			40
Incidents: Medication incidents	Aug-26	118			108
Incidents: Medication incidents with harm	Aug-26	4			0
Falls: All - Inpatient Rate Per 1000 Bed Days	Aug-26	4.44			4.87
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Aug-26	0.177			0.1
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Aug-26	1.95			1.22
Pressure ulcers: Present on admission - Rate per 1000 bed days	Aug-26	2.19			
Infection Control: C.Difficile Cases	Aug-26	2			4
Infection Control: MRSA Cases	Aug-26	0			0
Patient Feedback: Complaints Opened In Month	Aug-26	11			40
Patient Feedback: Complaints Open At Month End	Aug-26	13			7
Patient Feedback: Concerns Opened In Month	Aug-26	322			229
Patient Feedback: Concerns Open At Month End	Aug-26	151			
FFT: A&E Positive Rate	Aug-26	73.2%			95%
FFT: IP Positive Rate	Aug-26	92.1%			95%
FFT: OP Positive Rate	Aug-26	93.1%			95%
VTE: Assessment Completed Compliance	Aug-26	94.8%			95%
VTE: 14 Hour Compliance	Aug-26	85.5%			95%

HR & Finance Metrics	Period	Value	Variation	Assurance	Target
Sickness Absence Rate	Aug-26	5.4%			5%
Staff Turnover Percentage	Aug-26	7.0%			10%
Annual Appraisal Compliance	Aug-26	79.6%			80%
Mandatory Training Compliance	Aug-26	89.0%			90%
Reduction in Agency Shifts over Cap Rates: Medical & Dental	Aug-26	185			120
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Aug-26	10			45
Reduction in Agency Shifts over Cap Rates: Other	Aug-26	5			

Summary:

ED:

- August 4-hour performance deteriorated 0.2% from previous month to **61.0%** (plan 64.29%). Deteriorating 4 and 12-hour performance in August heavily impacted by:
- Continuing high level of attendances (average of 273 per day) causing significant ED congestion.
- Highest level of NCTR in at least 14 months with 28% of patients residing in a G&A bed not meeting the criteria to reside (NCTR)
- Despite this, mean average ambulance handover remained positive against plan at 24:31 minutes (plan 27:55), although a slight deterioration on July (23:44mins).

RTT:

- August 18-week compliance was 68.4%, 4.7% above plan.
- % open pathways >52-weeks was 0.6%, which is equal to plan.
- There were 0 >65-week breaches in August.

Cancer:

- July FDS performance was 87.4% against a plan of 80% (target delivered for 5th consecutive month)
- 62-day performance was 83.3% against a target of 80%
- 31-day performance deteriorated by 1.8% to 93.5% (target 96%)

Diagnostics:

- DM01 performance deteriorated by 0.4% to 79.7% - 1.2% above plan

Areas of Concern:

- August ED attendances were 14% (1016) higher than the same period previous year
- NCTR remains high with 4,730 delayed days, 462 days higher than July and 2990 days above plan
- The RTT wait list size reduced by 223 compared to July but is still 2,288 pathways above plan. The increased wait list size relates mainly to open pathways <18 weeks. Focussed validation work is taking place to improve the position.
- DM01 although the August deterioration was driven by Colonoscopy, adult audiology and gastroscopy, Non-obstetric ultrasound remains the largest underlying risk for the overall Trust position accounting for 42% of all patients waiting over 6 weeks.

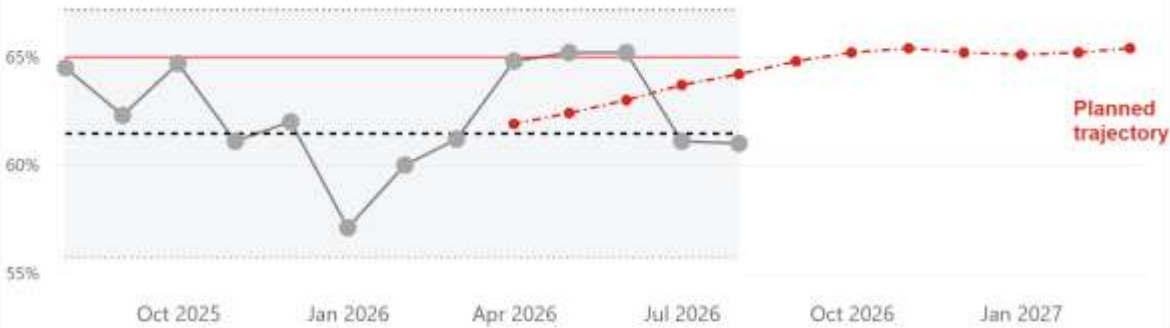
Forward Look:

- Additional external RTT validation support to commence in September to support 18-week pathway validation
- The DCSS division are reviewing their improvement plan for Non-obstetric ultrasound to mitigate against the current risk.

Operational Metrics	Period	Value	Variation	Assurance	Target	Benchmark
ED: Patients waiting no more than 4 hours (%)	Aug-26	61.0%	 		65%	Aug 26 75.0%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Aug-26	49.9%	 		78%	Aug 26 61.1%
ED: Paediatric Patients waiting no more than 4 hours (%)	Aug-26	86.3%				
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Aug-26	84.2%				
ED: Patients waiting over 12 hours (%)	Aug-26	14.1%	 		15%	
ED: Patients waiting over 12 hours	Aug-26	1191	 		0	
ED: Patients waiting over 12 hours - Type 1 (%)	Aug-26	20.3%				Aug 26 9.7%
ED: Patients waiting over 12 hours - Type 1	Aug-26	1185				
ED: Attendances	Aug-26	8462				
ED: Attendances - Type 1	Aug-26	5853				
ED: Attendances - Type 3	Aug-26	2609				
ED: Patients waiting over 12 hours from decision to admit to admission	Aug-26	626	 		0	
ED: Attendances with a stay in a corridor location	Aug-26	268				
ED: Attendances for mental health conditions	Aug-26	182				
ED: Mental Health patients waiting over 12 hours	Aug-26	65				
Avg Time To Ambulance Handover (mins)	Aug-26	24				
Ambulance: Handovers 30-60 minutes	Aug-26	342	 		0	
Ambulance: Handovers 60+ minutes	Aug-26	25	 		0	
Ambulance: Total Ambulance Arrivals	Aug-26	1625				
% of patients admitted following ED attendance - aged under 18	Aug-26	12.8%				
% of patients admitted following ED attendance - aged over 65	Aug-26	44.4%				
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Aug-26	68.4%	 		67%	Jul 26 65.4%
RTT: Incomplete pathways - Total	Aug-26	29014	 		27651	
RTT: Incomplete pathways - Waiting over 52 weeks	Aug-26	185	 		0	
RTT: Incomplete pathways - Waiting over 65 weeks	Aug-26	0	 		0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Aug-26	0.6%	 		0.6%	Jul 26 1.5%
RTT Wait for 1st OP Appt - % waiting <18 weeks	Aug-26	68.8%	 		67%	
Patient Initiated Follow Up (%)	Aug-26	4.8%	 		5%	Jun 26 4.2%
DNA Rates (%)	Aug-26	5.4%				Jun 26 6.7%

Operational Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Pre Referral Advice and Guidance Utilisation Rate	Jun-26	5.49				
Pre Referral Advice and Guidance Diversion Rate (%)	Jun-26	45.8%				
Diagnostics: % waiting less than 6 weeks - All	Aug-26	79.6%	 		86%	Jul 26 76.9%
Diagnostics: % waiting less than 6 weeks - Magnetic Resonance Imaging	Aug-26	92.1%	 		99%	Jul 26 78.6.0%
Diagnostics: % waiting less than 6 weeks - Computed Tomography	Aug-26	93.3%	 		99%	Jul 26 90.1%
Diagnostics: % waiting less than 6 weeks - Non-obstetric ultrasound	Aug-26	79.9%	 		99%	Jul 26 80.4%
Diagnostics: % waiting less than 6 weeks - Barium Enema	Aug-26	100.0%	 		99%	Jul 26 74.7%
Diagnostics: % waiting less than 6 weeks - DEXA Scan	Aug-26	69.6%	 		99%	Jul 26 80.6%
Diagnostics: % waiting less than 6 weeks - Audiology - Adult Assessments	Aug-26	67.8%	 		99%	
Diagnostics: % waiting less than 6 weeks - Audiology - Paediatric Assessments	Aug-26	37.5%	 		99%	
Diagnostics: % waiting less than 6 weeks - Echocardiography	Aug-26	75.5%	 		99%	Jul 26 71.5%
Diagnostics: % waiting less than 6 weeks - Respiratory physiology - sleep studies	Aug-26	97.6%	 		99%	Jul 26 66.7%
Diagnostics: % waiting less than 6 weeks - Colonoscopy	Aug-26	65.2%	 		99%	Jul 26 69.2%
Diagnostics: % waiting less than 6 weeks - Flexi sigmoidoscopy	Aug-26	97.8%	 		99%	Jul 26 67.9%
Diagnostics: % waiting less than 6 weeks - Cystoscopy	Aug-26	94.0%	 		99%	Jul 26 75.6%
Diagnostics: % waiting less than 6 weeks - Gastroscopy	Aug-26	68.2%	 		99%	Jul 26 71.0%
Cancer Treatments: 28 Day FDS	Jul-26	87.4%	 		80%	Jul 26 79.3%
Cancer Treatments: 31 Day Standard	Jul-26	93.5%	 		96%	Jul 26 92.5%
Cancer Treatments: 62 Day Standard	Jul-26	83.3%	 		80%	Jul 26 71.2%
NC2R: Total Delayed Days	Aug-26	4730	 		1740	
E-Discharge Overall Compliance (within 24hr %)	Aug-26	72.2%	 		95%	
Urgent Community Response 2-Hour performance	Jul-26	81.0%				
Community: Total patients waiting less than 18 weeks	Aug-26	534				
Community: % of patients waiting less than 18 weeks	Aug-26	38.3%				
Community: % of patients waiting over 52 weeks	Aug-26	12.3%				Jul 26 45.2%
Community: Total patients waiting over 52 weeks	Aug-26	171				

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



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



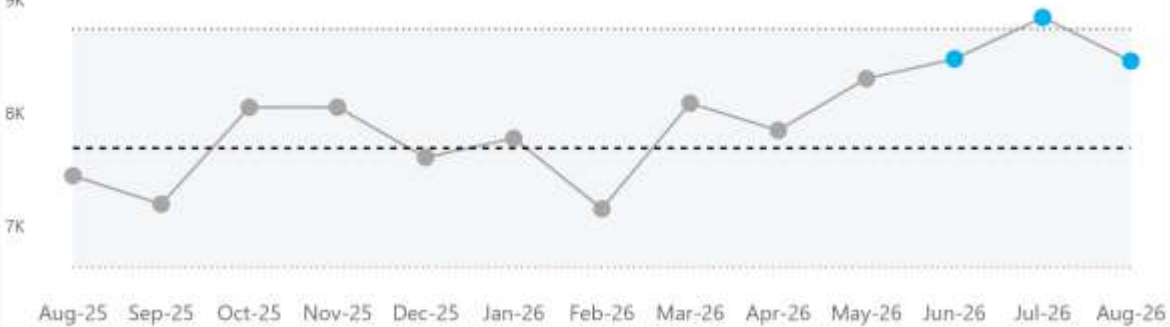
ED: Paediatric Patients waiting no more than 4 hours (%)



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 (%)	Aug-26	86.3%				
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Aug-26	84.2%				
ED: Patients waiting no more than 4 hours (%)	Aug-26	61.0%			65%	Aug 26 75.0%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Aug-26	49.9%			78%	Aug 26 61.1%
ED: Attendances	Aug-26	8462				

ED: Attendances - Type 1



ED: Attendances - Type 3



ED: Attendances for mental health conditions



ED: Mental Health patients waiting over 12 hours

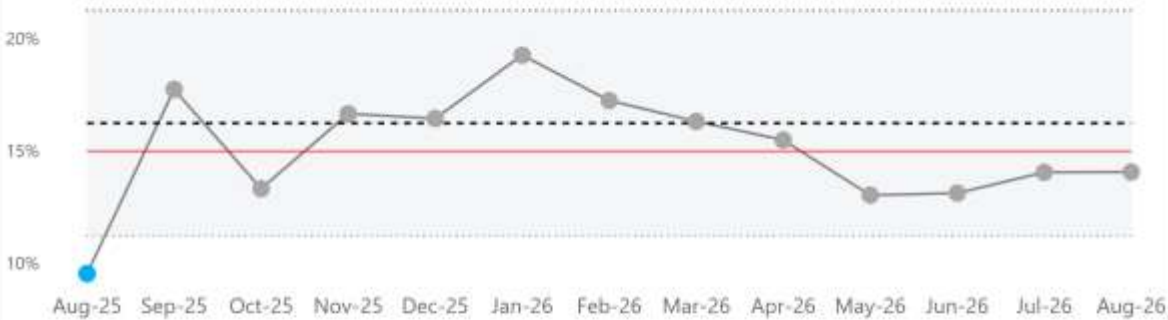


ED: Attendances with a stay in a corridor location

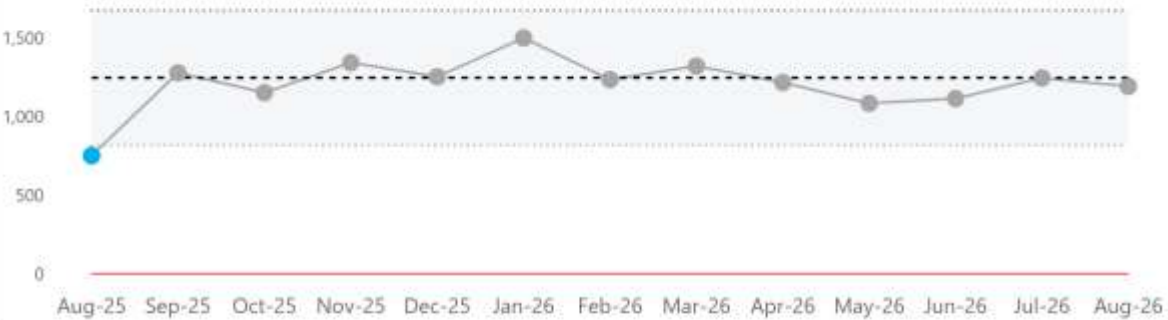


Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Attendances - Type 1	Aug-26	5853				
ED: Attendances - Type 3	Aug-26	2609				
ED: Attendances for mental health conditions	Aug-26	182				
ED: Mental Health patients waiting over 12 hours	Aug-26	65				
ED: Attendances with a stay in a corridor location	Aug-26	268				

ED: Patients waiting over 12 hours (%)



ED: Patients waiting over 12 hours



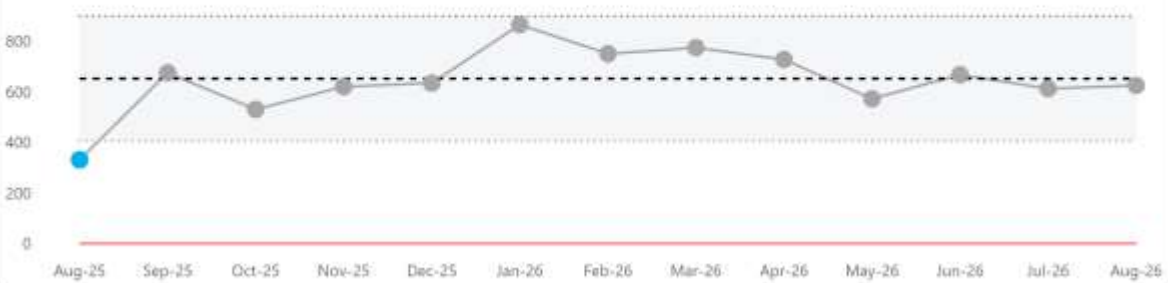
ED: Patients waiting over 12 hours - Type 1 (%) (NOF)



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 (%)	Aug-26	14.1%			15%	
ED: Patients waiting over 12 hours	Aug-26	1191			0	
ED: Patients waiting over 12 hours - Type 1 (%)	Aug-26	20.3%				Aug 26 9.7%
ED: Patients waiting over 12 hours - Type 1	Aug-26	1185				
ED: Patients waiting over 12 hours from decision to admit to admission	Aug-26	626			0	

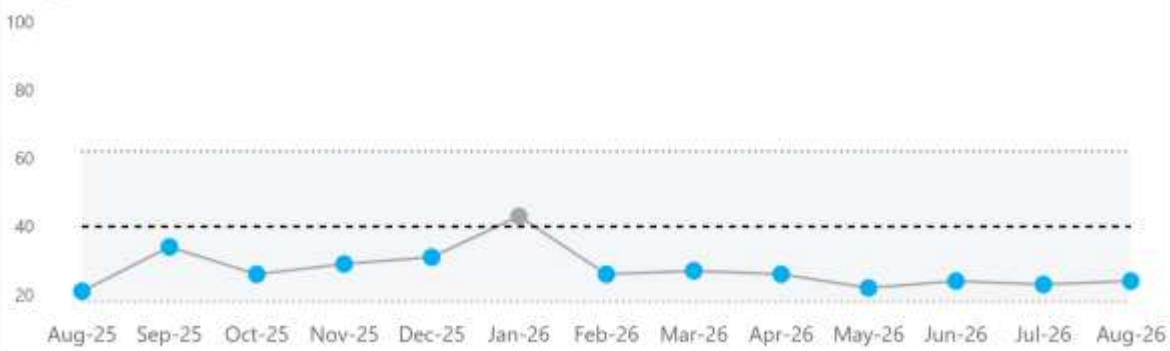
Ambulance Handovers 30-60 minutes



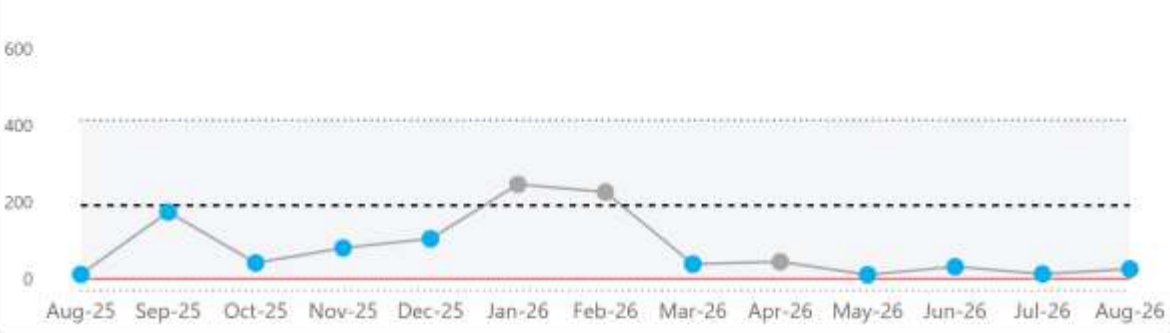
Total No of Ambulance Arrivals



Avg time to Ambulance handover



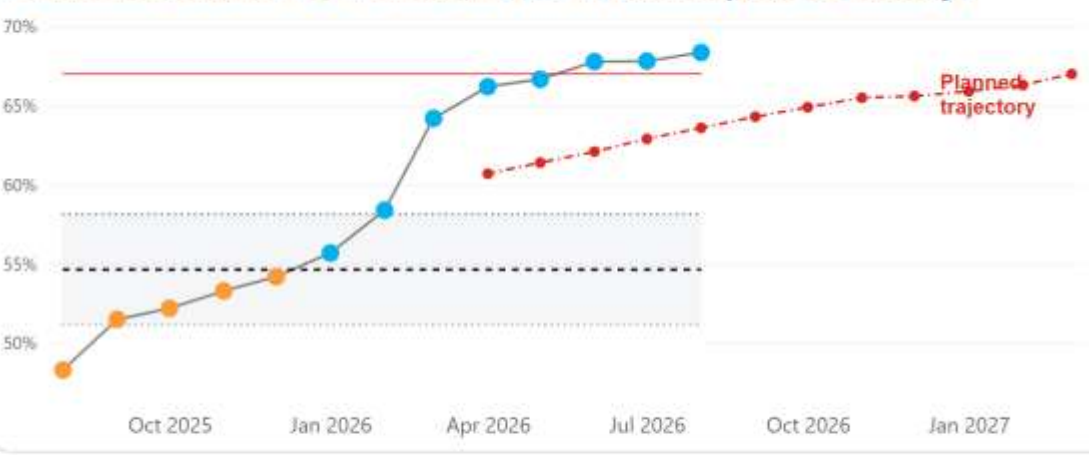
Ambulance Handovers 60+ minutes



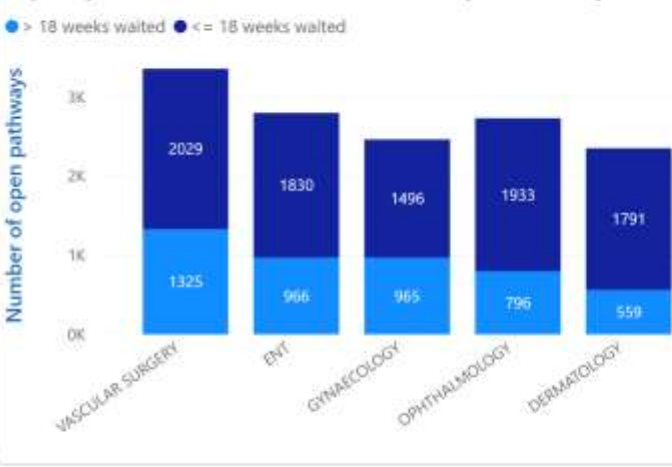
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Avg Time To Ambulance Handover (mins)	Aug-26	24				
Ambulance: Handovers 30-60 minutes	Aug-26	342			0	
Ambulance: Handovers 60+ minutes	Aug-26	25			0	
Ambulance: Total Ambulance Arrivals	Aug-26	1625				



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



Metric	Period	Value	Variation	Assurance	Target	Benchmark
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Aug-26	68.4%			67%	Jul 26 65.4%
RTT: Incomplete pathways - Waiting over 65 weeks	Aug-26	0			0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Aug-26	0.6%			0.6%	Jul 26 1.5%
RTT: Incomplete pathways - Total	Aug-26	29014			27651	

% of Patients waiting over 52 weeks (Community)



% of patients waiting less than 18 weeks for community care



Community: Total patients waiting over 52 weeks



Community: Total patients waiting less than 18 weeks



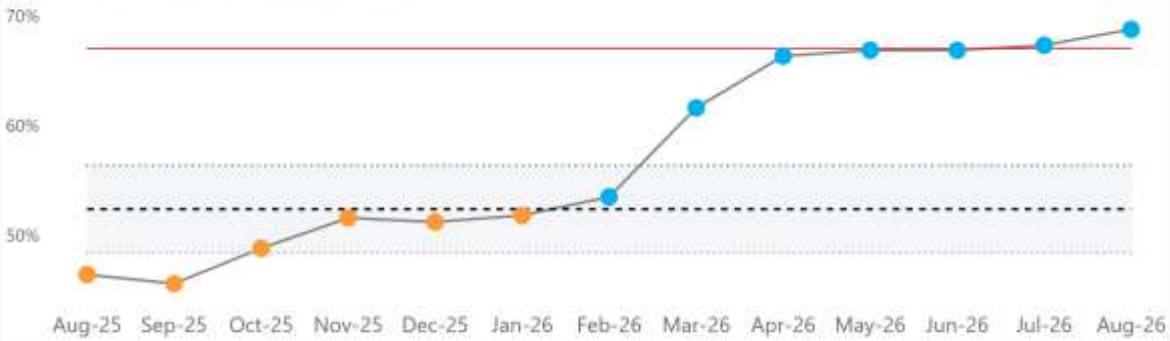
Community waits have been added from Sep 2025. Between Sep 2025 and May 2026, the only service included in this metric for COCH is Community Paediatrics. Since Jun 2026, Community Paediatrics, Paediatric physiotherapy and Paediatric occupational therapy services are included.

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Urgent Community Response 2-Hour performance	Jul-26	81.0%				
Community: Total patients waiting over 52 weeks	Aug-26	171				
Community: Total patients waiting less than 18 weeks	Aug-26	534				
Community: % of patients waiting over 52 weeks	Aug-26	12.3%			Jul 26 45.2%	
Community: % of patients waiting less than 18 weeks	Aug-26	38.3%				

Urgent Community Response 2-Hour performance



RTT Wait Time for 1st OPA



Patient Initiated Follow Up (%)



DNA Rates



Pre Referral Advice and Guidance Utilisation Rate



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Initiated Follow Up (%)	Aug-26	4.8%			5%	Jun 26 4.2%
RTT Wait for 1st OP Appt - % waiting <18 weeks	Aug-26	68.8%			67%	
Pre Referral Advice and Guidance Utilisation Rate	Jun-26	5.49				
Pre Referral Advice and Guidance Diversion Rate (%)	Jun-26	45.8%				
DNA Rates (%)	Aug-26	5.4%				Jun 26 6.7%

Pre Referral Advice and Guidance Diversion Rate (%)



Diagnostics Test waiting less than 6 weeks (%)



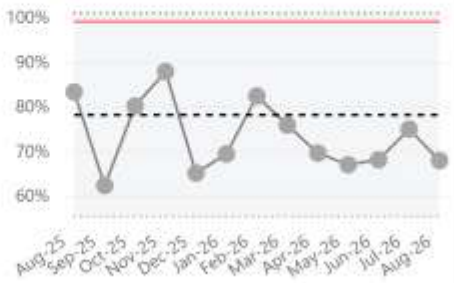
% waiting less than 6 weeks	Period	Value	Variation	Assurance	Target	Benchmark
All	Aug-26	79.6%			86%	Jul 26 76.9%
Non-obstetric ultrasound	Aug-26	79.9%			99%	Jul 26 80.4%
Audiology - Adult Assessments	Aug-26	67.8%			99%	
Echocardiography	Aug-26	75.5%			99%	Jul 26 71.5%
Colonoscopy	Aug-26	65.2%			99%	Jul 26 69.2%
Gastrosocopy	Aug-26	68.2%			99%	Jul 26 71.0%

% waiting less than 6 weeks	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26
All	76.1%	74.7%	76.9%	76.3%	79.1%	86.4%	83.7%	81.3%	82.5%	84.0%	79.9%	79.6%
Magnetic Resonance Imaging	92.6%	89.7%	91.7%	82.0%	88.0%	95.6%	90.2%	85.4%	90.8%	92.4%	88.7%	92.1%
Computed Tomography	98.4%	99.3%	99.1%	99.2%	98.5%	100.0%	99.8%	98.1%	95.6%	95.0%	95.8%	93.3%
Non-obstetric ultrasound	79.7%	76.7%	82.4%	86.4%	90.8%	93.6%	91.6%	93.6%	92.3%	89.4%	80.9%	79.9%
Barium Enema	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DEXA Scan	76.7%	70.5%	68.8%	75.4%	82.1%	93.2%	72.6%	69.5%	60.8%	67.9%	68.6%	69.6%
Audiology - Adult Assessments	62.2%	80.1%	87.8%	65.0%	69.3%	82.3%	75.8%	69.5%	66.9%	68.0%	74.9%	67.8%
Audiology - Paediatric Assessments	45.0%	59.4%	53.5%	42.7%	51.4%	62.1%	53.3%	49.0%	47.9%	51.6%	40.8%	37.5%
Echocardiography	38.2%	39.2%	38.7%	39.2%	35.6%	50.2%	56.7%	53.9%	69.2%	72.7%	68.6%	75.5%
Respiratory physiology - sleep studies	96.1%	99.1%	100.0%	95.3%	98.3%	96.6%	85.6%	74.3%	77.3%	93.2%	98.7%	97.6%
Colonoscopy	79.6%	82.5%	84.6%	88.5%	84.7%	82.1%	85.6%	80.1%	69.6%	74.9%	73.6%	65.2%
Flexi sigmoidoscopy	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.2%	92.6%	89.8%	83.3%	95.9%	97.8%
Cystoscopy	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.5%	99.3%	99.0%	94.1%	94.0%
Gastrosocopy	77.2%	80.5%	79.9%	87.5%	76.3%	86.4%	77.5%	64.2%	72.9%	74.8%	72.5%	68.2%

Non-obstetric ultrasound - % Waiting less than 6 weeks



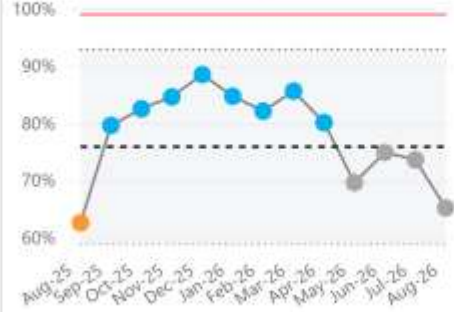
Audiology - Adult Assessments - % Waiting less than 6 weeks



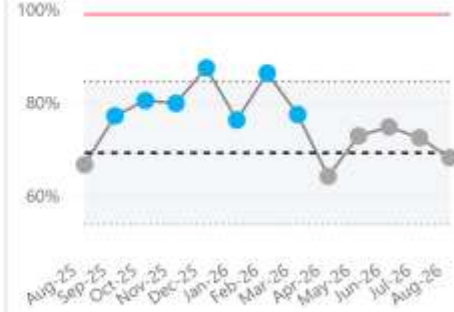
Echocardiography - % Waiting less than 6 weeks



Colonoscopy - % Waiting less than 6 weeks



Gastrosocopy - % Waiting less than 6 weeks



Cancer Treatments: 62 Day Standard



Cancer Treatments: 28 Day FDS



Cancer Treatments: 31 Day Standard



Page Table Name	Period	Value	Variation	Assurance	Target	Benchmark
Cancer Treatments: 62 Day Standard	Jul-26	83.3%			80%	Jul 26 71.2%
Cancer Treatments: 31 Day Standard	Jul-26	93.5%			96%	Jul 26 92.5%
Cancer Treatments: 28 Day FDS	Jul-26	87.4%			80%	Jul 26 79.3%

Table with 10 columns: Organisation Name, % of patients discharged where (Date of discharge is same as Discharge Ready Date, Date of Discharge is 1+ days after Discharge Ready Date), Number of patients discharged where, between the Discharge Ready Date and Discharge Date, there is - (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), % patients discharged where, between the Discharge Ready Date and Discharge Date, there is - (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), 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).



Table with 6 columns: Metric, Period, Value, Variation, Assurance, Target Benchmark. Row 1: NC2R: Total Delayed Days, Aug-26, 4730, (variation icons), 1740.

E-Discharge Overall Compliance (within 24hr %)



Table with 6 columns: Metric, Period, Value, Variation, Assurance, Target Benchmark. Row 1: E-Discharge Overall Compliance (within 24hr %), Aug-26, 72.2%, (variation icons), 95%.

Table titled 'Incomplete E-Discharges' with columns for Division and months from Jul-25 to Aug-26. Rows include Planned Care, Urgent Care, and Womens & Children.

Table titled '24-hr compliance' with columns for Division and months from Jul-25 to Aug-26. Rows include Planned Care, Urgent Care, and Womens & Children.

Highlights

The Trust remains committed to ensuring that patients receive safe, high-quality care through the provision of appropriately skilled staffing across all inpatient areas. Staffing levels are monitored daily against planned workforce requirements, with oversight of both Registered Nurse (RN) and Healthcare Support Worker (HCSW) provision across day and night shifts.

During the reporting period, most inpatient wards achieved staffing levels at, or close to, planned establishment levels. Some areas experienced lower RN availability during daytime shifts; however, these pressures were actively managed through established workforce escalation processes. Senior nursing leaders maintained oversight throughout the period, implementing mitigating actions including staff redeployment, utilisation of bank staffing, and additional clinical leadership support where required.

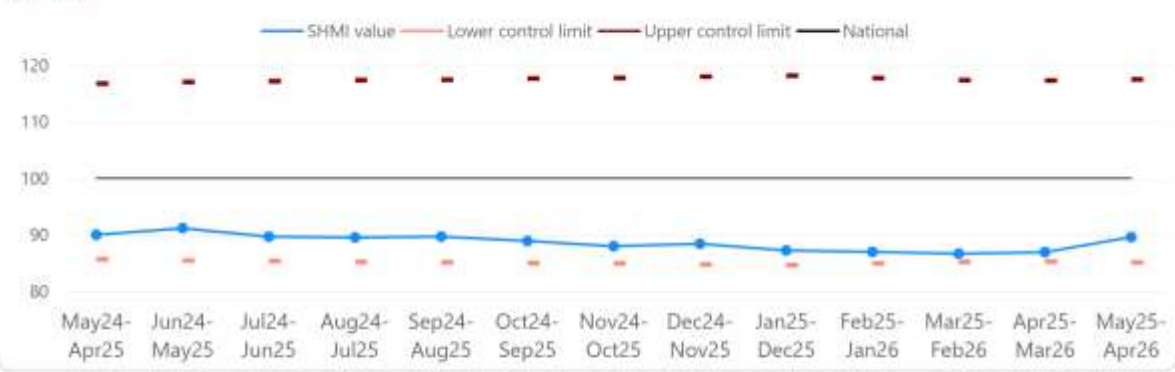
Quality and safety indicators continued to be closely monitored to assess the impact of staffing levels and provide assurance that care standards were maintained. In specialist areas including Critical Care, Cardiology and Renal Services, staffing availability was below establishment on some shifts. However, staffing levels were assessed against patient acuity, dependency, and activity, and were considered appropriate to safely meet the needs of patients receiving care during the period.

Overall, the Trust continues to maintain robust processes for monitoring, escalation, and mitigation of workforce pressures, providing assurance that staffing resources are being managed effectively to support the delivery of safe and effective patient care.

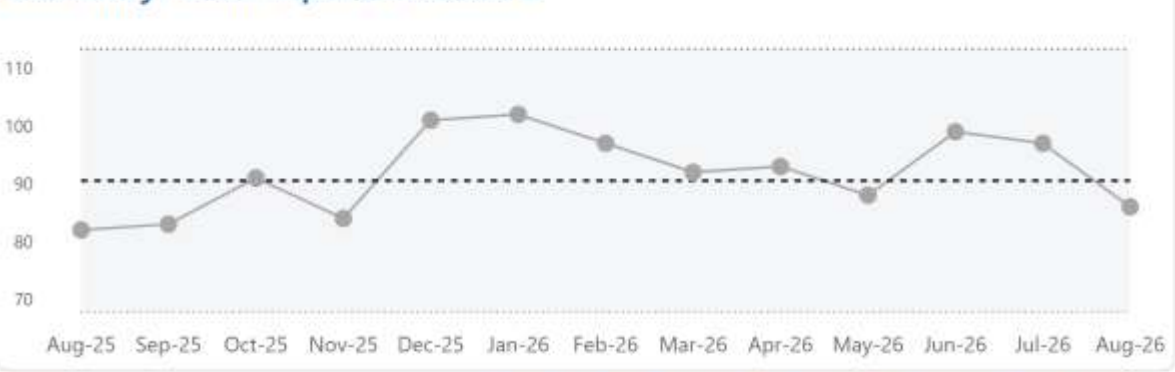
Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Apr-26	89.6				
Mortality: HSMR	May-26	100				
Mortality: Total inpatient deaths	Aug-26	86				
Incidents: StEIS reported incidents (Excluding Never Events)	Aug-26	0	 		0	
Incidents: Never events	Aug-26	0	 		0	
Incidents: Mixed sex accomodation incidents	Aug-26	0	 		0	
Incidents: All incidents	Aug-26	1148	 		1155	
Incidents: All incidents with moderate harm and above	Aug-26	73	 		40	
Incidents: Medication incidents	Aug-26	118	 		108	
Incidents: Medication incidents with harm	Aug-26	4	 		0	
Falls: All - Inpatient Rate Per 1000 Bed Days	Aug-26	4.44	 		4.87	
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Aug-26	0.177	 		0.1	
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Aug-26	1.95	 		1.22	
Pressure ulcers: Present on admission - Rate per 1000 bed days	Aug-26	2.19				
Infection Control: C.Difficile Cases	Aug-26	2	 		4	
Infection Control: E-Coli Cases	Aug-26	5				
Infection Control: MRSA Cases	Aug-26	0	 		0	
Patient Feedback: Complaints Opened In Month	Aug-26	11	 		40	
Patient Feedback: Complaints Open At Month End	Aug-26	13	 		7	
Patient Feedback: Concerns Opened In Month	Aug-26	322	 		229	
Patient Feedback: Concerns Open At Month End	Aug-26	151				
FFT: A&E Positive Rate	Aug-26	73.2%			95%	
FFT: IP Positive Rate	Aug-26	92.1%			95%	
FFT: OP Positive Rate	Aug-26	93.1%			95%	
FFT: A&E Response Rate	Aug-26	13.2%	 		13%	
FFT: IP Response Rate	Aug-26	27.9%	 		23%	
FFT: OP Response Rate	Aug-26	15.0%	 		12%	
VTE: Assessment Completed Compliance	Aug-26	94.8%	 		95%	
VTE: 14 Hour Compliance	Aug-26	85.5%	 		95%	
Fill rates: Registered Staffing (%)	Aug-26	96.6%	 		95%	
Fill rates: Unregistered Staffing (%)	Aug-26	97.6%	 		95%	

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
12 month rolling count MRSA cases	Aug-26	2				
12 month rolling E-coli cases as proportion of trust threshold	Aug-26	1.09				
12 month rolling C-Diff cases as proportion of trust threshold	Aug-26	0.867				
Overall Braden 6 hr Compliance	Aug-26	77.9%				
ED Braden 6 hr Compliance	Aug-26	69.9%				
Inpatient Braden 6 hr compliance	Aug-26	89.4%				
Overall Falls 6 hr Compliance	Aug-26	78.3%				
ED Falls 6 hr Compliance	Aug-26	70.4%				
Inpatient Falls 6 hr compliance	Aug-26	89.7%				
Overall MUST 24 hr compliance	Aug-26	81.0%				
ED MUST 24 hr Compliance	Aug-26	77.7%				
Inpatient MUST 24 hr compliance	Aug-26	85.6%				
Sepsis 60 mins Observations Compliance (%)	Jul-26	100.0%	 		95%	Jul 25 91.80%
Sepsis Antibiotics Compliance (%)	Jul-26	72.2%	 		95%	Jul 25 68.10%
Sepsis Clinical Assessment Compliance	Jul-26	87.3%	 		95%	Jul 25 60.50%

SHMI



Mortality: Total inpatient deaths



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Apr-26	89.6				
Mortality: HSMR	May-26	100				
Mortality: Total inpatient deaths	Aug-26	86				

Mortality indicators assurance

Mortality indicators aid with identifying areas of further investigation. They categorise organisations into

- "higher than expected"
- "as expected"
- "lower than expected"

Both the SHMI and the HSMR are classed as being "as expected".