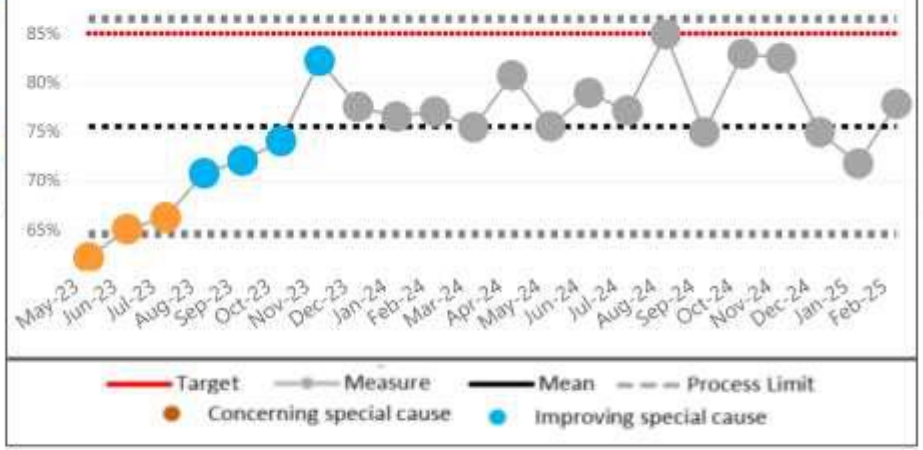
COCH SOF - Cancer Overview

Countess of Chester Hospital NHS
NHS Foundation Trust

Data Owner: Cathy Chadwick

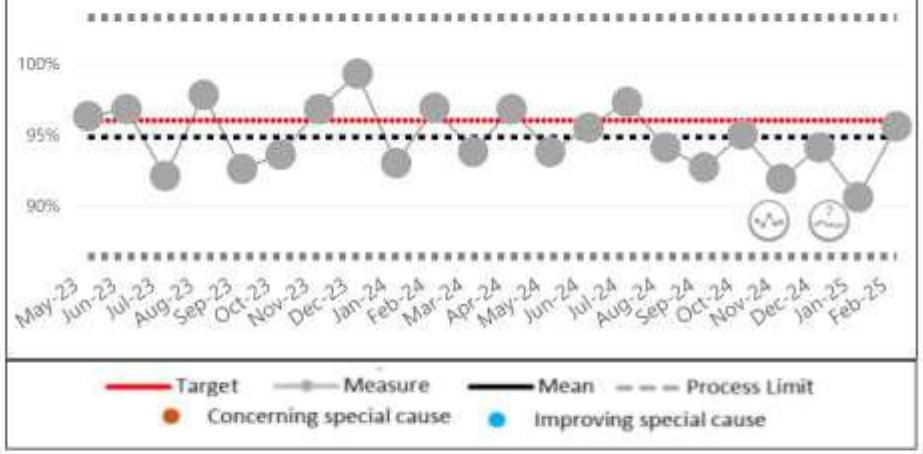
Feb-25
77.8%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
85%

Cancer Performance: Cancer Treatments: 62 Day Standard



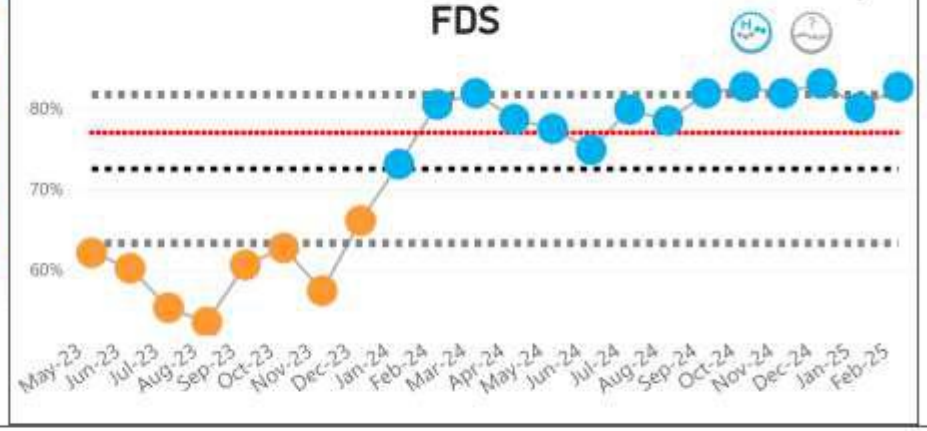
Feb-25
95.6%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
96%

Cancer Performance: Cancer Treatments: 31 Day Standard



Feb-25
82.7%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly H...
Target
77%

Cancer Performance: Cancer Treatments: 28 Day FDS



Cancer Narrative

The Cancer 62 day standard has increased slightly since last month and is still below the target which has been the case since Aug 2024.
The Cancer 31 Day standard has increased slightly this month and continues to sit below the mean and target respectively.
The Cancer 14 standard has been removed after being scrapped nationally. Cancer 28 Day FDS shows a statistical significant increase for all of 2024 and this has continued into 2025 and in March we are above the target and just below the Upper Control Limit.
The latest National Comparator for the Cancer 62 Day Standard is 67.0% (Feb 25)
The latest National Comparator for the Cancer 31 Day Standard is 91.8% (Feb 25)
The latest National Comparator for the Cancer 28 Day Standard is 80.2% (Feb 25)

COCH SOF - Nursing Quality of Care

Countess of Chester Hospital NHS
NHS Foundation Trust

SRO: Sue Pemberton
Director of Nursing & Quality

Highlights:

- Reduction in overall incidents in March, but consistent reporting in all quarters 2024/25
- Zero Steis reportable incidents in March
- Reduction in CDIFF rates in March
- Work continues to undertake baseline assessments across all wards and departments using the 'Striving for Excellence' ward accreditation framework
- Moderate assurance received from MIAA PSIRF Audit
- Continued Trust wide focus on deconditioning work to start getting patients safely mobilised and sitting out and getting dressed
- Mattress audit completed – in region of 250 mattresses replaced and process now in place and shared re regular mattress checks.
- Continued Trust wide focus on patient flow

Areas of Concern:

- Sepsis Screening compliance
- Patient Flow and Emergency Department performance and quality indicators - Strengthening the leadership in the emergency department – CQC Inspection
- E-Discharge compliance requires improvement
- Continued focus on improving the compliance of Braden, MUST and falls risk assessments.
- New Pressure Ulcers (Cat 2) continue to be a concern- weekly review and actions - Mattress audit and daily presence of TVN in the ED
- Timely closure of complaints and concerns – although improvements noted

Forward Look (with actions):

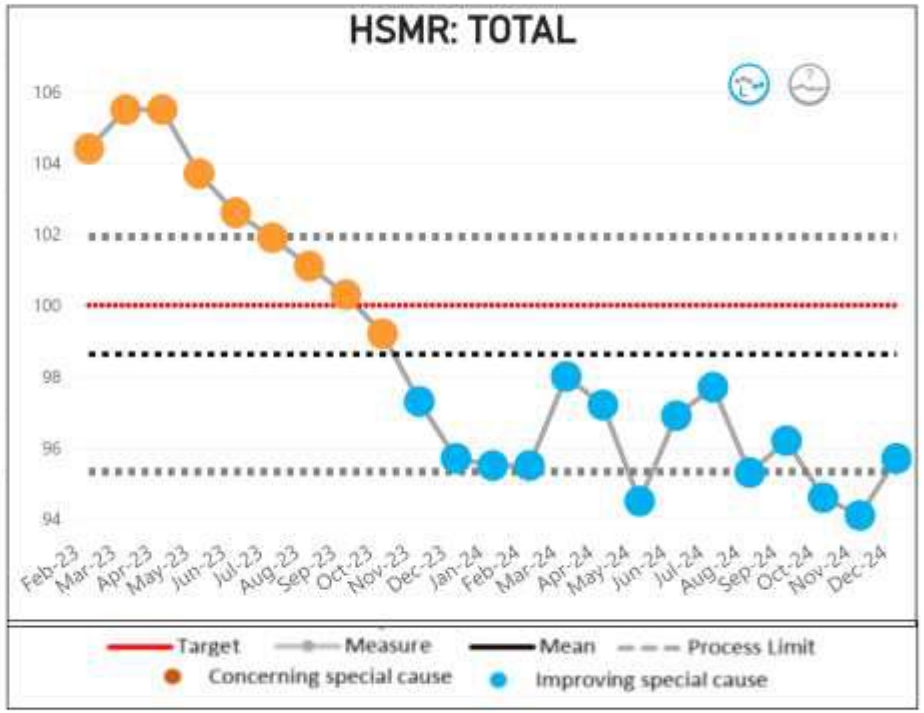
- Quality, Safety and Experience Strategy in draft
- Medical Device Safety Officer commenced in post – gap analysis underway
- Now reporting blood borne infections and new process for Surgical Site Infections
- Review and refresh of PSIRF policy and plan for 2025/26
- Review and promote Friends and Family test results – increasing response rate and positive scores

COCH SOF - Mortality Overview

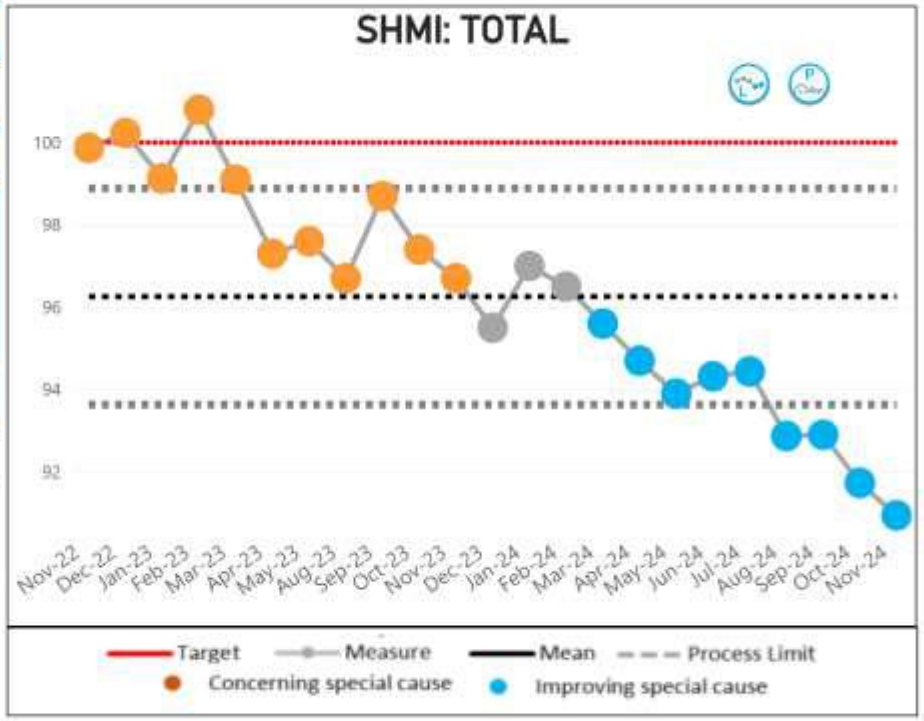
Countess of Chester Hospital NHS
NHS Foundation Trust

Data Owner: Nigel Scawn

Dec-24
95.7
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
100



Nov-24
90.9
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
100



HSMR Narrative

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

SHMI Narrative

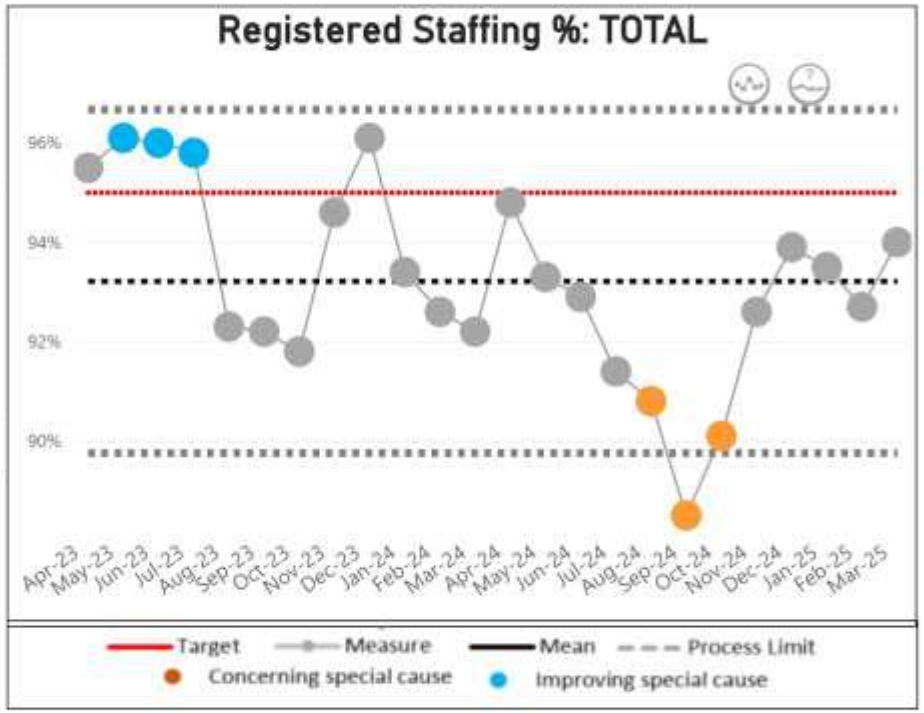
The current SHMI remains sub 100 which is on par with previous periods and remains within the expected range. The figures are now showing a 7 point below the mean improvement with recent months being below the Lower Control Limit, demonstrating a continued increase in performance.

COCH SOF - Nurse Staffing Overview

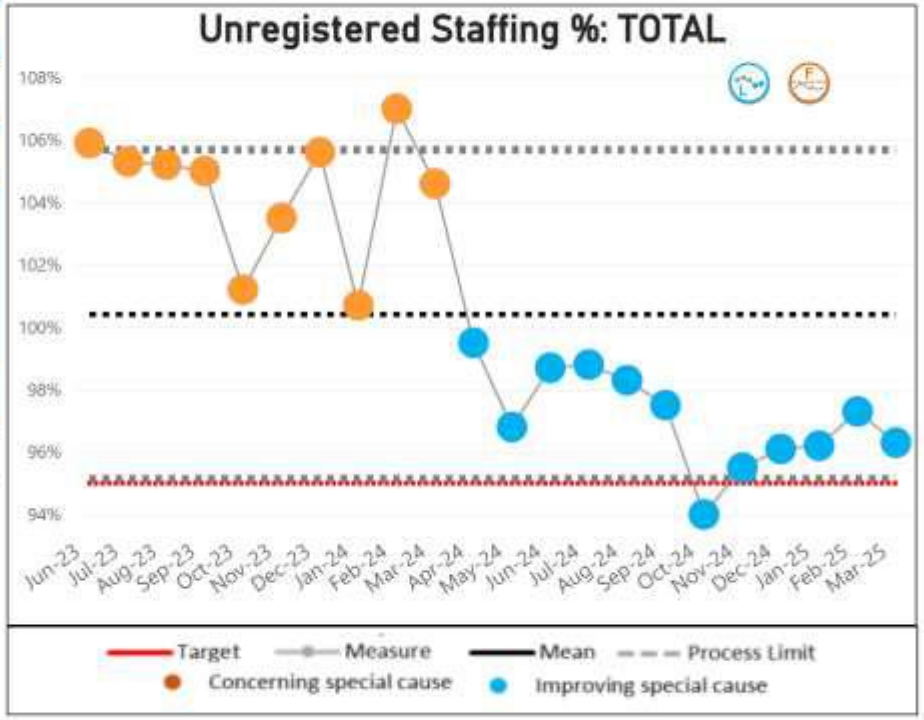
Countess of Chester Hospital NHS
NHS Foundation Trust

Data Owner: Sue Pemberton

Mar-25
94%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



Mar-25
96.3%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
95%



Registered Nursing Narrative

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

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

Unregistered Nursing Narrative

Unregistered nursing fill rates are below 100% at 96.3%. The direction of improvement is different to the registered side as we have historically been above 100% in this metric. Since the start of the financial year, we have seen a run of consecutive points below the mean, but this is positive as we have reduced from over 100% closer to the target.

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

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

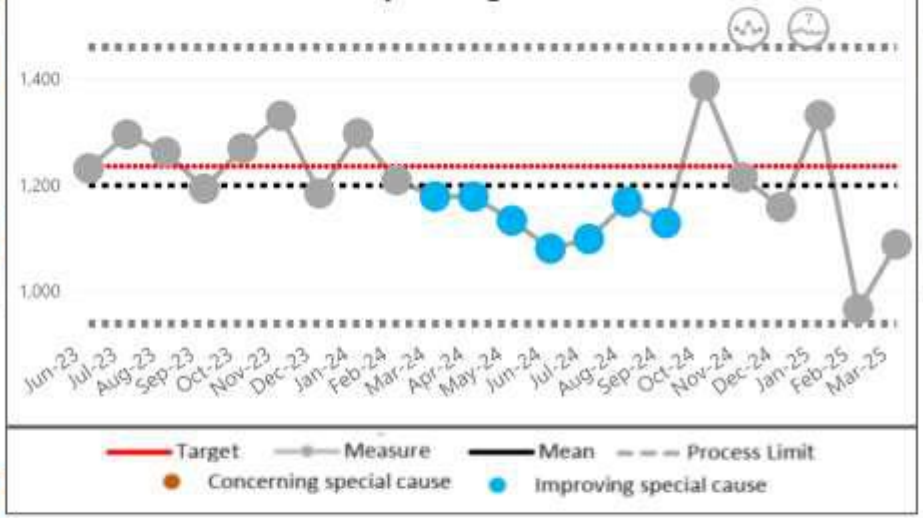
COCH SOF - Incident Reporting Overview

Countess of Chester Hospital NHS Foundation Trust

Data Owner: Sue Pemberton

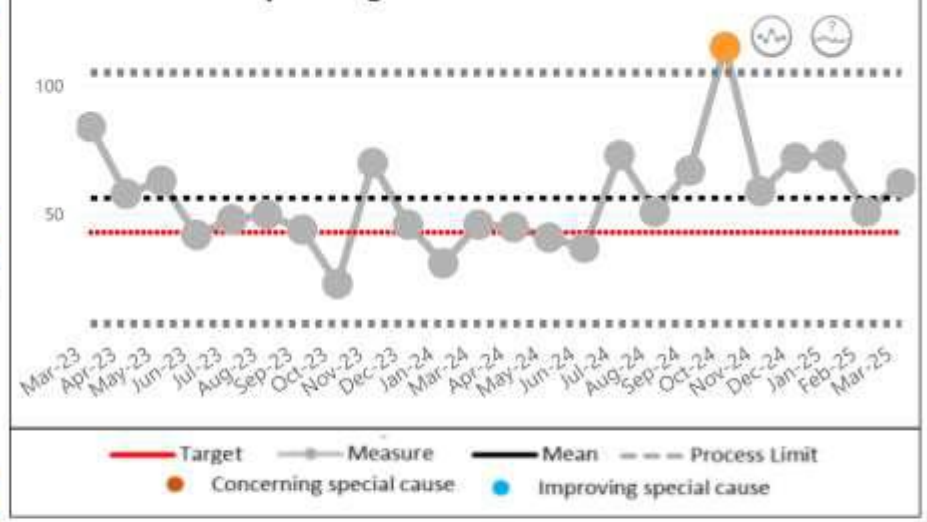
Mar-25
1088
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
1235

Incident Reporting: All Incidents



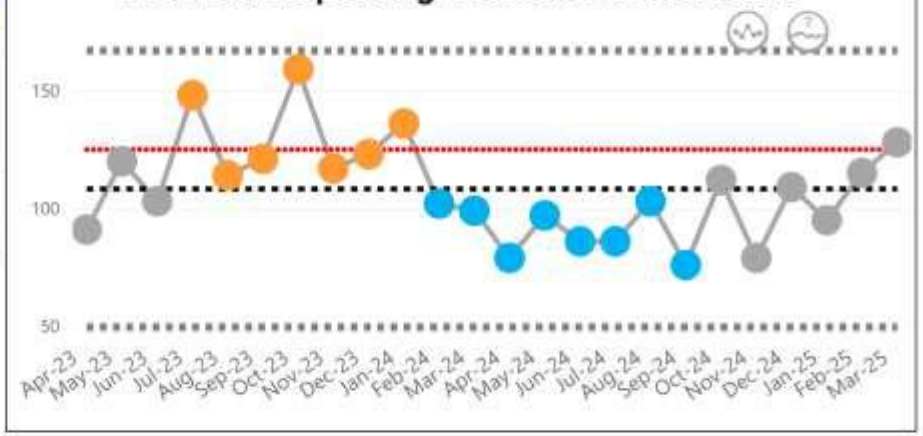
Mar-25
62
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
43

Incident Reporting: Moderate Harm And Above



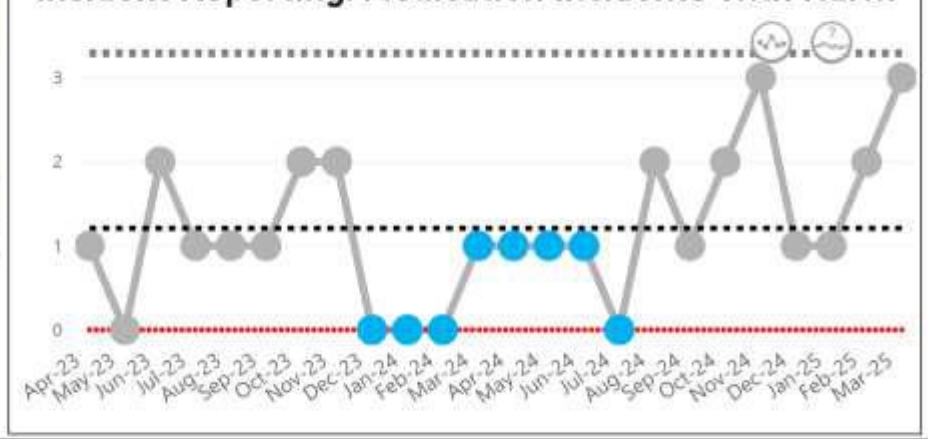
Mar-25
128
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
125

Incident Reporting: Medication Incidents



Mar-25
3
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0

Incident Reporting: Medication Incidents With Harm



Incident Reporting Narrative

The metric for overall incidents has been changed, historically this metric comprised of only the incidents that were sent to NRLS now we are looking at any logged incident. There has been a increase in the overall number of incidents reported (clinical and non-clinical); a total of 1088 – an increase of 122 in comparison to February 2025, this is in line with February being a shorter month.

The top 4 reported incident categories were: Skin Integrity 154 (14%), Slip, Trip and Fall (In-Patient) 92 (8%), Staffing 62 (6%) and Disruption of services 47 (4%).

Medication Incidents Narrative

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

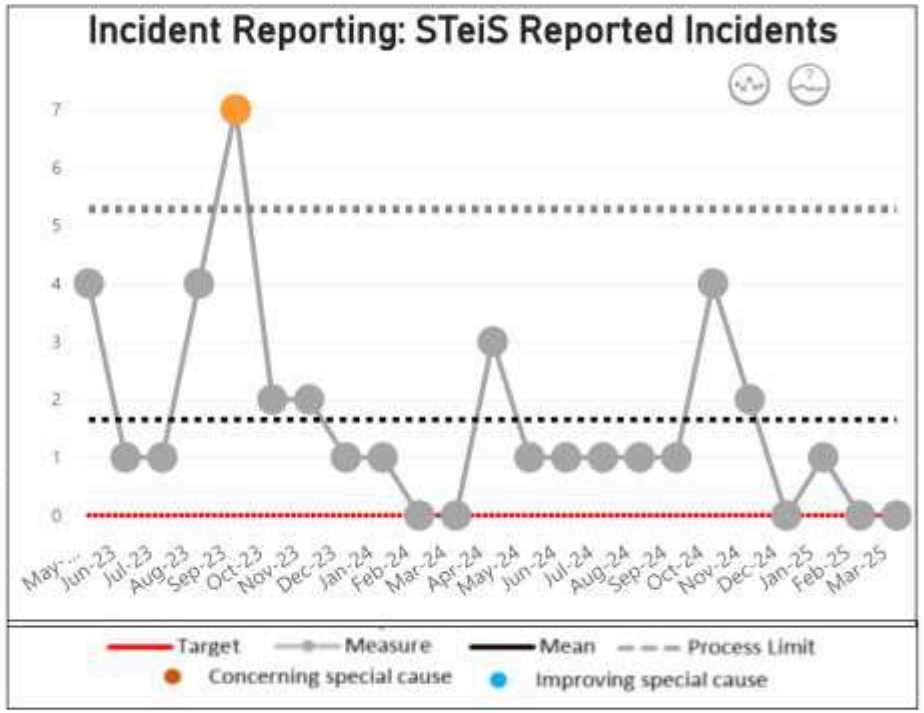
We can now see that, of the 128 medication incidents, 33 were administration, 47 were prescription and 7 were dispensing errors, the new logic allows us to see more detail on these categories, with the top 3 sub categories of administration being omitted medicine 16), wrong dose/strength (6) and wrong drug (6). The top 3 for prescription errors were omitted medicine (18), wrong dose/ strength (10) and wrong frequency / rate (5).

COCH SOF - Serious Incidents Overview

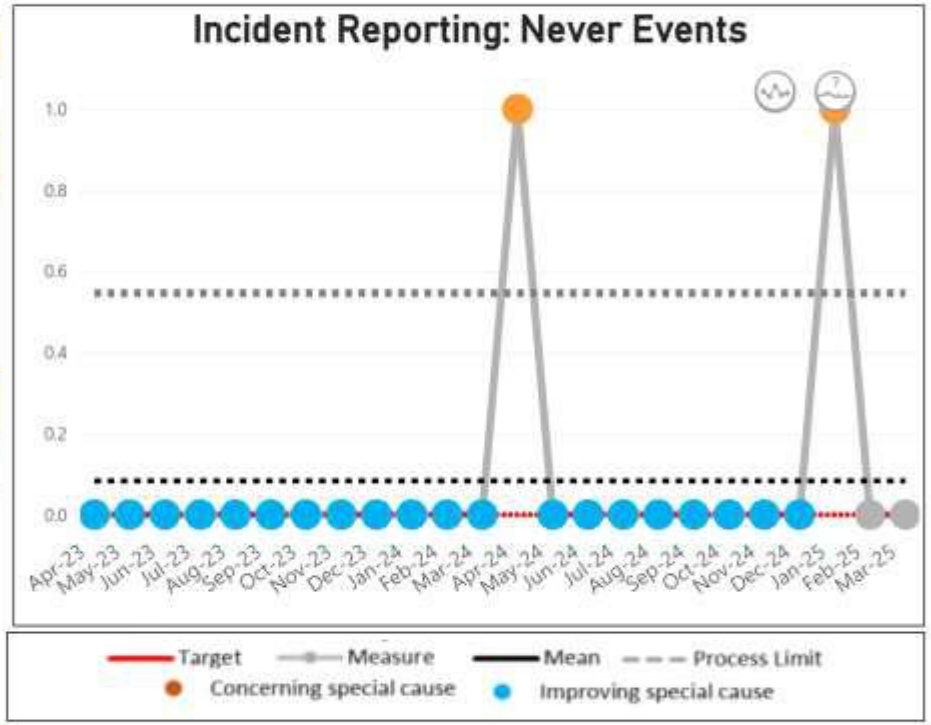
Countess of Chester Hospital NHS Foundation Trust

Data Owner: Sue Pemberton

Mar-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Mar-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Serious Incidents Narrative

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

For the first time since April 2024 the trust reported one Never Event in January 2025 but none since.

We have added the number of MSA incidents to the SOF as of June, at time of writing we are identifying the number of MSA incidents rather than total breaches,

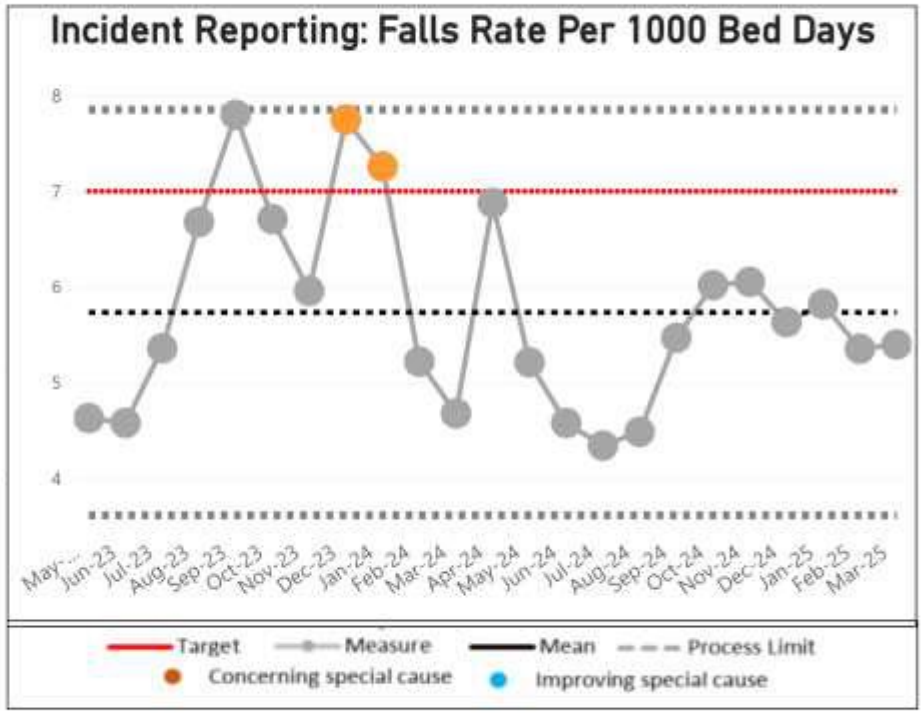
Mar-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0

COCH SOF - Falls Overview

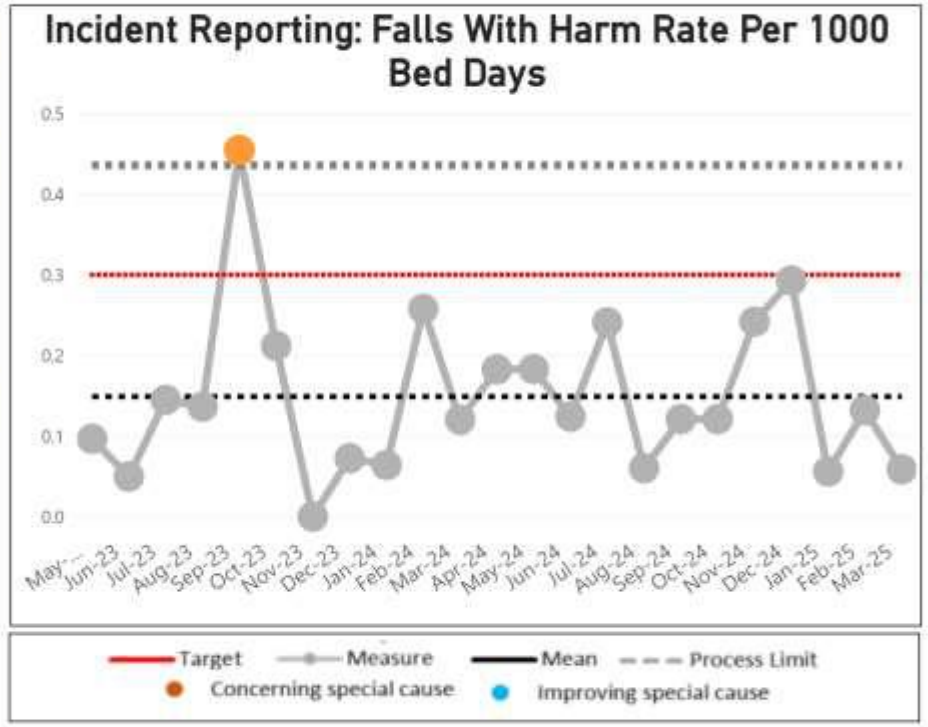
Countess of Chester Hospital NHS Foundation Trust

Data Owner: Sue Pemberton

Mar-25
5.4
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
7



Mar-25
0.0587
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0.3



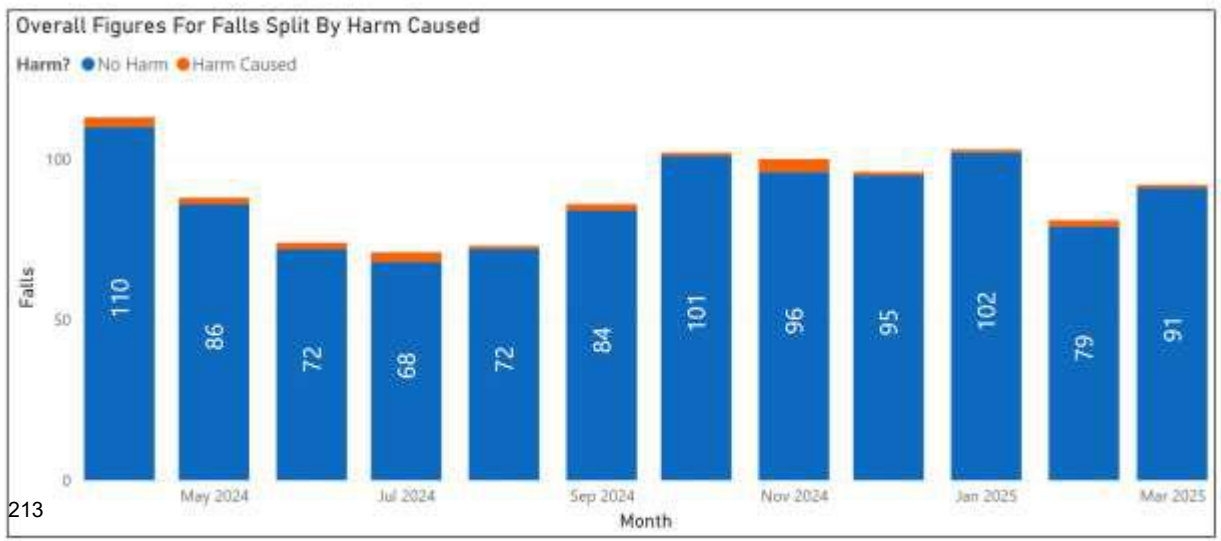
Falls Narrative

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

The harms improvement programme for 24/25 was set and the smart targets are now to see a 20% reduction in overall Falls which encompasses a 20% reduction in unwitnessed falls as well. Discussions were held in February to administer new targets for Falls.

This month we saw two falls with harm which were recorded as moderate harm.

At the end of the current months position, we are demonstrating a 6.65% decrease in all Falls and a 6.25% decrease in Unwitnessed Falls, this is our final position for 24/25 which means we did not hit our target of a 10% reduction.

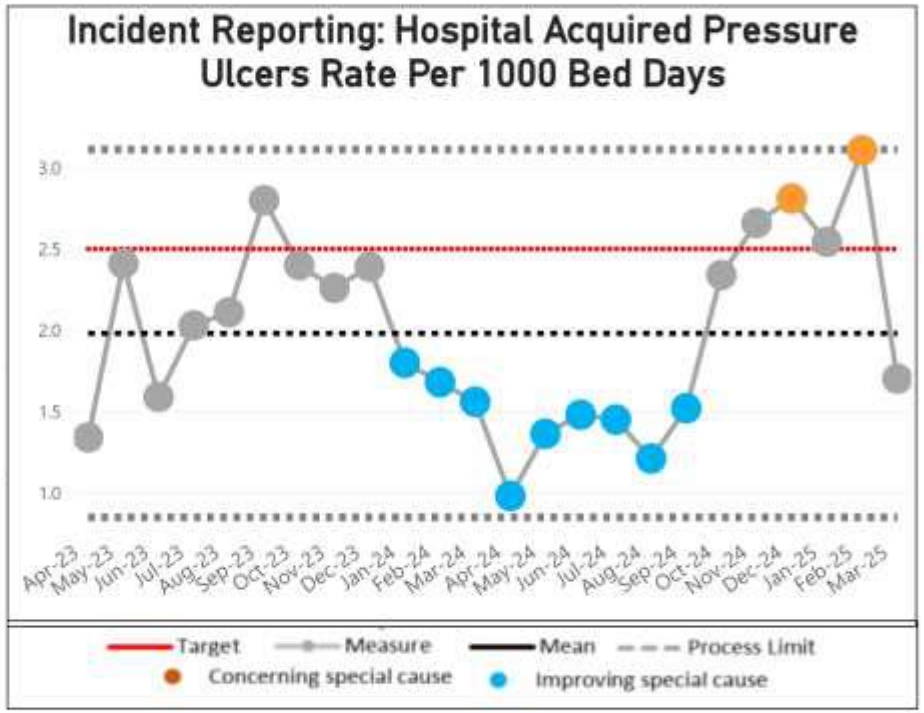


COCH SOF - Pressure Ulcer Overview

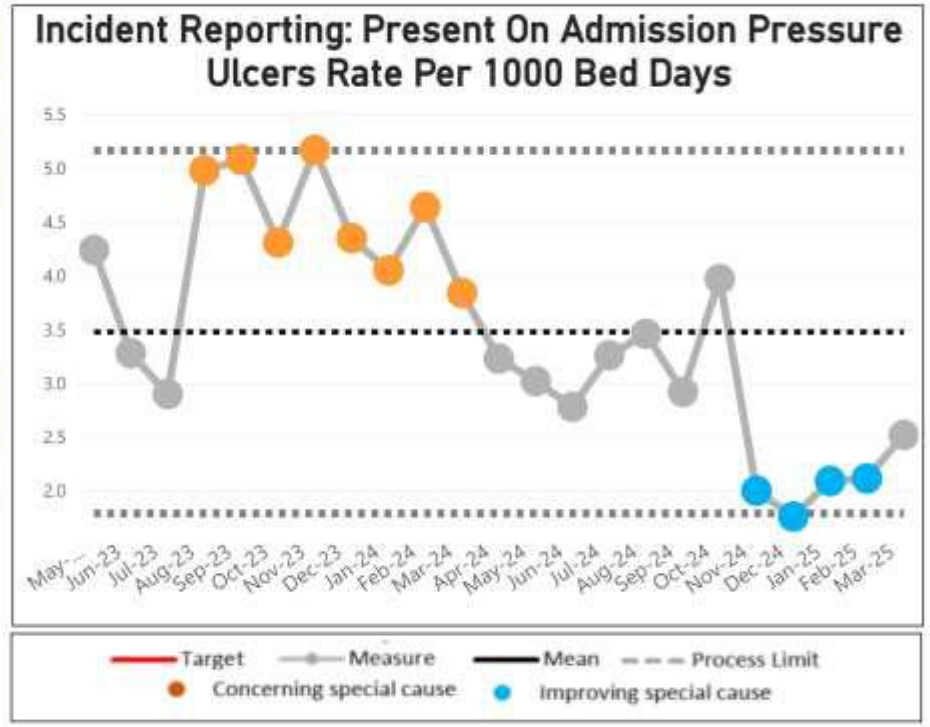
Countess of Chester Hospital NHS
NHS Foundation Trust

Data Owner: Sue Pemberton

Mar-25
1.70
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
2.5



Mar-25
2.52
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



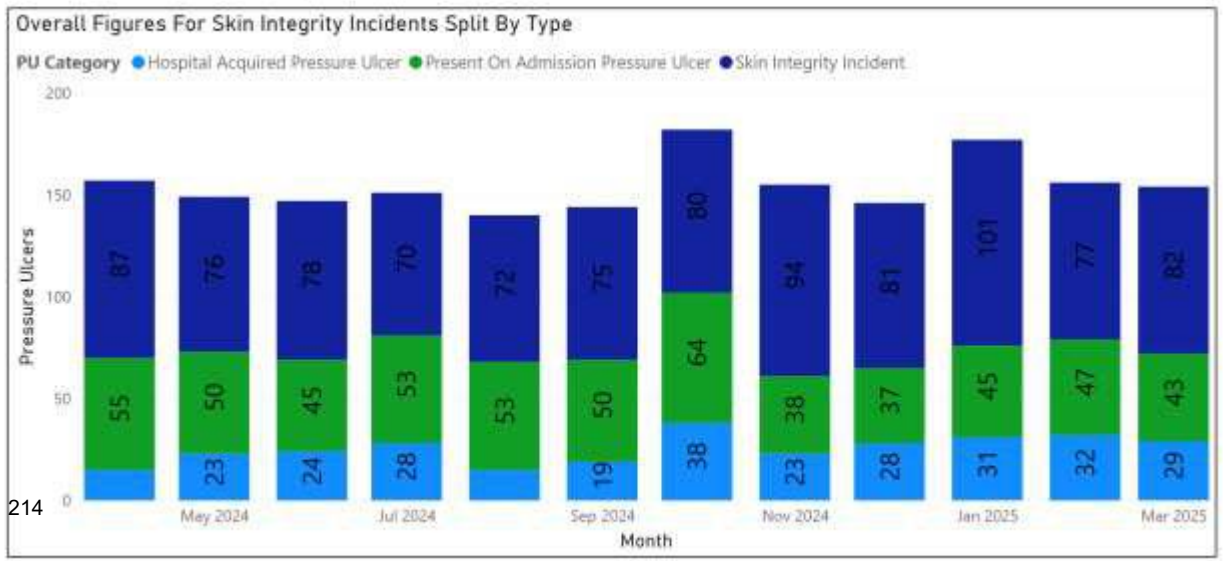
Pressure Ulcer Narrative

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

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

In March 2025 we saw 126 skin integrity incidents, of which 65 counted as Pressure Ulcers. The Pressure Ulcer figure comprised of 26 Hospital Acquired and 39 Present On admission, which means that 40% of our pressure Ulcers were hospital acquired.

There were 5 moderative or above Hospital Acquired Pressure Ulcers in month, a slight reduction from February.



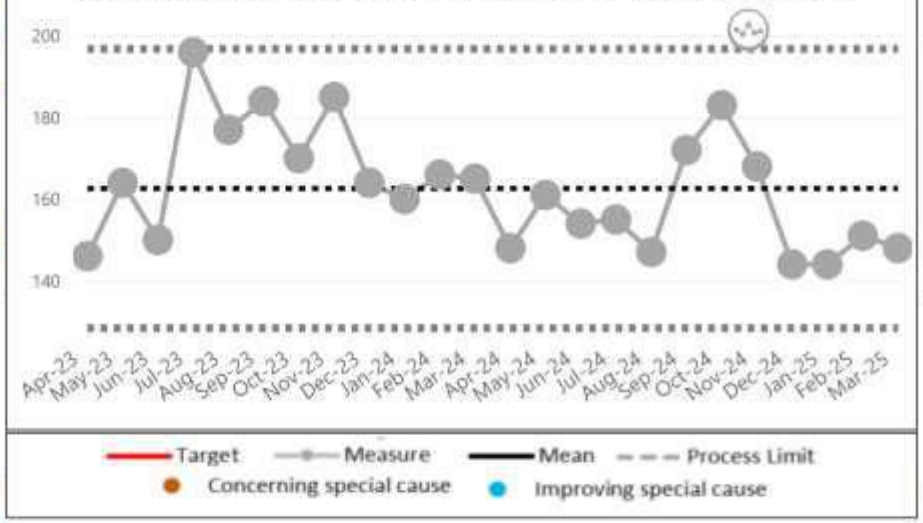
COCH SOF - Births Overview

Countess of Chester Hospital NHS Foundation Trust

Data Owner: Sue Pemberton

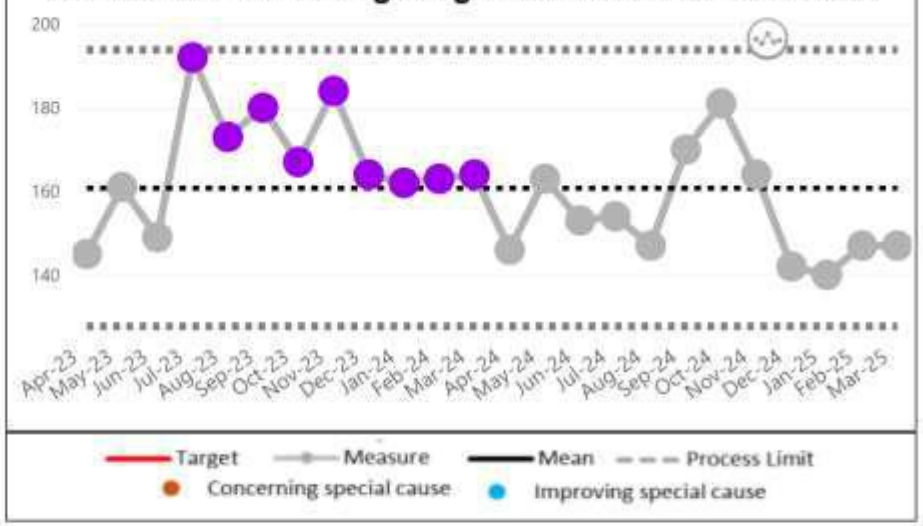
Mar-25
148
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Number of Live Births (All Babies): Live Births



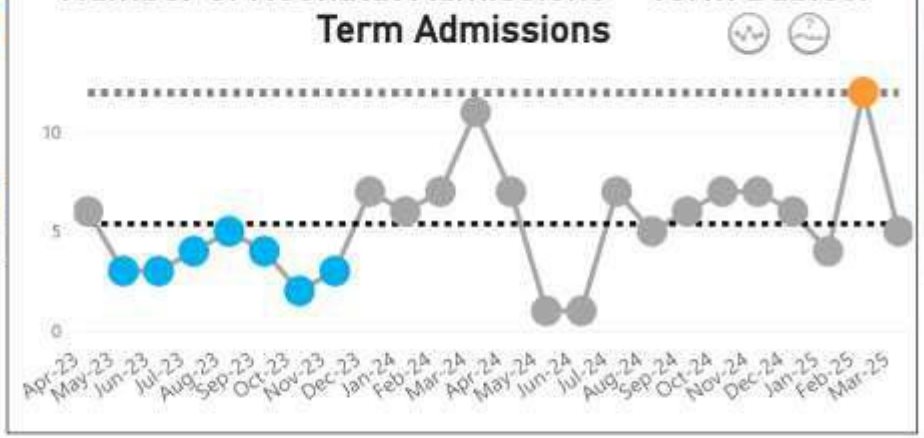
Mar-25
147
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Number of Women giving birth: Women Delivered



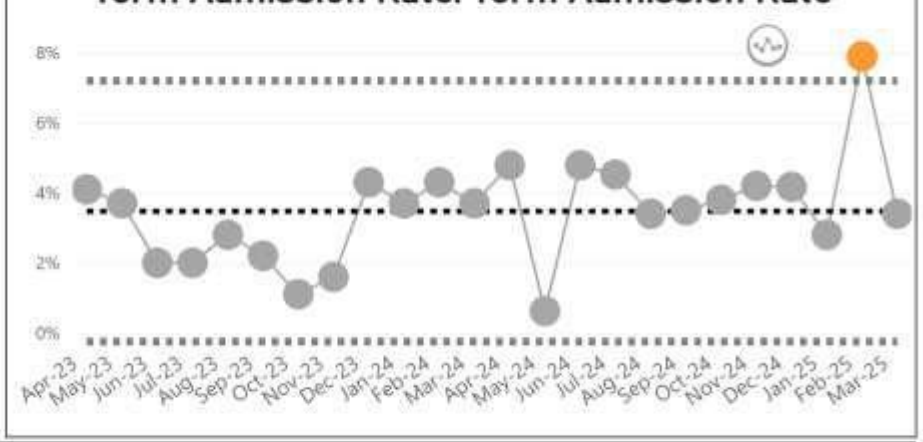
Mar-25
5
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Number of Neonatal Admissions - Term Babies: Term Admissions



Mar-25
3.4%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Term Admission Rate: Term Admission Rate



Narrative

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

Narrative

Term admissions increased in the reporting month and is above the target of 5% for the first time in the reporting period. There will always be term admissions for appropriate clinical reasons – although we certainly want to keep our numbers low, demonstrating only those infants that definitely need admission are admitted. The Trust has maintained a strong position for this metric during the entire reporting period but are now showing a statistically significant increase in the most recent month, we will continue to monitor this metric closely.

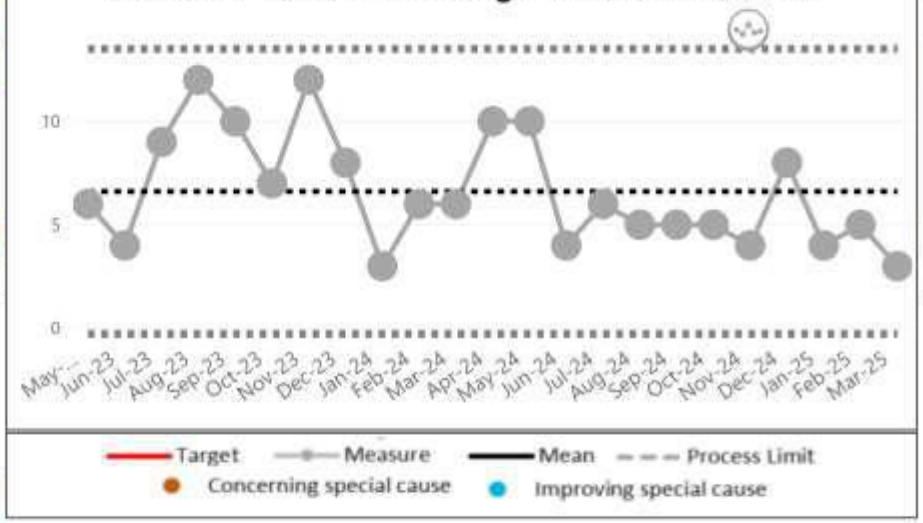
COCH SOF - Maternity Metrics Overview

Countess of Chester Hospital NHS Foundation Trust

Data Owner: Nigel Scawn

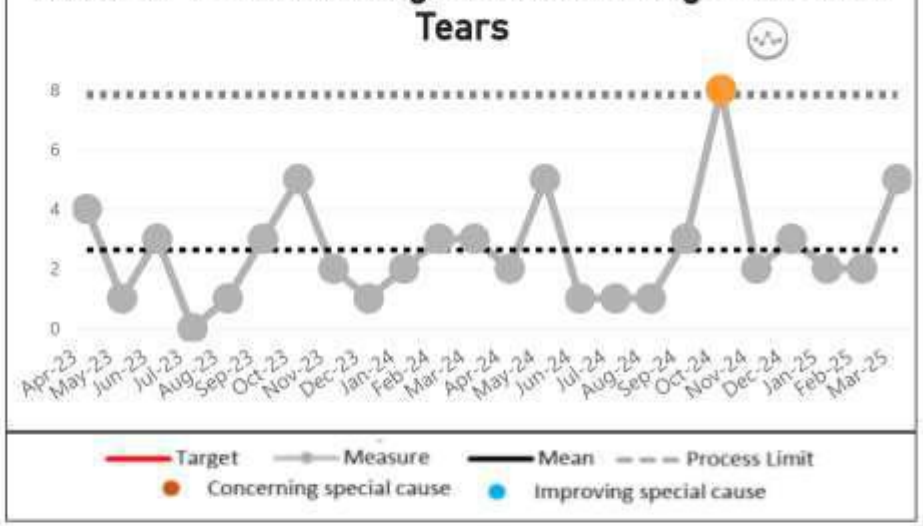
Mar-25
3
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Number of Haemorrhages ≥1500 ml: PPH



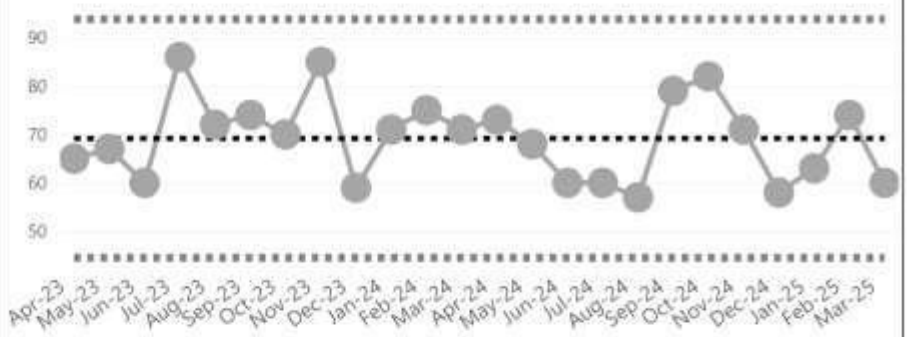
Mar-25
5
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Number of 3rd/4th Degree Tears in Vaginal Births: Tears



Mar-25
60
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Total Number of Women experiencing a Caesarean Section: Sections



Narrative

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

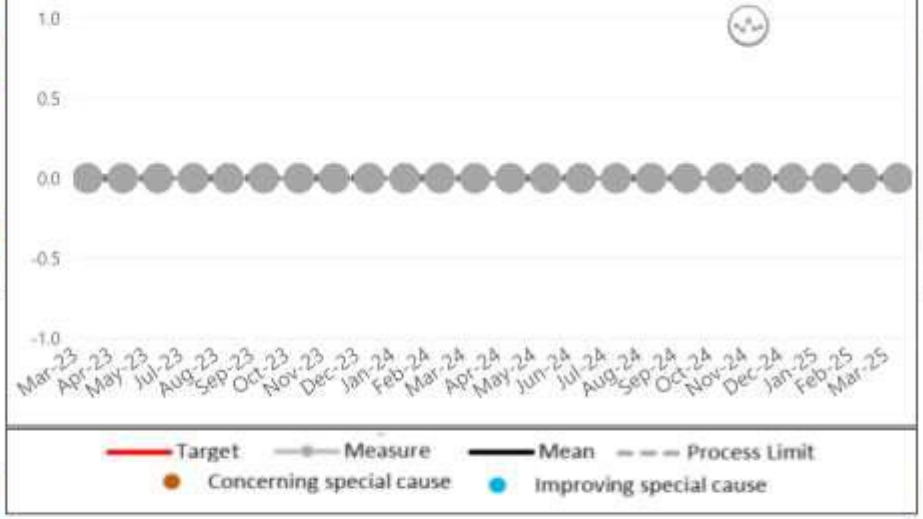
COCH SOF - Maternity Deaths Overview

Countess of Chester Hospital NHS Foundation Trust

Data Owner: Nigel Scawn

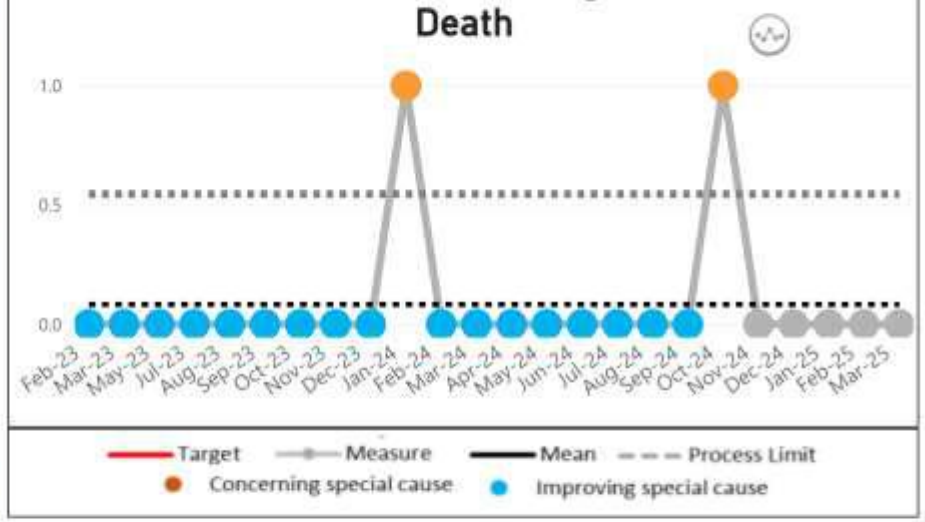
Mar-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Number of Maternal Deaths : Maternal Deaths



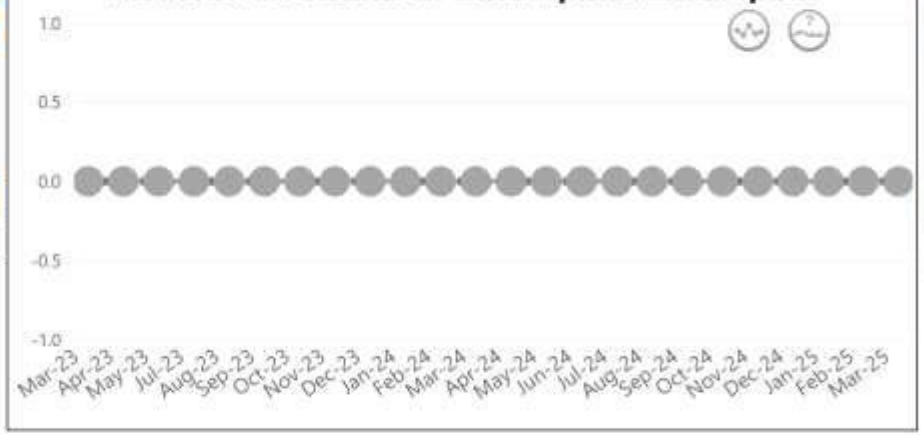
Mar-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Neonatal Death before 24 weeks gestation: Neonatal Death



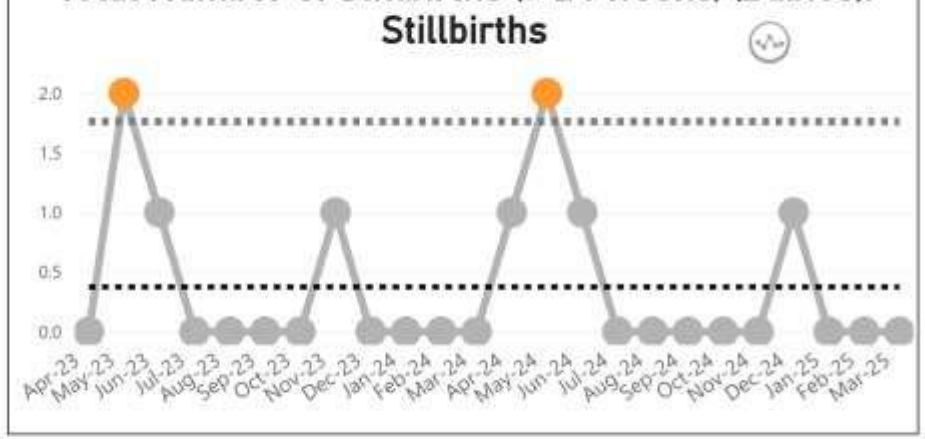
Mar-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Number of Cases of Eclampsia: Eclampsia



Mar-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Total Number of Stillbirths (≥ 24 weeks) (Babies): Stillbirths



Narrative

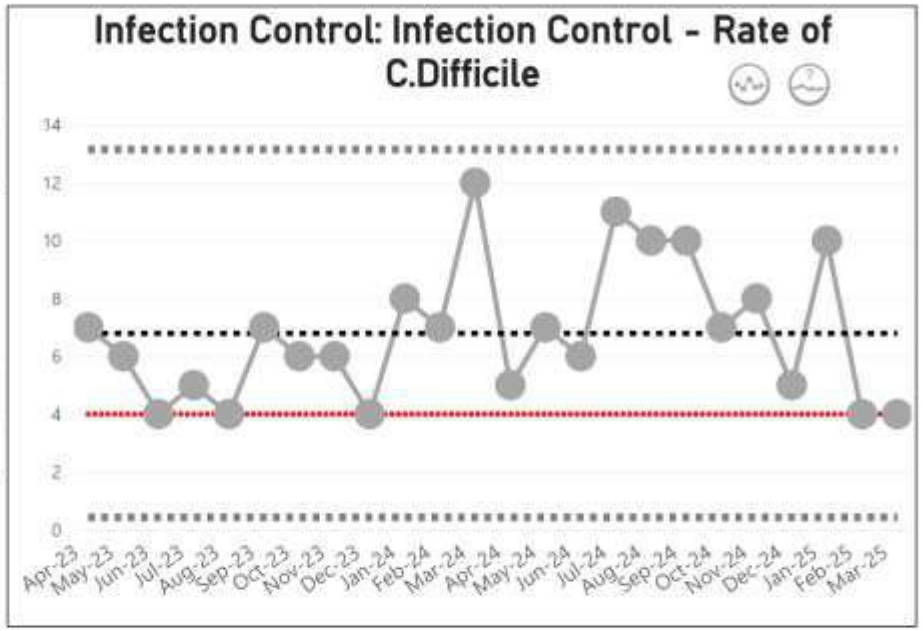
The Trust continues a strong position across all maternal death metrics.

COCH SOF - Infection Control Overview

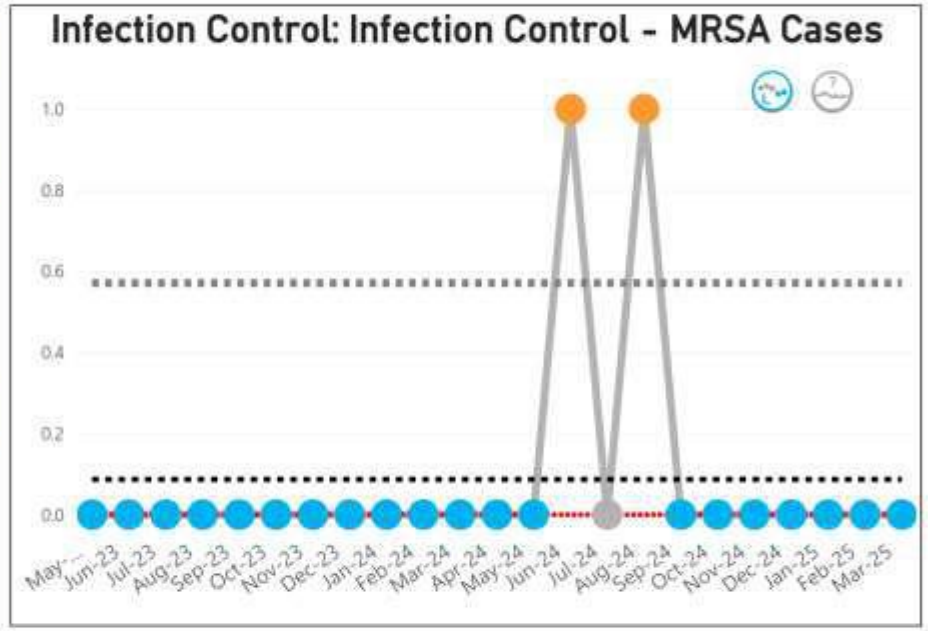
Countess of Chester Hospital NHS Foundation Trust

Data Owner: Sue Pemberton

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



Mar-25
0
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER
Target
0



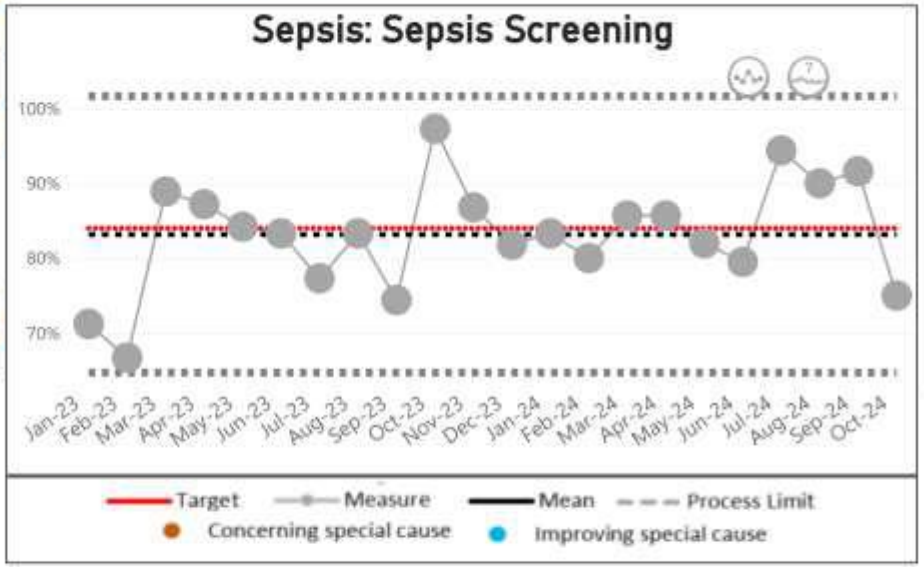
In October, we amended how we record Infection Control incidents on datix, and they now sit under the category of Healthcare associated infection (HCAI) rather than Infection Control. This change will allow us to see other infections more readily such as MSSA and CPE

COCH SOF - Sepsis Overview

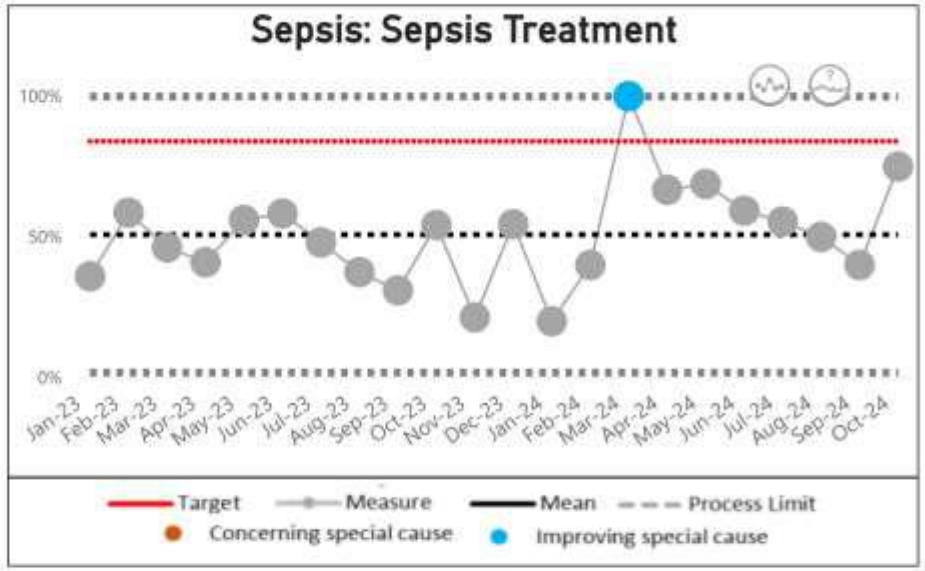
Countess of Chester Hospital NHS Foundation Trust

Data Owner: Nigel Scawn

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



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



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

Sepsis Narrative

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

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

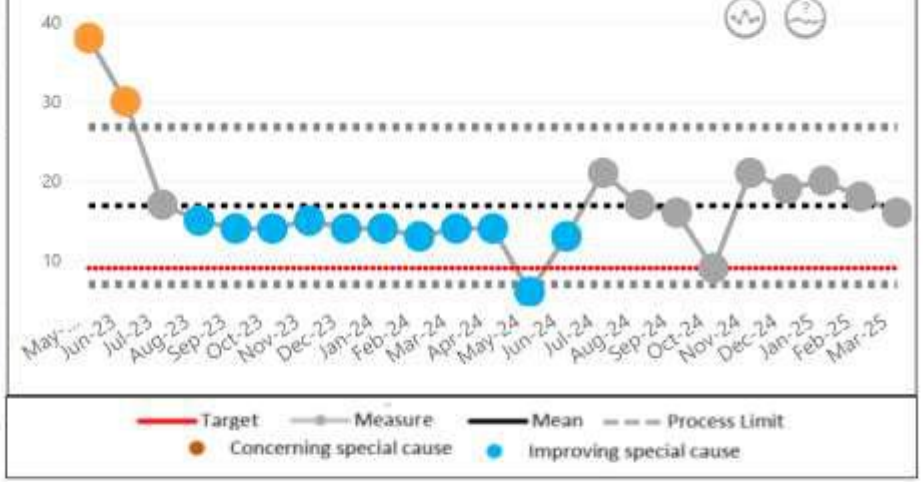
COCH SOF - Complaints Overview

Countess of Chester Hospital NHS Foundation Trust

Data Owner: Sue Pemberton

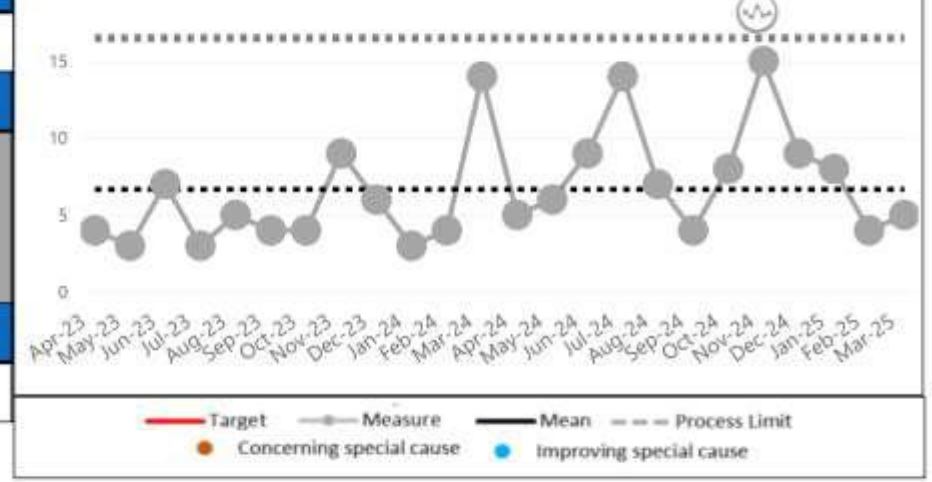
Mar-25
16
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
9

Complaints: Patient Feedback: Open Complaints



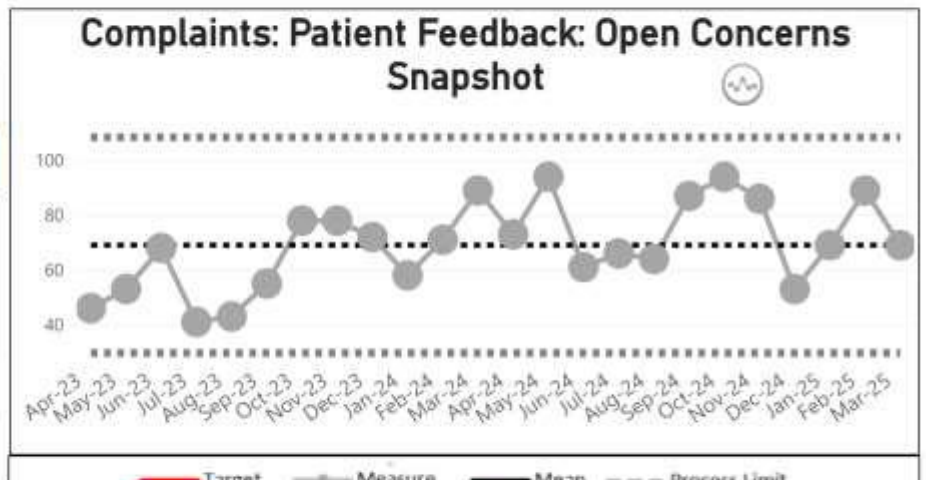
Mar-25
5
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
9

Complaints: Patient Feedback: Complaints Opened



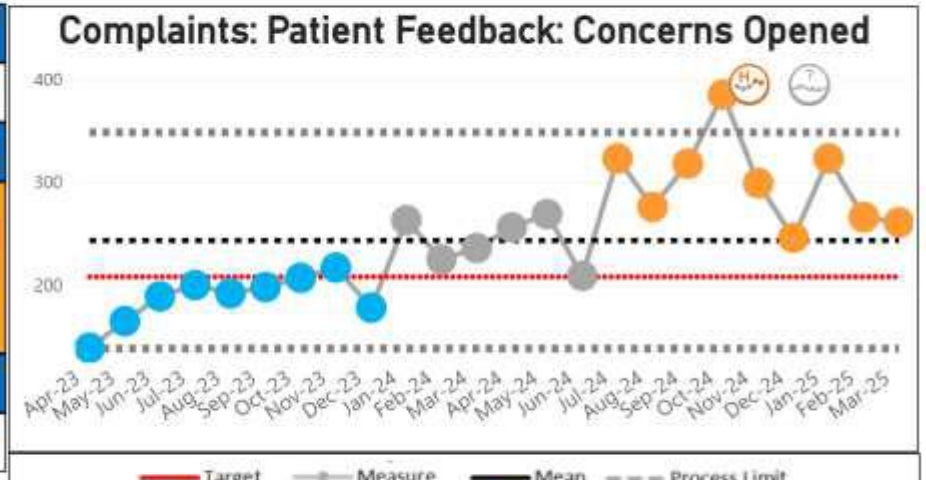
Mar-25
69
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Complaints: Patient Feedback: Open Concerns Snapshot



Mar-25
261
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
208

Complaints: Patient Feedback: Concerns Opened



Complaints Narrative

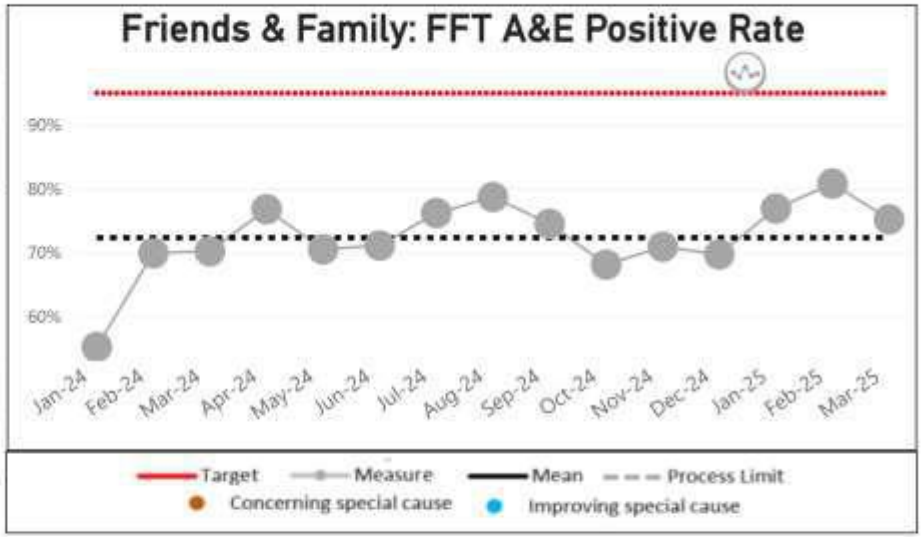
The Trust continues to see stability in the number of Open Complaints in recent months, we have been below the target of 40 for the majority of the reporting period. We have added additional metrics to support patient feedback, the number of complaints per month, as well as the number of concerns and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

COCH SOF - FFT Positive Rates Overview

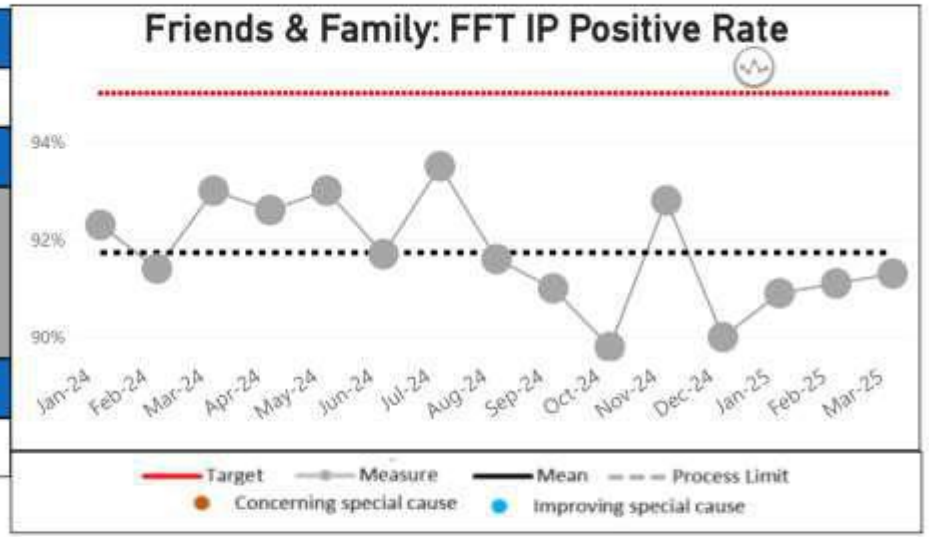
Countess of Chester Hospital NHS Foundation Trust

Data Owner: Sue Pemberton

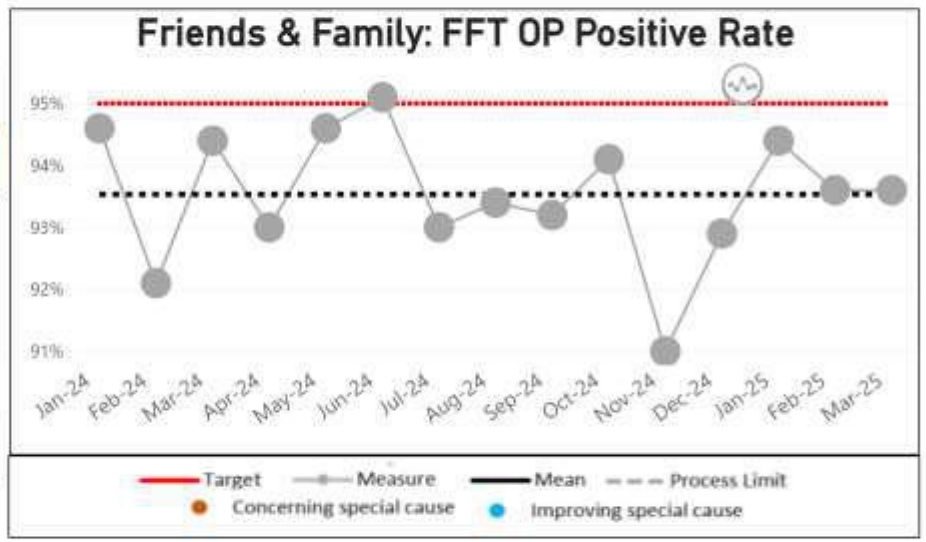
Mar-25
75.2%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



Mar-25
91.3%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



Mar-25
93.6%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



FFT Positive Rate Narrative

Friends and Family (FFT) data has been added back into the SOF after reporting recommenced in mid December and we are now compliant with all national returns. Now that we have 15 months worth of data, it is appropriate for us to display this data in SPC chart form, there are nothing of statistical significance with our positive rates for FFT.

The national averages we aim for are below:

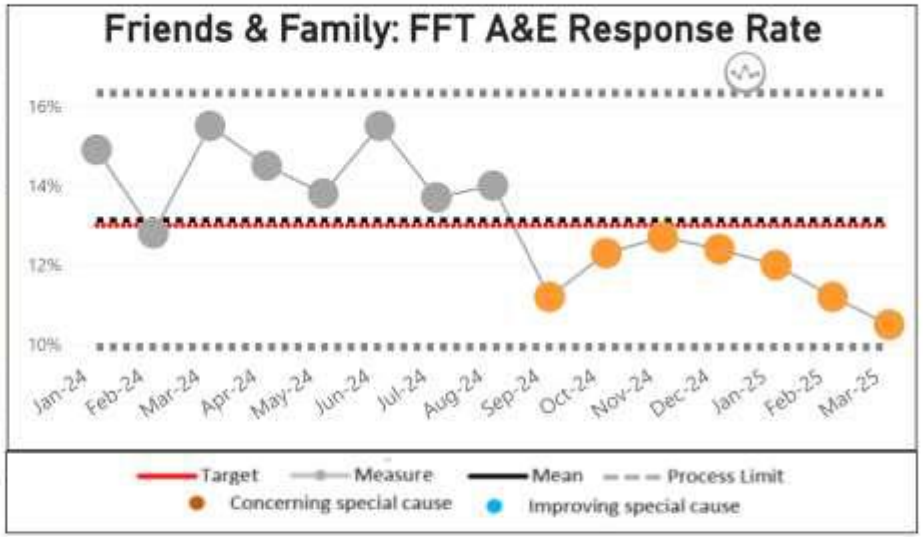
Inpatient: 94%
A&E: 78%
Outpatients: 94%

COCH SOF - FFT Response Rates Overview

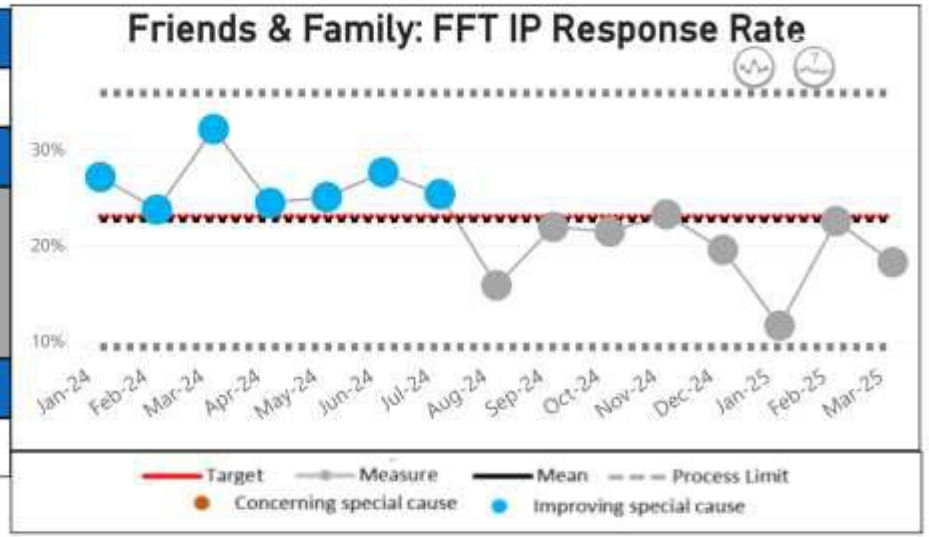
Countess of Chester Hospital NHS Foundation Trust

Data Owner: Sue Pemberton

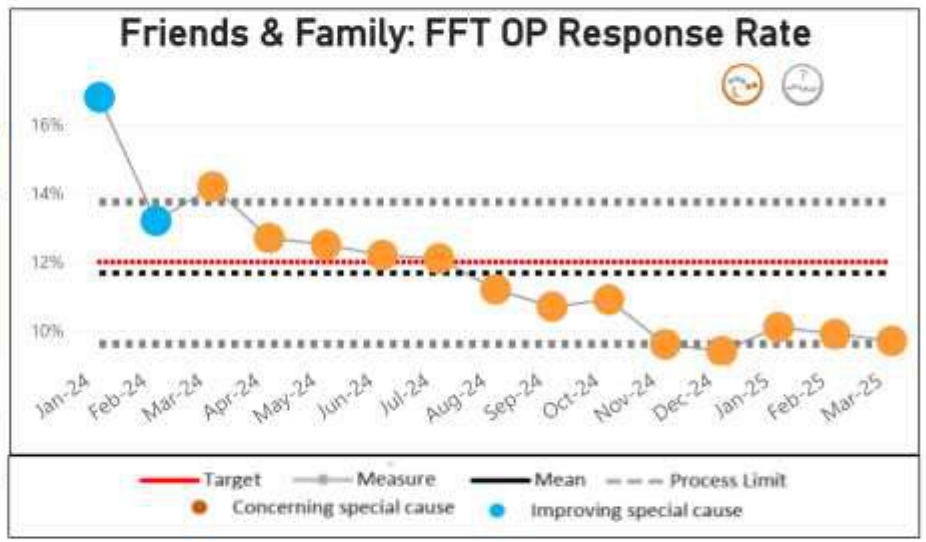
Mar-25
10.5%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly LOWER.
Target
13%



Mar-25
18.2%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
23%



Mar-25
9.7%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly LOWER.
Target
12%



FFT Positive Rate Narrative

Friends and Family (FFT) was added back into the SOF after reporting recommenced in December-23 and we are now compliant with all national returns. Now that we have 15 months worth of data, it is appropriate for us to display this data in SPC chart form, we can see a run of 7 points below the mean for A&E Response Rates, as well as most of our points for OP either decreasing or below the mean.

For FFT we target against the latest national response rates:

A&E: 13%
IP: 23%
OP: 12%

COCH SOF - People

Countess of Chester Hospital NHS
NHS Foundation Trust

SRO: Vicki Wilson
Director Of HR

Highlights:

Turnover continues to be below the 10% target at 9.77%.

Sickness absence in March fell to 5.36% - Stress and Anxiety continues to remain the highest reason.

Mandatory training compliance improved to 89.1% which remains below the 90% target.

Appraisal compliance reached target at 80.01% in March but, further analysis is underway to identify non-compliance.

Agency shifts for Nursing rose from last month with 264 shifts in March, an increase of 145 compared with March 2024 – spend at 0.8% of the total nursing pay bill.

Agency shifts for Medical & Dental increased from last month to 110 and it was 155 less than the previous year – spend at 3.1% of the total medical pay bill.

Agency spend for YTD is £4211K which is £1893k less than the same period last year.

Areas Of Concern:

Sickness absence has reduced to 5.36% but has remained above target consistently for over 12 months.

M&D Agency Shifts – 27 were approved "Off Framework".

Forward Look (With Actions):

Increased monitoring of sickness and establishment of clear plans to improve attendance.

CIP and variable pay controls in progress to reduce pay costs.

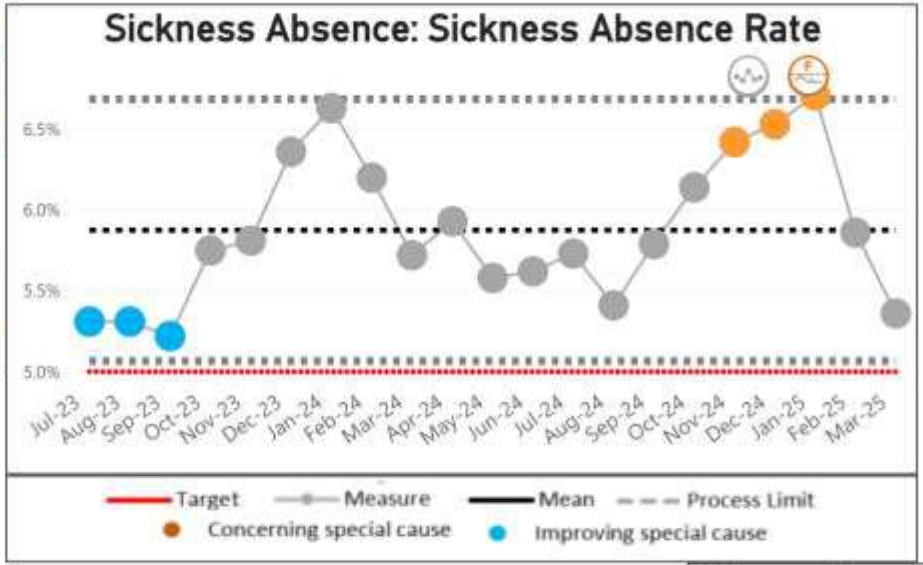
COCH SOF - Staff Sickness and Turnover Overview

Countess of Chester Hospital NHS Foundation Trust

Data Owner: Vicki Wilson

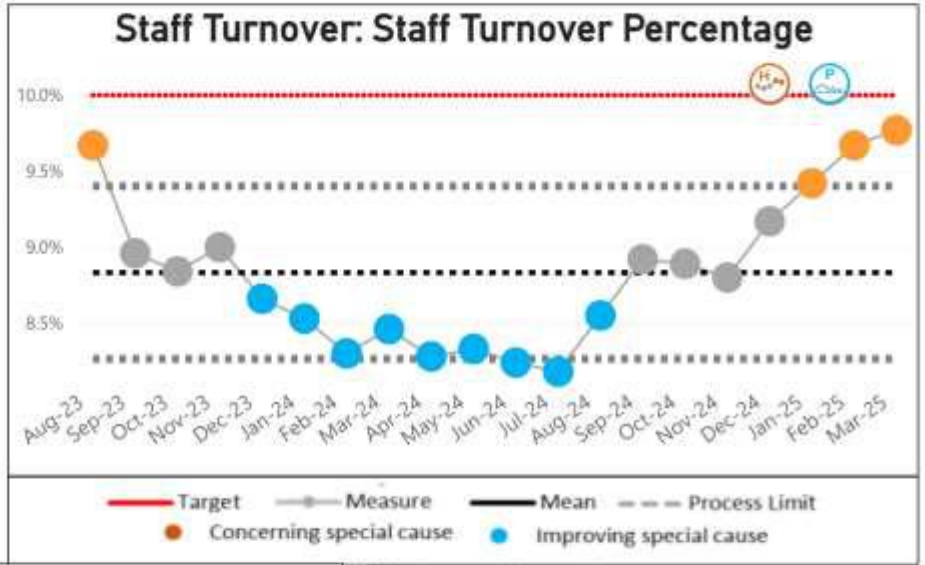
Mar-25
5.36%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
5%

Sickness Absence: Sickness Absence Rate



Mar-25
9.77%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
10%

Staff Turnover: Staff Turnover Percentage



Staff Group (excludes Fixed Term Temporary Staff)	Turnover Headcount %
Add Prof Scientific and Technic	12.32%
Additional Clinical Services	12.42%
Administrative and Clerical	14.35%
Allied Health Professionals	6.84%
Estates and Ancillary	9.02%
Healthcare Scientists	9.23%
Medical and Dental	8.00%
Nursing and Midwifery Registered	5.77%
Trust Rate	**9.77%**

Sickness Narrative

Sickness absence decreased in March to 5.36%, down from 5.86% in February. The top 3 reasons for absence were: Stress & Anxiety, Gastrointestinal problems and Other musculoskeletal problems. This equates to 3478 FTE days lost which is 47.3% of all Trust sickness absence. Stress and Anxiety absence accounts for 28.0% of all sickness absence.

Short Term Absence

- Short term accounts for 1.93 % in March, down from 2.17% in February

Long Term Absence

- At 3.43% Long Term remains high
- Stress and Anxiety continues to be the highest reason

Sickness Narrative

Long term absence (28 days+) remains a persistent issue, with People Services involved supported by the new Absence Management policy with the aim to reduce and conclude cases timely.

Proposed Actions

The overall position has worsened further in December and requiring a clear approach to reduce. Absence through stress and anxiety remains a consistent issue.

Staff

At 9.77% for February the Trust Turnover rate has increased but continues to trend below target since July 2023. The rate based on FTE is below target at 9.61%. Showing as a Trust the workforce is remaining more stable, retaining employees, skills, and knowledge.

There are 3 staff groups remaining above target: Add Prof Scientific (12.32%) and Additional Clinical Services (12.42%), and Admin & Clerical (14.35%).

Planned Remedial Actions:

Turnover performance is being monitored by the People Committee and sub-groups providing assurance around the challenge to reduce turnover and initiatives in place to improve staff retention

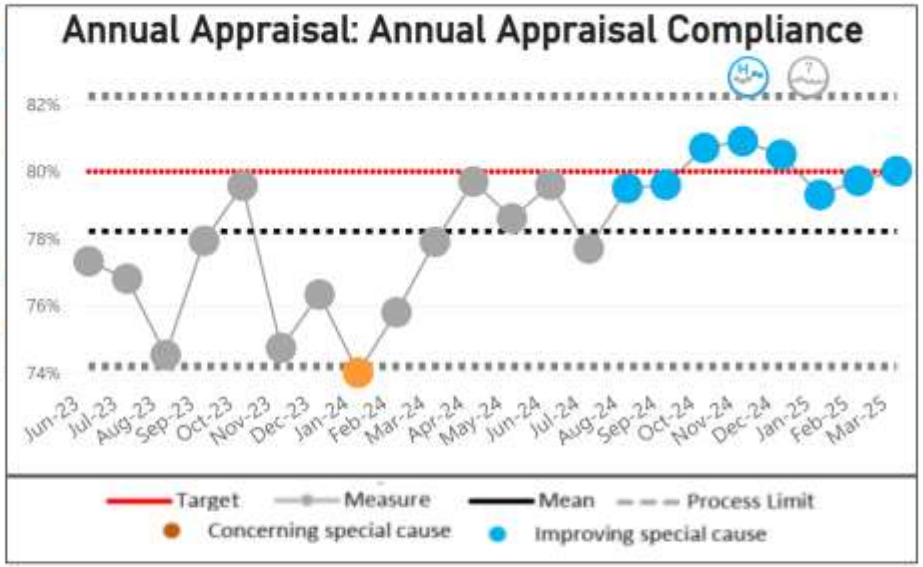
COCH SOF - Staff Training and Development Overview

Countess of Chester Hospital NHS Foundation Trust

Data Owner: Vicki Wilson

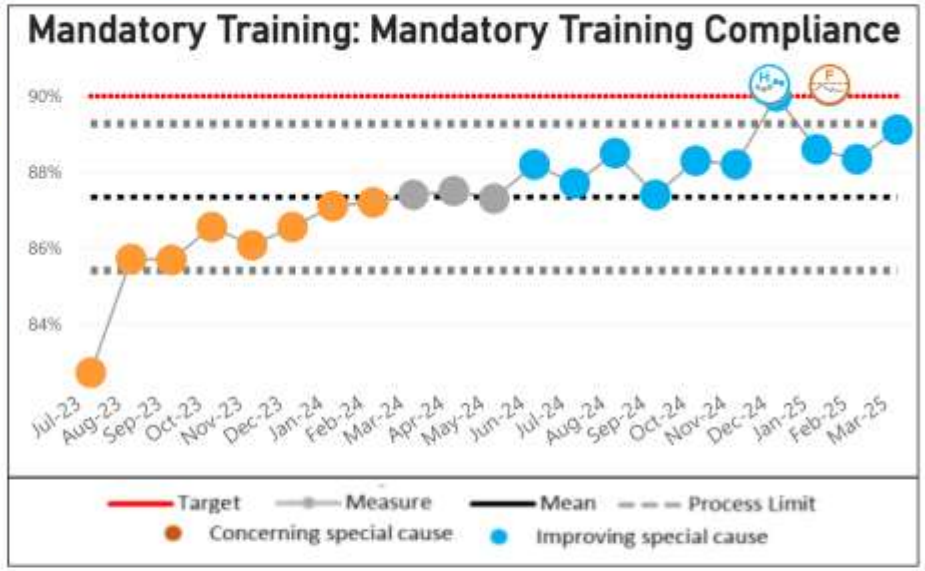
Mar-25
80.0%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
Target
80%

Annual Appraisal: Annual Appraisal Compliance



Mar-25
89.1%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
Target
90%

Mandatory Training: Mandatory Training Compliance



Appraisal Narrative

Performance Issue: Appraisals on target (80.01%)

Appraisal compliance in March rose to 80.01%, and has reached compliance target.

Further improvement will focus now on increasing compliance above 90%.

Planned Remedial Actions:
A new Appraisal form has been designed and launched, aimed at being more user friendly and appropriate, to increase compliance. The impact of this new approach is being monitored by People Committee.

Analysis on appraisal compliance is underway to establish areas of improvement, this will be provided to People Committee in December.

Appraisal Table March 2025

Position	Division	Compliance
1	IMT	94.17%
2	Finance & Performance	91.38%
3	People Services	89.13%
4	Therapies & Integrated Community Care	86.41%
5	Diagnostics & Clinical Support	86.38%
6	Urgent Care	82.58%
7	Corporate Non-Clinical	80.00%
8	Estates & Facilities	77.01%
9	Planned Care	73.77%
10	Nurse Management	66.27%
11	Womens & Childrens	63.96%
	Trust Total	80.01%

Figure: Based on appraisals completed in the last 12 months

Mandatory Training Narrative

Performance issue:
This report covers the 11 subjects mandated by NHSE in the CSTF and monitored by the trusts newly established Mandatory Training Oversight Group, any subject with separate governance arrangements is reported separately.

Trust compliance has increased in March, up from 88.3% to 89.12%, remaining just under our target of 90%.

Capacity remains in the system, both by increasing spaces on each mandatory training day and supporting individual subject leads to provide additional standalone sessions.

Attendance at training is closely monitored, remaining a challenge with an average non-attendance rate of 25% on pre booked courses.

F2F training continues to be supported by E-learning where acceptable within the CSTF. Targeted support with eLearning has been provided to staff within Estates and facilities.

Planned Remedial Actions:
Capacity continues to be monitored, and additional spaces made available if necessary. Targeted support remains in place for Estates and facilities.

Mandatory Training Table March 2025

Position	Division	Compliance
1	People Services	97.43%
2	Finance & Performance	96.51%
3	IMT	96.44%
4	Womens & Childrens	92.80%
5	Nurse Management	91.75%
6	Therapies & Integrated Community Care	91.35%
7	Corporate Non-Clinical	91.14%
8	Diagnostics & Clinical Support	90.48%
9	Planned Care	89.40%
10	Urgent Care	88.56%
11	Estates & Facilities	73.40%
	Trust Total	89.12%

Local Induction Table March 2025

Position	Division	Compliance
1	Therapies & Integrated Community Care	94.23%
2	Diagnostics & Clinical Support	92.00%
3	IMT	91.67%
4	Nurse Management	91.67%
5	Womens & Childrens	90.48%
6	Estates & Facilities	87.23%
7	People Services	81.82%
8	Urgent Care	80.50%
9	Corporate Non-Clinical	80.00%
10	Planned Care	68.91%
11	Finance & Performance	50.00%
	Trust Total	82.62%

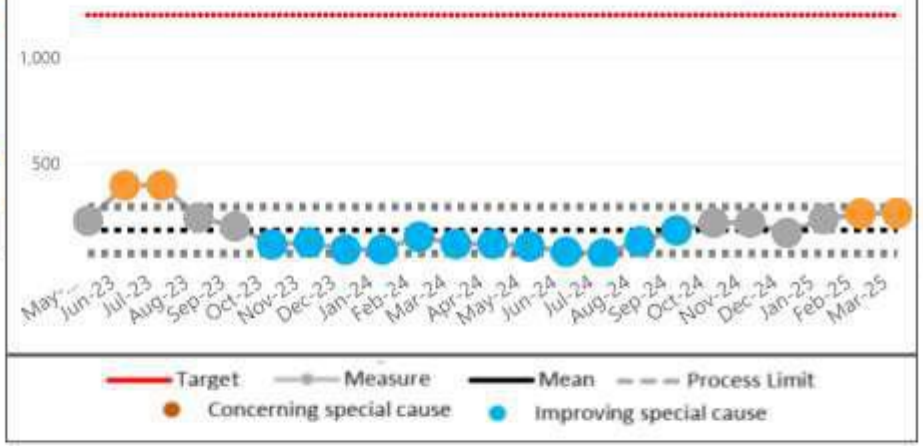
COCH SOF - Cap Rates

Countess of Chester Hospital NHS Foundation Trust

Data Owner: Vicki Wilson

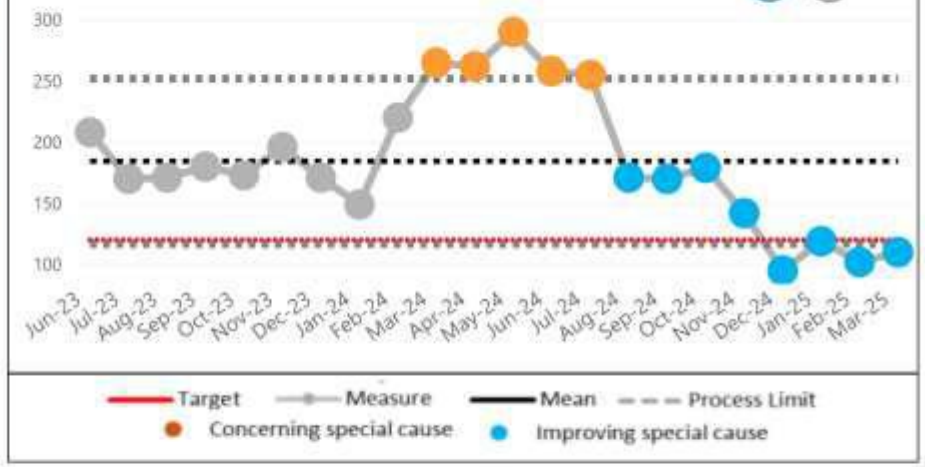
Mar-25
264
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
1200

Cap Rates: Nursing & Midwifery Reduction in Agency Shifts over Cap Rates



Mar-25
110
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120

Cap Rates: Medical & Dental Reduction in Agency Shifts over Cap Rates



Cap Rates Narrative

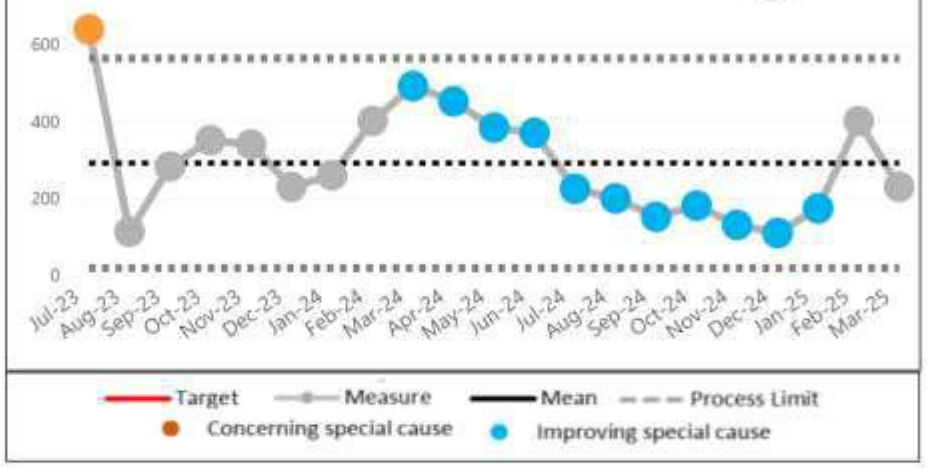
Medical & Dental - Month 12 shows 110 Medical shifts. A difference of -155 from the previous year. 83 were above cap rates and 27 were Off Framework.

Nursing & Midwifery - In relation to Nursing shifts, 264 shifts were approved in month 12 and 188 were above cap. A difference of +145 from the previous year.

Other reduction in Agency - In month 12, 230 'Other' agency shifts were approved a decrease of 154 on the previous year. 36 were above cap. Of these 156 were HCA shifts and 52 were ST&T shifts.

Mar-25
230
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
120

Cap Rates: Other Reduction in Agency Shifts over Cap Rates



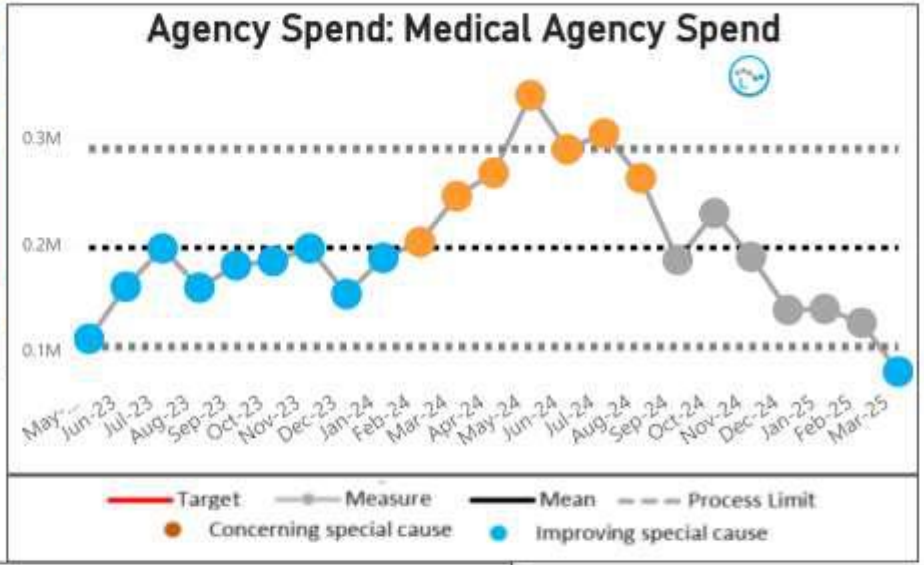
COCH SOF - Agency Spend

Countess of Chester Hospital NHS Foundation Trust

Data Owner: Vicki Wilson

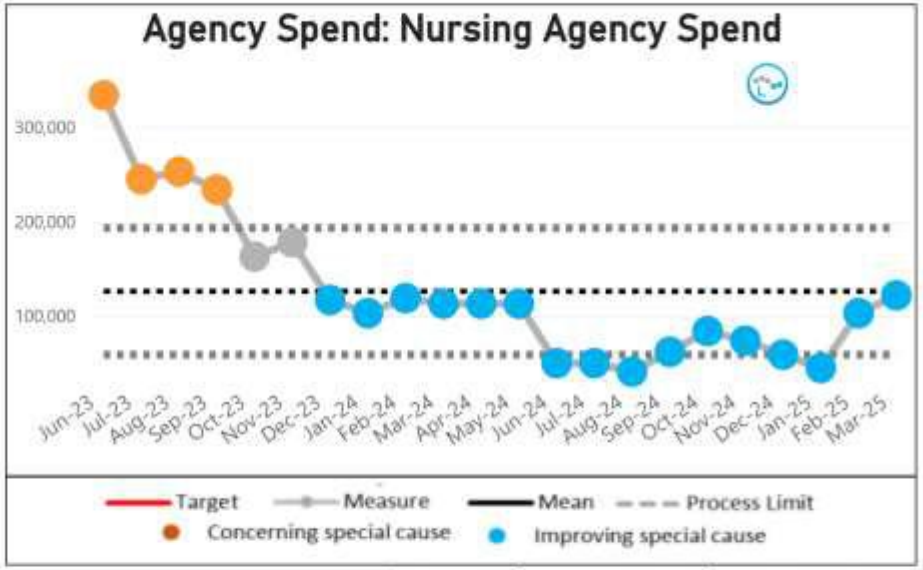
Mar-25
80000
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
1200

Agency Spend: Medical Agency Spend



Mar-25
122000
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120

Agency Spend: Nursing Agency Spend



Agency Spend Narrative

Medical Agency Spend - Agency medical expenditure for M12 is £80k and £2547k spent YTD, which is 3.1% of the total medical spend.
Agency nursing expenditure for M12 is £122k and £860k spent YTD, which is 0.8% of total nursing spend

Staff Group	Agency Spend YTD to M12	Total Pay Group Spend YTD to M12	% Agency
	£000s	£000s	
Medical	2,547	83,486	3.1%
Nursing	860	103,252	0.8%
Scientific, Therapeutic & Technical	635	38,789	1.6%
Admin & Clerical	147	35,137	0.4%
Other	-	34,192	0.0%
TOTAL PAY	4,189	294,856	1.4%

	19/20 £	20/21 £	21/22 £	22/23 £	23/24 £	24/25 £
Medical	2,186,364	2,092,661	2,184,548	2,549,357	2,172,943	2,547,072
Nursing	420,670	3,346,196	8,356,865	12,984,419	2,537,722	860,183
Scientific, Therapeutic & Technical	309,436	165,439	186,898	828,586	797,726	634,672
Admin & Clerical	58,632	151,116	642,783	1,600,359	518,838	146,785
TOTAL	2,975,094	5,755,413	11,371,094	17,962,721	6,027,228	4,188,712
Total Pay Bill	179,577,000	218,177,000	231,024,000	262,148,000	274,202,337	294,856,000
Agency spend as a % of total Pay Bill	1.7%	2.6%	4.9%	6.9%	2.2%	1.4%

Performance Issue:

To not exceed £4.576m agency expenditure ceiling.

Total Agency spend at month 12 is £4211k, which is 1.4% of total pay spend. £6104k was spent in same period last year.

Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	**43.83**
Of which Registered Midwife Vacancy WTE	13.60
Total Qualified AHP Vacancy WTE	**13.98**
Of which Qualified Physiotherapist Vacancy WTE	2.13
Of which Qualified Occupational Therapist Vacancy WTE	2.69
Qualified Podatry Vacancy WTE	0.00
Qualified Dietetics Vacancy WTE	0.00
Qualified Operational Department Practitioners Vacancy WTE	9.13
Qualified Orthoptics/Optics Vacancy WTE	0.02
Qualified Prosthetics and Orthotics Vacancy WTE	0.00
Qualified Radiography (Diagnostic) Vacancy WTE	0.00
Qualified Radiography (Therapeutic) Vacancy WTE	0.00
Qualified Speech & Language Therapy Vacancy WTE	0.00
Of which Qualified Paramedic Vacancy WTE	0.00
Total Medical/Dental Vacancy WTE	**67.13**
Of which Medical/Dental Consultant Vacancy WTE	25.00
Support to Clinical Staff Vacancy WTE	**111.66**
Of which Healthcare Assistant Band 2	71.39
Of which Healthcare Assistant Band 3	4.09
NHS Infrastructure Vacancy WTE	**79.83**
Other Registered Scientific, Therapeutic and Technical Staff	**6.69**
Total Vacancies	**328.07**
Budgeted FTE Total	4796.77
Trust Vacancy Rate	**6.84%**

Staff Group	Vacancy FTE	Vacancy Rate
Add Prof Scientific and Technic	6.69	5.17%
Additional Clinical Services	111.66	9.33%
Administrative and Clerical	20.18	5.24%
Allied Health Professionals	13.98	4.51%
Estates and Ancillary	39.65	8.41%
Healthcare Scientists	4.95	5.28%
Medical and Dental	67.13	11.22%
Nursing and Midwifery Registered	43.83	1.18%
Grand Total	328.07	6.84%

COCH SOF - Finance

Countess of Chester Hospital NHS
NHS Foundation Trust

SRO: Karen Edge
Chief Finance Officer

KPI	RAG Rating	Comments
I&E distance from target (cumulative)		The Trust delivered a £9.5 million deficit against a planned deficit of £9.5 million at month 12
CIP		CIP is £7.9 million behind plan at Month 12 Only recurrent savings are being actioned
Capital Expenditure		Capital expenditure is in line with plan
Cash in bank - £'000		The Month 12 cash position is £28.2 million, including £13.6 million central cash revenue support received year to date.
Liquidity (days)		The Trust has the equivalent of 25 days cash in the bank
Better Payment Practice Code (number)		95.0% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).
Better Payment Practice Code (value)		95.4% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).

Highlights: At month 12, the Trust reported a £9.5m deficit against a planned £9.5m deficit, and as such reported a balanced position (subject to audit). The balanced position was delivered due to a number of non-recurrent support and benefits during the year (e,g. non-recurrent funding for pay award pressures). The month 12 position included £7.9m undelivered CIP, which was mitigated with non-recurrent measures during the year. The full year effect of 2024/25 CIP was £14.8m meaning that £5m undelivered CIP has been carried forward into the 2025/26 financial year.

Areas of concern: Although pay expenditure is underspent at month 12, due to vacancies in nursing, admin and ancillary staffing, medical expenditure continued to be a pressure, Non-pay reported an overspend of £0.5 million at month 12, excluding CIP. The key drivers of this are building and engineering, medical & surgical spend, laboratory spend, drugs spend and other legal fees expenditure (due to coroners and employment tribunal cases). Non delivery of CIP equates to £7.9m at month 12, which is a key driver of the Trusts underlying adverse financial performance.

Forward look The Trust is facing an extremely challenging financial position in 2025/26, meaning that the grip and control measures introduced in 2024/25 will be reviewed and enhanced to ensure that they remain fit for purpose. These measures include the signing off of budgets by budget holders and an enhanced escalation process for areas reporting an overspend against plan and enhanced pay control process and weekly panel.

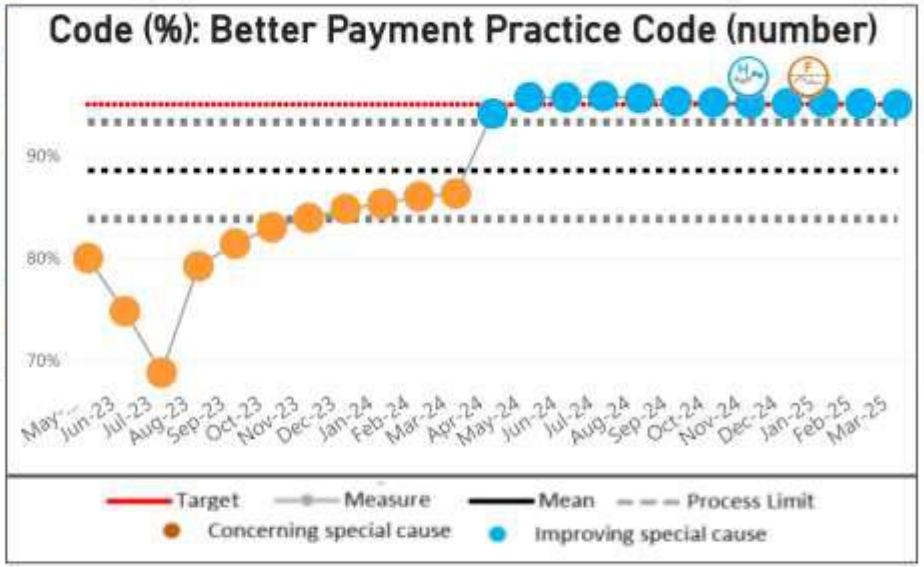
A weekly CIP delivery group is in place, which is chaired by the CEO with Executive Directors being leads for cross-cutting CIP schemes who provide updates on progress at the delivery group. Weekly updates on CIP progress has to be provided to NHS England, alongside weekly updates provided to Executive Directors and CIP delivery group.

COCH SOF - Additional Finance Metrics

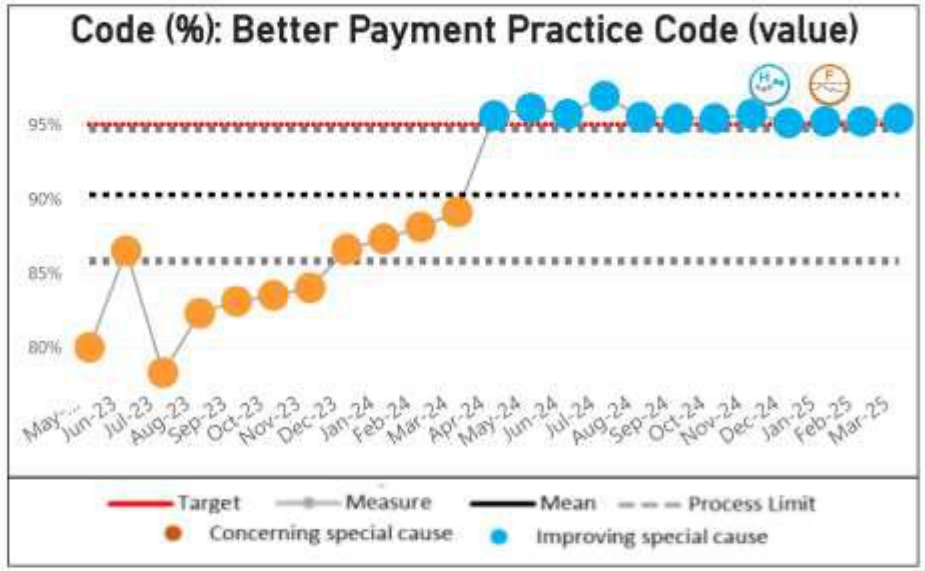
Countess of Chester Hospital NHS
NHS Foundation Trust

Data Owner: Karen Edge

Mar-25
95%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
95%



Mar-25
95.4%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER
Target
95%



COCH SOF - What is an SPC Chart?

Countess of Chester Hospital NHS
NHS Foundation Trust

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, which is made up of two charts. Usually, as can be seen to the right, only the main X chart is displayed. 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

The distance between the mean and both process limits is determined by how much change there is between consecutive data points using a calculation called three sigma. 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 the recalculation. This gives a more accurate reflection on the system as it currently stands to allow for further variation to possibly be identified, and to show how the new level of variability compares to a target if set.

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

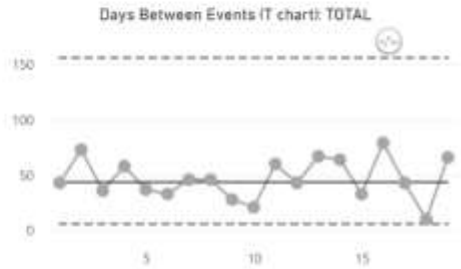
Summary icons are shown in the top-right of the chart and explained on the *Icon Descriptions* page.

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.

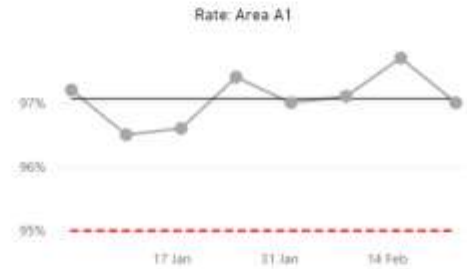
Annotations

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.



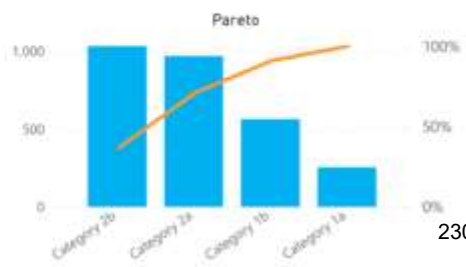
T chart & G chart

If you have rare events data, a T chart or a G chart works better than the common XmR chart. In these charts, each incident is plotted as a dot to show if they are getting more or less frequent. Incident number is listed at the bottom, instead of dates, and the process limits are not symmetrical about the mean.



Not enough data points?

An SPC chart requires enough data to calculate the process limits for a robust analysis. If there are too few data points, the SPC elements of the process limits, baseline, coloured dots, and summary icons are not displayed.



Pareto chart

A Pareto chart shows which areas are the largest to focus attention where it will have the biggest impact. The areas are ranked in descending order with an increasing line chart overlaid, showing how the proportion of the largest X areas increases as more are added – that is, how big an impact focussing on the largest X areas will have.

Purple dots

It is not always possible to say that higher values are better or worse, for which purple dots are used instead of blue and orange. The variation icon is also purple and there can be no assurance icon as a target does not make sense in these situations.

COCH SOF - What is an SPC Chart? (Simpler Version)

Countess of Chester Hospital NHS
NHS Foundation Trust

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.

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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.

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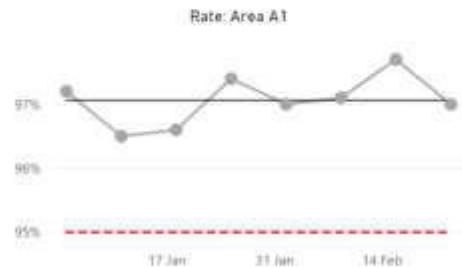
An SPC chart requires enough data for a robust analysis. If there are too few data points, the SPC elements are not displayed.

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.



COCH SOF - SPC Variation Icon Explanation

Countess of Chester Hospital NHS
NHS Foundation Trust

Variation	Assurance: P	Assurance: ?	Assurance: F	Assurance: ○
H	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
~	Common cause variation, NO SIGNIFICANT CHANGE. This process is capable and will consistently **PASS** the target if nothing changes.	Common cause variation, NO SIGNIFICANT CHANGE. This process will not consistently HIT OR MISS the target as the target lies between process limits.	Common cause variation, NO SIGNIFICANT CHANGE. This process is not capable and will **FAIL** the target without process redesign.	Common cause variation, NO SIGNIFICANT CHANGE. Assurance cannot be given as there is no target.
H	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**. Assurance cannot be given as there is no target.
L	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target if nothing changes.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target as the target lies between process limits.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. This process is not capable and will **FAIL** the target without process redesign.	Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**. Assurance cannot be given as there is no target.
↗				Special cause variation of an increasing nature where **UP** is not necessarily improving or concerning. Assurance cannot be given as there is no target.
↘				Special cause variation of an increasing nature where **DOWN** is not necessarily improving or concerning. Assurance cannot be given as there is no target.
○				There is insufficient data to determine either special cause or common cause variation. Assurance cannot be given as there is no target.

COCH SOF - SPC Variation Icon Explanation

Countess of Chester Hospital NHS
NHS Foundation Trust

Metric

Search

- Select all
- HSMR
- Number of Women giving birth
- Number of Live Births (All Babies)
- SHMI
- Registered Staffing %
- Total Number of Women experiencing a Caesarean Section
- Number of Maternal Deaths
- Unregistered Staffing %
- Incident Reporting

Group

Search

- Select all
- 12 Hour DTA Breaches
- 18 Week Referral To Treatment (RTT) Incomplete Pathways
- 30-60 minutes
- 60 minutes +
- All Incidents
- Annual Appraisal Compliance
- Better Payment Practice Code (number)
- Better Payment Practice Code (value)
- Cancer Treatments: 14 Day Standard
- Cancer Treatments: 28 Day FDS
- Cancer Treatments: 31 Day Standard
- Cancer Treatments: 62 Day Standard
- Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01)
- Eclampsia
- ED 4 Hour Wait Standard
- ED 4 Hour Wait Standard - Type 1
- Falls Rate Per 1000 Bed Days
- Falls With Harm Rate Per 1000 Bed Days
- FFT A&E Positive Rate
- FFT A&E Response Rate

					Total
Improvement	**2**	**5**	**7**	**3**	**17**
		2	4		6
	2	3	3	3	11
Common Cause		**20**	**3**	**26**	**49**
		20	3	26	49
Concern	**3**	**4**	**1**	**4**	**12**
	3	2		4	9
		2	1		3
Neither					
Empty					
Total	**5**	**29**	**11**	**33**	**78**