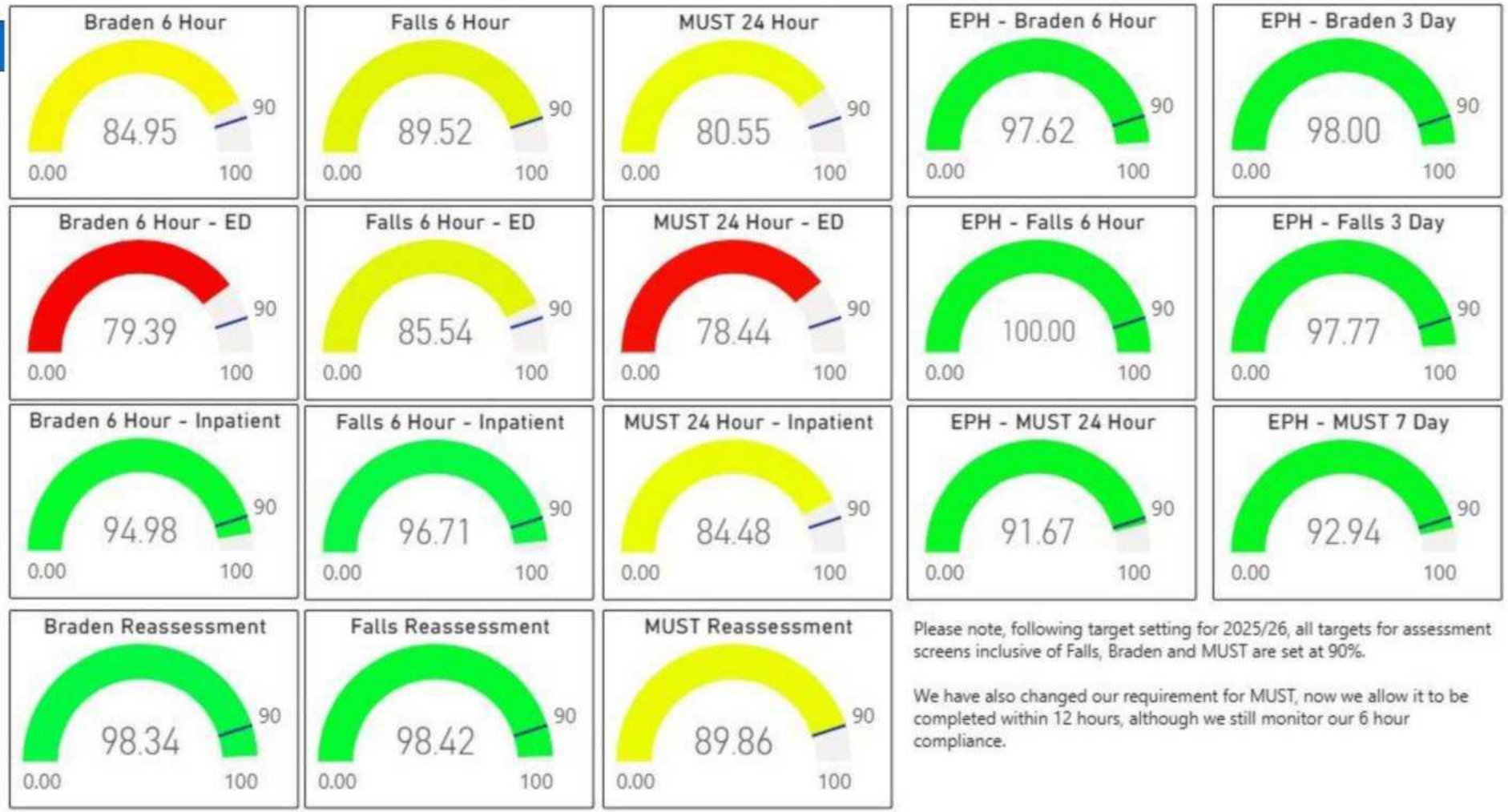
COCH IPR: Assessment screening compliance

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

Countess of Chester Hospital NHS Foundation Trust

Jun-25



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

We have also changed our requirement for MUST, now we allow it to be completed within 12 hours, although we still monitor our 6 hour compliance.

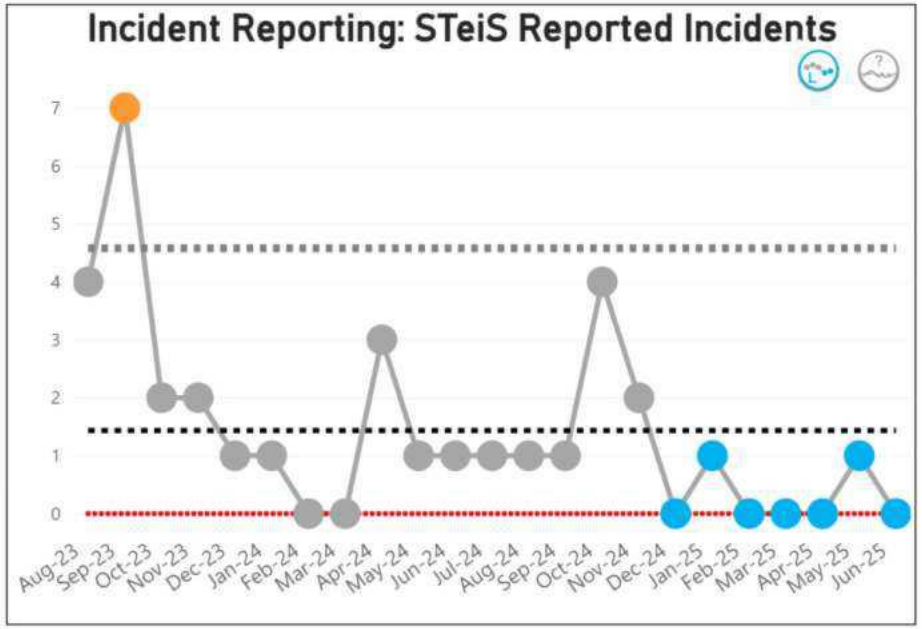
Narrative: This financial year we have added this page on assessment screen compliance so we have assurance and visibility that patients are being screened and assessed in a timely fashion. The above shows our monthly position for June-25 and we split between overall performance, as well as ED and Inpatient,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

COCH IPR: Serious Incidents

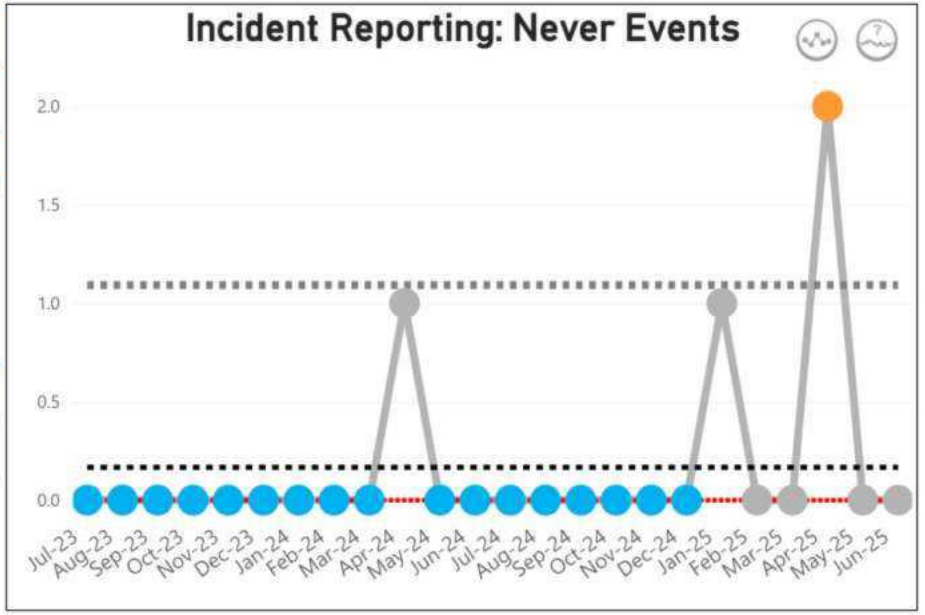
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

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



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



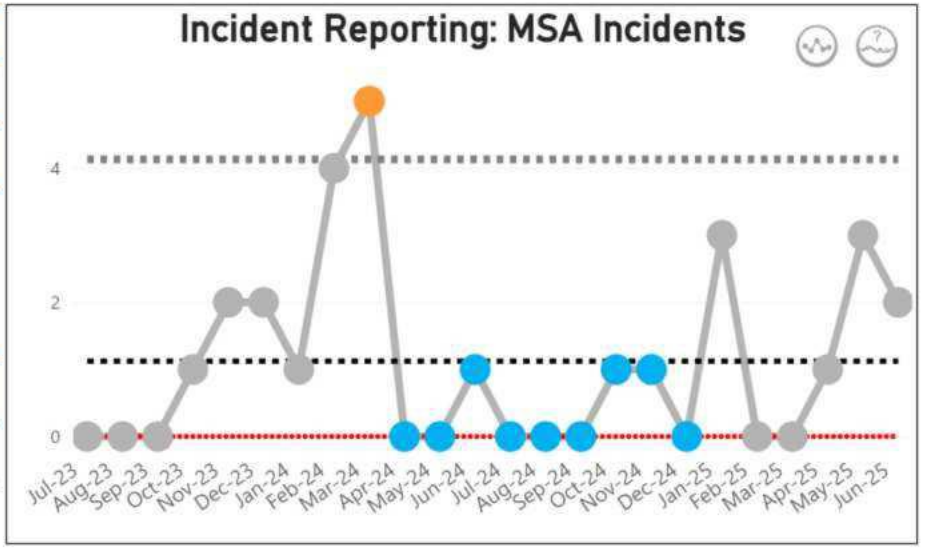
Serious Incidents Narrative

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.

The Trust reported 0 Never Events this month.

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

Jun-25
2
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0

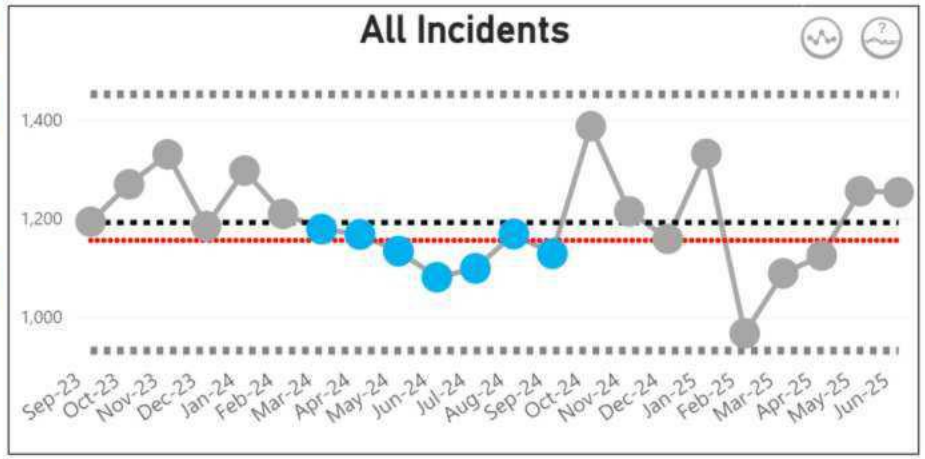


COCH IPR: Incidents

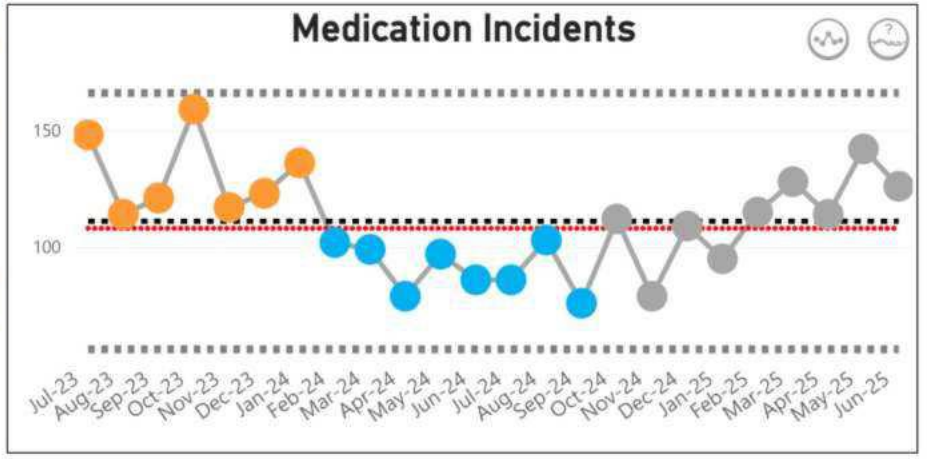
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

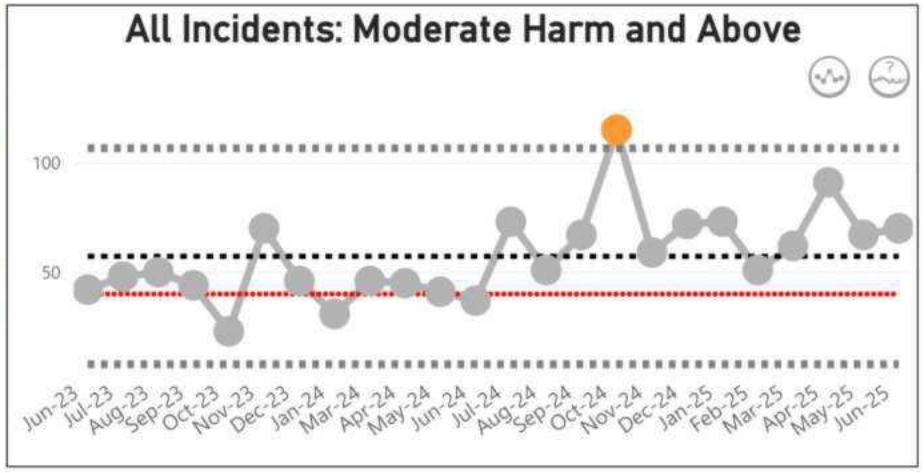
Jun-25
1253
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
1155



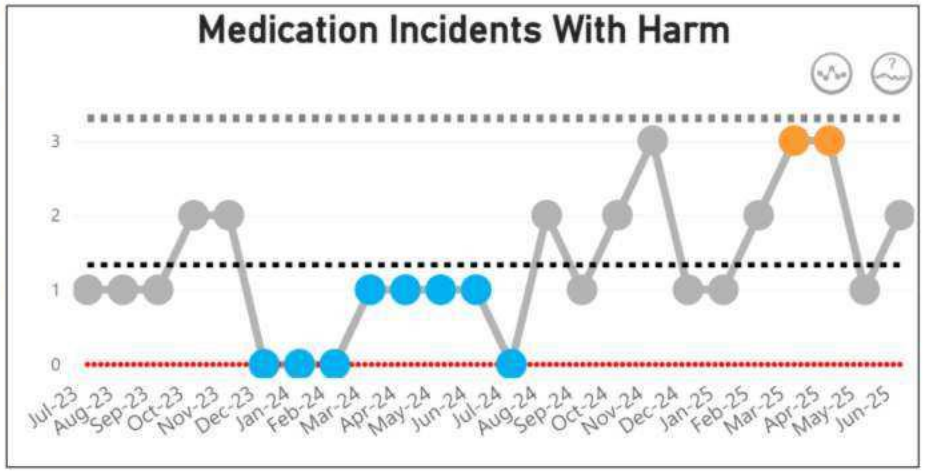
Jun-25
126
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
108



Jun-25
70
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
40



Jun-25
2
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Incident Reporting Narrative

There has been a slight decrease in the overall number of incidents reported (clinical and non-clinical); a total of 1253 – a reduction of 2 in comparison to May 2025.

Medication Incidents Narrative

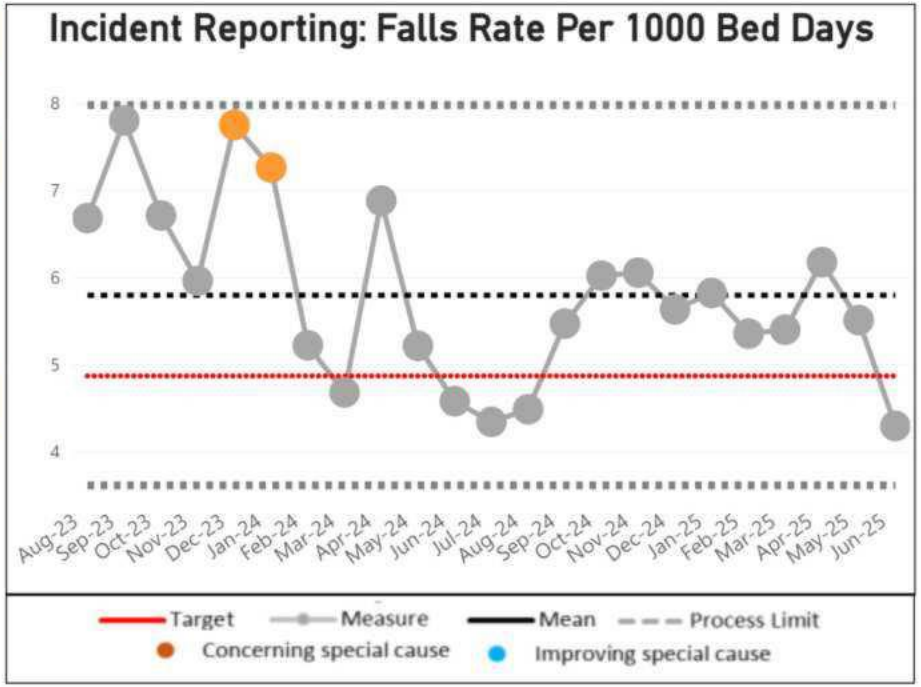
The method of reporting medication incidents has changed week commencing the 18th October 2024 before this change, all categories of medication incident were classified as medication, then the sub category was administration, prescribing etc.

COCH IPR: Falls Summary

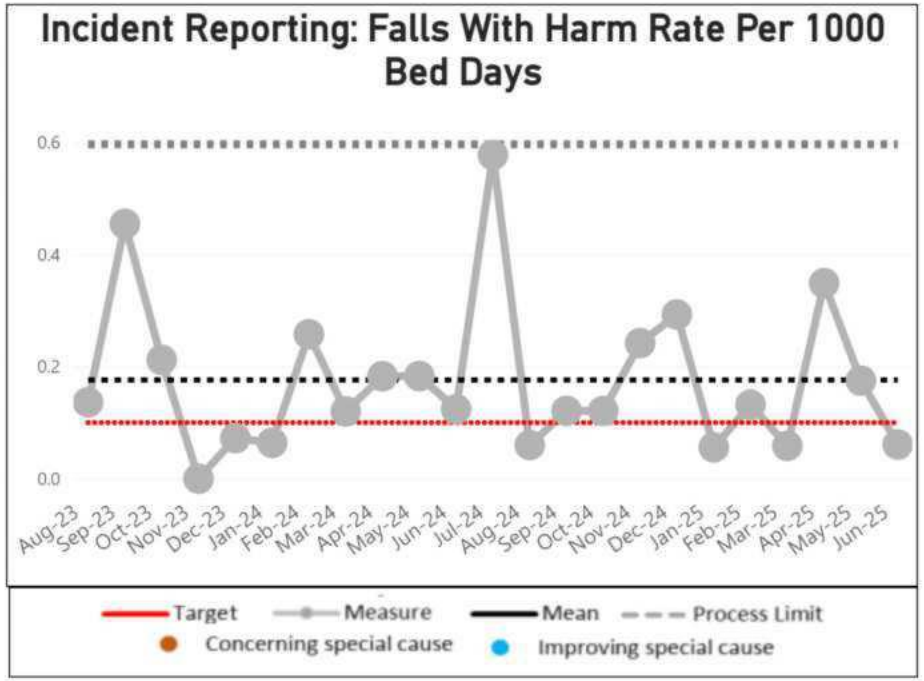
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

Jun-25
4.30
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
4.87



Jun-25
0.061
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0.1

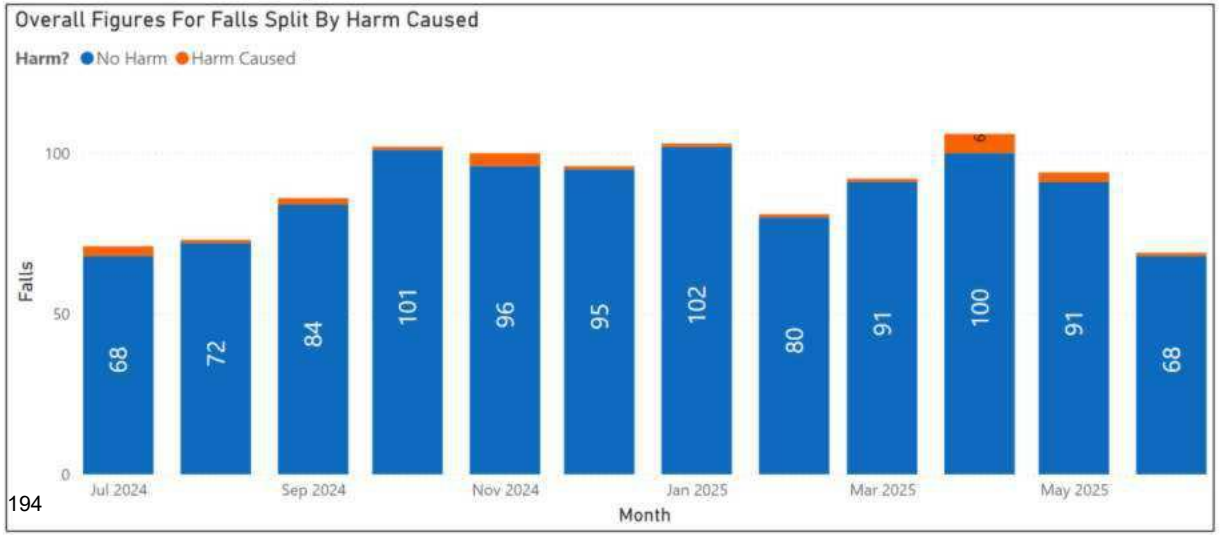


Falls Narrative

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

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

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

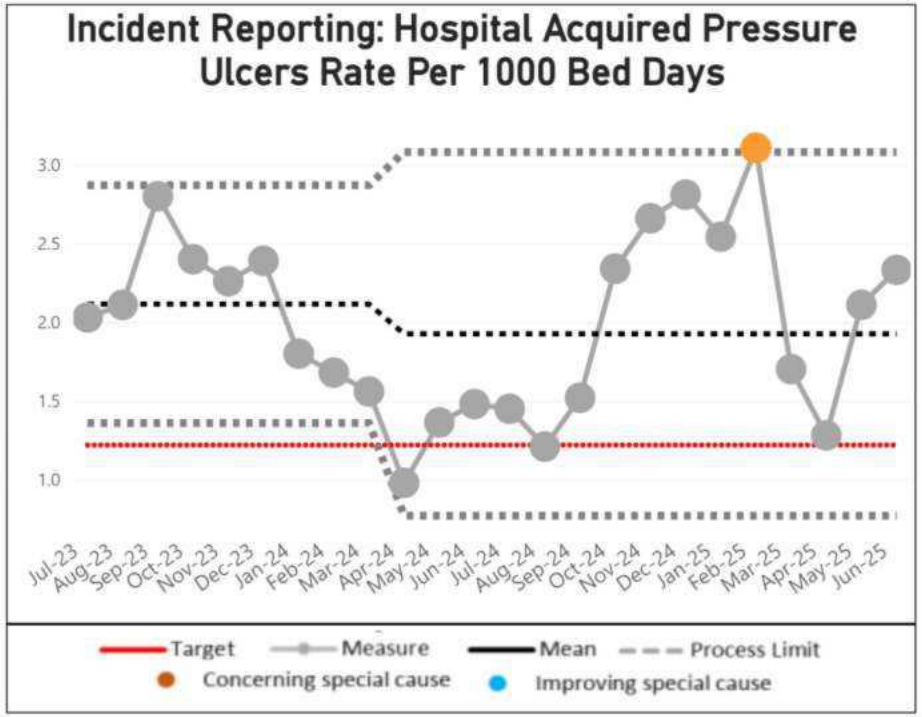


COCH IPR: Pressure Ulcers Summary

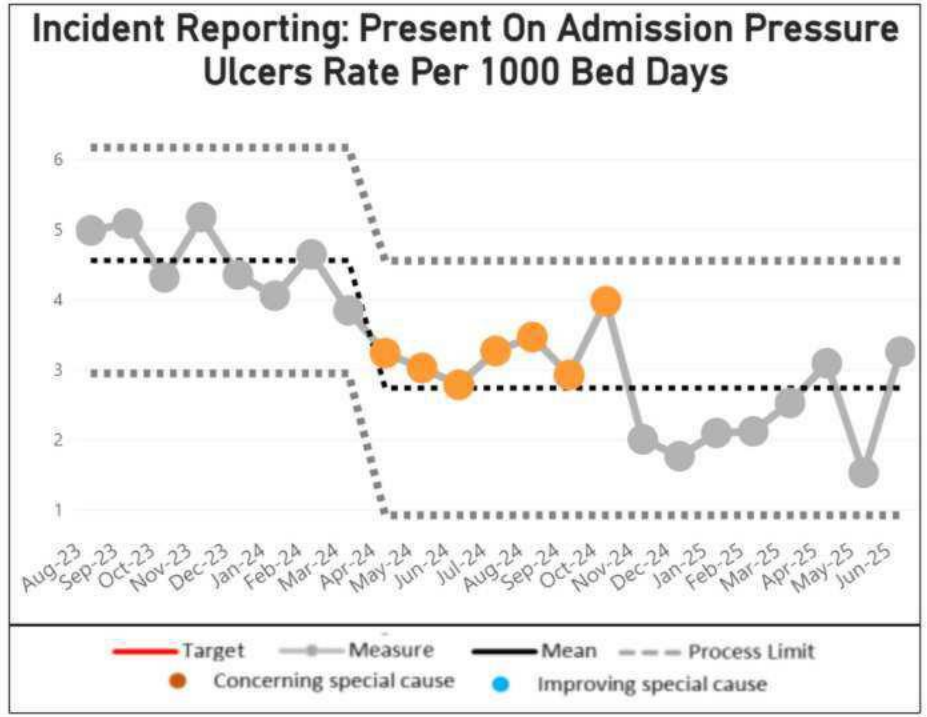
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

Jun-25
2.33
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
1.22



Jun-25
3.25
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

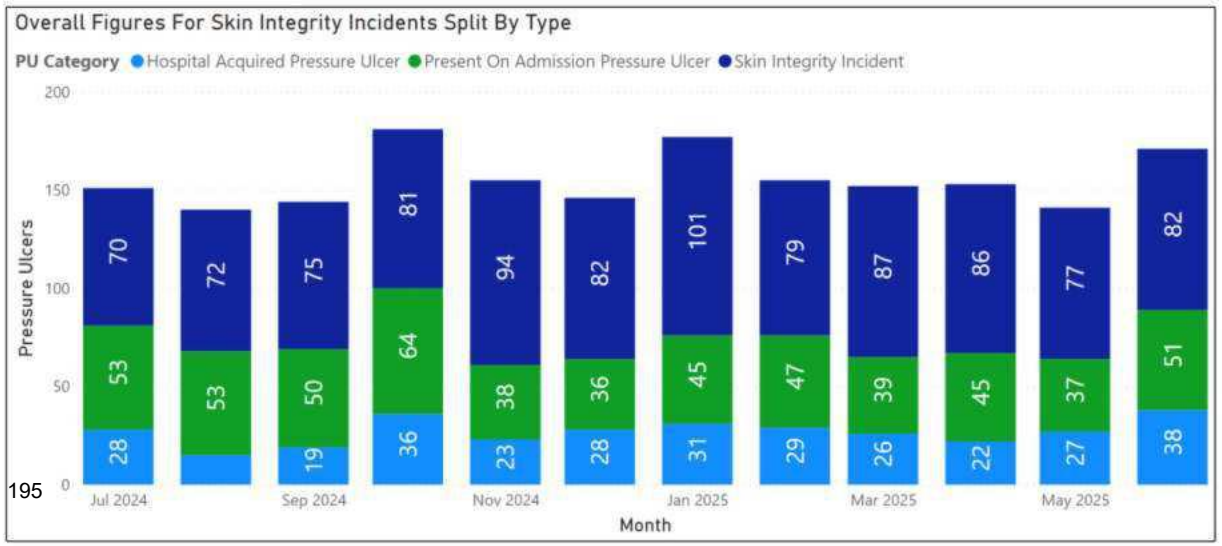


Pressure Ulcer Narrative

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 April 2024 explaining the step changes in place. The chart on the right is inclusive of all Skin Integrity Incidents. We have now amended our reporting again in line with national guidance, Deep Tissue Injuries will now sit under Skin Integrity but will not be part of our Pressure Ulcer numbers.

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

In June 2025 we saw 171 skin integrity incidents, of which 89 counted as Pressure Ulcers. The Pressure Ulcer figure comprised of 38 Hospital Acquired and 51 Present On admission, which means that 42% of our pressure Ulcers were hospital acquired.

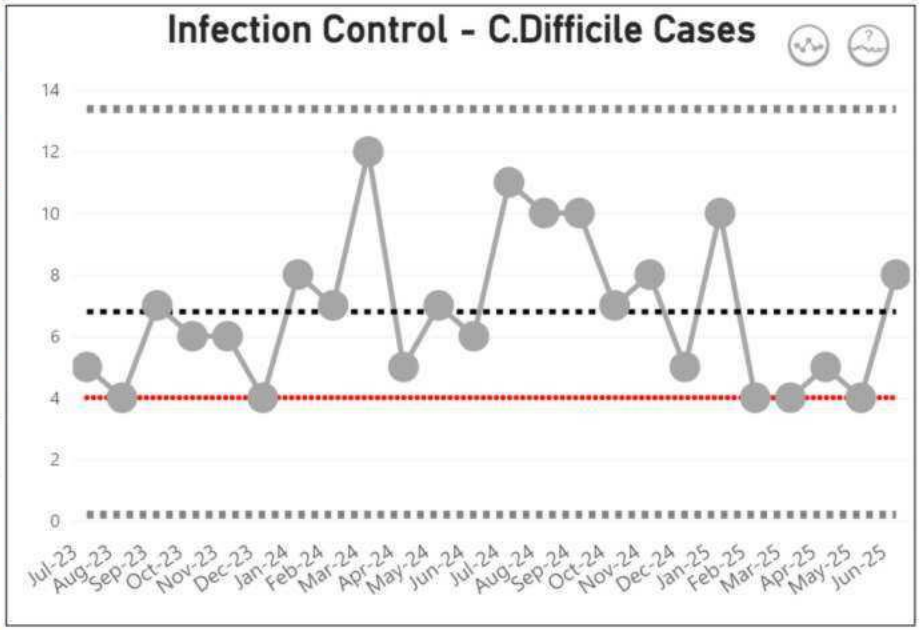


COCH IPR: Infection Control

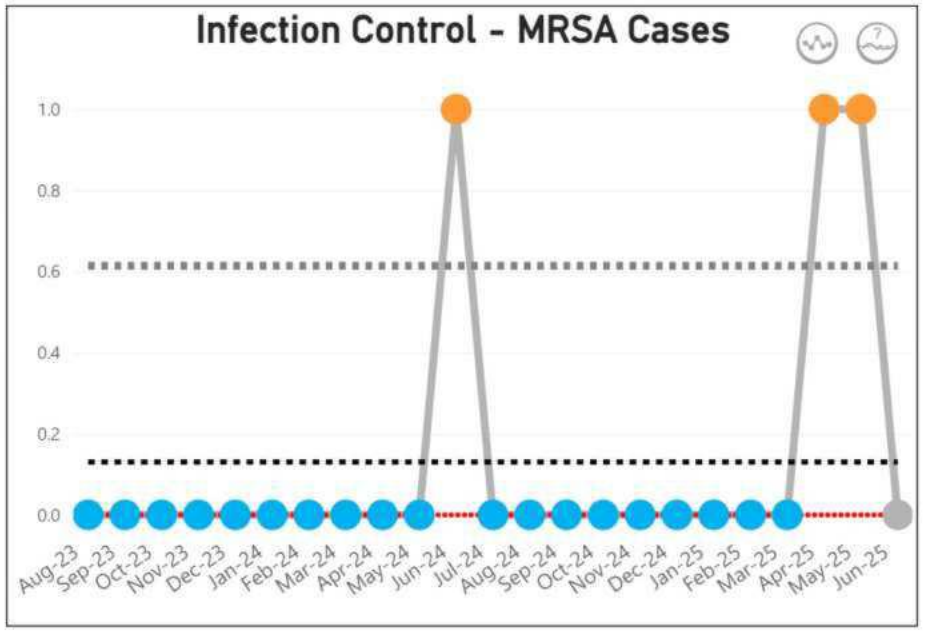
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

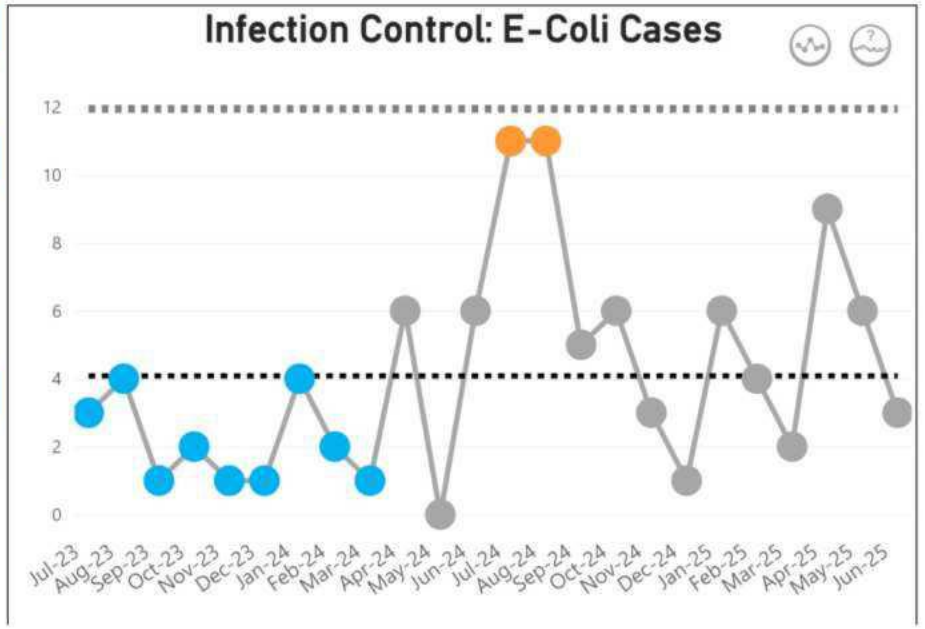
Jun-25
8
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
4



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

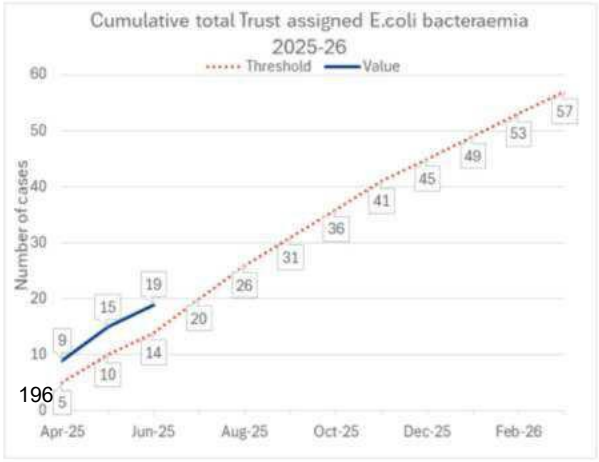


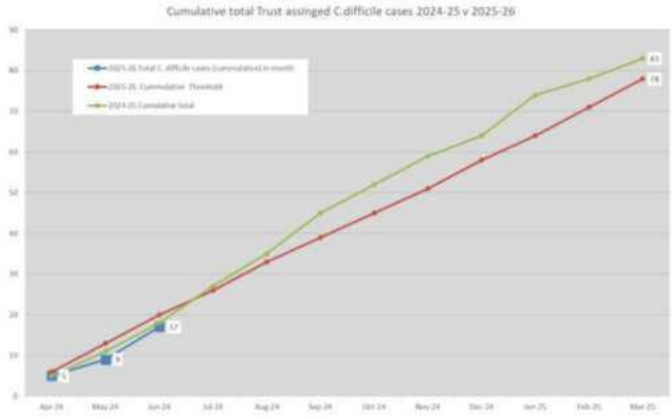
Jun-25
3
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Narrative: For the trusts MRSA cases, we were originally reporting two different cases in 2024. The case relating to August 2024 was a C-diff case that was transferred to the trust. It has been agreed that whilst there is visibility of it, it should not be reported externally as a case applicable to COCH.

E-Coli has now been added into the report to allign with the National Oversight Framework.



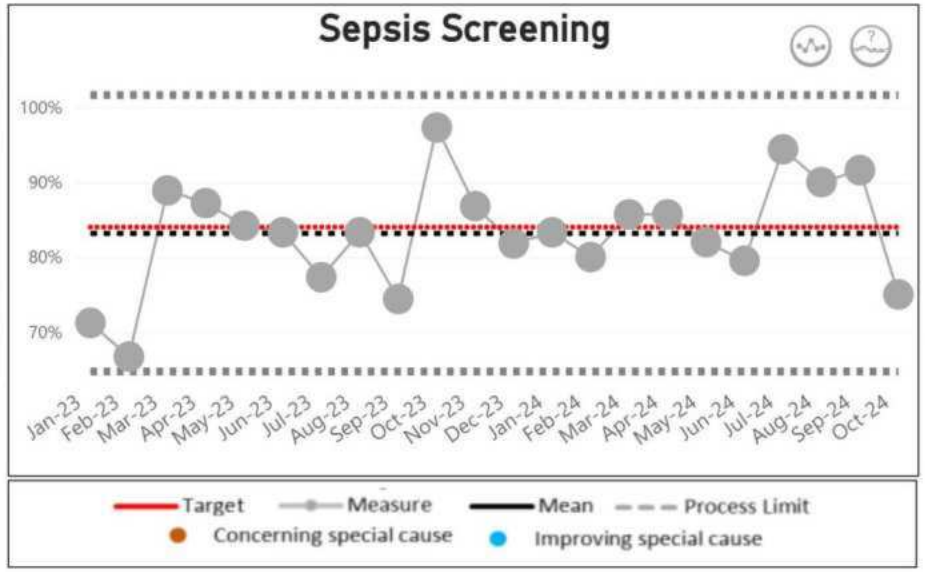


COCH IPR: Sepsis

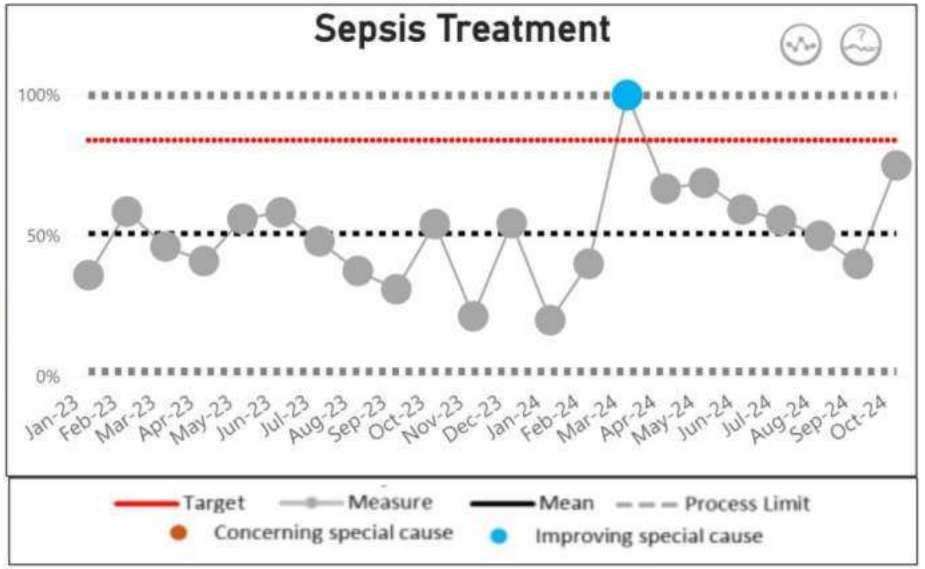
Owner: Nigel Scawn - Executive Medical Director

Countess of Chester Hospital NHS Foundation Trust

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.

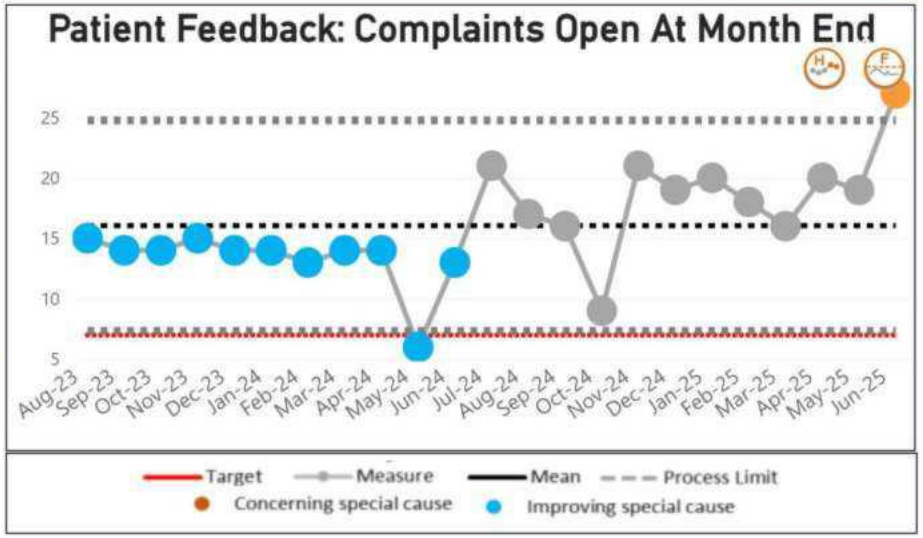
Work is ongoing with relevant clinicians and sepsis lead to ensure we have these sepsis metrics readily available via real time reporting. We have now requested the relevant changes with Cerner on the front end, once these changes have been actioned, reporting should follow.

COCH IPR: Complaints & Concerns

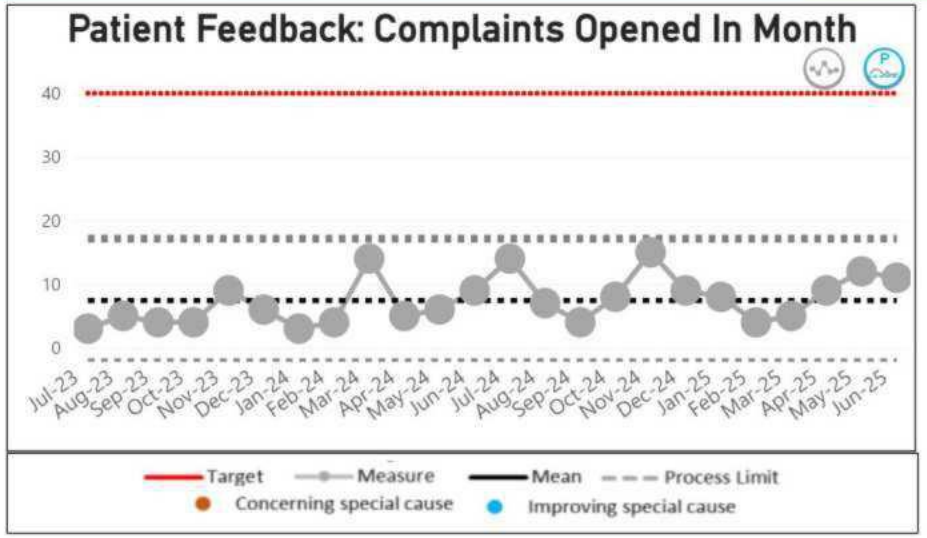
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

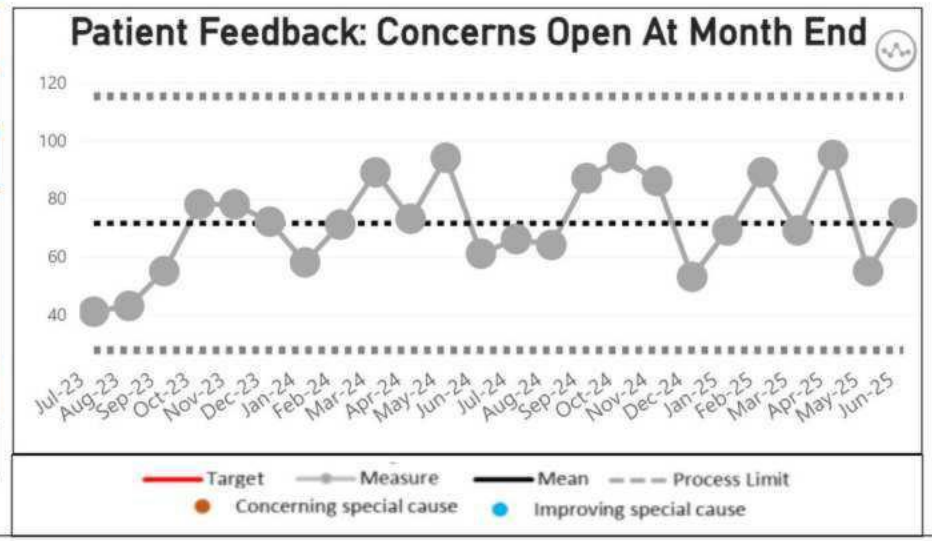
Jun-25
27
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
40



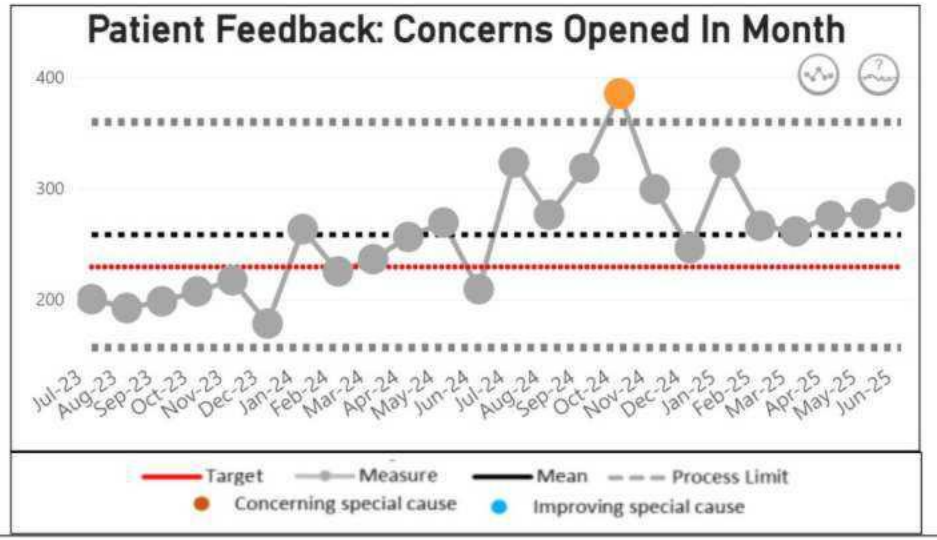
Jun-25
11
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
7



Jun-25
75
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



Jun-25
292
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
229



Complaints Narrative

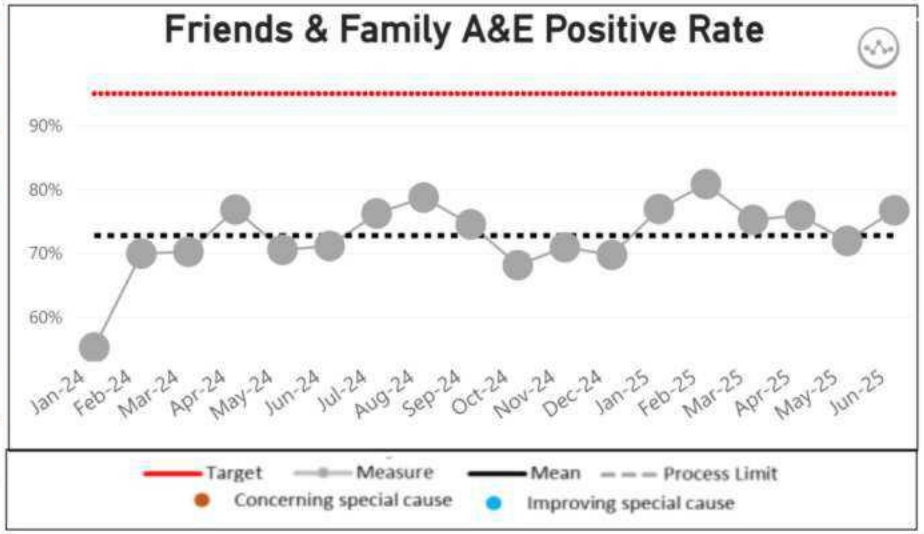
The Trust continues to see stability in the number of Open Complaints in recent months, we have been below the target of 40 for the majority of the reporting period. We have added additional metrics to support patient feedback, the number of complaints per month, as well as the number of concerns and 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 IPR: Friends & Family Test - Positive Rates

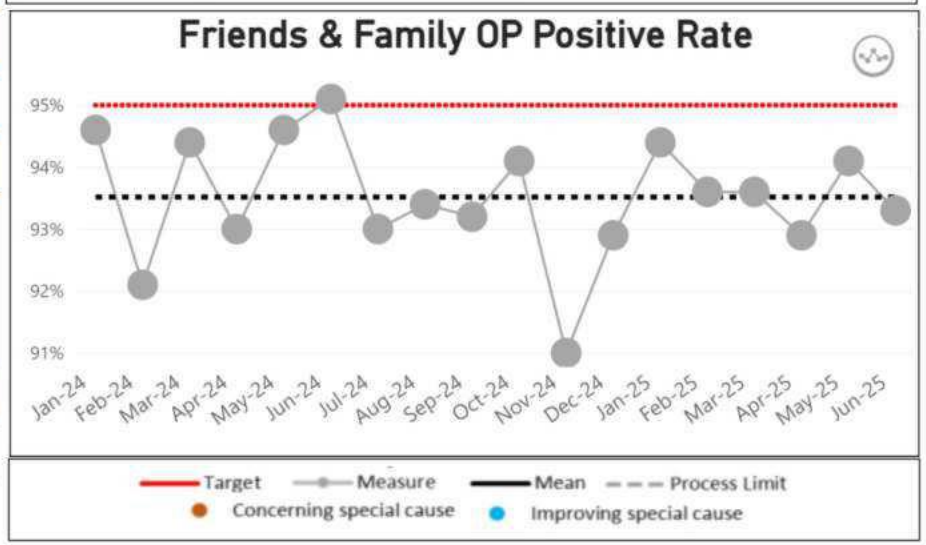
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

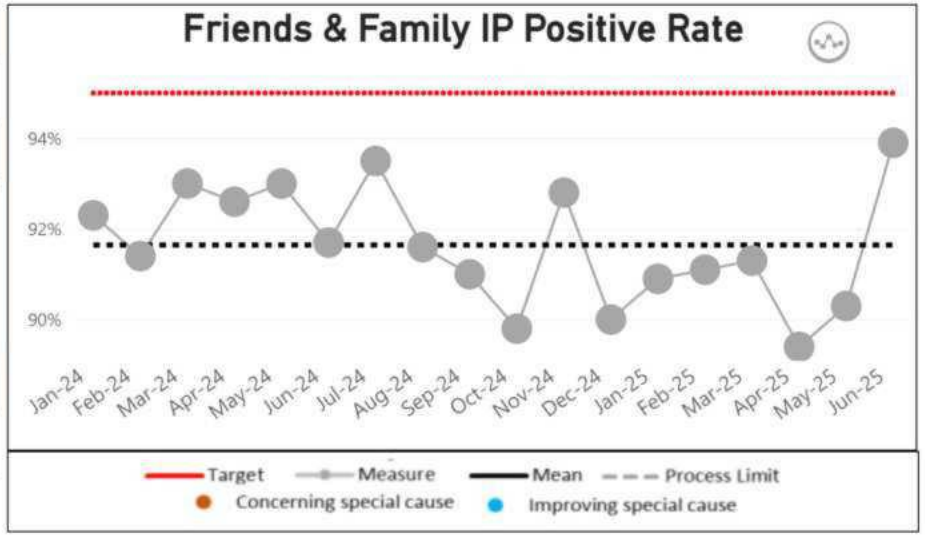
Jun-25
76.7%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



Jun-25
93.3%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



Jun-25
93.9%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
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:

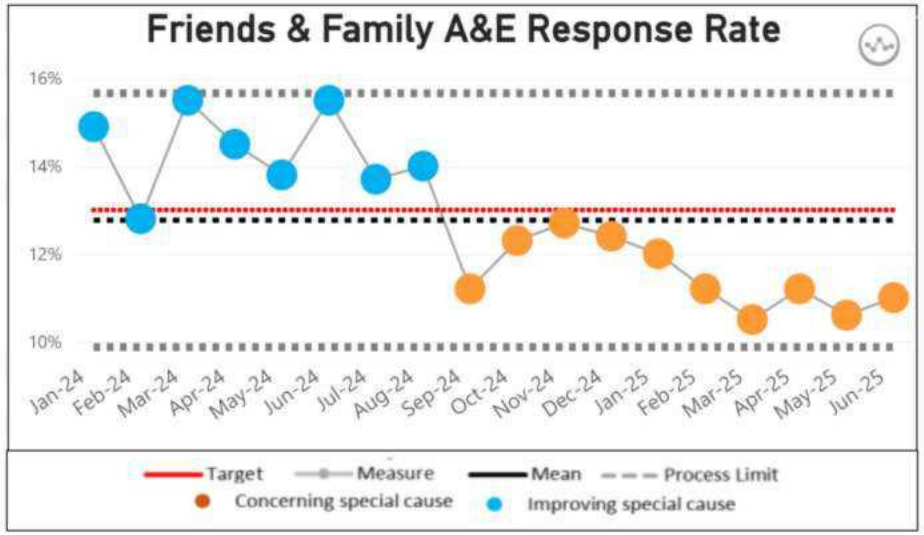
Inpatient: 94%
A&E: 78%
Outpatients: 94%

COCH IPR: Friends & Family Test - Response Rates

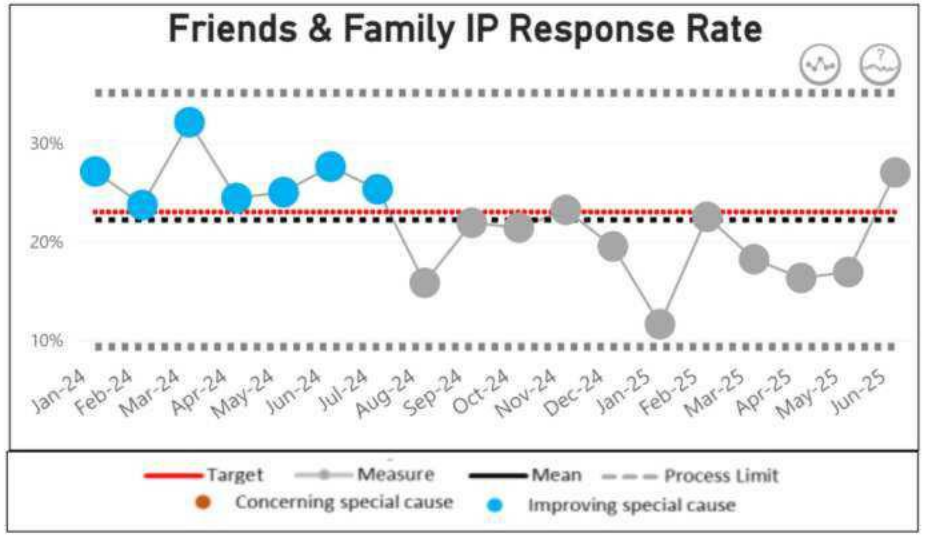
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

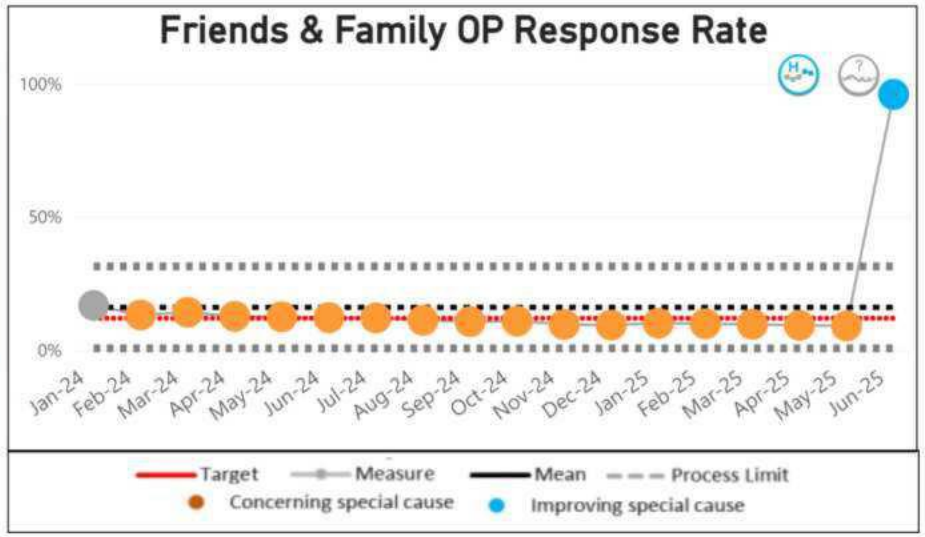
Jun-25
11%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly LOWER.
Target
13%



Jun-25
27%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
23%



Jun-25
96%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
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 IPR: Maternity Overview

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

NHS Countess of Chester Hospital NHS Foundation Trust

Scorecard Name	Latest Date	Value	Variation	Assurance	Target
Women Delivered	Jun-25	140			
Live Births	Jun-25	139			
Births in Co-located MLU	Jun-25	8			
Neonatal Admissions of Term Babies	Jun-25	6			7
Term Admission Rate	Jun-25	4.3%			4.8%
Deliveries by Caesarean Section	Jun-25	60			70
Sections Rate	Jun-25	43%			45%
Number of Haemorrhages ≥1500 ml	Jun-25	5			
PPH rate per 1000 births	Jun-25	36			30
Number of 3rd/4th Degree Tears in Vaginal Births	Jun-25	4			
Tears rate per 1000 births	Jun-25	28.6			28
ITU Admissions	Jun-25	2			0
Room 15 Emergency Theatre Use	Jun-25	0			
Obstetric Unit - number of days the service has diverted on in reporting period	Jun-25	0			0
Eclampsia	Jun-25	0			0
Maternal Deaths	Jun-25	0			0
Stillbirths	Jun-25	1			0
Neonatal Deaths	Jun-25	0			0
Neonatal Deaths born after 24 weeks	Jun-25	0			0
Neonatal Deaths born before 24 weeks	Jun-25	0			0
All Neonatal Deaths (%)	Jun-25	0%			0%
Coroner Reg 28 made directly to Trust	Jun-25	0			0
Rolling 12 Month Stillbirths per 1000 births	Jun-25	1.7			
Number of consultant non-attendance to must attend clinical situations	Jun-25	0%			0%
NN middle grade rota gaps (SHO)	Jun-25	0%			0%
Frontline Staff Feedback from champions and walkabouts (Number of Themes)	Jun-25	0			0
Service User Feedback: Number of Formal Complaints	Jun-25	0			1
Progress in achievement of CNST (out of 10)	Jun-25	10			10

Maternity narrative

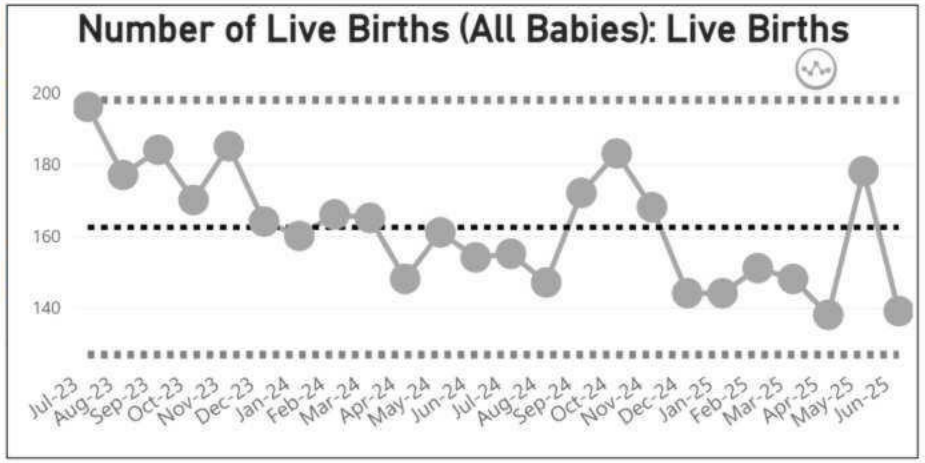
- Despite three consecutive stillbirths, our rate remains below the national average of 4 per 1,000 births.
- There is an improving trend in the incidence of postpartum hemorrhage

COCH IPR: Births Overview

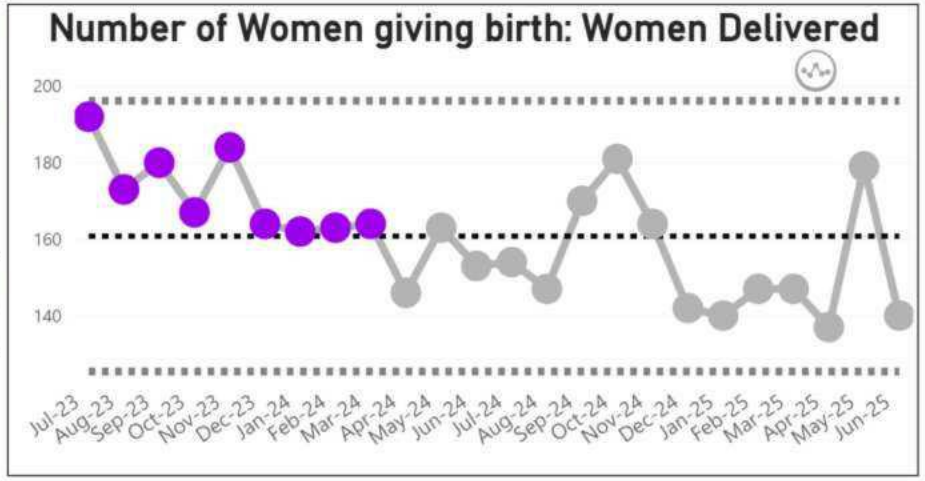
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

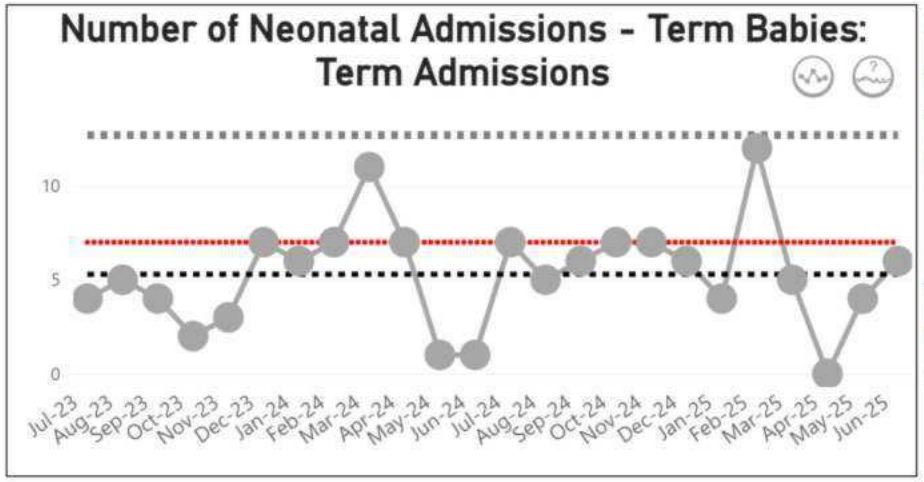
Jun-25
139
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



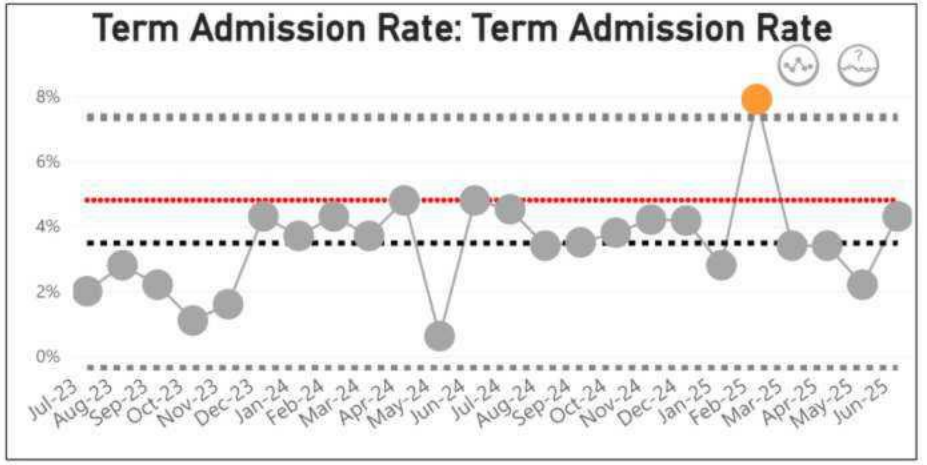
Jun-25
140
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



Jun-25
6
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
7



Jun-25
4.3%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
5%

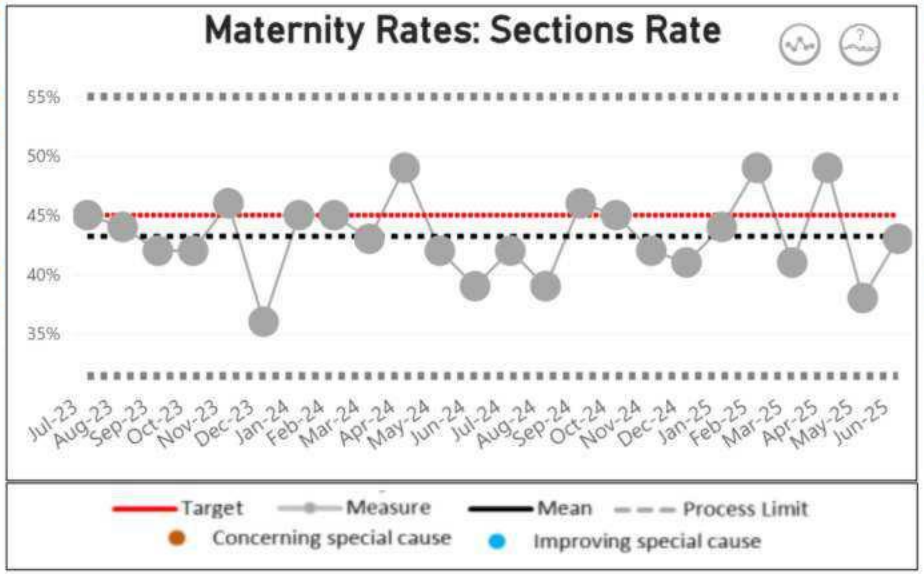


COCH IPR: Maternity - Complications

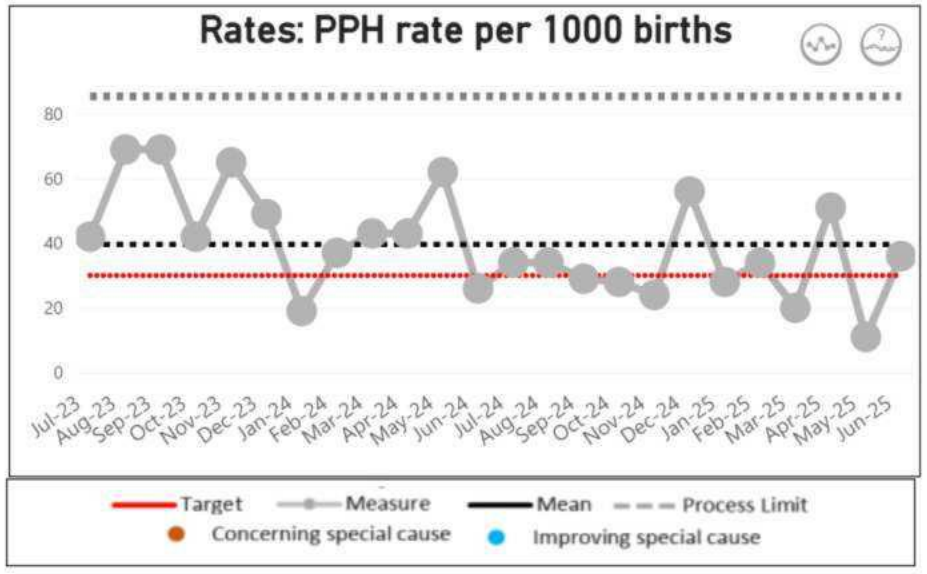
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

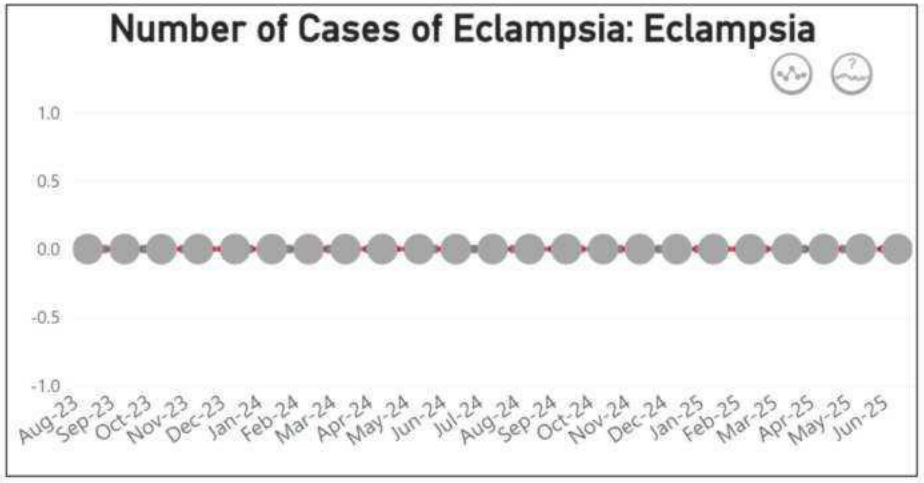
Jun-25
43%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
45%



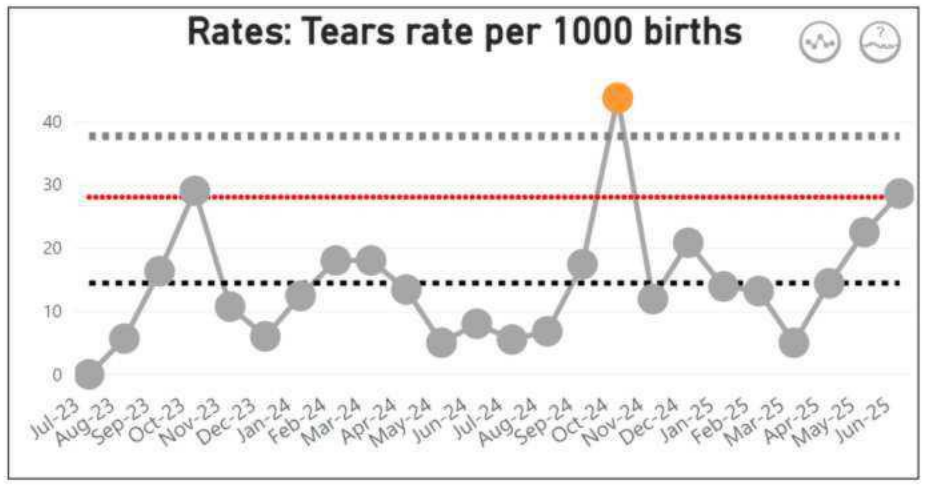
Jun-25
36
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
30



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



Jun-25
28.6
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
28

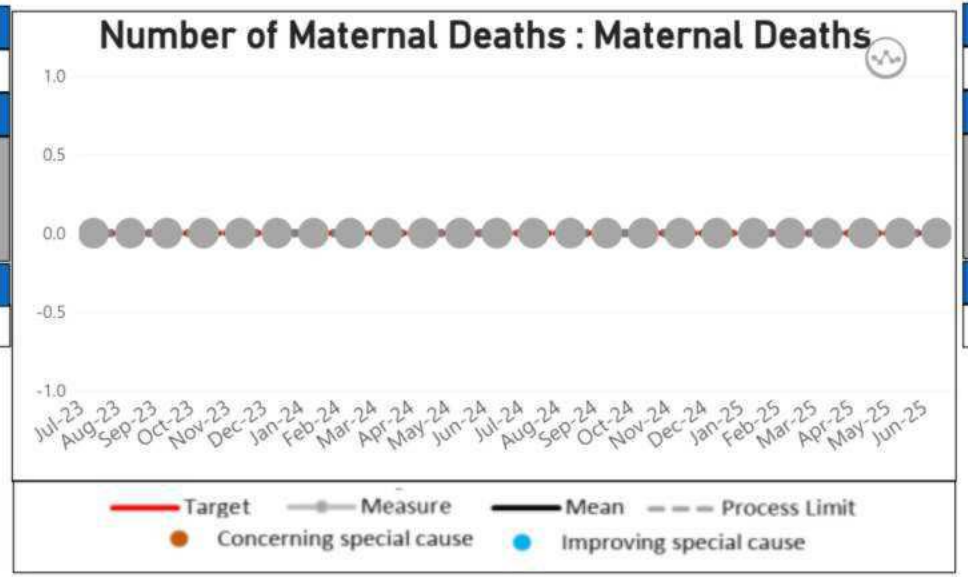


COCH IPR: Maternity - Mortality

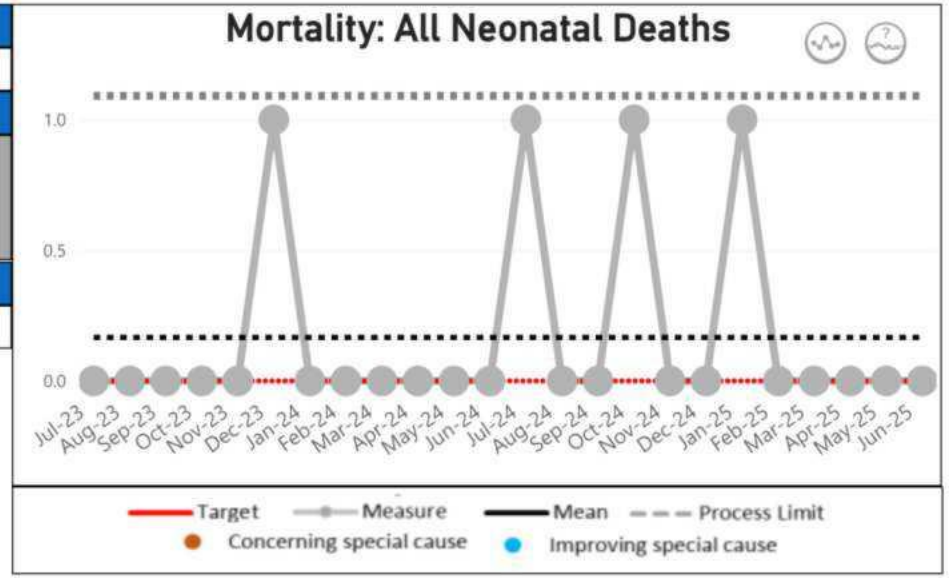
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

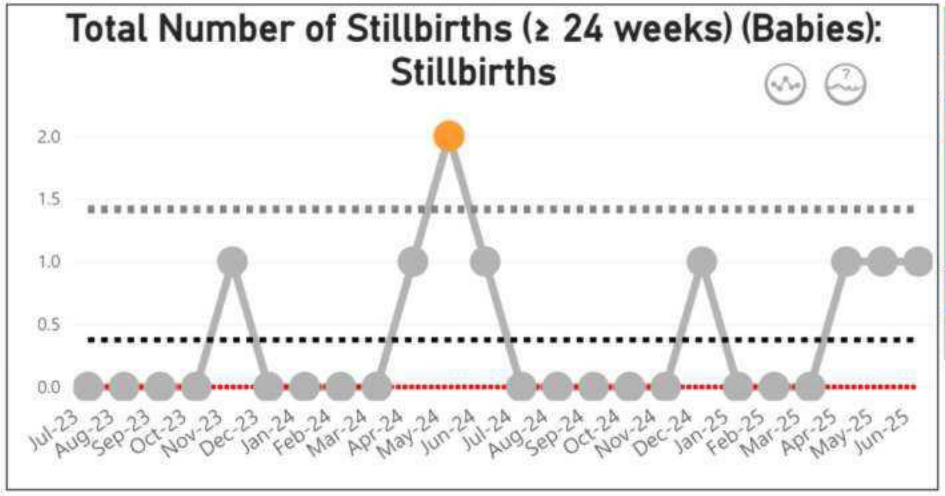
Jun-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



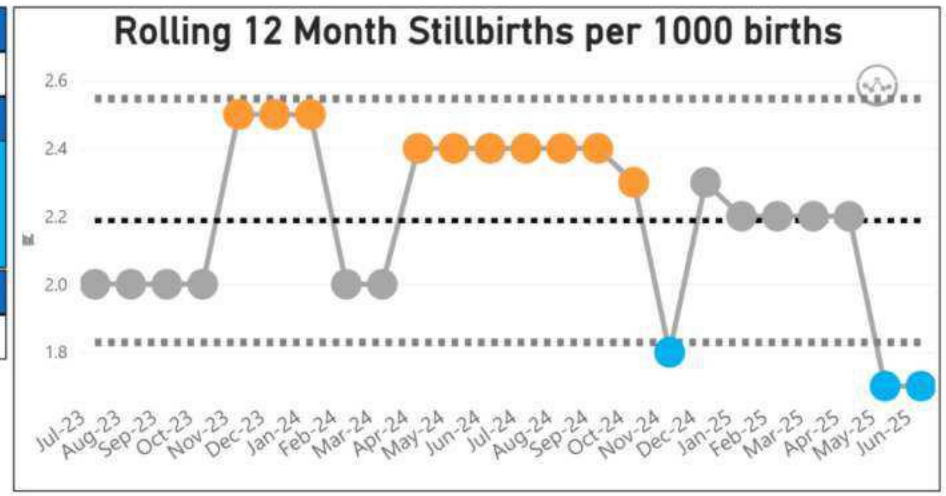
Jun-25
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Jun-25
1
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Jun-25
0.0144
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
0



Highlights:

Turnover continues to be below the 10% target at 9.82%.

Sickness absence in June rose to 4.59% - Stress and Anxiety continues to remain the highest reason.

Mandatory training compliance improved to 90.91% which reached the 90% target for the first time since November 2019.

Appraisal compliance reached target at 81.64% in June but, further analysis is underway to identify non-compliance.

Agency shifts for Nursing decreased from last month with 154 shifts in June, although an increase of 71 compared with June 2024 – spend at 0.8% of the total nursing pay bill.

Agency shifts for Medical & Dental increased from last month to 154 and it was 156 less than the previous year – spend at 2.2% of the total medical pay bill.

Agency spend for YTD is £712K which is £690k less than the same period last year.

Areas Of Concern:

M&D Agency Shifts – 15 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.

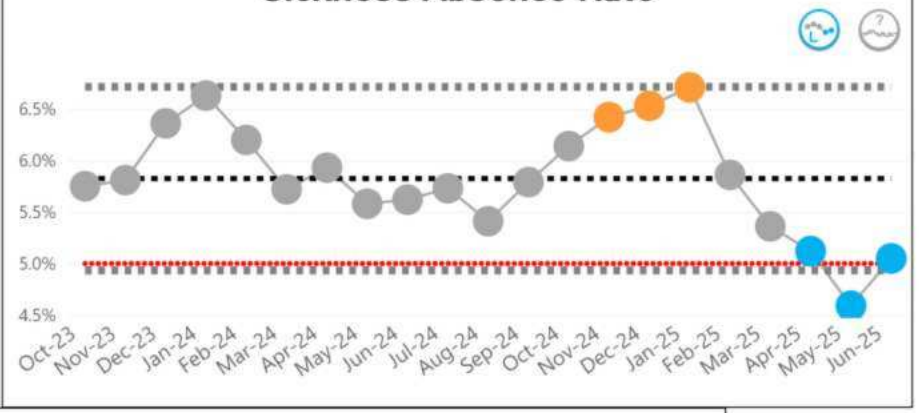
COCH IPR: Sickness & Turnover

Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

Jun-25
5.05%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
5%

Sickness Absence Rate



Jun-25
9.82%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
10%

Staff Turnover Percentage

Sickness Narrative

Sickness absence increased in June to 5.05%, up from 4.59% in May which is above target. The top 3 reasons for absence were: Stress & Anxiety, Other musculoskeletal problems and Gastrointestinal problems. This equates to 3,512 FTE days lost which is 53% of all Trust sickness absence. Stress and Anxiety absence accounts for 33.12% of all sickness absence

Short Term Absence

•Short term absence accounts for 1.71 % in June, up from 1.82% in May.

Long Term Absence

•At 3.34% Long Term absence remains high

•Stress and Anxiety continues to be the highest reason

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

Work continues to continue to improved sickness absence position. The HR teams continue to work with managers, ensuring sickness absence cases are managed proactively inline with trust policy, support colleagues through the process.

The trusts downward trajectory since January 2025 is inline with expected seasonal variation, however, this has been accelerated during 2025 with the support of positive interventions. The increase in in-month absence in June will be monitored to understand where increases are being seen.

Staff Group (excludes Fixed Term Temporary Staff)	Turnover Headcount %
Add Prof Scientific and Technic	10.07%
Additional Clinical Services	11.97%
Administrative and Clerical	14.44%
Allied Health Professionals	7.33%
Estates and Ancillary	9.20%
Healthcare Scientists	10.26%
Medical and Dental	9.09%
Nursing and Midwifery Registered	5.99%
Trust Rate	**9.82%**

Staff Turnover

At 9.82% for June the Trust Turnover rate has increased but continues to trend below target since July 2023. The rate based on FTE is below target at 9.56%. Showing the workforce is remaining more stable, retaining employees, skills, and knowledge.

There are 4 staff groups remaining above target: Add Prof Scientific (10.07%), Additional Clinical Services (11.97%), Admin & Clerical (14.44%) and Healthcare Scientists (10.26%).

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.

The trust has recently seen an increase in the volume of leavers with less than 12 months service, in June this has returned to expected levels with no clear pattern to the month increase in April and May 2025.

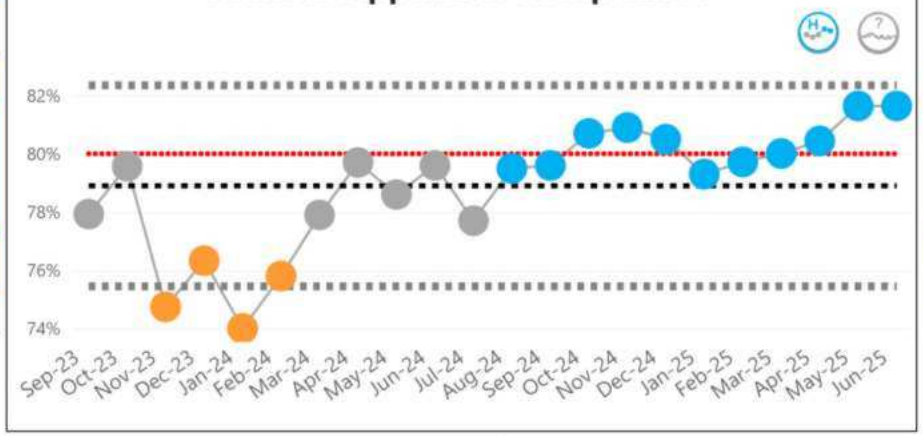
COCH IPR: Training & Development

Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

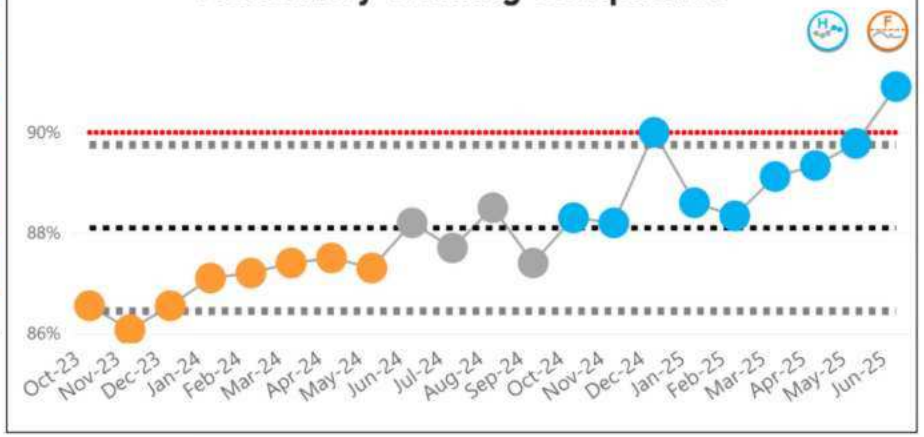
Jun-25
81.6%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
Target
80%

Annual Appraisal Compliance



Jun-25
90.9%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
Target
90%

Mandatory Training Compliance



Appraisal Narrative

Performance Issue: Appraisals on target (81.64%)

Appraisal compliance in June has remained at 81.64%, 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.

Division	Appraisals	Local Induction	Mandatory Training
Corporate Non-Clinical	75.9%	100.0%	92.3%
Diagnostics & Clinical Support	88.4%	93.9%	92.1%
Estates & Facilities	74.2%	97.8%	81.5%
Finance & Performance	84.6%	60.0%	96.7%
IMT	84.2%	100.0%	96.0%
Nurse Management	66.2%	66.6%	89.9%
People Services	84.8%	83.3%	94.2%
Planned Care	78.6%	72.8%	90.2%
Therapies & Integrated Community Care	87.2%	95.9%	93.2%
Urgent Care	83.0%	83.6%	91.1%
Women & Children's	75.0%	90.4%	92.3%
Trust Total	**81.6%**	**86.1%**	**90.9%**

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 June, up from 89.78% to 90.91%, slightly above our target of 90%.

Although achieving target is great news, further work is required in specific areas. As seen in the tables opposite compliance can vary by division and by training competency, further targeted interventions are currently taking place.

F2F training continues to be supported by E-learning where acceptable within the CSTF.

Planned Remedial Actions:
The trust is aligned with a National programme review of the CSTF and continues to review the training needs analysis for each CSTF subject.

Capacity continues to be monitored, and additional spaces made available if necessary.

Targeted support for Estates and facilities has positively impacted their overall compliance rate and will remain in place. Targeted work remains in place to increase compliance with level 2 resuscitation. Drop in sessions aligned with rolling half days are provided in SDEC.

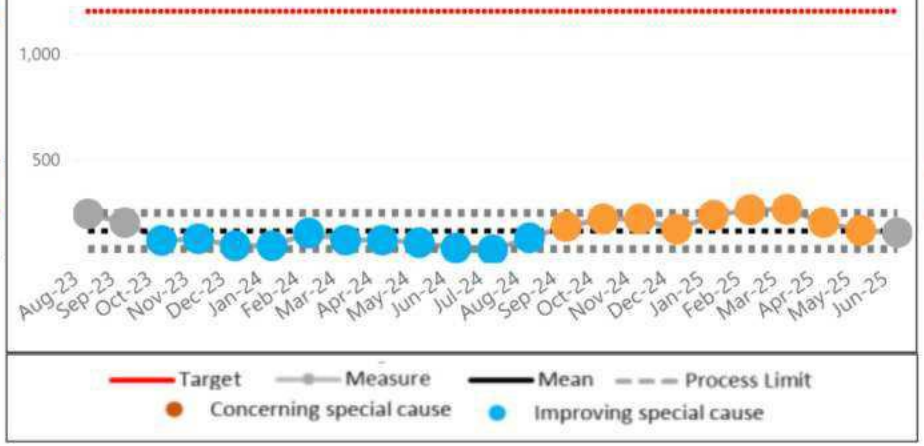
COCH IPR: Cap Rates

Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

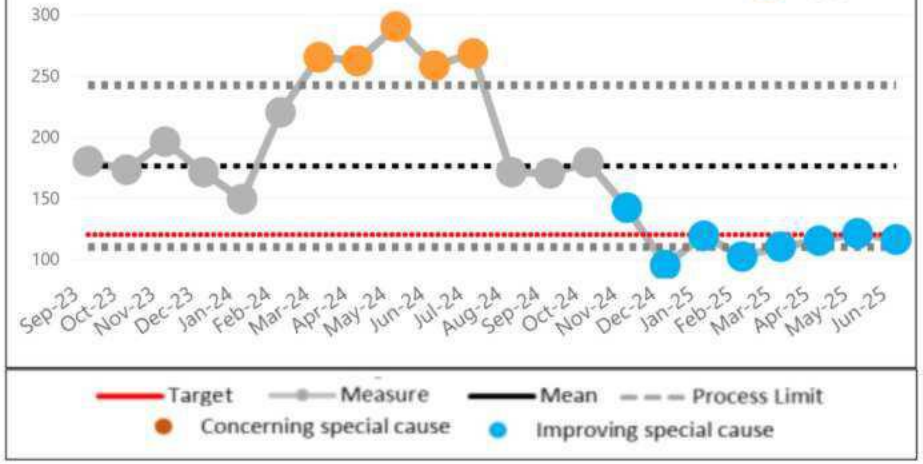
Jun-25
154
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
1200

Nursing & Midwifery Reduction in Agency Shifts over Cap Rates



Jun-25
116
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
120

Medical & Dental Reduction in Agency Shifts over Cap Rates



Cap Rates Narrative

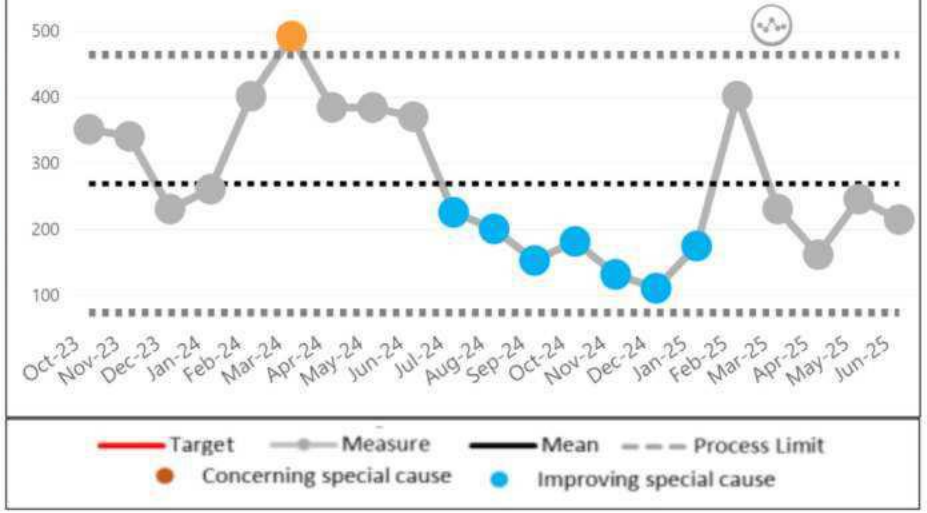
Medical & Dental - Month 3 shows 116 Medical shifts. A difference of -142 from the previous year. 99 were above cap rates and 15 were Off Framework

Nursing & Midwifery - In relation to Nursing shifts, 154 shifts were approved in month 3 and 121 were above cap. A difference of +71 from the previous year.

Other reduction in Agency - In month 3, 214 'Other' agency shifts were approved a decrease of 156 on the previous year. 94 were above cap. Of these 85 were HCA shifts and 30 were ST&T shifts.

Jun-25
214
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
120

Other Reduction in Agency Shifts over Cap Rates

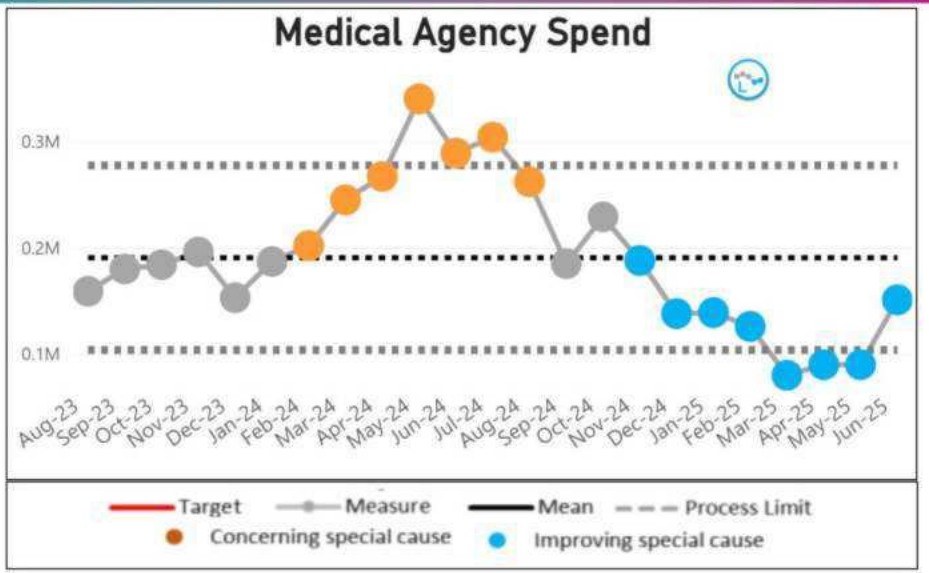


COCH IPR: Agency Spend

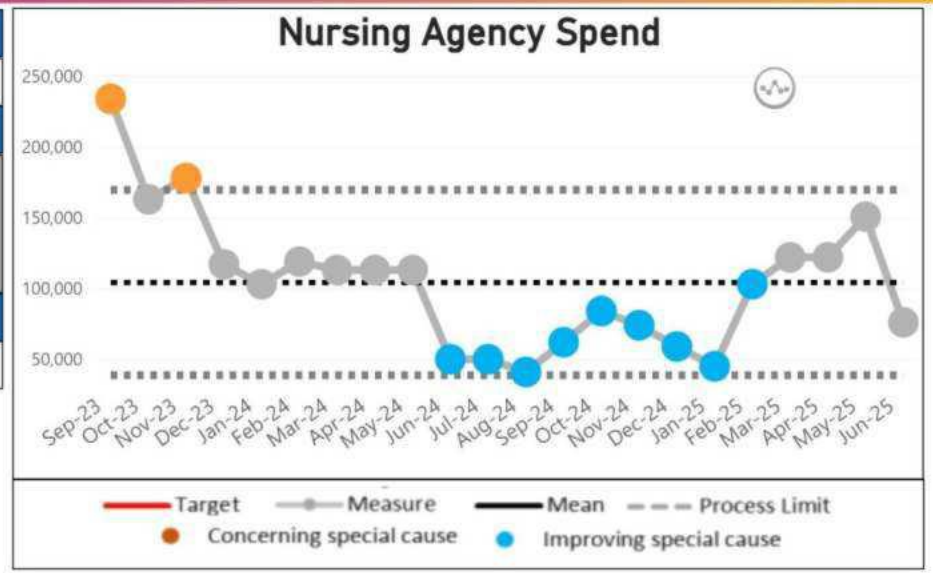
Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

Jun-25
151004
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
1200



Jun-25
76022
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
120



Agency Spend Narrative

Medical Agency Spend - M3 is £151k, which is 2.20% of the total medical spend.

Agency nursing expenditure for M3 is £76k, which is 0.8% of total nursing spend

Staff Group	Agency Spend YTD to M3	Total Pay Group Spend YTD to M3	% Agency
	£000s	£000s	
Medical	391	20,511	1.9%
Nursing	254	27,238	0.9%
Scientific, Therapeutic & Technical	45	9,877	0.5%
Admin & Clerical	7	8,699	0.1%
Other	-	6,989	0.0%
TOTAL PAY	697	73,314	1.0%

Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	49.80
Of which Registered Midwife Vacancy WTE	6.82
Total Qualified AHP Vacancy WTE	11.53
Of which Qualified Physiotherapist Vacancy WTE	0.00
Of which Qualified Occupational Therapist Vacancy WTE	4.32
Qualified Podiatry Vacancy WTE	0.00
Qualified Dietetics Vacancy WTE	0.00
Qualified Operational Department Practitioners Vacancy WTE	7.21
Qualified Orthoptics/Optics Vacancy WTE	0.01
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	63.97
Of which Medical/Dental Consultant Vacancy WTE	28.68
Support to Clinical Staff Vacancy WTE	90.96
Of which Healthcare Assistant Band 2	63.28
Of which Healthcare Assistant Band 3	5.38
NHS Infrastructure Vacancy WTE	56.67
Other Registered Scientific, Therapeutic and Technical Staff	6.46
Total Vacancies	283.15
Budgeted FTE Total	4742.88
Trust Vacancy Rate	5.97%

	19/20 £	20/21 £	21/22 £	22/23 £	23/24 £	24/25 £	25/26 £	Straight Line projection for year £
Medical	2,186,354	2,092,661	2,184,548	2,549,357	2,172,943	2,547,072	391,421	1,565,684
Nursing	420,670	3,346,190	8,356,865	12,984,419	2,537,722	890,183	253,804	1,015,216
Scientific, Therapeutic & Technical	309,438	165,439	186,898	828,586	797,726	634,672	45,147	180,588
Admin & Clerical	58,632	151,116	642,783	1,600,359	518,838	146,785	6,787	27,148
TOTAL	2,975,094	5,755,413	11,371,094	17,962,721	6,027,228	4,188,712	697,159	2,788,636
Total Pay Bill	179,577,000	218,177,000	231,024,000	262,148,000	274,202,337	294,886,090	73,314,417	
Agency spend as a % of total Pay Bill	1.7%	2.6%	4.9%	6.9%	2.2%	1.4%	1.0%	

Performance Issue:

To not exceed £4.576m agency expenditure ceiling.

Total Agency spend at M03 is £697k, which is 1.0% of total pay spend. £1402k was spent in same period last year.

Staff Group	Vacancy FTE	Vacancy Rate
Add Prof Scientific and Technic	6.46	4.96%
Additional Clinical Services	90.96	26.48%
Administrative and Clerical	0.00	0.00%
Allied Health Professionals	11.53	3.71%
Estates and Ancillary	56.67	8.12%
Healthcare Scientists	3.75	3.99%
Medical and Dental	63.97	10.55%
Nursing and Midwifery Registered	49.80	3.60%
Grand Total	283.15	5.97%

KPI	RAG Rating	Comments
I&E distance from target (cumulative)		The Trust delivered £8.2m YTD deficit against a planned deficit of £8.2m – in line with plan (including deficit support funding)
CIP		CIP is £1.6 million behind plan at Month 3 Only recurrent savings are being actioned
Capital Expenditure		Operational capital is in line with plan at month 3
Cash in bank - £'000		The Month 3 cash position is £21.2 million, an increase of £5.5m from May 2025
Liquidity (days)		The Trust had the equivalent of 19 days cash in the bank
Better Payment Practice Code (number)		91.5% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).
Better Payment Practice Code (value)		95.3% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).

Highlights: . At month 3, the Trust reported a year to date deficit of £8.2m against a planned £8.2m deficit, and as such is in line with plan. This position was achieved as a result of a number of non-recurrent benefits in month 3, including vacancies across a number of areas and higher than expected interest receivable income which offset under delivery against CIP targets.

The month 3 position included £1.6m undelivered CIP, which was mitigated with non-recurrent benefits in the month (e.g. vacancies).

Areas of concern:
Non delivery of CIP equates to £1.6m at month 3, which is a key driver of the Trusts underlying adverse financial performance.

Better Payment Practice Code (BPPC) performance in May was 91.5% (volume) and 95.3% (value) against a target of 95% across both metrics. The underperformance in the number of invoices paid is driven by issues with loading invoices onto the system for payment. This has been escalated with the system provider resulting in daily meetings to try and resolve this issue and an action plan being developed to ensure this issue is resolved.

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 are being reviewed and enhanced to ensure that they remain fit for purpose. These measures include a weekly pay control panel (Executive attendance only) for recruitment to substantive posts as well as variable pay requests. A monthly variable pay group also meets to review and challenge levels of variable pay spend within divisions/ departments and to discuss whether alternative, more cost effective, arrangements could be put in place. A non-pay control panel (chaired by the DOF) has also been established to review all non-clinical spend requests prior to any orders being placed.

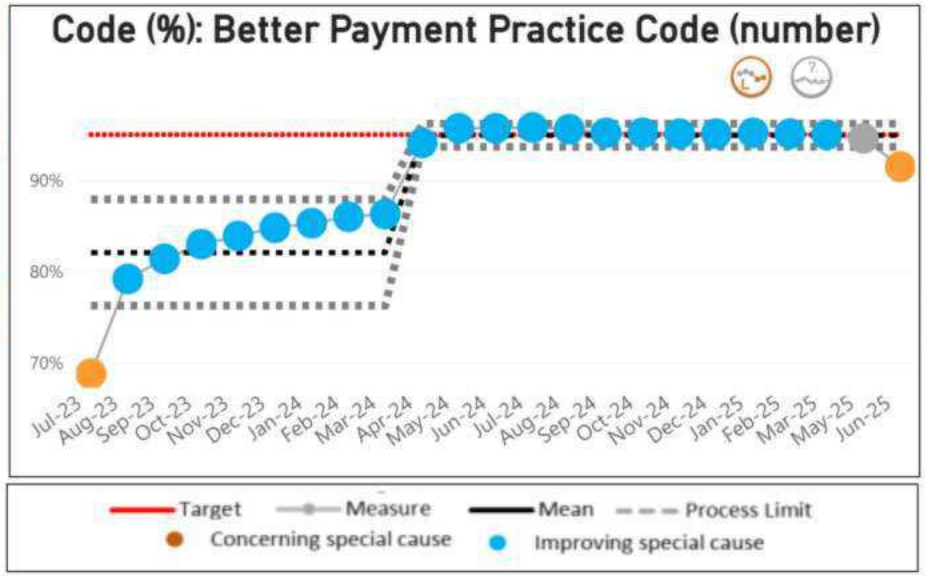
A weekly CIP delivery group is in place, which is chaired by the CEO with Executive Directors being leads for cross-cutting CIP schemes who provide updates on progress at the delivery group. Weekly updates on CIP progress are provided to NHS England, alongside weekly updates provided to Executive Directors and CIP delivery group. Fortnightly Financial Control and Oversight Meetings (FCOG) meetings are held with the ICB to review and monitor progress of CIP against a number of key themes

COCH IPR: Better Payment Practice Code

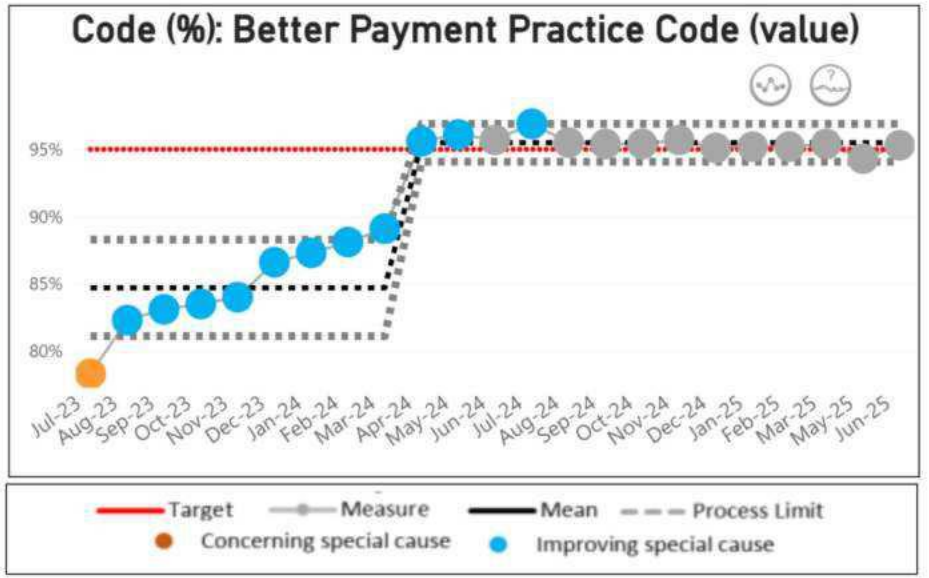
Owner: Karen Edge - Chief Finance Officer

Countess of Chester Hospital NHS Foundation Trust

Jun-25
91.5%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly LOWER.
Target
95%



Jun-25
95.3%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
95%



Committee Chair's Report
Thursday 22 May 2025, 8.00am – 1.00pm
Boardroom, 1829 Building

Committee	Operational Management Board (OMB)
Chair	Ms Jane Tomkinson, Chief Executive Officer

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert *(matters that the Committee wishes to bring to the Board's attention)*

- Significant CIP challenge and importance of senior leadership team gripping this challenge and progressing clear plans.
- Industrial action by resident doctors was anticipated following the results of the BMA ballot.

Assure *(matters in relation to which the Committee received assurance)*

- Accountability framework approved for cascade through Divisions.
- Received a presentation on the work taking place on prehabilitation and the Surgery Hero app.
- The OMB received an update on quality and harms, as well as the challenges in meeting timeframes for response.
- People metrics including improvements in some areas. Work on use of temporary staff needed to continue at pace and the vacancy panel would have a strong focus on any vacancy that was put forward so the Divisions need to have undertaken due diligence locally.
- Divisional performance and risk updates were provided.
    - Themes included Referral to Treatment (RTT) challenges and priorities, waiting list validation, Additional Clinical Activity (ACA) and risks.
    - DCSS Division update included some benchmarking comparisons for pathology and radiology with some positive areas and some areas for further review with the clinical teams.
    - Urgent Care Division update included increase in emergency department walk ins and some staffing gaps across the Division.
    - Therapies and Integrated Community Care Division update included non criteria to reside levels, work needed on inefficiencies and improving discharge.

Advise *(items presented for the Board's information)*

- Detailed presentation received on RTT, PIFU and Advice & Guidance including speciality level risks and performance. More work to do linked to capacity and demand to determine clear action plans which will come back to OMB in July 2025.

Risks discussed and new risks identified

- Risk management improvement plan progressing but still inconsistency in the high risk report being aligned to key organisational risks and clarity of timeframes for actions to mitigate the risks.

- Clinical Divisions provided updates of their high risks, including mitigations and review of risk assessments.

ADDITIONAL UPDATES:

- A joint OMB and Clinical Leads day took place on the 26th June 2025.
- An extraordinary OMB meeting also took place on 16th July 2025 to specifically focus on the NHS Oversight Framework and the Trust's financial performance (including CIP).

Committee Chair's Report

Tuesday 15th July 2025, 9.30 – 10.30, Boardroom 1829 Building

Committee	Audit Committee
Chair	Non-Executive Director, Mr M Guymer

Key discussion points and matters to be escalated from the discussion at the meeting are:

Alert
(matters that the Committee wishes to bring to the Board's attention)

- Out-of-date Policies: good update and progress is being made but still only providing limited assurance due to significant number of out-dated clinical policies. Note that guidelines and SOPs will also need to be reviewed.

Assure
(matters in relation to which the Committee received assurance)

- The Audit Committee **ratified/approved** updated versions of two policies: the Conflicts of Interest Policy and the Standards of Business Conduct Policy.
- Internal Audit Progress report including two **substantial assurance** reports covering Managing Conflicts of Interest and Fit and Proper Persons.
- Assurance on follow up progress against Internal Audit recommendations.
- Progress against the risk management improvement plan was received. There is still work to do to complete the actions and embed risk management.
- Anti-Fraud plan progress report including awareness raising, referrals and ongoing cases noting long timeframes for some investigations especially where these have been referred externally.
- Additionally, an awareness around the new Failure to Prevent Fraud Offense was provided.

Advise
(items presented for the Board's information)

- The Audit Committee reviewed the agendas and AAA Chair reports for the other Committees, which demonstrated continued operation.

Risks discussed and new risks identified

- The Committee received the extract of the Board Assurance Framework (BAF 8) and high-risk report as part of the work of the Committee. No new risks were identified.

An extraordinary Audit Committee was held on 24th June 2025 where they reviewed and approved the Annual Report 2024/25 including the Annual Governance Statement, External Audit Year end report (ISA 260), Auditors Annual report 2024/25 and Letter of Management Representation. In addition, the committee reviewed and approved the Quality Accounts 2024/25.

Committee Chair's Report

Tuesday 20th May 2025 at 8am – 8.25am, Executive Meeting 1829 Building

Committee	Finance and Performance Committee
Chair	Non-Executive Director, Mrs P Williams

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert ***(matters that the Committee wishes to bring to the Board's attention)***
• No items to raise.
Assure ***(matters in relation to which the Committee received assurance)***
• No items to raise.
Advise ***(items presented for the Board's information)***
• The Committee considered the Outline Business Case (OBC) for the Theatres Redevelopment project. There was limited time available for discussion, but the Committee explored some of the issues relevant to its Terms of Reference. Full assurance could not be given at this stage, but there were no issues identified that required an alert to the Board. Much more detail would be available at Full Business Case (FBC) stage, and this will necessitate a dedicated session to undertake a full review.
Risks discussed and new risks identified
• The high-level project risks were discussed. A full risk register will be produced at FBC stage.

Committee Chair's Report
Wednesday 25th June 2025 at 13.30 - 16.50, Boardroom1829 Building

Committee	Finance & Performance Committee
Chair	Non-Executive Director, Mrs P Willams

Key discussion points and matters to be escalated from the discussion at the meeting:

Alert
(matters that the Committee wishes to bring to the Board's attention)

- There have been some improvements in the Urgent Emergency Centre (UEC) performance. Continued oversight is needed to provide assurance that this can be sustained and further improved. Internal focus and external support together with system engagement continues.
- 2025/26 Annual Financial Plan – At Month 2 the Trust is reporting delivery of the plan. However, year to date delivery of Cost Improvement Programme (CIP) is £1.3million behind plan.
  NHS England (NHSE) have notified the Integrated Care Board (ICB) that (as at 20th June 2025) they were not in a position to approve Deficit Support Funding for Q2. This will have severe cash implications for us, estimated to impact in September 2025. A Memorandum of Understanding (MOU) setting out the actions required to preserve cash availability in 2025/26 has been developed and will be evaluated.

Assure
(matters in relation to which the Committee received assurance)

- The Annual Health and Safety Report, identifying the progress made in challenging circumstances. Objectives for 2025 have been set to continue the improvement work and enable full assurance to be provided.
- Integrated Performance Report May 2025.
- Digital and Data strategic programme update, including updates on CIP, Electronic Patient Record (EPR), work programme, data governance and risks.
- Digital and data Strategy update outlining the current development progress of the strategy. Mersey Internal Audit (MIAA) was undertaking an assurance review of the strategy development process.
- Senior Information Risk Owner update including cybersecurity, Data Security Protection Toolkit, review of MIAA guidance, Information Governance provision and training, Freedom of Information (FOI), and Information Commissioner's Officer (ICO) incident position.
- Month 2 Finance Position reporting a balanced plan position (however, see Alert section above).
- Corporate Cost reduction report, setting out the methodology used to identify the allocation of savings needed to deliver the reduction of 50% in corporate cost growth requested by NHSE.
- Pricewaterhouse Cooper Action Plan/ Grip and Control action Plan update. Fifty two of the fifty seven recommendations have been completed /included in business as usual. The remaining five were scheduled to be completed in Q2.

- 2024-25 Q4 Waiver report, noting that all waivers had been supported by Procurement.
- Trust Procurement Year End Report 2024-25 and Commercial Procurement Year End Report 2024-25 outlining key successes achieved and the significant contribution made to corporate savings despite capacity and resourcing challenges.
- Triple AAA Chair's reports from Commercial Procurement Group, Women's and Children's New Build Project Group, Estates and Facilities Divisional Group, Information Governance and Information Security Committee, Operations & Performance Executive Led Group (OPELG), Digital Transformation Group, Anchor Institution Steering Group, EPR group,

Advise
(items presented for the Board's information)

- A presentation was received on the governance arrangements for Estates.
- Thirwell Inquiry financial spend update as at Month 2.
- Revised Terms of Reference for Estates and Facilities Divisional Board and Digital Transformation Group.
- Minutes from sub groups.

Risks discussed and new risks identified

- Extracts of the Board Assurance Framework (BAF) and high risks register were reviewed, with updates provided.
- A number of risks and challenges remain in relation to the Health and Safety function.
- Delivery of the 2025/26 finance plan.