Countess of Chester Hospital NHS Foundation Trust

PUBLIC - Board of Directors

25th November 2025

Report	**Agenda Item 17.**	**Integrated Performance Report – October 2025**						
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Cathy Chadwick Sue Pemberton Nigel Scawn Karen Edge Vicki Wilson			Chief Operating Officer Director of Nursing/Deputy CEO Medical Director Director of Finance Chief People Officer				
Author(s)	Dan Nash			Director of Performance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X** **X** **X** **X** **X**	This report covers 5 areas of the BAF and therefore changes in performance in any of the areas can affect risk score on the BAF.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health						**X** **X** **X** **X** **X** **X**	
CQC Domains	Safe Effective Caring Responsive Well led						**X** **X** **X** **X** **X**	
Previous considerations	Not applicable							
Executive summary	The purpose of this report is to: • Summarise the key performance indicators. • Assure the Board of the monthly oversight of Trust priorities against agreed targets. • Highlight areas of high or low performance. Areas of positive assurance: • A sustained reduction in ambulance turnaround times over 60 minutes • A reduction in the number of patients receiving care on the Emergency Department corridor • 0 never Events • 0 Steis reportable incidents							

	• Improvements in the compliance for Braden, MUST and falls risk assessments. • Exceeded the target for annual appraisal compliance • Exceeded the target for mandatory training compliance Areas requiring improvement: • Patient feedback – complaints open at month end • Emergency Medicine Performance • Sickness Absence Compliance • Total size of waiting list • 18-week RTT compliance Appended to the IPR is a set of slides relating to operational performance providing additional information on 18 week compliance, 52/65 week compliance and UEC performance.
Recommendations	The Board is asked to consider and note the contents of the Report.

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

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Integrated Performance Report

Report to end of October 2025

Data Quality Assurance Matrix (DQAM)

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

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

- Mixed Sex Accommodation (MSA) - substantial assurance
- VTE - substantial assurance

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

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

Data Quality Assurance Matrix (DQAM)

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

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

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

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

COCH IPR: What is an SPC chart?

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

XmR chart

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

Process limits

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

Special cause variation & common cause variation

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

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

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

Recalculations

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

Baselines

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

Summary icons

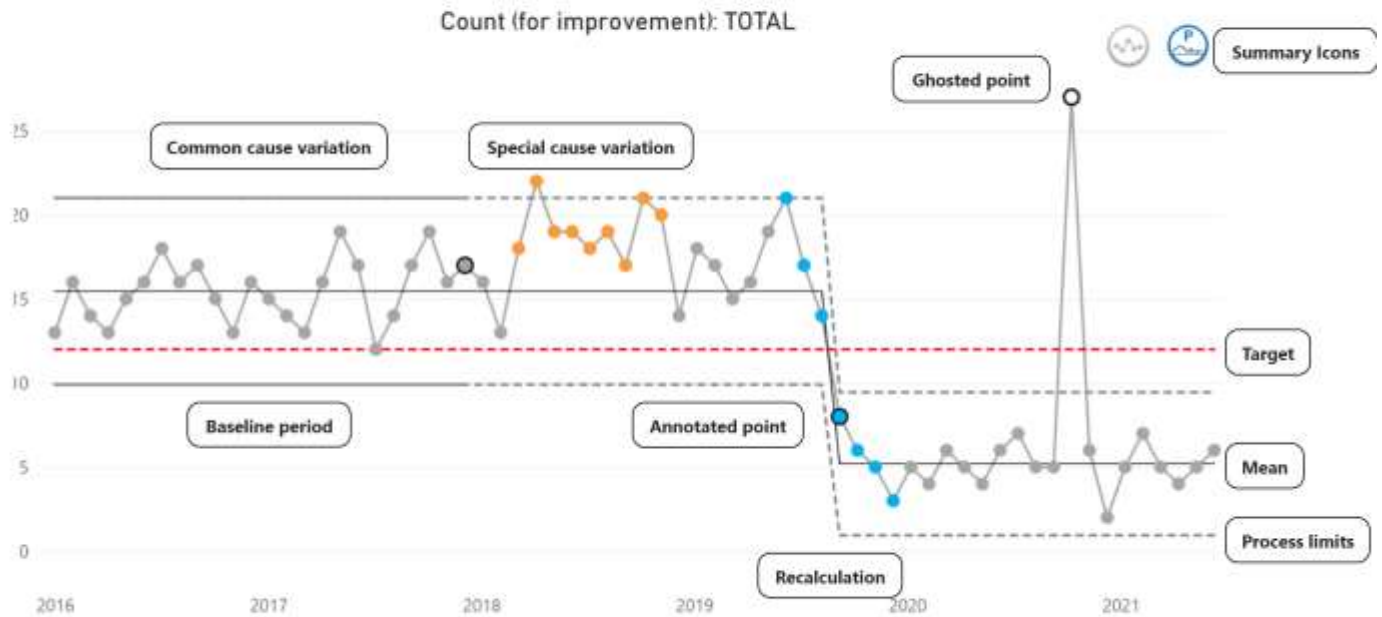
Summary icons are shown in the top-right of the chart and explained on the *Icon Descriptions* page.

Ghosting

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

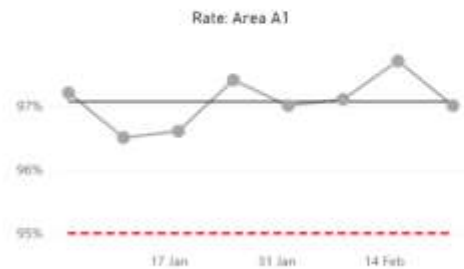
Annotations

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



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

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



COCH IPR: Scorecard SPC Icon Matrix

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

COCH IPR: NHS Oversight Framework (NOF)

NHS oversight framework published on 9th September. External data to be updated quarterly.

Countess of Chester Hospital NHS Foundation Trust

SCORED METRICS (Contributing to Segmentation)

Metric	Type	Target or Threshold	Latest (local version)		Latest published (MHS)		Previous (MHS)		Latest published						
			Time period	Value	Time period	Value	Time period	Value	Rank	Score 1	Score 2	Score 3	Score 4	Overall Domain Score	Overall Domain Segment
ACCESS TO SERVICES DOMAIN															
% patients waiting <18 weeks (absolute)	Acute	65%	Oct-25 ↑	52.20%	Jun-25 ↑	48.89%	Apr-25	47.08%	130/131				3.98	3.21 (3.04)	4
% patients waiting <18 weeks (vs plan)	Acute	0%	Oct-25 ↑	-0.80%	Jun-25 ↑	-1.00%	Apr-25	-2.00%	109/131			3.04			
% patients waiting >52 weeks	Acute	1%	Oct-25 ↑	7.03%	Jun-25 ↓	8.28%	Apr-25	6.55%	131/131				4		
% patients waiting >52 weeks (community)	Community	-	Oct-25 ↑	9.83%	Jun-25 ↓	10.60%	Apr-25	8.04%	65/80			3.43			
% urgent referrals diagnosed within 4 weeks	Acute	80%	Q2 2025/26 ↓	71.64%	Q1 2025/26 ↓	78.58%	Q4 2024/25	82.53%	44/118		2.34				
% patients treated within 62 days	Acute	75%	Q2 2025/26 ↓	74.88%	Q1 2025/26 ↑	76.51%	Q4 2024/25	75.91%	25/118	1					
% A&E patients seen within 4 hours	Acute	78%	Aug-25 - Oct-25 ↑	63.70%	Q1 2025/26 ↑	61.20%	Q4 2024/25	60.10%	119/123				3.9		
% A&E attendances >12 hours	Acute	0%	Aug-25 - Oct-25 ↑	18.88%	Q1 2025/26 ↑	24.45%	Q4 2024/25	25.85%	122/123				3.98		
EFFECTIVENESS & EXPERIENCE DOMAIN															
Summary Hospital Level Mortality Indicator	Acute	As Expected	Jul-24 - Jun-25 ↔	As Expected	Apr-24-Mar 25 ↔	As Expected	Jan-24 - Dec-24	As Expected	S2		2			2.54 (2.67)	4
Discharge delays (bed days lost) - including zero days - metric has changed	Acute	-		N/A	Jun-25	1.80		N/A	120/126				3.86		
CQC inpatient satisfaction	Acute			N/A	2023 ↔	2		2	S2		2				
Urgent Community Response 2-hour performance	Community	70%	Sep-25 ↓	85.00%	Q1 2025/26 ↓	81.76%		82.35%	28/51		2.32				
PATIENT SAFETY DOMAIN															
Staff survey - raising concerns	Acute/Community			N/A	2024 ↔	5.93		N/A	127/134					3.22 (3.12)	4
CQC safe inspection score	Acute/Community			N/A	↔	3		N/A							
MRSA infections (rate)	Acute	0			Jul-24 - Jun-25 ↓	3		1	55/134			2.63			
C-Difficile infections (rate)	Acute	<1			Jul-24 - Jun-25 ↔	1.11		1.11	41/134		2.38				
E-Coli infections (rate)	Acute	<1			Jul-24 - Jun-25	1.33		1.2	104/134			3.46			
PEOPLE & WORKFORCE DOMAIN															
Sickness absence rate	Acute/Community	-	Oct-25 ↑	6.10%	Q4 2024/25 ↑	6.04%		6.76%	116/134			3.31		3.55 (3.63)	4
Staff survey engagement score	Acute/Community	-		N/A	Dec-24 ↔	6.48		N/A	125/134			3.8			
FINANCE & PRODUCTIVITY DOMAIN															
Combined finance score (planned vs variance)	All Trusts				Q1 2025/26	2		N/A	S2		2			2.61	4
Planned surplus/deficit	Acute/Community	Breakeven/ Surplus			Apr-25 ↓	-9.38%		-8.90%	129/134				4		
Variance YTD to plan (NEW Sep 25)	Acute/Community				Jun-25	0		-	54/134	1					
Implied productivity level	Acute	4% Imp			Mar-25	0.55%		-0.27%	99/134			3.21			

COCH IPR: Scorecard

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Operational Metrics	Period	Value	Variation	Assurance	Target
ED: Patients waiting no more than 4 hours (%)	Oct-25	64.7%			78%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Oct-25	53.3%			78%
ED: Patients waiting over 12 hours	Oct-25	1151			0
ED: Patients waiting over 12 hours from decision to admit to admission	Oct-25	531			0
Ambulance: Handovers 30-60 minutes	Oct-25	451			0
Ambulance: Handovers 60+ minutes	Oct-25	41			0
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Oct-25	52.2%			60%
RTT: Incomplete pathways - Total	Oct-25	33283			26110
RTT: Incomplete pathways - Waiting over 52 weeks	Oct-25	2339			0
RTT: Incomplete pathways - Waiting over 65 weeks	Oct-25	82			0
RTT: Incomplete pathways - Waiting over 78 weeks	Oct-25	2			0
RTT: Incomplete pathways - Waiting over 104 weeks	Oct-25	0			0
RTT Wait for 1st OP Appt - % waiting <18 weeks	Oct-25	48.8%			67%
Patient Initiated Follow Up (%)	Oct-25	5.7%			5%
Diagnostics: % waiting less than 6 weeks - All	Oct-25	74.7%			99%
Cancer Treatments: 28 Day FDS	Sep-25	70.6%			77%
Cancer Treatments: 31 Day Standard	Sep-25	92%			96%
Cancer Treatments: 62 Day Standard	Sep-25	76.1%			85%
NC2R: Total Delayed Days	Oct-25	4045			1740
E-Discharge Overall Compliance (within 24hr %)	Oct-25	71.4%			95%

Maternity Metrics	Period	Value	Variation	Assurance	Target
Women Delivered	Oct-25	173			
Live Births	Oct-25	175			
Births in Co-located MLU	Oct-25	10			
Term Admission Rate	Oct-25	5.14%			4.8%
Sections Rate	Oct-25	41.6%			45%
PPH rate per 1000 births	Oct-25	34.6			30
Tears rate per 1000 births	Oct-25	5.78			28
Eclampsia	Oct-25	0			0
Maternal Deaths	Oct-25	0			0
Stillbirths	Oct-25	1			0
Neonatal Deaths	Oct-25	0			0

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target
Mortality: SHMI	Jun-25	89.7			
Mortality: Total inpatient deaths	Oct-25	91			
Incidents: StEIS reported incidents	Oct-25	1			0
Incidents: Never events	Oct-25	0			0
Incidents: Mixed sex accomodation incidents	Oct-25	0			0
Incidents: All incidents	Oct-25	1421			1155
Incidents: All incidents with moderate harm and above	Oct-25	83			40
Incidents: Medication incidents	Oct-25	150			108
Incidents: Medication incidents with harm	Oct-25	1			0
Falls: All - Rate Per 1000 Bed Days	Oct-25	4.70			4.87
Falls: With Harm - Rate Per 1000 Bed Days	Oct-25	0.433			0.1
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Oct-25	3.34			1.22
Pressure ulcers: Present on admission - Rate per 1000 bed days	Oct-25	1.92			
Infection Control: C.Difficile Cases	Oct-25	8			4
Infection Control: MRSA Cases	Oct-25	1			0
Patient Feedback: Complaints Opened In Month	Oct-25	27			40
Patient Feedback: Complaints Open At Month End	Oct-25	30			7
Patient Feedback: Concerns Opened In Month	Oct-25	342			229
Patient Feedback: Concerns Open At Month End	Oct-25	134			
FFT: A&E Positive Rate	Oct-25	75.8%			95%
FFT: IP Positive Rate	Oct-25	92.0%			95%
FFT: OP Positive Rate	Oct-25	93.9%			95%
VTE: Assessment Completed Compliance	Oct-25	93.6%			95%
VTE: 14 Hour Compliance	Oct-25	81.9%			95%

HR & Finance Metrics	Period	Value	Variation	Assurance	Target
Sickness Absence Rate	Oct-25	6.1%			5%
Staff Turnover Percentage	Oct-25	8.92%			10%
Annual Appraisal Compliance	Oct-25	80.7%			80%
Mandatory Training Compliance	Oct-25	90.3%			90%
Reduction in Agency Shifts over Cap Rates: Medical & Dental	Oct-25	74			120
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Oct-25	4			1200
Reduction in Agency Shifts over Cap Rates: Other	Oct-25	115			
Better Payment Practice Code (value)	Oct-25	92.6%			95%
Better Payment Practice Code (number)	Oct-25	88%			95%

COCH IPR: Operational Performance Summary

Owner: Cathy Chadwick - Chief Operating Officer

Countess of Chester Hospital NHS Foundation Trust

Highlights

ED: The Trust saw an improvement in the 4-hour performance to 64.7% (2.5% ↑), 12-hour performance (6.47%↓) and mean ambulance handover time (8 minutes ↓). 4-hour performance was 3.93% off October planned trajectory. 12 hour and mean ambulance handover performance were overperforming against planned position for October.
Compliance against minimal corridor care in the department has been maintained to support reduced congestion. Weekly oversight of the flow improvement plan continued.

RTT: Overall RTT compliance improved to 52.2% (0.7% improvement on previous month). Despite this the Trust is 0.8% off planned position for October. 7% of RTT open pathways are >52 weeks; an improvement of 0.6% on previous month but off planned position by 3.1%.

- Initiatives to increase outpatient and elective activity continued in October (WLIs, Insourcing, Outsourcing and mutual aid). Triage of RTT waiting lists continued with the most challenged specialties by an external consultant via Consultant Connect.

Cancer: Faster Diagnosis Standard (FDS) deteriorated slightly to 70.6% due to the continued pressures within skin cancer services. This position is not expected to recover until November 25.

Diagnostics: 6-week diagnostic wait performance was 74.7%, a reduction of 1.4% compared to previous month. Echocardiography waits continue to be the main driver of the underperformance. Plans to utilise mutual aid for other areas of pressure including MRI, Ultrasound and Dexa scans.

Areas of concern:

ED: UEC plans were predicated on a No Criteria to Reside (NCTR) reduction to 15% (agreed by ICB), in October NCTR was at 23.2%

- Zero growth was assumed in planning (as requested) however the department has seen an unprecedented level of demand, with >8% growth year on year in all types of attendances.
- Lack of additional capacity for Winter and continued level of NCTR

RTT:

- Vascular – plans to utilise mutual aid at Liverpool University Hospital, mobilise insourcing, continue with outsourcing and internal WLIs
- ENT – plans to extend insourcing arrangements

Forward Look (December)

ED: Continued implementation of flow improvement plan. Develop conveyance avoidance schemes, expanding the "Call Before Convey" model, ensuring all category 3 ambulance calls go via the single-point-of-access to avoid unnecessary referrals.

RTT:

- Utilise mutual aid for corneal graft and vascular
- Utilise insourcing for vascular, cardiology, plastics and OMFU
- Full 18+ cohort of patients to be triaged through Consultant Connect for ENT, Dermatology and Vascular and roll-out for Gynaecology
- Roll out WLIs in specialties with 52-week risk
- Continue to expand A&G offer and PIFU utilisation

COCH IPR: Operational Performance Scorecard

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Operational Metrics	Period	Value	Variation	Assurance	Target	Benchmark
ED: Patients waiting no more than 4 hours (%)	Oct-25	64.7%			78%	Oct 25 | 74.1%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Oct-25	53.3%			78%	Oct 25 | 60.1%
ED: Paediatric Patients waiting no more than 4 hours (%)	Oct-25	90.7%				
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Oct-25	87.4%				
ED: Patients waiting over 12 hours - Type 1 (%)	Oct-25	19.0%				Sep 25 | 9.8%
ED: Patients waiting over 12 hours (%)	Oct-25	13.3%			0%	
ED: Patients waiting over 12 hours	Oct-25	1151			0	
ED: Patients waiting over 12 hours - Type 1	Oct-25	1068				
ED: Attendances	Oct-25	8052				
ED: Attendances - Type 1	Oct-25	5632				
ED: Attendances - Type 3	Oct-25	2420				
ED: Patients waiting over 12 hours from decision to admit to admission	Oct-25	531			0	
ED: Attendances with a stay in a corridor location	Oct-25	47				
ED: Attendances for mental health conditions	Oct-25	160				
ED: Mental Health patients waiting over 12 hours	Oct-25	60				
Avg Time To Ambulance Handover (mins)	Oct-25	26				
Ambulance: Handovers 30-60 minutes	Oct-25	451			0	
Ambulance: Handovers 60+ minutes	Oct-25	41			0	
Ambulance: Total Ambulance Arrivals	Oct-25	1653				
% of patients admitted following ED attendance - aged under 18	Oct-25	12.4%				
% of patients admitted following ED attendance - aged over 65	Oct-25	46.6%				
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Oct-25	52.2%			60%	Sep 25 | 61.8%
RTT: Incomplete pathways - Total	Oct-25	33283			26110	
RTT: Incomplete pathways - Waiting over 52 weeks	Oct-25	2339			0	
RTT: Incomplete pathways - Waiting over 65 weeks	Oct-25	82			0	
RTT: Incomplete pathways - Waiting over 78 weeks	Oct-25	2			0	
RTT: Incomplete pathways - Waiting over 104 weeks	Oct-25	0			0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Oct-25	7.03%			1%	Sep 25 | 2.4%
RTT Wait for 1st OP Appt - % waiting <18 weeks	Oct-25	48.8%			67%	
Patient Initiated Follow Up (%)	Oct-25	5.7%			5%	Sep 25 | 3.6%

Operational Metrics	Period	Value	Variation	Assurance	Target	Benchmark
DNA Rates (%)	Oct-25	5%				Sep 25 | 7.8%
Advice and Guidance Utilisation Rate	Sep-25	25.3				Aug 25 | 31.4%
Advice and Guidance Diversion Rate (%)	Sep-25	18%				Aug 25 | 20.4%
Diagnostics: % waiting less than 6 weeks - All	Oct-25	74.7%			99%	Sep 25 | 77.5%
Diagnostics: % waiting less than 6 weeks - Magnetic Resonance Imaging	Oct-25	89.7%			99%	Sep 25 | 82.7%
Diagnostics: % waiting less than 6 weeks - Computed Tomography	Oct-25	99.4%			99%	Sep 25 | 90.2%
Diagnostics: % waiting less than 6 weeks - Non-obstetric ultrasound	Oct-25	76.8%			99%	Sep 25 | 80.3%
Diagnostics: % waiting less than 6 weeks - Barium Enema	Oct-25	100%			99%	Sep 25 | 80.3%
Diagnostics: % waiting less than 6 weeks - DEXA Scan	Oct-25	94%			99%	Sep 25 | 85.1%
Diagnostics: % waiting less than 6 weeks - Audiology - Adult Assessments	Oct-25	80.5%			99%	
Diagnostics: % waiting less than 6 weeks - Audiology - Paediatric Assessments	Oct-25	58.6%			99%	
Diagnostics: % waiting less than 6 weeks - Echocardiography	Oct-25	39.6%			99%	Sep 25 | 68.1%
Diagnostics: % waiting less than 6 weeks - Respiratory physiology - sleep studies	Oct-25	99.1%			99%	Sep 25 | 72.4%
Diagnostics: % waiting less than 6 weeks - Colonoscopy	Oct-25	83.6%			99%	Sep 25 | 71.3%
Diagnostics: % waiting less than 6 weeks - Flexi sigmoidoscopy	Oct-25	100%			99%	Sep 25 | 69.9%
Diagnostics: % waiting less than 6 weeks - Cystoscopy	Oct-25	100%			99%	Sep 25 | 73.1%
Diagnostics: % waiting less than 6 weeks - Gastroscopy	Oct-25	80.3%			99%	Sep 25 | 72.9%
Cancer Treatments: 28 Day FDS	Sep-25	70.6%			77%	Sep 25 | 73.9%
Cancer Treatments: 31 Day Standard	Sep-25	92%			96%	Sep 25 | 91.2%
Cancer Treatments: 62 Day Standard	Sep-25	76.1%			85%	Sep 25 | 67.9%
NC2R: Total Delayed Days	Oct-25	4045			1740	
E-Discharge Overall Compliance (within 24hr %)	Oct-25	71.4%			95%	

COCH IPR: Emergency Department Summary

Owner: Cathy Chadwick - Chief Operating Officer

Countess of Chester Hospital NHS Foundation Trust

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

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

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

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

ED: Attendances

Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Paediatric Patients waiting no more than 4 hours (%)	Oct-25	90.7%				
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Oct-25	87.4%				
ED: Patients waiting no more than 4 hours (%)	Oct-25	64.7%			78%	Oct 25 | 74.1%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Oct-25	53.3%			78%	Oct 25 | 60.1%
ED: Attendances	Oct-25	8052				

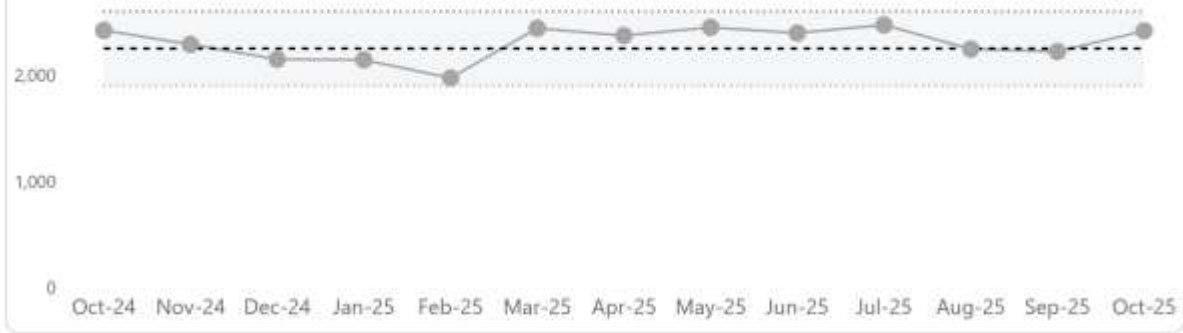
COCH IPR: Emergency Department Summary

Owner: Cathy Chadwick - Chief Operating Officer

Countess of Chester Hospital NHS Foundation Trust

ED: Attendances - Type 1

ED: Attendances - Type 3



ED: Attendances for mental health conditions

ED: Mental Health patients waiting over 12 hours

ED: Attendances with a stay in a corridor location

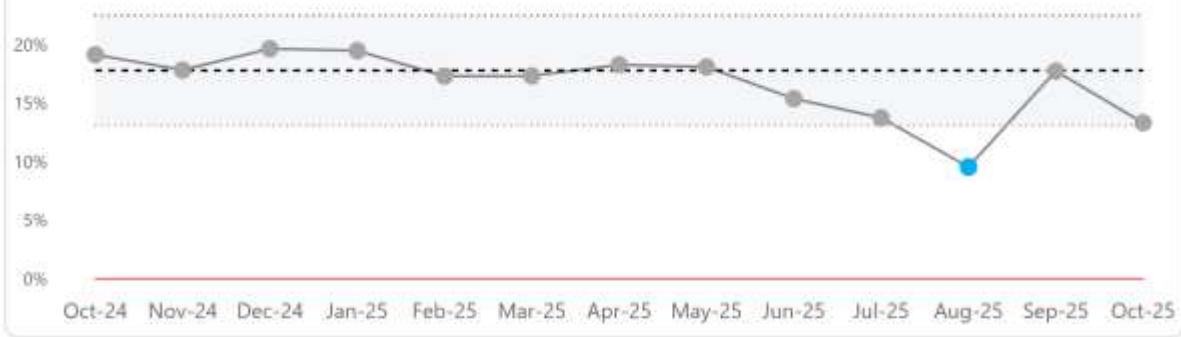
Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Attendances - Type 1	Oct-25	5632				
ED: Attendances - Type 3	Oct-25	2420				
ED: Attendances for mental health conditions	Oct-25	160				
ED: Mental Health patients waiting over 12 hours	Oct-25	60				
ED: Attendances with a stay in a corridor location	Oct-25	47				

COCH IPR: Emergency Department Summary

Owner: Cathy Chadwick - Chief Operating Officer

NHS Countess of Chester Hospital NHS Foundation Trust

ED: Patients waiting over 12 hours (%)



ED: Patients waiting over 12 hours

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

ED: Patients waiting over 12 hours - Type 1

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

Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Patients waiting over 12 hours (%)	Oct-25	13.3%			0%	
ED: Patients waiting over 12 hours	Oct-25	1151			0	
ED: Patients waiting over 12 hours - Type 1 (%)	Oct-25	19.0%				Sep 25 | 9.8%
ED: Patients waiting over 12 hours - Type 1	Oct-25	1068				
ED: Patients waiting over 12 hours from decision to admit to admission	Oct-25	531			0	

COCH IPR: Emergency Department Summary

Owner: Cathy Chadwick - Chief Operating Officer

Countess of Chester Hospital NHS Foundation Trust

Ambulance Handovers 30-60 minutes

Ambulance Handovers 60+ minutes

Total No of Ambulance Arrivals

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Avg Time To Ambulance Handover (mins)	Oct-25	26				
Ambulance: Handovers 30-60 minutes	Oct-25	451			0	
Ambulance: Handovers 60+ minutes	Oct-25	41			0	
Ambulance: Total Ambulance Arrivals	Oct-25	1653				

Avg time to Ambulance handover

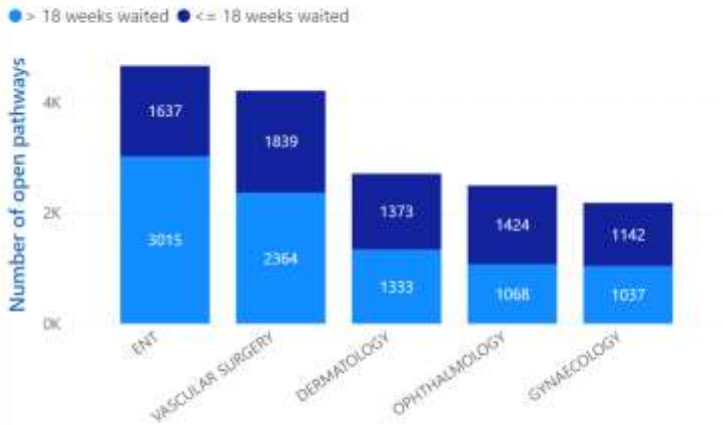
COCH IPR: RTT Overview

Owner: Cathy Chadwick - Chief Operating Officer

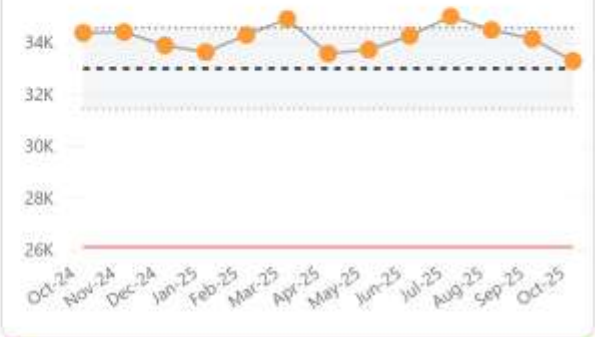
NHS Countess of Chester Hospital NHS Foundation Trust

18 Week Referral To Treatment (RTT) Incomplete Pathways

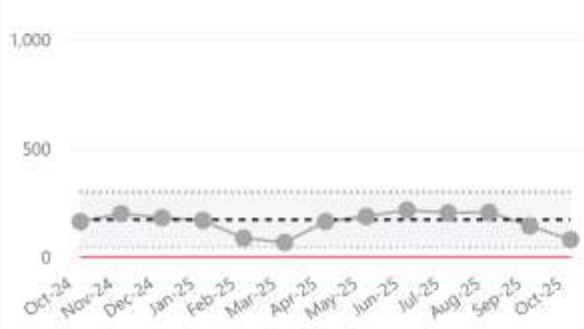
Top 5 Specialties - Based on number of Open Pathways



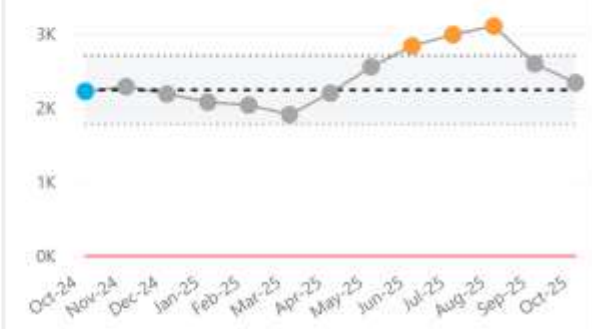
Total 18 Week RTT Incomplete Pathways



RTT Incomplete Pathways Waiting Over 65 Weeks

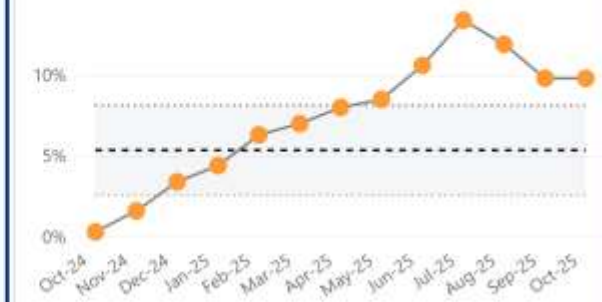


RTT Incomplete Pathways Waiting Over 52 Weeks



% Of Pathways Over 52 Weeks

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



Community: Total patients waiting over 52 weeks

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

Metric	Period	Value	Variation	Assurance	Target	Benchmark
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Oct-25	52.2%			60%	Sep 25 | 61.8%
RTT: Incomplete pathways - Waiting over 78 weeks	Oct-25	2			0	
RTT: Incomplete pathways - Waiting over 65 weeks	Oct-25	82			0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Oct-25	7.03%			1%	Sep 25 | 2.4%
RTT: Incomplete pathways - Waiting over 104 weeks	Oct-25	0			0	
RTT: Incomplete pathways - Total	Oct-25	33283			26110	
Community: Total patients waiting over 52 weeks	Oct-25	147				
Community: % of patients waiting over 52 weeks	Oct-25	9.8%				Aug 25 | 39.4%

COCH IPR: Outpatients

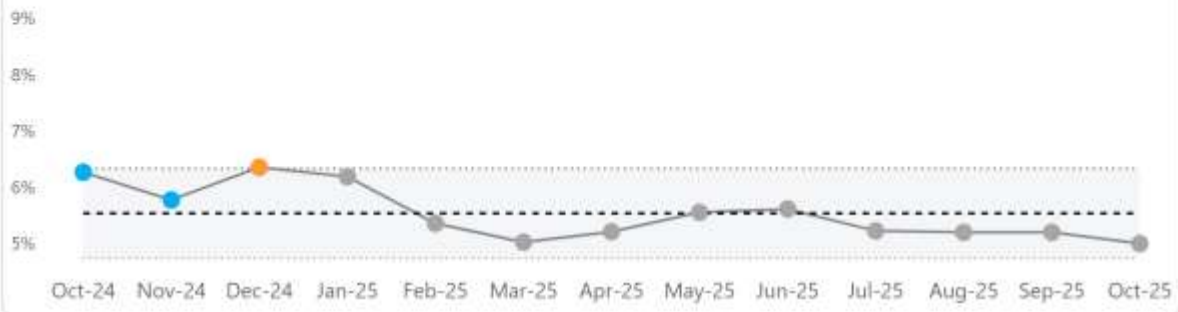
Owner: Cathy Chadwick - Chief Operating Officer

NHS Countess of Chester Hospital NHS Foundation Trust

RTT Wait Time for 1st OPA

Patient Initiated Follow Up (%)

DNA Rates



Advice and Guidance Utilisation Rate

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Initiated Follow Up (%)	Oct-25	5.7%			5%	Sep 25 | 3.6%
RTT Wait for 1st OP Appt - % waiting <18 weeks	Oct-25	48.8%			67%	
DNA Rates (%)	Oct-25	5%				Sep 25 | 7.8%
Advice and Guidance Utilisation Rate	Sep-25	25.3				Aug 25 | 31.4%
Advice and Guidance Diversion Rate (%)	Sep-25	18%				Aug 25 | 20.4%

Advice and Guidance Diversion Rate (%)

COCH IPR: Diagnostic Waits

Owner: Cathy Chadwick - Chief Operating Officer

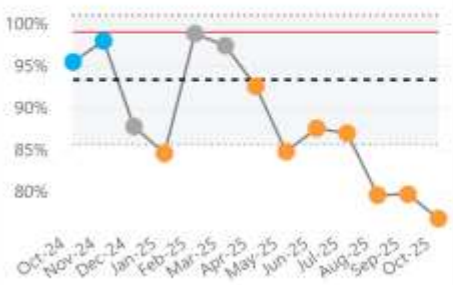
NHS Countess of Chester Hospital NHS Foundation Trust

Diagnostics Test waiting less than 6 weeks (%)

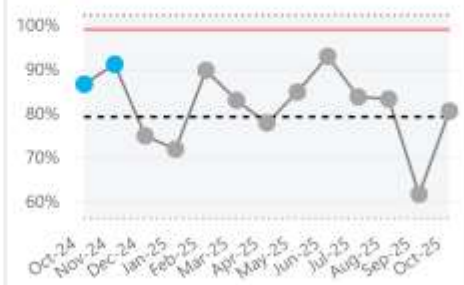
% waiting less than 6 weeks	Period	Value	Variation	Assurance	Target	Benchmark
All	Oct-25	74.7%			99%	Sep 25 | 77.5%
Non-obstetric ultrasound	Oct-25	76.8%			99%	Sep 25 | 80.3%
Audiology - Adult Assessments	Oct-25	80.5%			99%	
Echocardiography	Oct-25	39.6%			99%	Sep 25 | 68.1%
Colonoscopy	Oct-25	83.6%			99%	Sep 25 | 71.3%
Gastoscopy	Oct-25	80.3%			99%	Sep 25 | 72.9%

% waiting less than 6 weeks	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
All	92.2%	87.2%	83.0%	93.0%	89.3%	86.6%	81.0%	81.6%	80.1%	73.9%	76.1%	74.7%
Magnetic Resonance Imaging	98.3%	98.3%	98.1%	99.3%	99.2%	99.5%	97.7%	94.5%	94.3%	86.2%	92.6%	89.7%
Computed Tomography	98.4%	97.7%	96.6%	99.5%	97.8%	95.6%	95%	97.6%	95.1%	94.1%	98.1%	99.4%
Non-obstetric ultrasound	97.9%	87.8%	84.5%	98.8%	97.4%	92.5%	84.8%	87.5%	87.0%	79.6%	79.7%	76.8%
Barium Enema	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
DEXA Scan							100%	98.9%	96.6%	94%	76.9%	94%
Audiology - Adult Assessments	91.1%	74.9%	71.8%	89.7%	82.9%	77.8%	84.8%	92.9%	83.7%	83.2%	61.6%	80.5%
Audiology - Paediatric Assessments	80.6%	71.4%	65.8%	77.5%	64.0%	51.5%	44.5%	64%	73.3%	62.6%	44%	58.6%
Echocardiography	98.2%	95.2%	85.1%	78.4%	69.8%	73.8%	57.3%	53.6%	46.1%	35.5%	38.1%	39.6%
Respiratory physiology - sleep studies	98.2%	95.2%	85.1%	93.5%	97.4%	95.2%	90.3%	88.5%	99.2%	99.2%	95.6%	99.1%
Colonoscopy	83.6%	79.9%	77.5%	90%	72.4%	71.4%	67.0%	64.4%	69.6%	62.6%	79.3%	83.6%
Flexi sigmoidoscopy	90.6%	86.4%	79.7%	98.4%	93.8%	93.3%	97.2%	91.7%	100%	97.6%	100%	100%
Cystoscopy	87.4%	96.4%	99.1%	95.2%	94.9%	92.6%	95.7%	83.0%	96.8%	95.9%	96.6%	100%
Gastoscopy	59.5%	58.8%	54.7%	71.0%	68.8%	63.7%	64.7%	67.3%	62.9%	66.7%	78%	80.3%

Non-obstetric ultrasound - % Waiting less than 6 weeks



Audiology - Adult Assessments - % Waiting less than 6 weeks



Echocardiography - % Waiting less than 6 weeks

Colonoscopy - % Waiting less than 6 weeks

Gastroscopy - % Waiting less than 6 weeks