COCH IPR: Cancer Waiting Times

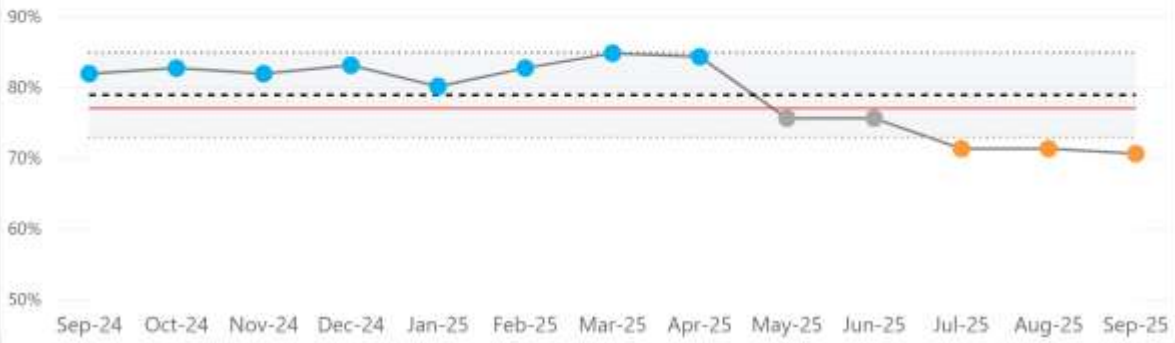
Owner: Cathy Chadwick - Chief Operating Officer

Countess of Chester Hospital NHS Foundation Trust

Cancer Treatments: 62 Day Standard

Cancer Treatments: 31 Day Standard

Cancer Treatments: 28 Day FDS



Page Table Name	Period	Value	Variation	Assurance	Target	Benchmark
Cancer Treatments: 62 Day Standard	Sep-25	76.1%			85%	Sep 25 | 67.9%
Cancer Treatments: 31 Day Standard	Sep-25	92%			96%	Sep 25 | 91.2%
Cancer Treatments: 28 Day FDS	Sep-25	70.6%			77%	Sep 25 | 73.9%

COCH IPR: Delayed Discharges

Owner: Cathy Chadwick - Chief Operating Officer

NHS Countess of Chester Hospital NHS Foundation Trust

Organisation Name	Number of providers submitting acceptable data	Number of patients discharged in total	Total bed days lost due to delayed	% of patients discharged: Date of discharge is same as Discharge Ready Date	% of patients discharged: Date of Discharge is 1+ days after Discharge Ready Date	Number of patients discharged where, between the Discharge Ready: No delay	1 day delay	2-3 day delay	4-6 day delay	7-13 day delay	14-20 day delay	21 days or more	% patients discharged where, between the Discharge Ready Date and: No delay	1 day delay	2-3 day delay	4-6 day delay	7-13 day delay	14-20 day delay	21 days or more	Average days from Discharge Ready Date to date of discharge (inc 0	Average days from Discharge Ready Date to date of discharge (exc
ENGLAND	**125**	**324,502**	**292,726**	**85.7%**	**14.3%**	**278,060**	**15,457**	**10,634**	**8,016**	**7,023**	**2,401**	**2,911**	**85.7%**	**4.8%**	**3.3%**	**2.5%**	**2.2%**	**0.7%**	**0.9%**	**0.9**	**6.3**
NORTH WEST	19	39,741	34,236	87.3%	12.7%	34,703	1,505	1,138	888	842	285	380	87.3%	3.8%	2.9%	2.2%	2.1%	0.7%	1.0%	0.9	6.8
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	Acceptable	27	-	100.0%	0.0%	27	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	Acceptable	1,477	2,995	83.8%	16.2%	1,238	34	39	56	48	18	44	83.8%	2.3%	2.6%	3.8%	3.2%	1.2%	3.0%	2.0	12.5
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	Acceptable	647	142	97.7%	2.3%	632	2	6	2	4	-	1	97.7%	0.3%	0.9%	0.3%	0.6%	0.0%	0.2%	0.2	9.5
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Acceptable	4,445	4,805	83.8%	16.2%	3,724	221	153	144	120	28	55	83.8%	5.0%	3.4%	3.2%	2.7%	0.6%	1.2%	1.1	6.7
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	Acceptable	189	29	89.4%	10.6%	169	15	4	1	-	-	-	89.4%	7.9%	2.1%	0.5%	0.0%	0.0%	0.0%	0.2	1.5
MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	Acceptable	4,185	1,564	96.5%	3.5%	4,037	30	22	25	32	19	20	96.5%	0.7%	0.5%	0.6%	0.8%	0.5%	0.5%	0.4	10.6
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	Acceptable	152	6	97.4%	2.6%	148	3	1	-	-	-	-	97.4%	2.0%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0	1.5
THE WALTON CENTRE NHS FOUNDATION TRUST	Acceptable	311	-	100.0%	0.0%	311	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
EAST CHESHIRE NHS TRUST	Unacceptable	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	Unacceptable	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Total Delay Days

Metric	Period	Value	Variation	Assurance	Target	Benchmark
NC2R: Total Delayed Days	Oct-25	4045			1740	

Urgent Community Response 2-Hour performance

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Urgent Community Response 2-Hour performance	Sep-25	85%				

COCH IPR: E-Discharge

Owner: Nigel Scawn - Executive Medical Director

Countess of Chester Hospital NHS Foundation Trust

E-Discharge Overall Compliance (within 24hr %)

Metric	Period	Value	Variation	Assurance	Target	Benchmark
E-Discharge Overall Compliance (within 24hr %)	Oct-25	71.4%			95%	

Incomplete E-Discharges														
Division	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Planned Care	4	3	21	39	49	75	60	82	93	74	116	116	173	163
Urgent Care	0	3	0	2	1	3	1	2	1	1	0	4	7	14
Womens & Children	0	0	0	0	0	0	1	1	3	7	8	3	32	42

24hr compliance														
Division	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Planned Care	58.3%	64.9%	63.8%	60.0%	63.9%	61.3%	62.6%	63.3%	58.6%	63.3%	65.4%	59.7%	62.3%	65.2%
Urgent Care	68.7%	65.0%	60.0%	58.5%	58.3%	64.7%	64.4%	62.9%	66.6%	74.2%	72.6%	72.8%	72.4%	71.3%
Womens & Children	89.7%	87.2%	85.9%	88.5%	90.0%	88.3%	89.8%	90.1%	89.3%	90.9%	89.3%	88.9%	84.3%	82.0%

COCH IPR: Quality of Care and Nursing

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

NHS
Countess of Chester Hospital
NHS Foundation Trust

Highlights:

Increase in incident reporting overall and an increase in moderate and above harm incidents in October
One reportable incidents to StEIS in October – Patient Fall and missed diagnosis– After Action Review completed
CDIFF within threshold – however, 8 cases reported in October – 2 patients were re-admissions, no themes of areas or lapses in care – additional theme identified as average length of stay for 6 patients was over 30 days
E-Coli Bloodstream infection – 6 cases reported for October but still within threshold – themes – 4 cases were from readmissions – 3 source likely Urinary Tract Infection , 2 were readmitted from Care home
1 MRSA reported – complex vascular patient with significant co-morbidities – previously MRSA positive – long stay and multiple vascular surgery. After Action Review underway
Continued Reduction in falls noted since July, however, there have been 5 falls with harm in October - 2 resulted in fractured neck of femur and 1 resulted in a fractured rib. The other two incidents are being investigated to determine whether they were a collapse due to clinical condition or a fall.
Continued Trust wide focus on patient flow
Compliance of Braden, MUST and falls risk assessments under the target of 90% but improving picture.
Increase in Hospital Acquired Pressure Ulcer (HAPU) and Present On Admission Pressure Ulcers in October. On investigation of all HAPUs, lapses in care are captured for learning. In October only one HAPU had a lapse in care identified that contributed to the pressure ulcer developing - this was in respect to a delay in a specific mattress being provided.
Friends and Family Test – just under the national positive response rate. Improvements in Outpatient and ED positive response rates but slight decrease in Inpatient positive scores. – ED positive response 75.8% (78%), Inpatient 92% (94%), Outpatient 93.9% (94%). Overall reduction in response rates noting post card option for response unavailable for this month, which may contribute to the reduction in response rate.

Areas of Concern:
Sepsis Screening compliance – also now need to consider trust wide performance
Patient Flow and Emergency Department performance and quality indicators –Unannounced CQC Inspection in October
New Pressure Ulcers (Cat 2 and Cat 3) continue to be a focus- weekly review and actions and initiatives ongoing
Timely closure of complaints and concerns – increase in open complaints –challenges in complex complaints and waiting for family meetings.

Forward Look (with actions):
Inpatient Survey action plan and improvements and preparation for 2025 Survey in November/December
Sepsis Improvements
Friends and Family Test Improvements – working with external partners and BI to develop hybrid approach- increase response rate and positive scores. Looking to source inhouse resolution to postcard data collection
Feedback and action from unannounced CQC Inspection
Innovation fortnight – November

COCH IPR: Quality of Care and Nursing Scorecard

NHS
Countess of Chester Hospital
NHS Foundation Trust

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Jun-25	89.7				
Mortality: HSMR	Jun-25	92.6				
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: E-Coli Cases	Oct-25	6				
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%	
FFT: A&E Response Rate	Oct-25	10.6%			13%	
FFT: IP Response Rate	Oct-25	17.1%			23%	
FFT: OP Response Rate	Oct-25	8.8%			12%	
VTE: Assessment Completed Compliance	Oct-25	93.6%			95%	
VTE: 14 Hour Compliance	Oct-25	81.9%			95%	
Fill rates: Registered Staffing (%)	Oct-25	97%			95%	
Fill rates: Unregistered Staffing (%)	Oct-25	95.5%			95%	

COCH IPR: Mortality

Owner: Nigel Scawn - Executive Medical Director

Countess of Chester Hospital NHS Foundation Trust

SHMI

Mortality: HSMR

Mortality: Total inpatient deaths

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Jun-25	89.7				
Mortality: HSMR	Jun-25	92.6				
Mortality: Total inpatient deaths	Oct-25	91				

COCH IPR: Nurse Staffing Fill Rates

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

Countess of Chester Hospital NHS Foundation Trust

Fill rates: Registered Staffing (%)

Fill rates: Unregistered Staffing (%)

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Fill rates: Registered Staffing (%)	Oct-25	97%			95%	
Fill rates: Unregistered Staffing (%)	Oct-25	95.5%			95%	

COCH IPR: Nurse Staffing Ward Breakdown

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

NHS
Countess of Chester Hospital
NHS Foundation Trust

Staffing level summary

100%	Exactly the number of staff planned for
Below 100%	Fewer staff than planned
Above 100%	More staff than planned

95% minimum required to ensure safe staffing
95-100 is the optimal balance.

Safer Staffing Levels - Oct 25

Ward Information			Staffing Rates						CHPPD					Falls		Skin Integrity	Medication	Staffing		Friends & Family		
Directorate	Ward	Occupancy	Total Reg	Total Unreg	Day Reg	Day Unreg	Night Reg	Night Unreg	Reg	Non-Reg	Actual	Planned	Nat Avg	Total	With Harm	HAPU	Admin Incs	Incidents	With Harm	Positive	Negative	Response
Urgent Care	Acute Medical Unit	50	96.28%	94.37%	94.27%	99.31%	100.00%	87.99%	4.3	3.8	8.1	8.5	9.7	8	1	1	4	8	0	81.48%	7.41%	14.69%
	Ward 33 Trinity Ward	34	94.75%	92.36%	84.03%	98.99%	107.80%	89.00%	3.4	3.6	7.0	7.4	27.0	3	0	2	0	1	0			
	Ward 40	11	98.13%	92.22%	97.35%	100.00%	100.00%	85.22%	3.3	3.9	7.2	7.6	15.9	0	0	2	2	0	0	50.00%	50.00%	120.00%
	Ward 42	16	128.11%	123.66%	121.43%	133.33%	136.56%	117.69%	4.1	4.7	8.8	7.0	15.0	0	0	0	0	1	0	0.00%	0.00%	161.54%
	Ward 43 Meadows Ward	16	100.10%	90.35%	95.68%	94.04%	116.13%	87.04%	3.2	4.0	7.2	7.6	8.0	1	0	0	0	1	0	100.00%	0.00%	40.54%
	Ward 44	28	99.22%	95.14%	87.00%	100.02%	113.71%	92.50%	3.4	3.2	6.6	6.8	13.7	2	0	0	4	1	0	83.33%	0.00%	50.77%
	Ward 45 Palace	25	113.68%	102.84%	94.99%	99.80%	142.00%	104.54%	3.7	3.3	7.0	6.5	8.1	5	0	2	2	0	0	81.82%	18.18%	23.40%
	Ward 50	28	89.75%	95.13%	75.75%	100.10%	105.16%	92.94%	3.7	3.6	7.3	7.9	8.7	2	0	2	0	1	0	100.00%	0.00%	3.57%
	Ward 51	28	93.70%	93.17%	88.52%	98.92%	98.82%	90.61%	3.6	3.5	7.1	7.6	8.1	8	0	0	1	1	0	100.00%	0.00%	0.00%
	Cardiology Unit	16	88.41%	92.47%	83.73%	92.05%	100.00%	93.23%	4.3	4.1	8.4	9.3	8.3	0	0	2	3	1	0	95.00%	0.00%	22.39%
	Respiratory Unit	38	95.88%	92.70%	93.08%	97.14%	100.07%	87.81%	4.3	3.9	8.2	8.7	7.1	5	0	4	2	2	0	63.64%	18.18%	16.67%
	Modular	20	96.50%	97.37%	94.82%	100.68%	100.59%	94.39%	3.2	3.0	6.2	6.4	8.1	5	1	0	1	1	0	100.00%	0.00%	3.33%
	Emergency Dept Team		92.33%	95.00%	91.24%	97.49%	95.19%	89.29%	-	-	-	-	-	6	1	2	21	8	0	75.78%	17.61%	10.63%
	Ward 60 Haematology Oncology Suite		90.73%	77.79%	90.73%	100.00%	100.00%	77.79%	-	-	-	-	-	0	0	0	0	0	0	96.77%	3.23%	18.00%
Planned Care	Renal Unit (Care)		91.48%	75.23%	91.48%	100.00%	100.00%	75.23%	-	-	-	-	-	0	0	0	0	0	0			
	Ward 41	29	90.50%	96.06%	79.20%	98.24%	101.91%	94.90%	3.5	3.2	6.7	7.2	8.1	2	0	0	4	0	0	75.00%	25.00%	43.86%
	Ward 52	28	91.07%	99.24%	84.67%	98.92%	98.86%	99.52%	3.2	2.6	5.8	6.1	8.7	2	0	2	2	2	0	84.62%	7.69%	19.35%
	Ward 53	28	95.75%	93.55%	93.10%	98.92%	100.00%	89.93%	3.4	3.2	6.5	6.9	8.1	5	1	2	7	1	0	100.00%	0.00%	15.63%
	Ward 54	28	105.63%	99.27%	88.22%	98.92%	149.19%	99.54%	3.1	2.8	5.9	5.8	9.1	2	0	0	2	1	0			
	Ward 56	28	102.27%	97.15%	96.51%	100.73%	117.74%	93.93%	3.5	3.8	7.4	7.4	6.2	1	0	2	2	0	0	83.33%	16.67%	22.22%
	Critical Care	15	92.75%	92.00%	92.74%	92.73%	92.89%	83.50%	-	-	-	-	-	0	0	1	5	1	0	0.00%	0.00%	100.00%
TICC	Bluebell Unit	24	94.32%	98.30%	90.73%	100.00%	98.83%	97.69%	2.9	3.4	6.3	6.6	8.1	2	0	0	1	0	0	100.00%	0.00%	146.67%
	EPH Stroke Rehab Unit Team	17	98.90%	96.43%	97.94%	98.39%	99.71%	95.72%	3.6	4.8	8.4	8.6	8.7	4	1	1	0	0	0	0.00%	0.00%	90.00%
	Poppy Unit	19	75.43%	111.12%	97.27%	95.1%	46.7%	95.40%	1.8	4.4	2.4	3.9	8.0	3	0	2	0	1	0	0.00%	0.00%	64.29%
W&C	Maternity Suite		93.92%	68.99%	93.78%	69.0%	94.2%	74.59%	33.1	1.9	35.2	2.7	9.0	0	0	0	0	0	0			
	NNU		94.03%	100.00%	105.05%	100.0%	79.1%	100.00%	20.9	0.0	22.2	0.0	8.7	0	0	0	0	0	0			
	Ward 29 & 30 Childrens' Unit	22	94.00%	110.93%	94.80%	123.2%	93.0%	137.86%	2.4	0.7	2.6	0.7	8.3	0	0	0	0	1	0			

Registered Staffing Fill Rate Narrative

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

FFT Breakdowns for positive, negative and response rate are also given. This is based on the patient's discharge ward, i.e. the last ward of treatment. Our average response rate for Inpatient FFT is 20%, so there can be some wards/areas that do not get many responses, you also see a few patients responding multiple times, so that shows for some of the EPH areas where the response rate is over 100%.

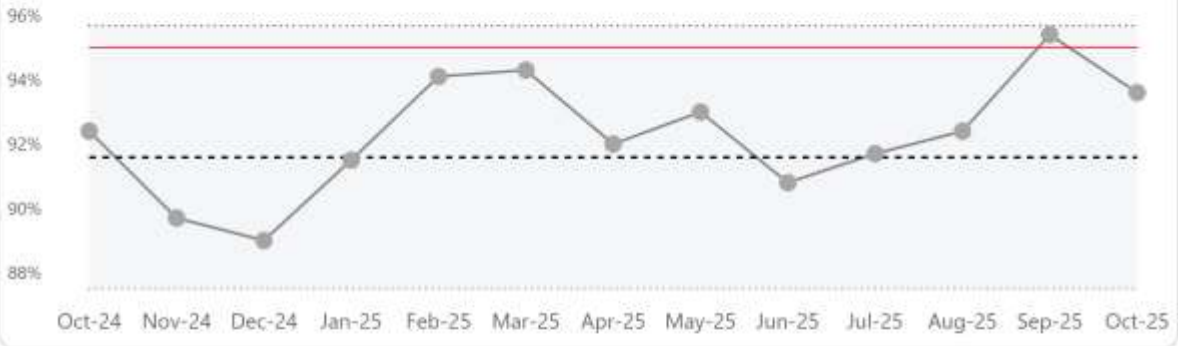
FFT is split into 6 options, very good, good, neither, poor, very poor and "don't know", for positive we look at very good and good, and negative is poor and very poor, thus you can see that some of the % do not total 100%.

COCH IPR: VTE Compliance

Owner: Nigel Scawn - Executive Medical Director

Countess of Chester Hospital NHS Foundation Trust

VTE: Assessment Completed Compliance



VTE: 14 Hour Compliance

Metric	Period	Value	Variation	Assurance	Target	Benchmark
VTE: 14 Hour Compliance	Oct-25	81.9%			95%	
VTE: Assessment Completed Compliance	Oct-25	93.6%			95%	

DQAM Narrative

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

VTE Compliance Narrative

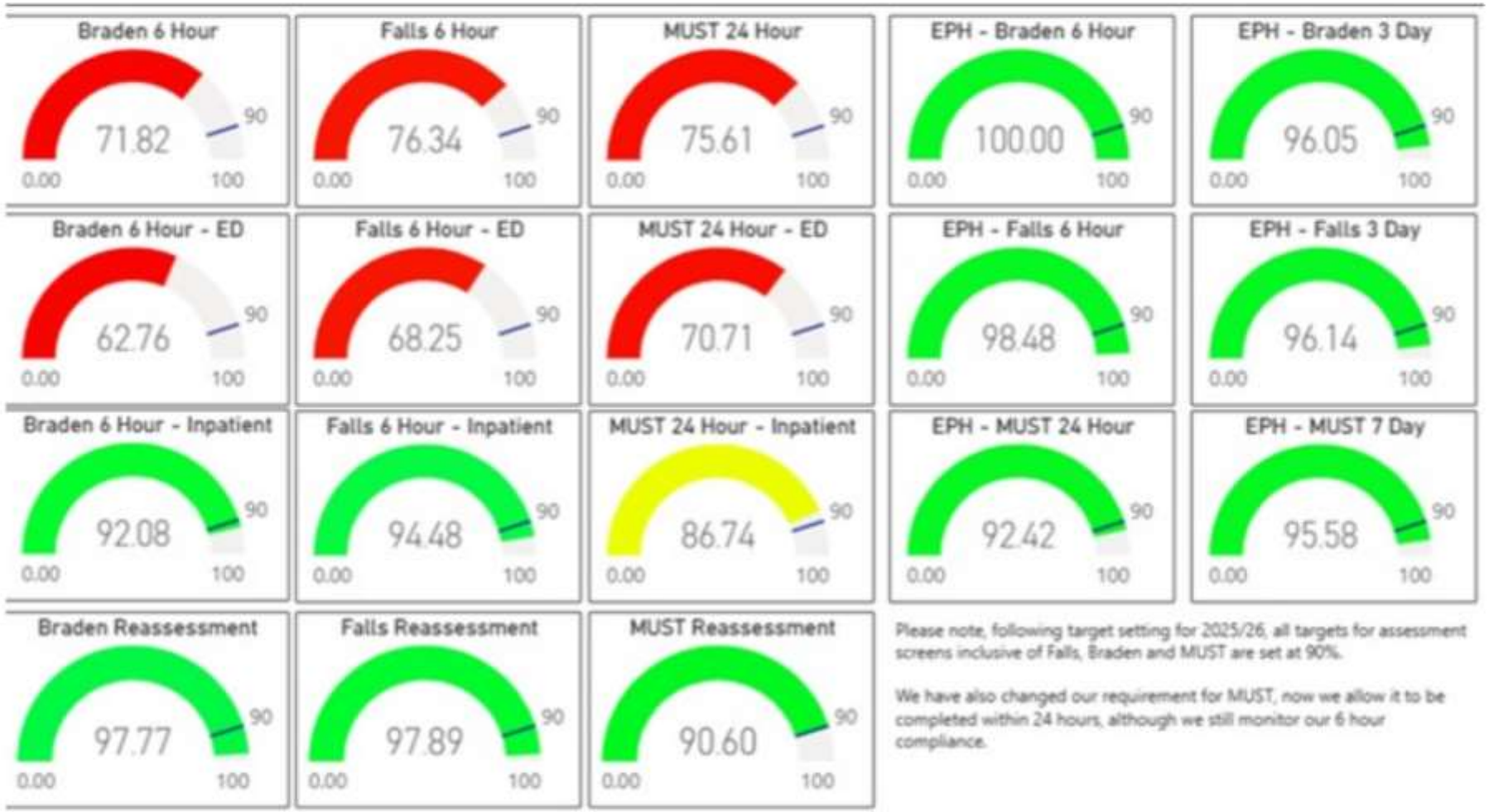
Following the return of the national submission for VTE, a review of the data capture and definitions was undertaken. Following this it was identified that in order for a VTE assessment to be classed as valid, the result of a patient being at risk must be finalised on the system. This has resulted in a drop in compliance but is a more accurate reflection of patient care. Compliance is closely monitored on weekly reports

COCH IPR: Assessment screening compliance

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

Countess of Chester Hospital NHS Foundation Trust

Oct-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 24 hours, although we still monitor our 6 hour compliance.

Assessment Screening Compliance Narrative

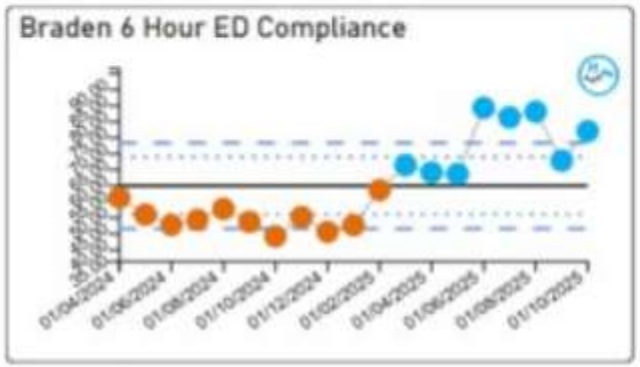
The above shows the monthly position and it is split between overall performance, ED and Inpatient, this is due to the clock starting from the time a patient has a decision to admit in ED, so if the patient spends the majority of their first 6 hours in ED, they are assigned to ED.

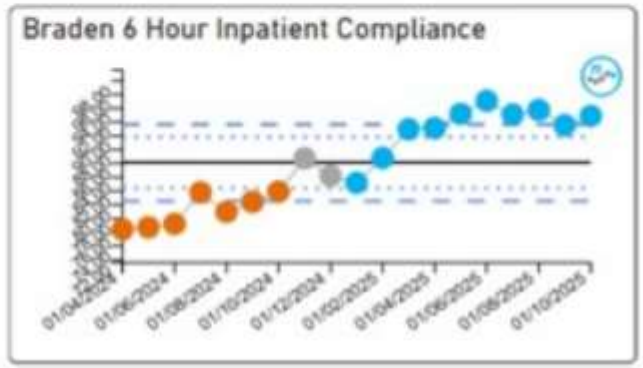
COCH IPR: Assessment screening compliance

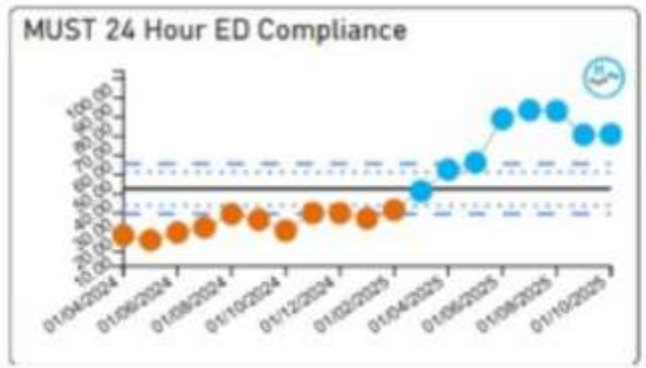
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

Oct-25







COCH IPR: Serious incidents

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

Countess of Chester Hospital NHS Foundation Trust

Incidents: StEIS reported incidents

Incidents: Never events

Incidents: Mixed sex accomodation incidents

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Incidents: StEIS reported incidents	Oct-25	1			0	
Incidents: Never events	Oct-25	0			0	
Incidents: Mixed sex accomodation incidents	Oct-25	0			0	

DQAM Narrative

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

Serious Incidents Narrative

There have been no Strategic Executive Information System (StEIS) reportable or Patient Safety Incident Investigations since May 2025.
Mixed sex breach – individual case validation undertaken

COCH IPR: Incidents

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

Countess of Chester Hospital NHS Foundation Trust

Incidents: All incidents

Incidents: Medication incidents

Incidents: All incidents with moderate harm and above

Incidents: Medication incidents with harm

Metric	Period	Value	Variation	Assurance	Target	Benchmark
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	

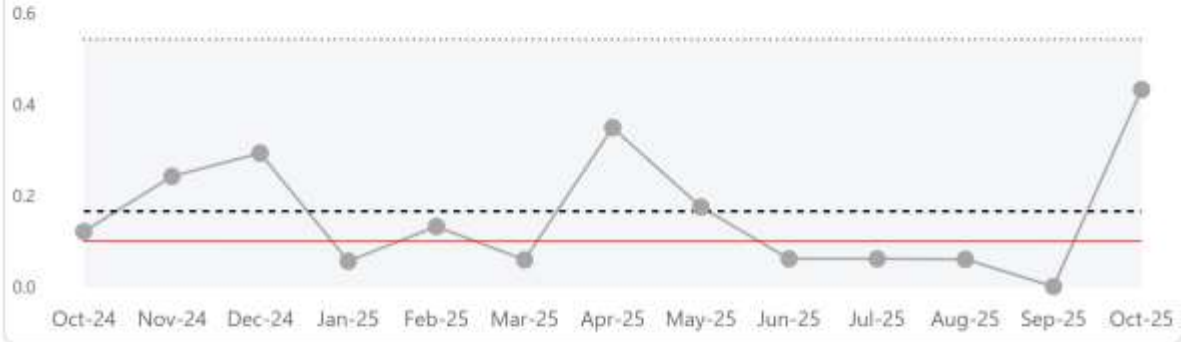
COCH IPR: Falls

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

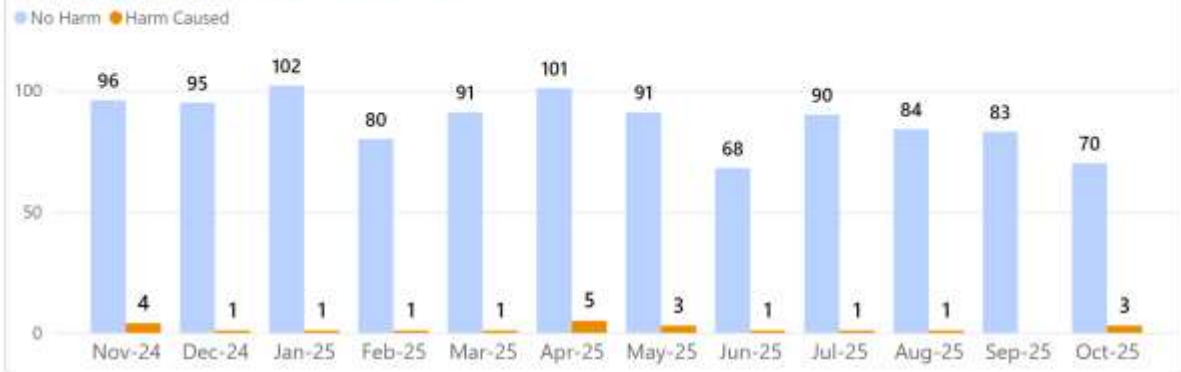
Countess of Chester Hospital NHS Foundation Trust

Falls: All - Rate Per 1000 Bed Days

Falls: With Harm - Rate Per 1000 Bed Days



Falls Split By Harm Caused



Metric	Period	Value	Variation	Assurance	Target	Benchmark
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	

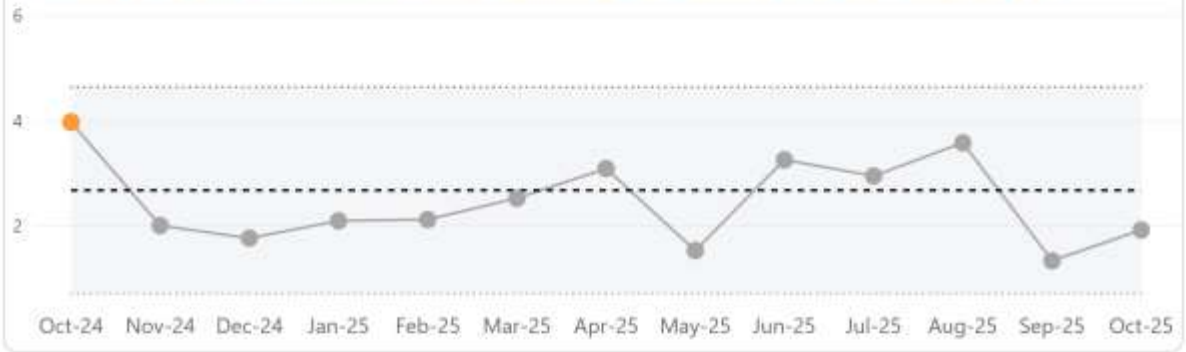
COCH IPR: Pressure Ulcers

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

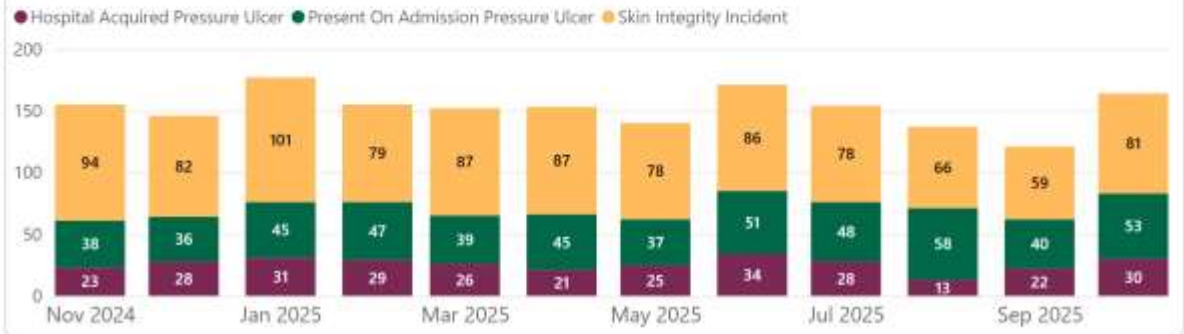
Countess of Chester Hospital NHS Foundation Trust

Pressure ulcers: Hospital acquired - Rate per 1000 bed days

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



Pressure Ulcers split by Type



Incident Reporting: Lapses Leading to a Pressure Ulcer

Metric	Period	Value	Variation	Assurance	Target	Benchmark
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				

Pressure Ulcers Narrative

Considerable work has been done to move our Pressure Ulcer reporting in line with national standards, the Trust has finalised what we consider a Pressure Ulcer and what is considered a Skin Integrity Incident. This new methodology dates back to April 2024 explaining the step changes in place. The chart on the right is inclusive of all Skin Integrity Incidents. We have now amended our reporting again in line with national guidance, Deep Tissue Injuries will now sit under Skin Integrity but will not be part of our Pressure Ulcer numbers.

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

The SPC chart to the left identifies lapses in care that have led to a Pressure Ulcer developing, as this gives an indication of the total numbers that were avoidable. We can see a significant spike in Feb-25, with 3 allocated to Ward 51, 3 allocated to Ward 33, 2 to Ward 50 and 1 to respiratory. The key themes related to mattresses being required sooner, dietician referrals being required and a lack of documentation. Lapses are identified when the Pressure Ulcer review has been completed at the Trust's weekly Pressure Ulcer review meeting, and thus can be reported after the incident has been opened.

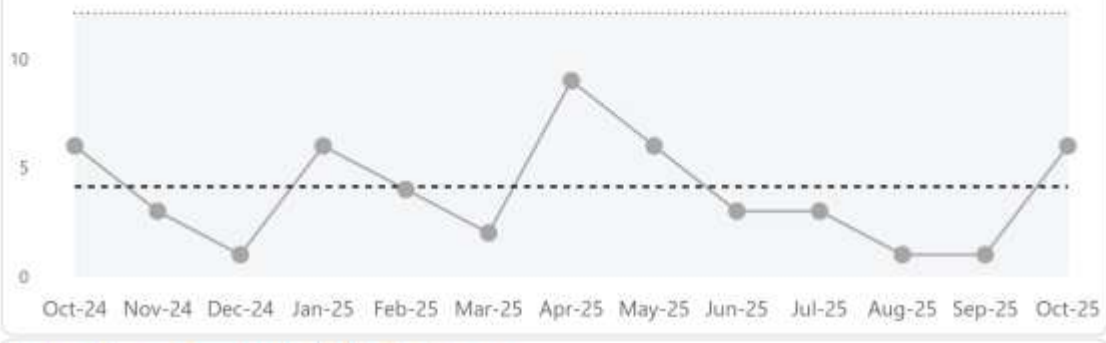
COCH IPR: Infection Control

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

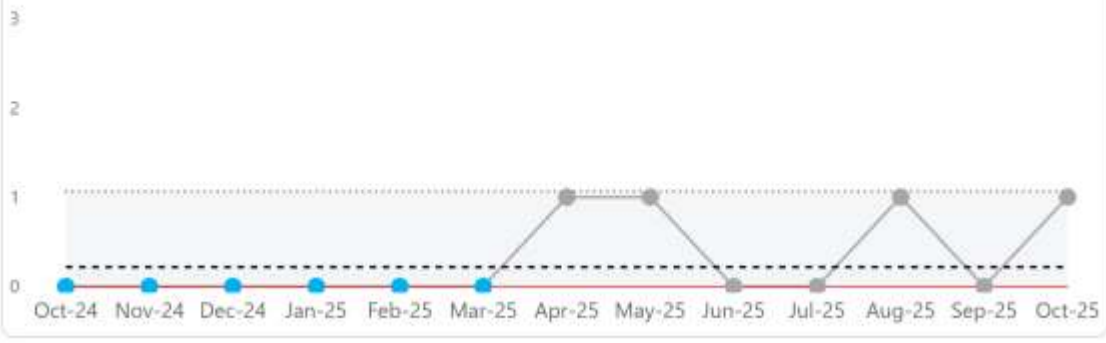
Countess of Chester Hospital NHS Foundation Trust

Infection Control: C.Difficile Cases

Infection Control: E-Coli Cases



Infection Control: MRSA Cases



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

C.Difficile

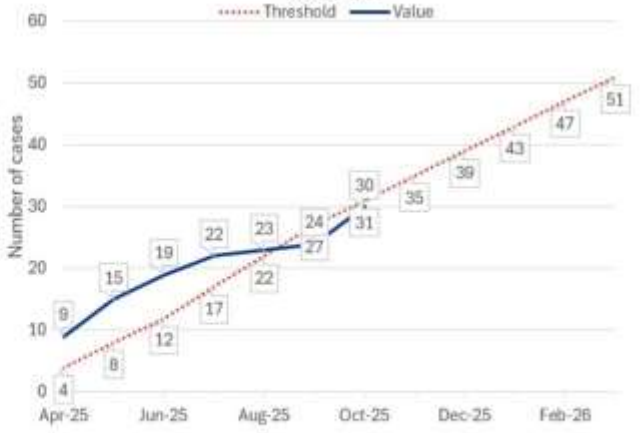
E-Coli

MRSA

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Infection Control: C.Difficile Cases	Oct-25	8			4	
Infection Control: E-Coli Cases	Oct-25	6				
Infection Control: MRSA Cases	Oct-25	1			0	

Cumulative total Trust assigned C.Difficile cases 2025-26

Cumulative total Trust assigned E.coli bacteraemia 2025-26



COCH IPR: Sepsis

Owner: Nigel Scawn - Executive Medical Director

Countess of Chester Hospital NHS Foundation Trust

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

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

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

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

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Benchmarking compared to regional figure (AQ - July 25)
Observations carried out within 60 mins	91.7%	95.1%	96.4%	93.8%	100.0%	90.5%	91.80%
Clinical assessment compliance	85.4%	68.3%	60.7%	84.4%	88.5%	76.2%	60.50%
Antibiotic compliance	54.2%	56.1%	42.9%	65.6%	76.9%	66.7%	68.10%

COCH IPR: Complaints & Concerns

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

NHS Countess of Chester Hospital NHS Foundation Trust

Patient Feedback: Complaints Open At Month End

Complaints: Patient Feedback: Complaints Opened

Patient Feedback: Concerns Open At Month End

Patient Feedback: Concerns Opened In Month

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Feedback: Complaints Open At Month End	Oct-25	30			7	
Patient Feedback: Complaints Opened In Month	Oct-25	27			40	
Patient Feedback: Concerns Open At Month End	Oct-25	134				
Patient Feedback: Concerns Opened In Month	Oct-25	342			229	