COCH IPR: Friends & Family Test (FFT) - Positive Rates

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

Countess of Chester Hospital NHS Foundation Trust

FFT: A&E Positive Rate

FFT: IP Positive Rate

FFT: OP Positive Rate

Metric	Period	Value	Variation	Assurance	Target	Benchmark
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%	

COCH IPR: Friends & Family Test (FFT) - Response Rates

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

Countess of Chester Hospital NHS Foundation Trust

FFT: A&E Response Rate

FFT: IP Response Rate

FFT: OP Response Rate

Metric	Period	Value	Variation	Assurance	Target	Benchmark
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%	

FFT Narrative

The trust is working with external partners and Data & Analytics to develop hybrid approach- increase response rate and positive scores.

COCH IPR: Maternity Overview

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

NHS Countess of Chester Hospital NHS Foundation Trust

Maternity Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Oct-25	173				
Live Births	Oct-25	175				
Births in Co-located MLU	Oct-25	10				
Neonatal Admissions of Term Babies	Oct-25	9			7	
Term Admission Rate	Oct-25	5.14%			4.8%	
Deliveries by Caesarean Section	Oct-25	72			70	
Sections Rate	Oct-25	41.6%			45%	
Number of Haemorrhages ≥1500 ml	Oct-25	6				
PPH rate per 1000 births	Oct-25	34.6			30	
Number of 3rd/4th Degree Tears in Vaginal Births	Oct-25	1				
Tears rate per 1000 births	Oct-25	5.78			28	
ITU Admissions	Oct-25	2			0	
Obstetric Unit - number of days the service has diverted on in reporting period	Oct-25	0			0	
Eclampsia	Oct-25	0			0	
Maternal Deaths	Oct-25	0			0	
Stillbirths	Oct-25	1			0	
Stillbirths rate per 1000 births	Oct-25	5.71			4	
Rolling 12 Month Stillbirths per 1000 births	Oct-25	2.3				
Neonatal Deaths	Oct-25	0			0	
Neonatal Deaths born after 24 weeks	Oct-25	0			0	
Neonatal Deaths born before 24 weeks	Oct-25	0			0	
Coroner Reg 28 made directly to Trust	Oct-25	0			0	
All Neonatal Deaths (%)	Oct-25	0%			0%	
Number of consultant non-attendance to must attend clinical situations	Oct-25	0%			0%	
NN middle grade rota gaps (SHO)	Oct-25	0%			0%	
Frontline Staff Feedback from champions and walkabouts (Number of Themes)	Oct-25	1			0	
Service User Feedback: Number of Formal Complaints	Oct-25	0			1	
Progress in achievement of CNST (out of 10)	Oct-25	10			10	

Maternity narrative

Highlights

October Maternity Performance: Key Highlights

- Maternity activity and safety remained stable, with all key metrics in line with expectations for October. Increased numbers of births noted
- Mortality: No maternal deaths or stillbirths were reported. There were no neonatal deaths this month, maintaining a positive trend in perinatal outcomes.
- No immediate risks were identified during the period, and all safety indicators remained within target benchmarks

Areas of Concern

No Escalated Risks: No immediate risks requiring escalation identified in the October narrative.
Term Admissions: The rate of term admissions remained consistent with previous months, with no significant spikes. All term admissions continue to undergo multidisciplinary team (MDT) review to support learning and quality improvement.

Forward look (with actions)

Perineal Tear Monitoring: Continue robust monitoring of third- and fourth-degree perineal tear rates. The current local rate is 1.8%, which remains below the UK average of 2.9%.
Learning & Sharing: Maintain the established approach of sharing learning from incidents and audits via safety huddles, rolling half-day teaching, topic of the month, and governance meetings.
PPH Monitoring: Ongoing monitoring of the impact of drug management changes on postpartum haemorrhage (PPH) rates, using thematic analysis and regular audits to identify trends or concerns.
After-Action Reviews: All moderate and above PPH incidents continue to be reviewed through after-action reviews, with learning points shared for continuous improvement.

Additional Notes

- The approach to the neonatal death demonstrates adherence to national best practice.
- The MDT review process for term admissions ensures that learning is captured and shared, supporting ongoing quality improvement

COCH IPR: Births overview

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

NHS Countess of Chester Hospital NHS Foundation Trust

Live Births

Women Delivered

Neonatal Admissions of Term Babies

Term Admission Rate

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Women Delivered	Oct-25	173				
Term Admission Rate	Oct-25	5.14%			4.8%	
Neonatal Admissions of Term Babies	Oct-25	9			7	
Live Births	Oct-25	175				

COCH IPR: Maternity - Complications

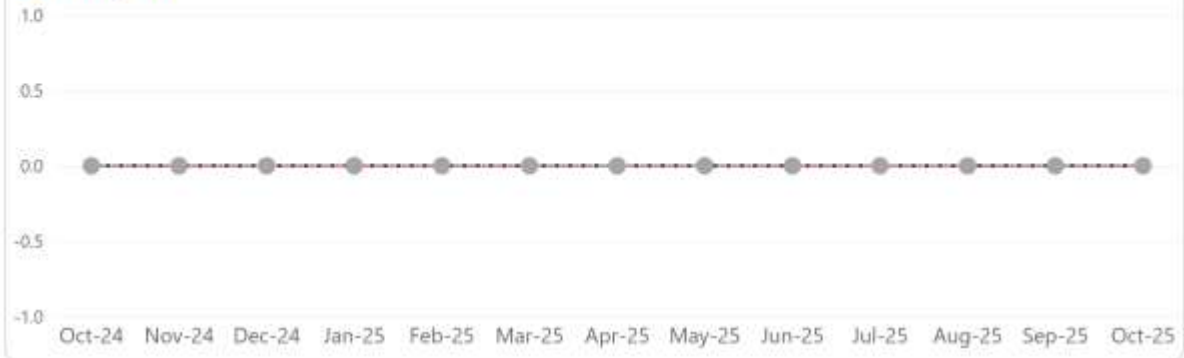
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

Sections Rate

PPH rate per 1000 births

Eclampsia



Tears rate per 1000 births

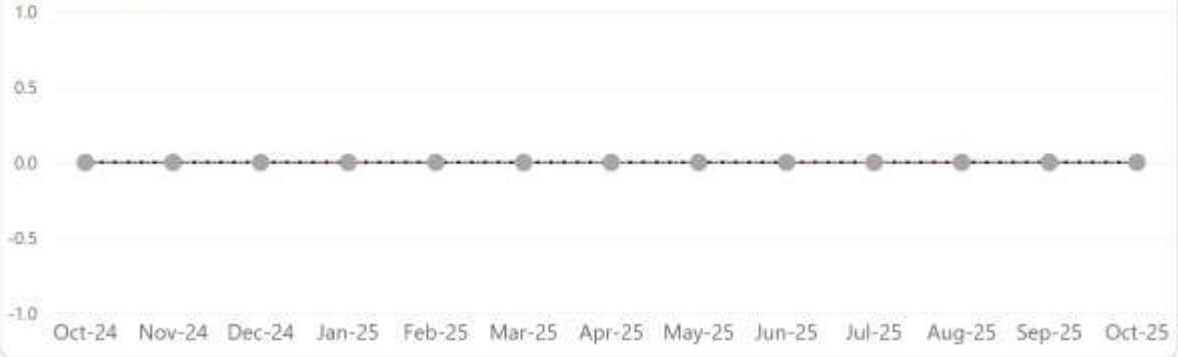
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Eclampsia	Oct-25	0			0	
PPH rate per 1000 births	Oct-25	34.6			30	
Sections Rate	Oct-25	41.6%			45%	
Tears rate per 1000 births	Oct-25	5.78			28	

COCH IPR: Maternity - Mortality

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

NHS Countess of Chester Hospital NHS Foundation Trust

Maternal Deaths



Neonatal Deaths

Stillbirths

Rolling 12 Month Stillbirths per 1000 births

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Maternal Deaths	Oct-25	0			0	
Neonatal Deaths	Oct-25	0			0	
Rolling 12 Month Stillbirths per 1000 births	Oct-25	2.3				
Stillbirths	Oct-25	1			0	
Stillbirths rate per 1000 births	Oct-25	5.71			4	

COCH IPR: People

Owner: Vicki Wilson - Director of HR

NHS
Countess of Chester Hospital
NHS Foundation Trust

Highlights:

Turnover continues to be below the 10% target at 8.92%.
Sickness absence in October rose to 6.10% - Stress and Anxiety continues to remain the highest reason.
Mandatory training compliance increased to 90.31%.
Appraisal compliance maintained target compliance at 80.69% in October but, further analysis is underway to identify non-compliance.
Agency shifts for Nursing decreased from last month with 4 shifts in October, with a large decrease of 215 compared with October 2024 – spend at 0.5% of the total nursing pay bill.
Agency shifts for Medical & Dental decreased from last month to 74 and it was 66 less than the previous year – spend at 1.8% of the total medical pay bill.
Agency spend for YTD is £1.328K which is £1,544k less than the same period last year.

Areas Of Concern:

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

Sickness Absence Rate

Staff Turnover Percentage

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Sickness Absence Rate	Oct-25	6.1%			5%	Jun 25 | 4.9%
Staff Turnover Percentage	Oct-25	8.92%			10%	

Sickness Narrative

Sickness absence increased in October to 6.10%, up from 5.24% in September. The top 3 reasons for absence were: Stress & Anxiety, Cold, Cough & Flu and Gastrointestinal problems. This equates to 4,503 FTE days lost which is 54% of all Trust sickness absence. Stress and Anxiety absence accounts for 31% of all sickness absence

Short Term Absence

•Short term absence accounts for 2.04% in October, up from 1.86% in September.

Long Term Absence

•At 4.06% 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:

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

Staff Group (excludes Fixed Term Temporary Staff)	Turnover Headcount %
Add Prof Scientific and Technic	9.39%
Additional Clinical Services	10.75%
Administrative and Clerical	13.44%
Allied Health Professionals	8.47%
Estates and Ancillary	8.50%
Healthcare Scientists	7.25%
Medical and Dental	7.88%
Nursing and Midwifery Registered	5.14%
Trust Rate	**8.92%**

Staff Turnover Narrative

At 8.92% for October the Trust Turnover rate has decreased but continues to trend below target since July 2023. The rate based on FTE is below target at 8.61%. Showing as a trust the workforce is remaining more stable, retaining employees, skills, and knowledge.

There are 2 staff groups remaining above target: Additional Clinical Services (10.75%) and Admin & Clerical (13.44%).

Planned Remedial Actions:

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

COCH IPR: Training & Development

Owner: Vicki Wilson - Director of HR

NHS Countess of Chester Hospital NHS Foundation Trust

Annual Appraisal Compliance

Mandatory Training Compliance

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Annual Appraisal Compliance	Oct-25	80.7%			80%	
Mandatory Training Compliance	Oct-25	90.3%			90%	

Appraisals Narrative

Performance Issue: Appraisals on target (80.69%)

Appraisal compliance in October fell to 80.69%, and has maintained compliance.

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	68.5%	78.6%	91.3%
Diagnostics & Clinical Support	85.9%	92.7%	91.6%
Estates & Facilities	55.8%	95.7%	80.6%
Finance & Performance	66.7%	50.0%	95.5%
IMT	87.4%	100.0%	94.7%
Nurse Management	69.1%	71.4%	88.9%
People Services	77.9%	69.2%	94.1%
Planned Care	84.5%	71.4%	89.9%
Therapies & Integrated Community Care	86.9%	97.7%	91.7%
Urgent Care	82.1%	78.8%	90.5%
Women & Children's	82.2%	97.1%	92.7%
Trust Total	**80.7%**	**82.7%**	**90.3%**

Competence Name	Compliance
Equality, Diversity and Human Rights - 3 Years	92.3%
Fire Safety - 2 Years	94.6%
Health, Safety and Welfare - 3 Years	91.5%
Infection Prevention and Control - Level 1 - 3 Years	93.9%
Infection Prevention and Control - Level 2 - 1 Year	88.3%
Information Governance and Data Security - 1 Year	86.6%
Moving and Handling - Level 1 - 3 Years	95.2%
Moving and Handling - Level 2 - 2 Years	92.1%
NHS Conflict Resolution (England) - 3 Years	85.1%
Preventing Radicalisation - Basic Prevent Awareness - 3 Years	92.2%
Preventing Radicalisation - Prevent Awareness - 3 Years	93.0%
Resuscitation - Level 1 - 1 Year	77.4%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	85.5%
Resuscitation - Level 2 - Newborn Basic Life Support - 1 Year	93.5%
Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	85.3%
Safeguarding Adults (Version 2) - Level 3 - 3 Years	87.9%
Safeguarding Adults - Level 1 - 3 Years	92.0%
Safeguarding Adults - Level 2 - 3 Years	92.6%
Safeguarding Children - Level 1 - 3 Years	92.8%
Safeguarding Children - Level 2 - 3 Years	92.0%
Safeguarding Children - Level 3 - 3 Years	88.3%

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 seen a slight decrease in October, down from 91.18% in September to 90.31% and remains just above the 90% target.

Attendance at training continues to be monitored. The average non-attendance rare has seen a slight reduction but remains challenging at around 20% on pre booked courses. 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.

Targeted work is in place to increase compliance with specific subject areas that show compliance at under 90%.

COCH IPR: Cap Rates

Owner: Vicki Wilson - Director of HR

Countess of Chester Hospital NHS Foundation Trust

Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery

Reduction in Agency Shifts over Cap Rates: Other

Cap Rates Narrative

Medical & Dental - Month 7 shows 74 Medical shifts. A difference of -105 from the previous year. 46 were above cap rates and 0 were Off Framework

Nursing & Midwifery - In relation to Nursing shifts, 4 shifts were approved in month 7 and 0 were above cap. A difference of -215 from the previous year.

Other reduction in Agency - In month 7 115 'Other' agency shifts were approved a decrease of 66 on the previous year. 23 were above cap. Of these, 51 were admin and 46 were ST&T shifts.

Reduction in Agency Shifts over Cap Rates: Medical & Dental

Metric	Period	Value	Variation	Assurance	Target	Benchmark
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				

COCH IPR: Agency Spend

Owner: Vicki Wilson - Director of HR

NHS Countess of Chester Hospital NHS Foundation Trust

Medical Agency Spend

Nursing Agency Spend

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Medical Agency Spend	Oct-25	109333				
Nursing Agency Spend	Oct-25	7961				

Agency Spend Narrative

Medical Agency Spend - M7 is £109k, which is 1.55% of the total medical spend.

Agency nursing expenditure for M7 is £8k and £344k spent ytd, which is 0.5% of total nursing spend

Total Registered Nursing, Midwifery and Health Visiting Staff Vacancy WTE	7.52
Of which Registered Midwife Vacancy WTE	3.82
Total Qualified AHP Vacancy WTE	**8.10**
Of which Qualified Physiotherapist Vacancy WTE	0.00
Of which Qualified Occupational Therapist Vacancy WTE	2.12
Qualified Podiatry Vacancy WTE	0.00
Qualified Dietetics Vacancy WTE	0.00
Qualified Operational Department Practitioners Vacancy WTE	5.98
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	**72.77**
Of which Medical/Dental Consultant Vacancy WTE	25.71
Support to Clinical Staff Vacancy WTE	**62.87**
Of which Healthcare Assistant Band 2	62.57
Of which Healthcare Assistant Band 3	0.00
NHS Infrastructure Vacancy WTE	**67.77**
Other Registered Scientific, Therapeutic and Technical Staff	**7.80**
Total Vacancies	**228.95**
Budgeted FTE Total	4723.97
Trust Vacancy Rate	**4.85%**

Staff Group	Agency Spend YTD to M7 £000s	Total Pay Group Spend YTD to M7 £000s	% Agency
Medical	911	49,578	1.8%
Nursing	344	64,852	0.5%
Scientific, Therapeutic & Technical	68	23,746	0.3%
Admin & Clerical	5	20,618	0.0%
Other	-	11,957	0.0%
TOTAL PAY	**1,328**	**170,751**	**0.8%**

	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	**910,975**	**1,561,671**
Nursing	420,670	3,346,196	8,356,865	12,984,419	2,537,722	860,183	**343,844**	**589,447**
Scientific, Therapeutic & Technical	309,438	165,439	186,898	828,586	797,726	634,672	**68,189**	**116,895**
Admin & Clerical	58,632	151,116	642,783	1,600,359	518,838	146,785	**5,217**	**8,943**
TOTAL	**2,975,094**	**5,755,413**	**11,371,094**	**17,962,721**	**6,027,228**	**4,188,712**	**1,328,225**	**2,276,957**
Total Pay Bill	**179,577,000**	**218,177,000**	**231,024,000**	**262,148,000**	**274,202,337**	**294,856,090**	**170,750,873**	
Agency spend as a % of total Pay Bill	**1.7%**	**2.6%**	**4.9%**	**6.9%**	**2.2%**	**1.4%**	**0.8%**	

Performance Issue

To not exceed £4.576m agency expenditure ceiling.

Total Agency spend at M06 is £1,205k, which is 0.8% of total pay spend. £2,525k was spent in same period last year.

Staff Group	Vacancy FTE	Vacancy Rate
Add Prof Scientific and Technic	7.80	6.09%
Additional Clinical Services	62.87	5.82%
Administrative and Clerical	0.00	0.00%
Allied Health Professionals	8.10	2.74%
Estates and Ancillary	67.77	9.86%
Healthcare Scientists	2.12	2.19%
Medical and Dental	72.77	10.91%
Nursing and Midwifery Registered	7.52	0.56%
Grand Total	**228.95**	**4.85%**

COCH IPR: Finance

Owner: Karen Edge - Chief Finance Officer

Countess of Chester Hospital NHS Foundation Trust

KPI	RAG Rating	Comments
I&E distance from target (cumulative)	🔴	The Trust reported a £19.5m YTD deficit against a planned deficit of £13m – an adverse variance of £6.5m due to central withholding of deficit support funding
CIP	🔴	CIP is £6.3 million behind plan at Month 7 Only recurrent savings are being actioned
Capital Expenditure	🟢	Operational capital is in line with plan at month 7
Cash in bank - £'000	🟢	The Month 7 cash position is £17.6 million, an increase of £4.2m from September 2025
Liquidity (days)	🟢	The Trust had the equivalent of 16 days cash in the bank
Better Payment Practice Code (number)	🔴	88.8% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).
Better Payment Practice Code (value)	🔴	92.6% of invoices (Year to Date) were paid within 30 days (compared to 95% national target).

Highlights:

At month 7, the Trust reported a year-to-date deficit of £19.7m against a planned £13.1m deficit an adverse variance to plan of £6.6m. The adverse variance is driven by central withholding of deficit support funding (£6.6m). This position was achieved because of a number of non-recurrent benefits in month 7, including the release of an annual leave accrual (created in 2024/25), VAT benefit, vacancies across a number of areas and higher than expected interest receivable income which offset under delivery against CIP targets.

The month 7 position included £6.3m undelivered CIP, which was mitigated with non-recurrent benefits in the month (e.g. vacancies).

Areas of concern:

Non delivery of CIP equates to £6.3m at month 7, which is a key driver of the Trusts underlying adverse financial performance.

Better Payment Practice Code (BPPC) performance in August was 88.8% (volume) and 92.6% (value) against a target of 95% across both metrics. This is driven by staffing capacity issues within the accounts payable team and cash preservation actions. Moving forward cash preservation actions are expected to further impact the BPPC.

Forward look

At month 7, the likely forecast deficit is £34.1 million (excluding deficit support funding and without any further recovery actions), compared to a planned deficit of £33.8 million, an adverse variance of £0.3 million. This is an improvement of £4.5 million from the month 6 forecast. The adverse forecast variance is due to anticipated costs associated with resident doctor industrial action in November, which the Trust is not able to absorb. The improvement in forecast is due to forecasting delivery of £3.4 million recovery plan. The forecast assumes costs associated with November industrial action as well as additional costs anticipated to deliver safe patient care over winter. Recovery actions have been identified to improve the forecast and deliver the financial plan. These include further grip and control measures to reduce pay and non-pay rates as well as identification of further potential non-recurrent benefits to support delivery of the financial plan.

There are a number of risks around delivery of the financial plan:

- Delivery of CIP – CIP delivery is regularly being monitored and reported to the CIP delivery group (chaired by the Chief Executive Officer (CEO)). Also non-recurrent items are being identified to support any slippage in CIP delivery.
- Financial impact of winter escalation costs over and above current levels assumed
- Deficit support funding being withheld for the remainder of the year
- Costs associated with potential requirements to deliver RTT further and faster

COCH IPR: Better Payment Practice Code

Owner: Karen Edge - Chief Finance Officer

Countess of Chester Hospital NHS Foundation Trust

Better Payment Practice Code (number)

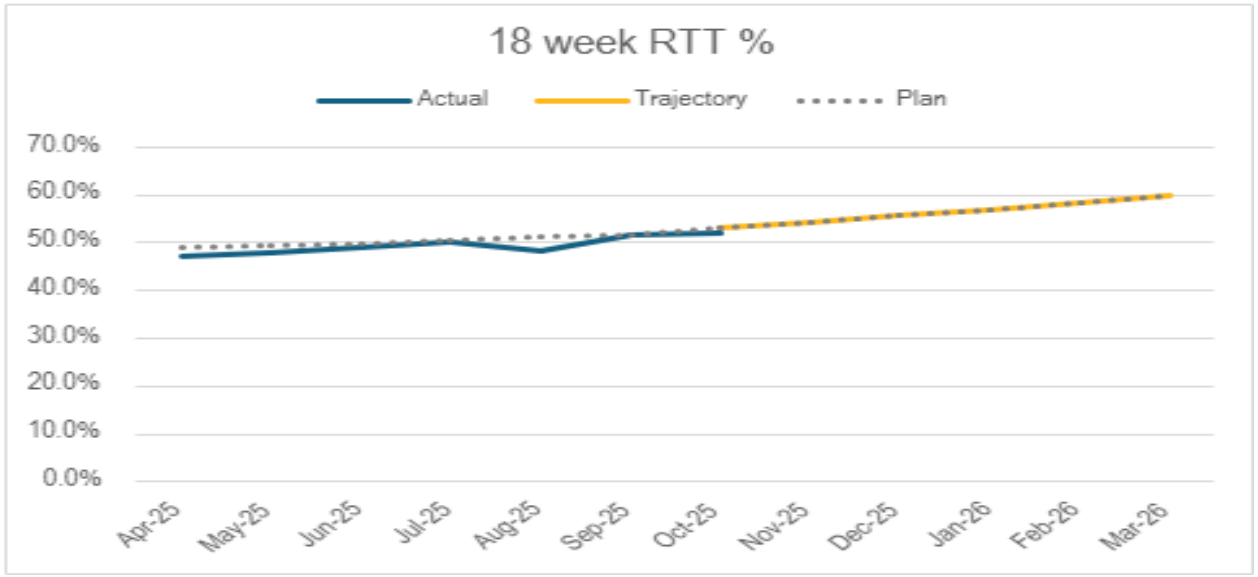
Better Payment Practice Code (value)

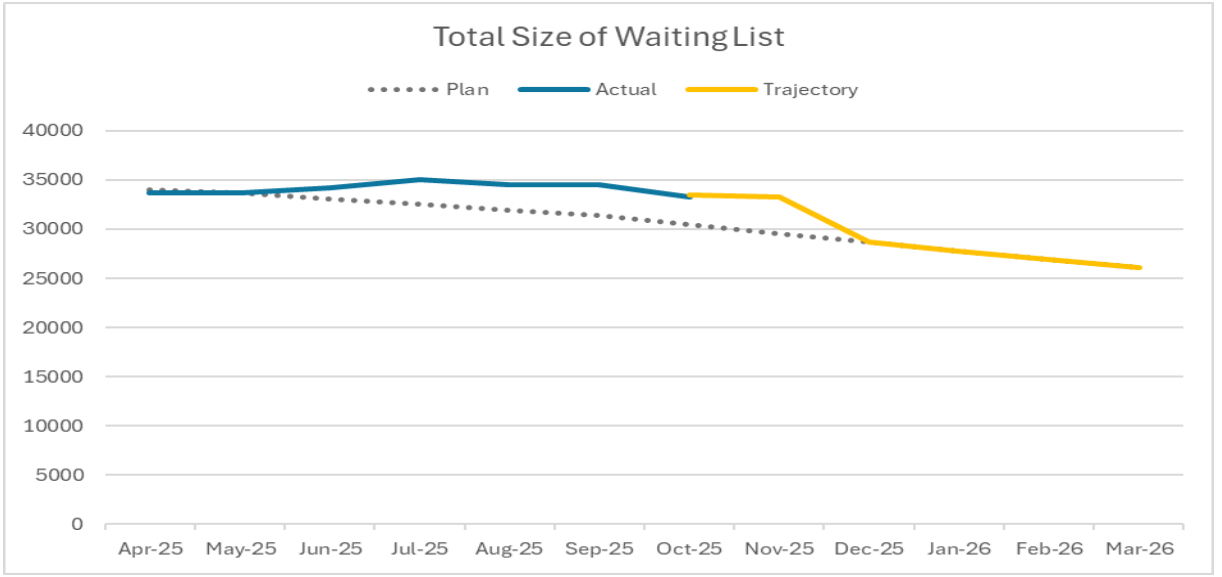
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Better Payment Practice Code (number)	Oct-25	88%			95%	
Better Payment Practice Code (value)	Oct-25	92.6%			95%	

NHS
Countess of Chester Hospital
NHS Foundation Trust

Operational Performance
Board of Directors
November 2025

18-week compliance





The Trust is 0.8% away from October 18-week plan; plans are in place to increase compliance. The Trust is on trajectory to reduce the total size of waiting list

Actions:

- Interim C&M ICB varicose veins referral policy being applied locally, circa 15% reduction in referrals or accepted referrals.
- Participation in Q3 Validation Sprint. Trust delivered 17.5 % and 14% clock stops above baseline in Q1 and Q2 Validation Sprints, respectively. Trust performs significantly higher than regional average on RTT PTL validation.
- Consultant Connect triage:
  - ENT -977 reviewed so far; 21% discharged back to GP (205);
  - Dermatology- 1061/1504 patients triaged, 24% discharged to date (254);
  - Vascular- 475/754 reviewed so far, 31% rejected back to GP (147).
- Extend cohort of Consultant Connect triage within ENT, dermatology and vascular to full 18+ week cohort from October.
- Planned roll-out of Consultant Connect to Cardiology and Gynaecology by November.
- Expand A&G offer and PIFU utilisation.

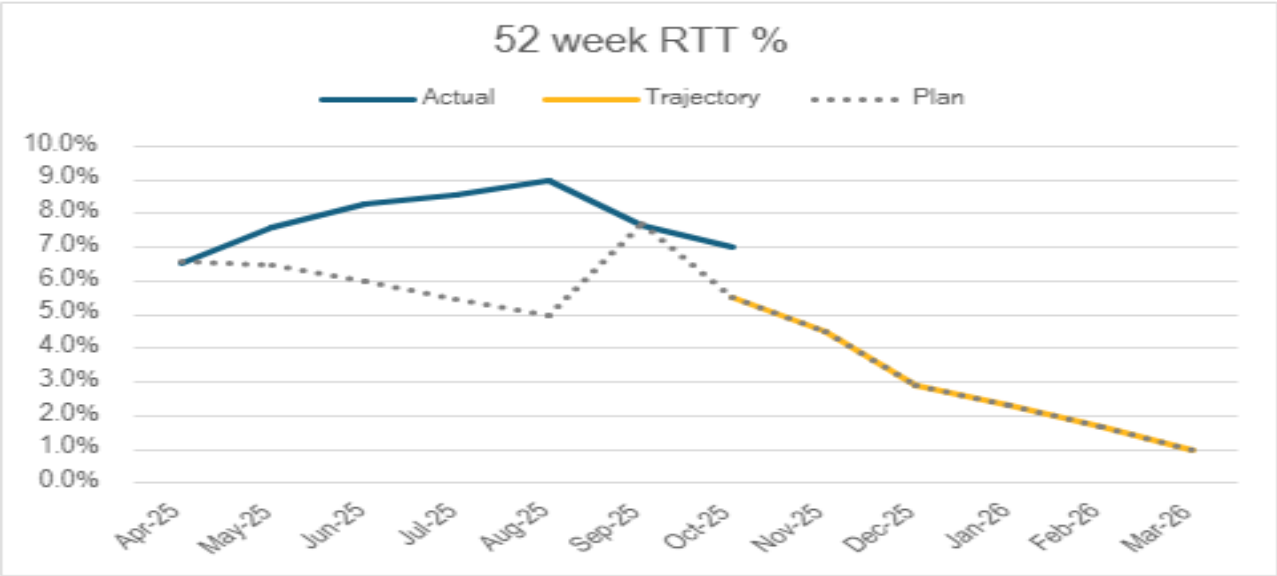
Risks:

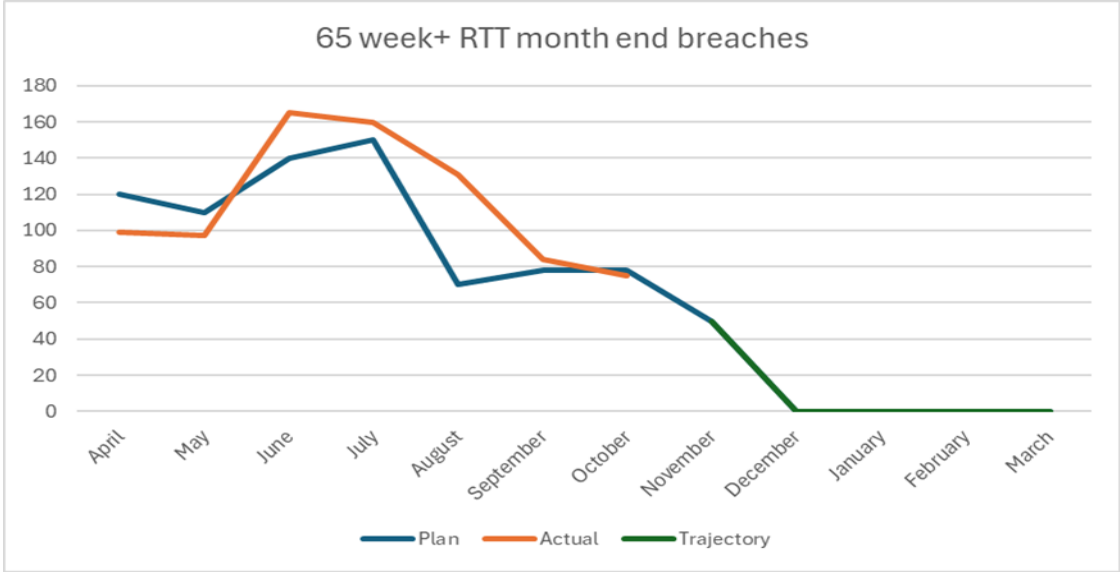
- Growth in referrals from Wales
- Further resident doctor Industrial Action.

Opportunities:

- Mutual Aid from C&M providers, being driven through weekly 65-week meetings (ICB/CMPC led).
- Faster recovery using additional insourcing for Vascular and ENT, however this would increase both in year spend and over performance on activity plan.

52/65 -week compliance





The 52-week position slightly improved in October, but we are 2.5% away from plan.

Month ending	Forecast position	Actual position
October	78	75

Month ending	Current 65+ week cohort to clear	Forecast position
November	596	50
December	1,552	0

Actions:

- Additional Dermatology capacity now directed at RTT long waits.
- Consultant Connect roll out in Gynaecology and Cardiology.
- Additional capacity secured within allocated spend.
- All additional capacity now directed at long waits.
- Daily monitoring through Divisions and Deputy COO.
- Patient level tracking across all specialities.
- WLIs allocated and signed off by the Deputy COO and then to Pay Control Panel for Executive sign off.
- Utilise mutual aid from LUHFT

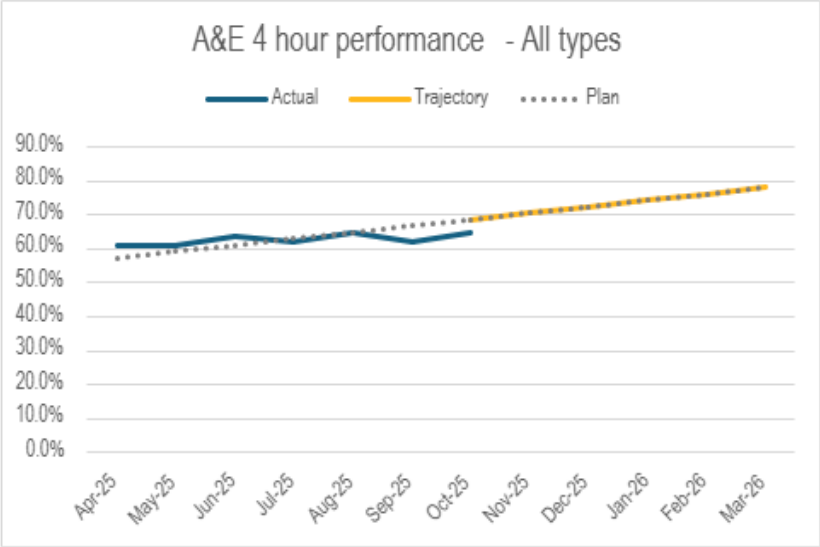
Risks:

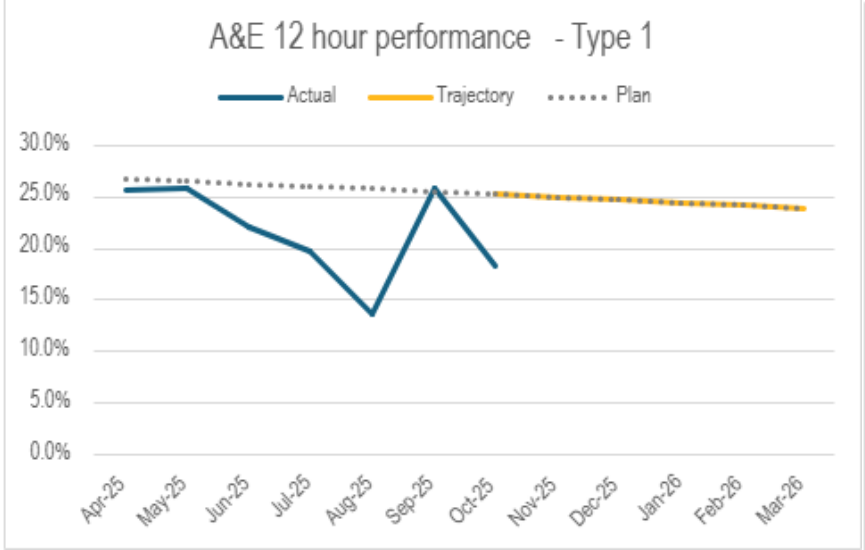
- Corneal Grafts
- Vascular- capacity

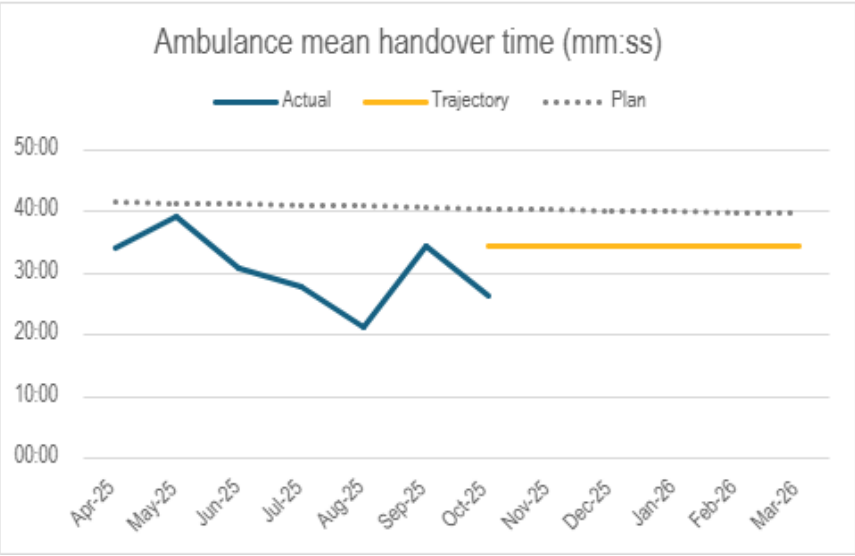
Opportunities:

- Corneal grafts (18) – 1 patient transferred to LUHFT under mutual aid offer, 7 to have active monitoring applied, 1 being removed from waitlist, 7 with TCIs in November, 2 planned TCIs in December. Will also look to utilise further mutual aid offer from LUFHT.
- Vascular – Discussing mutual aid offer with LUHFT

4-hour, 12-hour and Ambulance Handover Performance







Successes

- Improvement in 4-hour performance from previous years.
- UTC (type 3) consistently being utilised for third of ED attendances.
- Monthly 4-hour performance above plan Apr-Jun, under plan Jul-Oct
- Monthly type 1 performance delivered in June and August.
- Monthly type 3 performance from July onwards either delivered or marginally off plan.
- Mean average ambulance handover has consistently delivered better than both C&M prescribed 25/26 target of 40 mins and maximum handover time of 45 mins.
- Corridor care significantly better than plan and virtually eliminated during August- to date.
- Trust is above plan for P0 discharges and P1 discharges.
- 12- hour position w/c 28th July – w/c 25th August significantly reduced when NCTR levels were reduced.

Risks

- Zero growth assumed in planning (as requested) but attendances currently 2841 (6.7% over plan).
- 12-hour LOS % in line or above with plan, however a significant reduction is required but is primary linked with NCTR.
- All UEC plans were predicated on an NCTR reduction (agreed by the ICB), NCTR is currently at an average of 26%, 125 beds occupied on the Countess Site.
- Lack of additional capacity for Winter and significant growth in NCTR.