PUBLIC – Board of Directors
21st July 2026

Report	**Agenda Item 16.**	**Integrated Performance Report – June 2026 Data**						
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 Chief Finance Officer Chief People Officer				
Author(s)	Cathy Chadwick			Chief Operating Officer				
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 BAF 11 Transformation			**X** **X** **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**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X** **X** **X**
Previous considerations	Quality and Safety Committee Finance and Performance Committee							
Executive summary	The purpose of this report is to: • Give an overview of the latest scored metrics in the National Oversight Framework (NOF) • 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: • Over performance vs plan on the main RTT metrics • Over performance for both FDS and 62 Day cancer targets							

	• A reduction in the number of patients receiving care on corridors • 0 cases of MRSA • 0 Never Events • Appraisal completion rates remain compliant and over target • Quarter 1 finance and CIP position met plan. Areas requiring improvement: • VTE 14 Hour compliance • Patient feedback – complaints open at month end • Patient feedback – Concerns opened within month • Assessment screening compliance in ED • Sepsis compliance • Mandatory training compliance • Levels of patients that do not meet the criteria to reside
Recommendations	The Board of Directors is asked to note the assurance provided within this report.

Corporate Impact Assessment	
Statutory/regulatory requirements	Monitors performance against key targets both quality and performance measures.
Risk	Relevant to multiple BAF risks
Equality & Diversity	Meets Equality Act 2010 duties & PSED 2 aims and does not directly discriminate against protected characteristics
Communication	Document to be published as part of the agenda pack.

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Integrated Performance Report

Report to end of June 2026

COCH IPR: Data Quality Assurance Matrix (DQAM)

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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 and level of assurance:

Substantial assurance

- Mixed Sex Accommodation (MSA)
- Cancer
- Pressure Ulcers
- RTT
- VTE
- Assessment Compliance
- Sepsis
- Staffing Levels
- Falls
- Infection Control
- E-Discharge
- FFT
- ED
- Maternity
- Incidents
- Sickness Absence Rate
- Staff Turnover Percentage
- Annual Appraisal Compliance
- Mandatory Training Compliance
- Agency Spend
- DM01

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

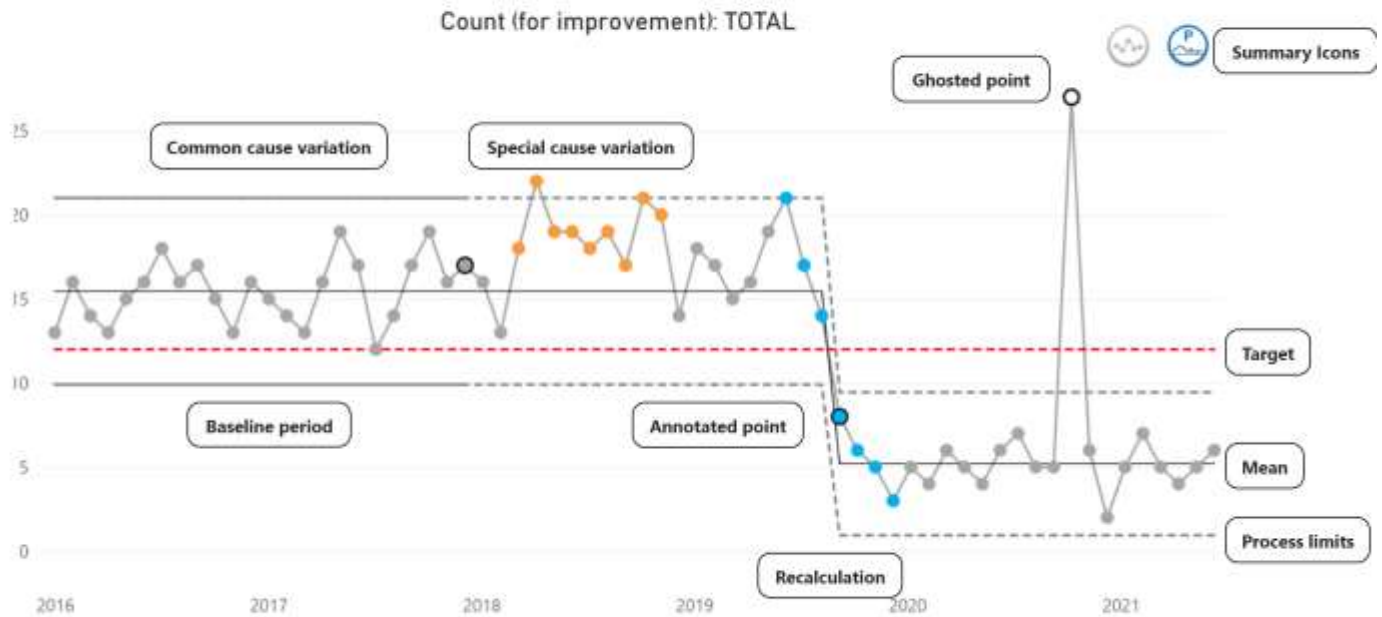
Summary icons are shown in the top-right of the chart and explained on the *Icon Descriptions* page.

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.

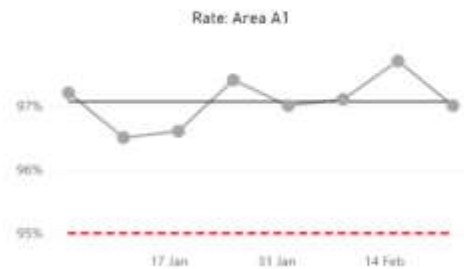
Annotations

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	Staff Turnover Percentage Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Ambulance: Handovers 60+ minutes Patient Initiated Follow Up (%) Incidents: All incidents Fill rates: Registered Staffing (%) Stillbirths	ED: Patients waiting no more than 4 hours (%) ED: Patients waiting no more than 4 hours - Type 1 (%) ED: Patients waiting over 12 hours (%) RTT: Incomplete pathways - Waiting up to 18 weeks (%) RTT: Incomplete pathways - Total 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 E-Discharge Overall Compliance (within 24hr %) VTE: 14 Hour Compliance	SHMI - *no target, but indicator is "as expected"* Hospital Standardised Mortality Ration (HSMR) - *no target, but indicator banding is "as expected"*
Common Cause Variation	Patient Feedback: Complaints Opened In Month Eclampsia Maternal Deaths Annual Appraisal Compliance	Cancer Treatments: 28 Day FDS Cancer Treatments: 62 Day Standard Incidents: StEIS reported incidents (Excluding Never Events) Incidents: Never events Incidents: Mixed sex accomodation incidents Incidents: All incidents with moderate harm and above Incidents: Medication incidents Incidents: Medication incidents with harm Falls: All - Inpatient Rate Per 1000 Bed Days Falls: With Harm - Inpatient 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 VTE: Assessment Completed Compliance Fill rates: Unregistered Staffing (%) Term Admission Rate PPH rate per 1000 Deliveries Tears rate per 1000 Deliveries Sickness Absence Rate Reduction in Agency Shifts over Cap Rates: Medical & Dental	ED: Patients waiting over 12 hours ED: Patients waiting over 12 hours from decision to admit to admission Ambulance: Handovers 30-60 minutes Diagnostics Test Exceeding 6 Weeks Waiting Time (DM01) Diagnostics: % waiting less than 6 weeks - All NC2R: Total Delayed Days Patient Feedback: Complaints Open At Month End FFT: OP Response Rate	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 - OP Positive Rate - *Insufficient data points for assurance* FFT - IP 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* Deliveries by Caesarean Section - *no target, but value is in the normal range* Other Reduction in Agency Shifts over Cap Rates - *target to be identified* % of Patients admitted following ED attendances - *aged under 18* % of Patients admitted following ED attendances - *aged over 65*
Special Cause Concern		Cancer Treatments: 31 Day Standard FFT: A&E Response Rate FFT: IP Response Rate Neonatal Deaths Mandatory Training Compliance		Patient Feedback: Concerns Open At Month End

COCH IPR: NHS Oversight Framework (NOF)

Latest NOF published on 11th June. NOF published quarterly

NHS Countess of Chester Hospital NHS Foundation Trust

SCORED METRICS (Contributing to Segmentation)

RANKING 98 / 134 (compared to 122 / 134) SEGMENT 3

Metric	Type	Target or Threshold	Q4 2025/26 (published)			Q3 2025/26 (published)			Q2 2025/26 (published)			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	60%	Mar-26	↑	64.3%	Dec-25	↑	53.6%	Sep-25	↑	51.43%	71/130		2.65			2.24 (3.09)	3 (4)
% patients waiting <18 weeks (vs plan)	Acute	0%	Mar-26	↑	4.27%	Dec-25	↓	-2.07%	Sep-25	↑	-0.35%	16/130	1					
% patients waiting >52 weeks	Acute	1%	Mar-26	↑	0.86%	Dec-25	↑	4.36%	Sep-25	↑	7.61%	72/130	1					
% patients waiting >52 weeks (community)	Community	-	Mar-26	⇔	13.21%	Dec-25	↓	13.25%	Sep-25	↑	9.78%	59/72			3.47			
% urgent referrals diagnosed within 4 weeks	Acute	80%	Q4 2025/26	↑	81.32%	Q3 2025/26	↑	78.89%	Q2 2025/26	↓	71.64%	41/117	1					
% patients treated within 62 days	Acute	75%	Q4 2025/26	↑	78.51%	Q3 2025/26	↑	77.07%	Q2 2025/26	↓	74.88%	25/118	1					
% A&E patients seen within 4 hours	Acute	78%	Q4 2025/26	↓	59.25%	Q3 2025/26	↓	62.33%	Q2 2025/26	↑	62.80%	122/123			3.98			
% A&E attendances >12 hours**	Acute	0%	Q4 2025/26	↓	17.58%	Q3 2025/26	N/A	14.86%	Q2 2025/26	↑	19.69%	116/122			3.85			
EFFECTIVENESS & EXPERIENCE DOMAIN																		
Summary Hospital Level Mortality Indicator	Acute	As Expected	Jan-25 - Dec-25	⇔	As Expected	Oct-24 - Sep-25	⇔	As Expected	Jul-24 - Jun-25	⇔	As Expected	S2		2			2.57 (2.57)	4 (4)
Discharge delays (bed days lost) - including zero days - metric has changed	Acute	-	Mar-26	↑	1.82	Dec-25	↓	2.20	Sep-25	↓	2.03	121/128			3.81			
CQC inpatient satisfaction	Acute		2023	⇔	2	2023	⇔	2	2023	⇔	2	S2		2				
Urgent Community Response 2-hour performance	Community	70%	Q3 2025/26	↓	81.80%	Q3 2025/26	↑	82.64%	Q2 2025/26	↑	81.77%	35/51		2.47				
PATIENT SAFETY DOMAIN																		
Staff survey - raising concerns	Acute/Community		2025	↓	5.81	2024	⇔	5.93	2024	⇔	5.93	129/130			3.89		3.06 (2.98)	4 (4)
CQC safe inspection score	Acute/Community		Q4 2024/25	⇔	3	Q4 2024/25	⇔	3	Q4 2024/25	⇔	3	3-8/8			3			
MRSA infections (rate)	Acute	0	Apr-25 - Mar-26	⇔	4	Jan-25 - Dec-25	↓	4	Oct-24 - Sep-25	⇔	3	72/134		2.81				
C-Difficile infections (rate)	Acute	<1	Apr-25 - Mar-26	⇔	0.92	Jan-25 - Dec-25	⇔	0.93	Oct-24 - Sep-25	↑	0.93	36/134	1					
E-Coli infections (rate)	Acute	<1	Apr-25 - Mar-26	↓	1.18	Jan-25 - Dec-25	↓	1.08	Oct-24 - Sep-25	↑	0.9	72/134		2.86				
PEOPLE & WORKFORCE DOMAIN																		
Sickness absence rate	Acute/Community	-	Q3 2025/26	↓	6.20%	Q2 2025/26	↓	5.13%	Q1 2025/26	↑	4.96%	101/134		2.9			3.39 (3.07)	4 (4)
Staff survey - engagement score	Acute/Community	-	2025	↓	6.27	2024	⇔	6.48	2024	⇔	6.48	129-130/134			3.89			
FINANCE & PRODUCTIVITY DOMAIN																		
Combined finance score (planned vs variance)	All Trusts		Q4 2025/26	↑	2	Q3 2025/26	⇔	4	Q2 2025/26		4	42-93/134		2			2.36 (3.31)	3 (4)
Planned surplus/deficit	Acute/Community	Breakeven/ Surplus	Mar-26	⇔	-9.38%	Apr-25	⇔	-9.38%	Apr-25	⇔	-9.38%	130-131/134				4		
Variance YTD to plan (NEW Sep 25)	Acute/Community		Mar-26	↑	0.00%	Dec-25	↓	-3.39%	Sep-25	↓	-2.68%	46-62/134	1					
Implied productivity level	Acute	4% imp	Dec-25	↓	2.22%	Sep-25	↑	2.50%	Jun-25	↓	-0.16%	77/134		2.71				

*** arrow denotes improvement or deterioration from previous score**

COCH IPR: Scorecard

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Operational Metrics	Period	Value	Variation	Assurance	Target
ED: Patients waiting no more than 4 hours (%)	Jun-26	65.2%			78%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Jun-26	53.6%			78%
ED: Patients waiting over 12 hours	Jun-26	1113			0
ED: Patients waiting over 12 hours from decision to admit to admission	Jun-26	668			0
Ambulance: Handovers 30-60 minutes	Jun-26	346			0
Ambulance: Handovers 60+ minutes	Jun-26	31			0
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Jun-26	67.5%			60%
RTT: Incomplete pathways - Total	Jun-26	30242			27651
RTT: Incomplete pathways - Waiting over 52 weeks	Jun-26	210			0
RTT: Incomplete pathways - Waiting over 65 weeks	Jun-26	0			0
RTT Wait for 1st OP Appt - % waiting <18 weeks	Jun-26	66.8%			67%
Patient Initiated Follow Up (%)	Jun-26	5.4%			5%
Diagnostics: % waiting less than 6 weeks - All	Jun-26	84.0%			99%
Cancer Treatments: 28 Day FDS	May-26	84.3%			80%
Cancer Treatments: 31 Day Standard	May-26	80.1%			96%
Cancer Treatments: 62 Day Standard	May-26	85.0%			75%
NC2R: Total Delayed Days	Jun-26	4017			1740
E-Discharge Overall Compliance (within 24hr %)	Jun-26	75.0%			95%

Maternity Metrics	Period	Value	Variation	Assurance	Target
Women Delivered	Jun-26	178			
Live Births	Jun-26	180			
Births in Co-located MLU	Jun-26	7			
Term Admission Rate	Jun-26	3.9%			4.8%
Deliveries by Caesarean Sections Rate	Jun-26	47.8%			
PPH rate per 1000 Deliveries	Jun-26	44.9			30
Tears rate per 1000 Deliveries	Jun-26	5.62			28
Eclampsia	Jun-26	0			0
Maternal Deaths	Jun-26	0			0
Stillbirths	Jun-26	0			0
Neonatal Deaths	Jun-26	3			0

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target
Mortality: SHMI	Feb-26	89.7			
Mortality: Total inpatient deaths	Jun-26	99			
Incidents: StEIS reported incidents (Excluding Never Events)	Jun-26	0			0
Incidents: Never events	Jun-26	0			0
Incidents: Mixed sex accomodation incidents	Jun-26	0			0
Incidents: All incidents	Jun-26	1138			1155
Incidents: All incidents with moderate harm and above	Jun-26	59			40
Incidents: Medication incidents	Jun-26	153			108
Incidents: Medication incidents with harm	Jun-26	2			0
Falls: All - Inpatient Rate Per 1000 Bed Days	Jun-26	4.88			4.87
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Jun-26	0			0.1
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Jun-26	1.09			1.22
Pressure ulcers: Present on admission - Rate per 1000 bed days	Jun-26	2.72			
Infection Control: C.Difficile Cases	Jun-26	6			4
Infection Control: MRSA Cases	Jun-26	1			0
Patient Feedback: Complaints Opened In Month	Jun-26	8			40
Patient Feedback: Complaints Open At Month End	Jun-26	13			7
Patient Feedback: Concerns Opened In Month	Jun-26	300			229
Patient Feedback: Concerns Open At Month End	Jun-26	139			
FFT: A&E Positive Rate	Jun-26	75.7%			95%
FFT: IP Positive Rate	Jun-26	92.3%			95%
FFT: OP Positive Rate	Jun-26	93.4%			95%
VTE: Assessment Completed Compliance	Jun-26	93.8%			95%
VTE: 14 Hour Compliance	Jun-26	87.0%			95%

HR & Finance Metrics	Period	Value	Variation	Assurance	Target
Sickness Absence Rate	Jun-26	5.5%			5%
Staff Turnover Percentage	Jun-26	7.0%			10%
Annual Appraisal Compliance	Jun-26	82.5%			80%
Mandatory Training Compliance	Jun-26	88.4%			90%
Reduction in Agency Shifts over Cap Rates: Medical & Dental	Jun-26	193			120
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Jun-26	19			1200
Reduction in Agency Shifts over Cap Rates: Other	Jun-26	130			

COCH IPR: Operational Performance Summary

Owner: Cathy Chadwick - Chief Operating Officer

Countess of Chester Hospital NHS Foundation Trust

Highlights:

ED:

•4-hour performance maintained at **65.2%** (plan 63.08%). 12-hour performance was **19.7%**, (plan 20.05%).
•Mean average ambulance handover: 24:55 mins (plan 29:36 mins).

RTT:

•18-week compliance was 67.5%- 5.4% above plan.
•% open pathways over >52 weeks was 0.7%- 1.1% better than plan.
• There were 0 >65 weeks breaches in June.

Cancer:

•FDS performance has increased to 84.3% and target (80%) delivered for 3rd consecutive month.
•62-day performance was 85% against a target of 80%.

Diagnostics:

•June performance increased to 84% against a plan of 75.3%.
•Echocardiography performance continues to see significant improvements with performance rising to 72.7%.

Areas of Concern:

•ED attendances in June were the highest on record and 10% (846) higher than same period previous year.
•RTT Wait list size 30,242, +2832 above plan. The increase in pathways are all in the <18-week cohort with a contributing factor relating to a 4.5% rise in referrals in March-June 26 compared with the previous 4-month period.
•Cancer 31-day performance was 80.1% against a target of 94% Failure to deliver against target was primarily due to increased breaches in skin and breast.

Forward Look:

•ED- progression of Acute Medical Model redesign.
•RTT – continue with insourcing where capacity gaps and/or referral demand requires additional capacity. Continue to develop tier 2 community proposals for Dermatology and ENT in conjunction with CWP. Additional validation support being sourced to minimise erroneous pathways on waiting list.
•Implementation of Cancer 31-day performance improvement plan in skin and breast tumour sites.

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 (%)	Jun-26	65.2%			78%	Jun 26 | 75.0%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Jun-26	53.6%			78%	Jun 26 | 61.2%
ED: Paediatric Patients waiting no more than 4 hours (%)	Jun-26	89.4%				
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Jun-26	85.7%				
ED: Patients waiting over 12 hours - Type 1 (%)	Jun-26	19.7%				Jun 26 | 9.7%
ED: Patients waiting over 12 hours (%)	Jun-26	13.1%			0%	
ED: Patients waiting over 12 hours	Jun-26	1113			0	
ED: Patients waiting over 12 hours - Type 1	Jun-26	1110				
ED: Attendances	Jun-26	8480				
ED: Attendances - Type 1	Jun-26	5668				
ED: Attendances - Type 3	Jun-26	2832				
ED: Patients waiting over 12 hours from decision to admit to admission	Jun-26	668			0	
ED: Attendances with a stay in a corridor location	Jun-26	333				
ED: Attendances for mental health conditions	Jun-26	171				
ED: Mental Health patients waiting over 12 hours	Jun-26	39				
Avg Time To Ambulance Handover (mins)	Jun-26	24				
Ambulance: Handovers 30-60 minutes	Jun-26	346			0	
Ambulance: Handovers 60+ minutes	Jun-26	31			0	
Ambulance: Total Ambulance Arrivals	Jun-26	1621				
% of patients admitted following ED attendance - aged under 18	Jun-26	10.0%				
% of patients admitted following ED attendance - aged over 65	Jun-26	46.4%				
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Jun-26	67.5%			60%	May 26 | 65.6%
RTT: Incomplete pathways - Total	Jun-26	30242			27651	
RTT: Incomplete pathways - Waiting over 52 weeks	Jun-26	210			0	
RTT: Incomplete pathways - Waiting over 65 weeks	Jun-26	0			0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Jun-26	0.7%			1%	May 26 | 1.4%
RTT Wait for 1st OP Appt - % waiting <18 weeks	Jun-26	66.8%			67%	
Patient Initiated Follow Up (%)	Jun-26	5.4%			5%	May 26 | 4.1%

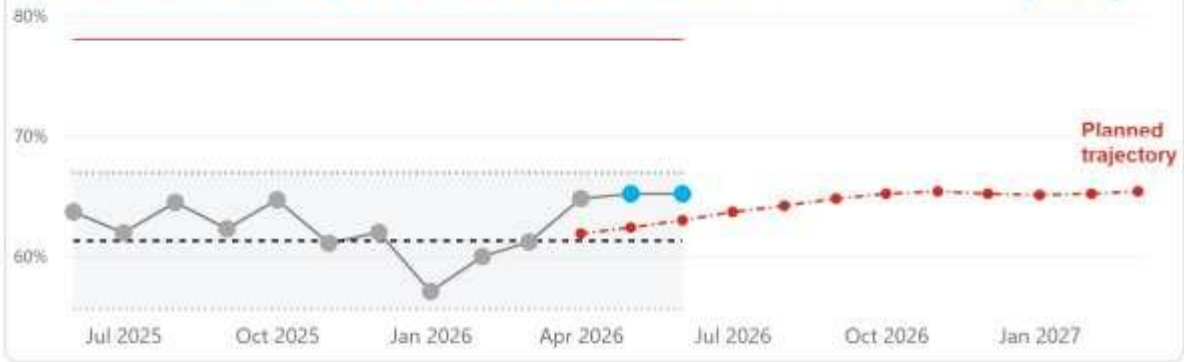
Operational Metrics	Period	Value	Variation	Assurance	Target	Benchmark
DNA Rates (%)	Jun-26	4.9%				May 26 | 6.6%
Advice and Guidance Utilisation Rate	May-26	27.3				Apr 26 | 26.9
Advice and Guidance Diversion Rate (%)	May-26	16.5%				Apr 26 | 21.8%
Diagnostics: % waiting less than 6 weeks - All	Jun-26	84.0%			99%	May 26 | 76.0%
Diagnostics: % waiting less than 6 weeks - Magnetic Resonance Imaging	Jun-26	92.4%			99%	May 26 | 76.9%
Diagnostics: % waiting less than 6 weeks - Computed Tomography	Jun-26	95.0%			99%	May 26 | 89.0%
Diagnostics: % waiting less than 6 weeks - Non-obstetric ultrasound	Jun-26	89.4%			99%	May 26 | 79.5%
Diagnostics: % waiting less than 6 weeks - Barium Enema	Jun-26	10.0%			99%	May 26 | 76.0%
Diagnostics: % waiting less than 6 weeks - DEXA Scan	Jun-26	67.9%			99%	May 26 | 83.3%
Diagnostics: % waiting less than 6 weeks - Audiology - Adult Assessments	Jun-26	68.0%			99%	
Diagnostics: % waiting less than 6 weeks - Audiology - Paediatric Assessments	Jun-26	51.6%			99%	
Diagnostics: % waiting less than 6 weeks - Echocardiography	Jun-26	72.7%			99%	May 26 | 72.3%
Diagnostics: % waiting less than 6 weeks - Respiratory physiology - sleep studies	Jun-26	93.2%			99%	May 26 | 70.2%
Diagnostics: % waiting less than 6 weeks - Colonoscopy	Jun-26	74.9%			99%	May 26 | 67.9%
Diagnostics: % waiting less than 6 weeks - Flexi sigmoidoscopy	Jun-26	83.3%			99%	May 26 | 67.5%
Diagnostics: % waiting less than 6 weeks - Cystoscopy	Jun-26	99.0%			99%	May 26 | 72.2%
Diagnostics: % waiting less than 6 weeks - Gastroscopy	Jun-26	74.8%			99%	May 26 | 69.4%
Cancer Treatments: 28 Day FDS	May-26	84.3%			80%	May 26 | 79.0%
Cancer Treatments: 31 Day Standard	May-26	80.1%			96%	May 26 | 92.8%
Cancer Treatments: 62 Day Standard	May-26	85.0%			75%	May 26 | 69.6%
NC2R: Total Delayed Days	Jun-26	4017			1740	
E-Discharge Overall Compliance (within 24hr %)	Jun-26	75.0%			95%	
Community: % of patients waiting over 52 weeks	Jun-26	15.9%				May 26 | 44.45%
Community: Total patients waiting over 52 weeks	Jun-26	231				
Urgent Community Response 2-Hour performance	May-26	76.0%				

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 (%)	Jun-26	89.4%				
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Jun-26	85.7%				
ED: Patients waiting no more than 4 hours (%)	Jun-26	65.2%			78%	Jun 26 | 75.0%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Jun-26	53.6%			78%	Jun 26 | 61.2%
ED: Attendances	Jun-26	8480				

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	Jun-26	5668				
ED: Attendances - Type 3	Jun-26	2832				
ED: Attendances for mental health conditions	Jun-26	171				
ED: Mental Health patients waiting over 12 hours	Jun-26	39				
ED: Attendances with a stay in a corridor location	Jun-26	333				

COCH IPR: Emergency Department Summary

Owner: Cathy Chadwick - Chief Operating Officer

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 (%)	Jun-26	13.1%			0%	
ED: Patients waiting over 12 hours	Jun-26	1113			0	
ED: Patients waiting over 12 hours - Type 1 (%)	Jun-26	19.7%				Jun 26 | 9.7%
ED: Patients waiting over 12 hours - Type 1	Jun-26	1110				
ED: Patients waiting over 12 hours from decision to admit to admission	Jun-26	668			0	

COCH IPR: Emergency Department Summary

Owner: Cathy Chadwick - Chief Operating Officer

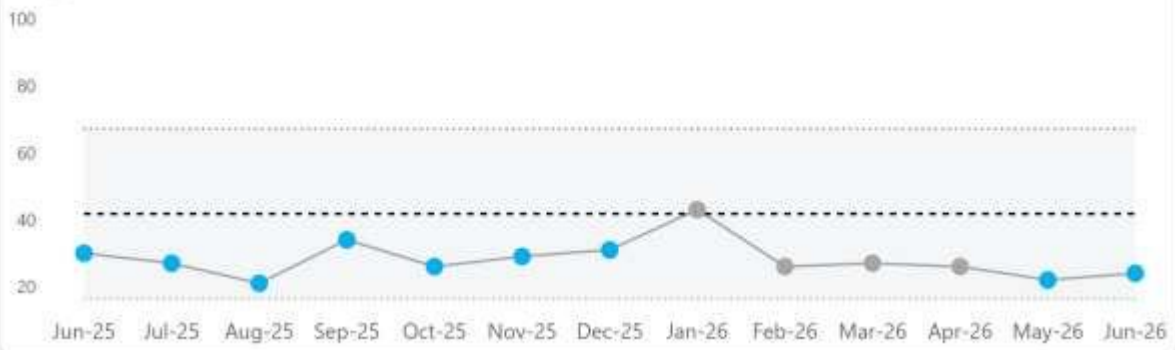
Countess of Chester Hospital NHS Foundation Trust

Ambulance Handovers 30-60 minutes

Ambulance Handovers 60+ minutes

Total No of Ambulance Arrivals

Avg time to Ambulance handover



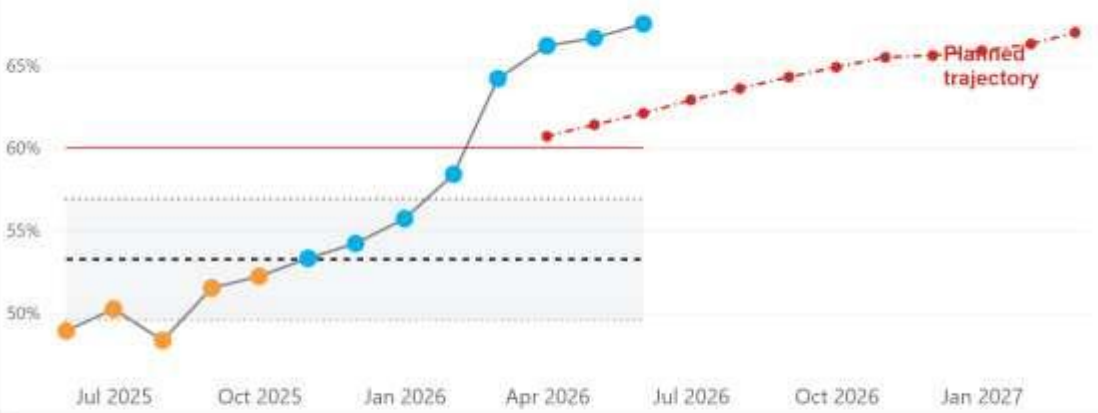
Metric	Period	Value	Variation	Assurance	Target	Benchmark
Avg Time To Ambulance Handover (mins)	Jun-26	24				
Ambulance: Handovers 30-60 minutes	Jun-26	346			0	
Ambulance: Handovers 60+ minutes	Jun-26	31			0	
Ambulance: Total Ambulance Arrivals	Jun-26	1621				

COCH IPR: RTT Overview **Provisional Data**

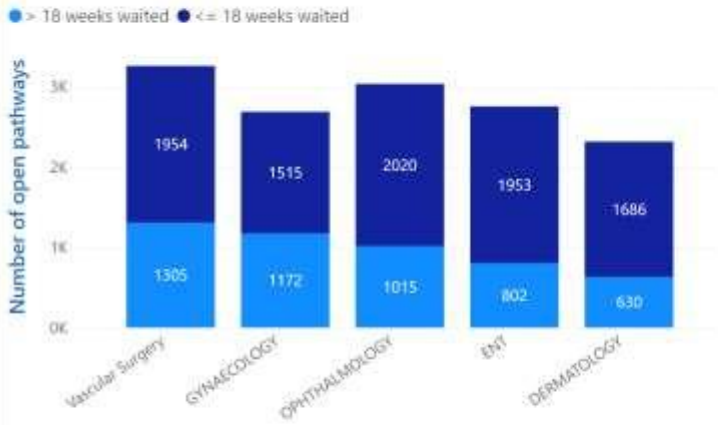
Owner: Cathy Chadwick - Chief Operating Officer

Countess of Chester Hospital NHS Foundation Trust

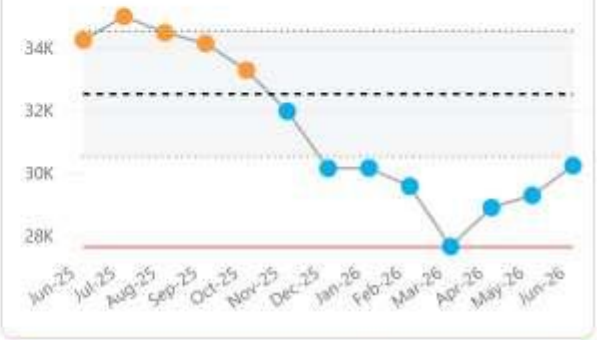
18 Week Referral To Treatment (RTT) Incomplete Pathways



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 included in this metric for COCH is Community Paediatrics.

Metric	Period	Value	Variation	Assurance	Target	Benchmark
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Jun-26	67.5%			60%	May 26 | 65.6%
RTT: Incomplete pathways - Waiting over 65 weeks	Jun-26	0			0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Jun-26	0.7%			1%	May 26 | 1.4%
RTT: Incomplete pathways - Total	Jun-26	30242			27651	
Community: Total patients waiting over 52 weeks	Jun-26	231				
Community: % of patients waiting over 52 weeks	Jun-26	15.9%				May 26 | 44.45%

COCH IPR: Outpatients

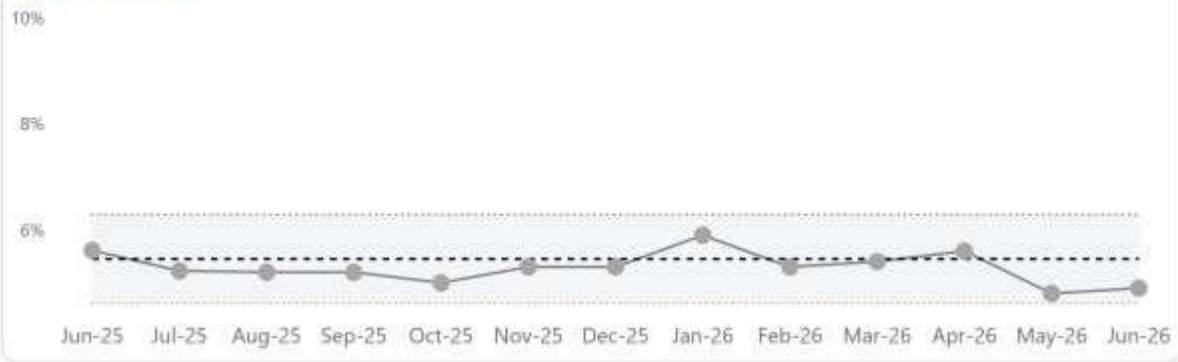
Owner: Cathy Chadwick - Chief Operating Officer

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 (%)	Jun-26	5.4%			5%	May 26 | 4.1%
RTT Wait for 1st OP Appt - % waiting <18 weeks	Jun-26	66.8%			67%	
DNA Rates (%)	Jun-26	4.9%				May 26 | 6.6%
Advice and Guidance Utilisation Rate	May-26	27.3				Apr 26 | 26.9
Advice and Guidance Diversion Rate (%)	May-26	16.5%				Apr 26 | 21.8%

Advice and Guidance Diversion Rate (%)

COCH IPR: Diagnostic Waits

Owner: Cathy Chadwick - Chief Operating Officer

Countess of Chester Hospital NHS Foundation Trust

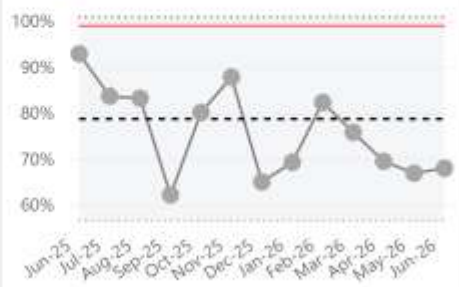
Diagnostics Test waiting less than 6 weeks (%)

% waiting less than 6 weeks	Period	Value	Variation	Assurance	Target	Benchmark
All	Jun-26	84.0%			99%	May 26 | 76.0%
Non-obstetric ultrasound	Jun-26	89.4%			99%	May 26 | 79.5%
Audiology - Adult Assessments	Jun-26	68.0%			99%	
Echocardiography	Jun-26	72.7%			99%	May 26 | 72.3%
Colonoscopy	Jun-26	74.9%			99%	May 26 | 67.9%
Gastoscopy	Jun-26	74.8%			99%	May 26 | 69.4%

% waiting less than 6 weeks	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
All	80.1%	73.9%	76.1%	74.7%	76.9%	76.3%	79.1%	86.4%	83.7%	81.3%	82.5%	84.0%
Magnetic Resonance Imaging	94.3%	86.2%	92.6%	89.7%	91.7%	82.0%	88.0%	95.6%	90.2%	85.4%	90.8%	92.4%
Computed Tomography	95.1%	94.1%	98.4%	99.3%	99.1%	99.2%	98.5%	100.0%	99.8%	98.1%	95.6%	95.0%
Non-obstetric ultrasound	87.0%	79.6%	79.7%	76.7%	82.4%	86.4%	90.8%	93.6%	91.6%	93.6%	92.3%	89.4%
Barium Enema	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	10.0%
DEXA Scan	96.6%	94.0%	76.7%	70.5%	68.8%	75.4%	82.1%	93.2%	72.6%	69.5%	60.8%	67.9%
Audiology - Adult Assessments	83.7%	83.2%	62.2%	80.1%	87.8%	65.0%	69.3%	82.3%	75.8%	69.5%	66.9%	68.0%
Audiology - Paediatric Assessments	73.3%	62.7%	45.0%	59.4%	53.5%	42.7%	51.4%	62.1%	53.3%	49.0%	47.9%	51.6%
Echocardiography	46.1%	35.5%	38.2%	39.2%	38.7%	39.2%	35.6%	50.2%	56.7%	53.9%	69.2%	72.7%
Respiratory physiology - sleep studies	99.2%	99.2%	96.1%	99.1%	100.0%	95.3%	98.3%	96.6%	85.6%	74.3%	77.3%	93.2%
Colonoscopy	69.6%	62.6%	79.6%	82.5%	84.6%	88.5%	84.7%	82.1%	85.6%	80.1%	69.6%	74.9%
Flexi sigmoidoscopy	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.2%	92.6%	89.8%	83.3%
Cystoscopy	96.8%	95.9%	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.5%	99.3%	99.0%
Gastoscopy	62.9%	66.7%	77.2%	80.5%	79.9%	87.5%	76.3%	86.4%	77.5%	64.2%	72.9%	74.8%

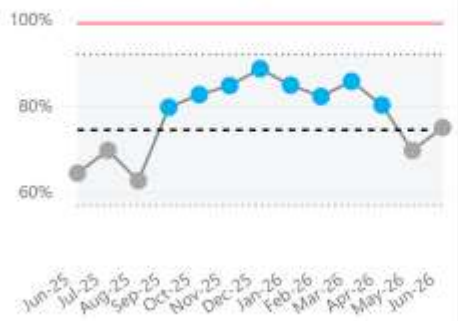
Non-obstetric ultrasound - % Waiting less than 6 weeks

Audiology - Adult Assessments - % Waiting less than 6 weeks

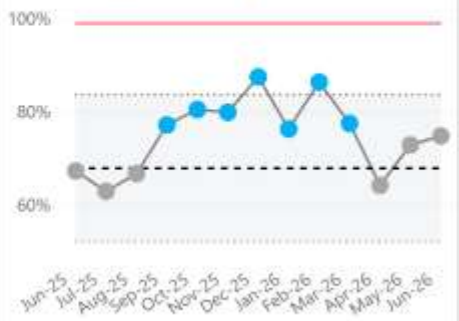


Echocardiography - % Waiting less than 6 weeks

Colonoscopy - % Waiting less than 6 weeks



Gastroscopy - % Waiting less than 6 weeks



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	May-26	85.0%			75%	May 26 | 69.6%
Cancer Treatments: 31 Day Standard	May-26	80.1%			96%	May 26 | 92.8%
Cancer Treatments: 28 Day FDS	May-26	84.3%			80%	May 26 | 79.0%

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	% of patients discharged where		nts discharged where, between the Discharge Ready Date and Discharge							discharged where, between the Discharge Ready Date and Discharge Dat								
		Date of discharge is same as Discharge Ready Date	Date of Discharge is 1+ days after Discharge Ready Date	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	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 day delays)	Average days from Discharge Ready Date to date of discharge (exc 0 day delays)
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	Acceptable	100.0%	0.0%	36	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATI(	Acceptable	84.9%	15.1%	1,289	30	38	45	50	25	41	84.9%	2.0%	2.5%	3.0%	3.3%	1.6%	2.7%	1.9	12.8
EAST CHESHIRE NHS TRUST	Acceptable	86.1%	13.9%	689	24	18	13	32	11	13	86.1%	3.0%	2.3%	1.6%	4.0%	1.4%	1.6%	1.3	9.4
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOU	Acceptable	98.6%	1.4%	616	3	1	1	3	1	-	98.6%	0.5%	0.2%	0.2%	0.5%	0.2%	0.0%	0.1	6.7
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDAT	Acceptable	84.6%	15.4%	3,815	201	168	110	122	41	52	84.6%	4.5%	3.7%	2.4%	2.7%	0.9%	1.2%	1.1	7.1
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	Acceptable	89.7%	10.3%	166	13	5	1	-	-	-	89.7%	7.0%	2.7%	0.5%	0.0%	0.0%	0.0%	0.2	1.5
MERSEY AND WEST LANCASHIRE TEACHING HOSPI	Acceptable	85.0%	15.0%	3,657	124	134	126	131	46	86	85.0%	2.9%	3.1%	2.9%	3.0%	1.1%	2.0%	1.5	9.8
MID CHESHIRE HOSPITALS NHS FOUNDATION TRUS	Acceptable	88.7%	11.3%	1,640	34	45	39	43	18	30	88.7%	1.8%	2.4%	2.1%	2.3%	1.0%	1.6%	1.1	9.6
THE CLATTERBRIDGE CANCER CENTRE NHS FOUND.	Acceptable	98.9%	1.1%	182	-	1	-	-	-	1	98.9%	0.0%	0.5%	0.0%	0.0%	0.0%	0.5%	0.1	12.5
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOI	Acceptable	89.6%	10.4%	2,251	59	68	52	45	19	19	89.6%	2.3%	2.7%	2.1%	1.8%	0.8%	0.8%	0.7	7.1

Total Delay Days

Metric	Period	Value	Variation	Assurance	Target	Benchmark
NC2R: Total Delayed Days	Jun-26	4017			1740	

Urgent Community Response 2-Hour performance

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Urgent Community Response 2-Hour performance	May-26	76.0%				

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 %)	Jun-26	75.0%			95%	

Incomplete E-Discharges Division	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Planned Care	9	21	8	16	23	24	37	29	25	24	16	23	55
Urgent Care	0	0	0	0	0	0	2	1	3	4	4	6	23
Womens & Children	4	7	1	4	5	5	4	13	17	15	9	13	16

24-hr compliance Division	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Planned Care	63.3%	65.4%	59.7%	61.8%	64.9%	64.1%	62.0%	66.1%	64.2%	63.5%	68.9%	67.1%	71.0%
Urgent Care	73.7%	72.5%	72.4%	71.5%	70.0%	68.8%	68.7%	72.3%	73.5%	71.2%	75.7%	72.5%	75.0%
Womens & Children	90.7%	89.3%	89.0%	86.4%	85.1%	88.6%	88.8%	82.8%	81.7%	85.2%	86.8%	82.2%	89.0%

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

Reduction in Inpatient compliance in Braden, Falls and MUST risk assessments, all below 90% compliance.
EPH compliant in all risk assessments.
ED demonstrating slight deterioration in Falls, Must and Braden risk assessments but had seen sustained improvements for last 4 months.
Zero Steis reportable incidents reported in June
Zero Mixed sex breaches
Incidents in June remain relatively consistent with a small decrease in moderate and above harm incidents reported. All moderate and above incidents are monitored and reviewed through the Patient Safety Oversight Group with a quarterly report to Quality Governance Group and quality and Safety Committee
Medication incidents increased in June. Two moderate harm medication incidents reported – one wrong drug administered.
Slight increase in Falls in June, but overall reduction year to date. Zero falls with harm.
Hospital Acquired Pressure Ulcers (HAPU) showing a reduction in incidence in June. Pressure Ulcers on admission incidents also decreased.
Reduction in the number of CDIFF cases reported in June with 6 cases reported , reduction from previous month, but we are over trajectory by 4 cases- No clear themes
E-Coli Bloodstream infection incidence reduced with 2 cases reported in June, under trajectory by 1 case.
One MRSA reported in June, this is relating to an orthopaedic patient who developed a wound infection and subsequent bacteraemia.
Sustained decrease in open complaints in June and a sustained decrease in complaints received in June. Small decrease in concerns raised in June and in open concerns.
Friends and Family Test (FFT) – small drop-in positive response rates in all areas. Overall response rates still demonstrate room for improvement however transition to new FFT platform has been undertaken in June which may have impacted scores during transition. Once embedded it is hoped that this will improve response rates, provide real-time feedback and timely actions/resolution.
Slight rise in inpatient deaths.

Areas of Concern:

VTE 14-hour risk assessment in June saw small improvement in compliance to 87% and still not achieving the National compliance target of 95%. Divisional action plan in place driving improvements and monitored through Quality Governance Group
Focus required on VTE prophylaxis
Sepsis clinical assessment compliance dropped to 75% and observations within 60 minutes is at 100%. Area of focus continues to me antibiotic compliance which is at 68%
Patient Flow and Emergency Department performance and quality indicators
New Pressure Ulcers (Cat 2 and Cat 3) continue to be a focus- weekly review and actions and initiatives ongoing

Forward Look (with actions):

Sepsis Improvements – antibiotic compliance
Continuous drive to arrive to improve Risk Assessment compliances
Friends and Family Test Improvements – successful transition to MEG – a new and improved platform for collecting Friends and family Test. QR codes for real-time completion with instant feedback. Text messages also in place.
Divisional improvements in response times for complaints and concerns – significant decrease in complaints in quarter one 2026/27.

COCH IPR: Quality of Care and Nursing Scorecard

Countess of Chester Hospital NHS Foundation Trust

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Feb-26	89.7				
Mortality: HSMR	Jun-25	92.6				
Mortality: Total inpatient deaths	Jun-26	99				
Incidents: StEIS reported incidents (Excluding Never Events)	Jun-26	0			0	
Incidents: Never events	Jun-26	0			0	
Incidents: Mixed sex accomodation incidents	Jun-26	0			0	
Incidents: All incidents	Jun-26	1138			1155	
Incidents: All incidents with moderate harm and above	Jun-26	59			40	
Incidents: Medication incidents	Jun-26	153			108	
Incidents: Medication incidents with harm	Jun-26	2			0	
Falls: All - Inpatient Rate Per 1000 Bed Days	Jun-26	4.88			4.87	
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Jun-26	0			0.1	
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Jun-26	1.09			1.22	
Pressure ulcers: Present on admission - Rate per 1000 bed days	Jun-26	2.72				
Infection Control: C.Difficile Cases	Jun-26	6			4	
Infection Control: E-Coli Cases	Jun-26	2				
Infection Control: MRSA Cases	Jun-26	1			0	
Patient Feedback: Complaints Opened In Month	Jun-26	8			40	
Patient Feedback: Complaints Open At Month End	Jun-26	13			7	
Patient Feedback: Concerns Opened In Month	Jun-26	300			229	
Patient Feedback: Concerns Open At Month End	Jun-26	139				
FFT: A&E Positive Rate	Jun-26	75.7%			95%	
FFT: IP Positive Rate	Jun-26	92.3%			95%	
FFT: OP Positive Rate	Jun-26	93.4%			95%	
FFT: A&E Response Rate	Jun-26	11.3%			13%	
FFT: IP Response Rate	Jun-26	18.4%			23%	
FFT: OP Response Rate	Jun-26	9.3%			12%	
VTE: Assessment Completed Compliance	Jun-26	93.8%			95%	
VTE: 14 Hour Compliance	Jun-26	87.0%			95%	
Fill rates: Registered Staffing (%)	Jun-26	96.9%			95%	
Fill rates: Unregistered Staffing (%)	Jun-26	96.4%			95%	

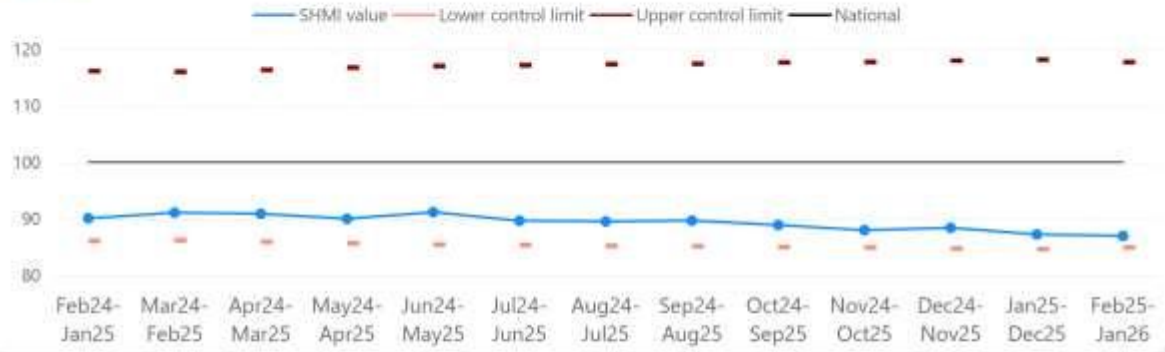
Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
12 month rolling count MRSA cases	Jun-26	3				
12 month rolling E-coli cases as proportion of trust threshold	Jun-26	0.981				
12 month rolling C-Diff cases as proportion of trust threshold	Jun-26	0.96				
Overall Braden 6 hr Compliance	Jun-26	82.0%				
ED Braden 6 hr Compliance	Jun-26	77.1%				
Inpatient Braden 6 hr compliance	Jun-26	89.7%				
Overall Falls 6 hr Compliance	Jun-26	83.0%				
ED Falls 6 hr Compliance	Jun-26	78.5%				
Inpatient Falls 6 hr compliance	Jun-26	87.5%				
Overall MUST 24 hr compliance	Jun-26	82.1%				
ED MUST 24 hr Compliance	Jun-26	78.5%				
Inpatient MUST 24 hr compliance	Jun-26	87.7%				
Sepsis 60 mins Observations Compliance (%)	Jun-26	100.0%			95%	Jul 25 | 91.80%
Sepsis Antibiotics Compliance (%)	Jun-26	68.8%			95%	Jul 25 | 68.10%
Sepsis Clinical Assessment Compliance	Jun-26	75.0%			95%	Jul 25 | 60.50%

COCH IPR: Mortality

Owner: Nigel Scawn - Executive Medical Director

Countess of Chester Hospital NHS Foundation Trust

SHMI



Mortality: HSMR

Reporting of HSMR is currently under review following a change to benchmarking tool provider.

Mortality: Total inpatient deaths

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Feb-26	89.7				
Mortality: HSMR	Jun-25	92.6				
Mortality: Total inpatient deaths	Jun-26	99				

Mortality indicators assurance

Mortality indicators aid with identifying areas of further investigation. They categorise organisations into

- "higher than expected"
- "as expected"
- "lower than expected"

Both the SHMI and the HSMR are classed as being "as expected".

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 (%)	Jun-26	96.9%			95%	
Fill rates: Unregistered Staffing (%)	Jun-26	96.4%			95%	

COCH IPR: Nurse Staffing Ward Breakdown

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

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 - Jun 26

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	101.16%	104.26%	96.63%	104.74%	109.44%	103.69%	4.5	4.2	8.7	8.5	9.7	4	0	2	6	6	0	84.21%	10.53%	19.39%
	Acute Stroke Unit	34	99.78%	94.41%	95.53%	99.17%	105.00%	91.34%	4.4	4.7	9.1	9.4		4	0	2	3	2	0	100.00%	0.00%	56.67%
	Ward 40	11	99.18%	91.63%	98.67%	100.00%	100.00%	84.18%	3.7	3.9	7.5	7.9	15.9	1	0	0	0	0	0	100.00%	0.00%	100.00%
	Ward 42	16	100.53%	98.38%	100.98%	100.00%	99.70%	96.64%	4.2	3.7	7.9	7.9	15.0	2	0	0	2	0	0	100.00%	0.00%	43.14%
	Ward 43 Meadows Ward	16	102.46%	93.43%	101.30%	98.08%	106.67%	89.22%	3.2	4.0	7.2	7.4	8.0	0	0	0	0	0	0	100.00%	0.00%	72.41%
	Ward 44	28	99.65%	96.39%	95.28%	100.00%	105.00%	94.44%	3.5	3.2	6.7	6.8	13.7	1	0	3	1	1	0	100.00%	0.00%	20.00%
	Ward 45 Palace	25	95.84%	92.60%	93.92%	101.11%	98.89%	86.05%	3.1	3.3	6.4	6.8	8.1	1	0	1	3	1	0	100.00%	0.00%	47.92%
	Ward 50	28	90.46%	95.66%	82.28%	99.60%	99.35%	93.04%	3.7	3.7	7.4	7.9	8.7	3	0	0	3	1	0	88.89%	5.56%	54.50%
	Ward 51	28	98.72%	93.66%	91.67%	100.91%	105.67%	90.43%	3.9	3.6	7.4	7.7	8.1	4	0	0	0	2	0	50.00%	50.00%	16.67%
	Cardiology Unit	16	82.17%	89.90%	76.89%	92.58%	95.45%	85.14%	4.0	3.9	8.0	9.3	8.3	0	0	1	0	1	0	100.00%	0.00%	41.86%
	Respiratory Unit	36	97.04%	95.31%	95.62%	99.38%	99.17%	90.75%	4.3	4.0	8.3	8.7	7.1	4	0	1	4	0	0	80.00%	20.00%	38.46%
	Modular	20	122.69%	117.68%	100.61%	100.05%	164.17%	133.53%	5.7	3.9	7.5	6.3	8.1	2	0	1	1	0	0	100.00%	0.00%	54.17%
	Emergency Dept Team		92.86%	96.93%	90.50%	99.73%	99.12%	90.49%						5	0	1	28	5	0	86.29%	8.86%	9.66%
	Renal Unit (Care)		81.53%	64.52%	81.53%	100.00%	100.00%	64.52%						0	0	0	0	0	0			
	Ward 60 Haematology Oncology Suite		97.04%	81.87%	97.54%	100.00%	100.00%	81.87%						0	0	0	0	0	0			
Planned Care	Ward 41	29	101.63%	93.81%	97.19%	102.24%	105.00%	90.07%	3.4	3.5	6.9	7.0	15.9	6	0	1	2	0	0	100.00%	0.00%	100.00%
	Ward 52	28	98.12%	94.51%	96.20%	100.20%	100.00%	92.08%	4.0	3.4	7.4	7.7	8.7	6	0	0	0	2	0	94.74%	0.00%	44.19%
	Ward 53	28	98.12%	92.56%	96.97%	99.80%	100.00%	87.78%	3.4	3.0	6.4	6.7	8.1	4	0	2	6	2	0	90.48%	4.76%	46.67%
	Ward 54	28	104.31%	97.80%	89.61%	100.00%	128.37%	96.32%	3.0	2.6	5.7	5.6	9.1	2	0	0	3	2	0	87.50%	4.17%	26.09%
	Ward 56	28	106.20%	98.63%	98.59%	100.00%	126.67%	97.40%	3.4	3.7	7.1	7.0	6.2	2	0	0	3	1	0	100.00%	0.00%	10.20%
	Critical Care	15	76.02%	79.51%	77.66%	81.05%	61.36%	62.29%						0	0	1	1	2	0			
TICC	Bluebell Unit	24	107.28%	100.02%	93.44%	100.00%	124.44%	100.03%	3.0	3.2	6.2	6.0	8.1	1	0	0	0	0	0	95.65%	4.35%	71.88%
	EPH Stroke Rehab Unit Team	17	101.81%	96.86%	100.27%	100.00%	103.08%	95.72%	3.7	4.8	8.4	8.5	8.7	0	0	0	0	1	0	100.00%	0.00%	29.41%
	Poppy Unit	19	111.38%	93.44%	98.29%	100.14%	128.33%	91.04%	1.8	4.4	2.4	3.9	8.0	0	0	0	1	0	0			
W&C	Maternity Suite		96.94%	86.92%	96.94%	87.51%	100.00%	73.84%	33.1	1.9	35.2	2.7	9.0	0	0	0	0	0	0			
	NNU		94.03%	100.00%	103.05%	100.00%	79.13%	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%	110.92%	94.80%	123.21%	93.05%	112.15%	2.4	0.7	2.6	0.7	8.3	0	0	0	0	0	0	85.71%	14.29%	7.53%

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%.

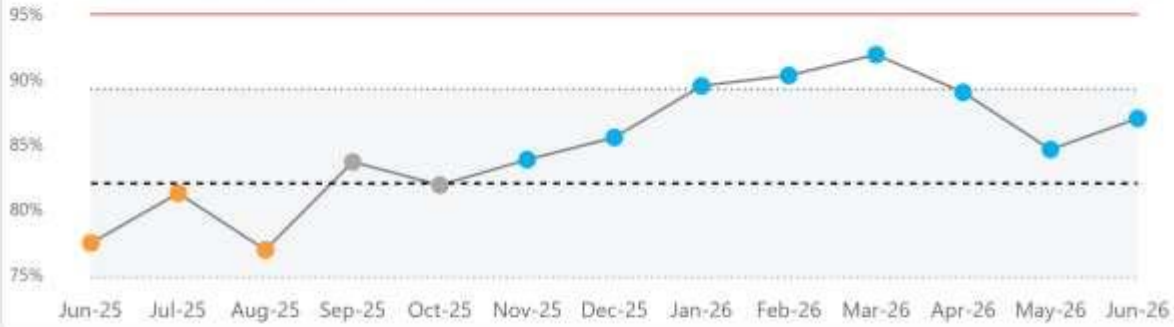
COCH IPR: VTE Compliance

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	Jun-26	87.0%			95%	
VTE: Assessment Completed Compliance	Jun-26	93.8%			95%	

VTE Compliance Narrative

VTE 14-hour risk assessment demonstrating a month-on-month improvement but not yet at National compliance target of 95%. Divisional action plan in place driving improvements and monitored through Quality Governance Group

COCH IPR: Assessment screening compliance

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

NHS Countess of Chester Hospital NHS Foundation Trust

Jun-26

Please note, following target setting for 2026/27, 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

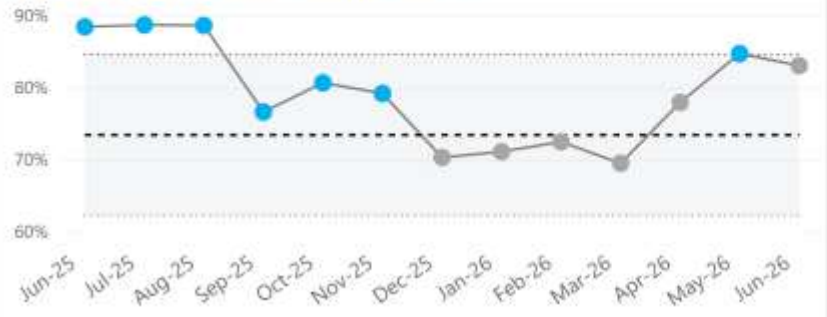
NHS Countess of Chester Hospital NHS Foundation Trust

Overall Braden 6 hr Compliance

ED Braden 6 hr Compliance

Inpatient Braden 6 hr compliance

Overall Falls 6 hr Compliance



ED Falls 6 hr Compliance

Inpatient Falls 6 hr compliance

Overall MUST 24 hr compliance

ED MUST 24 hr Compliance

Inpatient MUST 24 hr compliance

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 (Excluding Never Events)

Incidents: Never events

Incidents: Mixed sex accomodation incidents

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Incidents: StEIS reported incidents (Excluding Never Events)	Jun-26	0			0	
Incidents: Never events	Jun-26	0			0	
Incidents: Mixed sex accomodation incidents	Jun-26	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

To date in 2026/27 the Trust has reported 5 Patient Safety Incidents in total to StEIS including 1 never Events

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	Jun-26	1138			1155	
Incidents: All incidents with moderate harm and above	Jun-26	59			40	
Incidents: Medication incidents	Jun-26	153			108	
Incidents: Medication incidents with harm	Jun-26	2			0	