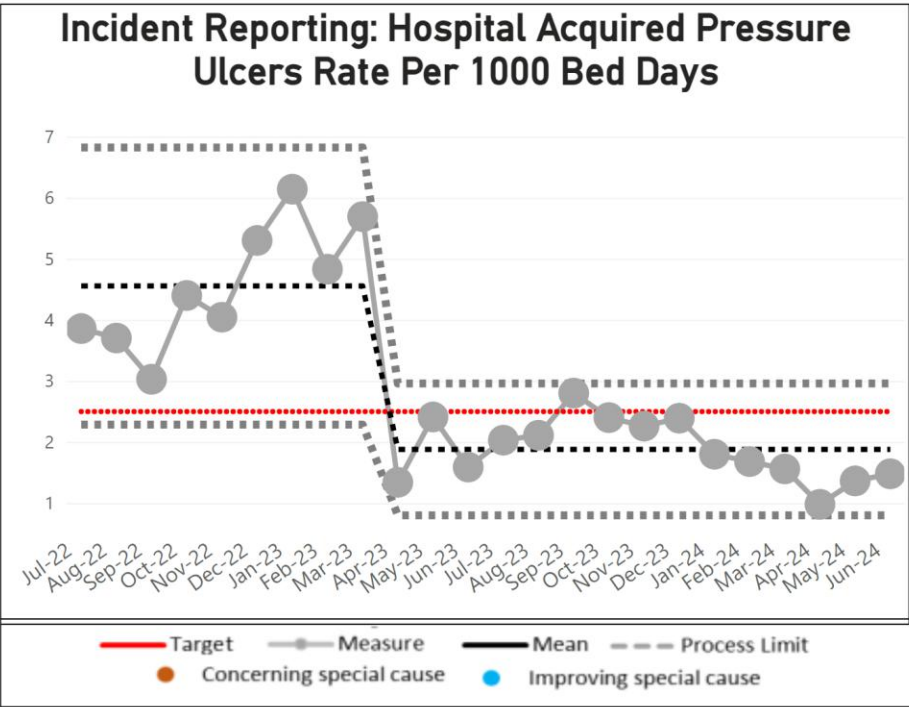
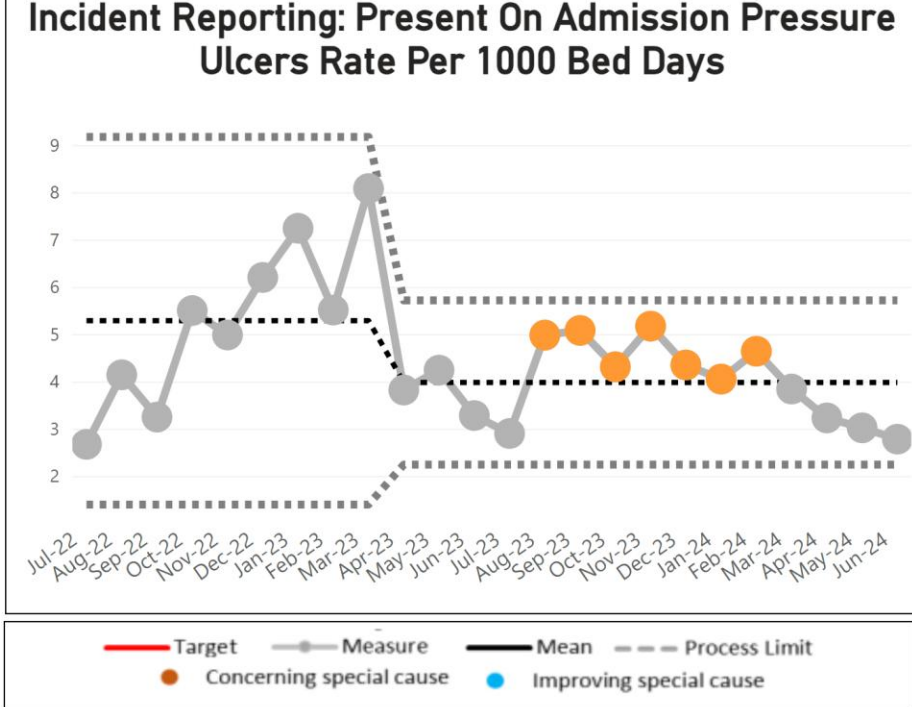


Jun-24
2.78
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
2.5



Jun-24
2.78
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



Pressure Ulcer Narrative

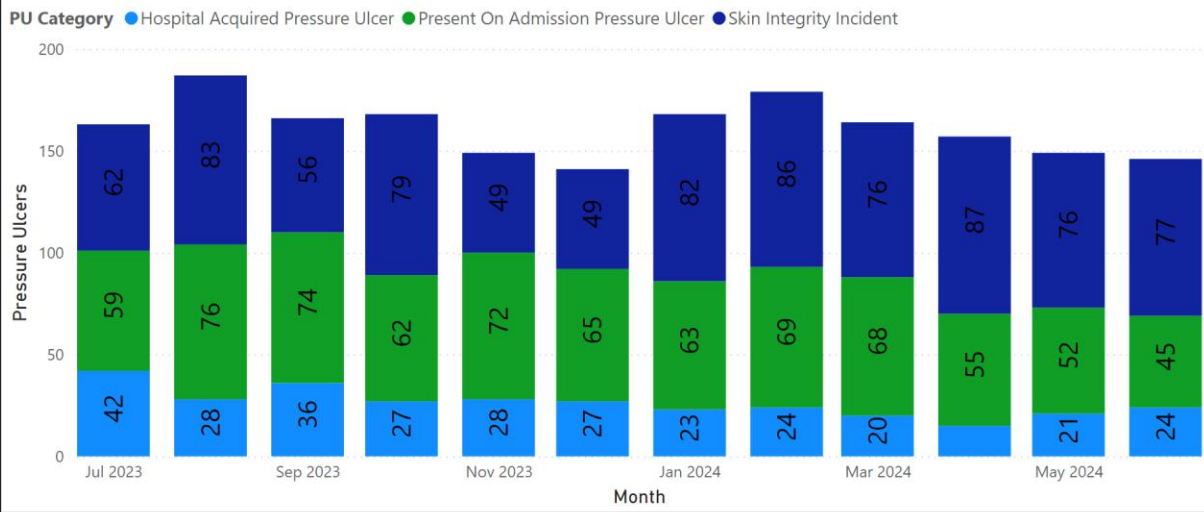
Considerable work has been done to move our Pressure Ulcer reporting in line with national standards, the Trust has finalised what we consider a Pressure Ulcer and what is considered a Skin Integrity Incident. This new methodology dates back to the start of the financial year and a step change will be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

The target from the harms improvement programme is to reduce Hospital Acquired Pressure Ulcers by 40% by the 31st March 2025 with the new methodology of Pressure Ulcer reporting.

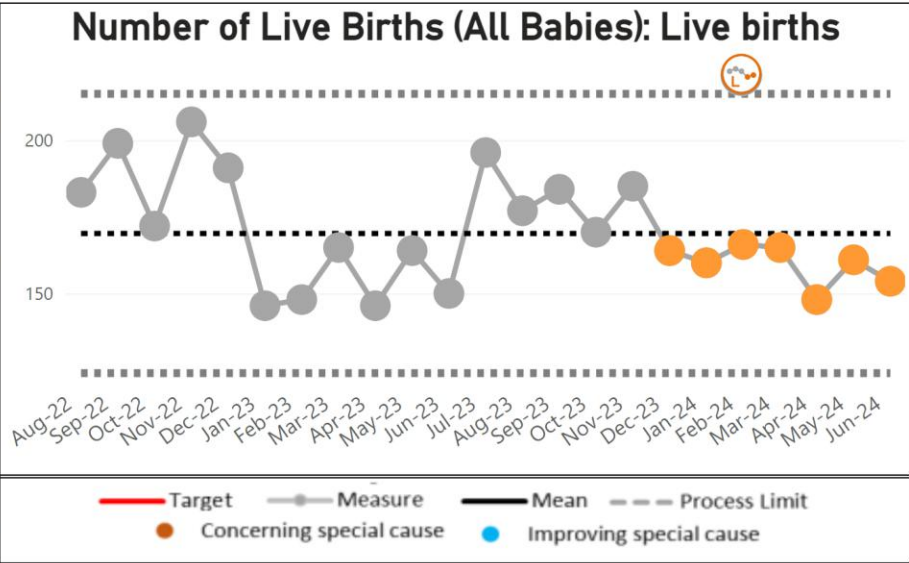
In May we saw 146 Skin Integrity Incidents, of which 69 counted as Pressure Ulcers. This Pressure Ulcer figure comprised of 24 Hospital Acquired and 45 Present on Admission, which means 35% of our pressure ulcers were hospital acquired, compared to the 2022/23 financial year average of 44%.

There were 2 moderate or above incidents reported in month, 1 of which was a deterioration of a present on admission ulcer and the other was a Category 4 Pressure Ulcer on an elderly medicine ward.

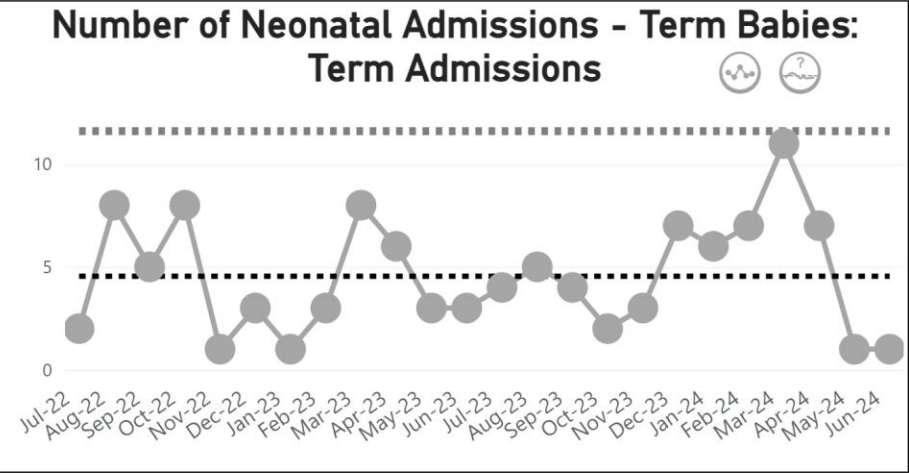
Overall Figures For Skin Integrity Incidents Split By Type



Jun-24
154
Variance
Special cause variation of an CONCERNING nature where the measure is significantly L...
Target



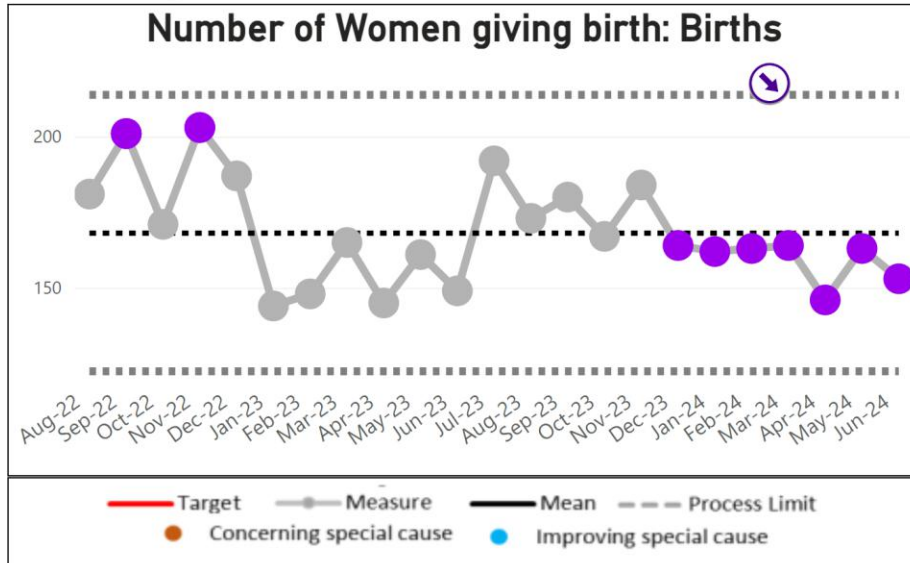
Jun-24
1
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



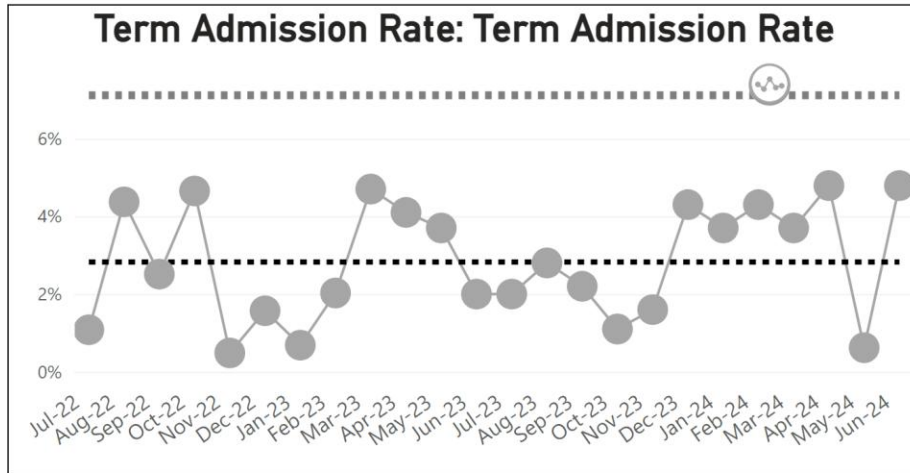
Narrative

Since July, the number of live births in the Trust has been consistent.

Jun-24
153
Variance
Special cause variation of an increasing nature where DOWN is not necessarily imp...
Target



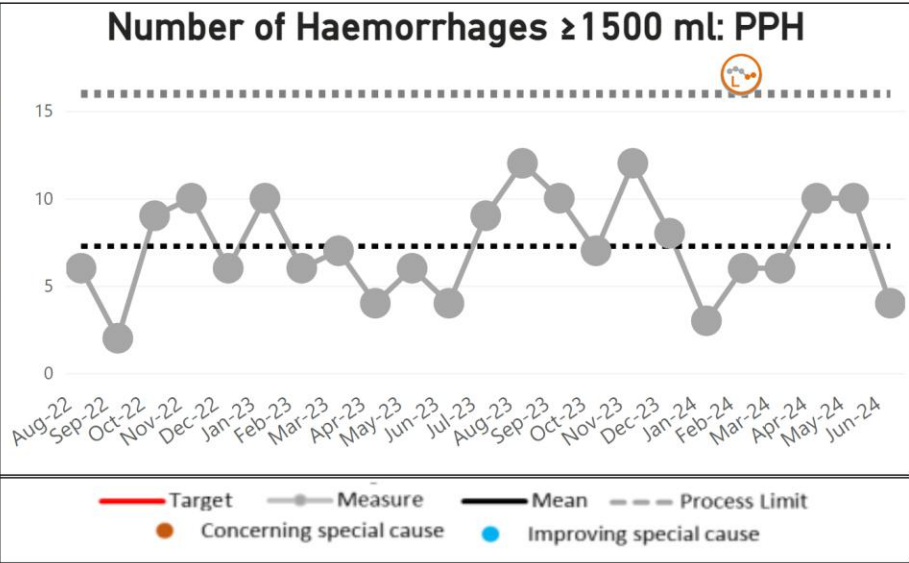
Jun-24
4.79%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



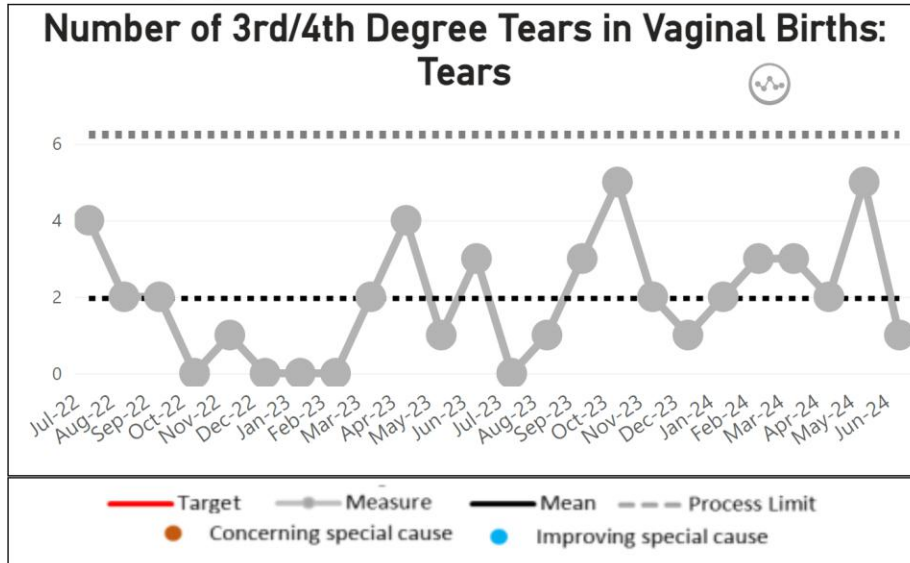
Narrative

Term admissions reduced in the reporting month and remains within the target of 5%. There will always be term admissions for appropriate clinical reasons – although we certainly want to keep our numbers low, demonstrating only those infants that definitely need admission are admitted. The Trust has maintained a strong position for this metric during the entire reporting period.

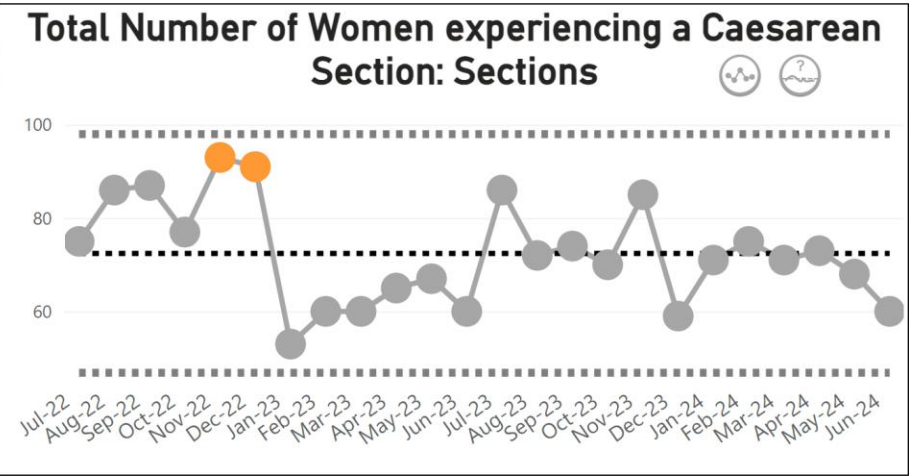
Jun-24
4
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



Jun-24
1
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



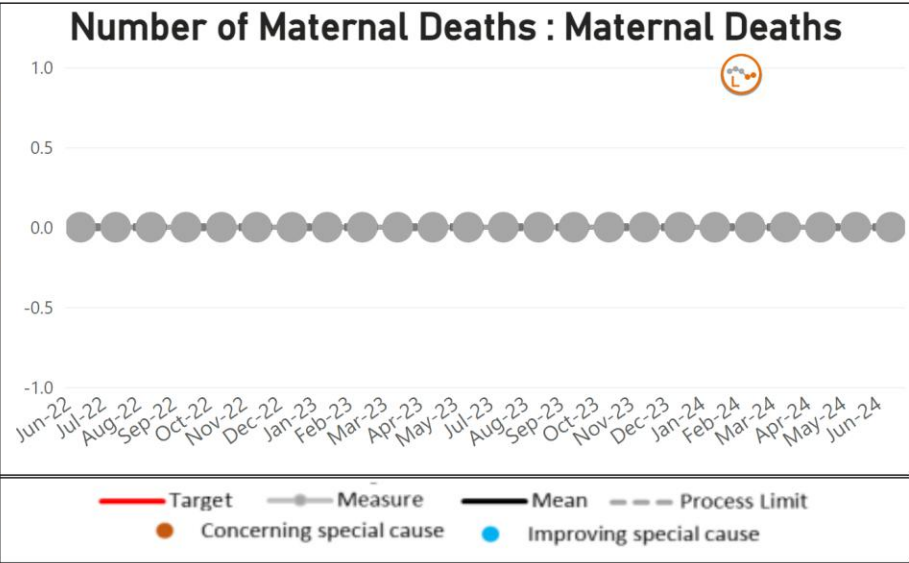
Jun-24
60
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



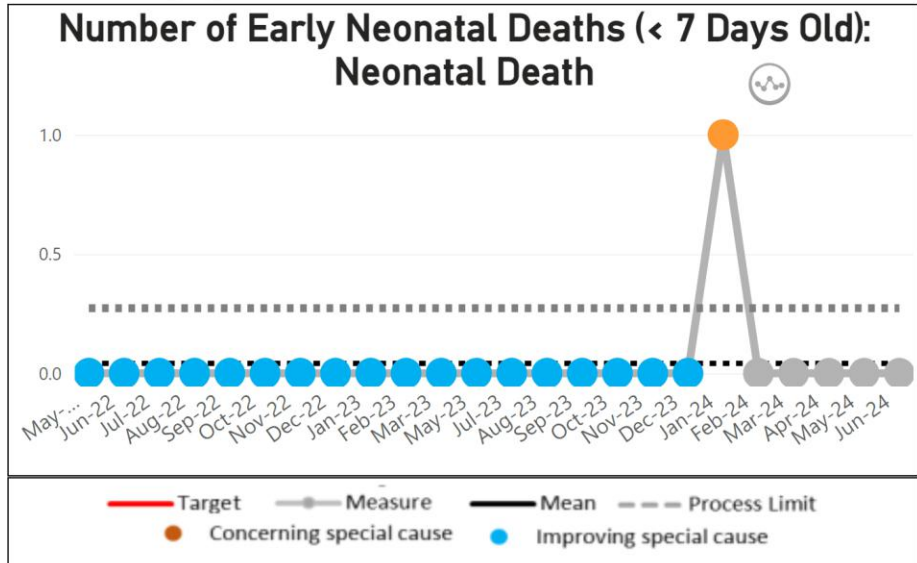
Narrative

Haemorrhages over 1500 ml has increased in the reporting month but remains close to the process mean. Women having a caesarean has increased in line with the overall number of women giving birth and the number of 3rd/4th degree tears remains close to the process mean.

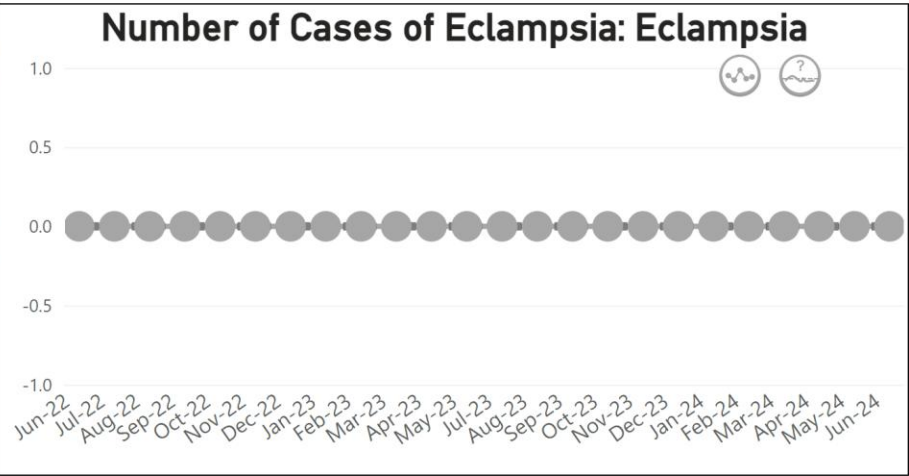
Jun-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



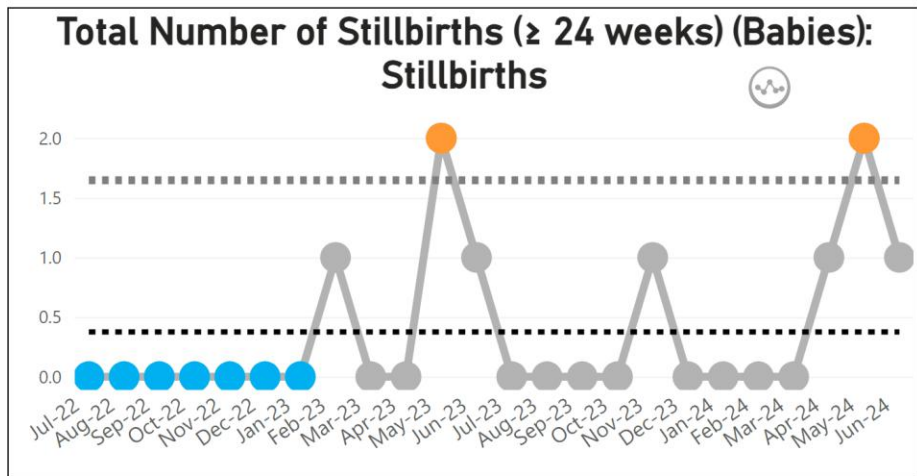
Jun-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



Jun-24
0
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

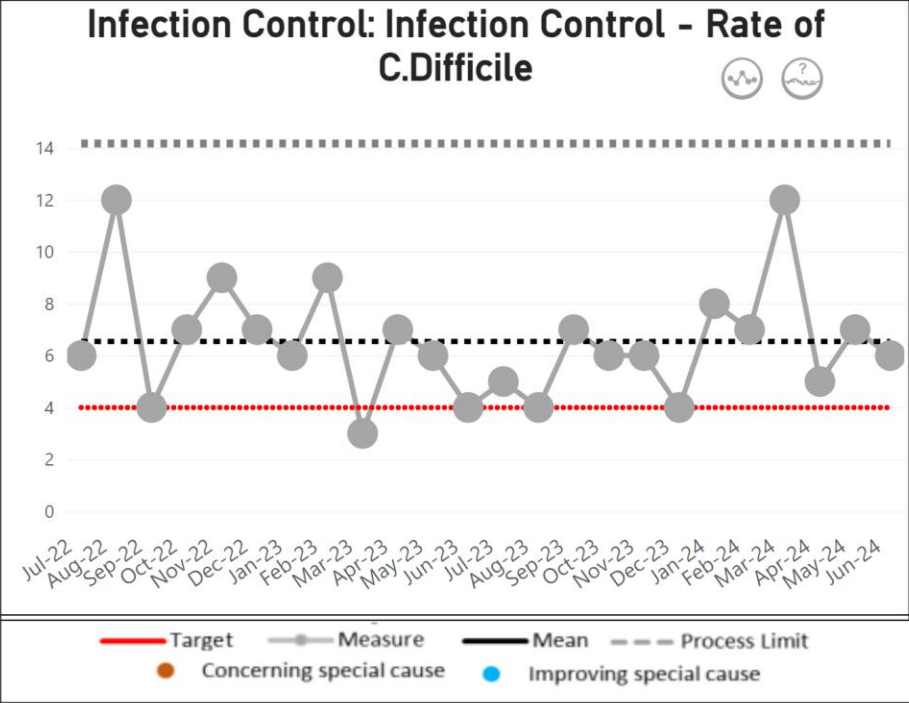


Jun-24
1
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

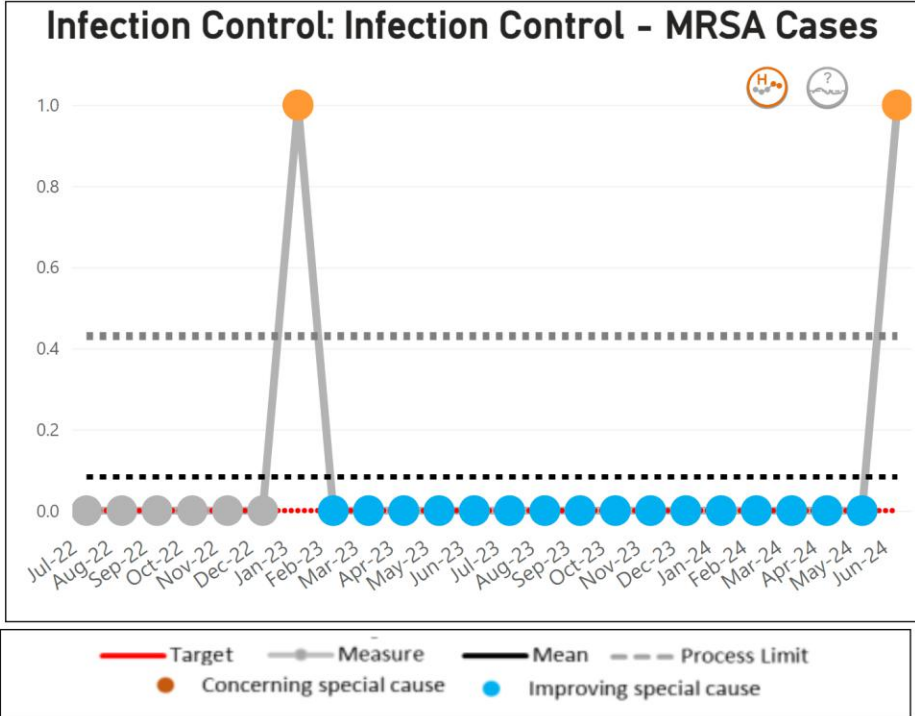


Narrative
The Trust continues a strong position across all maternal death metrics.

Jun-24
6
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
4



Jun-24
1
Variance
Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.
Target
0

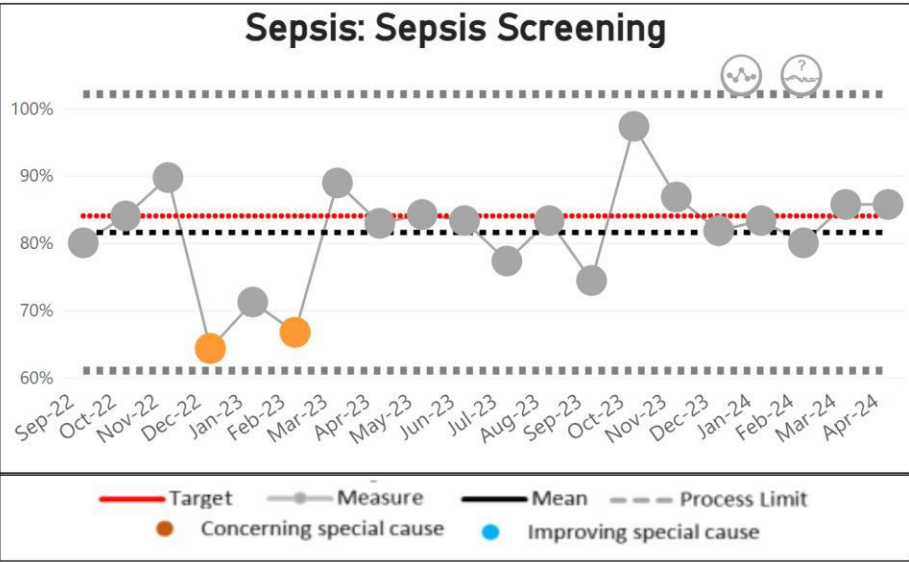


Infection Control Narrative

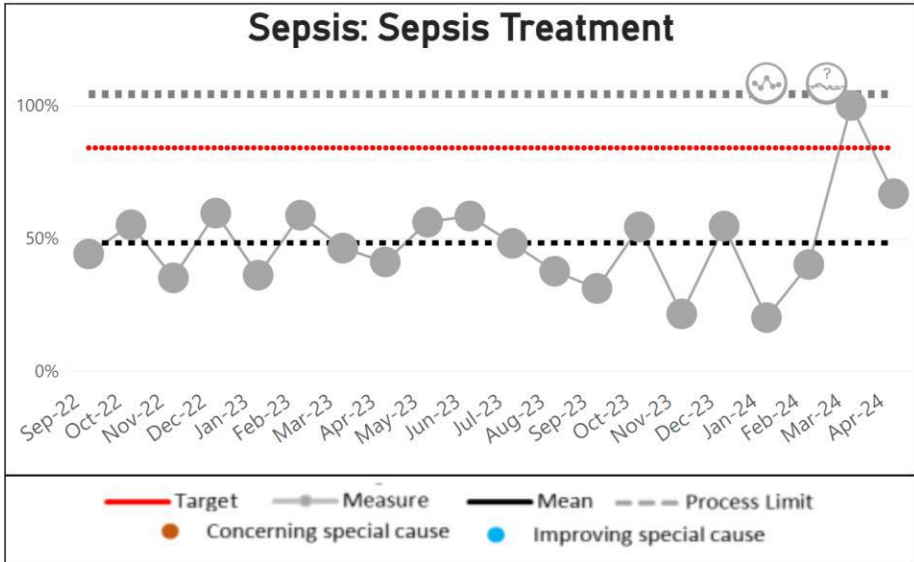
The NHS Standard Contract 2021/22 has been released and includes quality requirements for the Countess of Chester Hospital NHS Foundation Trust to minimise rates of both Clostridioides difficile (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement. The threshold for C. difficile has been set as no more than 57 cases.

The Trust has reported 1 MRSA cases in Financial Year 2024/25.

Apr-24
85.7%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
84%



Apr-24
66.7%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
84%



	CPS rank	Data completeness	Exclusions	NEWS2	Blood cultures	Antibiotics within 1 hour	Serum lactate	IV fluids	Senior review	Care pathway	Appropriate Care Score (perfect care)	Composite Process Score
AQ overall	-	78.6%	28.6%	93.8%	57.6%	63.7%	64.1%	76.3%	68.4%	60.2%	37.3%	71.1%
Blackpool	8	94.2%	41.7%	98.3%	59.0%	60.0%	64.0%	74.2%	82.4%	90.3%	34.1%	73.1%
Bolton	4	95.1%	27.3%	98.8%	44.4%	84.3%	55.5%	94.4%	81.1%	55.6%	26.6%	74.9%
Clatterbridge		0.0%										
Countess of Chester	13	99.8%	34.0%	84.7%	63.6%	56.0%	55.7%	47.2%	56.2%	36.0%	36.4%	63.7%
East Cheshire	7	65.5%	8.3%	91.8%	73.4%	58.3%	67.0%	67.2%	78.4%	57.7%	49.2%	73.9%
Lancs Teaching	15	99.0%	17.8%	86.0%	50.0%	27.6%	79.5%	42.9%	41.1%	15.9%	33.5%	58.5%
Liverpool University Hospitals	12	100.0%	40.1%	91.5%	57.5%	54.8%	54.9%	84.5%	58.5%	69.4%	18.9%	65.5%
Manchester FT	2	97.2%	13.5%	83.6%	75.9%	87.6%	92.8%	79.1%	77.1%	100.0%	62.1%	83.0%
Mersey & W Lancs	9	90.8%	27.0%	98.9%	58.0%	55.6%	59.1%	79.1%	68.8%	66.7%	35.3%	69.9%
Mid Cheshire	10	93.1%	14.8%	96.1%	56.4%	59.1%	67.5%	72.8%	53.7%	24.3%	40.0%	69.0%
Morecambe Bay	11	54.6%	27.8%	92.1%	63.1%	65.9%	43.4%	74.6%	71.0%	59.5%	30.5%	68.5%
Northern Care Alliance	6	37.9%	11.5%	96.5%	62.7%	65.5%	62.6%	83.0%	70.0%	84.3%	47.0%	73.9%
Stockport	14	95.7%	4.5%	99.3%	38.0%	56.7%	49.2%	63.1%	67.9%	46.6%	27.7%	63.3%
Warrington & Halton	5	99.7%	55.1%	98.5%	66.2%	64.6%	69.2%	87.2%	66.2%	73.7%	35.3%	74.5%
Wirral	1	74.0%	39.4%	98.0%	75.0%	80.7%	86.9%	81.8%	74.5%	46.6%	48.7%	83.3%
WWL	3	100.0%	16.6%	98.0%	34.1%	75.6%	70.3%	81.0%	84.6%	85.0%	44.9%	75.2%

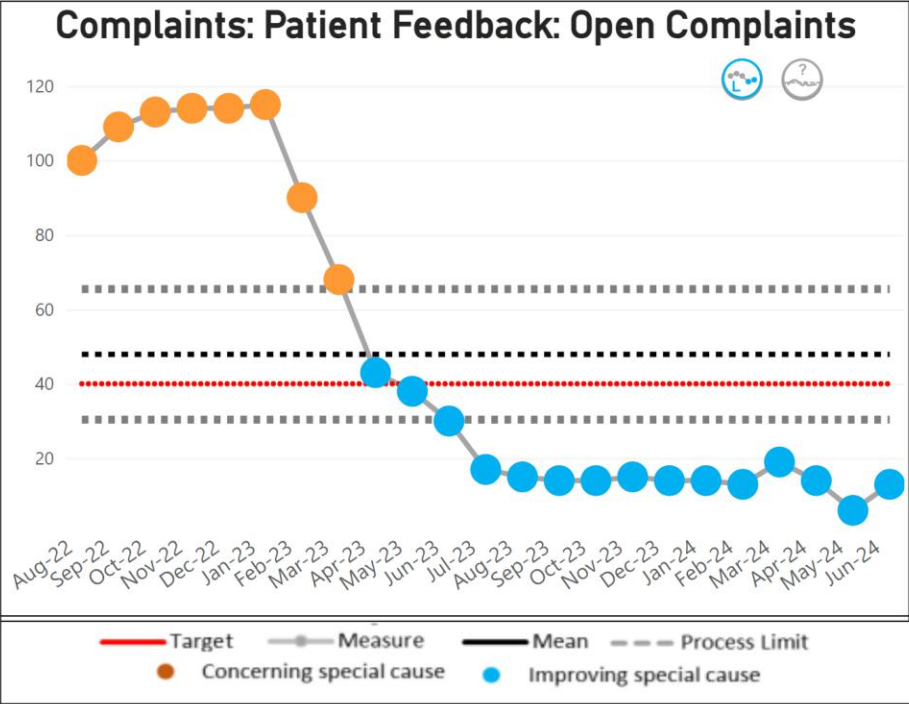
Sepsis Narrative

NEWS2 screening had remained consistent in recent months, in May we met the 84% target. Sepsis reporting still has a 2 month lag rather than 3 as the Clinical Coding backlog has now been cleared and we envisage this to be the case moving forward.

Sepsis Treatment within an hour of diagnosis has increased in the reporting month, with 3 eligible patients and 2 of which passed. The composite process score (CPS) for Sepsis is currently 66.7%.

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

Jun-24
13
Variance
Special cause variation of an IMPROVING nature where the measure is significantly LOWER.
Target
40



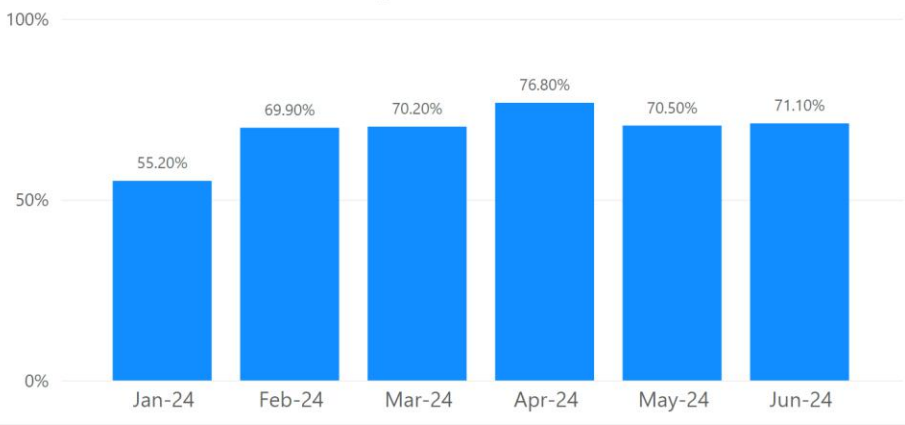
Complaints Narrative

The Trust continues to see stability in the number of Open Complaints in recent months, overall reduction of the total amount of open complaints was 95% since the beginning of last year (115 to 6) which is a remarkable step forward. Following 14 months either increasing or being above the mean, we are now demonstrating a comfortable position below the Lower Control Limit as well as the target, showing the significant improvement we have seen in this metric. We are now comfortably below the target of 40 and have done for the latter half of the reporting period, and we are going to continue at pace to ensure complaints have a timely closure and patients are left satisfied with the process. There will be additional metrics coming in for complaints/concerns in coming months to give more assurance moving forward.

Of the total open complaints, the top categories are Attitude (5), Communication (2), Medical Care (2), Nursing Care (2) and Treatment (2). This month we saw 14 complaints opened, which is the highest amount we have seen in 2023/24 our current positions are:
Q1 2023/24 - 14 Q2 2023/24 - 12 Q3 2023/24 - 19 Q4 2023/24 - 21

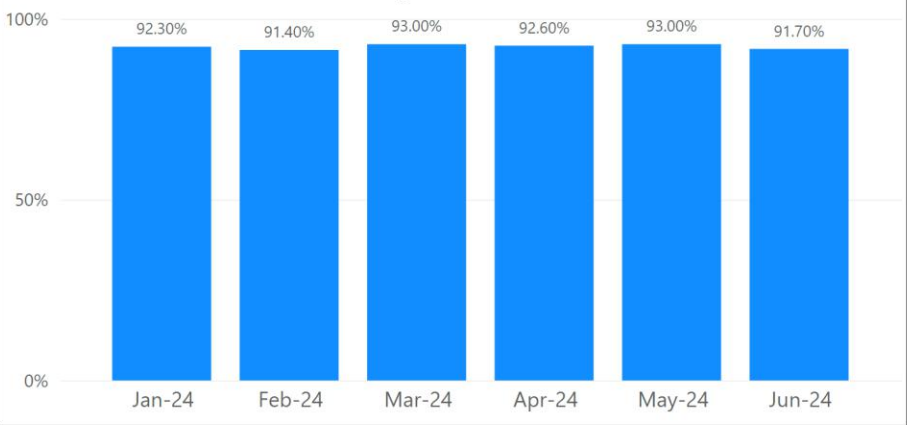
Jun-24
71.1%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Friends & Family: FFT A&E Positive Rate



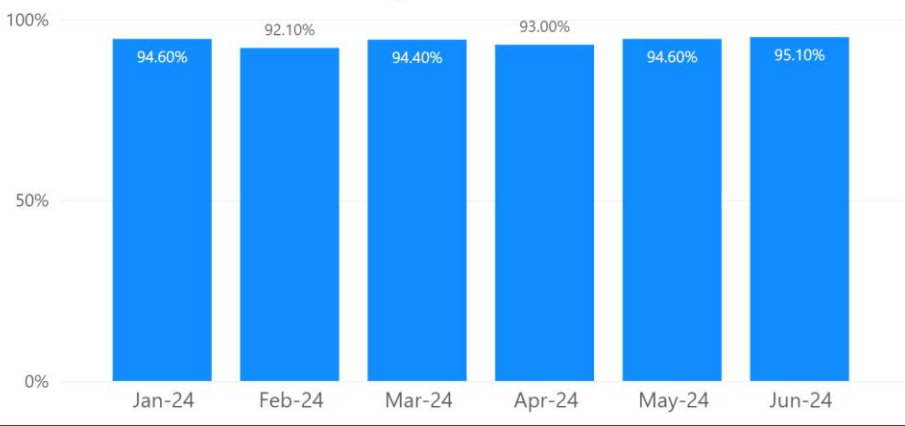
Jun-24
91.7%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Friends & Family: FFT IP Positive Rate



Jun-24
95.1%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Friends & Family: FFT OP Positive Rate



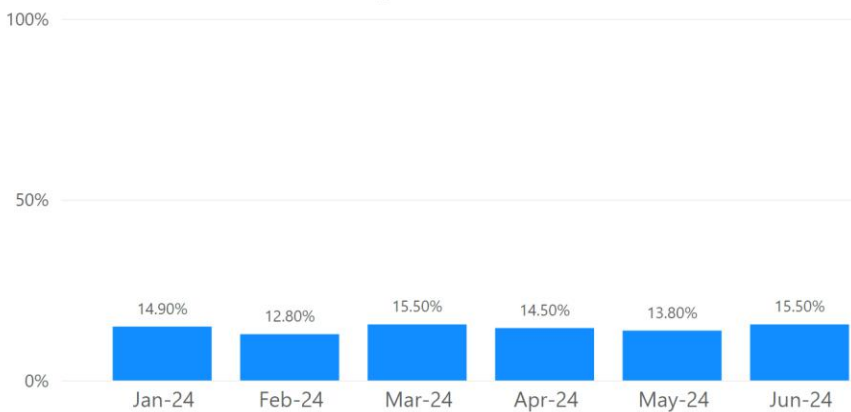
FFT Positive Rate Narrative

Friends and Family (FFT) data has been added back into the SOF after reporting recommenced in mid December and we are now compliant with all national returns. The data will remain in bar chart form until enough points are available for SPC. Our latest data for April shows us in line with the national averages for March FFT, which are as follows:

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

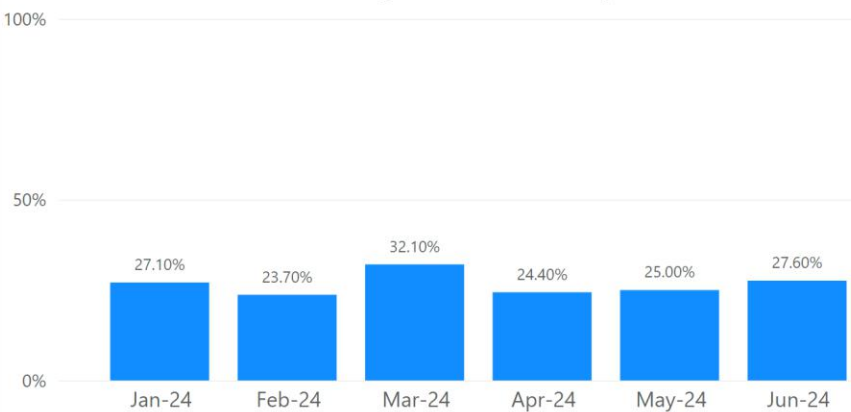
Jun-24
15.5%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Friends & Family: FFT A&E Positive Rate



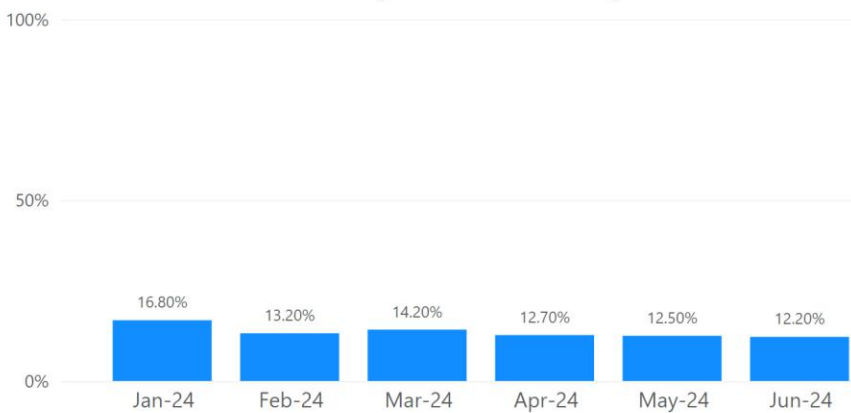
Jun-24
27.6%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Friends & Family: FFT IP Response Rate



Jun-24
12.2%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target

Friends & Family: FFT OP Response Rate



FFT Positive Rate Narrative

Friends and Family (FFT) data has been added back into the SOF after reporting recommenced in mid December and we are now compliant with all national returns. The data will remain in bar chart form until enough points are available for SPC.

Highlights:

In June, whilst 4-hour performance (58.8%) deteriorated slightly from previous month (1.1%), the overall stepped improvement in performance seen since April 24 was maintained. This has been driven by our ED improvement programme and continued high usage of the Urgent Treatment Centre and Same Day Emergency Centre.

There has been a significant improvement on 12-hour Decision To Admit (DTA ED breaches compared to previous month.

The 28-day Cancer Faster Diagnosis Standard was delivered for the fourth consecutive month with the Trust achieving 77.5% in May against the 75% target.

The Trust continue to perform significantly higher than national comparators for the 31 and 62 Cancer access standards.

The Trust saw a small increase in the volume of 65-week open RTT pathways driven by an increase in ENT waiting times, however there was a positive reduction in the 'clearance' position with the Trust 375 patients ahead of our trajectory to deliver zero 65-week RTT breaches by end of September.

Areas of Concern:


Despite improvement in our ED performance, UEC KPIs continues to be a concern. The Patient Flow steering group continues to meets on an alternate weekly basis, with all workstreams provided updates with agreed action plans.

DM01 Performance – performance in June (82.6%) has remained largely static compared to previous month, driven by continued underperformance in echocardiograph >6 week waits. An action plan to increase capacity and performance is in place and monitored through OPELG.

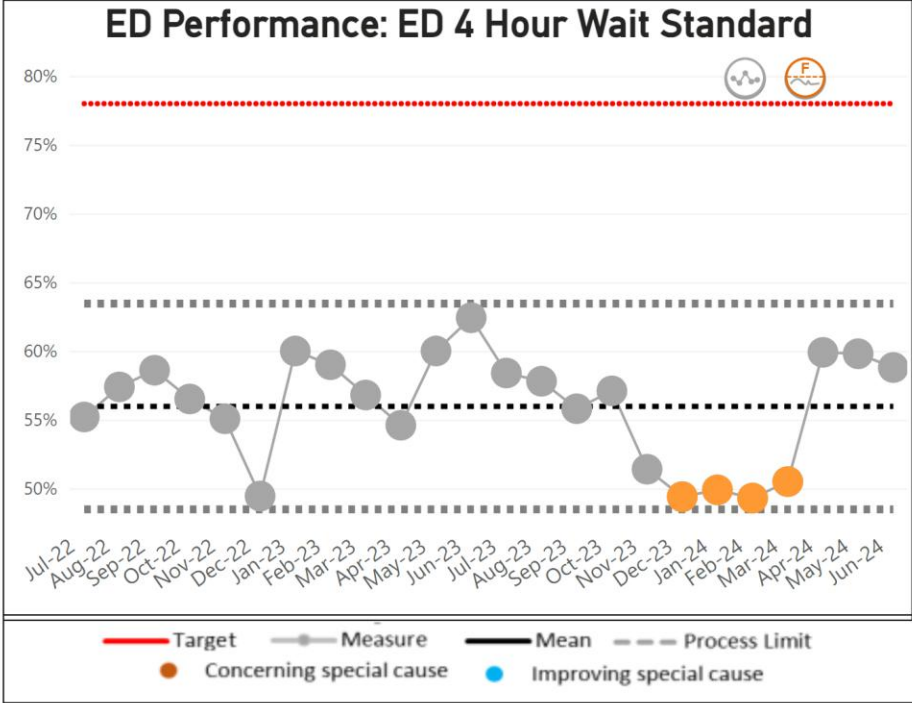
Forward Look (with action)

Approval provided by EDG for insourcing in ENT for 450 pathways to support delivery of zero open RTT >65-week pathways by end of September.

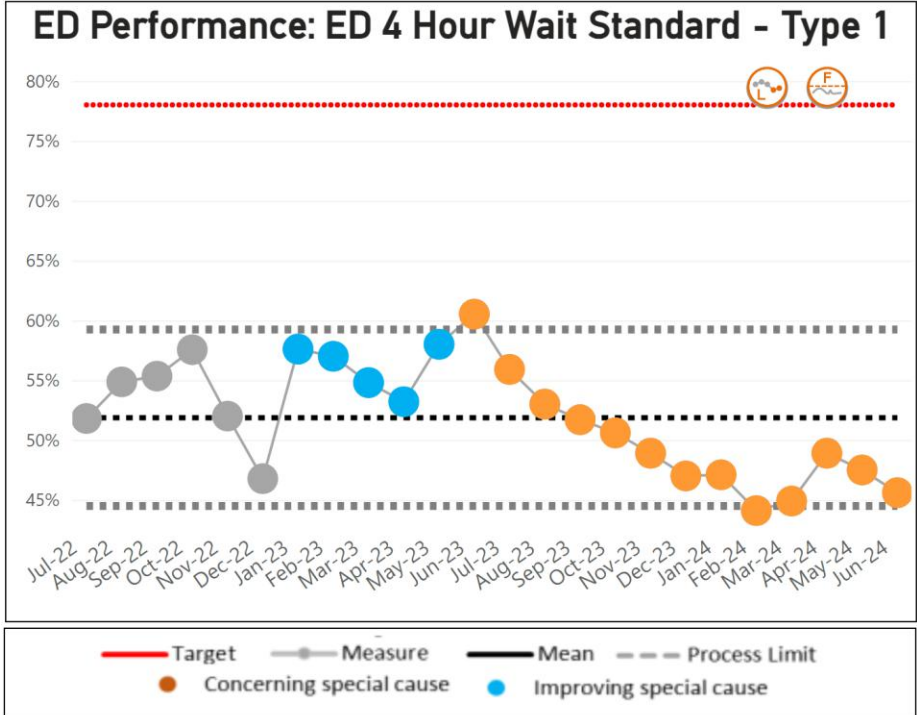
Revenue funding provided by CMCA for insourcing for skin and gynaecology FDS pathways.



Jun-24
58.8%
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target
78%

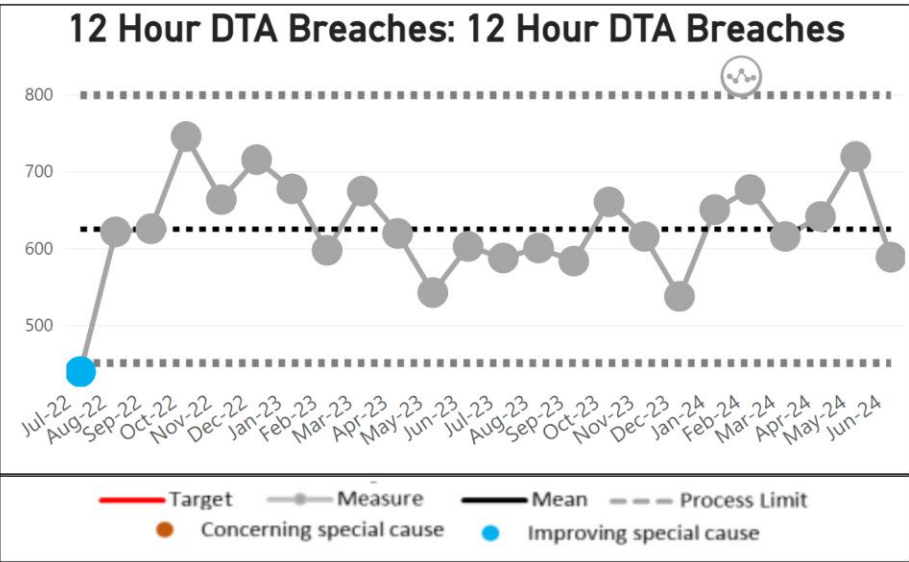


Jun-24
45.6%
Variance
Special cause variation of an CONCERNING nature where the measure is significantly LOWER.
Target
78%

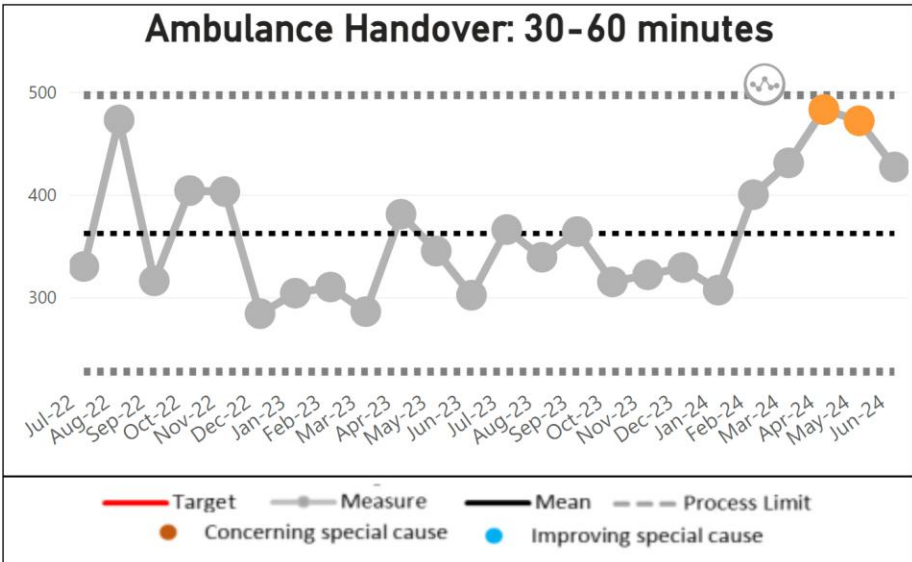


The latest National Comparator for this metric is 74.6% (Jun 24), type 1 was 60.5% nationally.

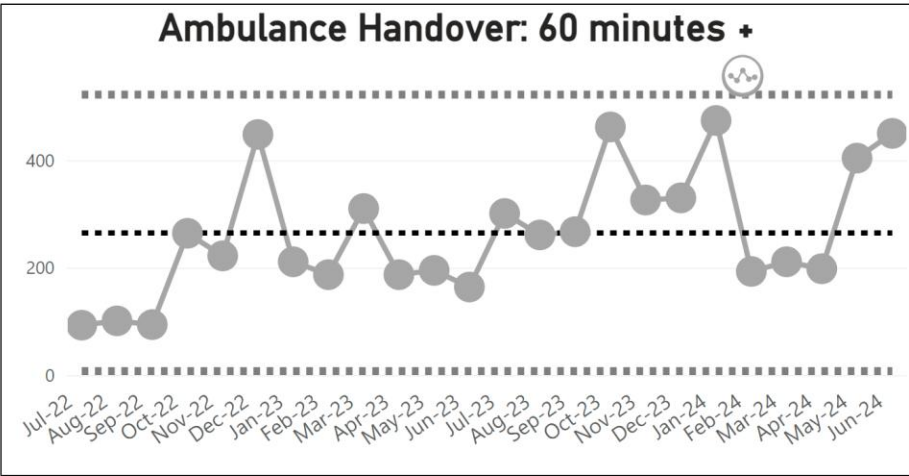
Jun-24
588
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



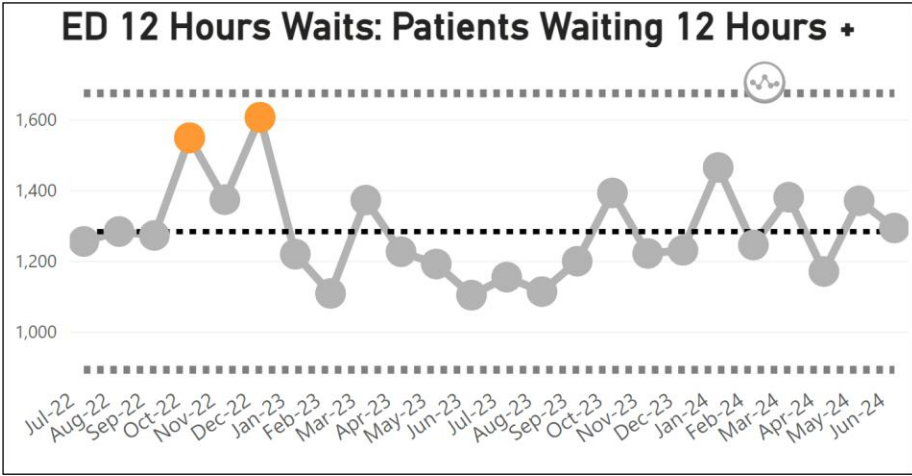
Jun-24
588
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



Jun-24
450
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



Jun-24
1293
Variance
Common cause variation, NO SIGNIFICANT CHANGE.
Target



Supplementary ED Narrative

These metrics have been added to give extra insight into how ED is performing. Ambulance handovers of 60 minutes or above had seen a statistically significant increase, with 7 points being above the mean. We have returned below the mean in the reporting month while the other metrics have remained fairly consistent.

COCH SOF - Discharge Ready Date

Some trusts have a performance that naturally falls outside the Acceptance Criteria.

This is most likely the case for trusts providing specialist services (Type 2). In such situations these trusts might be included as exceptions.

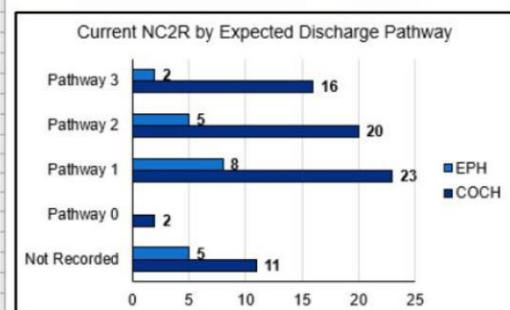
Code	System	Organisation Name	Number of providers submitting acceptable data	% of providers submitting acceptable data
National	England	ENGLAND	72	53.3%
RJR	NHS CHESHIRE	COUNTLESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	Acceptable	-
RJN	NHS CHESHIRE	EAST CHESHIRE NHS TRUST	Unacceptable	-
REM	NHS CHESHIRE	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Acceptable	-
RBN	NHS CHESHIRE	MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	Acceptable	-
RBT	NHS CHESHIRE	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	Unacceptable	-
RWW	NHS CHESHIRE	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	Acceptable	-
RBL	NHS CHESHIRE	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	Acceptable	-
RMC	NHS GREATER	BOLTON NHS FOUNDATION TRUST	Unacceptable	-
ROA	NHS GREATER	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	Acceptable	-
RM3	NHS GREATER	NORTHERN CARE ALLIANCE NHS FOUNDATION TRUST	Acceptable	-
RWJ	NHS GREATER	STOCKPORT NHS FOUNDATION TRUST	Acceptable	-
RMP	NHS GREATER	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	Acceptable	-
RRF	NHS GREATER	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	Unacceptable	-
RXL	NHS LANCASHIRE	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	Acceptable	-
RXR	NHS LANCASHIRE	EAST LANCASHIRE HOSPITALS NHS TRUST	Unacceptable	-
RXN	NHS LANCASHIRE	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	Unacceptable	-
RTX	NHS LANCASHIRE	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	Acceptable	-

Date of discharge is same as Discharge Ready Date	Date of Discharge is 1+ days after Discharge Ready Date
86.4%	13.6%
90.3%	9.7%
-	-
83.3%	16.7%
91.8%	8.2%
-	-
83.4%	16.6%
88.9%	11.1%
-	-
88.6%	11.4%
94.2%	5.8%
79.9%	20.1%
95.2%	4.8%
-	-
88.3%	11.7%
-	-
-	-
78.2%	21.8%

1 day	2-3 days	4-6 days	7-13 days	14-20 days	21 days or more
33.1%	23.9%	16.1%	15.3%	5.5%	6.2%
14.4%	12.2%	12.2%	33.8%	9.4%	18.0%
-	-	-	-	-	-
30.1%	22.9%	15.1%	18.0%	4.4%	9.4%
19.1%	24.2%	14.8%	24.2%	9.4%	8.4%
-	-	-	-	-	-
18.5%	15.8%	17.4%	23.8%	14.3%	10.2%
21.6%	25.1%	17.9%	18.2%	7.6%	9.6%
-	-	-	-	-	-
23.7%	18.9%	19.1%	18.5%	7.9%	11.9%
24.4%	17.2%	16.8%	20.1%	5.0%	16.5%
31.6%	29.9%	17.6%	12.5%	3.6%	4.8%
24.6%	16.9%	20.0%	24.6%	7.7%	6.2%
-	-	-	-	-	-
32.1%	23.8%	16.9%	15.2%	5.9%	6.2%
-	-	-	-	-	-
-	-	-	-	-	-
21.7%	23.1%	16.9%	16.7%	9.6%	12.1%

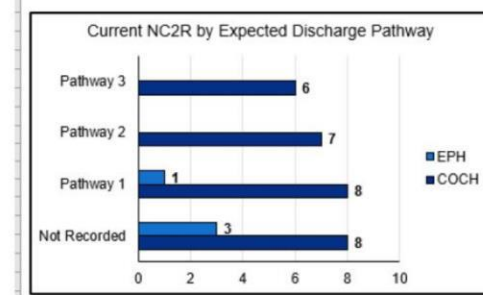
1 day	2-3 days	4-6 days	7-13 days	14-20 days	21 days or more
-	-	-	-	-	-
20	40	82	427	210	964
-	-	-	-	-	-
227	415	541	1,258	547	2,845
57	178	212	656	467	1,171
-	-	-	-	-	-
49	103	223	575	623	943
63	173	259	476	367	766
-	-	-	-	-	-
175	332	692	1,247	976	2,985
68	117	238	516	236	1,538
131	296	343	471	240	910
16	27	65	145	84	126
-	-	-	-	-	-
93	170	242	404	290	683
-	-	-	-	-	-
-	-	-	-	-	-
95	240	353	648	704	2,002

LocalAuthority		(All)		
Count of LocalPatientIdentifier		Column Labels		
Row Labels	COCH	EPH	Grand Total	
Not Recorded	11	5	16	
Pathway 0	2	2	2	
Pathway 1	23	8	31	
Pathway 2	20	5	25	
Pathway 3	16	2	18	
Grand Total	72	20	92	



Flintshire

LocalAuthority	Flintshire		
Count of LocalPatientIdentifier			
Column Labels			
Row Labels	COCH	EPH	Grand Total
Not Recorded	8	3	11
Pathway 1	8	1	9
Pathway 2	7	7	7
Pathway 3	6	6	6
Grand Total	29	4	33



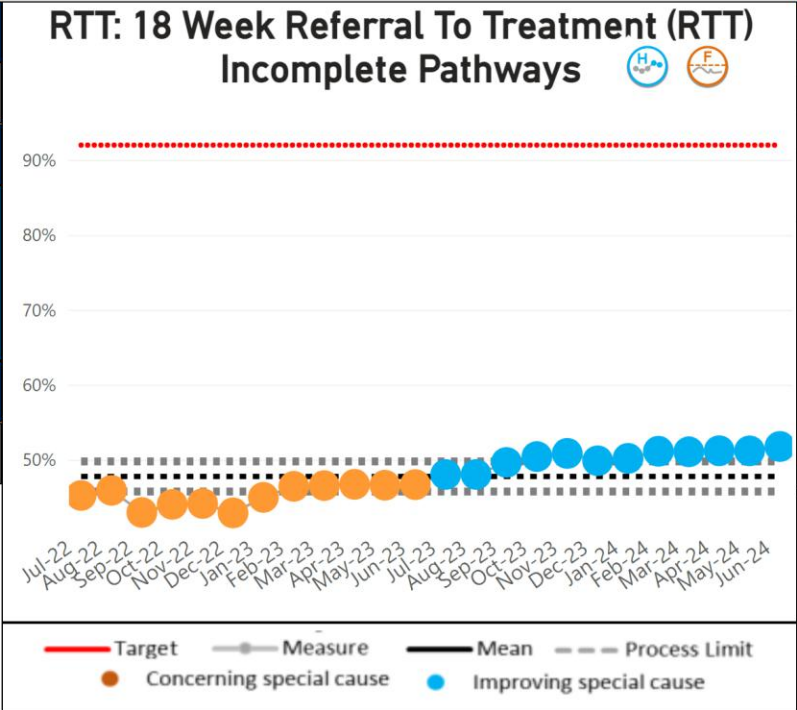
Discharge Ready Date Narrative

The table above shows our position measured against other Trusts in the North West, please note this is a return based on our SUS submission that is inclusive of patients not just inside our adult G&A cohort.

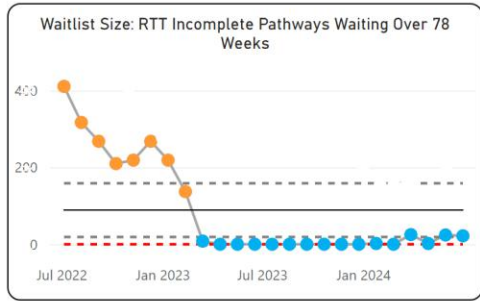
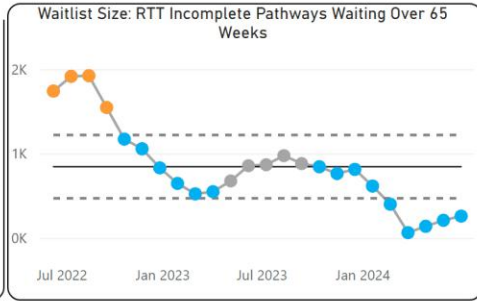
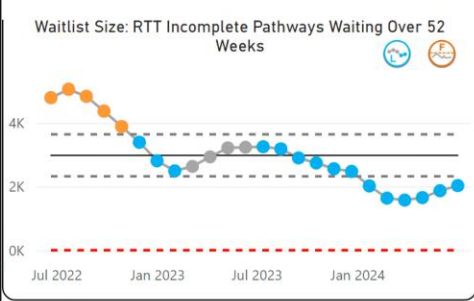
The table shows we have 9.7% of patients being discharged after their Discharge Ready Date, with the majority of these patients sitting in the 21 day or more bracket, showing there are significant delays which impacts on occupancy and performance.

The tables on the left show the current non-Criteria To Reside patients as of the 16th November 2023, further work will be implemented in the SOF to show Trust position against C2R metrics.

Jun-24
51.8%
Variance
Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.
Target
92%



Metric ID	Metric	Group	Latest Date	Value	Variation	Assurance	Target	LPL	Mean	UPL
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 104 Weeks	Jun-24	0			0	-1.47	3.04	7.55
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 52 Weeks	Jun-24	2029			0	2,319	2,980	3,641
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 65 Weeks	Jun-24	259				469	844	1,219
M13	RTT Waitlist Sizes	RTT Incomplete Pathways Waiting Over 78 Weeks	Jun-24	22			0	19.1	88.8	159
M13	RTT Waitlist Sizes	Total 18 Week RTT Incomplete Pathways	Jun-24	31615			40000	32,985	34774	36,563



RTT Narrative

Overall performance at end of May delivered at 51.77% against 92% target, which is consistent with the previous month's position. Waiting list size has increased significantly from 30652 in May to 31615 in June. The figures for the 78 weeks decreased and for the second consecutive month there were no 104 weeks waiters.

The Trust continued to ensure that there are minimal RTT pathways waiting longer than 78 weeks. In addition, Divisions are managing their waiting times with the aim of reducing long waits to no pathways greater than 65 weeks by the end of September 2024.

The latest National Comparator for this metric is 59.1% (May 24)