NHS
Countess of Chester Hospital
NHS Foundation Trust

PUBLIC - Board of Directors
27th January 2026

Report	**Agenda Item 15.**	**Integrated Performance Report – December 2025**						
Purpose of the Report	Decision		Ratification		Assurance	**X**	Information	
Accountable Executive	Cathy Chadwick Sue Pemberton Nigel Scawn Karen Edge Vicki Wilson			Chief Operating Officer Director of Nursing/Deputy CEO Medical Director Director of Finance Chief People Officer				
Author(s)	Dan Nash			Director of Performance				
Board Assurance Framework	BAF 1 Quality BAF 2 Safety BAF 3 Operational BAF 4 People BAF 5 Finance BAF 6 Capital BAF 7 Digital BAF 8 Governance BAF 9 Partnerships BAF 10 Research			**X** **X** **X** **X** **X**	This report covers 5 areas of the BAF and therefore changes in performance in any of the areas can affect risk scores on the BAF.			
Strategic goals	Patient and Family Experience People and Culture Purposeful Leadership Adding Value Partnerships Population Health							**X** **X** **X** **X** **X** **X**
CQC Domains	Safe Effective Caring Responsive Well led							**X** **X** **X** **X** **X**
Previous considerations	Not applicable							
Executive summary	The purpose of this report is to: • Summarise the key performance indicators. • Assure the Board of the monthly oversight of Trust priorities against agreed targets. • Highlight areas of high or low performance such as: Areas of positive assurance: • A reduction of patients over 65 and 52 weeks • A reduction in the number of patients receiving care on the Emergency Department corridor • 0 never Events • 0 Steis reportable incidents • Consistent performance with both SHMI and HSMR							

	• Exceeded the target for annual appraisal compliance • Exceeded the target for mandatory training compliance Areas requiring improvement: • Patient feedback – complaints open at month end • Emergency Medicine Performance • Screening Compliance in the Emergency Department • Sickness Absence Compliance • 18-week RTT compliance
Recommendations	The Board is asked to consider and note the contents of the Report.

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

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Integrated Performance Report

Report to end of December 2025

Data Quality Assurance Matrix (DQAM)

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

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

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

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

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

Data Quality Assurance Matrix (DQAM)

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

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

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

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

COCH IPR: What is an SPC chart?

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

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

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

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

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

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

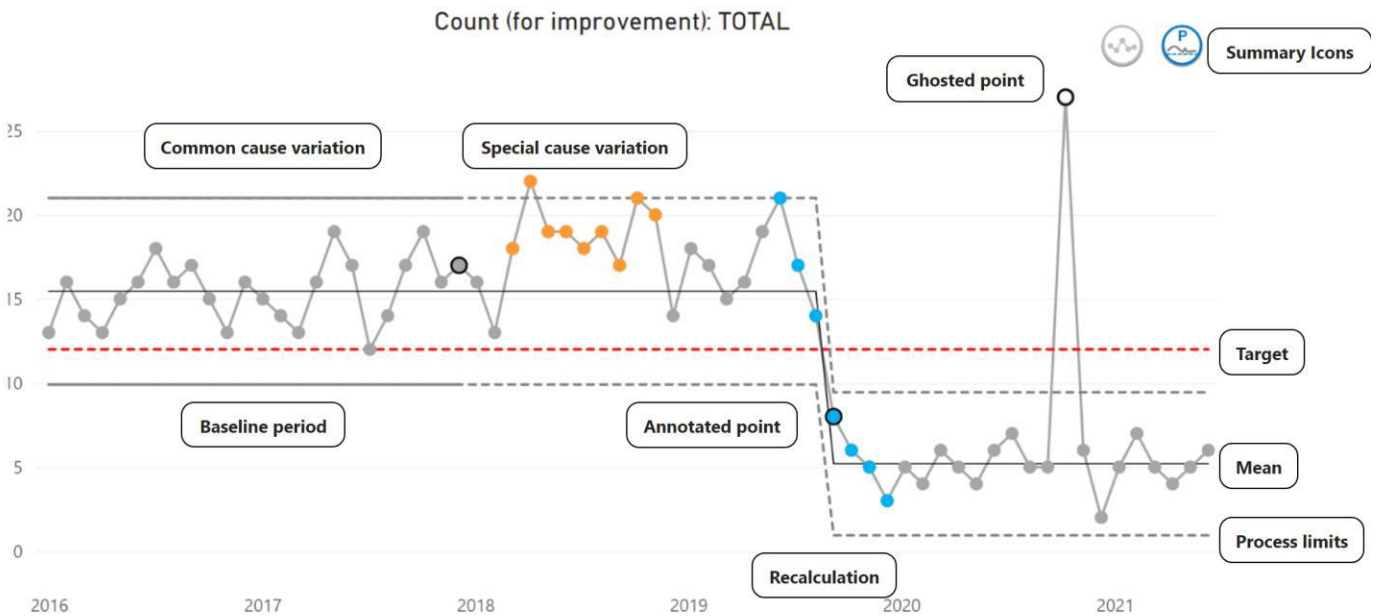
Recalculations
After a sustained change, a recalculation may be added. This splits the chart with the mean and process limits calculated separately using the data before and after. This gives a more accurate reflection on the system as it currently stands.

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

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

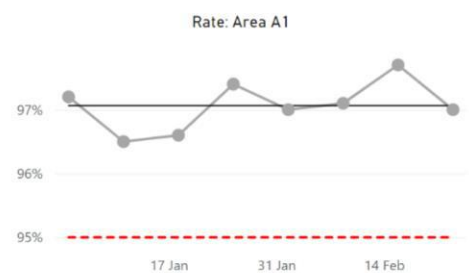
Ghosting
There is sometimes a need to remove a data point from the chart because it is a known anomaly – for example, a high referral count after a one-off migration – and will skew the data to render the chart meaningless. An alternative is to ghost the data point. The data point remains visible on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

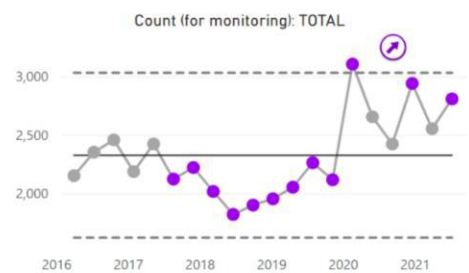
Annotations
If a dot has a black circle around it, there is an annotation that can be viewed in a tooltip by placing the mouse cursor over it in the interactive version of the report.



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

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





COCH IPR: Scorecard SPC Icon Matrix

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

COCH IPR: NHS Oversight Framework (NOF)

Latest NOF published on 11th December. NOF published quarterly with next release expected early March.

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SCORED METRICS (Contributing to Segmentation)

Metric	Type	Target or Threshold	Latest (local version)			Latest published (MHS)			Previous (MHS)		Latest published					Overall Domain Score	Overall Domain Segment
			Time period	*	Value	Time period	*	Value	Time period	Value	Rank	Score 1	Score 2	Score 3	Score 4		
ACCESS TO SERVICES DOMAIN																	
% patients waiting <18 weeks (absolute)	Acute	65%	Dec-25	↑	54.2%	Sep-25	↑	51.43%	Jun-25	48.89%	127/131				3.91	3.27 (3.21)	4 (4)
% patients waiting <18 weeks (vs plan)	Acute	0%	Dec-25	↓	-1.50%	Sep-25	↑	-0.35%	Jun-25	-1.00%	78/131			2.37			
% patients waiting >52 weeks	Acute	1%	Dec-25	↓	4.30%	Sep-25	↑	7.61%	Jun-25	8.28%	129/131				3.96		
% patients waiting >52 weeks (community)	Community	-	Dec-25	↓	13.20%	Sep-25	↑	9.78%	Jun-25	10.60%	100/120				3.5		
% urgent referrals diagnosed within 4 weeks	Acute	80%	Sep-25 - Nov-25	↑	75.60%	Q2 2025/26	↓	71.64%	Q1 2025/26	78.58%	96/118				3.48		
% patients treated within 62 days	Acute	75%	Sep-25 - Nov-25	↑	76.92%	Q2 2025/26	↓	74.88%	Q1 2025/26	76.51%	37/118		2				
% A&E patients seen within 4 hours	Acute	78%	Oct-25 - Dec-25	↑	63.10%	Q2 2025/26	↑	62.80%	Q1 2025/26	61.20%	119/123				3.9		
% A&E attendances >12 hours	Acute	0%	Oct-25 - Dec-25	↓	20.91%	Q2 2025/26	↑	19.69%	Q1 2025/26	24.45%	114/119				3.87		
EFFECTIVENESS & EXPERIENCE DOMAIN																	
Summary Hospital Level Mortality Indicator	Acute	As Expected	Sep-24 - Aug-25	⇔	As Expected	Jul-24 - Jun-25	⇔	As Expected	Apr-24 - Mar 25	As Expected	S2		2			2.59 (2.54)	4 (4)
Discharge delays (bed days lost) - including zero days - metric has changed	Acute	-	Nov-25	↓	2.10	Sep-25	↓	2.03	Jun-25	1.80	121/125				3.9		
CQC inpatient satisfaction	Acute		Pending update from CQC			2023	⇔	2	2023	2	S2		2				
Urgent Community Response 2-hour performance	Community	70%	Sep-25 - Nov-25	↑	83.94%	Q2 2025/26	↑	81.77%	Q1 2025/26	81.76%	60/89			2.44			
PATIENT SAFETY DOMAIN																	
Staff survey - raising concerns	Acute/Community		Annual based metric			2024	⇔	5.93		N/A	126/134				3.84	2.79 (3.22)	3 (4)
CQC safe inspection score	Acute/Community		Pending update from CQC				⇔	3		N/A	4-20/20			3			
MRSA infections (rate)	Acute	0	Jan-25 - Dec-25	↓	4	Oct-24 - Sep-25	⇔	3	Jul-24 - Jun-25	3	54-70/134		2.63				
C-Difficile infections (rate)	Acute	<1	Jan-25 - Dec-25	↑	0.92	Oct-24 - Sep-25	↑	0.93	Jul-24 - Jun-25	1.11	16-18/134	1					
E-Coli infections (rate)	Acute	<1	Jan-25 - Dec-25	↓	1.04	Oct-24 - Sep-25	↑	0.9	Jul-24 - Jun-25	1.33	7/134	1					
PEOPLE & WORKFORCE DOMAIN																	
Sickness absence rate	Acute/Community	-	Oct-25 - Dec-25	↓	6.21%	Q1 2025/26	↑	4.96%	Q4 2024/25	6.04%	112/205			2.65		3.22 (3.55)	4 (4)
Staff survey engagement score	Acute/Community	-	Annual based metric			Dec-24	⇔	6.48	Dec-24	6.48	125/134				3.8		
FINANCE & PRODUCTIVITY DOMAIN																	
Combined finance score (planned vs variance)	All Trusts		Nationally calculated			Q2 2025/26		4	Q1 2025/26	2	117/205				4	3.58 (2.61)	4 (4)
Planned surplus/deficit	Acute/Community	Breakeven/ Surplus	Annual based metric			Apr-25	⇔	-9.38%	Apr-25	-9.38%	200/205				4		
Variance YTD to plan (NEW Sep 25)	Acute/Community				N/A	Sep-25	↓	-2.68	Jun-25	0	195/205						
Implied productivity level	Acute	4% Imp			N/A	Jun-25	↓	-0.16%	Mar-25	0.55%	99/134			3.17			

COCH IPR: Scorecard

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Operational Metrics	Period	Value	Variation	Assurance	Target
ED: Patients waiting no more than 4 hours (%)	Dec-25	62%			78%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Dec-25	52.9%			78%
ED: Patients waiting over 12 hours	Dec-25	1252			0
ED: Patients waiting over 12 hours from decision to admit to admission	Dec-25	635			0
Ambulance: Handovers 30-60 minutes	Dec-25	366			0
Ambulance: Handovers 60+ minutes	Dec-25	104			0
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Dec-25	54.2%			60%
RTT: Incomplete pathways - Total	Dec-25	31056			26110
RTT: Incomplete pathways - Waiting over 52 weeks	Dec-25	1338			0
RTT: Incomplete pathways - Waiting over 65 weeks	Dec-25	2			0
RTT: Incomplete pathways - Waiting over 78 weeks	Dec-25	0			0
RTT: Incomplete pathways - Waiting over 104 weeks	Dec-25	0			0
RTT Wait for 1st OP Appt - % waiting <18 weeks	Dec-25	51.2%			67%
Patient Initiated Follow Up (%)	Dec-25	4.9%			5%
Diagnostics: % waiting less than 6 weeks - All	Dec-25	76.3%			99%
Cancer Treatments: 28 Day FDS	Nov-25	78.7%			80%
Cancer Treatments: 31 Day Standard	Nov-25	96.5%			96%
Cancer Treatments: 62 Day Standard	Nov-25	81.9%			75%
NC2R: Total Delayed Days	Dec-25	3678			1740
E-Discharge Overall Compliance (within 24hr %)	Dec-25	70.9%			95%

Maternity Metrics	Period	Value	Variation	Assurance	Target
Women Delivered	Dec-25	159			
Live Births	Dec-25	164			
Births in Co-located MLU	Dec-25	2			
Term Admission Rate	Dec-25	3.04%			4.8%
Sections Rate	Dec-25	54%			45%
PPH rate per 1000 births	Dec-25	44.0			30
Tears rate per 1000 births	Dec-25	18.9			28
Eclampsia	Dec-25	0			0
Maternal Deaths	Dec-25	0			0
Stillbirths	Dec-25	0			0
Neonatal Deaths	Dec-25	0			0

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target
Mortality: SHMI	Aug-25	89.7			
Mortality: Total inpatient deaths	Dec-25	101			
Incidents: StEIS reported incidents	Dec-25	0			0
Incidents: Never events	Dec-25	0			0
Incidents: Mixed sex accomodation incidents	Dec-25	0			0
Incidents: All incidents	Dec-25	1155			1155
Incidents: All incidents with moderate harm and above	Dec-25	80			40
Incidents: Medication incidents	Dec-25	91			108
Incidents: Medication incidents with harm	Dec-25	7			0
Falls: All - Rate Per 1000 Bed Days	Dec-25	5.12			4.87
Falls: With Harm - Rate Per 1000 Bed Days	Dec-25	0.220			0.1
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Dec-25	1.16			1.22
Pressure ulcers: Present on admission - Rate per 1000 bed days	Dec-25	3.20			
Infection Control: C.Difficile Cases	Dec-25	4			4
Infection Control: MRSA Cases	Dec-25	0			0
Patient Feedback: Complaints Opened In Month	Dec-25	19			40
Patient Feedback: Complaints Open At Month End	Dec-25	27			7
Patient Feedback: Concerns Opened In Month	Dec-25	267			229
Patient Feedback: Concerns Open At Month End	Dec-25	75			
FFT: A&E Positive Rate	Dec-25	72.7%			95%
FFT: IP Positive Rate	Dec-25	92.3%			95%
FFT: OP Positive Rate	Dec-25	94.2%			95%
VTE: Assessment Completed Compliance	Dec-25	93.5%			95%
VTE: 14 Hour Compliance	Dec-25	85.5%			95%

HR & Finance Metrics	Period	Value	Variation	Assurance	Target
Sickness Absence Rate	Dec-25	6.47%			5%
Staff Turnover Percentage	Dec-25	8.79%			10%
Annual Appraisal Compliance	Dec-25	80.8%			80%
Mandatory Training Compliance	Dec-25	90.9%			90%
Reduction in Agency Shifts over Cap Rates: Medical & Dental	Dec-25	143			120
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Dec-25	14			1200
Reduction in Agency Shifts over Cap Rates: Other	Dec-25	54			
Better Payment Practice Code (value)	Dec-25	91.8%			95%
Better Payment Practice Code (number)	Dec-25	90.1%			95%

COCH IPR: Emergency Department Summary

Owner: Cathy Chadwick - Chief Operating Officer

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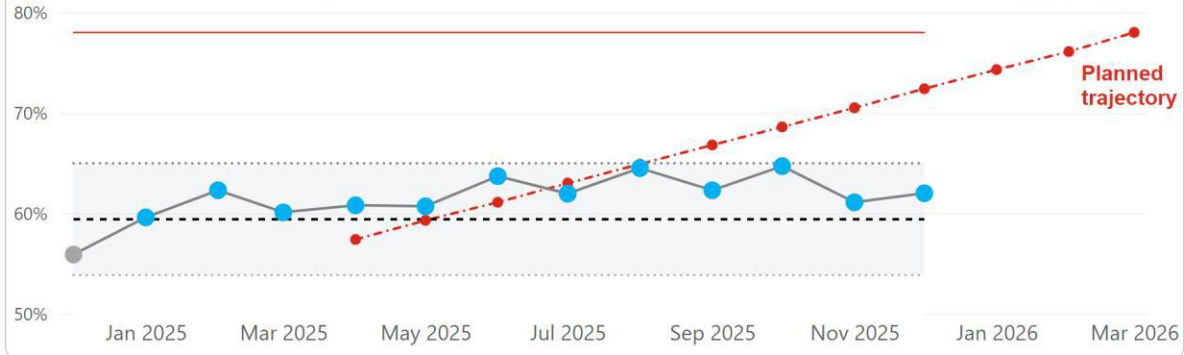
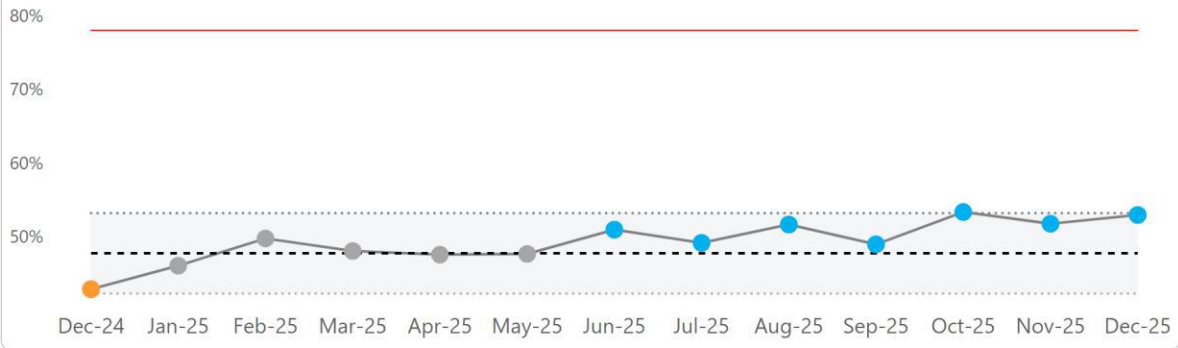
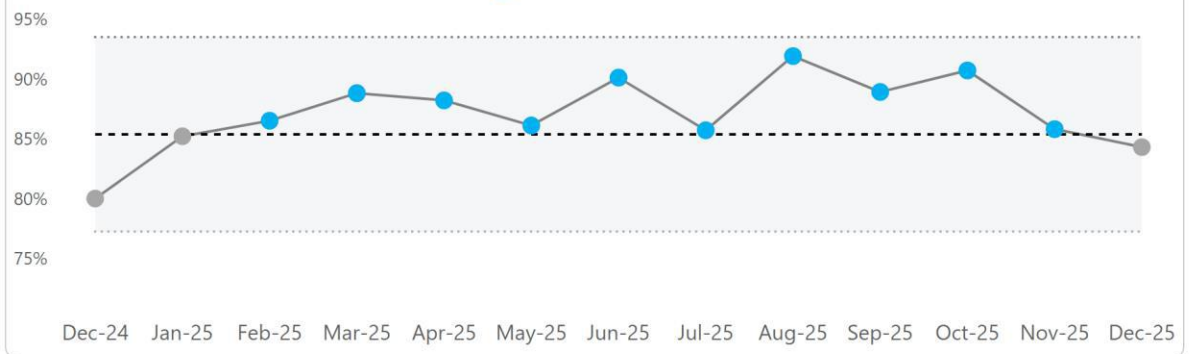
ED: Patients waiting no more than 4 hours (%)



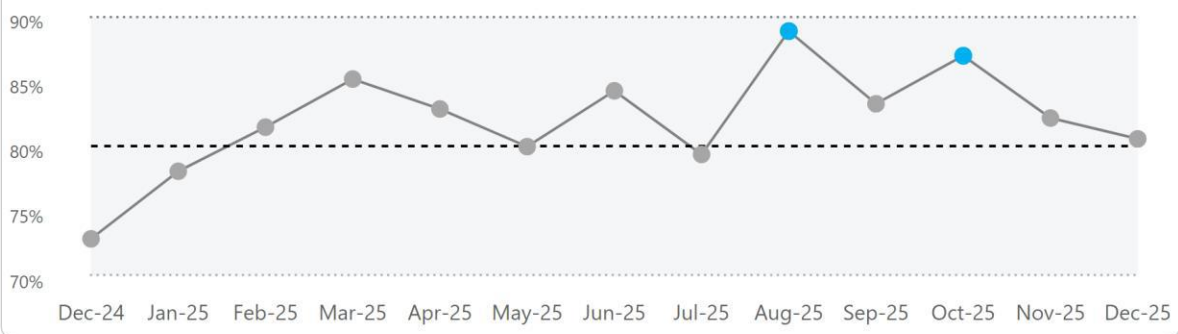
ED: Patients waiting no more than 4 hours - Type 1 (%)



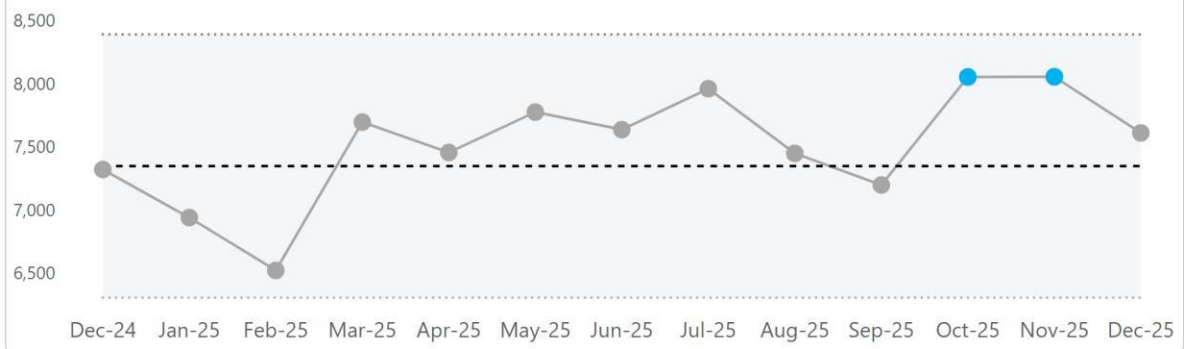
ED: Paediatric Patients waiting no more than 4 hours (%)



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 (%)	Dec-25	84.3%				
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Dec-25	81%				
ED: Patients waiting no more than 4 hours (%)	Dec-25	62%			78%	Dec 25 | 73.8%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Dec-25	52.9%			78%	Dec 25 | 59.6%
ED: Attendances	Dec-25	7609				