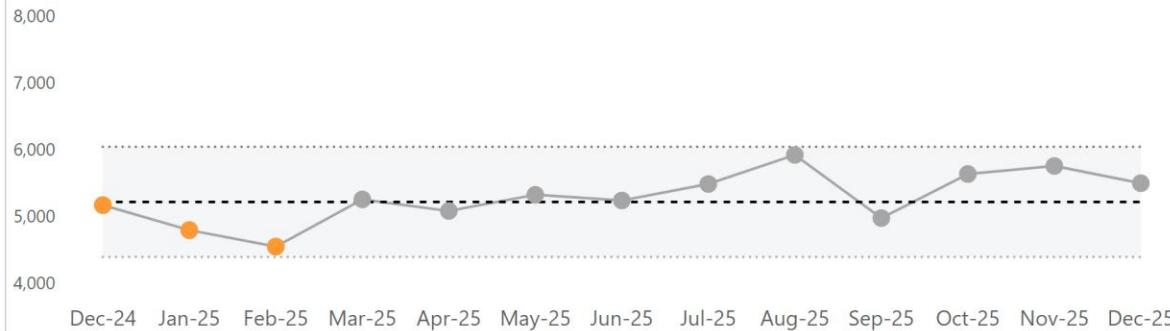


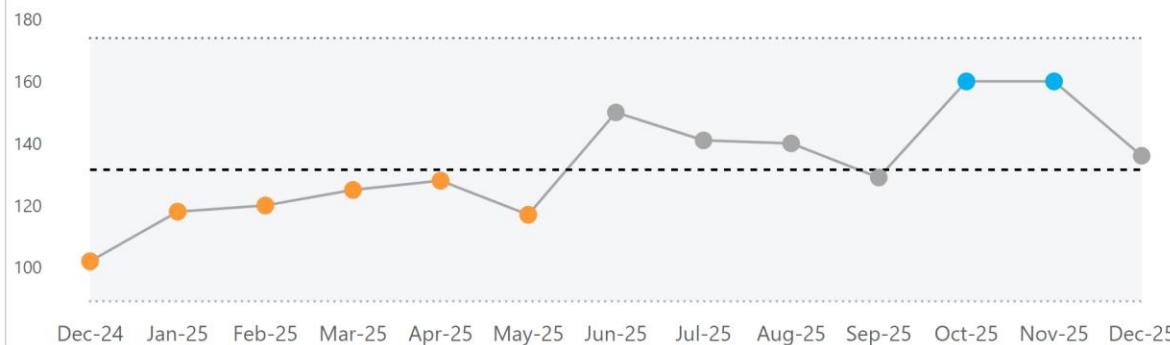
## ED: Attendances - Type 1



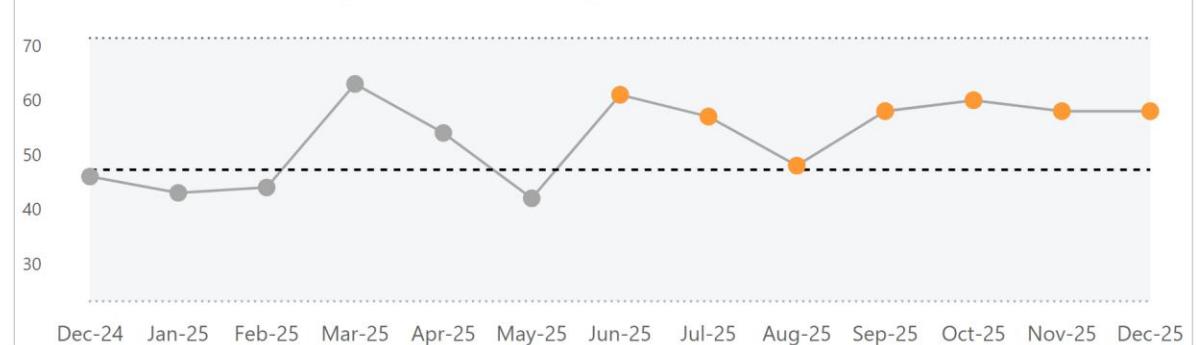
## ED: Attendances - Type 3



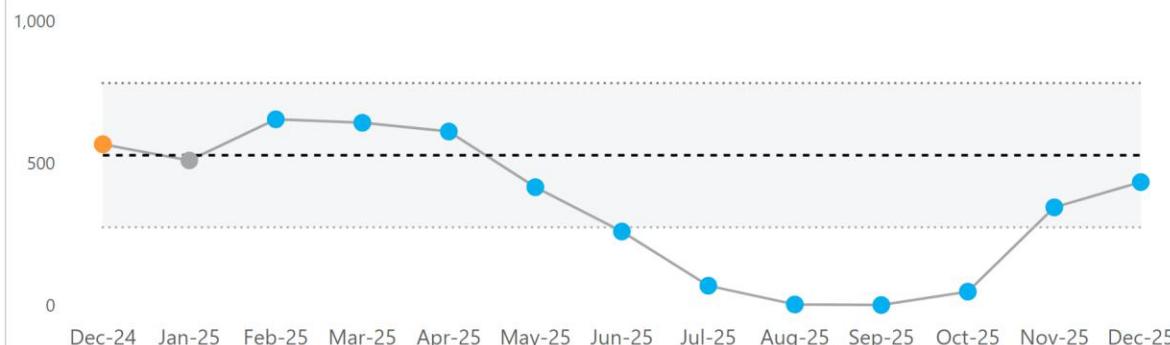
## ED: Attendances for mental health conditions



## ED: Mental Health patients waiting over 12 hours

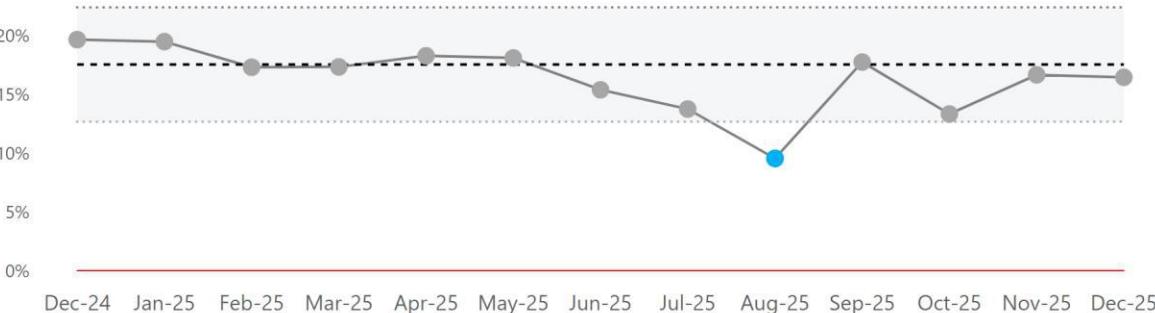


## ED: Attendances with a stay in a corridor location

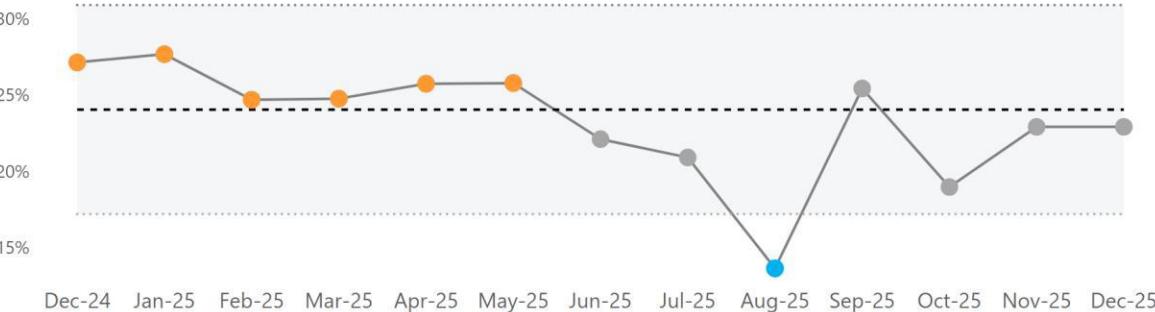


Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Attendances - Type 1	Dec-25	5494				
ED: Attendances - Type 3	Dec-25	2115				
ED: Attendances for mental health conditions	Dec-25	136				
ED: Mental Health patients waiting over 12 hours	Dec-25	58				
ED: Attendances with a stay in a corridor location	Dec-25	433				

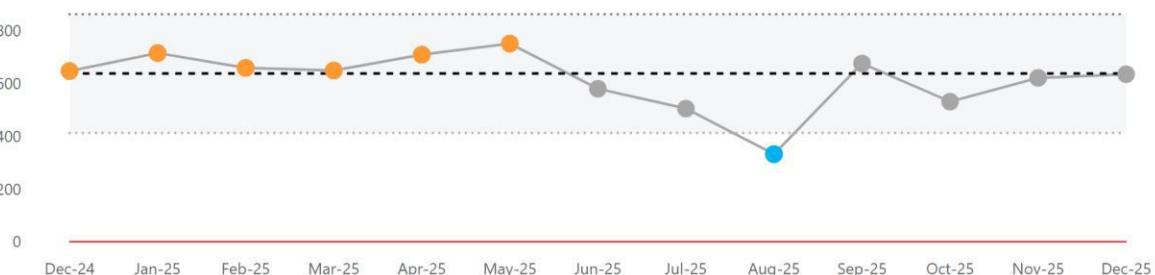
## ED: Patients waiting over 12 hours (%)



## ED: Patients waiting over 12 hours - Type 1 (%) (NOF)



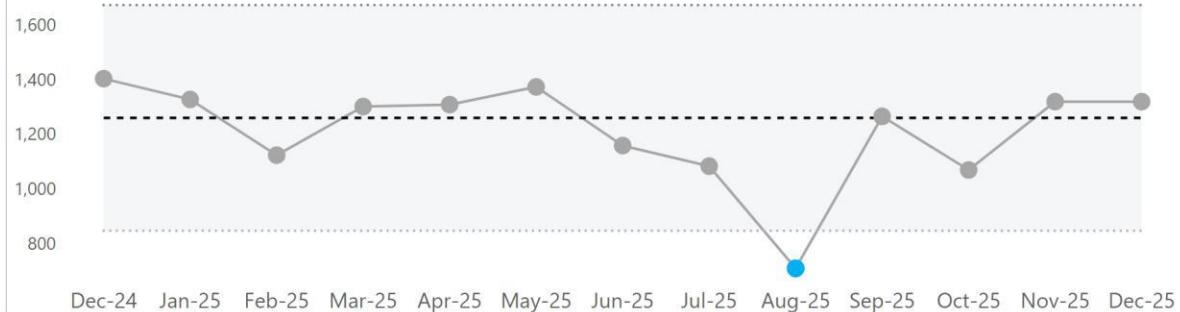
## ED: Patients waiting over 12 hours from decision to admit to admission



## ED: Patients waiting over 12 hours



## ED: Patients waiting over 12 hours - Type 1

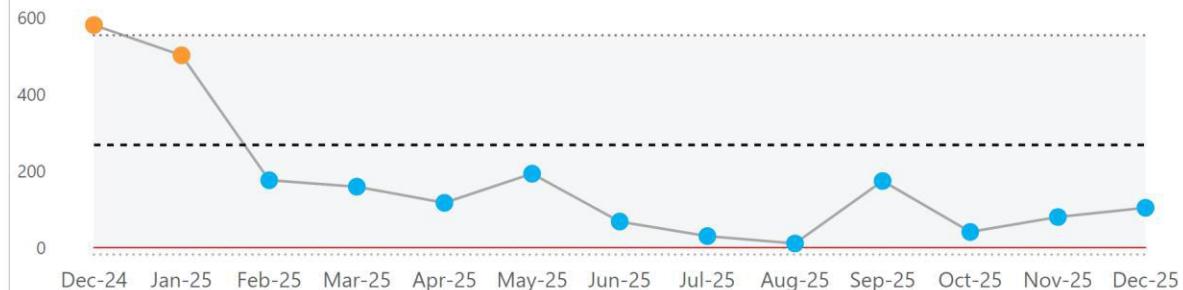


Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Patients waiting over 12 hours (%)	Dec-25	16.5%			0%	
ED: Patients waiting over 12 hours	Dec-25	1252			0	
ED: Patients waiting over 12 hours - Type 1 (%)	Dec-25	22.9%			Oct 25   10.8%	
ED: Patients waiting over 12 hours - Type 1	Dec-25	1318				
ED: Patients waiting over 12 hours from decision to admit to admission	Dec-25	635			0	

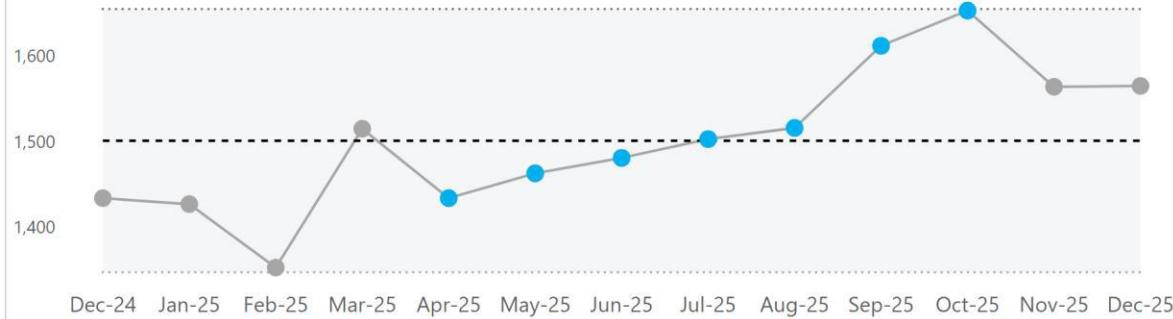
### Ambulance Handovers 30-60 minutes



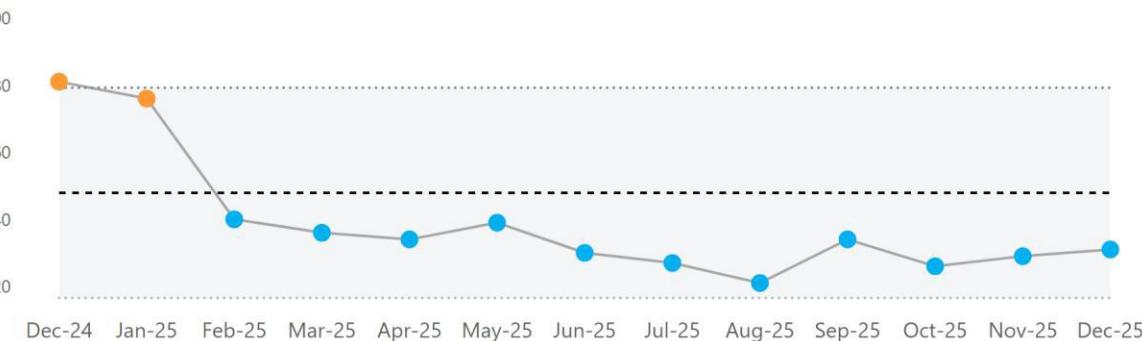
### Ambulance Handovers 60+ minutes



### Total No of Ambulance Arrivals



### Avg time to Ambulance handover



### Metric

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Avg Time To Ambulance Handover (mins)	Dec-25	31				
Ambulance: Handovers 30-60 minutes	Dec-25	366			0	
Ambulance: Handovers 60+ minutes	Dec-25	104			0	
Ambulance: Total Ambulance Arrivals	Dec-25	1565				

## COCH IPR: RTT Overview

Owner: Cathy Chadwick - Chief Operating Officer

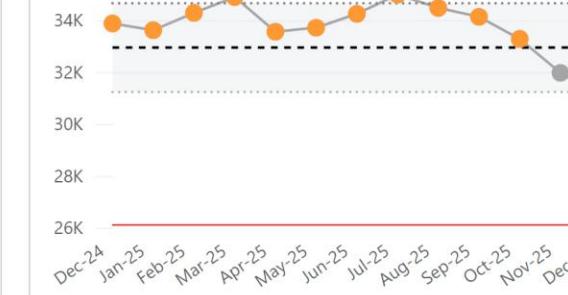
## 18 Week Referral To Treatment (RTT) Incomplete Pathways



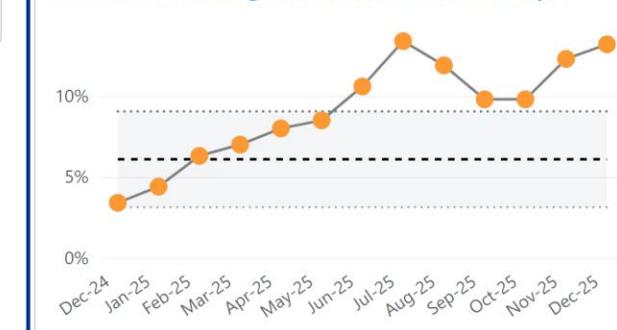
## Top 5 Specialties - Based on number of Open Pathways



## Total 18 Week RTT Incomplete Pathways



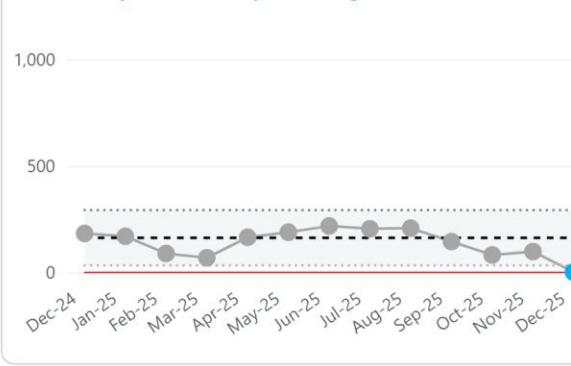
## % of Patients waiting over 52 weeks (Community) (NOF)



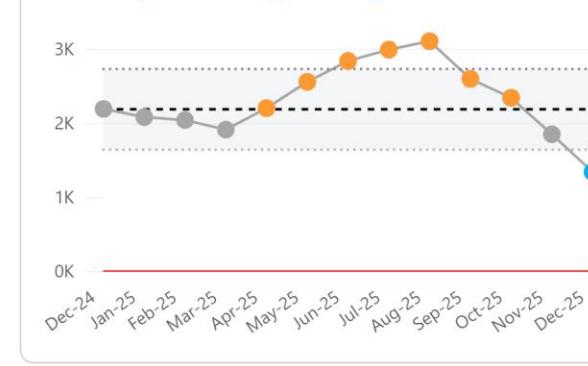
## Community: Total patients waiting over 52 weeks



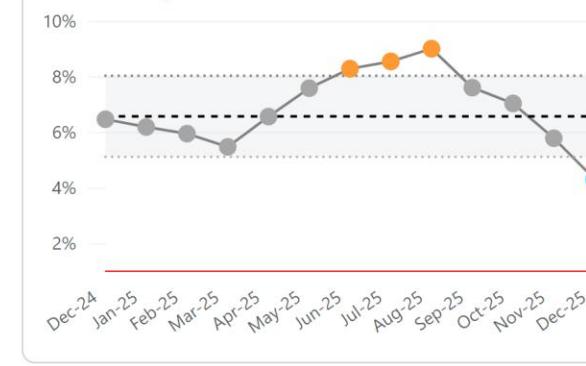
## RTT Incomplete Pathways Waiting Over 65 Weeks



## RTT Incomplete Pathways Waiting Over 52 Weeks



## % Of Pathways Over 52 Weeks



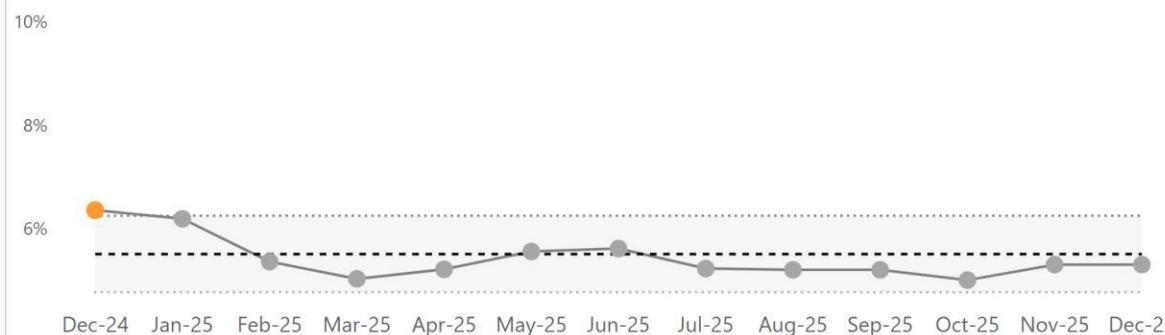
## Metric

Metric	Period	Value	Variation	Assurance	Target	Benchmark
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Dec-25	54.2%			60%	Nov 25   61.6%
RTT: Incomplete pathways - Waiting over 78 weeks	Dec-25	0			0	
RTT: Incomplete pathways - Waiting over 65 weeks	Dec-25	2			0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Dec-25	4.31%			1%	Nov 25   2.2%
RTT: Incomplete pathways - Waiting over 104 weeks	Dec-25	0			0	
RTT: Incomplete pathways - Total	Dec-25	31056			26110	
Community: Total patients waiting over 52 weeks	Dec-25	191			15	
Community: % of patients waiting over 52 weeks	Dec-25	13.2%			Nov 25   41.1%	

## RTT Wait Time for 1st OPA



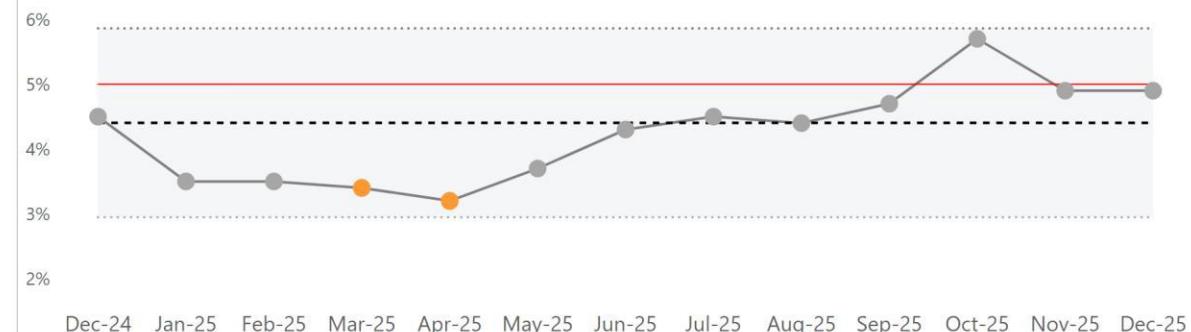
## DNA Rates



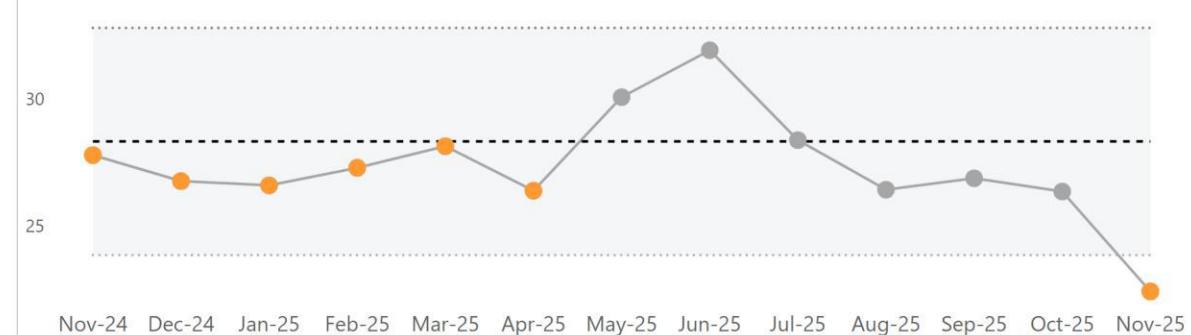
## Metric

Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Initiated Follow Up (%)	Dec-25	4.9%			5%	Nov 25   5.4%
RTT Wait for 1st OP Appt - % waiting <18 weeks	Dec-25	51.2%			67%	
DNA Rates (%)	Dec-25	5.3%			Nov 25   5.7%	
Advice and Guidance Utilisation Rate	Nov-25	22.4			Sep 25   31.6%	
Advice and Guidance Diversion Rate (%)	Nov-25	19.3%			Oct 25   26.6%	

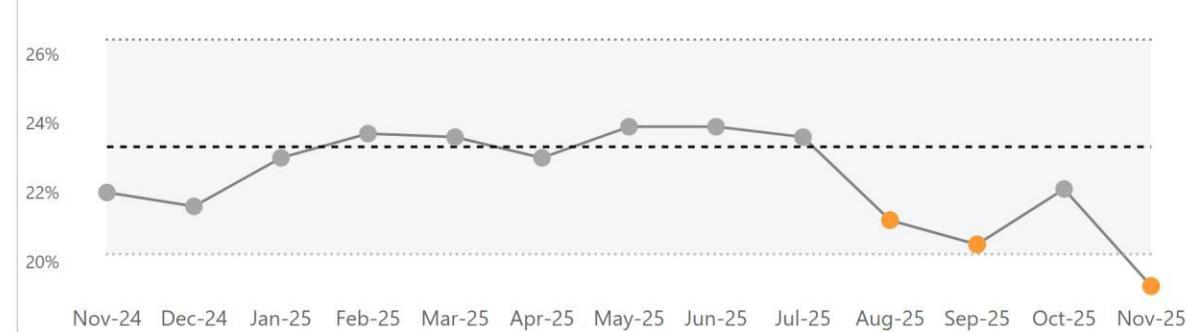
## Patient Initiated Follow Up (%)



## Advice and Guidance Utilisation Rate



## Advice and Guidance Diversion Rate (%)



## Diagnostics Test waiting less than 6 weeks (%)



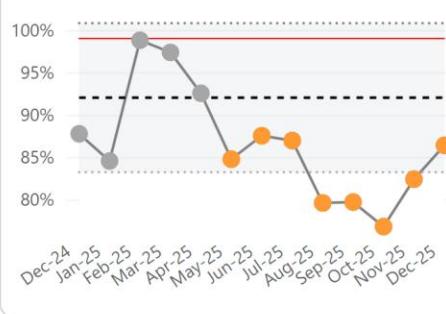
## % waiting less than 6 weeks

	Period	Value	Variation	Assurance	Target	Benchmark
All	Dec-25	76.3%			99%	Nov 25   78.3%
Non-obstetric ultrasound	Dec-25	86.4%			99%	Nov 25   81.5%
Audiology - Adult Assessments	Dec-25	65.5%			99%	
Echocardiography	Dec-25	39.1%			99%	Nov 25   70.8%
Colonoscopy	Dec-25	88.5%			99%	Nov 25   69.5%
Gastoscopy	Dec-25	87.8%			99%	Nov 25   72.2%

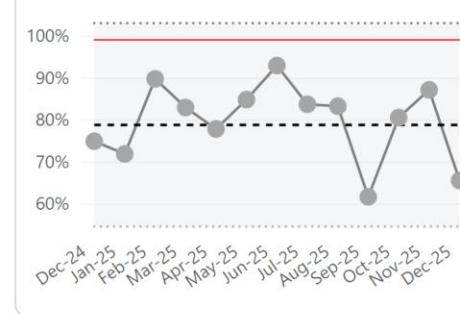
## % waiting less than 6 weeks

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
All	83.0%	93.0%	89.3%	86.6%	81.0%	81.6%	80.1%	73.9%	76.1%	74.7%	76.9%	76.3%
Magnetic Resonance Imaging	98.1%	99.3%	99.2%	99.5%	97.7%	94.5%	94.3%	86.2%	92.6%	89.7%	91.8%	82%
Computed Tomography	96.6%	99.5%	97.8%	95.6%	95%	97.6%	95.1%	94.1%	98.1%	99.4%	99.2%	99.2%
Non-obstetric ultrasound	84.5%	98.8%	97.4%	92.5%	84.8%	87.5%	87.0%	79.6%	79.7%	76.8%	82.4%	86.4%
Barium Enema	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
DEXA Scan					100%	98.9%	96.6%	94%	76.9%	94%	69.2%	75.9%
Audiology - Adult Assessments	71.8%	89.7%	82.9%	77.8%	84.8%	92.9%	83.7%	83.2%	61.6%	80.5%	87.1%	65.5%
Audiology - Paediatric Assessments	65.8%	77.5%	64.0%	51.5%	44.5%	64%	73.3%	62.6%	44%	58.6%	53.4%	43.6%
Echocardiography	85.1%	78.4%	69.8%	73.8%	57.3%	53.6%	46.1%	35.5%	38.1%	39.6%	39.6%	39.1%
Respiratory physiology - sleep studies	85.1%	93.5%	97.4%	95.2%	90.3%	88.5%	99.2%	99.2%	95.6%	99.1%	100%	94.9%
Colonoscopy	77.5%	90%	72.4%	71.4%	67.0%	64.4%	69.6%	62.6%	79.3%	83.6%	85.1%	88.5%
Flexi sigmoidoscopy	79.7%	98.4%	93.8%	93.3%	97.2%	91.7%	100%	97.6%	100%	100%	100%	100%
Cystoscopy	99.1%	95.2%	94.9%	92.6%	95.7%	83.0%	96.8%	95.9%	96.6%	100%	100%	100%
Gastoscopy	54.7%	71.0%	68.8%	63.7%	64.7%	67.3%	62.9%	66.7%	78%	80.3%	81.8%	87.8%

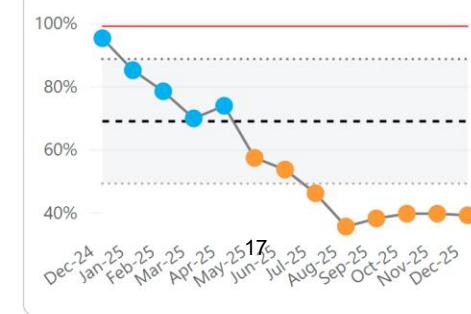
## Non-obstetric ultrasound - % Waiting less than 6 weeks



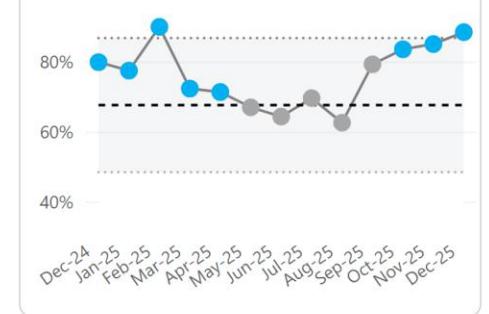
## Audiology - Adult Assessments - % Waiting less than 6 weeks



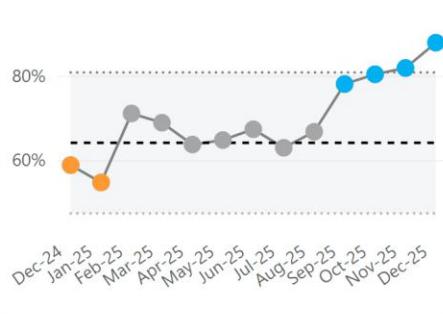
## Echocardiography - % Waiting less than 6 weeks



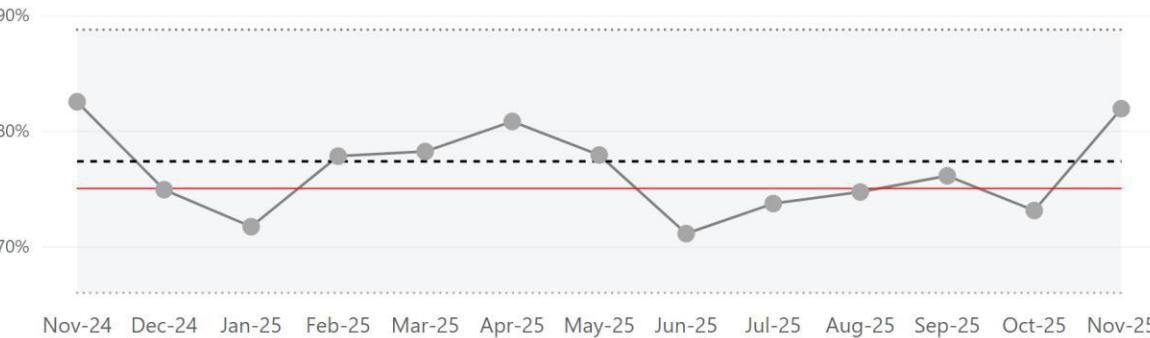
## Colonoscopy - % Waiting less than 6 weeks



## Gastoscopy - % Waiting less than 6 weeks



### Cancer Treatments: 62 Day Standard



### Cancer Treatments: 31 Day Standard

### Cancer Treatments: 31 Day Standard



### Cancer Treatments: 28 Day FDS



### Page Table Name

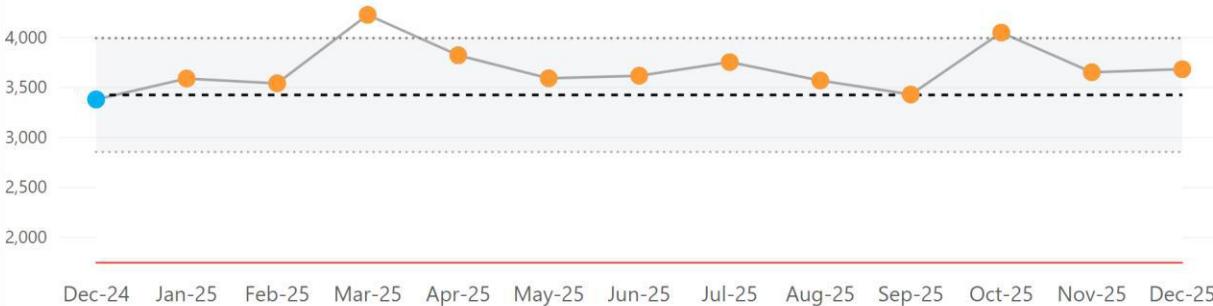
Page Table Name	Period	Value	Variation	Assurance	Target	Benchmark
Cancer Treatments: 62 Day Standard	Nov-25	81.9%			75%	Nov 25   70.2%
Cancer Treatments: 31 Day Standard	Nov-25	96.5%			96%	Nov 25   91.7%
Cancer Treatments: 28 Day FDS	Nov-25	78.7%			80%	Nov 25   76.5%

## COCH IPR: Delayed Discharges

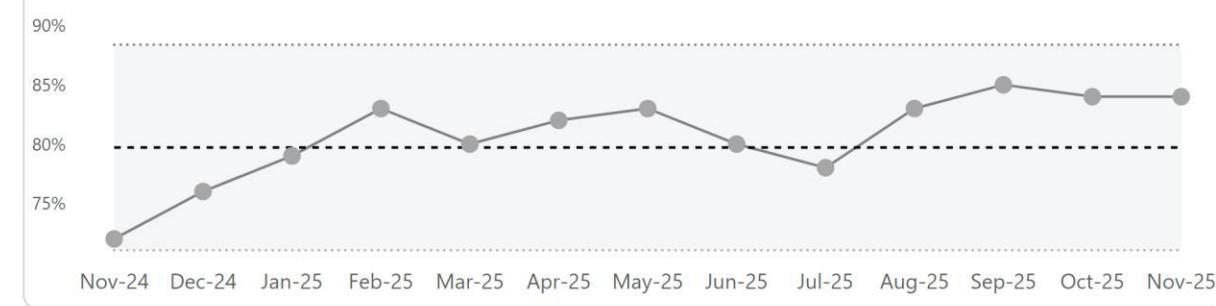
Owner: Cathy Chadwick - Chief Operating Officer

Organisation Name	Number of providers submitting acceptable data	% of patients discharged where		Number of patients discharged where, between the Discharge Ready Date and Discharge Date							% patients discharged where, between the Discharge Ready Date and Discharge Date, there is -							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)
		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		
ENGLAND	129	84.7%	15.3%	275,188	17,167	11,841	8,023	7,501	2,502	2,654	84.7%	5.3%	3.6%	2.5%	2.3%	0.8%	0.8%	0.9	5.9
NORTH WEST	22	85.8%	14.2%	37,581	1,885	1,404	1,043	1,053	400	454	85.8%	4.3%	3.2%	2.4%	2.4%	0.9%	1.0%	1.0	7.0
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST	Acceptable	100.0%	0.0%	38	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	Acceptable	83.7%	16.3%	1,182	42	50	38	29	22	49	83.7%	3.0%	3.5%	2.7%	2.1%	1.6%	3.5%	2.1	12.9
EAST CHESHIRE NHS TRUST	Acceptable	79.6%	20.4%	562	20	28	25	39	16	16	79.6%	2.8%	4.0%	3.5%	5.5%	2.3%	2.3%	2.2	11.0
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	Acceptable	98.4%	1.6%	608	2	2	3	3	-	-	98.4%	0.3%	0.3%	0.5%	0.5%	0.0%	0.0%	0.1	5.9
LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	Acceptable	83.9%	16.1%	3,655	237	168	126	109	22	39	83.9%	5.4%	3.9%	2.9%	2.5%	0.5%	0.9%	1.0	6.1
LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	Acceptable	90.1%	9.9%	191	16	4	1	-	-	-	90.1%	7.5%	1.9%	0.5%	0.0%	0.0%	0.0%	0.2	1.5
MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	Acceptable	84.1%	15.9%	3,233	112	118	120	137	45	80	84.1%	2.9%	3.1%	3.1%	3.6%	1.2%	2.1%	1.5	9.6
THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST	Acceptable	100.0%	0.0%	164	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
THE WALTON CENTRE NHS FOUNDATION TRUST	Acceptable	100.0%	0.0%	309	-	-	-	-	-	-	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	-
WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	Acceptable	83.6%	16.4%	1,361	50	40	51	74	27	25	83.6%	3.1%	2.5%	3.1%	4.5%	1.7%	1.5%	1.4	8.4
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	Acceptable	91.1%	8.9%	1,960	71	60	24	20	10	6	91.1%	3.3%	2.8%	1.1%	0.9%	0.5%	0.3%	0.4	4.5

## Total Delay Days



## Urgent Community Response 2-Hour performance



Metric	Period	Value	Variation	Assurance	Target	Benchmark
NC2R: Total Delayed Days	Dec-25	3678			1740	

Metric	Period	Value	Variation	Assurance	Target	Benchmark
19 Urgent Community Response 2-Hour performance	Nov-25	84%				

## E-Discharge Overall Compliance (within 24hr %)



Metric	Period	Value	Variation	Assurance	Target	Benchmark
E-Discharge Overall Compliance (within 24hr %)	Dec-25	70.9%				95%

Incomplete E-Discharges	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Division	4	3	21	39	2	7	2	8	29	47	80	84	88	107	98	95
Planned Care	0	3	0	2	1	3	1	1	1	1	0	0	0	8	12	89
Urgent Care	0	0	0	0	0	0	1	1	2	4	7	2	22	32	23	38
Womens & Children	0	0	0	0	0	0	1	1	1	2	4	7	2	22	32	23

24hr compliance	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Division	58.3%	64.9%	63.8%	60.0%	63.9%	61.3%	62.6%	63.3%	58.6%	63.3%	65.4%	59.7%	62.1%	65.0%	64.1%	62.1%
Planned Care	68.7%	65.0%	60.0%	58.5%	58.3%	64.7%	64.4%	62.9%	66.6%	74.1%	72.6%	72.7%	72.5%	70.6%	69.2%	69.6%
Urgent Care	89.7%	87.2%	85.9%	88.5%	90.0%	88.3%	89.8%	90.1%	89.3%	90.9%	89.3%	89.0%	84.0%	82.2%	86.7%	85.6%
Womens & Children	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Highlights:**

- December saw a reduction in overall compliance in Braden, MUST and Falls risk assessments. This can be associated with a reduced performance in the Emergency Department, Inpatient compliance remained static.
- Small improvement in VTE assessment within 14 hours.
- Zero StEIS reportable incidents in December
- Zero Mixed sex breaches – two reported but clinically justified.
- Incident reporting overall remains consistent and aligns with target. Slight increase in moderate and above harm incidents in December, these are all being monitored and reviewed through the Patient Safety Oversight Group. Half of the moderate and above incidents related to skin integrity – half of which are related to being ' present on admission'
- Increase in medication incidents and associated harm. 4 moderate incidents reported – two wrong dose incidents, one medication not prescribed and one missed anti-coagulation.
- Increase in overall falls reported in December with 4 falls with harm. The 4 falls with harm occurred in 4 separate clinical areas. All 4 patients sustained a fracture, wrist, pubic rami, knee and acetabular. 2 falls occurred either in bathroom or way to bathroom, one was an assisted fall, and one was unwitnessed. Full falls reviews either underway or completed
- Increase in Hospital acquired Pressure Ulcers ( by 5) and increase in Pressure Ulcers on admission ( by 5)
- CDIFF remains below trajectory, a reduction in cases reported in December with 4 cases reported, with a total CDIFF cases year to date is 49
- E-Coli Bloodstream infection – 6 cases reported in December which has taken the trust over the trajectory by 4 cases.
- Zero MRSA reported
- Reduction in open complaints and concerns in December
- Slight increase in complaints received but significant reduction in concerns raised.
- Friends and Family Test – reduction in overall response rate for all areas, but improvement in all areas for positive response rate. Improvements in positive response rate demonstrate just short of national response rates in inpatients, and over national positive response rate for outpatients. ED positive response rates improving but still under national level - ED 72.7% ( 78%), Inpatient 92.3% (94%), Outpatient 94.2% ( 94%). Lack of postcard submission will contribute for drop in response rate, resolution expected end of Quarter 3

**Areas of Concern:**

Sepsis Screening compliance – also now need to consider trust wide performance

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

Improvements in risk assessments required – actions by the Emergency Department – Risk, MUST and Braden.

**Forward Look (with actions):**

Sepsis Improvements

Friends and Family Test Improvements – working with external partners and BI to develop hybrid approach- increase response rate and positive scores. Looking to source inhouse resolution to postcard data collection – plan for quarter three 2025/26

Continued actions from unannounced CQC Inspection

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
Mortality: SHMI	Aug-25	89.7				
Mortality: HSMR	Jun-25	92.6				
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: E-Coli Cases	Dec-25	6				
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%	
FFT: A&E Response Rate	Dec-25	10%			13%	
FFT: IP Response Rate	Dec-25	16.1%			23%	
FFT: OP Response Rate	Dec-25	8.1%			12%	
VTE: Assessment Completed Compliance	Dec-25	93.5%			95%	
VTE: 14 Hour Compliance	Dec-25	85.5%			95%	
Fill rates: Registered Staffing (%)	Dec-25	97.5%			95%	
Fill rates: Unregistered Staffing (%)	Dec-25	93.9%			95%	

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target	Benchmark
12 month rolling count MRSA cases	Dec-25	4				
12 month rolling E-coli cases as proportion of trust threshold	Dec-25	1.04				
12 month rolling C-Diff cases as proportion of trust threshold	Dec-25	0.919				
Overall Braden 6 hr Compliance	Dec-25	67.9%				
ED Braden 6 hr Compliance	Dec-25	57.6%				
Inpatient Braden 6 hr compliance	Dec-25	89.9%				
Overall Falls 6 hr Compliance	Dec-25	70.3%				
ED Falls 6 hr Compliance	Dec-25	60.3%				
Inpatient Falls 6 hr compliance	Dec-25	91.4%				
Overall MUST 24 hr compliance	Dec-25	65.2%				
ED MUST 24 hr Compliance	Dec-25	56.8%				
Inpatient MUST 24 hr compliance	Dec-25	83.0%				