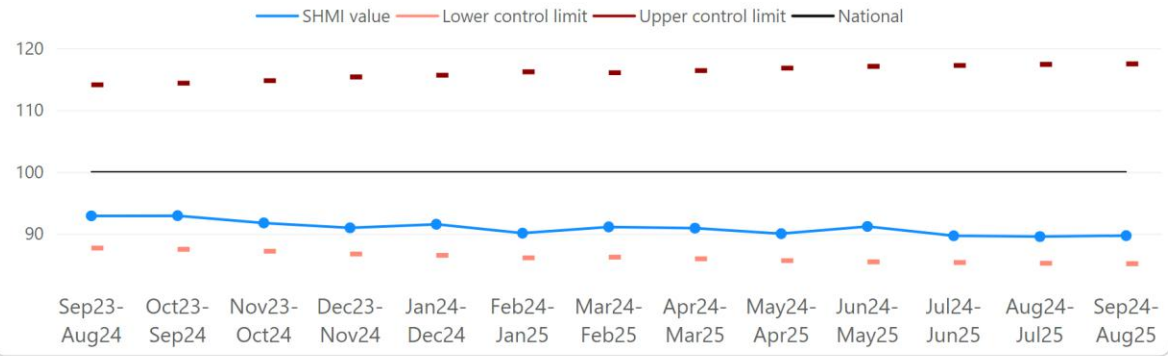
# COCH IPR: Mortality

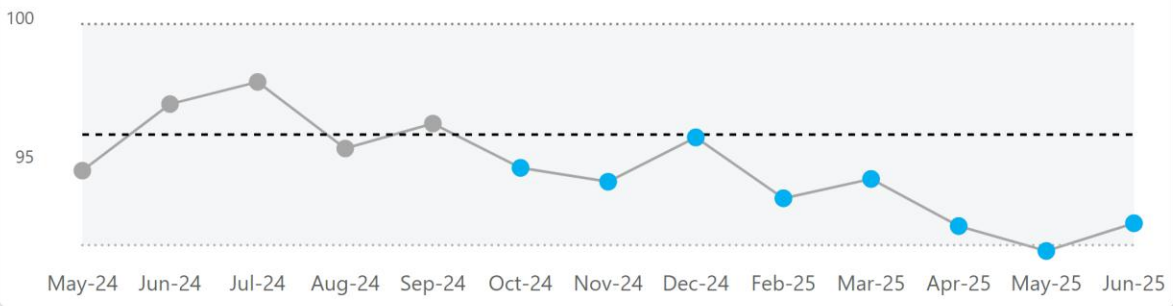
Owner: Nigel Scawn - Executive Medical Director

Countess of Chester Hospital NHS Foundation Trust

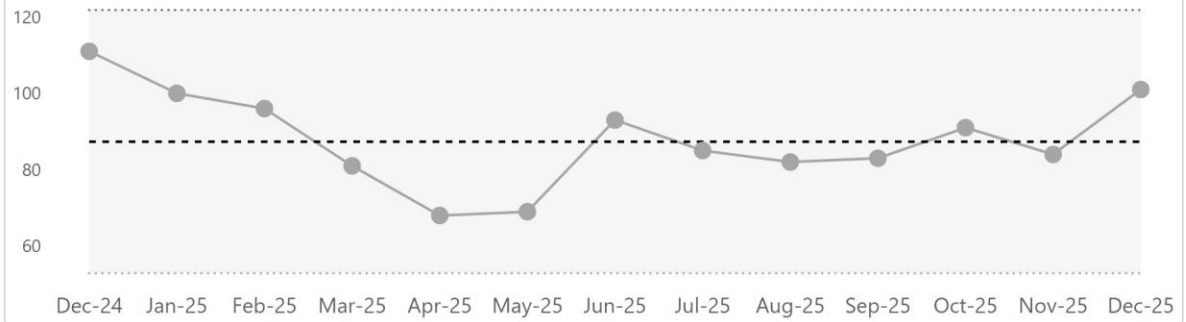
## SHMI




## Mortality: HSMR




## Mortality: Total inpatient deaths



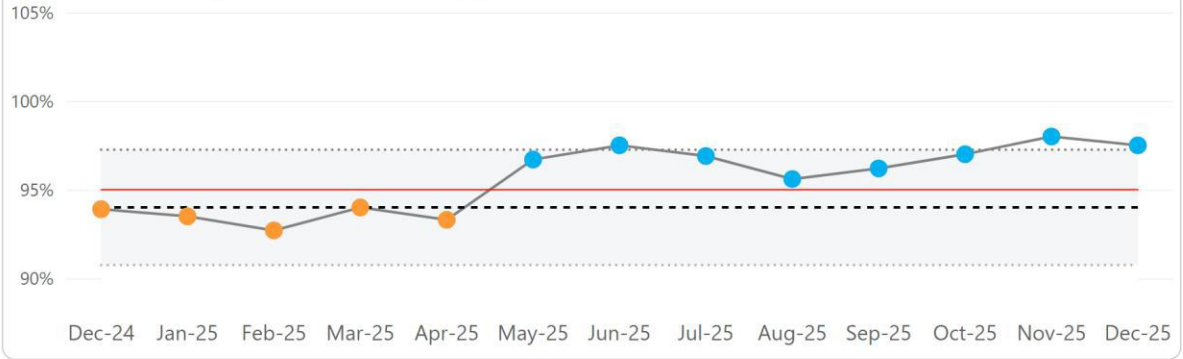

| Metric | Period | Value | Variation | Assurance | Target | Benchmark |
|---|---|---|---|---|---|---|
| Mortality: SHMI | Aug-25 | 89.7 | | | | |
| Mortality: HSMR | Jun-25 | 92.6 | | | | |
| Mortality: Total inpatient deaths | Dec-25 | 101 | | | | |

# COCH IPR: Nurse Staffing Fill Rates

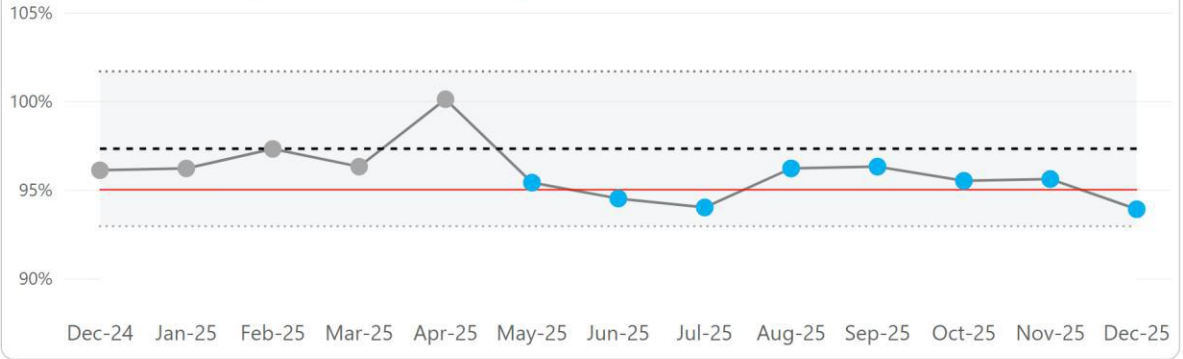
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

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 (%) | Dec-25 | 97.5% | | | 95% | |
| Fill rates: Unregistered Staffing (%) | Dec-25 | 93.9% | | | 95% | |

# COCH IPR: Nurse Staffing Ward Breakdown

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

NHS 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.

| 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 | 100.61% | 95.82% | 98.76% | 102.03% | 103.95% | 87.86% | 4.5 | 3.8 | 8.3 | 8.5 | 9.7 | 12 | 1 | 2 | 8 | 2 | 0 | 94.12% | 5.88% | 10.30% |
| | Ward 33 Trinity Ward | 34 | 92.64% | 87.48% | 85.45% | 88.93% | 101.41% | 86.75% | 3.3 | 3.4 | 6.7 | 7.4 | 27.0 | 4 | 0 | 1 | 1 | 1 | 0 | | | |
| | Ward 40 | 11 | 92.45% | 90.08% | 88.34% | 100.00% | 103.23% | 81.29% | 3.3 | 3.8 | 7.2 | 7.9 | 15.9 | 2 | 1 | 0 | 1 | 2 | 0 | 0.00% | 0.00% | 0.00% |
| | Ward 42 | 16 | 139.39% | 122.55% | 117.13% | 130.13% | 167.74% | 118.04% | 3.5 | 3.6 | 7.1 | 5.4 | 15.0 | 1 | 0 | 0 | 2 | 0 | 0 | | | |
| | Ward 43 Meadows Ward | 16 | 106.45% | 88.21% | 101.01% | 92.54% | 125.81% | 84.41% | 3.4 | 3.9 | 7.4 | 7.7 | 8.0 | 3 | 0 | 1 | 1 | 2 | 0 | 85.71% | 0.00% | 14.58% |
| | Ward 44 | 28 | 100.87% | 97.55% | 89.29% | 99.23% | 114.82% | 96.64% | 3.5 | 3.3 | 6.9 | 6.9 | 13.7 | 3 | 0 | 3 | 3 | 0 | 0 | 71.43% | 28.57% | 10.61% |
| | Ward 45 Palace | 25 | 95.53% | 91.92% | 90.67% | 100.88% | 103.23% | 87.15% | 3.1 | 3.3 | 6.5 | 6.9 | 8.1 | 1 | 0 | 2 | 2 | 0 | 0 | 77.78% | 11.11% | 13.43% |
| | Ward 50 | 28 | 97.77% | 88.58% | 90.22% | 94.82% | 105.29% | 85.79% | 3.8 | 3.3 | 7.1 | 7.6 | 8.7 | 10 | 0 | 1 | 0 | 0 | 0 | 33.33% | 0.00% | 10.34% |
| | Ward 51 | 28 | 94.80% | 88.45% | 88.21% | 96.68% | 101.35% | 84.79% | 3.7 | 3.4 | 7.1 | 7.7 | 8.1 | 11 | 1 | 1 | 4 | 1 | 0 | 66.67% | 33.33% | 10.34% |
| | Cardiology Unit | 16 | 86.95% | 87.98% | 81.67% | 88.45% | 100.07% | 87.12% | 4.2 | 3.8 | 8.1 | 9.2 | 8.3 | 3 | 0 | 0 | 2 | 1 | 0 | 90.91% | 9.09% | 16.92% |
| | Respiratory Unit | 38 | 96.69% | 93.74% | 95.10% | 99.02% | 99.03% | 87.86% | 4.2 | 3.9 | 8.2 | 8.6 | 7.1 | 4 | 0 | 0 | 2 | 2 | 0 | 92.86% | 0.00% | 10.37% |
| | Modular | 20 | 96.23% | 97.25% | 92.15% | 101.17% | 104.33% | 93.71% | 2.9 | 3.1 | 5.9 | 6.1 | 8.1 | 2 | 0 | 1 | 0 | 0 | 0 | 50.00% | 50.00% | 9.52% |
| | Emergency Dept Team | | 92.49% | 95.73% | 89.62% | 99.27% | 100.13% | 87.54% | - | - | - | - | - | 5 | 1 | 2 | 19 | 6 | 0 | 72.66% | 19.53% | 9.98% |
| | Ward 60 Haematology Oncology Suite | | 90.74% | 78.94% | 90.74% | 100.00% | 100.00% | 78.94% | - | - | - | - | - | 0 | 0 | 0 | 0 | 0 | 0 | 100.00% | 0.00% | 8.71% |
| Planned Care | Renal Unit (Care) | | 82.64% | 94.99% | 82.64% | 100.00% | 100.00% | 94.99% | - | - | - | - | - | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Ward 52 | 28 | 96.34% | 103.08% | 90.88% | 101.08% | 101.73% | 104.16% | 4.3 | 3.9 | 8.2 | 8.2 | 8.7 | 3 | 0 | 0 | 1 | 0 | 0 | 75.00% | 0.00% | 5.88% |
| | Ward 53 | 28 | 95.71% | 90.13% | 93.67% | 100.39% | 98.92% | 83.29% | 3.3 | 3.0 | 6.4 | 6.8 | 8.1 | 6 | 0 | 1 | 3 | 0 | 0 | 75.00% | 6.25% | 21.62% |
| | Ward 54 | 28 | 100.53% | 93.36% | 96.88% | 100.88% | 106.42% | 88.32% | 3.3 | 2.9 | 6.3 | 6.5 | 9.1 | 2 | 0 | 0 | 0 | 1 | 0 | | | |
| | Ward 56 | 28 | 99.55% | 93.31% | 95.82% | 100.00% | 109.63% | 87.32% | 3.7 | 3.9 | 7.6 | 7.9 | 6.2 | 1 | 0 | 1 | 1 | 0 | 0 | 100.00% | 0.00% | 19.28% |
| | Critical Care | 15 | 82.94% | 83.81% | 83.60% | 85.19% | 73.30% | 68.54% | - | - | - | - | - | 1 | 0 | 0 | 1 | 0 | 0 | | | |
| TICC | Bluebell Unit | 24 | 105.52% | 94.91% | 99.33% | 96.77% | 113.04% | 94.25% | 3.1 | 3.2 | 6.3 | 6.4 | 8.1 | 3 | 0 | 2 | 0 | 0 | 0 | 0.00% | 100.00% | 3.85% |
| | EPH Stroke Rehab Unit Team | 17 | 98.49% | 96.09% | 96.92% | 98.39% | 99.90% | 95.27% | 3.7 | 4.7 | 8.4 | 8.6 | 8.7 | 2 | 0 | 0 | 1 | 0 | 0 | 100.00% | 0.00% | 9.09% |
| | Poppy Unit | 19 | 75.43% | 111.12% | 97.27% | 95.05% | 46.67% | 94.15% | 1.8 | 4.4 | 2.4 | 3.9 | 8.0 | 2 | 0 | 2 | 0 | 1 | 0 | 100.00% | 0.00% | 18.18% |
| W&C | Maternity Suite | | 93.92% | 68.99% | 93.78% | 68.99% | 94.15% | 95.79% | 33.1 | 1.9 | 35.2 | 2.7 | 9.0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | NNU | | 94.03% | 100.00% | 105.05% | 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% | 110.93% | 94.80% | 123.21% | 93.05% | 103.44% | 2.4 | 0.7 | 2.6 | 0.7 | 8.3 | 0 | 0 | 0 | 0 | 1 | 0 | | | |

**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%.

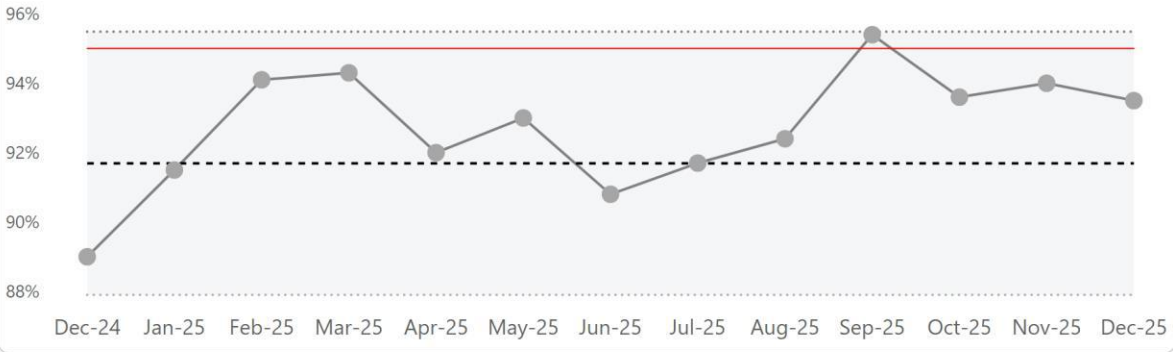
FFT is split into 6 options, very good, good, neither, poor, very poor and "don't know", for positive we look at very good and good, and negative is poor and very poor, thus you can see that some of the % do not total 100%.

# COCH IPR: VTE Compliance

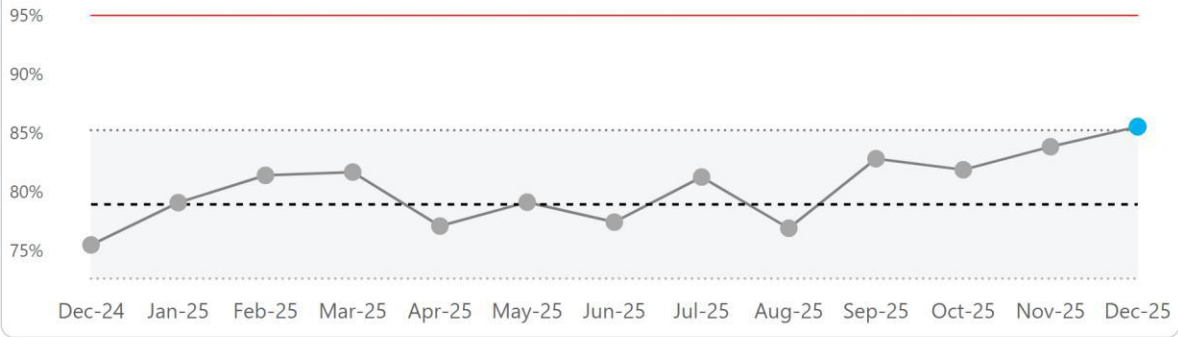
Owner: Nigel Scawn - Executive Medical Director

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 | Dec-25 | 85.5% | | | 95% | |
| VTE: Assessment Completed Compliance | Dec-25 | 93.5% | | | 95% | |

**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.**

**VTE Compliance Narrative**

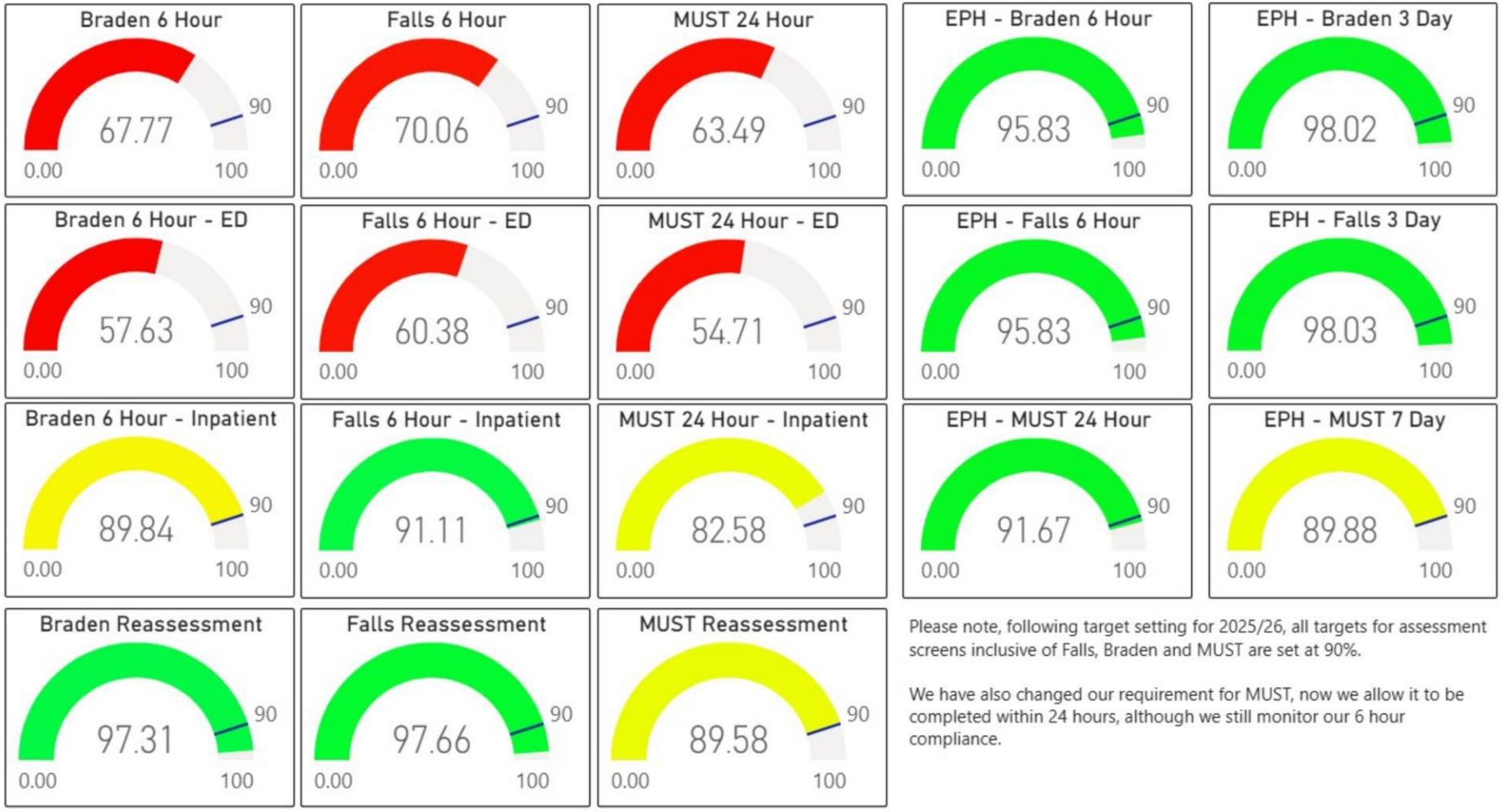
Following the return of the national submission for VTE, a review of the data capture and definitions was undertaken. Following this it was identified that in order for a VTE assessment to be classed as valid, the result of a patient being at risk must be finalised on the system. This has resulted in a drop in compliance but is a more accurate reflection of patient care. Compliance is closely monitored on weekly reports

# COCH IPR: Assessment screening compliance

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

Countess of Chester Hospital NHS Foundation Trust

**Dec-25**




Please note, following target setting for 2025/26, 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**

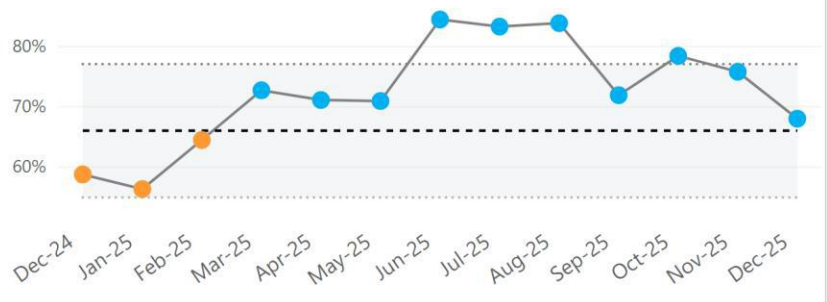
The above shows the monthly position and it is split between overall performance, ED and Inpatient, this is due to the clock starting from the time a patient has a decision to admit in ED, so if the patient spends the majority of their first 6 hours in ED, they are assigned to ED.

# COCH IPR: Assessment screening compliance

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

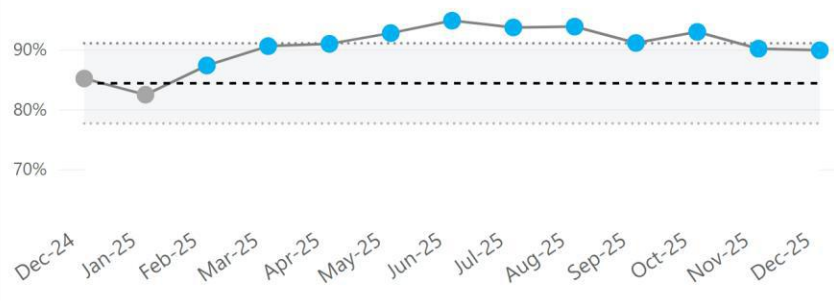
NHS Countess of Chester Hospital NHS Foundation Trust

## Overall Braden 6 hr Compliance

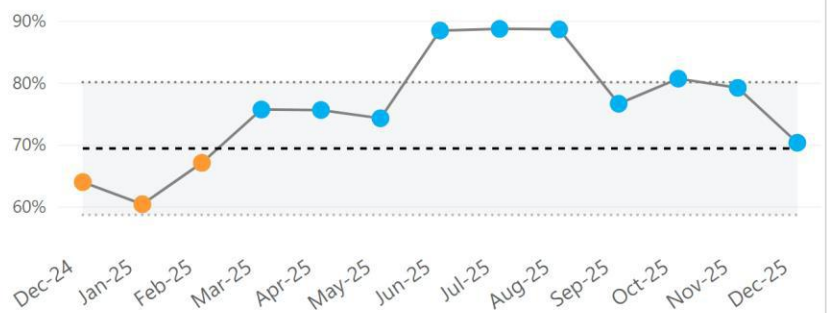



## ED Braden 6 hr Compliance

## Inpatient Braden 6 hr compliance

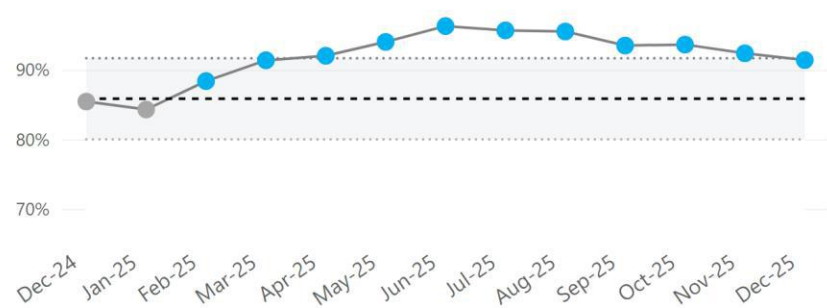



## Overall Falls 6 hr Compliance




## ED Falls 6 hr Compliance

## Inpatient Falls 6 hr compliance




## Overall MUST 24 hr compliance

## ED MUST 24 hr Compliance

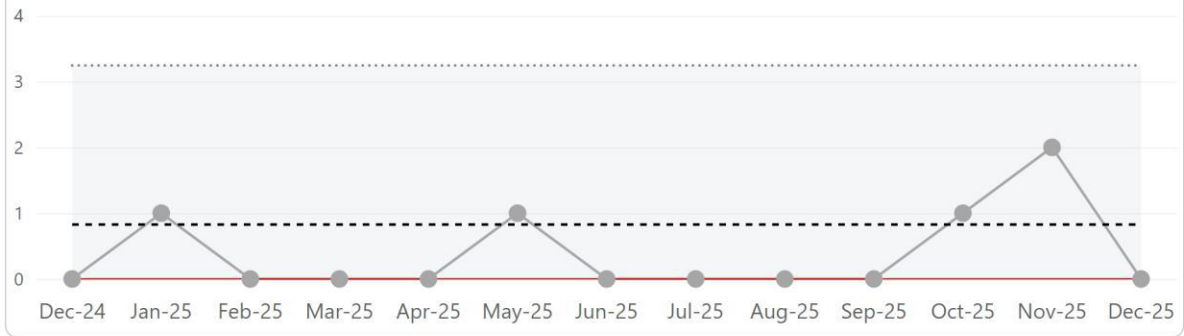
## Inpatient MUST 24 hr compliance

# COCH IPR: Serious incidents

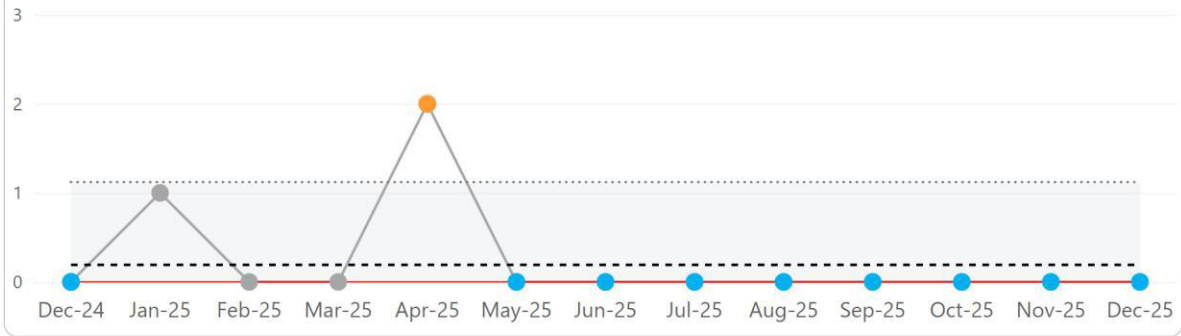
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

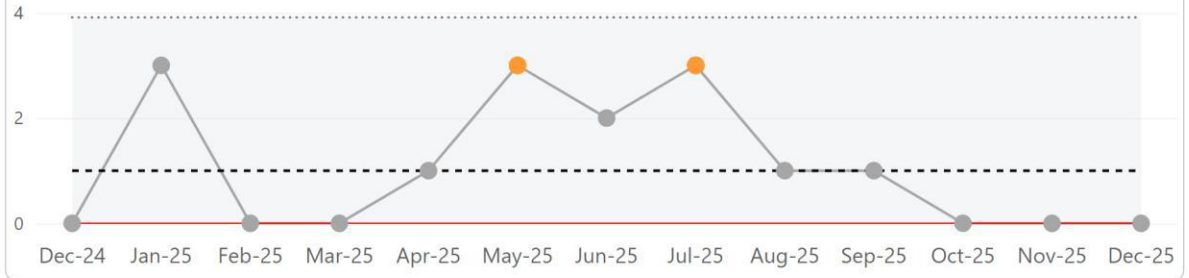
## Incidents: StEIS reported incidents




## Incidents: Never events




## Incidents: Mixed sex accomodation incidents




| Metric | Period | Value | Variation | Assurance | Target | Benchmark |
|---|---|---|---|---|---|---|
| Incidents: StEIS reported incidents | Dec-25 | 0 | | | 0 | |
| Incidents: Never events | Dec-25 | 0 | | | 0 | |
| Incidents: Mixed sex accomodation incidents | Dec-25 | 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**

The Trust have reported six patient safety incidents to Strategic Executive Information System (StEIS) since April 2025, including two Never Events.

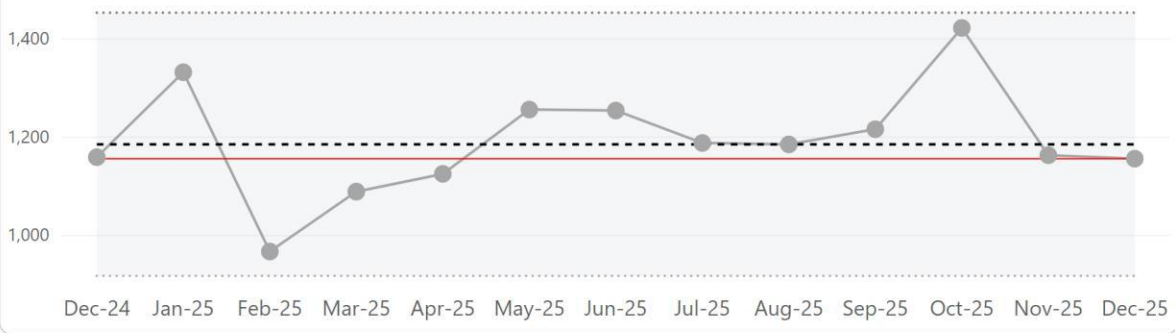
The Trust reported 2 MSA incidents in both November and December 2025 but both were deemed as justified due to the need for Cardiac monitoring and therefore are not required to be reported to NHS England.

# COCH IPR: Incidents

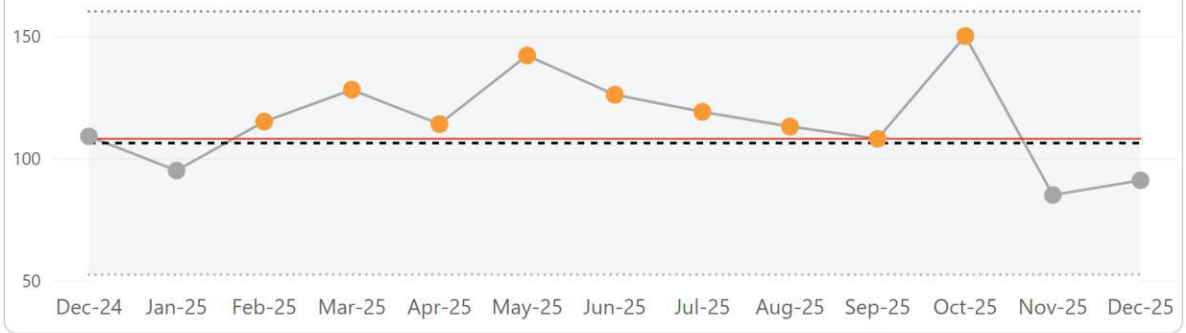
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

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

**Incidents Narrative:**

There were 81 incidents reported of moderate harm and above. 39 these incidents relate to skin integrity of which 25 were pressure ulcers present on arrival.

There were 69 moderate incidents and 12 severe. Of the severe 5 were relating to present on arrival pressure ulcers.

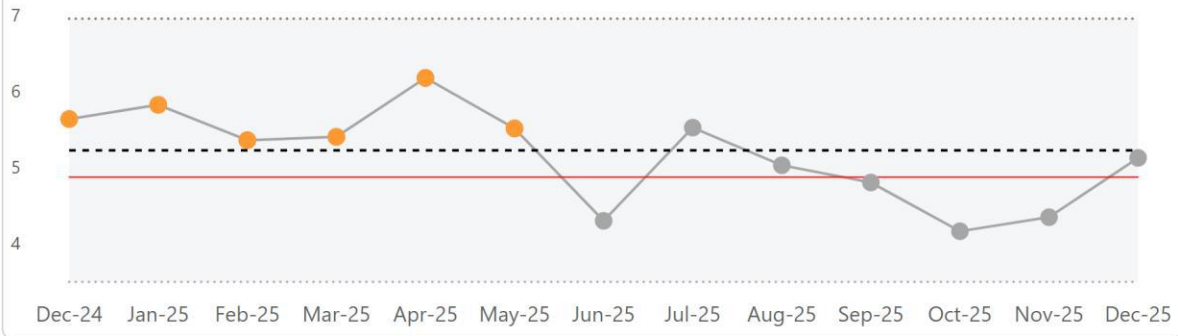
| Metric | Period | Value | Variation | Assurance | Target | Benchmark |
|---|---|---|---|---|---|---|
| Incidents: All incidents | Dec-25 | 1155 | | | 1155 | |
| Incidents: All incidents with moderate harm and above | Dec-25 | 80 | | | 40 | |
| Incidents: Medication incidents | Dec-25 | 91 | | | 108 | |
| Incidents: Medication incidents with harm | Dec-25 | 7 | | | 0 | |

# COCH IPR: Falls

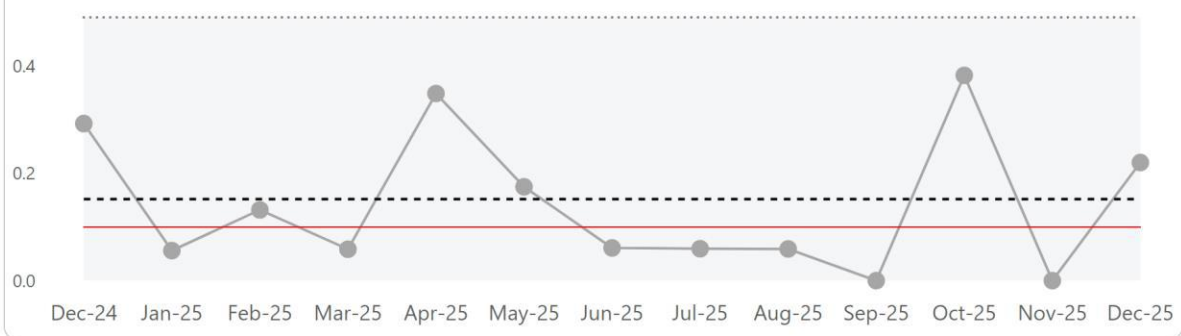
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

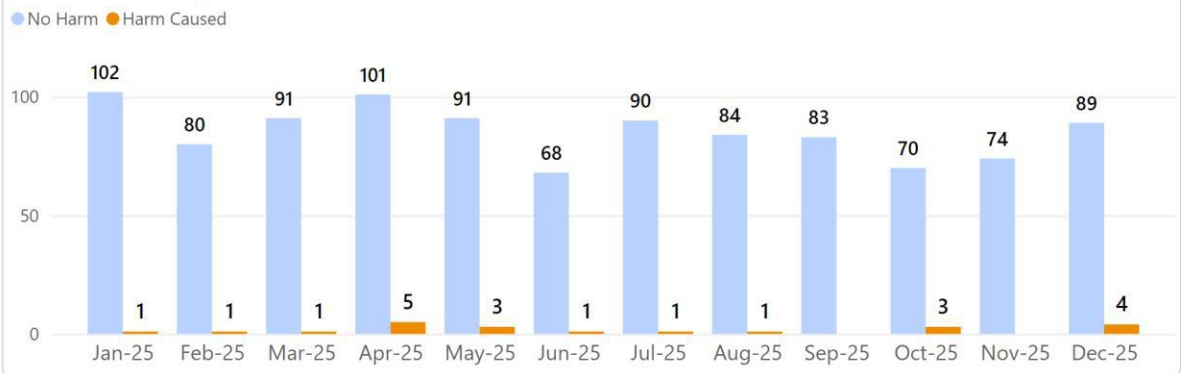
## Falls: All - Rate Per 1000 Bed Days




## Falls: With Harm - Rate Per 1000 Bed Days




## Falls Split By Harm Caused




| Metric | Period | Value | Variation | Assurance | Target | Benchmark |
|---|---|---|---|---|---|---|
| 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 | |

**Falls Narrative**

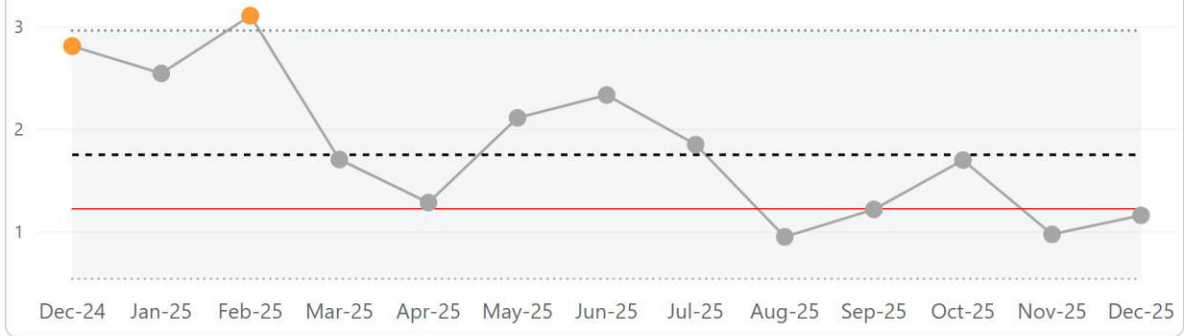
Increase in overall falls reported in December with 4 falls with harm. The 4 falls with harm occurred in 4 separate clinical areas. All 4 patients sustained a fracture, wrist, pubic rami, knee and acetabular. 2 falls occurred either in bathroom or way to bathroom, one was an assisted fall, and one was unwitnessed. Full falls reviews either underway or completed

# COCH IPR: Pressure Ulcers

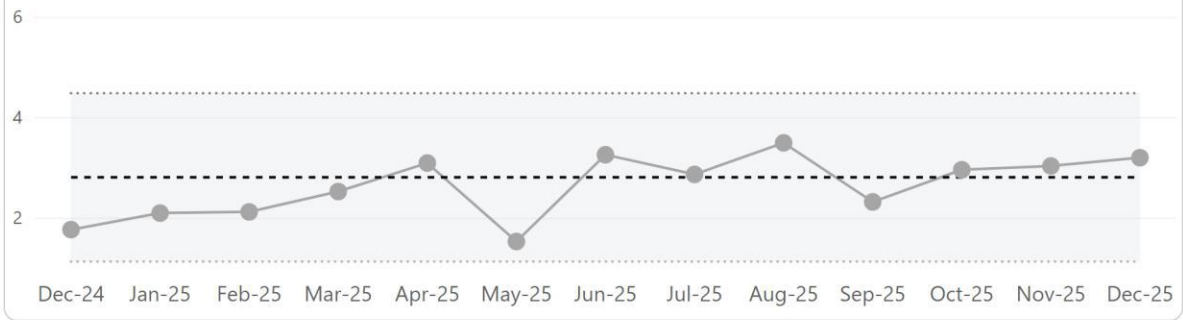
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

NHS Countess of Chester Hospital NHS Foundation Trust

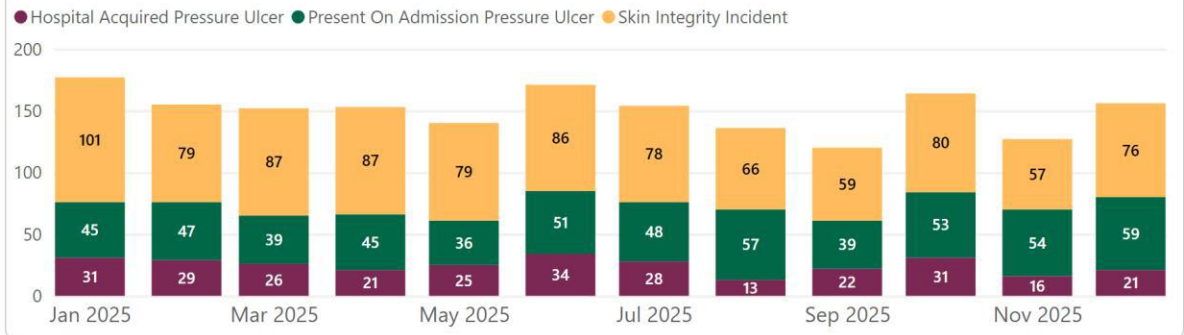
## Pressure ulcers: Hospital acquired - Rate per 1000 bed days



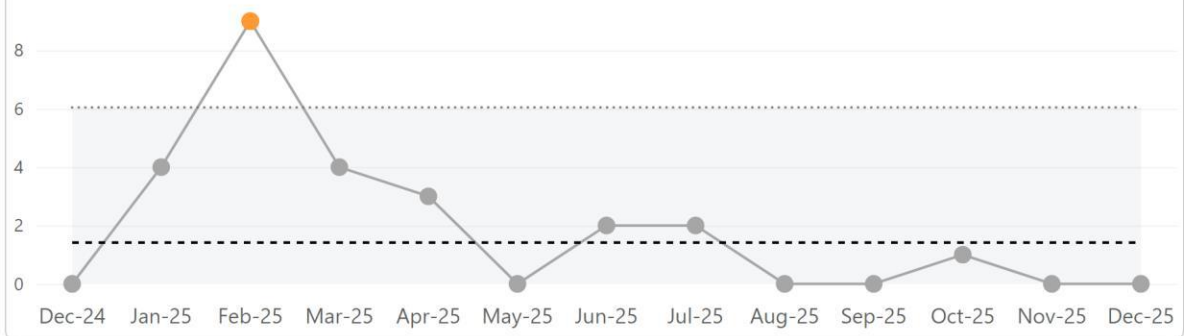

## Pressure ulcers: Present on admission - Rate per 1000 bed days




## Pressure Ulcers split by Type




## Incident Reporting: Lapses Leading to a Pressure Ulcer




| Metric | Period | Value | Variation | Assurance | Target | Benchmark |
|---|---|---|---|---|---|---|
| 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 | | | | |

### Pressure Ulcers 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 April 2024 explaining the step changes in place. 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.

There is now a weekly review of Pressure Ulcers with a focus in the Emergency Department to ensure patients are receiving appropriate mattress types on admission to reduce the risk of pressure ulcer occurence or deterioration of existing pressure ulcers. There is also a focus on undertaking skin inspection on admission to the Emergency Department with body map and photographs to provide evidence of pressure ulcers on admission.

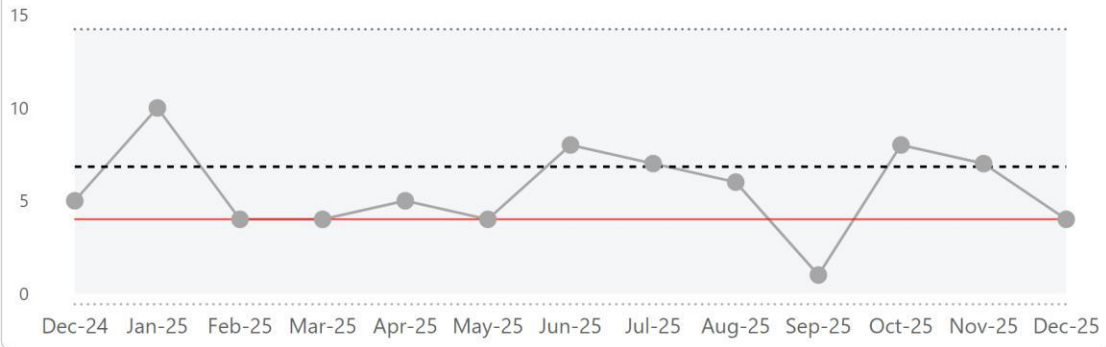
The SPC chart to the left identifies lapses in care that have led to a Pressure Ulcer developing, as this gives an indication of the total numbers that were avoidable. We can see a significant spike in Feb-25, with 3 allocated to Ward 51, 3 allocated to Ward 33, 2 to Ward 50 and 1 to respiratory. The key themes related to mattresses being required sooner, dietician referrals being required and a lack of documentation. Lapses are identified when the Pressure Ulcer review has been completed at the Trust's weekly Pressure Ulcer review meeting, and thus can be reported after the incident has been opened.

# COCH IPR: Infection Control

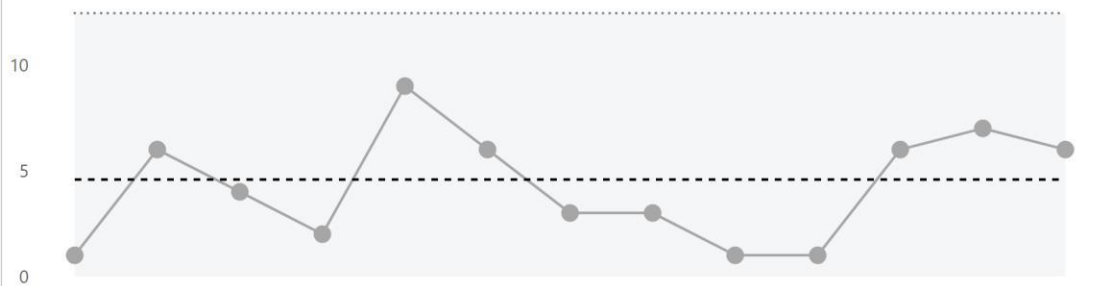
Owner: Sue Pemberton - Deputy Chief Executive Officer and Director of Nursing

Countess of Chester Hospital NHS Foundation Trust

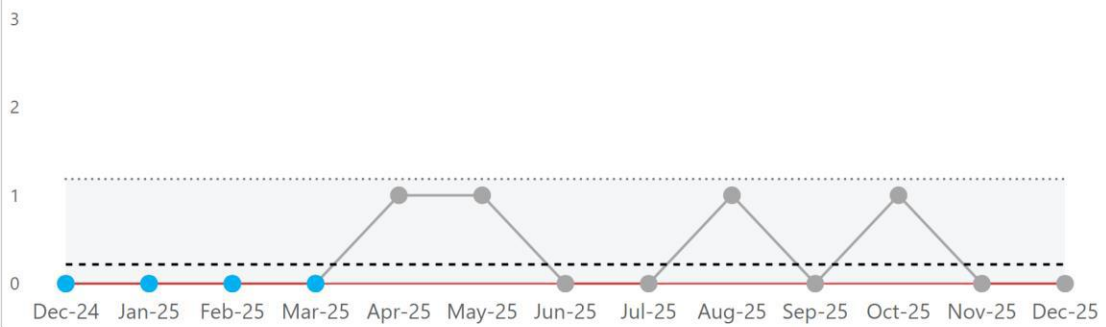
## Infection Control: C.Difficile Cases




## Infection Control: E-Coli Cases

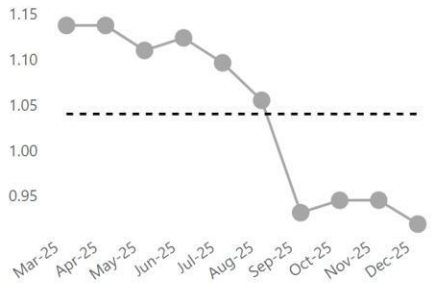



## Infection Control: MRSA Cases

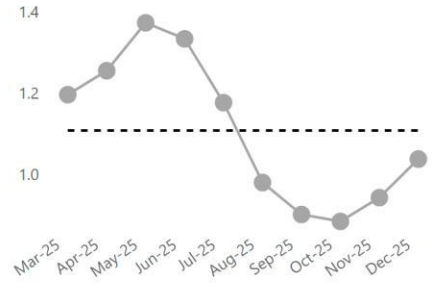



## NOF Infection control metrics: MRSA rolling 12 month number of cases, C.Difficile & E-Coli rolling 12 month case numbers v rolling 12 month threshold (NOF)

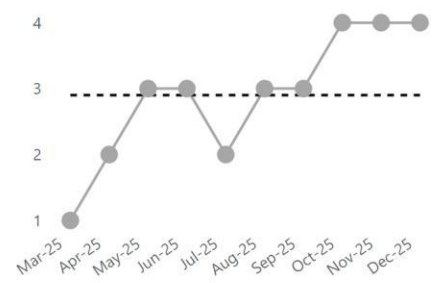
### C.Difficile



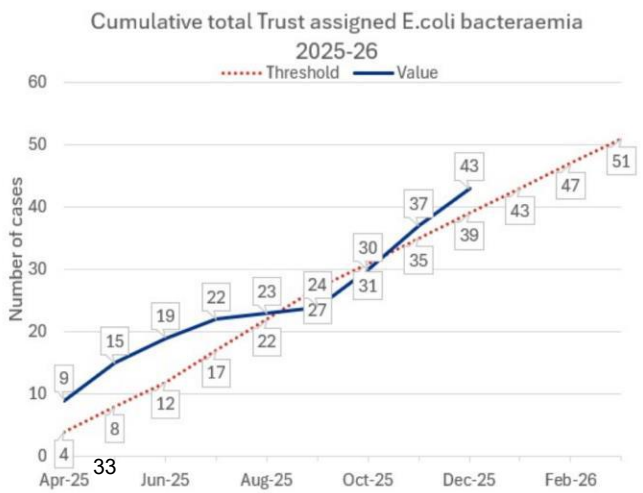

### E-Coli

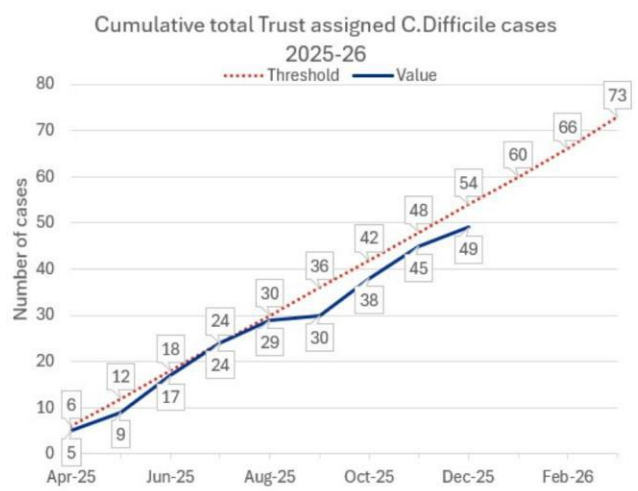



### MRSA




| Metric | Period | Value | Variation | Assurance | Target | Benchmark |
|---|---|---|---|---|---|---|
| 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 | |



The Trust has implemented new Sepsis reporting and the data shows internal metrics relating to patients who were diagnosed with Sepsis in their first Finished Consultant Episode (FCE), we then look back to the ED spell of those patients and see whether - upon a elevated NEWS score - that the correct sepsis protocols were followed:

1) Observations within an hour of arrival
2) Clinical assessment within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)
3) Antibiotics administered within an hour of elevated NEWS (high risk) or 3 hours (moderate risk)

With Clinical Assessment being timed on antibiotics being prescribed, as only the appropriate staff can authorise the prescription.

We expect the IPR metrics to develop as we review the roll out of the EPR solution.

| | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Benchmarking compared to regional figure (AQ - July 25) |
|---|---|---|---|---|---|---|---|---|---|
| **Observations carried out within 60 mins** | 91.7% | 95.1% | 96.4% | 93.8% | 100.0% | 92.6% | 94.1% | 91.7% | 91.80% |
| **Clinical assessment compliance** | 85.4% | 68.3% | 60.7% | 84.4% | 86.7% | 70.4% | 85.3% | 91.7% | 60.50% |
| **Antibiotic compliance** | 54.2% | 56.1% | 42.9% | 65.6% | 73.3% | 59.3% | 79.4% | 83.3% | 68.10% |