

PUBLIC – Board of Directors
19th May 2026

Report	Agenda Item 12.	Integrated Performance Report (IPR) March 2026					
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			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	<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> 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. <p>Areas of positive assurance:</p> <ul style="list-style-type: none"> Over performance vs plan on the main RTT metrics A sustained reduction in ambulance turnaround times 						

	<ul style="list-style-type: none"> • A reduction in the number of patients receiving care on corridors • 0 cases of MRSA since October 2025 • Mandatory Training compliance remains compliant • Appraisal completion rates remain compliant and over target • Year-end financial position met plan. <p>Areas requiring improvement:</p> <ul style="list-style-type: none"> • Sepsis – Antibiotics administrated within 1 hour • Patient feedback – complaints open at month end • Patient feedback – Concerns opened within month • Emergency Medicine Performance (4 and 12 hour targets)
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.



Countess of
Chester Hospital
NHS Foundation Trust

Integrated Performance Report

Report to end of March 2026



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
- . 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)?

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

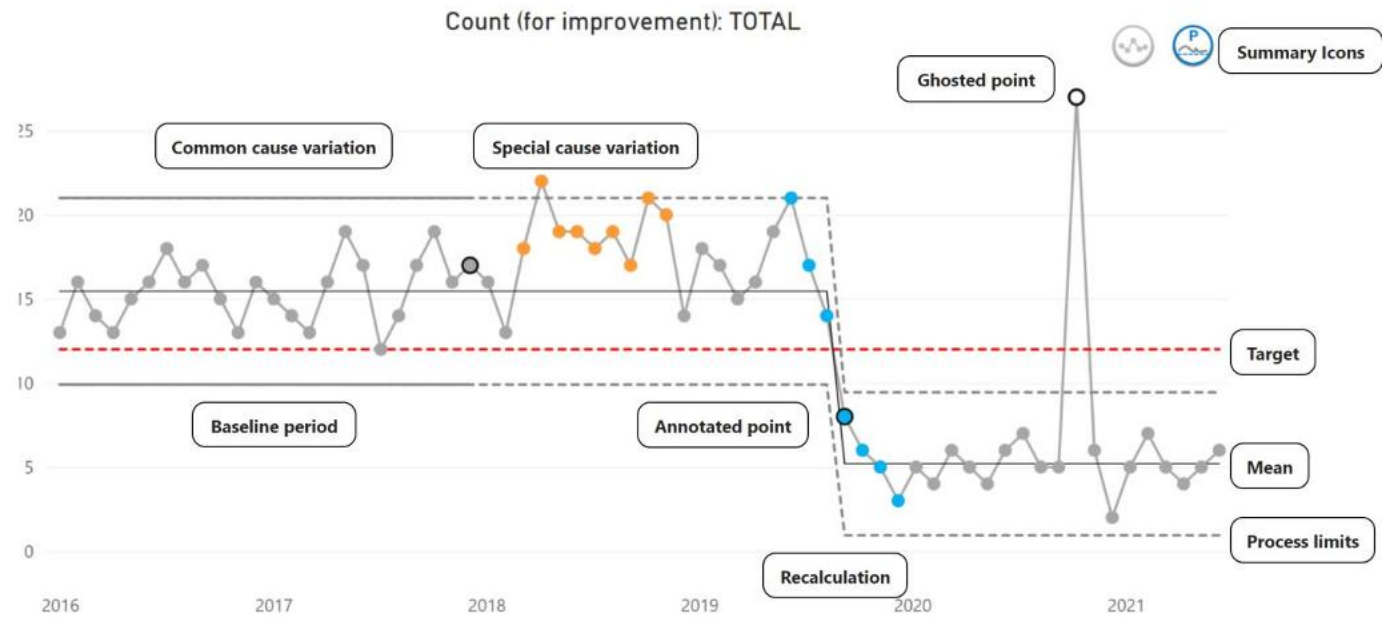
Summary icons are shown in the top-right of the chart and explained on the *Icon Descriptions* page.

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.

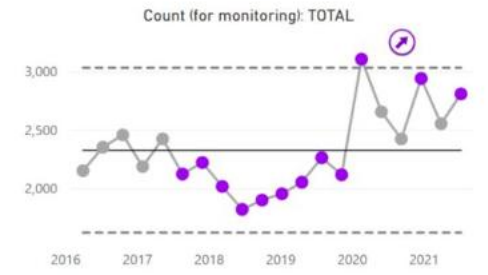
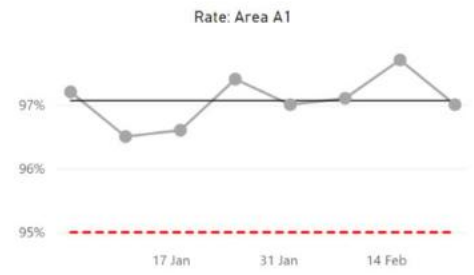
Annotations

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.



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 RTT: Incomplete pathways - Waiting over 104 weeks Patient Initiated Follow Up (%) VTE: Assessment Completed Compliance Fill rates: Registered Staffing (%) Annual Appraisal Compliance Mandatory Training Compliance	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 78 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 - <i>no target, but indicator is "as expected"</i> Hospital Standardised Mortality Ratio (HSMR) - <i>no target, but indicator banding is "as expected"</i> FFT - IP Positive Rate - <i>Insufficient data points for assurance</i> Other Reduction in Agency Shifts over Cap Rates - <i>target to be identified</i>
Common Cause Variation 	Eclampsia Maternal Deaths	Cancer Treatments: 28 Day FDS Cancer Treatments: 31 Day Standard Cancer Treatments: 62 Day Standard Incidents: StEIS reported incidents Incidents: Never events Incidents: Mixed sex accommodation incidents Incidents: All 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 FFT: IP Response Rate Fill rates: Unregistered Staffing (%) Term Admission Rate PPH rate per 1000 Deliveries Tears rate per 1000 Deliveries Stillbirths Neonatal Deaths Sickness Absence Rate Reduction in Agency Shifts over Cap Rates: Medical & Dental	ED: Patients waiting no more than 4 hours (%) ED: Patients waiting no more than 4 hours - Type 1 (%) 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) Diagnostics: % waiting less than 6 weeks - All FFT: OP Response Rate	Mortality - Total Inpatient Deaths - <i>no target, but value is in the normal range</i> Present On Admission Pressure Ulcers Rate Per 1000 Bed Days - <i>target to be identified</i> Patient Feedback: Concerns Open At Month End - <i>target to be identified</i> FFT - A&E Positive Rate - <i>Insufficient data points for assurance</i> FFT - OP Positive Rate - <i>Insufficient data points for assurance</i> Women Delivered - <i>no target, but value is in the normal range</i> Live Births - <i>no target, but value is in the normal range</i> Births in Co-located MLU - <i>no target, but value is in the normal range</i>
Special Cause Concern 	Patient Feedback: Complaints Opened In Month	FFT: A&E Response Rate Better Payment Practice Code (value)	NC2R: Total Delayed Days Patient Feedback: Complaints Open At Month End Better Payment Practice Code (number)	Patient Feedback: Concerns Open At Month End

Latest NOF published on 18th March. NOF published quarterly with next release expected early June.

SCORED METRICS (Contributing to Segmentation)

Metric	Type	Target or Threshold	Latest (local version)			Q3 2025/26 (published)			Q2 2025/26 (published)			Rank	Latest published				Overall Domain Score	Overall Domain Segment
			Time period	*	Value	Time period	*	Value	Time period	*	Value		Score 1	Score 2	Score 3	Score 4		
ACCESS TO SERVICES DOMAIN																		
% patients waiting <18 weeks (absolute)	Acute	60%	Mar-26	↑	64.2%	Dec-25	↑	53.6%	Sep-25	↑	51.43%	122/131				3.79	3.09 (3.27)	4 (4)
% patients waiting <18 weeks (vs plan)	Acute	0%	Mar-26	↑	4.2%	Dec-25	↓	-2.07%	Sep-25	↑	-0.35%	74/131			2.76			
% patients waiting >52 weeks	Acute	1%	Mar-26	↑	0.90%	Dec-25	↑	4.36%	Sep-25	↑	7.61%	127/131			3.92			
% patients waiting >52 weeks (community)	Community	-	Mar-26	↑	13.20%	Dec-25	↓	13.25%	Sep-25	↑	9.78%	63/77			3.46			
% urgent referrals diagnosed within 4 weeks	Acute	80%	Dec-25 - Feb-26	↑	79.44%	Q3 2025/26	↑	78.89%	Q2 2025/26	↓	71.64%	46/118		2.13				
% patients treated within 62 days	Acute	75%	Dec-25 - Feb-26	↑	75.40%	Q3 2025/26	↑	77.07%	Q2 2025/26	↓	74.88%	35/118	1					
% A&E patients seen within 4 hours	Acute	78%	Jan-26 - Mar-26	↓	61.06%	Q3 2025/26	↓	62.33%	Q2 2025/26	↑	62.80%	117/123			3.87			
% A&E attendances >12 hours**	Acute	0%	Jan-26 - Mar-26	↓	17.58%	Q3 2025/26	N/A	14.86%	Q2 2025/26	↑	19.69%	113/123			3.75			
EFFECTIVENESS & EXPERIENCE DOMAIN																		
Summary Hospital Level Mortality Indicator	Acute	As Expected	Dec-24 - Nov-25	↔	As Expected	Oct-25 - Dec-25	↔	As Expected	Jul-24 - Jun-25	↔	As Expected	S2		2			2.57 (2.59)	4 (4)
Discharge delays (bed days lost) - including zero days - metric has changed	Acute	-	Feb-26	↑	2.00	Dec-25	↓	2.20	Sep-25	↓	2.03	126/127			3.98			
CQC inpatient satisfaction	Acute		Pending update from CQC			2023	↔	2	2023	↔	2	S2		2				
Urgent Community Response 2-hour performance	Community	70%	Dec-25 - Feb-26	↓	81.44%	Q3 2025/26	↑	82.64%	Q2 2025/26	↑	81.77%	28/50			2.32			
PATIENT SAFETY DOMAIN																		
Staff survey - raising concerns	Acute/Community		Annual based metric			2024	↔	5.93%	2024	↔	5.93	127-128/134				3.84	2.98 (2.79)	4 (3)
CQC safe inspection score	Acute/Community		Pending update from CQC			Q3 2025/26	↔	3	Q2 2025/26	↔	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	77-89/134			3.01			
C-Difficile infections (rate)	Acute	<1	Apr-25 - Mar-26	↓	0.89	Jan-25 - Dec-25	↑	0.93	Oct-24 - Sep-25	↑	0.93	30/134	1					
E-Coli infections (rate)	Acute	<1	Apr-25 - Mar-26	↑	1.13	Jan-25 - Dec-25	↓	1.08	Oct-24 - Sep-25	↑	0.9	38-39/134		2.24				
PEOPLE & WORKFORCE DOMAIN																		
Sickness absence rate	Acute/Community	-	Q3 2025/26	↓	6.18%	Q2 2025/26	↓	5.13%	Q1 2025/26	↑	4.96%	74-75/134		2.34			3.07 (3.22)	4 (4)
Staff survey engagement score	Acute/Community	-	Annual based metric			Dec-24	↔	6.48	Dec-24	↔	6.48	125-126/134				3.8		
FINANCE & PRODUCTIVITY DOMAIN																		
Combined finance score (planned vs variance)	All Trusts		Nationally calculated			Q3 2025/26	↔	4	Q2 2025/26		4	85-134/134				4	3.31 (3.58)	4 (4)
Planned surplus/deficit	Acute/Community	Breakeven/ Surplus	Annual based metric			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%	122/134				4		
Implied productivity level	Acute	4% imp	N/A			Sep-25	↑	2.50%	Jun-25	↓	-0.16%	73-74/134			2.62			

* arrow denotes improvement or deterioration from previous score

**metric change between Q2 and Q3

Operational Metrics	Period	Value	Variation	Assurance	Target
ED: Patients waiting no more than 4 hours (%)	Mar-26	61.2%			78%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Mar-26	49.3%			78%
ED: Patients waiting over 12 hours	Mar-26	1320			0
ED: Patients waiting over 12 hours from decision to admit to admission	Mar-26	775			0
Ambulance: Handovers 30-60 minutes	Mar-26	520			0
Ambulance: Handovers 60+ minutes	Mar-26	37			0
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Mar-26	64.2%			60%
RTT: Incomplete pathways - Total	Mar-26	27662			26110
RTT: Incomplete pathways - Waiting over 52 weeks	Mar-26	238			0
RTT: Incomplete pathways - Waiting over 65 weeks	Mar-26	1			0
RTT: Incomplete pathways - Waiting over 78 weeks	Mar-26	0			0
RTT: Incomplete pathways - Waiting over 104 weeks	Mar-26	0			0
RTT Wait for 1st OP Appt - % waiting <18 weeks	Mar-26	61.6%			67%
Patient Initiated Follow Up (%)	Mar-26	6.3%			5%
Diagnostics: % waiting less than 6 weeks - All	Mar-26	83.7%			99%
Cancer Treatments: 28 Day FDS	Feb-26	83.8%			80%
Cancer Treatments: 31 Day Standard	Feb-26	93.7%			96%
Cancer Treatments: 62 Day Standard	Feb-26	76.6%			75%
NC2R: Total Delayed Days	Mar-26	4268			1740
E-Discharge Overall Compliance (within 24hr %)	Mar-26	72.2%			95%

Maternity Metrics	Period	Value	Variation	Assurance	Target
Women Delivered	Mar-26	155			
Live Births	Mar-26	157			
Births in Co-located MLU	Mar-26	9			
Term Admission Rate	Mar-26	3.8%			4.8%
Deliveries by Caesarean Sections Rate	Mar-26	45.2%			
PPH rate per 1000 Deliveries	Mar-26	64.5			30
Tears rate per 1000 Deliveries	Mar-26	0			28
Eclampsia	Mar-26	0			0
Maternal Deaths	Mar-26	0			0
Stillbirths	Mar-26	0			0
Neonatal Deaths	Mar-26	0			0

Quality & Safety Metrics	Period	Value	Variation	Assurance	Target
Mortality: SHMI	Nov-25	88.4			
Mortality: Total inpatient deaths	Mar-26	92			
Incidents: StEIS reported incidents	Mar-26	1			0
Incidents: Never events	Mar-26	1			0
Incidents: Mixed sex accomodation incidents	Mar-26	0			0
Incidents: All incidents	Mar-26	1141			1155
Incidents: All incidents with moderate harm and above	Mar-26	55			40
Incidents: Medication incidents	Mar-26	101			108
Incidents: Medication incidents with harm	Mar-26	3			0
Falls: All - Inpatient Rate Per 1000 Bed Days	Mar-26	3.87			4.87
Falls: With Harm - Inpatient Rate Per 1000 Bed Days	Mar-26	0.224			0.1
Pressure ulcers: Hospital acquired - Rate per 1000 bed days	Mar-26	1.63			1.22
Pressure ulcers: Present on admission - Rate per 1000 bed days	Mar-26	2.69			
Infection Control: C.Difficile Cases	Mar-26	4			4
Infection Control: MRSA Cases	Mar-26	0			0
Patient Feedback: Complaints Opened In Month	Mar-26	15			40
Patient Feedback: Complaints Open At Month End	Mar-26	40			7
Patient Feedback: Concerns Opened In Month	Mar-26	371			229
Patient Feedback: Concerns Open At Month End	Mar-26	158			
FFT: A&E Positive Rate	Mar-26	74.6%			95%
FFT: IP Positive Rate	Mar-26	89.4%			95%
FFT: OP Positive Rate	Mar-26	92.3%			95%
VTE: Assessment Completed Compliance	Mar-26	96.5%			95%
VTE: 14 Hour Compliance	Mar-26	91.9%			95%

HR & Finance Metrics	Period	Value	Variation	Assurance	Target
Sickness Absence Rate	Mar-26	5.1%			5%
Staff Turnover Percentage	Mar-26	7.9%			10%
Annual Appraisal Compliance	Mar-26	83.0%			80%
Mandatory Training Compliance	Mar-26	90.2%			90%
Reduction in Agency Shifts over Cap Rates: Medical & Dental	Mar-26	226			120
Reduction in Agency Shifts over Cap Rates: Nursing & Midwifery	Mar-26	95			1200
Reduction in Agency Shifts over Cap Rates: Other	Mar-26	235			
Better Payment Practice Code (value)	Mar-26	89.9%			95%
Better Payment Practice Code (number)	Mar-26	90.8%			95%

Highlights:

ED:

- Compared to previous month, the Trust saw an improvement in performance of 1.2% in the 4 hour standard to 61.2% and 12-hour performance improved by 0.9% to 23.9%
- Mean ambulance handover time deteriorated by 1 minute to 27 minutes. Despite this, the Trust's performance against this standard was well within performance target (45 mins).
- March saw the highest number of ED attendances at COCH on record (8089) , 394 attendances higher than same period last year (Mar '25) with attendances in 25/26 finishing 8% higher than plan.

RTT:

- Overall RTT 18-week compliance improved by 5.8% to 64.2%. Overall, the Trust finished the financial year 4.2% ahead of both plan and performance target of 60%.
- % of pathways >52 weeks improved by 2.3% to 0.9%. The Trust, finished the financial year 0.1% ahead of both plan and performance target of <1%.

Cancer:

FDS performance increased to 83.8% in February (↑ 9.1%) and delivered against target (80%) There was broad improvement across most tumour sites, with only three tumour sites not achieving the FDS target in month (Gynae, skin and urology).

31 day performance improved to 93.7% (↑ 9.9%) however did not achieve target (96%). Most tumour sites achieved 100% with breaches in skin and head and neck only.

62-day standard improved to 76.67% (↑ 3.7%) achieving the national standard (75%).

Diagnostics:

6-week diagnostic performance deteriorated to 83.7% (↓2.7%)

MRI and DEXA saw a reduction in capacity due to short term workforce pressures. Audiology was also impacted with an increase in demand for long waiting patients from ENT however this should not be the case moving forward.

Echocardiography performance improved from 50.2% to 56.7%

Areas of Concern:

ED

Despite of an improvement in 4-hour performance compared to previous month, performance remains significantly off the Trust's performance against plan and performance target of 78% .

Attendances continues to remain well above planned levels and, in addition, NCTR significantly increased in March compared to previous month (4268/ 3438 delayed days) and was the highest seen during 25/26. Both these factor contributed significantly to increased congestion within the ED

Forward Look:

- ED: Revised Patient Flow Improvement Programme to commence in April focusing on three key workstreams) Admission avoidance, UEC and Discharges.
- RTT: Insourcing to continue in April. Planning for the development of tier 2 services for ENT and Dermatology in conjunction with CP to continue.
- Diagnostics: Continue with additional capacity being provided in via insourcing to improve position within echocardiography.

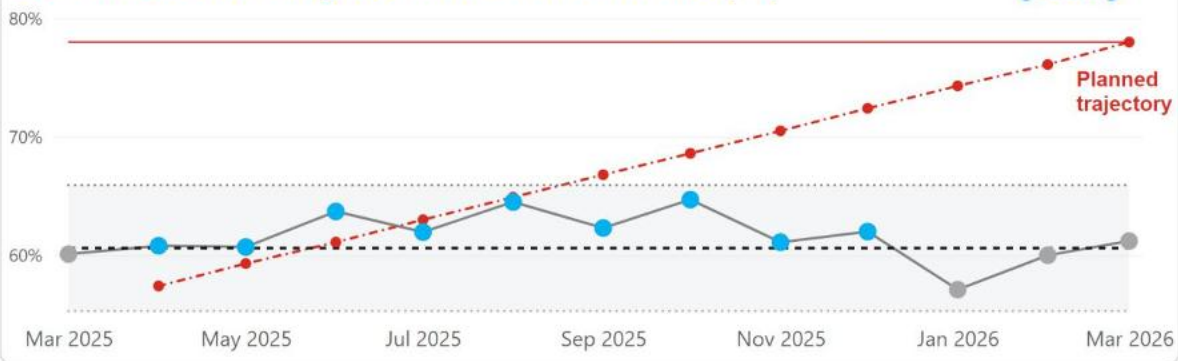
COCH IPR: Operational Performance Scorecard

Operational Metrics	Period	Value	Variation	Assurance	Target	Benchmark
ED: Patients waiting no more than 4 hours (%)	Mar-26	61.2%			78%	Mar 26 77.1%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Mar-26	49.3%			78%	Mar 26 64.1%
ED: Paediatric Patients waiting no more than 4 hours (%)	Mar-26	88.5%				
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Mar-26	83.6%				
ED: Patients waiting over 12 hours - Type 1 (%)	Mar-26	23.9%				Jan 26 13.1%
ED: Patients waiting over 12 hours (%)	Mar-26	16.3%			0%	
ED: Patients waiting over 12 hours	Mar-26	1320			0	
ED: Patients waiting over 12 hours - Type 1	Mar-26	1295				
ED: Attendances	Mar-26	8089				
ED: Attendances - Type 1	Mar-26	5416				
ED: Attendances - Type 3	Mar-26	2673				
ED: Patients waiting over 12 hours from decision to admit to admission	Mar-26	775			0	
ED: Attendances with a stay in a corridor location	Mar-26	673				
ED: Attendances for mental health conditions	Mar-26	140				
ED: Mental Health patients waiting over 12 hours	Mar-26	38				
Avg Time To Ambulance Handover (mins)	Mar-26	27				
Ambulance: Handovers 30-60 minutes	Mar-26	520			0	
Ambulance: Handovers 60+ minutes	Mar-26	37			0	
Ambulance: Total Ambulance Arrivals	Mar-26	1572				
% of patients admitted following ED attendance - aged under 18	Mar-26	12.7%				
% of patients admitted following ED attendance - aged over 65	Mar-26	46.2%				
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Mar-26	64.2%			60%	Feb 26 62.5%
RTT: Incomplete pathways - Total	Mar-26	27662			26110	
RTT: Incomplete pathways - Waiting over 52 weeks	Mar-26	238			0	
RTT: Incomplete pathways - Waiting over 65 weeks	Mar-26	1			0	
RTT: Incomplete pathways - Waiting over 78 weeks	Mar-26	0			0	
RTT: Incomplete pathways - Waiting over 104 weeks	Mar-26	0			0	
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Mar-26	0.9%			1%	Feb 26 1.7%
RTT Wait for 1st OP Appt - % waiting <18 weeks	Mar-26	61.6%			67%	
Patient Initiated Follow Up (%)	Mar-26	6.3%			5%	Feb 26 4.3%

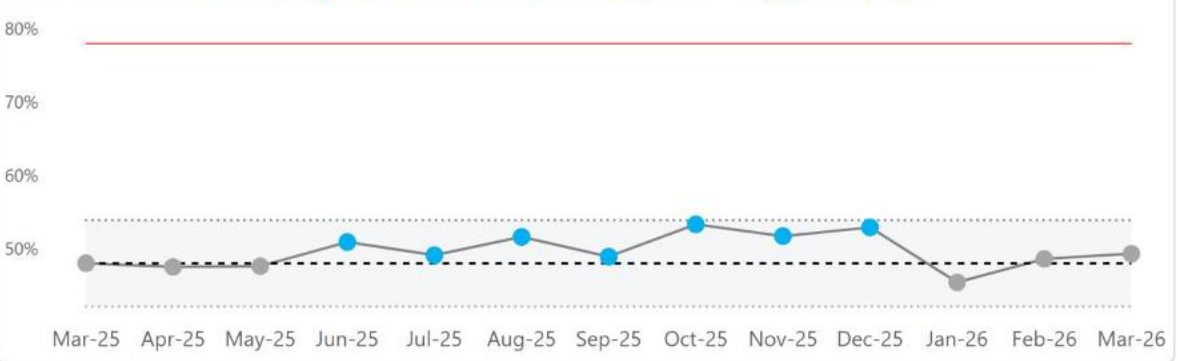
Operational Metrics	Period	Value	Variation	Assurance	Target	Benchmark
DNA Rates (%)	Mar-26	5.4%				Feb 26 5.8%
Advice and Guidance Utilisation Rate	Feb-26	24.1				Jan 26 33.8
Advice and Guidance Diversion Rate (%)	Feb-26	17.1%				Jan 26 21.2%
Diagnostics: % waiting less than 6 weeks - All	Mar-26	83.7%			99%	Feb 26 79.8%
Diagnostics: % waiting less than 6 weeks - Magnetic Resonance Imaging	Mar-26	90.4%			99%	Feb 26 80.1%
Diagnostics: % waiting less than 6 weeks - Computed Tomography	Mar-26	99.7%			99%	Feb 26 90.7%
Diagnostics: % waiting less than 6 weeks - Non-obstetric ultrasound	Mar-26	91.6%			99%	Feb 26 83.7%
Diagnostics: % waiting less than 6 weeks - Barium Enema	Mar-26	100.0%			99%	Feb 26 82.2%
Diagnostics: % waiting less than 6 weeks - DEXA Scan	Mar-26	72.9%			99%	Feb 26 88.5%
Diagnostics: % waiting less than 6 weeks - Audiology - Adult Assessments	Mar-26	75.8%			99%	
Diagnostics: % waiting less than 6 weeks - Audiology - Paediatric Assessments	Mar-26	53.5%			99%	
Diagnostics: % waiting less than 6 weeks - Echocardiography	Mar-26	56.7%			99%	Feb 26 76.3%
Diagnostics: % waiting less than 6 weeks - Respiratory physiology - sleep studies	Mar-26	86.4%			99%	Feb 26 74.9%
Diagnostics: % waiting less than 6 weeks - Colonoscopy	Mar-26	85.6%			99%	Feb 26 70.4%
Diagnostics: % waiting less than 6 weeks - Flexi sigmoidoscopy	Mar-26	89.9%			99%	Feb 26 70.2%
Diagnostics: % waiting less than 6 weeks - Cystoscopy	Mar-26	100.0%			99%	Feb 26 76.2%
Diagnostics: % waiting less than 6 weeks - Gastroscopy	Mar-26	77.9%			99%	Feb 26 73.1%
Cancer Treatments: 28 Day FDS	Feb-26	83.8%			80%	Feb 26 80.5%
Cancer Treatments: 31 Day Standard	Feb-26	93.7%			96%	Feb 26 93.0%
Cancer Treatments: 62 Day Standard	Feb-26	76.6%			75%	Feb 26 68.6%
NC2R: Total Delayed Days	Mar-26	4268			1740	
E-Discharge Overall Compliance (within 24hr %)	Mar-26	72.2%			95%	
Community: % of patients waiting over 52 weeks	Mar-26	13.2%				Feb 26 41.7%
Community: Total patients waiting over 52 weeks	Mar-26	200				
Urgent Community Response 2-Hour performance	Feb-26	84.0%				



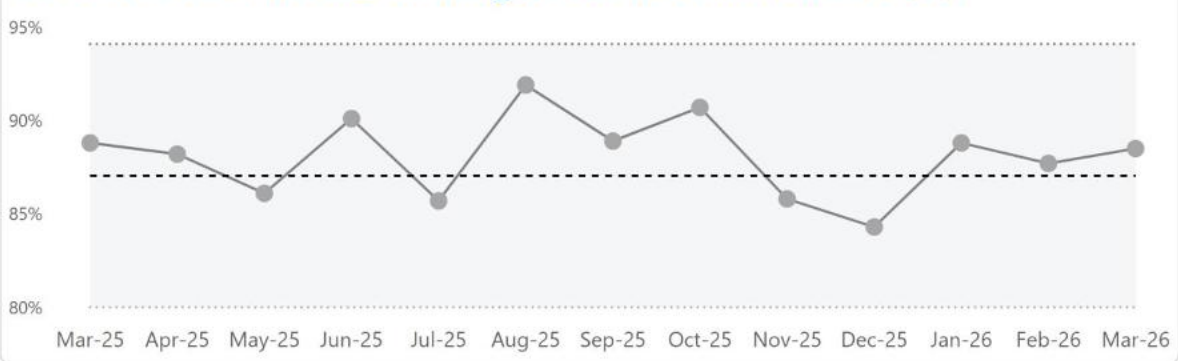
ED: Patients waiting no more than 4 hours (%) (NOF)



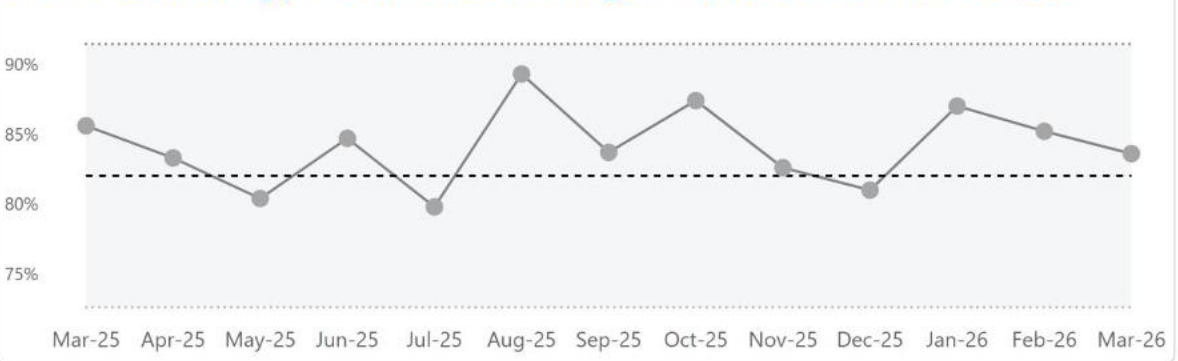
ED: Patients waiting no more than 4 hours - Type 1 (%)



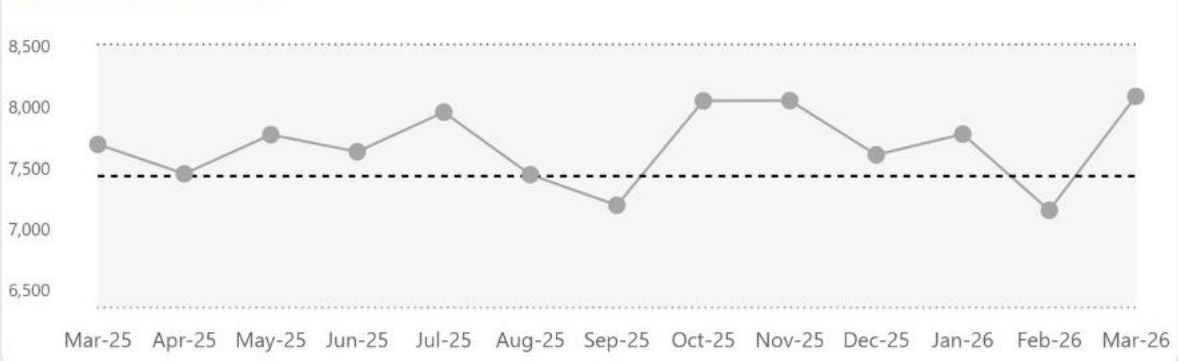
ED: Paediatric Patients waiting no more than 4 hours (%)



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

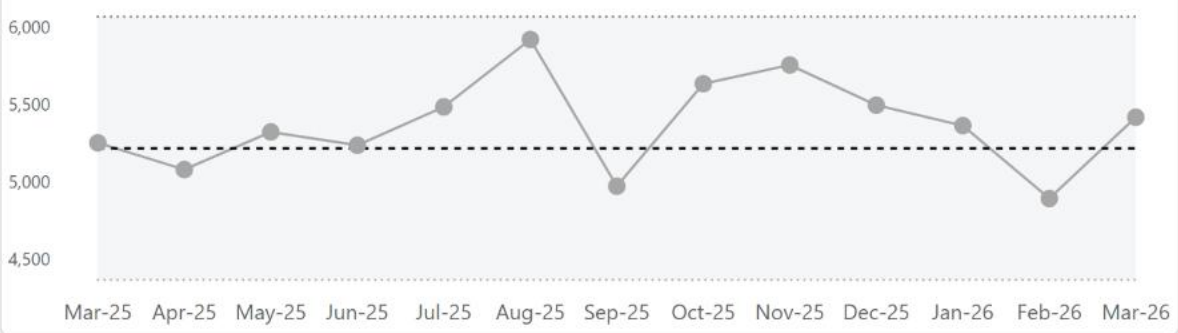


ED: Attendances

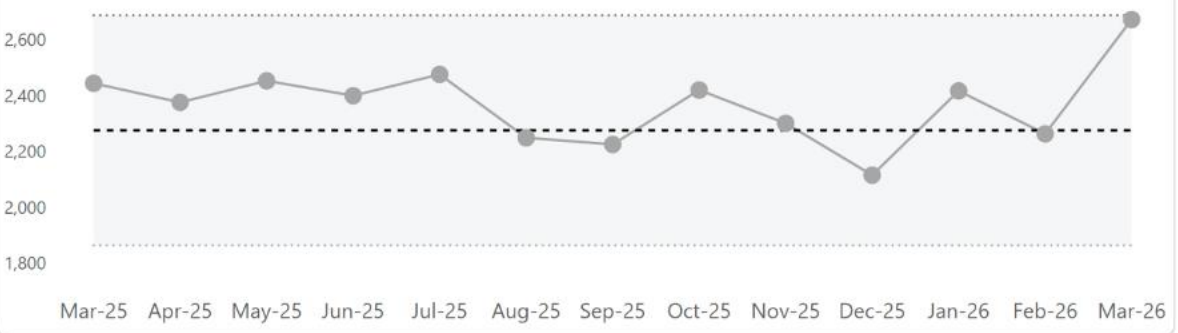


Metric	Period	Value	Variation	Assurance	Target Benchmark
ED: Paediatric Patients waiting no more than 4 hours (%)	Mar-26	88.5%	🟢		
ED: Paediatric Type 1 Patients waiting no more than 4 hours (%)	Mar-26	83.6%	🟢		
ED: Patients waiting no more than 4 hours (%)	Mar-26	61.2%	🟡🔴		78% Mar 26 77.1%
ED: Patients waiting no more than 4 hours - Type 1 (%)	Mar-26	49.3%	🟡🔴		78% Mar 26 64.1%
ED: Attendances	Mar-26	8089	🟢		

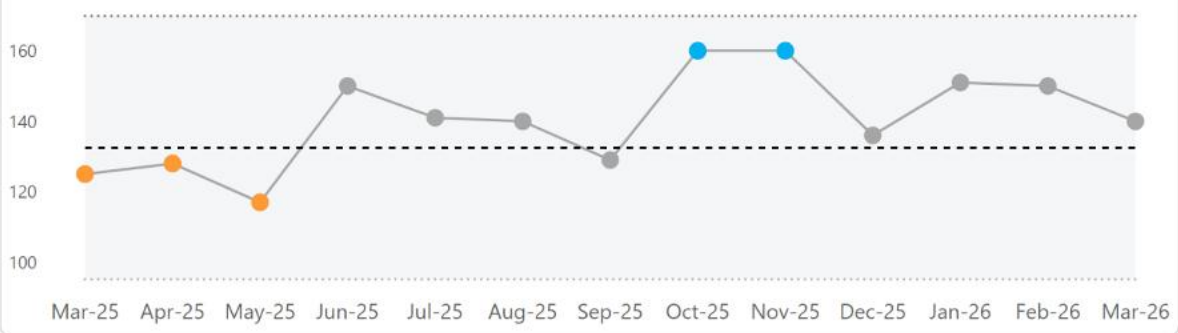
ED: Attendances - Type 1



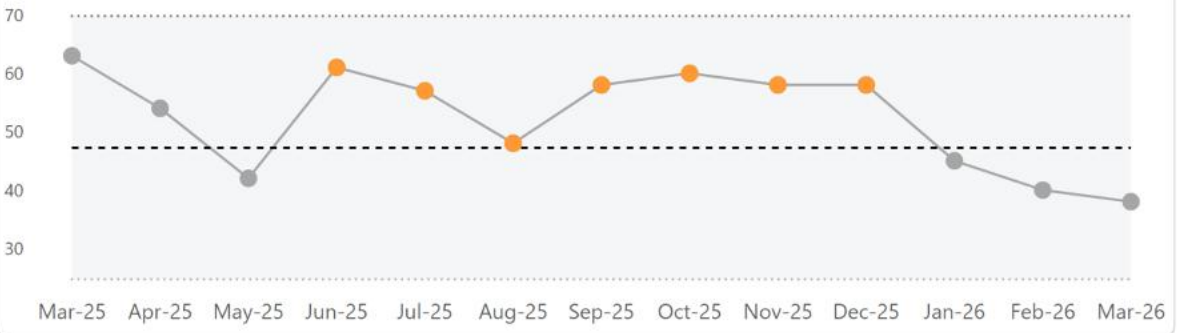
ED: Attendances - Type 3



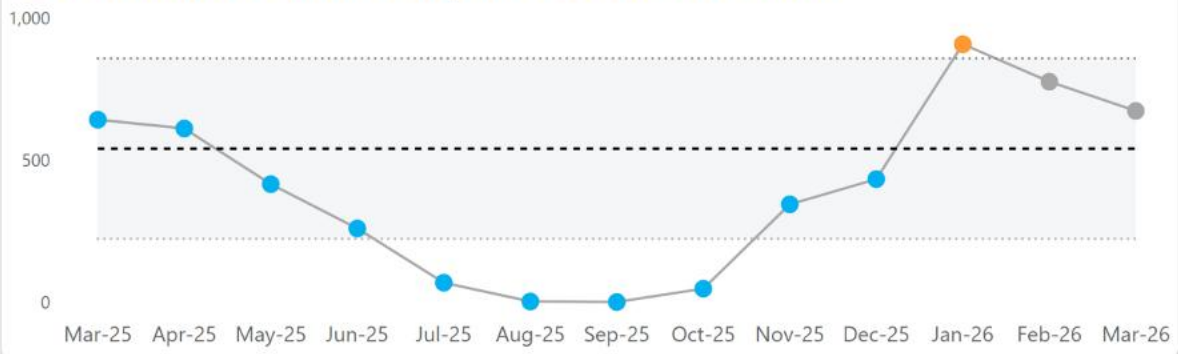
ED: Attendances for mental health conditions



ED: Mental Health patients waiting over 12 hours

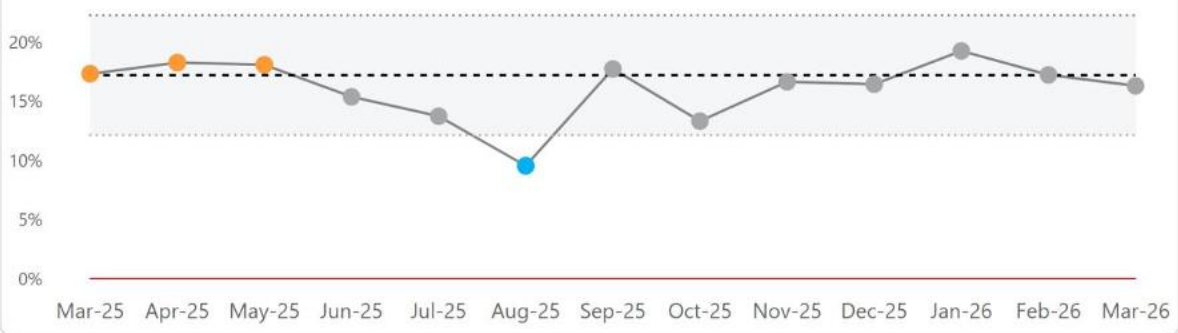


ED: Attendances with a stay in a corridor location

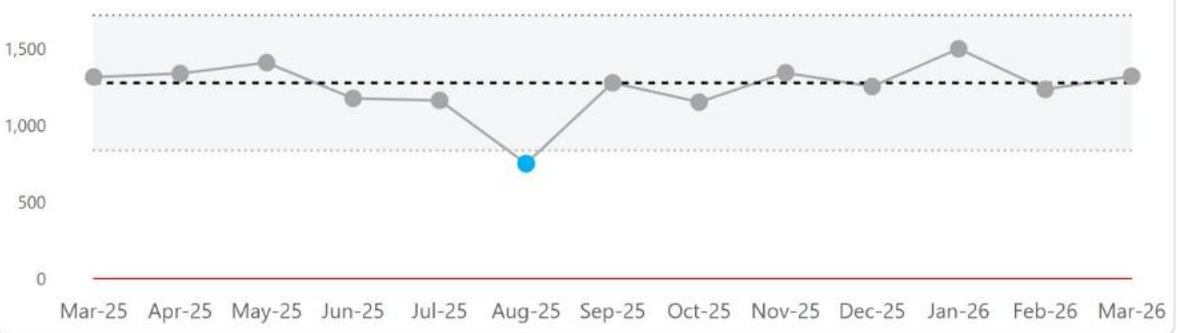


Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Attendances - Type 1	Mar-26	5416	⬇️	⚠️		
ED: Attendances - Type 3	Mar-26	2673	⬇️	⚠️		
ED: Attendances for mental health conditions	Mar-26	140	⬇️	⚠️		
ED: Mental Health patients waiting over 12 hours	Mar-26	38	⬇️	⚠️		
ED: Attendances with a stay in a corridor location	Mar-26	673	⬇️	⚠️		

ED: Patients waiting over 12 hours (%)

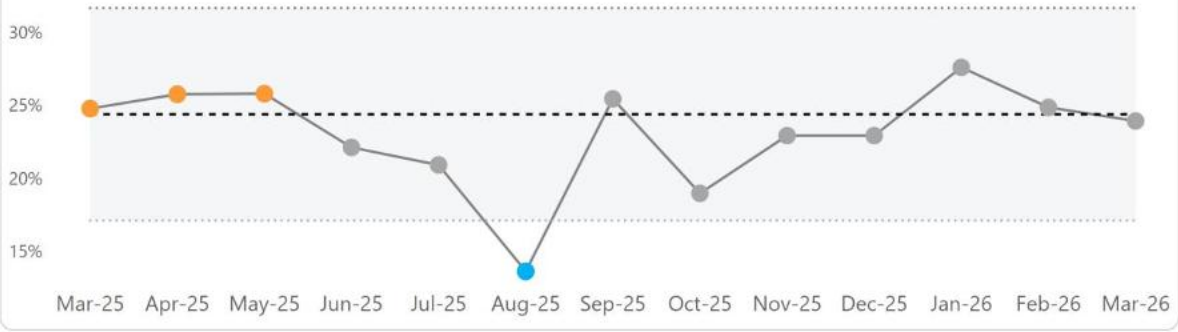


ED: Patients waiting over 12 hours

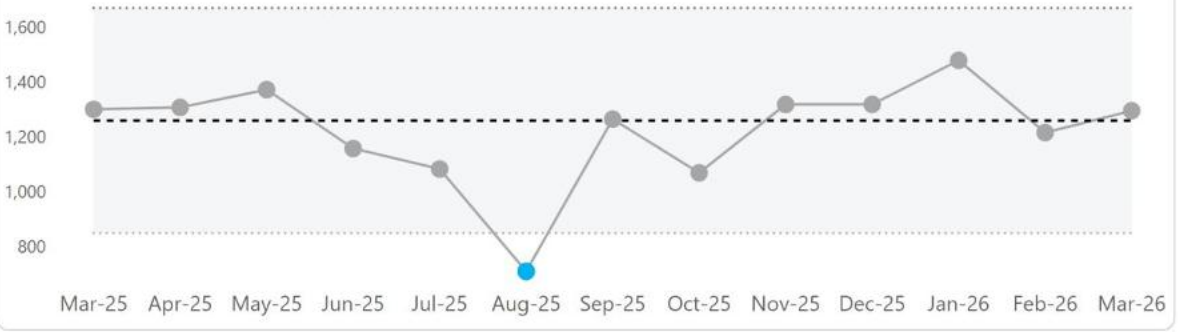


ED: Patients waiting over 12 hours - Type 1 (%)

(NOF)



ED: Patients waiting over 12 hours - Type 1

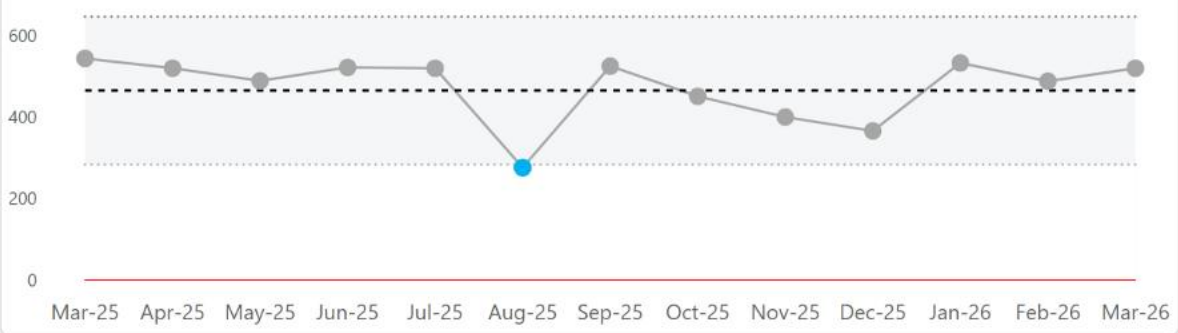


ED: Patients waiting over 12 hours from decision to admit to admission

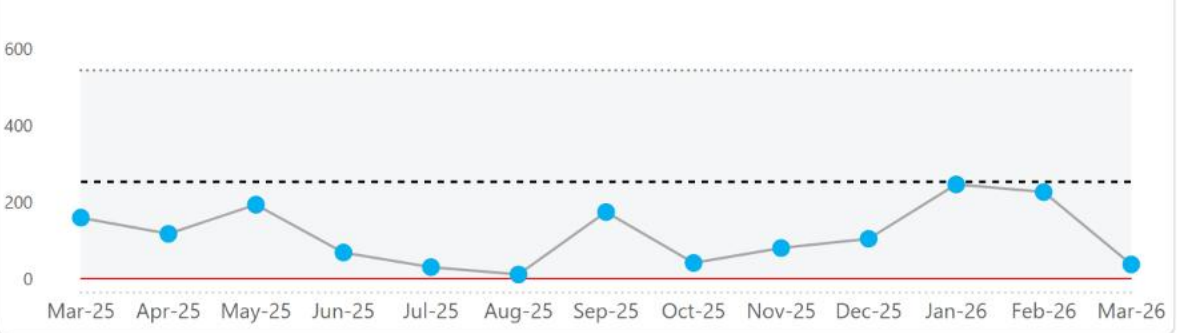


Metric	Period	Value	Variation	Assurance	Target	Benchmark
ED: Patients waiting over 12 hours (%)	Mar-26	16.3%	⬇️⬇️	🟡🟡	0%	
ED: Patients waiting over 12 hours	Mar-26	1320	⬇️⬇️	🟡🟡	0	
ED: Patients waiting over 12 hours - Type 1 (%)	Mar-26	23.9%	⬇️⬇️	🟢		Jan 26 13.1%
ED: Patients waiting over 12 hours - Type 1	Mar-26	1295	⬇️⬇️	🟢		
ED: Patients waiting over 12 hours from decision to admit to admission	Mar-26	775	⬇️⬇️	🟡🟡	0	

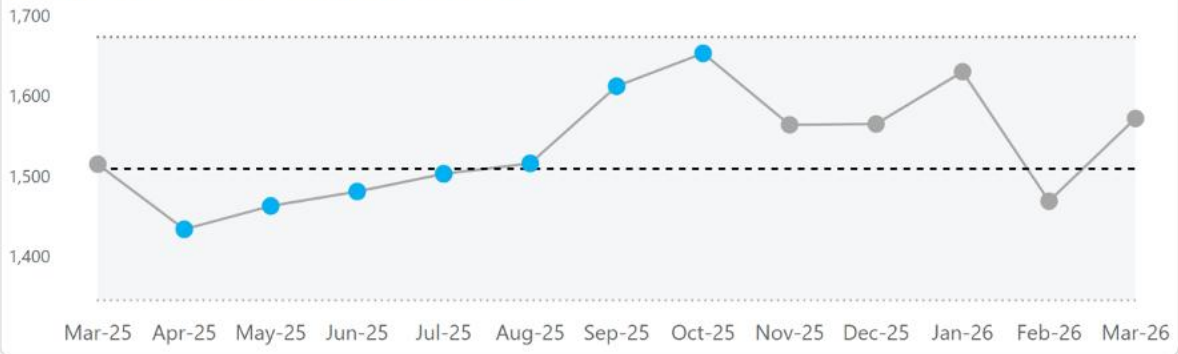
Ambulance Handovers 30-60 minutes



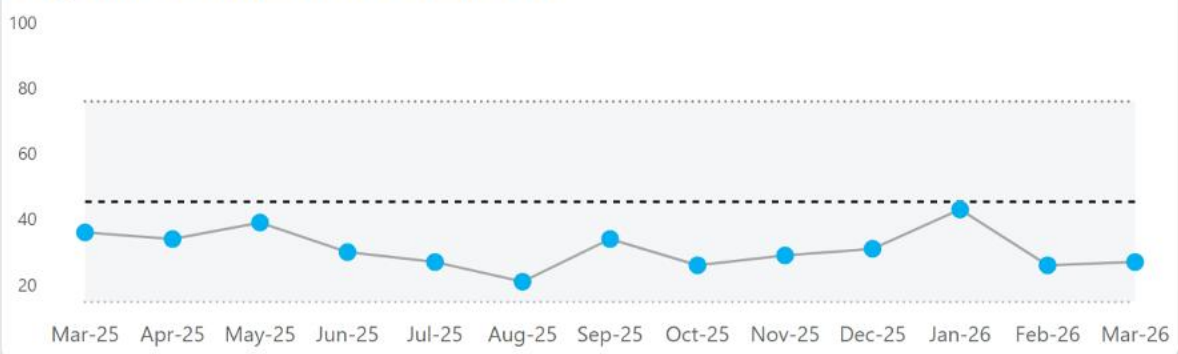
Ambulance Handovers 60+ minutes



Total No of Ambulance Arrivals

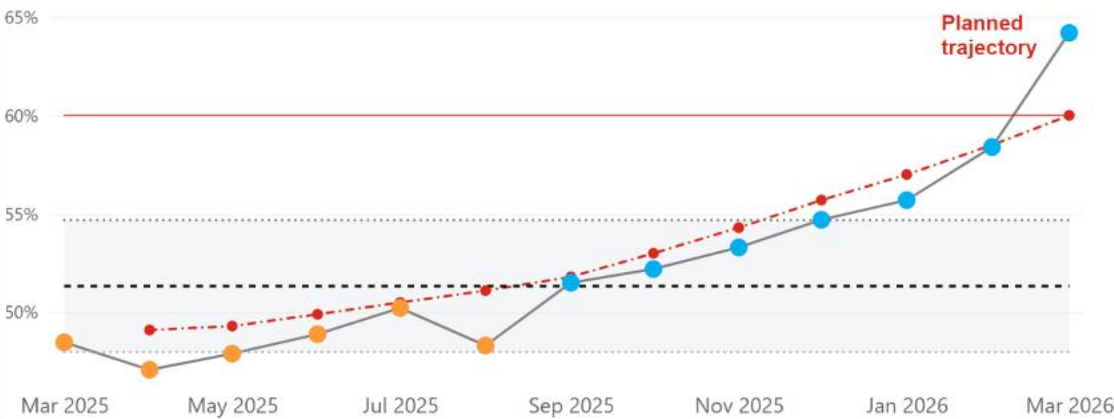


Avg time to Ambulance handover



Metric	Period	Value	Variation	Assurance	Target	Benchmark
Avg Time To Ambulance Handover (mins)	Mar-26	27				
Ambulance: Handovers 30-60 minutes	Mar-26	520			0	
Ambulance: Handovers 60+ minutes	Mar-26	37			0	
Ambulance: Total Ambulance Arrivals	Mar-26	1572				

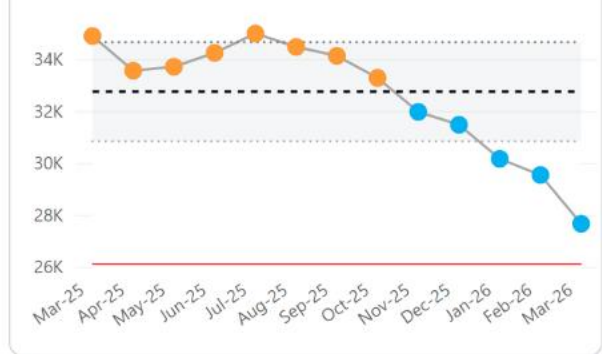
18 Week Referral To Treatment (RTT) Incomplete Pathways



Top 5 Specialties - Based on number of Open Pathways



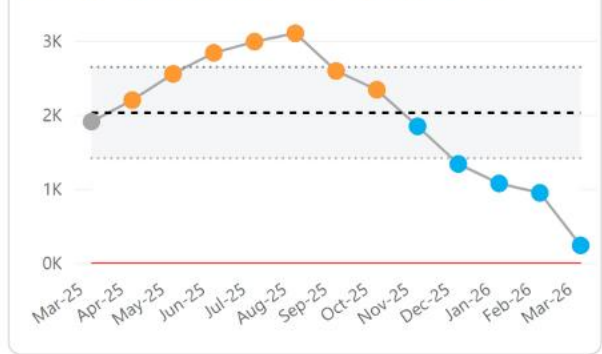
Total 18 Week RTT Incomplete Pathways



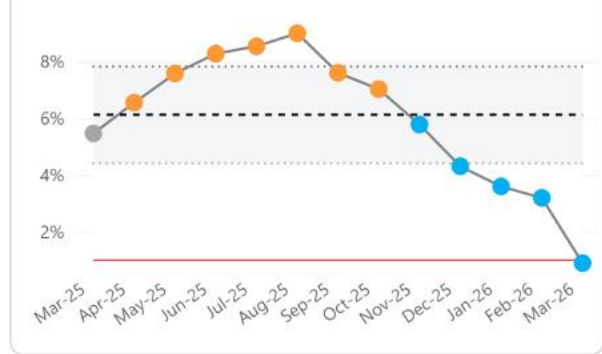
RTT Incomplete Pathways Waiting Over 65 Weeks



RTT Incomplete Pathways Waiting Over 52 Weeks



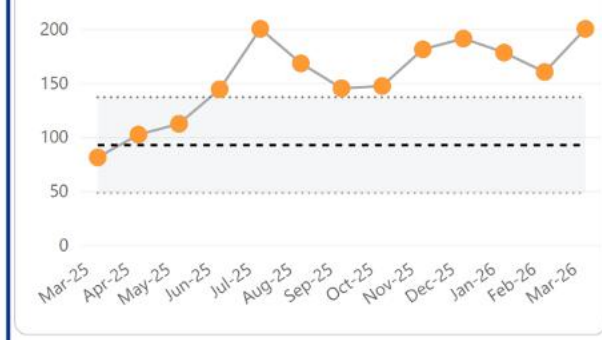
% Of Pathways Over 52 Weeks



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



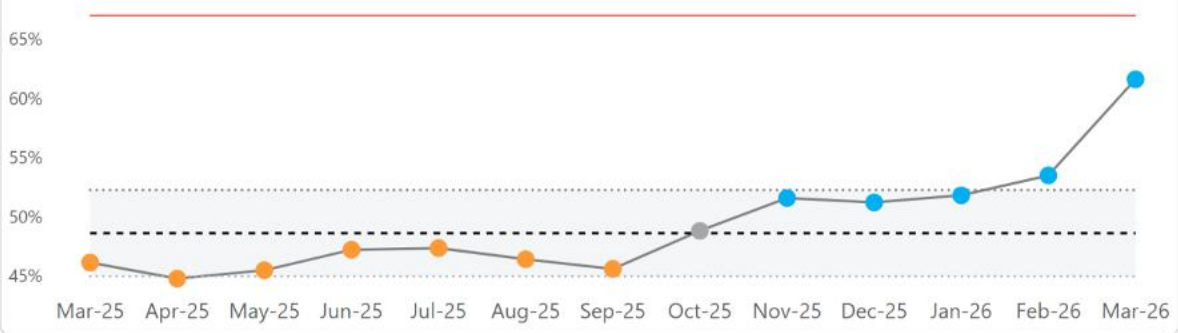
Community: Total patients waiting over 52 weeks



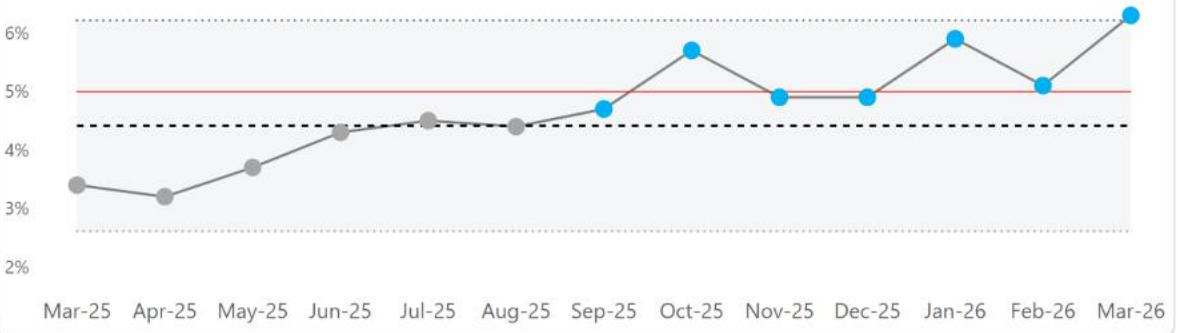
Metric	Period	Value	Variation	Assurance	Target Benchmark
RTT: Incomplete pathways - Waiting up to 18 weeks (%)	Mar-26	64.2%			60% Feb 26 62.5%
RTT: Incomplete pathways - Waiting over 78 weeks	Mar-26	0			0
RTT: Incomplete pathways - Waiting over 65 weeks	Mar-26	1			0
RTT: Incomplete pathways - Waiting over 52 weeks (%)	Mar-26	0.9%			1% Feb 26 1.7%
RTT: Incomplete pathways - Waiting over 104 weeks	Mar-26	0			0
RTT: Incomplete pathways - Total	Mar-26	27662			26110
Community: Total patients waiting over 52 weeks	Mar-26	200			
Community: % of patients waiting over 52 weeks	Mar-26	13.2%			Feb 26 41.7%

Community waits have been added from Sept 2025. The only service provided by COCH is Community Paediatrics.

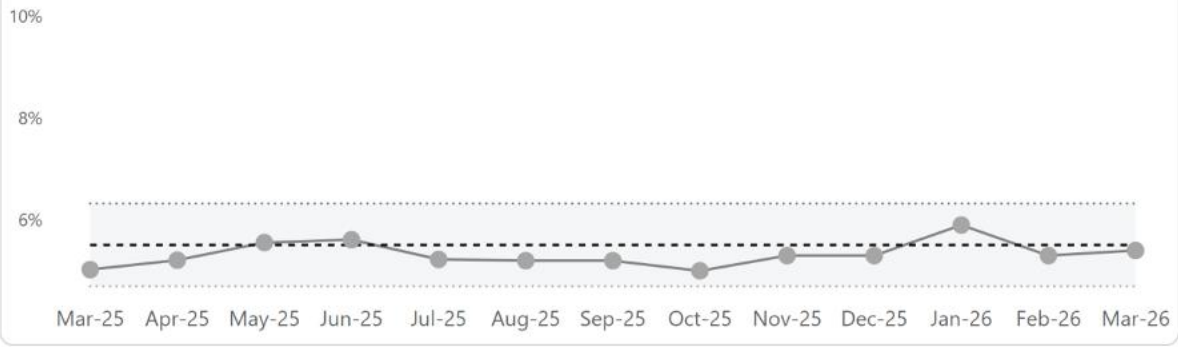
RTT Wait Time for 1st OPA



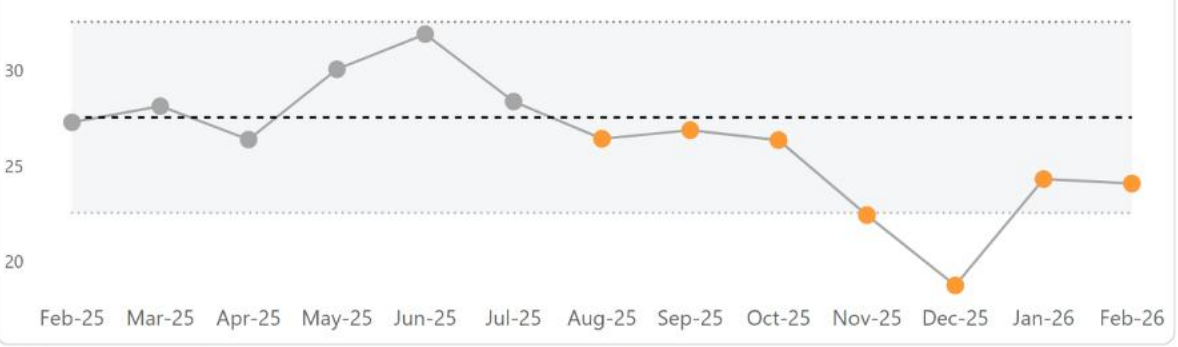
Patient Initiated Follow Up (%)



DNA Rates

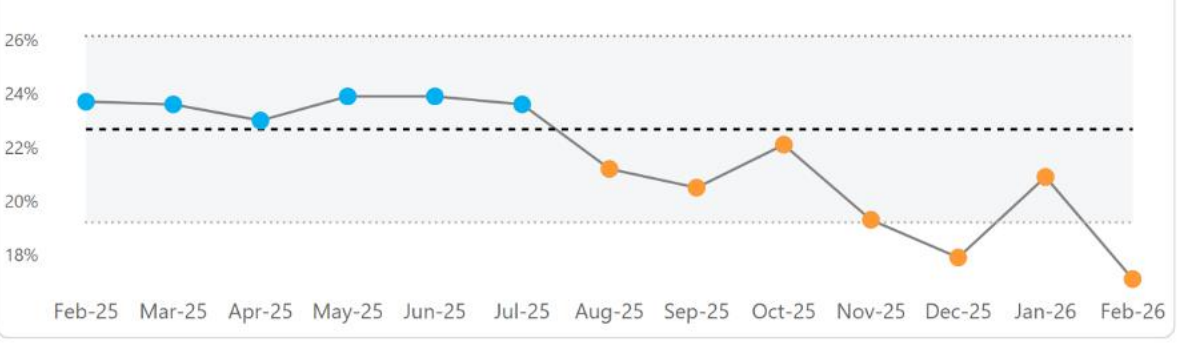


Advice and Guidance Utilisation Rate

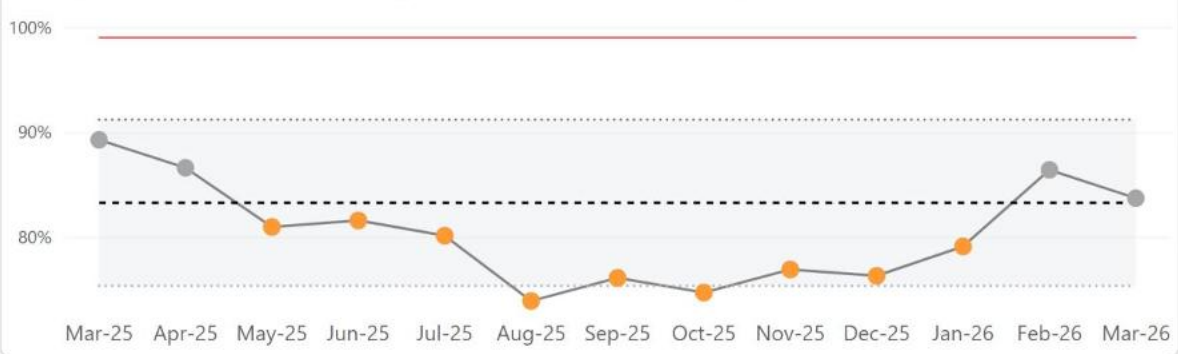


Metric	Period	Value	Variation	Assurance	Target	Benchmark
Patient Initiated Follow Up (%)	Mar-26	6.3%	▲	✔	5%	Feb 26 4.3%
RTT Wait for 1st OP Appt - % waiting < 18 weeks	Mar-26	61.6%	▲	⚠	67%	
DNA Rates (%)	Mar-26	5.4%	▲	⚠		Feb 26 5.8%
Advice and Guidance Utilisation Rate	Feb-26	24.1	▲	⚠		Jan 26 33.8
Advice and Guidance Diversion Rate (%)	Feb-26	17.1%	▲	⚠		Jan 26 21.2%

Advice and Guidance Diversion Rate (%)



Diagnosics Test waiting less than 6 weeks (%)



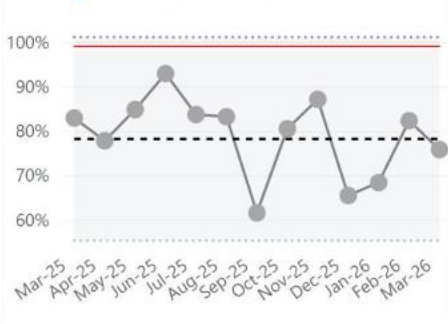
% waiting less than 6 weeks	Period	Value	Variation	Assurance	Target Benchmark
All	Mar-26	83.7%			99% Feb 26 79.8%
Non-obstetric ultrasound	Mar-26	91.6%			99% Feb 26 83.7%
Audiology - Adult Assessments	Mar-26	75.8%			99%
Echocardiography	Mar-26	56.7%			99% Feb 26 76.3%
Colonoscopy	Mar-26	85.6%			99% Feb 26 70.4%
Gastrosocopy	Mar-26	77.9%			99% Feb 26 73.1%

% waiting less than 6 weeks	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
All	86.6%	81.0%	81.6%	80.1%	73.9%	76.1%	74.7%	76.9%	76.3%	79.1%	86.4%	83.7%
Magnetic Resonance Imaging	99.5%	97.7%	94.5%	94.3%	86.2%	92.6%	89.7%	91.8%	82.0%	88.0%	95.6%	90.4%
Computed Tomography	95.6%	95.0%	97.6%	95.1%	94.1%	98.1%	99.4%	99.2%	99.2%	98.5%	100.0%	99.7%
Non-obstetric ultrasound	92.5%	84.8%	87.5%	87.0%	79.6%	79.7%	76.8%	82.4%	86.4%	90.7%	93.6%	91.6%
Barium Enema	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DEXA Scan		100.0%	98.9%	96.6%	94.0%	76.9%	94.0%	69.2%	75.9%	82.4%	92.2%	72.9%
Audiology - Adult Assessments	77.8%	84.8%	92.9%	83.7%	83.2%	61.6%	80.5%	87.1%	65.5%	68.4%	82.3%	75.8%
Audiology - Paediatric Assessments	51.5%	44.5%	64.0%	73.3%	62.6%	44.0%	58.6%	53.4%	43.6%	50.5%	61.5%	53.5%
Echocardiography	73.8%	57.3%	53.6%	46.1%	35.5%	38.1%	39.6%	39.6%	39.1%	36.0%	50.2%	56.7%
Respiratory physiology - sleep studies	95.2%	90.3%	88.5%	99.2%	99.2%	95.6%	99.1%	100.0%	94.9%	98.5%	96.2%	86.4%
Colonoscopy	71.4%	67.0%	64.4%	69.6%	62.6%	79.3%	83.6%	85.1%	88.5%	85.8%	85.2%	85.6%
Flexi sigmoidoscopy	93.3%	97.2%	91.7%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	89.9%
Cystoscopy	92.6%	95.7%	83.0%	96.8%	95.9%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Gastrosocopy	63.7%	64.7%	67.3%	62.9%	66.7%	78.0%	80.3%	81.8%	87.8%	78.5%	88.5%	77.9%

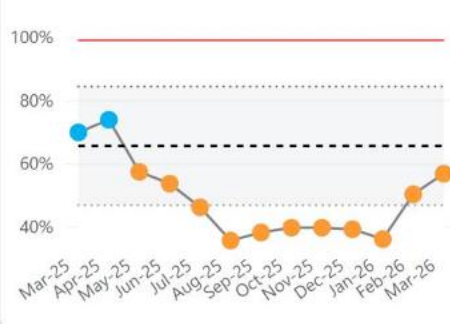
Non-obstetric ultrasound - % Waiting less than 6 weeks



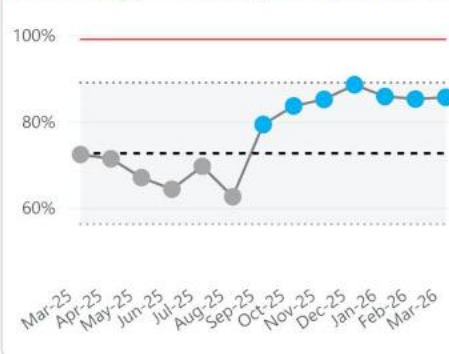
Audiology - Adult Assessments - % Waiting less than 6 weeks



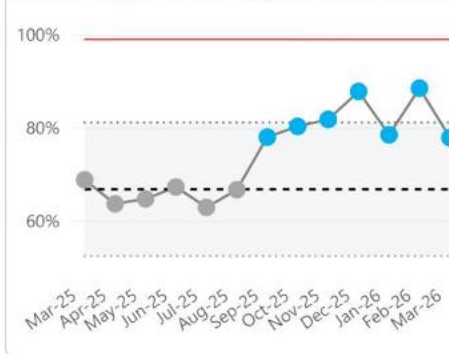
Echocardiography - % Waiting less than 6 weeks



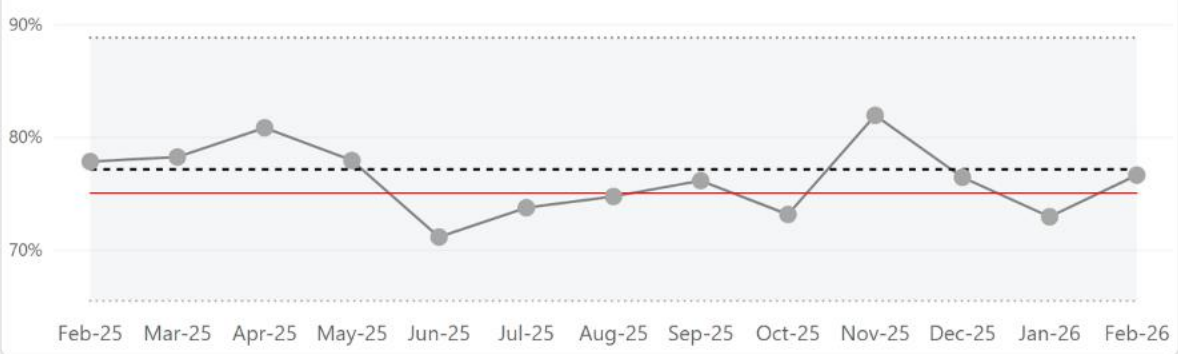
Colonoscopy - % Waiting less than 6 weeks



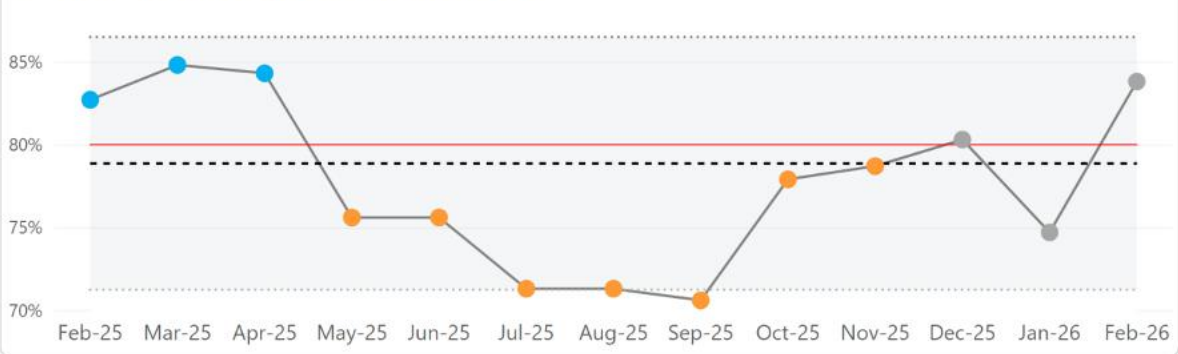
Gastrosocopy - % Waiting less than 6 weeks



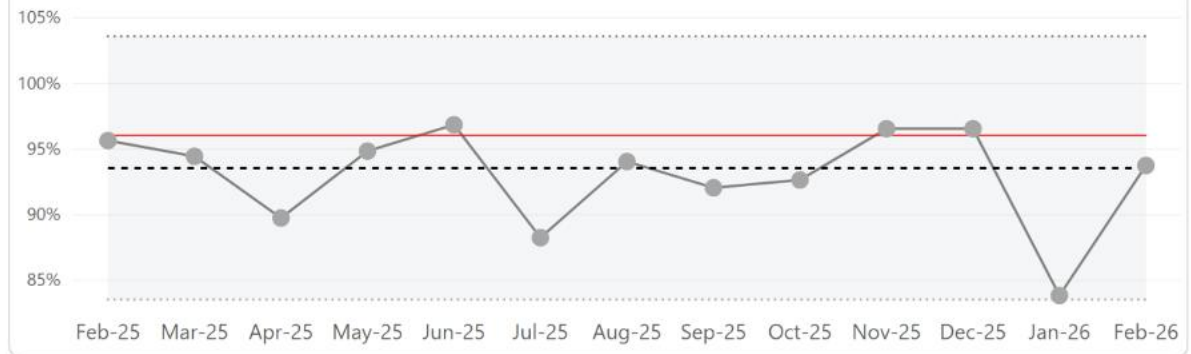
Cancer Treatments: 62 Day Standard



Cancer Treatments: 28 Day FDS



Cancer Treatments: 31 Day Standard



Page Table Name	Period	Value	Variation	Assurance	Target	Benchmark
Cancer Treatments: 62 Day Standard	Feb-26	76.6%	📉	🔍	75%	Feb 26 68.6%
Cancer Treatments: 31 Day Standard	Feb-26	93.7%	📈	🔍	96%	Feb 26 93.0%
Cancer Treatments: 28 Day FDS	Feb-26	83.8%	📉	🔍	80%	Feb 26 80.5%