

Liverpool Heart and Chest Hospital **NHS**
NHS Foundation Trust

Strategic Oversight Framework

July 2023

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Icon Definitions

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

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



Operational Performance

SRO: Jonathan Mathews, Chief Operating Officer

Highlights:

In month four the Trust has six indicators that have shown statistically significant changes in performance, these are mainly due to continued workforce pressures with mitigation plans in place where possible.

Activity within month for patient numbers has delivered over 100% however the case mix issues are demonstrated within the finance update. Medicine activity has overperformed, however within Surgery we saw a depleted number of major cases, with discharge numbers in month again reduced to industrial action, scrub staff issues and anaesthetic capacity.

Cancer Performance is reported a month in arrears and all Cancer standards have been challenging given the significant disturbance to activity in Q1. This continues to remain a priority for the Trust in 23/24 and increased scrutiny and focus is being driven our Lead Cancer Clinician. Improvements are expected within July, however recovery trajectories continue to be impacted by industrial action.

Waiting list size has significantly jumped in the last two months, however this was expected given some of the reporting changes in EMIS. Overall patients that are over 18 & 26 weeks has reduced from the April position. Consistent focus is being placed on long waiters, taking in to consideration clinical priority.

DM01 and Virtual OPA attendances continued to deliver against national targets.

Areas of Concern:

Cancer targets continue not to be achieved with capacity constraints and workforce challenges (including industrial action) impacting delivery. Due to continued challenges, underperformance of the FSD, 31 day and 62 day targets are expected within Q2, with recovery dependant on a cessation of industrial action.

Patient cancellations has reduced in month, however a number of patients still are not dated within 28 days due to Surgery capacity pressures.

Theatre staffing was a significant factor in M2-M4 with actions in place to look at recruitment, however short notice sickness and staff being called out overnight has impacted resilience of rostering.





Anaesthetic capacity within Q1 has been a risk due to workforce sickness, this has meant an inability to cover all sessions within M2-M4 even with the support of additional sessions.

DM01 is a significant risk for August and September due to industrial action and equipment failure.

Forward Look (with actions):

- * New Governance structures are being introduced for Q2 with a Diagnostic Board and Cath Lab/Theatre Productivity group being added to the current Safe Waiting list, Cancer Board and Outpatient transformation groups already in place in the Trust. (Sept 23)
- * A Surgical Activity recovery plan is now in place against the context of workforce challenges and increased cancellations (presented to the Executive team in July). Forecasting has been challenging with the continued industrial action dates, however is monitored through weekly performance.
- * Anaesthetic capacity is expected to be fully recruited within September (subject to industrial action and sickness)
- *The Surgery Division have actions to support improvements for cancellations in to the new financial year with a newly established cancellation group addressing scheduling practices. Early data shows Improvements, however this will continue to be monitored through weekly performance.
- * The Safe Waiting List group has continued to progress actions, which includes the options appraisal towards the use of power BI and 1 PTL. Further updates expected in September.
- *The Cancer Action plan continues to be monitored through Cancer Board, a Divisional update was presented in OPs Board within July with a trajectory and plan to achieve the Cancer standards within Q2. A joint meeting with the Cancer Alliance has been set up to support Lung Cancer actions.
- *EBUS additional capacity case was signed off in OPs Board in July, further progress updates will be picked up in Cancer Board

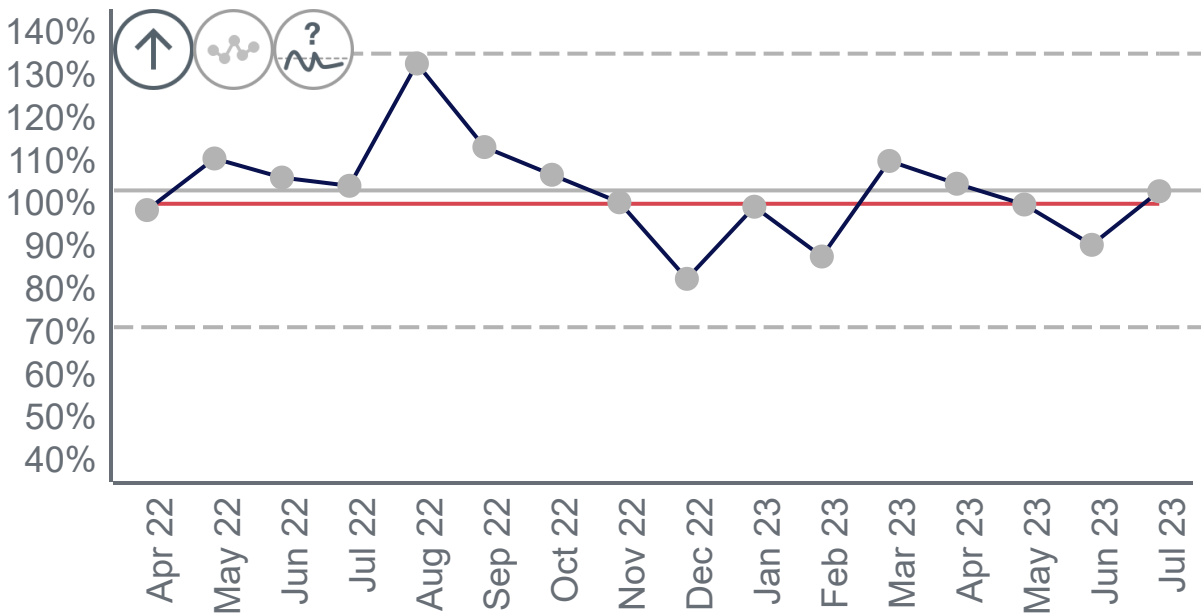
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Jul-23	74.1	>=80%	78		
Cancelled Operations for non-clinical reasons	Jul-23	2.7	<=2%	3		
Elective Activity Levels	Jul-23	102.9	100	104		
Maximum 6-week wait for diagnostic procedures	Jul-23	96.3	>=99%	99		
Outpatient activity delivered remotely via telephone or video consultation	Jul-23	32.8	%	33		
Overall Size of Waiting List	Jul-23	5634		5133		
Patients not booked in within 28 days (non clinical cancellations)	Jul-23	2	0	2		
PIFU Pathway	Jul-23	572	113	331		
Referral to treatment - Incomplete Pathways 52+ weeks	Jul-23	52.0	<48	57		
RTT 18 weeks in aggregate - Incomplete Pathways	Jul-23	72.05	>=92%	77		
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	Jul-23	72.9	>=95%	80		
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	Jun-23	36	>=85%	69.2		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Jun-23	52.9	>=75%	42.4		
Cancer: 14 day GP referral to 1st Outpatient Appointment	Jun-23	100.0	>=93%	99.4		
Cancer: 31 day diagnosis to 1st treatment for all cancers	Jun-23	80.6	>=96%	93.9		
Cancer: 31 day Second or subsequent treatment (surgery & drug)	Jun-23	75.0	>=94%	97.9		
Cancer: 62 day Consultant Upgrade	Jun-23	35300	>=85%	72.5		



Operational Performance - Drive Metrics

Elective Activity Levels



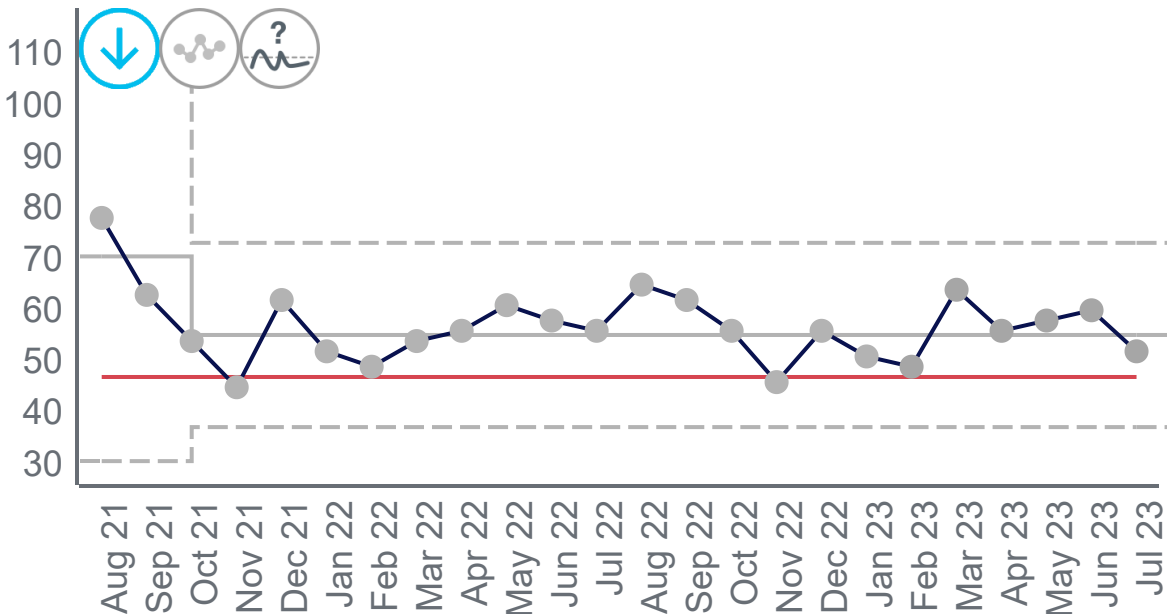
Technical Analysis:

July performance of 103% is above target 100%.. Monthly variation continues to demonstrate common cause variation. Further actions will be required to consistently achieve target.

Actions:

- *Medicine activity volume has performed strongly against plan
- *Surgery activity demonstrates a significant dip in M2 & M3 following impact of the IA & scrub staff shortages.
- *Ongoing monitoring and planning in line with workforce challenges (IA and anaesthetics)

Referral to treatment - Incomplete Pathways 52+ weeks



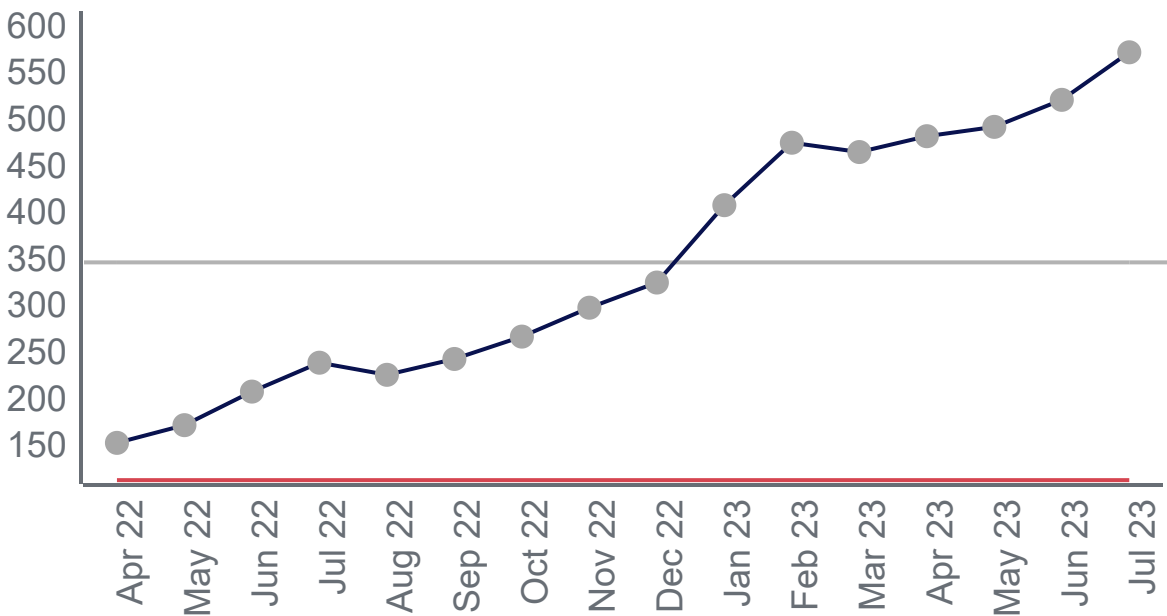
Technical Analysis:

July performance remains fairly consistent with the previous 12 months displaying common cause variation with no significant change from the initial reduction from early 2021. Surgery patients remain the most significant contributors to performance.

Actions:

- *Trust trajectory for 52 week performance in place for 23/24. Target of no year long waiters by March 24
- *Pathway RCAs undertaken for all patient which tips over 52wks.
- *Surgery long waiter action plan developed to support pressured service lines (ACHD & Mitral).

PIFU Pathway



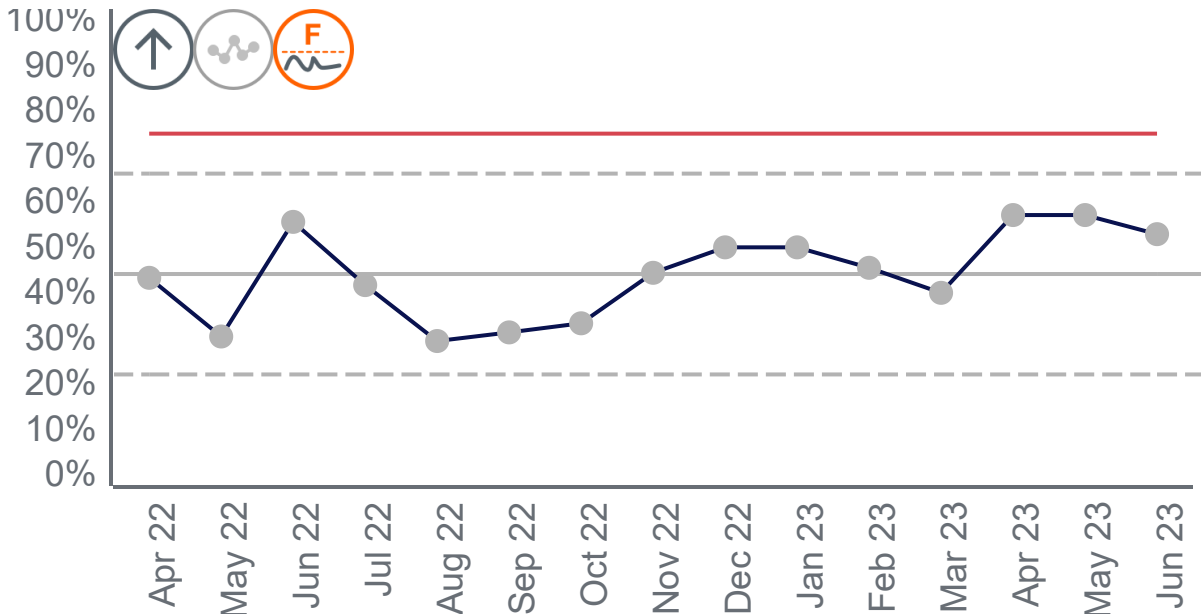
Technical Analysis:

There has been slow growth to active patient numbers on PIFU pathways in July. Numbers added each month needs to increase to achieve the 2% target.

Actions:

- *The Outpatient Transformation Group (OTG) continues to drive the use of PIFU within LHCH.
- *Service lines have been reviewed and targeted for onboarding based on appropriate pathways.
- * An updated TOR and meeting structure for Q2 is being implemented.

Cancer Patients meeting the Faster Diagnosis Target (FDT)



Technical Analysis:

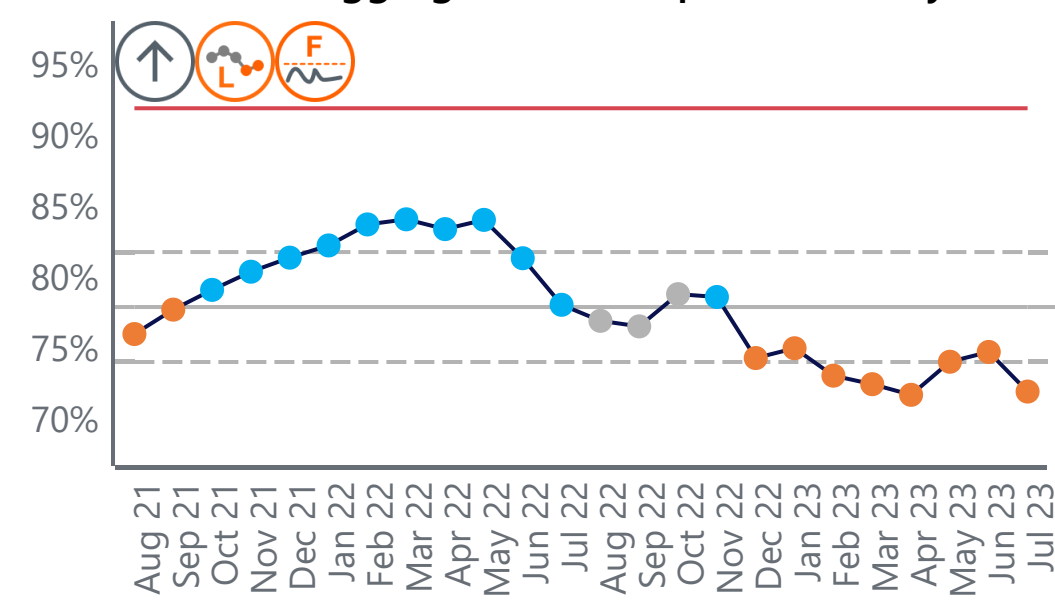
Significant improvement required to achieve target of 75% as the trust is consistently failing the target. Monthly Performance across 2022/23 and 2023/24 has seen no significant change.

Actions:

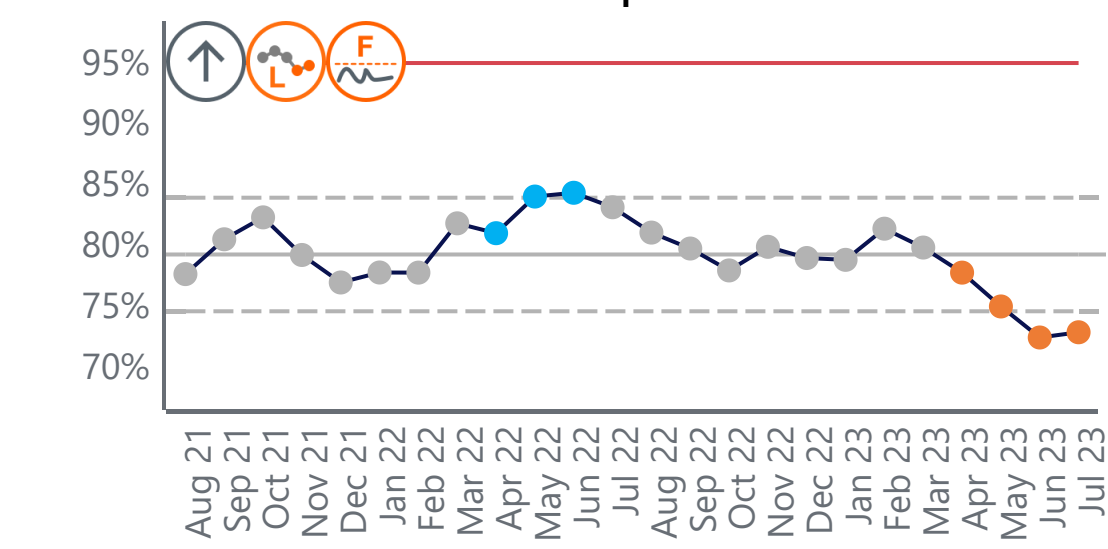
- *Additional sessions continue to be requested to support wait times in CT guided biopsy & EBUS
- *Pathway reviews of all breaches undertaken
- *Cancer board driving sustainable capacity options through job planning and partnership working

Operational Performance - Watch Metrics

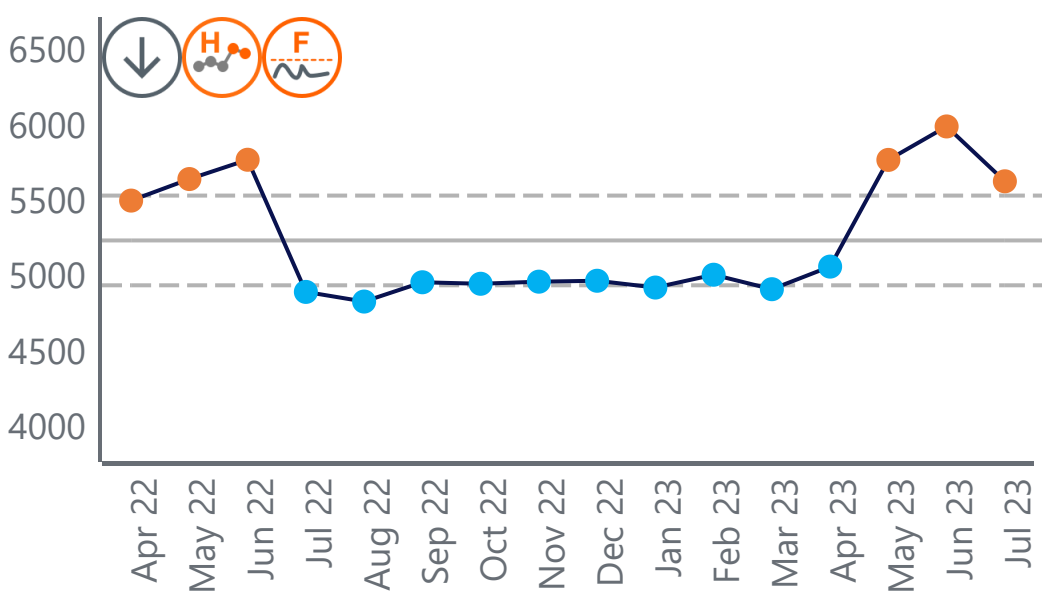
RTT 18 weeks in aggregate - Incomplete Pathways



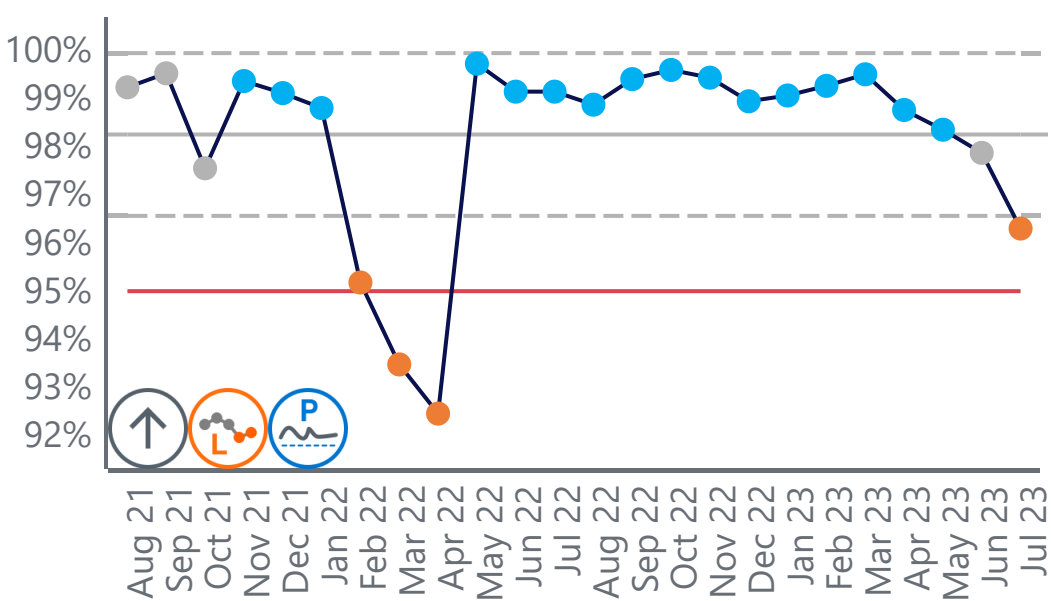
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete



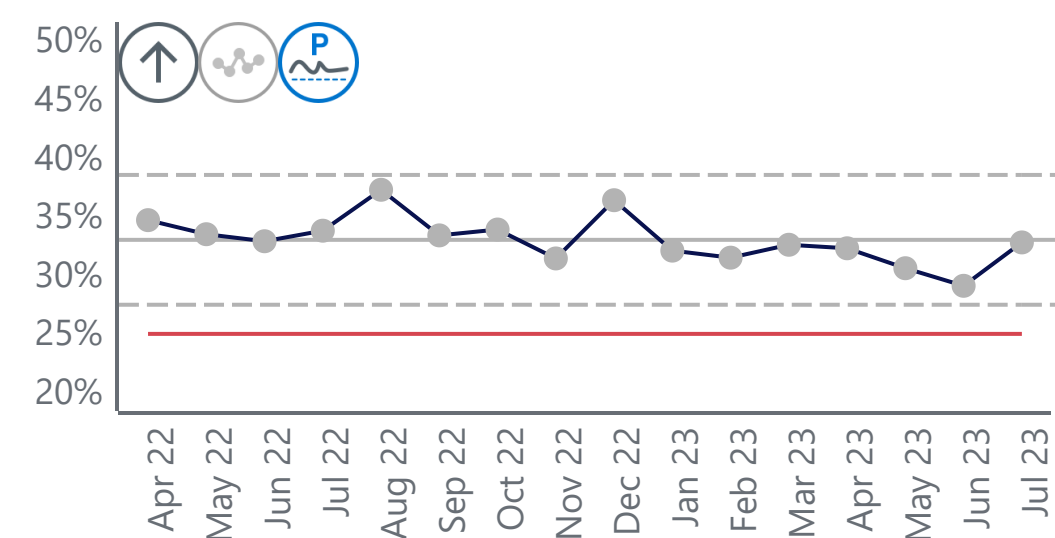
Overall Size of Waiting List



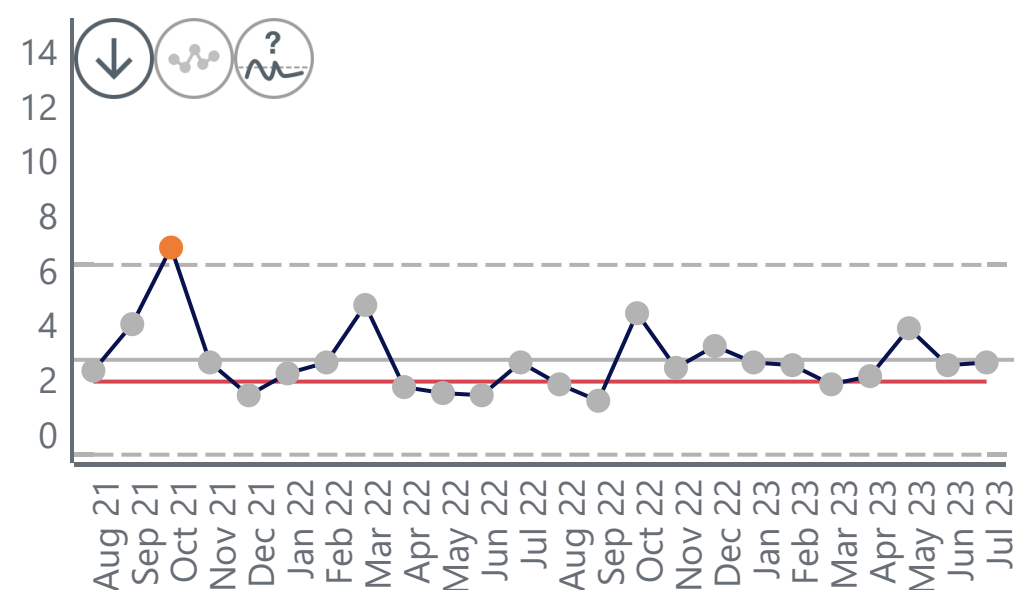
Maximum 6-week wait for diagnostic procedures



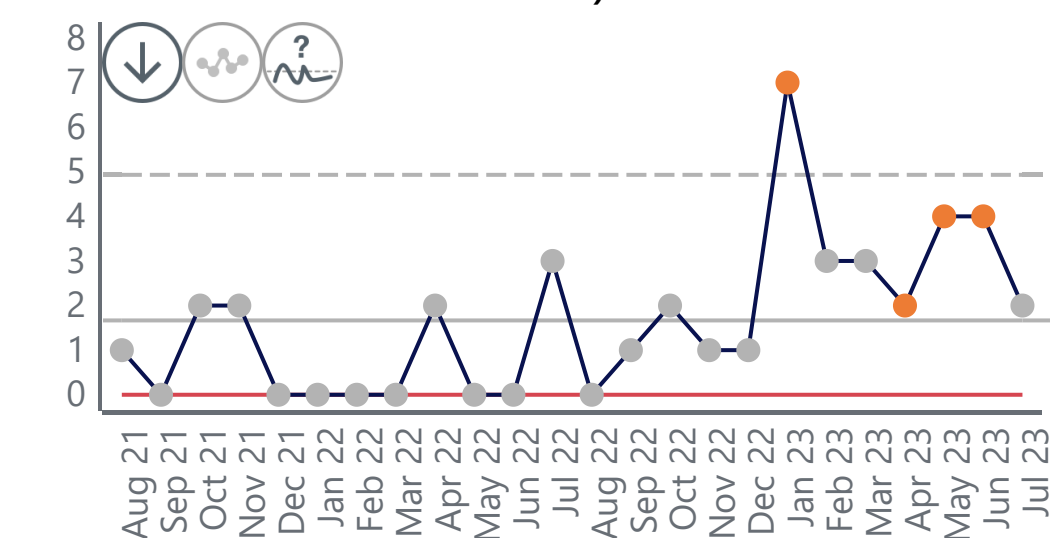
Outpatient activity delivered remotely via telephone or video consultation



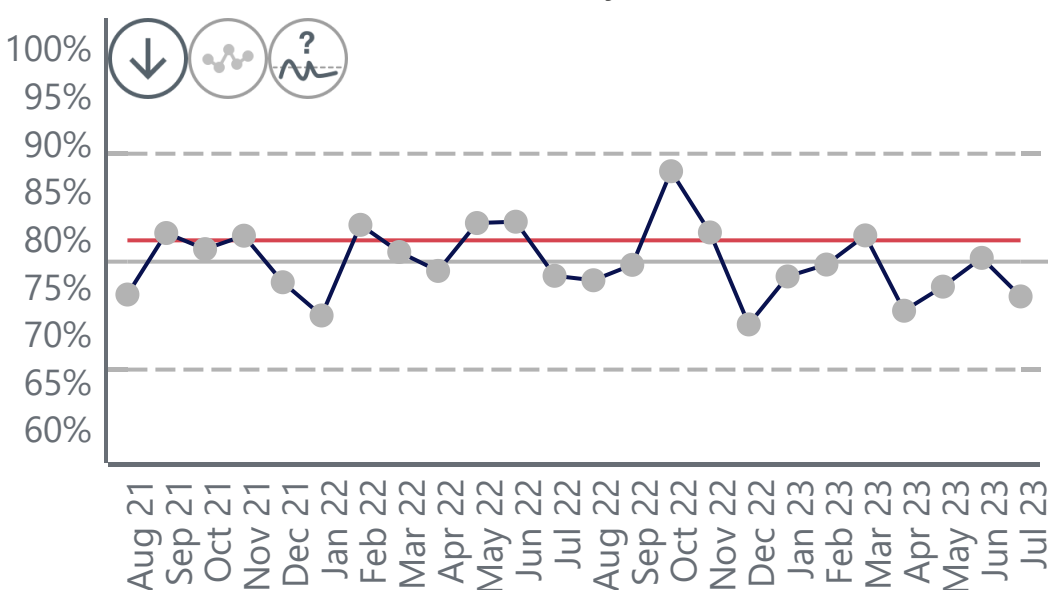
Cancelled Operations for non-clinical reasons



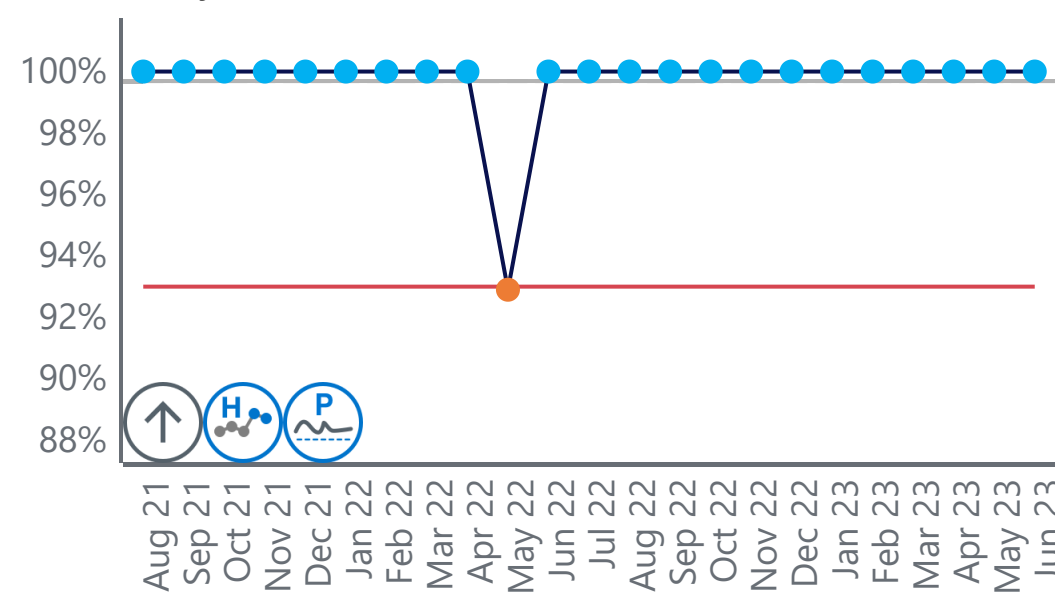
Patients not booked in within 28 days (non clinical cancellations)



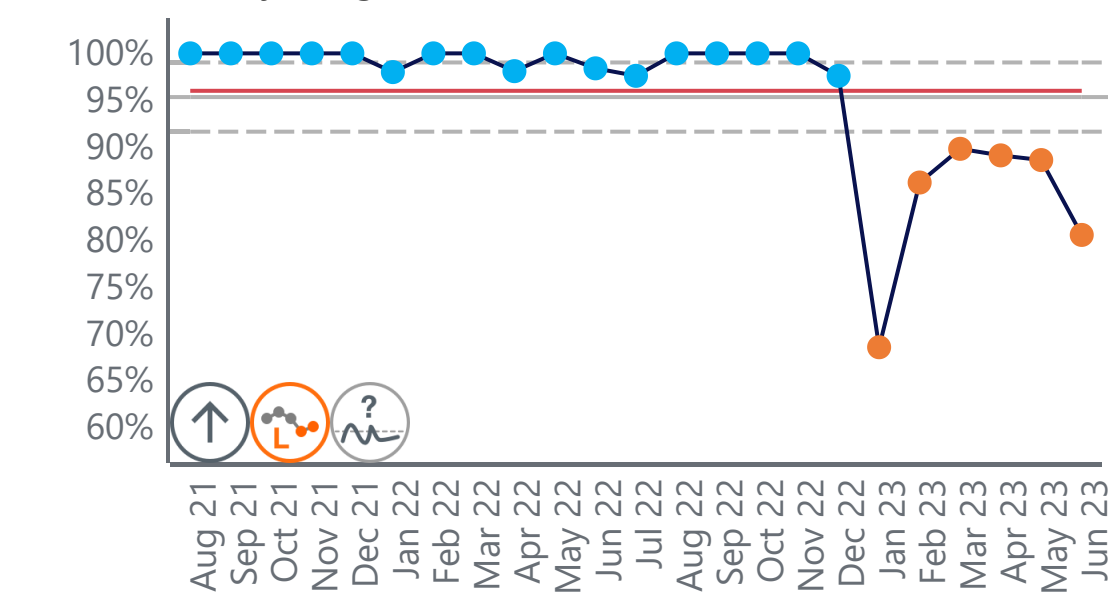
Bed Occupancy



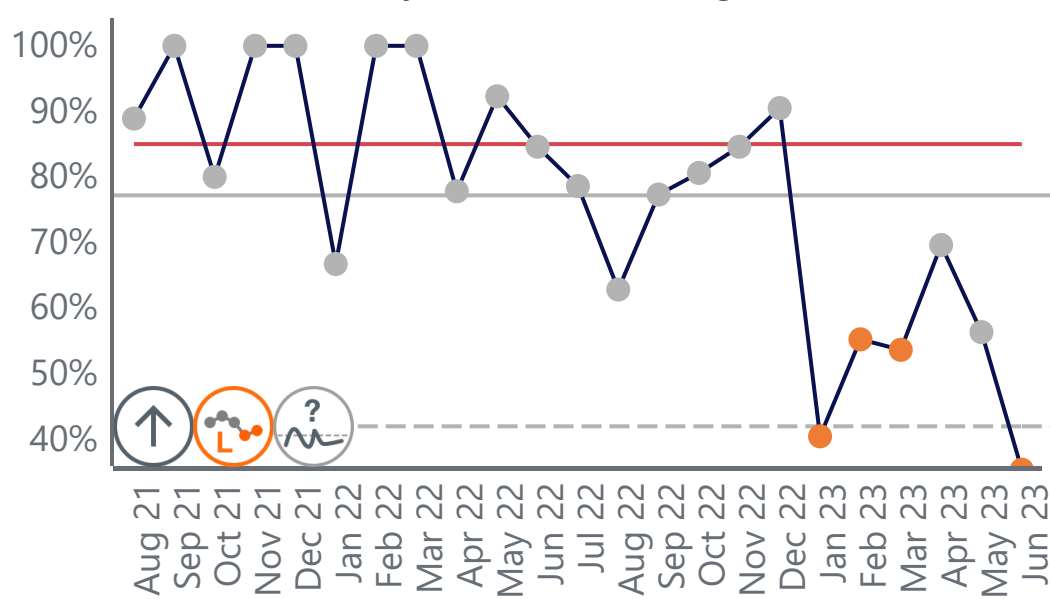
Cancer: 14 day GP referral to 1st Outpatient Appointment



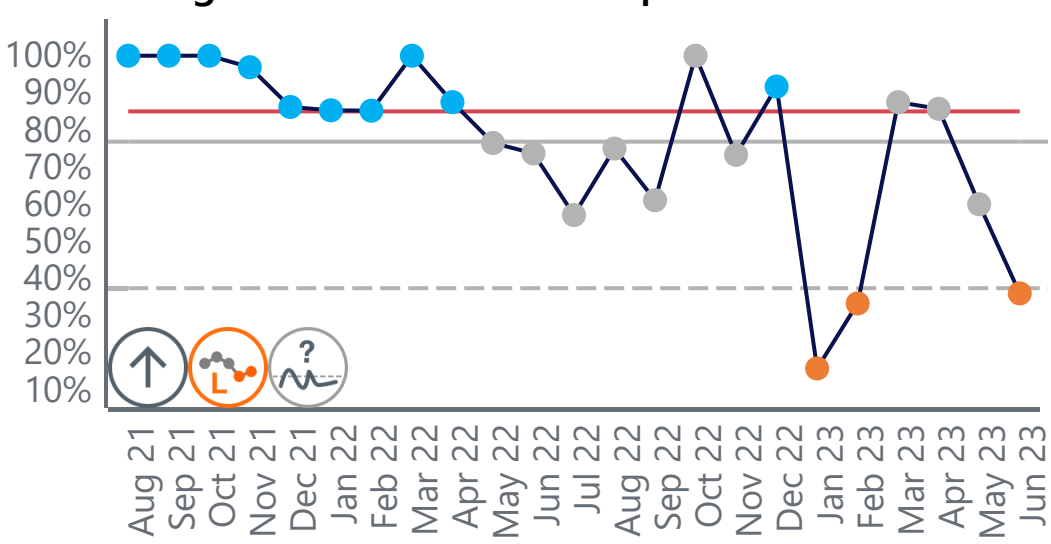
Cancer: 31 day diagnosis to 1st treatment for all cancers



Cancer: 62 day Consultant Upgrade



All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer



Quality of Care

SRO: Sue Pemberton, Director of Nursing, Quality & Safety
Dr Raphael Perry, Medical Director/Deputy Chief Executive

Highlights:

- *The Sepsis target for 1 hour antibiotics has continued to perform above the 90% target and has only dropped below the target once in the past 12 months. This indicator shows sustained special cause variation of an improving trend.
- *There were no serious incidents, never events and Grade 2 or above pressure ulcers observed due to lapses in care. Excellent performance continues in Dementia, Delirium and Family and Friends Test (FFT) metrics.
- *Whilst still performing below target of 95% the Discharge summary metric has shown special cause variation of an improving trend which indicates the Trust is on the right path to achieving the target in the near future.
- * Whilst still below target of 90% the referrals to a dietician for patients scoring high risk shows special cause improvement.
- *Good performance against the range of watch metrics with the majority achieving target and remaining in expected parameters.
- *Number of falls continues to be within the expected variation. Additional measures are being taken with an aim to reduce this consistently (e.g. increasing the Rambleguard equipment across all ward areas and continued bathroom watch).

















































Areas of Concern:

- *Radiological alerts with a response document continues to perform below the target, and there remains a challenge with the data accuracy.
- *The High risk nutrition patients being referred to a dietician shows sustained improvement but remains below the expected performance. Further education for staff has been undertaken and changes to EPR are planned for September 2023.
- *Complaints responded to within 25 working days has significantly underperformed in the past 3 months but is expected to return to compliance in Q2. Where responses take longer than expected, there is a renegotiation of response times with the complainant and regular communication takes place. The policy sets out timeframes of 25-30 days and this metric reports at the 25 day point.
- *VTE risk assessment completion has evidenced special cause variation of a declining trend with reduced performance over the past 3 months, whilst performing below the target for the past 6 months.
- *Call to balloon time continues to consistently fail its target due to national and regional issues with ambulance arrival and transfer times. The Trust drive metric is door to balloon times and we continue to perform well against this target.

Forward Look (with actions):

- *The KPI for radiological alert reporting is to be further refined to include a 28 day target for an RAR (Radiological alert report).
- *The data team are rewriting the search string to acquire data from EPR rather than CRIS - the digital solution of reminders, alignment of data and reporting is progressing. As an interim measure the Medical Director and AMDs review a rolling report at patient level to continue to ensure an RAR is completed and confirm that the 28 day target is met. We would expect to see good performance against this KPI once the data string is improved.
- *The improvement plan for dietician referrals commenced in October 2022 and shows a sustained increase in performance. We would expect to see continued improvement towards the target as the work is further embedded. A hard stop in EPR is being made to ensure referrals are complete when a score of 2 is reached (this will be implemented from September 2023).
- *The Patient and Family Liaison Manager continues to track and monitor complaint response times, ensuring renegotiation of timeframes and expectations as required. Overall the numbers of formal complaints remains low, each complaint is tracked individually and assurance is provided through regular committee reporting.
- *The Medical Director is working with the VTE lead and actions have been agreed to improve performance. Divisions presented VTE performance and improvement plans to the Operational Board in June 2023.
- *Whilst the Medical Director has held discussions with NWSAS regarding call to balloon times, the categorisation of chest pain as a category 2 call and the national and regional delays in ambulance times (including self presentation to A&E requiring transfers) are the primary driver for performance against this indicator.
- *EPR changes were put in place in April 2023 to aid patients receiving their discharge summary on day of discharge as we make further progress to achieving the 95% target.

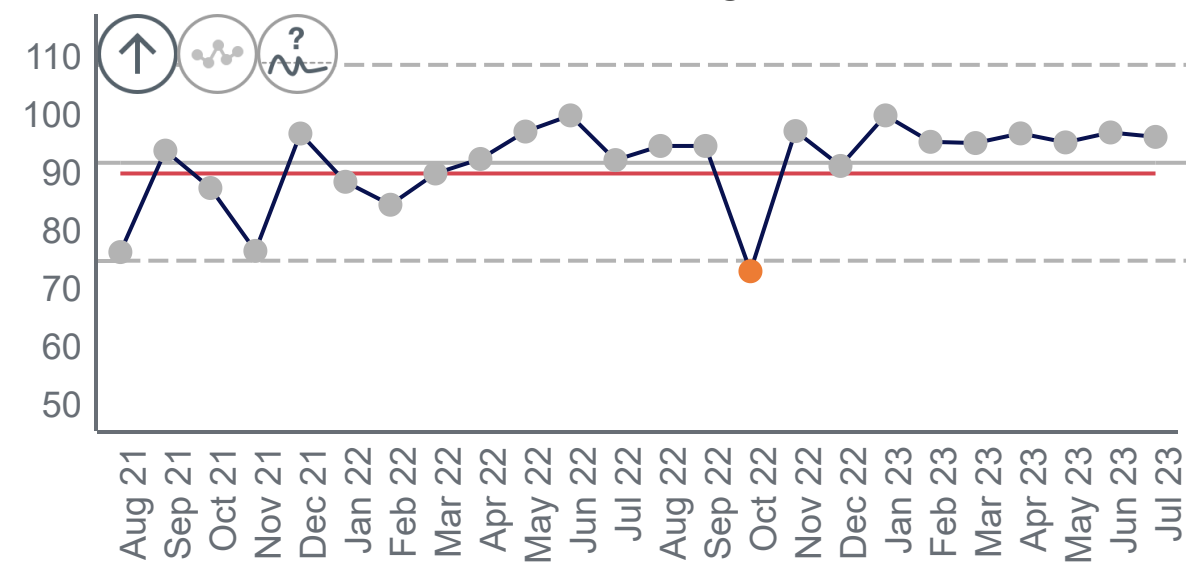
Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Jul-23	82.4	>=95%	83.5		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Jul-23	93.2	>=95%	88.4		
Clostridium Difficile	Jul-23	0.0	0	0.3		
Delayed Transfers of care	Jul-23	4.6	<=5%	4.4		
Delirium Risk Assessment to be completed on Admission and once a day	Jul-23	99.8	>=90%	99.4		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Jul-23	96.3	>=90%	94.1		
Dementia - Find	Jul-23	100	>=90%	99.0		
FFT: REPUTATION	Jul-23	99.4	>=95%	99.5		
Gram Negative Bacteraemias	Jul-23	1	0	1.2		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Jul-23	0	1	0.5		
MRSA Bacteraemias	Jul-23	0	0	0.0		
MSSA Bacteraemias	Jul-23	1	0	0.6		
Number of Falls	Jul-23	7	1	6.7		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Jul-23	0	<=0.5	0.0		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Jul-23	0	<=0	0.0		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Jul-23	85.4	>=90%	80.1		
Occurrence of any Never Events	Jul-23	0	0	0.0		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Jun-23	76.1	>=95%	63.4		
Quantity of complaints	Jul-23	3	<=6	2.7		
Venous thromboembolism (VTE) risk assessment	Jul-23	95.47	95%	94.7		
Number of Incidents No Harm and Near Miss	Jul-23	54	143	127.4		
Number of Incidents rated Minor Harm or Above	Jul-23	11	25	33.0		
Complaints responded to within 25 working days	Jun-23	0		75.5		
Surgical Site Infections	May-23	6.7	0%	7.4		



Quality of Care - Drive Metrics

Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)



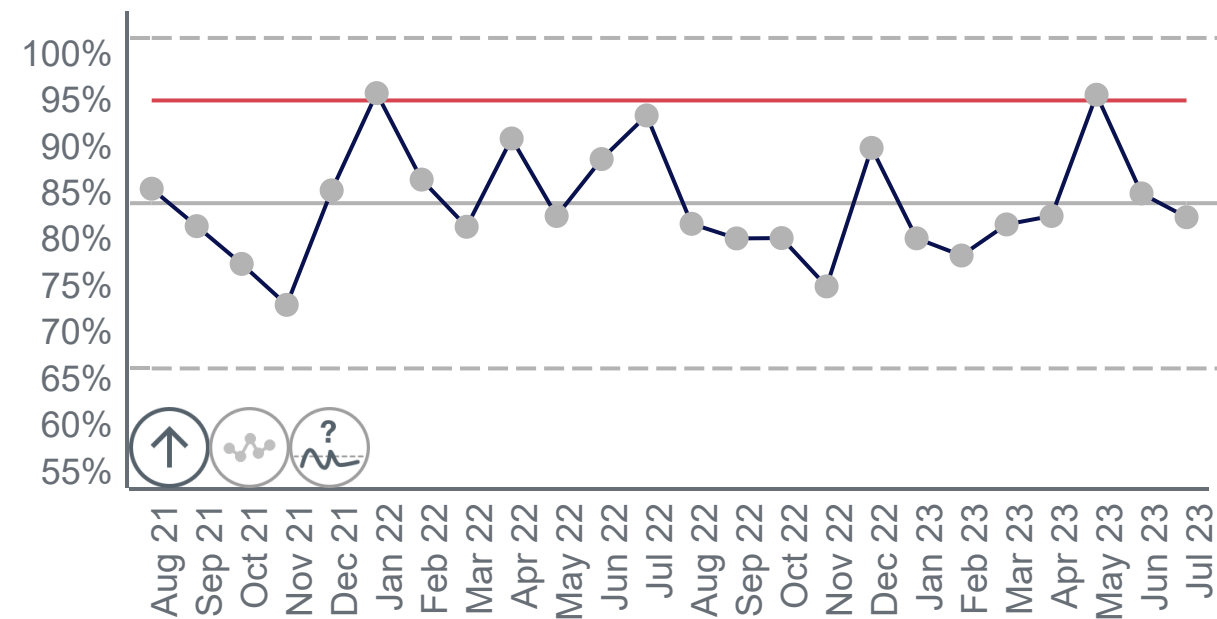
Technical Analysis:

Performance of the one hour Target has consistently been above the 90% Target.
Performance displays Special Cause Improvement consistently for the last 9 months.

Actions:

Maintain weekly feedback to clinicians if this metric is missed.

% of radiological alerts with a response document



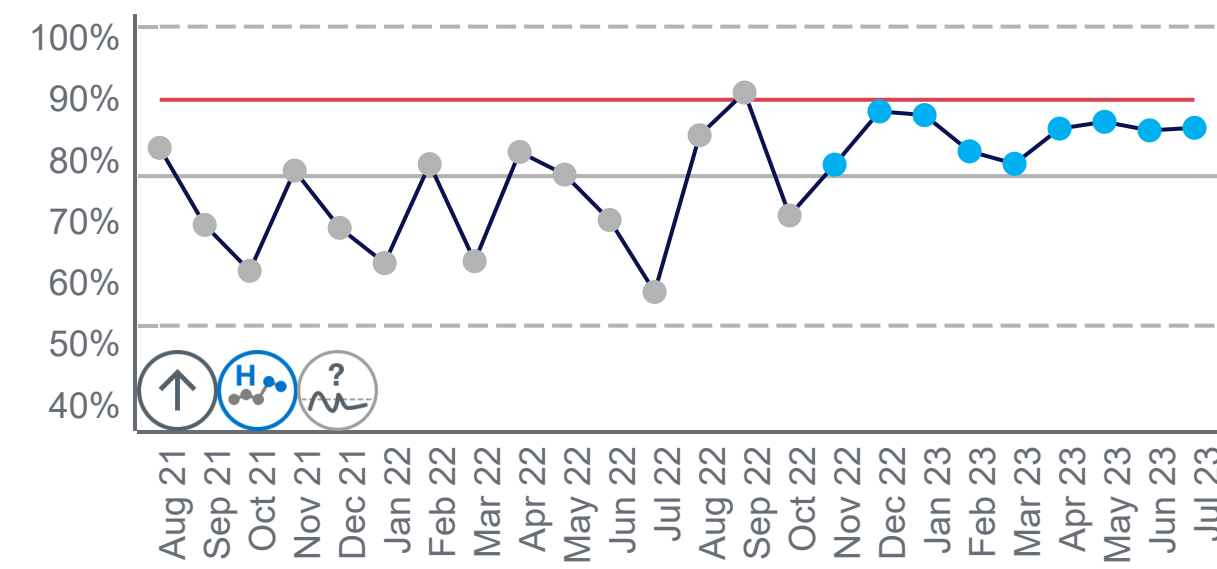
Technical Analysis:

July performance remains consistent with previous months displaying common cause variation. Improvement is required to achieve target on a consistent basis.

Actions:

The data team are rewriting the search string to acquire data from EPR rather than CRIS - this is currently being tested (as at July 23).

Nutrition - Patients scoring high risk (2 or more) are referred to dietician



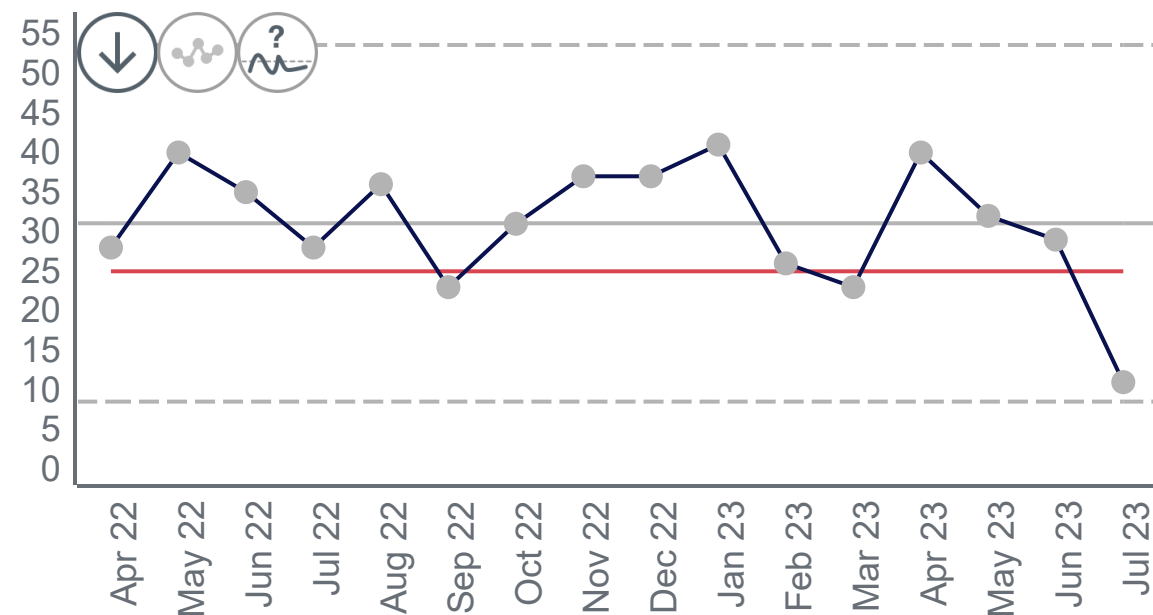
Technical Analysis:

Performance within July was 85.4% which keeps performance below the target of 90%.
Although below target Special Cause Improvement has consistently been displayed over the last 9 months.

Actions:

A change request raised to the EPR team to place a hard stop within the admission document and thereafter from flow sheet. This will mean when a score of 2 is reached nursing cannot continue until referral is logged. An upgrade to EPR is currently taking place with change expected for Sep-23.

Number of Incidents rated Minor Harm or Above



Technical Analysis:

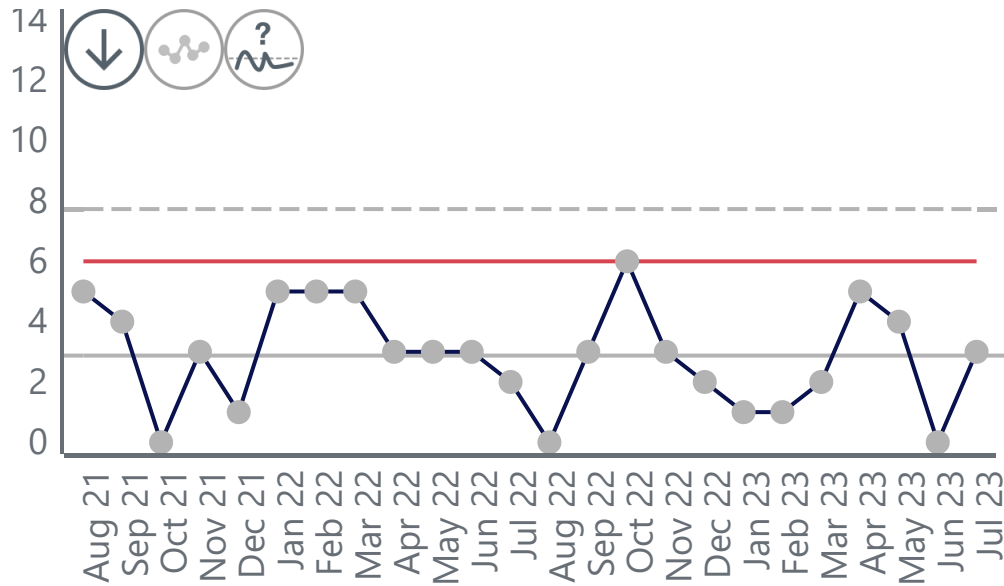
Number of Harms remains stable with performance demonstrating common cause variation. July performance of 11 is below the 2022/23 average of 28.

Actions:

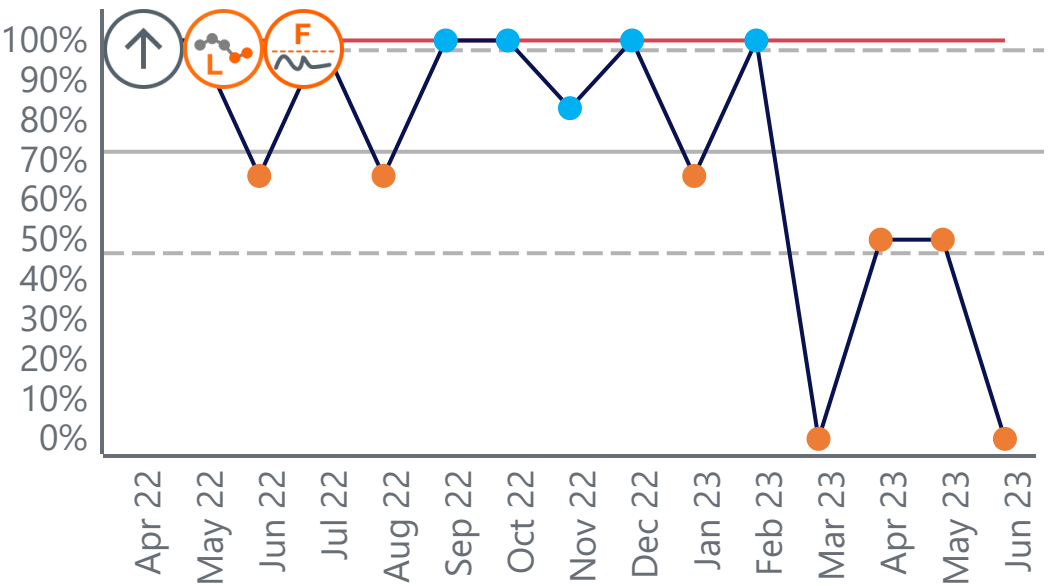
Strong reporting culture and learning from incidents. Reviews continue through safety surveillance and hasn't identified recurrent themes. Further refinement of the KPI is needed (i.e. minor harm or above as a percentage of total incidents).

Quality of Care - Watch Metrics

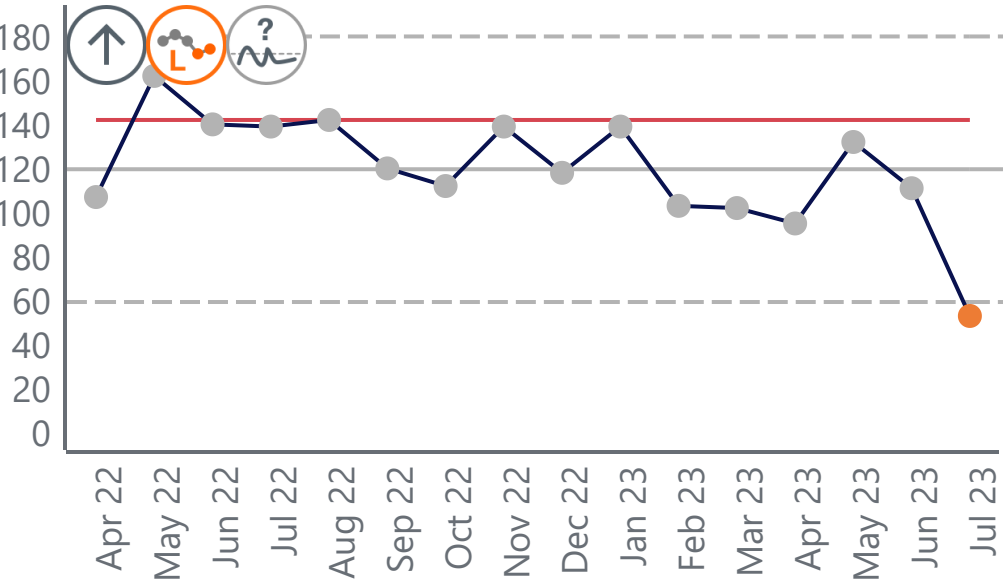
Quantity of complaints



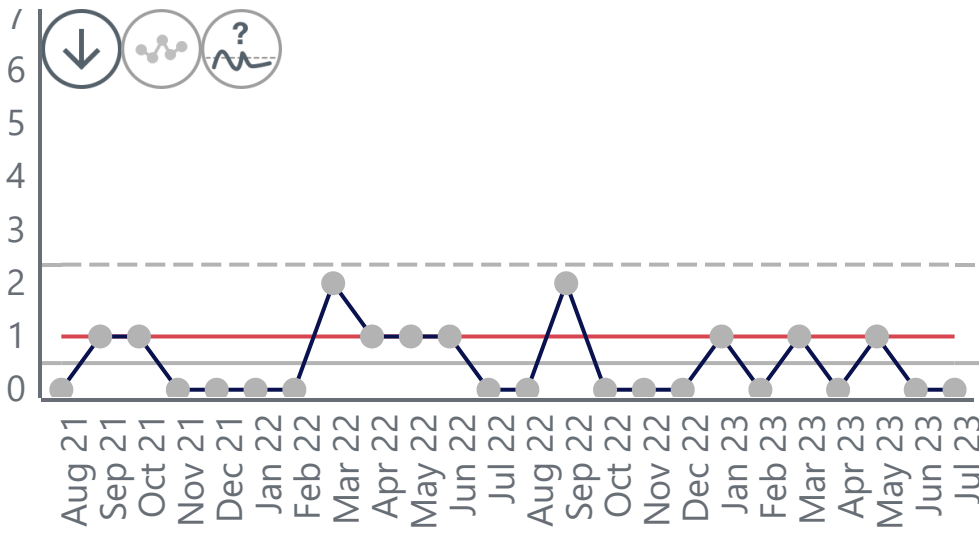
Complaints responded to within 25 working days



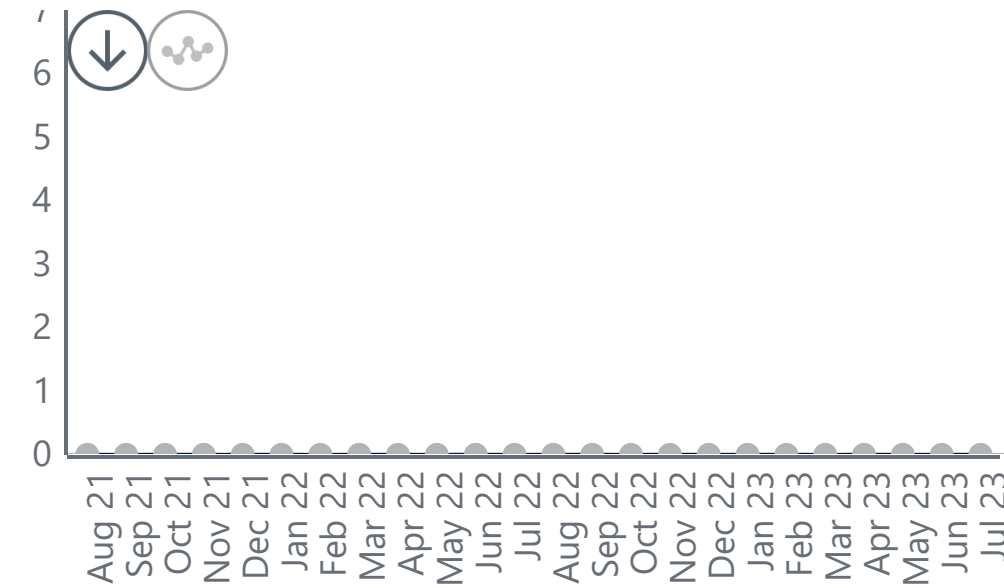
Number of Incidents No Harm and Near Miss



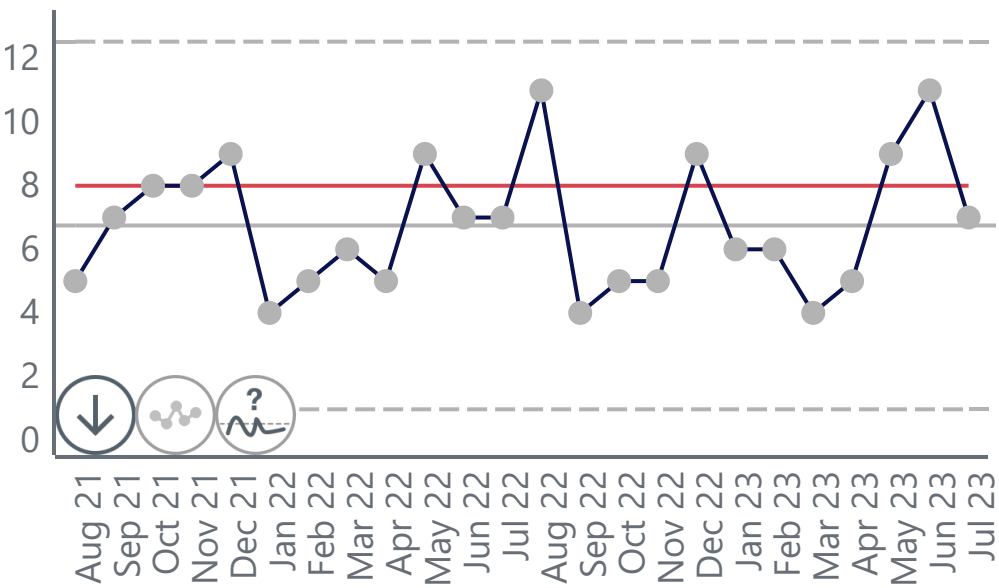
Incidents - Serious incidents, Never Events, Adverse Events (Red)



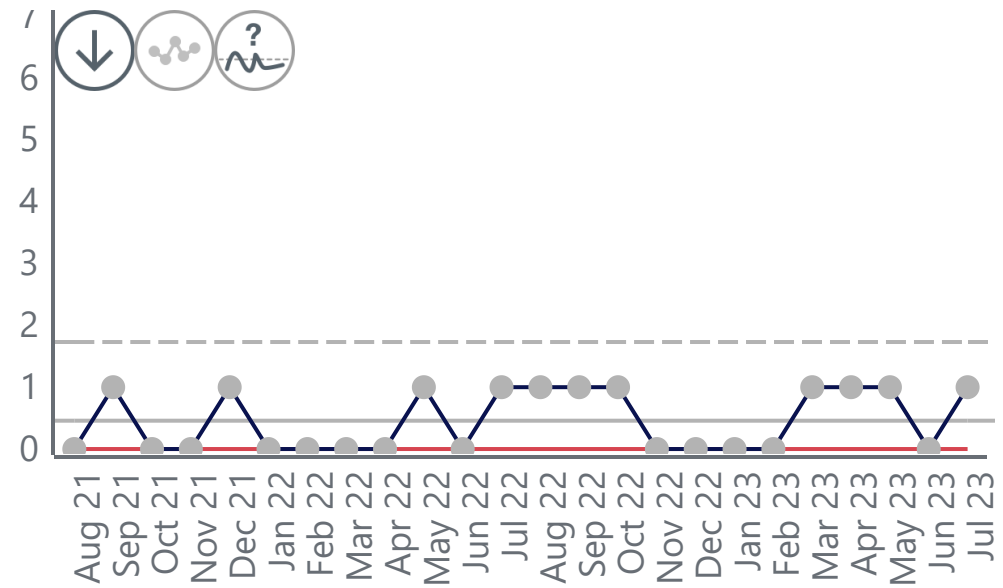
Occurrence of any Never Events



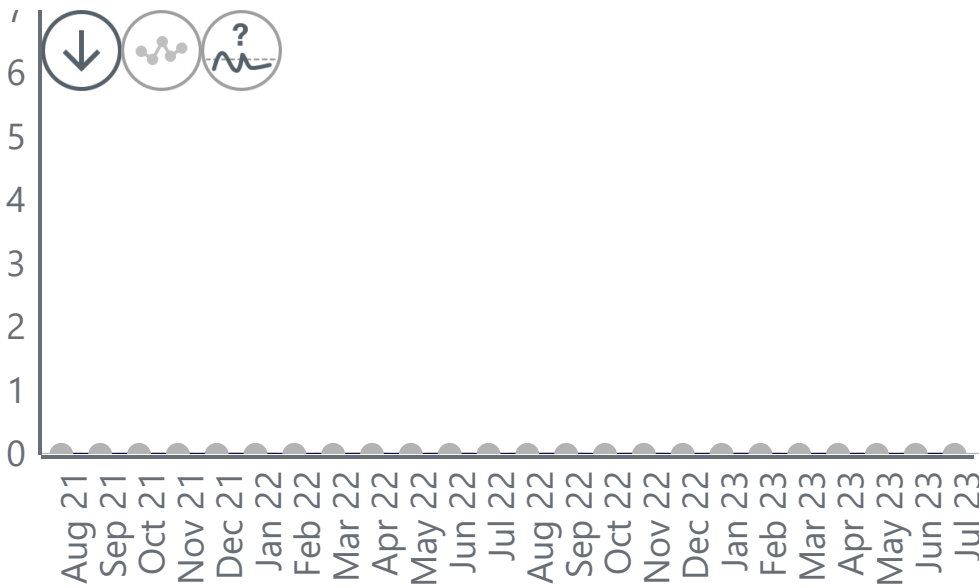
Number of Falls



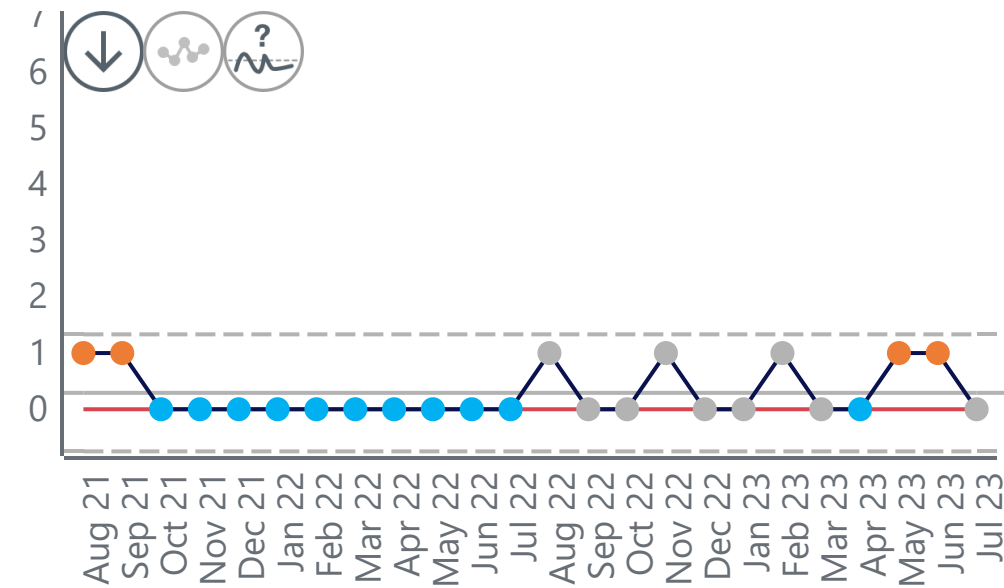
MSSA Bacteraemias



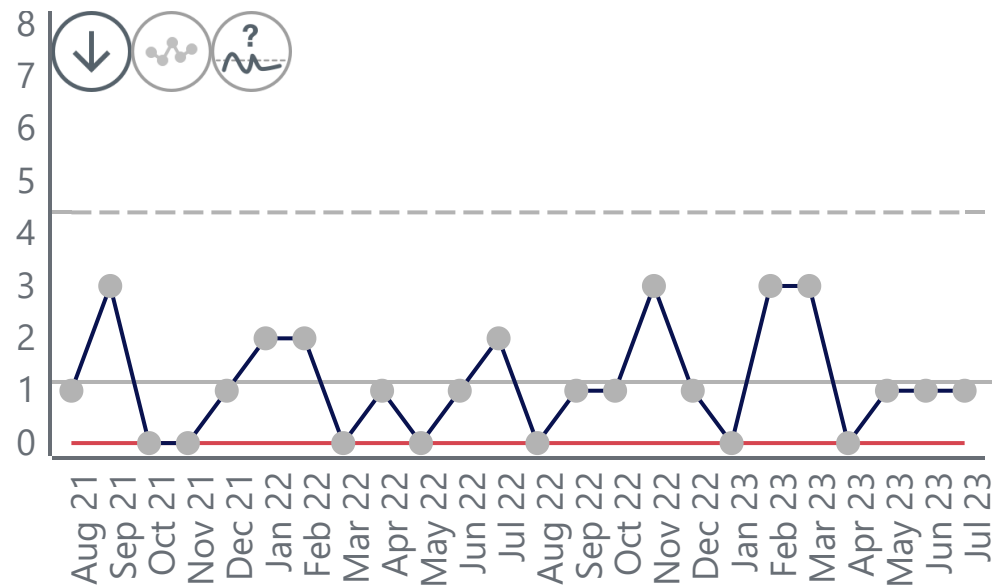
MRSA Bacteraemias



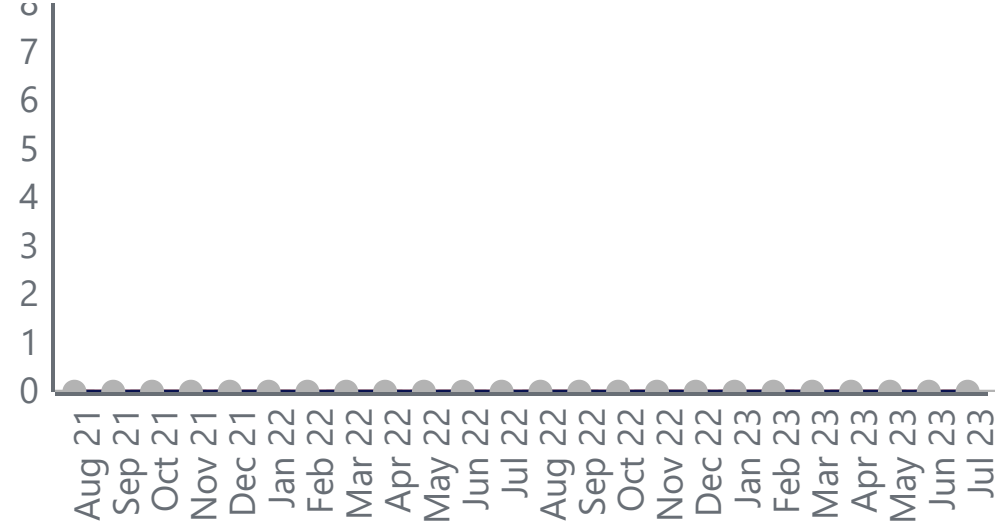
Clostridium Difficile



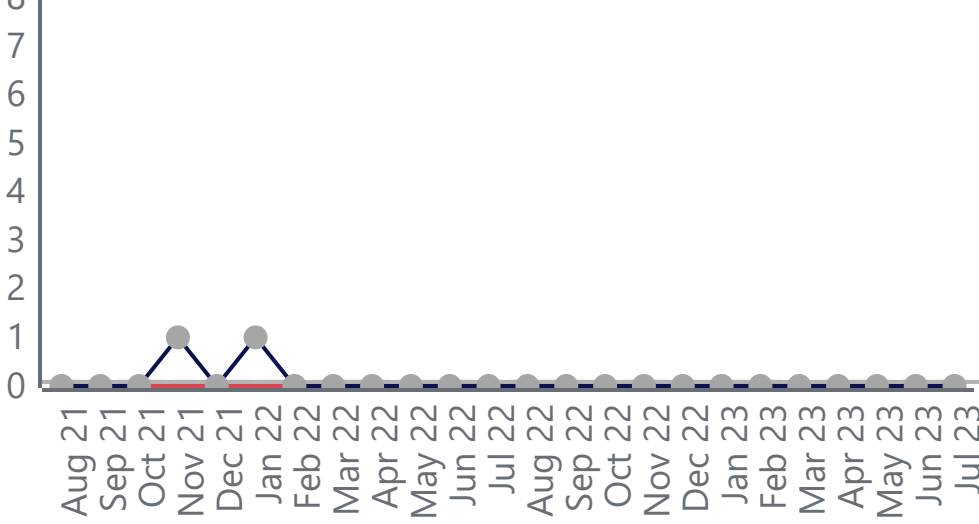
Gram Negative Bacteraemias



Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)

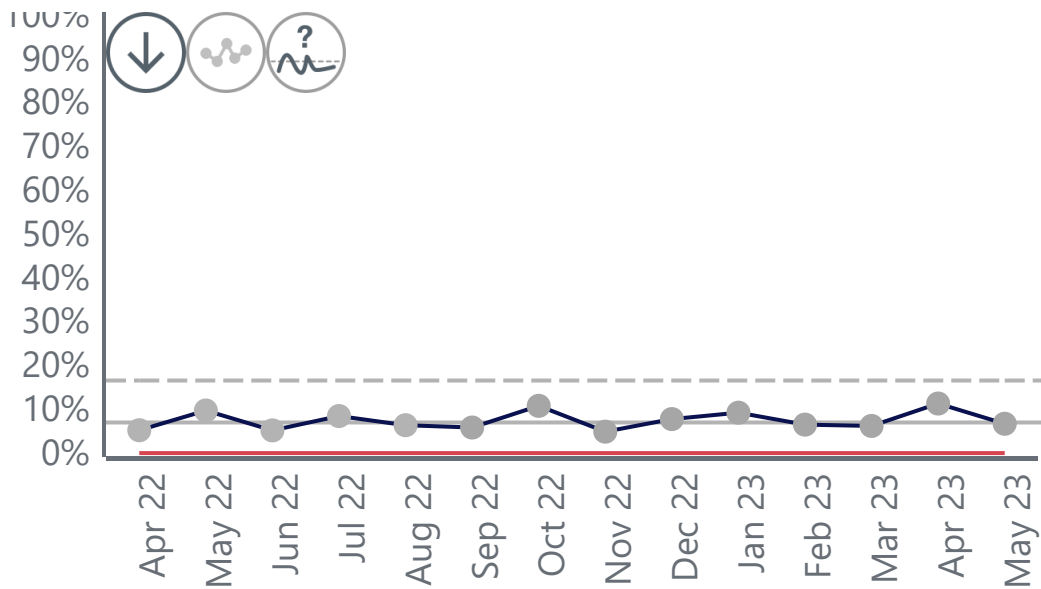


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

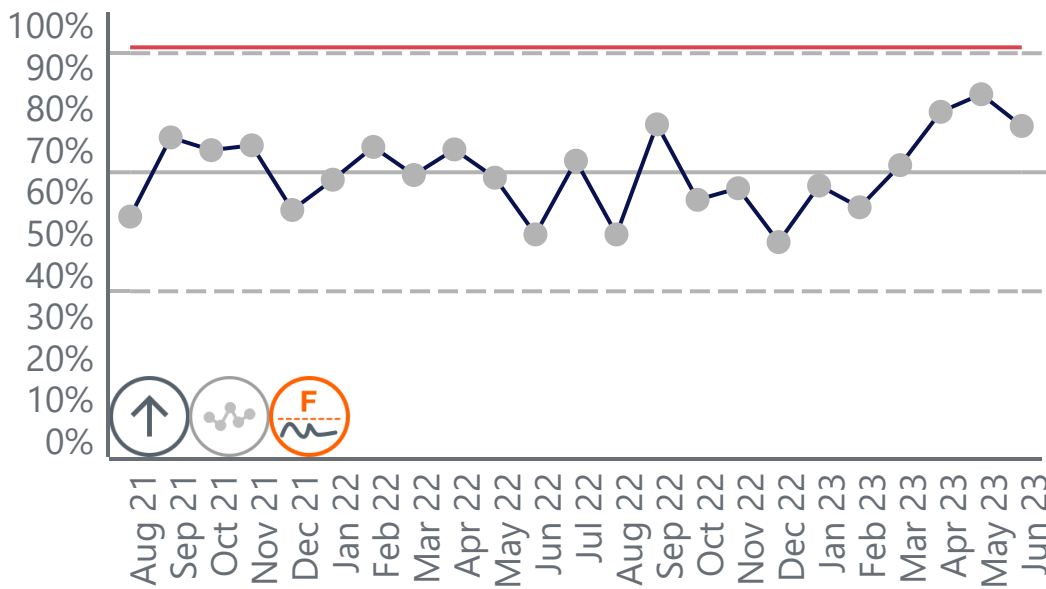


Quality of Care - Watch Metrics

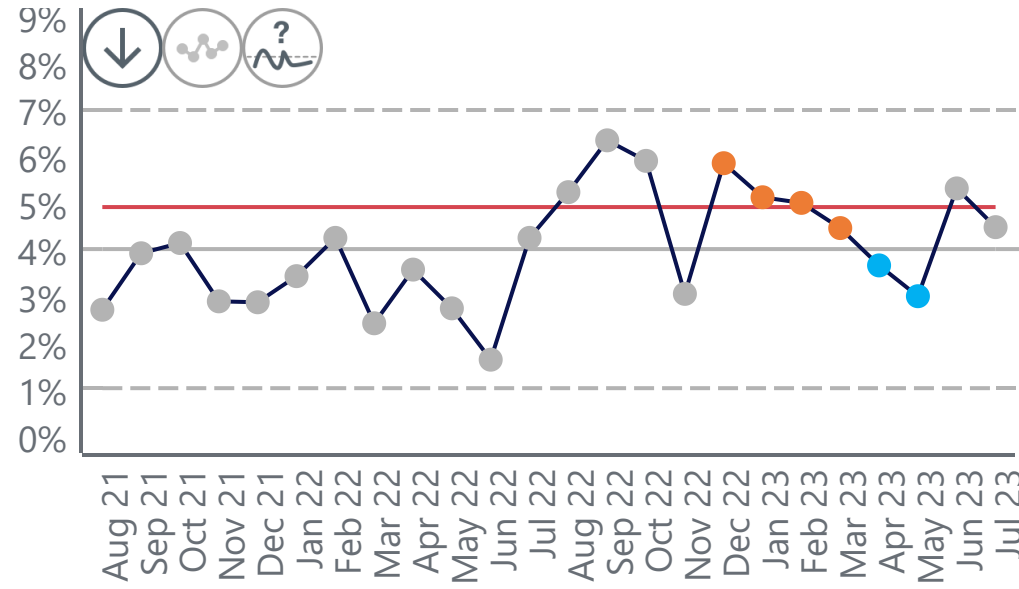
Surgical Site Infections



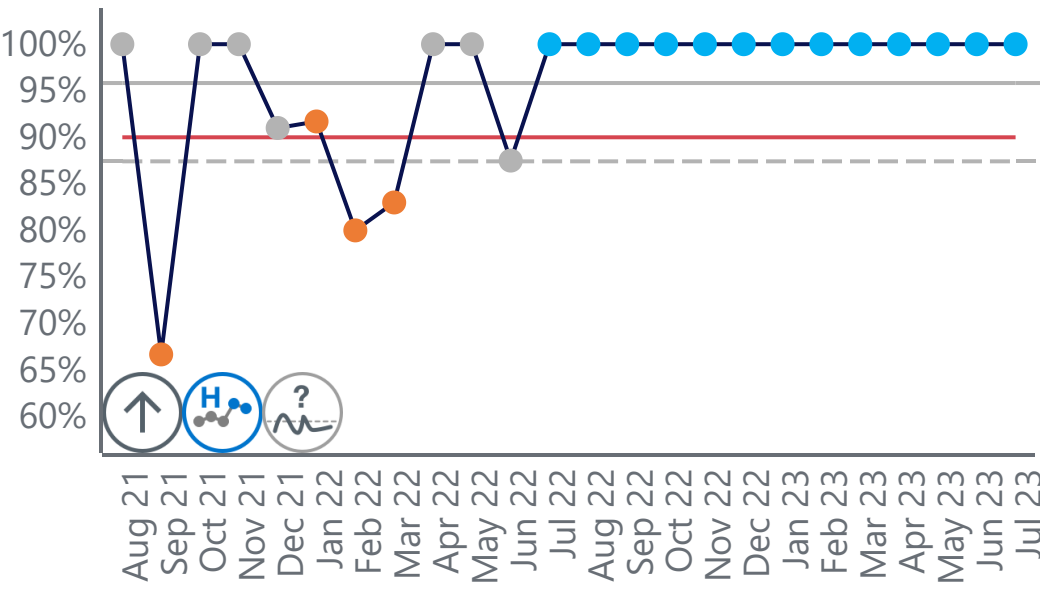
Primary PCI - 150 minute 'Call-to-balloon' (national target)



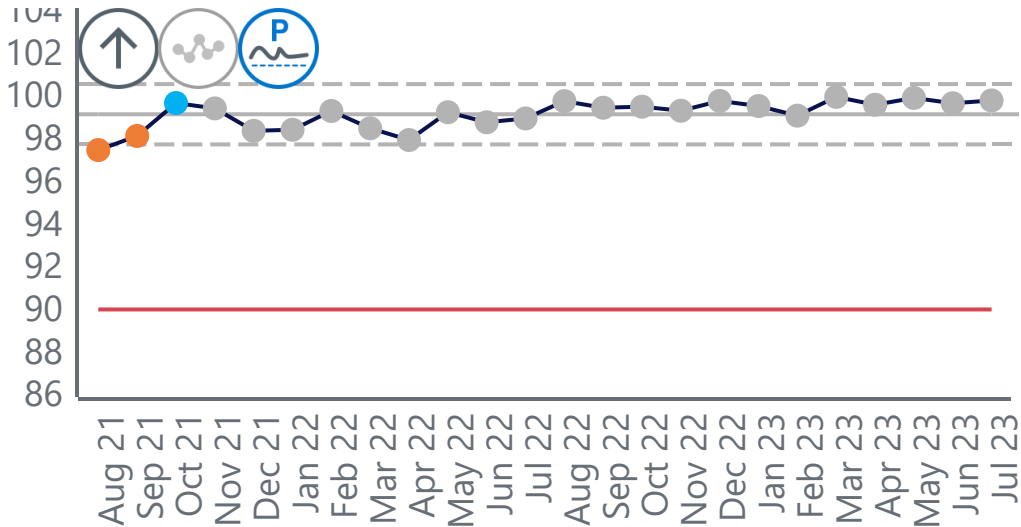
Delayed Transfers of care



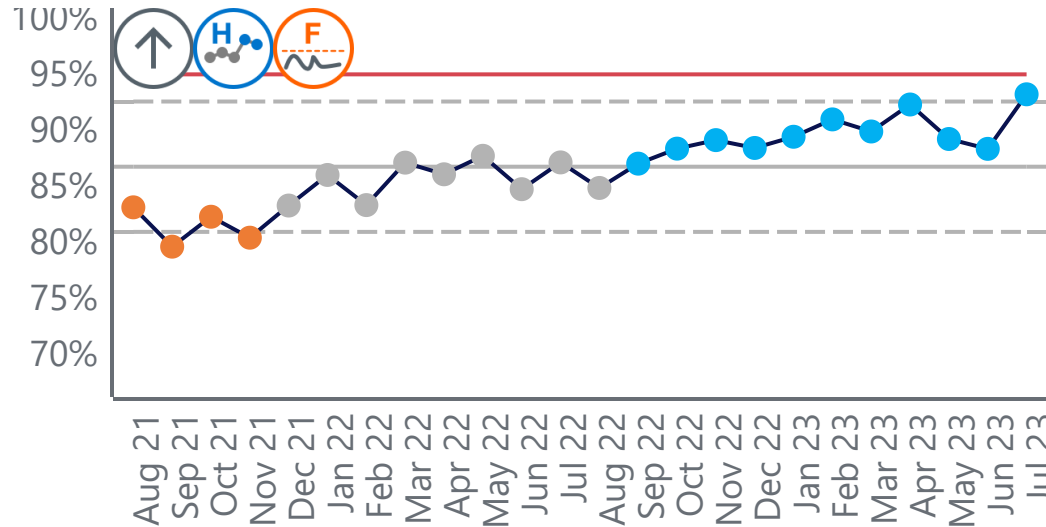
Dementia - Find



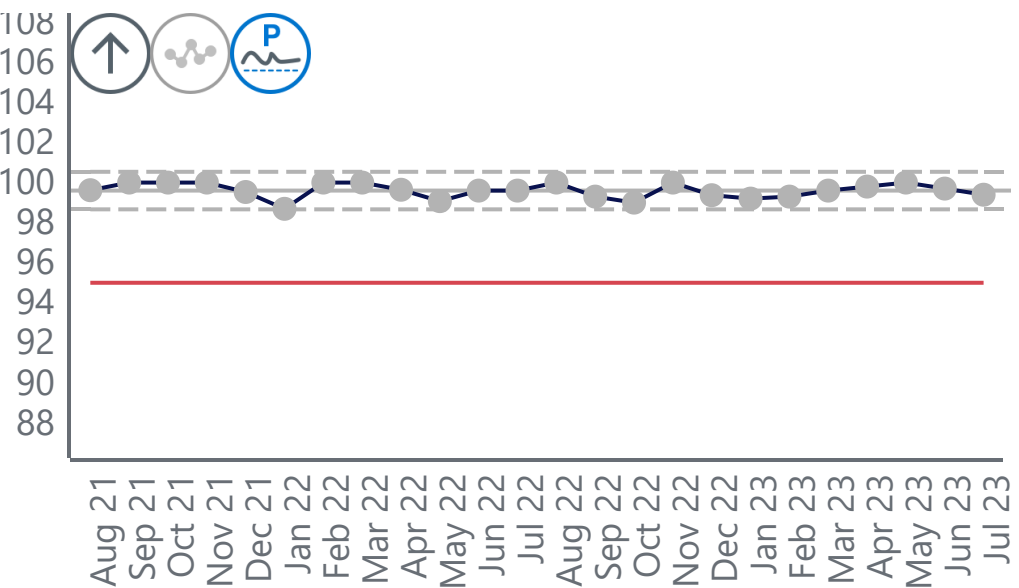
Delirium Risk Assessment to be completed on Admission and once a day



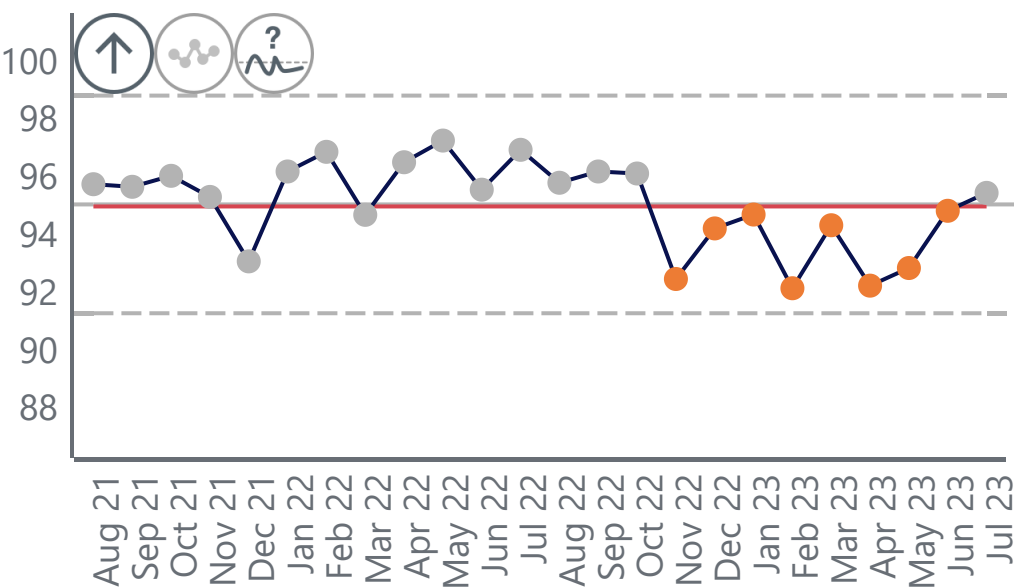
95% of all patients to receive a copy of their Discharge Summary on day of discharge



FFT: REPUTATION



Venous thromboembolism (VTE) risk assessment



Finance

SRO: Karen Edge, Chief Finance Officer

Highlights:

The Month 4 position is a £964k surplus, which is £145k better than plan in month. The YTD surplus is £3,111k which is £164k worse than plan. The single largest cause of the variance in the year to date is undelivered CIP. Income has been matched to plan consistent with NHSE guidance in light of continued industrial action impacting upon activity and national guidance being awaited on the approach to be taken to mitigate the financial effect for systems. Whilst the Trust has seen activity impacted by industrial action, the overall underlying position on income remains broadly consistent with plan. In addition, private patient income continues to track positively against plan. Pay costs are underspent in July by £63k and YTD by £37k. Nursing costs are within budget despite over-establishment in some areas and the cost of bank and agency have reduced significantly from last year.

Areas of Concern:













The most significant budgetary pressure is undelivered CIP. The Divisions have a 3% target which is added to undelivered CIP from previous years giving a total Divisional CIP of £4,942k for the year. Interest receivable has also been added to the CIP target, giving a Trust total of £5,904k. To date the Divisions have identified 75% of their CIP target for the year, only 23% has currently been transacted leading to the adverse budgetary impact. The Divisions continue to work on progressing identified schemes to delivery whilst also exploring key lines of enquiry to bridge the unidentified gap. Support is provided by the Finance team and Procurement colleagues in terms of opportunities and project planning. Further confirm and challenge sessions are in place in September with Divisions and COO/CFO.

Forward Look (with actions):

The Trust is forecasting to achieve the agreed surplus plan. Work is required to deliver the CIP plan recurrently and is underway, however, there are sufficient mitigations in place to address the slippage and achieve the plan. Further risks are associated with an uptake in industrial action and further elective cancellations impacting adversely on income to a greater degree than that experienced so far. There is emerging guidance that NHSE will provide support for the financial impact of industrial action to systems but this is yet to be fully communicated. In addition, the Trust continues to monitor the impact of inflationary price increases and workforce pressures.



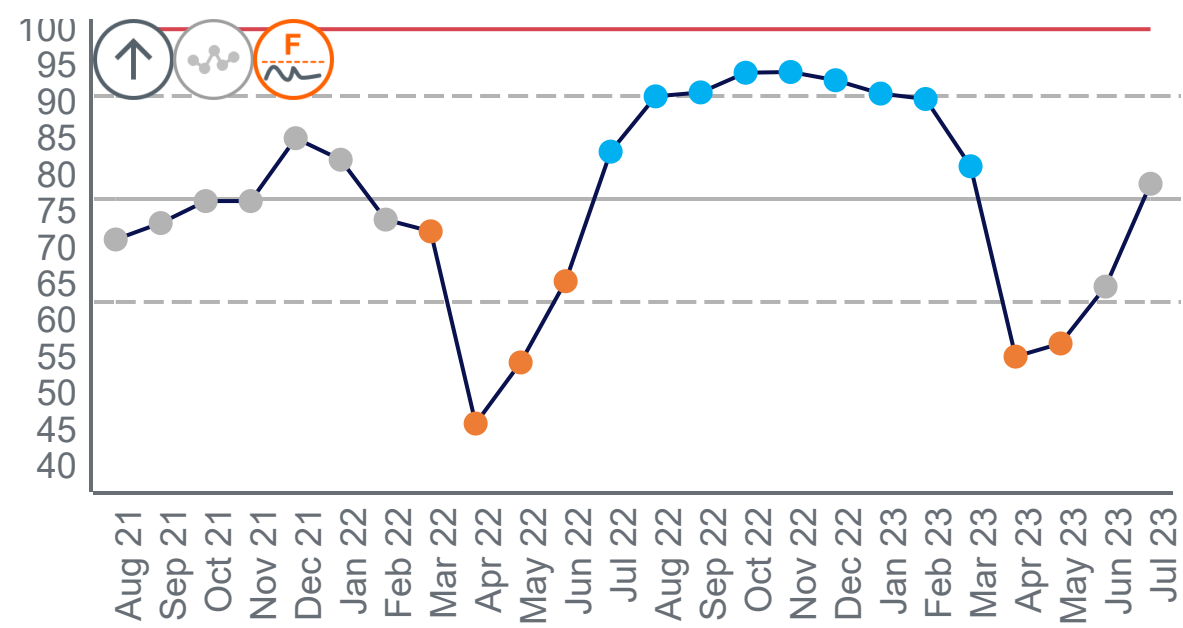
Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
Better Payment Practice Code	Jul-23	98.1	95	98.80		
I & E distance from target (cumulative) - £,000	Jul-23	-164	0	-164		
Liquidity (days)	Jul-23	24		23		
Recurrent CIP identified	Jul-23	78.8	100	78.8		
Capital Expenditure (Trust Level)	Jul-23	640000	1602000	640000		
Cash in Bank (Trust Level)	Jul-23	50124000		42885697		



Finance - Drive Metrics

Recurrent CIP identified



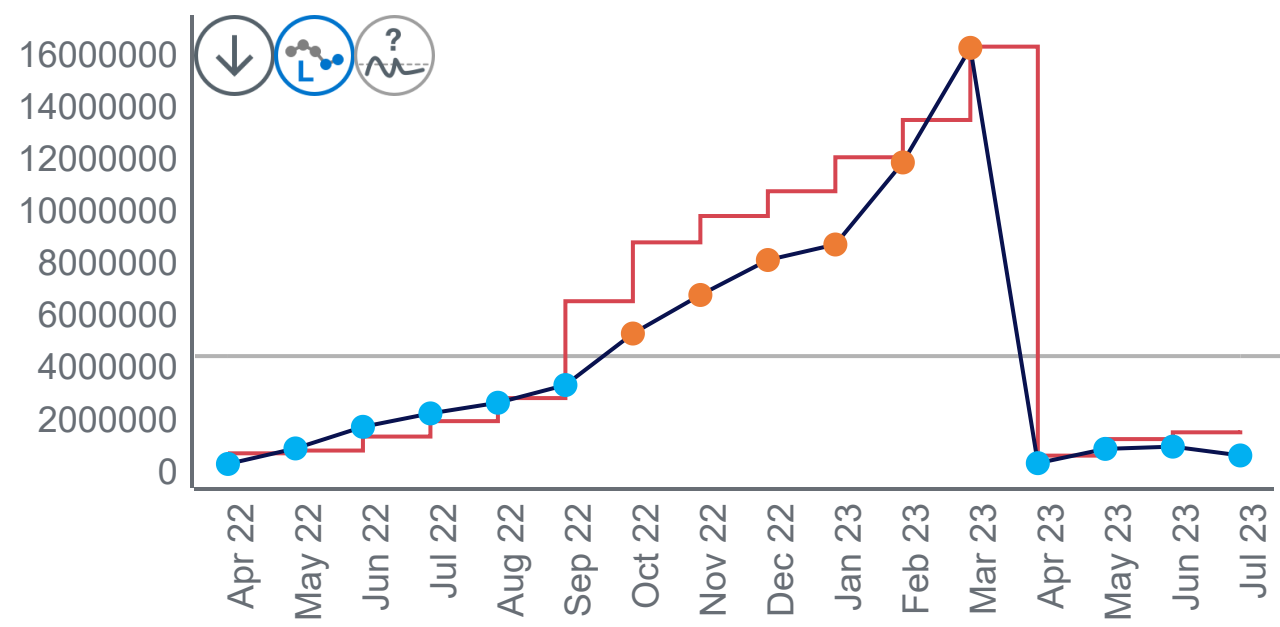
Technical Analysis:

As the trust enters the second quarter of 23/24 July position remains below target with room to close gap. In comparison to 2022/23 the trust is slightly behind the comparable month.

Actions:

Weekly monitoring of progress through gateways and identification of schemes against the target is in place. The Divisions continue to engage with teams on opportunities for CIP and progress ideas.

Capital Expenditure (Trust Level)



Technical Analysis:

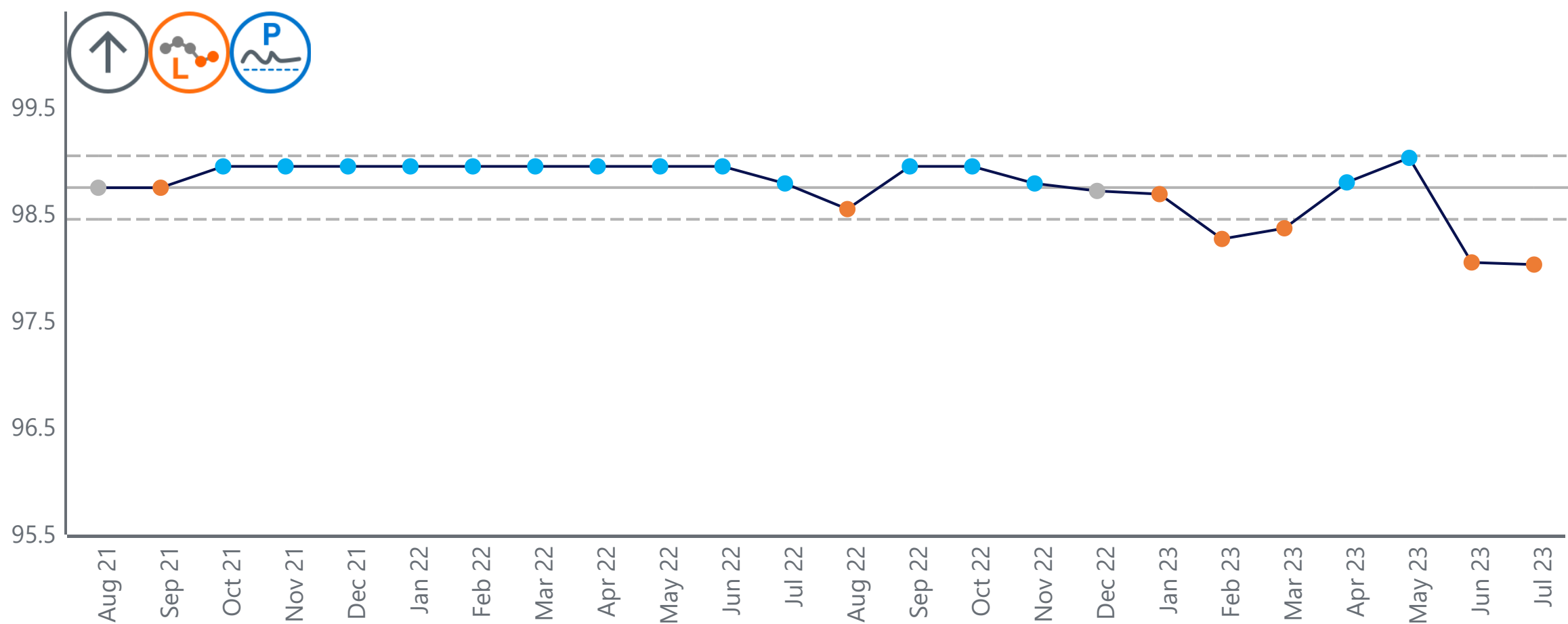
Performance is based on the beginning of the new financial year 2023/24. Early performance for 2023/24 is below target and the same period 2022/23.

Actions:

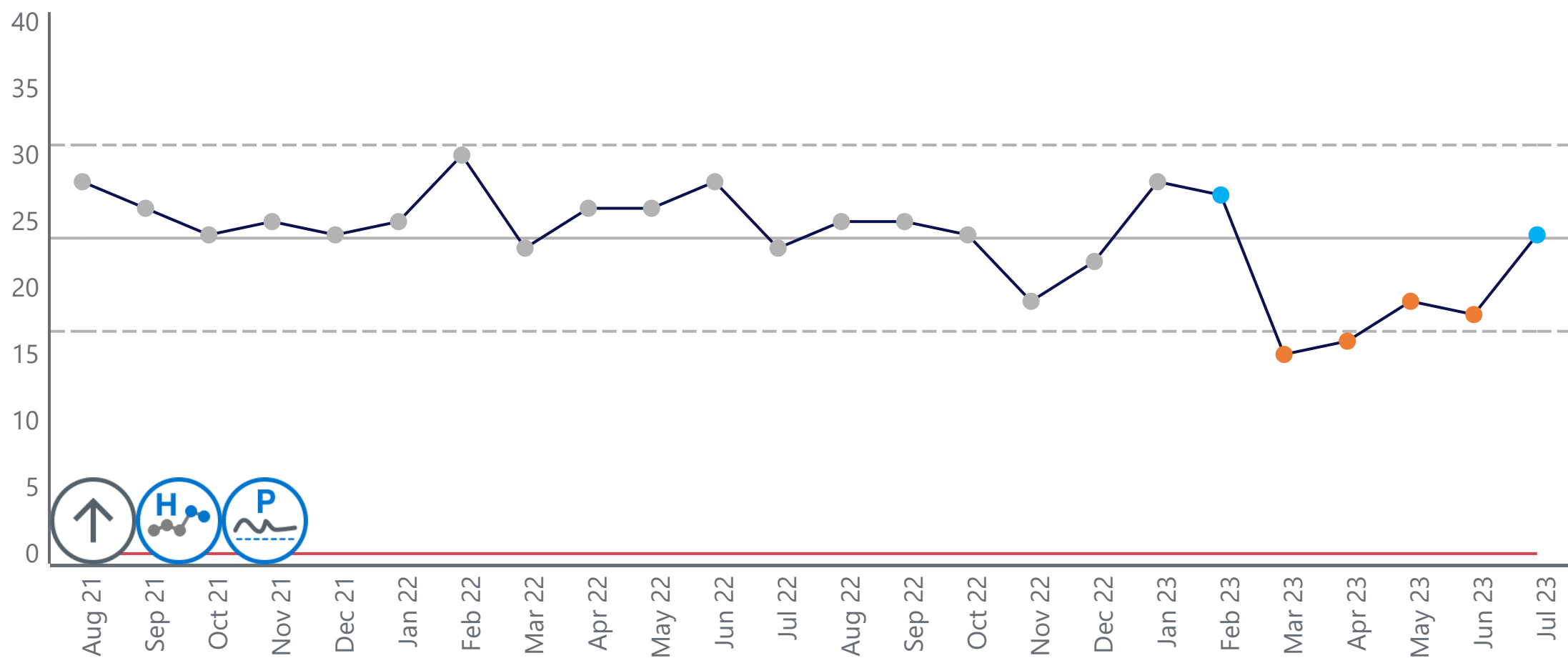
Capital commitments have been agreed against the allocation and are monitored by the Capital Management Group. Where risks emerge the group will re-prioritise resource within the allocation.

Finance - Watch Metrics

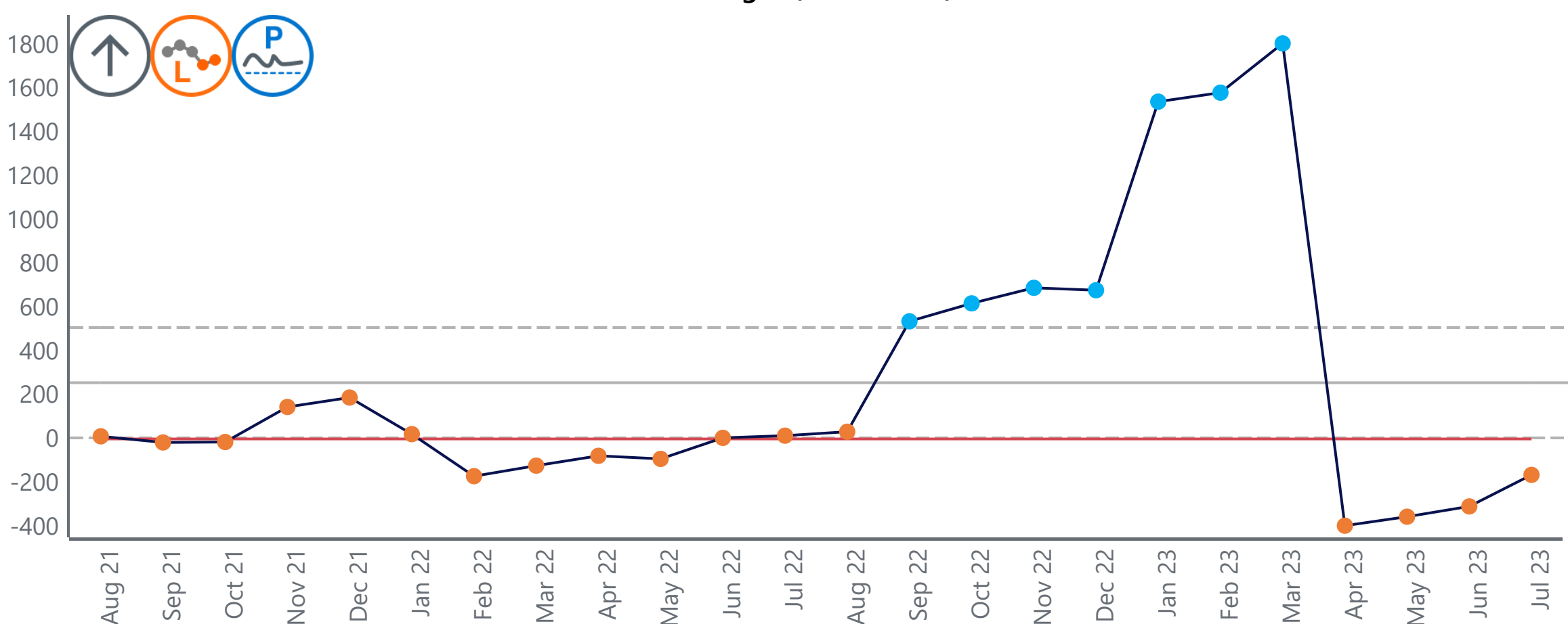
Better Payment Practice Code



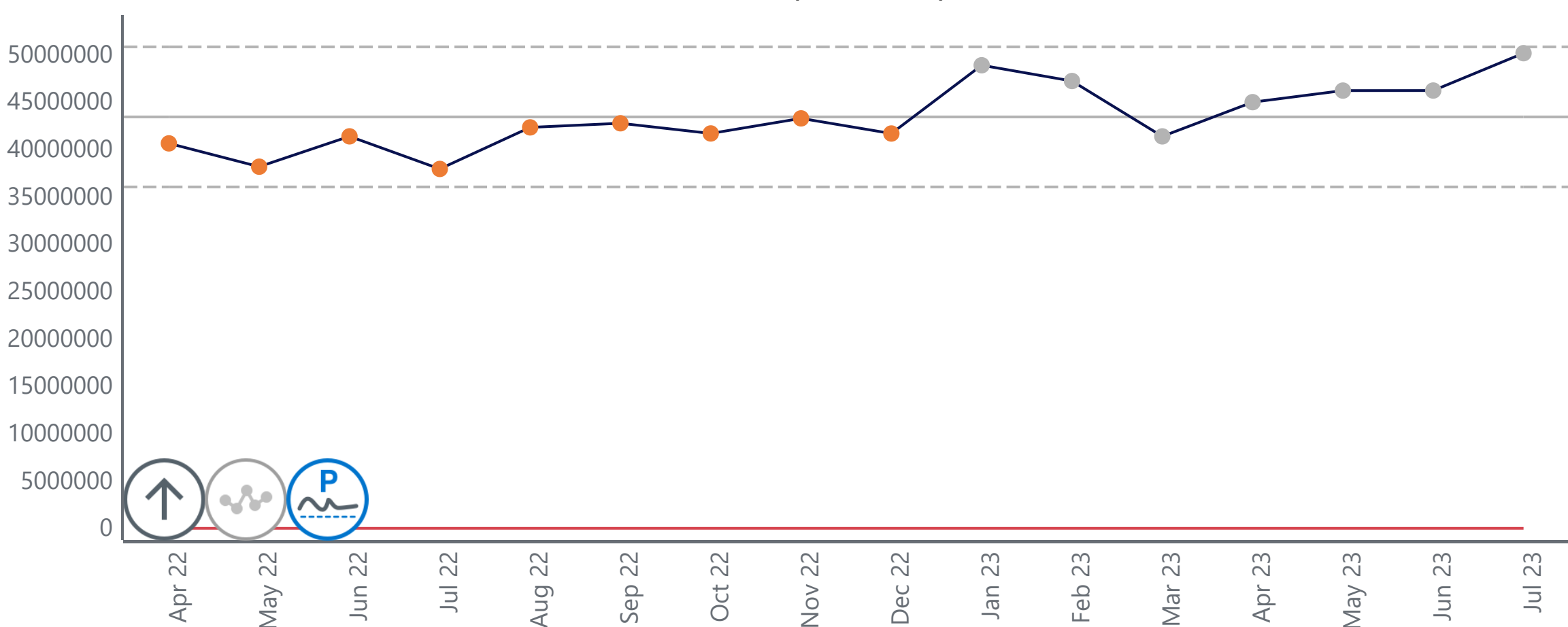
Liquidity (days)



I & E distance from target (cumulative) - £,000



Cash in Bank (Trust Level)



People

SRO: Karen Nightingall, Chief People Officer

Highlights:

A slow and steady trend of improvement in Mandatory Training compliance figures was observed in the past quarter. This tracked at 96.4% in July 23.

The Culture and Wellbeing Strategy has been socialised with positive feedback and the strategy has been scheduled for ratification at People Committee on 6th September.

A 'You Said, We Listened' Campaign has been developed as a staff engagement initiative to support the lead up to the launch of the NHS Staff Survey in September.

Reflective space for managers has been introduced and training for 'Hot Debriefs' is being rolled out across high stress environments.

Staff Turnover is at its lowest reported level since Aug-21. The Retention Action Plan is ongoing. There were 10 exit interviews completed in July, 9 out of 10 would consider returning to LHCH and all responses would recommend LHCH as a place to work. All responses would be happy if a friend or relative needed treatment at LHCH. Improvements to the leaver form and exit interview process are being made to improve the intelligence and quality of data.

Areas of Concern:

Whilst sickness absence decreased in July 23 - reporting at 4.14%, sickness levels remain above the target and remains an area of focus. The top three reasons for sickness in July 23 were Anxiety/stress/depression/other psychiatric illnesses at 32.54%, MSK problems at 12.81% and Gastrointestinal problems at 9.62%. The split between long term (LT) and short term (ST) has shown that LT sickness has increased, reporting at 2.29% in July with ST reporting at 1.85%.

Actions include:















- Improved reporting and oversight of cases for the HR Business Team
- Monthly case review meetings remain in place with Managers - ensuring that OH referrals and support is identified at the earliest opportunity.
- The review of the Managing Attendance Policy is underway.
- An enhanced Psychological Support offer is in place.

Forward Look (with actions):

Building manager & leadership capability and confidence through training will be rolled out as part of the implementation of the MA policy. The next Live Well Work Well Event is scheduled to take place on 12th September 2023. Planning has commenced to introduce a 'Restoration Space' for staff to relax and recharge.



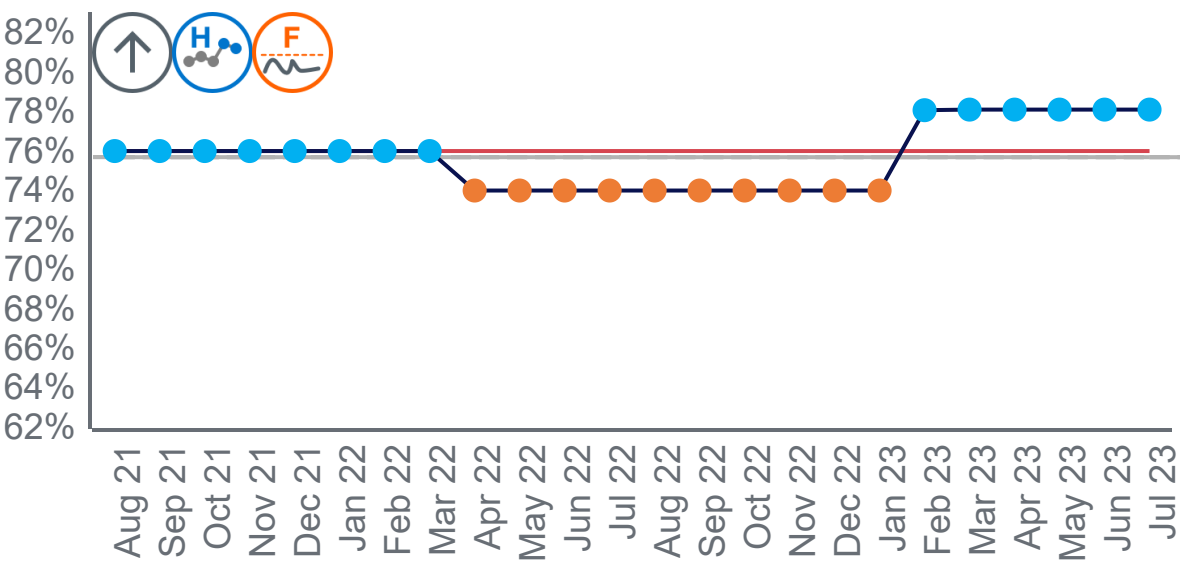
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Jul-23	75.4	>=90%	85.9		
Mandatory Training Compliance	Jul-23	96.6	>=95%	94.0		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Jul-23	78.1	>=76%	75.3		
Staff Turnover	Jul-23	10.8	<=10%	12.0		
Staff Sickness (All Staff)	Jul-23	4.14	<=3.4%	5.2		
Long Term Sickness	Jul-23	2.29	<=3.4%	3.1		
Short Term Sickness	Jul-23	1.85	<=3.4%	2.1		



People - Drive Metrics

NHS Staff Survey - Staff recommendation of the organisation as a place to work



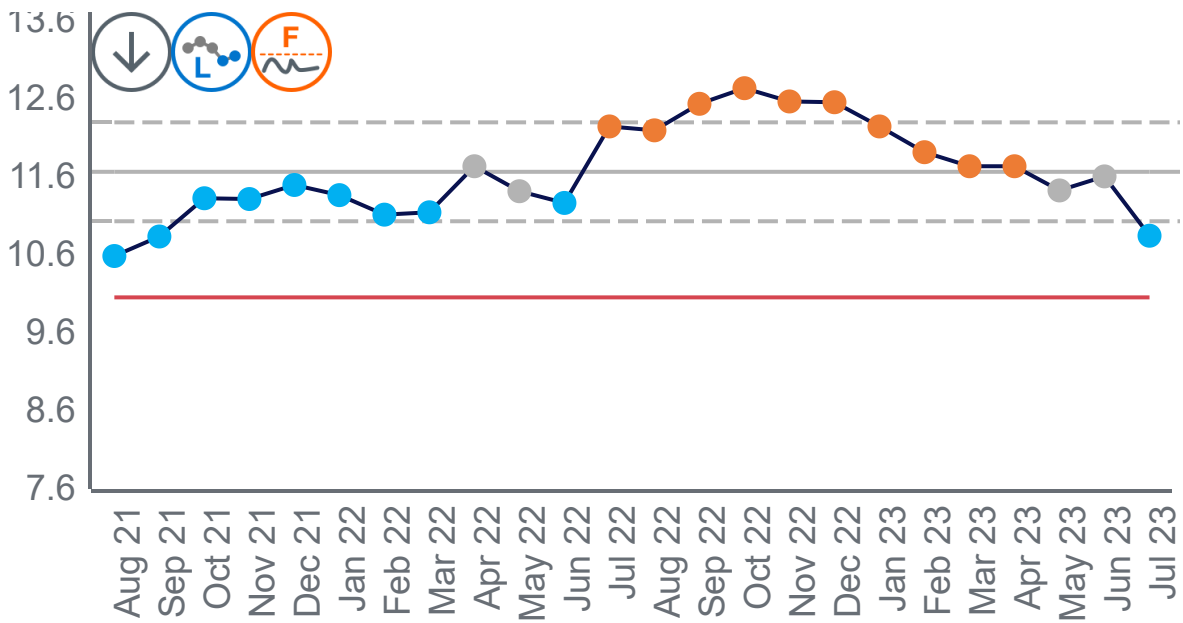
Technical Analysis:

2021/22 vs 2022/23 demonstrates a shift in performance from achieving target of 76% to failing with a performance of 74%. Most recent results have pushed performance above by achieving 78% for 2023/24.

Actions:

Figure remains above 76%. Staff Survey launch planned for September 2023.

Staff Turnover



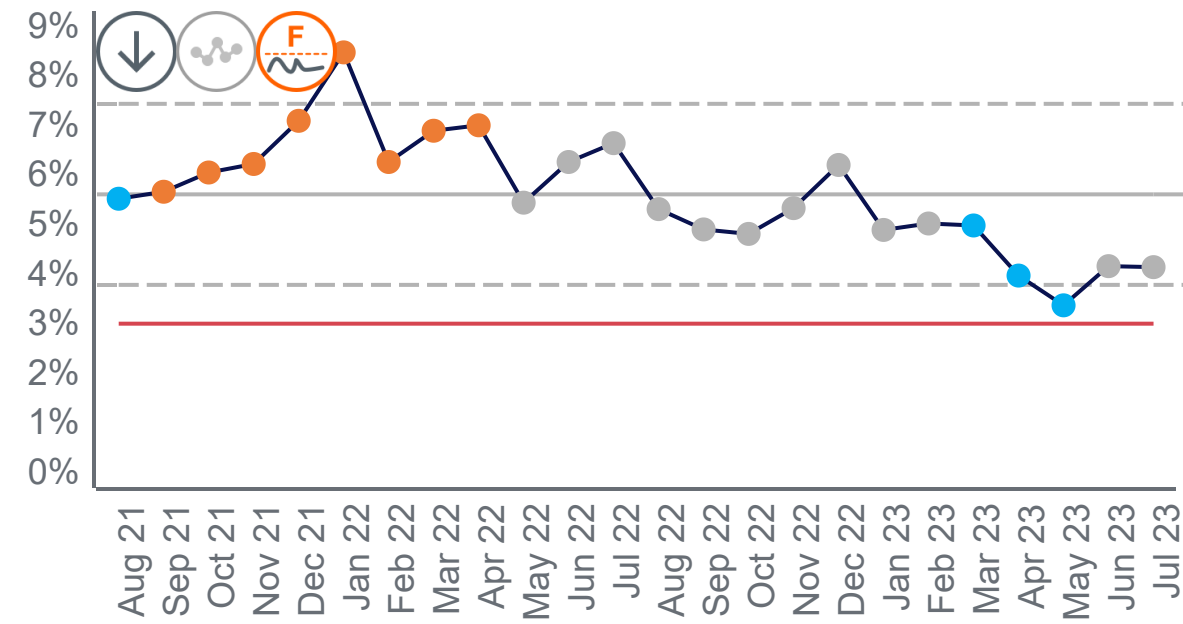
Technical Analysis:

Turnover has shown reduction over the last 7 months and is displaying Special Cause Improvement. Previous levels could create a substantial risk. The trusts average for 2023/24 is 11.3% against a target of 10% with July performance displaying 10.8%.

Actions:

Turnover is at its lowest reported level since Aug-21. The Retention Action Plan is ongoing. Full update added to the Highlight section of the People Summary.

Staff Sickness (All Staff)



Technical Analysis:

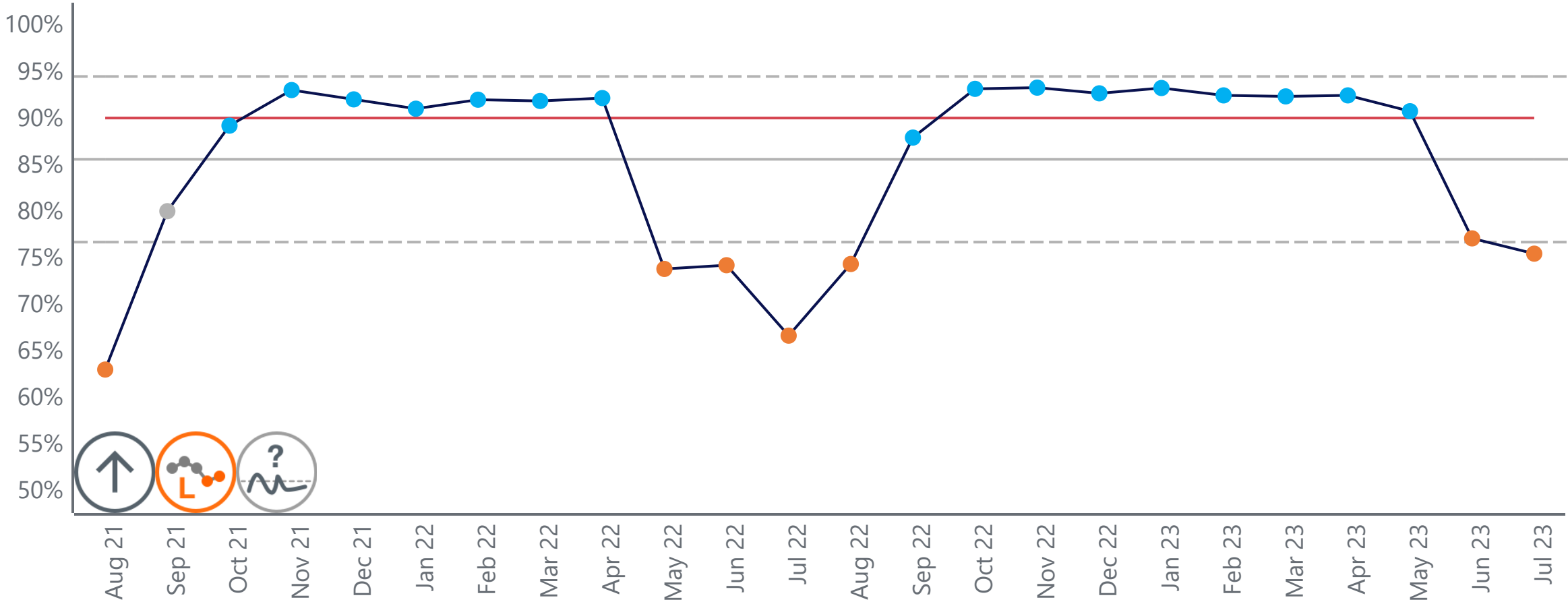
Total absence in July was 4.1%, this is above the target of 3.4%. Before June performance Sickness had shown Special Cause Improvement for 3 consecutive months.

Actions:

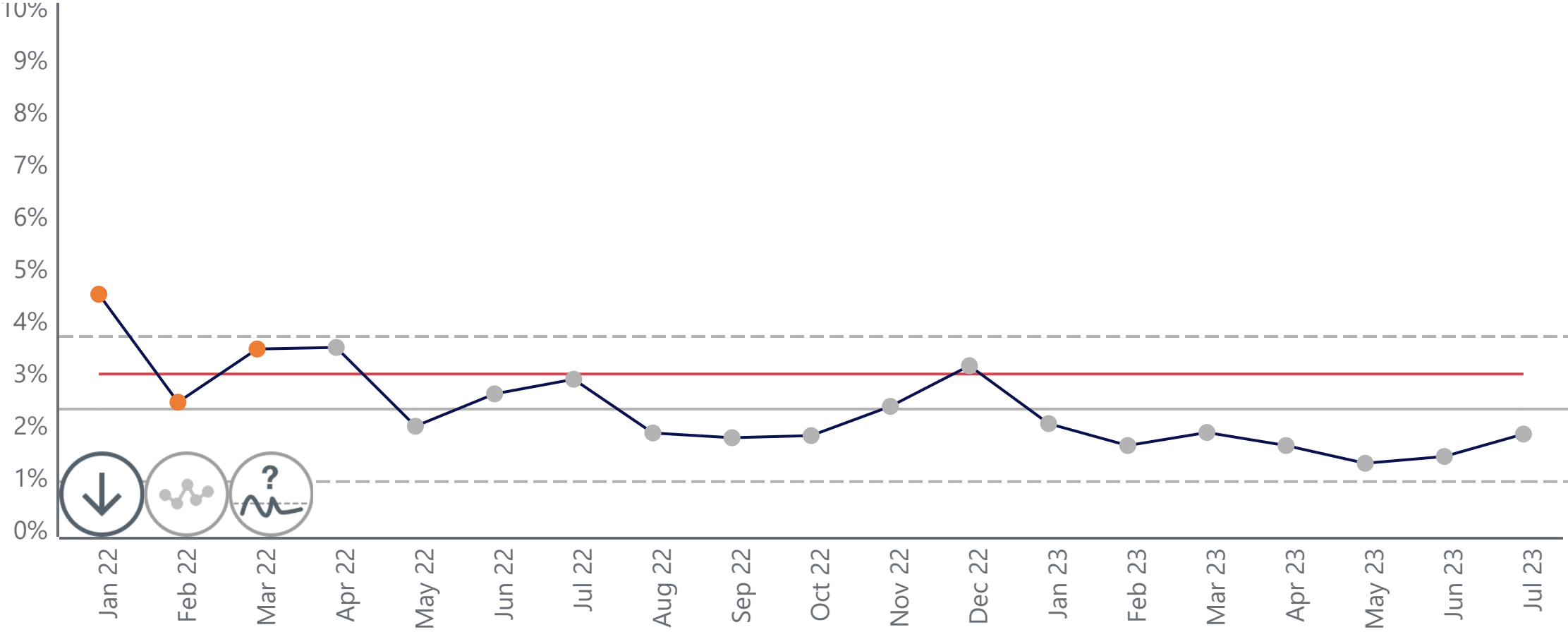
A new reporting model has been created for the HR Business Team to provide a centralised absence report and oversight. The HRA's / HRBP will detail the absence management plan for every case which will be shared with divisional leads.

People - Watch Metrics

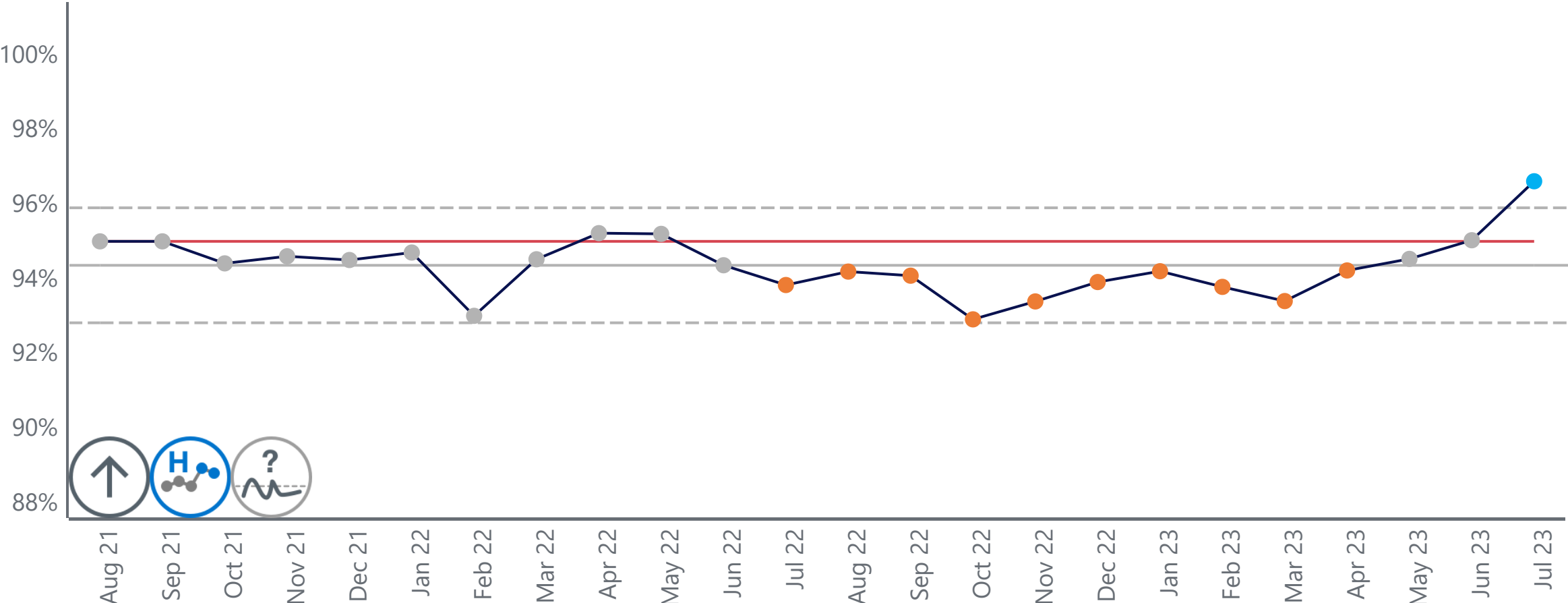
Appraisals Compliance



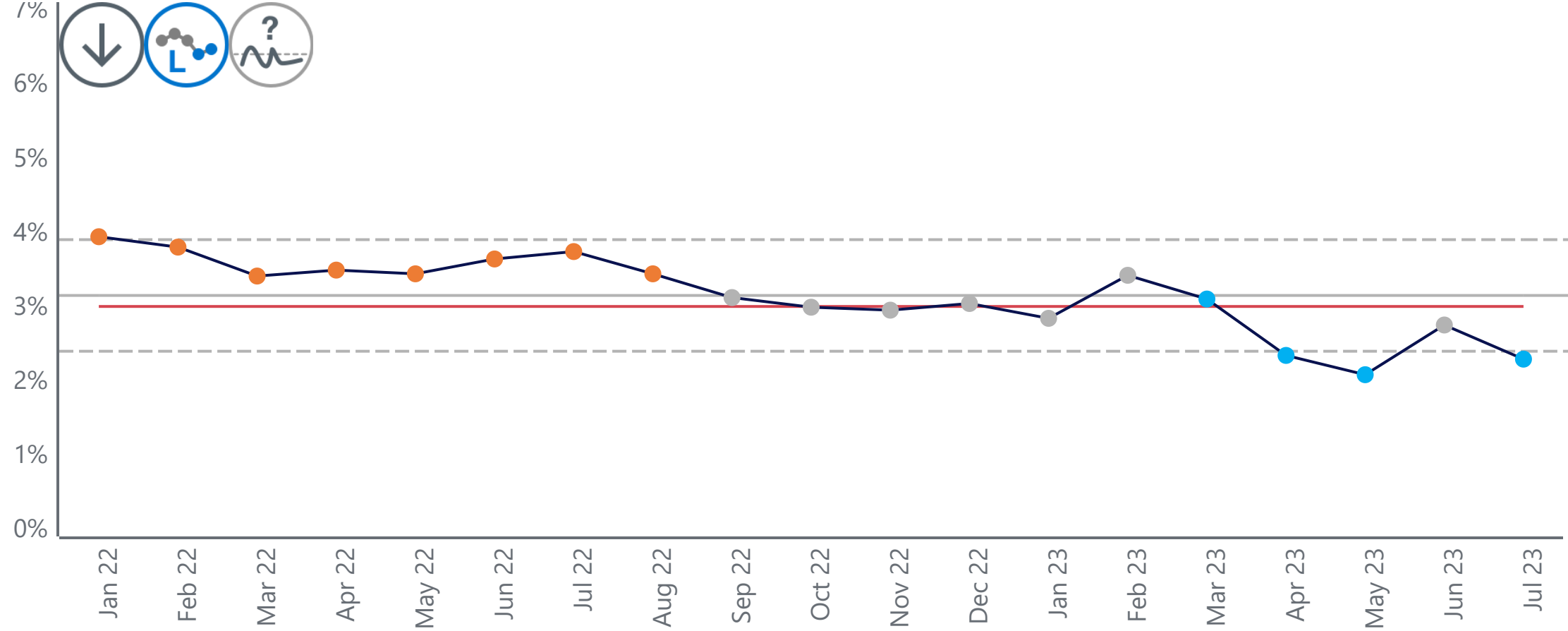
Short Term Sickness



Mandatory Training Compliance



Long Term Sickness





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