

# Item 4.1a

## LIVERPOOL HEART AND CHEST HOSPITAL PERFORMANCE REPORT



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

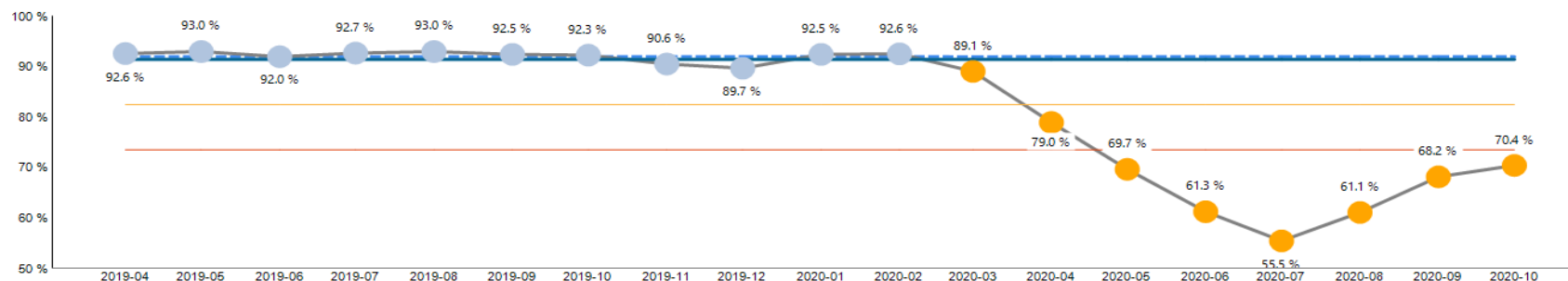
Operational Performance				Operational Performance				Quality of Care				Organisational Health			
measure	target	in month	variation	measure	target	in month	variation	measure	target	in month	variation	measure	target	in month	variation
RTT 18 weeks in aggregate - Incomplete Pathways	92.0%	70.44%		Cancer: 14 day GP referral to 1st Outpatient Appointment	93.0%	100.0%		Quantity of complaints	6	5		Staff Sickness (All Staff)	3.4%	4.9%	
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	85.0%	100.0%		Cancer: 31 day diagnosis to 1st treatment for all cancers	96.0%	100.0%		Occurrence of any Never Events	0	0		Executive Team Turnover	25.0%	8.49%	
Maximum 6-week wait for diagnostic procedures	99.0%	62.9%		Cancer: 31 day Second or subsequent treatment (surgery & drug)	94.0%	100.0%		Mixed sex accommodation breaches	0	0		Mandatory Training Compliance	95.0%	92.65%	
Dementia - Find	90.0%	100.0%		Cancer: 62 day Consultant Upgrade	85.0%	100.0%		Inpatient scores from Friends & Family Test - % positive	95.0%	100.0%		Appraisals Compliance	90.0%	78.26%	
Dementia - Assess	90.0%	100.0%		Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	95.0%	70.49%		Venous thromboembolism (VTE) risk assessment	95.0%	90.48%					
Dementia - Refer	90.0%	100.0%		In-Hospital mortality	11	15		Clostridium Difficile	0	0					
Cancelled Operations for non-clinical reasons	2.0%	5.9%						MRSA Bacteraemias	0	0					
Patients not booked in within 28 days (non clinical cancellations)	0	0						MSSA Bacteraemias	0	1					
Delayed Transfers of care	5.0%	3.69%						Gram Negative Bacteraemias	0	2					
Bed Occupancy	80.0%	69.15%						Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses	100	120					
Referral to treatment - Incomplete Pathways 52+ weeks	0	31						Hospital Standardised Mortality Ratio (HSMR) - all diagnoses	100	110					
								Outpatient scores from Friends & Family Test - % positive	95.0%	100.0%					

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## RTT 18 weeks in aggregate - Incomplete Pathways

Percentage of patients whose clock has not stopped during the calendar month where the clock period is less than 18 weeks

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=92%	92.6%	93.0%	92.0%	92.7%	93.0%	92.5%	92.3%	90.6%	89.7%	92.5%	92.6%	89.1%	79.0%	69.7%	61.3%	55.5%	61.1%	68.2%	70.4%



Concern

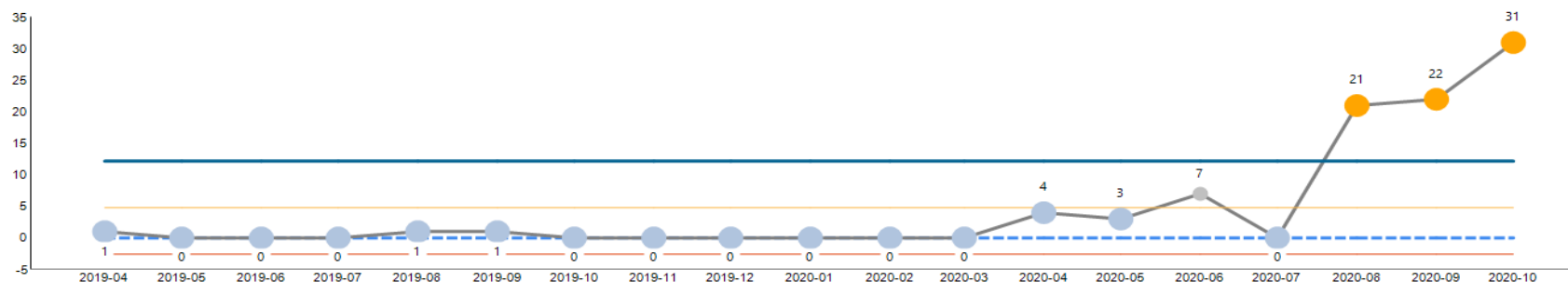
ucl	91.48%
mean	82.51%
target	92.0%
lcl	73.55%

**Commentary:**  
Performance continues to improve and is in line with the internal recovery trajectory. Progress has been slower during October due to the reduced levels of elective activity.

## Referral to treatment - Incomplete Pathways 52+ weeks

Count of all patients on an incomplete pathway waiting over 52 weeks (English & Non-English)

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
<0	1	0	0	0	1	1	0	0	0	0	0	0	4	3	7	0	21	22	31



Concern

ucl	12
mean	5
target	0
lcl	-3

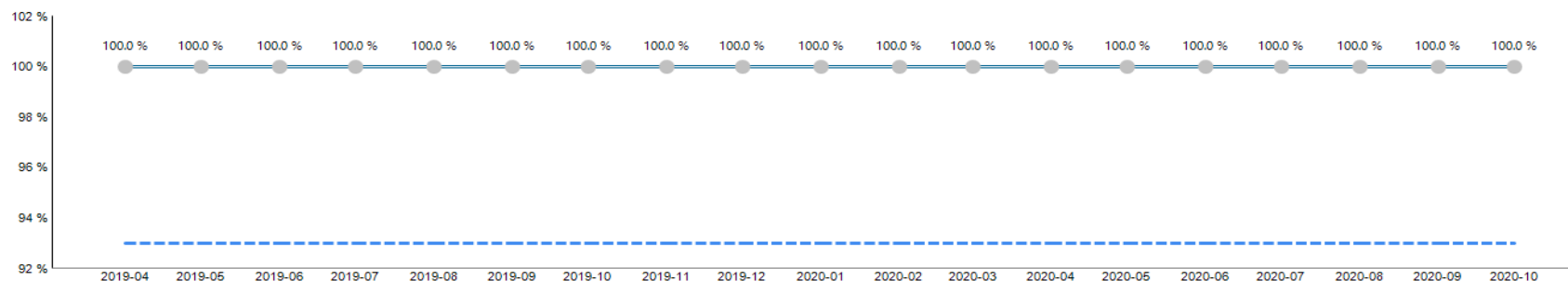
**Commentary:**  
Long waiting patients continue to increase across the Surgical and Medicine Division. Harm reviews are undertaken for all long waiting patients and discussed at the Weekly Performance Committee. A targeted improvement trajectory is in development for reducing over 52 week waiters.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Cancer: 14 day GP referral to 1st Outpatient Appointment

Patients waiting a maximum of two weeks from an urgent GP referral for suspected cancer to date first seen by specialist

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=93%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause

ucl	100.0%
mean	100.0%
target	93.0%
lcl	100.0%

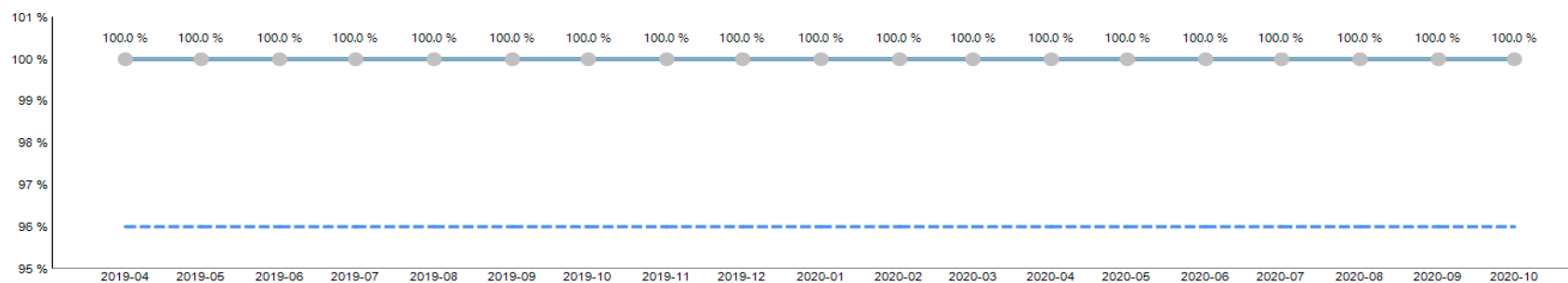
### Commentary:

No exceptions to note.

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

Patients waiting a maximum of 31 days from diagnosis to first definitive treatment

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause

ucl	100.0%
mean	100.0%
target	96.0%
lcl	100.0%

### Commentary:

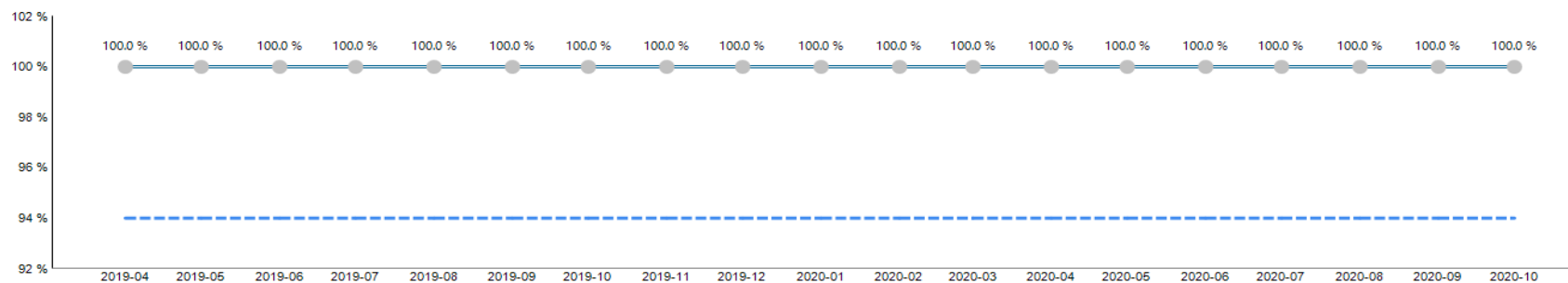
No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Cancer: 31 day Second or subsequent treatment (surgery & drug)

Patients waiting a maximum of 31 days for all subsequent treatments

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause

ucl	100.0%
mean	100.0%
target	94.0%
lcl	100.0%

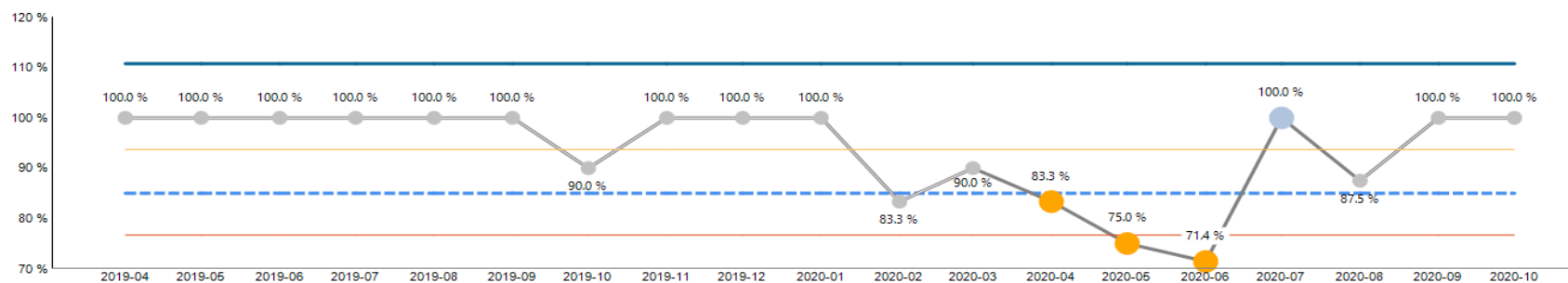
### Commentary:

No exceptions to note.

## Cancer: 62 day Consultant Upgrade

Patients waiting a maximum of 62 days from a consultant decision to upgrade the urgency of a patient they suspect to have cancer to first treatment

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=85%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	83.3%	90.0%	83.3%	75.0%	71.4%	100.0%	87.5%	100.0%	100.0%



Common Cause

ucl	110.78%
mean	93.72%
target	85.0%
lcl	76.65%

### Commentary:

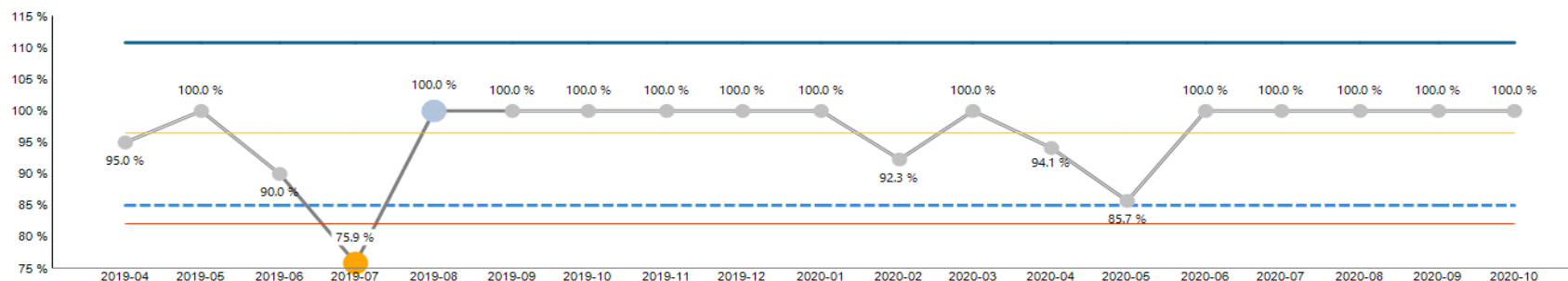
No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

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

Proportion of patients referred for cancer treatment by their GP who have currently been waiting for less than 62 days for treatment to start

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=85%	95.0%	100.0%	90.0%	75.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	94.1%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause

ucl	110.84%
mean	96.47%
target	85.0%
lcl	82.11%

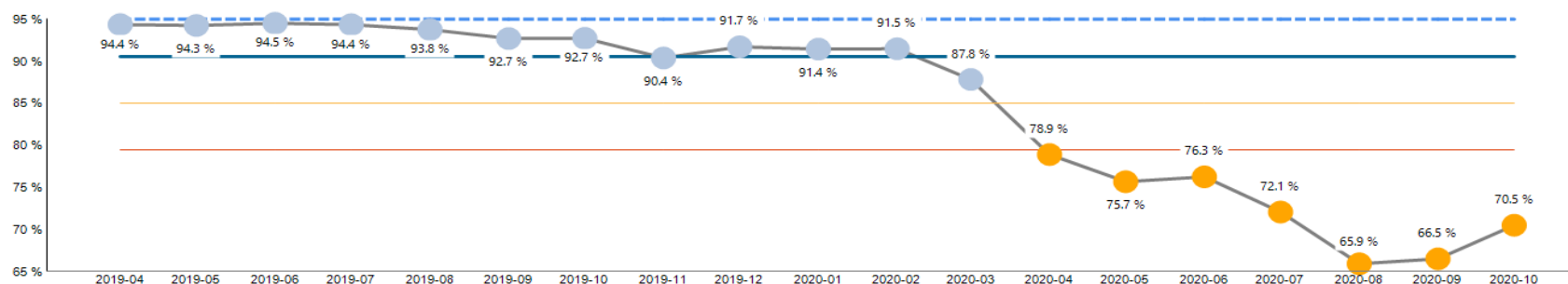
### Commentary:

No exceptions to note.

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

Count of the number of Welsh patients whose clock period is less than 26 weeks during the calendar months of the return/Count of number of Welsh patients whose clock has not stopped during the calendar months of the return

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=95%	94.4%	94.3%	94.5%	94.4%	93.8%	92.7%	92.7%	90.4%	91.7%	91.4%	91.5%	87.8%	78.9%	75.7%	76.3%	72.1%	65.9%	66.5%	70.5%



Concern

ucl	90.56%
mean	85.02%
target	95.0%
lcl	79.48%

### Commentary:

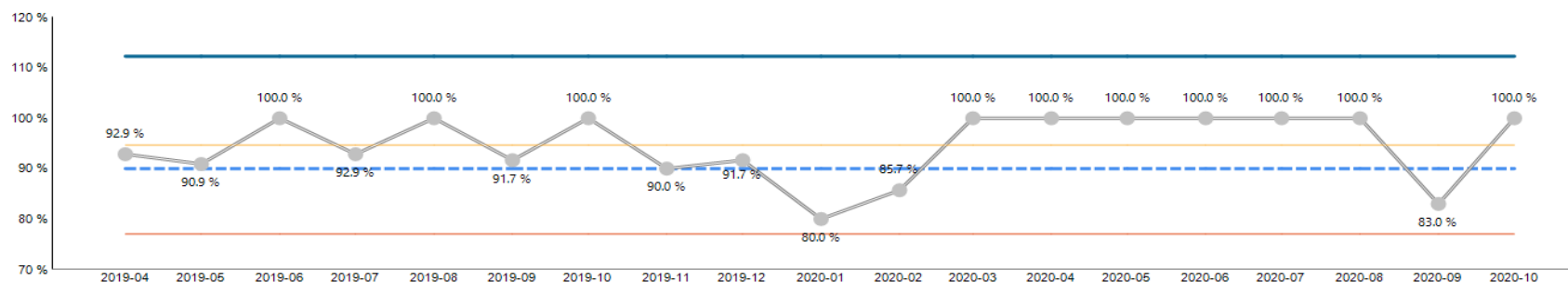
No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Dementia - Find

The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have a diagnosis of dementia or delirium or to whom case finding is applied

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=90%	92.9%	90.9%	100.0%	92.9%	100.0%	91.7%	100.0%	90.0%	91.7%	80.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83.0%	100.0%



Common Cause

ucl	112.3%
mean	94.67%
target	90.0%
lcl	77.03%

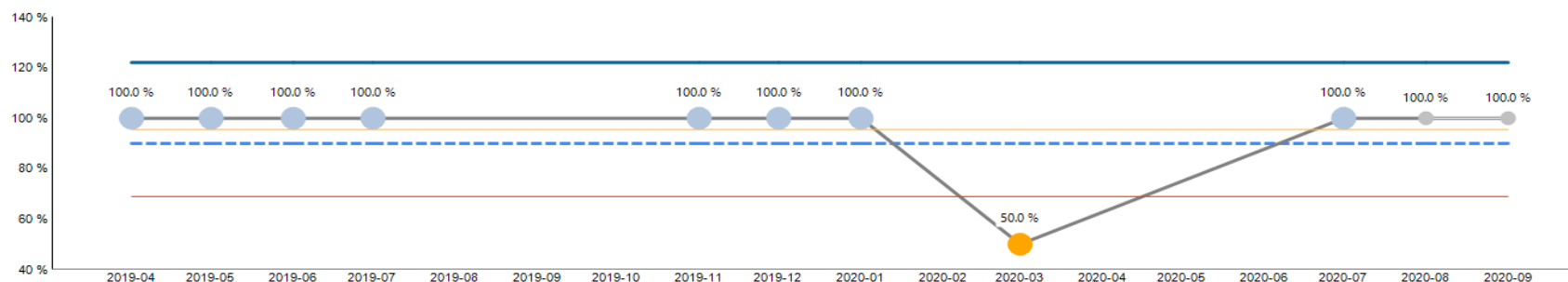
### Commentary:

No exceptions to note.

## Dementia - Assess

The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who, if identified as potentially having dementia or delirium, are appropriately assessed

Target	2019-04	2019-05	2019-06	2019-07	2019-11	2019-12	2020-01	2020-03	2020-07	2020-08	2020-09
>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%



Common Cause

ucl	122.05%
mean	95.45%
target	90.0%
lcl	68.85%

### Commentary:

No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

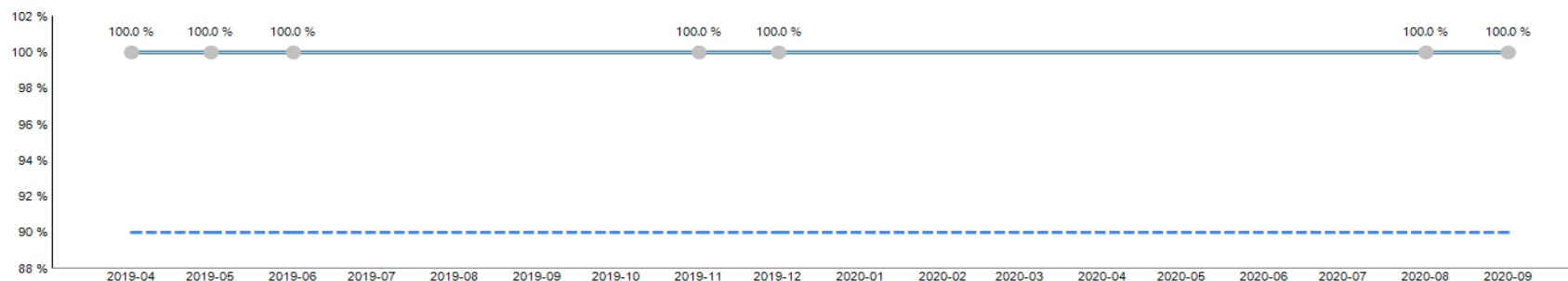
## Dementia - Refer

The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours identified as potentially having dementia or delirium where the outcome was positive or inconclusive who are referred on to specialist services

Target	2019-04	2019-05	2019-06	2019-11	2019-12	2020-08	2020-09
>=90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Common Cause



ucl	100.0%
mean	100.0%
target	90.0%
lcl	100.0%

### Commentary:

No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

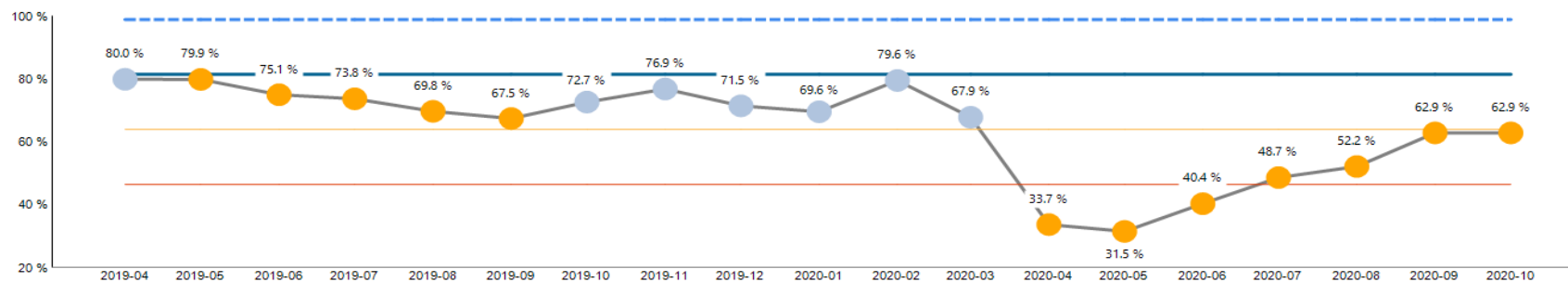
## Maximum 6-week wait for diagnostic procedures

Proportion of patients referred for diagnostic tests who have been waiting for less than six weeks

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=99%	80.0%	79.9%	75.1%	73.8%	69.8%	67.5%	72.7%	76.9%	71.5%	69.6%	79.6%	67.9%	33.7%	31.5%	40.4%	48.7%	52.2%	62.9%	62.9%



Concern



ucl	81.54%
mean	64.02%
target	99.0%
lcl	46.51%

### Commentary:

In month there has been significant pressure due to downtime of the older CT scanner. Although now rectified the backlog has stabilised and not reduced in month. The Radiology Department are well sighted on the pressures and endeavour to reduce patients waiting longer than 6 weeks.

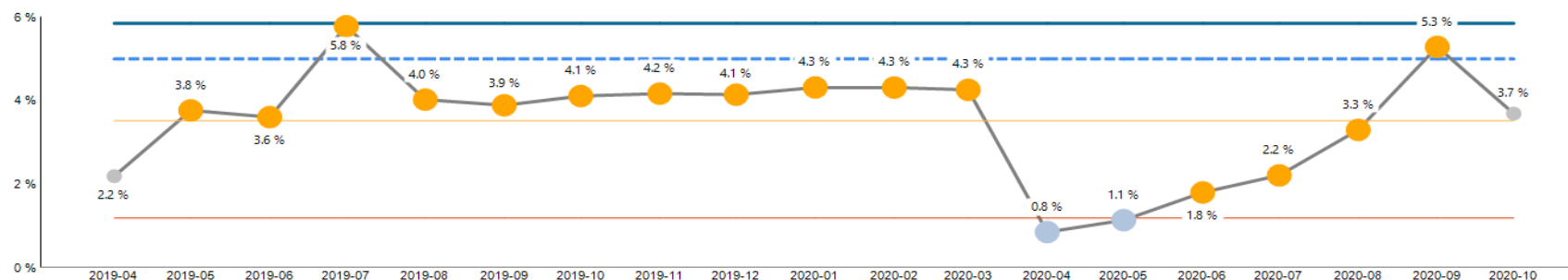


# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Delayed Transfers of care

A delayed transfer of care occurs when a patient is ready to depart from such care and is still occupying a bed.

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
<=5%	2.2%	3.8%	3.6%	5.8%	4.0%	3.9%	4.1%	4.2%	4.1%	4.3%	4.3%	4.3%	0.8%	1.1%	1.8%	2.2%	3.3%	5.3%	3.7%



Common Cause

ucl	5.85%
mean	3.52%
target	5.0%
lcl	1.18%

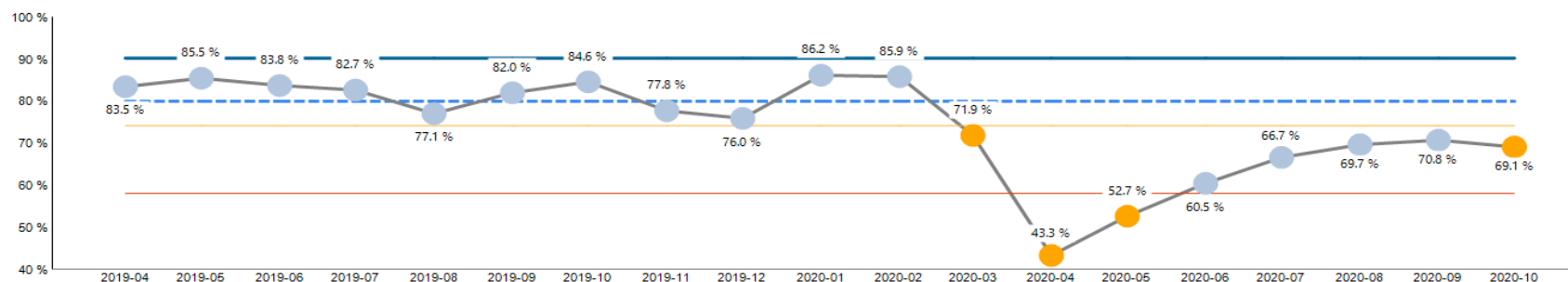
### Commentary:

No exceptions to note.

## Bed Occupancy

Count of beds occupied over all wards/ count of bed available

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=80%	83.5%	85.5%	83.8%	82.7%	77.1%	82.0%	84.6%	77.8%	76.0%	86.2%	85.9%	71.9%	43.3%	52.7%	60.5%	66.7%	69.7%	70.8%	69.1%



Concern

ucl	90.29%
mean	74.2%
target	80.0%
lcl	58.1%

### Commentary:

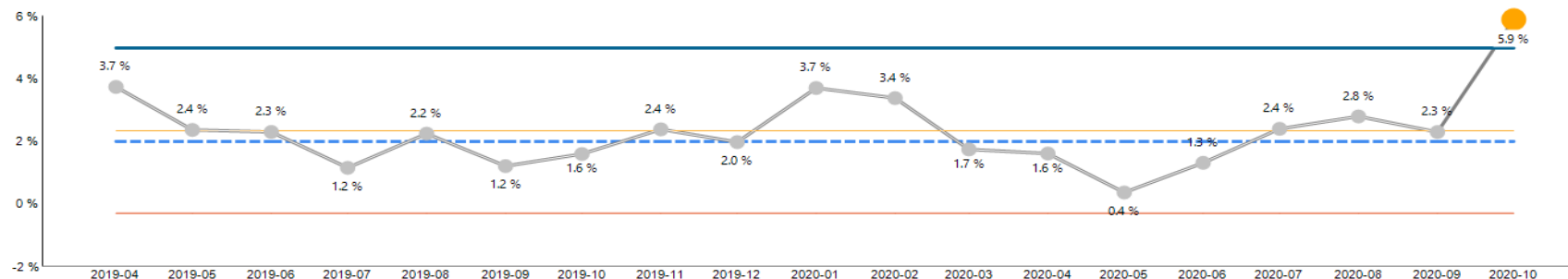
Bed occupancy is reduced due to having two Covid red wards and reduced levels of elective inpatient activity. Pressures have been experienced in month with critical care and ward capacity.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Cancelled Operations for non-clinical reasons

Count of the number of last minute cancellations by the hospital for non clinical reasons

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
<=2%	3.7%	2.4%	2.3%	1.2%	2.2%	1.2%	1.6%	2.4%	2.0%	3.7%	3.4%	1.7%	1.6%	0.4%	1.3%	2.4%	2.8%	2.3%	5.9%



Concern

ucl	4.99%
mean	2.34%
target	2.0%
lcl	-0.3%

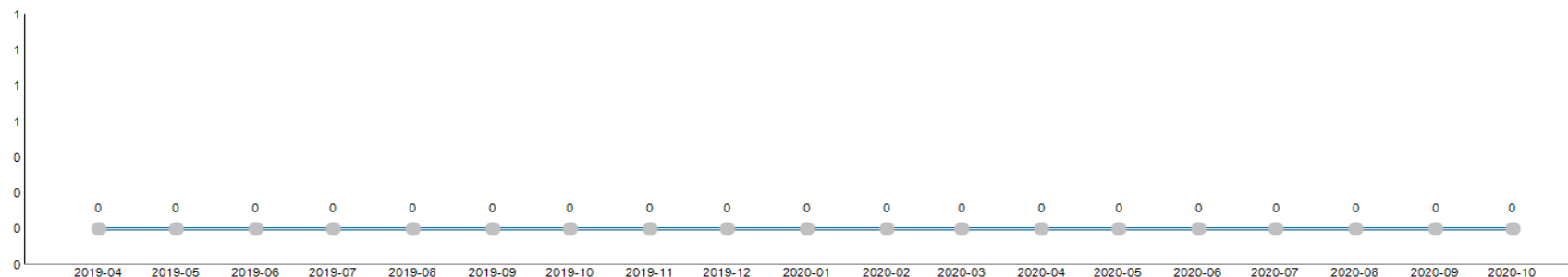
### Commentary:

The increase in cancellations related to the inability to maintain patient throughput on both the wards and POCU. There was also an increase in both patient acuity through an increase in the number of emergency Aortic Dissections and an increase in the number of COVID positive patients, which in turn resulted in a reduction of available beds.

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

Count of operations cancelled for non-clinical reasons and not offered a new date within 28 days

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Common Cause

ucl	0
mean	0
target	0
lcl	0

### Commentary:

No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

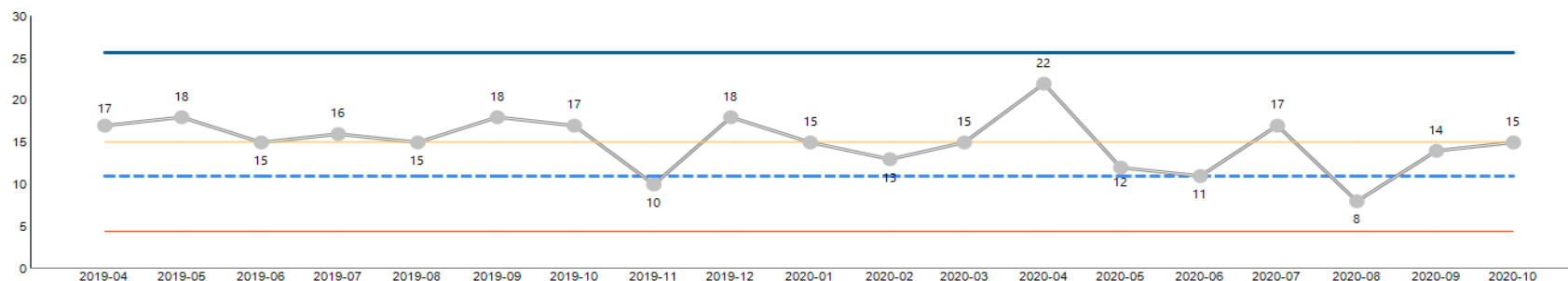
## In-Hospital mortality

Count of Hospital deaths across the trust for the month/YTD

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
<=11	17	18	15	16	15	18	17	10	18	15	13	15	22	12	11	17	8	14	15



Common Cause



ucl	26
mean	15
target	11
lcl	4

### Commentary:

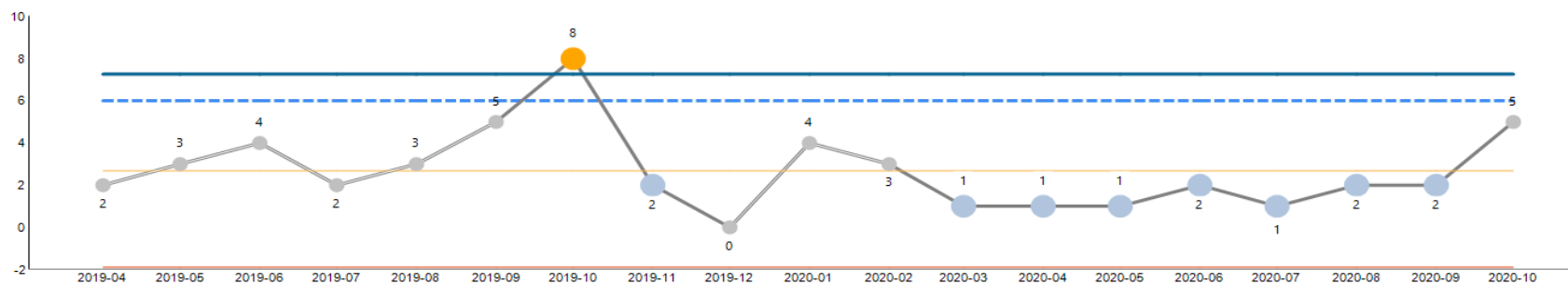
No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Quantity of complaints

Quantity of complaints

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
<=6	2	3	4	2	3	5	8	2	0	4	3	1	1	1	2	1	2	2	5



Common Cause

ucl	7
mean	3
target	6
lcl	-2

### Commentary:

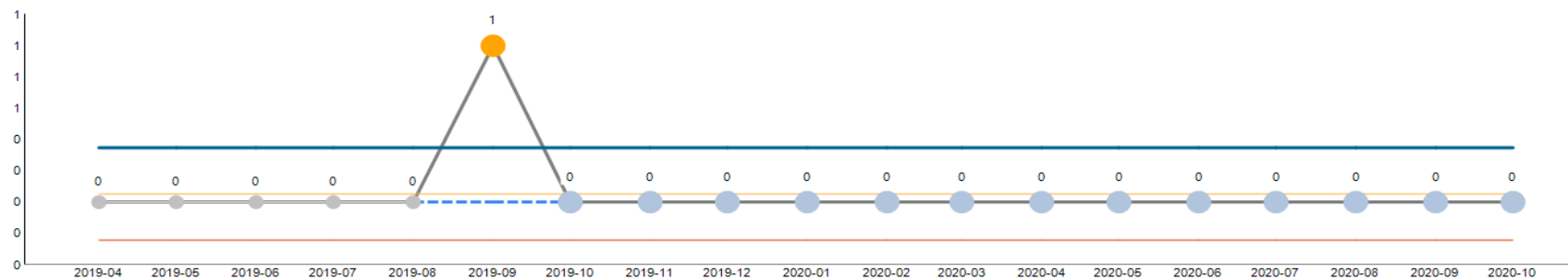
There has been a small rise in complaints in month, all are being fully investigated and overseen by the Director of Nursing.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Occurrence of any Never Events

Count of Never Events

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0



Improvement

ucl	0
mean	0
target	0
lcl	-0

### Commentary:

No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

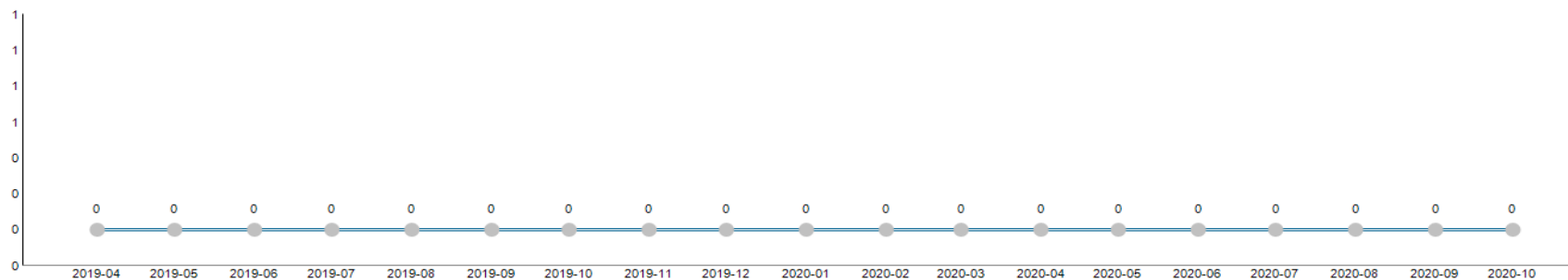
## Mixed sex accommodation breaches

Count of number of occasions sexes were mixed on same-sex wards

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Common Cause



ucl	0
mean	0
target	0
lcl	0

### Commentary:

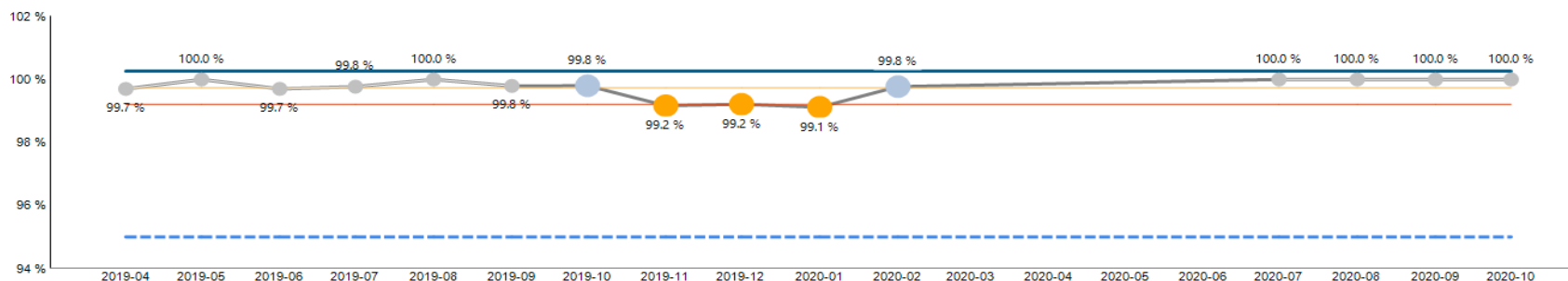
No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Inpatient scores from Friends & Family Test - % positive

Percentage of inpatients rating the service good or very good

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-07	2020-08	2020-09	2020-10
>=95%	99.7%	100.0%	99.7%	99.8%	100.0%	99.8%	99.8%	99.2%	99.2%	99.1%	99.8%	100.0%	100.0%	100.0%	100.0%



Common Cause

ucl	100.26%
mean	99.74%
target	95.0%
lcl	99.21%

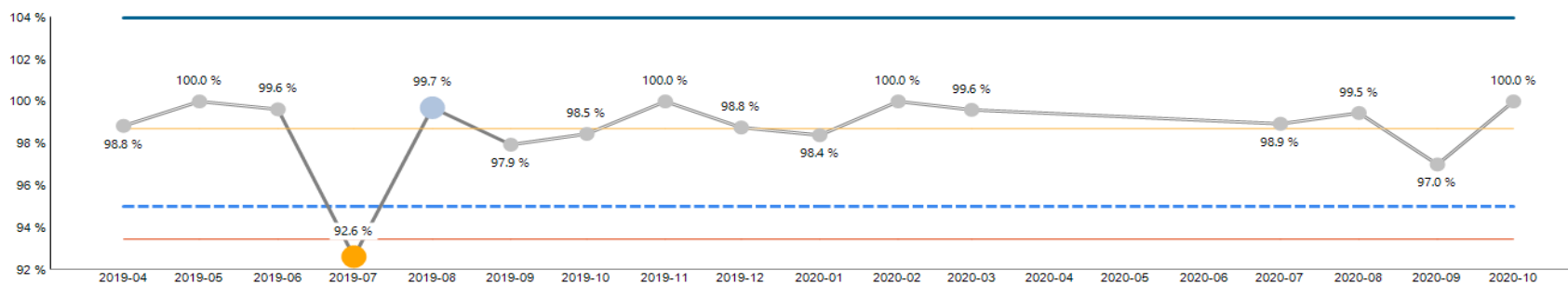
### Commentary:

No exceptions to note.

## Outpatient scores from Friends & Family Test - % positive

Count of outpatient friends and family test responses that are rated as positive / Count of friends and family tests taken within outpatients

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-07	2020-08	2020-09	2020-10
>=95%	98.8%	100.0%	99.6%	92.6%	99.7%	97.9%	98.5%	100.0%	98.8%	98.4%	100.0%	99.6%	98.9%	99.5%	97.0%	100.0%



Common Cause

ucl	103.97%
mean	98.71%
target	95.0%
lcl	93.44%

### Commentary:

No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

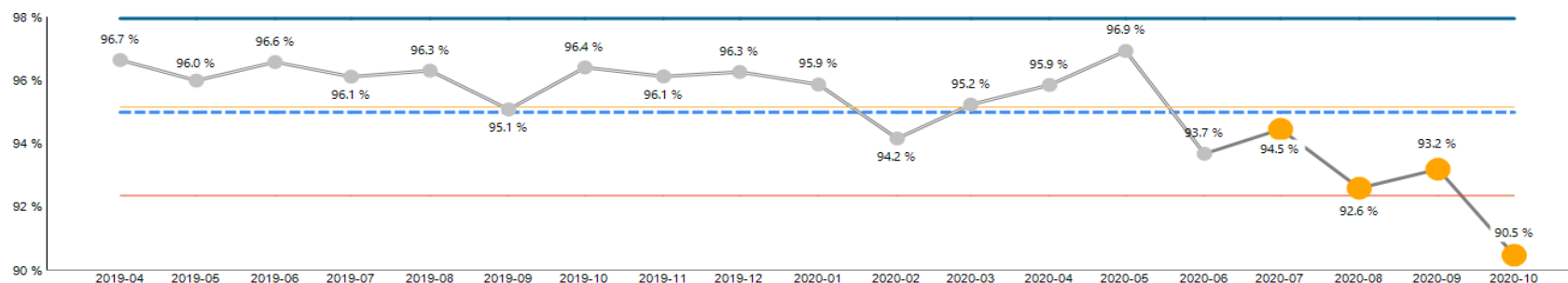
## Venous thromboembolism (VTE) risk assessment

Number of patients admitted who have a VTE risk assessment/number of patients admitted in most recent month

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=95%	96.7%	96.0%	96.6%	96.1%	96.3%	95.1%	96.4%	96.1%	96.3%	95.9%	94.2%	95.2%	95.9%	96.9%	93.7%	94.5%	92.6%	93.2%	90.5%



Concern



ucl	97.97%
mean	95.17%
target	95.0%
lcl	92.37%

### Commentary:

The reduction in VTE risk assessment will be investigated by the VTE lead and has been brought to the attention of the AMDs for medicine and surgery.

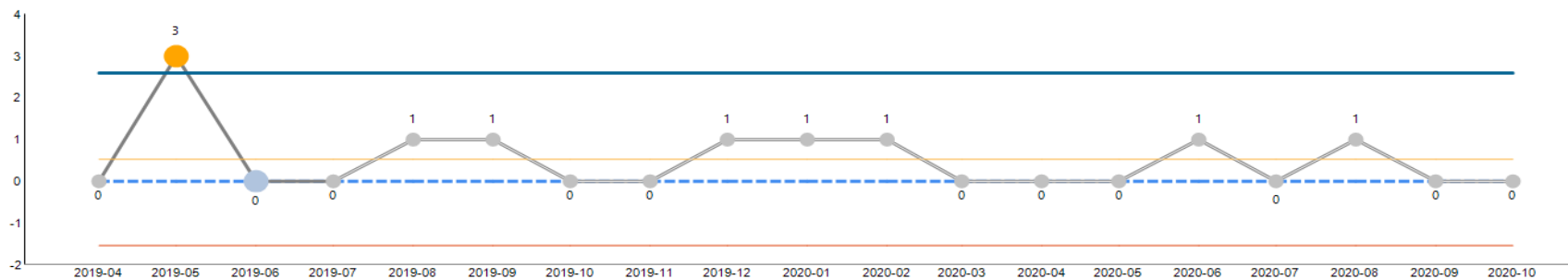


# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Clostridium Difficile

Count of trust assigned C. difficile infections in patients aged two years and over compared to the number of planned C. difficile cases

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
	0	3	0	0	1	1	0	0	1	1	1	0	0	0	1	0	1	0	0



Common Cause

ucl	3
mean	1
target	0
lcl	-2

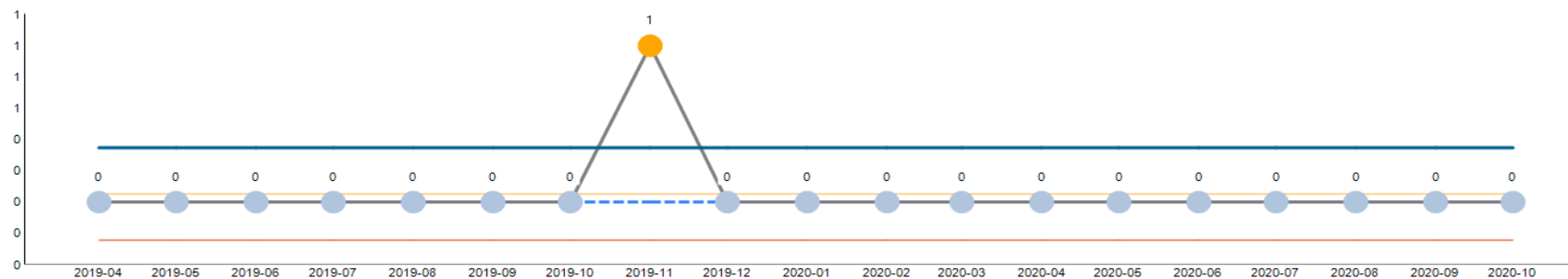
### Commentary:

No exceptions to note.

## MRSA Bacteraemias

Count of trust assigned MRSA infections

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0



Improvement

ucl	0
mean	0
target	0
lcl	-0

### Commentary:

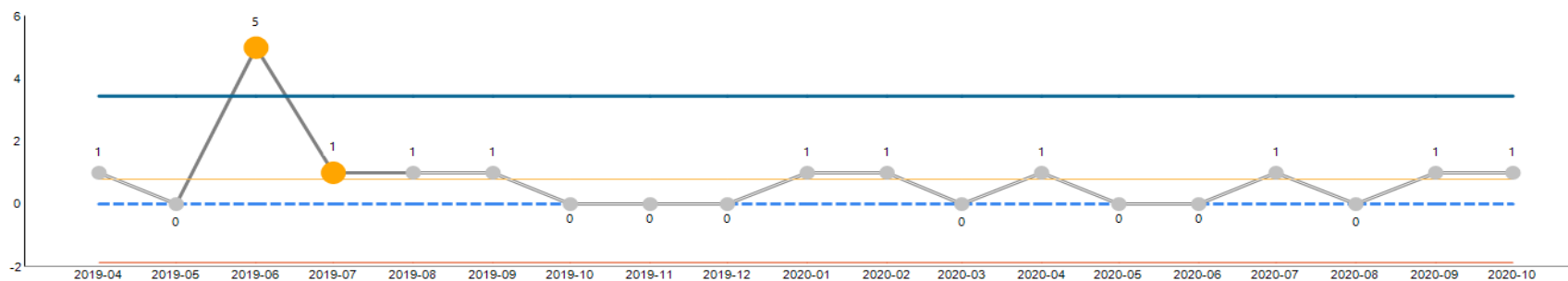
No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## MSSA Bacteraemias

Count of trust assigned MSSA infections

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
	1	0	5	1	1	1	0	0	0	1	1	0	1	0	0	1	0	1	1



Common Cause

ucl	3
mean	1
target	0
lcl	-2

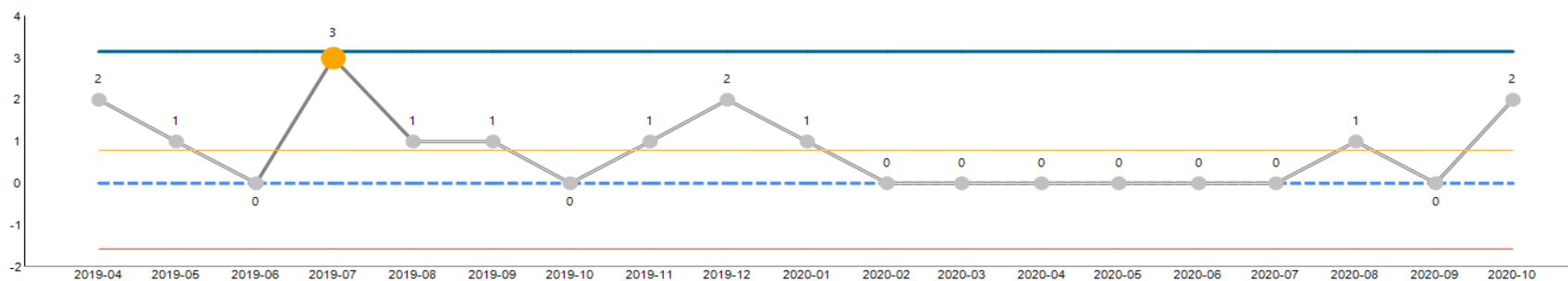
### Commentary:

There were two bloodstream HCAIs in October 2020. One MSSA thought related to a cannula site. One E.coli likely secondary to UTI. Both have had mini RCAs and details fed back to ward managers.

## Gram Negative Bacteraemias

Count of trust assigned Gram Negative Bacteraemias infections

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
	2	1	0	3	1	1	0	1	2	1	0	0	0	0	0	0	1	0	2



Common Cause

ucl	3
mean	1
target	0
lcl	-2

### Commentary:

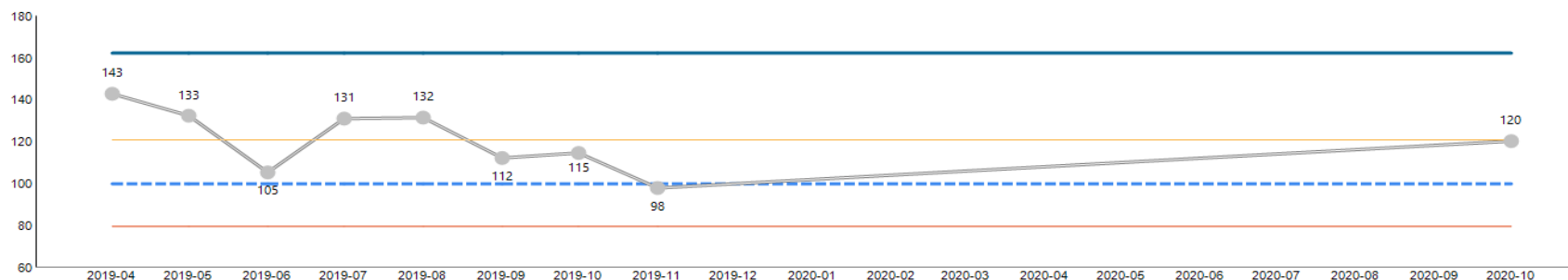
There were two bloodstream HCAIs in October 2020. One MSSA thought related to a cannula site. One E.coli likely secondary to UTI. Both have had mini RCAs and details fed back to ward managers.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses

patient characteristics for those treated there.

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2020-10
<=100	143	133	105	131	132	112	115	98	120



Common Cause

ucl	162
mean	121
target	100
lcl	80

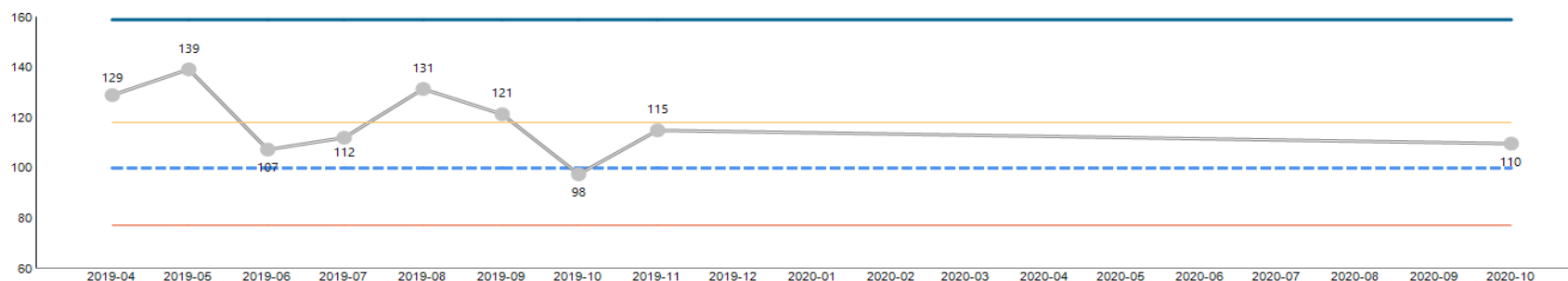
### Commentary:

No further alerts received from Dr Foster, dashboard is reviewed monthly by Director of Research and Medical Director.

## Hospital Standardised Mortality Ratio (HSMR) - all diagnoses

of patient characteristics for those treated there.

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2020-10
<=100	129	139	107	112	131	121	98	115	110



Common Cause

ucl	159
mean	118
target	100
lcl	77

### Commentary:

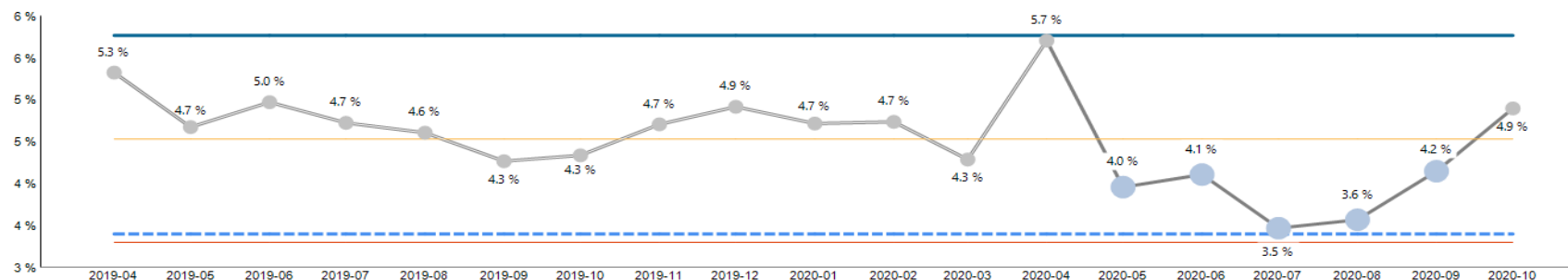
No further alerts received from Dr Foster, dashboard is reviewed monthly by Director of Research and Medical Director.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Staff Sickness (All Staff)

Rate of sickness across all staff

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
<=3.4%	5.3%	4.7%	5.0%	4.7%	4.6%	4.3%	4.3%	4.7%	4.9%	4.7%	4.7%	4.3%	5.7%	4.0%	4.1%	3.5%	3.6%	4.2%	4.9%



Common Cause

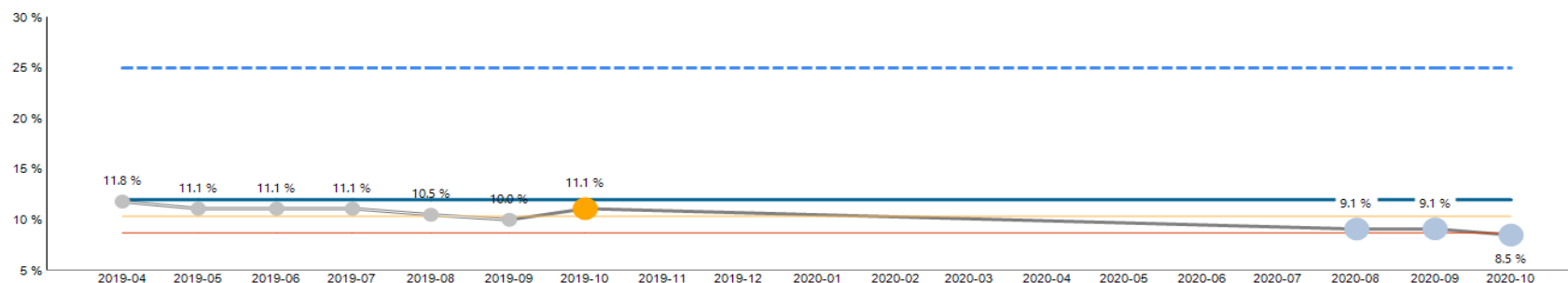
ucl	5.77%
mean	4.54%
target	3.4%
lcl	3.3%

**Commentary:**  
Overall staff sickness has increased by 0.75% in month. Covid related sickness accounts for 1.37% of all sickness. HRBPs continue to work with leaders across all departments in supporting all sickness cases. Anxiety/stress continues to be the predominant reason for absence (28.1%); this has decreased by 6.4% in month. There is continued focus on ensuring the appropriate support is in place for all staff members. Additional psychological support is in place through Mersey Care and actions are underway to further enhance the Trusts Health and Wellbeing offer.

## Executive Team Turnover

Rate of turnover among the executive team

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2020-08	2020-09	2020-10
<=25%	11.8%	11.1%	11.1%	11.1%	10.5%	10.0%	11.1%	9.1%	9.1%	8.5%



Improvement

ucl	11.97%
mean	10.34%
target	25.0%
lcl	8.7%

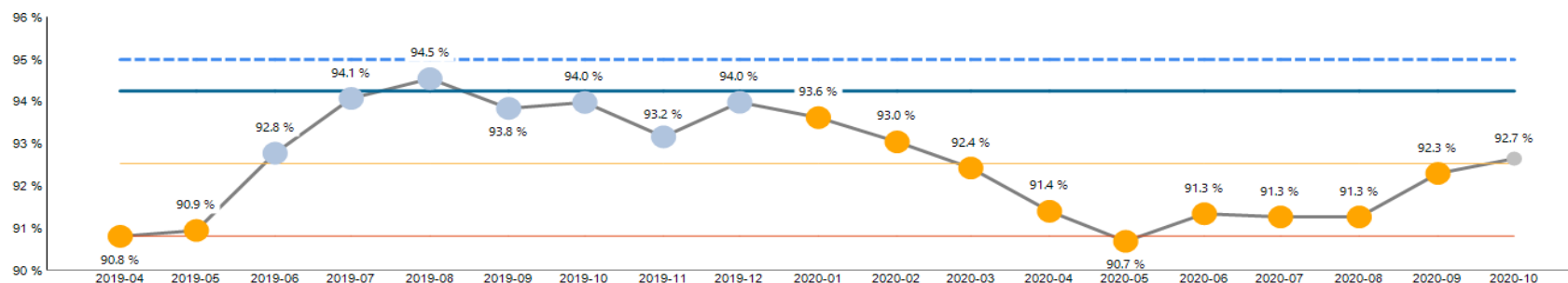
**Commentary:**  
No exceptions to note.

# LIVERPOOL HEART AND CHEST PERFORMANCE REPORT

## Mandatory Training Compliance

Percentage of completed mandatory training

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=95%	90.8%	90.9%	92.8%	94.1%	94.5%	93.8%	94.0%	93.2%	94.0%	93.6%	93.0%	92.4%	91.4%	90.7%	91.3%	91.3%	91.3%	92.3%	92.7%



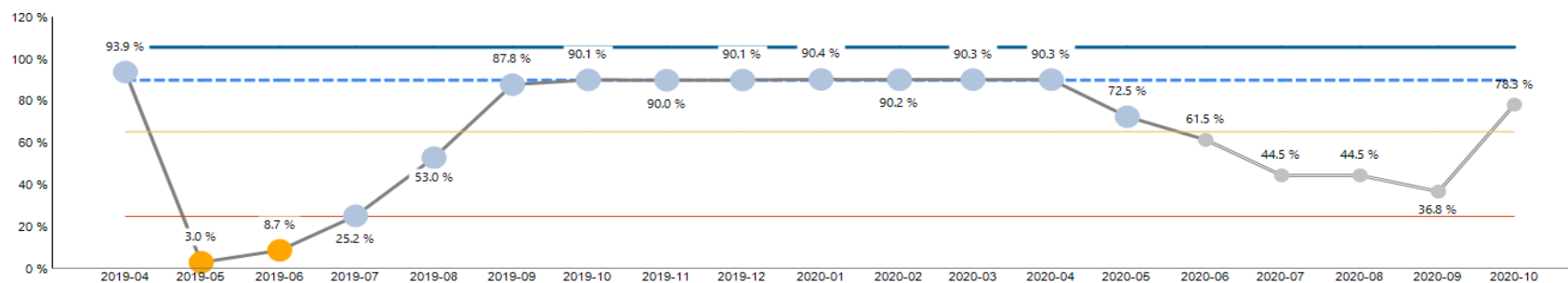
ucl	94.25%
mean	92.53%
target	95.0%
lcl	90.82%

**Commentary:**  
Improving trajectory for the past three months. There is a priority plan in place to improve compliance against Infection Prevention training and Aseptic No Touch Training (ANTT). The training team are targeting areas with low compliance for ANTT, taking training to the ward areas

## Appraisals Compliance

Percentage of annual appraisals completed

Target	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
>=90%	93.9%	3.0%	8.7%	25.2%	53.0%	87.8%	90.1%	90.0%	90.1%	90.4%	90.2%	90.3%	90.3%	72.5%	61.5%	44.5%	44.5%	36.8%	78.3%



ucl	105.76%
mean	65.31%
target	90.0%
lcl	24.87%

**Commentary:**  
Improving rapidly since September 2020. As of 16th November, compliance is 82%. Following publication of the appraisal completion league table, targeted improvement work is being undertaken with all departments still below 90%. Managers are provided with a detailed staff list of non-completions and overall compliance is escalated to divisional management teams.