

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

Strategic Oversight Framework

August 2023

Published: September 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 five the Trust has six indicators that have shown statistically significant changes in performance, these have been mainly due to significant workforce pressures due to industrial action, scrub staff issues and anaesthetic capacity. Activity within month has been below plan for both Medicine & Surgery for the first time with the case mix demonstrated within the finance update. Cancer Performance is reported a month in arrears and all Cancer standards continued to be challenged by disturbance in activity. July was the first month where we have delivered the faster diagnosis standard, however recovery of the 62 day standard has not been possible. 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 unfortunately has failed in August due to both industrial action and equipment issues.



Areas of Concern:

Although improvements have been seen within the Cancer Standards, capacity constraints and workforce challenges (including industrial action) continue to impact full compliance. Underperformance of the FSD and 62 day targets are expected within Q2, with recovery dependant on a cessation of industrial action. The 31 day standard is expected to be maintained. Patient cancellations has continued to reduce, however a number of patients still are not dated within 28 days due to Surgery capacity pressures. Theatre staffing in M5 has been at its lowest position with actions in place to look at recruitment. This is expected to improve throughout Q3, however short notice sickness and staff being called out overnight may continue to impact rostering. DMO1 is a significant risk for Q3 due to industrial action and ongoing equipment failure issues.

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).
- * Surgical Activity recovery plans continue to be reviewed with forecasting being undertaken to look at scenarios against industrial action. This will be shared as part of the finance update.
- * Anaesthetic capacity is expected to be fully recruited within September (subject to industrial action and sickness)
- * 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, interview dates set for the 18th of September.
- *Joint capacity & demand for CT guided biopsy being undertaken with LUFT, planned to come back to the BGH sub committee in September.

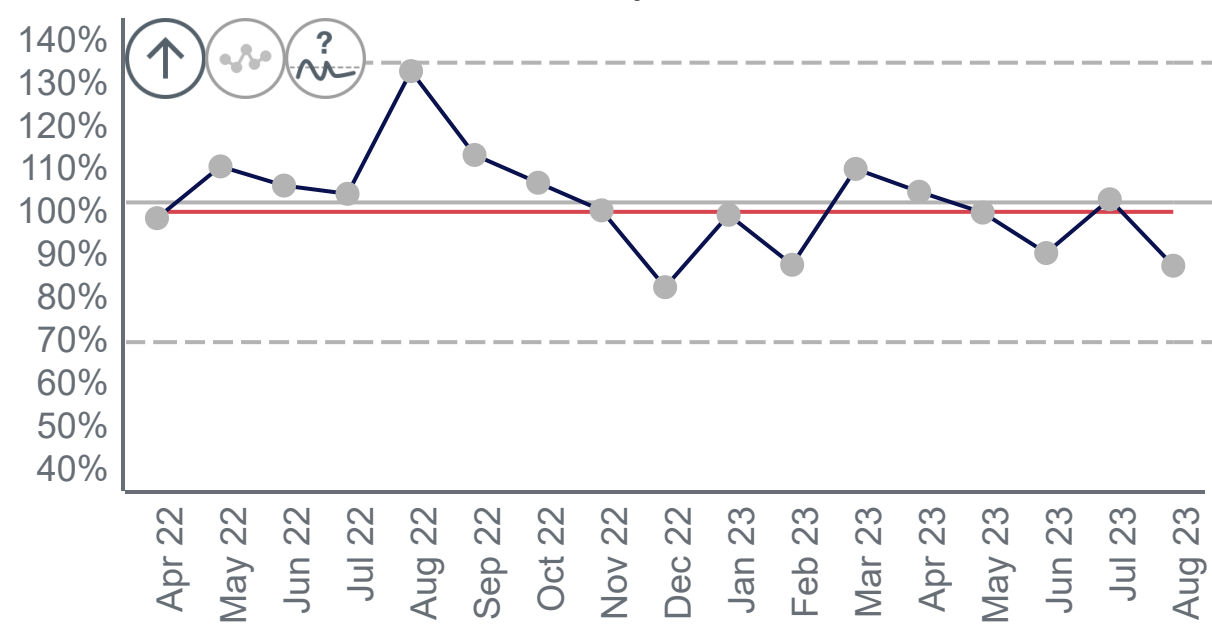
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Aug-23	70.1	>=80%	78		
Cancelled Operations for non-clinical reasons	Aug-23	4.3	<=2%	3		
Elective Activity Levels	Aug-23	87.5	100	104		
Maximum 6-week wait for diagnostic procedures	Aug-23	89.1	>=99%	99		
Outpatient activity delivered remotely via telephone or video consultation	Aug-23	31.5	%	33		
Overall Size of Waiting List	Aug-23	5773		5133		
Patients not booked in within 28 days (non clinical cancellations)	Aug-23	5	0	2		
PIFU Pathway	Aug-23	605	113	331		
Referral to treatment - Incomplete Pathways 52+ weeks	Aug-23	54.0	<48	57		
RTT 18 weeks in aggregate - Incomplete Pathways	Aug-23	71.31	>=92%	77		
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	Aug-23	72.4	>=95%	80		
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	Jul-23	83.3	>=85%	69.2		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Jul-23	75	>=75%	42.4		
Cancer: 14 day GP referral to 1st Outpatient Appointment	Jul-23	100.0	>=93%	99.4		
Cancer: 31 day diagnosis to 1st treatment for all cancers	Jul-23	98.2	>=96%	93.9		
Cancer: 31 day Second or subsequent treatment (surgery & drug)	Jul-23	100.0	>=94%	97.9		
Cancer: 62 day Consultant Upgrade	Jul-23	80.8	>=85%	72.5		



Operational Performance - Drive Metrics

Elective Activity Levels



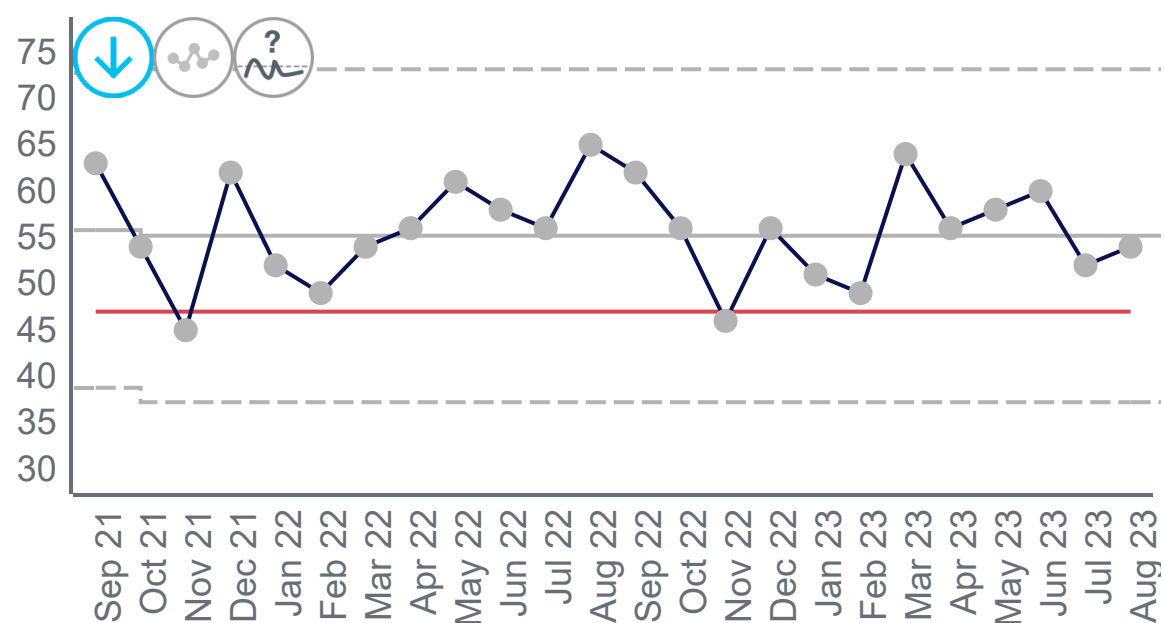
Technical Analysis:

August performance of 87% is below target 100%. Monthly variation continues to demonstrate common cause variation. Further actions will be required to consistently achieve target.

Actions:

- *Both Divisions have been impacted by workforce pressures in month. *Ongoing monitoring and planning continues through our Gold Command meetings; in line with IA workforce challenges.
- *Forecasting and recovery actions in place to be reviewed through IPC.

Referral to treatment - Incomplete Pathways 52+ weeks



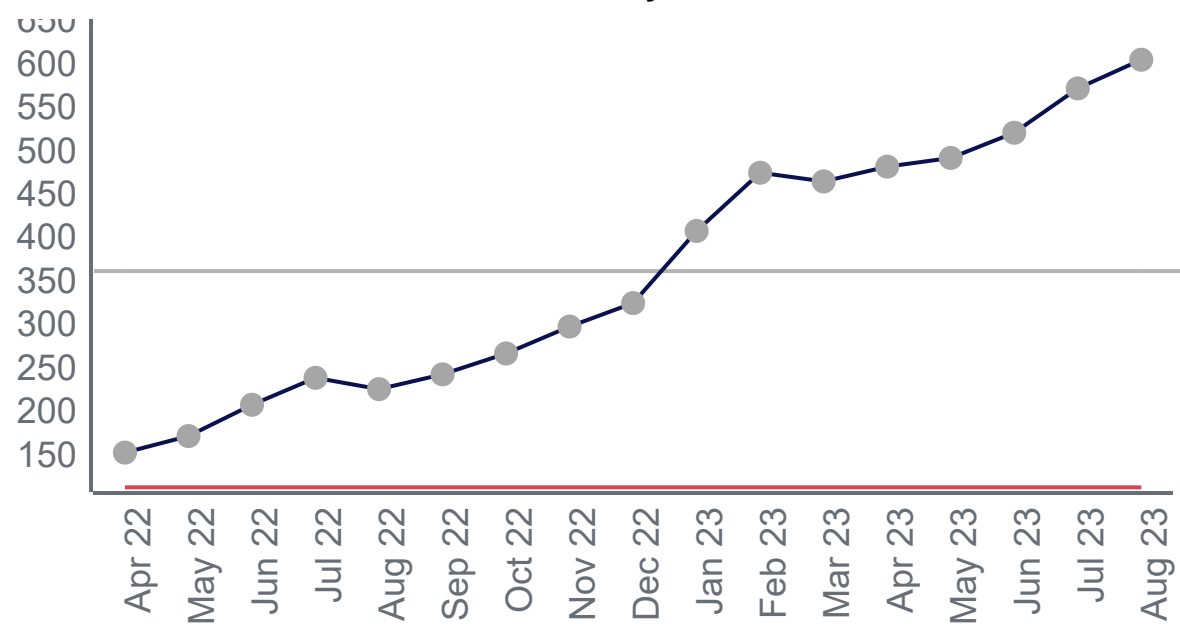
Technical Analysis:

August 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.
- *Pathway RCAs undertaken for every patient which tips over 52 weeks.
- *Mini Mitral patient choice letter sent to appropriate patients that might be suitable for alternative treatment options

PIFU Pathway



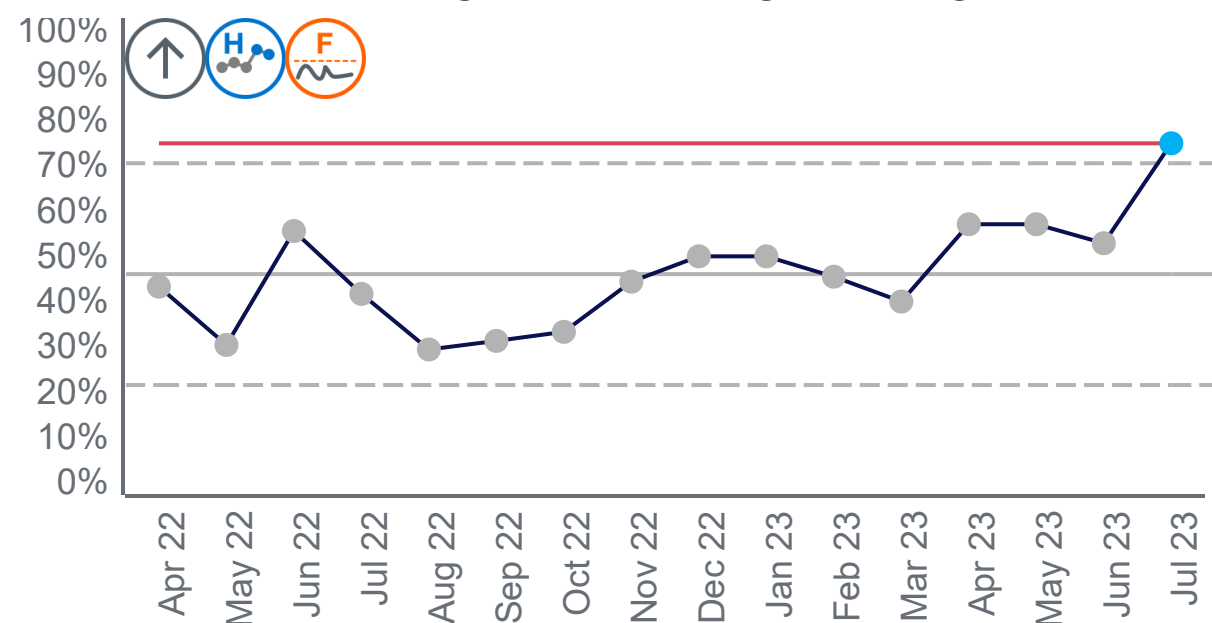
Technical Analysis:

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

Actions:

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

Cancer Patients meeting the Faster Diagnosis Target (FDT)



Technical Analysis:

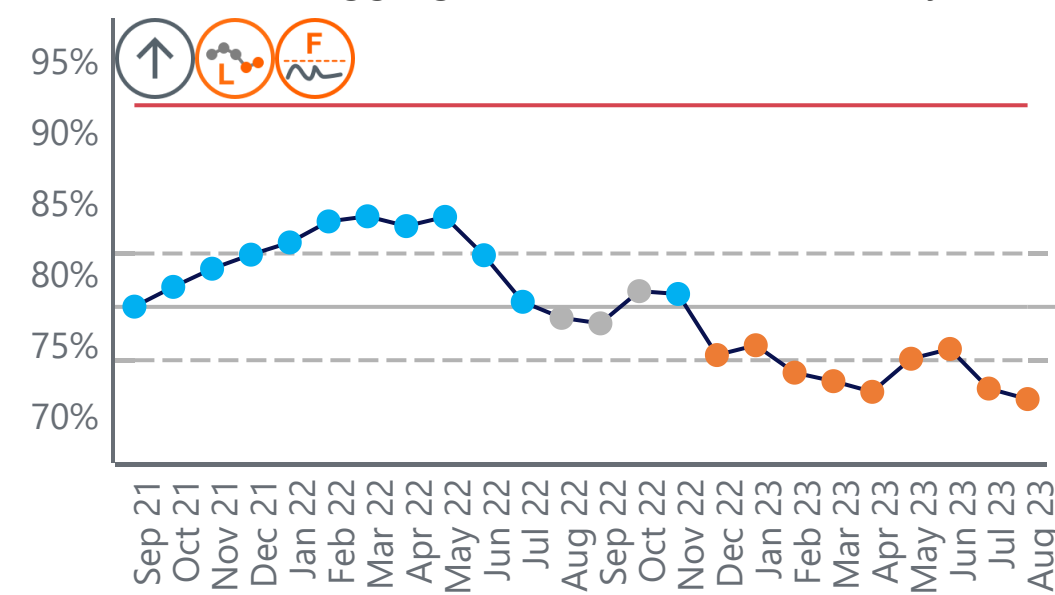
Target achieved for first time in two years. Improvement required to achieve target of 75% consistently each month.

Actions:

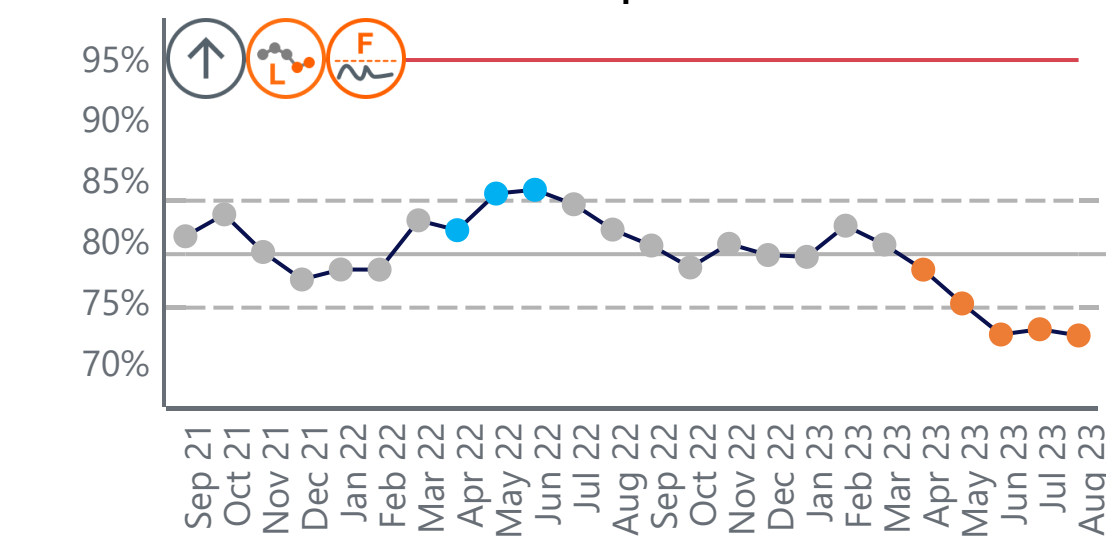
- *Additional sessions continue to be requested to support wait times in CT guided biopsy & EBUS.
- *Pathway reviews of all breaches undertaken.
- *EBUS Respiratory post out to advert. *Joint CT guided biopsy planning in progress with LUFT through the BGH sub committee.

Operational Performance - Watch Metrics

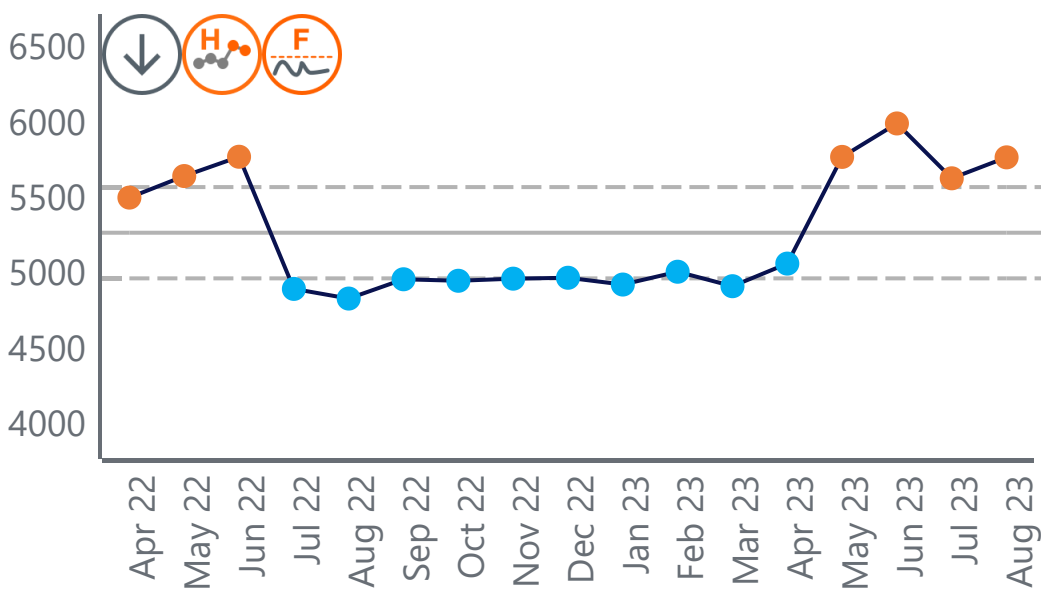
RTT 18 weeks in aggregate - Incomplete Pathways



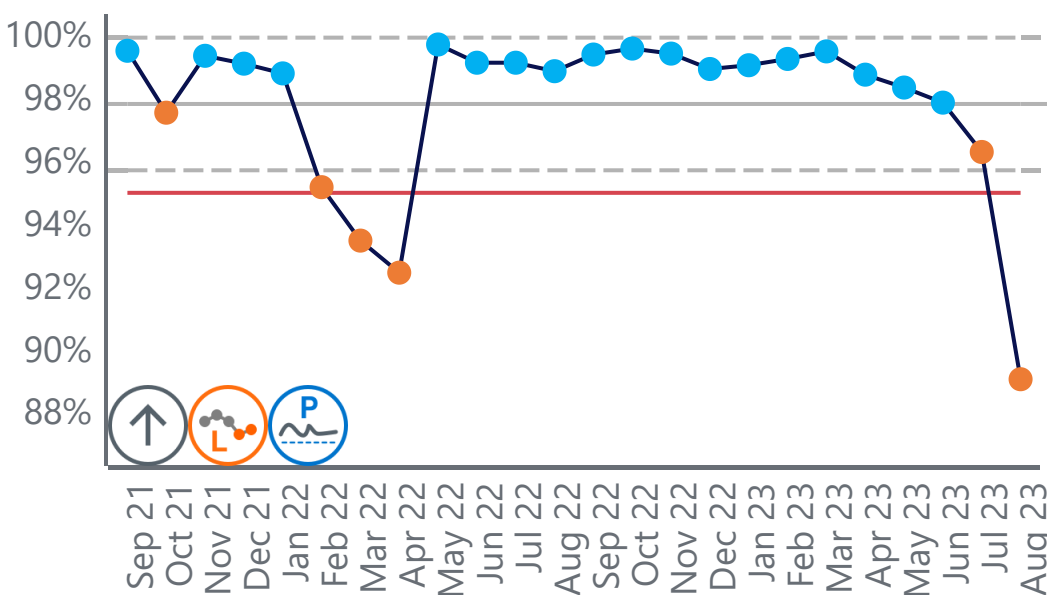
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete



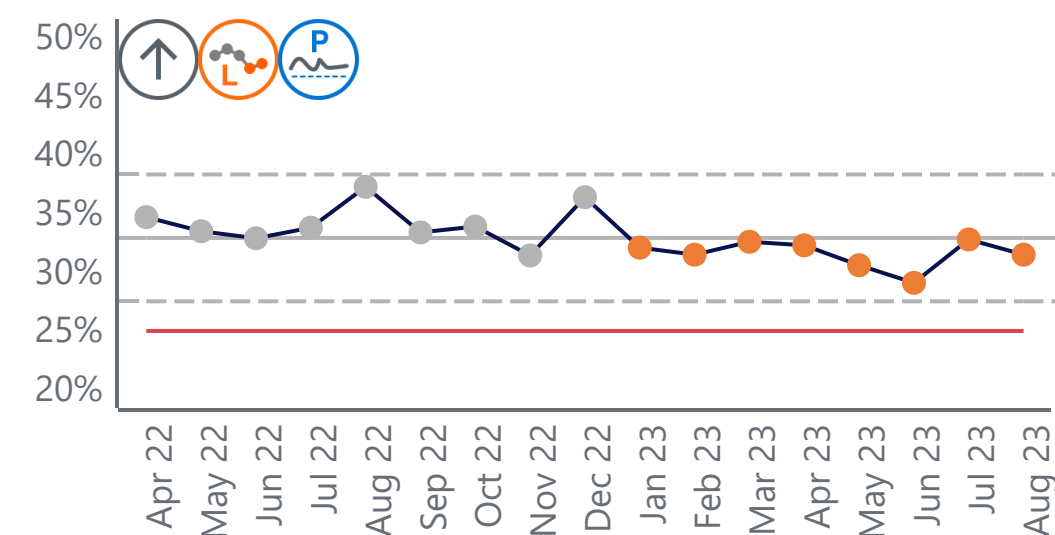
Overall Size of Waiting List



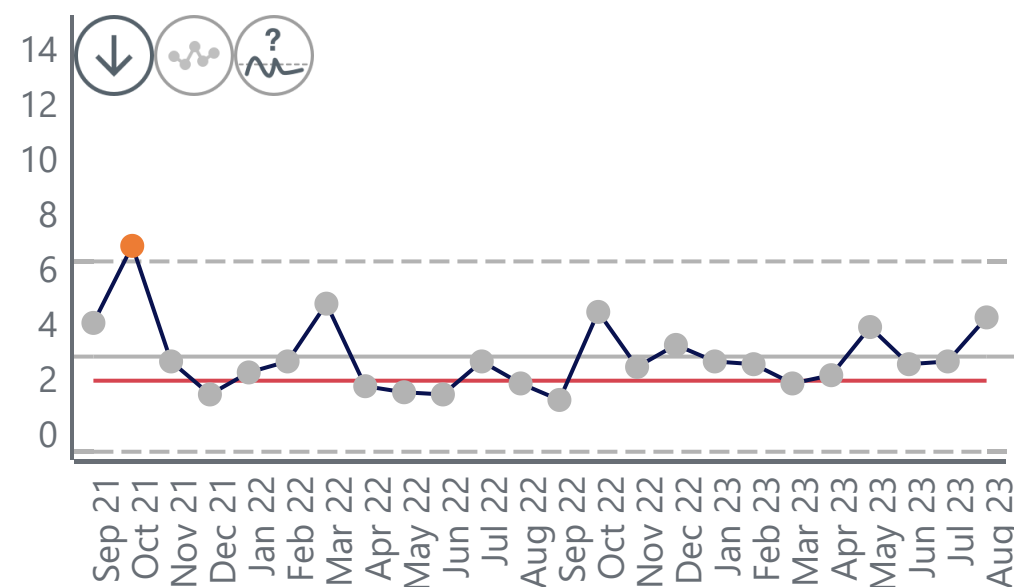
Maximum 6-week wait for diagnostic procedures



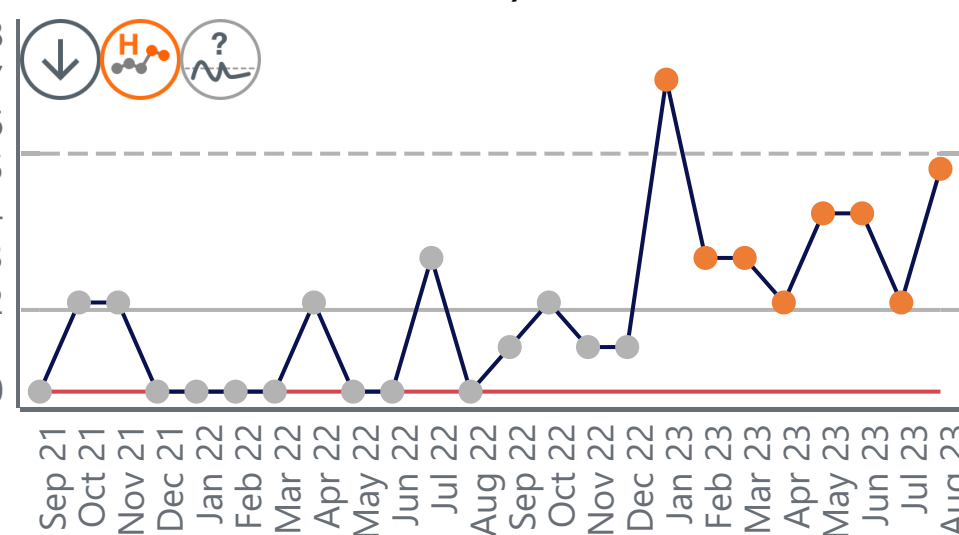
Outpatient activity delivered remotely via telephone or video consultation



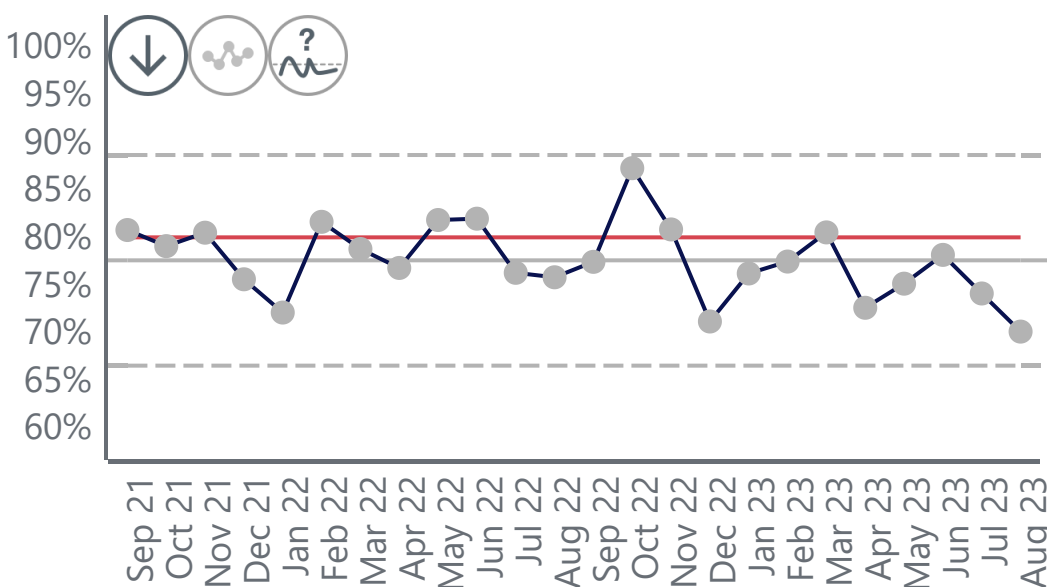
Cancelled Operations for non-clinical reasons



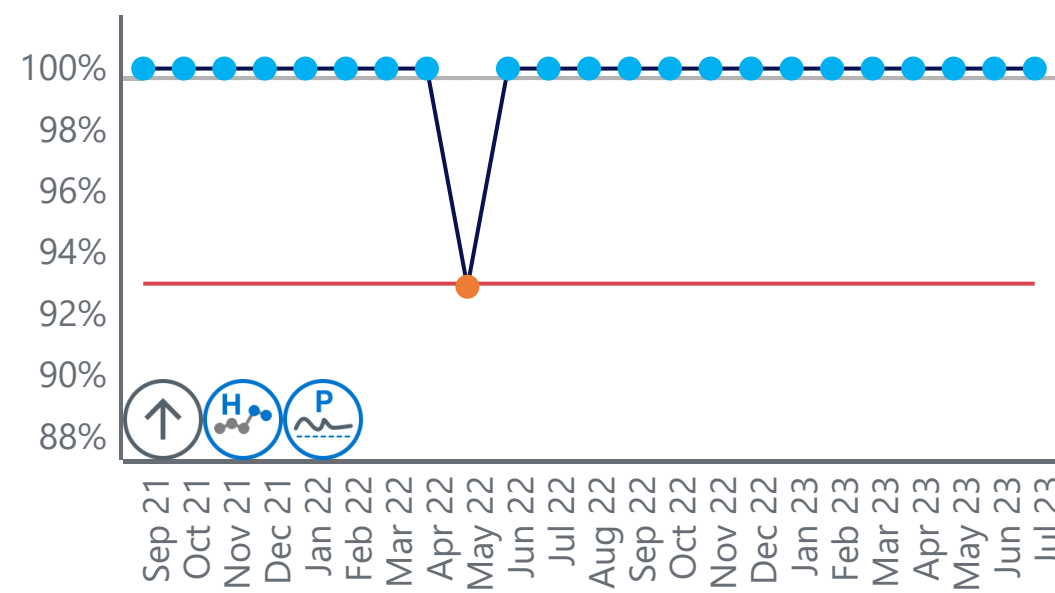
Patients not booked in within 28 days (non clinical cancellations)



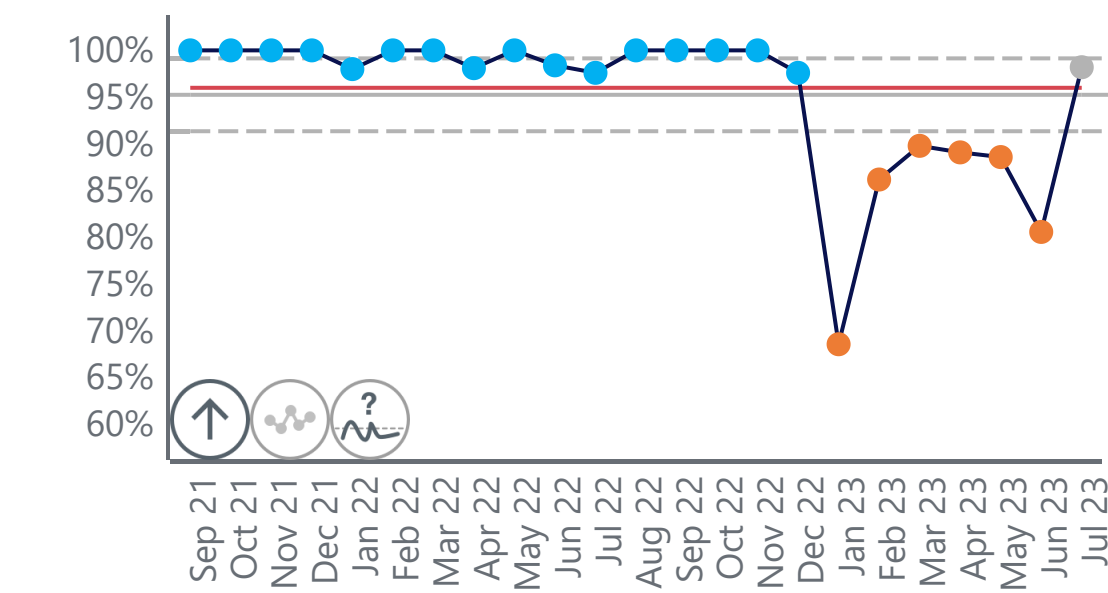
Bed Occupancy



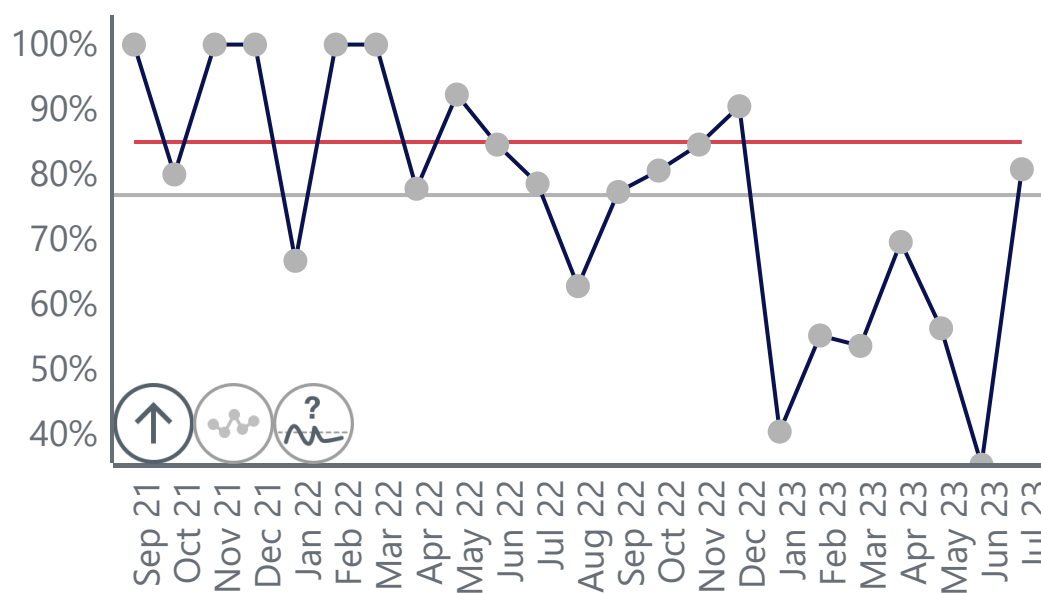
Cancer: 14 day GP referral to 1st Outpatient Appointment



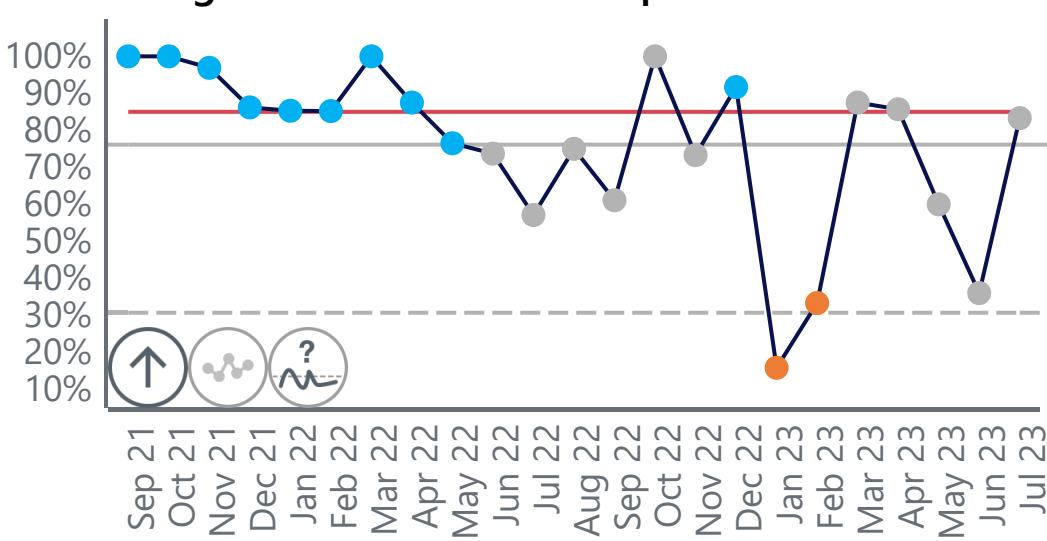
Cancer: 31 day diagnosis to 1st treatment for all cancers



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 performing below target of 90% the referrals to a dietician for patients scoring high risk shows special cause improvement and it is expected that the change to EPR will bring performance in line with target.
- *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 continue to perform below target, and challenges remain 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 have been made to EPR in September 2023.
- *Complaints responded to within 25 working days 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 with regular communication. The policy sets out timeframes of 25-30 days and this metric reports at the 25th day.
- *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 has been 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. We are expecting to maintain a sustained performance over the next few months.
- *Whilst the Medical Director has held discussions with NWS 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.

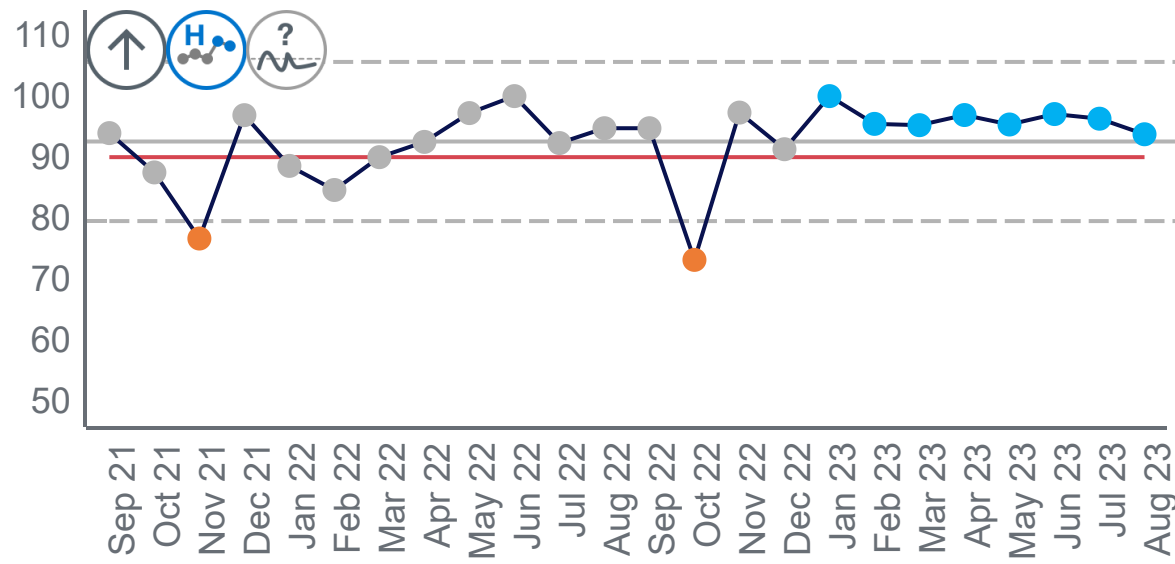
Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Aug-23	84.3	>=95%	83.5		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Aug-23	96.5	>=95%	88.4		
Clostridium Difficile	Aug-23	1.0	0	0.3		
Delayed Transfers of care	Aug-23	4.2	<=5%	4.4		
Delirium Risk Assessment to be completed on Admission and once a day	Aug-23	99.9	>=90%	99.4		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Aug-23	93.75	>=90%	94.1		
Dementia - Find	Aug-23	90	>=90%	99.0		
FFT: REPUTATION	Aug-23	99.0	>=95%	99.5		
Gram Negative Bacteraemias	Aug-23	1	0	1.2		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Aug-23	0	1	0.5		
MRSA Bacteraemias	Aug-23	0	0	0.0		
MSSA Bacteraemias	Aug-23	0	0	0.6		
Number of Falls	Aug-23	7	1	6.7		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Aug-23	0	<=0.5	0.0		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Aug-23	0	<=0	0.0		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Aug-23	89.3	>=90%	80.1		
Occurrence of any Never Events	Aug-23	0	0	0.0		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Aug-23	50.7	>=95%	63.4		
Quantity of complaints	Aug-23	4	<=6	2.7		
Venous thromboembolism (VTE) risk assessment	Aug-23	95.96	95%	94.7		
Number of Incidents No Harm and Near Miss	Aug-23	52	143	127.4		
Number of Incidents rated Minor Harm or Above	Aug-23	32	25	33.0		
Complaints responded to within 25 working days	Jun-23	0		75.5		
Surgical Site Infections	Jun-23	11.4	0%	7.4		



Quality of Care - Drive Metrics

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



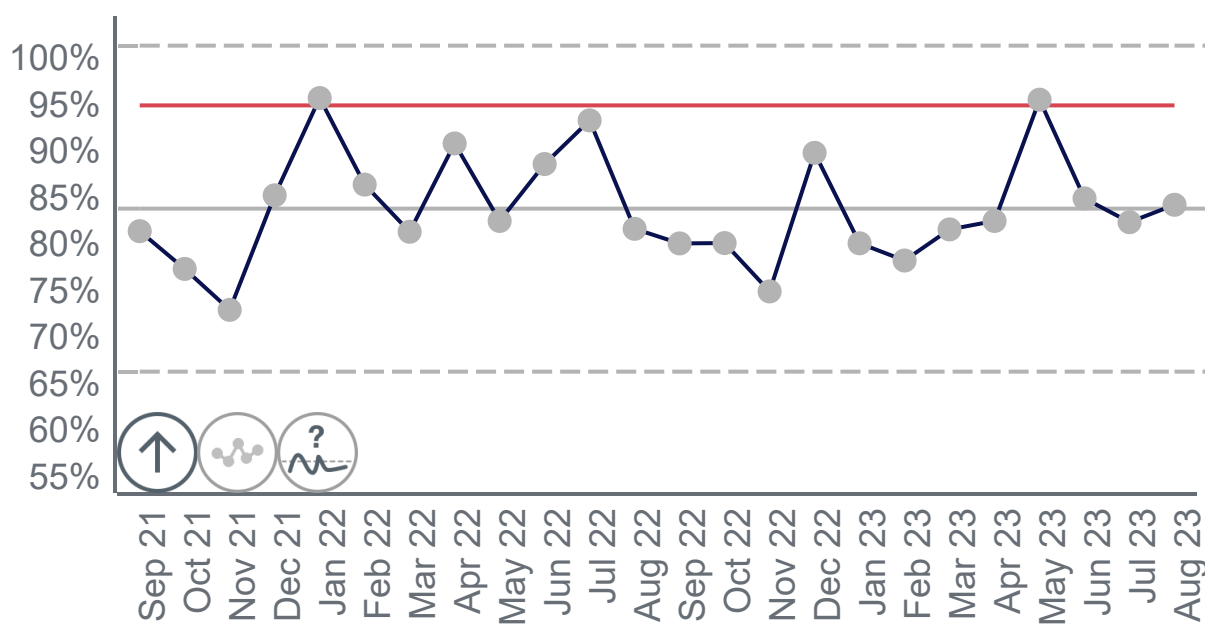
Technical Analysis:

Performance of the one hour Target has consistently been above the 90% Target.
Performance displays Special Cause Improvement consistently for the last 10 months.

Actions:

Maintain weekly feedback to clinicians if this metric is missed.

% of radiological alerts with a response document



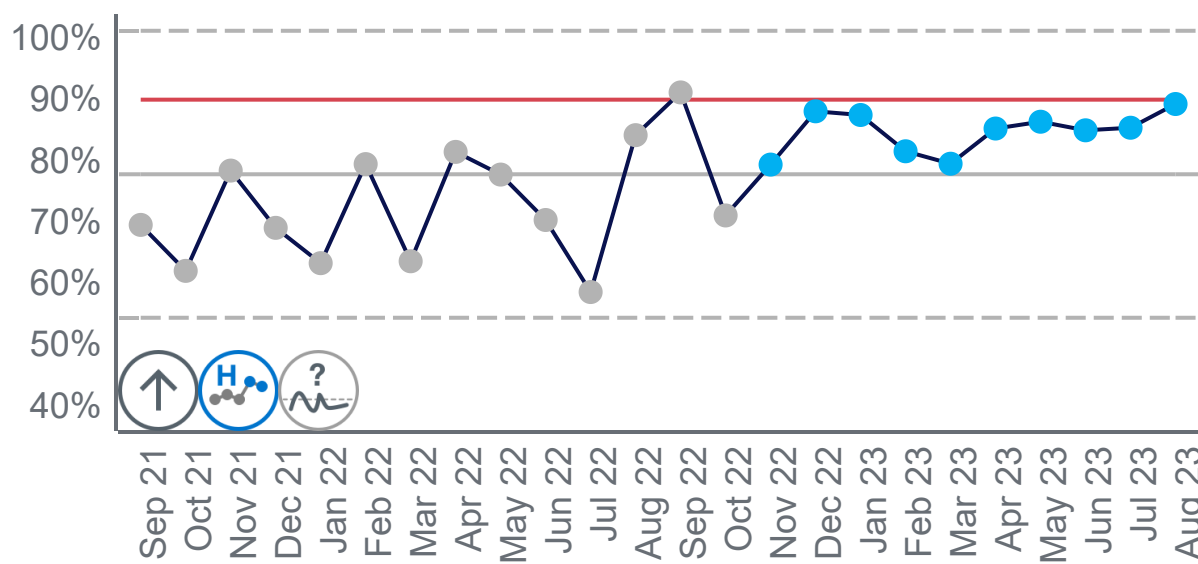
Technical Analysis:

August 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 has been tested and is being refined.

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



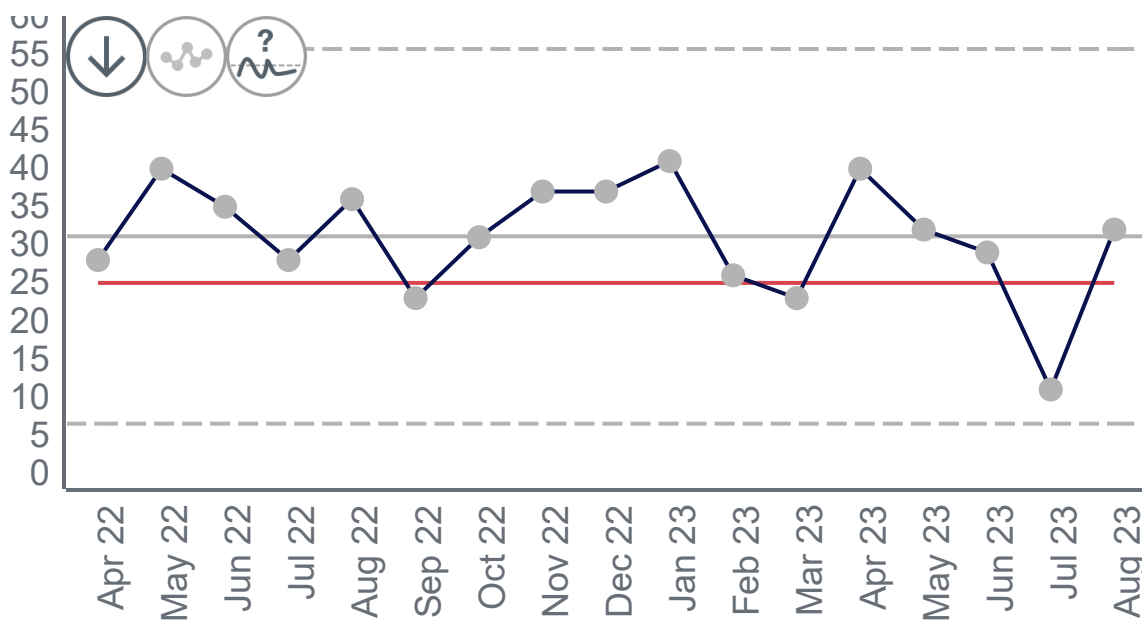
Technical Analysis:

Performance within August was 89.3% which keeps performance just below the target of 90%. Although below target Special Cause Improvement has consistently been displayed over the last 10 months.

Actions:

A change has been made to the EPR (Sept 2023) to place a hard stop within the admission document and thereafter from flow sheet. This will mean when a score of 2 is reached the nurse cannot continue until the referral has been made.

Number of Incidents rated Minor Harm or Above



Technical Analysis:

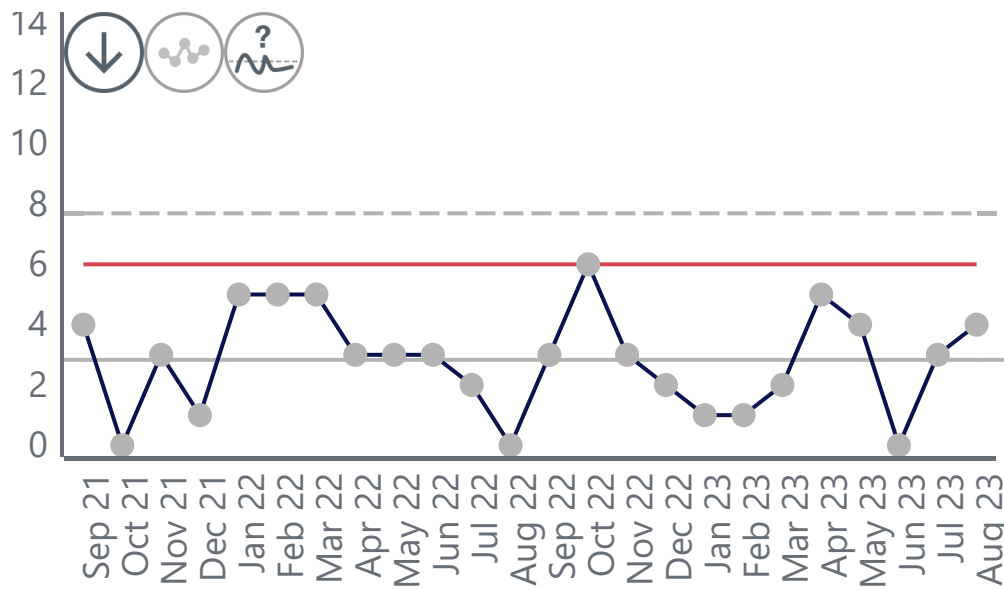
Number of Harms remains stable with performance over the last 18 months demonstrating common cause variation. August performance of 32 which is consistent with the 2022/23 average of 32.

Actions:

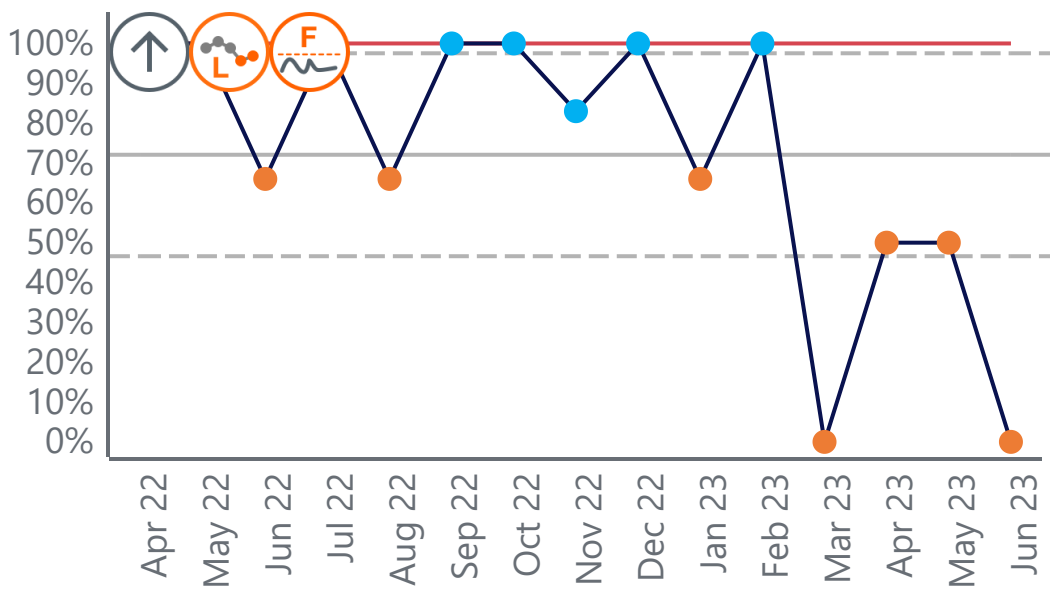
Strong reporting culture and learning from incidents. Reviews continue through safety surveillance and hasn't identified recurrent themes. Further refinement of the KPI is needed (i.e. minor harm or above as a percentage of total incidents).

Quality of Care - Watch Metrics

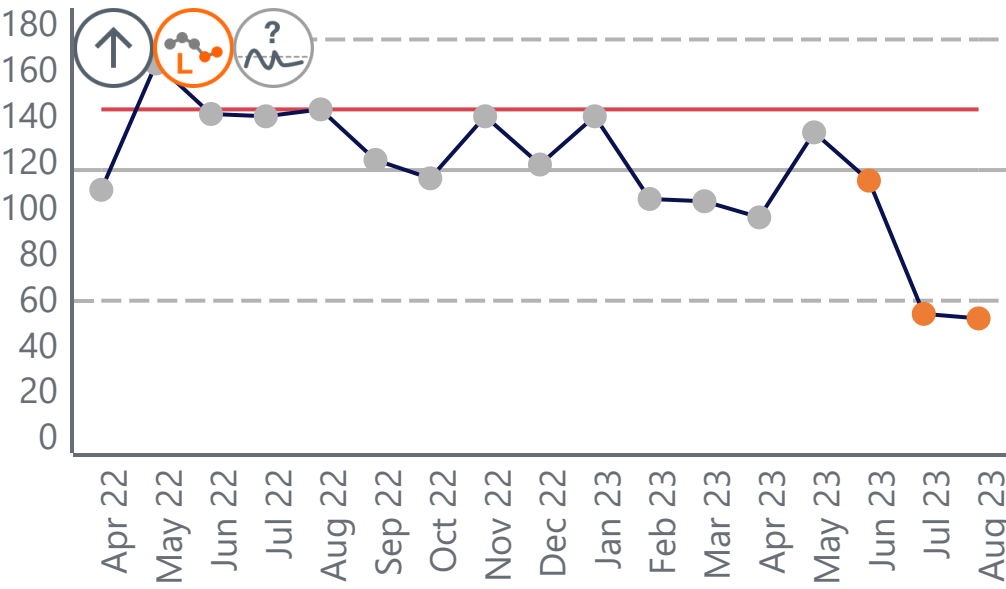
Quantity of complaints



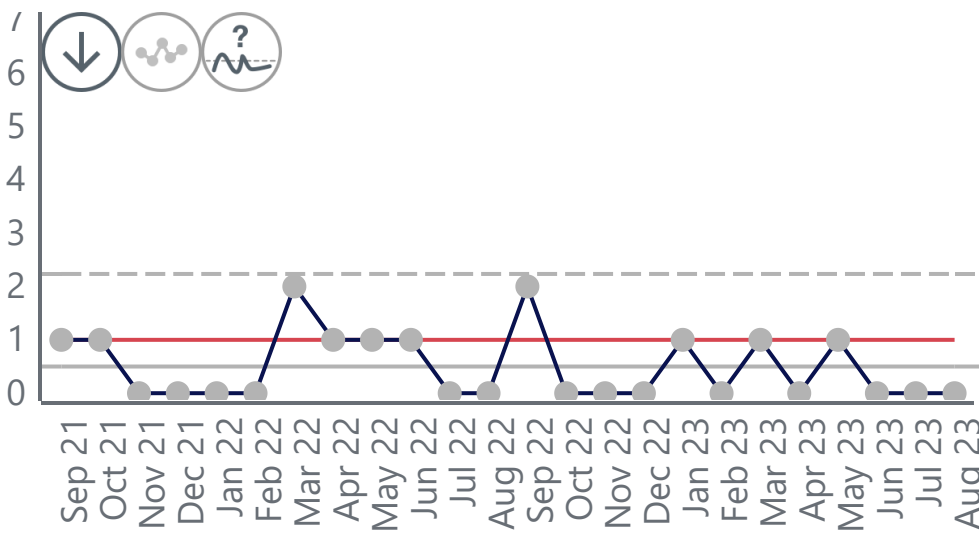
Complaints responded to within 25 working days



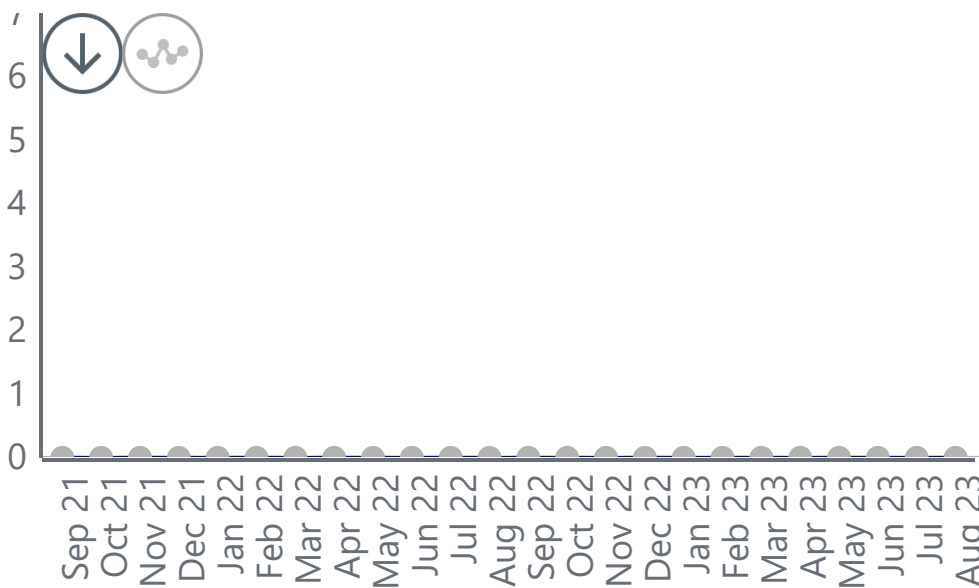
Number of Incidents No Harm and Near Miss



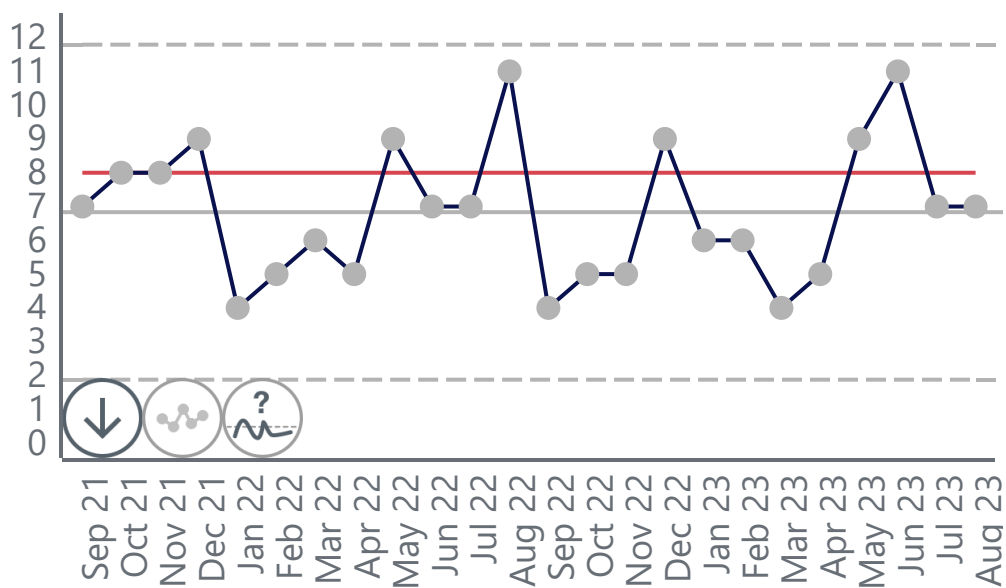
Incidents - Serious incidents, Never Events, Adverse Events (Red)



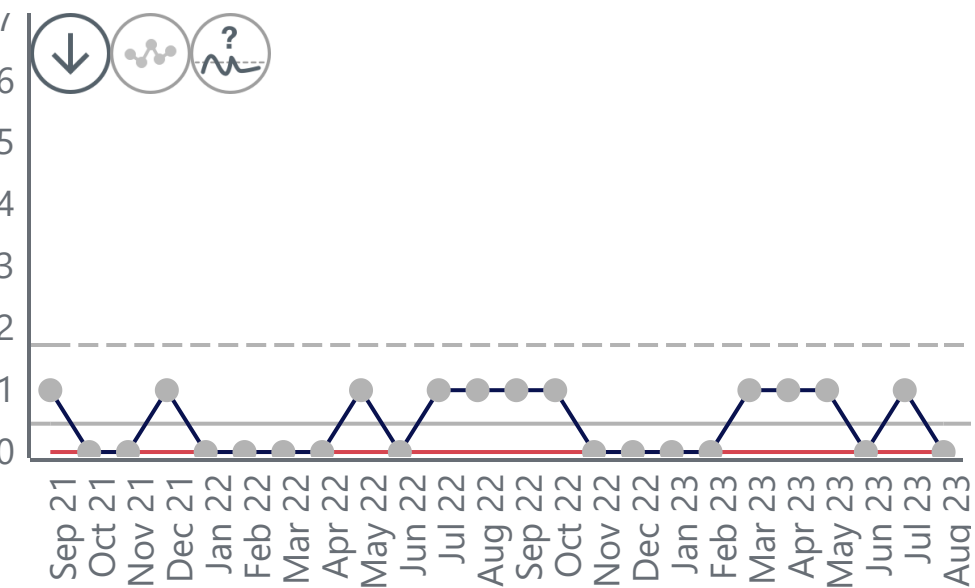
Occurrence of any Never Events



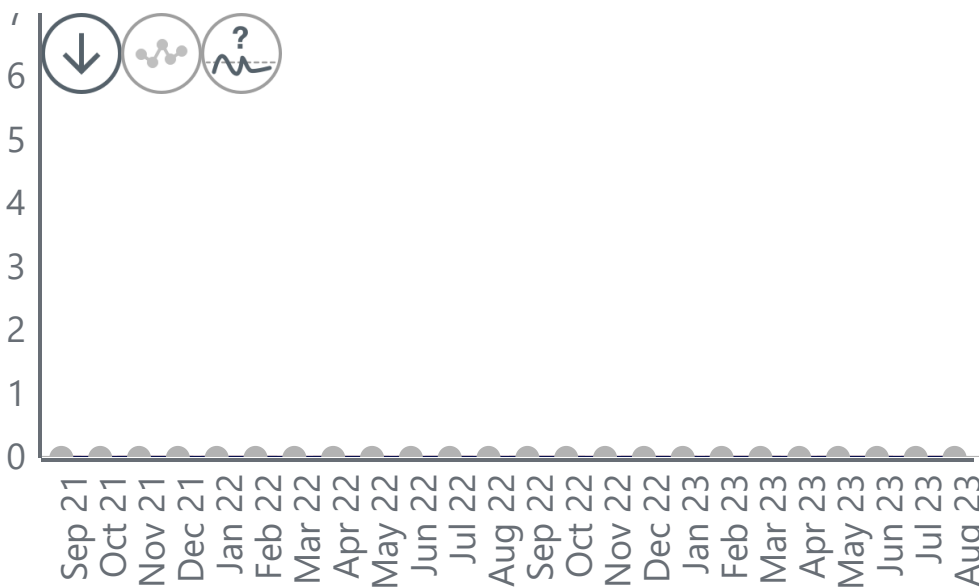
Number of Falls



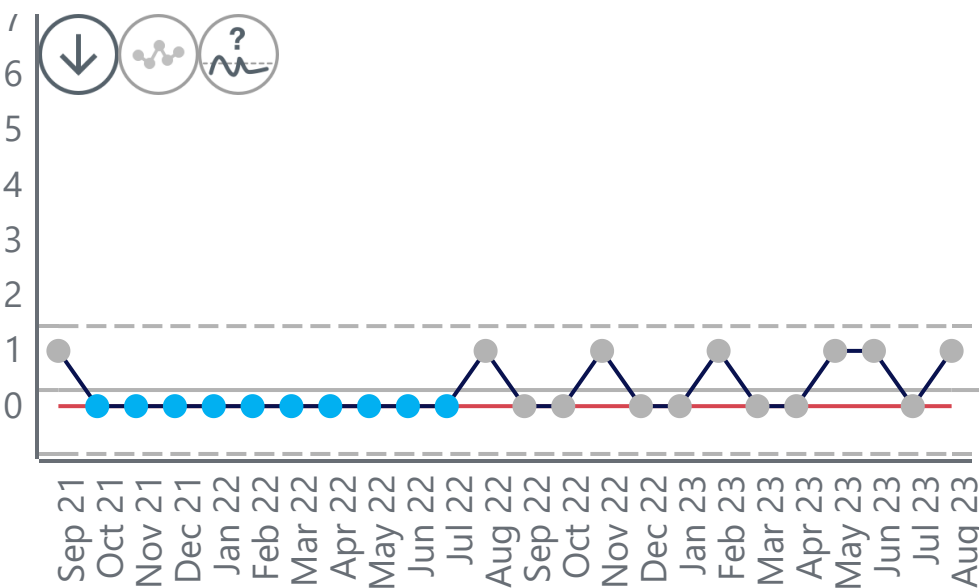
MSSA Bacteraemias



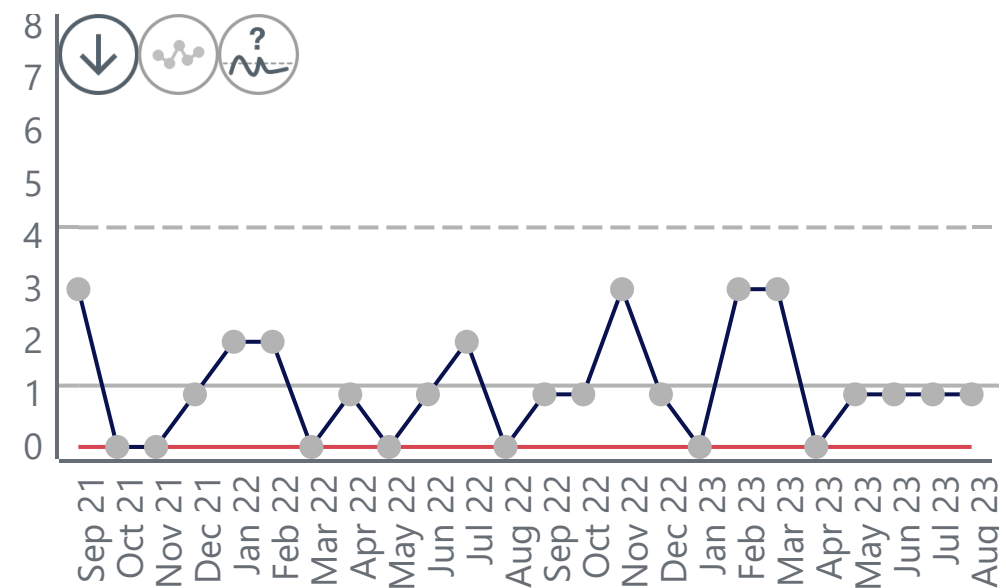
MRSA Bacteraemias



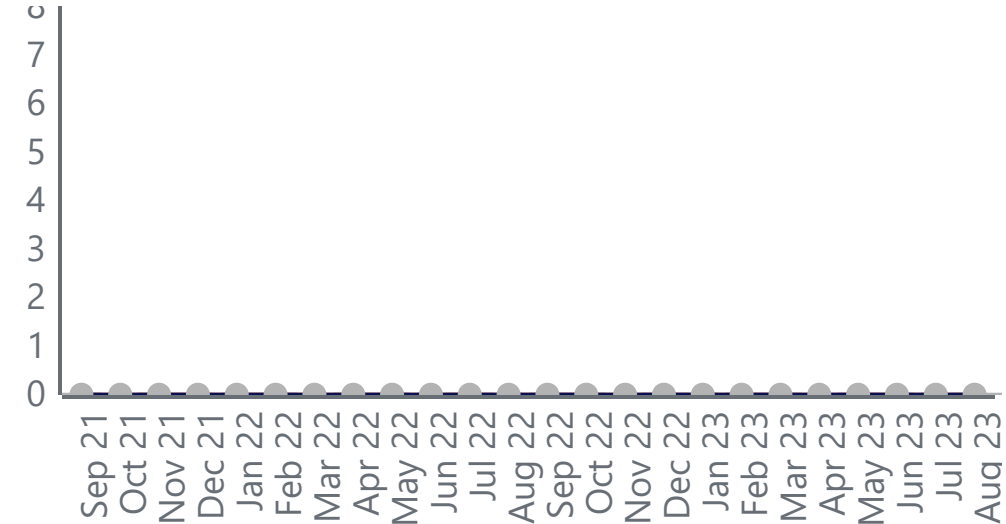
Clostridium Difficile



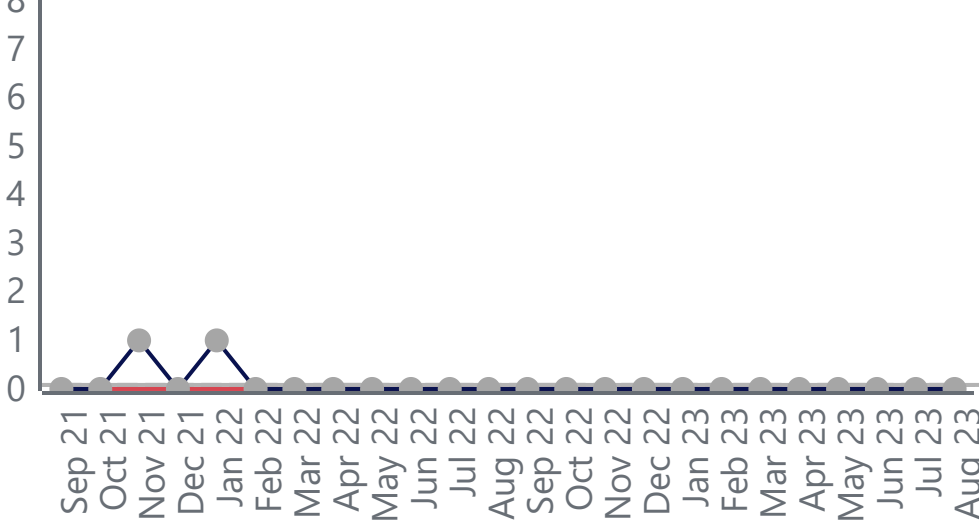
Gram Negative Bacteraemias



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

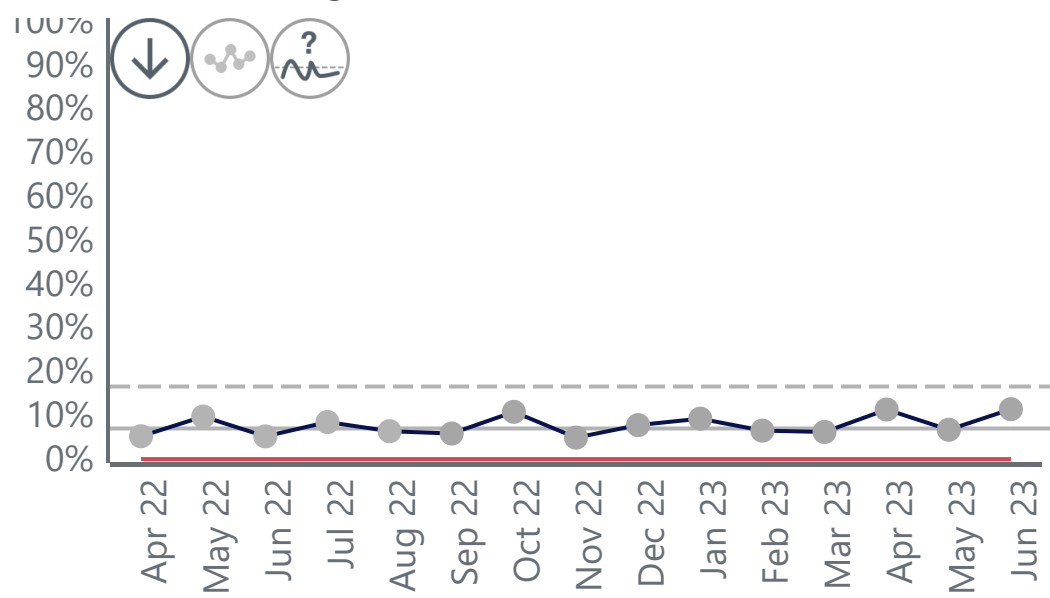


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

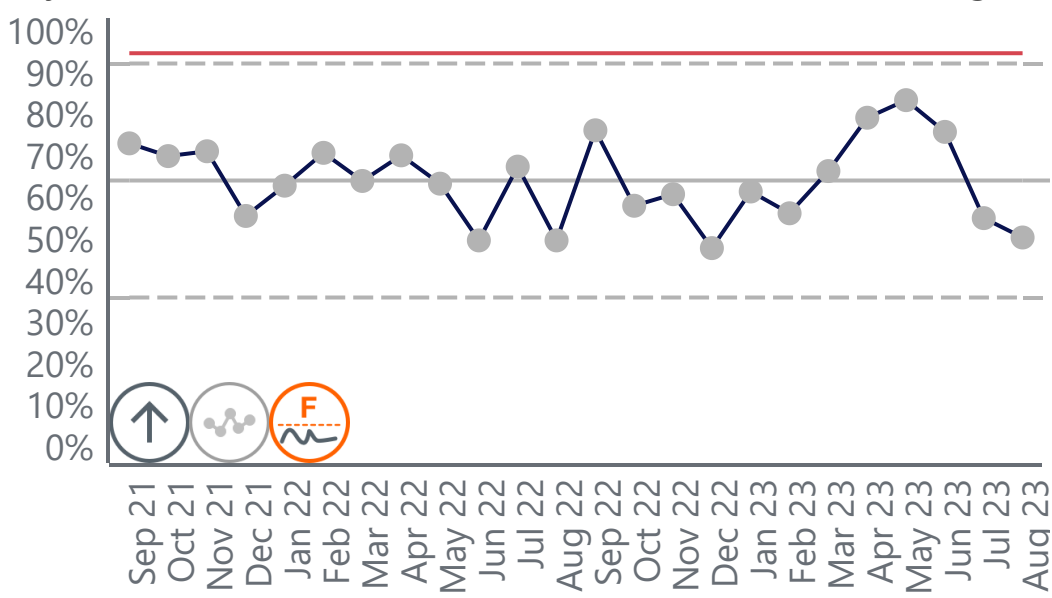


Quality of Care - Watch Metrics

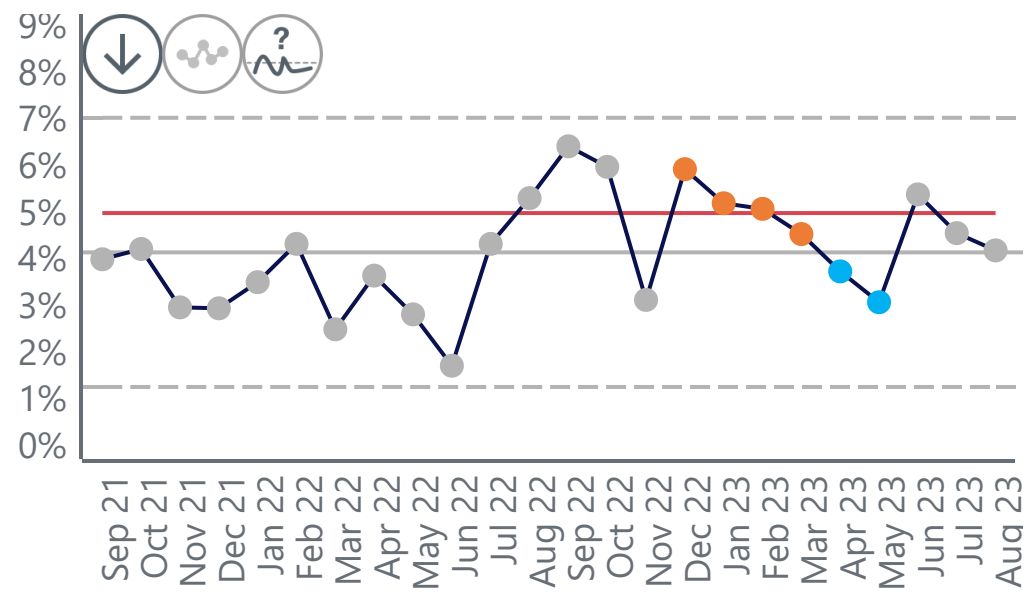
Surgical Site Infections



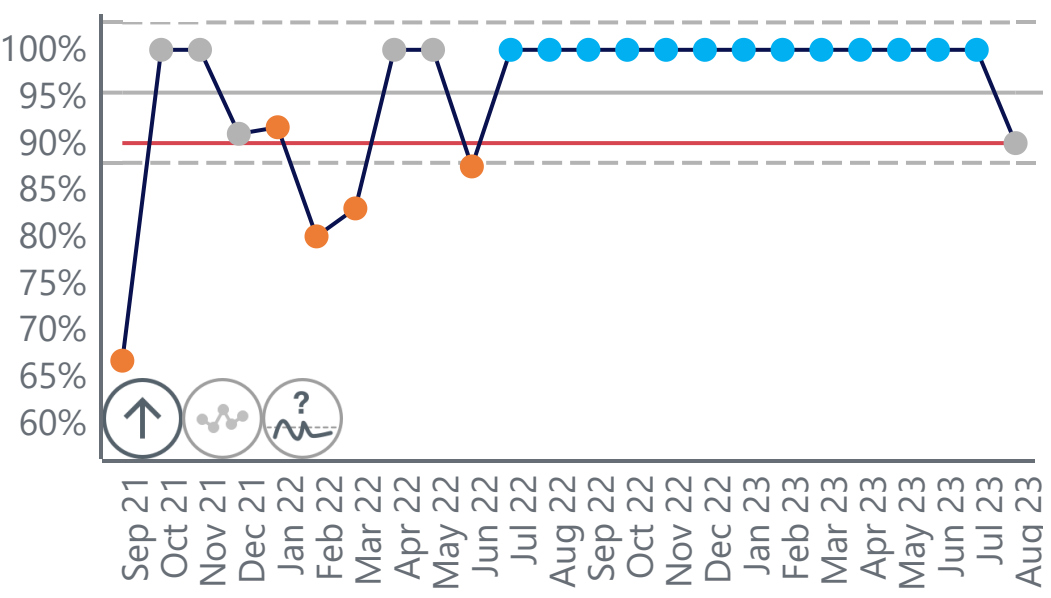
Primary PCI - 150 minute 'Call-to-balloon' (national target)



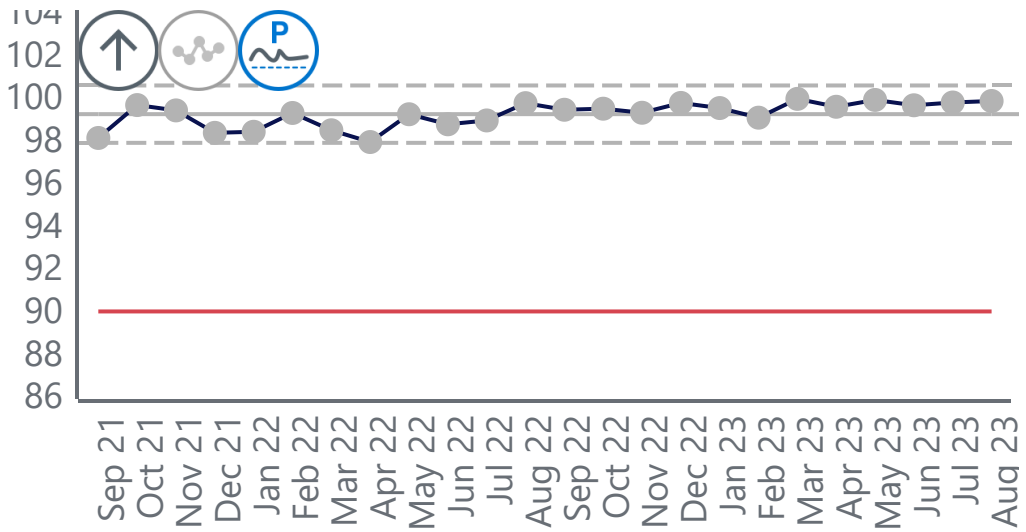
Delayed Transfers of care



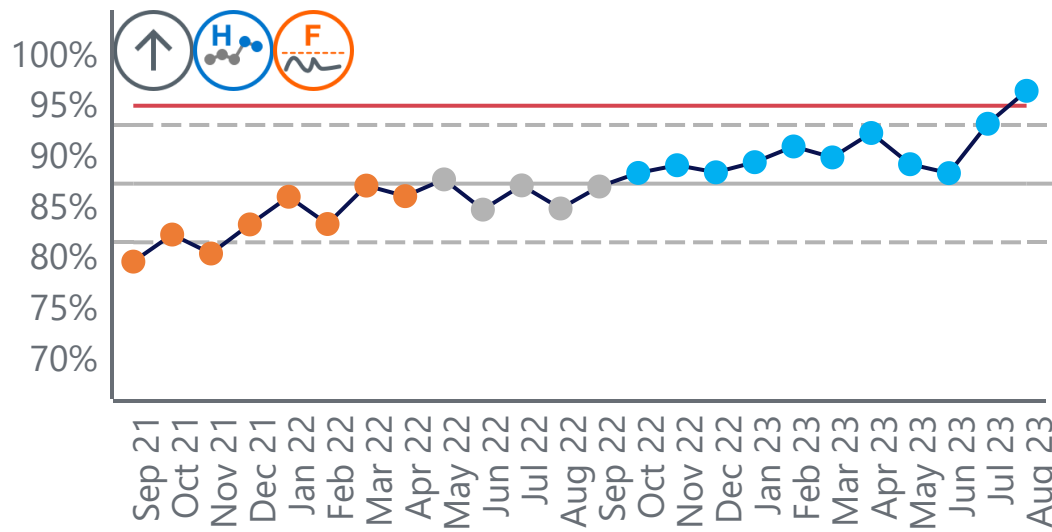
Dementia - Find



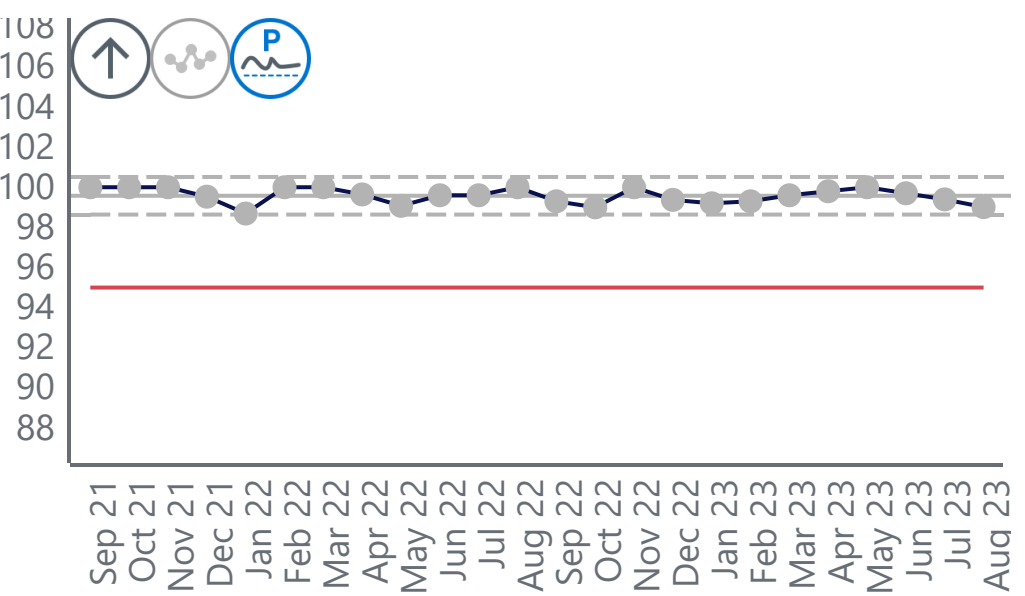
Delirium Risk Assessment to be completed on Admission and once a day



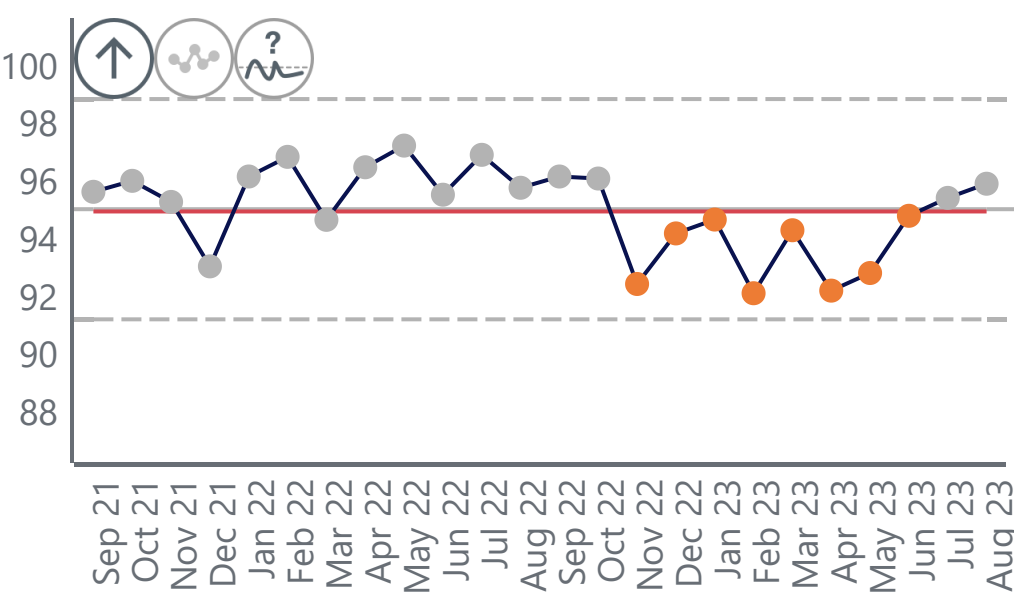
95% of all patients to receive a copy of their Discharge Summary on day of discharge



FFT: REPUTATION



Venous thromboembolism (VTE) risk assessment



Finance

SRO: Karen Edge, Chief Finance Officer

Highlights:

The Month 5 position is a £1,116k surplus, which is £297k better than plan in month. The YTD surplus is £4,227k which is £134k better than plan. The single largest adverse variance year to date is undelivered CIP. Income has improved in month as a result of a reduction to the elective target through enacting of recent NHSE guidance on the approach to be taken to mitigate the financial effect of industrial action for systems. Whilst the Trust has seen activity impacted by industrial action, the overall position on income after this adjustment is marginally better than plan. In addition, private patient income continues to track positively against plan. Pay costs were overspent in August by £26k and are underspent YTD by £11k. 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 had also been added to the CIP target, giving a Trust total of £5,904k. Whilst to date the Divisions have identified 76% of their CIP target for the year, 65% has currently been transacted leading to the adverse budgetary impact. This however is an improvement from the 23% position reported in July. 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 slippage and achieve the plan. Further risks are associated with an uptick 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 further 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.



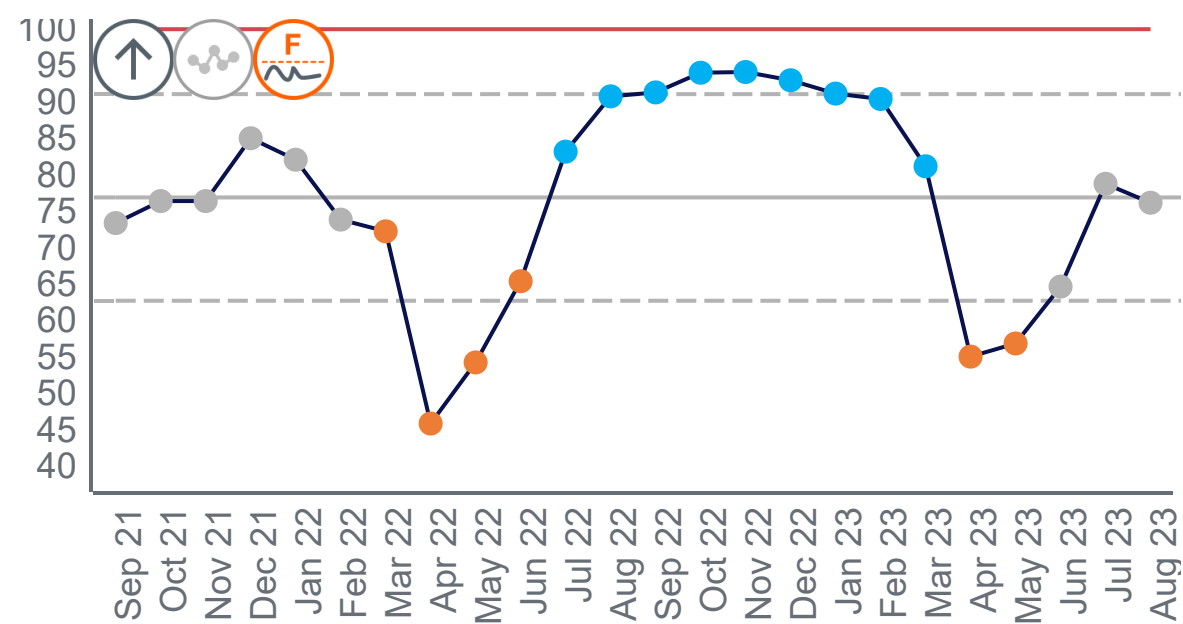
Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
Better Payment Practice Code	Aug-23	98.0	95	98.80		
I & E distance from target (cumulative) - £,000	Aug-23	134	0	134		
Liquidity (days)	Aug-23	21		23		
Recurrent CIP identified	Aug-23	76.2	100	76.2		
Capital Expenditure (Trust Level)	Aug-23	1343264	3495000	1343264		
Cash in Bank (Trust Level)	Aug-23	45948000		42885697		



Finance - Drive Metrics

Recurrent CIP identified



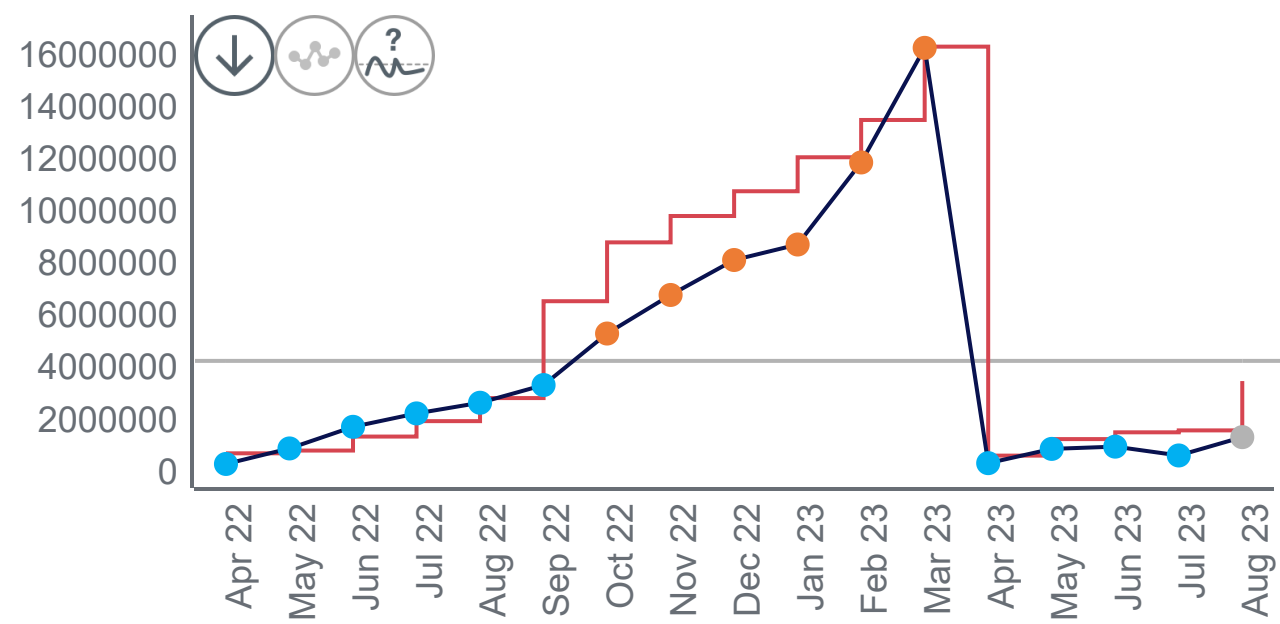
Technical Analysis:

As the trust works its way through quarter two of 23/24 August 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:

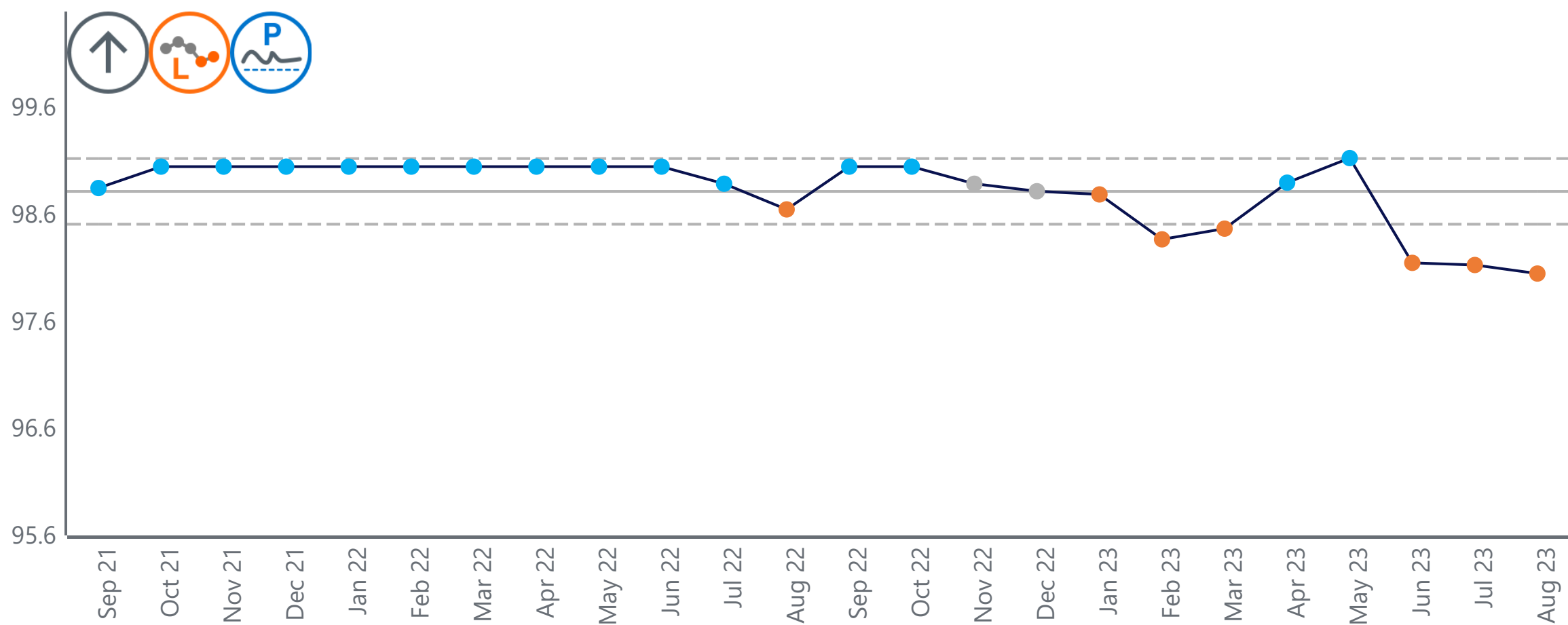
Performance is based on the beginning of the new financial year 2023/24. Early performance for 2023/24 is below target and the same period 2022/23.

Actions:

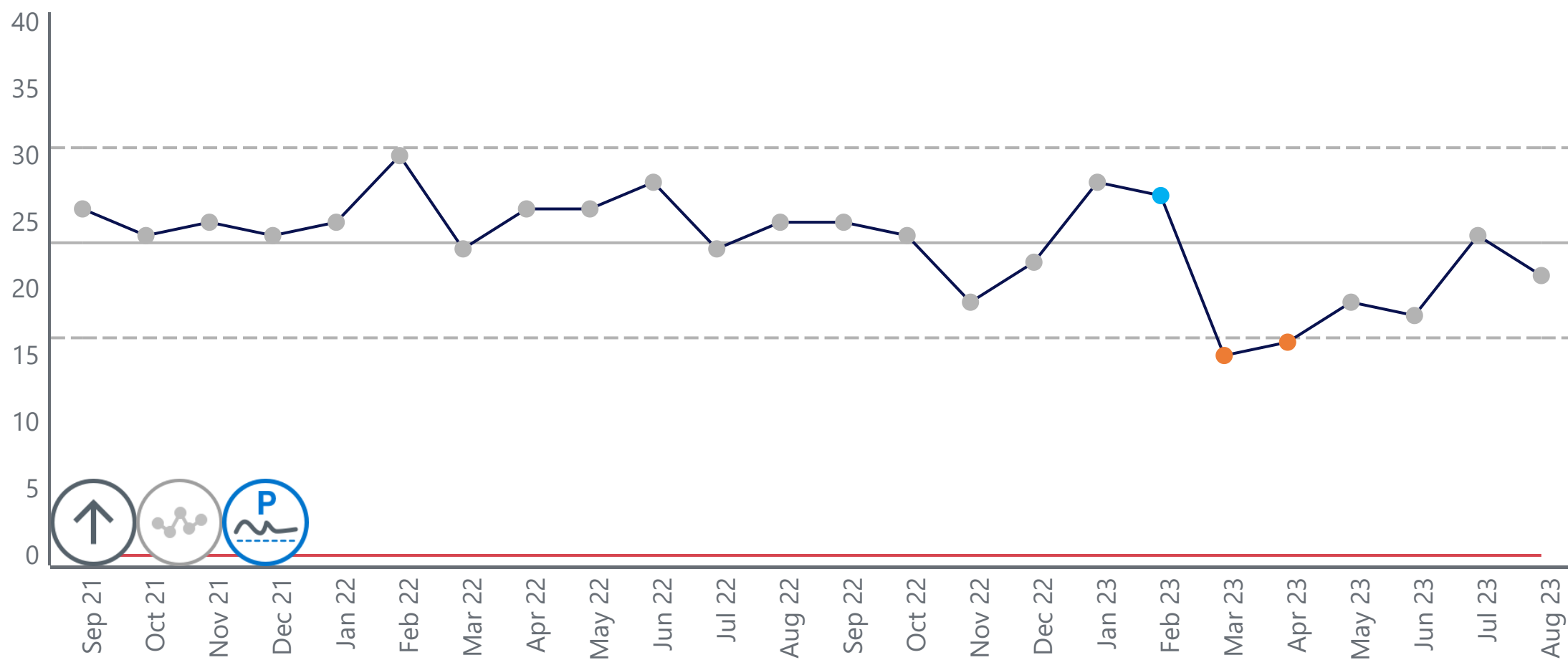
Capital commitments have been agreed against the allocation and are monitored by the Capital Management Group. Where risks emerge the group will re-prioritise resource within the allocation.

Finance - Watch Metrics

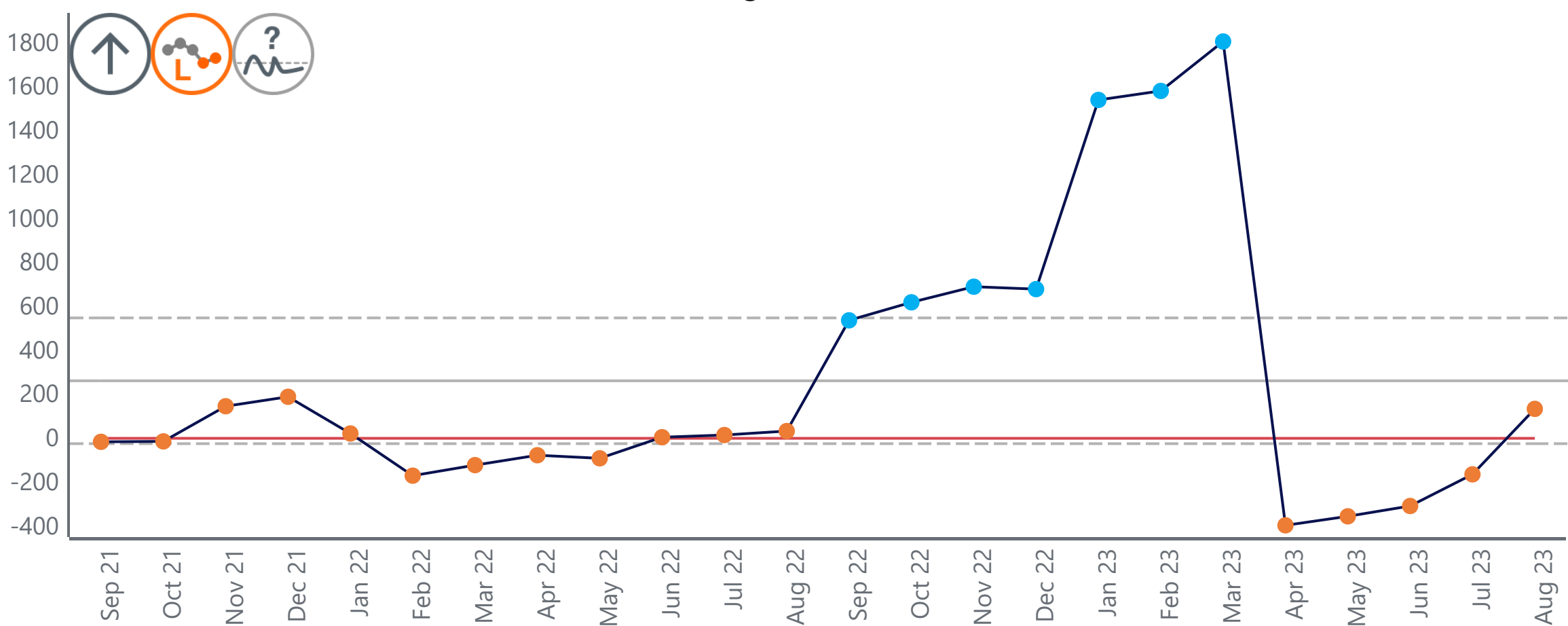
Better Payment Practice Code



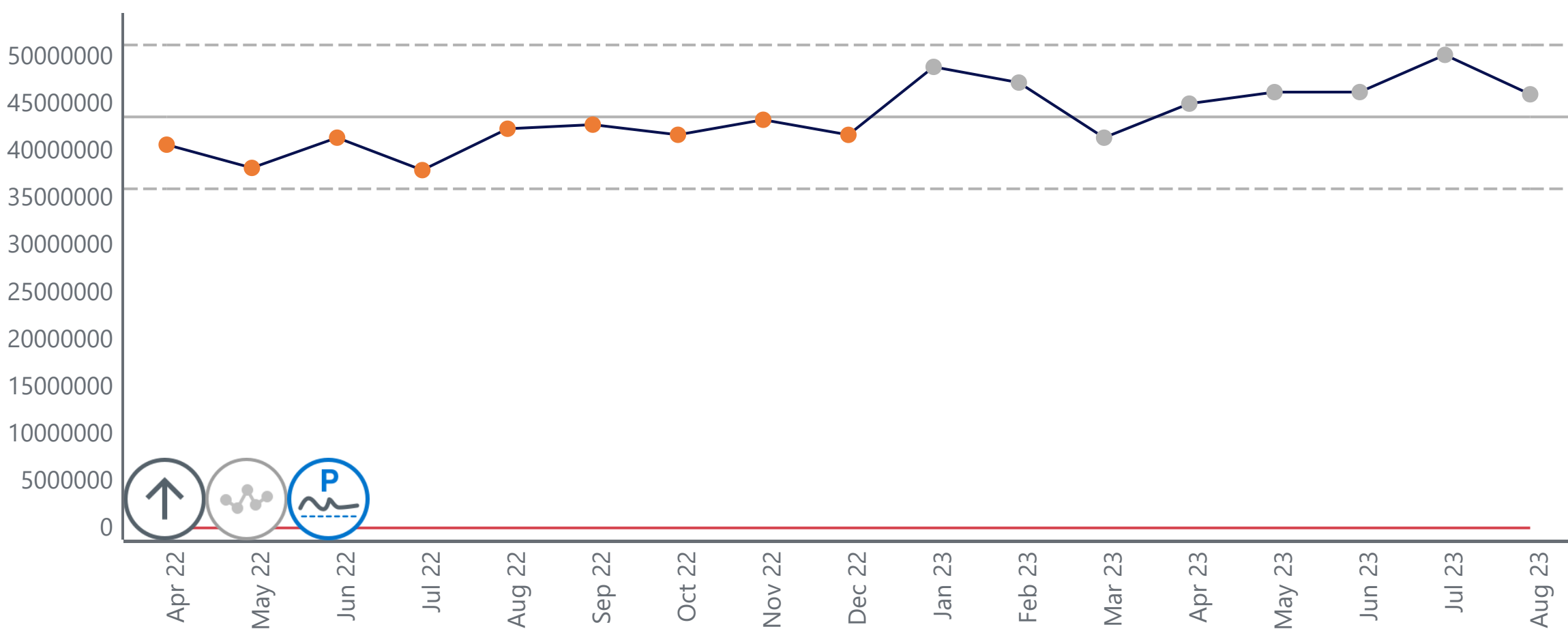
Liquidity (days)



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



Cash in Bank (Trust Level)



People

SRO: Karen Nightingall, Chief People Officer

Highlights:

Further improvement has been seen in turnover, reflecting the positive impact of the retention work being delivered.
Mandatory training compliance remains above the 95% target.
An implementation plan has been developed to support the launch of the 2023 NHS Staff Survey in September
Another successful Live Well Work Well Event was held on 12th September

Areas of Concern:

Sickness levels have increased and remain an area of focus. A summary of the position was presented at GOLD Command on 6th September 2023 and a review of all cases undertaken has been undertaken by the HR Business Team. A new monthly reporting model has been designed to ensure oversight and progress of all cases.

STAFF SICKNESS DRIVE METRIC ACTION: Sickness absence remains a priority. Short term absence has been attributable to an increase in cold/flu symptoms which is being monitored. A review long term cases has confirmed that all absences have regular communication plan in place and all absences related to stress and anxiety have referrals to OH in place. Five employees that have been absent long term have return work plans in place for September with one dismissal at Stage 4 to note.















Appraisal compliance remains an area of focus with a steady improvement seen in compliance in September with an overall completion rate reporting just under 80% as of 15.09.23.

Forward Look (with actions):

All departments with less than 95% MT compliance have been contacted at triumvirate level to offer any further support required to achieve compliance. A recovery plan is in place to improve the position of MT training for medical and bank staff.



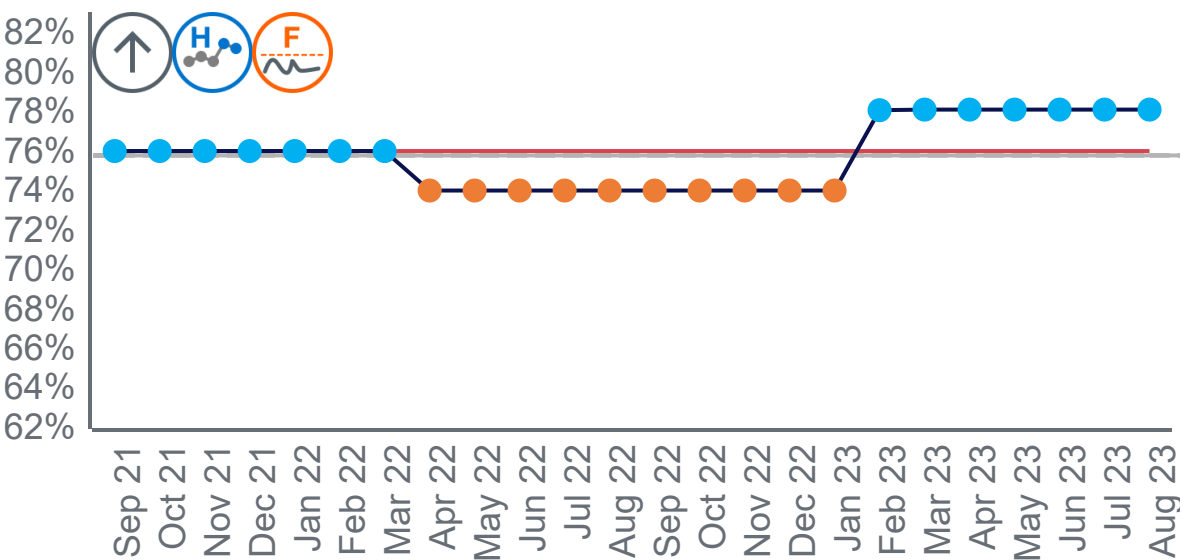
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Aug-23	68.2	>=90%	85.9		
Mandatory Training Compliance	Aug-23	95.9	>=95%	94.0		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Aug-23	78.1	>=76%	75.3		
Staff Turnover	Aug-23	10.6	<=10%	12.0		
Staff Sickness (All Staff)	Aug-23	4.59	<=3.4%	5.2		
Long Term Sickness	Aug-23	2.31	<=3.4%	3.1		
Short Term Sickness	Aug-23	2.28	<=3.4%	2.1		



People - Drive Metrics

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



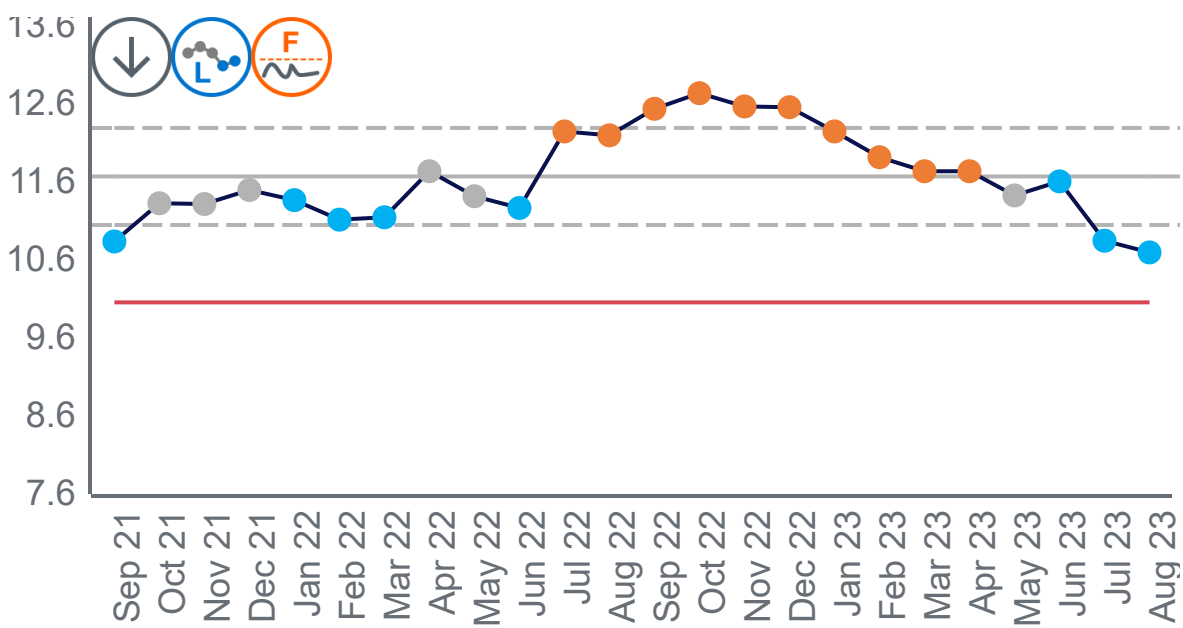
Technical Analysis:

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:

Annual Indicator - Maintained position.

Staff Turnover



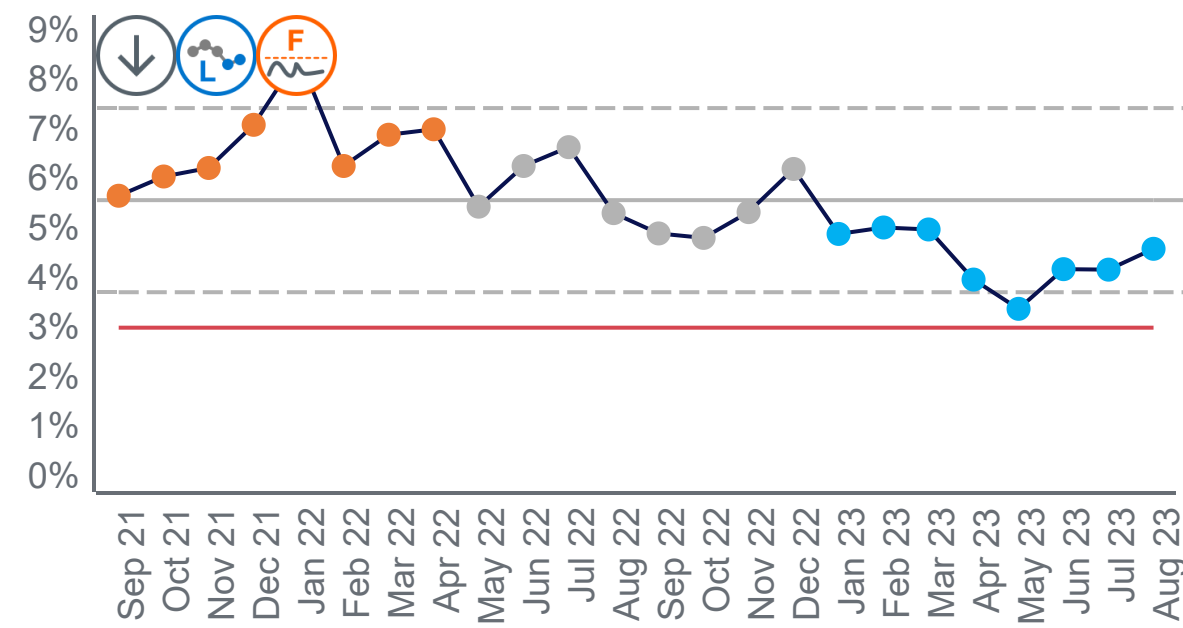
Technical Analysis:

Turnover has shown reduction over the last 8 months and is displaying Special Cause Improvement. Previous levels could create a substantial risk. The trusts average for 2023/24 is 11.2% against a target of 10% with August performance displaying 10.6%.

Actions:

Further reduction seen in turnover with movement towards the Trust target of 10%.

Staff Sickness (All Staff)



Technical Analysis:

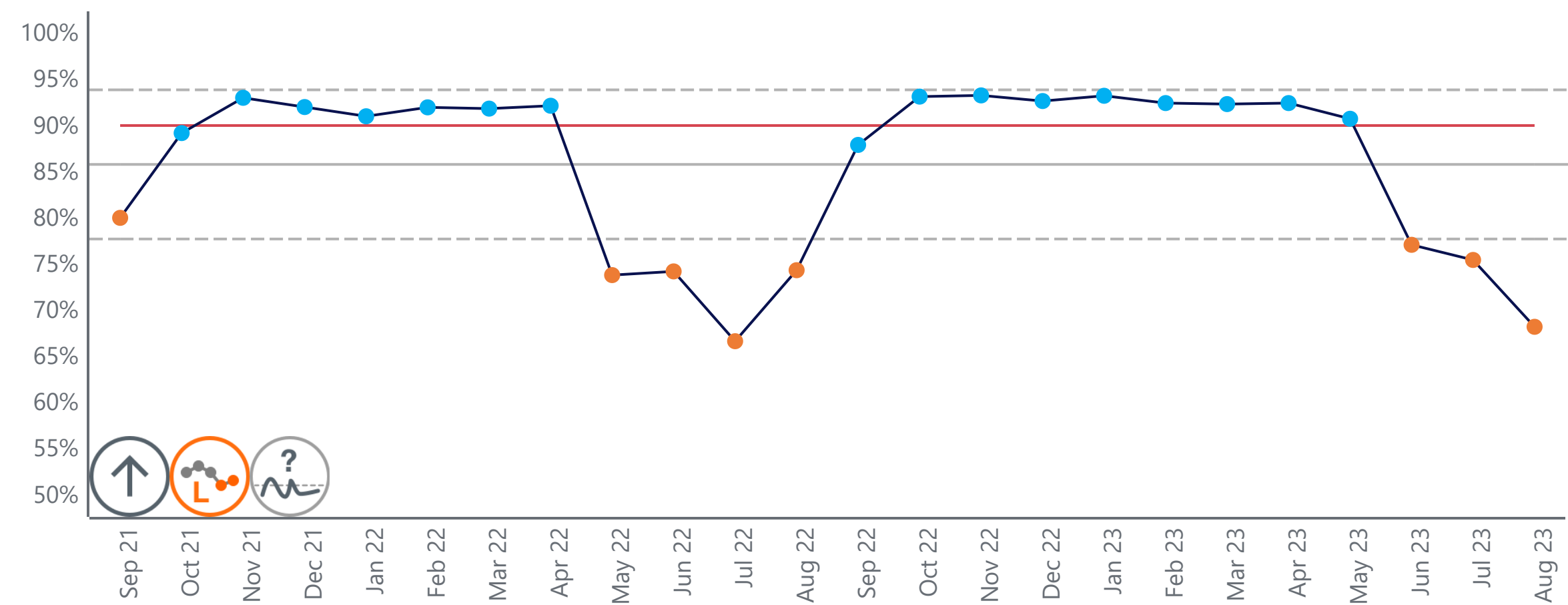
Total absence in August was 4.6%, this is above the target of 3.4%. Although continued work is required the last 8 months have displayed Special Cause Improvement working towards achieving the target.

Actions:

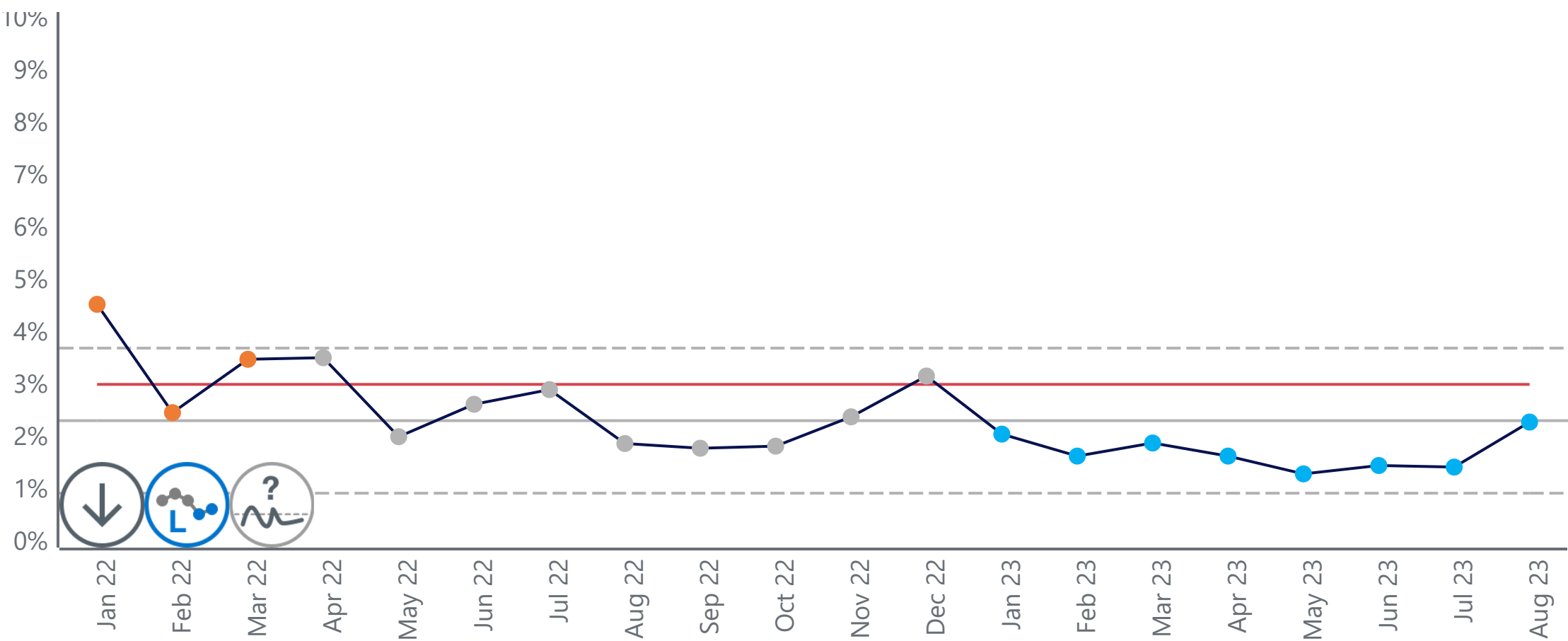
Sickness absence remains a priority. Please see People Summary for full action update.

People - Watch Metrics

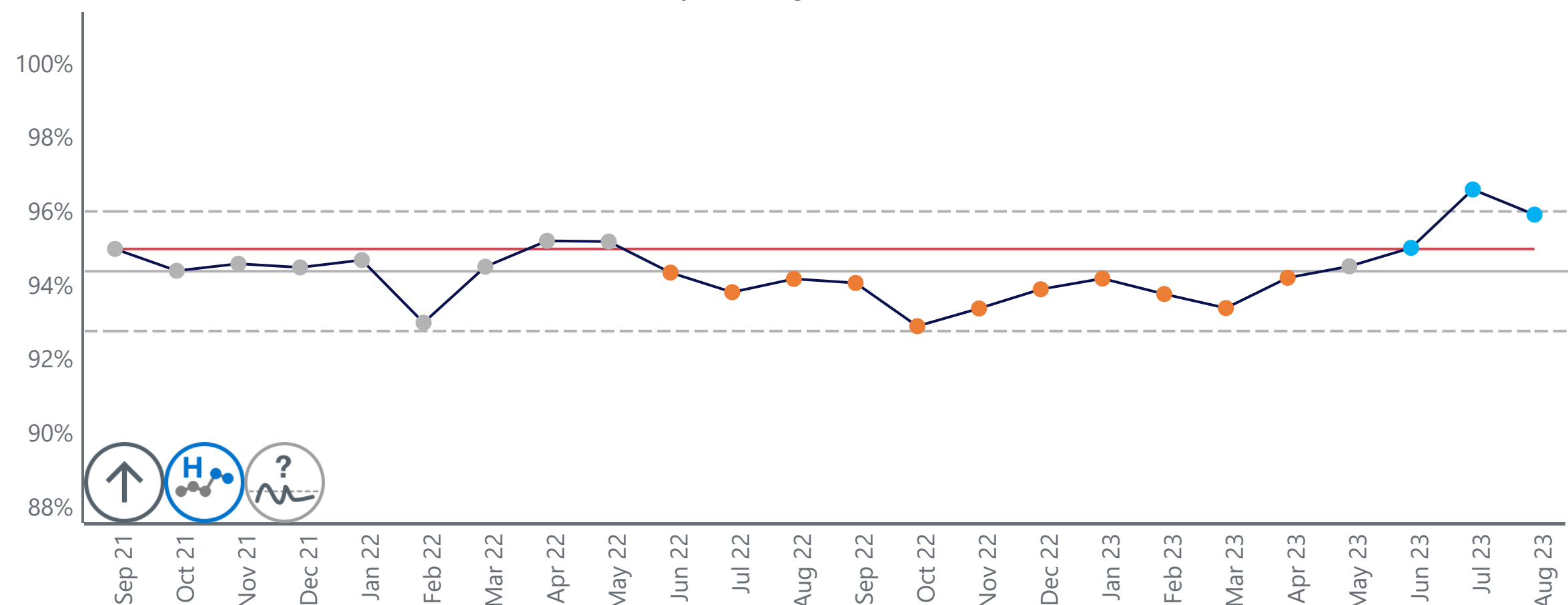
Appraisals Compliance



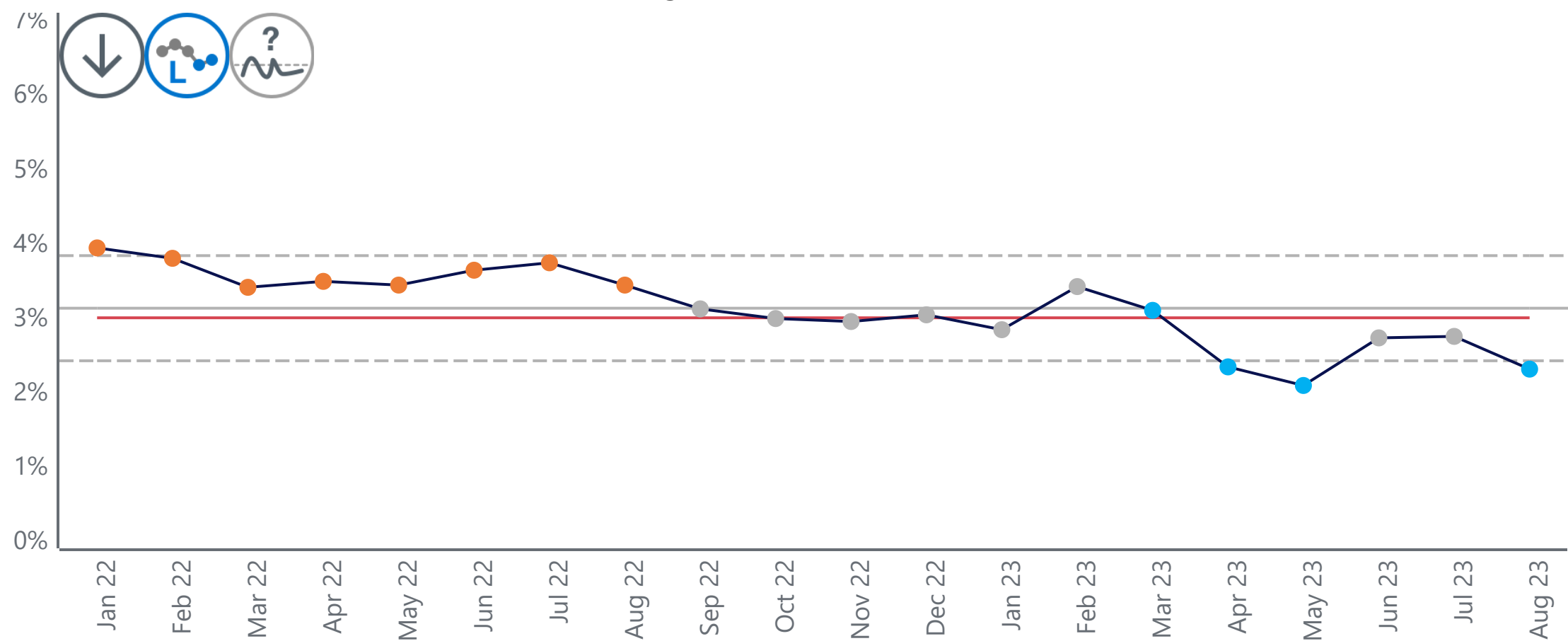
Short Term Sickness



Mandatory Training Compliance



Long Term Sickness





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