

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

# Strategic Oversight Framework

## April 2024

Published: May 2024



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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**

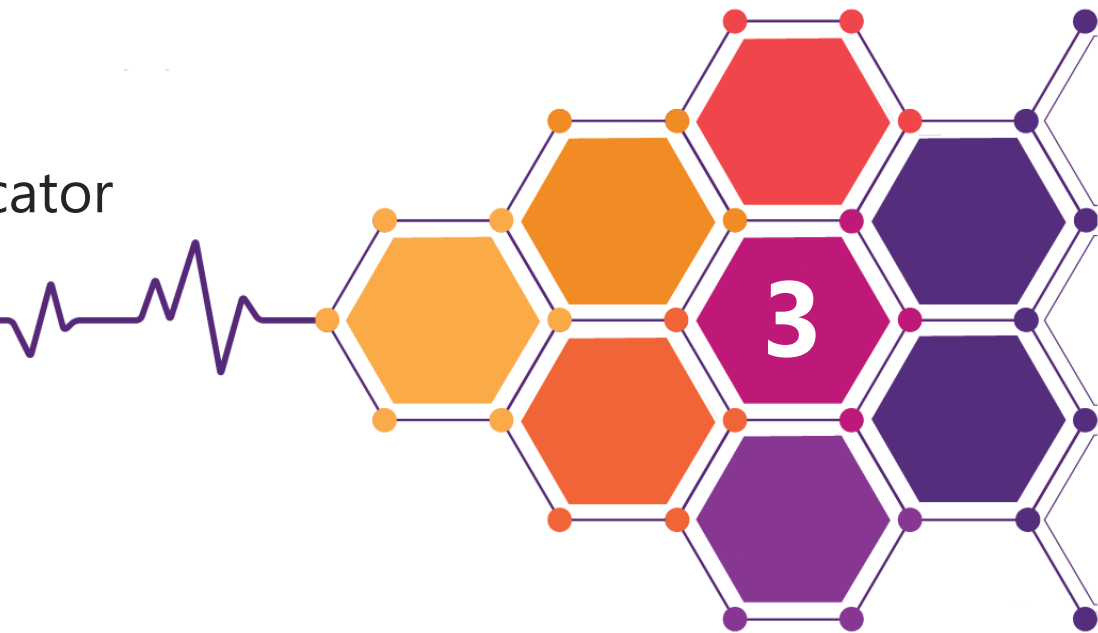
In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

**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:**

At the start of the 24/25 financial year, we have refreshed a number of the indicators and baselines to support appropriate monitoring going forward. As of M1, 4 standards are showing below the national KPI, however all of these are expected against historic trends and workforce pressures. Recovery Plans and mitigations are in place across all of these indicators and being monitored closely against any clinical risk.

Elective activity in month was above plan for the Trust and following significant scrub nursing vacancies in 23/24 we have been able to deliver all of our core capacity through Theatres.

Cancer Performance is reported a month in arrears and all Cancer standards continued to be challenged by workforce pressures. In march all Cancer standards were non compliant to the national targets, however no clinical risk has been identified due to wait times.

Consistent focus is being placed on long waiters, with the 65 and 52 week waiters being monitored weekly by the Divisional teams.

DM01 (Diagnostics) showed a slight deterioration in April with full recovery expected to run in to Q2 of the financial year.

**Areas of Concern:**

Diagnostics has not been able to recover from the increase in waiting list size in December, with specific capacity constraints on Stress MRI and pacemaker patients. Recovery is expected to take a number of months and is being reviewed in conjunction with the ICS and CAMRIN colleagues. Outsourcing, Insourcing and mutual aid are all being explored to improve recovery. Workforce pressures continued in April with unplanned sickness across Radiologists, Radiographer and Administrative teams.

Cancer Standards have been impacted by capacity constraints and workforce challenges (including industrial action from 23/24). Underperformance of the FSD standard is expected to continue within Q1, with recovery interdependent on supporting the C&M position; equalising wait times with LUFT. The 31 day standard has been impacted by reduced thoracic capacity in Q4, the teams are continuing to review options to increase capacity in Q1. The 62 Day standard is interdependent of the two different factors of surgical and diagnostic wait times. No Clinical Harm has been identified when the pathways have been reviewed.














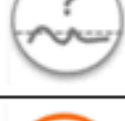
















Long waiters within the Trust reduced in April; as a Trust Mini Mitral continues to be a pressured service line however plans are in place to hit the 65 week target by September.

Letter management has been added to the refreshed SOF since a recent correspondence issue. This will be monitored and reviewed to support effective communication between provider, patient and GPs.

**Forward Look (with actions):**

- \* Activity plans have now been completed for 24/25 and signed off through Operational Board & Integrated Performance Committee. Capacity is expected to deliver national and regional ambitions with known risks identified.
- \*Our Cancer position is expected to be challenging for Q1. FSD is not expected to achieve within the quarter given our agreement with LUFT to support Liverpool wait times. The 31 Day and 62 standards are expected to improve in 24/25, however will be take up to 6 months with a dependants on increased surgical capacity. The Cancer Alliance are sighted on our current action plan and will be joining Cancer Board to provide support to any areas of concern
- \* Surgical outsourcing is has commenced to support our long waiters position, with plans in place to maximise activity given our current workforce pressures.
- \* A DMO1 (Diagnostic) trajectory is focussing on long waiters, however recovery plans are in place to address the provider to provider wait times. This will be monitored through a weekly meeting chaired by the COO.

Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Apr-24	83.9	>=80%	79		
Cancelled Operations for non-clinical reasons	Apr-24	2.1	<=2%	3		
Outpatient activity delivered remotely via telephone or video consultation	Apr-24	27.4	%	31		
Elective Activity Levels	Apr-24	103.5	10000%	99		
Maximum 6-week wait for diagnostic procedures	Apr-24	79.94	>=99%	88		
Overall Size of Waiting List	Apr-24	6006		5818		
Incomplete Pathways 35+ Weeks	Apr-24	355		355		
Referral to treatment - Incomplete Pathways 52+ weeks	Apr-24	104		91		
Referral to Treatment - Incomplete Pathways 65+ weeks	Apr-24	25.0		25		
PIFU Pathway	Apr-24	1079	113	745		
Letters waiting to be typed over 7 days	Apr-24	401.0		401		
Non-Criteria to Reside Occupied beds as a proportion of total occupied beds	Apr-24	4.7		5		
Patients not booked in within 28 days (non clinical cancellations)	Mar-24	0.0	0	3		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Mar-24	42.9	>=75%	58.3		
Cancer: 31-day decision to treat to treatment standard	Mar-24	43.3	>=96%	72.6		
Cancer: 62-day referral to treatment standard	Mar-24	38.9	>=85%	47.4		





Operational Performance - Drive Metrics

Elective Activity Levels



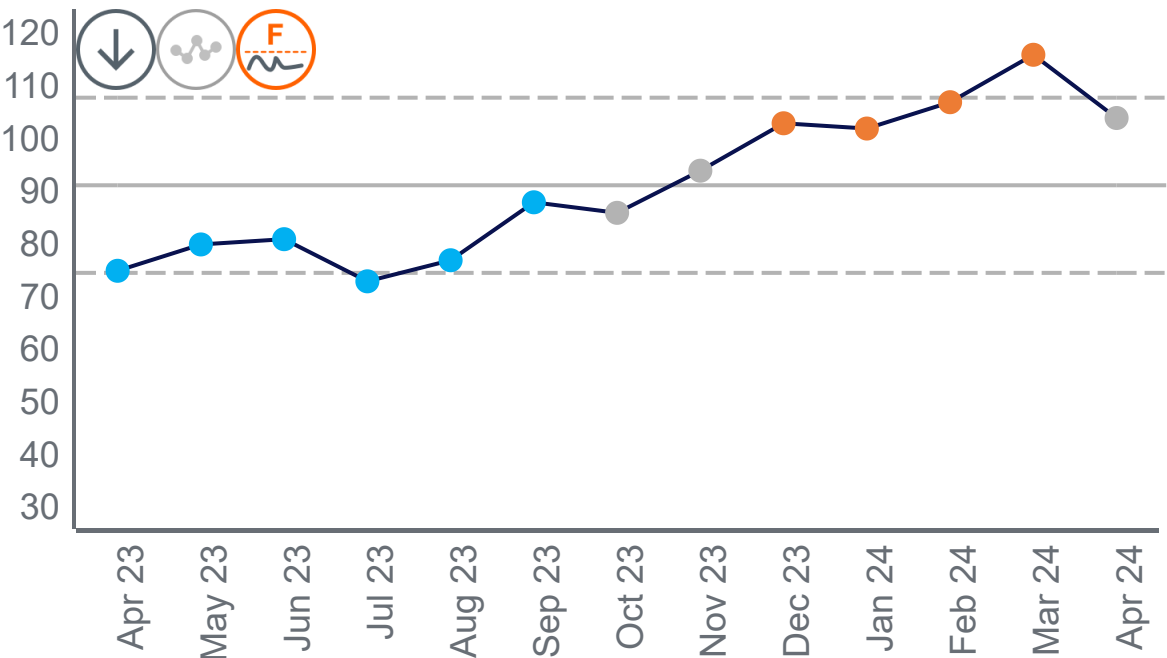
Technical Analysis:

Activity has been re-baselined from April-24.  
Performance of 103% is above the target (100%).

Actions:

- \*Activity over performed in month.
- \*Ongoing monitoring and planning continues through Performance and Operational Board meetings.

Referral to treatment - Incomplete Pathways 52+ weeks



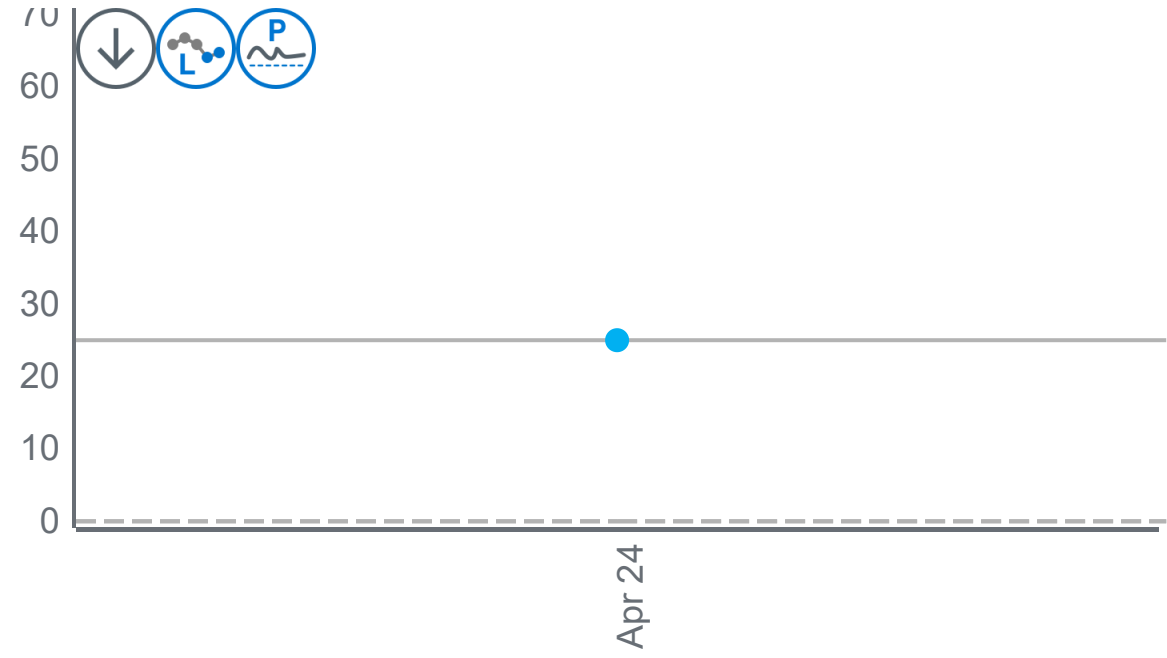
Technical Analysis:

April performance is displaying cause for concern having seen an increase in the number of 52+ week waiters with a continued increase over the last five months. Surgery patients remain the most significant contributors to performance.

Actions:

- \*Pathway RCAs undertaken for every patient which tips over 52 weeks.

Referral to Treatment - Incomplete Pathways 65+ weeks



Technical Analysis:

A new metric added to SOF which requires more monthly data points to accurately monitor variation and assurance.

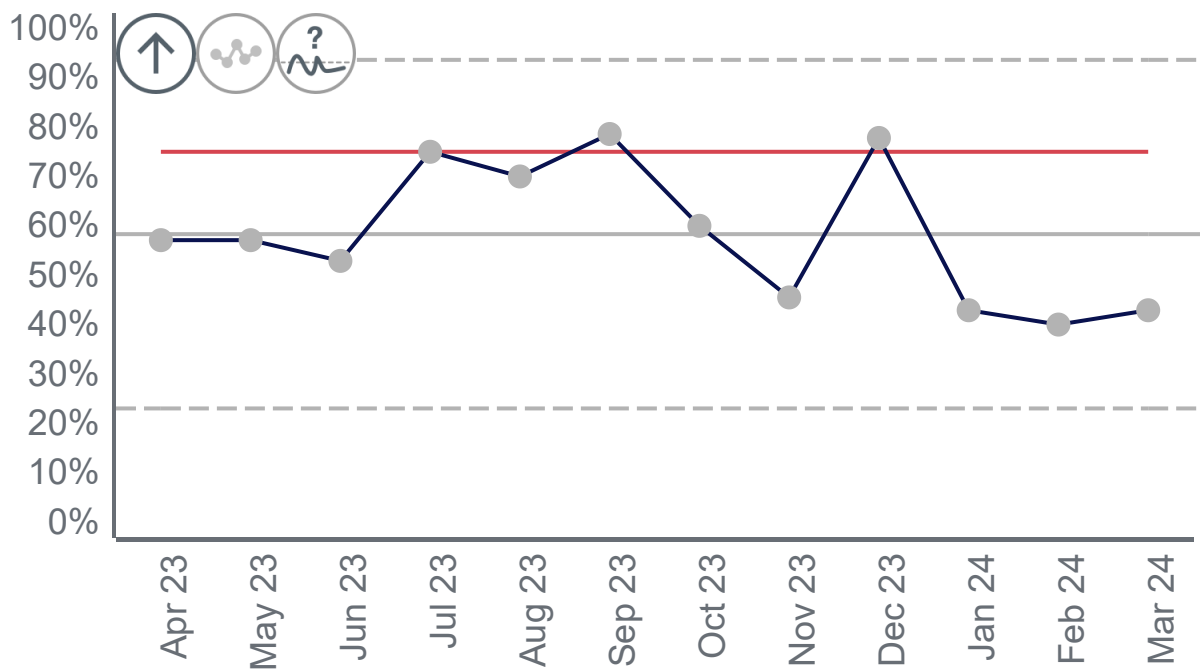
Actions:

- \*Focussed attention on the 65+ week waiter clearance.
- \*Mini Mitral Service line closed to Referrals from February and outsourcing in progress.



Operational Performance - Drive Metrics

Cancer Patients meeting the Faster Diagnosis Target (FDT)



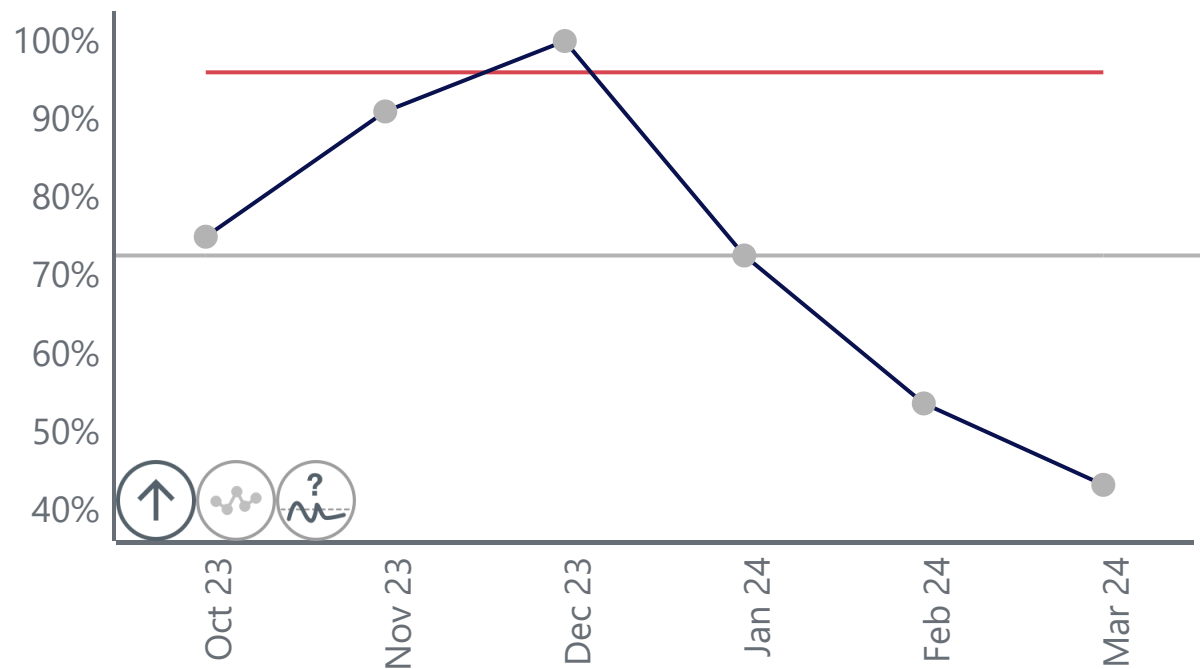
Technical Analysis:

Performance is displaying common cause variation of passing and failing the target inconsistently. Improvement Required to consistently achieve Cancer FDT.

Actions:

- \*Additional sessions continue to be requested to support wait times in CT guided biopsy & EBUS.
- \*Locum EBUS consultant recruited to commence in Q1.
- \*Joint CT guided biopsy planning in progress with LUFT through the BGH sub committee.

Cancer: 31-day decision to treat to treatment standard



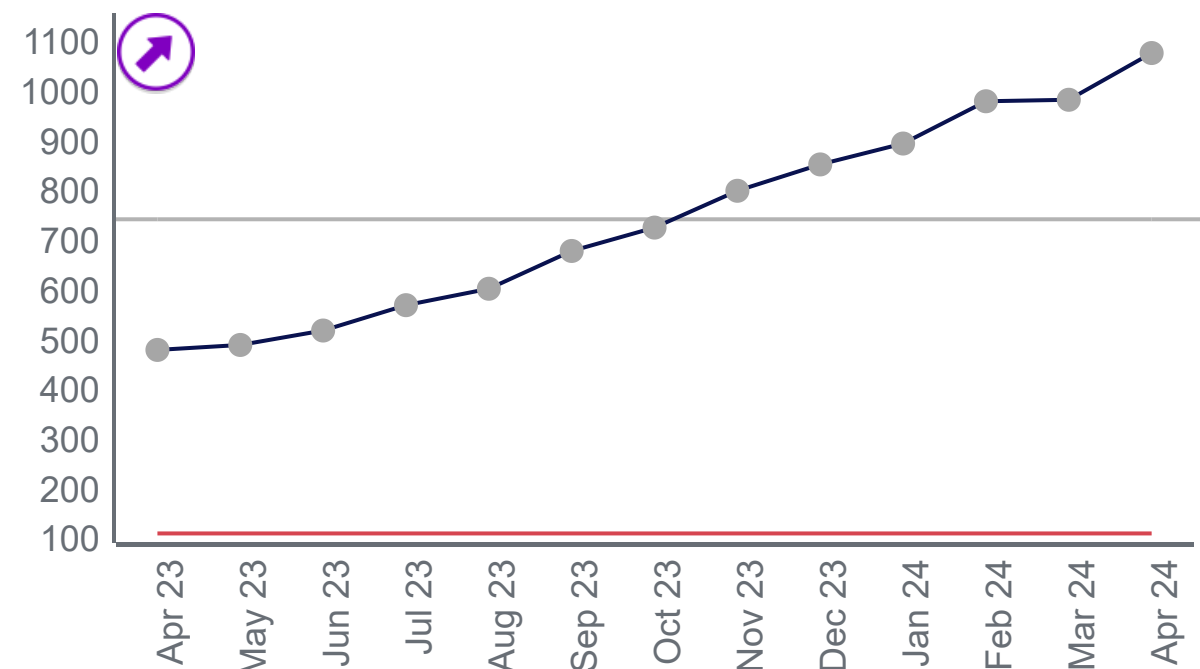
Technical Analysis:

Performance is displaying common cause variation of passing and failing the target inconsistently. Improvement Required to consistently achieve Cancer 31 Day Target.

Actions:

- \* Surgical wait times are currently at 6 weeks with increased capacity put in place from April.
- \* A 6 month trajectory is expected to recover the wait time back to 14 days with outsourcing and additional sessions being explored.

PIFU Pathway



Technical Analysis:

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

Actions:

- \*The Outpatient Transformation Group (OTG) continues to drive the use of Patient Initiated Follow Ups within LHCH.
- \*Service lines have been reviewed and targeted for onboarding based on appropriate clinical pathways.

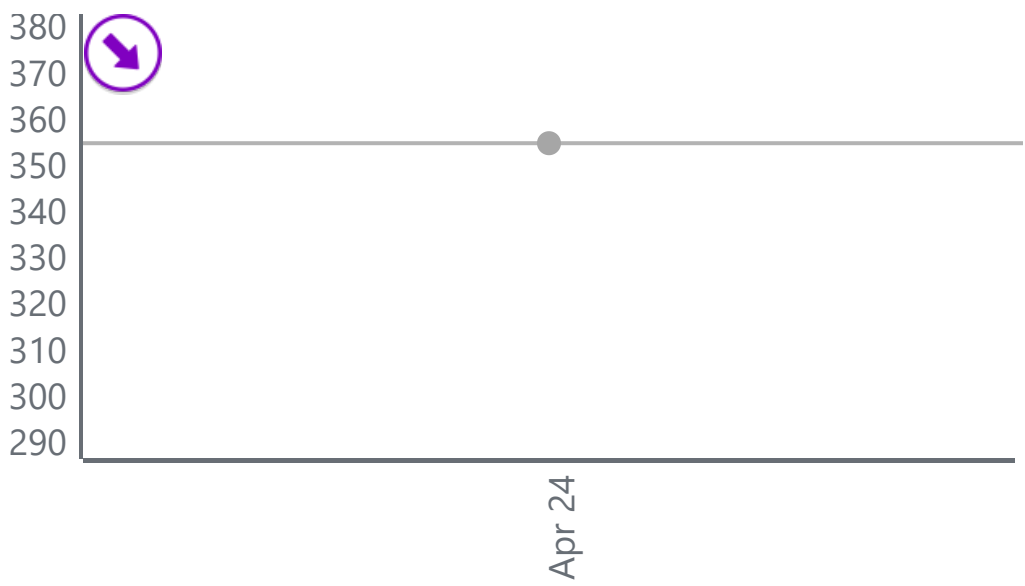


Operational Performance - Watch Metrics

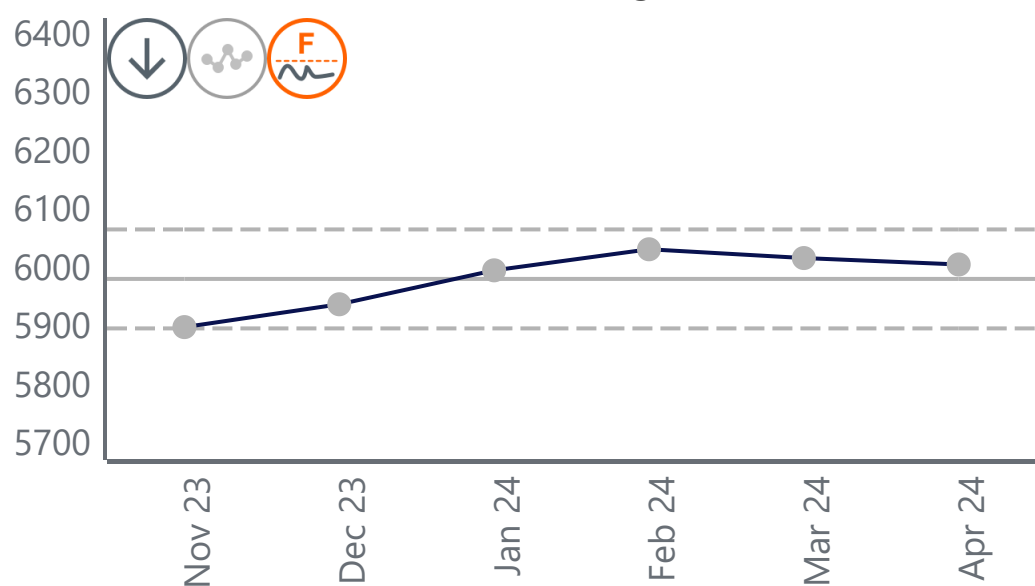
Letters waiting to be typed over 7 days



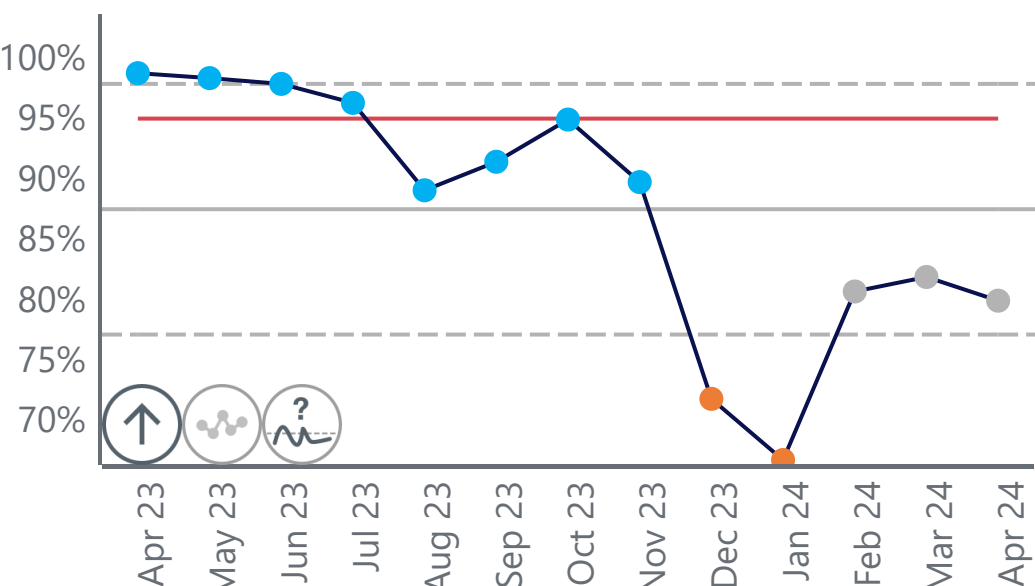
Incomplete Pathways 35+ Weeks



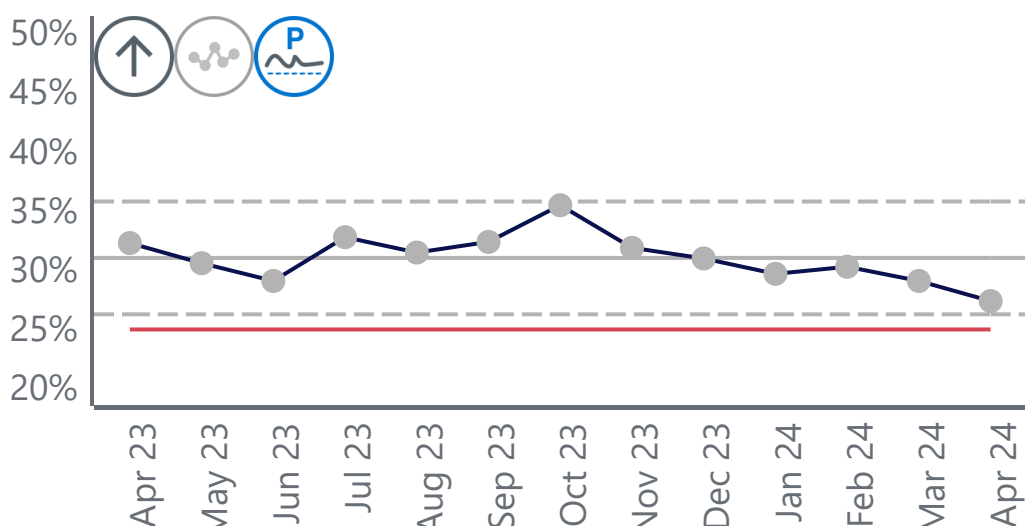
Overall Size of Waiting List



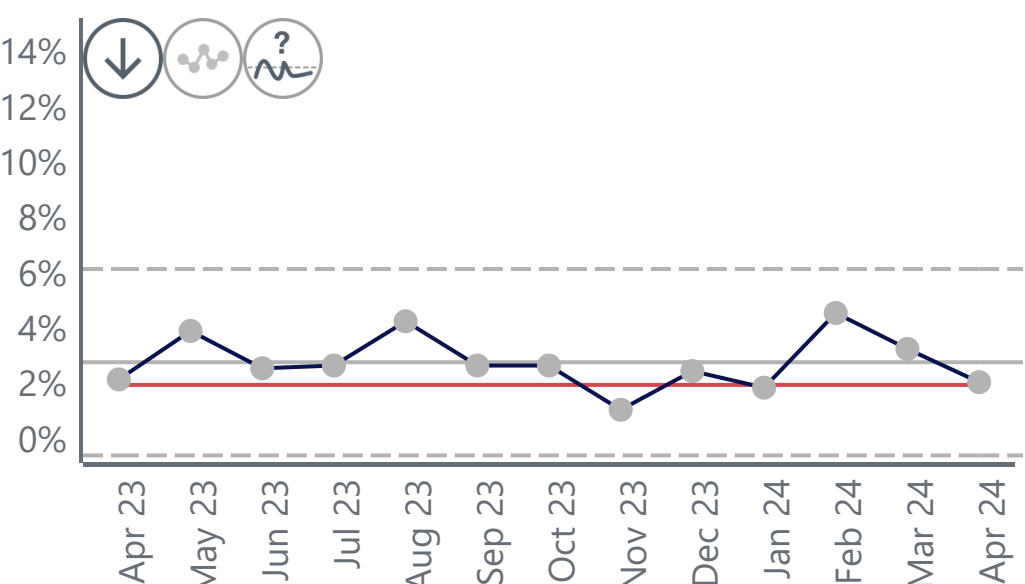
Maximum 6-week wait for diagnostic procedures



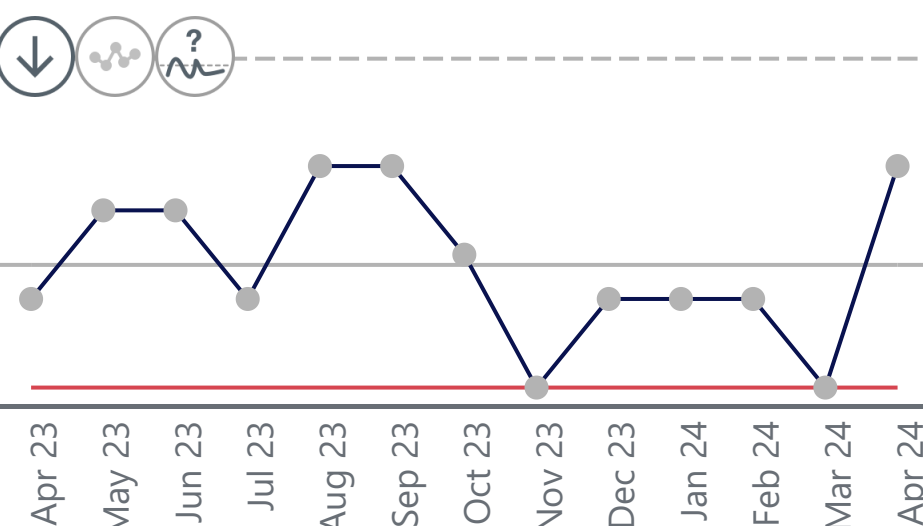
Outpatient activity delivered remotely via telephone or video consultation



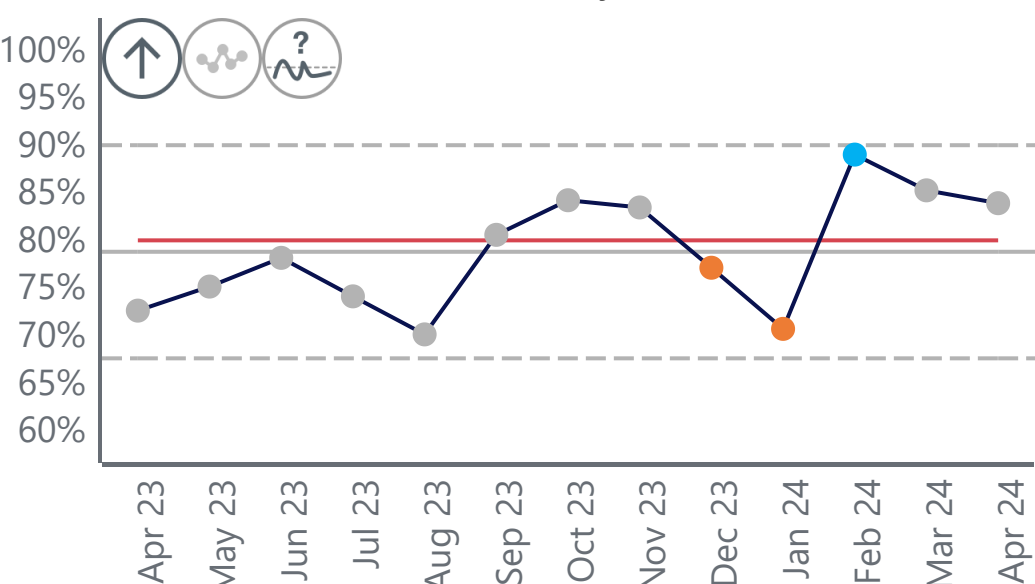
Cancelled Operations for non-clinical reasons



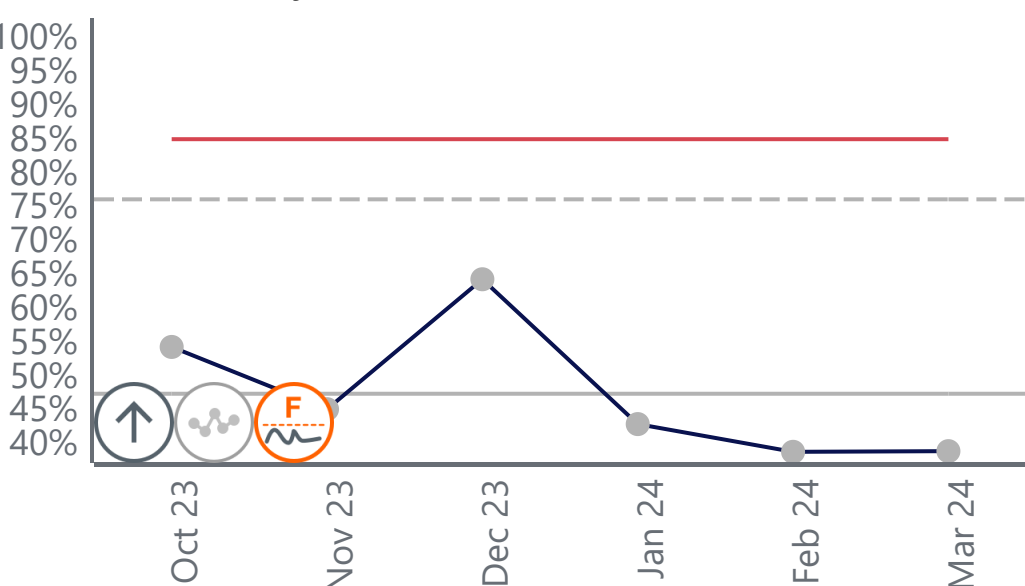
Patients not booked in within 28 days (non clinical cancellations)



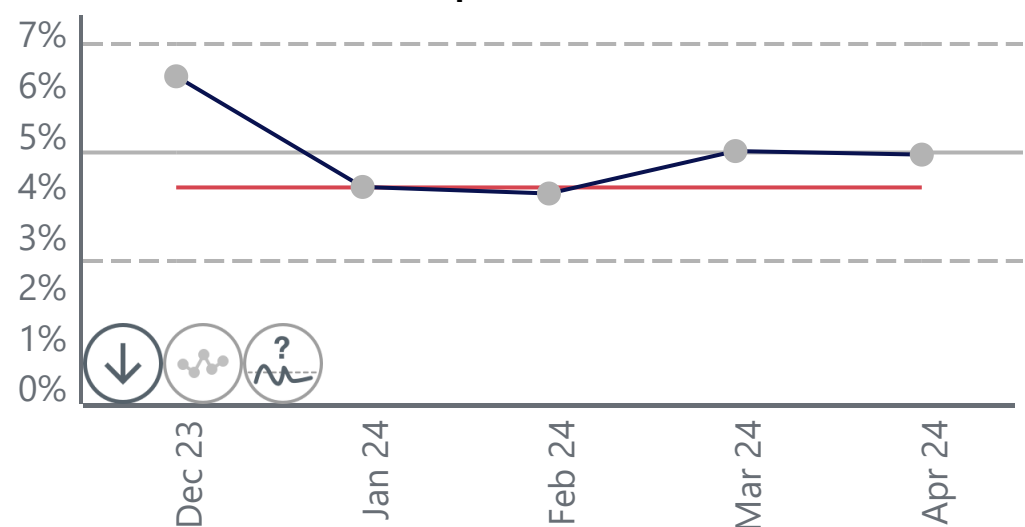
Bed Occupancy



Cancer: 62-day referral to treatment standard



Non-Criteria to Reside Occupied beds as a proportion of total occupied beds





Quality of Care

**SRO: Joan Mathews, Director of Nursing, Quality & Safety**  
**Mr Manoj Kuduvalli, Medical Director**

**Highlights:**

- \*The Sepsis target for 1 hour antibiotics has continued to consistently perform at or above the 90% target, with performance above target for 3 consecutive months. This indicator shows sustained special cause variation of an improving trend.
- \*There were no serious incidents, never events or Grade 2 or above pressure ulcers observed due to lapses in care in April. One occurrence of a Grade 3 pressure ulcer acquired at LHCH was reported in March 2024.
- \*Excellent performance continues in Dementia and Delirium.
- \*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.
- \* Referrals to a dietician for patients scoring high risk did not meet target of 90% in month and shows common cause variation of passing or failing target. Improvements associated with changes to EPR to support compliance requires monitoring.
- \*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. As previously reported additional measures have been taken with an aim to reduce this consistently (e.g. increased Rambleguard equipment across all ward areas and continued bathroom watch).
- \*Numbers of formal complaints continue to be low.
- \*The improvement plans for VTE performance have demonstrated sustained performance over the last few months.

**Areas of Concern:**

- \*Radiological alerts with a response document continues to perform below the target.
- \*Call to balloon time continues to consistently fail it's target due to national and regional issues with ambulance arrival and transfer times. Albeit we have seen an upward trend since September 2023. The Trust drive metric is door to balloon times and we continue to perform well against this target.
- \*Number of falls increased in December and January remained higher than usual albeit still low numbers. All falls are subject to an MDT review. The impact of change in stocking supplies, that are used to prevent falls was reviewed with stores. A more consistent rate of falls has been seen in February, March and April, nevertheless this will be kept under close review.
- \* Slight reduction in Family and Friends Test (FFT) metric performance. The data continues to be reviewed with the analytics team as there have been changes to the FFT and the granular level results look positive.

**Forward Look (with actions):**

- \*The radiological alert dashboard to be embedded and a focus on improving performance against the 28 day target for an RAR (Radiological alert report). 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 dashboard is embedded. This data now needs to be connected into the SOF.
- \*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.
- \*Patients receiving their discharge summary on day of discharge sustained improvement continues to be made however not consistently and this is being discussed with the teams.
- \*Falls stocking supplies and other factors continue to be reviewed.
- \* FFT data continues to be reviewed.

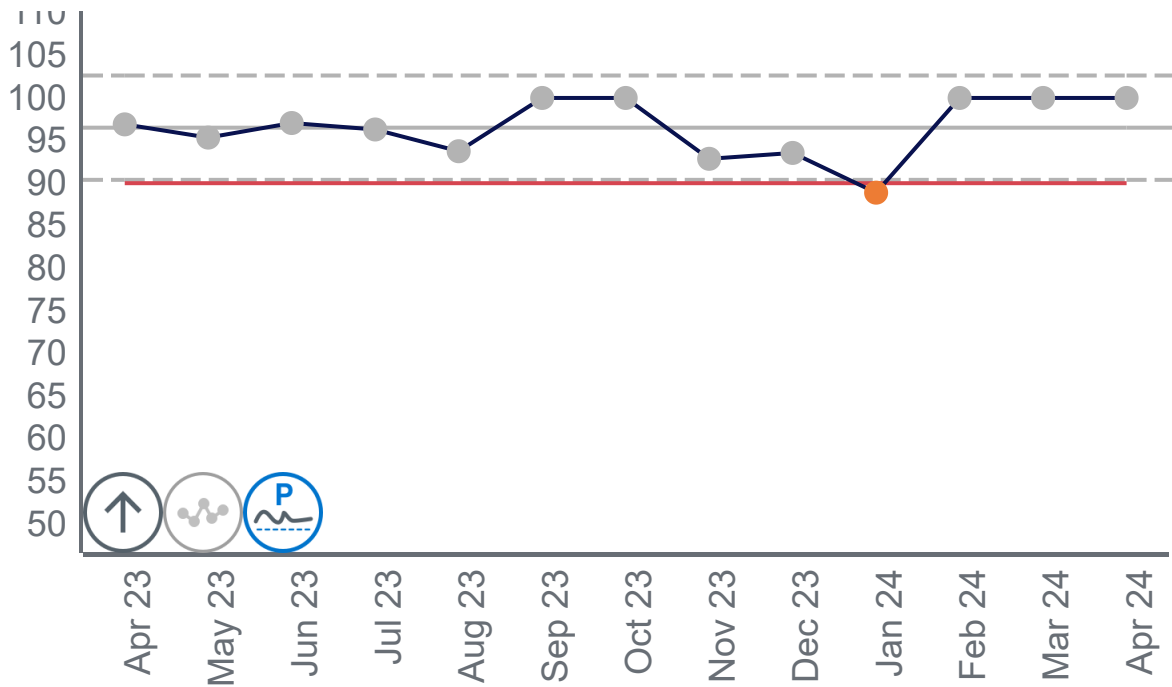
Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Apr-24	88.3	>=95%	86.7		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Apr-24	90.9	>=95%	92.1		
Clostridium Difficile	Apr-24	0.0	0	0.4		
Delayed Transfers of care	Apr-24	6.7	<=5%	4.6		
Delirium Risk Assessment to be completed on Admission and once a day	Apr-24	99.9	>=90%	99.7		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Apr-24	100	>=90%	96.5		
Dementia - Find	Apr-24	100	>=90%	98.6		
FFT: REPUTATION	Mar-24	96.0	>=95%	98.6		
Gram Negative Bacteraemias	Apr-24	0	1	1.1		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Apr-24	0	0	0.2		
MRSA Bacteraemias	Apr-24	0	0	0.0		
MSSA Bacteraemias	Apr-24	0	1	0.5		
Number of Falls	Apr-24	8	<=0.5	7.9		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Apr-24	0	<=0	0.1		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Apr-24	0.0	>=90%	0.1		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Apr-24	80.49	0	86.7		
Occurrence of any Never Events	Apr-24	0.0	>=95%	0.0		
Primary PCI - 90 minute 'Door-to-balloon' (national target)	Apr-24	94.3		95.2		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Apr-24	77.27	<=6	64.8		
Quantity of complaints	Apr-24	0	95%	2.8		
Venous thromboembolism (VTE) risk assessment	Apr-24	93.86	143	93.9		
Number of Incidents No Harm and Near Miss	Apr-24	135	143	129.5		
Number of Incidents rated Minor Harm or Above	Apr-24	41	25	27.2		
Incident Closures within 28 days	Apr-24	22.6		22.6		
Surgical Site Infections	Feb-24	5	0%	8.5		



Quality of Care - Drive Metrics

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



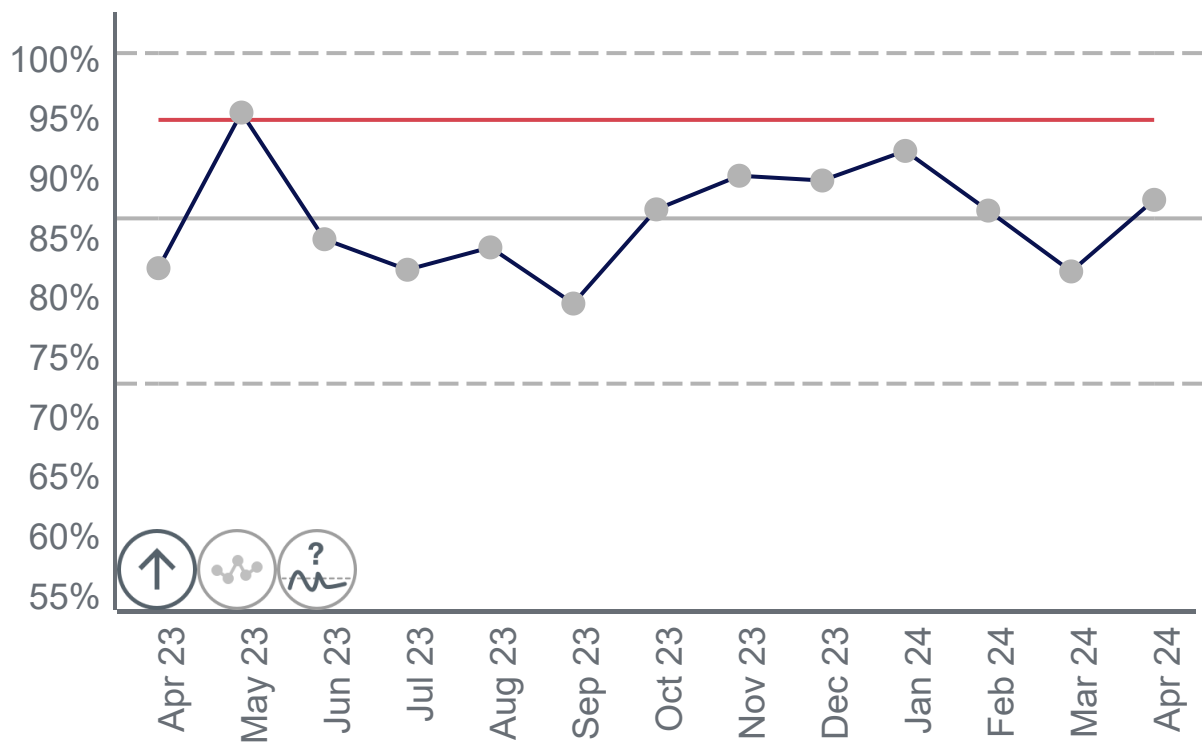
Technical Analysis:

Performance of the one hour Target is above the target for the third consecutive month displaying performance of an improving nature.

Actions:

Maintain weekly feedback to clinicians if this metric is missed.

% of radiological alerts with a response document



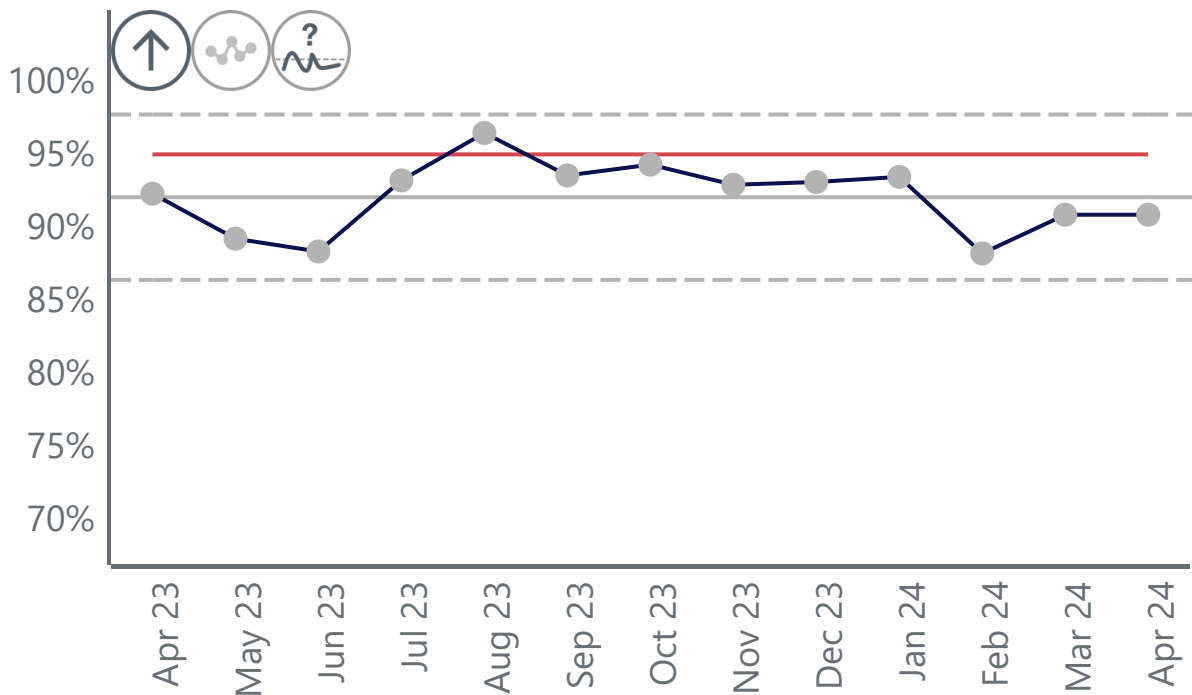
Technical Analysis:

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

Actions:

The data team have rewritten the search string to acquire data from EPR rather than CRIS. The digital dashboard has been developed and is now live. This now needs to be connected into the SOF to provide the upto date position.

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



Technical Analysis:

Performance remains below the target of 95% within April. Improvement required to consistently achieve target with the metric displaying common cause variation.

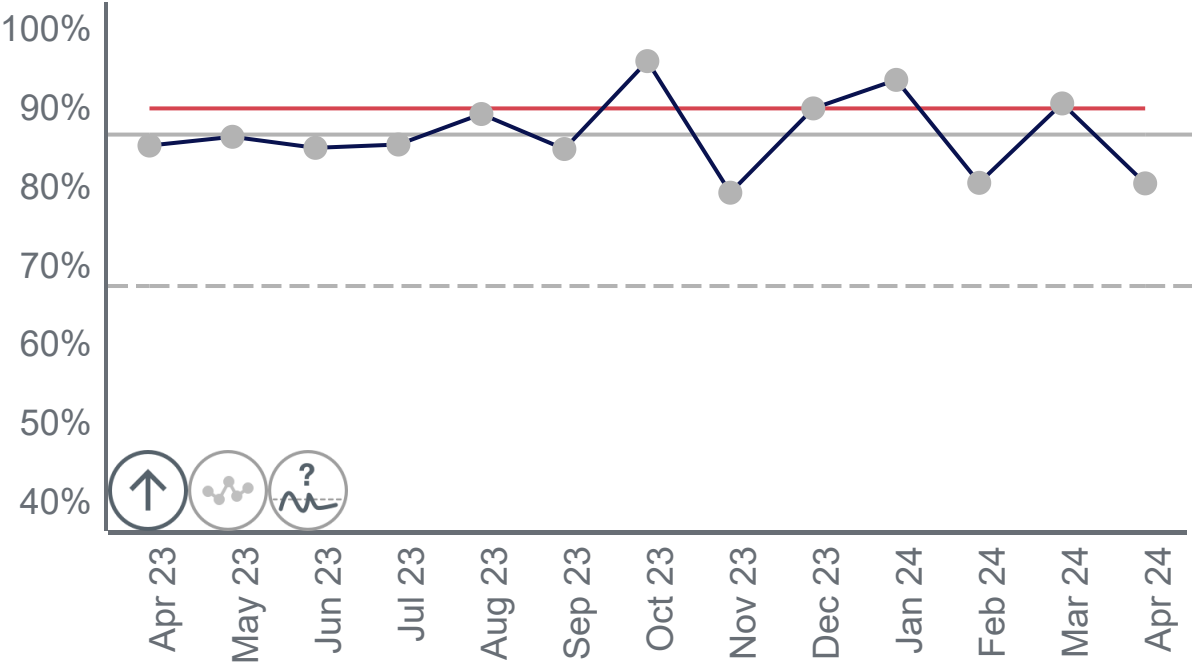
Actions:

This will be discussed with the Surgery and Medicine Divisional Triumvirates to understand the reasons driving this and actions put in place.



Quality of Care - Drive Metrics

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



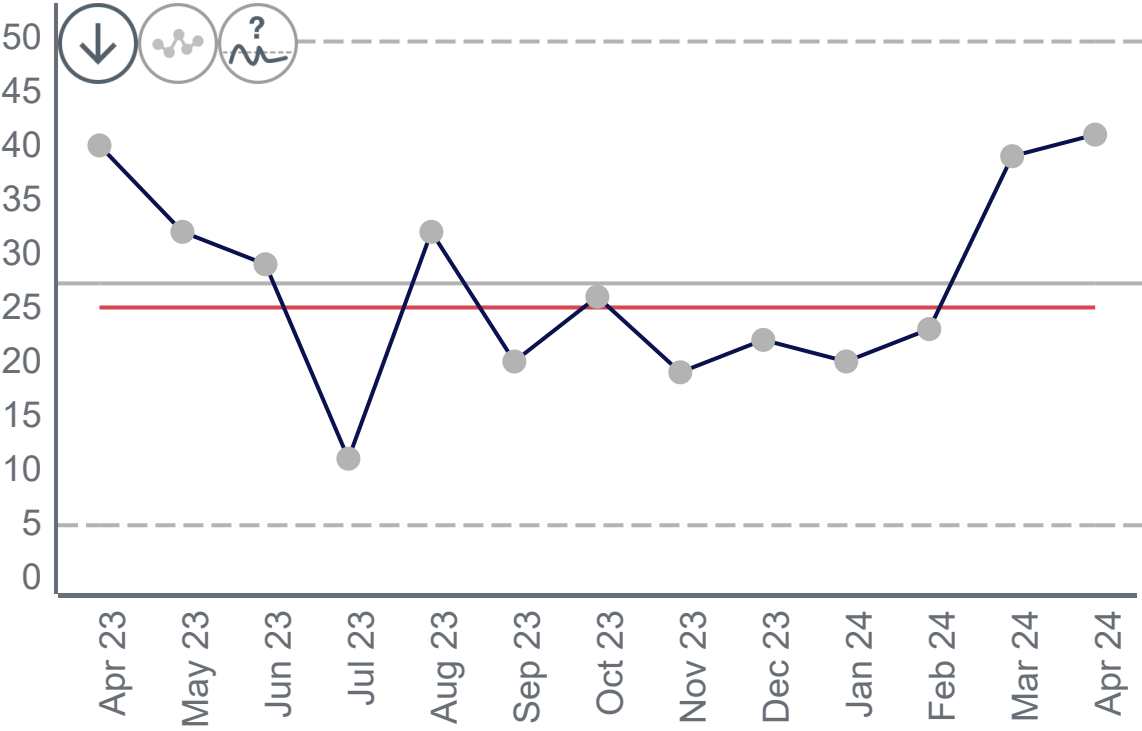
Technical Analysis:

Performance within April was 80%, which is below target. Improvement required to consistently achieve this target with the metric displaying common cause variation of passing and failing the target.

Actions:

A change was made to the EPR (Sept 2023) to place a hard stop within the admission document and thereafter from flow sheet. This means 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 has risen over recent months but still demonstrating common cause variation. April performance of 41 is above the 2023/24 average of 27 and target of 25.

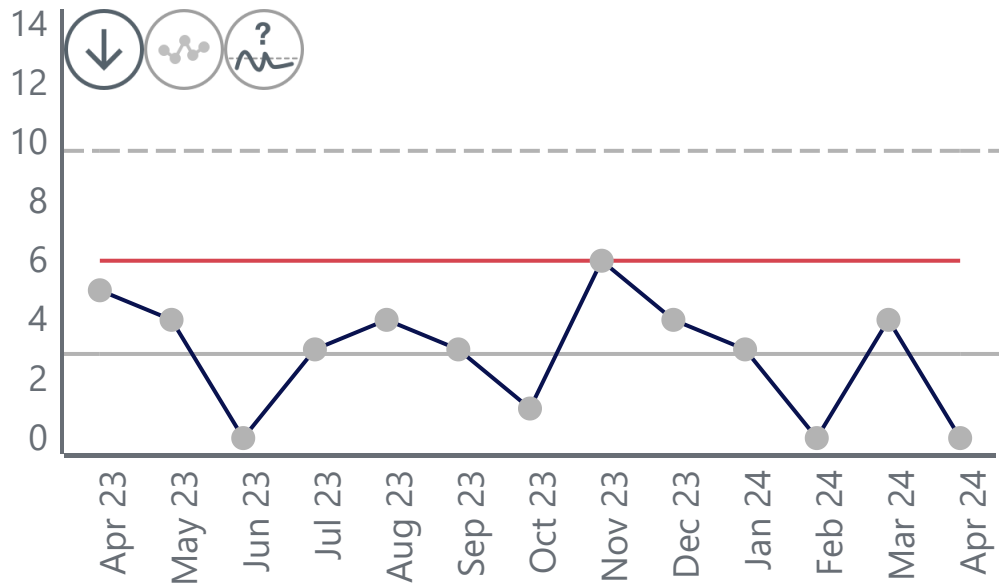
Actions:

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 and above as a percentage of total incidents).

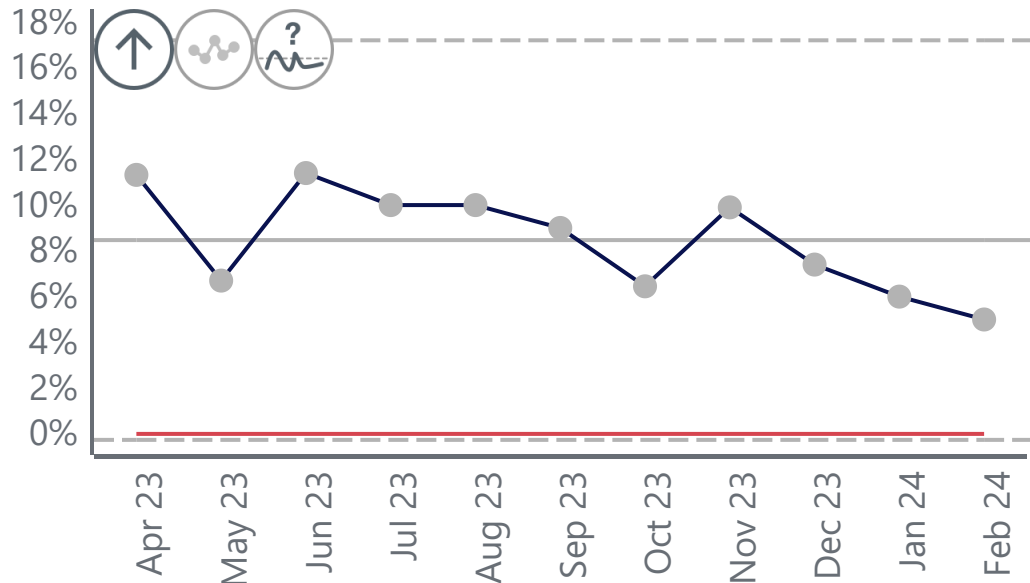


Quality of Care - Watch Metrics

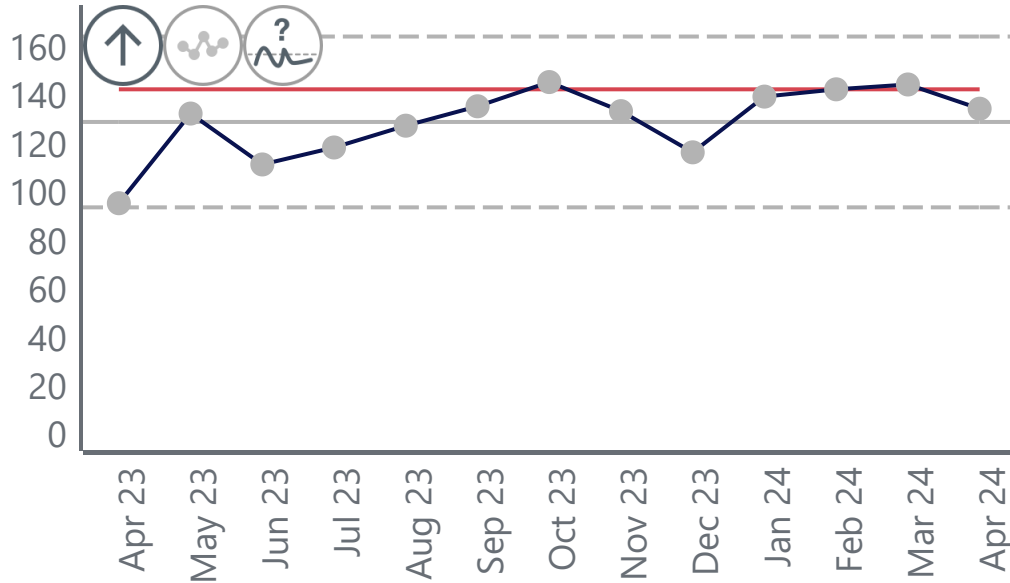
Quantity of complaints



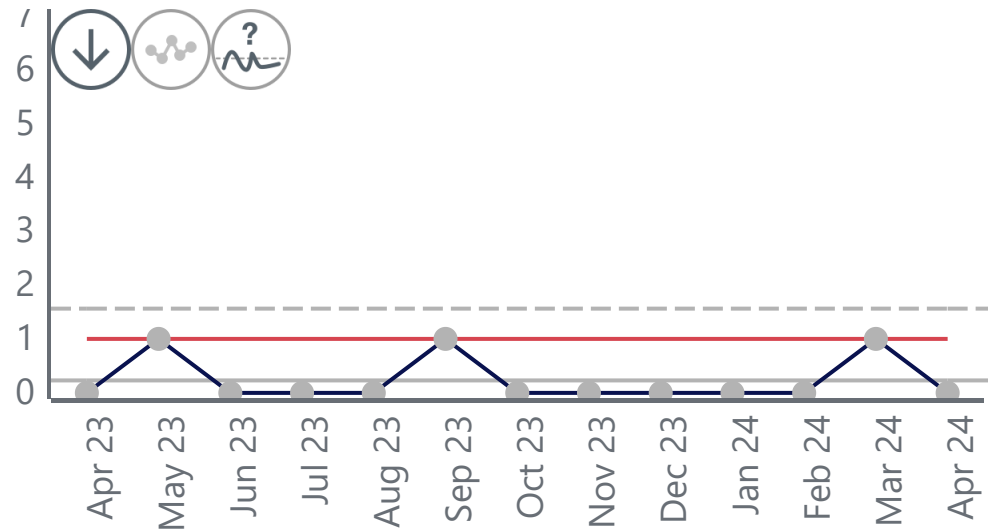
Surgical Site Infections



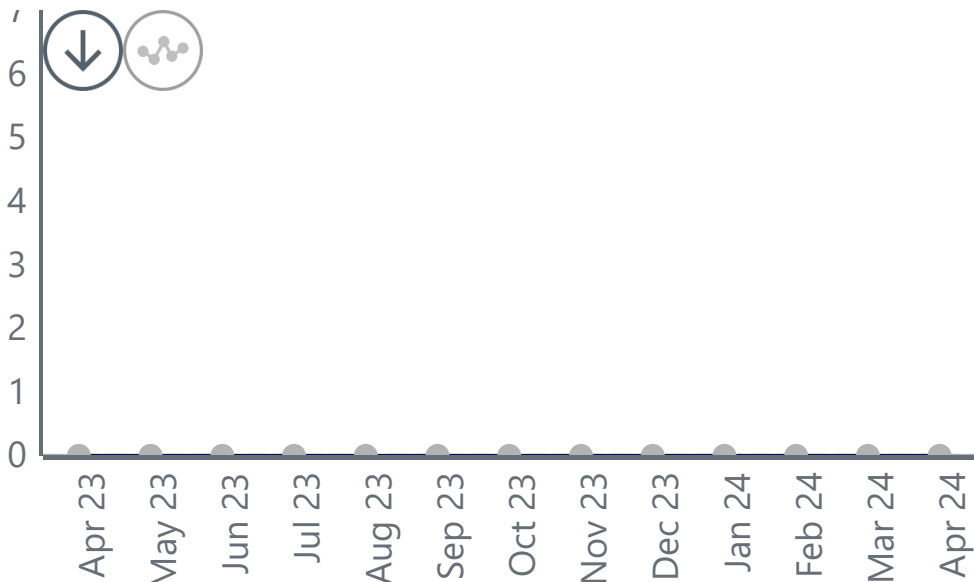
Number of Incidents No Harm and Near Miss



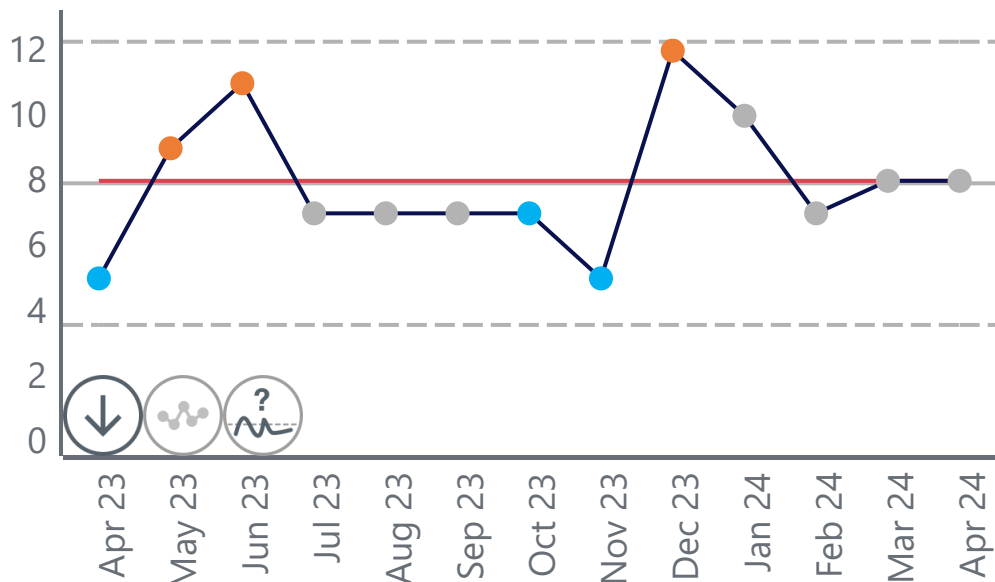
Incidents - Serious incidents, Never Events, Adverse Events (Red)



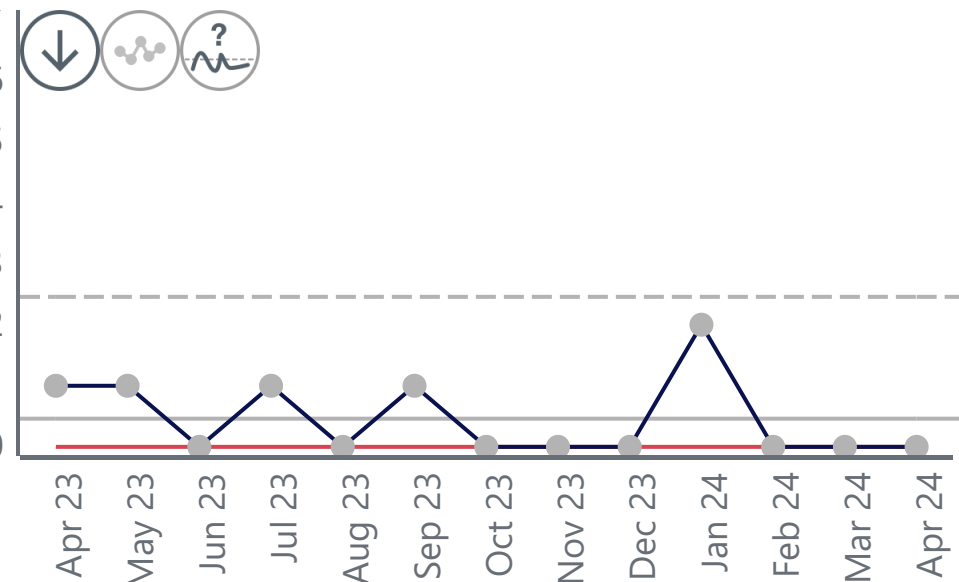
Occurrence of any Never Events



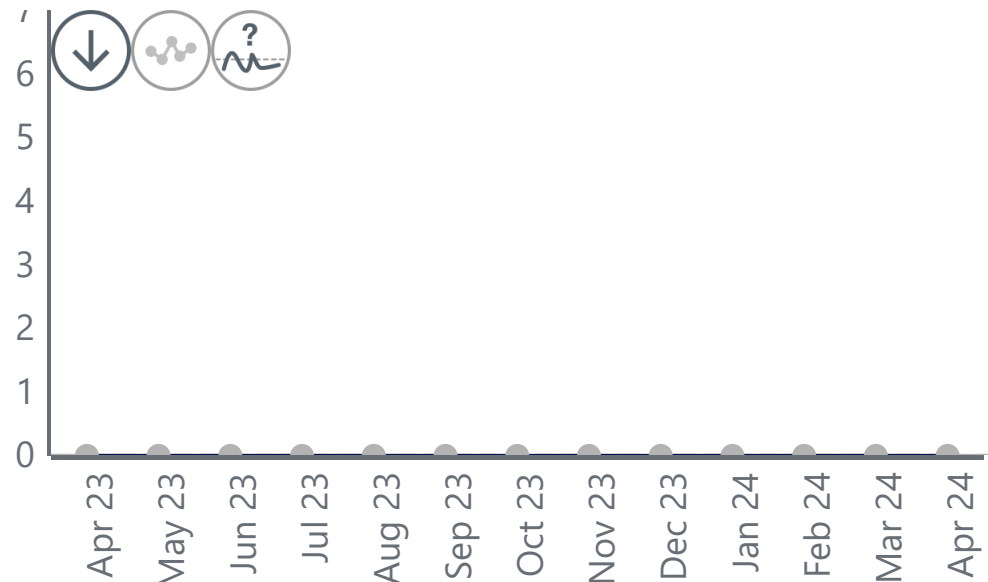
Number of Falls



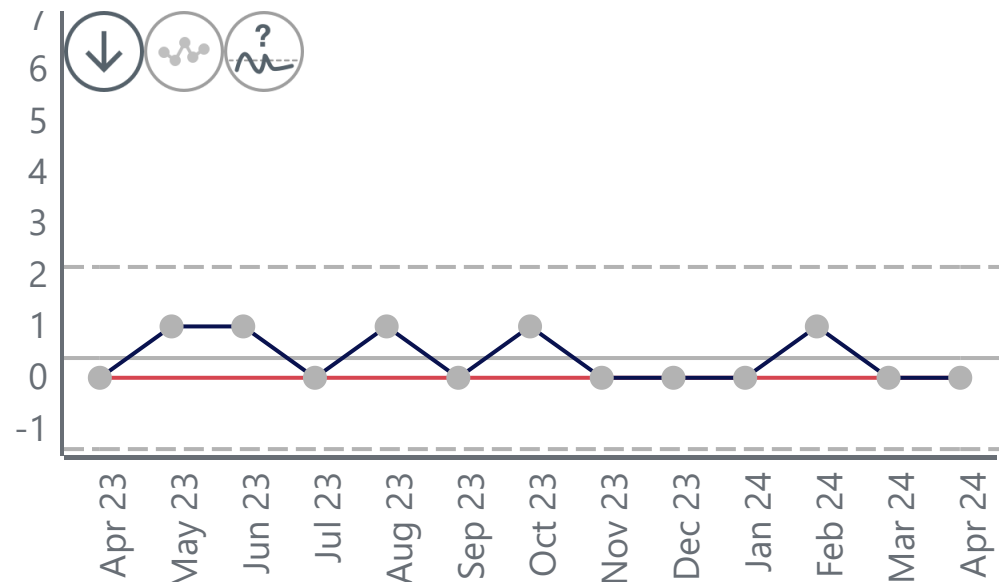
MSSA Bacteraemias



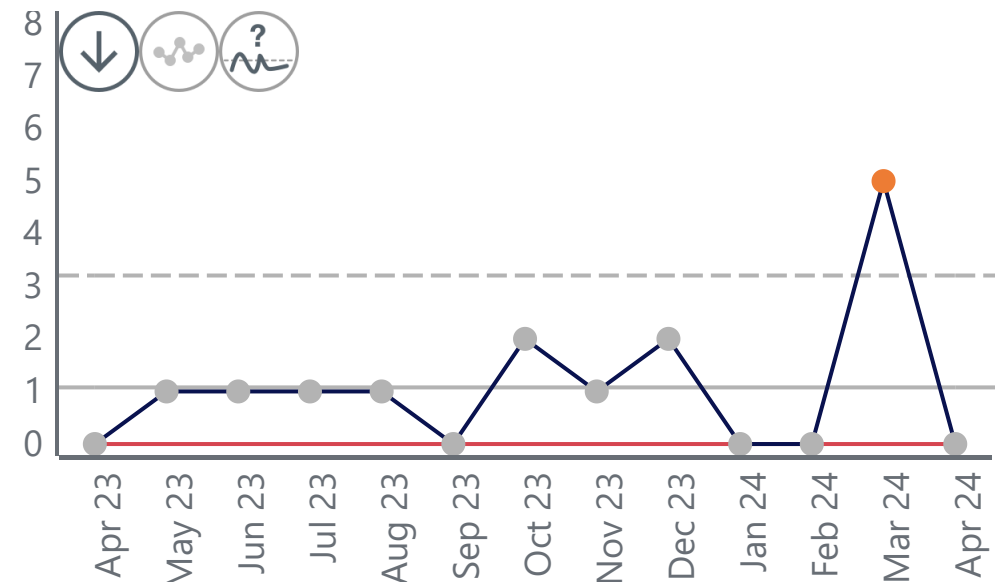
MRSA Bacteraemias



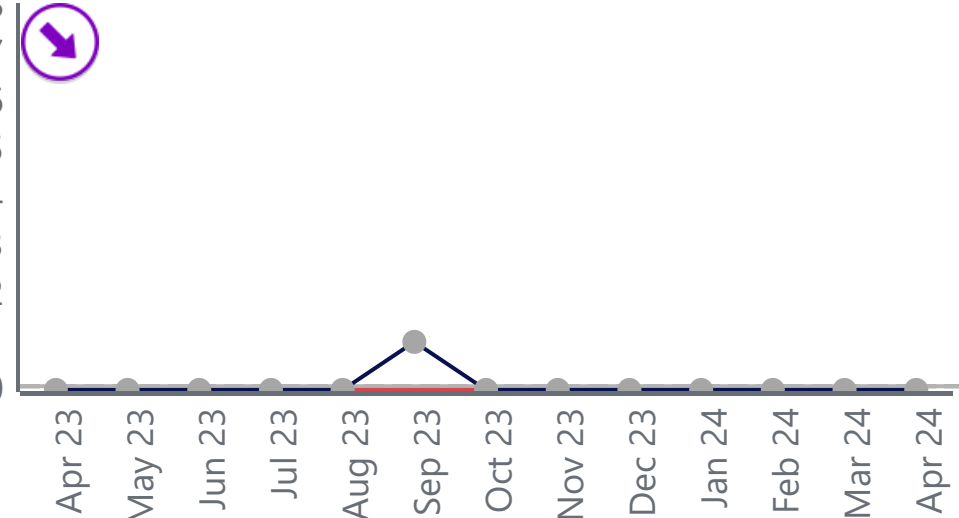
Clostridium Difficile



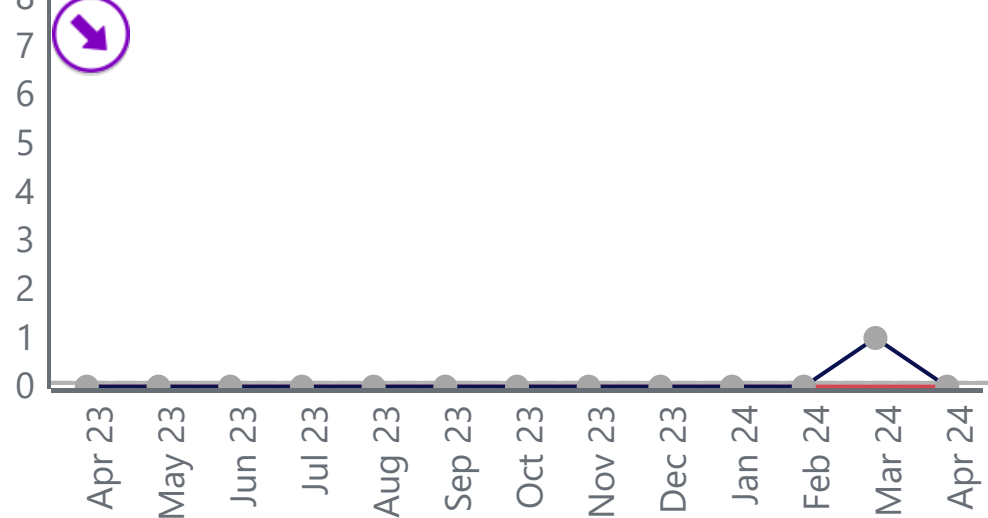
Gram Negative Bacteraemias



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

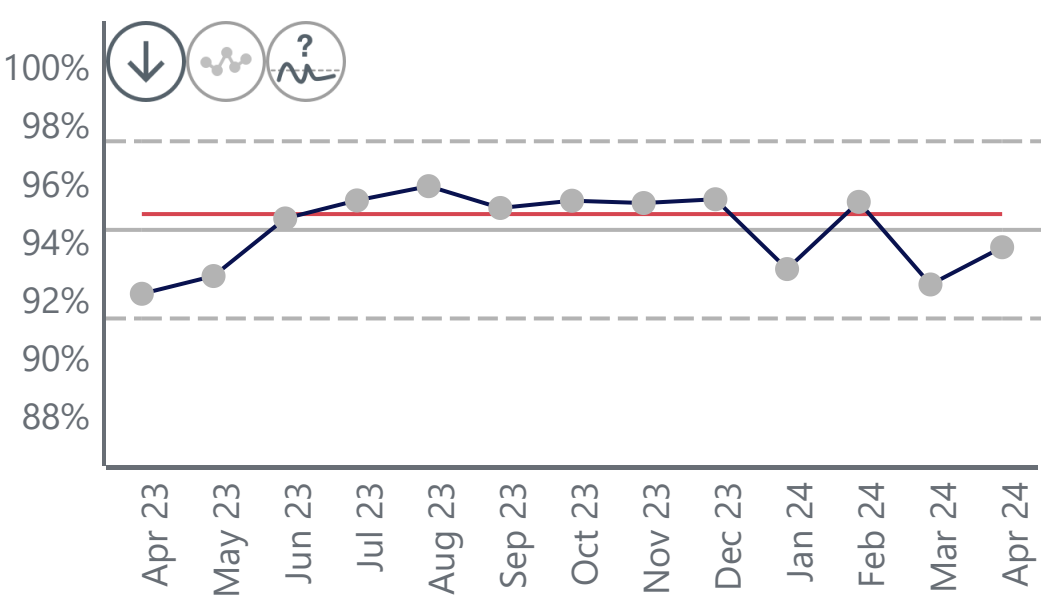


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

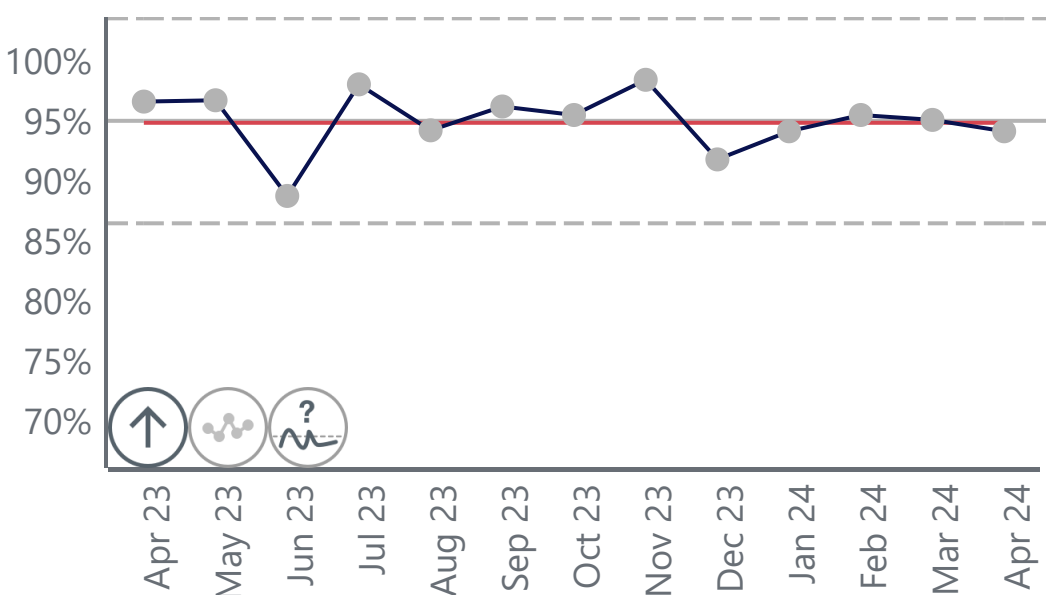


Quality of Care - Watch Metrics

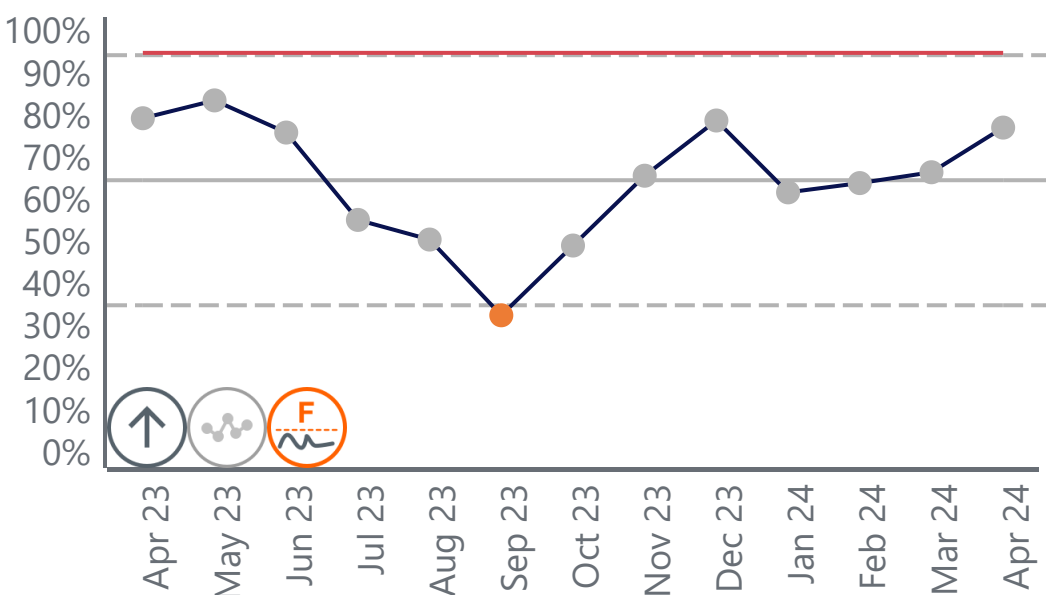
Venous thromboembolism (VTE) risk assessment



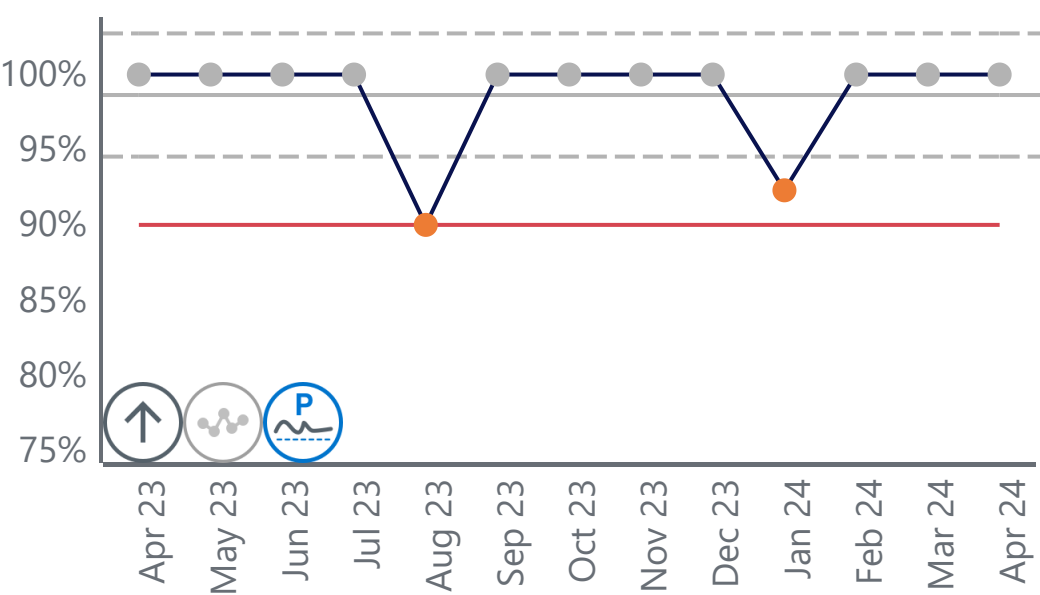
Primary PCI - 90 minute 'Door-to-balloon' (national target)



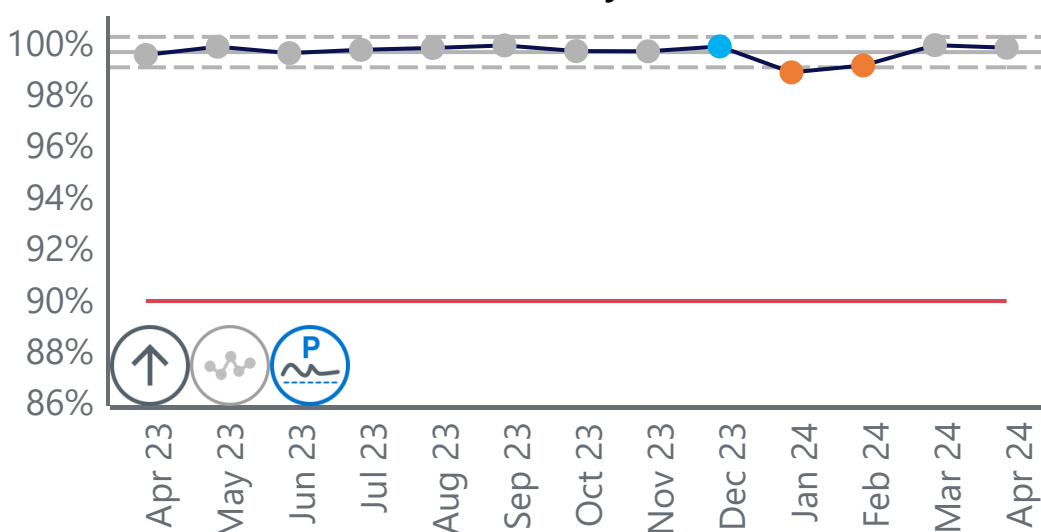
Primary PCI - 150 minute 'Call-to-balloon' (national target)



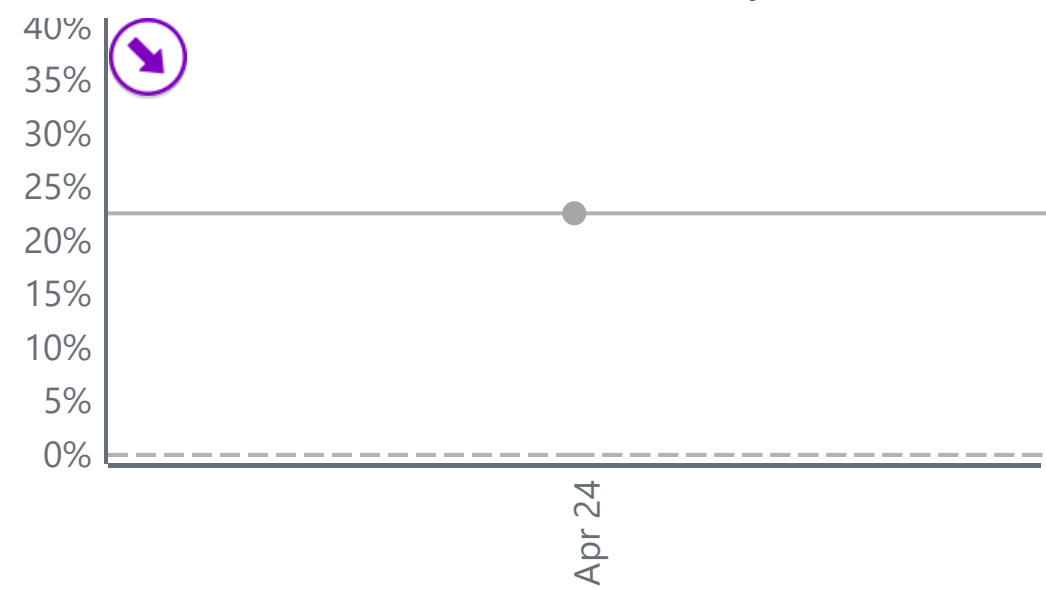
Dementia - Find



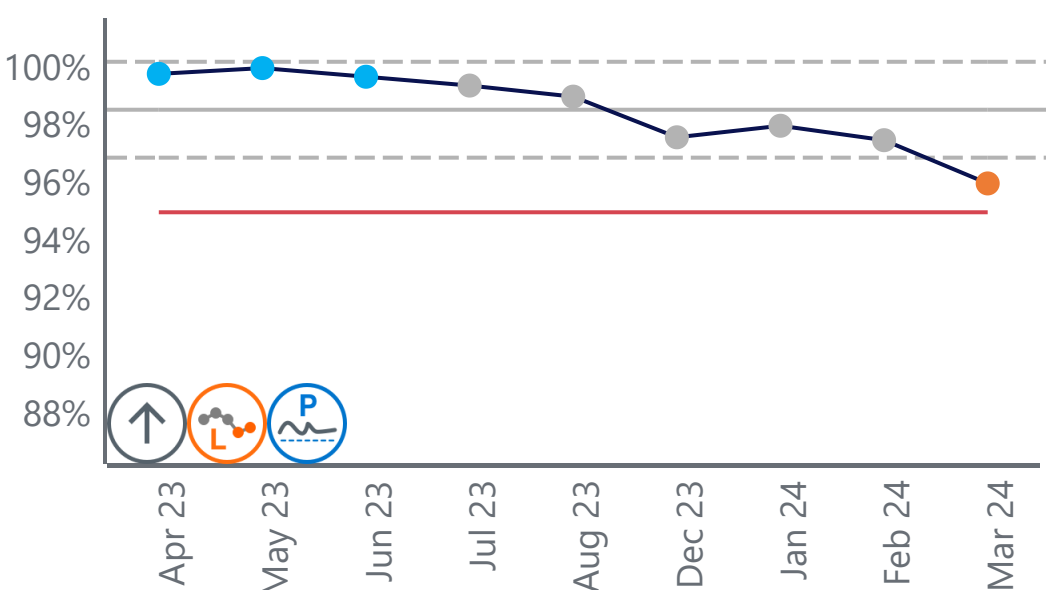
Delirium Risk Assessment to be completed on Admission and once a day



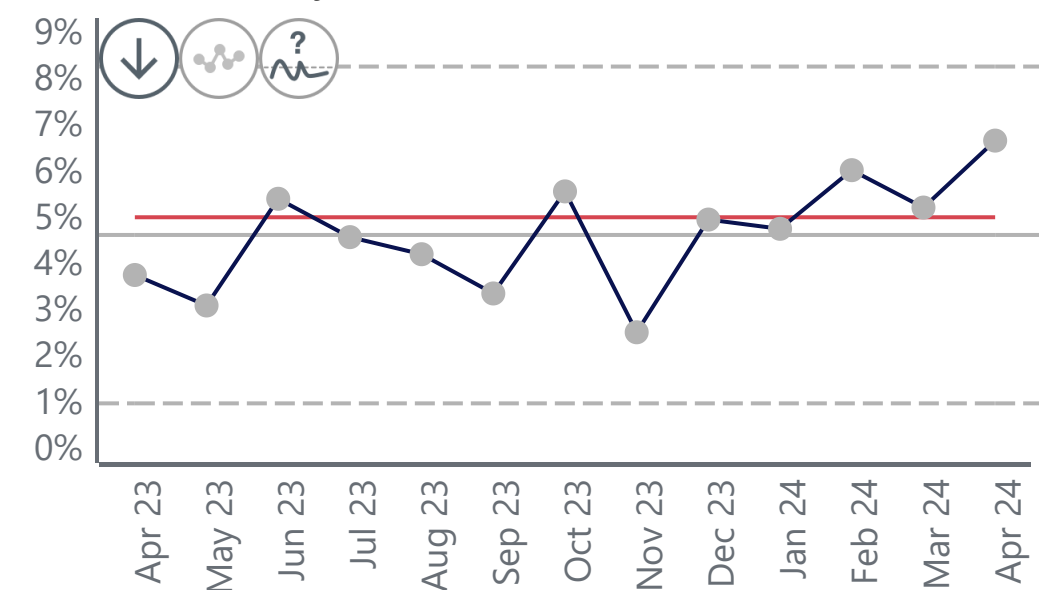
Incident Closures within 28 days



FFT: REPUTATION



Delayed Transfers of care





Finance

SRO: James Thomson, Chief Finance Officer

Highlights:

The Month 12 position is a £681k surplus, which is £138k lower than plan in month. The surplus for the year is £11,352k which is £1,528k better than plan, and consistent with the forecast agreed with the Integrated Care Board.

Income associated with elective activity improved again in March with the impact of the surgery recovery plan. Targeted lung scan income was also above plan in month.

Pay costs were overspent in nursing and theatres as a result of higher bank and agency spend. However, in aggregate across the year pay expenditure was consistent with the budget.

The single largest adverse variance for the year related to the undelivered CIP.

Areas of Concern:

The most significant expenditure 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.

The Divisions delivered 77% of their CIP target in 2023/24, with a further £284k transacted in March.

The Divisions have received the CIP targets for 2024/25, with work underway to identify and deliver CIP schemes.

Surgical activity is an area of concern, with staffing shortages during the year causing a significant shortfall against the activity plan. A recovery plan is in place, with an improved position reported in February and March.

Forward Look (with actions):













The Trust delivered the improved financial outturn agreed with the ICB as part of the national refresh for H2.

The focus is on planning for 2024/25. The Trust is planning to deliver a surplus next financial year, but significant risks exist across the wider Cheshire and Merseyside System.

Achieving the Trust's target surplus in 2024/25 will be contingent on achieving the CIP target, hitting the activity plan, and ensuring strong fiscal discipline and financial management.



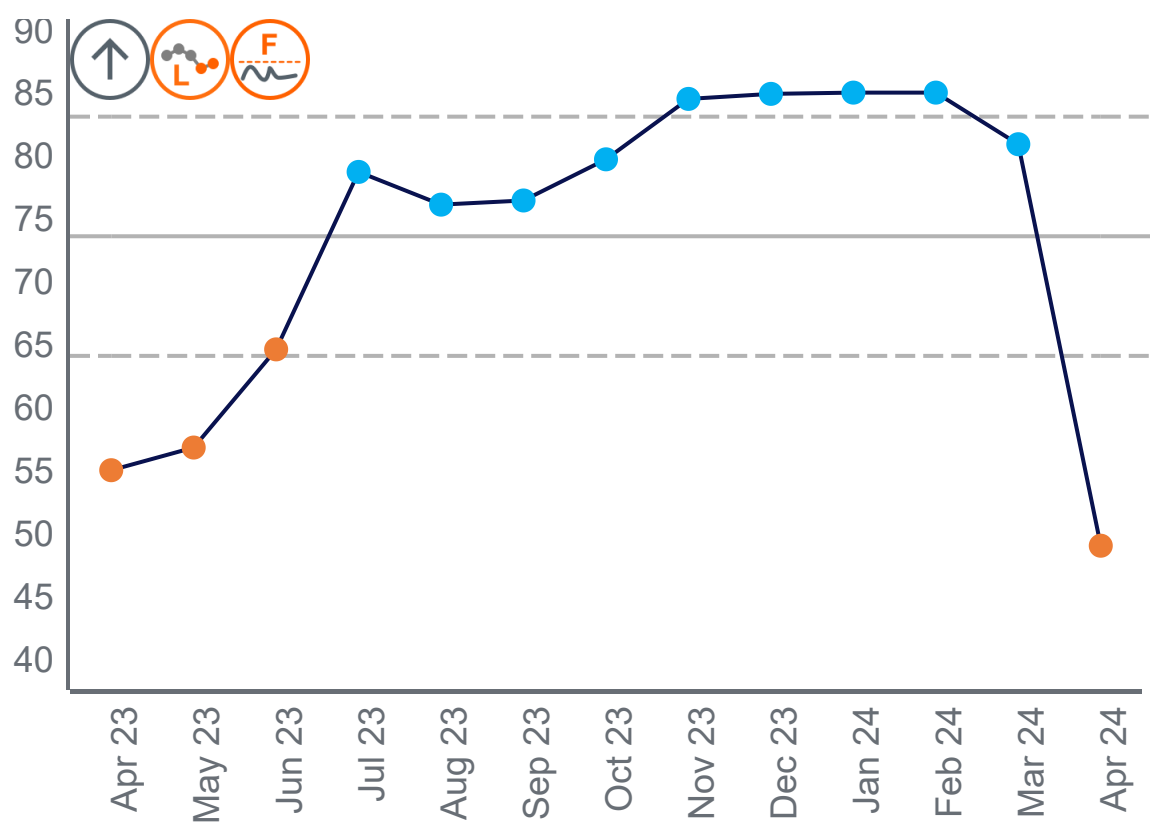
Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
Pay Spend vs Budget	Apr-24	8959	9047	8959		
I & E distance from target (cumulative) - £,000	Apr-24	-383	0	401		
Liquidity (days)	Apr-24	24		24		
Recurrent CIP identified	Apr-24	49.1	100	73.7		
Capital Expenditure (Trust Level)	Apr-24	289156	1033000	2641497		
Cash in Bank (Trust Level)	Apr-24	40144000		45155692		



Finance - Drive Metrics

Recurrent CIP identified



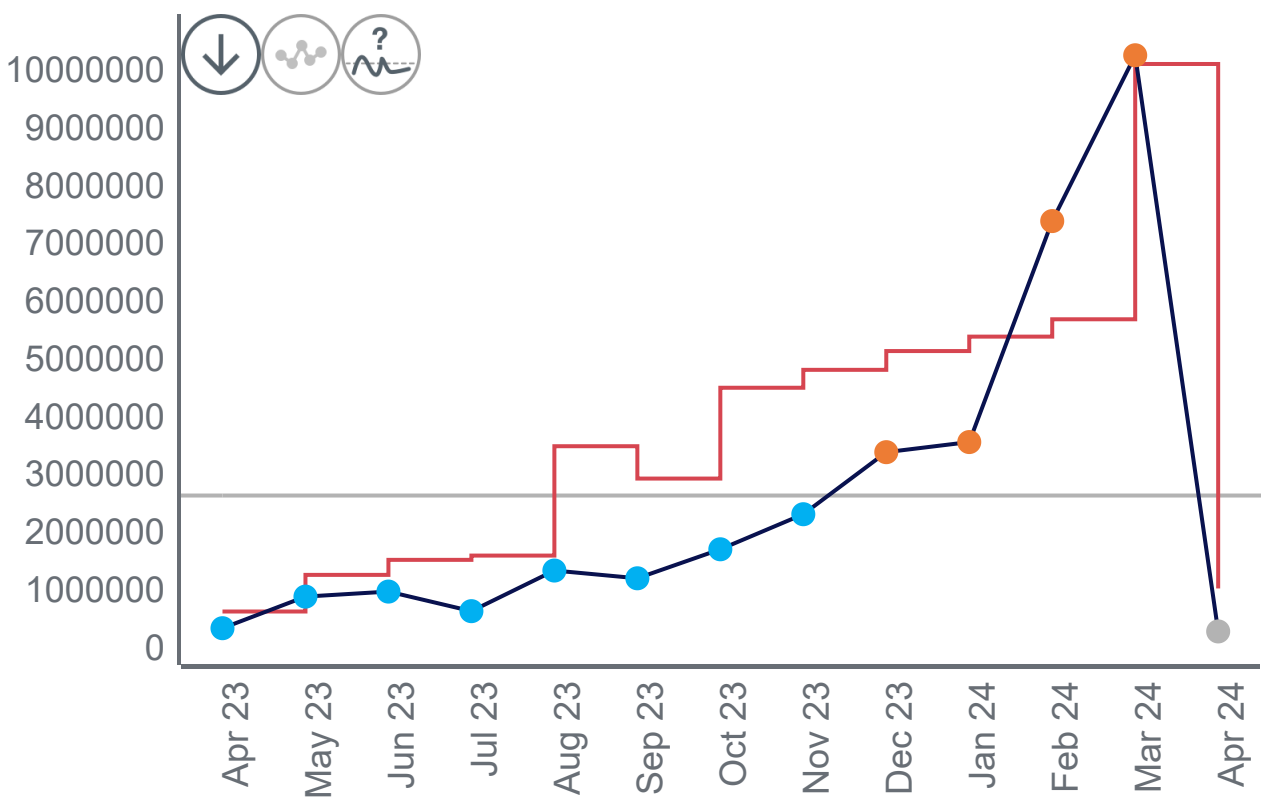
Technical Analysis:

First reporting month of the new Financial Year (2024/25). CIP starts below target with time to close the gap.

Actions:

Weekly monitoring of progress through gateways and identification of schemes against the target is in place. Trust wide CIP workshop held in February. Confirm and Challenge sessions held with each Division, with clear milestones for delivery. The Divisions continue to review opportunities for CIP and progress ideas.

Capital Expenditure (Trust Level)



Technical Analysis:

First reporting month of the new Financial Year (2024/25). CIP starts below target with time to close the gap. Expenditure is below target and below same period in the last financial year.

Actions:

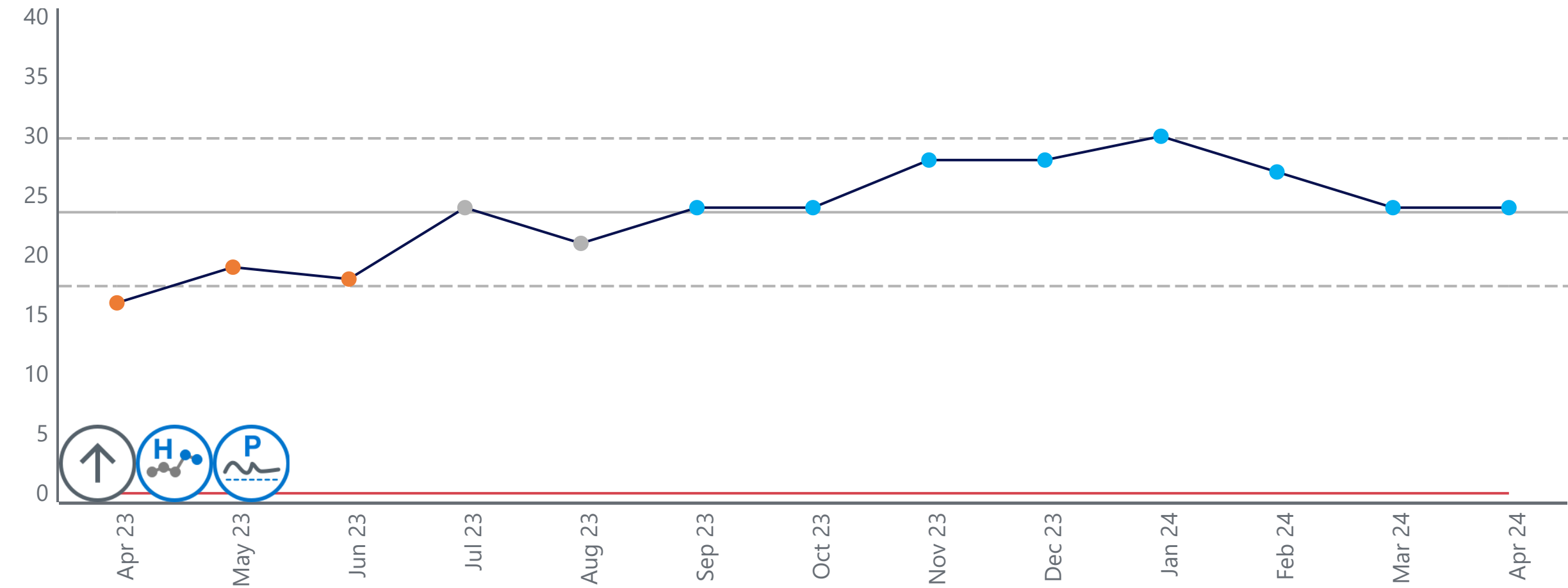
Capital commitments are monitored by the Capital Management Group. Due to slippage, some schemes were brought forward and the Trust utilised its full capital allocation.



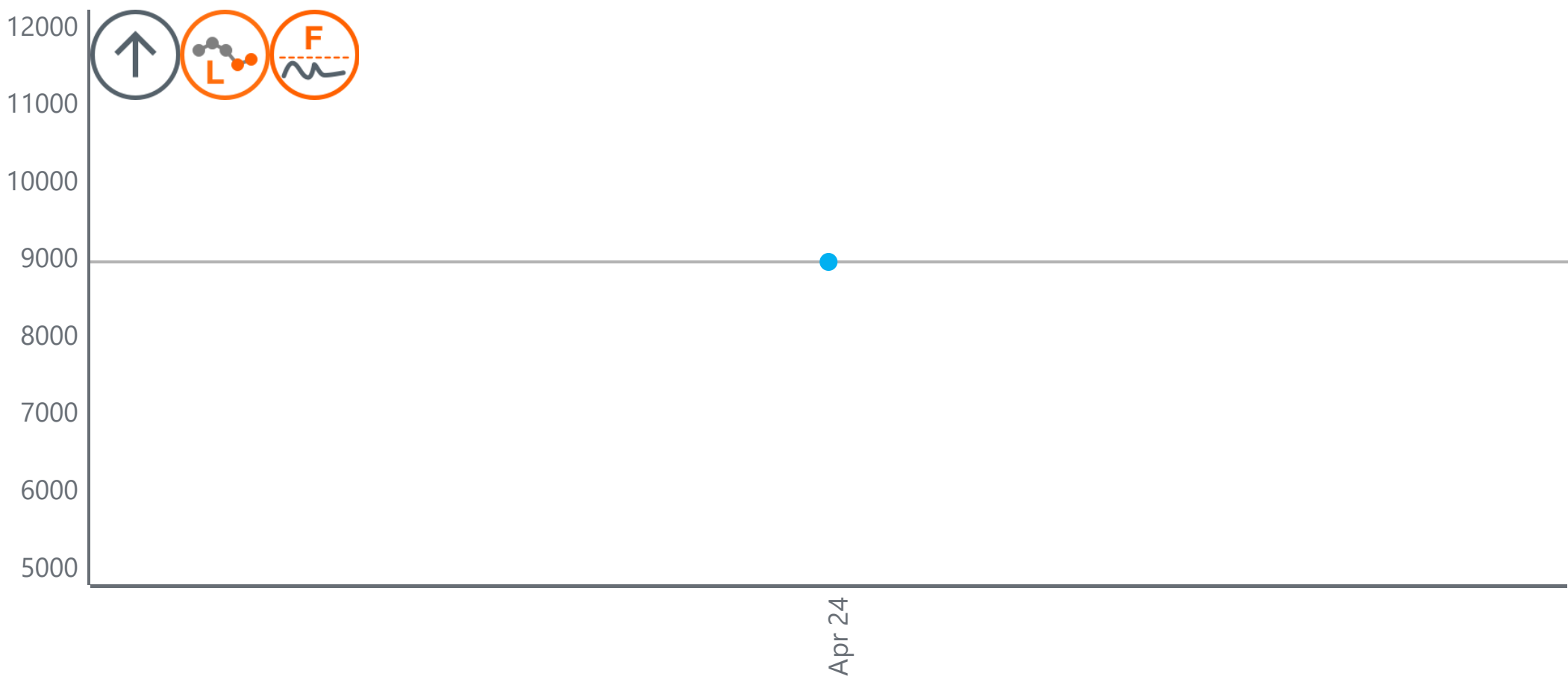


Finance - Watch Metrics

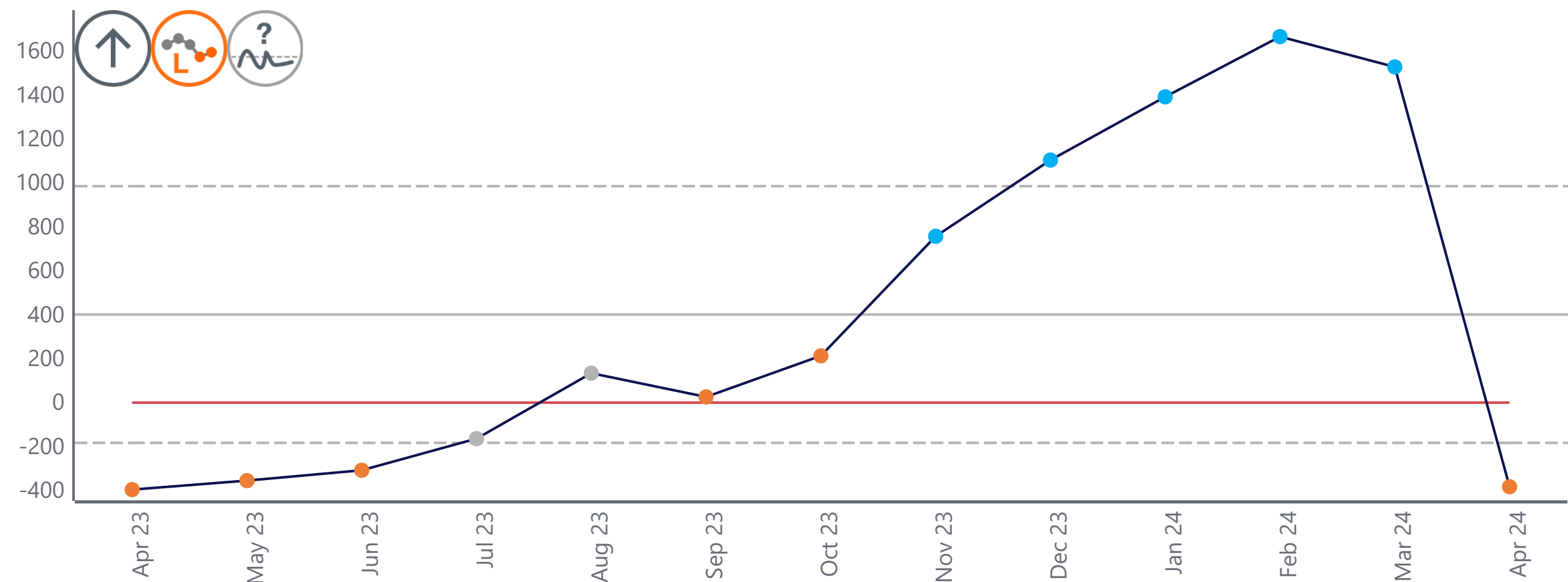
Liquidity (days)



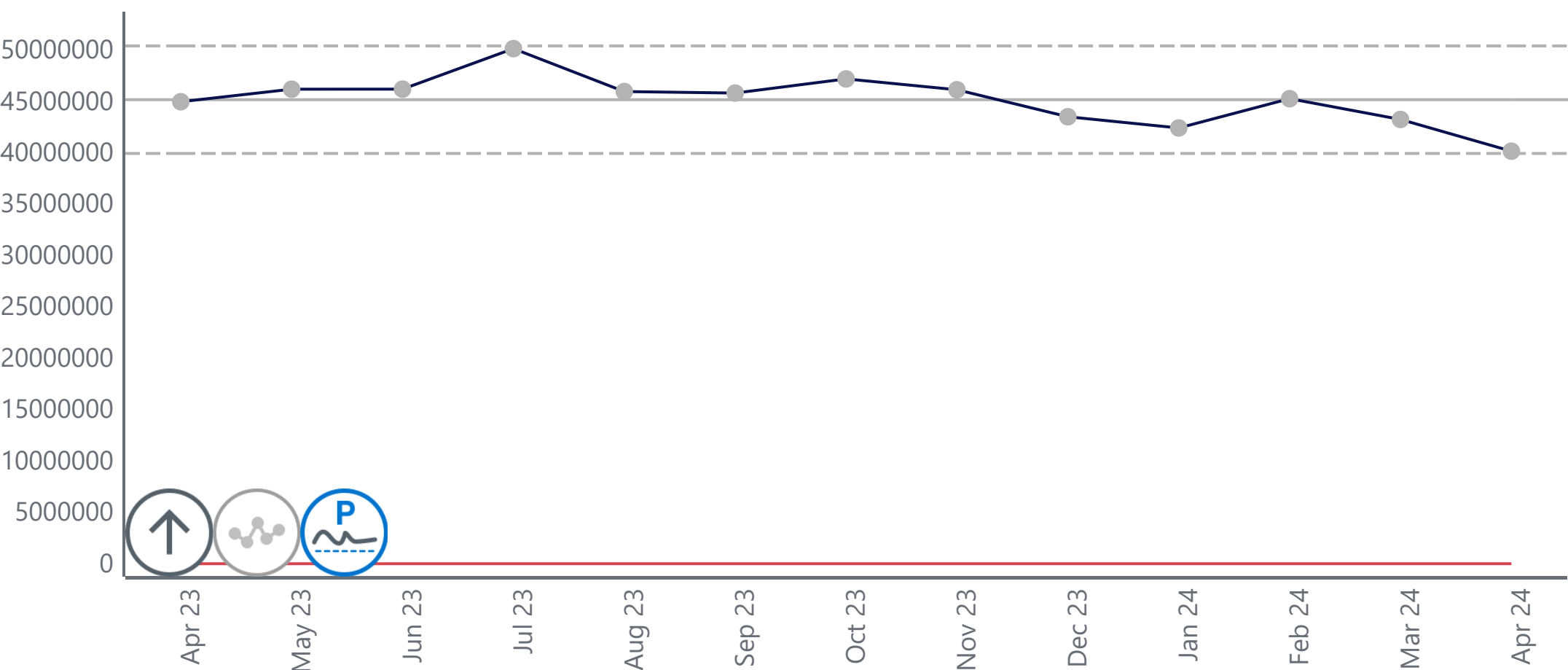
Pay Spend vs Budget



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



Cash in Bank (Trust Level)



People

SRO: Jane Royds, Chief People Officer

Highlights:

The appraisal window is now open and all relevant support tools are live on the HR Front Door. Following engagement with staff at all levels, improvements have been made to the format. Appraisal completion reports will be issued to the Triumvirates on a weekly basis from 1st July.

The next Live Well Work Event is scheduled for July, which will include an expended offer of diagnostic testing for staff.

Divisional Staff Survey Action Plans have been developed and presented to People Delivery Group on 7th May 2024.

Mandatory training reports have seen a marginal increase and reports at 94%.

Areas of Concern:

Sickness absence remains an area of focus. The Managing Attendance and Wellbeing Policy has been reviewed and updated following several task and finish group consultation meetings with line managers and staff side colleagues. A launch and training plan will be implemented following formal ratification.

A review of all cases is undertaken every month and reported to divisional leads. A number of LT complex cases have been progressed to Stage 4















Forward Look (with actions):

Sickness absence remains an area of focus. The Managing Attendance and Wellbeing Policy has been reviewed and updated following several task and finish group consultation meeting with line managers and staff side colleagues. A launch and training plan will be implemented following formal ratification.

The L&D Team continue to support departments to drive up MT compliance and recovery plans will be developed for areas reporting under 95% at the end of June.



People - Metric Summary

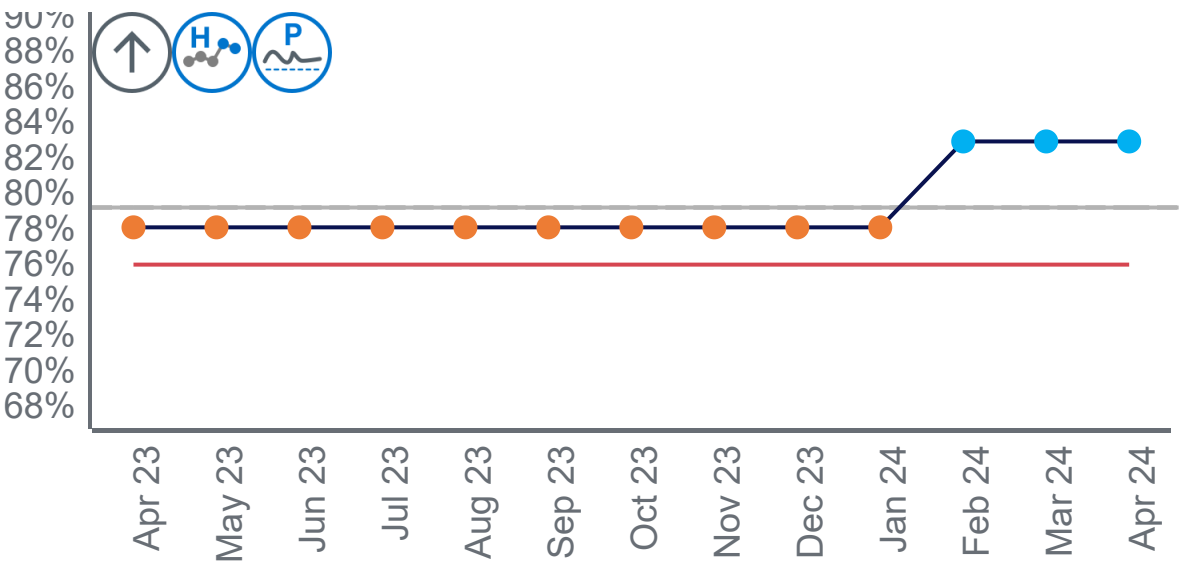
Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Apr-24	89.5	>=90%	86.3		
Mandatory Training Compliance	Apr-24	94.0	>=95%	94.0		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Apr-24	82.9	>=76%	79.2		
Staff Turnover	Apr-24	10.0	<=10%	10.3		
Staff Sickness (All Staff)	Apr-24	5.24	<=3.4%	4.7		
Long Term Sickness	Apr-24	3.1	<=3.4%	2.9		
Short Term Sickness	Apr-24	2.14	<=3.4%	1.7		





People - Drive Metrics

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



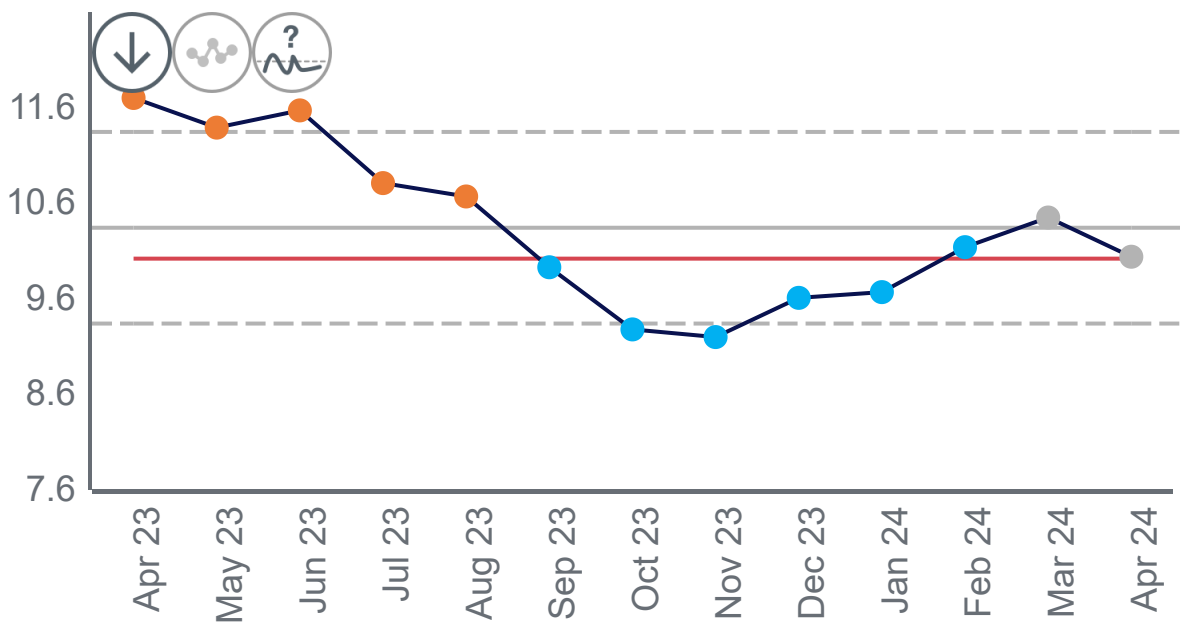
Technical Analysis:

2024/25 is demonstrating positive improvement against the 2023/24 performance achieving 83% against the target of 76%.

Actions:

Annual Indicator - Strong performance demonstrated in the 2023 Staff Survey with an improvement in this score to 82.94%.

Staff Turnover



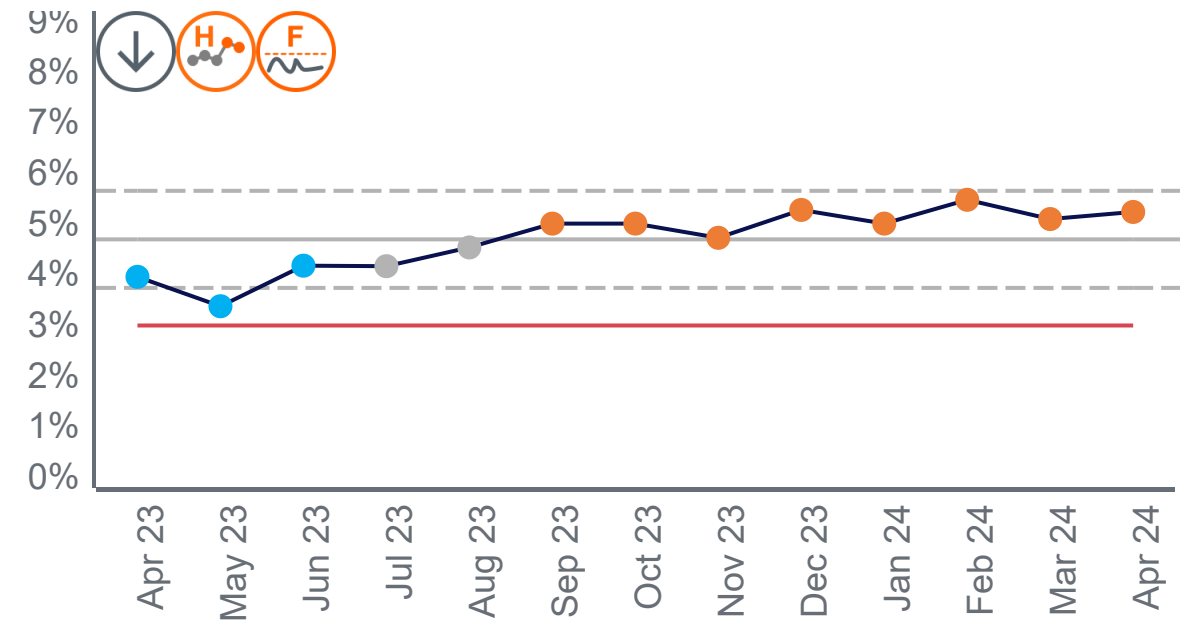
Technical Analysis:

Staff Turnover has shown reduction over the last 12 months but over recent months is displaying common cause variation of passing and failing the target.

Actions:

Turnover has seen a 0.41% decrease and reports at Trusts target of 10%. Retention Action Plan in place.

Staff Sickness (All Staff)



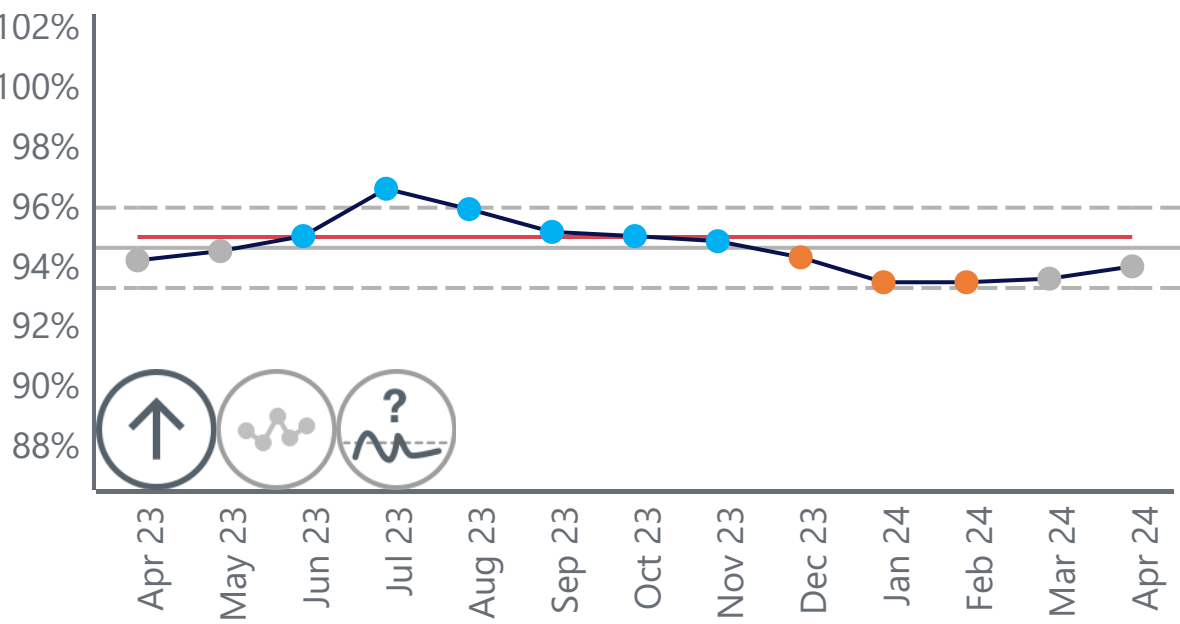
Technical Analysis:

Total absence in April was 5%, this is above the target (3.4%). The trust has failed to meet the target across the whole 2023/24 with further work required to close in on target.

Actions:

0.14% increase seen in sickness absence. Case Review will be undertaken to ensure escalation and support is in place. Review of sickness related to bereavement and/or caring responsibilities is being considered.

Mandatory Training Compliance



Technical Analysis:

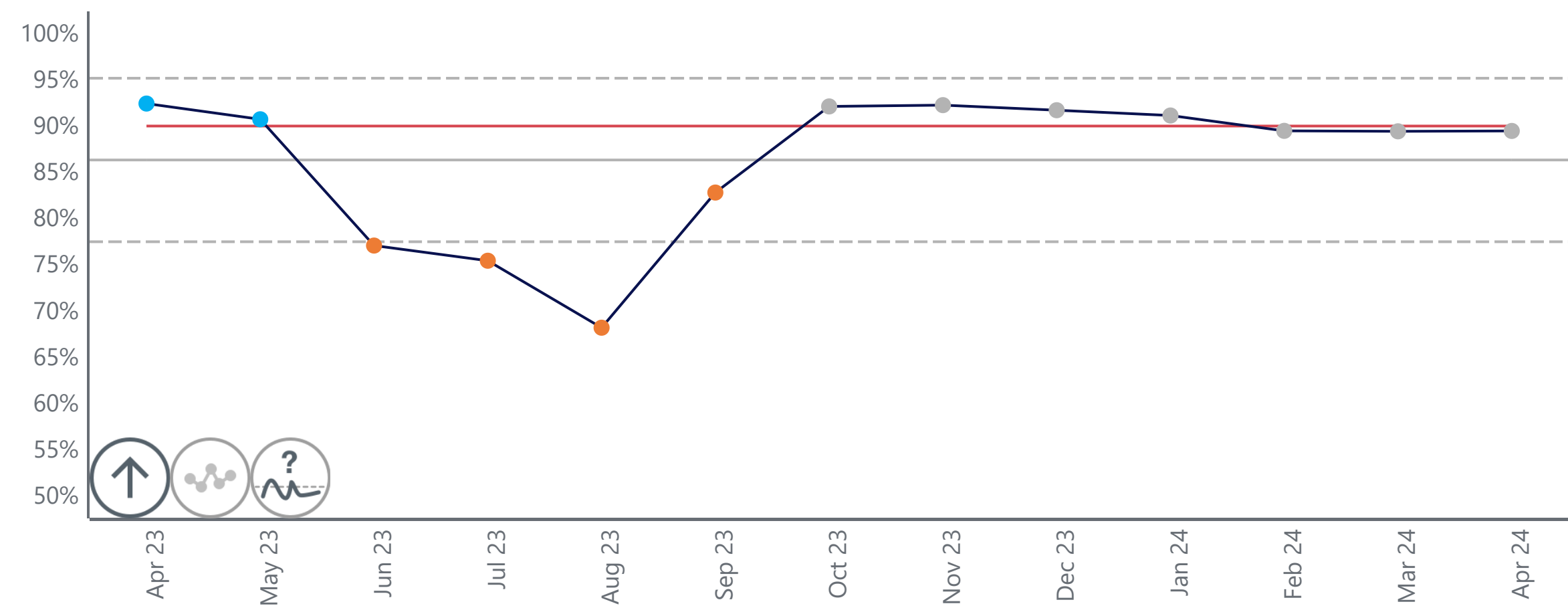
Performance has moved to common cause variation following a period of cause for concern. The trust has not achieved the target since Nov-23 with improvement required to consistently achieve the target.

Actions:

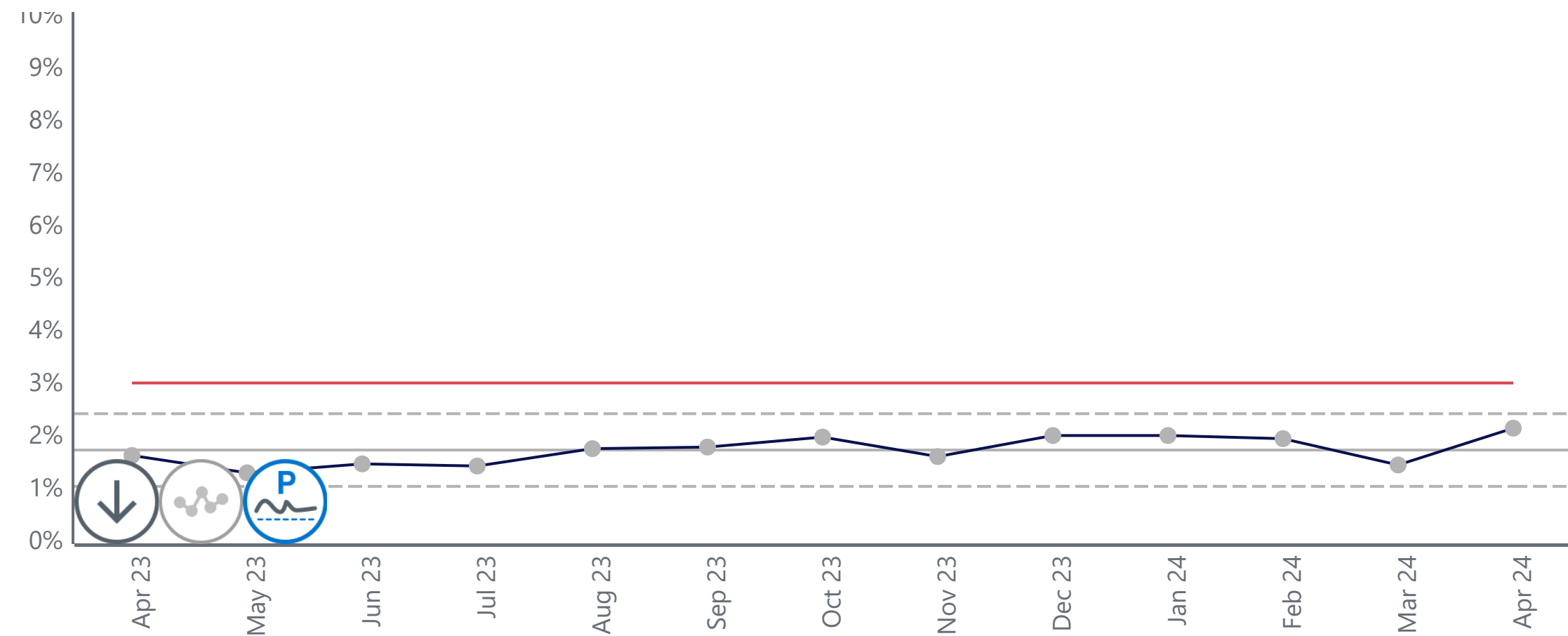
Increase in compliance seen in April. Actions being progressed to drive up compliance.

People - Watch Metrics

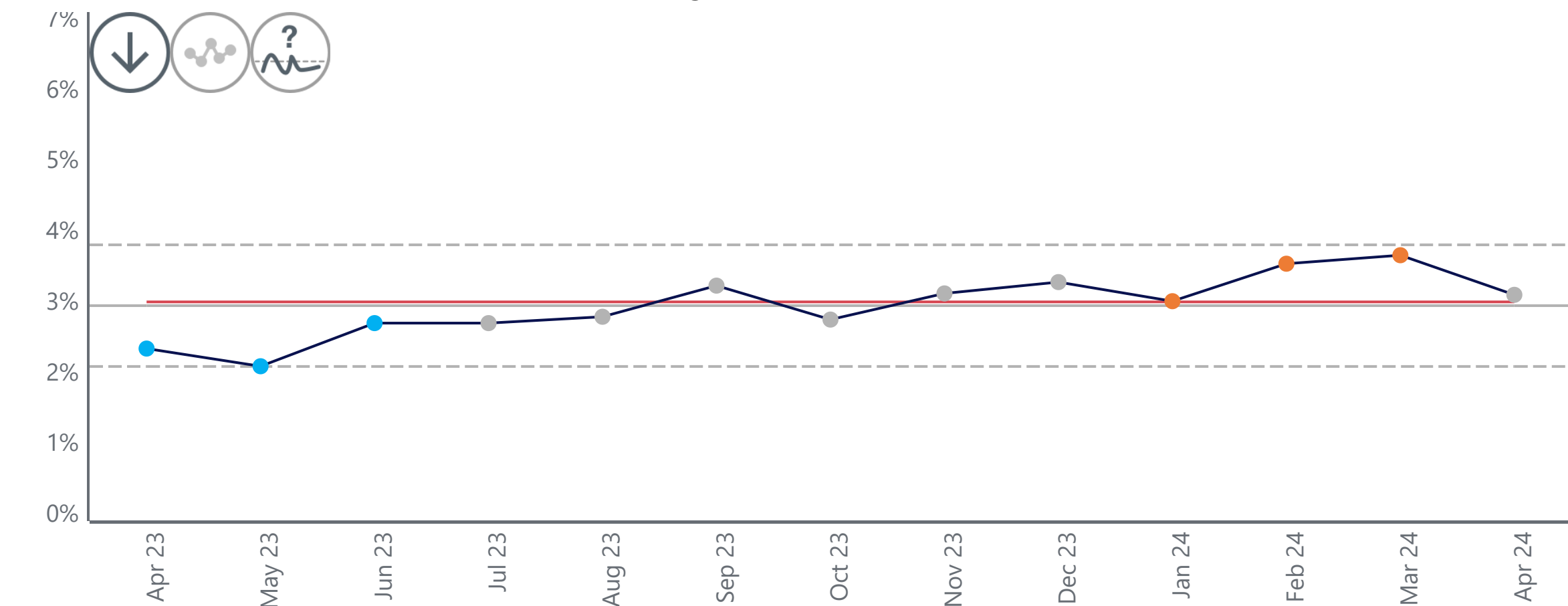
Appraisals Compliance



Short Term Sickness



Long Term Sickness





**Key Contacts:**

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