

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

# Strategic Oversight Framework

## July 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



## Change Control

### **Board Governance of LHCH Strategic Oversight Framework change control**

- At the start of the year the Board will sign off the SOF (Strategic Outcomes Framework) and any associated targets (metrics).
- Each metric will be assigned to a Trust Committee.
- Throughout the year the committees will fulfil their wider assurance functions and additionally have opportunity to explore more fully the drivers and any issues or mitigations associated with particular areas of performance falling with their remit.
- Overall performance will continue to be reported to the Board at each meeting. A summary will be provided by the lead executive to each Board meeting but the Board may choose to secure supplementary updates from Committee Chairs based on the experience of the committee they lead – as appropriate.
- No later than Q4 of each year it is envisaged that each committee will allocate time to review the SOF and consider, the need for any amendment, changes or alteration to the current measures. Issues considered may relate to changing operating environment, performance, or changing focus of the organisation. Proposals may be brought forward by the responsible operational team but the committee might equally make proposals, for response, to operational colleagues.
- No later than Q1 the Board will be presented with proposals for the organisational SOF for that operational year. These proposals will represent the combined view of the executive and the committees and reflect the experience of the previous year but also NHS planning considerations.
- In year – any changes to either metrics or performance coverage should first be discussed with the relevant board committee who will form a view and either propose a discussion at Board or make a recommendation to support a change having fully explored the issues under focus.





# Operational Performance

**SRO: Jonathan Mathews, Chief Operating Officer**

**Highlights:**

At the end of M4, 5 standards are showing below the national KPI or statistical variance, 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 below plan for the first time this year, however we have continued to be 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 May FDS and 62 day were non compliant to the national targets, however the 31 day standard is now compliant with 62 day standard showing a continued positive improvement.

Consistent focus is being placed on long waiters, with the 65 and 52 week waiters being monitored weekly by the Divisional teams. The Surgery long waiter position remains a risk across the pressured cardiac service lines, however continue to improve incrementally.

DM01 (Diagnostics) remains fairly static with a focus on waits above 13 weeks, recovery is expected to run on in the financial year with known risks to performance being Cardiac MRI.

**Areas of Concern:**

Diagnostics continue to have specific capacity constraints on Stress MRI, Congenital 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, however specialist skills are required. Workforce pressures continued in month with sickness across Radiologists, Radiographer and Administrative teams.

The FDS diagnostic wait times continue to remain a challenge as although we have a small number of breaches the denominator does not allow for significant slippage against the percentage performance. No Clinical Harm has been identified when the pathways have been reviewed and performance is monitored weekly in the Cancer teams.































As a Trust Cardiac Surgical Waiting Lists continue to be pressured with the Mitral service line which pose a significant risk to delivering the long waiter targets.

Non Elective Activity continues to be actively monitored with overall impact on Elective capacity and the financial position noted Year to Date.

**Forward Look (with actions):**

- \* Activity continues to be monitored weekly, with increased data being reviewed to understand case mix and non elective demand.
- \* FDS although not expected to be sustainable, has been able to achieve in Q1. The 62 standards is improving, however full recovery will continue in to Q2 aligned to the 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 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.
- \* Overall Waiting List Size remained static in July from the May spike and is being reviewed by the Divisions for key areas of concern. No immediate risks are being flagged at this stage.

Operational Performance - Metric Summary

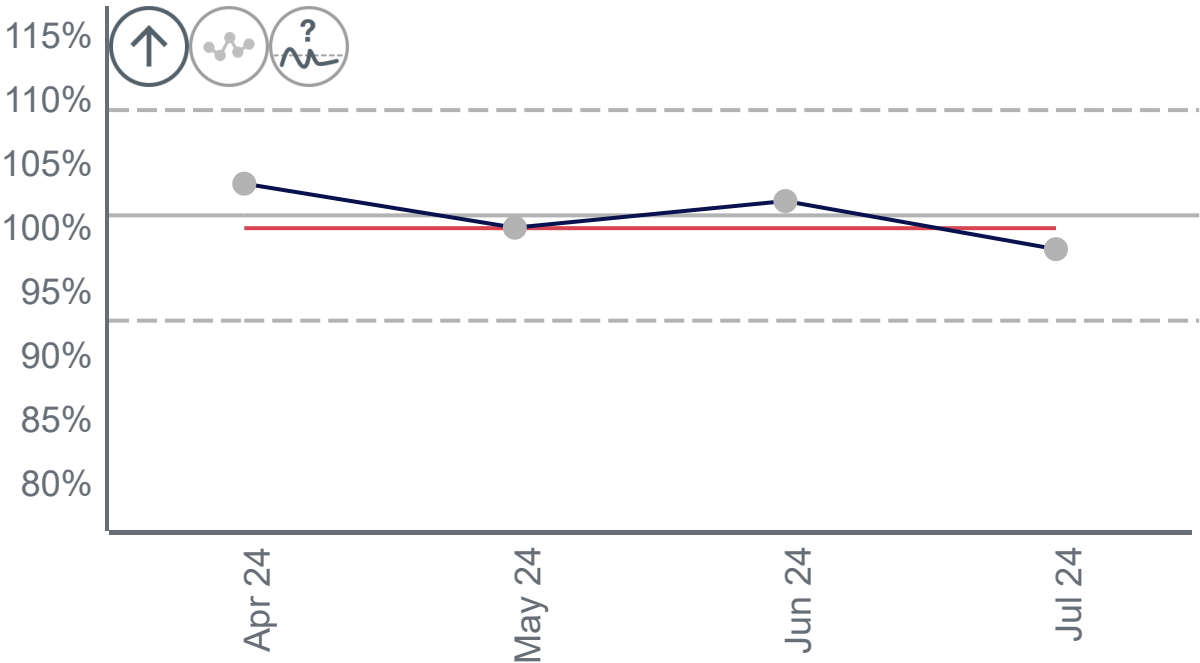
Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Jul-24	82.7	>=80%	82		
Cancelled Operations for non-clinical reasons	Jul-24	1.6	<=2%	2		
Outpatient activity delivered remotely via telephone or video consultation	Jul-24	28.4	%	28		
Elective Activity Levels	Jul-24	98.4	10000%	101		
Maximum 6-week wait for diagnostic procedures	Jul-24	80.55	>=99%	81		
Overall Size of Waiting List	Jul-24	6266		6228		
Incomplete Pathways 35+ Weeks	Jul-24	301		321		
Referral to treatment - Incomplete Pathways 52+ weeks	Jul-24	80		92		
Referral to Treatment - Incomplete Pathways 65+ weeks	Jul-24	25.0		27		
PIFU Pathway	Jul-24	1338	113	1196		
Letters waiting to be typed over 7 days	Jul-24	298.0		348		
Non-Criteria to Reside Occupied beds as a proportion of total occupied beds	Jul-24	3.7		3		
Patients not booked in within 28 days (non clinical cancellations)	Jul-24	0.0	0	3		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Jun-24	44.4	>=75%	61.1		
Cancer: 31-day decision to treat to treatment standard	Jun-24	100	>=96%	74.8		
Cancer: 62-day referral to treatment standard	Jun-24	57.8	>=85%	51.3		





Operational Performance - Drive Metrics

Elective Activity Levels



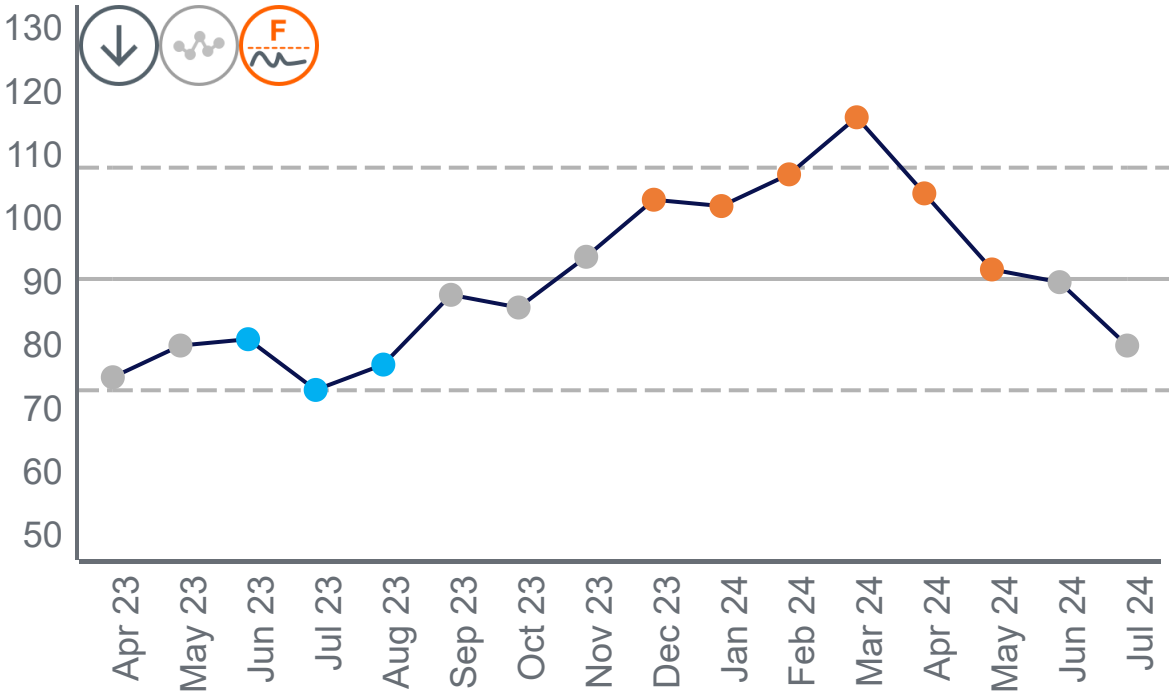
Technical Analysis:

Activity has been re-baselined from April-24. Performance within Jul-24 has dropped below the target by achieving 98%. This follows Quarter 1 performance where the Trust consistently achieved the target.

Actions:

- \*Activity under performed in month
- \*Ongoing monitoring and planning continues through Performance and Operational Board meetings
- \*Surgery NE demand has been highlighted through contract meetings

Referral to treatment - Incomplete Pathways 52+ weeks



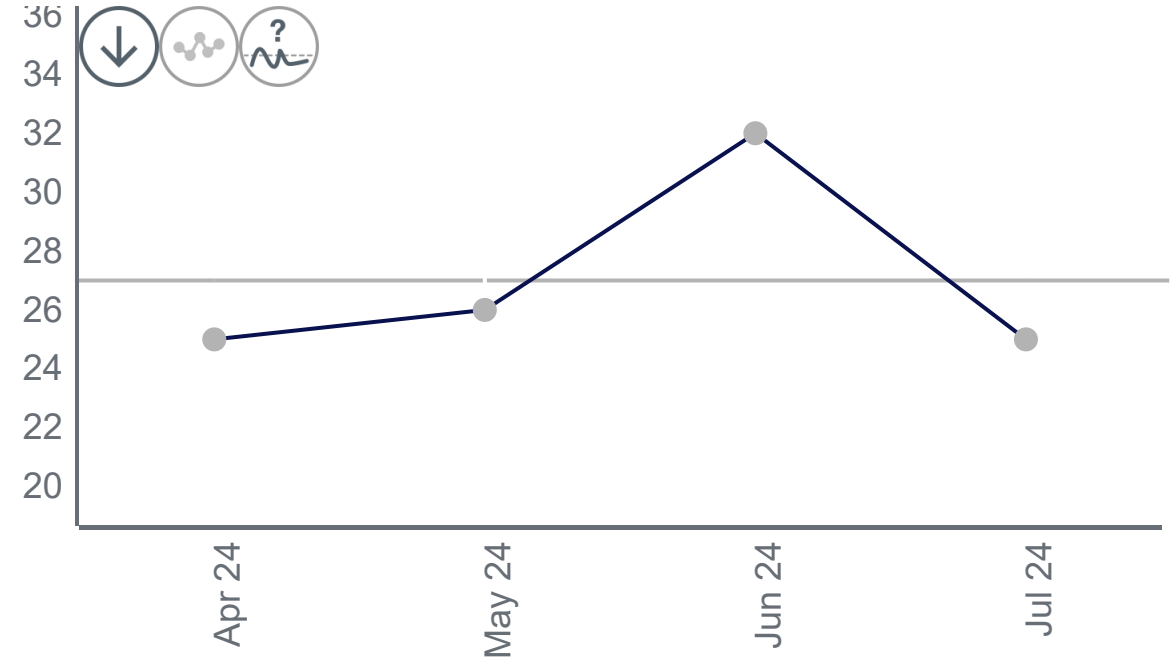
Technical Analysis:

Current performance is displaying common cause variation and falling short of the target. Early 2024 displayed an increase in numbers but performance across 2024/25 has shown a continual reduction. Surgery patients remain the most significant contributors to performance.

Actions:

- \*Pathway RCAs undertaken for every patient which tips over 52 weeks.
- \*Cardiac Surgery trajectory and plan in place in line with national ambition of no 52 week waiters by March 25.

Referral to Treatment - Incomplete Pathways 65+ weeks



Technical Analysis:

Early performance for 2024/25 seen the target achieved, but following this June and July have both fallen short. Performance displays inconsistency of passing and failing against monthly targets.

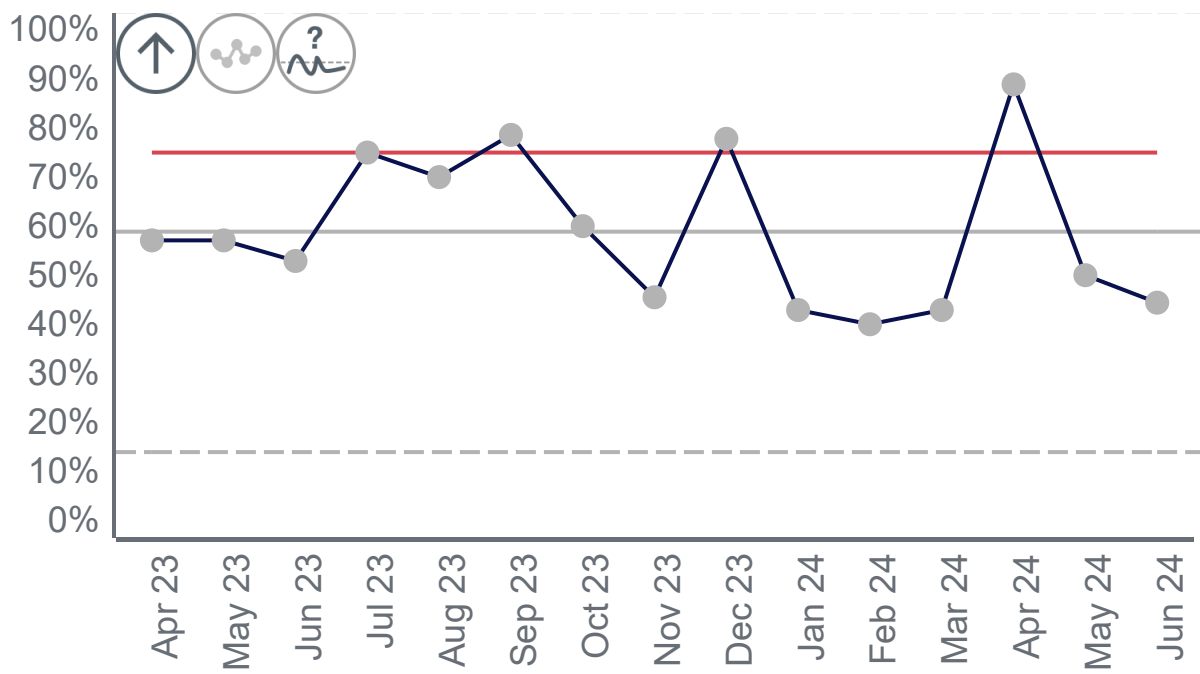
Actions:

- \*Mini Mitral Service line closed to Referrals from February and outsourcing in progress
- \*Mitral Service Line have had workforce sickness impacting overall activity. Additional outsourcing and internal capacity is being explored to support delivery.



Operational Performance - Drive Metrics

Cancer Patients meeting the Faster Diagnosis Target (FDT)



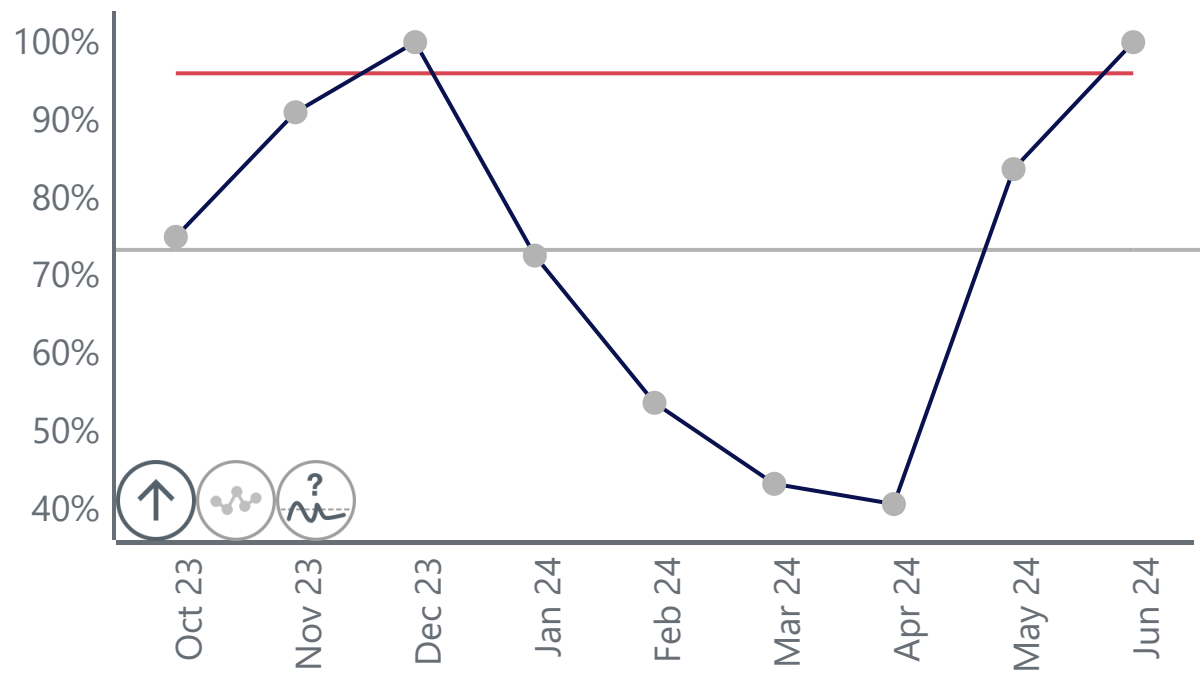
Technical Analysis:

The organisation failed to achieve the target in July. Performance continues to display 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 in place
- \*Joint CT guided biopsy planning continues with LUFT

Cancer: 31-day decision to treat to treatment standard



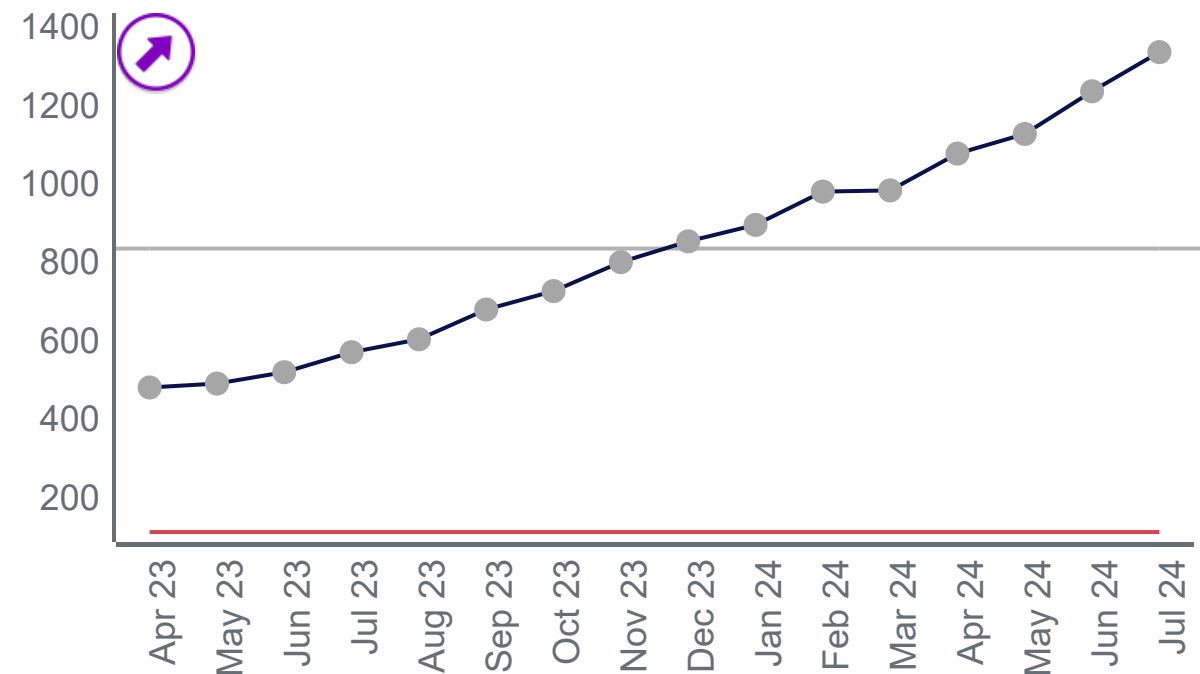
Technical Analysis:

Performance is displaying common cause variation of passing and failing the target inconsistently. Improvement Required to consistently achieve Cancer 31 Day Target. June has shown further improvement on May achieving the target for the first time in 6 months.

Actions:

- \* Surgical wait times have now reduced under 14 days with increased capacity put in place
- \*62 Day performance will follow the improvements in the 31 Day standard

PIFU Pathway



Technical Analysis:

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

Actions:

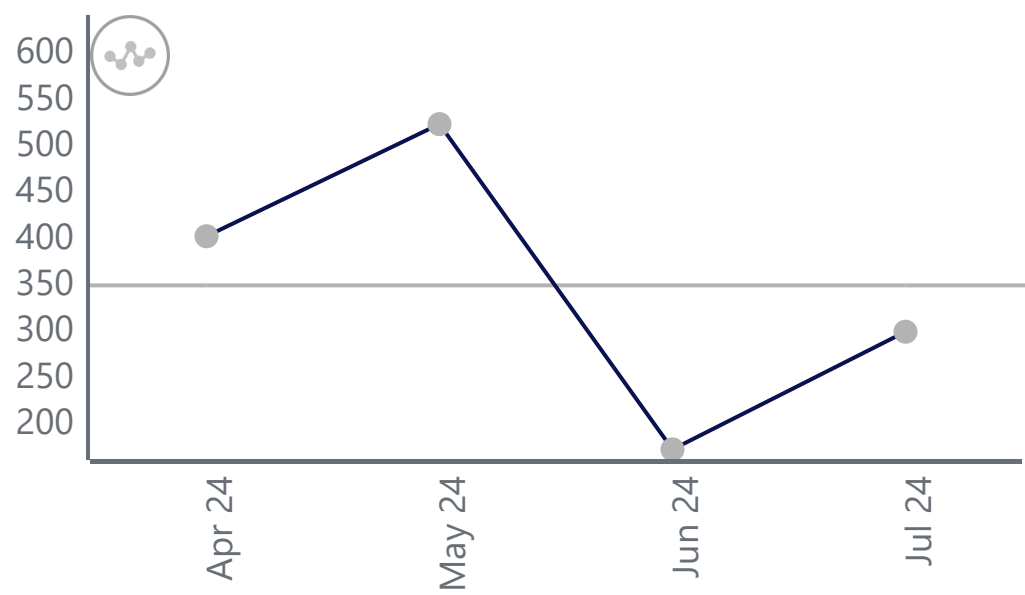
- \*The Outpatient Transformation Group (OTG) continues to drive the use of Patient Initiated Follow Ups within LHCH.
- \*Service lines have been reviewed and targeted for onboarding based on appropriate clinical pathways.



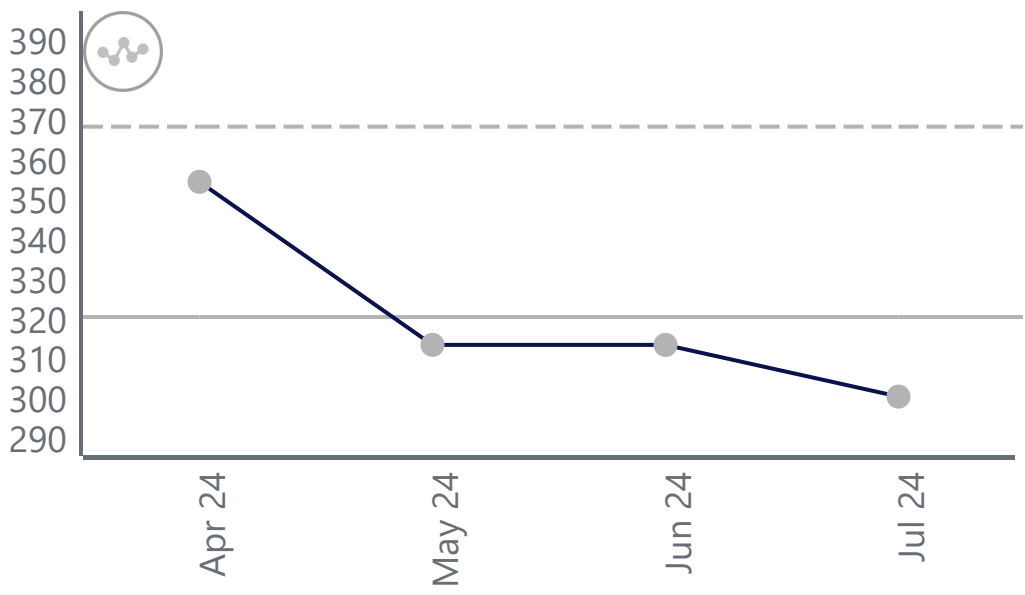


Operational Performance - Watch Metrics

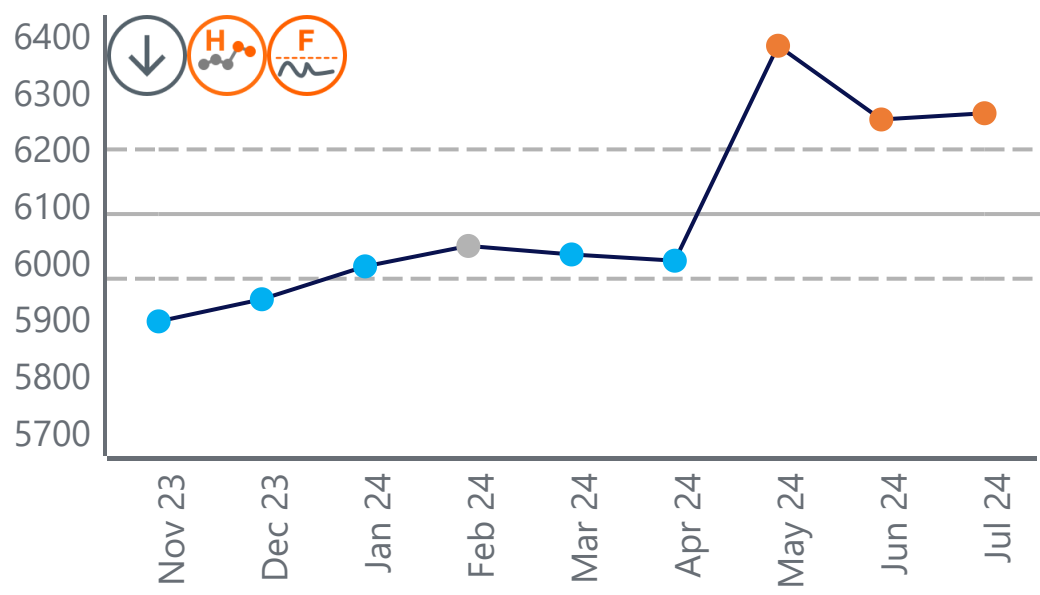
Letters waiting to be typed over 7 days



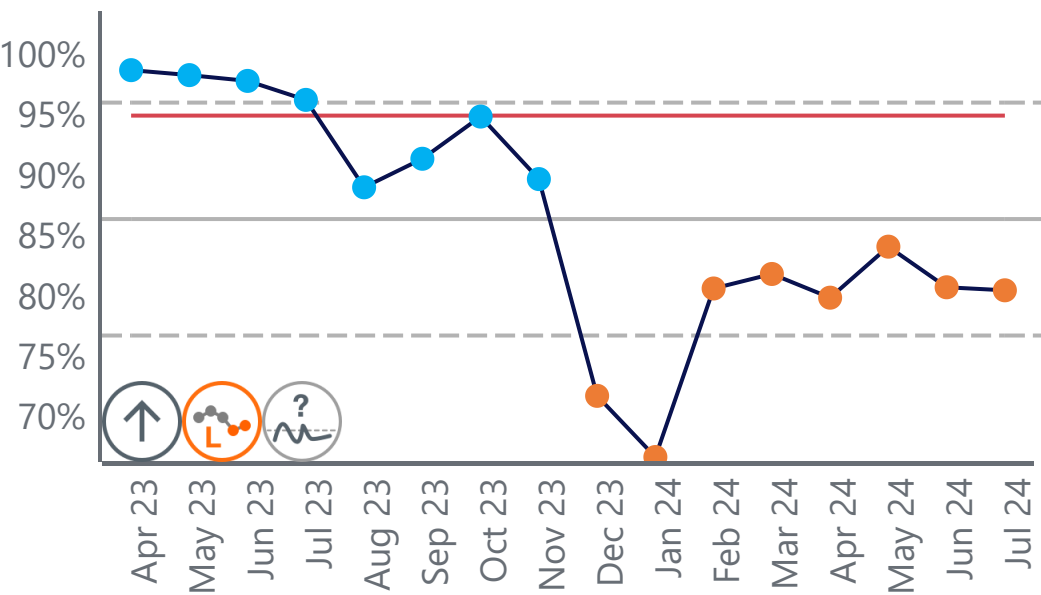
Incomplete Pathways 35+ Weeks



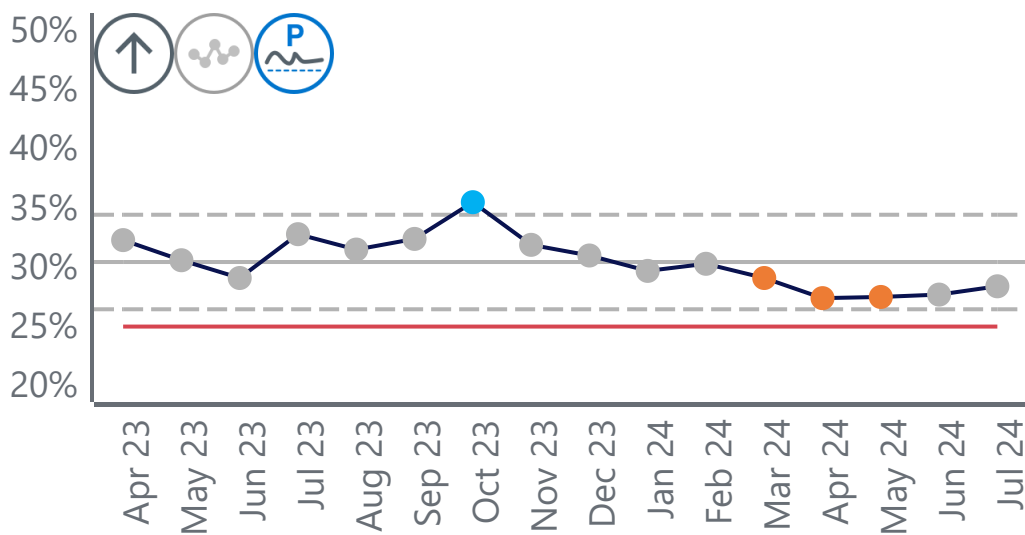
Overall Size of Waiting List



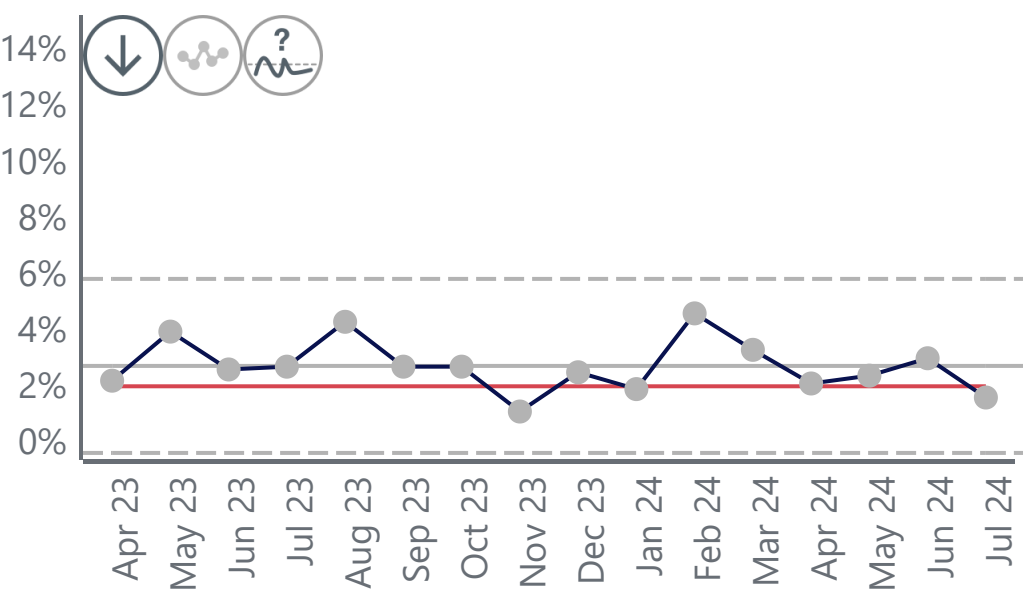
Maximum 6-week wait for diagnostic procedures



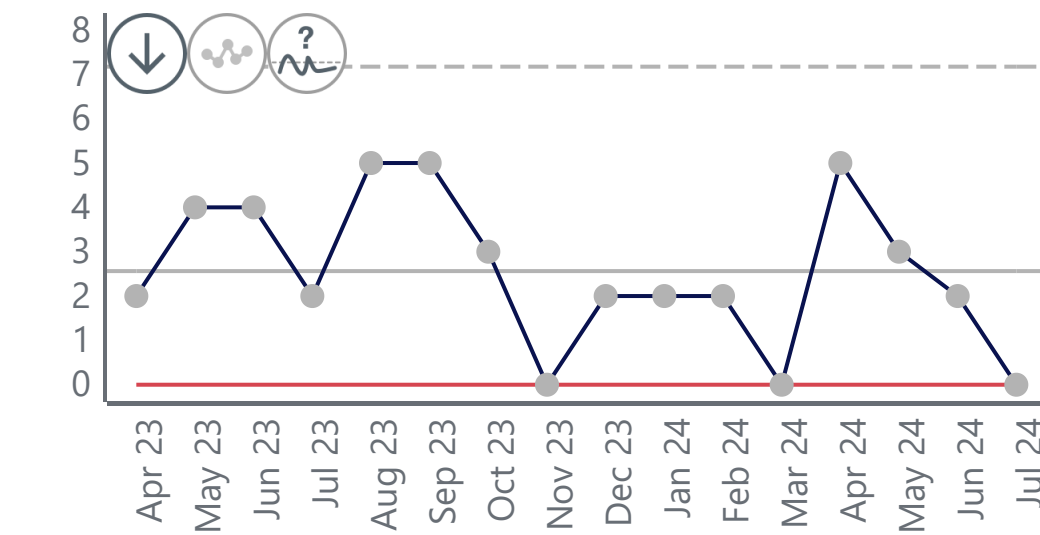
Outpatient activity delivered remotely via telephone or video consultation



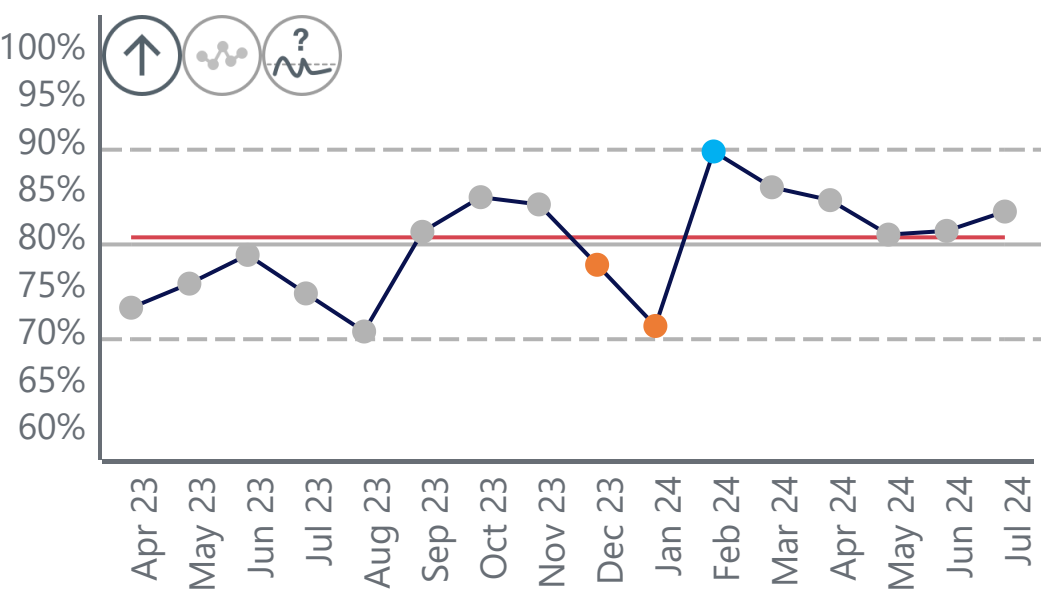
Cancelled Operations for non-clinical reasons



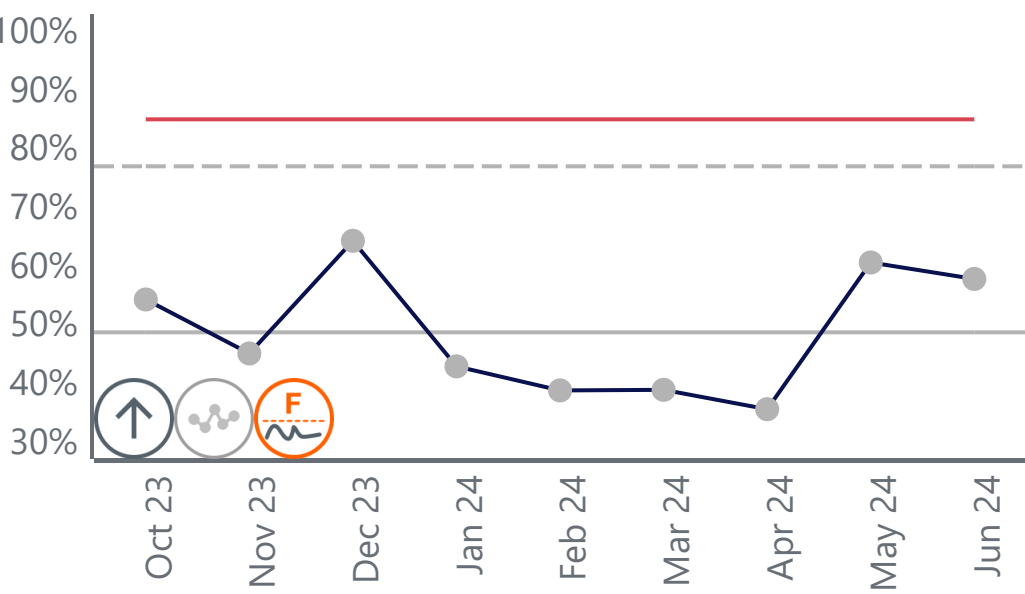
Patients not booked in within 28 days (non clinical cancellations)



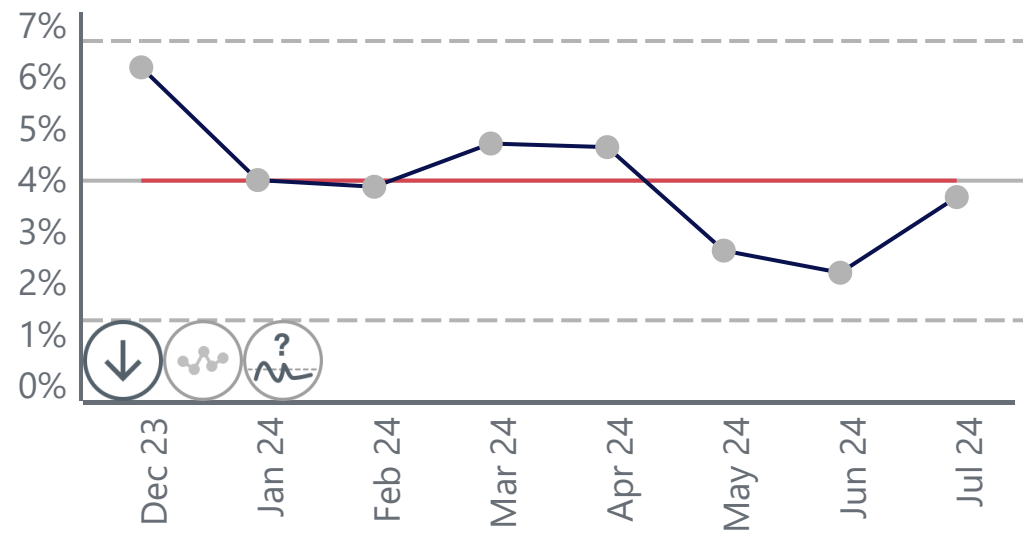
Bed Occupancy



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**  
**Ben Vinter, Director of Risk and Corporate Governance**

**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 the month. One occurrence of a Grade 3 pressure ulcer acquired at LHCH was reported in March 2024.
- Excellent performance continues in Dementia and Delirium.
- Discharge summary on the day of discharge metric continues to perform below target of 95%. Discussions ongoing with Divisions to understand reasons for this and put plans in place for improvement.
- 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 albeit with a slightly improving trend in month.
- 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.
- Radiological alerts with a response document continues to perform below the target, but remains consistent with previous months displaying common cause variation . Plans ongoing for improving the data for this using a new source, potential for completion by September 2024
- Slight recovery 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.










































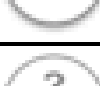




**Areas of Concern:**

- Call to balloon time continues to consistently fail it's target due to national and regional issues. This includes categorisation of chest pain as a category 2 call, leading to delays in ambulance arrival and transfer times (including self presenters to A&E requiring transfer to LHCH). There has however been consistent improved performance since Dec 2023. The Trust continues to perform well on the Door to Balloon watch metric of 75% within 60 minutes (national 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.

**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). New script for the dashboard being written to improve data quality, which would help drive the performance
- 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 Divisional teams.
- Falls stocking supplies and other factors continue to be reviewed.
- FFT data continues to be reviewed.

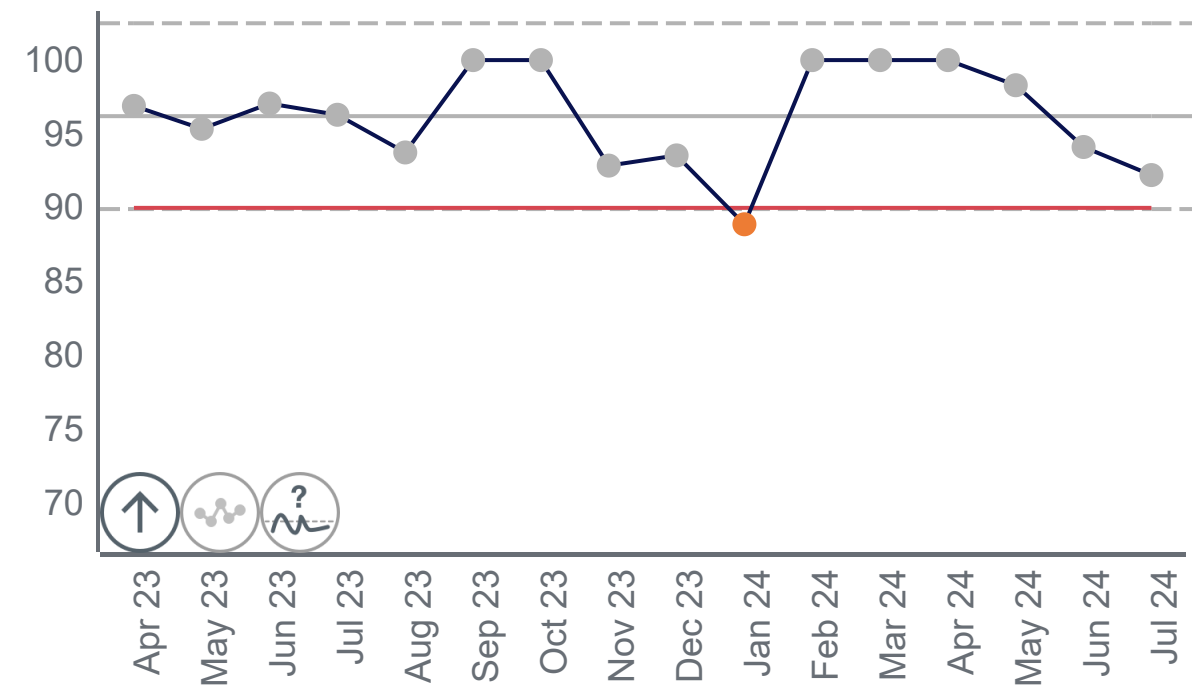
Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Jul-24	89.3	>=95%	91.0		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Jul-24	91.6	>=95%	92.1		
Clostridium Difficile	Jul-24	0.0	0	0.0		
Delirium Risk Assessment to be completed on Admission and once a day	Jul-24	99.6	>=90%	99.6		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Jul-24	92.22	>=90%	96.2		
Dementia - Find	Jul-24	100	>=90%	96.4		
FFT: REPUTATION	Jul-24	98.6	>=95%	98.1		
Gram Negative Bacteraemias	Jul-24	1	1	0.5		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Jul-24	0	0	0.0		
MRSA Bacteraemias	Jul-24	0	0	0.3		
MSSA Bacteraemias	Jul-24	0	1	0.5		
Number of Falls	Jul-24	2	<=0.5	6.3		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Jul-24	1	<=0	0.3		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Jul-24	1.0	>=90%	0.3		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Jul-24	92.73	0	84.1		
Occurrence of any Never Events	Jul-24	0.0	>=95%	0.0		
Primary PCI - 60 minute 'Door-to-balloon' (national target)	Jul-24	82.0	75	81.8		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Jul-24	88.57	<=6	76.7		
Quantity of complaints	Jul-24	2	95%	0.8		
Venous thromboembolism (VTE) risk assessment	Jul-24	95.79	143	95.8		
Number of Incidents No Harm and Near Miss	Jul-24	154	143	132.5		
Number of Incidents rated Minor Harm or Above	Jul-24	31	25	32.3		
Incident Closures within 28 days	Jul-24	96.0		50.2		
Surgical Site Infections	May-24	8.2	0%	8.8		



Quality of Care - Drive Metrics

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



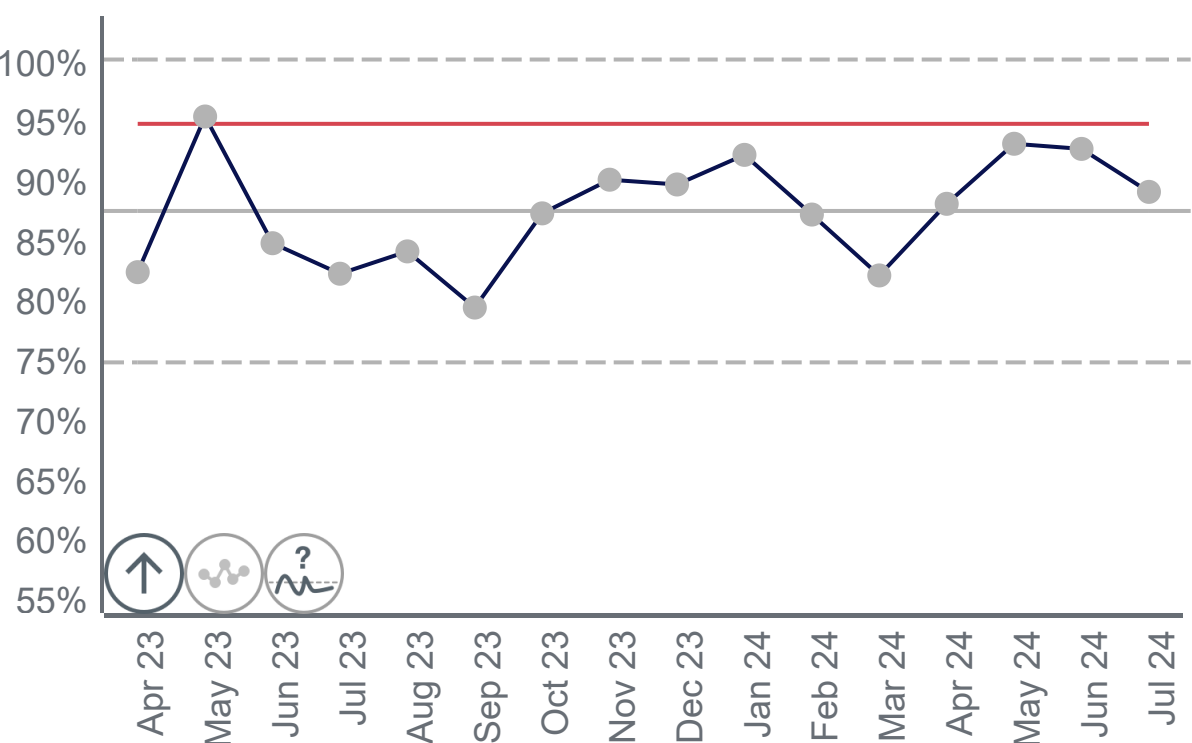
Technical Analysis:

Performance of the one hour Target is above the target for the sixth consecutive month. Over the most recent 16 month period the trust has failed this target once.

Actions:

Maintain weekly feedback to clinicians if this metric is missed.

% of radiological alerts with a response document



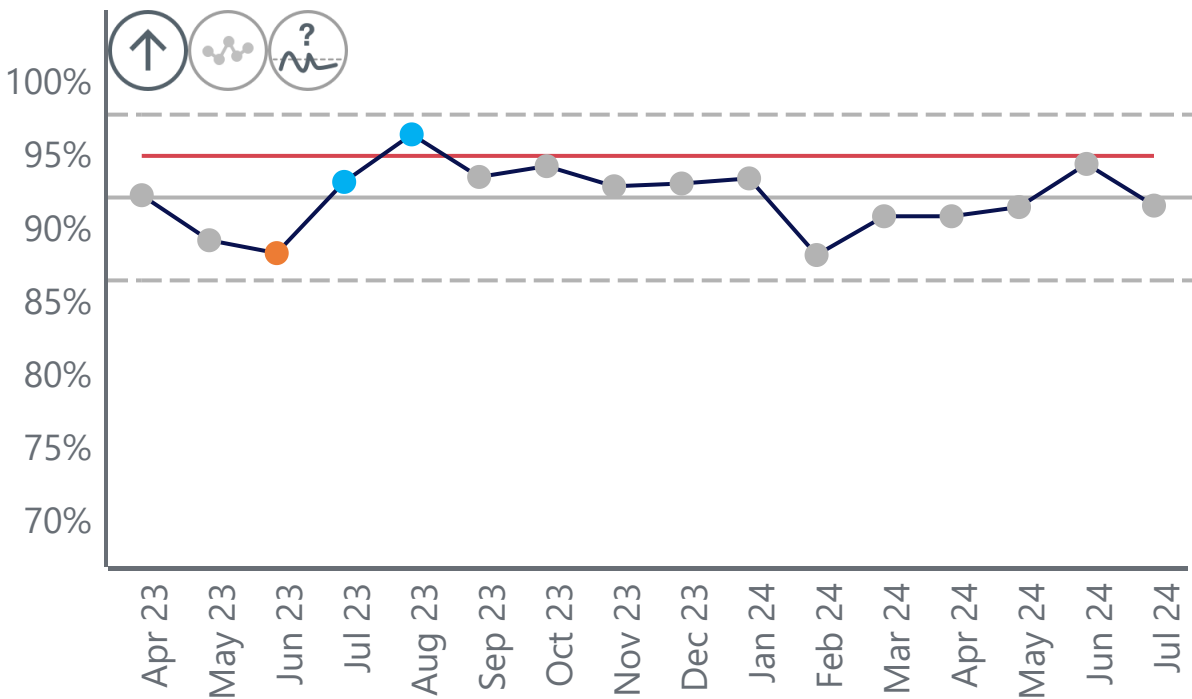
Technical Analysis:

July performance remains consistent with previous months displaying common cause variation. Improvement is required to achieve target on a consistent basis. The target has not been achieved since May-23.

Actions:

A new script is being written to ensure data is more robust, using a different data source. Most of the development is now complete and the new data source is available. The existing dashboard will be refreshed with the new data source, and this has an expected completion date of September 2024. Divisions continue to use the existing dashboard to improve compliance

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



Technical Analysis:

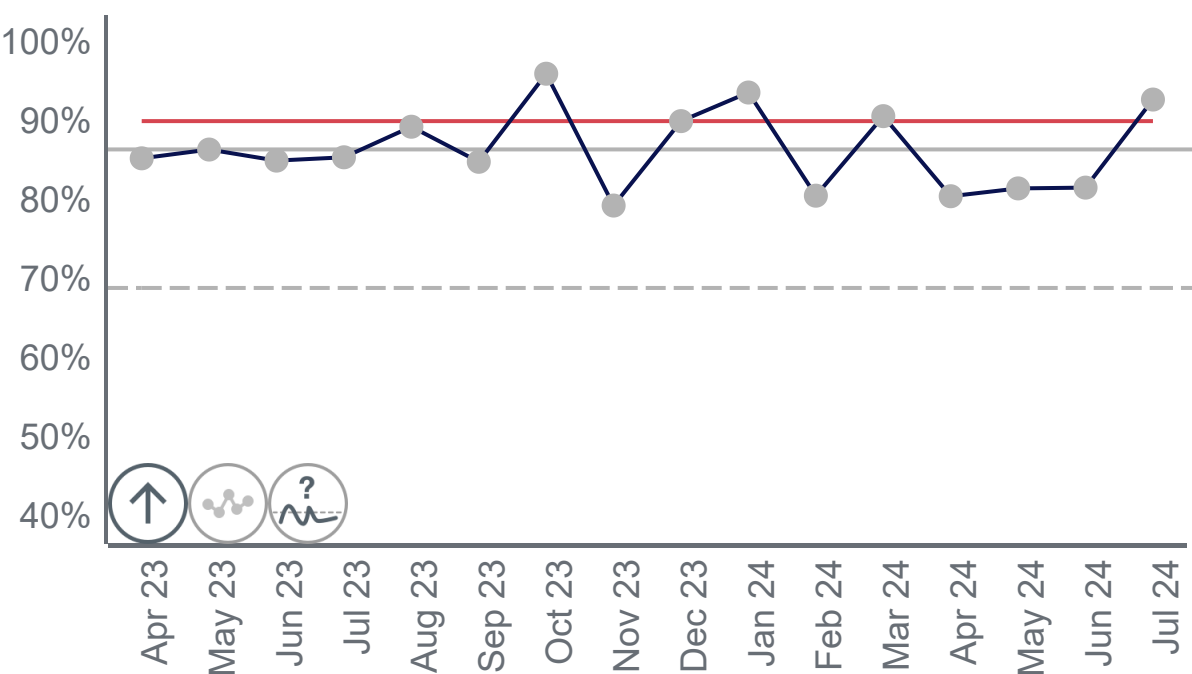
Performance remains below the target of 95% within July. Improvement required to consistently achieve target with the metric displaying common cause variation.

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



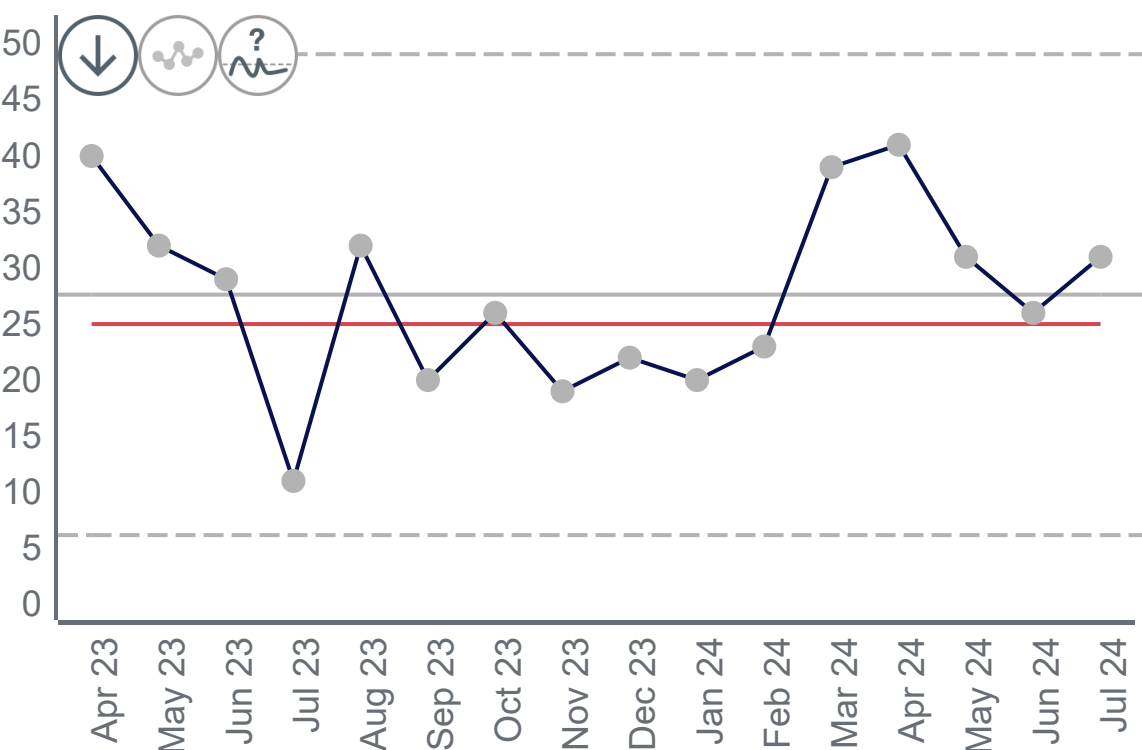
Technical Analysis:

Performance within July was 93%, which is above the target. This is the first time the target has been achieved in 4 months. 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:

Following a period of increase the number of Harms has shown a reduction to levels seen at the end of 2023. Volumes sit within the control limits of common cause variation. July performance of 31 is above the target of 25.

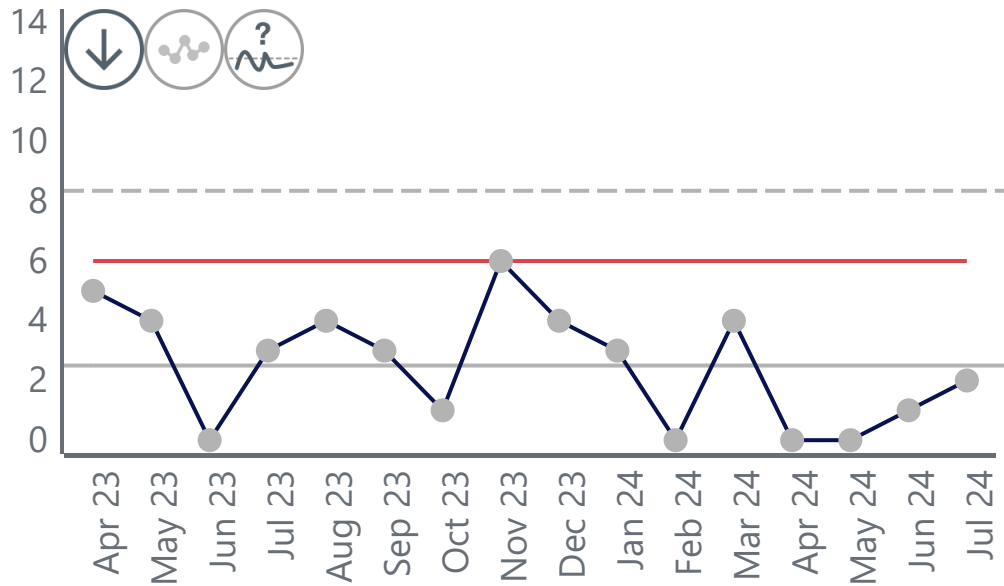
Actions:

Strong reporting culture and learning from incidents. Review of these continues through safety surveillance and hasn't identified recurrent themes. A weekly patient safety meeting is now in place to review all moderate and above incidents, including action and learning. Further refinement of the KPI is needed (i.e. minor harm or above as a percentage of total incidents). Metric will continue to be closely monitored

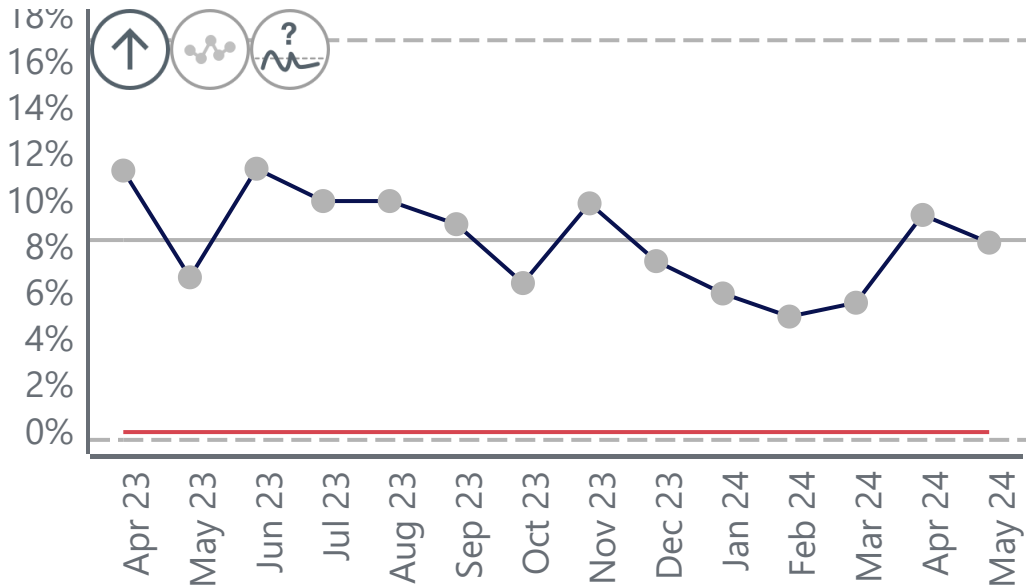


Quality of Care - Watch Metrics

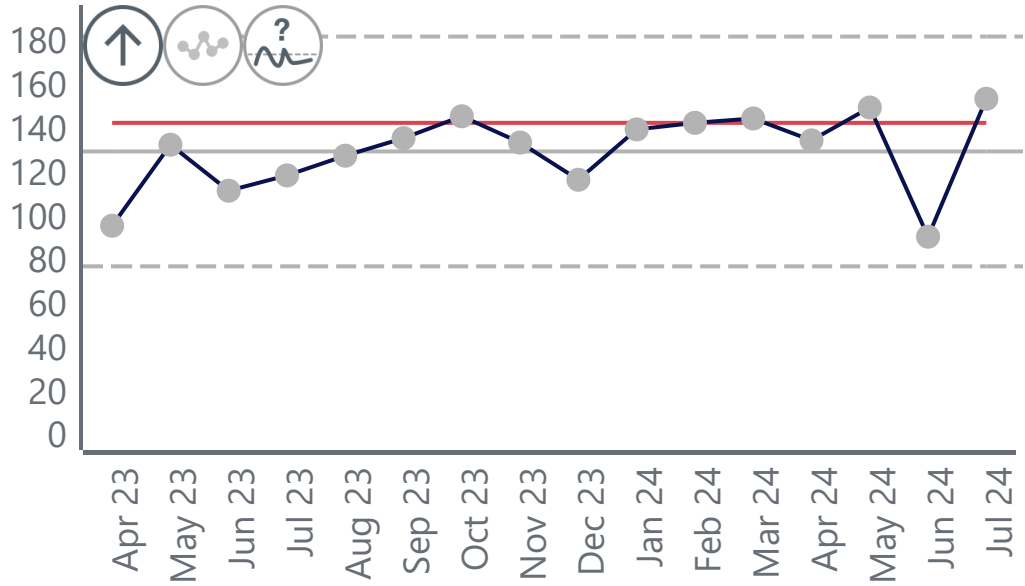
Quantity of complaints



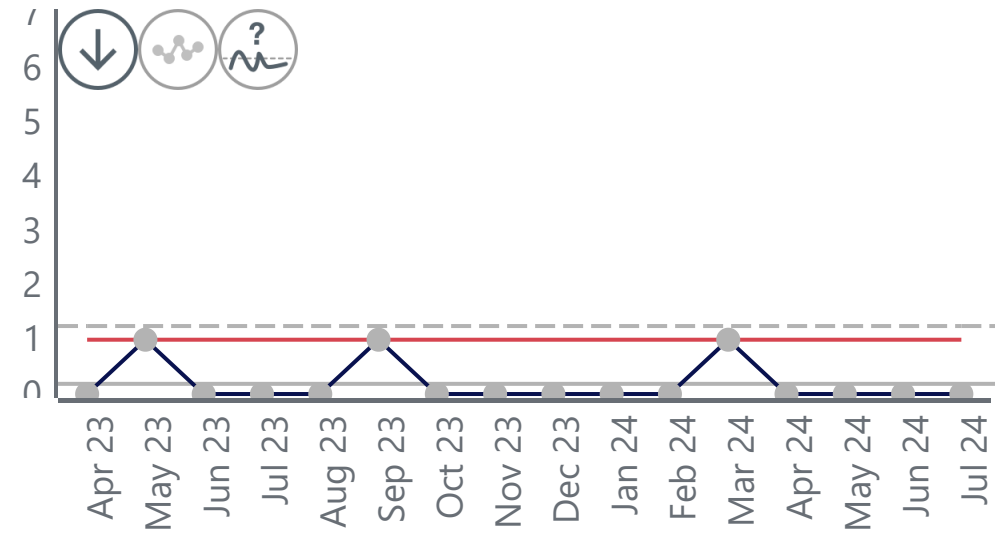
Surgical Site Infections



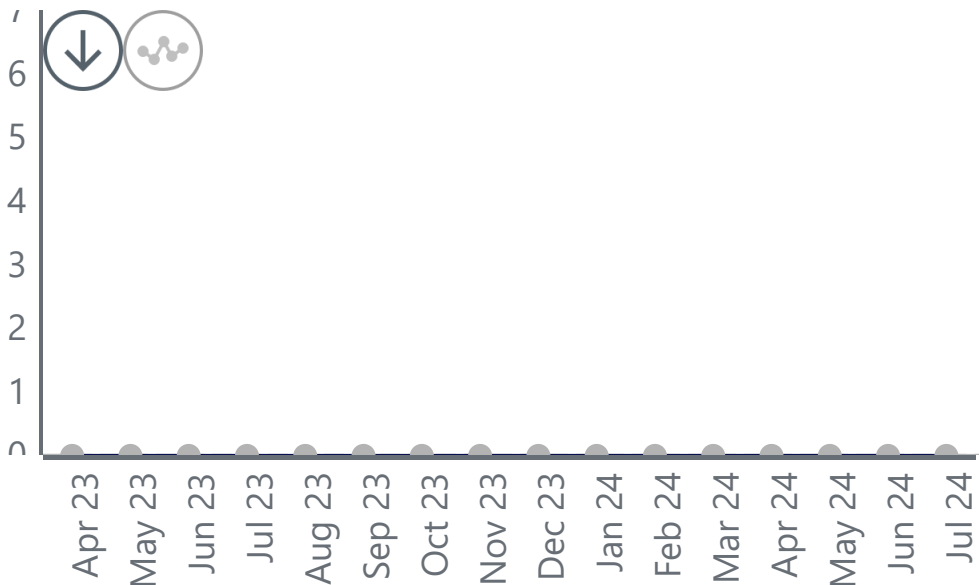
Number of Incidents No Harm and Near Miss



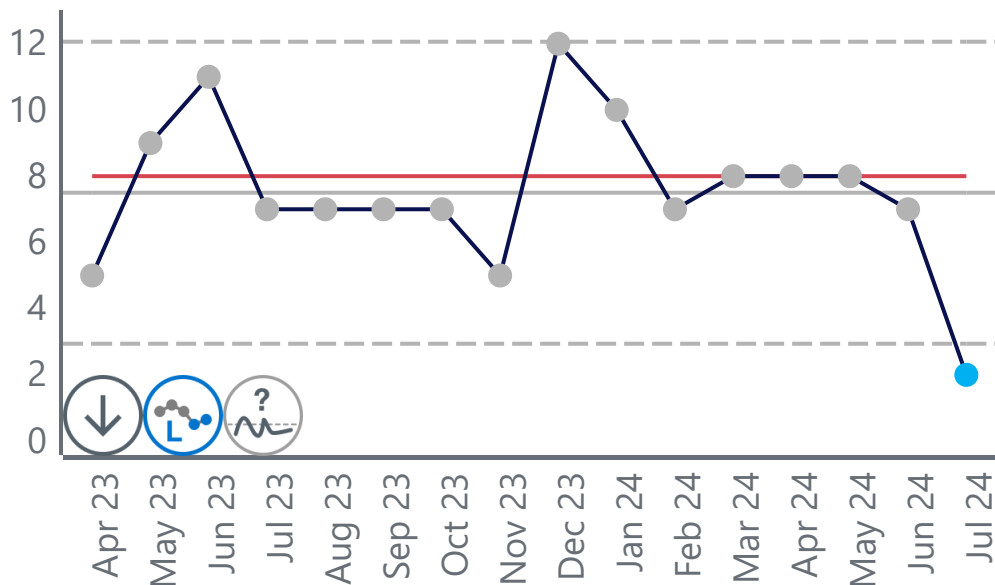
Incidents - Serious incidents, Never Events, Adverse Events (Red)



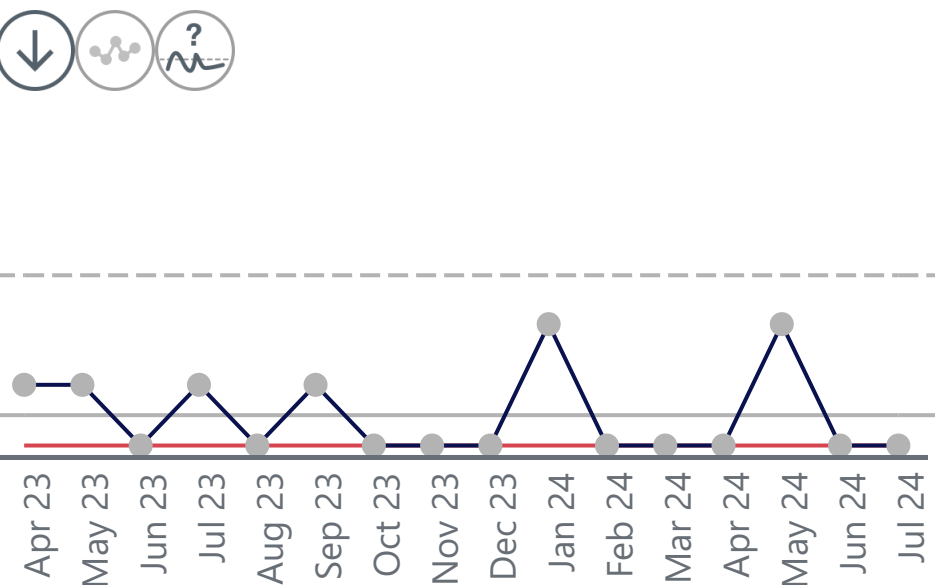
Occurrence of any Never Events



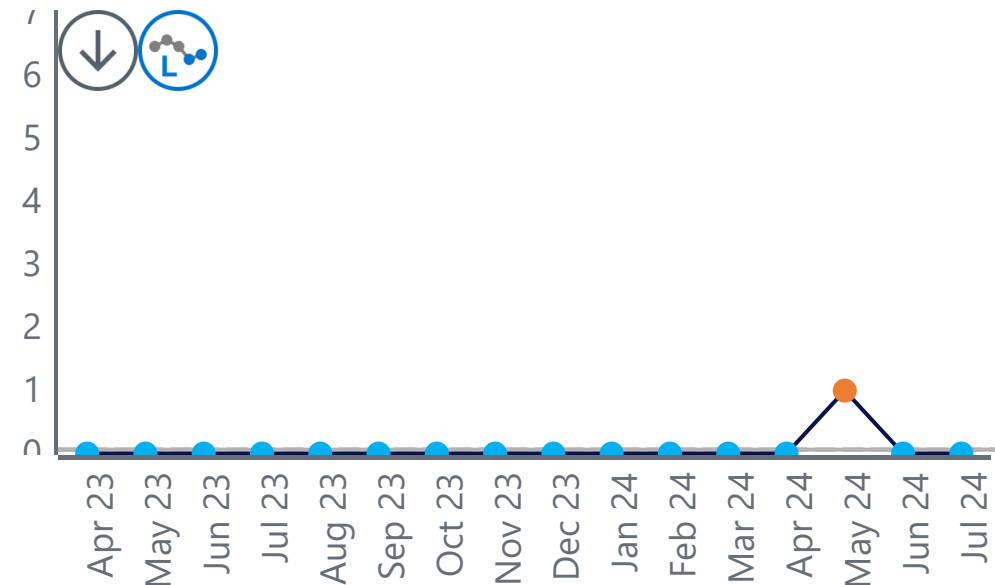
Number of Falls



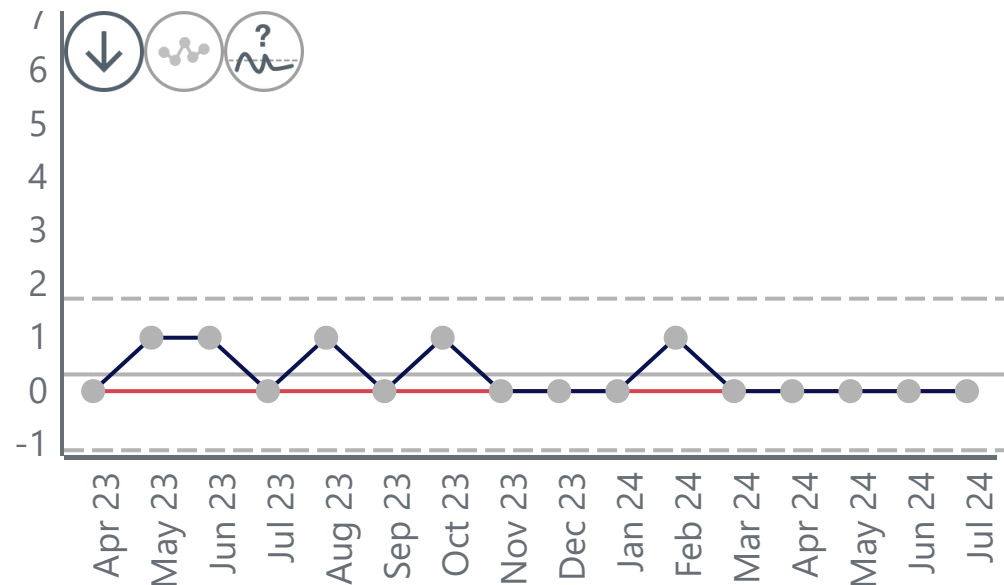
MSSA Bacteraemias



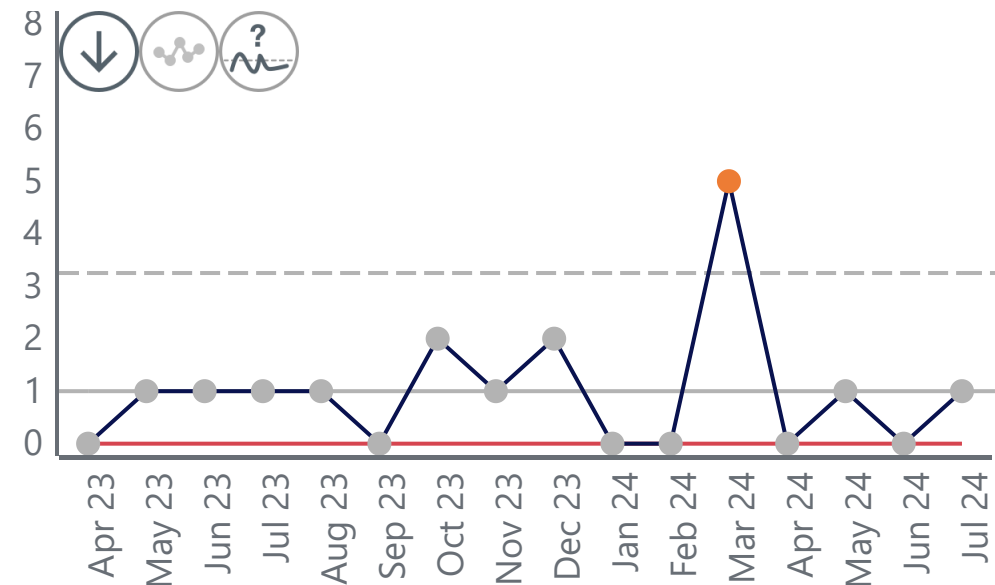
MRSA Bacteraemias



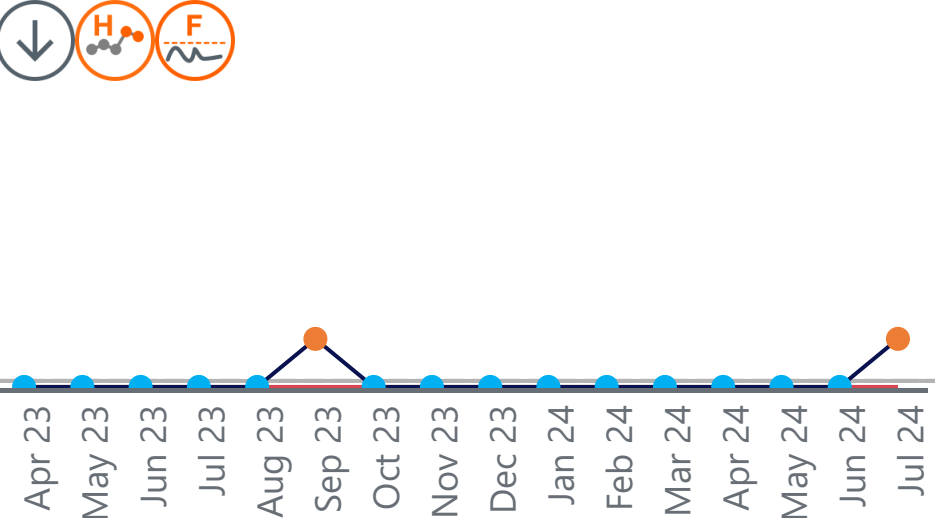
Clostridium Difficile



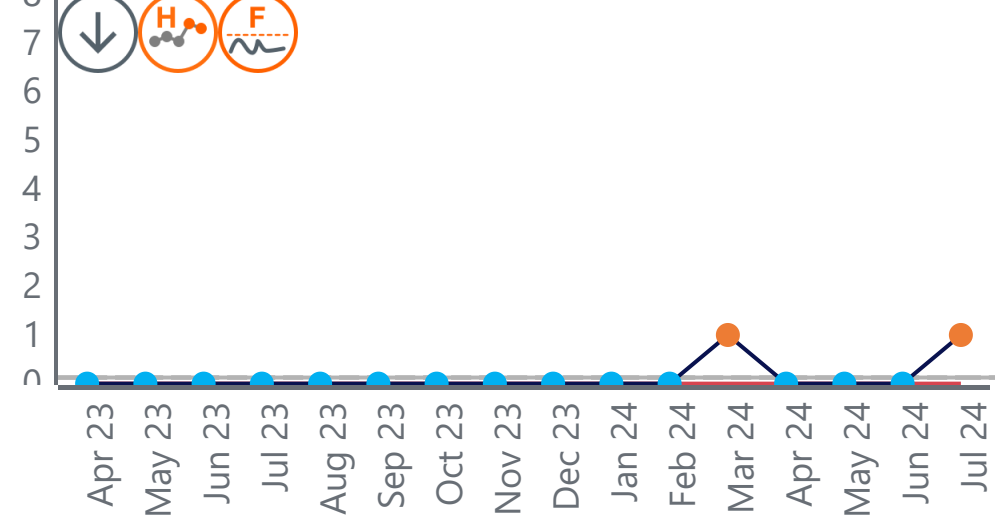
Gram Negative Bacteraemias



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



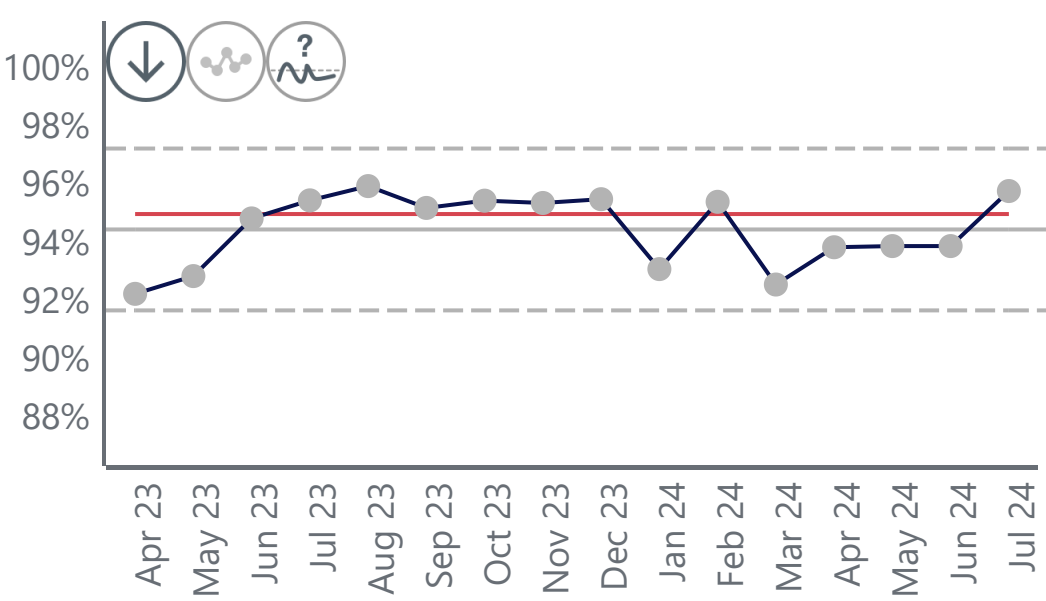
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)



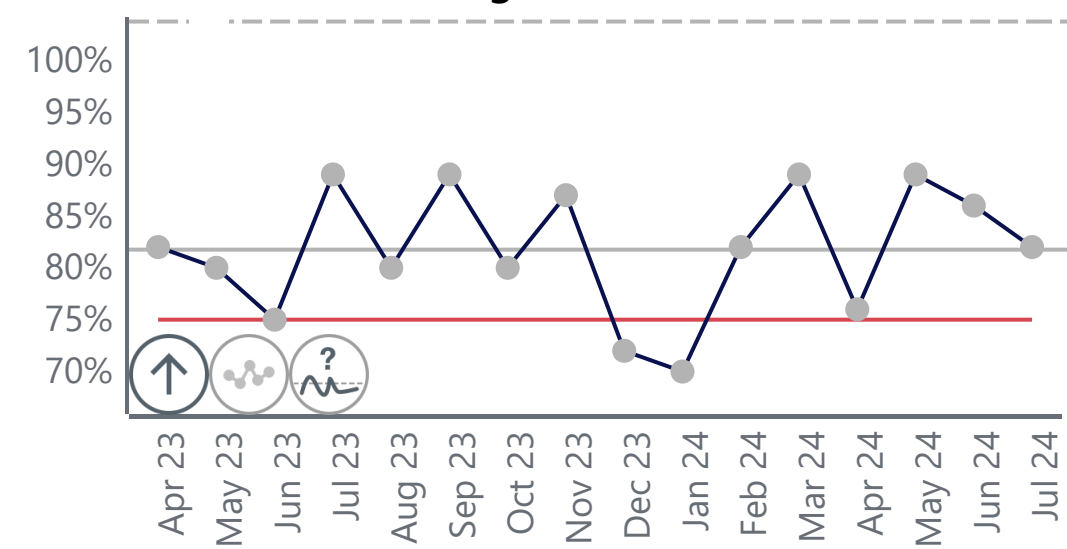


Quality of Care - Watch Metrics

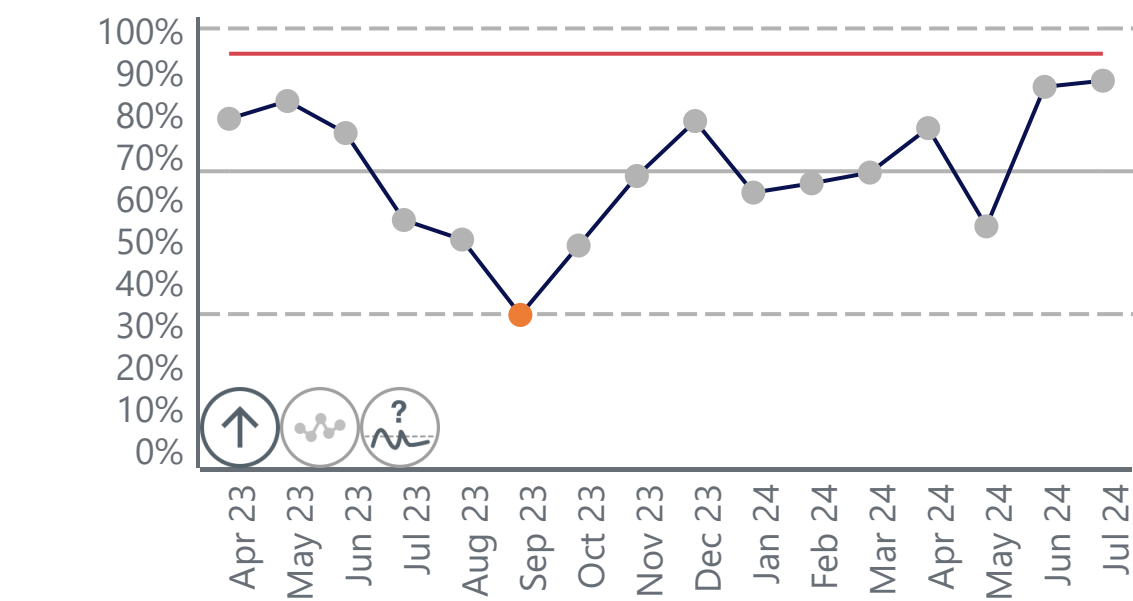
Venous thromboembolism (VTE) risk assessment



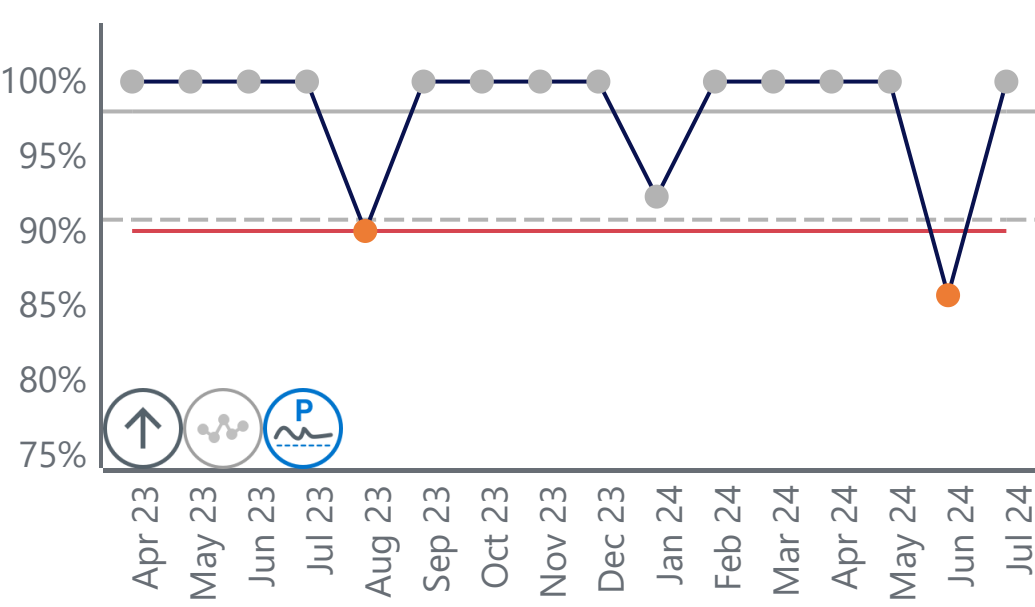
Primary PCI - 60 minute 'Door-to-balloon' (National Target)



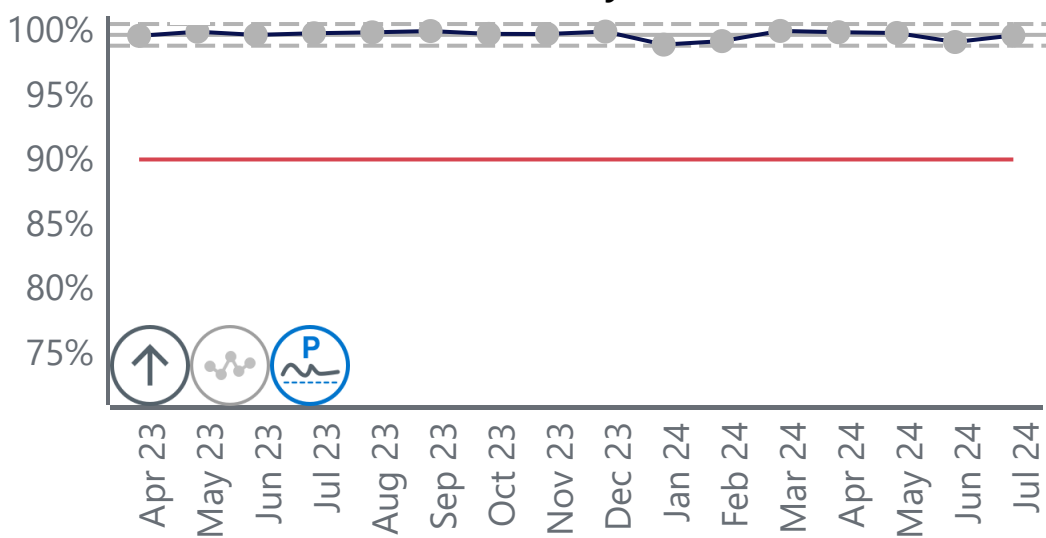
Primary PCI - 150 minute 'Call-to-balloon' (national target)



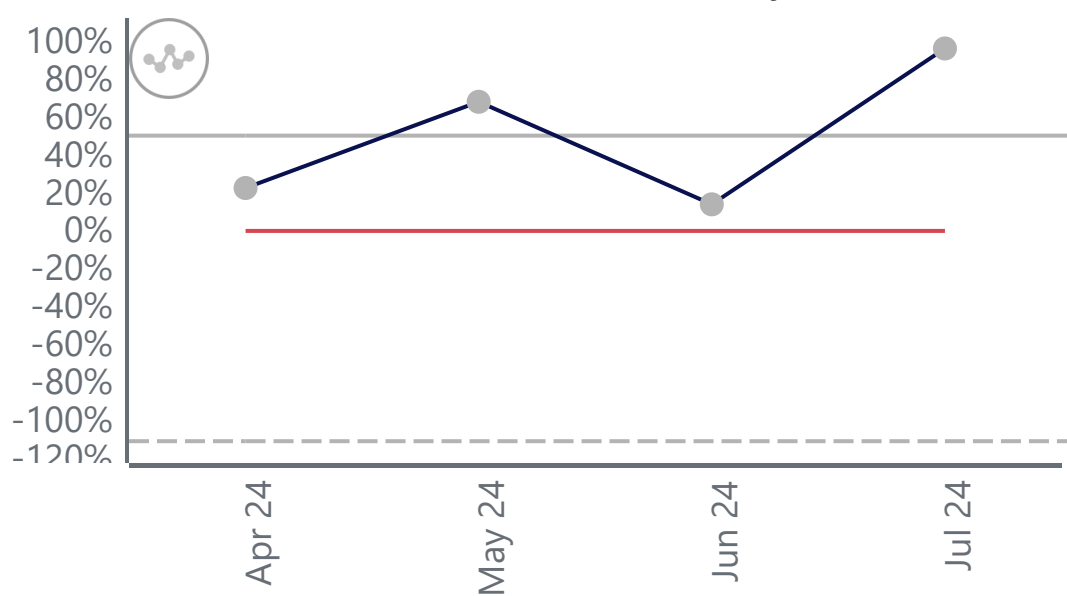
Dementia - Find



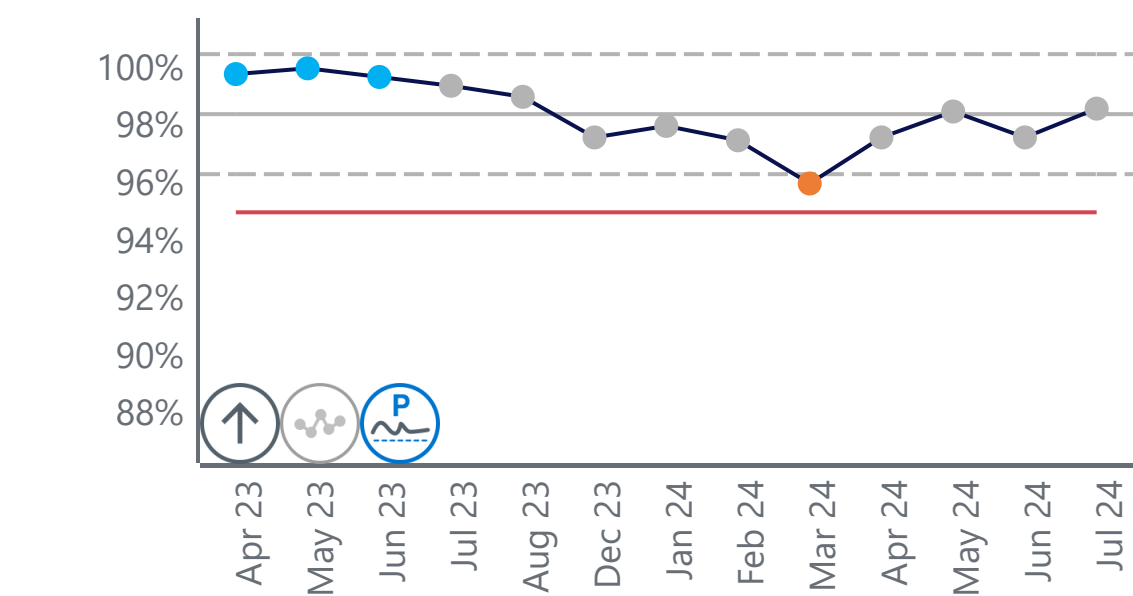
Delirium Risk Assessment to be completed on Admission and once a day



Incident Closures within 28 days



FFT: REPUTATION



Finance

SRO: James Thomson, Chief Finance Officer

Highlights:

The Month 4 YTD position is a £2,936k surplus, which is £1,490k lower than plan. There is some uncertainty over the income associated with elective activity because of uncertainty in the elective recovery target from commissioners, and the Trust is still awaiting the publication of the final performance for 23/24. The Medicine Division continues to achieve the planned levels of activity agreed at the start of the year. The Surgery Division has a £681k under-performance against its elective plan, driven by significant levels of emergency demand. Delays in the phase 4 expansion of the Targeted Lung Health Check programme have resulted in an income shortfall. This is partly offset by lower than planned costs for this service (net shortfall - £658k). Pay costs are largely in line with budget for the year to date, but costs have risen in June and July with higher bank nurse costs and additionality payments for consultants. There are non-pay budgetary pressures driven by overspends in theatres and cath labs, driven in part by emergency surgery activity and higher prices. Drugs price inflation is also contributing to the overspend. These budgetary pressures are being analysed, with mitigations being reviewed. CIP delivery improved in June and July, but there remains slippage against the target.

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 £4,811k for the year. Other central schemes (both recurrent and non-recurrent) have also been added to the CIP target, giving a Trust total of £10,644k. The Trust has transacted 56% of the annual CIP target so far this year, with 90.1% identified. Confirm and Challenge sessions have been held with each division and milestones for delivery are in place. The rising costs of clinical consumables and drugs is an area of concern, with overspends in cath labs, theatres and drugs identified as a key pressure in the first four months of the year. The delay in the roll out of Targeted Lung into new areas is a temporary financial pressure, but this is expected to improve from August. The significant over-performance in emergency surgery has resulted in reduced elective activity and increased non-pay costs. An outpatient coding review is underway to ensure consistency and accuracy of coding. The financial impact is being assessed.

Forward Look (with actions):

The Trust has a very challenging financial plan in 2024/25. Achieving the Trust's target surplus will be contingent on achieving the CIP target, hitting the activity plan, and ensuring strong fiscal discipline and financial management. Plans will need to be developed and actioned to recover the adverse variance over the remaining months of the year.



Finance - Metric Summary

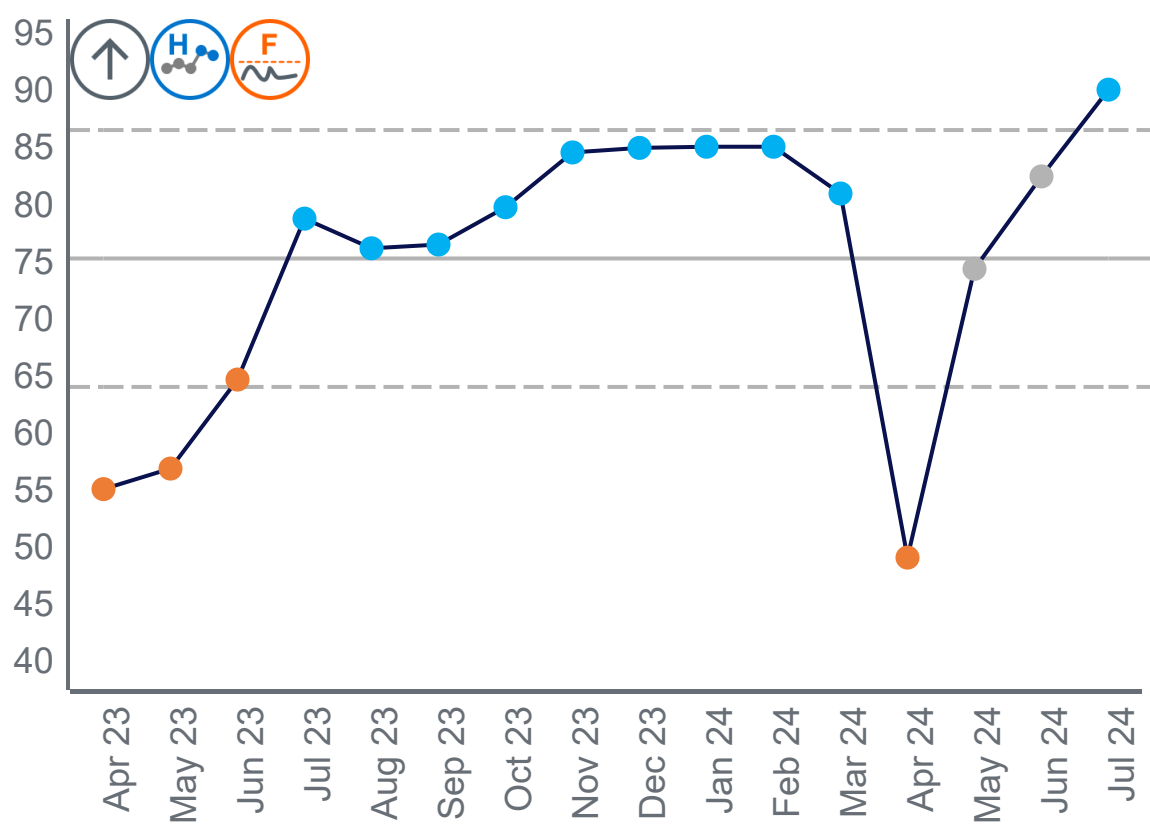
Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
I & E distance from target (cumulative) - £,000	Jul-24	-1490	0	-952		
Liquidity (days)	Jul-24	25		24		
Recurrent CIP identified	Jul-24	90	100	74		
Capital Expenditure (Trust Level)	Jul-24	1720000.0	2624000	1176289.0		
Cash in Bank (Trust Level)	Jul-24	41257000		40170500		
Pay Spend v Budget	Jul-24	9187	9118	9088		
WTE versus establishment	Jun-24	1901	1900	1885		





Finance - Drive Metrics

Recurrent CIP identified



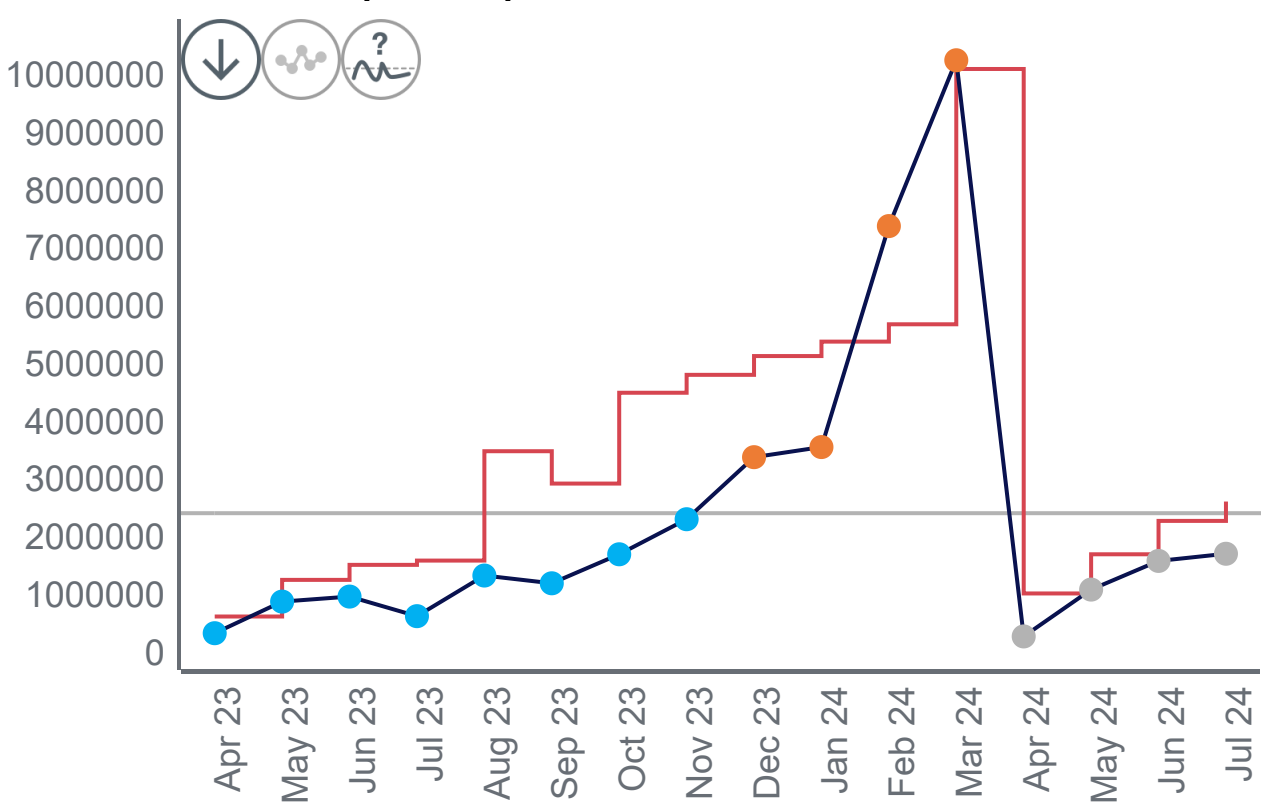
Technical Analysis:

Month 4 of 2024/25 is now complete. CIP has made significant improvement and is ahead of the same period in 2023/24. Performance is demonstrating special cause improvement.

Actions:

Monthly 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:

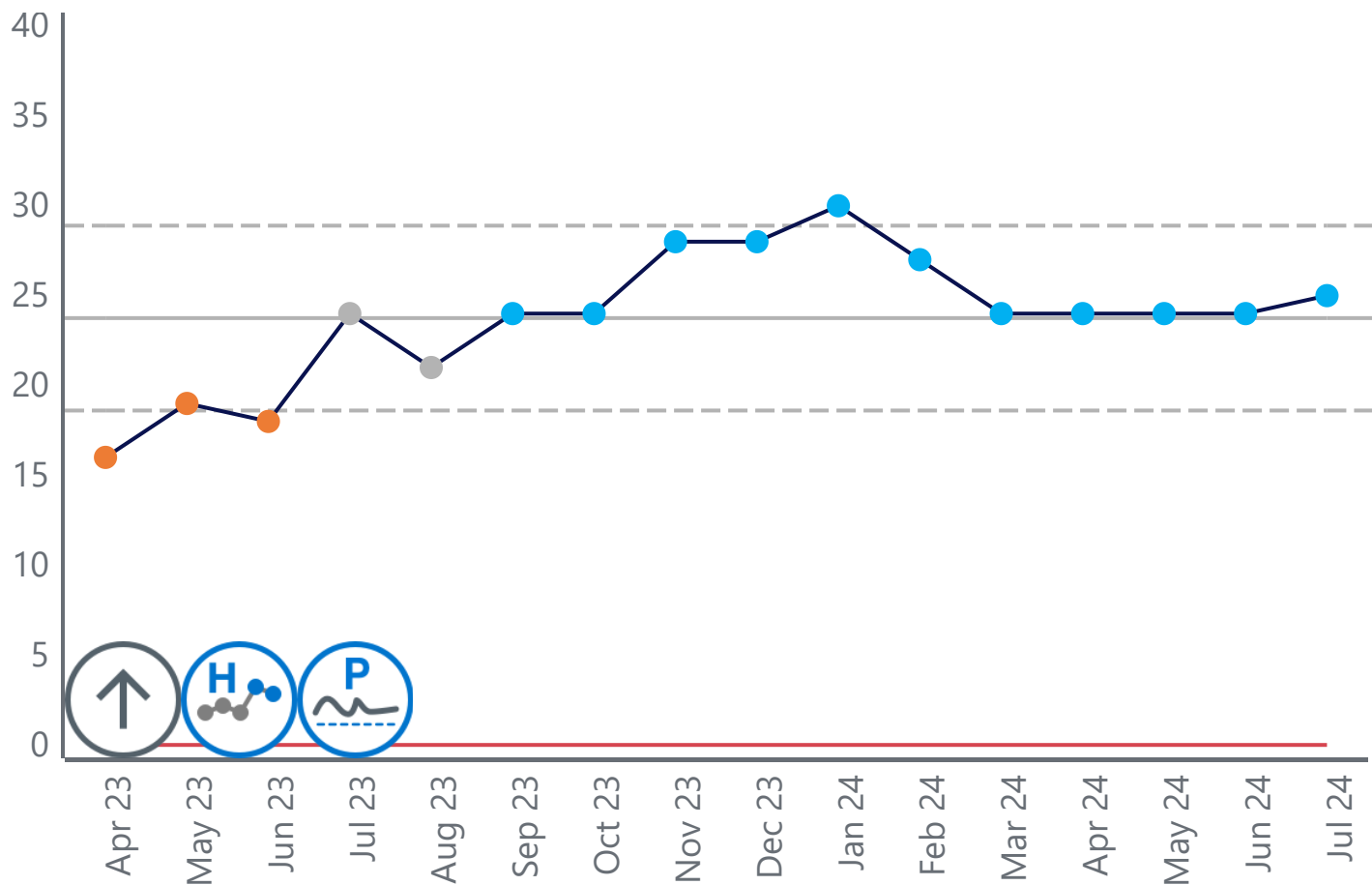
Month 4 of 2024/25 is now complete. Expenditure remains below target for the fourth month and is above performance in the same period in 2023/24.

Actions:

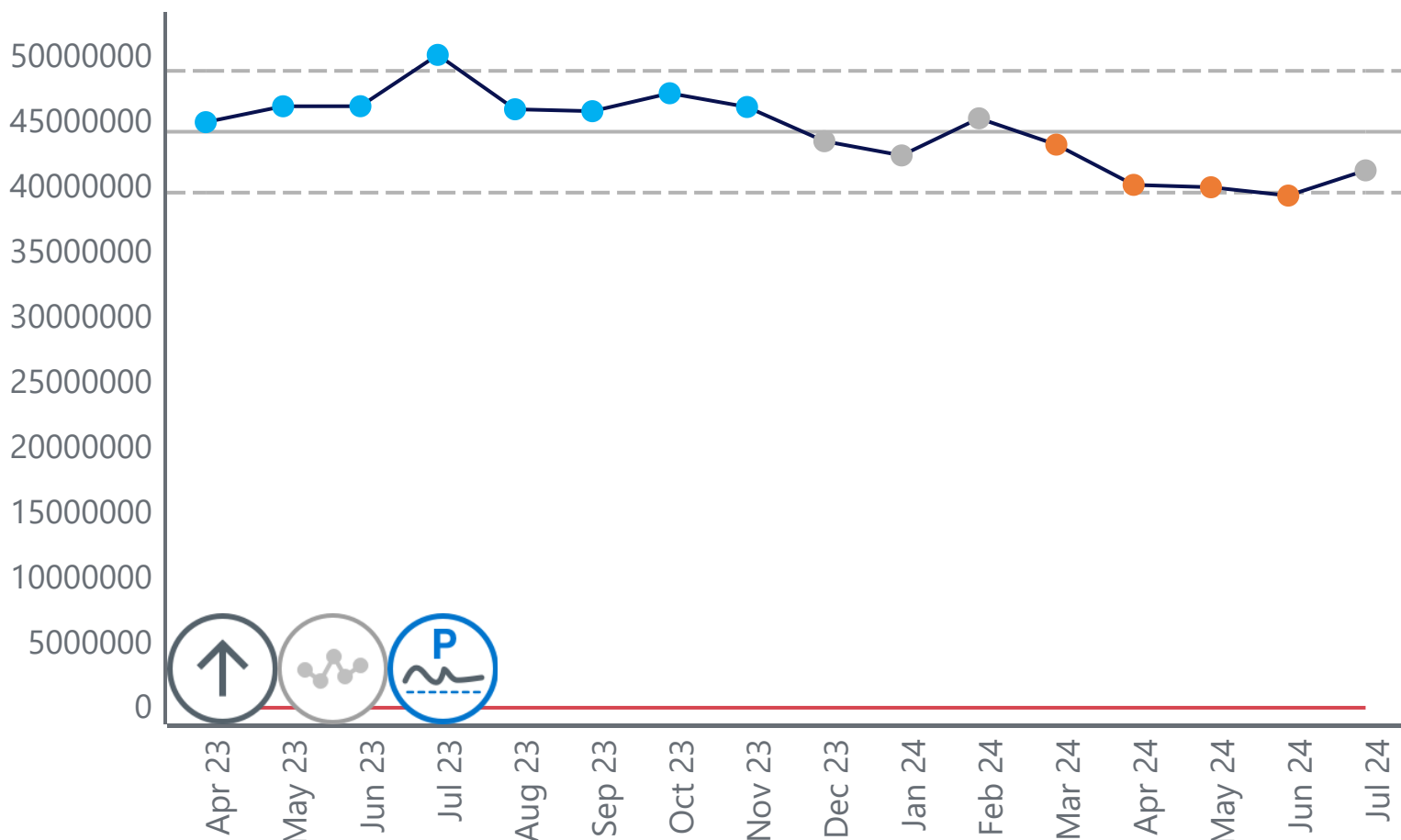
Capital commitments are monitored by the Capital Management Group. Plans are in place for £7.5m of capital spend in 24/25, and this remains the forecast level of spend.

Finance - Watch Metrics

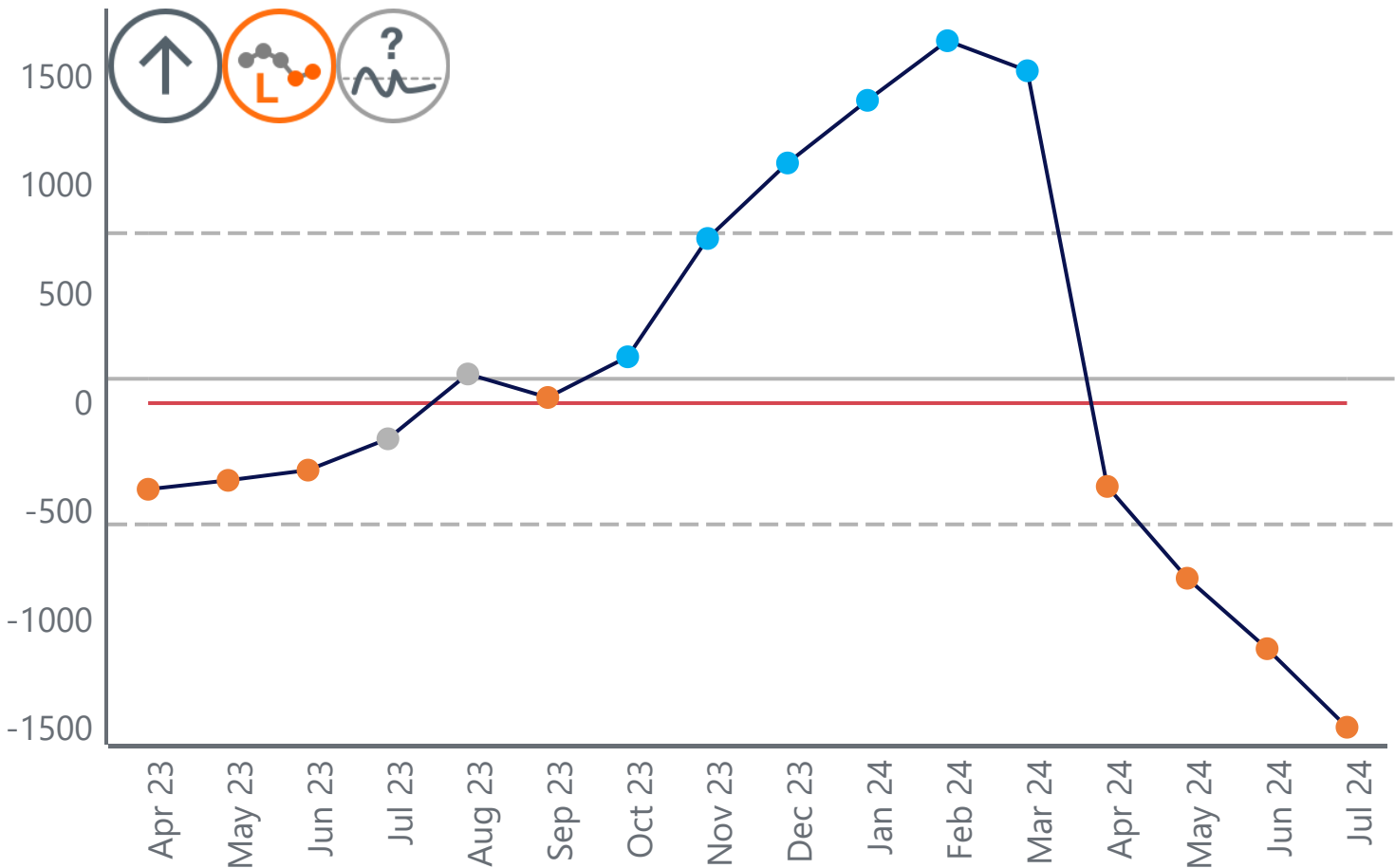
Liquidity (days)



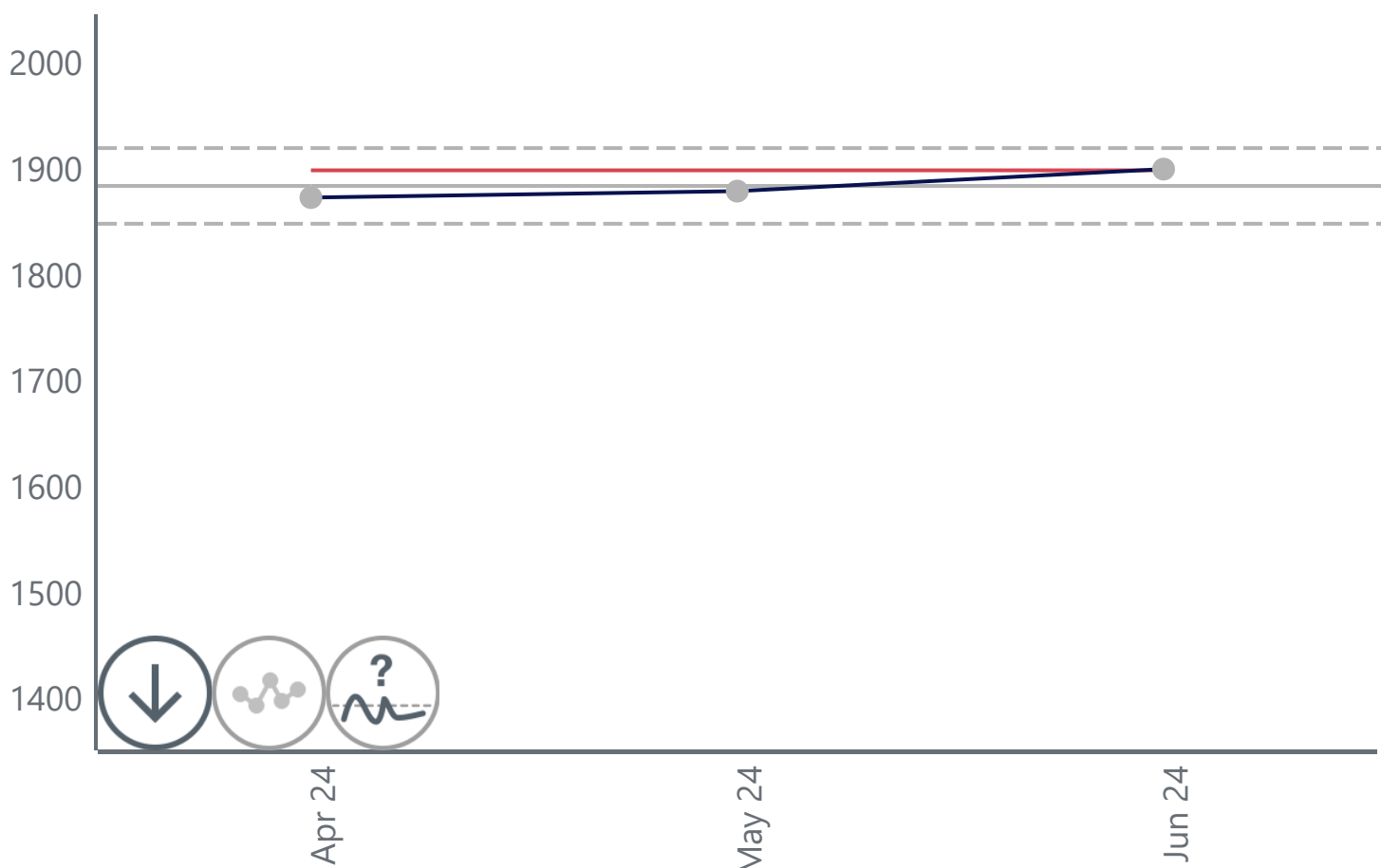
Cash in Bank (Trust Level)



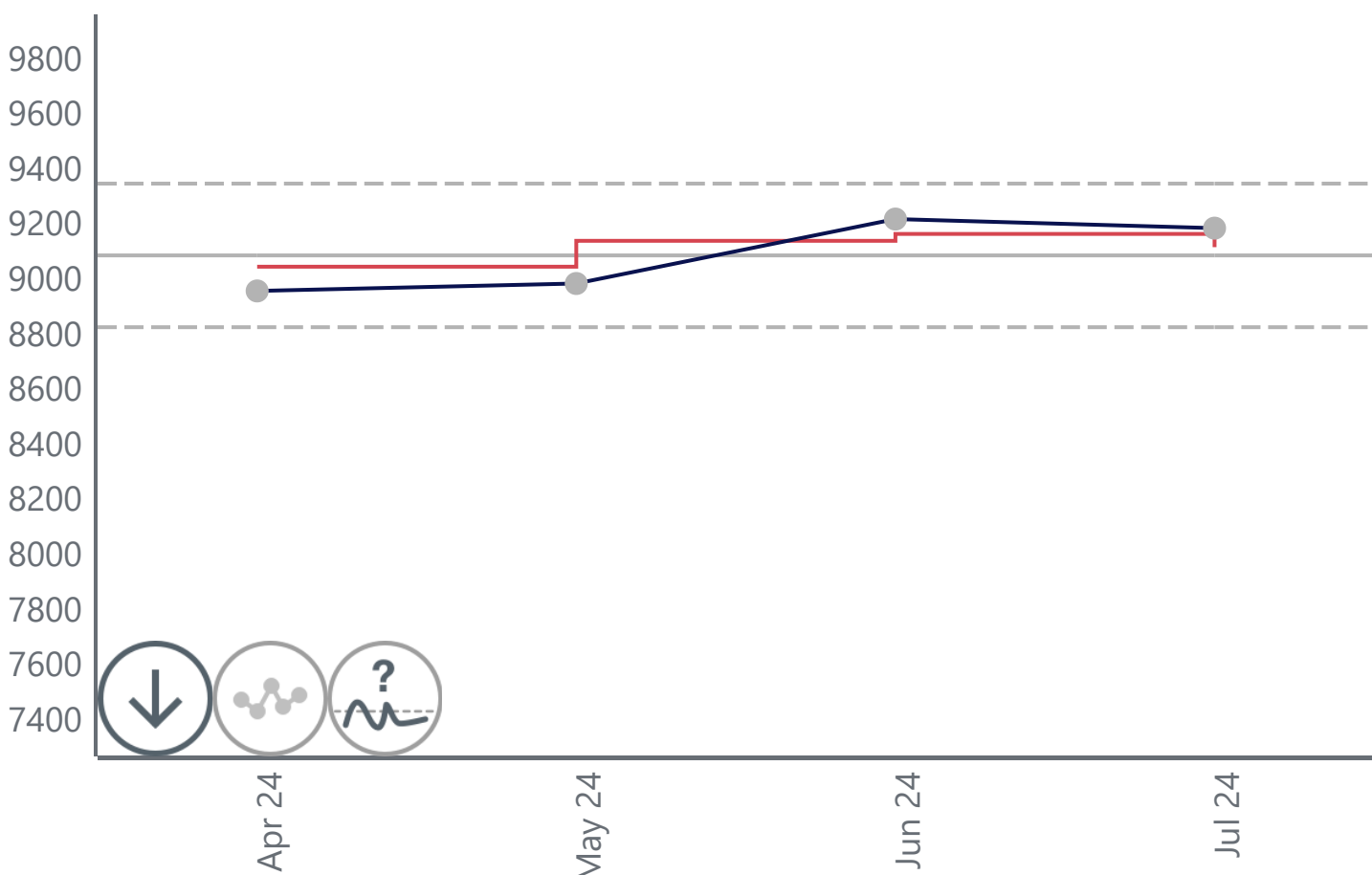
I & E distance from target (cumulative) - £,000



WTE versus establishment



Pay Spend v Budget



People

SRO: Jane Royds, Chief People Officer

Highlights:

Managers Essentials Training – the first session took place on 6th August with managers attending from across all divisions. Initial feedback from the day was excellent. Further dates arranged for the rest of the year.

Appraisal plans – currently completion rates are significantly better than the same time last year (634 v 477 in 2023). L&D continue to provide weekly reports to triumvirates and trust wide communication will be stepped up throughout September.

Areas of Concern:

Sickness absence reports an increase in July and remains an area of focus. Stress, anxiety, and depression remains the highest reason for long term absence, but positive progress has been made to support staff to return to work and the cases are continuing to decrease with a further reduction in the long term figure for July. It should be noted that a number of long term complex cases have progressed to Stage 4, and we have seen a wider variety of complexity with regards to the reasons that staff remain off long term. Short term sickness has increased, and is the highest it has been in 12 months, likely accounting for the overall increase across the Trust for July.

Forward Look (with actions):















Planning is underway for the Flu Campaign to be undertaken in collaboration with Broadgreen as a site. In addition, planning for the next Staff Survey is well underway to increase responses and improve the working lives of our staff.

Core Statutory Training Framework (CSTF) – alignment work was completed in June with the exception of Conflict Resolution training. A number of changes have been made within ESR to reflect these changes and the team await guidance from the national team regarding conflict resolution delivery. A new policy is currently in development for Mandatory and Essential Training and a new governance group established to monitor stat/man/essential training in accordance with CSTF recommendations.





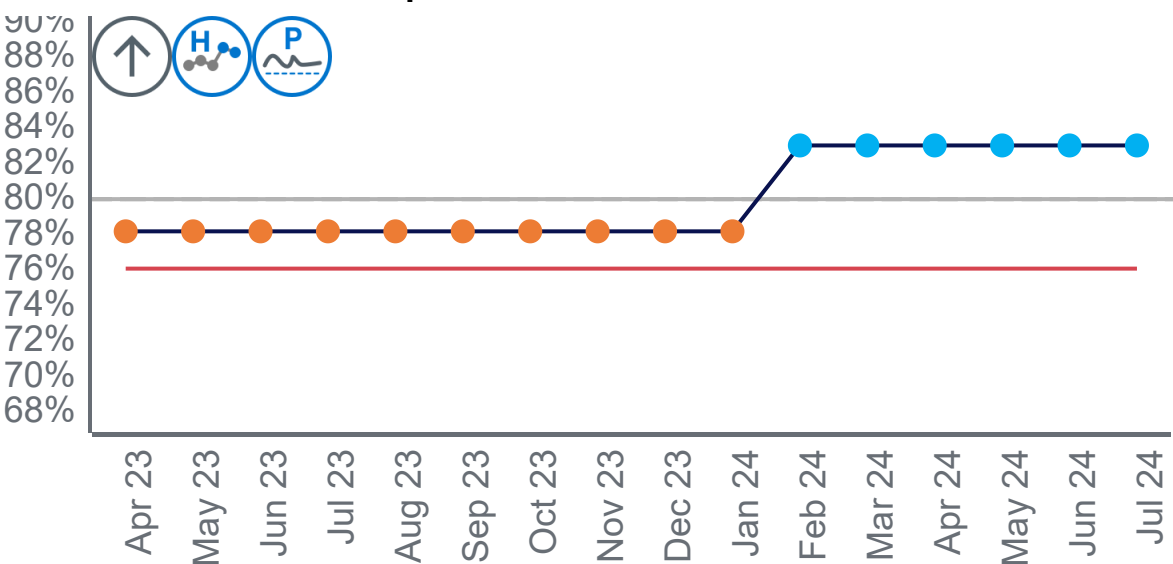
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Jul-24	78.8	>=90%	78.0		
Mandatory Training Compliance	Jul-24	94.9	>=95%	94.9		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Jul-24	82.9	>=76%	82.9		
Staff Turnover	Jul-24	10.4	<=10%	10.2		
Staff Sickness (All Staff)	Jul-24	5.75	<=3.4%	5.4		
Long Term Sickness	Jul-24	3.66	<=3.4%	3.6		
Short Term Sickness	Jul-24	2.09	<=3.4%	1.8		



People - Drive Metrics

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



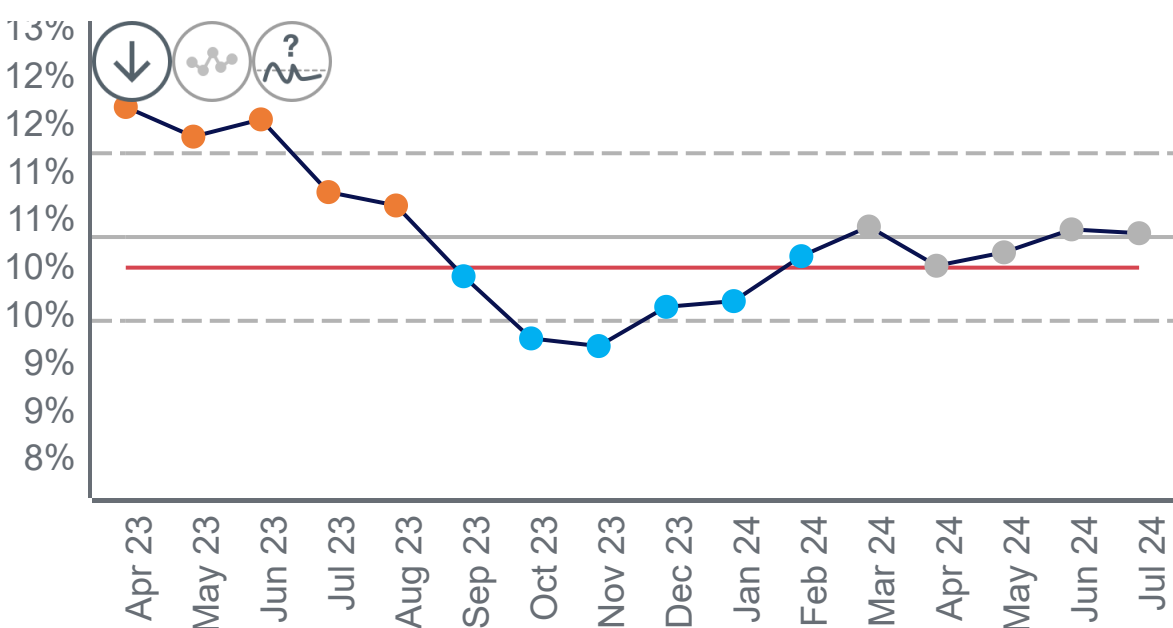
Technical Analysis:

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

Actions:

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

Staff Turnover



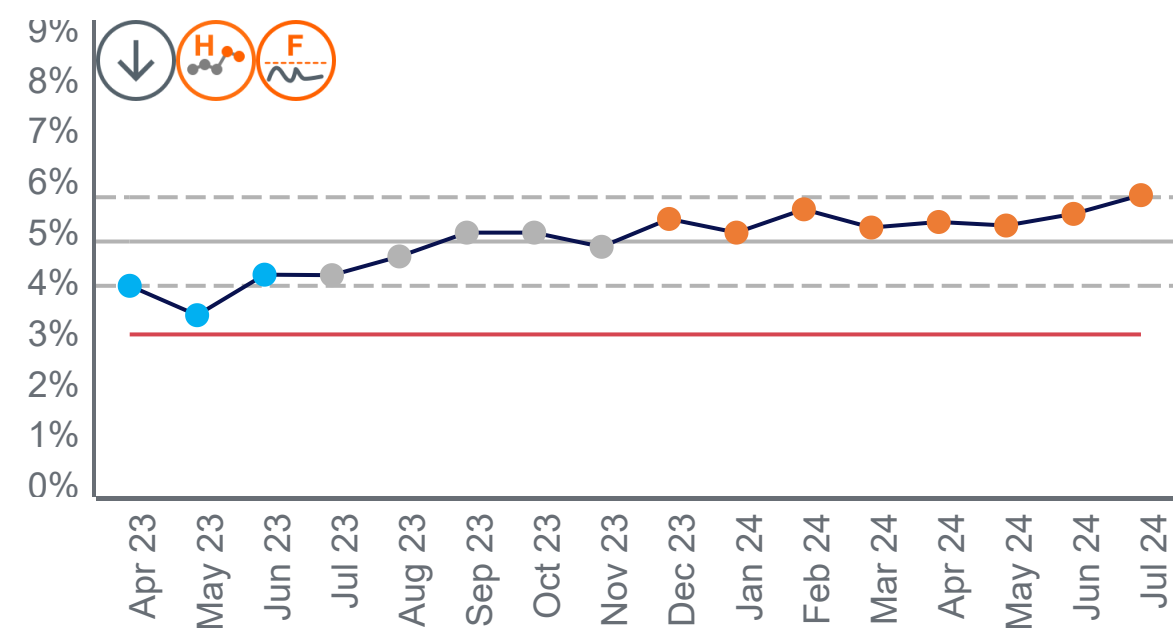
Technical Analysis:

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

Actions:

Turnover has seen a marginal increase and reports just over the target of 10%. Work Life Balance was the main reason for leaving in June . Retention Action Plan in place. People and Activity Group introduced in May to add in a layer of control and scrutiny of non-clinical roles.

Staff Sickness (All Staff)



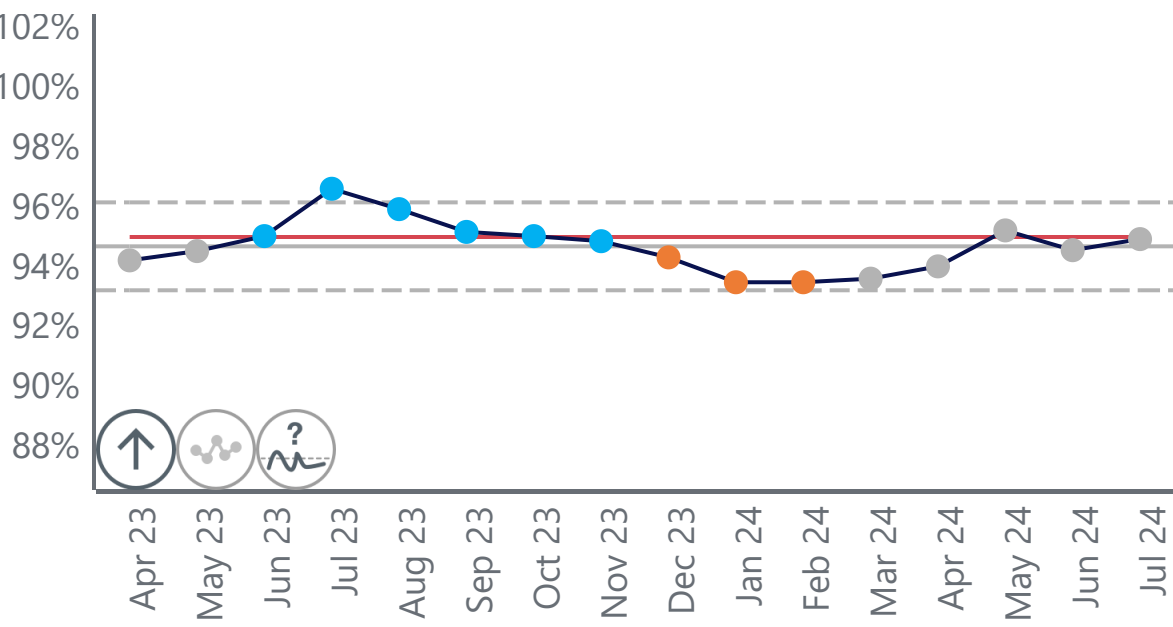
Technical Analysis:

Total absence in June was 6%, this is above the target (3.4%). The trust failed to meet the target across the whole of 2023/24 with further work required to close in on target.

Actions:

Increase seen in sickness absence in June and continues to report above 5%. Benchmarking exercise being undertaken to review sickness targets.

Mandatory Training Compliance



Technical Analysis:

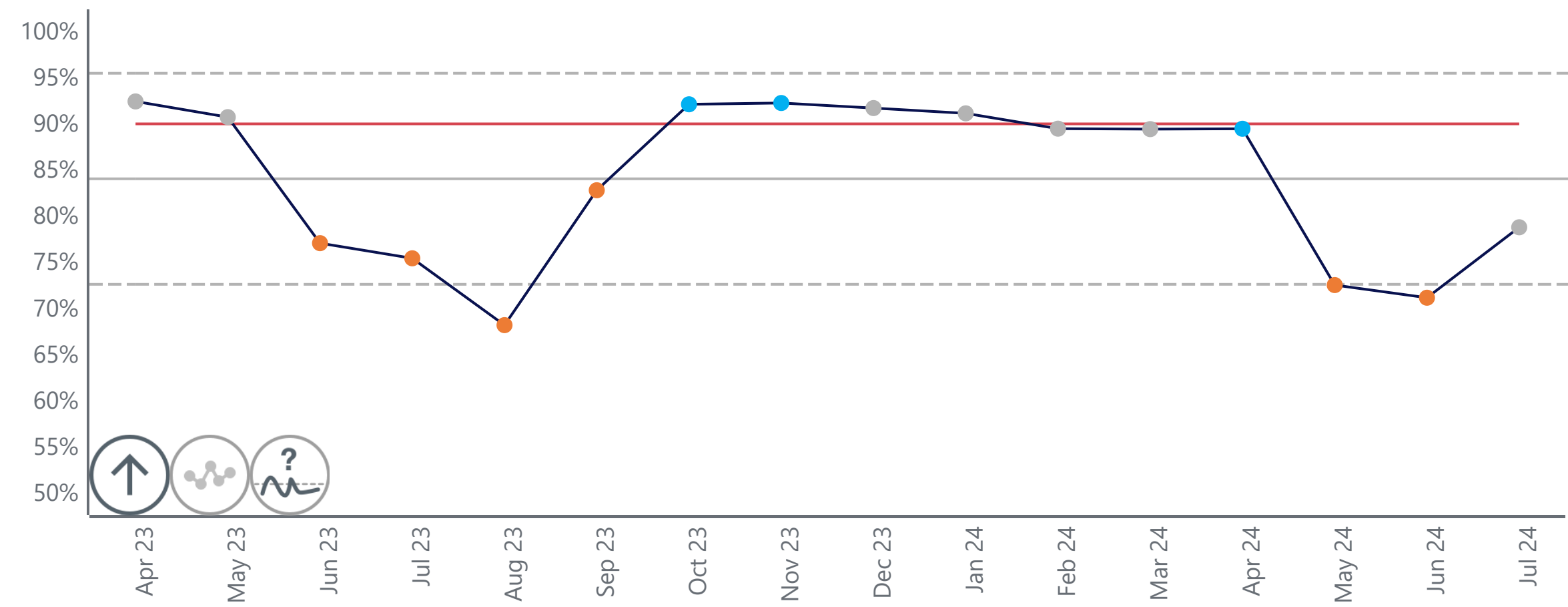
Performance has moved to common cause variation following a period of cause for concern. Further improvement is required to consistently achieve the target.

Actions:

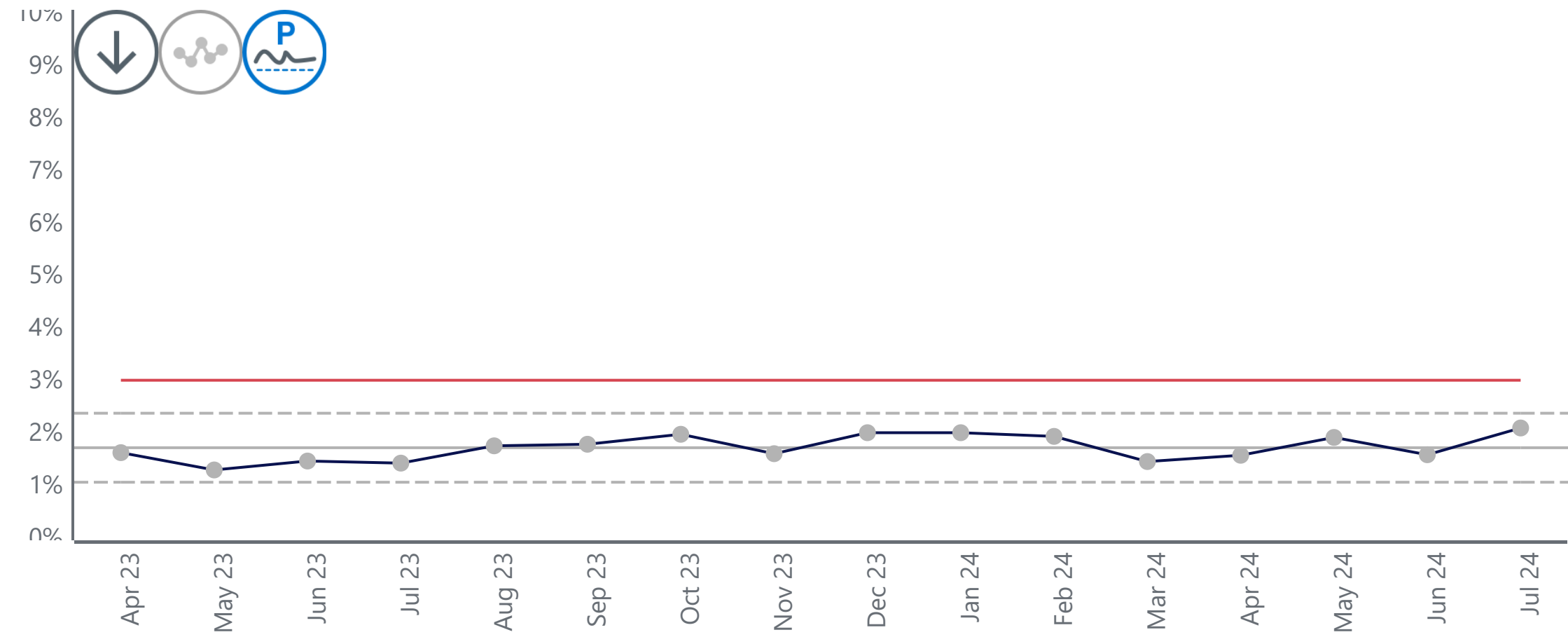
Slight dip seen in MT compliance.

People - Watch Metrics

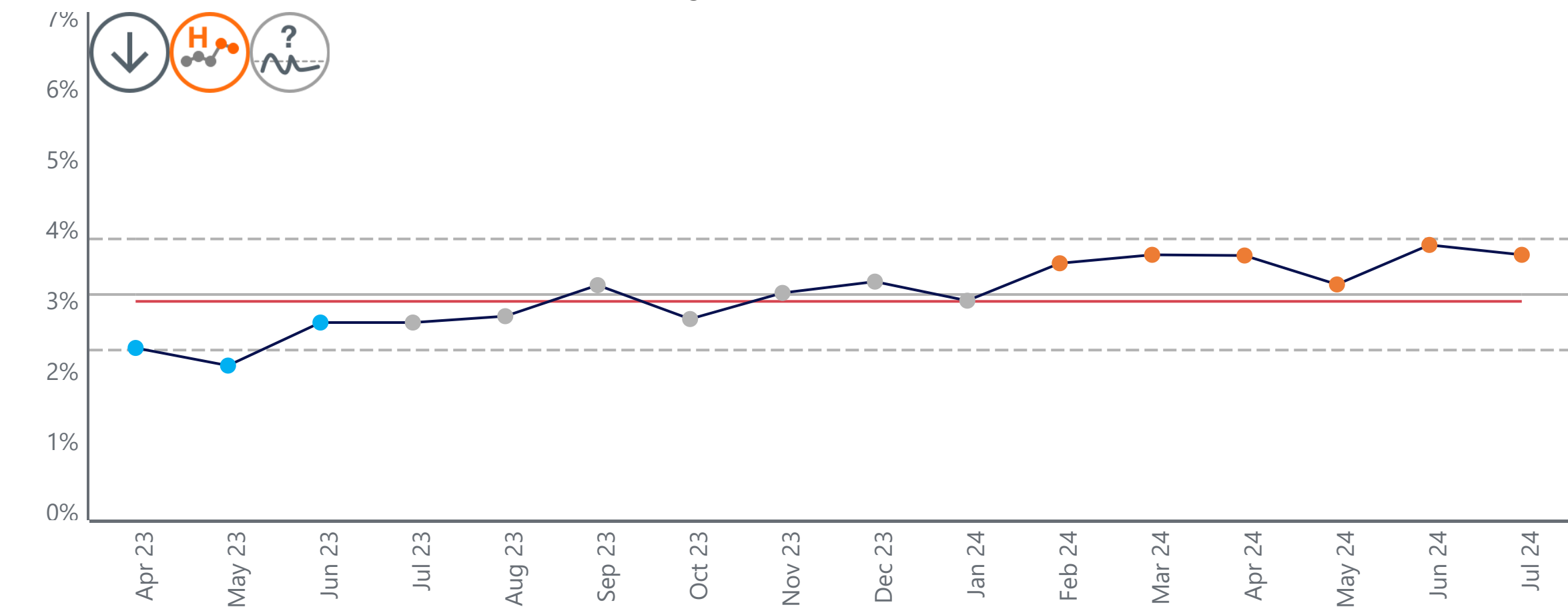
Appraisals Compliance



Short Term Sickness



Long Term Sickness







**Key Contacts:**

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