

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

Strategic Oversight Framework

June 2024

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Contents

Icon Definitions

Page 3

Change Control

Page 4

Operational Performance

Page 5

Quality of Care

Page 10







Finance

Page 16

People

Page 20

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 Q1, 6 standards are showing below the national KPI or variance from plan, 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 year to date 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 FDT, 31 day and 62 day were non compliant to the national targets, however no clinical risk has been identified due to wait times and both the 31 and 62 day standards are showing positive trajectories of 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.

DM01 (Diagnostics) remains fairly static with a focus on waits above 13 weeks, recovery is expected to run on in to 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 31 day standard has been impacted by reduced thoracic capacity in Q4, the teams have delivered increase capacity in Q1 and are now showing improvements to compliance. 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 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 a significant risk to delivering the long waiter targets.































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

Non Elective Activity continues to be actively monitored with overall impact on elective capacity and the financial position noted in Q1.

Forward Look (with actions):

- * Activity continues to be monitored weekly, with increased data being reviewed to understand case mix and non elective demand.
- * FDT although not expected to be sustainable, has been able to achieve in M1. The 31 Day and 62 standards are improving, however full recovery will continue in to Q2. 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 decreased in June 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.

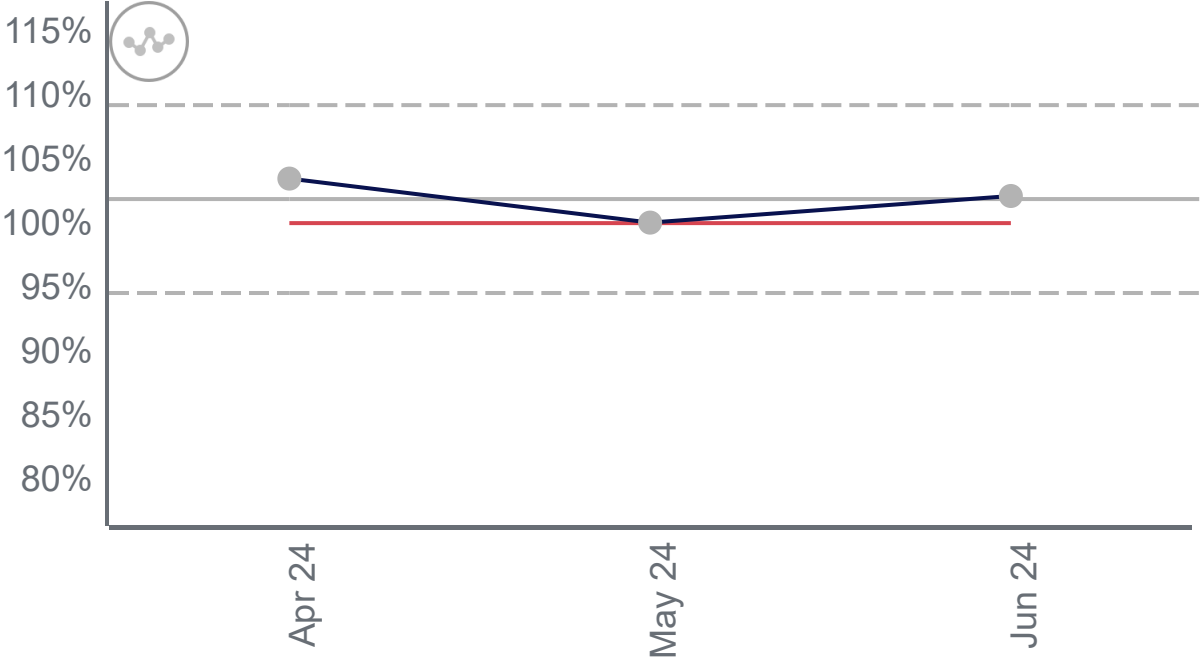
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Jun-24	80.7	>=80%	82		
Cancelled Operations for non-clinical reasons	Jun-24	3.0	<=2%	2		
Outpatient activity delivered remotely via telephone or video consultation	Jun-24	27.7	%	28		
Elective Activity Levels	Jun-24	102.1	10000%	102		
Maximum 6-week wait for diagnostic procedures	Jun-24	80.8	>=99%	82		
Overall Size of Waiting List	Jun-24	6255		6215		
Incomplete Pathways 35+ Weeks	Jun-24	314		328		
Referral to treatment - Incomplete Pathways 52+ weeks	Jun-24	90		95		
Referral to Treatment - Incomplete Pathways 65+ weeks	Jun-24	32.0		28		
PIFU Pathway	Jun-24	1238	113	1149		
Letters waiting to be typed over 7 days	Jun-24	171.0		365		
Non-Criteria to Reside Occupied beds as a proportion of total occupied beds	Jun-24	2.2		3		
Patients not booked in within 28 days (non clinical cancellations)	Jun-24	2.0	0	3		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	May-24	50	>=75%	69.5		
Cancer: 31-day decision to treat to treatment standard	May-24	83.7	>=96%	62.2		
Cancer: 62-day referral to treatment standard	May-24	60.6	>=85%	48.1		



Operational Performance - Drive Metrics

Elective Activity Levels



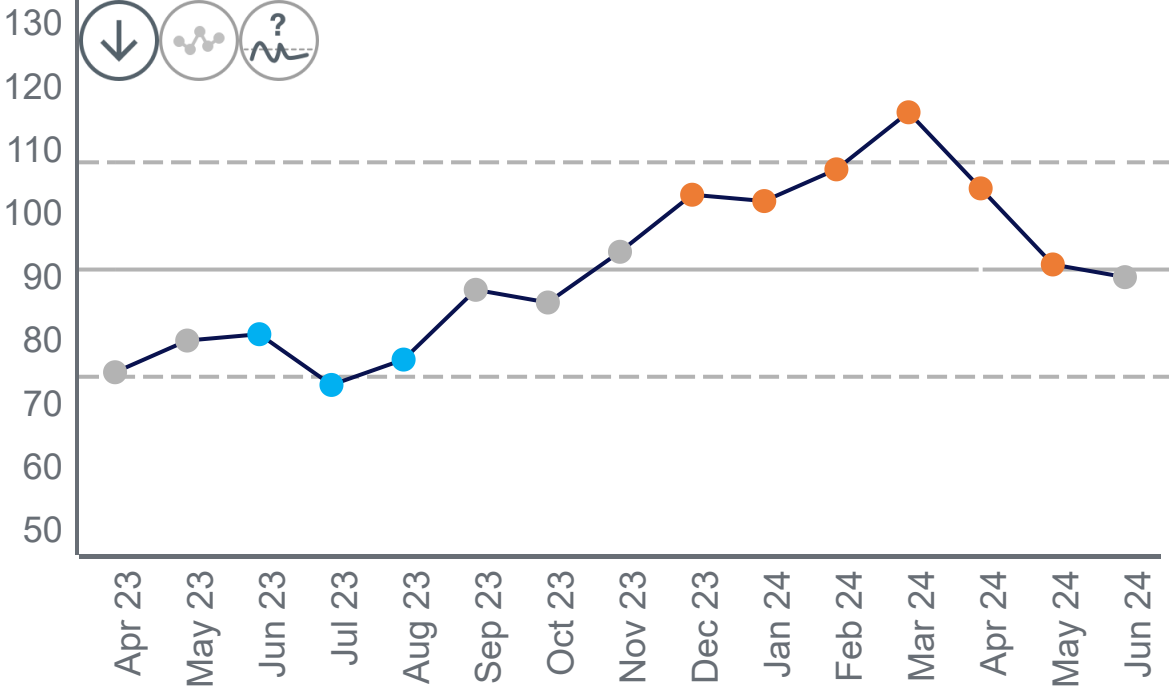
Technical Analysis:

Activity has been re-baselined from April-24.
Performance for Jun-24 of 102% achieves the target (100%). Further data points required to provide a meaningful trend.

Actions:

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

Referral to treatment - Incomplete Pathways 52+ weeks



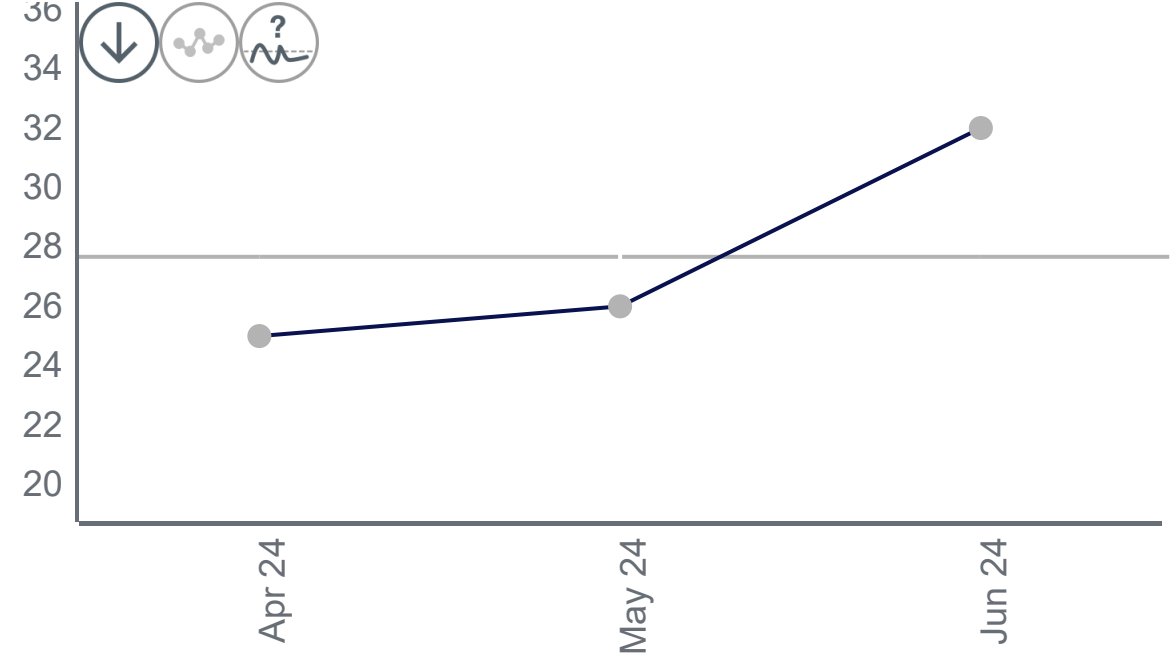
Technical Analysis:

Current performance is displaying common cause variation and falling short of the target. Early 2024 displayed an increase in numbers but the last 3 months have shown a reduction in this trend. 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:

A new metric for 2024/25 monitoring.
Early performance for 2024/25 seen the target achieved. June is the first month of the year the target was not achieved and has shown an spike in numbers.

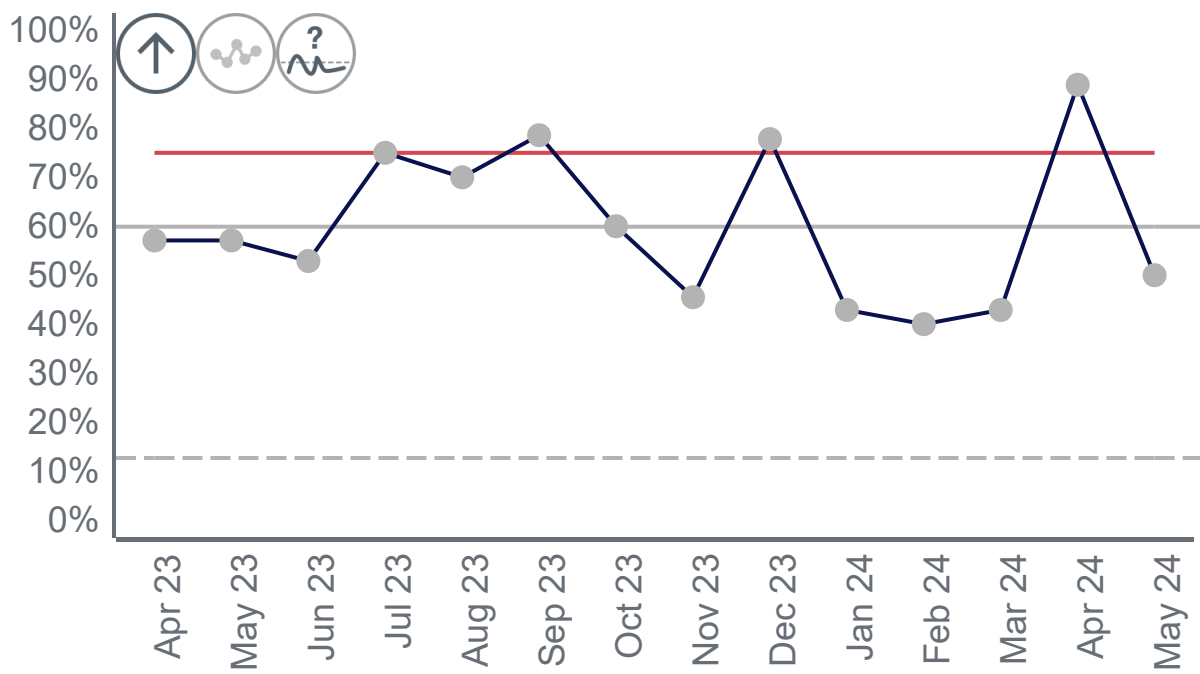
Actions:

- *Mini Mitral Service line closed to Referrals from February and outsourcing in progress
- *Mitral Service Line have had workforce sickness impacting overall activity. Capacity & demand is being reviewed in line with Sept expectation.



Operational Performance - Drive Metrics

Cancer Patients meeting the Faster Diagnosis Target (FDT)



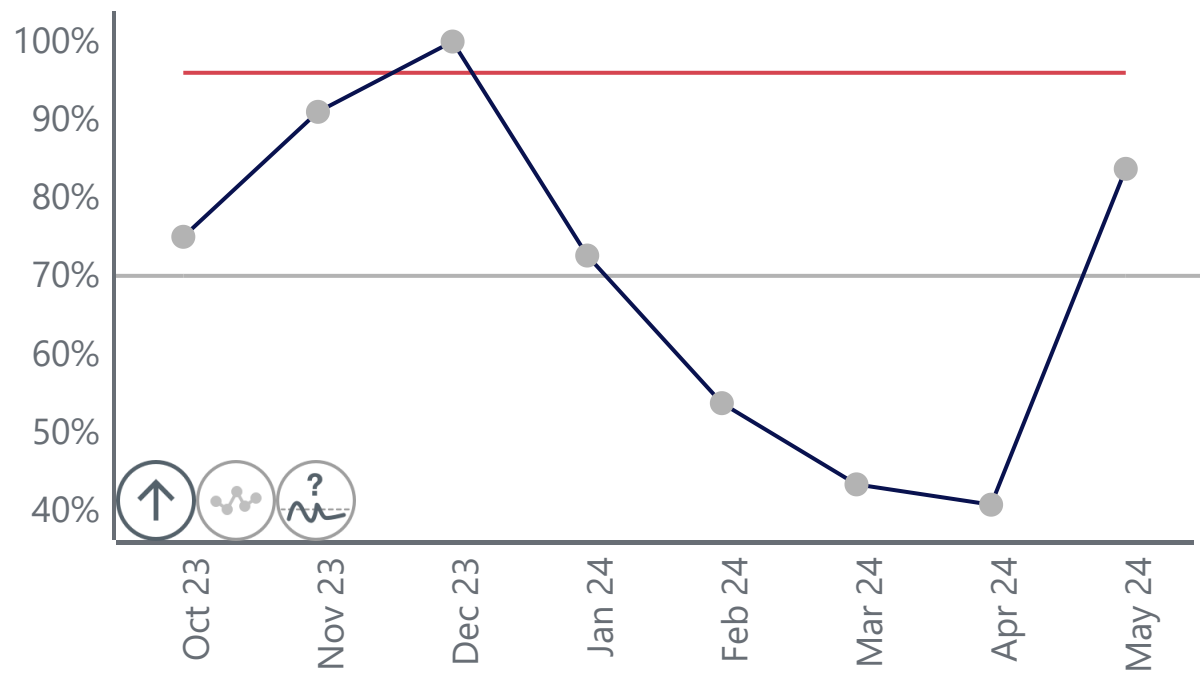
Technical Analysis:

The organisation failed to achieve the target in May. 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



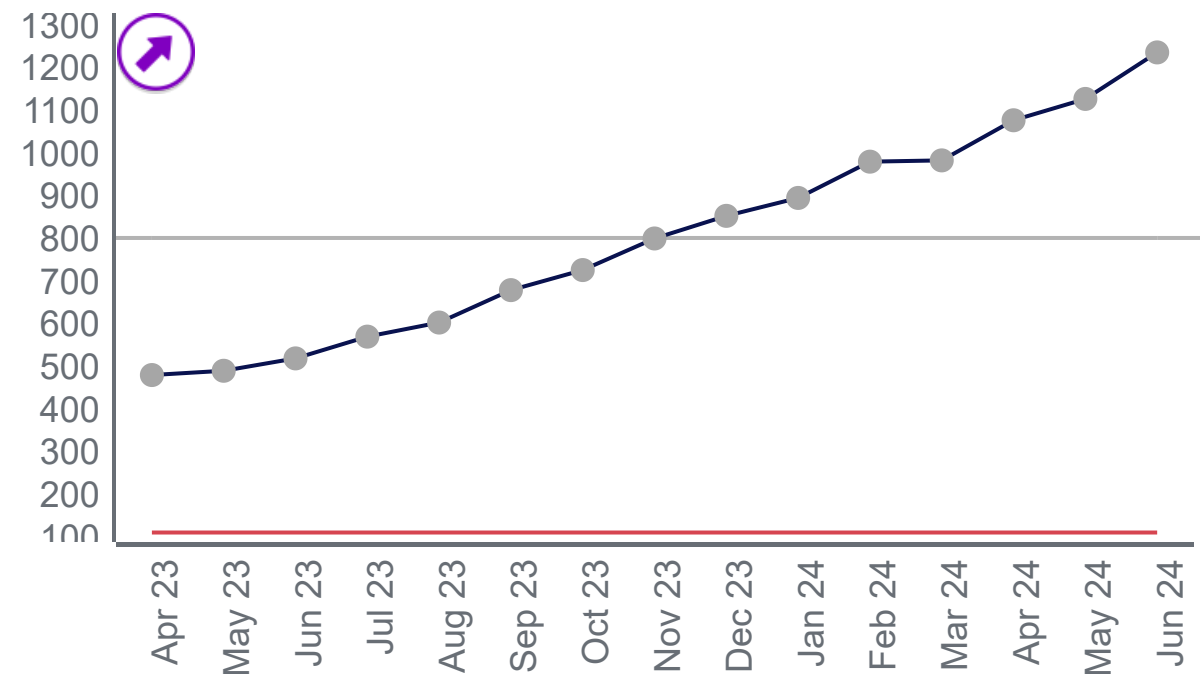
Technical Analysis:

Performance is displaying common cause variation of passing and failing the target inconsistently. Improvement Required to consistently achieve Cancer 31 Day Target. May has shown a significant spike against recent performance and is above the Mean over the last 8 months.

Actions:

- * Surgical wait times are now reducing towards 14 days with increased capacity put in place to recover by June.
- *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 June. Numbers added each month needs to increase to achieve the 2% target.

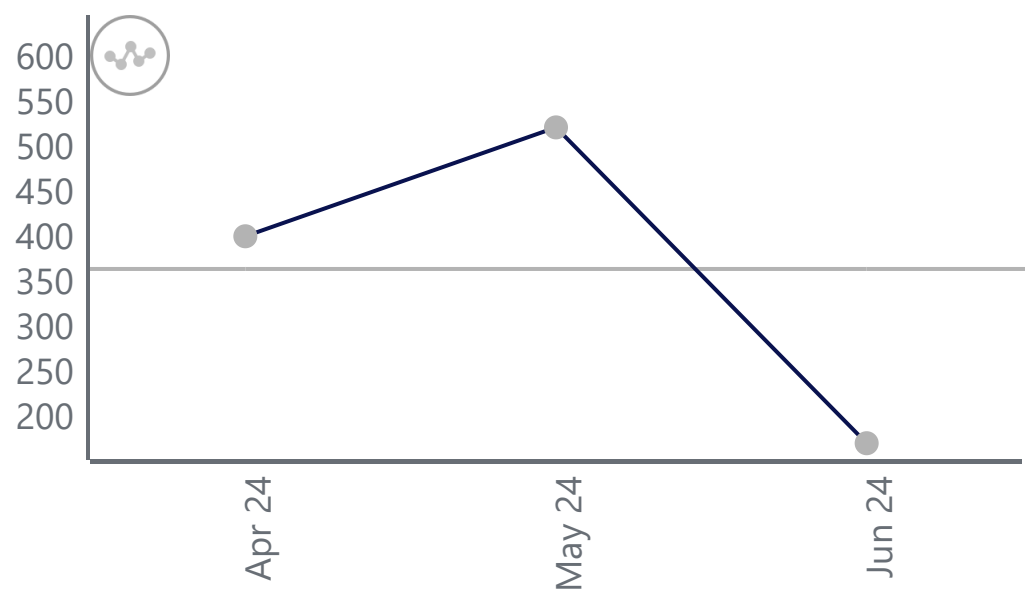
Actions:

- *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.

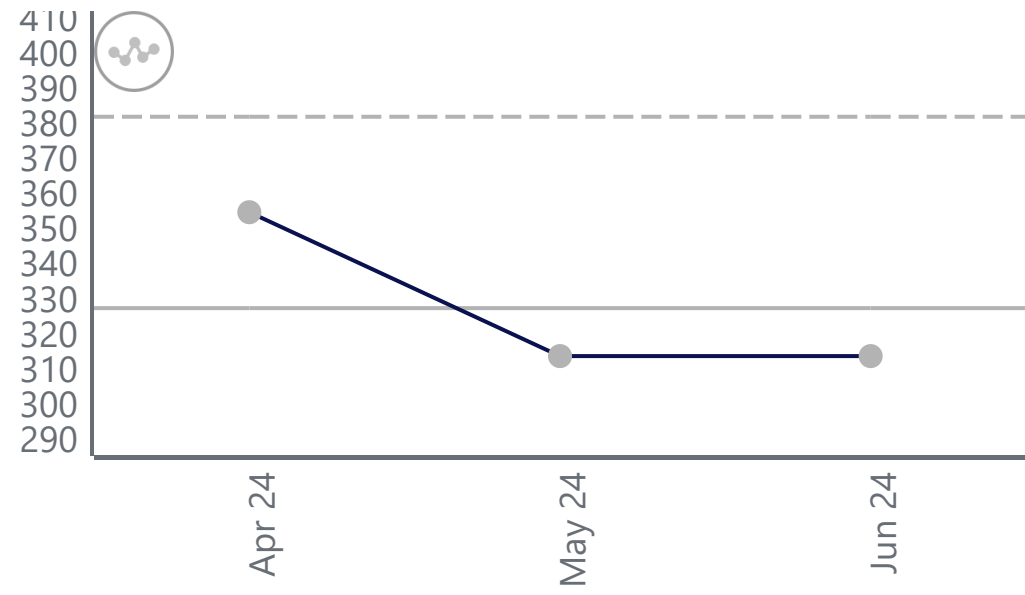


Operational Performance - Watch Metrics

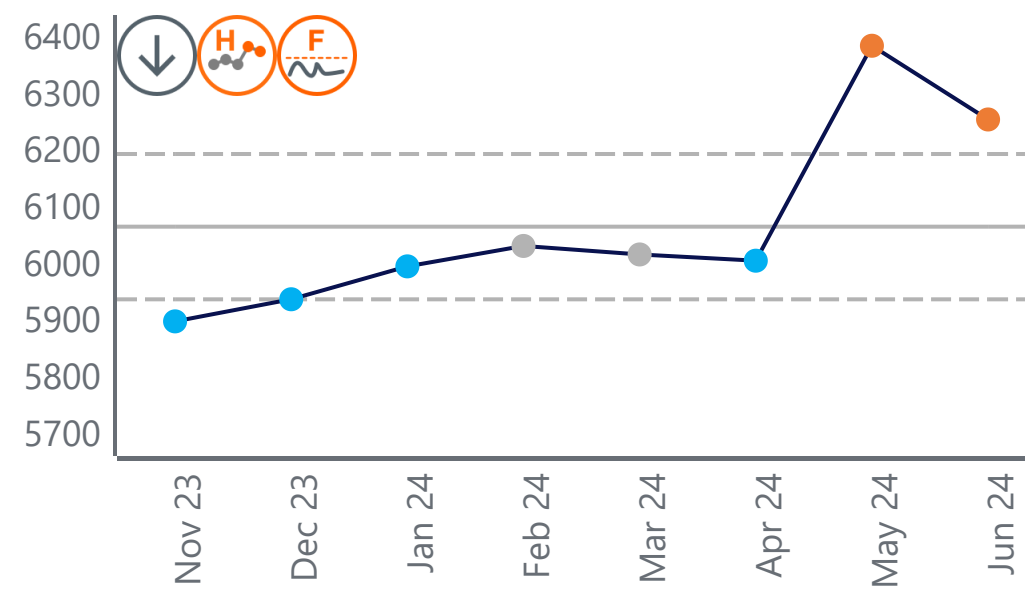
Letters waiting to be typed over 7 days



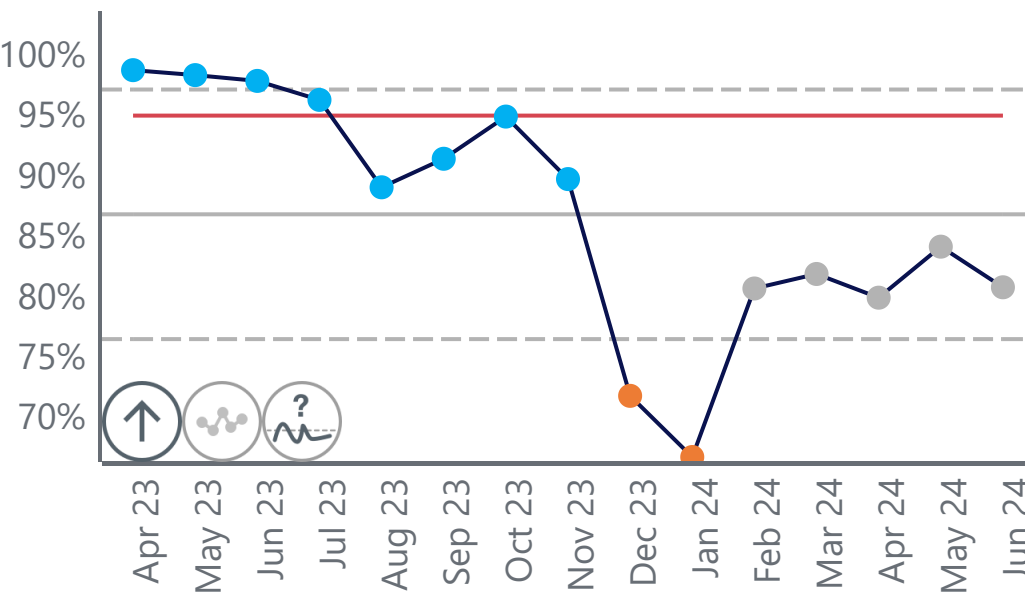
Incomplete Pathways 35+ Weeks



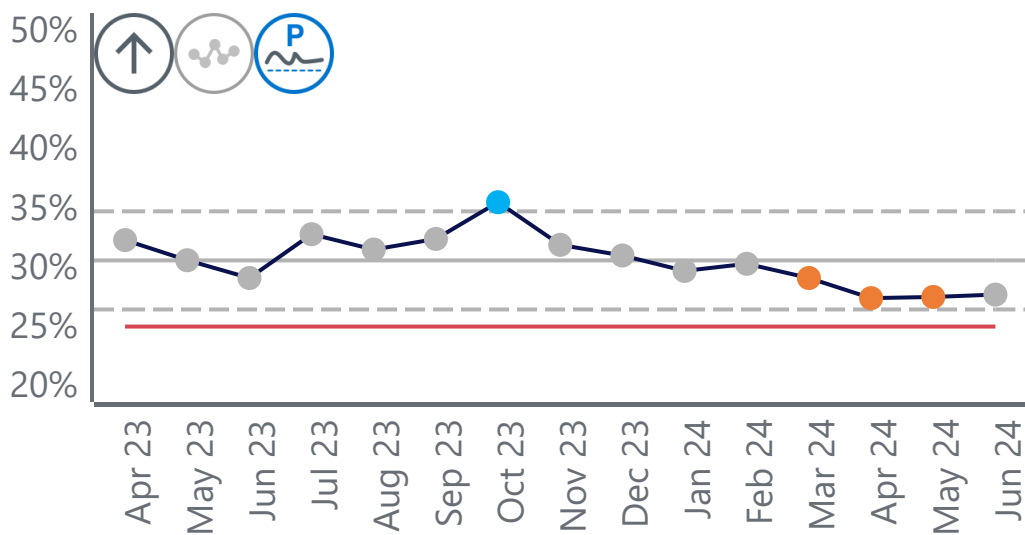
Overall Size of Waiting List



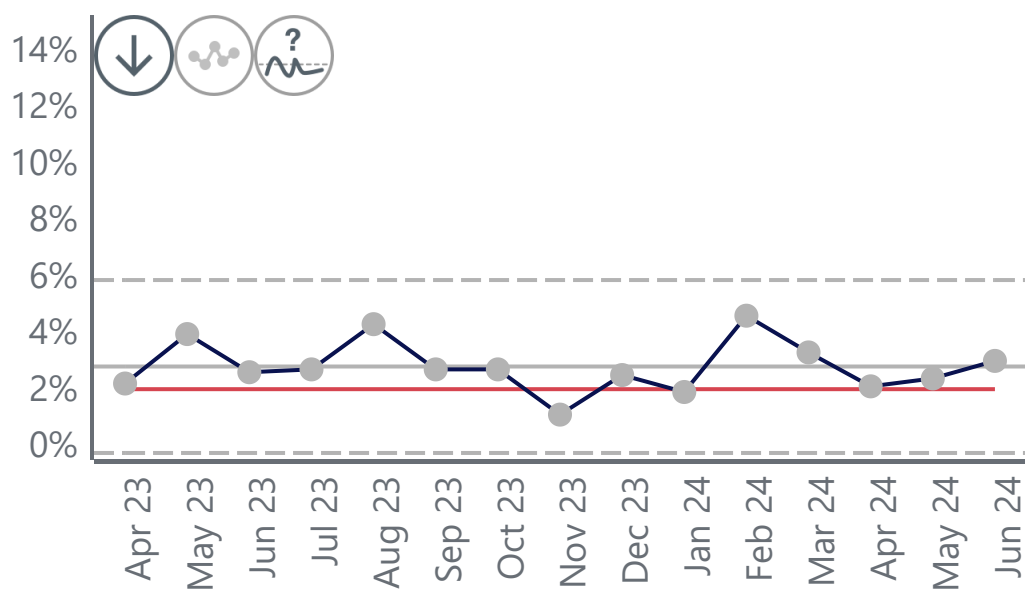
Maximum 6-week wait for diagnostic procedures



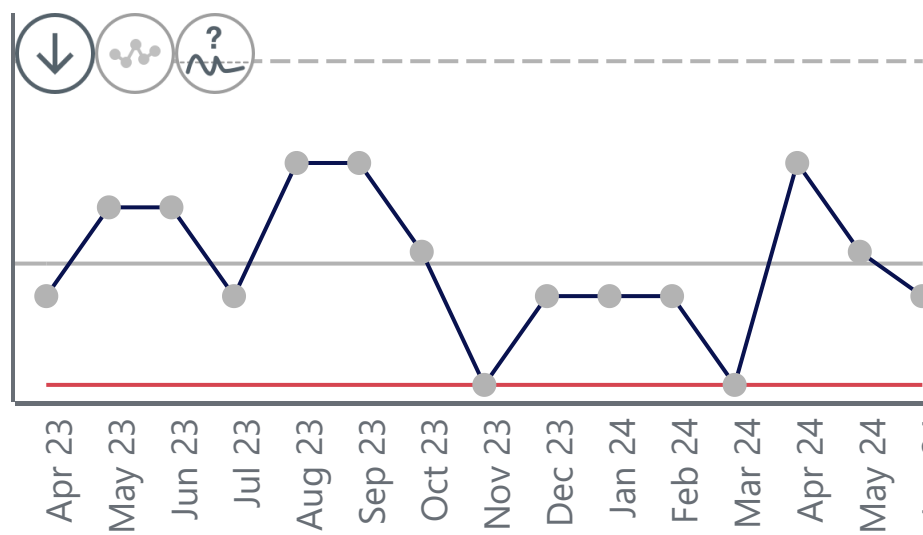
Outpatient activity delivered remotely via telephone or video consultation



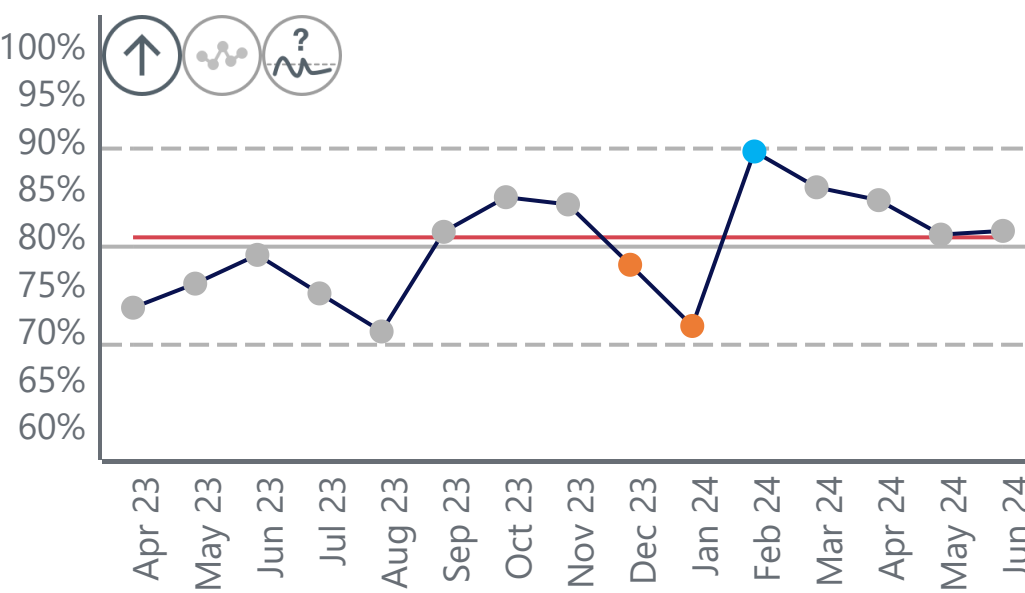
Cancelled Operations for non-clinical reasons



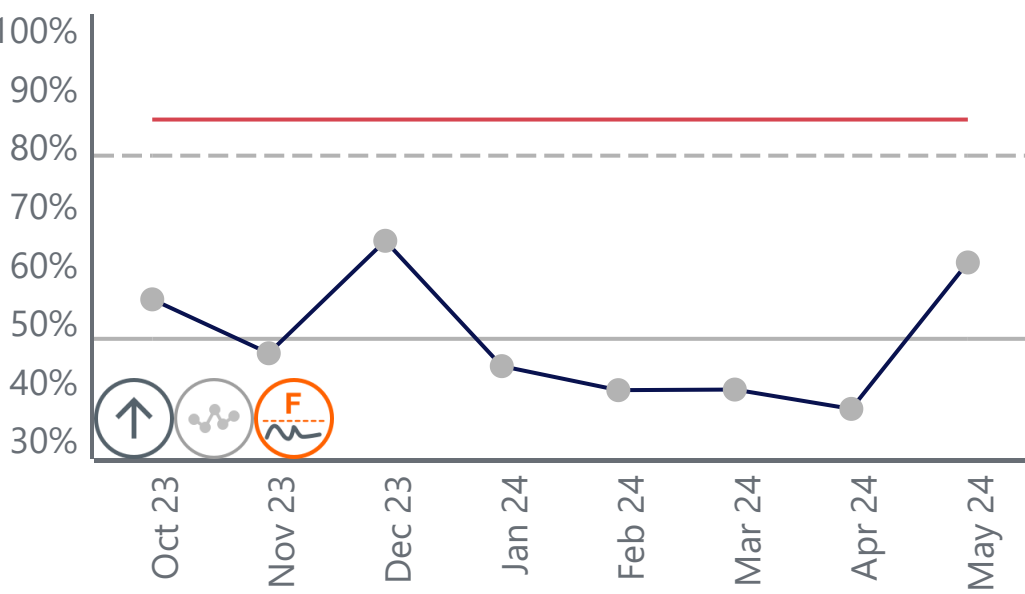
Patients not booked in within 28 days (non clinical cancellations)



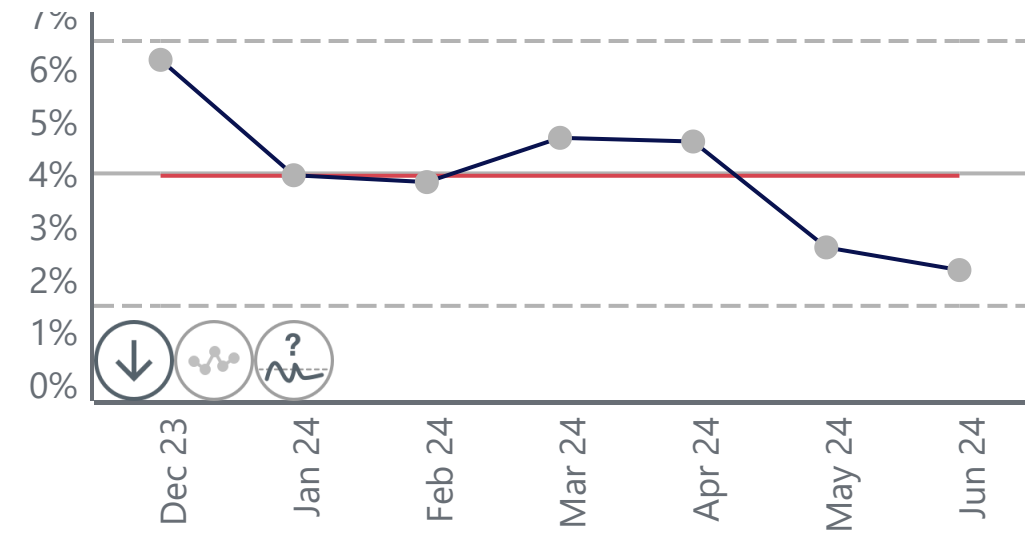
Bed Occupancy



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.
- *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 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 performance improvement has now been seen for 3 consecutive months
- * 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 with ambulance arrival and transfer times. 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.

Forward Look (with actions):

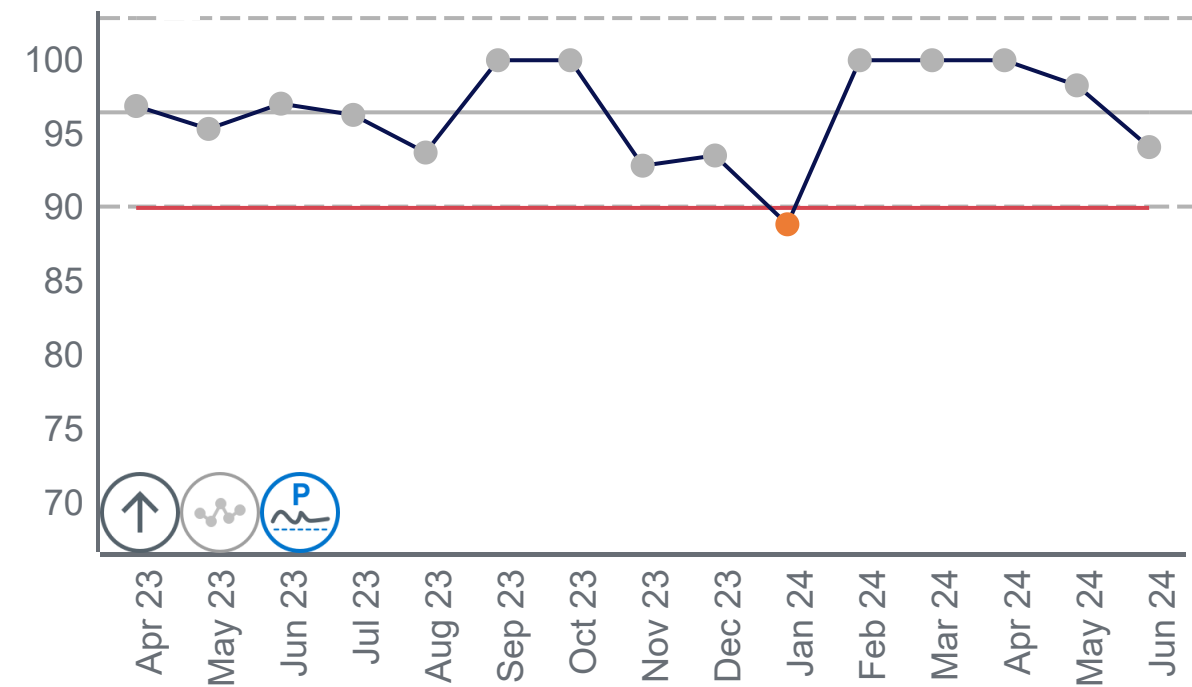
- *The radiological alert dashboard to be embedded and a focus on improving performance against the 28 day target for an RAR (Radiological alert report). As an interim measure the Medical Director and AMDs review a rolling report at patient level to continue to ensure an RAR is completed and confirm 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 NWAS 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	Jun-24	92.9	>=95%	91.5		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Jun-24	94.4	>=95%	92.3		
Clostridium Difficile	Jun-24	0.0	0	0.0		
Delirium Risk Assessment to be completed on Admission and once a day	Jun-24	77.3	>=90%	92.4		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Jun-24	94.12	>=90%	97.5		
Dementia - Find	Jun-24	85.7	>=90%	95.2		
FFT: REPUTATION	May-24	98.5	>=95%	98.1		
Gram Negative Bacteraemias	Jun-24	0	1	0.3		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Jun-24	0	0	0.0		
MRSA Bacteraemias	Jun-24	0	0	0.3		
MSSA Bacteraemias	Jun-24	0	1	0.7		
Number of Falls	Jun-24	7	<=0.5	7.7		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Jun-24	0	<=0	0.0		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Jun-24	0.0	>=90%	0.0		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Jun-24	81.58	0	81.2		
Occurrence of any Never Events	Jun-24	0.0	>=95%	0.0		
Primary PCI - 90 minute 'Door-to-balloon' (national target)	Jun-24	93.0		94.2		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Jun-24	87.1	<=6	72.7		
Quantity of complaints	Jun-24	1	95%	0.3		
Venous thromboembolism (VTE) risk assessment	Jun-24	93.9	143	93.9		
Number of Incidents No Harm and Near Miss	Jun-24	91	143	125.3		
Number of Incidents rated Minor Harm or Above	Jun-24	26	25	32.7		
Incident Closures within 28 days	May-24	68.0		45.3		
Surgical Site Infections	Apr-24	9.4	0%	9.4		

Quality of Care - Drive Metrics

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



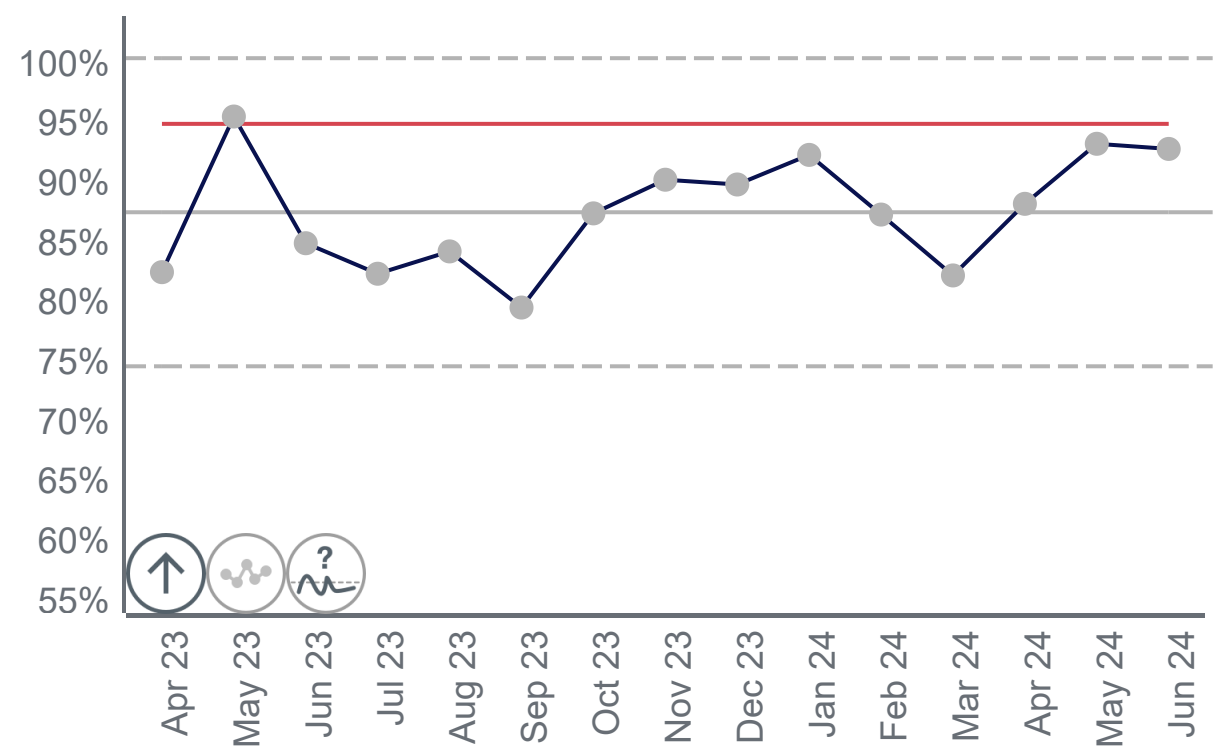
Technical Analysis:

Performance of the one hour Target is above the target for the fifth 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



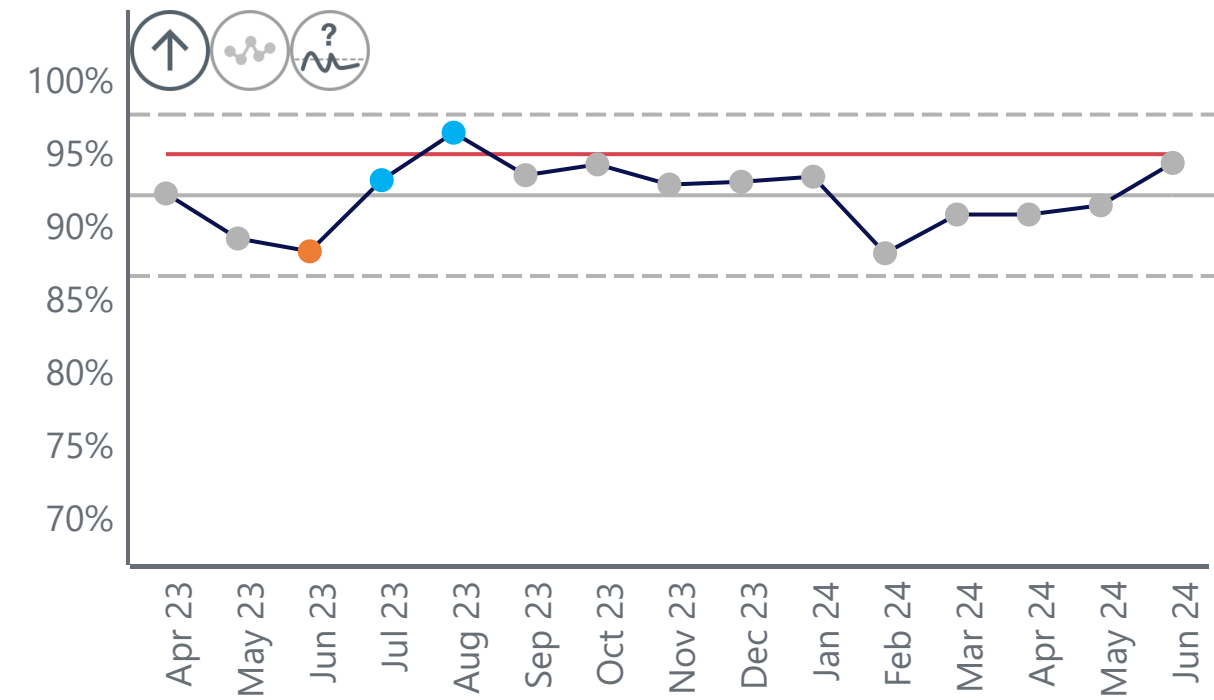
Technical Analysis:

June 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:

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 up to date position.

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



Technical Analysis:

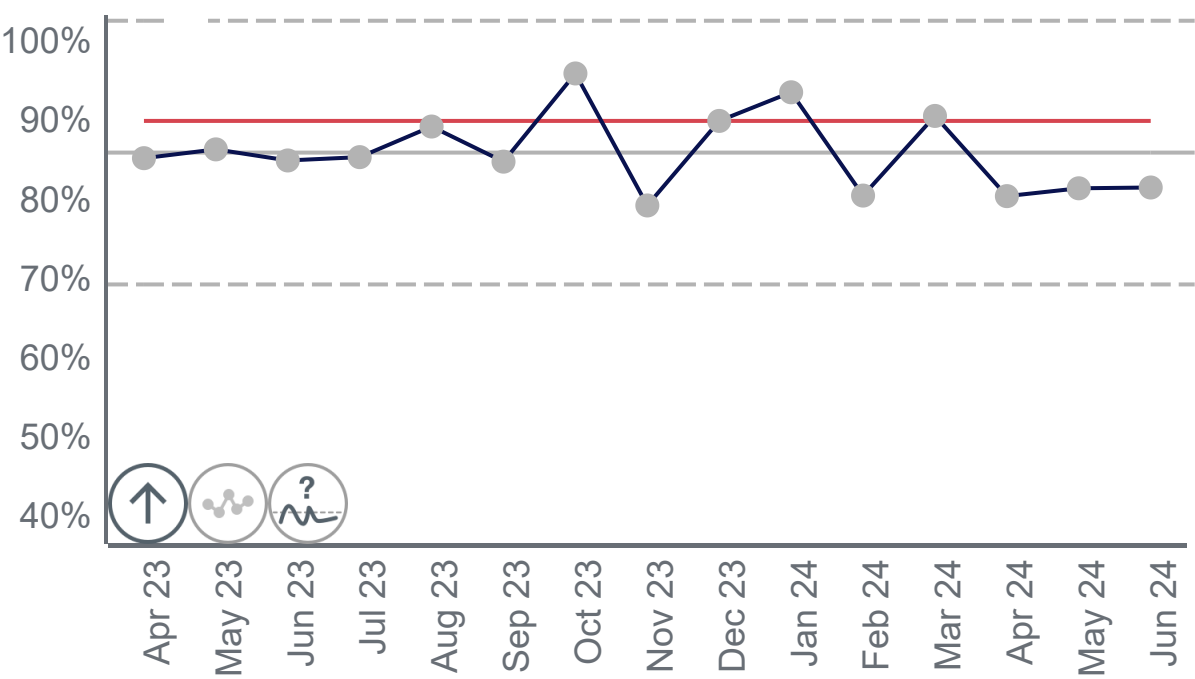
Performance remains below the target of 95% within June. Improvement required to consistently achieve target with the metric displaying common cause variation.

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



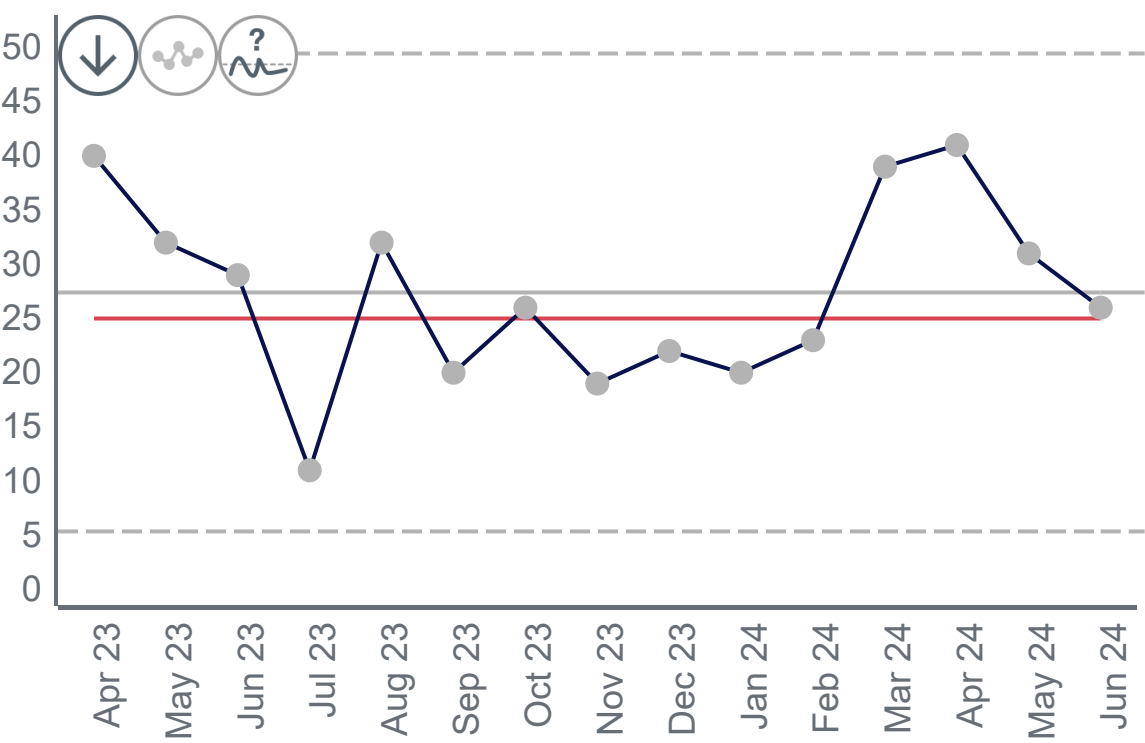
Technical Analysis:

Performance within June was 82%, 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:

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. June performance of 26 is marginally above the target of 25.

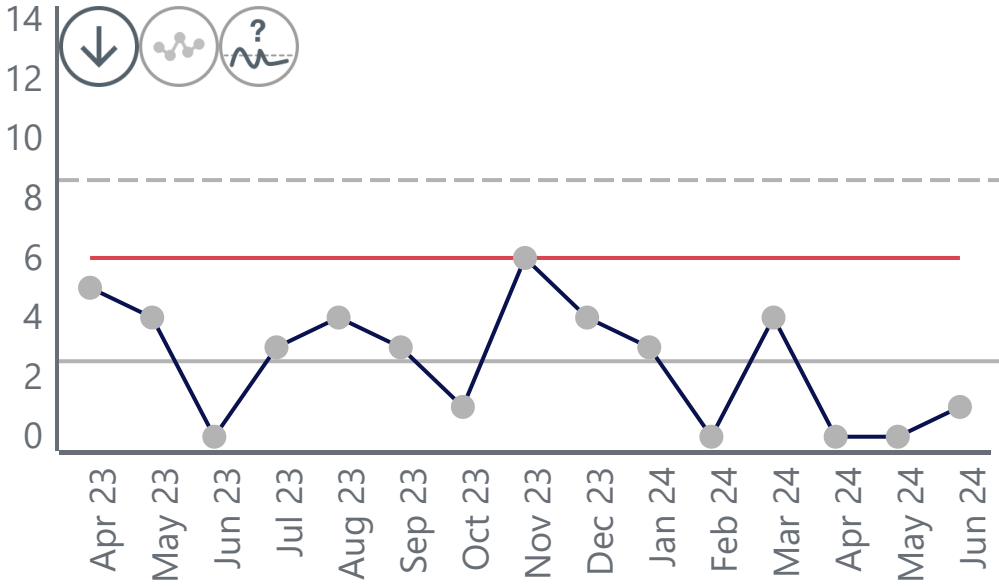
Actions:

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).

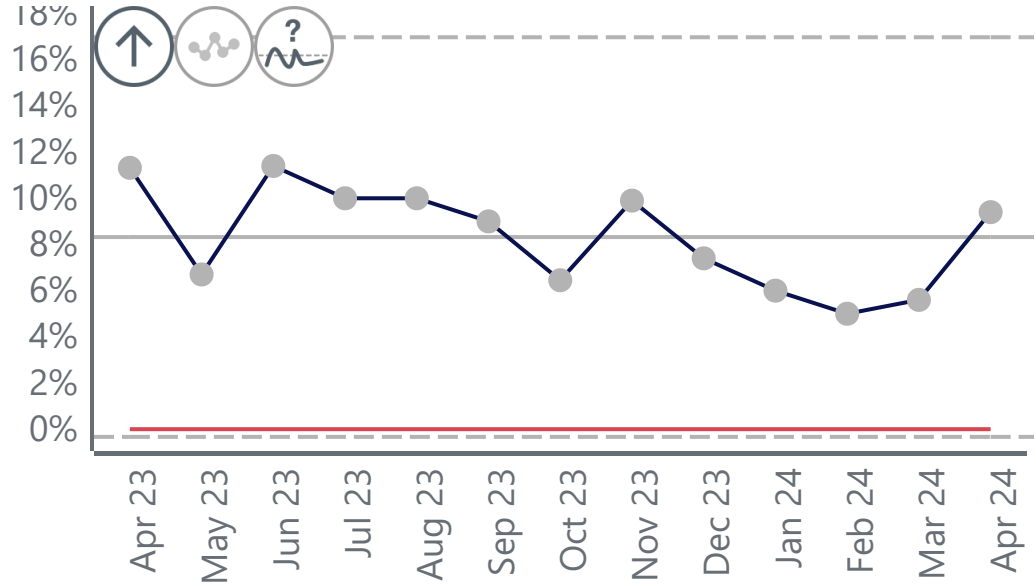


Quality of Care - Watch Metrics

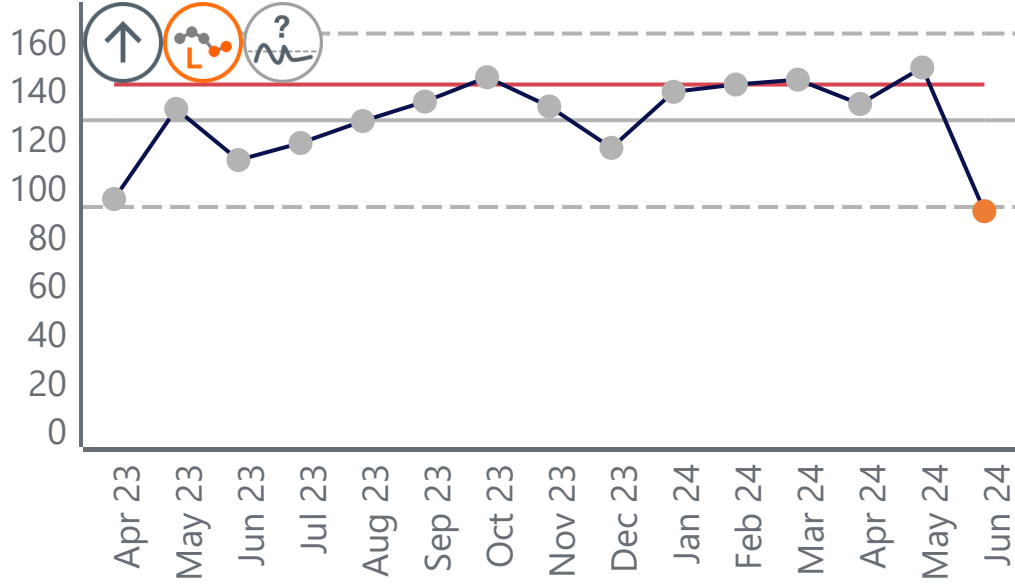
Quantity of complaints



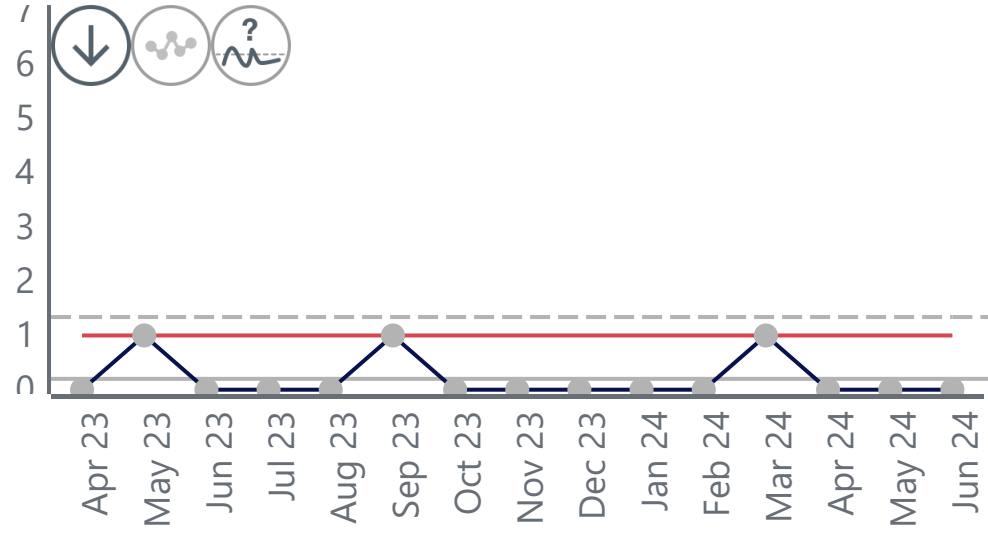
Surgical Site Infections



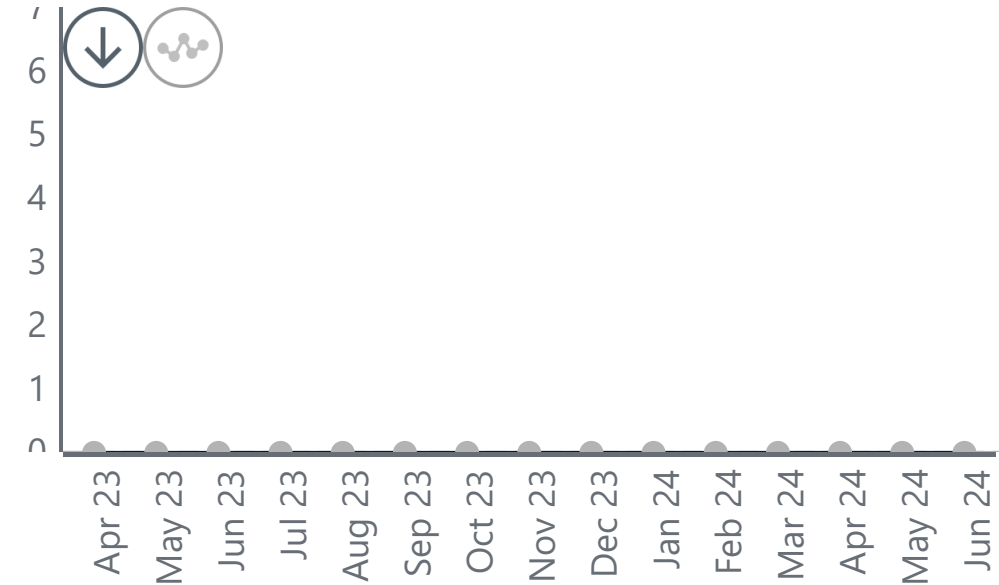
Number of Incidents No Harm and Near Miss



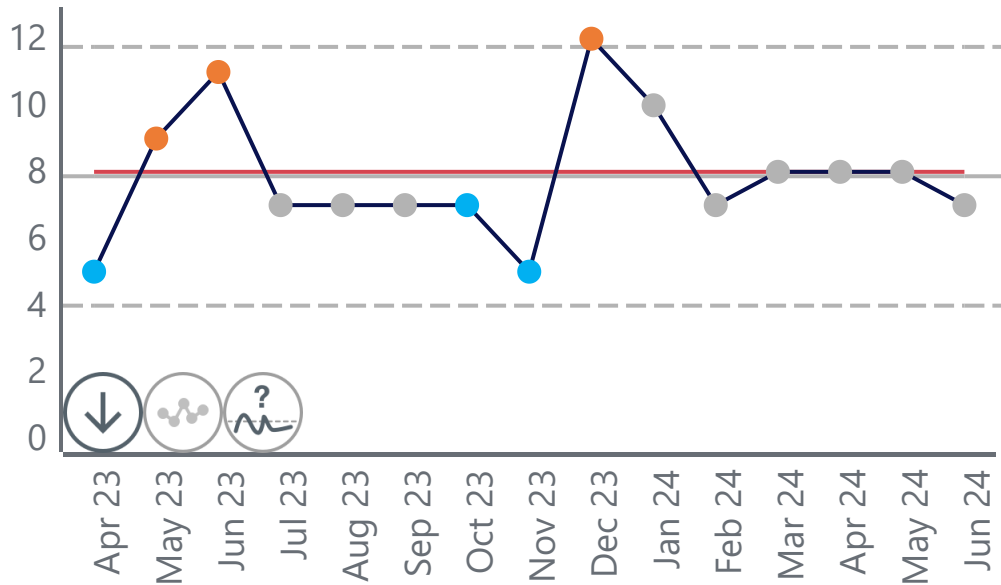
Incidents - Serious incidents, Never Events, Adverse Events (Red)



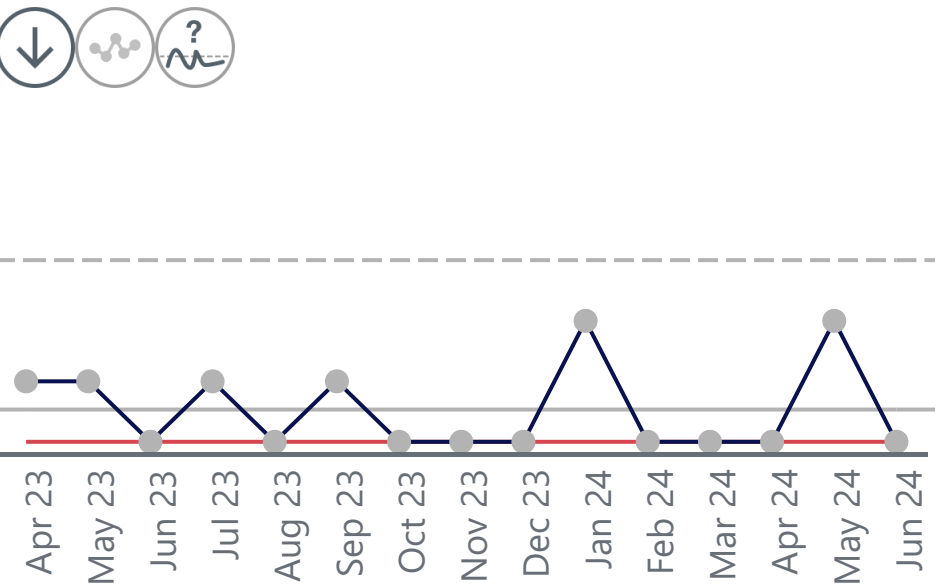
Occurrence of any Never Events



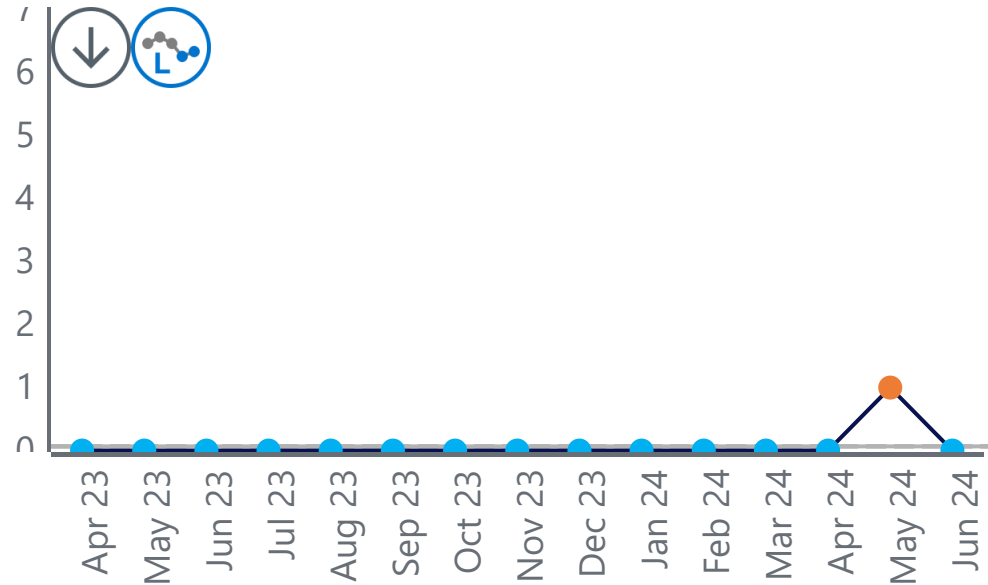
Number of Falls



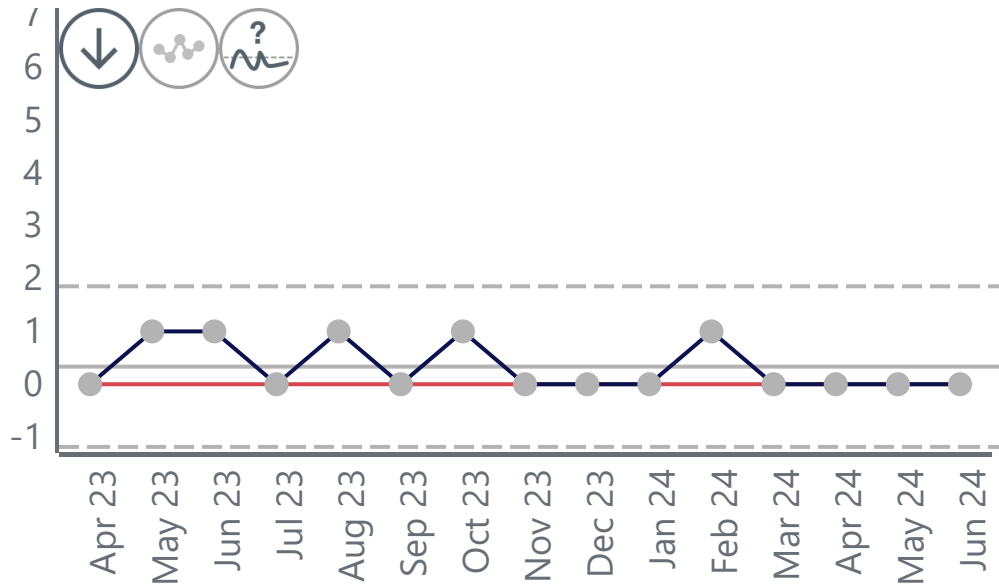
MSSA Bacteraemias



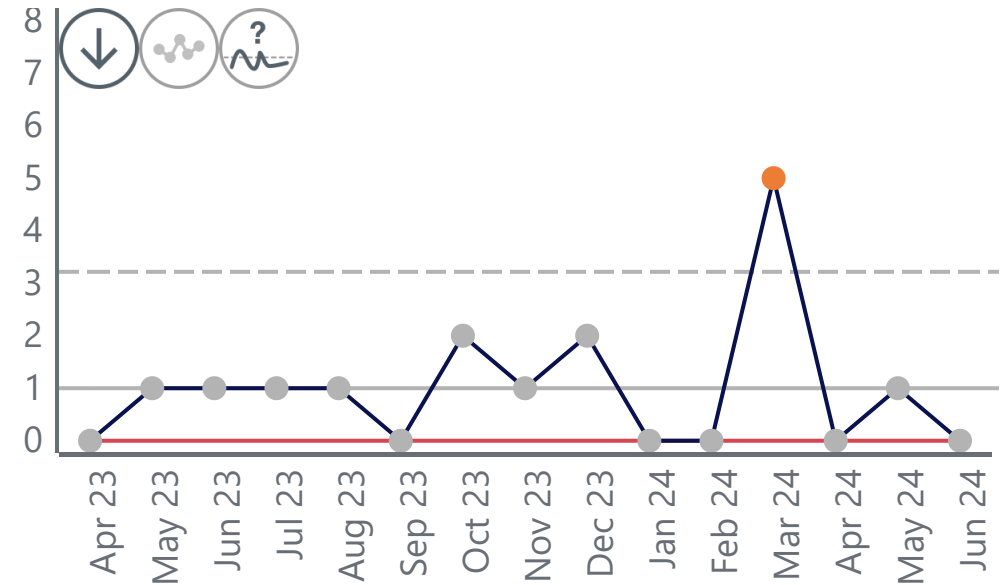
MRSA Bacteraemias



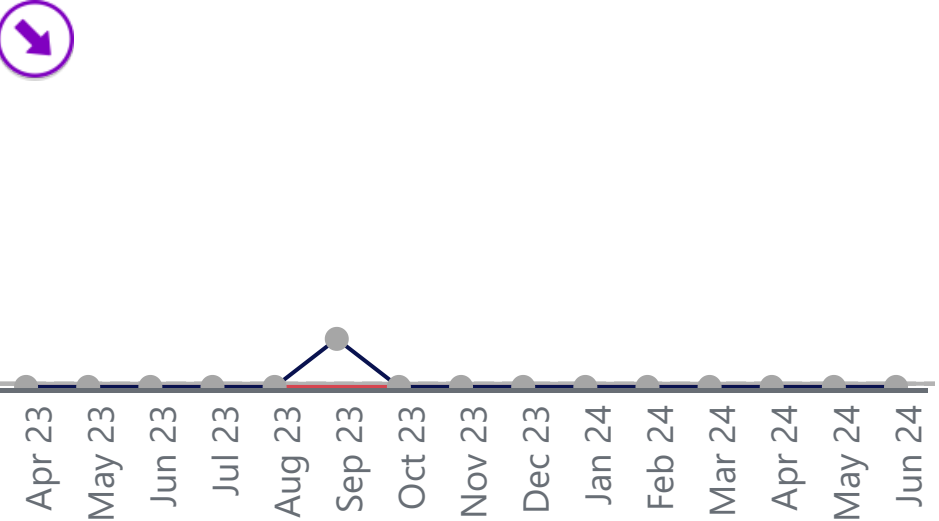
Clostridium Difficile



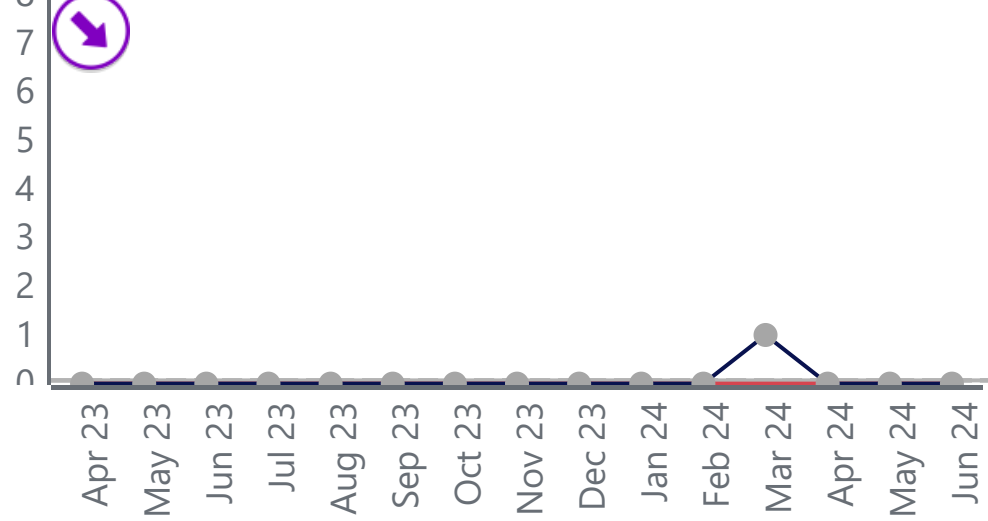
Gram Negative Bacteraemias



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

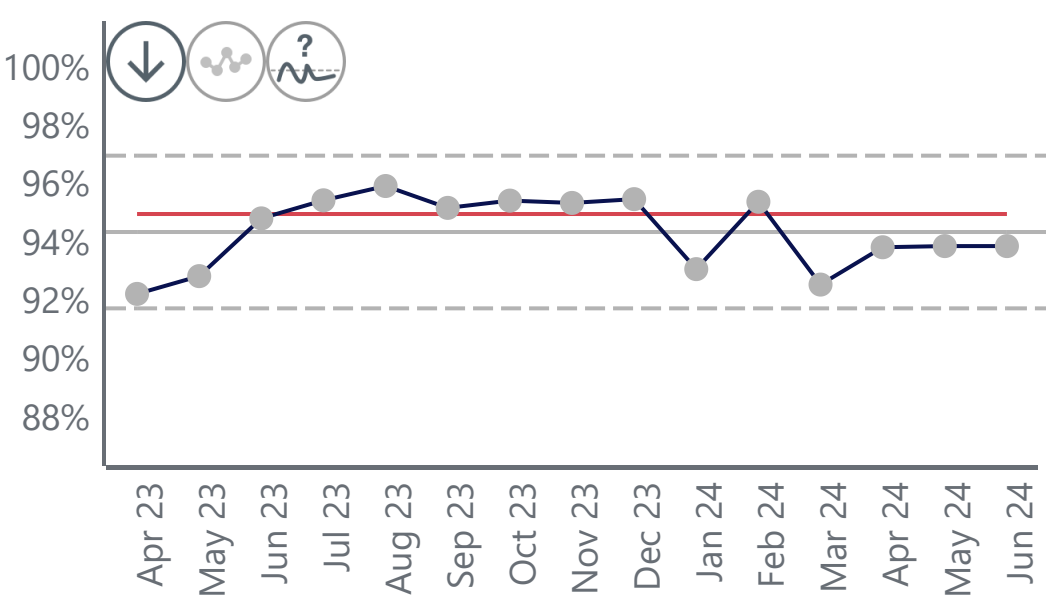


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

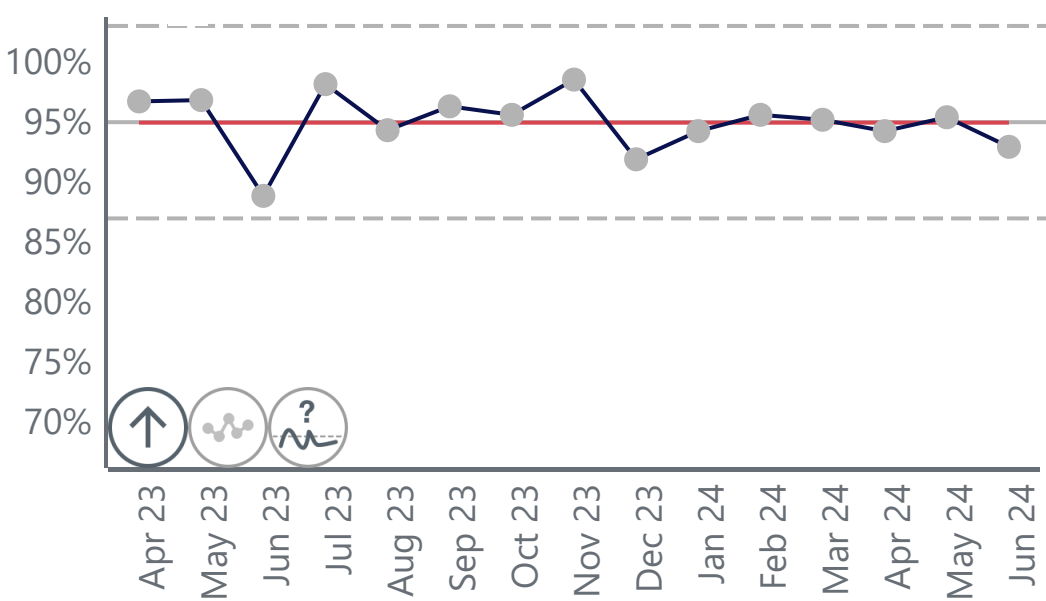


Quality of Care - Watch Metrics

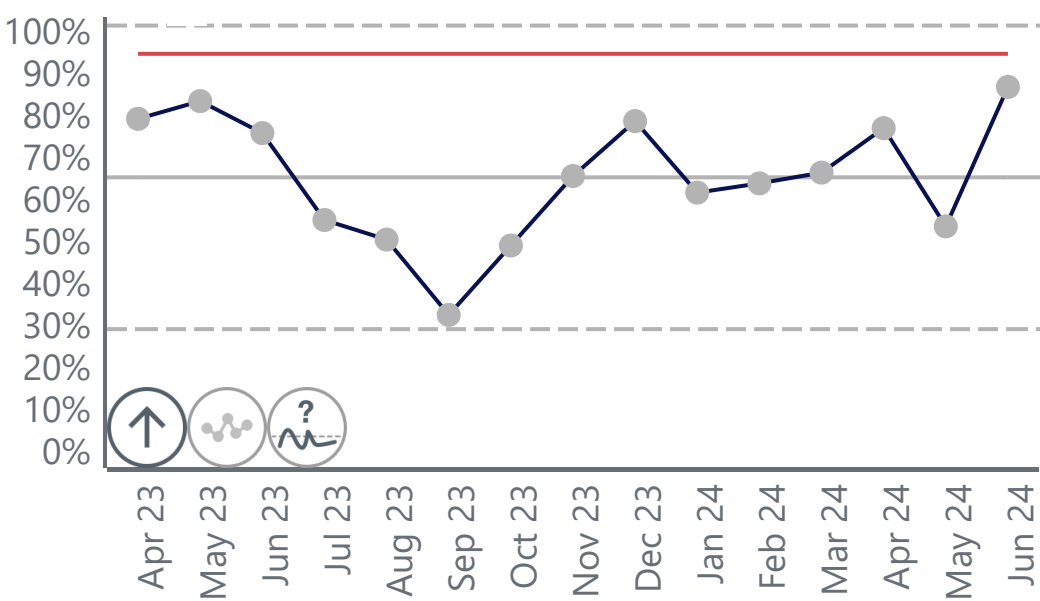
Venous thromboembolism (VTE) risk assessment



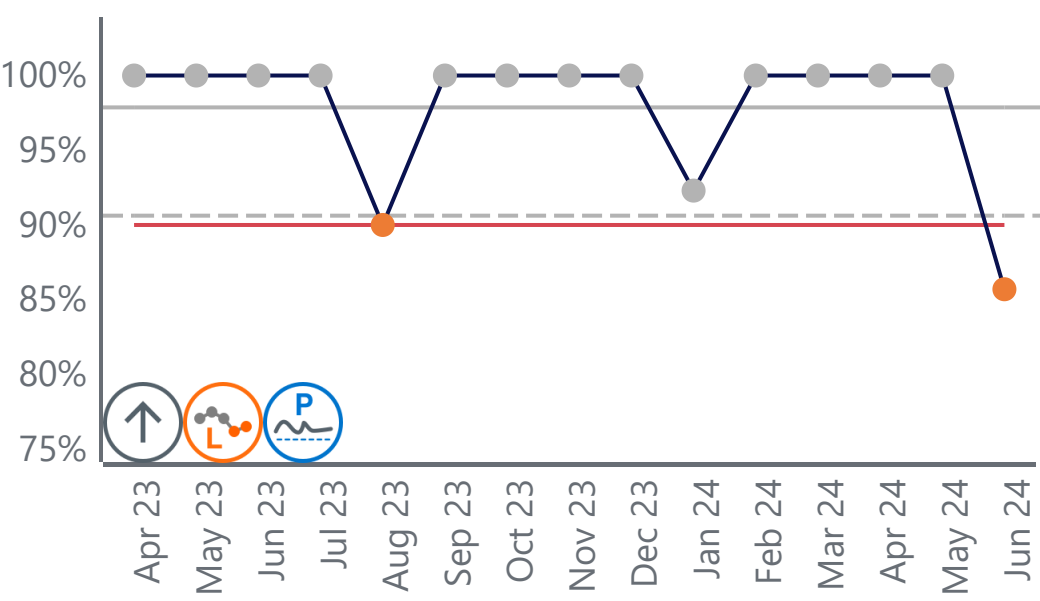
Primary PCI - 90 minute 'Door-to-balloon' (national target)



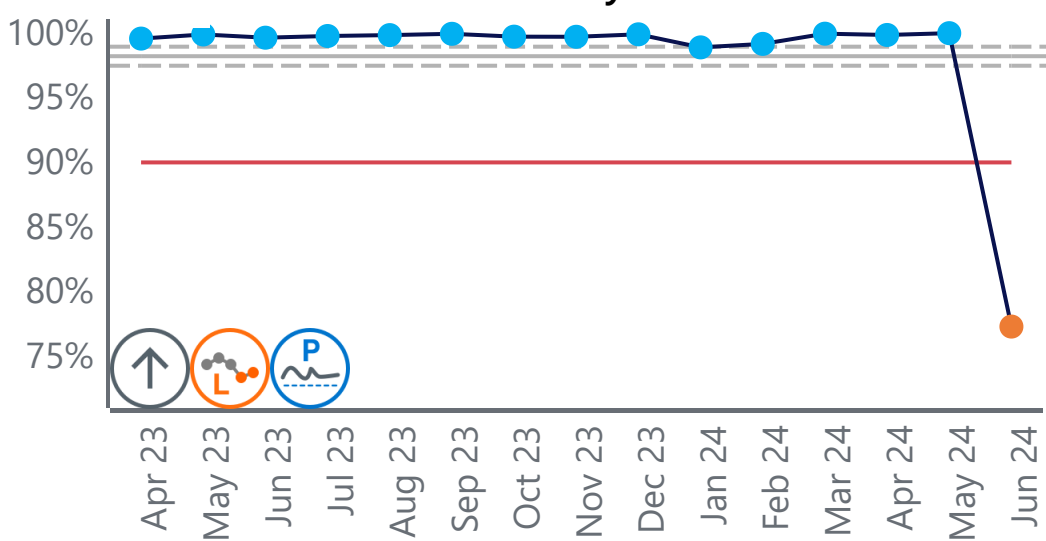
Primary PCI - 150 minute 'Call-to-balloon' (national target)



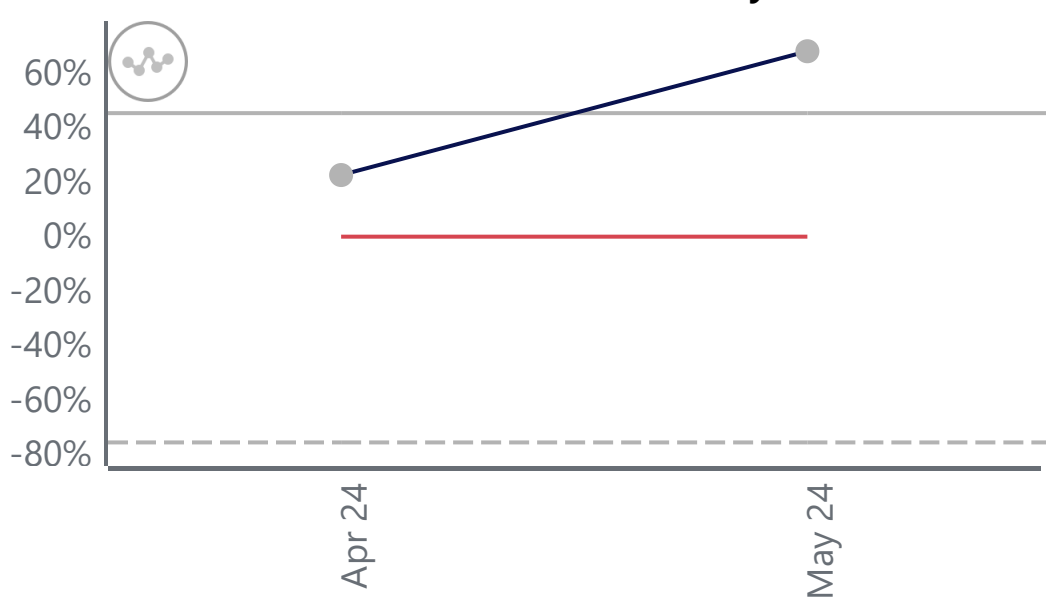
Dementia - Find



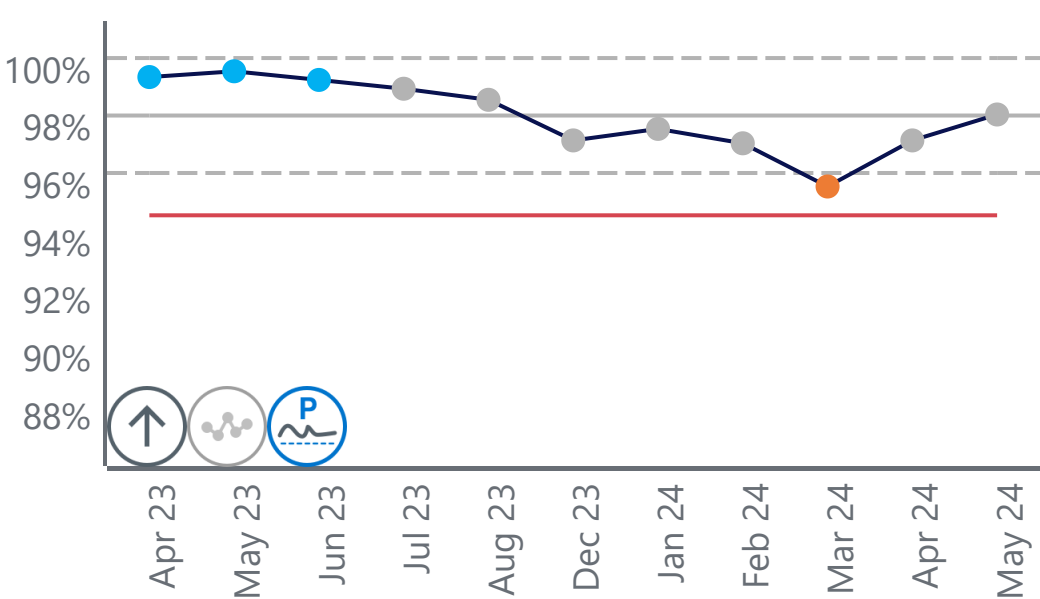
Delirium Risk Assessment to be completed on Admission and once a day



Incident Closures within 28 days



FFT: REPUTATION



Finance

SRO: James Thomson, Chief Finance Officer

Highlights:

The Month 3 YTD position is a £2,188k surplus, which is £1,129k lower than plan. There is some uncertainty over the income associated with elective activity because of uncertainty in the elective recovery target from commissioners. The Medicine Division continues to achieve the planned levels of activity agreed at the start of the year. The Surgery Division has a £410k 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 - £545k). Pay costs are largely in line with budget, albeit with a rise in nursing bank costs in June. 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, 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 50.9% of the annual CIP target so far this year, with 82.5% 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 quarter 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 be alleviated in quarter 2. 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.



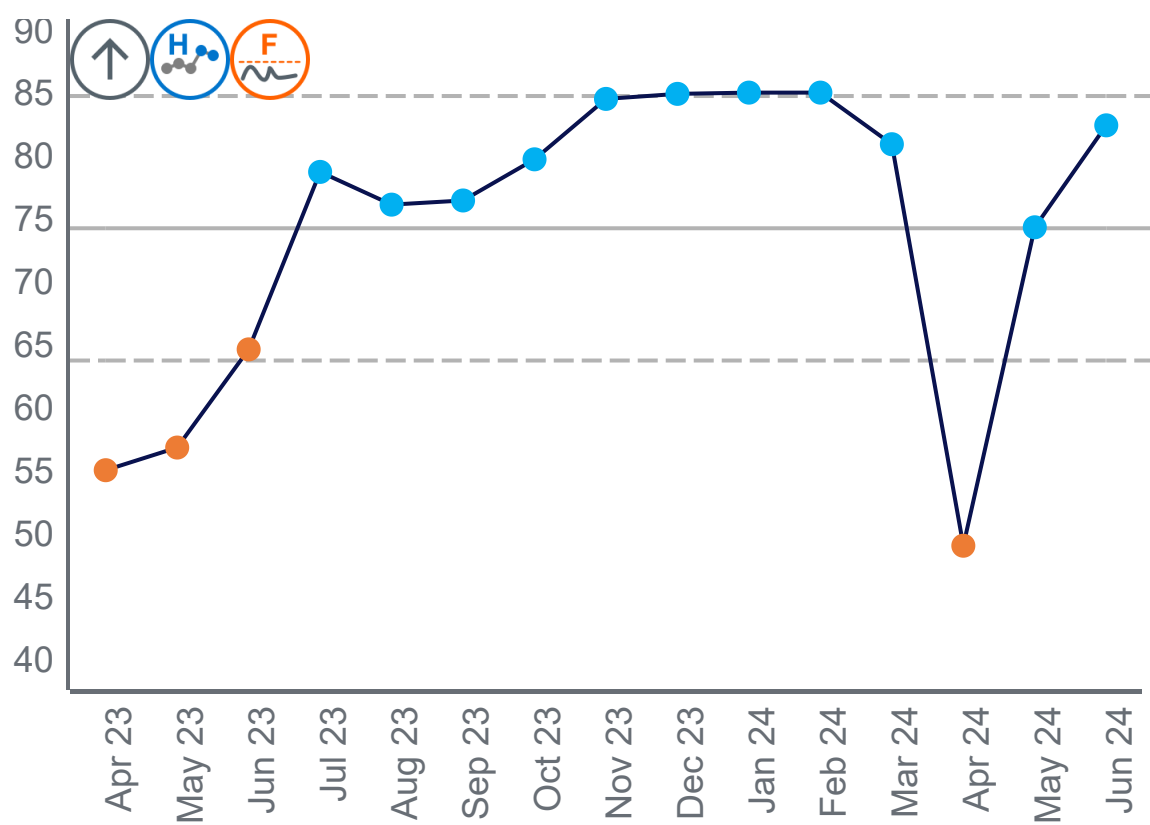
Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
I & E distance from target (cumulative) - £,000	Jun-24	-1129	0	-772		
Liquidity (days)	Jun-24	24		24		
Recurrent CIP identified	Jun-24	83	100	69		
Capital Expenditure (Trust Level)	Jun-24	1596.0	2289000	463583.9		
Cash in Bank (Trust Level)	Jun-24	39321000		39808333		
Pay Spend v Budget	Jun-24	9220	9166	9055		
WTE versus establishment	May-24	1880	1900	1877		



Finance - Drive Metrics

Recurrent CIP identified



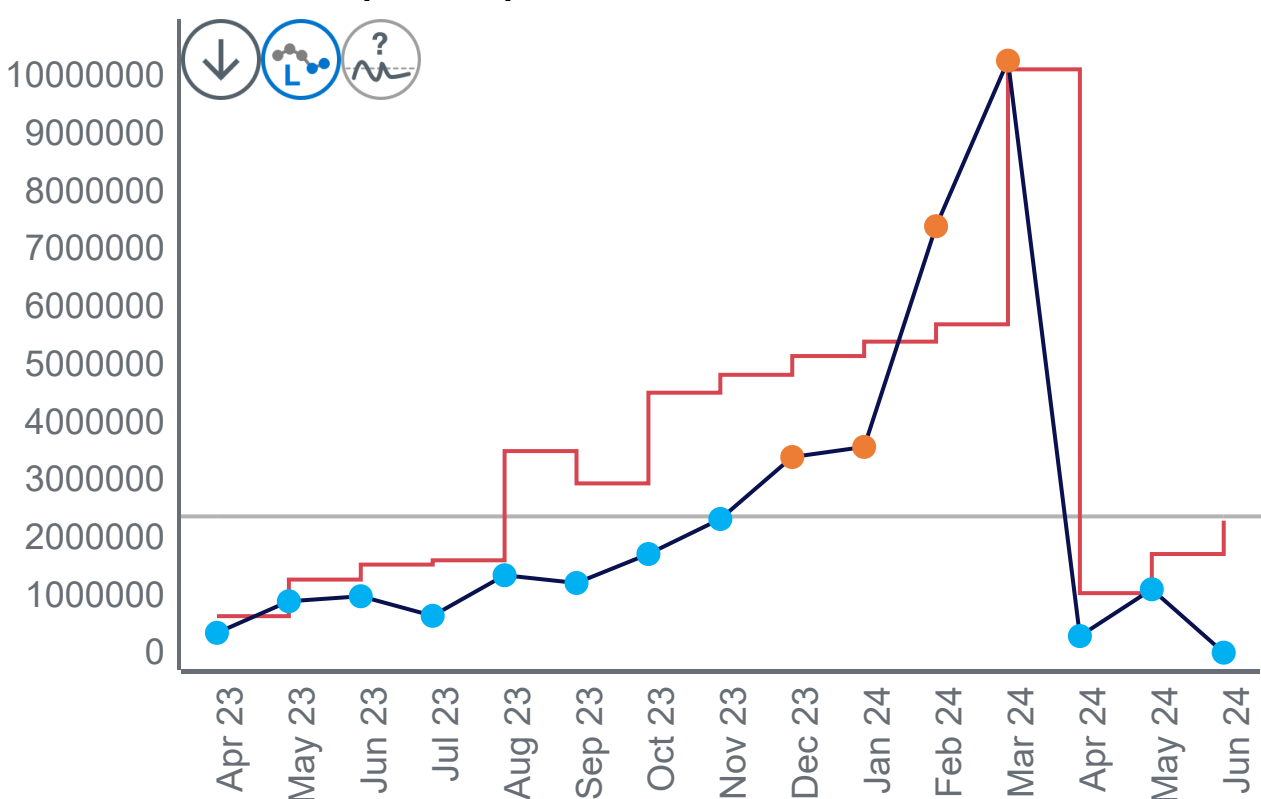
Technical Analysis:

Quarter 1 of 2024/25 is now complete. CIP has made significant improvement and is ahead of the same period in 2023/24.

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:

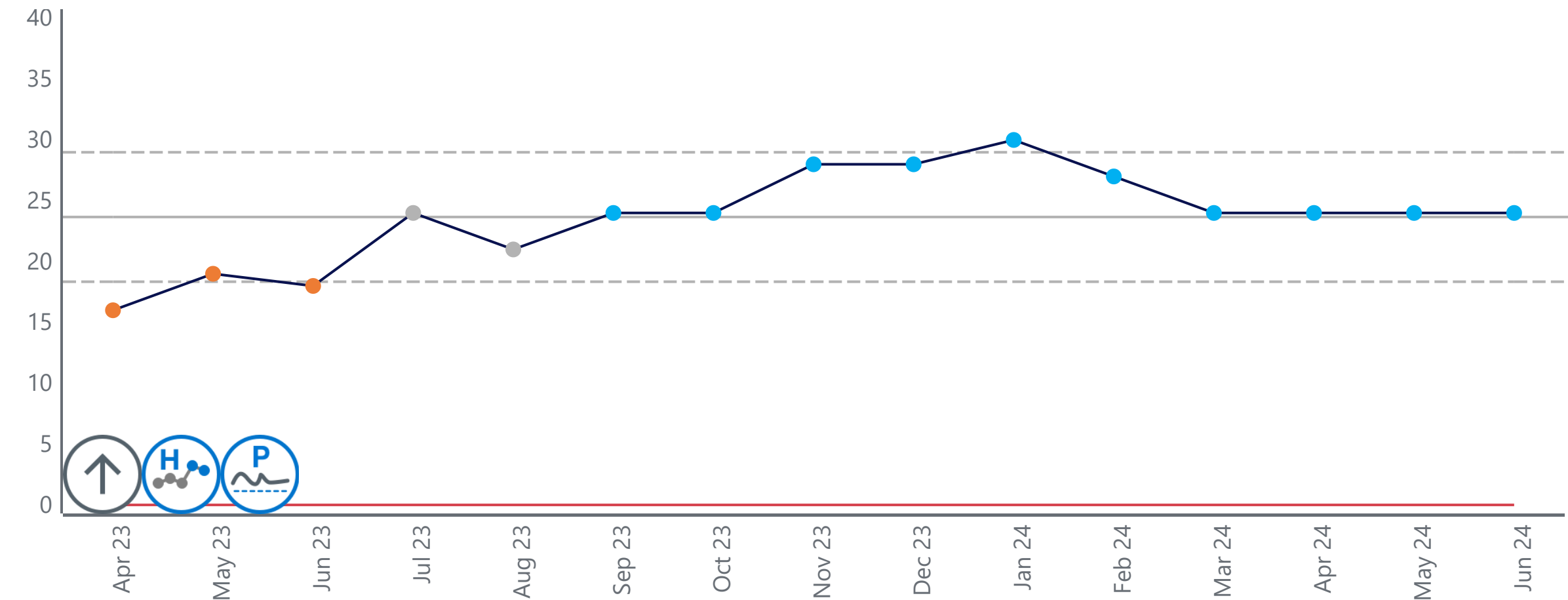
Quarter 1 of 2024/25 is now complete. Expenditure is below target and above performance in the same period in 2023/24.

Actions:

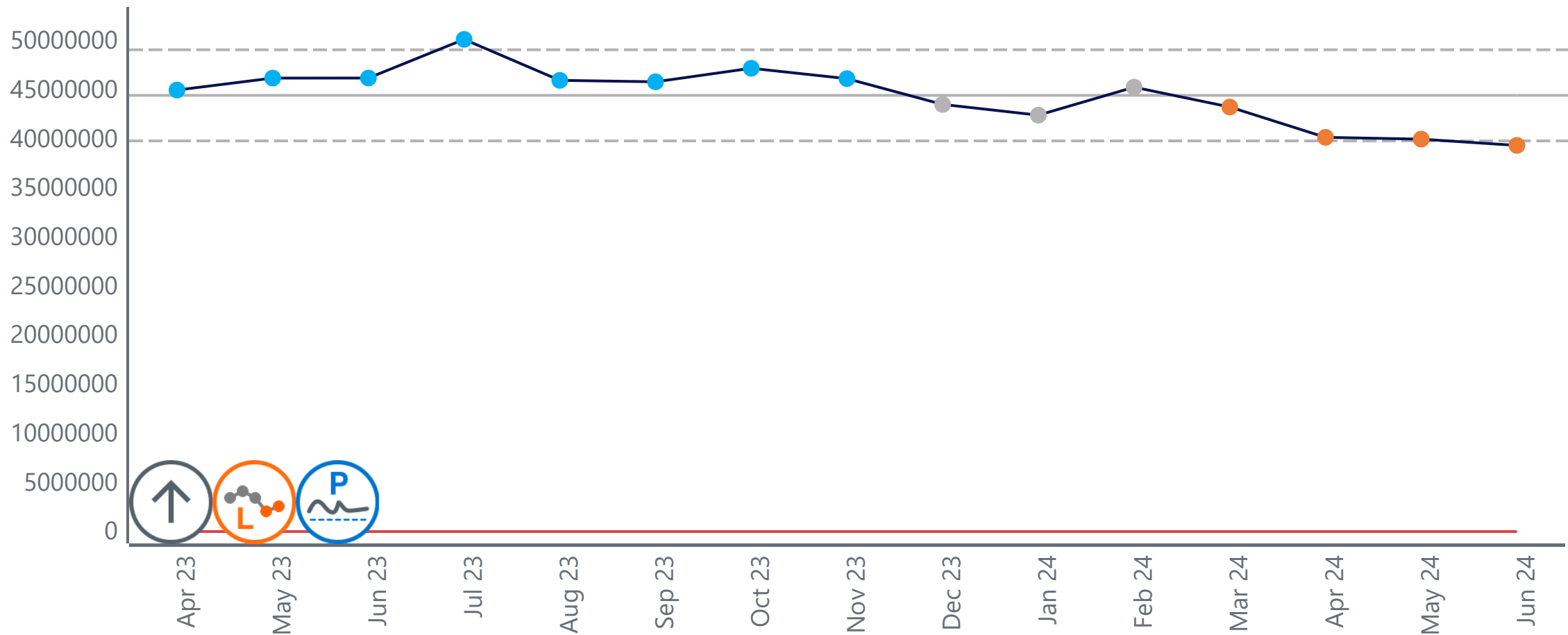
Capital commitments are monitored by the Capital Management Group. Due to slippage, some schemes were brought forward and the Trust utilised its full capital allocation in 23/24. Plans are in place for £7.5m of capital spend in 24/25.

Finance - Watch Metrics

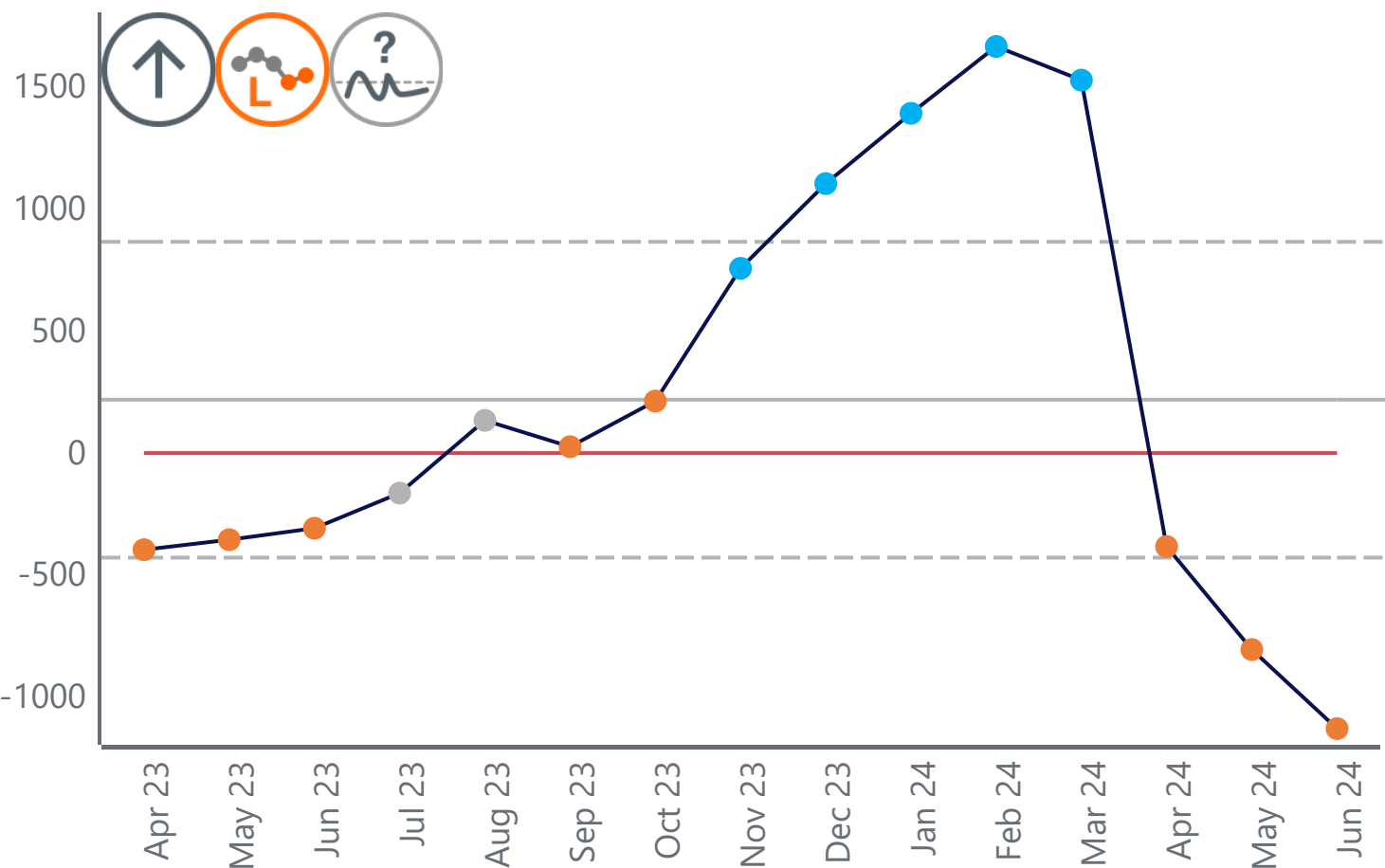
Liquidity (days)



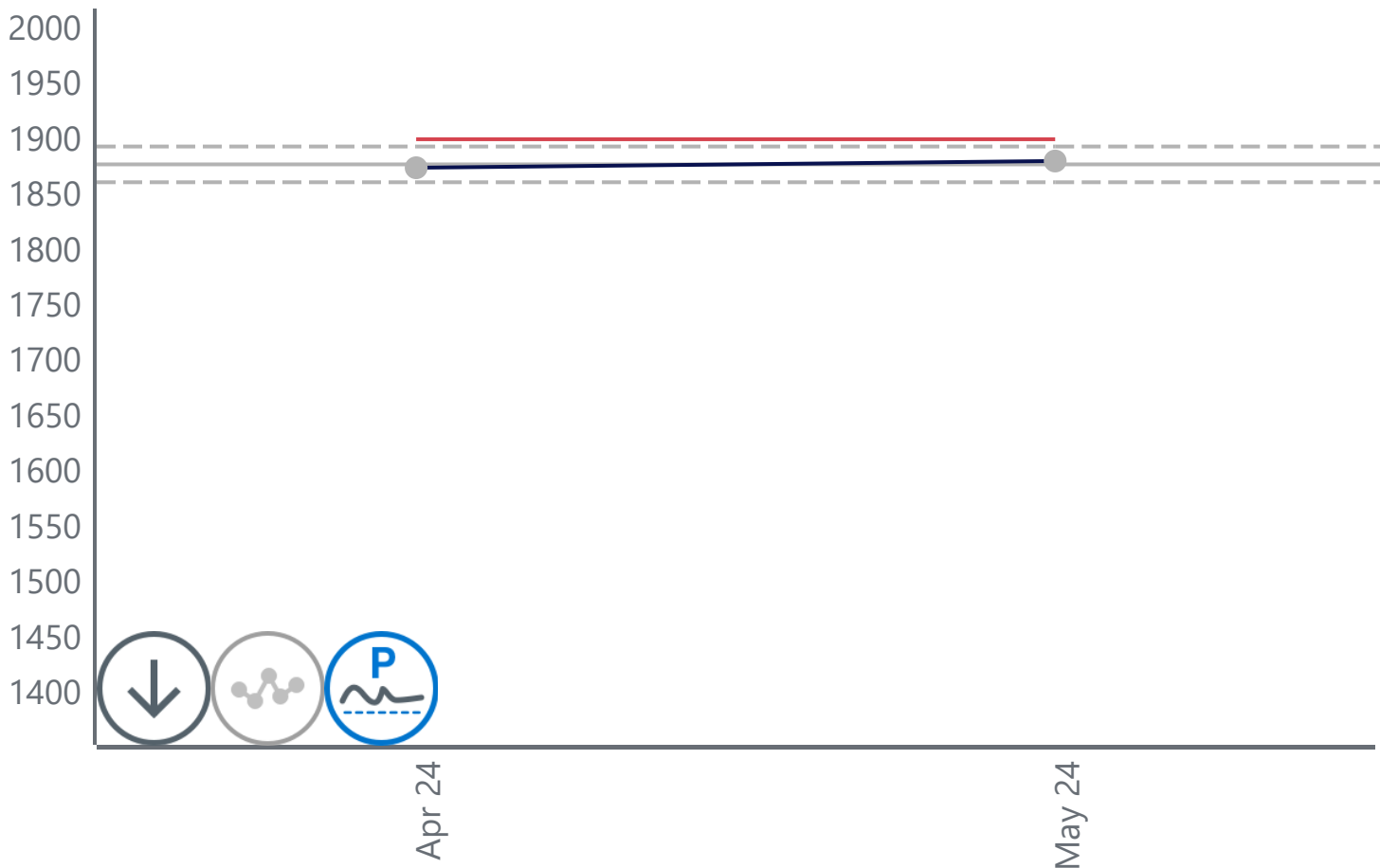
Cash in Bank (Trust Level)



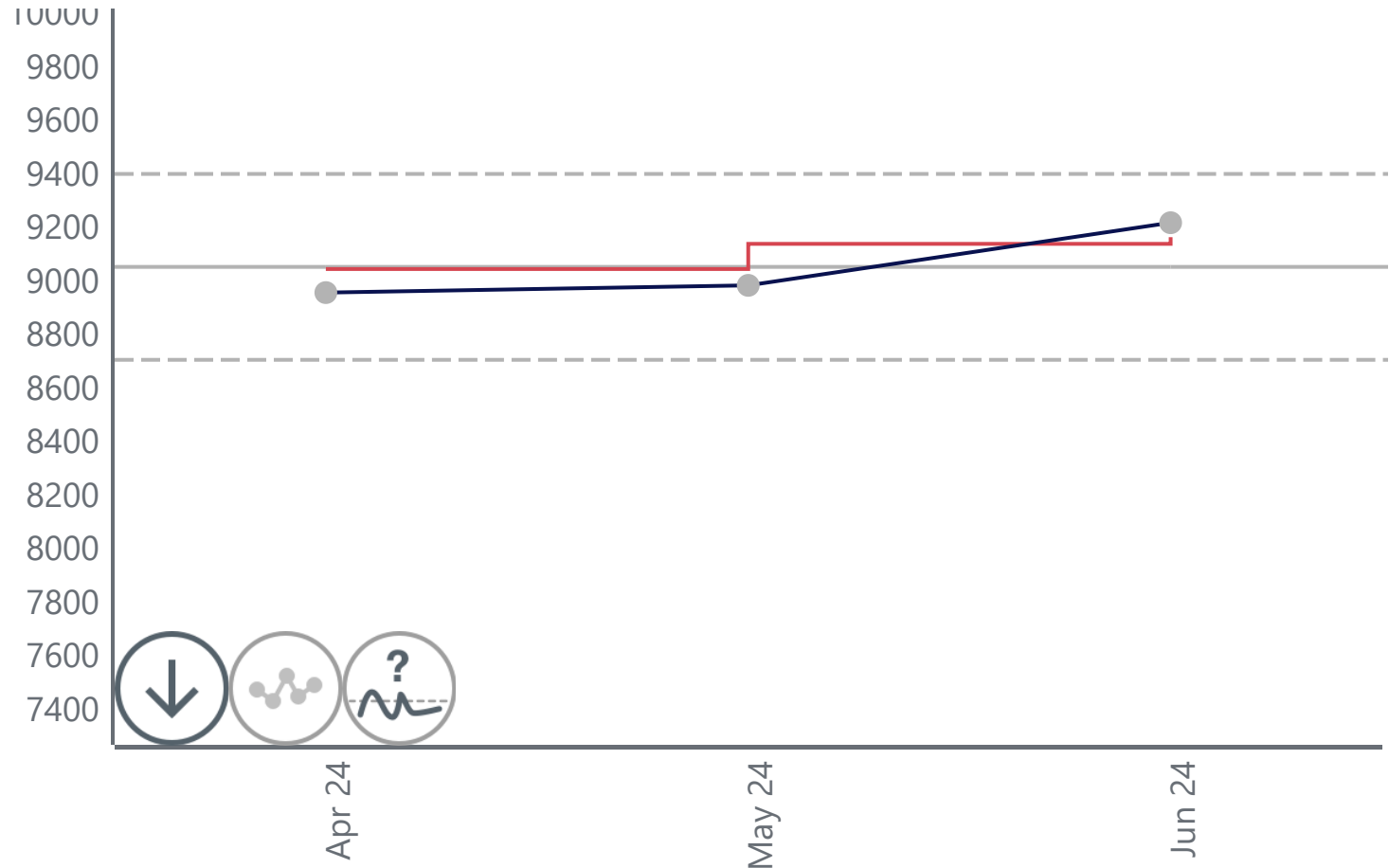
I & E distance from target (cumulative) - £,000



WTE versus establishment



Pay Spend v Budget



People

SRO: Jane Royds, Chief People Officer

Highlights:

Another successful Live Well Work Well Event was held on 2nd July 2024.

A relaunch of ‘Be Civil Be Kind’ is being progressed by the culture and wellbeing team which will remind employees of the trust values, empower people to address concerns in real time and help to cultivate and further embed a culture of civility and kindness. In addition, a ‘Managers Essentials’ Programme has been developed and launched, which is intended to improve line managers confidence and competence in dealing with people management issues.

Areas of Concern:

Sickness absence reports a marginal increase in June and remains an area of focus. Stress, anxiety, and depression remains the highest reason for absence, but positive progress has been made to support staff to return to work and the cases are continuing to decrease with a reduction in May. A review of all cases is undertaken every month and reported to divisional leads. A number of Long term complex cases have been progressed to Stage 4.

Appraisal completion and compliance continues to be reported and monitored during the Appraisal Window.















Forward Look (with actions):

Engagement has started to support and plan for the next NHS Survey.

NHS England has created a programme to optimise, rationalise and reform Statutory and Mandatory Training with an empowered oversight board to make the necessary changes. Further changes are expected in the next six months. There has been an expected decrease in compliance figures due to the alignment of LHCH compliance competencies with the new Core Skills Training Framework (CSTF).



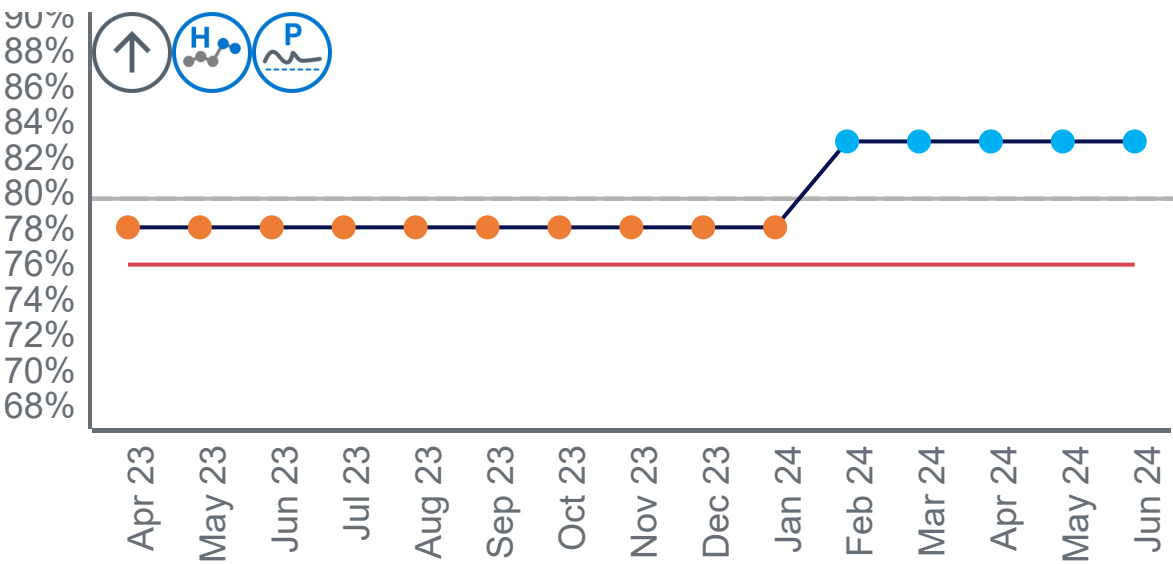
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Jun-24	71.2	>=90%	77.7		
Mandatory Training Compliance	Jun-24	94.6	>=95%	94.6		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Jun-24	82.9	>=76%	82.9		
Staff Turnover	Jun-24	10.4	<=10%	10.2		
Staff Sickness (All Staff)	Jun-24	5.39	<=3.4%	5.3		
Long Term Sickness	Jun-24	3.17	<=3.4%	3.4		
Short Term Sickness	Jun-24	2.22	<=3.4%	1.9		



People - Drive Metrics

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



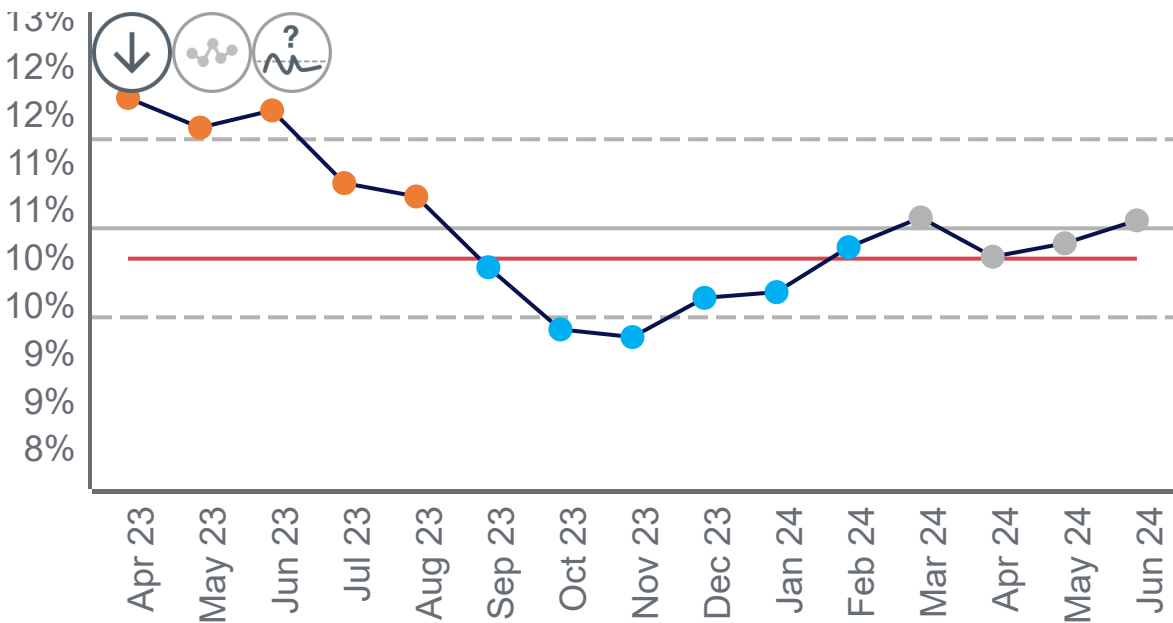
Technical Analysis:

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



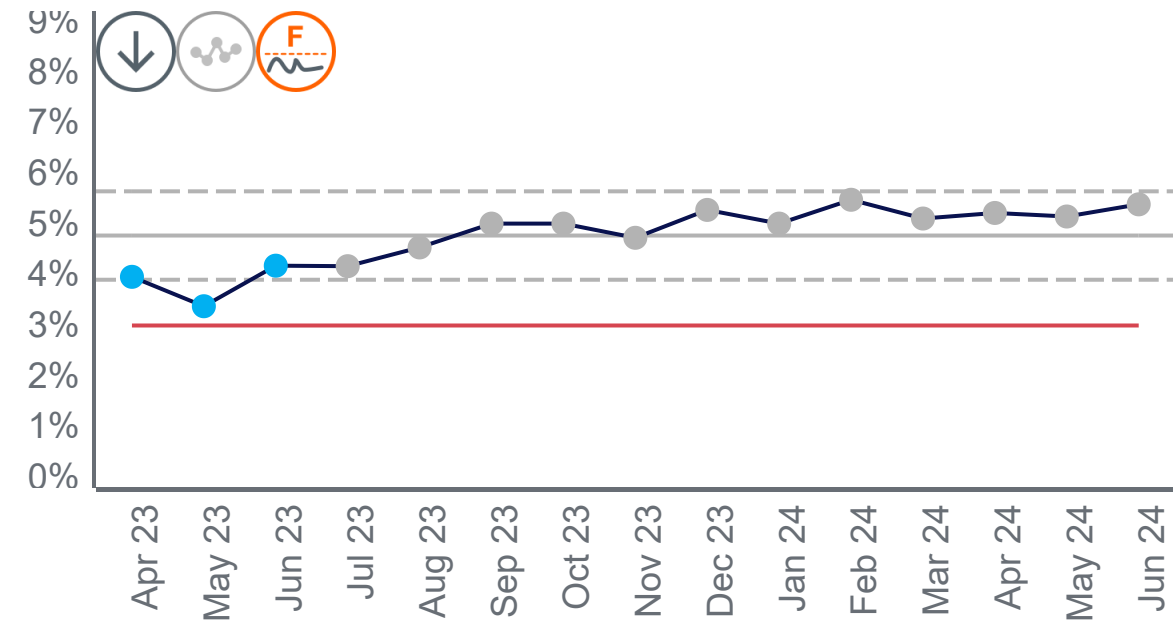
Technical Analysis:

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)



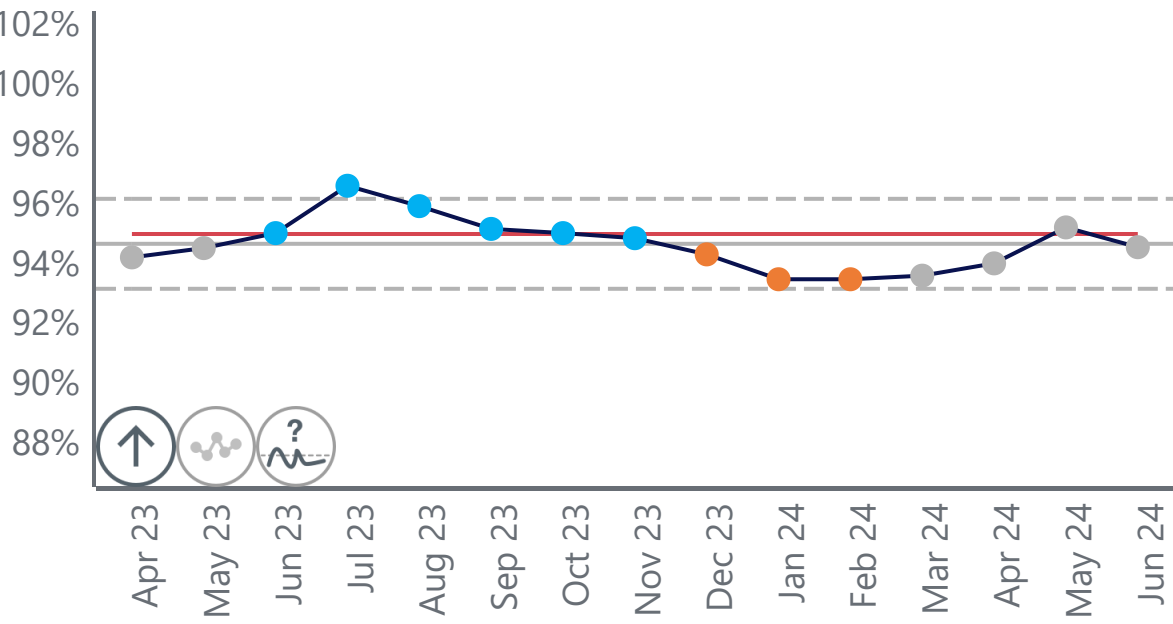
Technical Analysis:

Total absence in June was 5%, 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:

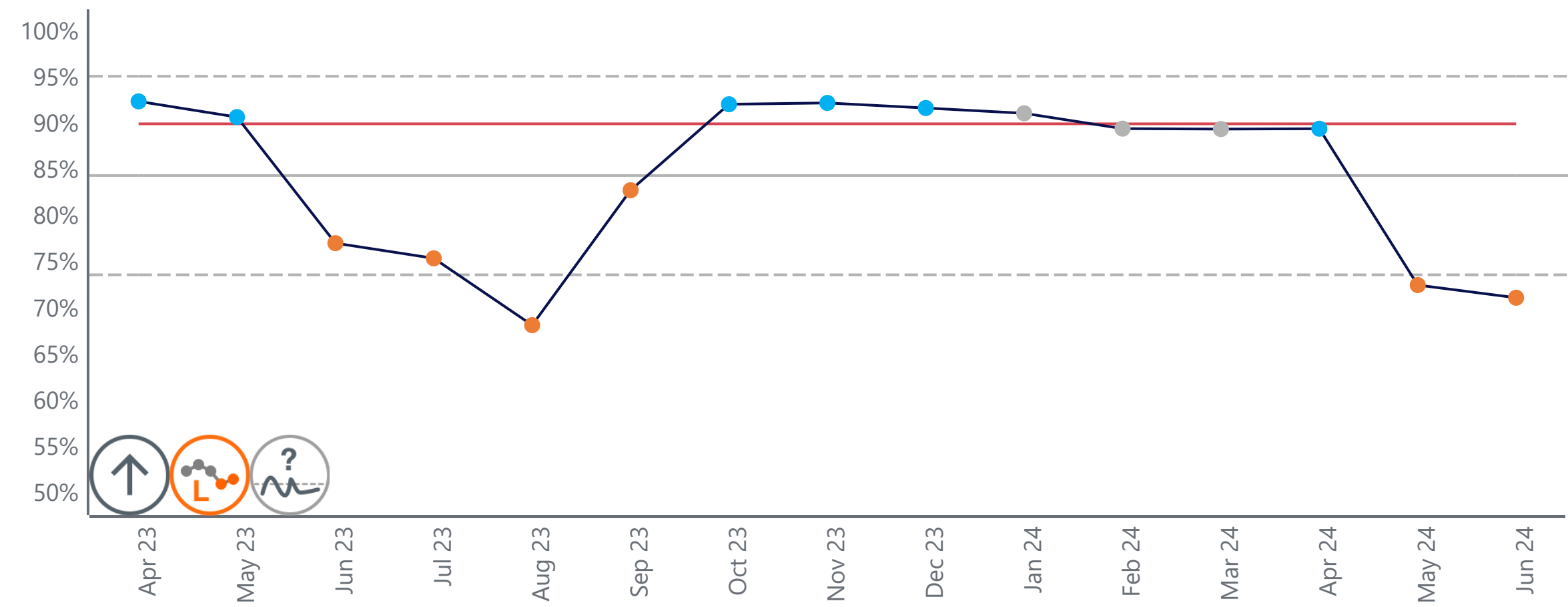
Performance has moved to common cause variation following a period of cause for concern. Further improvement is required to consistently achieve the target.

Actions:

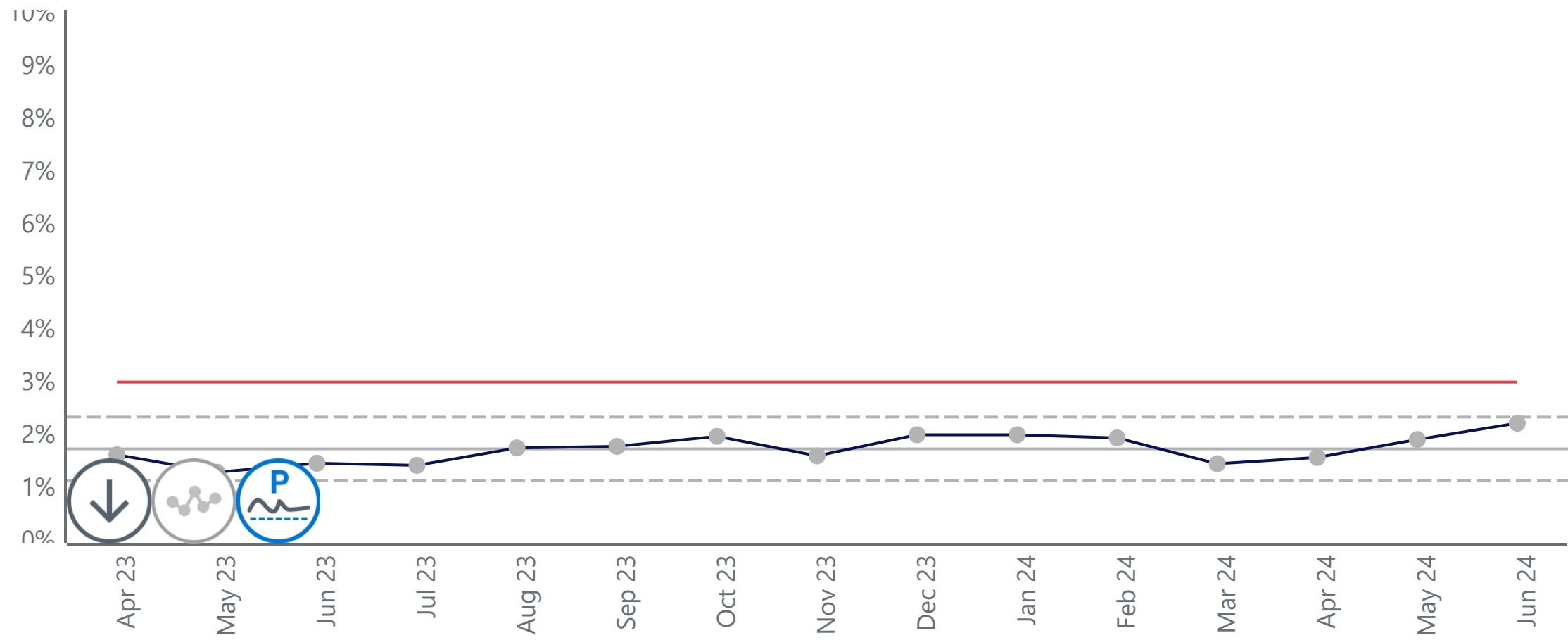
Slight dip seen in MT compliance.

People - Watch Metrics

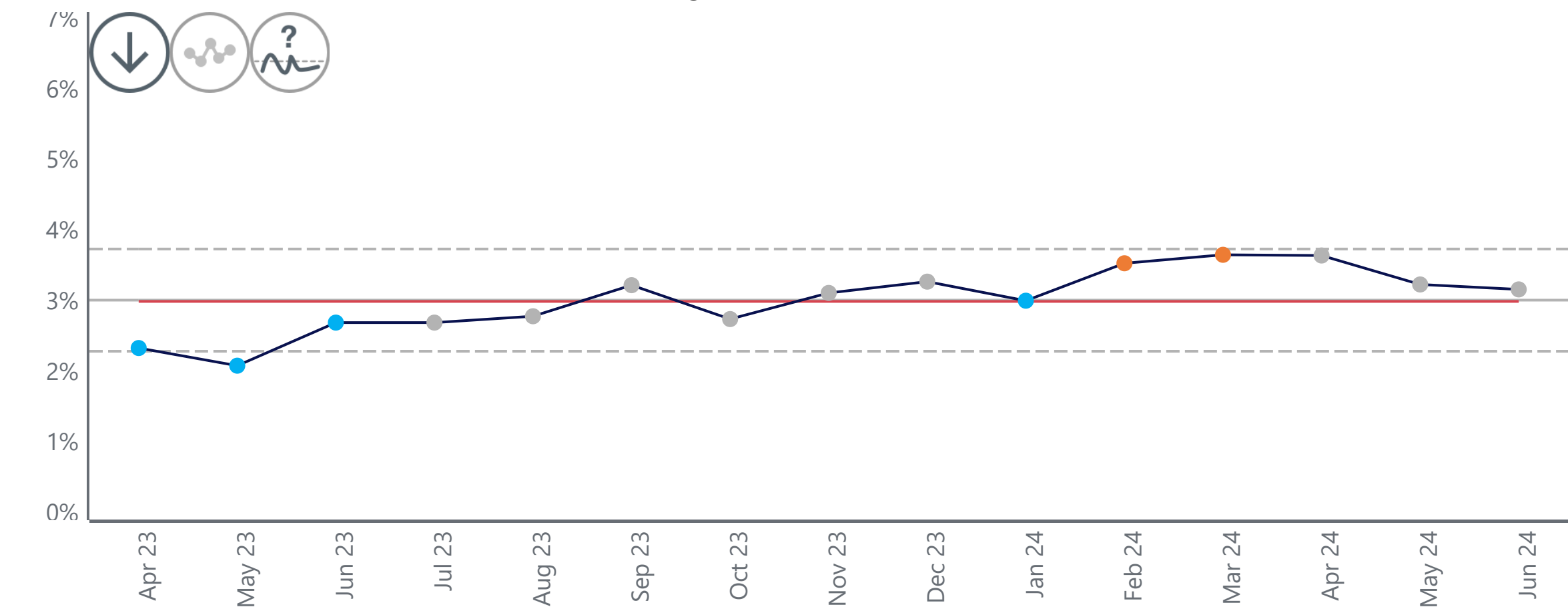
Appraisals Compliance



Short Term Sickness



Long Term Sickness





Key Contacts:

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