

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

Strategic Oversight Framework

December 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 M9, 5 standards continue to show below the national KPI or statistical variance, however all of these are expected or show levels of improvement based on mitigation plans in place. All of these indicators are being monitored and closely aligned against any clinical risk.

Elective activity in month was just below plan, with case mix & Non Elective demand still being monitored against our financial performance.

Cancer Performance is reported a month in arrears. In November 31 and 62 day standards were compliant however Faster Diagnosis was not.

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) has shown significant improvement over the last few months with a focus on waits above 13 weeks, recovery is expected to run on in the financial year with the 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. Additional sessions and mutual aid continue to support recovery, however the specialist skills are not readily available in C&M and a sustainable long term plan needs to be created.

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 risk due to the workforce shortfall and capacity deficit.

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. Christmas/Winter Non Elective pressure is expected to impact performance in Dec/Jan. Additional sessions and capacity continues to be explored as mitigation.
- * FDS although not expected to be sustainable, has been able to achieve in Q1-3. The 62 standards is improving, however full recovery has extended to Q4 aligned with the FDS 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. Increased capacity within the independent sector is in place for Q4.
- * A DMO1 (Diagnostic) trajectory is focussing on long waiters, however the impact of peak annual leave period in Dec/Jan is expected. This will be monitored through a weekly meeting chaired by the COO. A Cardiac MRI capacity and demand task & finish is in place (working with regional colleagues) to look at closing the MRI capacity gap. UHLG (university Hospital Liverpool Group) support is being explored for Q4.
- * Overall Waiting List Size & 35 weeks has shown continued increases, however no concerns have been raised at this stage. The Divisions will be looking at waiting list processes through the Safe Waiting List Management Group.
- * Annual Planning Guidance was expected in December, however has not yet been received.

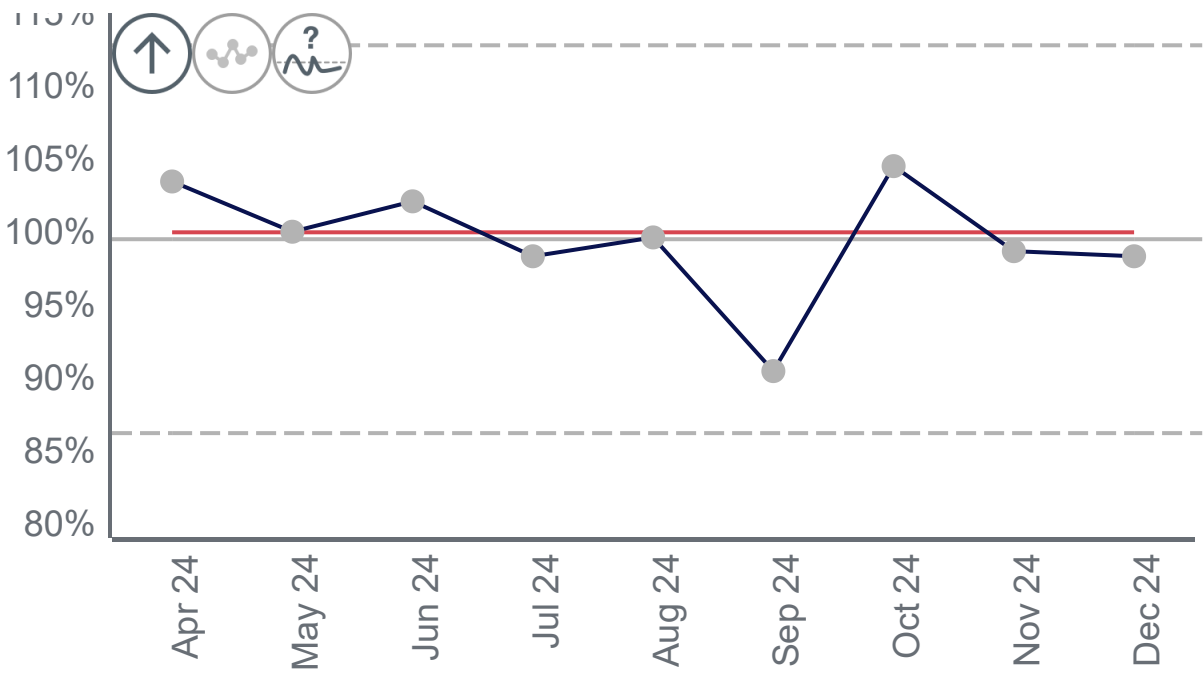
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Dec-24	75.4	>=80%	79		
Cancelled Operations for non-clinical reasons	Dec-24	1.6	<=2%	2		
Outpatient activity delivered remotely via telephone or video consultation	Dec-24	29.2	25%	28		
Elective Activity Levels	Dec-24	98.4	100%	100		
Maximum 6-week wait for diagnostic procedures	Dec-24	90.26	>=95%	85		
Overall Size of Waiting List	Dec-24	6527		6362		
Incomplete Pathways 35+ Weeks	Dec-24	304		302		
Referral to treatment - Incomplete Pathways 52+ weeks	Dec-24	41		68		
Referral to Treatment - Incomplete Pathways 65+ weeks	Dec-24	2.0		17		
PIFU Pathway	Dec-24	1656	113	1404		
Letters waiting to be typed over 7 days	Dec-24	514	0	313		
Non-Criteria to Reside Occupied beds as a proportion of total occupied beds	Dec-24	2.4		4		
Patients not booked in within 28 days (non clinical cancellations)	Dec-24	0.0	0	1		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Nov-24	66.7	>=75%	60.2		
Cancer: 31-day decision to treat to treatment standard	Nov-24	100	>=96%	90.6		
Cancer: 62-day referral to treatment standard	Nov-24	85.3	>=85%	69.5		



Operational Performance - Drive Metrics

Elective Activity Levels



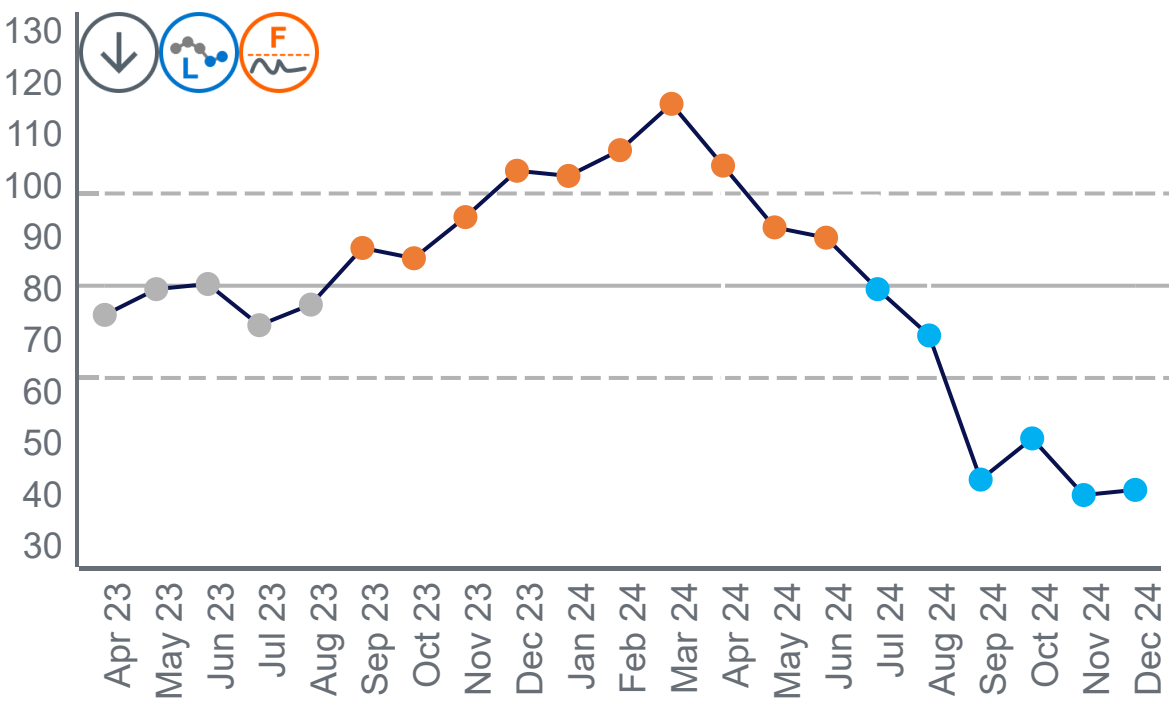
Technical Analysis:

Activity has been re-baselined from April-24. Performance within Dec-24 was 98% marginally underachieving the target of 100% for the second consecutive month. 2024/25 is demonstrating common cause variation and continually passing and failing the target.

Actions:

- *Ongoing monitoring and planning continues through Performance and Operational Board meetings.
- *Surgery NE demand continues to impact performance and has been highlighted through contract meetings.

Referral to treatment - Incomplete Pathways 52+ weeks



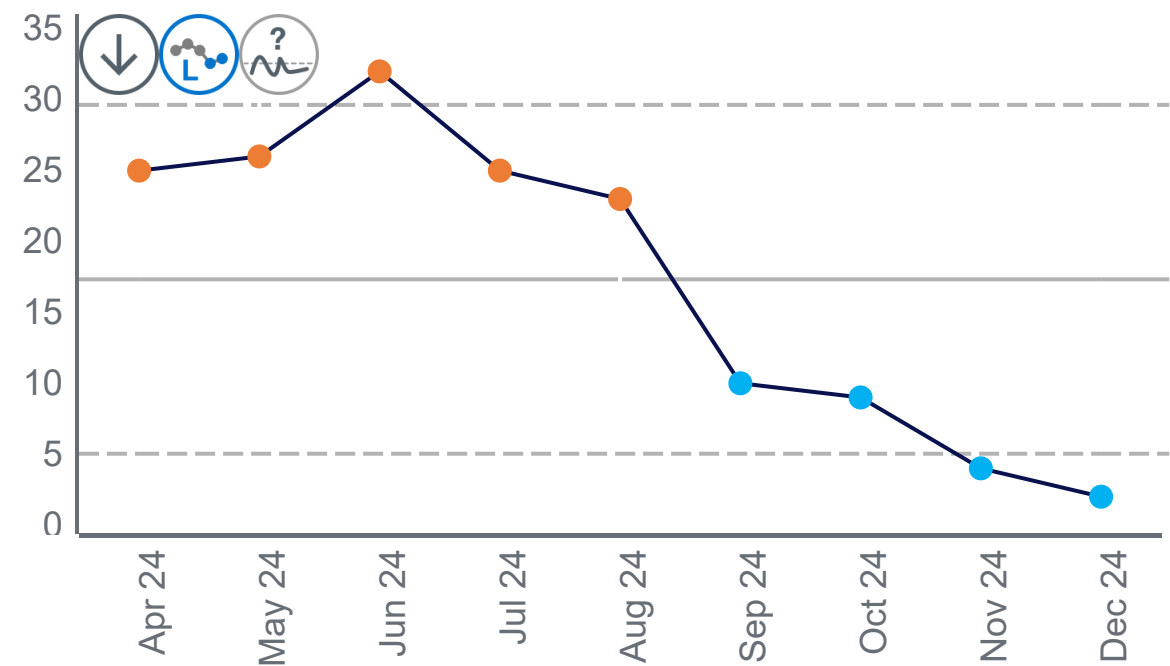
Technical Analysis:

Current performance is displaying special improvement as the trust closes the gap on achieving the target. 2024/25 has shown a continual reduction in long waiters. Surgery patients remain the most significant contributors to volumes of long waiters.

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.
- * Outsourcing capacity being explored further with the independent sector.

Referral to Treatment - Incomplete Pathways 65+ weeks



Technical Analysis:

Performance across 2024/25 continues to display special cause improvement with continued reduction in long waiters closing the gap to clear 65+ week waiters.

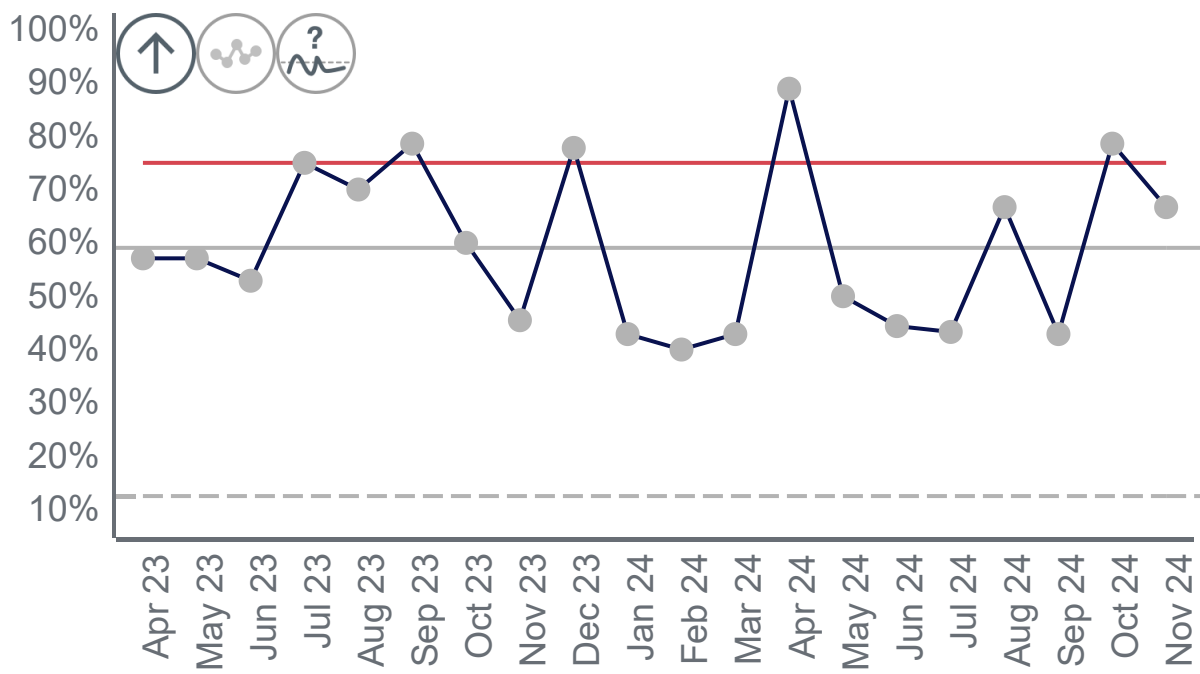
Actions:

- *Mini Mitral Service line closed to Referrals from February and outsourcing in progress
- * Outsourcing continues to support the target of no 65 week waiters.



Operational Performance - Drive Metrics

Cancer Patients meeting the Faster Diagnosis Target (FDT)



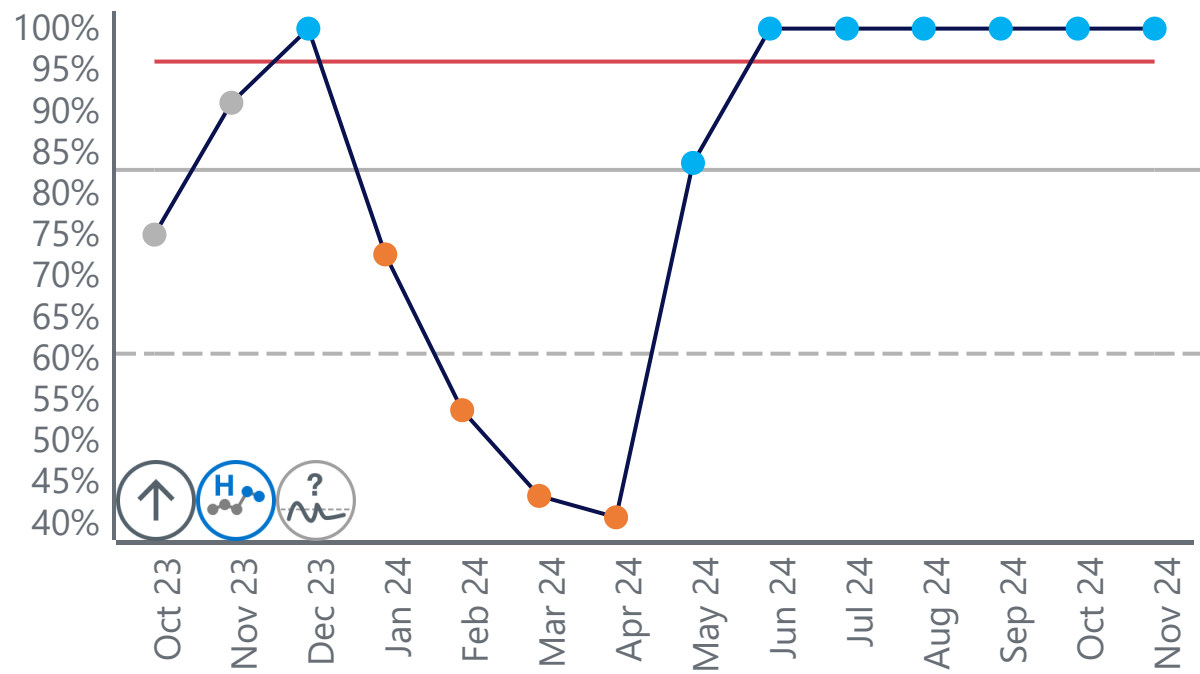
Technical Analysis:

The target was not achieved in November. 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.
- *EBUS Joint Consultant appointments will start in January.
- *CT guided biopsy breaches being reviewed against MDS information.

Cancer: 31-day decision to treat to treatment standard



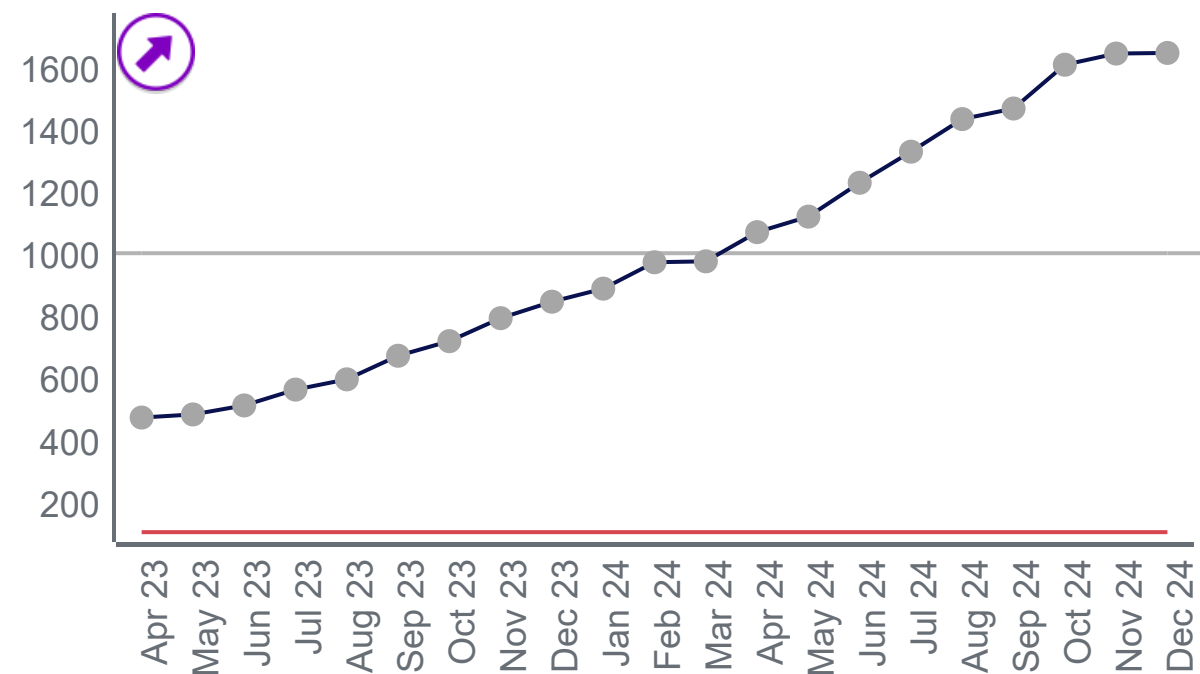
Technical Analysis:

Performance is displaying common cause variation of passing and failing the target over the last 12 months. November continues to display the consistent improvement having achieved the target for the last 6 months.

Actions:

- * Surgical wait times have now reduced under 7 days with increased capacity put in place.

PIFU Pathway



Technical Analysis:

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

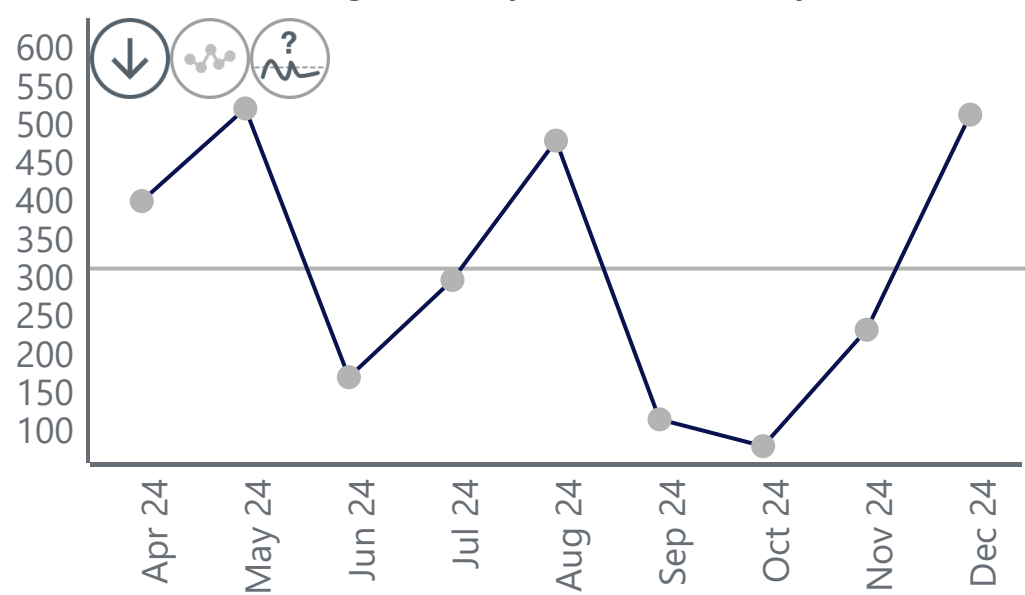
Actions:

- *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.

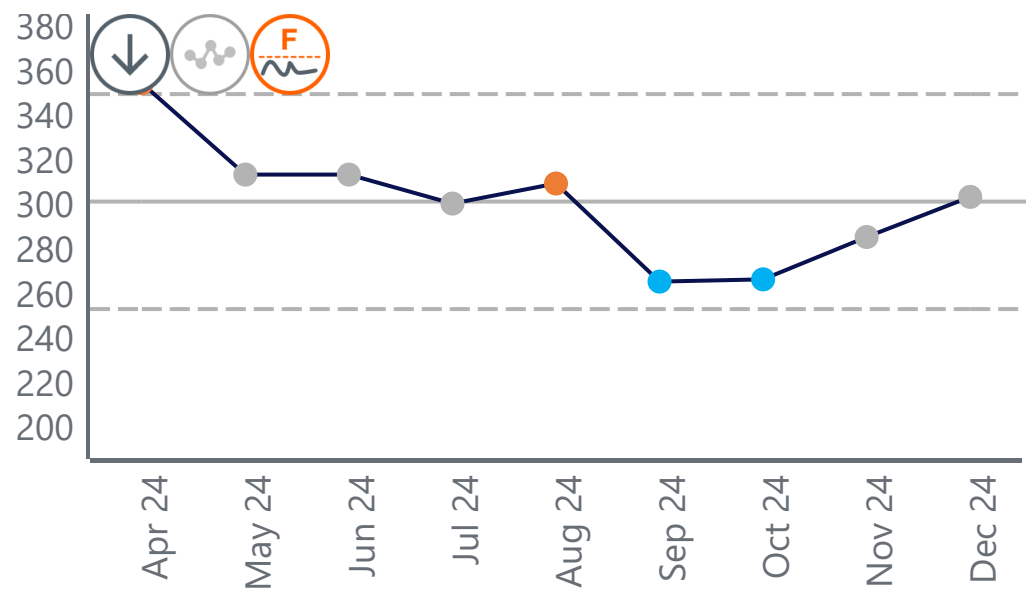


Operational Performance - Watch Metrics

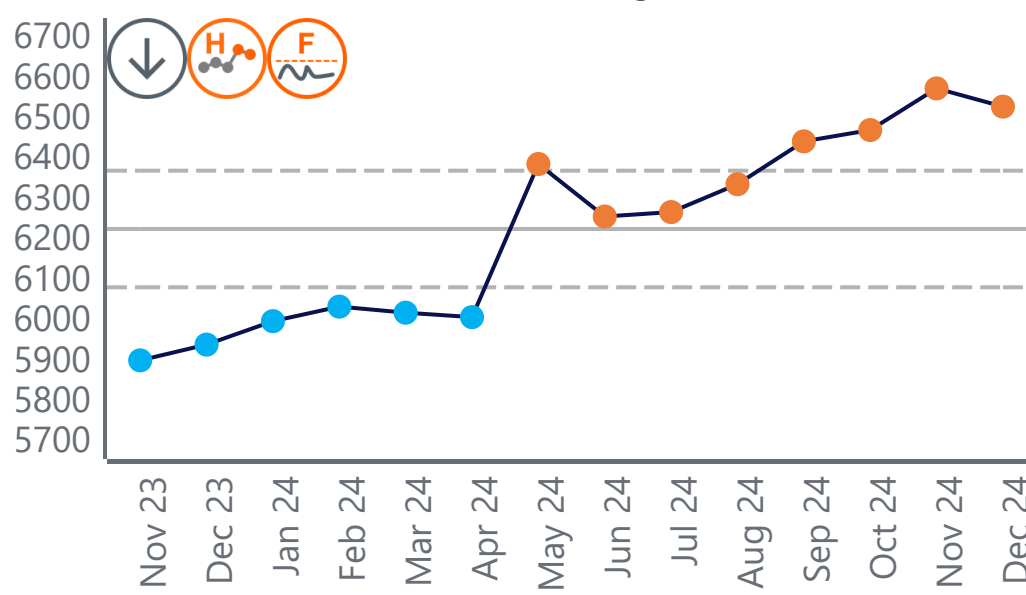
Letters waiting to be typed over 7 days



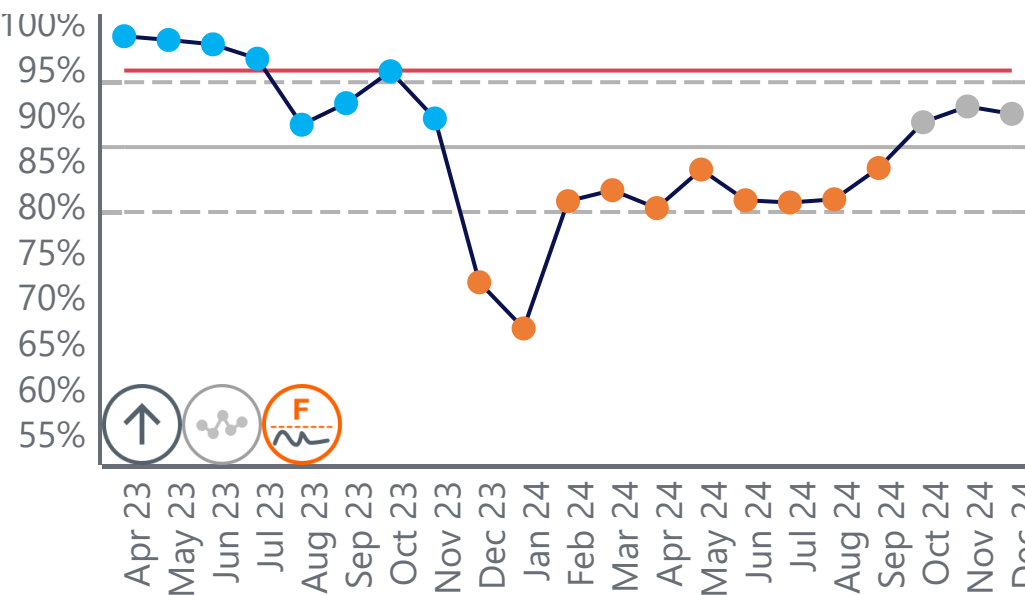
Incomplete Pathways 35+ Weeks



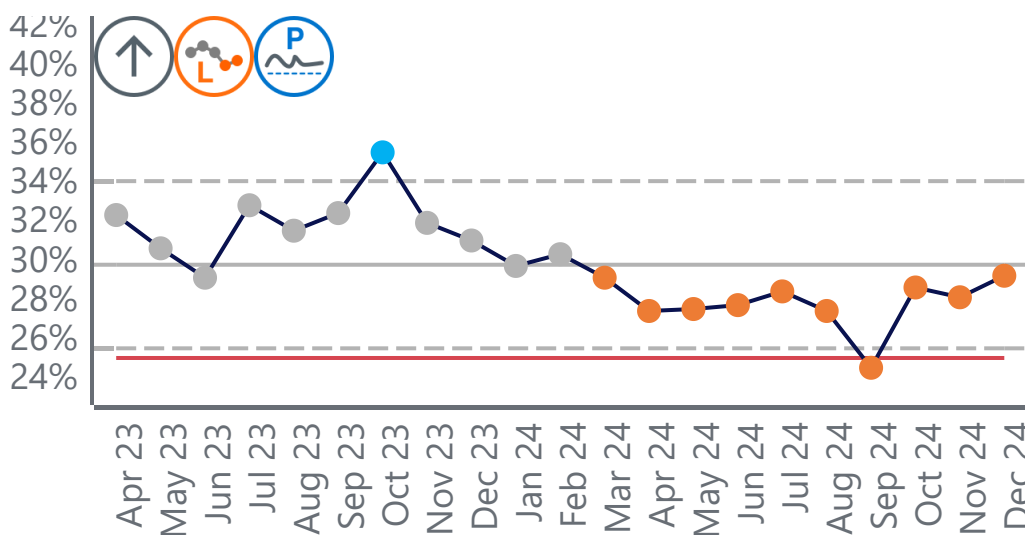
Overall Size of Waiting List



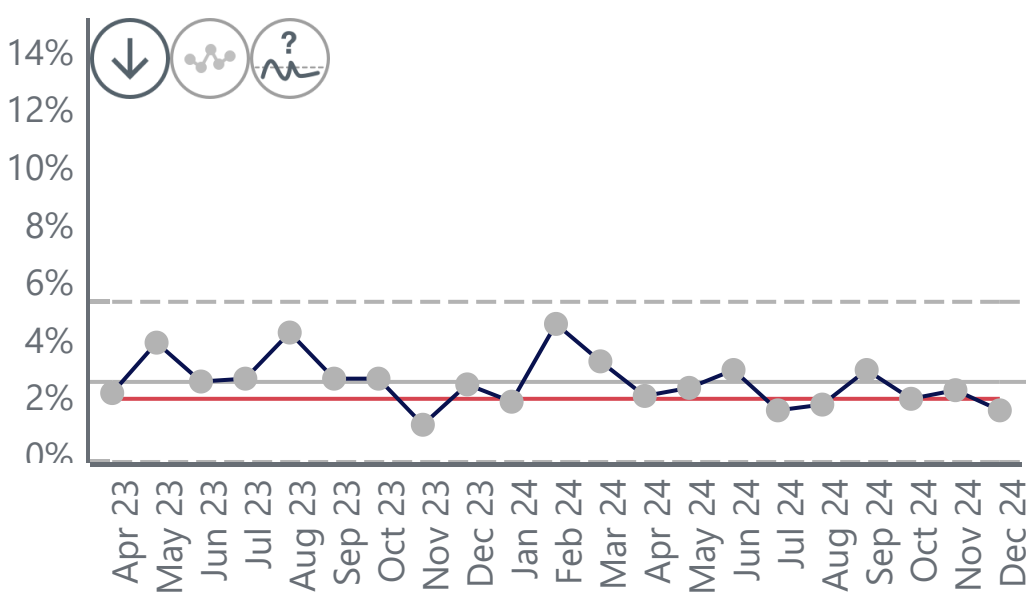
Maximum 6-week wait for diagnostic procedures



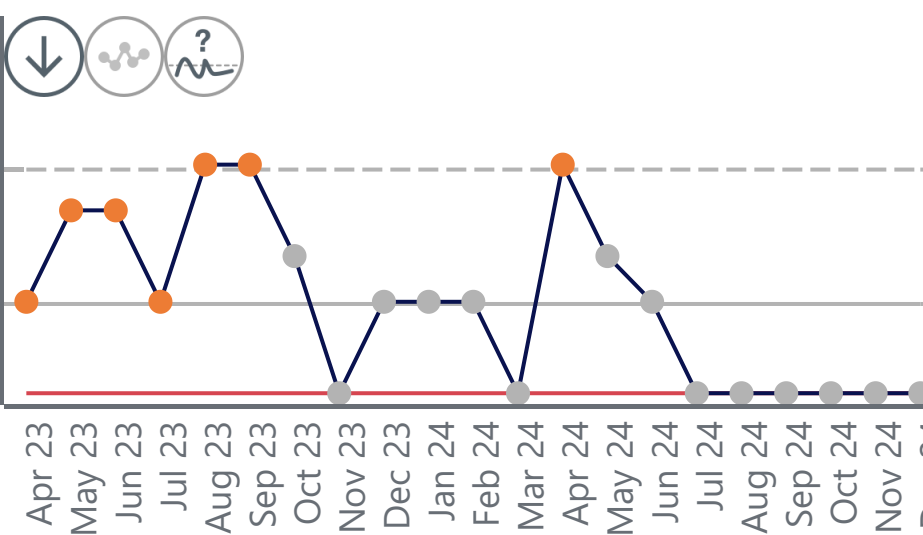
Outpatient activity delivered remotely via telephone or video consultation



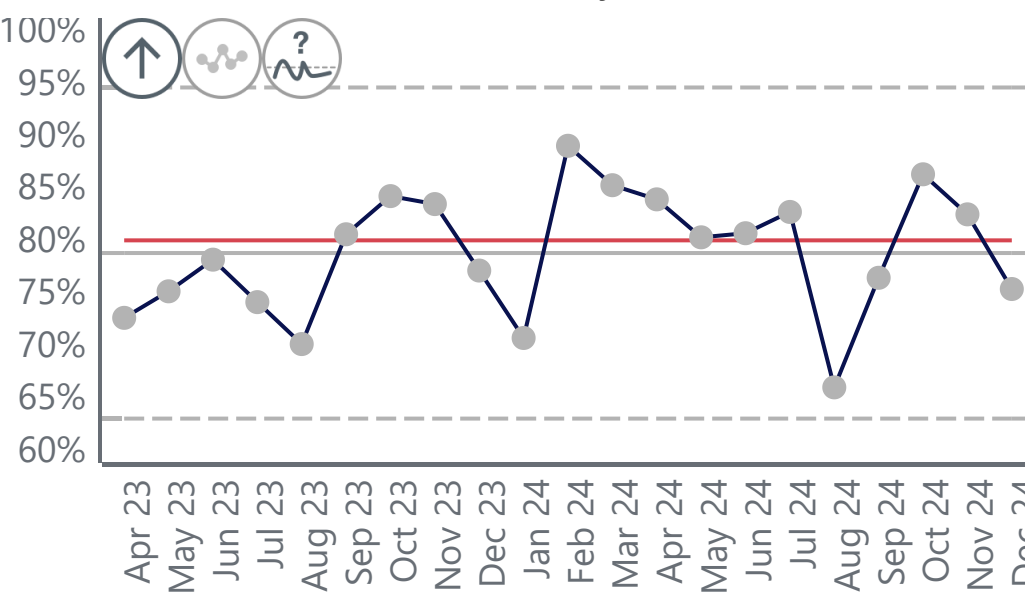
Cancelled Operations for non-clinical reasons



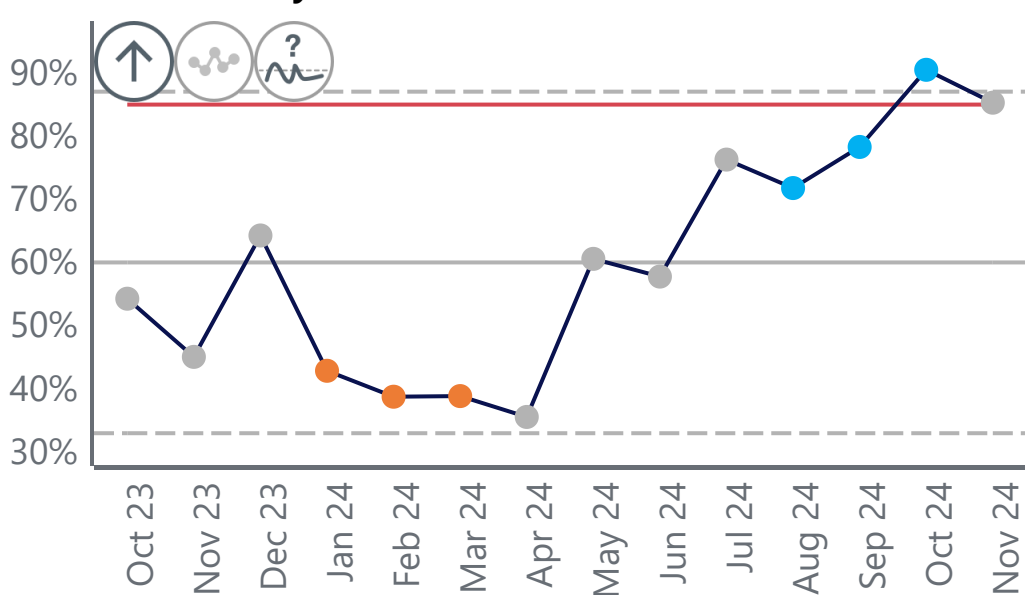
Patients not booked in within 28 days (non clinical cancellations)



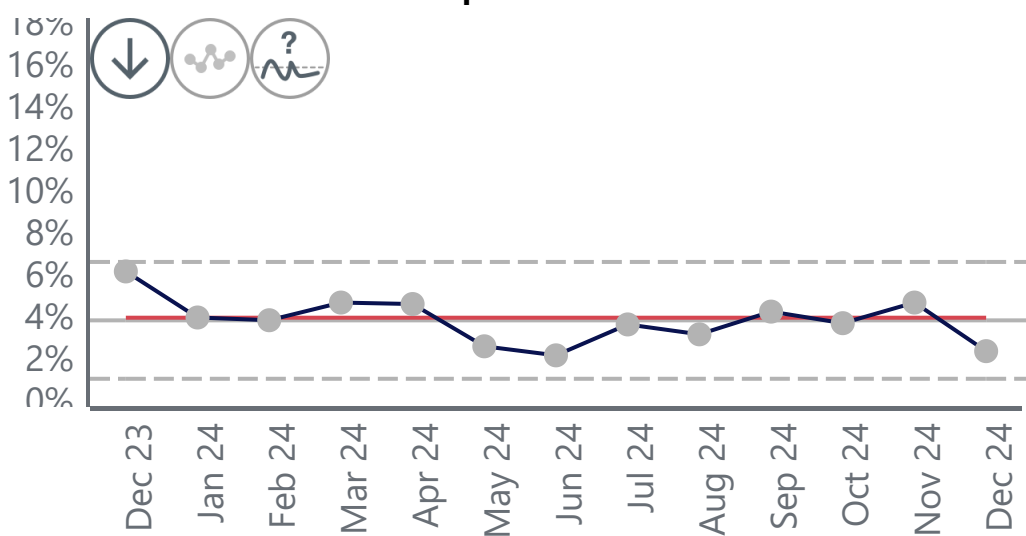
Bed Occupancy



Cancer: 62-day referral to treatment standard



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



Productivity

SRO: Ben Davies, Associate Director of Transformation

Highlights:

A productivity meeting was held with key members of the teams late August looking at our Model Hospital benchmarking data and how we best focus our efforts to improve our patients experience, which in turn will improve our Model Hospital position. As a group we agreed to keep our efforts directed at a handful of programmes to ensure we didn't over commit and under-deliver but instead implemented realistic sustainable change.

Three key drive metrics were agreed:

- * Improved Theatre and Cath Lab utilisation
- * Reduced DNA rates
- * Reduced overdue follow-up appointments

In order to deliver these changes we have implemented the following 4 programmes of work:

- * Theatre and Cath Labs
- * Outpatients
- * Diagnostic Delivery
- * Coding and Data Capture

Areas of Concern:

- * Performance reported through Outpatient Slot Utilisation and Overdue Follow Ups requires further development and refinement. The current performance displayed is not a true reflection of these areas.
- * Performance within Outpatient Slot Utilisation metric is significantly impacted by clinics no longer in use which are unclosed on PAS as well as slot configuration within clinics to accurately reflect usage. The impact is slot capacity is overstated lowering utilisation performance. Divisional reviews are underway to update PAS to maintain the latest clinic position.
- * Overdue Follow Up requires further refinement as currently is based on patients on the FOWL who are overdue. Data requires inclusion of OWL transitional patients, those scheduled through Outpatient Care (not via a WL entry) as well as validation of waiters with missing overdue dates. The current configuration is aligned to figures presented through Weekly Performance. The impact is all waiters are currently not present within performance.
- * Echo & Sleep DNA rates are above national target however we are only now understanding the data with the dashboard in place.

Forward Look (with actions):

- * Transformation Programme Board in place to ensure the deliverability of programmes by identifying any risks and mitigation actions at the earliest opportunity.
- * Monthly programme meetings in place to support the implementation of identified areas for improvement and monitor performance against agreed KPIs.
- * Outpatient Slot Utilisation and Overdue Follow Ups to be focused on within the Outpatient programme to understand the current position and how we improve this going forward.
- * Session arranged with Cath Lab team to develop an action plan to improve flow and productivity
- * Work is planned for Echo & Sleep to determine how we communicate with patients and to improve text message reminders
- * A meeting being held regarding the coding of sleep studies and the governance regarding whether a business rule can be implemented for these clinics, which will significantly improve coding accuracy and the tariff
- * Currently conducting a series of PDSA cycles to streamline processes and improve theatre start times
- * In the process of implementing a new 'check and challenge' process for Theatre list scheduling supported by the Clinical Director to question overly ambitious theatre lists.

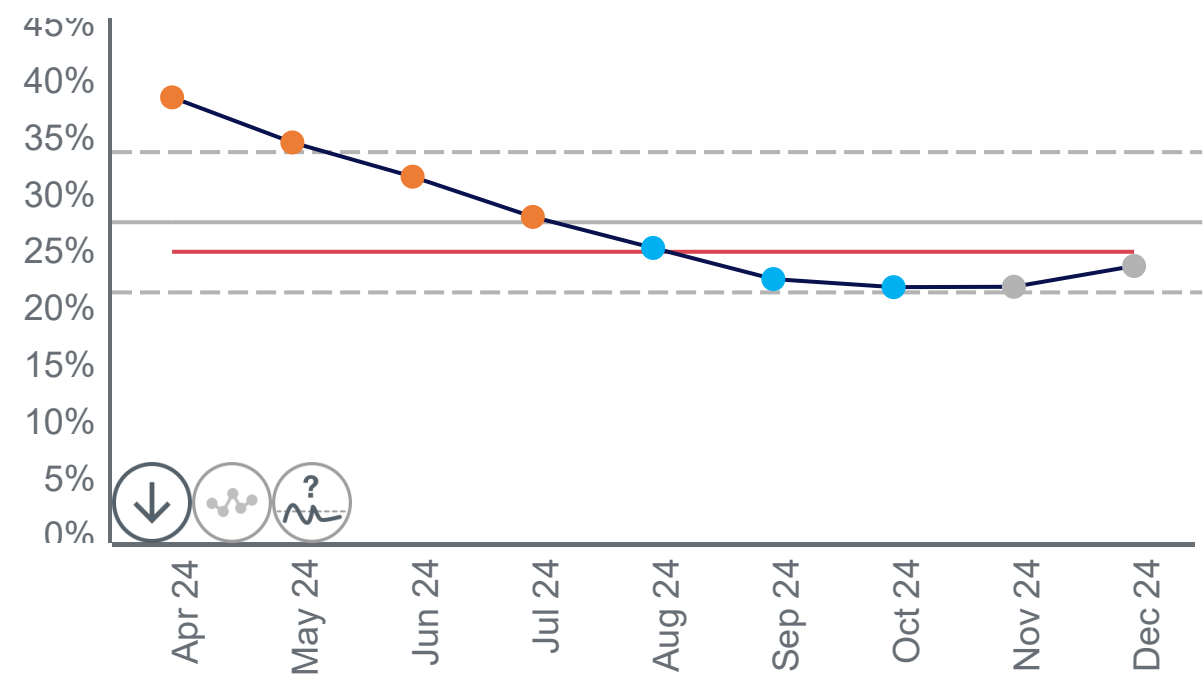
Productivity - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% Avoidable Cancellations (Theatres)	Dec-24	0.4	1%	1.6		
% Core Session Delivery (Theatres)	Dec-24	92.0	95%	97.4		
% Session Utilisation (Theatres)	Dec-24	79.2	85%	83.8		
Diagnostic DNA Rate	Dec-24	7.0	3%	6.7		
CT DNA Rate	Dec-24	3.0	3%	4.6		
MRI DNA Rate	Dec-24	6	3%	4.9		
Echo DNA Rate	Dec-24	10	3%	8.4		
Sleep DNA Rate	Dec-24	32	3%	18.2		
% Patients on PIFU	Dec-24	1.6	2%	1.5		
Overdue Follow Ups	Dec-24	23.75	25%	27.6		
Slot Utilisation	Dec-24	38.1	85%	33.5		
Theatre and Cath Lab Utilisation Combined	Dec-24	83.65	85%	85.8		



Productivity - Drive Metrics

Overdue Follow Ups



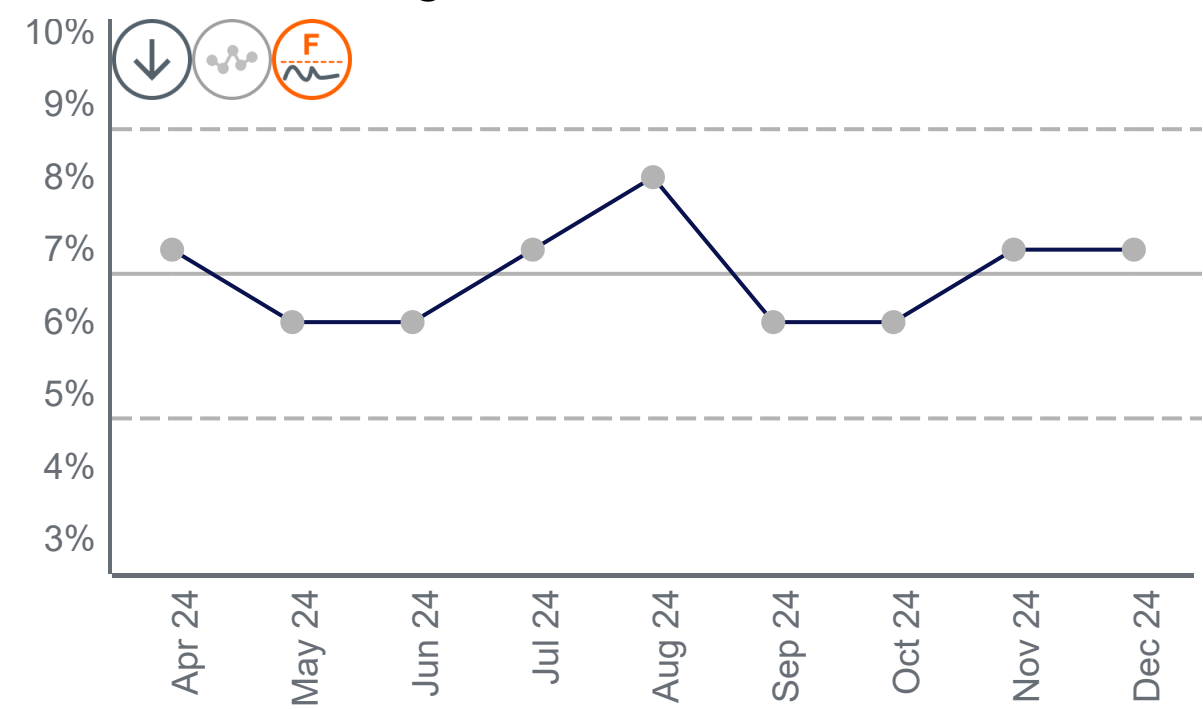
Technical Analysis:

Currently the target of 25% is being achieved. Over the recent moves performance has shown improvement. Further consistency required to ensure recent performance is maintained.

Actions:

- * Ongoing work for expansion of patient initiated follow up (PIFU) to improve follow up performance.
- * Developing an electronic solution to clinic room book and on-the-day flow.
- * Ongoing clinic template review.

Diagnostic DNA Rate



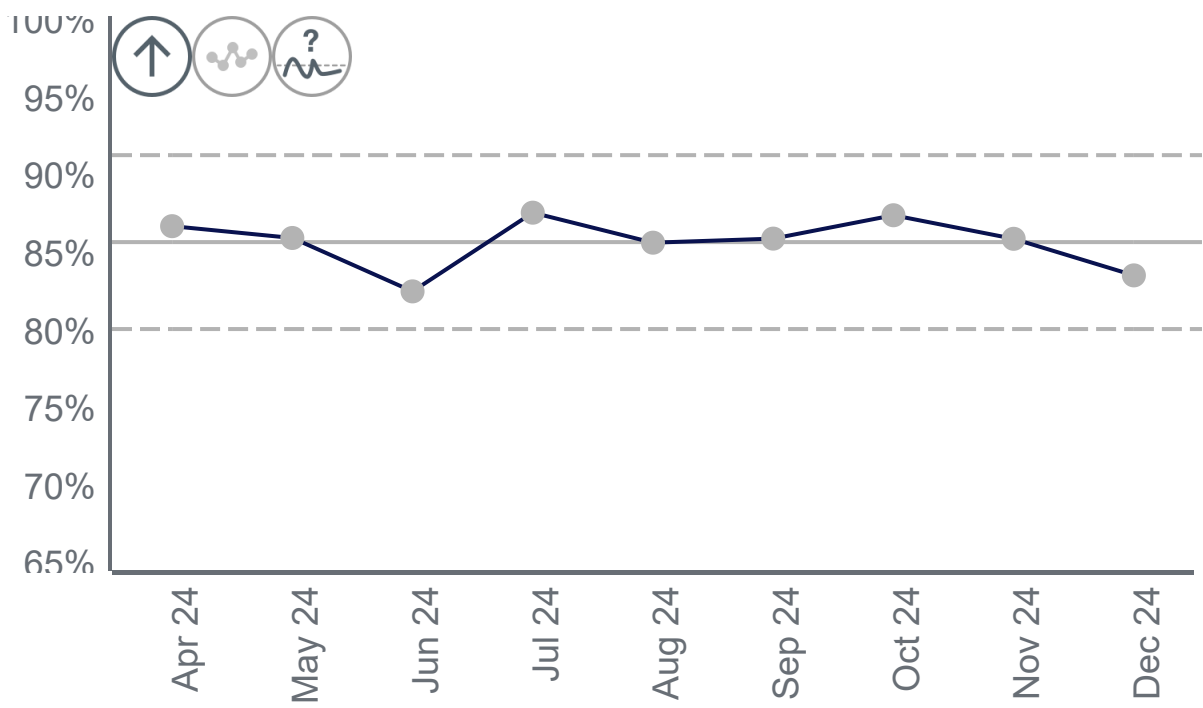
Technical Analysis:

Current performance is consistently falling short of the target. No significant change has been demonstrated over the first three quarters of 2024/25.

Actions:

- * A dashboard has been developed to understand the Trusts true position, highlighting areas for further investigation and improvement.
- * Initial focus will be to look at CT, MRI, Echo and Sleep DNA's, with a target DNA rate of 3%.

Theatre and Cath Lab Utilisation Combined



Technical Analysis:

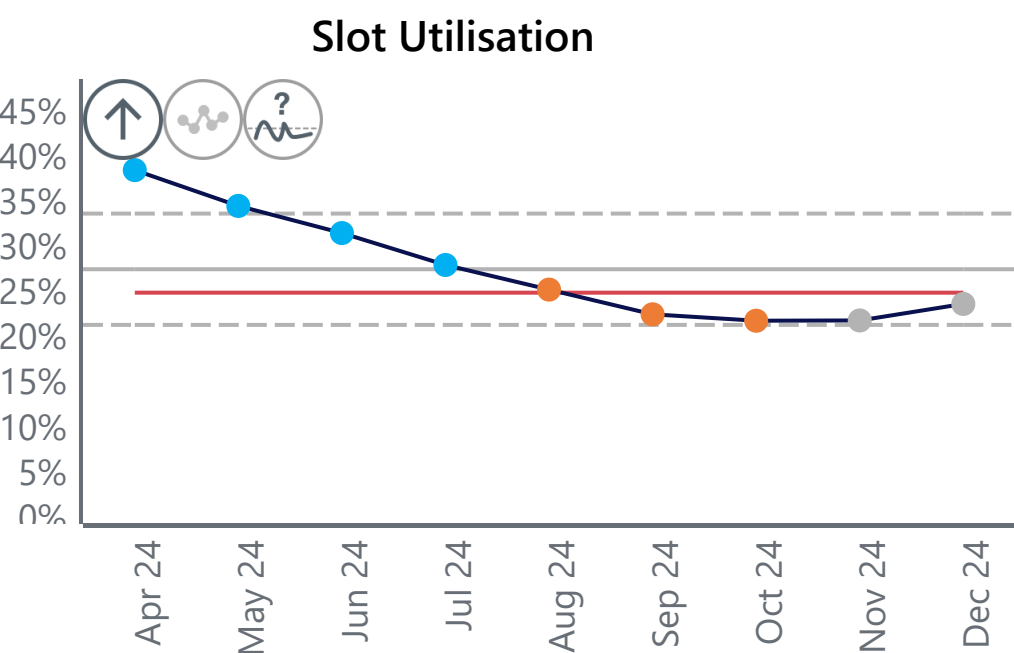
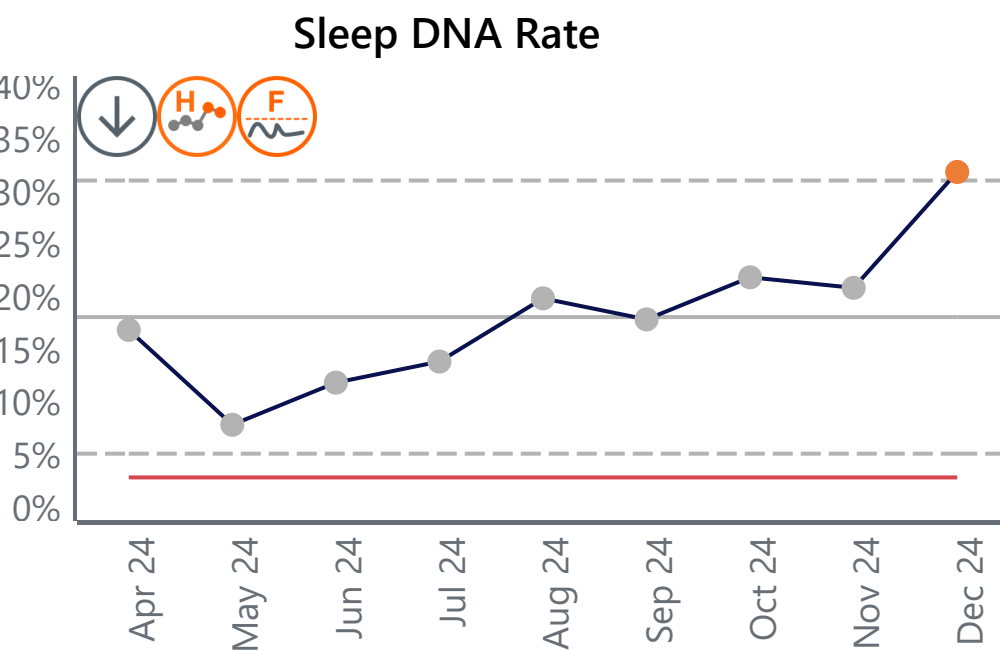
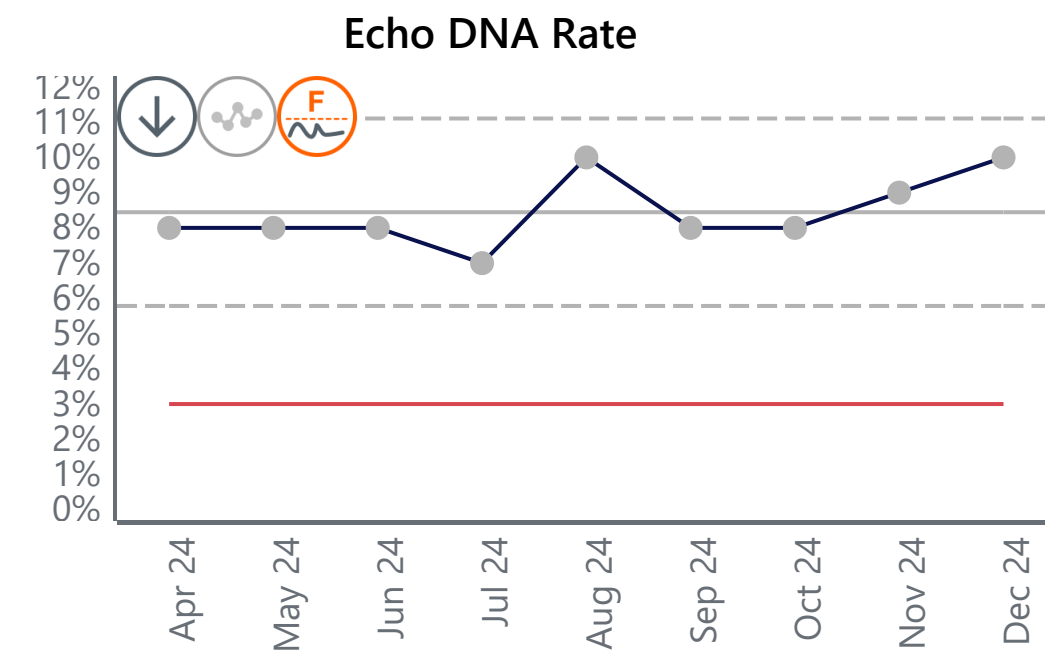
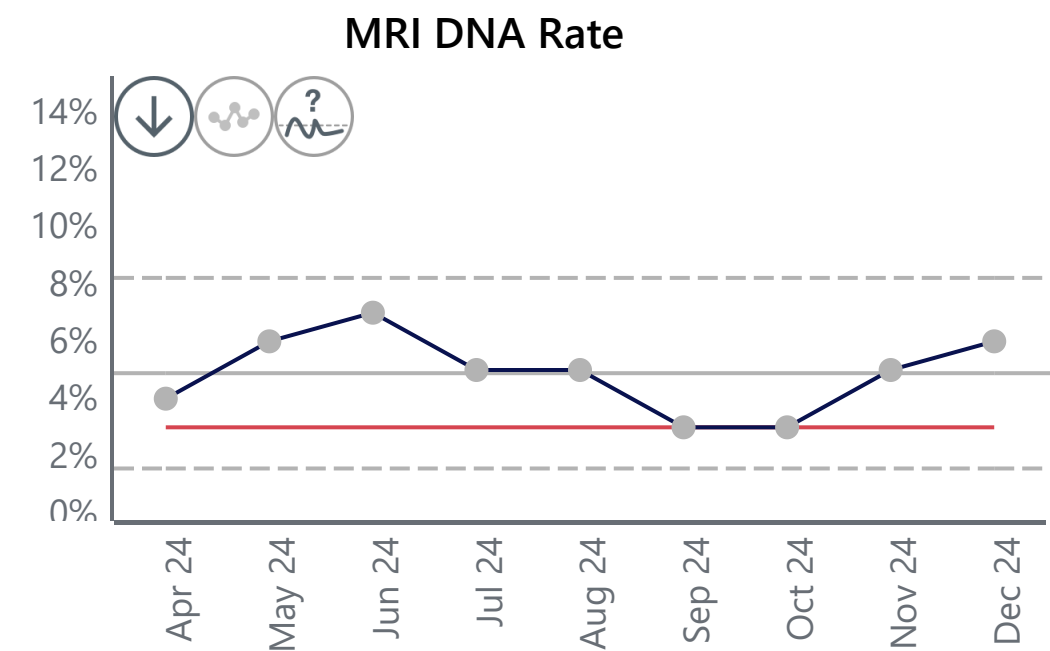
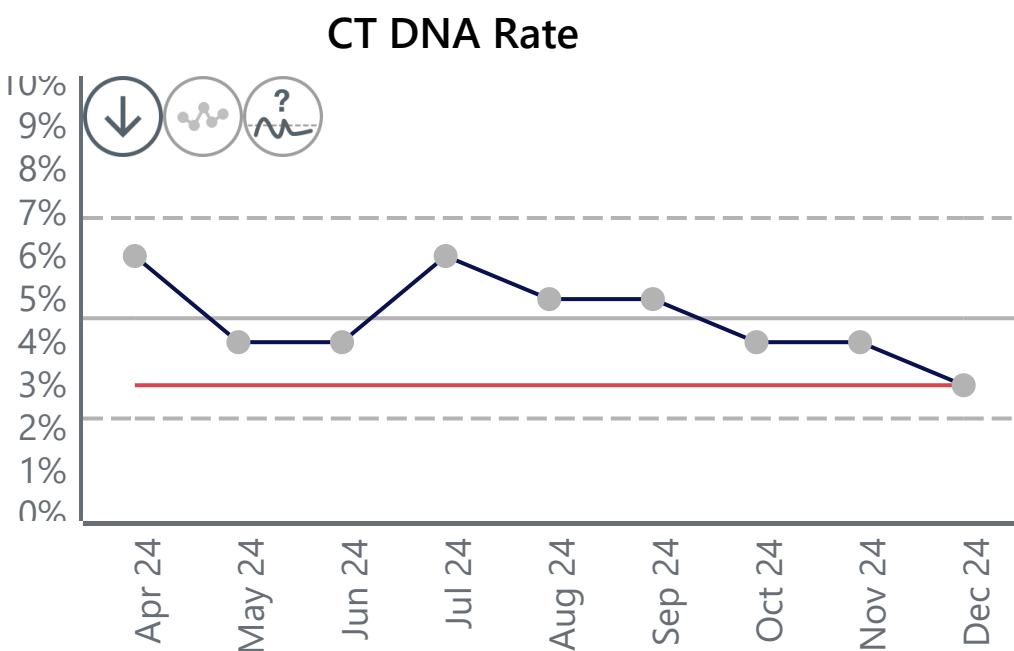
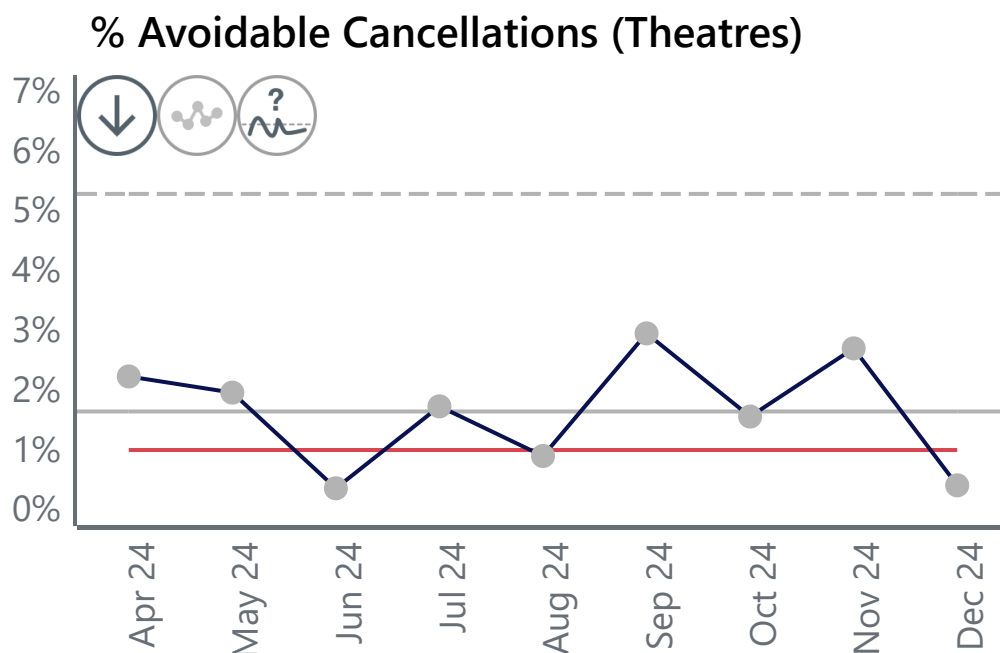
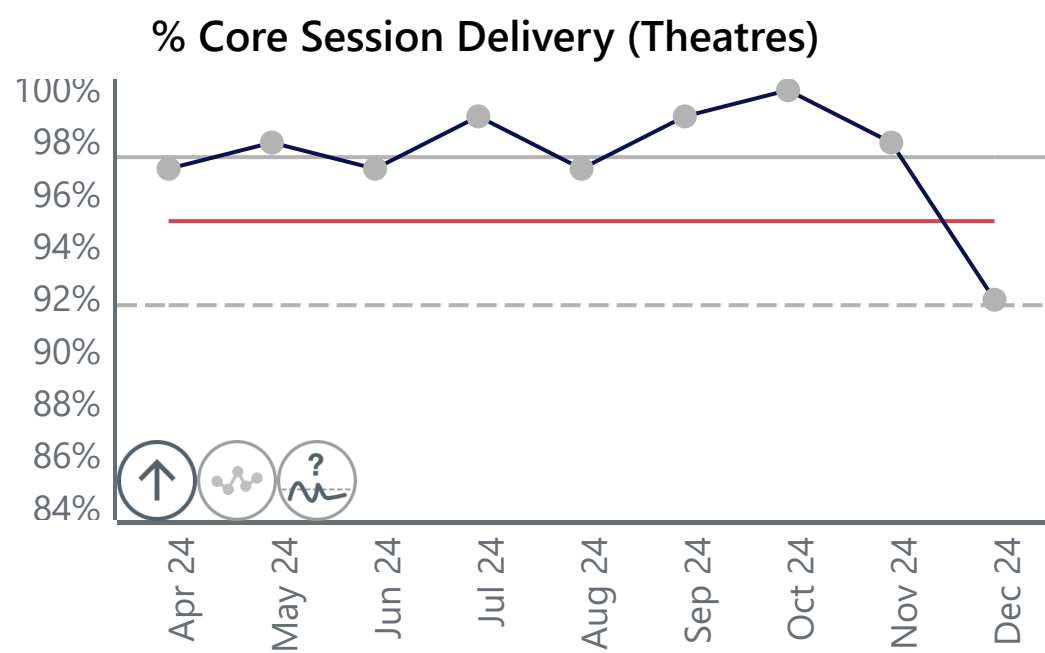
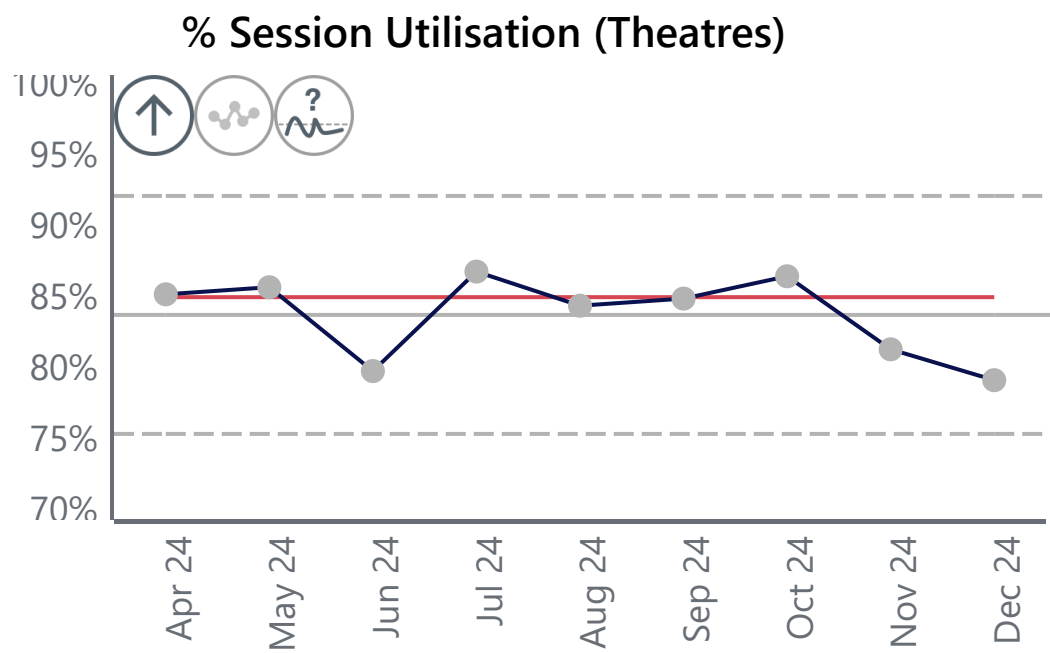
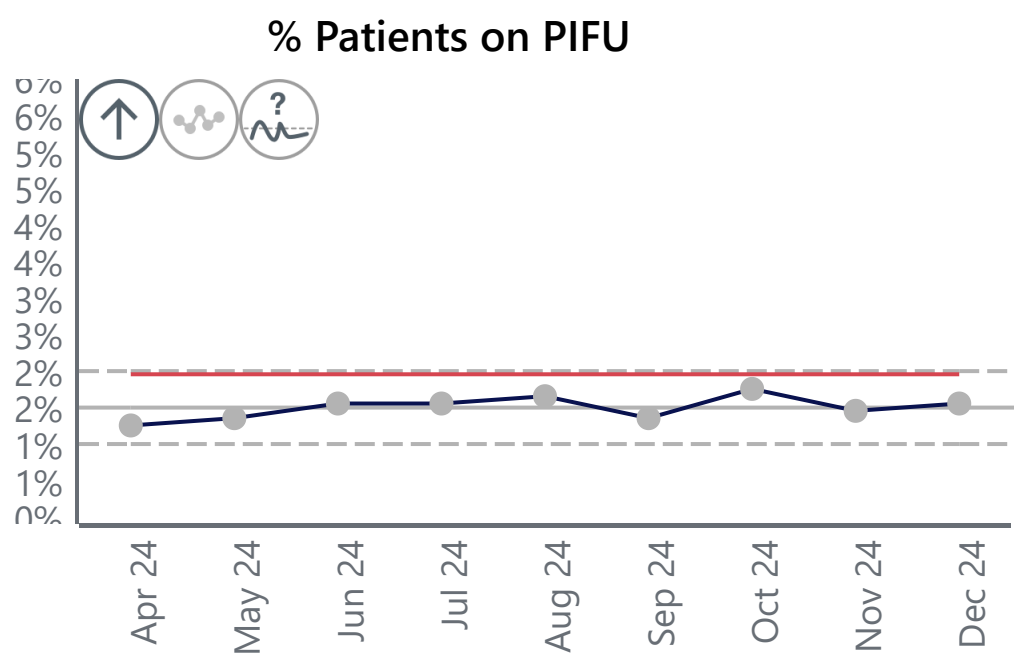
Current performance is displaying common cause variation of passing falling short of the target. Further action required to consistently achieve the target.

Actions:

- * 2 work groups underway looking at theatre flow and session utilisation.
- * Holly Procedural Room is undergoing a transformation piece to increase in-session and sessional utilisation. Improvements have already been seen to increase the number of cases listed for our TOE lists.



Productivity - Watch Metrics



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 just below target of 95%.
- * Referrals to a dietician for patients scoring high risk has improved with performance above the target of 90% 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 analytical team and ward teams granular level results continue to 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 remain fairly static albeit still low numbers. All falls are subject to an MDT review, nevertheless this will be kept under close review.

Forward Look (with actions):

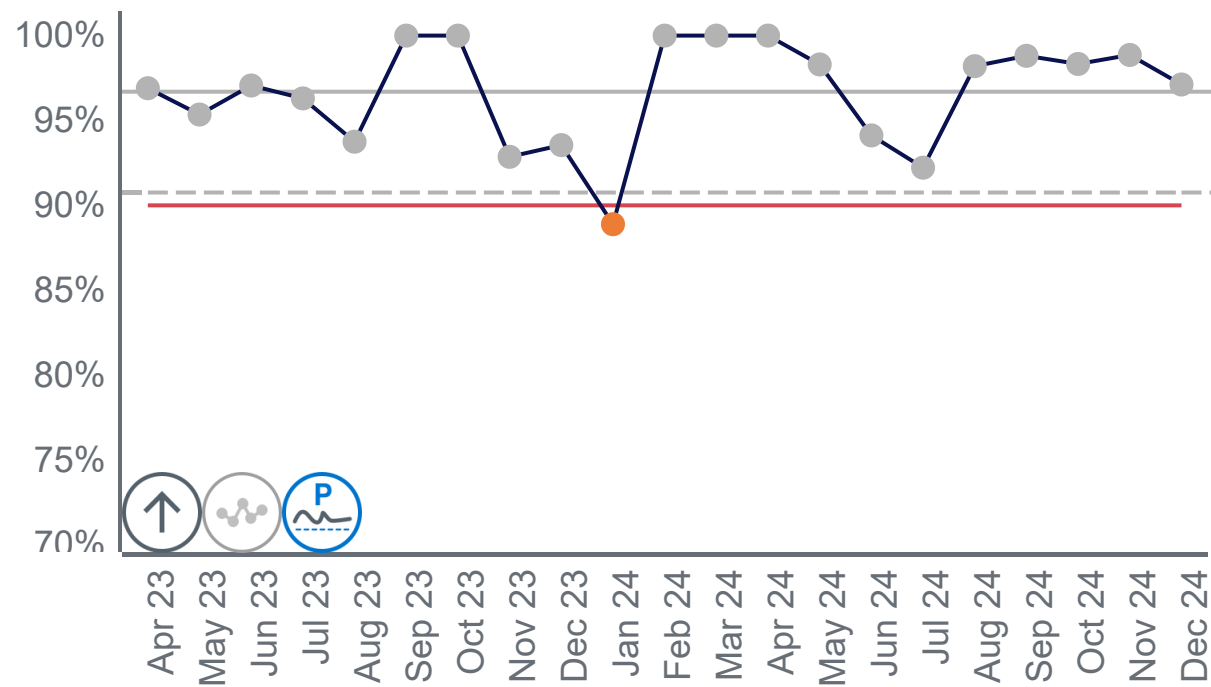
- *The radiological alert dashboard to be embedded and a focus on improving performance against the 28 day target for an RAR (Radiological alert report). New script for the dashboard being written to improve data quality, which would help drive performance.
- *Patients receiving their discharge summary on day of discharge sustained improvement continues to be made however not consistently and this is being discussed with the Divisional teams.
- * 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	Dec-24	92.7	>=95%	88.4		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Dec-24	93.0	>=95%	93.3		
Clostridium Difficile	Dec-24	0.0	0	0.3		
Delirium Risk Assessment to be completed on Admission and once a day	Dec-24	99.7	>=90%	98.5		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Dec-24	97.1	>=90%	97.3		
Dementia - Find	Dec-24	100	>=90%	95.9		
FFT: REPUTATION	Dec-24	99.0	>=95%	98.5		
Gram Negative Bacteraemias	Dec-24	3	0	1.3		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Dec-24	0	0	0.1		
MRSA Bacteraemias	Dec-24	0	0	0.2		
MSSA Bacteraemias	Dec-24	1	0	1.1		
Number of Falls	Dec-24	15		6.4		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Dec-24	0	<=0.5	0.1		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Dec-24	0.0	<=0	0.1		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Dec-24	92	>=90%	89.2		
Occurrence of any Never Events	Dec-24	0.0	0	0.0		
Primary PCI - 60 minute 'Door-to-balloon' (national target)	Dec-24	83.3	>=75%	83.3		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Dec-24	57.1	>=95%	69.0		
Quantity of complaints	Dec-24	0	<=6	1.3		
Venous thromboembolism (VTE) risk assessment	Dec-24	94.3	95%	94.3		
Number of Incidents No Harm and Near Miss	Dec-24	103	143	110.6		
Number of Incidents rated Minor Harm or Above	Dec-24	29	25	29.1		
Incident Closures within 28 days	Dec-24	67.0	0	61.9		
Surgical Site Infections	Oct-24	6.8	0%	7.8		

Quality of Care - Drive Metrics

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



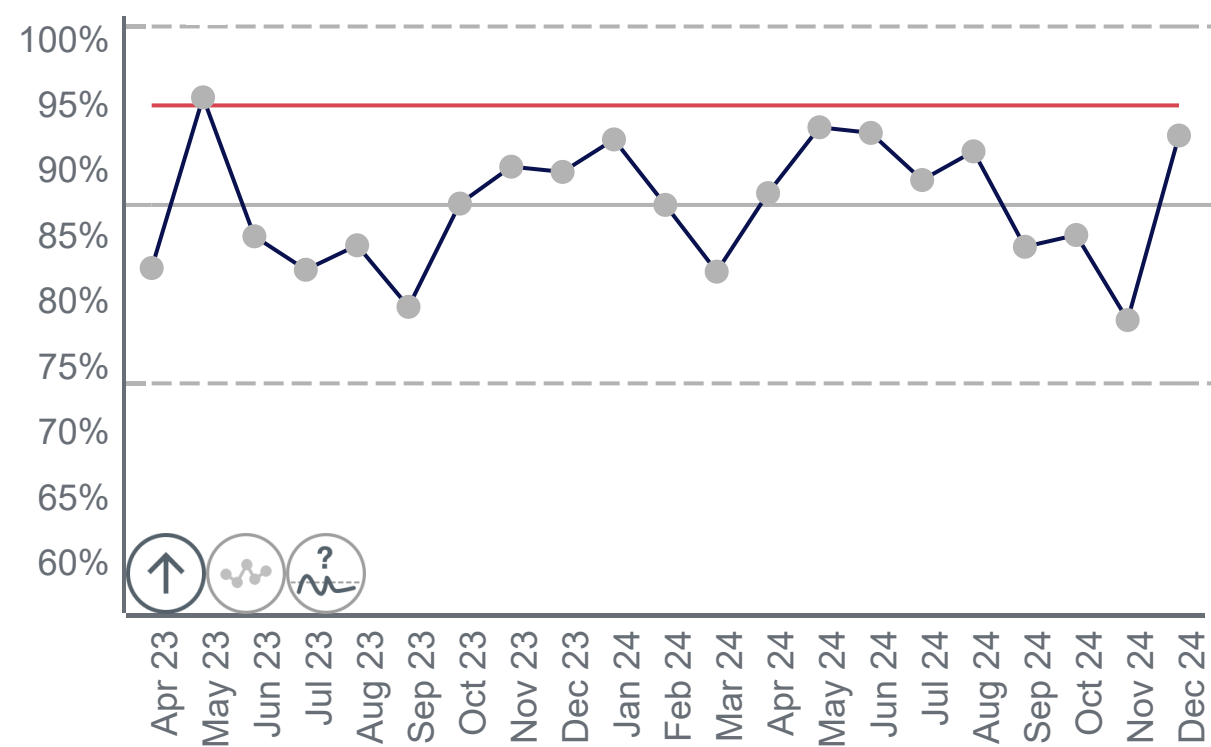
Technical Analysis:

Performance of the one hour Target remains above the target. This displays positive consistency for Sepsis identification and treatment. Over the most recent 18 month period the trust has failed this target only once.

Actions:

Maintain weekly feedback to clinicians if this metric is missed.

% of radiological alerts with a response document



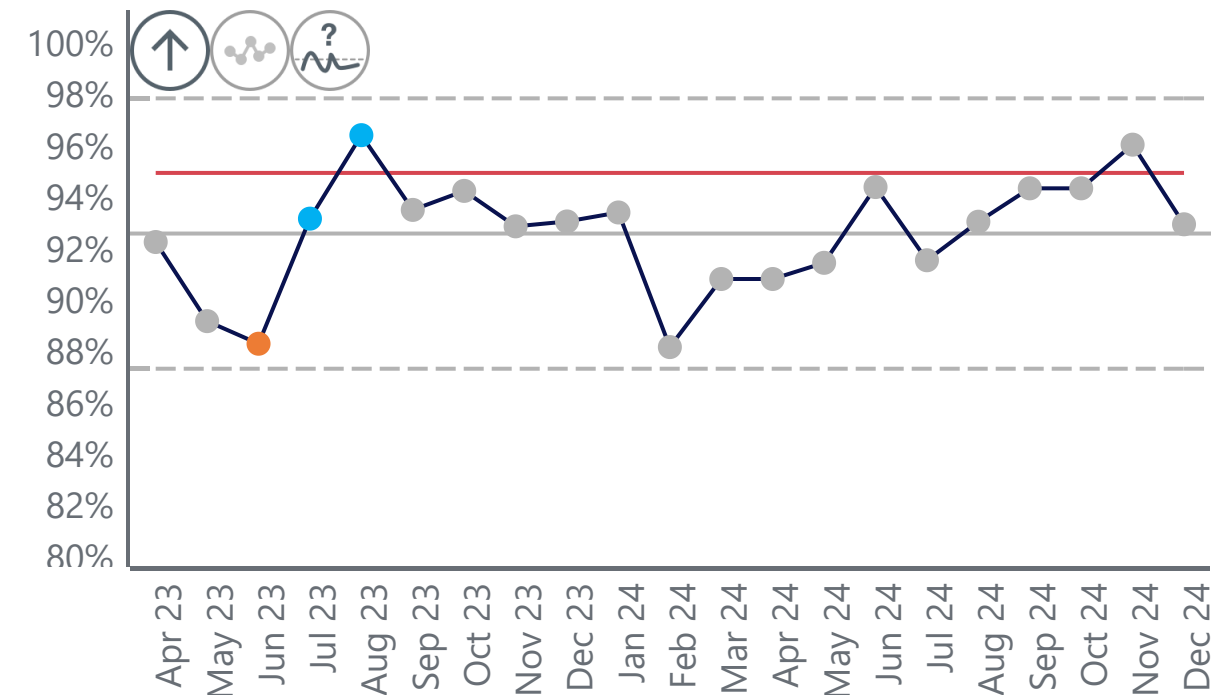
Technical Analysis:

November 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 data source has been created which is more robust. The existing dashboard has been repointed with the addition of long standing records with no RAR. Divisions continue to use the existing dashboard to improve compliance. Training to continue support DQ concerns.

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



Technical Analysis:

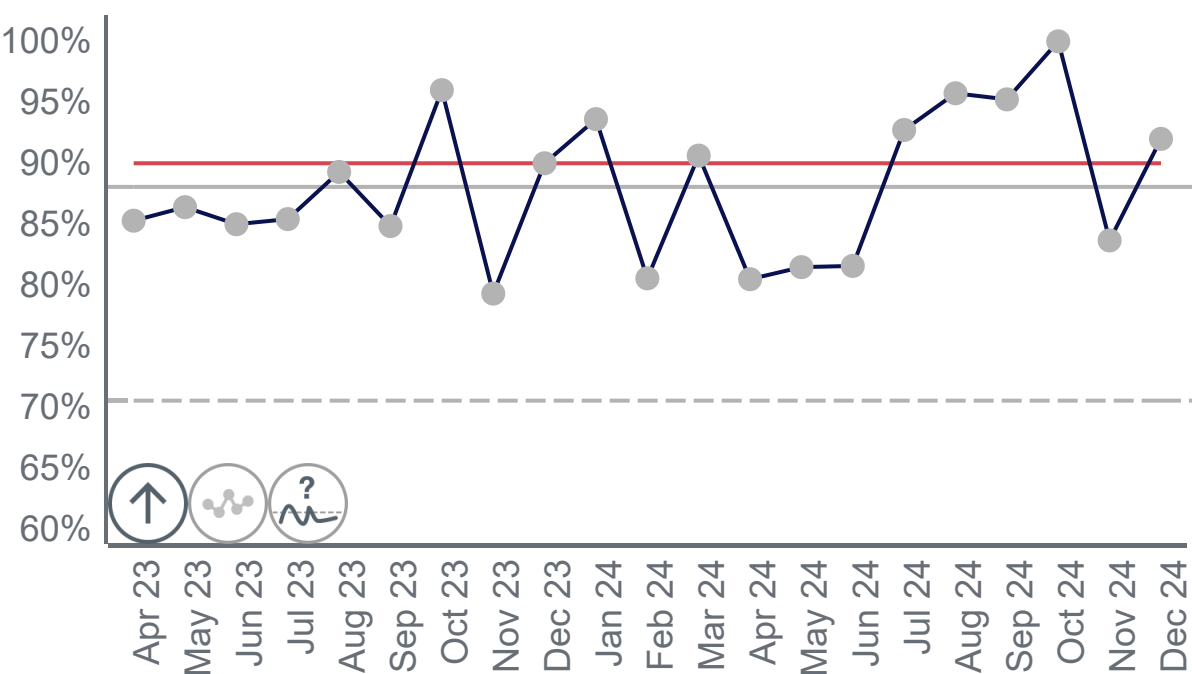
Performance in December is below the target of 95%. Improvement required to consistently achieve target with the metric displaying common cause variation.

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



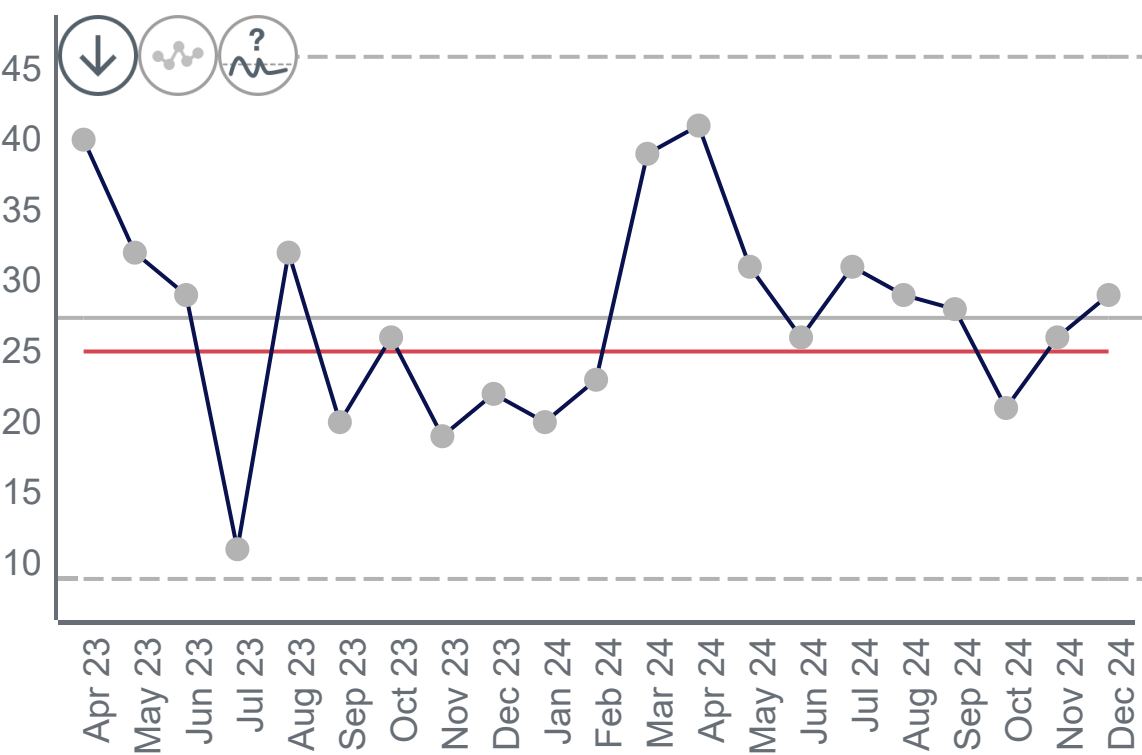
Technical Analysis:

Performance within December was 92%, which is above the target of 90%. Continued improvement required to provide consistency which will see the metric move away from 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:

Performance is showing common cause variation of passing and failing the targeted. A period of increase in the number of Harms has shown a reduction to levels seen at the end of 2023. Further improvement required to consistently achieve the target.

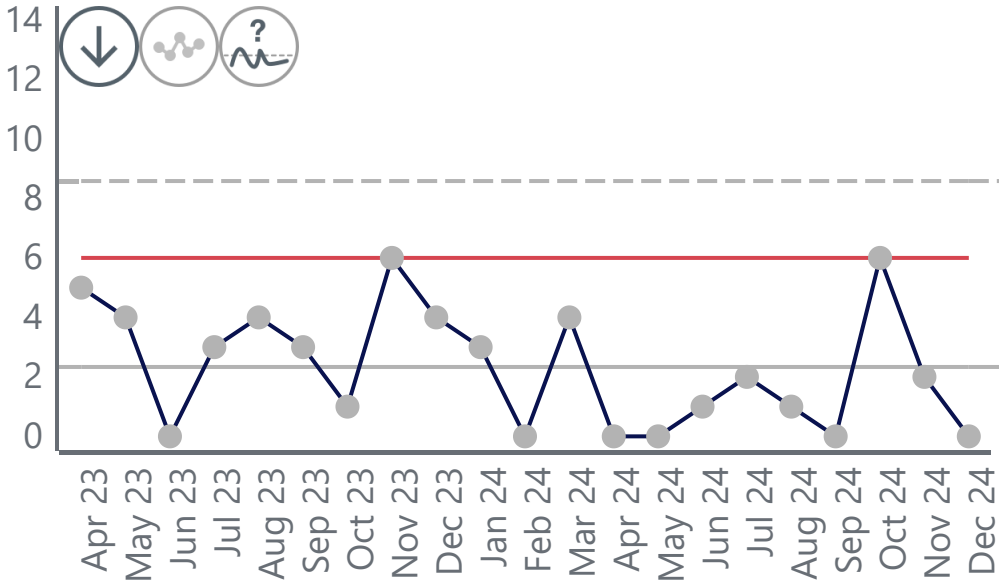
Actions:

Strong reporting culture and learning from incidents. Reviews continue via 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 and closely monitored.

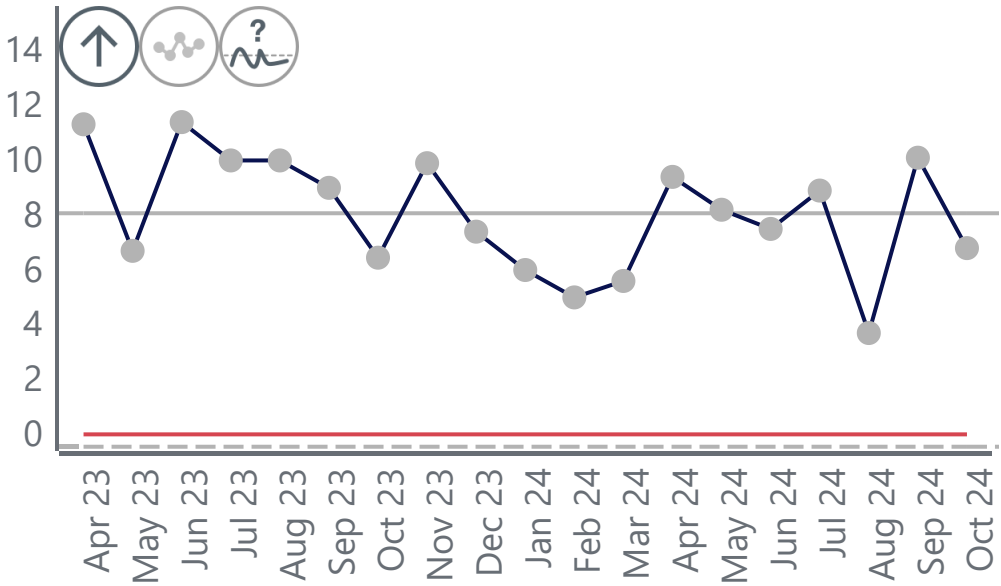


Quality of Care - Watch Metrics

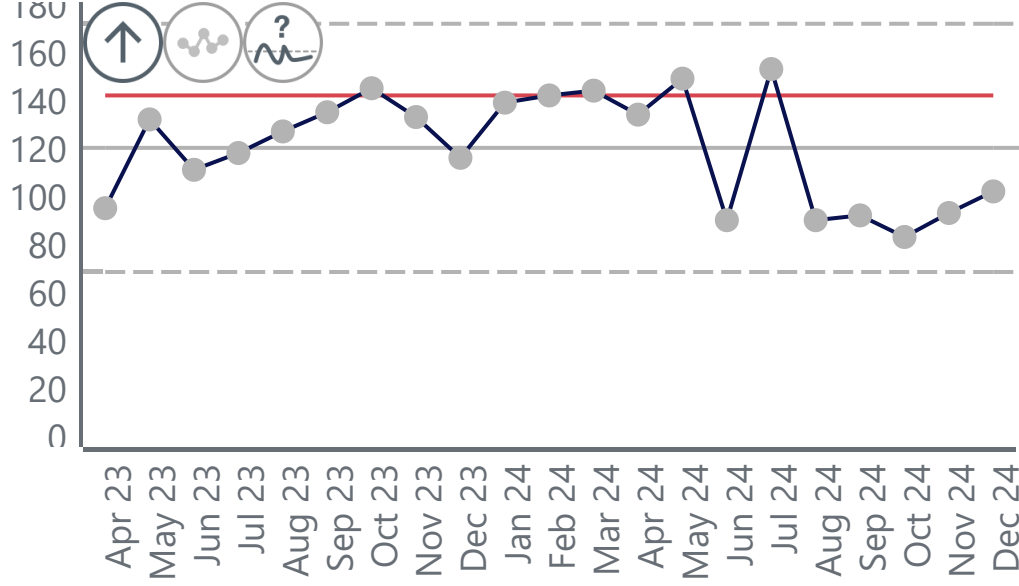
Quantity of complaints



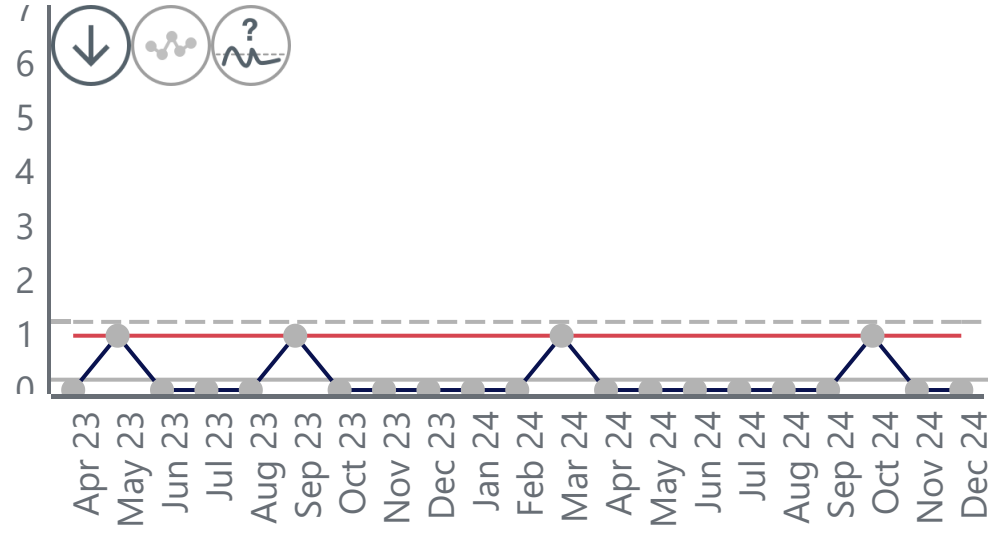
Surgical Site Infections



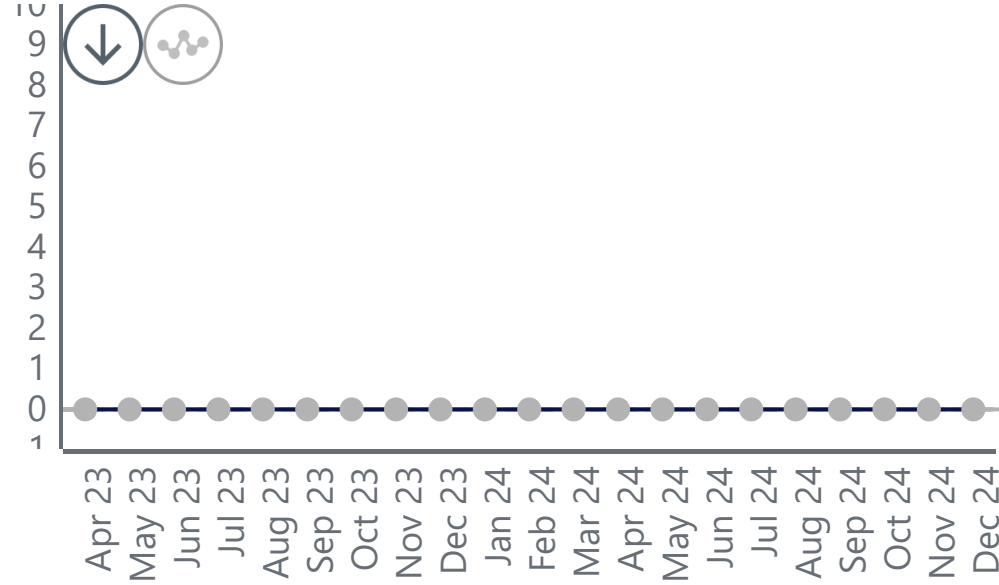
Number of Incidents No Harm and Near Miss



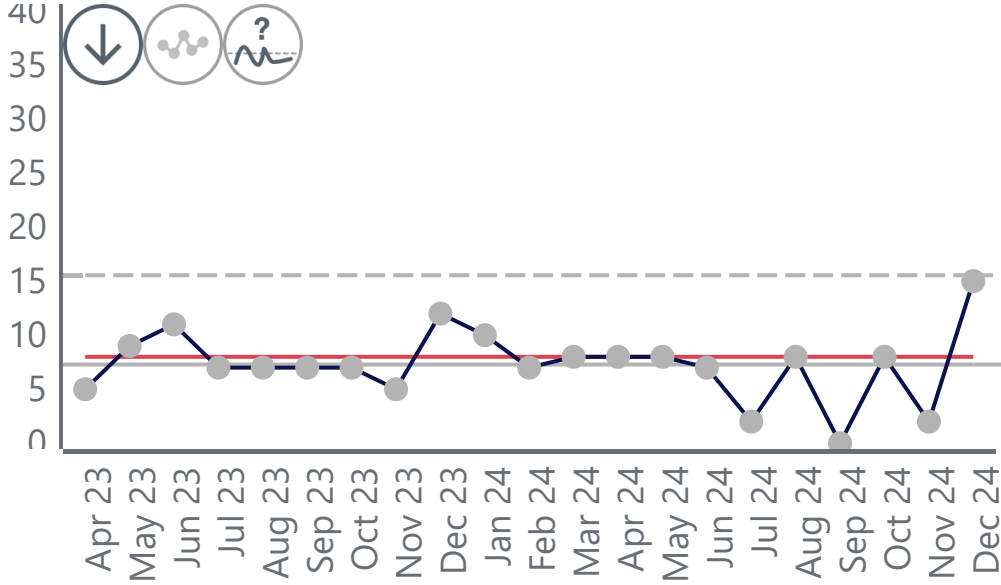
Incidents - Serious incidents, Never Events, Adverse Events (Red)



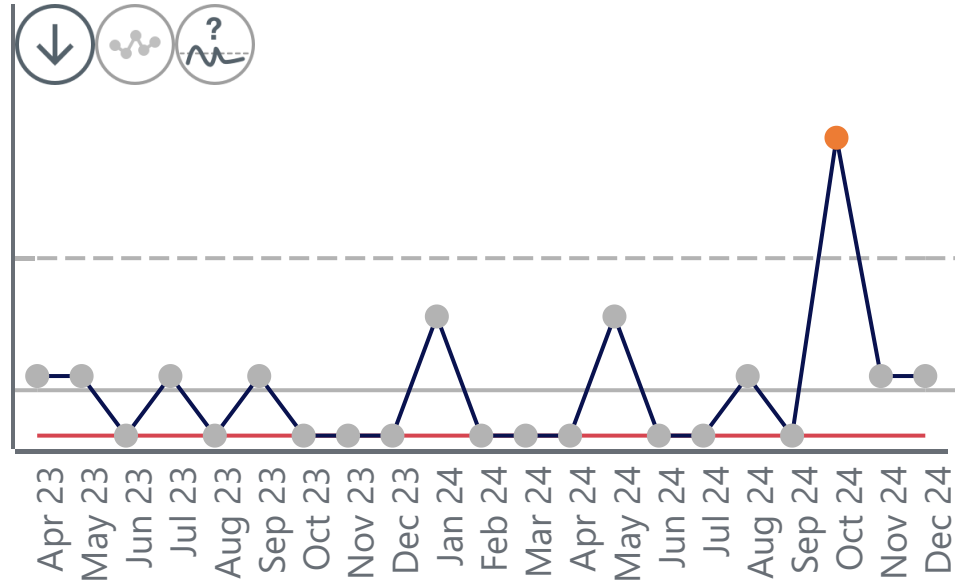
Occurrence of any Never Events



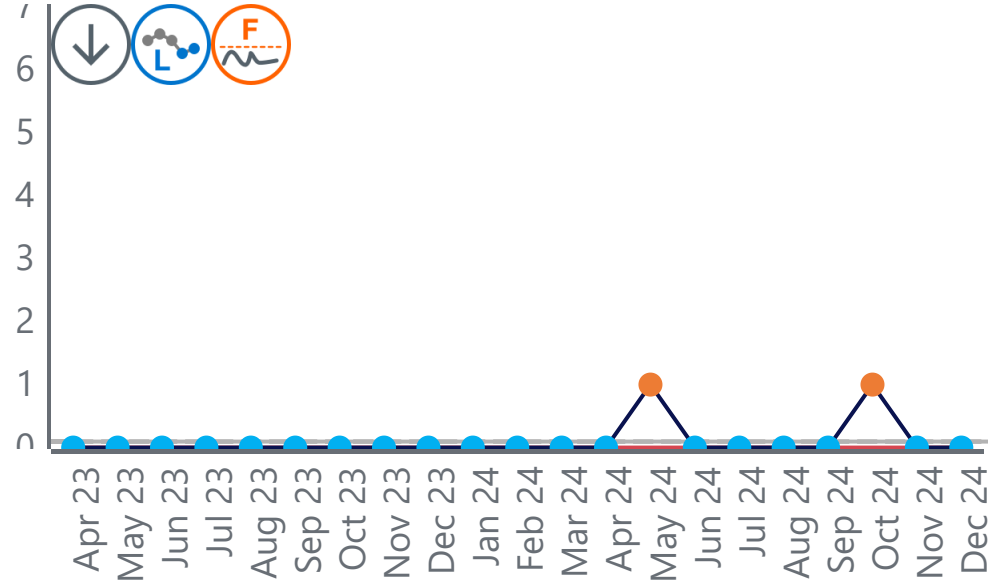
Number of Falls



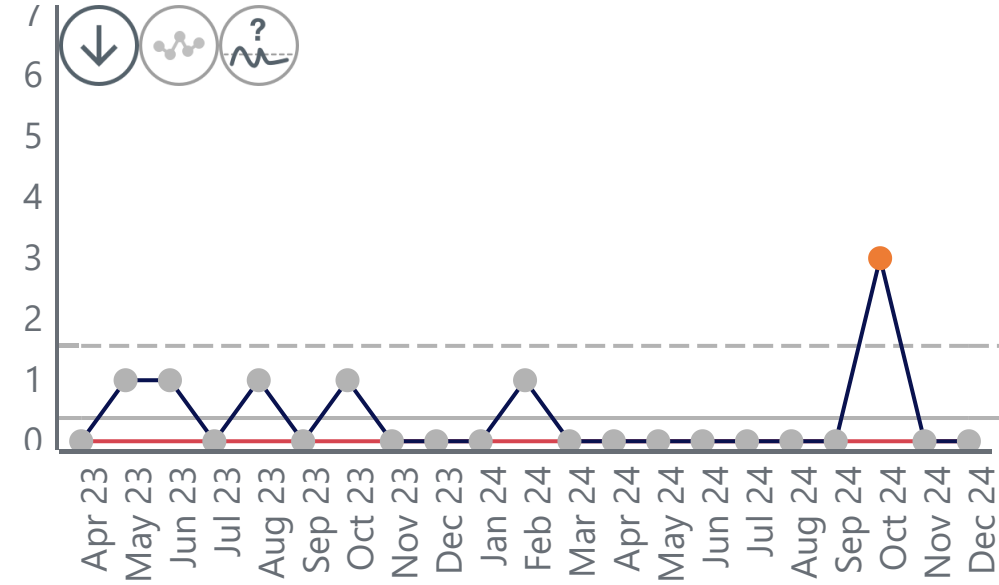
MSSA Bacteraemias



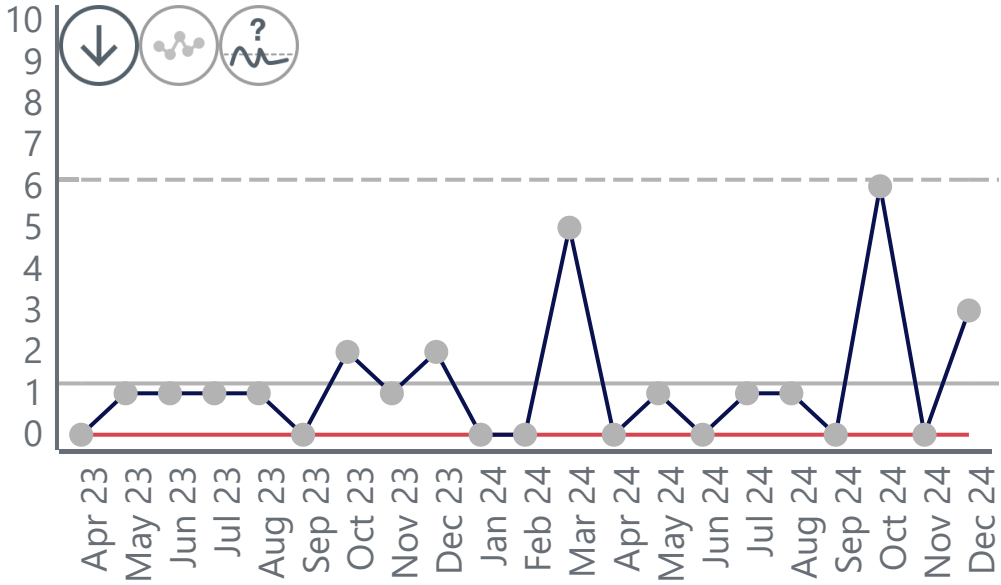
MRSA Bacteraemias



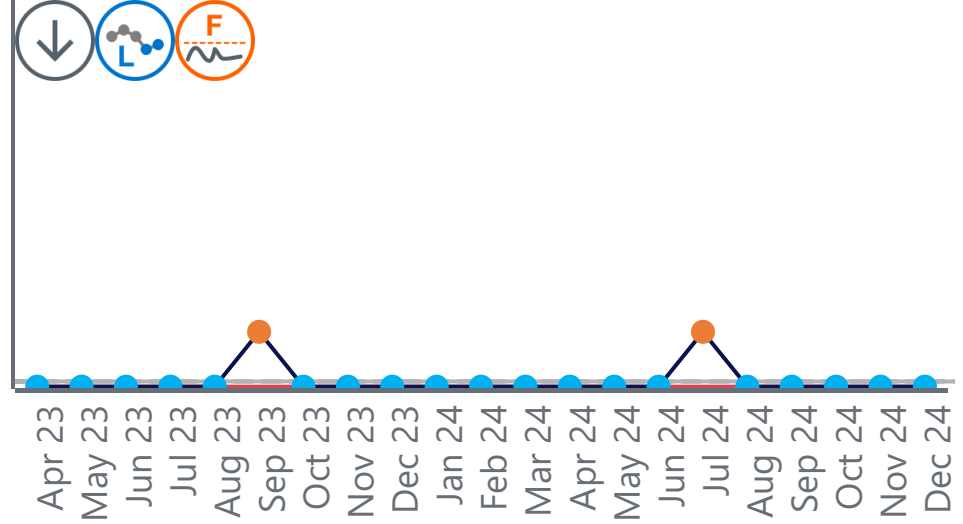
Clostridium Difficile



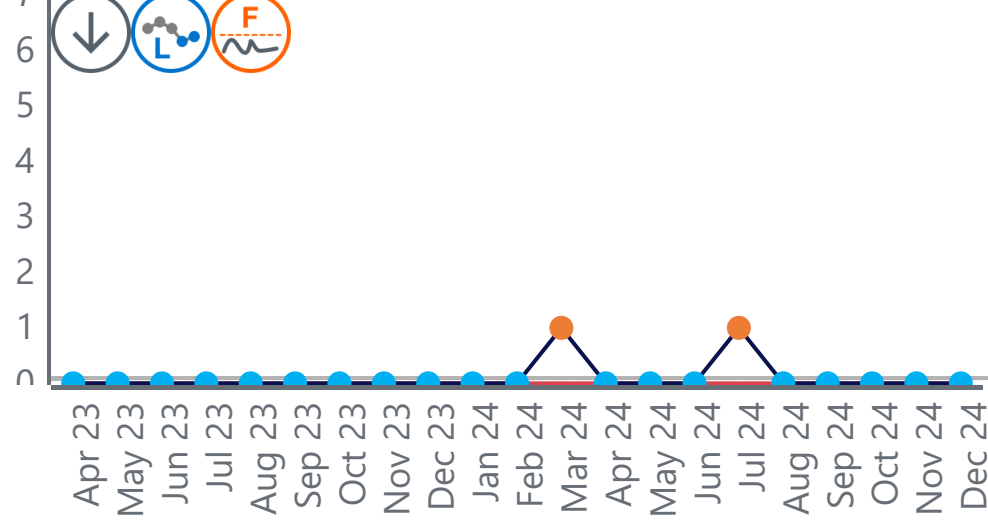
Gram Negative Bacteraemias



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

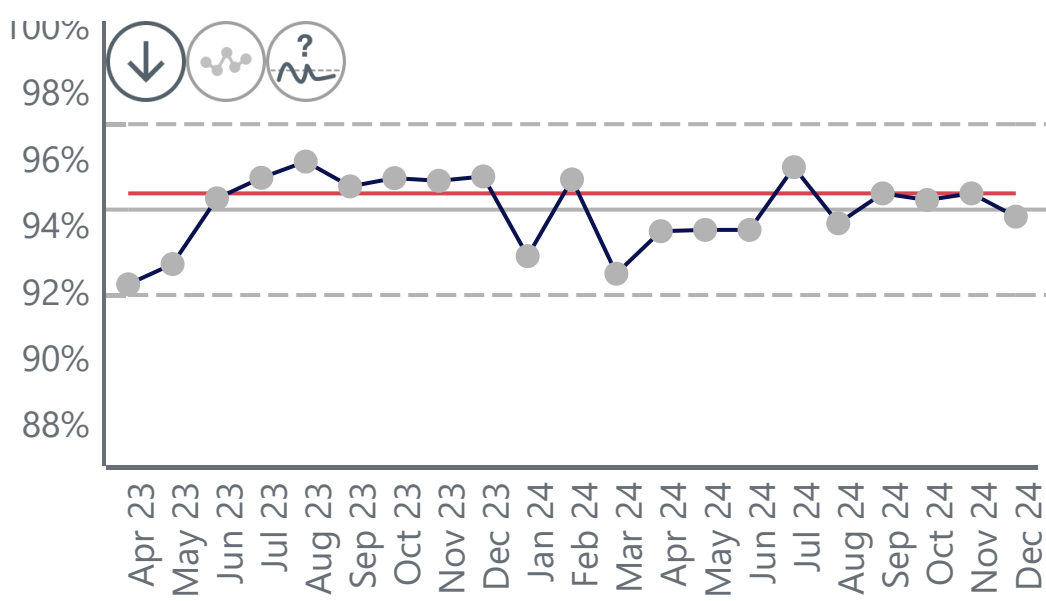


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

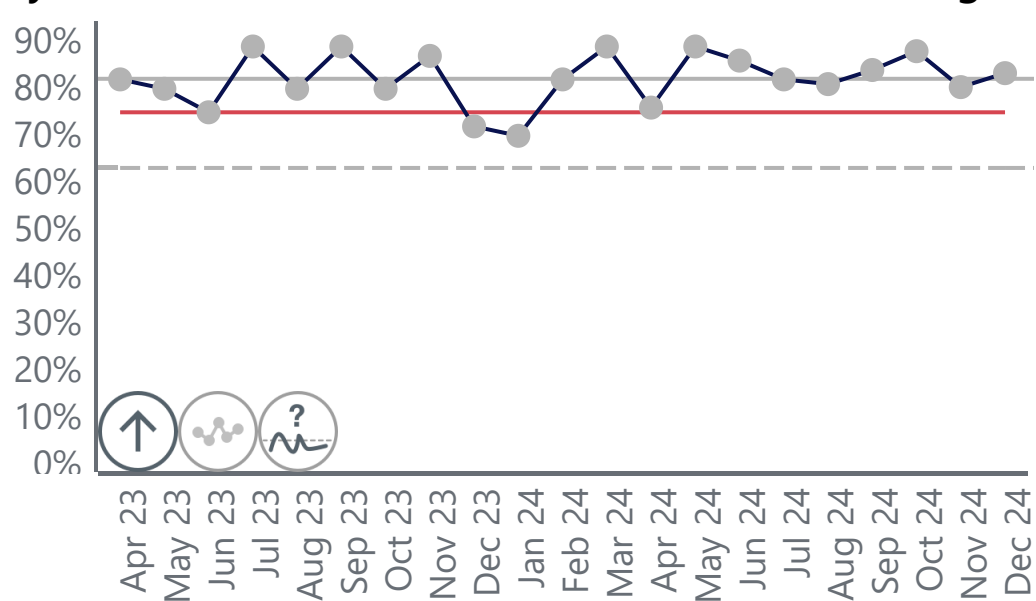


Quality of Care - Watch Metrics

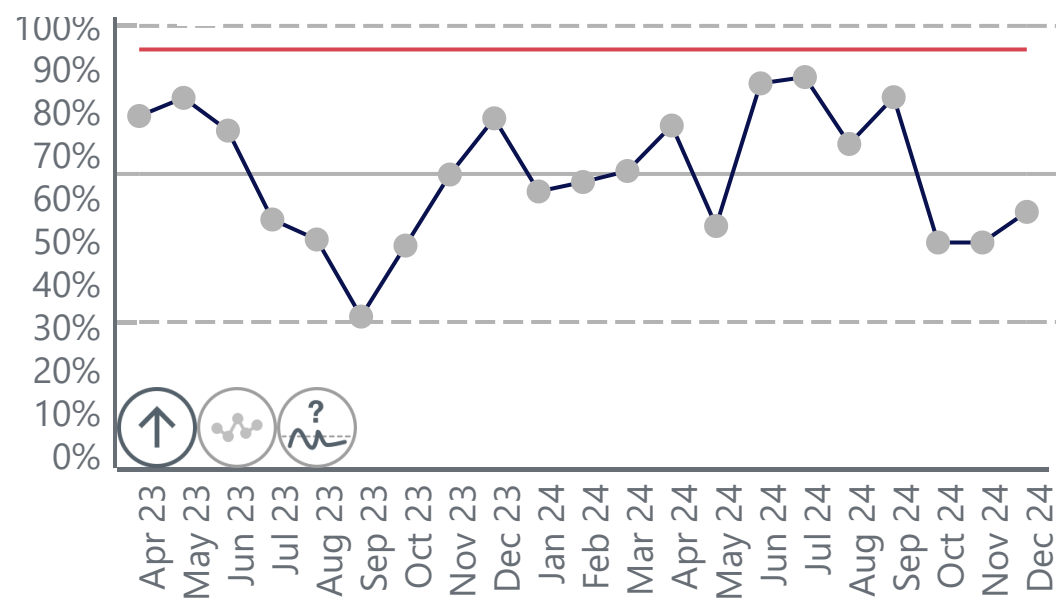
Venous thromboembolism (VTE) risk assessment



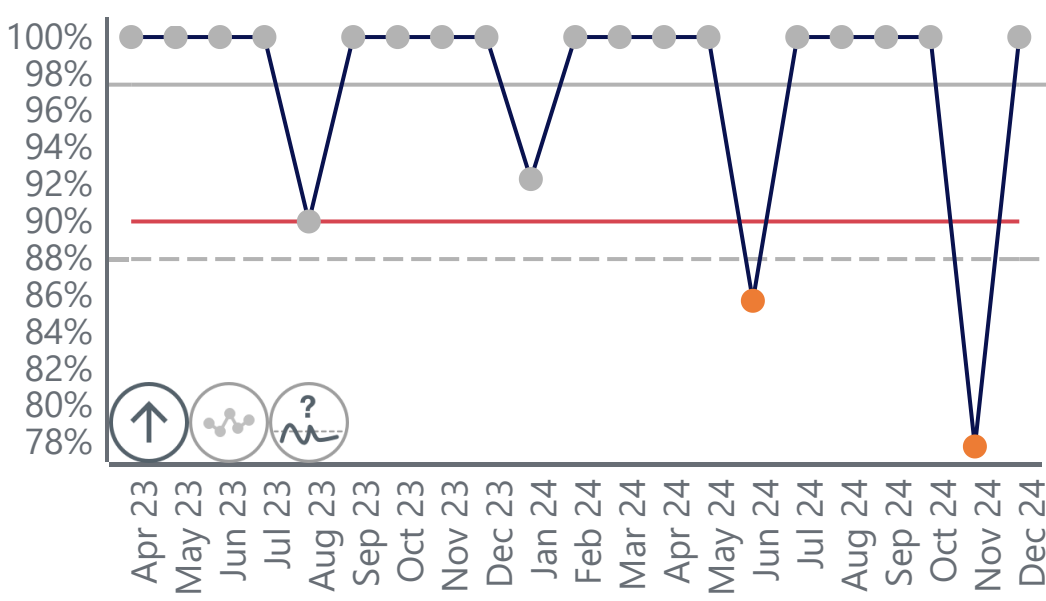
Primary PCI - 60 minute 'Door-to-balloon' (national target)



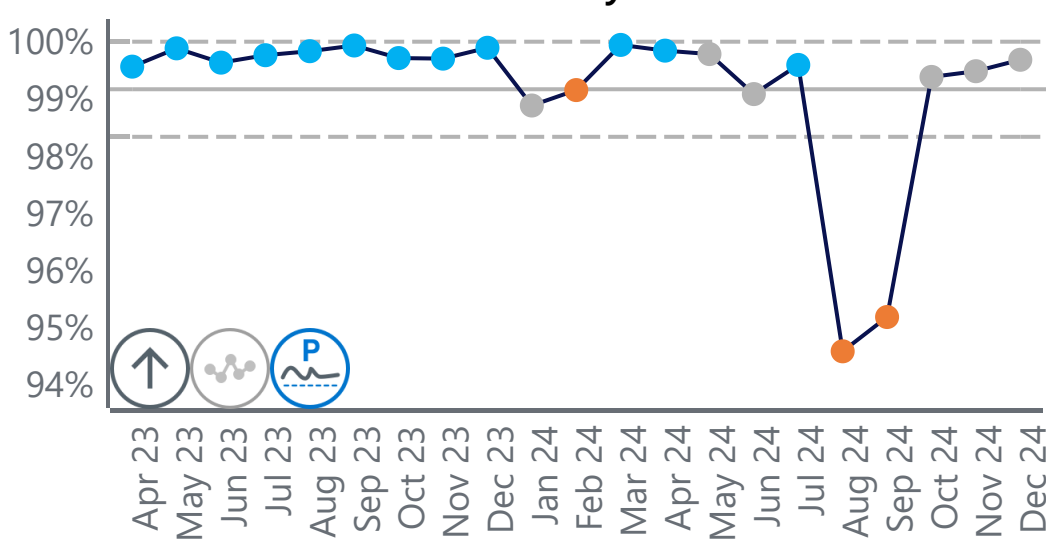
Primary PCI - 150 minute 'Call-to-balloon' (national target)



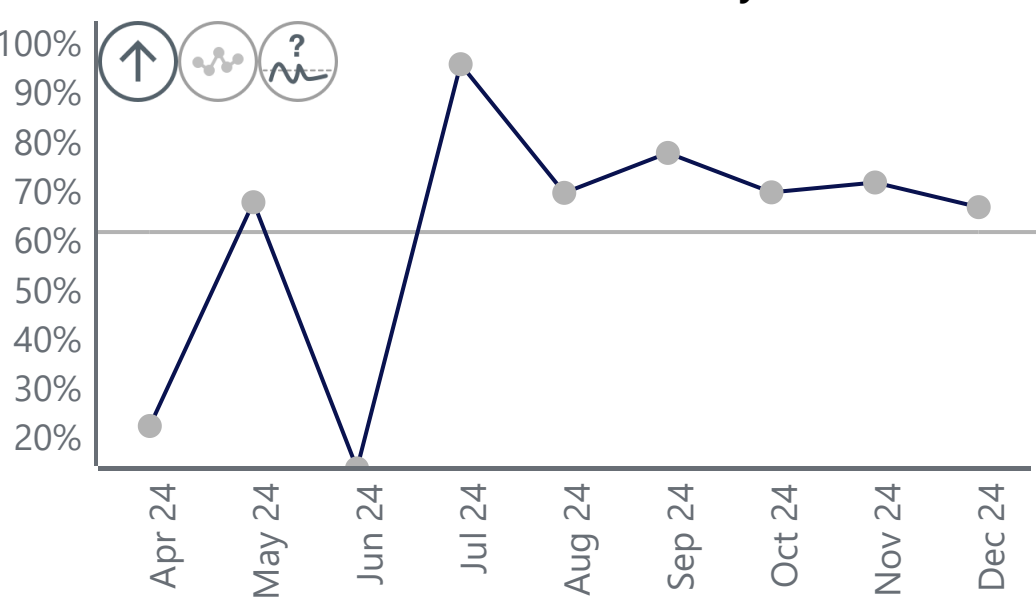
Dementia - Find



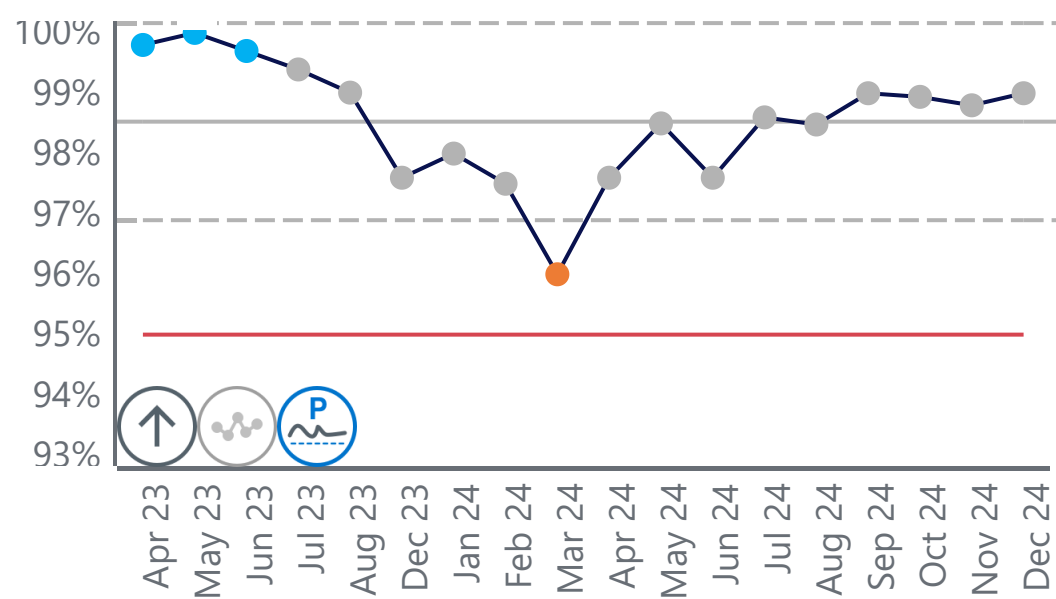
Delirium Risk Assessment to be completed on Admission and once a day



Incident Closures within 28 days



FFT: REPUTATION



Finance

SRO: James Thomson, Chief Finance Officer

Highlights:

The Month 9 YTD position is a £9,930k surplus. This is £470k lower than plan, but continues to show improvement in line with the recovery plan agreed with the Integrated Care Board (ICB).

The contract with Wales follows a cost per case arrangement, and the over-performance is reflected in the financial position. This continues to support the Trust's financial improvement.

The Medicine Division continues to achieve the planned levels of activity agreed at the start of the year. The Surgery Division has a significant 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 resulted in an income shortfall. The programme is now fully operational and is recovering some of the shortfall from the opening months of the year. The net position at month 9 is an adverse variance of £675k, with a forecast to improve to a £400k adverse variance by the end of the year.

Pay costs are fairly stable, with low levels of agency spend. However, costs for the medical workforce remain higher than budget with additional session payments for consultants the main contributor of the overspend. In addition, the stretch target issued by the ICB remains undelivered, and this is placing pressure on the overall Trust pay budget.

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.

There remains slippage against the CIP target. Almost 100% of the annual recurrent figure has been identified, but only 75% has been transacted.

Areas of Concern:

The most significant expenditure pressure is slippage against the CIP plan. 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 76% of the annual CIP target so far this year, with 99% 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 key pressures.

The significant over-performance in emergency surgery has resulted in reduced elective activity and increased non-pay costs.

The delay in the roll out of Targeted Lung into new areas is a temporary financial pressure. This improved in late Summer, and is expected to recover some of the shortfalls by the end of the year (forecast net adverse variance of £400k).

The national reporting tool for the Elective Recovery Fund (ERF) has published month 6 data and this is broadly consistent with internal records, meaning that reliance can be placed on the local reporting in place. This will continue to be monitored and reviewed.

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 continued delivery against the recurrent CIP plan, maximising elective activity, and ensuring strong fiscal discipline and financial management. Divisional forecasts have been prepared and reviewed, and actions are underway to address areas of overspend.

The financial challenges across the wider Cheshire and Merseyside system creates additional risk for the Trust. The Trust is working closely with system partners to ensure the financial controls in place are strong and fit for purpose. In addition, working groups to support closer working across Liverpool providers are in place and tasked with identifying opportunities for collaboration and efficiency.

Planning for 2025/26 is progressing, with finance, activity and workforce as the key interlocking features of the planning process.

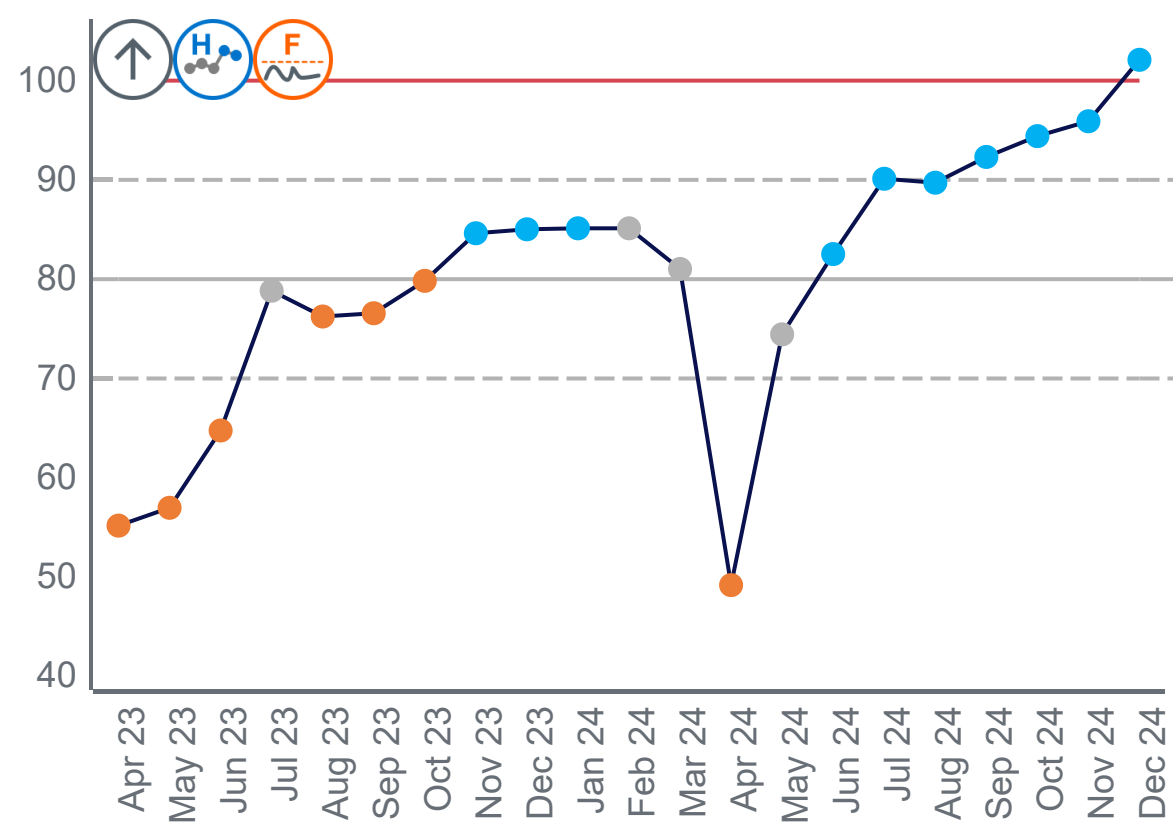
Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
I & E distance from target (cumulative) - £,000	Dec-24	-470	0	-929		
Liquidity (days)	Dec-24	33		28		
Recurrent CIP identified	Dec-24	102	100	86		
Capital Expenditure (Trust Level)	Dec-24	4234000.2	5355000	2153350.7		
Cash in Bank (Trust Level)	Dec-24	40256200		42040467		
Pay Spend v Budget	Dec-24	9542	9349	9521		
WTE versus establishment	Dec-24	1899	1898	1893		



Finance - Drive Metrics

Recurrent CIP identified



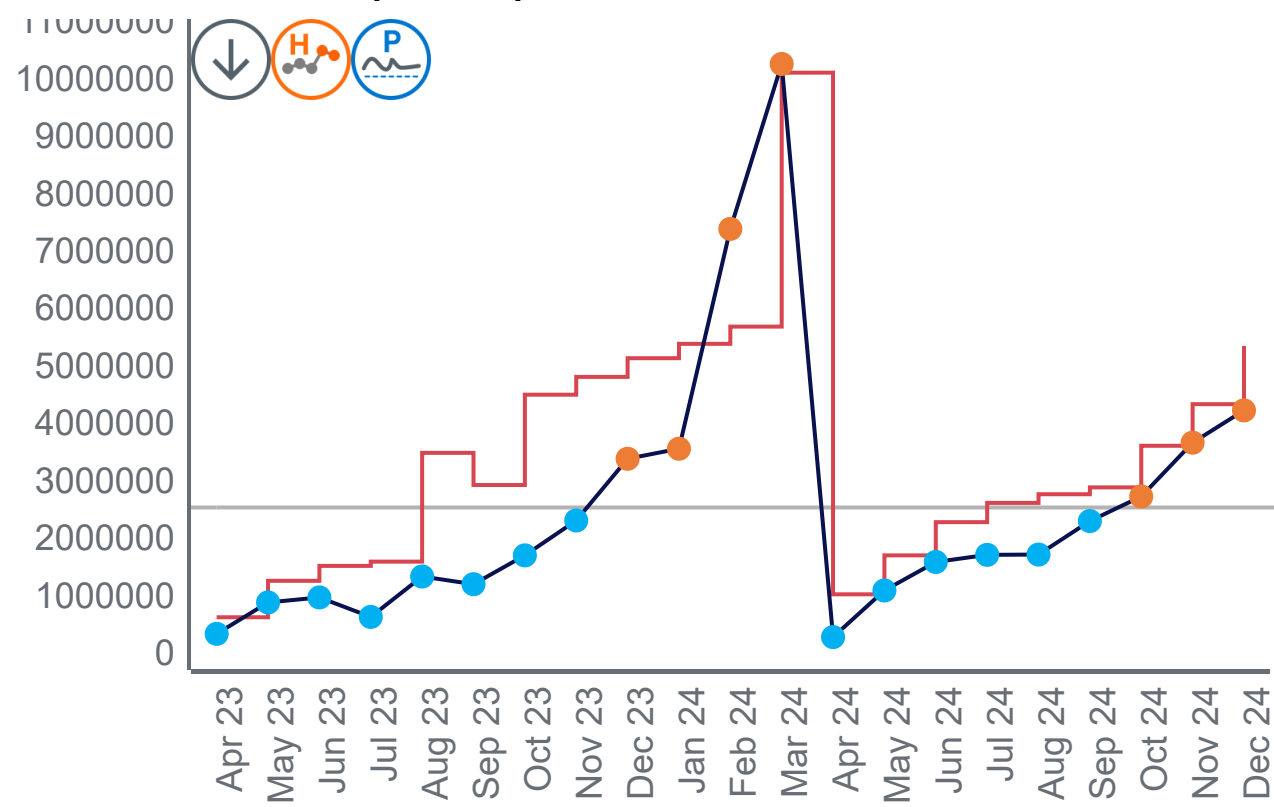
Technical Analysis:

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:

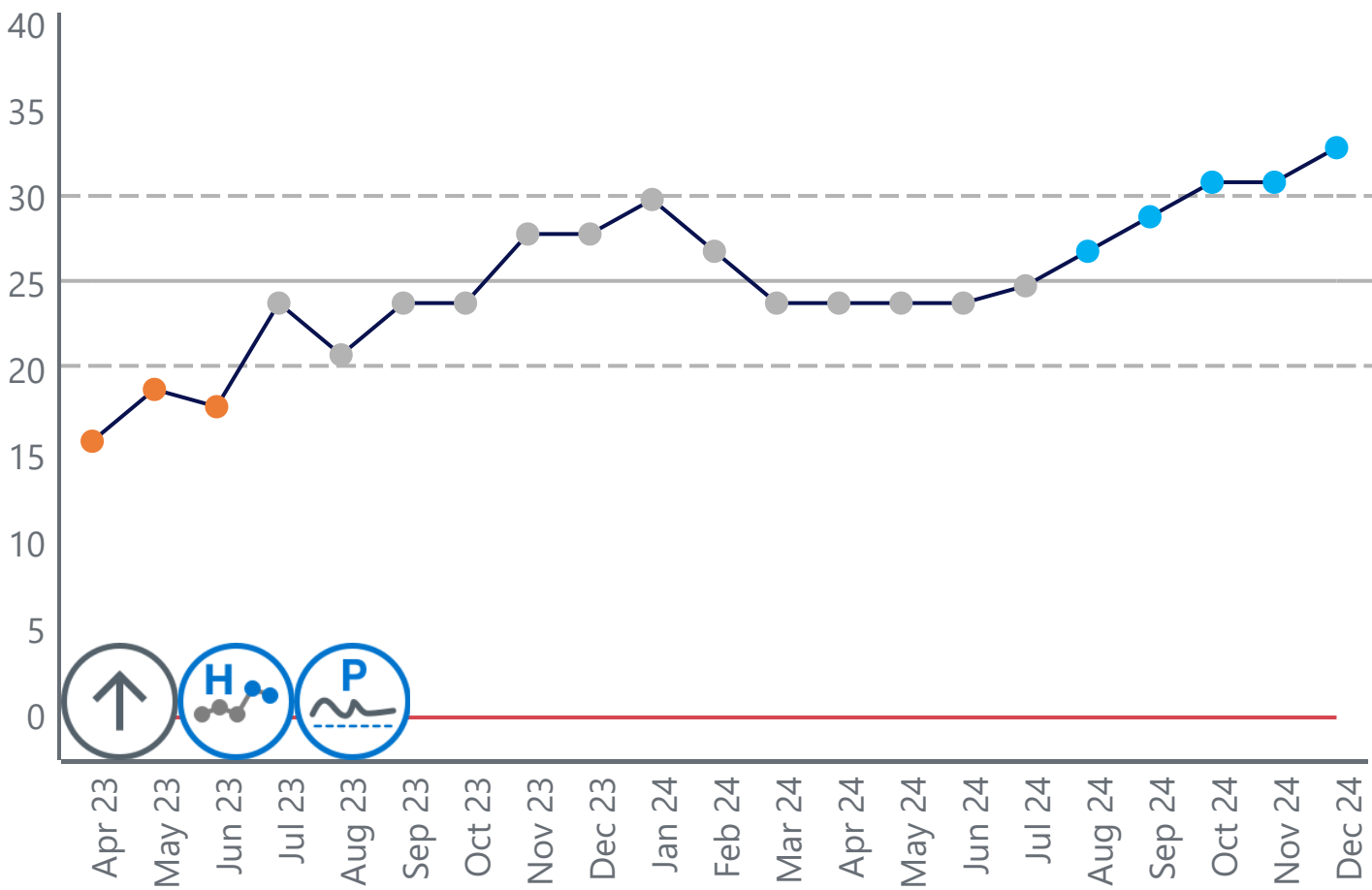
Expenditure continues to perform below target with Improvement required to close the gap.

Actions:

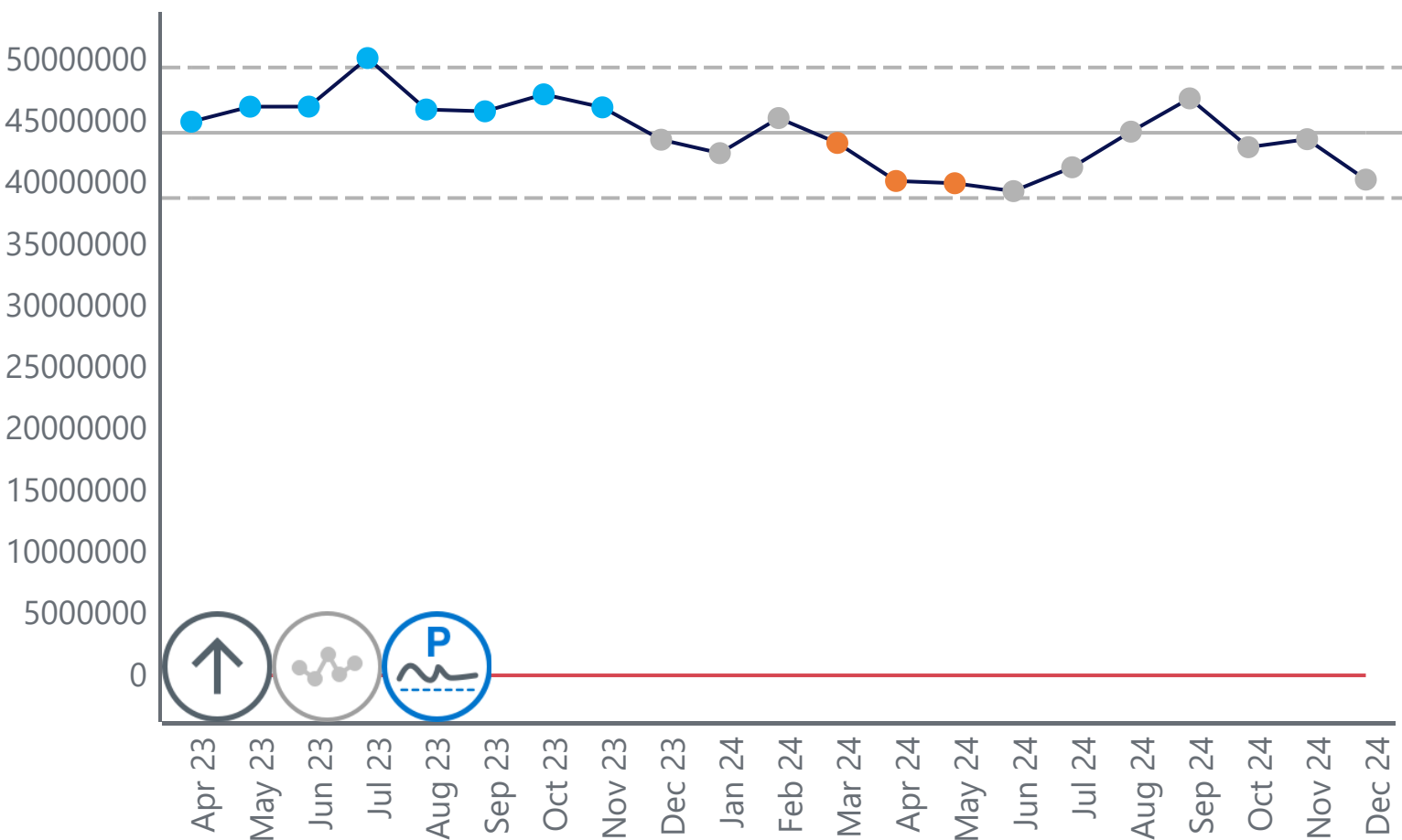
Capital commitments are monitored by the Capital Management Group. Plans are in place for £7.8m of capital spend in 24/25, and this remains the forecast level of spend.

Finance - Watch Metrics

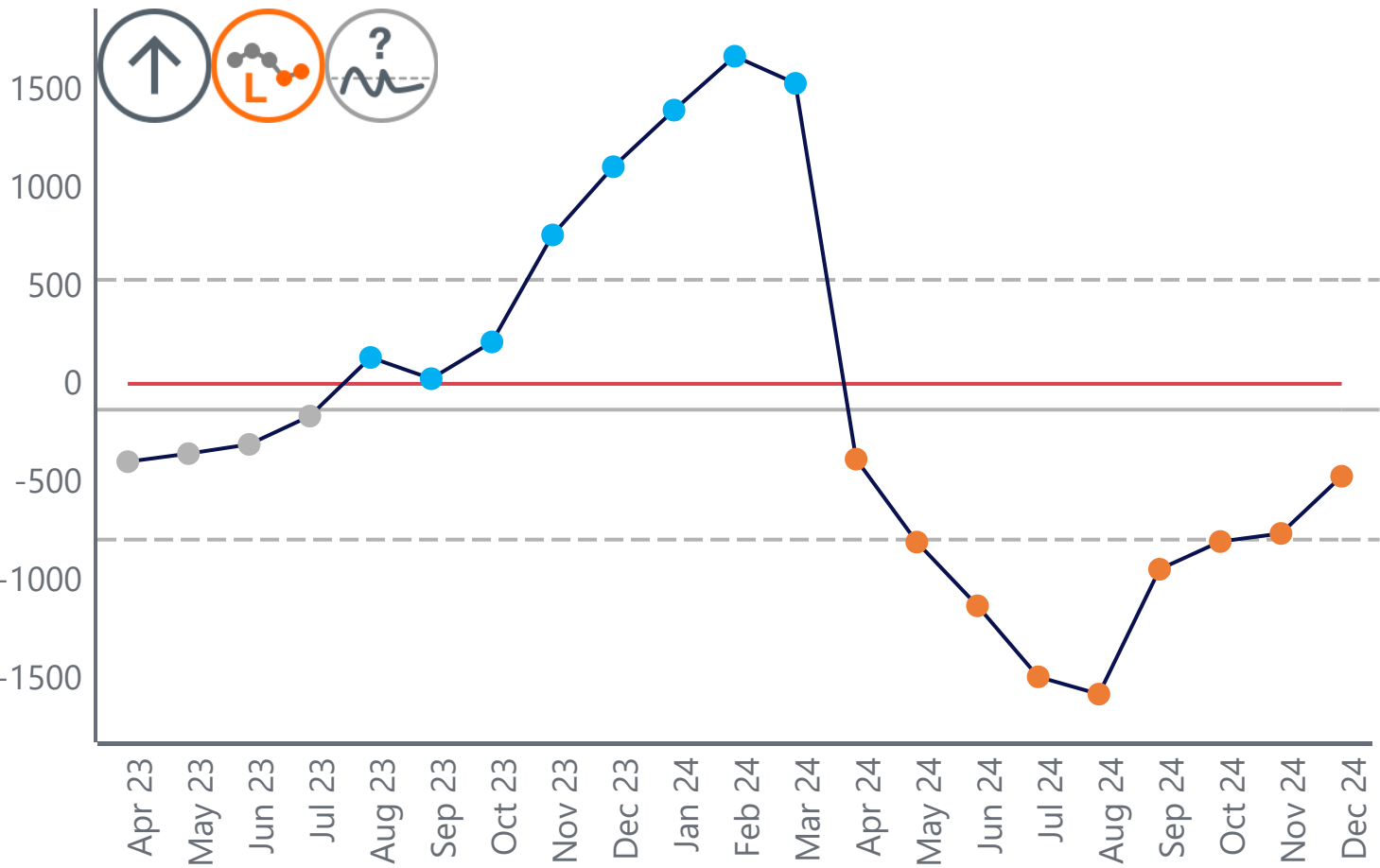
Liquidity (days)



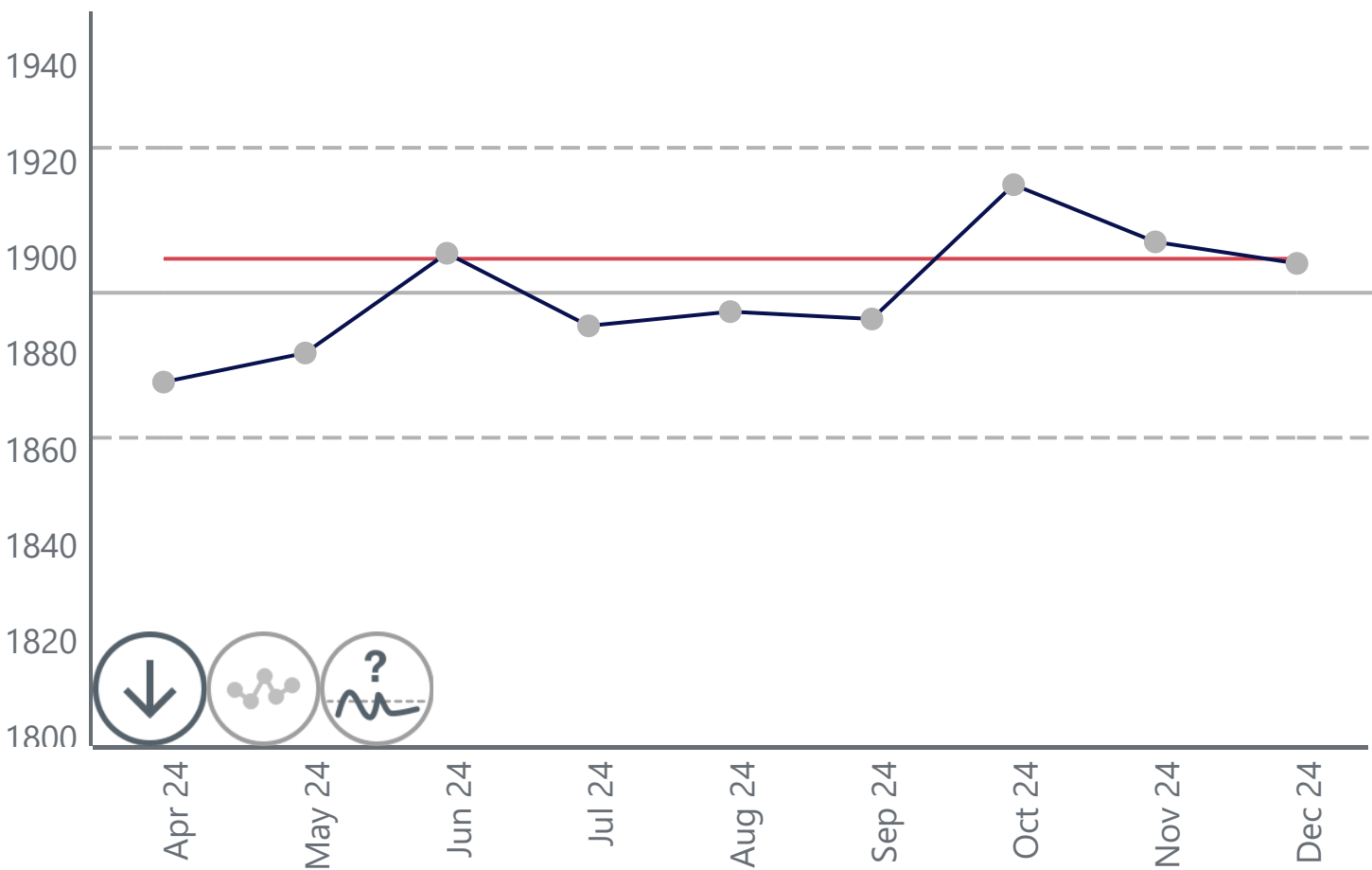
Cash in Bank (Trust Level)



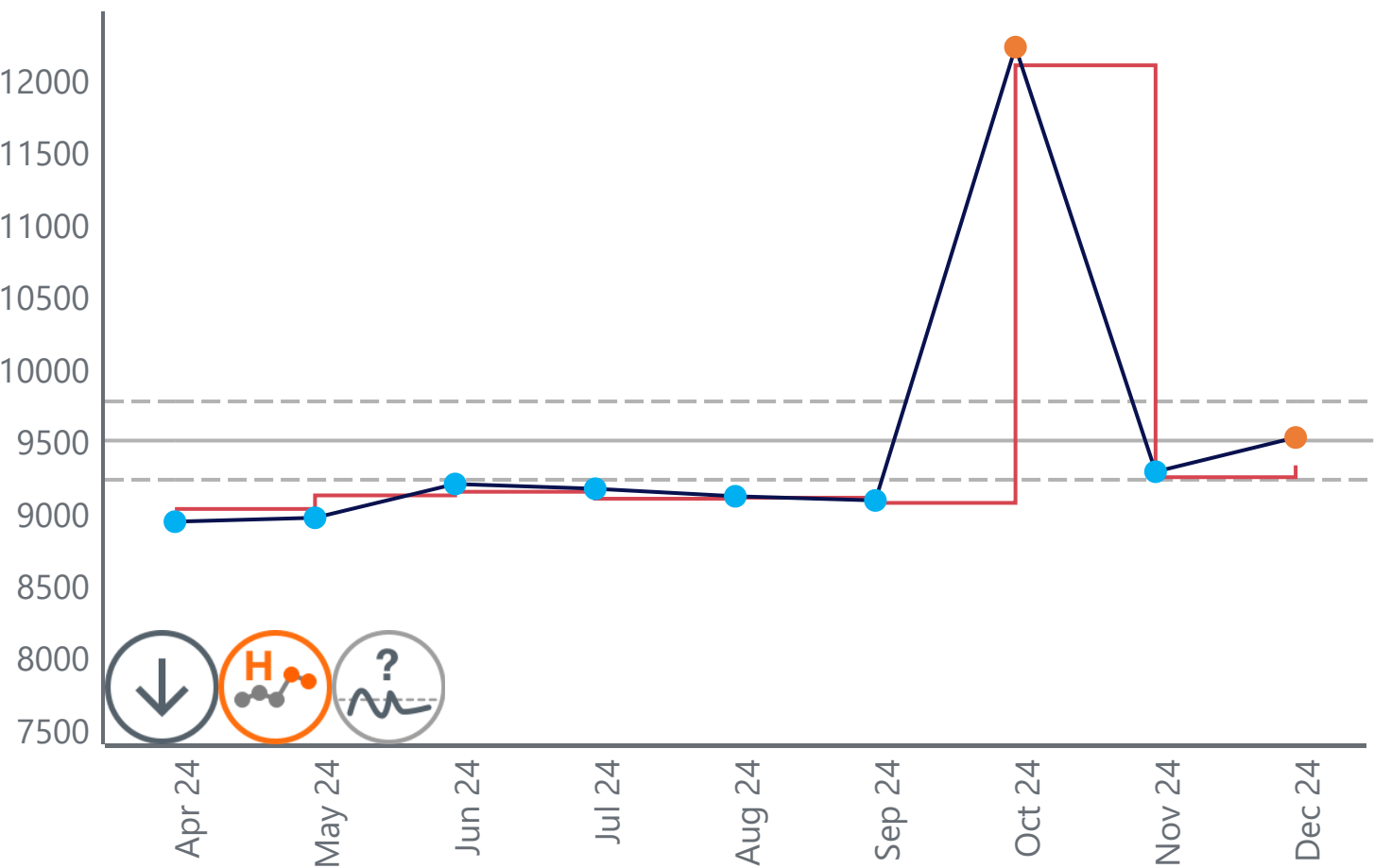
I & E distance from target (cumulative) - £,000



WTE versus establishment



Pay Spend v Budget



People

SRO: Jane Royds, Chief People Officer

Highlights:

Voluntary turnover has decreased and is now below the target of 10%, marking the lowest rate since November 2023. This positive development highlights improved employee retention efforts.

In addition, there has been progress in improving mandatory training compliance, with an upward trend noted in December. Continued focus on this area remains a priority to ensure compliance targets are met.

Lastly, December saw a marked reduction in the use of agency staff, resulting in a substantial decrease in related spend. This reflects our ongoing efforts to manage workforce costs effectively.

Areas of Concern:

Sickness absence remains an area of concern, with the rate increasing to 6.02% in December, exceeding the target of 4.5%. This rise follows a national and regional trend. The Medicine division has experienced a particularly sharp spike in sickness, which was highlighted at the divisional board. This increase is driven by both short-term and long-term absence.

A proactive approach will be taken in collaboration with the Divisional Director of Nursing and the HR Business Partner (HRBP) to focus on areas with the highest sickness rates and identify any bespoke support needed to address this issue.

In addition, a robust monthly review and reporting of each sickness case continues to ensure the consistent application and escalation of the sickness absence policy.

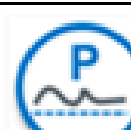
Forward Look (with actions):

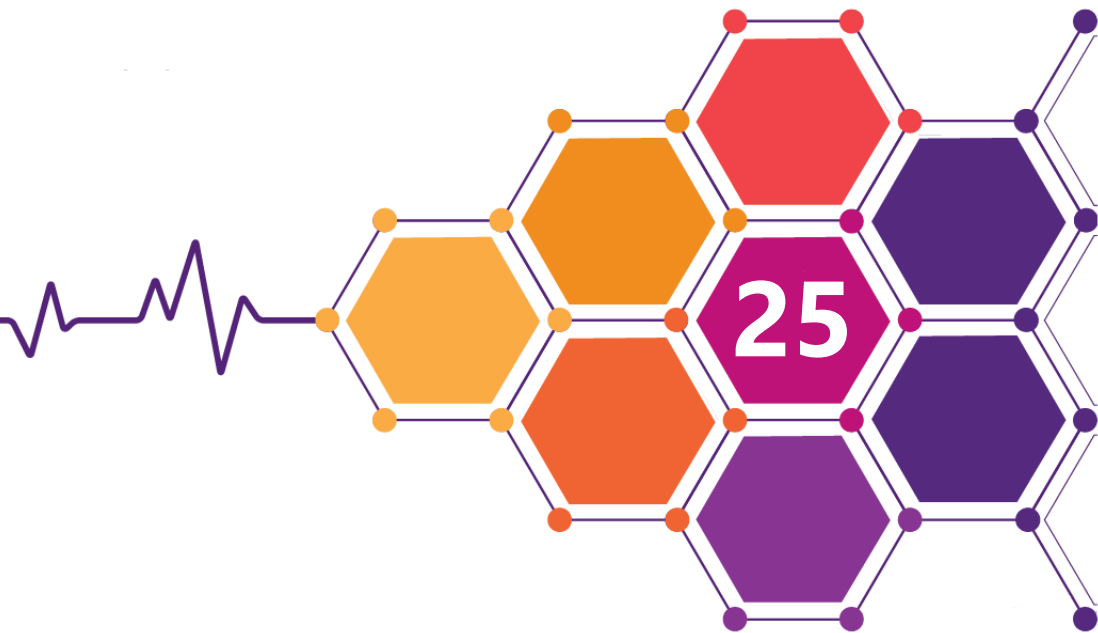
A sickness absence review is scheduled in collaboration with the business HR team. This review will involve assessing each case individually to identify opportunities to reduce absences and enhance employee support. As part of our proactive approach to supporting staff well-being and preventing sickness absence, a “Live Well” event is planned for January. This initiative will offer resources, workshops, and activities focused on health and well-being, equipping staff with tools to manage their physical and mental health.

Share and build on the insights from the recent Staff Survey to develop meaningful action plans.



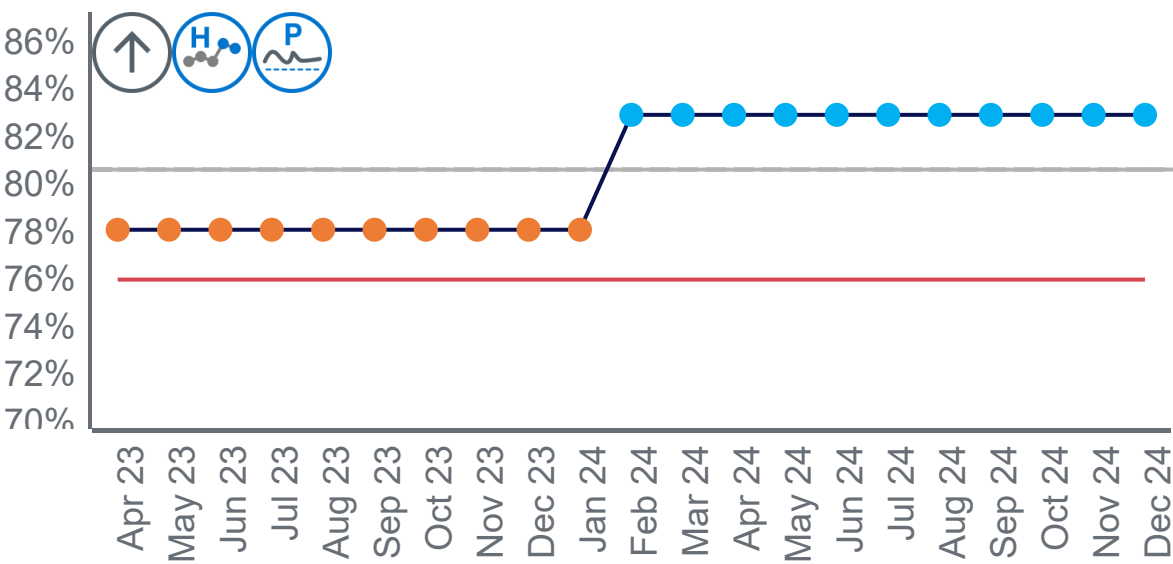
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Dec-24	87.3	>=90%	81.4		
Mandatory Training Compliance	Dec-24	92.8	>=95%	92.8		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Dec-24	82.9	>=76%	82.9		
Staff Turnover	Dec-24	9.4	<=10%	10.2		
Staff Sickness (All Staff)	Dec-24	6.02	<=4.5%	5.3		
Long Term Sickness	Dec-24	3.42	<=4.5%	3.5		
Short Term Sickness	Dec-24	2.6	<=4.5%	1.8		



People - Drive Metrics

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



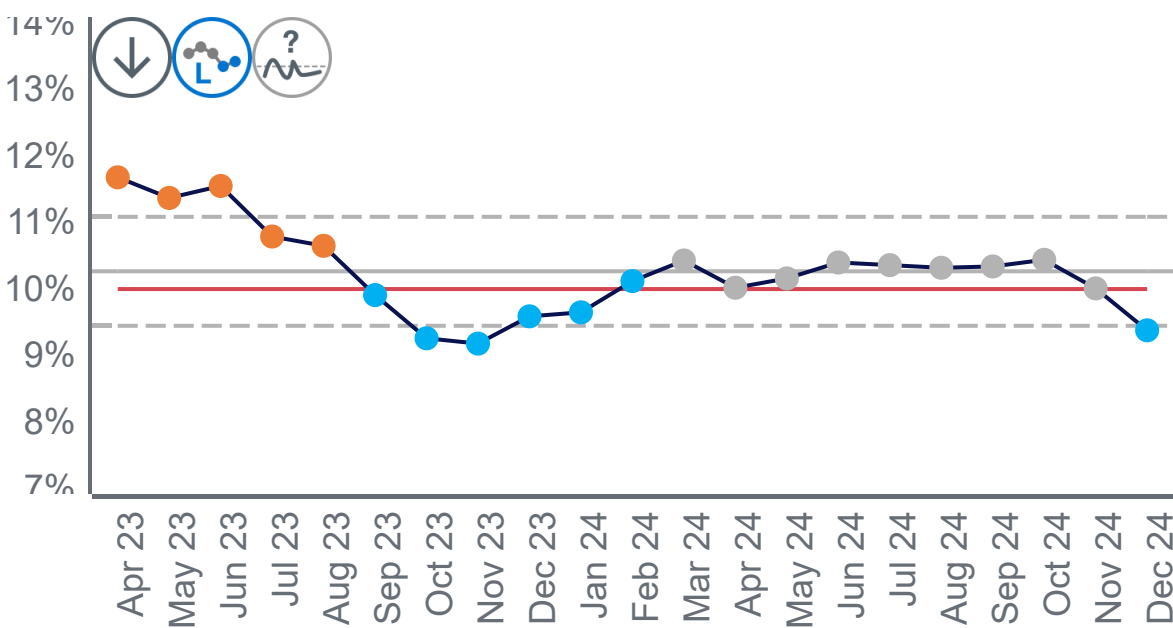
Technical Analysis:

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 - awaiting staff survey results.

Staff Turnover



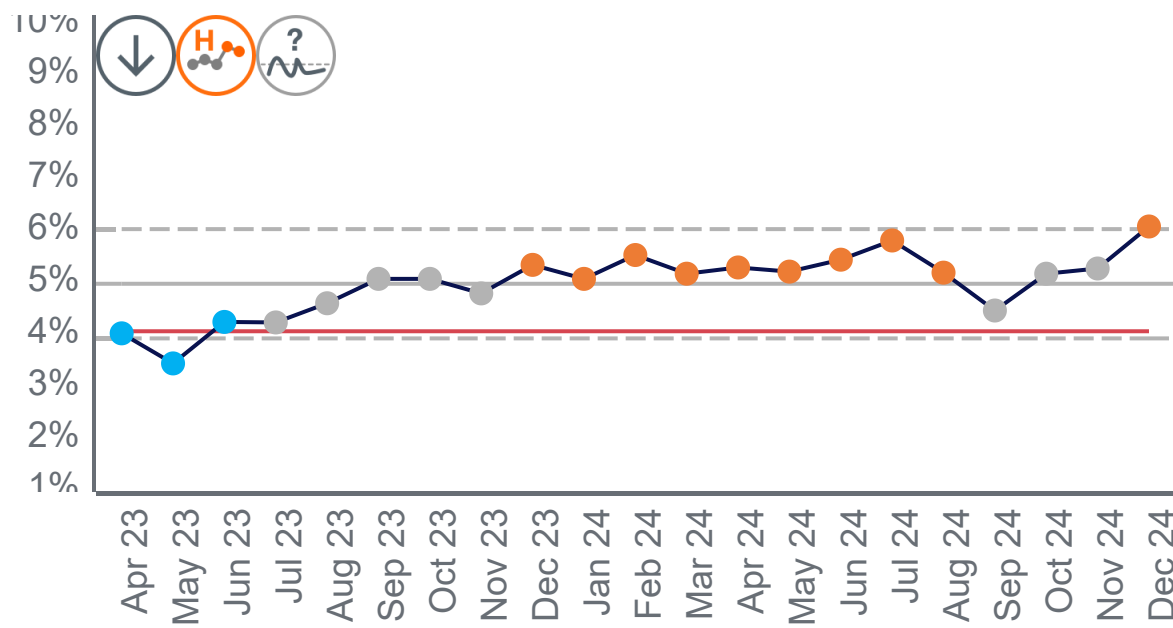
Technical Analysis:

Staff Turnover has displayed inconsistency over the last 12 months of passing and failing the target. Recent performance is displaying the start of further improvement.

Actions:

Voluntary turnover has decreased and is below the target of 10%.

Staff Sickness (All Staff)



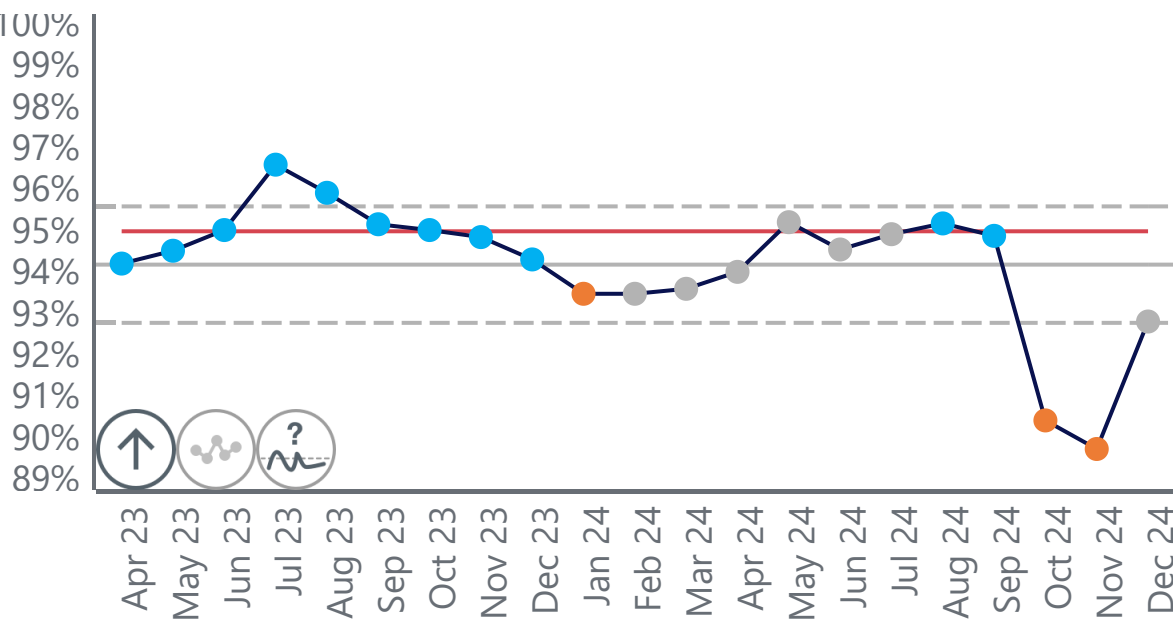
Technical Analysis:

Total absence in December was 6%, this is above the target of 4.5%. Current performance is displaying cause for concern as there is a slow increase over the last 12 months. Further work required to close the gap on the target.

Actions:

Noted sharp spoke in sickness. Sickness Absence 'Deep Dive' planned. Pro-active review in Medicine being undertaken.

Mandatory Training Compliance



Technical Analysis:

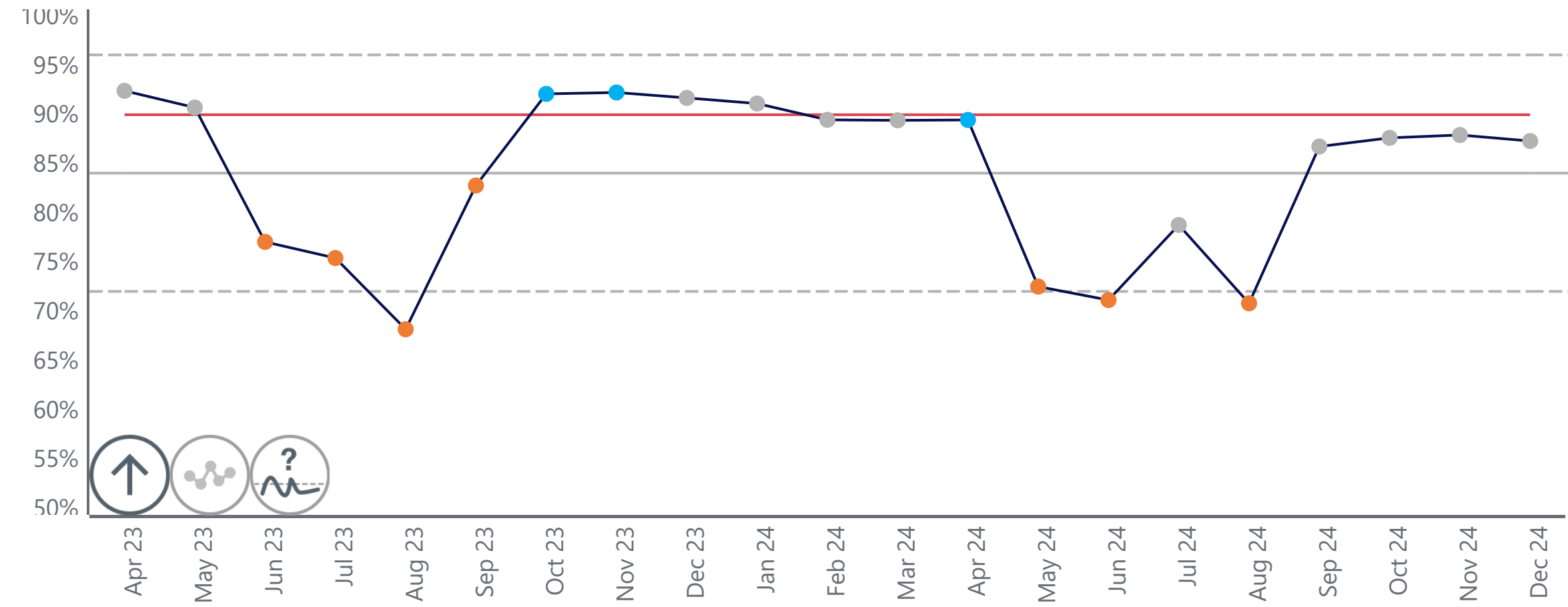
Performance has seen a noticeable drop post September. December is displaying improvement on October and November fall which is across all divisions (notably Surgery). Performance has now moved to common cause variation from cause for concern.

Actions:

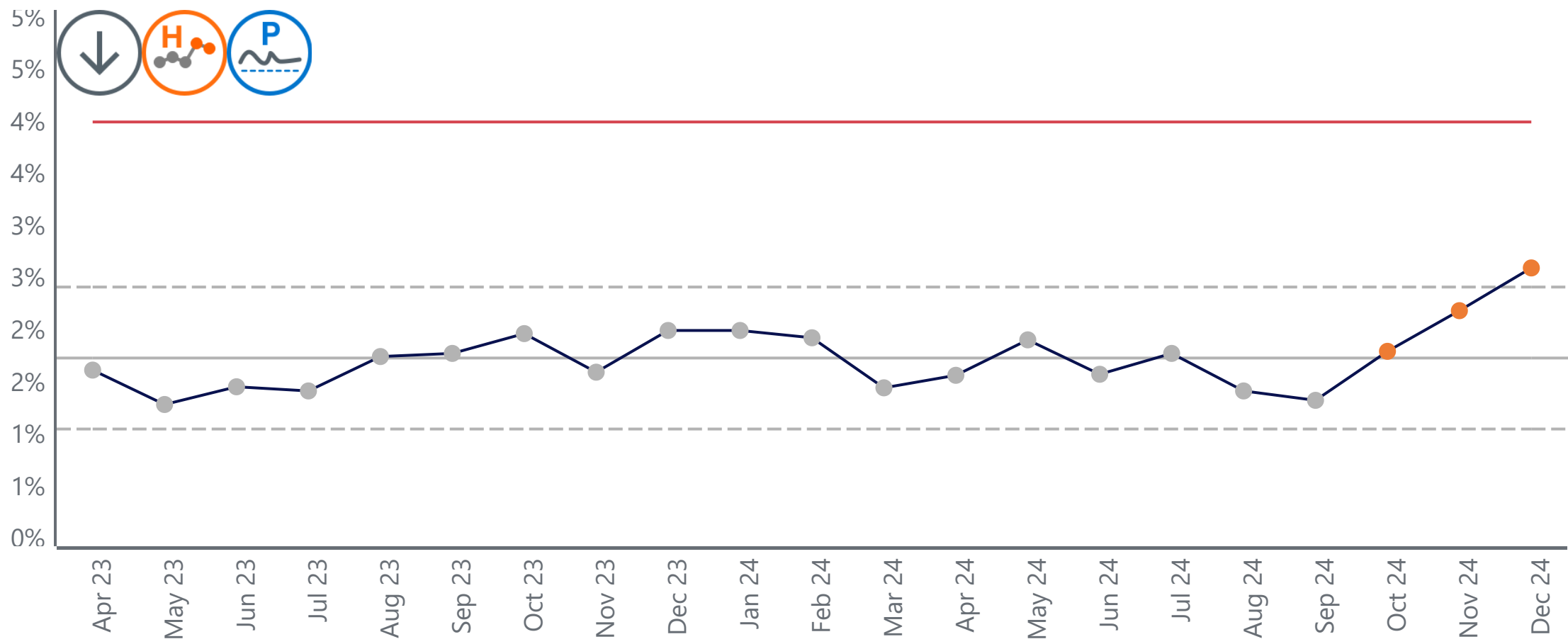
Upward trend seen in MT compliance. L&D Team to address areas of focus through Divisional Board.

People - Watch Metrics

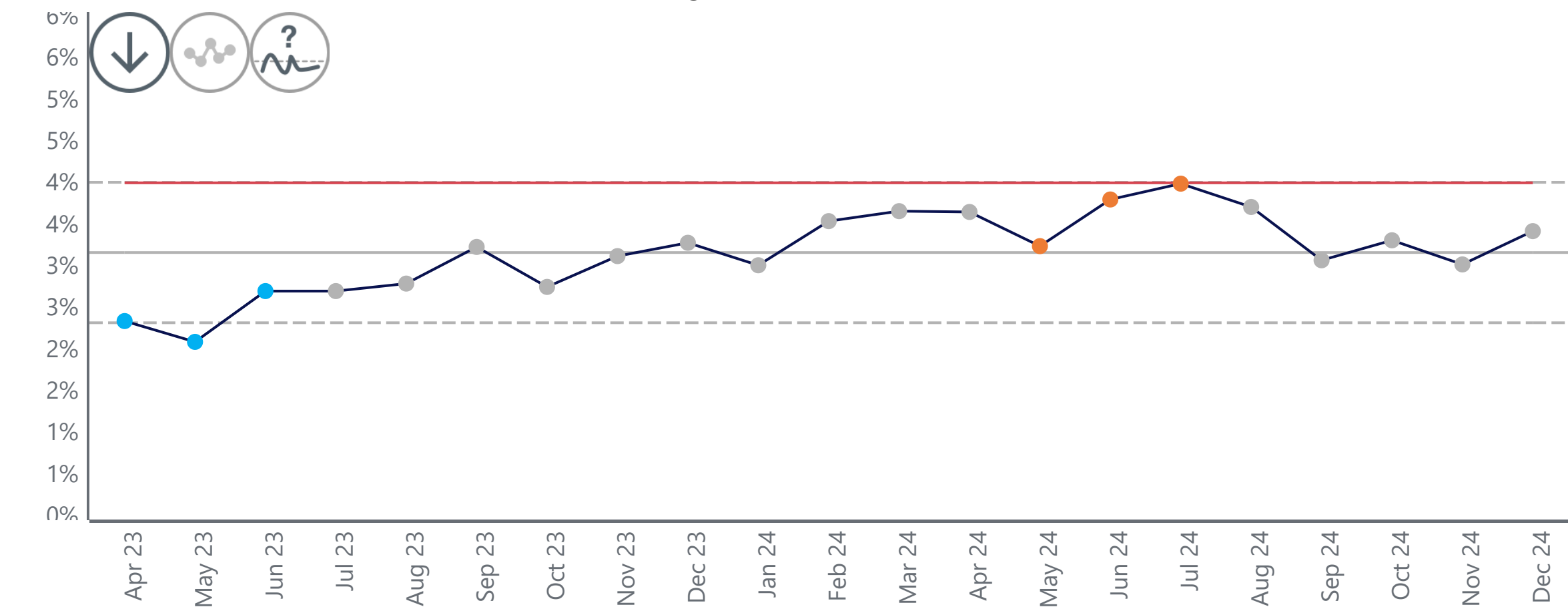
Appraisals Compliance



Short Term Sickness



Long Term Sickness





Key Contacts:

Head of Analytics: Phil.Johnston@lhch.nhs.uk

Analytics@lhch.nhs.uk

