Strategic Oversight Framework (SOF)

SOF


Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust
Strategic Oversight Framework
November 2023
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Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust
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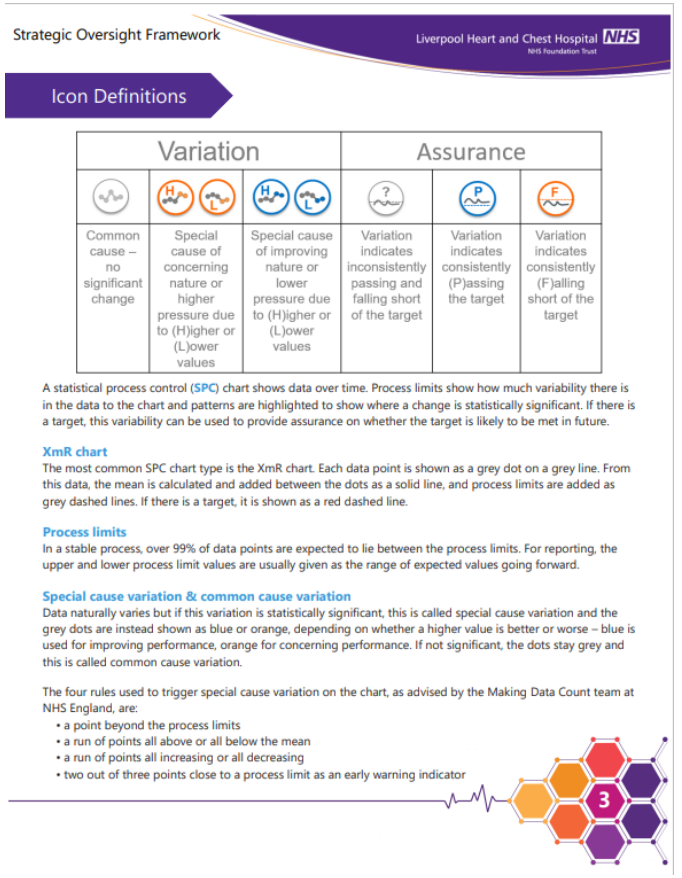
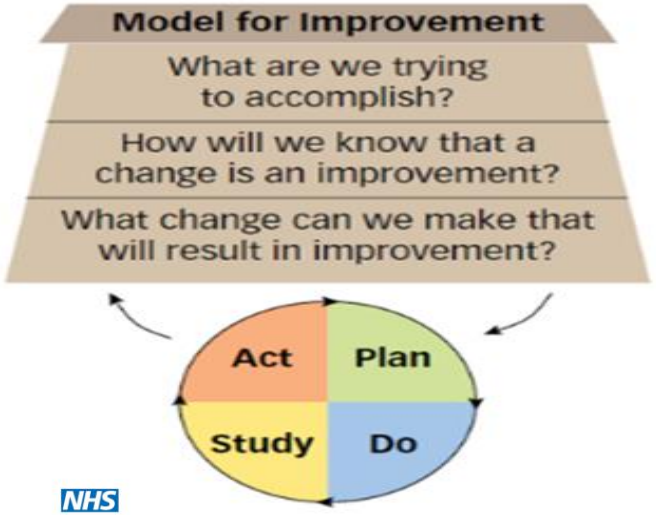

Strategic Oversight Framework
Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust
Icon Definitions
Variation
Assurance
Common cause – no significant change
Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values
Special cause of improving nature or lower pressure 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
3

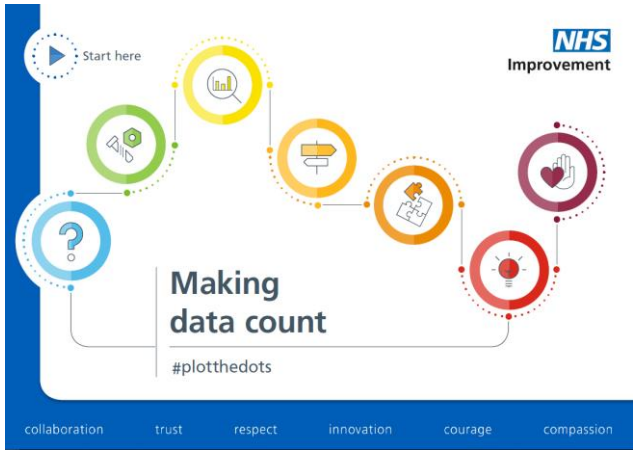
What is the SOF?

- Performance Monitoring Tool that provides the Trust and Board oversight of key metrics aligned to the national targets.
- 4 key areas: Operational Performance, Quality of Care, Finance & People
- Nationally each Trust is tiered in SOF rankings (SOF 1 - 4) – LHCH being in SOF 1
- SOF 2,3 & 4 Trusts will be under additional scrutiny/support
- Our position will align towards the System position also (System Oversight Framework)
- C&M is in SOF Tier 3

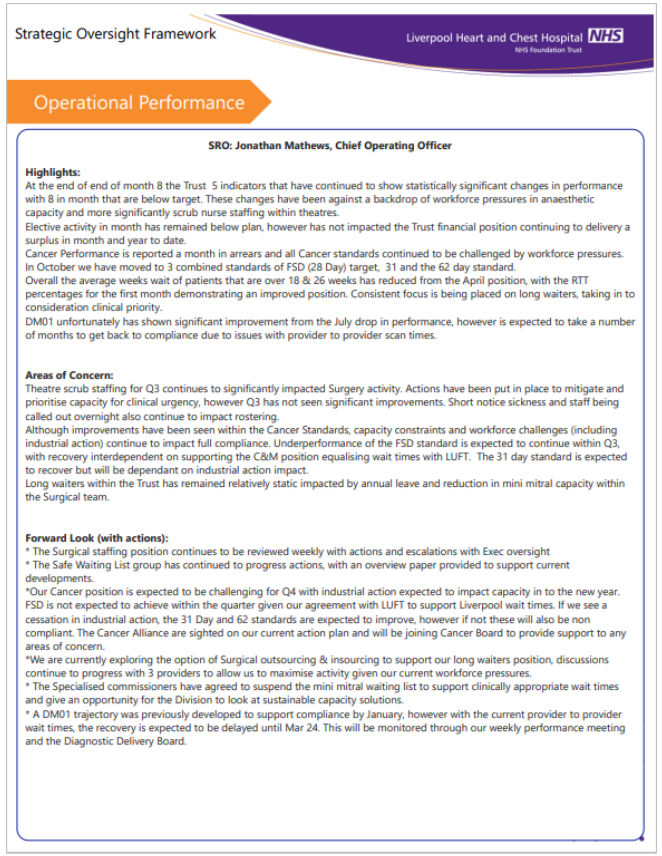
Why use SPC Charts?

- Statistical process control (SPC) describes a range methodologies used to look at data over time.
- Statistical process control charts enable us to do this. They allow the identification of statistically significant variation in a process over time.
- In the NHS we strive to achieve 2 things. Better overall performance and reduced variability. Plotting data over time using a SPC chart provides an accurate view of both. It allows an assessment about whether a process is too variable as well as demonstrating if a process is improving or deteriorating significantly.
- As part of an improvement cycle (PDSA) a SPC chart can be used to provide evidence to show if an intervention has been effective.





SOF (Operational Performance)



Strategic Oversight Framework

Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust

Operational Performance

SRO: Jonathan Mathews, Chief Operating Officer

Highlights:
At the end of end of month 8 the Trust 5 indicators that have continued to show statistically significant changes in performance with 8 in month that are below target. These changes have been against a backdrop of workforce pressures in anaesthetic capacity and more significantly scrub nurse staffing within theatres.
Elective activity in month has remained below plan, however has not impacted the Trust financial position continuing to delivery a surplus in month and year to date.
Cancer Performance is reported a month in arrears and all Cancer standards continued to be challenged by workforce pressures. In October we have moved to 3 combined standards of FSD (28 Day) target, 31 and the 62 day standard.
Overall the average weeks wait of patients that are over 18 & 26 weeks has reduced from the April position, with the RTT percentages for the first month demonstrating an improved position. Consistent focus is being placed on long waiters, taking in to consideration clinical priority.
DM01 unfortunately has shown significant improvement from the July drop in performance, however is expected to take a number of months to get back to compliance due to issues with provider to provider scan times.

Areas of Concern:
Theatre scrub staffing for Q3 continues to significantly impacted Surgery activity. Actions have been put in place to mitigate and prioritise capacity for clinical urgency, however Q3 has not seen significant improvements. Short notice sickness and staff being called out overnight also continue to impact rostering.
Although improvements have been seen within the Cancer Standards, capacity constraints and workforce challenges (including industrial action) continue to impact full compliance. Underperformance of the FSD standard is expected to continue within Q3, with recovery interdependent on supporting the C&M position equalising wait times with LUFT. The 31 day standard is expected to recover but will be dependant on industrial action impact.
Long waiters within the Trust has remained relatively static impacted by annual leave and reduction in mini mitral capacity within the Surgical team.

Forward Look (with actions):
* The Surgical staffing position continues to be reviewed weekly with actions and escalations with Exec oversight
* The Safe Waiting List group has continued to progress actions, with an overview paper provided to support current developments.
*Our Cancer position is expected to be challenging for Q4 with industrial action expected to impact capacity in to the new year. FSD is not expected to achieve within the quarter given our agreement with LUFT to support Liverpool wait times. If we see a cessation in industrial action, the 31 Day and 62 standards are expected to improve, however if not these will also be non compliant. The Cancer Alliance are sighted on our current action plan and will be joining Cancer Board to provide support to any areas of concern.
*We are currently exploring the option of Surgical outsourcing & insourcing to support our long waiters position, discussions continue to progress with 3 providers to allow us to maximise activity given our current workforce pressures.
* The Specialised commissioners have agreed to suspend the mini mitral waiting list to support clinically appropriate wait times and give an opportunity for the Division to look at sustainable capacity solutions.
* A DM01 trajectory was previously developed to support compliance by January, however with the current provider to provider wait times, the recovery is expected to be delayed until Mar 24. This will be monitored through our weekly performance meeting and the Diagnostic Delivery Board.

Strategic Oversight Framework

Liverpool Heart and Chest Hospital NHS
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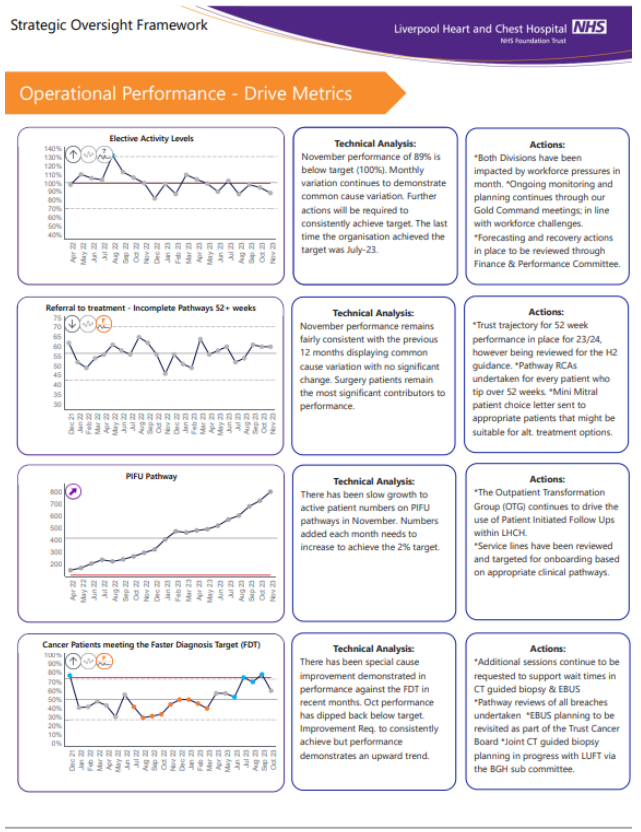
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Nov-23	83.5	>=80%	77		
Cancelled Operations for non-clinical reasons	Nov-23	1.1	<=2%	3		
Elective Activity Levels	Nov-23	88.9	100	96		
Maximum 6-week wait for diagnostic procedures	Nov-23	89.8	>=99%	95		
Outpatient activity delivered remotely via telephone or video consultation	Nov-23	31.9	%	32		
Overall Size of Waiting List	Nov-23	5899		5706		
Patients not booked in within 28 days (non clinical cancellations)	Nov-23	0	0	3		
PIFU Pathway	Nov-23	802	113	610		
Referral to treatment - Incomplete Pathways 52+ weeks	Nov-23	60.0	<48	58		
RTT 18 weeks in aggregate - Incomplete Pathways	Nov-23	73.14	>=92%	72		
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	Nov-23	78.9	>=95%	75		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Oct-23	60.0	>=75%	65.1		
Cancer: 31-day decision to treat to treatment standard	Oct-23	75.0	>=93%	100.0		
Cancer: 62-day referral to treatment standard	Oct-23	54.3	>=96%	90.9		



Strategic Oversight Framework

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Operational Performance - Drive Metrics

Technical Analysis:
November performance of 89% is below target (100%). Monthly variation continues to demonstrate common cause variation. Further actions will be required to consistently achieve target. The last time the organisation achieved the target was July-23.

Actions:
*Both Divisions have been impacted by workforce pressures in month. *Ongoing monitoring and planning continues through our Gold Command meetings; in line with workforce challenges.
*Forecasting and recovery actions in place to be reviewed through Finance & Performance Committee.

Technical Analysis:
November performance remains fairly consistent with the previous 12 months displaying common cause variation with no significant change. Surgery patients remain the most significant contributors to performance.

Actions:
*Trust trajectory for 52 week performance in place for 23/24, however being reviewed for the H2 guidance. *Pathway RCAs undertaken for every patient who tip over 52 weeks. *Mini Mitral patient choice letter sent to appropriate patients that might be suitable for alt. treatment options.

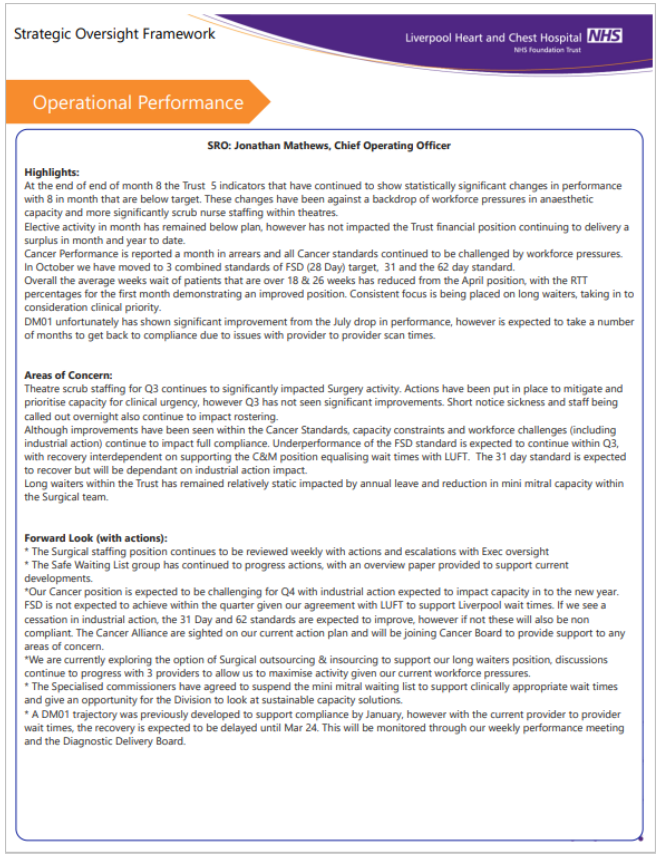
Technical Analysis:
There has been slow growth to active patient numbers on PIFU pathways in November. Numbers added each month needs to increase to achieve the 2% target.

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.

Technical Analysis:
There has been special cause improvement demonstrated in performance against the FDT in recent months. Oct performance has dipped back below target. Improvement Req. to consistently achieve but performance demonstrates an upward trend.

Actions:
*Additional sessions continue to be requested to support wait times in CT guided biopsy & EBUS
*Pathway reviews of all breaches undertaken *EBUS planning to be revisited as part of the Trust Cancer Board *Joint CT guided biopsy planning in progress with LUFT via the BGH sub committee.

Overview Page



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Areas of Concern:
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Highlights

- Key points from the month/quarter to explain the data

Areas of Concern

- A focussed look on the issues/explanation

Forward Look

- The key actions and potential forecast for the next couple of months

Summary Metrics Explained

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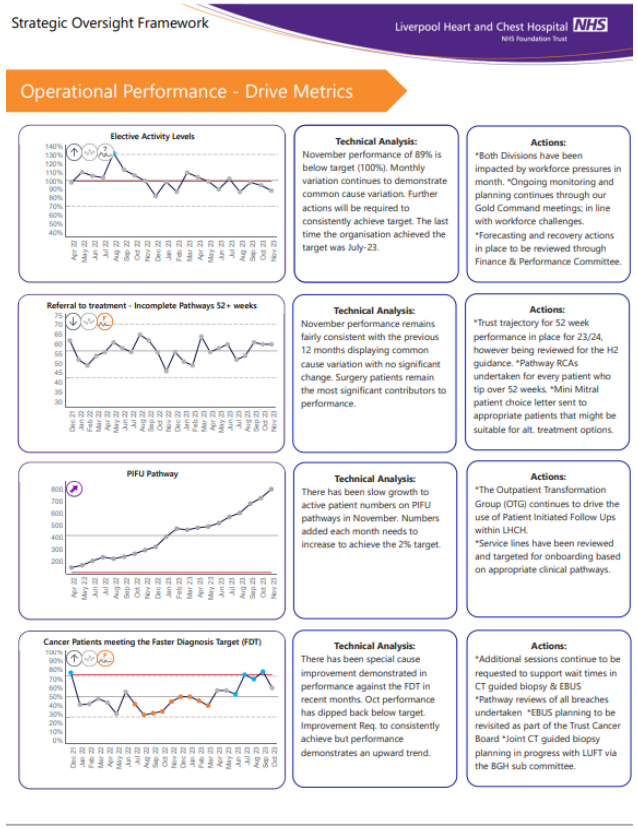
Drive & Watch



Drive

- Agreed metrics at the beginning of the year that we want to have focussed attention on
- 4 Drive Metrics agreed for Performance (Elective Activity, 52 Week position, Patient Initiated Follow Up & Faster Diagnosis)

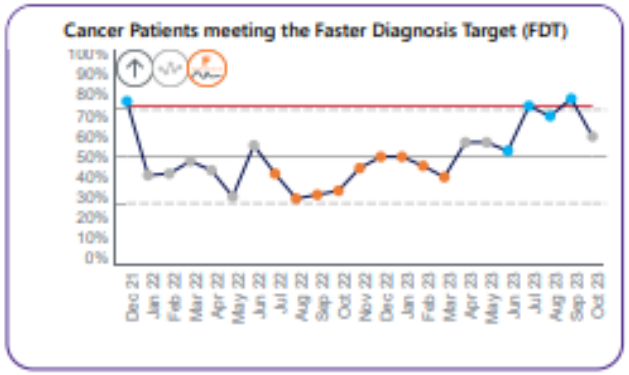
Technical Analysis

- Written by our analytics team to explain what is seen in the data

Actions

- Written by the Exec lead to explain the next steps for that Performance metric

Example- Faster Diagnosis



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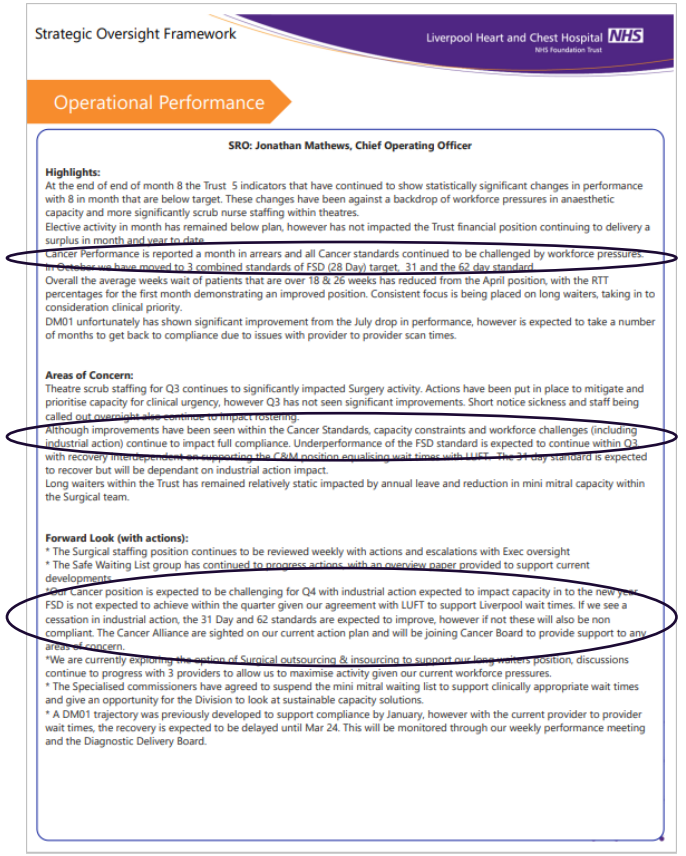

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Next Steps with the SOF

- Continue to engage with other Trusts on examples used in and out of the patch
- Development of an overview page beyond the 4 areas
- Reduce acronyms and standardise consistency of narrative
- Align the SOF for 24/25 based on the New Annual Planning Guidance

Any Questions???