

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

Strategic Oversight Framework

March 2023

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Icon Definitions

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

A statistical process control (**SPC**) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

XmR chart

The most common SPC chart type is the XmR chart. Each data point is shown as a grey dot on a grey line. From this data, the mean is calculated and added between the dots as a solid line, and process limits are added as grey dashed lines. If there is a target, it is shown as a red dashed line.

Process limits

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

Special cause variation & common cause variation

Data naturally varies but if this variation is statistically significant, this is called special cause variation and the grey dots are instead shown as blue or orange, depending on whether a higher value is better or worse – blue is used for improving performance, orange for concerning performance. If not significant, the dots stay grey and this is called common cause variation.

The four rules used to trigger special cause variation on the chart, as advised by the Making Data Count team at NHS England, are:

- a point beyond the process limits
- a run of points all above or all below the mean
- a run of points all increasing or all decreasing
- two out of three points close to a process limit as an early warning indicator



Operational Performance

SRO: Jonathan Mathews, Chief Operating Officer

Highlights:

The Trust has been able to safely restore high levels of elective activity, remove all patients waiting over 78 weeks and deliver DMO1 compliance at the end of March 23. This has been delivered in conjunction with great support from the clinical and operational teams and puts the Trust in a good position to start the new financial year. Annual planning for 23/24 is well established with performance targets & trajectories being updated to reflect delivery of the regional and national expectations. The Trust is well sighted on regional and national targets and will continue to look at actions to manage and mitigate performance as much as possible.

Areas of Concern:

































Cancer targets have seen a decline with 22/23, with demand increases, capacity constraints and workforce challenges (including industrial action) impacting delivery. The main area of concern for cancer performance is with the Faster Diagnosis Target and our ability to achieve 7 day waits for CT guided biopsy & EBUS. Patient cancellations on the day and multiple postponements have also increased over the last couple of months, with the main area of concern within the Surgery Division. Anaesthetic capacity within March has declined due to workforce sickness, this has meant an inability to cover all sessions within month even with the support of additional sessions. A number of incidents have come to light with administrative processes in the Trust which have unfortunately caused delays in patient pathways. Work is underway in developing an improved approach to Safe Waiting List Management.

Forward Look (with actions):

- *23/24 trajectories and recovery plans have been developed in line with national and regional guidance and been presented to the Trust Board and Intergrated Performance Committee.
- *New dashboard are being developed to support monitoring through weekly performance, with any risks, issues and challenges fed through to Operational Board.
- *Cancer performance has remained a challenge with recovery remaining a priority for the Trust. The newly formed Cancer Board is expected to bolster governance and support for the Divisions, with meetings delivered in March to make sure actions are in place address the Faster Diagnosis challenges.
- *RTT (Referral to Treatment Times) trajectories are being developed in month by the Divisions, however a focus will continue to be on urgent and long waiter management.
- *Outpatient improvements continues to be driven by the Outpatient Transformation Group (OTG) in support of freeing up Consultant capacity and empowering patients.
- *The Clinical Services Division are actively trying to address the Anaesthetic capacity gap with rolling recruitment, workforce reviews and weekly planning meetings with Surgery & Medicine. However within April, the capacity is expected to further increase pressure on Electives due to peak annual leave periods.
- *The Surgery Division have actions to support improvements for cancellations in to the new financial year with a newly established cancellation group addressing scheduling practices.
- *The Patient Pathway & Admin Group TOR and Objectives are being refreshed to support development of Safe Waiting List practices, including an options appraisal towards the use of power BI and 1 PTL.



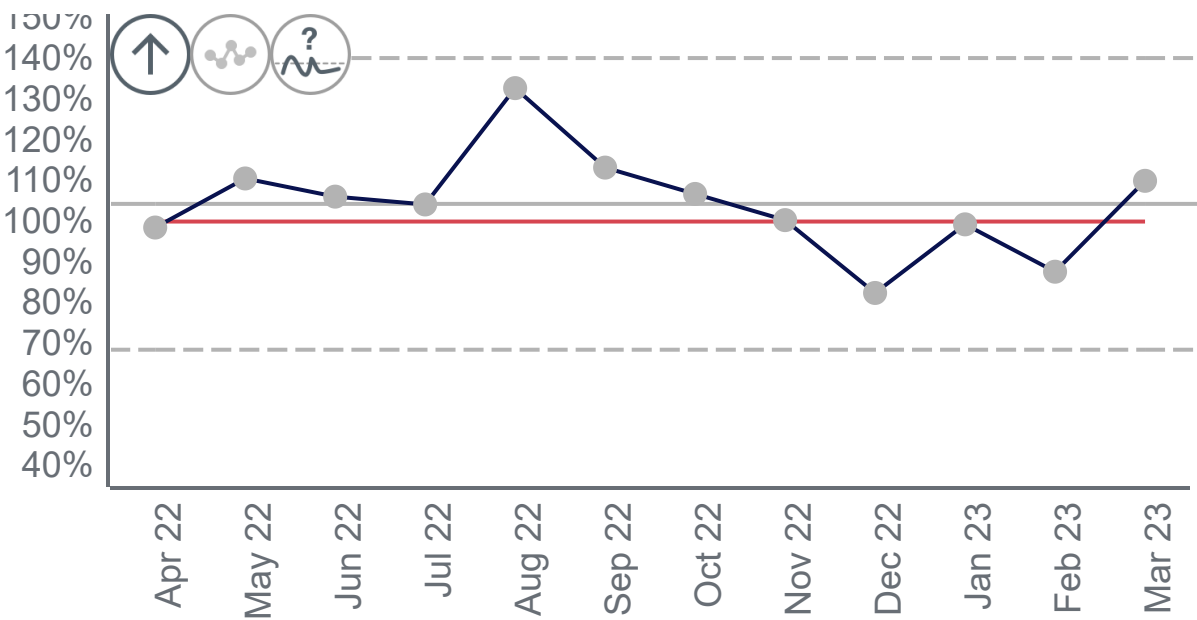
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Mar-23	80.5	>=80%	79		
Cancelled Operations for non-clinical reasons	Mar-23	1.9	<=2%	3		
Elective Activity Levels	Mar-23	110.0	100	104		
Maximum 6-week wait for diagnostic procedures	Mar-23	99.5	>=99%	98		
Outpatient activity delivered remotely via telephone or video consultation	Mar-23	32.6	%	34		
Overall Size of Waiting List	Mar-23	4918		5116		
Patients not booked in within 28 days (non clinical cancellations)	Mar-23	3	0	1		
PIFU Pathway	Mar-23	465	113	290		
Referral to treatment - Incomplete Pathways 52+ weeks	Mar-23	64.0	<48	65		
RTT 18 weeks in aggregate - Incomplete Pathways	Mar-23	72.57	>=92%	79		
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	Mar-23	79.8	>=95%	80		
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	Feb-23	33.3	>=85%	82.5		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Feb-23	45.5	>=75%	41.4		
Cancer: 14 day GP referral to 1st Outpatient Appointment	Feb-23	100.0	>=93%	99.7		
Cancer: 31 day diagnosis to 1st treatment for all cancers	Feb-23	86.2	>=96%	97.6		
Cancer: 31 day Second or subsequent treatment (surgery & drug)	Feb-23	100.0	>=94%	100.0		
Cancer: 62 day Consultant Upgrade	Feb-23	55.2	>=85%	85.2		



Operational Performance - Drive Metrics

Elective Activity Levels



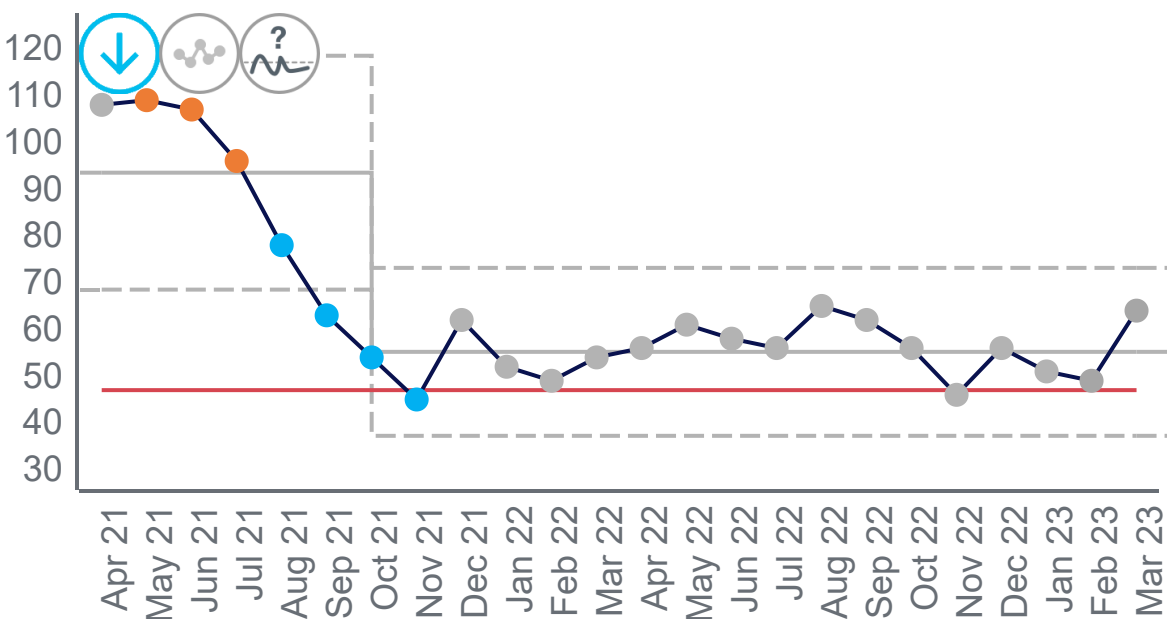
Technical Analysis:

March performance of 110% is above target for the first time in four months. Monthly variation continues to demonstrate common cause variation. Further actions will be required to consistently achieve target.

Actions:

The Elective Activity Target has been achieved for 8 out of 12 months. Our inability to consistently deliver has mainly been due to industrial action and the workforce pressures created. The Divisions continue to work up schemes to try and close any gaps in capacity.

Referral to treatment - Incomplete Pathways 52+ weeks



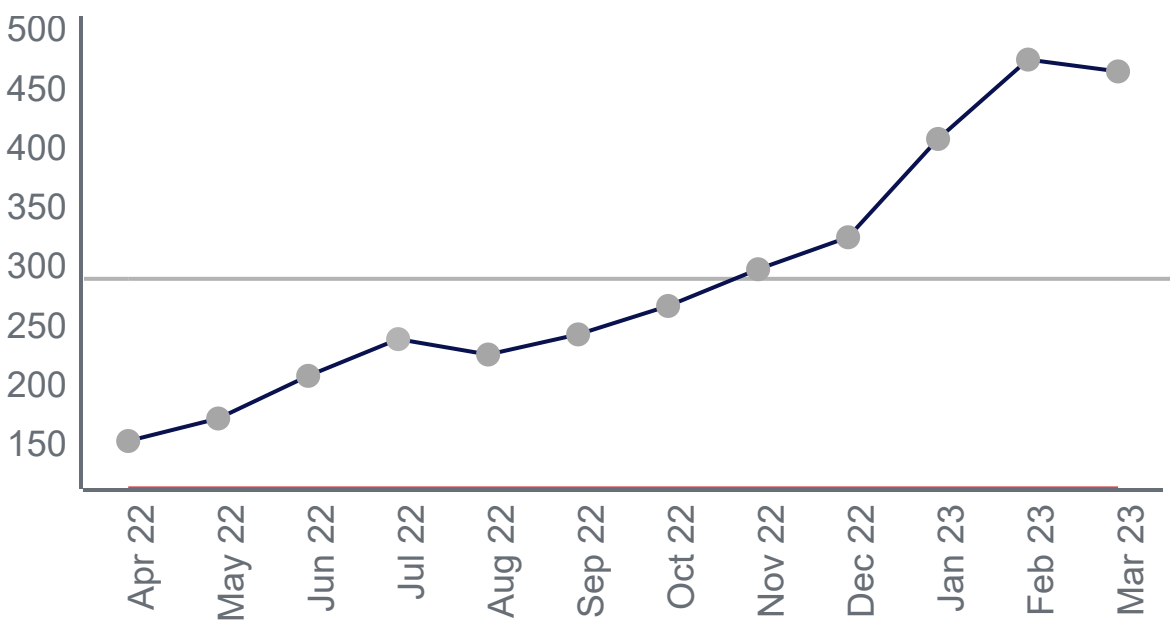
Technical Analysis:

March performance remains fairly consistent with the previous 12 months displaying common cause variation with no significant change from the initial reduction from early 2021. Surgery patients remain the most significant contributors to performance.

Actions:

LHCH has been able to deliver the national target to deliver no patients over 78 weeks by March 23. However the 52 week position has remained relatively static during 22/23. Plans have been developed to support the Trust aspiration to clear all 1 year waiters by March 24.

PIFU Pathway



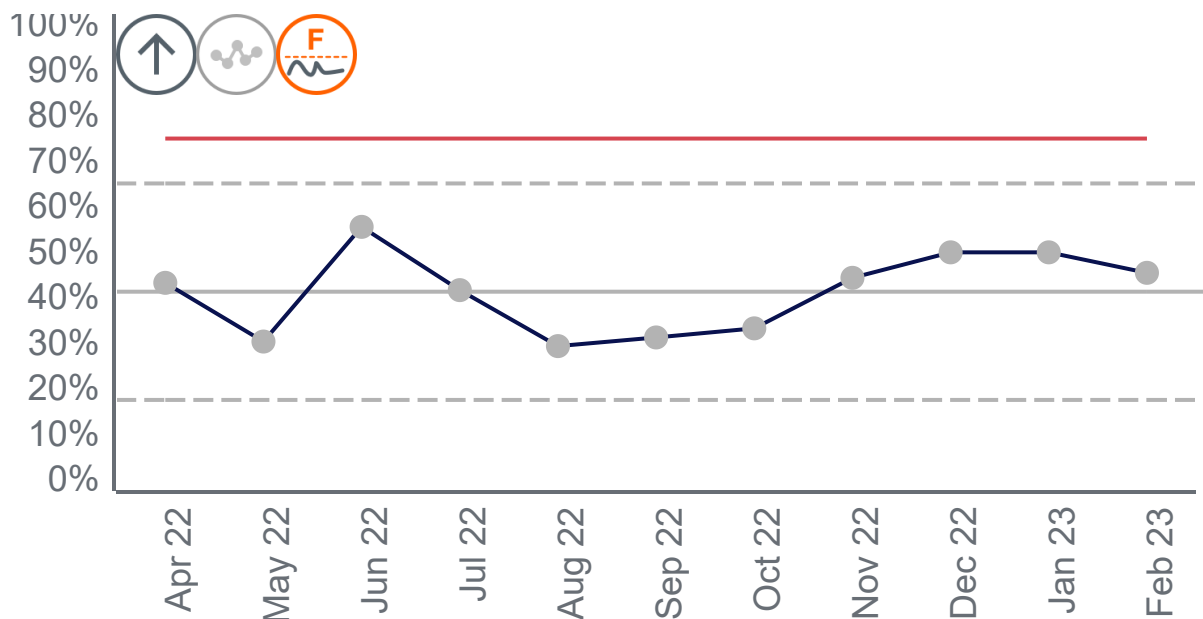
Technical Analysis:

There has been a halt to active patient numbers growing on PIFU pathways in March. Numbers added each month needs to increase to achieve the 2% target.

Actions:

The OTG continues to drive the use of Patient Initiated Follow Ups within LHCH. Regional and nationally this is expected to support patient empowerment and free up additional capacity for Elective recovery. Service lines have been asked to review appropriate pathways.

Cancer Patients meeting the Faster Diagnosis Target (FDT)



Technical Analysis:

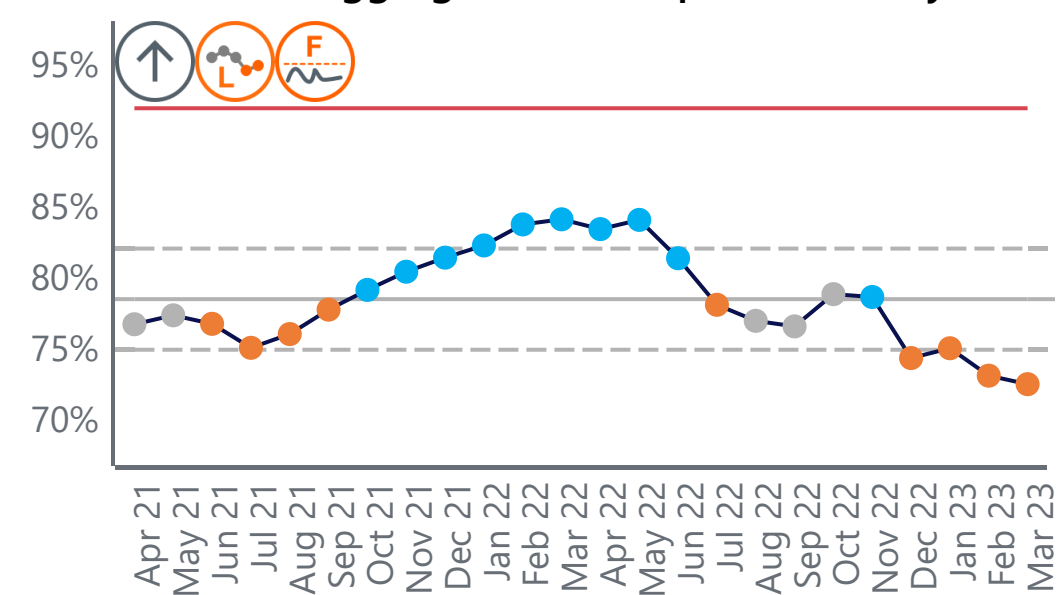
Significant improvement required to achieve target of 75% as the trust is consistently failing the target. Monthly Performance across 2022/23 has been consistent with no significant change, with an average performance of 41%.

Actions:

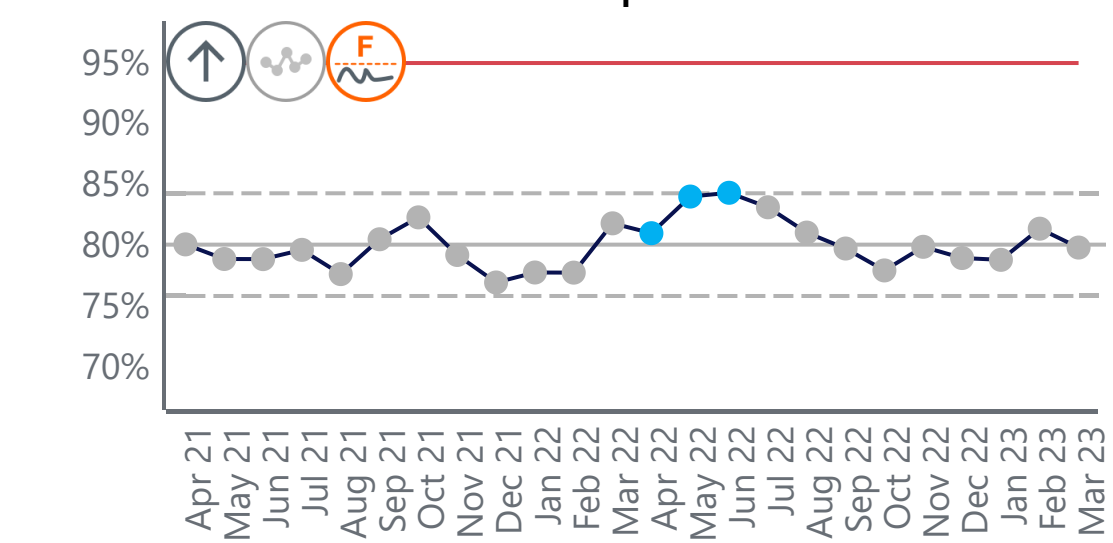
Across 22/23 CT guided biopsy and EBUS capacity remained challenging. Clinical support for additional sessions has been forthcoming but not sustainable due to increased demand and capacity deficits during periods of annual leave. Cancer Board is supporting Divisions to improve performance.

Operational Performance - Watch Metrics

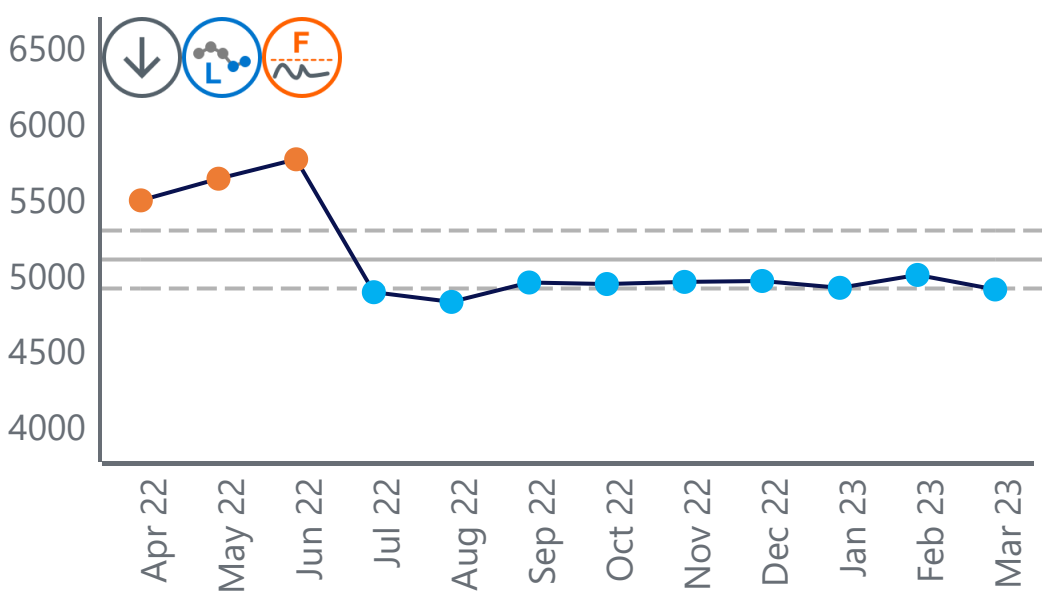
RTT 18 weeks in aggregate - Incomplete Pathways



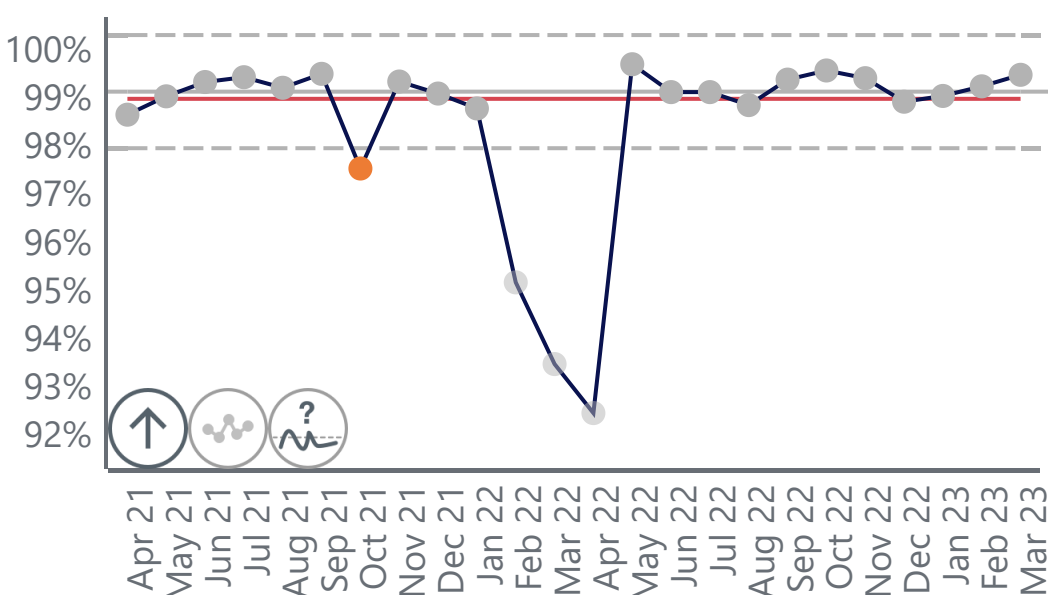
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete



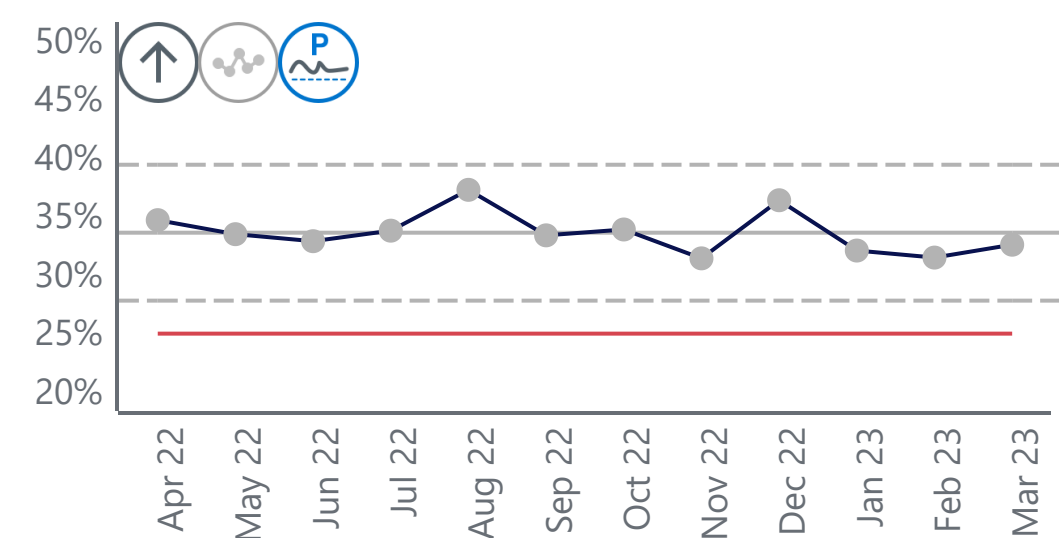
Overall Size of Waiting List



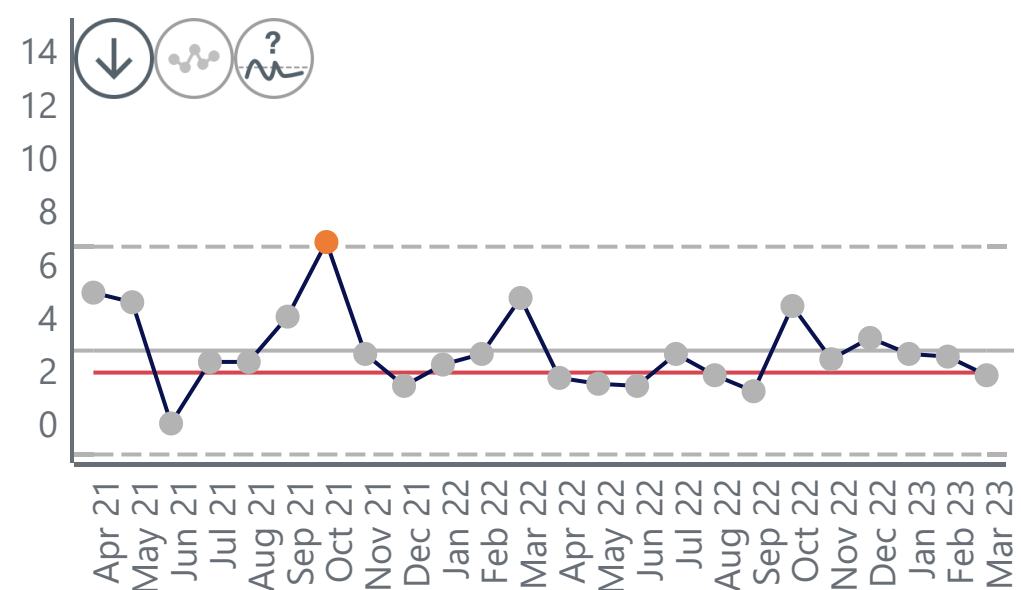
Maximum 6-week wait for diagnostic procedures



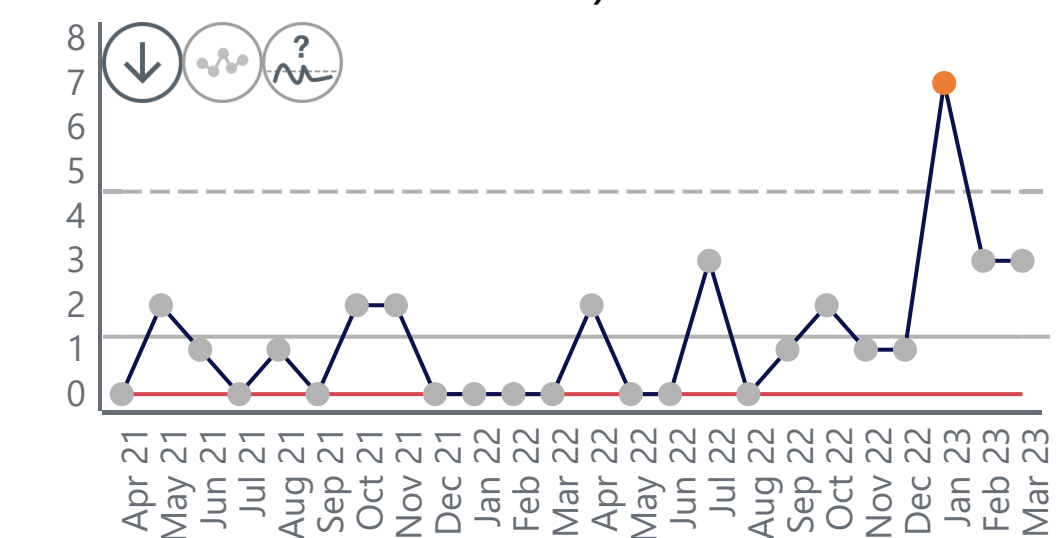
Outpatient activity delivered remotely via telephone or video consultation



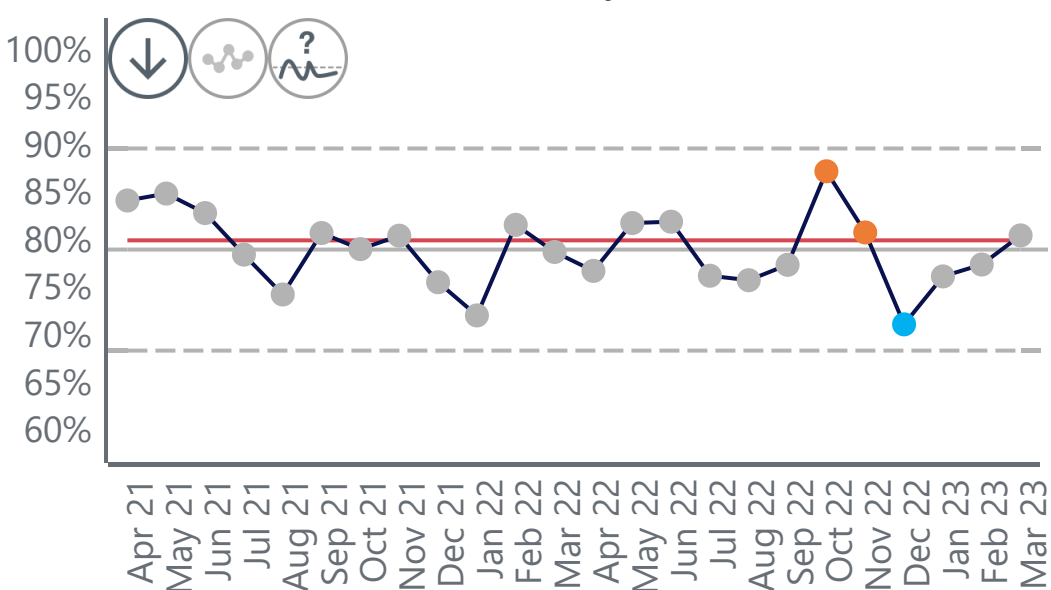
Cancelled Operations for non-clinical reasons



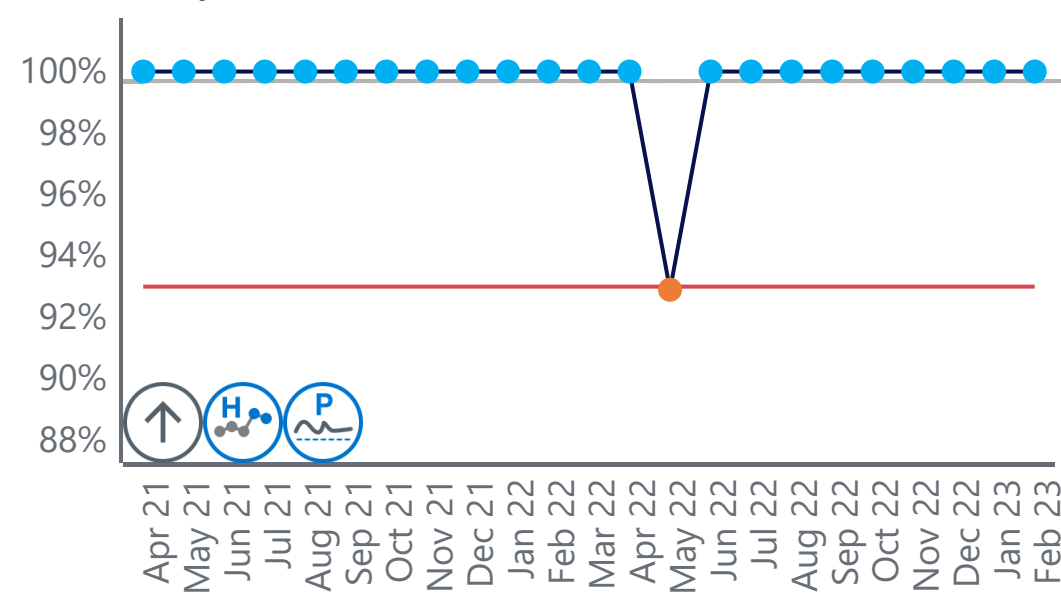
Patients not booked in within 28 days (non clinical cancellations)



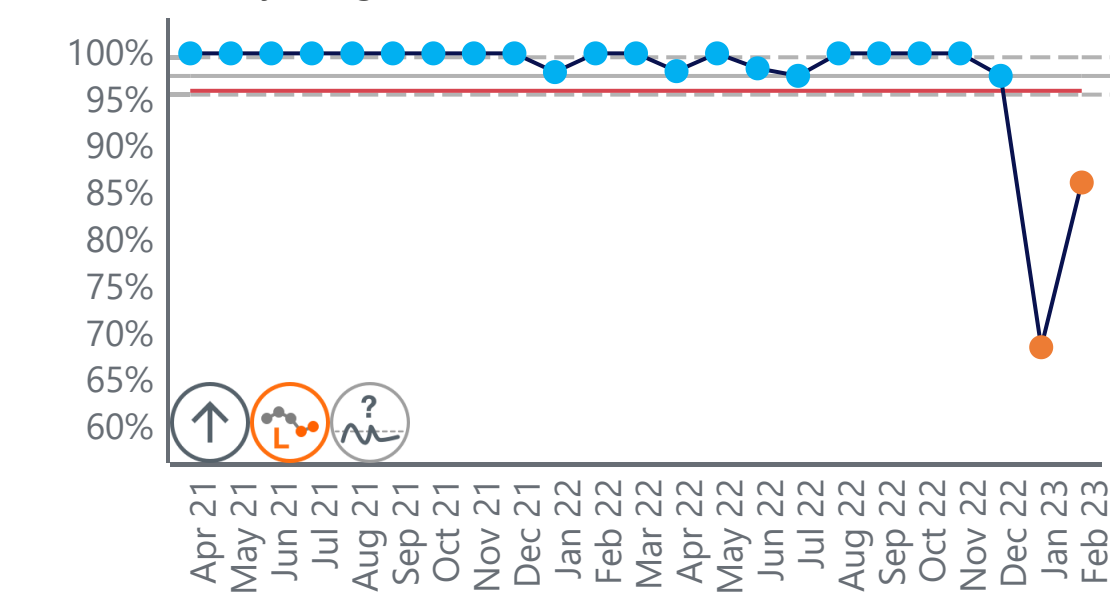
Bed Occupancy



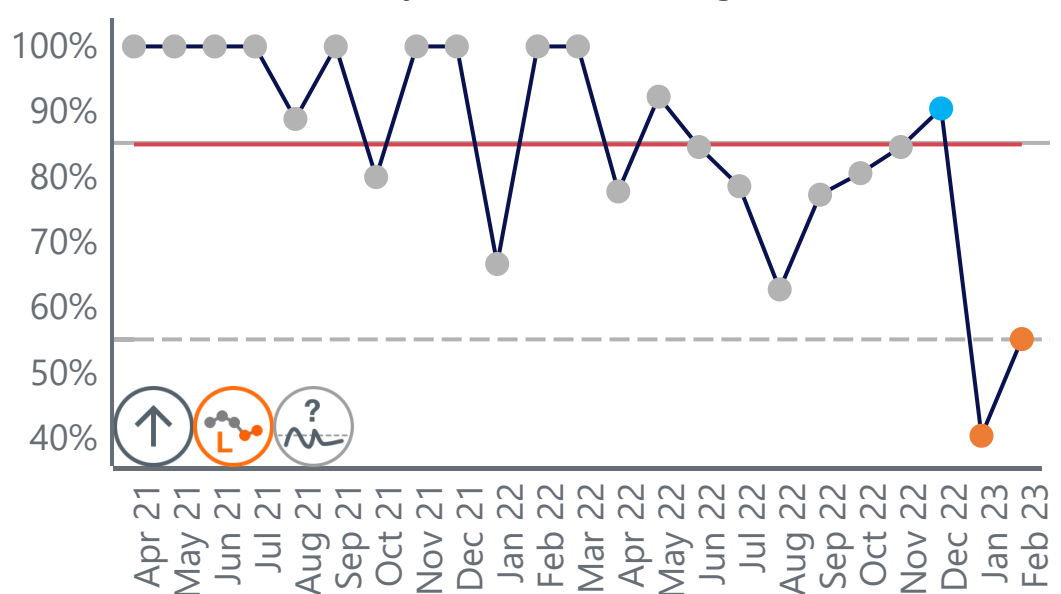
Cancer: 14 day GP referral to 1st Outpatient Appointment



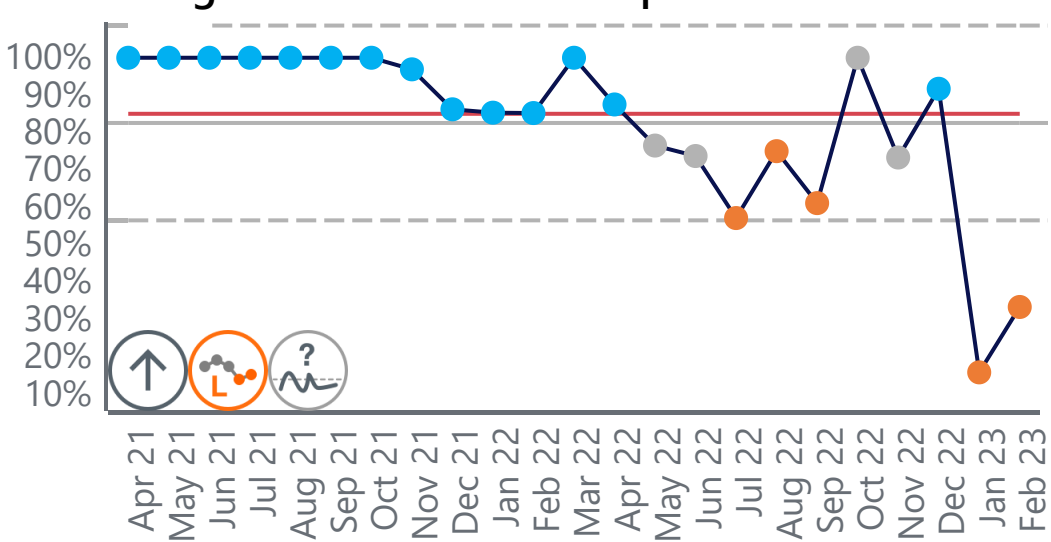
Cancer: 31 day diagnosis to 1st treatment for all cancers



Cancer: 62 day Consultant Upgrade



All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer



Quality of Care

SRO: Sue Pemberton, Director of Nursing, Quality & Safety
Dr Raphael Perry, Medical Director/Deputy Chief Executive

Highlights:

Good performance against drive metrics for 1 hour antibiotic and number of incidents with minor harm or above. Good performance against the range of watch metrics with the majority achieving target and remaining in expected parameters. Falls continue to reduce in number and additional measures are being taken with an aim to reduce this consistently (e.g. increasing the Rambleguard equipment across all ward areas and continued bathroom watch).

Areas of Concern:

Key areas for focus on drive metrics are radiological alerts reports, and high risk referrals to a dietician. In the watch metrics the key areas of focus as reported in the SOF are discharge summaries and call to balloon time. In terms of the call to balloon time, the ambulance arrival times and transfer times (which are a national and regional issue) largely drive performance against this indicator. The Trust driven metric is door to balloon times and we continue to perform well against this target. The watch metrics for CDiff and grade 3 pressure ulcers are flagging as areas of concern, largely due to the low numbers involved. There has been one grade 3 pressure ulcer with lapses in care (documentation regarding repositioning) In the full year there were 3 pressure ulcers with lapses of care.

Forward Look (with actions):



The KPI for radiological alert reporting is to be further refined to include a 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 data validation is completed between the systems and the timeframe measure introduced to the dashboard.

The improvement plan for dietician referrals commenced in October 2022 and we would expect to see continued improvement towards the target over the next few months as the work is embedded. 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. The watch metric will continue to be a focus for the Trust.

From Watch Metrics, the patients receiving their discharge summary on discharge continues to perform below the target of 95%. Actions are being taken to improve performance, include changes to EPR. Finally a number of KPI metrics need to be further refined.



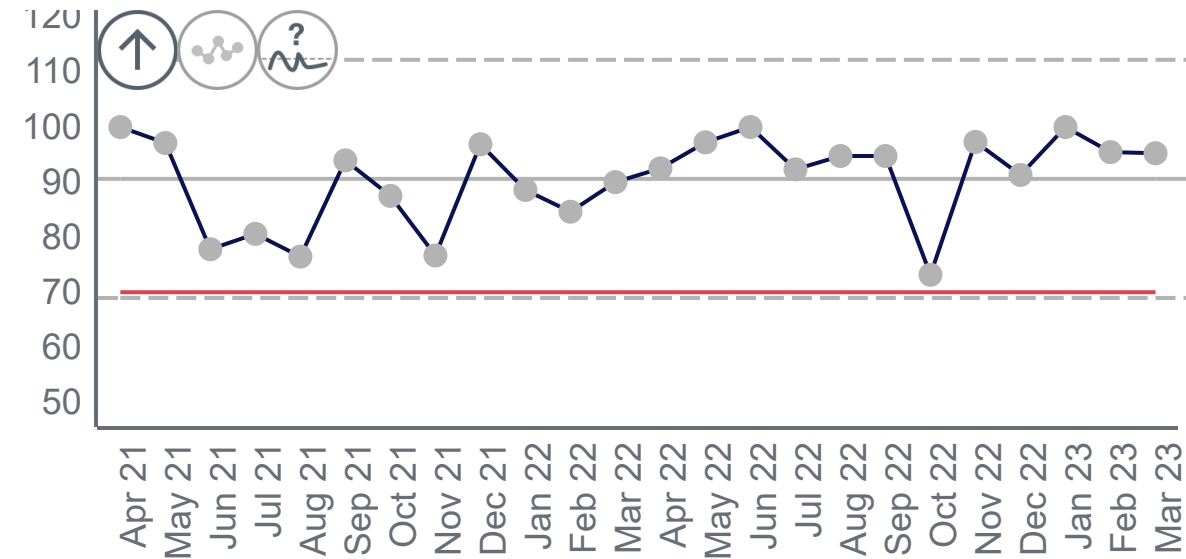
Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Mar-23	81.7	>=95%	83.6		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Mar-23	89.9	>=95%	85.3		
Clostridium Difficile	Mar-23	0.0	0	0.4		
Delayed Transfers of care	Mar-23	4.6	<=5%	4.2		
Delirium Risk Assessment to be completed on Admission and once a day	Mar-23	100.0	>=90%	99.1		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Mar-23	95.24	>=70%	90.6		
Dementia - Find	Mar-23	100	>=90%	95.8		
FFT: REPUTATION	Mar-23	99.6	>=95%	99.6		
Gram Negative Bacteraemias	Mar-23	3	0	1.0		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Mar-23	1	1	0.6		
MRSA Bacteraemias	Mar-23	0	0	0.0		
MSSA Bacteraemias	Mar-23	1	0	0.5		
Number of Falls	Mar-23	4	1	7.0		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Mar-23	0.0	<=0.5	0.0		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Mar-23	0	<=0	0.1		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Mar-23	79.6	>=90%	74.0		
Occurrence of any Never Events	Mar-23	0	0	0.0		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Mar-23	66.7	>=95%	64.6		
Quantity of complaints	Mar-23	2	<=6	2.9		
Venous thromboembolism (VTE) risk assessment	Mar-23	94.35	95%	95.5		
Number of Incidents No Harm and Near Miss	Mar-23	103	143	127.9		
Number of Incidents rated Minor Harm or Above	Mar-23	23	25	32.1		
Complaints responded to within 25 working days	Feb-23	100		89.2		
Surgical Site Infections	Jan-23	9.2	0%	7.1		



Quality of Care - Drive Metrics

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



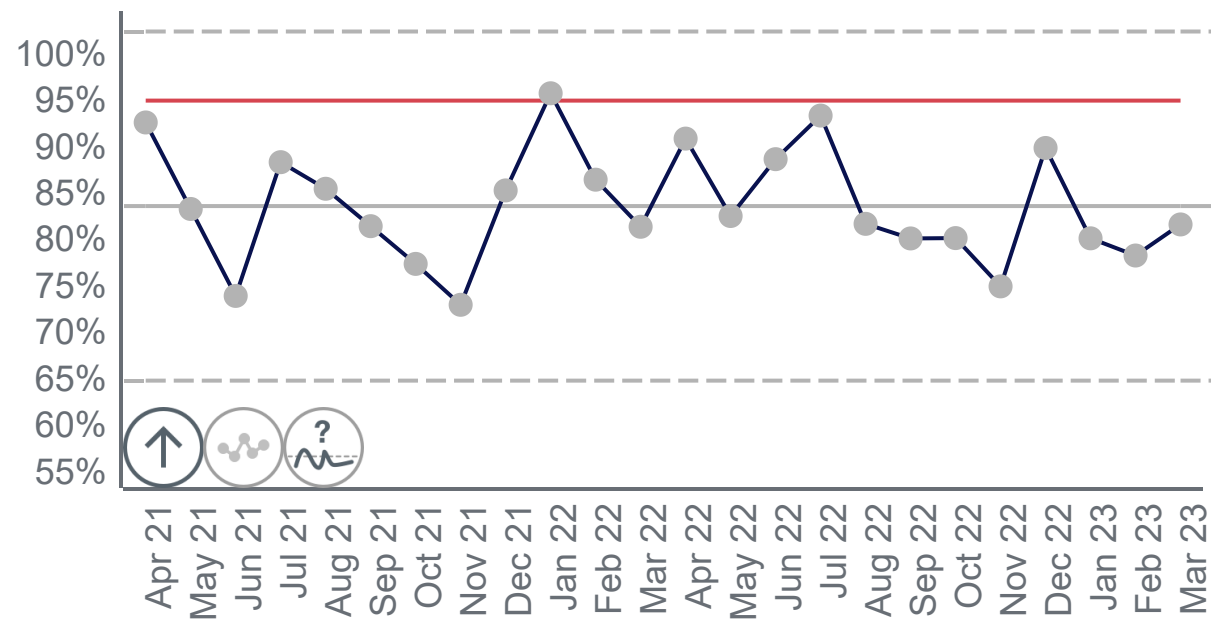
Technical Analysis:

Performance of the one hour Target has consistently been above the 70% Target. Performance sits within the range of normal variation.

Actions:

We are performing consistently above the target. We will continue to monitor this KPI.

% of radiological alerts with a response document



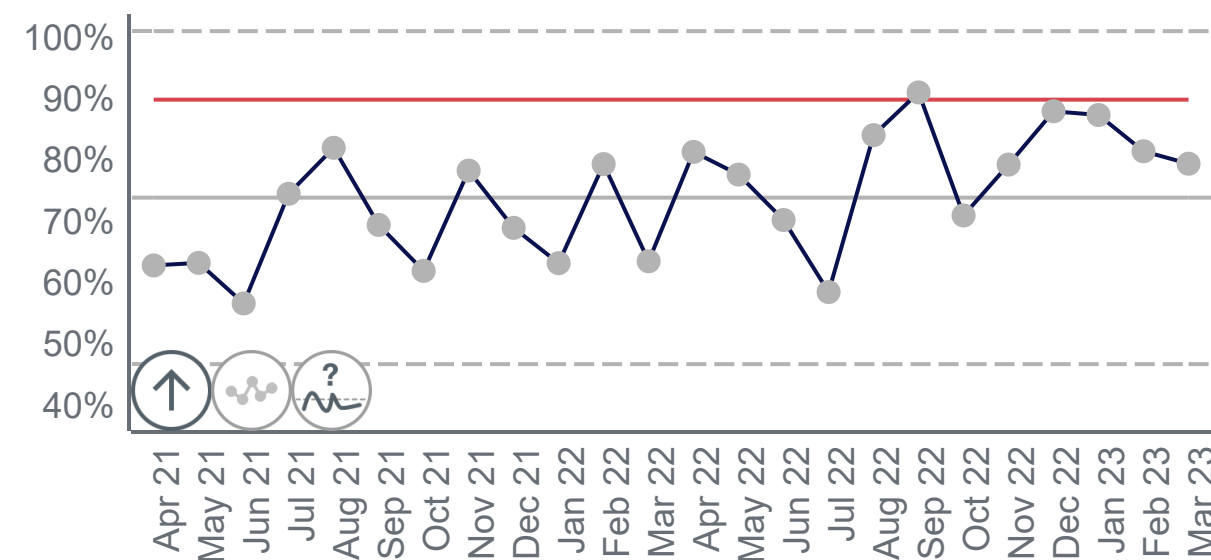
Technical Analysis:

March performance remains consistent with previous months displaying common cause variation. Improvement is required to achieve target on a consistent basis. March performed 82% vs a target of 95%. Average performance has been 84%.

Actions:

Challenges remain with the data for this KPI and is being worked through analytics. The proposal is to refine the KPI to include a 28 day target for an RAR (Radiological alert report). See *QoC Main Summary for more detail*.

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



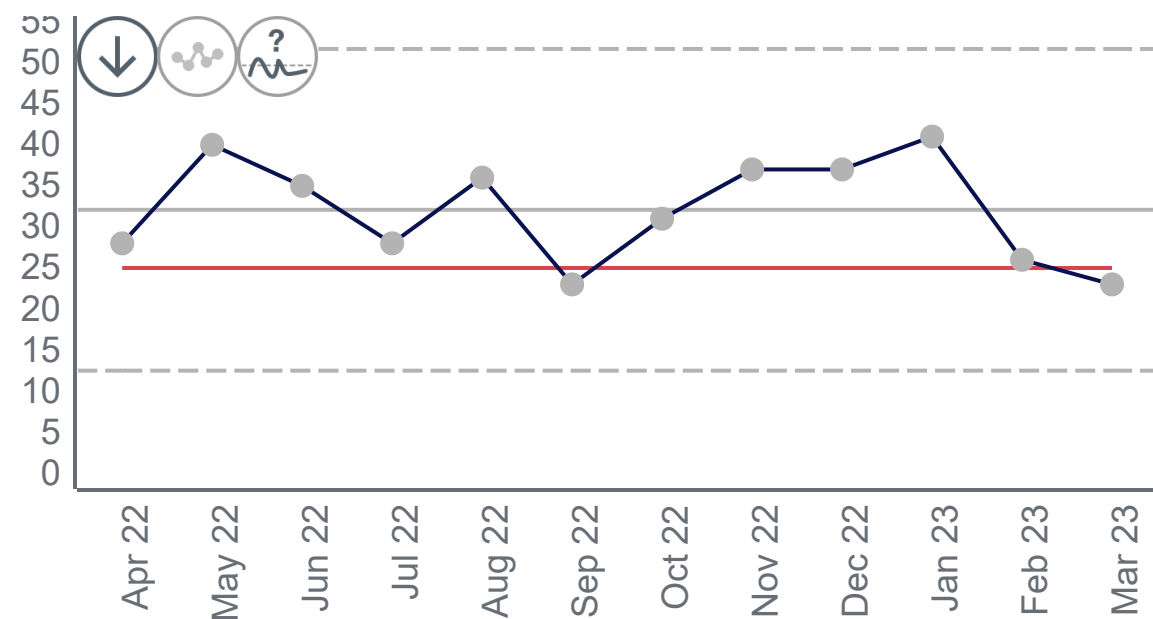
Technical Analysis:

Performance within March was 79.6% which keeps performance below the target of 90%. This demonstrates inconsistency of passing and falling short of target over recent months. Improvement required to consistently achieve target.

Actions:

Further work is being done to validate the data, as well as educating the teams through lightening teaching sessions to ensure appropriate referrals are made on EPR. Matrons are working with ward managers to ensure performance is being monitored by each ward.

Number of Incidents rated Minor Harm or Above



Technical Analysis:

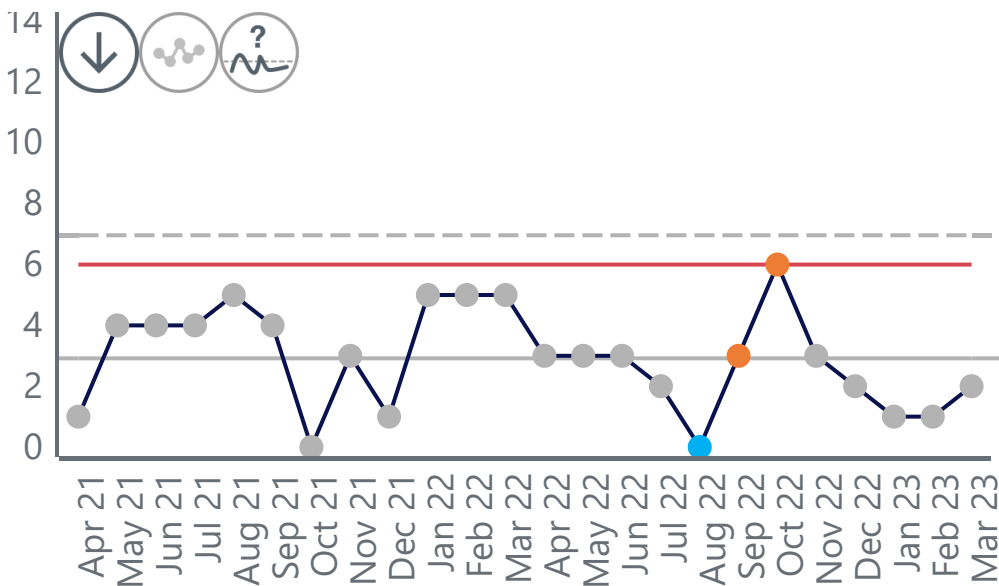
Number of Harms remains stable with performance across 2022/23 within the range of normal variation. March performance of 23 was below our 2022/23 average of 32.

Actions:

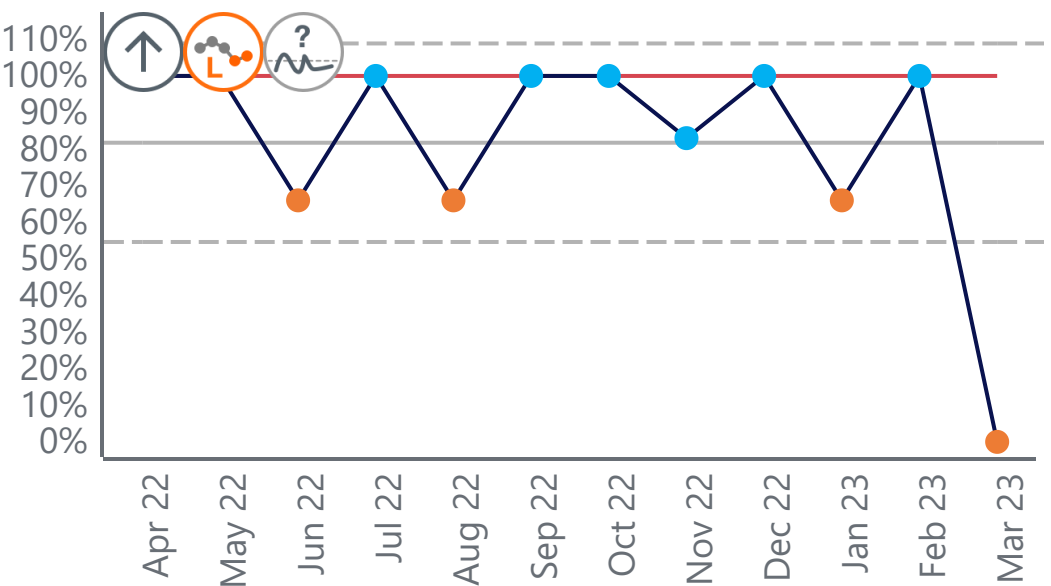
Strong reporting culture and learning from incidents. Review of these continues through safety surveillance and hasn't identified recurrent themes. Further refinement of the KPI is needed (i.e. minor harm or above as a percentage of total incidents).

Quality of Care - Watch Metrics

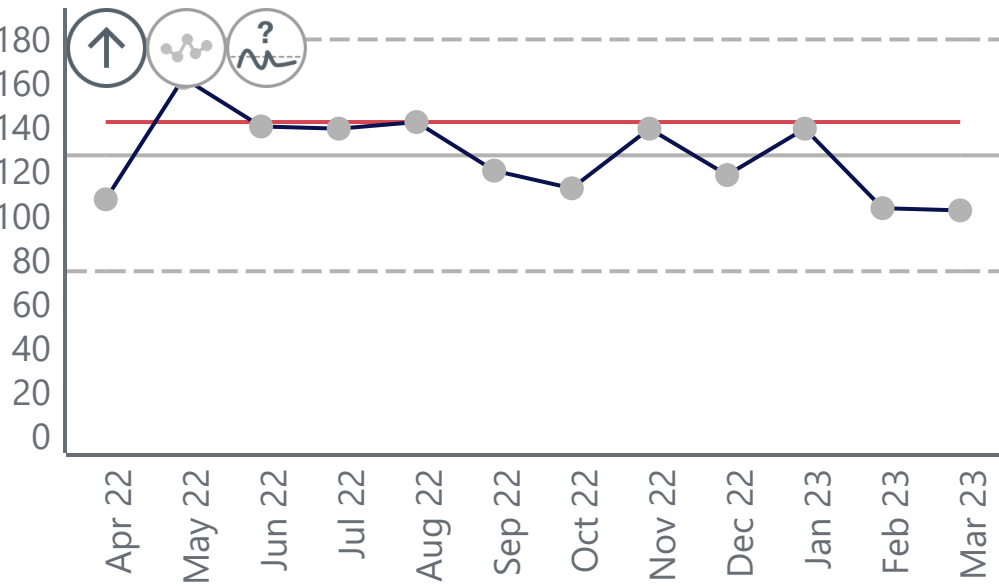
Quantity of complaints



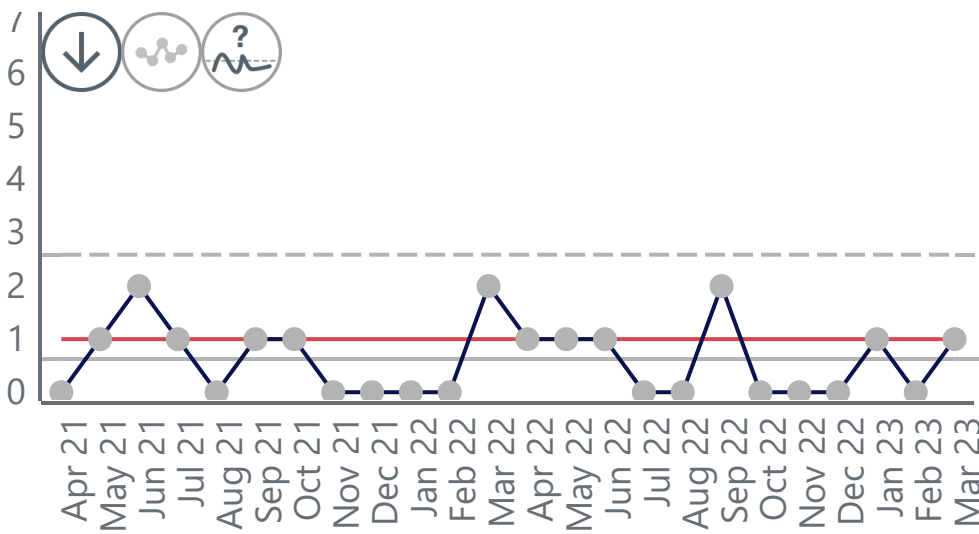
Complaints responded to within 25 working days



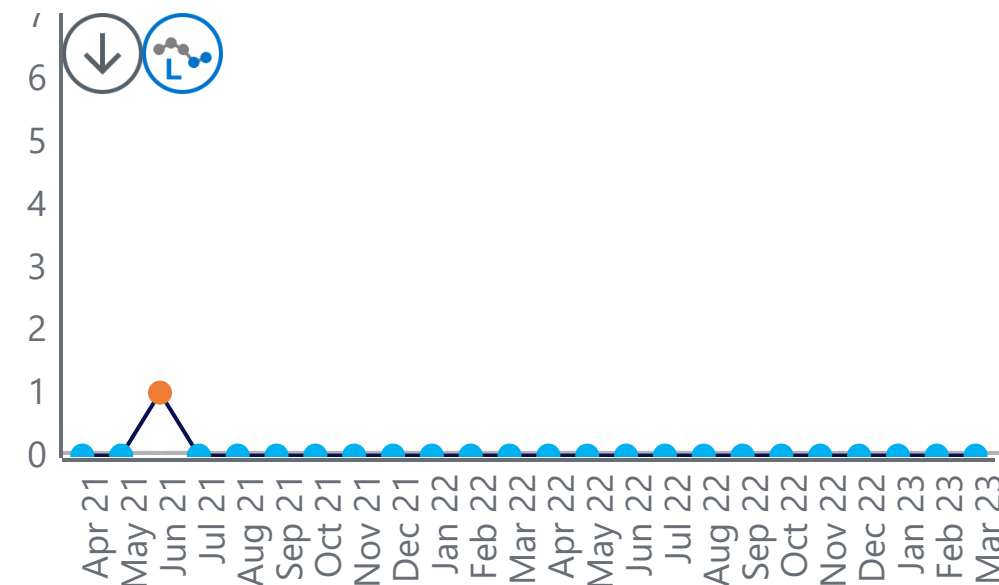
Number of Incidents No Harm and Near Miss



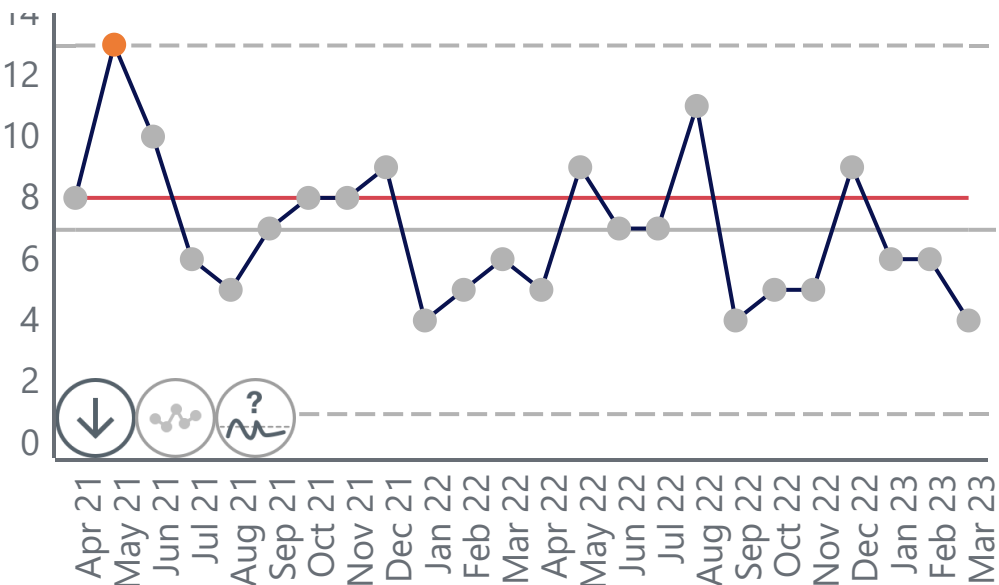
Incidents - Serious incidents, Never Events, Adverse Events (Red)



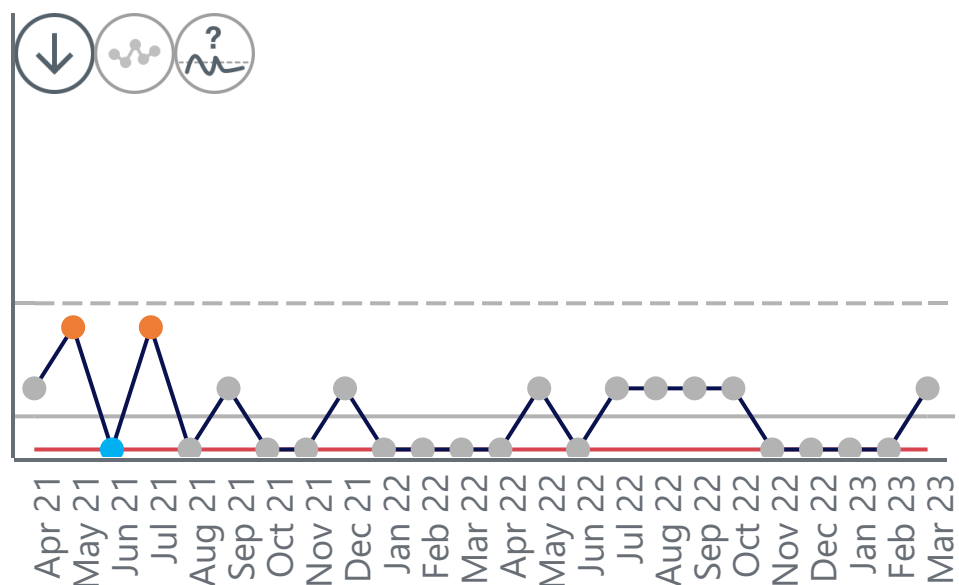
Occurrence of any Never Events



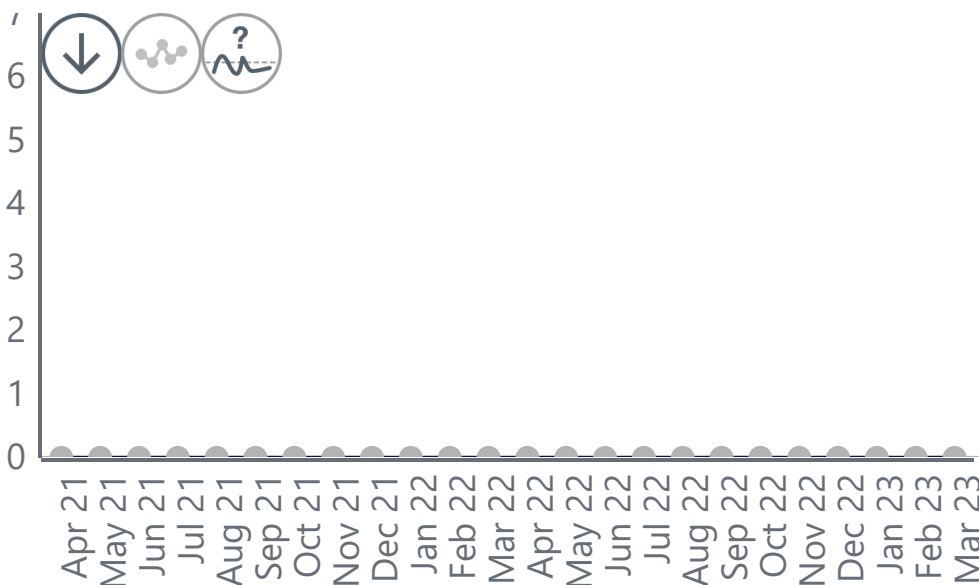
Number of Falls



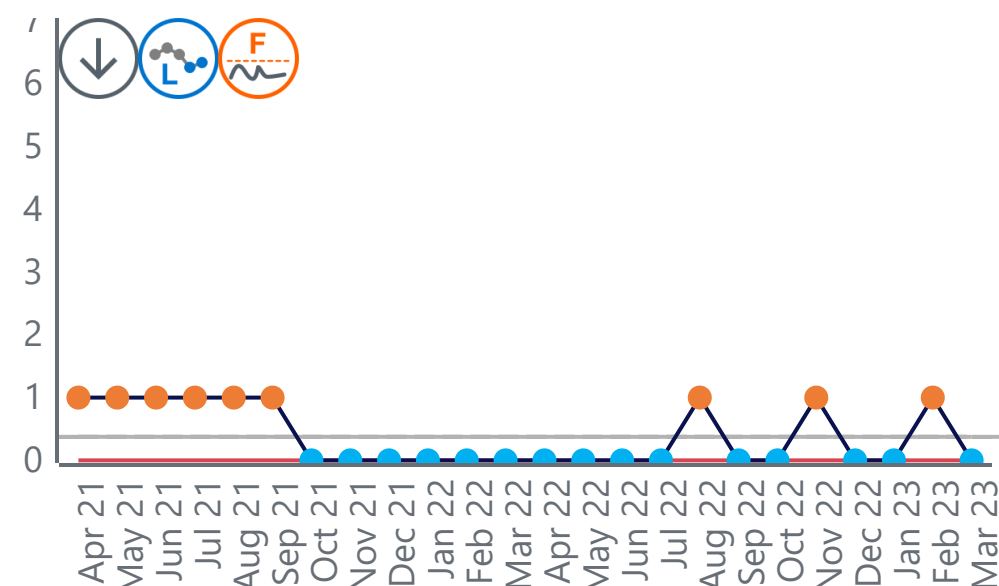
MSSA Bacteraemias



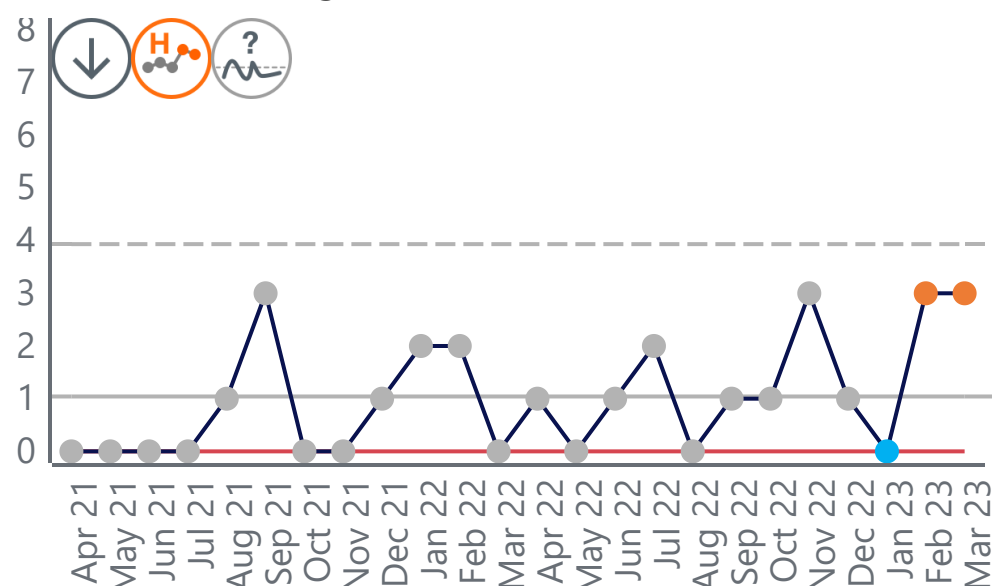
MRSA Bacteraemias



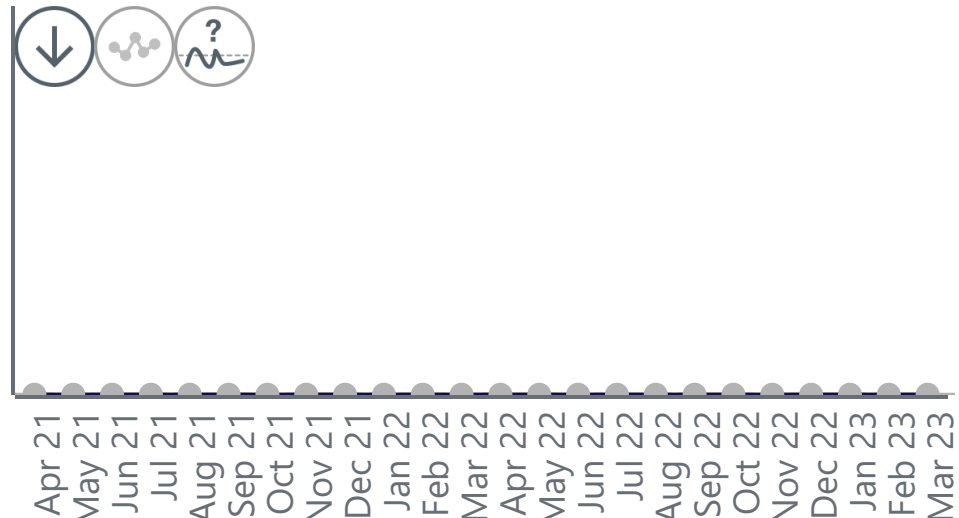
Clostridium Difficile



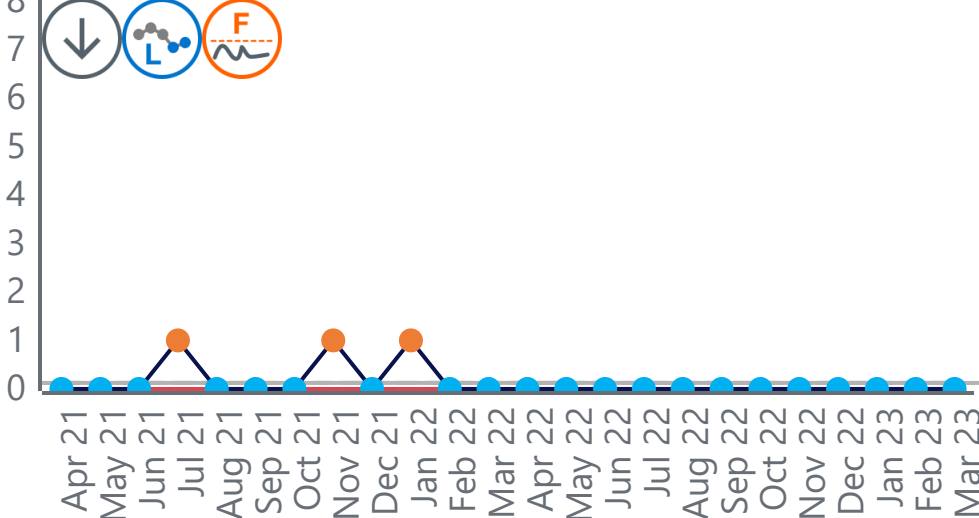
Gram Negative Bacteraemias



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

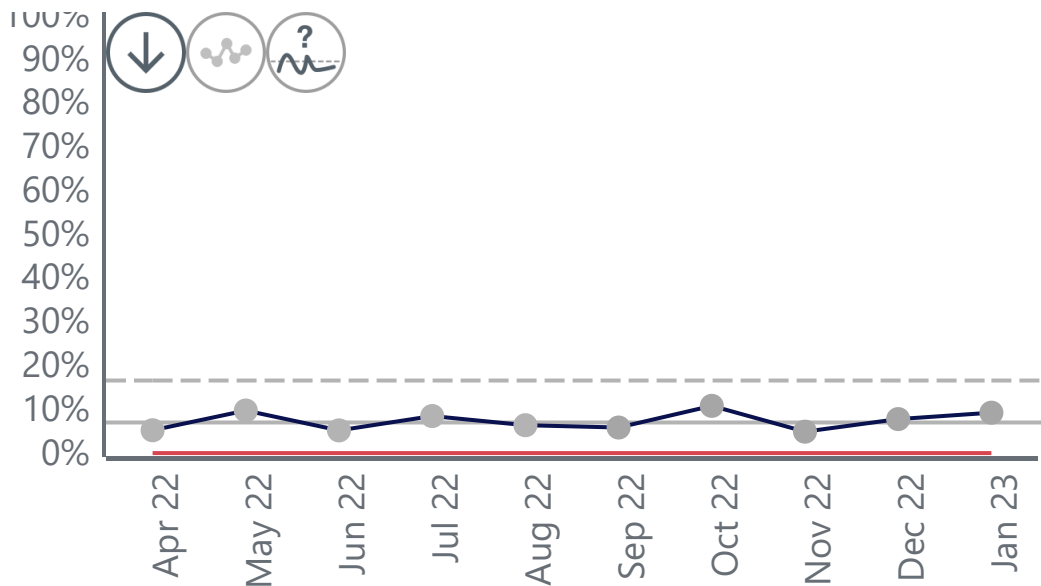


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

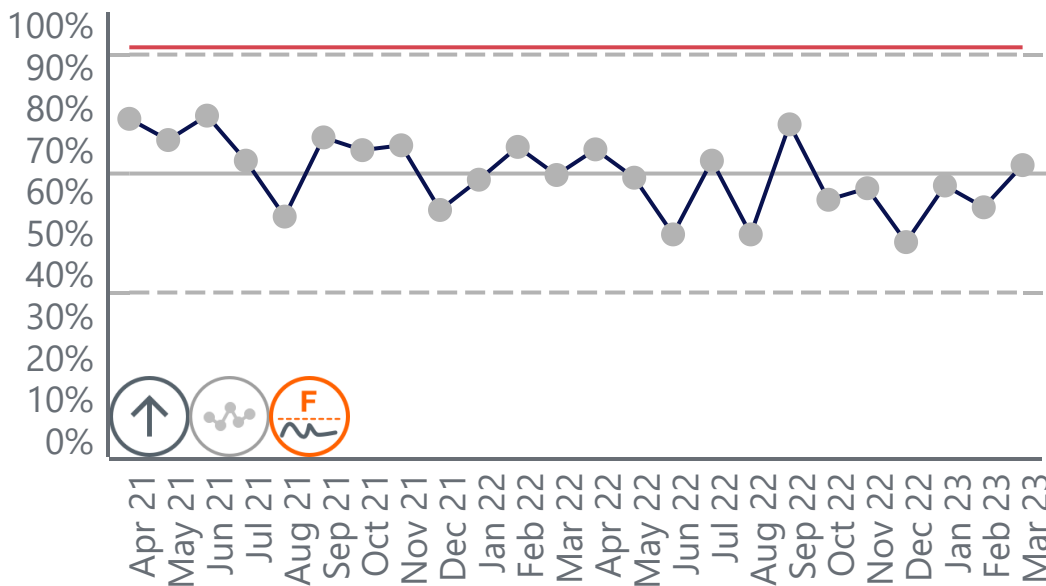


Quality of Care - Watch Metrics

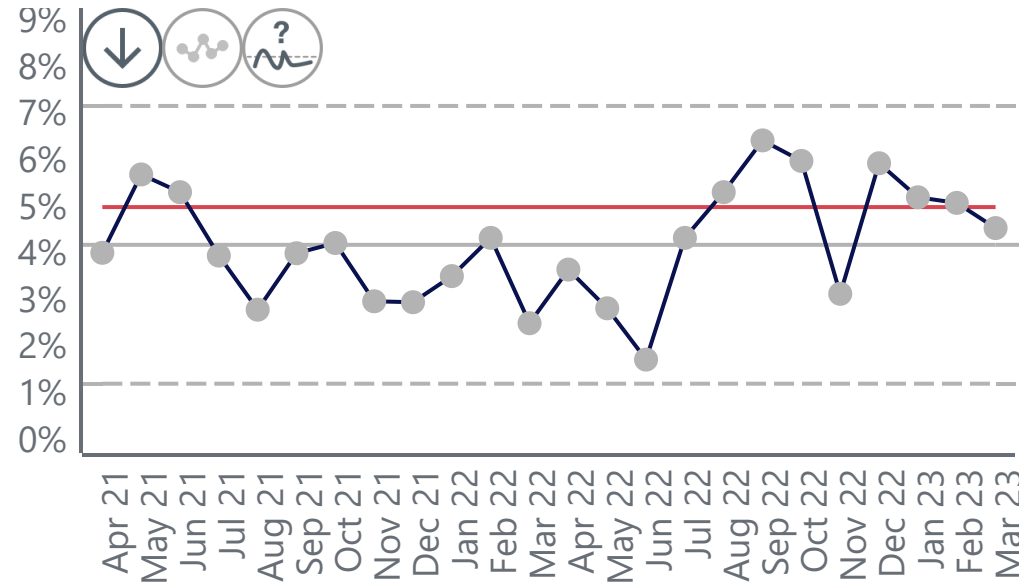
Surgical Site Infections



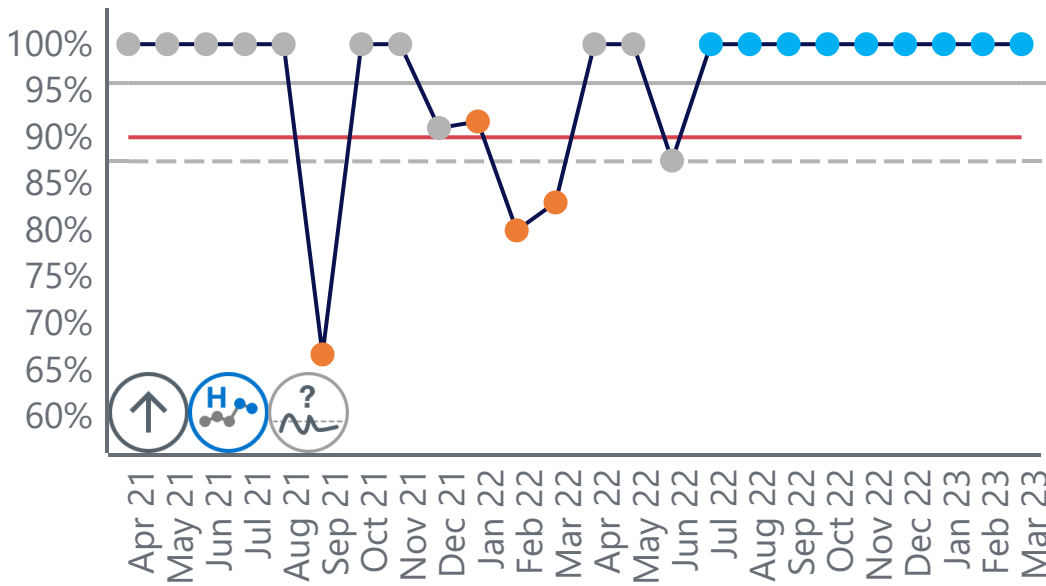
Primary PCI - 150 minute 'Call-to-balloon' (national target)



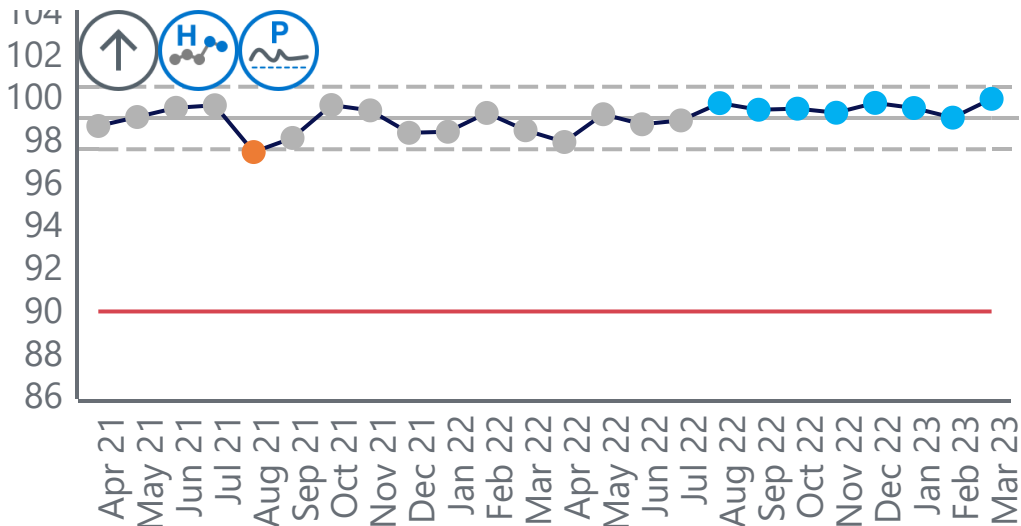
Delayed Transfers of care



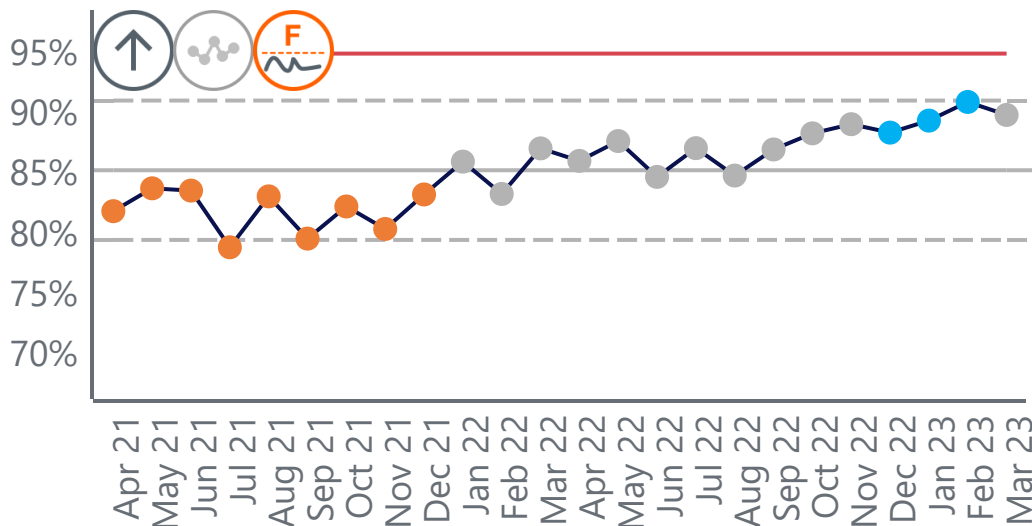
Dementia - Find



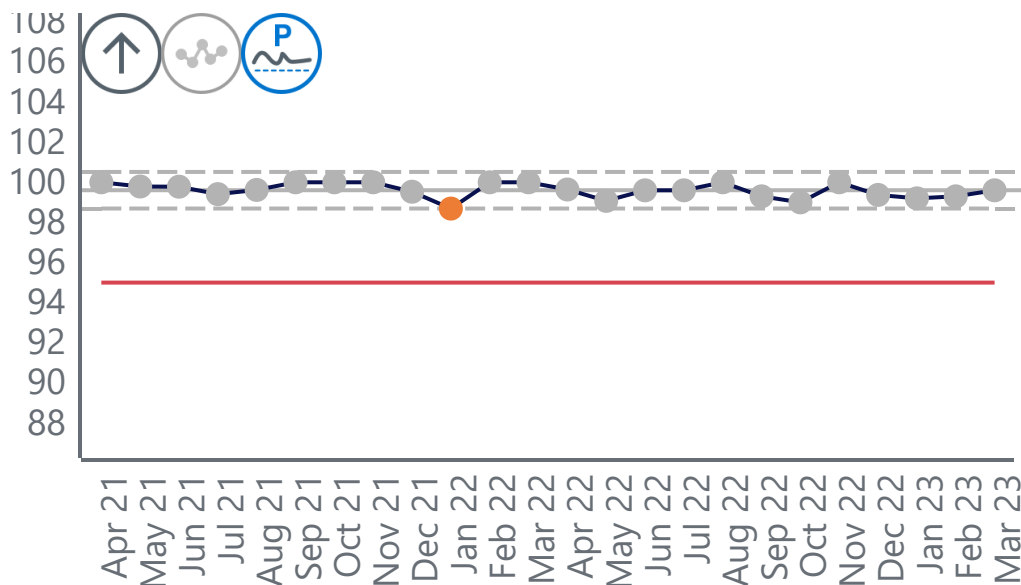
Delirium Risk Assessment to be completed on Admission and once a day



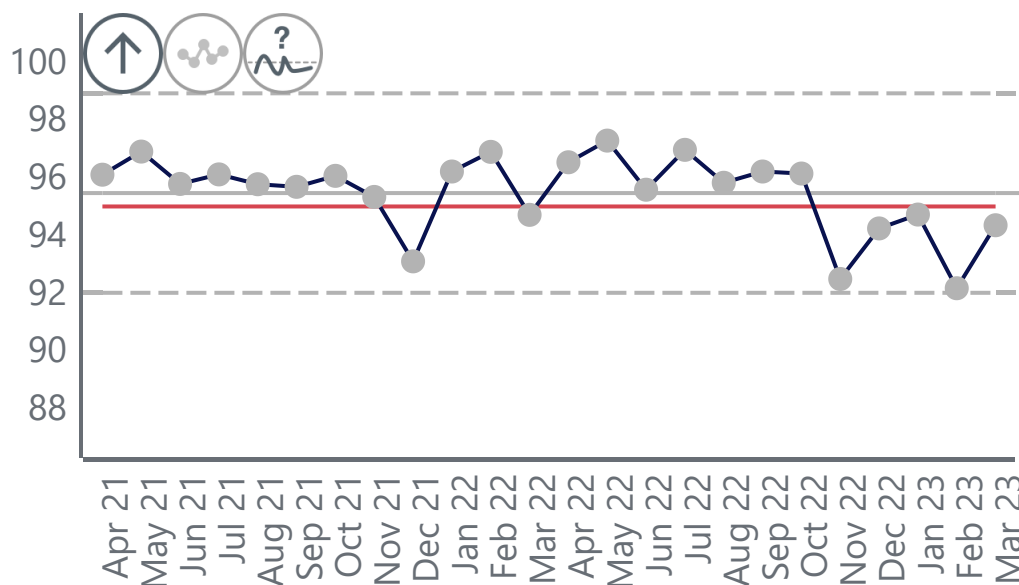
95% of all patients to receive a copy of their Discharge Summary on day of discharge



FFT: REPUTATION



Venous thromboembolism (VTE) risk assessment



Finance

SRO: Karen Edge, Chief Finance Officer

Highlights:

The financial performance for the year ending 31st March 2023 is a surplus of £4,132k against a planned surplus of £2,326k, which is £1,806k above plan in line with the position agreed with the ICB.

The Trust was also able to maximise capital expenditure and deliver the plan agreed at the start of the year, together with in-year allocations for digital and diagnostics and continues to hold strong cash balances.

Areas of Concern:

Pay expenditure has largely been consistent with plan throughout the year (0.2% overspend for the year), however, overspends in nursing and medical staff groups are offset by vacancies in other areas.

Non pay expenditure overspends include slippage on CIP, energy costs and theatre consumables. These have been mitigated by higher than expected interest payments on cash balances due to recent BoE rate rises.

The Trust achieved 81% of the recurrent CIP target, with a carry forward into to 2023/24 of £795k.













Forward Look (with actions):

Annual planning for 2023/24 is substantially complete and recurrent cost pressures including nursing and medical pay, energy and consumables have been recognised. Non-recurrent pressures have a recovery plans in place and are monitored through FPG.

Whilst a level of CIP was not transacted in March, those schemes are being carried forward into 2023/24 and good progress has been made on identification of the in-year target. Dates have been agreed for full identification of the target (end Q1) and a number of workshops have been held to develop the approach, new schemes and project management.



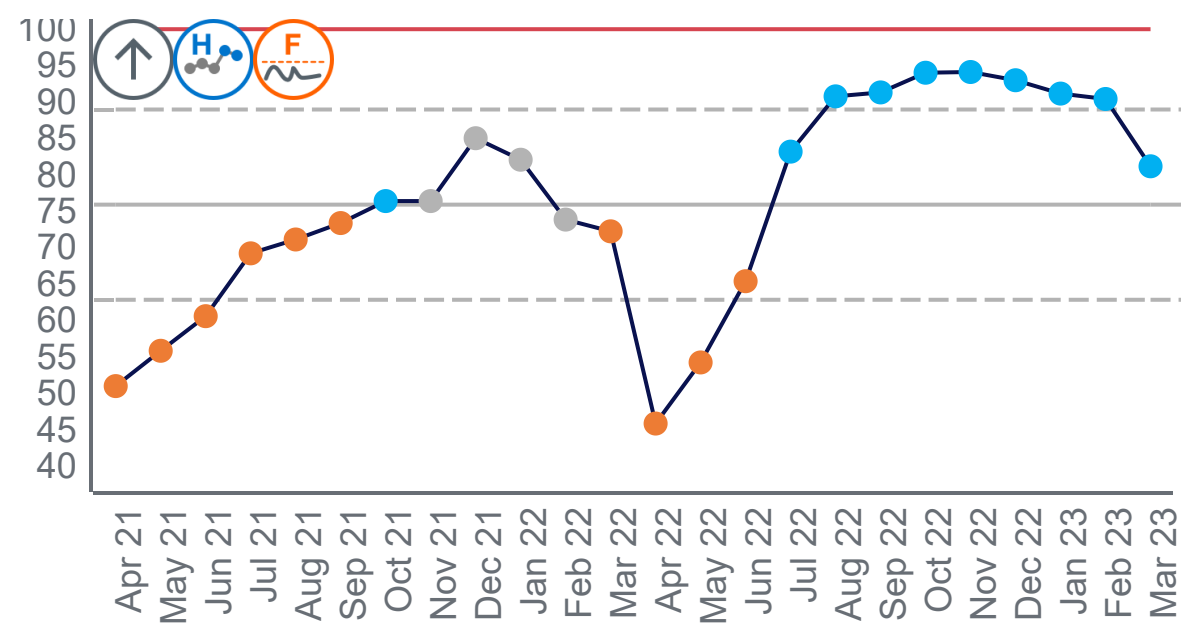
Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
Better Payment Practice Code	Mar-23	98.4	95%	98.86		
I & E distance from target (cumulative) - £,000	Mar-23	1806	0	308		
Liquidity (days)	Mar-23	15	0	26		
Recurrent CIP identified	Mar-23	81.2	100%	81.2		
Capital Expenditure (Trust Level)	Mar-23	16282850	16329799	68384522		
Cash in Bank (Trust Level)	Mar-23	41348000		42248946		



Finance - Drive Metrics

Recurrent CIP identified



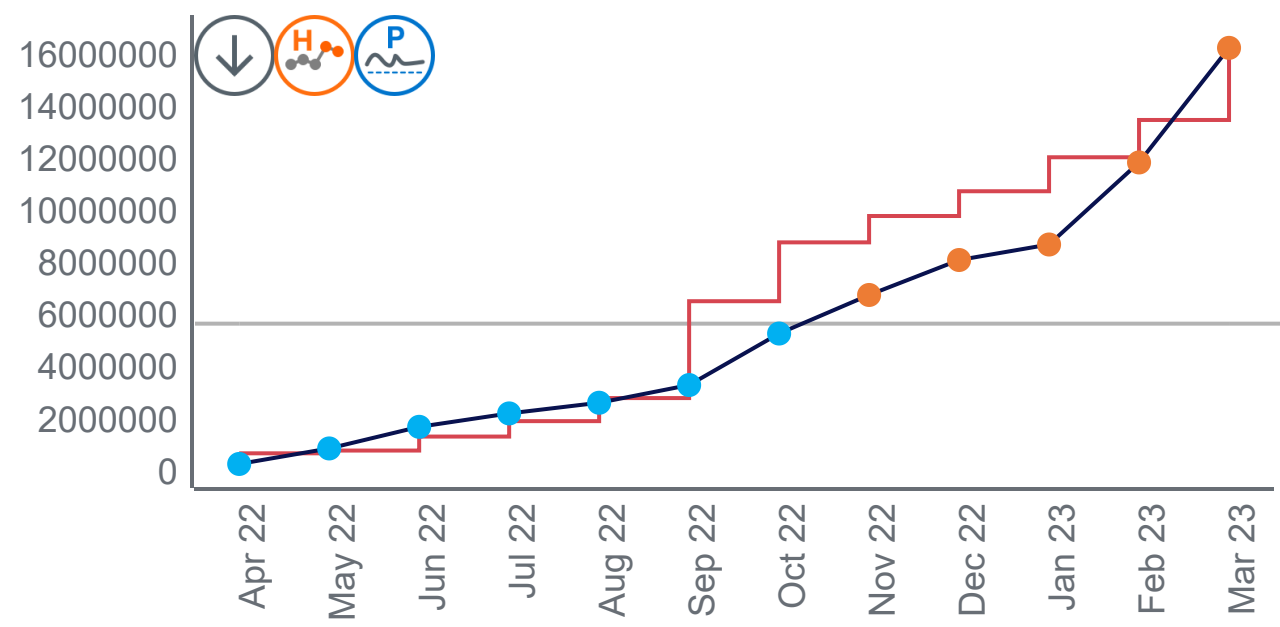
Technical Analysis:

As the trust approaches the end of 2022/23 improvements in closing the gap have been made but still short of the target.

Actions:

Undelivered CIP has been rolled forward into budget holder positions for 2023/24. CIP planning for 2023/24 has made good progress and a number of workshops have taken place to support identification and project management.

Capital Expenditure (Trust Level)



Technical Analysis:

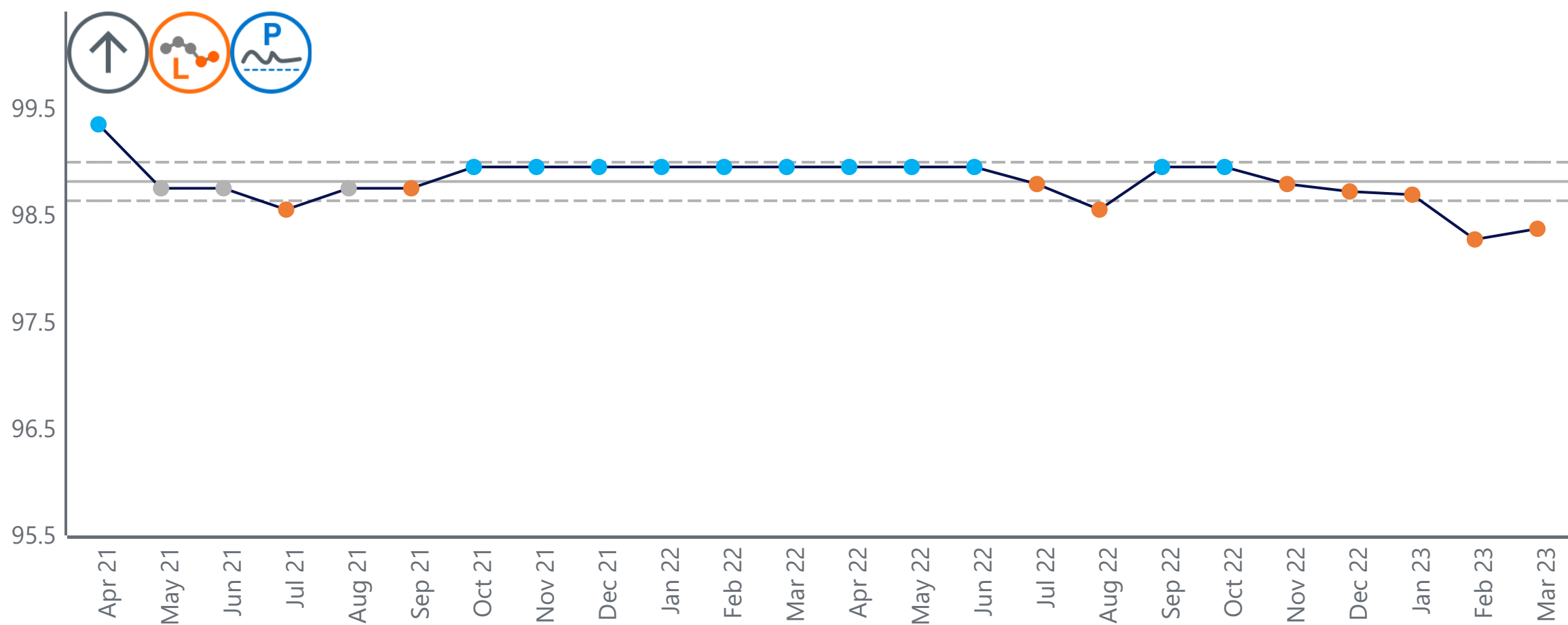
Performance for 2022/23 demonstrates Capital Expenditure is achieving target set.

Actions:

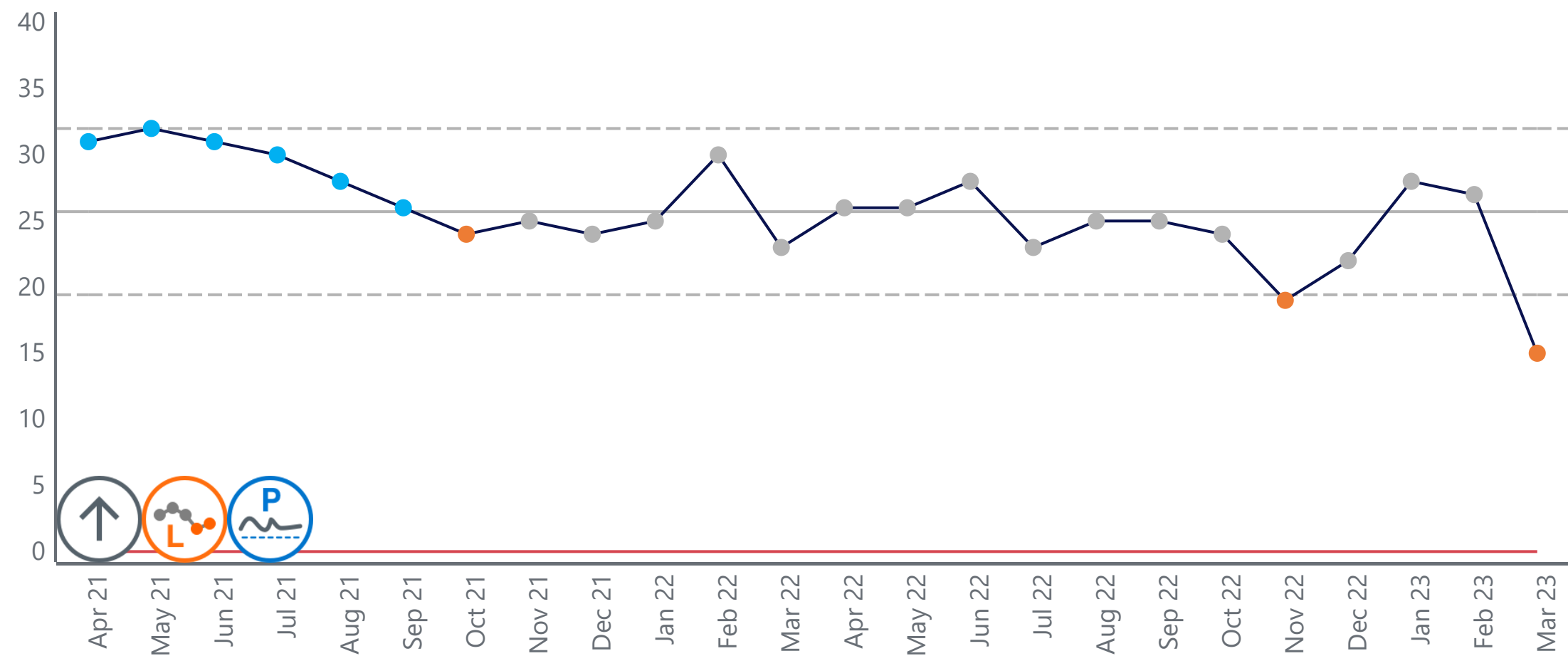
Higher spend on capital expenditure is supported by additional allocations including national Digital, regional Diagnostics and LHCH charity. No unfunded spend has taken place and the year end with all allocations fully deployed.

Finance - Watch Metrics

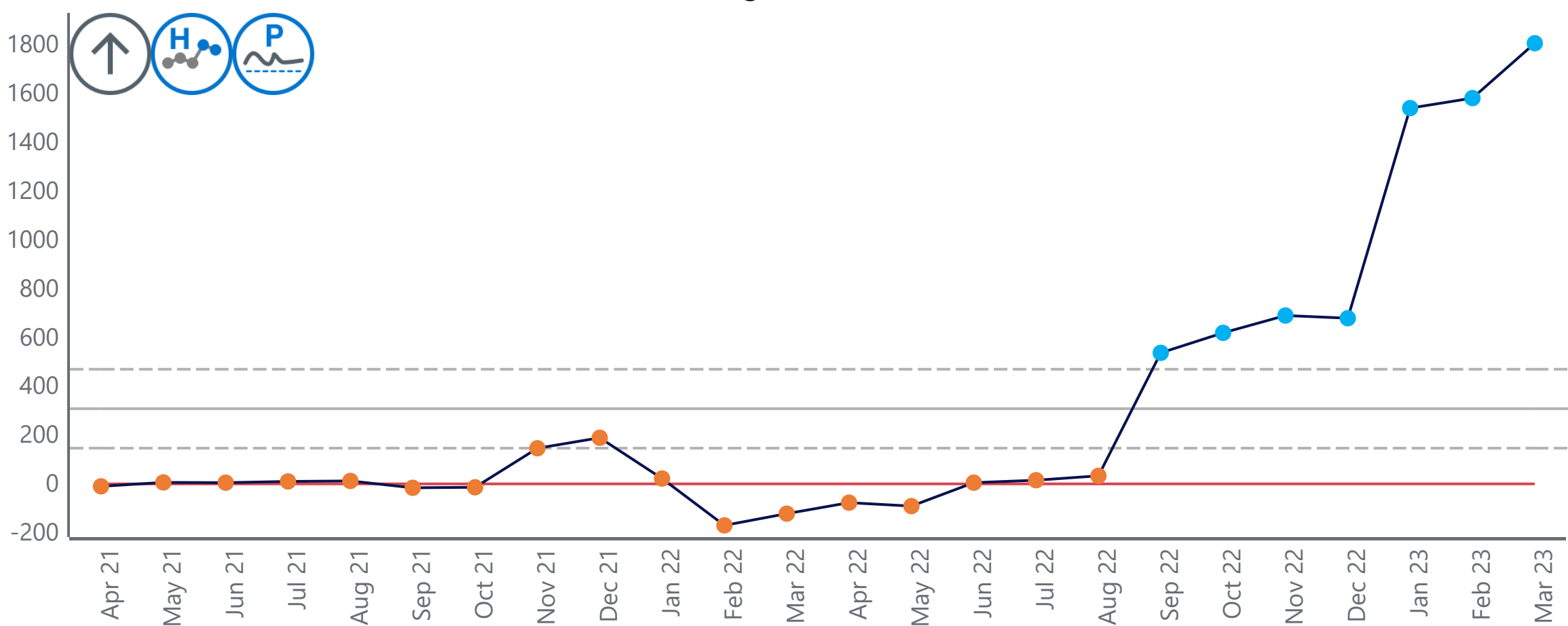
Better Payment Practice Code



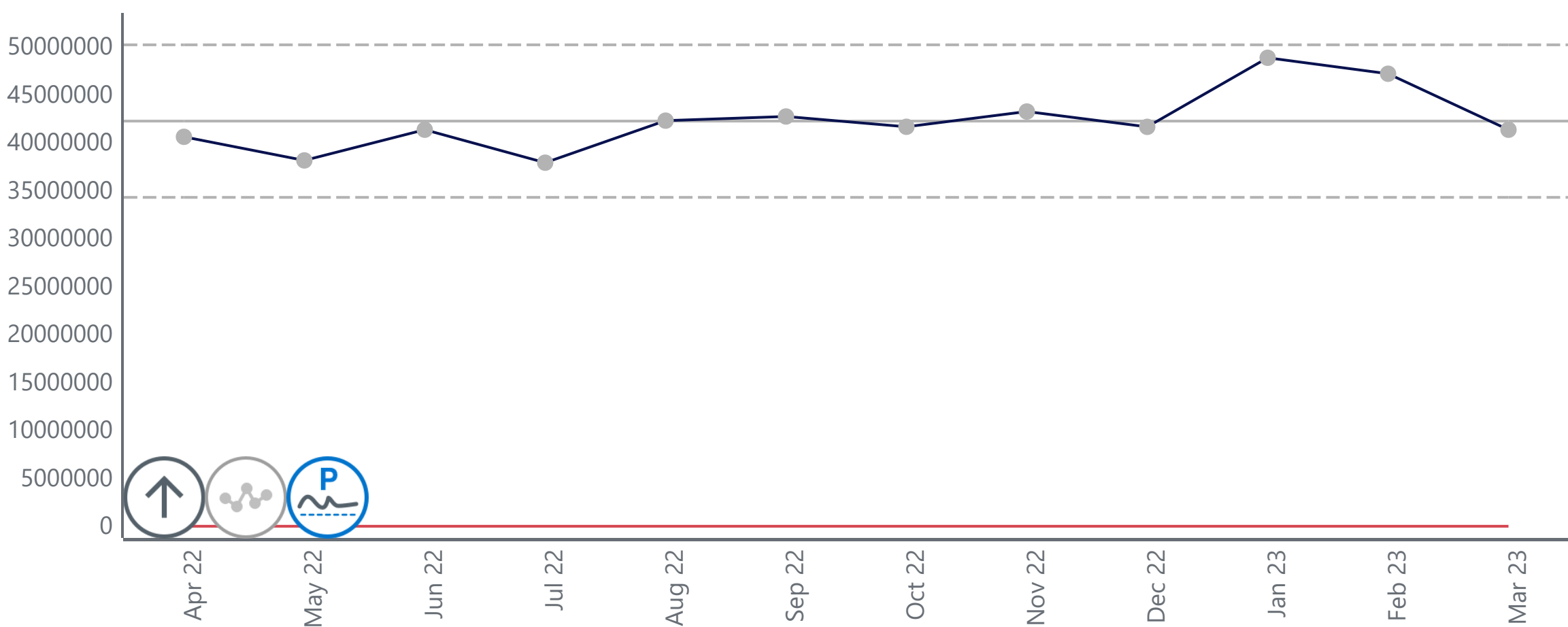
Liquidity (days)



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



Cash in Bank (Trust Level)



People

SRO: Karen Nightingall, Chief People Officer

Highlights:

The staff survey results are of particular note - a 69% response rate and the the best results for recommend as a place to work and good results on recommend as a place to treat. • We have scored best against all of the people promise themes except 'we work flexibly' (benchmarked against acute specialist trusts)

- We have scored the best for engagement and morale
- We have improved our scores against all themes except 'we are recognised and rewarded'
- There are some improvement in our WRES and WDES results. Plans will now be developed to address where LHCH can do even better.

Areas of Concern:















Turnover has reduced very slightly despite real efforts to improve and slow down the rate of turnover. Sickness has been slightly higher than target as we have seen an increase in respiratory infections and stress this month.

Forward Look (with actions):

Concerted effort to focus on long term sick cases with a plan for each case. Industrial action continues to provide challenge where the trust is making every endeavour to improve sickness and retention whilst pay is still in dispute nationally.



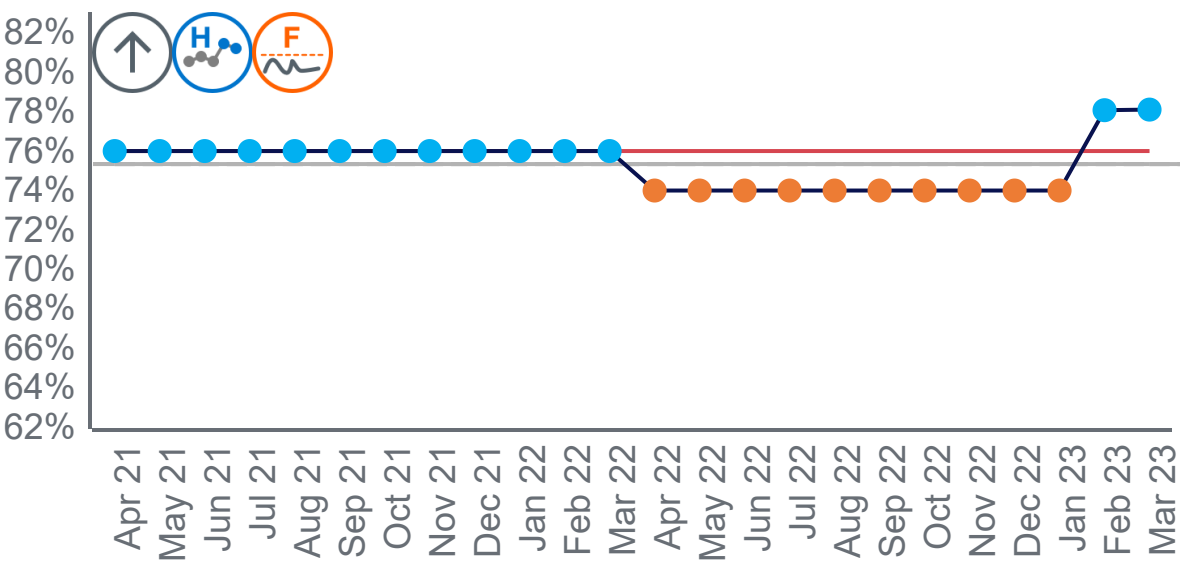
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Mar-23	92.3	>=90%	84.1		
Mandatory Training Compliance	Mar-23	93.4	>=95%	94.2		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Mar-23	78.1	>=76%	75.3		
Staff Turnover	Mar-23	11.7	<=10%	11.4		
Staff Sickness (All Staff)	Mar-23	4.82	<=3.4%	5.7		
Long Term Sickness	Mar-23	2.54	<=3.4%	3.2		
Short Term Sickness	Mar-23	2.28	<=3.4%	2.7		



People - Drive Metrics

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



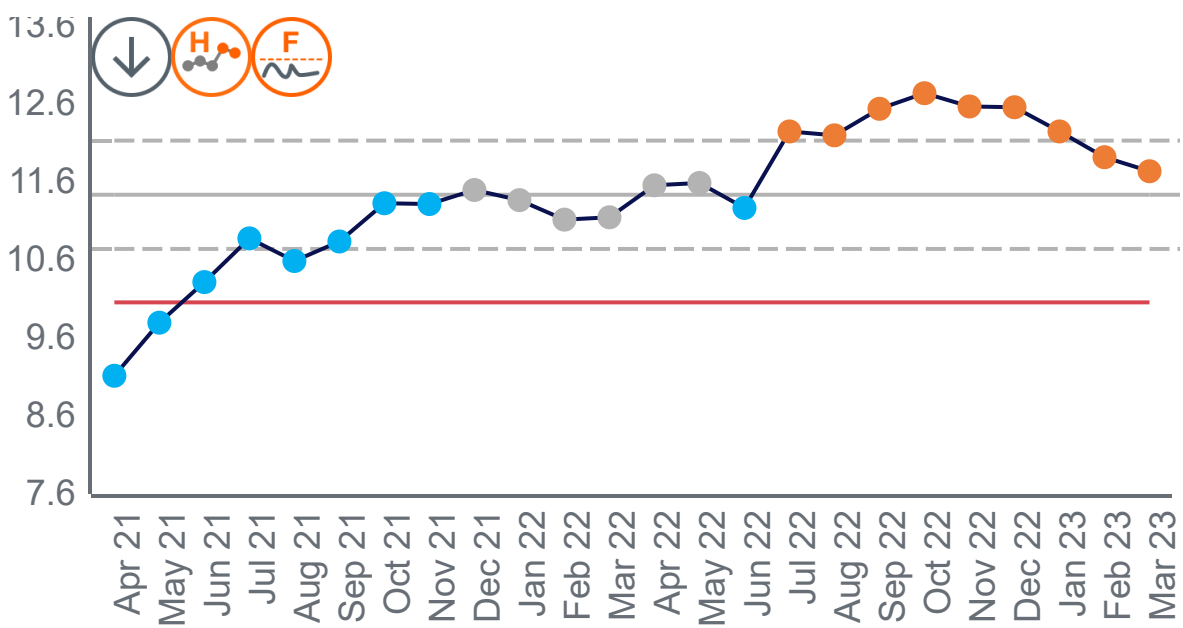
Technical Analysis:

2021/22 vs 2022/23 demonstrates a shift in performance from achieving target of 76% to failing with a performance of 74%. Most recent results have pushed performance above by achieving 78%.

Actions:

Very pleasing results on recommending as a place to work in the staff survey results, released in March 23. Divisional and Corporate plans are now being worked up to address where LHCH can do more to improve even further next year.

Staff Turnover



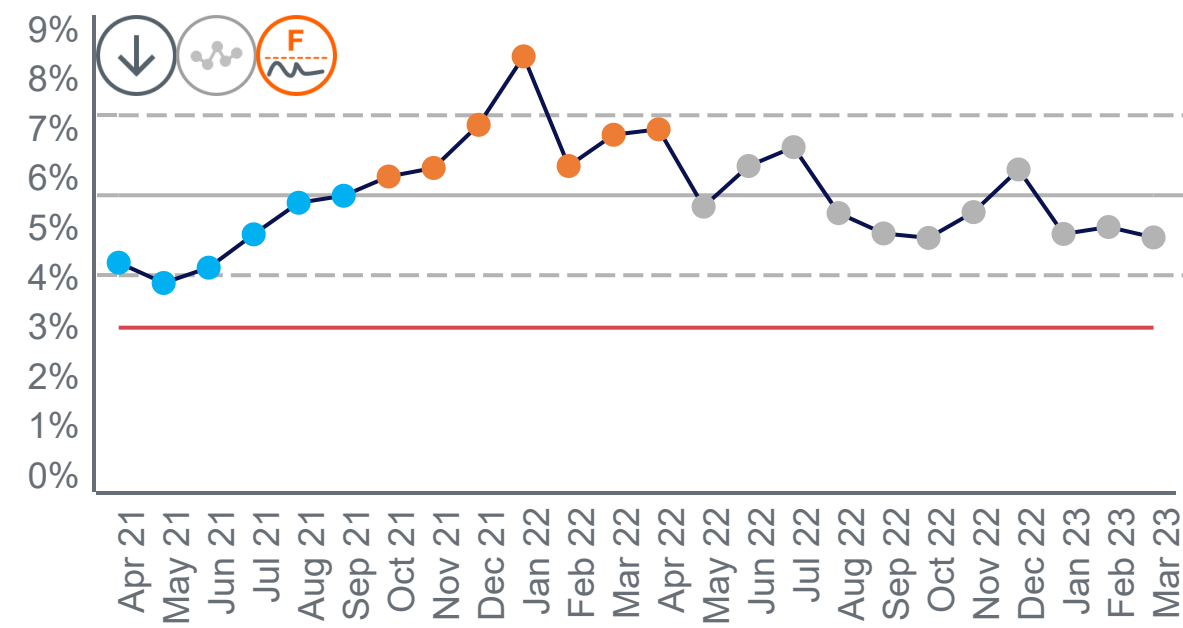
Technical Analysis:

This data raises significant concern due to special cause variation with a substantial increase in turnover rate. This level of staff turnover could create a substantial risk for the Trust. The trusts current average is 11.4% against a target of 10%.

Actions:

A slight improvement again this month as the recruitment and retention teams work through the R&R plan.

Staff Sickness (All Staff)



Technical Analysis:

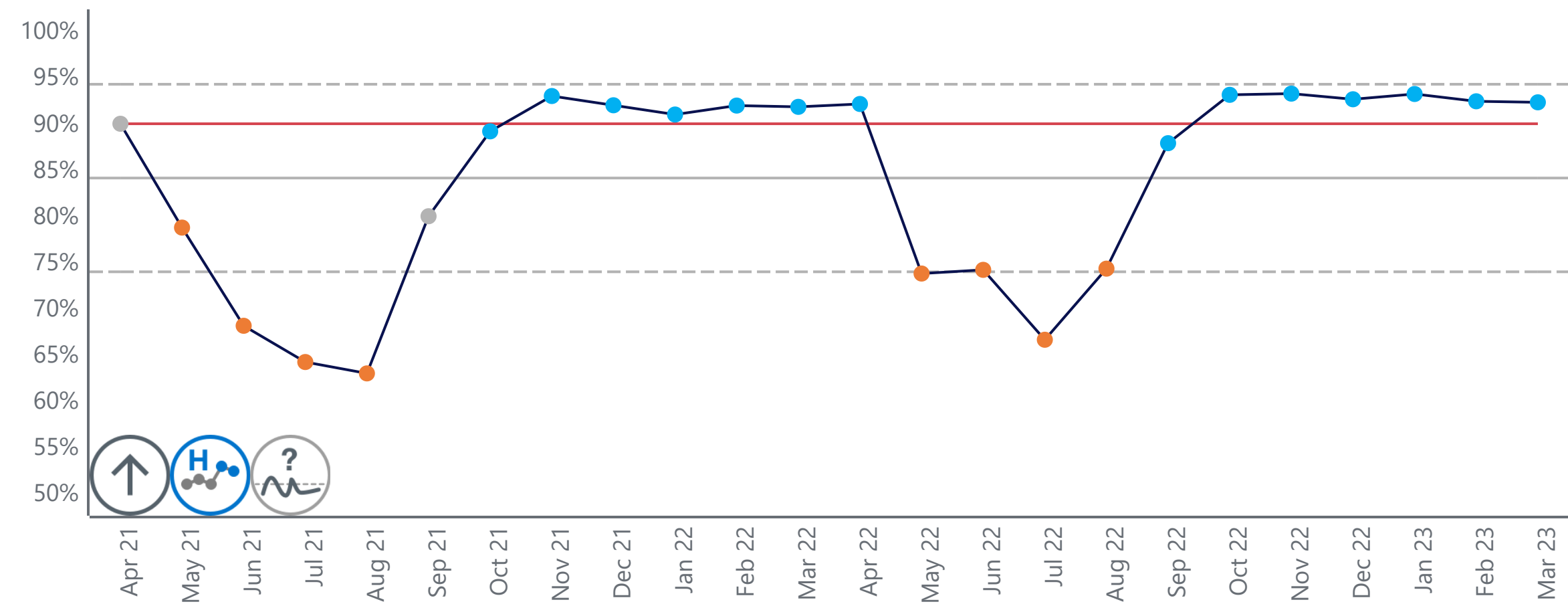
Total absence in Mar is 4.8%, remaining fairly static against Feb (5.0%), but above the 3.4% target. The last 12 months demonstrates common cause variation, and further actions are required to drive improvement.

Actions:

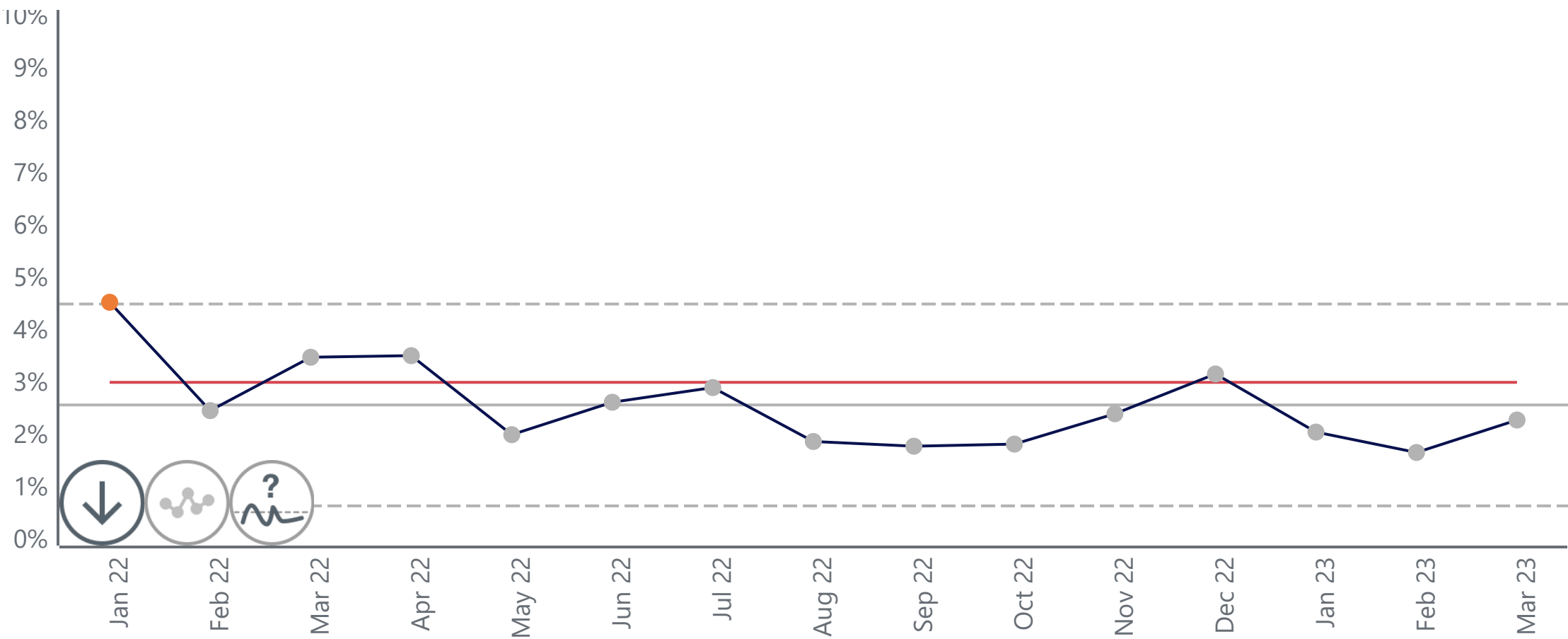
Further focus on long term sickness should help to reduce sickness back down to 3.4% target.

People - Watch Metrics

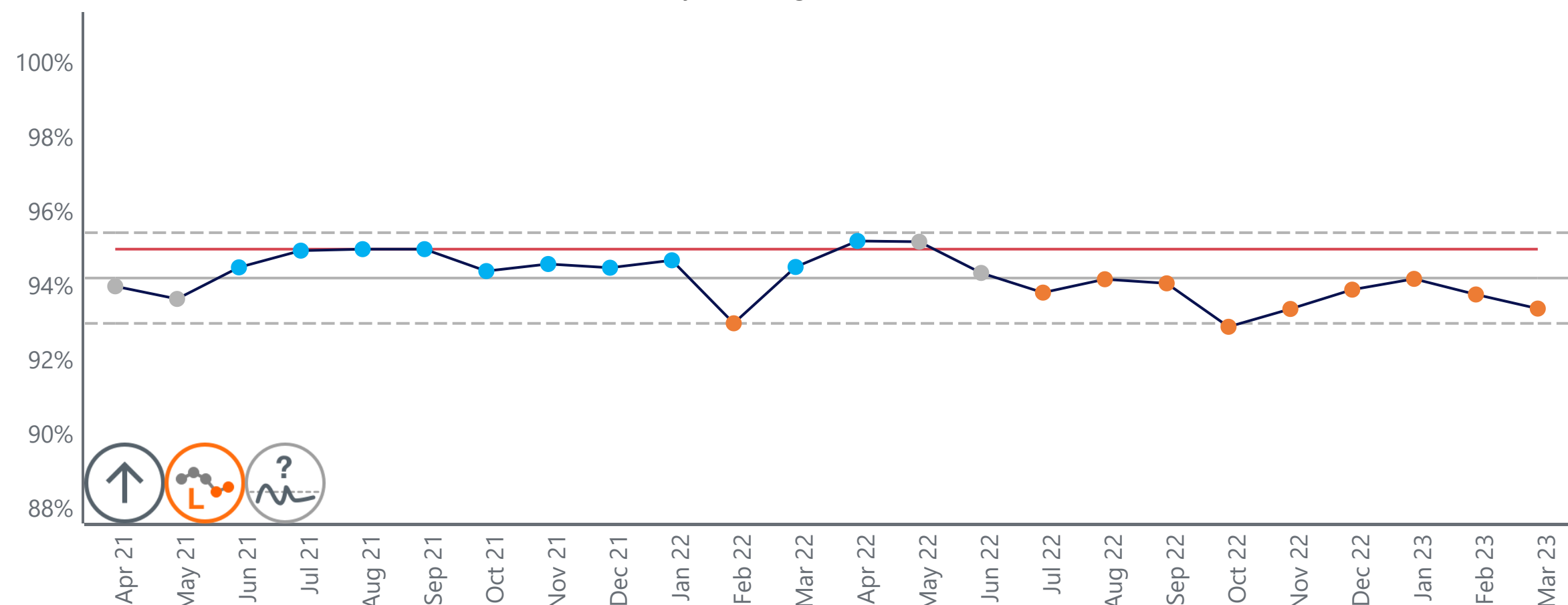
Appraisals Compliance



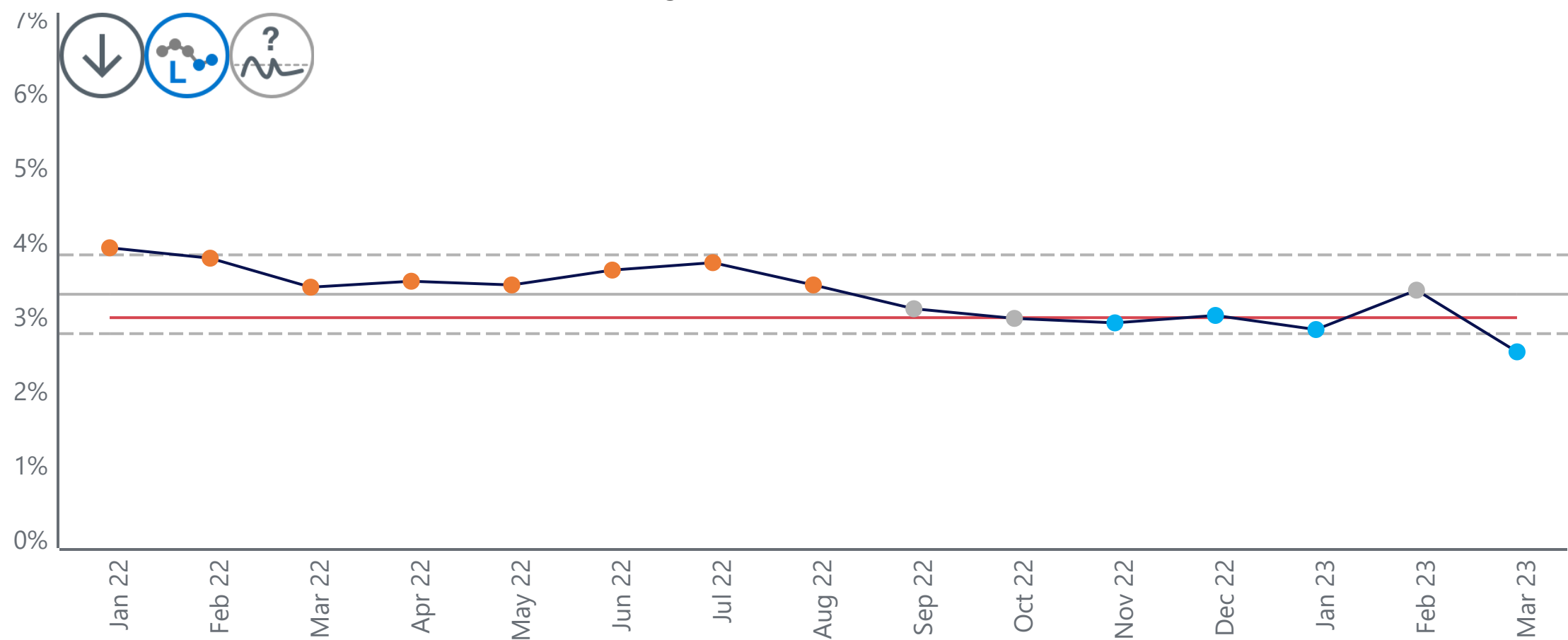
Short Term Sickness



Mandatory Training Compliance



Long Term Sickness





Key Contacts:

Associate Director of Data and Analytics: Alex.Garbett@lhch.nhs.uk

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

Analytics@lhch.nhs.uk

