

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

Strategic Oversight Framework

April 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:

Annual planning for 23/24 has now been completed with performance targets & trajectories updated to reflect delivery of the regional and national expectations.
In M1 the Trust has performed strongly against our targets given continuation of industrial action. Activity although impacted has delivered over 100% of the plan, however this has not been fully realised in case mix and finance.
Cancer performance has shown positive improvements through Q4 and remains a priority for the Trust in 23/24. DM01 and Virtual OPA attendances continued to deliver against national targets.

Areas of Concern:

Cancer targets saw a decline with 22/23, with demand increases, capacity constraints and workforce challenges (including industrial action) impacting delivery.
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 April continues to be a risk 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 administrative incidents have continued in April which unfortunately have caused delays in patient pathways. Work is underway in developing an improved approach to Safe Waiting List Management.

Forward Look (with actions):

- * New dashboard have now been developed to support monitoring through weekly performance, with any risks, issues and challenges fed through to Operational Board.
- * The newly formed Cancer Board is expected to bolster governance and support for the Divisions, with meetings delivered in March & May to make sure actions are in place address the Faster Diagnosis challenges as well as look at future planning.
- * RTT (Referral to Treatment Times) trajectories have been 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. Updates are provided to Operational Board quarterly.
- * 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. The Division have successful recruited a locum post with an expected start date to be confirmed following recruitment checks.
- *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. Improvements will be monitored through weekly performance.
- * 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. Updates expected to Operational Board in May.



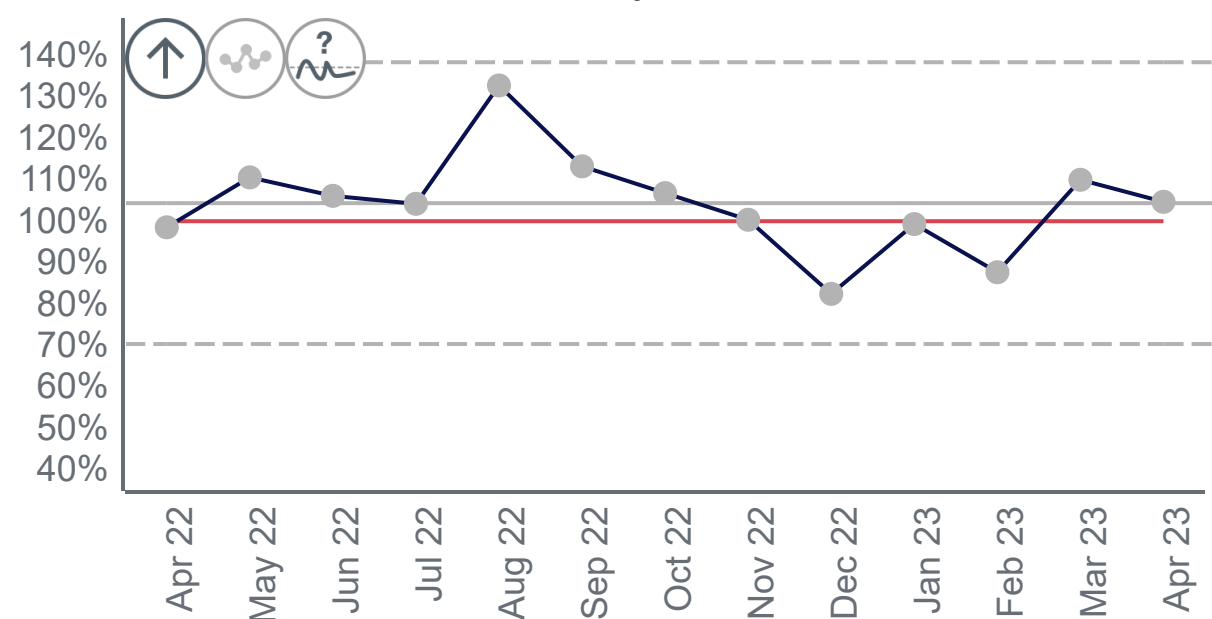
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Apr-23	72.6	>=80%	78		
Cancelled Operations for non-clinical reasons	Apr-23	2.2	<=2%	2		
Elective Activity Levels	Apr-23	104.7	100	104		
Maximum 6-week wait for diagnostic procedures	Apr-23	98.8	>=99%	99		
Outpatient activity delivered remotely via telephone or video consultation	Apr-23	32.3	%	34		
Overall Size of Waiting List	Apr-23	5068		5112		
Patients not booked in within 28 days (non clinical cancellations)	Apr-23	2	0	2		
PIFU Pathway	Apr-23	482	113	305		
Referral to treatment - Incomplete Pathways 52+ weeks	Apr-23	56.0	<48	57		
RTT 18 weeks in aggregate - Incomplete Pathways	Apr-23	71.82	>=92%	77		
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	Apr-23	77.8	>=95%	81		
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	Mar-23	87.5	>=85%	69.4		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Mar-23	40	>=75%	41.2		
Cancer: 14 day GP referral to 1st Outpatient Appointment	Mar-23	100.0	>=93%	99.4		
Cancer: 31 day diagnosis to 1st treatment for all cancers	Mar-23	89.8	>=96%	94.7		
Cancer: 31 day Second or subsequent treatment (surgery & drug)	Mar-23	75.0	>=94%	97.9		
Cancer: 62 day Consultant Upgrade	Mar-23	53.6	>=85%	73.2		



Operational Performance - Drive Metrics

Elective Activity Levels



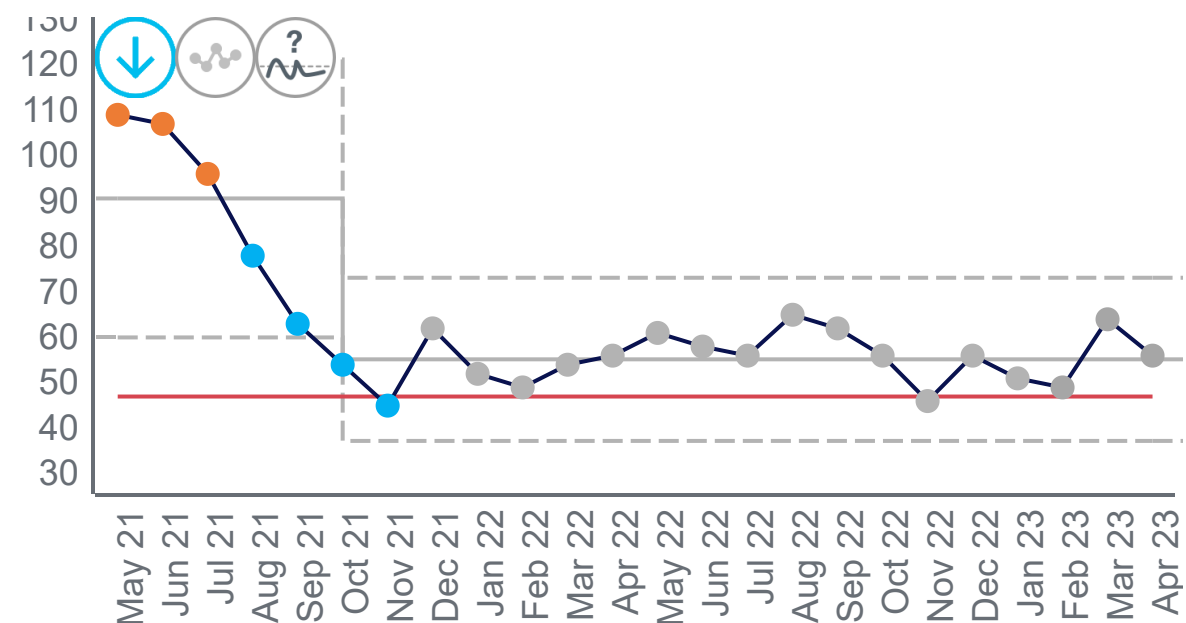
Technical Analysis:

April performance of 104% keeps performance above the target (100%) for the second consecutive month. Monthly variation continues to demonstrate common cause variation. Further actions will be required to consistently achieve target.

Actions:

- *Activity volume has performed strongly against plan
- *Ongoing monitoring and planning continues in line with workforce challenges (industrial action and anaesthetics)

Referral to treatment - Incomplete Pathways 52+ weeks



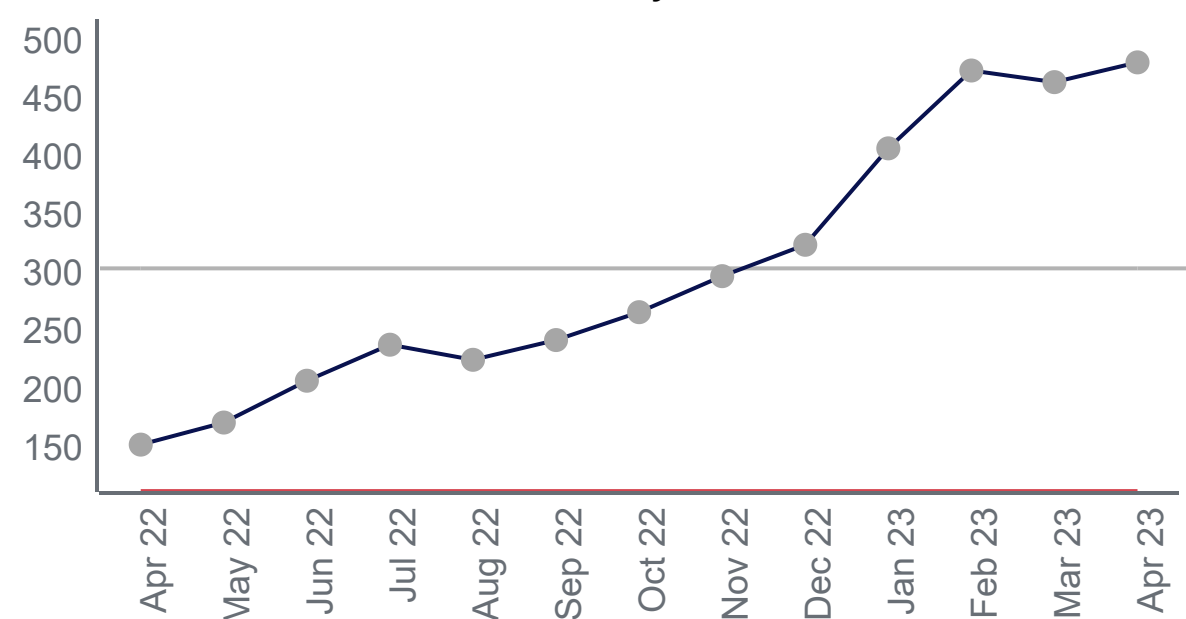
Technical Analysis:

April 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:

- *23/24 52wk wait trajectory in place. Target of no year long waiters by March 24
- *Pathway RCAs undertaken for all patients which tips over 52 weeks.
- *Surgery long waiter action plan developed to support pressured service lines (ACHD & Mitral).

PIFU Pathway



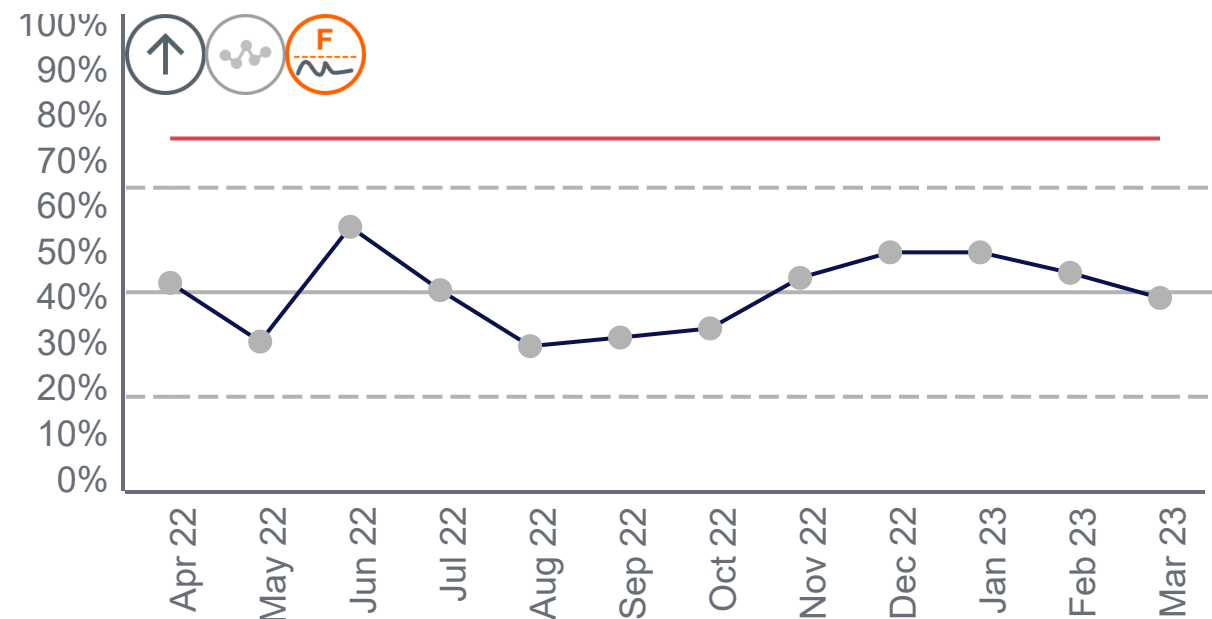
Technical Analysis:

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 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.

Cancer Patients meeting the Faster Diagnosis Target (FDT)



Technical Analysis:

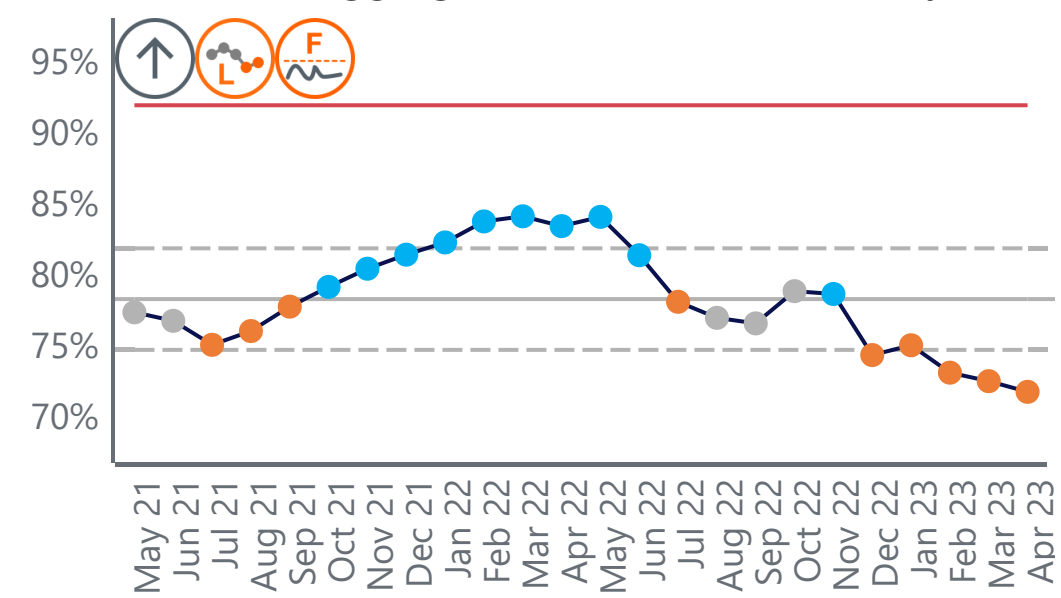
Significant improvement required to achieve target of 75% as the trust is consistently failing the target. Monthly Performance across 2022/23 has been consistent with no significant change, with an average performance of 41%.

Actions:

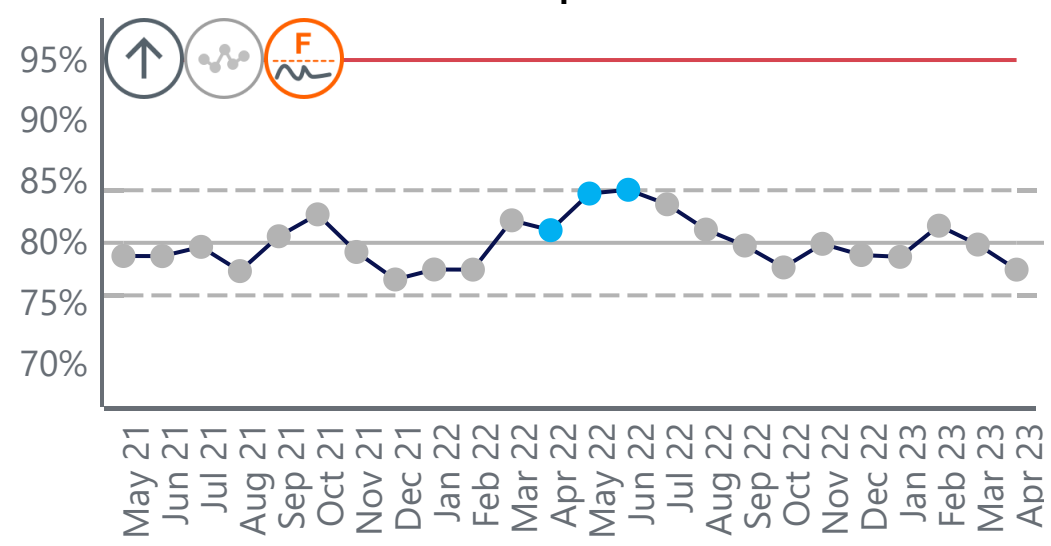
- *Additional sessions continue to be requested to support wait times in CT guided biopsy & EBUS
- *Pathway reviews of all breaches undertaken
- *Cancer board driving sustainable capacity options through job planning and partnership working

Operational Performance - Watch Metrics

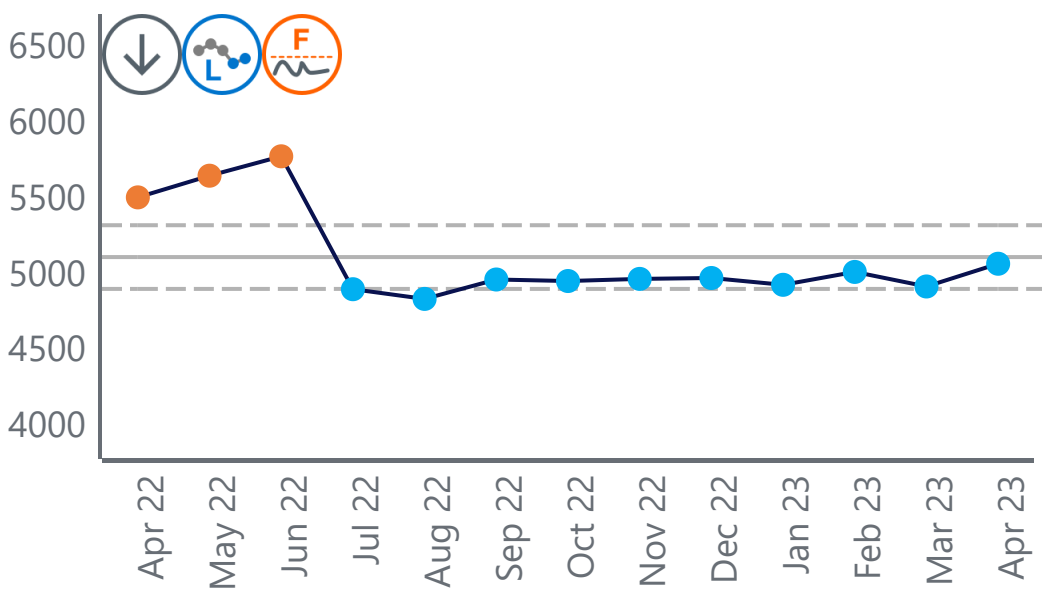
RTT 18 weeks in aggregate - Incomplete Pathways



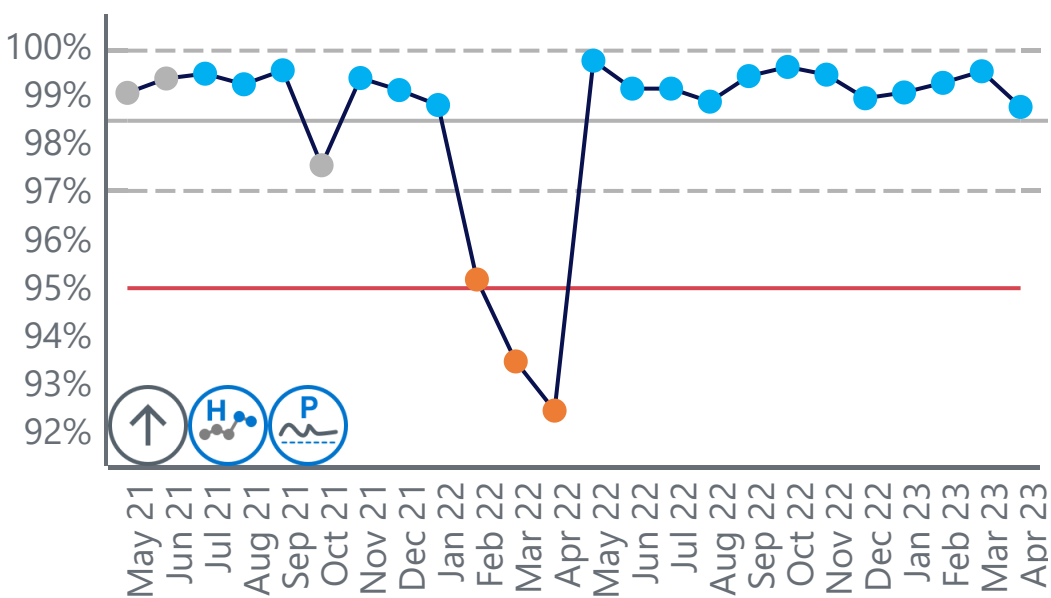
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete



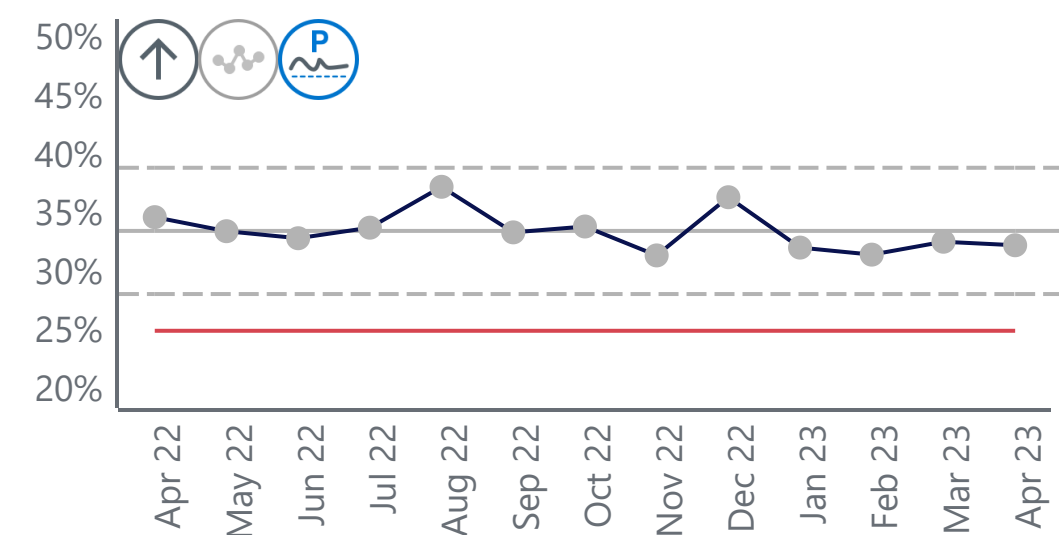
Overall Size of Waiting List



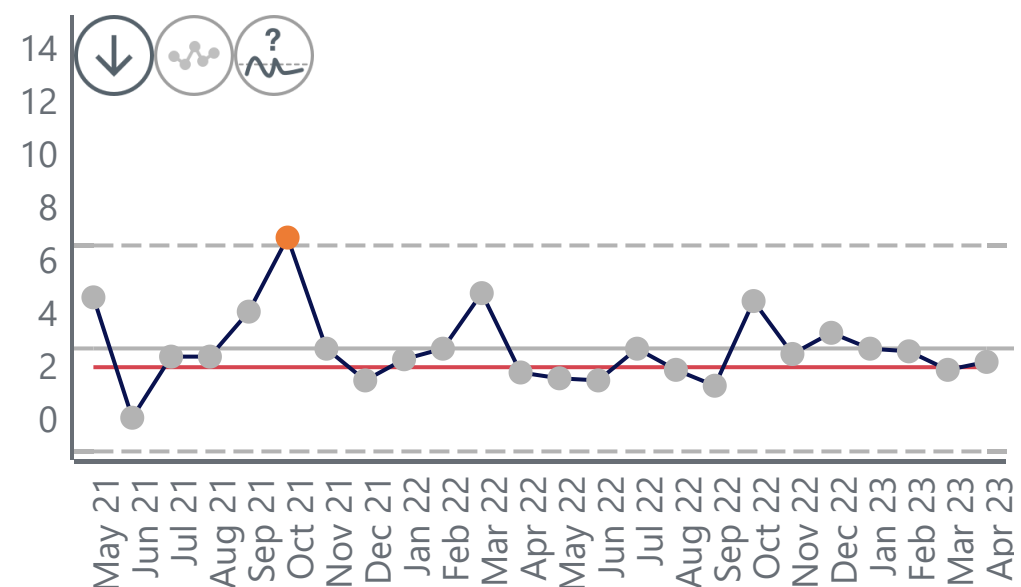
Maximum 6-week wait for diagnostic procedures



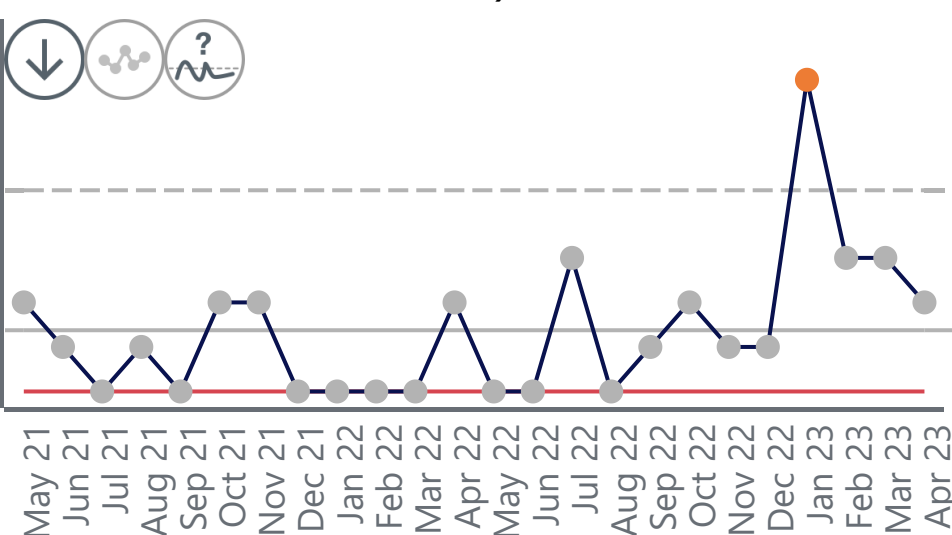
Outpatient activity delivered remotely via telephone or video consultation



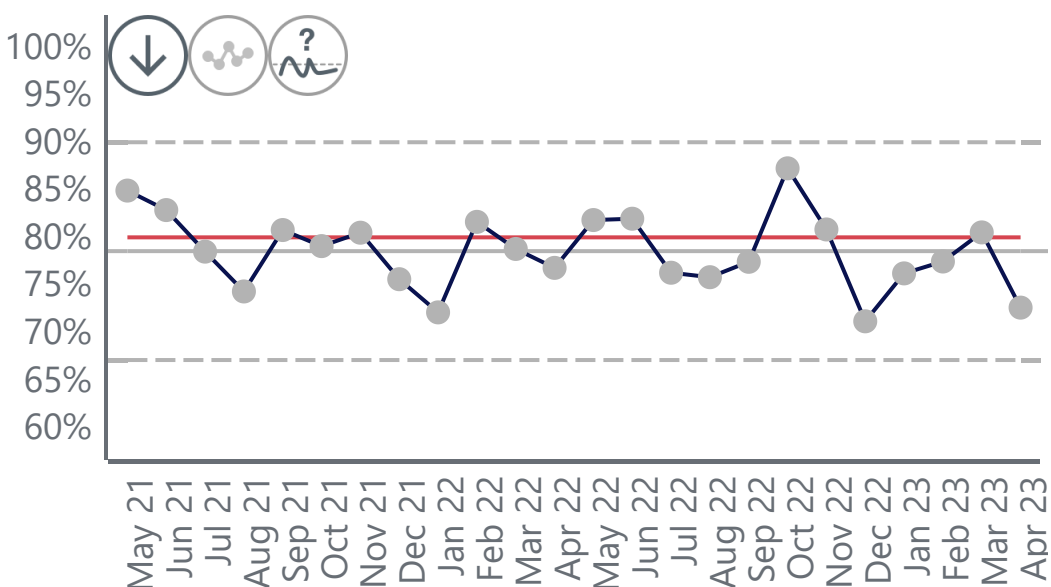
Cancelled Operations for non-clinical reasons



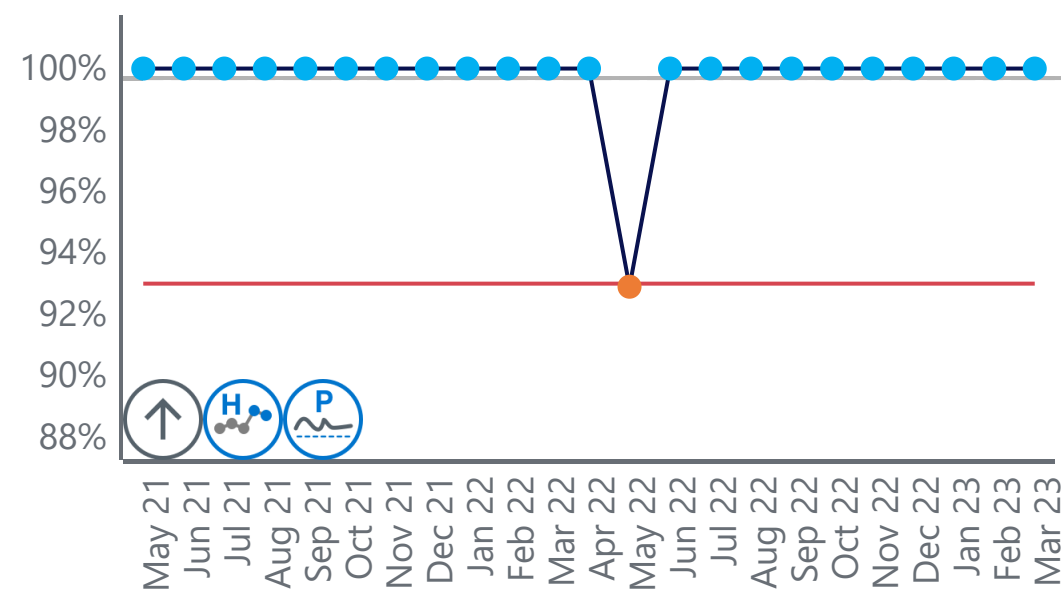
Patients not booked in within 28 days (non clinical cancellations)



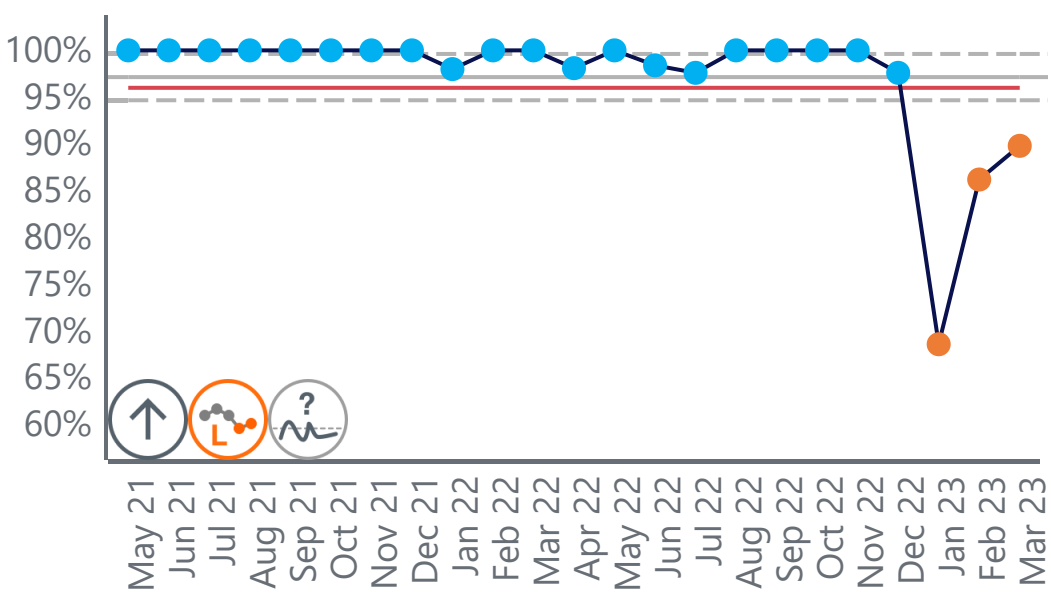
Bed Occupancy



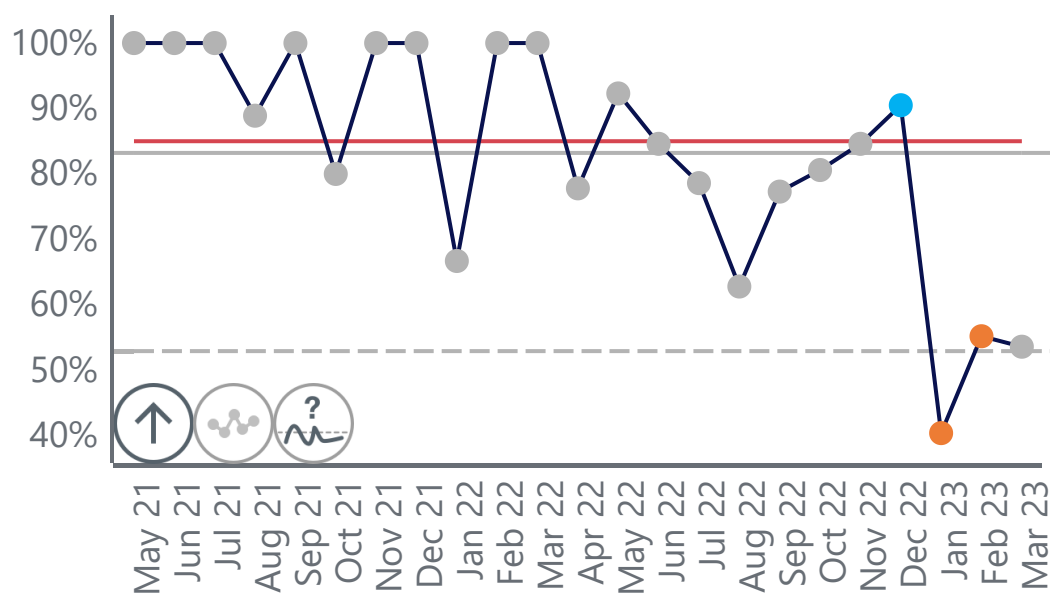
Cancer: 14 day GP referral to 1st Outpatient Appointment



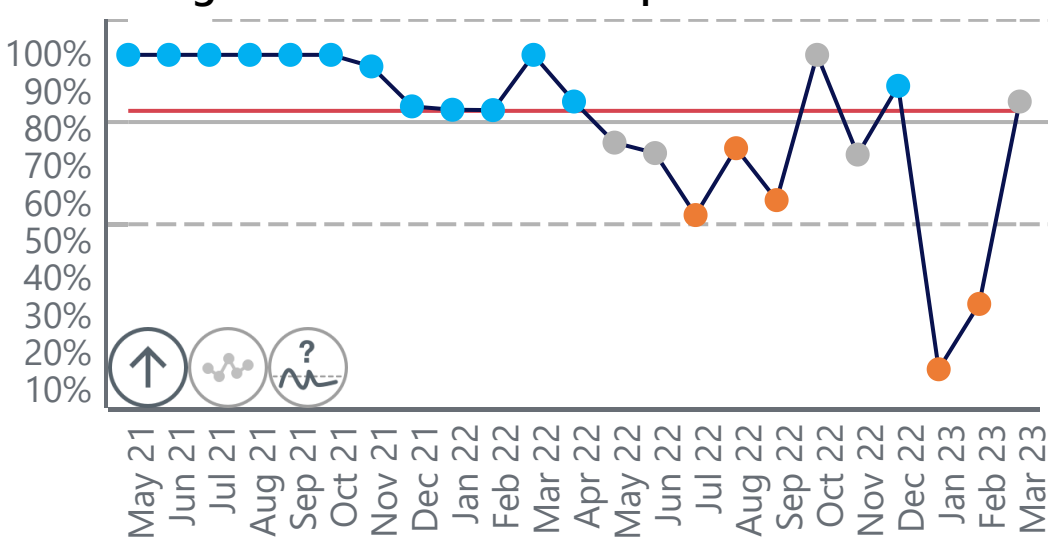
Cancer: 31 day diagnosis to 1st treatment for all cancers



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:

The Sepsis target has continued to perform above the 90% target and has only dropped below the target once in the past 12 months. There were no serious incidents, never events and Grade 2 or above pressure ulcers observed due to lapses in care. Excellent performance continues in Dementia, Delirium and FFT metrics. Whilst still performing below target of 95% the Discharge Summary metric has shown special cause variation of an improving trend which indicates the Trust is on the right path to achieving the target in the near future.

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:

Radiological alerts with a response document continues to perform below the target. The High risk nutrition patients being referred to a dietician has yet to evidence improvement and further education for staff is being undertaken.

Complaints responded to within 25 working days has significantly underperformed in the past 2 months but is expected to return to compliance in May

VTE risk assessment completion has evidenced special cause variation of a declining trend which showcases reduced performance over the past 3 months, whilst performing below the target for the past 6 months.

Call to balloon time continues to consistently fail it’s target due to national and regional issues with ambulance arrival and transfer times. The Trust driven metric is door to balloon times and we continue to perform well against this target.

Forward Look (with actions):

Further work is required to evidence special cause variation in falls improvement, additional rambeguard equipment is increased across all ward areas whilst continuing with bathroom watch.

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. The Medical Director is working with the VTE lead to look at action and improvement to performance.

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.

EPR changes are being put in place to aid in patients receiving their discharge summary on day of discharge as we make further progress to achieving the 95% target.



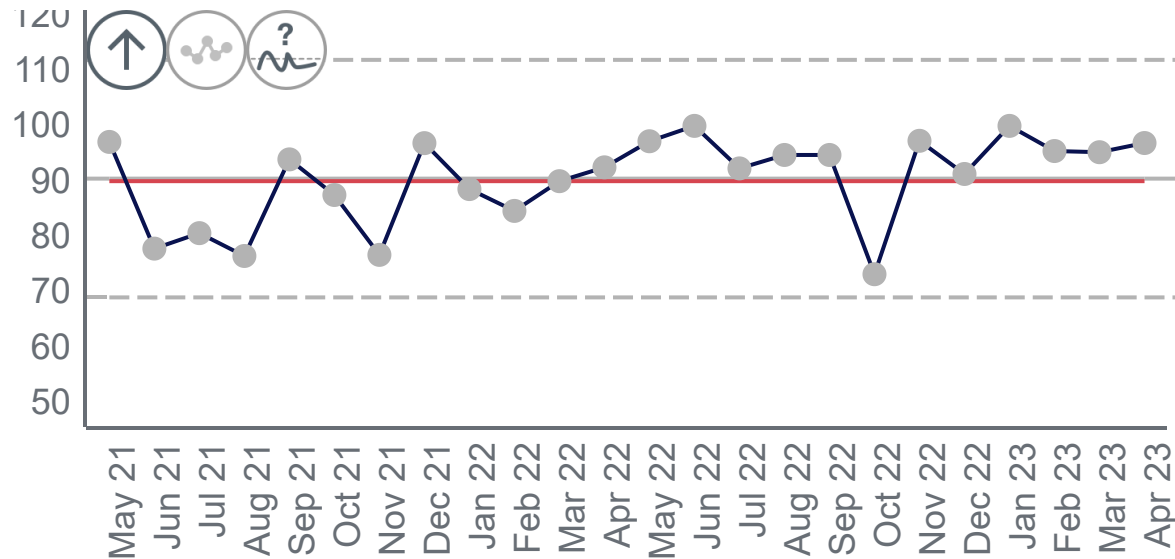
Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Apr-23	82.6	>=95%	83.5		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Apr-23	92.3	>=95%	88.2		
Clostridium Difficile	Apr-23	0.0	0	0.2		
Delayed Transfers of care	Apr-23	3.8	<=5%	4.5		
Delirium Risk Assessment to be completed on Admission and once a day	Apr-23	99.6	>=90%	99.3		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Apr-23	96.9	>=90%	93.9		
Dementia - Find	Apr-23	100	>=90%	99.0		
FFT: REPUTATION	Apr-23	99.8	>=95%	99.5		
Gram Negative Bacteraemias	Apr-23	0	0	1.2		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Apr-23	0	1	0.5		
MRSA Bacteraemias	Apr-23	0	0	0.0		
MSSA Bacteraemias	Apr-23	1	0	0.5		
Number of Falls	Apr-23	5	1	6.4		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Apr-23	0.0	<=0.5	0.0		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Apr-23	0	<=0	0.0		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Apr-23	85.3	>=90%	79.7		
Occurrence of any Never Events	Apr-23	0	0	0.0		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Apr-23	79.5	>=95%	62.3		
Quantity of complaints	Apr-23	5	<=6	2.6		
Venous thromboembolism (VTE) risk assessment	Apr-23	92.26	95%	95.0		
Number of Incidents No Harm and Near Miss	Apr-23	96	143	125.5		
Number of Incidents rated Minor Harm or Above	Apr-23	40	25	32.7		
Complaints responded to within 25 working days	Apr-23	50		79.3		
Surgical Site Infections	Feb-23	6.5	0%	7.3		



Quality of Care - Drive Metrics

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



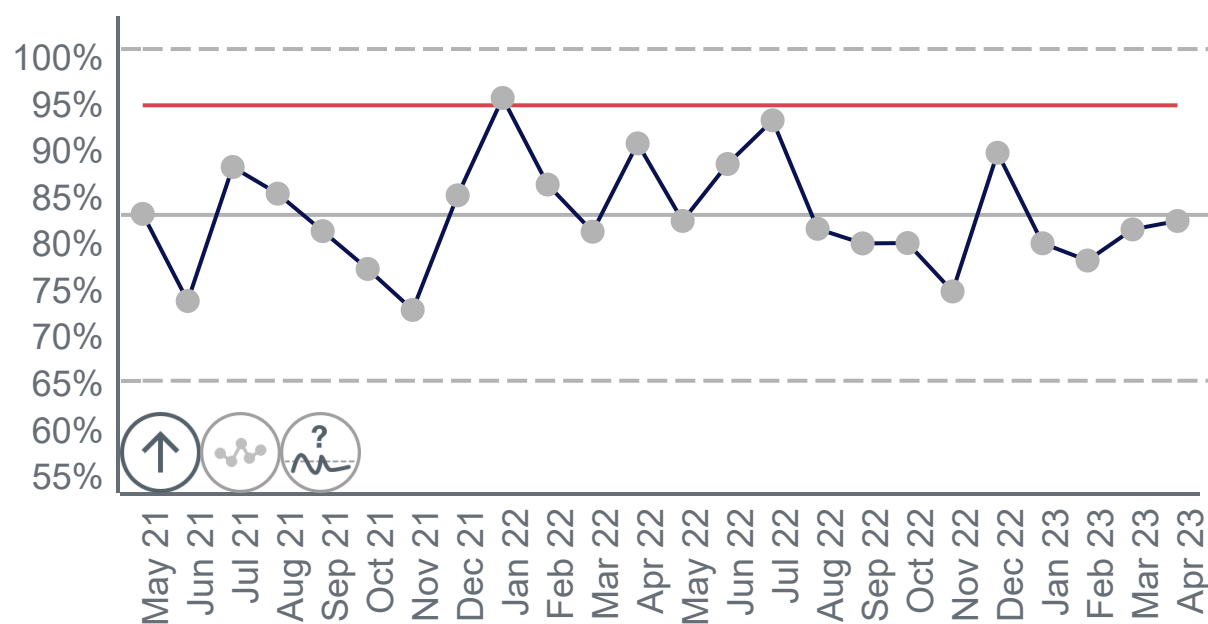
Technical Analysis:

Performance of the one hour Target has consistently been above the 90% Target.
Performance sits within the range of normal variation.

Actions:

Maintain weekly feedback to clinicians if this metric is missed.

% of radiological alerts with a response document



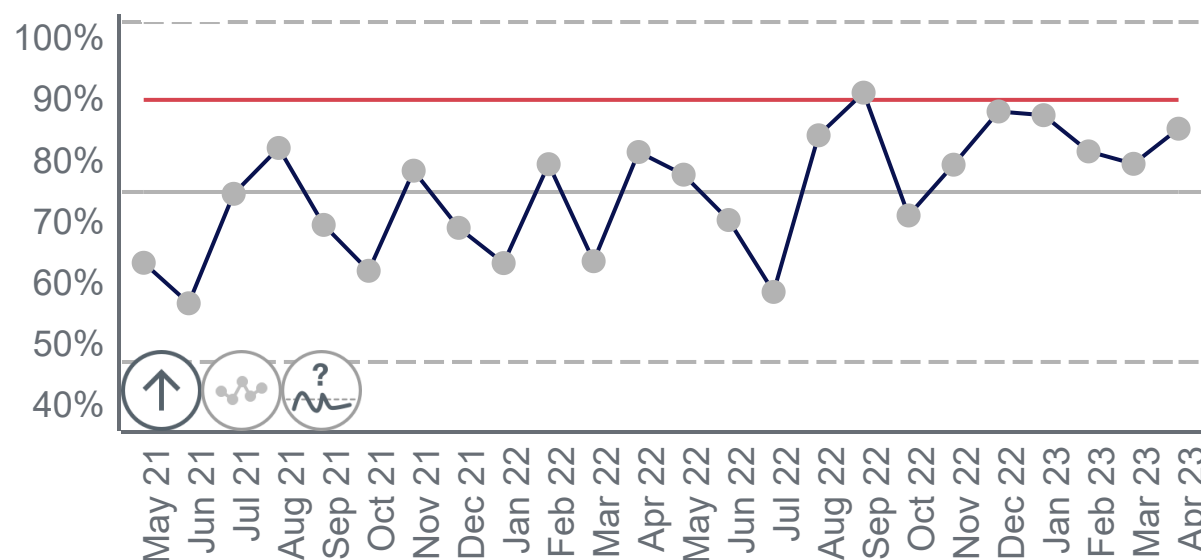
Technical Analysis:

April performance remains consistent with previous months displaying common cause variation. Improvement is required to achieve target on a consistent basis. April performed 83% vs a target of 95%. Average performance has been 84%.

Actions:

The data team are rewriting the search string to acquire data from EPR rather than CRIS - expected by end of Q1.

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



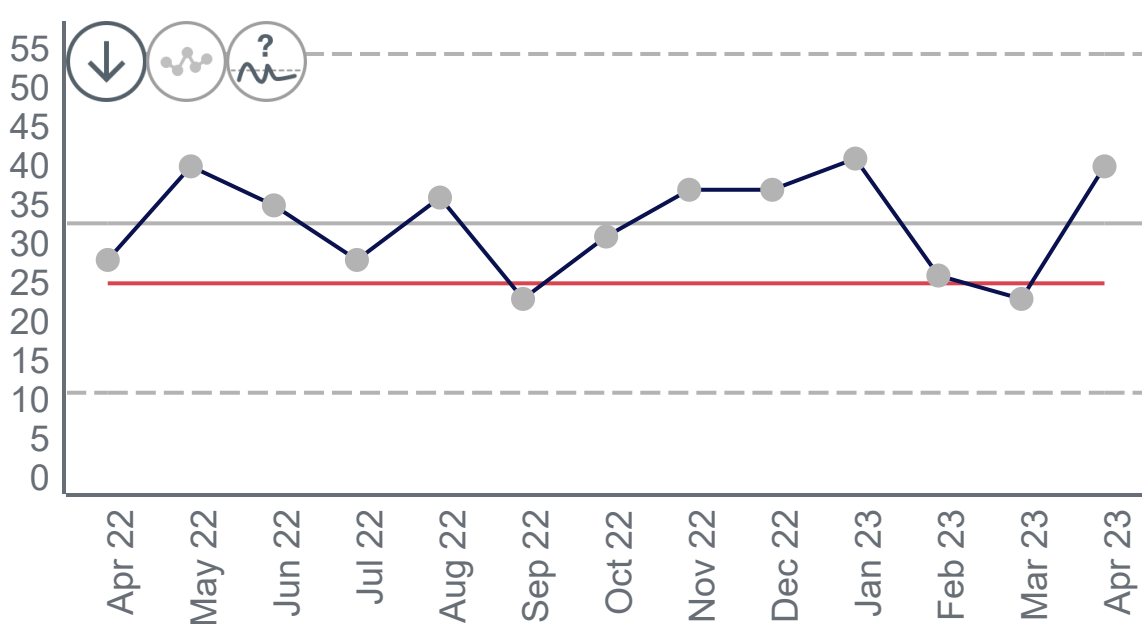
Technical Analysis:

Performance within April was 85.3% 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:

Education for staff on completion of MUST score - Ward Managers reviewing their facilities boards more regularly than once a day to identify those patients with a MUST score of 2.

Number of Incidents rated Minor Harm or Above



Technical Analysis:

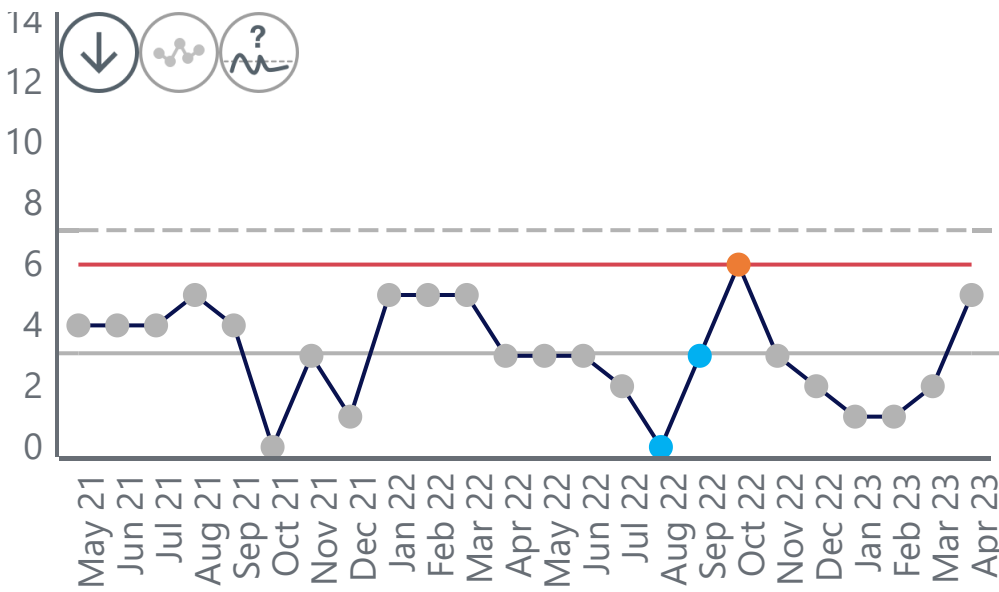
Number of Harms remains stable with performance demonstrating common cause variation as we move into 2023/24. April performance of 40 is above the 2022/23 average of 33.

Actions:

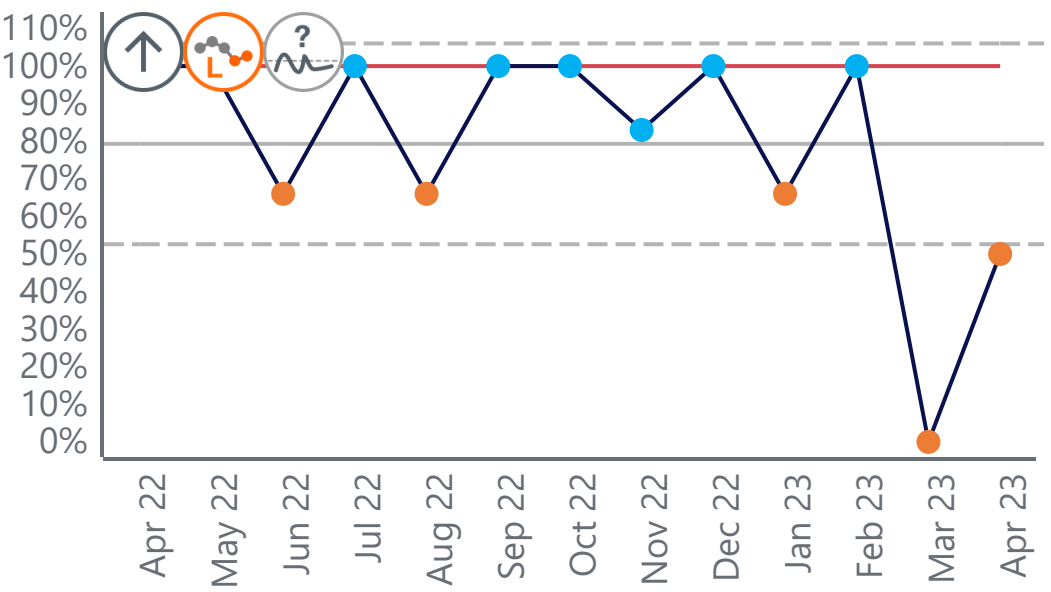
Strong reporting culture and learning from incidents. Review of these continues through safety surveillance and hasn't identified recurrent themes. Further refinement of the KPI is needed (i.e. minor harm or above as a percentage of total incidents)

Quality of Care - Watch Metrics

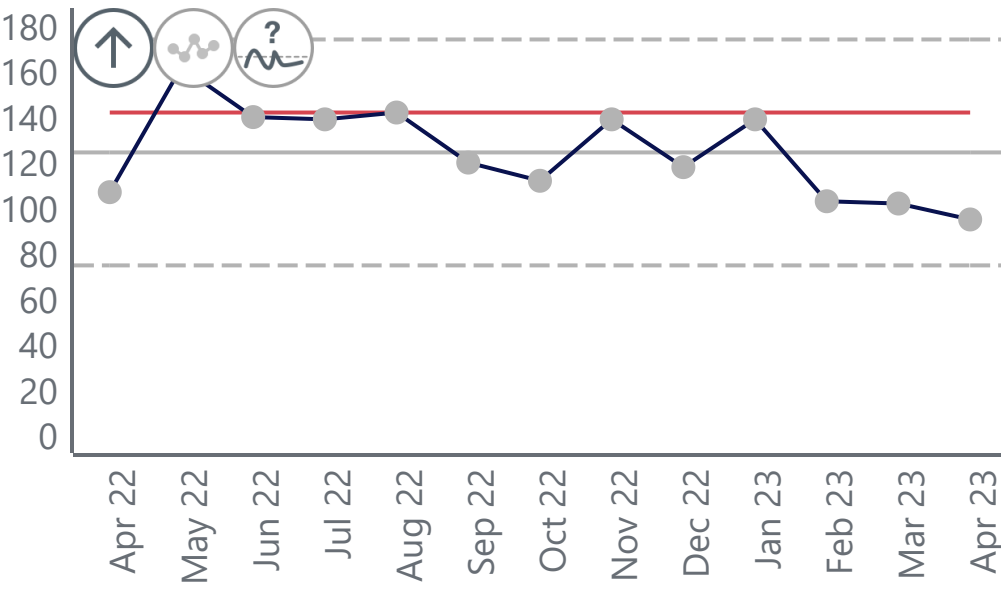
Quantity of complaints



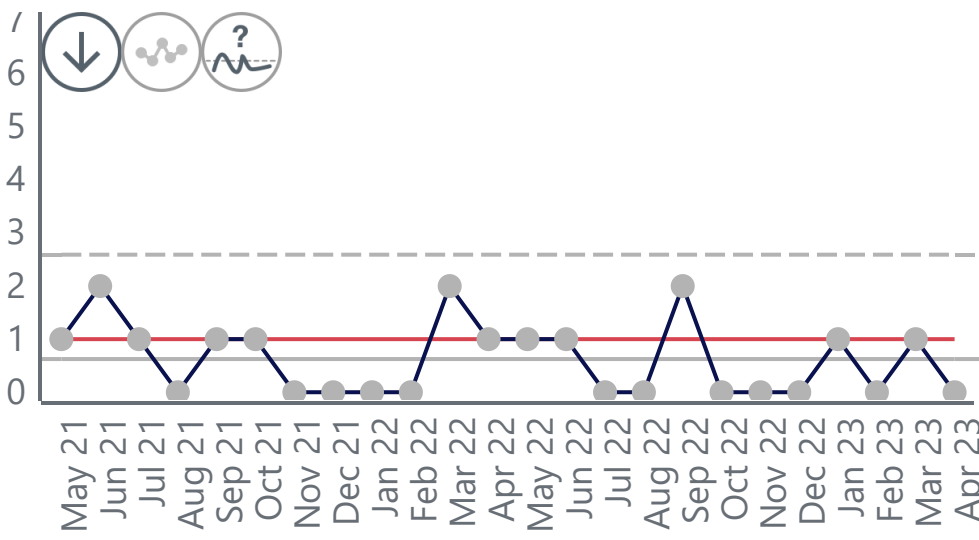
Complaints responded to within 25 working days



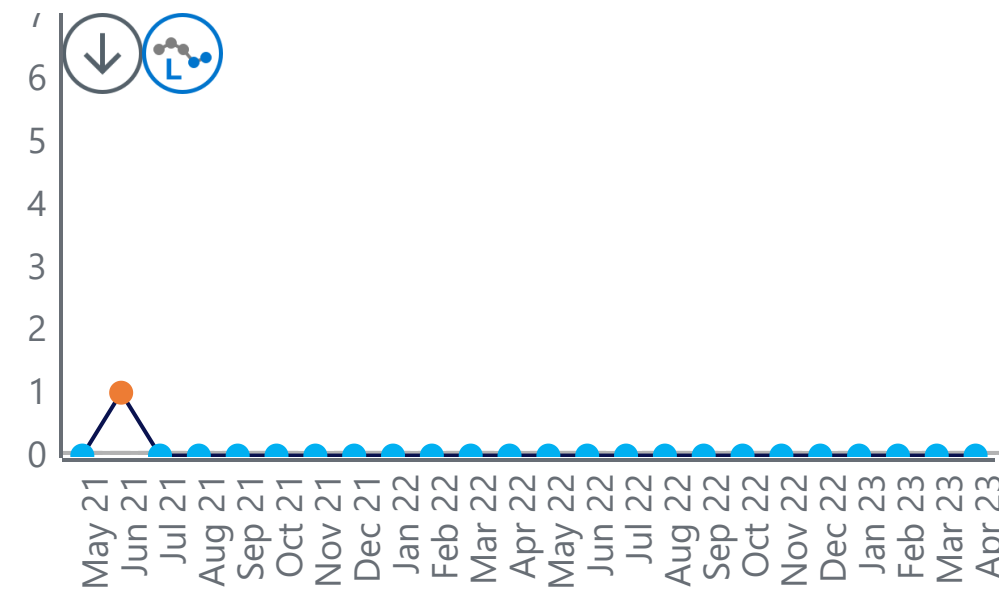
Number of Incidents No Harm and Near Miss



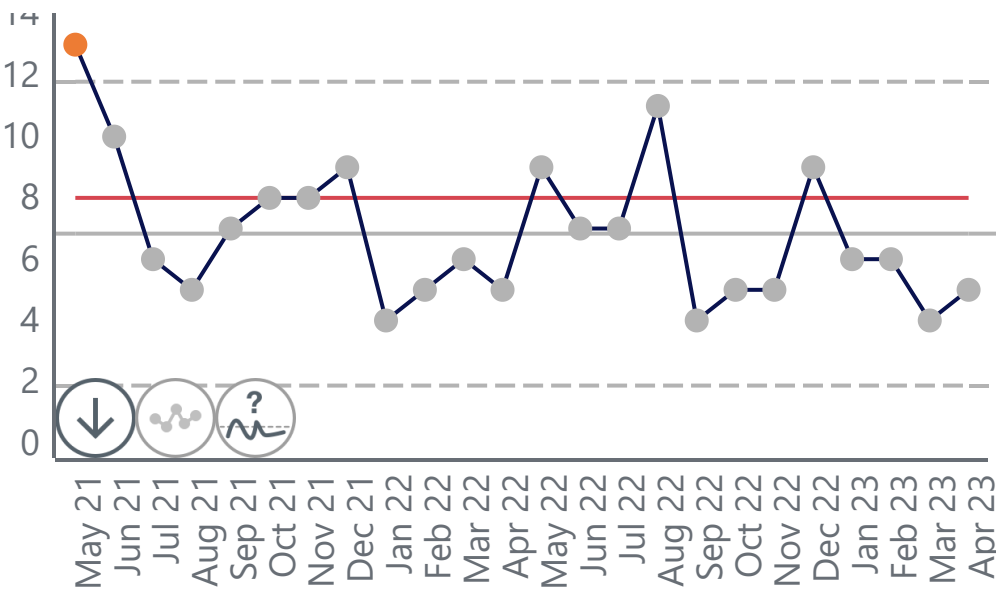
Incidents - Serious incidents, Never Events, Adverse Events (Red)



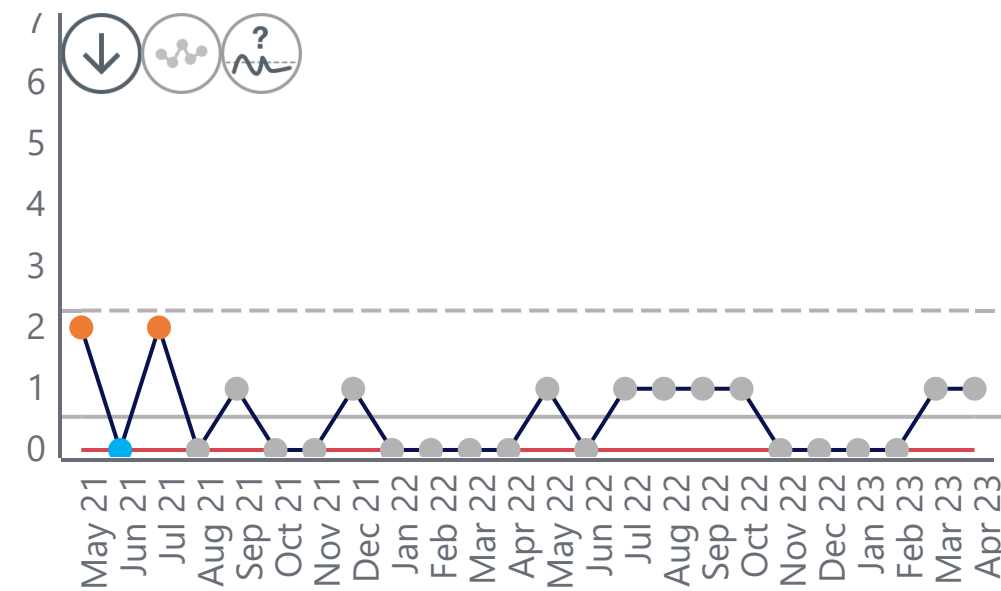
Occurrence of any Never Events



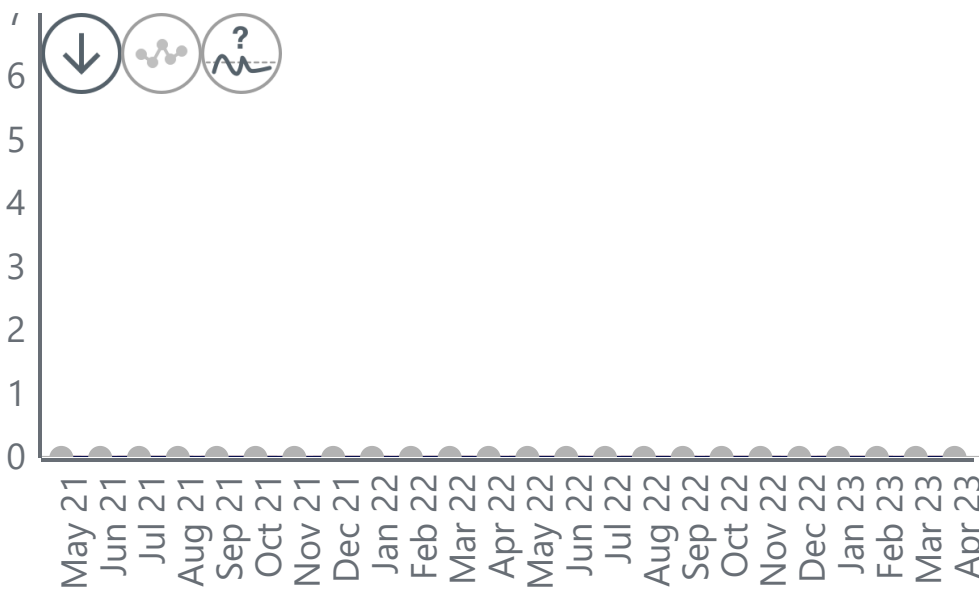
Number of Falls



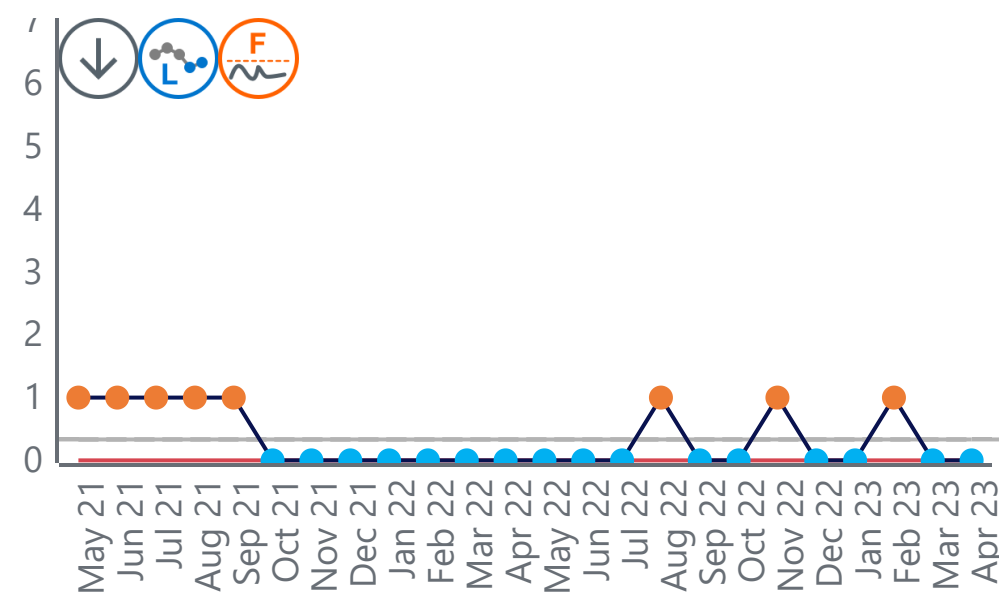
MSSA Bacteraemias



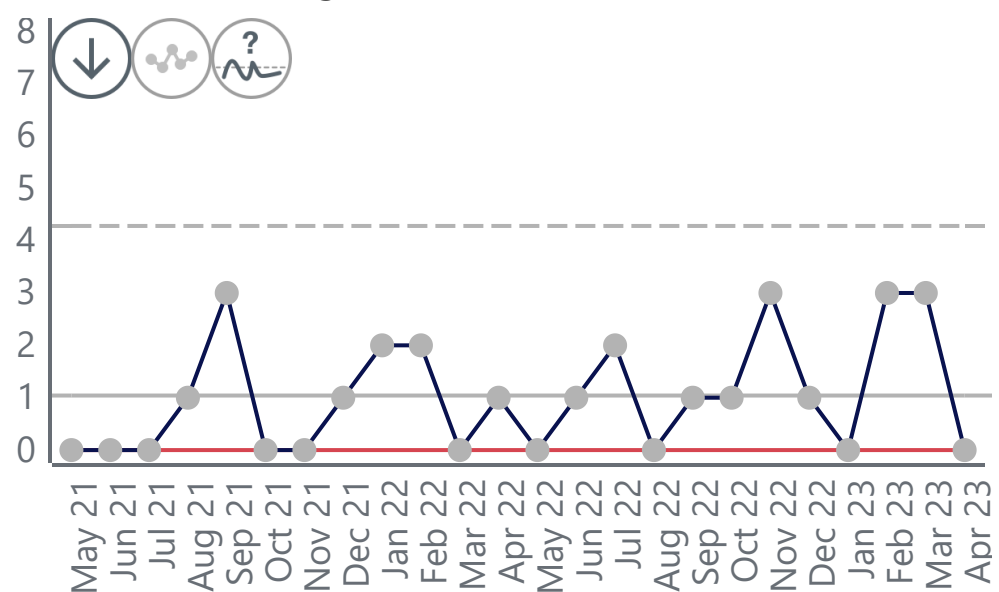
MRSA Bacteraemias



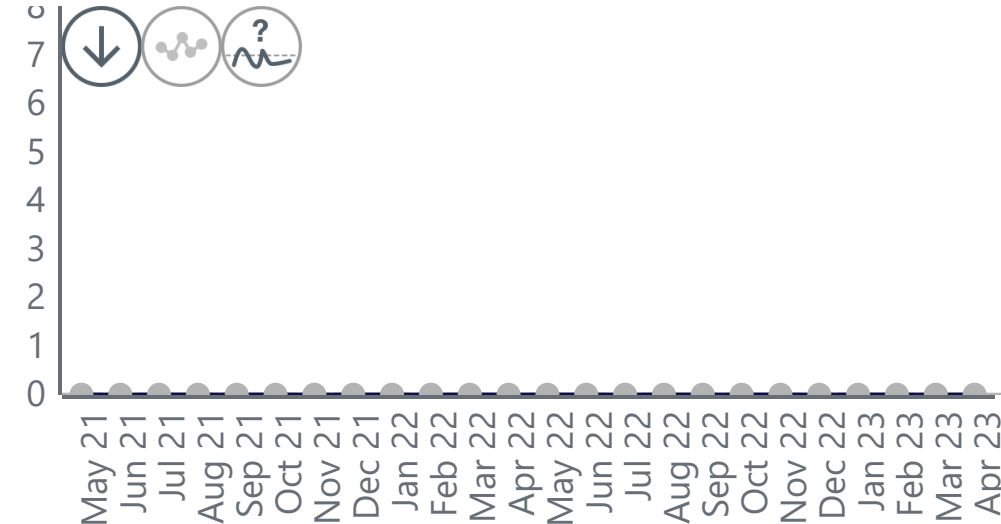
Clostridium Difficile



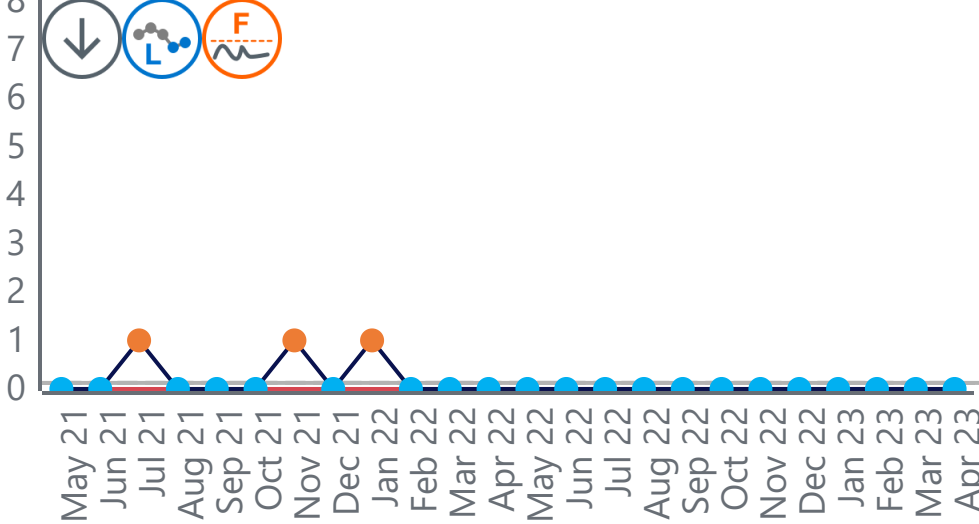
Gram Negative Bacteraemias



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

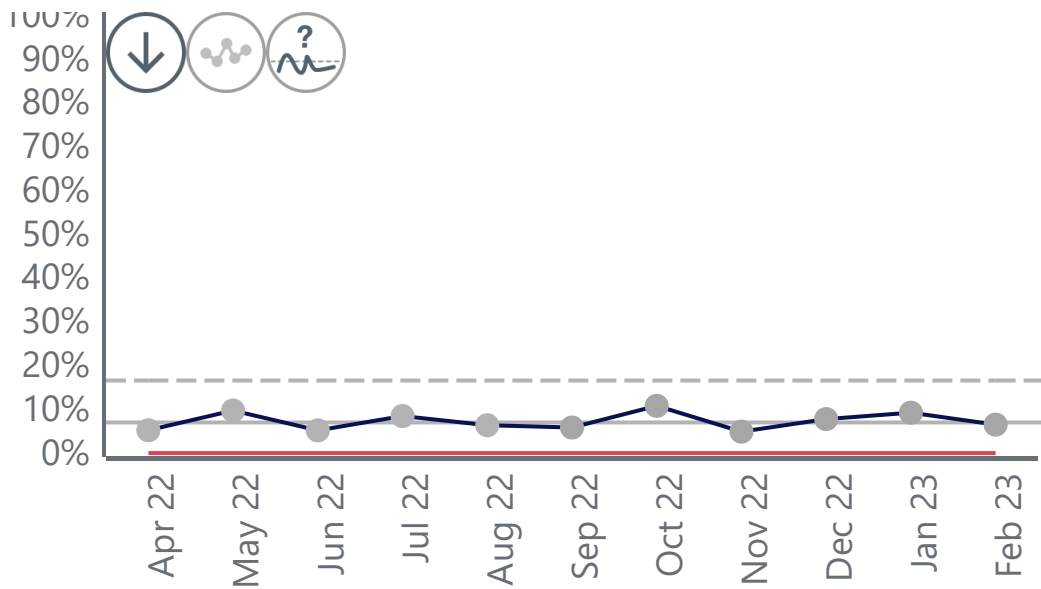


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

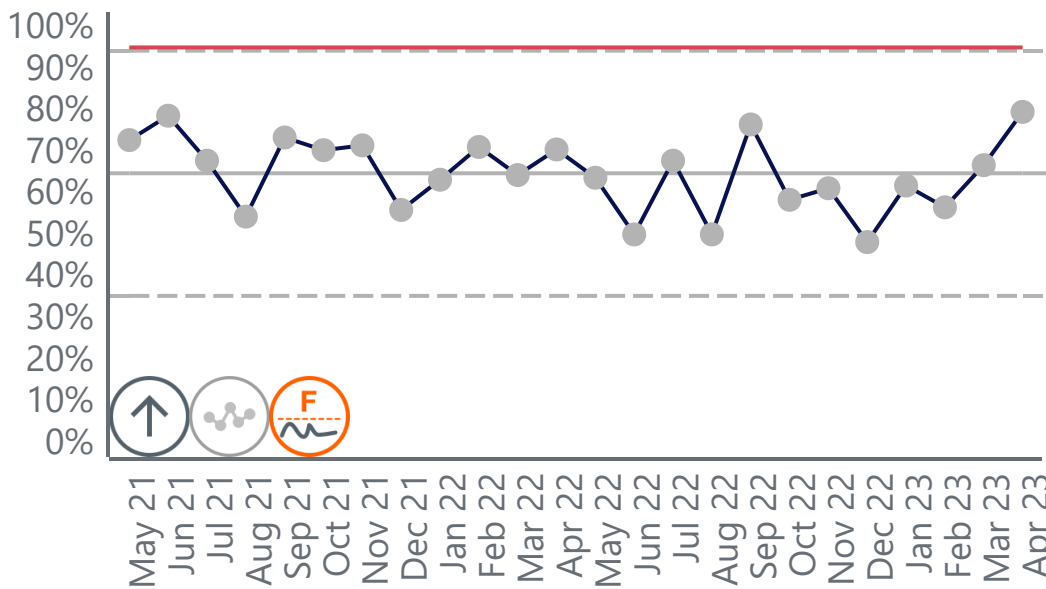


Quality of Care - Watch Metrics

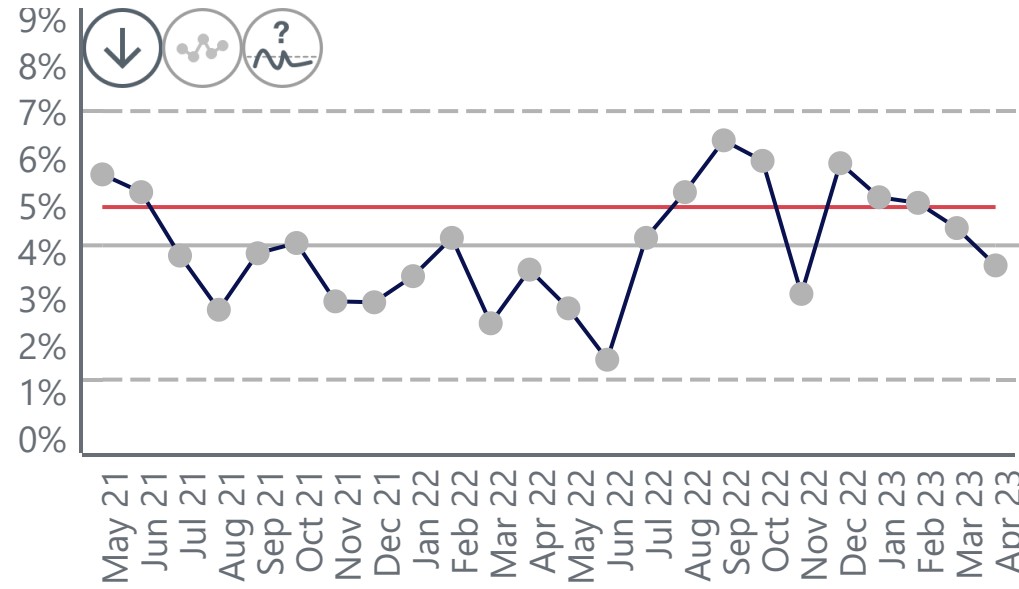
Surgical Site Infections



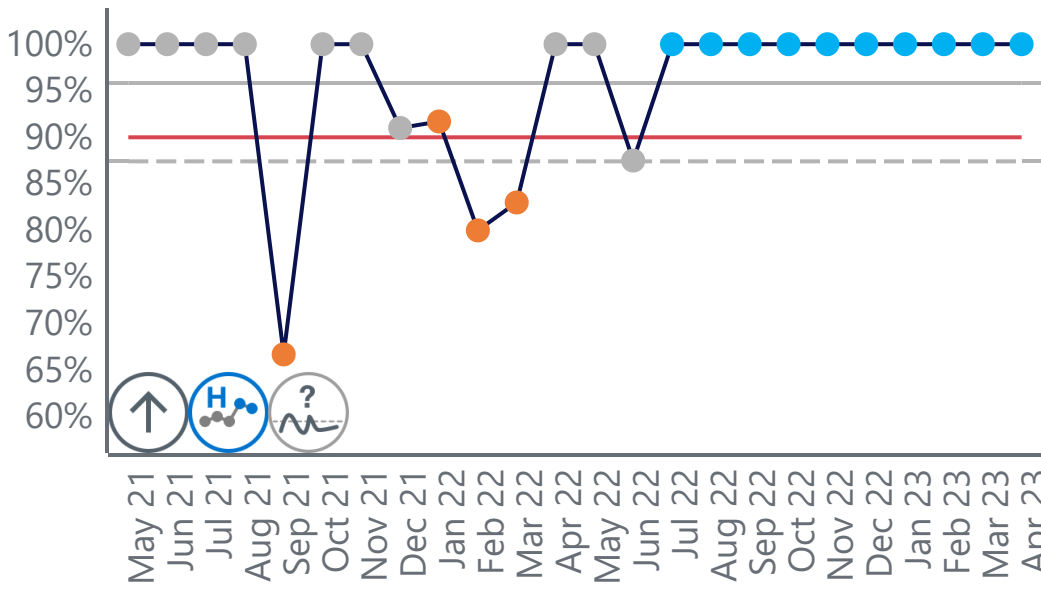
Primary PCI - 150 minute 'Call-to-balloon' (national target)



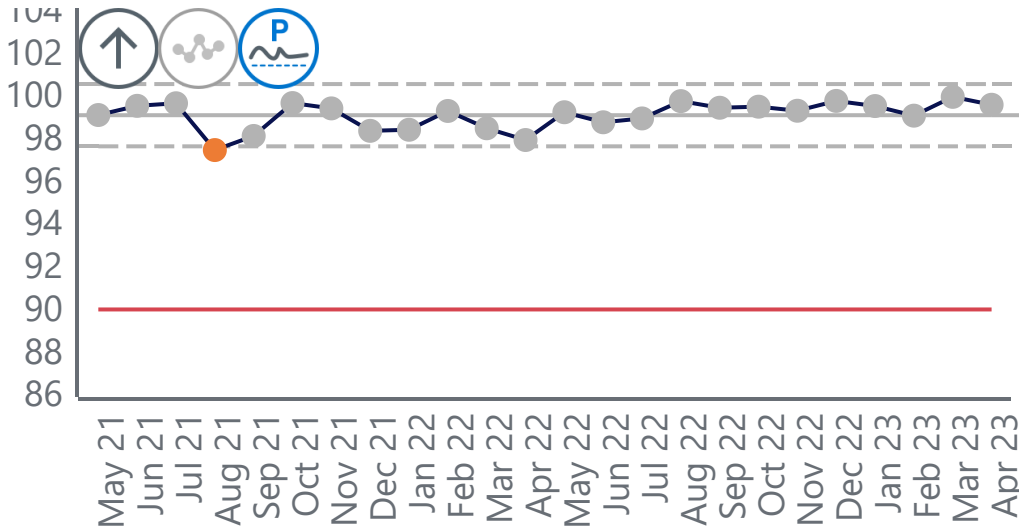
Delayed Transfers of care



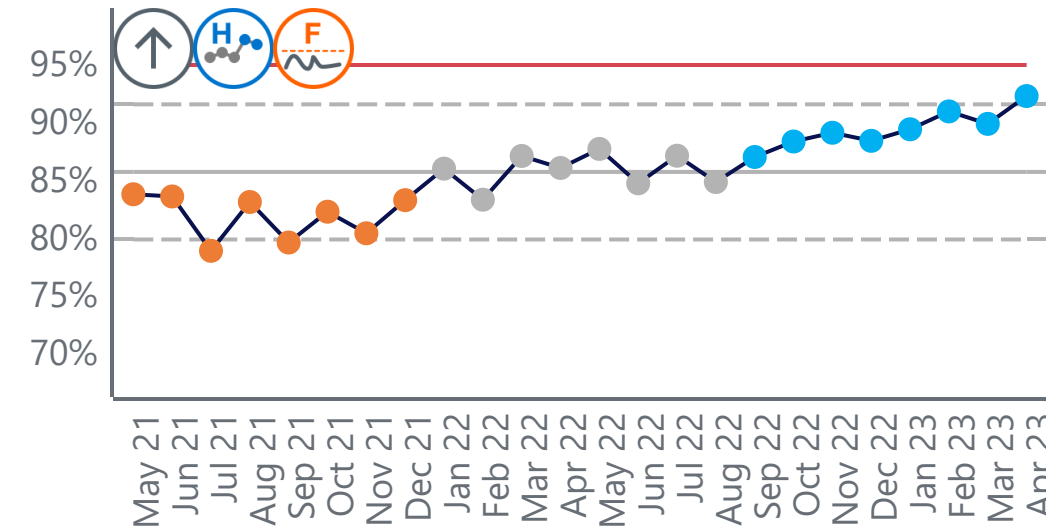
Dementia - Find



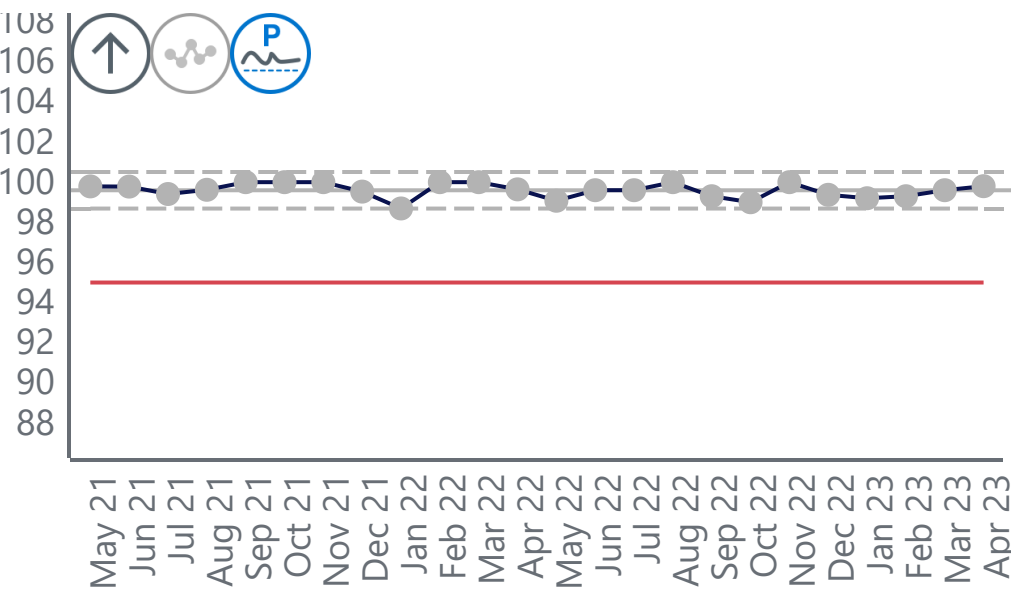
Delirium Risk Assessment to be completed on Admission and once a day



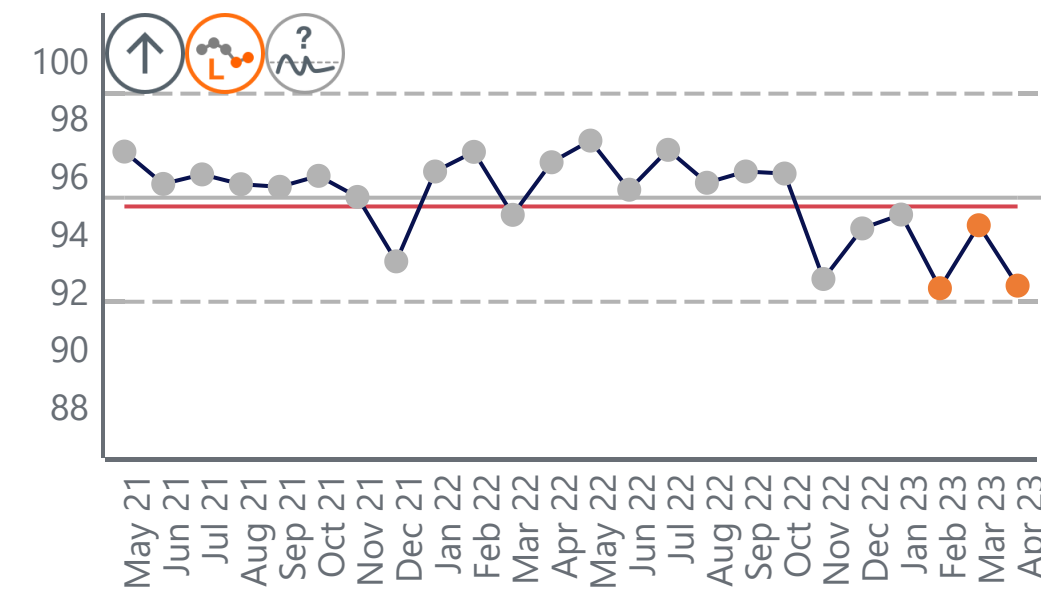
95% of all patients to receive a copy of their Discharge Summary on day of discharge



FFT: REPUTATION



Venous thromboembolism (VTE) risk assessment



Finance

SRO: Karen Edge, Chief Finance Officer

Highlights:

The Trust financial plan has been agreed by the ICB and the system has an approved position nationally. However, there remain significant risks to delivery with excess inflation, industrial action and CIP key for all providers.

The Trust delivered a surplus of £423k against a planned surplus of £819k, therefore £396k worse than plan.

Whilst industrial action was a feature in April, the Trust still delivered its activity plans and it is assumed the income position will be achieved although we are waiting for the activity to be fully coded. In addition, there was limited cost impact in terms of covering gaps resulting from the industrial action. It is also worth noting the positive performance on private patient income and Isle of Man activity.

Areas of Concern:













CIP delivery is the key area of concern for the start of the year with limited schemes transacted to date. This will be a key focus for Month 2. In addition, mitigation for pay pressures in clinical services are being pursued.

Forward Look (with actions):

The Trust continues to be sighted on financial risks including elective income, CIP and excess inflation and has close scrutiny and oversight of the position with clear lines of accountability for delivery.



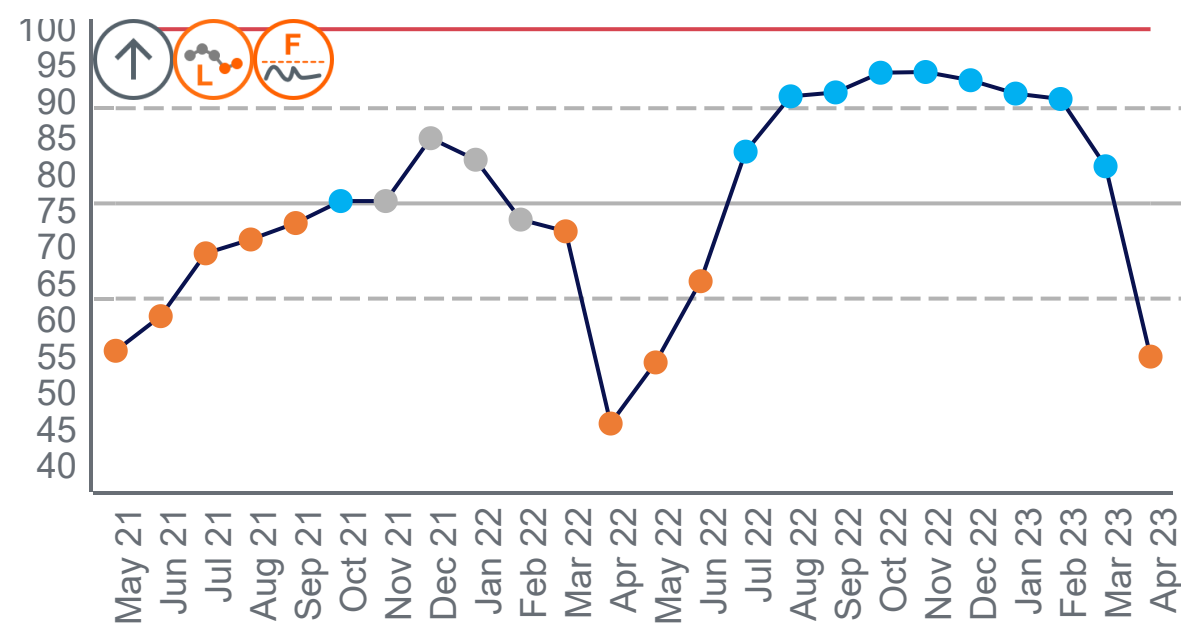
Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
Better Payment Practice Code	Apr-23	98.9	95%	98.80		
I & E distance from target (cumulative) - £,000	Apr-23	-396	0	534		
Liquidity (days)	Apr-23	16	0	23		
Recurrent CIP identified	Apr-23	55.1	100%	55.1		
Capital Expenditure (Trust Level)	Apr-23	345000	16329799	345000		
Cash in Bank (Trust Level)	Apr-23	44958000		42457335		



Finance - Drive Metrics

Recurrent CIP identified



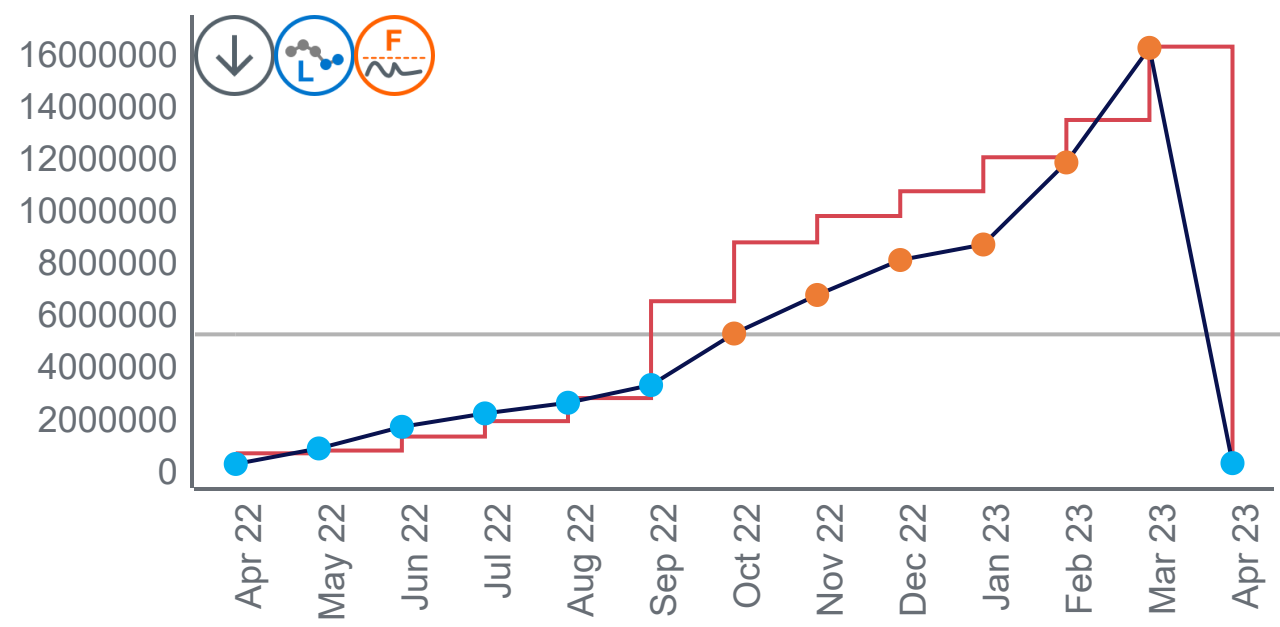
Technical Analysis:

As the trust enters the new financial year 23/24 April position starts below target with room to close gap. In comparison to April-22 we start with a higher position.

Actions:

Continued development of schemes and transaction of identified schemes by end of Q1.

Capital Expenditure (Trust Level)



Technical Analysis:

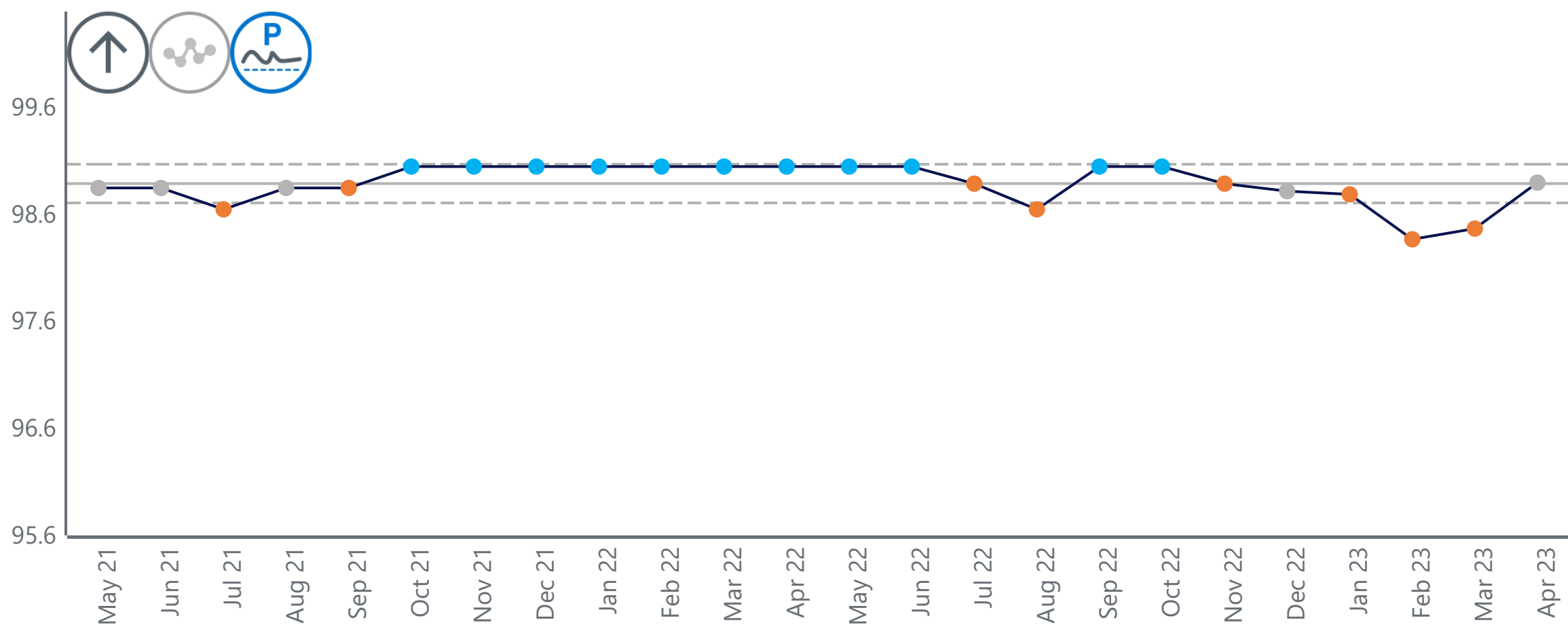
Performance is based on the beginning of the new financial year 2023/24.

Actions:

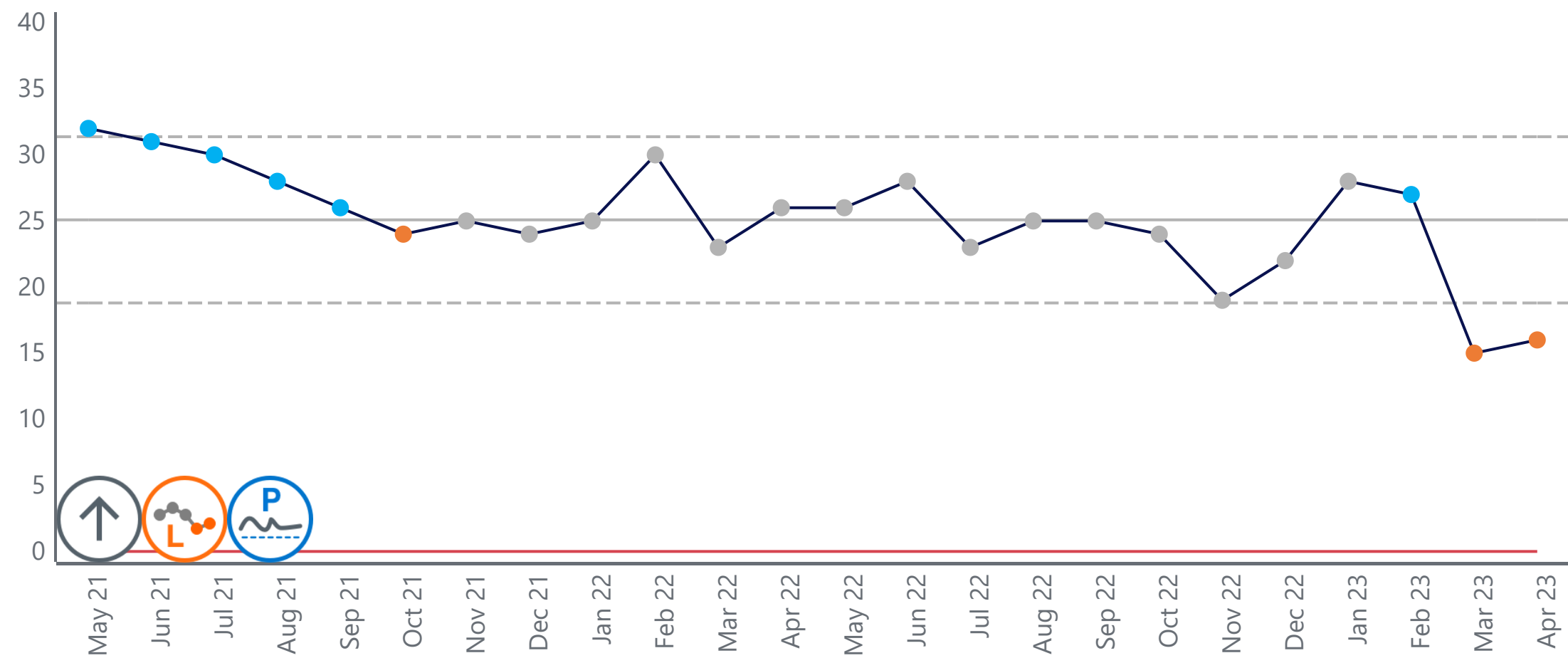
Capital plans have been agreed and will be monitored through CMG.

Finance - Watch Metrics

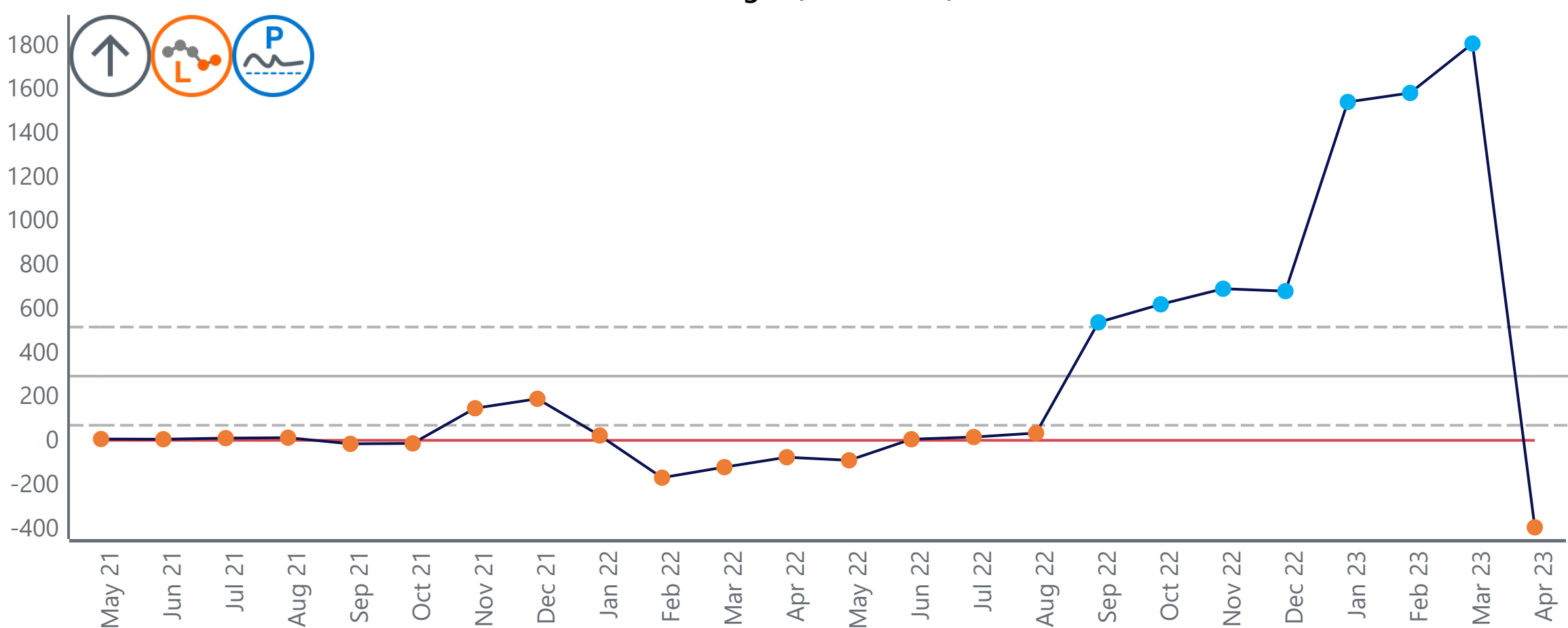
Better Payment Practice Code



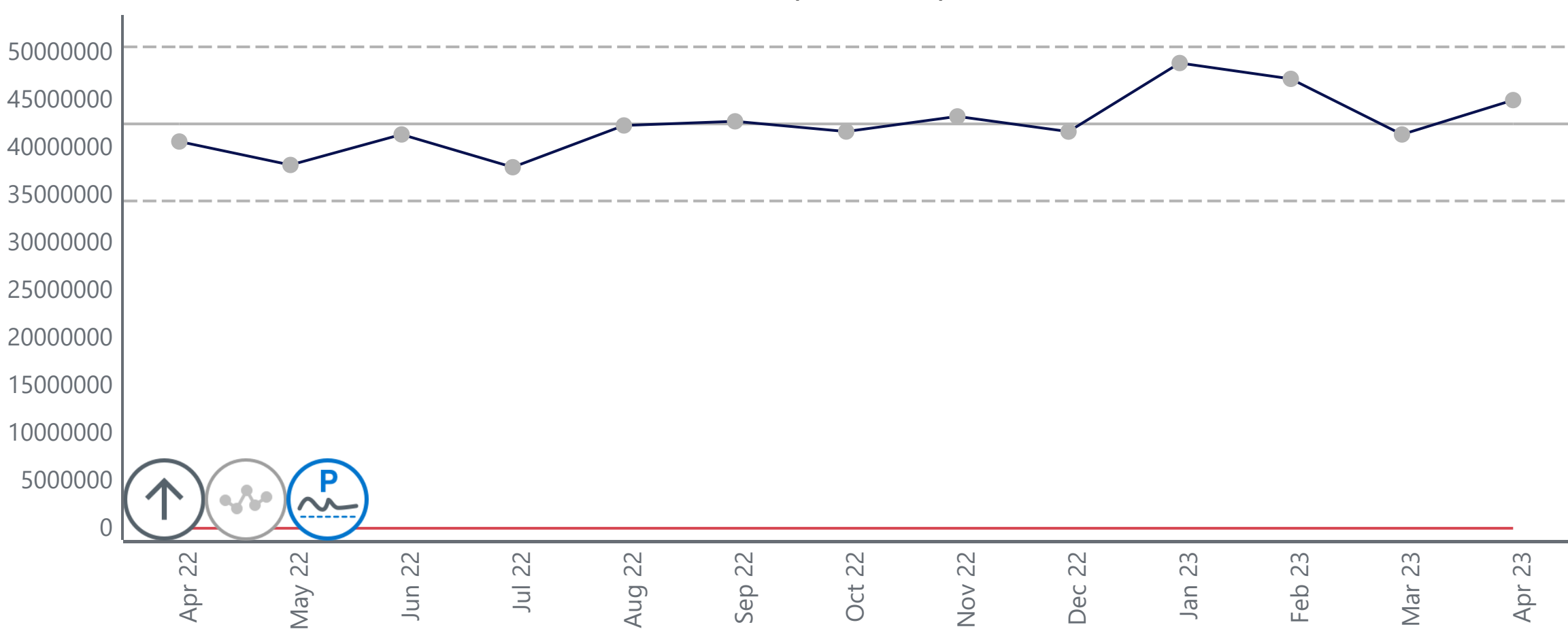
Liquidity (days)



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



Cash in Bank (Trust Level)



People

SRO: Karen Nightingall, Chief People Officer

Highlights:

Staff Survey action plans have been developed and presented to People Delivery Group - final plans will be presented to Ops Board in June and monitored through Divisional Performance.

Long Term sickness has evidence special cause variation of an improving nature this month dropping down to 2% which is fantastic for the organisation. This has had an impact on overall staff sickness reducing to 3.9% for April.

Areas of Concern:

Voluntary turnover remains a priority with delivery of the retention action plan being key. Staff turnover has been on the decline for 5 months in a row which if observed for another month will evidence special cause variation of an improving trend. Burn out is a theme within the staff survey results and absence linked to stress and anxiety is an area of focus with actions highlighted in the section below.

Mandatory training has been trending below the 2 year average for the past 10 months which requires improvement on the 95% target. .

Forward Look (with actions):














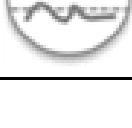
Several events in May are planned as part of the Mental Health Awareness Week. The exit interview process is being refreshed to improve the data and intelligence from our leavers. The data will be shared on a regular basis with the triumvirate.

Stay conversations are in place, were LHCH colleagues who have worked in the Trust come and chat about their experiences, this will support in developing a profile on working at LHCH.

There is drive to increase MT compliance with a focus on areas of lower compliance e.g Resus



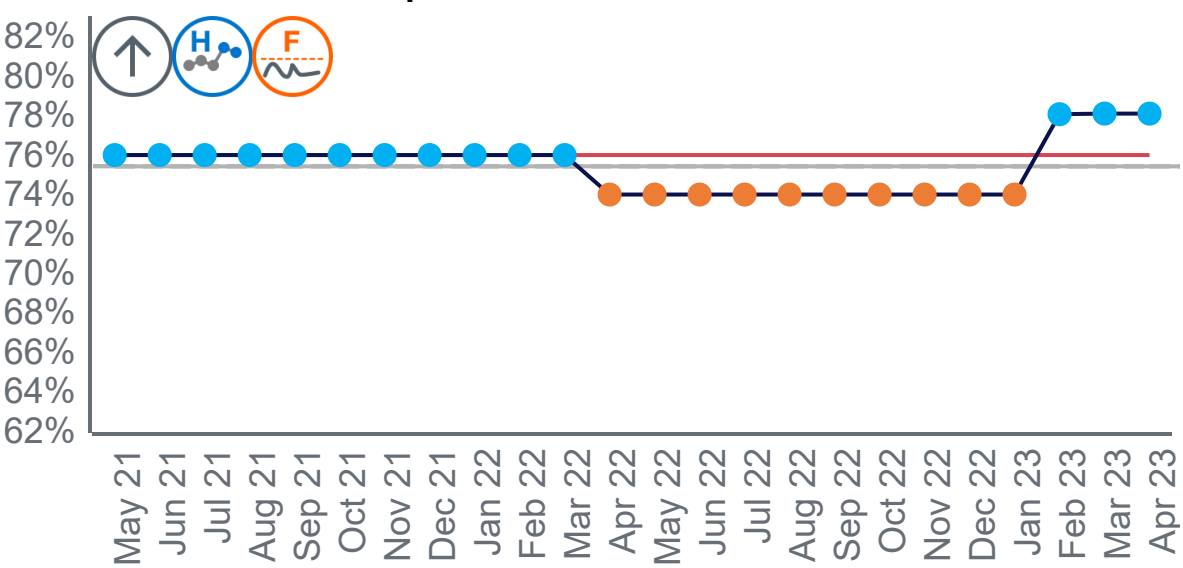
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Apr-23	92.4	>=90%	86.0		
Mandatory Training Compliance	Apr-23	94.2	>=95%	94.1		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Apr-23	78.1	>=76%	74.9		
Staff Turnover	Apr-23	11.6	<=10%	12.0		
Staff Sickness (All Staff)	Apr-23	3.91	<=3.4%	5.4		
Long Term Sickness	Apr-23	2.09	<=3.4%	3.2		
Short Term Sickness	Apr-23	1.82	<=3.4%	2.3		



People - Drive Metrics

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



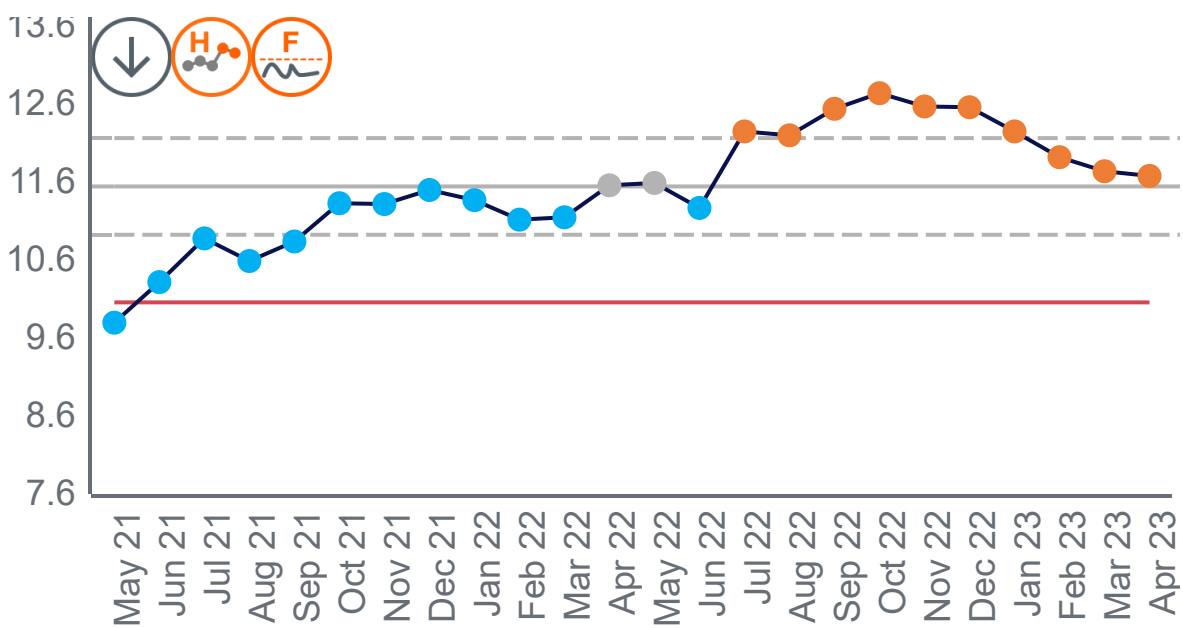
Technical Analysis:

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% for 2023/24.

Actions:

Results remains above 76%. Delivery of Divisional and Corporate Staff Survey Action Plans in place to further improve this score.

Staff Turnover



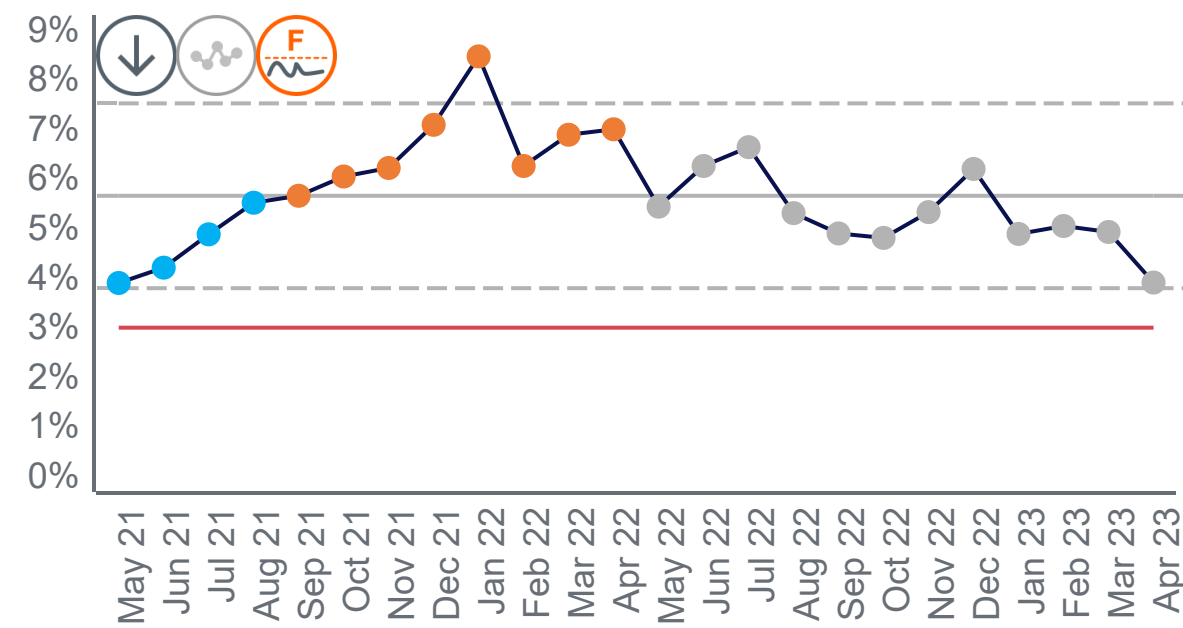
Technical Analysis:

This data raises significant concern due to special cause variation with a substantial increase in turnover rate. These levels could create a substantial risk for the Trust. The trusts current average is 12% over the last 12 months against a target of 10%.

Actions:

Voluntary turnover is slowing down with a further reduction seen in April. Robust Retention Action Plan in place which is align to the wider People Strategy. Recent actions taking place are listed in the main People summary.

Staff Sickness (All Staff)



Technical Analysis:

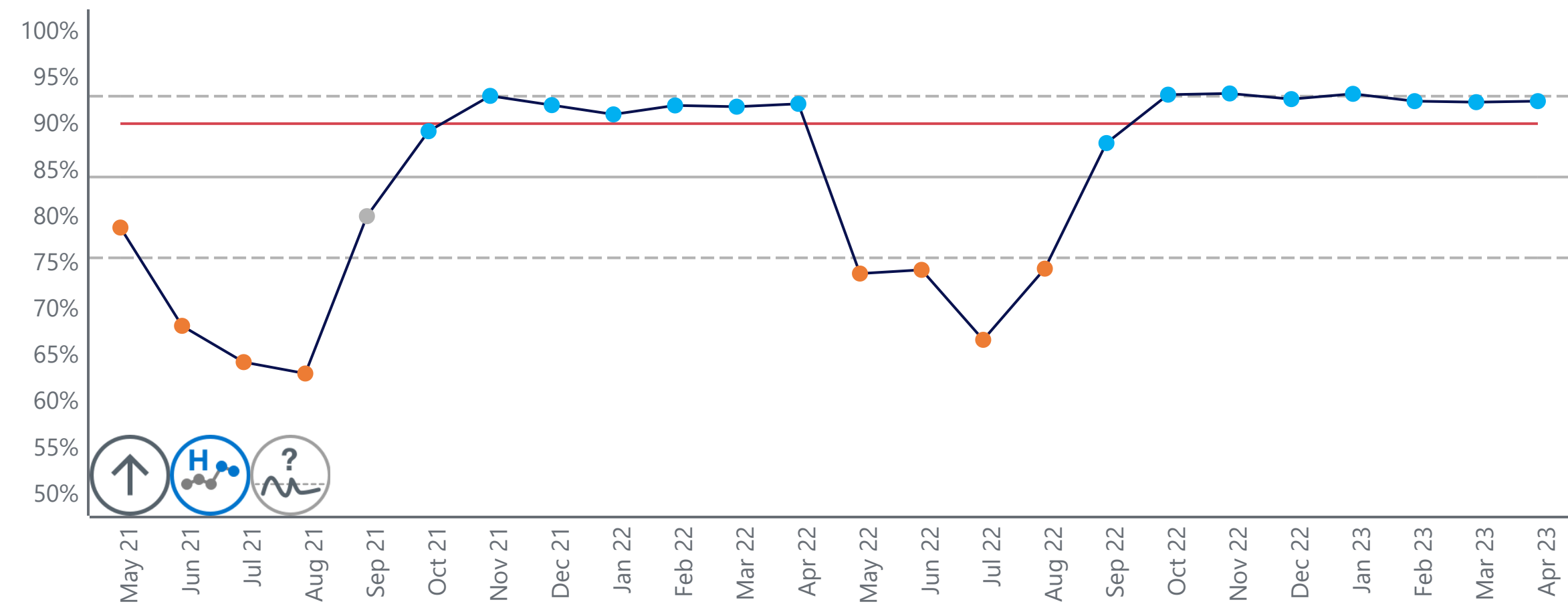
Total absence in Apr is 3.9%, which is a reduction against Mar (4.9%), but above the 3.4% target. The last 12 months demonstrates common cause variation, and further actions are required to drive improvement.

Actions:

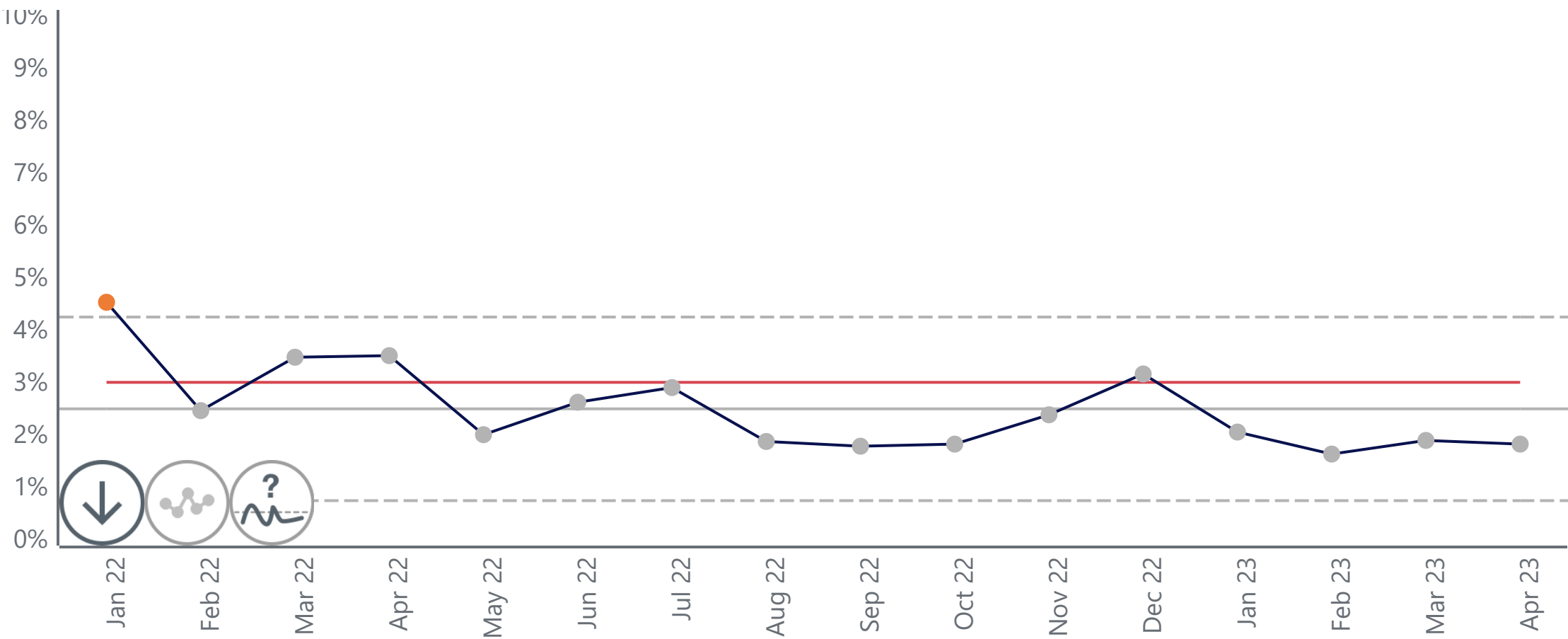
Further reduction seen in long term sickness. Continuation of robust absence management supported by an enhanced wellbeing offer and psychological support.

People - Watch Metrics

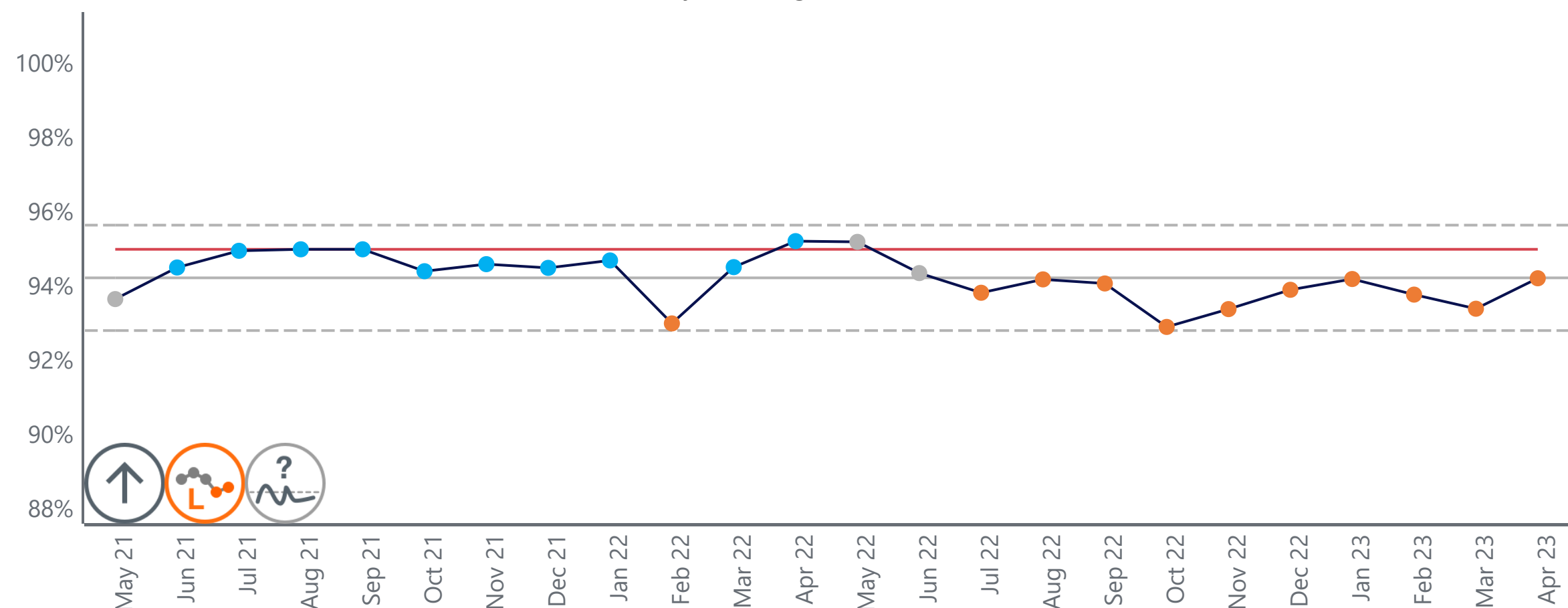
Appraisals Compliance



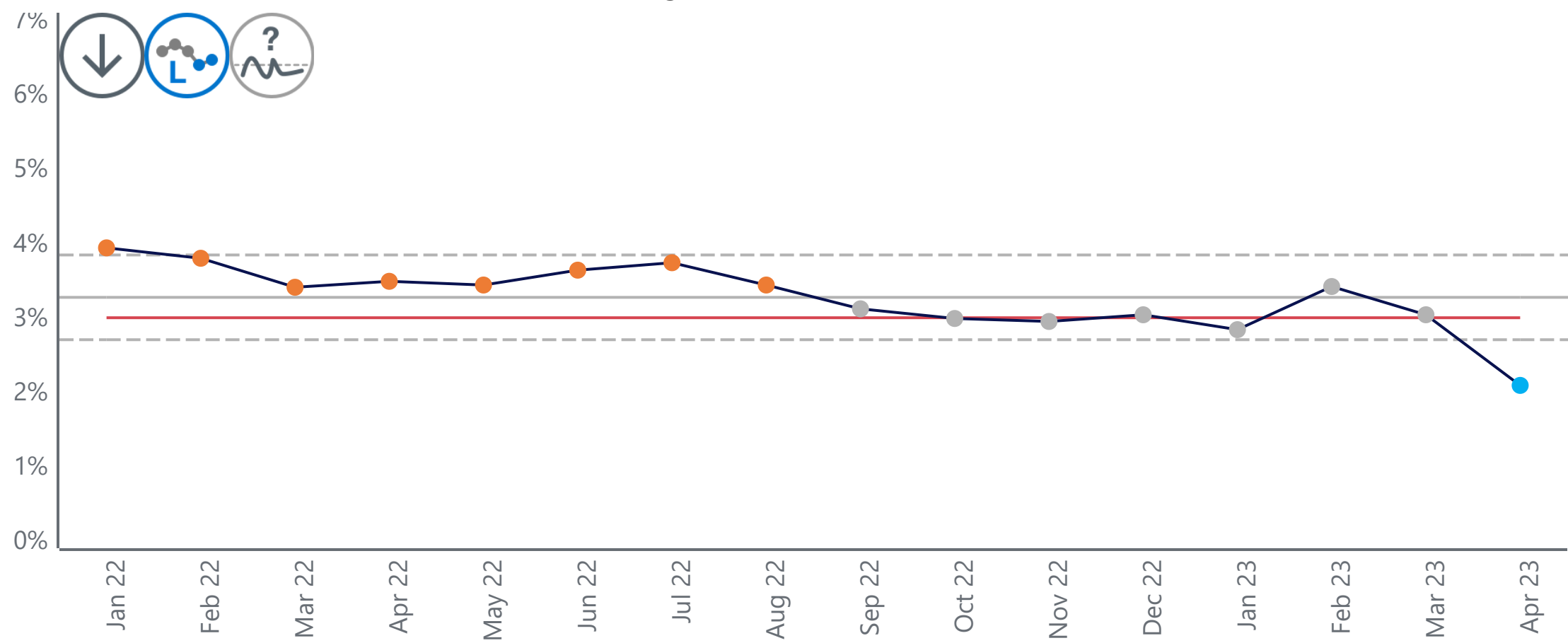
Short Term Sickness



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

