

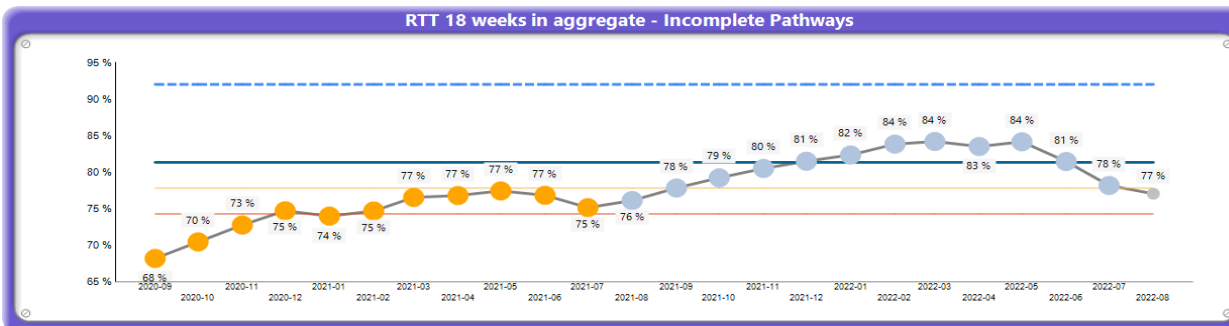
# LIVERPOOL HEART AND CHEST HOSPITAL PERFORMANCE REPORT

August 2022



Operational Performance				Operational Performance and Quality of Care				Quality of Care				Organisational Health			
measure	target	in month	variation	measure	target	in month	variation	measure	target	in month	variation	measure	target	in month	variation
RTT 18 weeks in aggregate - Incomplete Pathways	92.0%	77.03%	Aug	National patient safety alerts not completed by deadline	0	0	Aug	Clostridium Difficile	0	1	Aug	Staff Sickness (All Staff)	3.4%	5.31%	Aug
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	95.0%	81.07%	Aug	Cancer: 14 day GP referral to 1st Outpatient Appointment	93.0%	100.0%	Aug	MRSA Bacteraemias	0	0	Aug	Staff Turnover	10.0%	11.98%	Aug
Referral to treatment - Incomplete Pathways 52+ weeks	48	65	Aug	Cancer: 31 day diagnosis to 1st treatment for all cancers	96.0%	100.0%	Aug	MSSA Bacteraemias	0	1	Aug	Executive Team Turnover	25.0%	19.4%	Aug
Overall Size of Waiting List		4,836	Aug	Cancer: 31 day Second or subsequent treatment (surgery & drug)	94.0%	100.0%	Aug	Gram Negative Bacteraemias	0	0	Aug	Mandatory Training Compliance	95.0%	94.19%	Aug
Outpatient activity delivered remotely via telephone or video consultation	25.0%	37.29%	Aug	All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	85.0%	73.7%	Aug	Hospital Standardised Mortality Ratio (HSMR) - basket diagnoses	101	287	May	Appraisals Compliance	90.0%	74.33%	Aug
PIFU Pathway	113	226	Aug	Cancer: 62 day Consultant Upgrade	85.0%	62.2%	Aug	Hospital Standardised Mortality Ratio (HSMR) - all diagnoses	101	142	May	Recurrent CIP identified	100.0%	90.79%	Aug
Elective Activity Levels	100.0%	116.48%	Aug	Cancer Patients meeting the Faster Diagnosis Target (FDT)	75.0%	31.3%	Aug	Dementia - Find	90.0%	100.0%	Aug	Liquidity (days)	0	25	Aug
Cancelled Operations for non-clinical reasons	2.0%	1.9%	Aug	Quantity of complaints	6	0	Aug	Dementia - Assess	90.0%	100.0%	Aug	I & E distance from target (cumulative) - £,000	0	33	Aug
Patients not booked in within 28 days (non clinical cancellations)	0	0	Aug	Occurrence of any Never Events	0	0	Aug	Dementia - Refer	90.0%	100.0%	Aug	Better Payment Practice Code	95.0%	98.6%	Aug
Maximum 6-week wait for diagnostic procedures	99.0%	98.87%	Aug	Mixed sex accommodation breaches	0	0	Aug	Delayed Transfers of care	5.0%	5.32%	Aug	Inpatient scores from Friends & Family Test - % positive	95.0%	100.0%	Aug
Bed Occupancy	80.0%	75.81%	Aug	Venous thromboembolism (VTE) risk assessment	95.0%	95.82%	Aug	In-Hospital mortality	17	15	Aug	NHS Staff Survey - Staff recommendation of the organisation as a place to work	76.0%	74.0%	Aug
								Incidents - Serious incidents, Never Events, Adverse Events (Red)	1	0	Aug	NHS Staff Survey - Staff recommendation of the organisation as a place of treatment	96.0%	91.6%	Aug

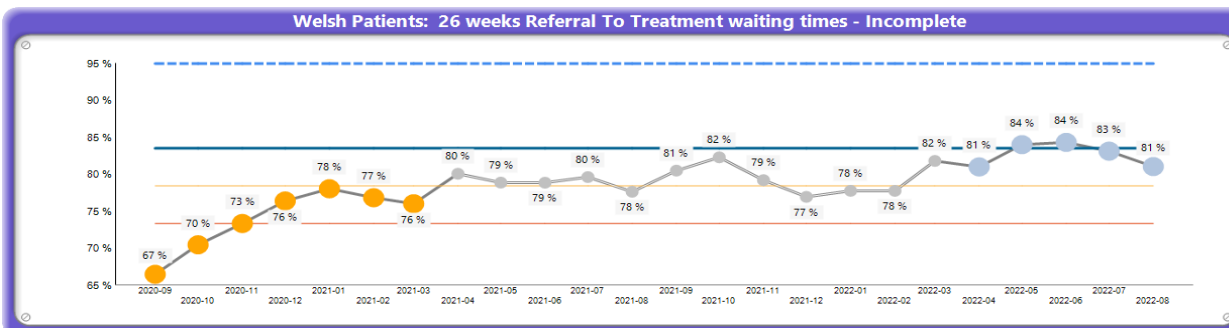
upper confidence limit	81.32%
mean	77.8%
target	92.0%
lower confidence limit	74.27%



♦ What the data tells us  
Percentage of English patients whose clock has not stopped during the calendar month where the clock period is less than 18 weeks

♦ Priority actions  
The RTT position has been impacted by non admitted validation. Continued work with the service teams to look at validating the patient waiting lists. Patients clinically prioritised with a focus on long waiting patients

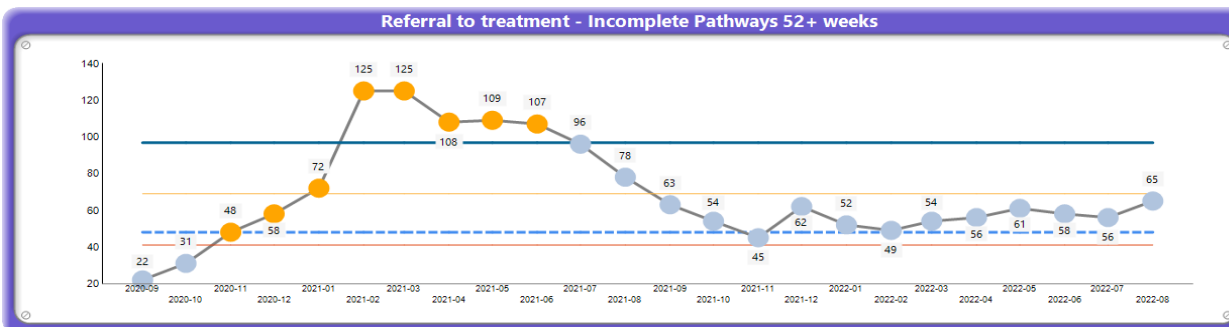
upper confidence limit	83.54%
mean	78.46%
target	95.0%
lower confidence limit	73.38%



♦ What the data tells us  
Percentage of Welsh patients whose clock has not stopped during the calendar month where the clock period is less than 26 weeks

♦ Priority actions  
Patients clinically prioritised with a focus on long waiting patients

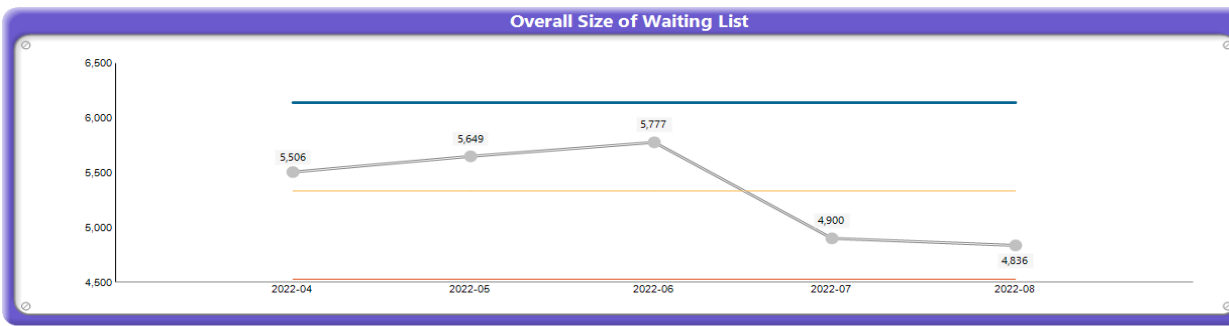
upper confidence limit	97
mean	69
target	48
lower confidence limit	41



♦ What the data tells us  
Count of all patients on an incomplete pathway waiting over 52 weeks (English & Non-English)

♦ Priority actions  
A trajectory and action plan is in place for 52+ weekers with focussed attention on the current surgery waiting list (mini mitral and aachd)

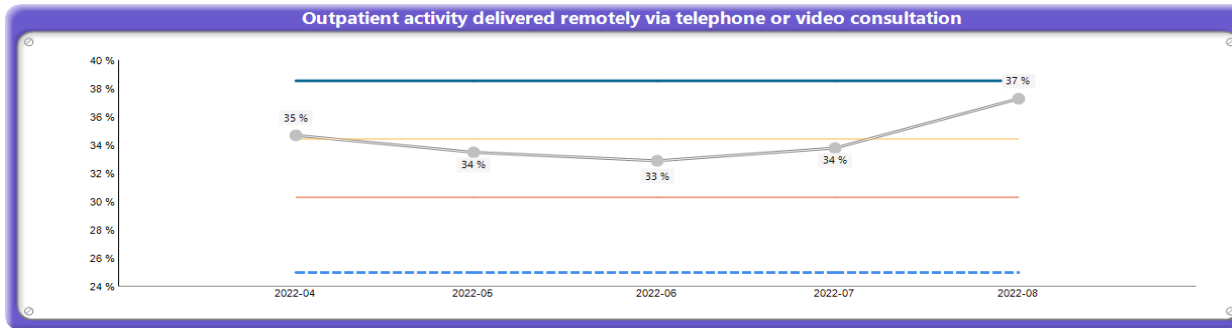
upper confidence limit	6,140
mean	5,334
target	
lower confidence limit	4,528



♦ What the data tells us  
The count of all patients on an incomplete pathway waiting for treatment (English)

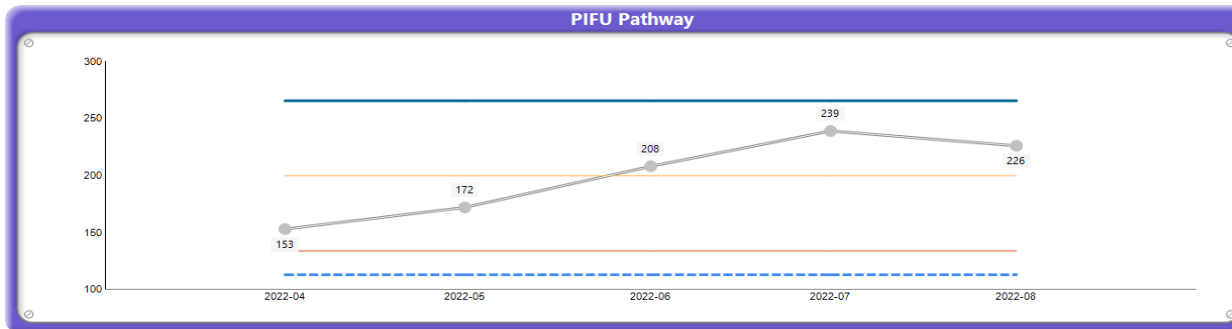
♦ Priority actions  
The overall waiting list size is being monitored based on referral trends. No current areas of concern.

upper confidence limit	38.55%
mean	34.44%
target	25.0%
lower confidence limit	30.32%



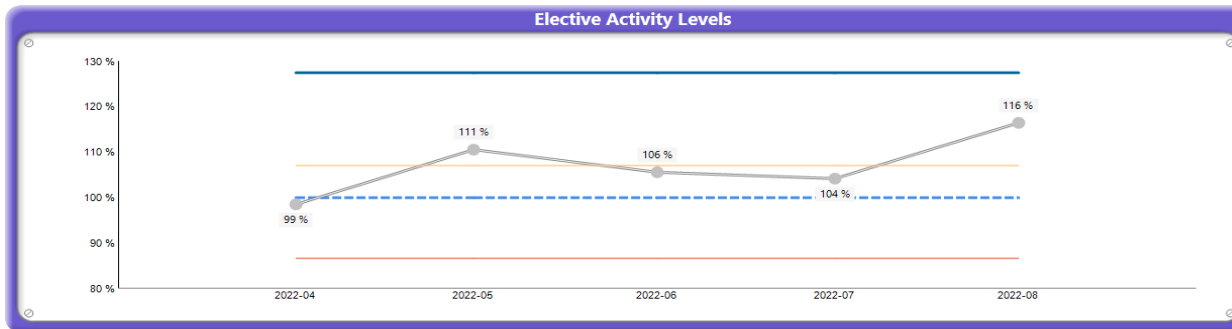
- What the data tells us  
Percentage of outpatient activity delivered via telephone or video consultation against the total number of outpatients delivered
- Priority actions  
OPA transformation group in place to monitor and track improvements with OPA workstreams. Currently above national target of 25%

upper confidence limit	265
mean	200
target	113
lower confidence limit	134



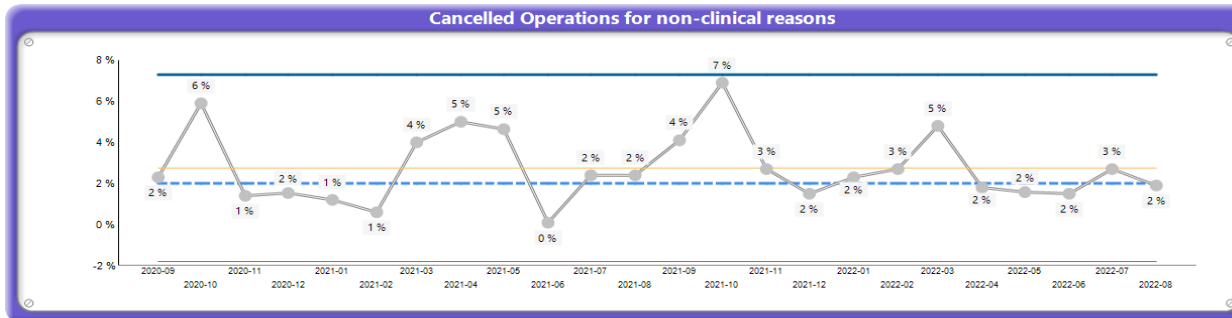
- What the data tells us  
The number of patient pathways that have been moved to patient Initiated follow up
- Priority actions  
PIFU trajectory in place to reach 2% of total pathways by the end of the financial year. Review of services is underway and plans to optimise numbers. Services applicable for PIFU evaluated based on clinical appropriateness

upper confidence limit	127.5%
mean	107.08%
target	100.0%
lower confidence limit	86.67%



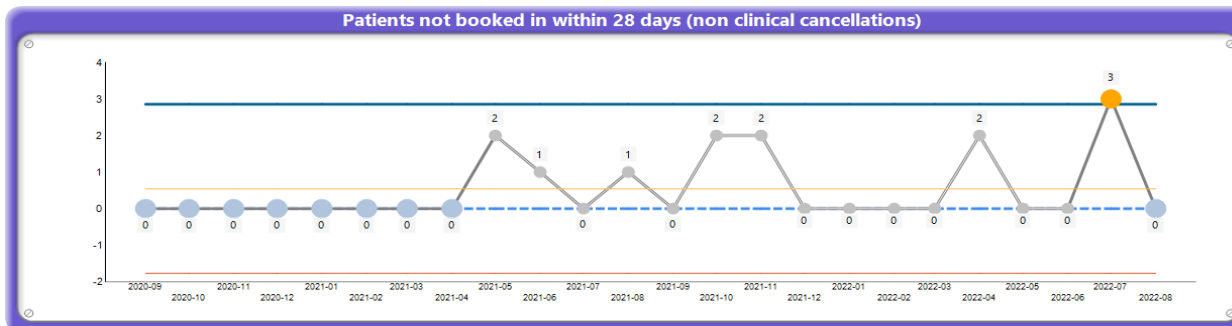
- What the data tells us  
The percentage of Elective activity against the 19/20 activity baseline (target 104%)
- Priority actions  
Performance continues to be above trajectory and will be monitored through current performance meetings

upper confidence limit	7.29%
mean	2.75%
target	2.0%
lower confidence limit	-1.8%



- What the data tells us  
The percentage of cancelled operations for non clinical reasons (avoidable cancellations)
- Priority actions  
No current concerns on cancelled operations, all patients reviewed and monitored through weekly performance.

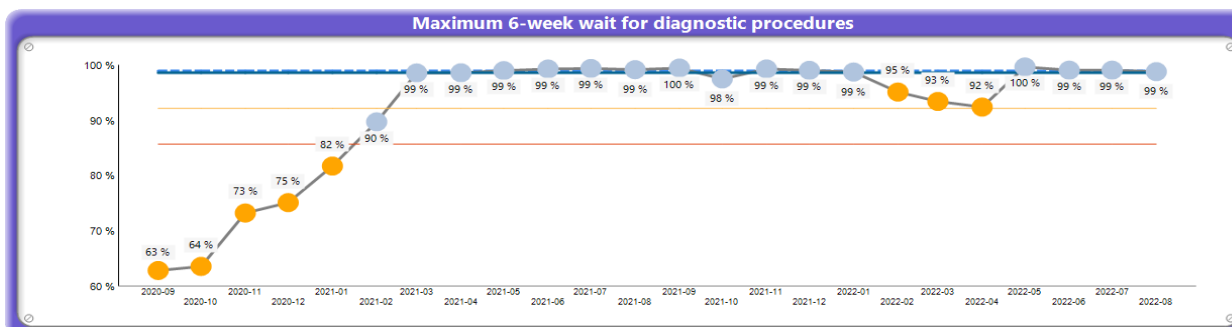
upper confidence limit	3
mean	1
target	0
lower confidence limit	-2



♦ What the data tells us  
Count of operations cancelled for non-clinical reasons and not offered a new date within 28 days

✦ Priority actions  
Ongoing monitoring

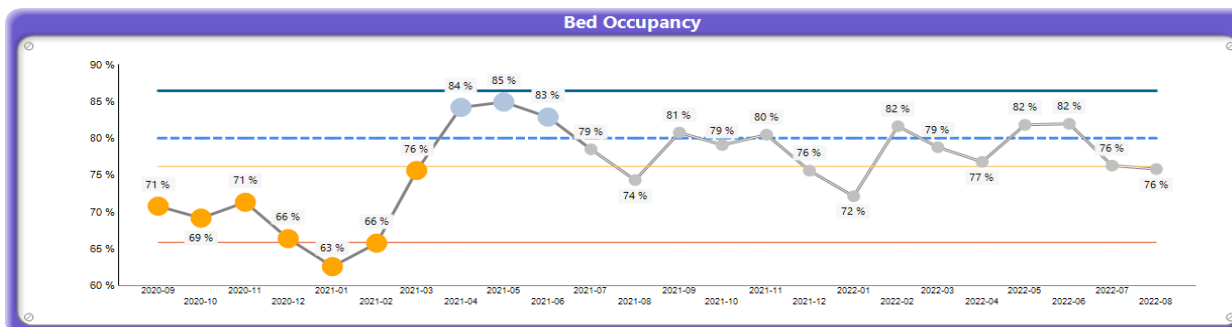
upper confidence limit	98.68%
mean	92.22%
target	99.0%
lower confidence limit	85.76%



♦ What the data tells us  
Proportion of patients referred for diagnostic tests who have been waiting for less than six weeks

✦ Priority actions  
Ongoing monitoring  
Mutual aid discussions underway for C&M Echo support  
CT guided biopsy activity being prioritised to support Cancer pathway management

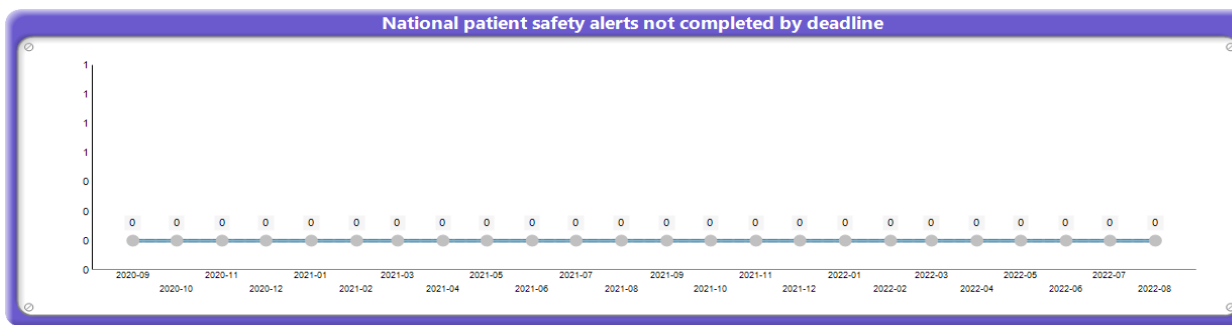
upper confidence limit	86.45%
mean	76.14%
target	80.0%
lower confidence limit	65.84%



♦ What the data tells us  
Percentage of beds occupied over all wards

✦ Priority actions  
Expected dip in occupancy over the summer months, continued focus on maximising elective activity.  
Flow work being undertaken to look at key areas of improvement.  
No current occupancy concerns

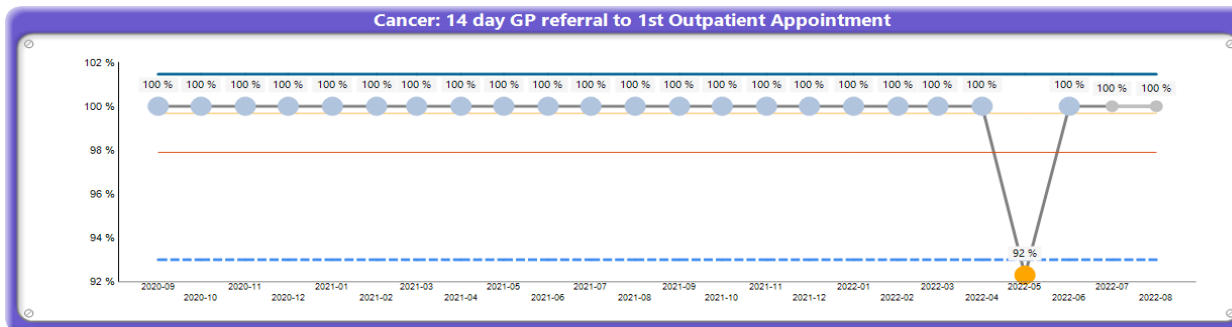
upper confidence limit	0
mean	0
target	0
lower confidence limit	0



♦ What the data tells us  
Number of patient safety alerts not completed

✦ Priority actions  
Ongoing monitoring

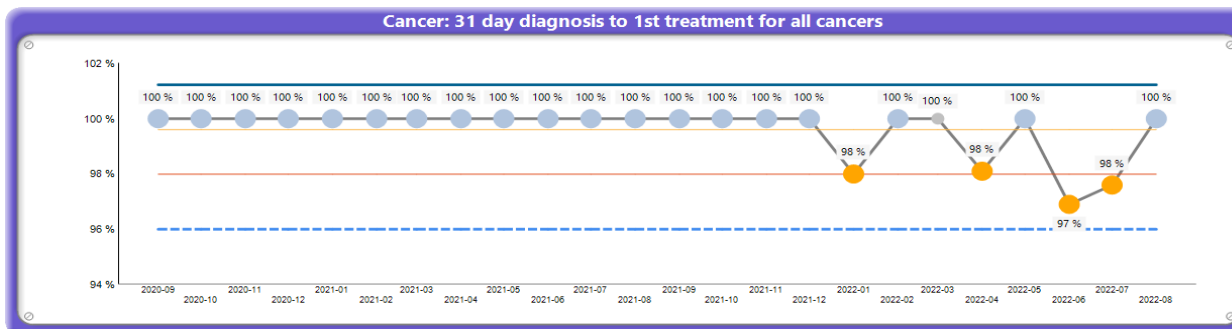
upper confidence limit	101.46%
mean	99.68%
target	93.0%
lower confidence limit	97.9%



♦ What the data tells us  
Patients waiting a maximum of two weeks from an urgent GP referral for suspected cancer to date first seen by specialist

✦ Priority actions  
Ongoing monitoring, no current concerns

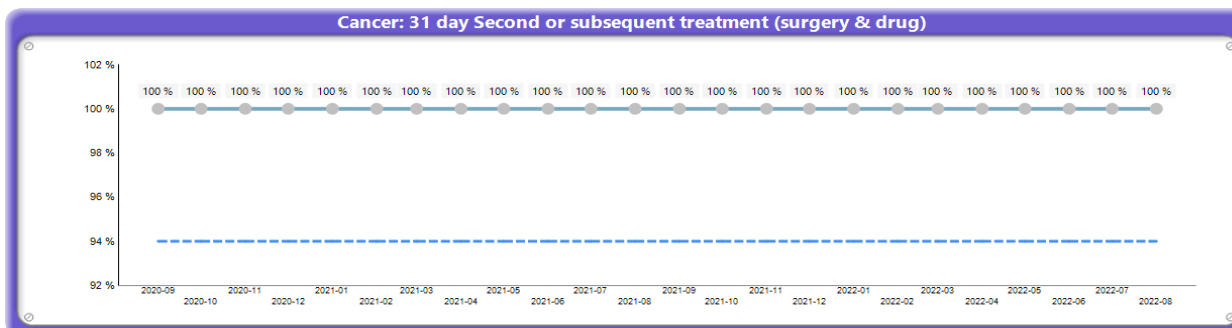
upper confidence limit	101.23%
mean	99.61%
target	96.0%
lower confidence limit	97.99%



♦ What the data tells us  
Patients waiting a maximum of 31 days from diagnosis to first definitive treatment

✦ Priority actions  
Ongoing monitoring, improvements have been seen since June 22

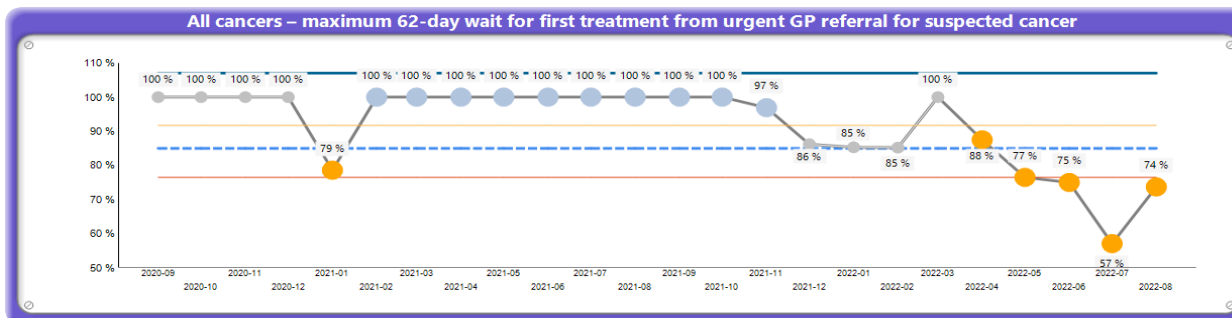
upper confidence limit	100.0%
mean	100.0%
target	94.0%
lower confidence limit	100.0%



♦ What the data tells us  
Patients waiting a maximum of 31 days for all subsequent treatments

✦ Priority actions  
Ongoing monitoring

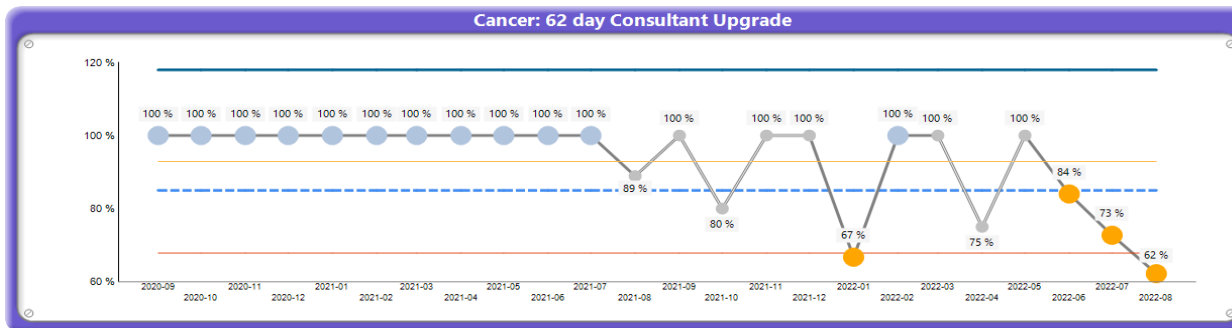
upper confidence limit	107.0%
mean	91.75%
target	85.0%
lower confidence limit	76.5%



♦ What the data tells us  
Proportion of patients referred for cancer treatment by their GP who have currently been waiting for less than 62 days for treatment to start

✦ Priority actions  
Cancer action plan being tracked through weekly performance and Integrated Performance Committee  
Priority attention on the Faster Diagnosis performance to look at improvements in the 62 day performance position.

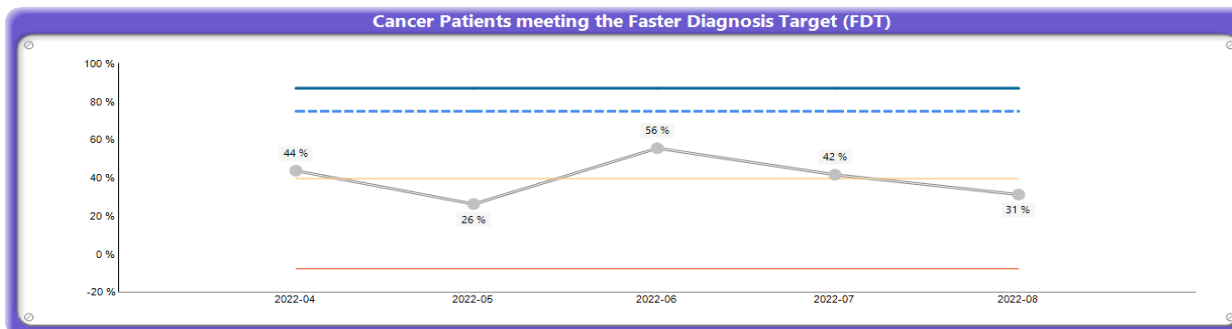
upper confidence limit	117.95%
mean	92.9%
target	85.0%
lower confidence limit	67.85%



♦ What the data tells us  
Patients waiting a maximum of 62 days from a consultant decision to upgrade the urgency of a patient they suspect to have cancer to first treatment

♦ Priority actions  
Cancer action plan being tracked through weekly performance and Integrated Performance Committee  
Priority attention on the Faster Diagnosis performance to look at improvements in the 62 day performance position.

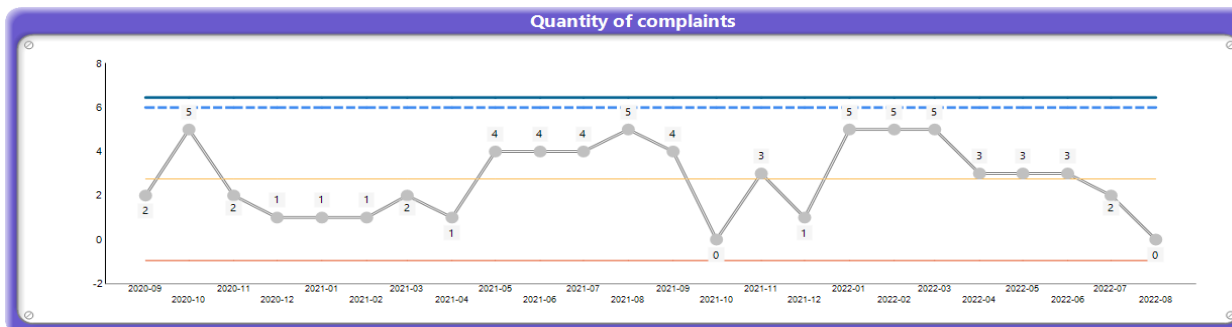
upper confidence limit	87.02%
mean	39.74%
target	75.0%
lower confidence limit	-7.54%



♦ What the data tells us  
The percentage of patients that have received a diagnosis within 28 days of referral

♦ Priority actions  
EBUS and CT guided biopsy capacity increased in Q2 through additional sessions.  
Review of referral numbers and demand being monitored  
Sustainable capacity options being explored within the Divisions

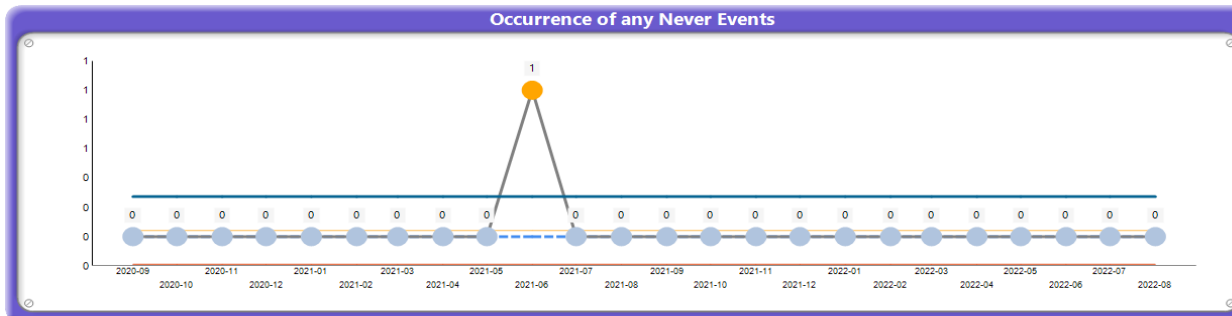
upper confidence limit	6
mean	3
target	6
lower confidence limit	-1



♦ What the data tells us  
The number of complaints received per month

♦ Priority actions  
No current concerns, ongoing monitoring

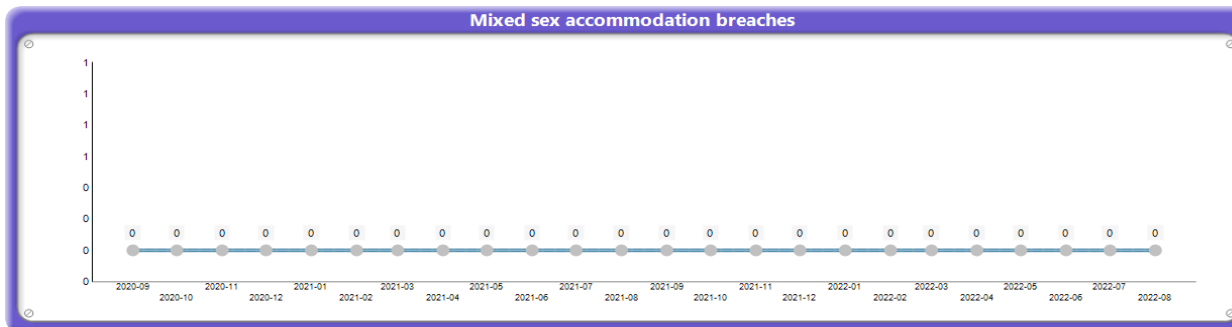
upper confidence limit	0
mean	0
target	0
lower confidence limit	-0



♦ What the data tells us  
The number of never events reported per month

♦ Priority actions  
No current concerns, ongoing monitoring

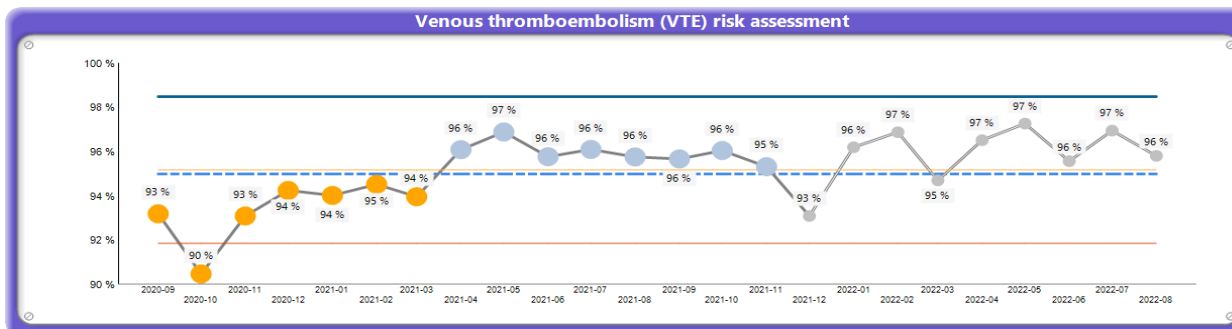
upper confidence limit	0
mean	0
target	0
lower confidence limit	0



What the data tells us  
Count of number of occasions sexes were mixed on same-sex wards

Priority actions  
No current concerns, ongoing monitoring

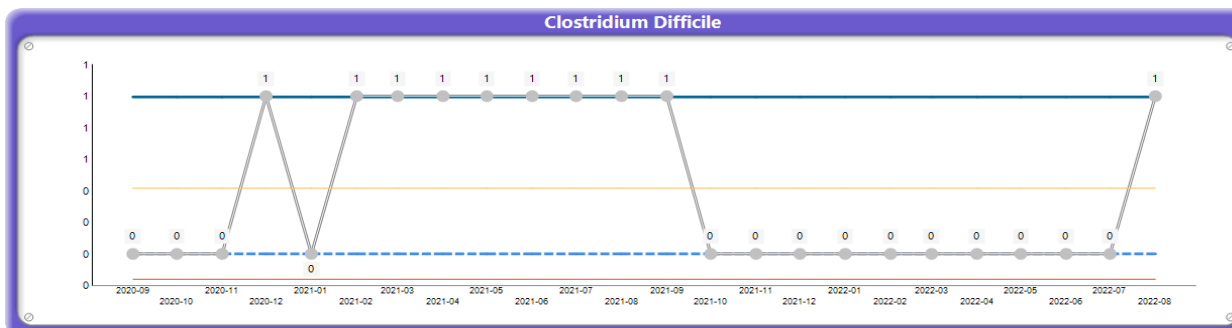
upper confidence limit	98.5%
mean	95.18%
target	95.0%
lower confidence limit	91.86%



What the data tells us  
Number of patients admitted who have a VTE risk assessment/number of patients admitted in most recent month

Priority actions  
No current concerns, ongoing monitoring

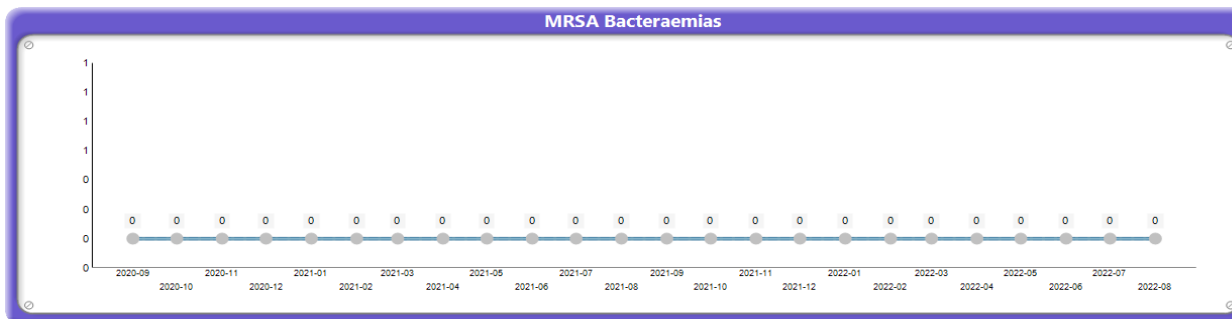
upper confidence limit	1
mean	0
target	0
lower confidence limit	-0



What the data tells us  
The number of clostridium difficile infections per month

Priority actions  
It's the first C.Diff of the year and no specific issues on investigation. Mini-RCA fed back to ward manager and consultant

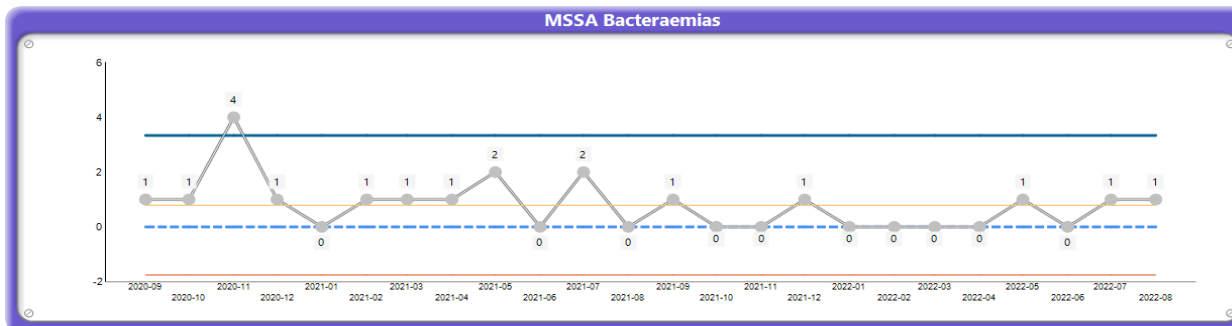
upper confidence limit	0
mean	0
target	0
lower confidence limit	0



What the data tells us  
The number of MRSA Bacteraemia infections per month

Priority actions  
No current concerns, ongoing monitoring

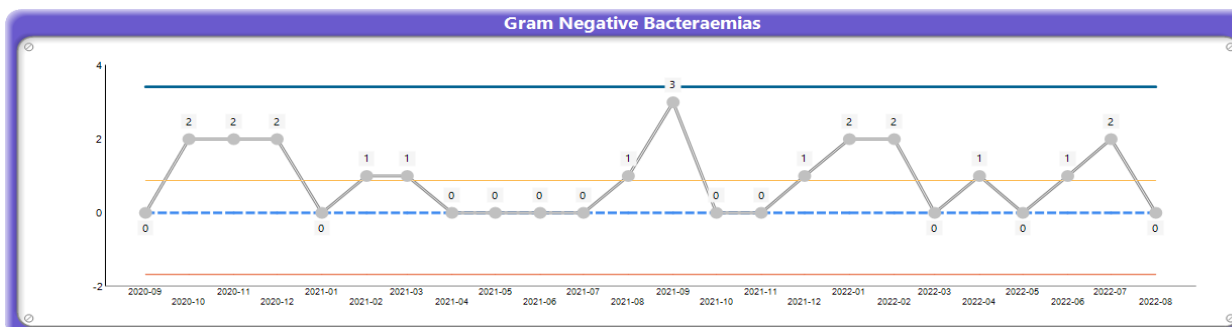
upper confidence limit	3
mean	1
target	0
lower confidence limit	-2



What the data tells us  
The number of MSSA Bacteraemia infections per month

Priority actions  
No current concerns, ongoing monitoring

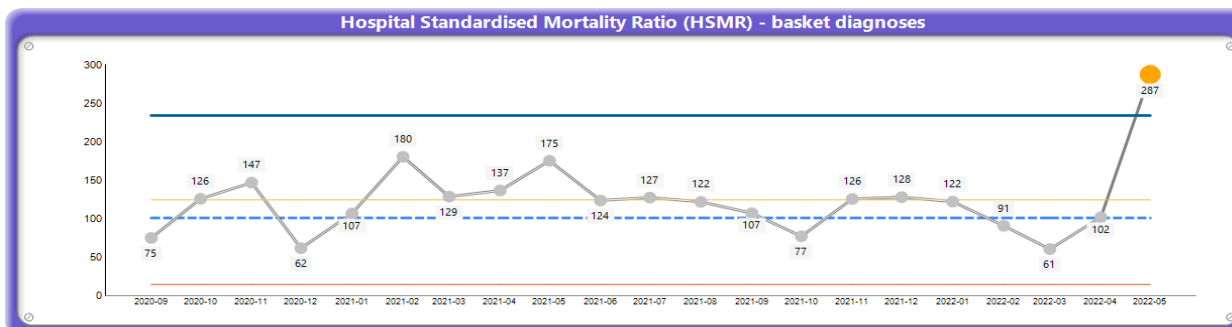
upper confidence limit	3
mean	1
target	0
lower confidence limit	-2



What the data tells us  
The number of Gram Negative Bacteraemia infections per month

Priority actions  
No current concerns, ongoing monitoring

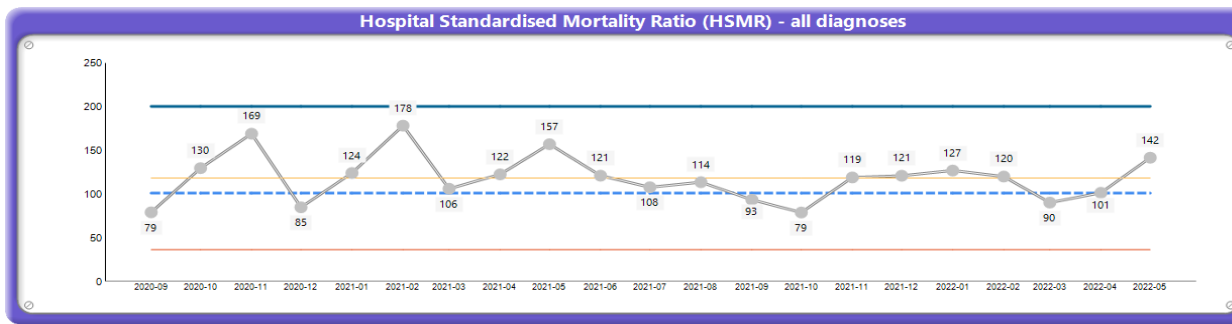
upper confidence limit	234
mean	124
target	101
lower confidence limit	15



What the data tells us  
The ratio of observed deaths that occurred following admission in a provider to a modelled expectation of deaths (multiplied by 100) on the basis of the average England death rates for all clinical groups given a selected set of patient characteristics for those treated there.

Priority actions  
The monthly data has gone up but due to low denominator and some coding issues  
Data to be amended to 12 month rolling average to remove statistical anomalies

upper confidence limit	200
mean	118
target	101
lower confidence limit	36

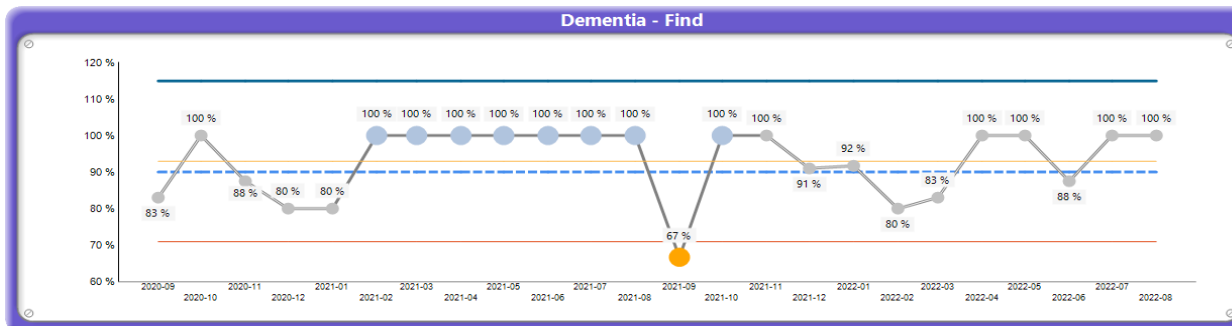


What the data tells us  
The ratio of observed deaths that occurred following admission in a provider to a modelled expectation of deaths (multiplied by 100) on the basis of the average England death rates for 56 specific clinical groups given a selected set of patient characteristics for those treated there.

Priority actions  
The monthly data has gone up but due to low denominator and some coding issues  
Data to be amended to 12 month rolling average to remove statistical anomalies



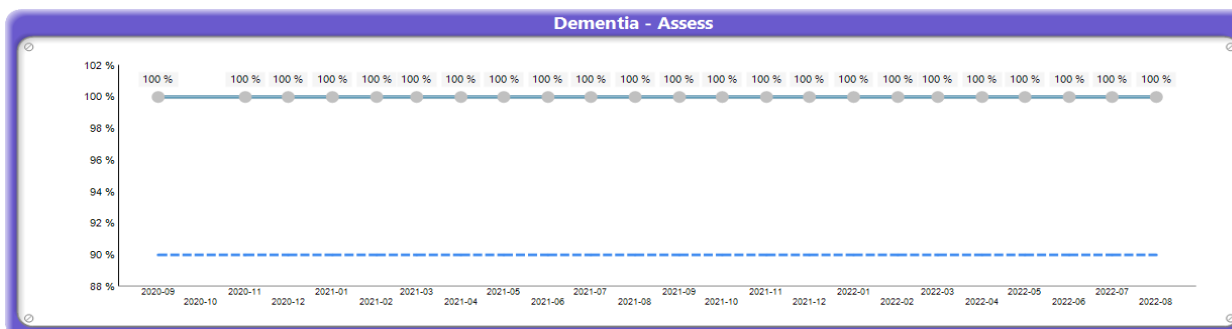
upper confidence limit	114.91%
mean	92.93%
target	90.0%
lower confidence limit	70.95%



What the data tells us  
The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who have a diagnosis of dementia or delirium or to whom case finding is applied

Priority actions  
No current concerns, ongoing monitoring

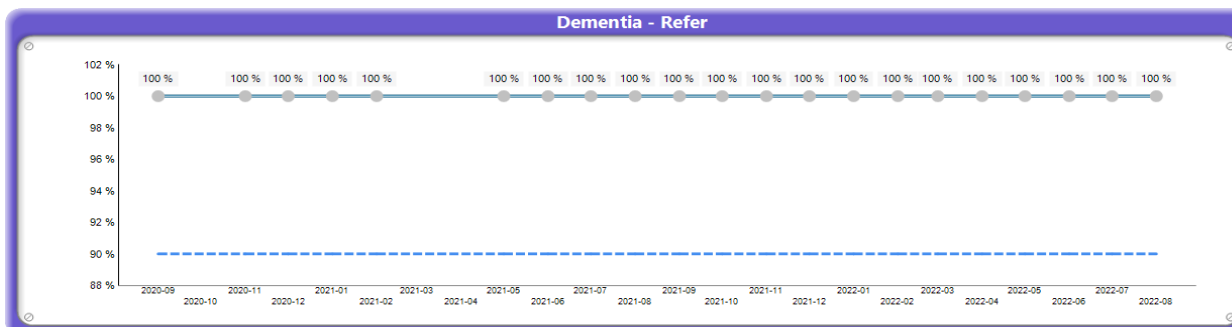
upper confidence limit	100.0%
mean	100.0%
target	90.0%
lower confidence limit	100.0%



What the data tells us  
The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours who, if identified as potentially having dementia or delirium, are appropriately assessed

Priority actions  
No current concerns, ongoing monitoring

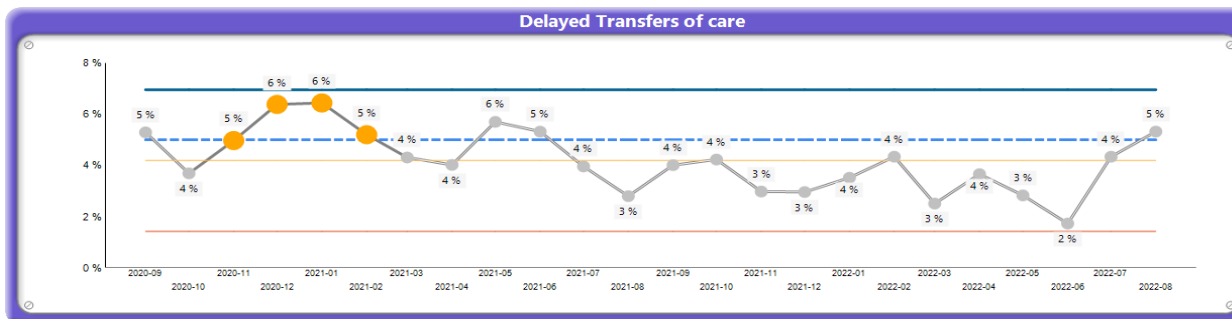
upper confidence limit	100.0%
mean	100.0%
target	90.0%
lower confidence limit	100.0%



What the data tells us  
The proportion of patients aged 75 and over admitted as an emergency for more than 72 hours identified as potentially having dementia or delirium where the outcome was positive or inconclusive who are referred on to specialist services

Priority actions  
No current concerns, ongoing monitoring

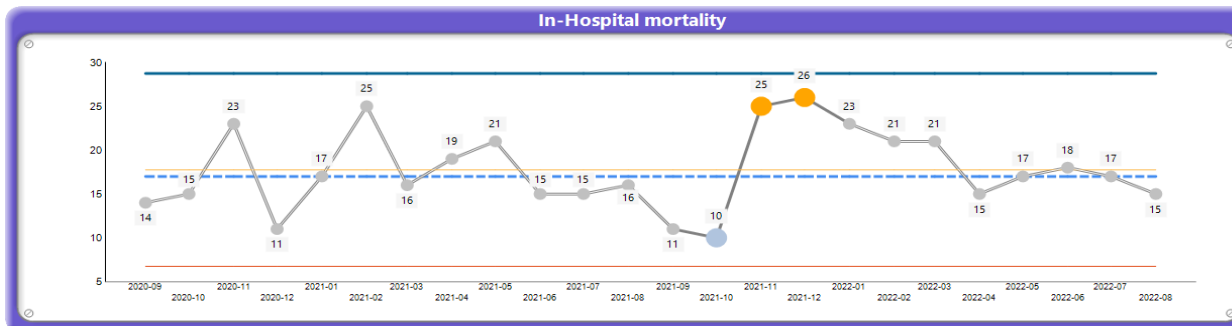
upper confidence limit	6.96%
mean	4.19%
target	5.0%
lower confidence limit	1.42%



What the data tells us  
A delayed transfer of care occurs when a patient is ready to depart from such care and is still occupying a bed.

Priority actions  
No current concerns, ongoing monitoring

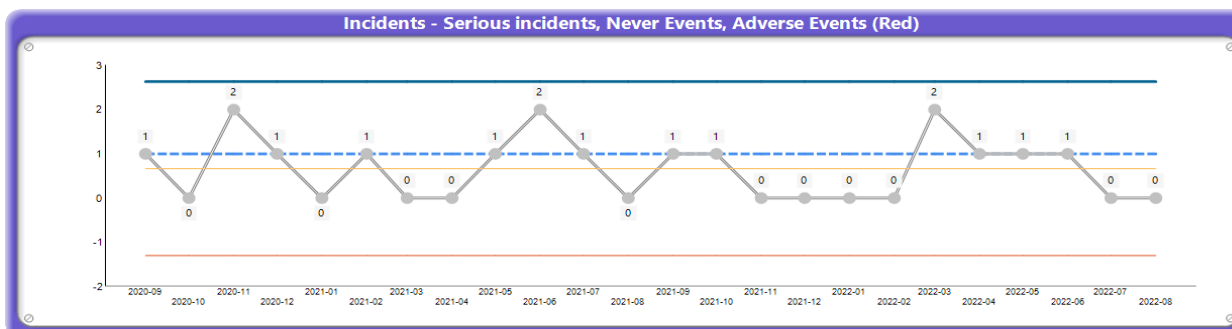
upper confidence limit	29
mean	18
target	17
lower confidence limit	7



What the data tells us  
Count of Hospital deaths across the trust for the month/YTD

Priority actions  
No current concerns, ongoing monitoring

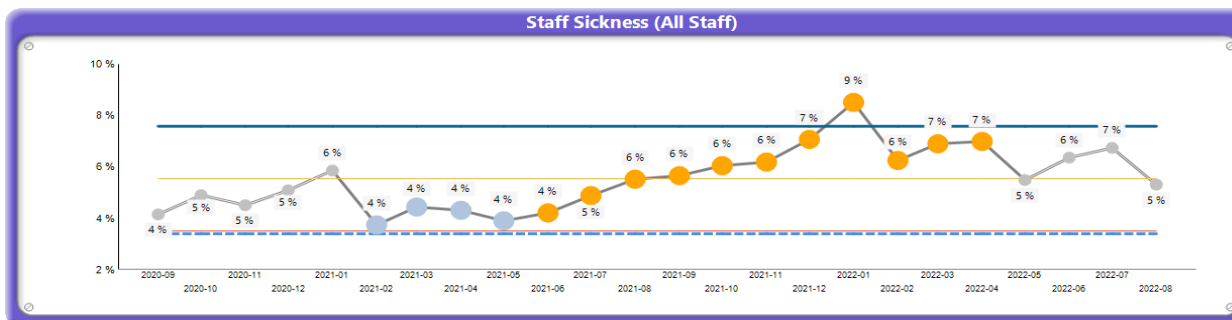
upper confidence limit	3
mean	1
target	1
lower confidence limit	-1



What the data tells us  
The number of serious incidents, never events and adverse events per month

Priority actions  
No current concerns, ongoing monitoring

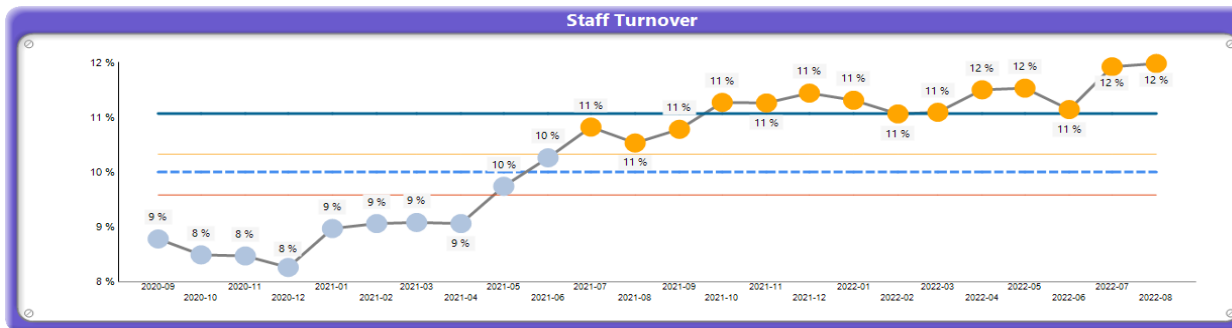
upper confidence limit	7.58%
mean	5.54%
target	3.4%
lower confidence limit	3.5%



What the data tells us  
Rate of sickness across all staff

Priority actions  
Focus on long term sickness, developing action plans to enable staff to resume LTS  
Continued work on staff health and wellbeing to focus on stress and anxiety being the highest absence reason

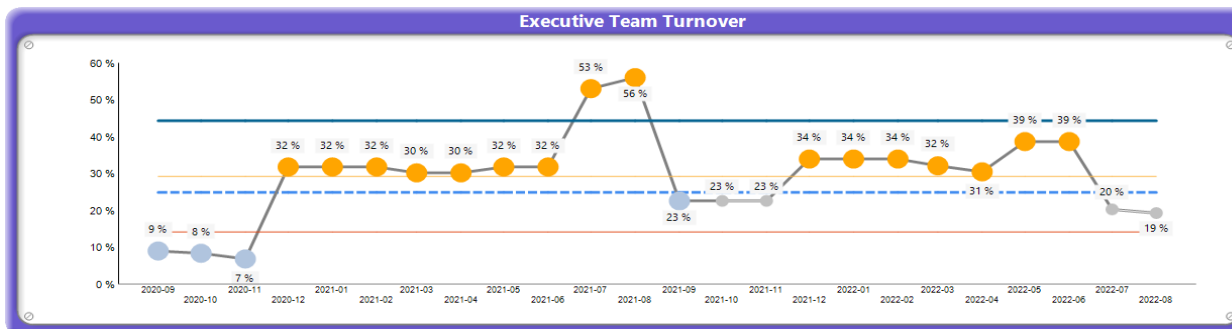
upper confidence limit	11.07%
mean	10.33%
target	10.0%
lower confidence limit	9.58%



What the data tells us  
Rate of turnover among voluntary leavers

Priority actions  
The Recruitment & Retention Strategy has been launched and has an action plan focused on retention. There is also a national steer on retention from which the Trust are linked in with.

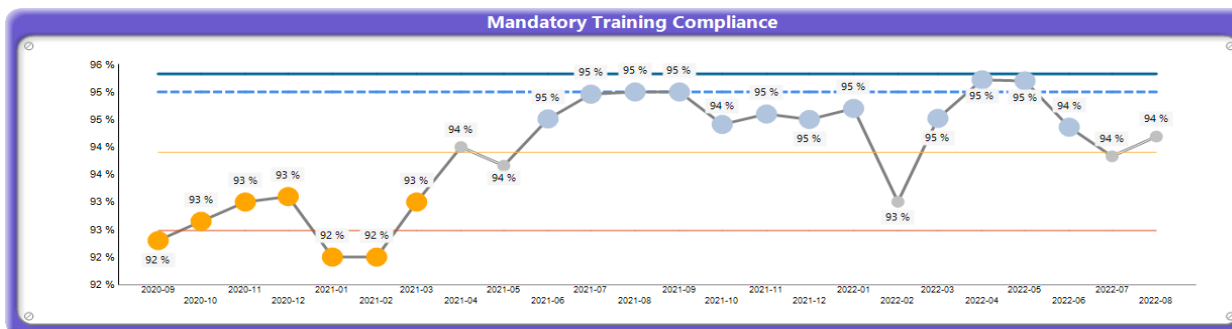
upper confidence limit	44.43%
mean	29.35%
target	25.0%
lower confidence limit	14.26%



What the data tells us  
Rate of turnover among the executive team

Priority actions  
No current concerns, ongoing monitoring

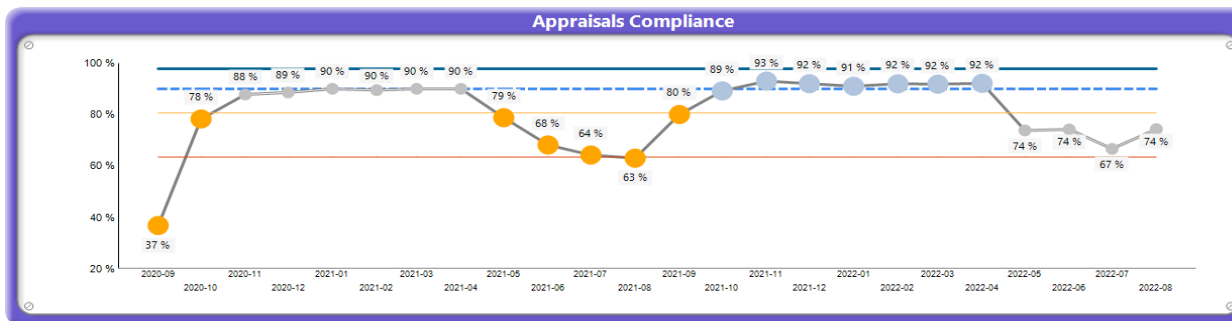
upper confidence limit	95.33%
mean	93.9%
target	95.0%
lower confidence limit	92.48%



What the data tells us  
Percentage of completed mandatory training

Priority actions  
Continue to drive the importance of mandatory training via relevant forums. Managers to ensure their teams are compliant using reports issued by the L&D team.

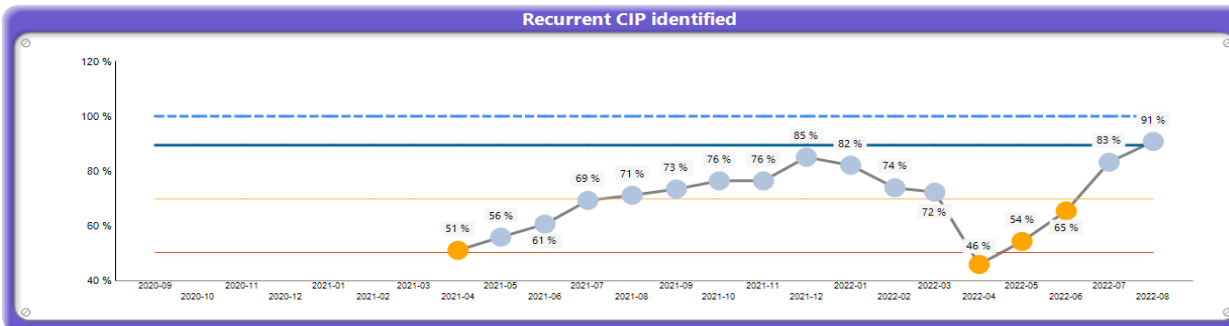
upper confidence limit	97.82%
mean	80.63%
target	90.0%
lower confidence limit	63.45%



What the data tells us  
Percentage of annual appraisals completed

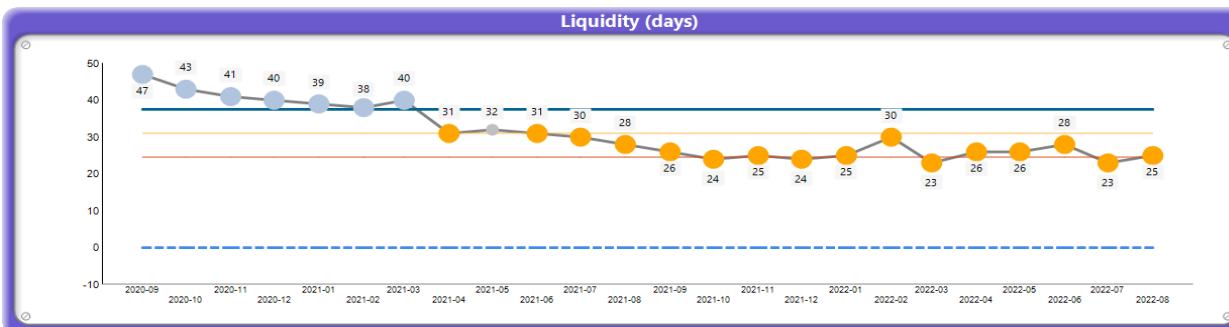
Priority actions  
The appraisal window is due to close at the end of September, expecting to see a rise in compliance as we move towards the window close.

upper confidence limit	89.46%
mean	69.84%
target	100.0%
lower confidence limit	50.22%



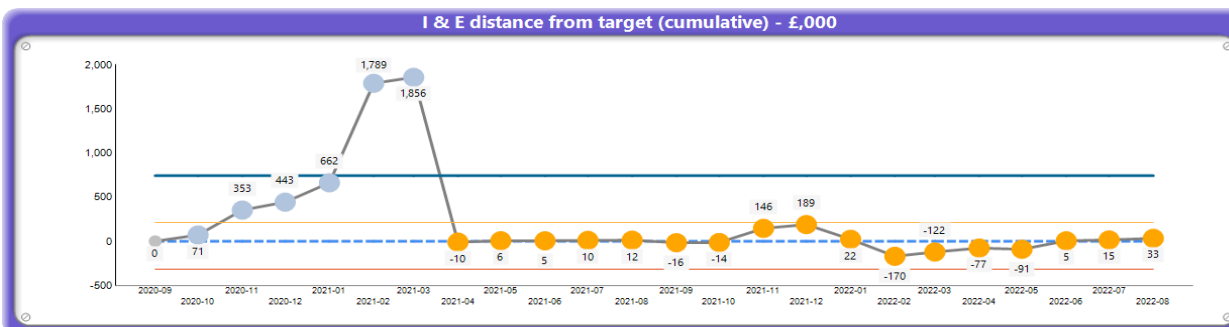
- What the data tells us  
Percentage of Cost Improvement Target identified in year
- Priority actions  
KLOE being pursued by Divisions; non-recurrent savings provide mitigation

upper confidence limit	38
mean	31
target	0
lower confidence limit	25



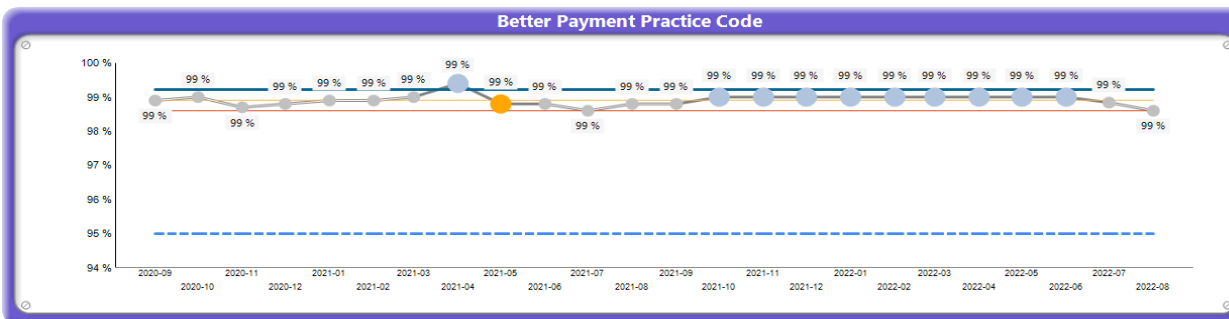
- What the data tells us  
The number of days operating expenditure our cash balances provide to ensure we are able to pay our liabilities in line with agreed timescales
- Priority actions  
Management of working capital

upper confidence limit	742
mean	213
target	0
lower confidence limit	-315



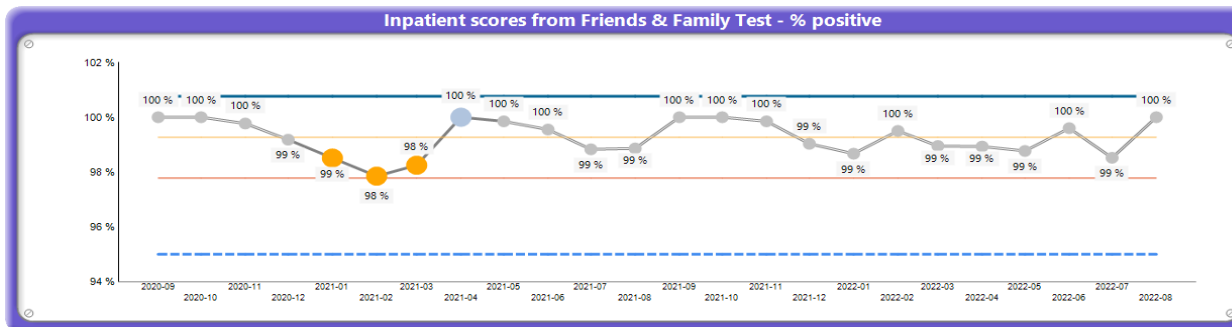
- What the data tells us  
Financial performance against budget
- Priority actions  
Delivery of recurrent CIP, management of cost pressures and income recovery

upper confidence limit	99.22%
mean	98.91%
target	95.0%
lower confidence limit	98.6%



- What the data tells us  
The timeliness of our payment to suppliers in line with national guidance
- Priority actions  
Management of working capital to achieve BPPC

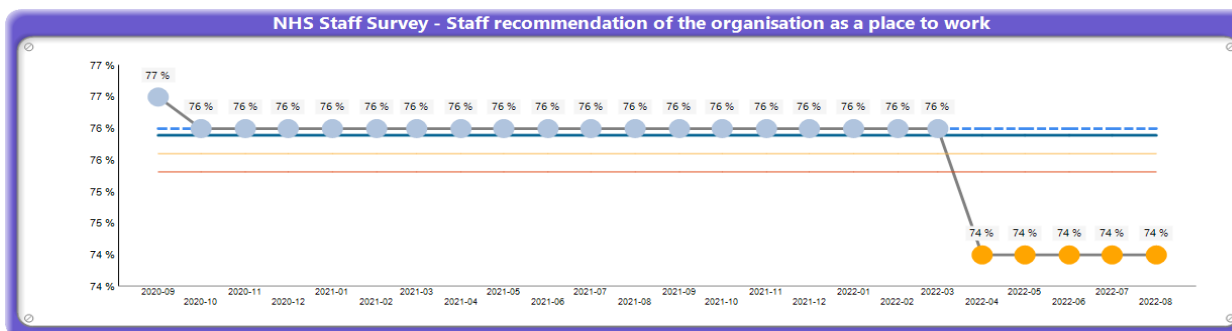
upper confidence limit	100.76%
mean	99.27%
target	95.0%
lower confidence limit	97.78%



♦ What the data tells us  
The percentage of inpatients answering the question Overall, how was your experience of our service Very Good or Good

✦ Priority actions  
No current concerns, ongoing monitoring

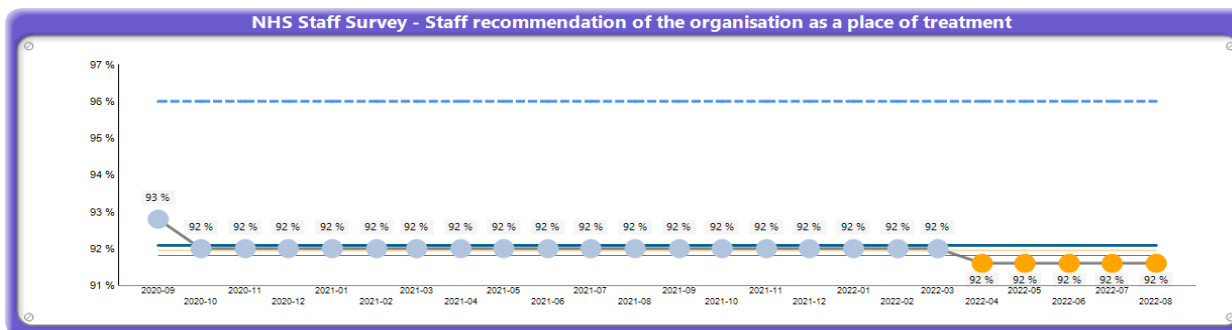
upper confidence limit	75.89%
mean	75.6%
target	76.0%
lower confidence limit	75.32%



♦ What the data tells us  
The percentage of staff who would recommend the Trust as a good place to work

✦ Priority actions  
Divisional action plans are in place to ensure staff feel as though their voice is heard, and the Trust continues to make improvements so staff feel like this is the best place to work.

upper confidence limit	92.09%
mean	91.95%
target	96.0%
lower confidence limit	91.81%



♦ What the data tells us  
The percentage of staff who would recommend the Trust as a good place to be treated

✦ Priority actions  
The staff survey action plans are focused on making improvements for staff to feel confident in recommending the Trust as a place of treatment for their friends and family. At 92% this is a really positive score but still room for improvement.