

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

Strategic Oversight Framework

October 2023

Published: November 2023



Contents

Icon Definitions

Page 3

Operational Performance

Page 4

Quality of Care

Page 8







Finance

Page 13

People

Page 17

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:

At the end of end of month 7 the Trust again has seven indicators that have shown statistically significant changes in performance. These changes have been against a backdrop of workforce pressures due to industrial action, anaesthetic capacity and more significantly scrub nurse staffing within theatres.

Elective activity in month has remained below plan, however has not impacted the Trust financial position continuing to delivery a surplus in month and year to date.

Cancer Performance is reported a month in arrears and all Cancer standards continued to be challenged by disturbance in activity. September we were able to achieve the 14 day and FSD day targets but 31 and the 62 day standards were not within the desired limits.

Overall the average weeks wait of patients that are over 18 & 26 weeks has reduced from the April position, however the RTT percentages are currently not demonstrating an improved position due to increased tip over volumes. Consistent focus is being placed on long waiters, taking in to consideration clinical priority.

DM01 unfortunately has shown significant improvement from the July drop in performance, however is expected to take a number of months to get back to compliance due to issues with provider to provider scan times.

Areas of Concern:

Theatre scrub staffing for Q3 continues to significantly impacted Surgery activity. Actions have been put in place to mitigate and prioritise capacity for clinical urgency, however Q3 is not expected to see significant improvements. Short notice sickness and staff being called out overnight also continue to impact rostering. Scrub agency spend is expected to increase over the next 3 months. Although improvements have been seen within the Cancer Standards, capacity constraints and workforce challenges (including industrial action) continue to impact full compliance. Underperformance of the FSD standard is expected to continue within Q3, with recovery interdependent on supporting the C&M position equalising wait times with LUFT. The 31 day standard is expected to recover but will be dependant on industrial action impact.

Long waiters within the Trust has grown in month impacted by annual leave and reduction in mini mitral capacity within the Surgical team.

Forward Look (with actions):

- * Activity forecasting has been re-drafted at M7 against the national planning ask for H2

- * The Surgical staffing position is now being reviewed weekly with actions and escalations with Exec oversight

- * The Safe Waiting List group has continued to progress actions, with an overview paper provided to support current developments.

- * Our Cancer position is expected to be challenging for Q3 with continued workforce pressures. FSD is not expected to achieve within the quarter given our agreement with LUFT to support Liverpool wait times. If we see a cessation in industrial action, the 31 Day and 62 standards are expected to improve, however if not these will also be non compliant. The Cancer Alliance are sighted on our current action plan and will be joining Cancer Board to provide support to any areas of concern.




















- * We are currently exploring the option of Surgical outsourcing & insourcing to support our long waiters position, discussions continue to progress with 3 providers to allow us to maximise activity given our current workforce pressures.

- * A meeting was undertaken with Specialised Commissioning on the 16th November to agree a forward plan on suspending new referrals for the mini mitral service. The Specialised Commissioning team are meeting as a senior leadership team w/c 20th November and will confirm a response to our proposed actions

- * A DMO1 trajectory was previously developed to support compliance by January, however with the current provider to provider wait times, the recovery is expected to be delayed until Mar 24. This will be monitored through our weekly performance meeting and the Diagnostic Delivery Board.

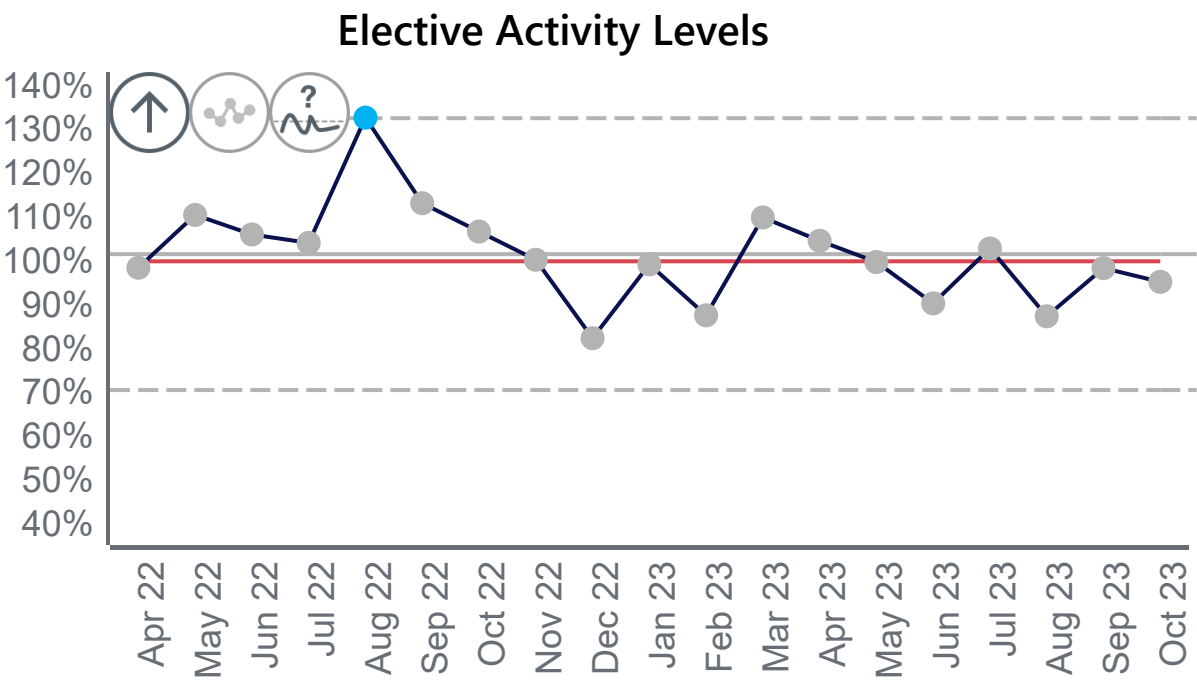
- * Operational Board will review key areas of concern, with a planned deep dive in Cancer expected in November

Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Oct-23	84.2	>=80%	76		
Cancelled Operations for non-clinical reasons	Oct-23	2.7	<=2%	3		
Elective Activity Levels	Oct-23	95.3	100	97		
Maximum 6-week wait for diagnostic procedures	Oct-23	94.9	>=99%	95		
Outpatient activity delivered remotely via telephone or video consultation	Oct-23	35.5	%	32		
Overall Size of Waiting List	Oct-23	5790		5679		
Patients not booked in within 28 days (non clinical cancellations)	Oct-23	3	0	4		
PIFU Pathway	Oct-23	728	113	583		
Referral to treatment - Incomplete Pathways 52+ weeks	Oct-23	60.0	<48	57		
RTT 18 weeks in aggregate - Incomplete Pathways	Oct-23	70.41	>=92%	72		
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	Oct-23	77.1	>=95%	75		
All cancers – maximum 62-day wait for first treatment from urgent GP referral for suspected cancer	Sep-23	84.6	>=85%	68.0		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Sep-23	78.6	>=75%	65.1		
Cancer: 14 day GP referral to 1st Outpatient Appointment	Sep-23	100.0	>=93%	100.0		
Cancer: 31 day diagnosis to 1st treatment for all cancers	Sep-23	88.9	>=96%	90.9		
Cancer: 31 day Second or subsequent treatment (surgery & drug)	Sep-23	60.0	>=94%	86.4		
Cancer: 62 day Consultant Upgrade	Sep-23	35.3	>=85%	57.9		



Operational Performance - Drive Metrics

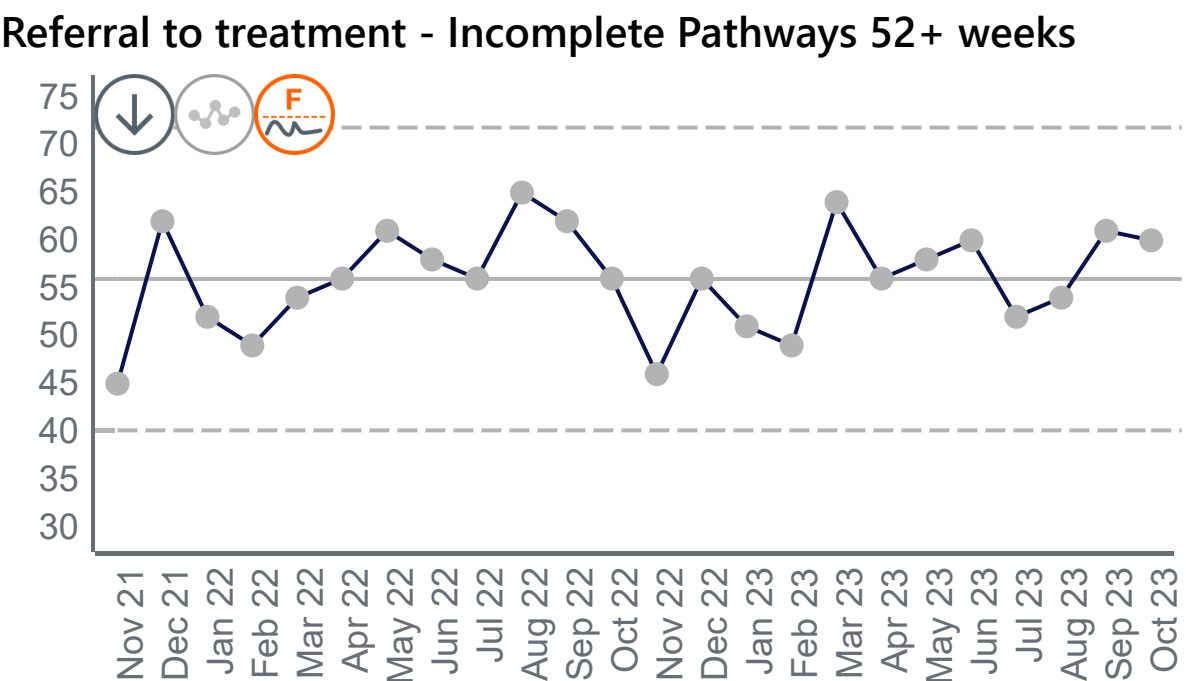


Technical Analysis:

October performance of 95% is marginally below target (100%). Monthly variation continues to demonstrate common cause variation. Further actions will be required to consistently achieve target.

Actions:

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

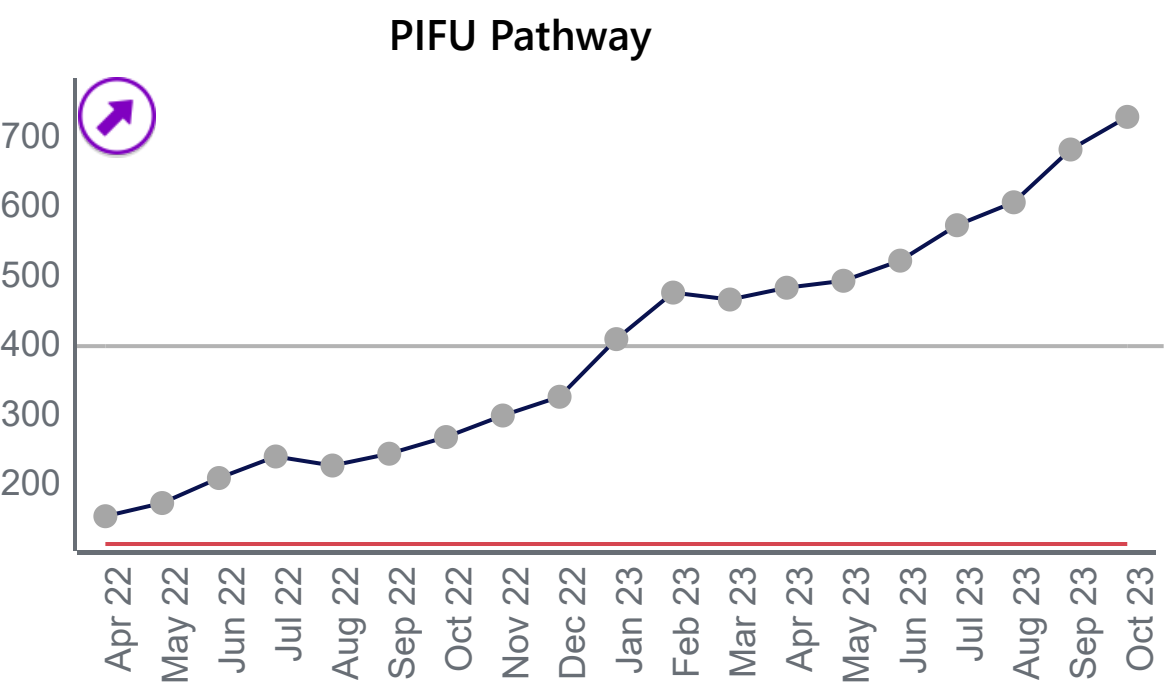


Technical Analysis:

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

Actions:

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

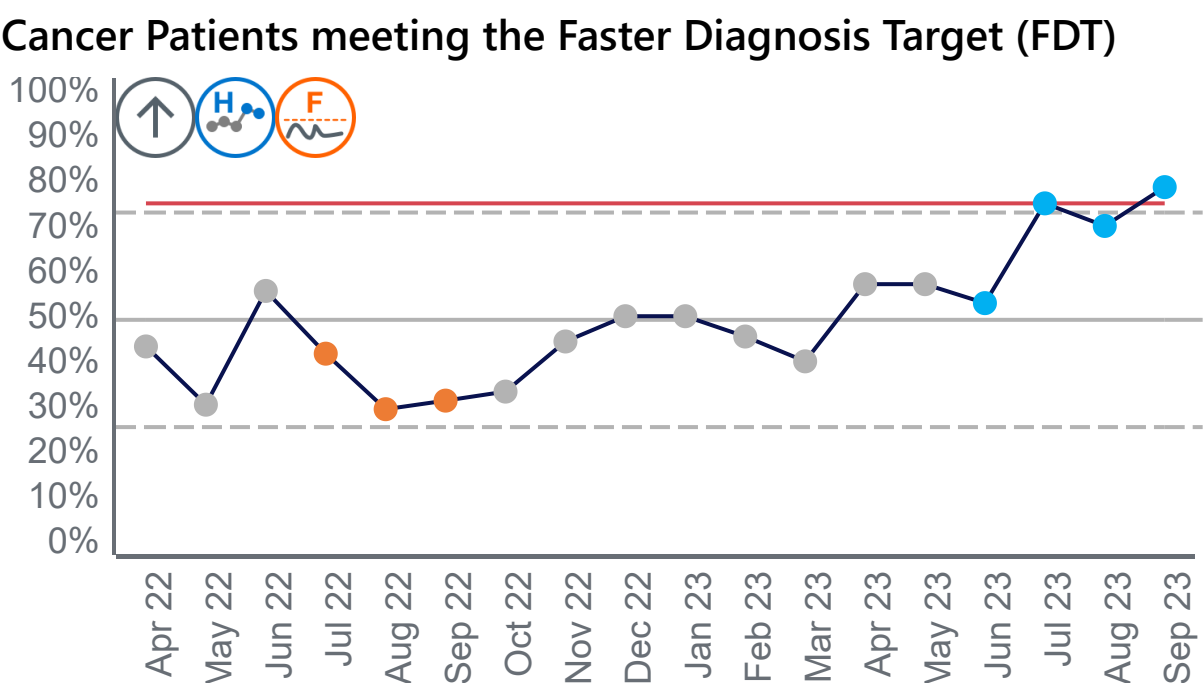


Technical Analysis:

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

Actions:

- *The Outpatient Transformation Group (OTG) continues to drive the use of Patient Initiated Follow Ups within LHCH.
- *Service lines have been reviewed and targeted for onboarding based on appropriate clinical pathways.



Technical Analysis:

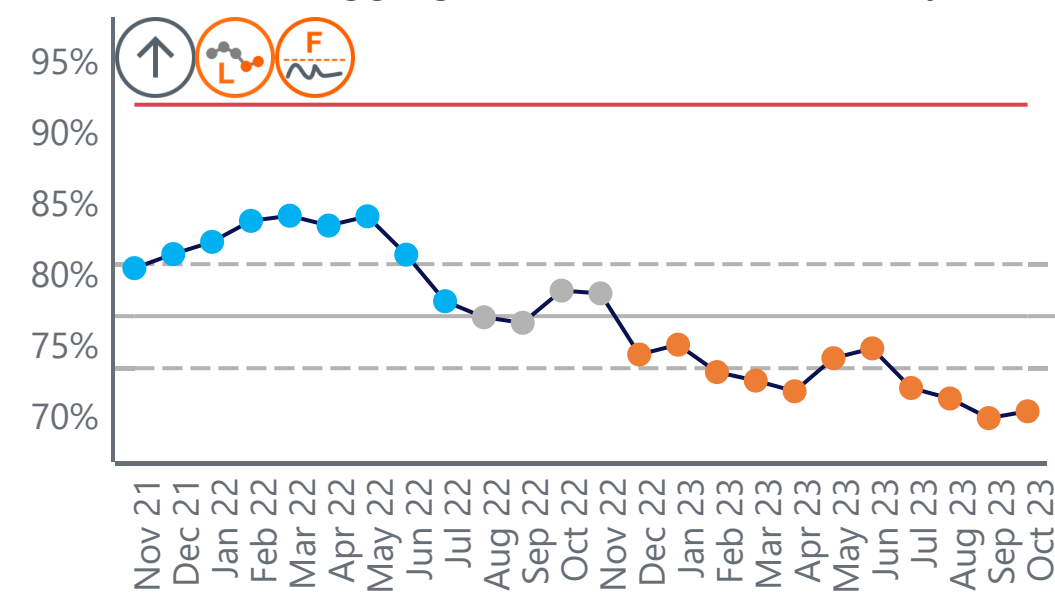
There has been special cause improvement demonstrated in performance against the FDT of 75%. Septembers performance is the highest performed over the last 18months. Improvement needed to consistently achieve but performance demonstrates an upward trend.

Actions:

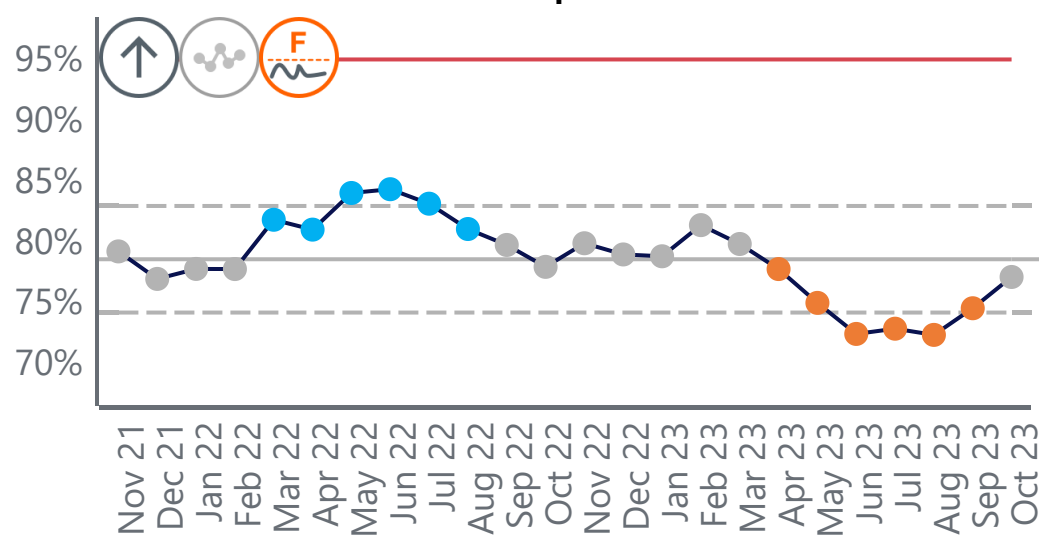
- *Additional sessions continue to be requested to support wait times in CT guided biopsy & EBUS *Pathway reviews of all breaches undertaken.
- *EBUS planning to be revisited as part of Trust Cancer Board. *Joint CT guided biopsy planning in progress with LUFT through the BGH sub committee.

Operational Performance - Watch Metrics

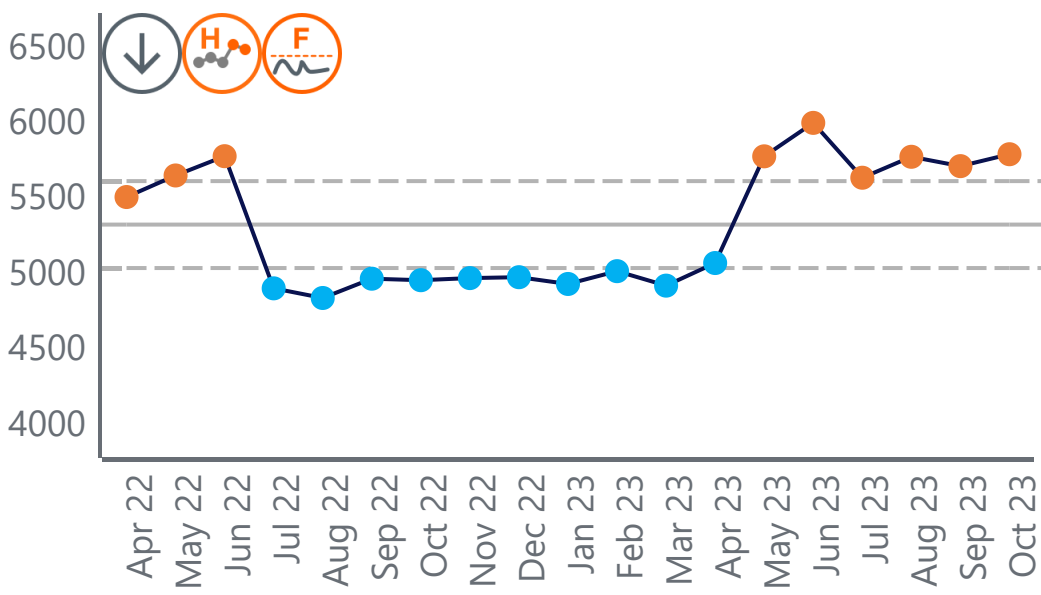
RTT 18 weeks in aggregate - Incomplete Pathways



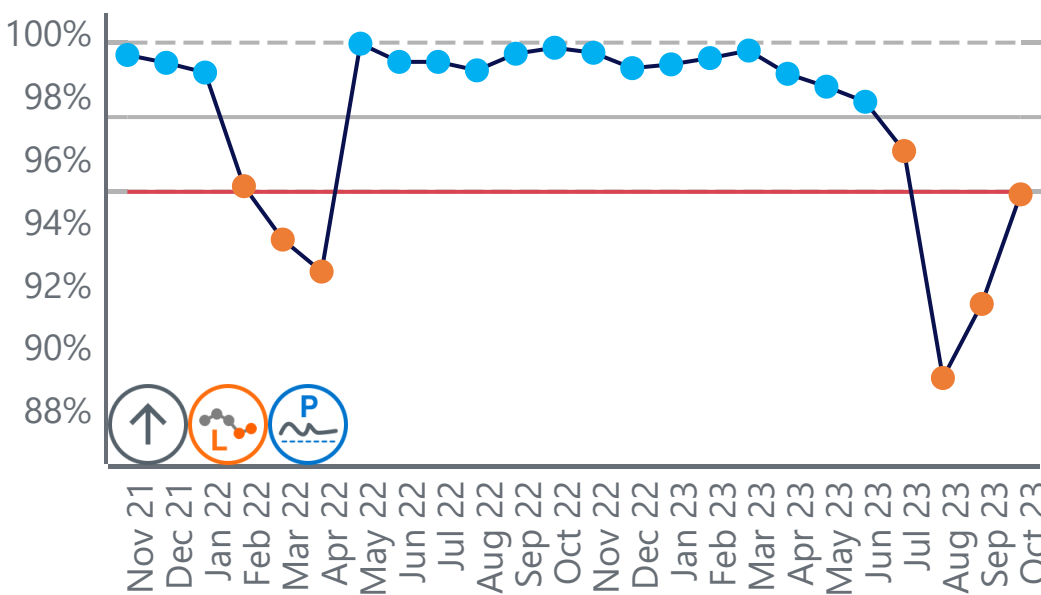
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete



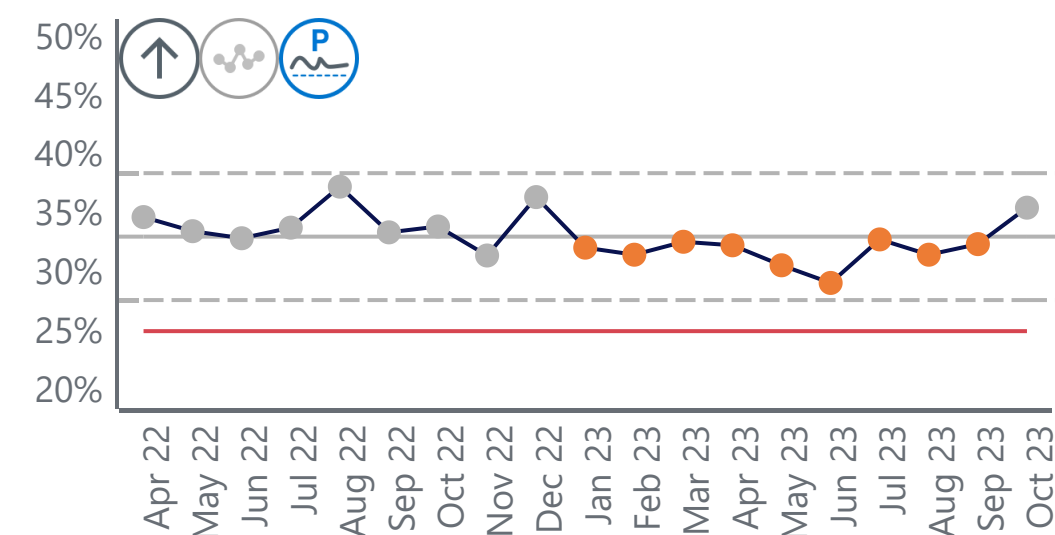
Overall Size of Waiting List



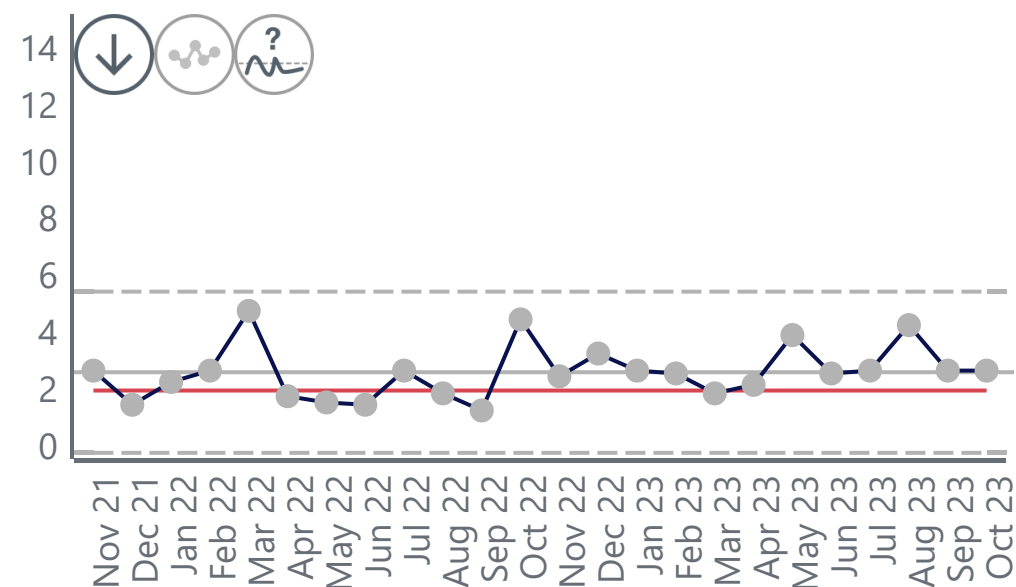
Maximum 6-week wait for diagnostic procedures



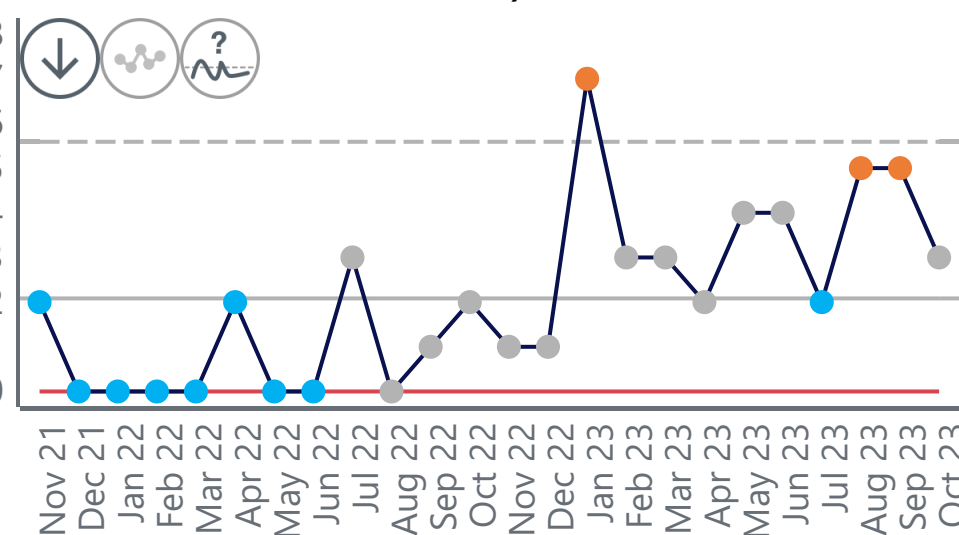
Outpatient activity delivered remotely via telephone or video consultation



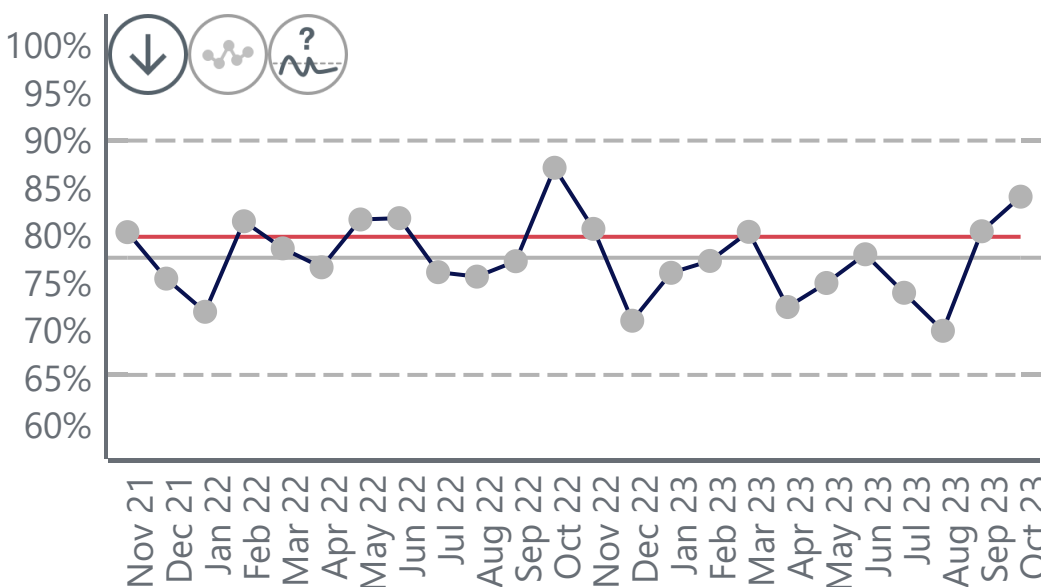
Cancelled Operations for non-clinical reasons



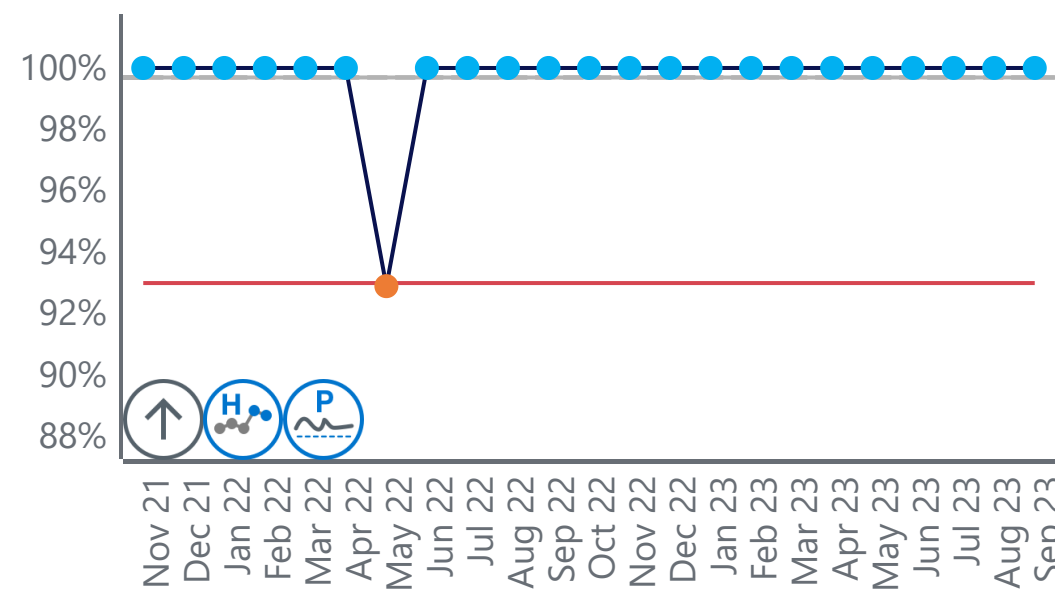
Patients not booked in within 28 days (non clinical cancellations)



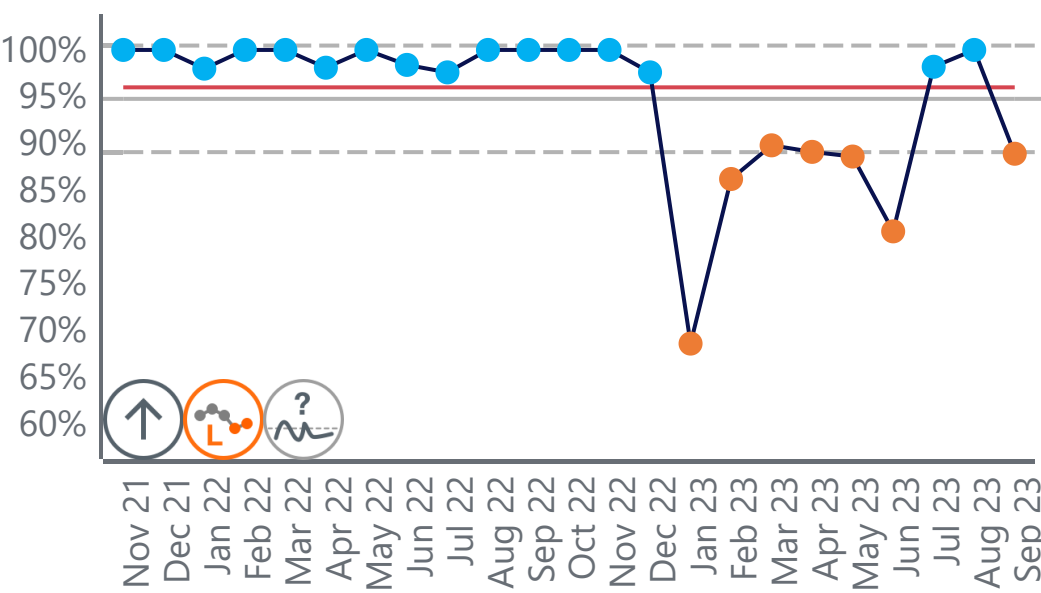
Bed Occupancy



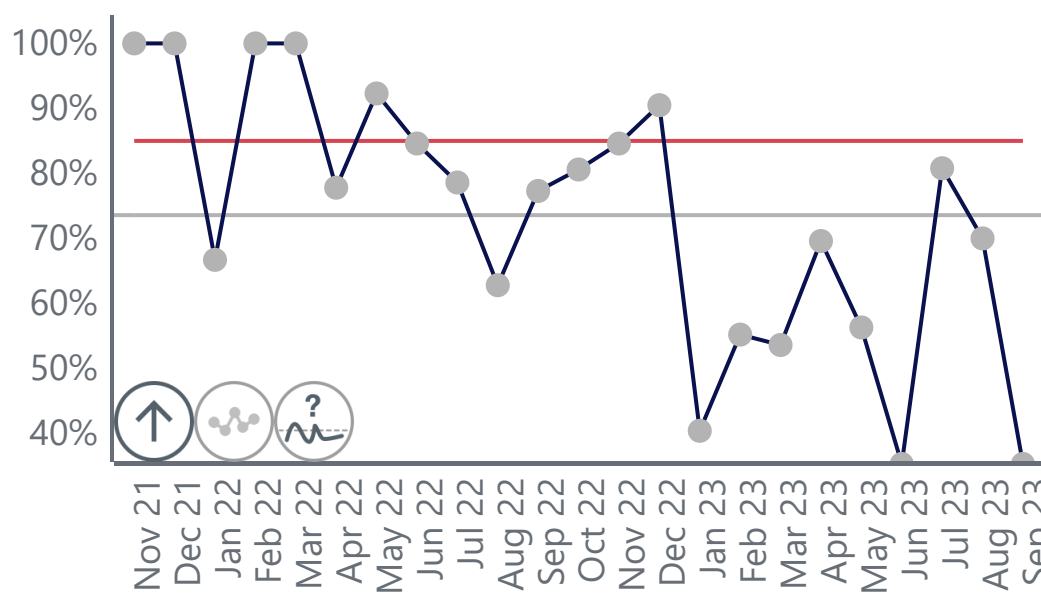
Cancer: 14 day GP referral to 1st Outpatient Appointment



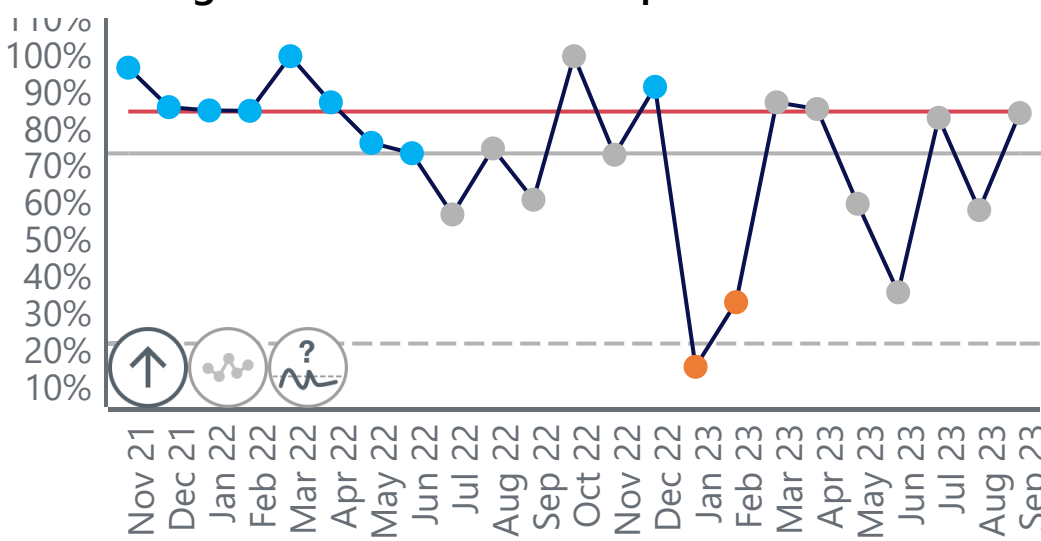
Cancer: 31 day diagnosis to 1st treatment for all cancers



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 for 1 hour antibiotics has continued to perform above the 90% target and has only dropped below the target once in the past 12 months. This indicator shows sustained special cause variation of an improving trend.
- *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 Family and Friends Test (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.
- *The High risk nutrition patients being referred to a dietician shows sustained improvement and has moved above target for the first time.
- * Whilst still performing below target of 90% the referrals to a dietician for patients scoring high risk shows special cause improvement and it is expected that the change to EPR will bring performance in line with target.
- *Good performance against the range of watch metrics with the majority achieving target and remaining in expected parameters.
- *Number of falls continues to be within the expected variation. 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).
- *Numbers of formal complaints continue to be low.

Areas of Concern:

- *Radiological alerts with a response document continues to perform below the target, and there remains a challenge with the data accuracy.
- *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 drive metric is door to balloon times and we continue to perform well against this target.

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).
- *The data team are rewriting the search string to acquire data from EPR rather than CRIS - the digital solution of reminders, alignment of data and reporting is progressing. 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 string is improved.
- *The Medical Director is working with the VTE lead and actions have been agreed to improve performance. Divisions presented VTE performance and improvement plans to the Operational Board in June 2023. We are expecting to maintain a sustained performance over the next few months.
- *Whilst the Medical Director has held discussions with NWSAS 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 were put in place in April 2023 to aid patients receiving their discharge summary on day of discharge as we make further progress to achieving the 95% target.
- *Further investigation and analysis required within Incident reporting to ensure reporting criteria is an accurate reflection of incident categorisation with the transition from Datix to InPhase. A validated position is expected for next month.

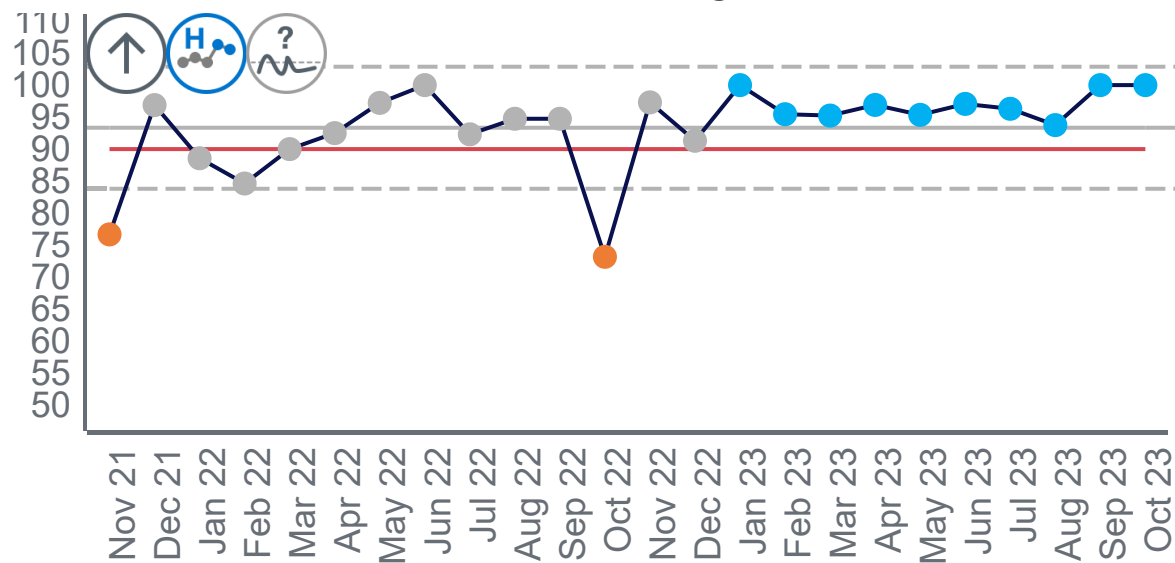
Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Aug-23	84.3	>=95%	83.5		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Oct-23	94.3	>=95%	92.5		
Clostridium Difficile	Oct-23	1.0	0	0.6		
Delayed Transfers of care	Oct-23	5.6	<=5%	4.3		
Delirium Risk Assessment to be completed on Admission and once a day	Oct-23	99.7	>=90%	99.8		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Oct-23	100	>=90%	97.1		
Dementia - Find	Oct-23	100	>=90%	98.6		
FFT: REPUTATION	Aug-23	99.0	>=95%	99.5		
Gram Negative Bacteraemias	Oct-23	2	1	0.9		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Oct-23	0	0	0.3		
MRSA Bacteraemias	Oct-23	0	0	0.0		
MSSA Bacteraemias	Oct-23	0	1	0.6		
Number of Falls	Oct-23	7	<=0.5	7.6		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Oct-23	0	<=0	0.1		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Oct-23	0.0	>=90%	0.0		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Oct-23	96	0	87.5		
Occurrence of any Never Events	Oct-23	0.0	>=95%	0.0		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Oct-23	49.28	<=6	61.1		
Quantity of complaints	Oct-23	1	95%	2.9		
Venous thromboembolism (VTE) risk assessment	Oct-23	95.46	143	94.6		
Number of Incidents No Harm and Near Miss	Oct-23	84	25	92.4		
Number of Incidents rated Minor Harm or Above	Oct-23	26		27.1		
Surgical Site Infections	Aug-23	10.0	0%	9.9		



Quality of Care - Drive Metrics

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



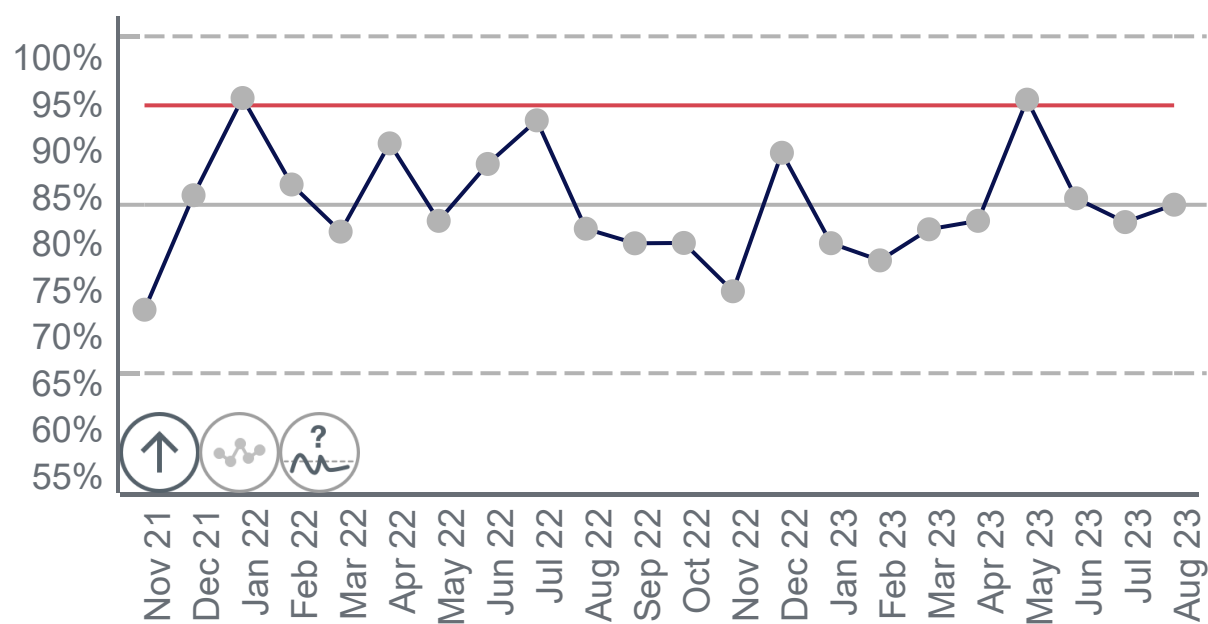
Technical Analysis:

Performance of the one hour Target has consistently been above the 90% Target.
Performance displays Special Cause Improvement consistently for the last 12 months.

Actions:

Maintain weekly feedback to clinicians if this metric is missed.

% of radiological alerts with a response document



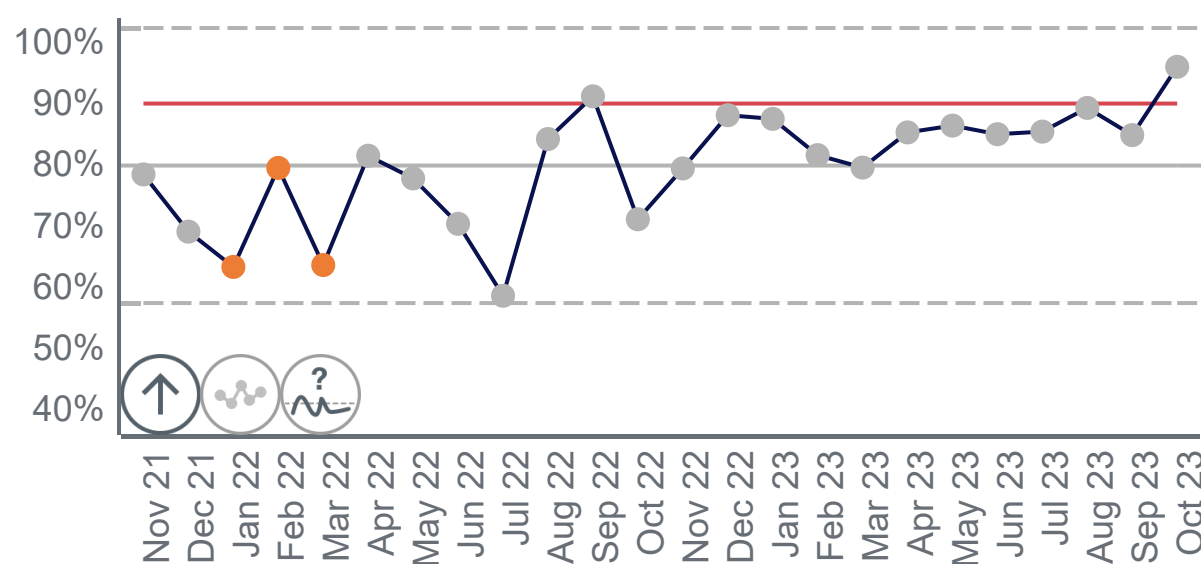
Technical Analysis:

August performance remains consistent with previous months displaying common cause variation. Improvement is required to achieve target on a consistent basis.

Actions:

The data team are rewriting the search string to acquire data from EPR rather than CRIS - this has been tested and is being refined.

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



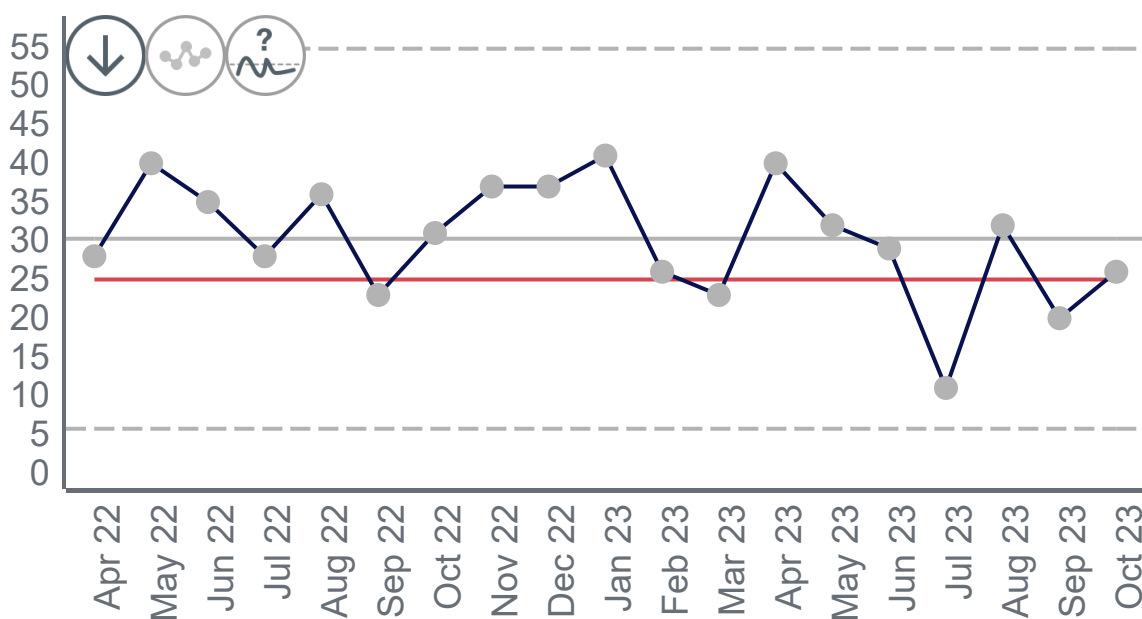
Technical Analysis:

Performance within October was 96%, this is the first time the target has been achieved in 13 months. Improvement is required to consistently achieve the 90% target with the metric displaying common cause variation.

Actions:

A change has been made to the EPR (Sept 2023) to place a hard stop within the admission document and thereafter from flow sheet. This will mean when a score of 2 is reached the nurse cannot continue until the referral has been made.

Number of Incidents rated Minor Harm or Above



Technical Analysis:

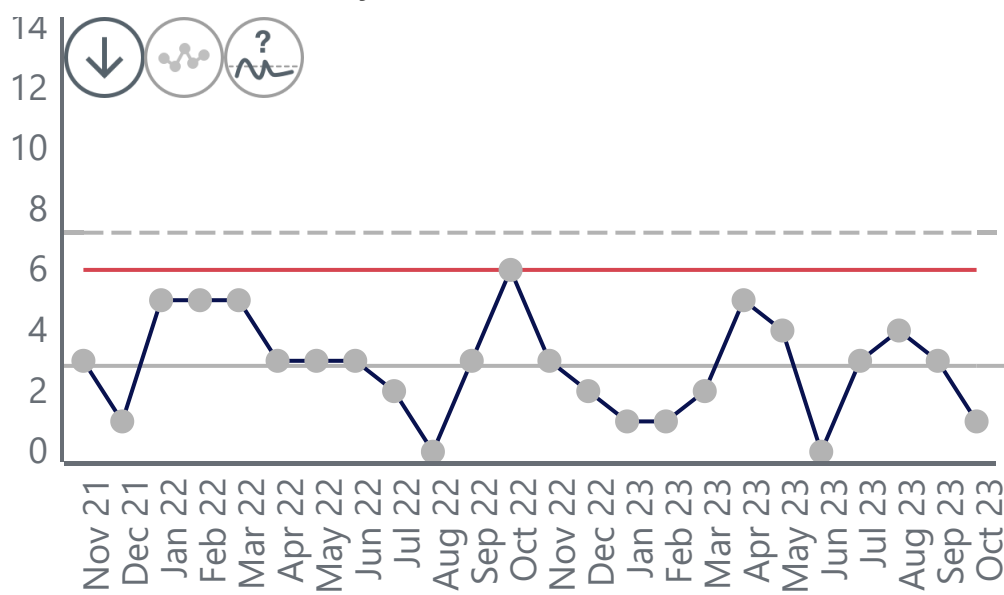
Number of Harms remains stable with performance over the last 18 months demonstrating common cause variation. October performance of 26 is above the 2022/23 average of 32.

Actions:

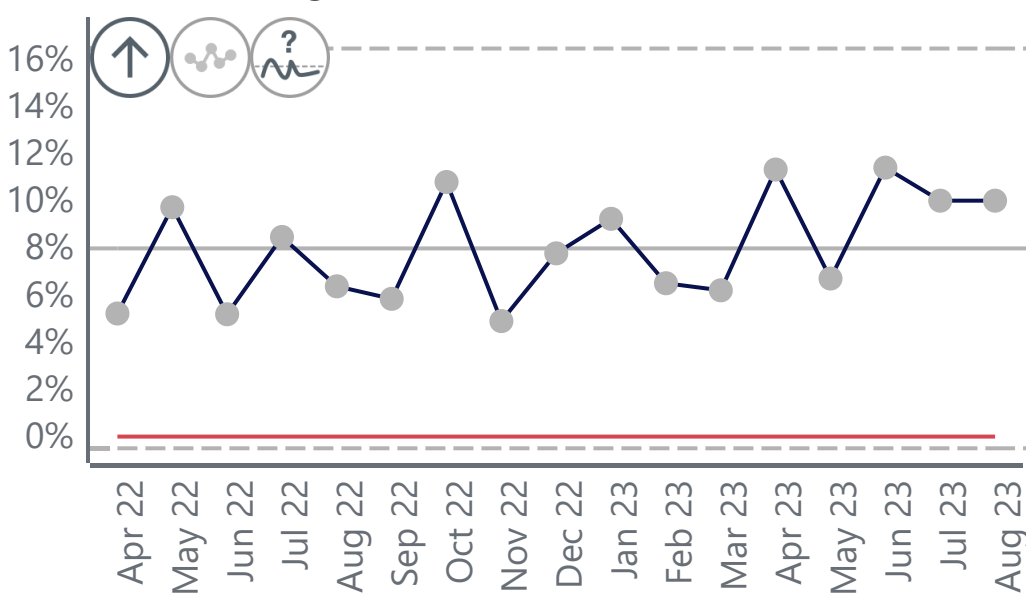
Strong reporting culture and learning from incidents. Reviews continue through safety surveillance and hasn't identified recurrent themes. Further refinement of the KPI is needed (i.e. minor harm or above as a percentage of total incidents).

Quality of Care - Watch Metrics

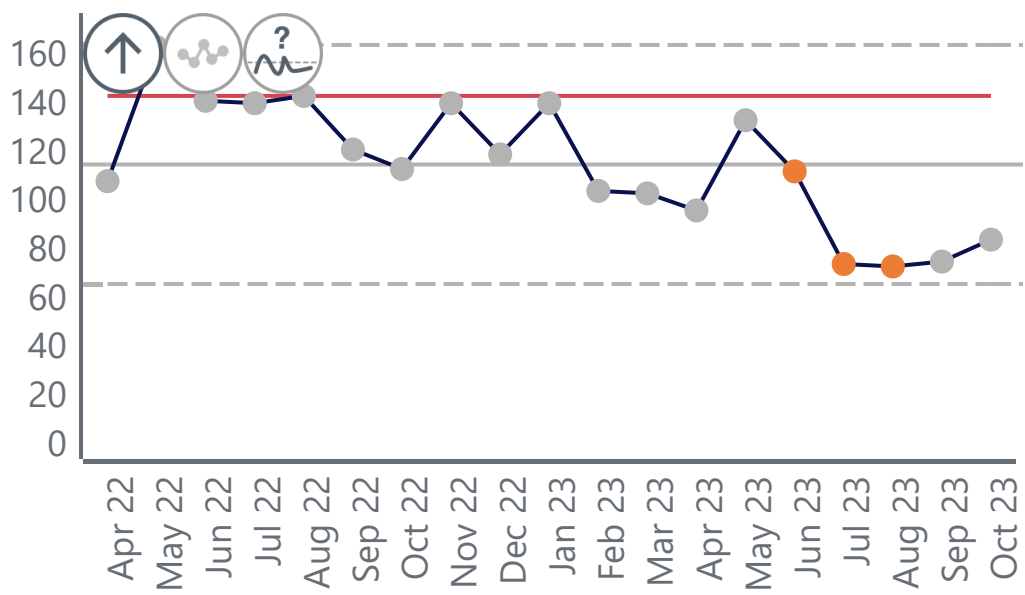
Quantity of complaints



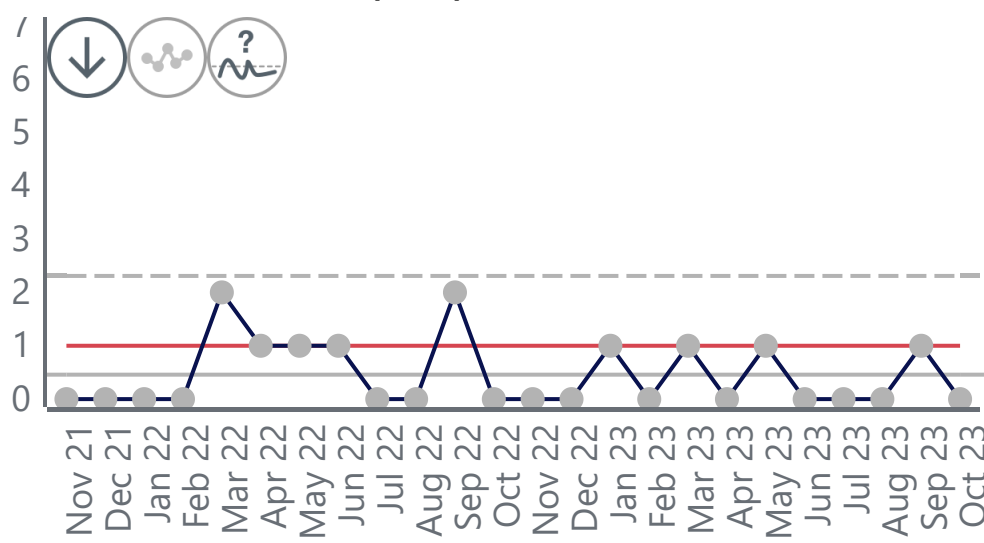
Surgical Site Infections



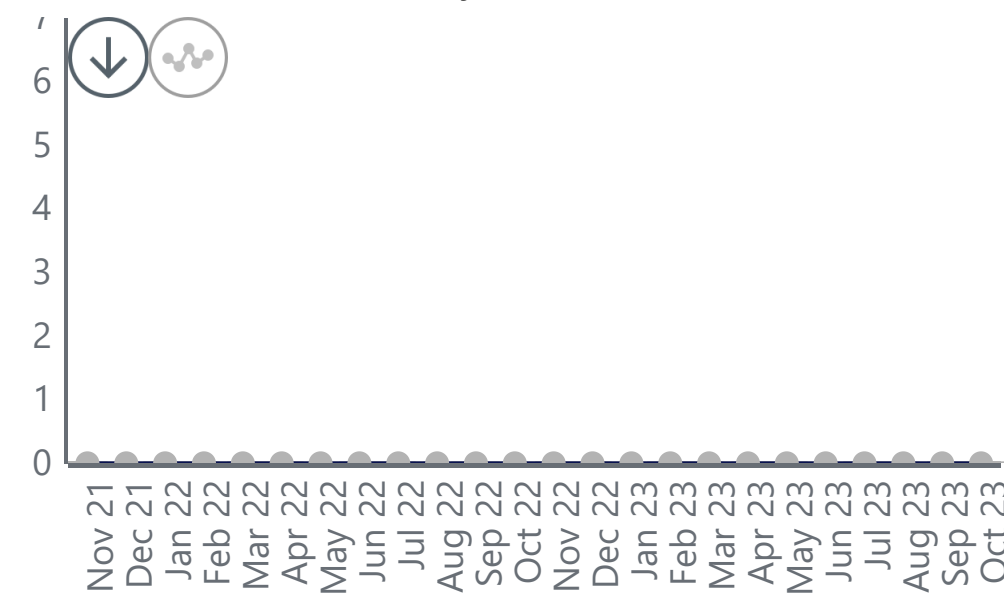
Number of Incidents No Harm and Near Miss



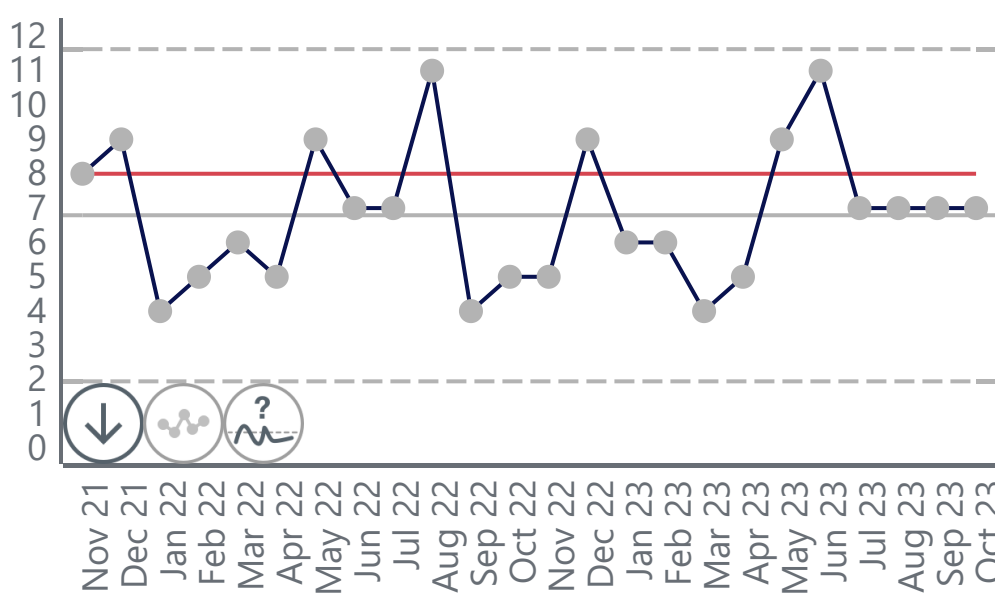
Incidents - Serious incidents, Never Events, Adverse Events (Red)



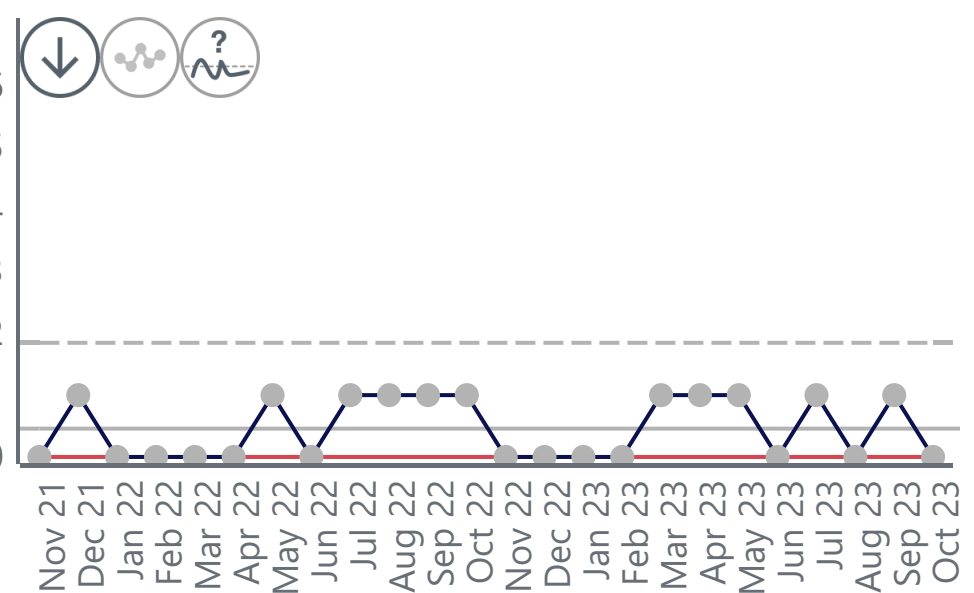
Occurrence of any Never Events



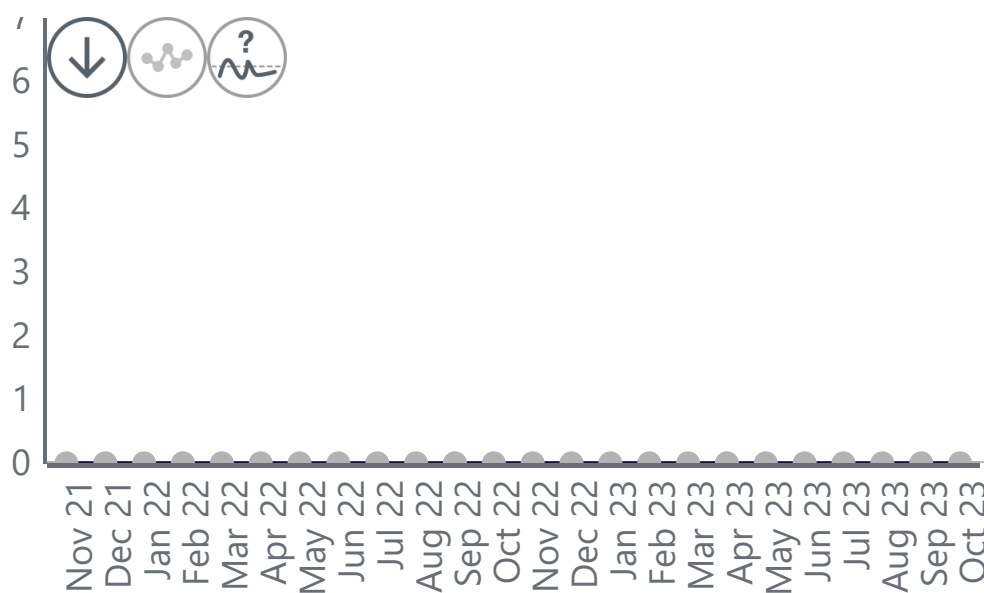
Number of Falls



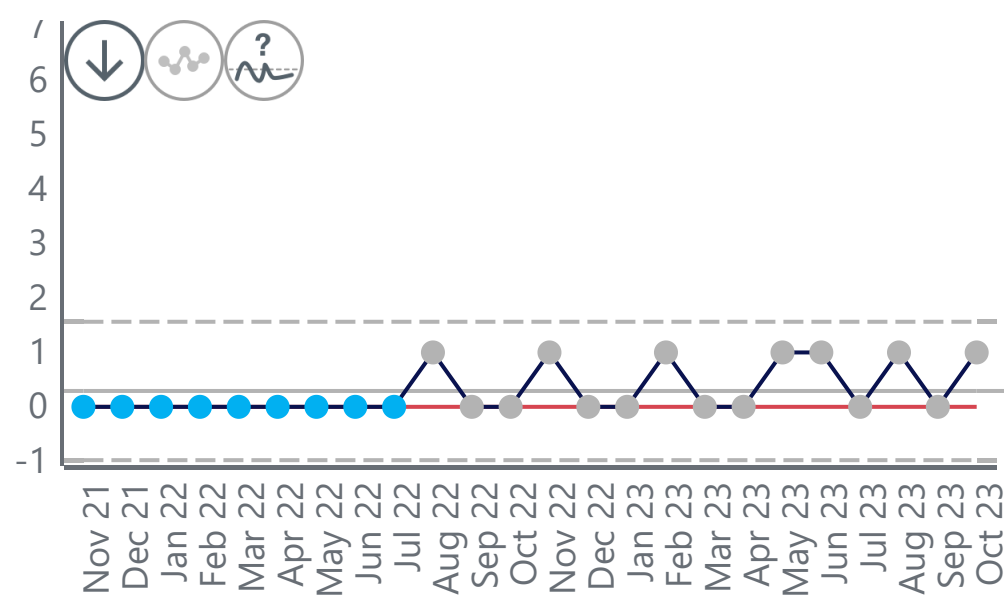
MSSA Bacteraemias



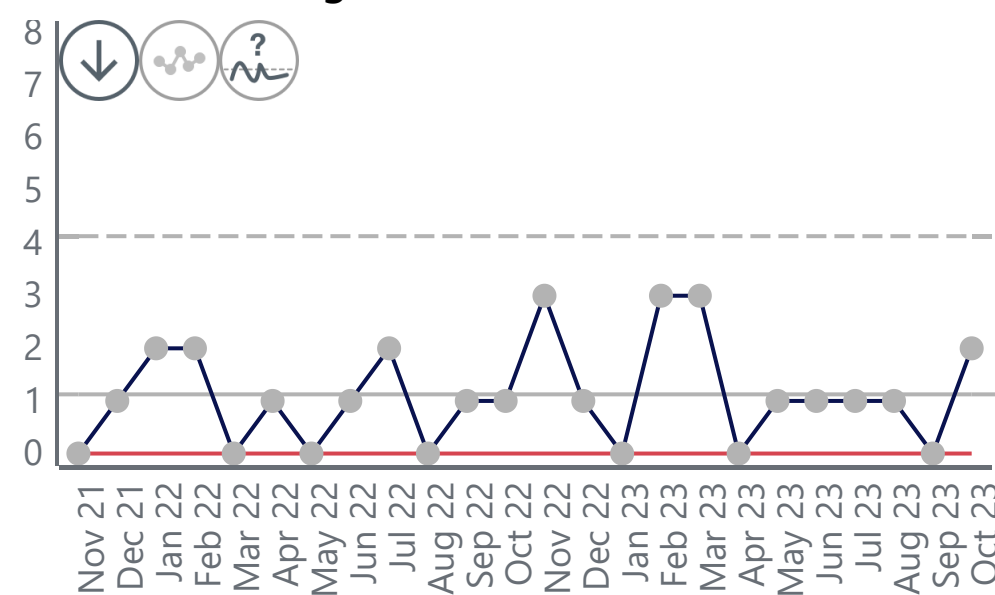
MRSA Bacteraemias



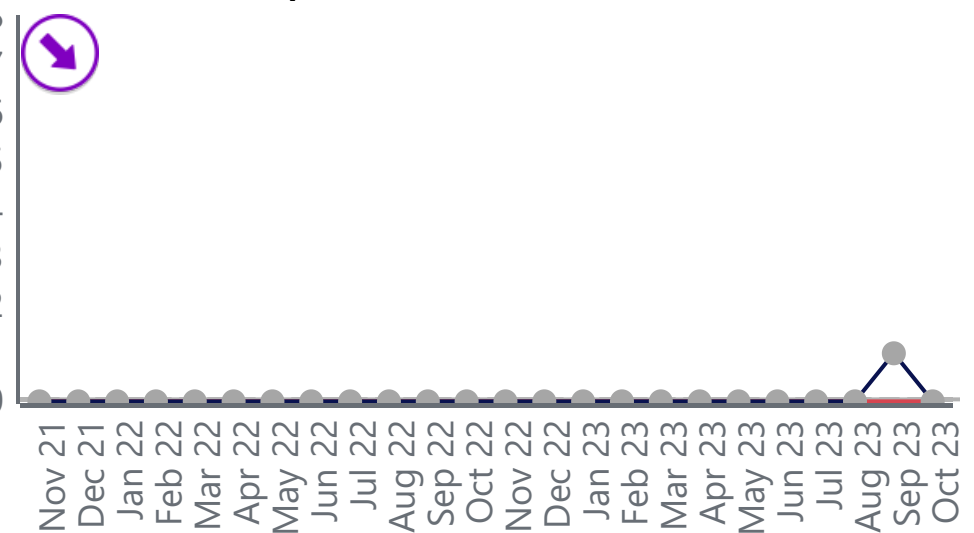
Clostridium Difficile



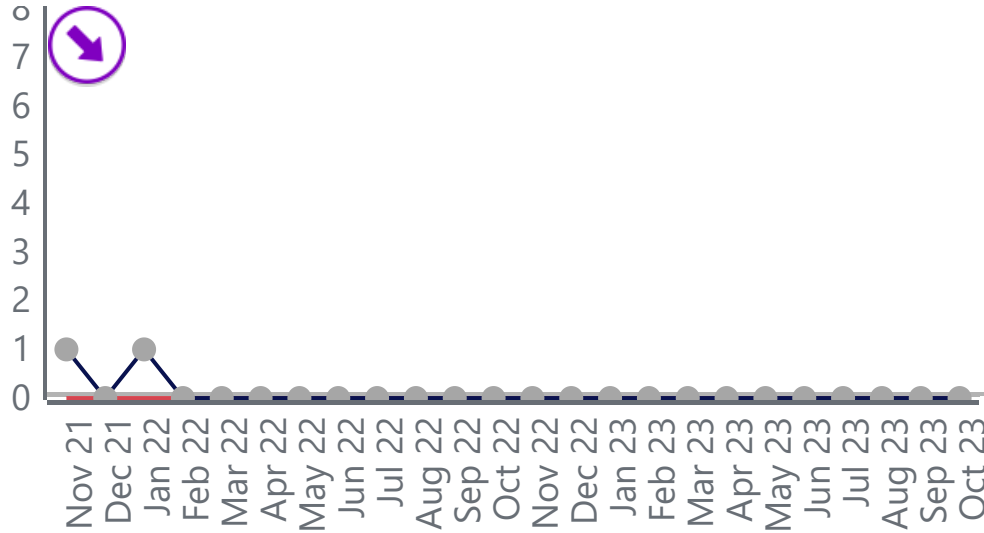
Gram Negative Bacteraemias



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

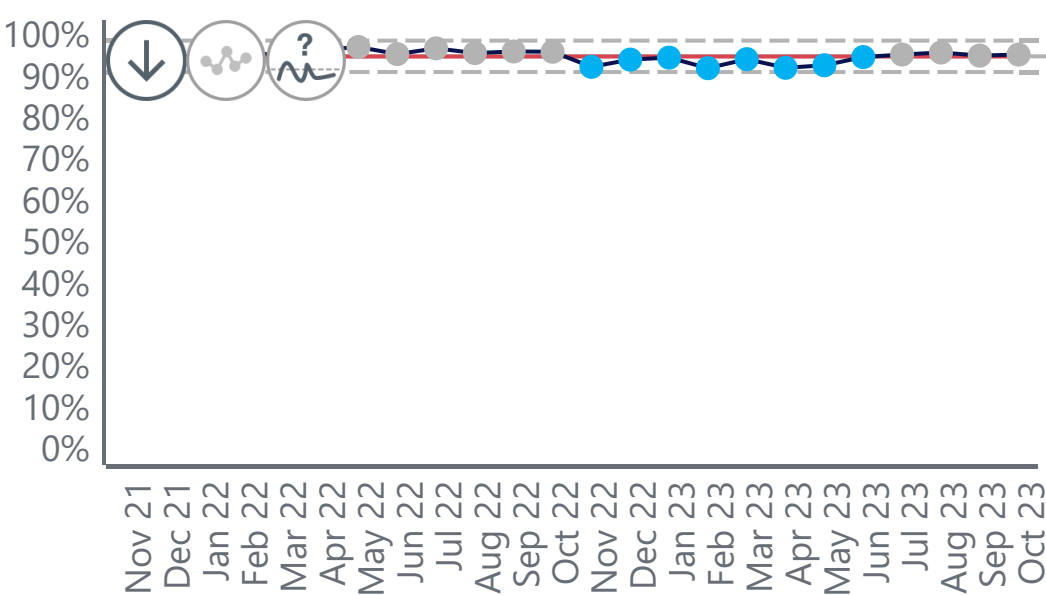


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

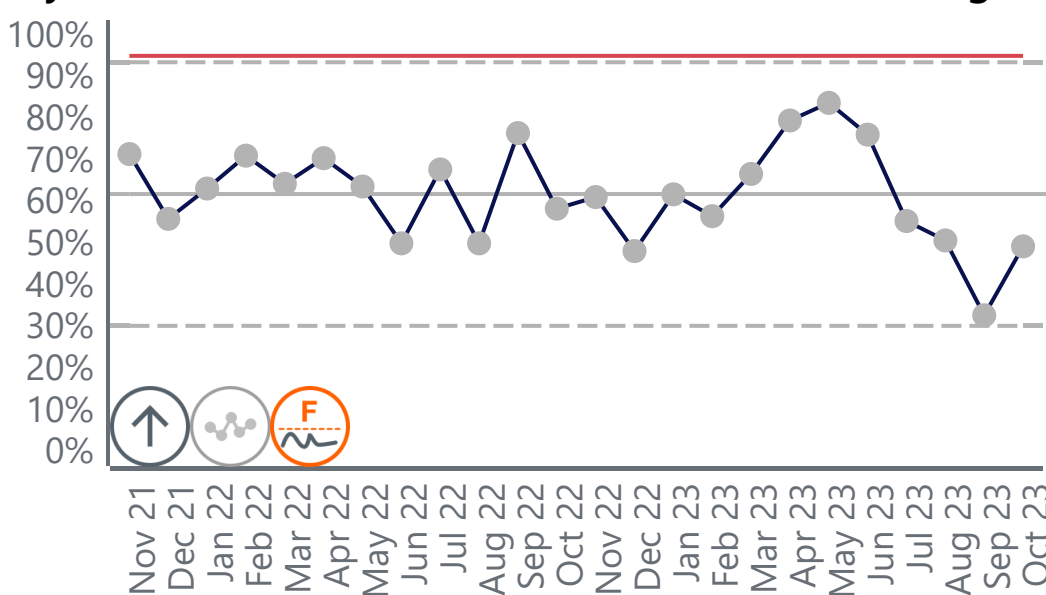


Quality of Care - Watch Metrics

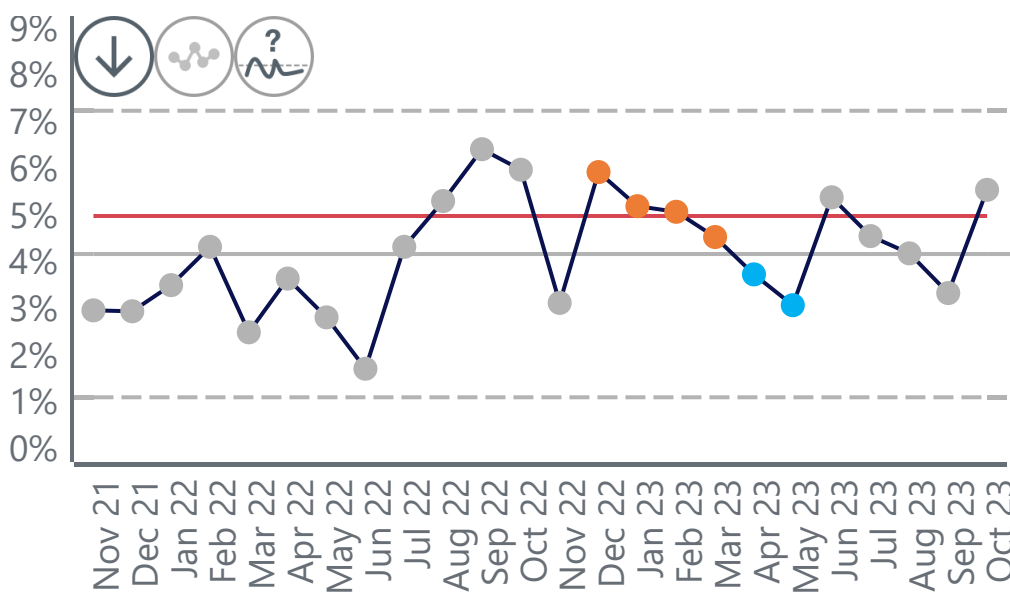
Venous thromboembolism (VTE) risk assessment



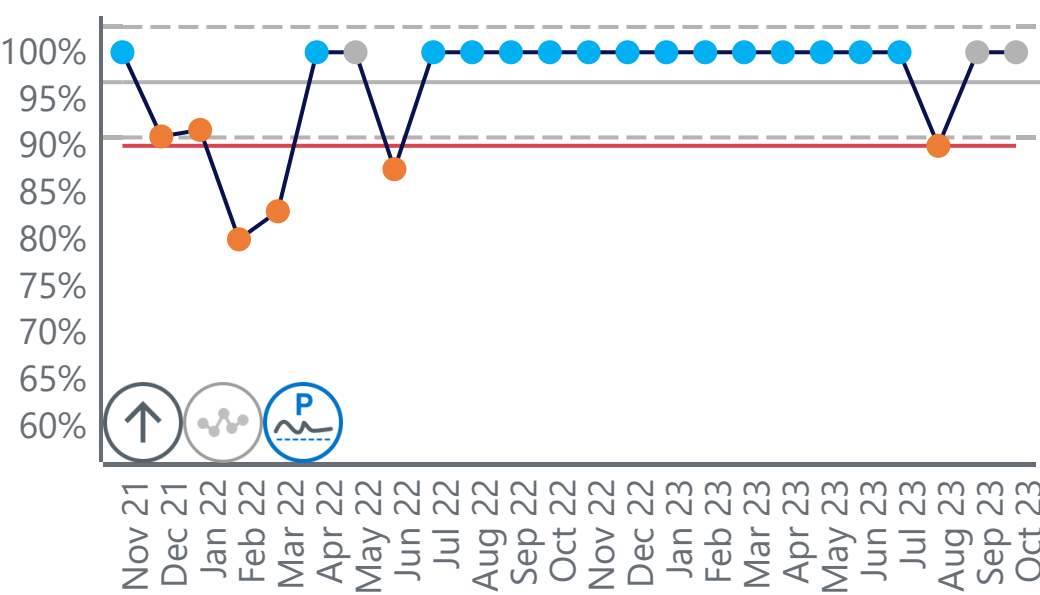
Primary PCI - 150 minute 'Call-to-balloon' (national target)



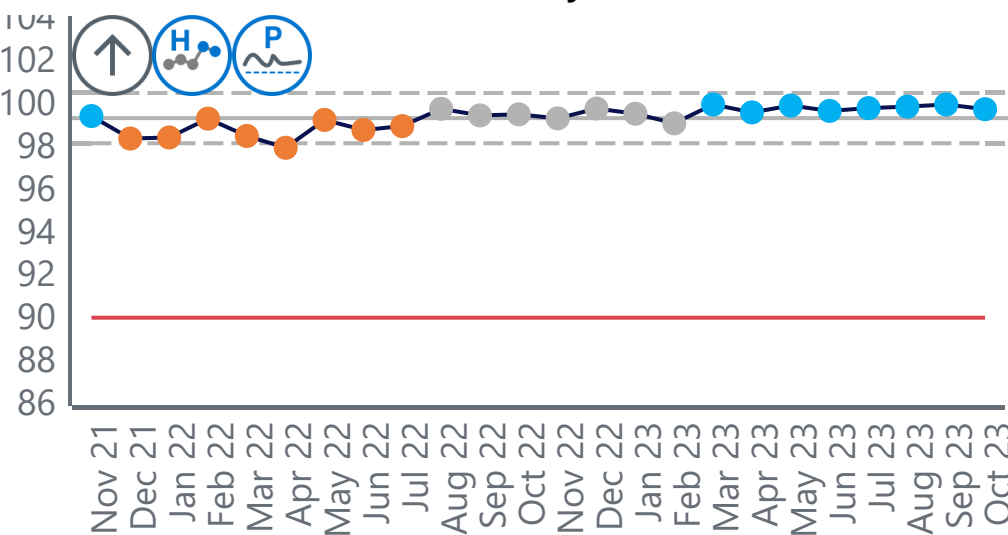
Delayed Transfers of care



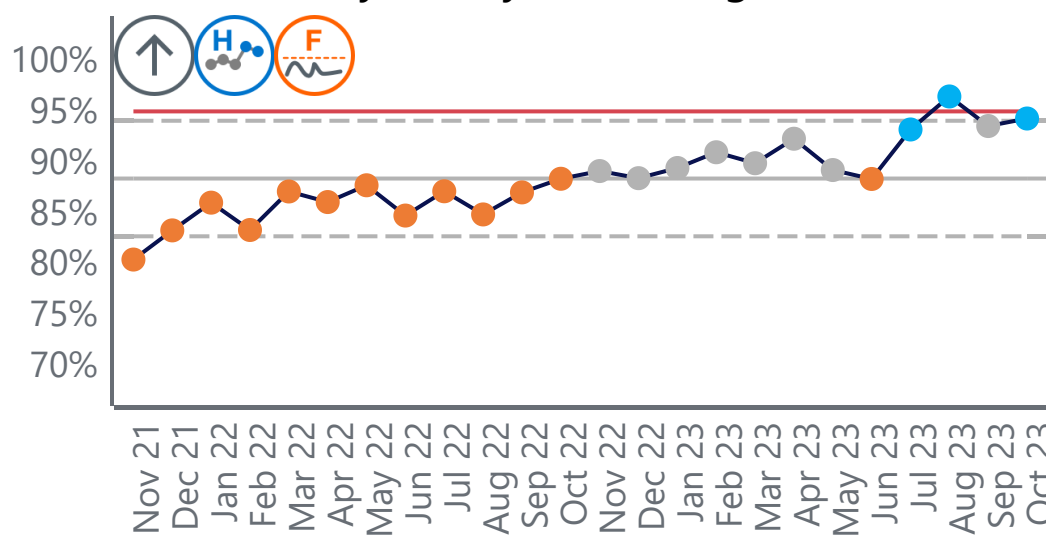
Dementia - Find



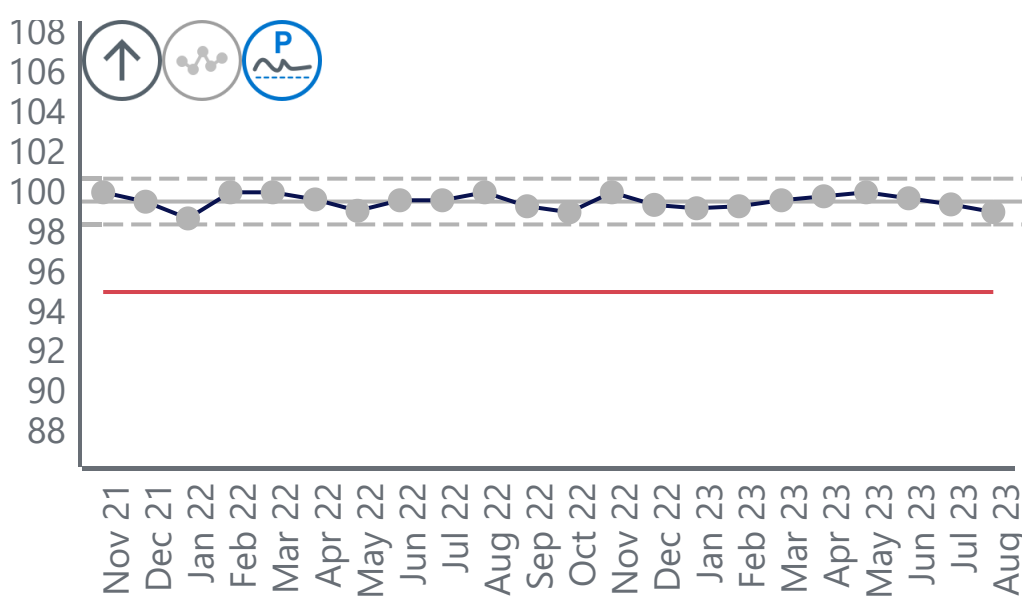
Delirium Risk Assessment to be completed on Admission and once a day



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



FFT: REPUTATION



Finance

SRO: Karen Edge, Chief Finance Officer

Highlights:

The Month 7 position is a £1,006k surplus, which is £187k better than plan in month. The YTD surplus is £5,945k which is £214k better than plan. The single largest adverse variance year to date is undelivered CIP. the run rate for Income improved in month but is still adversely affected by industrial action and continuation of staffing pressures in theatres. Whilst the Trust has seen activity impacted by industrial action, the biggest factor is loss of elective lists as a result of staffing and operational impacts. However, private patient income continues to track positively against plan and Target lung scan income was over plan in month. Pay costs were underspent in October by £43k and are underspend YTD by £234k. All staffing groups were within or below budget YTD with a small overspend on nursing in October. Nursing costs are within budget YTD with over-establishment reducing and the cost of bank and agency continuing to track positively. There is a cohort of new local nursing recruits who commenced mid-October following previous recruitment initiatives which will increase the over-establishment in the short term.

Areas of Concern:













The most significant budgetary pressure is undelivered CIP. The Divisions have a 3% target which is added to undelivered CIP from previous years giving a total Divisional CIP of £4,942k for the year. Interest receivable had also been added to the CIP target, giving a Trust total of £5,904k. Whilst to date the Divisions have identified c80% of their CIP target for the year, 65% has currently been transacted leading to the adverse budgetary impact. There has been an improvement of £386k identified in the last month. The Divisions continue to work on progressing identified schemes to delivery whilst also exploring new ideas to bridge the unidentified gap. Support is provided by the Finance team and Procurement colleagues in terms of opportunities and project planning. Confirm and challenge sessions have continued October with Divisions/Corporate and COO/CFO with new key lines of enquiry developing.

Forward Look (with actions):

The Trust is forecasting to achieve the agreed surplus plan. Work is required to deliver the CIP plan recurrently and is underway. In addition, the Surgery recovery plan has been revisited for further mitigation against the continued impact of staffing gaps. However, there are sufficient mitigations Trust wide in place to address the slippage and achieve the plan. Further risks are associated with an uptick in industrial action and further elective cancellations impacting adversely on income to a greater degree than that experienced so far. There is emerging guidance that NHSE will provide further support for the financial impact of industrial action to systems but this is yet to be fully communicated. In addition, the Trust continues to monitor the impact of inflationary price increases and workforce pressures.

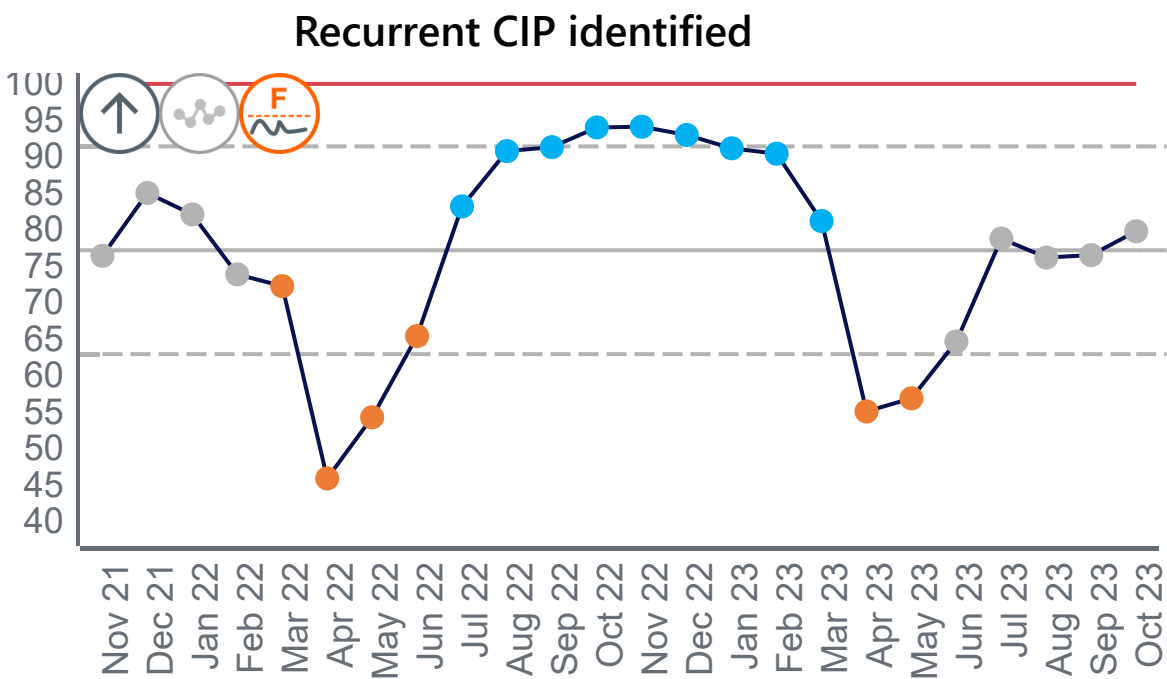


Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
Better Payment Practice Code	Oct-23	98.0	95	98.30		
I & E distance from target (cumulative) - £,000	Oct-23	213	0	213		
Liquidity (days)	Oct-23	24		21		
Recurrent CIP identified	Oct-23	79.8	100	79.8		
Capital Expenditure (Trust Level)	Oct-23	1711044	4507000	1711044		
Cash in Bank (Trust Level)	Oct-23	47178000		46624286		



Finance - Drive Metrics

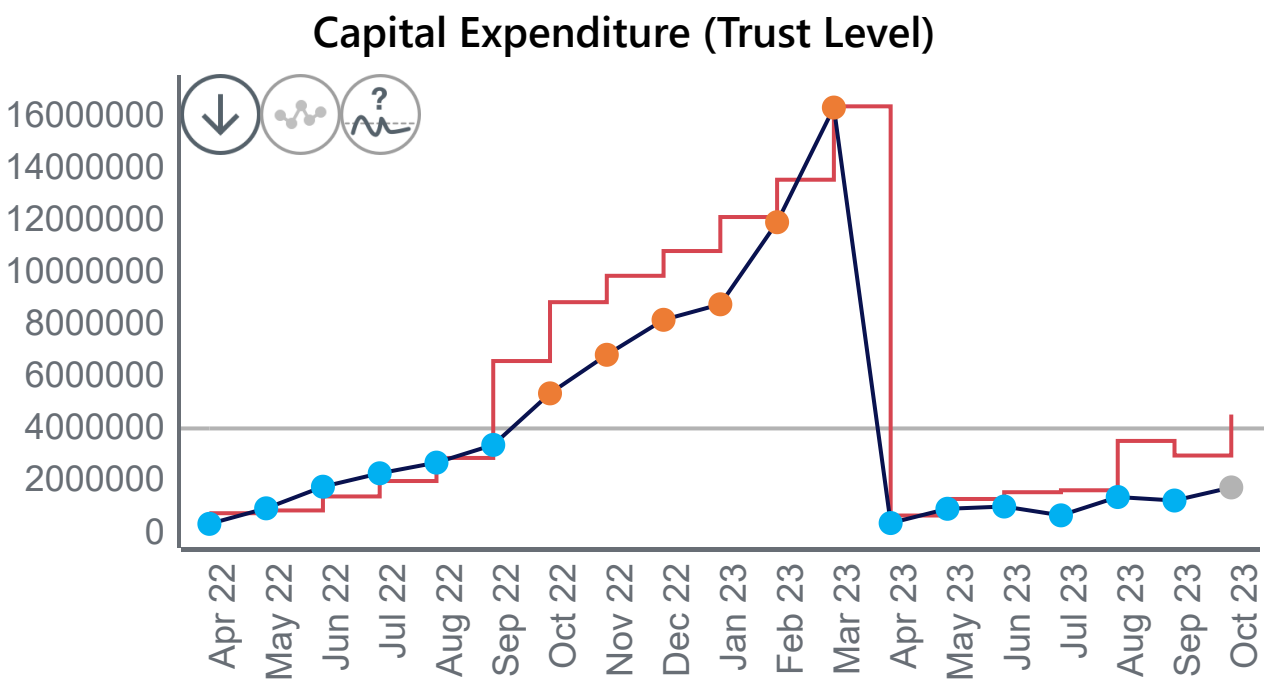


Technical Analysis:

Following on from quarter two of 23/24 October position remains below target with room to close gap. In comparison to 2022/23 the trust is above the comparable month.

Actions:

Weekly monitoring of progress through gateways and identification of schemes against the target is in place. The Divisions continue to engage with teams on opportunities for CIP and progress ideas.



Technical Analysis:

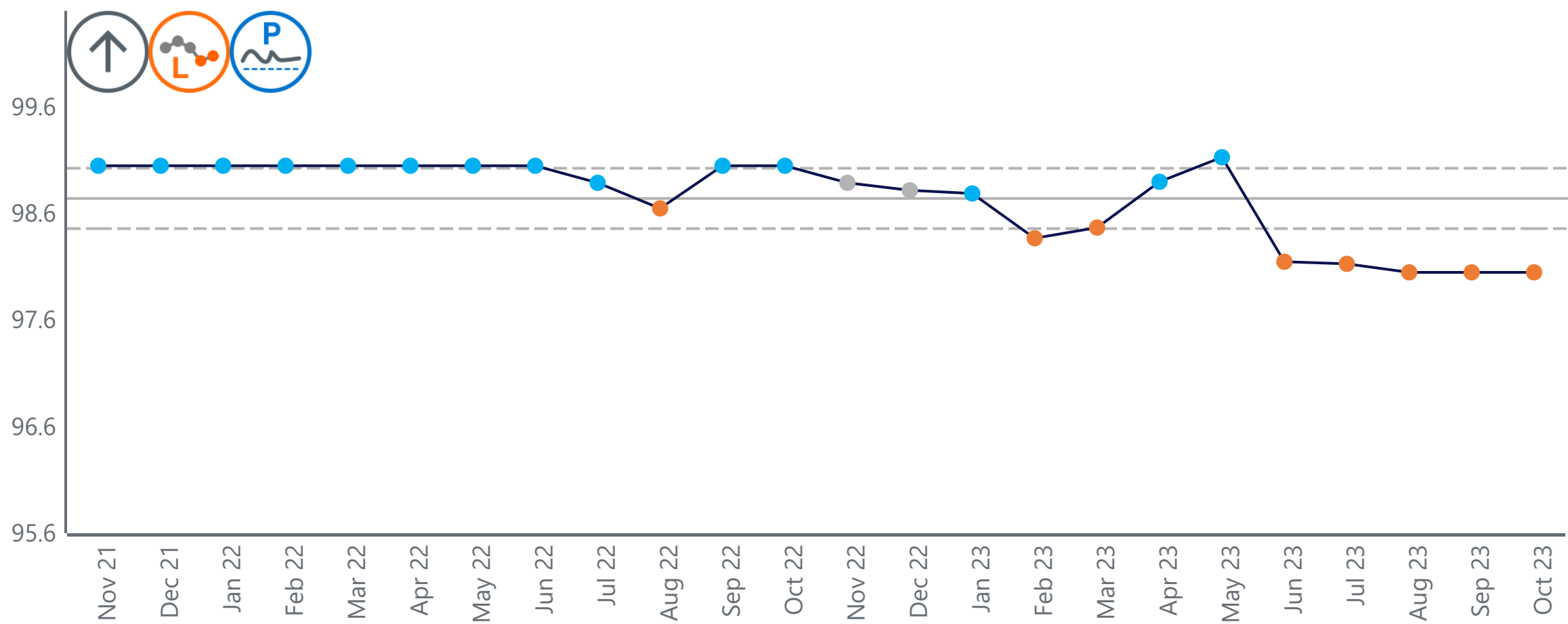
Performance for 2023/24 is below target and the same period 2022/23. Improvement required to consistently achieve target.

Actions:

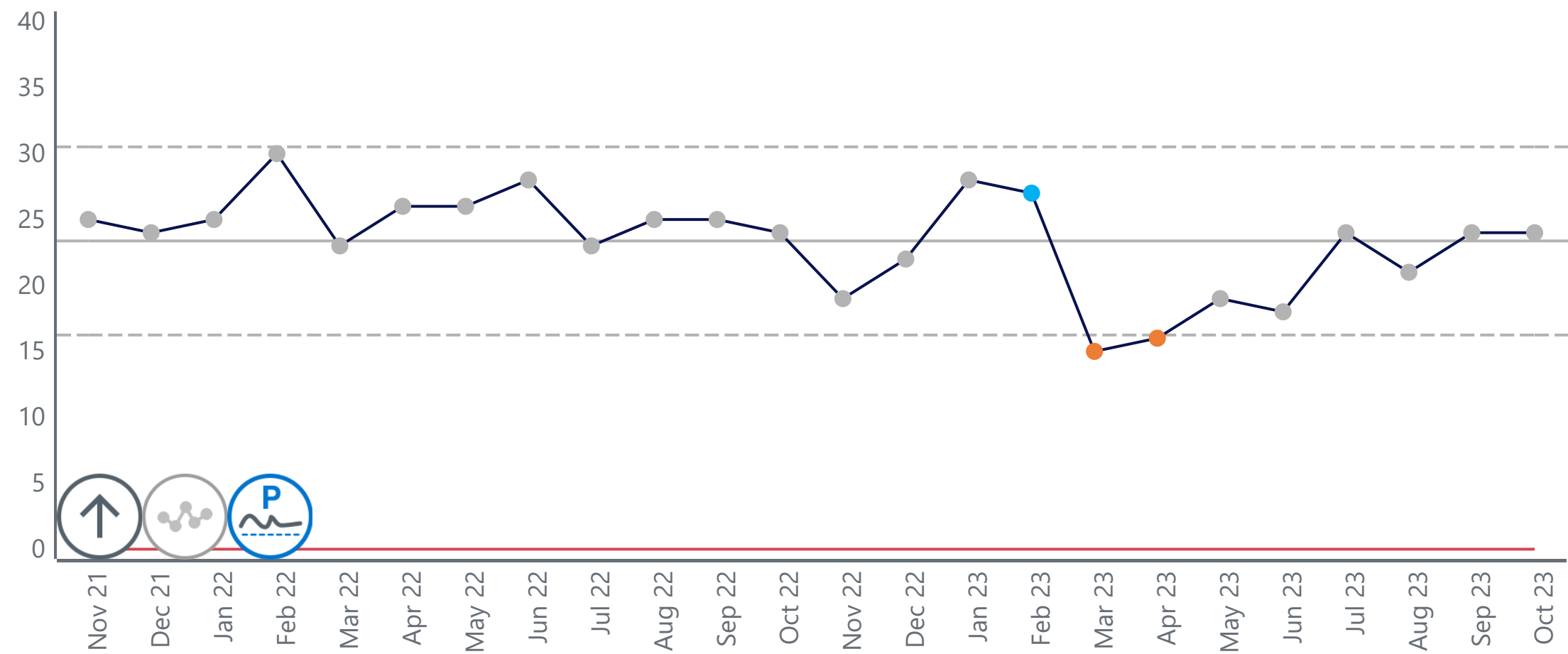
Capital commitments are monitored by the Capital Management Group. New capital has been added in Month 7 following additional ICB allocation for Cath Lab 7. Where risks emerge the group will re-prioritise resource within the allocation.

Finance - Watch Metrics

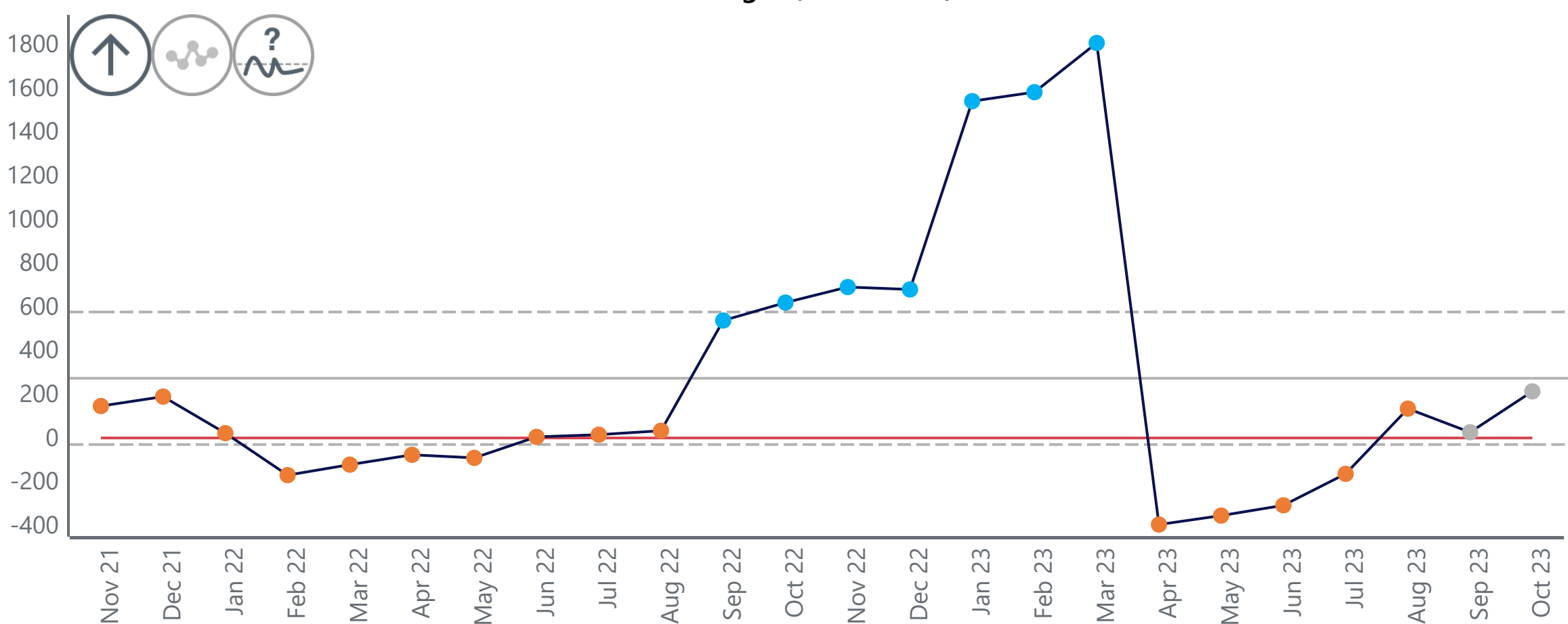
Better Payment Practice Code



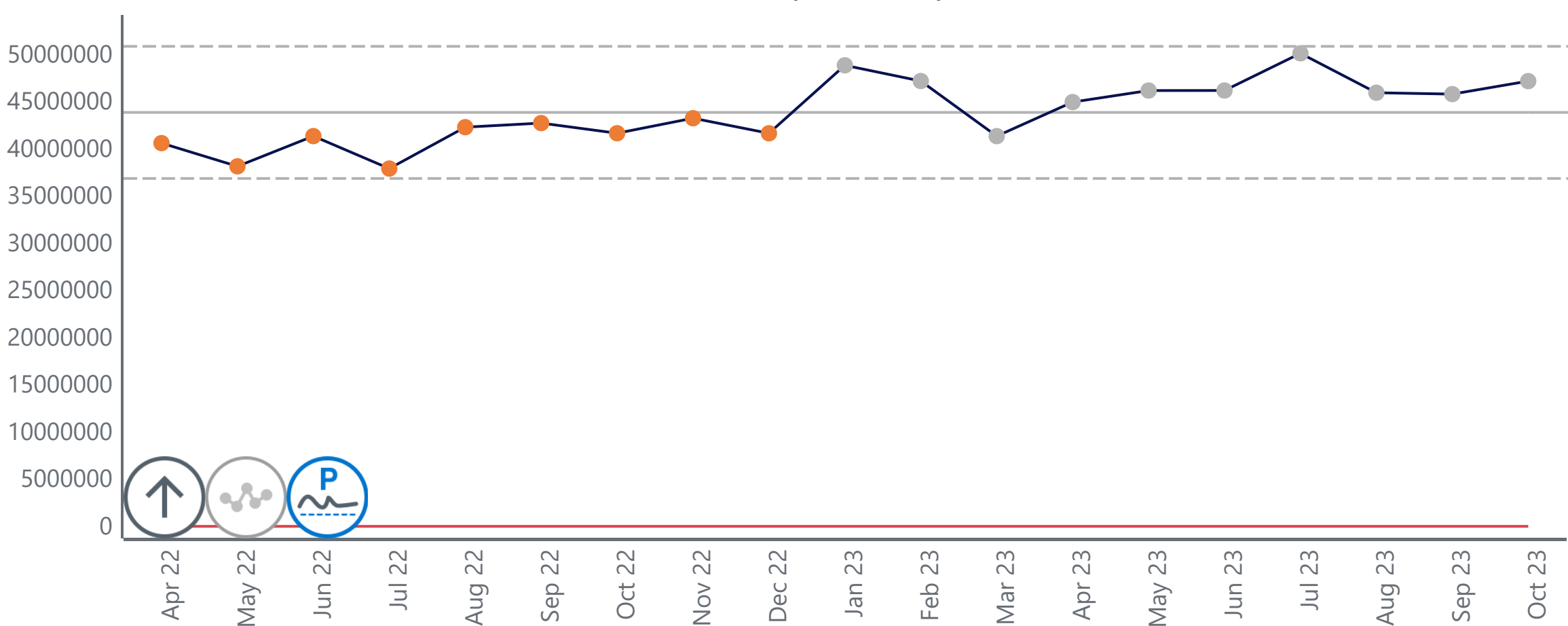
Liquidity (days)



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



Cash in Bank (Trust Level)



People

SRO: Karen Nightingall, Chief People Officer

Highlights:

Voluntary turnover continues to fall and remains under the target of 10% for the 4th consecutive month
Staff Survey compliance rate report at 59% as of 15.11.23, demonstrating the highest compliance benchmarked against all specialist trusts
Mandatory training compliance remains above 95% and Doctors in Training MT compliance is reporting 90.53% (from 48.85% in Nov 22)
Continue to support our people through a range of EDIB and Wellbeing Events, including Black History Month Awareness and HWB Event planned for 20th November to mark International Men's Day

Areas of Concern:















Sickness absence is continuing an upward trend with a slight increase in October reporting at 5.06%. Short term sickness accounted for 2.31% and long term accounted for 2.57%.
Absence related to stress and anxiety has increased from September and account for the majority of long-term sickness. A review of the cases confirmed that all absences have regular communication and appropriate support plans in place.
There is a continued increase in cold/flu symptoms which is following a seasonal trend and being monitored. Employees will be encouraged to get a flu vaccination as part of the roll-out.
A review of all cases and intervention plan will be provided to divisional leads for oversight

Forward Look (with actions):

Revision of the Managing Attendance Policy and review of the OH provision are being progressed to drive improvement



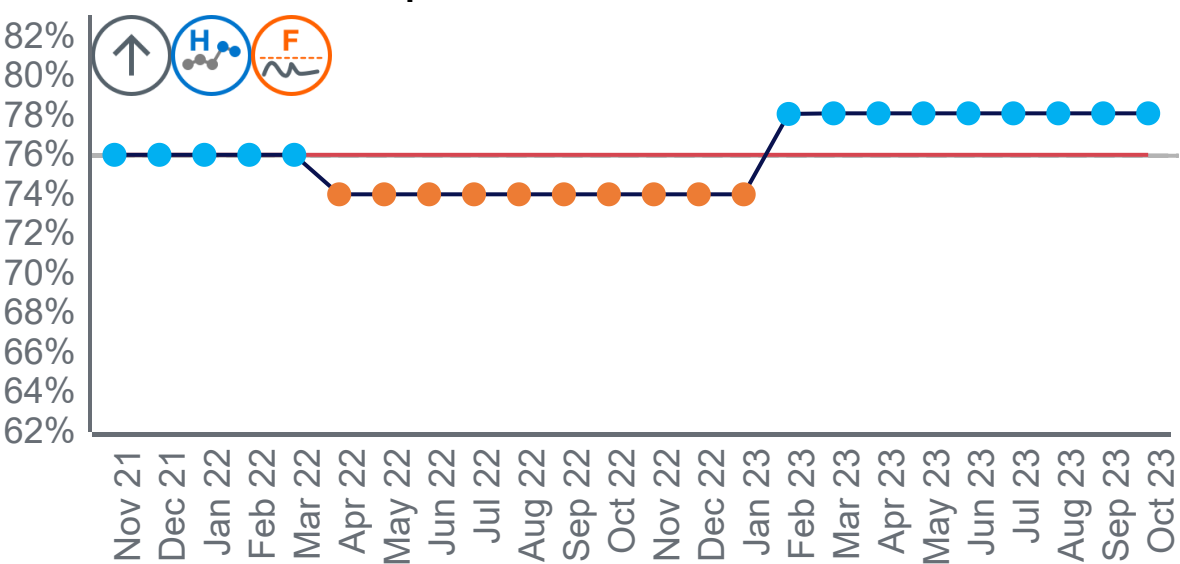
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Oct-23	92.1	>=90%	92.1		
Mandatory Training Compliance	Oct-23	95.0	>=95%	95.0		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Oct-23	78.1	>=76%	78.1		
Staff Turnover	Oct-23	9.3	<=10%	9.3		
Staff Sickness (All Staff)	Oct-23	5.06	<=3.4%	5.1		
Long Term Sickness	Oct-23	3.2	<=3.4%	3.2		
Short Term Sickness	Oct-23	1.8	<=3.4%	1.8		



People - Drive Metrics

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



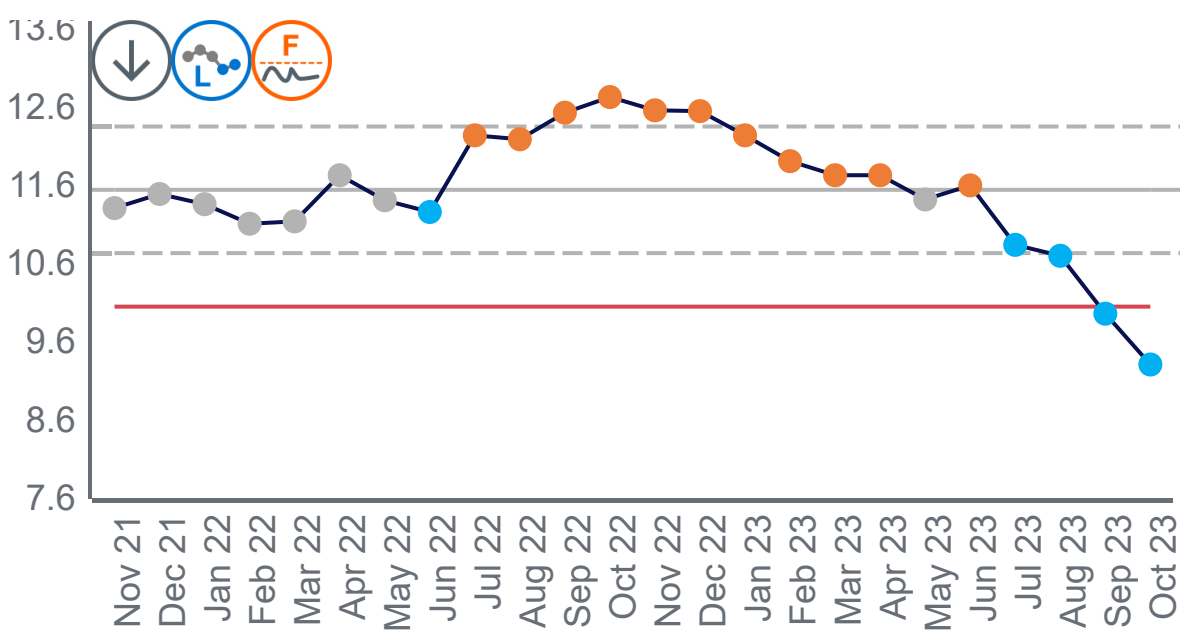
Technical Analysis:

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:

Annual Indicator - Maintained position.

Staff Turnover



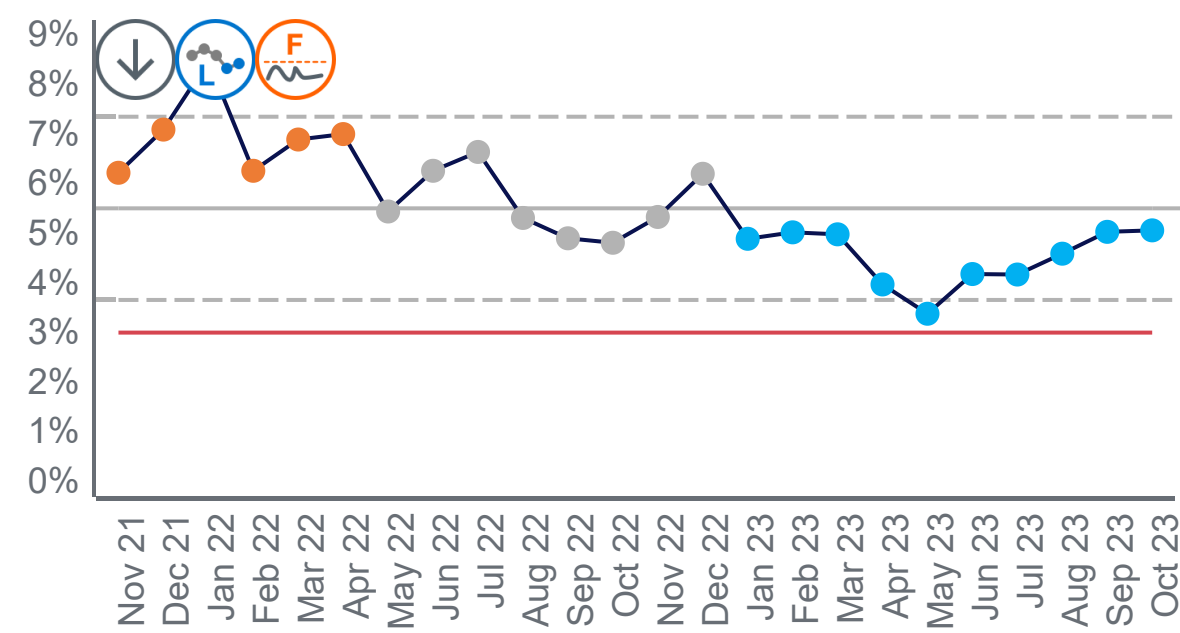
Technical Analysis:

Turnover has shown reduction over the last 10 months and is displaying Special Cause Improvement. Previous levels could create a substantial risk. The target has been achieved for two months in a row.

Actions:

Voluntary Turnover continues to report below the target of 10% for the 4th consecutive month

Staff Sickness (All Staff)



Technical Analysis:

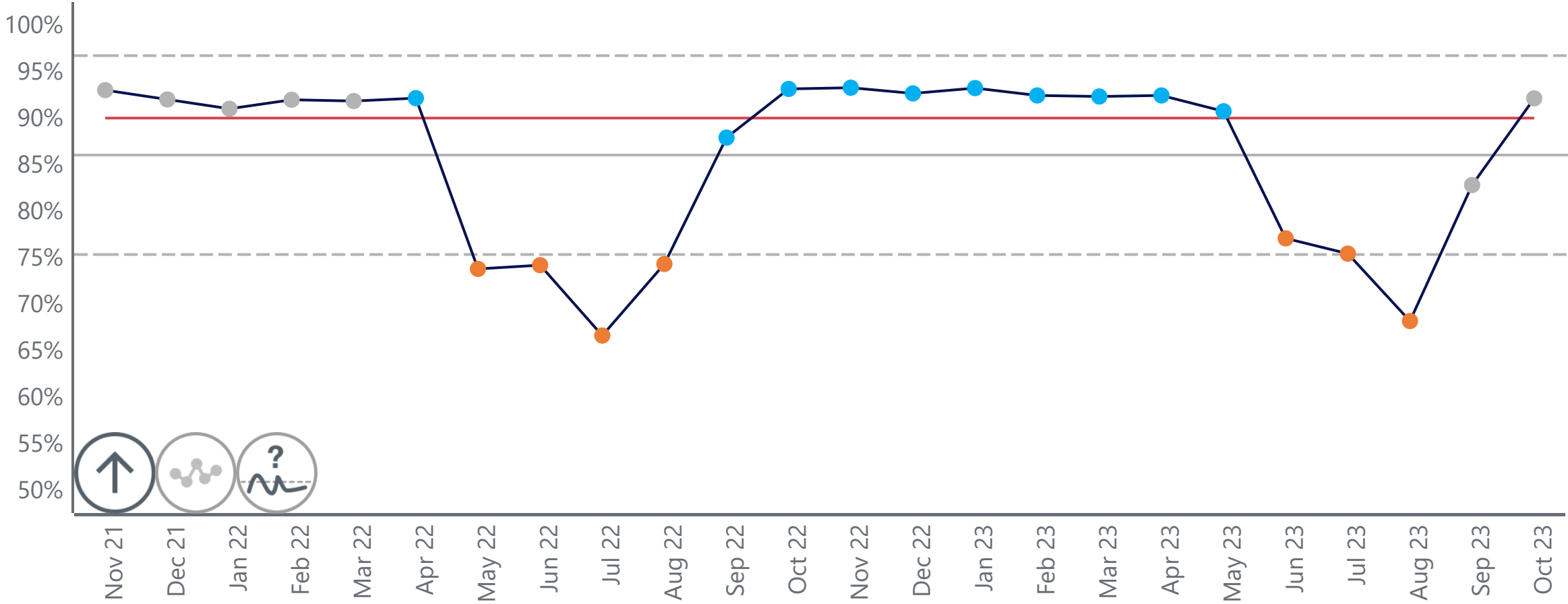
Total absence in October was 5%, this is above the target of 3.4%. Although continued work is required the last 10 months have displayed Special Cause Improvement working towards achieving the target.

Actions:

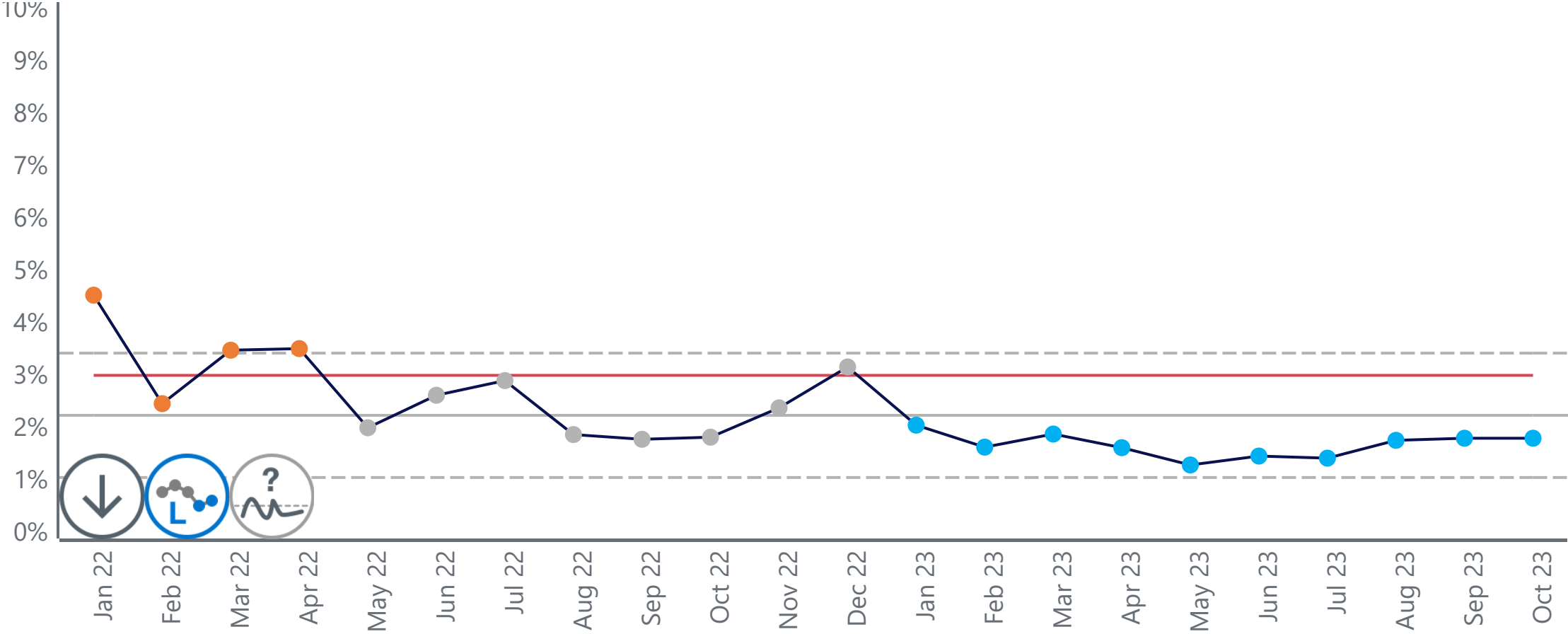
Voluntary Turnover continues to report below the target of 10% for the 4th consecutive month

People - Watch Metrics

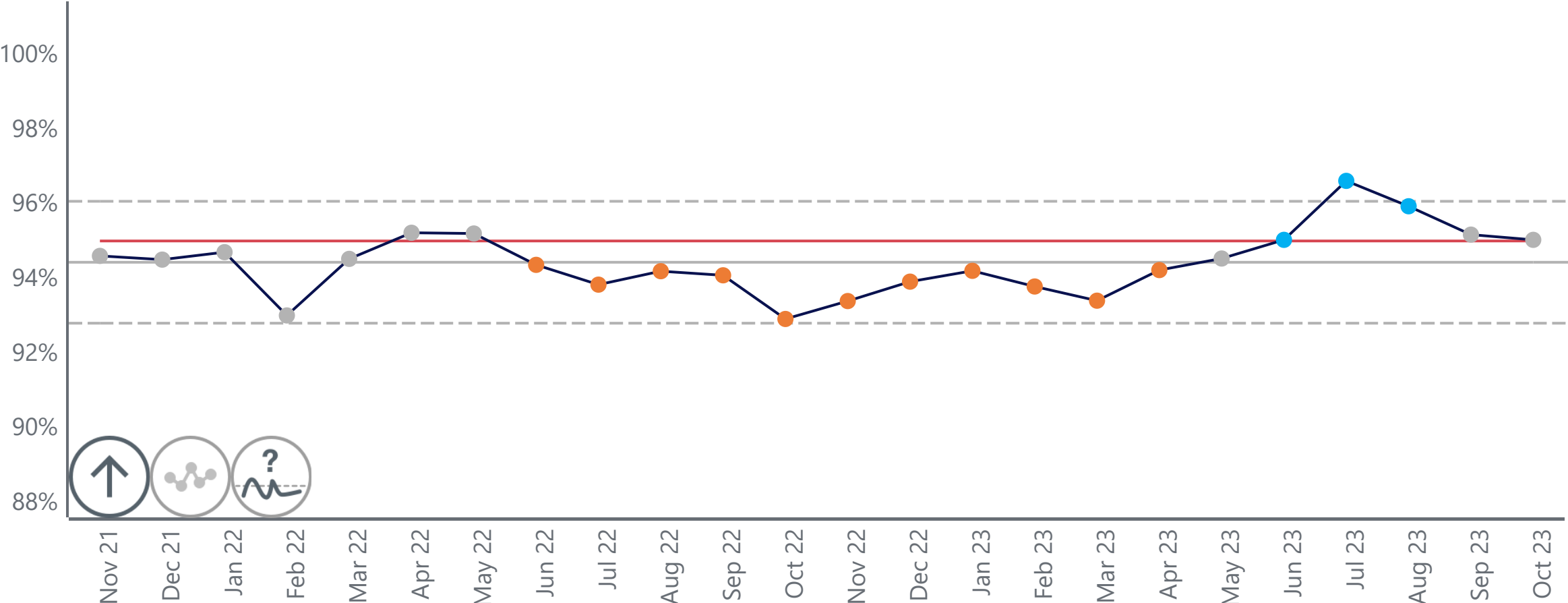
Appraisals Compliance



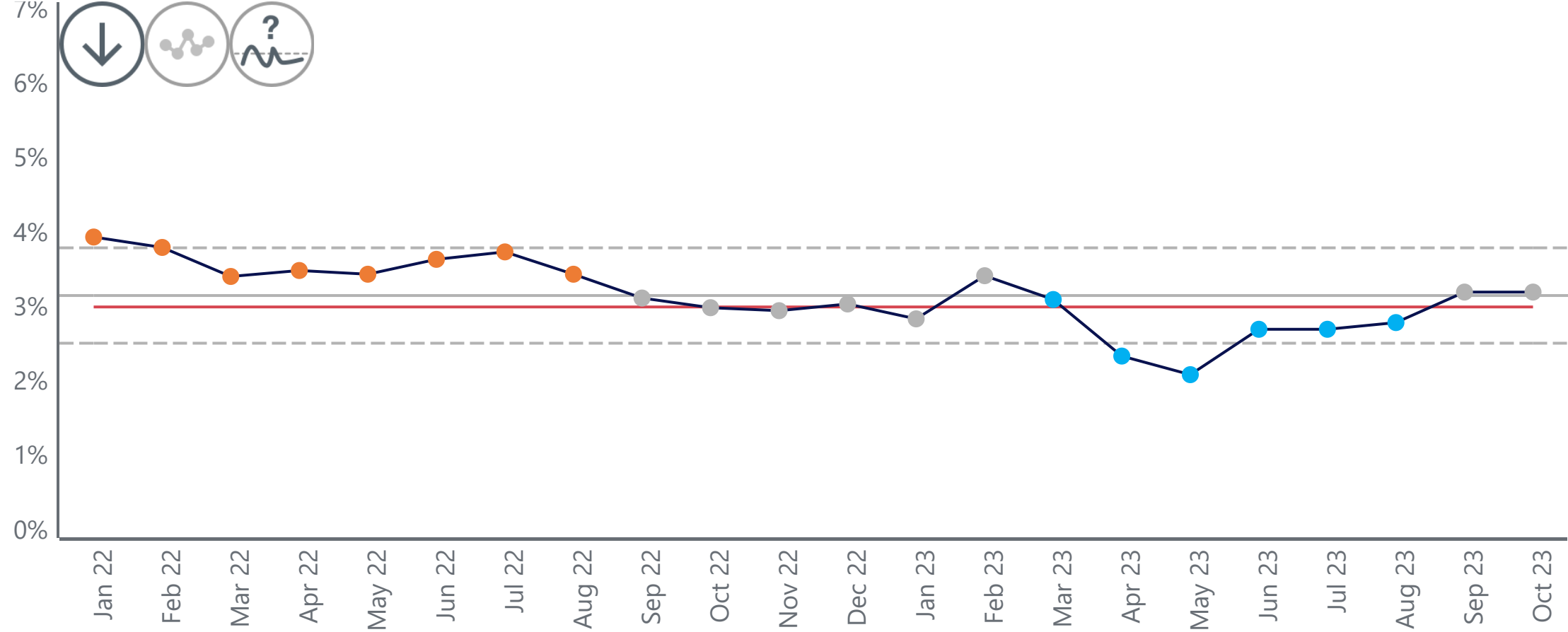
Short Term Sickness



Mandatory Training Compliance



Long Term Sickness





Key Contacts:

Associate Director of Data and Analytics: TBC

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

Analytics@lhch.nhs.uk

