

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

Strategic Oversight Framework

December 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:

At the end of end of month 9 the Trust has 3 indicators that have continued to show statistically significant changes in performance with 7 in month that are below national targets. Although a number of indicators are below target, Performance is against a backdrop of workforce pressures significantly scrub nurse staffing within theatres. Elective activity in month was above plan and has continued to support the Trust financial position; delivering a surplus in month and year to date. Cancer Performance is reported a month in arrears and all Cancer standards continued to be challenged by workforce pressures. In November we have moved to 3 combined standards of FSD (28 Day) target, 31 and the 62 day standard which were all non compliant. Overall the average weeks wait of patients that are over 18 & 26 weeks has reduced, however as a Trust we have not been able to manage the increase in referral tip overs each month. Consistent focus is being placed on long waiters, taking in to consideration clinical priority. DM01 (Diagnostics) unfortunately has continued to deteriorate in December and is expected to take a number of months to get back to compliance due to issues with provider to provider scan times (specifically Stress MRI and Pacemaker patients).



























Areas of Concern:

Diagnostics has not been able to recover from the increase in waiting list size in December, with specific capacity constraints on Stress MRI and pacemaker patients. Recovery is expected to take a number of months and is being reviewed in conjunction with the ICS and CAMRIN colleagues. Outsourcing, Insourcing and mutual aid are all being explored to improve recovery. Cancer Standards have been impacted by capacity constraints and workforce challenges (including industrial action). Underperformance of the FSD standard is expected to continue within Q4, with recovery interdependent on supporting the C&M position; equalising wait times with LUFT. The 31 day standard has been impacted by reduced capacity in December, the teams are reviewing options to increase capacity in Q4. The 62 Day standard is interdependent of the two different factors of surgical and diagnostic wait times. Our ambition is to align towards the national requirements of compliance by Apr 24. Long waiters within the Trust has increased in Dec impacted by annual leave and reduction in mini mitral capacity within the Surgical team. As a Trust Mini Mitral continues to be a pressured service line and we are expecting to have 20-30 patients over 65 weeks by the end of the financial year. The Service line will close to referrals from February with clearance trajectories expected as part of annual planning.

Forward Look (with actions):

- * Activity continues to be monitored against the H2 submission and updated provided through Operational Board & Integrated Performance Committee.
- * The Surgical staffing position is expected to improve in February with the weekly assurance meetings stood down.
- *Our Cancer position is expected to be challenging for Q4. FSD is not expected to achieve within the quarter given our agreement with LUFT to support Liverpool wait times. The 31 Day and 62 standards are expected to improve, however will be dependant on increased surgical capacity. The Cancer Alliance are sighted on our current action plan and will be joining Cancer Board to provide support to any areas of concern
- * Surgical outsourcing is expected to start in February to support our long waiters position, with plans in place to maximise activity given our current workforce pressures.
- * The Specialised commissioners have agreed to suspend the mini mitral waiting list to support clinically appropriate wait times and give an opportunity for the Division to look at sustainable capacity solutions.
- * A DMO1 trajectory is expected by the end of January to support recovery of the current provider to provider wait times. This will be monitored through a weekly meeting chaired by the COO.

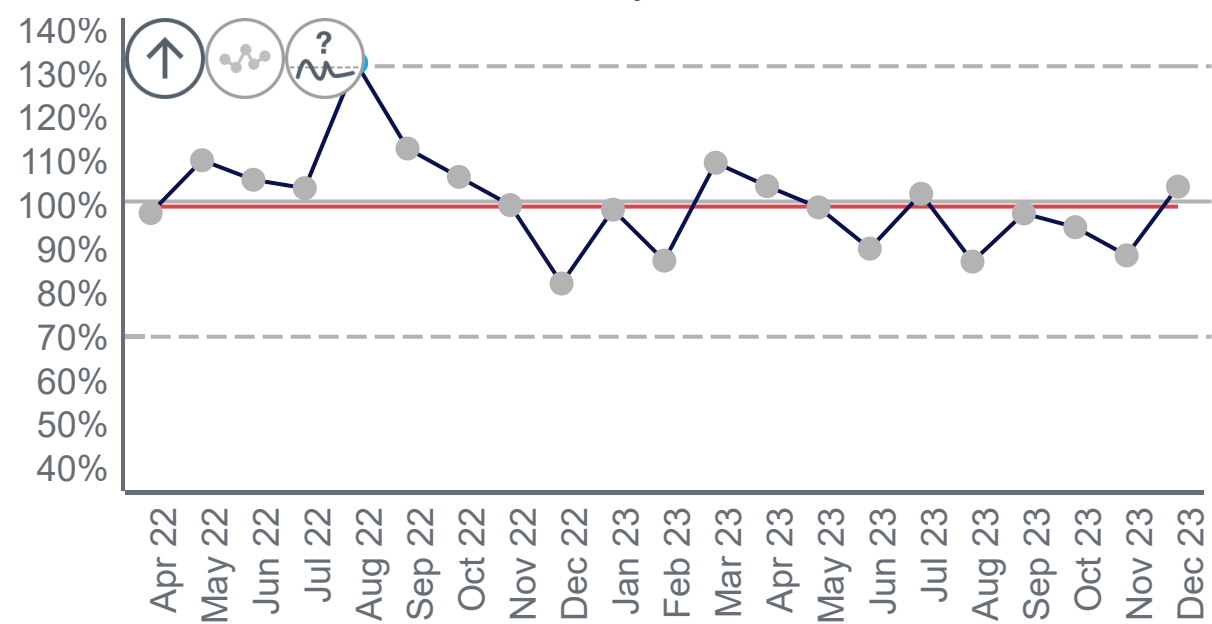
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Dec-23	77.1	>=80%	77		
Cancelled Operations for non-clinical reasons	Dec-23	2.5	<=2%	3		
Elective Activity Levels	Dec-23	104.6	100	97		
Maximum 6-week wait for diagnostic procedures	Dec-23	71.8	>=99%	92		
Outpatient activity delivered remotely via telephone or video consultation	Dec-23	31	%	32		
Overall Size of Waiting List	Dec-23	5938		5732		
Patients not booked in within 28 days (non clinical cancellations)	Dec-23	2	0	3		
PIFU Pathway	Dec-23	855	113	638		
Referral to treatment - Incomplete Pathways 52+ weeks	Dec-23	70.0	<48	59		
RTT 18 weeks in aggregate - Incomplete Pathways	Dec-23	72.18	>=92%	72		
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	Dec-23	76.5	>=95%	1648		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Nov-23	45.5	>=75%	62.0		
Cancer: 31-day decision to treat to treatment standard	Nov-23	91	>=96%	83.0		
Cancer: 62-day referral to treatment standard	Nov-23	45.1	>=85%	49.7		



Operational Performance - Drive Metrics

Elective Activity Levels



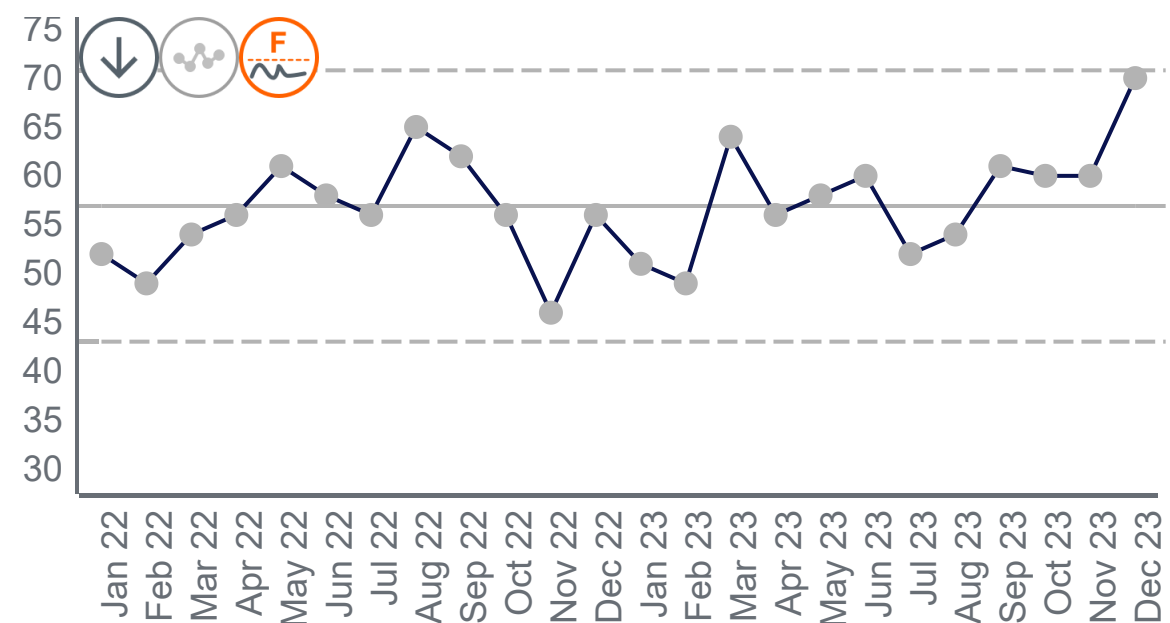
Technical Analysis:

December performance of 105% is above the target (100%). Monthly variation continues to demonstrate common cause variation. Further actions will be required to consistently achieve target. This is the first time the target has been achieved since July 2023.

Actions:

- *Activity in line with plan in month
- *Ongoing monitoring and planning continues through Weekly Performance and Gold Command meetings; in line with workforce challenges.

Referral to treatment - Incomplete Pathways 52+ weeks



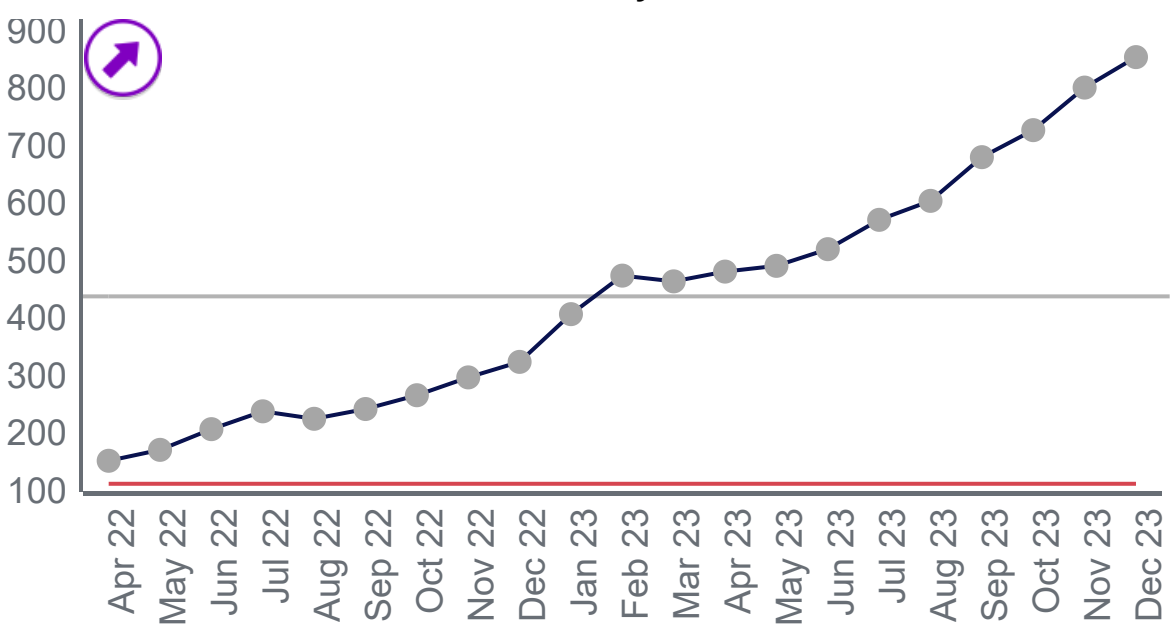
Technical Analysis:

December 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:

- *Pathway RCAs undertaken for every patient which tips over 52 weeks.
- *Focussed attention on the 65+ week waiters clearance (with Mini Mitral expected to be an outlier)
- *Mini Mitral Service line closed to Referrals from February

PIFU Pathway



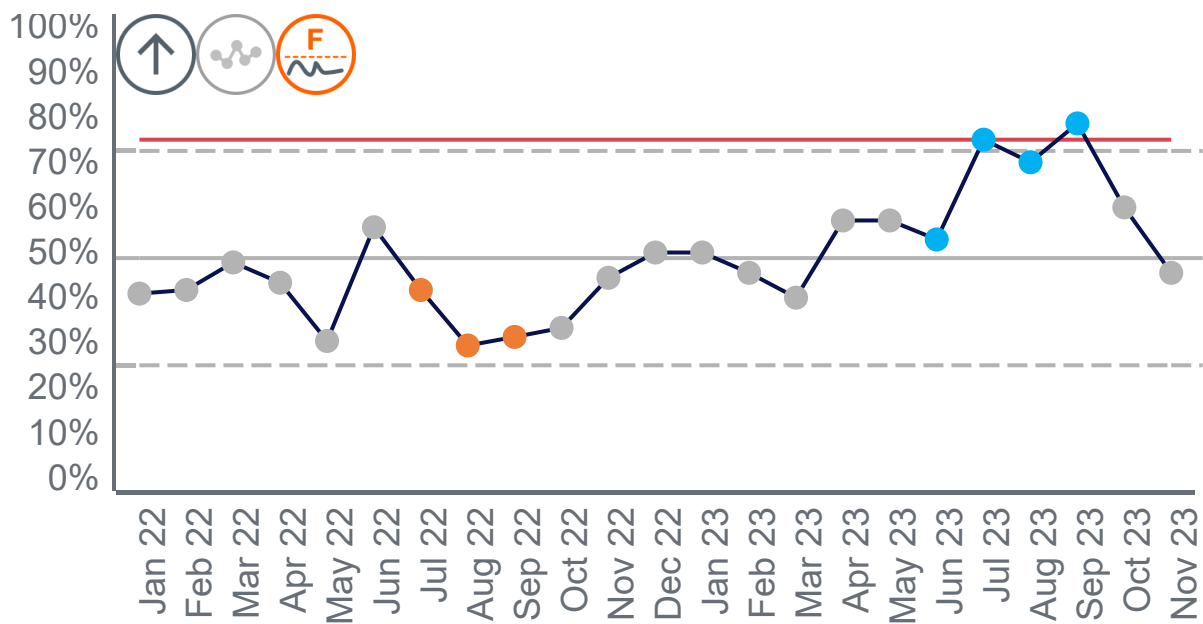
Technical Analysis:

There has been slow growth to active patient numbers on PIFU pathways in December. Numbers added each month need 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:

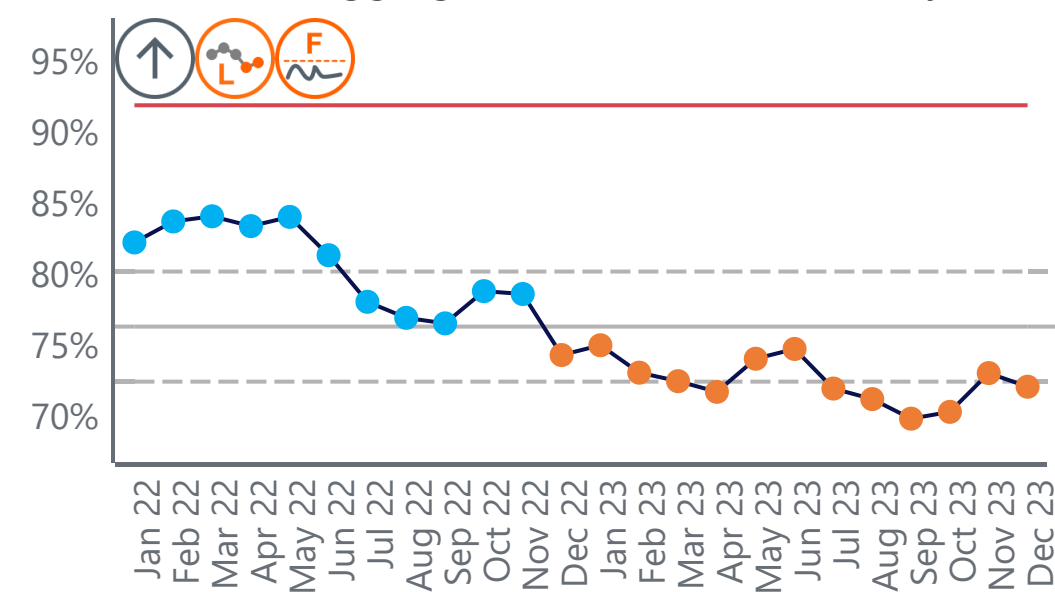
Although this metric has recently displayed a period of special cause improvement, performance has dipped below the target which the trust has consistently failed over a longer period. Improvement Required to consistently achieve Cancer FDT.

Actions:

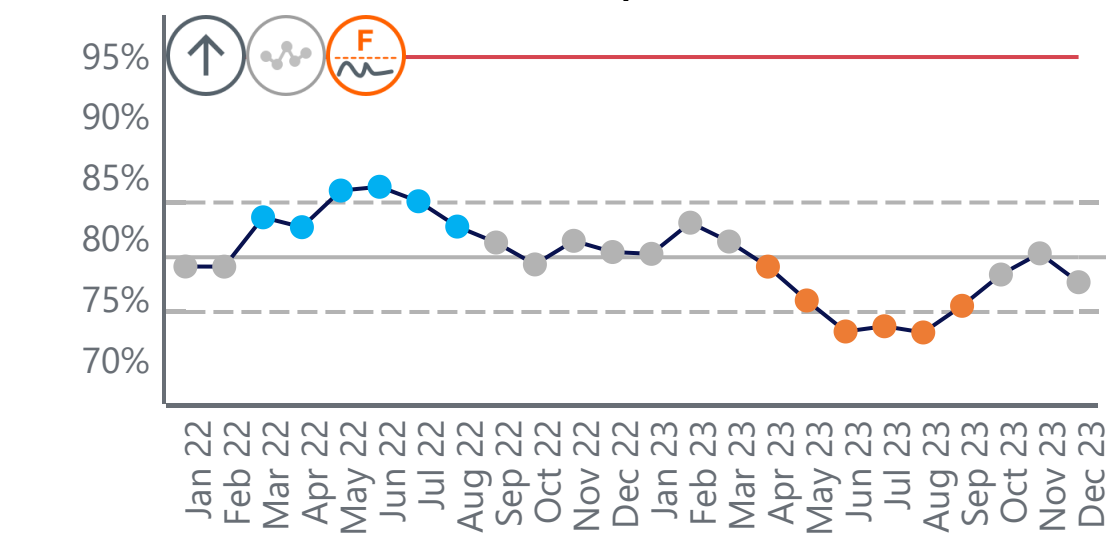
- *Additional sessions continue to be requested to support WT in CT guided biopsy & EBUS. *Pathway reviews of all breaches undertaken.
- *EBUS planning to be revisited as part of the Trust Cancer Board.
- *Joint CT guided biopsy planning in progress with LUFT through the BGH sub committee.

Operational Performance - Watch Metrics

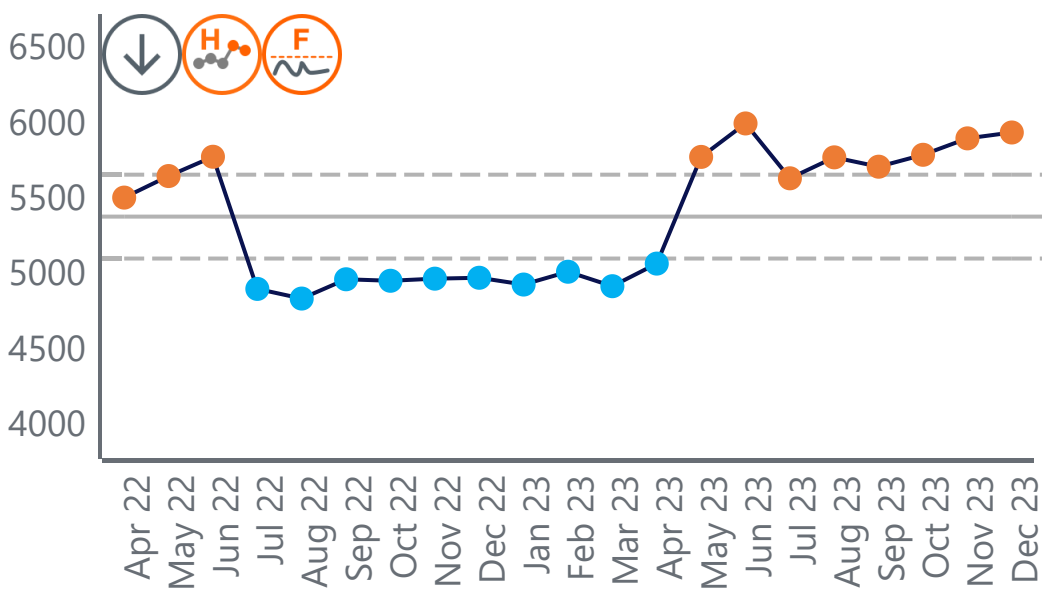
RTT 18 weeks in aggregate - Incomplete Pathways



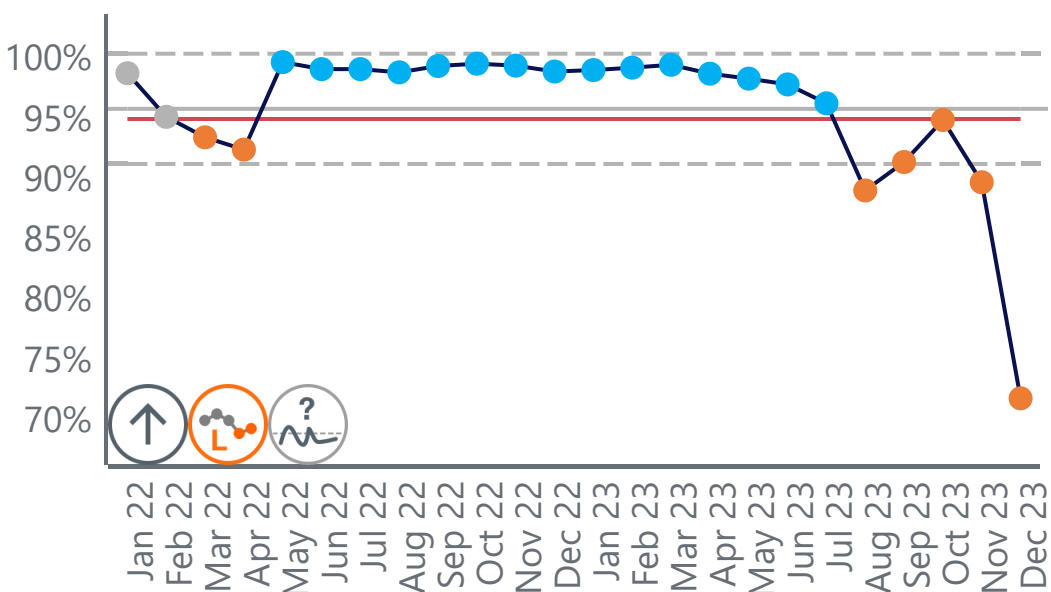
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete



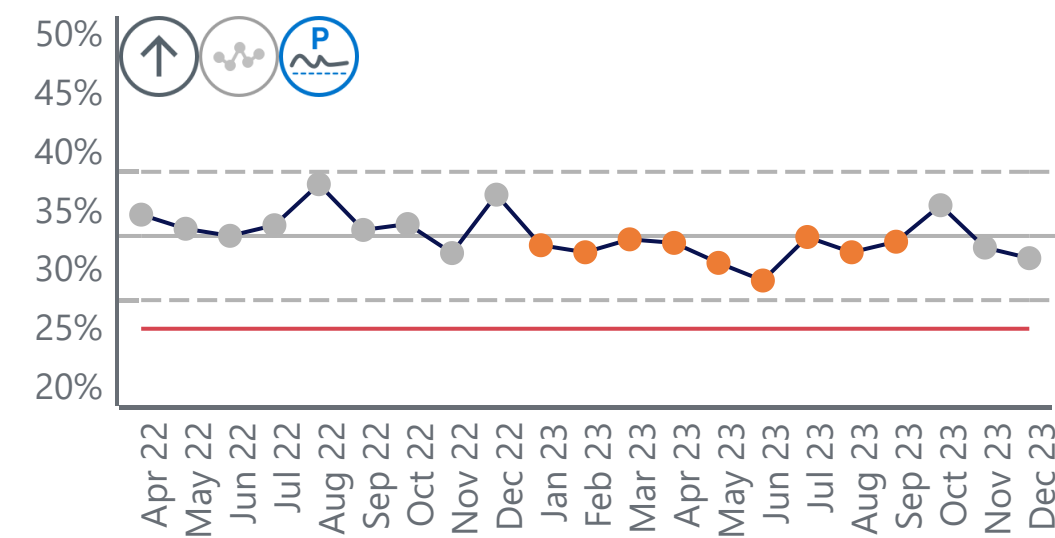
Overall Size of Waiting List



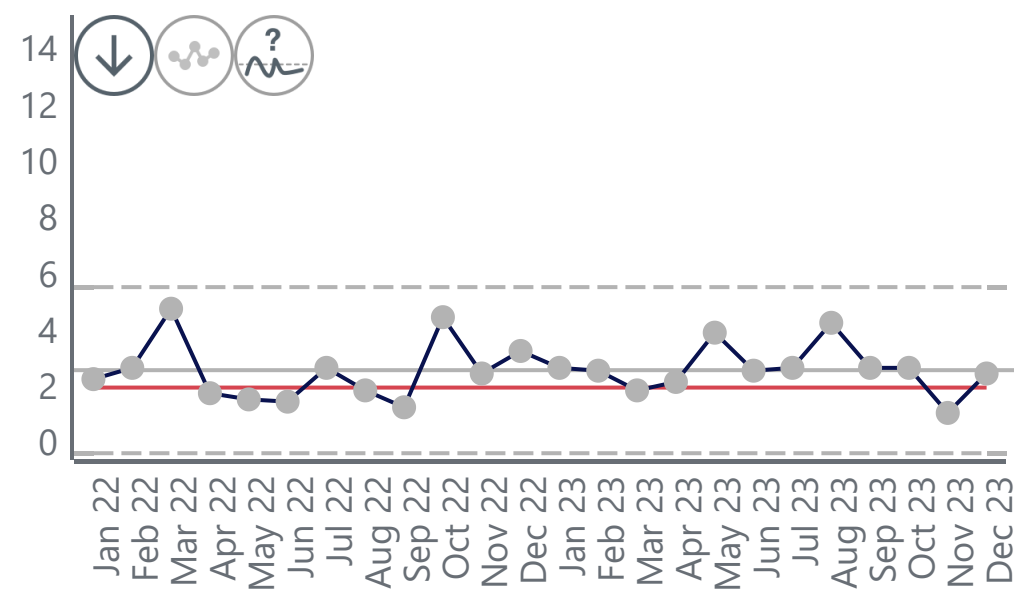
Maximum 6-week wait for diagnostic procedures



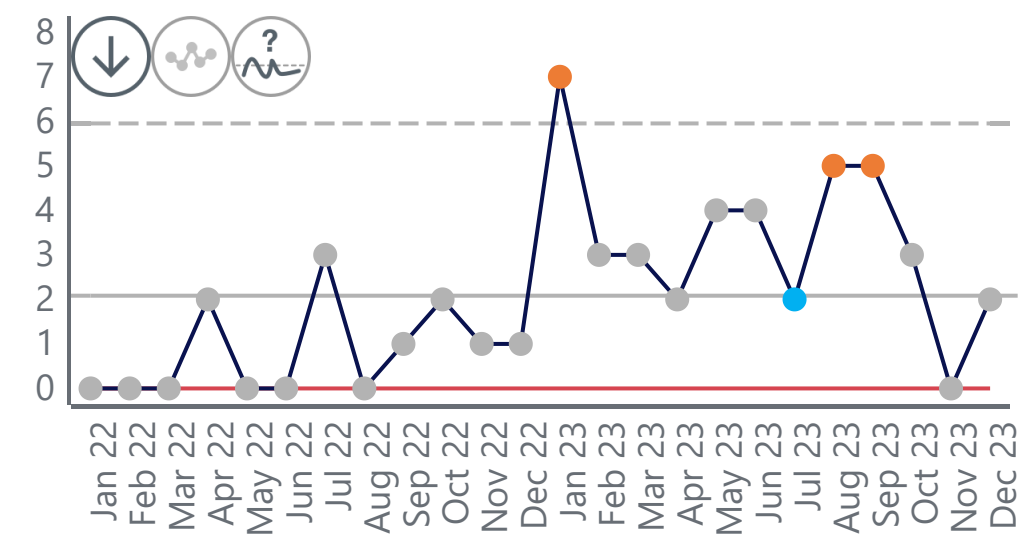
Outpatient activity delivered remotely via telephone or video consultation



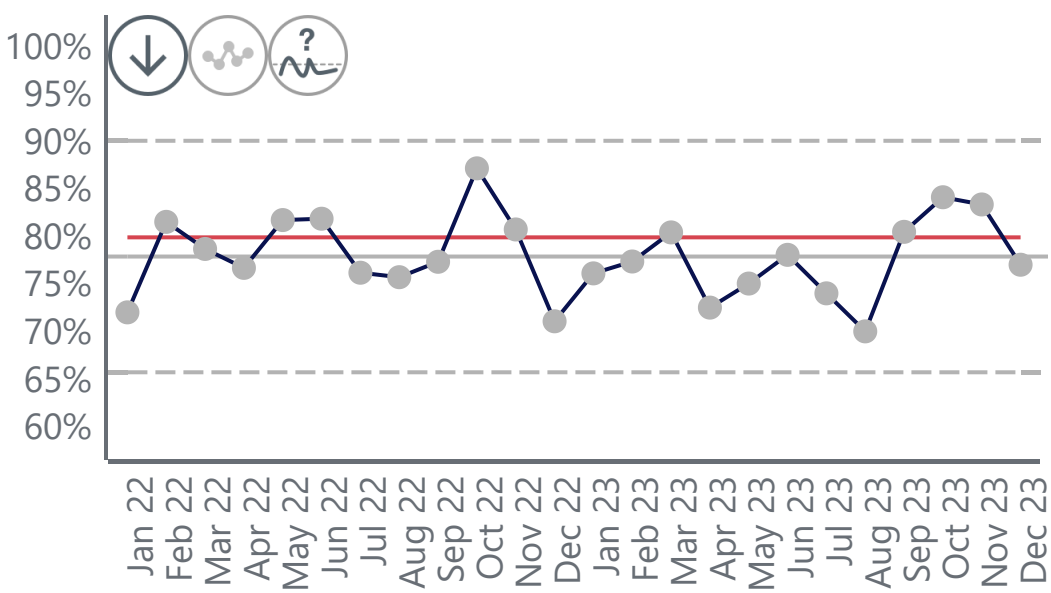
Cancelled Operations for non-clinical reasons



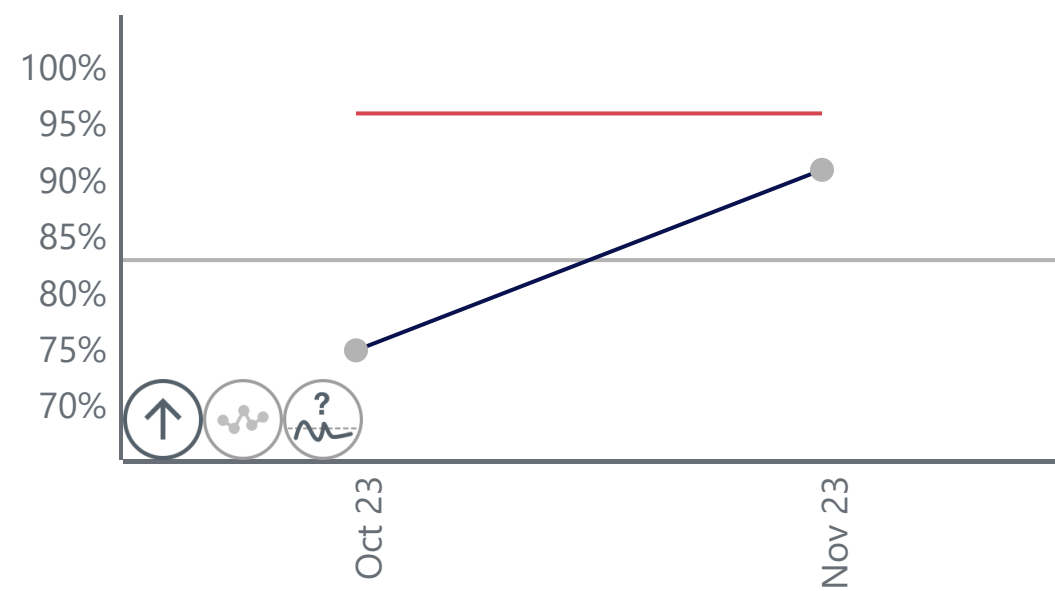
Patients not booked in within 28 days (non clinical cancellations)



Bed Occupancy



Cancer: 31-day decision to treat to treatment standard



Cancer: 62-day referral to treatment standard



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 and Delirium.
- *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, moving above target for the first time in October but below target for November.
- * Referrals to a dietician for patients scoring high risk has met target of 90% in month and shows special cause improvement and it is expected that the change to EPR will maintain 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 have been taken with an aim to reduce this consistently (e.g. increased Rambleguard equipment across all ward areas and continued bathroom watch).
- *Numbers of formal complaints continue to be low.
- *The improve plans for VTE performance have demonstrated sustained performance over the last few months.

Areas of Concern:

- *Radiological alerts with a response document continues to perform below the target.
- *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.
- *Number of falls increased in December, which may be due to a change in stocking supplies, that are used to prevent falls. This is being reviewed with stores and will be kept under close review. Every fall continues to be subject to a 24 hour MDT review.
- * Slight reduction in Family and Friends Test (FFT) metric performance. The data is being reviewed with the analytics team as there have been changes to the FFT and the granular level results look positive.

Forward Look (with actions):

- *The radiological alert dashboard to be embedded and a focus on improving performance against the 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 dashboard is embedded.
- *Whilst the Medical Director has held discussions with NWAS regarding call to balloon times, the categorisation of chest pain as a category 2 call and the national and regional delays in ambulance times (including self presentation to A&E requiring transfers) are the primary driver for performance against this indicator.
- *EPR changes were put in place in April 2023 to aid patients receiving their discharge summary on day of discharge as we demonstrate sustained improvement and make further progress to achieving the 95% target.
- *Falls stocking supplies being reviewed.
- * FFT data being reviewed.

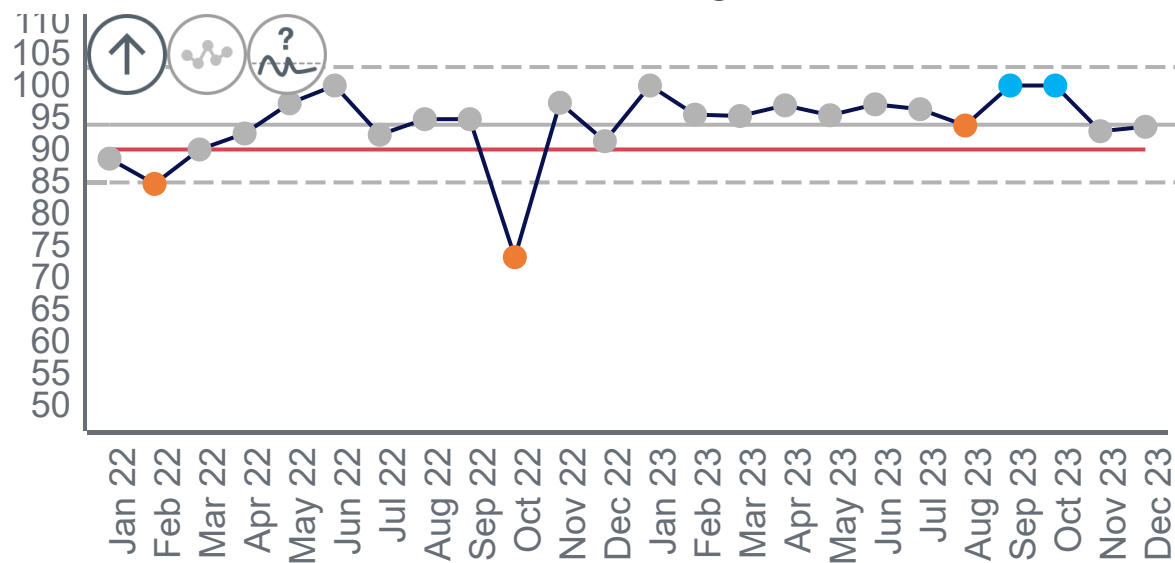
Quality of Care - Metric Summary

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	Dec-23	93.1	>=95%	92.6		
Clostridium Difficile	Dec-23	0.0	0	0.4		
Delayed Transfers of care	Dec-23	5.0	<=5%	4.2		
Delirium Risk Assessment to be completed on Admission and once a day	Dec-23	99.9	>=90%	99.8		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Dec-23	93.55	>=90%	96.2		
Dementia - Find	Dec-23	100	>=90%	98.9		
FFT: REPUTATION	Dec-23	97.6	>=95%	99.3		
Gram Negative Bacteraemias	Dec-23	2	1	1.0		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Dec-23	0	0	0.2		
MRSA Bacteraemias	Dec-23	0	0	0.0		
MSSA Bacteraemias	Dec-23	0	1	0.4		
Number of Falls	Dec-23	12	<=0.5	7.8		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Dec-23	0	<=0	0.1		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Dec-23	0.0	>=90%	0.0		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Dec-23	90	0	86.8		
Occurrence of any Never Events	Dec-23	0.0	>=95%	0.0		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Dec-23	78.95	<=6	63.6		
Quantity of complaints	Dec-23	4	95%	3.3		
Venous thromboembolism (VTE) risk assessment	Dec-23	95.51	143	95.5		
Number of Incidents No Harm and Near Miss	Dec-23	117	143	124.6		
Number of Incidents rated Minor Harm or Above	Dec-23	22	25	25.7		
Surgical Site Infections	Oct-23	6.5	0%	6.5		



Quality of Care - Drive Metrics

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



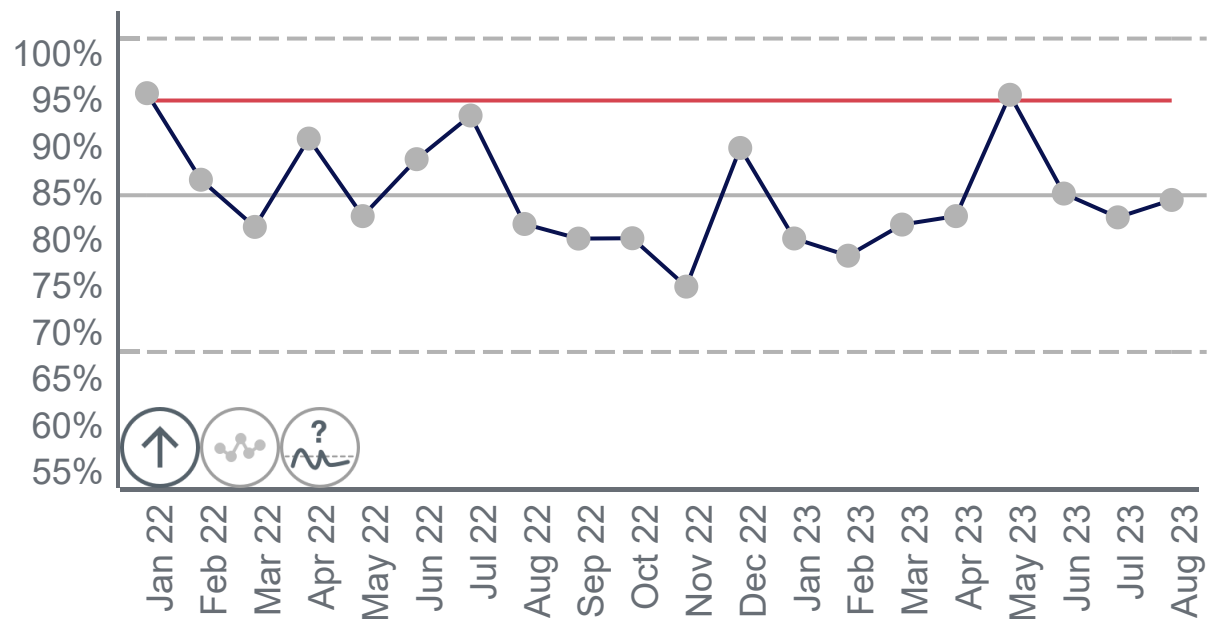
Technical Analysis:

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



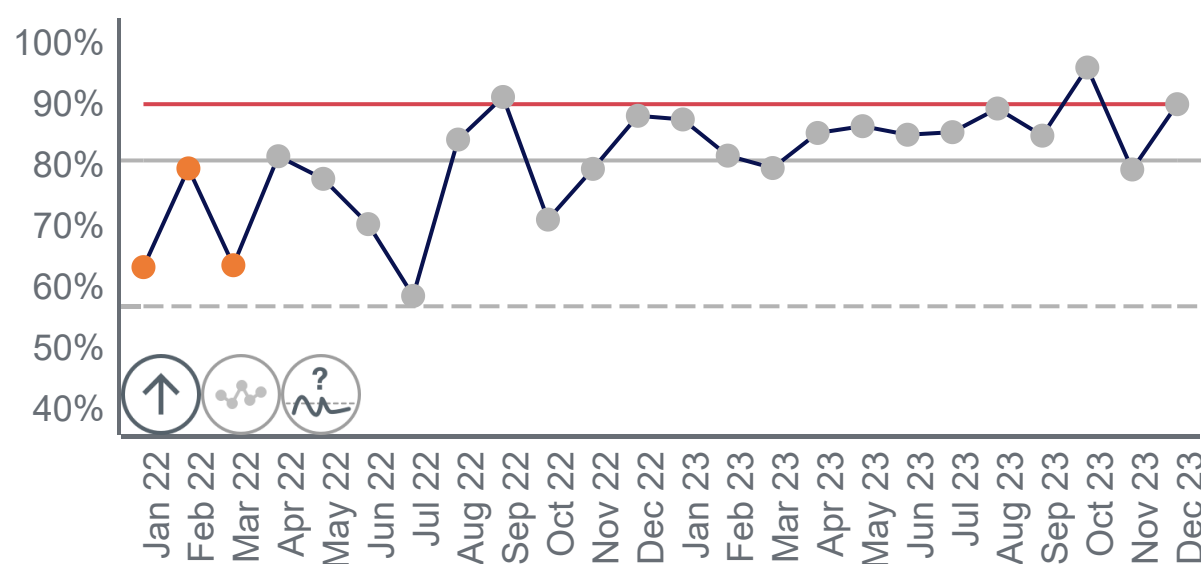
Technical Analysis:

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 have rewritten the search string to acquire data from EPR rather than CRIS. The digital dashboard has been developed and is now live.

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



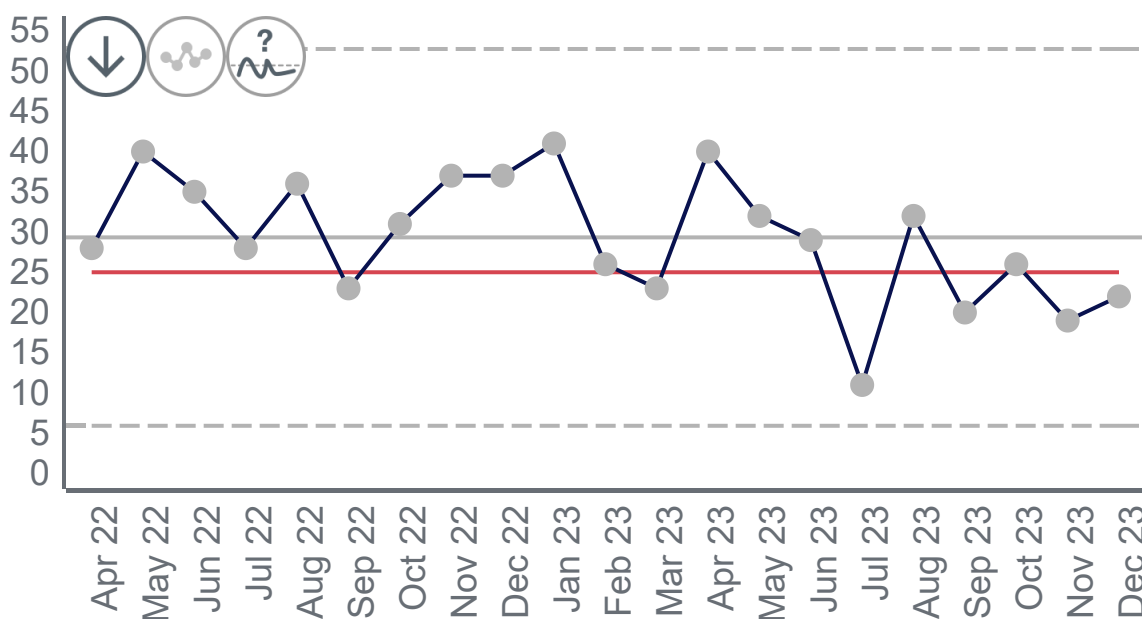
Technical Analysis:

Performance within December was 90%, which achieves the target. Improvement is required to consistently achieve this target with the metric displaying common cause variation.

Actions:

A change was 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. Performance target met at 90%.

Number of Incidents rated Minor Harm or Above



Technical Analysis:

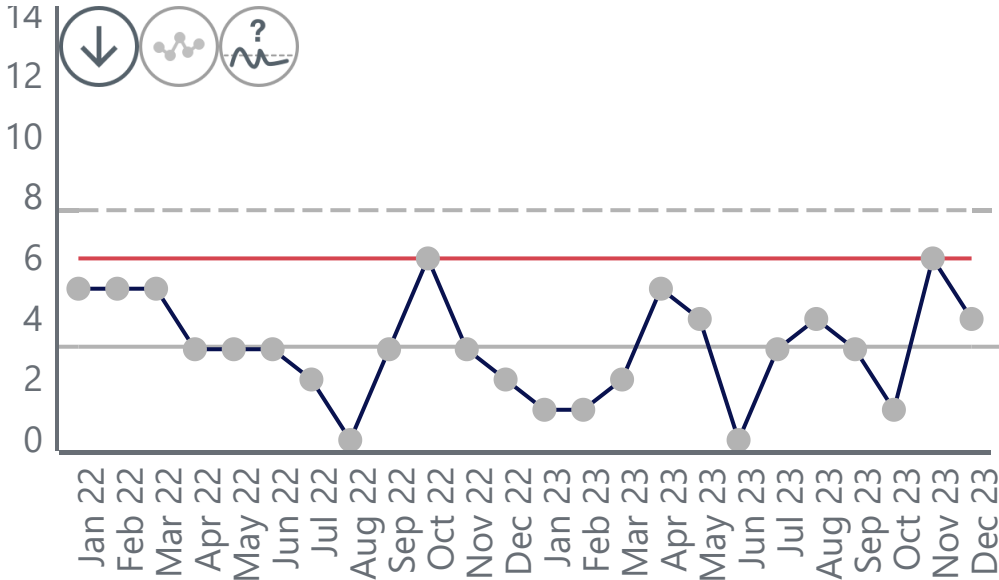
Number of Harms remains stable with performance over the last 18 months demonstrating common cause variation. December performance of 22 is below the 2022/23 average of 32. and target of 25.

Actions:

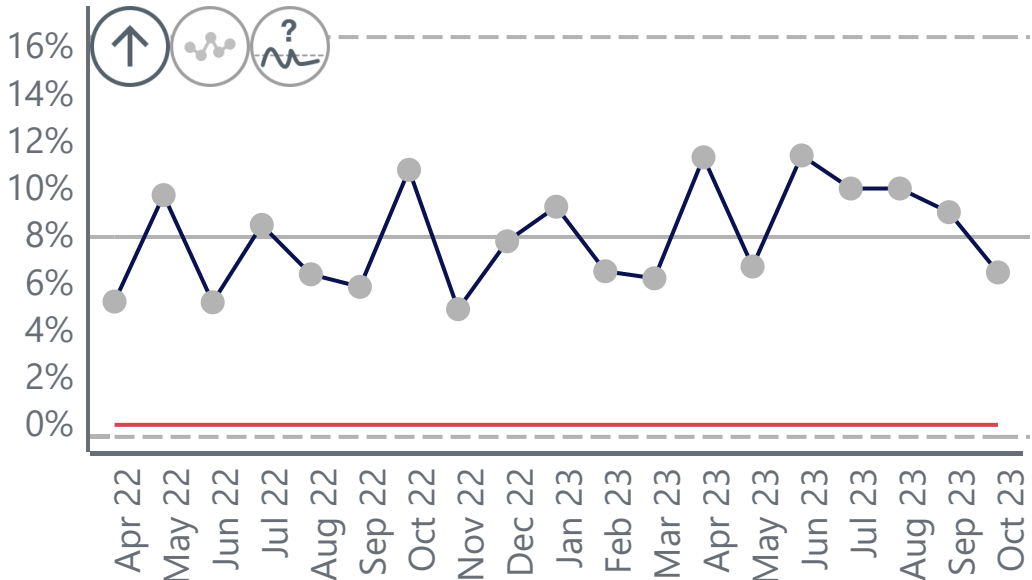
Strong reporting culture and learning from incidents. Reviews continue through safety surveillance and hasn't identified recurrent themes. Further refinement of the KPI is needed (i.e. minor harm and above as a percentage of total incidents).

Quality of Care - Watch Metrics

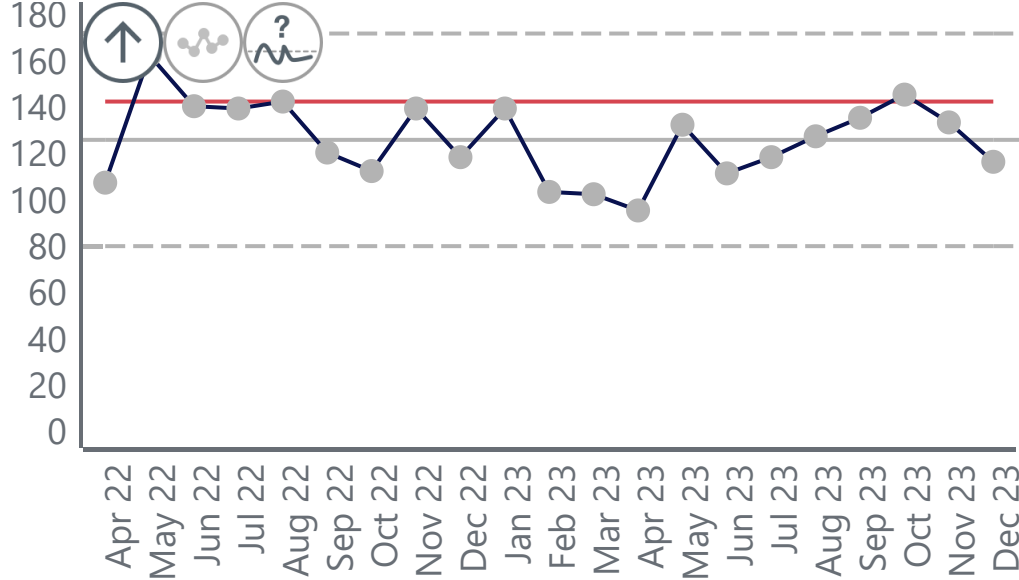
Quantity of complaints



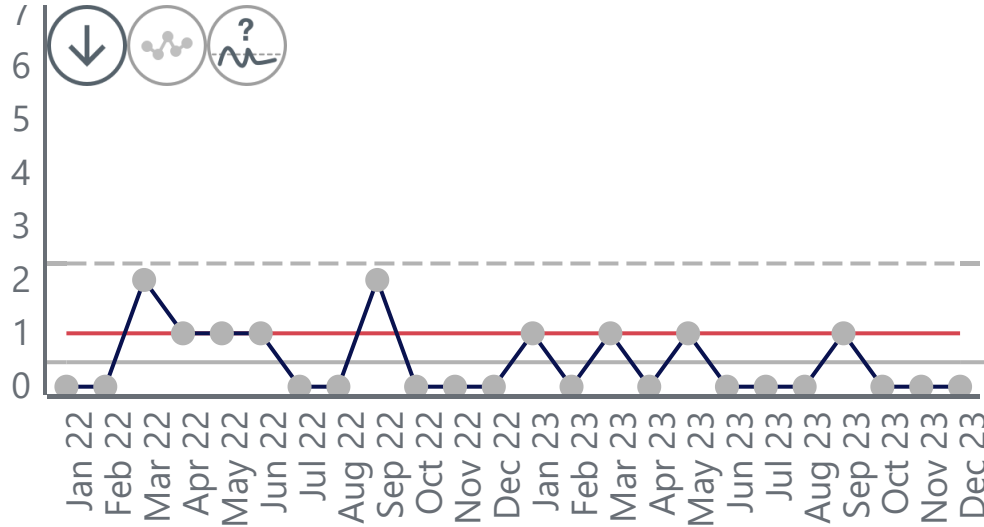
Surgical Site Infections



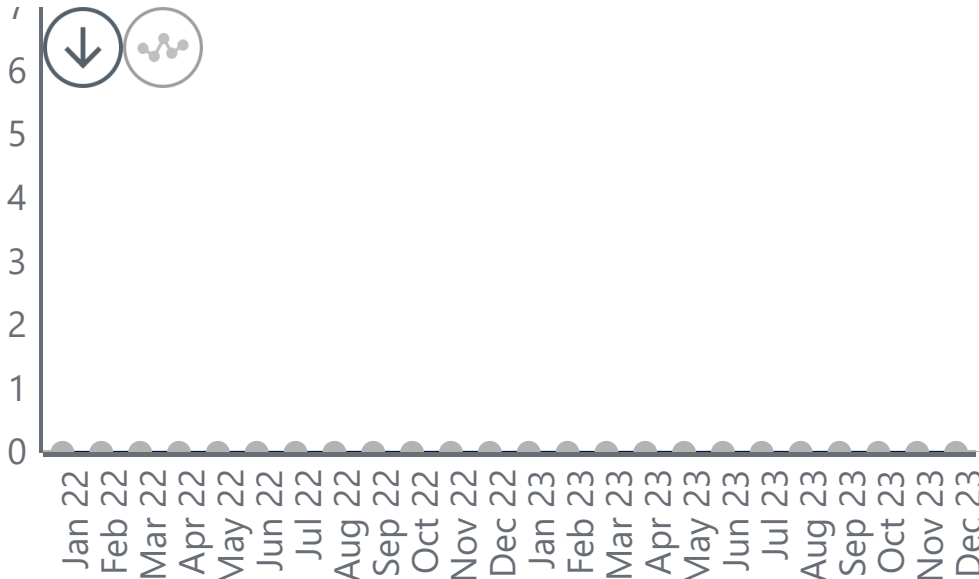
Number of Incidents No Harm and Near Miss



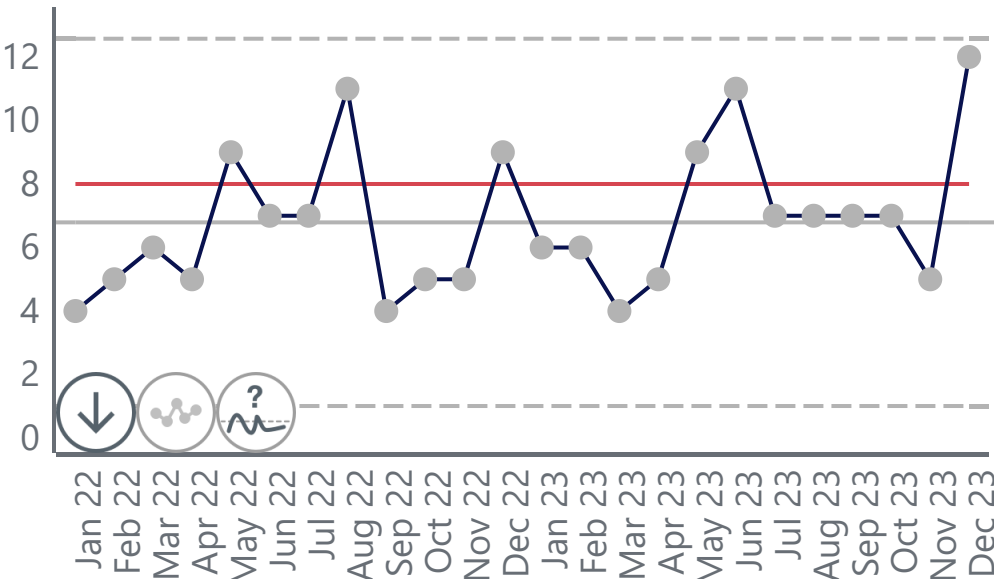
Incidents - Serious incidents, Never Events, Adverse Events (Red)



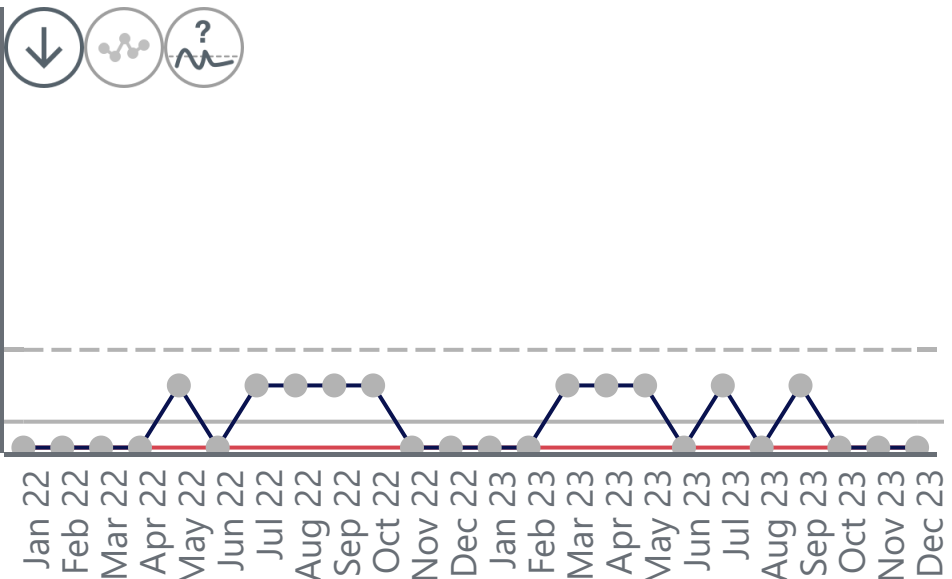
Occurrence of any Never Events



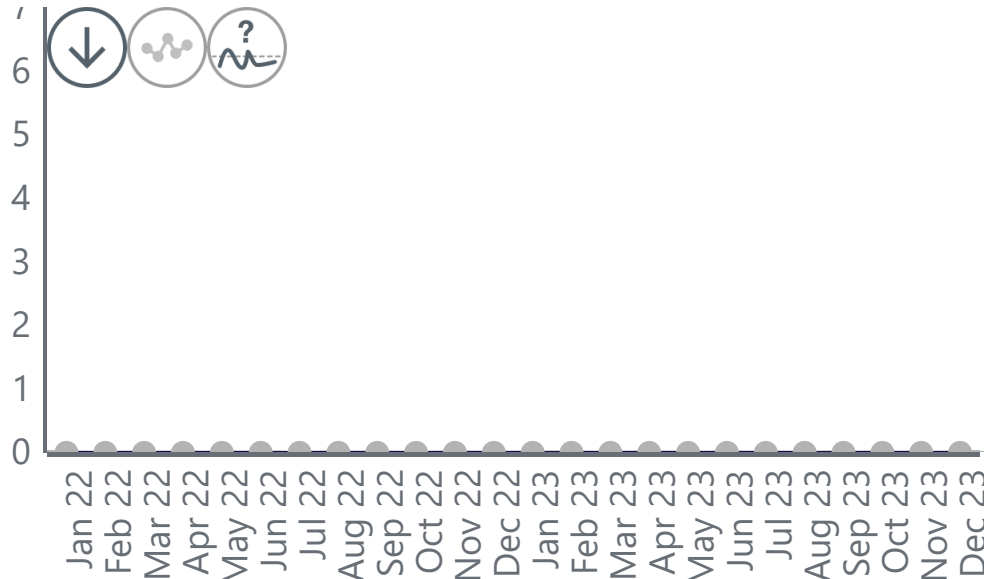
Number of Falls



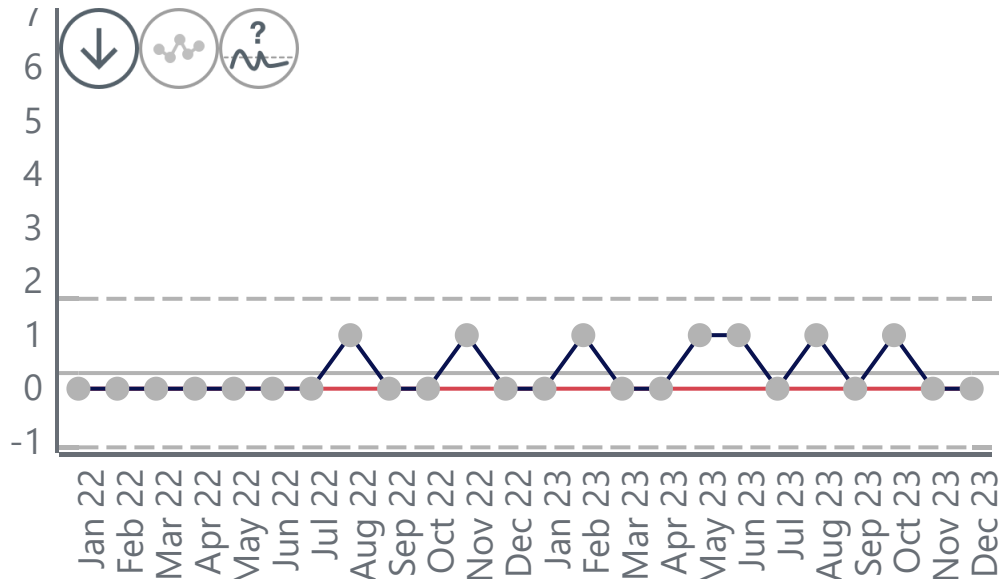
MSSA Bacteraemias



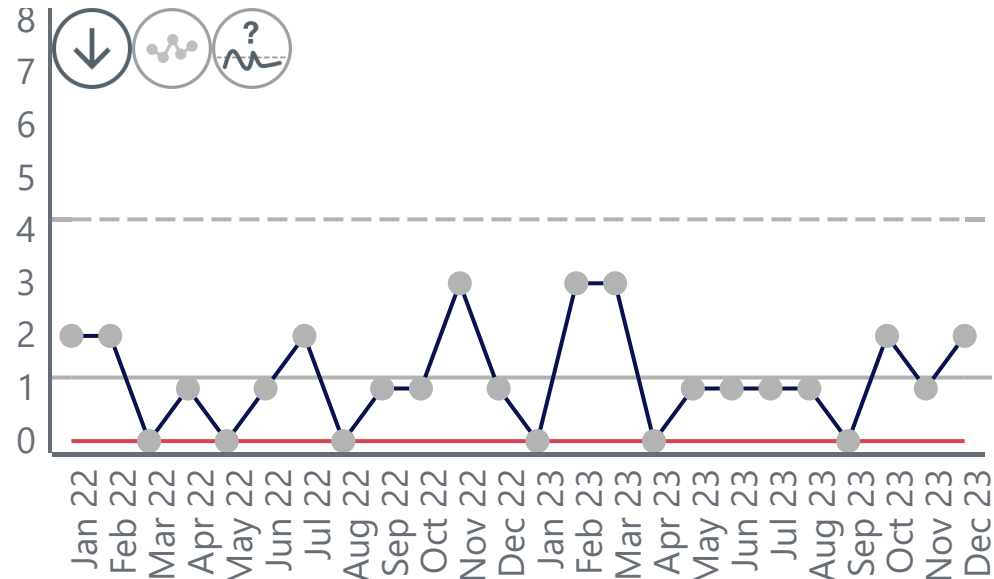
MRSA Bacteraemias



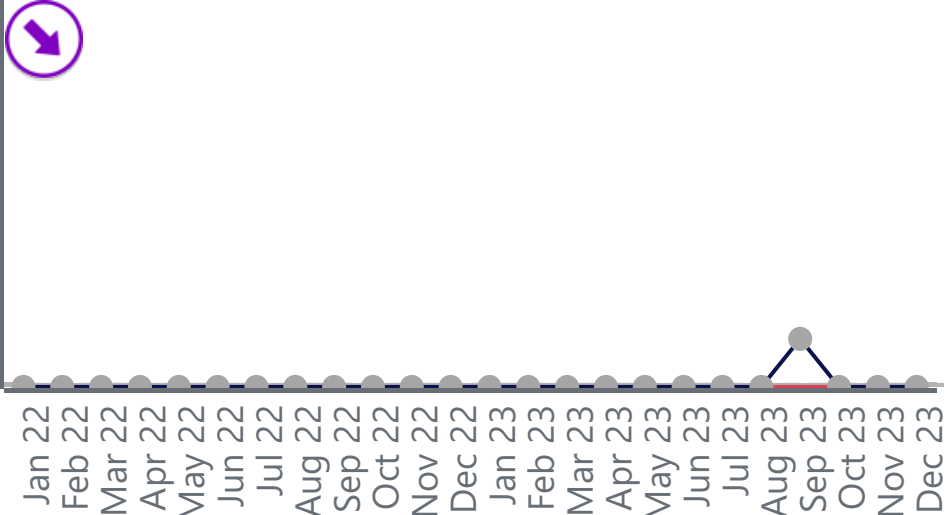
Clostridium Difficile



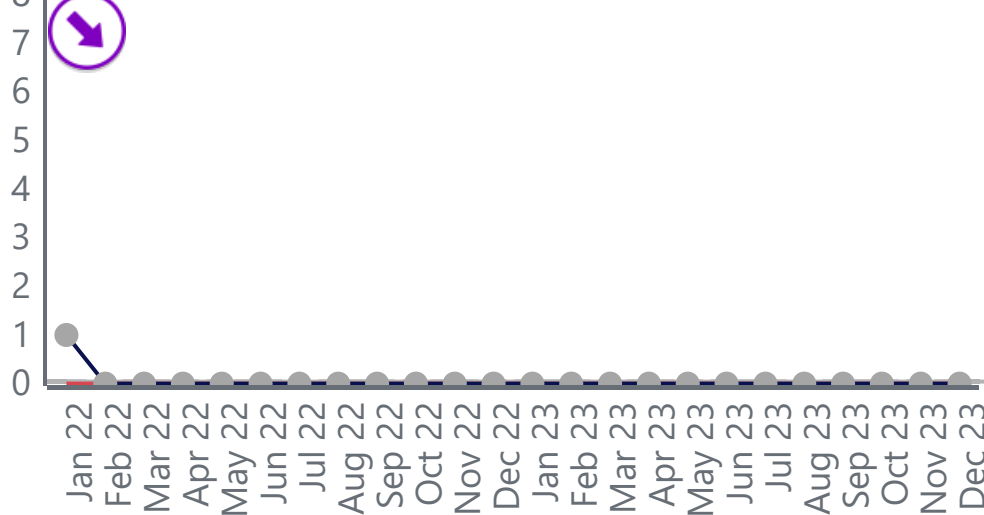
Gram Negative Bacteraemias



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

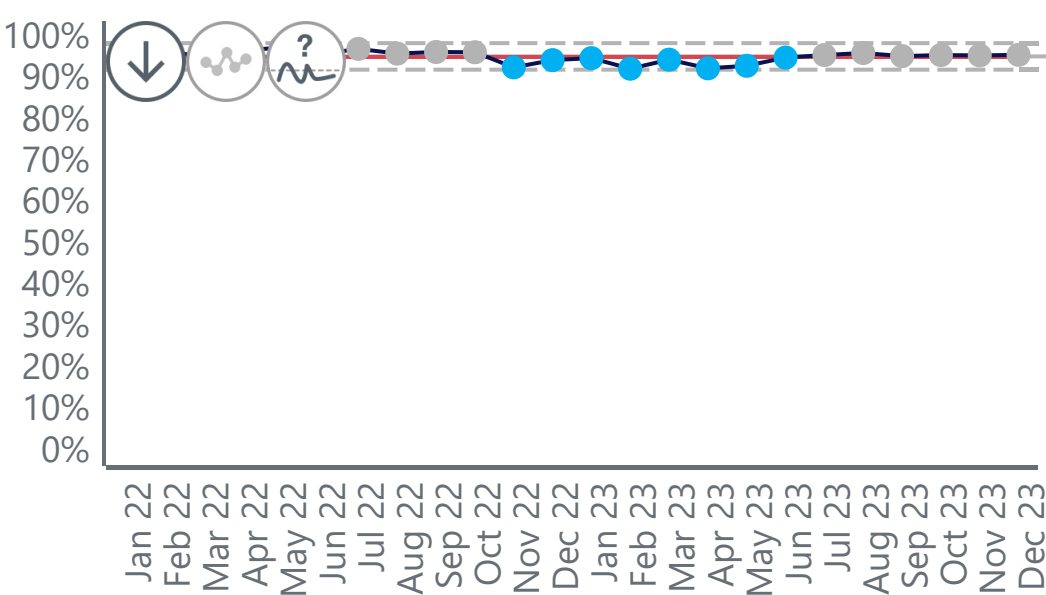


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

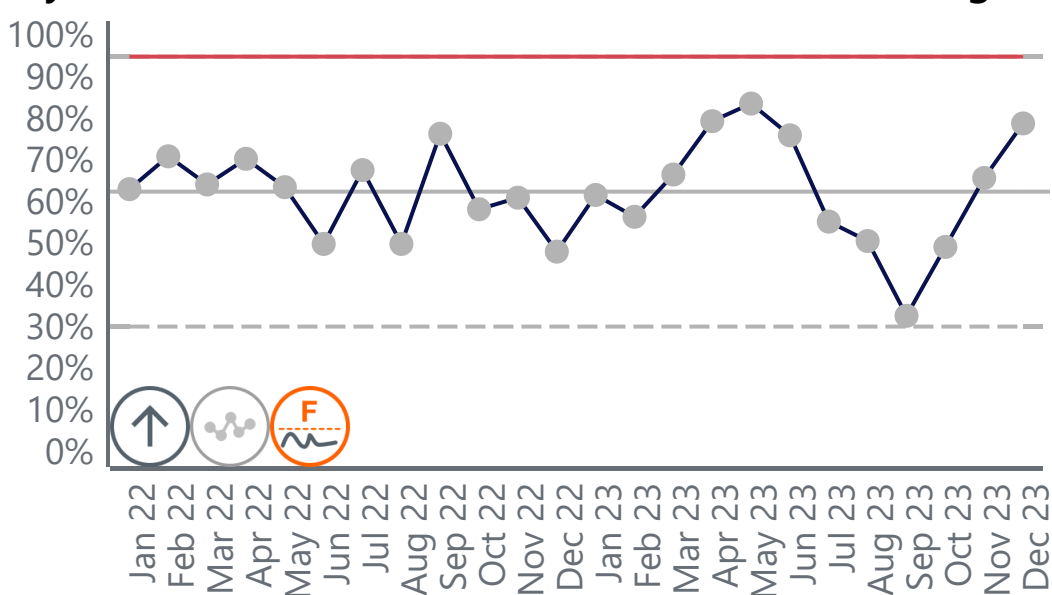


Quality of Care - Watch Metrics

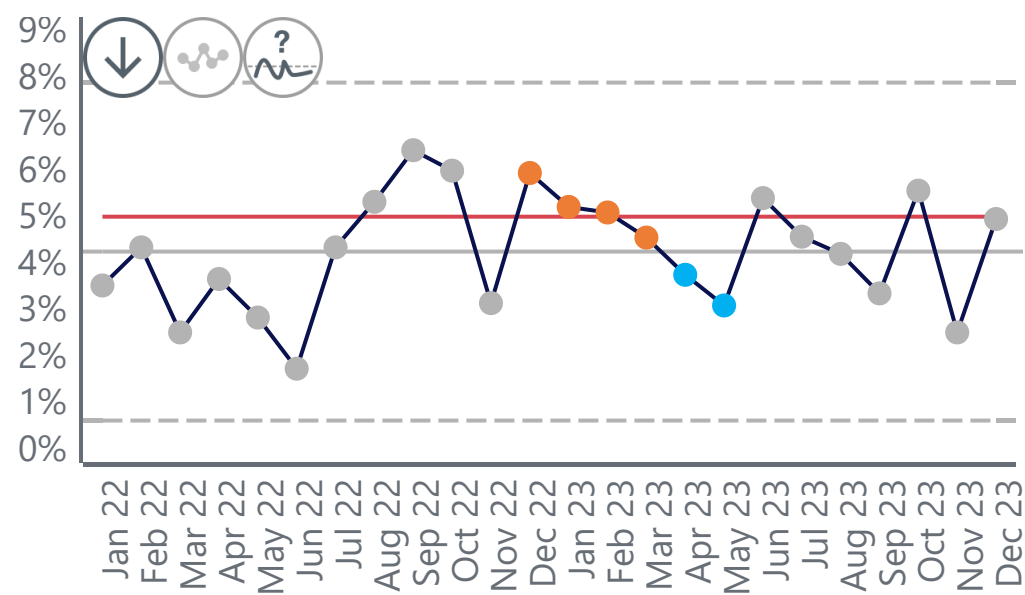
Venous thromboembolism (VTE) risk assessment



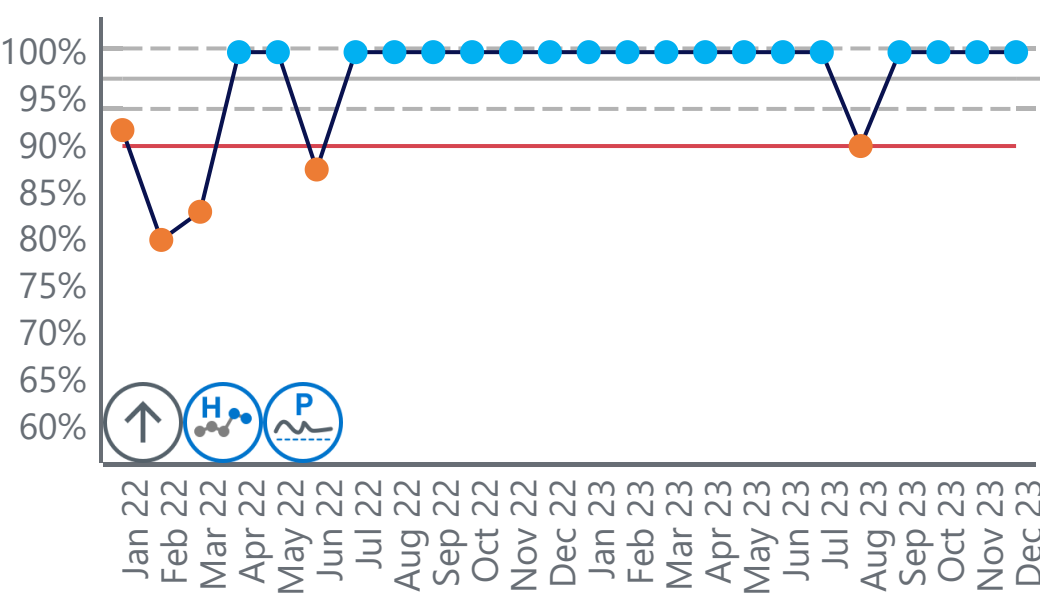
Primary PCI - 150 minute 'Call-to-balloon' (national target)



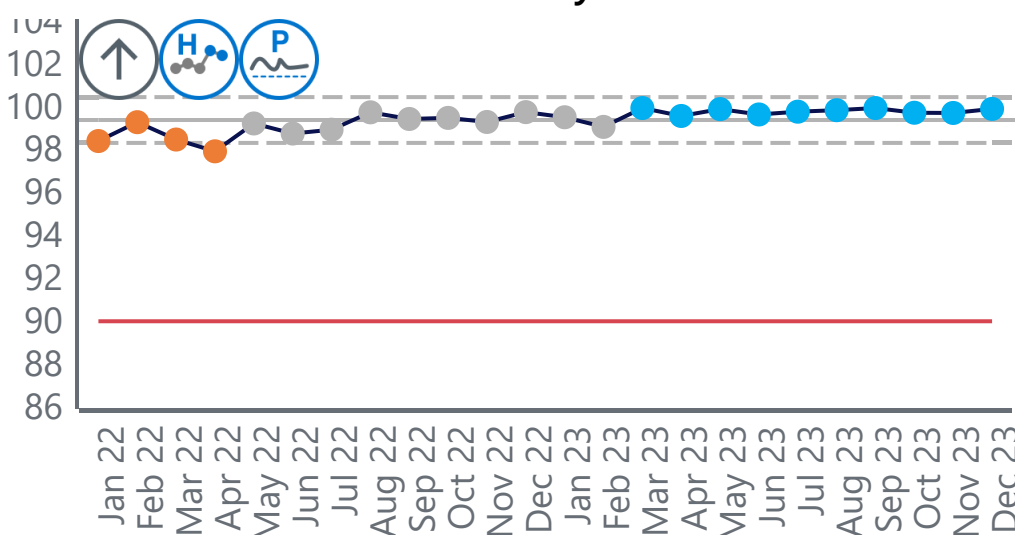
Delayed Transfers of care



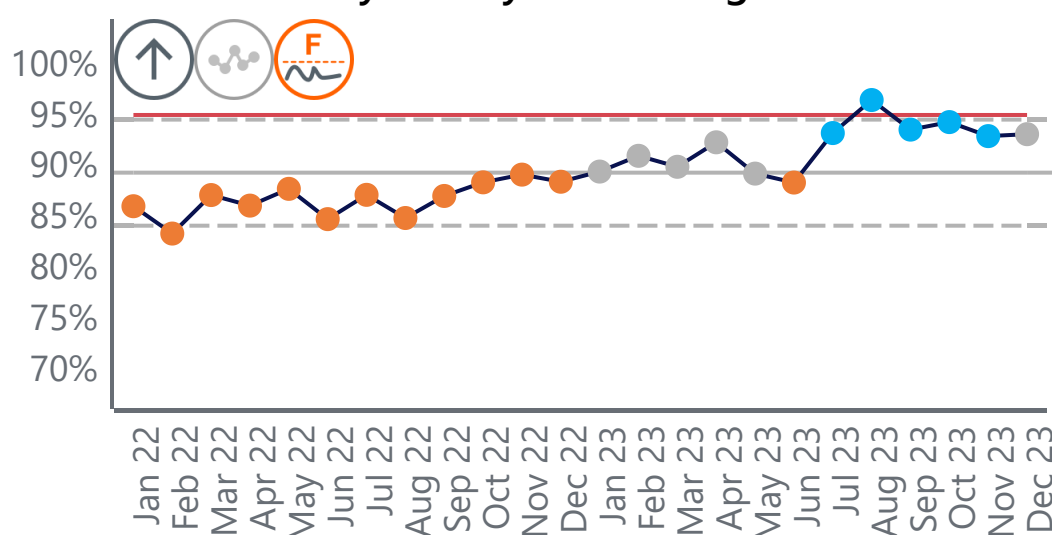
Dementia - Find



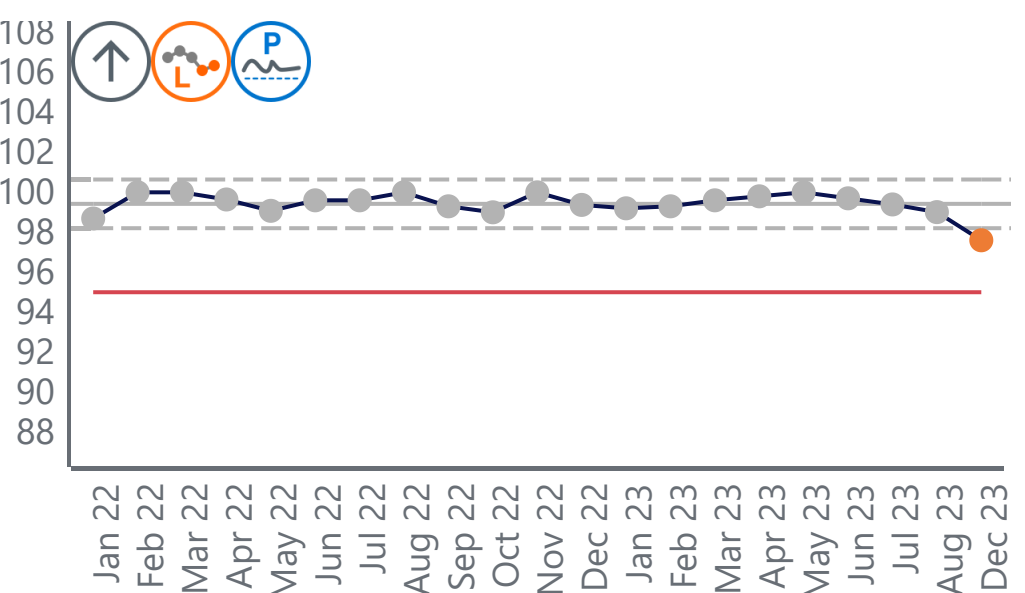
Delirium Risk Assessment to be completed on Admission and once a day



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 9 position is a £1,166k surplus, which is £348k better than plan in month. The YTD surplus is £8,472k which is £1,104k better than plan. The single largest adverse variance year to date is undelivered CIP. Income associated with elective activity was broadly in line with the plan in December, but is still being affected by the continuation of staffing pressures in theatres. Private patient income continues to track positively against plan and Target lung scan income was also above plan in month. Pay costs were underspent in December by £66k and are underspend YTD by £312k. All staffing groups were within or below budget YTD with a small overspend on non-clinical in month. Nursing costs are within budget YTD despite over-establishment as a result of positive recruitment initiatives and the cost of bank and agency continues to track positively.

Areas of Concern:












The most significant expenditure 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 82% of their CIP target for the year, 66% has currently been transacted leading to the adverse budgetary impact. 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. Surgical activity continues to be an area of concern, with staffing shortages causing a significant shortfall against the activity plan. A recovery plan is in place, and improvements have been made in recent months.

Forward Look (with actions):

In light of the national requirement to refresh the system financial forecast, the Trust has considered what further action can be taken to improve its forecast position to support system risks and pressures. This has resulted in a further £1.25m improvement to the surplus position. 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. 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. In addition, the Trust continues to monitor the impact of inflationary price increases and workforce pressures. Planning for 2024/25 is underway, and this is accompanied with a focus to improve the exit run-rate so the Trust enters the new financial year in as strong a position as possible.

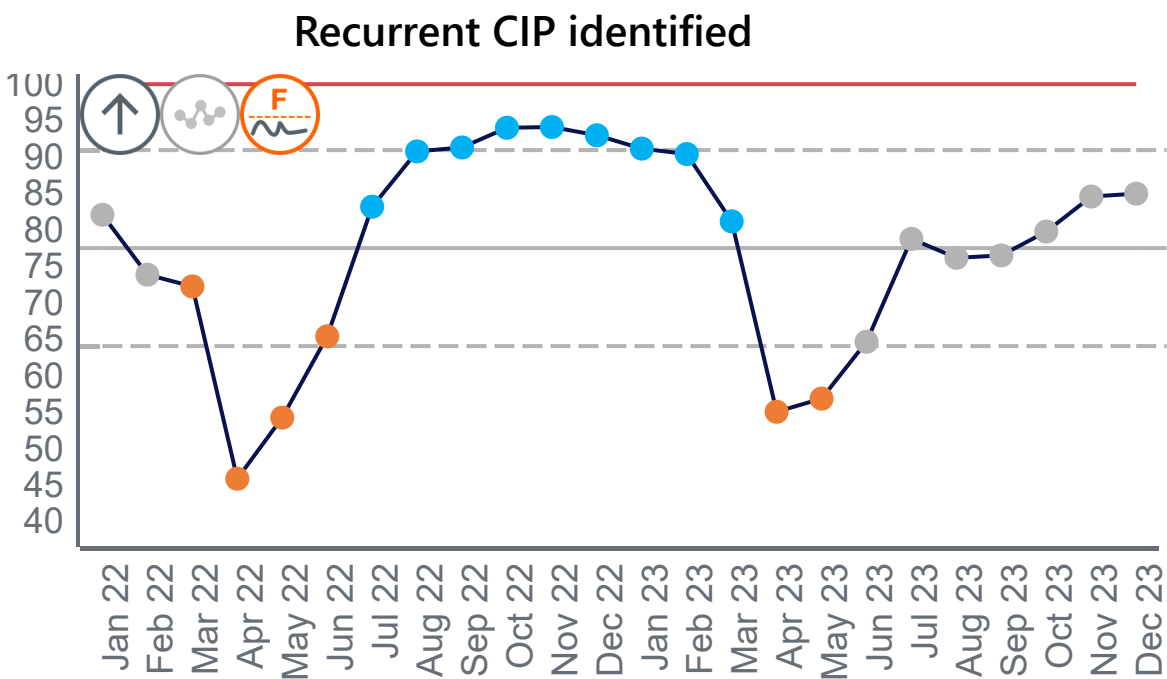


Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
Better Payment Practice Code	Dec-23	96.0	95	98.04		
I & E distance from target (cumulative) - £,000	Dec-23	1104	0	112		
Liquidity (days)	Dec-23	28		22		
Recurrent CIP identified	Dec-23	85.0	100	73.1		
Capital Expenditure (Trust Level)	Dec-23	3392000	5142000	3392000		
Cash in Bank (Trust Level)	Dec-23	43496000		46221000		



Finance - Drive Metrics

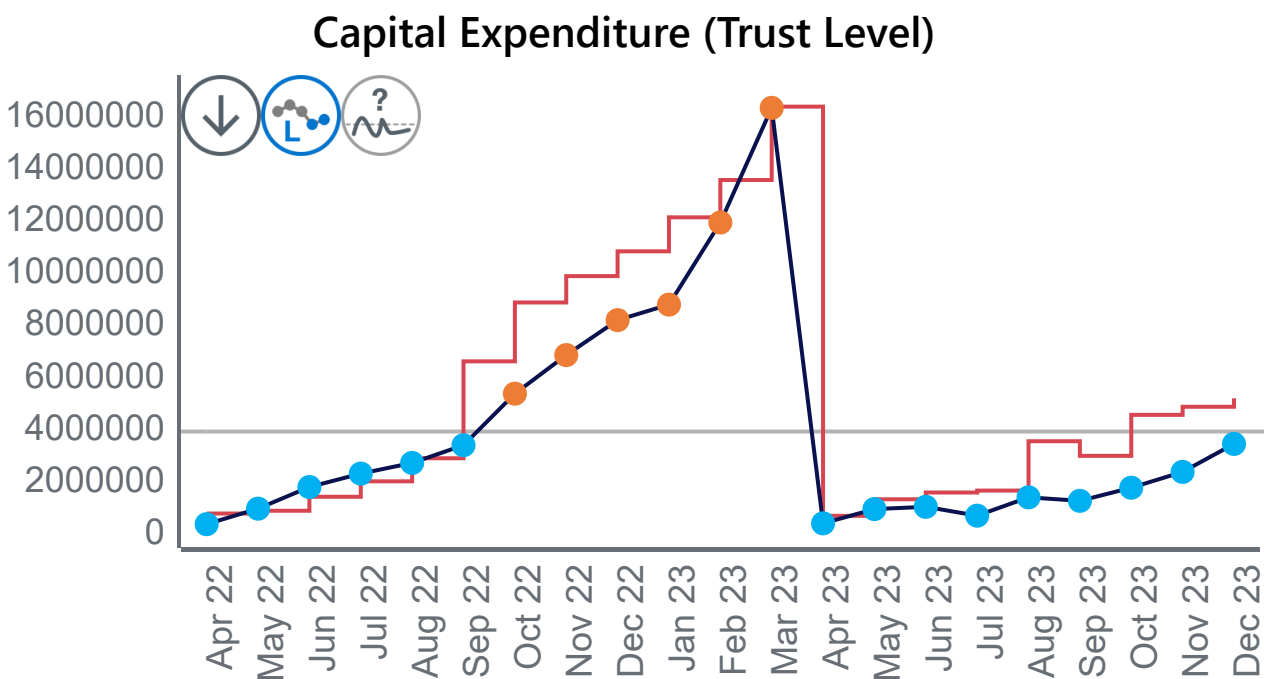


Technical Analysis:

Following on from quarter three of 23/24 December position remains below target with room to close gap. In comparison to 2022/23 the trust is below 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:

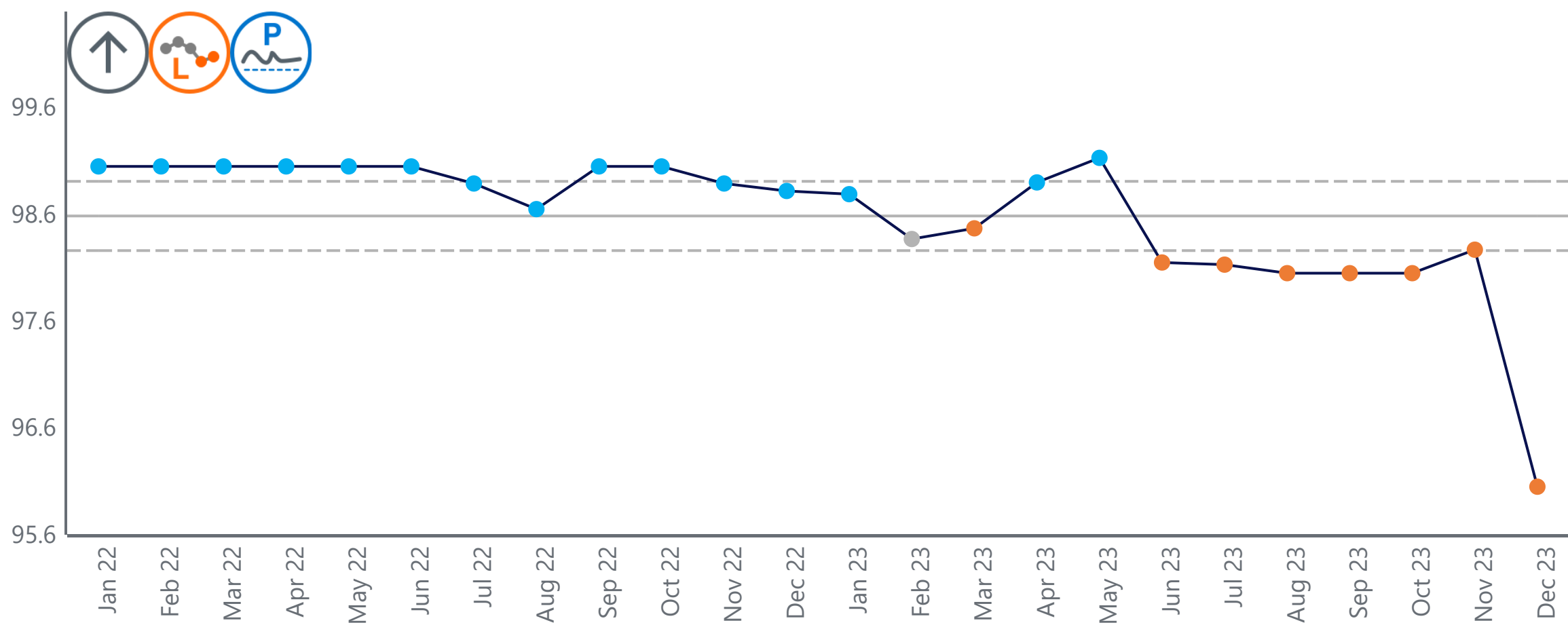
Performance for 2023/24 is below target and the same period 2022/23. Improvement required to consistently achieve target.

Actions:

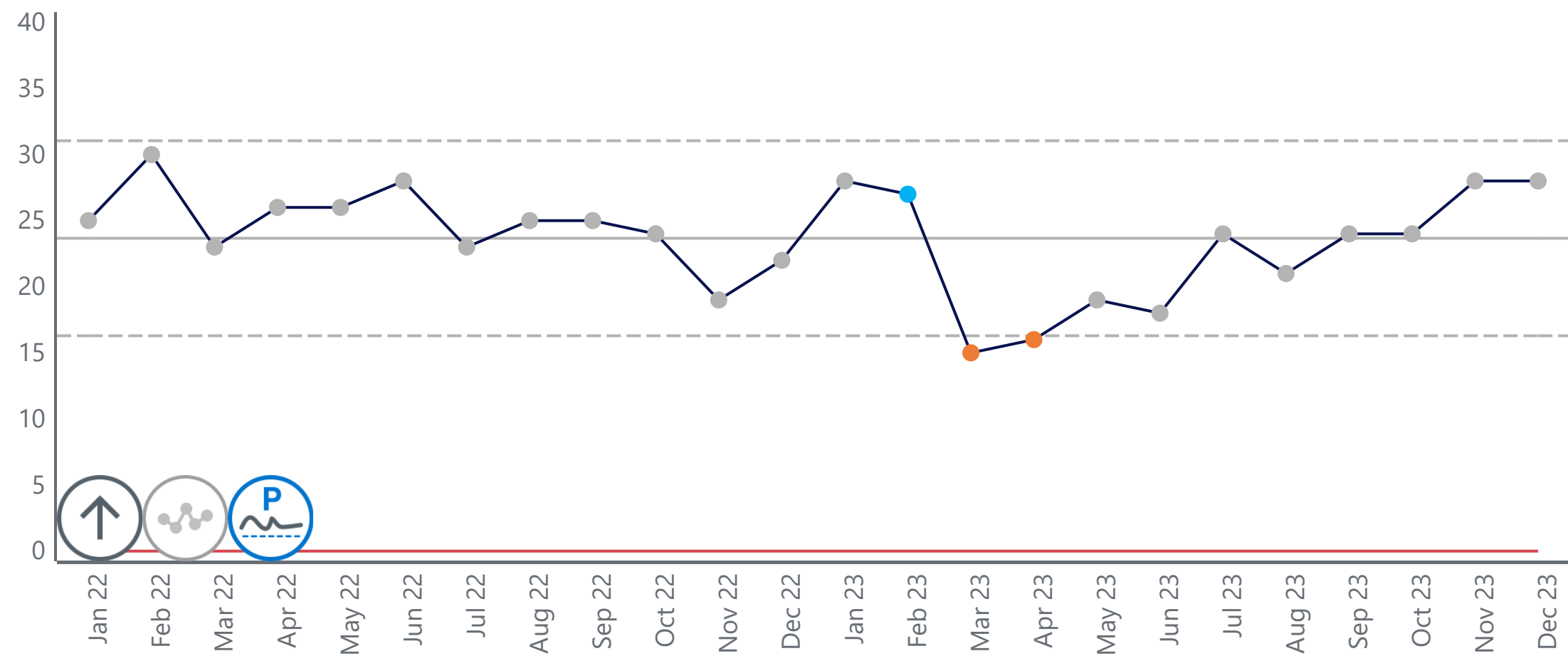
Capital commitments are monitored by the Capital Management Group. Where risks emerge the group will re-prioritise resource within the allocation.

Finance - Watch Metrics

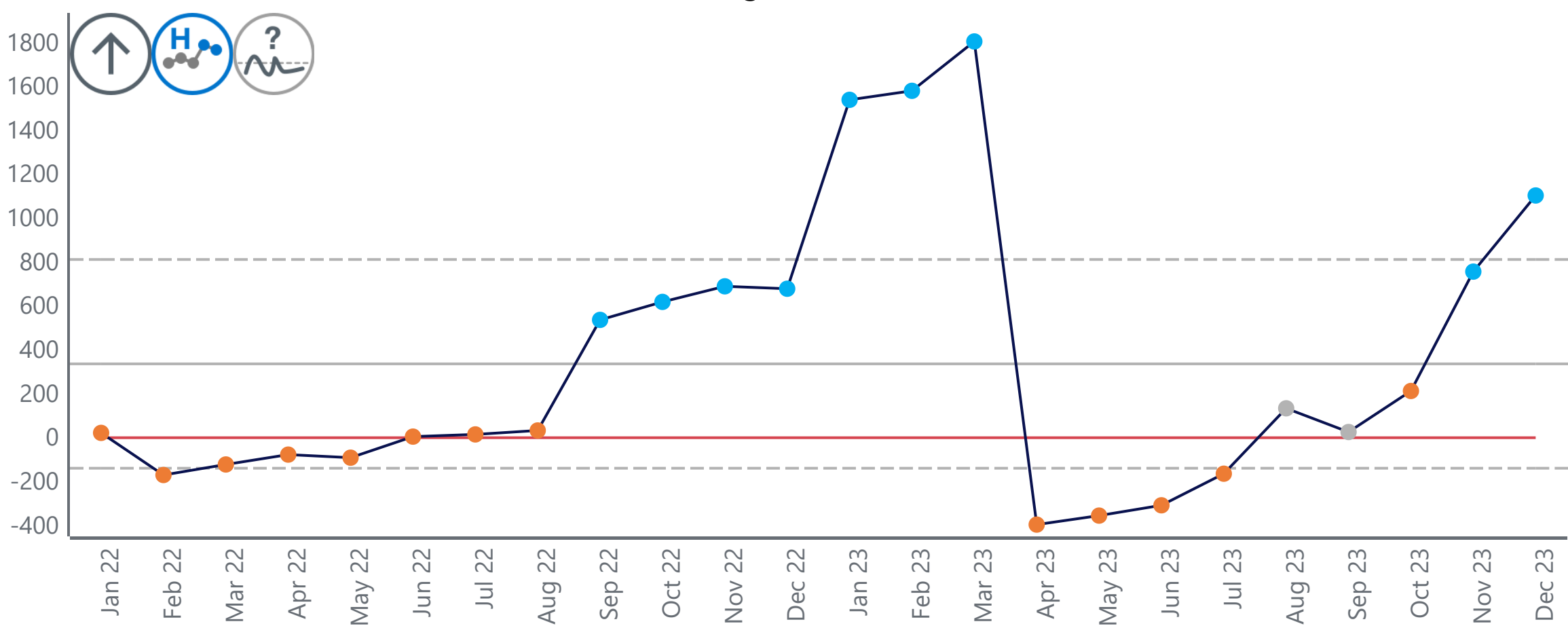
Better Payment Practice Code



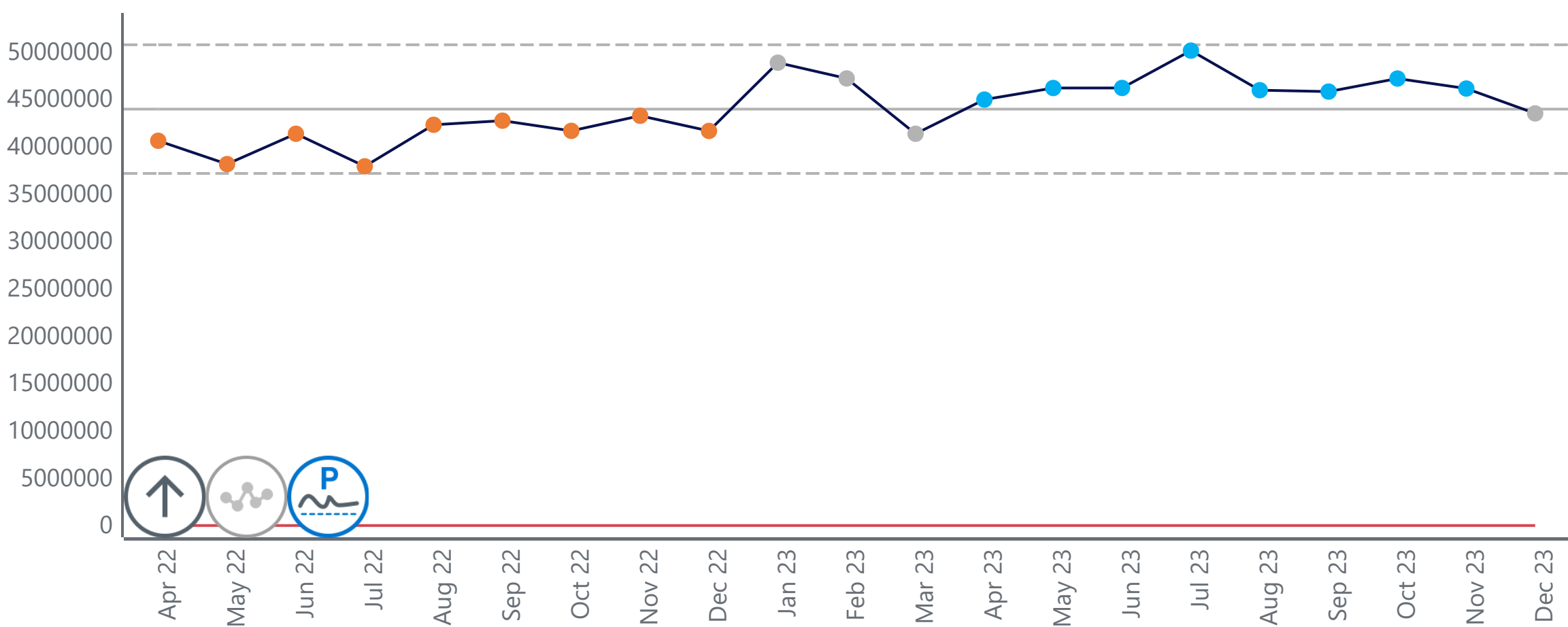
Liquidity (days)



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



Cash in Bank (Trust Level)



People

SRO: Jane Royds, Chief People Officer

Highlights:

Picker published the management report and first set of Staff Survey data on 21st December 2023 which indicates that there has been a further improvement in all areas of the People Promise. (NB The results are currently under an embargo and cannot be published outside of the organisation)

Doctors in Training (DiT) mandatory training compliance is now reportig at 93.06% (from 90.53% at the beginning of Dec 2023

Successful Theatre & Physiotherapy Recruitment Days took place in November 2023 to recruit to hard to fill roles which will reduce the vacancy gap in these areas

Areas of Concern:

Sickness absence levels have increased, necessitating a comprehensive approach to employee well-being. A heightened focus on psychological support initiatives has been implemented and the Team are working closely with the Staff Psychology Team to ensure that a robust psychological support offer is in place and is being continually reviewed in line with workforce data and soft intelligence. There will also be a strong focus on mental wellbeing and ‘time to talk’ at the next Live Well, Work Well Event scheduled in Feb 24. There has also been a noted increase in MSK absence. This data is being closely monitored through the Health and Safety Committee and Health/Wellbeing Steering Group. Actions being progressed include targeted work station assessments and the offer of an ergonomic assessments at the next Live Well, Work Well Event.

Mandatory training compliance remain slightly below the target of 95%. The L&D team is monitoring this closely and supporting specific areas where compliance is below the benchmark. Staff sickness and industrial action are the key reasons for underperformance in the past month. It is expected that compliance rates will report above 95% by the beginning of February 2024.















Forward Look (with actions):

LHCH continue to grow its Live Well, Work Work HWB events in collaboration with Strategic Partnerships and as part of the Broadgreen Collaborative. The next event is scheduled for 1st February 2024 and will include Health Checks for employees (Blood Pressure, Cholesterol and BMI)

A review of admin and clerical roles is being developed to ensure we continue to grow our workforce and have a pipeline for progression



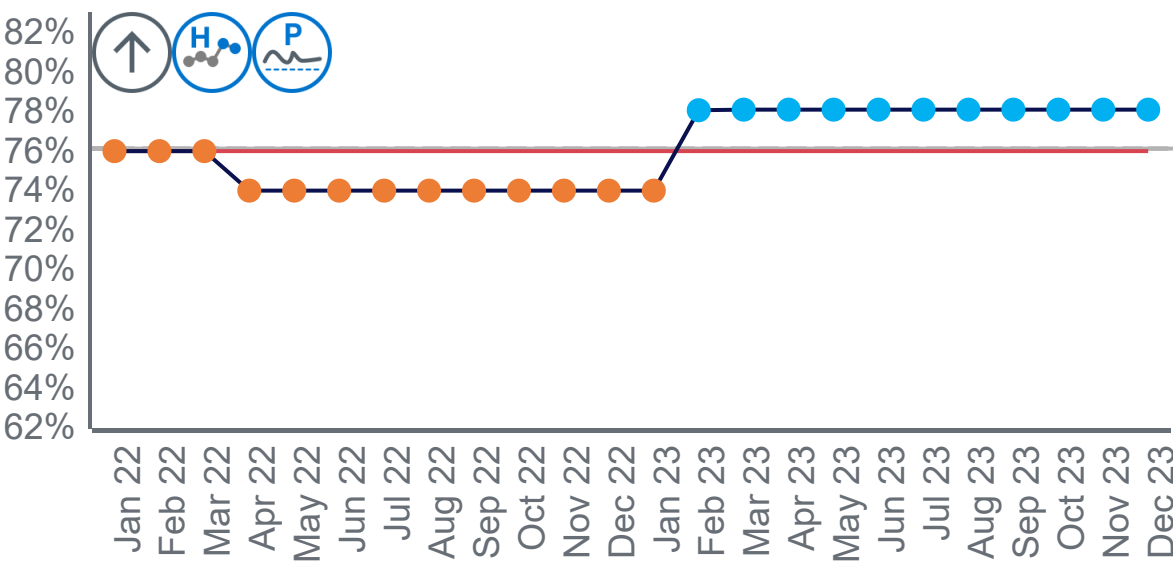
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Dec-23	91.7	>=90%	84.8		
Mandatory Training Compliance	Dec-23	94.3	>=95%	94.3		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Dec-23	78.1	>=76%	78.1		
Staff Turnover	Dec-23	9.6	<=10%	10.4		
Staff Sickness (All Staff)	Dec-23	5.19	<=3.4%	4.5		
Long Term Sickness	Dec-23	3.1	<=3.4%	2.7		
Short Term Sickness	Dec-23	1.62	<=3.4%	1.7		



People - Drive Metrics

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



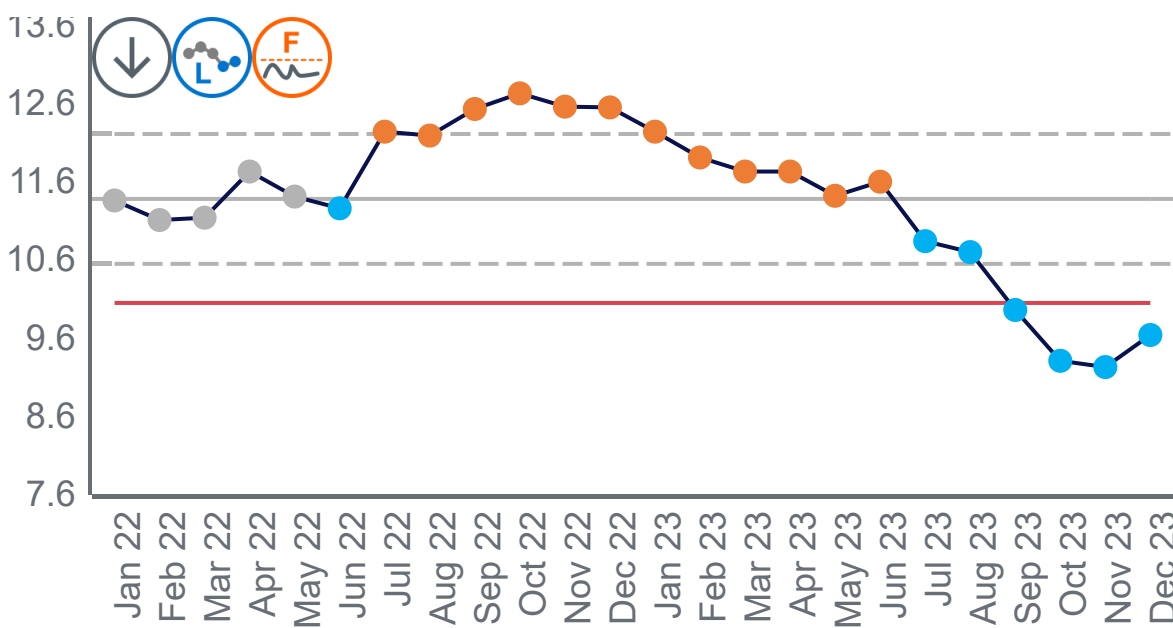
Technical Analysis:

2021/22 vs 2022/23 demonstrates a shift in performance from achieving target of 76% to failing with a performance of 74%. Most recent results have pushed performance above by achieving 78% for 2023/24.

Actions:

Annual Indicator - Maintained position.

Staff Turnover



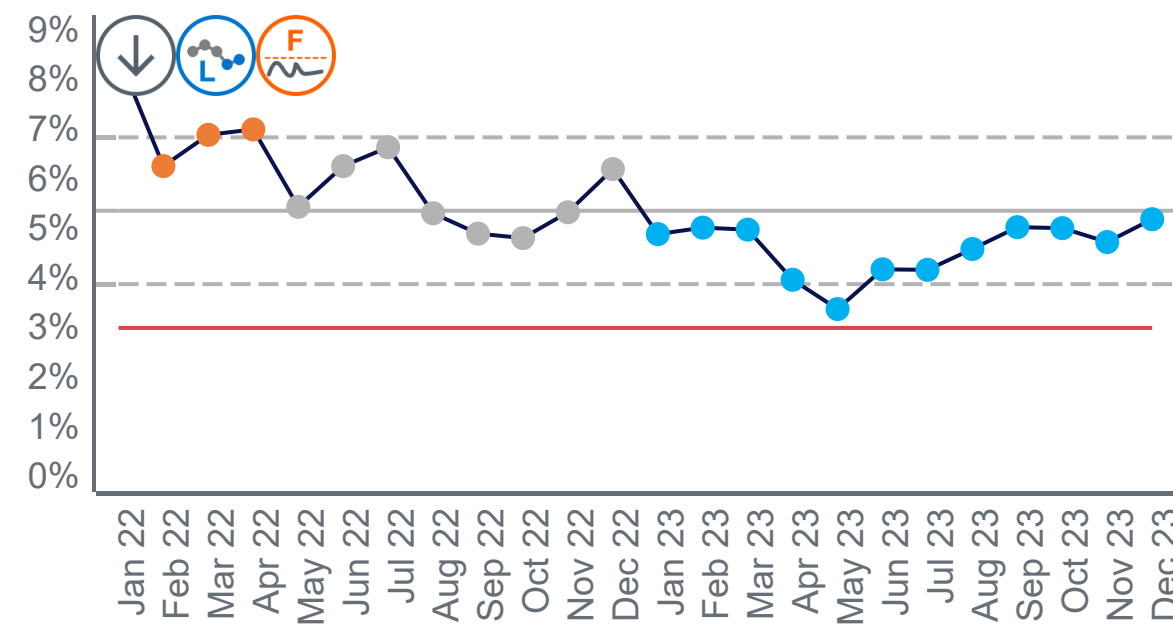
Technical Analysis:

Staff Turnover has shown reduction over the last 12 months and is displaying Special Cause Improvement. Previous levels could create a substantial risk. The target has been achieved for four consecutive months.

Actions:

Voluntary turnover saw a slight increase in December, but remains below the trust target.

Staff Sickness (All Staff)



Technical Analysis:

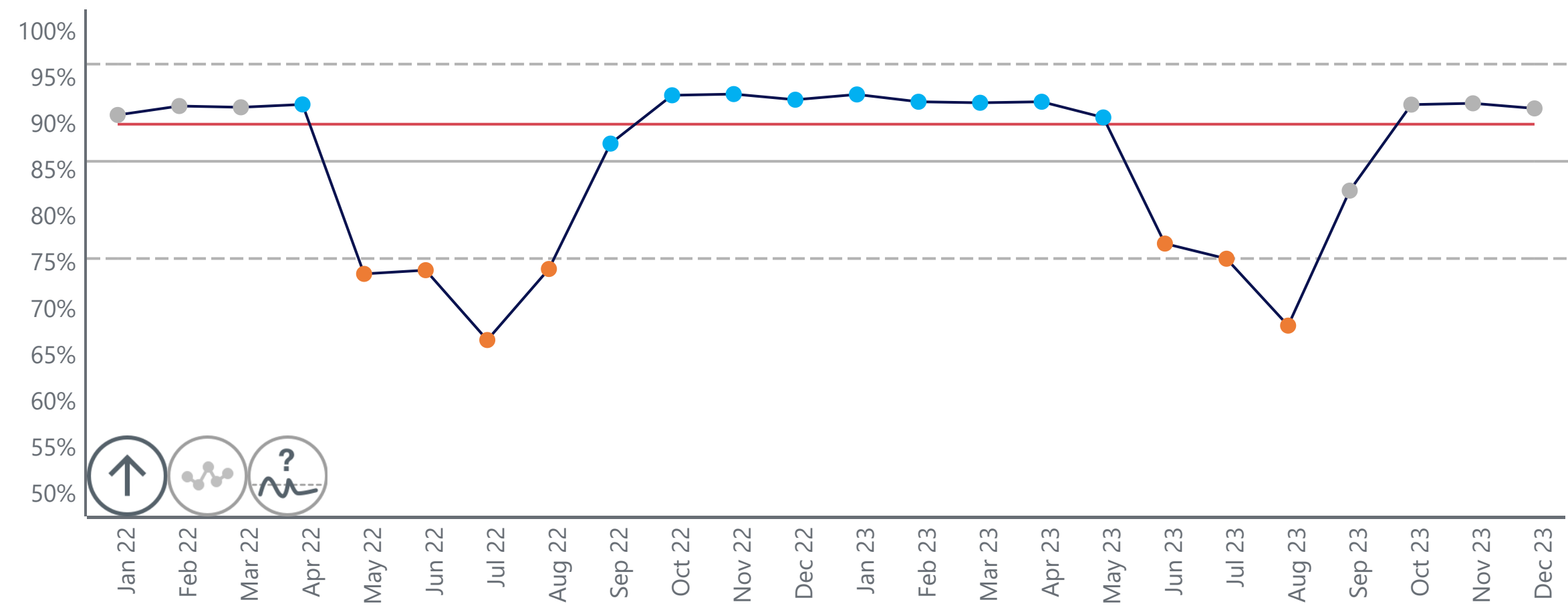
Total absence in December was 5%, this is above the target of 3.4%. Although continued work is required the last 12 months have displayed Special Cause Improvement working towards achieving the target.

Actions:

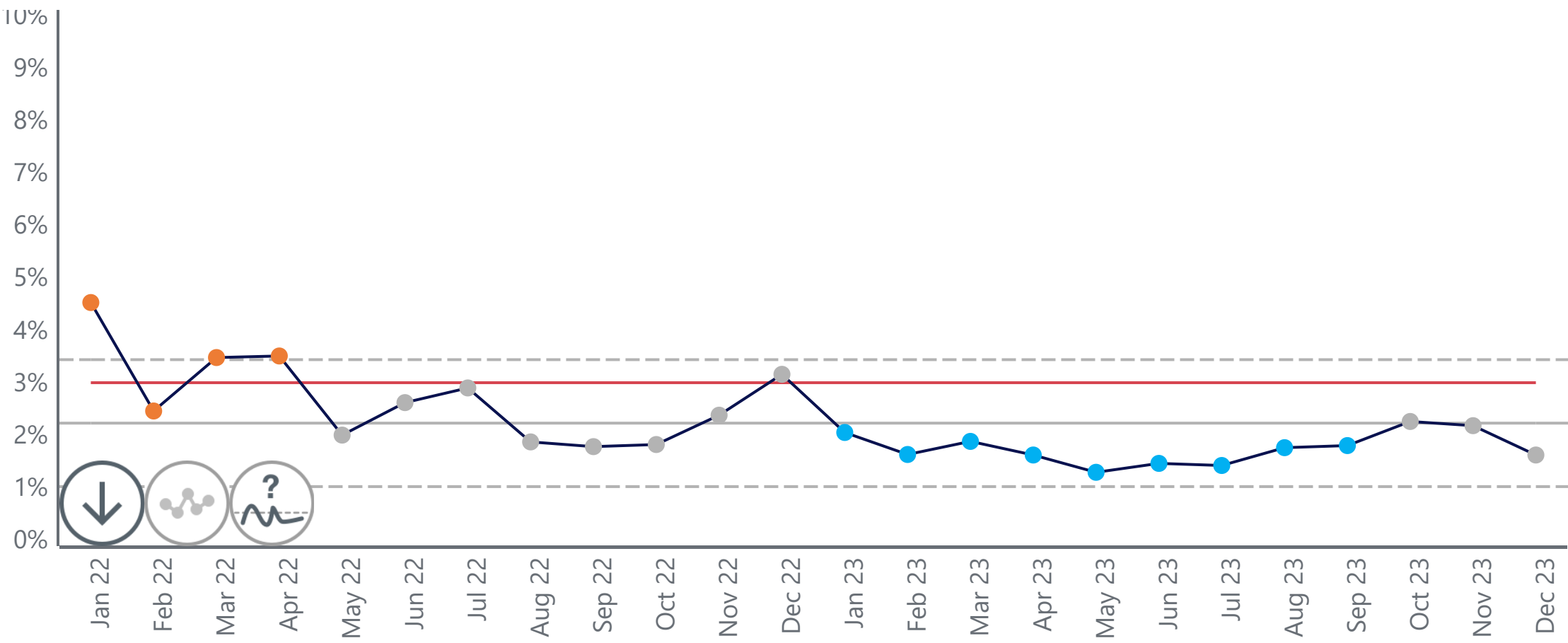
Sickness increased by 0.48% in Dec to 5.19%, with short term sickness accounting for 2.25% and long term 2.94%. The HR Business Team have created a monthly sickness absence report which includes a plan against all cases of continued sickness absence. This data will be shared with divisions.

People - Watch Metrics

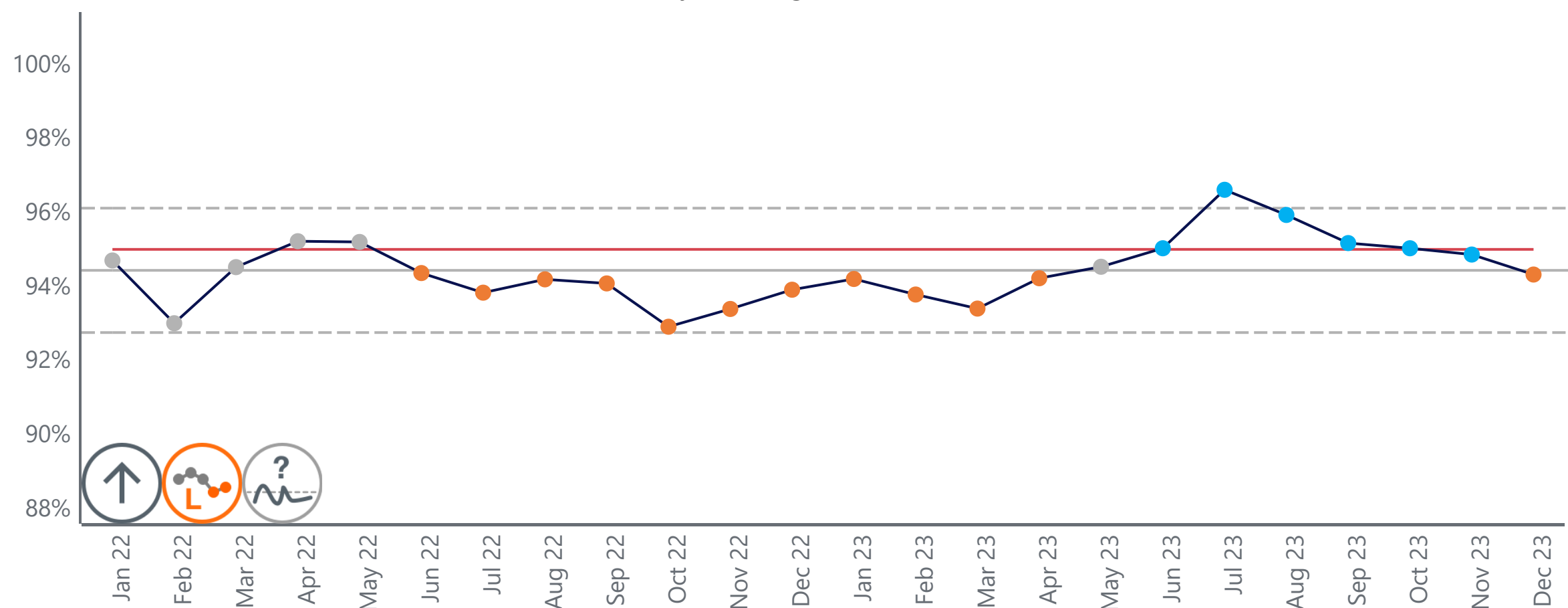
Appraisals Compliance



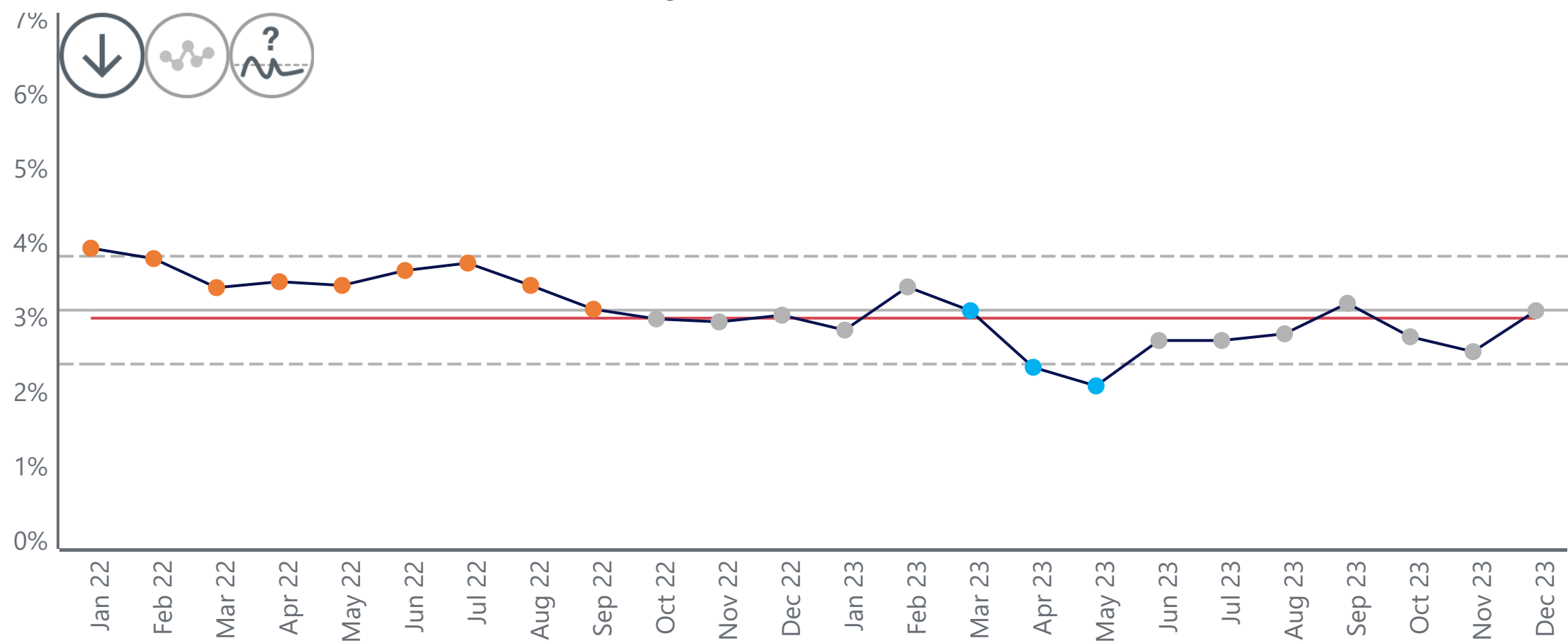
Short Term Sickness



Mandatory Training Compliance



Long Term Sickness





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