

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

Strategic Oversight Framework

February 2024

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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 11 the Trust has 4 indicators that have continued to show statistically significant changes in performance with 8 in month that are below target. Although a number of indicators are below target, performance is improving against a backdrop of workforce pressures.

Elective activity in month was above plan but as a Trust we have maintained our surplus financial position year to date.

Cancer Performance is reported a month in arrears and all Cancer standards continued to be challenged by workforce pressures. In January all Cancer standards were non compliant to the national targets.

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) has shown significant improvement in February and is expected to improve month on month although will be in Q1 next financial year before we get back to compliance.

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 & January, the teams are continuing to review options to increase capacity in Q4. The 62 Day standard is interdependent of the two different factors of surgical and diagnostic wait times.

Long waiters within the Trust has increased in Feb impacted by urgent demand 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 has now closed 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.
- *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 has been delayed until March 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 focussing on long waiters, however recovery is being planned as part of annual planning to recover the current provider to provider wait times. This will be monitored through a weekly meeting chaired by the COO.

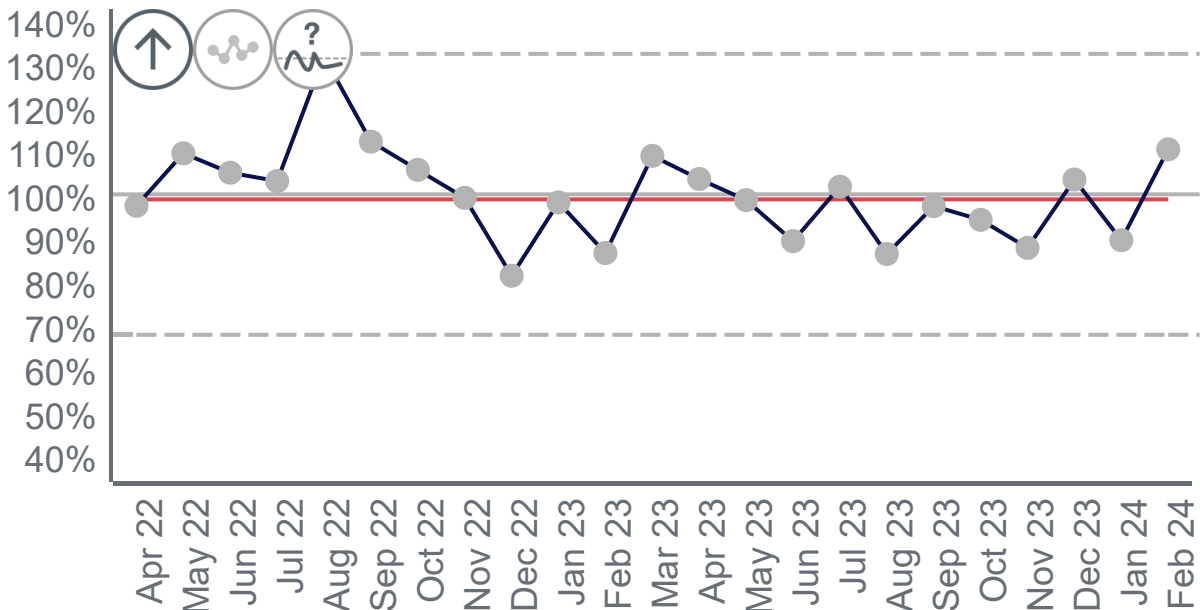
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Feb-24	89.0	>=80%	78		
Cancelled Operations for non-clinical reasons	Feb-24	4.6	<=2%	3		
Elective Activity Levels	Feb-24	111.5	100	98		
Maximum 6-week wait for diagnostic procedures	Feb-24	80.7	>=99%	89		
Outpatient activity delivered remotely via telephone or video consultation	Feb-24	30.3	%	32		
Overall Size of Waiting List	Feb-24	6032		5783		
Patients not booked in within 28 days (non clinical cancellations)	Feb-24	2	0	3		
PIFU Pathway	Feb-24	982	113	692		
Referral to treatment - Incomplete Pathways 52+ weeks	Feb-24	73.0	<48	61		
RTT 18 weeks in aggregate - Incomplete Pathways	Feb-24	74.23	>=92%	72		
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	Feb-24	74.6	>=95%	76		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Jan-24	42.9	>=75%	61.7		
Cancer: 31-day decision to treat to treatment standard	Jan-24	72.6	>=96%	84.7		
Cancer: 62-day referral to treatment standard	Jan-24	42.9	>=85%	51.7		



Operational Performance - Drive Metrics

Elective Activity Levels



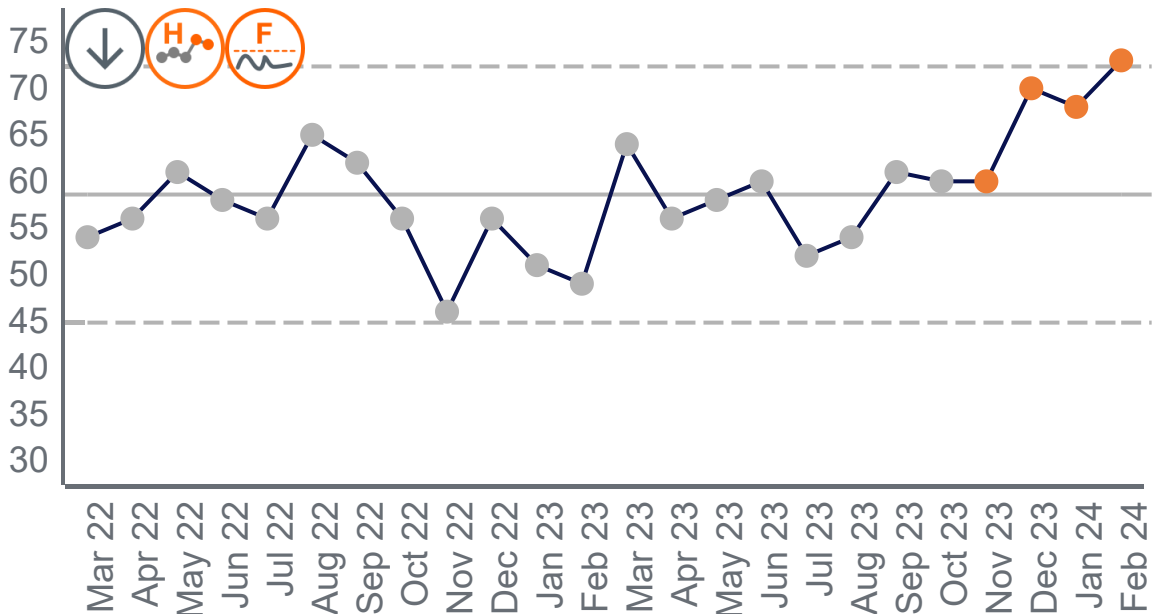
Technical Analysis:

February performance of 112% is above the target (100%). Monthly variation continues to demonstrate common cause variation. Further actions will be required to consistently achieve target.

Actions:

- *Activity over performed in month with although impacted from workforce and urgent surgical demand.
- *Ongoing monitoring and planning continues through Performance and Operational Board meetings; in line with workforce challenges.

Referral to treatment - Incomplete Pathways 52+ weeks



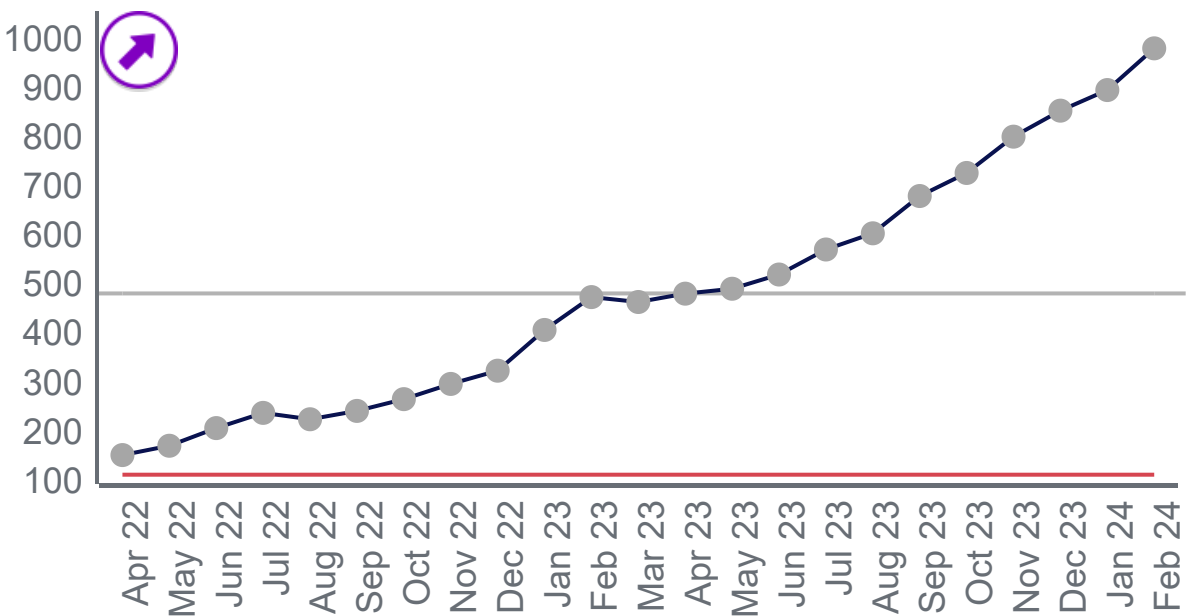
Technical Analysis:

February performance is displaying cause for concern having seen an increase in the number of 52+ week waiters with a continued increase over the last three months. 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 waiter clearance (with Mini Mitral expected to be an outlier)
- *Mini Mitral Service line closed to Referrals from February and outsourcing to progress in March.

PIFU Pathway



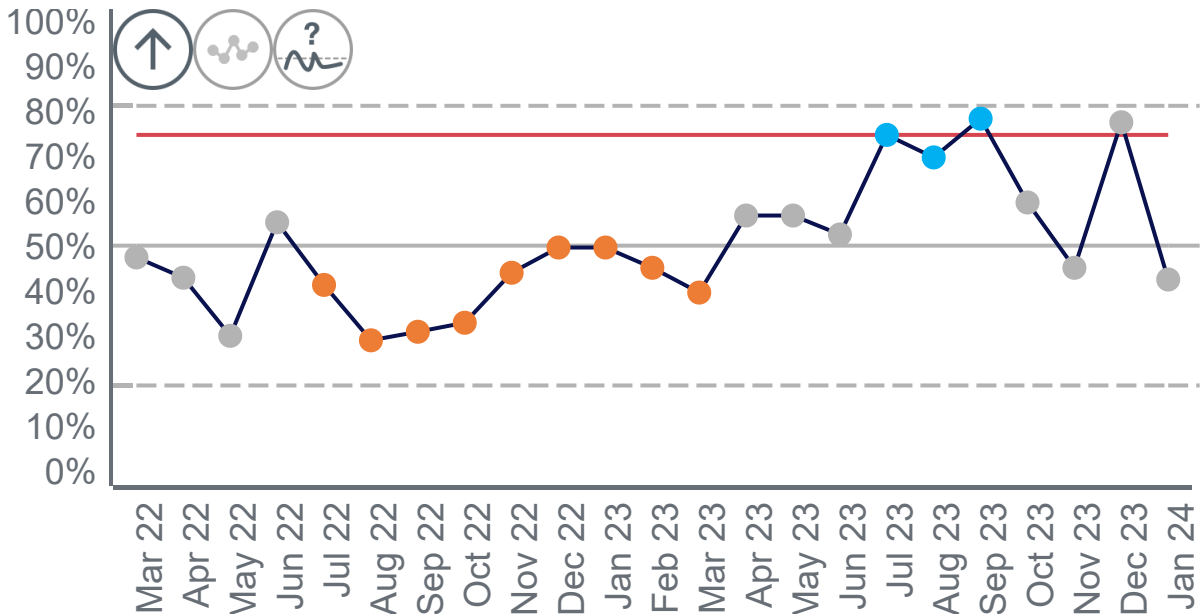
Technical Analysis:

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

Actions:

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

Cancer Patients meeting the Faster Diagnosis Target (FDT)



Technical Analysis:

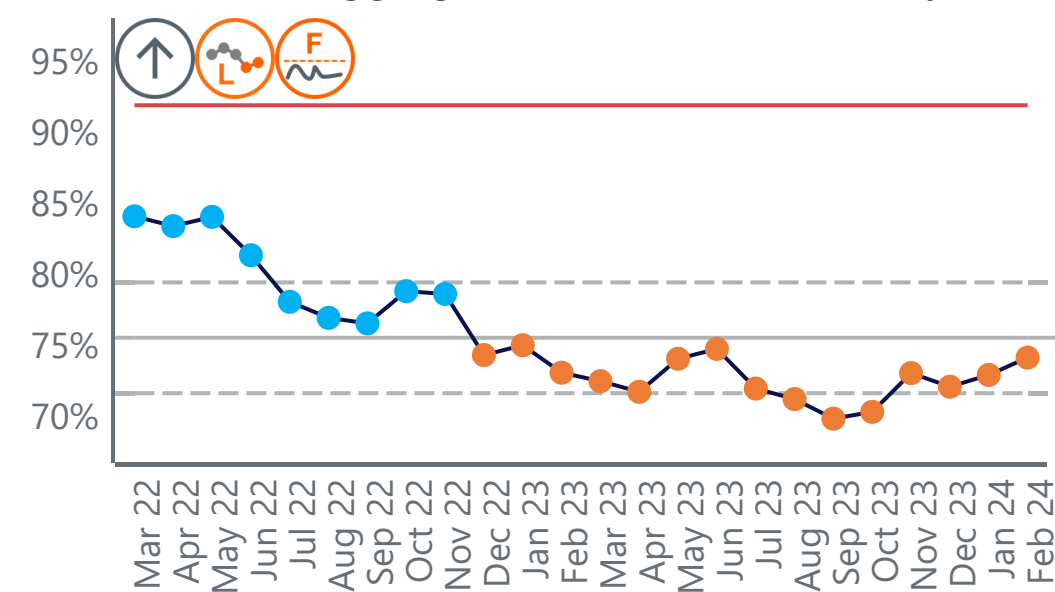
Following a period of special cause improvement, performance is displaying variation of passing and failing the target inconsistently. Improvement Required to consistently achieve Cancer FDT.

Actions:

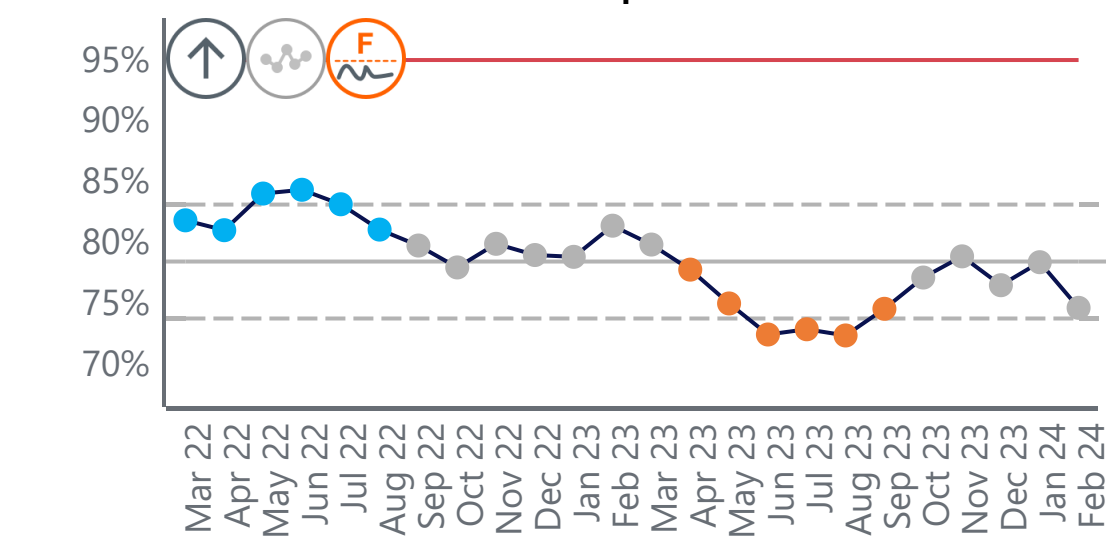
- *Additional sessions continue to be requested to support W/T in CT guided biopsy & EBUS
- *Pathway reviews of all breaches undertaken
- *EBUS planning to be revisited as part of the Trust Cancer Board
- *Joint CT guided biopsy planning in progress with LUFT through the BGH sub committee.

Operational Performance - Watch Metrics

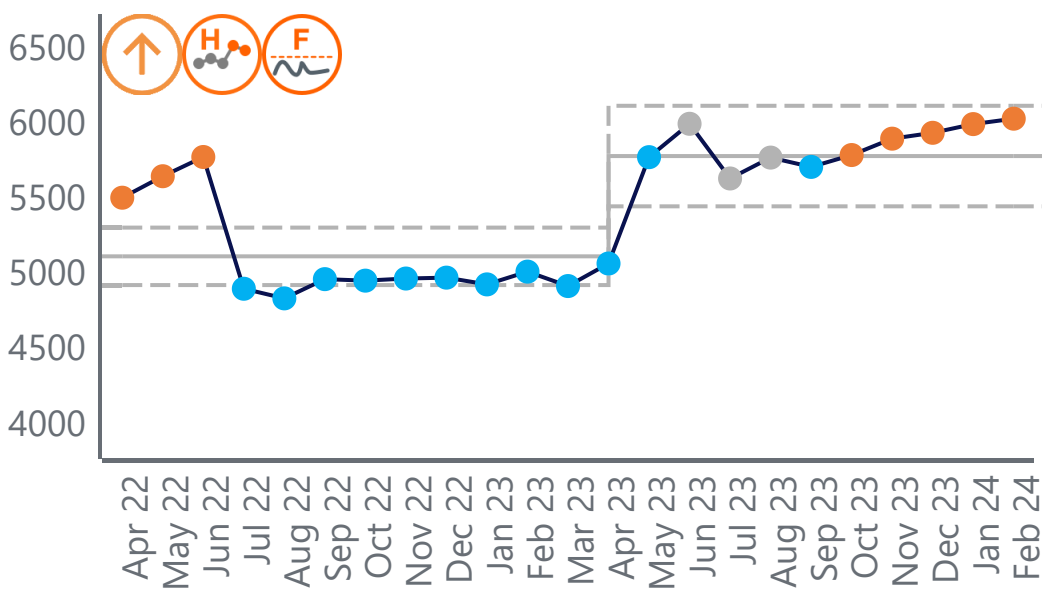
RTT 18 weeks in aggregate - Incomplete Pathways



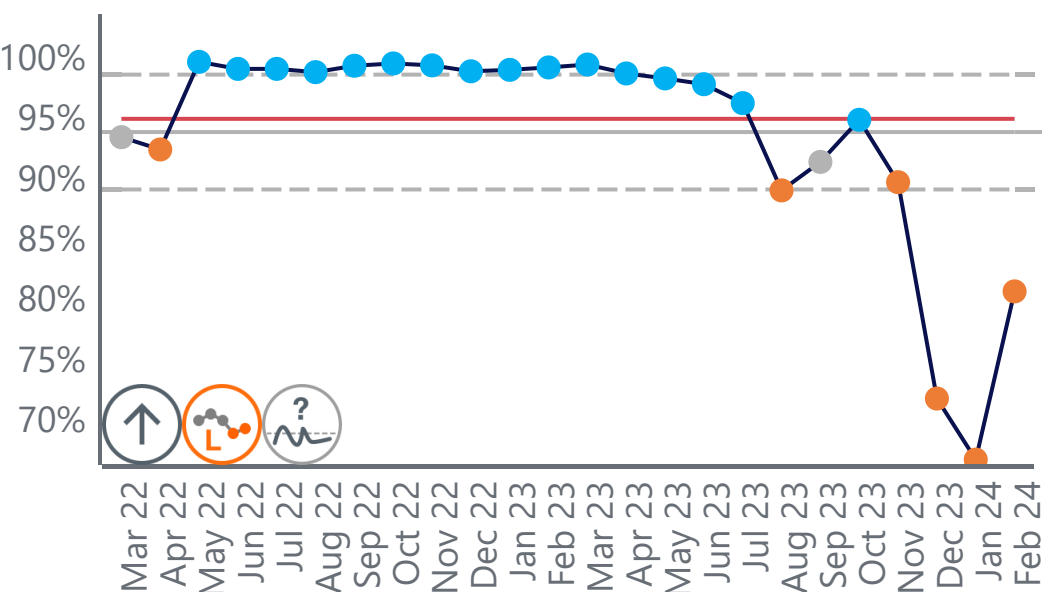
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete



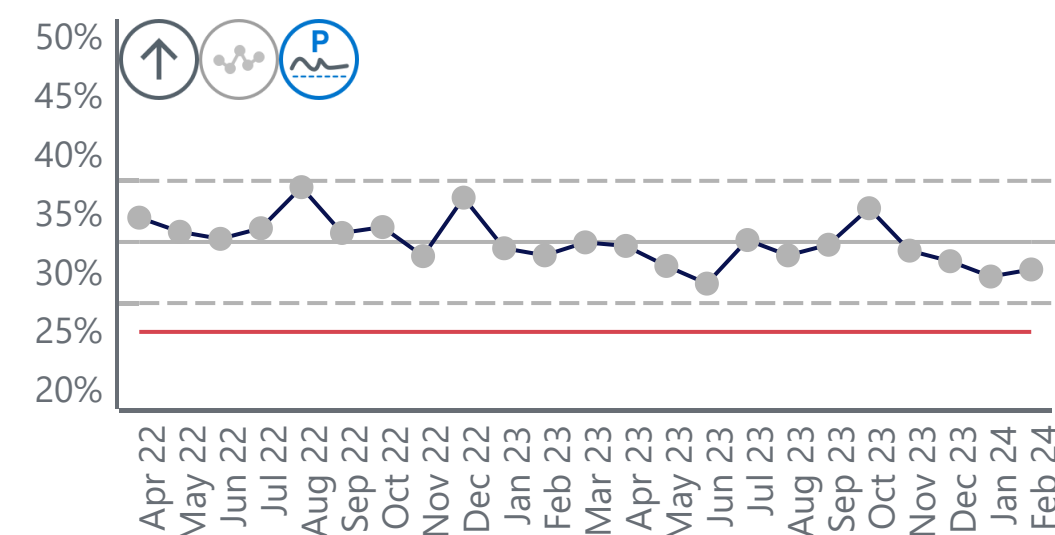
Overall Size of Waiting List



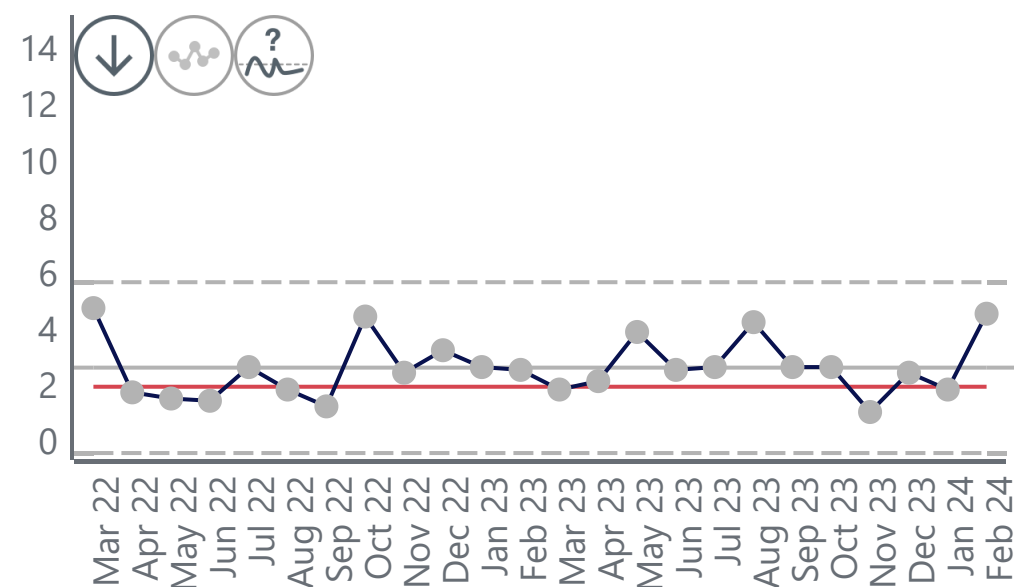
Maximum 6-week wait for diagnostic procedures



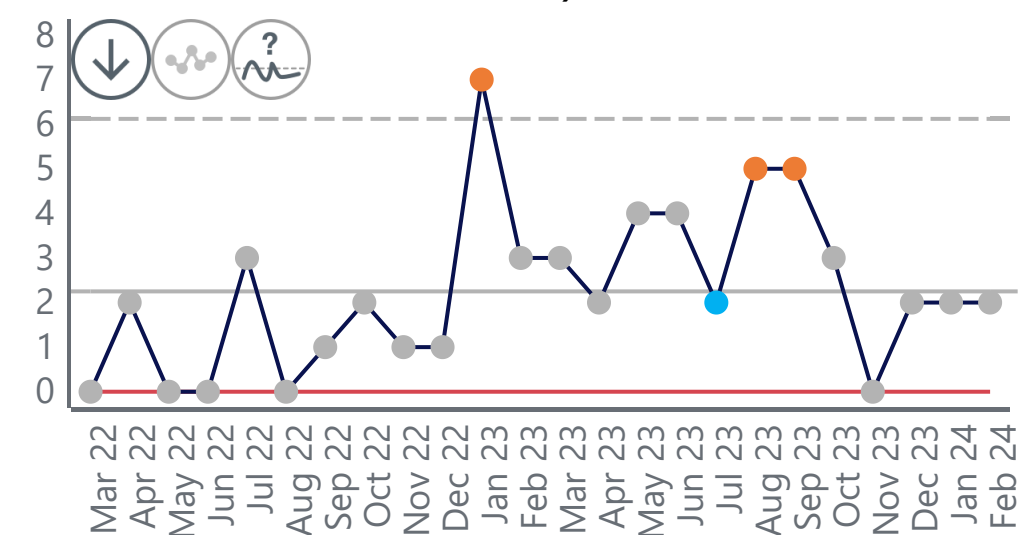
Outpatient activity delivered remotely via telephone or video consultation



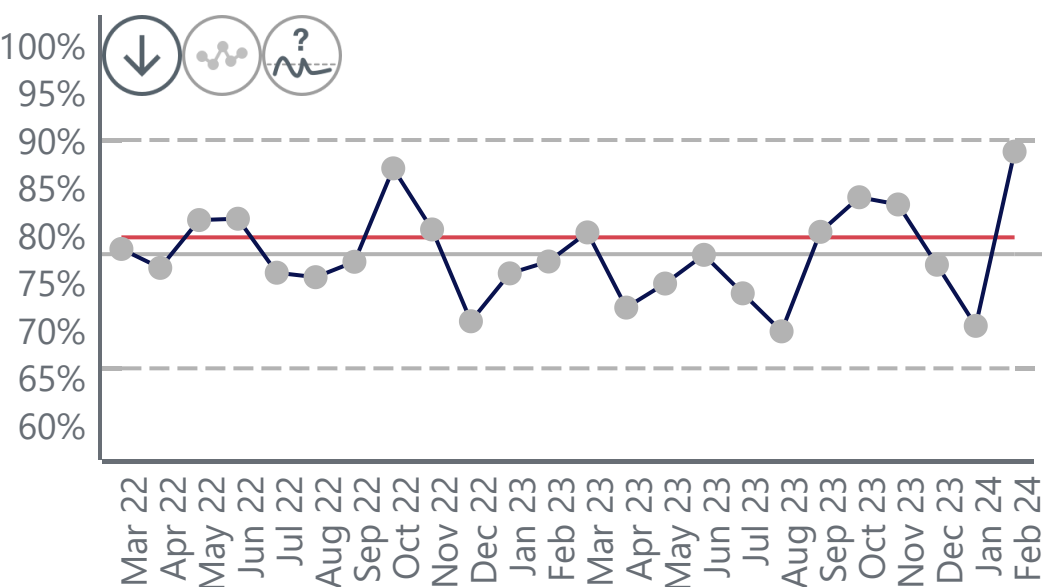
Cancelled Operations for non-clinical reasons



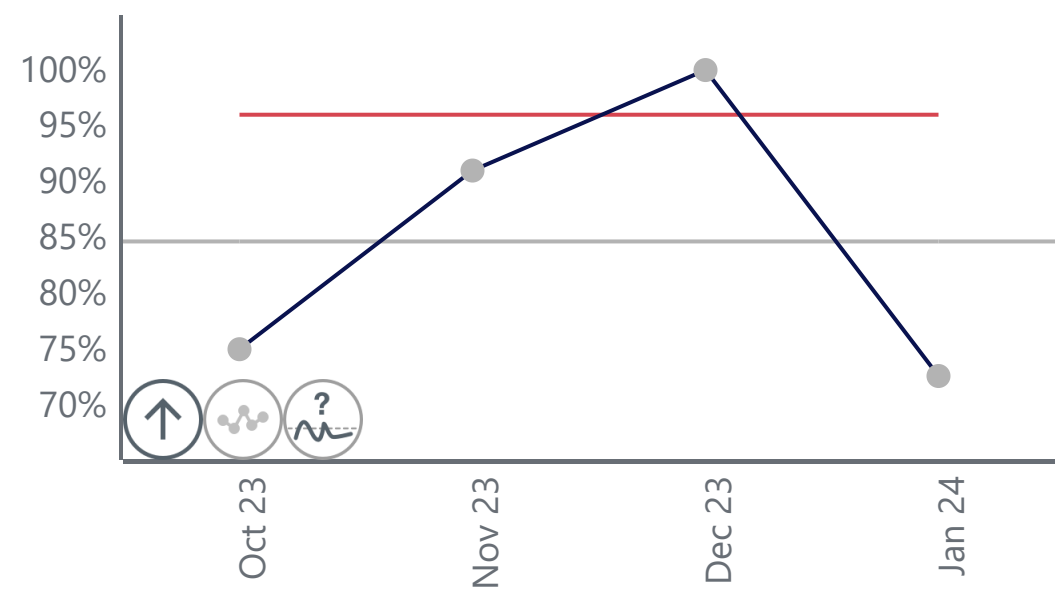
Patients not booked in within 28 days (non clinical cancellations)



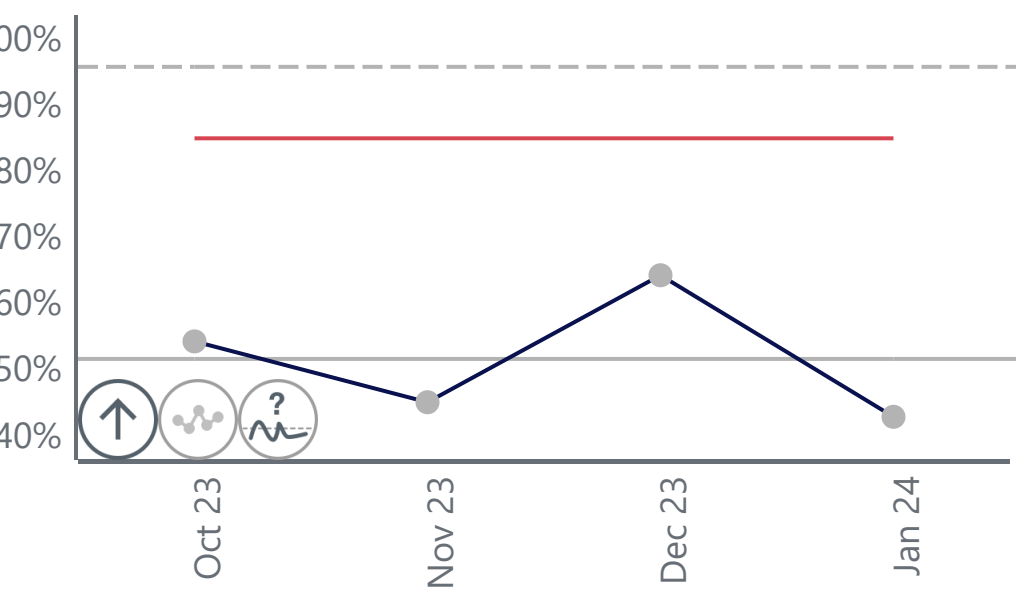
Bed Occupancy



Cancer: 31-day decision to treat to treatment standard



Cancer: 62-day referral to treatment standard



Quality of Care

SRO: Joan Mathews, Director of Nursing, Quality & Safety
Mr Manoj Kuduvalli, Medical Director

Highlights:

- *The Sepsis target for 1 hour antibiotics has continued to consistently perform above the 90% target, although January figures were marginally lower this has shown improved performance in February. This indicator shows sustained special cause variation of an improving trend.
- *There were no serious incidents, never events or 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.
- * Dietitians verifying February data as slight deterioration in performance for referrals to a dietician for patients scoring high risk. 80.6% recorded against target of 90%.
- *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 and January remained higher than usual albeit still low numbers. All falls are subject to an MDT review. The impact of change in stocking supplies, that are used to prevent falls was reviewed with stores. February falls were lower and this will be kept under close 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. This data now needs to be connected into the SOF.
- *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 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 and other factors continue to be reviewed.
- * FFT data is being reviewed.

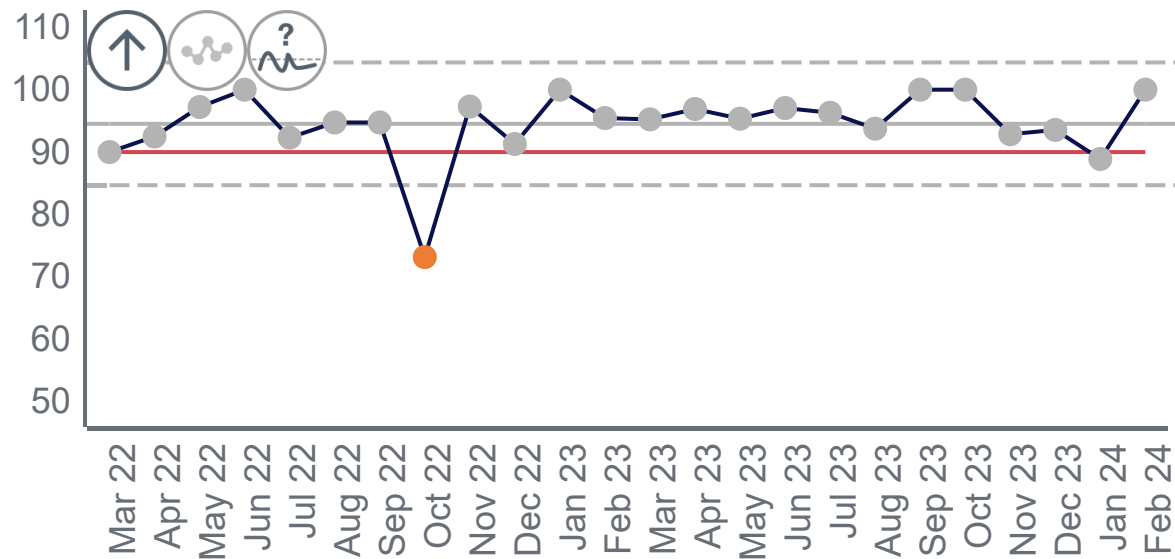
Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Feb-24	87.4	>=95%	87.0		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Feb-24	88.2	>=95%	92.3		
Clostridium Difficile	Feb-24	1.0	0	0.5		
Delayed Transfers of care	Feb-24	6.0	<=5%	4.4		
Delirium Risk Assessment to be completed on Admission and once a day	Feb-24	99.2	>=90%	99.6		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Feb-24	100	>=90%	95.9		
Dementia - Find	Feb-24	100	>=90%	98.4		
FFT: REPUTATION	Feb-24	97.5	>=95%	98.9		
Gram Negative Bacteraemias	Feb-24	0	1	0.8		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Feb-24	0	0	0.2		
MRSA Bacteraemias	Feb-24	0	0	0.0		
MSSA Bacteraemias	Feb-24	0	1	0.5		
Number of Falls	Feb-24	7	<=0.5	7.9		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Feb-24	0	<=0	0.1		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Feb-24	0.0	>=90%	0.0		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Feb-24	80.56	0	86.9		
Occurrence of any Never Events	Feb-24	0.0	>=95%	0.0		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Feb-24	64.1	<=6	63.5		
Quantity of complaints	Feb-24	0	95%	3.0		
Venous thromboembolism (VTE) risk assessment	Feb-24	95.42	143	95.4		
Number of Incidents No Harm and Near Miss	Feb-24	143	143	127.6		
Number of Incidents rated Minor Harm or Above	Feb-24	23	25	24.9		
Surgical Site Infections	Dec-23	7.4	0%	9.1		



Quality of Care - Drive Metrics

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



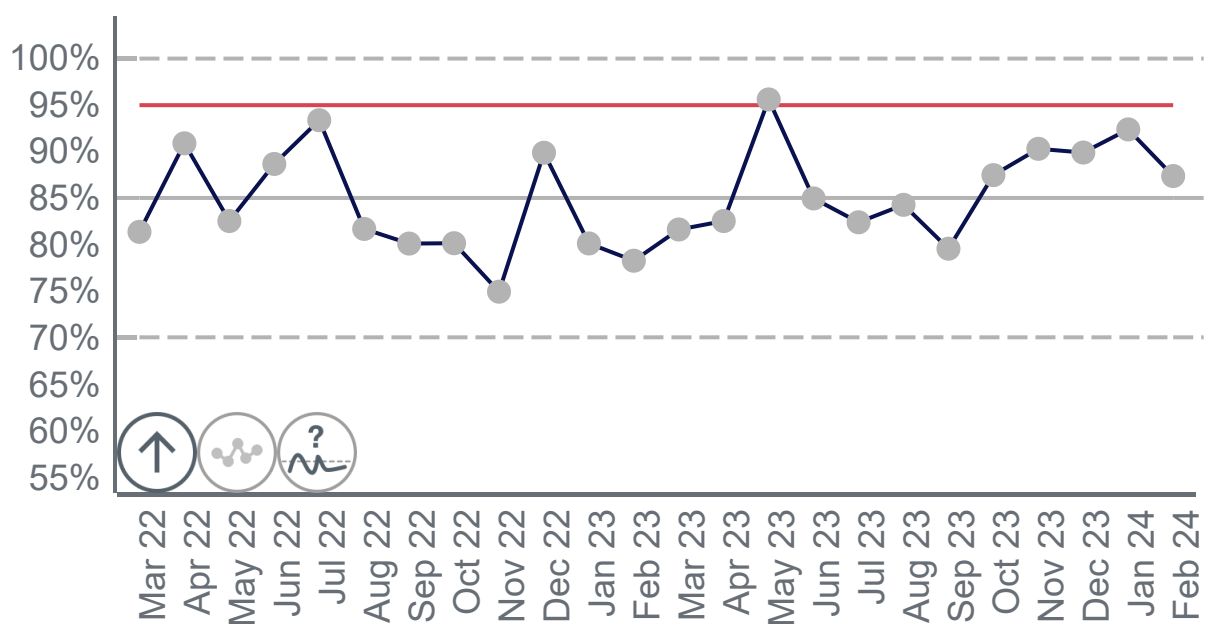
Technical Analysis:

Performance of the one hour Target is above the target following on from last months underperformance. Performance is currently displaying common cause variation due to this.

Actions:

Maintain weekly feedback to clinicians if this metric is missed.

% of radiological alerts with a response document



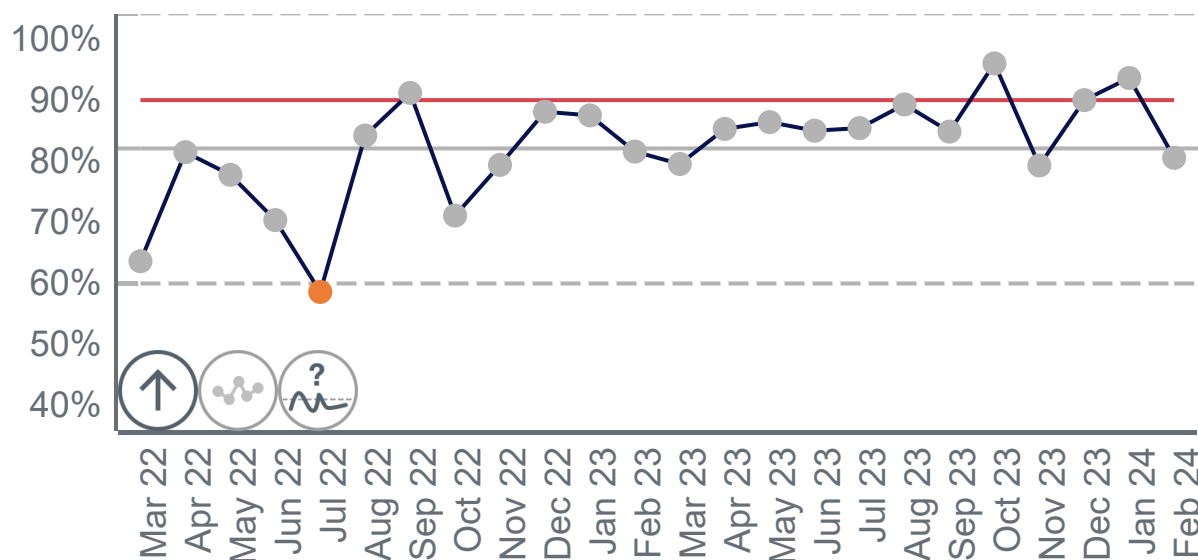
Technical Analysis:

February 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 to assist with monitoring. A process has been incorporated so the responsible clinicians receive additional notification of outstanding RAR's.

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



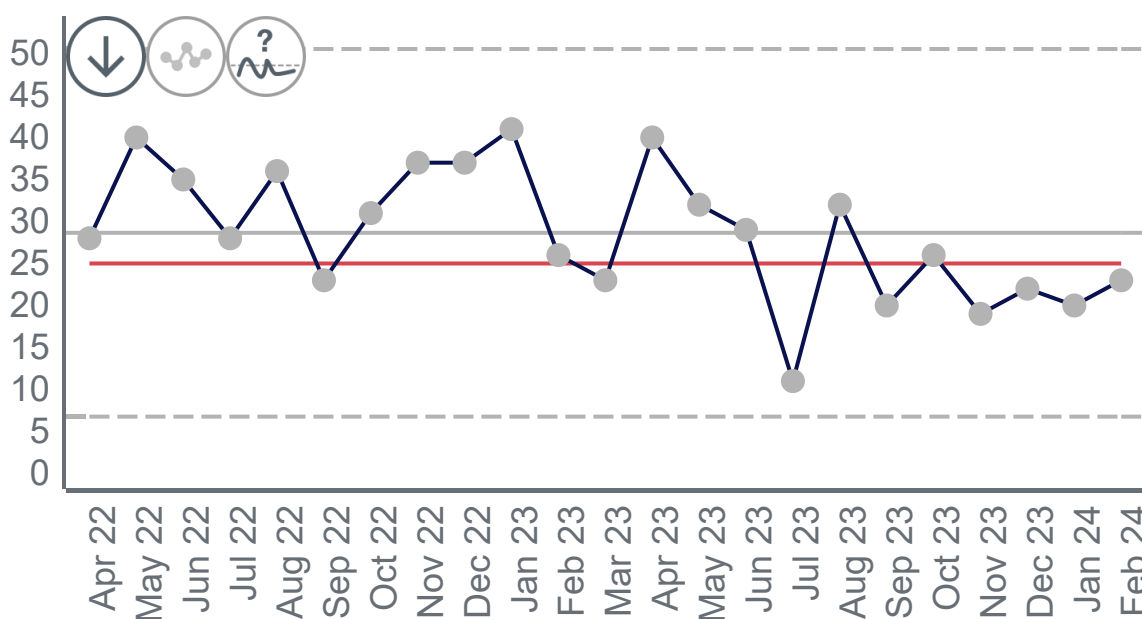
Technical Analysis:

Performance within February was 81%, which is below the target. Improvement 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 means 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:

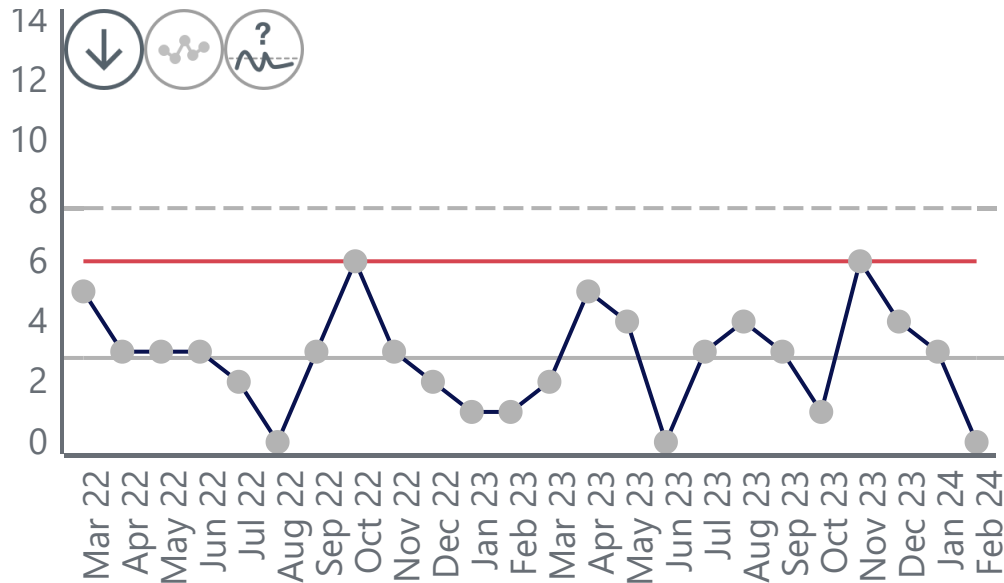
Number of Harms remains stable with performance over the last 18 months demonstrating common cause variation. February performance of 23 is below the 2022/23 average of 32 and target of 25.

Actions:

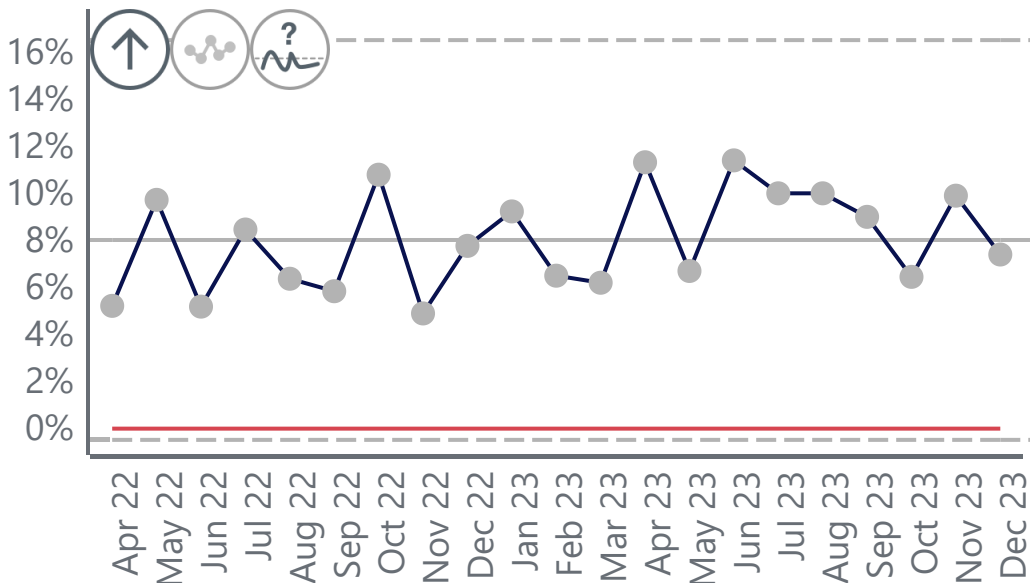
Strong reporting culture and learning from incidents. Reviews continue through safety surveillance and hasn't identified recurrent themes. Further refinement of the KPI is needed (i.e. minor harm and above as a percentage of total incidents).

Quality of Care - Watch Metrics

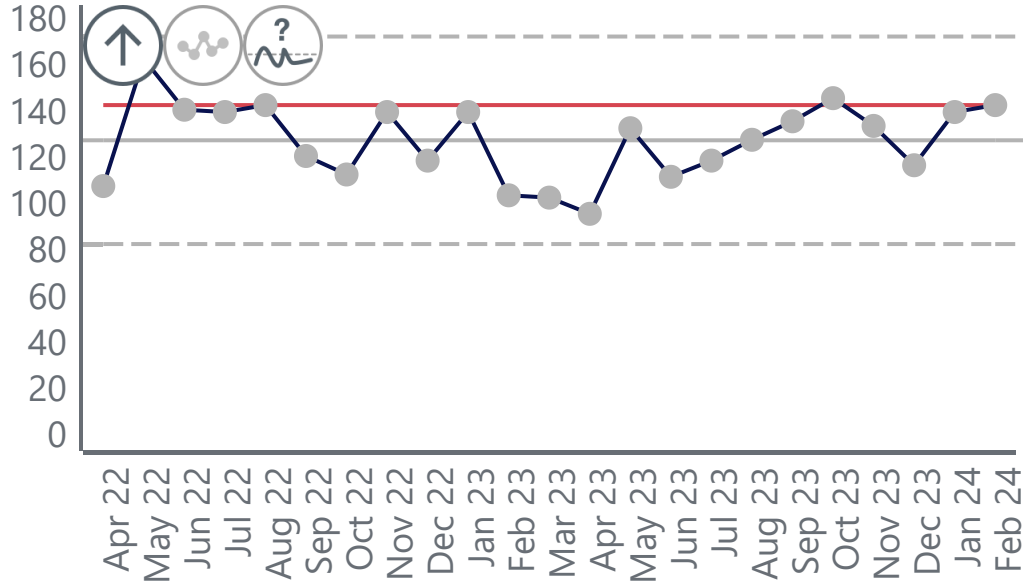
Quantity of complaints



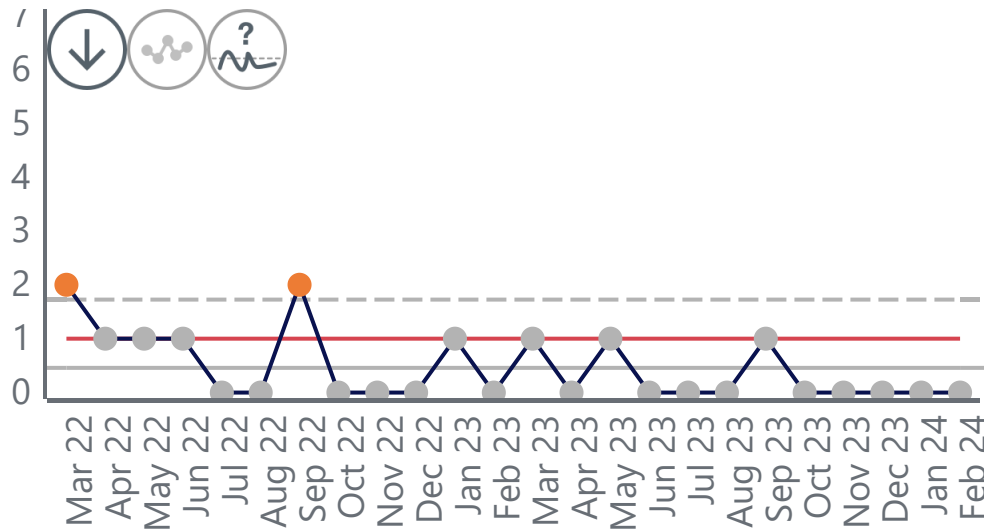
Surgical Site Infections



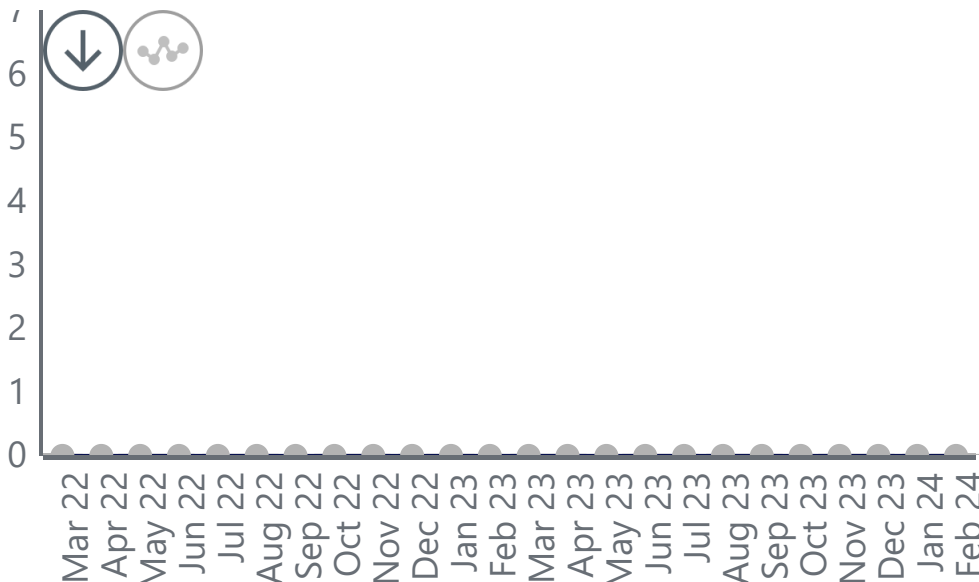
Number of Incidents No Harm and Near Miss



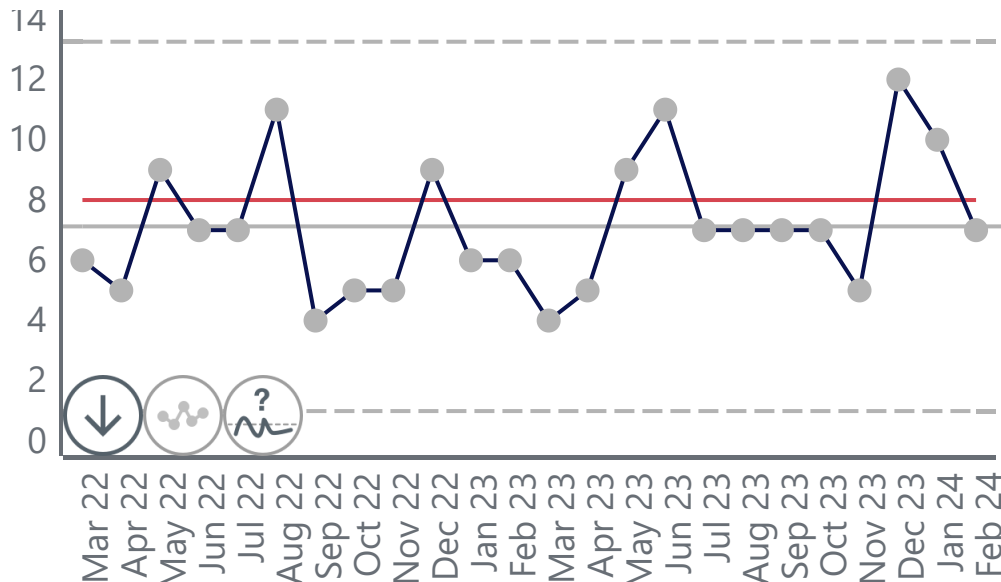
Incidents - Serious incidents, Never Events, Adverse Events (Red)



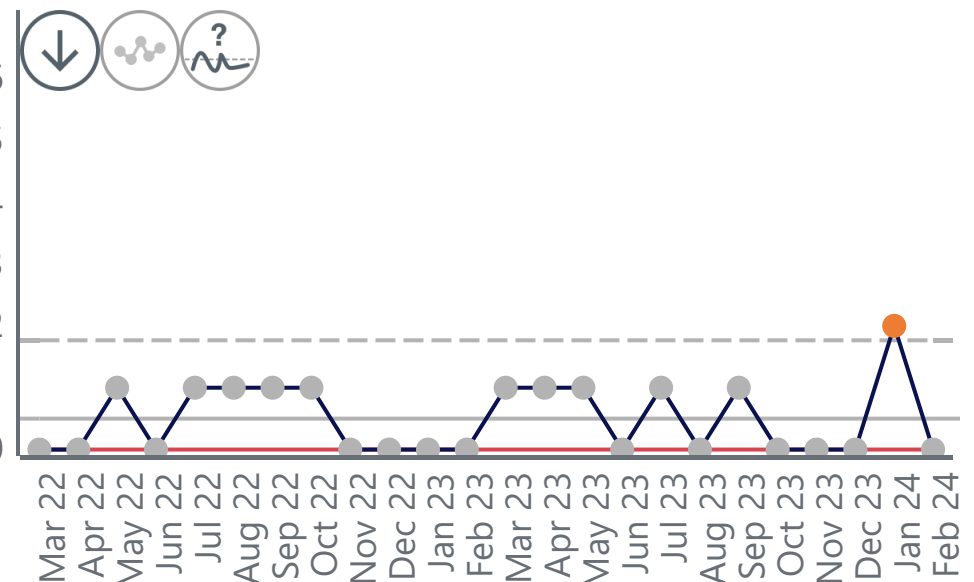
Occurrence of any Never Events



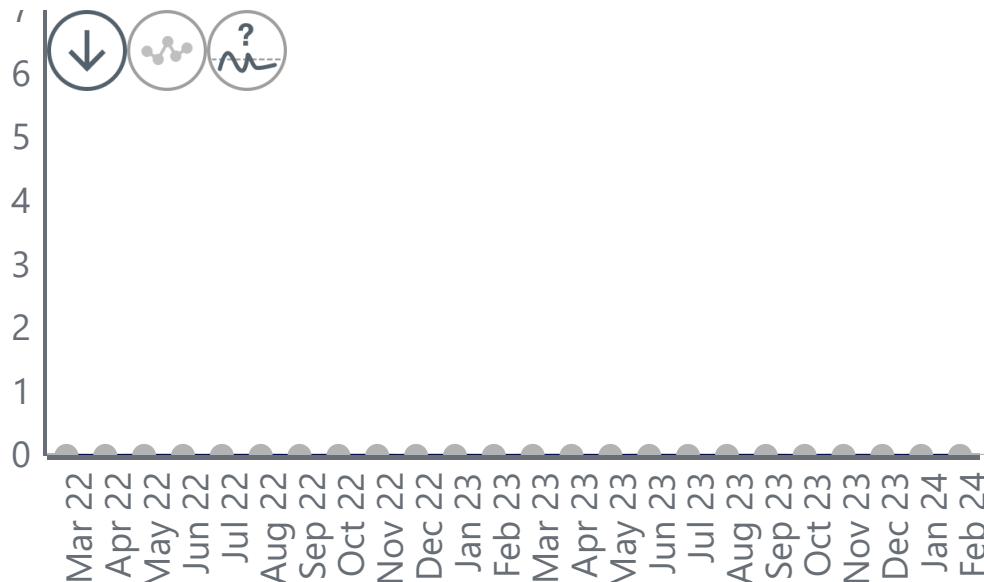
Number of Falls



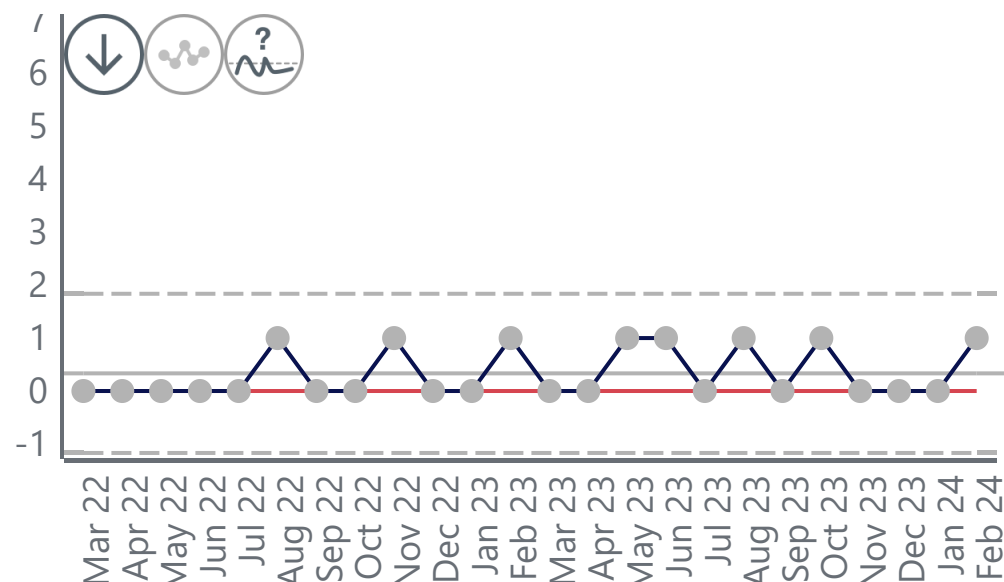
MSSA Bacteraemias



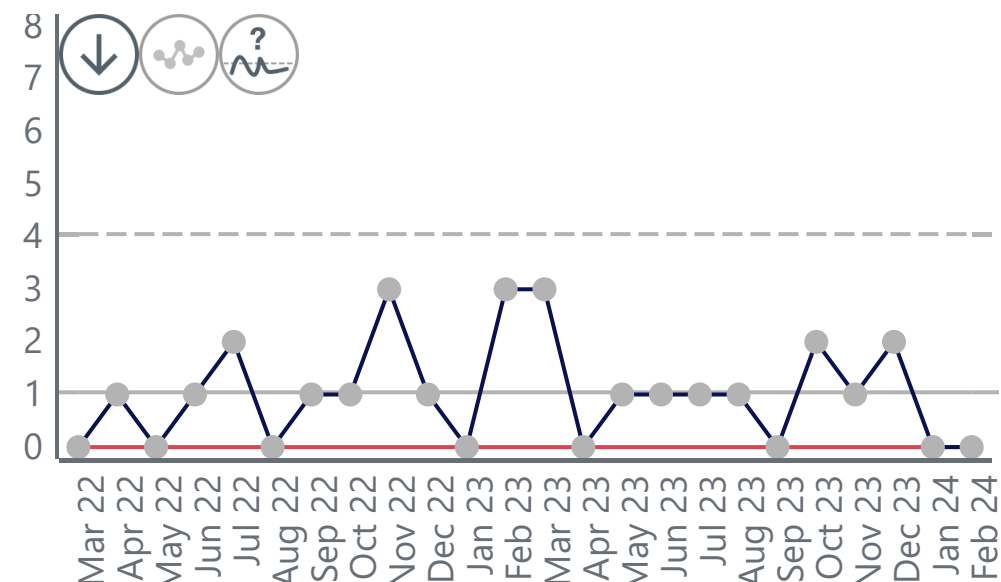
MRSA Bacteraemias



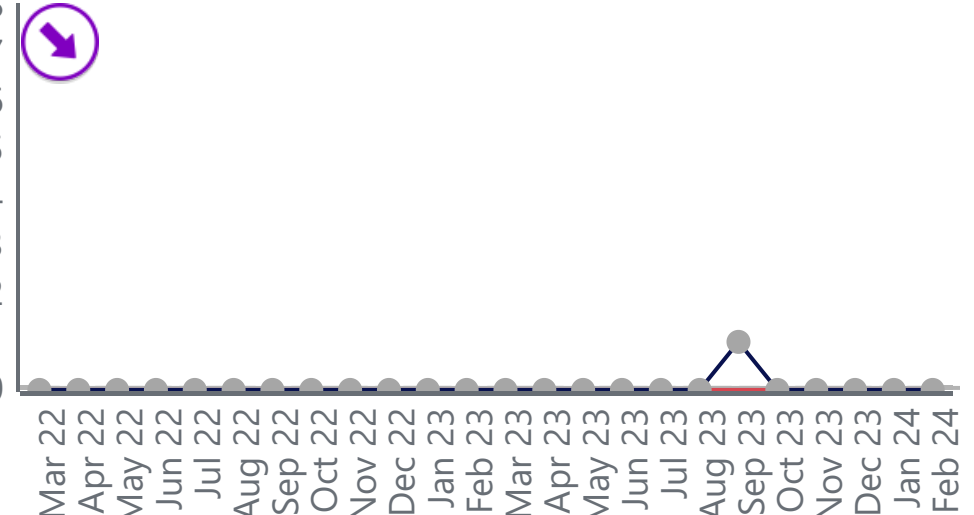
Clostridium Difficile



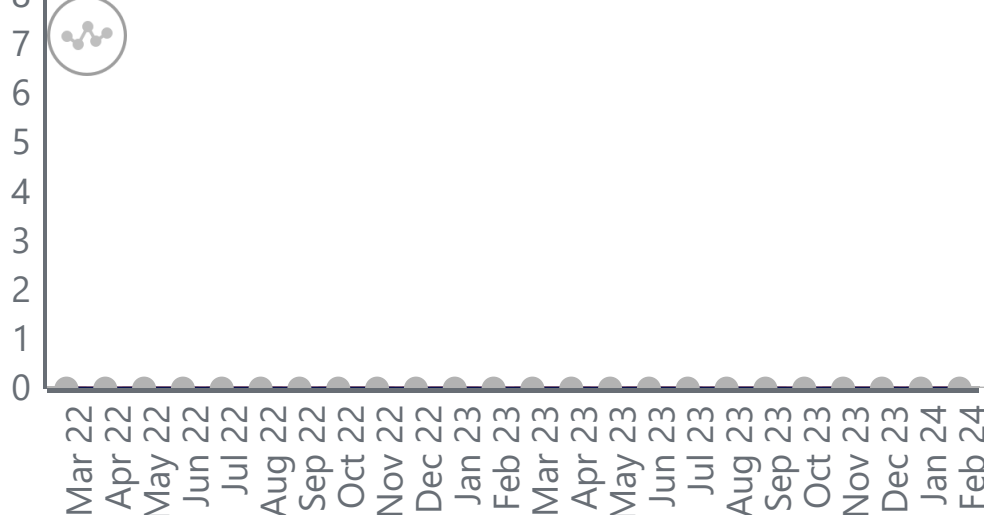
Gram Negative Bacteraemias



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

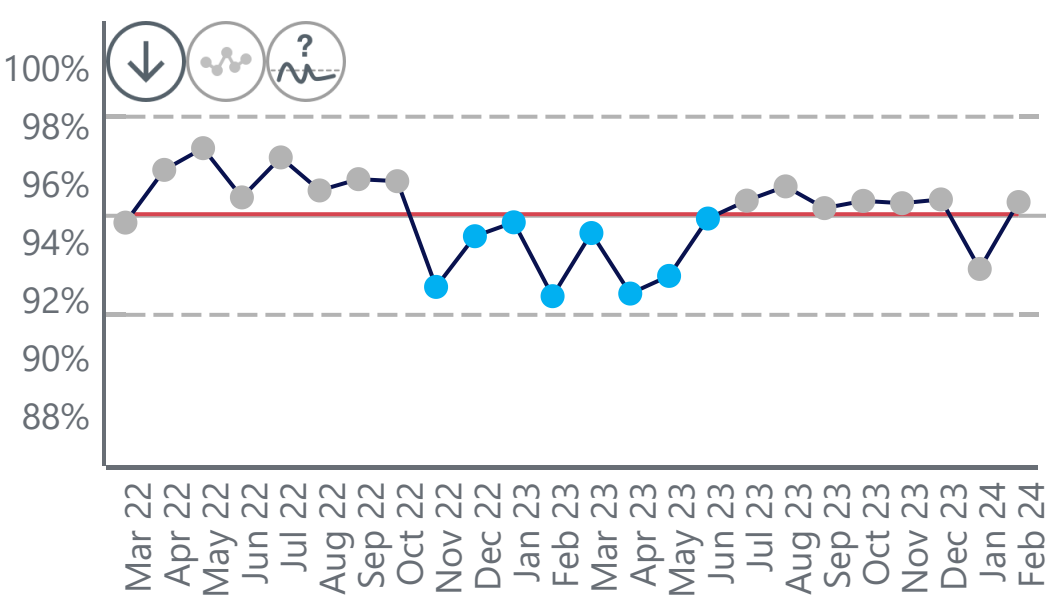


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

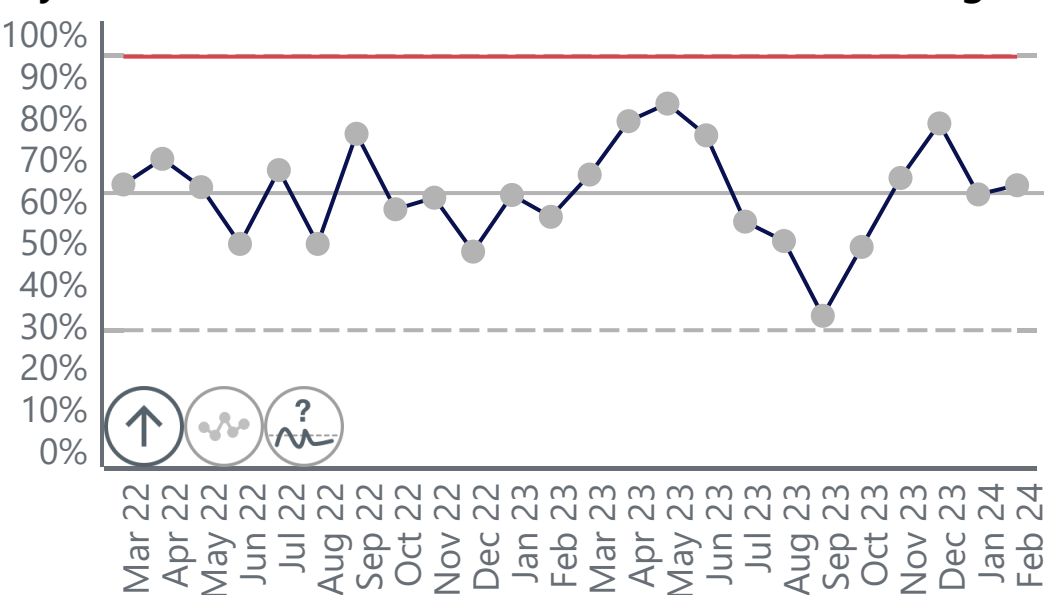


Quality of Care - Watch Metrics

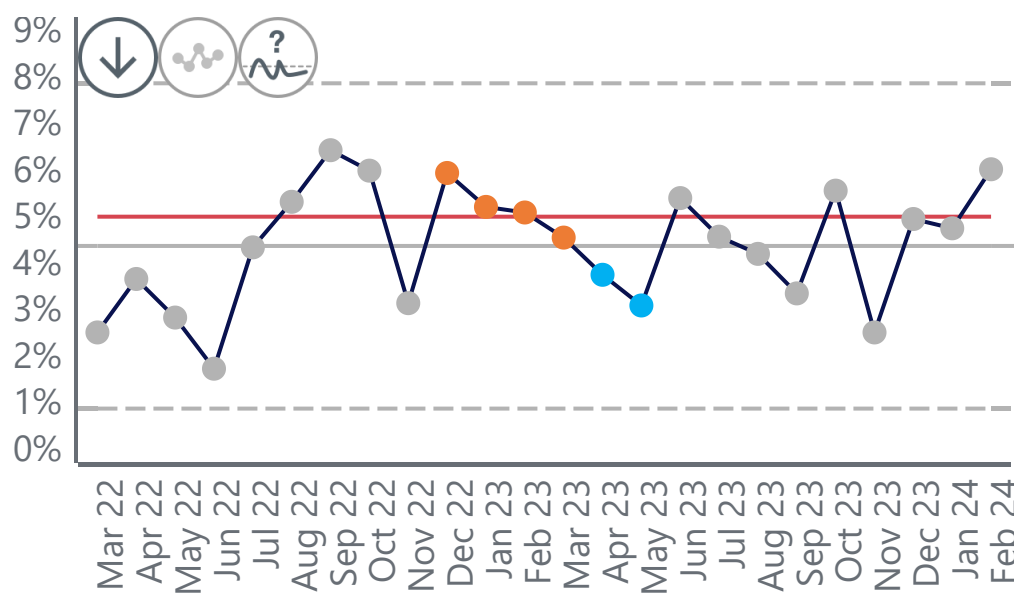
Venous thromboembolism (VTE) risk assessment



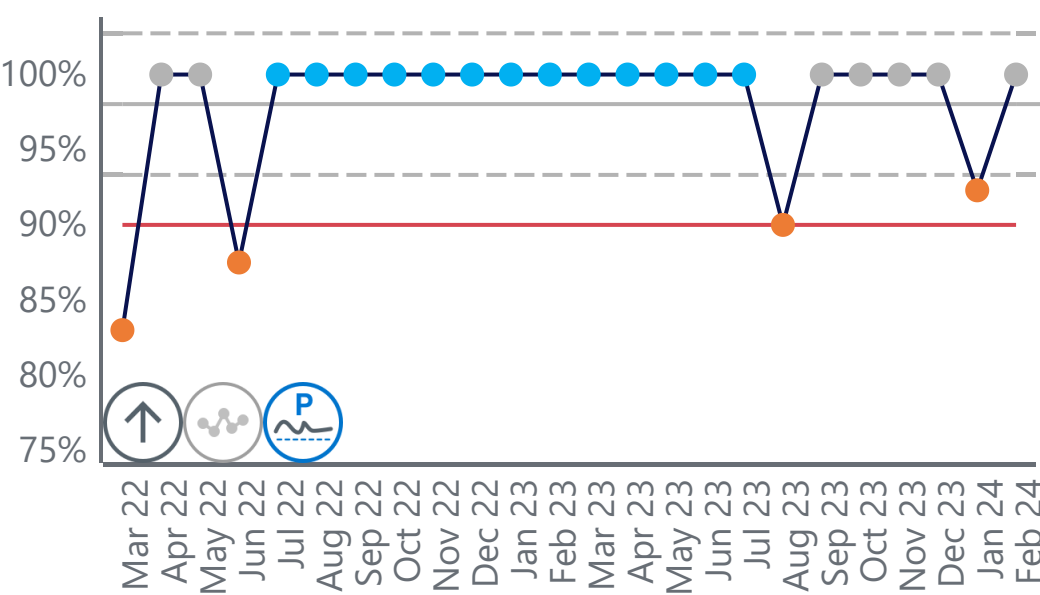
Primary PCI - 150 minute 'Call-to-balloon' (national target)



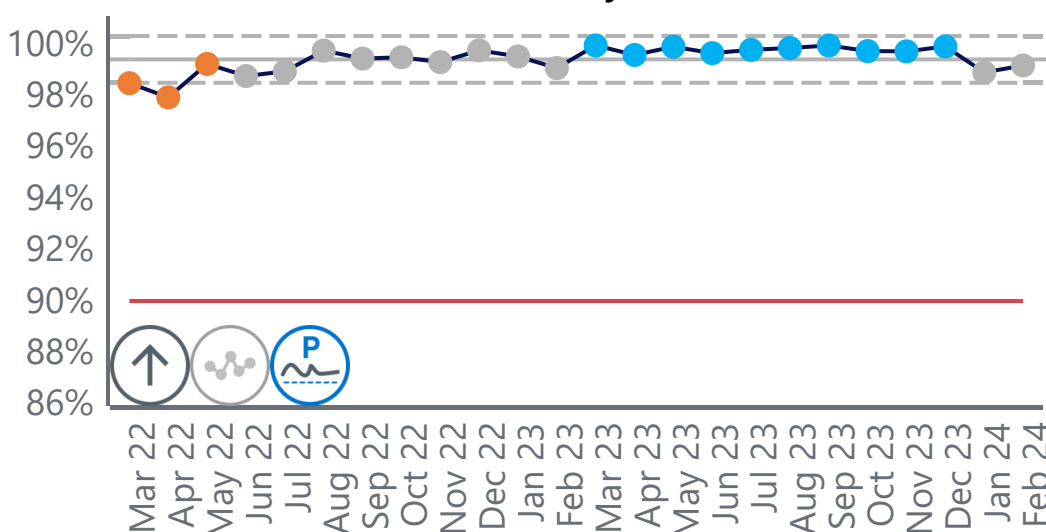
Delayed Transfers of care



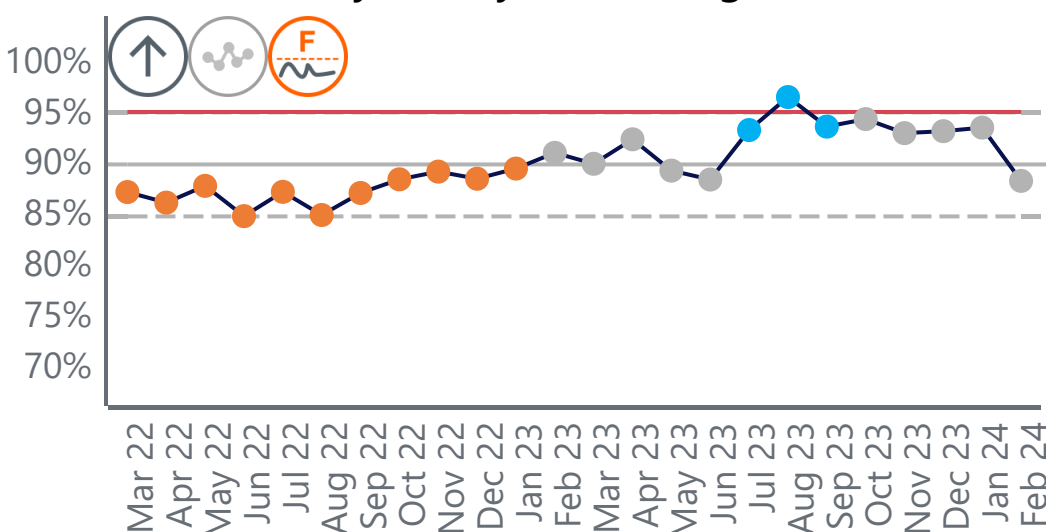
Dementia - Find



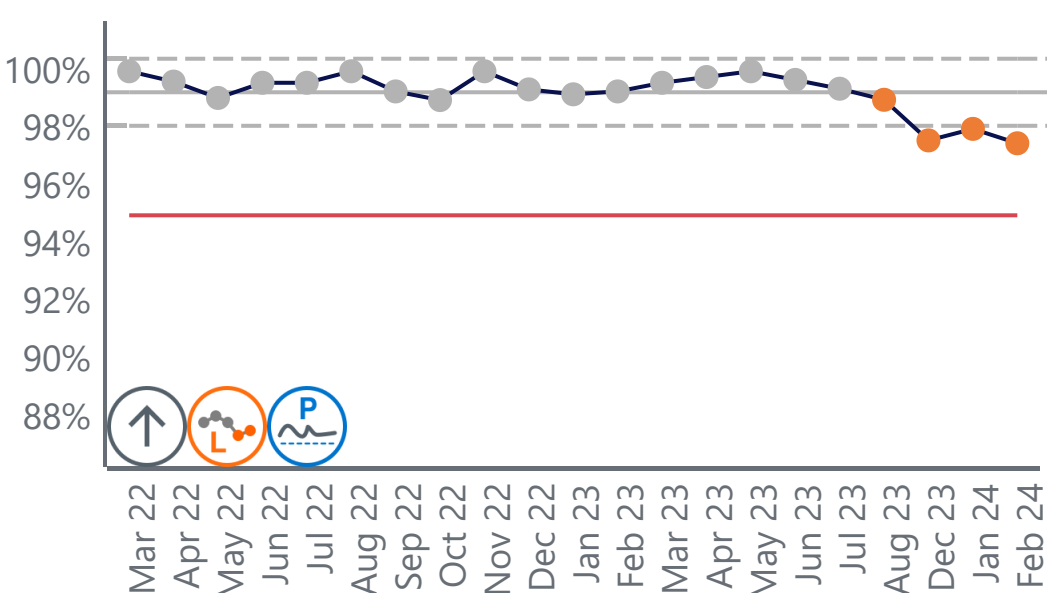
Delirium Risk Assessment to be completed on Admission and once a day



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



FFT: REPUTATION



Finance

SRO: James Bradley, Deputy Chief Finance Officer

Highlights:

The Month 11 position is a £1,093k surplus, which is £274k better than plan in month. The YTD surplus is £10,671kk which is £1,666k better than plan.

Income associated with elective activity improved in February, 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 February by £332k and are underspend YTD by £492k. Nursing costs continue to be within budget YTD despite over-establishment as a result of positive recruitment initiatives.

The single largest adverse variance year to date is undelivered CIP.

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, 72% 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.

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, with an improved position reported in February.

Forward Look (with actions):







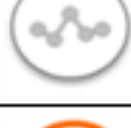





The Trust is on track to deliver the improved financial outturn agreed with the ICB as part of the national refresh for H2.

Work continues to deliver the CIP plan recurrently and is underway and included in annual planning. However, there are sufficient mitigations Trust wide in place to address the slippage in 2023/24.

The focus is on planning for 2024/25. The Trust is planning to deliver a surplus next financial year, but significant risks exist across the wider Cheshire and Merseyside System.

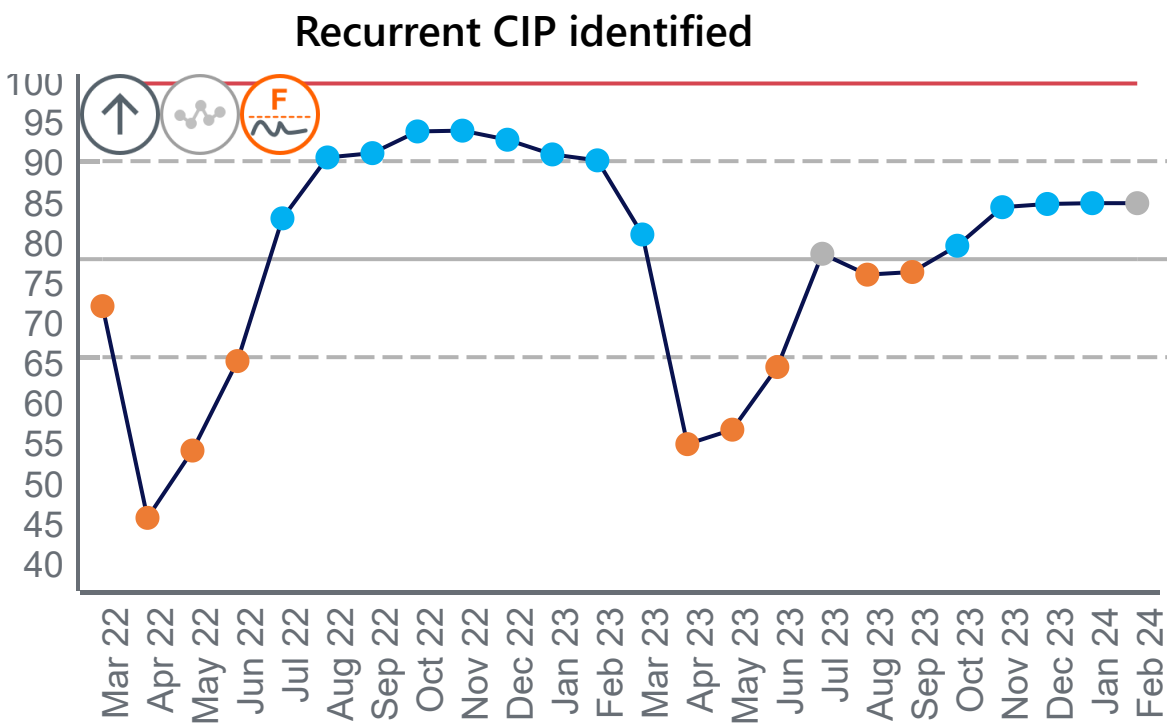


Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
Better Payment Practice Code	Feb-24	96.4	95	97.70		
I & E distance from target (cumulative) - £,000	Feb-24	1666	0	370		
Liquidity (days)	Feb-24	27		24		
Recurrent CIP identified	Feb-24	85.1	100	75.3		
Capital Expenditure (Trust Level)	Feb-24	7392000	5692000	2162573		
Cash in Bank (Trust Level)	Feb-24	45253000		45786000		



Finance - Drive Metrics



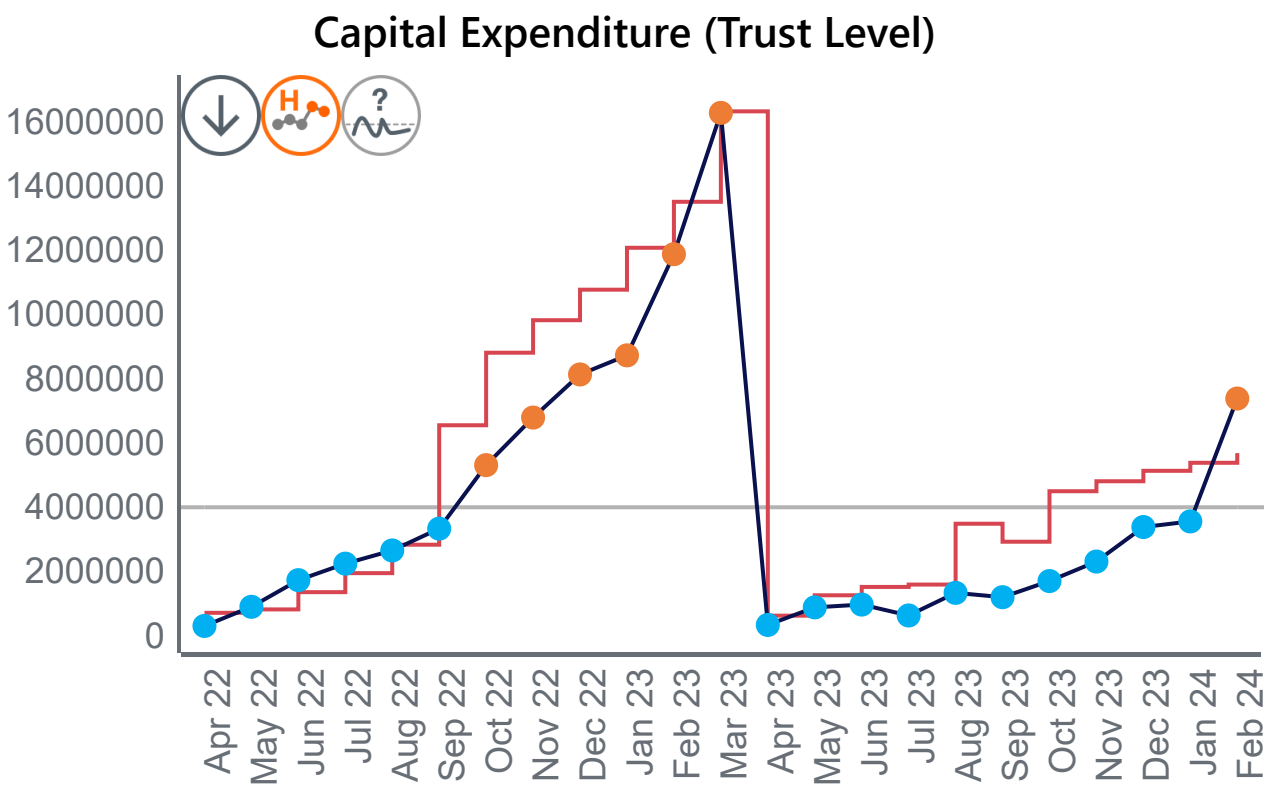
Technical Analysis:

As 23/24 gets close to closure, February 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.

Trust wide CIP workshop held in February. The Divisions continue to review opportunities for CIP and progress ideas.



Technical Analysis:

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

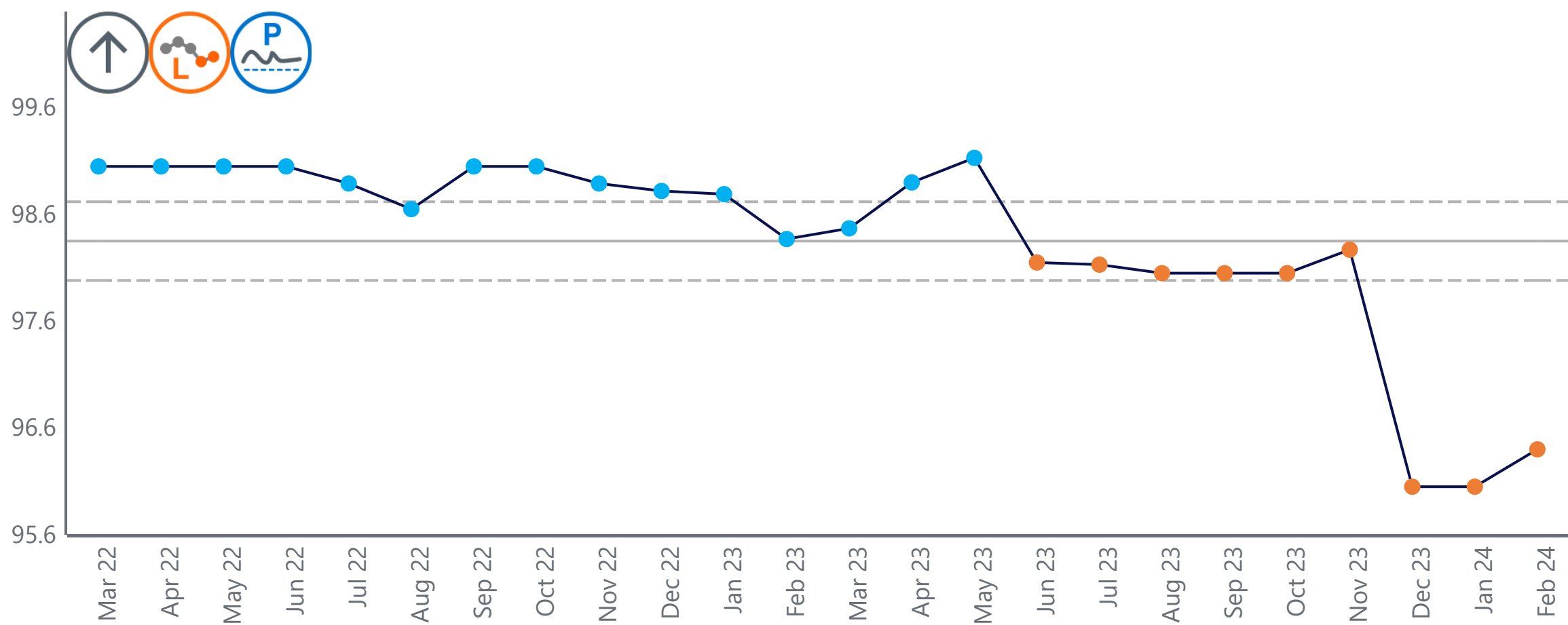
Actions:

Capital commitments are monitored by the Capital Management Group.

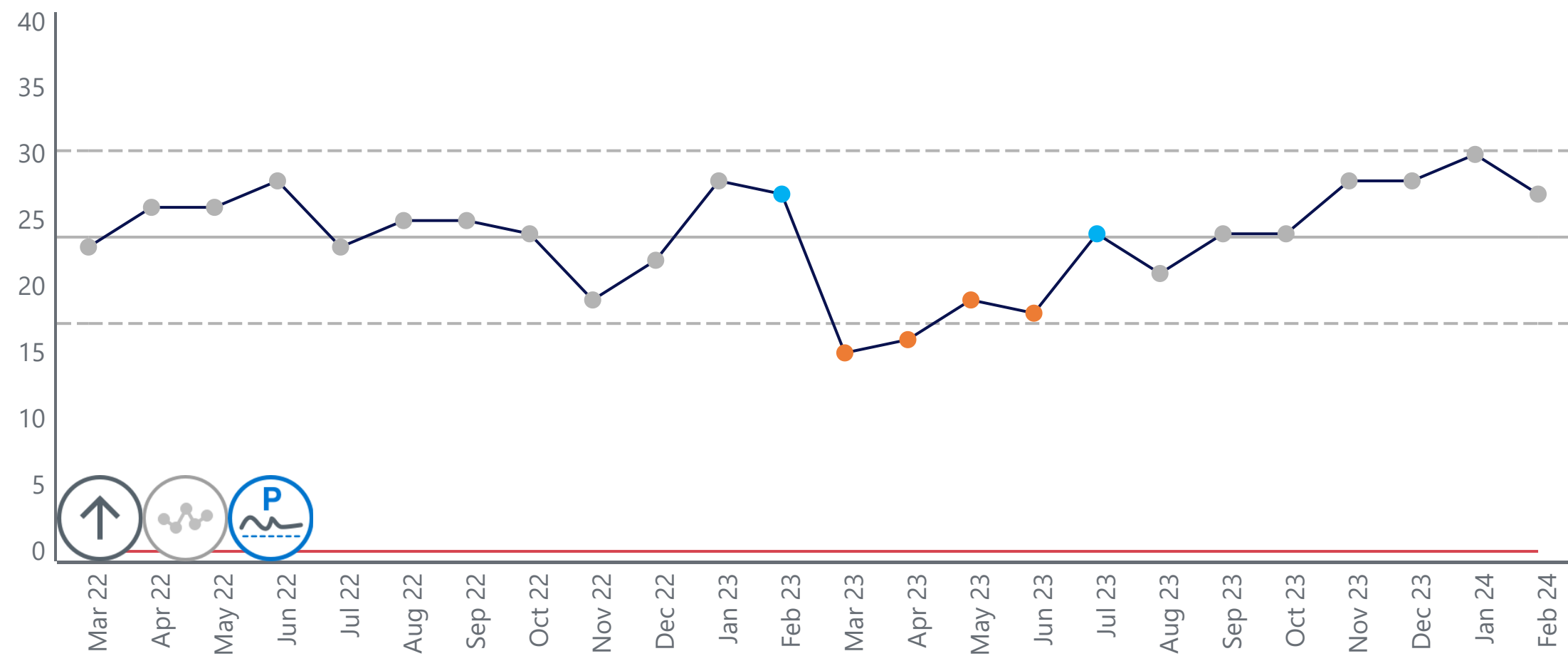
Due to slippage, priorities and brought forward schemes have been reviewed and the Group are focused on delivering the revised programme and full utilisation of the allocation.

Finance - Watch Metrics

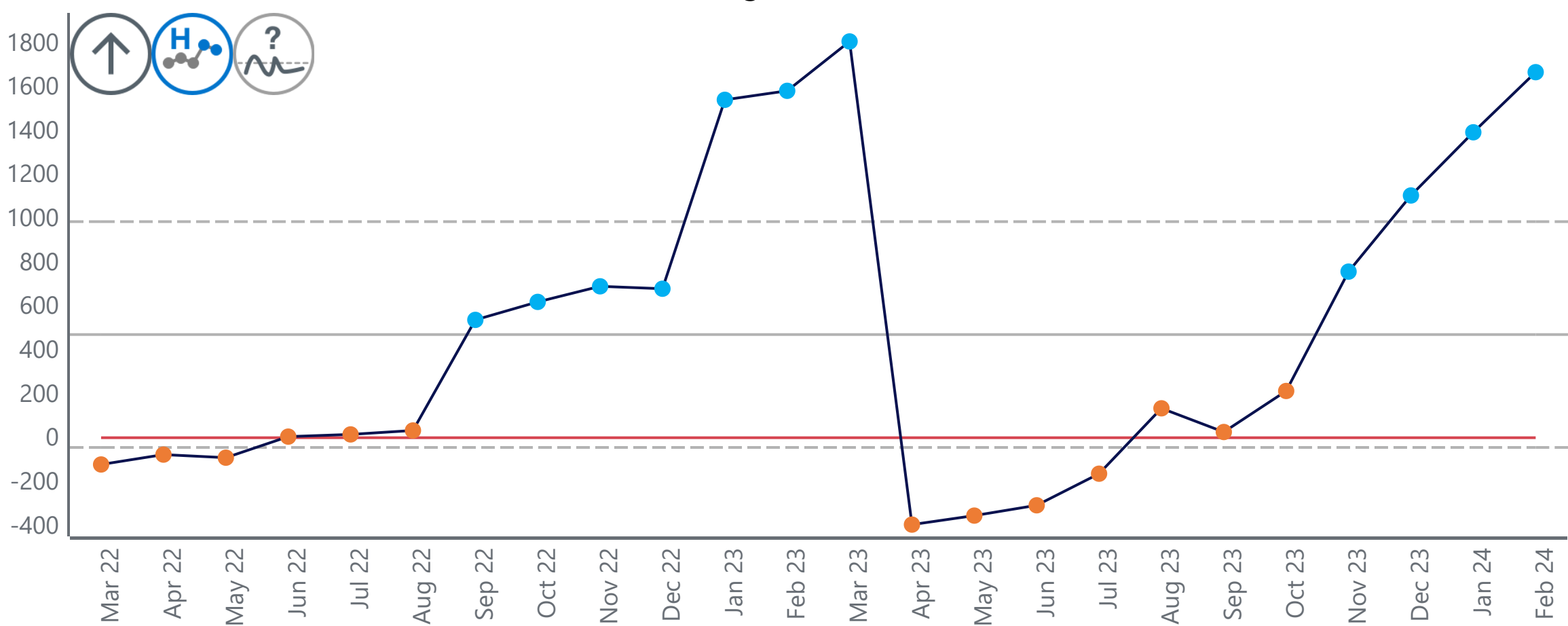
Better Payment Practice Code



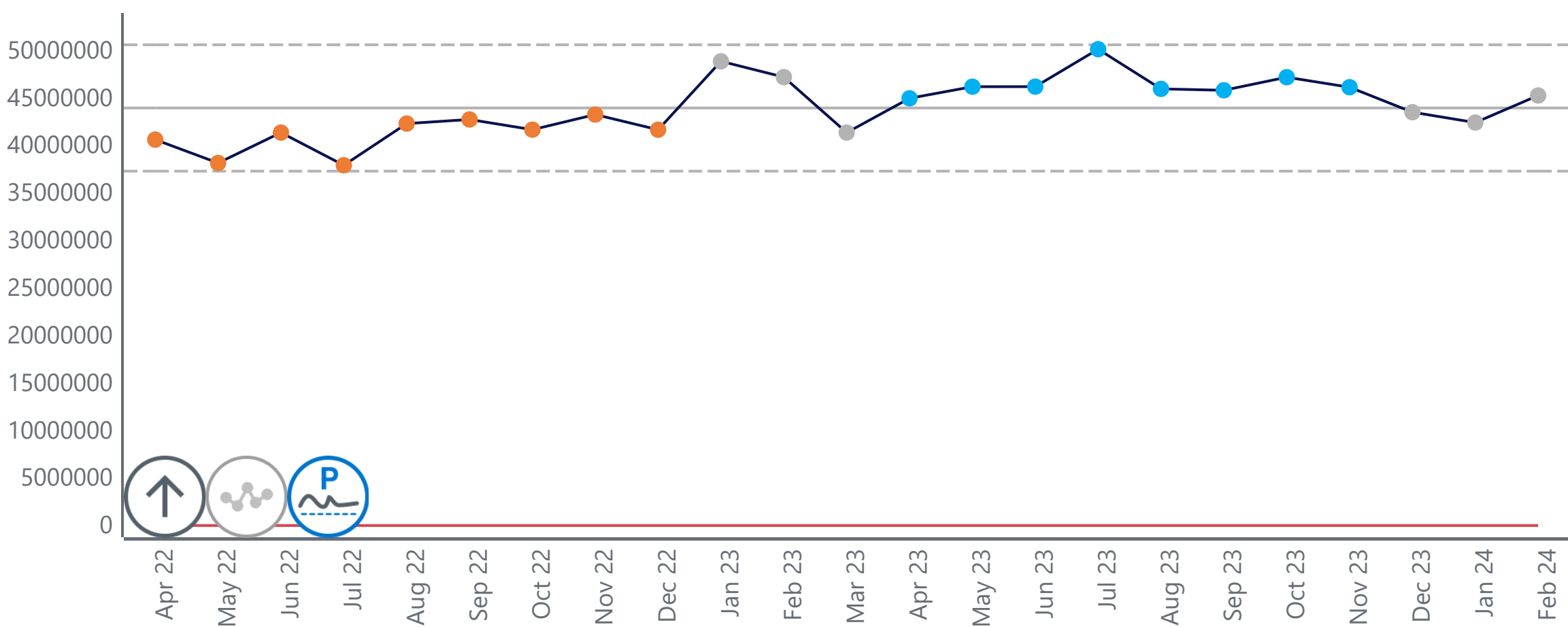
Liquidity (days)



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



Cash in Bank (Trust Level)



People

SRO: Jane Royds, Chief People Officer

Highlights:

LHCH has been recognised as top in the country as the best place to work, staff engagement and morale, with improvements in all scores from last year. LHCH also scored best in the country against all the People Promise themes, benchmarked against all Acute Specialist Trusts. Divisional Staff Survey Action Plans will be presented to the People Delivery Group in May and to the People Committee in June.

National Apprenticeship Week ran from 5th to 9th February, recognising those who have completed apprenticeships and promoting new apprenticeship opportunities across the organisation. All graduate apprentices we personally awarded a LHCH Apprenticeship trophy to celebrate their achievements. In the past quarter we have expanded our portfolio with 3 new qualifications which support our learning and development ambitions of 'growing for the future'

The Recruitment Team have supported Theatres to recruit to some hard to fill roles, through delivery of different recruitment practices (e.g., Theatre Recruitment Days). This has resulted in the department now being fully established with Band 5 vacancies. This will not only provide workforce stability, but will help to reduce bank and agency spend.

Areas of Concern:















Mandatory Training reports a static position in February just below the target of 95%. The L&D team is monitoring this closely and supporting specific areas where compliance is below the benchmark. Sickness appears to be the key reasons for underperformance in the past month. MT compliance will be discussed at divisional board meetings as a priority, with the request for the divisions to develop recovery plans.

Forward Look (with actions):

Sickness absence remains an area of focus. The highest reason for absence is due to stress and anxiety which accounts for the majority of long-term sickness. A review of the cases confirms that all absences have regular communication and appropriate support plans in place. A robust psychological support offer is in place and reflective space for managers has been introduced and Training for 'Hot Debriefs' have been rolled out across relevant areas and additional support in high pressured clinical areas continues. This model supports teams to have an interactive and structured team dialogue immediately or very shortly after a difficult clinical case.



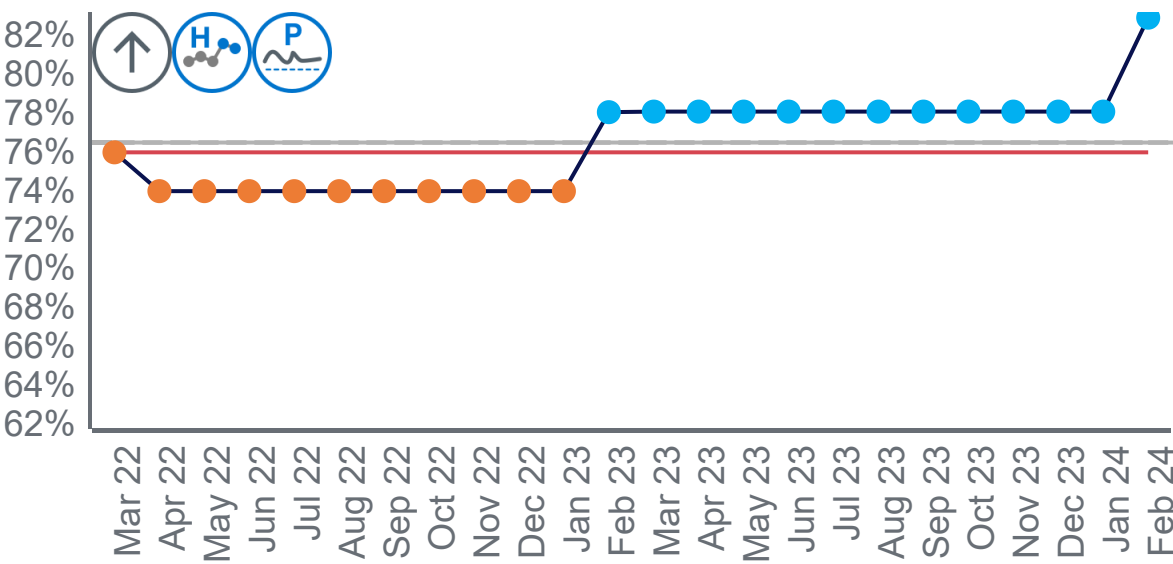
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Feb-24	89.5	>=90%	85.8		
Mandatory Training Compliance	Feb-24	93.5	>=95%	93.5		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Feb-24	82.9	>=76%	78.5		
Staff Turnover	Feb-24	10.1	<=10%	10.3		
Staff Sickness (All Staff)	Feb-24	5.45	<=3.4%	4.6		
Long Term Sickness	Feb-24	3.04	<=3.4%	2.8		
Short Term Sickness	Feb-24	2.41	<=3.4%	1.8		



People - Drive Metrics

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



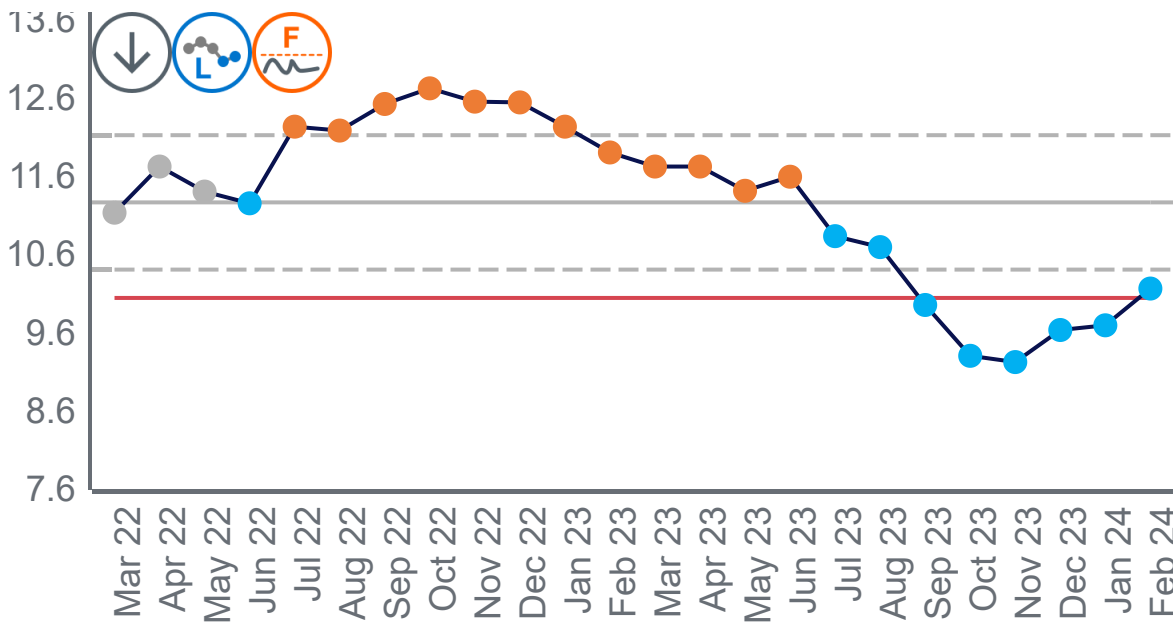
Technical Analysis:

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:

Strong performance demonstrated in the 2023 Staff Survey with an improvement in this score to 82.94%. Staff Survey Action Plan under development.

Staff Turnover



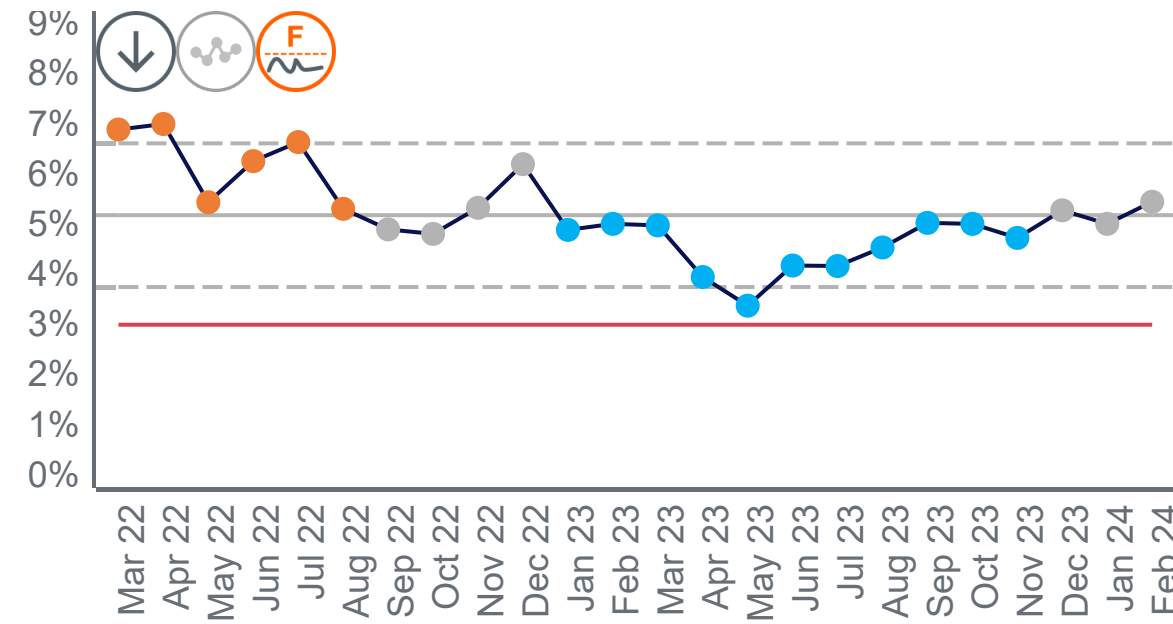
Technical Analysis:

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 five previous months but the latest trend is displaying a rise.

Actions:

Turnover has increased marginally as expected due to an increase in leavers at an Exec and Senior level. This will be monitored.

Staff Sickness (All Staff)



Technical Analysis:

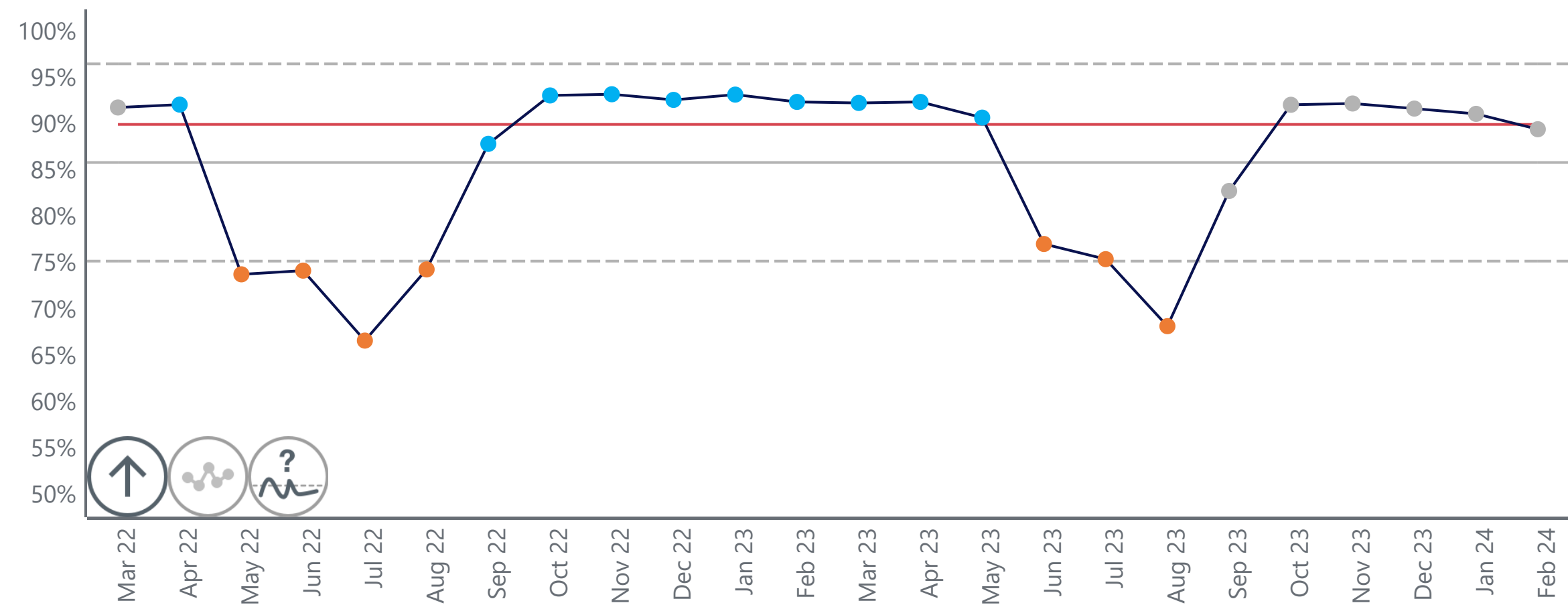
Total absence in February was 5%, this is above the target of 3.4%. Although continued work is required due to failure to meet the target the last 12 months has displayed a significant period of Special Cause Improvement. Further work required to close in on target.

Actions:

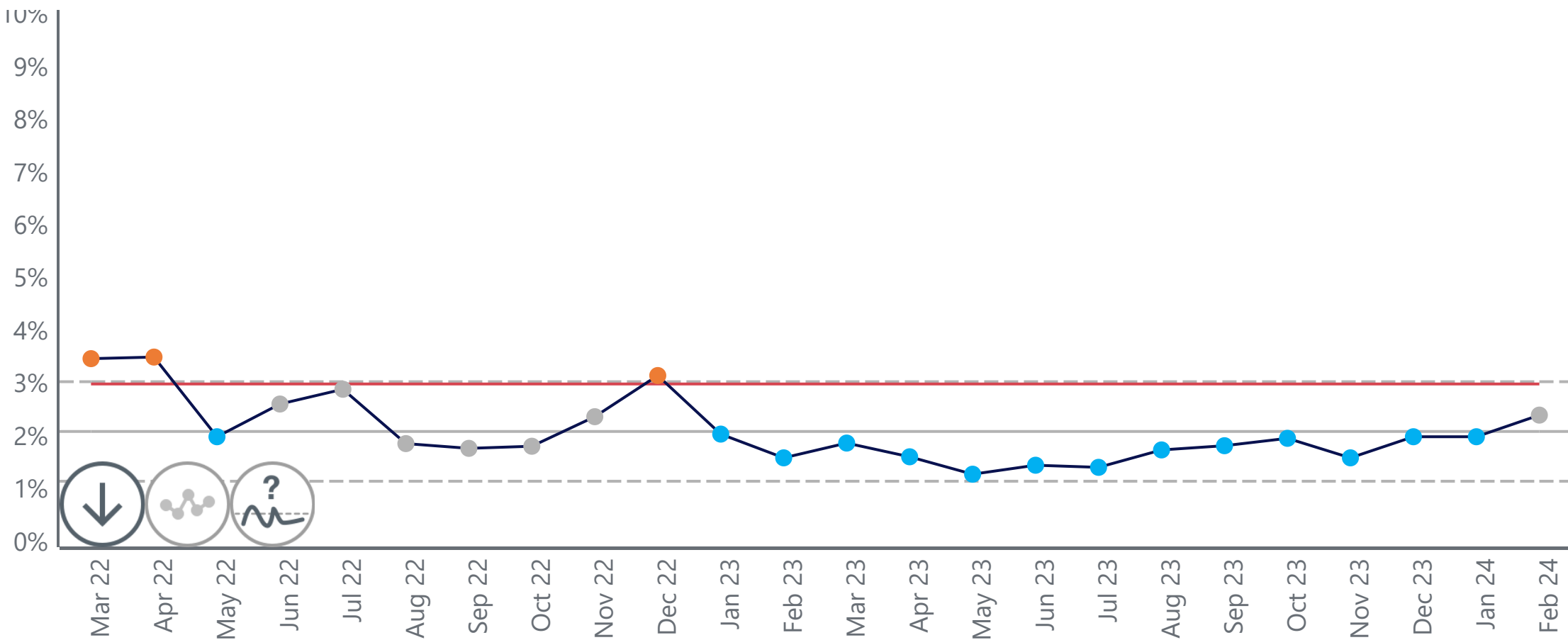
Reporting at 5.45% in February which is a 0.44% in month increase. Long term = 3.04% & Short term = 2.41%.

People - Watch Metrics

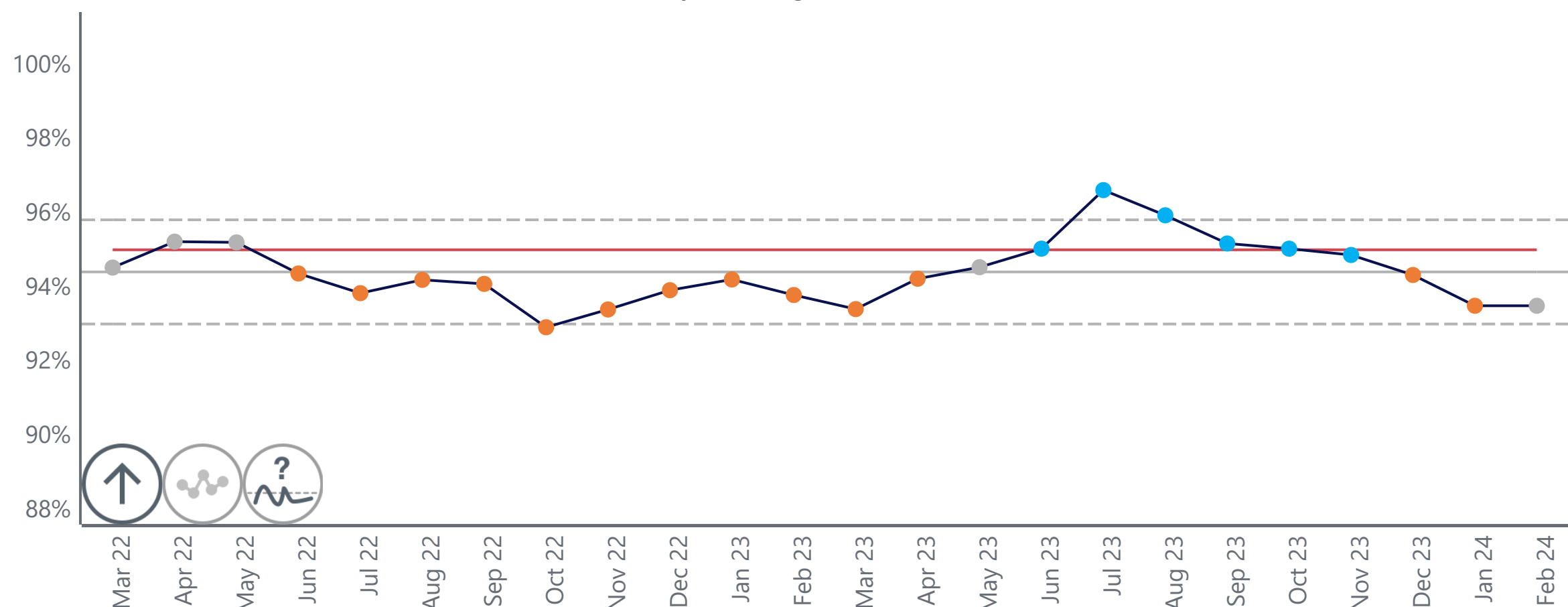
Appraisals Compliance



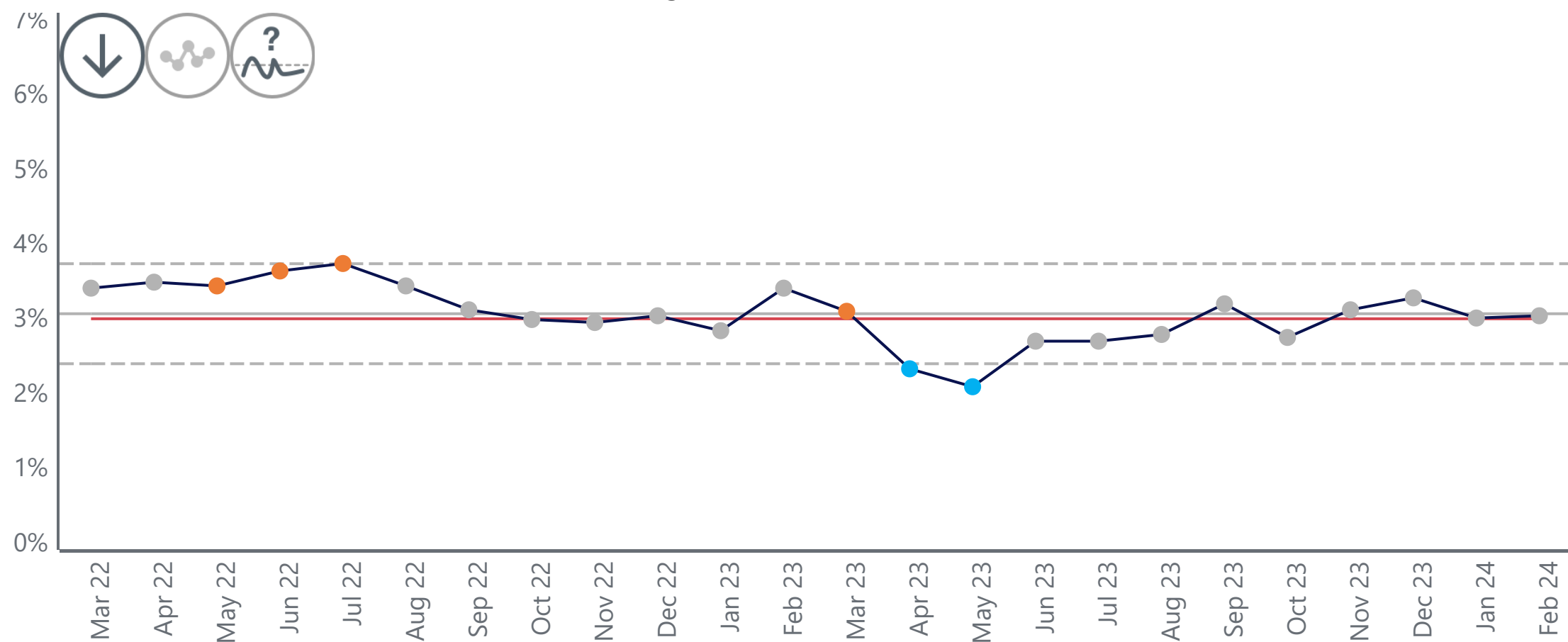
Short Term Sickness



Mandatory Training Compliance



Long Term Sickness





Key Contacts:

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