

# Strategic Oversight Framework

## March 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 12 the Trust has 5 indicators that have continued to show statistically significant changes in performance with 12 indicators in month that are below target. Although a number of indicators are below target, performance is in line with the known challenges and mitigations in place.

Elective activity in month was above plan and 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 February 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. National discussions are ongoing on the change to these standards based on post COVID analysis.

DM01 (Diagnostics) has continued to show improvements in March with full recovery expected to run in to Q1/Q2 of the next financial year.

### 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. Workforce pressures have also been exacerbated in March with unplanned sickness across Radiologists, Radiographer and Administrative teams.

Cancer Standards have been impacted by capacity constraints and workforce challenges (including industrial action).

Underperformance of the FSD standard is expected to continue within Q1, 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 Q1, the teams are continuing to review options to increase capacity in Q1. 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 carried over in to the new 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 plans have now been completed for 24/25 and will be signed off through Operational Board & Integrated Performance Committee. Capacity is expected to deliver national and regional ambitions with known risks identified.





















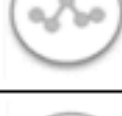





\* Our Cancer position is expected to be challenging for Q1. FSD is not expected to achieve within the quarter given our agreement with LUFT to support Liverpool wait times. The 31 Day and 62 standards are expected to improve, however will be dependant on increased surgical capacity. The Cancer Alliance are sighted on our current action plan and will be joining Cancer Board to provide support to any areas of concern

\* Surgical outsourcing is was 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 trajectory for clearance is put forward as part of the annual planning submission

\* A DMO1 (Diagnostic) 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

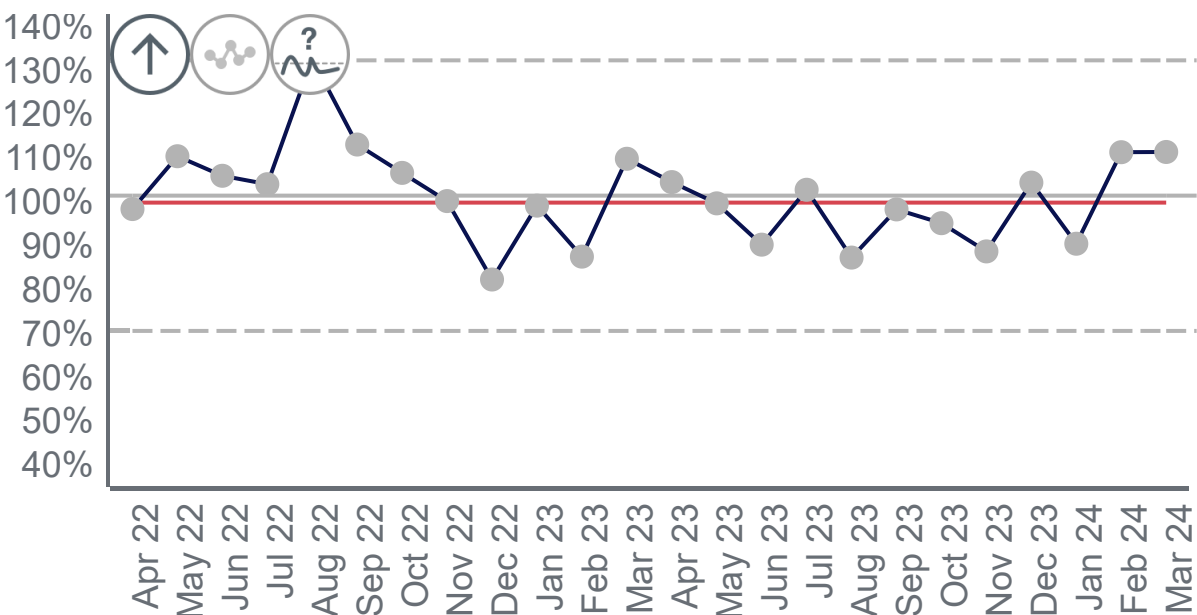
Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Mar-24	85.3	>=80%	78		
Cancelled Operations for non-clinical reasons	Mar-24	3.3	<=2%	3		
Elective Activity Levels	Mar-24	111.6	100	99		
Maximum 6-week wait for diagnostic procedures	Mar-24	81.9	>=99%	88		
Outpatient activity delivered remotely via telephone or video consultation	Mar-24	29.1	%	31		
Overall Size of Waiting List	Mar-24	6017		5803		
Patients not booked in within 28 days (non clinical cancellations)	Mar-24	0	0	3		
PIFU Pathway	Mar-24	985	113	717		
Referral to treatment - Incomplete Pathways 52+ weeks	Mar-24	86.0	<48	63		
RTT 18 weeks in aggregate - Incomplete Pathways	Mar-24	73.9	>=92%	73		
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete	Mar-24	75.4	>=95%	76		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Feb-24	40	>=75%	59.7		
Cancer: 31-day decision to treat to treatment standard	Feb-24	53.7	>=96%	78.5		
Cancer: 62-day referral to treatment standard	Feb-24	38.8	>=85%	49.1		





Operational Performance - Drive Metrics

Elective Activity Levels



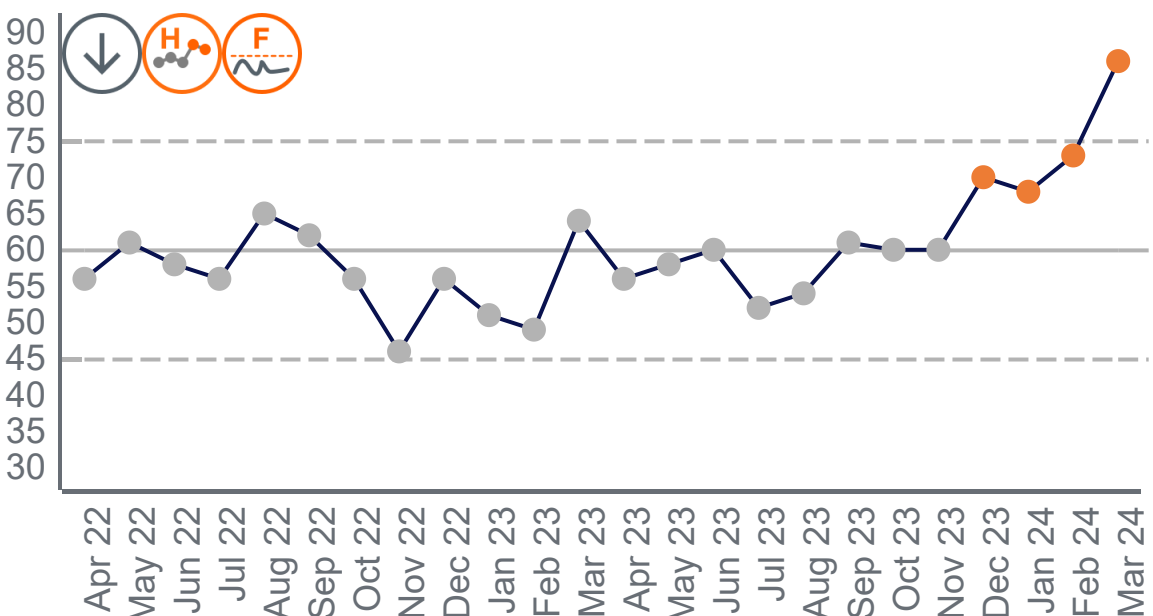
Technical Analysis:

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

Actions:

- \*Activity over performed in month 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



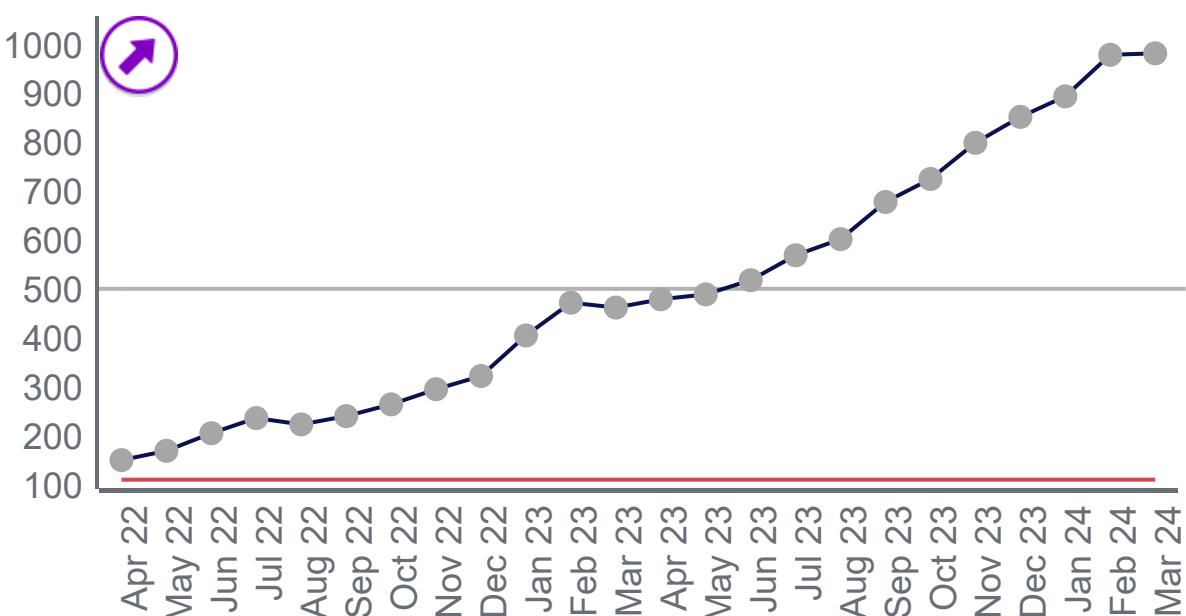
Technical Analysis:

March performance is displaying cause for concern having seen an increase in the number of 52+ week waiters with a continued increase over the last four months. Surgery patients remain the most significant contributors to performance.

Actions:

- \*Pathway RCAs undertaken for every patient which tips over 52wks. \*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



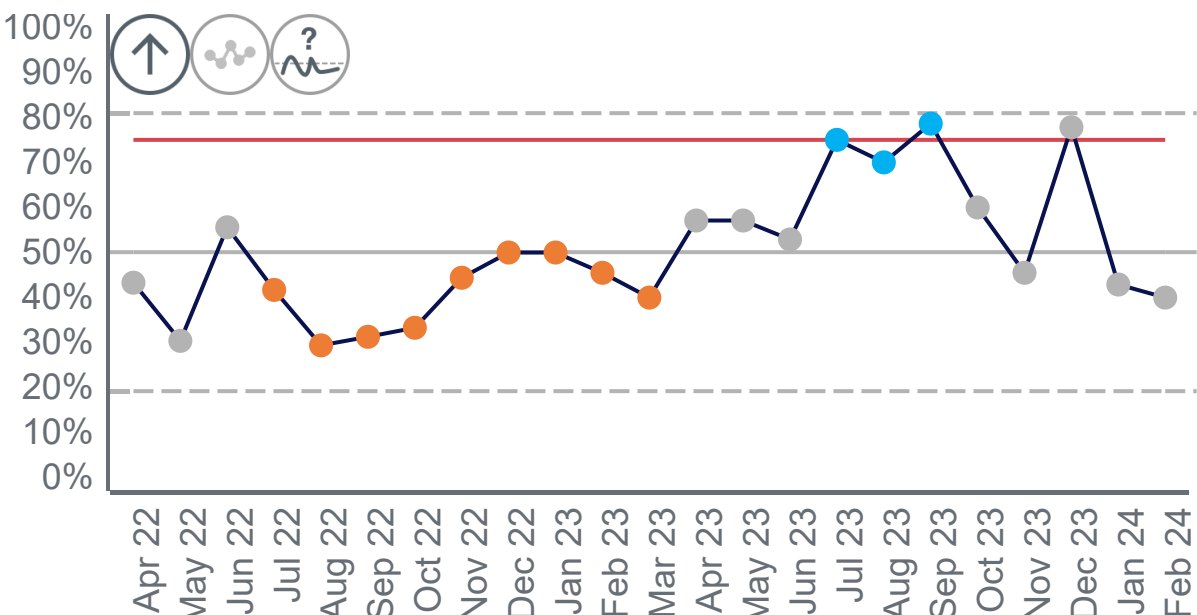
Technical Analysis:

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

Actions:

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

Cancer Patients meeting the Faster Diagnosis Target (FDT)



Technical Analysis:

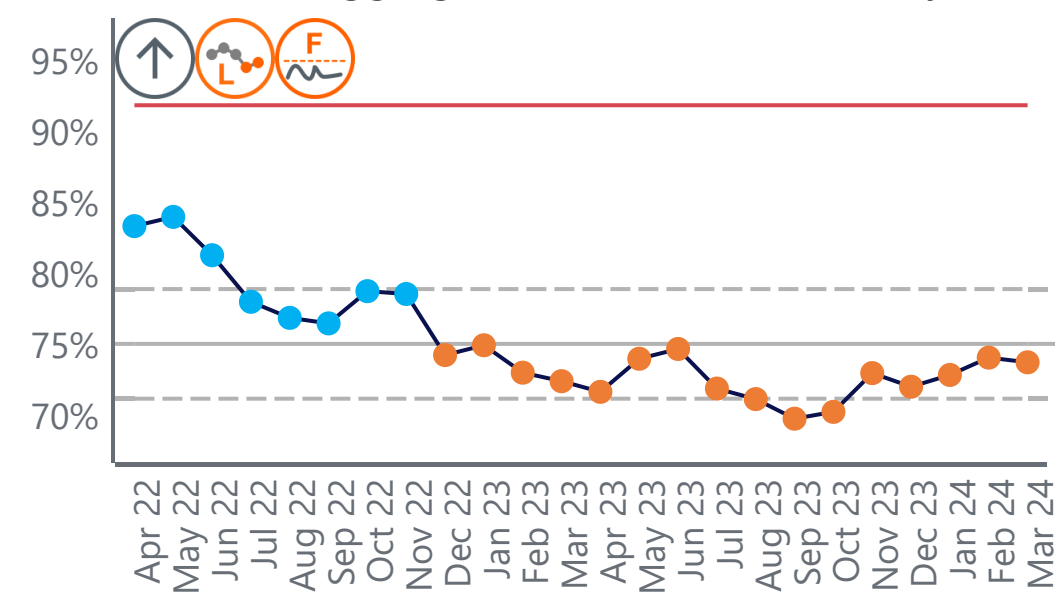
Following a period of special cause improvement, performance is displaying variation of passing and failing the target inconsistently. Improvement Required to consistently achieve Cancer FDT.

Actions:

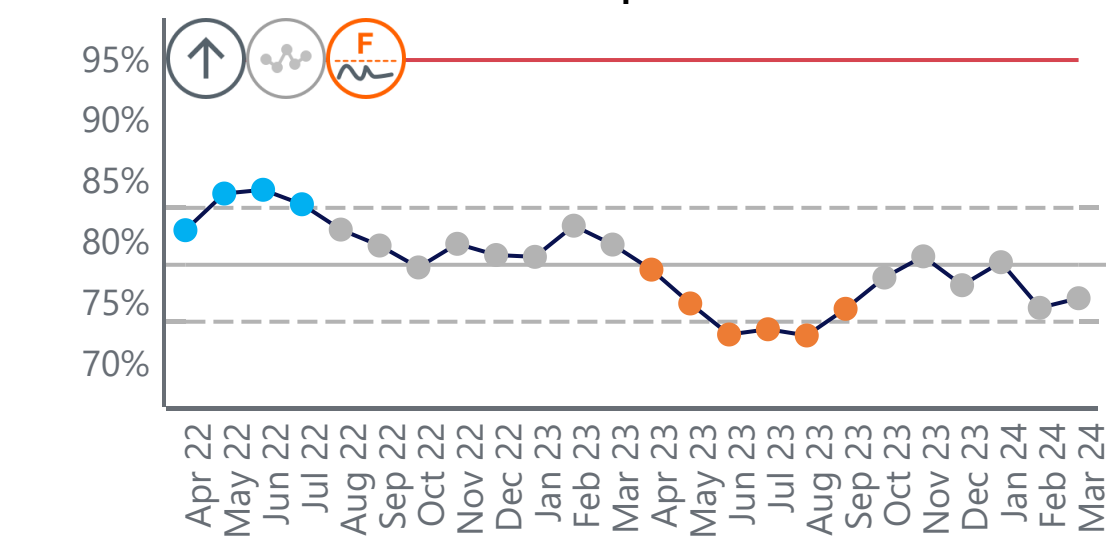
- \*Additional sessions continue to be requested to support WT in CT guided biopsy & EBUS. \*Pathway review of all breaches undertaken.
- \*EBUS planning to be revisited as part of the Trust Cancer Board.
- \*Joint CT guided biopsy planning in progress with LUFT through the BGH sub committee.

Operational Performance - Watch Metrics

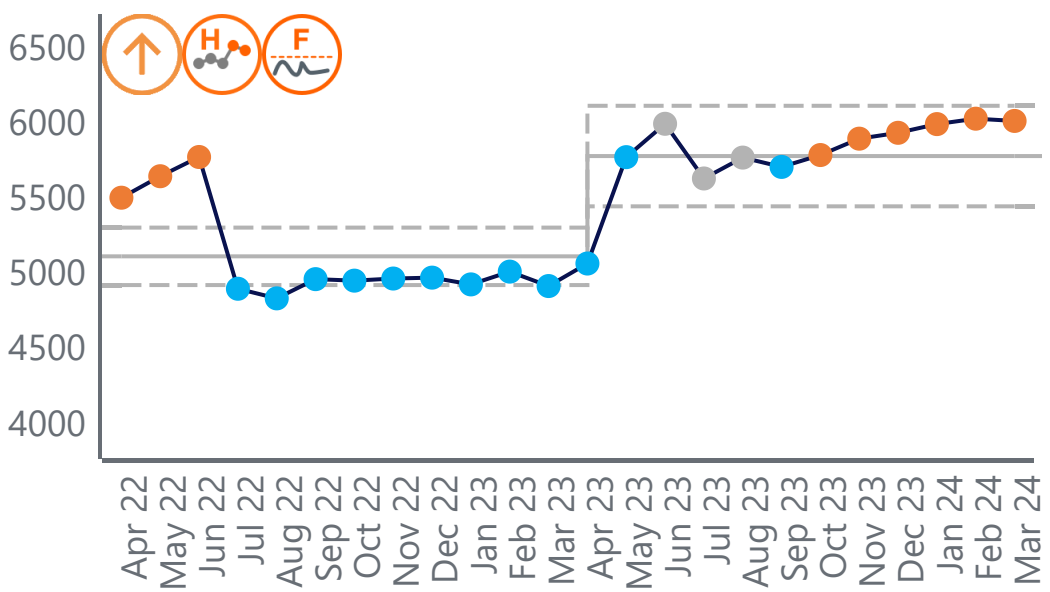
RTT 18 weeks in aggregate - Incomplete Pathways



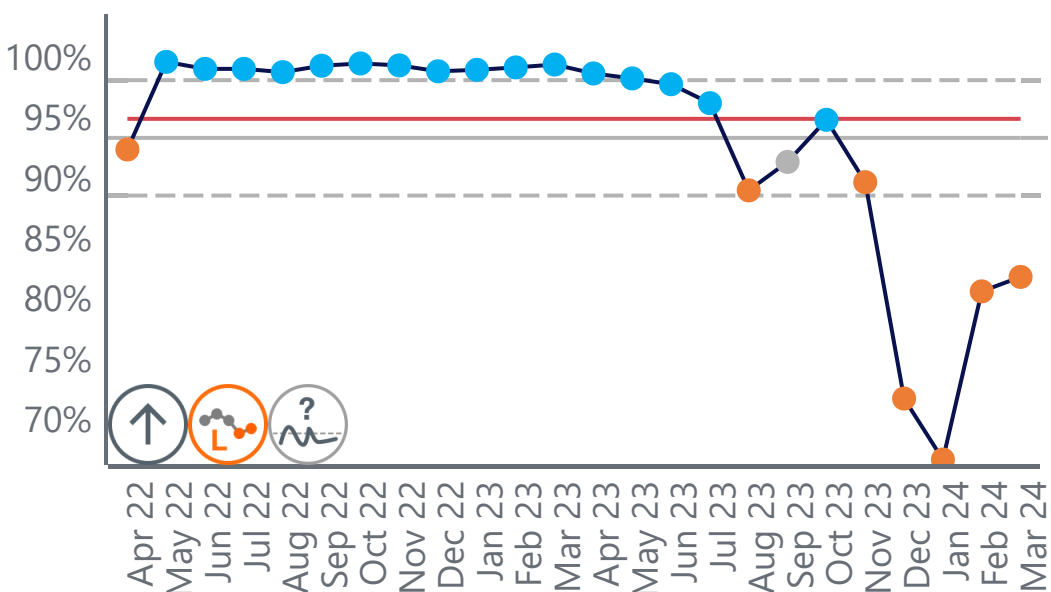
Welsh Patients: 26 weeks Referral To Treatment waiting times - Incomplete



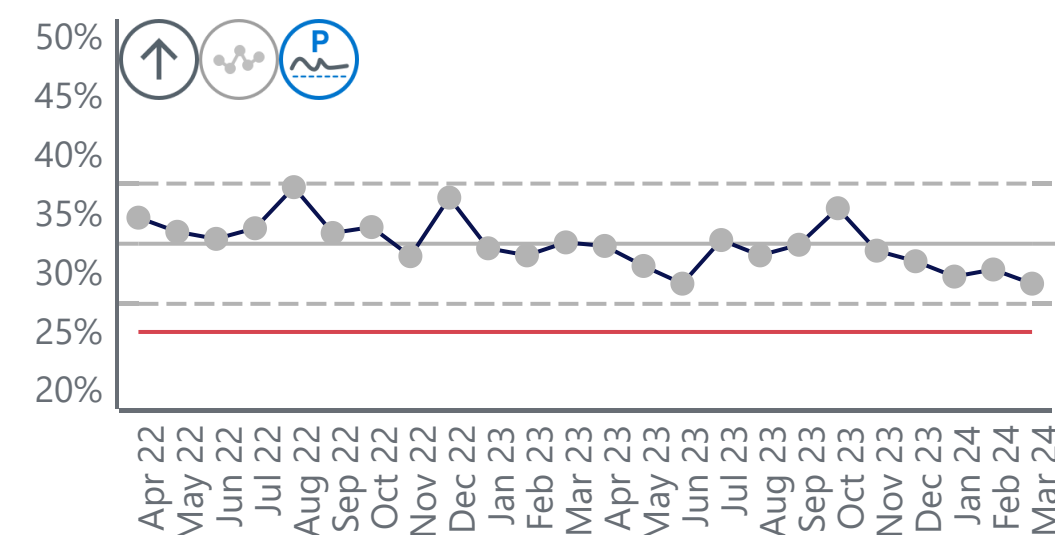
Overall Size of Waiting List



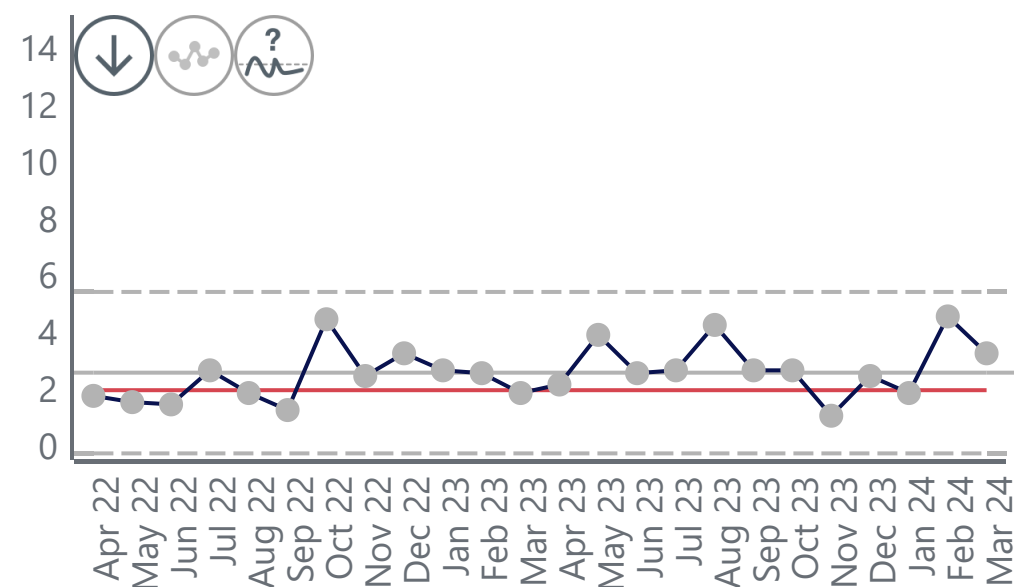
Maximum 6-week wait for diagnostic procedures



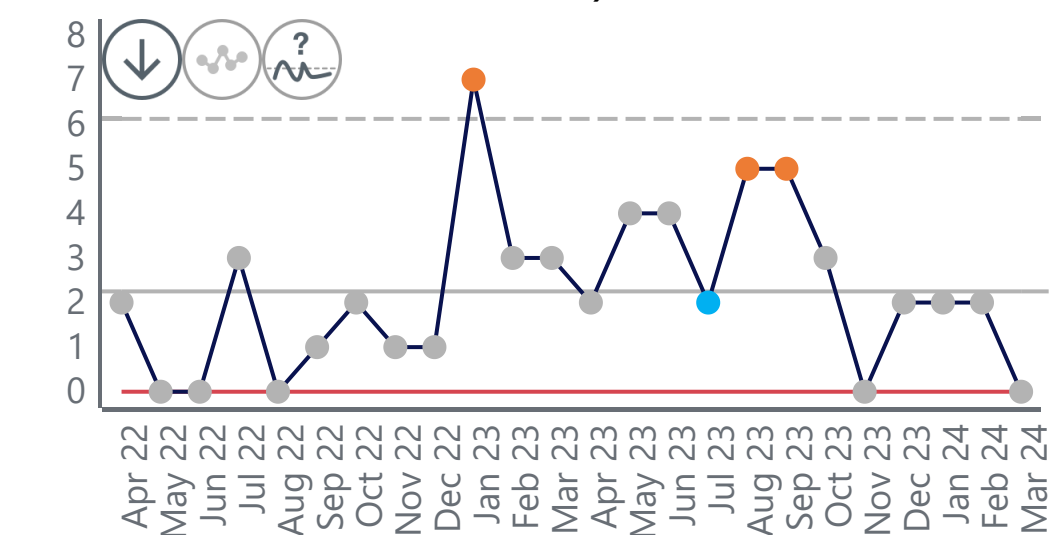
Outpatient activity delivered remotely via telephone or video consultation



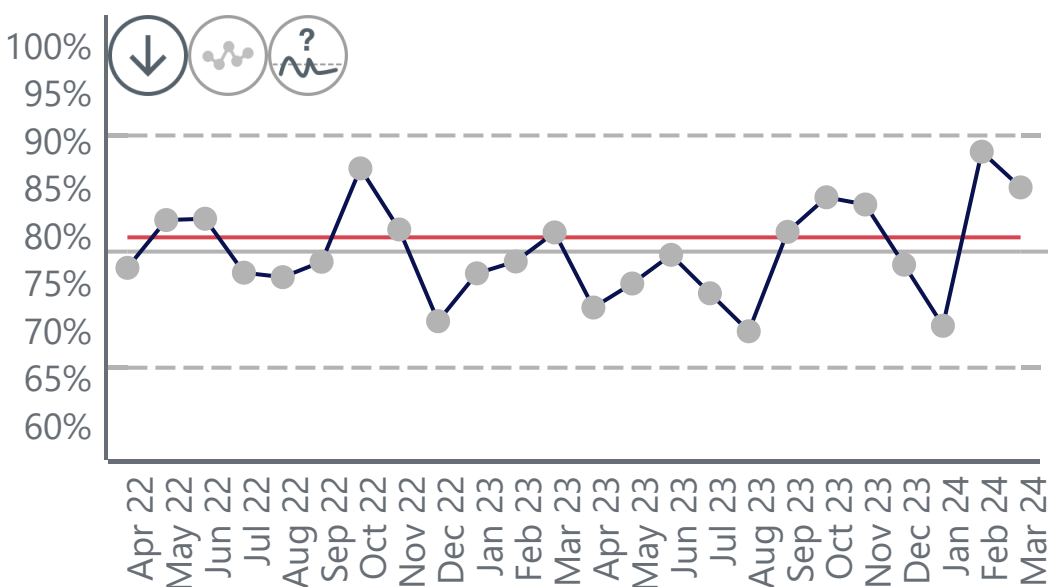
Cancelled Operations for non-clinical reasons



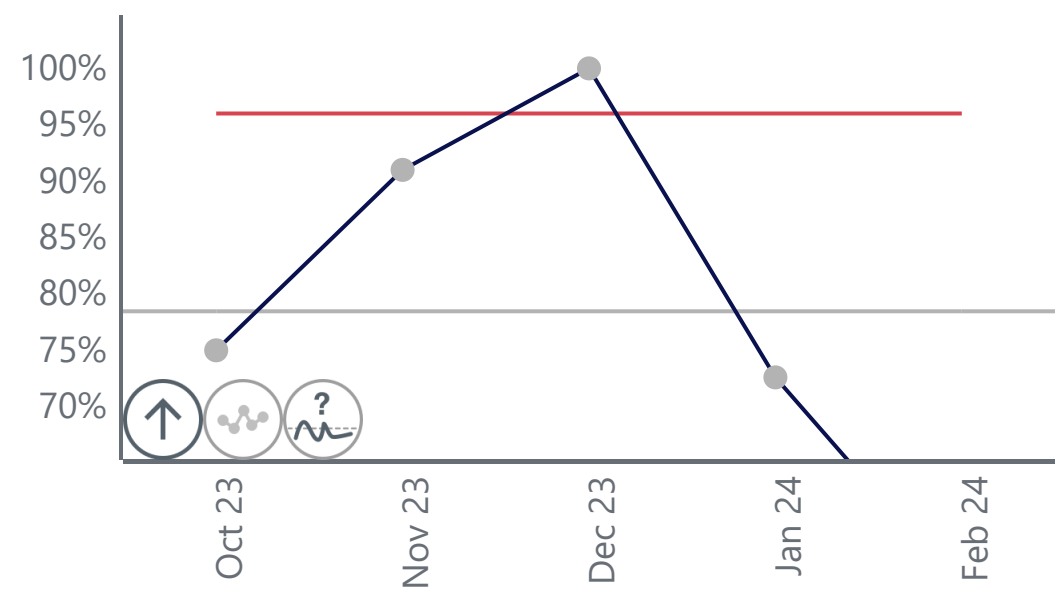
Patients not booked in within 28 days (non clinical cancellations)



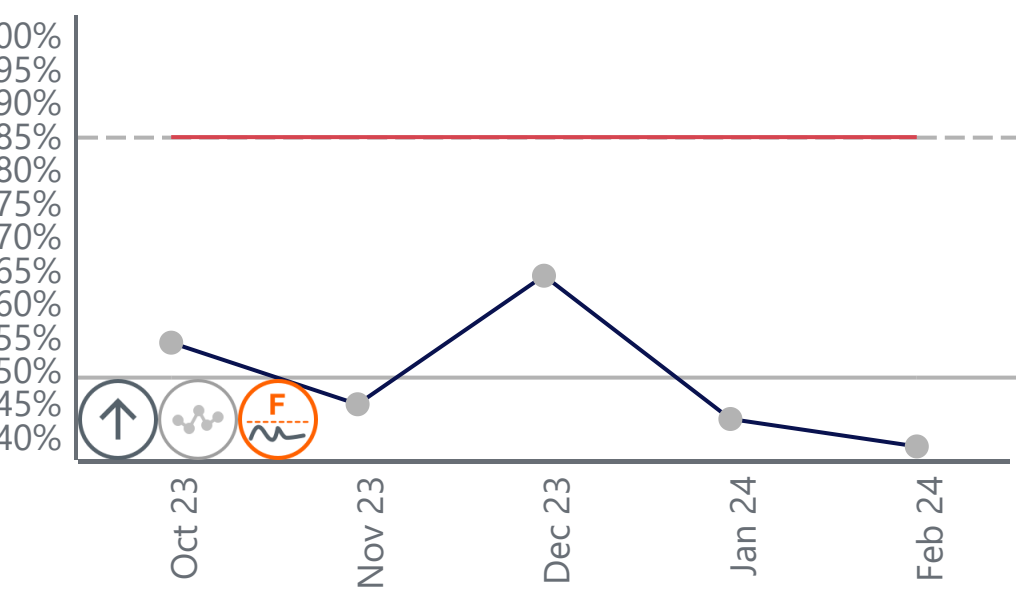
Bed Occupancy



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.
- \* Referrals to a dietician for patients scoring high risk has met target of 90% in month and shows special cause improvement further change to EPR is required to ensure performance is consistent 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 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 with March a similar number, 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.
- \*Patients receiving their discharge summary on day of discharge sustained improvement continues to be made however not consistently and this is being discussed with the teams.
- \*Falls stocking supplies and other factors continue to be reviewed.
- \* FFT data is being reviewed.



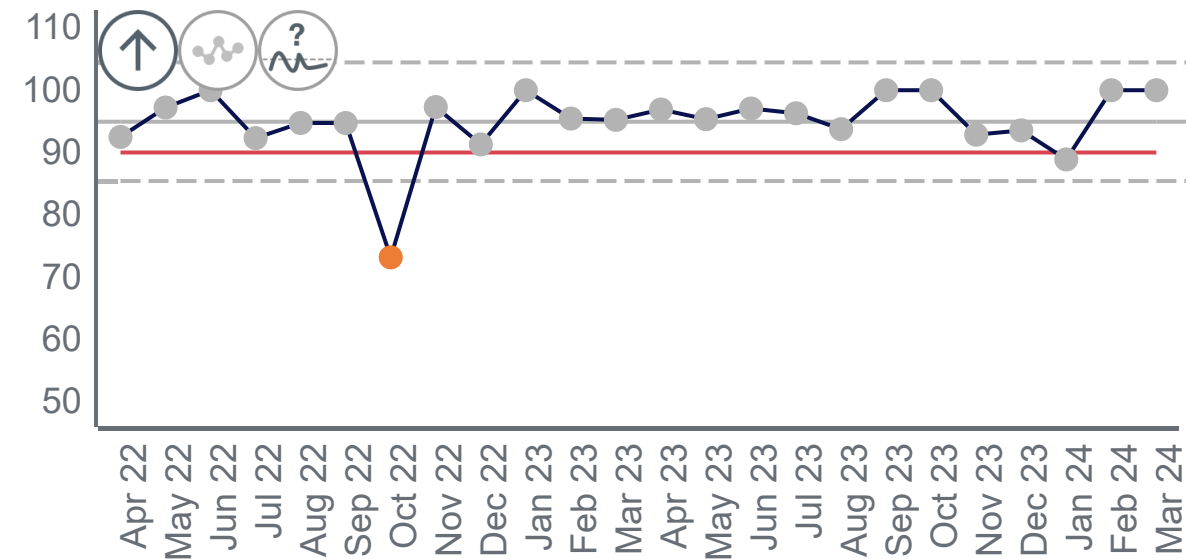
Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Mar-24	82.3	>=95%	86.6		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Mar-24	90.9	>=95%	92.2		
Clostridium Difficile	Mar-24	0.0	0	0.4		
Delayed Transfers of care	Mar-24	5.2	<=5%	4.4		
Delirium Risk Assessment to be completed on Admission and once a day	Mar-24	100.0	>=90%	99.7		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Mar-24	100	>=90%	96.2		
Dementia - Find	Mar-24	100	>=90%	98.5		
FFT: REPUTATION	Mar-24	96.0	>=95%	98.6		
Gram Negative Bacteraemias	Mar-24	5	1	1.2		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Mar-24	0	0	0.2		
MRSA Bacteraemias	Mar-24	0	0	0.0		
MSSA Bacteraemias	Mar-24	0	1	0.5		
Number of Falls	Mar-24	8	<=0.5	7.9		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Mar-24	0	<=0	0.1		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Mar-24	1.0	>=90%	0.1		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Mar-24	90.63	0	87.2		
Occurrence of any Never Events	Mar-24	0.0	>=95%	0.0		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Mar-24	66.67	<=6	63.7		
Quantity of complaints	Mar-24	4	95%	3.1		
Venous thromboembolism (VTE) risk assessment	Mar-24	92.58	143	92.6		
Number of Incidents No Harm and Near Miss	Mar-24	145	143	129.1		
Number of Incidents rated Minor Harm or Above	Mar-24	39	25	26.1		
Surgical Site Infections	Jan-24	6.0	0%	8.8		



Quality of Care - Drive Metrics

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



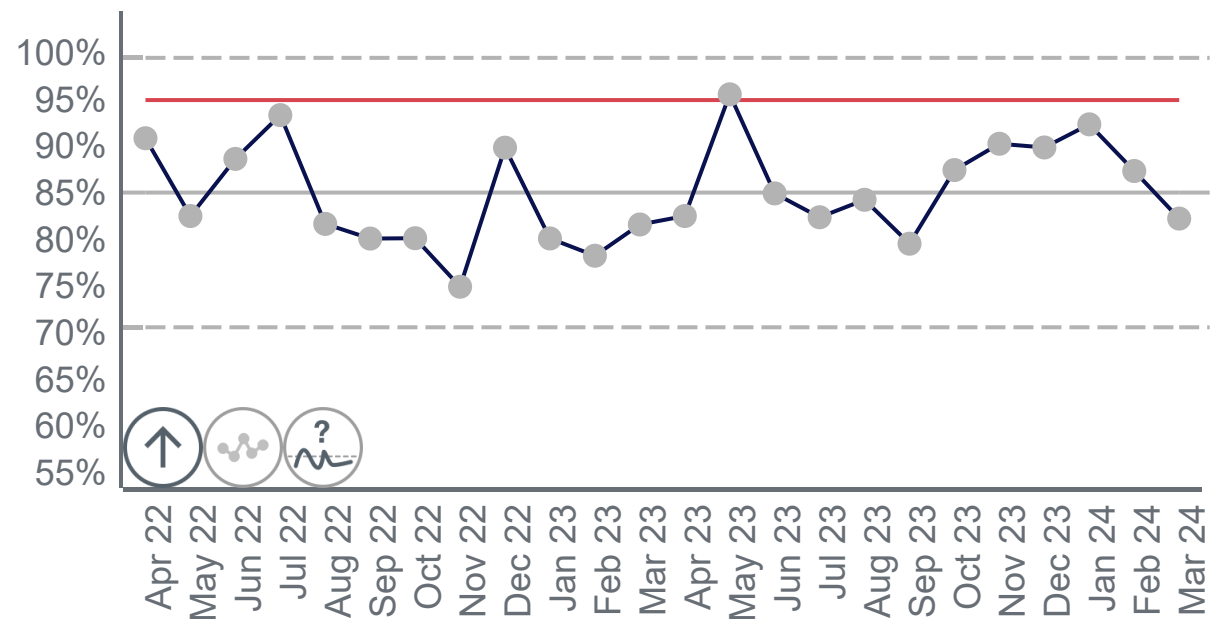
Technical Analysis:

Performance of the one hour Target is above the target for the second consecutive month. 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



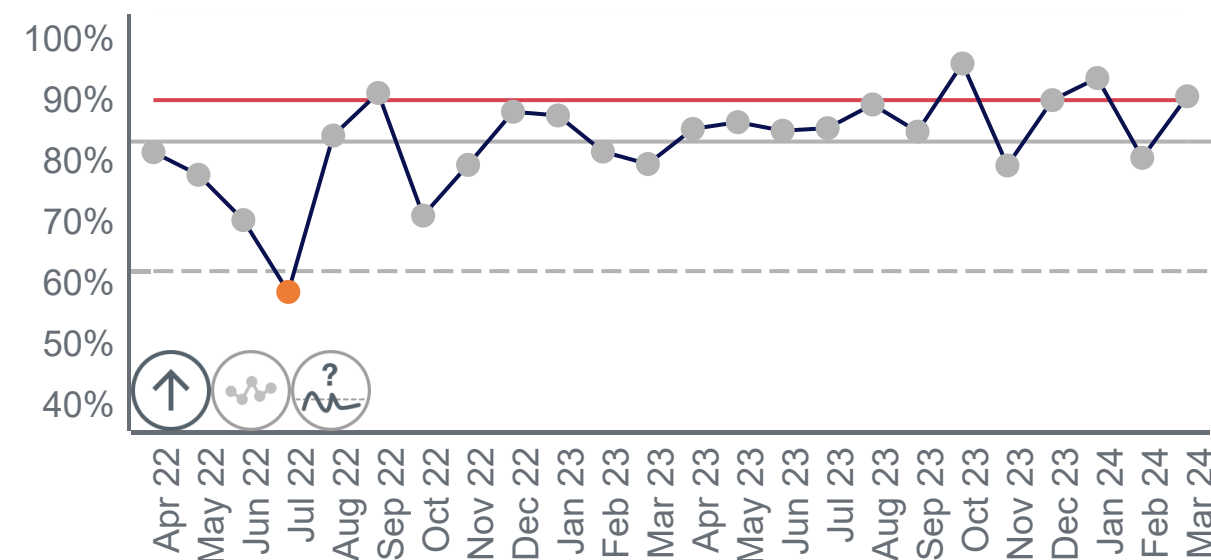
Technical Analysis:

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. This now needs to be connected into the SOF to provide the up to date position.

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



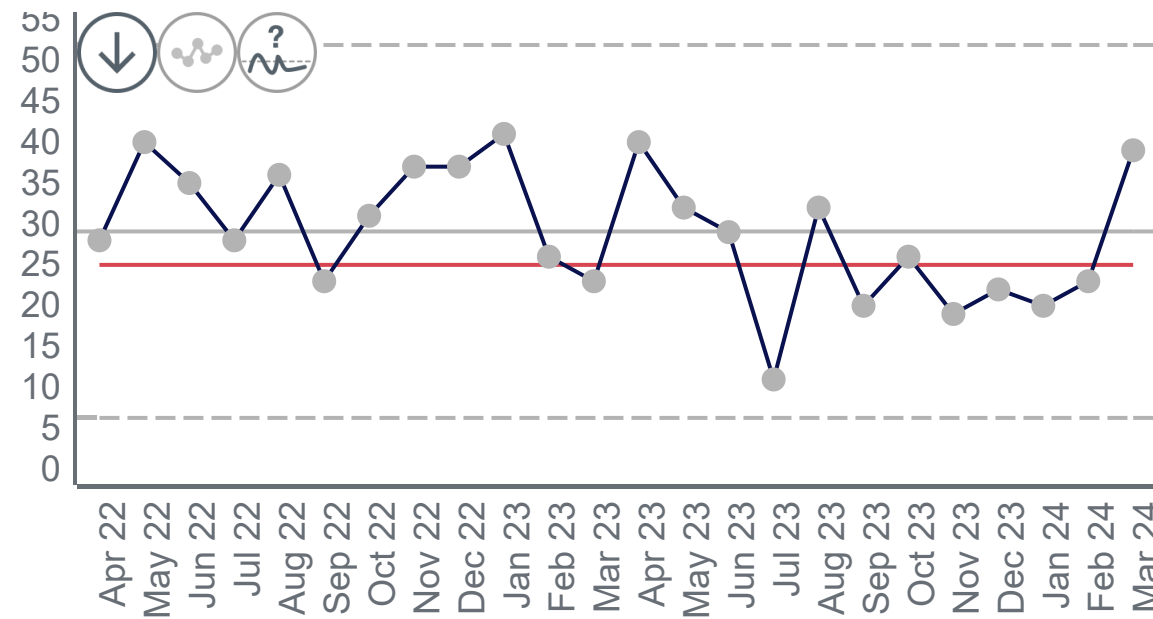
Technical Analysis:

Performance within March was 91%, which is above 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:

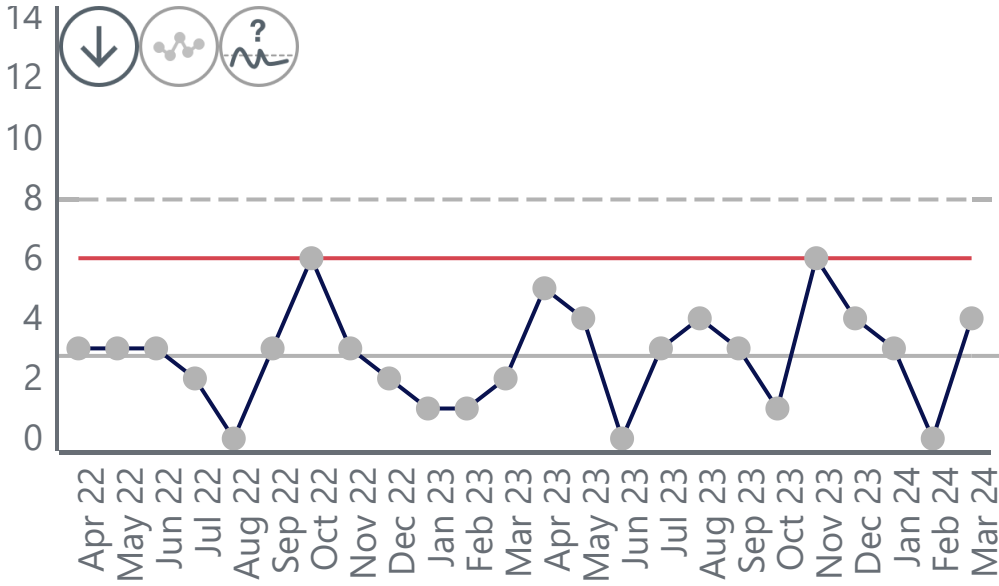
Number of Harms remains stable with performance over the last 18 months demonstrating common cause variation. February performance of 23 is below the 2022/23 average of 32 and target of 25.

Actions:

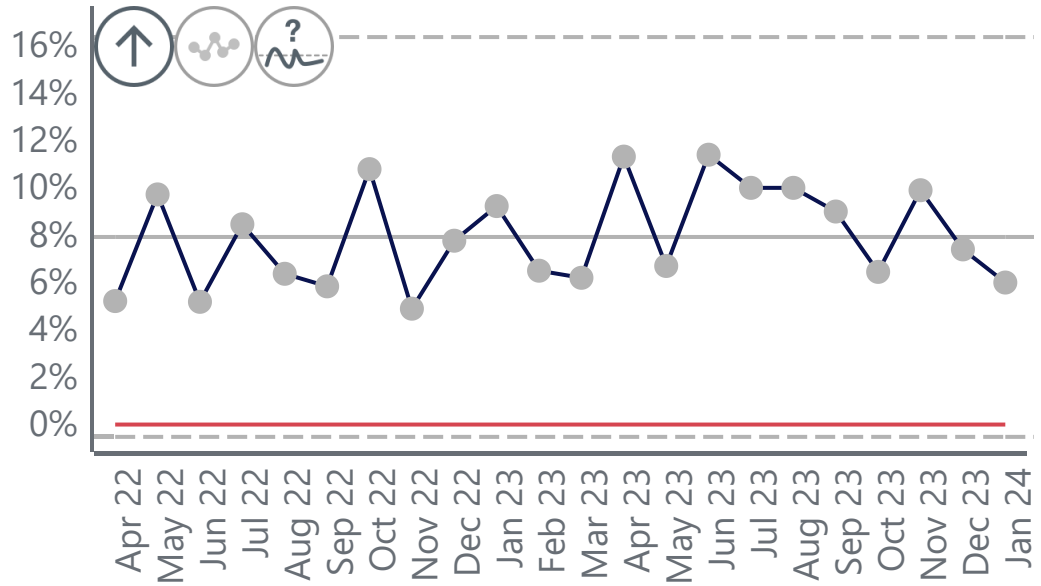
Strong reporting culture and learning from incidents. Reviews continue through safety surveillance and hasn't identified recurrent themes. Further refinement of the KPI is needed (i.e. minor harm and above as a percentage of total incidents).

Quality of Care - Watch Metrics

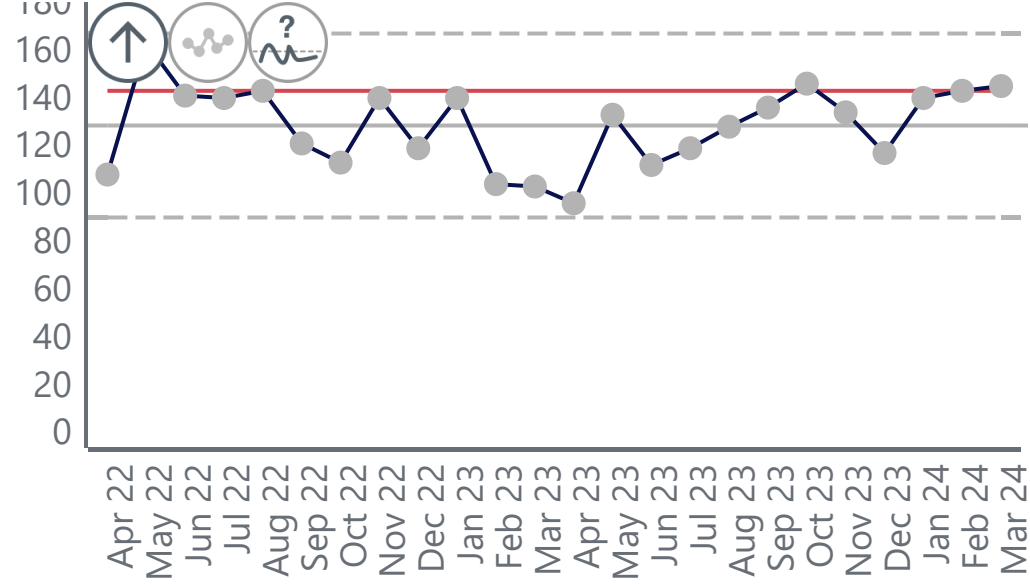
Quantity of complaints



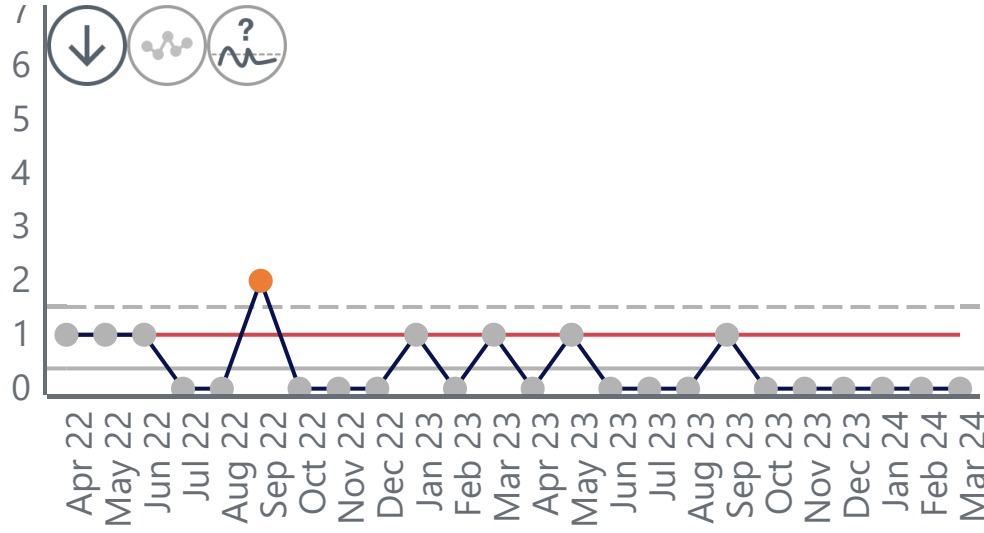
Surgical Site Infections



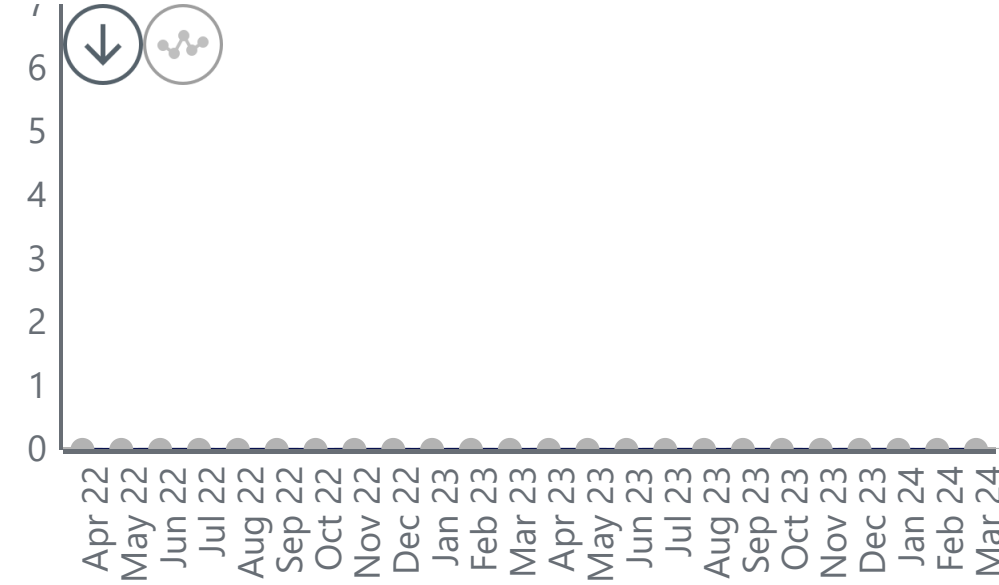
Number of Incidents No Harm and Near Miss



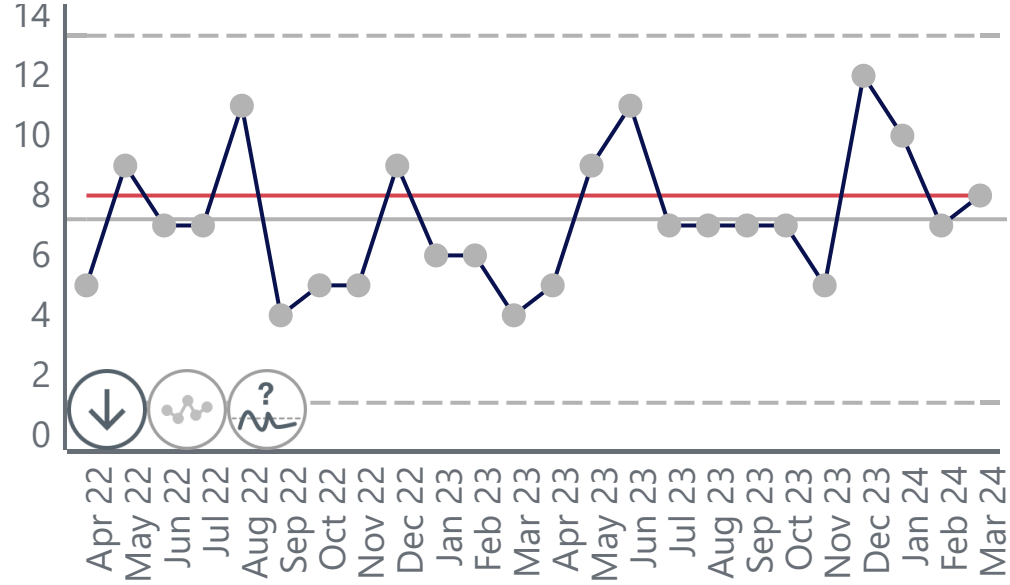
Incidents - Serious incidents, Never Events, Adverse Events (Red)



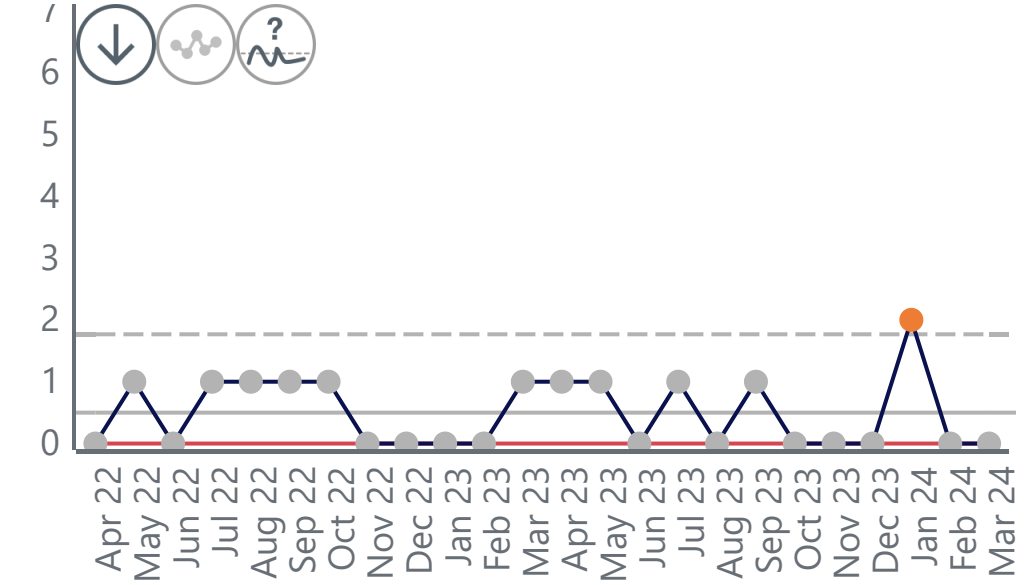
Occurrence of any Never Events



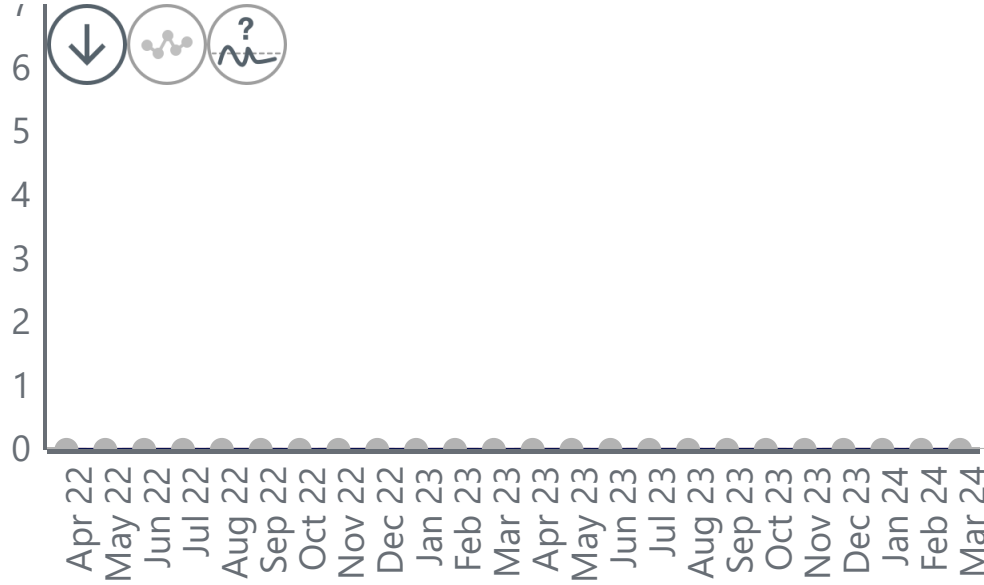
Number of Falls



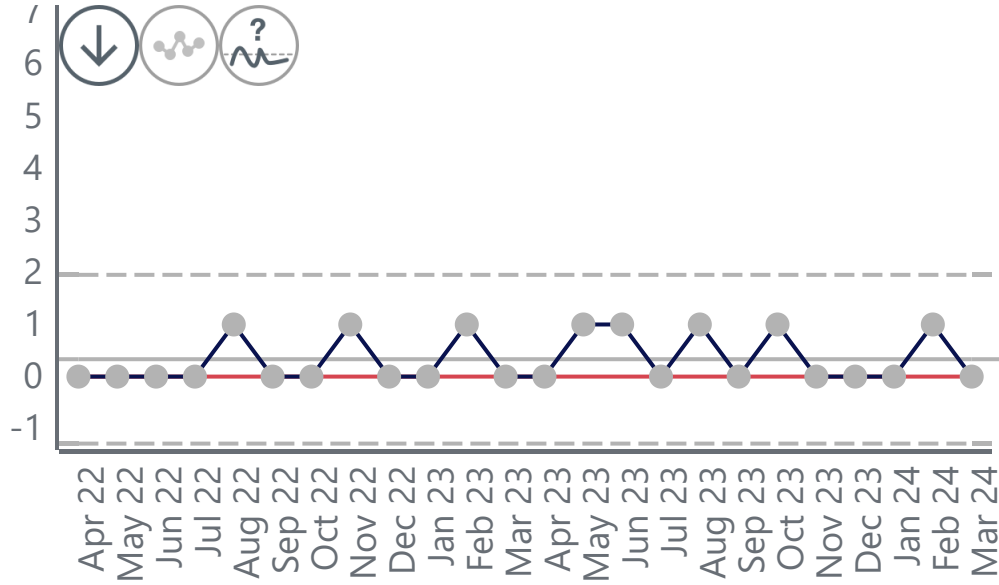
MSSA Bacteraemias



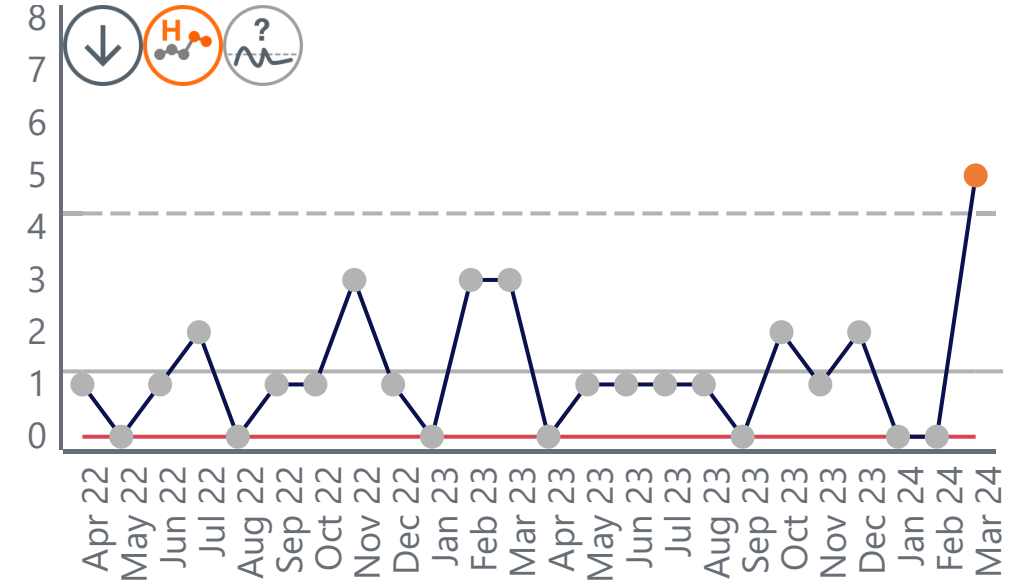
MRSA Bacteraemias



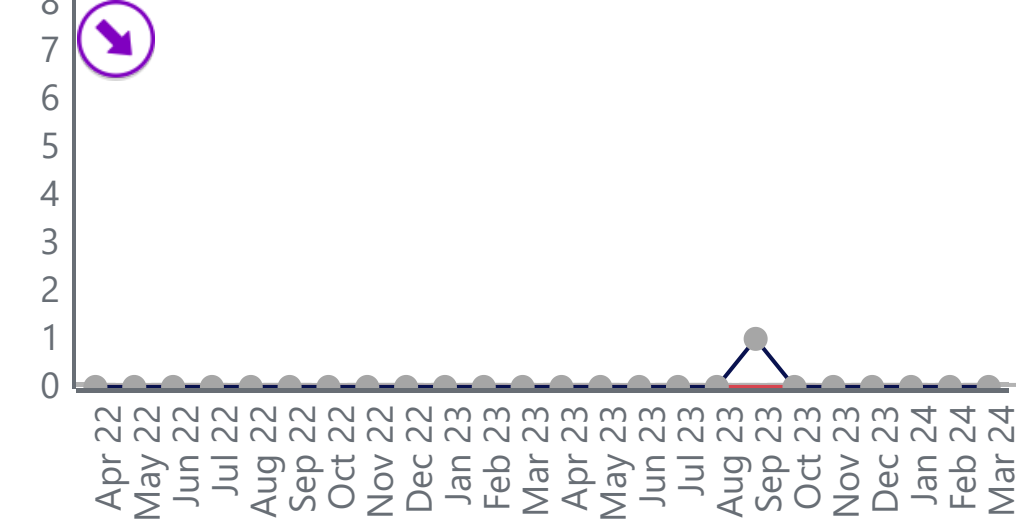
Clostridium Difficile



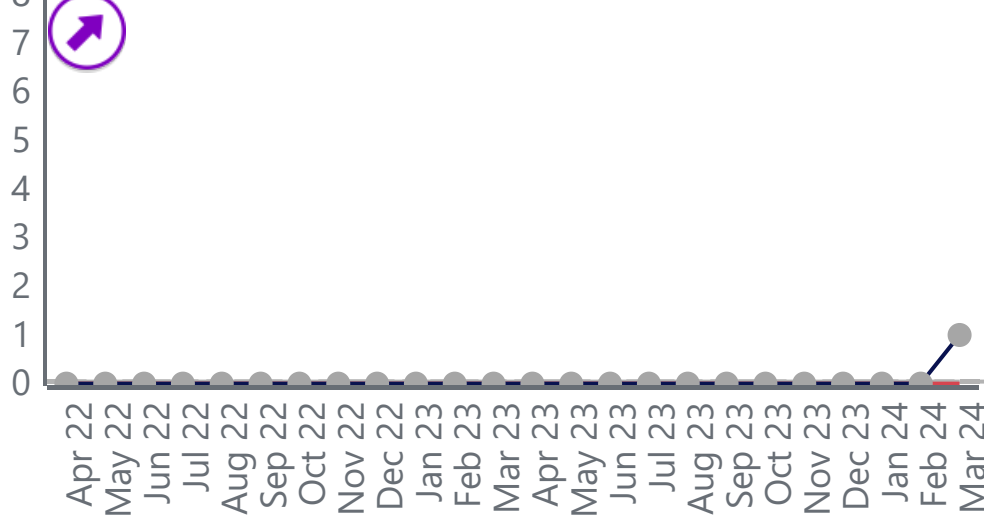
Gram Negative Bacteraemias



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



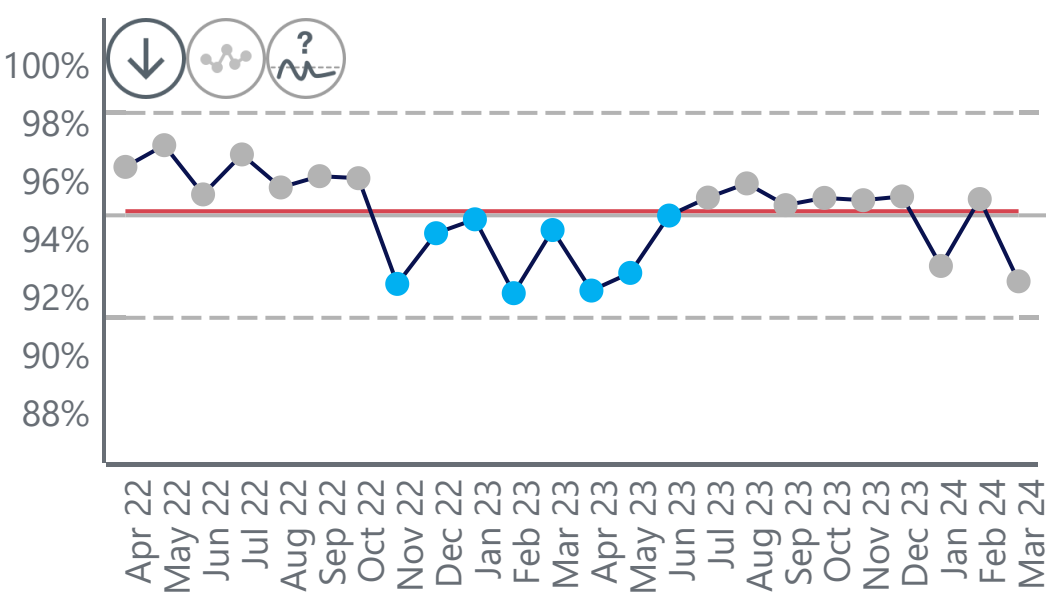
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)



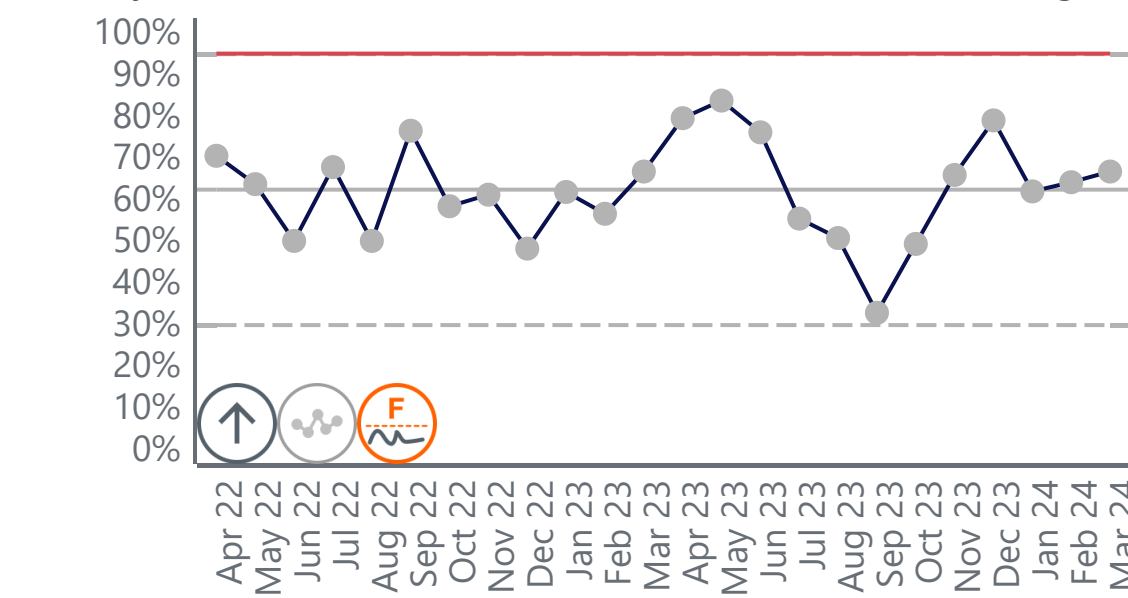


Quality of Care - Watch Metrics

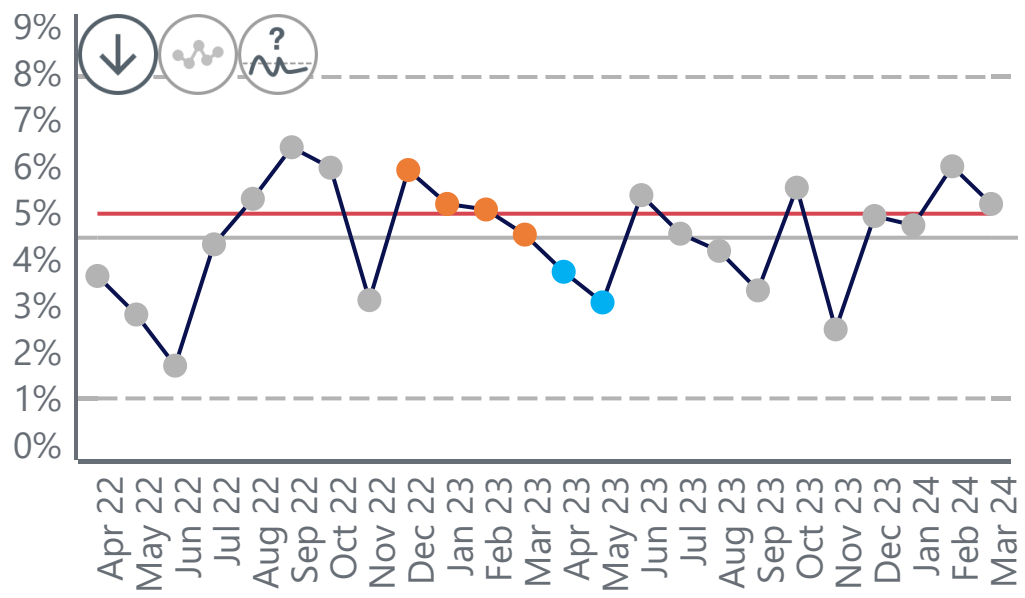
Venous thromboembolism (VTE) risk assessment



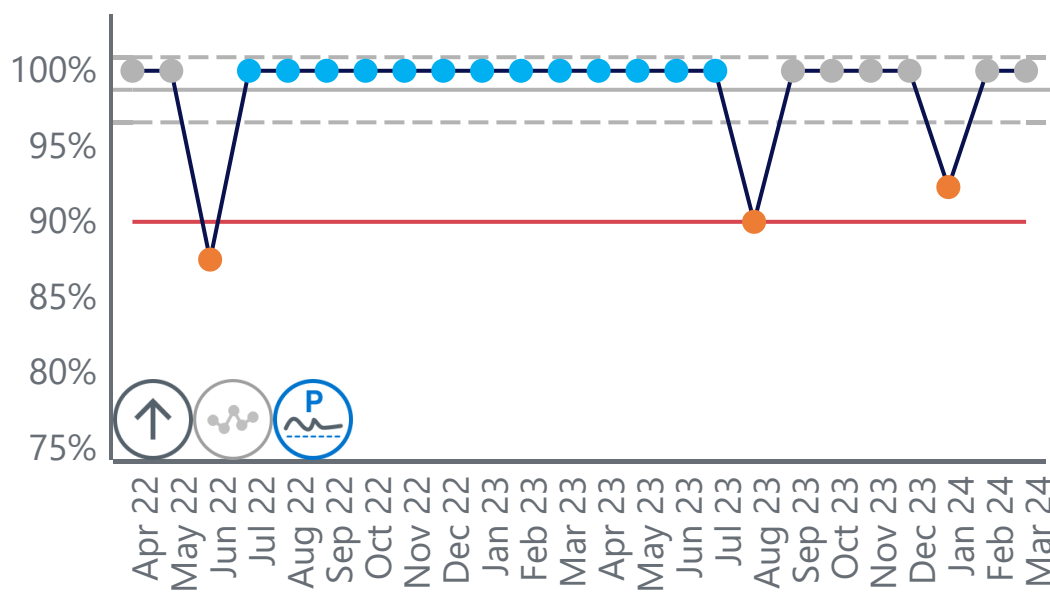
Primary PCI - 150 minute 'Call-to-balloon' (national target)



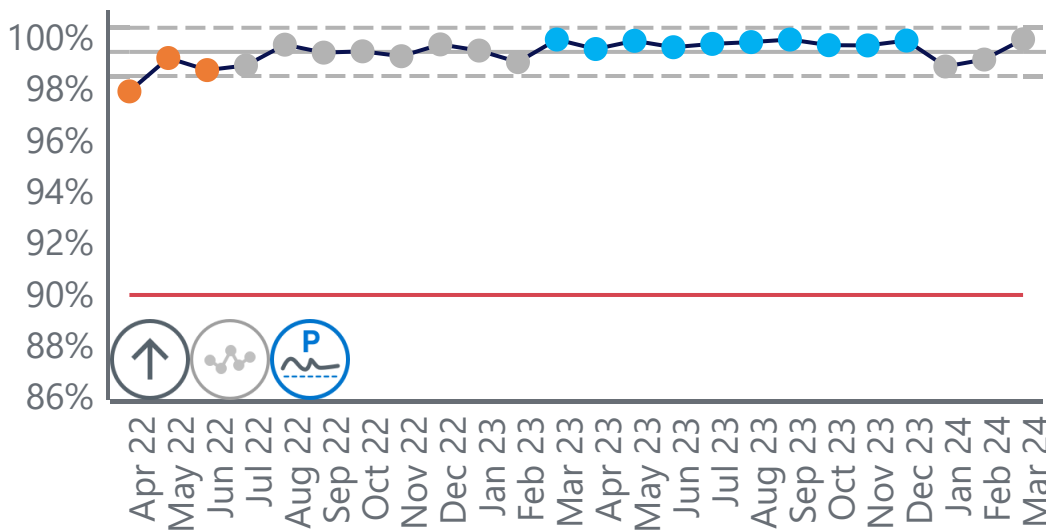
Delayed Transfers of care



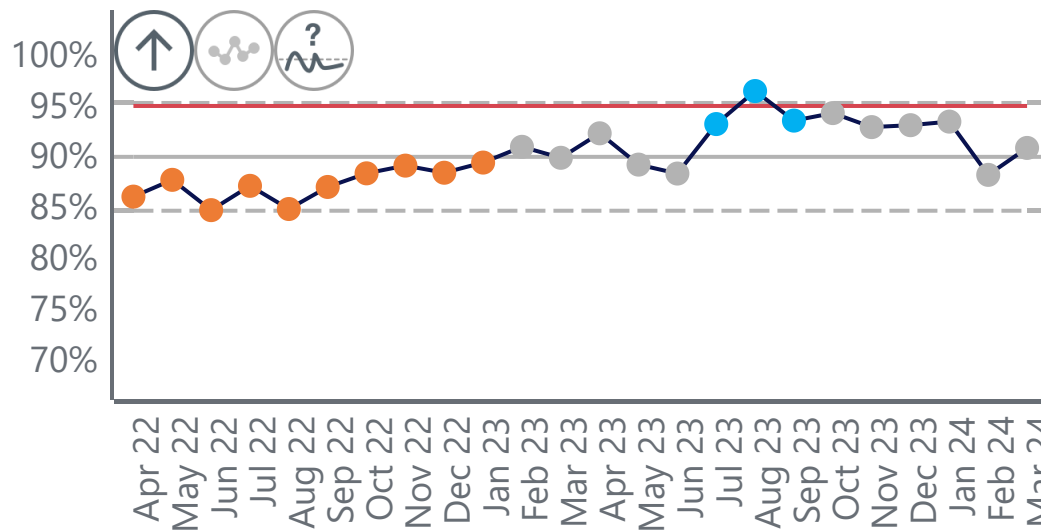
Dementia - Find



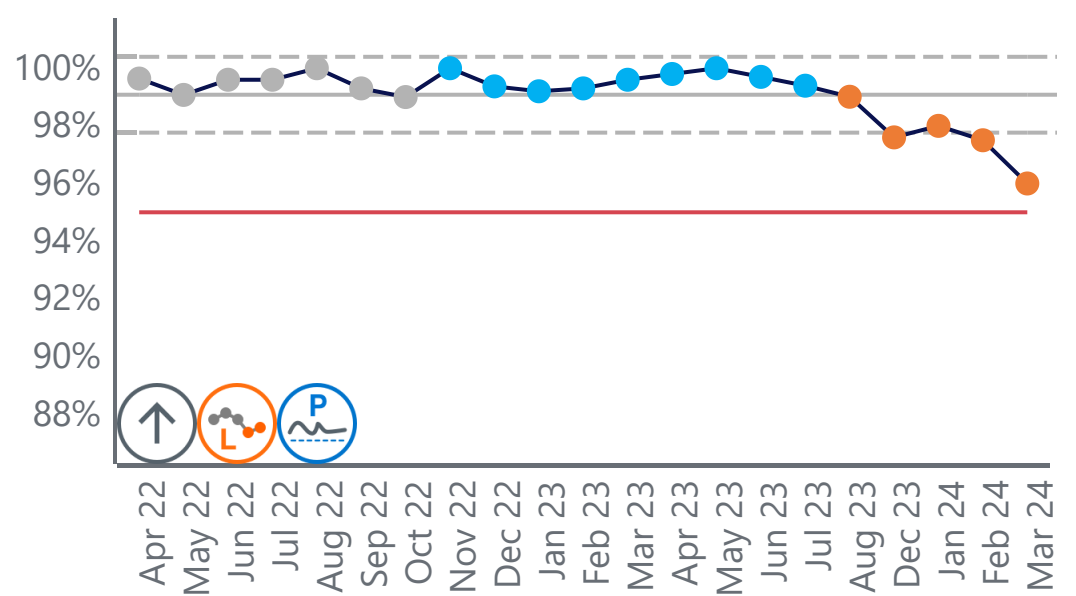
Delirium Risk Assessment to be completed on Admission and once a day



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



FFT: REPUTATION



Finance

SRO: James Thomson, Chief Finance Officer

Highlights:

The Month 12 position is a £681k surplus, which is £138k lower than plan in month. The surplus for the year is £11,352k which is £1,528k better than plan, and consistent with the forecast agreed with the Integrated Care Board.

Income associated with elective activity improved again in March with the impact of the surgery recovery plan. Targeted lung scan income was also above plan in month.

Pay costs were overspent in nursing and theatres as a result of higher bank and agency spend. However, in aggregate across the year pay expenditure was consistent with the budget.

The single largest adverse variance for the year related to the 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.

The Divisions delivered 77% of their CIP target in 2023/24, with a further £284k transacted in March.

The Divisions have received the CIP targets for 2024/25, with work underway to identify and deliver CIP schemes.

Surgical activity is an area of concern, with staffing shortages during the year causing a significant shortfall against the activity plan. A recovery plan is in place, with an improved position reported in February and March.

Forward Look (with actions):





The Trust delivered the improved financial outturn agreed with the ICB as part of the national refresh for H2.

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.

Achieving the Trust's target surplus in 2024/25 will be contingent on achieving the CIP target, hitting the activity plan, and ensuring strong fiscal discipline and financial management.



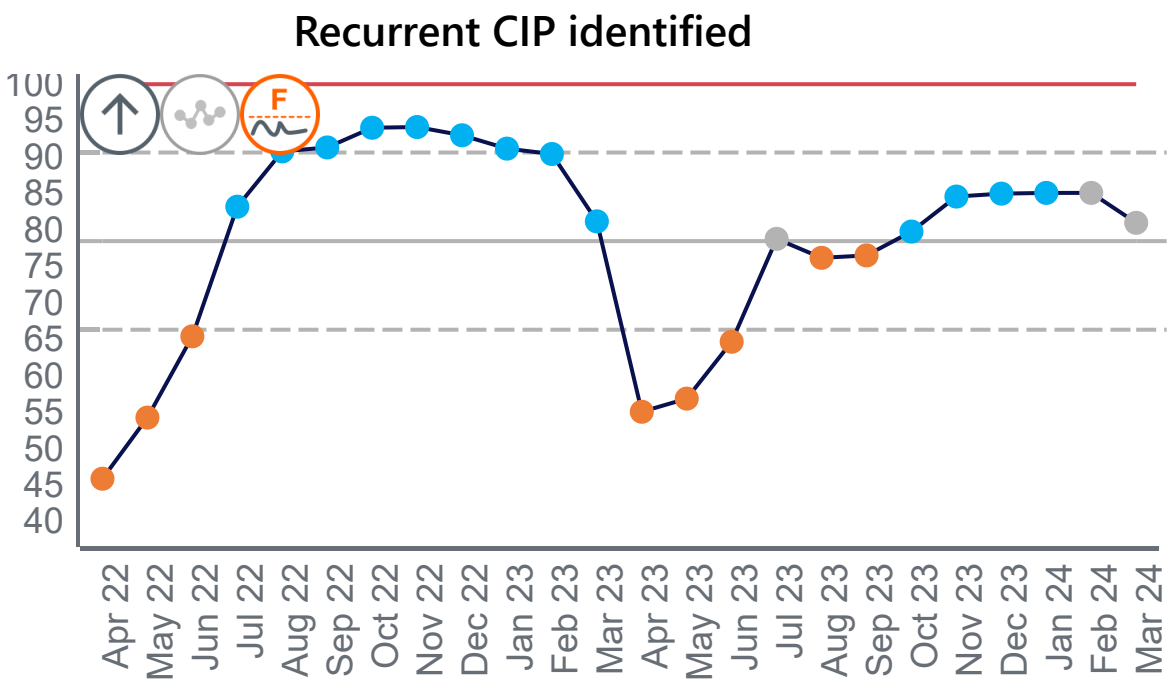
Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
Better Payment Practice Code	Mar-24	96.0	95	97.56		
I & E distance from target (cumulative) - £,000	Mar-24	1528	0	466		
Liquidity (days)	Mar-24	24		24		
Recurrent CIP identified	Mar-24	81.0	100	75.7		
Capital Expenditure (Trust Level)	Mar-24	10262000	10111000	2837526		
Cash in Bank (Trust Level)	Mar-24	43234000		45573333		





Finance - Drive Metrics

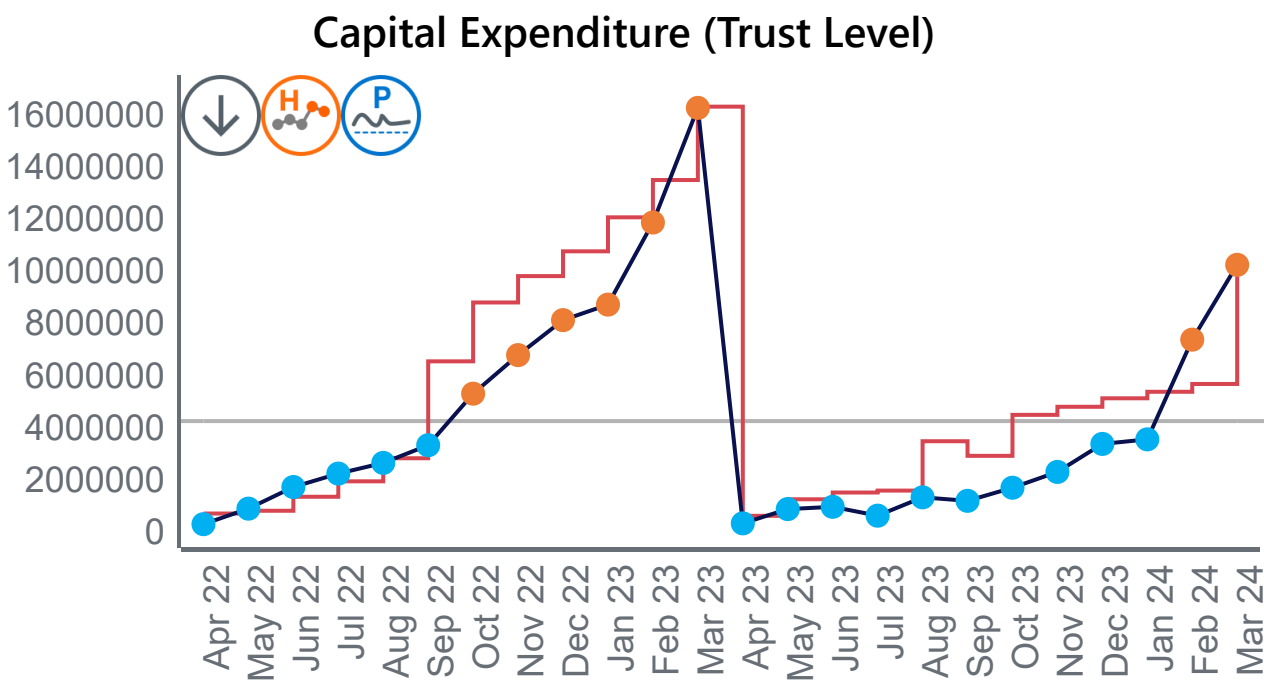


Technical Analysis:

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:

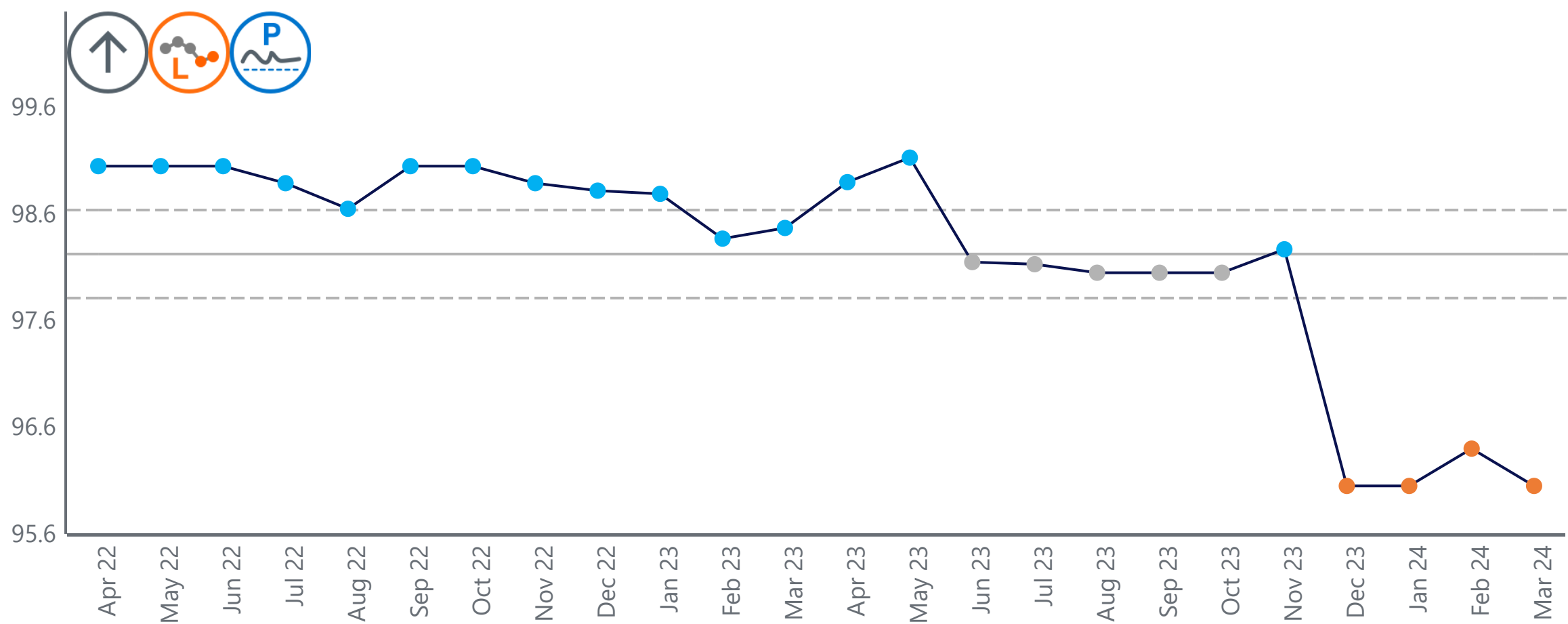
Performance for 2023/24 is above target and below the same period during 2022/23. Improvement required to consistently achieve target.

Actions:

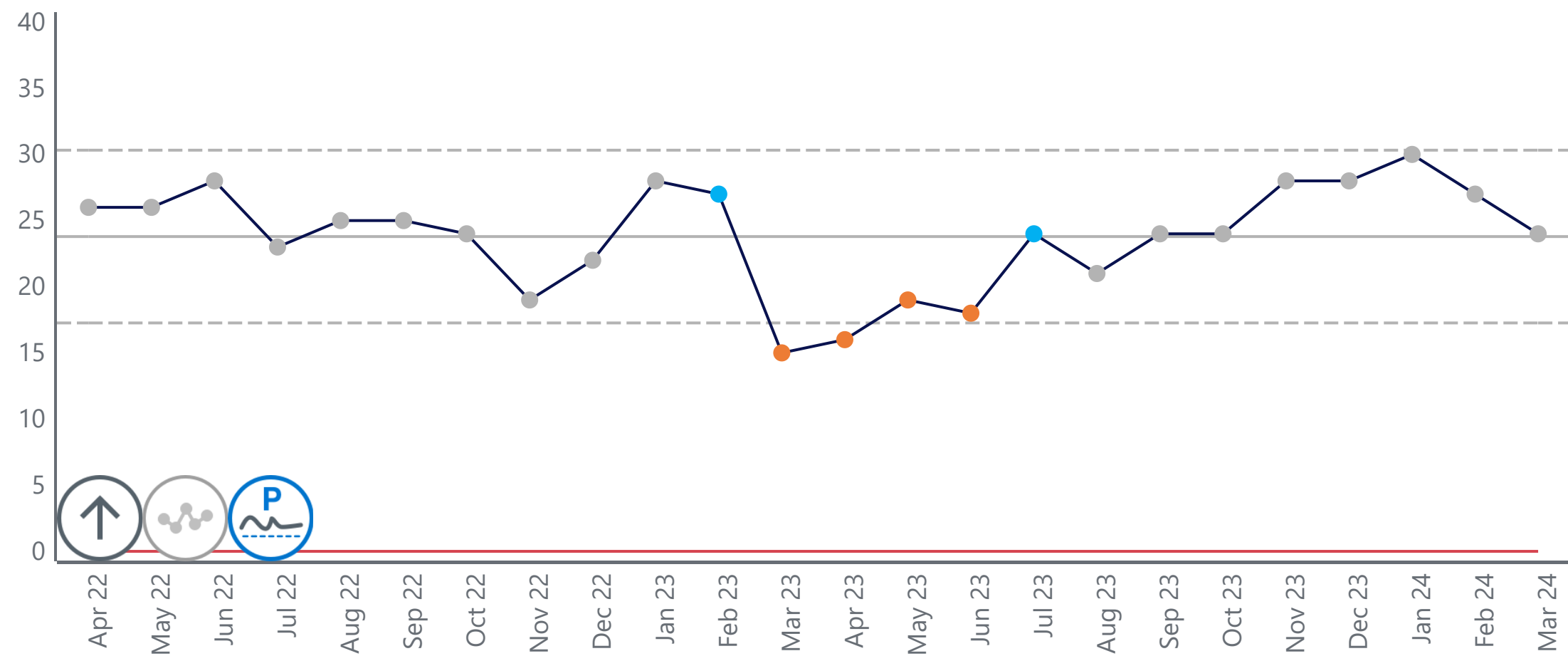
Capital commitments are monitored by the Capital Management Group. Due to slippage, some schemes were brought forward and the Trust utilised its full capital allocation.

Finance - Watch Metrics

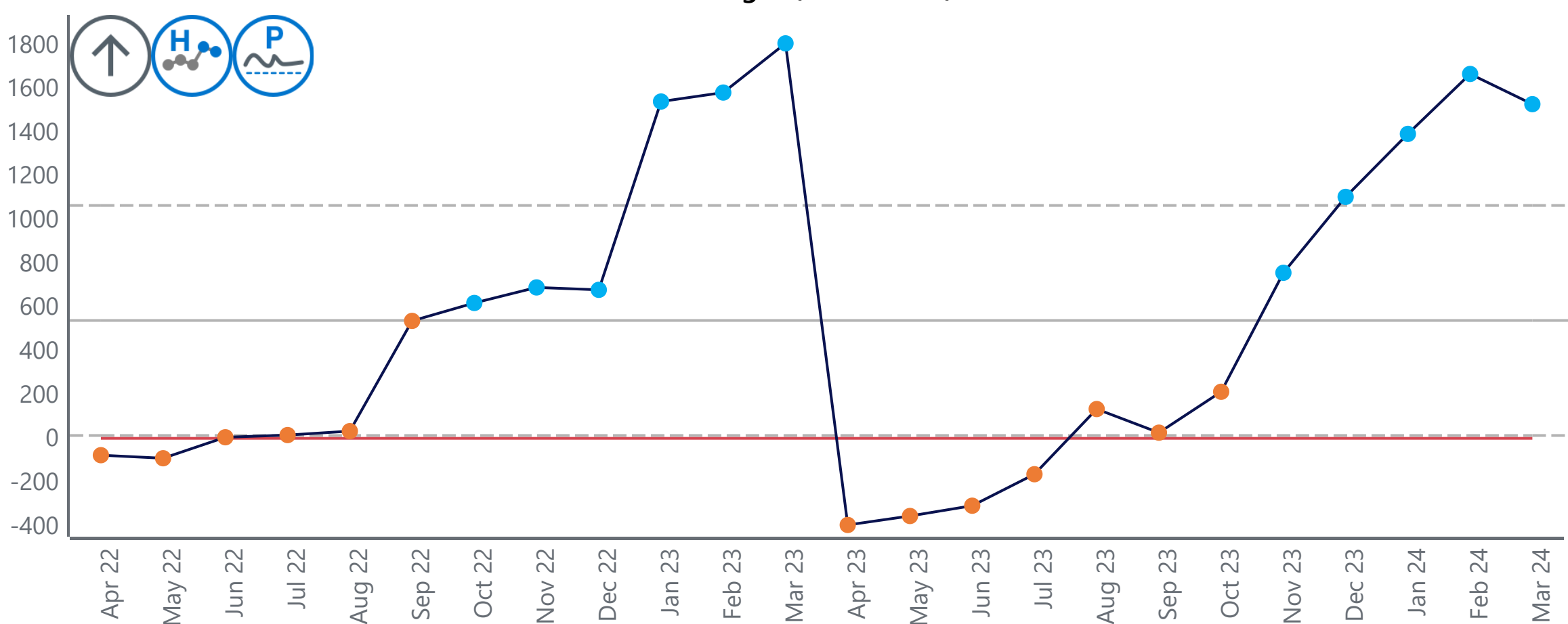
Better Payment Practice Code



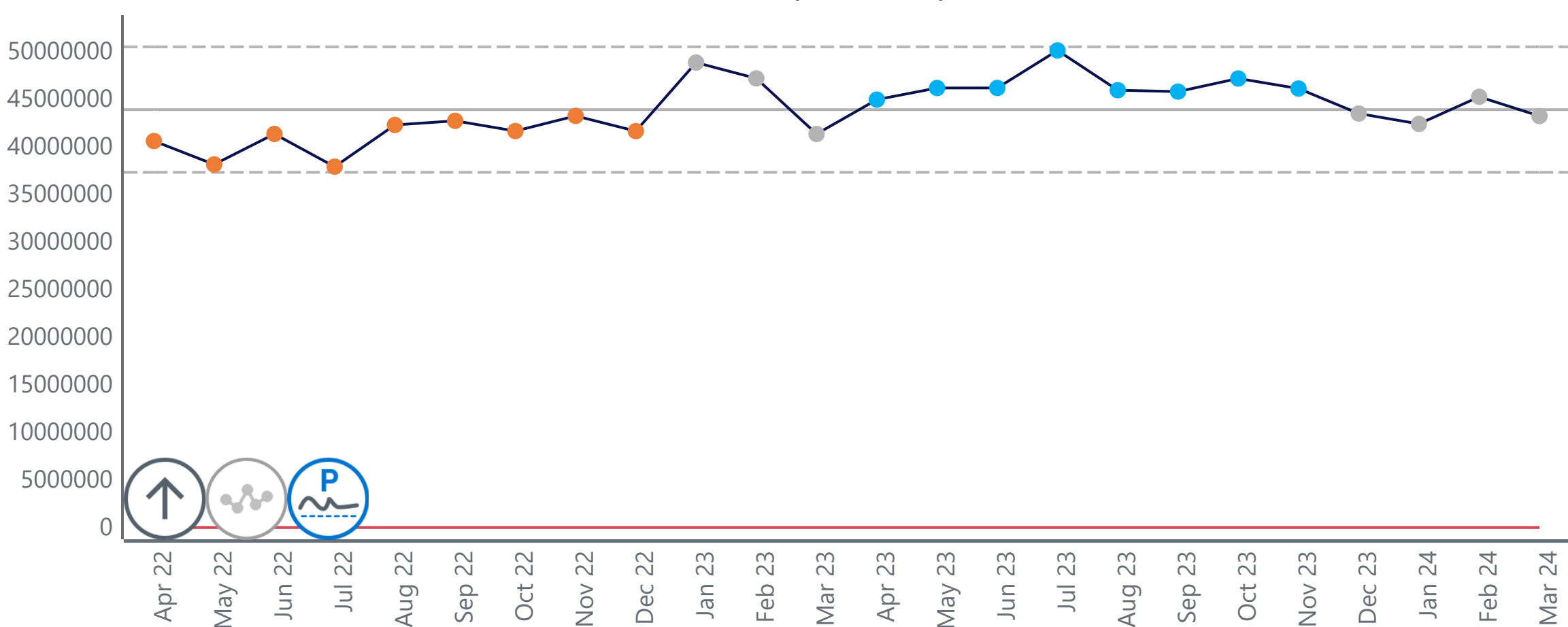
Liquidity (days)



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



Cash in Bank (Trust Level)



People

SRO: Jane Royds, Chief People Officer

Highlights:

Staff Survey results show strong performance nationally and across the C&M ICB. Departmental and divisionally actions plans are being created and will be presented in line with an agreed governance process.

The recruitment system TRAC went live on 6th February 2024. The TRAC system will support an improved reporting mechanism, including Time to Hire and EDI KPIs. The Recruitment team will continue will provide 1:1 training and support for recruitment managers in the Trust to ensure a smooth transition.

Areas of Concern:

LHCH sickness continues to compare favourably across the C&M footprint which has an average sickness rate of 6.4%. However, internal sickness levels remain above the internal target of (3.4%). Sickness has marginally decreased by 0.40% in March to 5.07%, with short term sickness accounting for 2.06% and long term 3.01%.

Mandatory Training is report at 93.5% and remains below the Trust target of 95%. Compliance has been highlighted through divisional board meetings with line managers being advised of the need to increase compliance during April. Areas below the 95% will require recovery plans which will be reported through to Execs. The L&D Team will continue to support areas with plans to help drive up compliance and address any challenges.















Forward Look (with actions):

The Team have commenced a piece of work to look at our bereavement and special leave provision. Nationally, we are being asked to consider a more compassionate approach in our policies and this work supports this. As part of this scope, we are reviewing LT sickness absence data related to bereavement and the experience of staff when being subject to a formal sickness absence process. This work will support delivery of our People Strategy and support reduction in sickness absence levels.





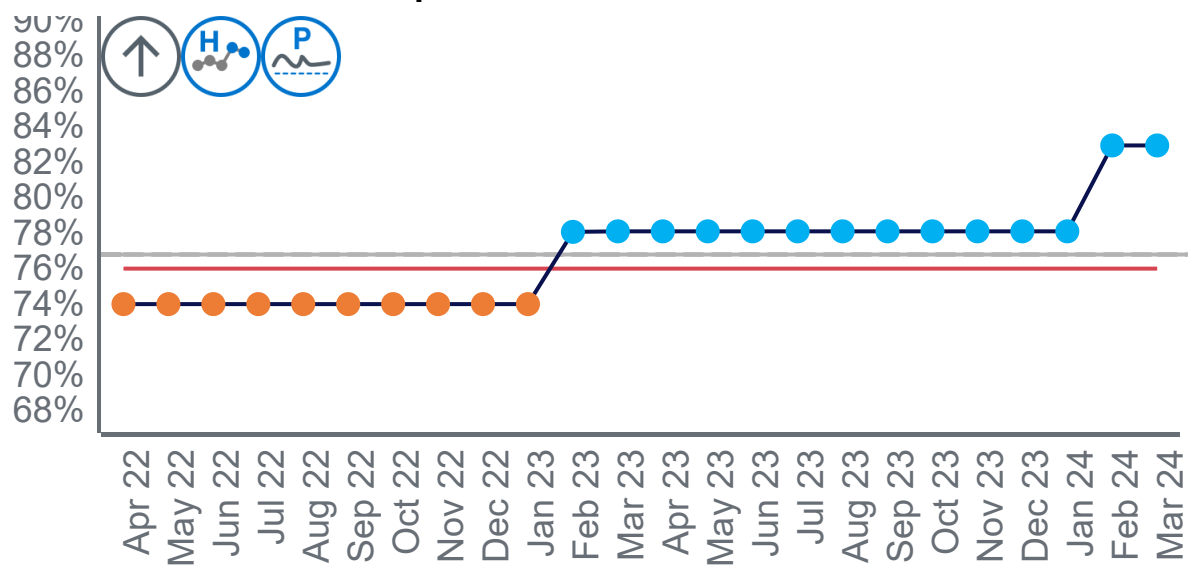
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Mar-24	89.4	>=90%	86.1		
Mandatory Training Compliance	Mar-24	93.6	>=95%	93.6		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Mar-24	82.9	>=76%	78.9		
Staff Turnover	Mar-24	10.4	<=10%	10.3		
Staff Sickness (All Staff)	Mar-24	5.07	<=3.4%	4.7		
Long Term Sickness	Mar-24	3.01	<=3.4%	2.9		
Short Term Sickness	Mar-24	2.06	<=3.4%	1.7		



People - Drive Metrics

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



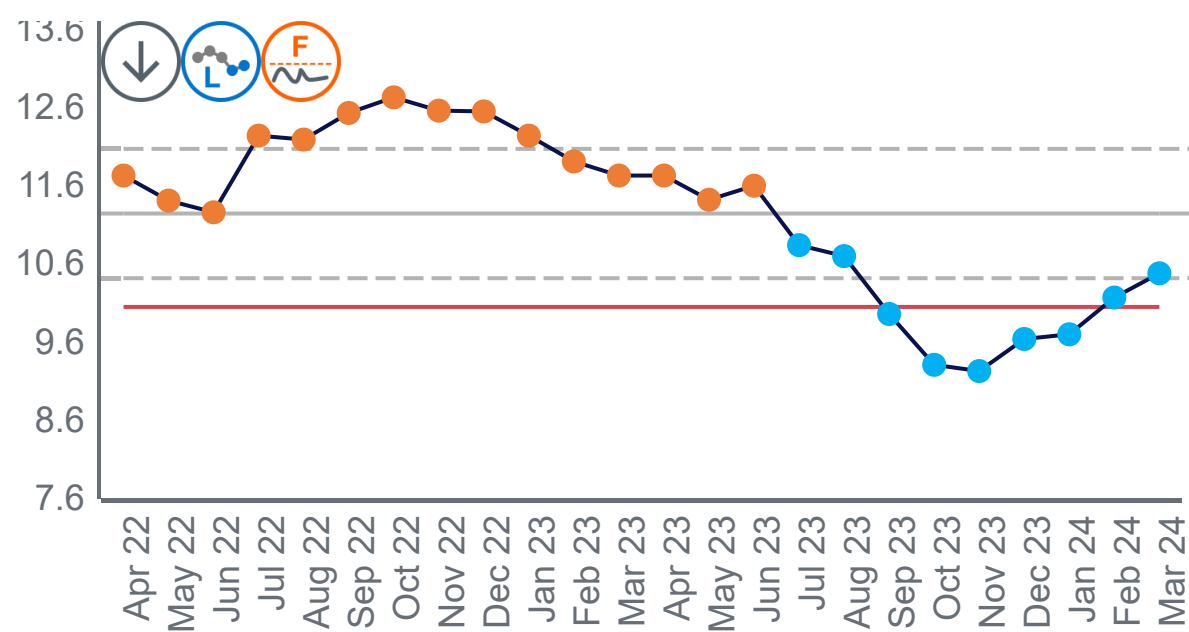
Technical Analysis:

As 2023/24 draws to a close performance has demonstrated further improvement to 83% against the target of 76%.

Actions:

Annual indicator - improvement in this indicator. Best in the country.

Staff Turnover



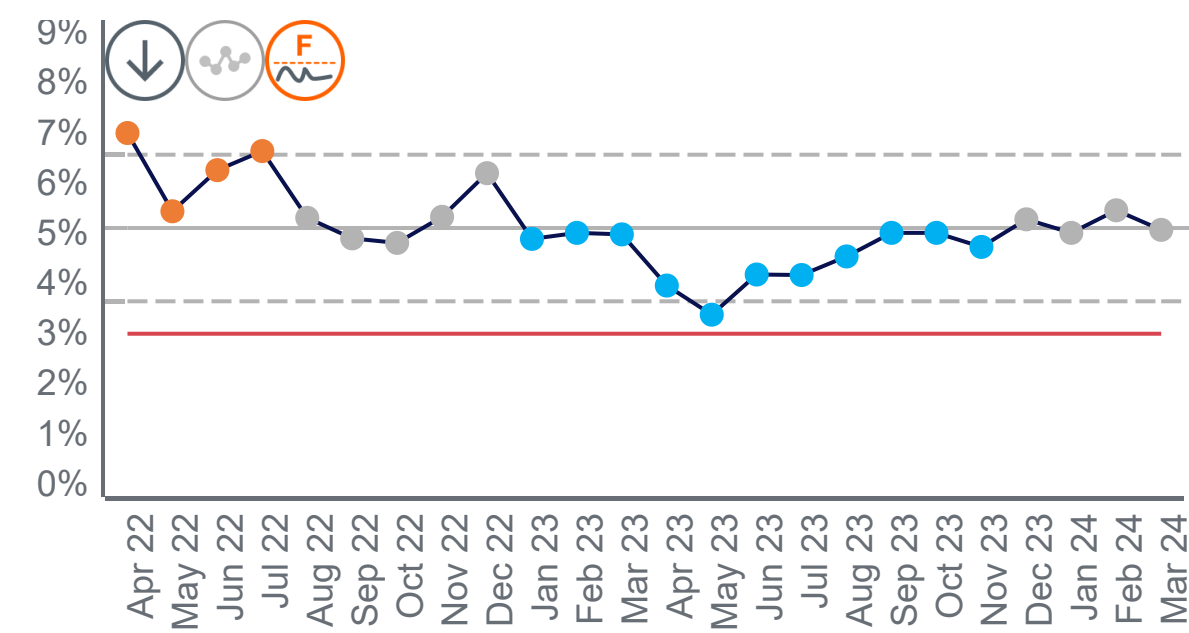
Technical Analysis:

Staff Turnover has shown reduction over the last 12 months and is displaying Special Cause Improvement. Previous levels could create a substantial risk. Following a number of months of achieving the target the latest trend is displaying a rise.

Actions:

There has been a marginal 0.25% increase in voluntary turnover and report above the trust target of 10%. This was an expected increase and will be monitored alongside the retention action plan.

Staff Sickness (All Staff)



Technical Analysis:

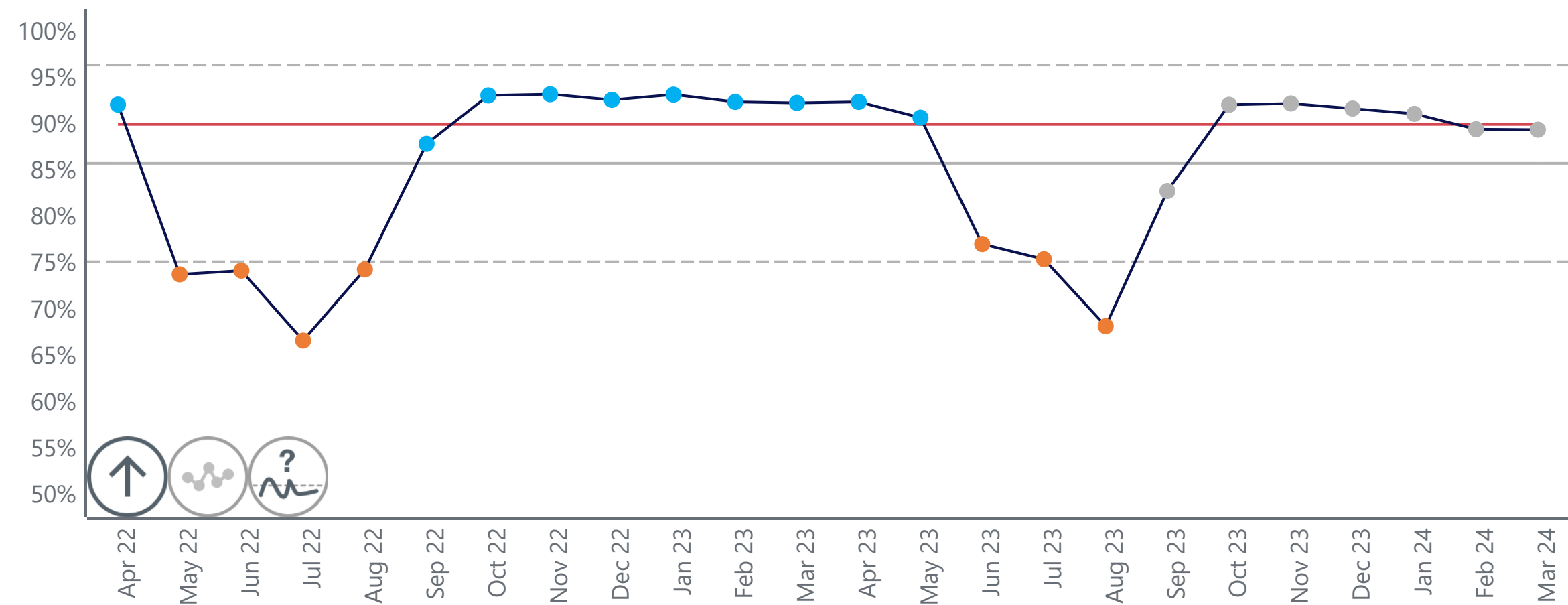
Total absence in March was 5%, this is above the target (3.4%). Although continued work is required due to failure to meet the target the last 12 months has displayed a significant period of Special Cause Improvement. Further work required to close in on target.

Actions:

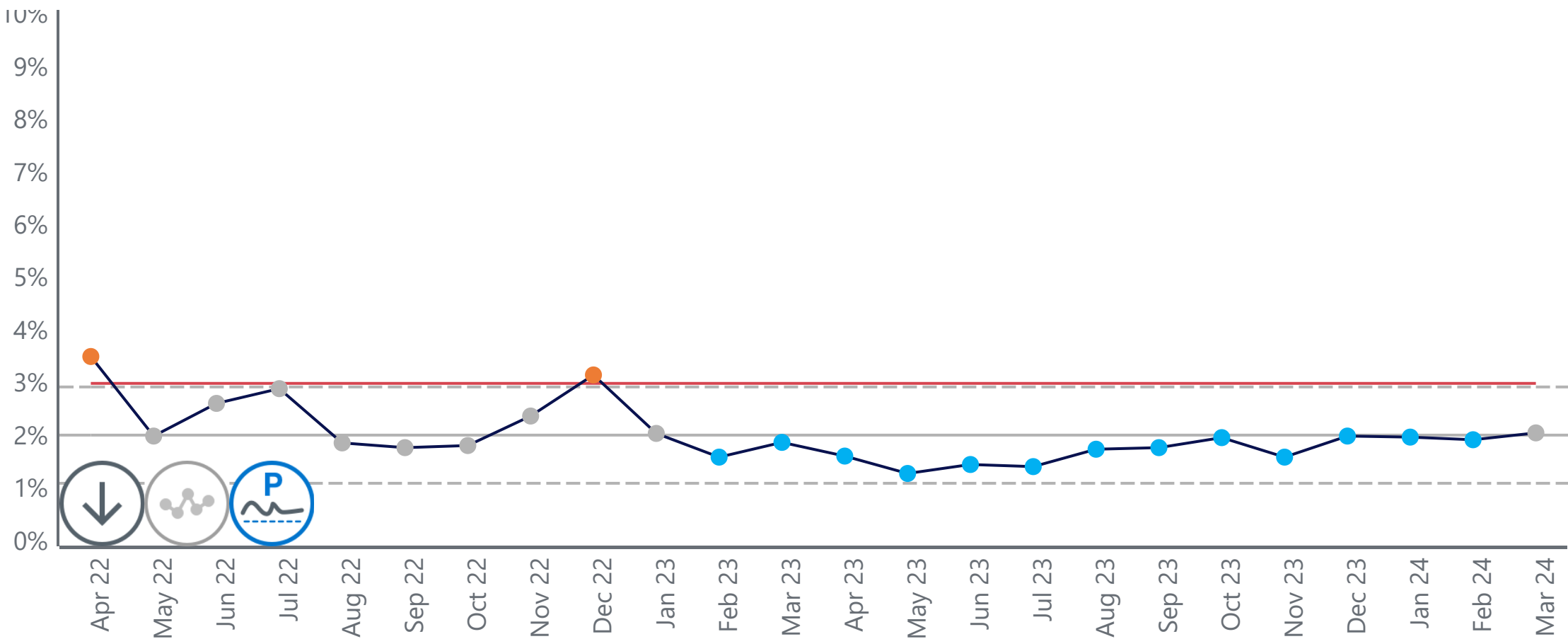
The HR Business Team continue to maintain a monthly sickness absence report which includes a plan against all cases of continued sickness absence. This data will be shared with the divisions for oversight and escalation.

People - Watch Metrics

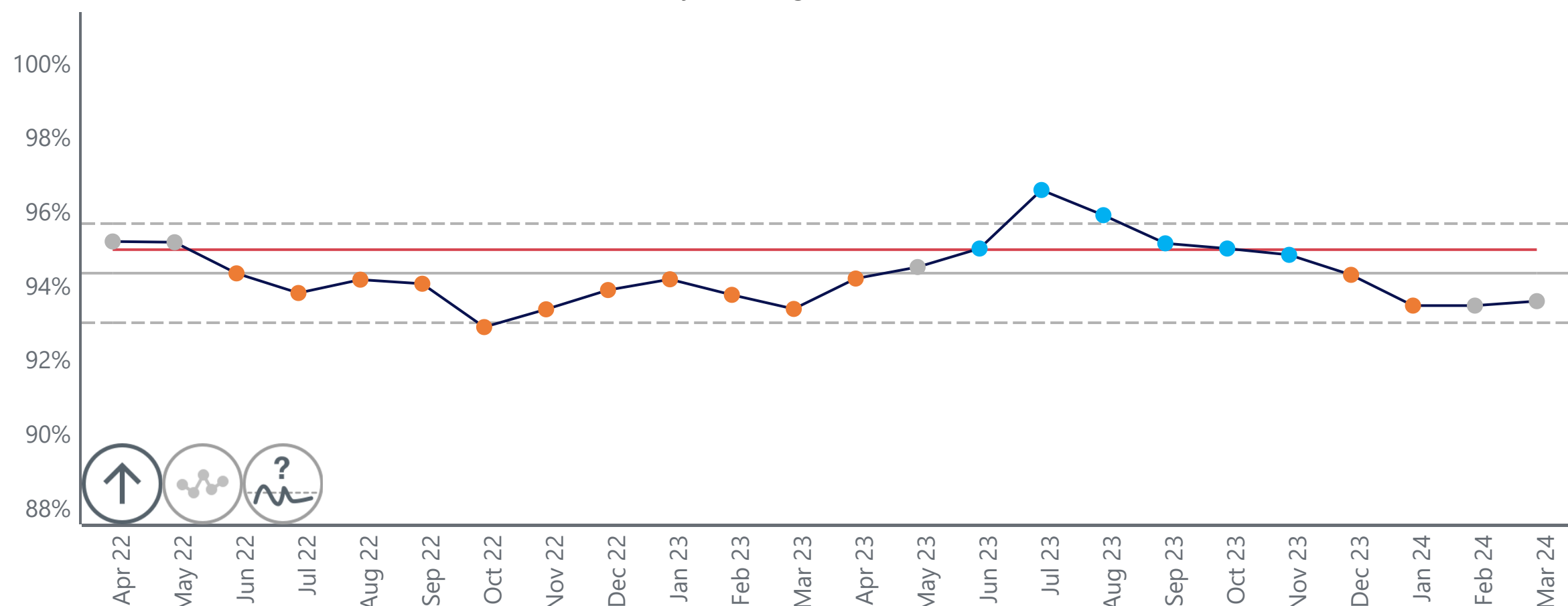
Appraisals Compliance



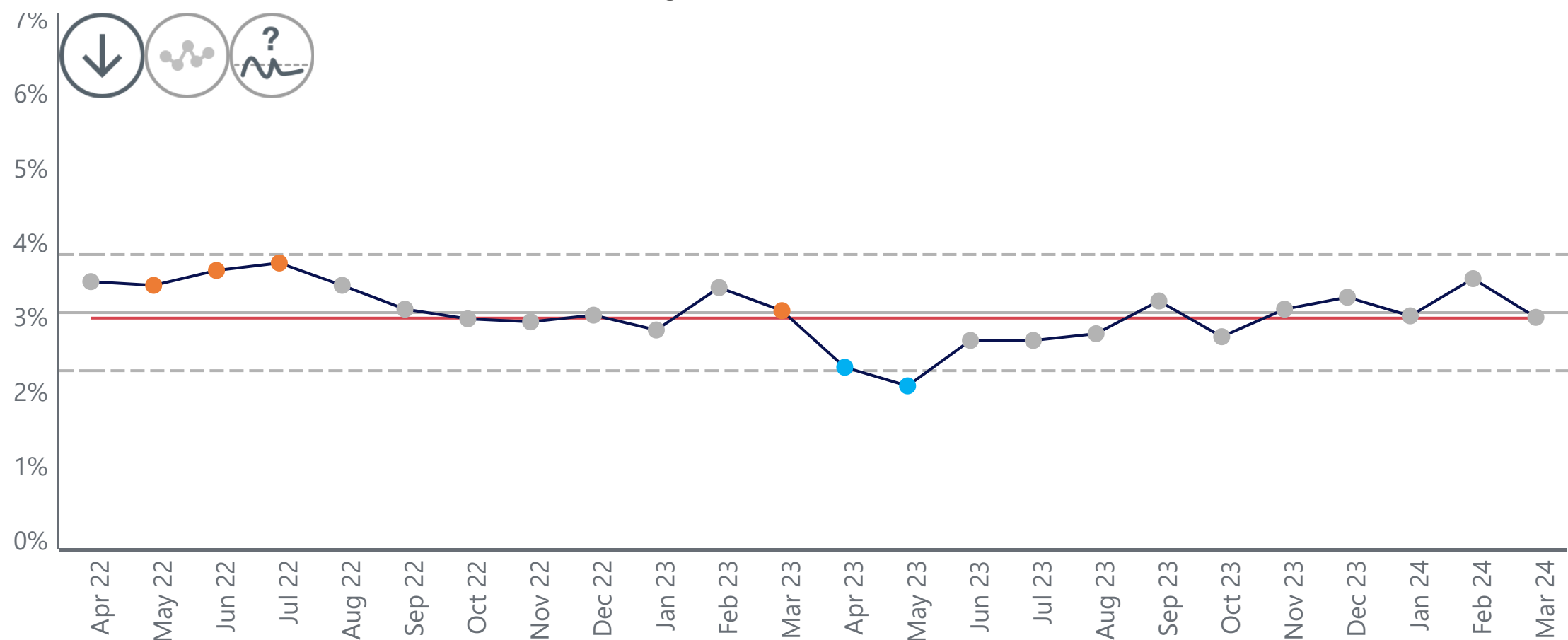
Short Term Sickness



Mandatory Training Compliance



Long Term Sickness







**Key Contacts:**

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