

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

Strategic Oversight Framework

July 2024

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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



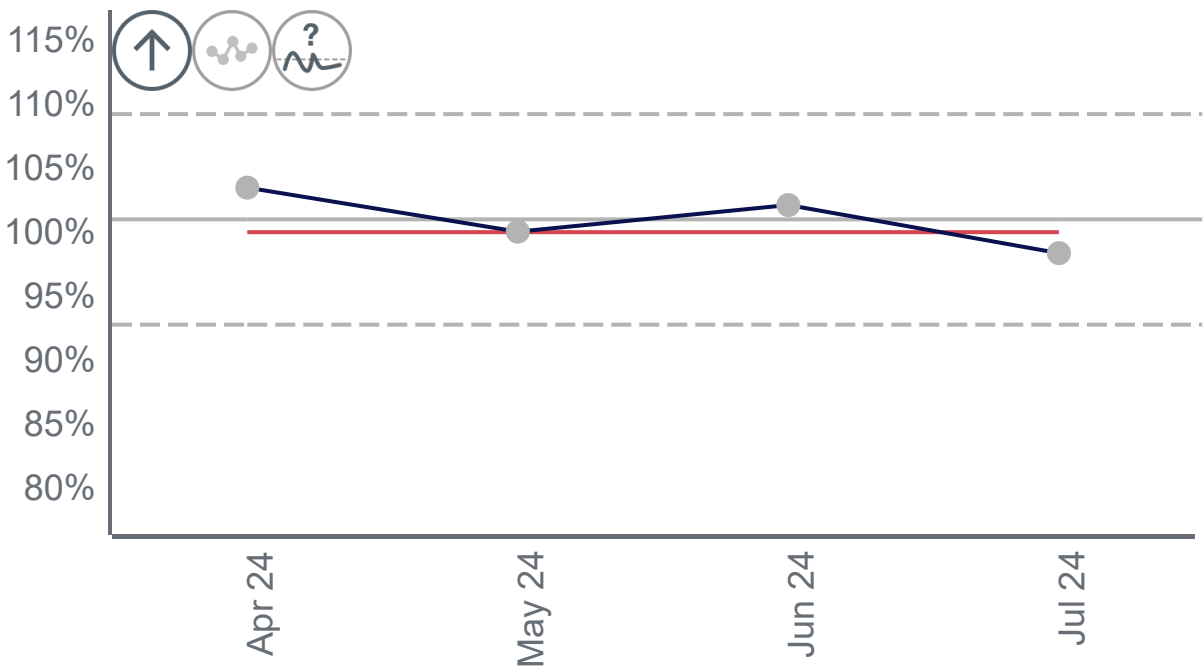
Operational Performance - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Bed Occupancy	Jul-24	82.7	>=80%	82		
Cancelled Operations for non-clinical reasons	Jul-24	1.6	<=2%	2		
Outpatient activity delivered remotely via telephone or video consultation	Jul-24	28.4	%	28		
Elective Activity Levels	Jul-24	98.4	10000%	101		
Maximum 6-week wait for diagnostic procedures	Jul-24	80.55	>=99%	81		
Overall Size of Waiting List	Jul-24	6266		6228		
Incomplete Pathways 35+ Weeks	Jul-24	301		321		
Referral to treatment - Incomplete Pathways 52+ weeks	Jul-24	80		92		
Referral to Treatment - Incomplete Pathways 65+ weeks	Jul-24	25.0		27		
PIFU Pathway	Jul-24	1338	113	1196		
Letters waiting to be typed over 7 days	Jul-24	298.0		348		
Non-Criteria to Reside Occupied beds as a proportion of total occupied beds	Jul-24	3.7		3		
Patients not booked in within 28 days (non clinical cancellations)	Jul-24	0.0	0	3		
Cancer Patients meeting the Faster Diagnosis Target (FDT)	Jun-24	44.4	>=75%	61.1		
Cancer: 31-day decision to treat to treatment standard	Jun-24	100	>=96%	74.8		
Cancer: 62-day referral to treatment standard	Jun-24	57.8	>=85%	51.3		



Operational Performance - Drive Metrics

Elective Activity Levels



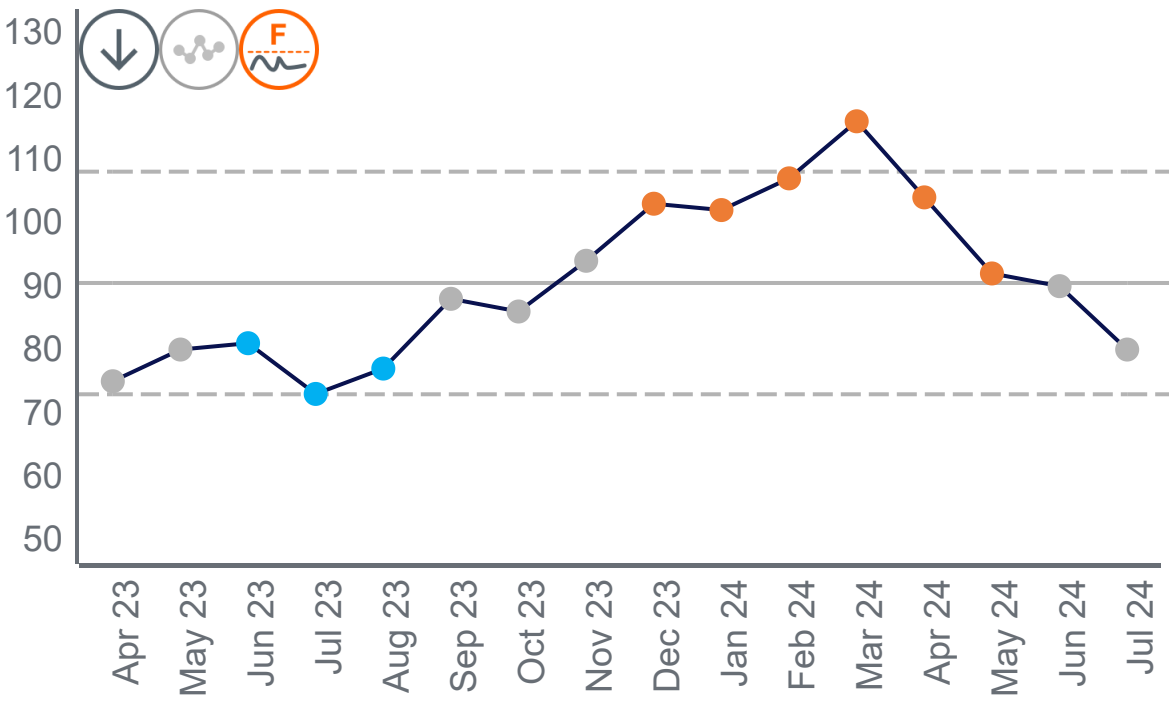
Technical Analysis:

Activity has been re-baselined from April-24. Performance within Jul-24 has dropped below the target by achieving 98%. This follows Quarter 1 performance where the Trust consistently achieved the target.

Actions:

- *Activity under performed in month
- *Ongoing monitoring and planning continues through Performance and Operational Board meetings
- *Surgery NE demand has been highlighted through contract meetings

Referral to treatment - Incomplete Pathways 52+ weeks



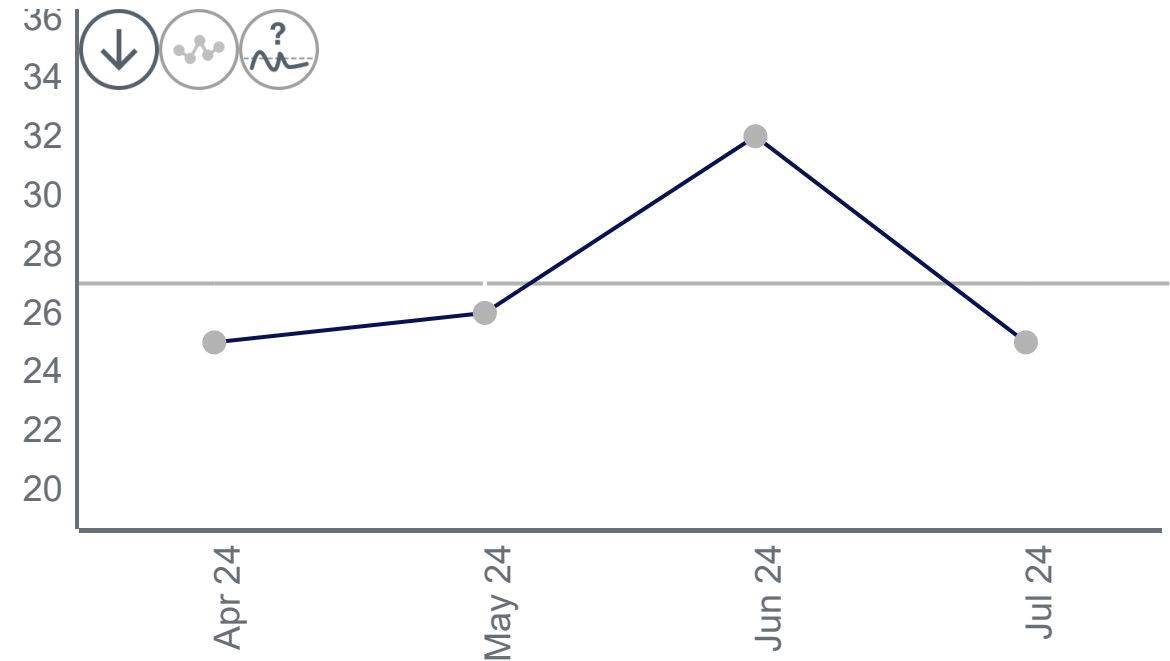
Technical Analysis:

Current performance is displaying common cause variation and falling short of the target. Early 2024 displayed an increase in numbers but performance across 2024/25 has shown a continual reduction. Surgery patients remain the most significant contributors to performance.

Actions:

- *Pathway RCAs undertaken for every patient which tips over 52 weeks.
- *Cardiac Surgery trajectory and plan in place in line with national ambition of no 52 week waiters by March 25.

Referral to Treatment - Incomplete Pathways 65+ weeks



Technical Analysis:

Early performance for 2024/25 seen the target achieved, but following this June and July have both fallen short. Performance displays inconsistency of passing and failing against monthly targets.

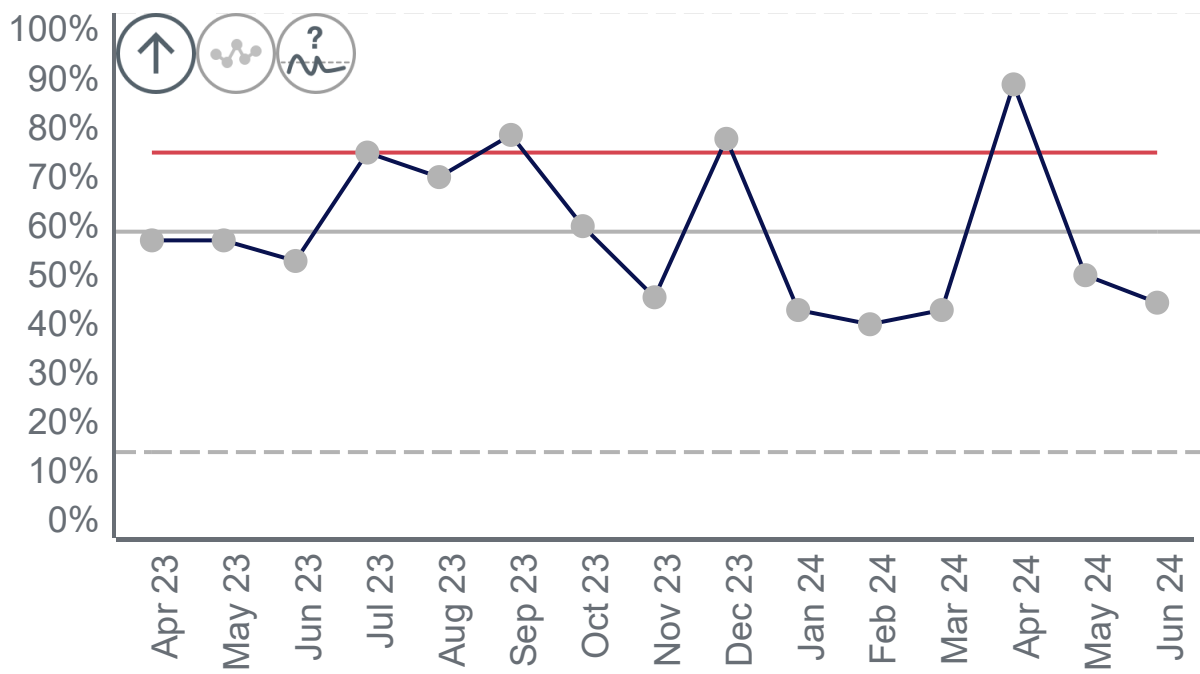
Actions:

- *Mini Mitral Service line closed to Referrals from February and outsourcing in progress
- *Mitral Service Line have had workforce sickness impacting overall activity. Additional outsourcing and internal capacity is being explored to support delivery.



Operational Performance - Drive Metrics

Cancer Patients meeting the Faster Diagnosis Target (FDT)



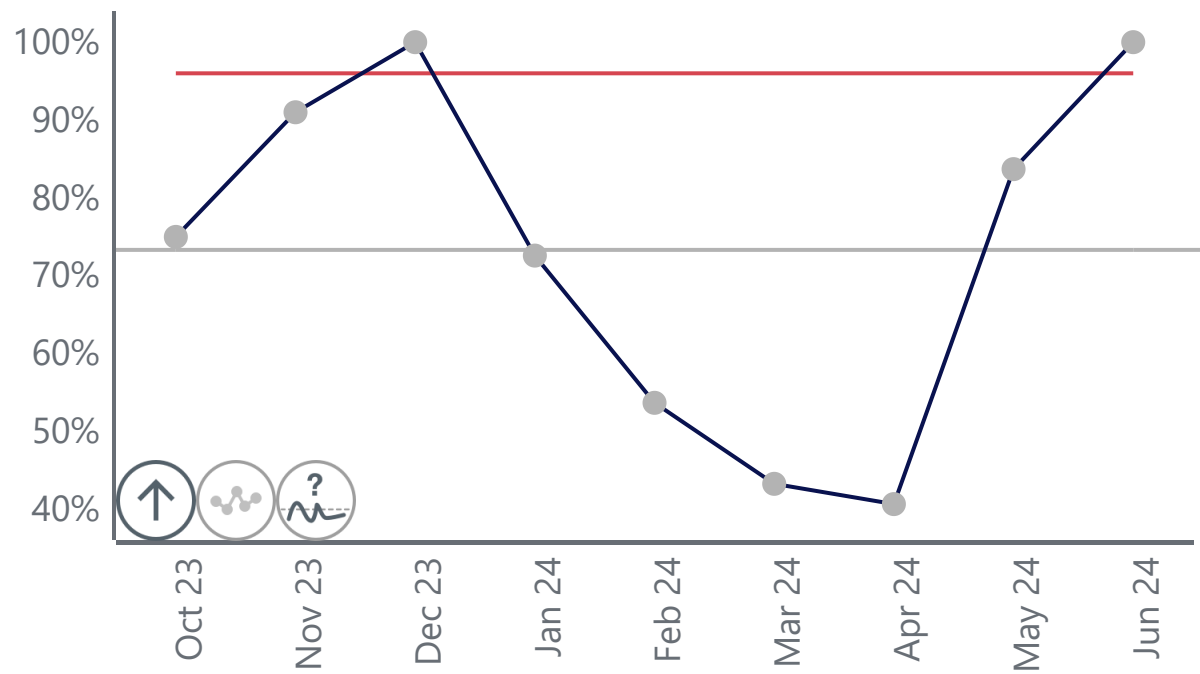
Technical Analysis:

The organisation failed to achieve the target in July. Performance continues to display common cause variation of passing and failing the target inconsistently. Improvement Required to consistently achieve Cancer FDT.

Actions:

- *Additional sessions continue to be requested to support wait times in CT guided biopsy & EBUS
- *Locum EBUS consultant in place
- *Joint CT guided biopsy planning continues with LUFT

Cancer: 31-day decision to treat to treatment standard



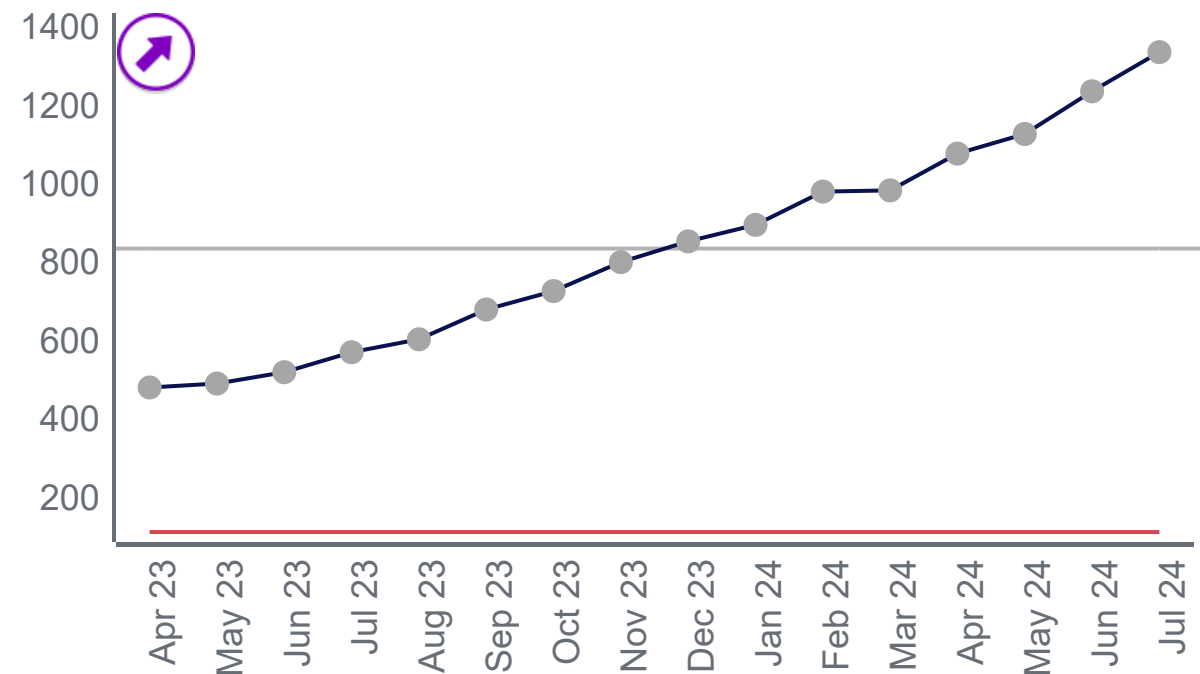
Technical Analysis:

Performance is displaying common cause variation of passing and failing the target inconsistently. Improvement Required to consistently achieve Cancer 31 Day Target. June has shown further improvement on May achieving the target for the first time in 6 months.

Actions:

- * Surgical wait times have now reduced under 14 days with increased capacity put in place
- *62 Day performance will follow the improvements in the 31 Day standard

PIFU Pathway



Technical Analysis:

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

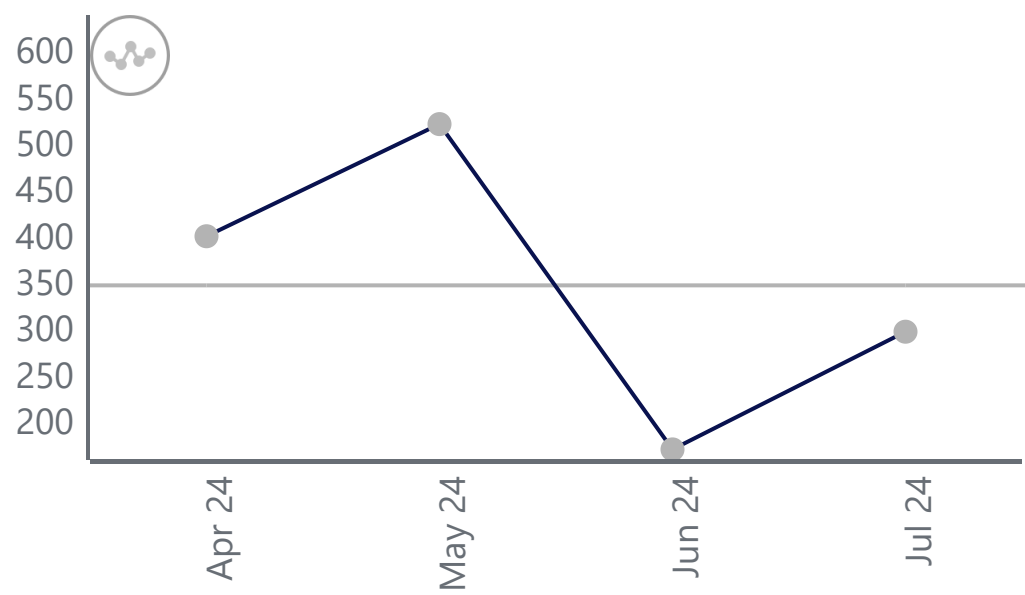
Actions:

- *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.

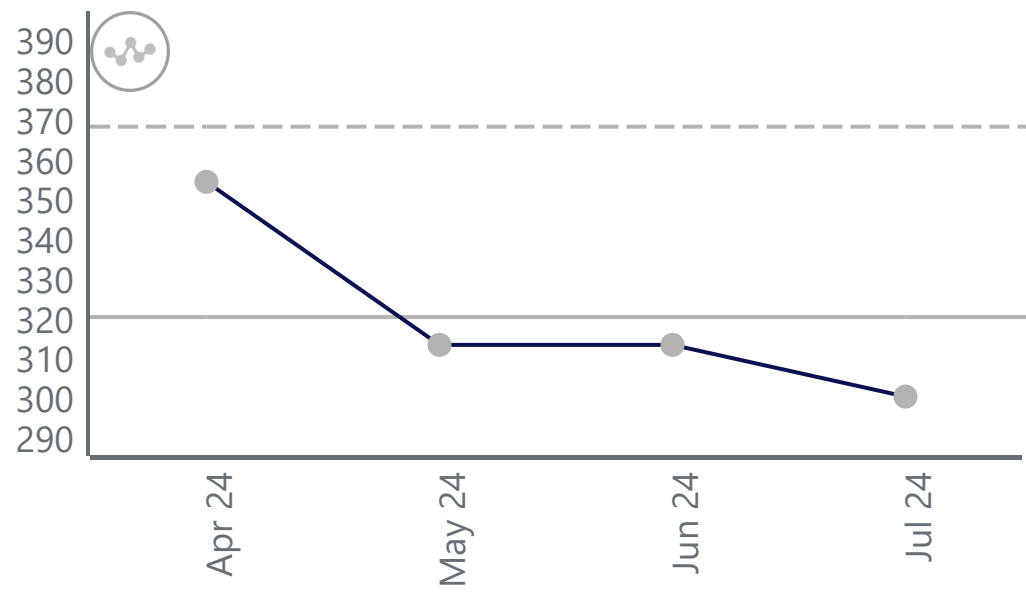


Operational Performance - Watch Metrics

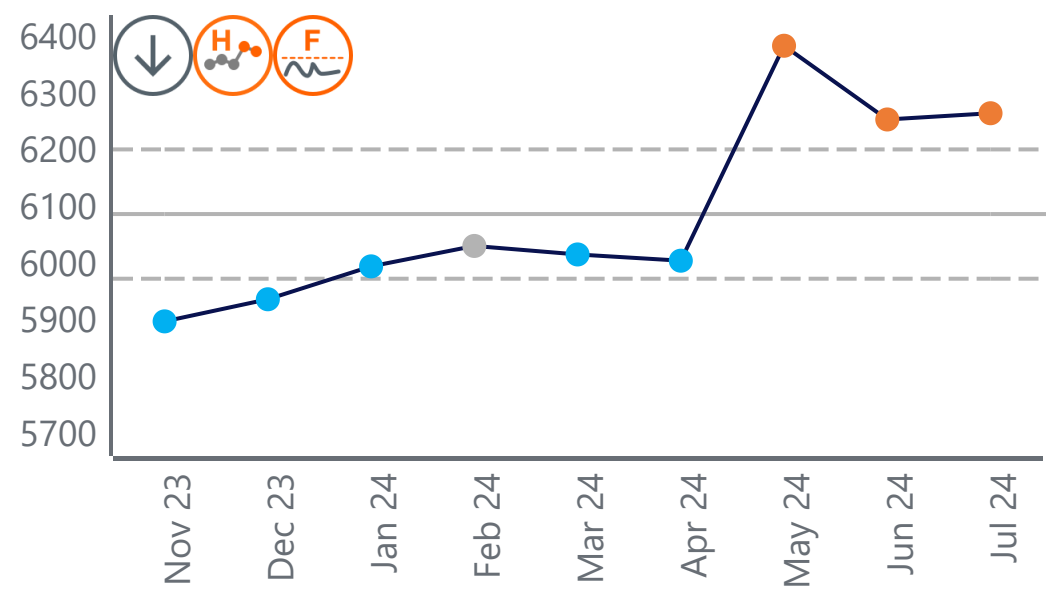
Letters waiting to be typed over 7 days



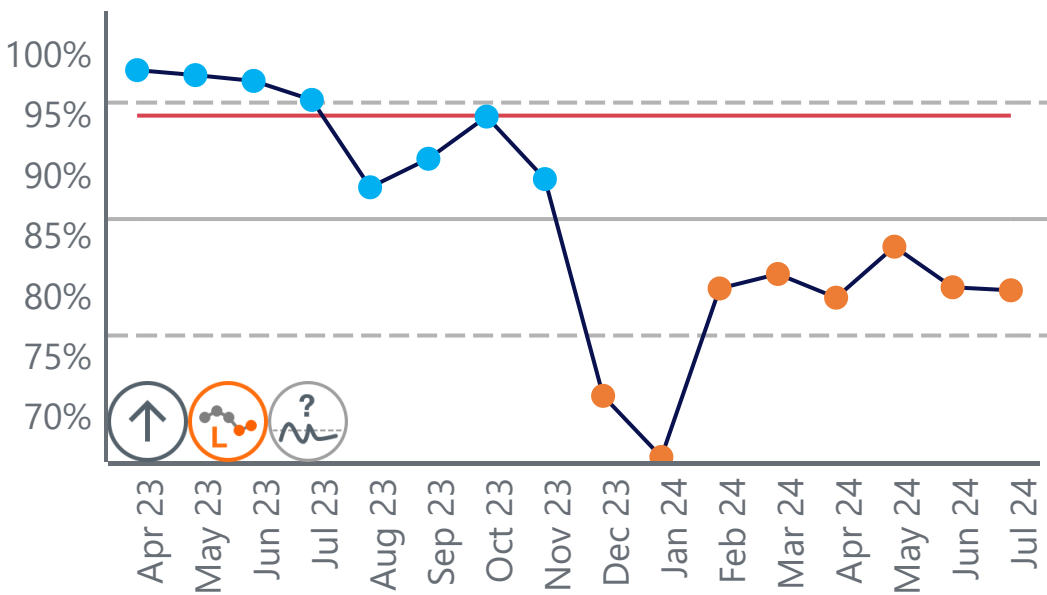
Incomplete Pathways 35+ Weeks



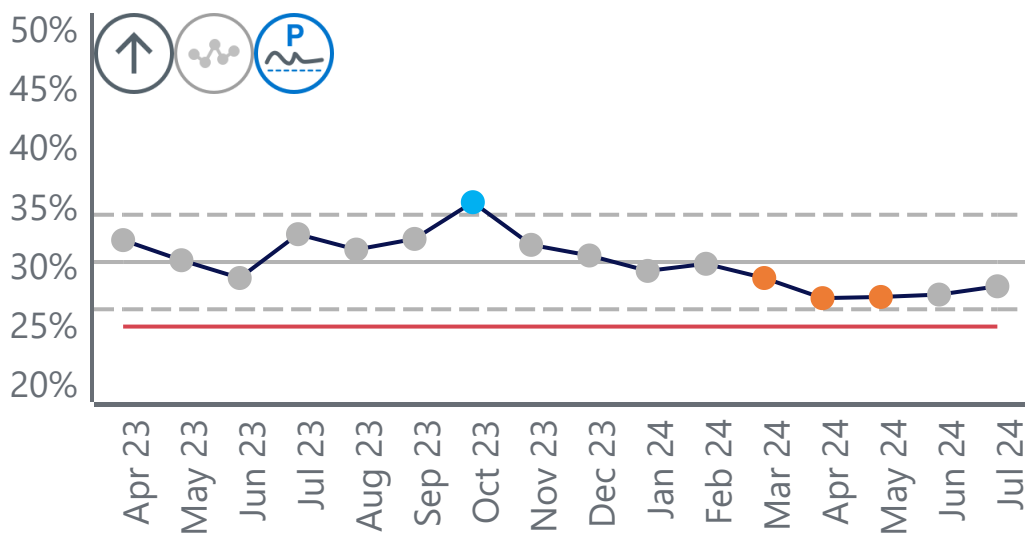
Overall Size of Waiting List



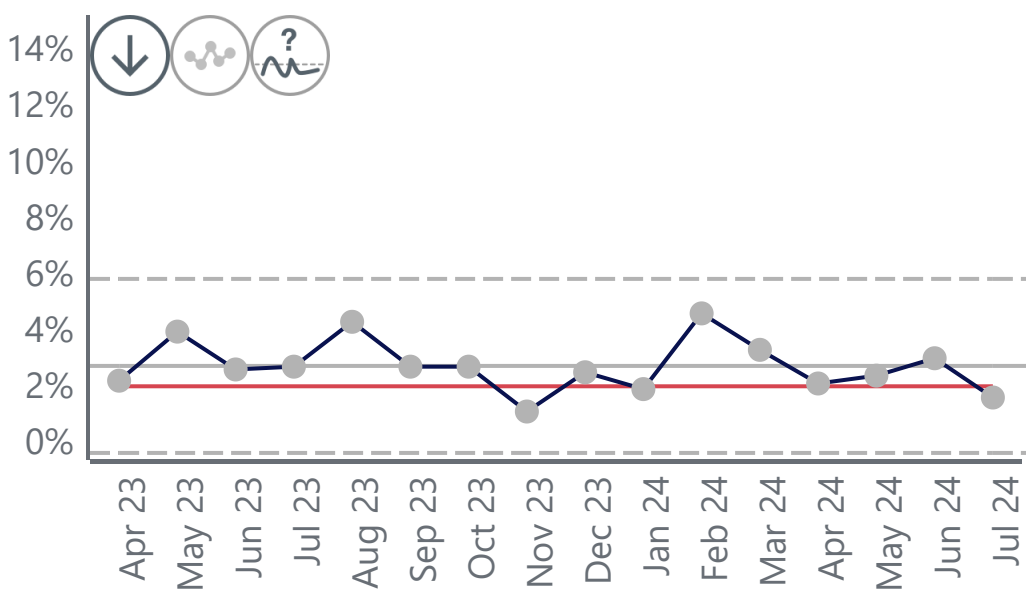
Maximum 6-week wait for diagnostic procedures



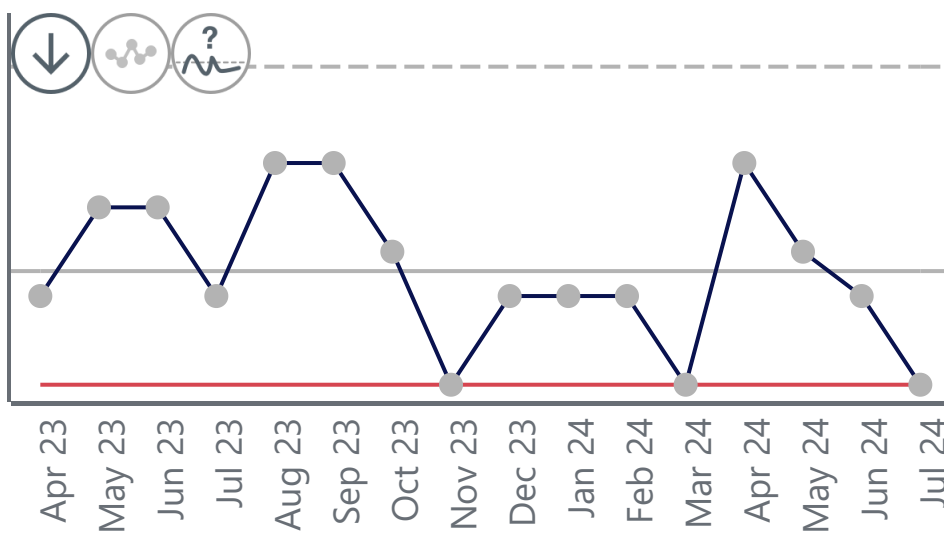
Outpatient activity delivered remotely via telephone or video consultation



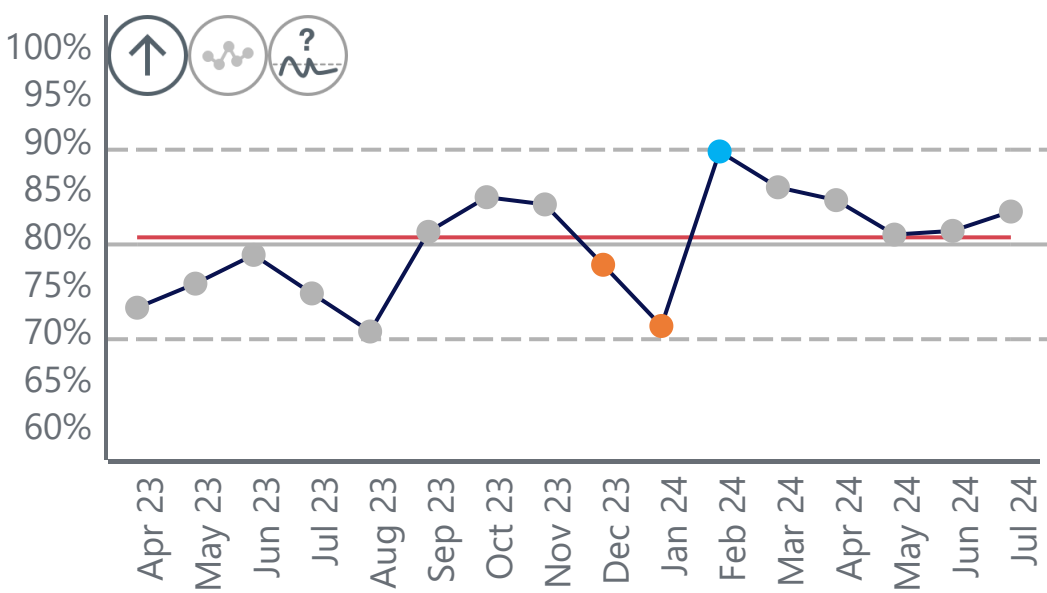
Cancelled Operations for non-clinical reasons



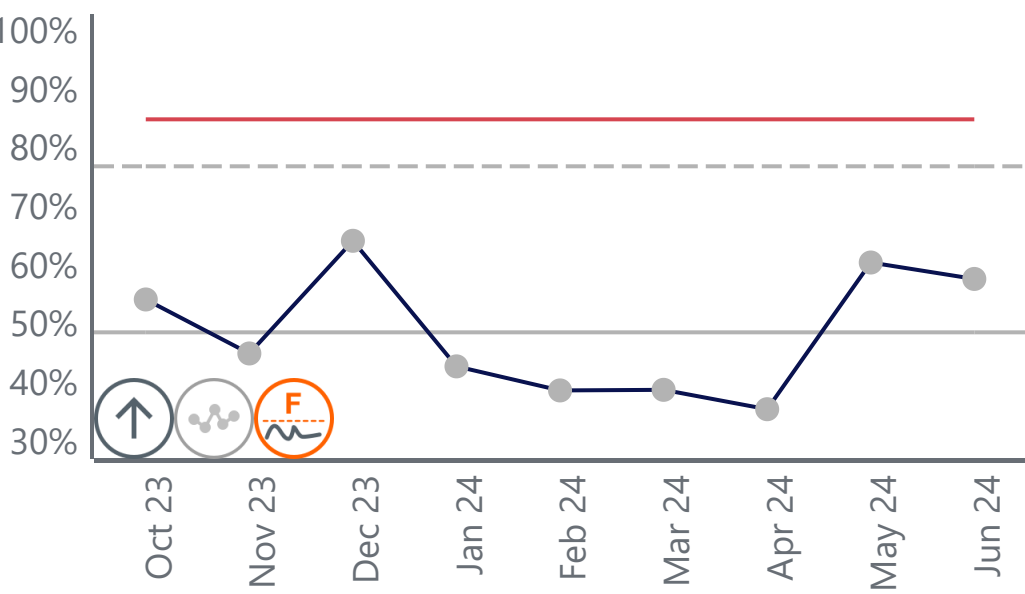
Patients not booked in within 28 days (non clinical cancellations)



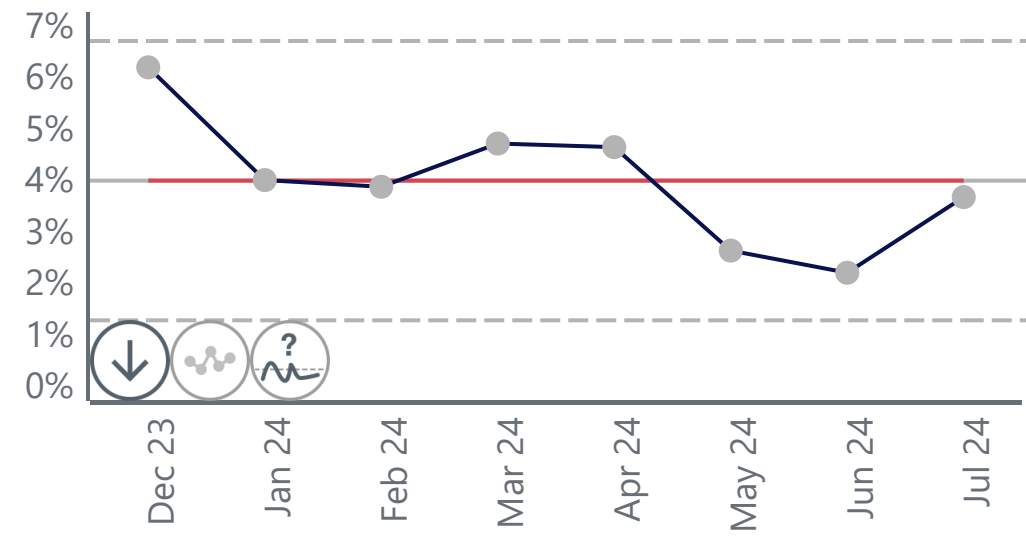
Bed Occupancy












































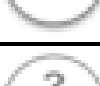




Cancer: 62-day referral to treatment standard



Non-Criteria to Reside Occupied beds as a proportion of total occupied beds

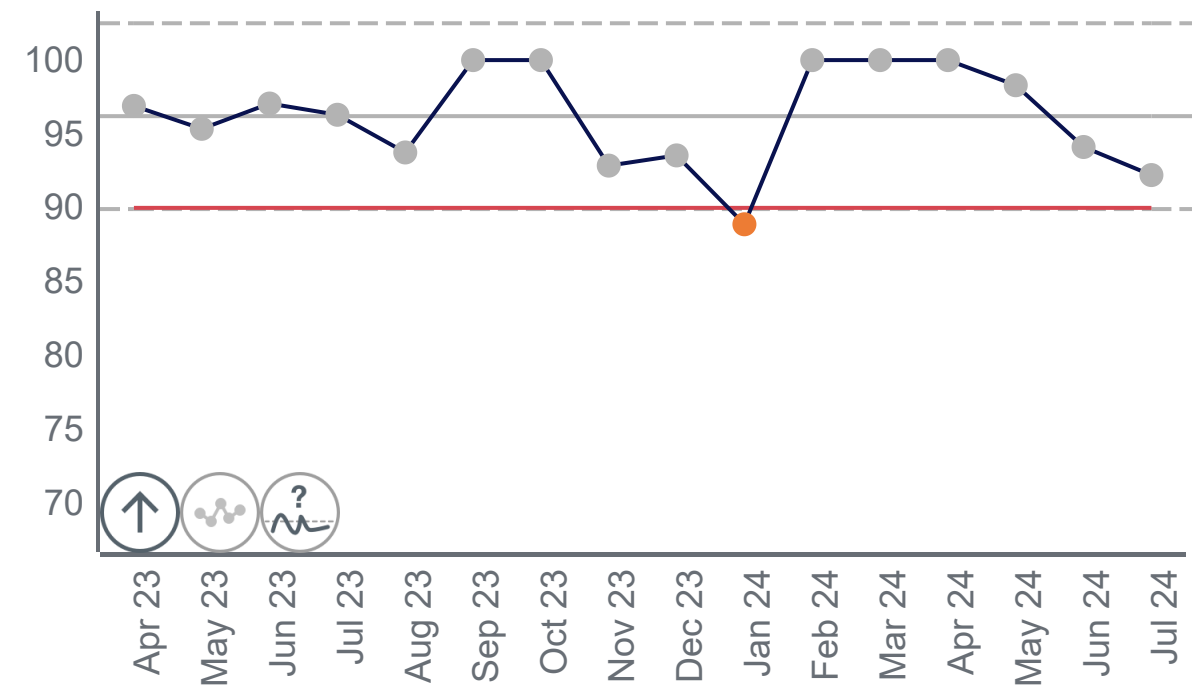


Quality of Care - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
% of radiological alerts with a response document	Jul-24	89.3	>=95%	91.0		
95% of all patients to receive a copy of their Discharge Summary on day of discharge	Jul-24	91.6	>=95%	92.1		
Clostridium Difficile	Jul-24	0.0	0	0.0		
Delirium Risk Assessment to be completed on Admission and once a day	Jul-24	99.6	>=90%	99.6		
Delivery of at least one sepsis antibiotic within one hour of prescription (LHCH target)	Jul-24	92.22	>=90%	96.2		
Dementia - Find	Jul-24	100	>=90%	96.4		
FFT: REPUTATION	Jul-24	98.6	>=95%	98.1		
Gram Negative Bacteraemias	Jul-24	1	1	0.5		
Incidents - Serious incidents, Never Events, Adverse Events (Red)	Jul-24	0	0	0.0		
MRSA Bacteraemias	Jul-24	0	0	0.3		
MSSA Bacteraemias	Jul-24	0	1	0.5		
Number of Falls	Jul-24	2	<=0.5	6.3		
Number of LHCH acquired grade 2 pressure ulcers (due to lapses in care)	Jul-24	1	<=0	0.3		
Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)	Jul-24	1.0	>=90%	0.3		
Nutrition - Patients scoring high risk (2 or more) are referred to dietician	Jul-24	92.73	0	84.1		
Occurrence of any Never Events	Jul-24	0.0	>=95%	0.0		
Primary PCI - 60 minute 'Door-to-balloon' (national target)	Jul-24	82.0	75	81.8		
Primary PCI - 150 minute 'Call-to-balloon' (national target)	Jul-24	88.57	<=6	76.7		
Quantity of complaints	Jul-24	2	95%	0.8		
Venous thromboembolism (VTE) risk assessment	Jul-24	95.79	143	95.8		
Number of Incidents No Harm and Near Miss	Jul-24	154	143	132.5		
Number of Incidents rated Minor Harm or Above	Jul-24	31	25	32.3		
Incident Closures within 28 days	Jul-24	96.0		50.2		
Surgical Site Infections	May-24	8.2	0%	8.8		

Quality of Care - Drive Metrics

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



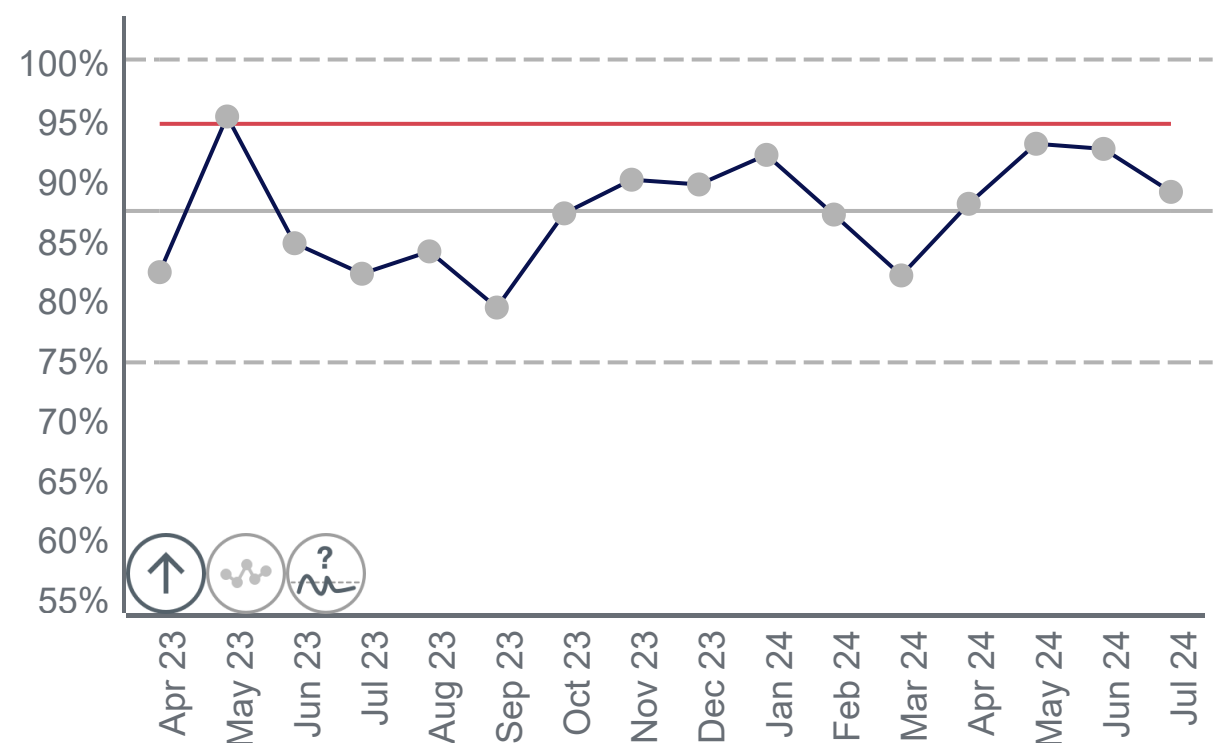
Technical Analysis:

Performance of the one hour Target is above the target for the sixth consecutive month. Over the most recent 16 month period the trust has failed this target once.

Actions:

Maintain weekly feedback to clinicians if this metric is missed.

% of radiological alerts with a response document



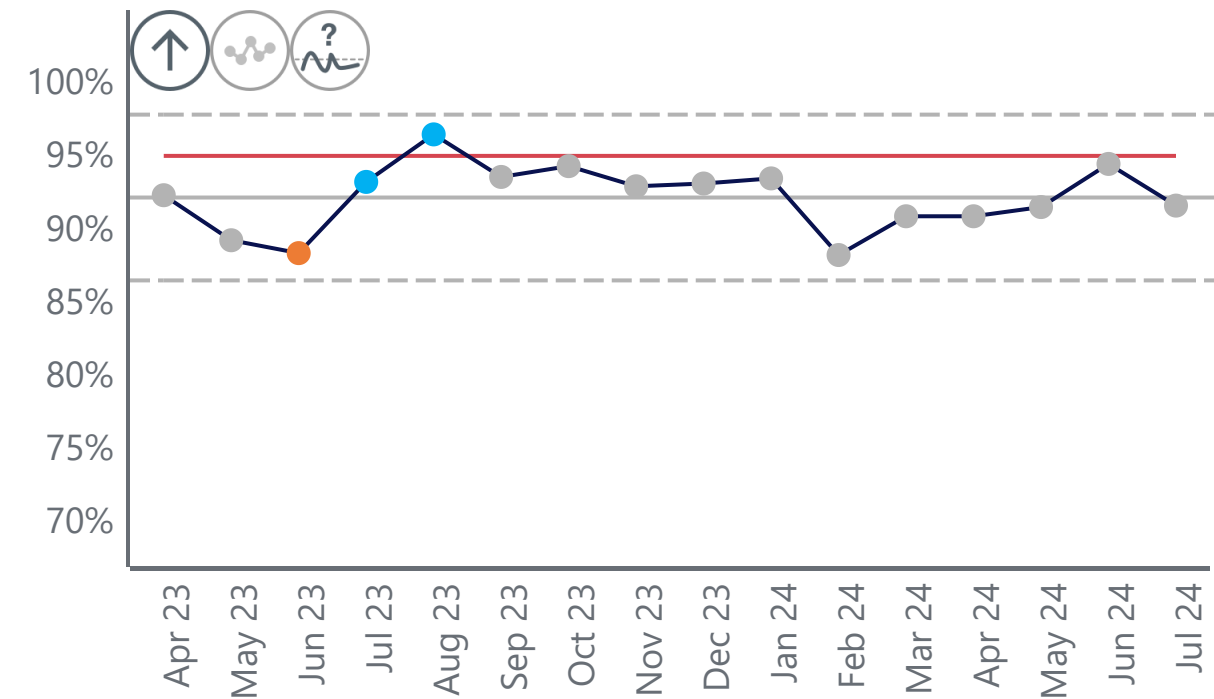
Technical Analysis:

July performance remains consistent with previous months displaying common cause variation. Improvement is required to achieve target on a consistent basis. The target has not been achieved since May-23.

Actions:

A new script is being written to ensure data is more robust, using a different data source. Most of the development is now complete and the new data source is available. The existing dashboard will be refreshed with the new data source, and this has an expected completion date of September 2024. Divisions continue to use the existing dashboard to improve compliance

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



Technical Analysis:

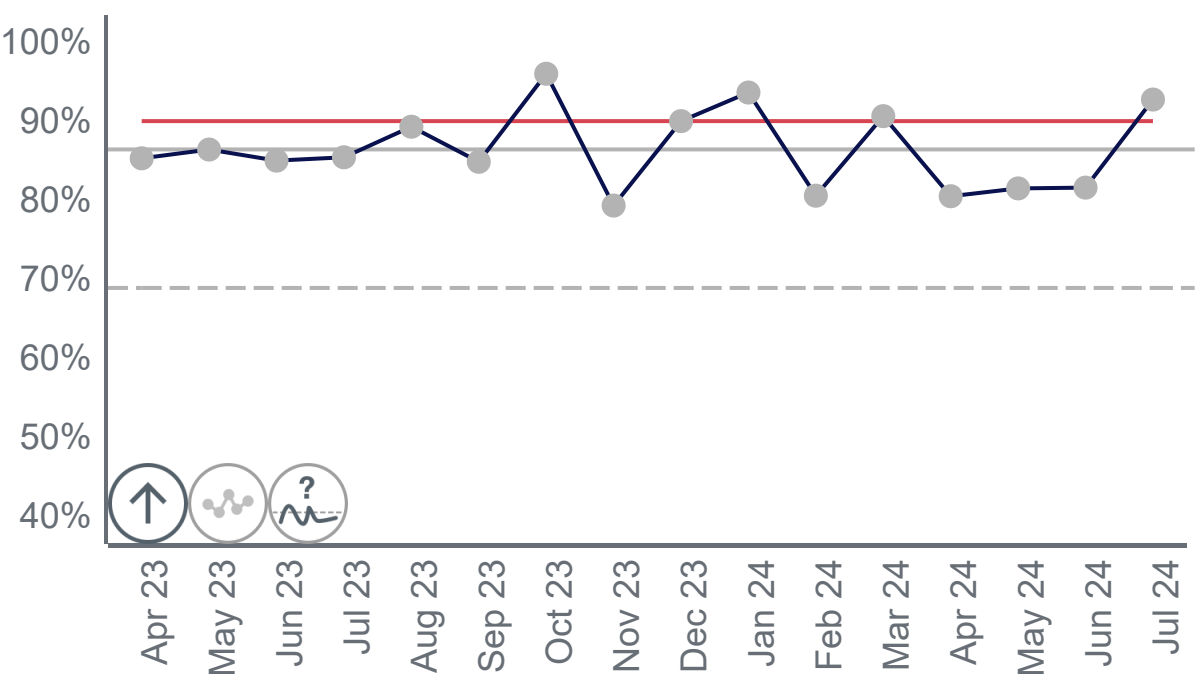
Performance remains below the target of 95% within July. Improvement required to consistently achieve target with the metric displaying common cause variation.

Actions:

This will be discussed with the Surgery and Medicine Divisional Triumvirates to understand the reasons driving this and actions put in place

Quality of Care - Drive Metrics

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



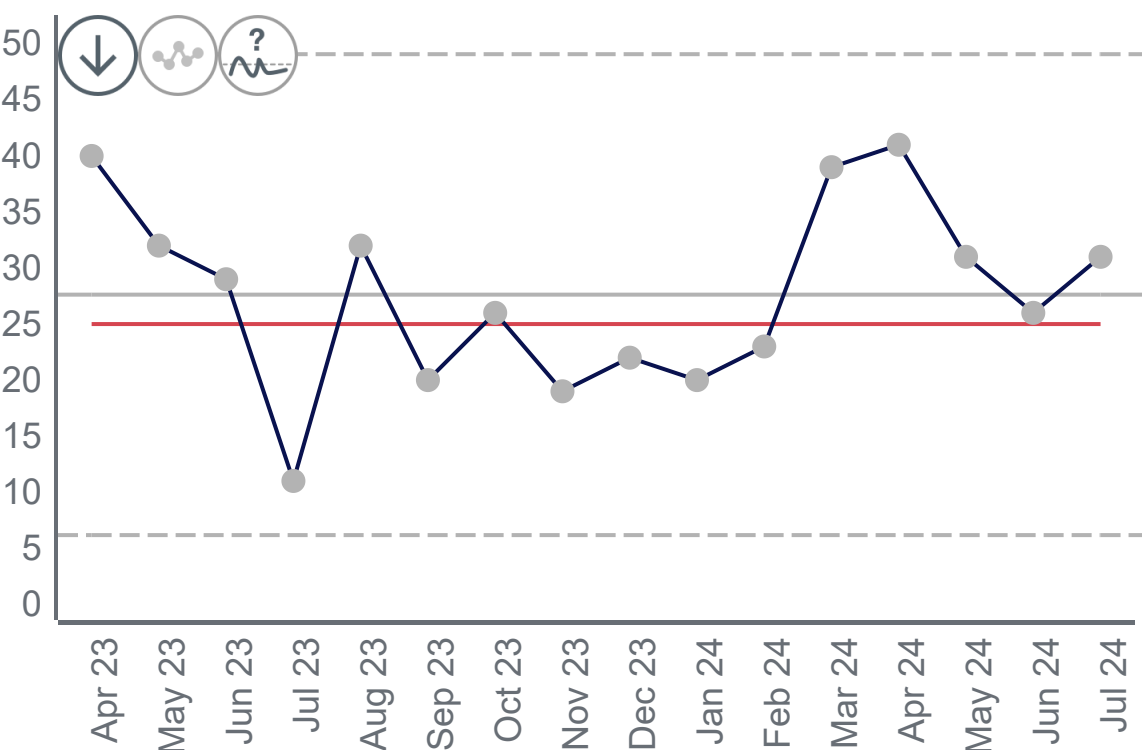
Technical Analysis:

Performance within July was 93%, which is above the target. This is the first time the target has been achieved in 4 months. Improvement required to consistently achieve this target with the metric displaying common cause variation of passing and failing the target.

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:

Following a period of increase the number of Harms has shown a reduction to levels seen at the end of 2023. Volumes sit within the control limits of common cause variation. July performance of 31 is above the target of 25.

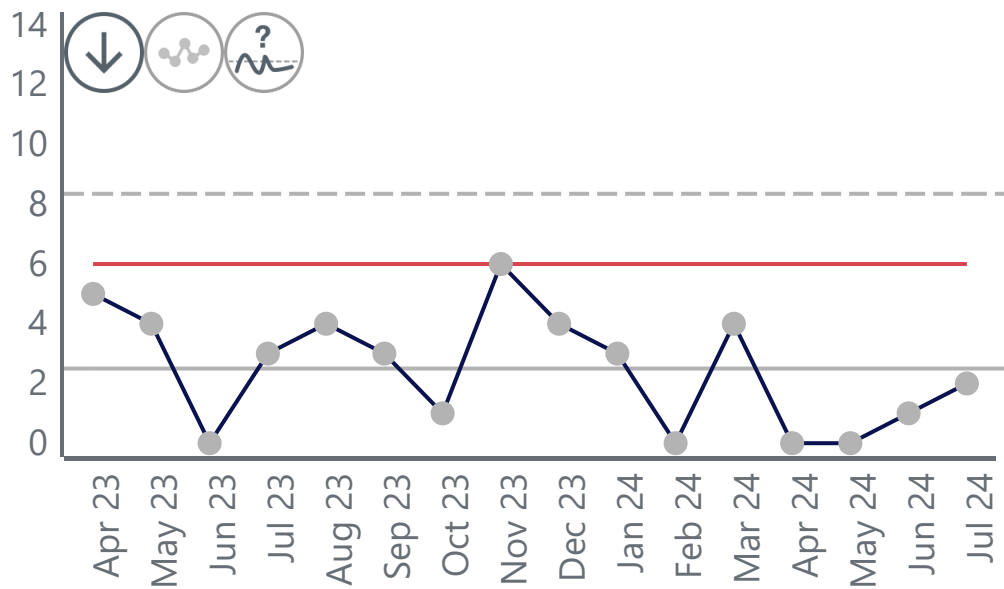
Actions:

Strong reporting culture and learning from incidents. Review of these continues through safety surveillance and hasn't identified recurrent themes. A weekly patient safety meeting is now in place to review all moderate and above incidents, including action and learning. Further refinement of the KPI is needed (i.e. minor harm or above as a percentage of total incidents). Metric will continue to be closely monitored

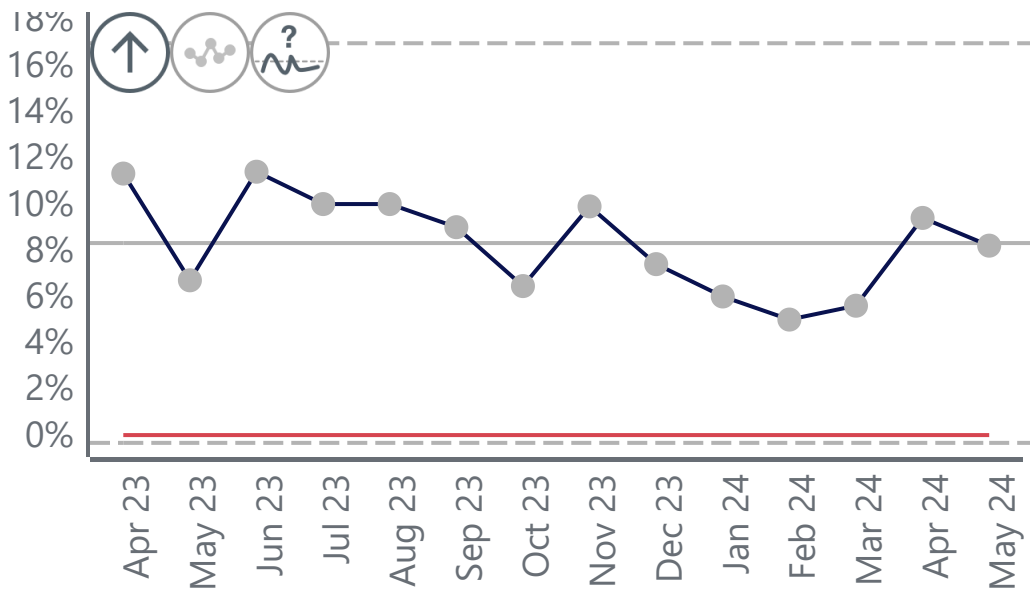


Quality of Care - Watch Metrics

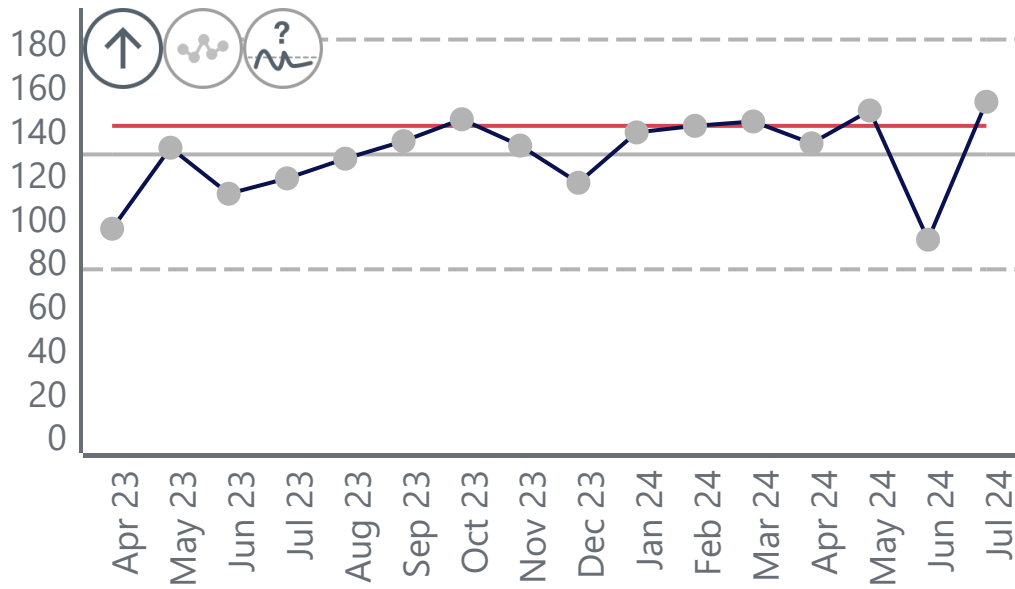
Quantity of complaints



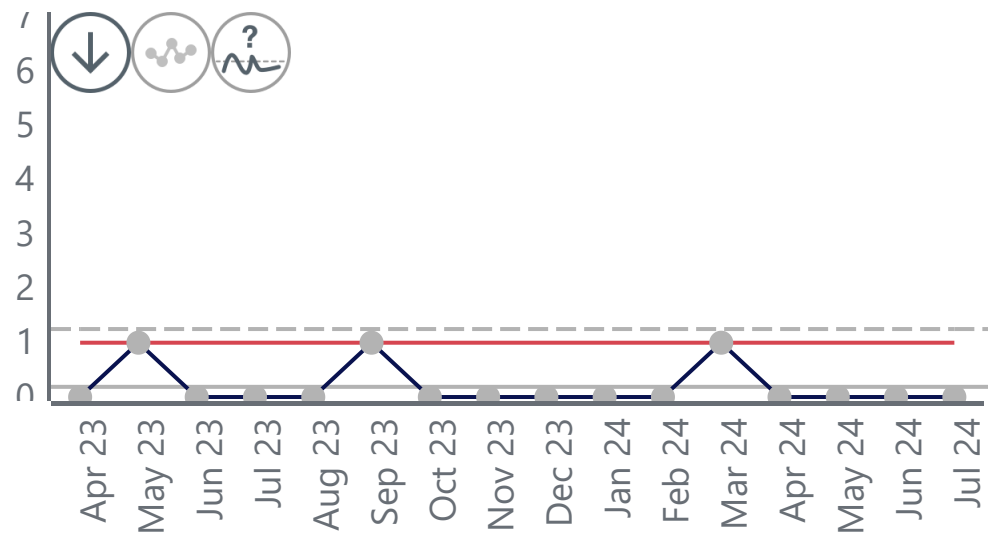
Surgical Site Infections



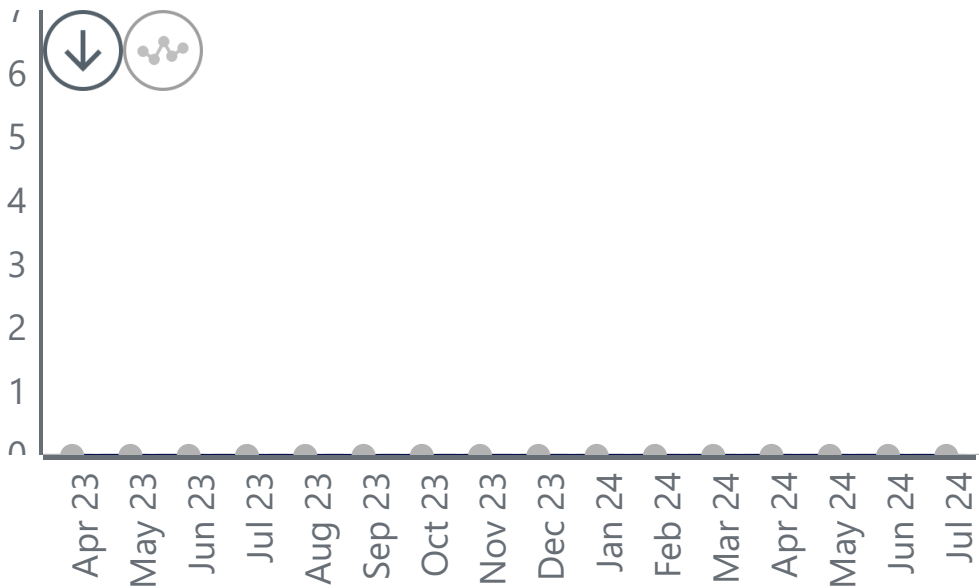
Number of Incidents No Harm and Near Miss



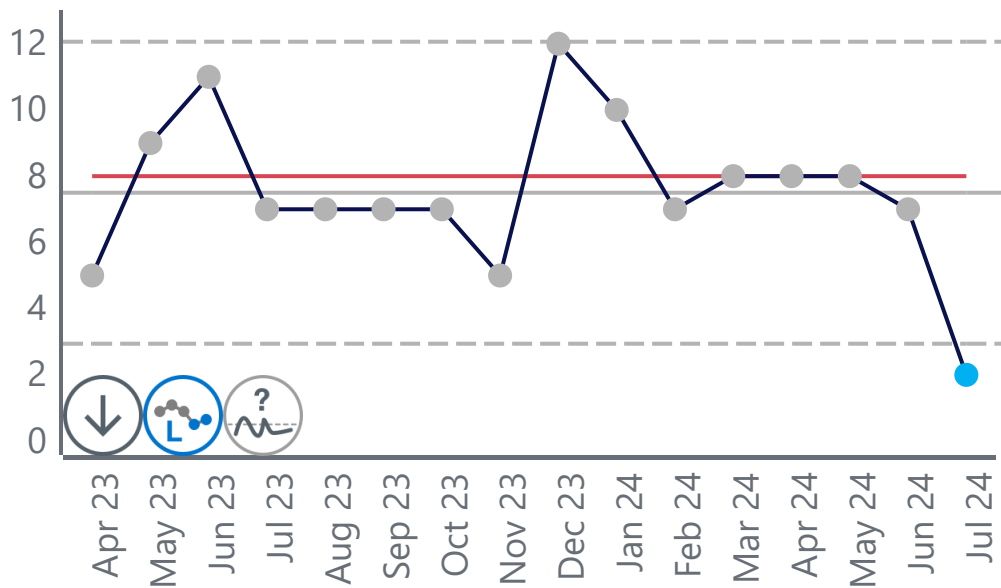
Incidents - Serious incidents, Never Events, Adverse Events (Red)



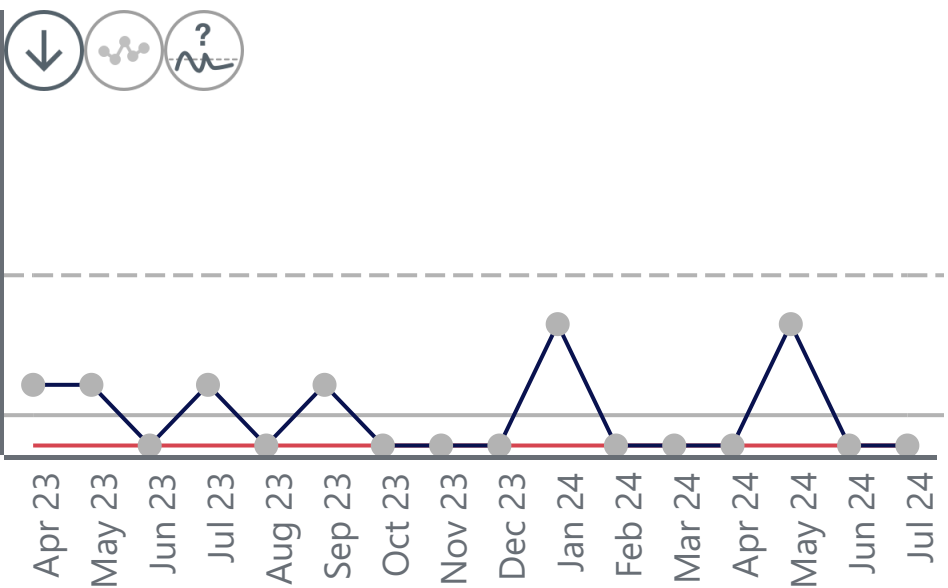
Occurrence of any Never Events



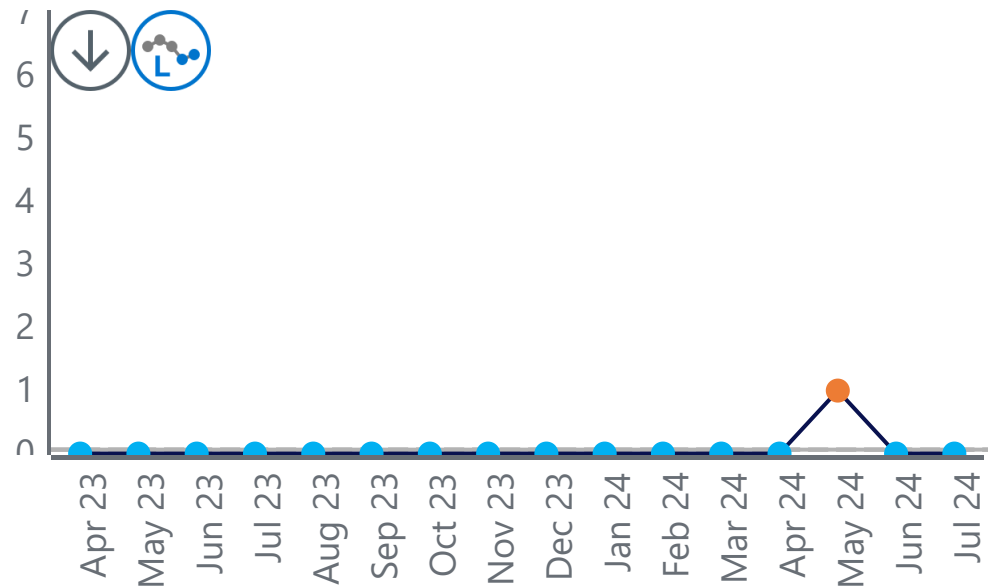
Number of Falls



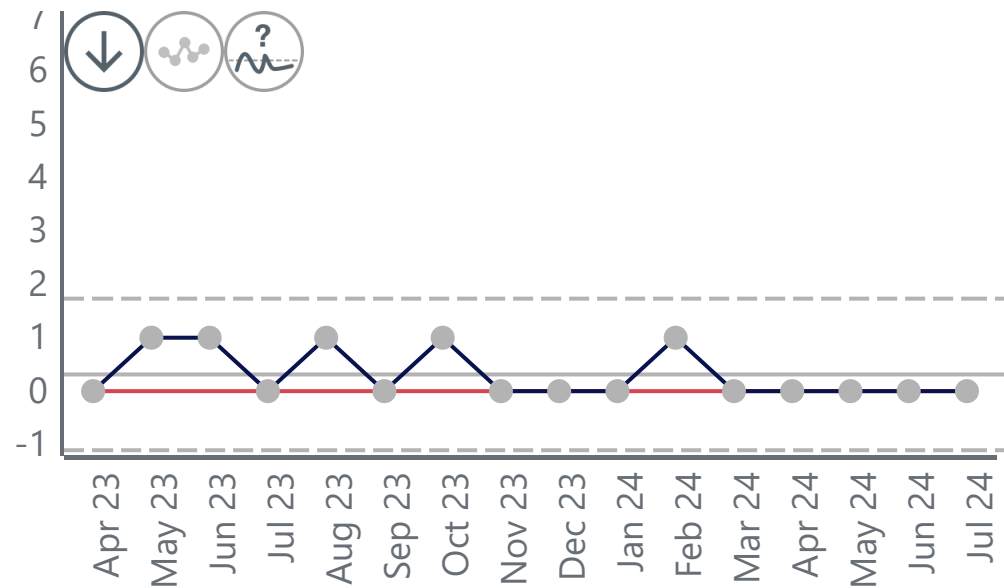
MSSA Bacteraemias



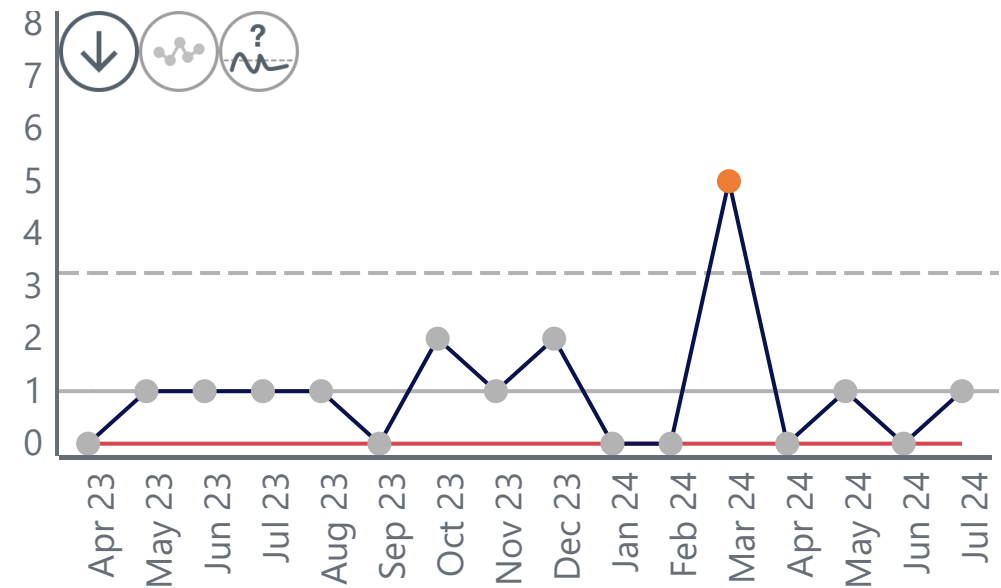
MRSA Bacteraemias



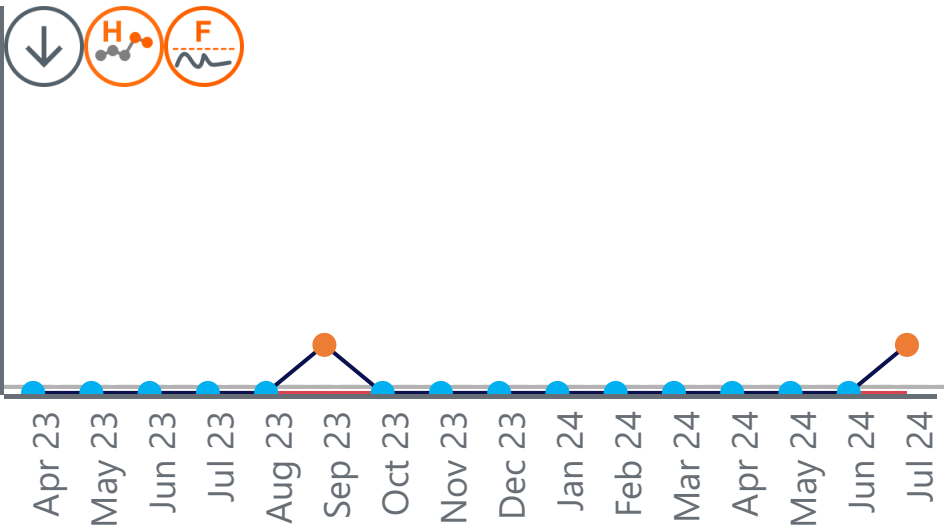
Clostridium Difficile



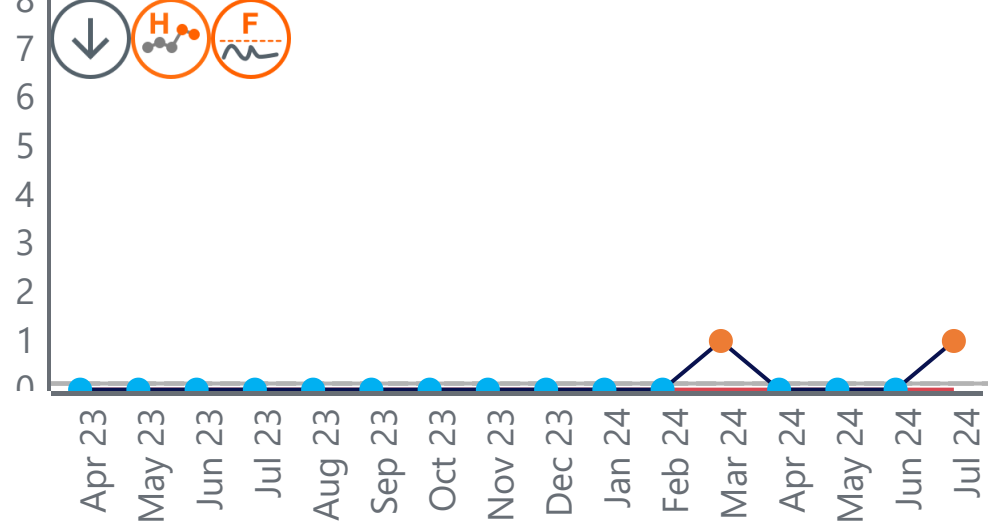
Gram Negative Bacteraemias



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

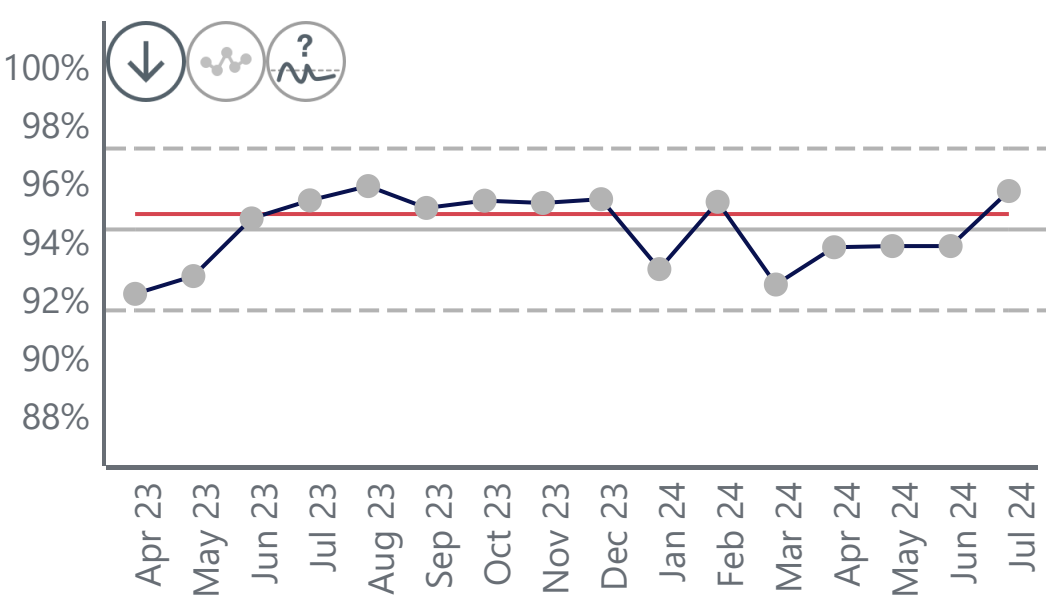


Number of LHCH acquired grade 3+ pressure ulcers (due to lapses in care)

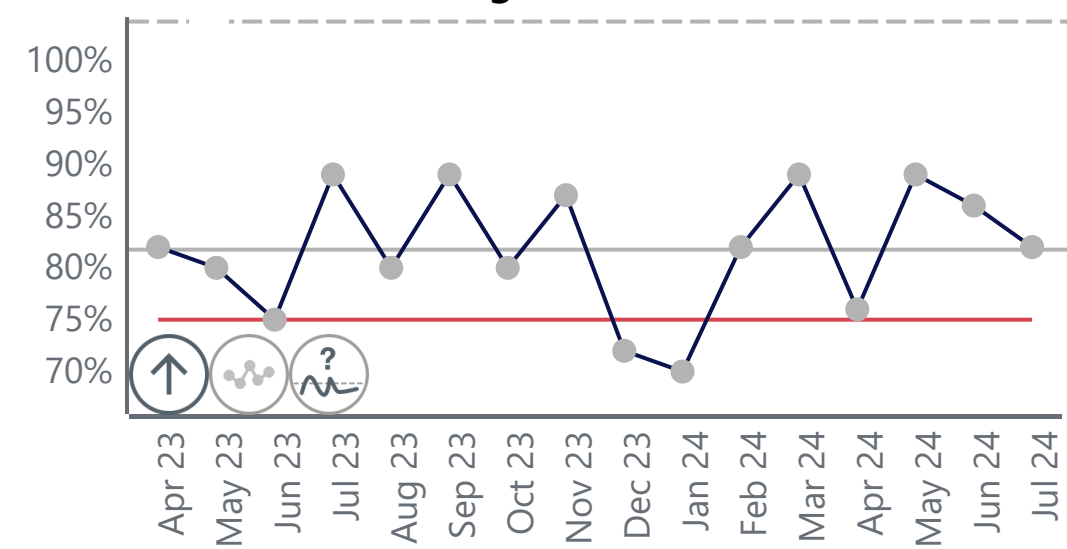


Quality of Care - Watch Metrics

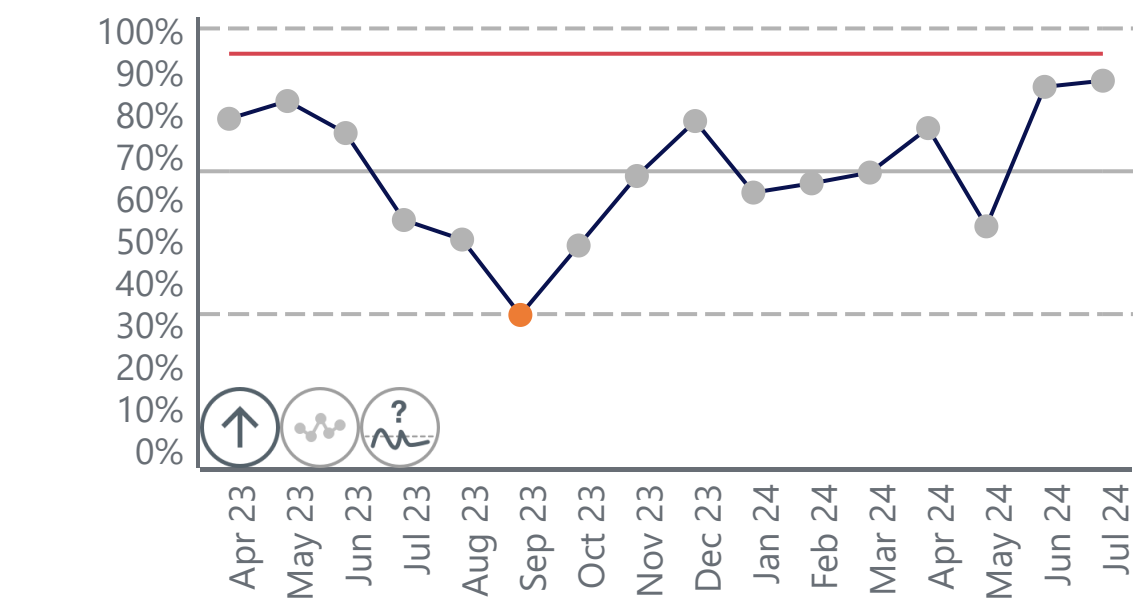
Venous thromboembolism (VTE) risk assessment



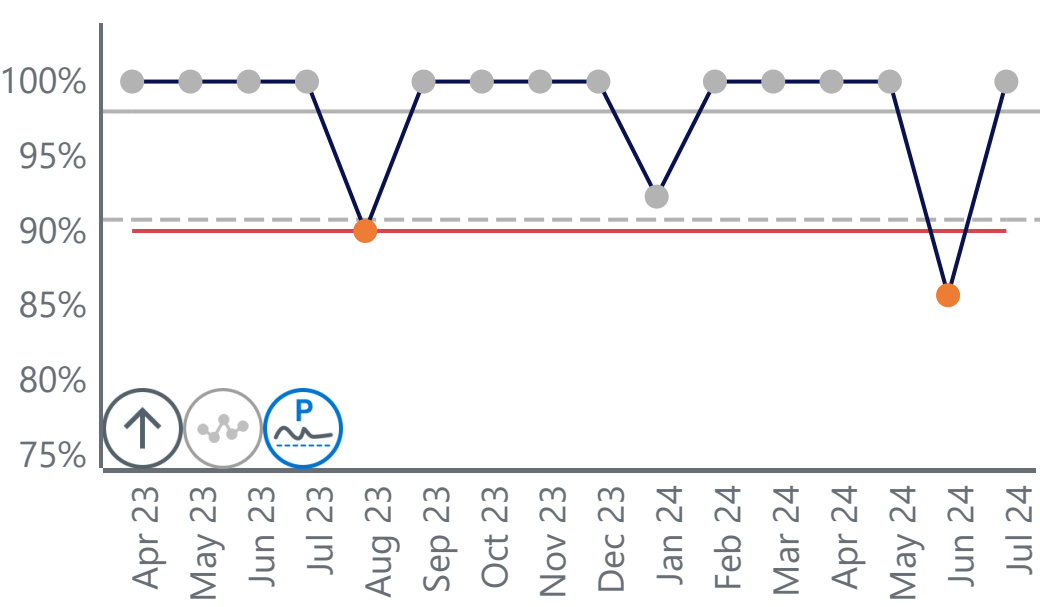
Primary PCI - 60 minute 'Door-to-balloon' (National Target)



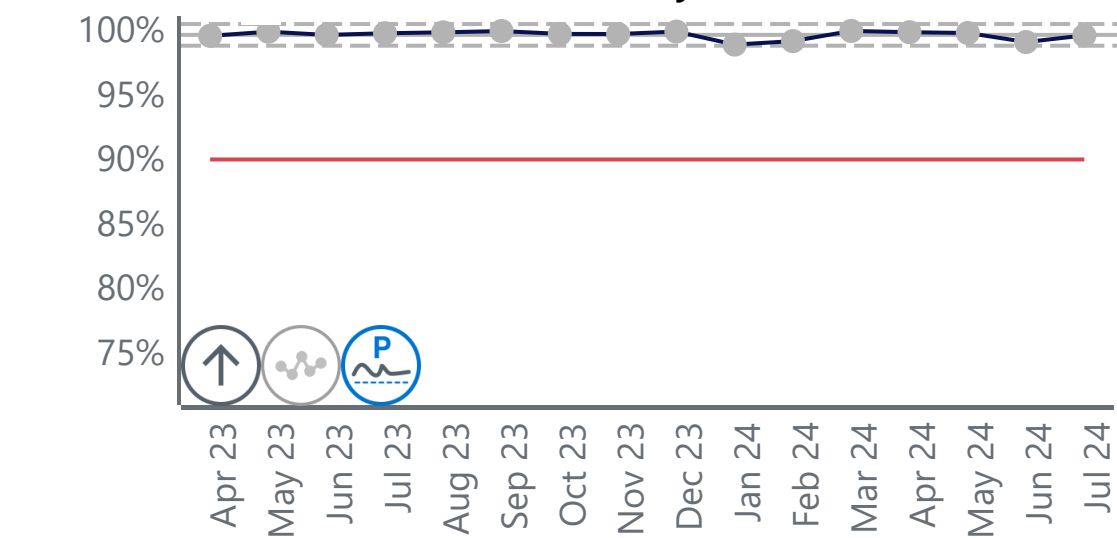
Primary PCI - 150 minute 'Call-to-balloon' (national target)



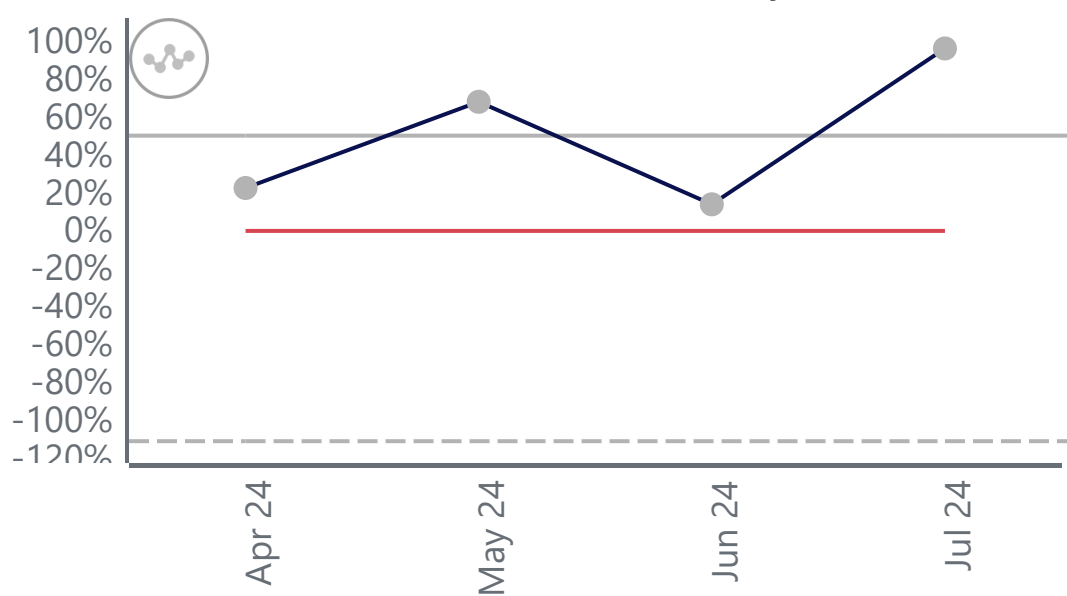
Dementia - Find



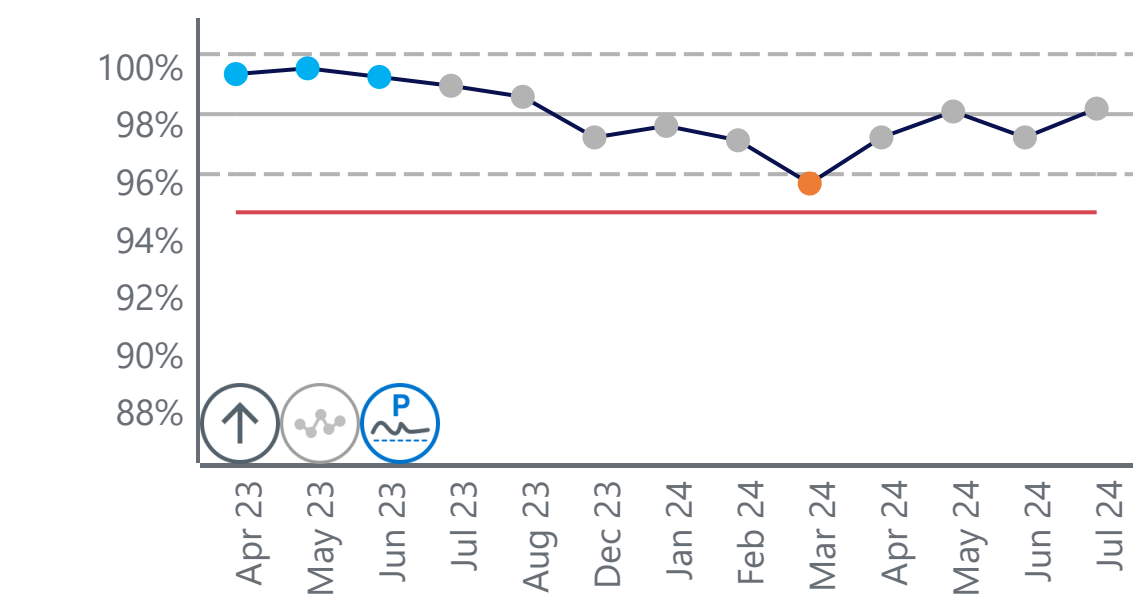
Delirium Risk Assessment to be completed on Admission and once a day

















Incident Closures within 28 days



FFT: REPUTATION



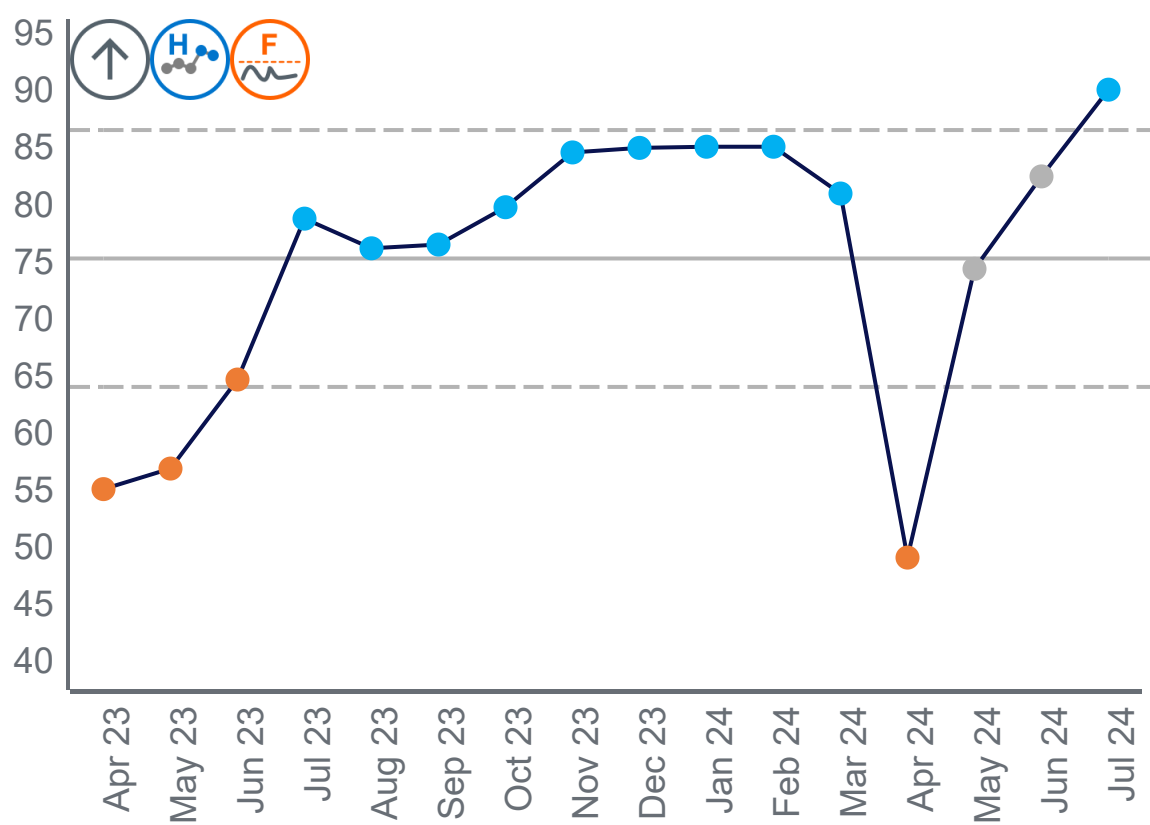
Finance - Metric Summary

Metric Name	Month	Performance	Target	Average / Cumulative	Variation	Assurance
I & E distance from target (cumulative) - £,000	Jul-24	-1490	0	-952		
Liquidity (days)	Jul-24	25		24		
Recurrent CIP identified	Jul-24	90	100	74		
Capital Expenditure (Trust Level)	Jul-24	1720000.0	2624000	1176289.0		
Cash in Bank (Trust Level)	Jul-24	41257000		40170500		
Pay Spend v Budget	Jul-24	9187	9118	9088		
WTE versus establishment	Jun-24	1901	1900	1885		



Finance - Drive Metrics

Recurrent CIP identified



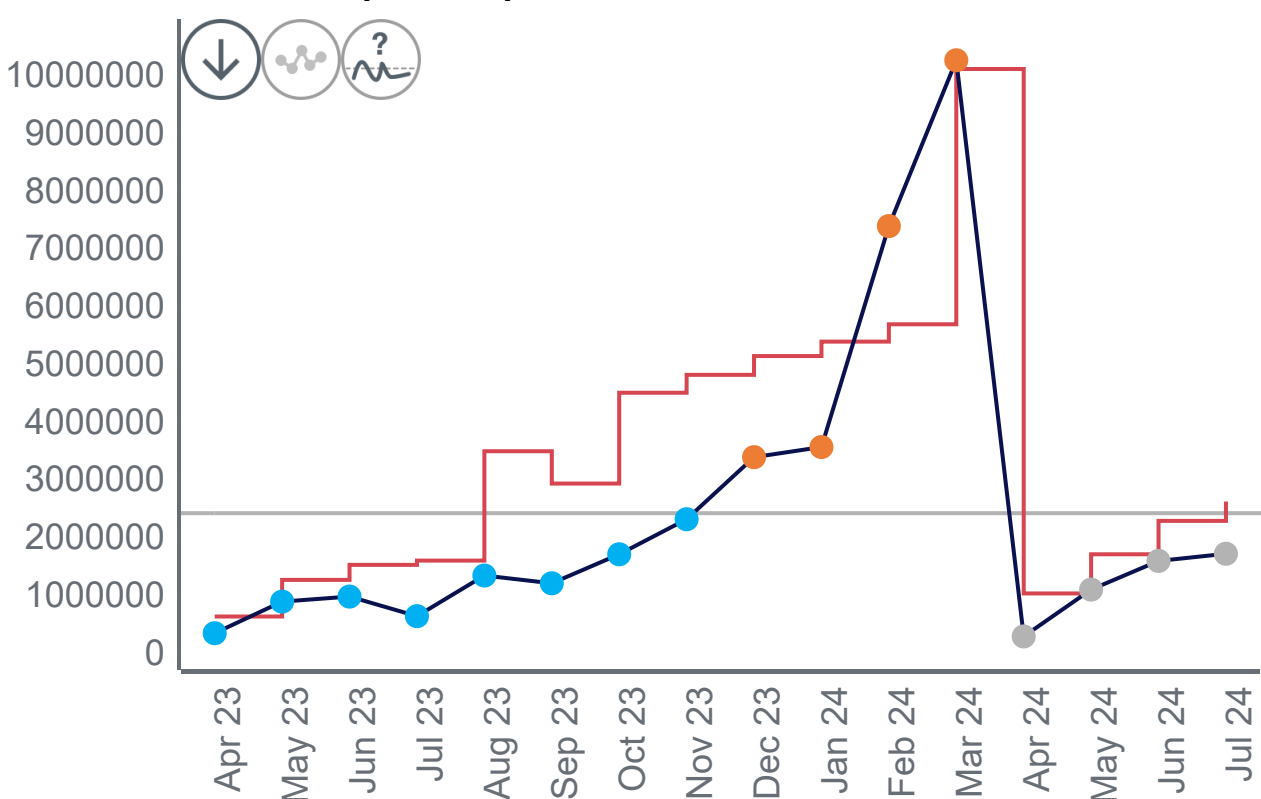
Technical Analysis:

Month 4 of 2024/25 is now complete. CIP has made significant improvement and is ahead of the same period in 2023/24. Performance is demonstrating special cause improvement.

Actions:

Monthly monitoring of progress through gateways and identification of schemes against the target is in place. Trust wide CIP workshop held in February. Confirm and Challenge sessions held with each Division, with clear milestones for delivery. The Divisions continue to review opportunities for CIP and progress ideas.

Capital Expenditure (Trust Level)



Technical Analysis:

Month 4 of 2024/25 is now complete. Expenditure remains below target for the fourth month and is above performance in the same period in 2023/24.

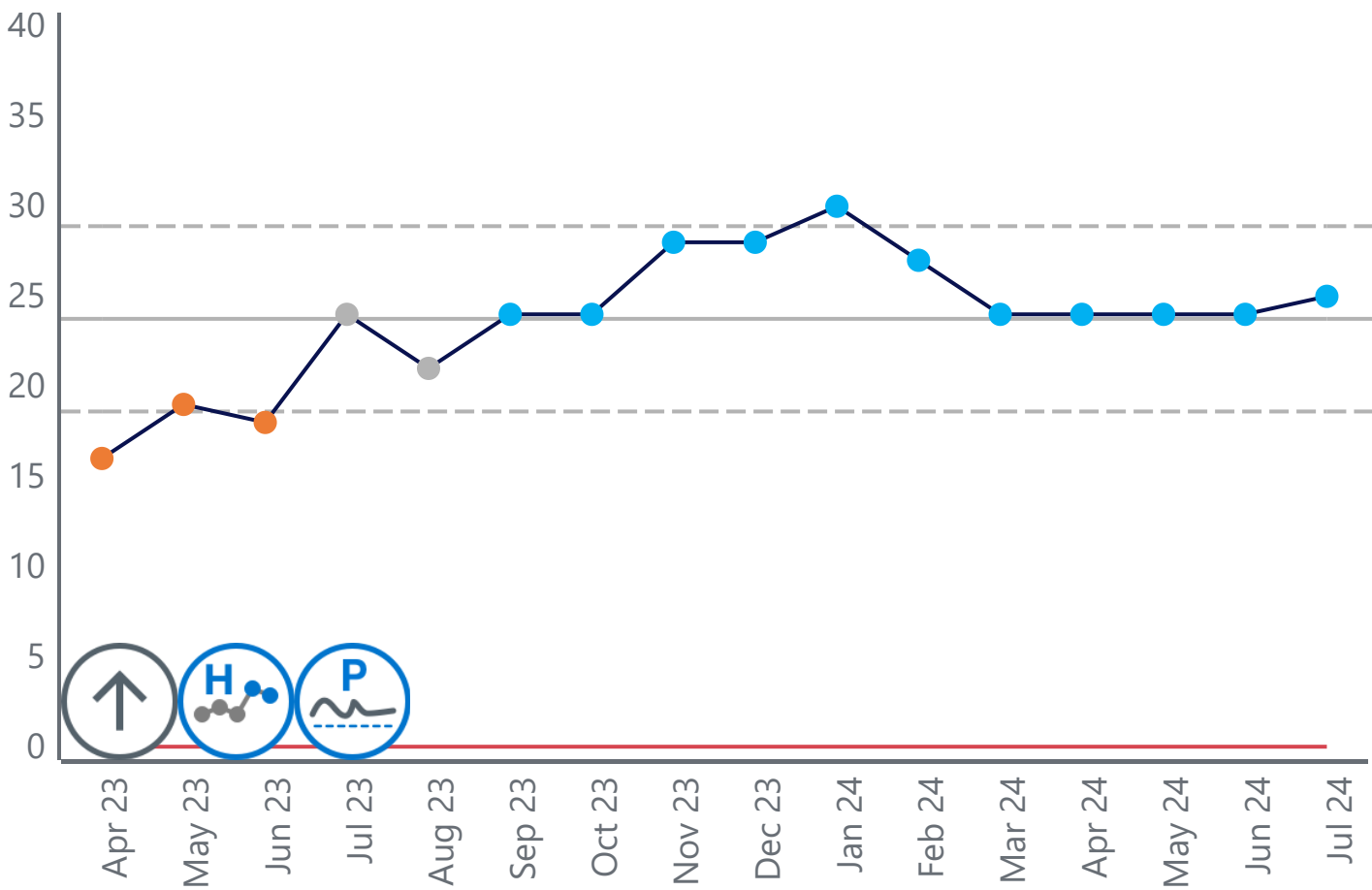
Actions:

Capital commitments are monitored by the Capital Management Group. Plans are in place for £7.5m of capital spend in 24/25, and this remains the forecast level of spend.

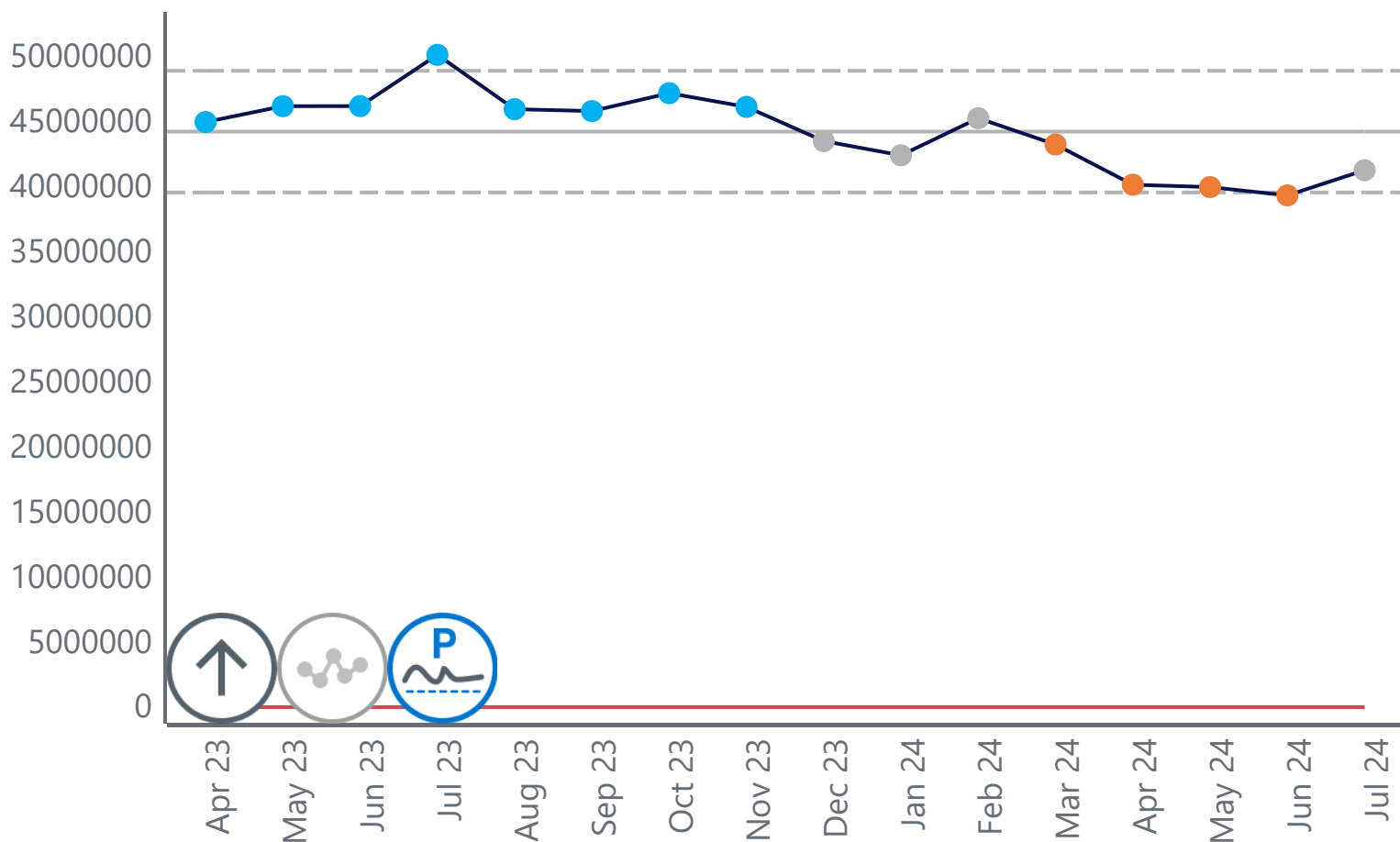


Finance - Watch Metrics

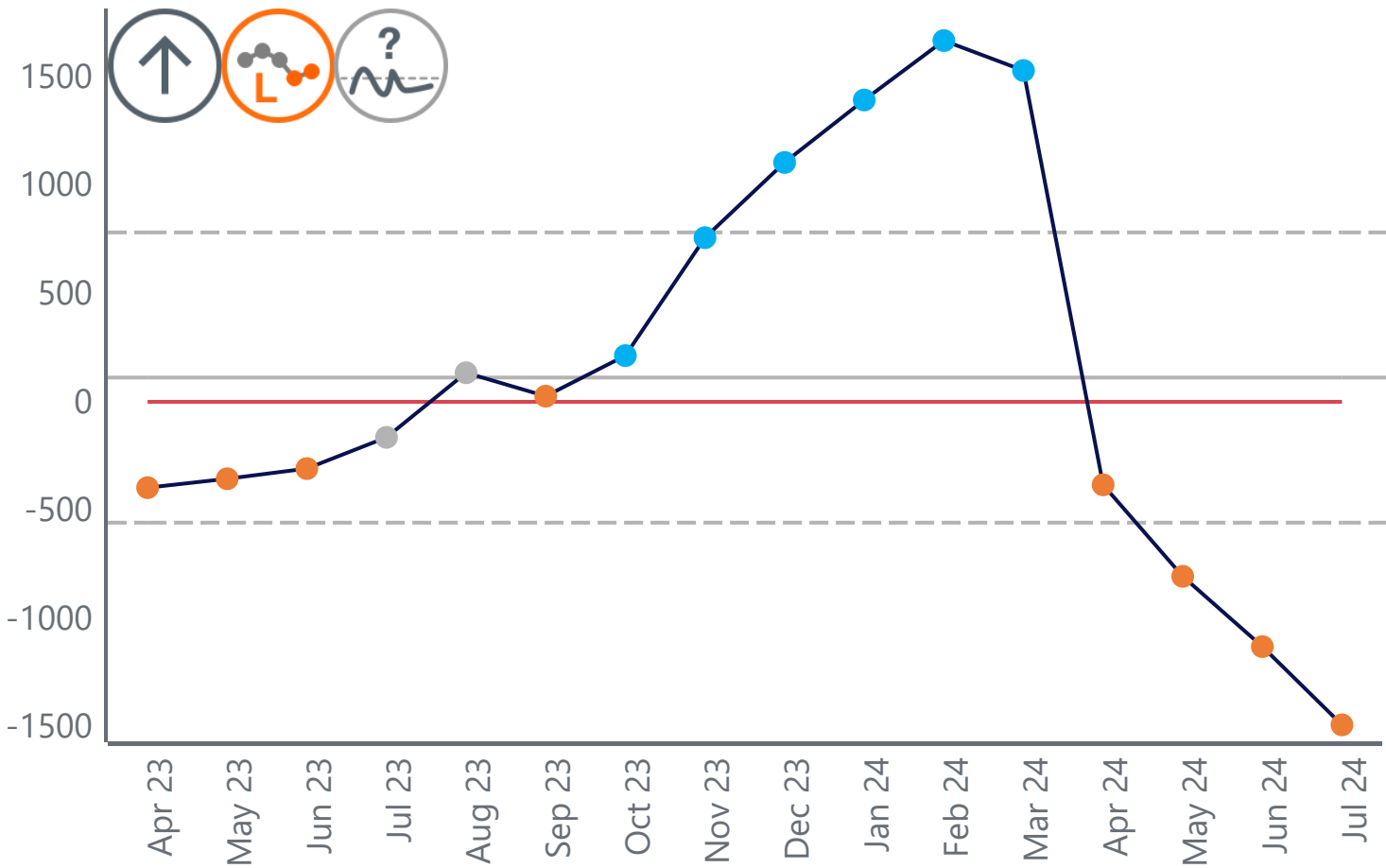
Liquidity (days)



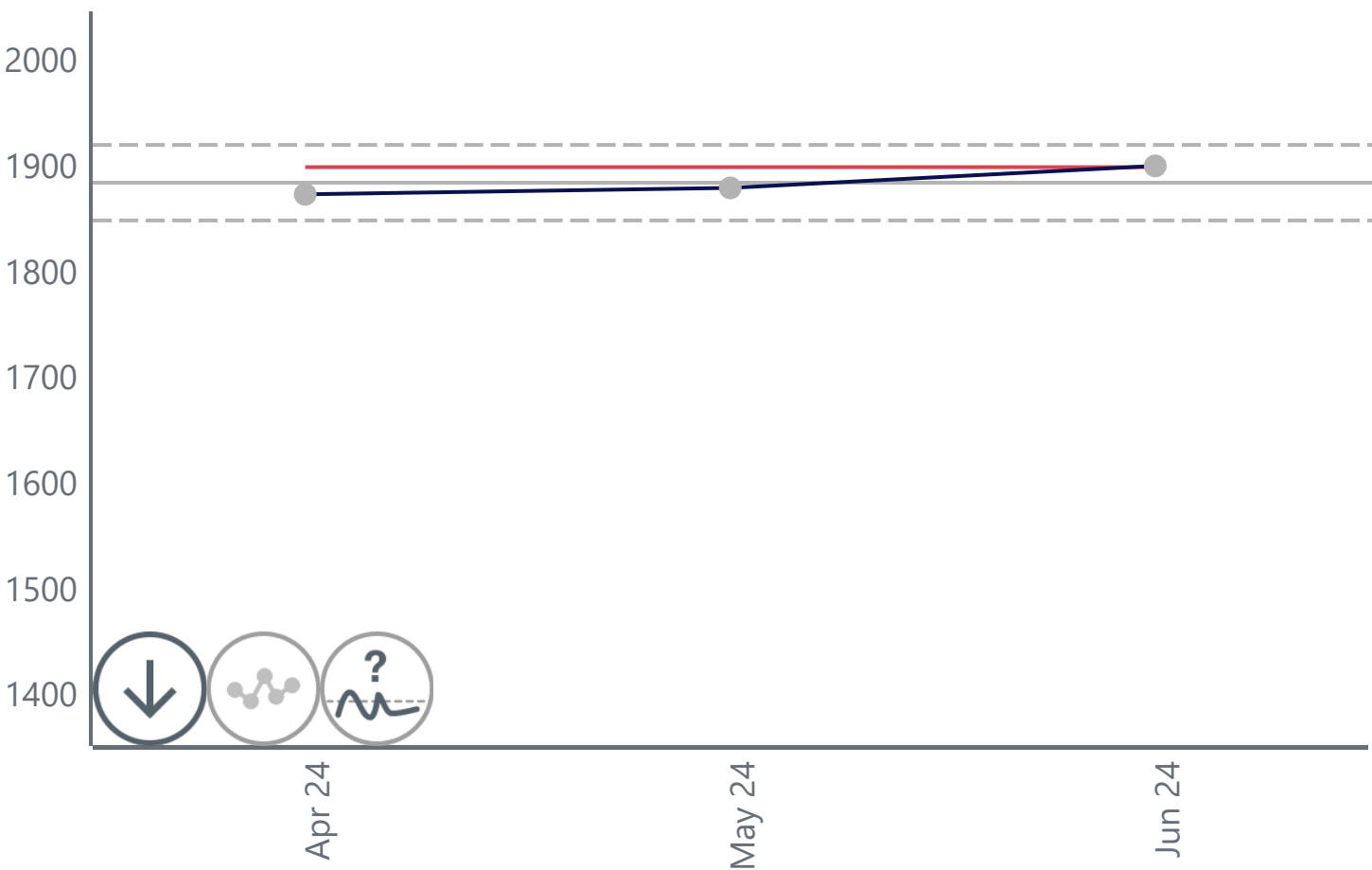
Cash in Bank (Trust Level)



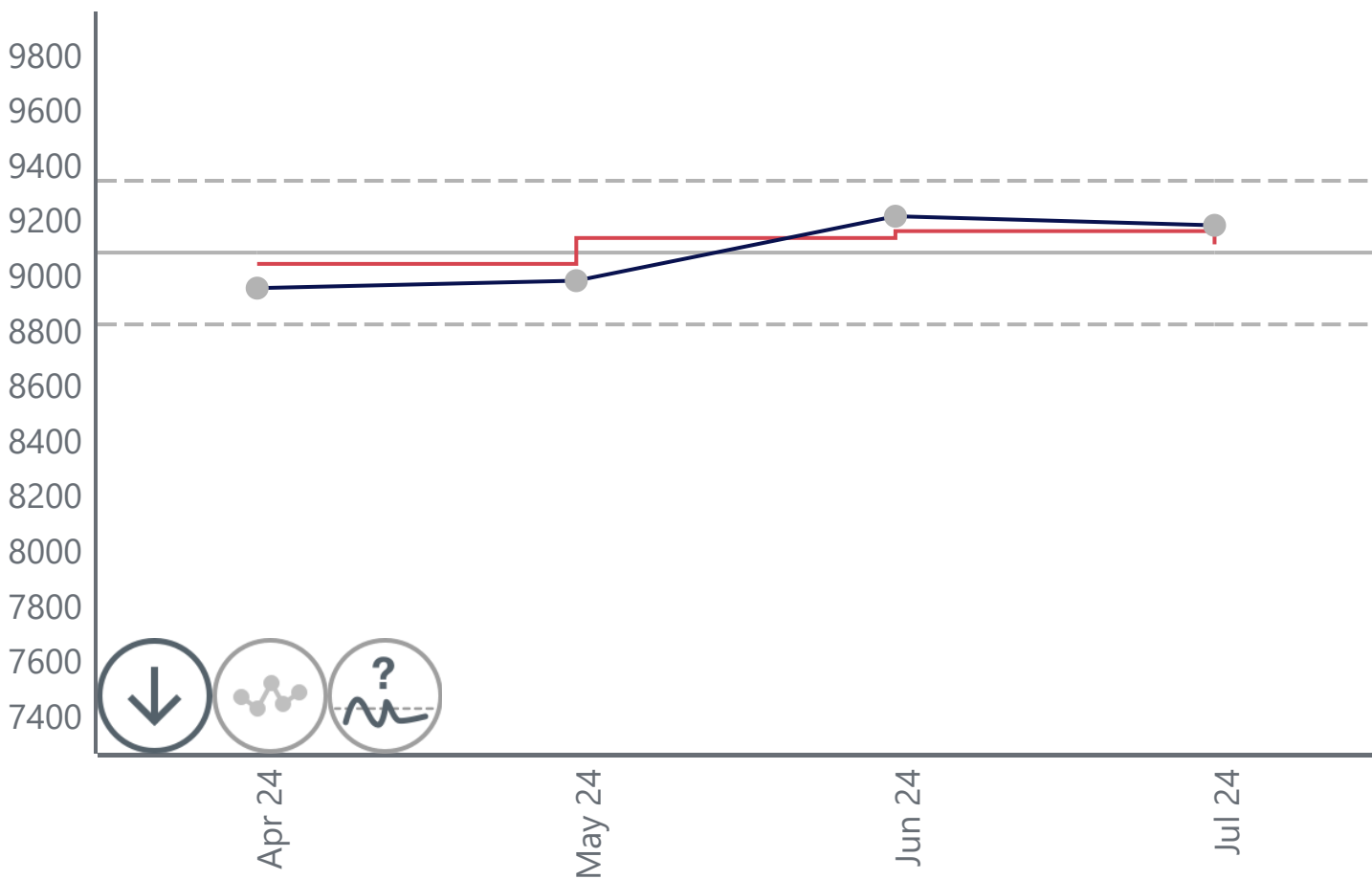
I & E distance from target (cumulative) - £,000

















WTE versus establishment



Pay Spend v Budget



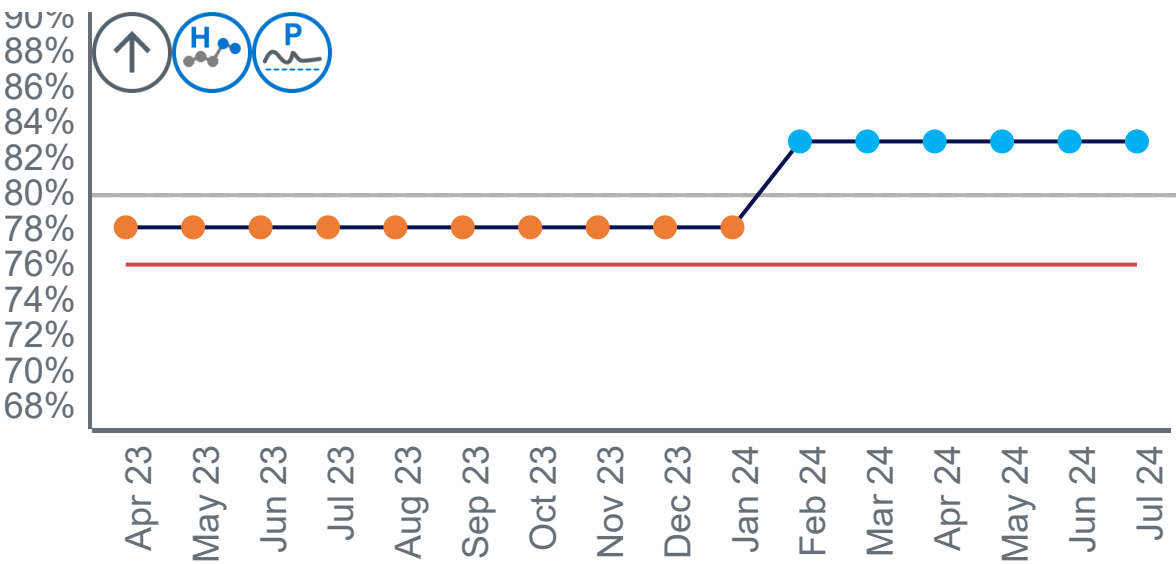
People - Metric Summary

Metric Name	Month	Performance	Target	Average	Variation	Assurance
Appraisals Compliance	Jul-24	78.8	>=90%	78.0		
Mandatory Training Compliance	Jul-24	94.9	>=95%	94.9		
NHS Staff Survey - Staff recommendation of the organisation as a place to work	Jul-24	82.9	>=76%	82.9		
Staff Turnover	Jul-24	10.4	<=10%	10.2		
Staff Sickness (All Staff)	Jul-24	5.75	<=3.4%	5.4		
Long Term Sickness	Jul-24	3.66	<=3.4%	3.6		
Short Term Sickness	Jul-24	2.09	<=3.4%	1.8		



People - Drive Metrics

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



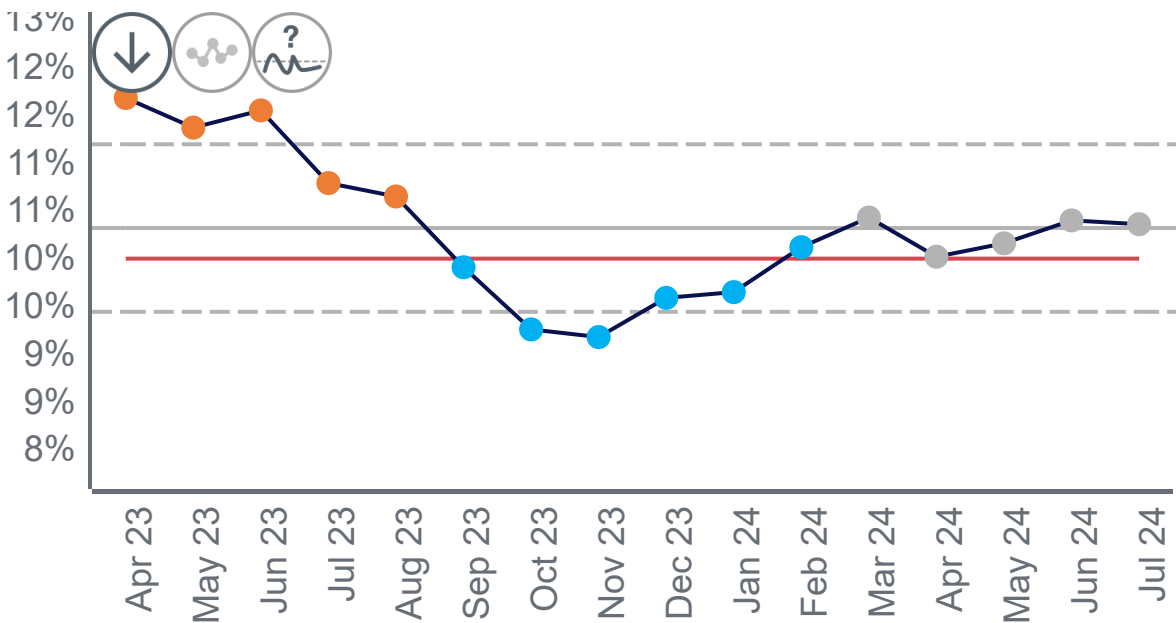
Technical Analysis:

2024/25 is demonstrating positive improvement against the 2023/24 performance achieving 83% against the target of 76%. This is an annual indicator.

Actions:

Annual Indicator - Strong performance demonstrated in the 2023 Staff Survey with an improvement in this score to 82.94%.

Staff Turnover



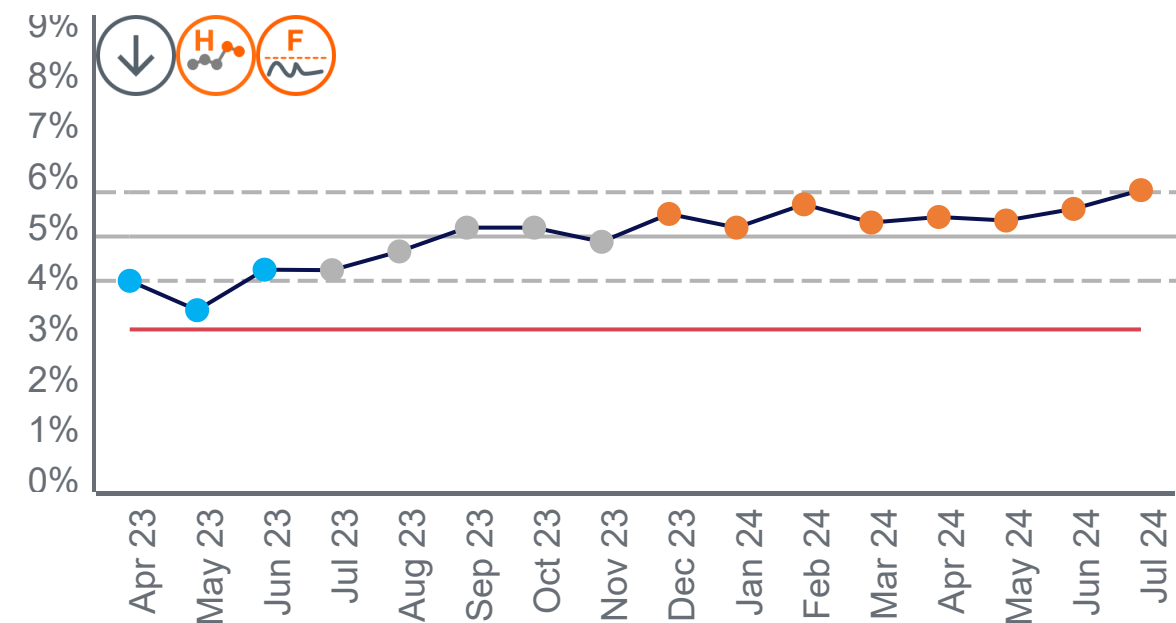
Technical Analysis:

Staff Turnover has shown reduction over the last 12 months but over recent months has shown inconsistency displaying common cause variation of passing and failing the target.

Actions:

Turnover has seen a marginal increase and reports just over the target of 10%. Work Life Balance was the main reason for leaving in June . Retention Action Plan in place. People and Activity Group introduced in May to add in a layer of control and scrutiny of non-clinical roles.

Staff Sickness (All Staff)



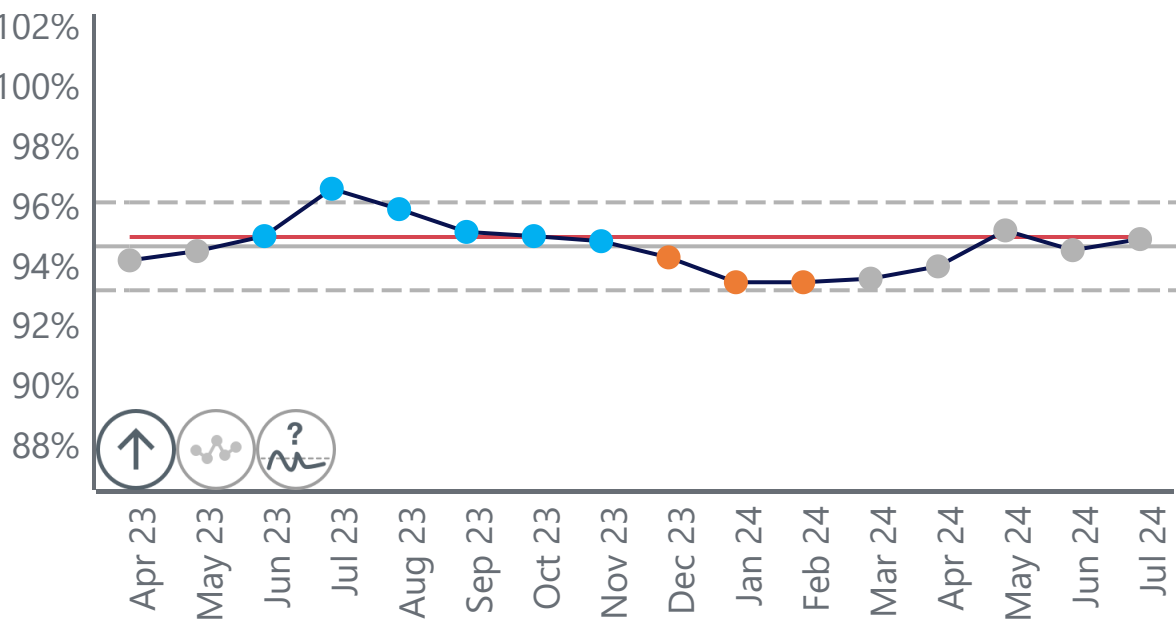
Technical Analysis:

Total absence in June was 6%, this is above the target (3.4%). The trust failed to meet the target across the whole of 2023/24 with further work required to close in on target.

Actions:

Increase seen in sickness absence in June and continues to report above 5%. Benchmarking exercise being undertaken to review sickness targets.

Mandatory Training Compliance



Technical Analysis:

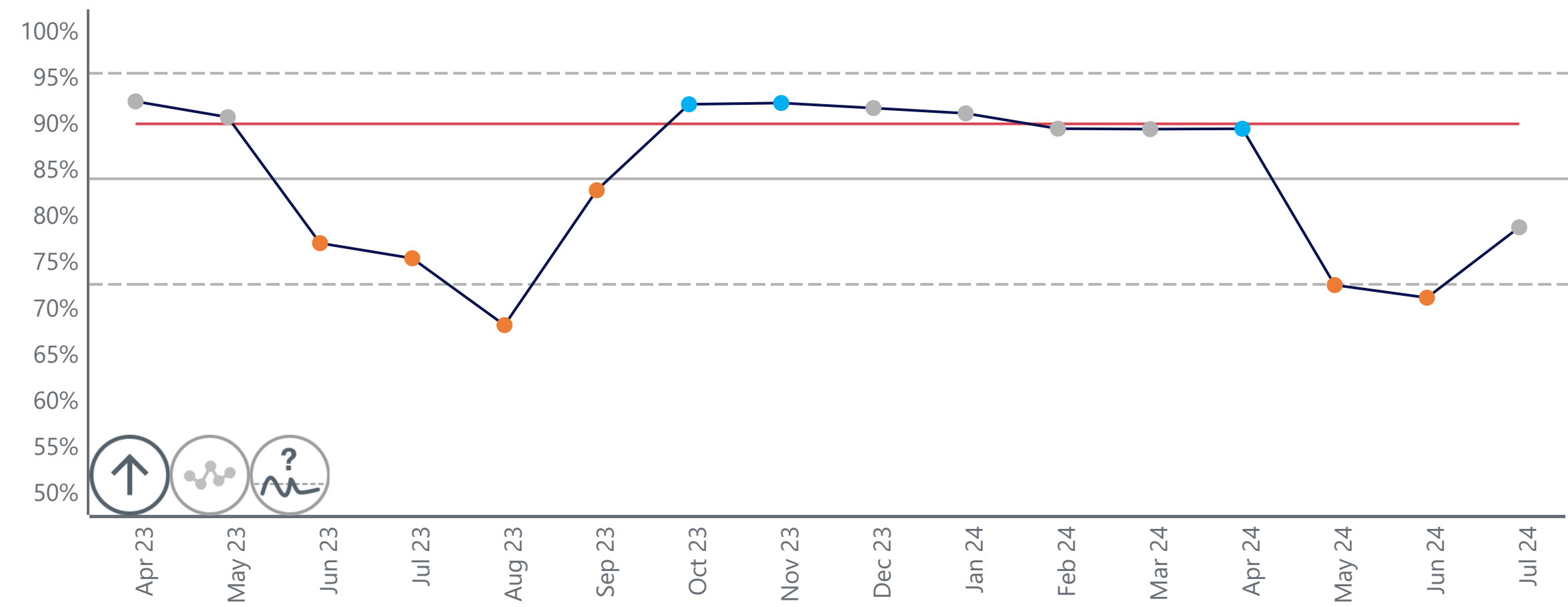
Performance has moved to common cause variation following a period of cause for concern. Further improvement is required to consistently achieve the target.

Actions:

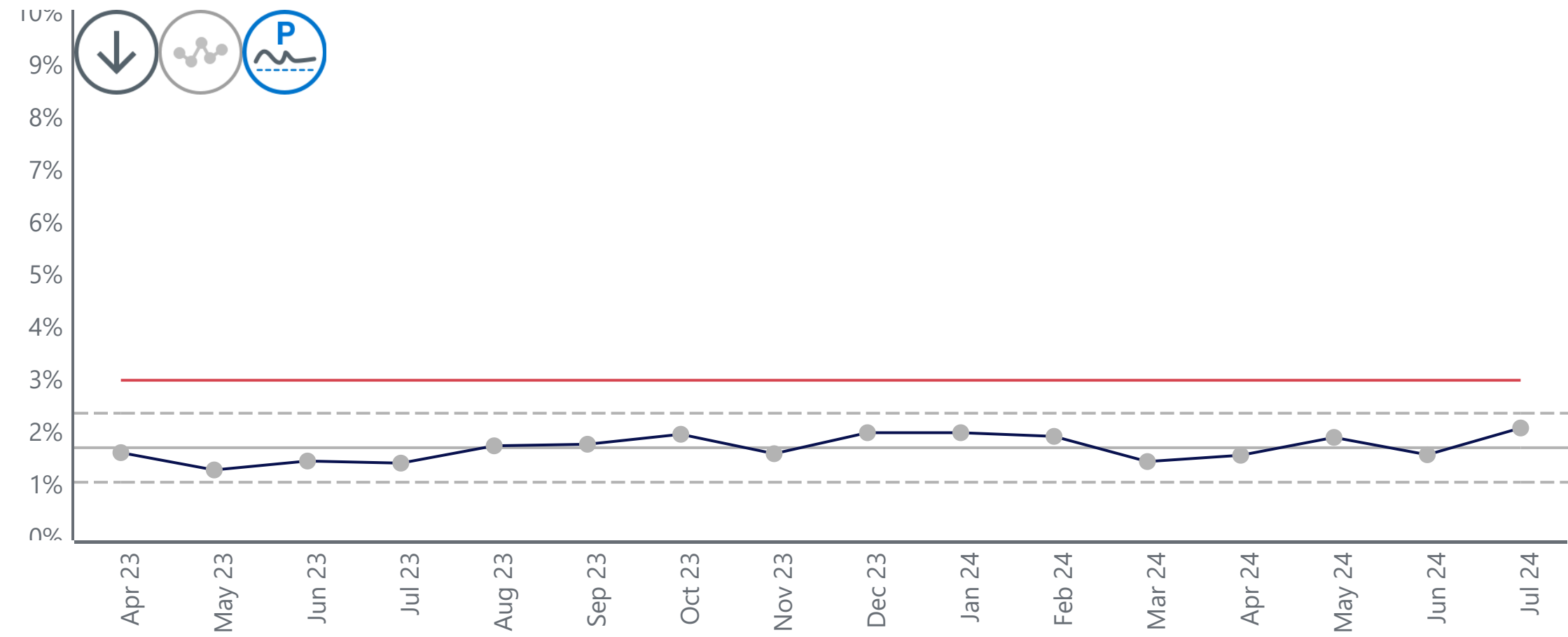
Slight dip seen in MT compliance.

People - Watch Metrics

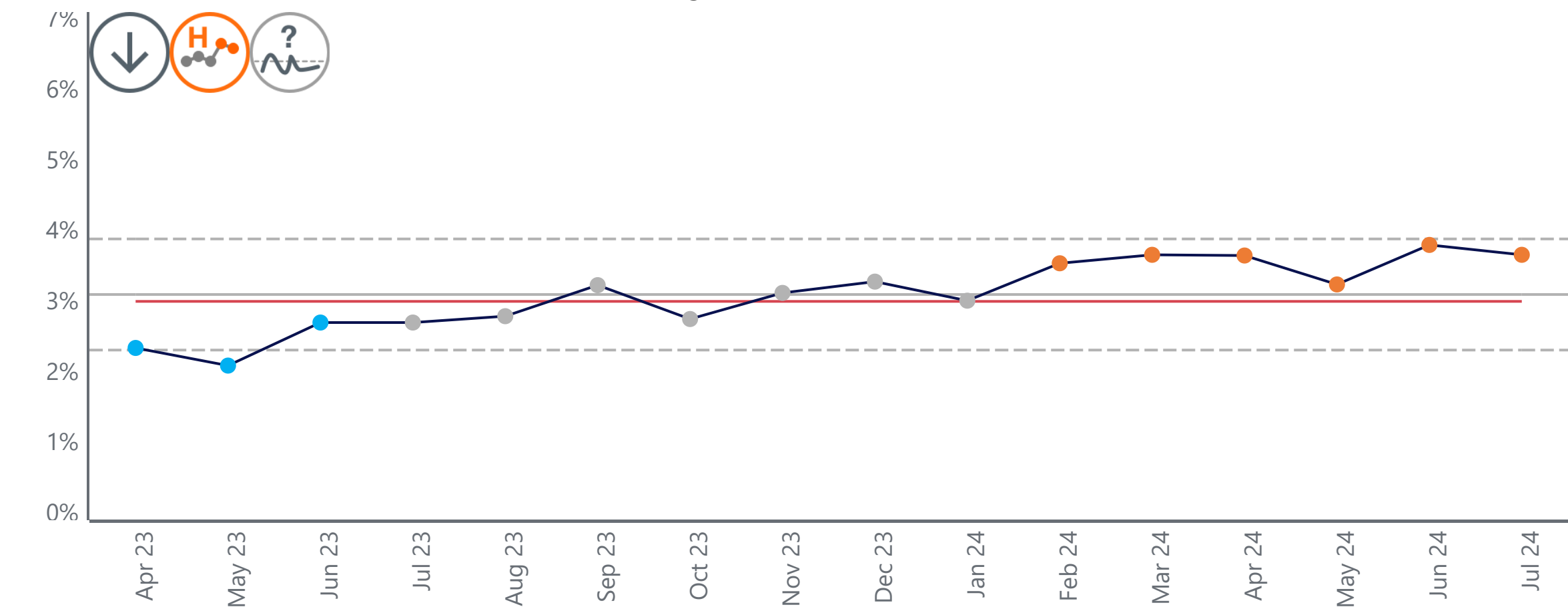
Appraisals Compliance



Short Term Sickness



Long Term Sickness





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