



Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	28 th October 2020	
Agenda Item:	P1-163-20	
Title:	Integrated Performance Report - Month 6	
Report prepared by:	Hannah Gray, Head of Performance and Planning	
Executive Lead:	Joan Spencer, Director of Operations	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	
Date & Decision:	

Purpose of the Paper/Key Points for Discussion:	<p>This report provides the Trust Board with an update on performance for month six (September 2020). The access, efficiency (including the Covid-19 recovery activity scorecard), quality, workforce and finance scorecards are presented, each followed by exception reports of key performance indicators (KPIs) against which the Trust is not compliant. Further detail then follows in each section, including full actions in place.</p> <p>Points for discussion include under performance, developments and key actions for improvement.</p>
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Action Required:	Discuss	X
	Approve	
	For Information/Noting	

Next steps required	
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally	✓	Collaborative system leadership to deliver better patient care	✓
Retain and develop outstanding staff	✓	Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future	✓	Maintain excellent quality, operational and financial performance	✓

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	✓
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	✓
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	✓
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	✓
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	✓
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	✓
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	✓
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	✓

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		✓
Disability		✓
Gender		✓
Race		✓
Sexual Orientation		✓
Gender Reassignment		✓
Religion/Belief		✓
Pregnancy and Maternity		✓

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

Integrated Performance Report (Month 6 2020/21)

Introduction

This report provides an update on performance for month six (September 2020) and provides an overview of Quarter two 2020/21 performance. The access, efficiency (including the Covid-19 recovery activity), quality, workforce and finance scorecards are presented, each followed by exception reports of key performance indicators (KPIs) against which the Trust is not compliant. Further detail then follows in each section, including full actions in place. All Covid-19 recovery activity related exceptions are included in section 3.2.4 rather than in section 2, as a recovery summary is provided, rather than exceptions only.

A detailed quality section has not been included in this report. This will be covered via a series of additional papers at the Quality Committee/Trust Board until December 2020 when a full Quality section will start to be included in the quarterly version of the IPR to Board. The quarterly complaints report is however included in this month 6 report.

There are no scorecard or exception reports for Research and Innovation, for reasons described in section 3.4. From 1st October 2020 (Month 7 IPR) real time and predicted data will be presented against targets for the final 6 months of the year.

Two access KPIs are newly reported in this Month 6 2020/21 IPR. The Cheshire and Merseyside Cancer Alliance's 'Cancer Long Waiters and Covid19 Policy', published in August 2020, recommends that patient harm reviews are conducted for patients on a 31 day pathway, whose wait from diagnosis of cancer to first definitive treatment is 73 days or more. The Trust already adheres to the more long standing policy of conducting harm reviews for 62 day pathway patients whose wait exceeds 104 days. Both figures are included in this month 6 IPR. Whilst the waiting times for 31 day patients are solely attributable to CCC, many 62 day patients who wait over 104 days, have waited most of this time in other Trusts. An additional KPI has therefore been included to highlight any of these patients who have waited more than 24 days at CCC.

The staff flu vaccination programme began on Monday 5th October. Activity against both the CQUIN and internal targets will be presented in the Month 7 IPR.

Although much of the data collection initially suspended in line with Covid-19 guidance, remains as such (with details of metrics outlined in Month 1 and 2 IPRs), the Trust has maintained internal monitoring and reporting to ensure oversight and good performance.

The 'Third Phase of NHS Response to Covid-19' KPIs continue to be reported in this report in the Covid-19 Recovery Activity scorecard, with accompanying narrative provided in section 3.2.4.

1. Performance Scorecards

Scorecards Directive Key: S = Statutory | C = Contractual | L = Local


1.1 Access

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Sep-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
L	7 days from referral to first appointment	↔	90%	93.8%	91.4%	
C/S	2 week wait from referral to date first seen	↔	93%	93.3%	92.0%	
L	24 days from referral to first treatment	↔	85%	89.2%	85.4%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↑	75% (shadow monitoring)	85.7%	66.7%	
S	31 day wait from diagnosis to first treatment	↔	96%	100.0%	98.7%	
C/S	31 day wait for subsequent treatment (Drugs)	↔	98%	100.0%	99.6%	
C/S	31 day wait for subsequent treatment (Radiotherapy)	↔	94%	98.4%	98.3%	
S	Numbers of 31 day 1st patients treated on day 73 or over	↔	0	0	N/A	
C/S	62 Day wait from GP referral to treatment	↔	85%	98.6%	91.4%	
C/S	62 Day wait from screening to treatment	↔	90%	100.0%	100.0%	
S	Number of patients treated after 104 days	↓	No Target	2	37	
L	Number of patients treated after 104 days AND at CCC for over 24 days	↓	0	0	N/A	
C/S	Diagnostics: 6 Week Wait	↔	99%	100.0%	100.0%	
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	↔	92%	96.3%	96.7%	

Notes:

Blue arrows are included for KPIs with no target and show the movement from last month's figure.

28 Day Faster Diagnosis is only reported from January 2020

 This border indicates that the figure has not yet been validated and is therefore subject to change.
This is because national CWT reporting deadlines are later than the CCC reporting timescales.

Cheshire and Merseyside Performance (until August 2020)

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Aug-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
C/S	2 week wait from referral to date first seen	↓	93%	90.3%	93.5%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↓	75% (shadow monitoring)	72.8%	75.3%	
C/S	62 Day wait from GP referral to treatment	↔	85%	78.4%	76.9%	

Notes:

Blue arrows are included for KPIs with no formal target and show the movement from last month's figure.

1.2 Efficiency

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Sep-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
S	Length of Stay: Elective (days) CCCW / CCCL (Solid Tumour Wards)	↔	≤6.5	5.6	4.9	
S	Length of Stay: Emergency (days) CCCW / CCCL (Solid Tumour Wards)	↔	≤8	10.3	7.2	
S	Length of Stay: Elective (days) CCCHO 7Y	↔	≤21	13.30	13.2	
S	Length of Stay: Emergency (days) CCCHO 7Y	↑	≤16	27.60	13.8	
S	Delayed Transfers of Care (Solid Tumour only) (as % of occupied bed days)	↑	≤3.5%	5.3%	4.9%	
S	Bed Occupancy: Midday (CCCL: Solid Tumour Wards)	↔	G: ≥92% A: 88-91.9% R: <88%	78.9%	61.4%	
S	Bed Occupancy: Midnight (CCCL: Solid Tumour Wards)	↔		74.9%	59.5%	
C/S	% of elective procedures cancelled on or after the day of admission	↔	0%	None Cancelled	None Cancelled	
C/S	% of cancelled elective procedures (on or after the day of admission) rebooked within 28 days of cancellation	↔	100%	None Cancelled	None Cancelled	
C/S	% of urgent operations cancelled for a second time	↔	0%	None Cancelled	None Cancelled	
L	Radiology Reporting: Inpatients (within 24hrs)	↔	G: ≥90% A: 80-89.9% R: <80%	92.9%	94.4%	
L	Radiology Reporting: Outpatients (within 7 days)	↓		87.7%	94.2%	
L	Travel time to clinic appointment within 45 minutes	↔	G: ≥90%, R: <90%	97.0%	97.0%	
C/Phase 3 Covid-19 Guidance	Data Quality - % of active patients with a valid ethnicity recorded	↔	July & Aug = 90% Sept & Oct = 95% Nov & Dec = 100%	96.5%	96.4%	
C	Data Quality - % of outpatients with an outcome	↔	G=95%, A=90% - 95%, R = <90%	97.9%	98.4%	
C	Data Quality - % of outpatients with an attend status	↔	G=95%, A=90% - 95%, R = <90%	98.4%	98.2%	
Executive Director Lead: James Thomson, Director of Finance						
S	Percentage of Subject Access Requests responded to within 1 month	↔	100%	100%	100%	
C	% of overdue ISN (Information Standard Notices)	↔	0%	0%	0%	

NB: blue arrows are included for KPIs with no target and show the movement from last month's figure.

Robust Bed Occupancy data for Haemo-Onc will not be available until the inpatient data is collected in Meditech - indicative date is November 2020

1.2.1 Covid-19 Recovery Activity

A = August | S = September | O = October | P3G = Phase Three Covid-19 Guidance.
Figures are coloured green / red where the target is not yet in force e.g. begins in August.

Directive	Data	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	YTD	Monthly Trend 2020/21
Local	Covid-19 positive inpatients (Definite Healthcare Associated)*	0	0	0	0	0	0	1	1	
Local	Covid-19 positive inpatients (Non Definite Healthcare Associated)*	No Target	13	3	3	0	0	8	27	
P3G	Overnight electives (as % of 2019/20)	A = 70%, S=80%, O = 90% (of last year's activity)	38%	60%	88%	80%	67%	89%	69%	
P3G	Outpatient Procedures: Solid Tumour (as % of 2019/20) **	A = 70%, S=80%, O = 90% (of last year's activity)	69%	69%	96%	204%	236%	272%	159%	
P3G	Day Cases (as % of 2019/20)	A = 70%, S=80%, O = 90% (of last year's activity)	39%	43%	55%	57%	36%	50%	46%	
P3G	Outpatient Appointments (as % of 2019/20)	A = 90%, S=100% (of last year's activity)	121%	114%	138%	132%	120%	132%	126%	
P3G	Outpatient Appointments: New (as % of 2019/20)	A = 90%, S=100% (of last year's activity)	104%	71%	84%	79%	89%	116%	90%	
P3G	Outpatient Appointments: Follow Up (as % of 2019/20)	A = 90%, S=100% (of last year's activity)	122%	118%	143%	137%	123%	133%	129%	
P3G	% of all OP appointments which are by telephone or video	25% of all OP appts	71%	69%	69%	68%	69%	72%	70%	
P3G	% of Follow Up OP appointments which are by telephone or video	60% of all FU OP appts	70%	68%	68%	67%	70%	72%	69%	
Local	SACT administration: Solid Tumour (as % of 2019/20)	2019/20 figures	89%	66%	97%	94%	90%	111%	91%	
Local	Radiotherapy Treatments (as % of 2019/20)	2019/20 figures	99%	79%	71%	74%	64%	71%	76%	
P3G	Investigations: CT (as % of 2019/20)	S=90%, O = 100% (of last year's activity)	71%	96%	132%	150%	179%	170%	134%	
P3G	Investigations: MRI (as % of 2019/20)	S=90%, O = 100% (of last year's activity)	54%	67%	63%	88%	112%	128%	86%	
Local	Stem Cell Transplants	8.3 per month (as per CCC plan)	1	1	5	8	6	6	27	
Local	Hotline Calls- Pts advised to attend A&E or CCC CDU: % advised to attend A&E	No Target	71%	63%	63%	73%	71%	68%	68%	
Local	Hotline Calls- Pts advised to attend A&E or CCC CDU: % advised to attend CDU	No Target	29%	37%	37%	27%	29%	32%	32%	
Local	Staff and household members tested (inc. external tests)	No Target	99	62	193	117	37	144	652	
Local	Staff sickness absence: Covid-19 related (total staff)	No Target	34	24	16	15	3	13	105	
Local	Staff sickness absence: Covid-19 related (%)	No Target	2.3%	1.6%	1.1%	1.0%	0.2%	0.7%	1.0%	

Further detail on this data is provided in section 3.2.4

*The categories for Covid-19 positive infections are: Definite Healthcare Associated (First Positive specimen 15 days or more after admission), Probable Hospital Associated (8 - 14 days), Indeterminate Healthcare associated (3 - 7 days) and Community Acquired (0 - 2 days).

NB: there were 2 Covid-19 positive (Definite Healthcare Associated) inpatients in March 2020.

**Up to date data for HO Outpatient procedures is not available due to delays in coding at LUHFT. This data is therefore solid tumour only.

1.3 Quality

Scorecard Directive Key: S = Statutory | C = Contractual | L = Local

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Sep-20	YTD	12 Month Trend
Executive Director Lead: Sheila Lloyd, Director of Nursing and Quality						
C/S	Never Events	↔	0	0	0	
C/S	Serious Untoward Incidents (month reported to STEIS)	↓	0	0	5	
C/S	Serious Untoward Incidents: % submitted within 60 working days / agreed timescales	↔	100%	100%	100%	
S	RIDDOR - number of reportable incidents	↔	0	0	1	
S	IRMER - number of reportable incidents	↓	0	0	5	
S	Incidents /1,000 Bed Days	↑	No target	239.7	240.5	
L	All incidents resulting in harm /1,000 bed days	↑	No target	21	22.1	
C/S	Inpatient Falls resulting in harm due to lapse in care	↔	0	0	1	
S	Inpatient falls resulting in harm due to lapse in care /1,000 bed days	↔	0	0	0.12	
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	↔	0	0	0	
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care) /1,000 bed days	↔	0	0	0	
S	Consultant Review within 14 hours (emergency admissions)	↔	90%	97.5%	98.3%	
C/S	% of Sepsis patients being given IV antibiotics within an hour	↔	90%	96.0%	96.0%	
C/S	VTE Risk Assessment	↔	95%	98.0%	98.0%	
S	Dementia: Percentage to whom case finding is applied	↔	90%	100%	100%	
S	Dementia: Percentage with a diagnostic assessment	↔	90%	100%	100%	
S	Dementia: Percentage of cases referred	↔	90%	100%	100%	
C/S	Clostridium difficile infections (attributable)	↔	<=4 per yr	0	1	
C/S	E Coli (attributable)	↔	<=10 per yr	0	1	
C/S	MRSA infections (attributable)	↔	0	0	0	
C/S	MSSA bacteraemia (attributable)	↔	<=5 per yr	0	2	
C	Klebsiella (attributable)	↔	<=10 per yr	0	0	
C	Pseudomonas (attributable)	↔	<=5 per yr	0	0	
C/S	FFT inpatient score (% positive)	-	95%		On hold	
C	FFT outpatient score (% positive)	-	95%		On hold	
C	Number of written complaints received	↓	N/A	0	14	
S	Number of written complaints / count of WTE staff (ratio)	↓	N/A	0	0.002	
C	% of complaints acknowledged within 3 days	↔	100%	None received	100%	
L	Number of complaints over 25 days (at month end)	↑	No target	2	N/A	
L	% of complex complaints resolved within 60 days / or complainant kept informed	↔	100%*	None to resolve	None to resolve	
C/S	% of FOIs responded to within 20 days	↔	100%	100.0%	99.2%	
C/S	Number of IG incidents escalated to ICO	↔	0	0	0	
C	NICE Guidance: % of guidance compliant	↔	90%	92%	92%	
L	Number of policies due to go out of date in 3 months	↔	N/A	19	N/A	
L	% of policies in date	↔	100%	96%	97%	
C/S	NHS E/I Patient Safety Alerts: number not implemented within set timescale.	↔	0	0	1	

NB: blue arrows are included for KPIs with no target and show the movement from last month's figure.

HCAI targets are subject to change. Commissioners have advised CCC to use 2019/20 targets until otherwise advised.

* The NHS complaints process timelines have been relaxed to allow Trusts to prioritise the necessary clinical changes required to respond to the Covid-19 pandemic.

1.4 Research & Innovation

There is no scorecard for Research and Innovation for this month six report. Although patient recruitment into trials has restarted at CCC, it is still not yet possible to define any targets for 2020/21, as a significant proportion of our trials rely on collaboration with other NHS Trusts; including organisations who are not yet able to resume this role due to the COVID-19 pandemic. From 1st October 2020 (Month 7 IPR) real time and predicted data will be presented against targets for the final 6 months of the year.

1.5 Workforce

Scorecard Directive Key: S = Statutory | C = Contractual | L = Local

Directive	Key Performance Indicator	Change in RAG rating from previous period	Target	Sep-20	YTD	12 Month Trend
Executive Director Lead: Jayne Shaw, Director of Workforce and Organisational Development						
S	Staff Sickness (monthly)	↔	G: <4%, A: 4.1 - 4.9%, R: >5%	4.6%	4.4%	
S	Staff Turnover (12 month rolling)	↔	G: <14%, A: 14.1 - 14.9%, R: >15%	13.8%	N/A	
S	Statutory and Mandatory Training	↔	G: >90%, A: 75 - 89%, R: <75%	96.0%	N/A	
L	PADR rate	↑	G: >95%, A: 75 - 94.9%, R: <74%	96.9%	N/A	
S	FFT staff: Recommend as a place to work	↔	G: >95%, A: 90 - 94.9%, R: <90%	66%	68%	
S	FFT staff: Recommend care and treatment	↓		93%	95%	

1.6 Finance

For September the key financial headlines are:

Metric	In Mth 6 Actual	In Mth 6 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Deficit (£000)	(187)	267	(454)	Green	(593)	(194)	(399)	Green
Control Total Surplus (£000)	0	0	0	Green	0	0	0	Green
Cash holding (£000)	46,727	27,318	19,409	Green	46,727	27,318	19,409	Green
Capital Expenditure (£000)	1,025	480	545	Yellow	8,491	9,811	(1,865)	Yellow

*The plan for month 6 is the original plan approved by the Board in March 2020. The Control Total Surplus is the revised NHSI plan issued to the Trust.


Since the last report, NHSI have confirmed that the interim funding arrangements have ended this month. The arrangements for the remainder of the year have been confirmed as a block funding envelope with incentives. The funding is being managed through the Cheshire and

Mersey HCP STP, with the HCP being required to achieve financial balance. An exercise is currently underway to confirm individual organisations' funding values and to agree the methodology for the allocation of COVID and Growth monies through fair share allocation.

- Commissioning contracts are now confirmed as being suspended for the remainder of the year. All funding is now being distributed through Liverpool CCG.
- The financial risk rating metrics in the Strategic Outcomes Framework have been suspended.
- To breakeven the Trust requires additional Top Up funding of £3.2m for September, £9.0m cumulatively.


2. Exception Reports


2.1 Access

2 Week Wait Cancer Standard (Alliance-level)	Target	Aug 20	YTD	12 month trend (to Aug)
	93%	90.33%	93.60%	
Reason for non-compliance <p>Non-compliance with the 14 day standard in August 2020 is largely driven by underperformance in the following tumour groups:</p> <ul style="list-style-type: none"> • Upper GI 83.47% (down from 87.95% last month) • Breast 83.91% (down from 90.18%) • Lower Gastrointestinal 85.35% (down from 95.35%) • Gynaecology 91.31%% (down from 94.73%) <p>August's performance has been affected by the Covid-19 pandemic. At the start of the pandemic, urgent suspected cancer referrals fell by more than 70%. Significant work has been undertaken to restore the public's confidence in accessing health services and coming forward with symptoms that could indicate cancer.</p> <p>Outpatient capacity was the biggest cause of breaches in August (accounting for 44.92% of breaches). By August, the number of urgent suspected cancer referrals being received each week had recovered to between 15% and 20% below pre-pandemic levels. Services at this time were transitioning back to face to face first appointments whilst still coping with relatively high levels of staff absences due to sickness, self-isolation and annual leave.</p> <p>Patient choice was also a key factor, with 19.43% of breaches resulting from patients wanting to delay their first appointment.</p>				
Action Taken to improve compliance <ul style="list-style-type: none"> • The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group to identify areas of service pressure. • £600,000 investment to support full implementation of symptomatic faecal immunochemical testing (sFIT) in primary care. This builds on the existing secondary care sFIT model. Implementation will reduce demand for endoscopy services. • Patient and public communications to improve patient confidence to attend for appointments. • 2ww referrals are now back to pre-pandemic levels 				
Expected date of compliance	Compliance with the 14 day standard is expected to return next month.			
Escalation route	NHS England, North West / CCC Performance Committee, Trust Board			
Executive Lead	Liz Bishop, CMCA SRO			

62 Cancer Standard (Alliance-level)	Target	Aug 20	YTD	12 month trend (to Aug)
	85%	78.35%	76.84%	
<p>Reason for non-compliance</p> <p>Non-compliance with the 62 day standard in August 2020 is largely driven by underperformance in the following tumour groups:</p> <ul style="list-style-type: none"> • Lower Gastrointestinal 50.35% (up from 40.96% last month) • Upper GI 53.57% (down from 65.79%) • Haematology 61.54% (down from 82.98%) • Gynaecology 62.07% (down from 79.1%) <p>August's performance has been affected by the Covid-19 pandemic. Many diagnostic investigations and treatments were delayed due to reduced capacity, clinical risk to patients of nosocomial infection, and patient choice.</p> <p>Lower GI pathways were particularly affected with performance falling from 73.27% in February (pre-pandemic) to 40.96% in July, but have improved to 50.35% in August. In May, the British Society of Gastroenterology advised a six-week pause in endoscopy services due to the risk of Covid-19 transmission, affecting lower GI, upper GI and urology pathways. There is a large backlog of patients waiting for endoscopy with patients being prioritised based on clinical need. There is a significant focus on restoring endoscopy activity and efficiency to pre-Covid-19 levels.</p> <p>Delays to diagnostic pathways are being monitored through the Cheshire and Mersey Cancer Alliance, with endoscopy recovery led by a C&M recovery team.</p>				
<p>Action Taken to improve compliance</p> <ul style="list-style-type: none"> • Continuation of surgical and diagnostics hubs as part of CMCA's response to Covid-19. • The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group. • The endoscopy operational recovery team, in collaboration with the C&M Hospital has produced a clear, prioritised plan to increase capacity. • The Alliance has secured £5.4m capital investment to increase endoscopy capacity and improve productivity. • £600,000 investment to support full implementation of symptomatic faecal immunochemical testing (sFIT) in primary care. This builds on the existing secondary care sFIT model. Implementation will reduce demand for endoscopy services. • Patient and public communications to improve patient confidence to attend for appointments. • 2ww referrals are now back to pre-pandemic levels 				
Expected date of compliance	Compliance with the 62 day standard is expected in Q4 2020/2021. However, recovery is at risk due to the second wave of Covid-19.			
Escalation route	NHS England, North West / CCC Performance Committee, Trust Board			
Executive Lead	Liz Bishop, CMCA SRO			

2.2 Efficiency

Length of Stay: Emergency	Target	Sept 20	YTD	12 month trend
Ward 4 (HO)	16 days	27.6 days	13.8 days	
Reason for non-compliance <p>As we return to business as usual, the directorate has seen an increase in non-elective admissions. These patients have been noted to have higher acuity needs.</p> <p>In a drive to reduce LoS, the HO directorate has completed a comparator HRG level benchmarking exercise and presented a report to the September 2020 Performance Committee. The key recommendation is to commence an AML and autologous ambulatory project.</p> <p>As CCC's mutual aid support to LUHFT includes the transfer of a number of patients from Aintree with primary CNS lymphoma, requiring complex care, an increase in LoS is predicted. LoS targets may require a review in light of this change.</p>				
Action Taken to improve compliance <ul style="list-style-type: none"> Continued weekly inpatient review of patients' LOS on W4 by Matron and Deputy GM Continuous review of bed base requirements in line with Covid-19 guidance Implementation of AML and autologous ambulatory project 				
Expected date of compliance	December 2020			
Escalation route	Directorate Performance Reviews, Performance Committee, Trust Board.			
Executive Lead	Joan Spencer, Director of Operations			

Length of Stay: Emergency	Target	Sept 20	YTD	12 month trend
Solid Tumour Wards	8 days	10.4 days	7.2 Days	
Reason for non-compliance <p>Length of Stay for emergency admissions on the Solid Tumour Wards is 10.4 days in September 2020; 2.4 days above the 8 day target. For the quarter, this was achieved in June 2020 with 7.6 days and was 1.7 days over the target in August 2020, at 9.7 days.</p> <p>It is evident that the length of stay has been affected by pressures in the community due to the</p>				

Covid-19 pandemic. Delays include; reduced availability of hospice beds, implementation of care packages and the availability of equipment to allow discharge home.

Two patient pathways have seen an increase in length of stay; Head & Neck and MSCC.


The increased LoS for Head and Neck patients can be explained by the suspension of the community Nasogastric service. The process is currently under review, with plans to restart by mid October 2020.

There has been an increase in the number of patients admitted for 5 fractions of radiotherapy for MSCC (fractionation levels are decided on an individual patient basis). 5 of the 9 DTOCs reported in September were MSCC patients. Of these 5 patients, the length of stay ranged from 10 to 39 days.

Action Taken to improve compliance

- Weekly LoS meetings continue to highlight any patterns in delays.
- MSCC patients are discussed at daily MDT and reviewed at the daily Board Round, led by the Consultant of the Week.
- Patient Flow Team (PFT) Leader and Allied Health Professional Lead have agreed a plan to resume 6 day services for Physiotherapy and Occupational Therapy to support reduced length of stay and weekend discharge for MSCC patients.
- PFT Leader and Head and Neck Lead Nurse are reviewing the process of discharging patients home with NG feeding.

Expected date of compliance	31 st March 2021
Escalation route	Monthly ICD meeting, Directorate Q and S Group, Integrated Governance Committee, Quality Committee, Trust Board
Executive Lead	Joan Spencer, Director of Operations

Delayed Transfers Of Care (DTOCs)	Target	Sept 20	YTD	12 month trend
Solid Tumour Wards	<=3.5%	5.3%	4.9%	

Reason for non-compliance

Delayed Transfers of Care (DTOCs) increased during September. Within the quarter, the DTOC % was above target in all months except in August when it fell to 2.7%.

DTOCs were affected by a number of complex patients, including hospice transfers and delays to implementation of fast track packages of care. External providers state that Covid-19 is the main reason for delay. One patient waited 15 days for a hospice bed.

Action Taken to improve compliance

- Weekly 'Lengthened Length of Stay' meetings have continued throughout the quarter with attendance of Matron and the Directorate General Manager to ensure the flow of patients continues and any concerns can be escalated.
- The Patient Flow Team continue to work with wider MDT to aid discharge planning during the COVID-19 pandemic, ensuring patients are discharged safely home or to a suitable care setting. Weekly complex discharge meetings occur with MDT.
- Daily COW MDT meetings continue to allow discussion of all inpatients; this facilitates clear care planning.
- Escalation of delays to community teams and completion of Datix reports where appropriate.
- Meeting requested with Liverpool community team leaders to explore challenges regarding the supply of equipment for patients.
- Meeting set up with local area Social Work team to clarify their response to the Government's hospital service discharge requirements.
- CCGs notified of delay issues.

Expected date of compliance	31 st October 2020
Escalation route	Monthly ICD meeting, Directorate Q and S Group, Integrated Governance Committee, Quality Committee, Trust Board
Executive Lead	Joan Spencer, Director of Operations

Bed Occupancy:	Target	Sept 20	YTD	12 month trend
Solid Tumour Wards	G: ≥92%	Midday 78.9%	61.4%	
	A: 88-91.9% R: 88%	Midnight 74.9%	62.3%	

Reason for non-compliance

Although Solid Tumour inpatient ward occupancy has been rising every month since April 2020, performance was below the 92% target for all months in Quarter 2. The September 2020 position is:

- Average bed occupancy at midday was 78.9% (YTD 61.4%)
- Average bed occupancy at midnight was 74.9% (YTD 62.3%)

These figures are calculated based on a total of 51 beds.

There are no beds currently closed due to social distancing at CCC Liverpool, as all beds are in side rooms. There are currently 4 side rooms on Ward 3 which are left vacant for 'Red patients'

when there is a high clinical suspicion or confirmation of Covid-19 infection.


Failure to meet the target can be explained by the continued impact of Covid-19 on cancer pathways; mainly head and neck and gynaecology. However, data indicates that activity is increasing and therefore bed occupancy is expected to rise in the coming months.

The CUR non-qualifying rate reduced to 6.8% this month, indicating that the majority of patients were clinically in the right place for their care. There were 9 DTOCs in September, increased from 6 in August.

Action Taken to improve compliance

- The Patient Flow Team continue to drive discharge planning during the Covid-19 pandemic
- Weekly discharge meetings occur with MDT
- Weekly 'Lengthened Length of Stay' meetings have continued throughout the month of September with attendance of Matron, Service Manager/General Manager to ensure the flow of patients continues and any concerns are escalated
- Daily COW MDT meetings continue to allow discussion of all inpatients; this facilitates clear care planning

Expected date of compliance	31 st October 2020
Escalation route	Monthly ICD meeting, Directorate Q and S Group, Integrated Governance Committee, Quality Committee, Trust Board
Executive Lead	Joan Spencer, Director of Operations

Radiology Reporting: Outpatients	Target	Sept 2020	YTD	12 Month trend
(% within 7 days)	G: =>90% A: 80-89.9% R: <80%	87.7%	94.2%	

Reason for non-compliance

The inpatient targets have been achieved in all months in 2020/2021 so far. The outpatient target was achieved for July and August but is 87.7% for September, against a target of 90%.


Activity levels have recently increased due to repatriation of oncology work from LUFHT since the opening of Liverpool, placing greater demand on the radiology team. In addition there has been a reduced level of reporters due to annual leave.

Action taken to improve compliance

- An increased number of cases for outsourcing to Medica is now underway to try to manage the increased activity and keep the turnaround times within target.
- Secured additional reporting capacity from visiting radiologist; commenced in October 2020.
- An additional radiologist was recruited in December 2019, although they will not commence in post until 2021. The delay is due to Covid-19 and the inability for the candidate to travel to complete an essential examination (likely to take place Jan 2021).
- A further recruitment campaign is currently in progress with interviews planned for the end of October.
- The candidate that was previously postponed due to Covid-19 has also been invited for interview.
- A daily report is received by the senior imaging team to allow effective monitoring of reporting levels, facilitating timely reporting.

Expected date of compliance	November 2020
Escalation route	Directorate Performance Review Performance Committee, Trust Board.
Executive Lead	Joan Spencer, Director of Operations

2.3 Quality

% of Policies In Date	Target	Sept 2020	12 month trend
	100%	96%	
Reason for non-compliance <p>Although remaining high each month (July = 99%, August = 94%, September = 96%), the target has not been met in any month in Quarter 2.</p> <p>Out of a total of 267 policies, twelve were out of date, resulting in a compliance figure of 96%.</p> <p>Of the twelve policies, one was between three and five months out of date and the other eleven were between one and three months out of date.</p> <p>As of 14th October, five of the twelve policies are no longer overdue.</p>			

Action taken to improve compliance

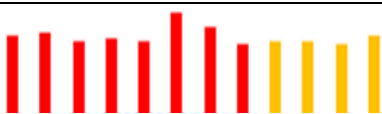
- Policy review reminders and instructions are sent to individual authors in advance of the review due dates.
- Regular “chaser” emails are sent to Document Owners.
- Out of date policy information is provided for review at monthly Directorate meetings.
- Bi-monthly Document Control update reports are tabled at the Information Governance Board.
- Promotion of policy self-management with Document Owners – ongoing.
- Targeted meetings being held between Information Governance staff and Document Owners – ongoing.
- Undertake comprehensive training/overview of QPulse functionality with Ideagen to investigate greater use of automation e.g. policy review reminders to Document Owners – Initial training cancelled April 2020 due to COVID-19 to reschedule for remote delivery by end of Quarter 3 2020
- Undertake comprehensive review and update of Document Control Policy – by end of Quarter 3 2020

Expected date of compliance	November 2020
Escalation route	Associate Director of Corporate Governance, Information Governance Board, Integrated Governance Committee, Quality Committee, Trust Board
Executive Lead	Liz Bishop, Chief Executive

2.4 Research and Innovation

There are no exception reports for Research and Innovation in month 4 as targets have not yet been agreed for 2020/21 due to Covid-19, as explained in section 3.4.

2.5 Workforce

Sickness Absence	Target	Sept 2020	12 month rolling	12 Month Trend (in month figures)
	G: ≤4%, A: 4.1 - 4.9%, R: ≥5%	4.62%	4.66%	
Reason for non-compliance The Trust 12 month rolling sickness absence is 4.66%, with the in-month sickness figure for September 2020 at 4.62% both have increased from August (4.08% in month and 4.64% rolling).				

The top three reasons for sickness absence, with the number of episodes for each are shown below:

	Absence Reason	Number of Episodes
1	Anxiety / Stress / Depression	43
2	Cold, Cough, Flu-Influenza	22
3	Chest & Respiratory Problems	21

Anxiety/Stress/Depression is the highest reason for absence in September 2020 for the fourth consecutive month. Absences for this reason continue to increase with 43 absences in September 2020 compared with 42 in August 2020 and 39 in July 2020. From these absence episodes, 14 were short term and 29 were long term. In total, 15 absences due to anxiety/stress/depression returned to work in September 2020, 18 new absences occurred and 25 continued from August 2020.

Of the 43 absences due to anxiety/stress/depression 12 were due to work related circumstances, 19 due to personal circumstances and 12 are unknown.

A breakdown of occurrences due to this reason by directorate is displayed below:

Directorate	Number of Episodes
Corporate	13 (decrease by 2 in month)
Chemotherapy Services	9 (remained static in month)
Integrated Care	11 (increase by 3 in month)
Radiation Services	4 (remained static in month)
Haemato-Oncology	3 (decrease by 1 in month)
Quality	2 (remained static in month)
Education	1 (increase by one in month)

The Corporate Directorate continues to have the highest number of absences due to this reason. The table below displays which areas/teams had the highest number of absences and whether these absences are work or personal related:

Team	Number of Episodes	Work/Personal/Unknown
SRG Tumour Groups (Admin Staff)	5	Personal x4 Unknown x1
IM&T	3	Work x1 Unknown x2
Patient Facing Liverpool	2	Personal x2
Waiting Times	1	Work x1
Access & Directorate Support	1	Work x1
Communications	1	Personal x1

Integrated Care continues to have the second highest number of absences due to anxiety/stress/depression. These occurrences are displayed below:

Team	Number of Episodes	Work/Personal/Unknown
Ward 2	5	Personal x4 Work x1
Ward 3	3	Work x3
CDU/Hotline	2	Personal x2
Interventional Team	1	Unknown x1

In relation to the 43 absences due to Anxiety/Stress/Depression, the secondary reason in ESR was recorded as follows:

Level 2 Reason	Number of Episodes
Anxiety	14
Stress	14
Depression	4
Other Psychiatric Reasons	3
Blank (no level 2 reason recorded)	8

Anxiety and stress continue to be the highest secondary reason recorded under this category. Depression has remained the same and Psychiatric Illnesses has increased by 1.

Cold/Cough/Influenza is now the second highest reason for absence across the organisation with 23 episodes. The area with the highest number of absences due to this reason was Radiation Services with 9 absences and all of these absences occurred within the Radiotherapy Wirral team. The area with the second highest number of absences due to this reason was Chemotherapy Services with a total of 7 absences. The Pharmacy team experienced 4 of these 7 episodes.









Chest and Respiratory Problems has not appeared in the Trust's top 3 absences since July 2020 however, absences due to this reason have increased in September 2020 to 21 episodes. A total of 11 episodes were recorded as Covid-19 related. The directorate with the highest number of absences due to Chest and Respiratory was Radiation Services with 10 episodes, 5 of these were Covid-19 related and were based within the Radiotherapy Wirral Team (2) and the Diagnostic Imaging Team (3). All but one of these absences was short term.

The area with the second highest number of absences due to Chest and Respiratory was Chemotherapy Services with 6 episodes in total, with just two of these were recorded as Covid-19 related. Outpatient Liverpool experiences the highest number of these absences with 4 episodes. All of these absences were short term.

Action Taken to improve compliance

- The introduction of a half a day Mental Health Awareness Course running virtually for staff throughout October and November 2020.
- The Trust has pledged its support to the [Nursing Times 'COVID-19: Are you OK?' campaign](#). The campaign recognises the impact that the pandemic has had on so many healthcare staff and the need for appropriate support to be in place for staff mental health and wellbeing.
- The Trust will be holding a virtual session run by Anna Herko on 'Building a Health Mindset'. The session will help to support staff in managing their assumptions, feelings and actions to cope with the current pressures facing them at home and in work.
- The Trust has 20 trained Mental Health First Aiders available for staff to contact for one to one support.
- Coffee Roulette has recently been launched, allowing staff to network with colleagues across the Trust.
- Health and wellbeing hub – available on the Trust Extranet which features supporting guides and resources.
- Team Time - a virtual forum of staff support. It is available for any team within the Trust to have a dedicated session (45 minutes) exploring the impact of Covid-19 on them, both professionally and personally. Team Time sessions are prepared, facilitated and supported by trained members of the Schwartz Round Steering Group.

Expected date of compliance	October 2021
Escalation route	Directorates, WOD Committee, Quality Committee, Trust Board
Executive Lead	Jayne Shaw, Director of Workforce & OD

Staff 'Friends and Family' Test	KPI	Target	Q2	YTD	12 month trend (Quarterly survey)			
	Recommend CCC as a place to work	G: =>95%, A: 90 - 94.9%, R: =<90%	66%	68%				
	Recommend CCC for care or treatment		93%	95%				

Reason for non-compliance

The Staff Friends and Family Test runs quarterly throughout the year in Q1, Q2 and Q4. The Staff FFT is not carried out in Q3 at CCC, as the questions are included in the National Staff Survey.

The table below shows the results and response rates for the last 4 quarters. The "would recommend" questions in the National Staff Survey have different response categories from the Staff Friends and Family Test, so these results are not directly comparable.

Staff FFT Questions	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21
"How likely are you to recommend this organisation to friends and family if they needed care or treatment"	87%*	96%	95%	93%
"How likely are you to recommend this organisation to friends and family as a place to work"	64%*	66%	73%	66%
Response Rates	66% (853)*	30% (431)	33% (491)	30% (457)

*Incorporated as part of NHS Staff Survey, results not directly comparable

Regarding the 'care or treatment' responses, the target of 95% has been narrowly missed in Q2 at 93%, following 2 quarters above target. For 'place to work', the target has not been achieved in any of the previous 3 surveys and the figure has declined 7% from 73% in Q1 to 66% in Q2.

The Trust's response rates are fairly static at 30% (equating to 457 online responses) in Q2, (which took place in August and September 2020) and 33% in Q1.

The Trust has undergone a significant period of change throughout 2019/2020 and it was anticipated that this would be reflected in any staff engagement activities. With the opening of the new hospital in Liverpool and experiencing new ways of working due to the Covid-19 pandemic, an impact on staff engagement, wellbeing and morale is inevitable.

The results also highlight that the Trust has key areas for development; also identified by listening to staff queries and concerns following the various new ways of working. This relates specifically to health and wellbeing, reward and recognition and supporting staff to embed new policies, processes and integrate services to support the delivery of new cancer pathways and models.

Action Taken to improve compliance

Health and Wellbeing:

- Continue to develop a health and wellbeing hub to signpost staff to resources and support to enable proactive management of personal and mental health
- The Trust has trained 20 Mental Health First Aiders across the Trust to support staff experiencing mental health issues and will continue to promote the individuals and their skillset across the organisation
- The Trust has developed a suite of training programmes to improve staff morale, wellbeing and help with dealing with significant change, for example, Mental Health Awareness and Building a Healthy Mindset When Dealing With Change
- During November and December we will be introducing Laughercise Team building sessions
- Celebrated Mental Health Awareness Day to raise staff awareness of varying mental

health issues, improving mental health and promoting services, courses and initiatives available to support staff

- The Trust has promoted a number of initiatives to encourage healthy lifestyle and mindset, for example, the Step Challenge and the 2020 Santa Dash
- The Trust recently ran a Coffee Roulette which enabled all staff to be randomly partnered with another member of the team to meet either socially-distanced or virtually to talk and enjoy some time away from the office. This aimed to increase staff engagement, increase awareness of other roles and implement the proven research that talking therapy alleviates stress

Reward and Recognition:

- The Trust is preparing to relaunch the monthly staff awards, which are currently on hold due to the impact of Covid-19
- The Trust continues to raise awareness of the importance of saying thank you via electronic thank you cards
- Implement the revised Long Service Policy recognising 5, 10, 20 and 40 years' service
- Launch an Annual Awards Celebration Event in 2020

Developing our Leadership Capability:

- Developed a leadership and management skills passport which provides a modular approach to the development of skills, knowledge and competence
- Launch 2 levels of leadership and management apprenticeship
- Planned and launched the first of a series of leadership masterclasses – Surviving and Thriving in Challenging Times delivered by Paul McGee, a leading speaker on leadership and change management

Further to the feedback included in the Staff Friends and Family Test, the Trust is keen to seek further feedback about ideas, innovation and concerns particularly in relation to the new hospitals in Liverpool. During Q3 the L&OD Team will be running a number of staff listening events as part of our approach to renewing our trust values.

Expected date of compliance	Q2 2021/2022
Escalation route	Directorates, WOD Committee, Quality Committee, Trust Board
Executive Lead	Jayne Shaw, Director of Workforce & OD

3. Detailed Reports

3.1 Access

3.1.1 Cancer Waiting Times Standards: CCC Performance

The CMCA Cancer Long Waiters Policy has been extended to include harm reviews for patients on a 31 day pathway who are treated on or after day 73. RCA's will be completed for each patient breaching 73 days and will be monitored through the weekly TOG meeting. Data and reviews will be presented in the Integrated Performance Report, to Sub Committees and Board. In the event of any harm, a clinical incident investigation, supported by the appropriate clinical teams, will be undertaken. Harm reviews will be shared with commissioners.

The Cancer PTL Development proposal will expand the weekly cancer 62 day PTL metrics to include greater tumour level detail and to align with the Faster Diagnosis Standard (FDS). The changes to the PTL submission will be implemented from November 2020.

Performance has been excellent in Quarter 2 with all cancer waiting times standards achieved in all months.

2 Week Wait

There was one 2 week wait breach in September due to an administration error at another Trust.

Day into CCC	Days @ CCC	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach
2WW breach to CCC: 14 days to 1 st app							
0	19		Ruling out of cancer	GP		Admin error at referring trust as referral sent to incorrect email distribution list.	Yes (not CCC)

62 Day wait from GP Referral to treatment

The 85% target is currently is being achieved at 98.5% for September (*final validation via national system 2 November 20).

Day into CCC	Days @ CCC	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach
Full breach to CCC: Patient received by CCC before day 38 but not treated within 24 days							
There were no full breaches to CCC							

Day into CCC	Days @ CCC	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach
Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days							
39	35	74	Breast	LUHFT	Pall Chemo	Patient choice; thinking time regarding treatment and choice of follow up appointment date.	No

62 Day Screening

There were no 62 Day Screening breaches for September.

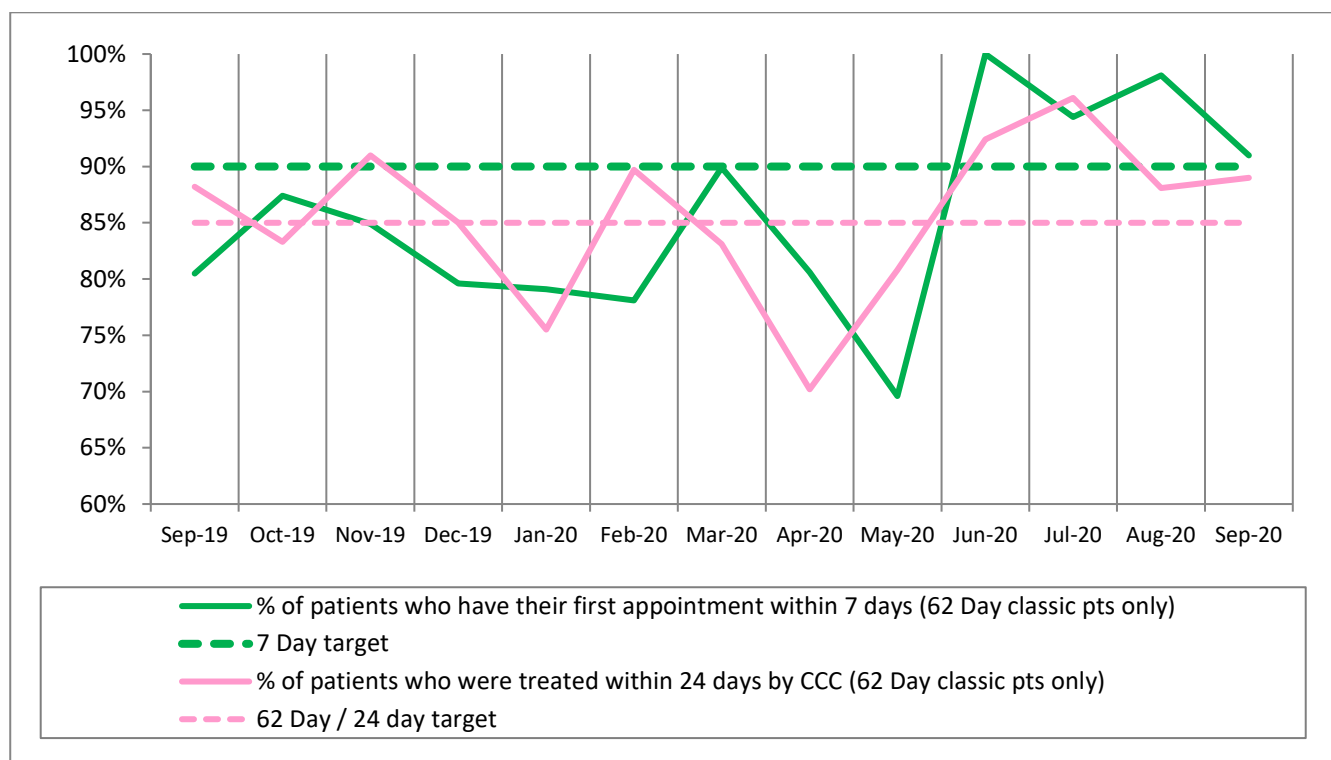
7 Day Performance (Internal Target)

7 day KPI for September 2020 is at 93.8% against a stretch target of 90%.

24 Day (Internal Target)

24 day KPI for September 2020 is at 88% against a stretch target of 85%.

24 day and 7 day performance can be seen in the following graph:



CCC continues to monitor 24 day performance for patients on the 62-day pathway. This is an internal target that aids breach avoidance for the system. 24 day awareness sessions continue to be available to all staff.

62 Day breaches by tumour group: 1/7/20 – 8/10/20

62 Day - CLASSIC									
Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Breast	6	0.5	57	33.5	63	34	90.48%	98.53%	
Lung	5	1	44	23	49	24	89.80%	95.83%	
Upper Gastrointestinal	19	1	18	11	37	12	48.65%	91.67%	
Lower Gastrointestinal	12	0	12	8.5	24	8.5	50.00%	100.00%	
Head and Neck	8	0.5	14	8.5	22	9	63.64%	94.44%	
Haematological (Excluding Acute Leukaemia)	7	2	11	7	18	9	61.11%	77.78%	
Gynaecological	7	0.5	7	3.5	14	4	50.00%	87.50%	
Urological (Excluding Testicular)	9	0	3	2.5	12	2.5	25.00%	100.00%	
Sarcoma	3	0	3	2	6	2	50.00%	100.00%	
Other	1	0	2	1.5	3	1.5	66.67%	100.00%	

28-day Faster Diagnosis Standard (FDS)

NHSE advised that the 28-day FDS (which was due to come into effect from Wednesday 1 April 20) will not be subject to formal performance management; however data will still be collected.

The NHS Operational Planning and Contracting Guidance 2020/2021 states that a target of 75% will be applied when this standard begins to be formally monitored.

The 28 day FDS target was achieved in September at 88%.

The breach details are as follows:

Day into CCC	Days to FDS	Tumour	Referring Trust	Diagnosis/ruling out of cancer	Reason	Avoidable Breach
28 Day FDS Breaches: Patient received at CCC to diagnosis or ruling out of cancer						
48	75	Haem	LUHFT	Diagnosis	Patient was referred from the Sarcoma pathway at another trust, required further diagnostic investigations and was required to stop medication prior to tests.	No

Patients treated on or after 73 Days

There were no 31 Day long waiting patients for September.

Patients treated on or after 104 Days

In September 2020, two patients were treated after day 104; referred on day 108 and 185 to CCC. Both patients were treated within twenty-four days by CCC.

Cancer Waiting Times Improvement Plan:

Key actions are underway as part of the Improvement Plan including:

- The 'Delivering the Faster Diagnosis Target' report was presented to the Performance Committee in September. The report highlights the work programme progress to date, the current 28 Day FDS position and details the strategy to introduce a Rapid Diagnosis Centre for HO to commence in January 2021.

3.1.2 Cancer Waiting Times Standards: Cheshire and Merseyside Performance

Cheshire and Merseyside Performance (until August 2020)

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Aug-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
C/S	2 week wait from referral to date first seen	↓	93%	90.3%	93.5%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↓	75% (shadow monitoring)	72.8%	75.3%	
C/S	62 Day wait from GP referral to treatment	↔	85%	78.4%	76.9%	

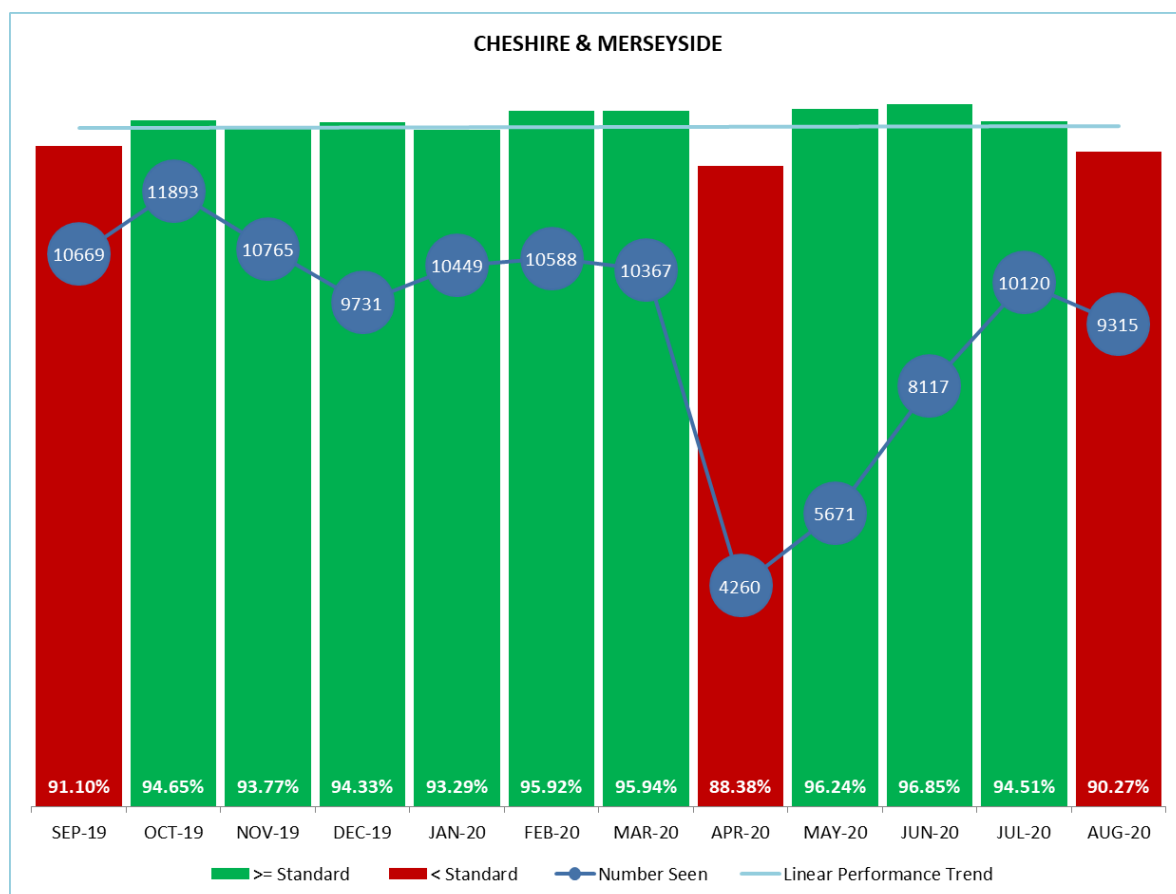
Notes:

Blue arrows are included for KPIs with no formal target and show the movement from last month's figure.

This section focusses on the last 12 month's performance for Cheshire and Merseyside as a whole, against the standards of 2 week wait, 28 day Faster Diagnosis Standard (FDS) and 62 Day wait from GP Referral to treatment. The latest available data for this wider regional performance is August 2020. A quarterly summary of performance will be provided in the M7 IPR, when September 2020 data is available.

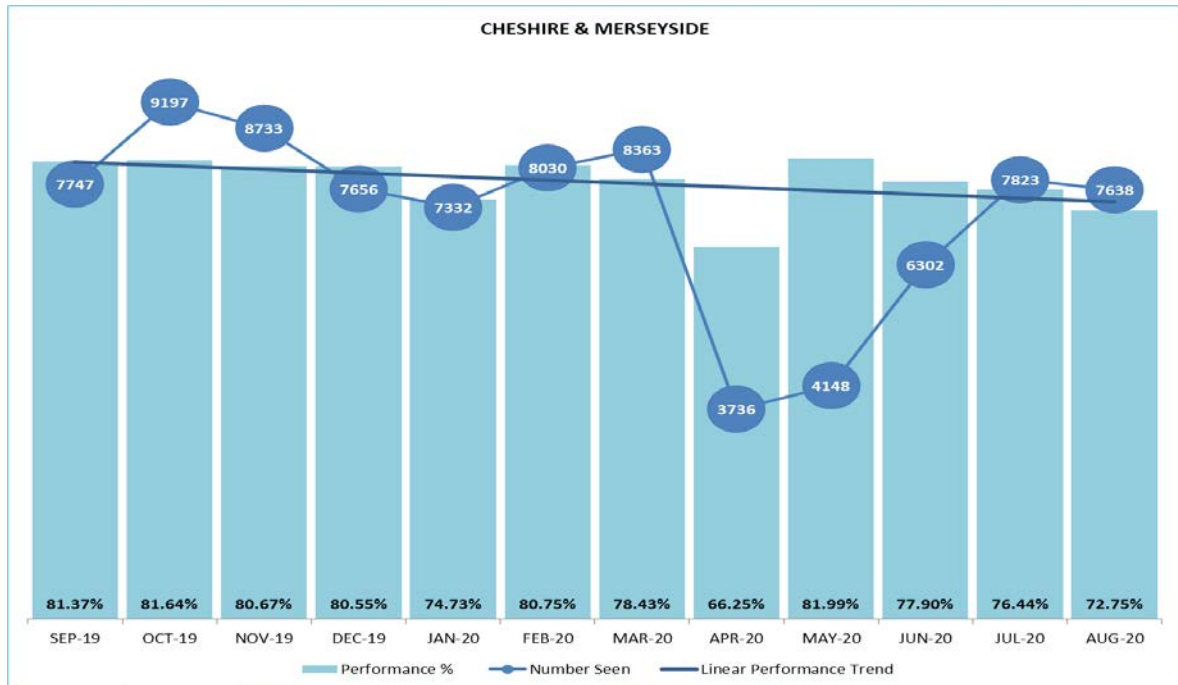
2 Week Wait

This chart shows the performance by month in Cheshire and Mersey, with a trend line and states the numbers of patients seen each month in the blue circles. The target has not been achieved for August 2020 at 90.3%.



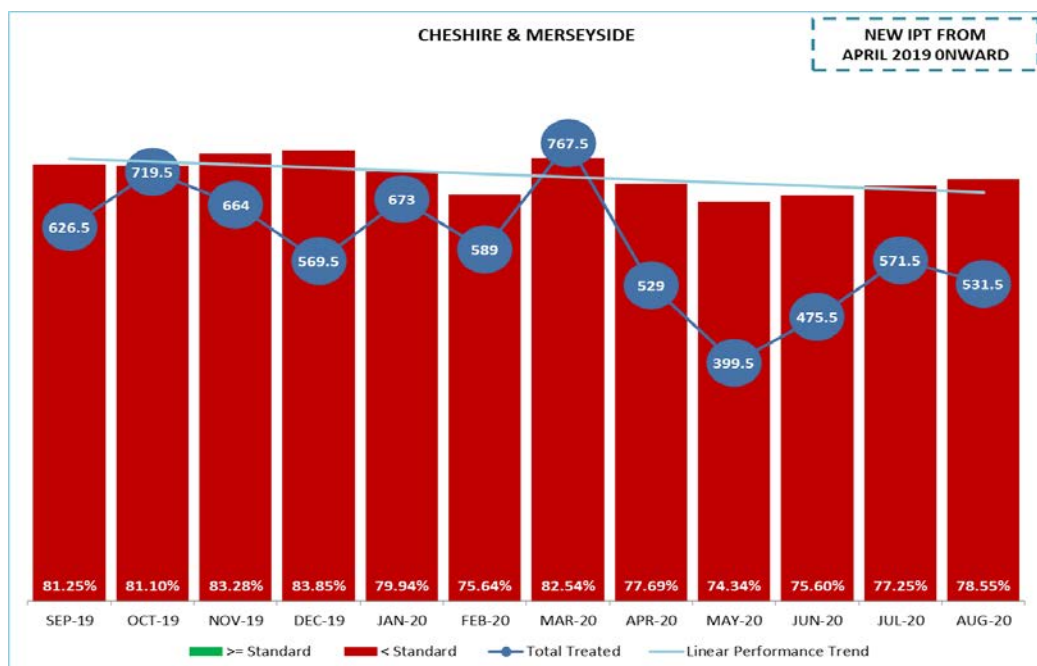
28 day Faster Diagnosis Standard (FDS)

This chart shows the performance by month in Cheshire and Mersey, with a trend line and states the numbers of patients seen each month in the blue circles. There is no RAG rating, as this standard is not yet subject to formal monitoring.



62 Day wait from GP Referral to treatment

This chart shows the performance by month in Cheshire and Mersey, with a trend line and states the numbers of patients seen each month in the blue circles. The 85% target has not been met in the last 12 months.

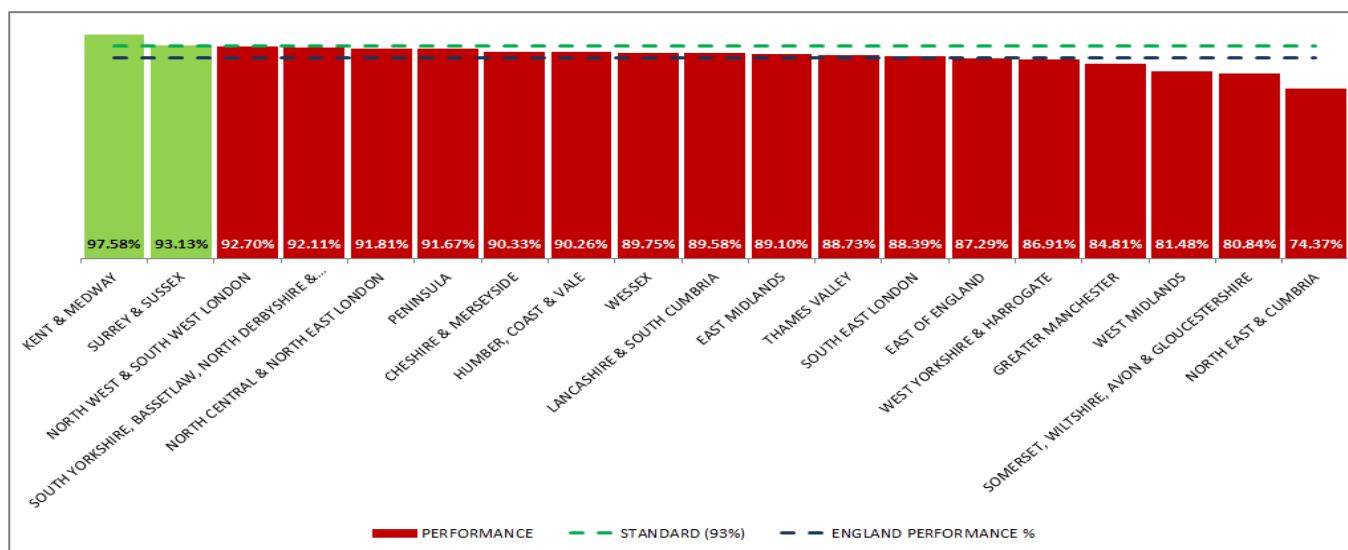


3.1.3 Cancer Waiting Times Standards: National Performance

This section focusses on National performance by Cancer Alliance, against the standards of 2 week wait and 62 Day wait from GP Referral to treatment. The latest available data for this national performance is August 2020. National data is not yet available for the 28 Day FDS as this is not yet subject to formal monitoring. A quarterly summary of performance will be provided in the M7 IPR, when September 2020 data is available.

Two week wait

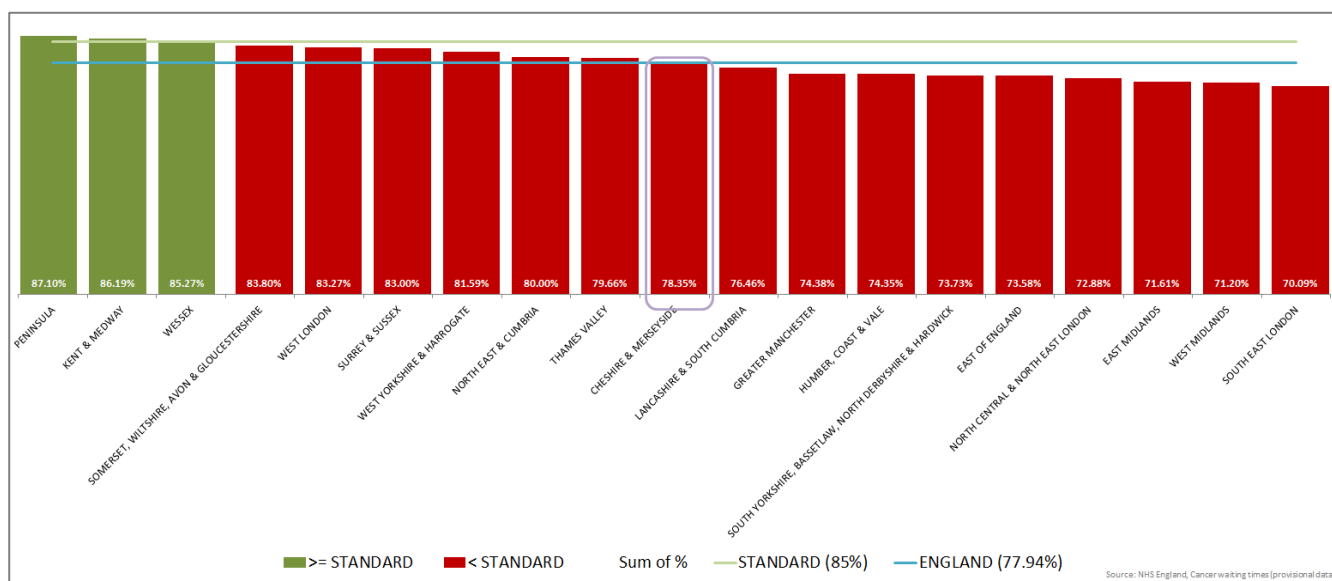
This chart shows the performance by Cancer Alliance for August 2020. Cheshire and Merseyside were the 7th best performing Alliance in August 2020 with 90.3% (down from 94.7% in July). The figure for England as a whole, of 87.7% is shown by the dotted blue line.



Source: NHS England, Cancer waiting times (provisional data)

62 Day wait from GP Referral to treatment

This chart shows the performance by Cancer Alliance for August 2020. The figure for England as a whole (77.94%) is shown by the blue line.



Source: NHS England, Cancer waiting times (provisional data)

This table shows the same data as in the chart above, by Alliance (A-Z), including numbers of patients treated within and outside of the 62 days and the numbers of breaches. Cheshire and Merseyside is unmoved since July at 10th out of 19.

CANCER ALLIANCE	TOTAL TREATED	TREATED WITHIN 62 DAYS	BREACHES	PERFORMANCE
CHESHIRE & MERSEYSIDE	526.5	412.5	114	78.35%
EAST MIDLANDS	873.5	625.5	248	71.61%
EAST OF ENGLAND	1315.5	968	347.5	73.58%
GREATER MANCHESTER	527	392	135	74.38%
HUMBER, COAST & VALE	288.5	214.5	74	74.35%
KENT & MEDWAY	315	271.5	43.5	86.19%
LANCASHIRE & SOUTH CUMBRIA	386.5	295.5	91	76.46%
NORTH CENTRAL & NORTH EAST LONDON	424	309	115	72.88%
NORTH EAST & CUMBRIA	725	580	145	80.00%
PENINSULA	589	513	76	87.10%
SOMERSET, WILTSHIRE, AVON & GLOUCESTERSHIRE	691.5	579.5	112	83.80%
SOUTH EAST LONDON	234	164	70	70.09%
SOUTH YORKSHIRE, BASSETLAW, NORTH DERBYSHIRE & HARDWICK	344.5	254	90.5	73.73%
SURREY & SUSSEX	714.5	593	121.5	83.00%
THAMES VALLEY	496.5	395.5	101	79.66%
WESSEX	573.5	489	84.5	85.27%
WEST LONDON	550	458	92	83.27%
WEST MIDLANDS	1083.5	771.5	312	71.20%
WEST YORKSHIRE & HARROGATE	529.5	432	97.5	81.59%

Source: NHS England, Cancer waiting times (provisional data from Oct18)

CHESHIRE & MERSEYSIDE
POSITION = 10/19

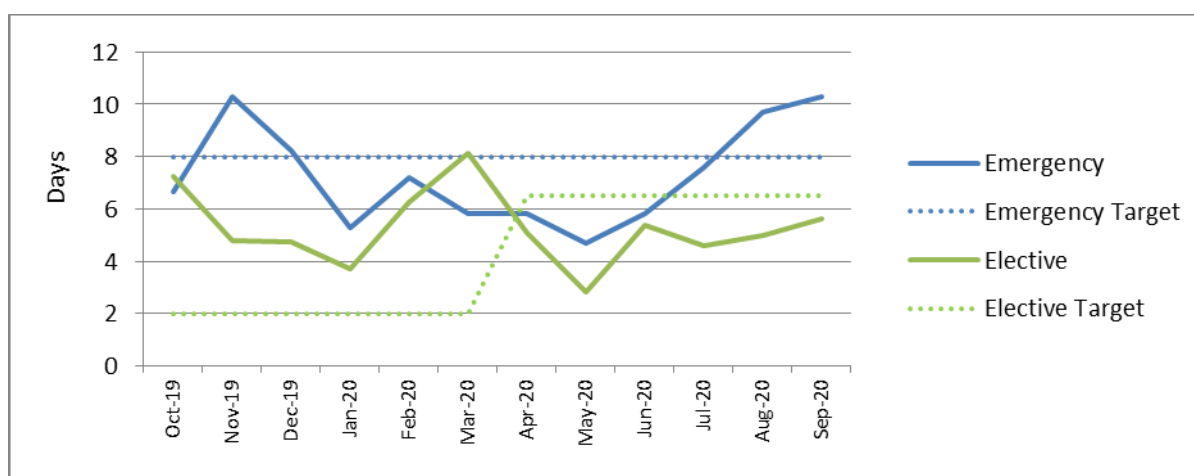
Second best performer
Top performer
Worst Performer
Third best performer

3.2 Efficiency

3.2.1 Inpatient Flow

Length of Stay (LoS): Solid Tumour Wards

This chart shows the elective and non-elective LoS for Solid Tumour wards against the targets.



Non-elective LoS for September 2020 was 10.4 days, 2.4 days above the Trust target of 8 days. Whilst the target was met in July; in August and September the non-elective LoS was above the Trust target.

The increased non-elective LoS can be explained by reduced bed capacity within hospices and increased COVID-19 related pressure on community services, leading to delays in the provision of essential equipment to support discharge.

Elective LoS for September 2020 is within the 6.5 day target, at 5.6 days. The elective LoS has been within target throughout the quarter.

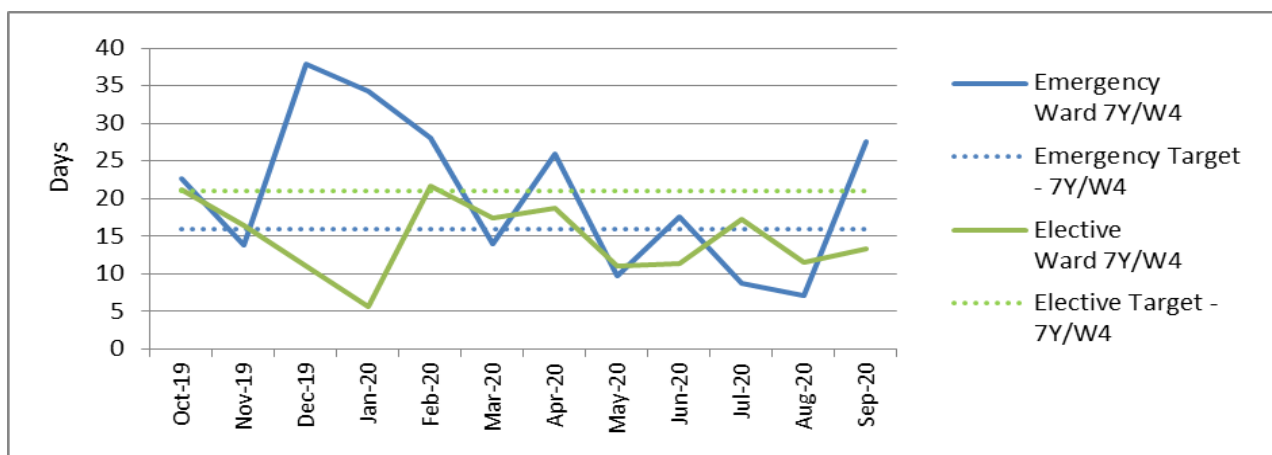
The number of DTOCs (delayed transfers of care) has increased from last month to 9 this month. There is no particular pattern of DTOCs this month, with patients experiencing delays as follows:

- Awaiting hospice bed
- Awaiting package of care for home
- Awaiting community equipment

The CUR non-qualifying rate was 6.8% for September. This shows a downward trend from the rate in July and August. Despite LoS being above target for September, and patients experiencing delays, the non-qualifying rate indicates that the majority of patients had a clinical need to be an inpatient at CCC.

Length of Stay: Haemato-Oncology – Ward 7Y / Ward 4(CCCL)

This chart shows the elective and non-elective LoS for HO ward 7Y/W4(CCCL) against the targets.



The LoS targets have been achieved by HO in all months in Q2 except September, when the non-elective LoS was 11.6 days above target at 27.6 days.

In a drive to reduce LoS, the HO directorate has completed a comparator HRG level benchmarking exercise and presented a report to the September 2020 Performance Committee. The key recommendation is to commence an AML and autologous ambulatory project. The next steps are:

- To commence this project once the new SCT Programme Director is in place in early 2021, (with a go live date July 2021). This appointment will increase consultant capacity to enable a dedicated consultant to lead the AML and autologous ambulatory project within the new CCCL. The move to CCCL will also provide an increase in bed capacity to support this service as well as rapid access to services such as the hotline and CDU.
- Manage this project together with the development of the ambulatory autologous stem cell transplantation service as an HO service improvement project.
- To undertake an audit of patients who are treated using the ambulatory model, following implementation. This will allow the inclusion criteria to be assessed and reviewed, so that further improvements and learning can be identified and shared.
- For the HO clinical team to conduct an audit of Lymphoma and Myeloma length of stay. This will be added to the HO audit program in September 2020.

As CCC's mutual aid support to LUHFT includes the transfer of a number of patients from Aintree with primary CNS lymphoma, requiring complex care, an increase in LoS is predicted. LoS targets may require a review in light of this change.

Bed Occupancy: Solid Tumour Wards

During the month of September 2020, the bed status was predominantly on Green, with no Red or Black days recorded. This follows the trend within the quarter.

Average bed occupancy for September 2020 for both Ward 2 and 3 at midday was 78.9% and 74.9% at midnight. Bed occupancy has been below the Trust's target of 92% for both wards in all months in Quarter 2, however, there continues to be an upward trend in line with recovery plans across the network.



It is apparent that some tumour groups have still not returned to normal levels due to the ongoing Covid-19 pandemic, with altered treatment regimes, and reduced referrals of new patients.

The CUR non-qualifying rate for September was 6.8%. This follows a downward trend throughout the quarter, remaining below the 10% internal target.

The inpatient wards are open to 51 beds, 22 on Ward 2 and 29 on Ward 3.

3.2.2 Radiology Reporting

This table displays the reporting turnaround times for inpatients and outpatients by month.

		Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Trend
Imaging reporting turnaround: inpatients within 24 hours	G: ≥90%, A: 80-89%, R: <80%	73%	74%	89%	79%	84%	92%	90%	99.5%	96.7%	91.4%	95.0%	92.9%	
Imaging reporting turnaround: outpatients within 7 days		75%	81%	95%	96%	86%	87%	95%	98%	98.1%	98.0%	91.5%	87.7%	

The inpatient targets have been achieved in all months in 2020/2021 so far. The outpatient target was achieved for July and August but is below the 90% target at 87.7% for September.

An increased number of cases for outsourcing to Medica is now underway to try to manage the turnaround times and keep them within target. In addition, a slight increase in reporting capacity from visiting radiologists has commenced in October 2020.

An additional radiologist was recruited in December 2019, though they will not commence in post until 2021. The delay is due to Covid-19 and the inability for the candidate to travel to complete an essential examination (likely to take place Jan 2021).

A further recruitment campaign is currently in progress with interviews planned for the end of October. The candidate that was previously postponed due to Covid-19 has also been invited for interview.

3.2.3 Patients receiving treatment closer to home

CCC delivers Systemic Anti-Cancer Treatment (SACT) therapies across the sector hub model to provide access to treatment closer to home. The Chemotherapy Directorate consistently achieves the target. Data for the last 12 months is displayed in the table below:

	Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Patients travelling 45 minutes or fewer to their clinic appointment.	90%	98%	98%	97%	97%	97%	96%	96%	96%	96%	97%	97%	97%

3.2.4 Covid-19 Recovery Activity

This section provides explanatory narrative for the Covid-19 'Phase Three Guidance' KPIs reported in the Covid-19 Recovery Activity scorecard.

The weekly Covid-19 Weekly Situation Report continues to be reported to Silver and Gold Command meetings every Thursday. A report outlining the Trust's latest assumptions regarding activity and finance will be submitted to the October 2020 Performance Committee.

Electives

Although the Covid-19 'Phase Three Guidance' target of 70% of 2019 activity for August 2020 was not achieved, at 67% (a reduction from 80% in July), the 80% target for September 2020 has been achieved, at 89%.

Within Solid Tumour and HO, elective activity has maintained a business as usual approach. Patients are screened pre-admission in line with Covid-19 guidance, ensuring effective patient flow and utilisation of beds.

For HO, outlier activity within LUHFT has reduced. This is due to the transfer to CCCL and access to the single side room model of care, minimising Covid-19 and other infection risks.

The Stem Cell Program activity has continued to resume in line with the service recovery plan and BMSBT recommendations.

Day Case

Since April 2020, day case activity per month has been between 36% and 57% of 2019 levels. This rose from April (39%) to July (57%), dipped in August (36%) and increased again to 50% in September.

As reported in the M5 IPR, the three reasons for the reported underperformance in day case activity are:

- A change in the coding of some systemic anti-cancer treatments (SACT), which means that day case activity is not expected to return to 2019 levels.
- A reduction in the number of patients having an allogeneic transplant:
 - Following the implementation of national guidance during the Covid-19 pandemic.
 - Due to the move into the new CCCL, to ensure patient safety, as stem cell patients are at a higher risk of infection and can become acutely unwell.
- An initial drop in two week rule referrals. These are now back to pre-pandemic levels for September.

Outpatient Appointments

The following Phase Three Covid-19 Guidance targets have been achieved since April 2020:

- Total OP appointments: above 100% of 2019 levels since April 2020.
- Follow up OP appointments: above 100% of 2019 levels since April 2020.
- % of all OP appointments which are by telephone or video: at least 68% per month against the 25% target.
- % of follow up OP appointments which are by telephone or video: at least 67% per month against the 60% target.

Full SRG recovery plans and reinstatement of local service provision have been implemented as per NHSE Phase 3 guidance. Higher levels of recovery have been reported since April 2020 as CCC successfully adopted digital solutions for remote new and follow up appointments and sustained service provision. The target of 90% for New OP appointments

has not been achieved for August, with 89% of 2019's activity; however the 100% target for September has been exceeded, at 116% of 2019's activity.

CCC are collaborating with the Cancer Alliance to support the strategy of supporting Patient Directed Open Access (PDOA) to stratify patient follow up, reduce the OPD attendance where possible and support system capacity for any backlog of new cancer referrals. The focus for the next 3 months is to stratify Breast Wirral patients back to local follow up.

Referrals

The Trust has assumed that referrals will increase above usual levels during Q3 as the wider system manages the backlog in diagnostic testing and elective activity. This will recover the reduced patient volumes experienced in Q1-Q2. However, any reduction to the planned restoration programs in the system will adversely impact CCC's referrals. This seems increasingly likely as Covid-19 related inpatient admissions are again rising within referring Trusts.

The Trust monitors levels of pathway activity across the area, and is included in the Cancer Alliance work to increase patient flow.

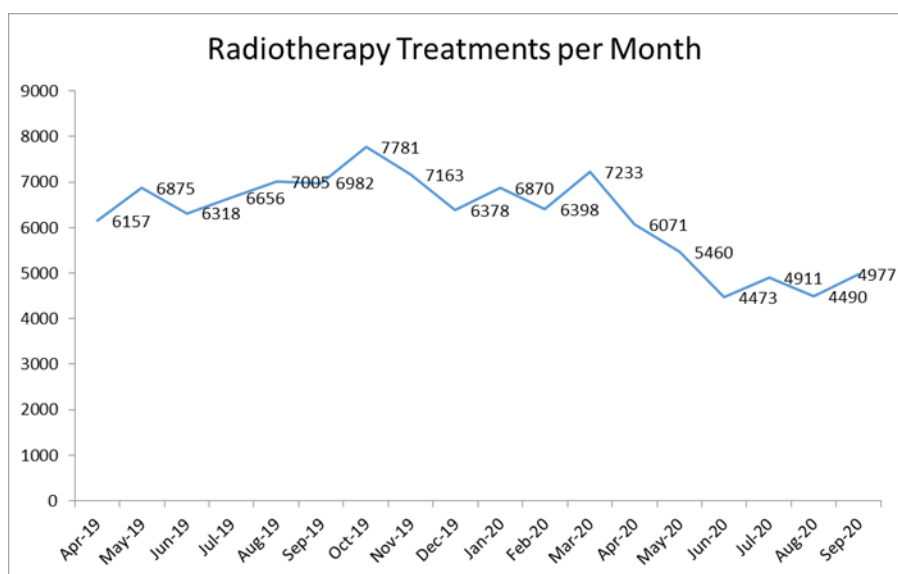
SACT Administration

From April 2019 to August 2020, SACT administration was between 66% and 94% of the same month in 2019. In September 2020, SACT activity has increased to 111% of September 2019's activity.

The Chemotherapy Directorate has worked to reinstate SRG recovery plans in line with the Phase 3 NHSE guidance. The activity includes a change in treatment regimens for Lung TKIs and prostate (extended treatments) and also the move to 6 weekly Pembrolizumab (from 3 weekly). In addition, future activity trends may continue to identify spikes in oral SACT delivery due to multiple cycles of treatments being dispensed within a given month, with fewer attendances but the same number of patients for these treatment groups. Therefore the 111% indicates increased activity over plan which in turn indicates robust recovery for cancer patients.

Radiotherapy Treatments

The chart below shows the number of radiotherapy treatments per month since April 2019. In September 2020, treatment was at 71% of 2019 totals, rising from 64% in August.



The number of radiotherapy fractions delivered per day has reduced due the changes in fractionation. Changes to breast fractionation accounts for the majority of this, however other changes to fractionation have been made to manage Covid-19 exposure. Approximately 50% of the patients referred for breast radiotherapy now have 5 fractions instead of 15.

The average utilisation on the Linacs from January 2020 to March 2020 was 93.5% with an average number of 320 fractions delivered per day. Since the end of March there has been a steady reduction in fractions delivered per day, with 225 in September.

Over the last 6 months, the radiotherapy department has been transferring linacs from CCCW to CCCL and therefore the numbers of linacs available for use has been fluctuating monthly. One of the linacs at CCCW and one at CCCA are currently being used as service efficiency machines and staff have been redeployed to cover absence. Taking into account the two linacs used as service efficiency machines, the linac utilisation for September 2020 rises from an average of 59% to 73%.

Diagnostic Imaging

The Phase Three Covid-19 Guidance targets of 90% of 2019 CT activity by September and 100% by October have already been achieved, with 150% in July 2020, 179% in August 2020 and 170% in September.

The Phase Three Covid-19 Guidance targets of 90% of 2019 MRI activity by September and 100% by October have been achieved in August 2020, at 112% of August 2019 activity. The target was also exceeded in September, at 128%.

CT and MRI activity continues to increase in M6 due to:

- Increased activity from HO for inpatients (opened mid-September).

- Repatriation of radiotherapy planning for stereotactic radiosurgery MRI patients from The Walton Centre for Neurology and Neurosurgery.

Ultrasound activity has also increased significantly during Quarter 2, with 267% of 2019 levels in M4, 247% in M5 and 303% in M6. This is due to:

- HO demand (inpatient and outpatient).
- Increased in-patient/CDU activity.

The Trust is continuing to participate in the mutual aid scheme, with a similar number of repatriated patients as for M5, patients from COCH, WUTH and LUHFT (the latter is largely CT, with MRI and US scans on a more ad hoc basis because of lack of capacity).

Stem Cell Transplants

In Quarter 2, 8 patients were discharged following stem cell transplant in July, 6 in August and 6 in September 2020, against a target of 9 patients per month. At the end of Quarter 2 there were 27 patients YTD against a target of 50 YTD.

Due to the move into CCCL, the stem cell program admissions were reduced. This step was taken to ensure patient safety, as stem cell patients are at a higher risk of infection and can become acutely unwell.

Recovery actions in place include:

- A full restoration plan is in place.
- TCI dates set post move to CCCL.
- Continuous review of patients at weekly transplant MDT meetings.

Recovery of activity to plan is expected by November 2020.

3.3 Quality

Please see the quality scorecard in section 1 and the quality exception reports in section 2 for details of non-compliance and actions in place to improve performance for quality KPIs. The Quality Committee receives a series of additional papers that provide the details of any challenges regarding performance. From December 2020 a full Quality section will start to be included in the quarterly version of the IPR to Board.

The quarterly complaints report (covering Quarters 1 and 2) is provided below.

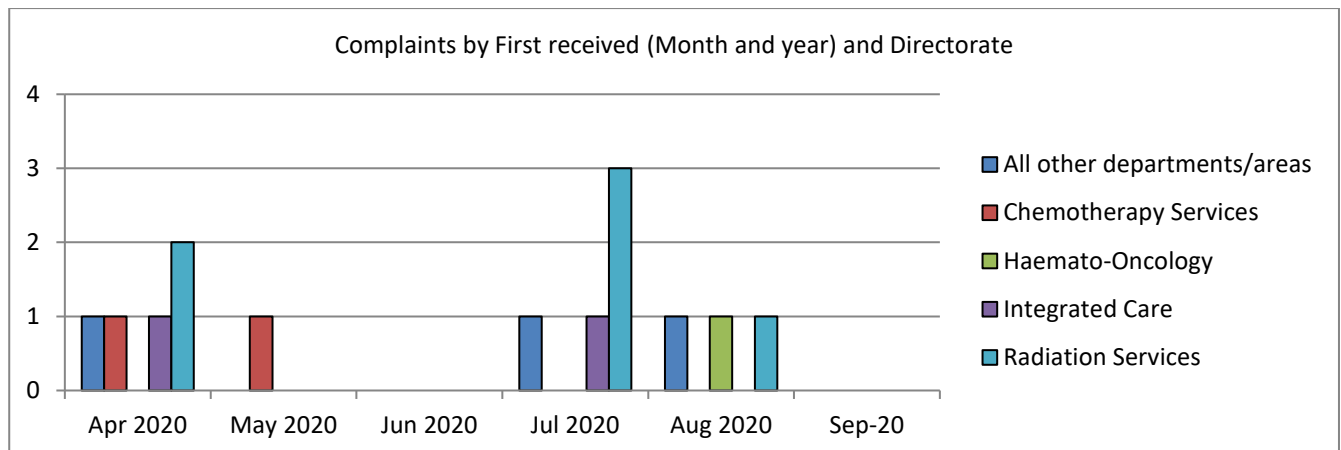
During Q1 of 2020 8 formal complaints were received, however 2 of these complaints were rejected and therefore there were 6 formal complaints in Q1.

During Q2 of 2020 8 formal complaints were received, however 1 complaint was closed by the complainant as the issue had been resolved and therefore it will not be included further in this report. No complaints were rejected.

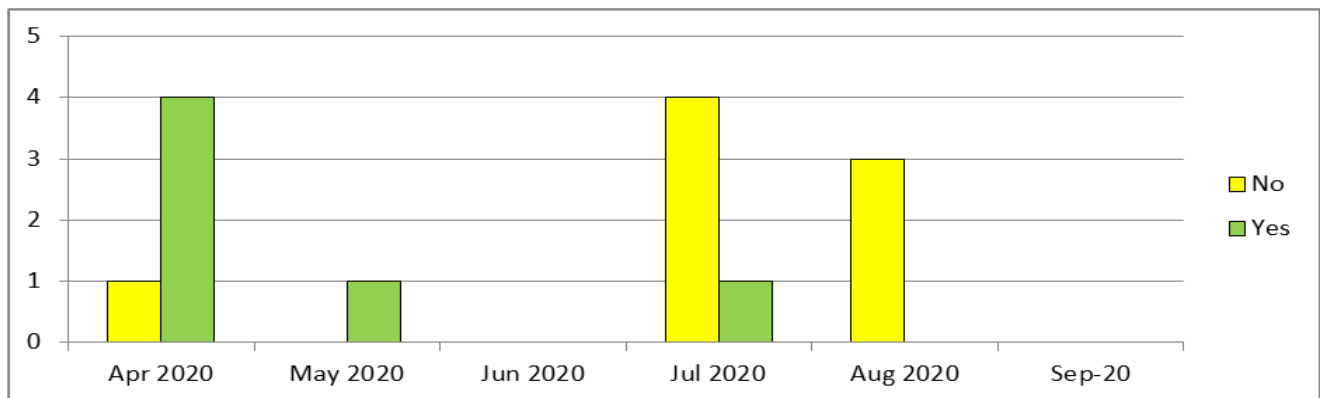
This table shows the reasons for rejection of the 2 complaints in Q1:

ID	First received	Directorate admitted	Description	Reason for Rejection
112	01/06/2020	Chemotherapy Services	Letter of complaint received from daughter of a patient with liver cancer who is extremely worried that after shielding, CCC has now asked him to attend for blood tests to recommence his treatment.	Clinical team responded and arranged for DN to visit to obtain bloods and delivery of meds will be arranged if go ahead is given. Patient and family have stated they are happy with the care they are receiving from CCC and this was a concern rather than a formal complaint. Therefore complaint rejected and closed.
109	04/05/2020	Chemotherapy Services	Complaint received from daughter on behalf of patient due to the Trust decision to refuse his chemotherapy treatment during Covid -19.	Patients' daughter was complaining on behalf of patient, however unbeknown to the daughter the patient had been contacted by the clinical team the day after the complaint was received, to discuss the commencement of chemotherapy for him and a date for start of treatment had been agreed, thus resolving the daughters concern. Daughter has been notified of the complaint rejection and the reason for this as above.

This chart shows a breakdown of the complaints received in Q1 & Q2 by Directorate:



This chart shows complaints received in Q1 & Q2 (by month) and whether or not COVID-19 had an impact:



The 6 complaints received in Q1 are as follows:

ID	First received	Directorate admitted	Description
111	24/05/2020	Chemotherapy Services	Patient complaint regarding not being offered immunotherapy as a second line treatment option.
102	02/04/2020	Integrated Care	Son of patient complained about conflicting advice being given by nurses to his father regarding his medication.
108	27/04/2020	All other departments/ areas	Complaint received via MP on behalf of patient who is concerned that the clinical trial she was referred to is no longer taking new patients due to COVID-19 pandemic.
104	06/04/2020	Radiation Services	Patient in nursing home had a telephone conversation with consultant without husband being present, despite documentation that husband must be included in all conversations with his wife due to her reduced capacity.
103	02/04/2020	Radiation Services	MP complaint on behalf of constituent who is concerned about the lack of certainty as to when his radiotherapy will begin, as due to the coronavirus pandemic, his treatment has been suspended for 3 months.

ID	First received	Directorate admitted	Description
105	17/04/2020	Chemotherapy Services	Patient complaining that her NHS treatment has been suspended and the same treatment is not being offered privately. Patient is requesting this decision to be reviewed.

The 7 complaints received in Q2 are as follows:

ID	First received	Directorate admitted	Description
122	20/08/2020	All other departments/areas	Complainant regarding wording in clinical letters being incorrect.
121	11/08/2020	Radiation Services	Complaint is regarding delays in scan results being communicated to patient.
120	06/08/2020	Haemato-Oncology	Pts wife complaining that Pt missed doses of Pentamidine which may have contributed to his deterioration and subsequent death.
119	29/07/2020	Integrated Care	Long delay for an in-patient's transfer from CCCL to LUHT.
118	28/07/2020	Radiation Services	Complaint that patient's secondary cancer in the liver was undetected for a longer period following initial test for breast cancer.
115	09/07/2020	Radiation Services	Complaint that the dangers of re-irradiation were not properly explained to patient.
114	07/07/2020	Radiation Services	MP requesting CCC outline why patient has been transferred for treatment in Liverpool and if this is unavoidable, what support he can receive to address the costs of travel.

Complaints and Covid-19

The whole of Quarter 1 complaints has been during the Covid-19 pandemic. There have been significant changes to NHS service provision across the country. These changes included the NHS complaints process timelines which have been relaxed during this time in order to allow Trusts to prioritise the necessary clinical changes required to respond to the pandemic. The Parliamentary Healthcare Ombudsman also made the decision to close to all new requests for complaint investigations and only re-opened on 1st July 2020.

In response to this relaxation of timescales, CCC altered the acknowledgement letters that were sent to new complainants to explain that whilst the Trust would continue to aim to respond to concerns/complaints within 25 working days (internal target), it may not be possible due to the Covid-19 pandemic. Complainants were also notified (in complaint responses) of the temporary closure of the Parliamentary Healthcare Ombudsman and were directed to the PHO website for further information about their re-opening date if they were dissatisfied with the Trust response.

The Trust has also been unable to offer an initial or final face to face meeting with complainants and/or their families but have offered telephone /video consultations in their place. To date no complainants in Q1 have requested a meeting.

As the Trust moves into the recovery phase of the Covid-19 response and the move into CCCL has been completed, the clinical directorates and departments have re-prioritised complaint investigations and all outstanding complaints from the financial year 2019/20 have been closed within Q1.

Over Q2 there have been no complaints received related to Covid-19 issues.

Breakdown of complaints received in April 2020: Updated for Q2

ID	First received	Directorate admitted	Reply due	Reply completed	Complainant informed of delay?
102	02/04/2020	Integrated Care	04/05/2020	04/05/2020	No delay
108	27/04/2020	Research	29/05/2020	15/07/2020	Yes – via email, pt kept fully informed of delays due to accessing information from another Trust
104	06/04/2020	Radiation Services	06/05/2020	05/06/2020	Yes – via letter dated 28/04/2020 as Consultant involved was known to be off on sickness leave with no initial return date known, therefore unable to discuss complaint with consultant until they returned.
103	02/04/2020	Radiation Services	04/05/2020	06/05/2020	No
105	17/04/2020	Chemotherapy Services	19/05/2020	20/05/2020	Yes – via telephone and email

CCC Trust policy allows 25 working days from receipt of a formal complaint until the response must be sent to a complainant. If this deadline is not achievable for any reason, the complainant must be notified of the delay and a new completion date agreed.

As highlighted in the table above, 5 of the 6 complainants have been kept informed of all delays. One complaint response was 2 days overdue but the complainant was not informed of the delay, this was due to increased workload as a result of Covid-19.

Breakdown of complaints received in May 2020: Updated for Q2

ID	First received	Directorate admitted	Reply due	Reply complete	Complainant kept informed of delay
111	24/05/2020	Chemotherapy Services	22/06/2020	15/07/2020	Yes

Breakdown of complaints received in June 2020

There were no formal complaints received in June 2020.

Breakdown of complaints received in July 2020

ID	First received	Directorate admitted	Reply due	Replied complete	Complainant kept informed of delay
114	07/07/2020	Radiation Services	04/08/2020	15/07/2020	n/a
118	28/07/2020	Radiation Services	25/08/2020	11/09/2020	Yes
115	09/07/2020	Radiation Services	06/08/2020 09/10/2020		Yes - new date agreed as CCC requested independent opinion of the medical plan
119	29/07/2020	Integrated Care	30/10/2020		Yes - waiting information from another Trust

Breakdown of complaints received in August 2020

ID	First received	Directorate admitted	Reply due	Replied complete	Complainant kept informed of delay
120	06/08/2020	Haemato-Oncology	04/09/2020	Meeting held with the family 21/09/2020	Yes
122	20/08/2020	All other department s/areas	24/09/2020	11/09/2020	
121	11/08/2020	Radiation Services	10/09/2020		Patient requested complaint process is paused as wanted to add more queries. Has since stopped contacting the Trust ?undergoing surgery.

Breakdown of complaints received in September 2020

There were no formal complaints received in September 2020.

Complaints where CCC is not the lead organisation

During Q1 CCC was asked to contribute to 4 complaints being led by other Trusts, see table below.

Two of these complaints have been investigated and closed with no actions for CCC. 2 complaints remained under review within the directorates in Q1, they have now been updated in Q2.

ID	First received	Directorate admitted	Description	Reply completed	Lessons learned	Outcome code
107	27/04/2020	Radiation Services	Multi-trust complaint being led by Aintree with one question for CCC to address. The question relates to the decision to not commence chemotherapy/radiotherapy due to a delay in surgery.	03/06/2020	None - Due to events that occurred at other Trusts the patient was delayed in being referred to the breast MDT for discussion. The MDT took the decision that the "therapeutic window" for adjuvant chemotherapy to be of benefit had passed.	Not Upheld
106	23/04/2020	Radiation Services	Multi-Trust complaint being led by COCH. Complainant feels his diagnosis of oesophageal cancer was delayed. Patient requested CCC to comment on the impact of prognosis regarding diagnosis delay.	29/06/2020	Patient was treated promptly and correctly by CCC . PET CT scan reported correctly and results communicated promptly and appropriately. No aspect of the complaint related to care provided by CCC	Not Upheld
110	14/05/2020	Radiation Services	Multi-Trust complaint being led by Warrington querying delays to treatment.	06/08/2020	Patients/ relatives would have greater understanding of medical notes if read with the support of a clinician.	Not Upheld
113	19/06/2020	All other depts/areas	Multi-Trust complaint with ST&HK leading. The complainant is confused over when her daughter received a definitive cancer diagnosis and delay with scan results.	27/08/2020	Improved process for escalation of radiology reports to external reporting company to avoid delays for patients	Partly Upheld

During Q2 CCC were asked to contribute to 5 complaints being led by other Trusts, see table below:

ID	First received	Directorate admitted	Description	Replied completed	Lessons learned	Outcome code
123	08/09/2020	Haemato-Oncology	Multi-Trust complaint with LUFT leading. Wife of deceased patient has raised 3 concerns regarding the Clatterbridge Cancer Centre	Remains under review		

ID	First received	Directorate admitted	Description	Replied completed	Lessons learned	Outcome code
126	28/09/2020	Chemotherapy Services	Multi-Trust complaint from daughter of patient with COCH leading with input from CCC re: communication issues.	Remains under review		
124	08/09/2020	Chemotherapy Services	Multi-Trust complaint with STHK leading. Query raised about communication between Dr and patient.	Under final approval process		
125	22/09/2020	Haemato-Oncology	Multi-Trust complaint with LUFT leading, with input from CCC for 1 query.	Remains under review		

Complaints Closed

This table shows all the complaints closed during Q1 along with the number of working days taken to respond. The average number of working days to respond to a complaint was 33.

ID	First received	Directorate admitted	Description	Reply due	Closed	Lessons learned	Outcome code	Working days between received and replied
102	02/04/2020	Integrated Care	Conflicting advice being given by nurses regarding reduction of steroids.	04/05/2020	04/05/2020	Ensure communication within the team is accurate when passing messages. Review of information given regarding reducing the doses of steroids if patients cannot attend appointments for SACT assessment.	Partly Upheld	21
103	02/04/2020	Radiation Services	Concern about the lack of certainty as to when radiotherapy will begin as treatment has been suspended for 3 months.	04/05/2020	06/05/2020	No lessons to be learned. CCC was following all revised guidelines in light of the Covid 19 pandemic.	Not Upheld	23
100	25/03/2020	Radiation Services	Consultant didn't make a speech & language therapy referral	24/04/2020	03/06/2020	The leaflet entitled 'About the Speech and Language Therapy Service' is now included in the information pack received by head and neck patients when they first attend the Radiotherapy department.	Not Upheld	47
105	17/04/2020	Chemotherapy Services	NHS treatment has been suspended and treatment is not being offered privately. Patient is requesting this decision to be reviewed.	19/05/2020	20/05/2020	Some processes within CCC had to be significantly altered during the Covid 19 pandemic and this had an effect on this patient's management. However all correct processes were followed according to the new guidelines.	Not Upheld	23
98	24/03/2020	Chemotherapy Services	Concern that it took 2 weeks to have an 'urgent' appointment, after which the patient was delivered a very poor prognosis over the phone.	23/04/2020	04/05/2020	No lessons to be learned. CCC were following all revised guidelines in light of the Covid 19 pandemic.	Not Upheld	28
94	26/02/2020	Radiation Services	Complaint about the period of follow-up as complainant believes it was inadequate for the tumour type his wife had.	25/03/2020	01/05/2020	All Consultants reminded of the need to ensure reasons for discharging a patient from follow up are clear and correct and that the patient is given the opportunity to question the discharge if they feel it is inappropriate.	Partly Upheld	46

ID	First received	Directorate admitted	Description	Reply due	Closed	Lessons learned	Outcome code	Working days between received and replied
97	18/03/2020	Chemotherapy Services	Letter of complaint forwarded by Case Manager at Noble's, IOM. Wife of a patient complained about her husband's appointment at CCC and transfer of care to another hospital. (Note: with consent indicated on letter).	17/04/2020	23/06/2020	The Clatterbridge Cancer Centre has contacted Nobles Hospital and now has access to their electronic system which supports the greater transparency of patient information and appointments. The Head of Administration Services will ensure the administration team are made aware of how to access the Nobles' system correctly and effectively.	Not Upheld	69
101	19/03/2020		Letter received from an MP requesting CCC to address comments from CCG re: breaches to 62 day target for constituents of West Lancashire.	20/04/2020	01/04/2020	The CCC has introduced a closely monitored internal target of 7 days from referral to CCC to the patient's first appointment. This supports the achievement of treatment within 24 days. A number of administration processes have been streamlined as a result of focussing on this period in the pathway.	Partly Upheld	10

This table shows all complaints closed during Q2 along with the number of working days taken to respond.

The average number of working days to respond to a complaint was 50. Despite a significant rise in the average number of working days taken to reply to a complaint, it should be noted that all complainants were made aware of the reasons for the delays and had new response dates agreed, therefore we remain compliant with policy.

ID	First received	Directorate admitted	Description	Reply due	Closed	Lessons learned	Outcome code	Working days between received and replied
114	07/07/2020	Radiation Services	Email from MP on behalf of patient whose care been transferred from Wirral to Liverpool. MP is requesting CCC outline why patient has been transferred for treatment in Liverpool and if this is unavoidable, what support he can receive to address the costs of travel.	04/08/2020	15/07/2020	Unfortunately some patients are going to feel disadvantaged by relocation of services. However, explanations need to focus on the benefits to quality and safety	Not Upheld	6

ID	First received	Directorate admitted	Description	Reply due	Closed	Lessons learned	Outcome code	Working days between received and replied
111	24/05/2020	Chemotherapy Services	Patient making a complaint about not being offered immunotherapy as a second line treatment option.	22/06/2020	15/07/2020	Not all patients like telephone clinic appts. Changes in processes for Covid are causing some concerns to patients.	Not Upheld	37
85	01/07/2020	Radiation Services	Complaint from wife of deceased patient is being coordinated by The Walton Centre. They have identified that there is a section of the complaint that requires a response from CCC. This concerns the way that distressing information re prognosis was delivered at a consultation.	29/07/2020	13/08/2020	Could not identify any lessons to be learnt from this complaint as expected high standard of care was provided	Not Upheld	31
95	09/03/2020	Radiation Services	Multi-trust complaint being led by Customer Care Team at Midlands & Lancashire CSU.	06/04/2020	27/08/2020	There should be sufficient numbers of staff in any clinical team to avoid service disruption in cases of unexpected absence. If appointments are cancelled due to absence, clinical staff must consider whether alternative arrangements need to be made to address any outstanding issues such as communication of results or unresolved pain.	Partly Upheld	123
110	14/05/2020	Radiation Services	Multi-Trust complaint being led by Warrington querying delays to treatment.	12/06/2020	06/08/2020	Patients/ relatives would have greater understanding of medical notes if read with the support of a clinician.	Not Upheld	60
108	27/04/2020	All other departments/areas	Complaint received via MP on behalf of patient who is concerned that the clinical trial she was referred to is no longer taking new patients due to COVID-19 pandemic.	29/05/2020	15/07/2020	No lessons to learn - clinical trials were suspended due to the covid 19 pandemic and CCC followed national guidance.	Not Upheld	57

ID	First received	Directorate admitted	Description	Reply due	Closed	Lessons learned	Outcome code	Working days between received and replied
116	07/07/2020	Chemotherapy Services	Multi-trust complaint being led by NHSE/I, issues for all health services involved in the management of the patient's care.	06/08/2020	27/08/2020	Consultants to be mindful of use of analogies when delivering bad news.	Not Upheld	37

In July 2020 the revised Complaints and Concerns Policy, along with the accompanying SOP and document templates, was approved and added to the Extranet. The policy clearly sets out the responsibilities of all staff in relation to complaints management. In September 2020, a further step in the complaint response sign off process was added and the SOP updated accordingly.

Q2 has shown increased compliance with the complaints management process when compared to Q1, with 100% of responses being completed and sent to the complainant either within the 25 working day internal target, or within amended dates agreed with the complainants.

Conclusion

During Q1 and Q2, CCC received 13 formal complaints.

Over Q2 the average number of working days taken to provide a response to a complaint has risen, however all complainants were kept updated of the reasons for the delays with new response dates agreed with them.

During Q3 the clinical directorates and departments involved in complaint responses will review their local complaint management processes in order to improve compliance with the 25 working days internal complaint response target.

3.4 Research and Innovation

3.4.1 Achievement Highlights for September 2020

Conferences

- Professor Palmieri gave an oral presentation at ESMO in late September 2020 on the initial analysis of the >7,000 cancer cases in CCP-UK there will be comparison data to the non-cancer cohort (circa 60,000).
- CCC ECMC team has been named as one of the key sites for the RAGNAR study globally in their recently published Poster at ESMO 2020 (PI: Professor Dan Palmer, multiple disease areas).

Publications

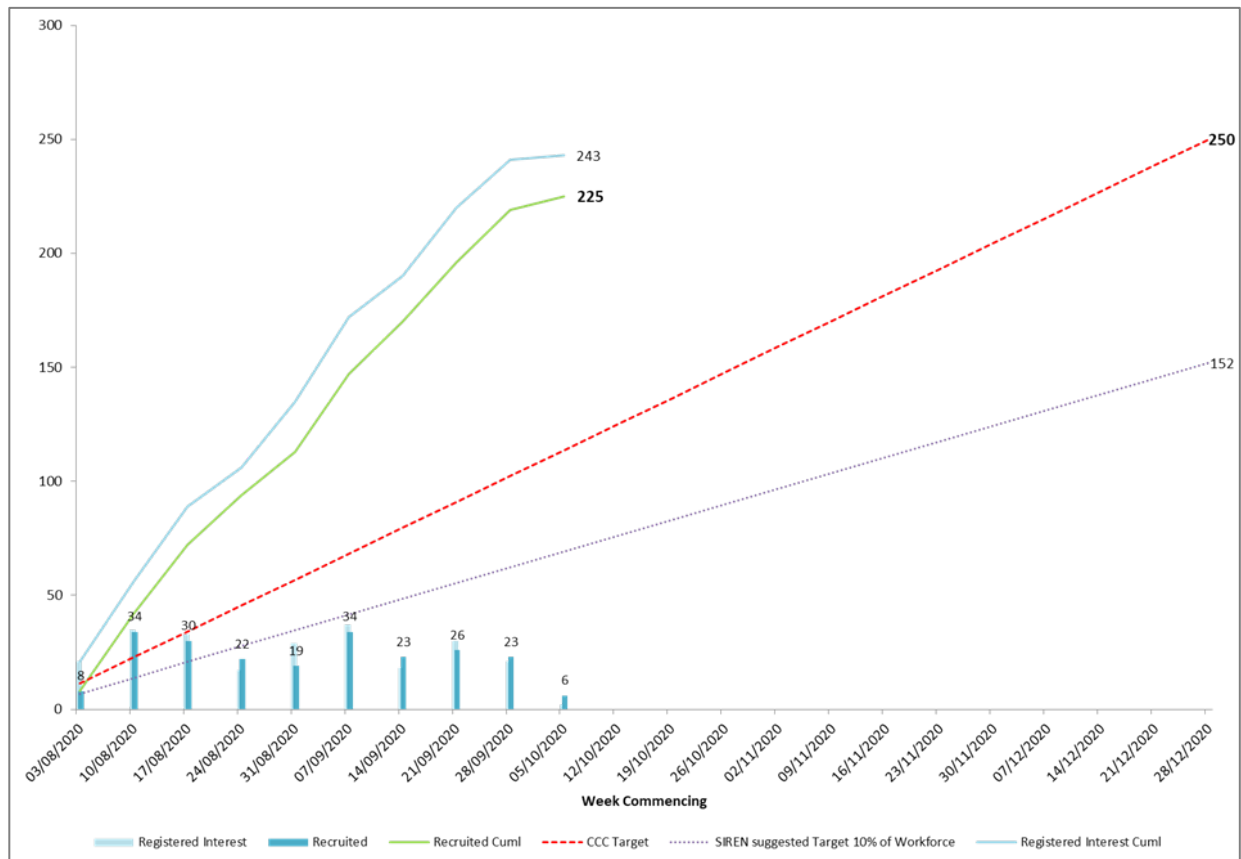
- Dr Syndikus has had a paper published in Clinical and Translational Radiation Oncology for the PIVOTALboost study. Publication title: PIVOTALboost: A phase III randomised controlled trial of prostate and pelvis versus prostate alone radiotherapy with or without prostate boost (CRUK/16/018).

Recruitment

- CCC randomised the first patient in the UK to the Reecur study in 6 months since the start of lockdown. The team were congratulated by the Sponsor and CI. (PI: Dr Ali, Sarcoma)

Siren Study

The Clatterbridge Cancer Centre opened to recruitment for the SIREN study this August 2020 (PI: Professor Kalakonda, Co-PI: Dr Khanduri). Current recruitment against targets is shown below and is well ahead of schedule. Recruitment nationally has been extended to the End December 2020:



3.4.2 Clinical Research Recovery Plan

As of 22nd May 2020 recruitment onto clinical trials and studies was unpaused.

Investigators have been encouraged to open pre-existing and paused studies as long as:

- Safety of patients and staff is not compromised.
- External/internal service providers are open and have capacity
- Sponsor has authorised recruitment to be reinitiated
- R&I support staff have sufficient capacity

The responsibility for portfolio review, prioritisation, and opening of specific trials has been delegated to the Site Reference Groups (SRGs) and the SRG Research Leads with support from the R&I Directorate.

3.4.3 COVID-19 related Research

We will continue to deliver and consider COVID-19 clinical research studies in support of the wider Liverpool Health Partners and Liverpool STOP-COVID initiative.

- R&I are meeting with CCC investigators every two weeks to discuss open COVID-19 studies, studies in set-up and studies which are in the pipeline which investigators are interested in opening. Research recovery is also a standing agenda item.

- CCC are also represented regionally at the Liverpool Health Partner (LHP) COVID-19 meetings and at the North West Coast Clinical Research Network COVID-19 meetings.

There are currently six open COVID19 studies that we are supporting as shown below:

Short Title	Type	Short Summary	PI	Number of patients recruited
UK Coronavirus Cancer Monitoring Project	Observational Registry	National database registry audit	Dr Olsson-Brown	80
PACE:	Observational/ Epidemiological	The impact of COVID-19 on patients with AML undergoing chemotherapy: an epidemiological study	Dr Toth	4
SIREN:	Observational	Impact of detectable anti-SARS-COV2 on the subsequent incidence of COVID-19 in healthcare workers	Professor Kalakonda	225
IMPACT:	Observational/Prospective	COVID19_BMT: A prospective non interventional study to evaluate the role of immune and inflammatory response in recipients of allogeneic haematopoietic	Dr Toth	0
ISARIC CCP-UK	Observational Non-Commercial portfolio	Standardized generic study for the rapid, coordinated clinical investigation of severe or potentially severe acute infections by pathogens of public health interest.	Professor Palmieri	9
Safe Surgery	Biorepository/ Scientific	A retrospective element data and biosample collection (20 sites) and prospective biosample and clinical data collection	Professor Ottensmeier	CCC acting as sponsor, not open as site.

There are two studies we are currently setting up, which are awaiting activation:

Short Title	Type	Short Summary	Principal Investigator	Cases identified/ Update
CovidRT: a NCRI CTRad UK-wide initiative	Observational	National initiative that aims to study the impact of COVID 19 and the recovery plan on radiotherapy patients and the radiotherapy service and help plan for future pandemics.	TBC	162 (Awaiting activation)

CATCH: Evaluation of Lung Changes in Patients with confirmed Covid-19 or Covid-19 Symptoms on CBCT	Observational	To determine the association of reported symptoms and notations regarding confirmed COVID-19 in patient notes with observed changes in lung anatomy on radiotherapy CBCT or kV portal imaging collected on the RRR theragnostics system for patients undergoing thoracic radiotherapy.	TBC	1 (Awaiting activation)
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There is one study now closed to recruitment

Short Title	Type	Short Summary	Principal Investigator	Recruitment
SAFER	Observational Non-Commercial portfolio	This study will examine rates of SARS-CoV-2 acquisition in HCWs in five clinical areas (AMU, Infectious disease or cohort ward, haematology and ICU) and A/E in UCLH and Royal Liverpool Hospital (RLH).	N/A PIC Site	11

In addition to supporting studies nationally CCC are supporting the development of Investigator-led research studies where we will lead nationally. The studies we are currently working on are shown below:

Short Title	Type	Short Summary	CI
DISCOVER	Observational non-randomised	A non-randomised cohort study during the SARS-CoV-2 pandemic to understand viral exposure and handling by cancer patients. To elucidate the consequences of SARS-CoV-2 exposure in susceptible cancer patients. The study will involve 2 sites only CCC and The Christie.	Professor Kalakonda
CPP Cancer	Observational/ Database	The study will come under the current ISARIC-UK umbrella, but will focus on information on neoplastic patients.	Professor Palmieri
NCRAS COVID Registries	Observational/ Registry	CLL and Low grade Lymphoma treatment and outcome registry linked to COVID19 outcomes.	Professors Kalakonda & Pettitt

2.2 Patient Recruitment for COVID studies

- We have six COVID-19 research studies/audits open and one closed with total recruitment of 329 (+115 on previous month).
- Two studies are awaiting activation with 163 cases currently identified which will be added to the recruitment total once activated (no increase on previous month).

2.3 Patient Recruitment for non-COVID studies

Patient recruitment into non-COVID related research was unpaused on 22nd May 2020.

- Since then 120 new patients have been recruited onto cancer trials (+56 on previous month).

3.4.4 Number of new non-COVID studies open to recruitment

New non-COVID studies opening to recruitment was unpaused on 22nd May 2020.

- 123 cancer studies were originally halted, since then the sponsor has closed 10 of these studies.
 - Of the 113 remaining studies, 71 have been unpaused to recruitment which is 62.8%.
 - Total number of studies open and recruiting: 77 (5 COVID, 72 Non-COVID).
- An additional 4 new cancer studies have opened during August 2020 with 9 studies given local site approval awaiting sponsor greenlight. A total of 15 new cancer studies have opened since 22nd May 2020 when studies opening was unpaused.
- Real time reporting will continue to the end of September 2020. From 1st October 2020 real time and predicted data will be presented against targets for the final 6 months of the year.

3.4.5 Study Set-up Times

We received notification from the Department of Health that in light of the Covid-19 pandemic they were postponing the submission and publication deadline for the Performance in Initiating and Delivering (PID) Q4 19/20 reporting exercise. They have kept future reporting deadlines under review and they have set a new deadline for reporting of all outstanding data in consultation with NHS R&D and NHS England and NHS Improvement.

- Informed 13th July 2020 that Q4 19/20, Q1 20/21 and Q2 20/21 will be submitted together by 30th October 2020.
- Data for Q3 19/20 has still not been received.

3.5 Workforce

3.5.1 Workforce Overview

This table presents an overview of staff numbers and movement by month.

	2019 / 10	2019 / 11	2019 / 12	2020 / 01	2020 / 02	2020 / 03	2020 / 04	2020 / 05	2020 / 06	2020 / 07	2020 / 08	2020 / 09	Trend
Leavers Headcount	11	16	14	22	20	23	21	14	15	14	22	15	
Leavers FTE	10.32	13.76	13.12	21.12	17.93	19.75	18.16	13.56	13.04	11.57	18.20	13.26	
Starters Headcount	40	34	15	30	22	38	26	41	45	28	20	32	
Starters FTE	37.52	30.18	14.36	27.52	20.22	33.81	24.34	36.32	41.39	27.04	19.40	31.23	
Maternity	43	39	36	34	33	36	37	38	41	44	49	50	
Turnover Rate (Headcount)	0.76%	1.10%	0.97%	1.52%	1.38%	1.59%	1.45%	0.97%	1.04%	0.97%	1.52%	1.04%	
Turnover Rate (FTE)	0.78%	1.04%	0.99%	1.60%	1.36%	1.49%	1.37%	1.02%	0.99%	0.87%	1.38%	1.00%	
Leavers (12m)	204	201	198	203	209	212	222	212	214	210	207	207	
Leavers FTE (12m)	176.93	173.13	171.38	177.78	184.32	189.01	197.01	190.36	191.56	188.03	184.27	183.79	
Turnover Rate (12m)	15.20%	14.88%	14.62%	14.89%	15.28%	15.28%	15.98%	15.11%	15.08%	14.74%	14.45%	14.18%	
Turnover Rate FTE (12m)	14.48%	14.09%	13.91%	14.34%	14.82%	14.97%	15.56%	14.90%	14.84%	14.45%	14.07%	13.79%	
Avg Headcount (12m)	1,342.50	1,350.50	1,354.00	1,363.50	1,368.00	1,387.00	1,389.50	1,403.50	1,419.50	1,425.00	1,433.00	1,459.50	
Average FTE (12m)	1,221.56	1,228.40	1,232.38	1,239.97	1,243.52	1,262.58	1,265.91	1,277.75	1,291.13	1,301.10	1,309.82	1,333.20	

On 30th September 2020 the Trust employed 1,543 (1,393.93 FTE) staff. In September the headcount increased, the FTE also increased following the addition of 32 (31.23 FTE) new starters and 15 (13.26 FTE) leavers.

Recruitment Data

Staff Group By Headcount	Bank/ Locum	Fixed Term	Permanent	TOTAL
Additional Clinical Services			3	3
Additional Professional, Scientific and Technical		1	2	3
Administration and Clerical		1	8	9
Allied Health Professionals		2	5	7
Healthcare Scientists			2	2
Medical		1	3	4
Nursing		1	3	4
TOTAL	0	6	26	32

Reasons for Recruitment	Chemotherapy WTE	Corporate Directorate WTE	Education Directorate WTE	Haemato-oncology WTE	Integrated Care WTE	Nursing & Quality WTE	Radiation Services WTE	Research Directorate WTE	Grand Total WTE
Maternity Cover	1						1		2
Newly Created Post	3	3			1	0.6		1	8.6
Replacement Post	2	4.8		1	4	1	2.92		15.72
Retire & Return							1		1
Secondment Cover							2		2
Workforce Investment									
TUPE					0.91				0.91
Staff Reducing Hours							1		1
TOTAL	6	7.8	0	1	5.91	1.6	7.92	1	31.23

23 of the 32 new starters are within clinical roles;

- 4 Registered Nurses and 2 Non-Registered Nurses
- 7 Registered Allied Health Professionals (2 Dietitians, 2 Radiographers, 1 Clinical Specialist, 1 Physiotherapist and 1 Art Co-ordinator)
- 2 Healthcare Scientists
- 2 Pharmacists and 1 Production Assistant
- 1 Medical Physics Technician
- 3 Consultants and 1 Clinical Fellow

In other staff groups:

- 9 administration roles (6 x Band 2, 1 x Band 3, 1 x Band 5 and 1 x Band 6)

These changes mean the current workforce profile held in ESR is as follows;

Directorate	FTE
158 Chemotherapy Services Directorate	247.55
158 Corporate Directorate	349.65
158 Education Directorate	6.65
158 Haemato-oncology Directorate	111.91
158 Hosted Service Directorate	31.13
158 Integrated Care Directorate	238.63
158 Quality Directorate	29.89
158 Radiation Services Directorate	314.05
158 Research Directorate	62.47
158 Service Improvement Directorate	1.00
158 Support Services Directorate	1.00

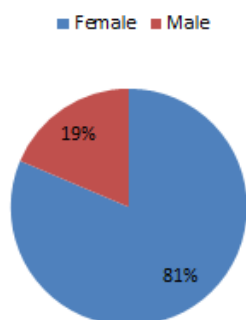
Assignment Category	FTE
Fixed Term Temp	76.81
Non-Exec Director/Chair	6.00
Permanent	1311.12

Staff Group	FTE
Add Prof Scientific and Technic	75.59
Additional Clinical Services	182.36
Administrative and Clerical	471.41
Allied Health Professionals	214.08
Healthcare Scientists	35.48
Medical and Dental	75.73
Nursing and Midwifery Registered	338.48
Students	0.80

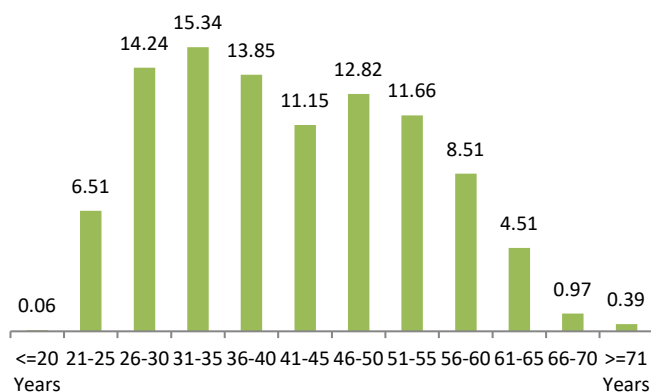
Assignment Status	FTE
Acting Up	16.25
Active Assignment	1302.69
Career Break	4.68
Internal Secondment	20.80
Maternity & Adoption	46.91
Out on External Secondment - Paid	1.00
Out on External Secondment - Unpaid	1.60

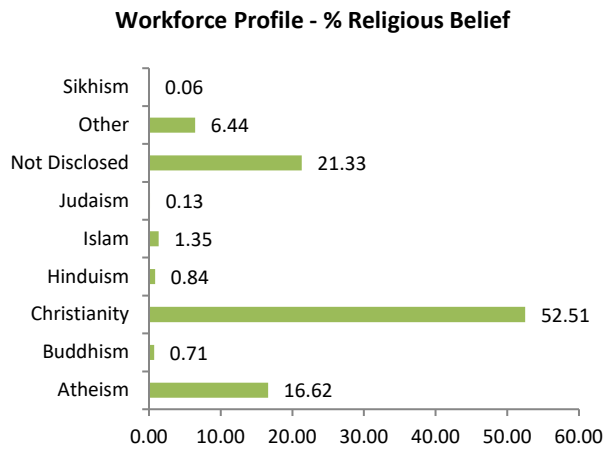
3.5.2 Workforce EDI Profile

Workforce Profile - % Gender

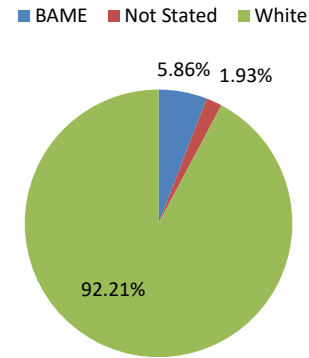


Workforce Profile - % Age Band

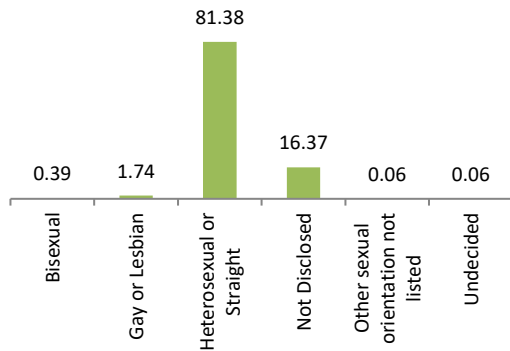




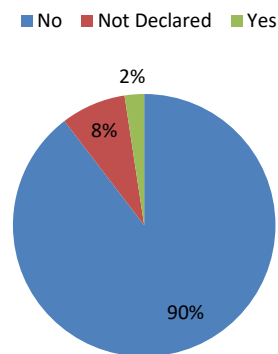
Workforce Profile - % Ethnic Group



Workforce Profile - % Sexual Orientation

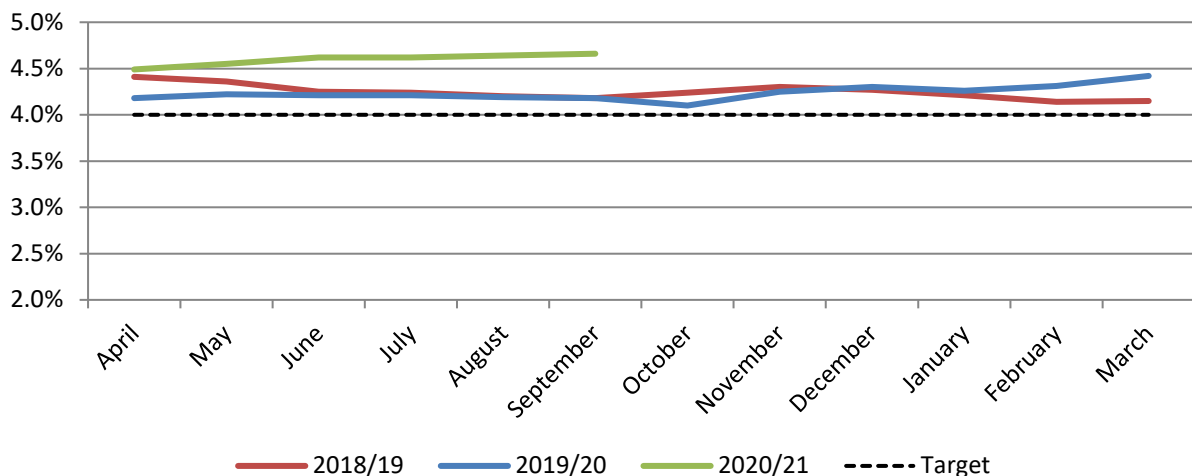


Workforce Profile - % Disability



3.5.3 Sickness Absence

The graph below shows the 12 month rolling sickness absence percentages against the Trust target of 4%; it also shows a comparison against the previous 2 years. The Trust's 12 month rolling sickness absence for September 2020 has increased slightly to 4.66% and is still higher in comparison to the previous 2 years.



Directorate / Corporate Service Level

Sickness absence per month and Directorate:

Directorate	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Trend
158 Chemotherapy Services Directorate	7.37%	6.56%	5.22%	7.04%	5.38%	7.33%	7.74%	6.63%	6.02%	6.57%	5.87%	5.22%	
158 Corporate Directorate	4.35%	5.41%	4.14%	4.62%	4.49%	4.50%	4.25%	4.27%	4.16%	3.09%	3.65%	4.03%	
158 Education Directorate	9.40%	1.48%	0.00%	3.27%	2.47%	14.26%	15.15%	13.45%	19.93%	15.32%	13.65%	20.13%	
158 Haemato-oncology Directorate	5.34%	2.42%	3.44%	5.03%	3.92%	4.04%	6.61%	5.14%	4.39%	3.78%	3.28%	5.22%	
158 Hosted Service Directorate	3.72%	5.07%	6.76%	6.36%	3.95%	2.46%	0.98%	5.65%	7.78%	3.06%	0.00%	0.00%	
158 Integrated Care Directorate	7.73%	5.57%	6.26%	4.80%	5.07%	5.40%	2.90%	2.66%	3.61%	4.44%	5.32%	6.40%	
158 Quality Directorate	0.38%	1.37%	0.34%	2.90%	4.36%	4.32%	3.30%	3.80%	11.10%	8.20%	5.15%	5.39%	
158 Radiation Services Directorate	2.21%	3.63%	3.02%	3.65%	3.95%	6.70%	4.83%	3.04%	2.76%	3.51%	2.86%	2.74%	
158 Research Directorate	1.33%	4.29%	3.81%	2.40%	5.97%	9.77%	8.45%	1.96%	2.18%	1.90%	2.76%	7.38%	
158 Support Services Directorate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

The Chemotherapy Directorates sickness absence has continually been above Trust target for 12 months although it has started to decrease from April 2020. The highest reasons for absence over the last 12 months for Chemotherapy have been Anxiety/Stress/Depression (5), Gastrointestinal (4) and Chest and Respiratory problems (3).

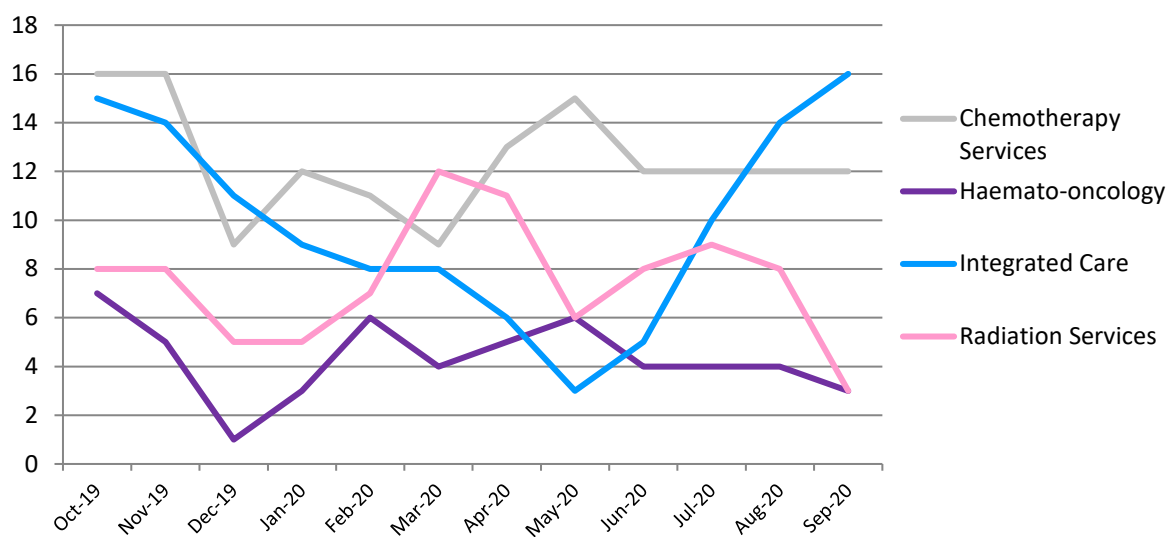
Long / short term sickness absence:

This table displays total Trust short and long term sickness absence, per month.

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Trend
Short term	187	160	166	180	133	180	141	103	104	101	81	123	
Long term	61	62	49	42	47	54	50	49	52	50	53	53	

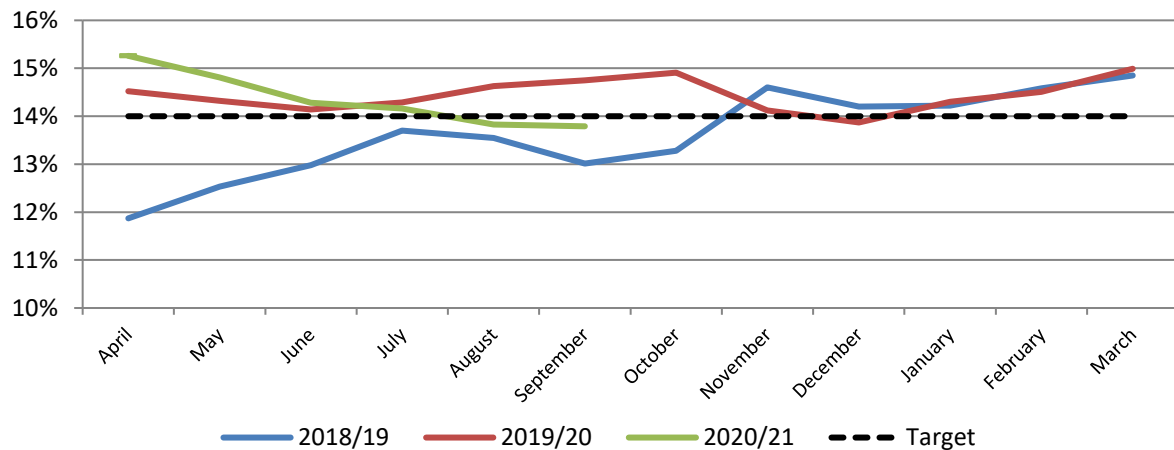
The trend for short term absences has increased for September with the long term absences remaining static.

This chart shows long term sickness by Directorate, per month:



3.5.4 Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has decreased from 13.83% in August 2020 to 13.79% in September 2020 and remains below the Trust target.

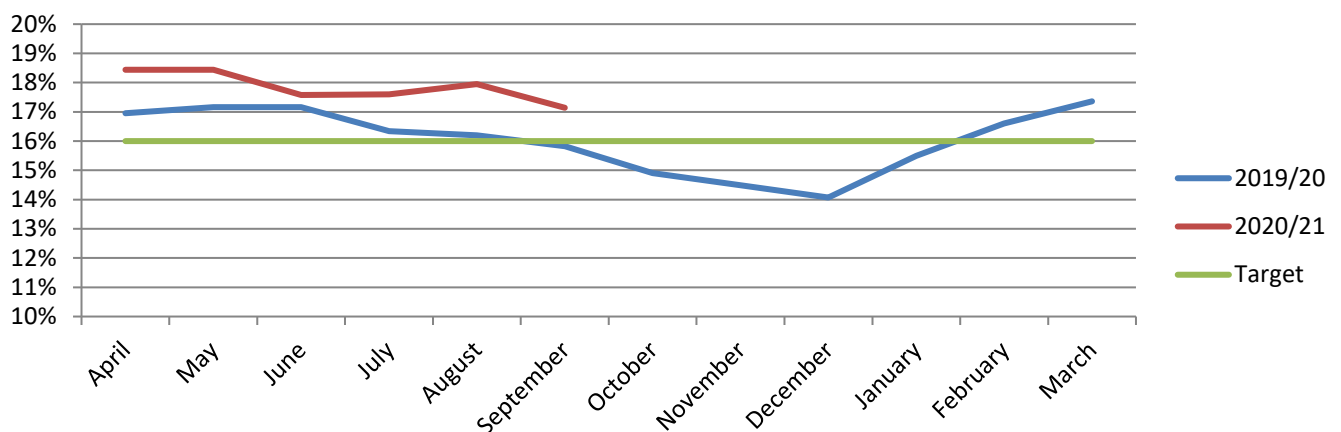


Turnover by Staff Group

The following charts show the stretch targets for staff groups that were agreed by the Workforce, Education & OD Committee in April 2020. Recruitment and retention action plans sit underneath these targets and we will continue to report progress against these.

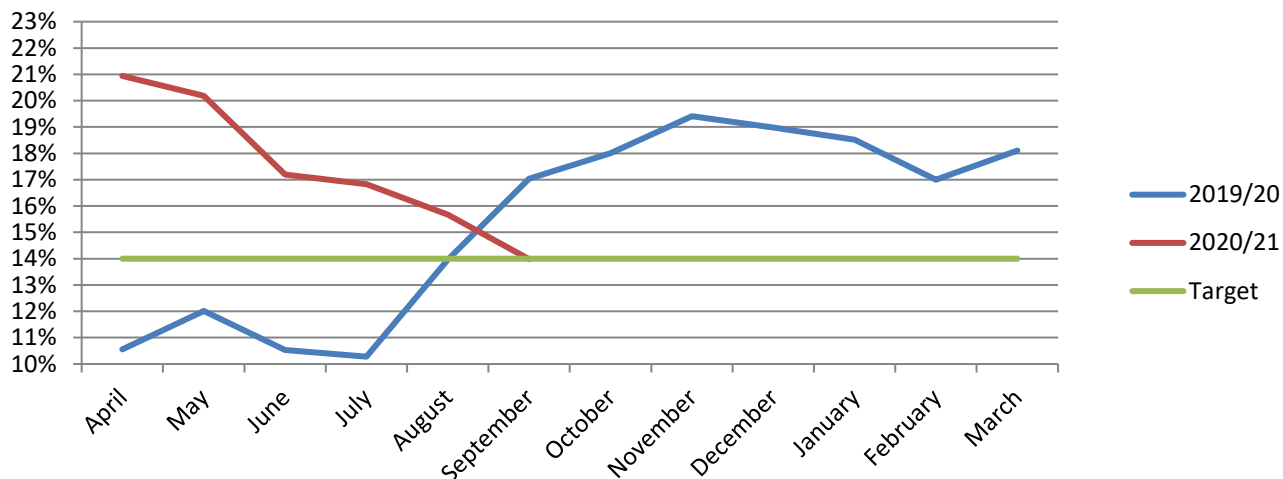
Administrative and Clerical Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 16% for this staff group. The rolling 12 month turnover figure has decreased slightly from 17.95% in August 2020 to 17.14% in September 2020 however still remains higher than the same period in 2019. The figures for September equate to 4 leavers (3.40 FTE), the reasons for leaving were 2 Worklife Balance, 1 to undertake further Education and 1 end of a fixed term contract.



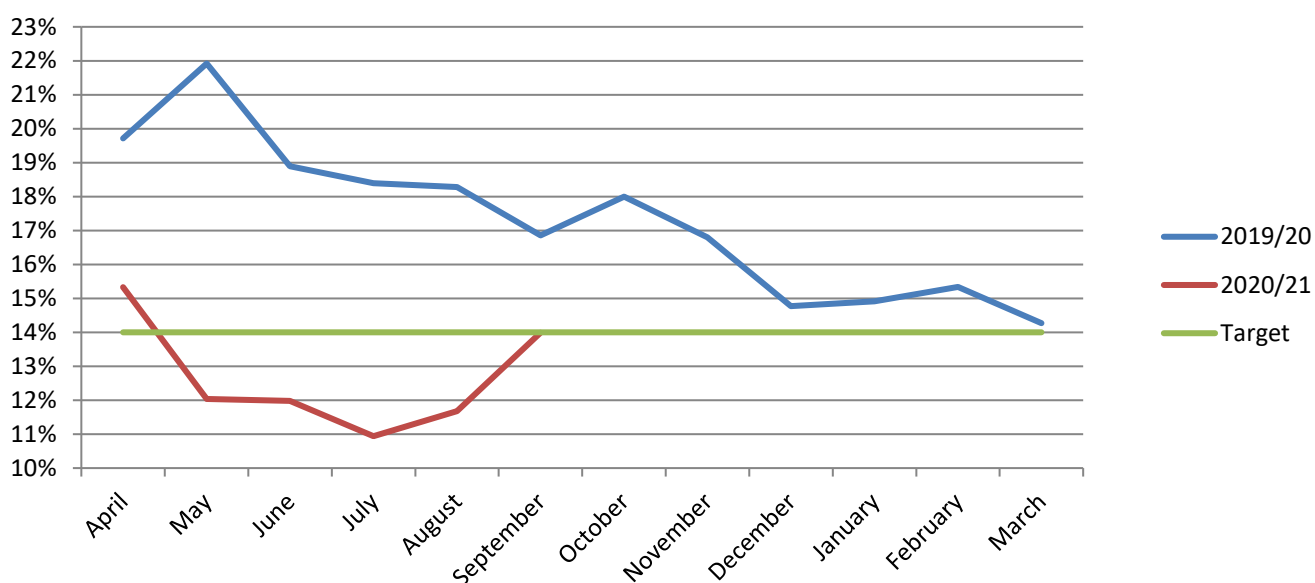
Additional Professional Scientific & Technical Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has decreased from 15.67% in August 2020 to 13.98% in September 2020, and is now lower than the same period in 2019 and below Trust target.



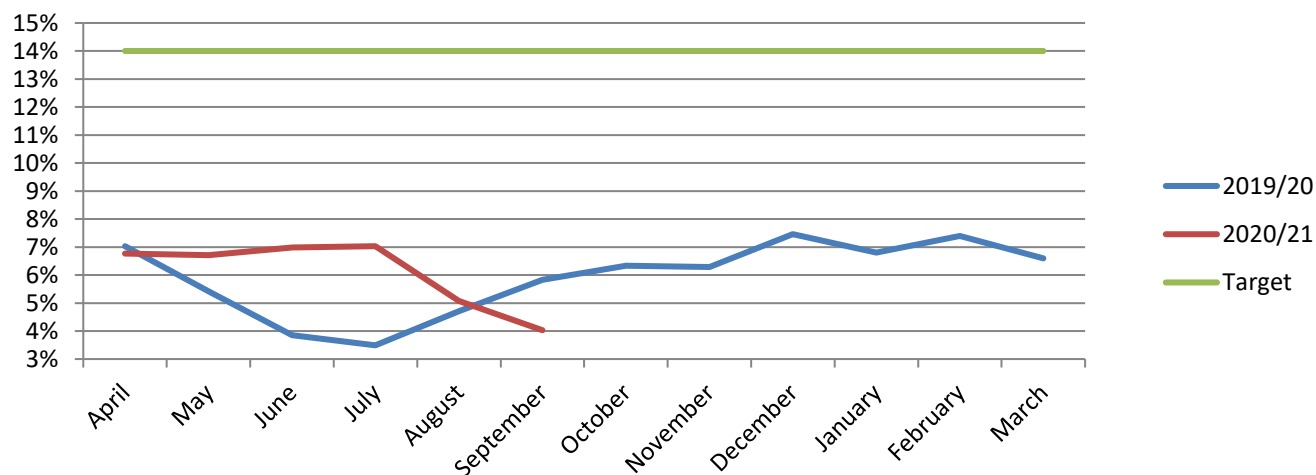
Additional Clinical Services' Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 11.68% in August 2020 to 13.99% in September 2020, but still remains lower than the same period in 2019. The figures for September equate to 5 leavers (4.26 FTE), the reasons for leaving were to undertake education or training, 1 worklife balance, 1 retirement age and one was recorded as 'Unknown' however on further investigation this was due to the leaver seeking a change in career direction.



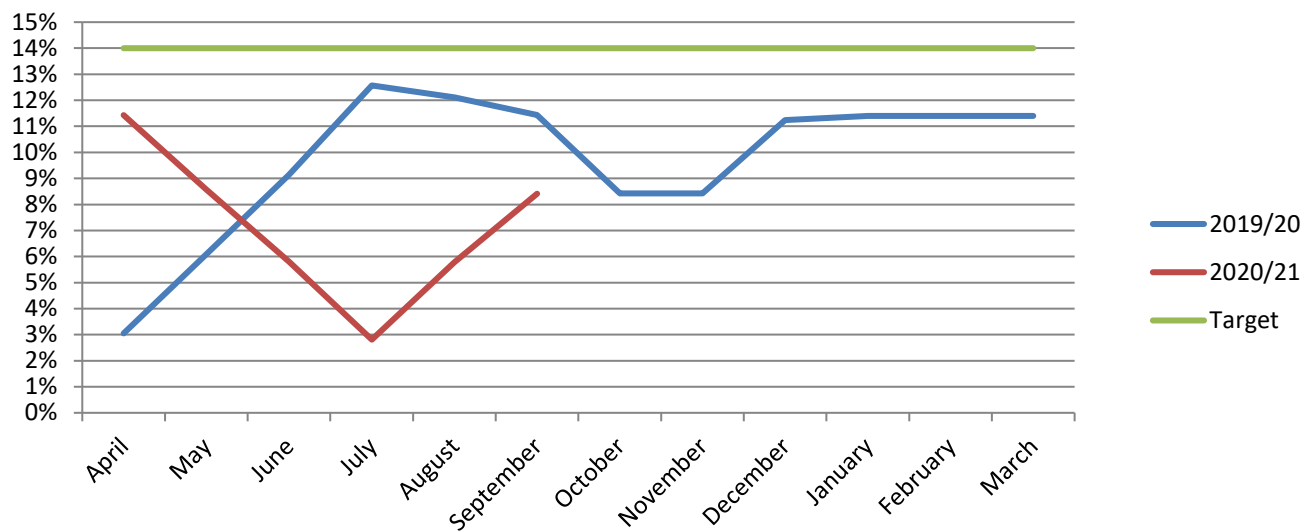
Allied Health Professionals' Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has decreased from 5.07% in August 2020 to 4.03% in September 2020, and is lower than the same period in 2019.



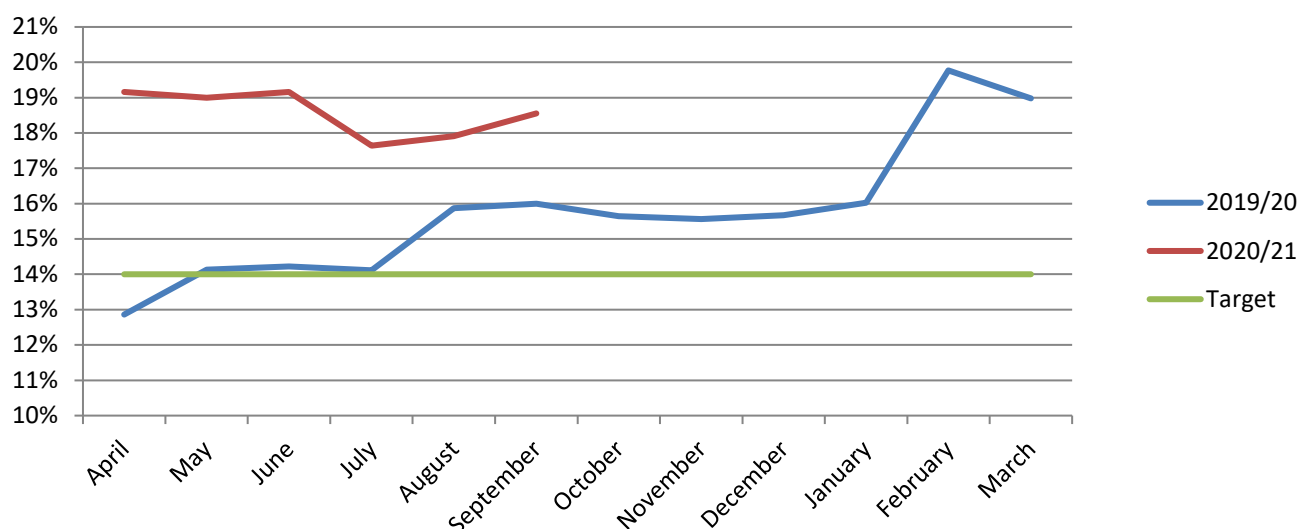
Healthcare Scientists' Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 5.78% in August 2020 to 8.41% in September 2020; however this is lower than the same period in 2019. The figures for September equate to 1 leaver (1.00 FTE), the reason for leaving was relocation.



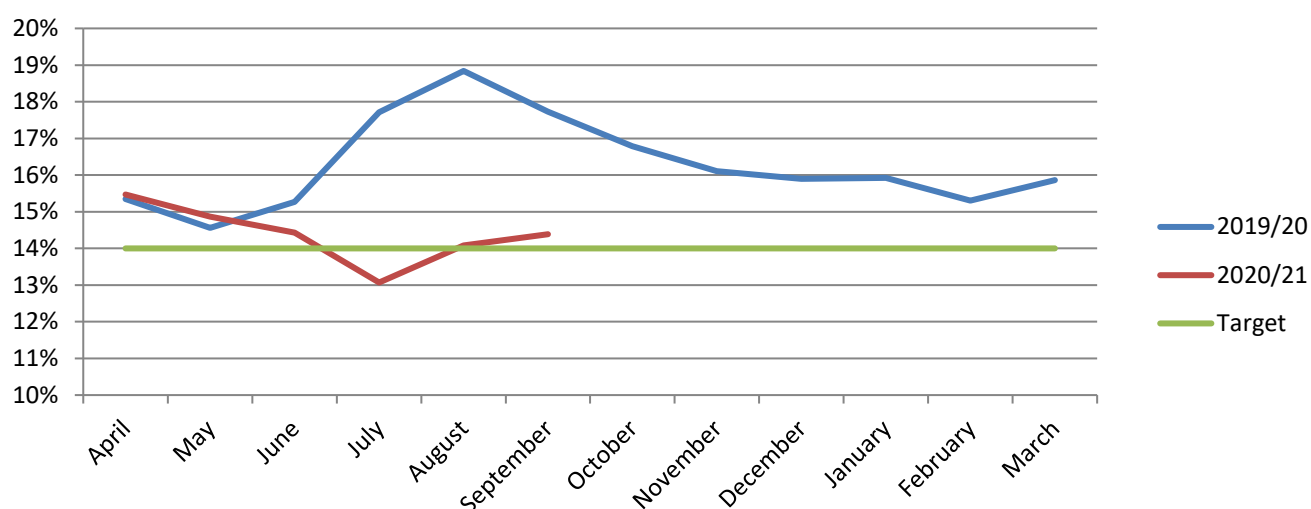
Medical Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 17.91% in August 2020 to 18.55% in September 2020 and remains higher than the same period in 2019. The figures for September equate to 1 leaver (1.00 FTE), the reason for leaving was retirement.



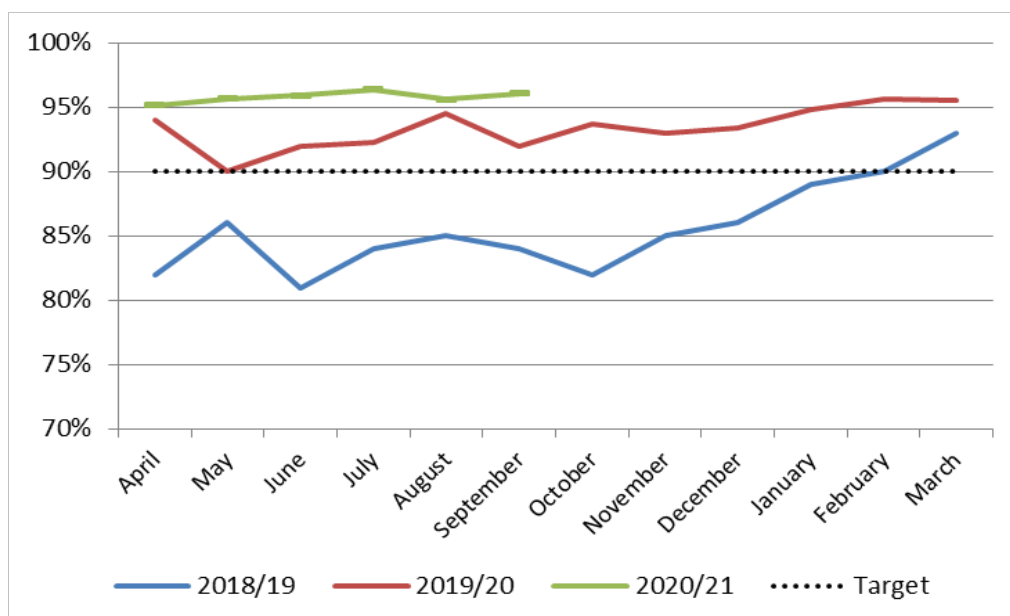
Registered Nursing Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 14.08% in August 2020 to 14.39% in September 2020, however is lower than the same period in 2019. There were 3 leavers in September (2.60 FTE), the reasons for leaving were all Work Life Balance.



3.5.5 Statutory and Mandatory Training

Overall Trust compliance at 30th September 2020 is 96.04% which is above the target of 90% and an increase from the previous month (95.61%).



Competence Name	Compliance %
NHS CSTF Equality, Diversity and Human Rights - 3 Years	98.67%
NHS CSTF Fire Safety - 2 Years	97.56%
NHS CSTF Health, Safety and Welfare - 3 Years	97.33%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	98.37%
NHS CSTF Infection Prevention and Control - Level 2 - 2 Years	95.57%
NHS CSTF Information Governance and Data Security - 1 Year	96.37%
NHS CSTF Moving and Handling - Level 1 - 3 Years	98.15%
NHS CSTF Moving and Handling - Level 2 - 2 Years	89.95%
NHS CSTF NHS Conflict Resolution (England) - 3 Years	97.94%
NHS CSTF Preventing Radicalisation - Basic Prevent Awareness - 3 Years	98.00%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	100.00%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	88.48%
NHS CSTF Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	81.19%
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	96.44%
NHS CSTF Safeguarding Adults - Level 2 - 3 Years	95.91%
NHS CSTF Safeguarding Children (Version 2) - Level 2 - 3 Years	95.62%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	95.85%
NHS CSTF Safeguarding Children - Level 3 - 3 Years	96.64%
NHS MAND COVID 19 Awareness - Clinical - Once only	93.28%
NHS MAND COVID 19 Essential Guidance - Non-Clinical - Once Only	88.91%
NHS MAND Safeguarding Adults Level 3 - 3 Years	92.83%

Whilst the Trust is achieving overall compliance for mandatory training, concern around compliance for ILS and BLS remains. Over the past 3 months 169 staff have been trained in resuscitation but 78 places have gone unfilled; ILS refresher - 36 places not utilised, ILS full session – 11 places not utilised and BLS full session – 31 places not utilised.

To support the Trust in achieving compliance by the end of December 2020, 10 additional ILS sessions have been scheduled to take place between October and December and 4 additional BLS sessions.

A plan to move to e-ILS from January 2021 will be presented to Education Governance Committee in November 2020. This will enable the Trust to increase its capacity in delivering ILS programmes.

Patient handling has dropped below the KPI this month; however there are significant dates available for staff to access this training.

Covid-19 (non-clinical) continues to performance below the KPI, with all non-compliant contacted by the L&OD to remind them to complete this important e-learning package.

The L&OD Team continue to send out monthly targeted reminder emails to staff that are non-compliant with mandatory training subjects.

This prompts completion of the course or allows staff to respond to the email requesting support. ESR also sends out automated reminders to staff who are about to or have come out of compliance prompting completion.

The L&OD team are working collaboratively with all lead trainers to continue to ensure the maintenance of the KPI and working with managers to interpret compliance data and trajectories.

Compliance by Directorate

A breakdown of Directorate compliance, as at 30th September 2020 is detailed below.

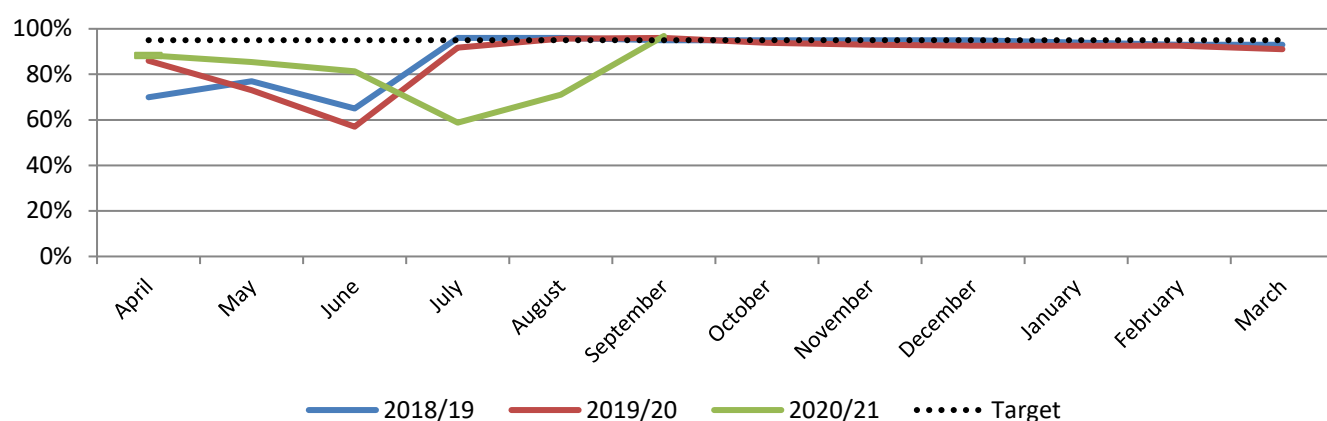
Directorate	Target	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Trend
158 Chemotherapy Services Directorate	90%	85%	87%	97%	98%	98%	93.78%	97.39%	97.10%	97.26%	97.46%	96.31%	96.77%	
158 Corporate Directorate	90%	92%	89%	92%	93%	95%	90.28%	94.33%	94.61%	94.92%	95.35%	94.61%	95.58%	
158 Education Directorate	90%	100%	98%	89%	89%	94%	96.05%	98.82%	98.94%	98.94%	98.82%	95.20%	100.00%	
158 Haemato-oncology Directorate	90%	89%	86%	93%	95%	95%	90.96%	94.54%	94.48%	95.26%	95.34%	93.91%	95.26%	
158 Hosted Service Directorate	90%	93%	91%	91%	91%	95%	90.11%	97.28%	94.35%	93.54%	95.79%	96.01%	94.48%	
158 Integrated Care Directorate	90%	80%	81%	94%	95%	94%	91.61%	95.22%	96.86%	97.13%	97.04%	97.76%	95.11%	
158 Quality Directorate	90%	96%	92%	95%	95%	98%	92.59%	98.09%	97.13%	97.89%	96.82%	95.49%	95.83%	
158 Radiation Services Directorate	90%	91%	84%	91%	94%	96%	91.78%	93.57%	94.40%	94.85%	95.85%	97.17%	96.48%	
158 Research Directorate	90%	85%	88%	98%	98%	98%	94.57%	98.22%	98.42%	97.51%	98.76%	100.00%	98.40%	

All directorates are currently performing above the 90% target for their overall mandatory training compliance.

3.5.6 PADR Compliance

The Trust's PADR window opened in March 2020 and closed on 30th September 2020.

The Trust's overall compliance for PADR as at 30th September 2020 is 96.86%, which is an increase of 25.83% from the previous month and is above the target of 95%.



PADR Compliance by Directorate

Directorate	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Trend
158 Chemotherapy Services Directorate	94.00%	94.00%	93.00%	90.60%	88.60%	91.00%	87.50%	83.13%	82.66%	90.61%	86.74%	91.35%	100.00%	
158 Corporate Directorate	95.00%	94.00%	93.58%	93.36%	93.36%	92.00%	89.87%	86.82%	84.94%	74.45%	36.56%	52.68%	96.33%	
158 Education Directorate	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	75.00%	70.00%	70.00%	66.67%	85.71%	100.00%	
158 Haemato-oncology Directorate	91.00%	89.00%	89.00%	88.60%	88.60%	90.00%	89.47%	88.50%	83.84%	70.59%	15.69%	28.43%	83.16%	
158 Hosted Service Directorate	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	89.29%	86.21%	82.14%	70.37%	7.69%	24.14%	96.77%	
158 Integrated Care Directorate	93.00%	91.00%	89.00%	89.58%	92.00%	94.00%	95.92%	93.78%	90.82%	86.24%	67.38%	78.72%	100.00%	
158 Quality Directorate	100.00%	100.00%	96.00%	100.00%	96.00%	96.00%	96.30%	96.15%	85.19%	55.56%	53.57%	55.56%	77.78%	
158 Radiation Services Directorate	98.00%	96.00%	95.00%	94.00%	93.36%	93.00%	91.53%	89.07%	83.60%	88.10%	87.40%	93.33%	99.62%	
158 Research Directorate	98.00%	98.00%	98.00%	97.87%	97.87%	96.00%	91.49%	89.58%	91.80%	85.00%	42.37%	86.44%	100.00%	

Haemato Oncology Directorate and Quality Directorate are underperforming against the target.

3.5.7 Staff Experience

Staff Friends and Family Test

The table below shows an overview of the Trust results and response rates for the last 4 quarters for the Staff FFT.

The Staff FFT is not carried out in Q3, but is instead included in the National Staff Survey.

Please note that the “would recommend” questions in the National Staff Survey have different response categories from the Staff Friends and Family Test so are not directly comparable.

Staff FFT Questions	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21
"How likely are you to recommend this organisation to friends and family"	87%*	96%	95%	93%

if they needed care or treatment"				
"How likely are you to recommend this organisation to friends and family as a place to work"	64%*	66%	73%	66%
Response Rates	66% (853)*	30% (431)	33% (491)	30% (457)

**Incorporated as part of NHS Staff Survey, results not directly comparable*

Four additional questions have been added to the survey to act as a 'pulse check' as part of the Trust's improvement journey. The responses for Q1 and Q2 are shown below.

Additional Questions	Q1 2020/21	Q2 2020/21
I am enthusiastic about my role	89%	84%
The Trust takes positive action on health and wellbeing	75%	67%
My immediate line manager supports my health and wellbeing	81%	78%
I feel recognition and valued by the Trust	60%	54%

The Trust has seen a decline in all areas of the staff FFT in quarter 2. The L&OD team are developing a number of OS programmes to support staff.

A breakdown of the Staff FFT results, including the additional questions, are now included in the directorate performance reports at a directorate level.

2020 Staff Survey

The 2020 staff survey was issued to all staff on 14th September 2020, via email to all staff employed at the Trust as at 01st September 2020.

Following national consultation the 2020 NHS Staff Survey will continue to follow the same methodology as in previous years, with many of the same questions being asked, in the same way, in order to maintain comparability of the data.

However, some changes have been made including the addition of some specific questions about the pandemic, in order to help understand the impact on staff experience during the COVID-19 pandemic.

The survey is open until the 27th November 2020, with the embargoed report expected late January 2020. The release date for national results / benchmarking data is yet to be confirmed.

As at 7th October the Trust's completion rates was 27%.

3.6 Finance

For September the key financial headlines are:

Metric	In Mth 6 Actual	In Mth 6 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Deficit (£000)	(187)	267	(454)		(593)	(194)	(399)	
Control Total Surplus (£000)	0	0	0		0	0	0	
Cash holding (£000)	46,727	27,318	19,409		46,727	27,318	19,409	
Capital Expenditure (£000)	1,025	480	545		8,491	9,811	(1,865)	

*The plan for month 6 is the original plan approved by the Board in March 2020. The Control Total Surplus is the revised NHSI plan issued to the Trust.

Since the last report NHSI have confirmed that the interim funding arrangements have ended this month. The arrangements for the remainder of the year have been confirmed as a block funding envelope with incentives. The funding is being managed through the Cheshire and Mersey HCP STP, with the HCP being required to achieve financial balance. An exercise is currently underway to confirm individual organisations funding values and to agree the methodology for the allocation of COVID and Growth monies through fair share allocation.

- Commissioning contracts are now confirmed as being suspended for the remainder of the year. All funding is now being distributed through Liverpool CCG.
- The financial risk rating metrics in the Strategic Outcomes Framework have been suspended.
- To breakeven the Trust requires additional Top Up funding of £3.2m for September, £9.0m cumulatively.