



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	24 April 2019	
Agenda Item:	P1/073/19	
Title:	Integrated Performance Report – Month 12 2018/19	
Report prepared by:	Hannah Gray, Head of Performance and Planning	
Executive Lead:	Joan Spencer, Interim Director of Operations	
Status of the Report:	Public	
	X	

Paper previously considered by:	N/A
Date & Decision:	N/A

Purpose of the Paper/Key Points for Discussion:	<p>This report presents Trust performance against agreed national and local performance metrics as at the end of Month 12 (March 2019).</p> <p>The purpose of this report is to provide assurance that the strategic objective “Maintain excellent quality, operational and financial performance” is met, whilst highlighting any non-compliance and presenting the actions identified to mitigate this.</p> <p>The Board is also asked to approve the declaration to NHSI that states it is anticipated the Trust will maintain a financial risk rating of at least 2 over the next 12 months.</p> <p>Overall, performance is good however the following key metrics have not been achieved; action plans have been developed and remedial action is underway.</p> <ul style="list-style-type: none"> - CQUIN requirements: despite marked improvement in Q3, 1 of the 8 CQUINs has not been achieved and 1 partially achieved. The confirmed value withheld for Q3 is £58,609. Q4 data is not yet available. - Sepsis: IV antibiotics received within an hour – 96% for March (1 patient) against a target of 100%. 2018/19 total compliance figure was 86.9%. - 14 hour Consultant Review – 83% in March against a target of 90%, with the total for 2018/19 at 88%. <p>E-Coli – 1 attributable E-Coli blood stream infection in March, bringing total for 2018/19 to 6. The case is under review through the April Harm Free Collaborative Group.</p> <ul style="list-style-type: none"> - Sickness absence: 4.4% for March against the target of
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	<p>3.5% or less.</p> <ul style="list-style-type: none"> - PADR: 93% for March against the target of 95%. - Trust has breached the Agency Cap for the year by £237k <p>The targets have been met for the following key metrics, however these remain under close monitoring to gain assurance that improvements have been embedded:</p> <ul style="list-style-type: none"> - Venous Thrombo-Embolism (VTE) risk assessment: 98.7% in March 2019 against a target of 95%. - 62 Day Cancer Waits target: 86.8% (as yet unvalidated) for March 2019 - Trust wide Statutory and Mandatory Training is compliant at 93% for March.
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Action Required:	Discuss	X
	Approve	
	For Information/Noting	X

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

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

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	X
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.	X
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.	X

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 12)

Introduction

The report provides the Trust Board with an update on the Trust's performance for month 12 (March 2019). The report includes the Integrated Governance Report for the Trust in addition to commentary on those indicators rated 'red'

In summary, the metrics that have not been achieved are as follows:

CQUIN requirements: Total 2018/19 Year End Performance is not yet validated; therefore this report includes performance until the end of Q3.

Despite marked improvements in Quarter 3, 1 of the 8 being assessed was not achieved (Palliative Chemotherapy) and 1 was partially achieved (Risky Behaviours). Commissioners will make an assessment on the Clinical Utilisation Review CQUIN for Q2, Q3 and Q4 once the Q4 submission has been made. The confirmed value withheld for Quarter 3 is £58,609.00.

Sepsis - Intravenous Antibiotics received within an hour: The March figure was 96% against a target of 100%, with the total 2018/19 figure at 86.9%. A number of actions are in place or in progress to ensure key improvements.

Emergency admissions 14 hour Consultant Review: The March figure was 83% against a target of 90%, with the total 2018/19 figure at 88%. Updates to Meditech and the provision of training will ensure the standardised capture of consultant review time going forward.

E coli: There was 1 CCC attributable E coli blood stream infection on Mersey Ward in March, bringing the total 2018/19 figure to 6. The source was considered to be urine and not linked to any other cases. The case will be reviewed and actions agreed at the April Harm Free Care Collaborative meeting.

VTE: Recent improvements in processes have delivered achievement of the 95% target for the second consecutive month, at 98.7% for month 12, with the overall figure for 2018/19 at 94%.

Sickness absence: Performance has improved slightly since February from 4.14% to 4.4%, with the 12 month rolling total at 4.2% against an overall target of <3.5%. Gastrointestinal problems have been the main reason for sickness in month 12. There is on-going work within the workforce team to target stress/anxiety with a new focus on Health and Wellbeing of staff.

Staff Turnover: Turnover for March 2019 has increased slightly from 14.6% to 14.9%. There were 20 leavers in March, the largest group of which (8) were from the Admin and Clerical staff group. The WOD team continues to review exit and new starter information to identify why staff are leaving the Trust.

PADR: Performance for March remained at 93% against a target of 95%. Most of the underperformance is related to staff returning from Maternity leave or long term sickness after their PADR date. The Annual PADR Cycle is now in progress and this will address under-performance.

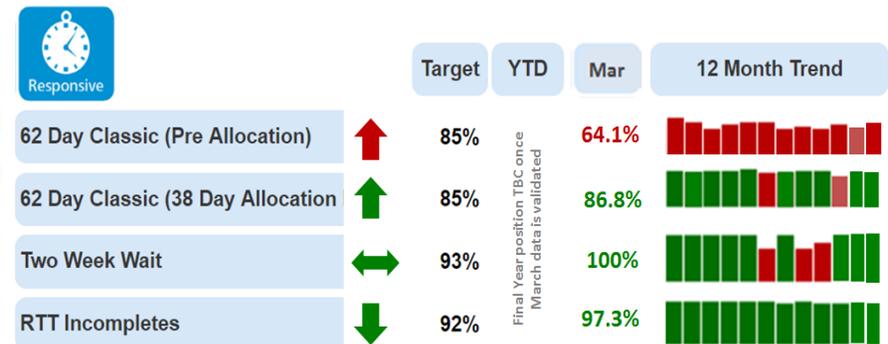
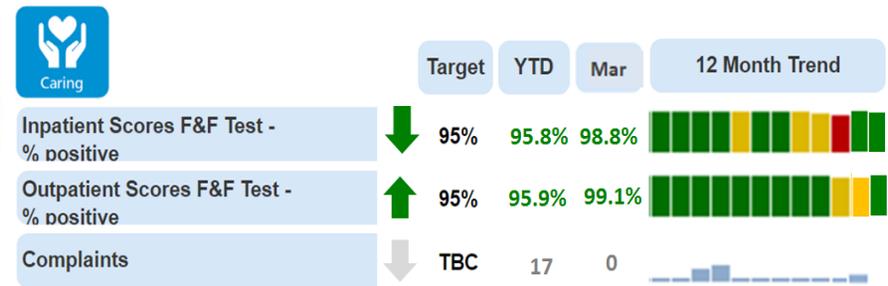
Trust wide Statutory and Mandatory Training: Performance for March is at 93%, compared to 90% in February, showing continued improvement and meeting our overall target. All Clinical Directorates are now compliant with BLS. One Directorate remains non-complaint with ILS, at 86%. This will be rectified by the end of April 2019. Performance is being monitored weekly.

62 Day Cancer Waits Target: After reallocation, performance for March is 86.8% (un-validated). The Cancer Waits Target Operational Group continues to monitor performance weekly and progress the Cancer Waiting Times Improvement Plan which considers all aspects of patients' pathways.

The Trust is also working with the Cancer Alliance to support partner organisations who are struggling with performance against the 62 day pathway.

The new Cancer Waiting Time (CWT) Guidance (*Version 10*) and the *Interim Report of the Clinically Led Review of NHS Access Standards* have been published. All recommendations and changes to CWT Standards made within these documents are being considered by the Operational Team and the impact on our performance will be presented to the Quality Committee in May for consideration.

Note: Benchmarked data relating to staff turnover and sickness and complaints has been removed from this report this month as there has been no update for comparison since September 2018. The approach to benchmarking performance against other Trusts will be reviewed.



CQUIN Update and Performance

In 2018/19, the total CQUIN fund across both Commissioners was £2,009,811. The confirmed value of funding withheld due to under achievement of the CQUIN for Quarter 3 is £58,609. The CQUIN detail, including actual and expected performance for 2018/19 is shown in the table below.

Where relevant to specific Directorates, CQUIN details are included in the Directorate 'data packs', presented at the monthly Directorate quality and safety meetings. Risks to achievement are escalated to the relevant Committee via the 'Triple A' Report and non-achievement of CQUINs remains on the risk register.

The 2019/20 CQUINs have been confirmed below, with the approximate total value expected to be in the region of £900,000. Approximate values are indicated until confirmed.

Specialised commissioning CQUIN schemes:

- Medicines Optimisation (£235,000)
- Clinical Utilisation Review (£234,000)
- Rethinking Conversations (£200,000)

CCG CQUIN schemes (total approximate value £160,000):

- Staff Flu Vaccinations
- Alcohol and Tobacco – Screening and advice
- Three high impact actions to prevent hospital falls

There may also be an additional scheme with an approximate total value across both specialised commissioning and CCGs of £146,000; the details are being negotiated and will be agreed before the end of April.

2018 / 19 performance:

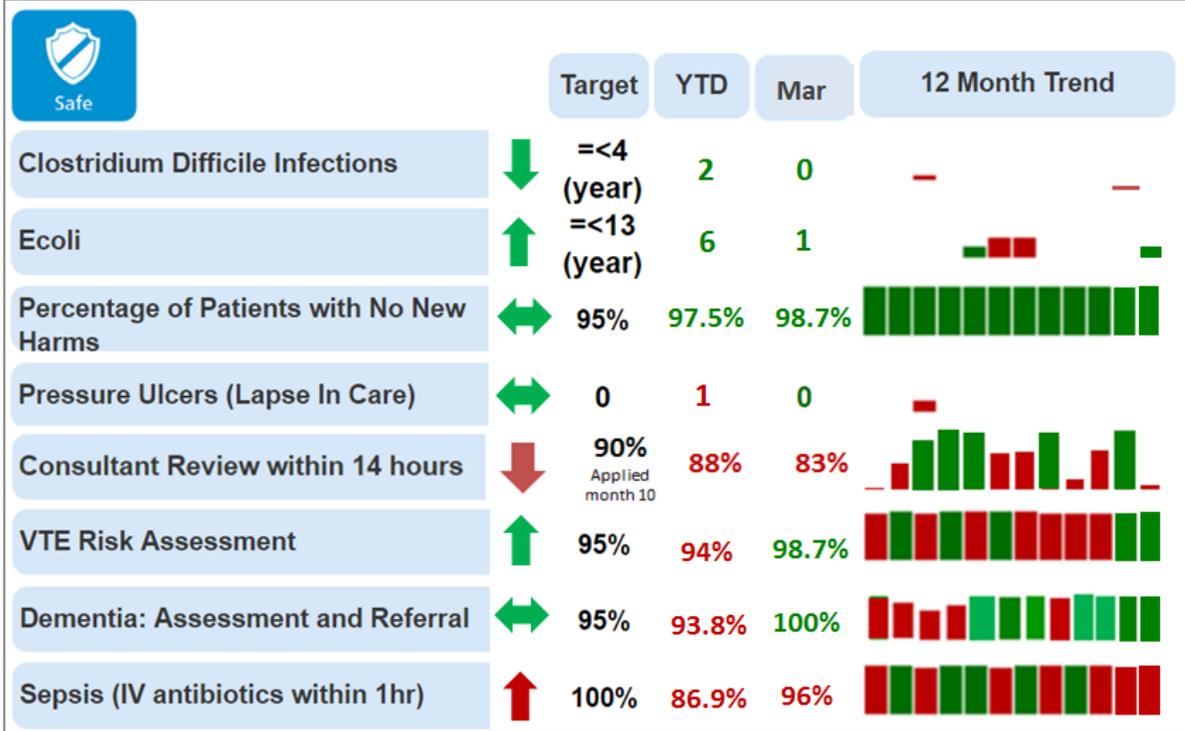
Key to the table below:

- Full shaded RAG ratings denote a confirmed level of achievement: R=none, A=partial, G=full.
- Lighter shaded RAG with bold border denotes expected, but yet to be confirmed level of achievement.

2018/19 Expected CQUIN Performance

CQUIN and exception comments	Value	£ withheld in 18/19	2017/18				2018/19				
			Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	
Staff Survey Although the final CQUIN figures have not been published, the results received to date indicate that the improvement required has not been achieved. The full survey results are being analysed and the Trust's staff survey action plan revised accordingly.	£26,217	Not yet assessed									
Healthy food		Not yet assessed									
Flu vaccinations		Not yet assessed									
Alcohol and tobacco Training has been delayed to a focus on statutory and mandatory training, although this is now ready to be rolled out and will support achievement of the CQUIN in 2019/20.	£26,217	£16,858									
Holistic Needs Assessment	£198,926 (NHSE) £52,370 (LCCG)	£125,648									
End of Treatment Summaries	£198,926 (NHSE) £52,370	£0									
Clinical Utilisation Review	£528,273	£0* (*dependent on Q3&Q4 compliance)									
Enhanced Supportive Care	£357,944	£0									
Optimising Palliative Chemotherapy The required number of peer discussions were not completed / recorded for Q1 or Q2 2018/19. Action Taken to improve compliance •The Meditech system has been amended to enable easier capture of these conversations and we expect compliance to improve in Q4 as a result. •The Pharmacy Team is working with the lead clinician to develop a system that will enable the peer discussion.	£217,413	£163,060									
Medicines Optimisation	£140,241	£0									
Dose Banding	£210,915	£0									

1. Safe



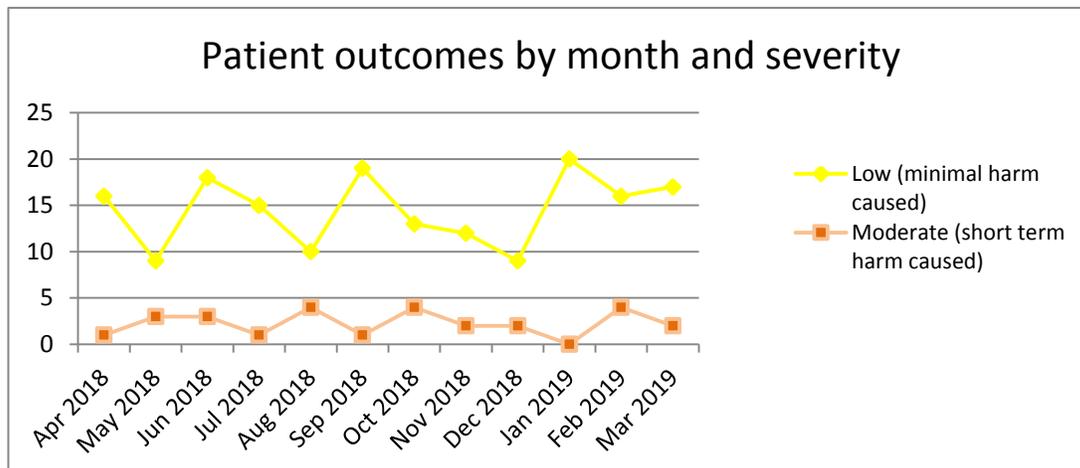
Note: Haemato-oncology (HO) data is included in all the above KPIs except Sepsis which will be included from the Month 1 2019/20 report. Infections are CCC attributable only.

1.1 Never Events

There have been 0 never events from 1/4/18 – 31/03/19.

1.2 Incidents

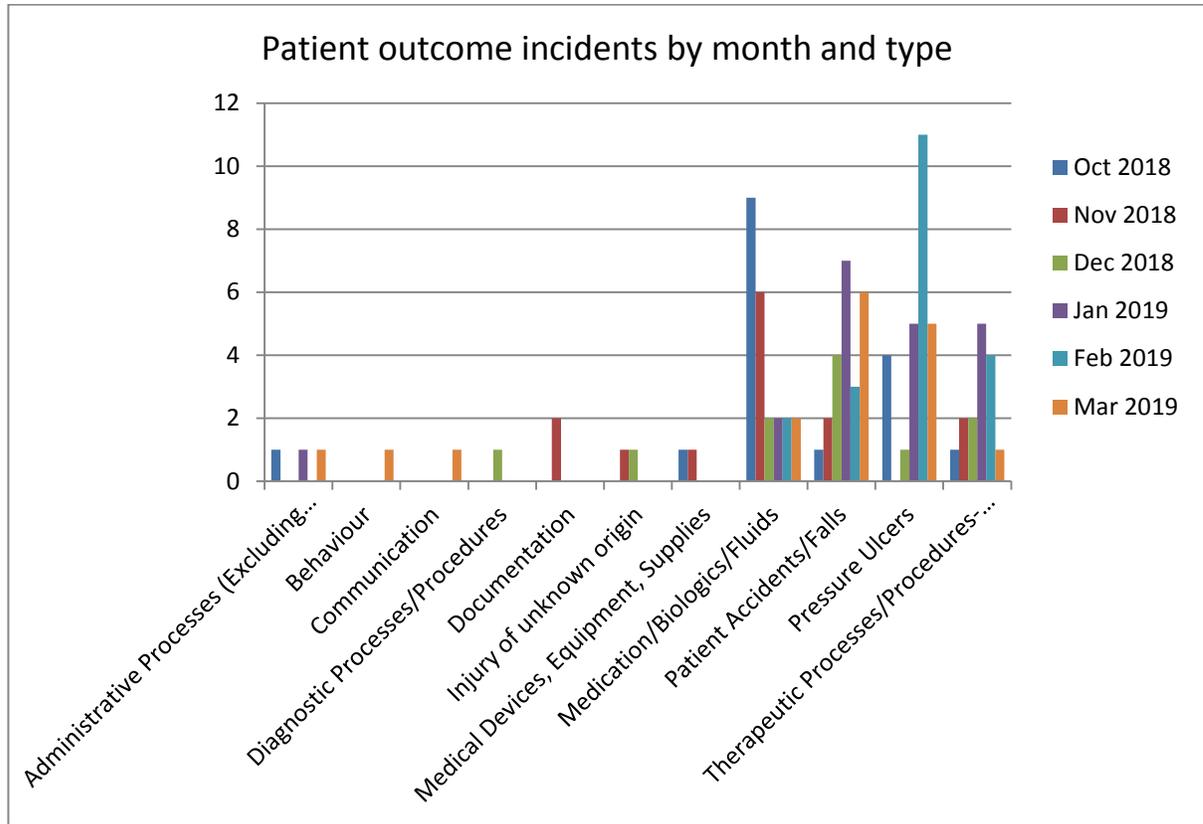
The chart below shows incidents resulting in harm, by level of harm and month from 1/4/18-31/03/19.



Two incidents have been graded as moderate harm by the reporter in March and investigations are in progress. One was a medication incident and the other was a treatment delay.

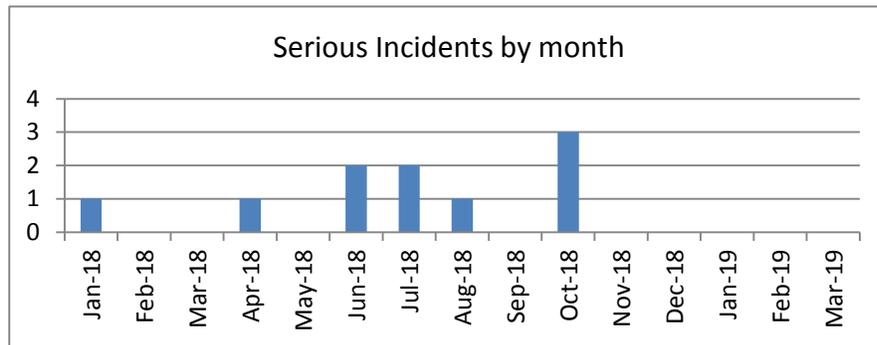
There were no incidents resulting in severe or catastrophic harm in 2018/19.

The chart below illustrates incidents resulting in harm, by incident type/category for the last 6 months. Falls, VTEs and pressure ulcers are reviewed at the monthly Harm Collaboration Meeting.



Serious incidents:

There were no serious incidents in March 2019. In total for 2018/19, there were 9 serious incidents.



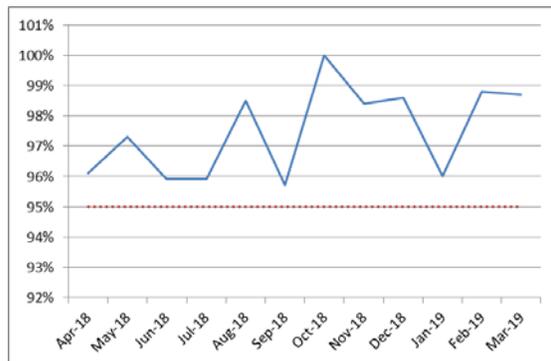
Inquests/Coroner's investigations

One new Coroner's investigation was opened in March 2019 and a report has been provided to the Cheshire Coroner. In total for 2018/19, there were 5 Coroner investigations/inquests.

1.3 Harm Free Care

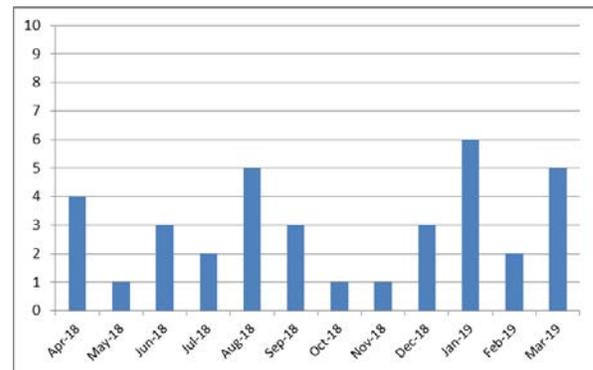
The dotted line represents the target (where one has been set).

Safety Thermometer (CCC harm free)



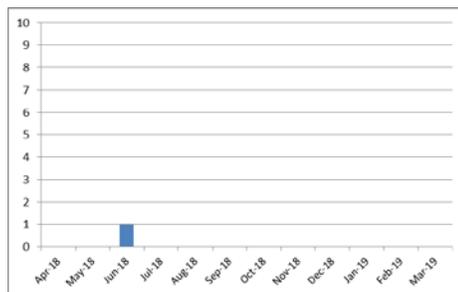
The target of 95% is consistently achieved.

Falls resulting in harm



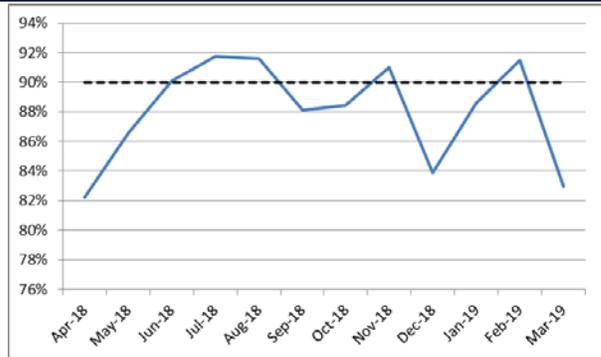
Slight increase in inpatient falls noted Dec 18, Jan and March 19. No identifiable trends. The Trust is implementing the CQUIN 'Three high impact actions to prevent hospital falls' in 2019/20.

Pressure Ulcers (attributable) | Target = 0



The target of 0 attributable grade 2 – 4 pressure ulcers has not been achieved in 2018/19, with 1 in June. All pressure ulcers are reviewed at the Harms Collaborative Meeting, any lapses in care identified and lessons learned shared. Full root cause analyses are conducted for all CCC attributable pressure ulcers.

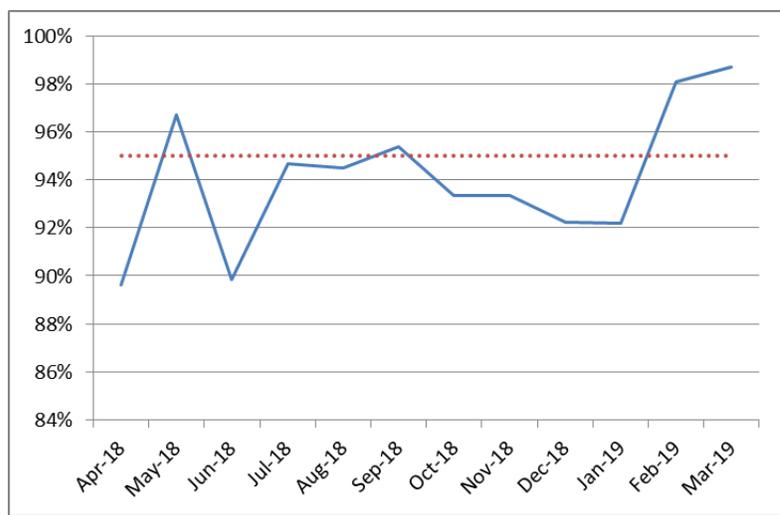
Emergency admissions 14 hour Consultant Review



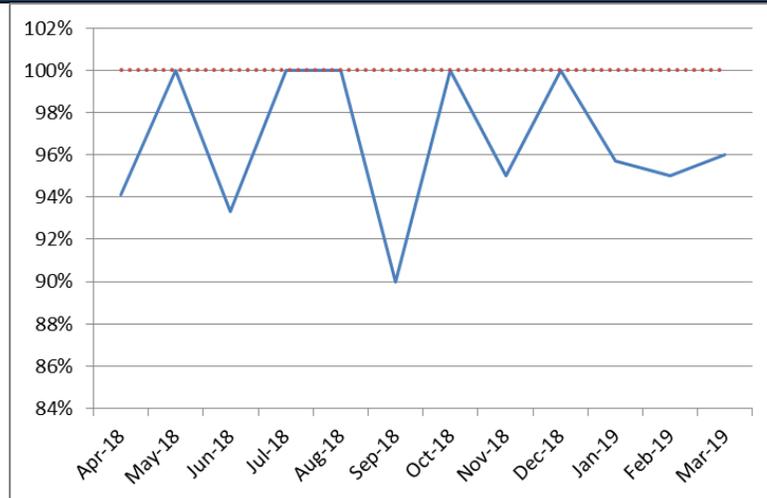
The 90% target is not being consistently achieved, with a significant drop in March. This metric forms part of the national 7 Day Services Assessment. There have been recent changes to Meditech to ensure the standardised capture of consultant review time and the post take ward round is being used to raise awareness of the changes in process. The development of the Clinical Decisions Unit on the Wirral site will facilitate the development of treatment pathways for most solid tumour emergency admissions, appropriately removing these patients from the cohort to which this target applies.

VTE Risk Assessment

Following actions being put in place, including re-enforcement of process across the Trust, 4 additional physician associates appointed and weekly monitoring, the 95% target has been achieved in both February and March 2019.



Sepsis (IV Antibiotics within 1 hour)



The Trust is not consistently achieving the target, with 96% (1 patient non-compliant) for March 2019. A number of key actions have been put in place and performance will be monitored through the Deteriorating Patient Working Group.

Key actions include training for all relevant staff such as Advanced Nurse Practitioners, Allied Health Professionals and Senior Clinical Nurses, Clinical Directors working together to deliver improvements and competencies added as 'Role Essential' within the training matrix.

Dementia Screening, Assessment and Referral

Compliance remains at 100% (7 out of 7) for March 2019.

Health Care Acquired Infections

This section relates to 'reportable' bacteraemia.

C difficile (attributable) Threshold for 2018/19 =<4	E Coli (attributable)
<p>There were no attributable cases in March. The Trust has achieved the target of no more than 4 attributable cases of c diff, with 2 in 2018/19. Full root cause analyses are conducted (with NHSE) for all CCC attributable cases and no lapses in care identified in 2018/19.</p> <p>The post infection review of the February case found that it was unavoidable with no lapses in care. Learning unrelated to the details of this case was identified and shared with teams.</p>	<p>There was 1 attributable E coli blood stream infection on Mersey Ward in March, with the total for 2018/19 was 6.</p>
MSSA (attributable)	Klebsiella (attributable)
<p>There were no attributable cases in March with the total for 2018/19 as 3.</p>	<p>There were no attributable cases in March and the total for 2018/19 was 1.</p>
Pseudomonas (attributable)	MRSA
<p>There were 0 attributable cases in 2018/19</p>	<p>There were 0 cases of MRSA in 2018/19</p>

Non reportable' bacteraemia

Nil to report for March 2019.

1.4 Safe Staffing

Safer Staffing is currently under review and will be reported in a new format from Month 1, April 2019.

2. EFFECTIVE



Note: Haemato-oncology data is included in all the above KPIs where relevant except CUR. HO and ICD are working together to implement CUR in HO. This will be up and running from Quarter 2.

2.1 Clinical Outcomes

Mortality

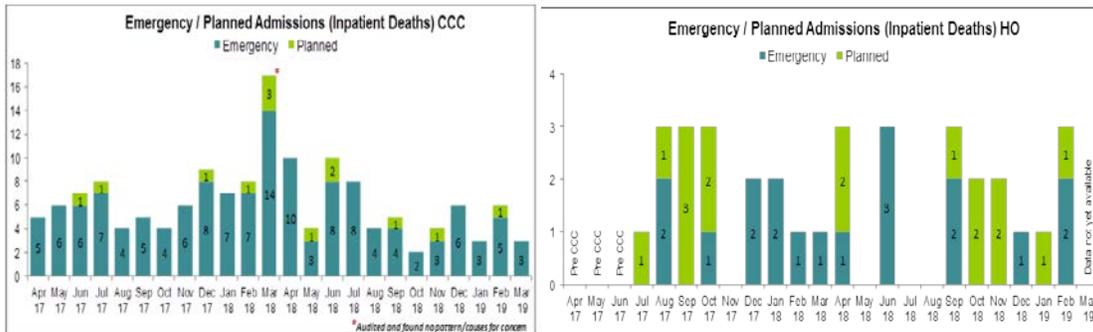
Death rate per admission method (Both CCC (Wirral wards) & HO):

The below table illustrates that between 2017-18 & 2018-19 the emergency admission death rate reduced from 2.0% to 1.5% despite emergency admissions increasing by 3%. The planned admissions death rate remained unchanged year on year.

Emergency Admission Death Rate 2017/18 & 2018/19

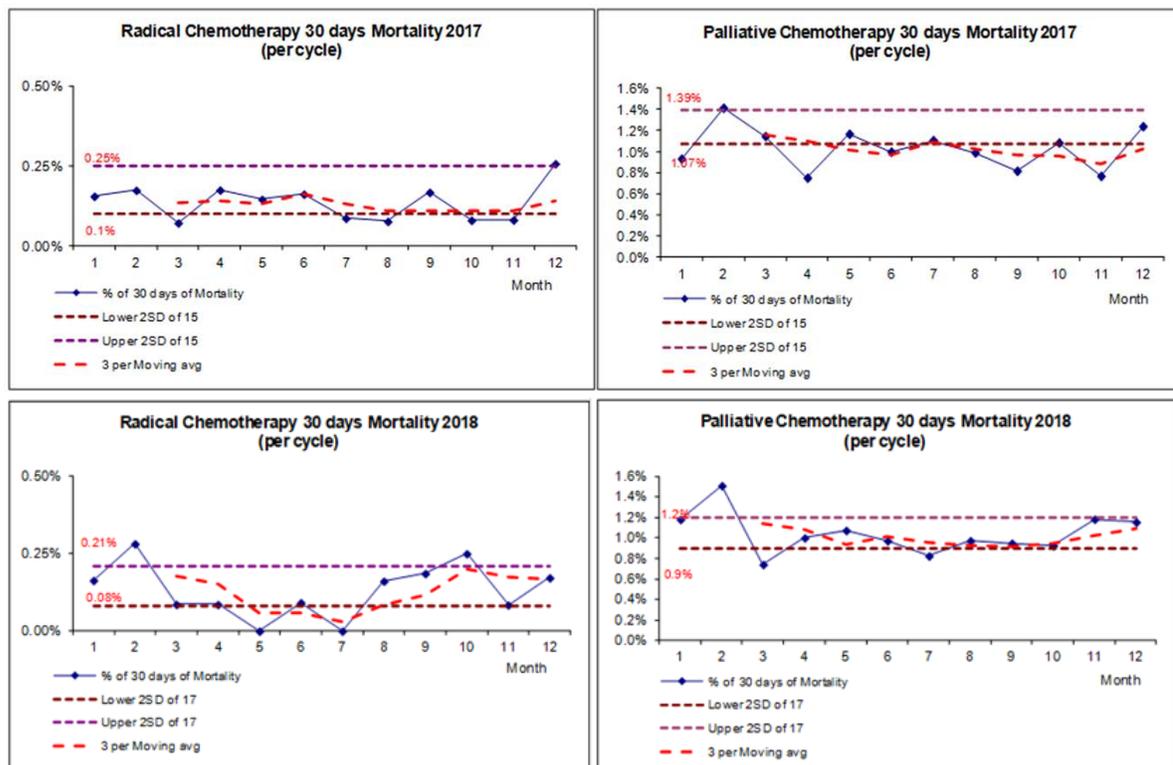
	Emergency Admission (Deaths)	Emergency Admission Death Rate	Planned Admission (Deaths)	Planned Admission Death Rate
2017-2018	88/4391	2.0%	14/1092	1.3%
2018-2019	68/4520	1.5%	15/1117	1.3%

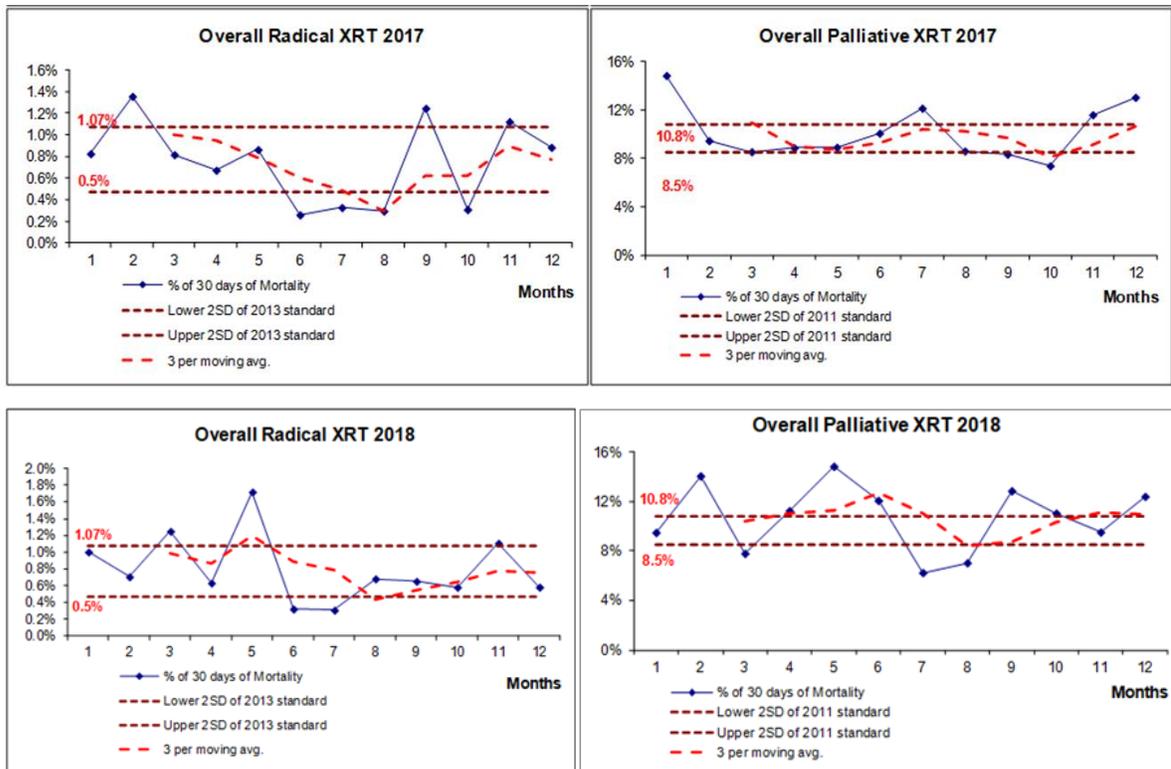
The two graphs below illustrate a monthly trend analysis of emergency versus planned admission inpatient deaths. There was an outlier in deaths during March 2018 for CCC, however these deaths were audited and the results demonstrated no patterns or concerns. These findings were subsequently reported to The Mortality Surveillance Group.



Solid Tumour Mortality within 30 days

The HSMR and SHMI mortality indicators are not applicable to CCC. The Trust has developed its own approach to monitoring statistically significant changes in levels of mortality for patients receiving chemotherapy and radiotherapy (see latest charts below for 2017 and 2018). This information is utilised alongside the outcomes of mortality reviews by the Mortality Surveillance Group, to provide assurance regarding the efficacy of treatment provided and the avoidance of harm.





Chemotherapy Mortality Analysis:

- Radical and Palliative chemotherapy 30 day mortality has improved year on year, hence the control limits for 2018 have been reduced based on 2017 performance.
- 2018 overall performance was within control limits, with no trends or patterns identified. Six regimens were identified with high 30 day mortality after administration of cycle one, hence the appropriate SRG and Trial team manager was tasked to undertake an audit, reporting the results for discussion at the Mortality Surveillance Group.

Radiotherapy Mortality Analysis:

- The control limits for Radical and Palliative radiotherapy 30 day mortality remain unchanged for 2017 and 2018.
- 2018 overall performance was within control limits, with no trends or patterns identified. The palliative radiotherapy performance was slightly higher than 2017, but concluded with no significant change.

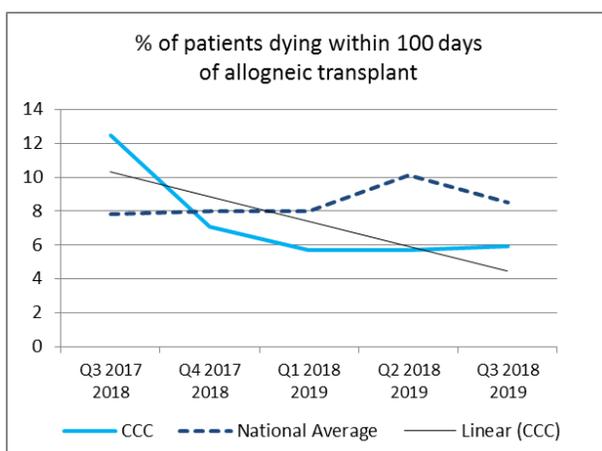
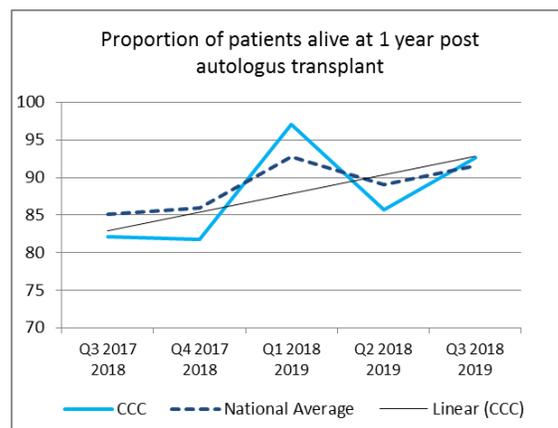
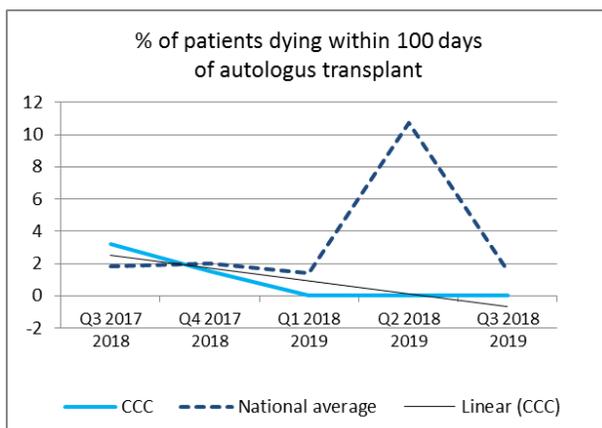
Stem Cell Transplant Mortality

The following information is taken from NHS England's Specialised Services Quality Dashboard Collections, part of the Quality Surveillance Programme. The following data and charts relate to the latest available data, Q3 2018/19 and show that CCC are performing better than the national average for all KPIs.

Key:

Ref	Description	Period	Num	Denom	Value	Nat Avg	Chart	Trend
BMT08a-A	Percentage of patients dying within 100 days of transplant	Jan 18 to Dec 18	0.0	62.0	0.0	1.5		
<p>Theme: Clinical Outcome Numerator Description: <div>Number of patients in denominator who died within 100 days of transplant</div> Denominator Description: <div>Total number of autologous transplants in the first 365 days of the previous 465 day reporting period</div> Interpretation Guidance: Lower is better</p>								
BMT09a-A	Percentage of patients alive at 1 year post transplant	Jan 18 to Dec 18	63.0	68.0	92.6	91.6		
<p>Theme: Clinical Outcome Numerator Description: <div>Number of patients in denominator alive 1 year after transplant</div> Denominator Description: <div>Total number of autologous transplants in the first 12 months of the previous 24 month reporting period</div> Interpretation Guidance: Higher is better</p>								
BMT13-A	Percentage of patients dying within 100 days of transplant	Jan 18 to Dec 18	*	*	5.9	8.5		
<p>Theme: Clinical outcome Numerator Description: <div>Number of patients in denominator who died within 100 days of allogenic transplant</div> Denominator Description: <div>Total number of allogenic transplants in the first 365 days of the previous 465 day reporting period</div> Interpretation Guidance: Lower is better</p>								

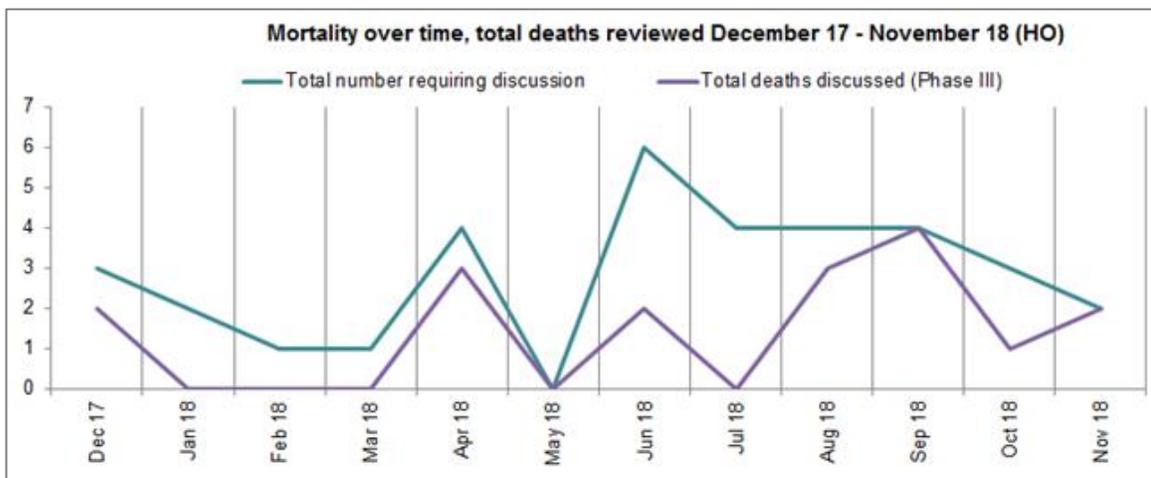
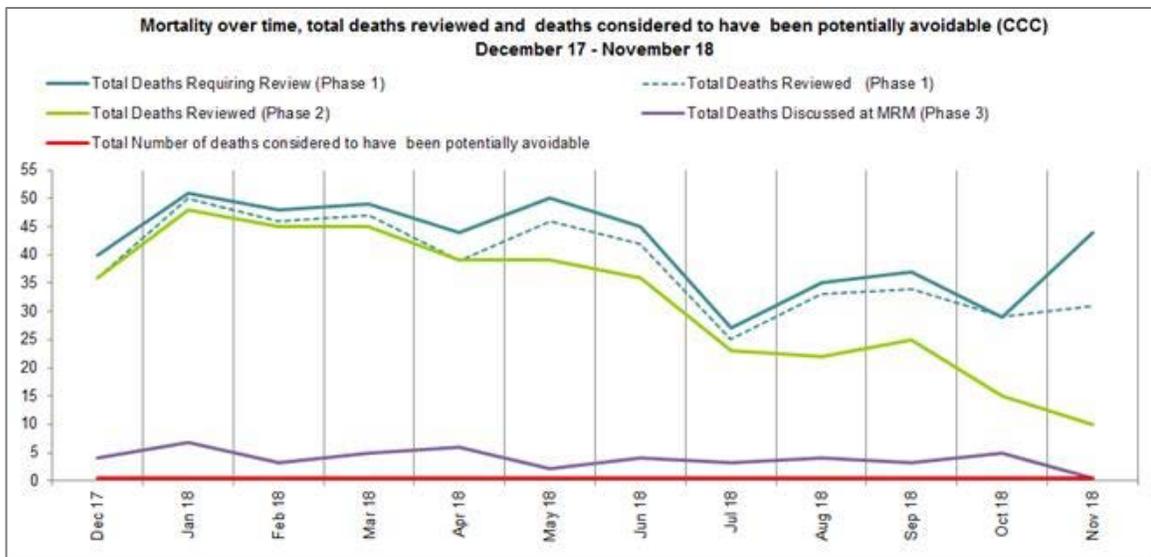
The following charts show changes in performance over time and reveal a positive trend for all KPIs over the 15 month period.



[Note: Errors in the Month 11 report: It was reported that CCC was performing better than the national average in all KPIs, however this was not the case for the 'Proportion of patients alive at 1 year post autologous transplant'. In the charts immediately above, the Month 11 report erroneously stated 'Proportion of patients alive at 2 years post autologous transplant' instead of 1 year].

Mortality Review:

The Trust mortality review process adheres to the 2017 NHSI 'learning from deaths' Guidance. HO mortality is now included on the Trust's mortality dashboard and data is collated centrally. All CCC inpatient deaths, out-patient 30 day chemotherapy/radiotherapy mortality and 90 day radical radiotherapy mortality are reviewed using a robust mortality review process, managed by the Mortality Surveillance Group.



NB: A judgement on avoidability of death is only made on inpatient deaths.

No deaths have been identified as being potentially avoidable in this period. There has been a reduction in the number of deaths reviewed at phase 2 and workshops have been put in place to review the outstanding cases and conduct all appropriate structured judgement reviews; the issue is planned to be resolved by June 2019.

Other clinical outcomes:

The development of the SRG dashboard remains on schedule and should be complete by end of April 2019.

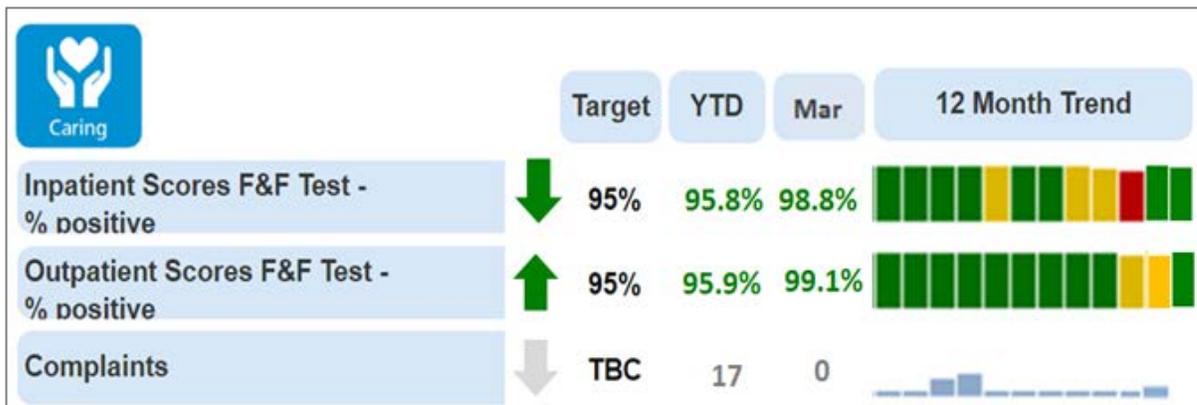
2.2 NICE Guidance

The diagram shows the latest compliance with NICE guidance. There has been a 1% drop since last month due to new NICE guidance received in month.



For the 2.3% where the Trust is non-compliant, all have an implementation plan in progress which is being monitored. The remaining 0.4% consists of 16 individual recommendations which have been reviewed by the Trust and rejected as an acceptable risk or due to alternative treatment being available. A total of 44 (1.1%) recommendations are awaiting assessment of compliance by a named local lead.

3. CARING

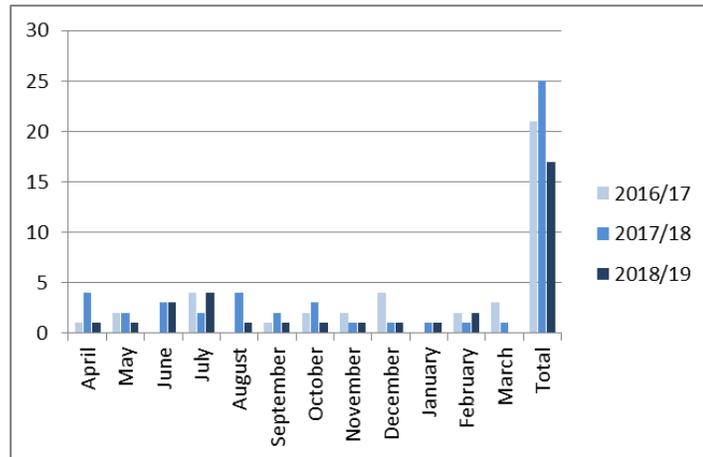


Note: Haemato-oncology data is included in all the above KPIs.

3.1 Complaints and PALS

Complaints:

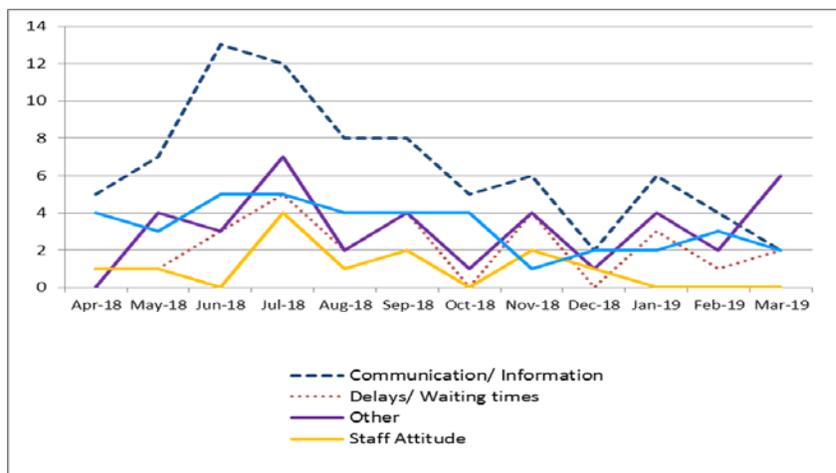
This chart below shows total complaints over the last 3 years.



There were no complaints in March 2019 leaving the total number of complaints received in 2018/19 at 17. Of the 17 complaints, 16 have been completed with 1 outstanding from February. The details of the complaint will be discussed at the next Mortality Review Meeting and actions identified as appropriate.

Patient Advice and Liaison Service (PALS):

This chart shows the trends for the 5 most common categories of PALS contact.



Following a peak in June 2018, there has been a significant reduction in the number of PALS contacts relating to communication / information. There were no PALS contacts relating to staff attitude in Q4.

In 2018/19, 53% of contacts in the category of 'other' were compliments on care or treatment. The remaining contacts include enquiries and minor concerns.

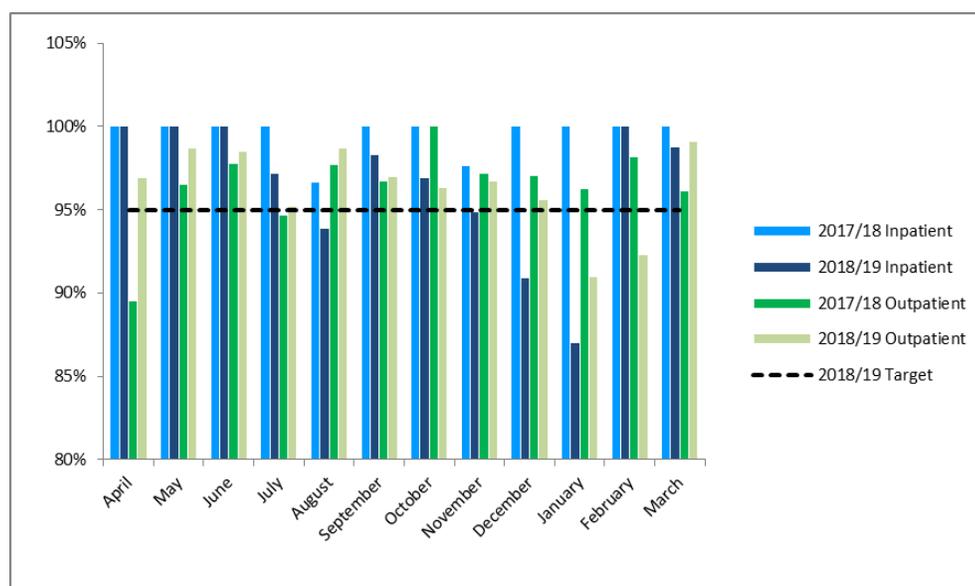
Whilst not featuring in the top 5, the following 'care' related contacts were also made in 2018/19:

Category	Total contacts
Admissions, Discharge and Transfer	12
Consent	1
End of Life	1
Privacy, Dignity and Wellbeing	4
Total	18

3.2 Patient Surveys

Friends & Family Test (FFT): Scores

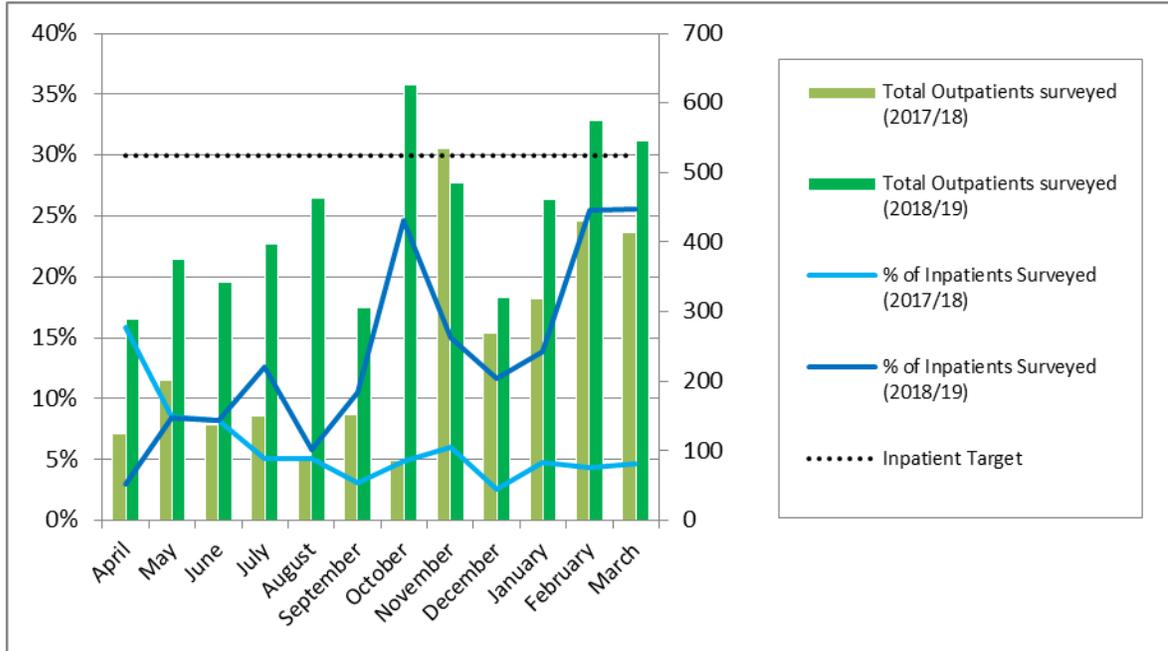
The chart below shows the % of inpatients and outpatients who were 'likely' or 'extremely likely' to recommend the Trust to friends and family per month in 2017/18 and 2018/19.



The targets for inpatients and outpatients recommending the Trust were achieved in March resulting in the overall 2018/19 performance targets being met.

Friends & Family Test: Response rates

The chart below shows the total outpatients and % of inpatients surveyed by month in 2017/18 and 2018/19.



The inpatient response rate was 26% for March, 0.5% higher than reported in February.

After a significant increase in February, outpatient responses have fallen slightly from 575 to 545. Matrons' action plans are monitored at the directorate Quality and Safety meetings, discussed at the monthly Directorate performance meetings and improvement trajectories have been set for each Directorate for 2019/20.

3.3 Partners in Care

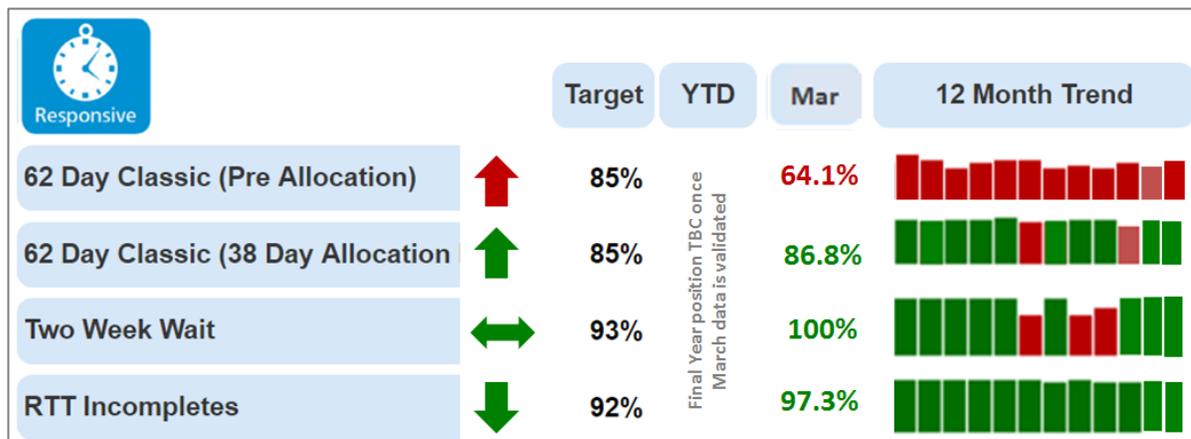
The Trust has successfully introduced the 'Partners in Care' service, which enables patients to choose a family member or close friend to become a member of their care team; assisting the nursing team on the ward to help deliver care and/or provide support. The figures below show the successful embedding of this service at significant pace.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
% of admissions that had a partners in care assessment	13%	66%	90%	88%	84%	90%	88%	88%	90%	91%	91%	99%	

3.4 Claims

There are currently 13 open and ongoing claims against the Trust comprising of 8 claims alleging clinical negligence, 4 employer liabilities and 1 public liability claim.

4. RESPONSIVE



Note: Haemato-oncology data is included in all the above KPIs.

4.1 Cancer Waiting Times Standards

National Standards

*March figures are accurate as at 10 April 2019, but are not finally validated until 5 May 2019.

Standard	Target	Q1 2018/19	Q2 2018/19	Q3 2018/19	Jan 2019	Feb 2019	March 2019*
62 Day (pre allocation)	85%	59.4%	60.4%	55.5%	55%	55%	64.7%
62 Day (post allocation)	85%	87.4%	86.5%	87.5%	81.1%	86.5%	86.8%
31 Day (firsts)	96%	98.2%	96.6%	98.4%	99.2%	98.4%	98.6%
18 Weeks – incomplete pathways	92%	99%	98%	98%	98%	92%	97.3%
Diagnostics: <6 week wait	99%	100%	100%	100%	100%	100%	100%
2 Week Wait	93%	100%	97%	83%	100%	100%	100%

The new 28 day (faster diagnosis) standard will be shadow monitored in 2019/20 and will go live in April 2020.

The 7 day KPI for March was 81.7% and the 24 day performance was 81.2%.

62 Day waiting times standard:

The post allocation performance figure is a true reflection of CCC performance against the CWT standards. The pre allocation performance figure is adversely affected by late referrals into CCC from referring trusts. The Cancer Delivery Group (NHSE/NHSI/The Cancer Alliance) is fully aware of and acknowledges this issue.

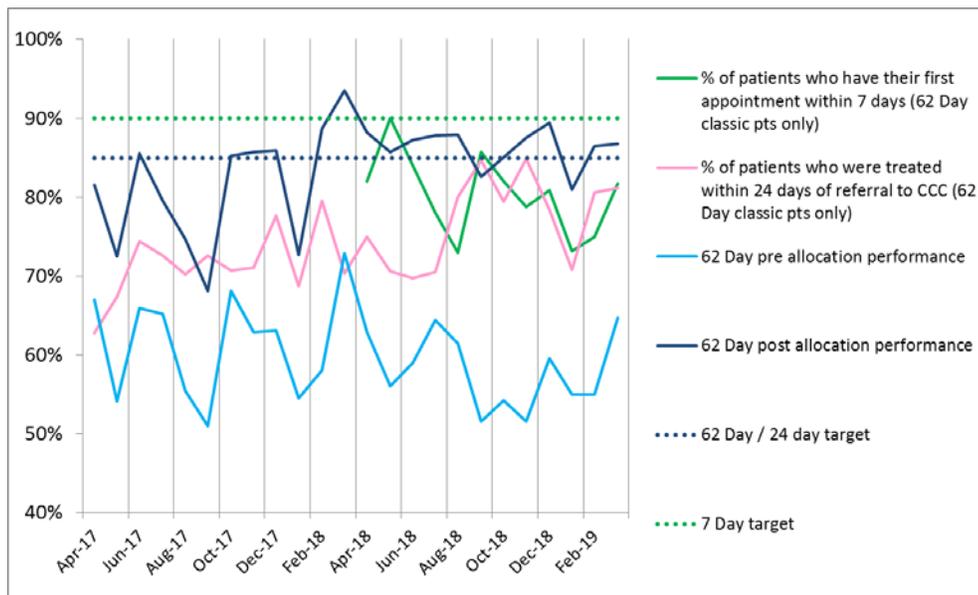
The first 'shadow' report from NHS Digital on the Trusts' post allocation position was received in January 2019. This data has been reviewed by CCC along with other Trusts, all of whom have found the data to be inaccurate. NHS Digital is continuing to work on these reports and Trusts are due to have access to patient level data that will be reviewed for accuracy.

The 62 day standard breach details are as follows:

Day into CCO	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							
29	45	74	Lung	Wirral	Radical RT	20 days to 1st oncology appt due to lung capacity, ACE01 Trial double scan & RT delay	Yes – 7 day target not achieved and entry into trial
Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days							
58	25	83	HPB	WHH	Palliative Chemo	Admin at RLH CLINIC - Patient turned away from clinic for 1st appt as not on clinic list. This is being investigated as an incident.	Yes – Admin Error at RLUHT
41	27	68	LGI	WHH	Neo-adj RT/Chemo	Medical - Treatment deferred by 1 week due to patient having Flu	No
91	34	125	LGI	SORM/Aintree	Palliative Chemo	Medical - Needed prophylactic nailing prior to chemo	No
138	61	199	Urology	Wirral	Radical RT	Trial process (PACE) randomised to SABR, theatre capacity	Yes
71	27	98	Breast	Aintree	Neo-adj Chemo	Patient choice	No
102	28	130	H&N	Aintree	Radical RT	Peer Review / Consultant Capacity	Yes
106	36	142	H&N	SORM/Aintree	Palliative RT	Patient DNA. /Consultant capacity to complete peer review.	No
39	35	74	HPB	RLH	Palliative Chemo	Medical and consultant sick leave.	No

39	27	66	H&N	WHH/ Whiston /Aintree	Radical RT/Chemo	Treatment delayed – Patient Choice	No
50	27	77	HPB	RLH/ Aintree	Palliative Chemo	Trial process, patient not eligible & hospital delay to next appointment.	Yes

The chart below shows CCC's monthly performance for 62 day waits (pre and post allocation) and treatment by CCC within 24 days.



62 Day performance by tumour group:

The tables below show the Q1, Q2, Q3 and Q4 2018/19 compliance by tumour group for the pre and post allocation 62 day target. As the numbers are small, there can be considerable variation in compliance from month to month, however consistent challenges are Head and Neck (due to the frequent inclusion of dental treatment in the pathway) and haematological, as these are complex pathways requiring additional diagnostic tests.

Q1

Tumour Group	Breaches	Accountabl...	Hits	Accountabl...	TOTAL	/ Accountabl...	PreAllocated %	Allocated %	Allocated Perform...
Lung	16	4.5	76	43.5	92	48	82.61%	90.63%	
Urological (Excluding Testicular)	28	2	10	8	38	10	26.32%	80.00%	
Upper Gastrointestinal	22	3	15	9.5	37	12.5	40.54%	76.00%	
Breast	2	0	30	16	32	16	93.75%	100.00%	
Lower Gastrointestinal	12	0	20	14	32	14	62.50%	100.00%	
Head and Neck	18	5	8	6	26	11	30.77%	54.55%	
Gynaecological	5	0	7	5	12	5	58.33%	100.00%	
Haematological (Excluding Acute Leuka...)	5	2.5	4	2	9	4.5	44.44%	44.44%	
Sarcoma	5	0	2	1.5	7	1.5	28.57%	100.00%	
Other	1	0	4	3	5	3	80.00%	100.00%	
Skin	1	0	1	1	2	1	50.00%	100.00%	
Nasal cavity	1	0.5	0	0	1	0.5	0.00%	0.00%	

Q2

Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Lung	16	2	70	41	86	43	81.40%	95.35%	
Breast	4	1	33	19	37	20	89.19%	95.00%	
Lower Gastrointestinal	21	1	16	9	37	10	43.24%	90.00%	
Urological (Excluding Testicular)	20	2	16	12.5	36	14.5	44.44%	86.21%	
Head and Neck	22	5	13	8.5	35	13.5	37.14%	62.96%	
Upper Gastrointestinal	20	5	12	9	32	14	37.50%	64.29%	
Gynaecological	9	0	6	4	15	4	40.00%	100.00%	
Haematological (Excluding Acute Leuka...)	4	1	9	5	13	6	69.23%	83.33%	
Other	3	0.5	2	1	5	1.5	40.00%	66.67%	
Sarcoma	2	0	1	0.5	3	0.5	33.33%	100.00%	
Skin	0	0	1	1	1	1	100.00%	100.00%	

Q3

Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Lung	13	3.5	47	27	60	30.5	78.33%	88.52%	
Breast	4	0	49	26.5	53	26.5	92.45%	100.00%	
Lower Gastrointestinal	28	3	17	13.5	45	16.5	37.78%	81.82%	
Upper Gastrointestinal	31	1	9	6.5	40	7.5	22.50%	86.67%	
Head and Neck	18	3.5	15	9.5	33	13	45.45%	73.08%	
Gynaecological	18	1	7	4.5	25	5.5	28.00%	81.82%	
Urological (Excluding Testicular)	13	0.5	11	9	24	9.5	45.83%	94.74%	
Haematological (Excluding Acute Leuka...)	9	4.5	12	6.5	21	11	57.14%	59.09%	
Other	2	1	4	3	6	4	66.67%	75.00%	
Skin	2	0	1	1	3	1	33.33%	100.00%	
Sarcoma	0	0	2	1	2	1	100.00%	100.00%	

Q4 (not yet validated)

Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Lung	9	2.5	53	31.5	62	34	85.48%	92.65%	
Breast	6	1.5	51	28	57	29.5	89.47%	94.92%	
Upper Gastrointestinal	26	4	20	14	46	18	43.48%	77.78%	
Lower Gastrointestinal	26	3	13	10	39	13	33.33%	76.92%	
Head and Neck	20	5.5	13	7.5	33	13	39.39%	57.69%	
Urological (Excluding Testicular)	22	0.5	10	9	32	9.5	31.25%	94.74%	
Haematological (Excluding Acute Leuka...)	10	2.5	10	5	20	7.5	50.00%	66.67%	
Gynaecological	8	0.5	4	2.5	12	3	33.33%	83.33%	
Other	0	0	5	3	5	3	100.00%	100.00%	
Skin	1	1	1	1	2	2	50.00%	50.00%	
Sarcoma	2	0	0	0	2	0	0.00%	-	
Brain/Central Nervous System	0	0	1	0.5	1	0.5	100.00%	100.00%	

Patients treated on or after 104 Days

In March 2019, 12 patients were treated after day 104. All late referrals between days 91 - 279. 4 patients were not treated within 24 days by CCC, 2 of which were due to consultant delays and peer review. 1 due to trial process and 1 due to a medical reason.

Cancer Waiting Times Improvement Plan

A number of key actions are underway as part of the Improvement Plan as reported in February. Progress since last month includes initiating discussions around the potential introduction of centralised pre assessment clinics, a revised process for allocating Consultant leave and cover arrangements within medical staffing and a robust plan to mitigate the impact of holiday periods.

4.2 Clinic Waiting Times

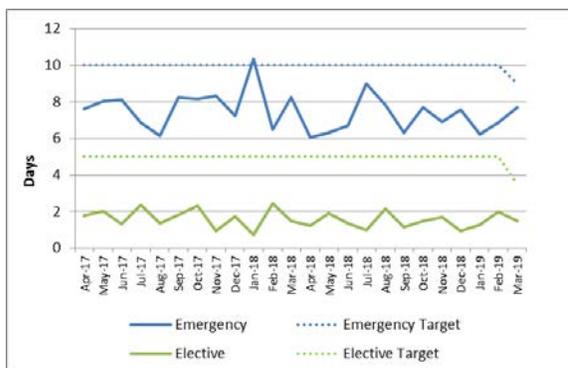
The table below shows the % of patients waiting for fewer than 30 minutes, 30 – 60 minutes and more than 60 minutes for their outpatient appointment at the Wirral site, for Delamere and for the Trust’s peripheral clinics. The targets have been met in each area for the last 2 months. Overall 2018/19 performance has met targets

	Target	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
CCC Outpatients Wirral: Seen within 30 minutes	80%	78%	78%	78%	78%	75%	79%	75%	76%	81%	85%	85%	85%	84%	
CCC Outpatients Wirral: Seen between 31 and 60 minutes		11%	12%	13%	14%	14%	12%	14%	15%	13%	10%	11%	10%	10%	
CCC Outpatients Wirral: Seen after 60 minutes		11%	10%	9%	9%	11%	9%	11%	9%	7%	5%	5%	6%	6%	
Delamere: Seen within 30 minutes	80%	82%	81%	80%	79%	78%	82%	78%	77%	79%	77%	77%	82%	81%	
Delamere: Seen between 31 and 60 minutes		9%	10%	11%	11%	11%	10%	12%	13%	10.0%	11.0%	12%	9.1%	10.0%	
Delamere: Seen after 60 minutes		9%	9%	10%	10%	11%	8%	10%	10%	10.6%	11.0%	11%	8.6%	9.0%	
Outpatient peripheral clinics: Seen within 30 minutes	80%	87%	89%	91%	91%	91%	91%	90%	89%	90%	91%	91%	90%	91%	
Outpatient peripheral clinics: Seen between 31 and 60 minutes		8%	7%	6%	6%	6%	6%	6%	7%	6.7%	2.2%	6%	7.2%	6.5%	
Outpatient peripheral clinics: Seen after 60 minutes		5%	4%	3%	3%	3%	4%	3%	3%	3.5%	1.6%	3%	2.9%	2.4%	

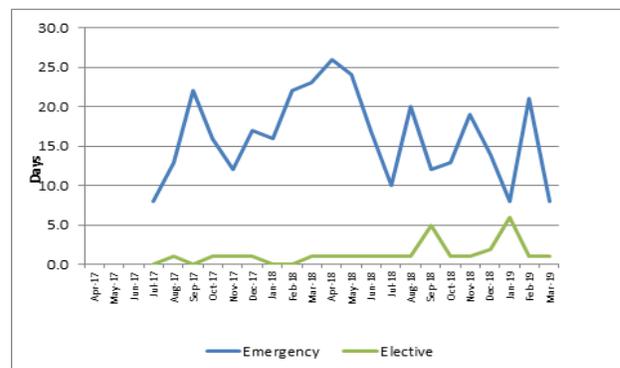
4.3 Length of Stay (LOS)

The following charts show the LOS for elective and emergency admissions in days per month for CCCW and HO wards.

Wirral Wards x 3



HO Wards x 2



Wirral wards have been within target throughout 2018/19. A revised, more stretching target has been introduced from Month 12 for these wards, of 9 days (emergency) and 3.5 days (elective), to ensure a continued focus on reducing length of stay. A target will be developed for HO wards in 2019/20, using data from peers nationally. Work will be carried out on pathways in both solid tumour and HO wards to bring both in line with our best performing peers.

Changes to the Trust admission and discharge policy, the introduction of the new patient flow team and the developments underpinned by the Clinical Utilisation Review CQUIN will affect our LOS.

Delayed transfers of care will be reported from April 2019 onwards.

4.4 Bed Occupancy

The table below shows the CCCW average bed occupancy by month and ward at 2 different times of day. The targets are G: 80-85%, A: 75-79 and 86-90, R:<75 & >90 (except Sulby at 2am for which no target is applied). Data flows for HO wards' bed occupancy are being established.

Average Occupancy	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
11 am (Conway)	89%	83%	69%	85%	84%	78%	77%	77%	75%	68%	80%	84%	81.0%	
11 am (Mersey)	79%	66%	65%	78%	75%	68%	66%	66%	69%	72%	85%	88%	87.0%	
11 am (Sulby)	49%	27%	27%	45%	81%	74%	70%	70%	49%	48%	60%	53%	58.0%	
2 am (Conway)	89%	84%	69%	85%	84%	78%	78%	78%	75%	69%	80%	84%	81.0%	
2 am (Mersey)	77%	65%	63%	76%	74%	67%	67%	67%	70%	70%	84%	88%	86.0%	
2 am (Sulby)	29%	17%	15%	26%	33%	34%	32%	32%	19%	14%	17%	10%	4%	

A bed occupancy report for HO and solid tumour in patient wards is received daily by all senior managers to enable the HO & ICD Directorates to reconfigure staffing to areas in need. During times of high occupancy, additional bed meetings and occupancy reports are activated.

Our HO service remains challenged with demand for bed capacity, there is a minimum of 8 HO outliers within the RLBUHT bed base at any one time.

The Sulby Ward closure has completed its two month temporary closure and for the time being, while the impact assessment is conducted, the ward remains closed overnight. The impact assessment will be presented to the Board in May 2019.

However, Sulby was opened overnight on 2 occasions in March when demand exceeded capacity to ensure that all patients requiring care at CCC were accommodated rather than be referred to their local acute Trust.

4.5 Radiology Reporting

This table displays the reporting turnaround times for inpatients and outpatients and reveals that the Trust is failing to achieve the respective targets of 24 hours and 7 days.

		Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
Imaging reporting turnaround: inpatients within 24 hours	G: >=90%, A: 80-89%, R: <80%	83.8%	83.8%	81.9%	69.6%	70.0%	78.4%	82.3%	80.7%	78.6%	69.3%	73.9%	82.6%	62.5%	
Imaging reporting turnaround: out patients within 7 days		94.3%	94.9%	87.8%	68.8%	50.7%	50.3%	76.1%	73.1%	70.0%	67.8%	72.5%	89.6%	62.8%	

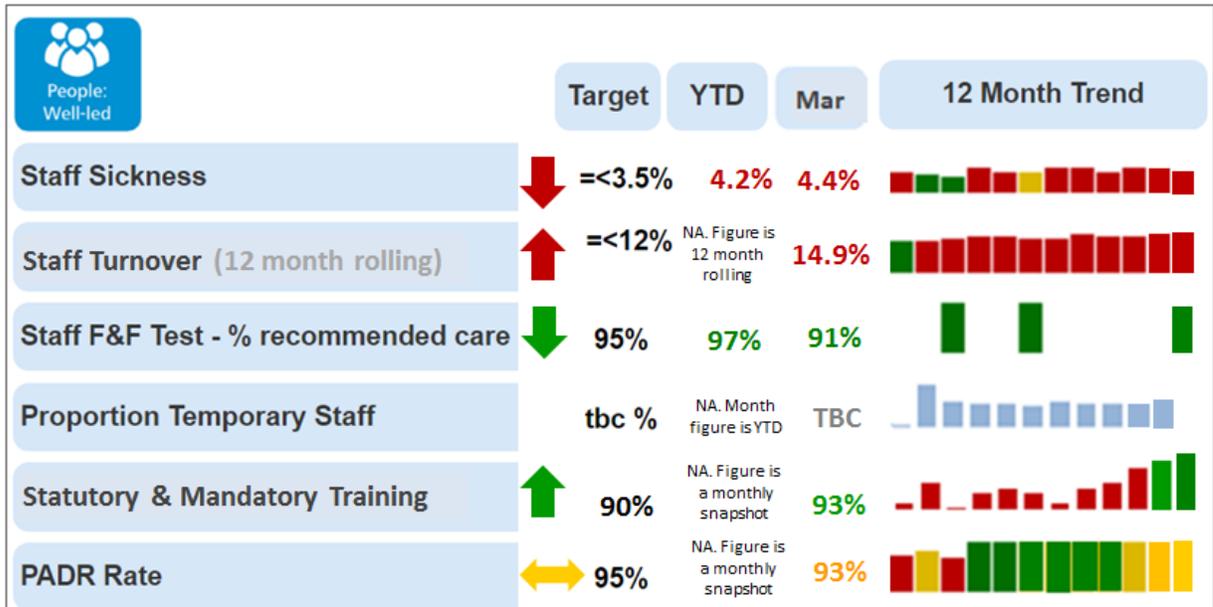
This performance reflects the capacity issues faced by CCC. Whilst there was an improvement in February, a combination of annual leave, non-availability of locums and the inability of some ad-hoc reporters to attend at CCC has impacted on March performance. This is being monitored by the Executive Team and Commissioners.

To mitigate this underperformance daily sit reps are completed by the department to ensure urgent imaging reports and reports needed to facilitate Out Patient Department appointments are delivered on time.

4.6 Patients recruited to trials

The section of this report is under review and will be reported in a new format from Month 1, 2019/20.

5. WELL LED



Note: Haemato-oncology data is included in all the above KPIs.

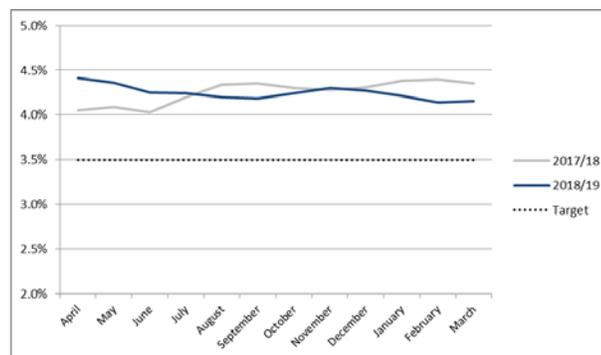
5.1 Workforce Overview

	2018 / 04	2018 / 05	2018 / 06	2018 / 07	2018 / 08	2018 / 09	2018 / 10	2018 / 11	2018 / 12	2019 / 01	2019 / 02	2019 / 03	Trend
Headcount	1,270	1,265	1,261	1,260	1,274	1,274	1,292	1,295	1,295	1,299	1,304	1,317	
FTE	1,151.31	1,145.62	1,142.80	1,143.47	1,156.47	1,157.15	1,173.97	1,174.43	1,174.57	1,178.08	1,183.31	1,194.93	
Leavers Headcount	17	22	17	12	16	16	14	19	17	17	14	20	
Leavers FTE	13.22	18.80	15.91	11.49	13.52	13.64	12.75	17.56	14.87	14.72	11.39	15.06	
Starters Headcount	26	13	16	10	26	19	30	22	19	19	21	25	
Starters FTE	24.50	11.25	15.32	9.04	23.13	15.96	27.67	17.67	16.70	17.13	18.66	21.28	
Maternity	29	32	35	33	34	35	36	41	40	39	40	43	
Turnover Rate (Headcount)	1.34%	1.74%	1.35%	0.95%	1.26%	1.26%	1.08%	1.47%	1.31%	1.31%	1.07%	1.52%	
Turnover Rate (FTE)	1.15%	1.64%	1.39%	1.01%	1.17%	1.18%	1.09%	1.50%	1.27%	1.25%	0.96%	1.26%	
Leavers (12m)	146	158	164	165	172	169	174	190	187	188	194	201	
Turnover Rate (12m)	12.10%	12.92%	13.23%	13.26%	13.76%	13.46%	13.79%	15.01%	14.72%	14.74%	15.17%	15.66%	
Leavers FTE (12m)	127.92	138.37	144.62	147.40	152.36	147.87	152.66	167.42	164.11	164.41	169.12	172.93	
Turnover Rate FTE (12m)	11.73%	12.51%	12.90%	13.08%	13.46%	13.00%	13.36%	14.59%	14.25%	14.22%	14.58%	14.85%	

The following data is presented by Trust and then Directorates/Services. The Trust data is rolling 12 months and Directorate/Service is monthly.

5.2 Sickness Absence

The chart below shows the Trust's rolling 12 months sickness absence per month and year since April 2017, with little movement between 4% and 4.5% during this time.



The Trust 12 month rolling sickness absence is 4.2% and the in-month sickness absence position continues a downward trend decreasing slightly to 4.43% in March from 4.46% in February 2019. Gastrointestinal problems, cold, cough and flu, and anxiety, stress and depression remain the three highest reasons for sickness absence across the Trust.

The breakdown of sickness absence in March is detailed below:

- 35 episodes due to gastrointestinal problems; the highest reason for sickness. Delamere Administrative Team, Administrative Services and Pharmacy had 4 cases each and Sulby had 3 cases. Analysis of this information will be used to inform targeted action.

- 29 episodes due to cold, cough and flu. Radiotherapy had the highest number of cases with 8, followed by Administrative Services with 5 cases and Intermediate Cancer Team with 3 cases.
- 26 cases of Anxiety/stress/depression. Sulby, Radiotherapy, IM&T and Delamere Nursing all had 3 cases. Availability of the new Employee Assistance Programme service continues to be promoted to provide early intervention and initial feedback has been positive.

Directorates & Corporate Services:

Sickness absence per month per Directorate and the overall trend:

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
Haemato-oncology Directorate	3.8%	5.3%	4.0%	4.2%	4.5%	2.3%	3.82%	3.85%	4.00%	4.41%	4.86%	4.85%	4.22%	
Chemotherapy Services	7.1%	5.3%	4.9%	3.4%	3.9%	3.0%	3.43%	3.89%	5.00%	5.72%	7.34%	6.92%	6.88%	
Integrated Care Directorate	6.2%	4.2%	3.3%	2.4%	4.4%	2.8%	4.62%	5.94%	4.36%	2.94%	4.11%	3.47%	5.19%	
Radiation Services Directorate	2.1%	3.1%	2.4%	2.1%	3.2%	3.2%	2.55%	3.96%	4.79%	4.11%	3.25%	3.57%	2.54%	
Corporate Services	5.11%	4.56%	3.95%	4.64%	6.88%	7.38%	5.99%	5.44%	4.95%	3.71%	4.83%	5.30%	4.41%	
Research	4.83%	2.79%	3.71%	2.38%	4.58%	5.24%	4.18%	4.99%	4.24%	3.10%	4.05%	2.90%	5.52%	
Quality	3.2%	1.4%	1.0%	2.2%	1.7%	1.7%	0.8%	4.3%	3.9%	5.15%	6.88%	3.88%	3.94%	
Support Services	4.2%	3.1%	2.9%	5.2%	7.9%	8.2%	7.3%	8.2%	4.4%	1.6%	0.5%	0.0%	0.0%	

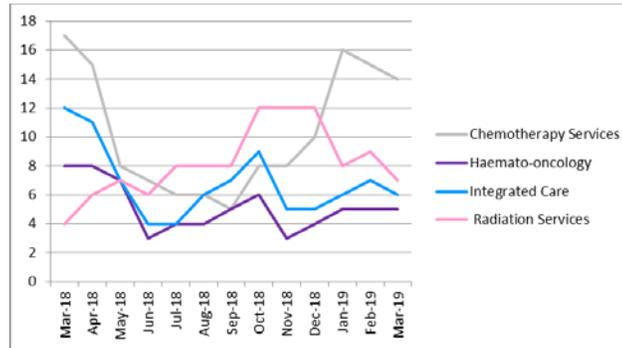
Long / short term sickness absence:

Occurrences of short and long term sickness absence, per month, trust wide:

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
Short term	116	105	119	103	133	118	103	164	159	148	195	151	133	
Long term	62	56	44	33	45	48	45	56	45	44	49	50	43	

There has been a downward trajectory for long term sickness absence since October 2018, following the review of the Attendance Management Policy and significant focus within the Workforce & OD team on supporting early intervention and implementation of support to enable staff to return to work as quickly as possible. The previously rising trend of short term sickness has ended, with a reduction in February and March.

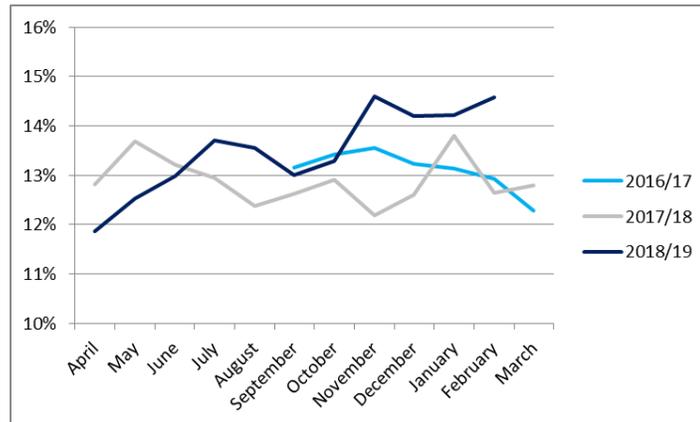
The chart below presents this data by Directorate.



Reporting of reasons for absence in ESR is not being utilised fully and the HR Business Support team are working with managers to obtain more information with regards to these sickness episodes.

5.3 Staff Turnover

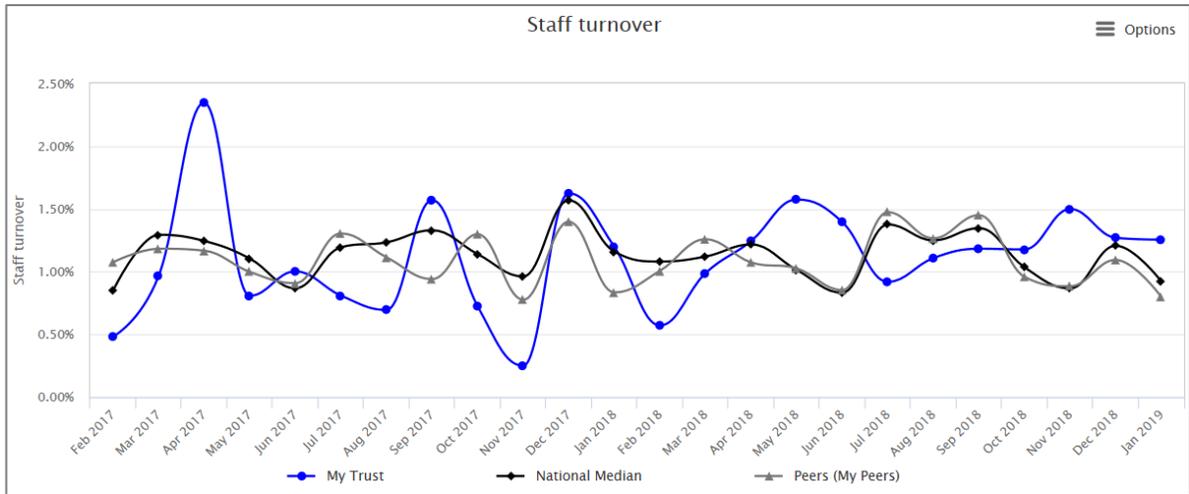
This chart shows the rolling 12 month turnover figures by end month and year, revealing a rising trend in 2018/19.



Turnover for March 2019 has increased slightly from 14.6% to 14.9%, with 20 leavers in March. The majority of leavers were from the Admin and Clerical staff group (8) followed by the Nursing & Midwifery staff group (5).

For nursing, reasons for leaving include retirement (2), promotion (1) a move to the private sector (1) and capability issues (1). For admin and clerical staff reasons include child dependents (1), to undertake further education/training (1), promotion (1), end of fixed term contract (1) work life balance (1), career change (1) and capability issues (1).

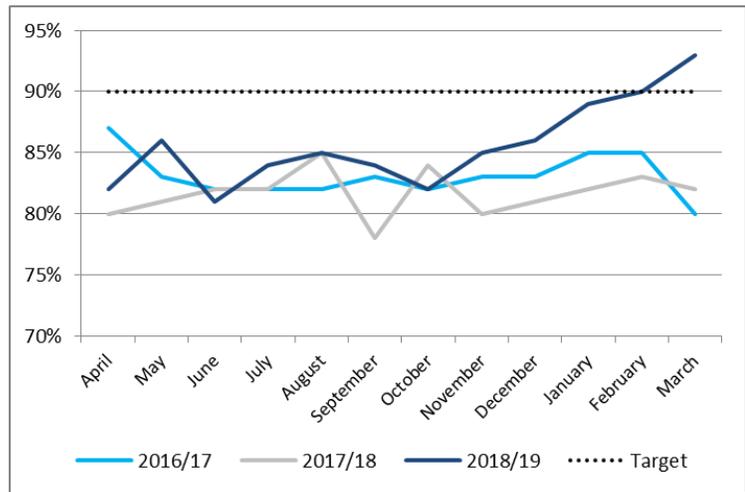
The 'Model Hospital' benchmarking chart below uses a different measure than ESR to calculate turnover; using this definition, CCC have similar, and often lower levels of turnover to both peers and the national average.



KPI definition: Number of Staff leavers reported within the period /Average of number of Total Employees at end of the month and Total Employees at end of the month for previous 12 month period

5.4 Statutory and Mandatory Training

This section presents the Trust figures per month and year, the Directorate / Service compliance and then detailed actions and specific course compliance. The Trust has achieved the overall target in March 2019 at 93%.



Directorate	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
Haemato-oncology Directorate	58%	76%	74%	63%	66%	66%	54%	59%	58%	72%	74%	85%	
Chemotherapy Services Directorate	87%	89%	89%	86%	88%	88%	89%	89%	93%	95%	96%	97%	
Intergrated Care Directorate	87%	87%	87%	88%	89%	89%	87%	88%	87%	90%	90%	93%	
Radiation Services Directorate	86%	88%	87%	88%	89%	85%	86%	84%	87%	91%	92%	95%	
Corporate Services								88%	84%	90%	90%	93%	
Quality	92%	91%	90%	94%	96%	97%	95%	94%	98%	99%	97%	99%	
Support Services	91%	92%	92%	92%	92%	93%	91%	91%	94%	98%	97%	99%	

Course Specific

The table below shows progress since December, by Clinical Directorate and course (data correct as at 15/04/2019). An amber threshold (80-85%) has been applied to this table to better show improvement and areas of highest concern.

Directorate	Course	December 2018	10/01/2019	17/01/2019	24/01/2019	31/01/2019	07/02/2019	14/02/2019	21/02/2019	28/02/2019	07/03/2019	14/03/2019	21/03/2019	28/03/2019	10/04/2019	15/04/2019	Trend for weeks
Chemotherapy	BLS	55%	72%	71%	76%	78%	79%	83%	85%	82%	84%	85%	86%	88%	95%	95%	
	ILS	42%	60%	61%	60%	63%	70%	72%	73%	80%	83%	84%	85%	87%	91%	92%	
	Safeguarding Adults - L3	86%	100%	86%	86%	86%	86%	53%	55%	55%	53%	70%	68%	68%	86%	100%	
	Patient handling - L2	67%	73%	71%	85%	86%	85%	88%	89%	92%	94%	96%	91%	91%	96%	98%	
	Infection Control	75%	79%	80%	81%	81%	84%	84%	84%	87%	87%	86%	87%	88%	92%	93%	
Haem Onc	BLS	53%	83%	90%	88%	88%	93%	89%	95%	96%	92%	97%	88%	88%	92%	95%	
	Safeguarding Adults - L3	11%	34%	43%	43%	65%	63%	70%	68%	78%	73%	68%	55%	55%	89%	95%	
	Patient handling - L2	43%	72%	82%	78%	78%	83%	85%	89%	95%	88%	81%	78%	80%	85%	95%	
	Infection Control	74%	76%	75%	75%	77%	71%	73%	67%	95%	75%	75%	50%	50%	77%	100%	
Integrated Care	BLS	71%	79%	79%	80%	83%	83%	84%	79%	78%	78%	83%	85%	87%	93%	94%	
	ILS	41%	68%	68%	69%	70%	71%	72%	71%	70%	70%	70%	70%	76%	93%	93%	
	Safeguarding Adults - L3	33%	75%	50%	47%	53%	53%	53%	53%	56%	50%	57%	60%	60%	75%	78%	
	Patient handling - L2	78%	78%	79%	78%	80%	81%	81%	80%	81%	82%	83%	84%	85%	89%	88%	
Radiation Services	Infection Control	49%	49%	76%	76%	78%	81%	81%	78%	79%	81%	80%	82%	84%	90%	91%	
	BLS	50%	75%	74%	71%	79%	81%	80%	82%	81%	82%	82%	84%	86%	95%	95%	
	ILS	67%	55%	47%	52%	57%	62%	68%	68%	69%	71%	76%	74%	76%	86%	86%	
	Safeguarding Adults - L3		23%	21%	21%	21%	21%	50%	50%	50%	50%	75%	75%	75%	100%	100%	
	Patient handling - L2	70%	72%	71%	73%	77%	81%	78%	81%	82%	83%	85%	87%	90%	96%	95%	

[Note: Haem-Onc Infection Control figure – requires final validation]

There has been a significant increase in compliance across the priority areas, and the Trust has met the 90% target for BLS and ILS. However, there is still work to do across the Directorates and action plans are in place and monitored weekly.

Integrated Care compliance shows 78% for Safeguarding Adults, Level 3. This figure continues to improve and full compliance is expected by early June 2019.

There has also been a focus on achieving compliance levels for role essential training in Haemato-oncology. This table shows compliance for ward-based staff since December (data correct as at 10/04/2019). Again, an amber threshold (80-85%) has been applied to this table to better show improvement and areas of highest concern. As at 10/04/19, HO ward based staff are compliant with all courses shown below.

Course	December	17/01/2019	24/01/2019	31/01/2019	07/02/2019	13/02/2019	20/02/2019	27/02/2019	14/03/2019	10/04/2019	Trend
AKI	81%	92%	92%	93%	94%	95%	96%	97%	99%	98%	
ANTT - online	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Sepsis	73%	88%	92%	92%	92%	93%	94%	94%	97%	100%	
Blood transfusion - online	74%	100%	100%	100%	100%	100%	100%	100%	100%	97%	
Blood transfusion - ward based	66%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Point of care	57%	94%	98%	98%	98%	98%	98%	98%	97%	100%	
Medical Devices	39%	49%	52%	65%	64%	64%	66%	55%	77%	97%	
COVAD	85%	92%	95%	97%	98%	99%	98%	98%	100%	100%	

5.5 PADR Compliance

Trust compliance for March is below the target of 95%, at 93%.

A new electronic process (e-PADR) has been introduced to support improvements in compliance going forward as well as enhancing the quality of the PADR discussion. The in-house electronic tool has been well received by managers who have received training in advance of the trust-wide rollout which will take place take place w/c 15 April 2018 to coincide with the annual PADR window.

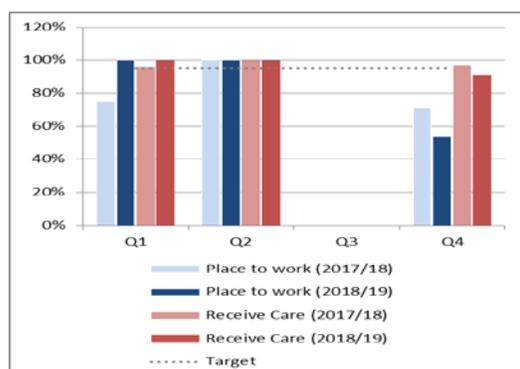
Directorate	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend
Haemato-oncology Directorate	81%	83%	40%	98%	99%	99%	97%	97%	96%	94%	93%	89%	
Chemotherapy Services Directorate	78%	81%	87%	99%	99%	98%	99%	98%	97%	93%	94%	91%	
Intergrated Care Directorate	65%	66%	62%	96%	97%	97%	96%	96%	93%	92%	92%	91%	
Radiation Services Directorate	79%	84%	67%	99%	99%	98%	95%	95%	95%	95%	92%	92%	
Admin Services	79%	91%	85%	98%	97%	97%	100%	100%					
Corporate Services								98%	96%	93%	95%	95%	
Quality	76%	77%	65%	98%	98%	100%	100%	100%	100%	100%	100%	100%	
Support Services	64%	65%	59%	86%	86%	85%	86%	90%	91%	95%	98%	93%	

5.6 Staff Experience

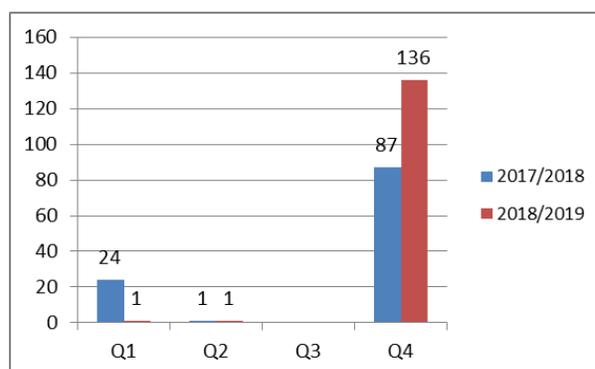
Staff Friends and Family Test

The charts below show the % of staff that are likely or extremely likely to recommend the Trust as a place to work and likely or extremely likely to recommend the Trust as a place to receive treatment and care, as well as the numbers of surveys completed, since April 2017. Q3 data is not recorded due to the national staff survey.

Scores



Response totals



We received 136 responses to the Q4 survey which is equivalent to 10% of the headcount (1317) and a significant improvement on previous quarters.

91% of staff recommended the Trust as a place to receive care or treatment, whilst 54% recommended it as a place to work. The distribution of staff responses to each question in quarter 4 is displayed here:

Recommend the Trust as a place for care or treatment	Number of responses
Extremely Likely	91
Likely	33
Neither Likely or Unlikely	2
Unlikely	6
Extremely Unlikely	3
Don't Know	1

Recommend the Trust as a place to work	Number of responses
Extremely Likely	44
Likely	30
Neither Likely or Unlikely	19
Unlikely	24
Extremely Unlikely	18
Don't Know	1

The comments from staff in relation to the provision of care are all extremely positive with focus being on great team work, safe working environment and dedicated staff. The comments for recommending the Trust as a place to work also includes very positive observations regarding teamwork, innovation and the working environment however there are also a number of negative remarks alluding to inequality, lack of transparency and bullying within the workplace. Only one response refers negatively to re-location to Liverpool whilst another identifies concerns around uncertainty and potential shared services in the future.

Work will commence to review this feedback and uptake of the survey in conjunction with the wider staff engagement agenda and the Trust will undertake benchmarking against other local and specialist Trusts following the release of the annual data in May 2019. This will be monitored by the Workforce, Education & OD Committee.

NHS National Staff Survey 2018

The high level results from the 2018 Staff Survey were reported to the Board in February, with the Trust response rate at 62% - higher than the national sector response rate of 53%.

Further details of the results, including breakdowns per Directorate, will be provided to the Board in May 2019.

6. Activity and Finance

The key financial performance indicators, with RAG ratings, for the Trust are shown in the table below.

	KEY: Better than target	Green
	Below target	Red
	Below target but within acceptable limits	Amber
Key Indicator		
Group Surplus (incl Charity) of £6,472k against a planned surplus of £4,521k		Green
Trust Surplus of £4,143k vs a planned surplus of £1,787k		Green
Net Trust I&E margin of 2.56% vs a planned margin of 1.2% (excludes impairments)		Green
NHSI Control total of £1,942k against actual comparator of £5,428k		Green
Actual CIP achieved £1,927k against a plan of £1,808k		Green
Capital expenditure at £73,241k against a plan of £83,333k		Amber
Cash balances at £72.96m are £25.7m above planned balances of £47.26m		Green
CQUIN funding of £1,637k against a plan of £2,010k		Red
Use of Resources: Risk Rating		
Capital Service Cover rating of 2 (against a plan of 2)		Green
Liquidity Rating of 1 (against a plan of 1)		Green
I&E Margin of 1 (against a plan of 1)		Green
Variance from Control Total rating of 1 (against a plan of 1)		Green
Agency spend of £1,384k, which is £237k above the NHSI agency cap – giving a rating of 2 (against a plan of 1)		Red
Use of resources – overall risk rating of 1 (against a plan of 1)		Green
Finance and Activity		
Agency medical locums £1,024k against a target of £500k		Red
Radiotherapy activity: +1.9% growth		Amber
Chemotherapy activity: +5.0% growth		Green
Inpatient activity: +1% growth		Green
Outpatient activity: +1% growth		Green

6.1 Activity

Performance against Contracted Growth Rates

The contract plan is based on actual activity from 2017/18 to month 8, (November 2017) forecast to year end, plus growth. The growth rates used are the same growth rates that underpin the recurrent income assumptions in the Trust's Long Term Financial Planning Model for Building for the Future. The rates applied are:

- Chemotherapy 5.0% per year
- Radiotherapy 1.9% per year
- Proton Therapy No growth planned as per the contract
- All other activity 1% per year

Overall clinical activity (excluding drugs and HO), is £3,629k above plan.

Performance and RAG ratings against these growth rates for April 2018 to February 2019 are as follows:

	Activity Variance	% year to date	Finance Value	% year to date
Admitted Patient Care –	201	5.1%	£488k	8.1%
Admitted Patient Care	-1,104	-62.3%	-£272k	-62.6%
Outpatient Consultations	4,347	3.4%	£311k	2.3%
Outpatient Procedures	387	2.1%	£1,862k	71.9%
Radiotherapy and Proton	-3,569	-3.75%	£73k	0.4%
Chemotherapy	7,482	6.7%	£1,434k	7.8%
Diagnostic Imaging	1,532	7.0%	£334k	15.1%
Block			-£602k	-20.5%
Total Excluding Drugs			£3,629k	5.5%
Named Drugs			£9,619k	30.9%
CDF Drugs			-£720k	-9.2%
Total			£12,527k	11.7%

Radiotherapy –Green Rating

Re-basing of the contract to reflect prostate hypo fractionation has resulted in a more realistic plan. However, the Division had for some time felt the expected growth of 1.9% is unrealistic, and work is being undertaken by the Division to investigate the actual position, and is due to be reported to the Board through the appropriate committees.

Chemotherapy – Green Rating

Chemotherapy is already over plan on predicted 5% growth, with an additional 1.7% cumulative position.

A contributing factor to the over performance is an increase in Chemotherapy Associated treatments, which is over performing by 35.1% on the plan, which has the 5% historical growth built in. After further investigation, this is due to an increase in clinical trials patients, bisphosphonates and deferred patients, however in the main this is due to an increase in blood pressure tests which are being incorrectly recorded. This result is due to a change in advice from drug companies, and additional monitoring for immunotherapy patients.

Block – Red Rating

This is due to a non-achievement of CQUINs in 2017/18, (£457k in total, but a provision was put in during last financial year of £163k, therefore net for 2017/18 is £294k), work is underway in 2018/19 to make sure that milestones are met and financial funding is not taken away. A provision of £373k has been put in for non-achievement of CQUINs in 2018/19, but the value is likely to rise as some of the triggers we are unlikely to meet for the whole of quarter 2 and possibly into quarters 3 and 4.

Outpatient Procedures – Green Rating

This is currently over plan on finance by £1,862k; however activity is only 2.1% ahead of plan .This looks to be a change in coding since February 2018, which has meant the tariff for these procedures from £118 to £238.

HO Activity Performance

Activity is reported to different timescales at the Royal Liverpool and involves an external provider for drug information. This means activity information will always be one month in arrears with current month having to be estimated until HO patients are recorded directly onto CCC's clinical system.

The Trust has received activity data from the Royal Liverpool for April to January (month 1 to 10). Actual activity has been used for month 1 - 10, with activity estimated for months 11 to 12.

Overall clinical activity for HO, (excluding drugs), is £301k behind plan and drug income is over plan by £2.64m; this is due to increased admitted patient care levels compared to plan and outpatient consultations, possibly due to the additional Acute Leukaemia patients that have transferred from Aintree.

The Division are forecasting a decrease in the Bone Marrow Transplants this year, even though national growth is at 5% in this area, due to changes in criteria for acceptable cohort of patients. Bone Marrow Transplants has always exceeded forecast plans in previous years and the prediction is that they will increase in following years.

6.2 Finance

1. Key Points of Note

The outturn financial performance of for 2018/19 is as follows:

- A Group surplus (including Charity) of £6,472k against a planned surplus of £4,521k which is £1,951k above plan. The Charity position is below plan for the year offset by the Trust position being ahead of plan.
- A Trust surplus of £4,143k against a planned surplus of £1,787k, a favourable variance of £2,356k. The Trust had revised its forecast outturn surplus to £4.14m in month 9 so the actual is in line with that.
- The £4,143k surplus includes an additional £1,611k of provider sustainability funding (PSF), which the Trust has received for overshooting its original control total.
- The consolidated position reported to NHSI (Group excluding Charity) is a surplus of £5,008k (£4,143k Trust and £865k subsidiaries). Therefore, as noted above, the Trust has overachieved against its notified control total of £1,942k, with an actual comparator of £5,428k. The Trust may be eligible for an additional £264k of PSF. Notification is expected before the Easter break.
- The Trust has an overall use of resources risk rating of 1, which is in line with plan.

- As noted in previous months, due to the NHSI submission deadline, the financial position at month 12 is based on actual activity for April to February and estimated for March for solid tumour. Haemato-Oncology is based on actual activity for April to January with estimates for February and March except where actual data was available (for drugs and bone marrow transplants).
- Capital expenditure is £73,241k against the original plan of £83,333k, and the forecast outturn expend of £75,118k. The variance against plan and forecast both relate primarily to Building for the Future. This underspend has been moved into 2019/20 in the Trust plans.
- The CIP programme has achieved savings of £1,927k, which is £119k above plan.
- The Trust has been issued with an Agency cap for 2018/19 of £1,147k by NHSI. With an outturn expend of £1,384k, the Trust has **exceeded** the cap by £237k (or 20.7%). This is anticipated to give an NHSI use of resources risk rating of 2 against this metric.
- Cash held, of £72.96m is £25.70m above plan, which is an improvement of £30.27m from month 11, due to the drawdown of Public Dividend Capital (PDC) of £28.2m and slippage in the capital programme.
- The month 12 position is subject to external audit as part of the annual accounts.
- The Trust is delivering against its Key Financial Objectives.

The group surplus is made up of the following components:

The Clatterbridge Cancer Centre Group Accounts:	£000	£000	£000
	Plan	Actual	Variance
The Clatterbridge Cancer Centre NHS Foundation Trust	1,787	4,143	2,356
The Clatterbridge Cancer Charity	1,999	1,464	(535)
The Clatterbridge Pharmacy Ltd	211	423	212
Clatterbridge Prop Care Services Ltd (excludes PURP)	524	763	239
*PURP		(321)	(321)
Total Group Surplus	4,521	6,472	1,951

* PURP is the Provision for Unrealised Profit which results from accounting for the Prop Care agreement for the new build in Liverpool. It has to be excluded on consolidation.

2. KPI Performance Risks:

High Risks:

Issue	Reason	Risk / Mitigation
KPI “Red” or “Amber” from metric table above: CQUIN Funding (Red)	<p>Non delivery of 2017/18 CQUIN by £330k less year end provision made of £163k = £167k adverse impact in 2018/19.</p> <p>Anticipated non delivery of 2018/19 CQUIN at month 12 is estimated at £373k, which is the same as last months estimate.</p>	<p>Loss of income was higher than expected due to a number of CQUIN scheme milestones not being delivered. It has become apparent that there was a lack of embedded ownership within the relevant departments.</p> <p>Actions taken in Q3 and Q4 have reduced the anticipated loss of income. The Trust is currently still negotiating CQUIN targets with commissioners for 2019/20. The Director of Nursing & Quality is the Executive lead.</p>

Medium Risks:

Issue	Reason	Risk / Mitigation
KPI “Red” or “Amber” from IPR report and metric table above: Agency Spend (red) – Medical locum	<p>The Trust has been issued with a ‘cap’ of £1.147m by NHSI for the year. Spend for the year was £1.384m, so overall the Trust has breached the cap.</p> <p>Within the cap of £1.147m medical locums have a target spend of £0.50m. Actual for the year was £1.024m, an overspend of £0.524m.</p>	<p>Agency spend has been flagged with NHSI as a risk and they understand the Trust position and recognise that the provision of clinical services is the priority.</p> <p>Performance in year has resulted in a risk rating of 2 for this metric, but overall the Trust was still able to deliver a weighted rating of 1.</p>

Low Risk:

Issue	Reason	Risk / Mitigation
KPI “Red” or “Amber” from metric table above: Group Surplus (Amber)	<p>The Group has a combined surplus of £6,472k against a planned surplus of £4,521k. The Charity is £535k below plan for the year (an improvement of £114k in month). This is offset by an increased surplus within the Trust and subsidiaries.</p> <p>Although the overall consolidated surplus is above plan, the rating is Amber as the Charity is below plan.</p>	<p>Risk that the Charity is not able to generate sufficient resources to support Building for the Future. The Charity has revised the total forecast down to £10.8m rather than £11.7m. The additional PSF funding of £1.61m contributes towards mitigating the risk of shortfall on the charitable contribution. As a result the 2018/19 risk has been re-categorised from ‘medium’ to ‘low’ risk.</p>
KPI “Red” or “Amber” from metric table above: Capital expend (Amber)	<p>Capital expend is £10.09m behind plan. This is mainly to Building for the Future.</p>	<p>Risk of slippage in the programme having an adverse impact on patient care. This is not anticipated to be the case, so no significant risk at this point.</p>
KPI “Red” or “Amber” from IPR report and metric above: Radiotherapy Activity (Red) below plan by 4.0%.	<p>For 2018/19 the plan was rebased on last year’s forecast outturn plus assumed growth of 1.9% so should reflect more accurately expected activity.</p>	<p>The adverse in year impact on income is mitigated by the block contract. The main contracts for 2019/20 have been agreed, based on forecast outturn for 2018/19. Therefore although the Trust has reduced Radiotherapy income it has been more than offset by other service lines. As a result the 2018/19 risk has been re-categorised from ‘medium’ to ‘low’ risk.</p>

All other financial issues are on plan, and there are no other major/critical issues to report this month.

3. Recommendations

- Note the satisfactory financial performance and surplus for the year.
- Note the overall financial risk rating of a 1 under the risk assessment framework, which is in line with the plan.
- Note the Trust has delivered against its control total of £1,942k, with an actual comparator of £5,428k.
- Note that the Trust has breached the Agency Cap for the year, by £237k
- Note that the outturn position is subject to external audit.
- Approve the declaration to NHSI that the board anticipates the Trust will maintain a financial risk rating of at least 2 over the next 12 months.