



Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	25 September 2019	
Agenda Item:	P1/176/19	
Title:	Integrated Performance Report: Summary– Month 5 2019/20	
Report prepared by:	Hannah Gray, Head of Performance and Planning	
Executive Lead:	Joan Spencer, Interim Director of Operations	
Status of the Report:	Public	Private
	Y	

Paper previously considered by:	Quality Committee Performance Committee
Date & Decision:	11 September 2019 17 September 2019

Purpose of the Paper/Key Points for Discussion:	<p>This report provides the Trust Board with an update on performance for month five (August 2019). In this quarterly full report, the quality, operational, research and innovation, workforce and financial performance 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> <p>Length of Stay (LOS) data for Haemato-Oncology (HO Service) is not available for this report. The Information Team is working with the RLUBHT to develop an accurate and timely LOS report from Month 6.</p>
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Action Required:	Discuss	Y
	Approve	Y
	For Information/Noting	

Next steps required	The Trust Board members are asked to note Trust performance and associated actions for improvement, as at the end of June 2019.
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The paper links to the following strategic priorities (please tick)

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

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	Y
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.	Y
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.	Y
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.	Y
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.	Y

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

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 5 2019/20)

Introduction

This report provides the Trust Board with an update on performance for month five (August 2019). The operational, quality, research and innovation, workforce and finance performance 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.

Length of Stay (LOS) data for the Haemato-Oncology (HO) Service is not available for this report. The information Team is working with the RLBUHT to develop an accurate and timely LOS report from Month 6.

1. Performance Scorecards

Operational

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Aug-19	YTD	12 Month Trend
Operational						
	62 Day Cancer Waiting Times Standard	↓	85%	79%	87%	
	2 Week Cancer Waiting Times Standard	↔	93%	100%	98%	
	Referral to Treatment: 18 weeks (Incompletes)	↔	92%	99%	98%	
	Diagnostics: 6 Week Wait	↔	99%	100%	100%	
	Clinic Waits: Outpatients Wirral (<30 mins)	↔	80%	83%	84%	
	Clinic Waits: Delamere (<30 mins)	↔	80%	83%	82%	
	Clinic Waits: Outpatients Peripheral (<30 mins)	↔	80%	89%	87%	
	Length of Stay: Elective (days) CCCW	↔	2 (lowered M2)	1.7	1.3	
	Length of Stay: Emergency (days) CCCW	↑	8 (lowered M2)	7.8	8.1	
	Length of Stay: Elective (days) CCCHO	TBC	TBC	TBC	TBC	
	Length of Stay: Emergency (days) CCCHO	TBC	TBC	TBC	TBC	
	Bed Occupancy: Conway Ward 11am	↓	G: 80-85%, A: 75-79% & 86-90%, R:<75% & >90%	65%	76%	
	Bed Occupancy: Mersey Ward 11am	↓		70%	79%	
	Bed Occupancy: Conway Ward 2am	↓		65%	76%	
	Bed Occupancy: Mersey Ward 2am	↓		67%	78%	
	Clinical Utilisation Review: patients not meeting criteria	↑	Aug = 15%	9%	11%	
	Radiology Reporting: Inpatients (within 24hrs)	↔	G: ≥90%, A: 80-90%, R:<80%	68%	75%	
	Radiology Reporting: Outpatients (within 7days)	↔		60%	70%	
	Travel time to clinic appointment within 45 minutes	↔	G: ≥90%, R:<90%	97.2%	97%	

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

Quality

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Aug-19	YTD	12 Month Trend
Quality						
	Never Events	↔	0	0	0	0
	Serious Untoward Incidents	↔	0	0	1	
	Patients with no new harms (Safety Thermometer)	↑	95%	96%	95%	
	Inpatient Falls resulting in harm	↓	-	1	22	
	Pressure Ulcers (hospital acquired with a lapse in care)	↔	0	0	0	0
	Consultant Review within 14 hours (emergency admissions)	↔	90%	99%	97%	
	VTE Risk Assessment	TBC	95%	97.2%	96%	
	Sepsis: IV antibiotics within 1 hour	TBC	100%	100%	95.7%	
	Dementia: Screening, Assessment and Referral	↔	95%	100%	100%	
	Clostridium Difficile Infections	↔	<=4 per yr	1	6	
	E coli	↔	<=10 per yr	1	4	
	MRSA	↔	0	0	0	0
	MSSA	↔	<=5 per yr	0	0	
	Klebsiella	↔	<=10 per yr	2	4	
	Pseudomonas	↔	<=5 per yr	3	5	
	Staffing fill rate: Trust	↔		90%	92%	
	Staffing fill rate: Nurses - days	↔	G: 90 - 100%, A: 85 - 89% and 101 - 105%, R: <85 & >105%	86%	89%	
	Staffing fill rate: Nurses - nights	↔		94%	99%	
	Staffing fill rate: Care staff - days	↑		92%	88%	
	Staffing fill rate: Care staff - nights	↔		92%	90%	
	30 Day Mortality Rate: Radical chemotherapy	↔	-	0.3%	0.2%	
	30 Day Mortality Rate: Palliative chemotherapy	↓	-	1.0%	1.1%	
	30 Day Mortality Rate: Radiotherapy	↓	-	2.1%	2.4%	
	Partners in Care Assessments	↓	G: 90%, A: 85% - 89%, R: <85%	78%	88%	
	FFT inpatient score (% positive)	↔	95%	97%	99%	
	FFT outpatient score (% positive)	↔	95%	98%	98%	
	FFT inpatient response rate	↑	G: 30%, A: 25% - 29%, R: <25%	34%	27%	
	FFT outpatient total responses	↓	-	585	3041	
	Complaints	↑	-	3	12	
NB: blue arrows are included for KPIs with no target and show the movement from last month's figure.						

To Note:

- Sepsis YTD does not include April and May HO figures, as robust data capture processes were implemented in June 2019.
- 30 Day Mortality figures are always for the previous month.
- Infections other than c diff are CCC attributable only, with both attributable and non-attributable reported in section 1.3.
- As per new national guidance, from April 2019, C diff monthly figures include a subset of infections which were previously attributed to the community (amended and back dated from Month 5 report).

Research & Innovation

Key Performance Indicator	Change in RAG rating from previous month	Target	Aug-19	YTD	12 Month Trend
Research and Innovation					
Study recruitment: Portfolio	↑	-	47	225	
Study recruitment: Non-Portfolio	↓	-	23	75	
Study recruitment: Total	↔	83.3 per month	70	300	
Studies Opened	↔	5.3 per month	4	19	
Study set up times	↑	40 days	Chart shows Q data. Last data point = 13 days		
NB: blue arrows are included for KPIs with no target and show the movement from last month's figure.					

Workforce

Key Performance Indicator	Change in RAG rating from previous month	Target	Aug-19	YTD	12 Month Trend
Workforce					
Staff Sickness (monthly)	↑	G: ≤3.5%, A: 3.6 - 3.9%, R: ≥4%	3.7%	3.9%	
Staff Turnover (12 month rolling)	↔	12%	14.6%	NA	
Statutory and Mandatory Training	↔	90%	95%	NA	
PADR rate	↑	95%	96%	NA	
FFT staff: Recommend care and treatment	-	G: ≥95%, A: 90-94%, R: <90%	Latest survey (Q1) results: 95% (care and treatment), 66% (place to work). Response rate: 28%		
FFT staff: Recommend as a place to work	-				
FFT staff: Response rate	-	TBC			
Proportion of Temporary Staff as % of Payroll (YTD)	-	-	No data	No data	
NB: blue arrows are included for KPIs with no target and show the movement from last month's figure.					

Finance

Metric	M5 Actual	M5 Plan	Variance	YTD Actual	YTD Plan	Variance	Risk RAG
NHSI SoF	3	1	2	3	1	2	Orange
NHSI Control Total (£000)	649	459	190	2518	2296	222	Green
Cost Improvement Programme (£000)	148	149	-1	739	739	0	Green
Cash holding (£000)	51,389	45,148	6,241	51,389	45,148	6,241	Green
Capital Expenditure (£000)	4,311	4,204	107	26,102	21,321	4,781	Orange

2. Exception Reports

Operational

62 Day Cancer Waiting Times Standard

The 85% target has not been achieved for August and is currently at 79% (final validation via national system 3rd October 2019). There were fifteen breaches; seven full breaches and eight half breaches. Eight of the fifteen had an element of avoidability.

A number of actions to address the root cause of these breaches are underway and include;

- A review of HO pathways and processes. Waiting Times manager to meet weekly with GM and MDT Co-ordinators to prevent delays. GM to attend PTL meeting to ensure timely escalations.
- A review of CCC registration processes. Head of Administrative Services presented an action plan at Trust Operational Group (TOG) 13/9/19. This will be monitored weekly until all actions complete.
- Cancer waiting times target awareness/refresher sessions are being held for all staff across the trust, dates to be confirmed
- PEG capacity at Aintree Hospital is highlighted as a key action within the Head and Neck Optimisation Improvement plan. Pre-planning meeting September, full meeting at the end of October 2019.
- Interim Director of Operations at CCC to raise concern regarding the impact of Liverpool Clinical Laboratories specimen turnaround times on Cheshire and Mersey's cancer performance.

Bed Occupancy

Bed occupancy on the Wirral site during July and August has remained below target. A review of the data does not demonstrate any issues; occupancy is not dissimilar to the same time period in 2018 and is likely to be seasonal. There has been a significant change to bed occupancy during the first week in September where utilisation has risen above 100% on several occasions. This change will be reflected in the September performance report in more detail.

Radiology Reporting

The target of 90% was not achieved during August 2019 for inpatients (within twenty four hours) or for out-patients (within seven days) at 68% (declined from 76% in July) and 60% (declined from 66% in July) respectively. This performance reflects the continuing lack of capacity for radiology reporting at CCC. As anticipated, annual leave adversely effected the turnaround times for August. Additional reporting capacity was sought from the outsourcing company; however the additional support did not fully compensate the gap.

The Imaging Department continues to utilise a daily clinical prioritisation system that has worked extremely well. However, during August there have been 3 incidents relating to delays with reports for outpatient appointments. As a result the Imaging Department has been asked to refresh their escalation process and standard operating procedures regarding daily clinical prioritisation.

The joint Radiologist appointments between the Royal Liverpool and Broadgreen University Hospital Trust and CCC have now commenced in post. This will provide CCC with an additional 0.5 WTE Radiologist.

A further recruitment plan will commence in Sept 2019.

A detailed risk report regarding the ongoing issues with radiology capacity at CCC will be presented to the Trust Performance Committee in October 2019.

Quality

Infection Control

Clostridium Difficile Infections

In August we reported two cases attributable to CCC. We have seen an increase in C.diff infections which, according to additional testing, do not appear to be linked to one another. Numbers will likely continue to increase due to changes implemented in April 2019 via NHSI.

Gram Negative Blood Stream Infections

Surveillance noted an increase in the number of blood stream infections in July and August and multidisciplinary Post Infection Reviews (PIR) are in progress. Action planning has been completed and spot check audits are being undertaken. The infections will be discussed at our next joint RLBUHT meeting on 20th September.

Sepsis (IV antibiotics within an hour)

The Trust has achieved the 100% target in August 2019 both for CCC-W and HO. To drive improvement Trust-wide, senior nurses continue to carry out monthly sepsis clinical audit to identify gap in process. The Deteriorating Patient Team continues to deliver education and training sessions to raise awareness and embed good practice.

Research & Innovation

Studies Opening to Recruitment

Eighteen studies have been opened year to date, against the target of twenty-six. There are however three studies which have been locally approved and can be opened following sponsor approval. To bridge the gap the expectation is that the newly appointed SRG Research Leads will increase the study numbers within their SRG. This will be part of their role. Action taken to improve compliance includes the SRG Research Lead meeting (of which the first took place on 3rd September 2019) and working with the Network to optimise opportunities.

Recruitment into Studies

Whilst the external recruitment target for portfolio studies is above plan by 25% year to date, the internal target for recruitment into all studies is below target. Three hundred participants in total have been recruited, against a target of 416 year to date. Reviewing the data further it can be seen that interventional studies are above target but observational and biobank studies are below target. Action Taken to improve compliance includes:

Observational

Additional observational studies including RAPPER, HYST and MOLGEN have just come back on-line which will potentially have good recruitment numbers. Additional Research Officer has been shortlisted and interviewed are being coordinated.

Biobank

The Biobank is now up to its full complement of staff and the target for July 2019 was met. August has seen a dip due to annual leave. Plans are in place to ensure there is cross cover in place during annual leave.

Study Set Up Times

The validated data that we are in receipt of, Q4 18/19, relates to the time period 1st April 2018 to 31st March 2019. Q1 19/20, which relates to the time period 1st July 2018 to 30th June 2019 was submitted at the end of July 2019 and it is anticipated the DH will return validated data to all institutions by October 2019. As can be seen there is a significant lag in receiving validated data back from the DH.

Following a review of the most recent data submitted to the DH it is anticipated our overall median set up time will significantly reduce for the Q1 19/20 data.

Action taken to improve compliance includes reviewing all studies to ensure correct processes were being followed and review and reset of study set-up process to ensure we are being as efficient as possible.

Workforce

Sickness absence

The Trust twelve month rolling sickness absence is 4.19%; however the in-month sickness absence position shows a decrease from July 19 of 4.29% to 3.70% August 2019.

The breakdown of the data for August confirms that anxiety/ stress/ depression, followed by gastrointestinal problems and headache/ migraine and other musculoskeletal problems are the highest reasons for absence across the Trust. This shows a slight change from last month, where cold, coughs and flu were amongst the top three highest reasons.

An in-depth review of gastro sickness has been undertaken and results will go to WOD committee in September. A stress questionnaire will be launched to all staff in September, as part of the annual stress policy audit. The results will enable us to identify any trends in issues/ areas across the Trust.

Staff Turnover

The rolling 12 month turnover figure has increased slightly from 14.29% to 14.63%. There were 20 leavers in total in August 2019. The highest staff group for leavers was nursing with 6 leavers due to Promotion (2), Work Life Balance (2), Lack of Opportunities (1) and 1 leaver due to the move to Liverpool.

Following further analysis, 3 people left the Trust due to the move to Liverpool; Pharmacy (1), R&I (1) and Sulby (1), all of these had over three years' service with Trust.

The WOD team continues to review new starter questionnaires in order to identify any particular issues, with regards to staff leaving within the first year of employment. The Trust has signed up to the NHS Improvement Retention Programme (cohort 5) which focuses on nursing and the Trust will be assigned Clinical and Workforce Mentors to help develop an action plan.

Finance

Summary Financial Performance

For August the key financial headlines are:

Metric	M5 Actual	M5 Plan	Variance	YTD Actual	YTD Plan	Variance	Risk RAG
NHSI SoF	3	1	2	3	1	2	
NHSI Control Total (£000)	649	459	190	2518	2296	222	
Cost Improvement Programme (£000)	148	149	-1	739	739	0	
Cash holding (£000)	51,389	45,148	6,241	51,389	45,148	6,241	
Capital Expenditure (£000)	4,311	4,204	107	26,102	21,321	4,781	

The key drivers of the positions are:

- Income has overachieved plan by £4.030m (£0.770m in month). This is due to clinical income being £4.208m over plan, of which £2.974m relates to drug income, matched by expenditure.
- Expenditure is overspent by £4.079m (£0.605m in month). Consistent with the income position, mostly due to drug expenditure being £3.720m (£1.023m in month) above plan.
- Cash held is ahead of plan by £6.241m. This is due to slippage from 20181/19.
- Capital expenditure is £4.781m above plan. As noted previously, this relates to TCC and a catch up in expenditure slipped from 2018/19.

Please refer to Finance Report, Trust Board agenda item P1-151-19, for full details.

3. Detailed Reports

3.1 Operational

3.1.1 Cancer Waiting Times Standards

National Standards:

Standard	Target	Q1 2019/20	July 2019	Aug 2019*
62 Day standard	85%	88.6%	91%	79%
31 Day standard (firsts)	96%	98.9%	99.2%	98.6%
Referral to Treatment: 18 Weeks (incomplete pathways)	92%	98%	99%	99%
Diagnostics: 6 week wait	99%	100%	100%	100%
2 Week Wait	93%	97.6%	100%	100%

* August figures are accurate as at 10th September 2019, but are not finally validated until 3rd October 2019.

There was one Screening breach for August due to clinic capacity for 1st oncology appointment (Gynae) and delay to RT.

The 62 Day Standard has not been achieved in August and is currently at 79% (final validation via national system 3rd October 2019). There were fifteen breaches; seven full breaches and eight half breaches. Eight of the fifteen had an element of avoidability.

Three of the four avoidable breaches were HO patients with delays to diagnostics (CT and biopsy) and HO appointment.

A number of actions to address the root cause of these breaches are already underway and include:

- A review of HO pathways and processes. Waiting Times manager to meet weekly with GM and MDT Co-ordinators to prevent delays. GM to attend PTL meeting to ensure timely escalations.
- A review of CCC registration processes. Head of Administrative Services presented an action plan at Trust Operational Group (TOG) 13/9/19. This will be monitored weekly until all actions complete.
- Cancer waiting times target awareness/refresher sessions are being held for all staff across the trust, dates to be confirmed
- PEG capacity at Aintree Hospital is highlighted as a key action within the Head and Neck Optimisation Improvement plan. Pre-planning meeting September, full meeting at the end of October 2019.

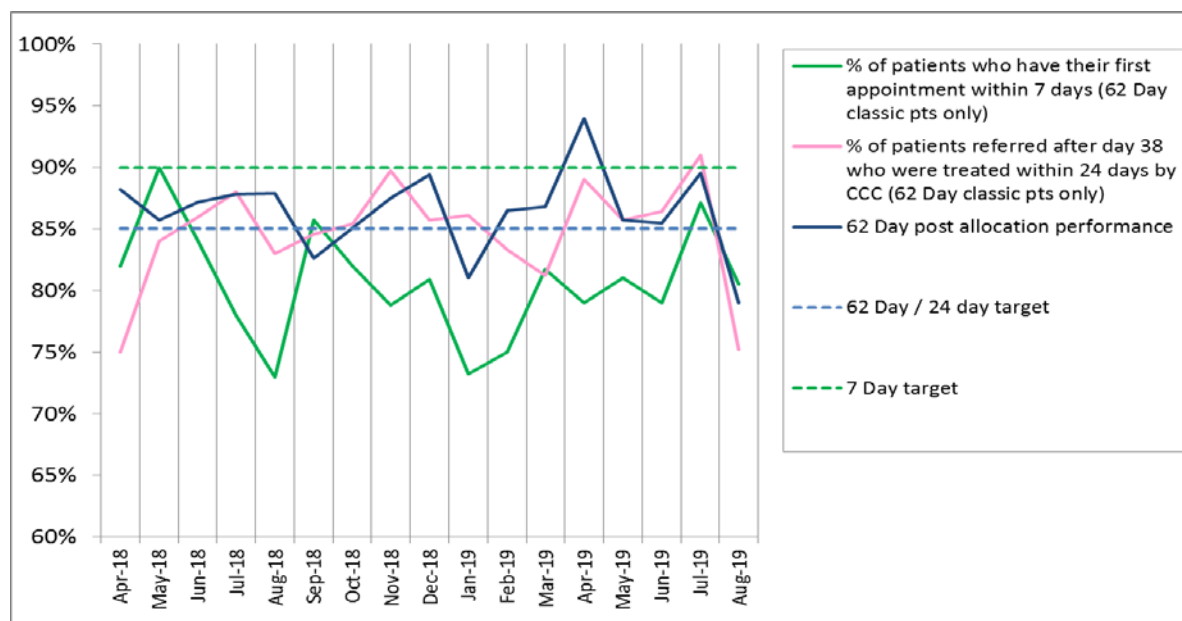
- Interim Director of Operations at CCC to raise concern regarding the impact of Liverpool Clinical Laboratories specimen turnaround times on Cheshire and Mersey's cancer performance.

In addition to the national standards the seven day and twenty four day performance continues to be monitored weekly at TOG. A detailed analysis of the 7 day figures has been presented at the TOG on the 13th September 2019; actions to improve performance have been added to the Trust improvement plan.

There has been a decline in 24 day performance which has adversely affected the 62 day performance. Details of the causative factors can be seen in the breach analysis table on page 12 of this report.

The 28 day (faster diagnosis) standard is being shadow monitored in preparation for go live on the 1st April 2020. This data is being reviewed as part of the development of a revised cancer waiting times online dashboard as concerns regarding accuracy related to data held on a RLBH system have been raised. This standard will be reported when this issue is resolved.

This chart shows CCC's monthly performance for the 62 day classic standard, first appointment within seven days and treatment by CCC within twenty-four days.



The 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							
0	74	74	Haem	CCC	Act Mon	Delay to biopsy	Yes
0	68	68	Haem	CCC	Chemo	Delay to HO app & CT scan	Yes
0	70	70	Haem	CCC	Chemo	Patient requested delay to treatment however should still have been offered a start date within target	Yes
32	51	83	Renal	SORM	Immuno	Trial process and medical reason, patient required admission for primary related condition	No
38	63	101	Lung/ Haem	CCC	Chemo	HODs delay	Yes
38	27	65	Lung	Wirral	Chemo	Admin delay in registration, tracked to incorrect target date and patient thinking time	Yes
0	83	83	Haem	CCC	Chemo	Patient dna'd HO app and thinking time, plus difficulties contacting patient.	No
Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days							
58	36	94	H&N	WHH/ Aintree	RT	Patient delay to treatment and choice of 1 st app and planning app	No
41	26	67	H&N	COC/ Aintree	RT/Chemo	Medical recovery from teeth extraction	No
72	25	97	H&N/ Haem	RLH/CCC	Chemo	Slight delay to HO app	Yes
43	26	69	UGI	RLH	Chemo	HCP delay, 1 st app (8 days COW – UGI) and Cat 1	Yes
40	26	66	H&N	Aintree	RT/Chemo	HCP delay PEG capacity	Yes
49	34	83	H&N	Whiston	RT/Chemo	Patient delay to treatment due to holidays	No
59	36	95	Lung	COC	RT	Medical & Complex RT plan	No
52	28	80	Urology	Wirral	RT	HCP delay to treatment – fiducials	Yes
Screening half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days							
56	32	88	Gynae	Wirral/LW H	RT/Chemo	Delay to 1 st app (13 days) and HCP delay to RT	Yes

62 Day performance by tumour group

The tables below show the compliance by tumour group for quarter one 2019/20 and quarter two 2019/20 (to 10/09/19). 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.

Quarter One 2019/20:

62 Day - CLASSIC									
Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Lung	13	3	63	35	76	38	82.89%	92.11%	
Breast	9	1.5	31	16	40	17.5	77.50%	91.43%	
Urological (Excluding Testicular)	21	1	18	15.5	39	16.5	46.15%	93.94%	
Upper Gastrointestinal	21	0.5	13	9	34	9.5	38.24%	94.74%	
Head and Neck	22	2.5	10	6	32	8.5	31.25%	70.59%	
Lower Gastrointestinal	16	1	14	9	30	10	46.67%	90.00%	
Gynaecological	9	0	3	2.5	12	2.5	25.00%	100.00%	
Haematological (Excluding Acute Leuka...)	5	2.5	5	3	10	5.5	50.00%	54.55%	
Sarcoma	3	0.5	2	2	5	2.5	40.00%	80.00%	
Other	2	0	2	1.5	4	1.5	50.00%	100.00%	

Quarter Two 2019/20 (to 10/09/19):

62 Day - CLASSIC									
Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Lung	11	2	47	27	58	29	81.03%	93.10%	
Breast	2	0	39	23.5	41	23.5	95.12%	100.00%	
Upper Gastrointestinal	16	1	21	16.5	37	17.5	56.76%	94.29%	
Head and Neck	14	2.5	12	8	26	10.5	46.15%	76.19%	
Lower Gastrointestinal	14	0	11	8	25	8	44.00%	100.00%	
Urological (Excluding Testicular)	14	1.5	10	8.5	24	10	41.67%	85.00%	
Haematological (Excluding Acute Leuka...)	13	9	7	3.5	20	12.5	35.00%	28.00%	
Gynaecological	7	0	2	2	9	2	22.22%	100.00%	
Sarcoma	2	0	3	2	5	2	60.00%	100.00%	
Other	1	0.5	2	1	3	1.5	66.67%	66.67%	
Skin	1	0	1	0.5	2	0.5	50.00%	100.00%	
Brain/Central Nervous System	0	0	1	0.5	1	0.5	100.00%	100.00%	
Testicular	0	0	1	0.5	1	0.5	100.00%	100.00%	

Patients treated on or after 104 Days:

In August 2019, two patients were treated after day 104; referred between day 116 and 218 to CCC. Both patients were treated within twenty-four days by CCC.

3.1.2 Clinic Waiting Times

The table below shows the percentage of patients waiting for fewer than thirty minutes, thirty – sixty minutes and more than sixty 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 August 2019.

	Target	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
CCC Outpatients Wirral: Seen within 30 minutes	80%	75%	76%	81%	85%	85%	85%	84%	86%	82%	80%	86%	83%	
CCC Outpatients Wirral: Seen between 31 and 60 minutes		14%	15%	13%	10%	11%	10%	10%	8%	11%	11%	7%	10%	
CCC Outpatients Wirral: Seen after 60 minutes		11%	9%	7%	5%	5%	6%	6%	5%	7%	9%	6%	8%	
Delamere: Seen within 30 minutes	80%	78%	77%	79%	77%	77%	82%	81%	81%	83.0%	81.4%	82%	83%	
Delamere: Seen between 31 and 60 minutes		12%	13%	10%	11%	12%	9%	10%	10%	9.6%	9.4%	9%	10%	
Delamere: Seen after 60 minutes		10%	10%	11%	11%	11%	9%	9%	8%	7.7%	9.2%	9%	8%	
Outpatient peripheral clinics: Seen within 30 minutes	80%	90%	89%	90%	91%	91%	90%	91%	89%	85.0%	85.3%	89%	89%	
Outpatient peripheral clinics: Seen between 31 and 60 minutes		7%	8%	7%	2%	6%	7%	7%	8%	8.5%	6.9%	7%	8%	
Outpatient peripheral clinics: Seen after 60 minutes		3%	3%	4%	2%	3%	3%	2%	3%	4.3%	7.8%	4%	3%	

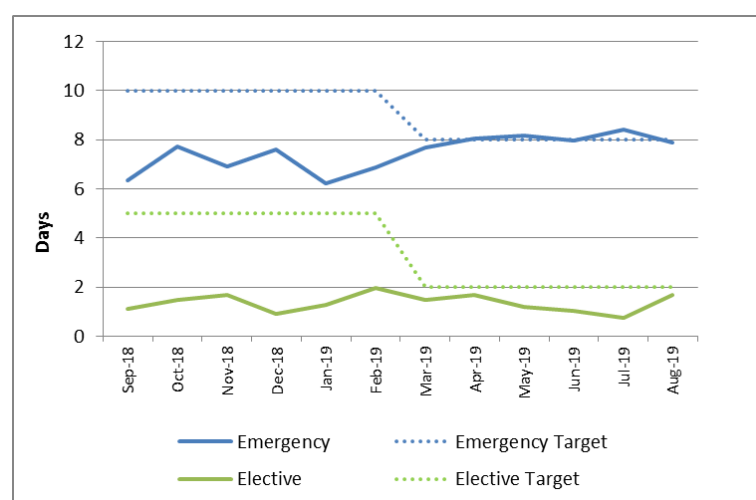
A wider piece of work is required to ensure that the data has been correctly collected at source. This is being addressed as part of the ongoing data quality kite marking project and reported to the Data Management Group.

3.1.3 Inpatient Flow

Length of Stay (LoS)

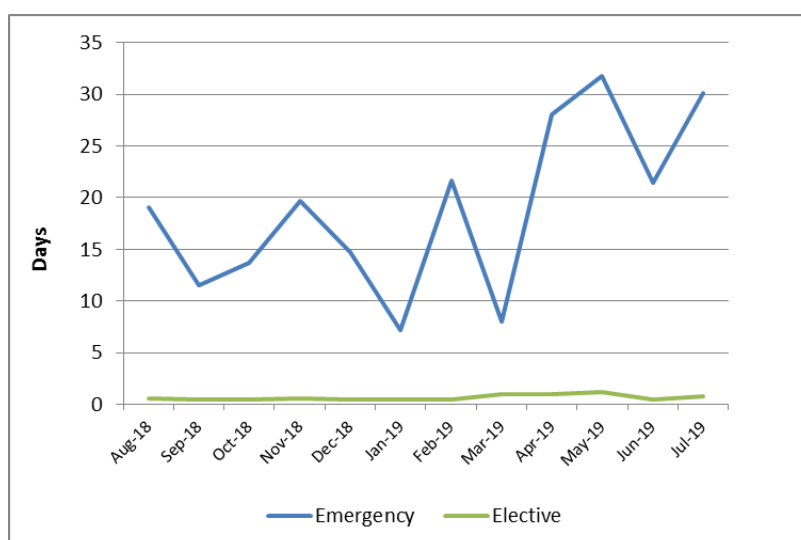
The following charts show the LoS for elective and emergency admissions in days per month for Wirral wards and HO wards.

Wirral Wards:



The elective and emergency LoS for Wirral wards are within target for August 2019 at 1.7 and 7.8 days respectively.

HO wards (August data is not available as the Information Team has raised concerns regarding the accuracy of the data supplied by the RLBUHT).



A benchmarking exercise is underway to determine appropriate targets for each service within HO. A review is in progress.

Weekly LoS meetings are now being held for the inpatient wards on the Wirral site. The meetings focus on 'complex' cases and patients who have had a LoS greater than twenty-one days. This is attended by the General Manager, Matron, Business Services Manager, Social Worker, Patient Flow Team Leader and AHP Lead. The Matron and Patient Flow Team also receive a daily LoS report.

From 1st September the patient flow team will attend the morning Board Rounds with the Consultant of the Week (COW) and Registrars to encourage multidisciplinary working and proactive discharge planning from the point of admission.

Contact has been made with a team at the RLBUH to discuss ICRAS – a community discharge planning team (only available to patients in the North Mersey area) which will help CCC to discharge some patients more effectively. In addition the patient flow team has raised concern regarding delays with social care packages for patient living in the Knowsley and St Helens area. This has been picked up by the General Manager to investigate further.

Clinical Utilisation Review (CQUIN)

The target was achieved in August, with only 9% of inpatients assessed as not meeting the CQUIN inpatient criteria. A monthly trajectory (from 16% in July 2019, to the 10% target, to be achieved by 31st March 2020) has been set and is now being reported against. Due to system issues, until HO inpatients are managed on Meditech, this initiative reviews patients on Wirral wards only.

All delayed discharges are reviewed at the new weekly LoS meeting and actions are allocated and feed into the CUR service improvement plan.

Bed Occupancy

The table below shows the CCCW average bed occupancy by month and ward in the morning and at night.

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Conway: 11am	77%	77%	75%	68%	80%	84%	81%	88%	79%	72%	76%	65%	
Mersey: 11 am	66%	66%	69%	72%	85%	88%	87%	86%	81%	81%	79%	70%	
Conway: 2am	78%	78%	75%	69%	80%	84%	81%	87%	80%	72%	75%	65%	
Mersey: 2am	67%	67%	70%	70%	84%	88%	86%	85%	80%	81%	77%	67%	

Target = G:80-85%, A: 75-79 and 86-90, R:<75 & >90

Data flows for HO wards' bed occupancy are being established

Bed occupancy is below target for Month 5. This is linked to improved LoS for emergency admission and seasonal trend over the summer months. If triangulated with safe staffing over this period the wards have been safely staffed despite a reduce fill rate on occasion.

3.1.4 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 twenty-four hours and seven days.

		Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Imaging reporting turnaround: inpatients within 24 hours	G: >=90%, A: 80-89%, R: <80%	82.3%	80.7%	78.6%	69.3%	73.9%	82.6%	62.5%	68.1%	73.7%	82.0%	75.8%	68.0%	
Imaging reporting turnaround: out patients within 7 days		76.1%	73.1%	70.0%	67.8%	72.5%	89.6%	62.8%	55.8%	79.0%	72.0%	65.9%	60.0%	

This below target performance reflects the continuing capacity issues faced by CCC. As anticipated, annual leave adversely effected the turnaround times for August. Additional reporting capacity was sought from the outsourcing company; however the additional capacity provided was unable to meet demand.

The Imaging Department continues to utilise a daily clinical prioritisation system that has worked extremely well. However, during August there have been 3 incidents relating to delays with reports for outpatient appointments. As a result the Imaging Department has been asked to refresh their escalation process and standard operating procedures regarding daily clinical prioritisation.

The joint Radiologist appointments between the Royal Liverpool and Broadgreen University Hospital Trust and CCC have now commenced in post. This will provide CCC with an additional 0.5 WTE Radiologist.

A further recruitment plan will commence in Sept 2019.

A detailed report regarding the ongoing issues with radiology capacity within CCC will be presented to the Trust Performance Committee in October 2019.

3.1.5 Patients receiving treatment closer to home

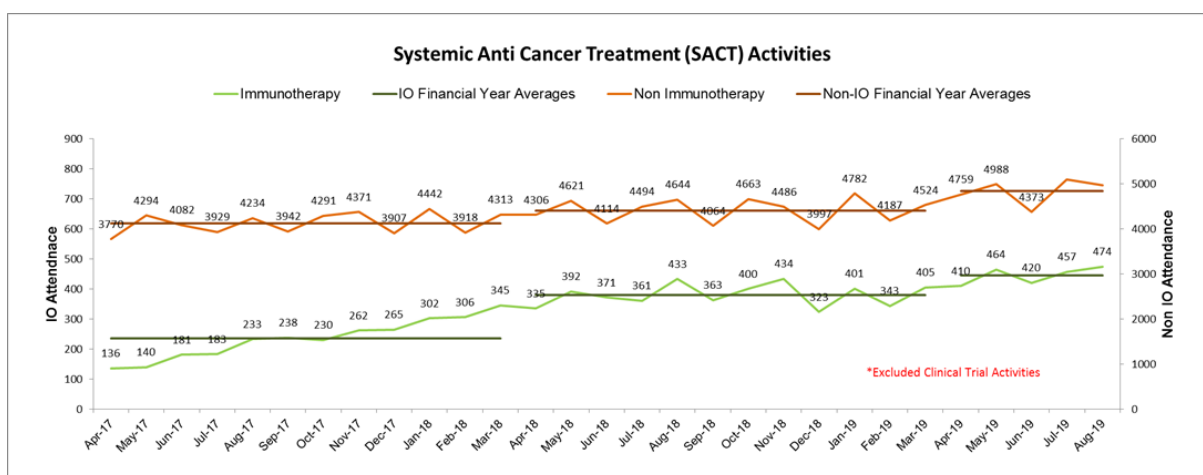
A key success measure in the Trust Strategy is the 'Accessibility of treatment and cancer care closer to home' (within forty-five minutes travel). The goal of 90% of patients travelling fewer than forty five minutes (by 2022) has been achieved. In August 2019 with 97.2% of patients travelled forty-five minutes or fewer to their clinic appointment. . Data for 2019/20 to date is displayed in the table below:

	Target	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019
Patients travelling 45 minutes or fewer to their clinic appointment.	90%	97.7%	96.4%	96.7%	97.9%	97.2%

*This is calculated from their home address to the clinic attended and is based on an assumption that the average speed of travel is 30mph

3.1.6 Immunotherapy

The chart below shows the growth in both chemotherapy and immunotherapy since April 2017. The chemotherapy directorate is managing this growth and workforce plans have been designed to enable effective management. The chart below is taken from the SACT data set and shows the total SACT drugs split by immunotherapy and chemotherapy issued to patients per month.



Work to map this activity and triangulate this with drug data has commenced. This work will be completed by the end of Sept and will be available for inclusion in the month 6 IPR.

3.2 Quality

CQUINs

The total CQUIN funding for 2019/20 is £973,645. The CQUIN detail, including the value of each CQUIN, forecast performance and the funds withheld for these CQUINs to date in 2019/20 is shown in the table below.

Key:

- 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.

CQUIN	2019/20 Value	£ withheld in 2019/20	2019/20			
			Q1	Q2	Q3	Q4
Medicines Optimisation	£235,000	£0				
Clinical Utilisation Review	£234,000	£0				

CQUIN	2019/20 Value	£ withheld in 2019/20	2019/20			
			Q1	Q2	Q3	Q4
Rethinking Conversations (Follows on from the Enhanced Supportive Care scheme)	£200,000	£0				
Flu vaccinations	£39,661	£0				
Alcohol and tobacco	£39,661	£0				
Three High Impact Actions to Prevent Hospital Falls	£39,661	£4,957				
Stratified follow up supporting better utilisation of outpatient capacity	£ 29,825 (CCG) £124,000 (NHSE)	£0				
Self-care supported by digital technology	£9,995 (CCG) £22,000 (NHSE)	£0				
Total	£973,645	£4,957				

Commissioners have assessed all CQUINs for quarter one as compliant, except the Falls scheme, which was assessed as 'partially compliant' following submission of additional information. £4,957 (fifty percent of the quarter one value) has been withheld as a result. No quarter one submission was required for the stratified follow up and self-care CQUINs although work is well underway in both projects.

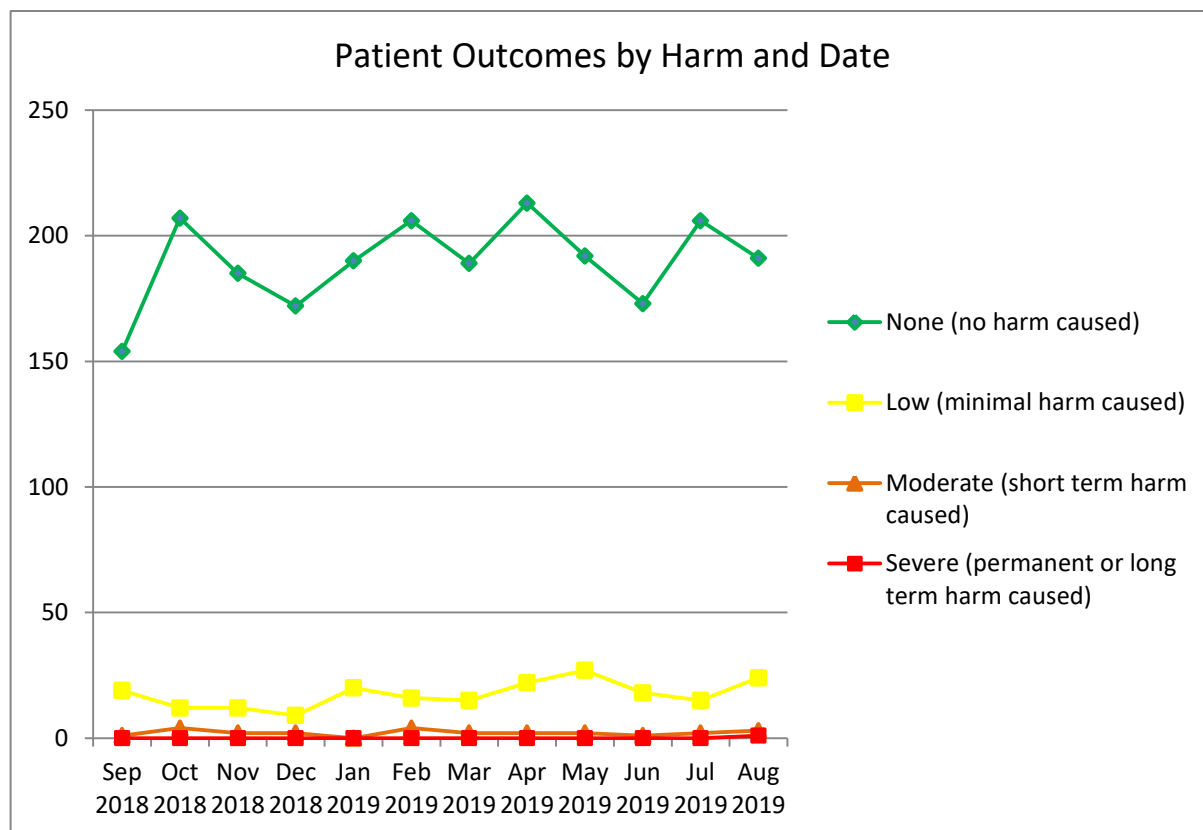
All CQUINs except 'Falls' are forecast to be achieved for 2019/20, with a risk of 'partial achievement' of the Falls CQUIN into quarter two. A solution has now been agreed across all stakeholders regarding recording medication rationale.

3.2.1 Never Events

There have been no never events from 1st April 2019 to 31st August 2019

3.2.2 Incidents

The chart below shows the outcome of patient incidents, by level of harm and month from 1st September 2018 to 31st August 2019.



One incident has been have been graded as potentially severe harm and three as moderate harm in August 2019:

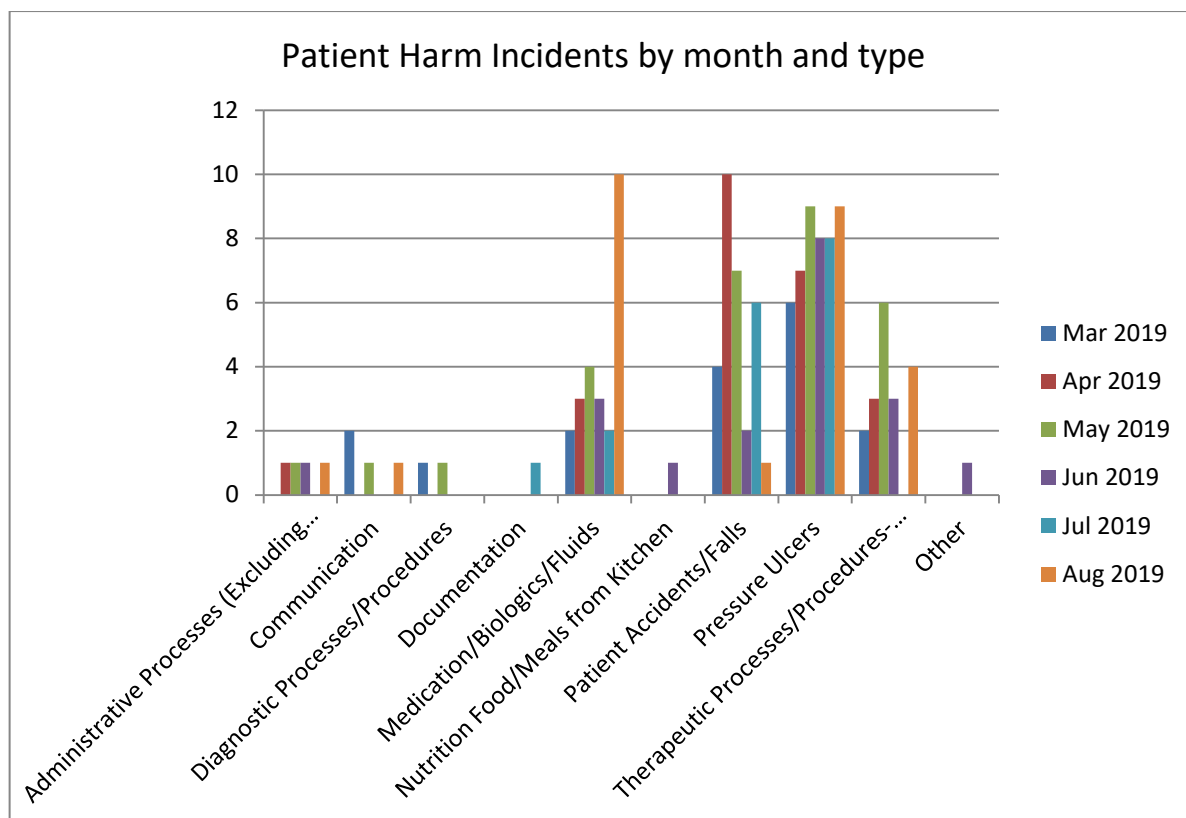
Severe Harm (not CCC harm)

- ID 7394: Patient going through CUP diagnostic work up at Aintree University hospital has had delayed referral and intervention for a possible pathological fracture/Impending MSCC at T7 which was present on imaging in April. Further delays in radiology alerting, reporting and referral regarding imaging undertaken in Spire. MRI now demonstrates further possible disease at C4 and L1. The Consultant Medical Oncologist triggered the MSCC pathway. The MSCC coordinator contacted the Complex Spinal Team at RLBUHT to refer for an urgent spinal opinion. This was communicated to the Consultant Medical Oncologist who informed the patient that the management plan would be for him to be admitted to RLBUHT for biopsy and surgical intervention. The patient was also informed of MSCC symptoms and that should any neurological deficit present over the weekend, they should attend A&E. Incident to be investigated by external hospitals.

Moderate Harms

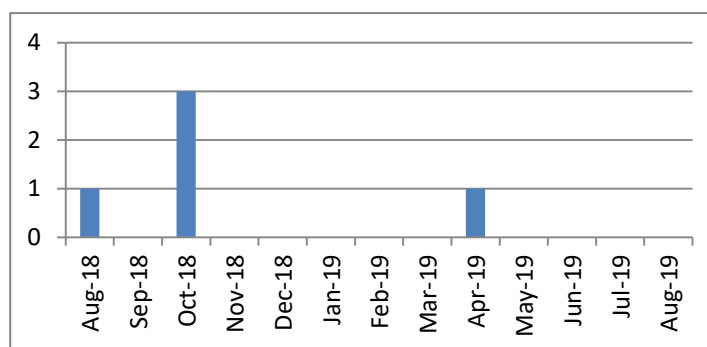
- ID 7147: Incident form received from West Cheshire CCG. Patient had not been having their Hormone Injections and appeared to be lost to follow-up by Urology and Oncology and died from Metastatic Prostate Cancer in 2018. Patient did not attend appointment at CCC in 2017 as attended the wrong hospital, consultant followed up and telephone consultation completed with no concerns raised. Six month follow up appointment given but this appointment was also not attended. No DNA letter was sent to the GP and no further appointment was made for follow up i.e. the DNA policy was not followed. Review of DNA policy and SOPs and additional checks to be undertaken, action plan in progress. Consultant confirmed potential harm due to hormone injections not being received by GP. However he commented that it usually takes at least a year for the testosterone to recover. The hormone treatment was restarted but despite his low testosterone level, the PSA continued to climb rather rapidly. This confirmed that the cancer had developed castration resistant status which wouldn't have responded to conventional hormone therapy.
- ID 7501: Patient reviewed in clinic due to admission for AKI stage two prior to cycle three chemotherapy. On reviewing patient's bloods it was found that the Carbo dose should have been recalculated and reduced but patient was given the same dose as the previous cycle. The patient was subsequently admitted to AUH with confusion, dizziness and nausea and diagnosed with stage two AKI. Consultant informed patient that an error was made with regards to the carboplatin dose given at C2. Apologies were also made to the patient. It was explained to the patient that we would not be able to proceed with further chemotherapy due to the risk of further toxicity to the kidney and to go for radical radiotherapy. Patient consented for radiotherapy. Investigation underway.
- ID 7297: Severe allergic reaction / Anaphylaxis to Cycle 2 Carboplatin within two - four minutes of drug infusion. Patient started to feel sick started convulsing foaming at the mouth lost consciousness and appeared to stop breathing. Patient deteriorated quickly and rapidly. Machine stopped. Senior nurses called and appropriate action taken. Allergy status updated and review appointment booked. Reviewed by Pharmacy.

The chart overleaf illustrates incidents resulting in harm, by incident type/category for the last six months. Falls, VTEs and pressure ulcers are reviewed at the monthly harm collaboration meeting. Therapeutic processes include VTE incidents



Serious Incidents

This chart shows the number of serious incidents by month; no serious incidents were reported in August 2019.

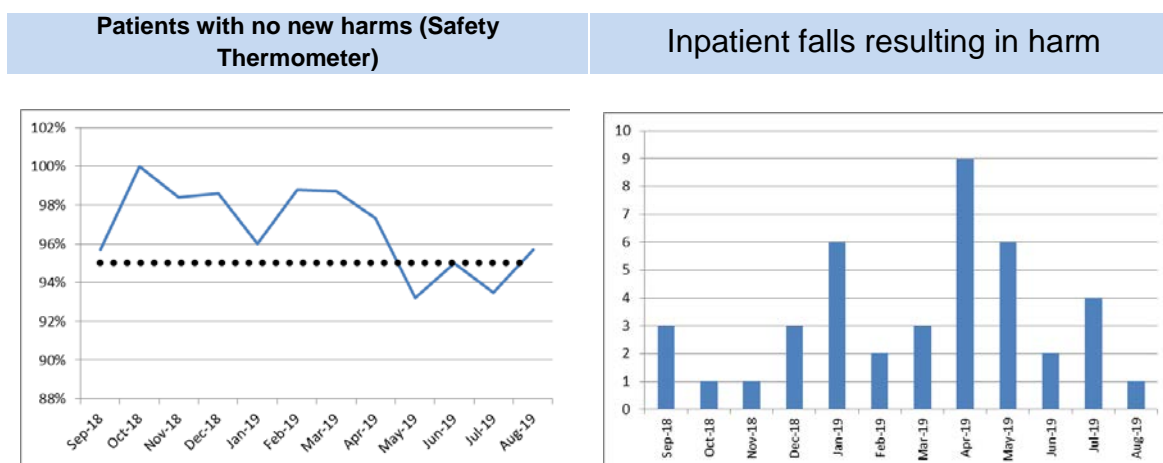


Inquests/Coroner's Investigations

One new Coroner's investigation was opened in August 2019, the Consultant is in the process of completing a report but no concerns have been raised regarding the care provided. A staff member is required to attend an Inquest in November 2019, following a Coroner's investigation that was opened in April 2019.

3.2.3 Harm Free Care

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



The target of 95% was achieved in August 2019, at 96%.

The 'new harm' cases identified by the safety thermometer survey in August were two DVTs and one CAUTI (Catheter acquired UTI), all at HO. Due to the way the safety thermometer survey collects data, a CAUTI can be reported in the results even if the infection is not catheter acquired.

One fall resulted in low harm in August 2019. The patient had no history of falls and no risk factors. He had been to the toilet and on returning spilt a drink, he fell after trying to bend down to clean up the spillage. Patient recovered and is now discharged. The Harm Free Care Collaborative Group (meeting on 20th September) review/assess and quantify all falls resulting in harm. The falls CQUIN 'Three high impact actions to prevent hospital falls' in 2019/20 is being implemented

Pressure Ulcers (hospital acquired)

There were two pressure ulcers in August 2019, both with no lapse in care identified.

Conway Ward

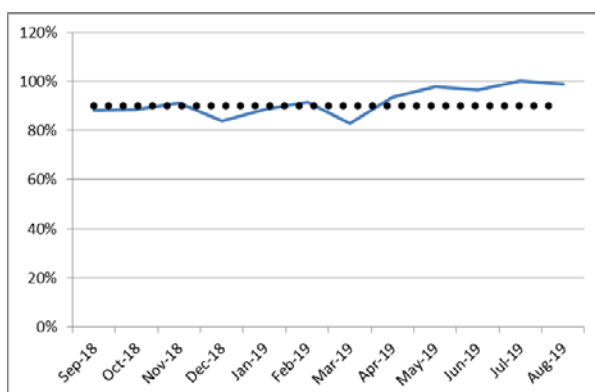
The patient had a moisture lesion which appeared to have deteriorated and developed into a 0.5 cm diameter grade 2 pressure ulcer. Patient already had correct dressing in situ and was being nursed on pressure relieving mattress and pressure cushion on chair when sitting out. Patient was on end of life pathway and sadly passed away.

Mersey Ward

Patient has new grade two pressure sore to right ankle. Nursed on air mattress, dressing applied, regularly offered repositioning. Patient was on an end of life pathway and has sadly passed away.

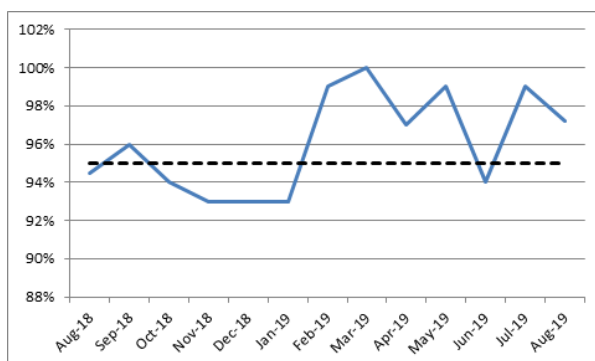
All pressure ulcers are reviewed at the Harms Collaborative Meeting, any lapses in care are identified and lessons learned shared.

Consultant Review within 14 hours (emergency admissions)



99% of patients admitted in an emergency were reviewed by a consultant within 14 hours in August 2019.

VTE Risk Assessment



This chart shows the patients who received a VTE risk assessment as a percentage of those requiring assessment. HO patients are included from July 2019, following a review of the data reporting process from RLBUH systems.

CCCW achieved the target in month five with 97.2%

Sepsis (IV antibiotics within 1 hour)

The Trust has achieved the 100% target in August 2019 with a total of 32 patients receiving their antibiotics within 1 hour of arrival (for new admissions) or given within 90 minutes of arrival (for current inpatients).

Dementia: Screening, Assessment and Referral

Compliance for dementia screening, assessment and referral remains at 100% (nine out of nine) for August 2019.

Health Care Acquired Infections

Until April 2019/20 infections identified in the first 3 days of admission would not be attributed to CCC but using new definitions, infections are attributed if the patient has been in our care for 2 days and/or if the patient has had an admission to CCC in the previous 4 weeks.

The new criteria for allocating infections to acute Trusts includes:

- Hospital onset healthcare associated: cases that are detected in the hospital two or more days after admission (HOHA)
- Community onset healthcare associated: cases that occur in the community when the patient has been an inpatient at CCC in the previous four weeks (COHA).

These new definitions have been retrospectively applied to our patients and we have confirmed 6 cases ytd, already exceeding our annual threshold.

All patients receive a Post Infection Review (PIR) of care at CCC and these are discussed with NHS England. Only those patients with a clear lapse in care are counted as part of the performance management framework. Currently we have one reported lapse in care (May 2019).

The table below provides details of August 2019 and year to date (YTD) CCC and community attributable infections.

	Annual Target	August 2019 CCC HOHA (Hospital Onset)	YTD	August 2019 CCC COHA (Community Onset)	YTD	Comments
Reportable						
C difficile	=<4 combination of HOHA COHA	1	5	1	2*	1 HOHA and 1 COHA see details below
<p>HOHA – Patient receiving chemotherapy, intermittent diarrhea recorded but conflicting information in patients records. Does not appear to be cross infection and patient recovered.</p> <p>COHA – Patient was being closely monitored for re-feeding syndrome and difficulties with enteral nutrition. Earlier stool sample negative for C.diff but had multiple exposure to antibiotics and frequent hospital stays. Patient recovered.</p> <p><u>Lessons Learned</u></p> <p>We have renewed focus on sampling including a reminder to healthcare staff on appropriate sampling, improved charting and daily discussions in Safety Huddles. A review is in progress via pharmacy regarding advice and additional information given to patients taking laxatives at home.</p> <p>NHS England designated a Lapse in Care in one case (May 2019), the lapse did not contribute to the infection but a delay collecting a sample resulted in delayed C.diff diagnosis and treatment.</p>						

*1 of these 2 cases has been allocated by national definitions as Community Onset Indeterminate Association (COIA) and therefore not attributed to CCC as the patient had no recorded admission in the previous 4 weeks on data capture system.

E Coli	=<10	1	4	1	5	Haematology patients – post infection reviews (PIR) in progress.
MRSA	0	0	0	0	0	
MSSA	5	0	0	0	1	
Klebsiella	10	2	4	0	1	Haematology patients – post infection reviews (PIR) in progress
Pseudomonas	5	3	5	0	0	Haematology patients – post infection reviews (PIR) in progress
Non reportable						
VRE	-	0	2	0	0	
CPE	-	0	2	0	0	

3.2.4 Safe Staffing

The Trust's mandated monthly submission of staffing (headcount) levels to NHS Choices/Unify website presented the following overall % fill rates; of planned inpatient staffing levels against actual staffing levels for the month of August 2019 against an accepted national level of 90%.

- Trust Inpatient overall fill rate = 90%
- Registered Nurse on days = 86%
- Registered Nurse on Nights = 94%
- Non-registered staff on days = 92%
- Non-registered staff on nights = 92%

The registered nurse fill rate on days continues to dip below the 90% target this month although the non-registered fill rate has increased to 92%. The trust overall combined fill rate remains equal to the 90% national target.

There has been targeted recruitment in the areas below 90% compliance however this process takes a number of months from advertisement to people starting in post. A detailed review of the time frame associated with all the trained nurse recruitment stages is currently in progress. Some early examples that have been tracked are showing a "Time to Hire" process taking an average of four – five months.

There are no emerging risks to note.

Trust Board is advised of the current Trust wide risk:

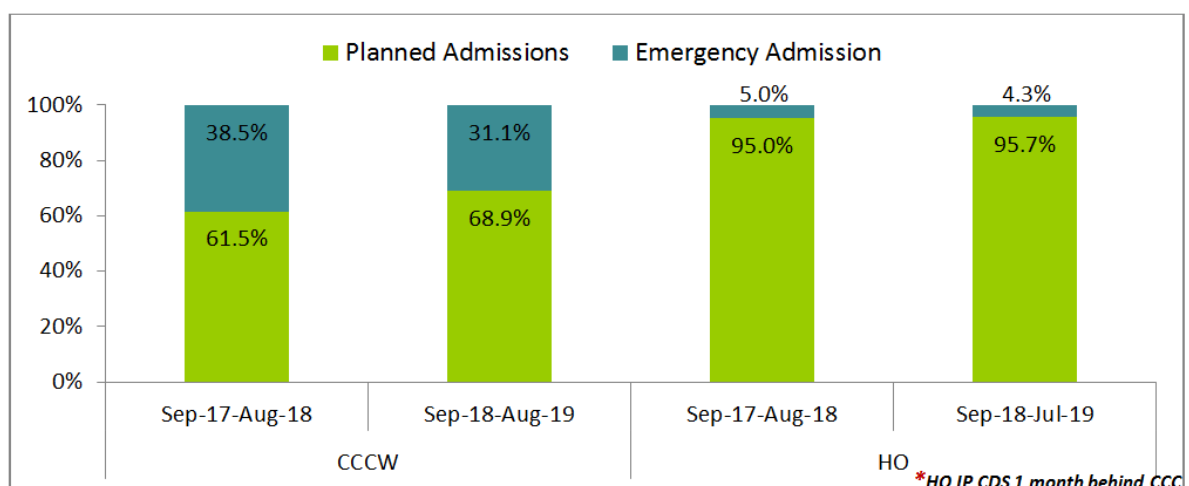
Nurse safer staffing and recruitment; - Risk level remains at moderate however this risk will be significantly reduced with the operationalisation of NHSP, as part of the Registered/Unregistered nursing workforce recruitment and retention strategy and the appointment of a significant number of third year student nurses (via two recruitment fairs). A limited number will qualify in Sept 2019 with the majority due to qualify in March 2020. Two further nurse recruitment days are planned for October/November with Edge Hill University and John Moores University on the Liverpool site. This will enable the CCC to secure conditional contracts with students due to qualify in September 2020 as part of our recruitment and retention strategy. A CCC focused recruitment event is also planned towards the end of the year to attract experienced nurses to come and work for the trust. This will be co-ordinated with and supported by a large marketing/communication campaign showcasing the new hospital.

3.2.5 Clinical Outcomes

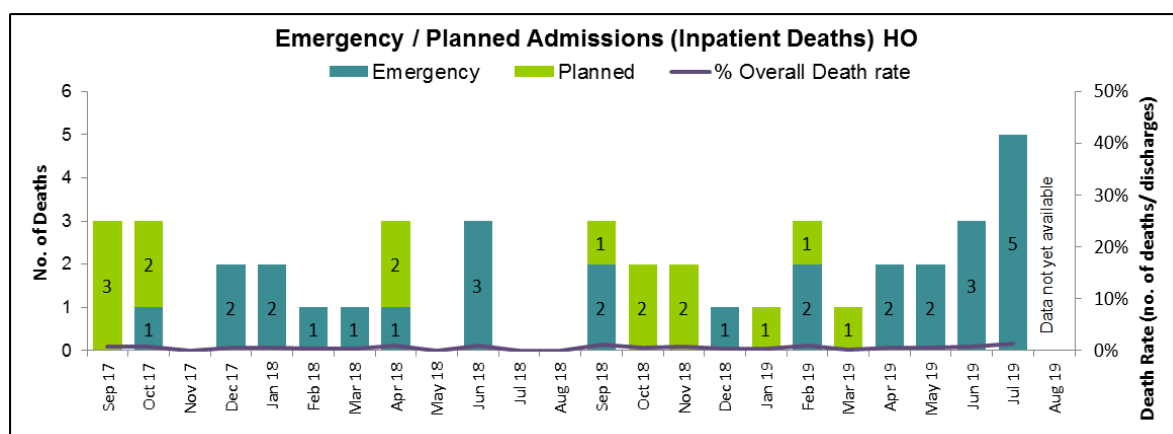
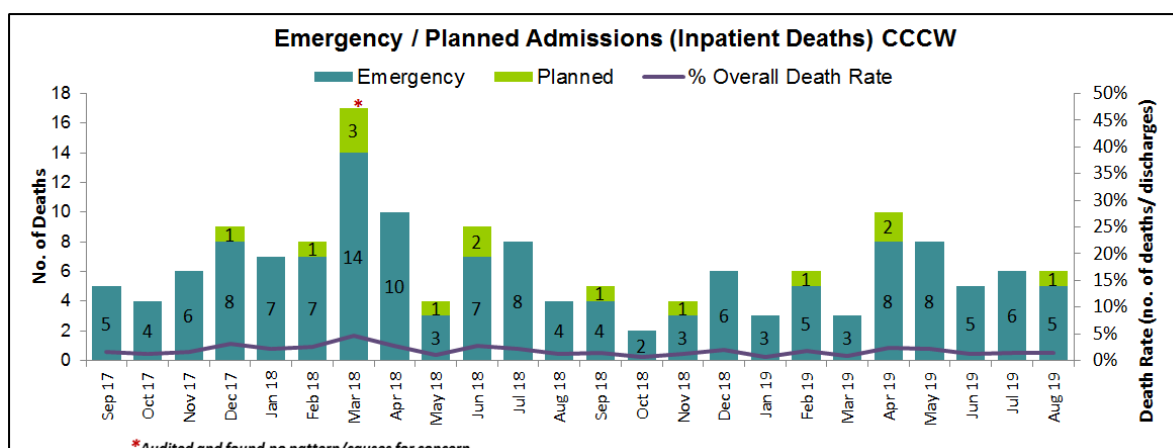
Mortality

Inpatient Deaths

This chart shows the split of planned and emergency admissions at the Wirral and HO sites. It reveals that HO has a lower proportion of emergency admissions than Wirral, with 95.7% planned admissions.

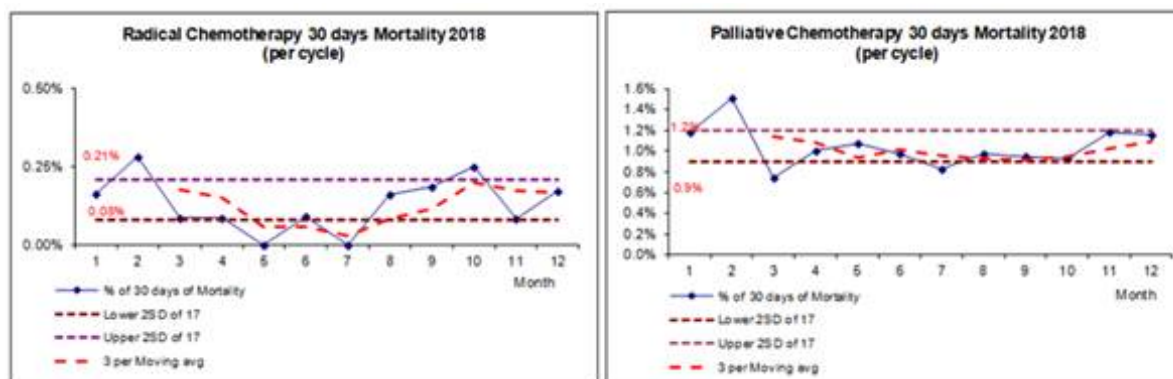


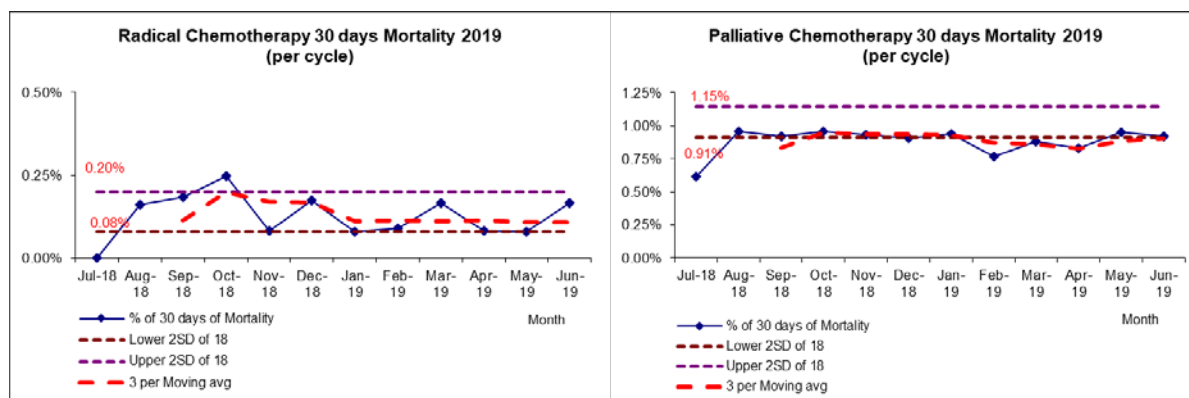
These charts illustrate monthly inpatient death figures based on method of admissions (planned and emergency) as well as the overall death rate. No particular pattern was observed except an outlier in March 2018; this has been audited and the results demonstrated no patterns or concerns. These findings were subsequently reported to the Mortality Surveillance Group.



30 day Chemotherapy Mortality Analysis

- 30 day chemotherapy mortality data from 2018 has been used to set the control limits as it was the best performing year since 2009.
- The analysis is now based on rolling 12 months of data. July 2018 – June 2019 data showed no concern overall, except for couple of regimens which have been identified as having high mortality. The corresponding Site Reference Group has been asked to perform a review.





Stem Cell Transplant Mortality: The next quarterly update will be presented in the month seven report. The Directorate are reviewing the case mix of the patients who died within one hundred days in quarter four 2018/19. Complexity and case mix may have influenced this percentage increase. In addition, the Medical Director has commissioned an external review, to commence in quarter three, which will provide assurance pre JACIE accreditation.

Mortality Review: The Mortality Surveillance Group dashboard is under review and therefore no data will be reported this month.

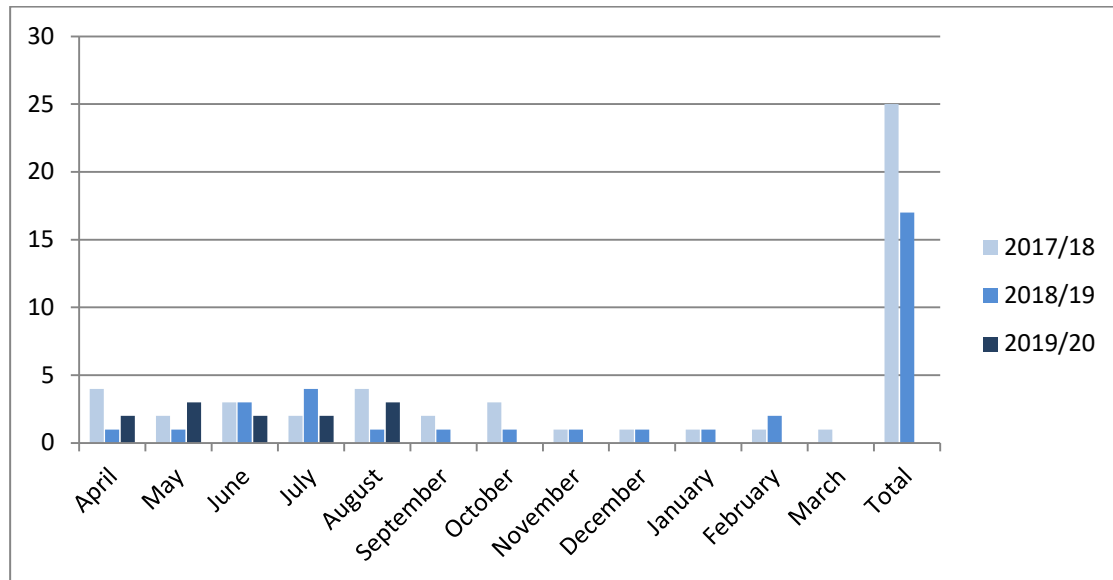
Other Clinical Outcomes: The first draft Outcome Dashboards have been completed for head and neck, Upper GI, Lung, Breast, Skin and Palliative care, Gynaecological and Colorectal. Dashboards for Urology, CNS, and AO/unknown primary and the Specialist SRG will be completed by the end of quarter two 2019/20.

3.2.6 NICE Guidance

Month five data is not yet available. Compliance is due to be analysed week commencing 16th September for inclusion in Directorate Quality & Safety Data packs.

3.2.7 Patient Experience

Complaints



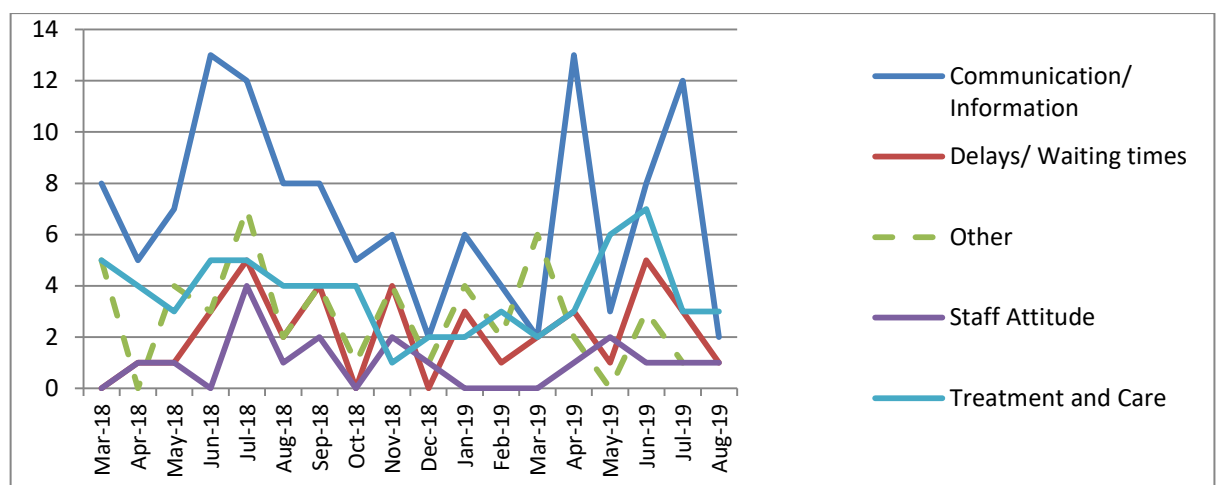
The chart above shows total complaints per month for 2017/18, 2018/19 and 2019/20 to date.

There were three complaints in August 2019. One is still under investigation. Immediate lessons learned from previous month:

- IT have amended EPR to avoid duplicate consultant codes
- Admin staff reminded to check postcode matches address

Patient Advice and Liaison Service (PALS)

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



There were sixteen PALS contacts made during August; three were comments, nine concerns, four enquirers.

Immediate lessons learned

- Staff reminded to check scans are available when patient attends OPD

Category	Total contacts
Advice	5
Other	1
Communication/Information	2
Delays/waiting times	1
Staff attitude	0
Transport	3
Treatment & care	3
Admin	1
Total	16

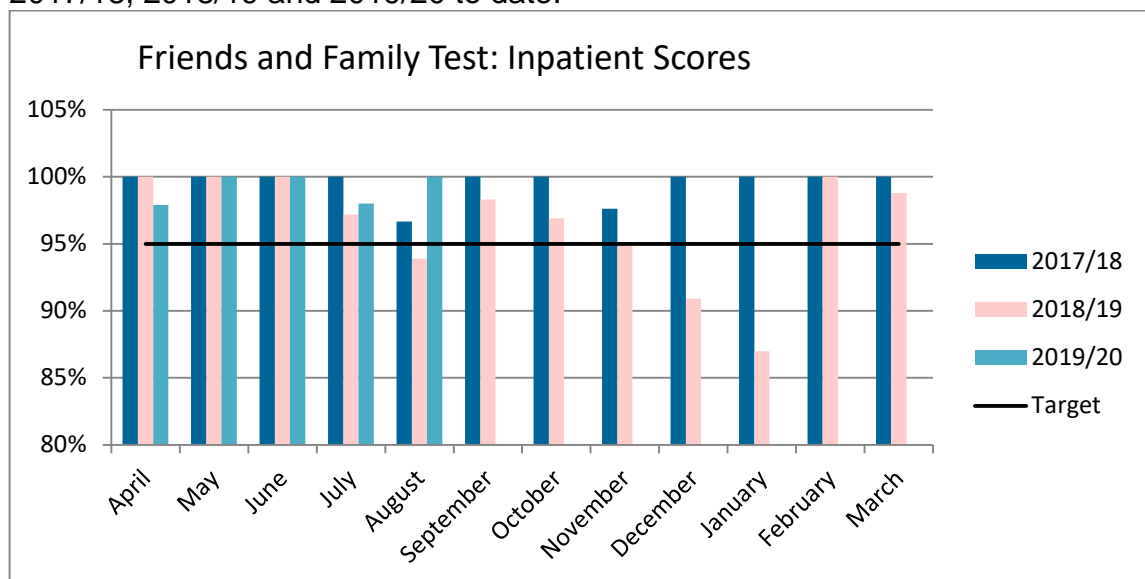
Details of and learning from all PALS contacts is included in the Directorate Quality and Safety data packs for discussion at monthly Quality and Safety meetings.

Actions from specific issues raised or trends identified are also monitored through this route.

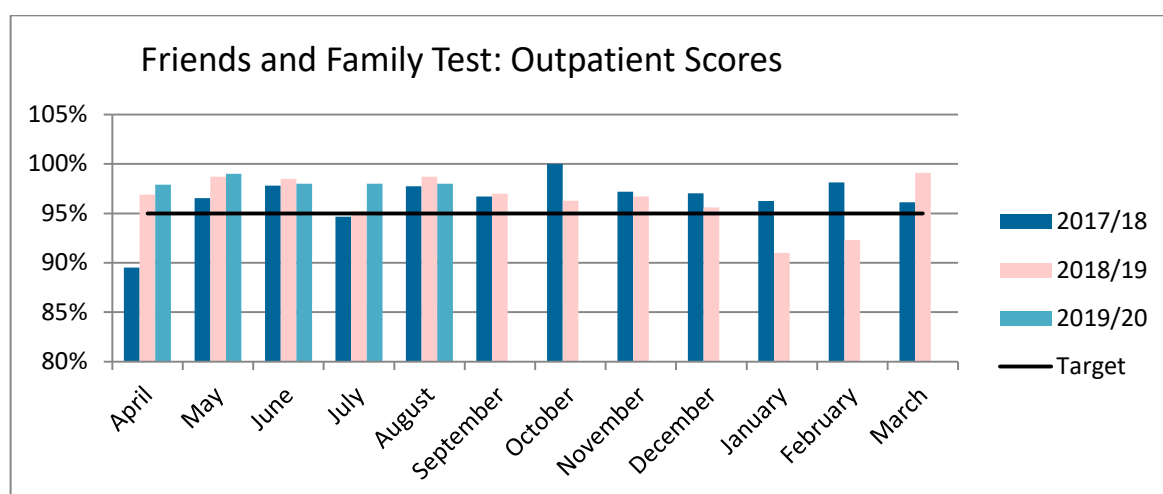
Patient Surveys

Friends & Family Test (FFT) Scores

The chart below shows the percentage of inpatients that were 'likely' or 'extremely likely' to recommend the Trust to friends and family per month in 2017/18, 2018/19 and 2019/20 to date.



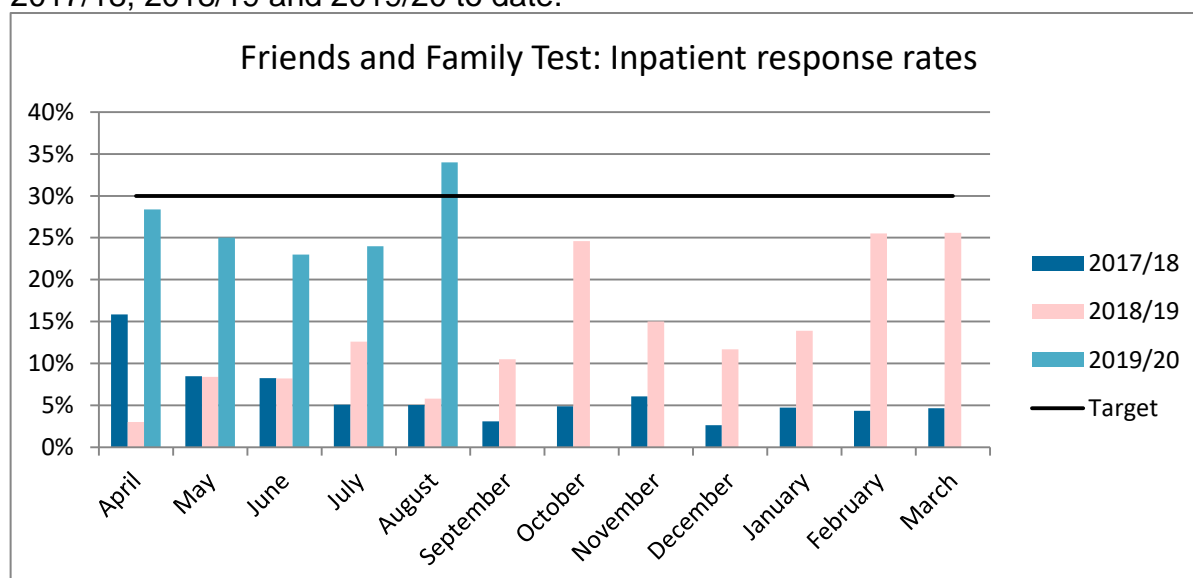
The chart below shows the percentage of outpatients who were 'likely' or 'extremely likely' to recommend the Trust to friends and family per month in 2017/18, 2018/19 and 2019/20 to date.



The targets for inpatients and outpatients recommending the Trust were achieved in August 2019.

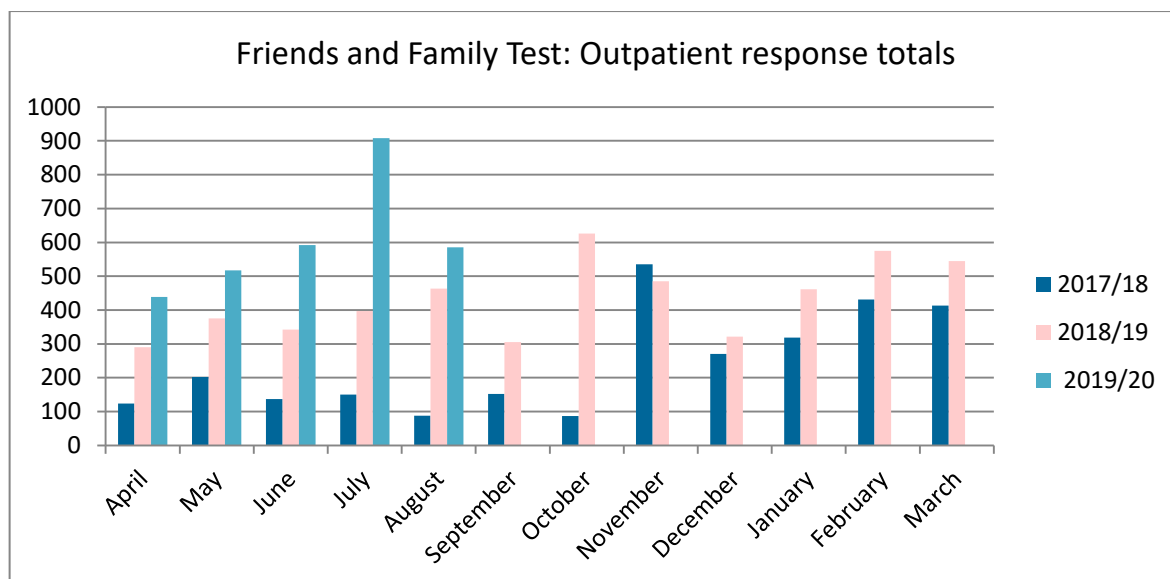
Friends & Family Test: Response rates

The chart below shows the percentage of inpatients surveyed by month in 2017/18, 2018/19 and 2019/20 to date.



The inpatient response rate was 34% for July, exceeding our 30% target. Reviewing the national FFT website, the average response rate for NHS trusts for inpatients (latest data available is April 2019) is **24.6%**.

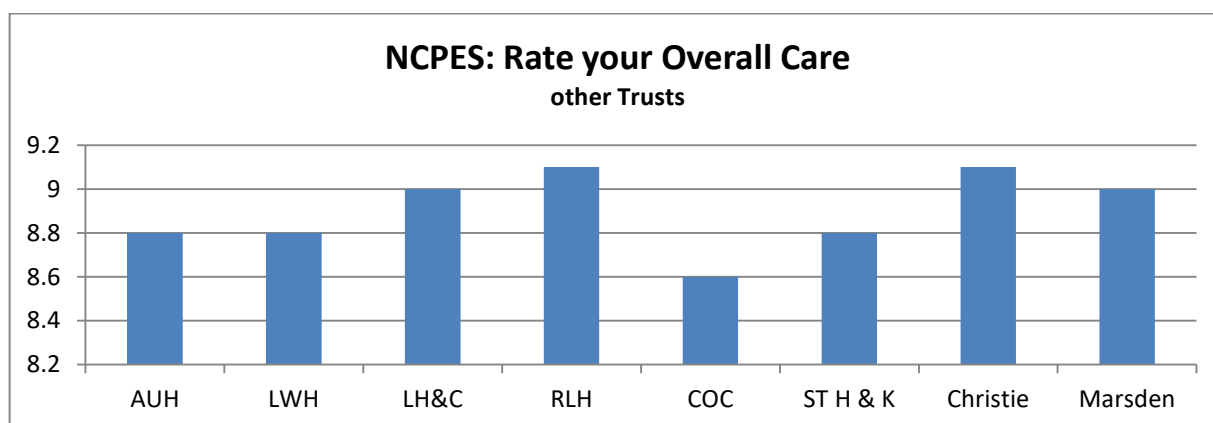
The chart below shows the number of outpatients surveyed by month in 2017/18, 2018/19 and 2019/20 to date.



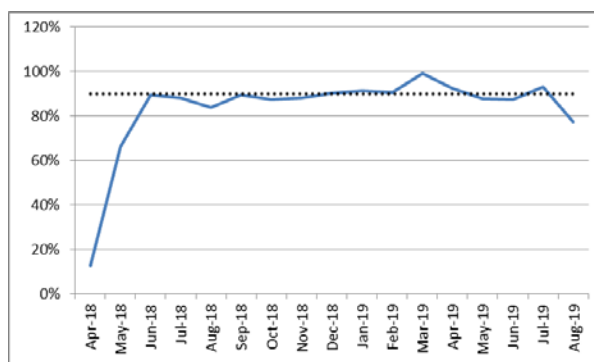
Matrons' action plans are monitored at the relevant directorate Quality and Safety meetings and improvement trajectories have been set for 2019/20. Actions identified include utilising volunteers, housekeepers and radiotherapy support workers to promote completion of cards and raising awareness of the electronic option.

There is no national benchmark available for outpatient response rates as there is no consistent and accurate way of determining the denominator.

We have recently received the results of The National Cancer Patient Experience Survey. CCC scored consistently high across all questions. Patients rated their overall care as 9 out of 10; other local and comparable Trusts' scores are shown below for comparison. Further analysis will be reported in the month six report.



Partners in Care Assessments



The Trust has successfully introduced the 'Partners in Care' initiative, which enables patients to choose a family member or close friend to become a member of their care team; assisting their relative/friend with the extra help and support they need. The figures show a fall in August to 78% against the 90% internal target.

Partners in Care assessment	Target	Aug 19	YTD
	90%	77.5%	88.8%
Reason for non-compliance			
Since the launch of the partners in care assessment in April 2018, missed assessments have been included on the daily assessment report for staff to action. Compliance with the assessment has fluctuated for a number of months and after being removed for only one month, it was clear that the daily assessment report was aiding the compliance rate and this has therefore reinstated.			
Action Taken to improve compliance			
<ul style="list-style-type: none"> Missed partners in care assessments have been added back onto the daily assessment report. 			
Expected date of compliance	September 2019		
Escalation route	Directorates / Quality and Safety Sub Committee / Quality Committee		
Executive Lead	Sheila Lloyd, Director of Nursing and Quality		

Claims

There are currently eleven open and ongoing claims against the Trust comprising of seven claims alleging clinical negligence and four liabilities to third party claims (employers/public liability).

3.3 Research and Innovation

3.3.1 Achievement Highlights for August 2019

Recruitment

- Recruitment of first patient into the NICO study, a CCC investigator-led study. (CI: Dr Joe Sacco, Site: Head and Neck).
- CCC is fourth highest recruiter nationally for ACTICCA-1. (PI: Prof Dan Palmer, Site: Gallbladder carcinoma)
- After a difficult set-up we recruited our first patient to BGB 290-303 study. (PI: Dr Ayman Madi, Site: Gastric)

Conference/events

- Professor Carlo Palmieri gave a talk at a Keynote session at Hormone Dependent Cancers, Gordon Research Conference: *'Endocrine Therapy: Revisiting the past to discover the future'*.
- Jennie Derham, Lead ECMC Research Nurse, represented CCC at a Replimmune networking event in Oxford.

Funding awarded

- Funding has been awarded for a study: Prospective observational registry and sample collection in patients with CNS involvement secondary to breast cancer' Daiichi-Sankyo: £187,000 CI: Professor Carlo Palmieri
- Dr Anna Olsson-Brown has received a grant from Northwest Cancer Research and the British Skin Foundation to run a study looking at dermatological toxicity in patients receiving immunotherapy.

Student supervision

- Alex Morgan (University of Liverpool medical undergraduate): Successfully completed his MRes project entitled 'Systematic review of the genomic landscape of breast cancer brain metastasis' supervised by Professor Carlo Palmieri.

Awards

- Dr Amit Patel won a national Royal College of Physicians (RCP) and Clinical Research Network (CRN) research award. The RCP and CRN research awards scheme recognises outstanding contributions of NHS clinicians to the conduct of National Institute for Health Research (NIHR) CRN research studies.

3.3.2 Exception reports

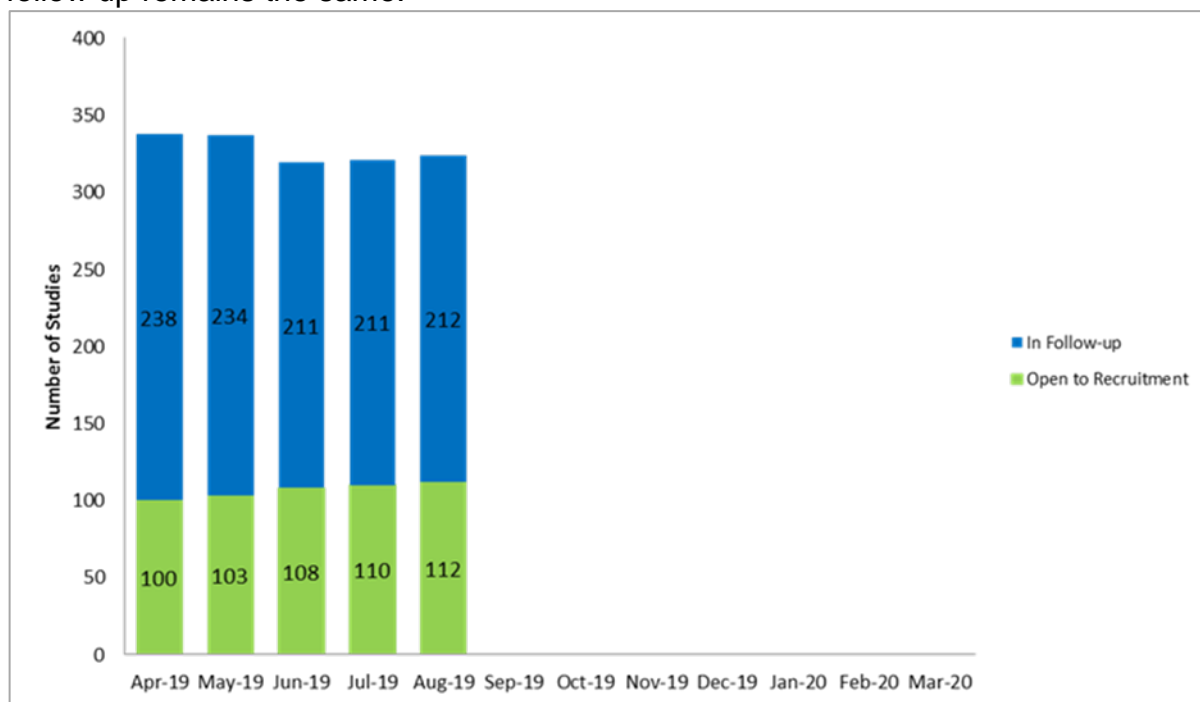
Studies opening to recruitment	Annual Target	YTD target	YTD
	63	26	18
Reason for non-compliance			
18 studies have been opened year to date, against the target of 26. There are however 3 studies which have been locally approved and can be opened following sponsor approval. To bridge the gap the expectation is that the newly appointed SRG Research Leads will increase the study numbers within their SRG. This will be part of their role.			
Action Taken to improve compliance			
<ul style="list-style-type: none"> The first SRG Research Lead meeting took place on 3rd September 2019 to clarify this point. Work with the Network to optimise opportunities. 			
Expected date of compliance	Q4 19/20		
Escalation route	SRG Research Leads / Committee for Research Strategy		
Executive Lead	Sheena Khanduri, Medical Director		

Recruitment into studies	Annual Target	YTD target	YTD
	1000	416	300
Reason for non-compliance			
Whilst the external recruitment target for portfolio studies is above plan by 25% year to date, the internal target for recruitment into all studies is below target. 300 participants in total have been recruited, against a target of 416 year to date. Reviewing the data further it can be seen that interventional studies are above target but observational and biobank studies are below target.			
Action Taken to improve compliance			
<p>Observational:</p> <ul style="list-style-type: none"> Additional observational studies including RAPPER, HYST and MOLGEN have just come back on-line which will potentially have good recruitment numbers. Additional Research Officer has been shortlisted and interviewed are being coordinated. <p>Biobank:</p> <ul style="list-style-type: none"> The Biobank is now up to its full complement of staff and the target for July 2019 was met. August has seen a dip due to annual leave. Plans are in place to ensure there is cross cover in place during annual leave. 			
Expected date of compliance	Q3 19/20		
Escalation route	SRG Research Leads / Committee for Research Strategy		
Executive Lead	Sheena Khanduri, Medical Director		

Study Set-up times	Target	Q4 18/19	Q1 19/20
	40 days	134.5 days	Data Anticipated October 2019
Reason for non-compliance			
<p>The validated data that we are in receipt of, Q4 18/19, relates to the time period 1st April 2018 to 31st March 2019. Q1 19/20, which relates to the time period 1st July 2018 to 30th June 2019 was submitted at the end of July 2019 and it is anticipated the DH will return validated data to all institutions by October 2019. As can be seen there is a significant lag in receiving validated data back from the DH.</p> <p>Following a review of the most recent data submitted to the DH it is anticipated our overall median set up time will significantly reduce for the Q1 19/20 data.</p>			
Action Taken to improve compliance			
<ul style="list-style-type: none"> Review of all studies to ensure correct processes were being followed. Review and reset of study set-up process to ensure we are being as efficient as possible. 			
Expected date of compliance	Q4 19/20		
Escalation route	Directorate Board / Senior Operational Meeting		
Executive Lead	Sheena Khanduri, Medical Director		

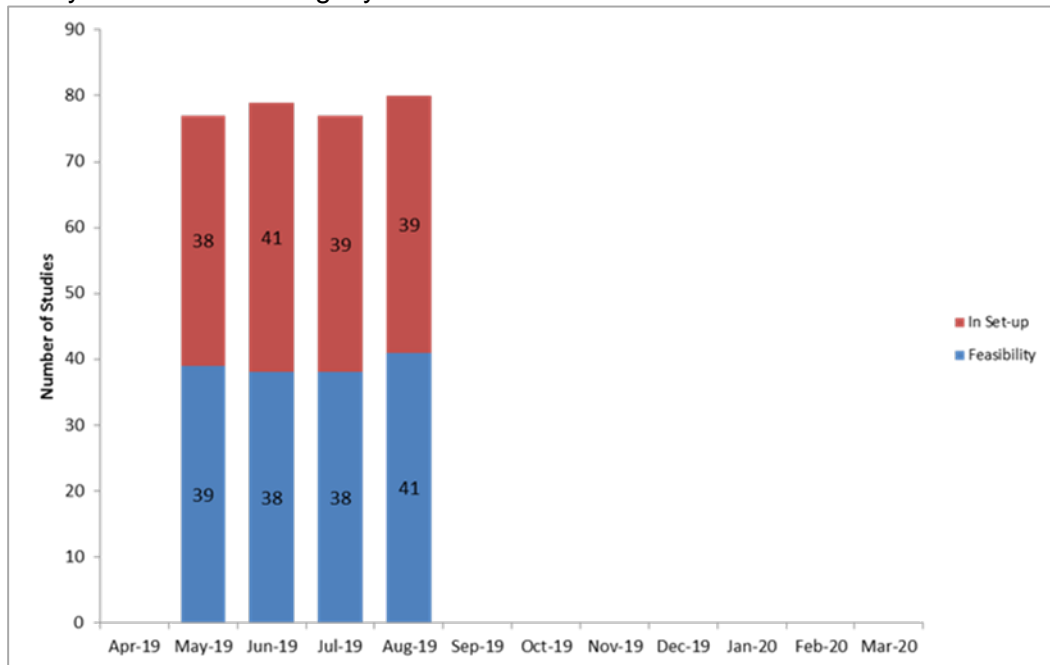
3.3.3 Activity by Month – Studies Open to Recruitment and in Follow-up

Trend shows the number of actively recruiting studies is increasing. Studies in follow up remains the same.



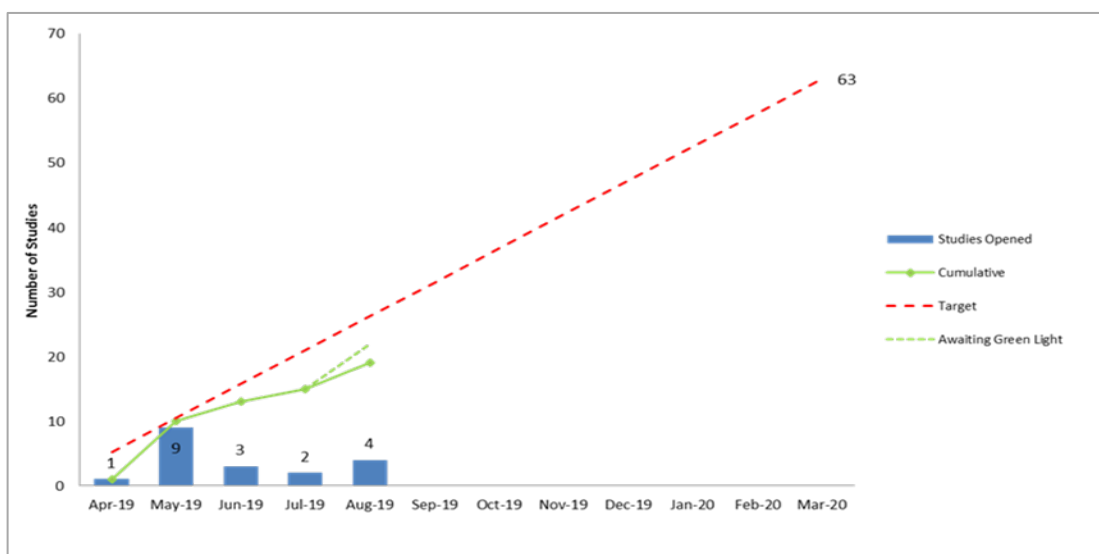
3.3.4 Studies in Pipeline

The number of studies in set-up for August 2019 has stayed the same while studies in feasibility has increased slightly.



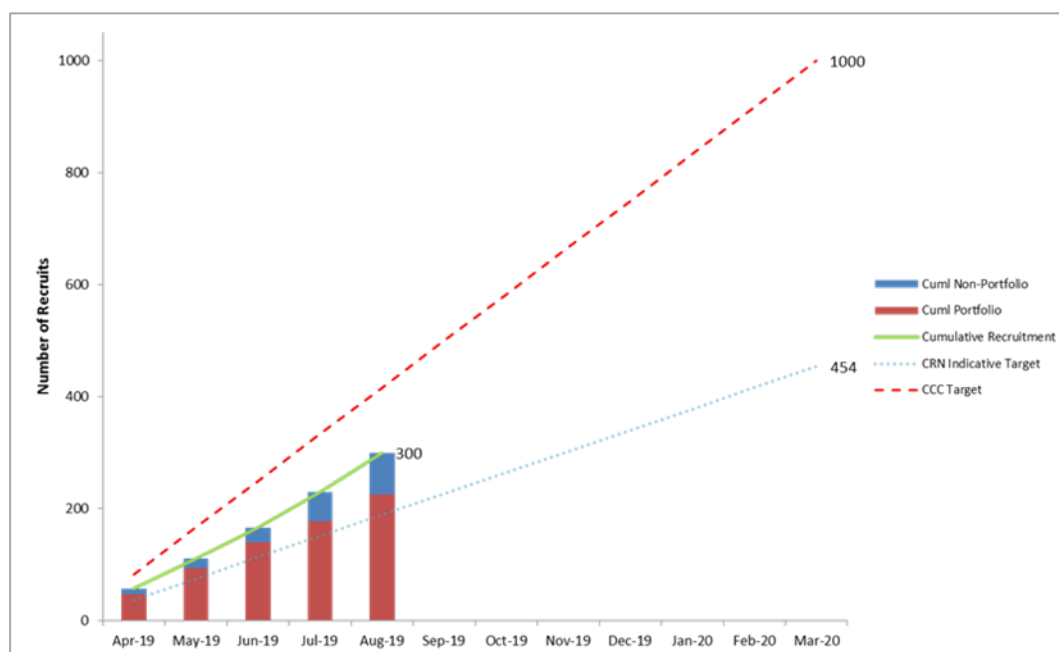
3.3.5 Number of New Studies Open to Recruitment

We are under target for studies opening to recruitment. However, we currently have three additional studies which have been given local approval where we are waiting on the Sponsor to give their approval before we can open. The first graph shows the studies open to recruitment and the second graph indicates where we would be if the three additional studies had been opened by the sponsor (dotted green line). Part of the newly appointed SRG Research Lead's role will be to increase the study numbers within their SRG.



3.3.6 Monthly Recruitment

We are above the external target (n=454) for recruitment into Portfolio studies. We are below target for our internal target of one thousand participants onto studies.



	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Portfolio	48	46	46	38	47
Non-Portfolio	10	7	9	26	23
Total	58	53	55	64	70

Reviewing the split between interventional, observational and biobank studies we can see which areas need to be improved to get back on plan.

	Actual at End August 2019	Target at End August 2019	% Target at End July 2019	% Target at End August 2019	Overall Target
Interventional	160	163	95.4	98.2 ↑	391
Observational	86	167	46.6	51.5 ↑	400
Biobank	54	87	62.9	62.1 ↓	209
Total	300	417	69.0	72.0 ↑	1000

- Interventional studies are at 98.2.4% target, this is an increase on last month - on plan
- Observational studies are at 51.5% target; this is an increase on last month. The following mitigations are in place for observational and biobank studies:

Observational

- Additional observational studies including RAPPER, HYST and MOLGEN have just come back on-line which will potentially have good recruitment numbers.
- Additional Research Officer has been shortlisted and interviewed are being coordinated.

Biobank

- The Biobank is now up to its full complement of staff and the target for July 2019 was been met. August 2019 has seen a dip due to annual leave. Plans are in place to ensure there is cross cover in place during annual leave.

3.3.7 Study Set Up Times

During July 2019 we reported on the Q4 18/19 data which relates to the time period April 2018 - March 2019 where we had a median set up time of 134.5 days. The next submission for Q1 19/20 which relates to the time period July 2018 - June 2019 was submitted at end July 2019. Validated data have not been returned yet from DH but on reviewing the data it is anticipated that significant improvements will be made.

CCC Monitored Data

Time period	Median Set-up (days)	Study Count
Jul - Sep 2018	92	1
Oct - Dec 2018	89	3
Jan - Mar 2019	47	6
Apr - Jun 2019	13	3
July – August 2019	9	6

3.4 Workforce

3.4.1 Workforce Overview

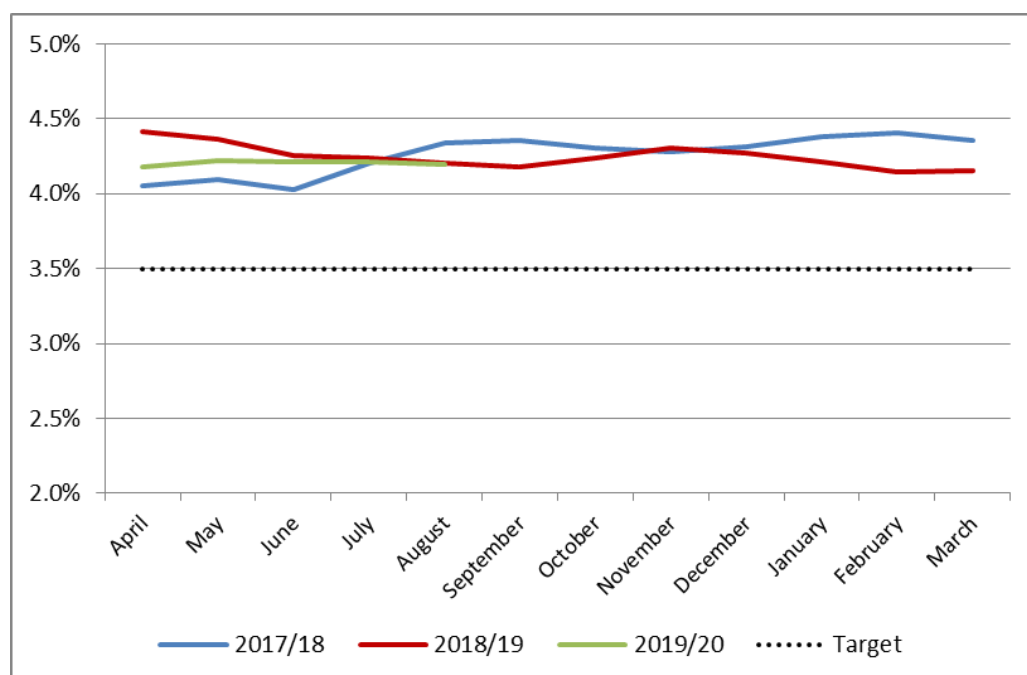
This table presents an overview of staff numbers and movement by month.

	2018 / 09	2018 / 10	2018 / 11	2018 / 12	2019 / 01	2019 / 02	2019 / 03	2019 / 04	2019 / 05	2019 / 06	2019 / 07	2019 / 08	Trend
Headcount	1,274	1,292	1,295	1,295	1,299	1,304	1,316	1,335	1,337	1,342	1,338	1,337	
FTE	1,157.15	1,173.97	1,174.43	1,174.57	1,178.07	1,183.31	1,194.65	1,212.80	1,215.16	1,218.56	1,213.28	1,214.32	
Leavers Headcount	16	14	19	17	17	14	20	11	24	13	18	20	
Leavers FTE	13.64	12.75	17.56	14.87	14.72	11.39	15.06	10.15	20.21	11.84	15.10	17.24	
Starters Headcount	19	30	22	19	19	21	24	37	23	18	17	21	
Starters FTE	15.96	27.67	17.67	16.70	17.13	18.66	20.88	36.07	21.02	16.48	15.53	18.96	
Maternity	35	36	41	40	39	40	42	47	49	47	47	41	
Turnover Rate (Headcount)	1.26%	1.08%	1.47%	1.31%	1.31%	1.07%	1.52%	0.82%	1.80%	0.97%	1.35%	1.50%	
Turnover Rate (FTE)	1.18%	1.09%	1.50%	1.27%	1.25%	0.96%	1.26%	0.84%	1.66%	0.97%	1.24%	1.42%	
Leavers (12m)	169	174	190	187	188	194	201	195	197	193	199	203	
Turnover Rate (12m)	13.46%	13.79%	15.01%	14.72%	14.74%	15.17%	15.66%	15.13%	15.21%	14.82%	15.21%	15.45%	
Leavers FTE (12m)	147.87	152.66	167.42	164.11	164.41	169.12	172.93	169.87	171.28	167.21	170.82	174.54	
Turnover Rate FTE (12m)	13.00%	13.36%	14.59%	14.25%	14.22%	14.58%	14.85%	14.52%	14.57%	14.15%	14.38%	14.64%	

3.4.2 Sickness Absence

Trust Level

The chart below shows the Trust's rolling twelve months' sickness absence per month and year since April 2017.



Sickness	Target	August	12 month rolling
	3.5%	3.7%	4.19%
Reason for non-compliance			
<p>The Trust 12 month rolling sickness absence is 4.19%; however the in-month sickness absence position shows a decrease from July 19 of 4.29% to 3.70% August 2019.</p> <p>The breakdown of the data for August confirms that anxiety/ stress/ depression, followed by gastrointestinal problems and headache/ migraine and other musculoskeletal problems are the highest reasons for absence across the Trust. This shows a slight change from last month, where cold, coughs and flu were amongst the top three highest reasons.</p> <p>In August there were 28 episodes due to anxiety/ stress/ depression, which was the highest reason for sickness. Analysis indicates that most of the absences are long-term with 18 episodes compared to 11 short-term episodes; Stress was the main reason recorded by managers on ESR. Integrated care had the highest with 8 episodes, Radiation Services 7 and Corporate 5.</p> <p>The second highest reason for sickness in August 2019 was gastrointestinal problems with 25 episodes. Integrated care had the highest number of episodes with 8, Radiation Services 7, and Chemotherapy and Corporate both with 5 episodes each.</p>			
Action Taken to improve compliance			
<ul style="list-style-type: none"> An in-depth review of gastro sickness has been undertaken and results will go to WOD committee in September. A stress questionnaire will be launched to all staff in September, as part of the annual stress policy audit. The results will enable us to identify any trends in issues/ areas across the Trust. 			
Expected date of compliance	December 2019		
Escalation route	Directorates, WOD Committee, Quality Committee		
Executive Lead	Jayne Shaw, Director of Workforce & OD		

Directorate / Corporate Service Level

Sickness absence per month and Directorate:

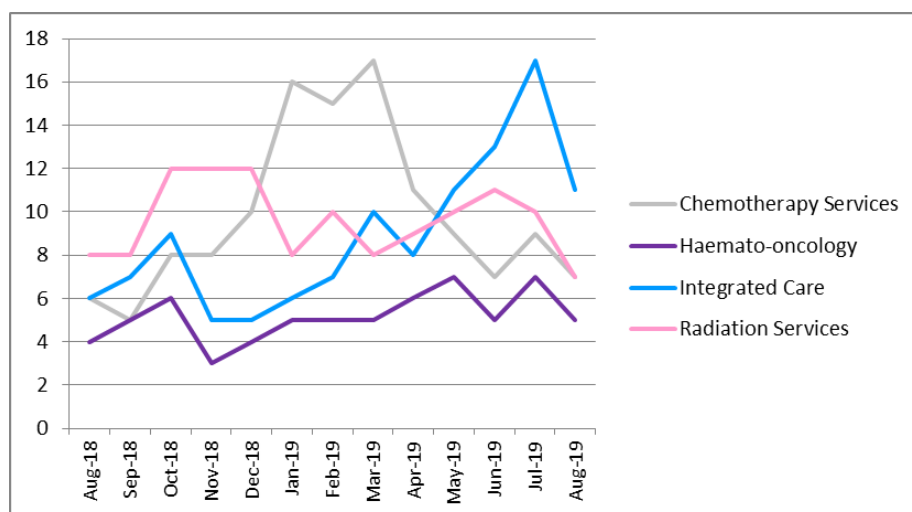
	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Haemato-oncology Directorate	2.3%	3.8%	3.9%	4.0%	4.4%	4.9%	4.8%	4.7%	4.3%	3.6%	4.5%	4.7%	3.9%	
Chemotherapy Services Directorate	3.0%	3.4%	3.9%	5.0%	5.7%	7.3%	6.9%	7.0%	4.8%	4.0%	3.4%	4.4%	4.4%	
Integrated Care Directorate	2.8%	4.6%	5.9%	4.4%	2.9%	4.1%	3.5%	5.0%	5.3%	4.6%	5.4%	6.1%	4.2%	
Radiation Services Directorate	3.2%	2.5%	4.0%	4.8%	4.1%	3.3%	3.6%	3.0%	3.0%	3.2%	2.8%	3.7%	3.1%	
Corporate Services	7.4%	6.0%	5.4%	5.0%	3.7%	4.8%	5.3%	4.4%	5.3%	3.8%	3.1%	4.0%	3.7%	
Research and Innovation	5.2%	4.2%	5.0%	4.2%	3.1%	4.1%	2.9%	5.7%	1.1%	2.2%	3.4%	3.9%	1.8%	
Quality	1.7%	0.8%	4.3%	3.9%	5.2%	6.9%	3.9%	3.7%	3.4%	1.5%	3.3%	3.8%	6.9%	

Long / short term sickness absence:

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

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Short term	118	103	164	159	148	195	151	142	120	127	116	115	85	
Long term	48	45	56	45	44	49	51	52	53	53	46	57	42	

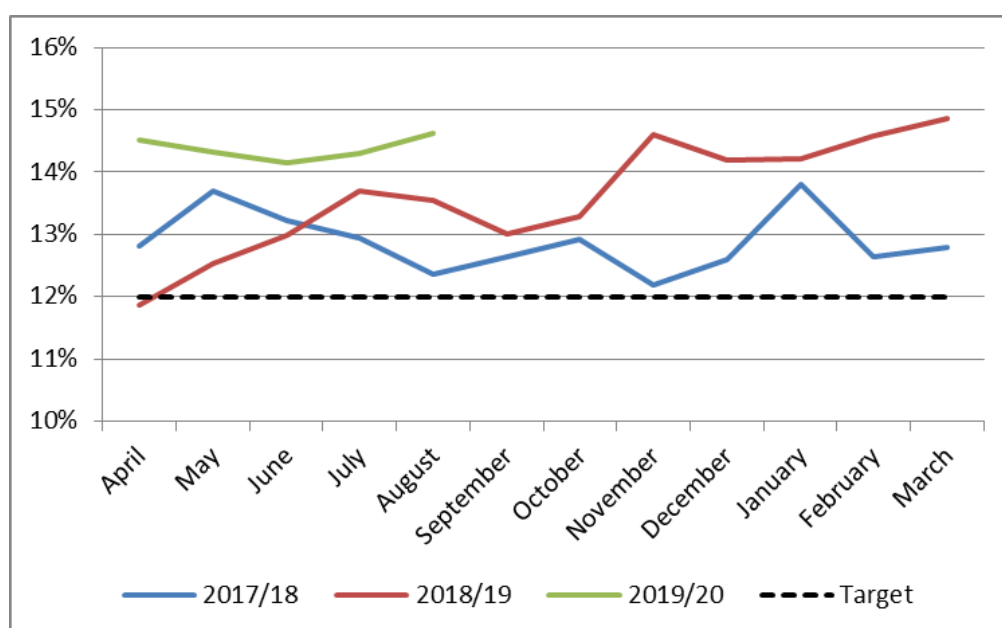
This chart shows long term sickness by Directorate, per month:



The Model Hospital chart of in month sickness absence has not been updated since the Month three IPR.

3.4.3 Turnover

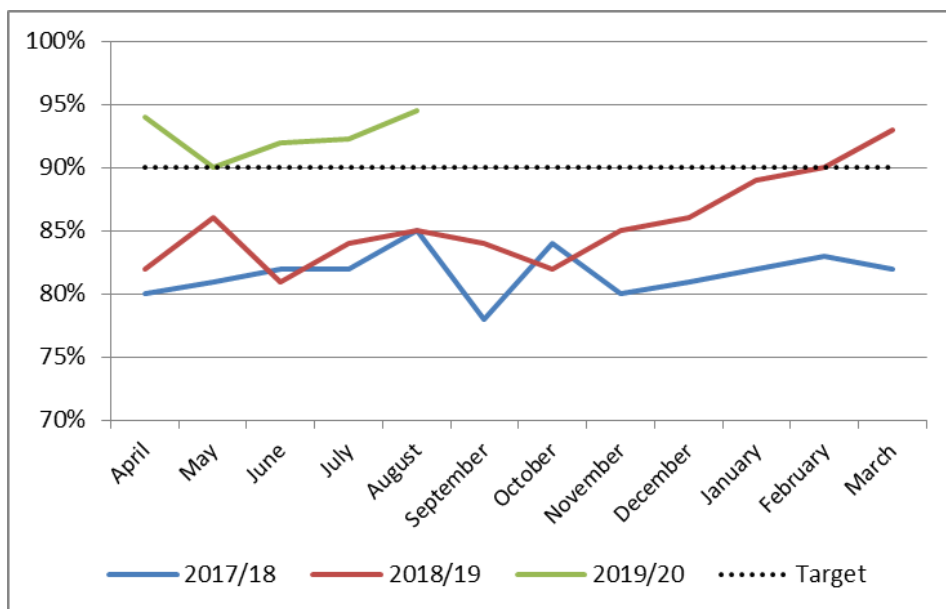
This chart shows the rolling twelve month turnover figures by month and year, revealing a rising trend in 2018/19 and more static position so far in 2019/20.



Turnover	Target (rolling 12 months)	Actual rolling 12 months	August
	12%	14.63%	1.42%
Reason for non-compliance			
<p>The rolling 12 month turnover figure has increased slightly from 14.29% to 14.63%. There were 20 leavers in total in August 2019. The highest staff group for leavers was nursing with 6 leavers due to Promotion (2), Work Life Balance (2), Lack of Opportunities (1) and 1 leaver due to the move to Liverpool. Admin & Clerical was the second highest staff group for leavers with 4 in total followed by Add, Prof & Scientific, Additional Clinical Services and Allied Health Professionals all with 3 leavers each.</p> <p>Pharmacy was the department with the highest number of leavers with 6 in total, followed by Haemato-Oncology and SRG Tumour Team (Admin Services) with 2 leavers each.</p> <p>The highest reasons for leaving overall in August 2019 were Promotion with 8 leavers and work life balance with 3 leavers.</p> <p>Following further analysis, 3 people left the Trust due to the move to Liverpool; Pharmacy (1), R&I (1) and Sulby (1), all of these had over three years' service with Trust.</p> <p>7 leavers had less than 12 months service with the Trust, and 7 leavers had 1-2 years' service with the Trust. 6 of these leavers were from the Pharmacy department and 3 of these left for promotional opportunities and 1 due to the move to Liverpool. No other particular trends have been noted.</p>			
Action Taken to improve compliance			
<ul style="list-style-type: none"> The WOD team continues to review new starter questionnaires in order to identify any particular issues, with regards to staff leaving within the first year of employment. The Trust has signed up to the NHS Improvement Retention Programme (cohort 5) which focuses on nursing and the Trust will be assigned Clinical and Workforce Mentors to help develop an action plan. 			
Expected date of compliance	May 2020		
Escalation route	Directorates, WOD Committee, Quality Committee		
Executive Lead	Jayne Shaw, Director of Workforce & OD		

3.4.4 Statutory and Mandatory Training

This section presents the Trust figures per month and year and the Directorate / Service compliance per month. Trust performance is above target at 95% for August 2019 and significantly better than in previous years.

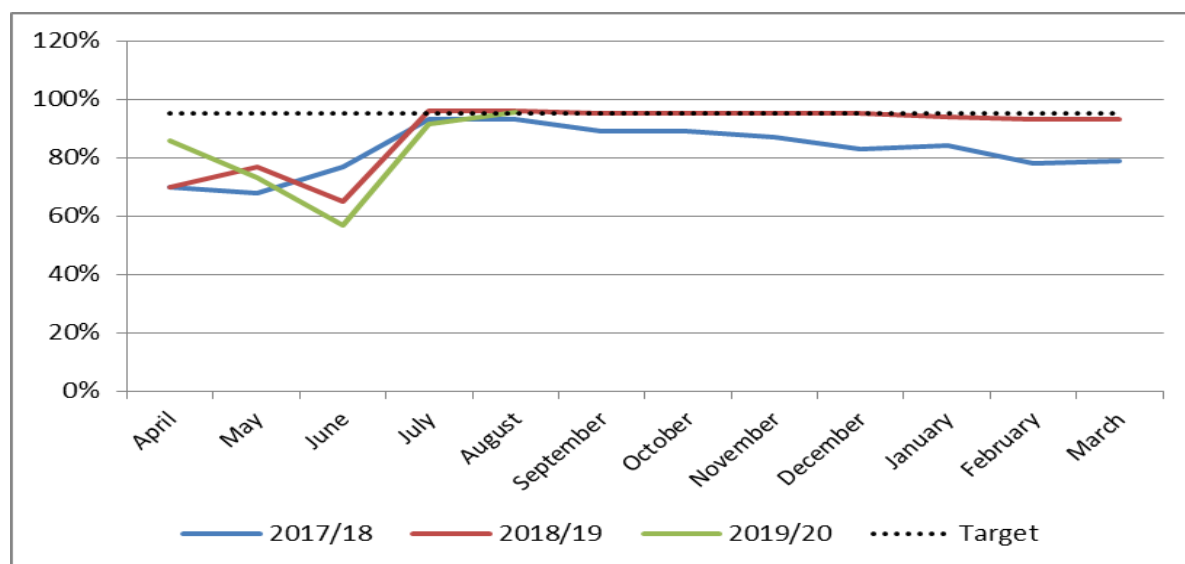


Directorate / Corporate Service	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Haemato-oncology Directorate	66%	54%	59%	58%	72%	74%	85%	94%	89%	94%	88%	87%	
Chemotherapy Services Directorate	88%	89%	89%	93%	95%	96%	97%	97%	96%	97%	96%	96%	
Intergrated Care Directorate	89%	87%	88%	87%	90%	90%	93%	94%	91%	95%	90%	95%	
Radiation Services Directorate	85%	86%	84%	87%	91%	92%	95%	94%	92%	95%	93%	94%	
Research and Innovation	81%	81%	84%	83%	86%	87%	89%	90%	89%	95%	90%	97%	
Corporate Services			88%	84%	90%	90%	93%	94%	93%	92%	94%	97%	
Quality	97%	95%	94%	98%	99%	97%	99%	94%	94%	94%	96%	98%	

All Directorates except HO are compliant (data as at 10th August 2019).

3.4.5 PADR Compliance

The Trust is achieving the 95% target at 96% at the end of August 2019.



Compliance by Directorate

Directorate	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Trend
Haemato-oncology Directorate	99%	97%	97%	96%	94%	93%	89%	87%	84%	56%	70%	93%	
Chemotherapy Services Directorate	98%	99%	98%	97%	93%	94%	91%	77%	65%	48%	96%	96%	
Integrated Care Directorate	97%	96%	96%	93%	92%	92%	91%	84%	65%	53%	94%	96%	
Radiation Services Directorate	98%	95%	95%	95%	95%	92%	92%	89%	85%	74%	94%	96%	
Research and Innovation	91%	91%	90%	90%	88%	87%	92%	87%	77%	78%	100%	98%	
Corporate Services			98%	96%	93%	95%	95%	90%	66%	51%	94%	95%	
Quality	100%	100%	100%	100%	100%	100%	100%	88%	80%	52%	93%	100%	

All Directorates and corporate services except HO are compliant.

3.4.6 Staff Experience

Staff Friends and Family Test

The quarter one national figures have now been released.

Summary of CCC and National Quarter One Results

- Our response rate was 28% (364 staff), an increase of 17% from 2018/2019
- 95% of our staff recommend the Trust as a place for care or treatment; 14% above the National Score (81%) and a 4% increase from Q4 2018/19 (91%)

- 66% of our staff recommend the Trust to friends and family as a place to work; in line with the National Score (66%) and a 12% increase from Q4 2018/19 (54%)

As a result of the staff survey results from Quarter 1 the Workforce and OD Team have conducted a series of focus groups with staff to hear about what it's like working on the ground and what improvements would make the biggest difference for our staff to highly recommend CCC as a place of work and care

Actions taken from the focus groups will be shared at the Workforce Committee in Oct 2019

Q2 Survey

- The Q2 Survey window is from 19th August to 13th September.
- Our final results are due from Quality Health the week commencing 21st October.
- The national results will be published on 21st November.

Next Steps

- Review the feedback from the staff focus groups to inform priority improvements and action plans.
- Implement actions and communicate "You said; we listened and we did to our staff.

3.5 Finance

For full details please refer to the Finance Report Month 5.