



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	27 th November 2019	
Agenda Item:	P1/206/19	
Title:	Integrated Performance Report – Month 7	
Report prepared by:	Sandra Hamilton, Personal Assistant	
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:	13 th November 2019 18 th November 2019

Purpose of the Paper/Key Points for Discussion:	<p>This report provides the Trust Board with an update on performance for month seven (October 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.</p> <p>Note: Following a detailed review of the performance data the following changes will be made to the IPR from Month:</p> <p>Calculation of Elective Length of Stay (LoS) – This calculation has been changed to exclude day cases from this measurement. As anticipated, this has resulted in a significant increase in the average LoS for solid tumour admissions. A revised target will be set following an analysis of the case mix for elective LoS cases.</p> <p>LoS data for H-O inpatient (Ward 7Y) now included in the report. Further work required on the Bone Marrow Transplant LoS.</p> <p>Calculation of Bed Occupancy - The Snap shot of bed occupancy times has now been changed from 11am and 2am to midday and midnight to align with national guidance.</p> <p>Any further changes to the IPR will be completed as a single action in preparation for the new financial year 2020/21.</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 October 2019
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The paper links to the following strategic priorities (please tick)

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

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

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	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.	Y
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

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

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 7 2019/20)

Introduction

This report provides the Trust Board with an update on performance for month seven (October 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.

Note: Following a detailed review of the performance data the following changes will be made to the IPR from Month:

Calculation of Elective Length of Stay (LoS) – This calculation has been changed to exclude day cases from this measurement. As anticipated, this has resulted in a significant increase in the average LoS for solid tumour admissions. A revised target will be set following an analysis of the case mix for elective LoS cases.

LoS data for H-O inpatient (Ward 7Y) now included in the report. Further work required on the Bone Marrow Transplant LoS.

Calculation of Bed Occupancy - The Snap shot of bed occupancy times has now been changed from 11am and 2am to midday and midnight to align with national guidance.

Any further changes to the IPR will be completed as a single action in preparation for the new financial year 2020/21.

1. Performance Scorecards

Operational

Directive	Key Performance Indicator	Change in RAG rating from previous	Target	Oct-19	YTD	12 Month Trend
Operational						
	62 Day Cancer Waiting Times Standard	↔	85%	85%	86%	
	2 Week Cancer Waiting Times Standard	↑	93%	100%	96%	
	Referral to Treatment: 18 weeks (Incompletes)	↓	92%	98%	98%	
	Diagnostics: 6 Week Wait	↔	99%	100%	100%	
	Clinic Waits: Outpatients Wirral (<30 mins)	↑	80%	85%	83%	
	Clinic Waits: Delamere (<30 mins)	↔	80%	80%	82%	
	Clinic Waits: Outpatients Peripheral (<30 mins)	↑	80%	88%	87%	
	Length of Stay: Elective (days) CCCW	↑	2	7.2	7.0	
	Length of Stay: Emergency (days) CCCW	↓	8	6.67	8.0	
	Length of Stay: Elective (days) CCCHO 7Y		21	21	17.3	
	Length of Stay: Emergency (days) CCCHO 7Y		16	22.6	22.6	
	Bed Occupancy: Conway Ward 12 noon	↑	G: 80-85%, A: 75-79% & 86-90%, R: <75% & >90%	82%	77%	
	Bed Occupancy: Mersey Ward 12 noon	↓		85%	81%	
	Bed Occupancy: Conway Ward 12 midnight	↑		82%	77%	
	Bed Occupancy: Mersey Ward 12 midnight	↓		84%	80%	
	Clinical Utilisation Review: patients not meeting criteria	↑	Aug = 15%	8%	10%	
	Radiology Reporting: Inpatients (within 24hrs)	↑	G: >=90%, A: 80-90%, R: <80%	74%	73%	
	Radiology Reporting: Outpatients (within 7days)	↑		75%	67%	
	Travel time to clinic appointment within 45 minutes	↑	G: >=90%, R: <90%	98.0%	97%	

To note: The calculation for the elective LoS has been changed to exclude day cases, hence the significant increase. Change to Work is underway to establish LoS target for BMT admissions.

Quality

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Oct-19	YTD	12 Month Trend
Quality						
	Never Events	↔	0	0	0	0
	Serious Untoward Incidents	↔	0	0	2	
	Patients with no new harms (Safety Thermometer)	↔	95%	95%	95%	
	Inpatient Falls resulting in harm	↑	-	3	26	
	Pressure Ulcers (hospital acquired with a lapse in care)	↑	0	4	4	
	Consultant Review within 14 hours (emergency admissions)	↑	90%	100%	98%	
	VTE Risk Assessment	↑	95%	98%	97%	
	Sepsis: IV antibiotics within 1 hour	↑	100%	100%	96.3%	
	Dementia: Screening, Assessment and Referral	↑	95%	100%	99%	
	Clostridium Difficile Infections	↑	<=4 per yr	1	9	
	E coli	↔	<=10 per yr	0	4	
	MRSA	↔	0	0	0	0
	MSSA	↓	<=5 per yr	0	1	
	Klebsiella	↔	<=10 per yr	0	4	
	Pseudomonas	↑	<=5 per yr	1	6	
	Staffing fill rate: Trust	↓		91%	91%	
	Staffing fill rate: Nurses - days	↓	G: 90 - 100%, A: 85 - 89% and 101 - 105%, R: < 85 & > 105%	80%	86%	
	Staffing fill rate: Nurses - nights	↑		96%	96%	
	Staffing fill rate: Care staff - days	↑		100%	92%	
	Staffing fill rate: Care staff - nights	↓		90%	91%	
	30 Day Mortality Rate: Radical chemotherapy	↑	-	0.4%	0.2%	
	30 Day Mortality Rate: Palliative chemotherapy	↑	-	1.3%	1.1%	
	30 Day Mortality Rate: Radiotherapy	↔	-	2.7%	2.5%	
	Partners in Care Assessments	↓	G: 90%, A: 85% - 89%, R: 25% - 29%, R: 25% - 29%	82%	87%	
	FFT inpatient score (% positive)	↔	95%	100%	99%	
	FFT outpatient score (% positive)	↓	95%	97%	98%	
	FFT inpatient response rate	↔	25%	25%	27%	
	FFT outpatient total responses	↑	-	710	4259	
	Complaints	↔	-	2	16	

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

To Note:

- 30-Day Mortality figures are always for the previous month. There is a single national target of 4.3% for 30-day mortality post chemotherapy. The Trust splits the target to enable greater oversight of the radical chemotherapy data set. Combined the performance figures fall within the accepted range.
- Infections other than c diff are CCC attributable only, with both attributable and non-attributable reported in section 1.3.

Research & Innovation

Directive	Key Performance Indicator	Change in RAG rating from	Target	Oct-19	YTD	12 Month Trend
Research and Innovation						
	Study recruitment: Portfolio	↔	-	48	321	
	Study recruitment: Non-Portfolio	↑	-	410	511	
	Study recruitment: Total	↑	83.3 per month	458	832	
	Studies Opened	↑	5.3 per month	4	24	
	Study set up times	↑	40 days	Chartzhour Q3 data. Last datapoint - 10 days		

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

Workforce

Directive	Key Performance Indicator	Change in RAG rating from previous	Target	Oct-19	YTD	12 Month Trend
Workforce						
	Staff Sickness (monthly)	↔	G: <3.5%, A: 3.6 - 3.9%, R: >4%	4.0%	4.0%	
	Staff Turnover (12 month rolling)	↓	12%	0.8%	14.91	
	Statutory and Mandatory Training	↓	90%	88%	92%	
	PADR rate	↑	95%	95%	85%	
	FFT staff: Recommend care and treatment	↓	G: >95%, A: 90-94%, R: <90%	92%	94%	
	FFT staff: Recommend as a place to work	↓		62%	64%	
	FFT staff: Response rate	↔	TBC	24%	26%	
	Proportion of Temporary Staff as % of Payroll (YTD)	-	-	No data	No data	

Finance

For October the key financial headlines are:

Metric (£000)	M7 Actual	M7 Plan	Variance	TD Actual	YTD Plan	Variance	Risk RAG
NHSI SoF	3	1	2	3	1	2	
NHSI Control Total (£000)	543	758	-215	3850	3508	342	
Cost Improvement Programme (£000)	146	146	0	1,038	1,038	0	
Cash holding (£000)	43,907	38,414	5,493	43,907	38,414	5,493	
Capital Expenditure (£000)	4,178	4,704	-526	34,011	30,328	3,683	

2. Exception Reports

Operational

62 Day Cancer Waiting Times Standard

The 85% target has been achieved for October and is currently at 85.1% (final validation via national system 3 December 2019). There were twelve breaches; two full breaches and ten half breaches. Four of the twelve breaches had an element of avoidability due to delay to 1st appointment and to radiotherapy.

CCC continues to monitor 24-day performance for patients referred on or after day 38 of the 62-day pathway. This is an internal target that aids breach avoidance for the system.

Current 24-day performance is 83.3% against a target of 85%. Performance against the 7 day to first appointment internal target for patients on a 62-day pathway is 84.9% against a stretch target of 90%.


Actions taken to address breach reasons include:

- A change to an Associate Specialist job plan to increase capacity within the gynaecology clinical oncology team.
- Engagement with clinical staff to ensure compliance with the 24 day target
- Review of the weekly PTL meeting to assist in the escalation of the radiotherapy planning process.
- Liverpool Clinical Laboratories (LCL) will be attending the Cheshire and Merseyside Chief Operating Officer Cancer Performance Group meeting on the 19th November 2019 (as per CCCs request). LCL has been asked to present their recovery plan regarding Histopathology reporting times and will be asked to consider outsourcing all routine/ non-urgent work to ensure limited resources are focused on urgent cancer work.


Bed Occupancy

During October, 'red bed status' was reached on 7 occasions. 'Black bed status' was not reported at all during the month of October. On red status days, additional bed review meetings took place as per the Clinical Site Management Policy. No patients were turned away and there was no adverse impact on planned activity.



Length of Stay Wirral

		Target	Oct 19	YTD	12 month trend
Length of Stay - Wirral		2 days	7.24 days	6.8 days	
Reason for non-compliance The recording of elective LoS now excludes day case admissions. As anticipated, the LoS figure has increased.					
Action Taken to improve compliance <ul style="list-style-type: none"> The General Manager for Integrated Care will conduct a case mix review and a new target will be agreed that will be benchmarked against peers. 					
Expected date of compliance	30/11/19				
Escalation route	ICD meeting, Q+S group, integrated governance				
Executive Lead	Joan Spencer, Interim Director of Operations				

Length of Stay Haemato-Oncology

		Target	Oct 19	YTD	12 month trend
Ward 7Y Non Elective Admissions		16	22.6	21.55	
Reason for non-compliances New Stretch target developed.					
Action Taken to improve compliance <ul style="list-style-type: none"> LOS project to commence January 2020 Weekly inpatient review of patients who LOS greater than 10 days November 2019 Stem Cell readmission LOS report to be generated and formal agenda item at MDT November 2019 					
Expected date of compliance	As above				
Escalation route	Performance review				
Executive Lead	Joan Spencer, Interim Director of Operations				

Radiology Reporting

Imaging Reporting	Target	Aug 19	Sept 19	Oct 19	12 month trend
Imaging reporting turnaround time within 24hrs - In-patients	90%	68.1%	72%	73.5%	
Imaging reporting turnaround time within 7days - Out-patients	90%	59.0%	63.9%	75.1%	
Reason for non-compliance The target of 90% was not achieved during October 2019 for inpatients (within twenty-four hours) or for outpatients (within seven days), at 73.5% (improved from 72% in September) and 75.1% (improved from 63.9% in September) respectively. Although a slight improvement in performance this still reflects the continuing lack of capacity for radiology reporting at CCC.					
Action Taken to improve compliance <ul style="list-style-type: none"> Monitoring of inpatient turnaround times at 48 hours and outpatient turnaround times at 10 days Increased capacity with outsourcing company Increased number of visiting radiologists PAs from other Trusts Active recruitment plan in situ 					
Expected date of compliance Interviews for radiologist vacancies to be held 23/12/19. If successful candidates will commence in post May/June 2020					
Escalation route:	Performance Committee				
Executive Lead:	Joan Spencer, Interim Director of Operations				

Quality

Infection Control

Clostridium Difficile Infections

Liverpool University Hospitals Foundation Trust (LUHFT) confirmed that a previously reported case of C.diff had again tested C.diff toxin positive in October. This was reported to the national data capture system as it occurred > 28 days from the previous report and is therefore classed as a recurrent infection. Our overall total is at nine with seven of these attributed to CCC (via a combination of HOHA and COHA cases). All cases have been reviewed (except the most recent one) and whilst our internal processes identified areas for improvement, no lapses in care were noted.

We agreed with NHSE Quality Team, to finalise our plans to design an Infection Alert Card and review actions to ensure C.diff Special Indicator Alerts (visible in Meditech)

are taken into account and documented when deciding the clinical management of patients with diarrhoea. The issues will be discussed at the next Antimicrobial Stewardship meeting and escalated to clinicians via Drugs and Therapeutics.

Gram Negative Blood Stream Infections

In October, we reported only one gram negative bacteraemia (*Pseudomonas aeruginosa*) attributed to CCC. The infection was identified in a complex patient reviewed by microbiology on a number of occasions. Potential sources include hepatobiliary and/ or a drain site.

Research & Innovation

Studies Opening to Recruitment

Twenty-four studies have been opened year to date, against the internal target of thirty-seven. There are however, six studies that 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. The next SRG Research Lead meeting is on 19th November 2019. Action taken to improve compliance includes the SRG Research Lead meetings and working with the Network to optimise opportunities.

Recruitment into Studies

The external (n=454) and internal (n=1000) recruitment targets are above plan. For the external target 299 participants have been recruited against a target of 265 year to date (13% above plan at month 7). For the internal target 832 participants in total have been recruited, against a target of 583 year to date (42% above plan at month 7). Reviewing the data further it can be seen that interventional studies and observational studies are above target but biobank studies are below target. Action taken to improve compliance includes:

Biobank


The Biobank is now up to its full complement of staff and the target for September and October 2019 was met. Plans are in place to ensure there is cross cover in place during annual leave. It is anticipated that the Biobank are on now trajectory to meet their target.

Study Set Up Times


The validated data for Q1 19/20, which relates to the time period 1st July 2018 to 30th June 2019, was received on 23rd September 2019. A significant reduction in our set-up times from 134.5 days (median) to 46.5 days (median) has been achieved against a target of 40 days. As can be seen there is a significant lag in receiving validated data back from the DH. Our next submission was submitted on 31st October 2019 and will relate to the time period October 2018 to September 2019.

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

	Target	October	YTD	
Sickness	3.5%	4.61%	4.10%	
Reason for non-compliance				
<p>The Trust 12 month rolling sickness absence is 4.10% however the in-month sickness absence position shows an increase from September 2019 of 4.04% to 4.61% October 2019.</p> <p>The breakdown of the data for October 2019 confirms that colds/coughs/flu, followed by gastrointestinal problems and anxiety/stress/depression are the highest reasons for absence across the Trust; the top three reasons show no change from last month.</p> <p>In October 2019 there were 45 episodes due to colds/coughs/flu, which was the highest reason for sickness. Analysis indicates that most of the absences are short term with 44 episodes compared to 1 long-term episode; colds were the main reason recorded by managers on ESR. Sulby Ward had the highest with 8 episodes, Mersey Ward 6 and Haemato-oncology and Access & Directorate Support both with 5.</p> <p>The second highest reason for sickness in October 2019 was gastrointestinal problems with 43 episodes. Radiotherapy had the highest number of episodes with 9, and IM&T, Haemato-oncology BMT, Workforce & OD and SRG Tumour Group all had 3 episodes each.</p> <p>Anxiety/stress/depression remains in the top three reasons for absence; this month it is the third highest reason although there are more episodes (33), compared to last month (27); 13 of these episodes ended within month, whilst 20 continue into November 2019. Radiotherapy had the highest number of episodes with 6.</p> <p>Published on the 24th October 2019, NHS Employers state that NHS Digital statistics for June 2019 show that NHS Staff sickness absence was 4.12%, compared to June 2018 when it was 3.9%- an increase of 0.22%. The most common reasons identified for sickness absence was anxiety, stress or depression, which is comparable to the Trust.</p>				
Action Taken to improve compliance				
<ul style="list-style-type: none"> Continuation of the promotion of the Flu Jab. Continuation of the promotion of the Employee Assistance Provision by Viv Up Maintaining the monthly HR Surgeries by the HR Advisors to ensure continuing support and advice to line manager on all aspect of the Attendance Management Policy and Stress Management Policy and Procedure. 				
Expected date of compliance	December 2020			

Escalation route	Directorates, WOD Committee, Quality Committee
Executive Lead	Jayne Shaw, Director of Workforce & OD

Turnover	Target	October	YTD	Trend
	12%	0.78%	14.91%	
Reason for non-compliance				
<p>The rolling 12-month turnover figure has increased slightly from 14.75% in September 2019 to 14.91% in October 2019. However, the in-month figure has decreased, as there were 10 leavers in total in October 2019 compared to 13 in September 2019.</p> <p>The highest staff group for leavers was Admin & Clerical with 4 leavers due to promotion (2), relocation (1) and to undertake further training/ education (1). The Additional Clinical Services staff group and the Nursing & Midwifery staff group had 2 leavers each, followed by Add, Prof & Scientific and Allied Health Professionals with 1 leaver each.</p> <p>No one team/ department had the highest number of leavers, as each department listed had 1 leaver each.</p> <p>Three of the four leavers had less than 1 years' service with the Trust.</p> <p>Further analysis shows that one of the leavers left due to the move to Liverpool as they feel that it is too far to travel.</p>				
Action Taken to improve compliance				
<ul style="list-style-type: none"> Continuation of staff awareness of Clatterbridge 2020 and how changes may affect them with the launch of the 'my personal move plan'. Increased engagement with staff through a variety of mechanisms: <ul style="list-style-type: none"> Managers Checklist Myth Busters Flexible Agile Working Resilience – Investing in your wellbeing 				
Expected date of compliance	December 2020			
Escalation	Directorates, WOD Committee, Quality Committee			
Executive Lead	Jayne Shaw, Director of Workforce & OD			

Finance

For October the key financial headlines are:

Metric (£000)	M7 Actual	M7 Plan	Variance	TD Actual	YTD Plan	Variance	Risk RAG
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The key drivers of the positions are:

- **Income has overachieved plan by £5.474m (£1.105m in month).** This is due to clinical income being £5.050m over plan, of which £4.407m relates to drug income, matched by expenditure.
- **Expenditure is overspent by £5.521m (£1.358m in month).** Consistent with the income position, mostly due to drug expenditure being £4.857m above plan.
- **Cash held is ahead of plan by £5.493m**
- **Capital expenditure is £3.683m above plan.** As noted previously, this relates to TCC and a catch up in expenditure slipped from 2018/19.

3. Detailed Reports

3.1 Operational

3.1.1 Cancer Waiting Times Standards

National Standards:

Standard	Target	Q1 2019/20	Jul 2019	Aug 2019*	Sep 2019	Q2 2019/20	Oct 2019
62 Day standard	85%	88.6%	90.2%	82.2%	85.4%	85.9%	85.1%
31 Day standard (firsts)	96%	98.9%	99.2%	98.6%	97.5%	98.9%	99.1%
Referral to Treatment: 18 Weeks (incomplete)	92%	98%	99%	99%	98.58%	98.58%	98.25%
Diagnostics: 6 week wait	99%	100%	100%	100%	100%	100%	100%
2 Week Wait	93%	97.6%	100%	100%	83.3%	100%	100%

62 Day Classic

The 85% target has been achieved for October and is currently at 85.1% (final validation via national system 3 December 2019). There were twelve breaches; two full breaches and ten half breaches. Four of the twelve breaches had an element of avoidability due to delay to first appointment and to radiotherapy.

28-day Faster Diagnosis Standard

The shadow monitoring of the 28 day faster Diagnosis Standard continues, this will be added to the CWT dashboard once validation work is complete.

Early indicators suggest that CCC will achieve this standard. However, the Haemato Oncology Team will continue to work on their diagnostic pathways in preparation for go live in April 2020.

Cancer Waiting Times Improvement Plan

- A change to an Associate Specialist job plan to increase capacity within the gynaecology clinical oncology team.
- Engagement with clinical staff to ensure compliance with the 24 day target
- Review of the weekly PTL meeting to assist in the escalation of the radiotherapy planning process.

- Liverpool Clinical Laboratories (LCL) will be attending the Cheshire and Merseyside Chief Operating Officer Cancer Performance Group meeting on the 19th November 2019 (as per CCCs request). LCL has been asked to present their recovery plan regarding Histopathology reporting times and will be asked to consider outsourcing all routine/ non-urgent work to ensure limited resources are focused on urgent cancer work.
- The development of a standard operational procedure for upgrades to the Aria system.

Key action underway as part of the Improvement Plan includes

Patients treated on or after 104 Days

In October 2019, thirteen patients were treated after day 104; referred between day 78 and 145 to CCC. Five patients were not treated within twenty-four days by CCC due to patient choice, medical issues and delay to first appointment.

There were no 2-week rule breaches for October

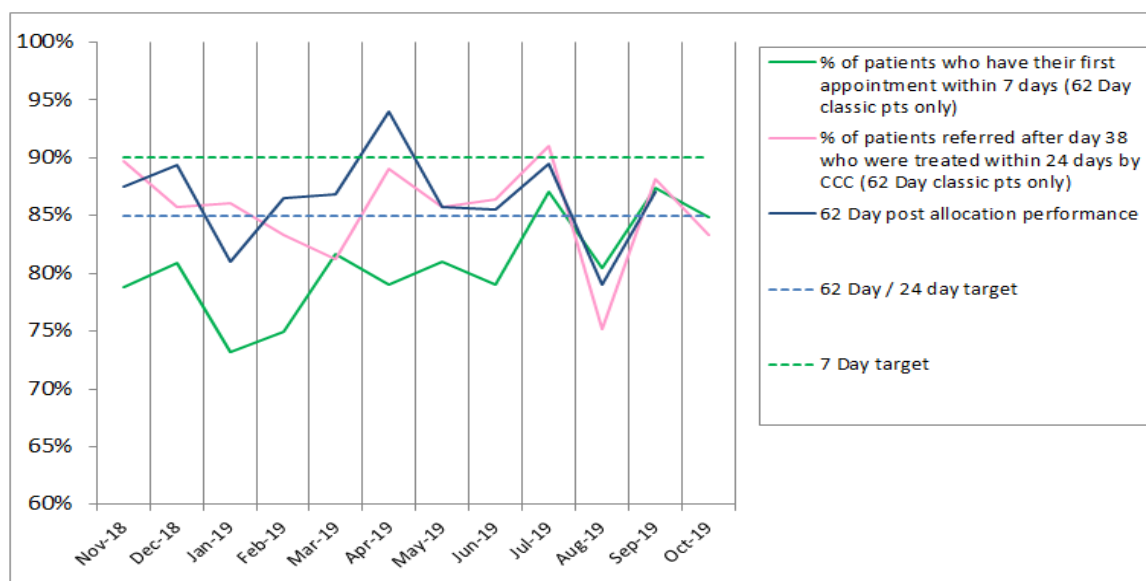
There were no Screening breaches for October

24 Day and 7 Day Performance (Internal Targets)

7 day KPI for October is at 84.9% against a stretch target of 90%

24 day KPI for October is at 83.3% against a stretch target of 85%.

Twenty-four day and seven-day performance can be seen in the following table.



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							
34	38	73	LGI	WHH	Rad RT	Medical & delay to 1 st app (14 days). Patient required treatment for unrelated medical condition	No
38	28	66	H&N	Wirral	Curative RT	Patient choice thinking time, unsure he wanted treatment	No
Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days							
43	40	82	LGI	RLH	Rad RT/chemo	Delay to 1st appointment (22 days) due to capacity within the Consultant workforce	Yes
39	39	78	Urology	COC/Wirral	Rad RT	Patient choice due to planned holiday	No
140	36	176	HPB	WHH/Aintree	Pall Chemo	Patient choice due to holidays & thinking time regarding entry into clinical trial. Treatment deferred as patient was unwell and commenced standard treatment	No
145	25	170	Urology	RLH	Hormones	Patient choice due to holidays	No
78	34	112	Gynae	COC	Rad RT/chemo	Delay to 1st oncology appointment (15 days) due to capacity within the Consultant workforce	Yes
65	26	91	Lung	SORM	Radical RT	Health Care Provider delay to radiotherapy as treatment plan required a re-plan due to the Aria upgrade communication issue between external companies	Yes
81	31	112	Gynae	Whiston/LWH	Pall Chemo	Medical & delay to 1 st app (13 days). Chemo deferred as patient had unrelated medical condition	No
53	34	87	LGI	SORM	Rad RT/chemo	Delay to 1 st app (10 days) & patient choice of planning appointment date	No

Day into CCO	Days @ CCC	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach
104	30	134	HPB	Wirral/Aintree	Pall TKI	Patient choice to consider clinical trial, thinking time & trial screening process & choice of appointment dates	No
59	27	86	Lung	Aintree	Act Mon	Delay to 1 st appointment (13 days) and delay to follow up appointment due to administration error	Yes

62-Day performance by tumour group

The tables below show the compliance by tumour group for Quarter One 2019/20, Quarter Two 2019/20 and October Quarter Three. As the numbers are small, there can be considerable variation in compliance from month to month; however, challenges in Q3 are Urology and Lower Gastro Intestinal.

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 Leukaemia)	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:

62 Day - CLASSIC									
Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Lung	6	0.5	24	14.5	30	15	80.00%	96.67%	
Upper Gastrointestinal	6	0.5	9	6	15	6.5	60.00%	92.31%	
Lower Gastrointestinal	7	0.5	4	3	11	3.5	36.36%	85.71%	
Breast	2	1.5	8	5	10	6.5	80.00%	76.92%	
Head and Neck	7	1	3	2	10	3	30.00%	66.67%	
Urological (Excluding Testicular)	5	0	4	3.5	9	3.5	44.44%	100.00%	
Haematological (Excluding Acute Leukaemia)	3	2	4	2	7	4	57.14%	50.00%	
Sarcoma	2	0	1	0.5	3	0.5	33.33%	100.00%	
Gynaecological	1	0.5	0	0	1	0.5	0.00%	0.00%	
Other	1	0.5	0	0	1	0.5	0.00%	0.00%	

Quarter Three 2019/20:

62 Day - CLASSIC									
Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Lung	5	1	22	12	27	13	81.48%	92.31%	
Upper Gastrointestinal	8	1	11	6	19	7	57.89%	85.71%	
Head and Neck	9	1	8	4.5	17	5.5	47.06%	81.82%	
Urological (Excluding Testicular)	13	1	3	2.5	16	3.5	18.75%	71.43%	
Breast	0	0	14	8	14	8	100.00%	100.00%	
Lower Gastrointestinal	8	2	5	4	13	6	38.46%	66.67%	
Haematological (Excluding Acute Leukaemia)	1	0	3	1.5	4	1.5	75.00%	100.00%	
Gynaecological	3	1	0	0	3	1	0.00%	0.00%	
Other	0	0	2	1.5	2	1.5	100.00%	100.00%	

3.1.2 Clinic Waiting Times

The table below shows the percentage 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 Daycase Unit and for the Trust's peripheral clinics. Scoping of clinic wait times and implementation of service improvement has achieved the internal Trust target of 80% of patients seen within 30 minutes with targets met in each area for October 2019.

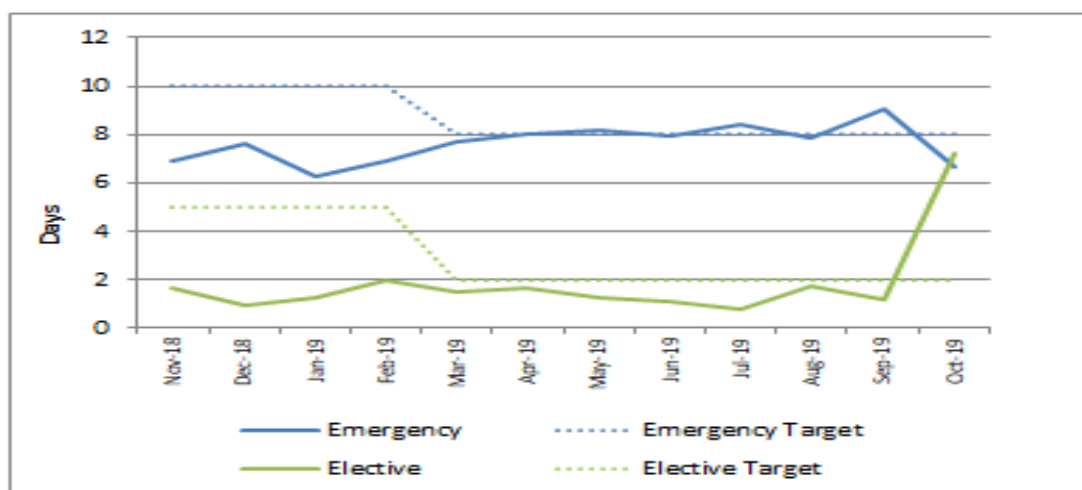
	Target	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Trend
CCC Outpatients Wirral: Seen within 30 minutes	80%	76%	81%	85%	85%	85%	84%	86%	82%	80%	86%	83%	80%	85%	
CCC Outpatients Wirral: Seen between 31 and 60 minutes		15%	13%	10%	11%	10%	10%	8%	11%	11%	7%	10%	11%	9%	
CCC Outpatients Wirral: Seen after 60 minutes		9%	7%	5%	5%	6%	6%	5%	7%	9%	6%	8%	9%	6%	
Delamere: Seen within 30 minutes	80%	77%	79%	77%	77%	82%	81%	81%	83.0%	81.4%	82%	83%	81%	80%	
Delamere: Seen between 31 and 60 minutes		13%	10%	11%	12%	9%	10%	10%	9.6%	9.4%	9%	10%	10%	11%	
Delamere: Seen after 60 minutes		10%	11%	11%	11%	9%	9%	8%	7.7%	9.2%	9%	8%	9%	9%	
Outpatient peripheral clinics: Seen within 30 minutes	80%	89%	90%	91%	91%	90%	91%	89%	85.0%	85.3%	89%	89%	89%	88%	
Outpatient peripheral clinics: Seen between 31 and 60		8%	7%	2%	6%	7%	7%	8%	8.5%	6.9%	7%	8%	8%	8%	
Outpatient peripheral clinics: Seen after 60 minutes		3%	4%	2%	3%	3%	2%	3%	4.3%	7.8%	4%	3%	4%	4%	

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:



Please note the elective LoS for CCC Wirral wards is 7.24 for October 2019. Day case admissions are no longer recorded within this figure, hence the rise in the LoS. A new target will be set following a case mix review.

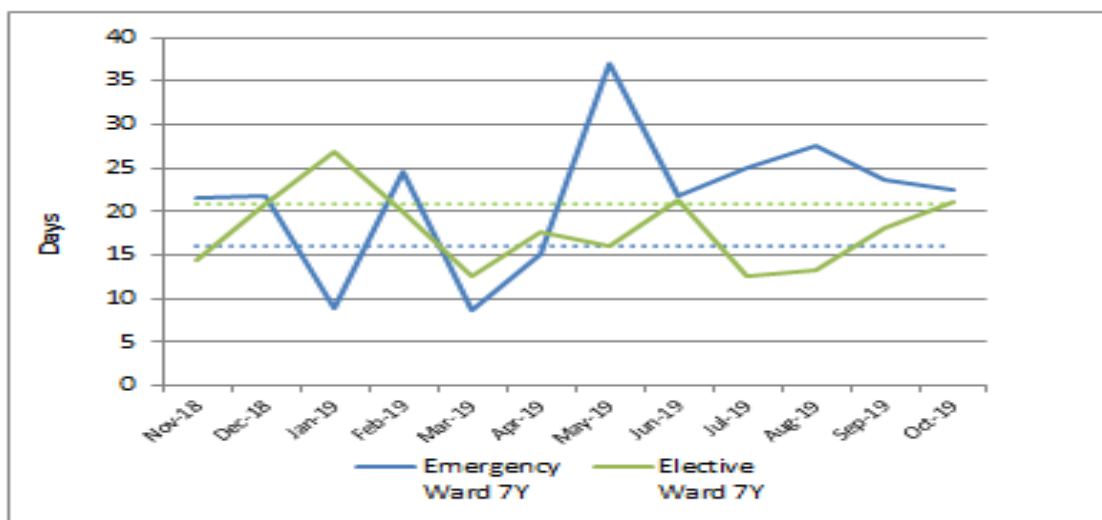
The non-elective LoS for Wirral is on target at 6.67 for October 2019.

Patient Flow Team continues to attend the daily morning COW Board Round and promote the medics to attend.

From 11th November, Patient Flow will meet daily at 1pm with the MDT to enable a brief handover process of any patients raised at the Board Round that morning and to highlight any emergency admissions that will potentially be complex discharges and require input from the MDT.

A meeting has been set up for 13th November with the team from LUHFT to implement ICRAS (a community discharge planning team initiative for North Liverpool residents) at CCC. Patient Flow Team Leader, Physio lead, OT lead and Trust SW are attending the meeting.

Haemato-Oncology – Ward 7Y



Haemato –Oncology Ward 7Y

The directorate has been unable to obtain any National comparator LOS benchmarking data from the recommended benchmarking tools provided by the “Model Hospital” analysis tool. This issue has been logged with the Model Hospital Team who is currently reviewing the lack of analytics within the Haematology speciality.

However in order to ensure that the directorate continues to focus on reductions in length of stay through improvement and service innovation the directorate has developed internal stretch targets.

The new stretch targets have been developed by the HO Clinical Director and are derived from a previous LOS benchmarking exercise via the Dr Foster system.

Clinical Utilisation Review (CQUIN)

The non-qualified review target was achieved in October, with only 8.0% of inpatients assessed as not meeting the CQUIN inpatient criteria. Compliance with the CQUIN KPI requires achievement of less than 10% of reviews not meeting criteria by March 2020; current performance is on track. All delayed discharges are reviewed at the new weekly LoS meeting and actions are allocated and feed into the CUR service improvement plan. Performance against CQUIN targets is also monitored at quarterly steering group meetings.

Due to system issues, HO inpatient data is excluded from this report. This will be included once HO are utilising Meditech. Predicted date May 2020.

Bed Occupancy

Bed occupancy on the Wirral site during the month of October has continued to remain above 80% across both wards at each point during the day.

Bed occupancy is triangulated with safe staffing. Unfilled vacancies during the month of October have continued. A Datix has been completed when wards have not had the proposed staffing levels at the beginning of their shift. However, gaps in the workforce have been mitigated by offering staff overtime and/or moving staff from other clinical areas to help on the wards.

As a result, the directorate spend on overtime and agency remains high.

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

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Trend
Conway: 11am	77%	75%	68%	80%	84%	81%	88%	79%	72%	76%	65%	80%	82%	
Mersey: 11 am	66%	69%	72%	85%	88%	87%	86%	81%	81%	79%	70%	86%	85%	
Conway: 2am	78%	75%	69%	80%	84%	81%	87%	80%	72%	75%	65%	80%	82%	
Mersey: 2am	67%	70%	70%	84%	88%	86%	85%	80%	81%	77%	67%	83%	84%	

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

Data flows for HO wards' bed occupancy are being established



Haemato-Oncology (Ward 7Y) bed occupancy figures indicate there are Liverpool University Hospital Foundation Trust (LUHFT) inpatients on the 7Y bed base. This activity is variable and does not form part of CCC's activity or reporting framework.

A formal request has been submitted to LUHFT for a detailed daily bed occupancy reports. That will enable the BI team to demonstrate the accurate bed occupancy figures that encompasses both CCC and LUHFT activity.

The daily bed occupancy report provided by the nursing team shows bed occupancy at 100% most days.

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.

		Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Trend
Imaging reporting turnaround: inpatients within 24 hours	G: >=90%, A: 80-89%, R: <80%	80.7%	78.6%	69.3%	73.9%	82.6%	62.5%	68.1%	73.7%	82.0%	75.8%	68.0%	72.0%	
Imaging reporting turnaround: outpatients within 7 days		73.1%	70.0%	67.8%	72.5%	89.6%	62.8%	55.8%	79.0%	72.0%	65.9%	60.0%	63.9%	

Additional reporting capacity has now been put in place from the outsourcing company and additional sessions have commenced via the SLA with LUHFT, there is now a small improvement in turnaround times.

The backlog of reporting has seen a reduction during the month of October from a total of 242 to 109 scans waiting for report, with a fall from 58 scans waiting over 2 weeks for a report to 10 scans waiting over 2 weeks.

A recruitment campaign is underway for consultant radiologists

A detailed report regarding the on-going issues with radiology capacity at CCC was presented to the Trust Performance Committee in October 2019.

3.1.5 Patients receiving treatment closer to home

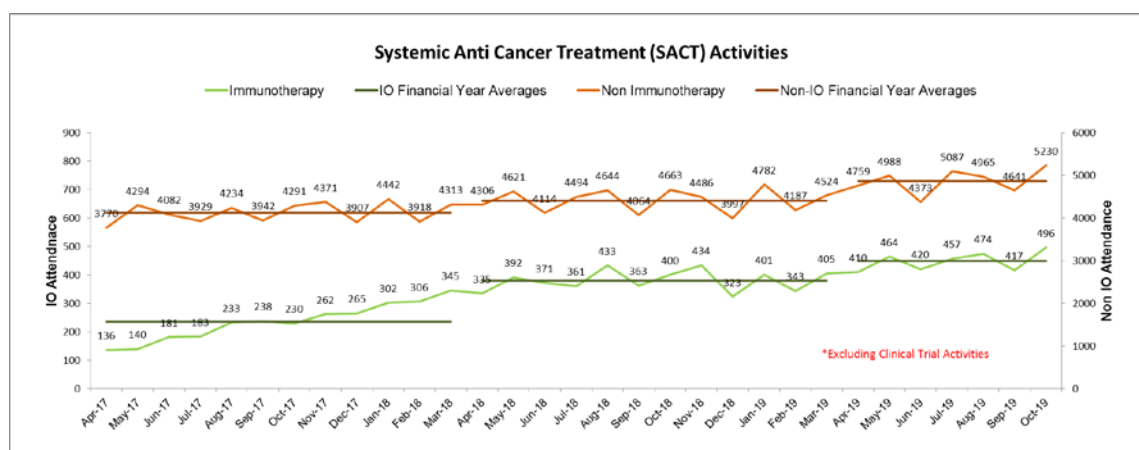
CCC strategic priority is to improve access to cancer care within 45 minutes travel for 90% of patients by 2020. Currently 98% of patients receive treatment within 45 minutes travel. St Helens & Knowsley Hospital Trusts are working with CCC to accommodate additional treatment chair capacity to support the closer to home model in 2020. CoCH patients are being offered the option of treatment at CCC-Wirral or CoCH and are predominantly choosing CCC-Wirral site due to the ease of parking. Treatment is still within the 45 minutes target. Data for 2019/20 to date is displayed in the table below:

	Target	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019
Patients travelling 45 minutes or fewer to their clinic appointment.	90%	96.4%	96.7%	97.9%	97.2%	97.0%	98%

*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. SACT delivery is over-plan for both standard chemotherapy and immunotherapy aligned to operational planning for workforce and capacity to deliver closer to home



IO activity split by tumour group and home treat

Clikhealth will support a new dashboard to identify immunotherapy (IO) split by tumour group and home treatment. This will be available in Spring 2020.

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				

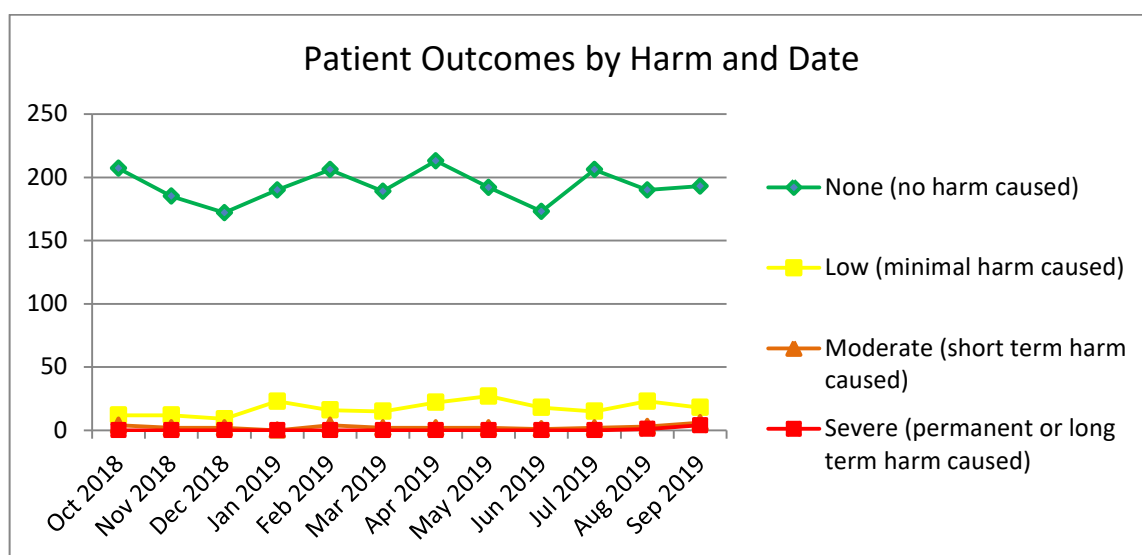
The Trust has received a letter from the Commissioners stating that CCC was the only Trust to submit data regarding falls for Q1. As a result, CCC has been offered an opportunity to rebase the total falls CQUIN funding over Q2, Q3 and Q4. This offer has been confirmed and accepted.

3.2.1 Never Events

There have been nil never events from 1st April 2019 to 31st October 2019

3.2.2 Incidents

The chart below shows the outcome of patient incidents, by level of harm and month from 1st October 2018 to 30th September 2019.



Due to unexpected staffing issues, the above table has not been updated for the month of October. However, there were three incidents reported as causing potential moderate harm. All three are currently under review and will follow the Trust incident review process.

The three were as follows:

- Staff injury from a stair rail – further information has been requested.
- Bone scan reports not being returned to the requesting clinicians – under review in Nuclear Medicine with admin staff
- Mortality review escalated to CCC from Aintree – waiting outcome of further review.

There were no incidents reported as causing severe harm during October 2019.

Serious Incidents

There have been no serious incidents reported in October 2019.

Inquests/Coroner's Investigations

No new Coroner investigations were opened in October 2019.

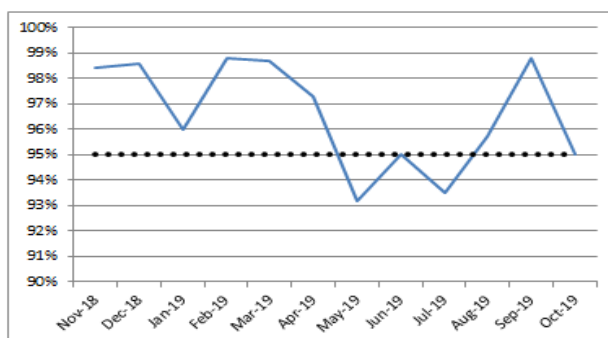
Claims

The management of litigation moved to the Corporate Governance Department on Monday 4 November 2019. A rapid review of the actual claims against the Trust is in progress, this includes the ongoing Inquests. A rapid review of the potential claims was undertaken on Friday 15 November by the Trust's external Solicitors. A full position statement will be available by Friday 22nd November 2019.

3.2.3 Harm Free Care

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

Patients with new no new harms (Safety Thermometer)

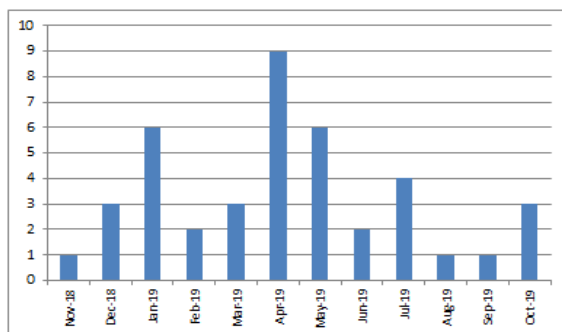


The target of 95% was achieved in October 2019, at 95%.

The 'new harm' cases identified by the safety thermometer survey in October related to a low harm fall and a new DVT on 7X, a new DVT on 10Z and a new category 2 pressure ulcer identified on Mersey ward. All incidents will be presented by senior

staff from the ward at the Harm Free Care meeting to identify any trends/themes as well as any lessons to be learnt.

Inpatient falls resulting in harm



Three falls resulted in 'low' harm in October 2019; one is still under review by the ward manager. All falls will be discussed at The Harm Free Care Collaborative Group (meeting on 12th November) to 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 which includes;

1. Lying and standing blood pressure recorded at least once.
2. No hypnotics or antipsychotics or anxiolytics given during stay OR rationale for giving hypnotics or antipsychotics or anxiolytics documented (British National Formulary defined hypnotics and anxiolytics and antipsychotics).
3. Mobility assessment documented within 24 hours of admission to inpatient unit stating walking aid not required OR walking aid provided within 24 hours of admission to inpatient unit.

Pressure Ulcers (hospital acquired)

Four patients were reported during October to have developed a category two pressure ulcer during their inpatient stay, all four patients were being nursed on Mersey ward and will be discussed in detail at the Harm free care meeting;

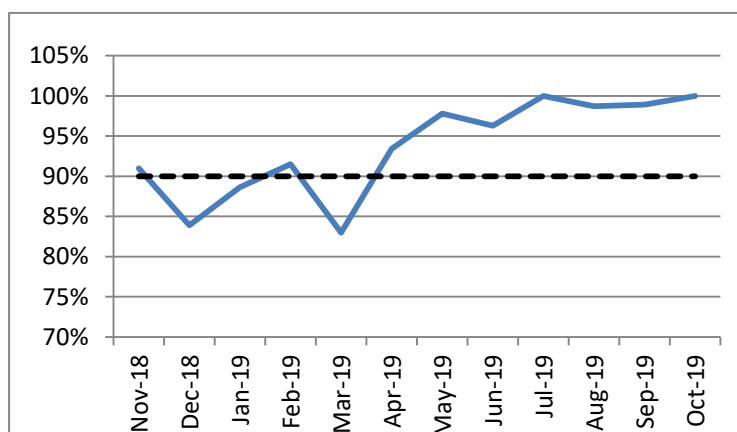
- Patient 1 – patient has reduced mobility and multiple bone lesions. Patient is being nursed on an alternating mattress and has appropriate care plans in place. A full root cause analysis is underway by the ward manager, patients pressure ulcer is reported to be healing.
- Patient 2– reduced mobility and sensation from waist down due to a spinal cord compression. Patient is being nursed on an alternating mattress and has appropriate care plans in place. A full root cause analysis is underway by the ward manager.
- Patient 3 – patient mobility reduced due to pain and a protruding mass. A full root cause analysis is underway by the ward manager.
- Patient 4 – patient had been self-caring with pressure area care however, patient's condition deteriorating, nutritional issues (dieticians involved in care) and patient reported to be suffering from fatigue. A full root cause analysis is underway by the ward manager

A detailed review of pressure ulcer incidents is underway and will be reported at the next Quality Committee.

Falls

- Patient 1 Conway ward – patient attempted to walk alone without buzzing staff. The patient fell landing on their bottom but complained of a painful shoulder and knee, reviewed by medics, X-rays performed showing no breaks.
- Patient 2 7Y ward – patient fell on their way back from the toilet, banged their head resulting in a lump above the left eye. Reviewed by medics, CT scan performed which was reported as normal.
- Patient 3 7Y ward – patient got out of bed at the foot end as bedrails were in use. Patient was confused and not aware how he had ended up on the floor. Neurological observations performed and patient reviewed by medics.

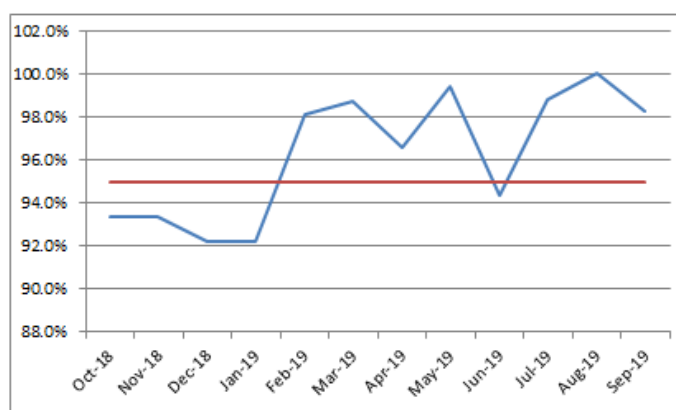
Consultant Review within 14 hours (emergency admissions)



100% of patients admitted in an emergency were reviewed by a consultant within 14 hours in October 2019.

VTE Risk Assessment

The Trust was compliant in October 2019



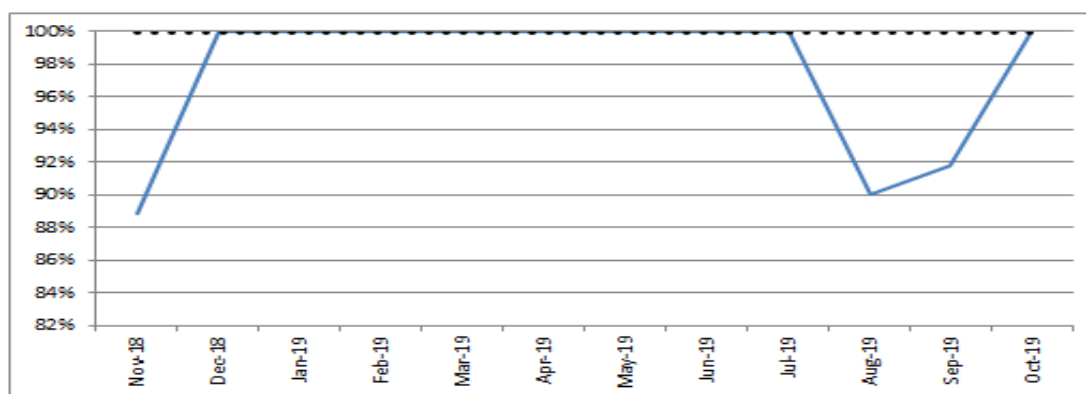
This chart shows the patients who received a VTE risk assessment as a percentage of those requiring assessment. HO patients are included from July 2019, following a review of the data reporting process from LUHFT systems.

Sepsis (IV antibiotics within 1 hour)

The Trust achieved the 100% target in October 2019. The Trust staff have worked tirelessly to implement a series of actions that have contributed to this success.

Dementia: Screening, Assessment and Referral

Compliance for dementia screening, assessment and referral achieved 100% for October 2019.




Health Care Acquired Infections

As previously reported, the new criteria for allocating infections to acute Trusts included:

- 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 reported nine cases YTD. Of these cases, 5 HOHA and 2 COHA are attributed to CCC. In addition, we have non-attributed cases comprising 1 indeterminate association (COIA) and 1 community acquired community associated (COCA).

All patients receive a Post Infection Review (PIR) of care at or involving 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). Cases from July, August and September were presented to NHSE on 31st October for formal review. No lapse in care was identified but we have agreed areas requiring further discussion and/or improvement relating to outpatient management of patients with diarrhoea.

Infection Prevention and Control		Target	Oct 19	YTD	12 month trend
		4	1	9	
Reason for non-compliance Increase in number of Trust attributed C.diff infections due to national changes in definition. COHA – BMT patient was reported as C.diff in September (HOHA) and was readmitted with C.diff in October. As this second result is more than 28 days since the previous report a second report has been filed with the national data capture. PIR is in progress for discussion with LUHFT at our regular Haematology Infection Control meeting.					
Action Taken to improve compliance <ul style="list-style-type: none"> Continue with existing best practice interventions (only 1 lapse in care and no evidence of cross infection) and discuss all cases with NHSE Quality Team Create Infection Alert Cards for patients to carry Review Triage processes and outpatient management of patients with diarrhoea 					
Expected date of compliance	December 2019				
Escalation route	Infection Prevention and Control Committee, Drug and Therapeutics and via clinical teams				
Executive Lead	Sheila Lloyd, Director of Nursing and Quality				

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

	Annual Target	October 2019 CCC HOHA (Hospital Onset)	YTD	October 2019 CCC (Community Onset)	YTD	Comments
Reportable						
C difficile	=<4 combination of HOHA COHA	0	5	1	4*	
COHA – BMT patient was reported as C.diff in September (HOHA) and was readmitted with C.diff in October. As this second result is more than 28 days since the previous report a second report has been filed with the national data capture. PIR is in progress for discussion with LUHFT at our regular Haematology Infection Control meeting. Community Onset * 2 of these 4 cases are allocated by national definitions as Community Onset Indeterminate Association (COIA) or Community Onset Community Associated (COCA) and therefore not attributed to CCC as the patient had no recorded admission or had admissions outside the DH parameters.						

Lessons Learned

Awaiting outcome of Post Infection Review (PIR) for this month's case. We are planning the introduction of a credit card sized 'Alert card' for patients to carry and also reviewing Triage assessment of patients known to have had C.diff infection in the past.

Bacteraemia	Annual Target	October 2019 CCC (Hospital Onset)	YTD	October 2019 CCC (Community Onset)	YTD	Comments
E Coli	=<10	0	4	0	5	
MRSA	0	0	0	0	0	
MSSA	5	0	1	0	1	
Klebsiella	10	0	4	0	2	
Pseudomonas	5	1	6	0	1	Hepatobiliary sepsis in a patient with recurrent infection due to ongoing tumour and drain site
Non reportable						
VRE	-	1	3	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 October 2019 against an accepted national level of 90%.

- Trust Inpatient overall fill rate = **91%**
- Registered Nurse on days = 79%
- Registered Nurse on Nights = 94.8%
- Non-registered staff on days = 99.1%
- Non-registered staff on nights = 91.1%

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 >99%. The trust overall combined average fill rate remains above 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 timeframe 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. However the current nurse vacancies as of end October 2019 are:

- Registered Nurses – October 20.27 wte (a reduction of 2.16 wte since September 2019)
- Unregistered Nurses – October 11.07 wte (an increase of 3.77 wte from October 2019)

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. The risk will be significantly reduced with the production and operationalisation of the Nursing Recruitment & Retention Plan (currently in draft) together with the addition of NHSP support when it goes live this month.

10 final year nurse students have accepted conditional contracts following recruitment events this year. These individuals will have a potential start date of March 2020 supporting the expansion into CCC-L.

We have recruited 41.5 wte staff, band 2 – 6 since the start of the year. A CCC focused recruitment event is also planned for 21st November 2019 in Liverpool to attract experienced nurses to come and work for the Trust. This is being co-ordinated with and supported by a large marketing/communication campaign showcasing the new hospital. A further recruitment event is planned for February 2020 following build handover, again targeting experienced staff from Liverpool.

3.2.5 Clinical Outcomes

Mortality

Inpatient Deaths

Graph below illustrates the planned and emergency admission proportion per hospitals. It showed HO has lower emergency admission proportion than CCCW, 96.3% were planned admissions.

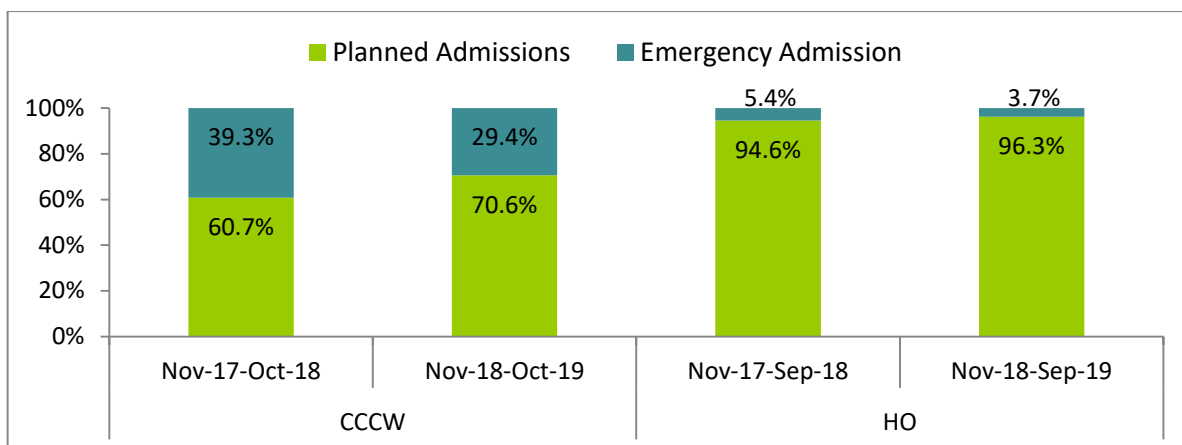
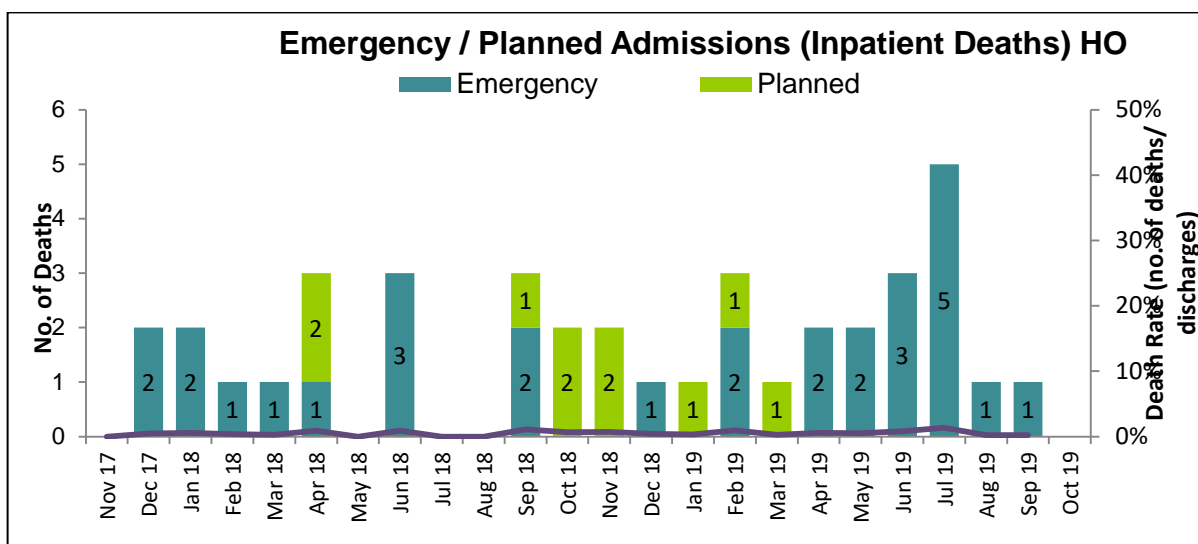
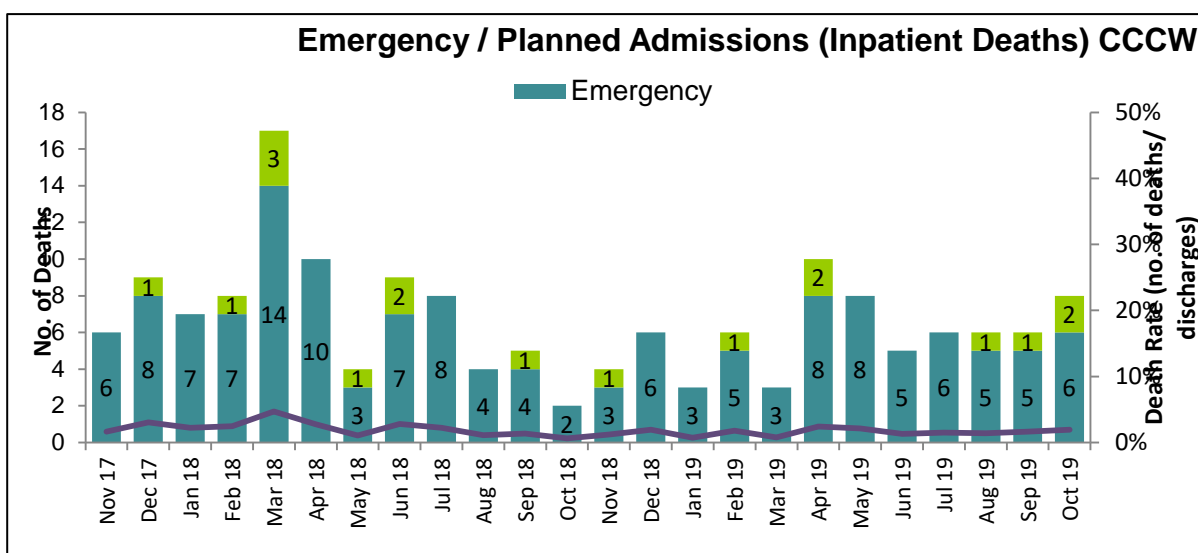


Chart illustrates a monthly inpatient death figures based on method of admissions (planned and emergency) and an overall percentage death rate. No particular pattern was observed except in March 2018 for CCCW, this outlier has been audited and the results demonstrated no patterns or concern. These findings were subsequently reported to The Mortality Surveillance Group.



Outcome Dashboard

First draft dashboard completed: head and neck, upper GI, Lung, Breast, Skin and Palliative care, Gynaecological, Colorectal

50% complete: Urology, CNS, and AO/unknown primary.

0% complete: Specialist SRG

*Delay was caused by the complexity and volume of data. Agreed it will be completed by Q2 2019.

30 Day Chemotherapy Mortality Analysis

Next analysis will be available at the end of November 2019.

3.2.6 NICE Guidance

NICE Guidance

This diagram shows the latest compliance with NICE guidance at 96% as of 14th October 2019, which has exceeded the Trust's target of 90%.

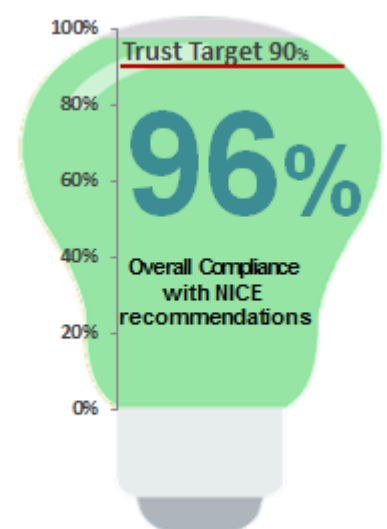
Assessing: A total of 54 (1.2%) individual recommendations are awaiting assessment of compliance by a named local lead

Implementing: The Trust is non-compliant with 87 (1.9%) individual recommendations, all of which have open implementation plans in progress, being monitored directly by Directorates & NAC.

Out of the 87 outstanding recommendations, there are 24 smoking cessation related actions that require a Trust wide implementation (28%)

Rejected: The Trust has rejected 38 (0.9%) individual recommendations, all of which have been reviewed by the Trust and rejected as an acceptable risk or due to alternative treatment being available, rejection reason is as follows:

- recommendations due to alternative effective treatment being available (example: a new chemotherapy drug has been made available, but an existing drug utilised by the Trust has comparable or better outcomes for patients).
- 9 recommendations rejected with accepted risk
- 21 recommendations with their implementation placed on hold until the infrastructure of transforming cancer care (TCC) is complete.



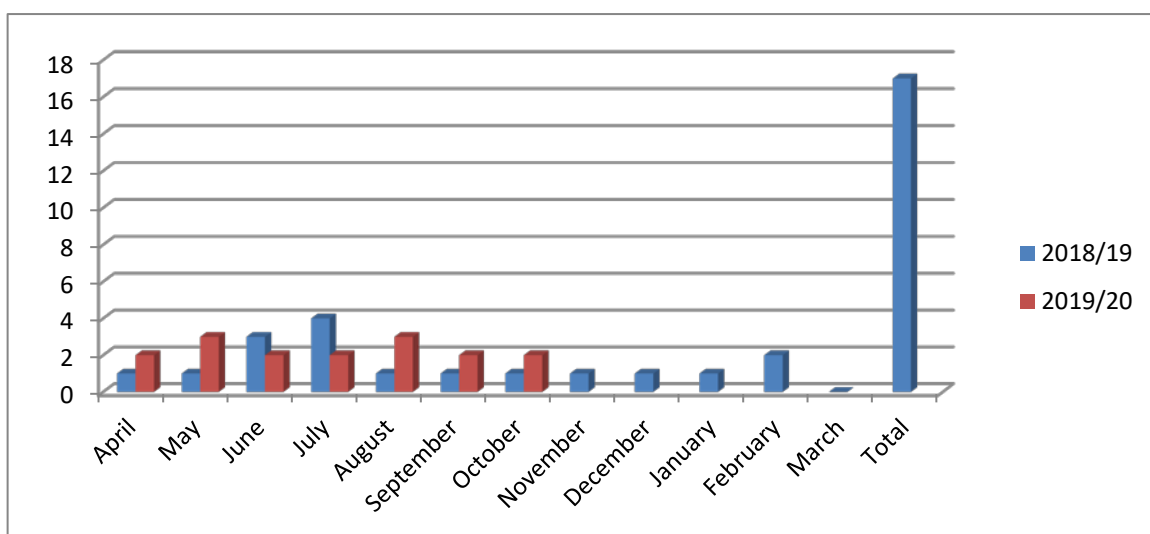
All rejected recommendations are monitored 6-monthly by NAC and included within monthly quality and safety meetings.

No significant risk has been identified.

The Trust's NICE Assurance Committee (NAC) provides assurance in relation to Trust compliance against the NICE Guidance.

3.2.7 Patient Experience

Complaints

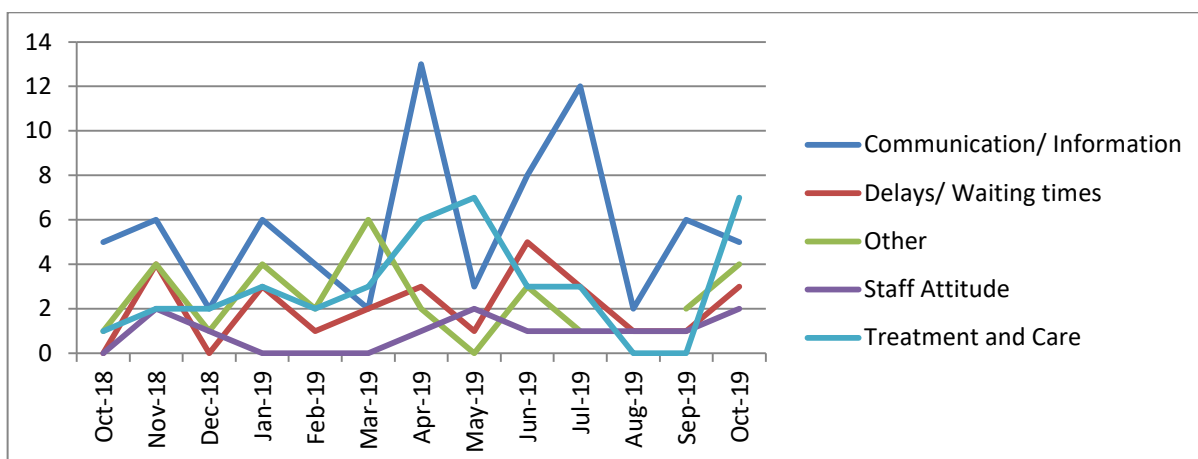


The chart above shows total complaints per month for 2018/19 and 2019/20 to date.

There were two complaints in October 2019. Immediate lessons learned from previous month:

(Complaints still under investigation)

Patient Advice and Liaison Service (PALS):



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

There were 28 Pals contacts made during October; one comment, seventeen concerns, eight enquirers, two compliments

Immediate lessons learned

- Importance of effective communication between healthcare providers

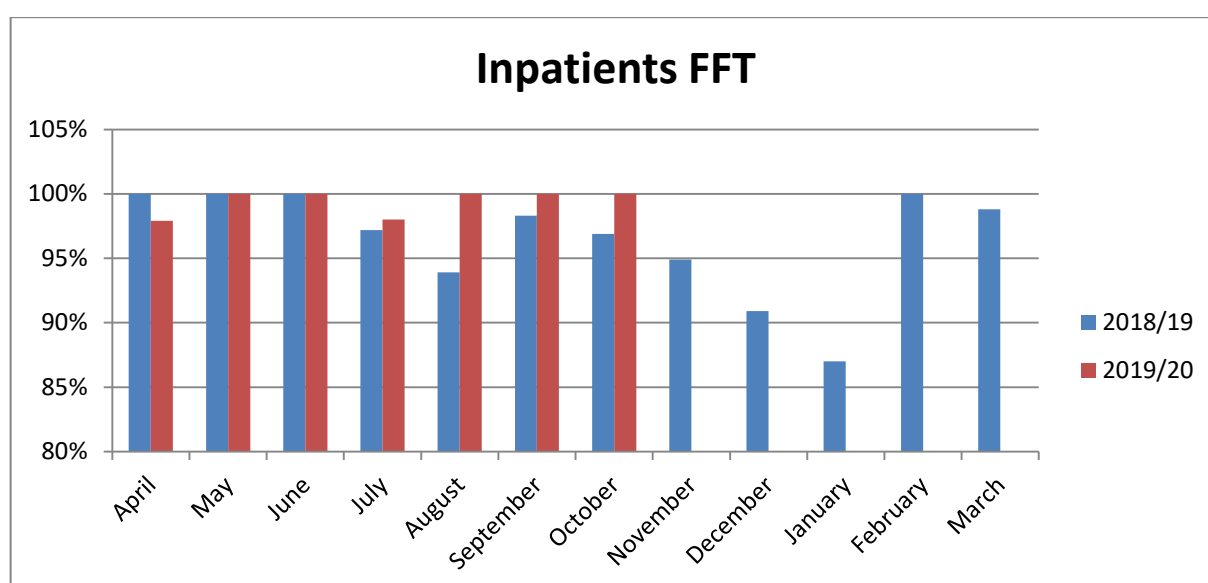
Category	Total contacts
Advice	5
Other	4
Communication/Information	5
Delays/waiting times	3
Staff attitude	2
Treatment & care	7
Admin	1
Transport	1
Total	28

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.

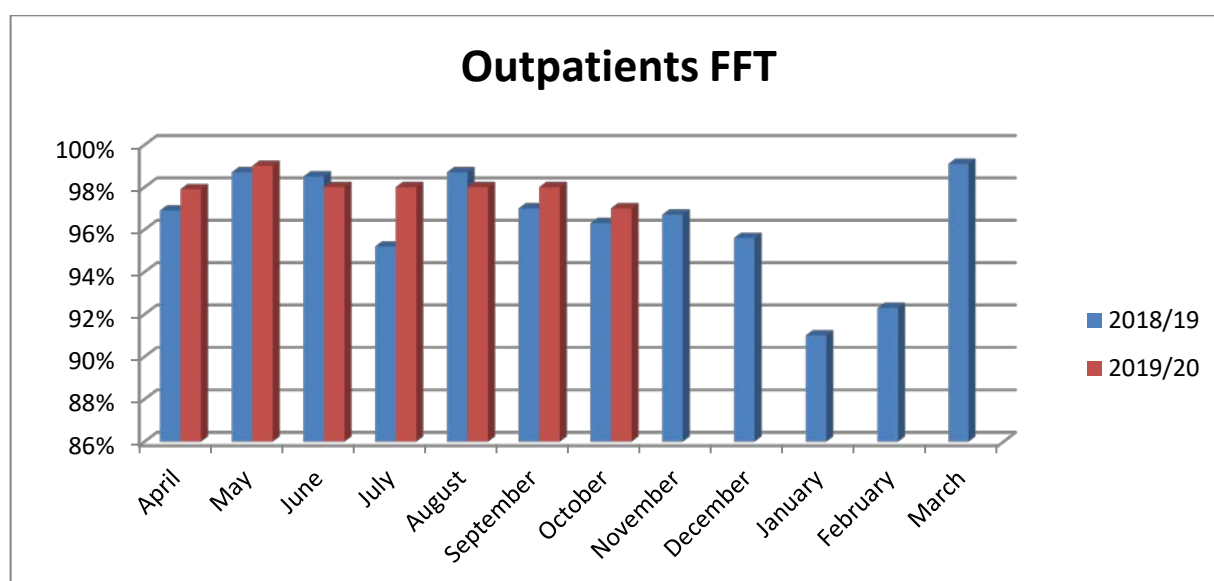
Patient Surveys

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 2018/19 and 2019/20 to date.



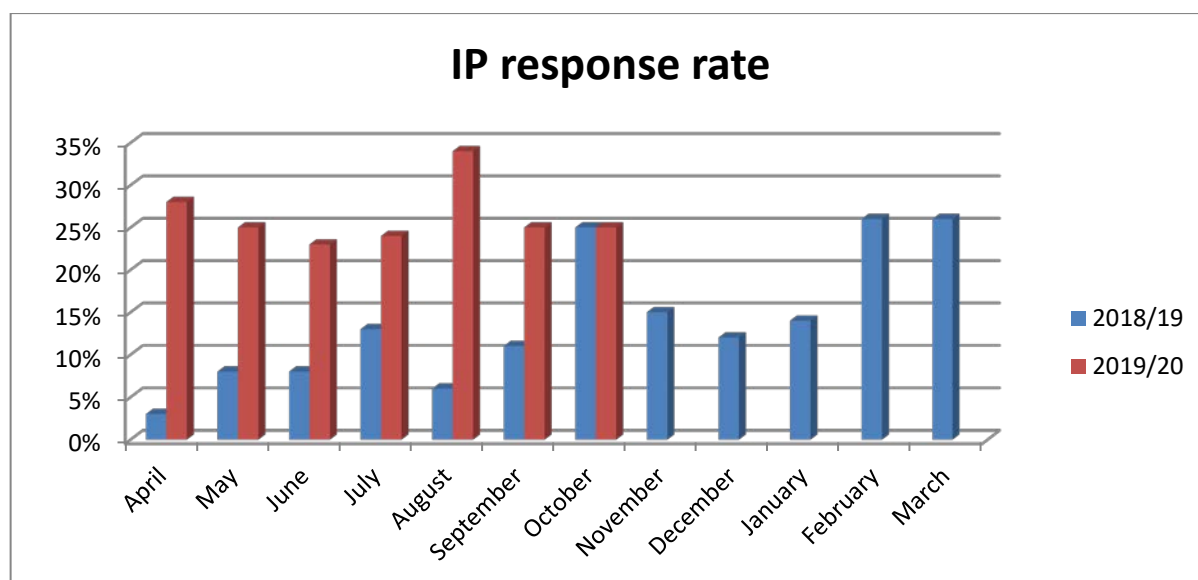
The chart below shows the percentage of outpatients who were 'likely' or 'extremely likely' to recommend the Trust to friends and family per month, 2018/19 and 2019/20 to date.



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

Friends & Family Test: Response rates:

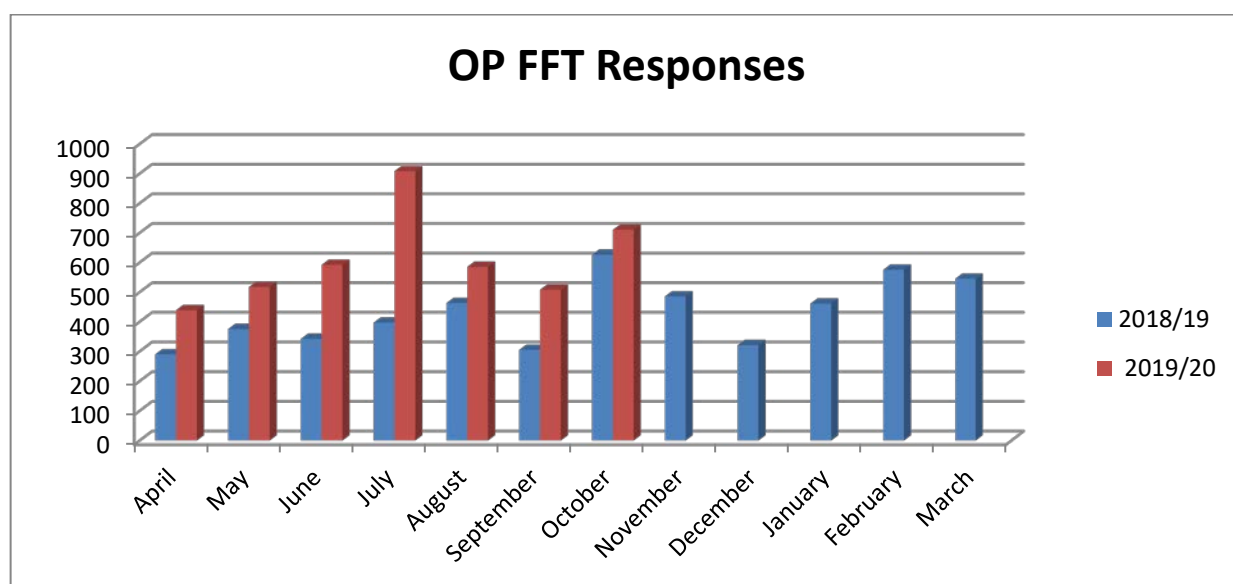
The chart below shows the percentage of inpatients surveyed by month in 2018/19 and 2019/20 to date.



The inpatient response rate overall was 25% for October.

Reviewing the national FFT website, the average response rate for NHS trusts for inpatients (latest data available is April 2019) is **24.6%**. The trust will continue to strive to meet the 30% target set for 2019/ 20.

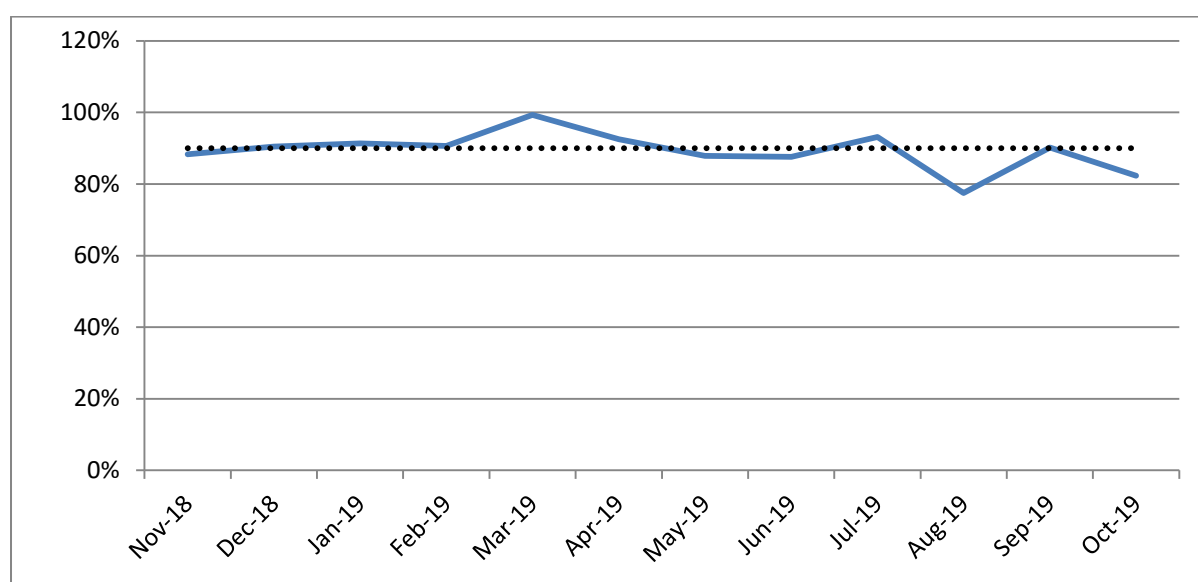
The chart below shows the number of outpatients surveyed by month in 2018/19 and 2019/20 to date.



There is no national benchmark available for outpatient response rates as there is no consistent and accurate way of determining the denominator. This information is therefore not available in the CQC monthly insight report.

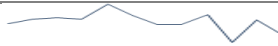
Project to commence text-messaging service to support FFT has commenced. The project lead and patient experience manager are both attending the national patient experience event in November, theme being new FFT guidance for implementation April 2020.

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 decrease in October to 82.3% against a target of 90%

Partners in Care assessment	Target	Oct 19	YTD	12 month trend
	90%	82.3%	87.3%	
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. This was removed from the assessment report in August, which resulted in a significant fall in compliance.				
Action Taken to improve compliance				
<ul style="list-style-type: none"> Missed partners in care assessments has been added back onto the daily assessment report. Ward managers and senior ward nurses to check that all assessments on the daily report are completed that day. Ward managers to investigate staff admitting patients without assessments and to provide education. 				
Expected date of compliance	November 2019			
Escalation	Directorates / Quality and Safety Sub Committee / Quality Committee			
Executive Lead	Sheila Lloyd, Director of Nursing and Quality			

3.3 Research and Innovation

3.3.1 Achievement Highlights for August 2019

Publications

- Alison Hassall, Advanced Research Practitioner, is co-author on a publication in the Journal of Clinical Oncology. Title: VinCaP: A phase II trial of vinflunine in locally advanced and metastatic squamous carcinoma of the penis
- Professor Sunny Myint has had the following publications:
- Guest editor for SPECC special issue Colorectal Disease 2019.
- Original contribution as the first author "Treatment: the role of contact X-ray brachytherapy (Papillon) in the management of early rectal cancer" Colorectal Disease 2019.
- Patient Information and Timing Prior to Consent for Contact X-Ray Brachytherapy (Papillon): Are we Doing the Process Right? EC Gastroenterology and Digestive System (2019)

Conferences/Events

- Dr Lynda Appleton has had an abstract accepted for a poster at the ICCN2020 Conference in London. The abstract title: An Evaluation of the Enhanced Supportive Care Scheme at a Regional Cancer Centre.
- Professor Sun Myint attended a conference: International Clatterbridge Papillon Training Course 1-2nd October 2019. Sixteen delegates from Sydney, Paris, Eindhoven and Lagos attended.

Recruitment

- CCC is currently the top recruiter in the UK for COMICE (Investigator-led, CCC sponsored)
- CCC is the 2nd highest recruiter in the UK for the MolGen study

ECMC

- New ECMC Clinic went live 21st October for all patients who are referred for early phase trials
- Replumme 2, a Phase I dose escalation study was set up in 13 days. CCC were the first site to initiate.

3.3.2 Exception reports

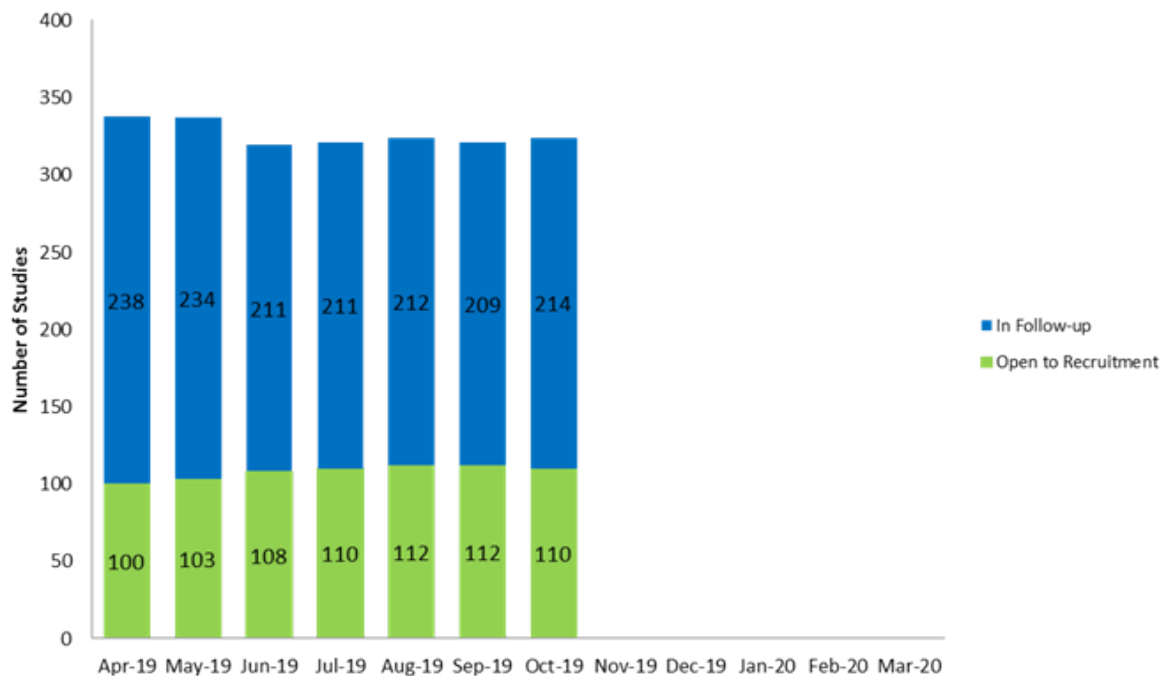
Studies opening to recruitment	Target	July	YTD	12 month trend
	63	37	24	
Reason for non-compliance				
Twenty-four studies have been opened year to date, against the internal target of thirty-seven. There are six studies which have been locally approved and can be opened following sponsor approval. To 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. Next meeting is being held on 19th November 2019. • 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	Target	July	YTD	12 month trend
	1000	583	832	
Reason for non-compliance				
<p>The external (n=454) and internal (n=1000) recruitment targets are above plan. For the external target 299 participants have been recruited against a target of 265 year to date (13% above plan at month 7). For the internal target 832 participants in total have been recruited, against a target of 583 year to date (42% above plan at month 7). Reviewing the data further it can be seen that interventional studies and observational studies are above target but biobank studies are below target.</p>				
Action Taken to improve compliance				
<p>Biobank:</p> <ul style="list-style-type: none"> The Biobank is now up to its full complement of staff and the target for September and October 2019 was met. 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	12 month trend
	40d	134.5	46.5	
Reason for non-compliance				
<p>The validated data for Q1 19/20, which relates to the time period 1st July 2018 to 30th June 2019, was received on 23rd September 2019. A significant reduction in set-up times from 134.5 days (median) to 46.5 days (median) has been achieved against a target of 40 days. As can be seen there is a significant lag in receiving validated data back from the Department of Health.</p> <p>Following a review of the most recent data submitted to the DH it is anticipated our overall median set up time will reduce again for the Q2 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			

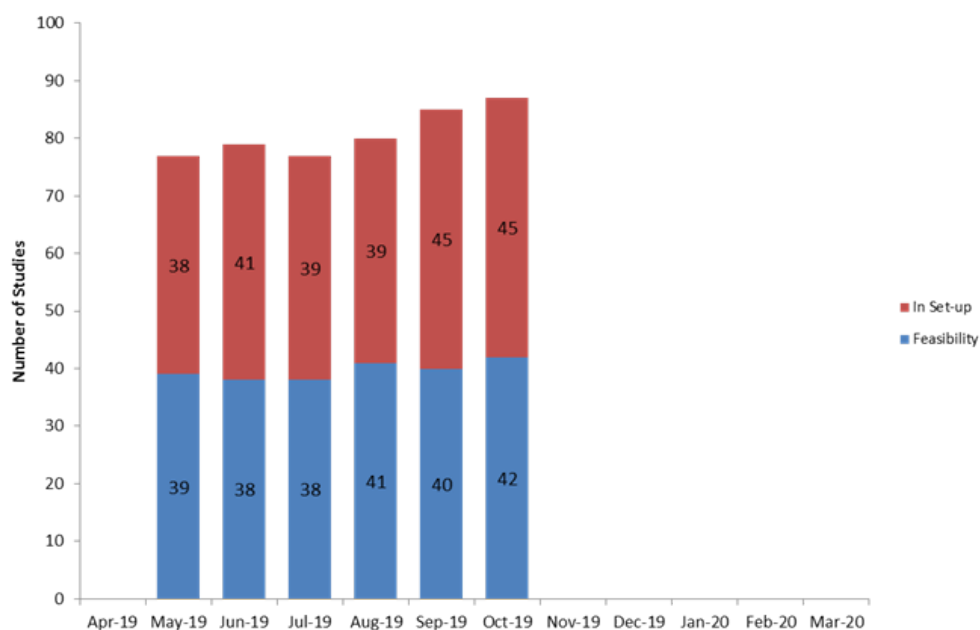
3.3.3 Activity by Month – Studies Open to Recruitment and in Follow-up

Trend shows the number of actively recruiting studies has gone down by two this month. Studies in follow up have increased by five.



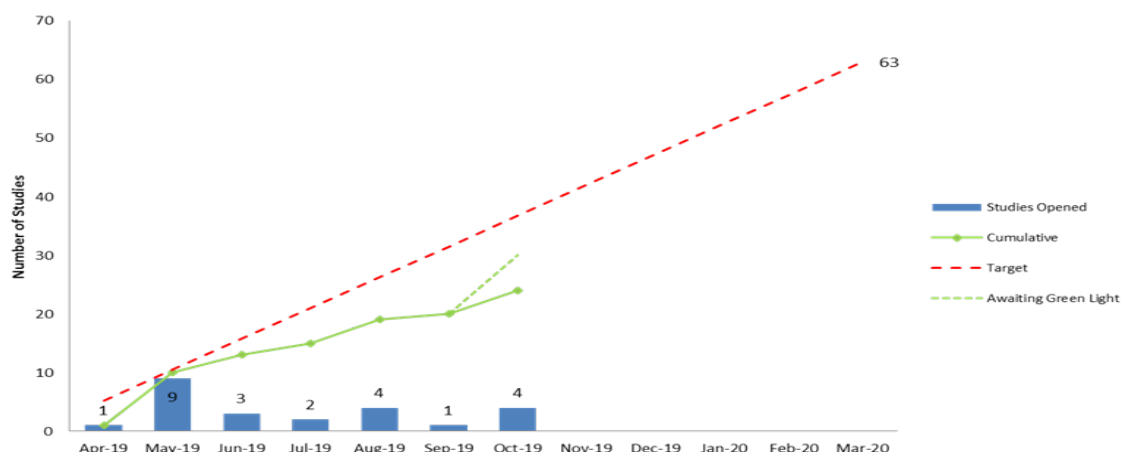
3.3.4 Studies in Pipeline

The number of studies in set-up has stayed the same while studies in feasibility has increased by two.



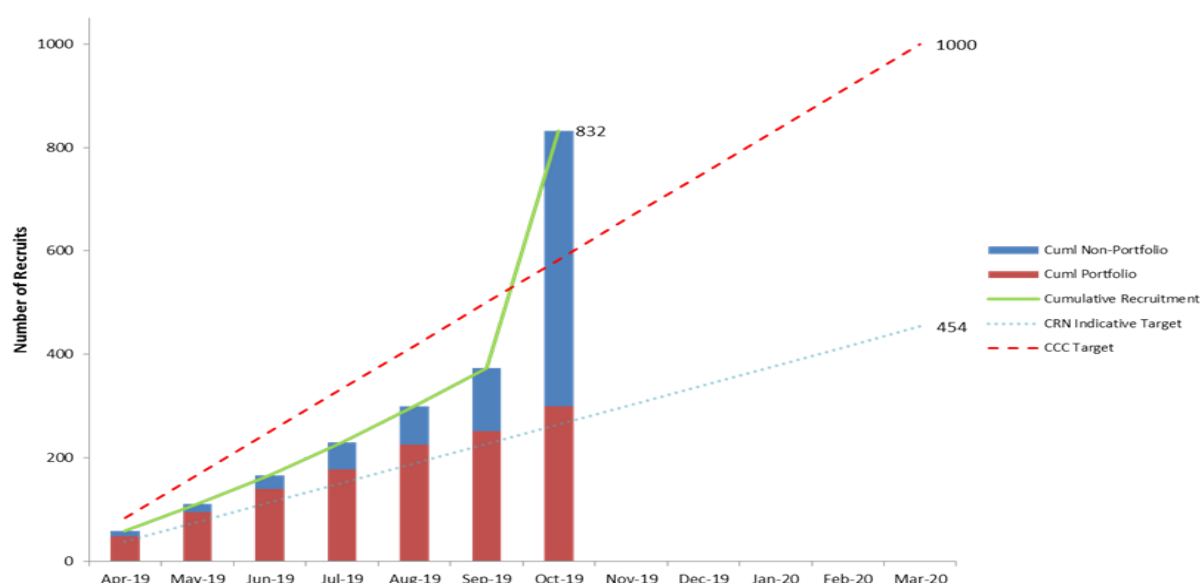
3.3.5 Number of New Studies Open to Recruitment

We are under our internal target for studies opening to recruitment. However, we currently have six additional studies, which have been given local approval where we are waiting on the Sponsor to give their approval before we can open. The solid green line shows the studies open to recruitment and the dotted green line indicates where we would be if the six additional studies had been opened by the sponsor. 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 onto Portfolio studies. We are on plan to meet the internal target of 1000 participants onto all studies.



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
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Portfolio	48	46	46	38	47	48	48
Non-Portfolio	10	7	9	26	23	26	410
Total	58	53	55	64	70	74	458

Reviewing the split between interventional, observational and biobank studies we can see which areas need to be improved to get back on plan. Interventional studies - 101.8% target, this is an increase on last month - over plan

	Actual at End October 2019	Target at End October 2019	% Target at End July 2019	% Target at End August 2019	% Target at End Sept 2019	% Target at End October 2019	Overall Target
Interventional	232	228	95.4	98.2 ↑	101.8 ↑	101.8 ↑	391
Observational	494	233	46.6	51.5 ↑	48.5 ↓	212.0 ↑	400
Biobank	106	122	62.9	62.1 ↓	74.6 ↑	86.9 ↑	209
Total	832	583	69.0	72.0 ↑	74.8 ↑	142.7 ↑	1000

Interventional studies - 101.8% target; this is an increase on last month - over plan.

Observational studies - 212% target; this is an increase on last month - over plan.

Biobank studies - 86.9% target, this is an increase on last month - under plan.

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

3.3.7 Study Set Up Times

A significant reduction in set-up times from 134.5 days (median) to 46.5 days (median) has been achieved for the most recent submission to the Department of Health. These data continue to be monitored internally.

CCC Monitored data:

Time period	Median Set-up (days)	Study Count
Oct - Dec 2018	89	3
Jan - Mar 2019	47	6
Apr - Jun 2019	13	3
July – Sept 2019	10	11

3.4 Workforce

3.4.1 Workforce Overview

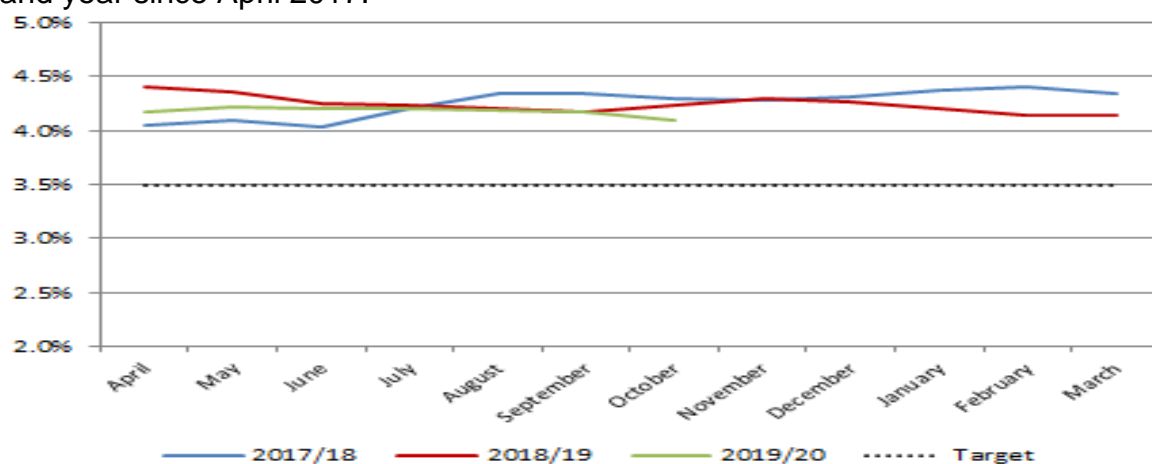
This table presents an overview of staff numbers and movement by month.


	2018 / 11	2018 / 12	2019 / 01	2019 / 02	2019 / 03	2019 / 04	2019 / 05	2019 / 06	2019 / 07	2019 / 08	2019 / 09	2019 / 10	Trend
Headcount	1,295	1,295	1,299	1,304	1,316	1,335	1,337	1,342	1,338	1,337	1,357	1,387	
FTE	1,153.54	1,150.72	1,152.21	1,156.43	1,169.52	1,189.20	1,187.82	1,192.08	1,187.36	1,189.02	1,214.15	1,248.88	
Leavers Headcount	19	17	17	14	20	11	24	13	18	25	15	10	
Leavers FTE	17.56	14.87	14.72	11.39	15.06	10.15	20.21	11.84	15.10	21.96	13.74	9.72	
Starters Headcount	22	19	19	21	24	37	23	18	17	24	37	38	
Starters FTE	17.67	16.70	17.13	18.66	20.88	36.07	21.02	16.48	15.53	23.72	34.76	36.48	
Maternity	41	40	39	40	43	47	49	47	46	41	42	42	
Turnover Rate (Headcount)	1.47%	1.31%	1.31%	1.07%	1.52%	0.82%	1.80%	0.97%	1.35%	1.87%	1.11%	0.72%	
Turnover Rate (FTE)	1.52%	1.29%	1.28%	0.99%	1.29%	0.85%	1.70%	0.99%	1.27%	1.85%	1.13%	0.78%	
Leavers (12m)	190	187	188	194	201	195	197	193	199	208	207	203	
Turnover Rate (12m)	15.01%	14.72%	14.74%	15.17%	15.66%	15.13%	15.21%	14.82%	15.21%	15.83%	15.67%	15.28%	
Leavers FTE (12m)	167.42	164.11	164.41	169.12	172.93	169.87	171.28	167.21	170.82	179.26	179.36	176.33	
Turnover Rate FTE (12m)	14.77%	14.43%	14.42%	14.80%	15.09%	14.77%	14.83%	14.42%	14.67%	15.34%	15.27%	14.91%	

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	October	YTD	
	3.5%	4.61%	4.10%	
Reason for non-compliance				
<p>The Trust 12 month rolling sickness absence is 4.10% however the in-month sickness absence position shows an increase from September 2019 of 4.04% to 4.61% October 2019.</p> <p>The breakdown of the data for October 2019 confirms that colds/coughs/flu, followed by gastrointestinal problems and anxiety/stress/depression are the highest reasons for absence across the Trust; the top three reasons show no change from last month.</p> <p>In October 2019, there were 45 episodes due to colds/coughs/flu, which was the highest reason for sickness. Analysis indicates that most of the absences are short term with 44 episodes compared to 1 long-term episode; colds were the main reason recorded by managers on ESR. Sulby Ward had the highest with 8 episodes, Mersey Ward 6 and Haemato-oncology and Access & Directorate Support both with 5.</p> <p>The second highest reason for sickness in October 2019 was gastrointestinal problems with 43 episodes. Radiotherapy had the highest number of episodes with 9, and IM&T, Haemato-oncology BMT, Workforce & OD and SRG Tumour Group all had 3 episodes each.</p> <p>Anxiety/stress/depression remains in the top three reasons for absence; this month it is the third highest reason although there are more episodes (33), compared to last month (27); 13 of these episodes ended within month, whilst 20 continue into November 2019. Radiotherapy had the highest number of episodes with 6.</p> <p>Published on the 24th October 2019, NHS Employers state that NHS Digital statistics for June 2019 show that NHS Staff sickness absence was 4.12%, compared to June 2018 when it was 3.9%- an increase of 0.22%. The most common reasons identified for sickness absence was anxiety, stress or depression, which is comparable to the Trust.</p>				
Action Taken to improve compliance				
<ul style="list-style-type: none"> Continuation of the promotion of the Flu Jab. Continuation of the promotion of the Employee Assistance Provision by Viv Up Maintaining the monthly HR Surgeries by the HR Advisors to ensure continuing support and advice to line manager on all aspect of the Attendance Management Policy and Stress Management Policy and Procedure. 				
Expected date of compliance	December 2020			
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:

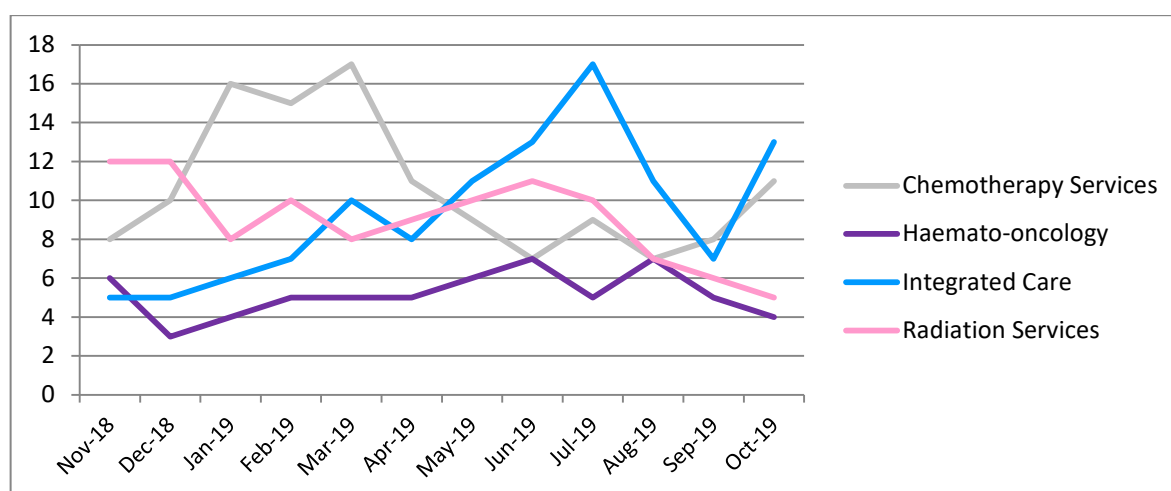
Org L4	2018 / 11	2018 / 12	2019 / 01	2019 / 02	2019 / 03	2019 / 04	2019 / 05	2019 / 06	2019 / 07	2019 / 08	2019 / 09	2019 / 10	Trend
158 Chemotherapy Services Directorate	5.05%	5.72%	7.44%	7.02%	7.14%	4.98%	4.16%	3.18%	4.15%	3.81%	4.66%	6.64%	
158 Corporate Directorate	4.74%	3.32%	4.46%	4.92%	4.04%	4.93%	3.16%	2.79%	3.78%	3.62%	2.98%	4.38%	
158 Education Directorate	0.00%	0.93%	2.24%	0.00%	1.12%	0.00%	0.00%	12.49%	0.00%	0.00%	0.00%	10.58%	
158 Haemato-oncology Directorate	3.23%	3.65%	4.16%	3.63%	3.52%	3.58%	3.58%	4.59%	5.17%	4.28%	5.21%	4.28%	
158 Hosted Service Directorate	2.71%	1.00%	1.71%	2.01%	1.27%	0.00%	0.11%	1.55%	1.19%	2.89%	3.80%	3.72%	
158 Integrated Care Directorate	4.53%	2.99%	4.08%	3.58%	4.90%	5.05%	4.34%	5.31%	6.86%	4.98%	6.29%	7.23%	
158 Quality Directorate	3.82%	5.02%	6.49%	3.67%	3.73%	3.39%	1.49%	3.29%	3.80%	5.97%	3.80%	4.41%	
158 Radiation Services Directorate	4.54%	3.87%	2.98%	3.13%	2.71%	3.11%	3.32%	3.01%	3.71%	3.00%	3.26%	2.08%	
158 Research Directorate	4.24%	3.10%	4.05%	2.90%	5.65%	1.12%	2.15%	3.40%	3.98%	1.91%	3.77%	1.33%	
158 Service Improvement Directorate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	53.33%	100.00%	
158 Support Services Directorate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Long / short-term sickness absence:

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

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Trend
Short term	159	148	195	151	142	120	127	116	115	85	114	105	
Long term	45	44	49	51	52	53	53	46	57	42	39	80	

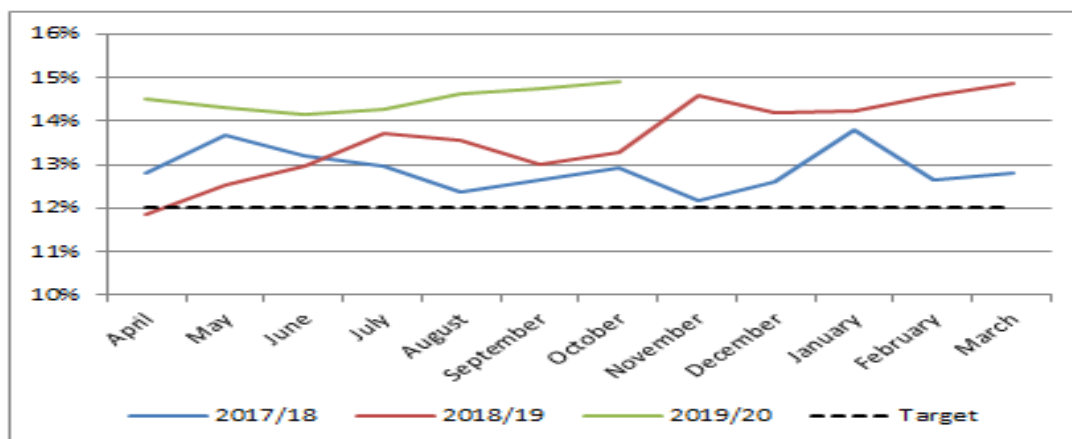
This chart shows long-term sickness by Directorate, per month:



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.

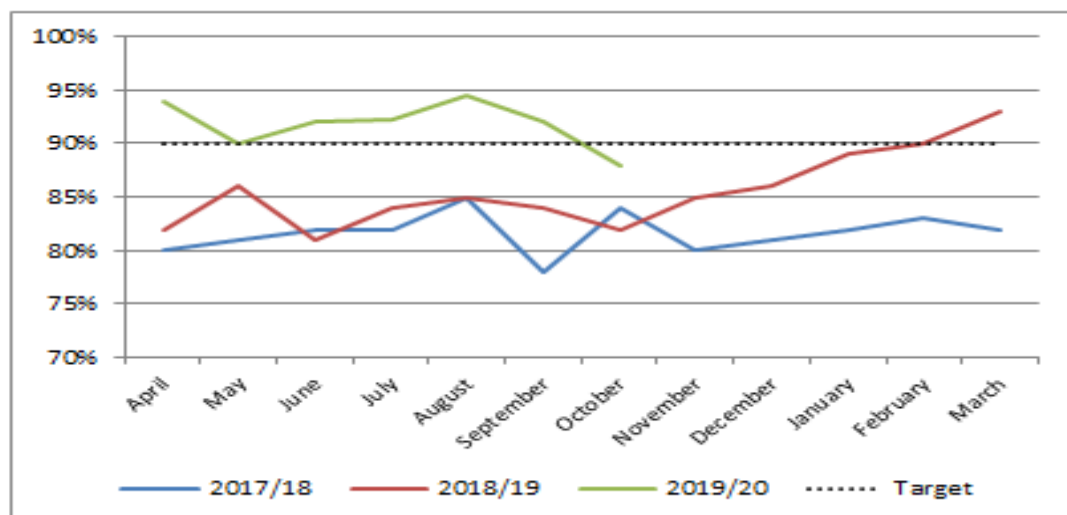


Turnover	Annual Target	October	YTD	Trend
	12%	0.78%	14.91%	
Reason for non-compliance				
<p>The rolling 12-month turnover figure has increased slightly from 14.75% in September 2019 to 14.91% in October 2019. However, the in-month figure has decreased, as there were 10 leavers in total in October 2019 compared to 13 in September 2019.</p> <p>The highest staff group for leavers was Admin & Clerical with 4 leavers due to promotion (2), relocation (1) and to undertake further training/ education (1). The Additional Clinical Services staff group and the Nursing & Midwifery staff group had 2 leavers each, followed by Add, Prof & Scientific and Allied Health Professionals with 1 leaver each.</p> <p>No one team/ department had the highest number of leavers, as each department listed had 1 leaver each.</p> <p>The highest reasons for leaving overall in October 2019 were promotion with 4 leavers and relocation with 2 leavers. 3 of the leavers that left due to promotion went to other NHS Trust's in the local area and 3 of these 4 leavers had less than 1 years' service with the Trust.</p> <p>Further analysis shows us that one of the leavers left due to the move to Liverpool as they feel that it is too far to travel.</p>				
Action Taken to improve compliance				
<ul style="list-style-type: none"> Continuation of staff awareness of Clatterbridge 2020 and how changes may affect them with the launch of the 'my personal move plan'. Increased engagement with staff through a variety of mechanisms: <ul style="list-style-type: none"> Managers Checklist 				

	<ul style="list-style-type: none"> ○ Myth Busters ○ Flexible Agile Working ○ Resilience – Investing in your wellbeing
Expected date of compliance	December 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 at 31st October 2019 is above target at 91.64% and significantly better than in previous years.

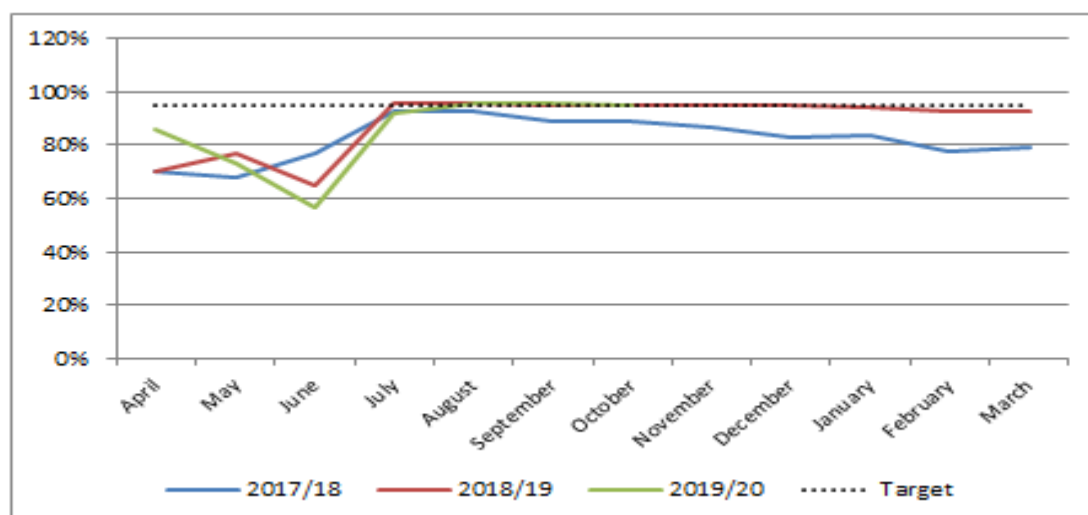


Directorate	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Trend
158 Chemotherapy Services Directorate	89%	93%	95%	96%	97%	97%	96%	95%	96%	96%	94%	85%	
158 Corporate Directorate	88%	84%	90%	90%	93%	94%	93%	92%	94%	97%	93%	92%	
158 Education Directorate			99%	97%	96%	100%	100%	99%	100%	100%	100%	100%	
158 Haemato-oncology Directorate	59%	58%	72%	74%	85%	94%	89%	86%	88%	87%	87%	89%	
158 Hosted Service Directorate	85%	87%	87%	85%	82%	92%	92%	94%	95%	99%	94%	93%	
158 Integrated Care Directorate	88%	87%	90%	90%	93%	94%	91%	93%	90%	95%	91%	80%	
158 Quality Directorate	94%	98%	99%	97%	98%	94%	94%	95%	96%	98%	97%	96%	
158 Radiation Services Directorate	84%	87%	91%	92%	95%	94%	92%	93%	93%	94%	92%	91%	
158 Research Directorate	84%	83%	87%	87%	89%	90%	89%	89%	90%	97%	92%	85%	
158 Service Improvement Directorate	100%	100%	67%	67%	100%	100%	100%	100%	100%	100%	100%	100%	

Directorate	Competence Name	Compliance %
158 Chemotherapy Services Directorate	Infection Prevention and Control - Level 1 - 3 Years	98.83%
	Infection Prevention and Control - Level 2 - 2 Years	94.12%
	Moving and Handling - Level 1 - 3 Years	95.91%
	Moving and Handling - Level 2 - 2 Years	92.31%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	91.55%
	Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	93.55%
	Safeguarding Adults Level 3 - 3 Years	87.88%
158 Corporate Directorate	Infection Prevention and Control - Level 1 - 3 Years	94.65%
	Infection Prevention and Control - Level 2 - 2 Years	100.00%
	Moving and Handling - Level 1 - 3 Years	93.40%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	71.93%
158 Education Directorate	Infection Prevention and Control - Level 1 - 3 Years	100.00%
	Infection Prevention and Control - Level 2 - 2 Years	100.00%
	Moving and Handling - Level 1 - 3 Years	100.00%
	Moving and Handling - Level 2 - 2 Years	100.00%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	100.00%
158 Haemato-oncology Directorate	Infection Prevention and Control - Level 1 - 3 Years	94.44%
	Infection Prevention and Control - Level 2 - 2 Years	92.52%
	Moving and Handling - Level 1 - 3 Years	98.41%
	Moving and Handling - Level 2 - 2 Years	94.85%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	88.99%
	Safeguarding Adults Level 3 - 3 Years	97.78%
158 Hosted Service Directorate	Infection Prevention and Control - Level 1 - 3 Years	93.10%
	Moving and Handling - Level 1 - 3 Years	89.66%
158 Integrated Care Directorate	Infection Prevention and Control - Level 1 - 3 Years	96.48%
	Infection Prevention and Control - Level 2 - 2 Years	92.94%
	Moving and Handling - Level 1 - 3 Years	96.48%
	Moving and Handling - Level 2 - 2 Years	91.14%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	76.71%
	Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	84.62%
	Safeguarding Adults Level 3 - 3 Years	71.25%
158 Quality Directorate	Infection Prevention and Control - Level 1 - 3 Years	96.15%
	Infection Prevention and Control - Level 2 - 2 Years	100.00%
	Moving and Handling - Level 1 - 3 Years	96.15%
	Moving and Handling - Level 2 - 2 Years	100.00%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	100.00%
	Safeguarding Adults Level 3 - 3 Years	100.00%
158 Radiation Services Directorate	Infection Prevention and Control - Level 1 - 3 Years	98.19%
	Infection Prevention and Control - Level 2 - 2 Years	93.78%
	Moving and Handling - Level 1 - 3 Years	93.50%
	Moving and Handling - Level 2 - 2 Years	91.33%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	75.48%
	Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	70.83%
	Safeguarding Adults Level 3 - 3 Years	56.52%
158 Research Directorate	Infection Prevention and Control - Level 1 - 3 Years	100.00%
	Infection Prevention and Control - Level 2 - 2 Years	90.91%
	Moving and Handling - Level 1 - 3 Years	100.00%
	Moving and Handling - Level 2 - 2 Years	94.12%
	Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	83.33%
	Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	87.50%
	Safeguarding Adults Level 3 - 3 Years	93.75%

3.4.5 PADR Compliance

Trust PADR compliance has dropped to 94.92%. The majority of departments and corporate services are compliant. HO remains non-compliant from August and there has been a decline in compliance to below the Trust target for Chemotherapy, Integrated Care and Corporate Services.



Compliance by Directorate

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

All Directorates except Corporate Services, HO, Chemotherapy and Integrated Care are compliant. Details of non-compliant staff within these areas have been sent to the General Managers and action plans are currently in development to ensure all staff are compliant.

3.4.6 Staff Experience

Staff Friends and Family Test - Q2 Survey

The quarter two 2019/2020 survey window was 19th August to 13th September 2019 and the results, in the form of a report providing a detailed summary of the responses to the two questions and a summary of the comments were received on 17th October. The national results are due to be published on 21st November.

Quarter Two Results Highlights

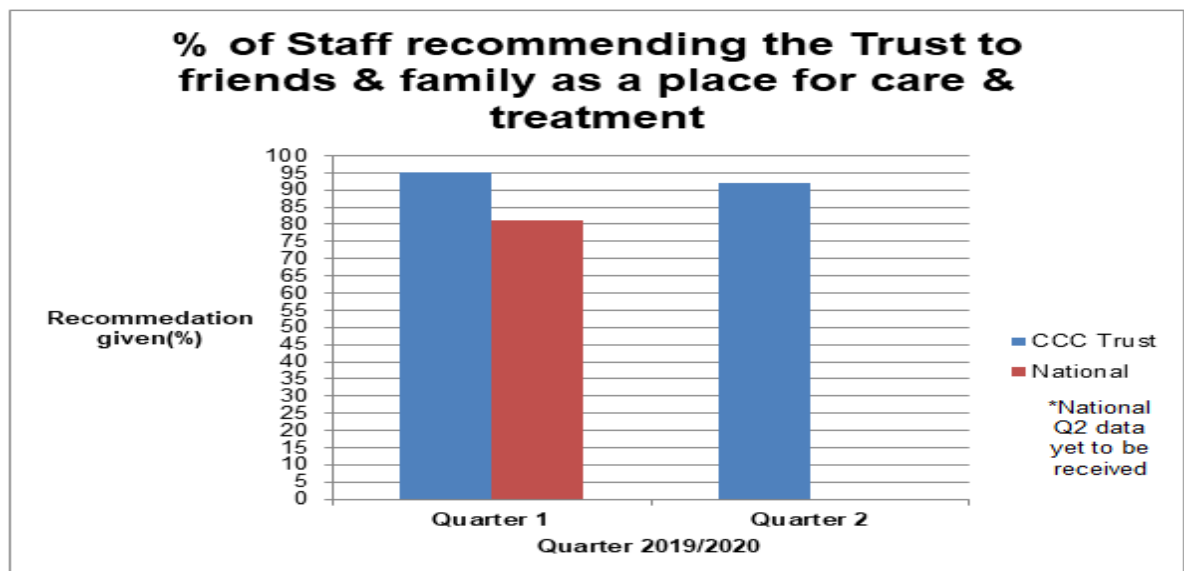
Our Trust response rate was 24% (318 on line responses), which is a 4% decrease from Q1 (28%/364 on line responses)

Recommendation of the Trust as a place for care or treatment

92% of our staff recommend the Trust to friends and family as a place for care or treatment, a 3% decline from Q1 results (95%). 5% would not recommend (2% Q1)

Number of Responses

Response breakdown	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know	Grand Total
	230	62	10	3	12	1	318

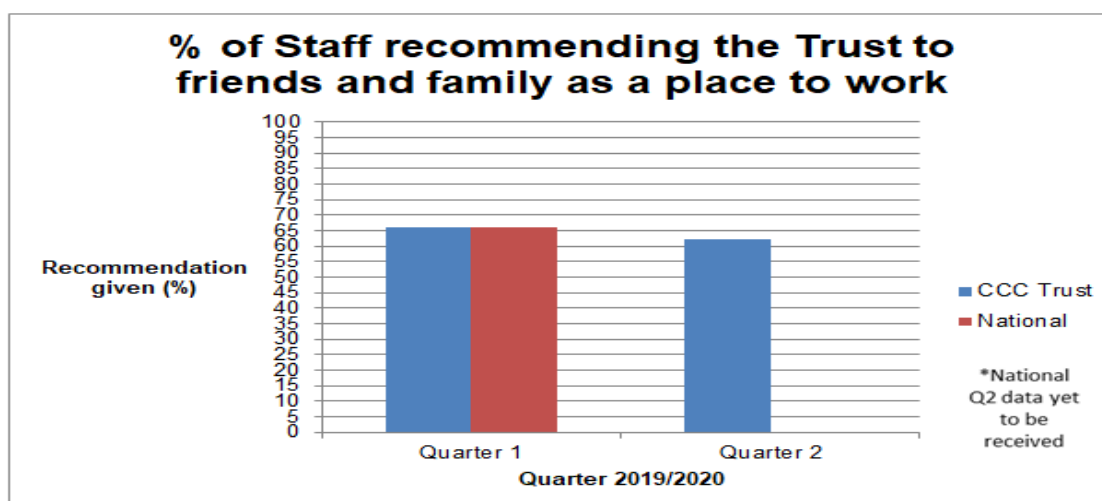


Recommendation of the Trust as a place to work

62% of our staff recommend the Trust to friends and family as a place to work, a 4% decline from Q1 results (66%). 20% would not recommend (18% in Q1)

Number of Responses

Response breakdown	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely Unlikely	Don't Know	Grand Total
	79	118	51	35	29	4	316



Friends and Family Results Breakdown by Staff Group

How likely are you to recommend this organisation to friends and family if they needed care or treatment?

Staff Group	% Recommend	% Not Recommend
Add Prof Scientific and Technic	88%	0%
Additional Clinical Services	92%	8%
Administrative and Clerical	93%	3%
Allied Health Professionals	94%	6%
Nursing and Midwifery Registered	94%	4%

How likely are you to recommend this organisation to friends and family as a place to work?

Staff Group	% Recommend	% Not Recommend
Add Prof Scientific and Technic	81%	6%
Additional Clinical Services	75%	17%
Administrative and Clerical	67%	15%
Allied Health Professionals	53%	30%
Nursing and Midwifery Registered	50%	29%

As other intelligence has informed, we know that the Nursing Staff group is a particular focus as part of our recruitment and retention programmes of work.

Further to the Q1 results, we conducted a series of focus groups in partnership, led by the Director of Workforce and OD with the aim of hearing from our staff about what it's like working on the ground and what improvements we need to make so that our staff are highly recommending the Trust as a place of work and care. Thirteen sessions took place, across three sites during June to September and the feedback gathered, which covers a range of areas, has been collated, summarised and reviewed. There are a number of themes that emerged three priority areas for action have been identified (Retention and recognition, review of uniforms and improving communications at all levels).

The comments of the Staff Friends and Family Test Q2 Report are very much in line with the feedback received in the recent focus groups relating to the amount of change, staffing issues, lack of communication and involvement about the move to Liverpool, leadership, staff not feeling valued and the negative impact on morale. There are also many positive comments relating to the excellent standard of care provided by our friendly and compassionate staff that go above and beyond. See below for some examples:

- “CCC is a wonderful hospital with friendly, knowledgeable and efficient staff, with systems and processes in place that enable the patient to be the priority all of the time.
- “It is with pride that I’m told how excellent the staff and centre are. I see daily how dedicated the staff are, especially the radiographers and imaging staff.”
- “Amazing nurses who can’t do enough for their patients.”
- “Great place to work with fantastic opportunities.”

The results from the Q2 Staff Friends and Family Test are being reviewed in line with the focus group feedback and an action implementation plan will be developed outlining the key areas for improvement, accountability and time scales.

3.5 Finance

For full details, please refer to the Finance Report Month 7 when available.