



### Report Cover Sheet

Report to:	QC / PC / Board of Directors' Meeting	
Date of the Meeting:	27 <sup>th</sup> May 2020	
Agenda Item:	P1-086-20	
Title:	IPR M1 2020/2021	
Report prepared by:	Hannah Gray, Head of Performance and Planning	
Executive Lead:	Joan Spencer, Director of Operations	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	
Date & Decision:	

Purpose of the Paper/Key Points for Discussion:	<p>This report provides the Trust Board with an update on performance for month one (April 2020). The access, efficiency, 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.</p> <p>Points for discussion include under performance, developments and key actions for improvement.</p>
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Action Required:	Discuss	X
	Approve	
	For Information/Noting	

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

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

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

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

### Equality & Diversity Impact Assessment

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

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

# Integrated Performance Report (Month 1 2020/21)

## Introduction

This report provides the Trust Board with an update on performance for month one (April 2020). The access, efficiency, 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.

The annual review of the IPR has been conducted, resulting in the following changes to the report for 2020/21.

### Amendments:

The KPIs have been reviewed for 2020/21 in line with statutory, contractual and local requirements and the scorecards amended accordingly, to include additional KPIs and remove those no longer required. The directive (statutory, contractual or local) is now shown in the scorecards.

The former 'operational' section has been split into 'access' and 'efficiency' for clarity.

The targets for staff sickness absence, turnover, bed occupancy and elective length of stay (CCCW wards) have been reviewed and amended.

The bed occupancy target was due to change to 92% in line with national guidance, however this has recently been amended to 80% in line with a national directive to prepare the system for a possible second surge of in COVID 19 cases.

Complaints KPIs will be reported quarterly (M3, 6, 9 and 12) in the 2020/21 IPR.

### New for 2020/21:

A number of new KPIs have been identified for inclusion in the 2020/21 IPR. Many of these are included in this month 1 report. Twelve month trend charts are included where the 2019/20 data is available.

There are a number of efficiency related KPI's that have been identified for inclusion for the 2020/21 IPR. A number of these require a new data collection process which will be completed after the move to the new hospital, as agreed at Data Management Group. Some require targets to be set, which are underway. The expectation is that these will be reported in month 4.

### Excluded for 2020/21:

Mortality metrics are no longer reported in this report, but are reported quarterly in a separate mortality report to the Trust Board e.g. Quarter 4/Annual report for 2019-20 is planned to go through the committee structure up to board in July 2020.

Staffing fill rates have been removed from this report as national reporting has ceased from April 2020. This will be replaced with Care Hours Per Patient Day (CHPPD) monitoring, which is a more meaningful measure of safe staffing. There is currently no target for this measure, however further national guidance is expected in the summer months. This data will be reported following the opening of CCCL.

The Patient Friends and Family Test (FFT) inpatient response rates and outpatient survey numbers have been removed as these are no longer reportable nationally.

Updates on inquests and litigation are no longer included; this information is reported through LIRG, with a monthly LIRG report presented at the Integrated Governance Committee and Quality Committee.

The locally driven Partners in Care metric has been removed as this initiative has been successfully embedded and requires no further monitoring at this time.

The Clinical Utilisation Review CQUIN related metric previously reported in the operational scorecard has been removed as the processes have been embedded and continue to support and inform the directorate.

Please note that the Trust has instigated operational planning and emergency preparedness activity to monitor and manage the impact of COVID-19 on operational planning and performance.

As reported in the month 12 IPR but still relevant, NHSE/I communicated the 'Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic' letter to all Trusts on the 28<sup>th</sup> March 2020. This included the following guidance relevant to The CCC regarding the reporting of data:

- Friends and Family test: Stop reporting requirement to NHS England and NHS Improvement
- RTT: Recording of clock starts and stops should continue in line with current practice for people who are self-isolating, people in vulnerable groups, patients who cancel or do not attend due to fears around entering a hospital setting, and patients who have their appointments cancelled by the hospital
- The 28-day Faster Diagnosis Standard (which was due to come into effect from Wednesday 1 April) will still have data collected, but will not be subject to formal performance management.
- Mandatory training: Reduce (non-ICU) mandatory training as appropriate.
- The following returns are not required for submission between 1 April 2020 and 30 June 2020: Delayed Transfers of Care, VTE Risk Assessment, dementia assessment and referral.
- Despite this guidance, the Trust will continue to monitor these targets internally.

# 1. Performance Scorecards

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

## 1.1 Access

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Apr-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
L	7 days from referral to first appointment	↔	95%	69.6%	69.6%	
C/S	2 week wait from referral to date first seen	↓	93%	62.5%	62.5%	
L	24 days from referral to first treatment	↔	85%	70.2%	70.2%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↔	70% (shadow monitoring)	73.3%	73.3%	
S	31 day wait from diagnosis to first treatment	↔	96%	97.8%	97.8%	
C/S	31 day wait for subsequent treatment (Drugs)	↔	98%	100%	100%	
C/S	31 day wait for subsequent treatment (Radiotherapy)	↔	94%	99%	99%	
C/S	62 Day wait from GP referral to treatment	↓	85%	82.6%	82.6%	
C/S	62 Day wait from screening to treatment	↔	90%	100%	100%	
C/S	Diagnostics: 6 Week Wait	↔	99%	100%	100%	
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	↔	92%	97.4%	97.4%	

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

## 1.2 Efficiency

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Apr-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
S	Length of Stay: Elective (days) CCCW	↑	6.5	5.1	5.1	
S	Length of Stay: Emergency (days) CCCW	↔	8	5.8	5.8	
L	Length of Stay: Elective (days) CCCHO 7Y	↔	21	18.7	18.7	
L	Length of Stay: Emergency (days) CCCHO 7Y	↓	16	26.0	26.0	
S	Bed Occupancy: Midday CCCW	↔	80%*	39.2%	39.2%	
S	Bed Occupancy: Midnight CCCW	↔		32.8%	32.8%	
L	Radiology Reporting: Inpatients (within 24hrs)	↔	G: >=90% A: 80-90% R: <80%	90%	90%	
L	Radiology Reporting: Outpatients (within 7 days)	↑		95.3%	95.3%	
L	Travel time to clinic appointment within 45 minutes	↔	G: >=90%, R: <90%	96.0%	96.0%	
Executive Director Lead: James Thomson, Director of Finance						
S	Percentage of Subject Access Requests responded to within 1 month	↔	100%	100%	100%	
C	% of overdue ISN (Information Standard Notices)	-	TBC	0.0%	0.0%	

The following categories of 'Efficiency' metrics will be reported against from Month 4

Delayed Transfer of Care

Cancelled elective procedures / operations

Outpatient activity, cancellations and DNAs

Appointments cancelled

Discharge date recording

Data Quality Metrics

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

\*The 80% target for bed occupancy is a national directive to prepare the system for a likely surge of activity post COVID-19

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

# 1.3 Quality

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

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Apr-20	YTD	12 Month Trend
Executive Director Lead: Sheila Lloyd, Director of Nursing and Quality						
C/S	Never Events	↔	0	0	0	
C/S	Serious Untoward Incidents	↔	0	0	0	
C/S	Serious Untoward Incidents: Submitted within 60 working days / agreed timescales	-	100%	0 submitted	0 submitted	
S	RIDDOR - number of reportable incidents	↔	0	0	0	
S	IRMER - number of reportable incidents	↔	0	0	0	
S	Incidents /1,000 Bed Days	-	TBC	214	214	
L	All incidents resulting in harm /1,000 bed days	-	TBC	26	26	
C/S	Inpatient Falls resulting in harm due to lapse in care	↔	0	0	0	
S	Number of falls /1,000 bed days	↔	0	0	0	
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	↔	0	0	0	
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care) /1,000 bed days	↔	0	0	0	
S	Consultant Review within 14 hours (emergency admissions)	↔	90%	98.3%	98.3%	
C/S	% of Sepsis patients being given IV antibiotics within an hour	↑	90%	100%	100%	
C/S	VTE Risk Assessment	↔	95%	99%	99%	
S	Dementia: Percentage to whom case finding is applied	↔	90%	100%	100%	
S	Dementia: Percentage with a diagnostic assessment	↔	90%	N/A	N/A	
S	Dementia: Percentage of cases referred	↔	90%	N/A	N/A	
C/S	Clostridium difficile infections (attributable)	↑	<=4 per yr	0	0	
C/S	E Coli (attributable)	↑	<=10 per yr	0	0	
C/S	MRSA infections (attributable)	↑	0	0	0	
C/S	MSSA bacteraemia (attributable)	↔	<=5 per yr	0	0	
C	Klebsiella (attributable)	↔	<=10 per yr	0	0	
C	Pseudomonas (attributable)	↔	<=5 per yr	0	0	
C/S	FFT inpatient score (% positive)	-		no responses	no responses	
C	FFT outpatient score (% positive)	-	G: 30%, A: 25%, R: <25%	no responses	no responses	
C	Number of complaints	Complaints KPIs will be reported quarterly (M3, 6, 9 and 12) in the 2020/21 IPR. These rows are included in this M1 report for the Board Members' information.				
S	Number of written complaints / count of WTE staff					
L	Number of written complaints / episodes of care (ratio)					
C	Number of complaints acknowledged within 3 days					
L	Number of routine complaints resolved within 25 days / or complainant kept informed					
L	Number of complex complaints resolved within 60 days / or complainant kept informed					
C/S	% of FOIs responded to within 20 days					
C/S	Number of IG incidents escalated to ICO	↔	0	0	0	
C	NICE Guidance: % of guidance compliant	-	90%	95%	95%	
L	Number of policies due to go out of date in 3 months	-	N/A	26	26	
L	% of policies in date	-	100%	97%	97%	
C/S	Number of NHS E/I Patient Safety Alerts outstanding	↔	0	0	0	

NB: blue arrows are included for KPIs with no target and show the movement from last month's figure.  
HCAI targets are subject to change. Commissioners have advised CCC to use 2019/20 targets until otherwise advised.

## 1.4 Research & Innovation

There is no scorecard for Research and Innovation for this month one report as patient recruitment into non-COVID related research remains on halt. The temporarily halt was initiated on 16<sup>th</sup> March 2020. R&I are working with the SRG Research Leads on a Recovery Plan for Research. The draft plan and targets developed for 2020/21 will be revised once recruitment can start again.

## 1.4 Workforce

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

Directive	Key Performance Indicator	Change in RAG rating from previous period	Target	Apr-20	YTD	12 Month Trend
Executive Director Lead: Jayne Shaw, Director of Workforce and Organisational Development						
S	Staff Sickness (monthly)	↔	G: <4%, A: 4.1 - 4.9%, R: >5%	5.08%	5.08%	
S	Staff Turnover (12 month rolling)	↔	G: <14%, A: 14.1 - 14.9%, R: >15%	15.3%	N/A	
S	Statutory and Mandatory Training	↔	90%	95.2%	N/A	
L	PADR rate	↔	G: >95%, A: 75 - 94.9%, R: <75%	88.4%	N/A	
S	FFT staff: Recommend as a place to work	↔	G: >95%, A: 75 - 94.9%, R: <90%	N/A	March = 65.3% (Q4 Local survey)	
S	FFT staff: Recommend care and treatment	↑	G: >95%, A: 75 - 94.9%, R: <90%	N/A	March = 95.6% (Q4 Local survey)	

Statutory and Mandatory Training figures for March 2020 were incorrectly reported in the Month 12 report as 91.81%. The figure was 95.49%.

## 1.6 Finance

The table below summarises the financial performance for the Trust at month 1

Metric	M1 Actual	M1 Plan*	Variance	Risk RAG
Trust Surplus (£000)	17	(479)	496	<span style="background-color: green; color: white;">RAG</span>
Control Total Surplus (£000)	0	0	0	<span style="background-color: green; color: white;">RAG</span>
Cash holding (£000)	45,176	30,669	14,507	<span style="background-color: green; color: white;">RAG</span>
Capital Expenditure (£000)	2,388	1,008	1,380	<span style="background-color: yellow; color: black;">RAG</span>

\*the plan for month 1 is the original plan approved by the Board in March 2020

The financial regime in the NHS has changed in response to the impact of the COVID-19 pandemic. The key points are:

- Commissioning contracts have been suspended.
- The financial risk rating metrics in the Single Oversight Framework have been suspended.
- The Trust is being funded based on cost rather than activity for the first 4 months of the year at least.

- As a result all Trusts are expected to deliver a 'breakeven' position rather than their previously notified control total. For CCC the breakeven includes the subsidiary company performance.
- To breakeven the Trust requires additional Top Up funding of £390k for April.
- The Trust surplus above of £17k, less the subsidiary deficits of (£54k) and adding back donated depreciation of £37k sums to a Control Total Surplus of breakeven.
- There is a lack of clarity about the financial regime for the remainder of the year although it is unlikely that contracting will resume in 2020/21.

## 2. Exception Reports

### 2.1 Access

2 Week Wait	Target	April 20	YTD	12 month trend
	93%	62.5%	62.5%	
<b>Reason for non-compliance</b>				
<p>There were 3 accountable 2 week wait (2ww) breaches for April 2020. 1 breach was unavoidable as it was due to patient choice. 1 avoidable breach was due to an administrative delay and 1 occurred when CCC requested further tests from a GP but did not reject the referral at this time.</p>				
<b>Action Taken to improve compliance</b>				
<ul style="list-style-type: none"> <li>Review and update of the Haemato-oncology 2ww registration/referral process. The standard operating procedure has been updated and re-circulated to staff for awareness.</li> <li>Monitoring of 7 day appointments is now being undertaken by the Admin. Services Lead to identify and escalate potential issues to prevent breaches.</li> </ul>				
<b>Expected date of compliance</b>	31/5/20			
<b>Escalation route</b>	CWT Target Operational Group			
<b>Executive Lead</b>	Joan Spencer, Director of Operations			

62 Day wait from GP referral to treatment		Target	April 20	YTD	12 month trend
7 days from referral to first appointment	62 Day	85%	82.6%	82.6%	
24 days from referral to first treatment	7 Day	90%	69.6%	69.6%	
	24 Day	90%	70.2%	70.2%	
<b>Reason for non-compliance</b>					
<p>There were 8 accountable 62 day breaches for April 20 (3 full breaches and 10 half breaches). 1.5 unavoidable breaches (3 patients) were due to patient choice and medical reasons. The 6.5 avoidable breaches (10 patients) were due to complex patient pathways, delays to diagnostic tests, delays to first appointment at CCC, delays in the radiotherapy pathway and capacity at a referring trust for a procedure prior to treatment.</p> <p>There were 30 breaches of the 24 day target. 13 of these breaches led to a breach of the 62 day target. 10 of the 13 were deemed to be avoidable. The detail of each breach is provided in section 3.1.1.</p> <p>There were 21 breaches of the 7 day target in April. Primarily due to an increase in referrals in UGI and lung as a direct consequence of reduced surgical capacity across Cheshire and Merseyside due to the Covid 19 pandemic.</p>					

### Action Taken to improve compliance

- Monitoring of 7 day appointments being undertaken by the Admin. Service Lead
  - Review of process for lung referral triage
  - Review of UGI clinic capacity following an increase in referrals for neoadjuvant treatments due to the limited surgical capacity during the Covid-19 pandemic.
- Radiotherapy Booking Office actions -
  - Daily capacity assessment has been introduced with the admin and clinical team and an associated standard operating procedure has been developed to support this process.
  - Review the number of electronic action sheets waiting to be booked and ensure patients are scanned within three days where appropriate.
  - Escalation policy reviewed and additional measures put in place.
  - Attendance at PTL Meetings

<b>Expected date of compliance</b>	31/5/20
<b>Escalation route</b>	CWT Target Operational Group
<b>Executive Lead</b>	Joan Spencer, Director of Operations

## 2.2 Efficiency

Length of Stay: Ward 7Y, Non Elective Admissions	Target	April 20	YTD	12 month trend
	16 Days	26 Days	26 Days	
<b>Reason for non-compliance</b>				
<p>Due to the COVID-19 outbreak, ward 7Y bed occupancy has been significant reduced giving a lower denominator for LoS activity.</p> <p>Of the 4 non elective discharges, only one patient had a higher LoS (87 Days) than the target. This patient's LoS was higher than average due to patient pathway complications.</p>				
<b>Action Taken to improve compliance</b>				
<ul style="list-style-type: none"> <li>• Continued weekly inpatient review of patients' LoS on ward 7Y by the Deputy GM</li> <li>• Audit of HRGs against benchmarked comparators being undertaken in May. This review includes reviewing patient level clinical detail and pathways.</li> <li>• Review of ambulatory care model of care for Leukemia in preparation for new ways of working within CCCL</li> </ul>				
<b>Expected date of compliance</b>	July 2020			
<b>Escalation route</b>	Directorate Performance Review, Performance Committee, Trust Board.			
<b>Executive Lead</b>	Joan Spencer, Director of Operations			

Bed Occupancy: CCCW	KPI	Target	April - 20	YTD	12 month trend
	Bed Occupancy: Midday		39.2%	39.2%	
	Bed Occupancy: Midnight	*80%	32.8%	32.8%	
<p><b>Reason for non-compliance</b></p> <p>*The 80% target for bed occupancy is a national directive to prepare the system for a possible second surge in COVID 19 cases.</p> <p>Both inpatient wards are below the target bed occupancy for March 2020, with the average bed occupancy for April being at 36%. The reduced elective and non-elective activity is in line with NHSE guidance to reduce occupancy and create capacity in response to the COVID-19 pandemic.</p> <p>The Patient Flow Team (PFT) and the wider MDT continue to proactively discharge plan to ensure that patients are in the safest place for them during the COVID-19 pandemic.</p> <p>Low bed occupancy is also supported by a very low CUR Non Qualifying rate of 1%. There have been 3 reportable delayed transfers of care (DTCOs) for April, which is low for CCC Wirral and length of stay is within target. This data indicates that the patients were in the right place at the right time, with few delays.</p>					
<p><b>Action Taken to improve compliance</b></p> <ul style="list-style-type: none"> <li>Weekly LLoS (long length of stay) Directorate meetings have been replaced by Daily MDT Handover meetings and twice weekly MDT meetings led by PFT.</li> <li>The PFT continue to work with the wider MDT to aid discharge planning during the COVID-19 pandemic</li> </ul>					
<b>Expected date of compliance</b>	30/06/2020				
<b>Escalation route</b>	Directorate Performance Review, Performance Committee, Trust Board.				
<b>Executive Lead</b>	Joan Spencer, Director of Operations				

## 2.3 Quality

Freedom of Information requests completed within 20 days	Target	April 20	YTD
	100%	92.9%	92.9%
<p><b>Reason for non-compliance</b></p> <p>92.9% compliance (13/14) was achieved for April for the number of FOI requests responded to within 20 days. The 20 day target was missed for one request. The requester was informed of the delay and the response was provided on day 31.</p> <p>The target was missed due to the Trust's response to COVID-19 and the resource required from the responding departments being re-prioritised for specific COVID-19 related work/tasks.</p>			
<p><b>Action taken to improve compliance</b></p> <ul style="list-style-type: none"> <li>Early warning escalation of (responding) departmental issues relating to any anticipated delays will be requested. No other actions are deemed necessary due to the isolated nature of the one instance</li> </ul>			

of non-compliance and the circumstances surrounding this. Since the one late response, all FOI requests have been responded to within the statutory timescale of 20 working days.	
<b>Expected date of compliance</b>	100% compliance is expected to be reported for May 2020
<b>Escalation route</b>	Associate Director of Corporate Governance/Information Governance Board/Integrated Governance Committee/ Quality Committee/Trust Board
<b>Executive Lead</b>	Liz Bishop, Chief Executive

% of Policies In Date	Target	April 2020	YTD
		100%	97%

### Reason for non-compliance

Out of a total of 268 policies, 8 were out of date at the beginning of April 2020.

The contributing factors included added pressure on resource and capacity of Document Owners due to the Trust's response to COVID-19 in addition to the ongoing CCC Liverpool Policy Review work stream.

Of the 8 policies out of date at the beginning of April, at the beginning of May 2020, 5 of these policies are now in date. Two of the remaining 3 policies are under review as part of the wider preparation for the opening of CCC Liverpool. For the remaining out of date policy, the Trust is awaiting the publication of guidance from NHS E/I.

### Action taken to improve compliance

Established actions to improve compliance include:

- Policy review reminders, and instructions sent to individual authors in advance of review due dates
- Regular "chaser" emails to Document Owners
- Out of date policy information provided for monthly Directorate meeting data packs
- Bi-monthly Document Control update reports tabled at the Information Governance Board

New actions to improve compliance include:

- Out of date policy reports to be reinstated and provided to the Associate Director of Corporate Governance for discussion at weekly Executive Team Meetings
- Promotion of policy self-management with Document Owners
- Information Governance Manager assisting the Document Control Manager with targeted meetings with identified Document Owners
- Undertake comprehensive training/overview of QPulse functionality with Ideagen to investigate greater use of automation e.g. policy review reminders to Document Owners
- Undertake comprehensive review and update of Document Control Policy

<b>Expected date of compliance</b>	July 2020
<b>Escalation route</b>	Associate Director of Corporate Governance/Information Governance Board/Integrated Governance Committee/ Quality Committee/Trust Board
<b>Executive Lead</b>	Liz Bishop, Chief Executive

## 2.4 Research and Innovation

There are no exception reports for Research and Innovation in month 1.

## 2.5 Workforce

Sickness	Target	April 2020 (in month)	12 month rolling	12 month trend
	G: =<4%, A: 4.1 - 4.4%, R: =>4.5%	5.08%	4.49%	

### Reason for non-compliance

The Trust 12 month rolling sickness absence is 4.49%, with the in-month sickness figure for April 2020 at 5.08%; this is a slight decrease from March's figure of 5.76%. The Trust target for sickness absence has been increased from 3.5% to 4.0%.

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

	Absence Reason	Number of Episodes
1	Chest and Respiratory Problems	76
2	Anxiety/ Stress/ Depression	35
3	Cold, Cough, Flu - Influenza	12
4	Gastrointestinal Problems	11

The number of absences due to Chest and Respiratory Problems, which is how Covid-19 related absences are recorded, has decreased slightly from 81 episodes in March 2020 to 76 episodes in April 2020. The breakdown of Level 2 reasons is shown in the table below:

Level 2 Reason	Number of Episodes
Other chest and respiratory problems	65
Breathing problems	1
Lower respiratory tract infection	2
Pleurisy	1
Upper respiratory tract infection	1
Not entered	6

The data above shows that there were 65 absences of staff members who reported Covid-19 related symptoms and were too unwell to attend work or work from home. Of these 65 absences, 57 staff have returned to work and only 9 remain absent.

The directorate with the highest number of absences under 'Other chest and respiratory problems' is Chemotherapy with 19 episodes, followed by Radiation Services with 15 episodes and Integrated Care with 10 episodes.

The second highest reason for absence in April 2020 was Anxiety/ Stress/ Depression with 35 episodes. Of these 35 episodes, 23 are long-term absences and 12 are short-term absences. 11 absences ended in April 2020, whilst the remaining 24 absences continue into May 2020. The number of absences broken down by directorate is as follows:

Directorate	Number of Episodes
Chemotherapy	8
Corporate	8
Haemato-Oncology	4
Hosted Service	1

Integrated Care	3
Radiation Services	9
Research	2

The third highest reason for absence in April 2020 was Cold, Cough and Flu. Last month there were concerns around whether managers were using this reason in order to record some Covid-19 related absences as some of the absence episodes had the related reason as Coronavirus. However there were significantly fewer absences due to Cold, Cough and Flu this month, with 12 episodes, compared with 38 episodes in March 2020. This would suggest that absences relating to Covid-19 are now being recorded correctly.

**Action Taken to improve compliance**

- The Trust target for sickness has been amended from 3.5% to 4% following a review of Trust KPI's to ensure that they are realistic and in line with regional comparisons. NHS Digital absence statistics show that NHS absence across the North West region is consistently higher than the national average. The Trust currently has one of the lowest sickness absence rates in the Cheshire and Merseyside region. 3.5% is currently the lowest sickness absence target across Cheshire and Merseyside Trusts.
- The Workforce and OD team completed an ESR data cleanse on all of the absences recorded that were related to Covid-19; this included those absences recorded as 'Special Leave' and 'Medical Suspension' as well as the sickness data. Records were then amended, as appropriate, to ensure all records were correct and this may have attributed to the slight decrease in overall absence percentage.
- The Workforce and OD team are now inputting all absences onto ESR to help support managers and enable them to focus on other duties.
- Managers are being supported to refer staff for Covid-19 testing and any requests are being actioned in a timely manner to ensure staff are tested as soon as possible; this helps staff to return to work sooner if their result comes back negative.

<b>Expected date of compliance</b>	October 2020
<b>Escalation route</b>	Directorates, WOD Committee, Quality Committee
<b>Executive Lead</b>	Jayne Shaw, Director of Workforce & OD

<b>Turnover</b>	<b>Target</b>	<b>April 2020</b> (in month)	<b>12 month rolling</b>	<b>12 month trend</b>
	G: =<14%, A: 14.1 - 14.9%, R: =>15%	1.22%	15.26%	

### Reason for non-compliance

The rolling 12 month turnover figure has increased from 14.79% in March 2020 to 15.26% in April 2020; however the in-month turnover figure has decreased slightly from 1.31% in March 2020 to 1.22% in April 2020. The KPI has been amended from 12% to 14% following a review to ensure that all KPI's are realistic and achievable with targeted action.

There were 18 leavers in April 2020 and the reasons for leaving were as follows:

Reason for Leaving	Number of Leavers
Retirement	5
Promotion	3
Work Life Balance	3
End of Fixed-Term Contract	1
Child Dependants	1
Health	2
Dismissal	1
Incompatible Working Relationships	1
Other/ Not Known	1

The directorate with the highest number of leavers in April 2020 was Integrated Care with 6 leavers, followed by Chemotherapy and Corporate both with 4 leavers each; Radiation Services had 3 leavers and the Quality directorate had 1 leaver.

From the leavers within Integrated Care, 3 of these had over 10 years' service with the Trust and 2 of these left due to promotion and the other left due to work-life balance. Overall in April 2020, the majority of leavers had long service with the Trust with 11 leavers having over 3 years' service with the Trust (ranging from 3-25 years) and a further 3 leavers' had at least 1 years' service. The remaining 3 leavers had less than 1 years' service and 2 of these left due to health reasons, whilst the other left due to promotion.

### Action Taken to improve compliance

- The Trust target for turnover has been amended from 12% to 14%. The current turnover target of 12% overall was unrealistic due to a number of factors including the labour market, generational expectations and importantly for CCC the impact of change over the next 12 months.
- We are proposing focused turnover KPI's for the two staff groups with the highest turnover (Nursing & Midwifery and Admin & Clerical). The new turnover target for Nursing & Midwifery will be 14% and for Admin & Clerical it will be 16%; stretch targets for our two staff groups with the highest turnover will support additional focus in these areas and will be supported by retention action plans.

<b>Expected date of compliance</b>	October 2020
<b>Escalation route</b>	Directorates, WOD Committee, Quality Committee
<b>Executive Lead</b>	Jayne Shaw, Director of Workforce & OD

PADR	Target	April 2020	12 month trend
	95%	88.35%	
<p><b>Reason for non-compliance</b></p> <p>Overall Trust compliance for PADRs as at April 2020 is 88.35%, which is below the KPI of 95% and a decline of 2.74% from the previous month.</p> <p>All directorates with the exception of Integrated Care, Quality and Service Improvement are underperforming against the KPI.</p> <p>The PADR window for 2020/21 opened on 1st March 2020. In line with national guidance, the Trust temporarily paused the completion of PADRs to free up clinical capacity. However, we have now restarted our PADR cycle and are encouraging staff who do have capacity over the coming weeks to take the opportunity to complete some or all of the various aspects of the ePADR process.</p>			
<p><b>Action Taken to improve compliance</b></p> <ul style="list-style-type: none"> <li>• Reminder emails have been sent to managers whose staff are non-compliant.</li> <li>• Revised process for new starters introduced from January 2020.</li> <li>• PADR requirements to be included on Induction to increase awareness to new starters from January 2020.</li> <li>• Increased number of manager and staff PADR training sessions.</li> <li>• Pay Progression policy includes the requirement for compliance with PADR in order to receive their next pay step.</li> </ul>			
<b>Expected date of compliance</b>	November 2020		
<b>Escalation route</b>	Directorates, WOD Committee, Quality Committee		
<b>Executive Lead</b>	Jayne Shaw, Director of Workforce & OD		

# 3. Detailed Reports

## 3.1 Access

### 3.1.1 Cancer Waiting Times Standards

National Standards:

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Apr-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
L	7 days from referral to first appointment	↔	95%	69.6%	69.6%	
C/S	2 week wait from referral to date first seen	↓	93%	62.5%	62.5%	
L	24 days from referral to first treatment	↔	85%	70.2%	70.2%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↔	70% (shadow monitoring)	73.3%	73.3%	
S	31 day wait from diagnosis to first treatment	↔	96%	97.8%	97.8%	
C/S	31 day wait for subsequent treatment (Drugs)	↔	98%	100%	100%	
C/S	31 day wait for subsequent treatment (Radiotherapy)	↔	94%	99%	99%	
C/S	62 Day wait from GP referral to treatment	↓	85%	82.6%	82.6%	
C/S	62 Day wait from screening to treatment	↔	90%	100%	100%	
C/S	Diagnostics: 6 Week Wait	↔	99%	100%	100%	
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	↔	92%	97.4%	97.4%	

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

## 2 Week Wait

There were three 2ww breaches in April. The breach details are as follows:

Day into CCC	Days @ CCC	Referring Trust	Reason	Avoidable Breach
<b>2WW breach to CCC: More than 14 days to 1<sup>st</sup> appointment</b>				
0	20	GP	Admin delay in allocation of first appointment and referral being sent to Registration team	Yes
0	35	GP	Patient choice of 1st appointment initially due to anxiety then patient cancelled appointment due to COVID-19	No
0	20	GP	Health Care Provider delay: Consultant requested further tests by GP prior to first appointment due to COVID-19	No

## 62 Day wait from GP referral to treatment

The 85% target is currently not being achieved at 82.6% for April (\*final validation via national system 3 June 20). The breach details are as follows:

Day into CCO	Days @ CCC	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach
<b>Full breach to CCC: Patient received by CCC before day 38 but not treated within 24 days</b>							
0	120	120		GP	Curative chemo	Delay to diagnostic test and complex pathway as no evidence of cancer on original test and patient required referral to breast team (RLH). Delay with sample reaching HOD's	Yes
18	60	78	Lung	Aintree	Pall chemo	Delay to repeat diagnostic test (PDL1 - insufficient tissue in first sample) at referring trust and delay to first appointment (13 days) due to consultant availability	Yes
33	45	78	Haem	RLH	Curative chemo	Complex diagnostic pathway - Sarcoma referral from RLH on day 33	Yes
<b>Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days</b>							
62	54	116	H&N/ Haem	RLH	Rad RT	Delay to first HO appointment and CCC appointment	Yes
79	40	119	Soft Tissue	COC	Act Mon	COVID-19: Delay to 1st oncology appointment (17 days) as consultant in isolation	Yes
76	47	123	Haem	RLH	Pall RT	Slight delay to HO appointment and repeat MDT. Patient then referred to CCC for radiotherapy	Yes
46	44	90	Urology	RLH/ LHCH	Pall chemo	Patient thinking time regarding clinical trial, plus medical reason as patient admitted to referring trust with unrelated clinical condition	No
57	26	89	H&N	Whiston/ Aintree	Pall RT/chemo	Consultant requested treatment start date due to clinical reason as patient was not suitable for double treatments so unable to escalate start date	No
57	32	89	UGI	Aintree	Curative RT/chemo	Delay to treatment plan (8 days to planning) and bank holiday dates	Yes
63	61	124	Lung	WHH	Pall RT	Delay to repeat investigation at referring trust (Liver biopsy) and patient required admission to referring trust with unrelated medical condition	Yes
49	27	76	UGI	COC	Rad RT/Chemo	Delay to treatment planning (12 days) due to Bank Holiday dates and patient then required two planning slots	Yes
56	25	71	LGI	Wirral	Rad RT	Consultant requested treatment start date	No
51	33	84	UGI	WHH	Rad RT/Chemo	Capacity at referring trust for procedure required prior to radiotherapy (14 days to clip insertions at WHH)	Yes

### 62 Day breaches by tumour group: 1/4/20 – 14/5/20

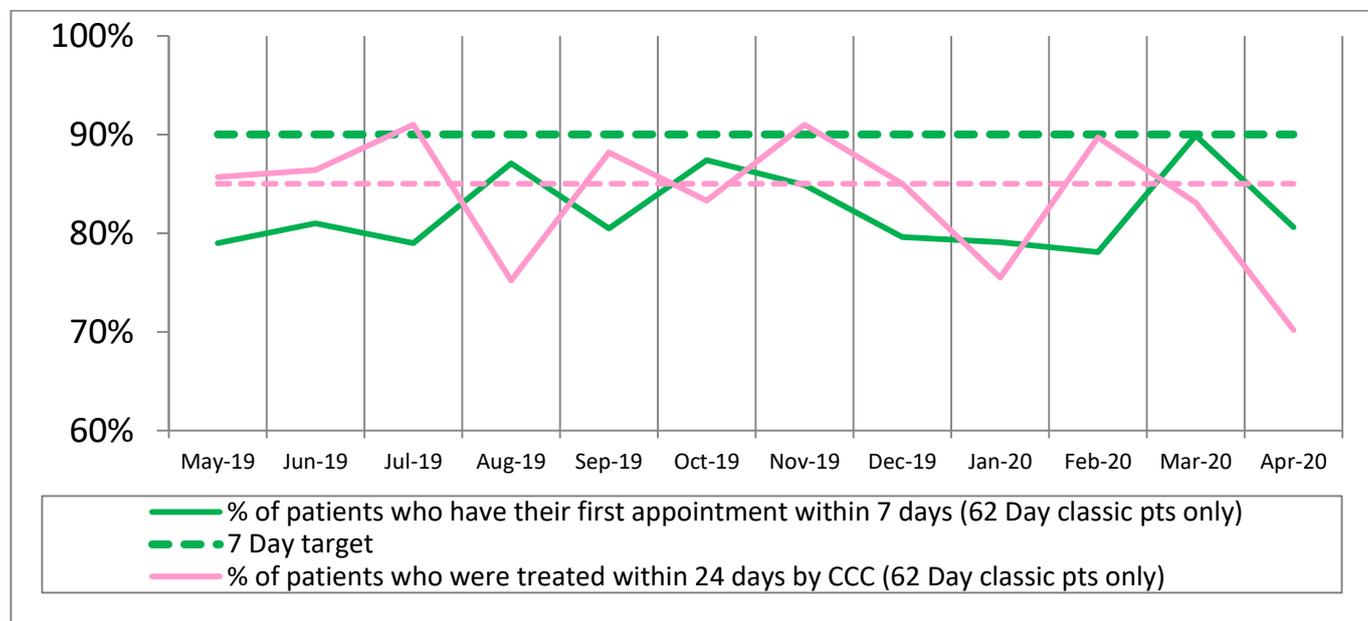
62 Day - CLASSIC										
Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance	
Lung	14	3.5	58	31.5	72	35	80.56%	90.00%		
Breast	1	0	47	24.5	48	24.5	97.92%	100.00%		
Urological (Excluding Testicular)	38	0.5	8	7	46	7.5	17.39%	93.33%		
Head and Neck	24	6.5	20	12.5	44	19	45.45%	65.79%		
Upper Gastrointestinal	25	1.5	15	8.5	40	10	37.50%	85.00%		
Lower Gastrointestinal	24	3	16	10	40	13	40.00%	76.92%		
Gynaecological	12	0.5	3	2.5	15	3	20.00%	83.33%		
Haematological (Excluding Acute Leuka...)	7	3	5	2.5	12	5.5	41.67%	45.45%		
Sarcoma	1	0	6	4.5	7	4.5	85.71%	100.00%		
Other	3	0.5	4	3.5	7	4	57.14%	87.50%		
Testicular	0	0	1	0.5	1	0.5	100.00%	100.00%		

## 24 Day and 7 Day Performance (Internal Targets)

7 day KPI for April 2020 is at 69.6% against a stretch target of 90%.

24 day KPI for April 2020 is at 70.2% against a stretch target of 85%.

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



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

## 28-day Faster Diagnosis Standard (FDS)

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

The NHS Operational Planning and Contracting Guidance 2020/2021 states that a target of 70% will be applied when this standard begins to be formally monitored.

CCC achieved 73.3% for the 28 day FDS target in April 2020, with eleven patients given a diagnosis within 28 days and four patients breaching the target. Two patients had a COVID related delay to rule out cancer, one patient choice and diagnostics deferred. One patient had a complex pathway and one patient has delay to diagnostics.

Day into CCO	FDS on Day	Tumour	Referring Trust	Reason	Avoidable Breach
<b>Full breach to CCC: Patient not diagnosed within 28 days</b>					
33	79	Sarcoma/ Haem	RLH	Referral from RLH day 33. Complex pathway Sarcoma to Haem	No
0	36	Haem	GP	EUS deferred due to COVID patient admitted to COVID ward RLH	No

				& RIP for diagnosis and treatment	
0	40	Haem	GP	Slight delay to MDT due awaiting PET CT results	Yes
0	56	Haem	GP	Patient cancelled appointment as unwell and did not want to attend due COVID	No

### Patients treated on or after 104 Days

In April 2020, 9 patients were treated after day 104; referred between day 0 and 126 to CCC. Five patients were not treated within twenty-four days by CCC due to delay to first appointment/diagnostic tests (HO and CCC appointments) and repeat diagnostic investigations.

### Cancer Waiting Times Improvement Plan:

Key actions are underway as part of the Improvement Plan including

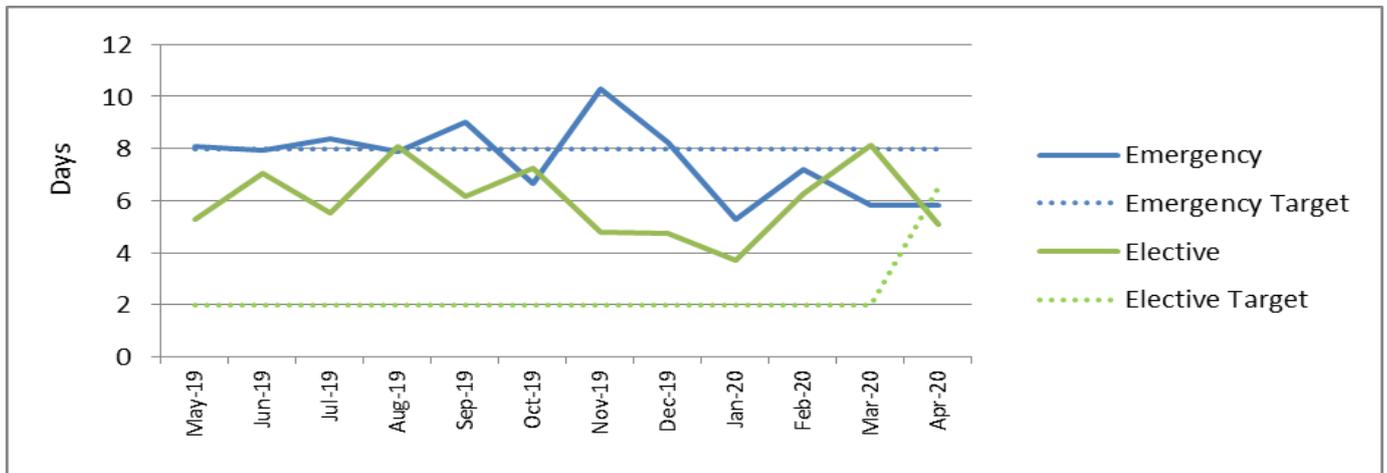
- Review and update of the HO 2ww registration/referral process. SOP updated and re-circulated to staff for awareness
- HO service to review processes and develop an action plan for managing the diagnostic pathway.
- Monitoring of 7 day appointments now being undertaken by Admin Services Lead to identify and escalate potential issues to prevent breaches
- Radiotherapy Booking Office improvements:
  - Daily capacity assessment introduced with admin and clinical team, associated SOP to support this process
  - Review the number of electronic action sheet waiting to be booked against Aintree and CCCW ensuring everybody is scanned within 3 days where appropriate
  - Escalation policy reviewed and additional measures put in place
  - Attendance at PTL Meetings

## 3.2 Efficiency

### 3.2.1 Inpatient Flow

#### Length of Stay: Wirral Wards

This chart shows the elective and non-elective LoS for Wirral wards against the targets:



The trust target for non-elective LoS is 8 days. The non-elective LoS target for April 2020 is on target at 5.8 days.

The trust target for elective LoS is now 6.5 days. The elective LoS target for April 2020 is on target at 5.1 days.

The Patient Flow Team has expanded and is now managing clinical flow for both non-elective and elective admissions.

During the COVID-19 Pandemic, inpatient wards and patient flow have been affected by government guidelines for reducing bed occupancy and creating capacity for COVID 19 within the region. There may also be an element of patient choosing not to come into hospital for treatment as C&M has seen up to a 70% decrease in 2 week rule referrals.

The PFT, with support from the wider Multidisciplinary team, have been able to facilitate complex discharge planning in line with NHSE/I guidelines, ensuring patients are safely discharged home to be with their families.

The daily Consultant of the Week (COW) MDT board round, continues to support clinical flow by facilitating a discussion of all in-patients being discussed each morning.

LoS is on target for both non-elective and elective admissions which is reflected by a CUR non-qualifying rate of 1% i.e. appropriate placement of patients at CCC. Although the directorate acknowledge CUR external reporting is no longer required, the processes have been embedded and continue to support and inform the directorate.

There were 3 delayed transfers of care (DTOCs) for April. Two patients were awaiting a care package in their own home and one was awaiting Nursing Home placement.

### Length of Stay: Haemato-Oncology – Ward 7Y

This chart shows the elective and non-elective LoS for HO 7Y ward against the targets.



The average LoS for all HO elective care was within target during the month of April, however the non-elective LoS for ward 7Y was above the target at 26 days against a target of 16.

Following a review of all non-elective patients, the noted rise was due to one patient who had been discharged following a long length of stay due to pathway complications.

The HO directorate has recently obtained comparator HRG level benchmarking data from both the Christie and the Marsden and is at present undertaking a review of information obtained. The purpose of the review, commencing with all Leukaemia HRGs, is to identify outlying HRGs, review and validate patient level clinical and coding data with the view to identifying non elective LoS pathway improvements.

### **Bed Occupancy: Wirral Wards**

Bed Occupancy has continued to be below the new temporary target of 80%, with average bed occupancy on both Mersey and Conway Ward at 36% for April.

The reduction in bed occupancy is in line with NHSE guidance to reduce occupancy and create capacity in response to the COVID-19 pandemic. This has been achieved by employing the following approach:

- Reducing planned activity in response to the COVID-19 Pandemic.
- A reduction in non-elective admissions, despite higher activity in CDU than in March. This shows the effectiveness of CDU in terms of assessing, treating and discharging home rather than resulting in admission onto inpatient wards. In addition the palliative care team have increased reviews of patients on CDU to help prevent hospital admission.
- Daily MDT handovers have continued; supported by twice weekly MDT Discharge progress meetings ensuring patients are discharged safely home or to a suitable care setting.
- Day case treatments from Sulby Ward have been repatriated to the inpatient wards, freeing up 13 beds in a single location for potential cases of COVID 19.

### 3.2.2 Radiology Reporting

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

		May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Trend
Imaging reporting turnaround: inpatients within 24 hours	G: =>90%, A: 80-89%, R: <80%	74%	82%	76%	68%	72%	73%	74%	89%	79%	84%	92%	90%	
Imaging reporting turnaround: out patients within 7 days		79%	72%	66%	59%	64%	75%	81%	95%	96%	86%	87%	95%	

Activity levels have been slightly lower than normal due to the COVID-19 crisis, however we have seen an improvement in turnaround time across the board. The change in practice to radiologists working from home more is now embedded and should continue post COVID-19.

An additional radiologist was recruited in December 2019, though they will not commence in post for several months. Further interviews will take place for another radiologist as soon as possible (postponed due to COVID-19).

The inpatients' target of 90% within twenty four hours was achieved (90%). We will continue to monitor to ensure the correct urgency codes are used at all times.

The outpatient target has shown a significant improvement since March from 87%, to achieve the target in April at 95%. Turnaround times will continue to be closely monitored.

### 3.2.3 Patients receiving treatment closer to home

CCC delivers Systemic Anti-Cancer Treatment (SACT) therapies across the sector hub model to provide access to treatment closer to home. The Chemotherapy Directorate consistently achieve the target.

Data for 2019/20 to date is displayed in the table below:

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

## 3.2 Quality

Please see the quality scorecard in section 1 and the quality exception reports in section 2 for details of non-compliance against quality KPIs and actions in place to improve performance.

## 3.3 Research and Innovation

### 3.3.1 Achievement Highlights for April 2020

#### Project approval

- Professor Carlo Palmieri has been approved to access Cancer Patient Data from the CCP-UK. The team will perform a descriptive analysis of these data to report how COVID19 manifests itself in patients with cancer and the outcome of cancer patients with COVID19. The data from this project will provide valuable information that will educate as well as help inform current practice and development of guidelines globally with regard to infection in cancer patients. Professor Palmieri has also been invited to join the ISARIC-4C Consortium. (International Severe Acute Respiratory and Emerging Infection Consortium)

#### Recruitment/ECMC

- The Clatterbridge Cancer Centre (CCC) are the highest recruiter in the UK for the Ragnar study (PI: Prof Palmer, Multiple Disease sites)
- Ragnar opened to recruitment on 21/02/2020 with a recruitment target of three. The study has an estimated 98% pre-screen fail rate on molecular analysis for a rare mutation. Clatterbridge met the recruitment target on 27/04/2020 (66 days). There is also a fourth patient in screening.
- CCC are the first UK site to hit the recruitment target and are the Centre with the highest target.

#### Publications

- Dr Rosie Lord had an article published for a real world study for which CCC was the lead site and Rosie was UK Chief Investigator. Title: **Real world outcomes in platinum sensitive relapsed ovarian, fallopian tube, or peritoneal cancer treated in routine clinical practice in the United Kingdom prior to poly-ADP ribose polymerase inhibitors** (Dr Rosie Lord, Gynae)
- Rosie Lord had another publication accepted by The Lancet Oncology for ICON 8 (Gynae, Dr Rosie Lord). Title: **Quality of Life with weekly platinum-based chemotherapy in newly diagnosed Ovarian Cancer: the ICON8 phase III randomised controlled clinical trial.**

### 3.3.2 COVID-19 Related Research

Although non-COVID19 related research is temporarily on halt, R&I is supporting COVID19 research nationally. R&I are meeting with CCC investigators weekly to discuss open studies, studies in set-up and studies which are in the pipeline which investigators are interested in opening.

CCC are also represented regionally at the Liverpool Health Partner (LHP) COVID19 meetings and at the North West Coast Clinical Research Network COVID19 meetings.

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

Short Title	Type	Short Summary	PI	Number of patients recruited
<b>ISARIC CCP-UK</b>	Observational Non-Commercial portfolio	Standardized generic study for the rapid, coordinated clinical investigation of severe or potentially severe acute infections by pathogens of public health interest.	Prof Palmieri	0
<b>UK Coronavirus Cancer Monitoring Project</b>	Observational Registry	National database registry audit led by Anna Olsson-Brown for CCC.	Dr Olsson-Brown	55
<b>SAFER</b>	Observational Non-Commercial portfolio	This study will examine rates of SARS-CoV-2 acquisition in HCWs in five clinical areas (AMU, Infectious disease or cohort ward, haematology and ICU) and A/E in UCLH and Royal Liverpool Hospital (RLH).	N/A PIC Site	11

There are four studies we are currently setting up, as shown below:

Short Title	Type	Short Summary	Principal Investigator
<b>RECOVERY</b>	Phase II/ III Non-Commercial portfolio	RECOVERY-RS Respiratory Support: Respiratory Strategies in COVID-19; CPAP, High-flow, and standard care: Emerging Respiratory Virus Threats Advisory Group (NERVTAG) advised that several possible treatments should be evaluated, including Lopinavir-Ritonavir, Interferon $\beta$ , corticosteroids, and Remdesivir.	Dr Ali
<b>CovidRT: a NCRI CTRad UK-wide initiative</b>	Observational	National initiative that aims to study the impact of COVID 19 and the recovery plan on radiotherapy patients and the radiotherapy service and help plan for future pandemics.	TBC
<b>Evaluation of Lung Changes in Patients with confirmed Covid-19 or Covid-19 Symptoms on CBCT</b>	Observational	To determine the association of reported symptoms and notations regarding confirmed COVID-19 in patient notes with observed changes in lung anatomy on radiotherapy CBCT or kV portal imaging collected on the RRR theragnostics system for patients undergoing thoracic radiotherapy.	TBC
<b>IMPACT</b>	Observational/prospective	A prospective non interventional study to evaluate the role of immune and inflammatory response in recipients of allogeneic haematopoietic stem cell transplantation (SCT) affected by severe COVID19.	Dr Toth

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

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

### 3.3.3 Patient Recruitment for non-COVID-19 studies

Patient recruitment into non-COVID related research remains on halt. The temporarily halt was initiated on 16<sup>th</sup> March 2020. 123 studies are currently on halt to recruitment. R&I are working with the SRG Research Leads on a Recovery Plan for Research.

During April 2020, three patients were recruited onto trials who had been pre-screened before the temporary halt. During April 2020, six studies have been given local site capacity and capability approval.

### 3.3.4 Study Set-up Times

We have received notification from the Department of Health that in light of the Covid-19 pandemic they are postponing the submission and publication deadline for the Performance in Initiating and Delivering (PID) Q4 19/20 reporting exercise. They will keep future reporting deadlines under review and when appropriate they will set a new deadline for reporting of all outstanding data in consultation with NHS R&D and NHS England and NHS Improvement. Data for Q3 19/20 has not yet been received.

### 3.4 Workforce

#### 3.4.1 Workforce Overview

This table presents an overview of staff numbers and movement by month. (12m) = 12 month rolling.

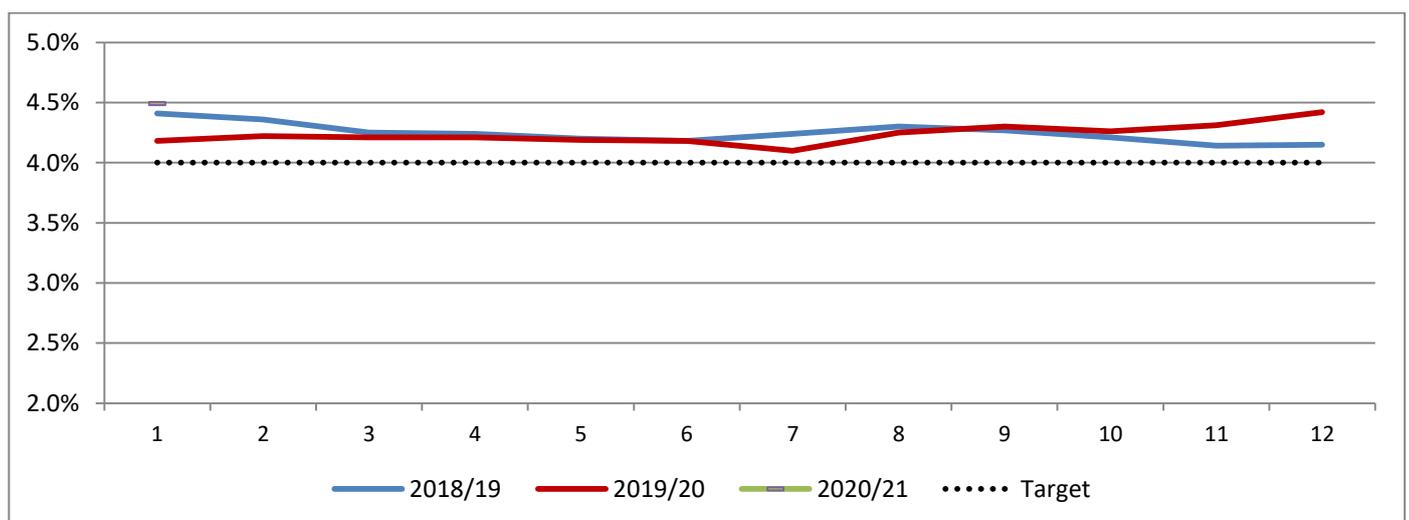
	2019 / 05	2019 / 06	2019 / 07	2019 / 08	2019 / 09	2019 / 10	2019 / 11	2019 / 12	2020 / 01	2020 / 02	2020 / 03	2020 / 04	Trend
Headcount	1,337	1,342	1,338	1,337	1,357	1,390	1,406	1,409	1,423	1,420	1,440	1,444	
FTE	1,217.14	1,220.44	1,214.75	1,219.28	1,238.47	1,269.90	1,283.44	1,287.99	1,297.95	1,293.41	1,312.07	1,317.39	
Leavers Headcount	24	13	18	25	15	11	16	14	22	20	22	18	
Leavers FTE	20.21	11.84	15.10	21.96	13.74	10.32	13.76	13.12	21.12	17.93	18.75	15.52	
Starters Headcount	23	18	17	24	37	40	34	15	30	22	38	25	
Starters FTE	21.02	16.28	15.53	23.72	34.56	37.52	30.18	14.36	27.52	20.22	33.81	23.70	
Maternity	49	47	46	41	42	43	39	36	34	33	36	38	
Turnover Rate (Headcount)	1.73%	0.93%	1.29%	1.80%	1.08%	0.79%	1.15%	1.01%	1.58%	1.44%	1.58%	1.29%	
Turnover Rate (FTE)	1.60%	0.93%	1.19%	1.73%	1.08%	0.81%	1.09%	1.04%	1.67%	1.42%	1.48%	1.22%	
Avg Headcount	1,391.00	1,391.00	1,391.00	1,391.00	1,391.00	1,391.00	1,391.00	1,391.00	1,391.00	1,391.00	1,391.00	1,391.00	
Average FTE	1,267.09	1,267.09	1,267.09	1,267.09	1,267.09	1,267.09	1,267.09	1,267.09	1,267.09	1,267.09	1,267.09	1,267.09	
Leavers (12m)	197	193	199	208	207	204	201	198	203	209	211	218	
Leavers FTE (12m)	171.28	167.21	170.82	179.26	179.36	176.93	173.13	171.38	177.78	184.32	188.01	193.37	
Turnover Rate (12m)	15.17%	14.83%	15.24%	15.93%	15.63%	15.20%	14.88%	14.62%	14.89%	15.28%	15.21%	15.68%	
Turnover Rate FTE (12m)	14.51%	14.15%	14.41%	15.09%	14.87%	14.48%	14.09%	13.90%	14.34%	14.82%	14.88%	15.26%	
Avg Headcount (12m)	1,299.00	1,301.00	1,306.00	1,305.50	1,324.50	1,342.50	1,350.50	1,354.00	1,363.50	1,368.00	1,387.50	1,390.50	
Average FTE (12m)	1,180.33	1,181.66	1,185.36	1,187.89	1,205.89	1,221.80	1,228.65	1,232.62	1,240.11	1,243.91	1,263.48	1,267.27	

#### 3.4.2 Sickness Absence

##### Trust Level Sickness Absence Rolling 12m

The graph below shows the 12 month rolling sickness absence percentages against the new Trust KPI target of 4%; it also shows a comparison against the previous 2 years.

The Trust in-month sickness figure for April 2020 is at 5.08%; this is a slight decrease from March's figure of 5.76%.



Directorate / Corporate Service Level

Sickness absence per month and Directorate:

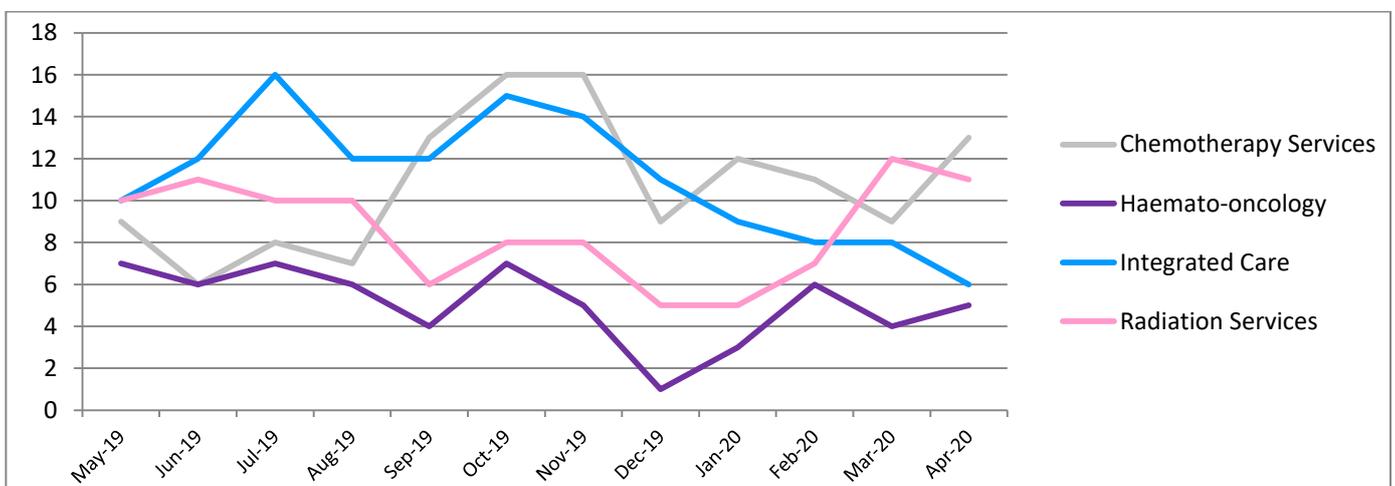
Org L4	2019 / 05	2019 / 06	2019 / 07	2019 / 08	2019 / 09	2019 / 10	2019 / 11	2019 / 12	2020 / 01	2020 / 02	2020 / 03	2020 / 04	Trend
158 Chemotherapy Services Directorate	4.08%	3.11%	4.07%	3.73%	4.55%	7.37%	6.56%	5.22%	7.04%	5.38%	7.33%	7.74%	
158 Corporate Directorate	3.70%	3.10%	4.09%	3.95%	3.18%	4.35%	5.41%	4.14%	4.62%	4.49%	4.50%	4.25%	
158 Education Directorate	0.00%	12.49%	0.00%	0.00%	0.00%	9.40%	1.48%	0.00%	3.27%	2.47%	14.26%	15.15%	
158 Haemato-oncology Directorate	3.57%	4.69%	5.13%	4.53%	5.95%	5.34%	2.42%	3.44%	5.03%	3.92%	4.04%	6.61%	
158 Hosted Service Directorate	0.11%	1.55%	1.19%	2.89%	3.80%	3.72%	5.07%	6.76%	6.36%	3.95%	2.46%	0.98%	
158 Integrated Care Directorate	4.38%	4.99%	6.43%	4.61%	5.98%	7.73%	5.57%	6.26%	4.80%	5.07%	5.40%	2.90%	
158 Quality Directorate	1.49%	3.29%	3.80%	5.39%	0.00%	0.38%	1.37%	0.34%	2.90%	4.36%	4.32%	3.30%	
158 Radiation Services Directorate	3.24%	2.94%	3.62%	2.92%	3.06%	2.21%	3.63%	3.02%	3.65%	3.95%	6.70%	4.83%	
158 Research Directorate	2.15%	3.40%	3.98%	1.90%	3.77%	1.33%	4.29%	3.81%	2.40%	5.97%	9.77%	8.45%	
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.

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Trend
Short term	129	115	118	102	134	187	160	166	180	133	180	141	
Long term	52	46	56	52	49	61	62	49	42	47	54	50	

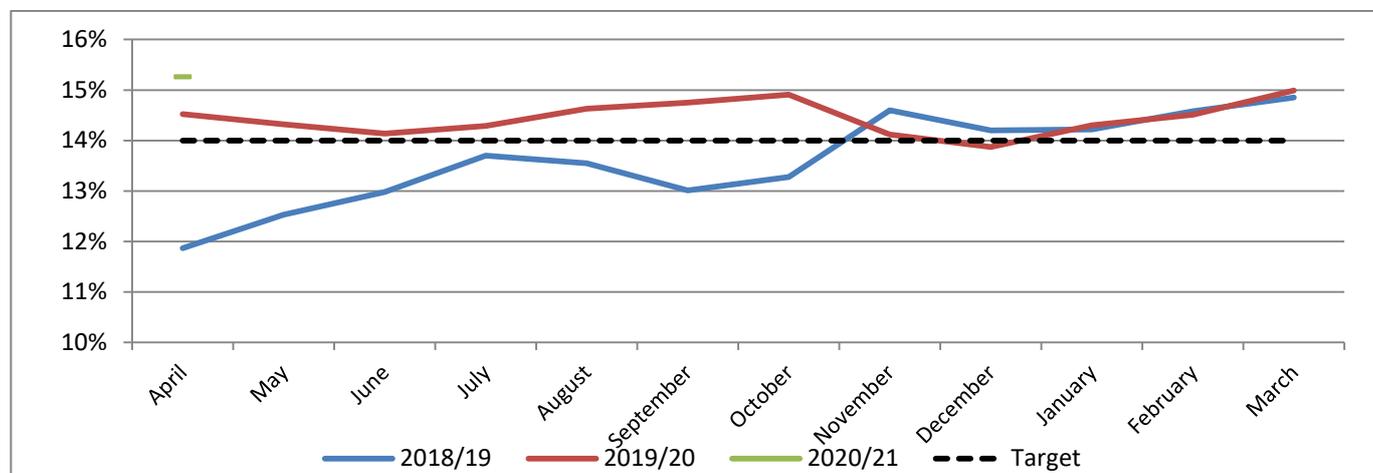
This chart shows long term sickness by Directorate, per month:



### 3.4.3 Turnover

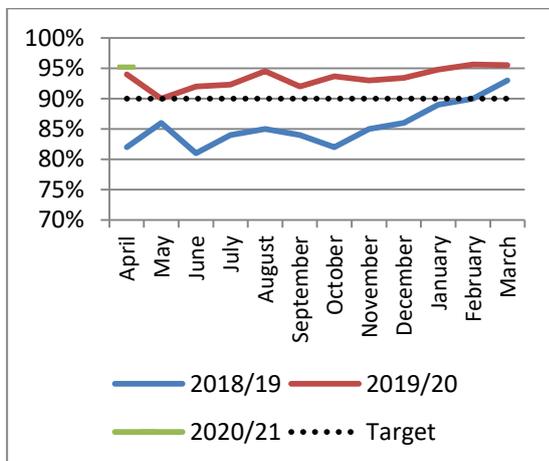
The graph below shows the rolling 12 month turnover figures, against the new Trust target of 14%.

The rolling 12 month turnover figure has increased from 14.79% in March 2020 to 15.26% in April 2020.



### 3.4.4 Statutory and Mandatory Training

Overall Trust compliance at 30th April is 95.16% which is above the target of 90% but is a 0.33% decrease from the previous month.



Competence Name	Compliance %
NHS   CSTF   Equality, Diversity and Human Rights - 3 Years	98.36%
NHS   CSTF   Fire Safety - 2 Years	95.16%
NHS   CSTF   Health, Safety and Welfare - 3 Years	95.78%
NHS   CSTF   Infection Prevention and Control - Level 1 - 3 Years	98.20%
NHS   CSTF   Infection Prevention and Control - Level 2 - 2 Years	96.95%
NHS   CSTF   Information Governance and Data Security - 1 Year	95.55%
NHS   CSTF   Moving and Handling - Level 1 - 3 Years	97.35%
NHS   CSTF   Moving and Handling - Level 2 - 2 Years	89.21%
NHS   CSTF   NHS Conflict Resolution (England) - 3 Years	97.85%
NHS   CSTF   Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	83.10%
NHS   CSTF   Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	82.11%
NHS   CSTF   Safeguarding Adults - Level 1 - 3 Years	95.94%
NHS   CSTF   Safeguarding Adults - Level 2 - 3 Years	94.82%
NHS   CSTF   Safeguarding Children (Version 2) - Level 2 - 3 Years	95.34%
NHS   CSTF   Safeguarding Children - Level 1 - 3 Years	96.33%
NHS   CSTF   Safeguarding Children - Level 3 - 3 Years	78.71%
NHS   MAND   Safeguarding Adults Level 3 - 3 Years	75.90%

Statutory and Mandatory Training figures for March 2020 were incorrectly reported in the Month 12 report as 91.81%. The figure was 95.49%.

Due to Covid-19, a number of face to face mandatory training programmes have been cancelled and the Learning and Organisational Development have, where possible, replaced this with e-learning, videos of training and/or workbooks to help staff maintain their compliance. An increase in face to face clinical training will commence in June, but numbers per session will be reduced to support social distancing principles.

The L&OD Team will continue to send monthly reminder emails to staff that are non-compliant, alongside ESR reminders and will work closely with the lead trainers to ensure compliance remains above 90%.

Concern has been escalated over BLS, ILS, Patient Handling and Safeguarding Adults and Children level 3 compliance which are significantly under the Trusts KPI of 90%.

A recovery plan for BLS and ILS has been put into place and it is therefore hoped that compliance will be achieved by July 2020.

L&OD are currently working with the subject lead for patient handling which has seen a drop in compliance. This may be due to face to face training numbers being reduced as to support social distancing principles and sessions in March and April being cancelled. The L&OD team are currently developing an e-learning package to support an increase in compliance. This will go live on ESR in June 2020.

The team are also working with the safeguarding team to increase compliance for Safeguarding Adults Level 3 which is currently only available as face to face training. The Safeguarding Adults Level 3 session due to take place in April was cancelled due to Covid, but additional sessions have now been made available during May (24th & 29th), June (3rd) and July.

Safeguarding Children Level 3 module is available live on ESR as an eLearning programme and all staff who are non-compliant have been notified of this

The safeguarding team have put a recovery plan in place and they aim to have reached 90% compliance for both Safeguarding Adults and Children level 3 by the end June 2020

### Compliance by Directorate

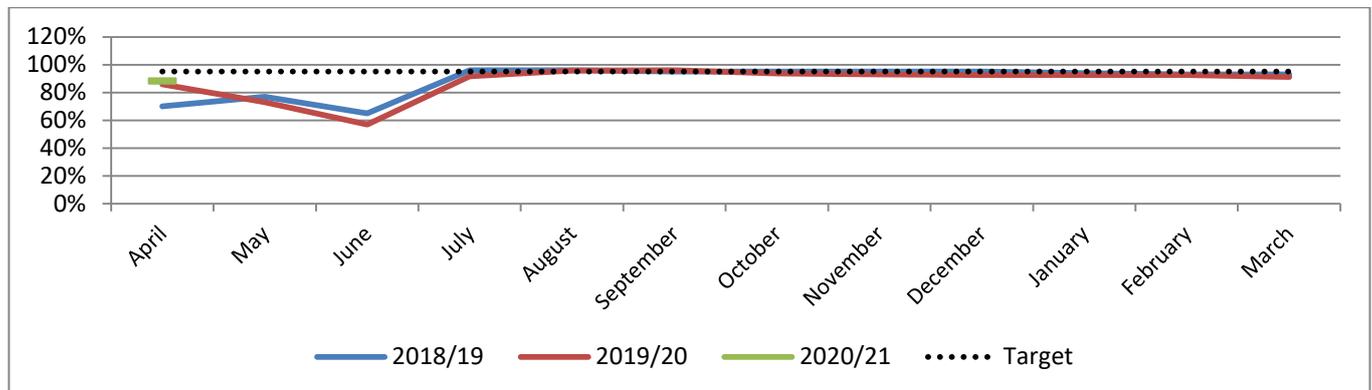
A breakdown of Directorate compliance, as at 30th April 2020 is detailed below.

Directorate	Target	May-19	Jun-19	Update 12/07/19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Trend
158 Chemotherapy Services Directorate	90%	96%	95%	97%	96%	96%	94%	85%	87%	97%	98%	98%	93.78%	97.89%	
158 Corporate Directorate	90%	93%	92%	92%	94%	97%	93%	92%	89%	92%	93%	95%	90.28%	94.33%	
158 Education Directorate	90%	100%	99%	98%	100%	100%	100%	100%	98%	89%	89%	94%	96.05%	98.82%	
158 Haemato-oncology Directorate	90%	89%	86%	94%	88%	87%	87%	89%	86%	93%	95%	95%	90.96%	94.54%	
158 Hosted Service Directorate	90%	92%	94%	90%	95%	99%	94%	93%	91%	91%	91%	95%	90.11%	97.28%	
158 Integrated Care Directorate	90%	91%	93%	95%	90%	95%	91%	80%	81%	94%	95%	94%	91.61%	95.22%	
158 Quality Directorate	90%	94%	95%	94%	96%	98%	97%	96%	92%	95%	95%	98%	92.59%	98.09%	
158 Radiation Services Directorate	90%	92%	93%	95%	93%	94%	92%	91%	84%	91%	94%	96%	91.78%	93.57%	
158 Research Directorate	90%	89%	89%	95%	90%	97%	92%	85%	88%	98%	98%	98%	94.57%	98.22%	
158 Service Improvement Directorate	90%	100%	100%	100%	100%	100%	100%	100%	100%					100%	

All directorates are achieving their overall compliance for mandatory training.

### 3.4.5 PADR Compliance

Overall Trust compliance for PADR as at April 2020 is 88.35%, which is below the target of 95% and a decline of 2.74% from the previous month.



#### PADR Compliance by Directorate

All directorates with the exception of Integrated Care, Quality and Service Improvement are underperforming against the target.

Directorate	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	Trend
158 Chemotherapy Services Directorate	77%	65%	48%	96%	96%	94%	94%	93%	91%	89%	91%	88%	83%	↘
158 Corporate Directorate	90%	66%	51%	94%	95%	95%	94%	94%	93%	93%	92%	90%	87%	↘
158 Education Directorate	100%	100%	58%	100%	100%	100%	100%	100%	100%	100%	100%	86%	75%	↘
158 Haemato-oncology Directorate	87%	84%	56%	70%	93%	91%	89%	89%	89%	89%	90%	89%	89%	↘
158 Hosted Service Directorate	93%	87%	34%	90%	100%	100%	100%	100%	100%	100%	100%	89%	86%	↘
158 Integrated Care Directorate	84%	65%	53%	94%	96%	93%	91%	89%	90%	92%	94%	96%	94%	↘
158 Quality Directorate	88%	80%	52%	93%	100%	100%	100%	96%	100%	96%	96%	96%	96%	↘
158 Radiation Services Directorate	89%	85%	74%	94%	96%	98%	96%	95%	94%	93%	93%	92%	89%	↘
158 Research Directorate	87%	77%	78%	100%	98%	98%	98%	98%	98%	98%	96%	91%	90%	↘
158 Service Improvement Directorate	100%	0%	100%	100%	100%	100%	100%	100%					100%	↘
158A Support Services Directorate														

The PADR window for 2020/21 opened on 1<sup>st</sup> March 2020.

In line with national guidance, the Trust temporarily paused the completion of PADR to free up clinical capacity. However, we have restarted our PADR cycle and are encouraging staff who do have capacity over the coming weeks to take the opportunity to complete some or all of the various aspects of the ePADR process.

### 3.4.6 Staff Experience

#### Staff Friends and Family Test

The Trust's response rate to the Q4 Staff Friends and Family survey, which took place from 17<sup>th</sup> February to 13<sup>th</sup> March, was 30% (431 on line responses). The Q4 results table is below.

## Q4 Survey Results:

	1 - Extremely Likely	2 - Likely	3 - Neither Likely or Unlikely	4 - Unlikely	5 - Extremely Unlikely	6 - Don't know	7 - No Response	Total	Recommend	Not Recommend
"How likely are you to recommend this organisation to friends and family if they needed <u>care or treatment</u> "	308	104	6	4	6	2	1	431	96%	2%
"How likely are you to recommend this organisation to friends and family as a <u>place to work</u> "	129	155	56	47	39	2	3	431	66%	20%

## Q4 Results by Directorate

Directorate	Responses	"How likely are you to recommend organisation for care or treatment"		"How likely are you to recommend organisation as a place to work"	
		% Recommend	% Not Recommend	% Recommend	% Not Recommend
Chemotherapy Services	79	100%	0%	84%	10%
Corporate	109	98%	1%	65%	20%
Haemato-oncology	19	95%	0%	63%	16%
Integrated Care	63	94%	5%	60%	14%
Quality	12	100%	0%	67%	25%
Radiation Services	88	94%	3%	59%	25%
Research	21	90%	0%	57%	38%
Not stated	13	85%	15%	31%	62%

Based on the responses to the survey, the Chemotherapy, Quality and Corporate Directorates have the highest positive scores for recommending the Trust as a place of treatment and work and the Research Directorate and Radiation Services Directorate are reporting the lowest scores.

## 2019/2020 Staff Friends and Family Test Results Summary

The table below shows an overview of our results and response rates for the year 2019/20. The Staff Friends and Family Test is not carried out in Q3, but is instead included in the National Staff Survey. Please note that the "would recommend" questions in the National Staff Survey have different response categories from the Staff Friends and Family Test so are not directly comparable. Our results for Q4 are an improvement from Q3 and Q2 and more in line with Q1.

Staff FFT Questions	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
"How likely are you to recommend this organisation to friends and family if they needed <u>care or treatment</u> "	95%	92%	87%	96%
"How likely are you to recommend this organisation to friends and family as a <u>place to work</u> "	66%	62%	64%	66%
<b>Response Rates</b>	28%	24%	66% (853)	30%

	(364)	(318)	<i>Incorporated as part of NHS Staff Survey, results not directly comparable</i>	(431)
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## Finance

The table below summarises the financial performance for the Trust at month 1

Metric	M1 Actual	M1 Plan*	Variance	Risk RAG
Trust Surplus (£000)	17	(479)	496	Green
Control Total Surplus (£000)	0	0	0	Green
Cash holding (£000)	45,176	30,669	14,507	Green
Capital Expenditure (£000)	2,388	1,008	1,380	Yellow

\*the plan for month 1 is the original plan approved by the Board in March 2020

The financial regime in the NHS has changed in response to the impact of the COVID-19 pandemic. The key points are:

- Commissioning contracts have been suspended.
- The financial risk rating metrics in the Single Oversight Framework have been suspended.
- The Trust is being funded based on cost rather than activity for the first 4 months of the year at least.
- As a result all Trusts are expected to deliver a 'breakeven' position rather than their previously notified control total. For CCC the breakeven includes the subsidiary company performance.
- To breakeven the Trust requires additional Top Up funding of £390k for April.
- The Trust surplus above of £17k, less the subsidiary deficits of (£54k) and adding back donated depreciation of £37k sums to a Control Total Surplus of breakeven.
- There is a lack of clarity about the financial regime for the remainder of the year although it is unlikely that contracting will resume in 2020/21.