**Integrated Performance Report**

**(Month 2 2020/21)**

**Introduction**

This report provides the Trust Board with an update on performance for month two (May 2020). The access, efficiency, quality, 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. There is no scorecard for research and innovation, for reasons described in section 3.4. A detailed quality section has not been included in this report; this was covered via a series of additional papers at the Quality Committee.

As reported in the Month 1 report, there are a number of efficiency related KPIs 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 being developed. The expectation is that these will be reported in month 4.

As reported in the month 12 (2019/20) IPR and 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 28th 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.

A draft version of the National Cancer Waiting Times Monitoring Dataset Guidance V11.0 has been circulated for consultation, with implementation proposed from July 2020. The main changes to affect CCC are the introduction of adjustments for the clinically urgent treatment of another condition, for enabling treatments (e.g. PEG, dental and B12) and when a patient declines a ‘reasonable’ offer of treatment, for both admitted and non-admitted pathways.

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| **1. Performance Scorecards** |

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

* 1. **Access**



* 1. **Efficiency**

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* 1. **Quality**

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



**1.4 Research & Innovation**

There is no scorecard for Research and Innovation for this month two report. Although patient recruitment into trials has restarted at CCC, it is not yet possible to define any targets for 2020/21 as a significant proportion of our trials rely on collaboration with other NHS Trusts; including organisations who are not yet able to resume this role due to the COVID-19 pandemic. The draft plan and targets developed for 2020/21 will be revised once this situation changes.

**1.5 Workforce**

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



**1.6 Finance**

The Month 2 Finance information is not yet available.

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| **2. Exception Reports** |

**2.1 Access**

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| **24 days from referral to first treatment** | | **Target** | **May 20** | **YTD** | **12 month trend** | |
| 85% | 80.9% | 74.6% |  | |
| **Reason for non-compliance**  There were 13 breaches of the 24 day target, 2 chemotherapy patients (including 1 HO patient) and 11 radiotherapy patients. 5 of the 13 breaches led to a breach of the 62 day target; 2 of these breaches were deemed to be avoidable.  The reasons for the 62 day breaches were delay to first appointment due to lung clinic capacity, 2 patients were affected by COVID, 1 patient requested an alternative treatment start date and 1 patient did not have an additional test (required prior to treatment) booked within the target date.  8 patients breached the 24 day target (1 chemotherapy patient and 7 radiotherapy patients) but achieved the 62 day target. The reason for these breaches are delay to first appointment due to lung clinic capacity (1 patient), 4 patients had a delay to radiotherapy planning or treatment appointments, one patient wanted thinking time and 1 patient required an additional face to face appointment after the first appointment due to a hearing impairment. | | | | | |
| **Action Taken to improve compliance**   * HO service to review processes and develop an action plan for managing the diagnostic pathway. This plan will be reviewed at the CWT Target Operational Group on 19th June 2020. * Monitoring of 7 day appointments is being undertaken by the Admin Service Lead to identify and escalate potential issues to prevent breaches and thereby achieve the 24 day target. * A Consultant rota for the triage of lung patient referrals, supplemented by a Consultant Radiographer and Advanced Nurse Practitioner, is now in place and this process is working well. | | | | | |  | |
| **Expected date of compliance** | 30/6/20 | | | | |
| **Escalation route** | CWT Target Operational Group / Performance Committee /  Board of Directors | | | | |
| **Executive Lead** | Joan Spencer, Director of Operations | | | | |

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| **28 day faster diagnosis standard** (28 days from referral to diagnosis or ruling out of cancer) | | **Target** | **May 20** | **YTD** | **Jan – May 2020** | |
| 70% (Shadow Monitoring) | **0%** | **60%** |  | |
| **Reason for non-compliance**  There was 1, 28 day faster diagnosis standard patient diagnosed in May. This patient breached the target due to the cancellation of a diagnostic test due to COVID-19 followed by a delay to further diagnostics due to a COVID-19 (social distancing) related reduction in capacity. | | | | | | |
| **Action Taken to improve compliance**   * The HO Deputy General Manager now attends both weekly PTL and CWT Target Operational Group meetings to ensure all escalations are actioned. * The HO service has reviewed processes and developed an action plan for managing the diagnostic pathway. This plan will be reviewed at the CWT Target Operational Group on 19th June 2020. Timed pathways have been developed for Myeloma, Lymphoma. The leukaemia pathway is in progress. These timed pathways are in line with cancer waiting times. It is the intention that the patient journey will be aligned and tracked against these pathways by the MDT coordinator. This will enable further identification of any system delays as well as proving clear guidelines of escalation to the directorate team in order for them to address /mitigate issues. | | | | | | |
| **Expected date of compliance** | July 2020 | | | | |
| **Escalation route** | CWT Target Operational Group / Directorate Performance Reviews and Performance Committee / Board of Directors | | | | |
| **Executive Lead** | Joan Spencer, Director of Operations | | | | |

**2.2 Efficiency**

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| **Bed Occupancy: CCCW** | **KPI** | | **Target** | **May 20** | **YTD** | **12 month trend** |
| Bed Occupancy: Midday | | \*80% | **44.8%** | **42%** |  |
| Bed Occupancy: Midnight | | **51.7%** | **47%** |  |
| **Reason for non-compliance**  \**The new temporary 80% target for bed occupancy is a national directive to prepare the system for a possible second surge in COVID 19 cases.*  Both CCCW inpatient wards are below the target bed occupancy for May 2020:   * The average bed occupancy at midday was 44.8% (based on a bed base of 51) * The average bed occupancy at midnight was 51.7% (based on a bed base of 40; reduction due to allocation of 11 day-case beds, not available overnight. This reduced overnight bed base applied in May 2020 only)   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. However, an increase in unplanned activity towards the end of the month has been noted.  Low bed occupancy continues to be supported by a very low Clinical Utilisation Review Non Qualifying rate of 1%.  There have been 3 reportable DTOCs for May, and Length of Stay is on target for both planned and unplanned admissions pathways. This suggests all patients were in the right place at the right time, with very few delays.  **Action Taken to improve compliance**   * Weekly LLoS (long length of stay) Directorate meetings have been replaced by Daily MDT Handover meetings and twice weekly MDT meetings led by PFT. | | | | | | |
| * Patient Flow Team and the wider MDT continue to proactively discharge plan ensuring patients are discharged safely home or to a suitable care setting. * Admissions policy altered to provide support to the healthcare system. Patients who call the hotline are now offered the opportunity to attend the CDU, rather than attend their local A&E, if clinically appropriate. | | | | | | |
| **Expected date of compliance** | | 31/07/2020 | | | | |
| **Escalation route** | | Directorate Performance Review, Performance Committee, Board of Directors | | | | |
| **Executive Lead** | | Joan Spencer, Director of Operations | | | | |

**2.3 Quality**

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| **Serious Untoward Incidents (SUI)** | | **Target** | **May 20** | **YTD** | **12 month trend** |
| 0 | **1** | **1** |  |
| **Description of SUI:**  A patient was not prescribed their usual medication and had a rapid deterioration in health and an increased length of stay. The patient recovered well and was discharged home on 7th May 2020. | | | | | |
| **Immediate action taken:**   * Desmopressin reintroduced at higher dose of TDS * Careful fluid balance with daily blood checks * Kept in hospital for monitoring sodium and fluid balance * Staff made aware * Incident form to look into process of the lack of prescription   **Additional actions identified and in progress:**  If a medicines reconciliation identifies that medication is missing, the ward Pharmacists have been made aware that this needs to be communicated verbally to the medical team as well as documented in the Doctors’ handover book and recorded in Meditech as a pharmacist note and on the pharmacy handover sheet.  The pharmacy team are updating their critical medicines list. This will highlight those medications that are critical for patients and therefore should not be missed. It will enable the ward pharmacy team to ensure that any missing critical medicines will be actioned as a matter of urgency. The ward Pharmacists are also aware that if the doctor is unavailable to prescribe critical medicines then the ward pharmacist should escalate to the ward non-medical prescriber. In exceptional circumstances the trust enabling policy allows band 8a non-prescribers to add regular medication to the MAR as long as they are working within their competency and assured that it is clinically appropriate.  Pharmacy EPR team to review allowed inputs into home meds to reduce likelihood of transmitting medicines that are not complete and therefore not visible in MAR to prevent manual inputs.  Pharmacy EPR team to investigate the possibility of developing an alert for prescribing staff to the fact that an item would not be viewable in the medicine administration record.  Review MAR after prescribing medicines to ensure this is viewable.  Ensure that any medicines in medicines locker are highlighted to medical staff and pharmacy staff.  Pharmacy is undertaking a full RCA on this case which will be completed no later than 17/08/2020. | | | | | |
| **Expected date of compliance** | 31/8/20 | | | | |
| **Escalation route** | Immediate escalation once aware of the incident, as per Incident management Policy  Monthly Directorate Quality and Safety Group, LIRG, Integrated Governance Committee, Quality Committee, Board of Directors | | | | |
| **Executive Lead** | Sheila Lloyd, Director of Nursing and Quality | | | | |

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| **IRMER - number of reportable incidents** | | **Target** | **May 20** | **YTD** | **12 month trend** |
| 0 | **2** | **2** |  |
| **Reason for non-compliance**  There were 2 radiation incidents notifiable to the CQC under IRMER in May 2020. Both were due to procedural errors on the part of Operators.  A contributory factor in one of the incidents was the requirement to enact a planned change in practice at speed due to amended working processes during the Covid pandemic. Process documents were written and a comprehensive training pack produced and delivered. However, this incident has shown that greater emphasis should have been placed on the more unusual treatment scenarios to ensure all processes were totally understood by staff. The training package has since been amended. This incident was considered to have caused low harm to the patient.  The second incident was considered to have caused no harm to the patient. Pressure to complete production and checking of a replan requested on the day that the patient was due to start radiotherapy contributed to this incident. | | | | | |
| **Action taken to improve compliance:**   * 72 hour reviews held for both incidents to identify immediate learning * Process documents and training package contents reviewed * Review of Immobilisation document (set up instructions) in progress * A formal process document indicating the minimum amount of time necessary to carry out each task on the pathway safely is being developed. This will provide staff with structured, risk-based guidance that can be applied to all patients, reducing the pressure on staff to make decisions on an individual patient basis * Reminder of correct procedures issued to all staff, including medical staff * Learning included in Lessons Learnt section of June Quality and Safety data pack * London Protocol Investigations underway for both incidents to ensure all Care Delivery Problems are identified and addressed | | | | | |
| **Expected date of compliance** | Improved compliance with IRMER target expected by end of June 2020.  Expected date of London Protocol Reports for both incidents is 24th July 2020 | | | | |
| **Escalation route** | Directorate Quality and Safety Meeting/Directorate Performance Review/Performance Committee/ Board of Directors | | | | |
| **Executive Lead** | Sheila Lloyd, Director of Nursing and Quality | | | | |

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| **% of Policies In Date** | | **Target** | **May 20** | **YTD** | **April – May 2020** |
| 100% | **97%** | N/A (snapshot)**)** |  |
| **Reason for non-compliance**  Out of a total of 266 policies, eight were out of date at the end of May 2020, resulting in a compliance figure of 97%.  Reasons for non-compliance include 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 eight policies out of date at the end of May, three of these policies are now in date (as at 9th June 2020). Two of the remaining five policies are under review as part of the wider preparation for the opening of CCC Liverpool.  Of the three policies not under review as part of the wider preparation for the opening of CCC Liverpool, one policy is seven months out of date (finance related) and the other two are between one and two months out of date.  **Action taken to improve compliance**  Established actions to improve compliance include:   * Policy review reminders and instructions are sent to individual authors in advance of the review due dates. * Regular “chaser” emails are sent to Document Owners. * Out of date policy information is provided for review at monthly Directorate meetings. * Bi-monthly Document Control update reports are tabled at the Information Governance Board.   **New actions to improve compliance include:**   * Promotion of policy self-management with Document Owners – ongoing. * Targeted meetings being held between Information Governance staff and Document Owners – ongoing. * Undertake comprehensive training/overview of QPulse functionality with Ideagen to investigate greater use of automation e.g. policy review reminders to Document Owners – Initial training cancelled April 2020 due to COVID-19 to reschedule for remote delivery by end of July 2020. | | | | | |
| * Undertake comprehensive review and update of Document Control Policy – by end of Quarter 2 2020. | | | | | |
| **Expected date of compliance** | 31/7/2020 | | | | |
| **Escalation route** | Associate Director of Corporate Governance/ Information Governance Board/  Integrated Governance Committee/  Quality Committee/ Board of Directors | | | | |
| **Executive Lead** | Liz Bishop, Chief Executive | | | | |

**2.4 Research and Innovation**

There are no exception reports for Research and Innovation in month 2. Targets have not yet been agreed for 2020/21 due to COVID-19 as explained in section 3.4

**2.5 Workforce**

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| **Staff Sickness Absence** | **Target** | **May 20**  (in month) | **12 Month Rolling** | **12 Month Trend**  (in month figures) |
| G: =<4%,  A: 4.1 - 4.4%,  R: =>4.5% | 4.15% | 4.55% |  |
| **Reason for non-compliance**  The Trust 12 month rolling sickness absence is 4.55%, with the in-month sickness figure for May 2020 at 4.15%; this is a notable decrease from April’s in-month figure of 5.08%.  The top three reasons for sickness absence, with the number of episodes for each are shown below:   |  |  |  | | --- | --- | --- | |  | **Absence Reason** | **Number of Episodes** | | 1 | Chest and Respiratory Problems | 40 | | 2 | Anxiety / Stress / Depression | 33 | | 3 | Gastrointestinal Problems | 16 |   Chest and Respiratory Problems remains the highest reason for absence for the third month, which is still to be expected given that we are still in the midst of the Coronavirus pandemic. However, we are seeing a downward trend in the number of absences relating to Coronavirus; the number of absence episodes have almost halved since last month from 65 (recorded as ‘Other Chest and Respiratory Problems) to 39 episodes in May 2020.  The breakdown of the Coronavirus related absences by directorate is below:   |  |  | | --- | --- | | **Directorate** | **Number of Episodes (Covid-19 Related)** | | Chemotherapy Services | 12 | | Integrated Care | 9 | | Radiation Services | 9 | | Haemato-Oncology | 6 | | Corporate | 2 | | Quality | 1 |   The second highest reason for absence in May 2020 was Anxiety/ Stress/ Depression with 33 episodes. Of the 33 episodes, 20 are long-term and 13 are short-term and 12 episodes ended in May 2020 with the remaining 21 continuing into June 2020.  12 of the 33 episodes were attributed to Stress, and of these 12 episodes, 5 were work-related. The Workforce & OD Business Support team continue to work with the relevant managers to provide support for these cases. The breakdown of the remaining level 2 reasons are as follows:   |  |  | | --- | --- | | **Level 2 Reason** | **Number of Episodes** | | Anxiety | 10 | | Stress | 12 | | Depression | 1 | | Panic Attacks | 1 | | Not Recorded | 9 |   The third highest reason for absence in May 2020 was Gastrointestinal Problems with 16 episodes. The majority of these absence episodes were from the Additional Clinical Services staff group with 6 episodes and the Administrative and Clerical staff group with 5 episodes. There were only 2 episodes in both the Nursing and Midwifery and Allied Health Professionals staff groups and only 1 episode in the Additional, Professional, Scientific and Technical staff group. | | | | |
| **Action Taken to improve compliance:**   * The Workforce and OD (WOD) team are continuing to input all absences onto ESR to help support managers and enable them to focus on other duties. A reminder has been sent to managers to send Return to Work information to WOD as these have declined; however this may be due to managers not advising WOD of their completion. * 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 so that they can return to work sooner if their result comes back negative. Antibody testing started at CCC on Monday 8th June 2020. * Following agreement at the Strategic Partnership Forum in May, managers can now continue with their sickness meetings and issuing of stages where appropriate. This replaces previous guidance that the issuing of stages should be paused during the Coronavirus pandemic. * The WOD team have updated the Covid-19 vulnerable groups risk assessment form in order to make this a more comprehensive tool for managers and to reflect new guidance from central government. This will support the appropriate measures being put in place to mitigate risks for vulnerable staff | | | | |
| **Expected date of compliance** | October 2020 | | | |
| **Escalation route** | Directorates, WOD Committee, Quality Committee,  Board of Directors | | | |
| **Executive Lead** | Jayne Shaw, Director of Workforce & OD | | | |

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| **Staff Turnover** | | **Target** | **May 20**  (in month) | **12 month rolling** | **12 month trend**  (12 month rolling figure) |
| G: =<14%,  A: 14.1 - 14.9%,  R: =>15% | 0.99% | 14.81% |  |
| **Reason for non-compliance** | | | | | |
| The rolling 12 month turnover figure has decreased from 15.26% in April 2020 to 14.81% in May 2020; the in-month turnover figure has also decreased from 1.22% in April 2020 to 0.99% in May 2020. The in-month figure comes within the Trust target as 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 13 leavers in May 2020 and the reasons for leaving were as follows:   |  |  | | --- | --- | | **Reason for Leaving** | **Number of Leavers** | | Promotion | 4 | | Retirement | 4 | | Incompatible Working Relationships | 2 | | End of Fixed-Term Contract | 1 | | Better Reward Package | 1 | | To undertake further education or training | 1 |   The directorate with the highest number of leavers in May 2020 was Corporate Services with 5 leavers, followed by Hosted Service with 3 leavers. Chemotherapy, Haemato-oncology, Integrated Care, Radiation Services and Research all had 1 leaver each.  One of the highest reasons for leaving in May 2020 was Promotion and of these 4 leavers, 3 took up employment at other local NHS Trusts. 2 of the leavers due to promotion had more than 2 years’ service with the Trust, whilst the other 2 leavers had 5 months service or less. Another leaver that had less than 5 months service left to undertake role specific training. The complete breakdown by length of service for all leavers in May 2020 is shown in the table below:   |  |  | | --- | --- | | **Length of Service (years)** | **Number of Leavers** | | Less than 5 months | 3 | | 1-2 years | 3 | | 2-3 years | 3 | | Over 7 years | 4 | | | | | | |
| **Action Taken to improve compliance** | | | | | |
| * The Trust Nurse Career Pathway was launched in May 2020 and will support with providing a framework for staff to understand the opportunities open to nurses at CCC. * Action plan in place for reducing the turnover for Nursing staff, this is monitored through the Workforce, Education & OD Committee. * Retention action plan in development for Admin and Clerical staff to support the stretch target for reducing turnover. | | | | | |
| **Expected date of compliance** | October 2020 | | | | |
| **Escalation route** | Directorates, WOD Committee, Quality Committee | | | | |
| **Executive Lead** | Jayne Shaw, Director of Workforce & OD | | | | |

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| **PADR rate** | **Target** | | **May 20** | **12 Month trend** |
| G: =>95%,  A: 75 - 94.9%,  R: =<75% | | 85.39% |  |
| **Reason for non-compliance:**  Trust compliance for PADRs as at May 2020 is 85.39%, which is below the target of 95% and a decline of 2.96% from the previous month.  All directorates with the exception of Service Improvement are underperforming against the KPI.  The PADR window for 2020/21 opened on 1st March 2020, however due to COVID-19 and the need to free up clinical capacity, the Trust paused PADR completion for a 4 week period during April.  The PADR window was reopened in May and will close in September 2020 when it is expected that all areas will have achieved compliance of 95%. | | | | |
| **Action Taken to improve compliance:**   * Reminder emails have been sent to managers whose staff are non-compliant * Revised process for new starters introduced from January 2020 * Increased number of manager and staff PADR training sessions via MS Teams * Pay Progression policy includes the requirement for compliance with PADR in order to receive their next pay step. | | | | |
| **Expected date of compliance** | | 30th September 2020 | | |
| **Escalation route** | | Directorates, WOD Committee, Quality Committee,  Board of Directors | | |
| **Executive Lead** | | Jayne Shaw, Director of Workforce & OD | | |

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| **3. Detailed Reports** |

**3.1 Access**

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| **3.1.1 Cancer Waiting Times Standards** |



**2 Week Wait**

There were no 2 week wait breaches in May.

**62 Day wait from GP Referral to treatment**

The 85% target is currently is being achieved at 88% for May (subject to final validation via the national system on 1 July 20). The breach details are as follows:

| **Day into CCC** | **Days @ CCC** | **Treated on Day** | **Tumour** | **Referring Trust** | **Treatment** | **Reason** | **Avoidable Breach** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full breach to CCC: Patient received by CCC before day 38 but not treated within 24 days** | | | | | | | |
| 36 | 5 | 71 | H&N | Aintree | Rad RT/chemo | Patient choice of Dental and treatment appointments | No |
| **Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days** | | | | | | | |
| 41 | 34 | 74 | H&N | RLH | Rad RT/chemo | Patient choice of dental and treatment appointments due to work commitments | No |
| 71 | 33 | 104 | H&N/ Haem | RLH | Chemo | Patient required further tests prior to treatment; the tests were not booked in time to meet the target. | Yes |
| 46 | 45 | 91 | H&N/ Haem | Whiston | Rad RT | COVID-19 Radiotherapy treatment delayed as awaiting International Lymphoma Radiation Oncology group (ILROG) advice on dose reduction due to COVID-19 | No |
| 130 | 52 | 182 | Lung | RLH/LHCH | Rad RT | Delay to first appointment due to Lung consultant availability | Yes |

**62 Day Screening**

There were no 62 Day Screening breaches for May.

**7 Day Performance (Internal Target)**

7 day KPI for May 2020 is at 100% against a stretch target of 90%.

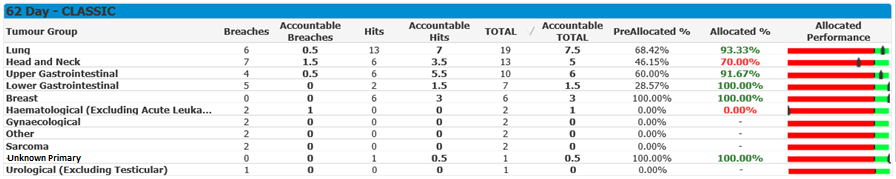
**24 Day (Internal Target)**

24 day KPI for May 2020 is at 80.8% against a stretch target of 85%.

**This chart shows the 24 day and 7 day performance against the targets:**

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

**62 Day breaches by tumour group: 1/4/20 – 11/6/20**



**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.

The 28 day FDS target was not achieved in May; one patient was diagnosed and this patient breached.

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| **Day into CCC** | **Days to FDS** | **Tumour** | **Referring Trust** | **Treatment** | **Reason** | **Avoidable Breach** |
| 0 | 67 | Haem | GP | Chemo | COVID - Diagnostics cancelled due to COVID and delay to CT scan due to social distancing | No |

**Patients treated on or after 104 Days**

In May 2020, eight patients were treated after day 104; referred between day 92 and 153 to CCC. One patient was not treated within twenty-four days by CCC as there was a delay to first appointment due to Lung consultant availability. Harm reviews are conducted at CCC for all patients treated on or after day 104 who were not treated within 24 days at CCC.

**Cancer Waiting Times Improvement Plan:**

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

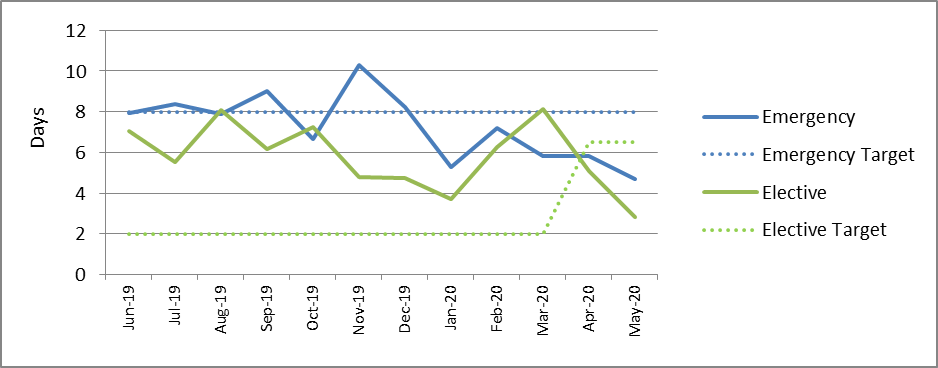
* Review of process for lung referral triage
* The HO service have reviewed processes and developed an action plan for managing the diagnostic pathway. This plan will be reviewed at the CWT Target Operational Group on 19th June 2020.

**3.2 Efficiency**

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| **3.2.1 Inpatient Flow** |

**Length of Stay (LoS): 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**.

* Non-elective LoS for May is on target at 4.65 days.

**The trust target for elective LoS is 6.5 days.**

* Elective LoS for May 2020 is on target at 2.85 days.

**LoS and Clinical Utilisation Review data**

* LoS is on target and is reflected by a Clinical Utilisation review (CUR) non-qualifying (NQ) rate of 1% (i.e. appropriate placement of patients at CCC, supported by very few delays).
* CUR NQ rate has been 1% for 2 months running now, the lowest the Trust has ever had.
* CUR external reporting is no longer required, however, the processes have been embedded and the data continues to support and inform patient flow.
* The daily COW MDT board round continues to support appropriate patient flow by facilitating a discussion of all inpatients each morning.

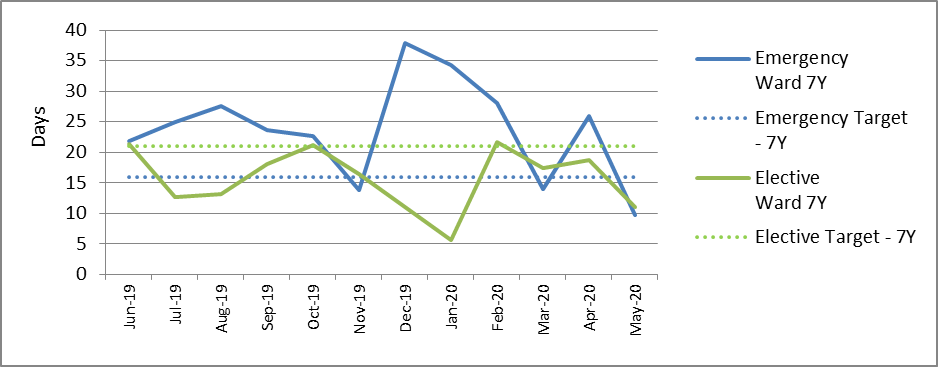
**Discharge planning:**

* Supported by the wider Multidisciplinary team, complex discharge planning has occurred in line with NHSE guidelines during the Covid-19 pandemic, ensuring patients are discharged safely home or to a suitable care setting
* Complex Discharge Planning meetings are led by the Patient Flow Team twice a week with the MDT and Matron to establish any delays early on in a patient’s admission.
* The Patient Flow Team is recruiting in preparation for the move of wards on the Wirral site to the new CCC Liverpool.

There were 3 obvious delays in transfer of care (DTOCs) for May; all patients were awaiting hospice transfer. Work is underway to enable staff to record all expected dates of discharge in Meditech.

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

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



Both the elective and emergency care targets for HO average LoS were achieved for May.

The HO directorate is reviewing comparator HRG level benchmarking data from both the Christie and the Marsden. 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. This will be presented in a report to the next Performance Committee.

**Bed Occupancy: Wirral Wards**

Bed occupancy has continued to be significantly below the temporary COVID related target of **80%**:

* Average bed occupancy at midday on both Mersey and Conway wards for May was **44.8%**. This is based on the availability of 51 beds in total and includes beds occupied by both non elective inpatient, day-case and unplanned activity.
* Average bed occupancy at midnight on both Mersey and Conway wards for May was **51.7%**. This is based on a reduced bed base of 40, removing the day-case bed allocation.

This inclusion of day-case activity in the bed occupancy figures and related reduced overnight bed base was introduced on 1st May 2020 and ended on 31st May.

The reduction in bed occupancy is in line with NHSE guidance (i.e. reduce occupancy and create capacity in response to COVID-19 pandemic).

The number of both non-elective and elective admissions has increased, particularly towards the end of the month:

* Total number of non-elective admissions has increased from 85 in April to 106 in May

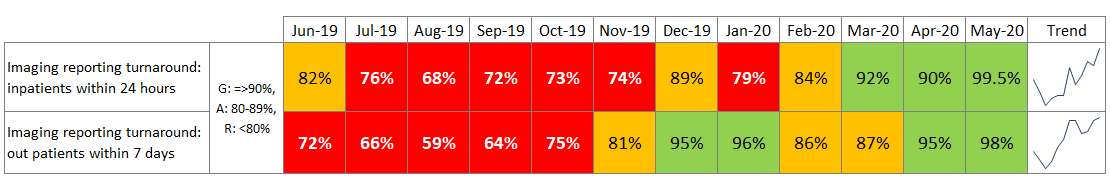
In response to an increase in activity in the IC Directorate and also to comply with national COVID-19 related guidance, the following changes have been implemented from the beginning of June:

* Day-case activity has been repatriated back to Sulby Ward
* A total of 9 inpatients beds closed to support social distancing of patients in beds.

The CUR Non-Qualifying rate for May was 1%. Data from the CUR tool demonstrates patients in beds are receiving an appropriate level of care, requiring in-patient stay.

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| **3.2.2 Radiology Reporting** |

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



Activity levels for MRI and CT scanning are now back to normal following an initial dip due to the COVID-19 pandemic. We have also 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 and this has been further delayed due to COVID and the inability for the candidate to travel to complete an essential examination. Further interviews will take place for another radiologist as soon as possible (postponed due to COVID-19).

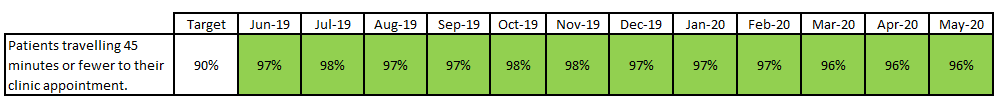
The inpatient target of 90% within twenty four hours was achieved in May (99.5%) and we continue to monitor to ensure the correct urgency codes are used at all times.

The outpatient target has shown a sustained improvement, with 98% for May. Turnaround times will continue to be closely monitored

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| **3.1.5 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 the last 12 months is displayed in the table below:



**3.3 Quality**

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

Quality Committee received a series of additional papers that provide the details of any challenges regarding performance.

**3.4 Research and Innovation**

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| **3.4.1 Achievement Highlights for May 2020** |

**Studies / Recruitment**

* A study led by Professor Palmer was presented at the ASCO meeting. The study is a very important international trial led by University of Liverpool/RLUH/CCC with significant results. The study title: *ESPAC-5F: Four-arm, prospective, multicentre, international randomized phase II trial of immediate surgery compared with neoadjuvant gemcitabine plus capecitabine (GEMCAP) or FOLFIRINOX or chemoradiotherapy (CRT) in patients with borderline resectable pancreatic cancer*

**Publications**

* Dr Tony Pope and Professor John Fenwick were authors on a publication entitled: *Reduced fractionation in lung cancer patients treated with curative-intent radiotherapy during the COVID-19 pandemic.*
* Dr Ali was an author on a publication in European Journal of Cancer entitled: Activity and safety of the multi-target tyrosine kinase inhibitor cabozantinib in patients with metastatic gastrointestinal stromal tumour after treatment with imatinib and sunitinib: European Organisation for Research and Treatment of Cancer phase II trial 1217 ‘CaboGIST’.

**Radiotherapy**

* Successfully treated the first two patients recruited to the TRAP Trial.
* Re-started the PACE and PIVOTALboost Trials that been halted for their radiotherapy (but remained on hormones). Three PACE patients and three PIVOTALboost patients have started on their radiotherapy.

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| **3.4.2 Clinical Research Recovery Plan** |

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

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

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

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

**COVID-19 Related Research**

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

* R&I are meeting with CCC investigators weekly to discuss open COVID-19 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) COVID-19 meetings and at the North West Coast Clinical Research Network COVID-19 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** |
| **ISARIC CCP-UK** | Observational  Non-Commercial portfolio | Standardized generic study for the rapid, coordinated clinical investigation of severe or potentially severe acute infections by pathogens of public health interest. | Professor Palmieri | 6 |
| **UK Coronavirus Cancer Monitoring Project** | Observational Registry | National database registry audit | Dr Olsson-Brown | 71 identified 55 complete |
| **PACE**  The impact of COVID-19 on patients with AML undergoing chemotherapy: an epidemiological study | Observational/ Epidemiological | The impact of COVID-19 on patients with AML undergoing chemotherapy | Dr Toth | 0 (opened 28/05/2020) |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Short Title** | **Type** | **Short Summary** | **Principal Investigator** | **Cases identified/ Update** |
| **RECOVERY** | 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 β, corticosteroids, and Remdesivir. | Dr Ali | Awaiting pathway mapping |
| **CovidRT: a NCRI CTRad UK-wide initiative** | Observational | National initiative that aims to study the impact of COVID 19 and the recovery plan on radiotherapy patients and the radiotherapy service and help plan for future pandemics. | TBC | 64  (Awaiting activation) |
| **CATCH: Evaluation of Lung Changes in Patients with confirmed Covid-19 or Covid-19 Symptoms on CBCT** | Observational | To determine the association of reported symptoms and notations regarding confirmed COVID-19 in patient notes with observed changes in lung anatomy on radiotherapy CBCT or kV portal imaging collected on the RRR theragnostics system for patients undergoing thoracic radiotherapy. | TBC | 1  (Awaiting activation) |
| **IMPACT** | 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 |  |

There is one study closed to recruitment:

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Short Title** | **Type** | **Short Summary** | **CI** |
| **DISCOVER** | Observational non-randomised | A non-randomised cohort study during the SARS-CoV-2 pandemic to understand viral exposure and handling by cancer patients. To elucidate the consequences of SARS-CoV-2 exposure in susceptible cancer patients. The study will involve 2 sites only CCC and The Christie . | Professor Kalakonda |
| **CPP Cancer** | Observational/ Database | The study will come under the current ISARIC-UK umbrella, but will focus on information on neoplastic patients. | Professor Palmieri |
| **NCRAS COVID Registries** | Observational/ Registry | CLL and Low grade Lymphoma treatment and outcome registry linked to COVID19 outcomes. | Professors Kalakonda &  Pettitt |
| **Safe Surgery** | Biorepository/ Scientific | A retrospective element data and biosample collection (20 sites) and prospective biosample and clinical data collection | Professor Ottensmeier |

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| **3.4.3 Non-COVID-19 studies** |

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

* Since then 4 new patients have been recruited onto trials.
* New non-COVID studies opening to recruitment was unpaused on 22nd May 2020.
* 123 studies were originally halted, since then the sponsor has closed 2 of these studies.
* Of the 121 remaining studies, 19 have been unpaused to recruitment which is 15.7%
* During May 2020 two studies that have been given local site approval that have not been given green light to recruitment by the sponsor. In total there are ten new studies awaiting initiation by the sponsor.

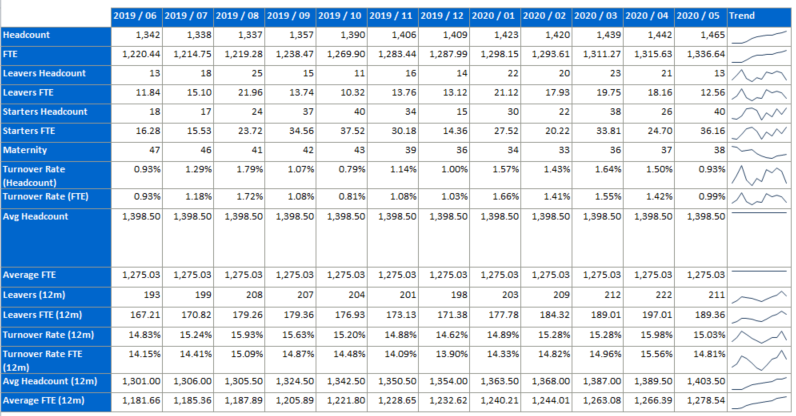
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| **3.4.4 Study Set-up Times** |

We 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 still not been received.

**3.5 Workforce**

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| **3.5.1 Workforce Overview** |

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



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| **3.5.2 Sickness Absence** |

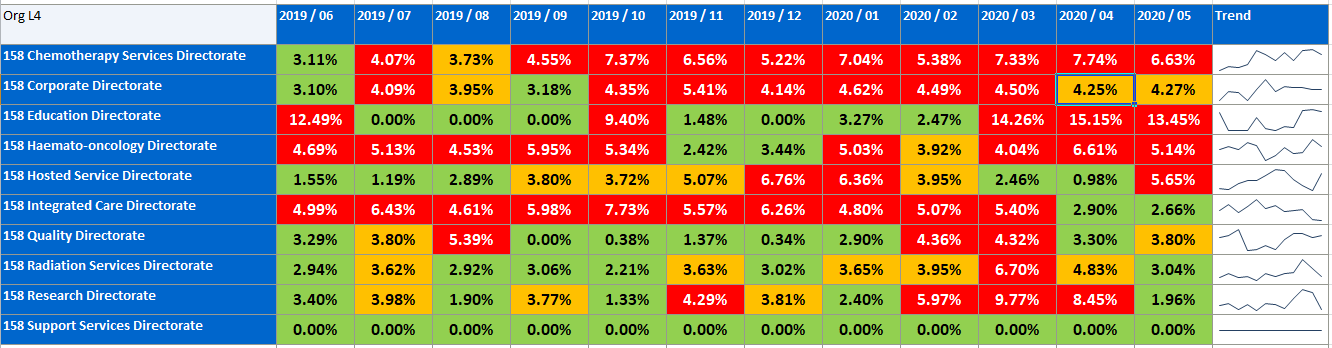
Trust Level Sickness Absence Rolling 12month

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

The Trust’s 12 month rolling sickness absence for May 2020 is at 4.55%; this is a slight increase from April’s figure of 4.49% and an in month increase, in comparison to the previous two years.

Directorate / Corporate Service Level

Sickness absence per month and Directorate:

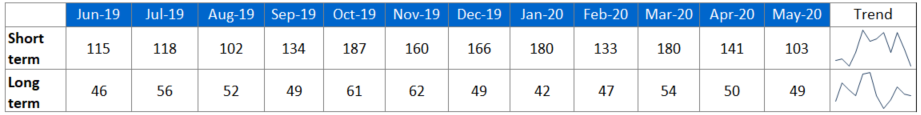


The charts below show the sickness absence figures for 2019 and 2020 for Nursing and Admin and Clerical.

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| --- | --- |
| Nursing Sickness Absence | Admin & Clerical sickness absence |
|  |  |

Long / short term sickness absence:

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



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

As is evident from the graph above, both the Integrated Care directorate and the Radiation Services directorate continue to see a decrease in the number of long-term sickness cases, whereas Chemotherapy Services and Haemato-Oncology show an increase in cases. These will continue to be monitored and managed by line managers with the support of the Workforce and OD Business Support team.

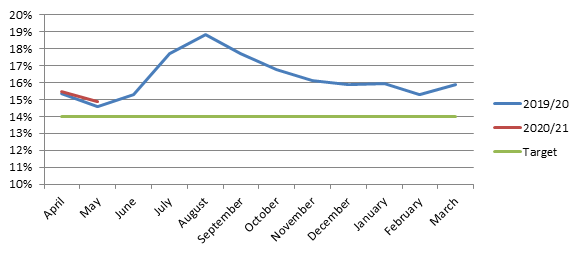
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| **3.5.3 Turnover** |

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

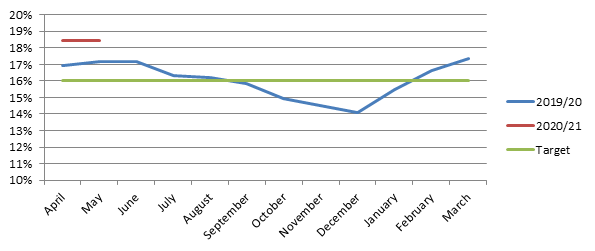
The rolling 12 month turnover figure has decreased from 15.26% in April 2020 to 14.81% in May 2020. Turnover during April and May 2020 remains higher than the same period in 2019.

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

**Registered Nursing Turnover**

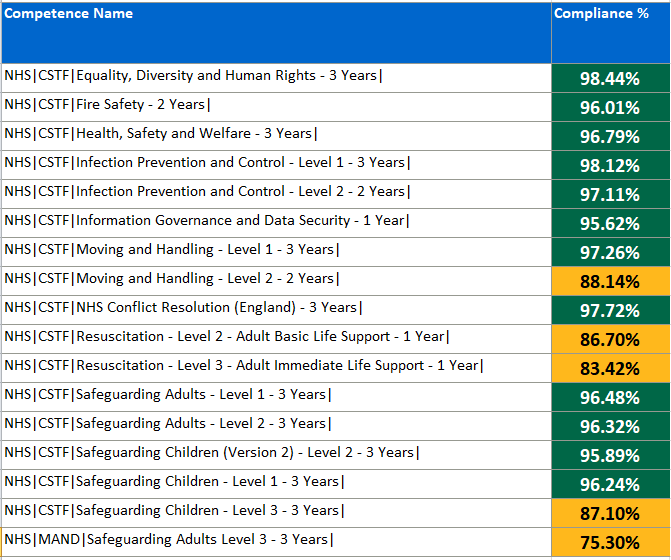


**Administrative and Clerical Turnover**



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| **3.5.4 Statutory and Mandatory Training** |

Overall Trust compliance at 31st May 2020 is 95.66% which is above the target of 90% and is a 0.50% increase from the previous month.



Due to Covid-19 a number of face to face mandatory training programmes have been cancelled and the Learning and Organisational Development Team 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 who are non-compliant, alongside ESR reminders and will continue to 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 under performing against the Trust’s target 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.

Patient handling continues to fall below the Trusts KPI and has seen an in-month decrease of 1.07%. The L&OD Team are currently working with the subject lead to develop an e-learning package to support an increase in compliance. This will go live on ESR in June 2020.

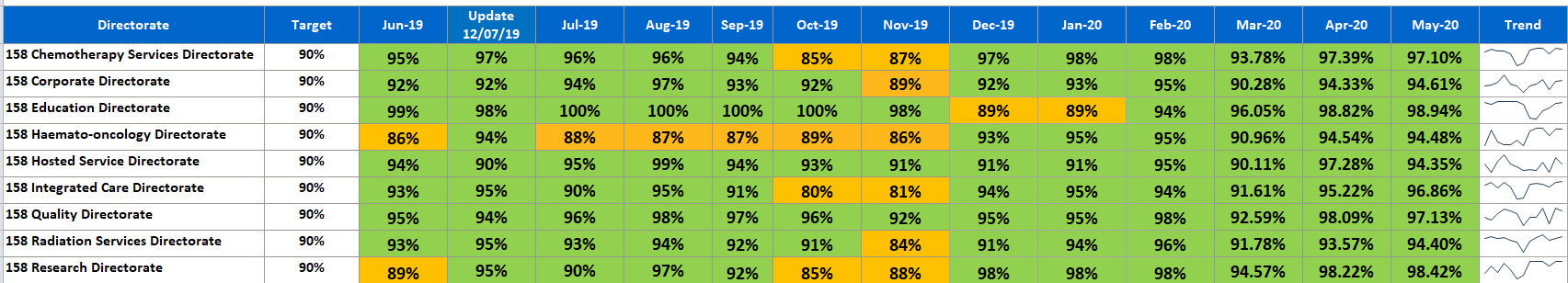
The team are also working with the safeguarding team to increase compliance for Safeguarding Adults Level 3 which is currently only available as face to face training. Additional sessions were made available during May, however compliance has remained static from the previous month. Further sessions have been made available in June and July 2020.

Safeguarding Children Level 3 has been made available on ESR as an eLearning programme and although compliance remains below the Trust KPI, an in-month increase of 8.39% has been achieved.

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 31st May 2020 is detailed below.



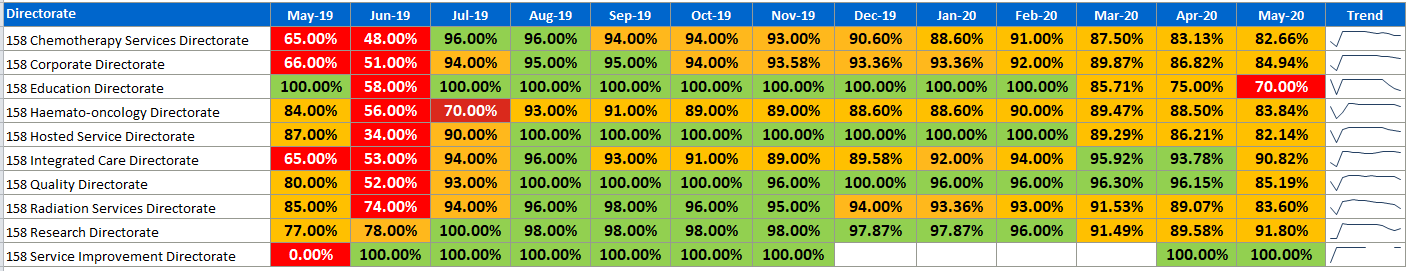
All directorates are achieving their overall compliance for mandatory training.

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| **3.5.5 PADR Compliance** |

Overall Trust compliance for PADRs as at May 2020 is 85.39%, which is below the target of 95% and a decline of 2.96% from the previous month.

PADR Compliance by Directorate

All directorates with the exception of Service Improvement are underperforming against the target.



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| **3.5.6 Staff Experience** |

**Staff Friends and Family Test**

The Staff Friends and Family Survey for Q1 2020/2021 launched on Monday 1st June and will run until Friday 26th June. Four additional questions have been added to the survey to act as a ‘pulse check’ for our improvement journeys. These questions focus on Health and Wellbeing, Morale and Staff Engagement.

Staff can complete the survey via the email invite from Quality Health, our survey provider or by an open link. The survey scores and completion rates will form part of Directorate Performance Reviews.

**3.6 Finance**

The Month 2 Finance information is not yet available.