



Report Cover Sheet

Report to:	Board of Directors Meeting	
Date of the Meeting:	29 th July 2020	
Agenda Item:	P1-113-20	
Title:	IPR M3 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 three (June 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 outstanding care locally	✓	Collaborative system leadership to deliver better patient care	✓
Retain and develop outstanding staff	✓	Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future	✓	Maintain excellent quality, operational and financial performance	✓

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

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	✓
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 3 2020/21)

Introduction

This report provides the Trust Board with an update on performance for month three (June 2020). The access, efficiency, quality, workforce and finance sections 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 or exception reports for research and innovation, for reasons described in section 3.4. A detailed quality section has not been included in this report; this will be covered via a series of additional papers at the Quality Committee/Trust Board. A quarterly complaints report is however now included in this section.

As the CMCA (Cheshire and Merseyside Cancer Alliance) have assumed responsibility for cancer waiting times performance in this region, details of this wider performance are now included in section 3.1.2. National performance data is also newly reported, for comparison, this can be found in section 3.1.3.

As already reported, 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.

Following NHSE/I's '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, a further letter 'Stepping back up of key reporting and management functions' was issued on 6th July 2020. This latest communication describes the data items for which collection will be reinstated; the only item to be reinstated, of relevance to CCC is:

- Referral to treatment patient tracking list (RTT PTL)

Although much of the data collection suspended remains paused (with details of metrics outlined in Month 1 and 2 IPRs), the Trust will continue to monitor the data against the targets internally.

The final National CWT Guidance v11 has now been received and applies to activity that ends on or after 1st July 2020. The changes in the guidance which will affect CCC and our performance (all positively) are listed below:

- Enabling treatments are now permitted (e.g. B12 injections prior to chemotherapy for lung cancer).
- Expansion of the current patient choice treatment adjustment to now apply to both admitted and non-admitted care.

- New treatment adjustments for egg harvesting and clinically urgent treatment of another condition.
- Treatment of a metastatic site for a known primary to count as a first definitive treatment.

1. Performance Scorecards

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

1.1 Access

CCC Performance (until June 2020)

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Jun-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
L	7 days from referral to first appointment	↔	90%	93.6%	86.1%	
C/S	2 week wait from referral to date first seen	↔	93%	100%	85.0%	
L	24 days from referral to first treatment	↑	85%	92.4%	80.2%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↑	75% (shadow monitoring)	50.0%	56.3%	
S	31 day wait from diagnosis to first treatment	↔	96%	96.3%	97.8%	
C/S	31 day wait for subsequent treatment (Drugs)	↔	98%	99.5%	99.6%	
C/S	31 day wait for subsequent treatment (Radiotherapy)	↔	94%	97.7%	98.6%	
C/S	62 Day wait from GP referral to treatment	↔	85%	93.1%	87.2%	
C/S	62 Day wait from screening to treatment	↔	90%	N/A	100.0%	
C/S	Diagnostics: 6 Week Wait	↔	99%	100%	100%	
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	↔	92%	96.5%	96.8%	

Notes:

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

28 Day Faster Diagnosis is only reported from January 2020

This border indicates that the figure has not yet been validated and is therefore subject to change. This is because national CWT reporting deadlines are later than the CCC reporting timescales.

Cheshire and Merseyside Performance (until May 2020)

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	May-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
C/S	2 week wait from referral to date first seen	↑	93%	96.2%	92.9%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↑	75% (shadow monitoring)	82.0%	74.5%	
C/S	62 Day wait from GP referral to treatment	↑	85%	74.3%	76.3%	

Notes:

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	Jun-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
S	Length of Stay: Elective (days) CCCW / CCCL	↔	6.5	5.4	4.5	
S	Length of Stay: Emergency (days) CCCW / CCCL	↔	8	5.8	4.7	
S	Length of Stay: Elective (days) CCCHO 7Y	↔	21	11.4	12.1	
S	Length of Stay: Emergency (days) CCCHO 7Y	↑	16	17.6	15.4	
S	Bed Occupancy: Midday CCCW	↔	80%*	62.4%	48.0%	
S	Bed Occupancy: Midnight CCCW	↔	80%*	60.0%	51.4%	
L	Radiology Reporting: Inpatients (within 24hrs)	↔	G: =>90% A: 80-90% R: <80%	96.7%	96.0%	
L	Radiology Reporting: Outpatients (within 7 days)	↔		98.1%	97.4%	
L	Travel time to clinic appointment within 45 minutes	↔		96.2%	96.2%	
Executive Director Lead: James Thomson, Director of Finance						
S	Percentage of Subject Access Requests responded to within 1 month	↔	100%	100.0%	100.0%	
C	% of overdue ISN (Information Standard Notices)	↔	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 August 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	Jun-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	2	3	
C/S	Serious Untoward Incidents: Submitted within 60 working days / agreed timescales	↔	100%	100%	100%	
S	RIDDOR - number of reportable incidents	↑	0	1	1	
S	IRMER - number of reportable incidents	↓	0	0	2	
S	Incidents /1,000 Bed Days	↓	TBC	204	237	
L	All incidents resulting in harm /1,000 bed days	↓	TBC	23	24	
C/S	Inpatient Falls resulting in harm due to lapse in care	↑	0	1	1	
S	Inpatient falls resulting in harm due to lapse in care /1,000 bed days	↑	0	0.75	0.34	
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%	96.9%	98.3%	
C/S	% of Sepsis patients being given IV antibiotics within an hour	↔	90%	91%	94%	
C/S	VTE Risk Assessment	↔	95%	96.9%	98.0%	
S	Dementia: Percentage to whom case finding is applied	↔	90%	100%	100%	
S	Dementia: Percentage with a diagnostic assessment	↔	90%	100%	100%	
S	Dementia: Percentage of cases referred	↔	90%	100%	100%	
C/S	Clostridium difficile infections (attributable)	↑	<=4 per yr	1	1	
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	1	1	
C	Klebsiella (attributable)	↔	<=10 per yr	0	0	
C	Pseudomonas (attributable)	↔	<=5 per yr	0	0	
C/S	FFT inpatient score (% positive)	-	95%	On hold	On hold	
C	FFT outpatient score (% positive)	-	95%	On hold	On hold	
C	Number of complaints	↓	N/A	0	6	
S	Number of written complaints / count of WTE staff (ratio)	↓	N/A	0	0.001	
C	% of complaints acknowledged within 3 days	↔	100%	100%	100%	
L	% of routine complaints resolved within 25 days / or complainant kept informed	↑	100%	100%	86%*	
L	% of complex complaints resolved within 60 days / or complainant kept informed	↔	100%	N/A	N/A	
C/S	% of FOIs responded to within 20 days	↔	100%	100%	98.1%	
C/S	Number of IG incidents escalated to ICO	↔	0	0	0	
C	NICE Guidance: % of guidance compliant	↔	90%	92%	92%	
L	Number of policies due to go out of date in 3 months	↓	N/A	23	N/A	
L	% of policies in date	↔	100%	99%	N/A	
C/S	NHS E/I Patient Safety Alerts: number not implemented within set timescale.	↑	0	0	1	

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.

* This and May (80%) is not rated red as the NHS complaints process timelines have been relaxed to allow Trusts to prioritise the necessary clinical changes required to respond to the pandemic

1.4 Research & Innovation

There is no scorecard for Research and Innovation for this month three 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

Directive	Key Performance Indicator	Change in RAG rating from previous period	Target	Jun-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%	4.3%	4.62%	
S	Staff Turnover (12 month rolling)	↔	G: ≤1.4%, A: 14.1 - 14.9%, R: ≥15%	14.3%	N/A	
S	Statutory and Mandatory Training	↔	G: ≥90%, A: 75 - 89%, R: ≤75%	95.9%	N/A	
L	PADR rate	↔	G: ≥95%, A: 75 - 94.9%, R: ≤75%	81.4%	N/A	
S	FFT staff: Recommend as a place to work	↔	G: ≥95%, A: 90 - 94.9%, R: ≤90%	N/A	Q1 20/21 = 73%	
S	FFT staff: Recommend care and treatment	↔	G: ≥95%, A: 90 - 94.9%, R: ≤90%	N/A	Q1 20/21 = 95%	


1.6 Finance


For June 2020, the key financial headlines are:

Metric	In Mth 3 Actual	In Mth 3 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Surplus (£000)	(171)	309	(480)	Green	(81)	(780)	699	Green
Control Total Surplus (£000)	0	0	0	Green	0	0	0	Green
Cash holding (£000)	47,895	26,561	21,334	Green	47,895	26,561	21,334	Green
Capital Expenditure (£000)	907	6,927	(6,020)	Yellow	5,053	9,314	(4,261)	Yellow

2. Exception Reports

2.1 Access

28 Day Faster Diagnosis (referral to diagnosis or ruling out of cancer)	Target	June 20	YTD	12 month trend
	75% (shadow monitoring)	50%	56.3%	
Reason for non-compliance <p>In June 2020, three patients met the target and three patients breached. Two of the breaches were avoidable and one was unavoidable. Breach reasons include a slight delay to the first appointment and a delay to a follow up appointment. The patient was referred on a Friday and rather than being seen on the Monday, was seen on the following Monday. The follow up appointment was then booked further ahead than required and not amended when this became evident. There was also a delay to diagnostic test and a patient choice related delay as the patient was unable to attend as they were afraid to leave the house due to Covid-19.</p>				
Action Taken to improve compliance <ul style="list-style-type: none"> The escalation process has been re-iterated to the HO Coordinator team and any events booked outside timescales on pathways are escalated to both the HO General and Deputy Managers on a daily individual basis. The HO MDT Coordinator team is now fully staffed after sickness absence and every patient on the PTL is reviewed on a daily basis where appropriate. Following the opening of CCCL, diagnostics will be ordered within Meditech. Although reporting will remain with LUHFT, this will ensure we can manage any capacity issues and will have control of appointments and management so that we can escalate appropriately, reducing the potential of any 28FDS breaches going forward. 				
Expected date of compliance	31/8/20			
Escalation route	CWT Target Operational Group, Directorate Performance Reviews, Performance Committee, Board of Directors' Meeting.			
Executive Lead	Joan Spencer, Director of Operations			

62 Cancer Standard (Alliance-level)	Target	May 20	YTD	12 month trend
	85%	78.9%	76.3%	
<p>Reason for non-compliance</p> <p>Non-compliance with the 62 day standard in May 2020 is largely driven by underperformance in the following tumour groups:</p> <ul style="list-style-type: none"> • Gynaecology (40.43% treated within 62 days) • Lower Gastrointestinal (42.42%) • Haematological (48.15%) <p>May's performance has been affected by the COVID-19 pandemic. Many diagnostic investigations and treatments were delayed due to reduced capacity, clinical risk to patients of nosocomial infection and patient choice.</p> <p>Lower GI pathways were particularly affected with performance falling from 73.27% in February (pre-pandemic) to 42.42% in May due to the British Society of Gastroenterology advising a six-week pause in endoscopy services due to the risk of COVID-19 transmission.</p> <p>Haematology performance was circa 70% during 2019/20 but fell to 48.15% in May 2020. Delays to diagnostic pathways are being monitored through the Cheshire and Mersey Cancer Alliance. Gynaecology performance is expected to improve with the recruitment of new Gynaecology Surgeons.</p> <p>Head and neck performance has been improving over the last quarter.</p>				
<p>Action Taken to improve compliance</p> <ul style="list-style-type: none"> • Establishment of surgical and diagnostics hubs as part of CMCA's response to COVID-19. • Creation of a single patient tracking list (PTL) across Cheshire and Merseyside, with weekly vetting through the CMCA clinical prioritisation group. • Full implementation of faecal immunochemical testing (FIT) for patients with suspected lower GI cancers to risk stratify patients prior to endoscopy. • Establishment of an endoscopy operational recovery team, in collaboration with the C&M Hospital Cell. • Patient and public communications to improve patient confidence to attend for appointments. • A range of other specific interventions at trust, CCG and alliance-level. 				
Expected date of compliance	Compliance with the 62 day standard is not expected this quarter or next. None of the 19 cancer alliances in England have met the standard in the last year.			
Escalation route	NHS England, North West			
Executive Lead	Liz Bishop, CMCA SRO			

2.2 Efficiency

Length of Stay: Ward 7Y (HO) Non Elective Admissions	Target	June 20	YTD	12 month trend
	16 days	17 days	15 days	
Reason for non-compliance <p>As we return to business as usual, the directorate has seen an increase in non-elective admissions. These patients have been noted to have higher acuity needs.</p> <p>The directorate has also reduced the bed base with the more acute patients on ward 7Y and the less intensive patients as outliers within LUHFT. This model will drive up directorate LOS until we return to our original bed base, which is anticipated to be in September as we move to the single room model of care within the new CCCL.</p> <p>The HO directorate is currently completing a comparator HRG level benchmarking exercise. The purpose of the review, commencing with all Leukaemia HRGs, is to identify outlying HRGs and review and validate patient level clinical and coding data, with the aim of identifying non-elective LoS pathway improvements.</p>				
Action Taken to improve compliance <ul style="list-style-type: none"> Continued weekly inpatient review of patients' LOS on ward 7Y by Matron and Deputy GM Continuous review of bed base requirements in line with COVID-19 guidance Mobilisation to CCCL HRG benchmarking review commencing with acute leukaemia 				
Expected date of compliance	December 2020			
Escalation route	Directorate Performance Reviews, Performance Committee, Board of Directors' Meeting.			
Executive Lead	Joan Spencer, Director of Operations			

Bed Occupancy	KPI	Target	June 20	YTD	12 month trend
CCCW / CCCL (Solid Tumour Wards)	Bed Occupancy: Midday	*80%	62.4%	48%	
	Bed Occupancy: Midnight		60%	51.4%	
Reason for non-compliance <i>*The 80% target for bed occupancy is a national directive to prepare the system for a possible second surge in COVID 19 cases.</i> Solid Tumour inpatient wards are below the target bed occupancy for June 2020. <ul style="list-style-type: none">• The average bed occupancy at midday was 62.4%• The average bed occupancy at midnight was 60%					

Please note all day case activity has now been excluded from the bed occupancy figures.

These figures are calculated based on a total of 42 beds at CCC Wirral until the 26th June and then 51 beds from the 27th June at CCC Liverpool. Between 1st and 26th June, the Wirral bed based reduced to 42 when 9 beds were closed to meet Covid-19 related social distancing rules. No beds have been closed due to social distancing at CCC Liverpool as all beds are in side rooms.

Failure to meet the target can be explained by CCC's adherence to NHSE guidance to reduce occupancy and create capacity in response to the COVID-19 pandemic. However, it has been noted that planned activity has started to increase as SRG's implement recovery plans.

There has been a significant increase to 6% in the CUR (Clinical Utilisation Review) Non-Qualifying rate, as services return to normal following system recovery planning. There have been 8 reportable DTOCs (delayed transfers of care) for June. Four of these related to patients awaiting hospice beds, and a further 4 patients were awaiting a package of care at home; 2 through social services and 2 through CHC funding. Two of the hospice delays were for St John's, in which two patients waited 14 days. The Patient Flow Team liaised daily with the Specialist Palliative Care Team and emailed the Medical Director at St John's regarding the delays; they were under significant bed pressures due to Covid-19. The packages of care delays were short delays of 3 and 5 days.

Length of Stay however remains on target for both planned and unplanned admissions pathways, suggesting that all patients were in the right place at the right time, with very few delays.

Action Taken to improve compliance

- Increased 'long length of stay' meetings have continued throughout the month of June with attendance of Matron and the Directorate General Manager to ensure the flow of patients continues to move, especially in preparation for the relocation to CCC Liverpool.
- The Patient Flow Team continue to work with wider MDT to aid discharge planning during the COVID-19 pandemic, ensuring patients are discharged safely home or to a suitable care setting.
- Planned day-case patients were repatriated appropriately towards the CCCL move date and the week following the move.

Expected date of compliance	31/07/2020
Escalation route	Directorate Performance Reviews, Performance Committee, Board of Directors' Meeting.
Executive Lead	Joan Spencer, Director of Operations

2.3 Quality

Serious Untoward Incident (SUI)	Target	June	YTD	12 month trend			
	0	2	3	-	-	-	■

Reason for non-compliance

During June 2020, the Trust declared two serious untoward incidents.

Description of SUI (1):

Oral medication was not administered for a patient; this subsequently contributed to his deteriorating condition and death. Nursing, medical and pharmacy staff missed opportunities to administer his medication due to lack of recognition that it was a critical medication for this patient and therefore no concerns were escalated.

Description of SUI (2):

A patient on IO trial attended the Clinical Decision Unit (CDU) on 25/04/20 with non IO symptoms. IO bloods were requested, however the results which identified cortisol less than 30, were not reviewed or acted upon; the result was auto-acknowledged by Meditech. The patient subsequently attended CDU again on 05/06/20 very fatigued and dizzy with major impact on his exercise tolerance and quality of life.

SUI (1)

Immediate Action Taken

- Statements were requested from the staff involved in the medication rounds where oral doses of furosemide were omitted.
- The Directorate Clinical Director spoke with the junior doctors involved to understand their reasoning behind not prescribing adequate analgesia. They were informed of the correct process and of the forthcoming electronic pathway that will be available in Meditech in the near future.
- Request was made of an external Consultant Cardiologist to review the impact of the missed doses of critical medication. The initial response from the external cardiologist was that the missed medication had not contributed to the patient's deterioration and death.
- Local review commenced within the directorate and mortality review completed. As part of the local review, the fluid balance charts were reviewed and sent to the external cardiologist for further opinion.
- Response received from external cardiologist agreed the missed medicines had in fact contributed to the patient's death and SUI was declared.

Additional actions identified and in progress:

- Need for a single robust policy on management of all-cause dysphagia (loss of swallow) including radiation mucositis and triggers for escalation.
- Ensure training for all disciplines is attended and monitored.

- Revision of SOP for escalation of medication and improved accessibility.
- Analgesic ladder for mucositis management needs dissemination.
- Need for Trust Wide protocol for management of diabetic patients and escalation when blood sugars are not controlled.
- Ward round template on Meditech requires adjustment to include a mandated field on medications reviewed.
- Escalation to the Medical Advisory Committee that patients in 'step up' beds require twice daily senior review.
- Review Meditech usability with reference to critical medicines. This includes the ability to flag and monitor the administration of critical medicines.
- List of medications in emergency cupboard to be clearly stated and disseminated.
- Multidisciplinary education to be delivered at Grand Round.
- Disseminate lessons learned via trust Patient Safety Bulletin.
- Present findings and lessons learned back to Mortality Review Meeting.

SUI (2)

Immediate Action Taken

- Patient contacted immediately and asked to attend for assessment, IV hydrocortisone and management of Addisonian crisis at 14:35 on 05/06/20
- Review of the incident completed by ICD Clinical Director, ICD Patient Safety Lead and Consultant Oncologist
- 72 hour incident review completed and discussed at Learning from Incidents Review Group (LIRG)

Additional actions identified and in progress:

- Explore feasibility of a system for blood result follow up in particular for IO patients attending for non IO related symptoms
- Share the importance of using the notices facility in meditech to review and acknowledge test results

Expected date of compliance	SUI (1) – 21/09/2020 SUI (2) – 21/09/2020
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' Meeting.
Executive Lead	Sheila Lloyd, Director of Nursing and Quality

RIDDOR reportable incidents	Target	June 20	YTD	12 month trend
	0	1	1	

RIDDOR reportable incident - ID 10092

On 11th June, 2 therapists, in full PPE, needed to move a patient further up the bed in order to make the patient more comfortable. There was no slide sheet available in the side room. The therapists chose to move the patient using the bed sheet. They altered the height of the bed before commencing the move. The injured therapist was however aware that the bed was too high for them but proceeded with the move regardless.

The therapist developed thoracic spine pain that evening which deteriorated over the following week and required prescribed analgesia (tramadol and diazepam) from their GP. The therapist has been referred to Occupational Health and a RIDDOR report was completed on 23/06/20.

The injured therapist was in date with their manual handling training and accepted that they did not follow manual handling guidance.

Action Taken

The 2 therapists were debriefed the following day.

All therapy staff reminded to be mindful of any equipment they may need for a patients treatment and to have that equipment to hand prior to donning full PPE.

All therapy staff reminded that if there is a previously unforeseen need for equipment to be used during a treatment session, they must use the call bell to request assistance from colleagues to bring a slide sheet etc. to the room.

All staff reminded that they must ensure that bed heights are correct for both therapists prior to any manual handling technique being carried out.

A Lessons Learned Newsflash will be shared across the Trust in July 2020.

Expected date of compliance	24 th July 2020
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' Meeting.
Executive Lead	Sheila Lloyd, Director of Nursing and Quality

In patient falls with lapse in care	Target	June 20	YTD	12 month trend
	0	1	1	

NB this exception report also serves as the exception report for the KPI 'Inpatient falls resulting in harm due to lapse in care /1,000 bed days'

Reason for non-compliance

There was 1 fall in June 2020, categorised as moderate harm with a lapse in care (Mersey Ward, Datix No. 10186).

Patient newly diagnosed with brain metastases and intermittent periods of confusion but no known history of falls. Falls assessment completed within 6 hours of admission. At the point of admission the patient was recorded as being orientated to time and place.

26/06/20 – 11 days as an inpatient reported that the patient had a witnessed mechanical fall. Patient ran out of bedroom, hit their head on a metal cage that was present on the corridor and fell to the floor. Patient sustained a superficial wound on her elbow, which was dressed with Kliniderm. It is unsure what made the patient run out of the room. Due to the patient's confusion, the patient reports that they had fallen on the stairs, but this is not the case.

Patient did not lose consciousness and was able to stand up with the help of staff and weight bear. Patient also complained of a painful right hip, headache, but no blurring of vision and denies any dizziness.

Patient transferred to Arrowe Park Hospital for CT head +/- hip x-ray. CT head in Arrowe Park Hospital (APH) reported NAD. Hip x-ray showed fractured pubic rami. Treatment plan agreed by APH; analgesia, weight bearing mobilisation and therapy.

3/7/20 - Transfer back to CCCL arranged with APH.

Family fully informed and apology given.


The Harm Free Care group discussed the 72 hour review and agreed that the fall had caused moderate harm with a lapse in care; due to inappropriate equipment (metal cage) left in ward area and lack of rambleguard in situ during the night when patient became intermittently confused.

72 hour review of incident to be presented at Learning from Incident Review Group (LIRG) end of July 2020.

Action Taken to improve compliance


- Ensure ramble guard monitors are in situ overnight for patients with intermittent confusion.
- Ensure falls risk assessments are completed on admission, weekly and following any clinical change in a patient's condition.
- Importance of regularly assessing patients who have fluctuating confusion.
- Implementation of any actions following review of case at LIRG.

Expected date of compliance	9 July 2020
Escalation route	Harm Free Care Meeting / Infection Prevention and Control Committee / Integrated Governance Committee / Quality Committee / Board of Directors' Meeting
Executive Lead	Sheila Lloyd, Director of Nursing and Quality

Clostridium Difficile	Target	June 20	YTD	12 month trend
	4	1	1	
Reason for non-compliance <p>A hospital onset-hospital acquired (HOHA) Clostridium difficile (C.diff) case was identified on Mersey Ward on 15th June 2020. The patient had recently received antibiotic treatment for a urinary tract infection.</p> <p>This is the first HOHA case of C. diff in 2020/21, taking the year to date total to 1 against a maximum of 4 for 2020/21.</p>				
Action taken to improve compliance <p>A case review was undertaken by the Infection Control Doctor, Anti-Microbial Pharmacist and Infection Prevention and Control Team on 25th June 2020 to identify any learning points from this case. It was determined that all antimicrobials had been prescribed appropriately. Documentation on the Bristol Stool Chart identified that the stool specimen had been collected promptly. Inflammatory markers at the time of specimen collection were not suggestive of systemic Clostridium Difficile Infection (CDI).</p> <p>It was concluded that this patient was likely to have been colonized with Clostridium Difficile (a recognized side effect of Systemic Anti-Cancer Treatment SACT) as the clinical findings at this time were not indicative of CDI. No learning points were identified from this case.</p>				
Expected date of compliance	1 st July 2020			
Escalation route	Harm Free Care Meeting / Infection Prevention and Control Committee / Integrated Governance Committee / Quality Committee / Board of Directors' Meeting			
Executive Lead	Sheila Lloyd, Director of Nursing and Quality			

Meticillin Sensitive Staphylococcus Aureus (MSSA)	Target	June 20	YTD	12 month trend
	5	1	1	
Reason for non-compliance <p>A hospital acquired Meticillin Staphylococcus Aureus (MSSA) positive result was identified from blood cultures collected on 17th June 2020 on ward 7Y. The patient was a known Glanzmanns Thrombaesthesia, admitted with dark loose stools. Source of infection was unknown at the time of blood culture collection; however MSSA was identified in both peripheral and PICC line cultures, indicative of a potential line infection.</p> <p>This is the first hospital acquired MSSA case in 2020/21, taking the year to date total to 1 against a maximum of 5 for 2020/21.</p>				

Action taken to improve compliance Case review in progress with Ward Matron, Sister, Clinical Lead, Infection Control Doctor, Anti-microbial Pharmacist and Infection Prevention and Control Team. Case Review expected to be completed by 17/7/2020 Lessons learned identified will be disseminated to clinical staff involved in patient care via daily safety huddle, ward meetings and directorate Quality and Safety meeting.	
Expected date of compliance	1 st August 2020
Escalation route	Harm Free Care Meeting / Infection Prevention and Control Committee / Integrated Governance Committee / Quality Committee / Board of Directors' Meeting
Executive Lead	Sheila Lloyd, Director of Nursing and Quality

% of Policies In Date	Target	June 2020	12 month trend
	100%	99%	

Reason for non-compliance Out of a total of 267 policies, four were out of date at the end of June 2020, resulting in a compliance figure of 99%. 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 opening of CCC Liverpool Policy and the associated policy review work stream. Of the remaining four policies, one policy is eight months out of date (finance related) and the other three are between one and three months out of date.

Action taken to improve compliance Established actions to improve compliance include: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Promotion of policy self-management with Document Owners – ongoing.
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<ul style="list-style-type: none"> 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	End of July 2020
Escalation route	Associate Director of Corporate Governance/Information Governance Board/Integrated Governance Committee/Quality Committee/Board of Directors' Meeting
Executive Lead	Liz Bishop, Chief Executive

2.4 Research and Innovation

There are no exception reports for Research and Innovation in month 3 Targets have not yet been agreed for 2020/21 due to COVID-19 as explained in section 3.4.

2.5 Workforce

Sickness Absence	Target	June 2020	12 month rolling	12 month trend (in month figures)
	G: =<4%, A: 4.1 - .4%, R: =>4.5%	4.32%	4.62%	

Reason for non-compliance

The Trust 12 month rolling sickness absence is 4.62%, with the in-month sickness figure for June 2020 at 4.32% which is a slight increase from May's in month figure of 4.15%.

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

	Absence Reason	Number of Episodes
1	Anxiety / Stress / Depression	38
2	Chest and Respiratory Problems	21
3	Headache / migraine	20

The highest reason for absence in June 2020 was Anxiety/ Stress/ Depression with 38 episodes and this has increased from last month when there were 33 episodes. Of the 38 episodes, 16 of these are short-term and 22 are long-term. 15 of the episodes ended in June 2020 whilst 23 continue into July.

Of the 15 absence episodes relating to Anxiety/ Stress/ Depression that ended in June, only half of these have had a return to work discussion recorded, 7, leaving 8 return to work discussions that are outstanding. It is important that managers are having these discussions promptly once an employee returns to work to ensure that the necessary support is being given to enable them to remain in work.

Over a quarter of the absence episodes due to Anxiety/ Stress/ Depression were from within the Corporate directorate with 12 episodes, closely followed by the Chemotherapy Services directorate with 8 episodes. The full breakdown of absence episodes by directorate is below:

Directorate	Number of Episodes
Corporate	12
Chemotherapy Services	8
Integrated Care	5
Radiation Services	4
Haemato-Oncology	3
Quality	2
Hosted Service	2
Research	1
Education	1

The majority of absences within this category were either Stress, with 16 episodes, or Anxiety with 12 episodes.

It is encouraging that the number of absence episodes relating to Chest and Respiratory Problems continues to decrease; the number of cases has halved from 40 in May 2020 to 21 in June 2020. Also, we can see from this month's data that Chest and Respiratory Problems is now the second highest reason for absence, whereas this has been the highest reason from absence for the previous 3 months since March 2020.

Of the 21 absence episodes relating to Chest and Respiratory Problems, 19 of these were reported as 'Other Chest and Respiratory Problems' (Coronavirus related); the breakdown of these by directorate is shown in the table below:

Directorate	Number of Episodes (Covid-19 Related)
Haemato-Oncology	5
Chemotherapy Services	4
Integrated Care	3
Radiation Services	3
Corporate	3
Quality	1

The directorate that has seen the biggest decrease in the number of Coronavirus related absences is Chemotherapy Services, from 12 episodes in May 2020 to 4 episodes in June 2020. Integrated Care and Radiation Services have also seen a significant decrease, both from 9 episodes last month to 3 episodes this month.

The third highest reason for absence in June 2020 was Headache/ Migraine. This is quite unusual as this does not tend to appear in the top 3 reasons for absence and hasn't been since September 2019, when it was the joint third top reason with 12 episodes. The number of episodes across the last 6 months has been as follows:


January	February	March	April	May	June
9	11	9	9	10	20

As is evident from the data above, the number of episodes this month does not follow the normal trend in terms of the number of episodes we tend to see, it also is significantly higher than this time last year which saw 10 episodes.

Action Taken to improve compliance

- Antibody testing continues at CCCW and there have also been sessions at CCCL, following the move, to ensure that all staff have access to the testing.
- Currently swab testing asymptomatic BMT staff weekly and working closely with LUHFT Microbiology to roll this out to all HO staff in the near future.
- A Mental Health First Aider Training workshop ran on 25th and 26th June 2020, with another scheduled to run on 9th and 10th July 2020. Following completion of these two workshops, there will be a further 20 Mental Health First Aiders across the Trust. Their role is to give support to staff who are experiencing mental health issues or emotional distress and signpost them to the most appropriate help if requested.

Expected date of compliance	October 2020
Escalation route	Directorate Performance Reviews, WOD Committee, Quality Committee, Board of Directors' Meeting
Executive Lead	Jayne Shaw, Director of Workforce & OD

Turnover	Target (in month)	June 2020	Target (12 month rolling)	12 month rolling	12 month trend) 12 month rolling figure)
	G: =<1.2%, A: 1.21– 1.24%, R: =>1.25%	0.58%	G: =<14%, A: 14.1 - 14.9%, R: =>15%	14.28%	

Reason for non-compliance

The rolling 12 month turnover figure has decreased, for the second month, from 14.81% in May 2020 to 14.28% in June against a rolling 12 month target of 14%. The in-month turnover figure has also decreased from 0.99% in May 2020 to 0.58% in June. The in-month figure is significantly under the in-month Trust target of 1.2%.

There were 9 leavers in June 2020 and the reasons for leaving were as follows:

Reason for Leaving	Number of Leavers
Retirement	3
Health Reasons	2
Incompatible Working Relationships	1
Promotion	1
Relocation	1
Work Life Balance	1

Half of the leavers in June 2020 were from the Integrated Care directorate, with 5 leavers, followed by Corporate with 2 leavers. Radiation Services and Research both had 1 leaver each.

Only 2 of the leavers that left in June 2020 took up employment at other NHS Trusts, with one of these being out of the area due to relocation. 4 leavers left to take up no employment due to retirement or health reasons and the remaining 3 leavers were unknown.

Only 1 leaver had less than 12 months' service with Trust, while the remaining leavers had over a year's service with the breakdown below:

Length of Service (years)	Number of Leavers
Less than 12 months	1
1-2 years	3
4-5 years	2
Over 18 years	3

Action Taken to improve compliance

- WOD are currently reviewing the long service awards, with the potential to implement additional incentives in order to support retention of staff.
- The first draft of the Admin and Clerical retention action plan is due to be taken to the Workforce, OD and Education Committee.
- A nursing retention plan is in place and monitored via the Workforce, Education & OD committee

Expected date of compliance	October 2020
Escalation route	Directorates, WOD Committee, Quality Committee, Board of Directors' Meeting
Executive Lead	Jayne Shaw, Director of Workforce & OD

PADR	Target	June 2020
	95%	81.39%
<p>Reason for non-compliance</p> <p>Overall Trust compliance for PADRs as at 30 June 2020 is 81.39%, which is below the target of 95% and a decline of 4% from the previous month.</p> <p>All directorates and corporate areas are underperforming against the target.</p> <p>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.</p> <p>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%.</p>		
<p>Action Taken to improve compliance</p> <ul style="list-style-type: none"> • Targeted work with corporate divisions will take place in July, as these areas should not be as greatly impacted by the opening of CCC-L in terms of capacity. • 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	30 th September 2020	
Escalation route	Directorates, WOD Committee, Quality Committee, Board of Directors' Meeting	
Executive Lead	Jayne Shaw, Director of Workforce & OD	

3. Detailed Reports

3.1 Access

3.1.1 Cancer Waiting Times Standards: CCC Performance

This table provides the latest month, year to date and 12 month trend data for both the Trust's statutory and contractual waiting times standards and related locally developed KPIs.

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Jun-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
L	7 days from referral to first appointment	↔	90%	93.6%	86.1%	
C/S	2 week wait from referral to date first seen	↔	93%	100%	85.0%	
L	24 days from referral to first treatment	↑	85%	92.4%	80.2%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↑	75% (shadow monitoring)	50.0%	56.3%	
S	31 day wait from diagnosis to first treatment	↔	96%	96.3%	97.8%	
C/S	31 day wait for subsequent treatment (Drugs)	↔	98%	99.5%	99.6%	
C/S	31 day wait for subsequent treatment (Radiotherapy)	↔	94%	97.7%	98.6%	
C/S	62 Day wait from GP referral to treatment	↔	85%	93.1%	87.2%	
C/S	62 Day wait from screening to treatment	↔	90%	N/A	100.0%	
C/S	Diagnostics: 6 Week Wait	↔	99%	100%	100%	
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	↔	92%	96.5%	96.8%	

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

Unvalidated data is displayed with a dark green border

28 Day Faster Diagnosis is only reported from January 2020

This border indicates that the figure has not yet been validated and is therefore subject to change. This is because national CWT reporting deadlines are later than the CCC reporting timescales.

2 Week Wait

There were no 2 week wait breaches for June.

62 Day wait from GP Referral to treatment

The 85% target is currently being achieved, at 93.1% for June (*final validation via national system 31 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							
21	83	104	Lung	COC	Pall Chemo	Medical reason – Patient was too ill to attend treatment planning appointment & required admission to referring trust with related medical condition	No
30	41	71	Lung	Whiston	Pall Chemo	Medical and patient reason – Patient required	No

Day into CCC	Days @ CCC	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach
						treatment for metastatic disease prior to primary treatment and then requested thinking time regarding treatment. Patient also needed enabling treatment prior to commencing chemo	
Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days							
125	30	155	Lung	WHH	Pall chemo	Medical reason – Chemo start date was deferred as patient had related medical condition and required two courses of antibiotics	No

The final National CWT Guidance v11 has now been received and applies to activity that ends on or after 1st July 2020. The changes in the guidance which will affect CCC and our performance (all positively) are listed below:

- Enabling treatments are now permitted (e.g. B12 injections prior to chemotherapy for lung cancer).
- Expansion of the current patient choice treatment adjustment to now apply to both admitted and non-admitted care
- New treatment adjustments for egg harvesting and clinically urgent treatment of another condition.
- Treatment of a metastatic site for a known primary to count as a first definitive treatment.

62 Day Screening

There were no 62 Day Screening breaches for June.

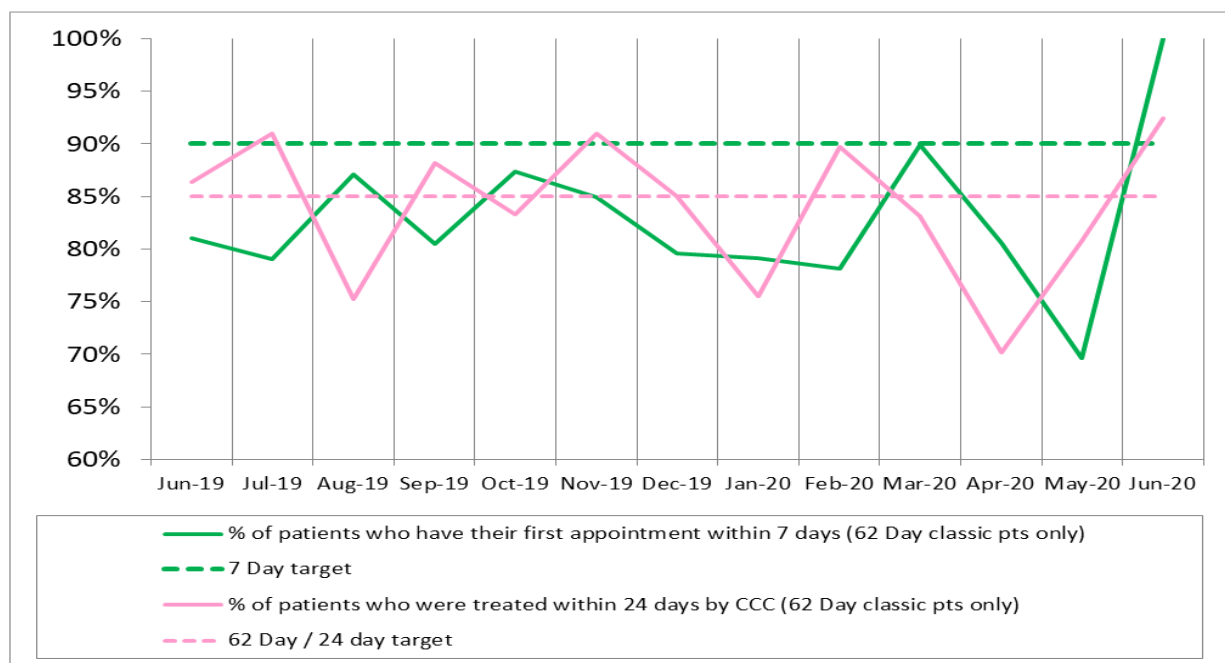
7 Day Performance (Internal Target)

7 day KPI for June 2020 is at 93.6% against a stretch target of 90%.

24 Day (Internal Target)

24 day KPI for June 2020 is at 92.4% 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.

62 Day breaches by tumour group: 1/4/20 – 13/7/20

62 Day - CLASSIC									
Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Lung	17	5	47	25.5	64	30.5	73.44%	83.61%	<div><div></div></div>
Upper Gastrointestinal	18	2	24	15.5	42	17.5	57.14%	88.57%	<div><div></div></div>
Breast	1	0.5	38	20.5	39	21	97.44%	97.62%	<div><div></div></div>
Head and Neck	18	2	17	10	35	12	48.57%	83.33%	<div><div></div></div>
Lower Gastrointestinal	15	0.5	16	11	31	11.5	51.61%	95.65%	<div><div></div></div>
Haematological (Excluding Acute Leukaemia)	9	4	6	3.5	15	7.5	40.00%	46.67%	<div><div></div></div>
Gynaecological	6	0	5	3.5	11	3.5	45.45%	100.00%	<div><div></div></div>
Other	6	0.5	1	1	7	1.5	14.29%	66.67%	<div><div></div></div>
Urological (Excluding Testicular)	3	0	2	1.5	5	1.5	40.00%	100.00%	<div><div></div></div>
Sarcoma	2	0	0	0	2	0	0.00%	-	<div><div></div></div>
Acute leukaemia	0	0	1	0.5	1	0.5	100.00%	100.00%	<div><div></div></div>
Skin	0	0	1	0.5	1	0.5	100.00%	100.00%	<div><div></div></div>
Gastrointestinal stromal tumour	0	0	1	0.5	1	0.5	100.00%	100.00%	<div><div></div></div>

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 75% will be applied when this standard begins to be formally monitored.

The 28 day FDS target was not achieved in June as three patients out of six patients breached the 28 day FDS target. The breaches were due to admin reason, delay to 1st and follow up appointment and patient choice.

Day into CCC	Days to FDS	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach
28 Day FDS Breaches: Patient received at CCC to diagnosis or ruling out of cancer						
0	38	Myeloma	GP	Active Monitoring	Admin delay as slight delay to 1 st appointment and follow up appointment not escalated to within target date	Yes
0	41	Haem	GP	No cancer	Delay to diagnostic test and to 1 st appointment	Yes
0	82	Haem	GP	No cancer	Patient choice – Patient was afraid to leave the house due to COVID-19	No

Patients treated on or after 104 Days

In June 2020, eight patients were treated after day 104; referred between day 21 and 238 to CCC. Two patients were not treated within twenty-four days by CCC due to medical reasons; patient too ill to attend treatment planning appointment and required admission to referring trust and chemotherapy deferred for patient due to chest infection. These two cases will be discussed at the relevant SRGs and assessed for harm.

Cancer Waiting Times Improvement Plan:

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

- Timed pathways have been developed for Myeloma, Lymphoma and Leukaemia pathway are now in place. These timed pathways are in line with cancer waiting times. It is the intention that the patient journey will be aligned and tracked through 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.
- Data quality and monitoring improvements including the delivery of the new CWT Power BI Dashboard and reporting CWT performance figures at Directorate level. This more detailed reporting will support the identification of barriers to compliance and allow attention to be focussed accordingly.

3.1.2 Cancer Waiting Times Standards: Cheshire and Merseyside Performance

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	May-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
C/S	2 week wait from referral to date first seen		93%			
C/S	28 day faster diagnosis - (Referral to diagnosis)		75% (shadow monitoring)			
C/S	62 Day wait from GP referral to treatment		85%			

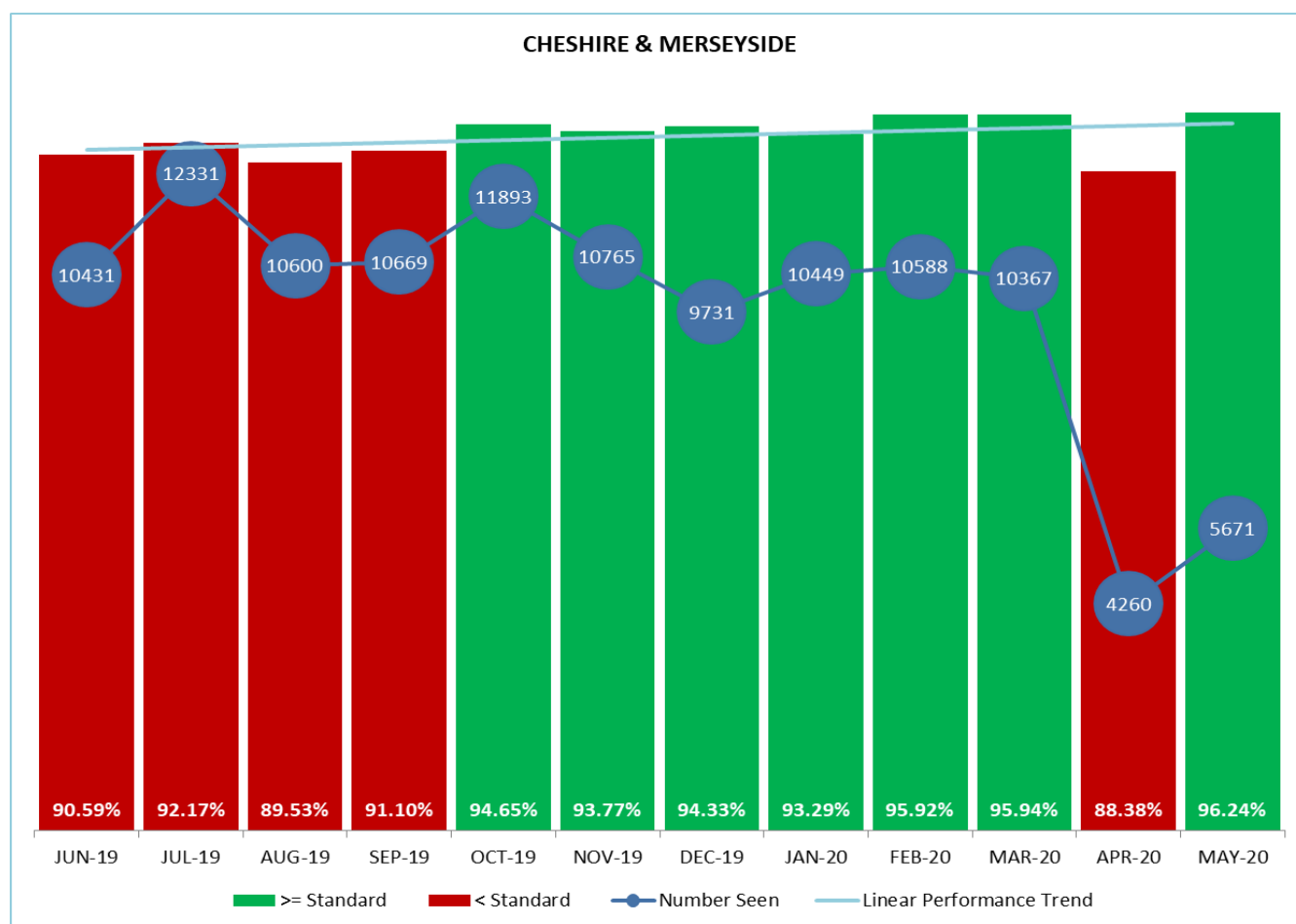
Notes:

Blue arrows are included for KPIs with no target and show the movement from last month's figure.
Unvalidated data is displayed with a dark green border

This section focusses on the last 12 month's performance for Cheshire and Merseyside as a whole, against the standards of 2 week wait, 28 day Faster Diagnosis Standard (FDS) and 62 Day wait from GP Referral to treatment. The latest available data for this wider regional performance is May 2020.

2 Week Wait

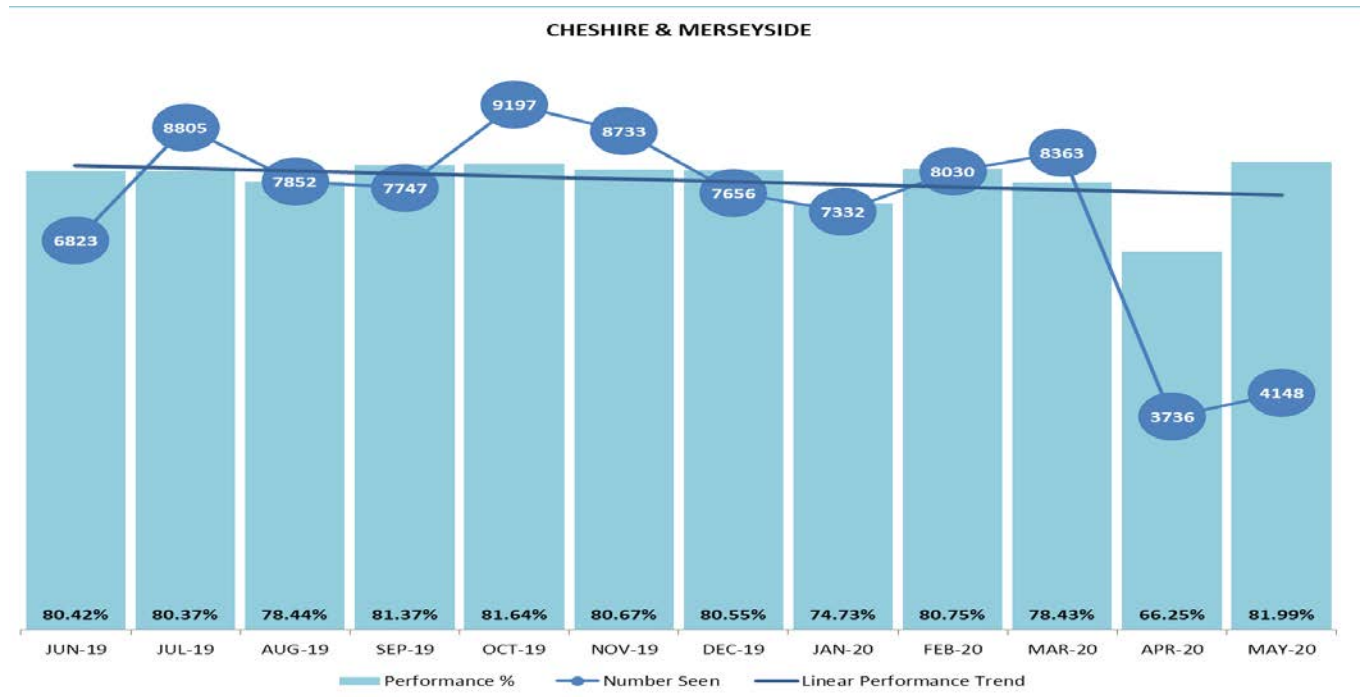
This chart shows the performance by month in Cheshire and Mersey, with a trend line and states the numbers of patients seen each month in the blue circles.



Courtesy of CMCA

28 day Faster Diagnosis Standard (FDS)

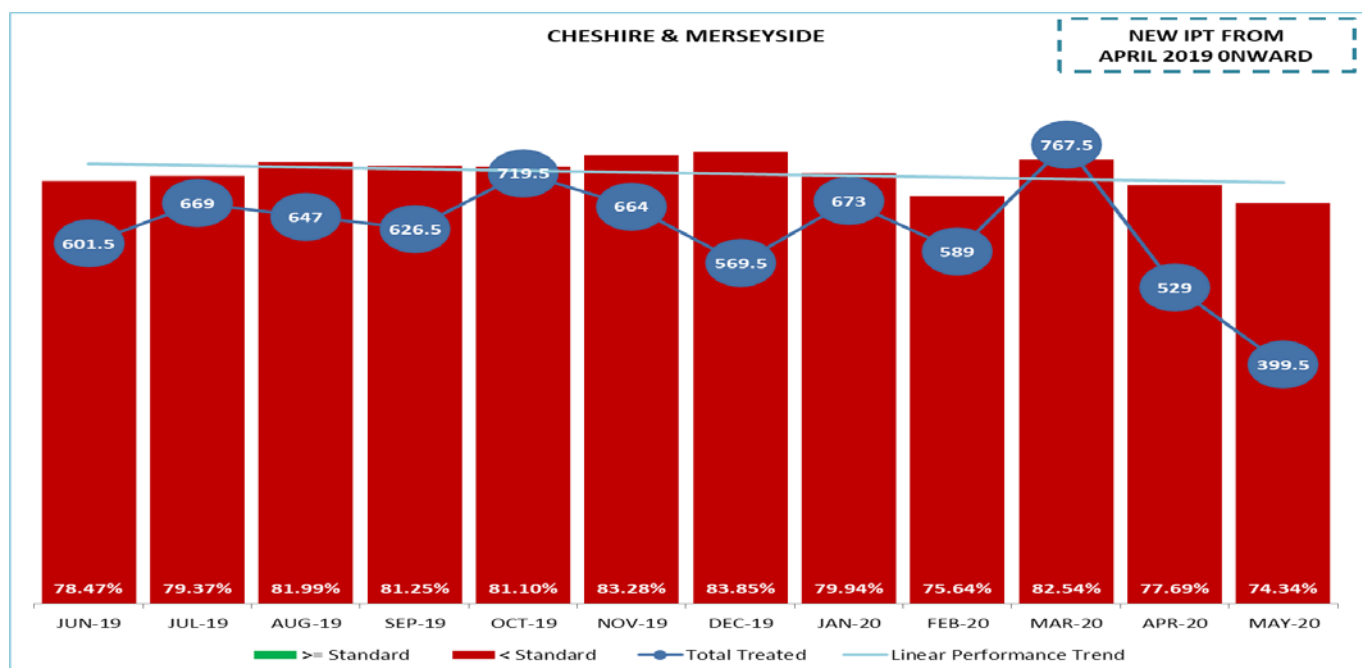
This chart shows the performance by month in Cheshire and Mersey, with a trend line and states the numbers of patients seen each month in the blue circles. There is no RAG rating, as this standard is not yet subject to formal monitoring.



Courtesy of CMCA

62 Day wait from GP Referral to treatment

This chart shows the performance by month in Cheshire and Mersey, with a trend line and states the numbers of patients seen each month in the blue circles.



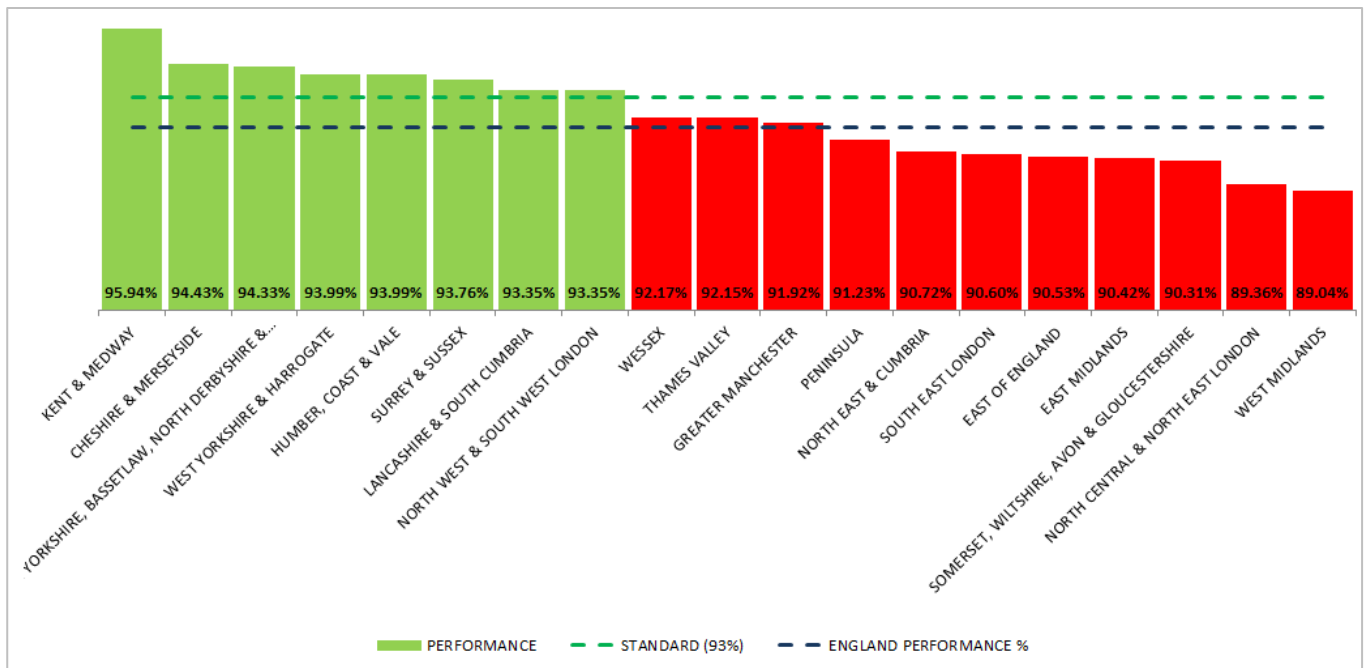
Courtesy of CMCA

3.1.3 Cancer Waiting Times Standards: National Performance

This section focusses on National performance by Cancer Alliance, against the standards of 2 week wait and 62 Day wait from GP Referral to treatment. The latest available data for this national performance is May 2020.

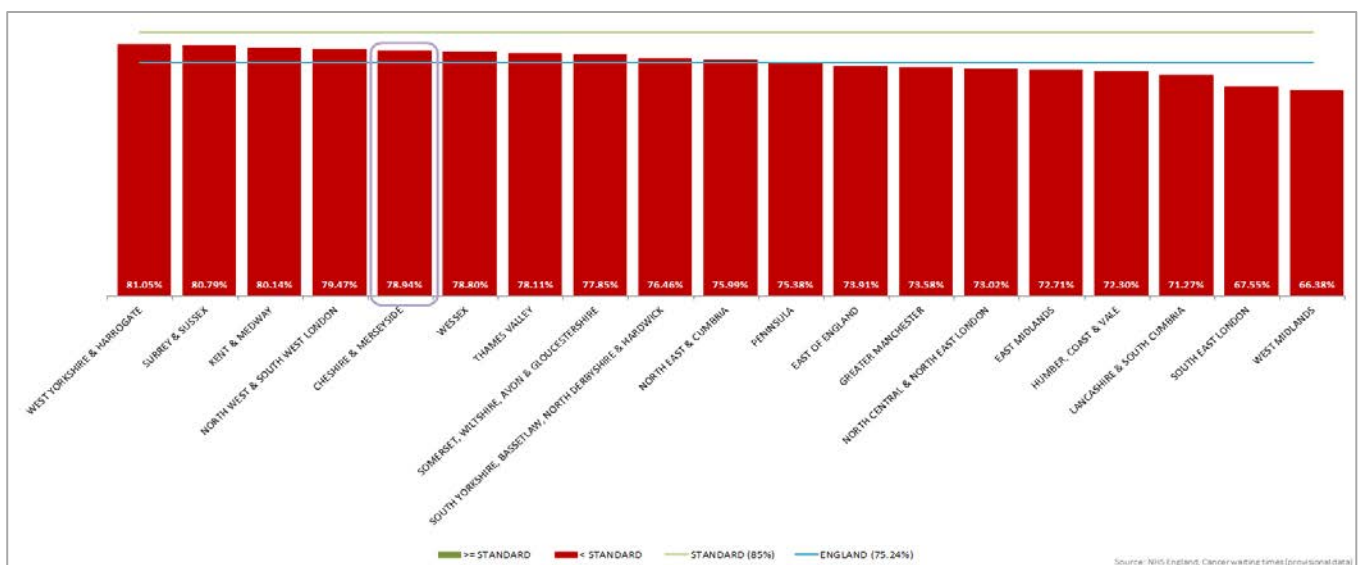
Two week wait

This chart shows the performance by Cancer Alliance for the 3 month period of March, April and May 2020. The figure for England as a whole, of 91.74%, is shown by the dark blue line.



62 Day wait from GP Referral to treatment

This chart shows the performance by Cancer Alliance for the 3 month period of March, April and May 2020. Cheshire and Merseyside is highlighted and the figure for England as a whole, of 75.24%, is shown by the blue line.



Courtesy of CMCA

This table shows the same data as above, by Alliance (A-Z), including numbers of patients treated within and outside of the 62 days and the numbers of breaches.

CANCER ALLIANCE	TOTAL TREATED	TREATED WITHIN 62 DAYS	BREACHES	PERFORMANCE	
CHESHIRE & MERSEYSIDE	1669	1317.5	351.5	78.94%	
EAST MIDLANDS	2701	1964	737	72.71%	
EAST OF ENGLAND	4093.5	3025.5	1068	73.91%	
GREATER MANCHESTER	1718.5	1264.5	454	73.58%	
HUMBER, COAST & VALE	982	710	272	72.30%	
KENT & MEDWAY	1107.5	887.5	220	80.14%	Third best performer
LANCASHIRE & SOUTH CUMBRIA	1150.5	820	330.5	71.27%	
NORTH CENTRAL & NORTH EAST LONDON	1321.5	965	356.5	73.02%	
NORTH EAST & CUMBRIA	2232.5	1696.5	536	75.99%	
NORTH WEST & SOUTH WEST LONDON	1490.5	1184.5	306	79.47%	
PENINSULA	1600.5	1206.5	394	75.38%	
SOMERSET, WILTSHIRE, AVON & GLOUCESTERSHIRE	2198.5	1711.5	487	77.85%	
SOUTH EAST LONDON	699.5	472.5	227	67.55%	
SOUTH YORKSHIRE, BASSETLAW, NORTH DERBYSHIRE & HARDWICK	1085.5	830	255.5	76.46%	
SURREY & SUSSEX	2303	1860.5	442.5	80.79%	Second best performer
THAMES VALLEY	1249.5	976	273.5	78.11%	
WESSEX	1884	1484.5	399.5	78.80%	
WEST MIDLANDS	3474	2306	1168	66.38%	Worst performer
WEST YORKSHIRE & HARROGATE	1628	1319.5	308.5	81.05%	Top performer

Source: NHS England, Cancer waiting times (provisional data from Oct18)

CHESHIRE AND MERSEYSIDE
POSITION = 5/19

Courtesy of CMCA

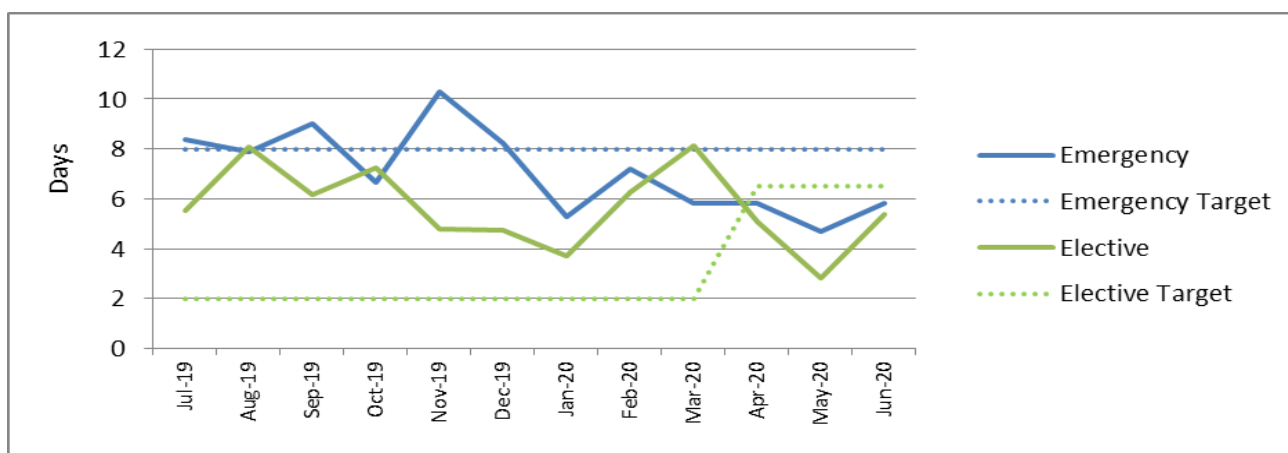
3.2 Efficiency

3.2.1 Inpatient Flow

Length of Stay (LoS): Solid Tumour Wards (CCCW / CCCL)

These figures are calculated based on a total of 42 beds at CCC Wirral until the 26th June and then 51 beds from the 27th June at CCC Liverpool.

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



The trust target for non-elective LoS for solid tumour wards is 8 days.

- Non-elective LoS target for June 2020 is on target at 5.79 days.

The trust target for elective LoS solid tumour wards is 6.5 days.

- Elective LoS target for June 2020 is on target at 5.39 days.

Overall LOS is on target for June. However, it is apparent that as service recovery plans are implemented across the system, the demand upon external services is starting to return to normal.

There were eight delayed transfers of care in June, with the following delay reasons:

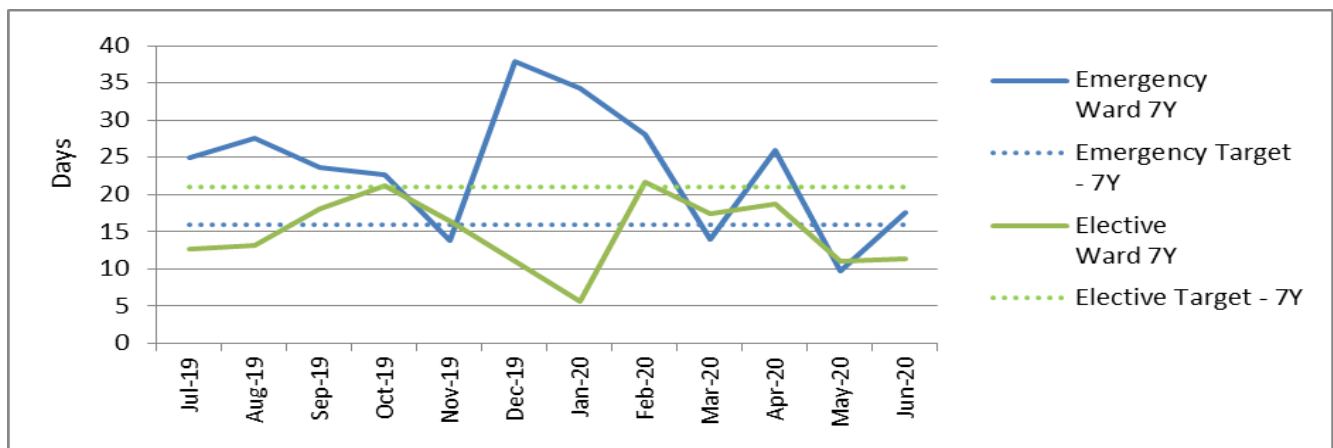
- awaiting social packages of care (POC)
- CHC funded POC
- hospice delays

Discharge planning:

- The daily COW MDT board round continues to support, by facilitating a discussion of all in-patients each morning. Discharge Planning meetings continue to be led by Patient Flow Team twice a week with the MDT and Matron to establish any delays early on in a patient's admission.
- There was also a drive towards the end of June to minimise the number of patients who were transferring to CCC-Liverpool, to maximise the safety of the ward moves.
- The plan is to attempt to return to business as usual from July, recommencing the weekly Long Length of Stay meetings, led by patient flow team and attended by Matron and General Manager.

Length of Stay: Haemato-Oncology – Ward 7Y

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



The elective LoS target for HO was not achieved in May, at 17.6 days against a target of 16 days. The directorate has seen an increase in non-elective admissions and these patients have been noted to have higher acuity needs.

The HO directorate is currently completing a comparator HRG level benchmarking exercise. The purpose of the review, commencing with all Leukaemia HRGs, is to identify outlying HRGs and review and validate patient level clinical and coding data, with the aim of identifying non-elective LoS pathway improvements.

Bed Occupancy: Wirral Wards / CCCL Wards (Solid Tumour Wards)

Bed occupancy has continued to be below the nationally directed COVID-19 related target of 80%:

- Average bed occupancy at midday on solid tumour wards for June was 62.4%
- Average bed occupancy at midnight on solid tumour wards for June was 60.0%.

These figures are calculated based on a total of 42 beds at CCC Wirral until the 26th June and then 51 beds from the 27th June at CCC Liverpool.

At CCCL, Ward 2 and Ward 3 have 22 and 29 overnight admission beds respectively. There is capacity to open 3 more beds on Ward 3 and there are a further 4 beds on Ward 2 which are temporarily being used as day case beds.

Between 1st and 26th June, 9 beds were closed on the Wirral wards due to Covid-19 related social distancing rules, reducing the bed base to 42. There are no beds currently closed due to social distancing at CCC Liverpool as all beds are in side rooms.

The reduction in bed occupancy is in line with NHSE guidance aimed at reducing occupancy to create capacity in response to COVID-19 pandemic.

Admissions in June:



- There were 98 non-elective admissions in June; slightly lower than 106 last month.
- The total number of elective admissions has increased from 123 in May to 151 in June.

The directorate continues to follow national guidance and recommendations in response to COVID-19 pandemic, with the following changes continued throughout the month of June:

- Day-case activity has been repatriated back to Sulby Ward.
 - A total of 9 inpatient beds closed to support social distancing (at CCCW - 1st - 26th June).
- CUR non-qualifying rate for June was 6%. This is elevated from the previous two months due to complex discharges with delays and also the demand for hospice beds leading to some patients waiting over a week for a bed to become available.

3.2.2 Radiology Reporting

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

		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Trend
Imaging reporting turnaround: inpatients within 24 hours	G: >=90%, A: 80-89%, R: <80%	76%	68%	72%	73%	74%	89%	79%	84%	92%	90%	99.5%	96.7%	
Imaging reporting turnaround: out patients within 7 days		66%	59%	64%	75%	81%	95%	96%	86%	87%	95%	98%	98.1%	

The inpatient and outpatient targets have been achieved in all months of quarter one 2020/2021.

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).

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:

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

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

The quarterly complaints report is provided below.

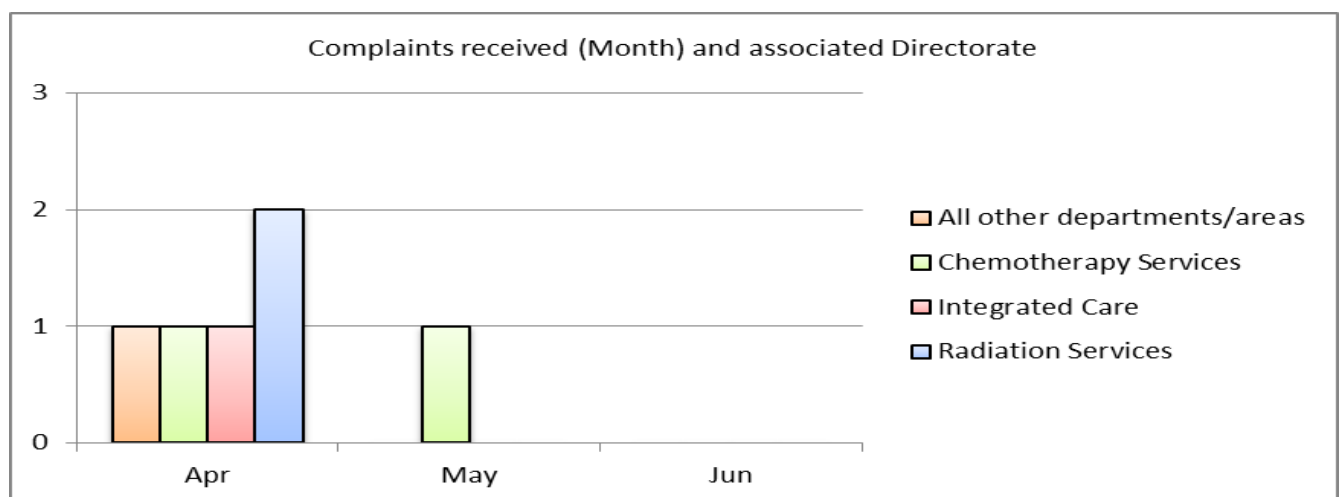
Complaints Summary for Q1 2020/2021:

During Q1 of 2020 there were 8 formal complaints received, however 2 of these complaints were rejected and will not be included within the numbers throughout the rest of this report. Therefore there were 6 formal complaints in Q1. The reasons for rejection of the 2 complaints in Q1 were as follows:

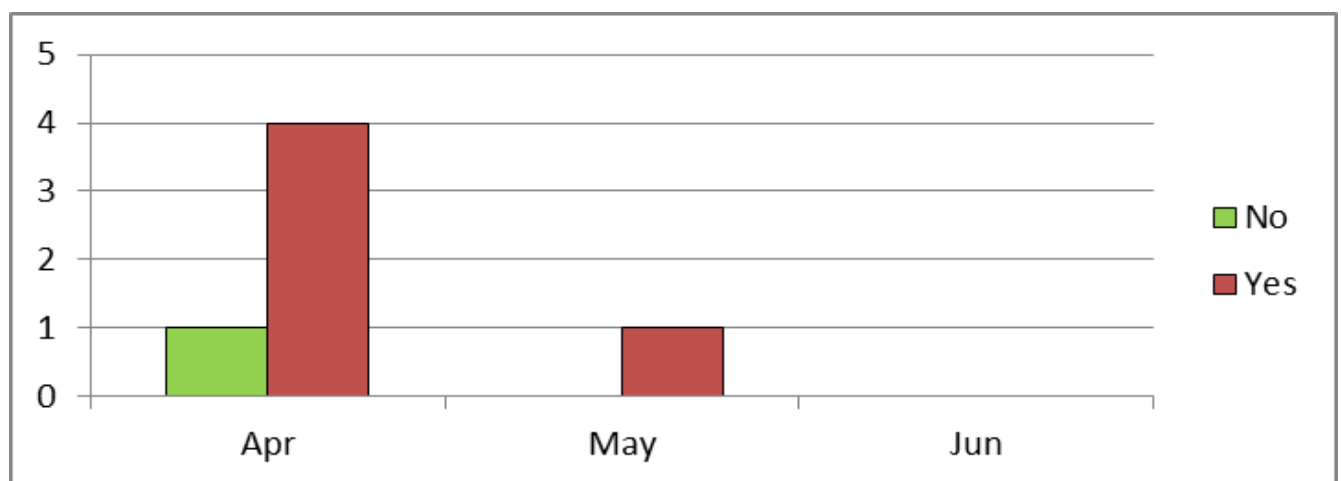
ID	First received	Directorate admitted	Description	Reason for Rejection
112	01/06/2020	Chemotherapy Services	Letter of complaint received from daughter of a patient with liver cancer who is extremely worried that after shielding, CCC has now asked him to attend for blood tests to recommence his treatment.	Clinical team responded and arranged for DN to visit to obtain bloods and delivery of meds will be arranged if go ahead is given. Patient and family have stated they are happy with the care they are receiving from CCC and this was a concern rather than a formal complaint. Therefore complaint rejected and closed.

ID	First received	Directorate admitted	Description	Reason for Rejection
109	04/05/2020	Chemotherapy Services	Complaint received from daughter on behalf of patient due to the Trust decision to refuse his chemotherapy treatment during Covid -19.	Patients' daughter was complaining on behalf of patient, however unbeknown to the daughter the patient had been contacted by the clinical team the day after the complaint was received, to discuss the commencement of chemotherapy for him and a date for start of treatment had been agreed, thus resolving the daughters concern. Daughter has been notified of the complaint rejection and the reason for this as above.

The chart below shows the 6 complaints received in Q1 by Directorate/Department



This chart shows the complaints received in Q1 (by month) relating to COVID-19:



The 6 complaints received are as follows:

ID	First received	Directorate admitted	Description
111	24/05/2020	Chemotherapy Services	Patient complaint regarding not being offered immunotherapy as a second line treatment option.
102	02/04/2020	Integrated Care	Son of patient complained about conflicting advice being given by nurses to his father regarding his medication.
108	27/04/2020	All other departments/areas	Complaint received via MP on behalf of patient who is concerned that the clinical trial she was referred to is no longer taking new patients due to COVID-19 pandemic.
104	06/04/2020	Radiation Services	Patient in nursing home had a telephone conversation with consultant without husband being present, despite documentation that husband must be included in all conversations with his wife due to her reduced capacity.
103	02/04/2020	Radiation Services	MP complaint on behalf of constituent who is concerned about the lack of certainty as to when his radiotherapy will begin, as due to the coronavirus pandemic, his treatment has been suspended for 3 months.
105	17/04/2020	Chemotherapy Services	Patient complaining that her NHS treatment has been suspended and the same treatment is not being offered privately. Patient is requesting this decision to be reviewed.

Q1 complaints & Covid 19

The whole of Quarter 1 complaints has been during the Covid-19 pandemic. There have been significant changes to NHS service provision across the country. These changes included the NHS complaints process timelines which have been relaxed during this time in order to allow Trusts to prioritise the necessary clinical changes required to respond to the pandemic. The Parliamentary Healthcare Ombudsman also made the decision to close to all new requests for complaint investigations and only re-opened on 1st July 2020.

In response to this relaxation of timescales, CCC altered the acknowledgement letters that were sent to new complainants to explain that whilst the Trust would continue to aim to respond to concerns/complaints within 25 working days (internal target), it may not be possible due to the COVID-19 pandemic. Complainants were also notified (in complaint responses), of the temporary closure of the Parliamentary Healthcare Ombudsman and were directed to the PHO website for further information about their re-opening date if they were dissatisfied with the Trust response.

The Trust has also been unable to offer an initial or final face to face meeting with complainants and/or their families but have offered telephone /video consultations in their place. To date no complainants in Q1 have requested a meeting.

As the Trust moves into the recovery phase of the Covid 19 response and the move into CCC-L has been completed, the clinical directorates and departments have re-prioritised complaint investigations and all outstanding complaints from the financial year 2019/20 have been closed within Q1.

Breakdown of complaints received in April 2020

ID	First received	Directorate admitted	Reply due	Reply completed	Complainant informed of delay?
102	02/04/2020	Integrated Care	04/05/2020	04/05/2020	No delay
108	27/04/2020	Research	29/05/2020	Under exec review	Yes – via email
104	06/04/2020	Radiation Services	06/05/2020	05/06/2020	Yes – via letter dated 28/04/2020 as Consultant involved was known to be off on sickness leave with no initial return date known, therefore unable to discuss complaint with consultant until they returned.
103	02/04/2020	Radiation Services	04/05/2020	06/05/2020	No
105	17/04/2020	Chemotherapy Services	19/05/2020	20/05/2020	Yes – via telephone and email

CCC Trust policy allows 25 working days from receipt of a formal complaint until the response must be sent to a complainant. If this deadline is not achievable for any reason, the complainant must be notified of the delay and a new completion date agreed.

As highlighted in the table above, 5 of the 6 complainants have been kept informed of all delays. One complaint response was 2 days overdue but the complainant was not informed of the delay, this was due to increased workload as a result of Covid 19.

Complaint ID 108 is currently under final executive review and the complainant has been informed of the delay.

Breakdown of complaints received in May 2020

ID	First received	Directorate admitted	Reply due	Reply complete	Complainant kept informed of delay?
111	24/05/2020	Chemotherapy Services	22/06/2020		Yes

At the time of writing this report, this complaint is under final executive review and the complainant has been informed of the delay. This complaint was complex in nature and was during the very busy time of CCC expansion into CCC-L

There have been no formal complaints received in June 2020.

Complaints where CCC is not the lead organisation

During Q1, CCC was asked to contribute to four complaints being led by other Trusts, see table below for details.

Two of these complaints have been investigated and closed with no actions for CCC. Two complaints remain under review within the directorates.

ID	First received	Directorate admitted	Description	Reply completed	Lessons learned	Outcome code
107	27/04/2020	Radiation Services	Multi-trust complaint being led by Aintree with one question for CCC to address. The question relates to the decision to not commence chemotherapy/ radiotherapy due to a delay in surgery.	03/06/2020	None - Due to events that occurred at other Trusts the patient was delayed in being referred to the breast MDT for discussion. The MDT took the decision that the "therapeutic window" for adjuvant chemotherapy to be of benefit had passed.	Not Upheld
106	23/04/2020	Radiation Services	Multi-Trust complaint being led by COCH. Complainant feels his diagnosis of oesophageal cancer was delayed. Patient requested CCC to comment on the impact of prognosis regarding diagnosis delay.	29/06/2020	Patient was treated promptly and correctly by CCC . PET CT scan reported correctly and results communicated promptly and appropriately. No aspect of the complaint related to care provided by CCC	Not Upheld
110	14/05/2020	Radiation Services	Multi-Trust complaint being led by Warrington querying delays to treatment.	Await response	Await lessons	Await outcome
113	19/06/2020	All other departments/ areas	Multi-Trust complaint with ST&HK leading. The complainant is confused over when her daughter received a definitive cancer diagnosis and delay with scan results.	Await response	Await lessons	Await outcome

Complaints closed in Q1

The table below shows all the complaints closed during Q1 along with the number of working days taken to respond.

The average number of days to respond to a complaint was 33.

ID	First received	Directorate admitted	Description	Reply due	Closed	Lessons learned	Outcome code	Working days between received and replied
102	02/04/2020	Integrated Care	Conflicting advice being given by nurses regarding reduction of steroids.	04/05/2020	04/05/2020	Ensure communication within the team is accurate when passing messages. Review of information given regarding reducing the doses of steroids if patients cannot attend appointments for SACT assessment.	Partly Upheld	21
103	02/04/2020	Radiation Services	Concern about the lack of certainty as to when radiotherapy will begin as treatment has been suspended for 3 months.	04/05/2020	06/05/2020	No lessons to be learned. CCC was following all revised guidelines in light of the Covid 19 pandemic.	Not Upheld	23
100	25/03/2020	Radiation Services	Consultant didn't make a speech & language therapy referral	24/04/2020	03/06/2020	The leaflet entitled `About the Speech and Language Therapy Service` is now included in the information pack received by head and neck patients when they first attend the Radiotherapy department.	Not Upheld	47

ID	First received	Directorate admitted	Description	Reply due	Closed	Lessons learned	Outcome code	Working days between received and replied
105	17/04/2020	Chemotherapy Services	NHS treatment has been suspended and treatment is not being offered privately. Patient is requesting this decision to be reviewed.	19/05/2020	20/05/2020	Some processes within CCC had to be significantly altered during the Covid 19 pandemic and this had an effect on this patient's management. However all correct processes were followed according to the new guidelines.	Not Upheld	23
98	24/03/2020	Chemotherapy Services	Concern that it took 2 weeks to have an 'urgent' appointment, after which the patient was delivered a very poor prognosis over the phone.	23/04/2020	04/05/2020	No lessons to be learned. CCC were following all revised guidelines in light of the Covid 19 pandemic.	Not Upheld	28
94	26/02/2020	Radiation Services	Complaint about the period of follow-up as complainant believes it was inadequate for the tumour type his wife had.	25/03/2020	01/05/2020	All Consultants reminded of the need to ensure reasons for discharging a patient from follow up are clear and correct and that the patient is given the opportunity to question the discharge if they feel it is inappropriate.	Partly Upheld	46
97	18/03/2020	Chemotherapy Services	Letter of complaint forwarded by Case Manager at Noble's, IOM. Wife of a patient complained	17/04/2020	23/06/2020	The Clatterbridge Cancer Centre has contacted Nobles Hospital and now has access to their electronic system which supports the greater transparency of patient information and appointments. The Head of	Not Upheld	69

ID	First received	Directorate admitted	Description	Reply due	Closed	Lessons learned	Outcome code	Working days between received and replied
			about her husband's appointment at CCC and transfer of care to another hospital. (Note: with consent indicated on letter).			Administration Services will ensure the administration team are made aware of how to access the Nobles' system correctly and effectively.		
101	19/03/2020		Letter received from an MP requesting CCC to address comments from CCG re: breaches to 62 day target for constituents of West Lancashire.	20/04/2020	01/04/2020	The CCC has introduced a closely monitored internal target of 7 days from referral to CCC to the patient's first appointment. This supports the achievement of treatment within 24 days. A number of administration processes have been streamlined as a result of focussing on this period in the pathway.	Partly Upheld	10

In Q2, the revised Complaints and Concerns Policy will become a live document. This clearly sets out the responsibilities of all staff in relation to complaints management. As the Trust is moving into the Covid-19 recovery phase of the pandemic, complaint responses are once again being prioritised by directorates /departments. Compliance in Q2 is expected to improve.

Conclusion

CCC have received 6 formal complaints in Q1

Despite all services being put under increased pressure due to the Covid-19 pandemic and preparing the opening of CCC-L, the Trust has managed an average of 33 working days from the receipt of a complaint to sending out the response.

The revised process for directorate/department complaints management is improving and will become further embedded across the Trust during Q2, which will result in improved compliance rates with the internal target of 25 working days to respond to a complaint.

Complaints will continue to be discussed in monthly directorate Quality and Safety meetings.

Complaints will continue to be reported monthly through the Learning from Incidents Review Group (LIRG) which feeds directly into the monthly Integrated Governance Committee and then to Quality Committee.

Lessons learned from complaints will continue to be included in the bi-monthly Lessons Learned Bulletin which is shared Trust wide.

3.4 Research and Innovation

3.4.1 Achievement Highlights for June 2020

Treatment

- The clinical trials delivery team successfully treated the first six patients at The Clatterbridge Cancer Centre - Liverpool on Monday 29th June. The patients treated were part of the Immunocore 102 (Dr Joe Sacco, Melanoma), Immunocore 202 (Dr Joe Sacco, Melanoma) and Replimune studies (Dr Sacco, Melanoma).

Funding

- Professor Dan Palmer has had confirmation that his trial ARACHNID has secured £1 million from AstraZeneca.

Study title: Phase II randomised study of Durvalumab (MEDI4736) + Tremelimumab in combination with different radiotherapy modalities for advanced hepatocellular carcinoma.

Publications

- *Digital support for living with and beyond gynaecological cancer* was published in the Radiotherapy Journal. This was a collaboration between Lancaster University, D2 Digital and Clatterbridge supported by The Medical Research Council Proximity to Discovery: Industry Engagement Fund (Daniel Hutton, Lynda Appleton) [https://www.radiographyonline.com/article/S1078-8174\(20\)30052-3/pdf](https://www.radiographyonline.com/article/S1078-8174(20)30052-3/pdf)
- Daniel Hutton had an opinion piece published in *Imaging and Oncology: Training for Treatment: Cancer Prehabilitation and Beyond* - https://www.sor.org/system/files/article/202006/io_2020_lr.pdf

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.

3.4.2.1 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 every two weeks to discuss open COVID-19 studies, studies in set-up and studies which are in the pipeline which investigators are interested in opening.
- CCC is 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	7
UK Coronavirus Cancer Monitoring Project	Observational Registry	National database registry audit	Dr Olsson-Brown	78 identified 69 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	2

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	105 (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

3.4.2.2 Patient Recruitment for COVID Studies

- We have three COVID-19 research studies/audits open and one closed with total recruitment of 89.
- Two studies are awaiting activation with 106 cases currently identified which will be added to the recruitment total once activated.

3.4.3 Non-COVID-19 studies

3.4.3.1 Patient Recruitment for non-COVID studies

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

- Since then 17 new patients have been recruited onto trials.

3.4.3.2 Number of new non-COVID studies open to recruitment

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, 34 have been unpaused to recruitment which is 28.0%.
- An additional 4 new studies have also opened out of the 15 studies given local site approval during lockdown.
- R&I have continued to treat patients already on trial (n = 58) and patients already on follow-up (n = 83).

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

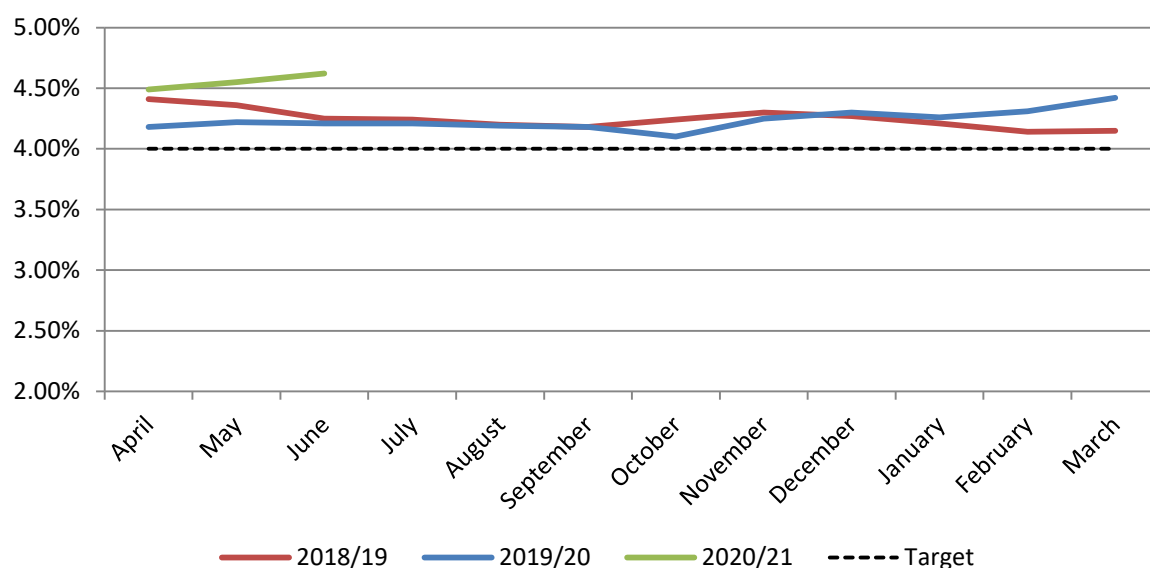
3.5.1 Workforce Overview

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

	2019 / 07	2019 / 08	2019 / 09	2019 / 10	2019 / 11	2019 / 12	2020 / 01	2020 / 02	2020 / 03	2020 / 04	2020 / 05	2020 / 06	Trend
Headcount	1,338	1,337	1,357	1,390	1,406	1,409	1,423	1,420	1,439	1,441	1,464	1,501	
FTE	1,209.49	1,214.29	1,233.37	1,264.11	1,278.15	1,283.20	1,293.36	1,288.82	1,306.74	1,310.94	1,331.94	1,366.26	
Leavers Headcount	18	25	15	11	16	14	22	20	23	21	13	9	
Leavers FTE	15.10	21.96	13.74	10.32	13.76	12.62	21.12	17.93	19.75	17.56	12.56	7.44	
Starters Headcount	17	24	37	40	34	15	30	22	38	26	40	44	
Starters FTE	15.53	23.72	34.56	37.52	30.18	14.36	27.52	20.22	33.81	24.34	36.16	41.39	
Maternity	46	41	42	43	39	36	34	33	36	37	38	41	
Turnover Rate (Headcount)	1.27%	1.76%	1.06%	0.77%	1.13%	0.99%	1.55%	1.41%	1.62%	1.48%	0.91%	0.63%	
Turnover Rate (FTE)	1.17%	1.70%	1.07%	0.80%	1.07%	0.98%	1.64%	1.39%	1.53%	1.36%	0.97%	0.58%	
Avg Headcount	1,421.00	1,421.00	1,421.00	1,421.00	1,421.00	1,421.00	1,421.00	1,421.00	1,421.00	1,421.00	1,421.00	1,421.00	
Average FTE	1,288.95	1,288.95	1,288.95	1,288.95	1,288.95	1,288.95	1,288.95	1,288.95	1,288.95	1,288.95	1,288.95	1,288.95	
Leavers (12m)	199	208	207	204	201	198	203	209	212	222	211	207	
Leavers FTE (12m)	170.22	178.66	178.76	176.33	172.53	170.28	176.68	183.22	187.91	195.31	187.66	183.86	
Turnover Rate (12m)	15.24%	15.93%	15.63%	15.20%	14.88%	14.62%	14.89%	15.28%	15.28%	15.98%	15.04%	14.58%	
Turnover Rate FTE (12m)	14.43%	15.11%	14.89%	14.50%	14.10%	13.87%	14.30%	14.79%	14.95%	15.50%	14.75%	14.28%	
Avg Headcount (12m)	1,306.00	1,305.50	1,324.50	1,342.50	1,350.50	1,354.00	1,363.50	1,368.00	1,387.00	1,389.00	1,403.00	1,419.50	
Average FTE (12m)	1,179.85	1,182.26	1,200.76	1,216.20	1,223.37	1,227.35	1,235.19	1,238.74	1,257.23	1,260.46	1,272.57	1,287.88	

3.5.2 Sickness Absence

The graph below shows the 12 month rolling sickness absence percentages against the Trust KPI target of 4%; it also shows a comparison against the previous 2 years. The Trust's 12 month rolling sickness absence for June 2020 is at 4.62%; this is a slight increase from May's figure of 4.55% and an in month increase in comparison to the previous two years.



Directorate / Corporate Service Level

Sickness absence per month and Directorate:

Org L4	2019 / 07	2019 / 08	2019 / 09	2019 / 10	2019 / 11	2019 / 12	2020 / 01	2020 / 02	2020 / 03	2020 / 04	2020 / 05	2020 / 06	Trend
158 Chemotherapy Services Directorate	4.07%	3.73%	4.55%	7.37%	6.56%	5.22%	7.04%	5.38%	7.33%	7.74%	6.63%	6.02%	
158 Corporate Directorate	4.09%	3.95%	3.18%	4.35%	5.41%	4.14%	4.62%	4.49%	4.50%	4.25%	4.27%	4.16%	
158 Education Directorate	0.00%	0.00%	0.00%	9.40%	1.48%	0.00%	3.27%	2.47%	14.26%	15.15%	13.45%	19.93%	
158 Haemato-oncology Directorate	5.13%	4.53%	5.95%	5.34%	2.42%	3.44%	5.03%	3.92%	4.04%	6.61%	5.14%	4.39%	
158 Hosted Service Directorate	1.19%	2.89%	3.80%	3.72%	5.07%	6.76%	6.36%	3.95%	2.46%	0.98%	5.65%	7.78%	
158 Integrated Care Directorate	6.43%	4.61%	5.98%	7.73%	5.57%	6.26%	4.80%	5.07%	5.40%	2.90%	2.66%	3.61%	
158 Quality Directorate	3.80%	5.39%	0.00%	0.38%	1.37%	0.34%	2.90%	4.36%	4.32%	3.30%	3.80%	11.10%	
158 Radiation Services Directorate	3.62%	2.92%	3.06%	2.21%	3.63%	3.02%	3.65%	3.95%	6.70%	4.83%	3.04%	2.76%	
158 Research Directorate	3.98%	1.90%	3.77%	1.33%	4.29%	3.81%	2.40%	5.97%	9.77%	8.45%	1.96%	2.18%	
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%	

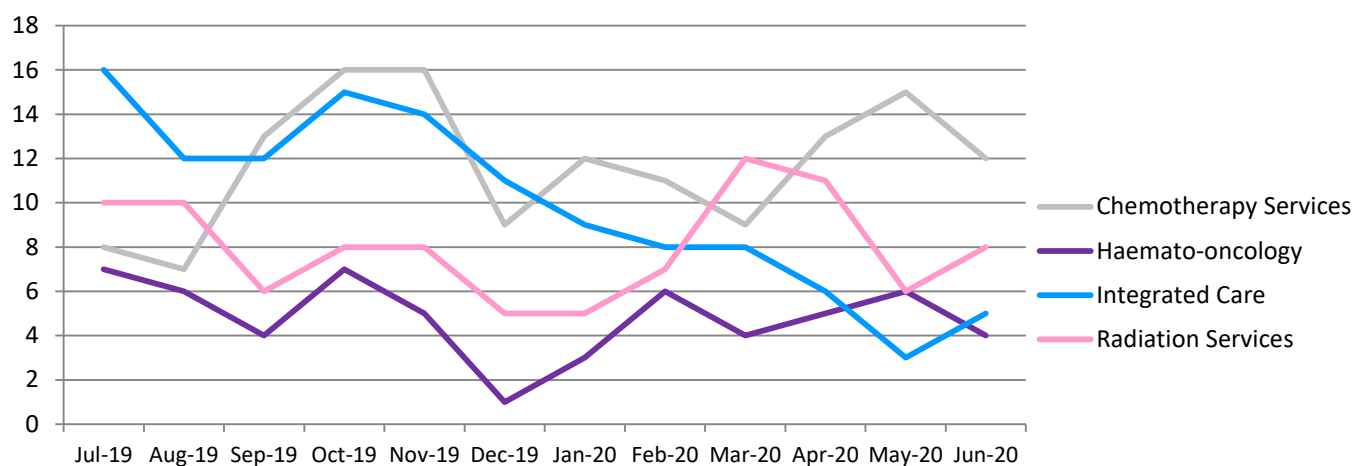
Long / short term sickness absence:

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

	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Trend
Short term	118	102	134	187	160	166	180	133	180	141	103	104	
Long term	56	52	49	61	62	49	42	47	54	50	49	52	

The data in the table above shows that the decrease in the number of short-term absence cases has been maintained for the second month running. This would be expected as we continue to see a downward trend in the number of Coronavirus related absences (which tend to be short-term cases).

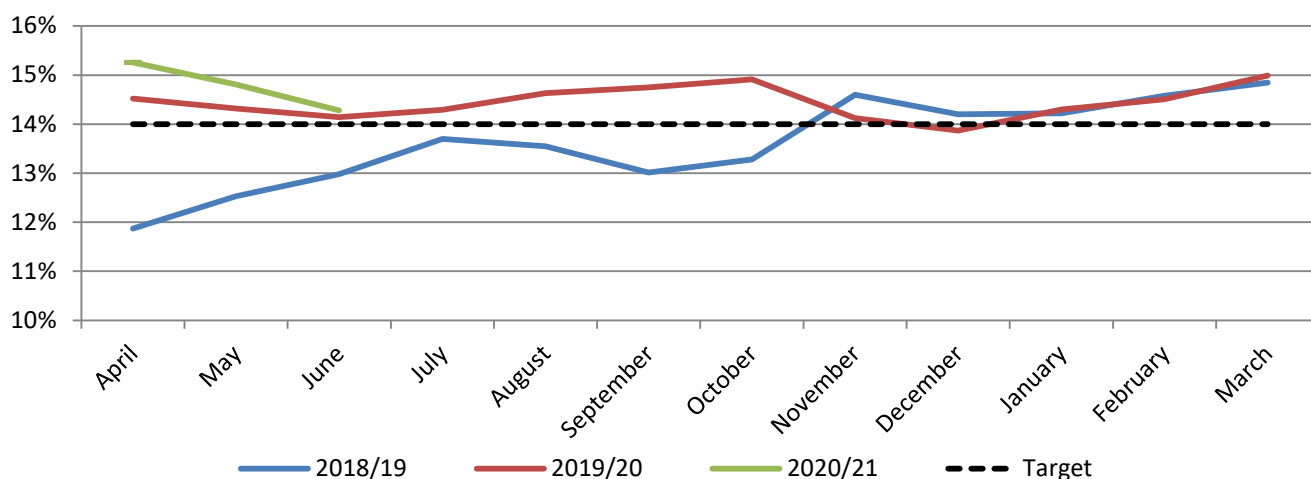
This chart shows long term sickness by Directorate, per month:



It is evident from the graph above that both the Chemotherapy Services directorate and the Haemato-Oncology directorate have seen a positive change in the trend of their long-term sickness cases; for the previous two months they were seeing a steady increase in cases, whereas they have both seen a decrease in the last month (June 2020). On the other hand, both the Integrated Care directorate and the Radiation Services directorate were on a downward trend and have unfortunately seen a slight increase in the past month.

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, for the second month, from 14.81% in May to 14.28% in June 2020. Whilst it is clear that the turnover during May and June 2020 remains higher than the same period in 2018 and 2019, the June figure for this year is very similar to that of the previous year 19/20.

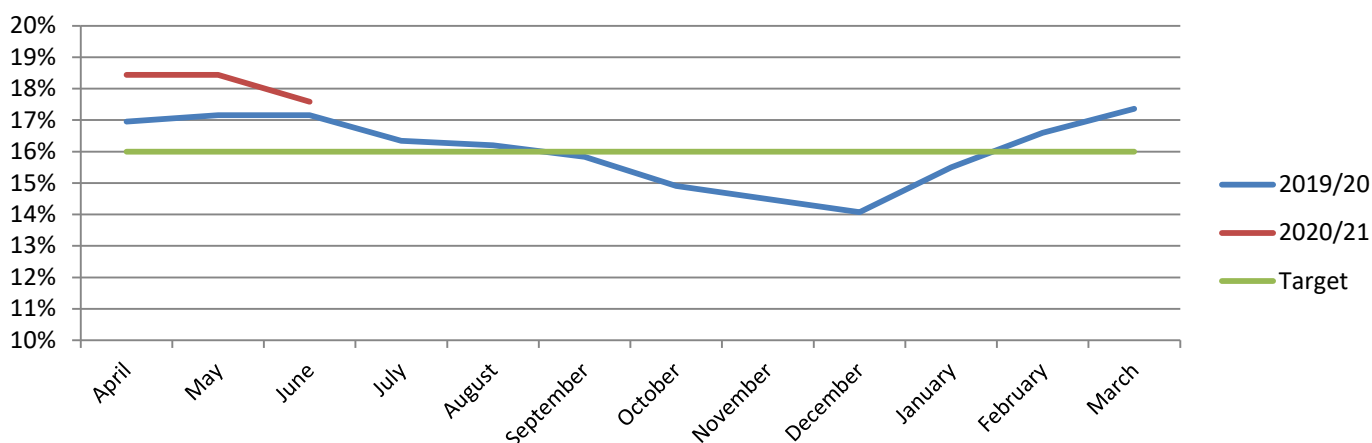


Turnover by Staff Group

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

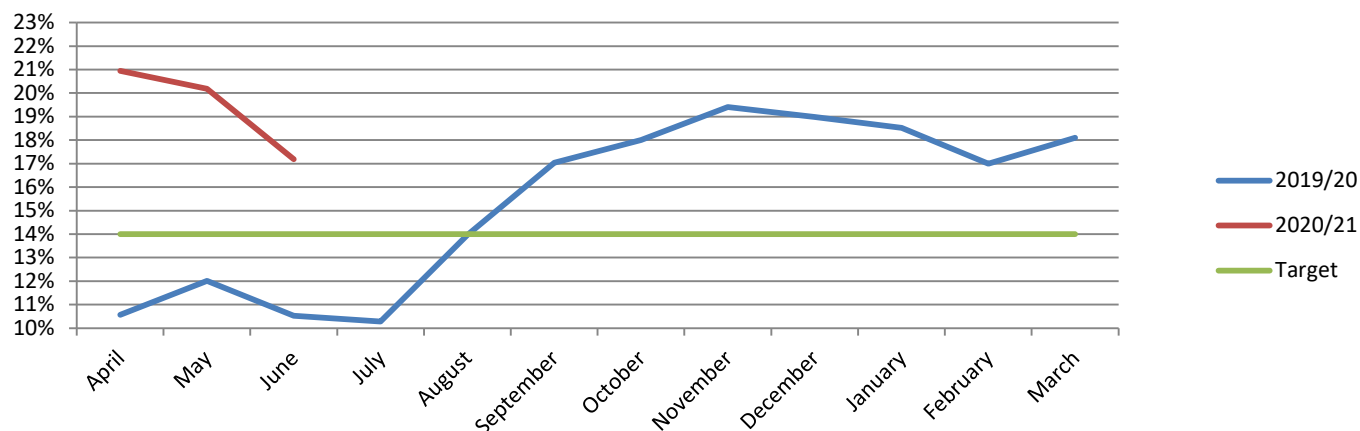
Administrative and Clerical Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 16% for this category of staff. The rolling 12 month turnover figure has decreased from 14.84% in May to 17.58% in June 2020. Turnover during April, May and June 2020 remains higher than the same period in 2019.



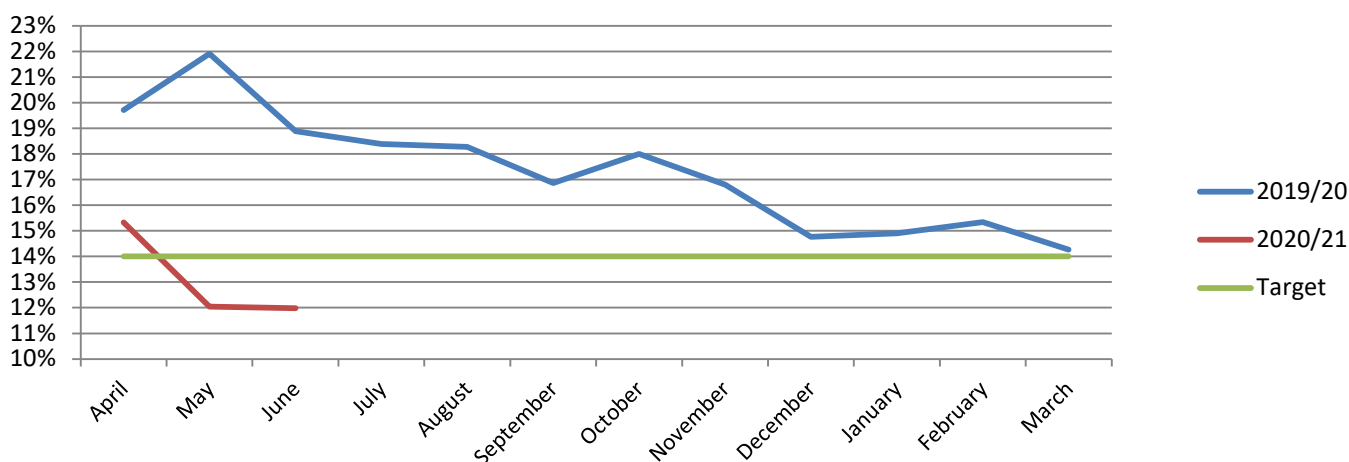
Additional Professional Scientific & Technical Turnover

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 20.18% in May to 17.19% in June 2020, however remains higher than the same period in 2019.



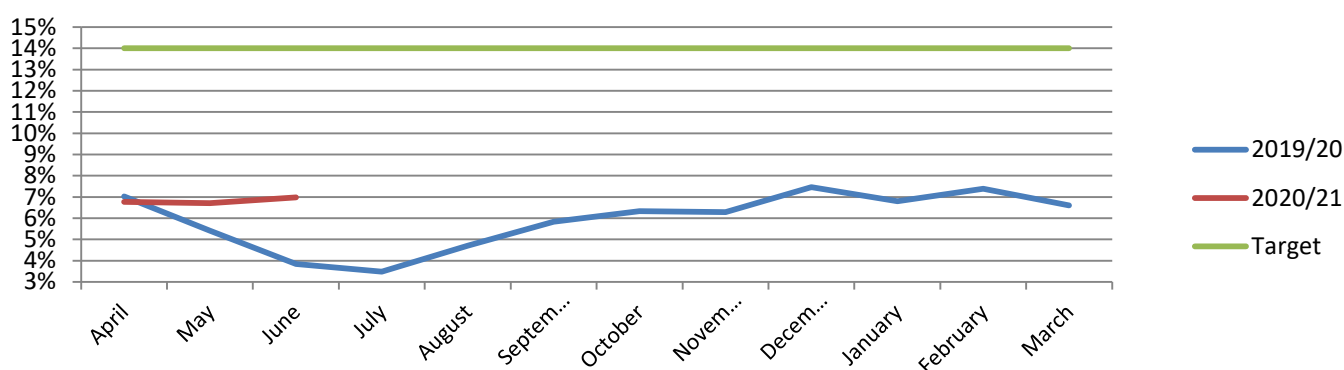
Additional Clinical Services Turnover

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 12.04% in May to 11.98% in June 2020 and remains lower than the same period in 2019.



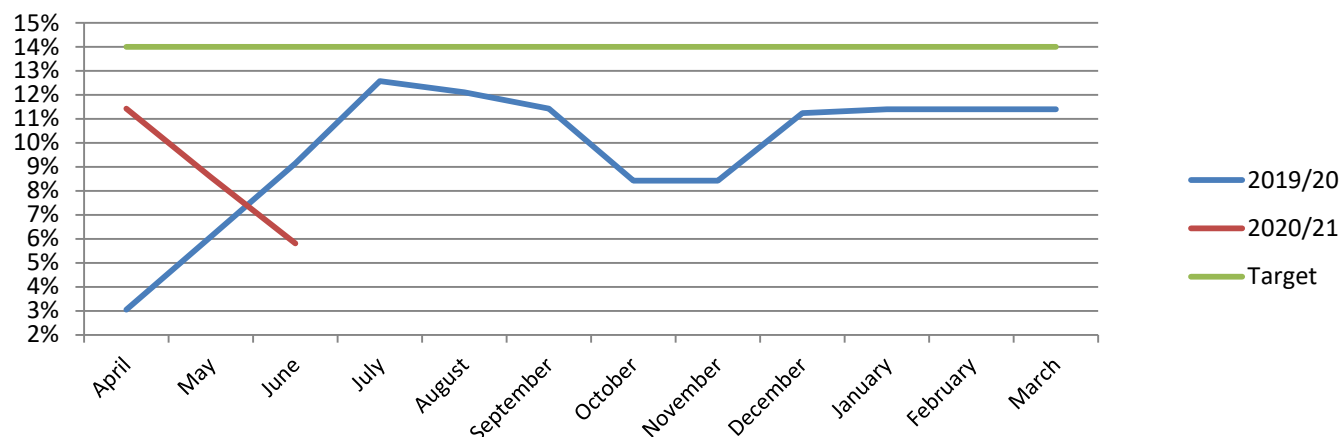
Allied Health Professionals Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 6.71% in May to 6.98% in June 2020 and remains higher than the same period in 2019.



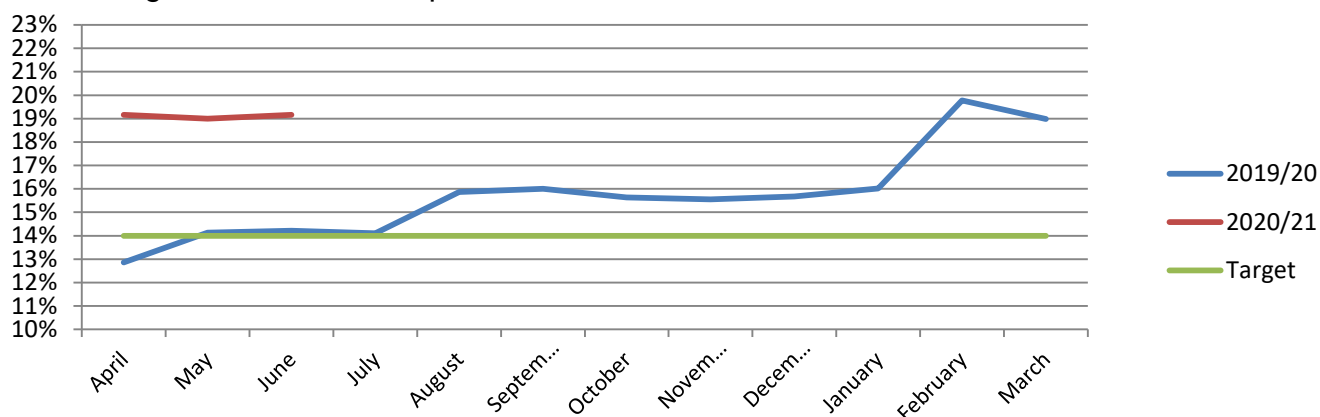
Healthcare Scientists Turnover

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 8.57% in May to 5.81% in June 2020 and is now lower than the same period in 2019.



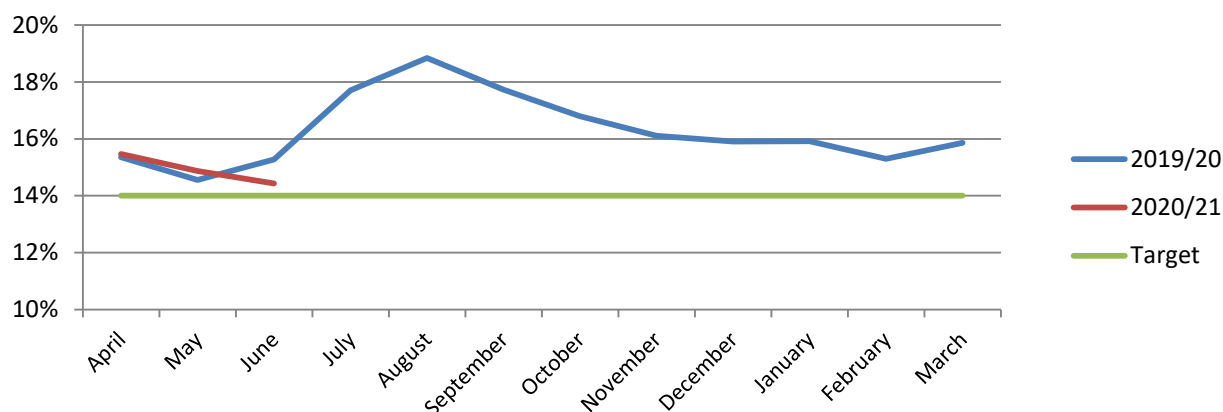
Medical Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 19% in May to 19.16% in June 2020 and remains higher than the same period in 2019.



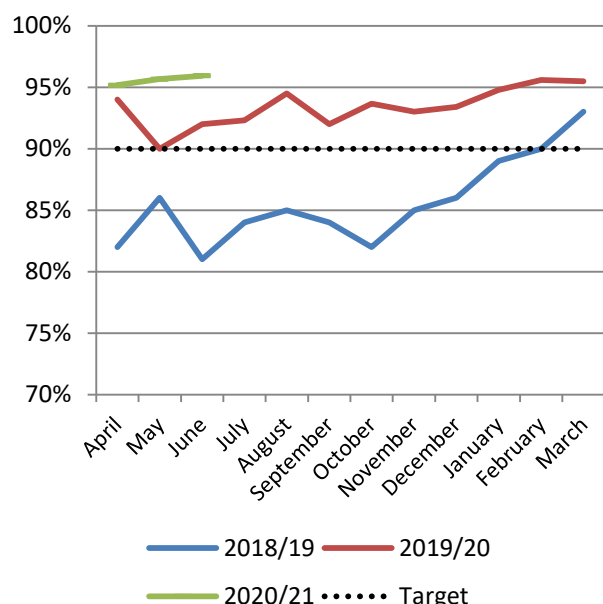
Registered Nursing Turnover

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 14.87% in May to 14.43% in June 2020. Turnover during June 2020 is lower than the same period in 2019.



3.5.4 Statutory and Mandatory Training

Overall Trust compliance at 30th June 2020 is 95.93% which is above the KPI of 90% and is a 0.27% increase from the previous month.



Competence Name	Compliance %
NHS CSTF Equality, Diversity and Human Rights - 3 Years	98.63%
NHS CSTF Fire Safety - 2 Years	95.05%
NHS CSTF Health, Safety and Welfare - 3 Years	96.80%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	98.32%
NHS CSTF Infection Prevention and Control - Level 2 - 2 Years	97.61%
NHS CSTF Information Governance and Data Security - 1 Year	95.96%
NHS CSTF Moving and Handling - Level 1 - 3 Years	97.79%
NHS CSTF Moving and Handling - Level 2 - 2 Years	87.79%
NHS CSTF NHS Conflict Resolution (England) - 3 Years	95.92%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	87.64%
NHS CSTF Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	88.32%
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	96.11%
NHS CSTF Safeguarding Adults - Level 2 - 3 Years	96.13%
NHS CSTF Safeguarding Children (Version 2) - Level 2 - 3 Years	95.58%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	95.81%
NHS CSTF Safeguarding Children - Level 3 - 3 Years	87.75%
NHS MAND Safeguarding Adults Level 3 - 3 Years	84.92%

In response to COVID the Trust cancelled a number of face to face sessions, however we are slowly starting to increase relevant face to face clinical training programmes, ensuring Covid working safety principles are applied.

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 that are under performing against the Trusts KPI of 90%.

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

Compliance for BLS training has seen an in month increase of 0.94% and ILS has seen an in month increase of 4.90%. Frustratingly, during June a number of DNA's were seen for both these subjects which may impact on the successful achievement of the recovery plan.

Patient handling continues to fall below the Trusts KPI, and has seen a further in-month decrease of 0.35%. It was planned to launch a revised approach to the delivery of patient handling training in June, but unfortunately this deadline was not achieved. The L&OD Team are continuing to work with the Patient Handling Lead to agree an approach that supports staff to more effectively achieve this training requirement.

The L&OD Team continue to work with Safeguarding Team to increase compliance for Safeguarding Adults Level 3 (face to face) and Safeguarding Children Level 3 (eLearning).

Progress has been made over the last three months to increase compliance with both Level 3 Children and Adults, but the target date for meeting compliance by end of June (as set out in the safeguarding recovery plan) has not been achieved.

For Level 3 Children's this is due to staff not completing the Level 3 Children e-learning programme, despite receiving reminder emails from both the L&D Team and direct messages from ESR.

For Level 3 Adults the reason for compliance not been achieved is a mix of capacity of training places available, due to reduced numbers to ensure social distancing, and also staff not attending training sessions booked onto.

The Safeguarding Team are working on a revised recovery plan.

Compliance by Directorate

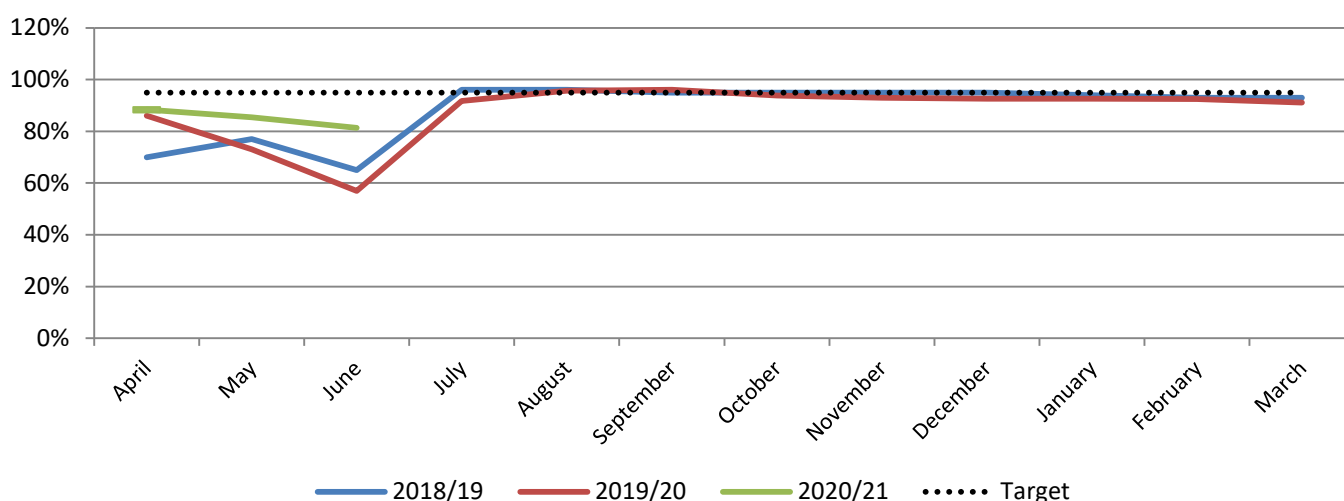
A breakdown of Directorate compliance, as at 30th June 2020 is detailed below.

Directorate	Target	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Trend
158 Chemotherapy Services Directorate	90%	96%	96%	94%	85%	87%	97%	98%	98%	93.78%	97.39%	97.10%	97.26%	
158 Corporate Directorate	90%	94%	97%	93%	92%	89%	92%	93%	95%	90.28%	94.33%	94.61%	94.92%	
158 Education Directorate	90%	100%	100%	100%	100%	98%	89%	89%	94%	96.05%	98.82%	98.94%	98.94%	
158 Haemato-oncology Directorate	90%	88%	87%	87%	89%	86%	93%	95%	95%	90.96%	94.54%	94.48%	95.26%	
158 Hosted Service Directorate	90%	95%	99%	94%	93%	91%	91%	91%	95%	90.11%	97.28%	94.35%	93.54%	
158 Integrated Care Directorate	90%	90%	95%	91%	80%	81%	94%	95%	94%	91.61%	95.22%	96.86%	97.13%	
158 Quality Directorate	90%	96%	98%	97%	96%	92%	95%	95%	98%	92.59%	98.09%	97.13%	97.89%	
158 Radiation Services Directorate	90%	93%	94%	92%	91%	84%	91%	94%	96%	91.78%	93.57%	94.40%	94.85%	
158 Research Directorate	90%	90%	97%	92%	85%	88%	98%	98%	98%	94.57%	98.22%	98.42%	97.51%	

All directorates are achieving their overall compliance for mandatory training.

3.5.5 PADR Compliance

Overall Trust compliance for PADRs as at June 2020 is 81.39%, which is below the KPI of 95% and a decline of 4% from the previous month.



PADR Compliance by Directorate

All directorates are underperforming against the KPI.

Directorate	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Trend
158 Chemotherapy Services Directorate	48.00%	96.00%	96.00%	94.00%	94.00%	93.00%	90.60%	88.60%	91.00%	87.50%	83.13%	82.66%	90.61%	
158 Corporate Directorate	51.00%	94.00%	95.00%	95.00%	94.00%	93.58%	93.36%	93.36%	92.00%	89.87%	86.82%	84.94%	74.45%	
158 Education Directorate	58.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	75.00%	70.00%	70.00%	
158 Haemato-oncology Directorate	56.00%	70.00%	93.00%	91.00%	89.00%	89.00%	88.60%	88.60%	90.00%	89.47%	88.50%	83.84%	70.59%	
158 Hosted Service Directorate	34.00%	90.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	89.29%	86.21%	82.14%	70.37%	
158 Integrated Care Directorate	53.00%	94.00%	96.00%	93.00%	91.00%	89.00%	89.58%	92.00%	94.00%	95.92%	93.78%	90.82%	86.24%	
158 Quality Directorate	52.00%	93.00%	100.00%	100.00%	100.00%	96.00%	100.00%	96.00%	96.00%	96.30%	96.15%	85.19%	55.56%	
158 Radiation Services Directorate	74.00%	94.00%	96.00%	98.00%	96.00%	95.00%	94.00%	93.36%	93.00%	91.53%	89.07%	83.60%	88.10%	
158 Research Directorate	78.00%	100.00%	98.00%	98.00%	98.00%	98.00%	97.87%	97.87%	96.00%	91.49%	89.58%	91.80%	85.00%	

The L&OD Team will be undertaking a targeted campaign in July to work with corporate directorates to increase compliance by the end of July.

3.5.6 Staff Experience

Staff Friends and Family Test

The table below shows an overview of the Trust results and response rates for the last 4 quarters. 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.

Staff FFT Questions	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21
"How likely are you to recommend this organisation to friends and family if they needed <u>care or treatment</u> "	92%	87%	96%	95%
"How likely are you to recommend this organisation to friends and family as a <u>place to work</u> "	62%	64%	66%	73%
Response Rates	24% (318)	66% (853) <i>Incorporated as part of NHS Staff Survey, results not directly comparable</i>	30% (431)	33% (491)

The Trusts results for "How likely are you to recommend this organisation to friends and family if they needed care or treatment" has decreased by 1% from Q4, but the Trust has seen an increase of 7% in response to the question "How likely are you to recommend this organisation to friends and family as a place to work". The Trusts response rate has also increased by 3% increase from Q4.

Four additional questions have been added to the survey to act as a 'pulse check' as part of the Trusts improvement journey. The responses for Q1 are shown below.

Additional Questions	Q1 2020/21
I am enthusiastic about my role	89%
The Trust takes positive action on health and wellbeing	75%
My immediate line manager supports my health and wellbeing	81%
I feel recognition and valued by the Trust	60%

A breakdown of the Staff FFT results, including the additional questions, are now included in the directorate performance reports at a directorate level.

3.6 Finance

Metric	In Mth 3 Actual	In Mth 3 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Surplus (£000)	(171)	309	(480)		(81)	(780)	699	
Control Total Surplus (£000)	0	0	0		0	0	0	
Cash holding (£000)	47,895	26,561	21,334		47,895	26,561	21,334	
Capital Expenditure (£000)	907	6,927	(6,020)		5,053	9,314	(4,261)	

As reported last month the Trust Board agreed and submitted to NHSI a draft 2020-21 plan in March. There are however, interim arrangements in place for April to July 2020 due to COVID-19. NHSE announced on 14th July that these have been extended into July and very likely into August. The arrangements for the remainder of the year are yet to be fully confirmed, but NHSE have stated that the arrangement will be a block type contract with incentives for Trusts to both undertake additional recovery activity and control costs. They also confirmed that whereas the interim arrangements achieve a breakeven position the future funding arrangements are set on the premise of breakeven, but will allow organisations to deliver a surplus or deficit position.

- Commissioning contracts continue to be suspended until at least September.
- The financial risk rating metrics in the Strategic Outcomes Framework have been suspended.
- The Trust is being funded based on cost rather than activity for the first five months of the year at least, with a requirement to achieve a 'breakeven' position through a national top-up / return of income process.
- To breakeven the Trust requires additional Top Up funding of £971k for June, £930k cumulatively.