



Report Cover Sheet

Report to:	Board of Directors Meeting	
Date of the Meeting:	30 September 2020	
Agenda Item:	P1-136-20	
Title:	IPR M5 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 five (August 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 5 2020/21)

Introduction

This report provides an update on performance for month five (August 2020). The access, efficiency (including the newly included Covid-19 recovery activity), quality, workforce and finance scorecards are presented, each followed by exception reports of key performance indicators (KPIs) against which the Trust is not compliant. Further detail then follows in each section, including full actions in place. All Covid-19 recovery activity related exceptions are included in section 3.2.4 rather than in section 2, as a full summary is provided, rather than exceptions only.

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 until December 2020 when a full Quality section will start to be included in the quarterly version of the IPR to Board.

There is no scorecard or exception reports for research and innovation, for reasons described in section 3.4. From 1st October 2020 (Month 7 IPR) real time and predicted data will be presented against targets for the final 6 months of the year.

In line with the plan for 2020/2021 IPR KPIs, two efficiency related KPIs are newly reported in this Month 5 2020/21 IPR. These are data quality metrics focussing on % of patients with an attend status and % of patients with an outcome.

Although much of the data collection initially suspended remains as such (with details of metrics outlined in Month 1 and 2 IPRs), the Trust has maintained internal monitoring and reporting to ensure oversight and good performance.

The KPIs with targets stated in the 'Third Phase of NHS Response to Covid-19' are reported in this Month 5 IPR:

- In September at least 80% of Trust's last year's activity for both overnight electives and for outpatient/day case procedures, rising to 90% in October (while aiming for 70% in August).
- Return to at least 90% of last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October.
- 100% of Trust's last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).
- Where an outpatient appointment is clinically necessary, the national benchmark is that at least 25% could be conducted by telephone or video including 60% of all follow-up appointments.
- All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later 31 December.

This KPI is not yet included, as the definition of the KPI is being reviewed in collaboration with other NHS Trusts. This is being managed via the Trust's Workforce Committee.

- Over the next five years Trust's board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.

The Trust's Covid-19 Weekly Situation Report is no longer included in this Month 5 IPR, as the KPIs stated in the Phase Three Covid-19 Guidance are now reported in the newly presented Covid-19 Recovery Activity scorecard, with accompanying narrative provided in section 3.2.4.

1. Performance Scorecards

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

1.1 Access

CCC Performance

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Aug-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
L	7 days from referral to first appointment	↔	90%	91.0%	90.8%	
C/S	2 week wait from referral to date first seen	↔	93%	100.0%	91.2%	
L	24 days from referral to first treatment	↔	85%	88.1%	84.7%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↓	75% (shadow monitoring)	55.6%	60.6%	
S	31 day wait from diagnosis to first treatment	↔	96%	98.2%	98.3%	
C/S	31 day wait for subsequent treatment (Drugs)	↔	98%	98.7%	99.4%	
C/S	31 day wait for subsequent treatment (Radiotherapy)	↔	94%	98.2%	98.6%	
C/S	62 Day wait from GP referral to treatment	↔	85%	87.3%	89.3%	
C/S	62 Day wait from screening to treatment	↔	90%	100.0%	100.0%	
C/S	Diagnostics: 6 Week Wait	↔	99%	100.0%	100.0%	
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	↔	92%	97.2%	97.0%	

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 July 2020)

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Jul-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%	94.7%	94.7%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↓	75% (shadow monitoring)	77.3%	76.4%	
C/S	62 Day wait from GP referral to treatment	↔	85%	77.3%	79.9%	

Notes:

Blue arrows are included for KPIs with no formal 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	Aug-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Director of Operations						
S	Length of Stay: Elective (days) CCCW / CCCL (Solid Tumour Wards)	↔	≤6.5	5.0	4.5	
S	Length of Stay: Emergency (days) CCCW / CCCL (Solid Tumour Wards)	↑	≤8	9.7	6.0	
S	Length of Stay: Elective (days) CCCHO 7Y	↔	≤21	11.5	13.6	
S	Length of Stay: Emergency (days) CCCHO 7Y	↔	≤16	7.1	13.8	
S	Delayed Transfers of Care (Solid Tumour only) (as % of occupied bed days)	↓	≤3.5%	3.0%	4.9%	
S	Bed Occupancy: Midday (CCCL: Solid Tumour Wards)	↔	G: ≥92% A: 88-91.9% R: <88%	71.9%	57.8%	
S	Bed Occupancy: Midnight (CCCL: Solid Tumour Wards)	↔		69.3%	59.5%	
C/S	% of elective procedures cancelled on or after the day of admission	↔	0%	None cancelled	None cancelled	
C/S	% of cancelled elective procedures (on or after the day of admission) rebooked within 28 days of cancellation	↔	100%	None cancelled	None cancelled	
C/S	% of urgent operations cancelled for a second time	↔	0%	None cancelled	None cancelled	
L	Radiology Reporting: Inpatients (within 24hrs)	↔	G: ≥90% A: 80-89.9% R: <80%	95.0%	94.8%	
L	Radiology Reporting: Outpatients (within 7 days)	↔		91.5%	97.6%	
L	Travel time to clinic appointment within 45 minutes	↔	G: ≥90%, R: <90%	97.0%	96.0%	
C/Phase 3 Covid-19 Guidance	Data Quality - % of active patients with a valid ethnicity recorded	↔	July & Aug = 90% Sept & Oct = 95% Nov & Dec = 100%	96.6%	96.4%	
C	Data Quality - % of outpatients with an outcome	↔	G=95%, A=90% - 95%, R = <90%	98.18%	87.87%	
C	Data Quality - % of outpatients with an attend status	↔	G=95%, A=90% - 95%, R = <90%	97.0%	98.1%	
Executive Director Lead: James Thomson, Director of Finance						
S	Percentage of Subject Access Requests responded to within 1 month	↔	100%	100%	100.0%	
C	% of overdue ISN (Information Standard Notices)	↔	0%	0%	0%	

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

92% for bed occupancy has now been directed nationally.

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

1.2.1 Covid-19 Recovery Activity

A = August | S = September | O = October | P3G = Phase Three Covid-19 Guidance.
Figures are coloured green / red where the target is not yet in force e.g. begins in August.

Directive	Data	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	YTD	Monthly Trend 2020/21
Local	Covid-19 positive inpatients	0	9	3	3	0	0	15	
P3G	Overnight electives (as % of 2019/20)	A = 70%, S=80%, O = 90% (of last year's activity)	38%	60%	88%	80%	67%	65%	
P3G	Day Cases (as % of 2019/20)	A = 70%, S=80%, O = 90% (of last year's activity)	39%	43%	55%	57%	34%	45%	
P3G	Outpatient Procedures (as % of 2019/20)	A = 70%, S=80%, O = 90% (of last year's activity)	83%	85%	117%	158%	167%	137%	
P3G	Outpatient Appointments (as % of 2019/20)	A = 90%, S=100% (of last year's activity)	121%	114%	136%	132%	118%	124%	
P3G	Outpatient Appointments: New (as % of 2019/20)	A = 90%, S=100% (of last year's activity)	110%	76%	60%	83%	79%	87%	
P3G	Outpatient Appointments: Follow Up (as % of 2019/20)	A = 90%, S=100% (of last year's activity)	122%	118%	143%	137%	122%	129%	
P3G	% of all OP appointments which are by telephone or video	25% of all OP appts	71%	69%	70%	68%	68%	68%	
P3G	% of Follow Up OP appointments which are by telephone or video	60% of all FU OP appts	70%	68%	68%	67%	68%	68%	
Local	Referrals: Total (as % of 2019/20)	2019/20 figures	87%	62%	83%	73%	87%	78%	
Local	Referrals: 62 Day (as % of 2019/20)	2019/20 figures	74%	42%	65%	51%	76%	61%	
Local	Referrals: Non 62 Day (as % of 2019/20)	2019/20 figures	93%	71%	92%	83%	92%	86%	
Local	SACT administration: Solid Tumour (as % of 2019/20)	2019/20 figures	81%	60%	97%	94%	90%	84%	
Local	Radiotherapy Treatments (as % of 2019/20)	2019/20 figures	92%	76%	89%	70%	59%	77%	
P3G	Investigations: CT (as % of 2019/20)	S=90%, O = 100% (of last year's activity)	71%	96%	132%	150%	179%	126%	
P3G	Investigations: MRI (as % of 2019/20)	S=90%, O = 100% (of last year's activity)	54%	67%	63%	88%	112%	78%	
Local	Stem Cell Transplants	8.3 per month (as per CCC plan)	1	1	5	8	6	21	
Local	Hotline Calls- Pts advised to attend A&E or CCC CDU: % advised to attend A&E	No Target	71%	63%	63%	73%	71%	68%	
Local	Hotline Calls- Pts advised to attend A&E or CCC CDU: % advised to attend CDU	No Target	29%	37%	37%	27%	29%	32%	
Local	Staff and household members tested (inc. external tests)	No Target	99	62	193	117	37	508	
Local	Staff sickness absence: Covid-19 related (total staff)	No Target	34	24	16	15	3	92	
Local	Staff sickness absence: Covid-19 related (%)	No Target	2.3%	1.6%	1.1%	1.0%	0.2%	1.0%	

This Phase 3 Covid-19 Guidance KPI ' % of active patients with a valid ethnicity recorded ' is already presented in the IPR.
KPI definition and target is TBC for: % of Board / senior staff who identify as BAME (Black and Minority Ethnic).
*Further detail on this data is provided in section 3.2.4

1.3 Quality

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

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Aug-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 (month reported to STEIS)	↑	0	2	5	
C/S	Serious Untoward Incidents: % submitted within 60 working days / agreed timescales	↔	100%	0 requiring submission	100%	
S	RIDDOR - number of reportable incidents	↔	0	0	1	
S	IRMER - number of reportable incidents	↔	0	2	3	
S	Incidents /1,000 Bed Days	↑	No target	369	269	
L	All incidents resulting in harm /1,000 bed days	↑	No target	33	23.1	
C/S	Inpatient Falls resulting in harm due to lapse in care	↔	0	0	1	
S	Inpatient falls resulting in harm due to lapse in care /1,000 bed days	↔	0	0	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%	100%	98.3%	
C/S	% of Sepsis patients being given IV antibiotics within an hour	↔	90%	100%	95%	
C/S	VTE Risk Assessment	↔	95%	96.0%	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	0	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	0	2	
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	
C	FFT outpatient score (% positive)	-	95%		On hold	
C	Number of complaints	Complaints KPIs are reported quarterly (M3, 6, 9 and 12) in the IPR. These rows are included in this M4 report for the Board Members' information.				
S	Number of written complaints / count of WTE staff (ratio)					
C	% of complaints acknowledged within 3 days					
L	% of routine complaints resolved within 25 days / or complainant kept informed					
L	% of complex complaints resolved within 60 days / or complainant kept informed					
C/S	% of FOIs responded to within 20 days	↔	100%	100.0%	99.0%	
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	26	128	
L	% of policies in date	↔	100%	94%	97%	
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.

1.4 Research & Innovation

There is no scorecard for Research and Innovation for this month four report. Although patient recruitment into trials has restarted at CCC, it is still 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. From 1st October 2020 (Month 7 IPR) real time and predicted data will be presented against targets for the final 6 months of the year.

1.5 Workforce

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

Directive	Key Performance Indicator	Change in RAG rating from previous period	Target	Aug-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%	4.1%	4.40%	
S	Staff Turnover (12 month rolling)	↑	G: ≤14%, A: 14.1 - 14.9%, R: ≥15%	13.8%	14.72%	
S	Statutory and Mandatory Training	↔	G: ≥90%, A: 75 - 89%, R: ≤75%	95.6%	N/A	
L	PADR rate	↔	G: ≥95%, A: 75 - 94.9%, R: ≤75%	71.0%	N/A	
S	FFT staff: Recommend as a place to work	↔	G: ≥95%, A: 90 - 94.9%, R: ≤90%	-	Q1 20/21 = 73%	
S	FFT staff: Recommend care and treatment	↔	G: ≥95%, A: 90 - 94.9%, R: ≤90%	-	Q1 20/21 = 95%	

1.6 Finance

1.6.1 For August the key financial headlines are:

Metric	In Mth 5 Actual	In Mth 5 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Deficit (£000)	(205)	(549)	344	Green	(406)	(1,089)	683	Green
Control Total Surplus (£000)	0	0	0	Green	0	0	0	Green
Cash holding (£000)	47,180	27,531	19,649	Green	47,180	27,531	19,649	Green
Capital Expenditure (£000)	1,377	9	1,368	Yellow	7,466	9,331	(1,865)	Yellow

*The plan for month 5 is the original plan approved by the Board in March 2020. The Control Total Surplus is the revised NHSI plan issued to the Trust.

1.6.2 Since the last report NHSI have confirmed that the interim funding arrangements originally put in place for April – July where by Trust's are funded on a cost basis by way of a top-up have been extended to the end of September. The arrangements for the remainder of the year have been confirmed as a block funding envelope with incentives. The value of the funding envelope has not yet been confirmed but is due imminently.


- Commissioning contracts continue to be suspended until at least October.
- The financial risk rating metrics in the Strategic Outcomes Framework have been suspended.
- To breakeven the Trust requires additional Top Up funding of £1.9m for August, £5.7m cumulatively.

2. Exception Reports


2.1 Access

62 Cancer Standard (Alliance-level)	Target	July 20	YTD	12 month trend (to July)
	85%	77.25%	79.92%	
<p>Reason for non-compliance</p> <p>Non-compliance with the 62 day standard in June 2020 is largely driven by underperformance in the following tumour groups:</p> <ul style="list-style-type: none"> • Lower Gastrointestinal (40.96%) • Urology (56.71%) • Upper GI (65.79%) <p>July'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 40.96% in July. In May the British Society of Gastroenterology advised a six-week pause in endoscopy services due to the risk of Covid-19 transmission, affecting lower GI, upper GI and urology pathways. There is a large backlog of patients waiting for endoscopy with patients being prioritised based on clinical need. There is a significant focus on restoring endoscopy activity and efficiency to pre-Covid-19 levels.</p> <p>Delays to diagnostic pathways are being monitored through the Cheshire and Mersey Cancer Alliance, with endoscopy recovery led by a C&M recovery team.</p> <p>Urology has been affected by fewer clinically urgent patients waiting for robotic surgery to recommence after this service was suspended during Covid-19. Robotic surgery has now recommenced.</p>				
<p>Action Taken to improve compliance</p> <ul style="list-style-type: none"> • Continuation of surgical and diagnostics hubs as part of CMCA's response to Covid-19. • The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group. • The endoscopy operational recovery team, in collaboration with the C&M Hospital has produced a clear, prioritised plan to increase capacity. • The Alliance has secured £5.4m capital investment to increase endoscopy capacity and improve productivity. • £600,000 investment to support full implementation of symptomatic faecal immunochemical testing (sFIT) in primary care. This builds on the existing secondary care sFIT model. Implementation will reduce demand for endoscopy services. • Patient and public communications to improve patient confidence to attend for appointments. • 2ww referrals are now back to 10% lower than pre-pandemic levels 				
Expected date of compliance	Compliance with the 62 day standard is expected in Q4 2020/2021. None of the 19 cancer alliances in England have met the standard in the last year. Further localised peaks of Covid-19 may adversely impact on recovery.			

Escalation route	NHS England, North West CCC Performance Committee, Trust Board
Executive Lead	Liz Bishop, CMCA SRO

28 days from referral to diagnosis or ruling out of cancer	Target	August 20	YTD	12 month trend
	75%	55.6%	60.6%	
Reason for non-compliance In August, five patients achieved the 28 day FDS target and four patients breached the target. Three of the breaches were unavoidable due to medical and other reasons such as patient choice. The avoidable breach was due to delay to additional diagnostics at another provider.				
Action Taken to improve compliance <ul style="list-style-type: none"> The HO MDT Coordinators escalate potential FDS breaches and work with the HO team and other trusts to ensure dates are within target where possible. The additional test will be available at CCCL in the future and we will have control of capacity and be able to manage any potential 28 FDs breaches appropriately. 				
Expected date of compliance	30/11/20			
Escalation route	CWT Target Operational Group, Performance Committee, Trust Board			
Executive Lead	Joan Spencer, Director of Operations			

2.2 Efficiency



Length of Stay: Emergency (days) CCCL (Solid Tumour Wards)	Target	Aug 20	YTD	12 month trend
	8 days	9.7 days	6 days	
Reason for non-compliance Length of Stay for emergency admissions at CCC Liverpool (Solid Tumour Wards) is 9.7 days in August; 1.7 days above the 8 day target. In August, there has been an increase in the number of patients experiencing delays in repatriation back to their local Acute provider, with the Acute providers explaining that the delay is due to the need for all repatriations to have a side room and to be COVID-19 swabbed on their return.				

The Clinical Utilisation Review (CUR) system has recorded 19 days delay in care related to repatriation, affecting 5 patients. The Repatriation SOP has been used twice in August to escalate delays (COO to COO letters) for patients who are awaiting repatriation to acute NHS providers.

Action Taken to improve compliance

- Repatriation delays have been raised through the repatriation SOP to the General Manager and Director of Operations, instigating COO to COO letters.
- Weekly LoS meetings continue to occur and highlight any patterns in delays.
- Collection of data linked to single fraction radiotherapy MSCC patients and how long they wait to be repatriated to their Acute provider. Data is being reviewed within the directorate to support finding a solution.
- MSCC patients are discussed at daily MDT COW Board Round to identify the plan of care after radiotherapy; i.e. if unknown primary; to be referred back to the acute care provider or to be discharge planned from CCC.

Expected date of compliance	30/09/20
Escalation route	Monthly ICD meeting, Directorate Q and S Group, Integrated Governance Committee, Quality Committee, Trust Board
Executive Lead	Joan Spencer, Director of Operations

	KPI	Target	Aug 20	YTD	12 month trends
Bed Occupancy CCCL: (Solid Tumor Wards)	Bed Occupancy: Midday	G: ≥92% A: 88-91.9% R: 88%	71.9%	57.8%	
	Bed Occupancy: Midnight		69.3%	59.5%	

Reason for non-compliance

Although Solid Tumour inpatient ward bed occupancy has been rising every month since April 2020, this is still below the 92% target for August 2020.

- The average bed occupancy at midday was 71.9% (YTD 57.8%)
- The average bed occupancy at midnight was 69.3% (TYD 59.5%)

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

These figures are calculated based on a total of 51 beds. There are a further 4 beds on Ward 2, which are temporarily being used as day case beds.

There are no beds currently closed due to social distancing at CCC Liverpool as all beds are in side rooms. There are currently 2 side rooms on Ward 3 which are left vacant for 'Red patients' when there is a high clinical suspicion or confirmation of COVID-19 infection.

Failure to meet the target can be explained by reduced activity in line with 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 with certain tumour groups. Activity with the tumour groups which are allocated to Ward 3 still appears slow to recover from COVID-19 (head and neck and gynaecological) with less inpatient activity noted for these patients.

The CUR non-qualifying rate reduced this month to 7%. This indicates that patients were clinically in the right place for their care. There were 6 DTOCs in August, reduced from 8 in July.


Length of Stay remains on target for planned admissions, but is above target for the unplanned admissions.

Action Taken to improve compliance

- Weekly 'Lengthened Length of Stay' meetings have continued throughout the month of August with attendance of Matron and the Directorate General Manager to ensure the flow of patients continues and any concerns are escalated
- 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. Weekly complex discharge meetings occur with MDT
- Daily COW MDT meetings continue to allow discussion of all inpatients so there is a clear plan for each patient
- The Repatriation SOP has been used twice in August to escalate delays (COO to COO letter) for patients who are awaiting repatriation to acute NHS providers.

Expected date of compliance	30/09/2020
Escalation route	Directorate Performance Reviews, Performance Committee, Board of Directors' Meeting.
Executive Lead	Joan Spencer, Director of Operations

2.3 Quality

	Target	Aug 20	YTD	12 month trend
Serious Untoward Incidents	0	2	5	
During August 2020 the Trust declared two Serious Untoward Incidents (SUI)				
Description of SUI (1):				
There was a delay in an inpatient receiving chemotherapy, as outpatient SACT prescriptions do not transfer into the in-patient account in Meditech when a patient is admitted.				

Description of SUI (2):

Pharmacy selection process error led to a patient being dispensed with the incorrect dose (too high) of medicines.

Immediate Action Taken**SUI (1)**

- Duty of candour completed and patient informed of investigation process
- Initial review completed and presented through LIRG 30.07.20
- Agreed that this is a SUI – registered with CCG 01.08.20
- Investigation lead appointed

Immediate lessons learned:

- Consultant staff informed to document in the patient record if chemotherapy is to be continued when a patient is admitted, as this is not the norm.
- Staff who administer medication reminded to document if / when medication is intentionally withheld
- Any medication (held within the patient's own medication locker), with the intention to be withheld, to be sealed and labelled accordingly

SUI (2)


- Duty of candour completed and patient informed of investigation process.
- Initial review completed and presented through LIRG 30.07.20
- Agreed that this is a SUI – registered with CCG 01.08.20
- Investigation lead appointed

Immediate lessons learned:

- Incident shared with PharmaC staff at safety huddle to increase awareness
- The two strengths of tablets have been clearly differentiated on the storage shelves

Expected date of compliance	SUI (1) and SUI (2) investigations will be undertaken as a priority within CCC. The NHS investigation framework implemented to be completed no later than 26/10/2020
Escalation route	<p>The final investigation report will be shared with the LIRG panel and approved by Integrated Governance Committee prior submission to CCG.</p> <p>A summary of the investigation will be presented to the Quality Committee.</p> <p>Monthly Directorate Quality and Safety Group, LIRG, Integrated Governance Committee, Quality Committee, Trust Board.</p>
Executive Lead	Sheila Lloyd, Director of Nursing and Quality


IRMER - Number of Reportable Incidents	Target	Aug 20	YTD	12 month trend
	0	2	4	
<p>Reason for non-compliance</p> <p>During August 2020, two incidents occurred that were notifiable to the IRMER Inspector under the notification criteria 'equipment malfunction or procedural error leading to three or more imaging exposures in a single fraction'. Neither incident caused harm to the patient.</p> <p>Description of incident 10876</p> <p>The patient received 3kV images at one fraction due to the machine faulting on 2 occasions.</p> <p>Description of incident 10925</p> <p>The patient received 3 sets of imaging at Cyclotron simulation with the field size set at maximum setting after the jaws had been left open by an external engineer at the annual service.</p>				
<p>Immediate actions taken</p> <ul style="list-style-type: none"> • All actions taken to address issues and continue simulation/treatment without further incident. Explanation and apology provided to both patients • Additional weekly check introduced in Cyclotron, which includes a check of imaging field size and a visual inspection of the dials which indicate field size settings • Change in practice implemented for external beam patients: if a fault occurs when the patient has already undergone an exposure during that session and treatment staff are unable to act on this without repetition, the patient will where possible be moved to another treatment unit <p>Planned actions</p> <ul style="list-style-type: none"> • Review of staff rotations to ensure appropriate skill mix and consistency in practice across all areas • Review of x-ray equipment training for Cyclotron staff • Review of relevant procedures to ensure that handover of equipment after repair or servicing is accurately described for all areas • Documentation on details of annual service of x-ray units to be obtained/produced, shared with relevant staff and used to inform checks required • London Protocol Investigation to be carried out for 10925, actions from both incidents will be tracked through monthly Q&S Meetings and lessons shared at monthly Shared Learning Meetings and MPE Management Group 				
Expected date of compliance	London Protocol Report will be completed by 12.10.20.			
Escalation route	Escalation and reporting as per Incident Reporting Policy Directorate Q&S Meeting, LIRG, Performance Reviews, Quality Committee, Trust Board			
Executive Lead	Sheila Lloyd, Director of Nursing and Quality			

% of Policies In Date	Target	Aug 2020	12 month trend
	100%	94%	
Reason for non-compliance <p>Out of a total of 266 policies, fifteen were out of date at the end of August 2020, resulting in a compliance figure of 94%.</p> <p>Five of the fifteen policies are scheduled to be approved at various committees during September.</p> <p>Of the fifteen policies, two are between three and five months out of date and the other thirteen are between one and three months out of date.</p>			
Action taken to improve compliance <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 • Promotion of policy self-management with Document Owners - ongoing • Targeted meetings being held between Information Governance staff and Document Owners - ongoing • Undertake comprehensive training/overview of QPulse functionality with Ideagen to investigate greater use of automation e.g. policy review reminders to Document Owners – Initial training cancelled April 2020 due to COVID-19 to reschedule for remote delivery by end of Quarter 2 2020 • Undertake comprehensive review and update of Document Control Policy – by end of Quarter 2 2020 			
Expected date of compliance	October 2020		
Escalation route	Associate Director of Corporate Governance, Information Governance Board, Integrated Governance Committee, Quality Committee, Trust Board		
Executive Lead	Liz Bishop, Chief Executive		

2.4 Research and Innovation

There are no exception reports for Research and Innovation in month 4 as 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	August 2020	12 month rolling	12 Month Trend (in month figures)
	G: ≤4%, A: 4.1 - .4%, R: ≥4.5%	4.08%	4.64%	

Reason for non-compliance

The Trust 12 month rolling sickness absence is 4.64%, with the in-month sickness figure for August 2020 at 4.08% which is a decrease from July's in month figure of 4.20%.

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	42
2	Gastrointestinal problems	31
3	Headache / migraine	6

Anxiety/Stress/Depression is the highest reason for absence in August 2020 for the third consecutive month. Absences for this reason continue to increase with 42 absences in August 2020 compared with 39 in July 2020 and 38 in June 2020. From these absence episodes, 12 were short term and 30 were long term. In total, 11 absences due to anxiety/stress/depression returned to work in August 2020.

A breakdown of occurrences due to this reason by directorate is displayed below:

Directorate	Number of Episodes
Corporate	15 (increase by 4 in month)
Chemotherapy Services	9 (decrease by 1 in month)
Integrated Care	8 (remained static in month))
Radiation Services	4 (decrease by 1 in month)
Haemato-Oncology	4 (increase by 2 in month)
Quality	2 (remains the same)

Gastrointestinal continues to be the second highest reason for absence in August 2020. There were 31 episodes in total, an increase by 1 occurrence from last month. Of the 31 episodes, 25 were short term and 6 long term, 3 of which continue into August 2020.

A breakdown of occurrences due to this reason by area is displayed below:

Directorate	Number of Episodes
Chemotherapy	10 (decrease by 2 in month)
Corporate	8 (increase by 2 in month)
Haemato-Oncology	3 (decrease by 1 in month)
Integrated Care	4 (remained static)
Radiation Services	6 (increase of 4 in month)

In July 2020 the Trust's third highest reason for absence was Chest and Respiratory problems however, in August, Headache and Migraine is now the third highest reason with 6 episodes. Absences due to Chest and Respiratory continue to decrease. There were just 5 episodes in August 2020. This figure has decreased by over half with 18 episodes in July 2020.


Action Taken to improve compliance

- The Trust is continuing to promote its health and wellbeing support via different communication methods including team brief, intranet, twitter and email.
- National initiatives such as the NHS People virtual common room space, Head space app etc. continue to be promoted to staff.
- Resilience sessions originally planned for September 2020 have now been delayed to October 2020 due to provider not being able to provide face to face provision and alternative solutions being sought.
- HR Monthly catch up meetings are now back in managers' diaries meaning that extra support can be provided to managers with teams with particularly high/problematic sickness.

Expected date of compliance	July 2021
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Escalation route	Directorates, WOD Committee, Quality Committee, Trust Board
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Executive Lead	Jayne Shaw, Director of Workforce & OD
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PADR	Target	August 2020	12 Month Trend
	G: =>95%, A: 75 - 94.9%, R: =<75%	71.03%	

Reason for non-compliance

Overall Trust compliance for PADRs as at 31st August 2020 is 71.03%, which is below the target of 95% but is an increase of 12.25% from the previous month.

The PADR window for 2020/21 opened on 1st March 2020, however to enable clinical capacity during the pandemic, the Trust paused PADR completion for a 4 week period during April. The window reopened in May and will close on 31st September 2020.

Assurance was given at July's performance review meetings, from all directorates, that plans are in place to achieve 95% compliance by the end of September.

Action Taken to improve compliance

- Email sent to all areas from the Director of Workforce and OD in August seeking further assurance that the KPI will be achieved by 31st September.
- From August, the L&OD Team implemented weekly compliance reporting for Managers
- Compliance action plans are regularly followed up with managers.
- Regular communications sent to staff.
- Sessions have been offered to all staff with regards to the PADR process, an increase in the number of one-to-one sessions has been observed via MS Teams.
- Staff are receiving support via Teams, over the phone and email with completing PADRs and inputting into ESR.

- Revised guidance for inputting completed PADR into ESR has been issued.
- One page communications for staff and managers with key information and frequently asked questions to support with the process has been issued
- Updated quick guide available via the extranet
- Monthly compliance is reported via the performance dashboards and is discussed at the performance review meetings to give assurance
- Pay Progression Policy includes the requirement for compliance with PADR in order to receive staff's next pay step
- Revised process for new starters introduced from January 2020
- PADR compliance is discussed as a regular agenda item with managers with the HR team

Expected date of compliance	31 st September 2020
Escalation route	Directorates, WOD Committee, Quality Committee, Trust Board
Executive Lead	Jayne Shaw, Director of Workforce & OD

3. Detailed Reports

3.1 Access

3.1.1 Cancer Waiting Times Standards: CCC Performance

2 Week Wait

There were no 2 week wait breaches for August.

62 Day wait from GP Referral to treatment

The 85% target is currently being achieved at 88.6% for August (*final validation via national system 1 October 20).

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							
34	40	74	Haem	RLH	Chemo	Patient choice - Thinking time regarding entry into Clinical Trial and patient declined investigation for trial so was ineligible for entry.	No
29	42	71	Haem	RLH	Chemo	Medical reason – Patient referred from H&N pathway at other trust and then required to self-isolate prior to biopsy due to COVID. Patient then had thinking time regarding entry into Clinical Trial	No
Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days							
48	27	75	UGI	SORM	RT	Medical reason - Change in treatment plan due to blood levels. Patient was for chemo treatment but started radiotherapy	No
105	26	31	H&N	Wirral/Aintree	RT/Chemo	Medical reason – Patient required nutritional support at other trust but was unable to tolerate the procedure due to complications therefore unable to stop the pathway.	No
47	27	74	UGI	Aintree	Chemo	Medical reason – Treatment was booked within target but the patient required admission to referring trust for related medical condition and treatment was deferred	No
126	25	151	Gynae	Aintree/LWH	RT	Delay to first appointment (11 days) due to Gynae consultant capacity and as the target date was a Sunday. Unable to escalate and commence treatment within target	Yes

62 Day Screening

There were no 62 Day Screening breaches for August.

7 Day Performance (Internal Target)

7 day KPI for August 2020 is 91% against a stretch target of 90%.

24 Day (Internal Target)

24 day KPI for August 2020 is 88.1% 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: 1/7/20 – 9/9/20

62 Day - CLASSIC									
Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Breast	3	0	43	25	46	25	93.48%	100.00%	
Lung	5	1	29	14.5	34	15.5	85.29%	93.55%	
Upper Gastrointestinal	17	1.5	14	8.5	31	10	45.16%	85.00%	
Lower Gastrointestinal	11	0.5	11	8	22	8.5	50.00%	94.12%	
Head and Neck	5	0.5	11	7	16	7.5	68.75%	93.33%	
Haematological (Excluding Acute Leuka...)	7	2	7	4.5	14	6.5	50.00%	69.23%	
Gynaecological	4	0.5	6	3	10	3.5	60.00%	85.71%	
Urological (Excluding Testicular)	6	0	3	2.5	9	2.5	33.33%	100.00%	
Sarcoma	3	0	2	1	5	1	40.00%	100.00%	
Other	0	0	1	0.5	1	0.5	100.00%	100.00%	

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 August at 55.6%.

The breach details are as follows:

Day into CCC	Days to FDS	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach
Day FDS Breaches: Patient received at CCC to diagnosis or ruling out of cancer						
0	31	HO	GP		Other - Delay to diagnostic test as Diagnostic Imaging team were unable to contact patient on numerous occasions to offer an appointment. Patient was then unwell and admitted and treated at other trust	No
29	60	H&N/Haem	RLH	Chemo	Medical reason – Patient referred from H&N pathway at other trust and then required to self-isolate prior to biopsy due to COVID-19	No

Day FDS Breaches: Patient received at CCC to diagnosis or ruling out of cancer						
0	56	Haem	GP	Chemo	Medical reason – Diagnostic biopsy was re-arranged due to deranged blood results and patient required medication prior to biopsy	No
0	57	No cancer	GP		Delay to diagnostic test with other provider. After the initial diagnostic scan the patient required further investigation that is provided by other trust and then re-discussion at MDT	Yes

Patients treated on or after 104 Days

In August 2020, six patients were treated after day 104; referred between day 102 and 160 to CCC. All patients were treated within twenty-four days by CCC.

Cancer Waiting Times Improvement Plan:

Key actions are underway as part of the Improvement Plan including

HO improvements:

- The proposed RDC service will go live in January 2021. This project will link in with the RDC project for ENT at LUHFT.

3.1.2 Cancer Waiting Times Standards: Cheshire and Merseyside Performance

Cheshire and Merseyside Performance (until July 2020)

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Jul-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%	94.7%	94.7%	
C/S	28 day faster diagnosis - (Referral to diagnosis)		75% (shadow monitoring)	77.3%	76.4%	
C/S	62 Day wait from GP referral to treatment		85%	77.3%	79.9%	

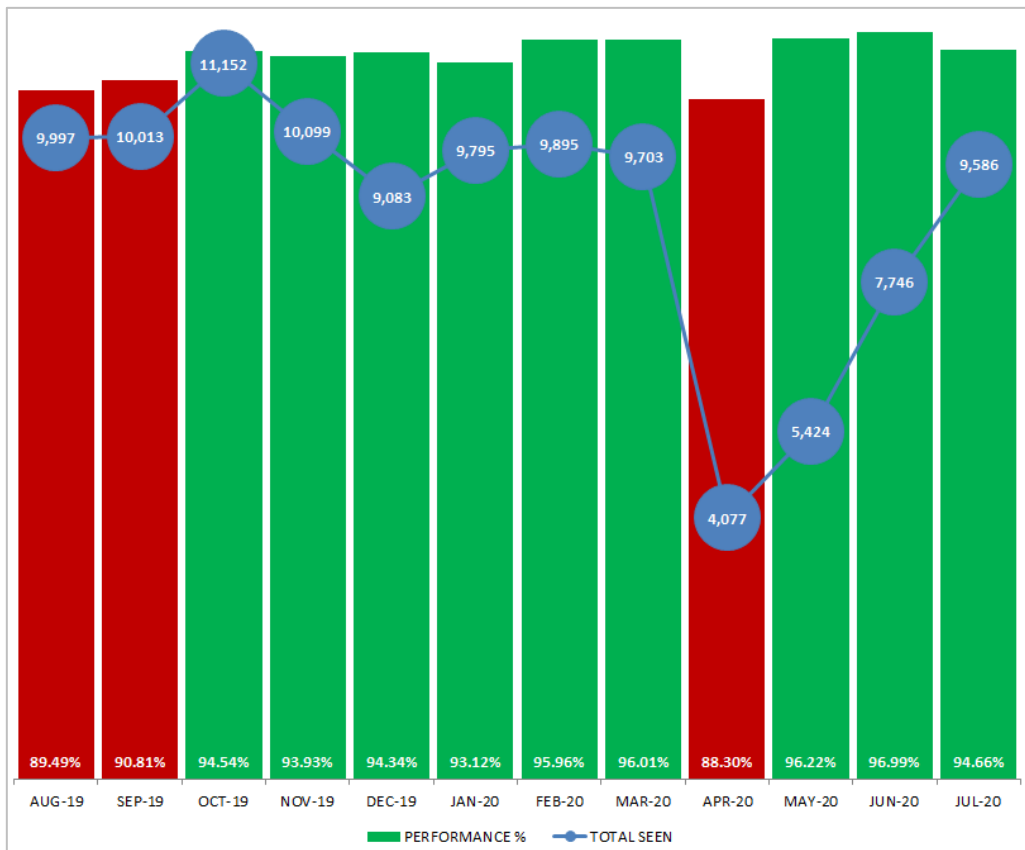
Notes:

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

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 July 2020.

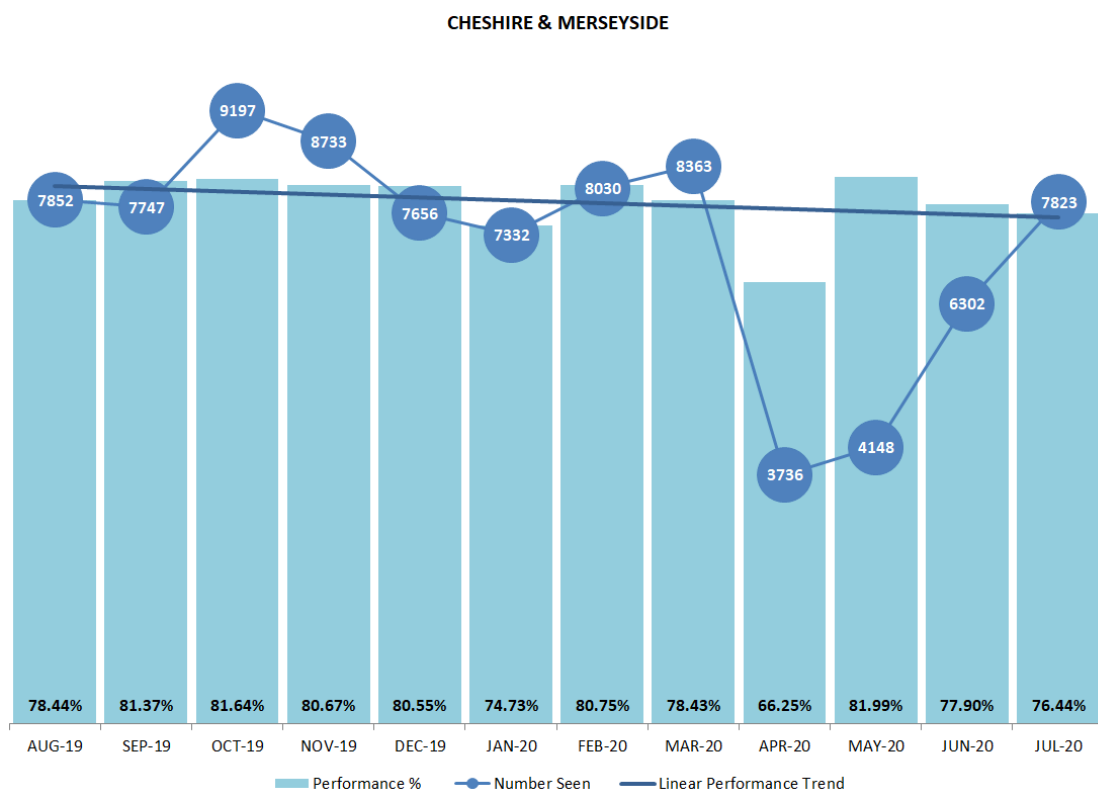
2 Week Wait

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.



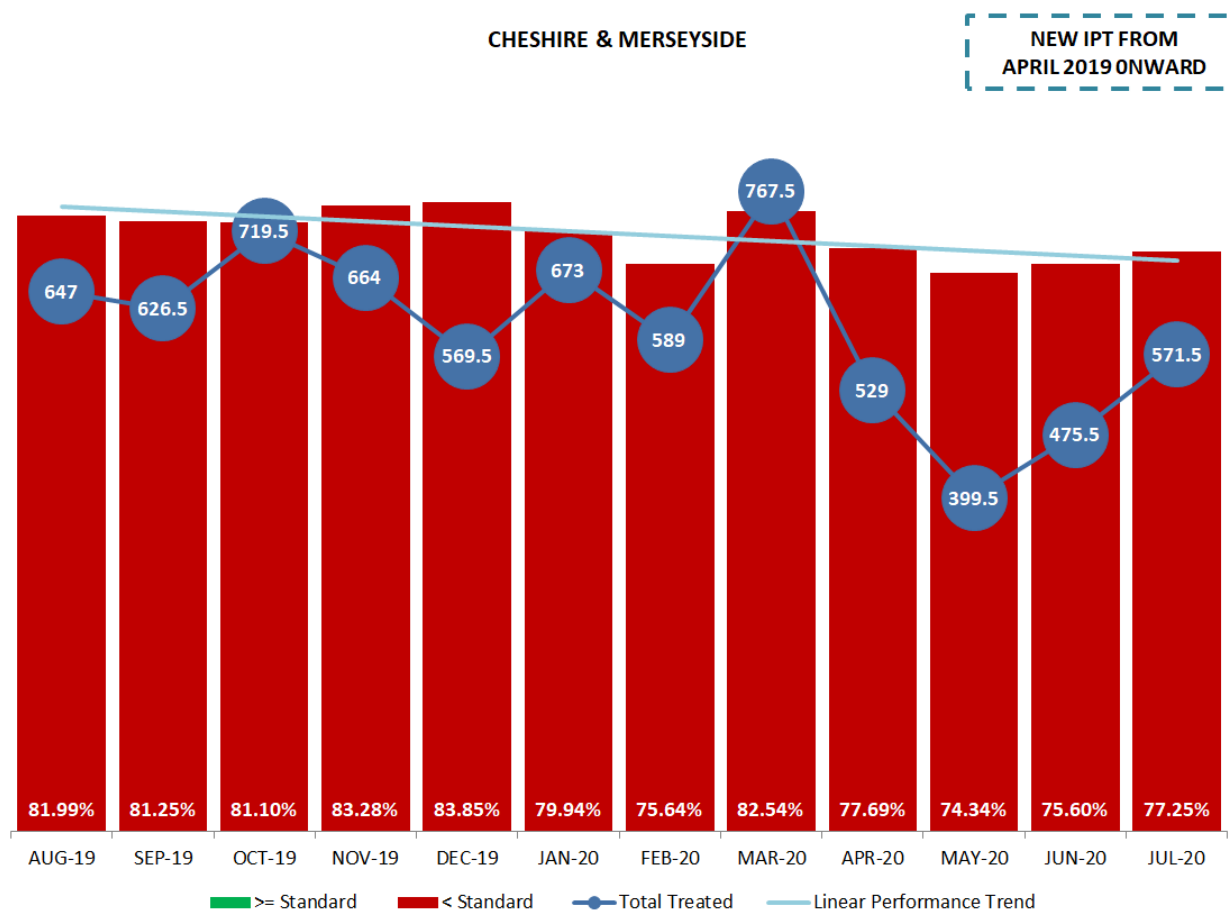
28 day Faster Diagnosis Standard (FDS)

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.



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.

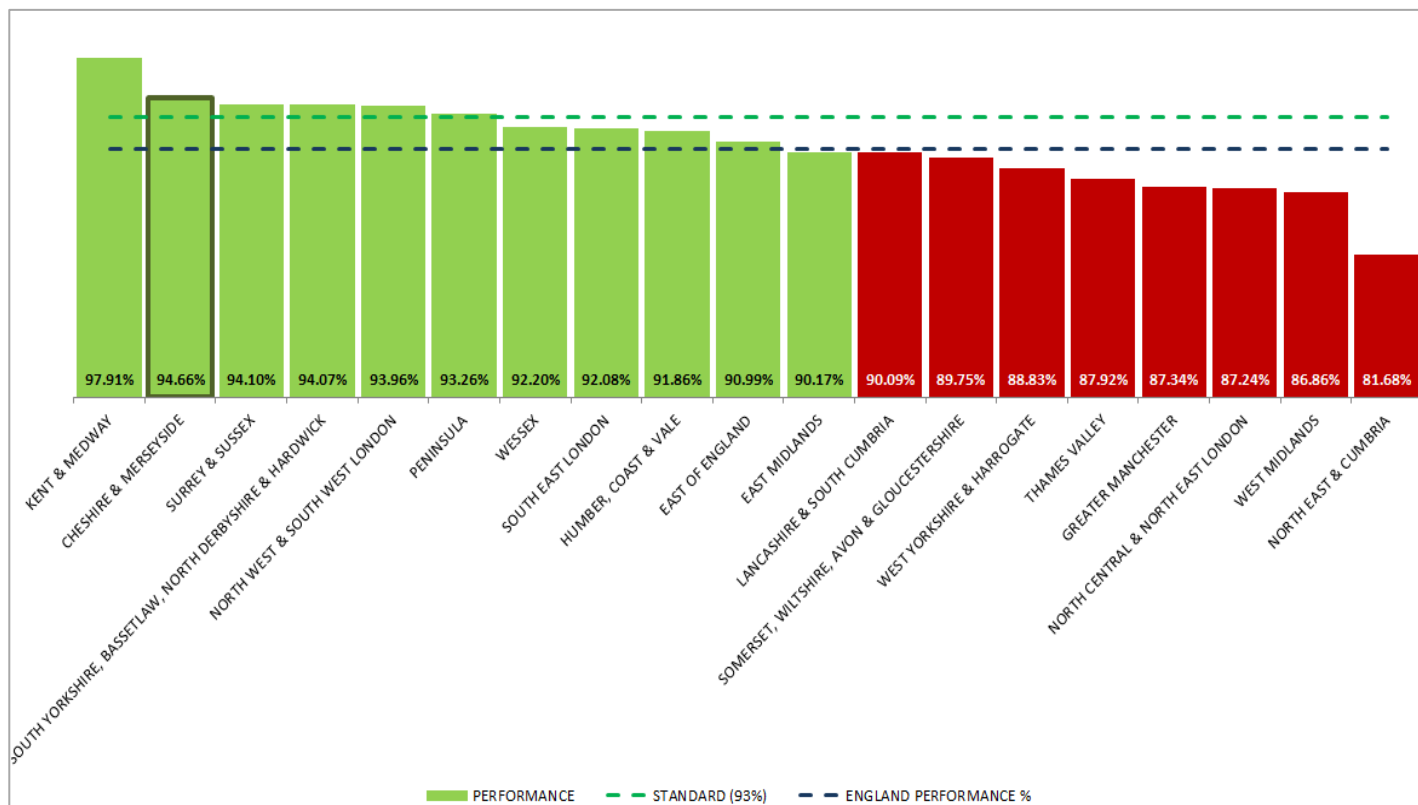


3.1.3 Cancer Waiting Times Standards: National Performance

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 July 2020.

Two week wait

This chart shows the performance by Cancer Alliance for July 2020. Cheshire and Merseyside were the 2nd best performing Alliance in July 2020 with 94.66% (down from 96.99% in June). The figure for England as a whole, of 90.38% is shown by the dotted blue line.

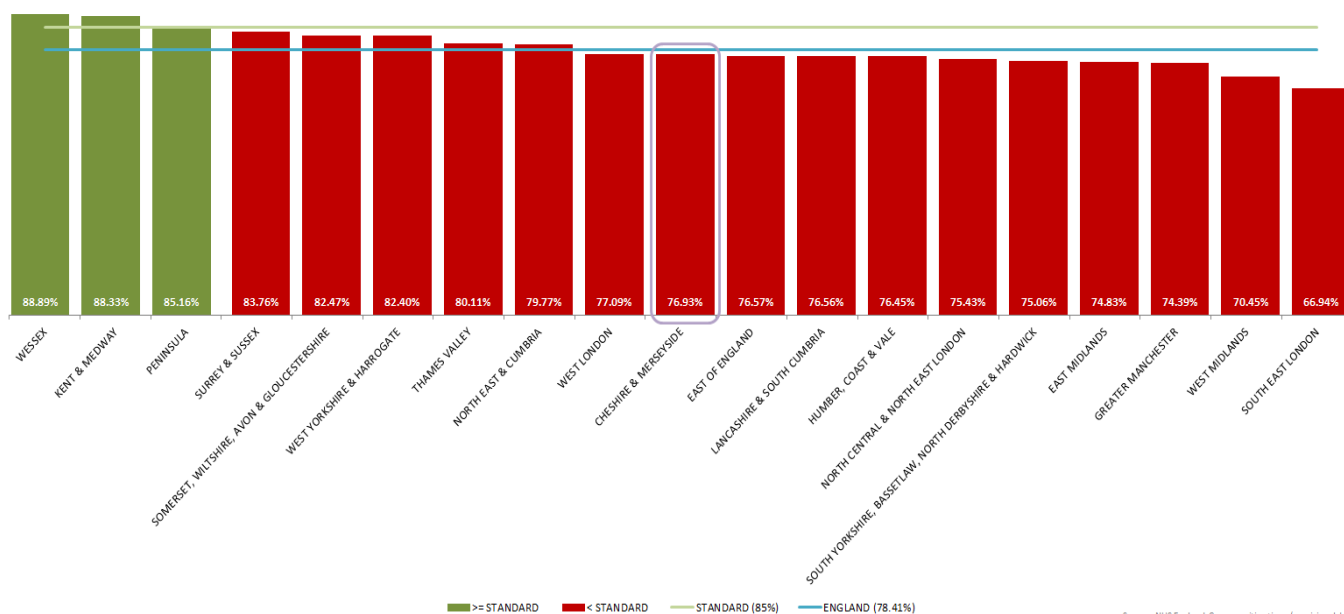


Source: NHS England, Cancer waiting times (provisional data)

62 Day wait from GP Referral to treatment

This chart shows the performance by Cancer Alliance for July 2020. The figure for England as a whole is shown by the blue line.

Cancer Alliance 62 Day Wait Performance - July 2020 (Provider Data)



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

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.

62 DAY WAIT PERFORMANCE - NHS ENGLAND PROVIDER DATA - CANCER ALLIANCES - APRIL 2018-JULY 2020

CANCER ALLIANCE	TOTAL TREATED	TREATED WITHIN 62 DAYS	BREACHES	PERFORMANCE	
CHESHIRE & MERSEYSIDE	563.5	433.5	130	76.93%	
EAST MIDLANDS	967.5	724	243.5	74.83%	
EAST OF ENGLAND	1400	1072	328	76.57%	
GREATER MANCHESTER	556.5	414	142.5	74.39%	
HUMBER, COAST & VALE	344	263	81	76.45%	
KENT & MEDWAY	360	318	42	88.33%	◀ Second best performer
LANCASHIRE & SOUTH CUMBRIA	409.5	313.5	96	76.56%	
NORTH CENTRAL & NORTH EAST LONDON	431.5	325.5	106	75.43%	
NORTH EAST & CUMBRIA	766	611	155	79.77%	
PENINSULA	546	465	81	85.16%	◀ Third best performer
SOMERSET, WILTSHIRE, AVON & GLOUCESTERSHIRE	707.5	583.5	124	82.47%	
SOUTH EAST LONDON	240.5	161	79.5	66.94%	◀
SOUTH YORKSHIRE, BASSETLAW, NORTH DERBYSHIRE & HARDWICK	397	298	99	75.06%	
SURREY & SUSSEX	816	683.5	132.5	83.76%	
THAMES VALLEY	462.5	370.5	92	80.11%	
WESSEX	616.5	548	68.5	88.89%	◀ Top performer
WEST LONDON	561	432.5	128.5	77.09%	
WEST MIDLANDS	1057.5	745	312.5	70.45%	
WEST YORKSHIRE & HARROGATE	528.5	435.5	93	82.40%	

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

CHESHIRE & MERSEYSIDE
POSITION = 10/19

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

3.2 Efficiency

3.2.1 Inpatient Flow

Length of Stay (LoS): Solid Tumour Wards

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

- Non-elective LoS for August 2020 was 9.7 days, 1.7 days above the Trust's target.

The trust target for elective LoS is 6.5 days.

- Elective LoS for August 2020 is below the target at 5 days.

The number of DTOCs (delayed transfers of care) was 6 this month, reduced from last month. There is no particular pattern of the DTOCs this month, with patients experiencing different delays as follows.

- Awaiting hospice or nursing home
- Awaiting package of care in their own home
- Awaiting essential equipment for discharge

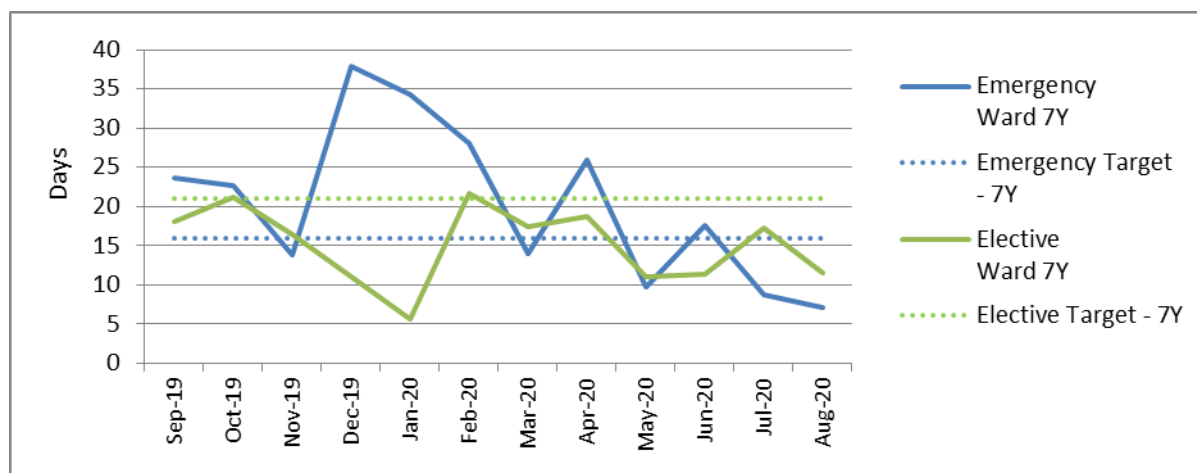
The CUR non-qualifying rate was 7% for August.

The non-elective lengthened LoS can be explained by delays in repatriation of patients, with Acute providers stating that they are under pressure with COVID-19 and that any patients repatriating back to them need to return to a side room to be swabbed for COVID-19. The Patient Flow Team continue to escalate the repatriation delays as per the repatriation SOP and we have sent two COO to COO letters this month regarding patients who have been delayed.

A concern has also been raised with the repatriation of single fraction MSCC patients who are admitted to CCC at the weekend who remain as inpatients, as there is no transport to return them to the Acute provider, whereas on a weekday the single fraction MSCC patients are turned around in one day. This is being reviewed within the directorate.

Length of Stay: Haemato-Oncology – Ward 7Y

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



Both the elective and emergency HO LoS targets were achieved in August.

The HO directorate has almost completed a comparator HRG level benchmarking exercise. The purpose of the review, commencing with all Leukaemia HRGs, is to understand the LoS detail at specialty level, to identify outlying HRGs and then review and validate patient level clinical and coding data with the aim of identifying non-elective LoS pathway improvements. A report will be presented at the September 2020 Performance Committee.

Bed Occupancy: Solid Tumour Wards (CCCL)

During the month of August the bed status was predominantly on Green. We have not recorded any Red or Black days. This is recorded for week days only.

Bed occupancy has been below the Trust's target of 92% this month for both wards. Average bed occupancy for August for both Ward 2 and 3 at midday was 71.9% and at midnight 69.3%. However, it should be noted there is an upward trend in line with recovery plans across the network.



It is apparent that some tumour groups have still not seen the return to normality due to the COVID-19 pandemic, with altered treatment regimes, and reduced referrals of new patients.

The CUR non-qualifying rate for July was 7%. This is reduced from July's figure and is below the 10% target set by commissioners.

The inpatient wards are open to 51 beds, 22 on Ward 2 and 29 on Ward 3. There are also 4 beds on Ward 2 which are used for planned day case patients.

3.2.2 Radiology Reporting

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

		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend
Imaging reporting turnaround: inpatients within 24 hours	G: >=90%, A: 80-89%, R: <80%	72%	73%	74%	89%	79%	84%	92%	90%	99.5%	96.7%	91.4%	95.0%	
Imaging reporting turnaround: out patients within 7 days		64%	75%	81%	95%	96%	86%	87%	95%	98%	98.1%	98.0%	91.5%	

The inpatient and outpatient targets have been achieved in all months in 2020/2021 so far.

An additional radiologist was recruited in December 2019, though they will not commence in post until 2021. The delay is due to COVID and the inability for the candidate to travel to complete an essential examination (likely to take place Jan 2021).

An advert has been placed for further recruitment of radiologists and interviews will take place in Q3 2020/21; this will include the candidate that was previously 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 achieves the target.

Data for the last 12 months is displayed in the table below:

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

3.2.4 Covid-19 Recovery Activity

The Trust's Covid-19 Weekly Situation Report is no longer included in this Month 5 IPR, as the KPIs stated in the Phase Three Guidance are now reported in the newly presented Covid-19 Recovery Activity scorecard. Explanatory narrative is provided in this section.

The weekly Covid-19 Weekly Situation Report continues to be reported to Silver and Gold Command meetings every Thursday.

Following a request from NHSE/I's to all Trusts, CCC submitted an updated 'Phase Three Activity, Performance and Workforce' data template and narrative to the Cheshire and Merseyside Health and Care Partnership on the 10th September 2020 that will contribute to the system's ongoing Phase 3 planning.

A report outlining the Trust's assumptions regarding activity and finance will be submitted to the September Performance Committee and Trust Board.

Electives

Although elective activity was 88% and 80% (of 2019 activity) in June and July respectively, the Phase Three Covid-19 Guidance target of 70% of 2019 activity for August, has not been achieved, with 67% in August 2020.

Within HO, the elective care service has maintained a business as usual approach. The majority of HO inpatients require higher intensity care and treatments of which continued throughout COVID and as per business continuity plan. Stem Cell elective pathways have now recommenced in line with BMSBT recommendations and elective activity has resumed in line with this.

Over the past few months there has been a change to clinical models within ICD services. The new clinical model in CCCL has enabled previous elective inpatients services to now be delivered within an ambulatory care setting (Chemotherapy and Daycare Floor). This includes several chemotherapy regimens as well as brachytherapy services.

Day Case

There are three reasons for the reported underperformance in day case activity:

A change in the coding of some systemic anti-cancer treatments (SACT):

Following the opening of CCCL, the delivery of regimens infused over a 12 hour period and the delivery of some supportive therapies were transferred from the in-patient wards to the Chemotherapy Unit to make it more efficient and reduce inpatient beds usage (total number of patients transfers averages at 150 per month). The patients attending our inpatient wards for a day procedure were previously coded as a day case, whereas activity delivered on the chemotherapy unit is coded as an outpatient procedure. This equates to a 75% reduction in day case activity. Overall SACT chemotherapy is only 7% less than last year and OP procedures are increased by 113%. We expect SACT to increase as the system recovers as SACT is more likely to be the treatment in later stage disease.

A reduction in the number of patients having an allogeneic transplant following the implementation of national guidance during the COVID pandemic:

We implemented the national BMT guidance and as a consequence there has been a subsequent drop in Day Case activity by 25 % because allogeneic BMT patients are frequent day care attenders. In line with national guidance, the allogeneic BMT programme is now recovering (8 against a plan of 9 pcm in July) we anticipate this increasing again over the coming months.

A drop in two week rule referrals:

Again as normal activity resumes, this will support the increase in day cases.

Outpatients

The following Phase Three Covid-19 Guidance targets have been achieved since April 2020:

- Total OP appointments: above 100% of 2019 levels since April 2020
- Follow up OP appointments: above 100% of 2019 levels since April 2020
- % of all OP appointments which are by telephone or video: at least 68% per month against the 25% target
- % of follow up OP appointments which are by telephone or video: at least 67% per month against the 60% target

The target for New OP appointments has not been achieved for August, with 79% of 2019's activity however new activity is dependent on referral levels.

Full SRG recovery plans and reinstatement of local service provision have been implemented as per NHSE Phase 3 guidance. Higher levels of recovery have been reported since April 2020 as CCC successfully adopted digital solutions for remote new and follow up appointments and sustained service provision. Activity has seen a dip during August, which is likely due to consultant and staff annual leave and should recover in September.

CCC are collaborating with Cancer Alliance to support the strategy of supporting Patient Directed Open Access (PDOA) to stratify patient follow up, reduce the OPD attendance where possible and support system capacity for any backlog of new cancer referrals. Prostate, Breast and Haem-onc tumour groups are already developed with a further planned expansion aligned to the Cancer Alliance remit. Therefore although there may be growth due to new cancer referrals and follow ups coming through, this will be tempered by patients placed on stratified follow up programmes for specific tumour groups.

Referrals

The Trust has assumed that referrals will increase above usual levels during Q3 as the wider system manages the backlog in diagnostic testing and elective activity. This will recover the reduced patient volumes experienced in the Q1-Q2. However, any reduction to the planned restoration programs in the system will adversely impact this Trust's referrals.

The Trust monitors levels of pathway activity across the area, and is included in the Cancer Alliance work to increase patient flow.

SACT Administration

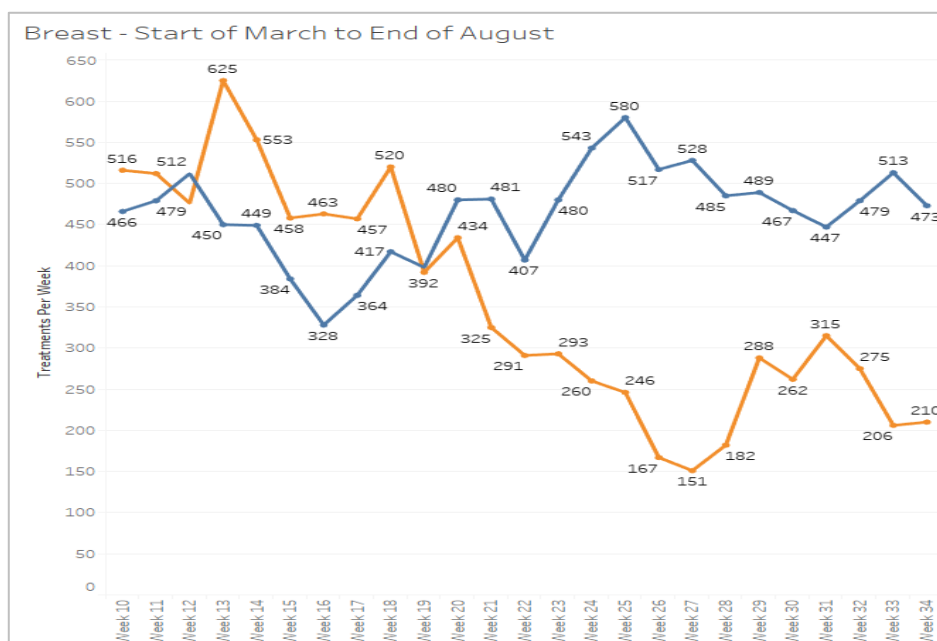
The Chemotherapy Directorate has worked to reinstate SRG recovery plans in line with the Phase 3 Covid-19 guidance. The data reflects a change in treatment regimens for Lung TKIs and prostate (extended treatments) and also the move to 6 weekly Pembrolizumab (from 3 weekly). In addition the adjuvant bisphosphonate service was paused for 6 months during COVID and has now recommenced, data should reflect a return to normal activity by September. Future activity trends may identify spikes in oral SACT delivery due to multiple cycles of treatments being dispensed within a given month.

Radiotherapy Treatments

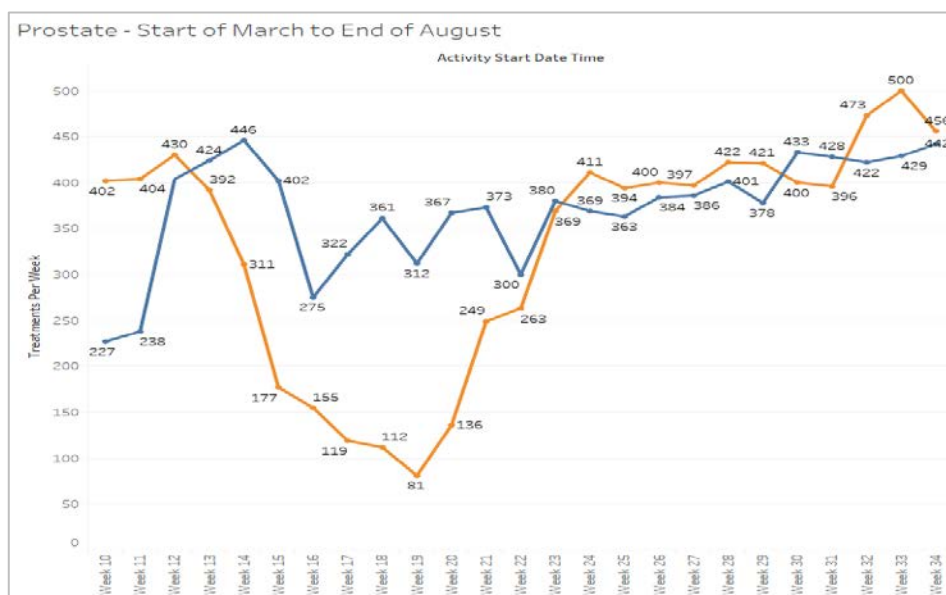
The numbers of radiotherapy treatments are significantly lower in 2020 compared to 2019.

The reduction in fractionation for breast cancer treatment is the primary reason for this difference. Approximately 50% of the patients referred for breast radiotherapy now have 5 fractions instead of 15 fractions.

The graph below shows the reduction in breast fractions delivered per week from the beginning of March, for 2019 (blue line) and 2020 (orange line).



Whilst there has been no reduction in prostate fractionation, the graph below demonstrates that during the initial weeks of COVID-19 there was a reduction in referrals. This was due to patients prolonging their hormone replacement treatment. The graph below shows that the number of patients referred have now recovered to those of 2019 (blue = 2019, orange = 2020).



The average utilisation on the Linacs from 1st Jan to 20th March was 93.5% with an average number of fractions delivered of 320 per day. Since the end of March there has been a steady reduction in fractions delivered per day and in utilisation. The average number of fractions per day since 13 July has been 220, with an average utilisation of 62%. The Directorate is conducting a capacity and demand exercise to inform future planning. Primary and secondary care activity will continue to be closely monitored to assess when the increase in referrals may occur.

Diagnostic Imaging

There has been a general reduction in activity for all modalities from April 2020 compared to 2019 due to:

- Reduced referrals from all sources
- Patient choice – scans cancelled by the patient as advised to shield

Despite this, there has been increased CT activity from June 2020 compared to 2019 due to:

- Repatriated activity from LUHFT
- Referrals delayed by Covid-19 are starting to be made
- Increasing in-patient/CDU activity
- There was an expected increase in July and August activity as a second scanner is now open at CCCL.

The Phase Three Covid-19 Guidance target for CT of 90% of 2019 activity by September and 100% by October has already been achieved, with 96% in June 2020, 132% in July 2020 and 150% in August 2020.

There has also been increased MRI activity from August 2020 compared to 2019 due to:

- Repatriated activity from LUHFT
- Increased in-patient/CDU activity
- Increasing radiotherapy planning activity
- Increased activity due to a change in protocol for gynecological cancers.

The Phase Three Covid-19 Guidance target for MRI of 90% of 2019 activity by September and 100% by October has been achieved in August 2020, at 112% of August 2019 activity.

CCC is participating in a Mutual Aid scheme to support other providers and therefore the system as a whole. Beginning Sept 3rd 2020 through to the end of September 2020, 10 slots per day have been offered to the Countess of Chester NHS FT. We are also offering support to Wirral University Teaching Hospitals NHS FT. The Trust has also taken on repatriated work other Trusts; mainly patients who had been put on hold due to COVID-19; within 2 months of CCCL opening we scanned around 30 such patients in MRI and 380 in CT.

Diagnostic Imaging: 6 Week Waiting Times:

A number of patients repatriated to CCC from LUFHT have waited more than 6 weeks. The 6 week wait performance including these patients is 87%, with 4 patients waiting over 6 weeks from the initial referral for a test at LUHFT. The figure of 100% reported in the scorecard

excludes these 4 patients as all were either scanned within 6 weeks of referral to CCC or are still waiting but have not yet breached 6 weeks since repatriation.

Stem Cell Transplants

6 patients were discharged following stem cell transplant in August 2020 against a target of 9 patients per month. There have been 21 YTD against a target of 41 YTD.

As a result of COVID-19, the stem cell transplant programme followed national BSBMT (British Society Of Blood And Marrow Transplantation) and NICE guidance to determine transplant prioritisation for all in-patients. This resulted in only urgent allogeneic transplants being undertaken as described in the guidance. All other transplants were cancelled and patients put on holding measures or watch and wait.

Recovery actions in place include:

- A full restoration plan is in place
- Patients have been re-categorised following revised BSBMT guidelines published in May 2020
- Working with NHSE and other Stem Cell Centres via attendance at Supra Regional meetings
- Continuous review of patients at weekly transplant MDT meetings

Recovery of activity to plan is expected by December 2020.

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 receives a series of additional papers that provide the details of any challenges regarding performance. From December 2020 a full Quality section will start to be included in the quarterly version of the IPR to Board.

3.4 Research and Innovation

3.4.1 Achievement Highlights for June 2020

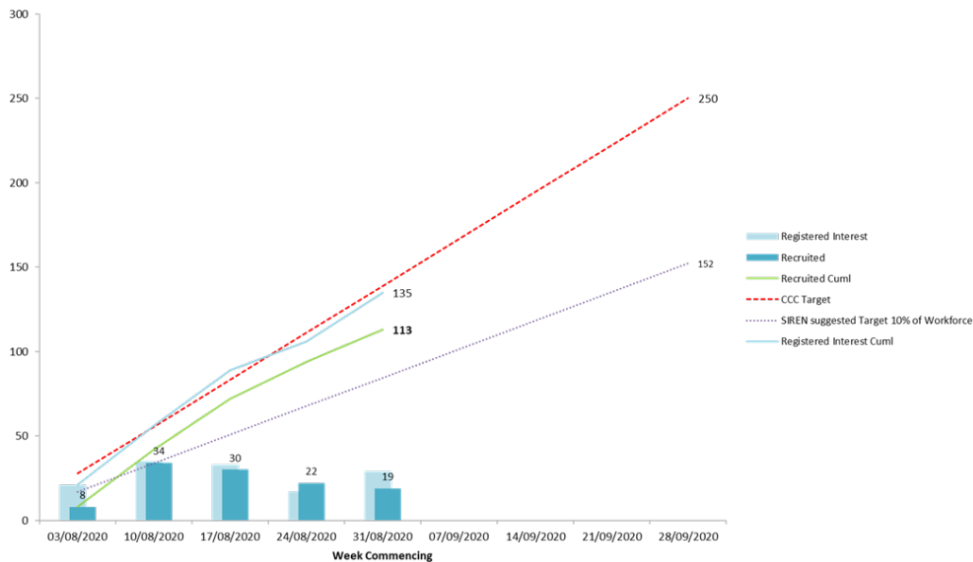
Funding

- CCP-CANCER-UK was awarded £349,000 by UK Research and Innovation NIHR (CI Professor Palmieri) Professor Turtle (ID, UoL/LUFHT); Co-I: Professors Palmer, Pettitt & Kalakonda.
- Prof Andy Pettitt secured a £450k award from Roche Products Ltd in May 2020 to support the Liverpool-led NCRI PETReA trial: Phase 3 evaluation of PET-guided, response-adapted therapy in patients with previously untreated, high tumour burden follicular lymphoma. The

significance of this award is that it is one of the few to be secured for non-COVID research since the start of the pandemic.

SIREN study

- The Clatterbridge Cancer Centre opened to recruitment for the SIREN study this month (PI: Professor Kalakonda, Co-PI: Dr Khanduri). The study was set up in 23 days from Expression of Interest to local site approval. Current recruitment against targets is shown below:



Publications

- The UK Coronavirus Monitoring Project had a paper published in the Lancet Oncology this week and Dr Anna Olsson-Brown is a co-author. Publication title: **COVID-19 prevalence and mortality in patients with cancer and the effect of primary tumour subtype and patient demographics: a prospective cohort study**
[https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(20\)30442-3/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30442-3/fulltext)
- Dr Lynda Appleton has had a publication accepted in BMC Palliative Care. Publication Title: **Peer support to maintain psychological wellbeing in people with advanced cancer: Findings from a feasibility study for a Randomised Controlled Trial**

Royal College of Nursing Institute Awards 2020

R&I were finalists at the RCNi Nursing Awards 2020. Two teams were shortlisted for the 'Excellence in Cancer Research Nursing' category: Early Phase Trials Team and Research & Innovation Nursing Team. Both teams presented their findings to an expert panel, the outcome will be shared in the autumn.

Radiotherapy

Danny Hutton and Hannan Hussain have worked on a collaborative research programme with a colleague from Sheffield Hallam University. It has been highly commended by The Radiography Journal Editorial Team for the Editors' Choice awards for 2019.

The work, funded by the College of Radiographers, investigated the barriers and enablers to providing smoking cessation in Radiotherapy.

https://www.researchgate.net/publication/329846304_Therapeutic_Radiographers%27_perc_eptions_of_the_barriers_and_enablers_to_effective_smoking_cessation_support

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 in the pipeline which investigators are interested in opening. Research recovery is also a standing agenda item.
- CCC are also represented regionally at the Liverpool Health Partner (LHP) COVID-19 meetings and at the North West Coast Clinical Research Network COVID-19 meetings.

There are currently five open COVID-19 studies that we are supporting as shown below:

Short Title	Type	Short Summary	PI	Number of patients recruited
UK Coronavirus Cancer Monitoring Project	Observational Registry	National database registry audit	Dr Olsson-Brown	80
PACE:	Observational/ Epidemiological	The impact of COVID-19 on patients with AML undergoing chemotherapy: an epidemiological study	Dr Toth	3
SIREN:	Observational	Impact of detectable anti-SARS-COV2 on the subsequent incidence of COVID-19 in healthcare workers	Professor Kalakonda	113
IMPACT:	Observational/Prospective	COVID19_BMT: A prospective non interventional study to evaluate the role of immune and inflammatory response in recipients of allogeneic haematopoietic	Dr Toth	0

Safe Surgery	Biorepository/ Scientific	A retrospective element data and biosample collection (20 sites) and prospective biosample and clinical data collection	Professor Ottensmeier	CCC acting as sponsor, not open as site.
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There are two studies we are currently setting up, which are awaiting activation:

Short Title	Type	Short Summary	Principal Investigator	Cases identified/ Update
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	162 (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)

There are two studies now closed to recruitment

Short Title	Type	Short Summary	Principal Investigator	Recruitment
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
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

3.4.2.2 Patient Recruitment for COVID Studies

- We have five COVID-19 research studies/audits open and two closed with total recruitment of 214 (+115 on previous month).
- Two studies are awaiting activation with 163 cases currently identified which will be added to the recruitment total once activated (+57 on previous month).

3.4.2.3 Patient Recruitment for non-COVID-19 studies

Patient recruitment into non-COVID-19 related research was unpaused on 22nd May 2020.

- Since then 64 new patients have been recruited onto cancer trials (+32 on previous month).

3.4.3 Non-COVID-19 studies

3.4.3.1 New non-COVID studies opening to recruitment was unpaused on 22nd May 2020.

- 123 cancer studies were originally halted, since then the sponsor has closed 2 of these studies.
 - Of the 121 remaining studies, 58 have been unpaused to recruitment which is 47.9%.
 - Total number of studies open and recruiting: 70 (5 COVID-19, 65 Non-COVID-19).
- An additional 3 new cancer studies have opened during August 2020, with 12 studies given local site approval awaiting sponsor greenlight. A total of 11 new cancer studies have opened since 22nd May 2020 when studies opening was unpaused.
- R&I have continued to treat patients already on trial (n = 58) and patients already on follow-up (n = 83).
- **Real time reporting will continue to the end of September 2020. From 1st October 2020 real time and predicted data will be presented against targets for the final 6 months of the year.**

3.4.4 Study Set-up Times

We received notification from the Department of Health that in light of the Covid-19 pandemic they were postponing the submission and publication deadline for the Performance in Initiating and Delivering (PID) Q4 19/20 reporting exercise. They have kept future reporting deadlines under review and they have set a new deadline for reporting of all outstanding data in consultation with NHS R&D and NHS England and NHS Improvement.

- Informed 13th July 2020 that Q4 19/20, Q1 20/21 and Q2 20/21 will be submitted together by 30th October 2020.
- 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 / 09	2019 / 10	2019 / 11	2019 / 12	2020 / 01	2020 / 02	2020 / 03	2020 / 04	2020 / 05	2020 / 06	2020 / 07	2020 / 08	Trend
Leavers Headcount	15	11	16	14	22	20	23	21	14	14	14	20	
Leavers FTE	13.74	10.32	13.76	13.12	21.12	17.93	19.75	18.16	13.56	12.04	11.57	16.20	
Starters Headcount	37	40	34	15	30	22	38	26	40	45	28	22	
Starters FTE	34.56	37.52	30.18	14.36	27.52	20.22	33.81	24.34	36.32	41.39	27.04	18.40	
Maternity	42	43	39	36	34	33	36	37	38	41	44	48	
Turnover Rate (Headcount)	1.05%	0.77%	1.12%	0.98%	1.54%	1.40%	1.61%	1.47%	0.98%	0.98%	0.98%	1.40%	
Turnover Rate (FTE)	1.06%	0.79%	1.06%	1.01%	1.62%	1.38%	1.52%	1.40%	1.04%	0.93%	0.89%	1.25%	
Leavers (12m)	207	204	201	198	203	209	212	222	212	213	209	204	
Leavers FTE (12m)	179.36	176.93	173.13	171.38	177.78	184.32	189.01	197.01	190.36	190.56	187.03	181.27	
Turnover Rate (12m)	15.63%	15.20%	14.88%	14.62%	14.89%	15.28%	15.28%	15.98%	15.11%	15.01%	14.67%	14.22%	
Turnover Rate FTE (12m)	14.88%	14.48%	14.09%	13.91%	14.34%	14.82%	14.97%	15.56%	14.90%	14.76%	14.37%	13.83%	
Avg Headcount (12m)	1,324.50	1,342.50	1,350.50	1,354.00	1,363.50	1,368.00	1,387.00	1,389.50	1,403.00	1,419.00	1,425.00	1,435.00	
Average FTE (12m)	1,205.64	1,221.56	1,228.40	1,232.38	1,239.97	1,243.52	1,262.58	1,265.91	1,277.75	1,291.13	1,301.60	1,310.72	

On 31st August 2020 the Trust employed 1,528 (1,379.27 FTE) staff. In August the headcount increased following the addition of 22 (18.40 FTE).

Recruitment Data

Staff Group	Bank/Locum	Fixed Term	Permanent	TOTAL
Additional Clinical Services			4	4
Additional Professional, Scientific and Technical			0	0
Administration and Clerical			1	1
Allied Health Professionals			5	5
Medical	1		2	3
Nursing		1	8	9
TOTAL	1	1	20	22

Reasons for Recruitment	Chemotherapy WTE	Education Directorate WTE	Haemato-oncology WTE	Integrated Care WTE	Nursing & Quality WTE	Radiation Services WTE	Research Directorate WTE	Grand Total WTE
Maternity Cover								
Newly Created Post	1.00	1.00		2.00				4.00
Replacement Post				5.00			0.80	5.80
Retire & Return								
Secondment Cover								
Workforce Investment			3.80			4.80		8.60
TOTAL	1.00	1.00	3.80	7.00		4.80	0.80	18.40

21 of the 22 new starters are within clinical roles;

- 8 qualified Nurses and 5 unqualified.
- 5 qualified AHP in Diagnostic Imaging
- 2 Senior Clinical Fellows
- 1 Locum Consultant Radiologist.

In other staff groups:

- 1 administration role.

These changes mean the current workforce profile held in ESR is as follows;

Directorate	FTE
158 Chemotherapy Services Directorate	242.62
158 Corporate Directorate	335.69
158 Education Directorate	6.47
158 Haemato-oncology Directorate	119.59
158 Hosted Service Directorate	31.13
158 Integrated Care Directorate	241.00
158 Quality Directorate	28.89
158 Radiation Services Directorate	308.41
158 Research Directorate	62.47
158 Service Improvement Directorate	1.00
158 Support Services Directorate	2.00

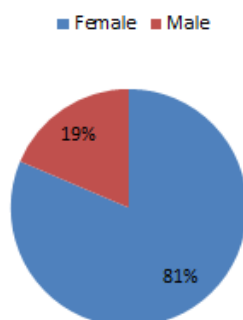
Assignment Category	FTE
Fixed Term Temp	71.26
Non-Exec Director/Chair	6.00
Permanent	1302.01

Staff Group	FTE
Add Prof Scientific and Technic	72.87
Additional Clinical Services	183.93
Administrative and Clerical	468.77
Allied Health Professionals	210.28
Healthcare Scientists	35.48
Medical and Dental	68.70
Nursing and Midwifery Registered	337.44
Students	1.80

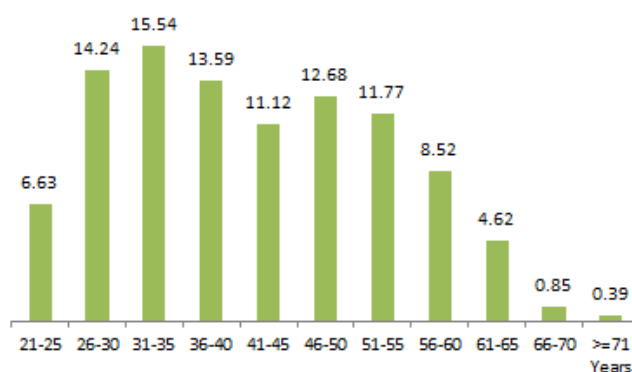
Assignment Status	FTE
Acting Up	18.05
Active Assignment	1287.42
Career Break	4.68
Internal Secondment	21.80
Maternity & Adoption	45.31
Out on External Secondment - Paid	1.00
Out on External Secondment - Unpaid	1.00

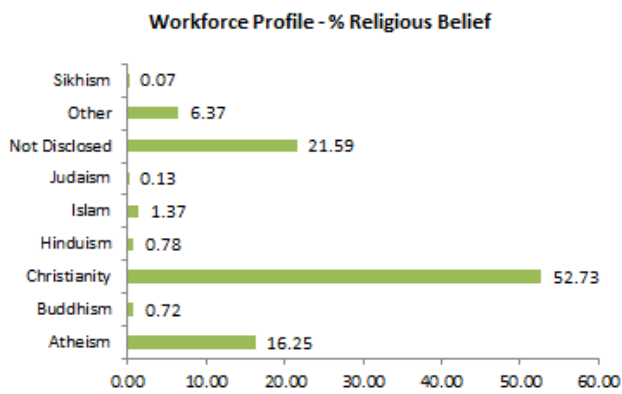
3.5.2 Workforce EDI Profile

Workforce Profile - % Gender

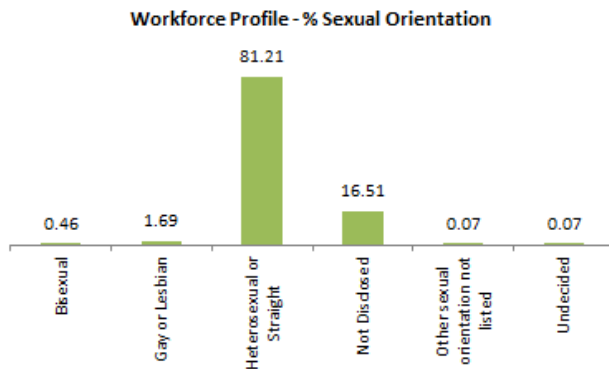
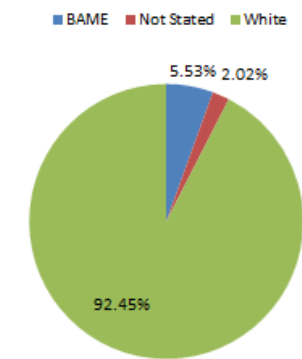


Workforce Profile - % Age Band

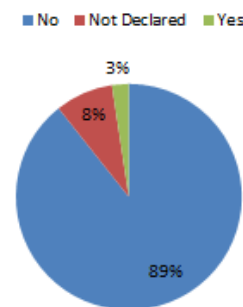




Workforce Profile - % Ethnic Group

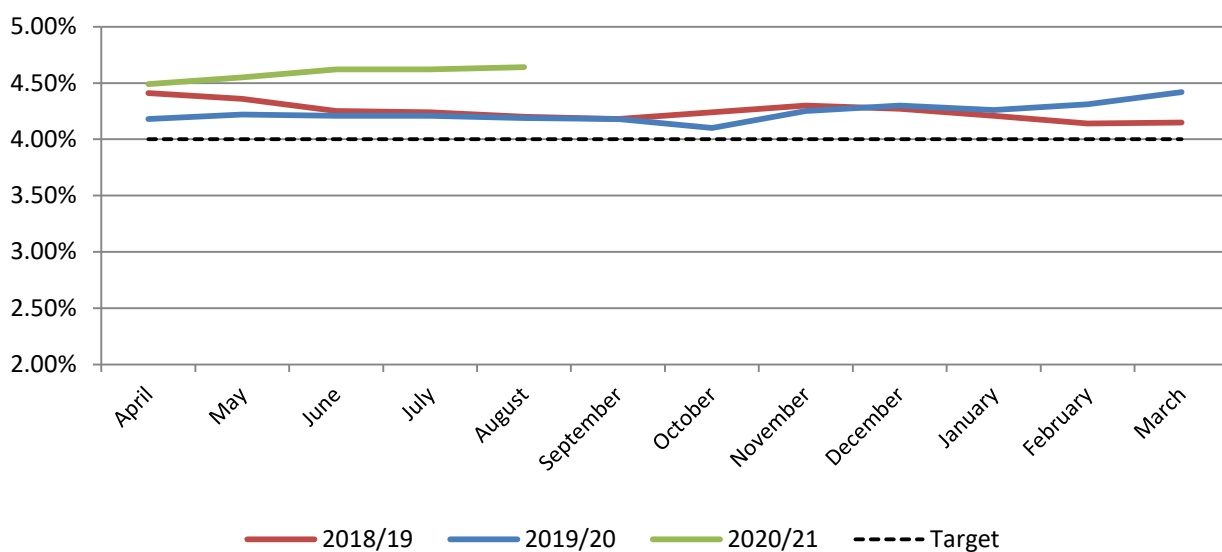


Workforce Profile - % Disability



3.5.3 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 August 2020 has increased slightly to 4.64% and is still higher in comparison to the previous 2 years.



Directorate / Corporate Service Level

Sickness absence per month and Directorate:

Directorate	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend
158 Chemotherapy Services Directorate	4.55%	7.37%	6.56%	5.22%	7.04%	5.38%	7.33%	7.74%	6.63%	6.02%	6.57%	5.87%	
158 Corporate Directorate	3.18%	4.35%	5.41%	4.14%	4.62%	4.49%	4.50%	4.25%	4.27%	4.16%	3.09%	3.65%	
158 Education Directorate	0.00%	9.40%	1.48%	0.00%	3.27%	2.47%	14.26%	15.15%	13.45%	19.93%	15.32%	13.65%	
158 Haemato-oncology Directorate	5.95%	5.34%	2.42%	3.44%	5.03%	3.92%	4.04%	6.61%	5.14%	4.39%	3.78%	3.28%	
158 Hosted Service Directorate	3.80%	3.72%	5.07%	6.76%	6.36%	3.95%	2.46%	0.98%	5.65%	7.78%	3.06%	0.00%	
158 Integrated Care Directorate	5.98%	7.73%	5.57%	6.26%	4.80%	5.07%	5.40%	2.90%	2.66%	3.61%	4.44%	5.32%	
158 Quality Directorate	0.00%	0.38%	1.37%	0.34%	2.90%	4.36%	4.32%	3.30%	3.80%	11.10%	8.20%	5.15%	
158 Radiation Services Directorate	3.06%	2.21%	3.63%	3.02%	3.65%	3.95%	6.70%	4.83%	3.04%	2.76%	3.51%	2.86%	
158 Research Directorate	3.77%	1.33%	4.29%	3.81%	2.40%	5.97%	9.77%	8.45%	1.96%	2.18%	1.90%	2.76%	
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%	

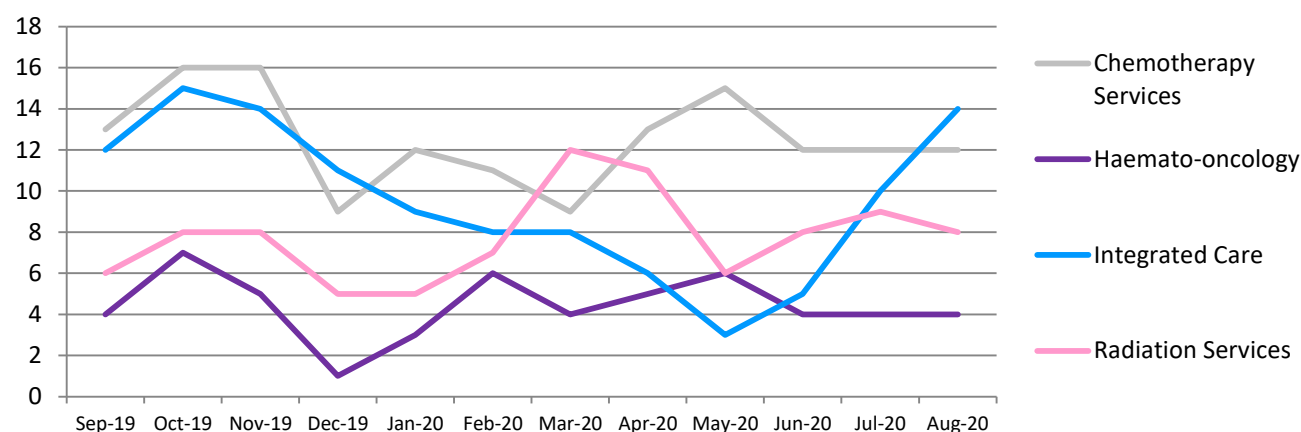
Long / short term sickness absence:

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

	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend
Short term	134	187	160	166	180	133	180	141	103	104	101	81	
Long term	49	61	62	49	42	47	54	50	49	52	50	53	

The decreasing trend for short term absences continues for August 2020.

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



Anxiety/Stress/Depression is the highest reason for absence in August 2020 for the third consecutive month, with 42 absences compared with 39 in July 2020 and 38 in June 2020

Corporate Services account for 15 of these absences (4 work related, 9 personal and 2 unknown), 9 of the 42 are in Chemotherapy and 8 in Integrated Care.

A breakdown of areas/teams within the Chemotherapy directorate and whether these absences are work or personal related is displayed below:

Team	Number of Episodes	Work/Personal/Unknown
Pharmacy	4	Personal x4
Outpatients	2	Personal x1 Work x1
Medical Oncologists	1	Work x1
Delamere Aintree	1	Personal x1
Delamere Royal	1	Unknown x1

This table shows a summary of the 8 Anxiety/Stress/Depression absences in Integrated Care:

Team	Number of Episodes	Work/Personal/Unknown
CDU/Hotline	3	Personal x2 Unknown x1
Ward 2 (Mersey)	4	Personal x 2 Work x1 Unknown x1
Ward 3 (Conway)	1	Work x1

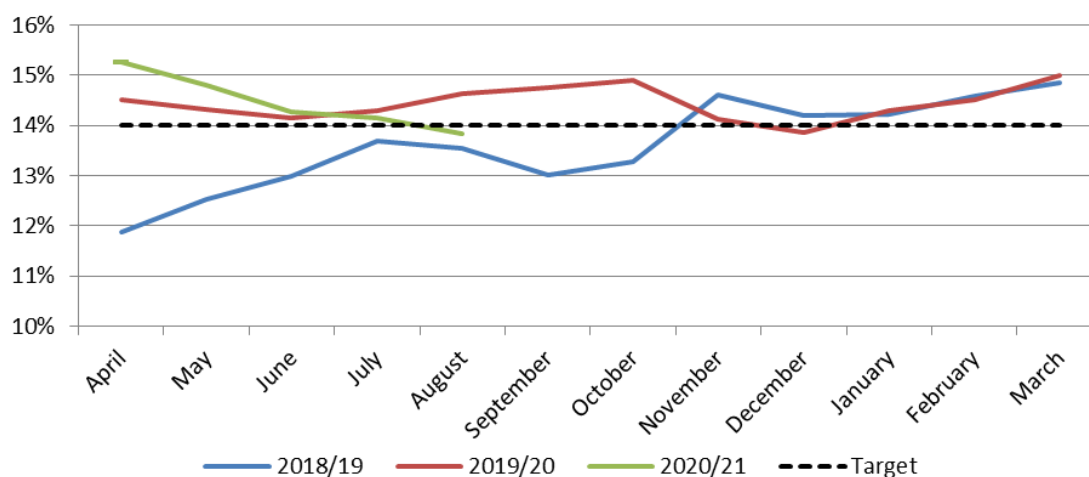
In relation to the 42 absences due to Anxiety/Stress/Depression, the secondary reason in ESR was recorded as follows:

Level 2 Reason	Number of Episodes
Anxiety	16
Stress	16
Depression	4
Other Psychiatric Reasons	2
Blank (no level 2 reason recorded)	4

Anxiety continues to be the highest secondary reason for absences under this category however, in August, stress had increased and was also recorded 16 times compared with 14 last month. Absences due to depression have increased by 2 and Other Psychiatric Reasons has increased by 1.

3.5.4 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 14.16% in July 2020 to 13.83% in August 2020 and is now below the Trust target.

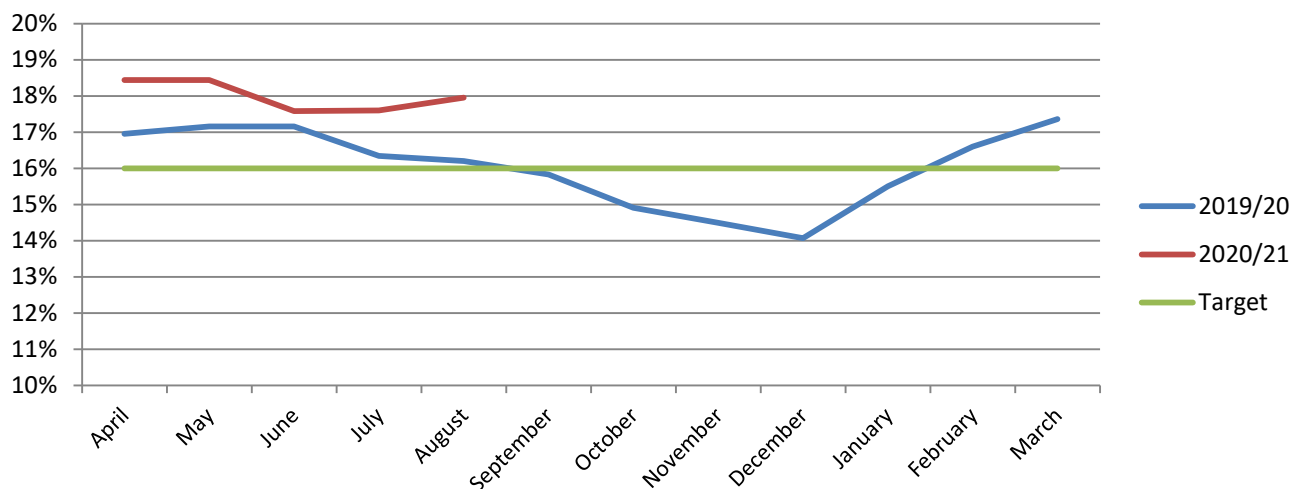


Turnover by Staff Group

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.

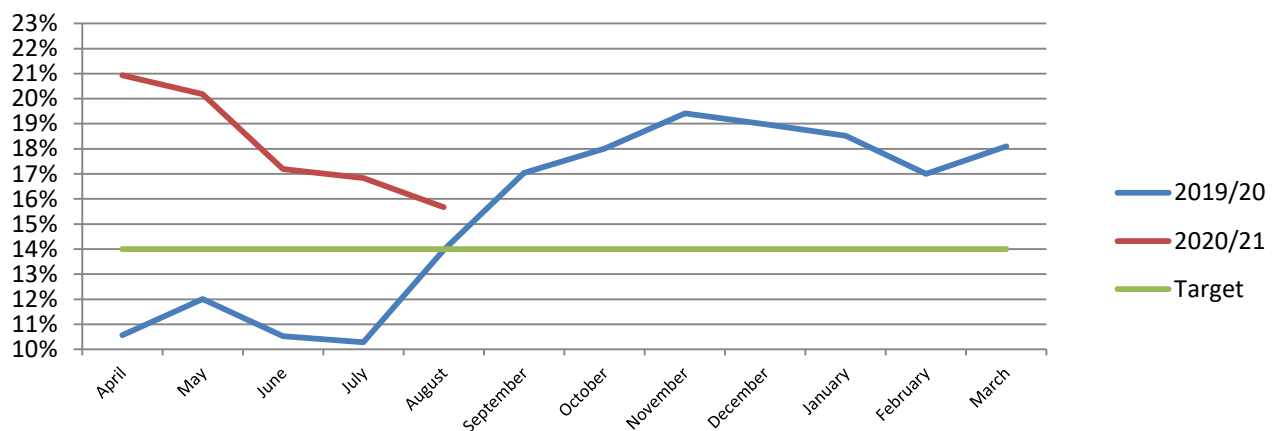
Administrative and Clerical Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 16% for this staff group. The rolling 12 month turnover figure has increased slightly from 17.60% in July 2020 to 17.95% in August 2020 and still remains higher than the same period in 2019. The figures for August equate to 4 leavers (3.52 FTE), the reasons for leaving were 3 promotion and 1 end of a fixed term contract.



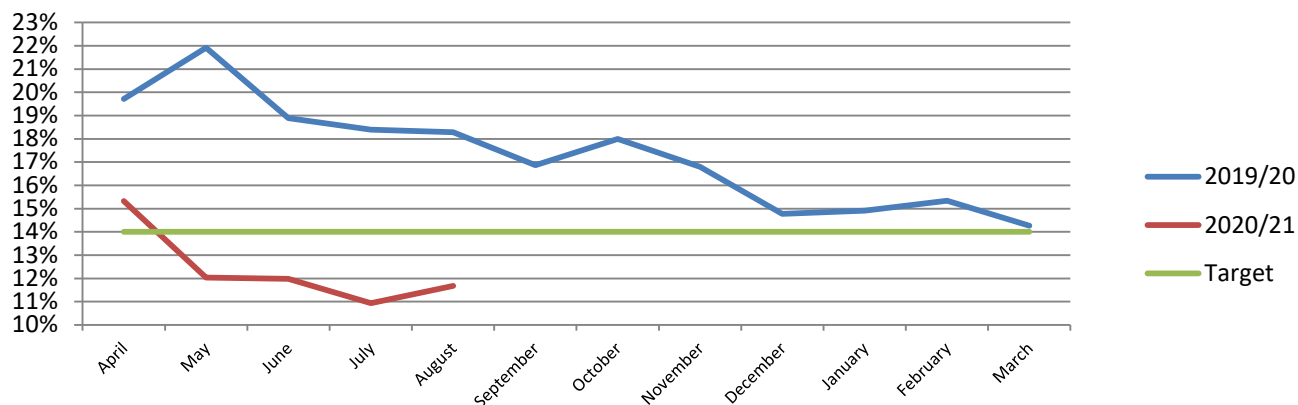
Additional Professional Scientific & Technical Turnover

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 16.83% in July 2020 to 15.67% in August 2020, however remains higher than the same period in 2019.



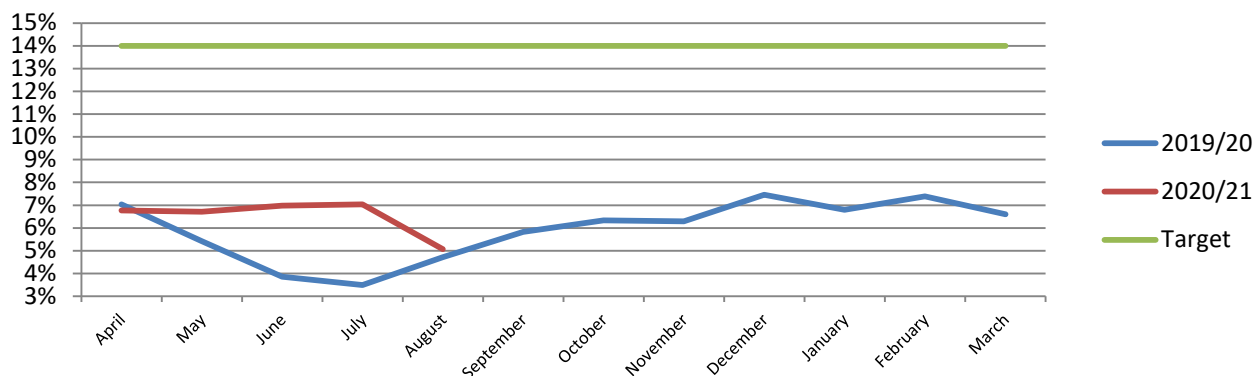
Additional Clinical Services Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 10.94% in July 2020 to 11.68% in August 2020, but still remains lower than the same period in 2019. The figures for August equate to 4 leavers (2.92 FTE), the reasons for leaving were for 1 promotion, 1 lack of opportunities and 2 end of a fixed term contract.



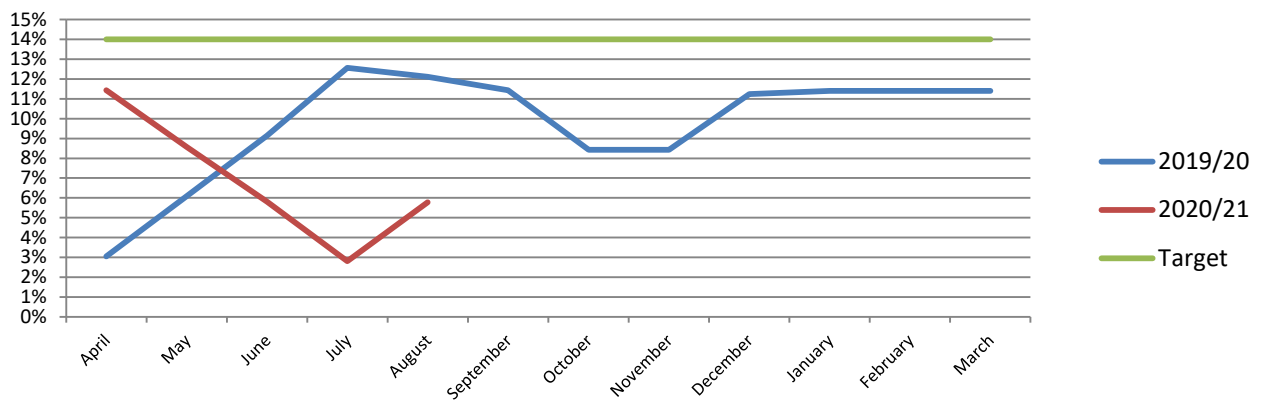
Allied Health Professionals Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has decreased from 7.03% in July 2020 to 5.07% in August 2020, and is slightly higher than the same period in 2019.



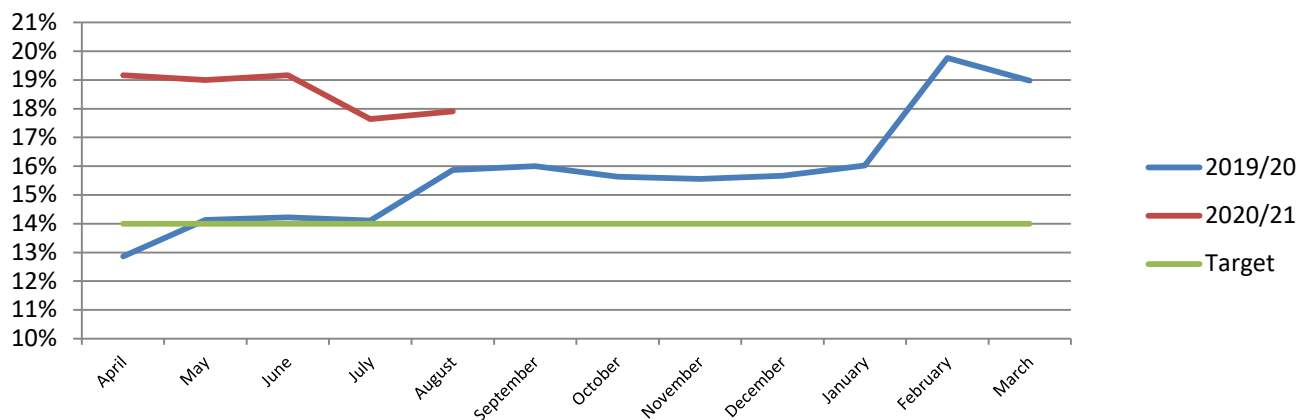
Healthcare Scientists Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 2.81% in July 2020 to 5.78% in August 2020, however is lower than the same period in 2019. The figures for August equate to 1 leaver (1.00 FTE), the reasons for leaving were for relocation.



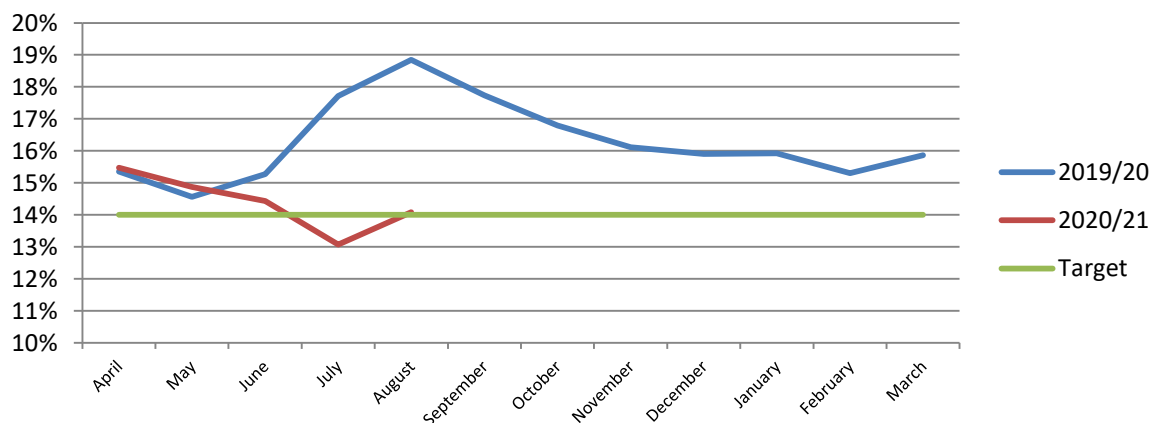
Medical Turnover

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 17.64% in July 2020 to 17.91% in August 2020, which is higher than the same period in 2019. The figures for August equate to 2 leavers (2.00 FTE), the reasons for leaving were for promotion and retirement.



Registered Nursing Turnover

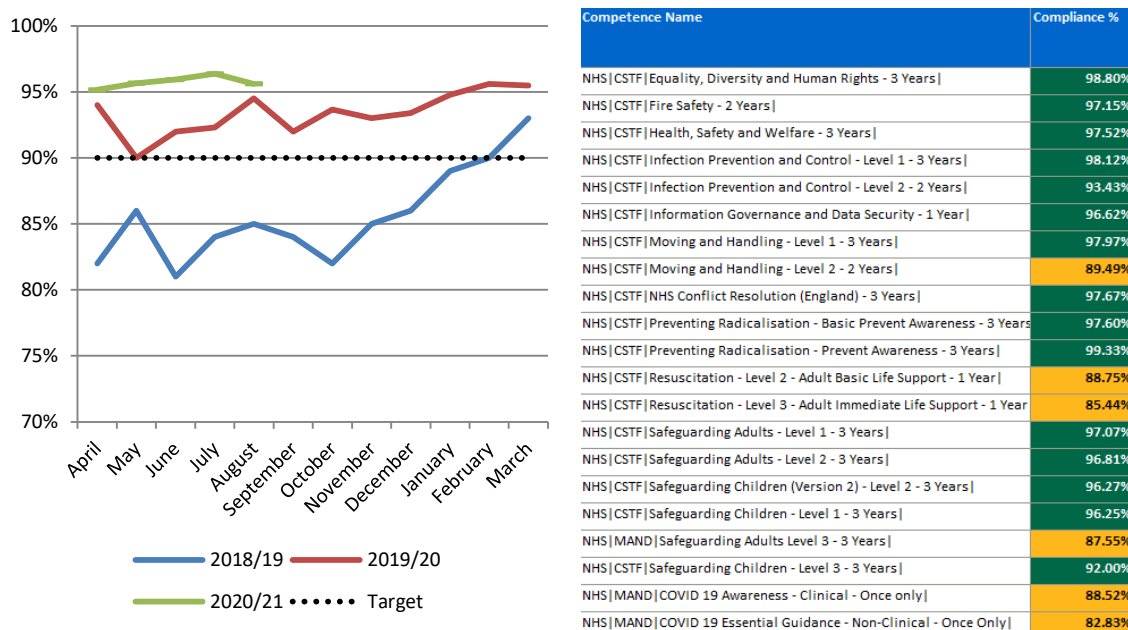
The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 13.07% in July 2020 to 14.08% in August 2020, however is lower than the same period in 2019. There were 8 leavers in August (5.96 FTE), the reasons for leaving were for 2 promotion, 2 end of fixed term contract, 1 work life balance, 1 relocation, 1 retirement and 1 due to the move to CCCL.



3.5.5 Statutory and Mandatory Training

Overall Trust compliance at 31st August 2020 is 95.61% which is above the target of 90%.

Although this is a decrease of 0.76% from the previous month, it should be noted that two new subjects have been added to the Trusts mandatory training requirements (Covid Awareness and Covid Essential Guidance) following a three month working towards compliance period.



The L&OD Team continues to send out monthly targeted reminder emails to staff that are non-compliant with specific subjects.

This prompts completion of the course or allows staff to respond to the email requesting support. ESR also sends out automated reminders to staff who are about to or have come out of compliance prompting completion.

The L&OD team are working collaboratively with all lead trainers to continue to ensure the maintenance of the KPI and working with managers to interpret compliance data and trajectories.

Compliance for Moving & Handling Level 2, BLS, ILS and Safeguarding Adults Level 3 is continually monitored and shared with managers and lead trainers as they are performing below the 90% KPI. The two new COVID programmes will now also be added to this data set.

Compliance is currently reported to managers on a weekly basis to ensure ongoing monitoring, improvement and indication of potential decline.

Recovery plans are in-place to target compliance in BLS and ILS and the L&OD team are supporting managers to ensure places are used effectively across the year and to manage the ongoing issue of staff DNAs.

Moving and Handling Level 2 has seen a positive increase over the last 2 months due to a better utilisation of spaces. The L&OD team have supported managers to move enrolments forward wherever possible to improve compliance sooner and utilise the dates scheduled.

The L&OD team are continuing to work with the Safeguarding team to improve compliance for Safeguarding Adults Level 3. An additional session has been arranged for September and some of those non-compliant, specifically within Radiation Services, have been booked. It has been raised by the Safeguarding Trainer that a number of places at previous sessions had been taken by people who did not require Level 3. Staff have been advised to ensure that they are accessing the appropriate level via their ESR. The L&OD team are also working with the Safeguarding team and Radiation Services to implement a recovery plan.

Supporting staff to complete the Safeguarding Children Level 3 module via e-learning has had a positive impact and this subject is now performing above the target of 90%.

Compliance by Directorate

A breakdown of Directorate compliance, as at 31st August 2020 is detailed below.

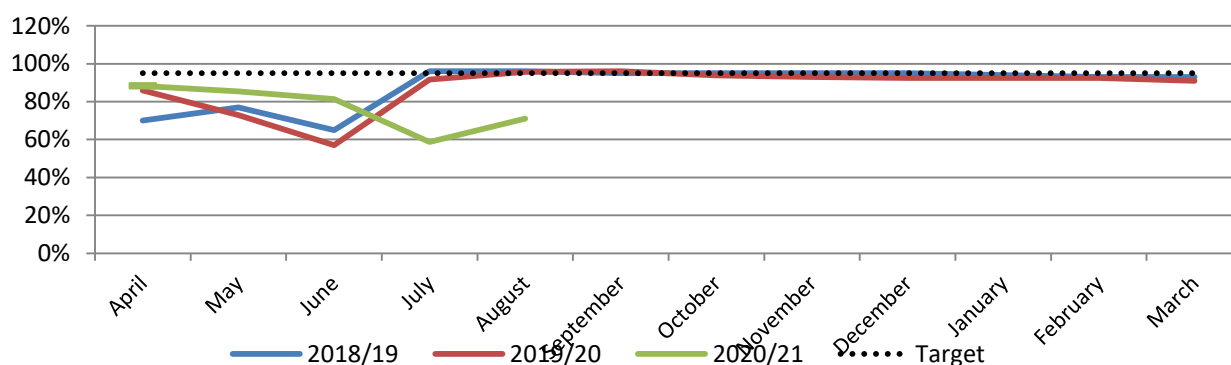
Directorate	Target	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend
158 Chemotherapy Services Directorate	90%	94%	85%	87%	97%	98%	98%	93.78%	97.39%	97.10%	97.26%	97.46%	96.31%	
158 Corporate Directorate	90%	93%	92%	89%	92%	93%	95%	90.28%	94.33%	94.61%	94.92%	95.35%	94.61%	
158 Education Directorate	90%	100%	100%	98%	89%	89%	94%	96.05%	98.82%	98.94%	98.94%	98.82%	95.20%	
158 Haemato-oncology Directorate	90%	87%	89%	86%	93%	95%	95%	90.96%	94.54%	94.48%	95.26%	95.34%	93.91%	
158 Hosted Service Directorate	90%	94%	93%	91%	91%	91%	95%	90.11%	97.28%	94.35%	93.54%	95.79%	96.01%	
158 Integrated Care Directorate	90%	91%	80%	81%	94%	95%	94%	91.61%	95.22%	96.86%	97.13%	97.04%	97.76%	
158 Quality Directorate	90%	97%	96%	92%	95%	95%	98%	92.59%	98.09%	97.13%	97.89%	96.82%	95.49%	
158 Radiation Services Directorate	90%	92%	91%	84%	91%	94%	96%	91.78%	93.57%	94.40%	94.85%	95.85%	97.17%	
158 Research Directorate	90%	92%	85%	88%	98%	98%	98%	94.57%	98.22%	98.42%	97.51%	98.76%	100.00%	

All directorates are currently performing above the 90% KPI for their overall mandatory training compliance.

3.5.6 PADR Compliance

The Trust's PADR window opened in March 2020 and will close on 31st September 2020.

The Trust's current overall compliance for PADRs as at 31st August 2020 is 71.03%, which is an increase of 12.25% from the previous month but still below the target of 95%.



PADR Compliance by Directorate

All directorates are underperforming against the KPI.

Directorate	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Trend
158 Chemotherapy Services Directorate	96.00%	94.00%	94.00%	93.00%	90.60%	88.60%	91.00%	87.50%	83.13%	82.66%	90.61%	86.74%	91.35%	
158 Corporate Directorate	95.00%	95.00%	94.00%	93.58%	93.36%	93.36%	92.00%	89.87%	86.82%	84.94%	74.45%	36.56%	52.68%	
158 Education Directorate	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	75.00%	70.00%	70.00%	66.67%	85.71%	
158 Haemato-oncology Directorate	93.00%	91.00%	89.00%	89.00%	88.60%	88.60%	90.00%	89.47%	88.50%	83.84%	70.59%	15.69%	28.43%	
158 Hosted Service Directorate	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	89.29%	86.21%	82.14%	70.37%	7.69%	24.14%	
158 Integrated Care Directorate	96.00%	93.00%	91.00%	89.00%	89.58%	92.00%	94.00%	95.92%	93.78%	90.82%	86.24%	67.38%	78.72%	
158 Quality Directorate	100.00%	100.00%	100.00%	96.00%	100.00%	96.00%	96.00%	96.30%	96.15%	85.19%	55.56%	53.57%	55.56%	
158 Radiation Services Directorate	96.00%	98.00%	96.00%	95.00%	94.00%	93.36%	93.00%	91.53%	89.07%	83.60%	88.10%	87.40%	93.33%	
158 Research Directorate	98.00%	98.00%	98.00%	98.00%	97.87%	97.87%	96.00%	91.49%	89.58%	91.80%	85.00%	42.37%	86.44%	

It should however be noted that the Chemotherapy Directorate, Integrated Care Directorate and Radiation Services Directorate have been working closely with the L&OD Team and have robust plans in place to ensure they meet the target of 95%.

All directorates have given assurance that they will achieve 95% compliance by the end of September 2020.

The L&OD team are working closely with managers and staff to ensure they are updated with compliance.

Areas that are significantly underperforming are being targeted to support with achieving compliance.

3.5.7 Staff Experience

Staff Friends and Family Test

Quarter 2 of the Staff Friends and Family Test launched on 17th August and will run until 11th September.

Weekly communications are being prepared and have been scheduled to remind staff to complete the survey. The survey continues to include the four tailored questions around wellbeing, morale and wellbeing and the results will be utilised to show progression.

Staff will be able to complete the survey via the survey provider's (Quality Health) invite, an open link and potentially a desktop icon.

The National NHS Staff Survey will launch on 14th September and will run until Friday 27th November.

A robust communication and incentive plan has been developed to encourage staff to participant in the survey.

3.6 Finance

3.6.1. For August the key financial headlines are:

Metric	In Mth 5 Actual	In Mth 5 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Deficit (£000)	(205)	(549)	344		(406)	(1,089)	683	
Control Total Surplus (£000)	0	0	0		0	0	0	
Cash holding (£000)	47,180	27,531	19,649		47,180	27,531	19,649	
Capital Expenditure (£000)	1,377	9	1,368		7,466	9,331	(1,865)	

*The plan for month 5 is the original plan approved by the Board in March 2020. The Control Total Surplus is the revised NHSI plan issued to the Trust.

3.6.2 Since the last report NHSI have confirmed that the interim funding arrangements originally put in place for April – July where by Trust's are funded on a cost basis by way of a top-up have been extended to the end of September. The arrangements for the remainder of the year have been confirmed as a block funding envelope with incentives. The value of the funding envelope has not yet been confirmed but is due imminently.

- Commissioning contracts continue to be suspended until at least October.
- The financial risk rating metrics in the Strategic Outcomes Framework have been suspended.
- To breakeven the Trust requires additional Top Up funding of £1.9m for August, £5.7m cumulatively.