



Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	27 th January 2021	
Agenda Item:	P1-006-21	
Title:	IPR M9 2020/2021	
Report prepared by:	Hannah Gray, Head of Performance and Planning	
Executive Lead:	Joan Spencer, Chief Operating Officer	
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 an update on performance for month nine (December 2020). The access, efficiency (including the Covid-19 recovery activity), quality, research and innovation, 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. A Covid-19 recovery summary is provided, rather than exceptions only.</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 9 2020/21)

Introduction

This report provides an update on performance for month nine (December 2020). The access, efficiency (including Covid-19 recovery activity), quality, workforce, research and innovation, 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 recovery summary is provided, rather than exceptions only.

A detailed quality section is now included in this report, in section 3.3. This section will be included in each quarterly version of the IPR to Board.

Bed Occupancy KPIs for HO wards are now included in this IPR following the transfer of the HO inpatient wards onto CCC's electronic patient record – Meditech, on 1st December 2020.

Although national COVID 19 guidance recommended the suspension of data collection for several KPIs/ metrics the Trust has maintained internal monitoring and reporting to ensure oversight and good performance.

The 'Third Phase of NHS Response to Covid-19' KPIs is included in this report. There is a Covid-19 Recovery Activity scorecard, with accompanying narrative in section 3.2.4.

1. Performance Scorecards

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

1.1 Access

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Dec-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Chief Operating Officer						
L	7 days from referral to first appointment	↓	90%	87.3%	91.4%	
C/S	2 week wait from GP referral to 1st appointment	↔	93%	100%	92.9%	
L	24 days from referral to first treatment	↑	85%	92.3%	87.2%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↓	75% (shadow monitoring)	80.0%	73.2%	
S	31 day wait from diagnosis to first treatment	↔	96%	100.0%	98.7%	
C/S	31 day wait for subsequent treatment (Drugs)	↔	98%	98.6%	99.4%	
C/S	31 day wait for subsequent treatment (Radiotherapy)	↔	94%	100.0%	98.1%	
S	Number of 31 day patients treated => day 73	↑	0	0	5	
C/S	62 Day wait from GP referral to treatment	↔	85%	95.7%	91.5%	
C/S	62 Day wait from screening to treatment	↔	90%	100.0%	94.4%	
L	Number of patients treated between 63 and 103 days (inclusive)	↑	No Target	27	227	
S	Number of patients treated => 104 days	↓	No Target	11	80	
L	Number of patients treated => 104 days AND at CCC for over 24 days	↔	0	3	26	
C/S	Diagnostics: 6 Week Wait	↔	99%	100%	100.0%	
C/S	18 weeks from referral to treatment (RTT) Incomplete Pathways	↔	92%	98.1%	97.5%	

Notes:

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

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 November 2020)

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Nov-20	YTD	12 Month Trend
Executive Director Lead: Liz Bishop, CMCA SRO						
C/S	2 week wait from referral to first appointment	↔	93%	90.1%	91.8%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↔	75% (shadow monitoring)	75.7%	74.7%	
C/S	62 Day wait from GP referral to treatment	↔	85%	77.7%	77.8%	

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	Dec-20	YTD	12 Month Trend
Executive Director Lead: Joan Spencer, Chief Operating Officer						
S	Length of Stay: Elective (days): Solid Tumour	↓	≤6.5	6.3	5.8	
S	Length of Stay: Emergency (days): Solid Tumour	↑	≤8	9	7.5	
S	Length of Stay: Elective (days): HO Ward 4	↔	≤21	11.4	12.1	
S	Length of Stay: Emergency (days): HO Ward 4	↔	≤16	8.8	14.7	
S	Delayed Transfers of Care as % of occupied bed days (Solid Tumour)	↔	≤3.5%	2.6%	4.1%	
S	Bed Occupancy: Midnight (Ward 4: HO)	-	G: =>92% A: 88-91.9% R: <88%	89.0%	N/A	
S	Bed Occupancy: Midnight (Ward 5: HO BMT)	-	G: =>80% A: 76%-79.9% R: <76%	72.0%	N/A	
S	Bed Occupancy: Midday (Solid Tumour)	↔	G: =>92% A: 88-91.9% R: <88%	78.1%	68.2%	
S	Bed Occupancy: Midnight (Solid Tumour)	↔	G: =>92% A: 88-91.9% R: <88%	80.4%	68.7%	
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%	95.2%	95.4%	
L	Radiology Reporting: Outpatients (within 7 days)	↔	G: =>90% A: 80-89.9% R: <80%	91.7%	94.1%	
L	Travel time to clinic appointment within 45 minutes	↔	G: =>90%, R:<90%	97.9%	97.2%	
C/Phase 3 Covid-19 Guidance	Data Quality - % Ethnicity that is complete (or patient declined to answer)	↔	J & A = 90% S & O = 95% Nov & Dec = 100%	89.5%	93.9%	
C	Data Quality - % of outpatients with an outcome	↔	G: =>95%, A: 90% - 94.9%, R: <90%	98.4%	98.4%	
C	Data Quality - % of outpatients with an attend status	↔	G: =>95%, A: 90% - 94.9%, R: <90%	97.3%	98.2%	
Executive Director Lead: James Thomson, Director of Finance						
S	Percentage of Subject Access Requests responded to within 1 month	↔	100%	100%	100%	
C	% of overdue ISN (Information Standard Notices)	↔	0%	0%	0%	

Robust bed occupancy data for Haemo-Onc is now available from December 2020; the first full month in which the HO the inpatient data was captured on Meditech.

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. RAG rating is not applied to YTD figures when the target applies post April 2020.

Directive	Data	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD	Monthly Trend 2020/21
Local	Covid-19 positive inpatients (Definite Healthcare Associated)*	0	0	0	0	0	0	1	0	0	0	1	
Local	Covid-19 positive inpatients (Non 'Definite Healthcare Associated')*	No Target	13	3	3	0	0	8	12	11	3	53	
P3G	Overnight electives (as % of 2019/20)	A = 70%, S=80%, O = 90% (of last year's activity)	38%	60%	88%	80%	67%	89%	135%	129%	108%	86%	
P3G	Outpatient Procedures (as % of 2019/20)	A = 70%, S=80%, O = 90% (of last year's activity)	83%	85%	117%	158%	167%	185%	159%	180%	184%	152%	
P3G	Day Cases (as % of 2019/20)	A = 70%, S=80%, O = 90% (of last year's activity)	39%	43%	55%	57%	36%	50%	42%	37%	32%	43%	
P3G	Outpatient Appointments (as % of 2019/20)	A = 90%, S=100% (of last year's activity)	121%	114%	138%	132%	120%	132%	119%	123%	124%	124%	
P3G	Outpatient Appointments: New (as % of 2019/20)	A = 90%, S=100% (of last year's activity)	104%	71%	84%	79%	89%	116%	113%	110%	124%	98%	
P3G	Outpatient Appointments: Follow Up (as % of 2019/20)	A = 90%, S=100% (of last year's activity)	122%	118%	143%	137%	123%	133%	120%	125%	125%	127%	
P3G	% of all OP appointments which are by telephone or video	25% of all OP appts	71%	69%	69%	68%	69%	72%	70%	69%	66%	69%	
P3G	% of Follow Up OP appointments which are by telephone or video	60% of all FU OP appts	70%	68%	68%	67%	70%	72%	70%	69%	66%	69%	
Local	Referrals: Total (as % of 2019/20)**	2019/20 figures	87%	62%	83%	73%	85%	95%	83%	95%	83%	83%	
Local	SACT administration: Solid Tumour (as % of 2019/20)	2019/20 figures	89%	66%	97%	94%	90%	111%	96%	103%	121%	96%	
Local	Radiotherapy Treatments (as % of 2019/20)	2019/20 figures	93%	77%	70%	72%	63%	71%	71%	74%	83%	75%	
P3G	Investigations: CT (as % of 2019/20)	S=90%, O = 100% (of last year's activity)	72%	95%	132%	151%	155%	160%	184%	195%	204%	150%	
P3G	Investigations: MRI (as % of 2019/20)	S=90%, O = 100% (of last year's activity)	66%	85%	108%	112%	117%	131%	128%	135%	155%	116%	
Local	Stem Cell Transplants	8.3 per month (as per CCC plan)	1	1	5	8	6	6	4	5	7	43	
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%	66%	59%	65%	67%	
Local	Hotline Calls- Pts advised to attend A&E or CCC CDU: % advised to attend CDU	No Target	29%	37%	37%	27%	29%	32%	34%	41%	35%	33%	
Local	Staff and household members tested (inc. external tests)	No Target	99	62	193	117	37	144	84	36	25	797	
Local	Staff sickness absence: Covid-19 related (total occurrences)	No Target	49	36	18	21	4	18	26	24	21	217	
Local	Staff sickness absence: Covid-19 related (%)	No Target	2.5%	2.1%	1.0%	1.2%	0.2%	0.9%	1.4%	1.3%	1.2%	1.3%	

Further detail on this data is provided in section 3.2.4 and in the Workforce section

*The categories for Covid-19 positive infections are: Definite Healthcare Associated (First Positive specimen 15 days or more after admission), Probable Hospital Associated (8 - 14 days), Indeterminate Healthcare associated (3 - 7 days) and Community Acquired (0 - 2 days).

NB: there were 2 Covid-19 positive (Definite Healthcare Associated) inpatients in March 2020.

1.3 Quality

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

Directive	Key Performance Indicator	Change in RAG rating from	Target	Dec-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	1	6	
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	8	
S	Incidents /1,000 Bed Days	↑	No target	192.8	222.91	
L	All incidents resulting in harm /1,000 bed days	↑	No target	19	21	
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	0.07	
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care)	↔	0	0	0	
C/S	Pressure Ulcers (hospital acquired grade 3/4, with a lapse in care) /1,000 bed days	↔	0	0	0	
S	Consultant Review within 14 hours (emergency admissions)	↔	90%	98.2%	99.0%	
C/S	% of Sepsis patients being given IV antibiotics within an hour (ST)	↔	90%	100.0%	96.0%	
C/S	VTE Risk Assessment	↔	95%	95.0%	97.0%	
S	Dementia: Percentage to whom case finding is applied	↔	90%	100.0%	100.0%	
S	Dementia: Percentage with a diagnostic assessment	-	90%	No patients	100.0%	
S	Dementia: Percentage of cases referred	-	90%	No patients	No patients	No cases referred
C/S	Clostridium difficile infections (attributable)	↔	<=4 per yr	0	1	
C/S	E Coli (attributable)	↓	<=10 per yr	0	5	
C/S	MRSA infections (attributable)	↔	0	0	0	
C/S	MSSA bacteraemia (attributable)	↓	<=5 per yr	0	4	
C	Klebsiella (attributable)	↑	<=10 per yr	1	2	
C	Pseudomonas (attributable)	↑	<=5 per yr	1	1	

Quality scorecard continued on page 6

Directive	Key Performance Indicator	Change in RAG rating from	Target	Dec-20	YTD	12 Month Trend
Executive Director Lead: Sheila Lloyd, Director of Nursing and Quality						
C/S	FFT inpatient score (% positive)	-	95%	N/A	N/A	
C	FFT outpatient score (% positive)	-	95%	N/A	N/A	
C	Number of formal complaints received	↓	No target	0	20	
S	Number of formal complaints / count of WTE staff (ratio)	↓	No target	0.000	0.002	
C	% of formal complaints acknowledged within 3 working days	↔	100%	None Received	N/A	
L	% of routine formal complaints resolved within 25 working days*	↔	100%	0%	27%	
L	% of complex formal complaints resolved within 60 working days*	↔	100%	None to resolve	N/A	
C/S	% of FOIs responded to within 20 days	↔	100%	100.0%	99.5%	
C/S	Number of IG incidents escalated to ICO	↔	0	0	0	
C	NICE Guidance: % of guidance compliant	↔	90%	94%	93%	
L	Number of policies due to go out of date in 3 months	↔	No target	30	N/A	
L	% of policies in date	↔	100%	97%	96%	
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.

* The NHS complaints process timelines have been relaxed to allow Trusts to prioritise the necessary clinical changes required to respond to the Covid-19 pandemic. The Trust Policy currently allows more than 25 days with patients' consent

Sepsis data is subject to change as some patients have not yet been coded following discharge in December. This delay has no impact on the appropriate management of patients.

1.4 Research and Innovation

Directive	Key Performance Indicator	Change in RAG Rating from previous Month	Target	Measure	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	YTD	12 Month Trend
Local	Study Recruitment	↓	800 annual 66.7 per month	Number	57	33	21	24	122	175	120	88	78	718	
			100%	Percent	85%	49%	31%	36%	183%	262%	180%	132%	117%	120%	
Local	SIREN Recruitment	→	250 participants 50 per month	Number					94	112	32	9	3	250	
			100%	Percent					188%	224%	64%	18%	6%	125%	
Local	Studies Opened	↓	47 annual 3.9 per month	Number	3	0	4	6	3	4	6	5	2	33	
			100%	Percent	77%	0%	103%	154%	77%	103%	154%	128%	51%	94%	
Local/ NIHR	Studies Unpaused	↓	80% 6.7% per month	Number	0	4	26	24	5	7	10	7	1	84	
			6.7%	Percent		4.5%	29.2%	27.0%	5.6%	7.9%	11.4%	8.0%	1.3%	147.4%	
Apr-19 - Mar-20															
DoH	Study Setup Times - Quarterly Data reporting		40 days	Number	Reporting Period: Jan-19 - Dec-19 Set-up median (days): 33										

1.5 Workforce

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

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Dec-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%	4.12%	4.35%	
S	Staff Turnover	↔	G: =<1.2%, A: 1.21-1.24%, R: =>1.25%	1.11%	0.94%	
S	Statutory and Mandatory Training	↔	G: =>90%, A: 75 - 89%, R: =<75%	95.92%	N/A	
L	PADR rate	↔	G: =>95%, A: 75 - 94.9%, R: =<74%	92.92%	N/A	
S	FFT staff: Recommend as a place to work (Quarterly survey)	-	G: =>95%, A: 90 - 94.9%, R: =<90%	N/A	N/A	
S	FFT staff: Recommend care and treatment (Quarterly survey)	-	G: =>95%, A: 90 - 94.9%, R: =<90%	N/A	N/A	
S	% of Staff offered Flu Vaccination (vaccinated + refused): cumulative (National target)	↔	100% (by end campaign)	100.0%	100.0%	
L	% of 'Frontline' Staff Flu Vaccinated: cumulative (CQUIN target)	↔	90% by 28/02/21	98.1%	98.1%	
C	% of Staff Flu Vaccinated: cumulative (CCC internal target)	↔	95% by end Dec 20	90.60%	90.60%	

There is no CCC FFT staff survey in Q3 due to the National Staff Survey running at this time.

1.6 Finance

For December the key financial headlines are:

Metric	In Mth 9 Actual	In Mth 9 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Surplus/ (Deficit) (£000)	318	128	190	Green	(296)	(39)	(257)	Green
CPL/Propcare Surplus/ (Deficit) (£000)	16	0	16	Green	473	0	473	Green
Control Total Surplus/ (Deficit) (£000)	334	128	206	Green	177	(39)	216	Green
Cash holding (£000)	63,026	56,726	6,300	Green	63,026	56,726	6,300	Green
Capital Expenditure (£000)	48	380	(332)	Yellow	9,118	10,208	1,090	Yellow

*The plan for month 9 reflects the plan submission for M7-12 (22nd October 2020)

The Trust's funding for the remainder of the year is a fixed allocation and includes amounts for both growth and Covid-19 costs. The funding continues to be routed through the Cheshire and Mersey HCP, with the HCP being required to achieve aggregate financial balance.

2. Exception Reports

2.1 Access

7 Days to 1 st appointment patients:	Target	Dec 20	YTD	12 month trend
Number of patients seen => 7 days	90%	87.3%	91.4%	
Reason for non-compliance				
21 patients breached the 7 day target in December. There was reduced clinic capacity during December due to consultant annual leave and bank holidays, making achievement of the 7 day target challenging. Further details are provided in section 3.1.1.				
Action Taken to improve compliance				
<ul style="list-style-type: none"> The Head of Service Delivery (Networked Services) is working closely with the SRG Leads and Medical Workforce to review the process for approving annual leave and managing clinic capacity during bank holidays. 				
Expected date of compliance	March 2021			
Escalation route	CWT Target Operational Group, Directorate Performance Reviews, Performance Committee, Trust Board			
Executive Lead	Joan Spencer, Chief Operating Officer			

Long Waiting Cancer Patients:	Target	Dec 20	YTD	12 month trend
Number of patients treated => 104 days AND at CCC for over 24 days	0	3	26	
Reason for non-compliance				
11 patients breached the 104+ day target in December; All patients were referred to CCC after day 38 (between day 59 and 245). 3 of the 11 patients breached the 24 day target. The breaches were all unavoidable. Details as follows:				
<ul style="list-style-type: none"> Patient 1 - Nursing home was in lockdown due to a member of staff testing positive for Covid-19 resulting in all residents requiring a repeat swab test. Diagnostic appointments for patients were arranged with nursing home infection control teams to limits visits to hospital. (59 days at referring trust and 47 days at CCC). Patient 2 - Complex pathway; patient was referred to CCC on day 60 and required additional diagnostic tests to clarify disease status. There was a slight delay to MRI scan due to capacity. (60 days at referring trust and 44 days at CCC). Patient 3 - Patient did not attend a face to face follow up appointment on two occasions. A face to face appointment was required with a family member in attendance to assess fitness for treatment. (104 days at referring Trust and 35 days at CCC). 				
Action Taken to improve compliance				
<ul style="list-style-type: none"> N/A as all unavoidable breaches 				
Expected date of compliance	31 st January 2021			

Escalation route	CWT Target Operational Group, Directorate Performance Reviews, Performance Committee, Trust Board
Executive Lead	Joan Spencer, Chief Operating Officer

2 week wait from referral to first appointment (Alliance-level)	Target	Nov 20	YTD	12 month trend (to Nov)
	93%	90.1%	91.8%	

Reason for non-compliance

Non-compliance with the 14 day standard in November 2020 was largely driven by underperformance in the following tumour groups:

- Breast 80.93% (down from 92.54% last month)
- Lower Gastrointestinal 88.44% (up from 85.48%)
- Upper GI 87.06% (down from 88.83%)

Poor performance in breast cancer at Liverpool University Hospitals NHS FT had the biggest negative impact on performance, followed by poor performance in breast at Wirral University Teaching Hospitals NHS FT and Countess of Chester Hospital NHS FT. Outpatient capacity issues were recorded as the most frequent breach reason (in 85% of cases for breast, and 59% of breaches in other tumour groups), followed by patient choice (9.5% in breast, and 25% in other tumour groups).

Action Taken to improve compliance

- Additional consultant recruitment at CoCH (breast)
- The single patient tracking list (PTL) across Cheshire and Merseyside continues to be vetted each week through the CMCA clinical prioritisation group to identify areas of service pressure.
- £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 pre-pandemic levels

Expected date of compliance	Compliance with the 14 day standard is expected in to return in Q4.
Escalation route	NHS England, North West CCC Performance Committee, Trust Board
Executive Lead	Liz Bishop, CMCA SRO

62 Day wait from GP referral to treatment (Alliance-level)	Target	Nov 20	YTD	12 month trend (to Nov)
	85%	77.7%	77.8%	

Reason for non-compliance

Non-compliance with the 62 day standard in November 2020 was largely driven by underperformance in the following tumour groups:

- Urology 75.28% (up from 71.24% last month)
- Lower Gastrointestinal 58% (up from 34.15% last month)

November's performance has been affected by the Covid-19 pandemic. Whilst most services had been restored to near-normal capacity, there remained a significant backlog of patients waiting for diagnostics.

Lower GI pathways were particularly affected with performance falling from 73.27% in February (pre-pandemic) to a low of 25% in May. 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.

Delays to diagnostic pathways are being monitored through the Cheshire and Mersey Cancer Alliance, with endoscopy recovery led by a C&M recovery team.

Action Taken to improve compliance

- 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.
- Further £400 invested in using FIT to validate and risk stratify LGI endoscopy waiting lists and surveillance lists.
- Patient and public communications to improve patient confidence to attend for appointments.
- 2ww referrals are now back to pre-pandemic levels

Expected date of compliance	Compliance with the 62 day standard is expected in Q4 2020/2021. However, recovery is at risk due to the second wave and potential third wave of Covid-19.
Escalation route	NHS England, North West CCC Performance Committee, Trust Board
Executive Lead	Liz Bishop, CMCA SRO

2.2 Efficiency

	Target	Dec 20	YTD	12 month trend
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Length of Stay: Emergency	8 days	9 days	7.5 days	
Solid Tumour Wards				

Reason for non-compliance

The length of stay (LoS) for non-elective admissions in December was 1 day above target at 9 days.

The lengthened LoS for non-elective patients is due to a combination of CCC offering mutual aid to LUHFT and longer non-elective pathway patient admissions. Mutual aid was offered to the acute sector to relieve pressure on the system, with CCC receiving unwell patients, who have longer lengths of stay.

There were 5 delayed transfers of care (DTOCs) this month, equating to 33 days of lengthened hospital stay. All 5 of the delayed patients were non-elective admissions.

There is no particular pattern of DTOCs, with patients experiencing delays for the following reasons:

- Hospice transfers
- Social packages of care to enable return home
- Rehabilitation placement

Action Taken to improve compliance

- Weekly LoS meetings continue to discuss any patients with a lengthened LoS or complex discharge needs.
- Daily COW MDT Board Rounds set up changed to encourage ward rounds to take place earlier in the day on the wards so that there are clear plans for patients and outstanding tasks are assigned earlier in the day to promote reduced LoS and reduced delays in care.
- CDU supported by specialist teams to avoid admission where possible.

Expected date of compliance	31 st January 2021
Escalation route	Monthly Divisional Meeting, Directorate Quality and Safety Group, Integrated Governance Committee, Quality Committee, Trust Board
Executive Lead	Joan Spencer, Chief Operating Officer

Bed Occupancy:	Target	Dec 20	12 month trend
HO Ward 4	G: ≥92% A: 88-91.9% R: <88%	89%	

Reason for non-compliance

Bed occupancy on ward 4 in December 2020 was below the Trust's target of 92%.

Bed Occupancy is below target due to reduced planned activity over the Christmas and New Year period and an increase in discharges. Whilst occupancy was at 94% in the first week of

December, this fell to a December low of 82% week commencing 21st December, rising to 88% the following week.

Action Taken to improve compliance

- Continue to work more closely with the Patient Flow Team and wider MDT to aid any discharge planning during the Covid-19 pandemic.
- Continue to offer Mutual Aid to support AUH and other Trust in the Cheshire & Merseyside Network with HO patients to relieve some of their bed pressures in response to the Covid-19 pandemic.
- Daily outlier review of HO outliers in LUHFT continues to ensure prompt transfer to CCC when clinically appropriate.

Expected date of compliance	January 2021
Escalation route	Directorate Performance Review, Performance Committee, Trust Board.
Executive Lead	Joan Spencer, Chief Operating Officer

Bed Occupancy:	Target	Dec 20	12 month trend
HO Ward 5	G: =>80% A: 76%-79.9% R: <76%	72%	

Reason for non-compliance

In December 2020, bed occupancy on ward 5 (BMT Unit) was below the Trust’s target of 80% (80% target benchmarked against other BMT units).

Reduced bed occupancy on ward 5 is a reflection of the reduced number of transplants carried out both in the CCC Transplant Programme and nationally as a result of the Covid-19 pandemic. Further information is provided in section 3.2.4.

Reduced planned activity over the Christmas and New Year period along with an increase in discharges also contributed to the reduced occupancy. Whilst occupancy was at 87% in the first week of December, this fell to a December low of 58% week commencing 21st December, rising to 65% the following week.

Action Taken to improve compliance

- Continue to attend national and regional BMT meetings to maintain awareness of the latest position and guidance, to enable effective planning and preparation of patients eligible for BMT.

Expected date of compliance	February 28 th 2021
Escalation route	Directorate Performance Review, Performance Committee, Trust Board.
Executive Lead	Joan Spencer, Chief Operating Officer

Bed Occupancy: Solid Tumour Wards	Target	Dec 20	YTD	12 month trend
	G: ≥92%	Midday 78.1%	68.2%	
	A: 88-91.9%	Midnight 80.4%	68.7%	
R: <88%				

Reason for non-compliance

Solid tumour inpatient ward occupancy continues to be below the Trust's target of 92%. Average Bed Occupancy has decreased this month; the first reduction since April 2020. The position for December 2020 is:

- Average bed occupancy at midday was 78.1%
- Average bed occupancy at midnight was 80.4%

These figures are calculated on a total bed base of 51 beds. There are a further 4 beds on ward 3 which have been designated as 'escalation beds' to help the Trust with winter/covid-19 pressures and to allow where possible for mutual aid to be offered to LUHFT for acute oncology or palliative care patients. If escalation beds are required to be used, the appropriate escalation process is followed and could provide a bed base of 55 beds for inpatients.

Bed Occupancy is below target due to reduced planned activity over the Christmas period and an increase in discharges; with 17 patients discharged on Christmas Eve. During December, CCC had 3 days at OPEL level 3 with the remainder of the month at OPEL 1.

Whilst occupancy was at 88% in the first week of December, this fell to 67% week commencing 21st December and 66% the following week.

Length of stay is on target for elective admissions, there was a low CUR Non Qualifying rate of 4%, and fewer patients were recorded as a delayed transfer of care (DTC) this month.

Action Taken to improve compliance

- The PFT continue to work with wider MDT to aid discharge planning during the Covid-19 pandemic.
- Hotline Team guiding patients to CCCL where clinically appropriate to avoid A&E attendances.
- Continue to offer Mutual Aid to support LUHFT with acute oncology patients and palliative patients to relieve some of their bed pressures in response to the Covid-19 pandemic. Daily liaisons with Acute Oncology teams at LUHFT continue.

Expected date of compliance	28/02/2021
Escalation route	Directorate Performance Review, Performance Committee, Trust Board.
Executive Lead	Joan Spencer, Chief Operating Officer

% Ethnicity that is complete (or patient declined to answer)	Target	Dec 20	YTD	12 month trend
	July & Aug = 90% Sept & Oct = 95% Nov & Dec = 100%	89.5%	93.9% <small>(no RAG as target applied from M4)</small>	

Reason for non-compliance

The target of 100% for December was not achieved, at 89.5%.

With around 80% of patients now being seen remotely, the opportunities previously available to ask patients for this information, e.g. at reception desks, are now significantly reduced. New processes have been implemented, including administration clerks telephoning relevant patients prior to appointments to request this data. This process was fully implemented at the end of December 2020, so performance should improve in January 2021. Data reports are being developed to obtain additional intelligence to further support the achievement of this target.

Action Taken to improve compliance

- New patients continue to be asked to provide ethnicity information as part of the enhanced call.
- All patients having face to face appointments are asked on arrival at their appointment.
- Follow up patients without an ethnicity status recorded are now contacted prior to their clinic appointment to confirm their ethnicity. All patients who have no ethnicity status recorded and who have not previously declined to answer, will also be contacted to obtain this information.
- Further communications have been sent to all nurse delivered clinics to reiterate the importance of asking this question and documenting the patient response.
- Due to increasing remote working, all staff are being asked to check ethnicity to ensure this data is captured.
- As we implement a new process for managing the remote clinics, the new processes will include the collection of ethnicity data.

Expected date of compliance	31/3/2021
Escalation route	Integrated Governance Committee, Performance Reviews, Quality Committee, Trust Board
Executive Lead	Joan Spencer, Chief Operating Officer

2.3 Quality

Serious Untoward Incidents	Target	Dec 20	YTD	12 month trend

	0	1	6	-	-	1	1	-
Reason for non-compliance								
<p>A patient suffered a cardiac arrest shortly after starting treatment with Paclitaxel D1 C15 (third infusion). Sadly resuscitation attempts failed and the patient passed away.</p> <p>A review of the care and medication given prior to and post reported abdominal pain demonstrated all had been administered correctly and no required medication was omitted.</p> <p>This has been reported as a SUI and is being investigated as per the Trust Policy.</p>								
Action Taken to improve compliance								
<ul style="list-style-type: none"> Review of the pre-treatment steroid protocol by the Medicines Safety Officer in partnership with the Breast SRG. CET to carry out an audit of allergic reactions to try and identify any trends. Actions following review at MSAG 15/12/2020 MSO to report via Yellow Card. 								
Expected date of compliance	SUI report is due for completion on or before 15 th March 2021.							
Escalation route	Daily Incident Review Call, Medicines Safety Group, LIRG, Directorate Q&S and Performance meetings, Integrated Governance Committee, Quality Committee, Trust Board							
Executive Lead	Sheila Lloyd, Director of Nursing and Quality							

IRMER reportable incidents	Target	Dec 20	YTD	12 month trend				
	0	2	8	1	1	1	1	1
Reason for non-compliance								
<p>During December 2020, 2 incidents occurred that were notifiable to the IRMER Inspector under the notification criteria – equipment malfunction or procedural error leading to 3 or more imaging exposures in a single fraction. There was no harm to the patient from either incident.</p>								
Description of incident 12485								
<p>Patient received 4kV images at one fraction to investigate a large lateral shift which was caused by an error made in the planning process. No treatment was given on the incorrect plan.</p>								
Description of incident 12654								
<p>Patient received 3 CBCTs (2 full and one partial) at one fraction due to unrelated faults on 2 separate machines.</p>								
Immediate actions taken								
<ul style="list-style-type: none"> Explanation and apology provided to both patients. Practitioners informed and the incidents were recorded in the patient records (Aria). 12485 - Error in the plan was identified after the 3rd set of images were taken. A replan was produced and the patient was imaged and treated without incident the following day. 								

- 12654 – Appropriate tests were completed after each fault before the patient was imaged and treated without incident later that day.
- 72 hour reviews held, dose calculations performed and both incidents were reported to the IRMER Inspector within the required timeframe.

Planned actions

- Origin position check box to be added to the planning checklist.
- Investigate potential use of additional methods of verification for difficult patient set ups.
- London Protocol Investigation to be carried out for incident 12485.

Expected date of compliance	London Protocol Report will be completed for submission to IRMER/MPE Management Group January 2021
Escalation route	Escalation and reporting as per Incident Reporting Policy Directorate Q&S, LIRG, Performance Reviews, Quality Committee, Trust Board
Executive Lead	Sheila Lloyd, Director of Nursing and Quality

Klebsiella Pneumoniae Bacteraemia (attributable)	Target	Dec 20	YTD	12 month trend
	<=10 per year	1	2	■ ■

Reason for non-compliance

A hospital acquired Klebsiella pneumoniae was identified from blood cultures collected on 15th December 2020 on an inpatient on Ward 3. The patient had been admitted on 11th December 2020 having been repatriated from LUHFT following admission for Chemotherapy induced enteritis.

Following review by the IPC Doctor, it is likely that the PICC line was the focus of the infection. The line was removed, and the patient treated with ertapenem.

Action taken to improve compliance

A review by the IPC Doctor and the IC Team identified that there were no lapses in care and that a full post infection review would not be required.

Expected date of compliance	1st January 2021
Escalation route	Harm Free Care Meeting, Infection Prevention and Control Committee, Integrated Governance Committee, Quality Committee, Trust Board
Executive Lead	Sheila Lloyd, Director of Nursing and Quality

Pseudomonas Bacteraemia	Target	Dec 20	YTD	12 month trend
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(attributable)

<=5 per yr

1

1

1

Reason for non-compliance

The patient was admitted to Ward 2 on 11th December 2020. Blood cultures collected on 21st December 2020 identified pseudomonas aeruginosa. Following review by the IPC Doctor, it was identified that the source is likely to be chest.

Action taken to improve compliance

A review by the IPC Doctor and the IC Team identified that there were no lapses in care and that a full post infection review would not be required.

Expected date of compliance

January 2021

Escalation route

Harm Free Care Meeting, Infection Prevention and Control Committee, Integrated Governance Committee, Quality Committee, Board of Directors Meeting

Executive Lead

Sheila Lloyd, Director of Nursing and Quality

Complaints:

% of routine complaints resolved within 25 working days

Target

Dec 20

YTD

12 month trend

100%

0%

27%



Reason for non-compliance

One complaint was resolved in December 2020; this was not resolved within 25 working days.

The initial complaint was received on 11th August 2020. Throughout August the complainant contacted the Trust on a number of occasions, raising additional issues to be added to the complaint.

On 8th September the complainant agreed to halt the complaints process as he also had a complaint against another Trust and was considering amalgamating the two complaints. He would contact the Trust at a later date with his decision and at this stage the complaint was paused.

The complainant contacted the Trust on 12th October 2020 and requested that we continue with the original complaint. This meant a response due date of 13th November 2020. The complaint was reviewed and a response was provided on 2nd December 2020. A total of 35 working days.

As at 31st December, there were 5 complaints over 25 working days since receipt, which were not yet resolved.

Action Taken to improve compliance

- During quarter 3, 2020/21 further work has been undertaken to review and streamline the complaints process, with particular focus on final approval and sign off.
- Meetings have been held between the Governance Team, the Divisional Clinical Governance Managers and Divisional Directors to ensure an understanding of the roles and responsibilities in relation to complaints and the importance of meeting the 25 day deadline.
- The Complaints and Concerns Policy has been amended and will go to IGC on 12th January 2021 for approval.
- Complaints process KPI`s are now monitored monthly through the IPR.

Expected date of compliance	End of Q4 2020/21
Escalation route	Directorate Quality and Safety Meetings, Performance Review Meetings, LIRG, Integrated Governance Committee, Quality Committee, Trust Board
Executive Lead	Sheila Lloyd, Director of Nursing and Quality

% of Policies In Date	Target	Dec 20	YTD	12 month trend
	100%	97%	96%	

Reason for non-compliance

Out of a total of 267 policies, seven were out of date at the end of December 2020, resulting in a compliance figure of 97%.

Of the seven policies:

- Two are between three and four months out of date, however one of these policies has been approved at the Harm Free Collaborative Meeting in December 2020 and the Document Control Manager is awaiting final draft of the policy and meeting minutes to enable publication.
- Five are between one and three months out of date, however four of these policies have been approved at the December 2020 Workforce, Education & OD Committee and the Document Control Manager is awaiting final draft of the policies and Committee meeting minutes to enable publication.

Action taken to improve compliance

Actions to improve compliance include:

- Policy review reminders and instructions are sent to individual authors in advance of the review due dates.
- Escalation process for any policies 3 months out of date or any major issues to Associate Director of Corporate Governance.
- 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 during quarter 4 2021.

Expected date of compliance	February 2021
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

Studies Opening to Recruitment	Target	Dec 20	YTD	2020/21 trend
	47	2	33	
Reason for non-compliance				
<p>Thirty-three studies have been opened to recruitment against an internal target of thirty-five year to date. There are nine studies which have been locally approved and can be opened to recruitment following sponsor approval. No cancer studies could open during April and the majority of May 2020 due to the pandemic which has meant we are slightly under target.</p>				
Action Taken to improve compliance				
<ul style="list-style-type: none"> • The SRG Research Leads are actioned to review the NIHR portfolio to see if any further trials should be opened at CCC. • Work with the Network to optimise opportunities. • Work with Sponsors to greenlight studies where local approval has been given. 				

Expected date of compliance	Q4 20/21
Escalation route	SRG Research Leads, Committee for Research Strategy
Executive Lead	Sheena Khanduri, Medical Director

2.5 Workforce

Sickness Absence	Target	Dec 20	YTD	12 month rolling	12 Month Trend (in month figures)
	G: ≤4%, A:4.1-4.99%, R: ≥5.00%	4.12%	4.35%	4.48%	

Reason for non-compliance

The Trust 12 month rolling sickness absence is 4.48%, with the in-month sickness figure for December 2020 at 4.12%. The in-month figure has decreased from November's figure of 4.46% and the 12 month rolling has also decreased slightly from 4.49%.

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	35
2	Gastrointestinal Problems	32
3	Chest and Respiratory Problems	23

Anxiety/Stress/Depression, Gastrointestinal problems and Chest & Respiratory problems continue to be the three highest reasons for absence across the organisation for the second month.

Anxiety/stress/depression was the highest reason for absence in December 2020 taking over Chest and Respiratory absences, which was the highest reason for the previous two months. Episodes due to this reason have increased by 2. Of the total absences, 24 were due to personal related circumstances, 5 due to work related circumstances and 6 are unknown. Absences due to work related anxiety/stress/depression have remained the same as November 2020.

24 of the absences related to anxiety/stress/depression were long term, compared with 11 which were short term. 15 of the total absences returned to work in December 2020 however 20 remain absent and continue into January 2021.

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

Directorate	Number of Episodes
ICD	6 (remained static)
Corporate	10 (increase of 1)
Chemotherapy	8 (remained static)
Radiation Services	4 (increase of 1)
Quality	1 (remained static)

Haemato-Oncology	4 (increase of 1)
Hosted Services	2 (increase of 1)

Corporate remains the directorate with the highest number of absences due to anxiety/stress/depression. The SRG tumour group team remain the team with the highest number of absences due to this reason, with 5 episodes. All 5 of these episodes are due to personal circumstances.

The Chemotherapy directorate continues to have the second highest number of absences due to anxiety/stress/depression with 8 episodes. Delamere Wirral experienced the highest number of episodes with 3, followed by Outpatients CCCL and Pharmacy with 2 episodes each.

The secondary reason recorded in ESR relating to Anxiety/stress/depression is as follows:

Level 2 Reason	Number of Episodes
Anxiety	9
Stress	9
Other Psychiatric Reasons	1
Blank (no level 2 reason recorded)	13
Panic Attacks	1
Depression	2

Absences due to Gastrointestinal problems have increased slightly in December 2020 by 1 episode. It remains the second highest reason for absence across the Trust. Of the total absences, 30 were short term and 3 were long term.

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

Directorate	Number of Episodes
Chemotherapy	7 (decrease of 4)
Corporate	6 (increase of 2)
Haemato-Oncology	4 (decrease of 1)
ICD	6 (increase of 1)
Radiation Services	9 (increase of 2)
Quality	1 (remained static)

Radiation services has experienced the highest number of absences due to this reason in December 2020 with Radiotherapy Wirral experiencing 6 episodes.

Chest and Respiratory problems is now the Trust's third highest reason for absence after being the highest reason for two months. Episodes have reduced from 34 in November 2020 to 23 in December 2020, 19 of which were recorded as Covid-19 related.

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

Directorate	Number of Episodes
Chemotherapy	10
Corporate	2
Haemato-Oncology	2
ICD	1
Radiation Services	7

Hosted Services	2
-----------------	---

In December, Chemotherapy experienced the highest number of absences relating to Chest and Respiratory problems, 5 of which were from the Outpatients CCCL team, 3 from Pharmacy and 2 from Delamere Wirral.

Action Taken to improve compliance.

- The Trust now has 20 trained Mental Health First Aiders available for staff to contact for one to one support
- Health and wellbeing hub – available on the Trust Extranet which features supporting guides and resources
- The Trust has pledged its support to the [Nursing Times 'COVID-19: Are you OK?' campaign](#). The campaign recognises the impact that the pandemic has had on so many healthcare staff and the need for appropriate support to be in place for staff mental health and wellbeing
- Team Time - a virtual forum of staff support. It is available for any team within the Trust to have a dedicated session (45 minutes) exploring the impact of COVID-19 on them, both professionally and personally. Team Time sessions are prepared, facilitated and supported by trained members of the Schwartz Round Steering Group.

Expected date of compliance	June 2021
Escalation route	Directorate Meetings and Performance Reviews, WOD Committee, Quality Committee, Trust Board
Executive Lead	Jayne Shaw, Director of Workforce & OD

PADR	Target	Dec 20	12 Month Trend
	G: =>95%, A: 75 - 94.9%, R: =<75%	92.92%	
<p>Reason for non-compliance</p> <p>The Trust PADR window closed on 31st September 2020. Whilst the KPI of 95% was achieved by this date, it was only maintained for 1 month.</p> <p>Assurance was given by all underperforming directorates that compliance would be achieved by 30th November, however this has not been achieved and there has been a further decline of 1.67% this month.</p> <p>A revised date of 30th January had been issued to directorates to be achieving compliance and this will be monitored via performance reviews. Directorates are reporting that this may not now be achievable due to the impact of the Covid-19 third wave on staff capacity.</p>			
<p>Action Taken to improve compliance</p> <ul style="list-style-type: none"> To provide support in actively managing compliance, all directorates have been issued with a list of staff who are outstanding for PADRS, as well as a breakdown of staff who will be due a PADR within the next 2 months. A review of the PADR process is underway and findings and recommendations will be presented back to the relevant committee in early 2021 			
Expected date of compliance	March 2021		
Escalation route	Directorate Meetings and Performance Reviews, 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

Membership of the Cancer Waiting Times Trust Operational Group (TOG) has been reviewed and now includes senior operational management involvement. Collaboration between the CWT and the Directorates continues, resulting in greater oversight of patients and therefore the ability to prevent breaches.

Capacity within the Diagnostic Imaging Department has been challenging, with a significant increase in MRI and CT referrals since the opening of CCCL. However a process was agreed for escalating target patients and these have been managed on an individual basis to ensure they are seen in a timely manner.

Haematology experienced technical issues with requesting referrals to Breast/ENT via ICE on migration from IPM to Meditech. This has now been resolved but may contribute to future target breaches for HO.

The following section has been amended and now presents the performance against each target / standard, followed by a single table showing all patients who breached. Each row is a unique patient, with breach details provided, as well as an indication of which target/s and/or standard/s each patient breached.

2 Week Wait

The 93% target has been achieved, with performance for December at 100%

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 achieved in December at 80%. Two out of ten patients breached the target.

62 Day wait from GP Referral to treatment

The 85% target is currently is being achieved at 95.7% for December (final validation via national system 3rd February 2021).

62 Day breaches by tumour group: 1/10/20 – 31/12/20

62 Day - CLASSIC									
Tumour Group	Breaches	Accountable Breaches	Hits	Accountable Hits	TOTAL	Accountable TOTAL	PreAllocated %	Allocated %	Allocated Performance
Breast	10	2.5	70	39.5	80	42	87.50%	94.05%	
Lung	16	5	46	26.5	62	31.5	74.19%	84.13%	
Head and Neck	20	1.5	22	14.5	42	16	52.38%	90.63%	
Lower Gastrointestinal	24	0.5	11	7.5	35	8	31.43%	93.75%	
Upper Gastrointestinal	15	3	18	12.5	33	15.5	54.55%	80.65%	
Urological (Excluding Testicular)	24	0	8	6	32	6	25.00%	100.00%	
Gynaecological	12	0.5	5	4.5	17	5	29.41%	90.00%	
Haematological (Excluding Acute Leuka...)	8	2.5	4	2.5	12	5	33.33%	50.00%	
Sarcoma	1	0	3	2	4	2	75.00%	100.00%	
Other	1	0.5	2	1.5	3	2	66.67%	75.00%	

62 Day Screening

There were no 62 Day Screening breaches for December 2020.

7 Day Performance (Internal Target)

Performance for December 2020 is 87.3 % against a stretch target of 90%.

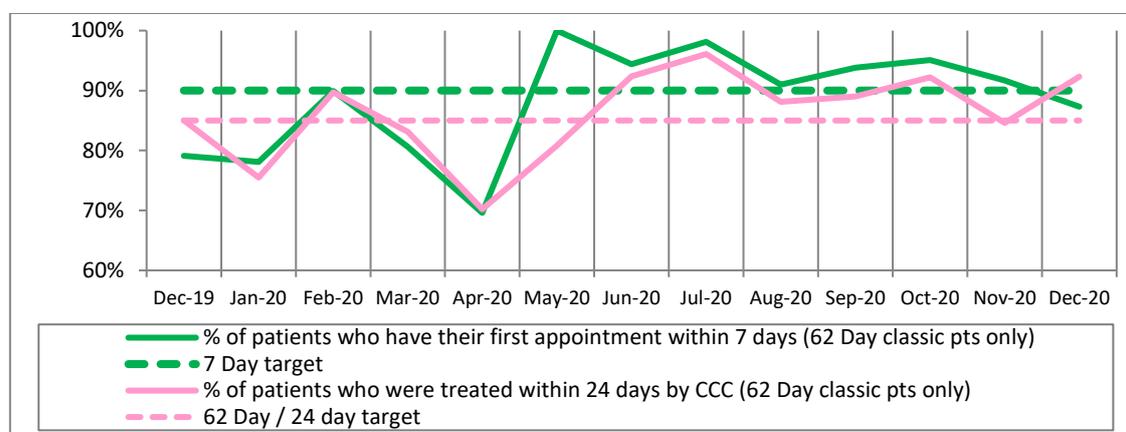
21 patients breached the internal 7 day target. None of these patients breached any other target. The following table provides a summary of these breaches:

Tumour Group	No. missing 7 Day	Consultant leave or COW	Clinic Full	Next Clinic	MDT	CNS/Medical Request	Patient Choice	Awaiting Results
Colorectal	7		3	4				
Gynae	1	1						
Hepatobiliary	1			1				
Lung	6			5				1
Upper GI	5		2	3				
Urology	1	1						
Grand Total	21	2	5	13				1

24 Day (Internal Target)

This was achieved for December 2020, with 92.3% against a stretch target of 85%.

The following chart shows 24 day and 7 day performance by month against the targets:



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

31 day long waiters 73 days +

There were no 31 Day long waiting breaches for December.

62 Day long waiters 104 days +

11 patients breached the 104+ day target in December; referred in between day 59 and 245 to CCC. 3 of the 11 patients were at CCC for more than 24 days between referral and treatment.

Breach Details

Patient	Day into CCC	Days at CCC / to Diagnosis (28DFDS)	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach	Internal Targets			National Standards			Long Waiters	
									7 Day	24 Days (treated within 62 days)	2WW	28 Day FDS2	62 Day GP: Full breaches*	62 Day GP: Half breaches**	62 Day Screening	31 Day ≥73 Days
1	59	47	106	Haem	RLH	Curative Chemo	Nursing home was in lockdown due to a member testing positive for COVID and all patients required repeat swab test. Diagnostic appointments for patient were arranged with Nursing Home Infection Control team to limits visits to hospital	No					Y			Y
2	60	44	104	Haem	RLH	Curative Chemo	Complex pathway. Patient was referred from other trust on day 60 and required additional diagnostic tests to clarify disease status. There was a slight delay to MRI scan due to capacity	No					Y			Y
3	104	35	139	UGI	COC	Adjuvant Chemo	Patient did not attend a Face to Face follow up appointment on two occasions. An appointment was required with family in attendance to assess fitness for treatment. The patient was aware of both appointments.	No					Y			Y
4	40	28	68	Breast	Aintree	Neo-adj Chemo	Medical delay as chemo was booked to start within the target date but was deferred twice due to de-ranged bloods	No					Y			
5	28	33	61	Lung	Wirral	Pall Chemo	Patient choice of first CCC appointment date and patient did not attend treatment due to concerns regarding chemo and the side effects of treatment	No	Y							

Patient	Day into CCC	Days at CCC / to Diagnosis (28DFDS)	Treated on Day	Tumour	Referring Trust	Treatment	Reason	Avoidable Breach	Internal Targets			National Standards			Long Waiters		
									7 Day	24 Days (treated within 62 days)	2WW	28 Day FDS2	62 Day GP: Full breaches*	62 Day GP: Half breaches**	62 Day Screening	31 Day ≥73 Days	≥104 days AND >24 at CCC
6	26	36	56	Lung	COC	Pall Chemo	Medical delay as patient was an in-patient at the referring trust with a tumour related condition	No		Y							
7	21	35	56	LGI	Whiston	Pall Chemo	Patient requested thinking time regarding treatment options	No		Y							
8	32	25	57	Breast	RLH	Pall Chemo	Additional needs patient who required further review appointment for treatment consent with family member in attendance	No		Y							
9	0	54		Diagnosis of cancer	GP		Patient choice of first appointment – patient declined two offered appointments date and requested a particular date to attend	No				Y					
10	0	54		Ruling out of cancer	GP		Patient choice – patient was very anxious about attending hospital appointments due to ongoing situation and therefore re-arranged appointments	No				Y					

*Full breach to CCC: Patient received by CCC before day 38, but not treated within 24 days

**Half breach to CCC: Patient received by CCC after day 38 and not treated within 24 days

3.1.2 Cancer Waiting Times Standards: Cheshire and Merseyside Performance

Cheshire and Merseyside Performance (until November 2020)

Directive	Key Performance Indicator	Change in RAG rating from previous month	Target	Nov-20	YTD	12 Month Trend
Executive Director Lead: Liz Bishop, CMCA SRO						
C/S	2 week wait from referral to first appointment	↔	93%	90.1%	91.8%	
C/S	28 day faster diagnosis - (Referral to diagnosis)	↔	75% (shadow monitoring)	75.7%	74.7%	
C/S	62 Day wait from GP referral to treatment	↔	85%	77.7%	77.8%	

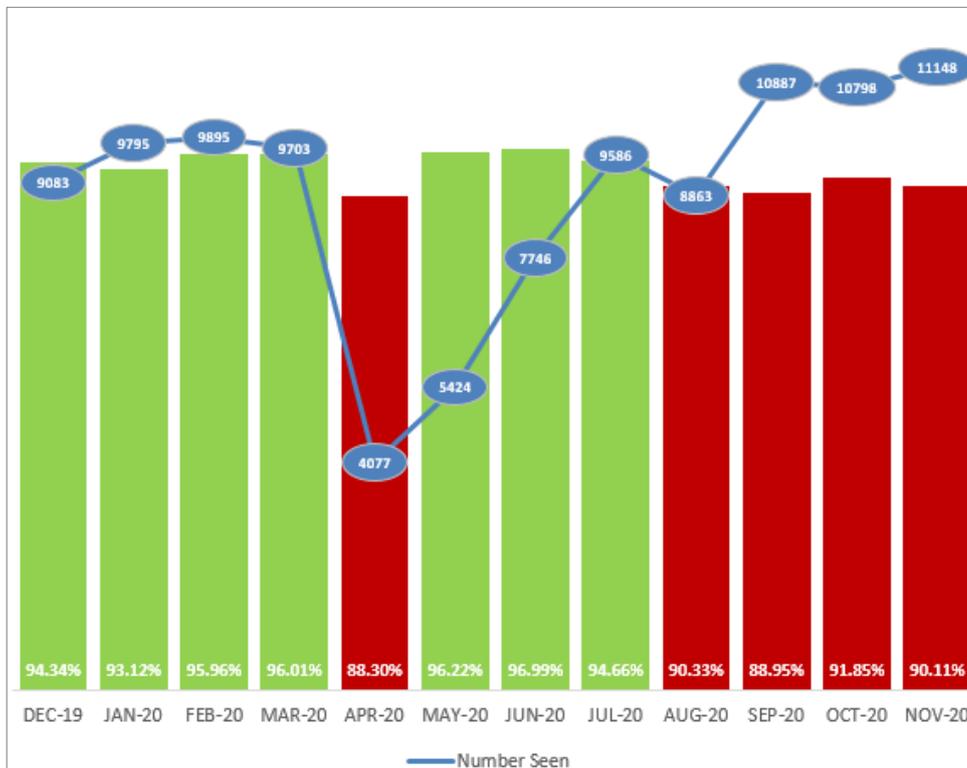
Notes:

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 November 2020.

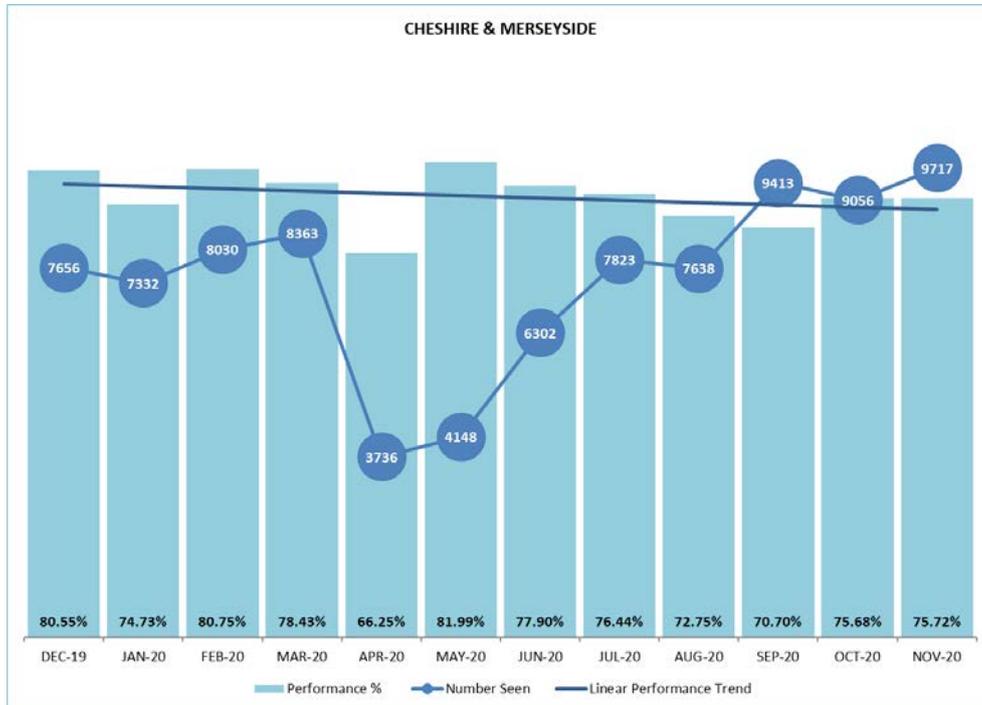
2 Week Wait

This chart shows the performance by month for Cheshire and Mersey and states the numbers of patients seen each month in the blue circles. The 93% target has not been achieved in November 2020, at 90.11%.



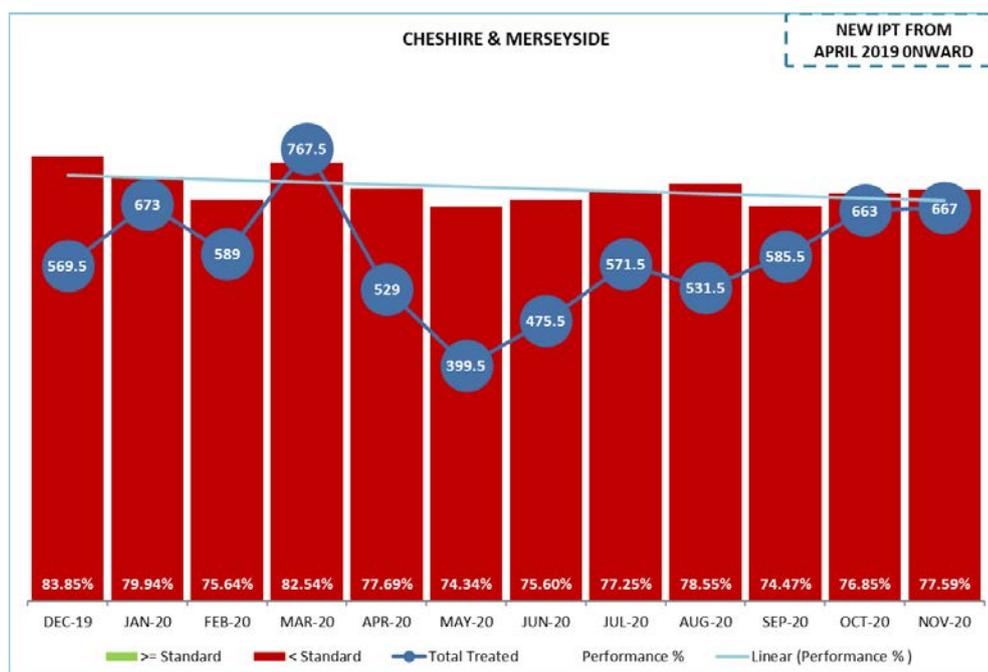
28 day Faster Diagnosis Standard (FDS)

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. However, the target is likely to be 75%. This has been met for November 2020, at 75.7%.



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. The 85% target has not been achieved in the last 12 months.

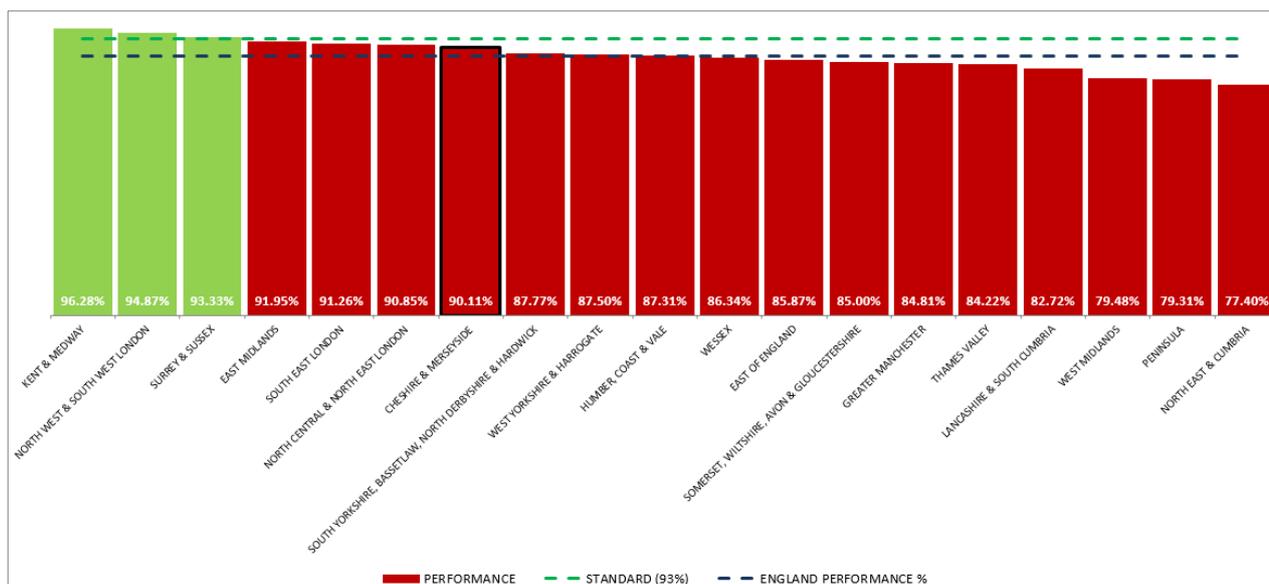


3.1.3 Cancer Waiting Times Standards: National Performance

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 November 2020. National data is not yet available for the 28 Day FDS as this is not yet subject to formal monitoring.

Two week wait

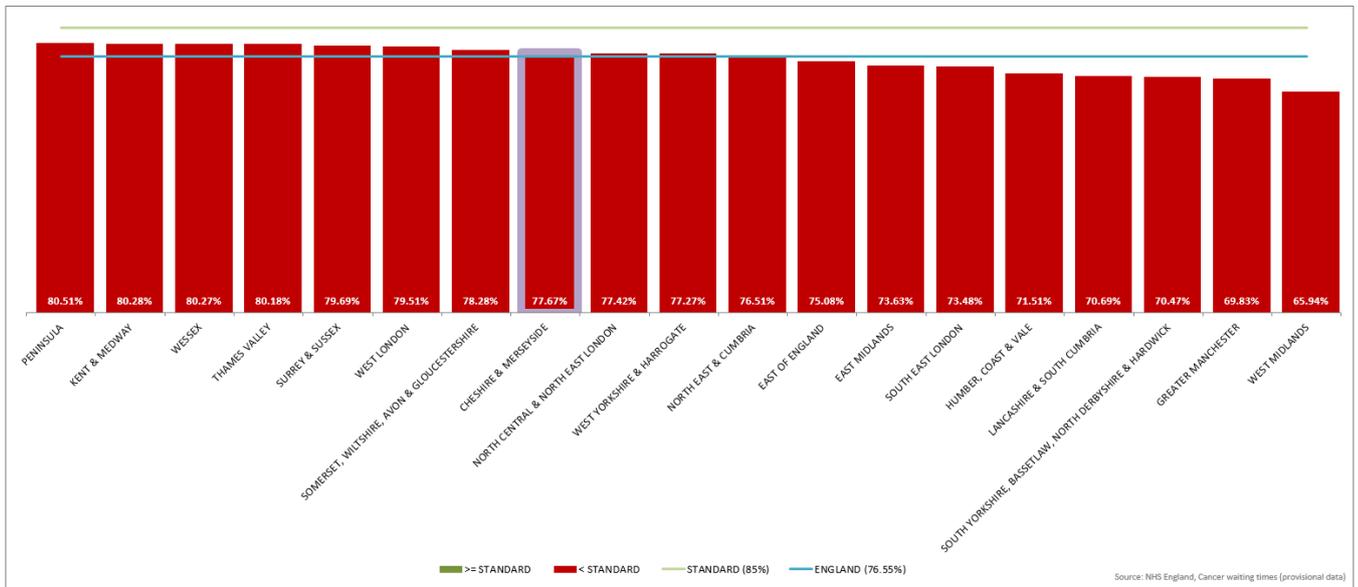
This chart shows the performance by Cancer Alliance for November 2020. Cheshire and Merseyside were the 7th best performing Alliance in November 2020 with 90.1% (down from 91.9% and 5th in October). The figure for England for November 2020, of 87%, is shown by the dashed blue line.



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 November 2020. The figure for England as a whole (76.55%) is shown by the blue line. The Cheshire and Mersey monthly figure is above the figure for England, at 77.67% for November.



The slight difference between the C&M figure in this chart and that reported in the monthly chart is due to the timing of the reports being run.

This table shows the same data as in the chart above, by Alliance (A-Z), including numbers of patients treated within and outside of the 62 days and the numbers of breaches. Cheshire and Merseyside has fallen from 7th in October 2020 to 8th out of 19 in November 2020.

CANCER ALLIANCE	TOTAL TREATED	TREATED WITHIN 62 DAYS	BREACHES	PERFORMANCE	
CHESHIRE & MERSEYSIDE	656	509.5	146.5	77.67%	
EAST MIDLANDS	1037	763.5	273.5	73.63%	
EAST OF ENGLAND	1665	1250	415	75.08%	
GREATER MANCHESTER	659.5	460.5	199	69.83%	
HUMBER, COAST & VALE	354.5	253.5	101	71.51%	
KENT & MEDWAY	360	289	71	80.28%	◀ Second best performer
LANCASHIRE & SOUTH CUMBRIA	389	275	114	70.69%	
NORTH CENTRAL & NORTH EAST LONDON	569	440.5	128.5	77.42%	
NORTH EAST & CUMBRIA	836.5	640	196.5	76.51%	
PENINSULA	626	504	122	80.51%	◀ Top performer
SOMERSET, WILTSHIRE, AVON & GLOUCESTERSHIRE	858.5	672	186.5	78.28%	
SOUTH EAST LONDON	296	217.5	78.5	73.48%	
SOUTH YORKSHIRE, BASSETLAW, NORTH DERBYSHIRE & HARDWICK	438.5	309	129.5	70.47%	
SURREY & SUSSEX	989.5	788.5	201	79.69%	
THAMES VALLEY	547.5	439	108.5	80.18%	
WESSEX	768	616.5	151.5	80.27%	◀ Third best performer
WEST LONDON	651.5	518	133.5	79.51%	
WEST MIDLANDS	1209.5	797.5	412	65.94%	◀ Lowest performer
WEST YORKSHIRE & HARROGATE	622.5	481	141.5	77.27%	

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

CHESHIRE & MERSEYSIDE POSITION = 8/19

3.2 Efficiency

3.2.1 Inpatient Flow

Length of Stay (LoS): Solid Tumour Wards

This chart shows the elective and non-elective LoS for Solid Tumour Wards against the targets.



The trust target for non-elective LoS is 8 days. Non-elective LoS for December 2020 was 9 days.

The trust target for elective LoS is 6.5 days. Elective LoS for December 2020 is under the target at 6.3 days.

During Quarter 3, non-elective LoS has increased month on month, with December LoS being the only month above trust target. The elective LoS has fluctuated throughout the Quarter with the target achieved in October and December.

The lengthened LoS for non-elective patients is due to a combination of CCC offering mutual aid to LUHFT and longer non-elective pathway patient admissions. Mutual aid was offered to the acute sector to relieve pressure on the system, with CCC receiving unwell patients, who have longer lengths of stay.

The number of DTOCs (delayed transfers of care) was 5 this month, continuing a downward trend throughout the Quarter.

There is no particular pattern of DTOCs, with patients experiencing delays for the following reasons:

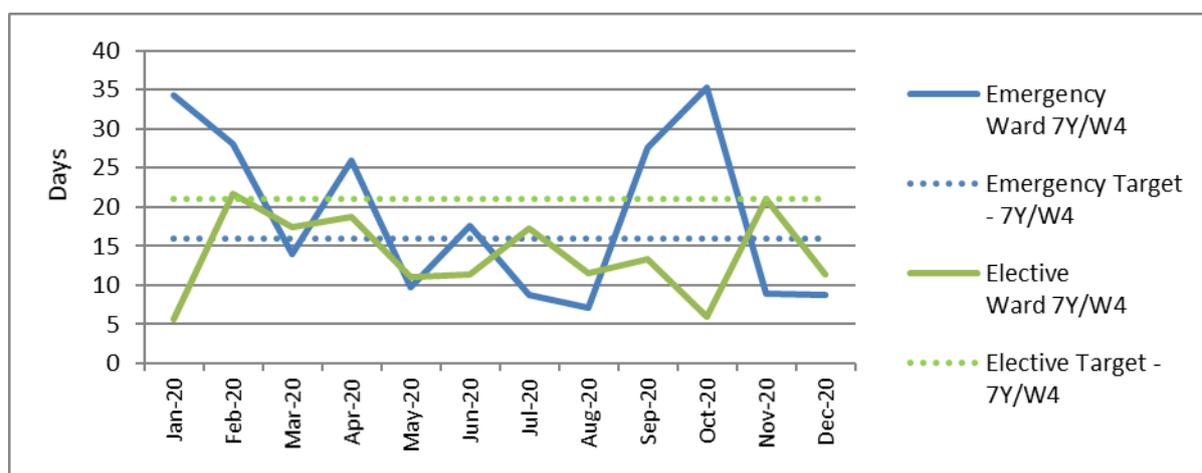
- Hospice transfer: 2 patients were delayed; 1 patient waited 6 days and 1 waited 2 days.
- Social package of care for home: 1 patient waited 13 days and 1 waited 7 days.
- Rehabilitation placement: 1 patient waited 6 days.

The Patient Flow Team continue to work alongside the MDT to start discharge planning earlier with patients to prevent the delays once patient is medically fit for discharge. The teams are working hard to follow the 'Discharge to Assess' approach that the Government has provided in a response to the Covid-19 pandemic.

The CUR non-qualifying rate was 4% for December. The non-qualifying rate indicates that the majority of patients had a valid clinical need to be an inpatient at CCC. With the Covid-19 pandemic ongoing, there is a drive to protect patients by discharging them home as soon as is clinically appropriate.

Length of Stay: Haemato-Oncology – Ward 7Y / Ward 4 (CCCL)

This chart shows the elective and non-elective LoS for HO Wards 7Y/ W4(CCCL) against the targets.



Both HO LoS targets have been achieved in December 2020.

In a drive to reduce LoS, the HO Directorate continue to progress with the AML and autologous ambulatory project.

An increase in LoS is predicted as CCC's mutual aid support to LUHFT includes the transfer of a number of patients from Aintree with primary CNS lymphoma, requiring complex care. LoS targets are under review in light of this change.

Bed Occupancy: Solid Tumour Wards

Bed occupancy for December continues to be below the Trust's target of 92% for both wards. Average bed occupancy for December for both Ward 2 and 3 at midday was 78.1% and 80.4% at midnight.

Bed Occupancy is below target due to reduced planned activity over the Christmas period and an increase in discharges; with 17 patients discharged on Christmas Eve.

Whilst occupancy was at 88% in the first week of December, this fell to 67% week commencing 21st December and 66% the following week.

During the month of December, the Trust bed status was predominantly reported as OPEL 1 for solid tumour wards. There were 5 occasions on which the solid tumour wards were at OPEL 3 level, with the need to open escalation beds on ward 3 on one occasion to accommodate patients.

Quarter 3 has followed the overall trend seen throughout the year, with occupancy steadily increasing. However occupancy for the month of the December showed a downward trend from the previous month.

The CUR non-qualifying rate for December is 4%. This has remained low this quarter, with October at 5% and November at 2%, indicating good utilisation of the beds.

The inpatient wards continue to allow capacity for 51 beds, 26 on Ward 2 and 25 on Ward 3. Day case ascitic drains continue to take place on Wards 2 and 3, and the day case TYA activity continues on Ward 2. Work is underway to develop day case pathways for both of these cohorts of patients.

There are currently 6 closed beds on Ward 3, 4 of which have been designated as ‘escalation beds’ to accommodate winter pressures and mutual aid during the Covid-19 pandemic. During the month of December, 2 of these beds were opened up and used on one occasion to accommodate patients.

Bed Occupancy: HO Wards

Bed Occupancy KPIs for HO wards are now been included following the transfer of the HO inpatient wards onto CCC’s electronic patient record – Meditech, on 1st December 2020.

Bed Occupancy is below target on ward 4 due to reduced planned activity over the Christmas and New Year period and an increase in discharges. Whilst occupancy was at 94% in the first week of December, this fell to a December low of 82% week commencing 21st December, rising to 88% the following week.

In December 2020, bed occupancy on ward 5 (BMT Unit) was below the Trust’s target of 80% (80% target benchmarked against other BMT units).

Reduced bed occupancy on ward 5 is a reflection of the reduced number of transplants carried out both in the CCC Transplant Programme and nationally as a result of the Covid-19 pandemic. Further information is provided in section 3.2.4.

Reduced planned activity over the Christmas and New Year period along with an increase in discharges also contributed to the reduced occupancy. Whilst occupancy was at 87% in the first week of December, this fell to a December low of 58% week commencing 21st December, rising to 65% the following week.

3.2.2 Radiology Reporting

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

		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend
Imaging reporting turnaround: inpatients within 24 hours	G: >=90%, A: 80-89%, R: <80%	79%	84%	92%	89.7%	99.5%	96.7%	91.4%	95.0%	92.9%	97.9%	96.1%	95.2%	
Imaging reporting turnaround: out patients within 7 days		96%	86%	87%	95%	98%	98.1%	98.0%	91.5%	87.7%	93.2%	96.9%	91.7%	

With the exception of September 2020 (out-patients 87.7%), the in patients and out patients targets for reporting turnaround have been met

A new radiologist was appointed in the recent recruitment campaign and the recruitment administration is complete, with a start date to be decided imminently

An additional radiologist was recruited in December 2019, though they will not commence in post until this year. The delay is due to Covid-19 and the inability for the candidate to travel to complete an essential examination; the candidate is now in the UK awaiting the January exam date, however there is some uncertainty about the exam due to the current lockdown measures.

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

3.2.4 Covid-19 Recovery Activity

This section provides explanatory narrative for the Covid-19 'Phase Three Guidance' KPIs reported in the Covid-19 Recovery Activity scorecard (section 1.2.1).

The weekly Covid-19 Weekly Situation Report continues to be reported to Silver and Gold Command meetings every Thursday, and a Monthly report presented on the first or second Thursday of the month.

Electives

December 2020 activity remains above the Covid-19 'Phase Three Guidance' target of 90% of 2019 activity, at 108%.

Patients are screened pre-admission in line with Covid-19 guidance, ensuring effective patient flow and utilisation of beds.

There has been a decrease in Solid Tumour elective admissions from 65 patients in November to 59 patients in December and in HO elective admissions from 43 in November to 33 in December. This is due to the festive/bank holiday period in December and scheduling of elective treatments around this time. Work continues to schedule patients to the most appropriate department to support flow across the trust.

Day Case

December 2020 activity is significantly below the Covid-19 'Phase Three Guidance' target of 90% of 2019 activity, at 32%. Activity for December 2020 is 21% lower than in November 2020.

Solid Tumour (ST) continues to see a decrease in day case activity; from 57 patients in November to 50 patients in December. This is due to the transfer of planned day case activity to Level 1 and Level 6 day care units. TYA day case activity will remain within the ST bed base with a phased approach planned to move activity to Level 5.

HO day case activity has decreased from 163 in November 2020 to 124 in December. This is partly because a proportion of the peripheral blood tests, previously carried out in the Level 1 Day Care Unit have now moved to the blood room. In addition, activity fell as the Day Ward was closed for the festive/bank holiday period in December.

As reported in previous IPRs, the main reasons for the reported underperformance in day case activity are:

- A change in the coding of some systemic anti-cancer treatments (SACT), which means that day case activity is not expected to return to 2019 levels.
- A reduction in the number of patients having an allogeneic transplant, following the implementation of national guidance during the Covid-19 pandemic and due to the move into the new CCCL, to ensure patient safety, as stem cell patients are at a higher risk of infection and can become acutely unwell.

Outpatient Appointments

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

- Total outpatient (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 66% per month against the 25% target.
- % of follow up OP appointments which are by telephone or video: at least 66% per month against the 60% target.
- Whilst the August 2020 target of 90% of 2019 new OP appointments was just missed at 89%, the target for September onwards, of 100% of 2019 activity, has been achieved. This is 124% for December 2020.

Full SRG recovery plans and reinstatement of local service provision have been implemented as per NHSE Covid-19 Phase 3 guidance. Despite a fall in new appointments in May – July (to between 71% and 84% of 2019 activity levels), higher levels of recovery have been reported in all other months since April 2020, as CCC successfully adopted digital solutions for remote new and follow up appointments and were able to sustain service provision.

As virtual consultations have increased, there has also been an increase in administration responsibilities for Consultants. In order to embed sustainability of digital solutions, OPD transformation and SRG Team support includes:

- New telehealth booths to support increase in remote OPD consultations for the CCCL site (expected delivery January 2021).
- Remote Telehealth HCA support worker pilot to support additional telehealth admin generated from consultant workload (in post January 2021).
- Nurse Associate role for CCCL OPD, in response to Covid-19 related NHSE guidance and to support the increase in administration responsibilities for consultants for face to face and virtual clinics (in post January 2021).
- Enhanced training and education for CNS/ANPs to support ordering of investigations, including scans, in response to the consultant body conducting remote consultations (priority training from January 2021).
- The implementation of a new process for managing the remote clinics.

CCC continues to collaborate with the 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. Progress to date includes:

Breast stratification (back to local follow up):

- 850 Liverpool patients
- 110 Isle of Man patients
- 42 Wirral patients
- A further 450 patients identified (awaiting stratification)
-

Prostate stratification (maintained by CCC Cancer Support Worker on My Medical Record System):

- 339 Wirral patients
- 163 Liverpool patients
- Warrington and Halton patients to be included in next phase of the plan (to commence Feb 2021)

The new approach also supports a reduction in patient travel and an optimum patient pathway experience.

Referrals

The Trust's assumption that referrals will increase above usual levels during Q3 (as the wider system manages the backlog in diagnostic testing and elective activity) have not yet been fully realised. Planned restoration programs in the system have been affected by the second and now third wave of Covid-19 and this continues to adversely impact CCC's referrals. Referrals for December 2020 are at 83% (1001 referrals) against the December 2019 total (1206 referrals), which was unusually high for this time of year.

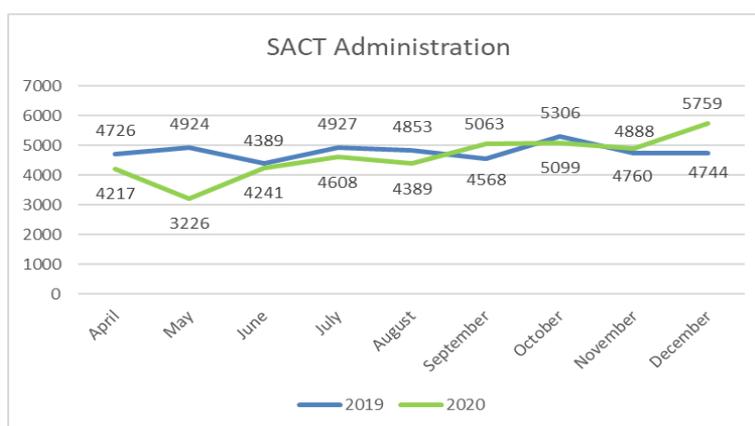
The expectation was that CCC was on the road to full recovery, with a steady increase up to November 2020 at 95% (1019 referrals) against last year's activity. This is significantly higher

than the lowest recorded referral rate during the pandemic, with 607 referrals in May 2020. With the announcement of the third wave of Covid-19 (Jan 2021) and the subsequent effect on elective/urgent surgery, it is highly likely that cancer referrals will be adversely impacted.

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

SACT Administration

December 2020 data indicates a significant increase in SACT delivery to 121% (5759 episodes) on December 2019 figures. The Chemotherapy Directorate are currently working over plan with activity higher than any other month in 2019/20, and 2020/21 to date.

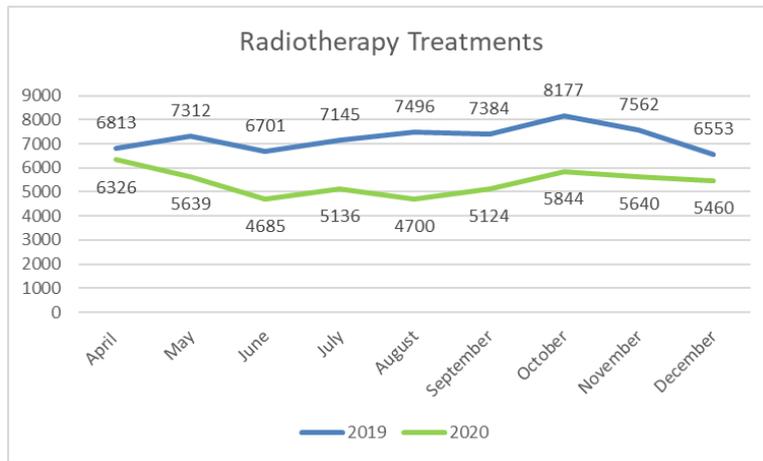


SRG recovery plans have now been reinstated in line with the Phase 3 Covid-19 NHSE guidance. The activity includes a change in treatment regimens for Lung TKIs and prostate (extended treatments) and also the move to 6 weekly Pembrolizumab (from 3 weekly). In addition, future activity trends may continue to identify spikes in oral SACT delivery due to multiple cycles of treatments being dispensed within a month, with fewer attendances but the same number of patients in these treatment groups. Similarly if cancer referrals decrease, SACT activity may also decrease, although the use of Immunotherapy continues to grow and may compensate for any reduction in new referrals.

The new pharmacy aseptic unit will be operational at CCCL on the 11th January 2021 which will support the increase in activity.

Radiotherapy Treatments

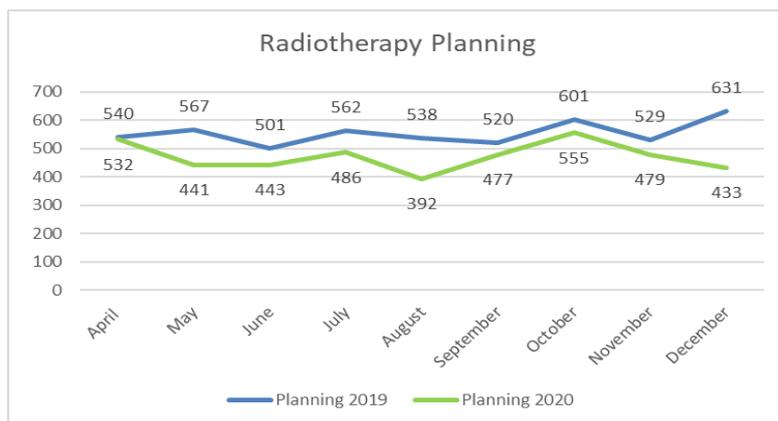
This chart compares the number of patients receiving radiotherapy treatment since April, in 2019 and 2020.



There has been an increasing overall trend since June 2020, however activity remains lower each month than in 2019.

The amount of radiotherapy fractions delivered per day still remain lower in 2020, mainly due to the reduced fractionation regimes in Breast (from 15 to fractions to 5), adopted pre Covid-19 and due to continue, as this change is not related to Covid-19.

This chart shows the radiotherapy planning totals in 2020 compared to 2019.



For comparison to pre Covid-19 levels, the average utilisation on the Linacs from January 2020 to March 2020 was 93.5% with an average number of 320 fractions delivered per day. The average number of fractions delivered per day has reduced in December to 214 from 252 in November (this includes the Christmas and New Year period).

Utilisation varies across the 3 sites; CCCL averaged 70% over the last 2 weeks and the utilisation at CCCW and CCCA has been much lower, averaging 56%. Discussions are ongoing with the clinical teams and the RT booking desk to allow other tumour sites to be safely treated at CCCW and CCCA with the necessary clinical support in place.

Due to the third wave of Covid-19, it is likely that some elective surgery will be cancelled and referrals for radiotherapy will decrease.

Diagnostic Imaging

The Phase Three Covid-19 Guidance target of 100% of 2019 CT activity has been achieved, with 204% in December 2020.

The Phase Three Covid-19 Guidance target of 100% of 2019 MRI activity has been achieved, with 155% in December 2020.

CT and MRI activity continues to increase due to:

- Increased activity from HO for inpatients (opened mid-September)
- Increase in referrals for on-call CT scans and x-rays.
- Ongoing repatriation of oncology patients previously scanned at other Liverpool hospitals (all modalities)
- Increased in patient / CDU activity for all modalities
- Increase in MRI radiotherapy planning scan referrals including SABR
- Increase in MRI referrals from LWH
- On-going participation in Mutual Aid provision for non-oncology CT scans for COCH, WUTH and LUHFT

Ultrasound activity also remains higher than in 2019, with 108% of 2019 activity in December 2020.

This is due to:

- HO demand (inpatient and outpatient).
- Increased inpatient/CDU activity.

Stem Cell Transplants

In December 2020, 7 patients were discharged following stem cell transplant against a target of 9 patients per month. There have now been 43 patients YTD against a target of 75.

The recovery of activity to plan was expected by November 2020, however due to the second wave of Covid-19 and the impact of SARS-CoV-2 on donors and patients, a number of planned admissions have had to be delayed and or cancelled. Some transplants have been deferred through patient choice due to their fear of having a transplant in the midst of a second wave.

Patients are continually reviewed at weekly transplant MDT meetings, patients who have deferred through choice have been counselled regarding the risks and benefits and the team have risk assessed them as having disease stable enough to allow this, or the availability of an alternative treatment path.

Nationally in the first six months of 2020 there has been a 60% reduction in allogeneic transplants and a 50% reduction in autologous transplants. Capacity and impact of Covid-19 on restoration plans are a standing agenda item on the fortnightly North West BMT Cluster meetings and Coronavirus National Meetings.

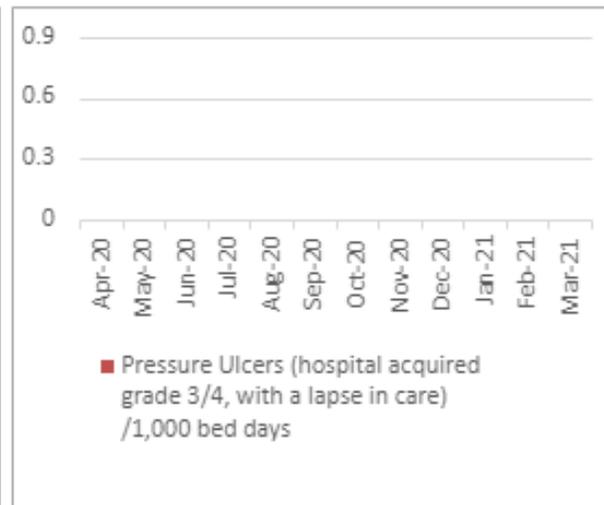
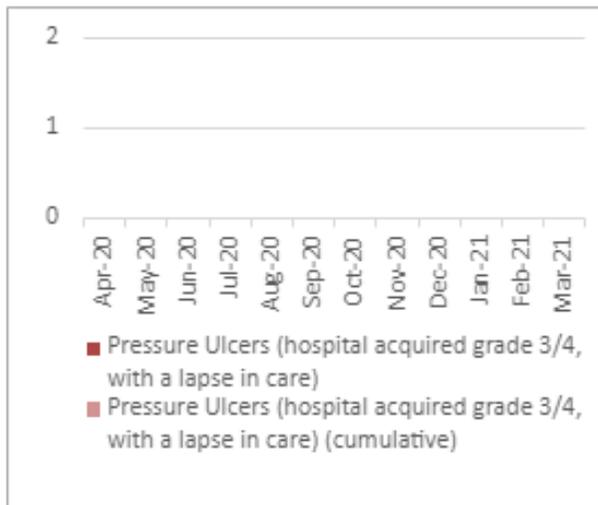
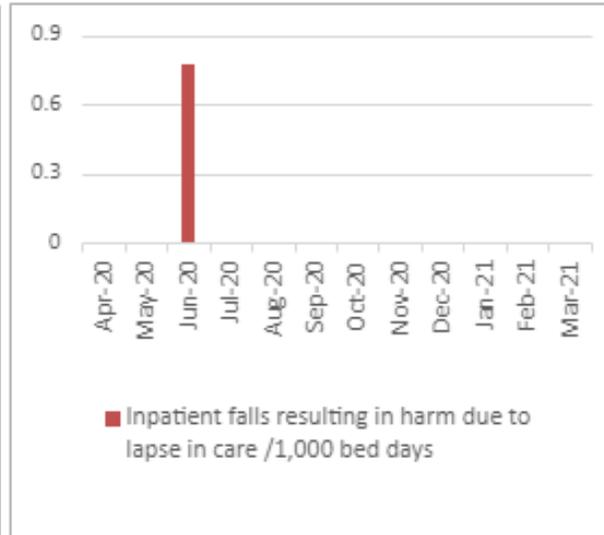
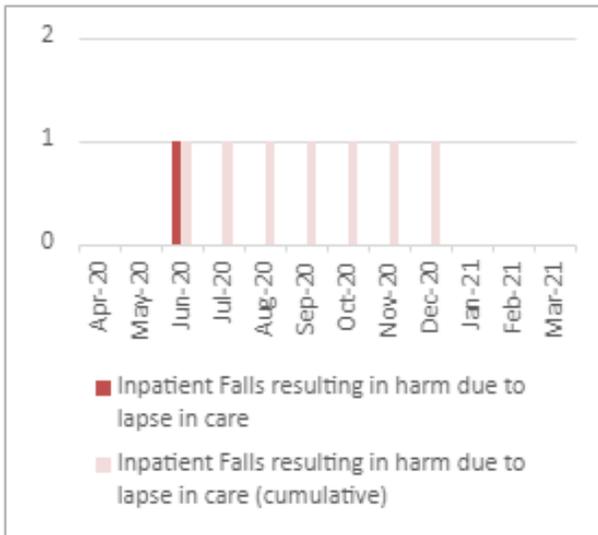
So far in January, the third wave of Covid-19 has not affected planned transplants, with LUHFT ITU having provided assurance that they are still able to provide support. This is however subject to change in light of the quickly changing nature of the pandemic and some patients may yet request a delay if clinically stable.

3.3 Quality

A detailed quality section is now included in this report and will be included in the quarterly version of the IPR to Board. This section provides a quarterly overview of performance in the following areas:

- Harm Free Care
- Incidents
- Health Care Acquired Infections
- Inpatient Assessments
- Complaints
- Patient Experience

Harm Free Care



Q3 2020/21:

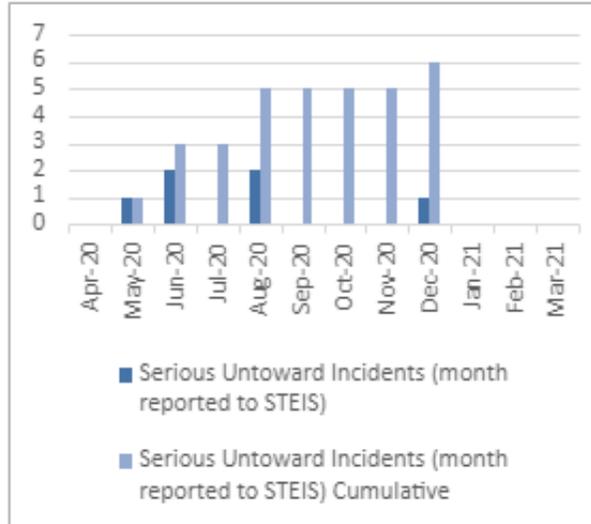
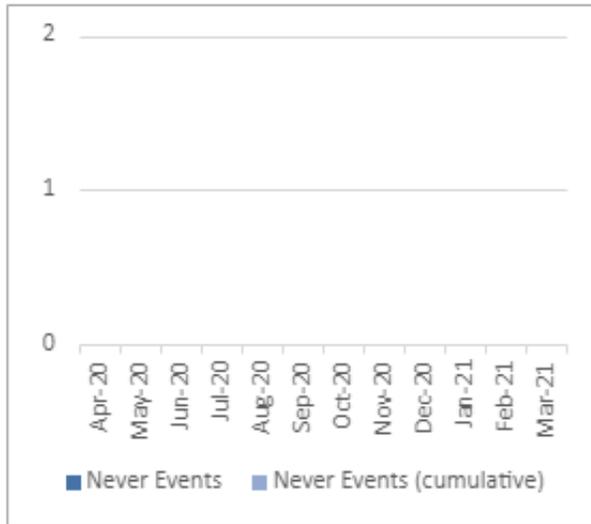
All Targets are 0

Pressure Ulcers: There have been no hospital acquired category 3 or 4 pressure ulcers reported during Q3.

Falls: There have been no in patient falls that have resulted in harm due to a lapse in care reported for Q3. Ongoing programme of quality improvement and support for falls and pressure ulcers across all in patient services

Year to date, there has been 1 fall resulting in harm due to lapse in care. Lessons learnt have been disseminated and additional ramblegard sensors purchased and in place across all wards

Incidents

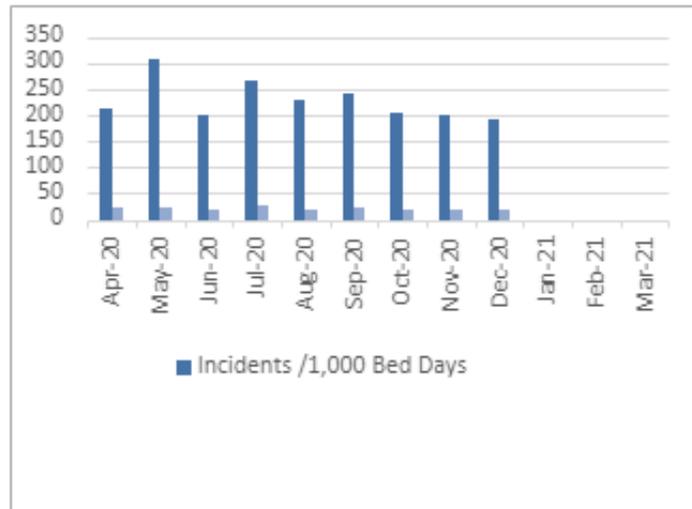
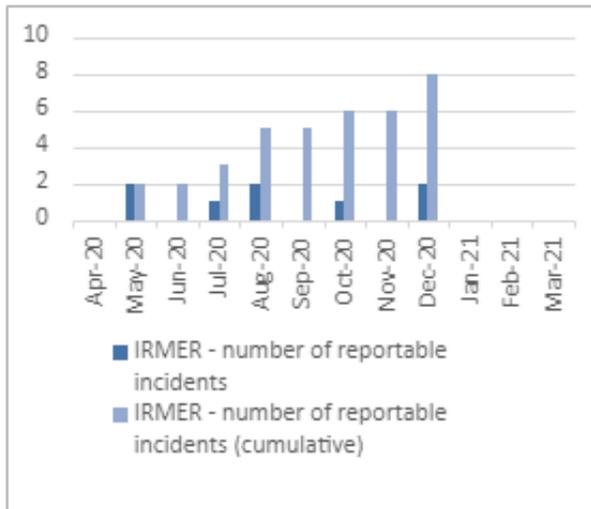
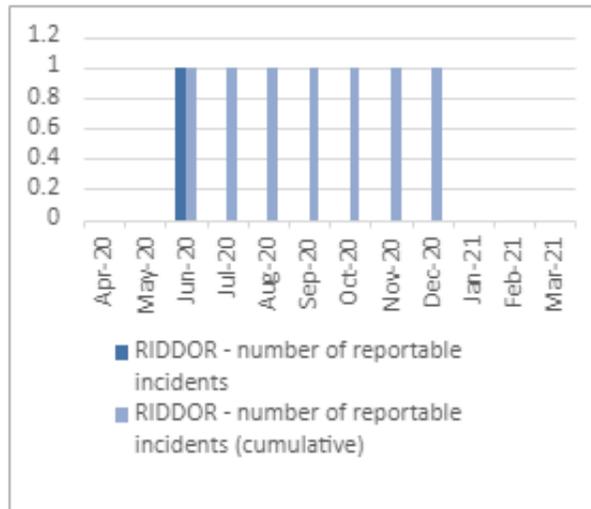


Q3 2020/21:

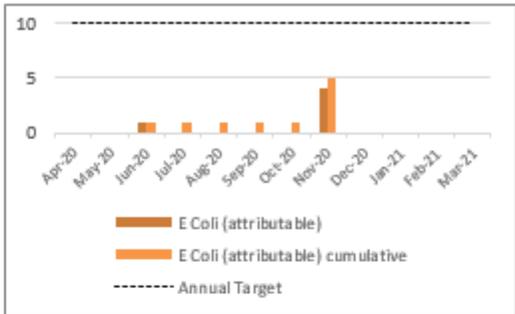
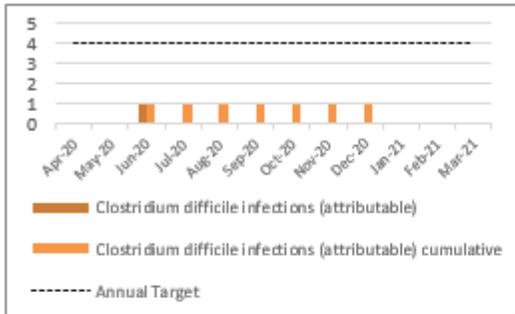
Never Events, SUI, RIDDOR and IRMER targets are 0.

IRMER reportable incidents = 3 in Q3. All under criteria of 3 or more images taken in 1 session - 2 due to equipment faults and 1 to procedural error. No harm to any patient. Learning briefs issued and checking processes strengthened.

There has been 1 SUI in Q3, in December 2020. This is being reviewed.



Health Care Acquired Infections

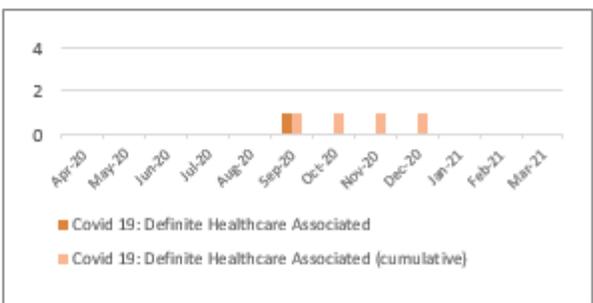
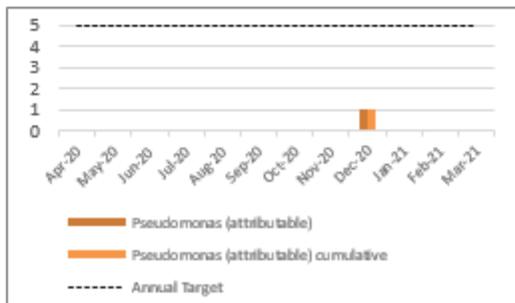
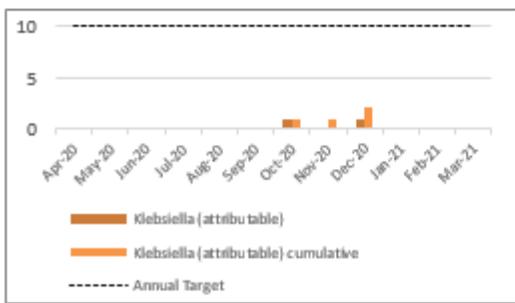
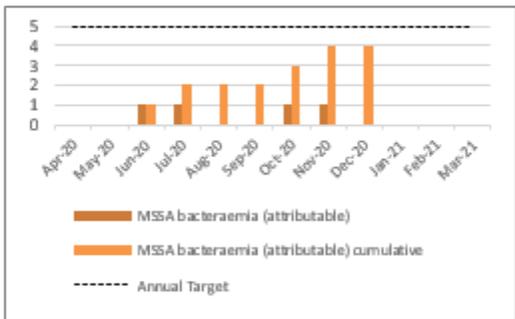
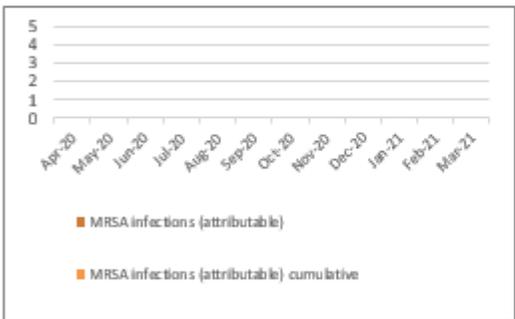


Q3 2020/21:

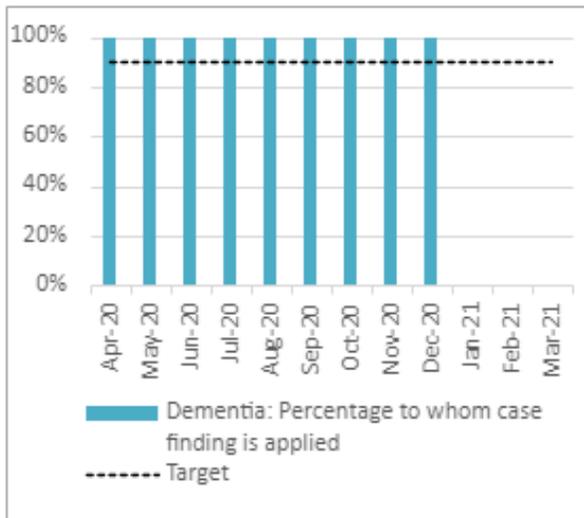
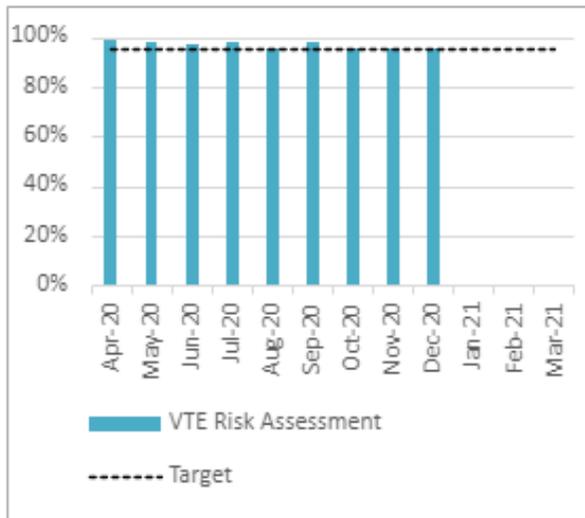
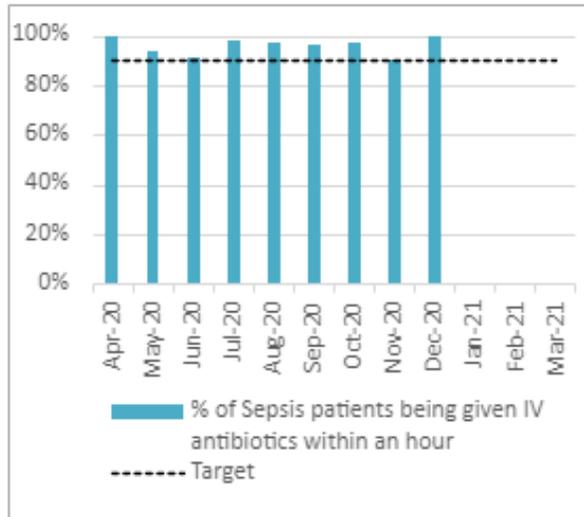
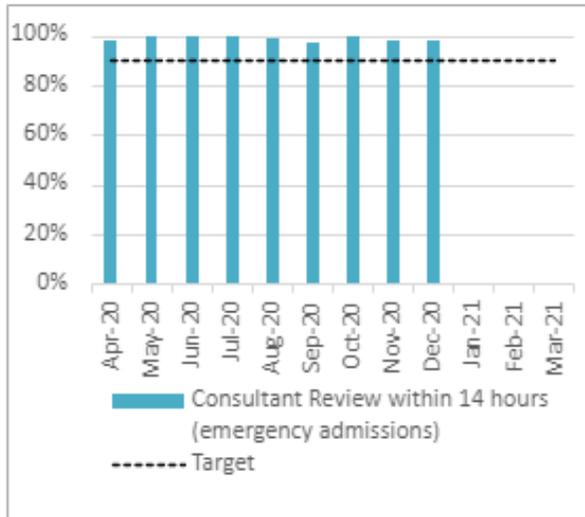
MRSA and Covid 19 targets are 0.

Cdif, e-coli, MRSA, Klebsiella, Pseudomonas and Covid-19 infection numbers are all within target year to date.

MSSA infections are 0 for December and 4 in total year to date (YTD). This figure is marginally over expected number year to date, however remains under the annual target of 5.



Inpatient Assessments



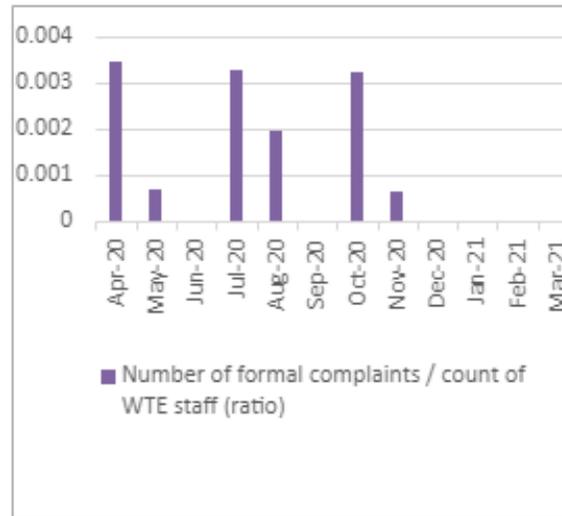
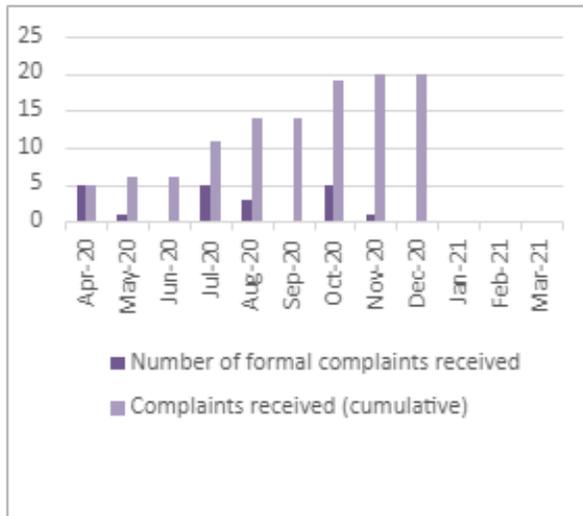
Q3 2020/21:

All targets for inpatient assessments are being achieved.

Regarding sepsis, the following actions are in place to maintain and further improve compliance:

- Education and awareness training for all new started and new doctors
- CDU antibiotic doses to all be on meditech rather than paper script
- MIAA audit of the sepsis audit process Jan 2021
- Process of reviewing incidents via DPSG introduced, discussing lessons learned, 72 hour reviews and LIRG if required.
- Ongoing working group looking at sepsis pathway and areas of non-compliance
- Identification of individual staff that remains non-compliant with sepsis documentation- - further training and support offered. Compliance surveillance carried out via Meditech.
- ACT communications and sepsis awareness – especially importance of screening tool.
- New discharge letter documentation to highlight sepsis during admission – to aid coding.

Complaints

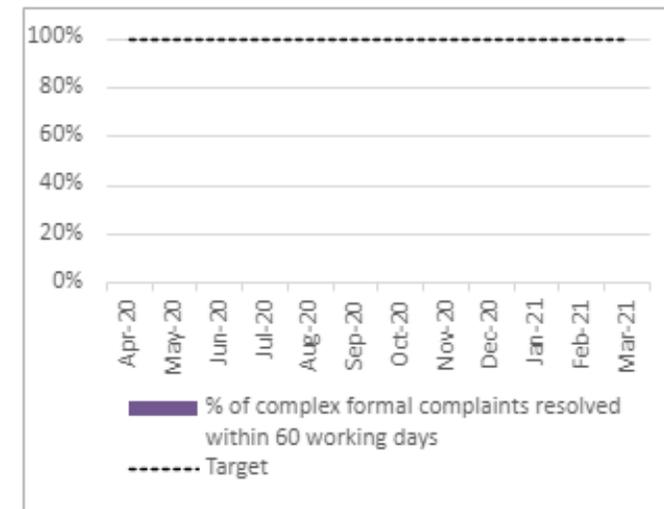
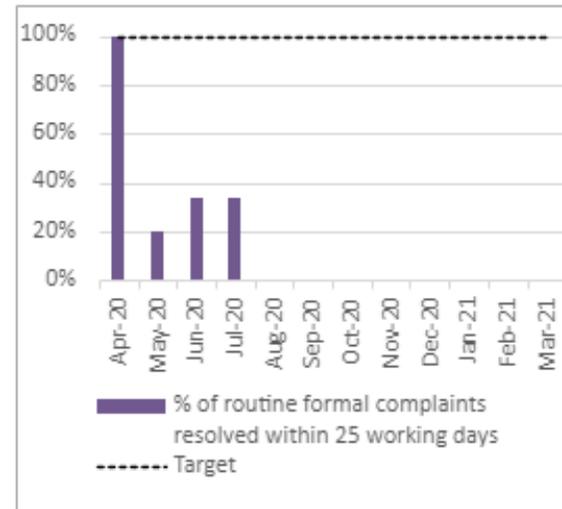
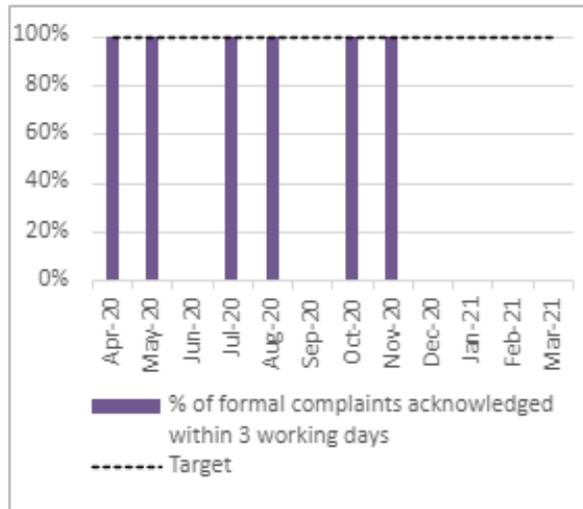


Q3 2020/21:

There have been 7 formal complaints received over Q3, with 3 complaints closed in the quarter. There have been no trends identified.

The target for responding within 25 working days has not been achieved since April 2020. There have been no formal complex complaints in the last 12 months.

During the quarter, a task and finish group was set up to review the process, formal complaints training was provided by the Trust and the approval and sign off process was amended in order to streamline the process.



Patient Experience: Q3 2020/21 Update

Friends & Family Test (FFT)

The NHS FFT guidance underwent revisions effective from 1 April 2020. During the Covid-19 pandemic Trusts were asked to avoid feedback collection methods that posed a risk of infection, giving the examples of feedback cards, tablets and temporary cessation of national reporting until 11th January 2021, when it re-commenced for December 2020 data.

At CCC a robust FFT SMS Text reminder process was implemented on the 19th October 2020. This has enabled a centrally managed data collation system and process that is completely paper free and digitally accessible from a number of sources, including patients' own devices, CCC tablets on carts, inpatient TV system and in the future, on the Trust website.

Key FFT Headlines from November and December 2020 include;

- ✓ Despite Covid-19 measures and Winter operational pressures, the FFT survey uptake and sample size was significant for an eight week period and the first month since implementation of FFT SMS Text reminder in November 2020
- ✓ This two month FFT survey size (3905) has noted that the majority of participants, **95%** rated their experience of care at CCC throughout November & December 2020 as **Very Good or Good**
- ✓ **Thematic** analysis has shown that **Environment, Staff Attitude and Implementation of Care** should be commended and celebrated.
- ✓ The outpatient clinics based at Wirral University Teaching Hospitals and the Countess of Chester NHSFT , the Clinical Intervention Team & Theatre Team based at CCC Liverpool all received **100% positive sentiment responses** and the patient free text comments also reflected the **hard work and outstanding care provided**
- ✓ The 2% of patients who rated their experience as poor or very poor along with the themes identified (Catering and Outpatient waiting times) will be addressed and monitored by the Divisional (Directorate) Quality and Safety Meetings, with action plans led by the Matrons and Clinical Governance leads, providing regular updates to the Patient Experience and Inclusion Group (PEIG). A separate trust action plan to address catering issues has also been produced.
- ✓ This data is not yet presented in the scorecards at the beginning of this report as the template for national reporting has not yet been received.

National Cancer Patient Experience Survey (NCPES)

NHS England and Improvement made the decision not to run the National Cancer Patient Experience Survey in 2020, however they are committed to running the survey in 2021. NHS trusts are still able to participate in the survey on a voluntary basis, which CCC opted to do. We are currently awaiting further information and timescales from the NHS England and Improvement Insights team.

A trust wide Action Plan has been produced to ensure that we continuously improve the experience of our patients. Delivery of the action plan is led at directorate/department level

with progress and monitoring through their Q&S/Performance Review Meetings. Action Plan updates are presented at PEIG regarding delivery assurance.

Adult Inpatient Survey

In the 2019/20 survey, CCC was identified as performing “much better than the majority of Trusts across England and the overall patient experience score achieved was equal to the highest score nationally for Cancer Centres.

CCC had 192 participants in the survey, the Trust scored 99% concerning treating patients with respect/dignity, 99% of patients had confidence and trust in their Doctors and 94% overall rated all experience as 7/10 or more.

A trust wide action plan has been produced in relation to the above to ensure that CCC continuously improve patient experience. Delivery of the action plan is led at directorate/department level with progress and monitoring through their Q&S/Performance Review Meetings. Action Plan updates are presented at PEIG regarding delivery assurance.

To support the 2020/2021 survey, work has already been undertaken with Picker (external supplier) and CCC’s Business Intelligence team to ensure robust data collation, approval by the Caldicott Guardian and that timely submission is achieved. The sample included inpatients admitted to CCC between May and November 2020. All information required was submitted in December 2020.

October 2020 Patient Experience Activity

- Creation of Patient Experience Key Performance Indicators aligned to the eight pledges within the Patient Experience and Public Engagement and Inclusion Strategy 2019-2021 and progress and performance monitored regularly by PEIG. This will improve measurability against the Strategy and enable us to evidence progress more effectively. The KPIs will also assist in improving floor to board visibility and supporting performance targets
- Patient Experience ward rounds commenced twice weekly to capture real time the inpatient voice and experience
- Patient Experience Improvement Framework launched at PEIG with Patient Participation Group sessions scheduled for Q4 2020/21 to be facilitated by the NHS England and Improvement Experience of Care Lead
- Membership of the National Head of Patient Experience Network (HOPE) secured
- Inpatient experience ‘packs’ e.g. funded tuck shop, free newspapers and toiletries distributed to support patients staying on the wards during a period of visitor restrictions due to Covid-19
- Major Art installation at CCC Liverpool with oversight by newly appointed CCC Arts coordinator
- ‘Patient Dementia Wellbeing in the Covid-19 Pandemic’ and the revised ‘Dementia Friendly Hospital Charter Covid-19’ recommendations have been reviewed, actions highlighted and disseminated to Trust Dementia Champions for implementation across all areas.

November 2020 Patient Experience Activity

- Case of need created to be submitted to Finance Committee in January 2021 to secure a full time Volunteer Co-ordinator post and following local/regional/national benchmarking exercise being undertaken, a full time Head of Patient Experience position
- Patient Experience survey: Impact of Waiting in Radiotherapy, being led by Julie Kirk, Medical Physics
- The first Patient Experience and Public Engagement and Inclusion Annual Report (2019/20) submitted to Trust Board and CCG's.
- NHS England and Improvement Always Events (Quality Improvement Programme (QIP)) launched at PEIG. CCC recognises the importance of NHS England & Improvement Always Events; for people with cancer and the health care professionals who support and care for them. CCC has secured a place on cohort 16 of this national quality improvement initiative.

The key principles of Always Events are:

- ✓ Putting people at the heart of everything we do
 - ✓ Connect to a core purpose
 - ✓ Improve the right things together
 - ✓ Build sustainable improvement
 - ✓ Co-creation
 - ✓ Come together to discuss with patients "What matters to you", ideas to resolve and provide an agreed solution
- Co- attendance at Regional Veterans and Armed Forces group led by Liverpool CCG, in the absence of Trust EDI lead to represent patient experience working in collaboration with CCC Workforce lead for Veterans and Armed Forces
 - Established a Merseyside Heads of Patient Experience (HOPE) network to focus on what matters to patients and their experience locally and encourage system wide learning/approach.

December 2020 Patient Experience Activity

- Festive PEIG to review the past year and celebrate successes despite the global pandemic and the expansion to CCC Liverpool
- PLACE LITE assessments taken place on the 7th December with report and action plan on January PEIG agenda
- Patient Experience Headlines tool used to conduct Benchmarking against Cancer Specialist Peers and neighbouring Acute partners (November 2020 data) to be shared at January PEIG
- 12 days of Christmas programme delivered by the new Arts coordinator and Christmas Committee members. A range of events were provided; virtual concerts, live

performances, NHS free meals for staff, Art packs for inpatients, Christmas day gifts for inpatients and more.

3.4 Research and Innovation

3.4.1 Achievement Highlights for November 2020

Recruitment

- 45 healthcare professionals recruited to the CCC study 'Exploring the impact of COVID-19 on the well-being of oncology healthcare professionals'. (CI: Lynda Appleton).

Learning

- £62,750 funding secured from The Burdett Trust for Nursing for a study 'Exploring the impact of the COVID-19 pandemic on the psychological well-being of nurses working in the cancer setting across Cheshire and Mersey' (CI: Lynda Appleton).

Presentation

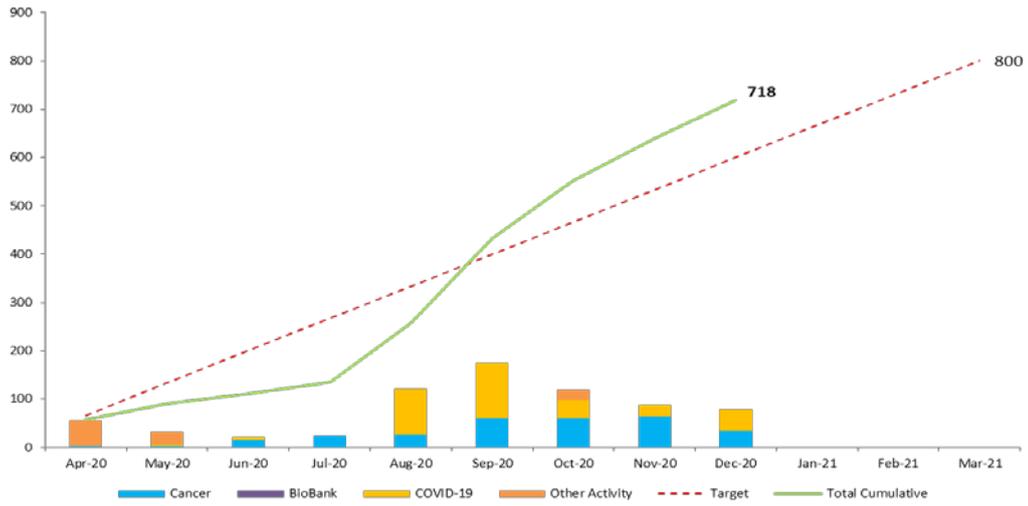
- Michelle Moffitt, Matron Research & innovation with Jackie Rooney Head of Nursing and Safeguarding and Carla Taylor, Matron Chemotherapy were invited to present 'Our Covid story-hospital move during Covid and our mapping /development' on 1st December 2020.

3.4.2 Monthly Recruitment

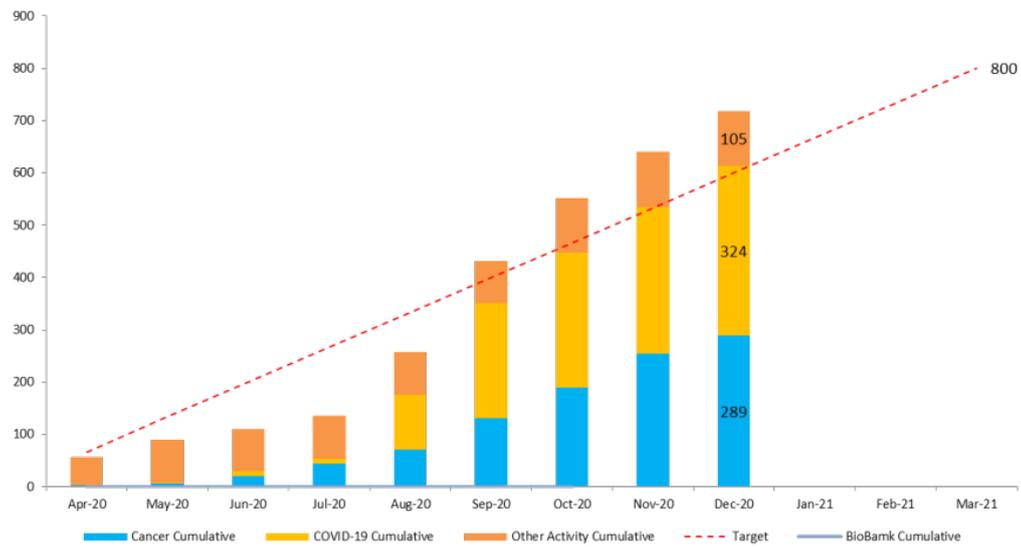
We are meeting the internal target (n=800) for recruitment onto all studies. Currently we have recruited 718 patients which is 19.7% above target at Month 9.

The internal target is set at 80% of the 2019/20 target. This is due to multiple reasons:

- Unable to recruit to cancer studies during April and the majority of May 2020.
- Biobank recruitment halted and will not recommence until January 2021.
- Trials are being unpaused but this has taken time while trying to balance capacity, patient need and sponsor requirements. Currently we are 85% unpaused meaning not all studies are open to recruitment yet and there is also a period of screening which needs to be accounted for while trials resume.



Graph 1a. – Recruitment Against Time: Cumulative recruitment against internal target (n=800). Month on month split between Cancer (total Int&Obs), BioBank, COVID-19 (total UPH&Non-UPH) and Other Activity (total SE&PICC).



Graph 1b. - Recruitment Against Time: Cumulative recruitment against internal target (n=800). Month on month split between Cancer (total Int&Obs), BioBank, COVID-19 (total UPH&Non-UPH) and Other Activity (total SE&PICC). Cumulative stacked.

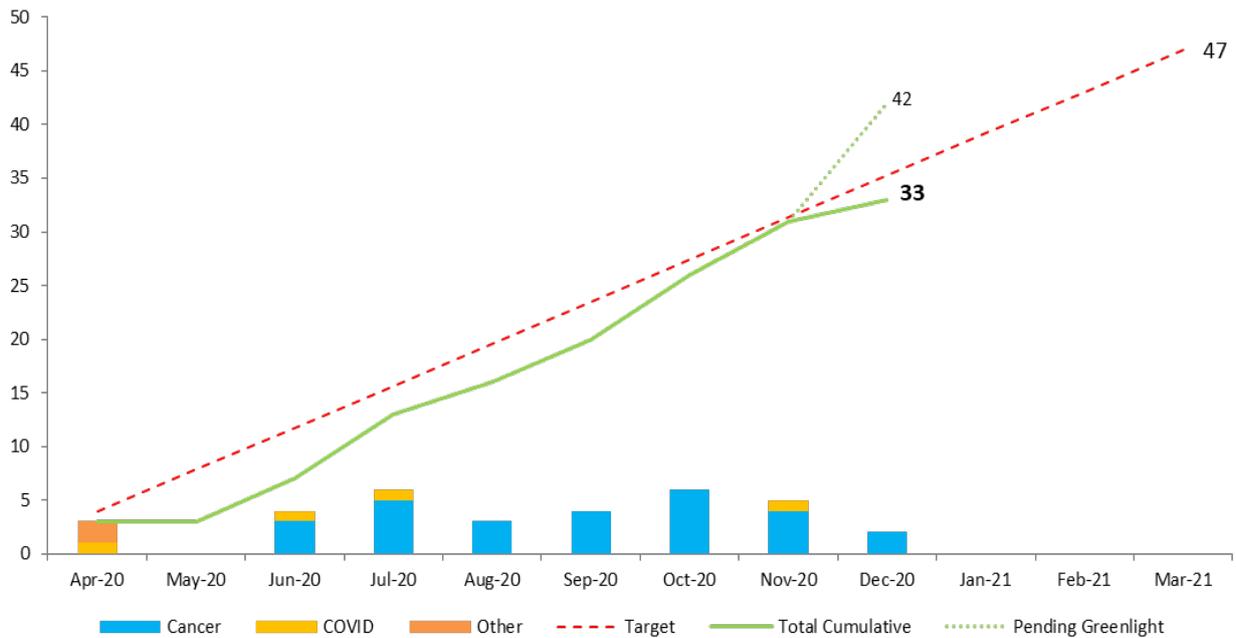
The data relating to recruitment can be found in the table below:

	Cancer		CCC	COVID-19		Other Activity (SE/PICC)
	Interventional	Observational	BioBank	UPH	Non-UPH	
April	3	0		0	0	54
May	1	1		3	0	28
June	10	5		4	2	
July	18	6		0	0	
August	16	11		94	1	
September	24	35		115	1	
October	20	40		37	0	23
November	31	34		21	2	
December	11	23		5	39	
January						
February						
March						
Total(s)	134	155	N/A	279	45	105
	289			324		
	613					
	718					

Table 1. – Recruitment breakdown: Cancer (Interventional, Observational), Biobank, COVID-19 (UPH, Non-UPH) and Other Research Activities (Service Evaluation, PICC) from 01/04/2020 to Data cut-off 31/12/2020.

3.4.3 Number of new studies open to recruitment

We are not meeting the internal target for studies opening to recruitment. Our internal target is forty-seven studies in-line with the number of studies opened in 2019/20. It should be noted that no new Cancer studies opened during April and the majority of May 2020. At Month 9 we should have opened thirty-five studies year to date and we have opened thirty-three. We currently have nine additional studies which have been given local approval where we are waiting on the Sponsor to give their approval before we can open.



Graph 2. – NEW Studies Opened: Number of studies opened month by month against internal target (n=47) with cumulative total. Split between Cancer (Int&Obs), COVID-19 (UPH&Non-UPH) and Other Activity (SE&PICC).

The new studies opened are split as follows:

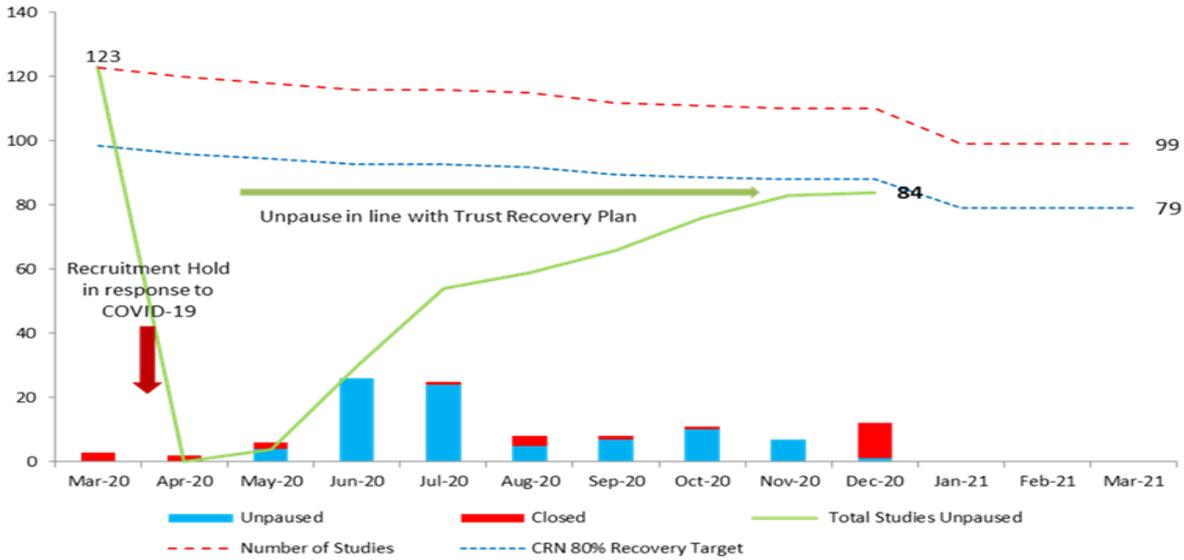
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Cancer	0	0	3	5	3	4	6	4	2			
COVID	1	0	1	1	0	0	0	1	0			
Other	2	0	0	0	0	0	0	0	0			

3.4.4 Recovery

123 actively recruiting studies were paused to recruitment on 17th March 2020. On 22nd May 2020 we unpaused recruitment to all studies and encouraged investigators to open pre-existing and paused studies as long as:

- Safety of patients and staff was not compromised.
- External/internal service providers were open and had capacity
- Sponsor had authorised recruitment to be reinitiated
- R&I support staff have sufficient capacity.

At the end of December 2020, 24 of the original studies have been closed and 84 studies have been unpaused. An external target of 80% of available studies unpaused by end March 2021 has been set by the Clinical Research Network. At month 9 we have surpassed this target. We have opened 84 studies out of a possible 99 = 85%.

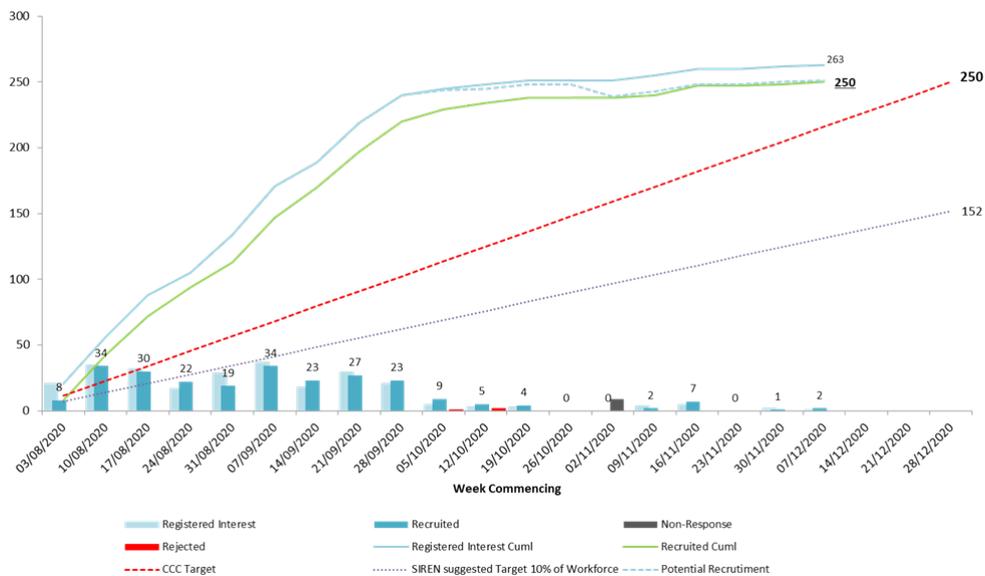


Graph 3. – Unpaused Studies: Number of studies reopened/unpaused to recruitment month by month and studies closed by Sponsor each month. Target line reduction as available studies reduce due to closure. 80% CRN recovery target of available studies to reopen.

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Unpaused	0	0	4	26	24	5	7	10	7	1			
Closed	3	2	2	0	1	2	1	1	0	11			

3.4.5 Siren Recruitment

The recruitment target for SIREN (n=250) has now been met.



Graph 4. – SIREN Recruitment: Week on week registered interest and confirmed recruitment against recruitment target (n=250) and SIREN suggested recruitment target of 10% workforce (n=152).

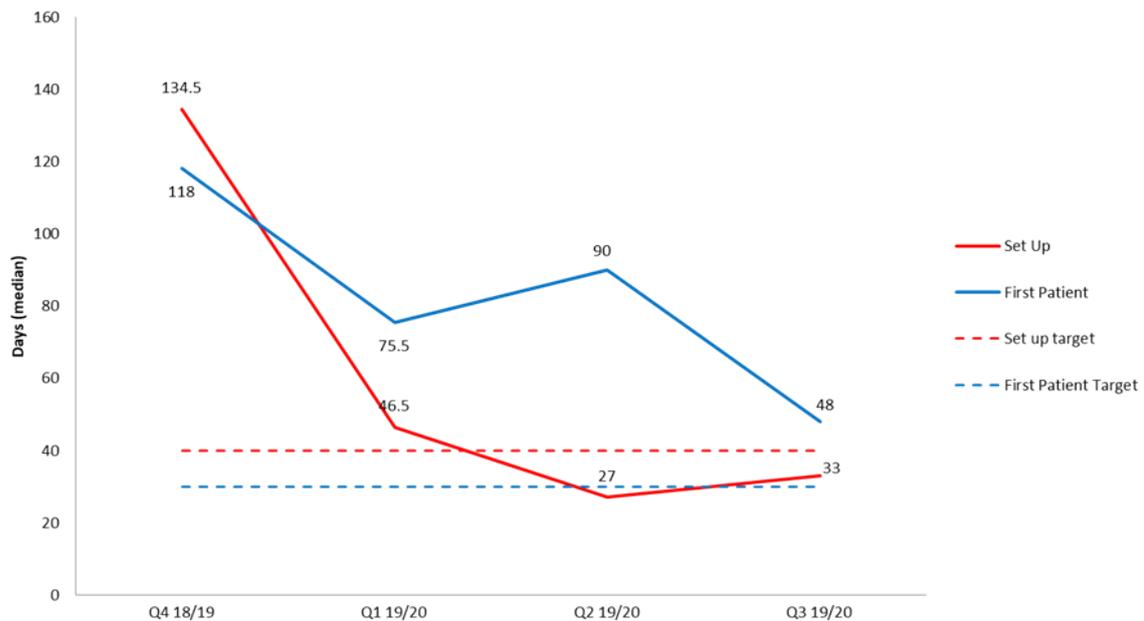
3.4.6 Study Set-up Times

Q3 19/20 data were submitted at the end of January 2020 and were received on 27th November 2020.

- The study set-up time (median) for CCC is below the target of 40 days at 33 days. We are in line with the other specialist Cancer Centres and Liverpool Trusts.
- Our time to recruit our first patient is above the target of 30 days at 48 days. We are in-line with, if not better than, other specialist Cancer Centres.

We submitted Q4 19/20, Q1 20/21 and Q2 20/21 in October 2020, we await the validated data.

The Department of Health have informed us that in light of the pandemic they will be postponing the submission and publication deadline for the for the Q3 20/21 exercise. It is likely that in April 2021 we will be required to submit Q3 and Q4 20/21 data at the same time, but this will be confirmed closer to the time.



3.5 Workforce

3.5.1 Workforce Overview

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

	2020 / 01	2020 / 02	2020 / 03	2020 / 04	2020 / 05	2020 / 06	2020 / 07	2020 / 08	2020 / 09	2020 / 10	2020 / 11	2020 / 12
Leavers Headcount	22	20	23	21	14	15	14	25	18	15	16	17
Leavers FTE	21.12	17.93	19.75	18.16	13.56	13.04	11.57	20.80	16.06	13.51	14.11	15.66
Starters Headcount	30	22	38	26	41	45	28	20	32	25	29	18
Starters FTE	27.52	20.22	33.81	24.34	36.59	41.39	27.04	19.40	31.23	23.50	26.78	16.16
Maternity	34	33	36	37	38	41	44	49	50	55	54	53
Turnover Rate (Headcount)	1.49%	1.35%	1.56%	1.42%	0.95%	1.01%	0.95%	1.69%	1.22%	1.01%	1.08%	1.15%
Turnover Rate (FTE)	1.56%	1.33%	1.46%	1.35%	1.00%	0.97%	0.86%	1.54%	1.19%	1.00%	1.04%	1.16%
Avg Headcount	1,479.00	1,479.00	1,479.00	1,479.00	1,479.00	1,479.00	1,479.00	1,479.00	1,479.00	1,479.00	1,479.00	1,479.00
Average FTE	1,350.03	1,350.03	1,350.03	1,350.03	1,350.03	1,350.03	1,350.03	1,350.03	1,350.03	1,350.03	1,350.03	1,350.03
Leavers (12m)	203	209	212	222	212	214	210	210	213	217	217	220
Leavers FTE (12m)	177.78	184.32	189.01	197.01	190.36	191.56	188.03	186.87	189.19	192.38	192.73	195.27
Turnover Rate (12m)	14.89%	15.28%	15.28%	15.98%	15.11%	15.08%	14.74%	14.65%	14.62%	14.77%	14.68%	14.79%
Turnover Rate FTE (12m)	14.34%	14.82%	14.97%	15.56%	14.90%	14.84%	14.45%	14.27%	14.22%	14.34%	14.28%	14.40%
Avg Headcount (12m)	1,363.50	1,368.00	1,387.00	1,389.50	1,403.50	1,419.50	1,425.00	1,433.00	1,456.50	1,469.50	1,478.00	1,487.00
Average FTE (12m)	1,239.97	1,243.52	1,262.58	1,265.91	1,277.88	1,291.26	1,301.25	1,309.92	1,330.68	1,341.13	1,349.93	1,356.39

On 31 December 2020 the Trust employed 1,568 (1411.48 FTE) staff. In December the headcount and FTE increased following the addition of 18 (16.16 FTE) new starters and 17 (15.66 FTE) leavers.

Recruitment Data

Staff Group by Headcount	Bank/Locum	Fixed Term	Permanent	Total
Additional Clinical Services		2	4	6
Add Prof Scientific and Technic			2	2
Administration and Clerical		2	4	6
Allied Health Professionals				0
Healthcare Scientists				0
Medical			1	1
Nursing			3	3
Total		0	4	14

Reasons for Recruitment	Chemotherapy WTE	Corporate Directorate WTE	Education Directorate WTE	Haematology WTE	Integrated Care WTE	Nursing & Quality WTE	Radiation Services WTE	Research Directorate WTE	Cancer Alliance WTE	Grand Total WTE
Maternity Cover	0.80									0.80
Newly Created Post	1.00	1.00		1.00						3.00
Replacement Post	3.00	1.60		0.76	2.20		1.00	2.00	0.80	11.36
Retire & Return										0.00
Secondment Cover					1.00					1.00
Staff Reducing Hours										0.00
TOTAL	4.80	2.60	0.00	1.76	3.20	0.00	1.00	2.00	0.80	16.16

12 of the 18 new starters are within clinical roles:

- 3 Registered Nurses
- 6 Non registered Nurses
- 2 Pharmacists
- 1 Consultant

Other staff groups:

- 6 administration roles (2 x Band 2, 2 x Band 3, 1 x Band 5 and 1 x Band 7)

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

Directorate	FTE
158 Chemotherapy Services Directorate	250.33
158 Corporate Directorate	347.00
158 Education Directorate	7.37
158 Haemato-oncology Directorate	125.62
158 Hosted Service Directorate	32.73
158 Integrated Care Directorate	245.22
158 Quality Directorate	26.49
158 Radiation Services Directorate	312.45
158 Research Directorate	62.27
158 Service Improvement Directorate	1.00
158 Support Services Directorate	1.00
Total	1411.48

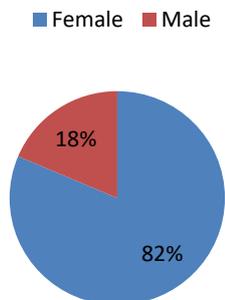
Assignment Category	FTE
Fixed Term Temp	65.23
Non-Exec Director/Chair	6.00
Permanent	1340.25
Total	1411.48

Staff Group	FTE
Add Prof Scientific and Technic	84.39
Additional Clinical Services	182.35
Administrative and Clerical	467.94
Allied Health Professionals	212.29
Healthcare Scientists	38.38
Medical and Dental	73.99
Nursing and Midwifery Registered	352.14
Students	0.00
Total	1411.48

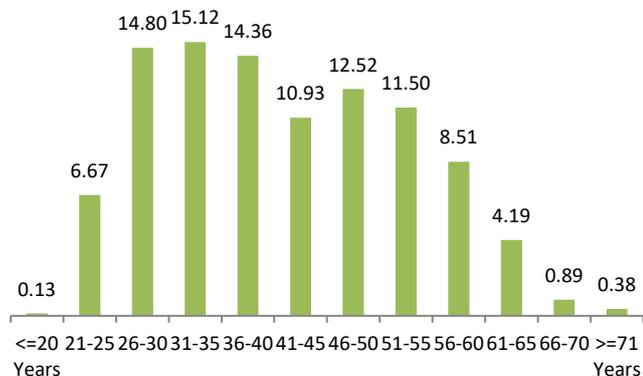
Assignment Status	FTE
Acting Up	12.45
Active Assignment	1322.10
Career Break	4.68
Internal Secondment	19.80
Maternity & Adoption	49.45
Out on External Secondment - Paid	2.00
Suspend No Pay	1.00
Total	1411.48

3.5.2 Workforce EDI Profile

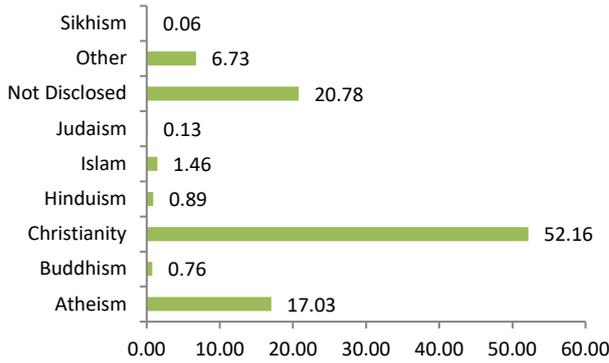
Workforce Profile - % Gender



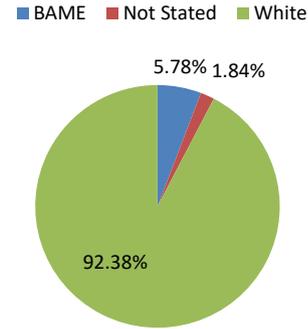
Workforce Profile - % Age Band



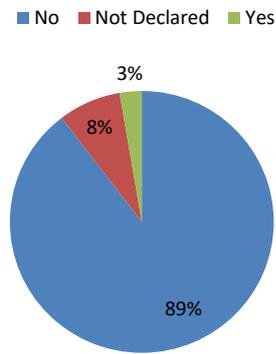
Workforce Profile - % Religious Belief



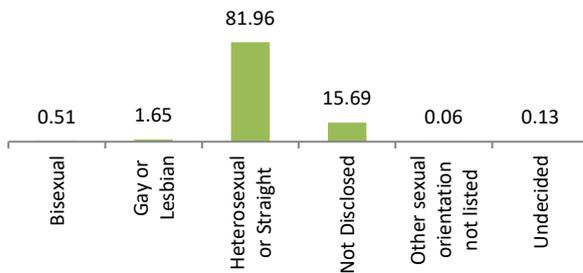
Workforce Profile - % Ethnic Group



Workforce Profile - % Disability

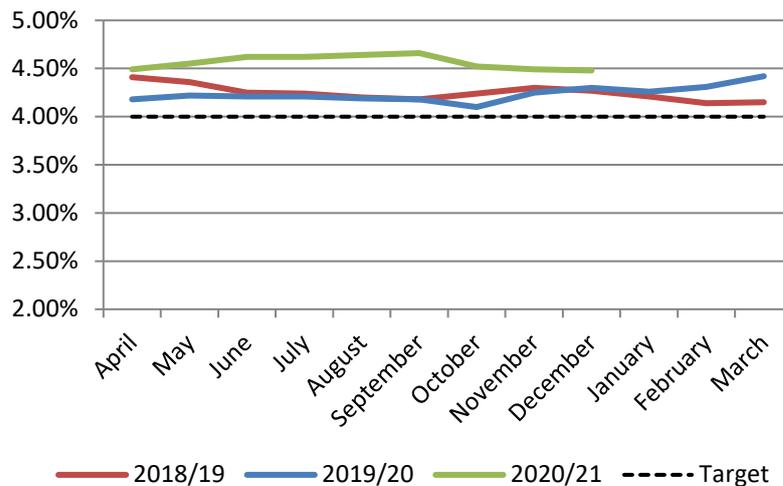


Workforce Profile - % Sexual Orientation



3.5.3 Sickness Absence

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



The Trust's 12 month rolling sickness absence for December 2020 has decreased slightly to 4.48% however is still higher in comparison to the previous 2 years.

Directorate / Corporate Service Level

Sickness absence per month and Directorate:

Directorate	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend
158 Chemotherapy Services Directorate	7.04%	5.38%	7.33%	7.74%	6.63%	6.02%	6.57%	5.87%	5.22%	4.09%	5.07%	5.63%	
158 Corporate Directorate	4.62%	4.49%	4.50%	4.25%	4.27%	4.16%	3.09%	3.65%	4.03%	3.41%	3.73%	3.60%	
158 Education Directorate	3.27%	2.47%	14.26%	15.15%	13.45%	19.93%	15.32%	13.65%	20.13%	19.19%	12.89%	12.89%	
158 Haemato-oncology Directorate	5.03%	3.92%	4.04%	6.61%	5.14%	4.39%	3.78%	3.28%	5.22%	5.03%	3.38%	4.22%	
158 Hosted Service Directorate	6.36%	3.95%	2.46%	0.98%	5.65%	7.78%	3.06%	0.00%	0.00%	0.34%	6.89%	6.81%	
158 Integrated Care Directorate	4.80%	5.07%	5.40%	2.90%	2.66%	3.61%	4.44%	5.32%	6.40%	6.04%	7.48%	4.54%	
158 Quality Directorate	2.90%	4.36%	4.32%	3.30%	3.80%	11.10%	8.20%	5.15%	5.39%	8.67%	5.17%	5.57%	
158 Radiation Services Directorate	3.65%	3.95%	6.70%	4.83%	3.04%	2.76%	3.51%	2.86%	2.74%	3.08%	2.71%	2.99%	
158 Research Directorate	2.40%	5.97%	9.77%	8.45%	1.96%	2.18%	1.90%	2.76%	7.38%	2.07%	2.98%	1.85%	

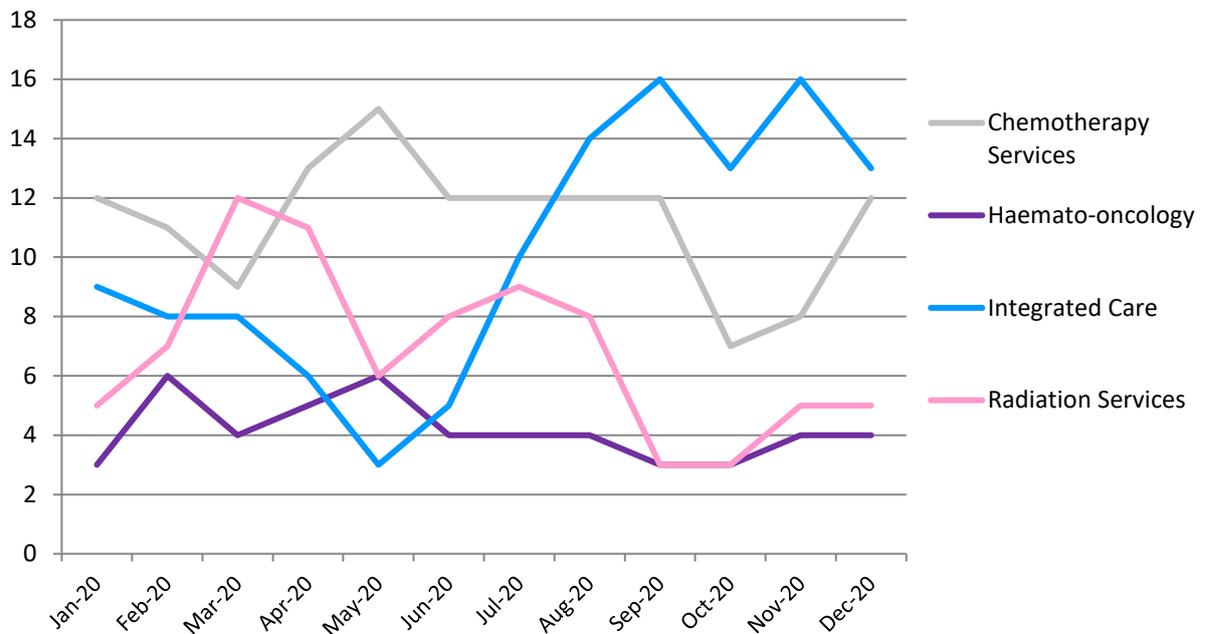
Long / short term sickness absence:

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

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend
Short term	182	151	209	148	104	106	123	101	154	138	164	138	
Long term	61	64	59	60	58	64	54	58	56	65	71	51	

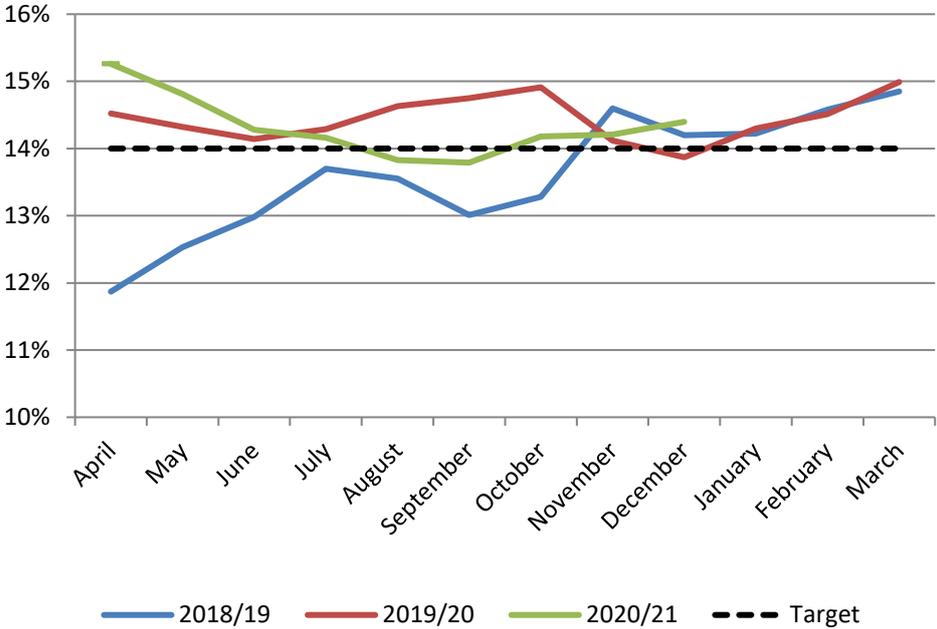
Both long term and short term absences have decreased in December

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



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 increased from 14.21% in November 2020 to 14.40% in December 2020 and is slightly above the Trust target.

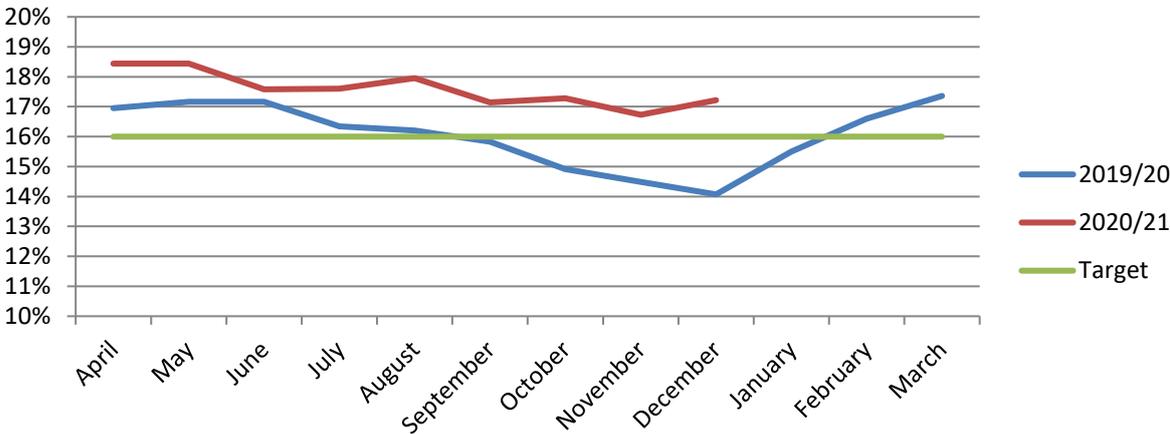


Turnover by Staff Group

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.

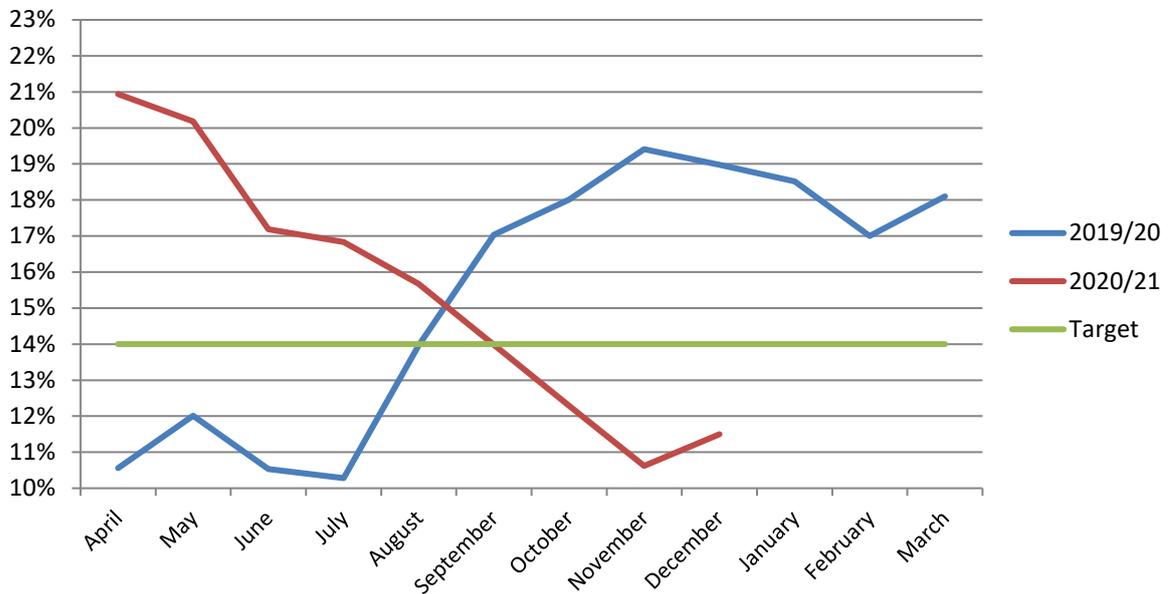
Administrative and Clerical Turnover

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 16.73% in November 2020 to 17.22% in December 2020 and still remains higher than the same period in 2019. The figures for November equate to 7 leavers (6.80 FTE), the reasons for leaving were 3 Work Life Balance, 2 Promotion, 1 Voluntary Resignation and 1 Death in Service.



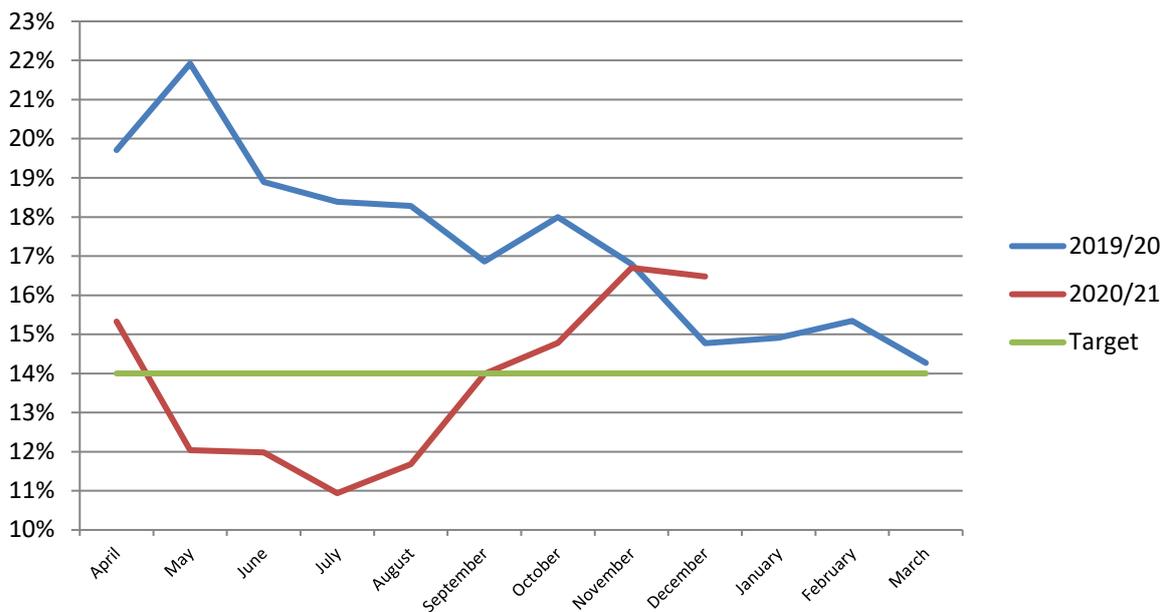
Additional Professional Scientific & Technical Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 10.62% in November 2020 to 11.50% in December 2020, and is lower than the same period in 2019 and below Trust target. There was just 1 leaver (1.00) in December due to a promotion opportunity.



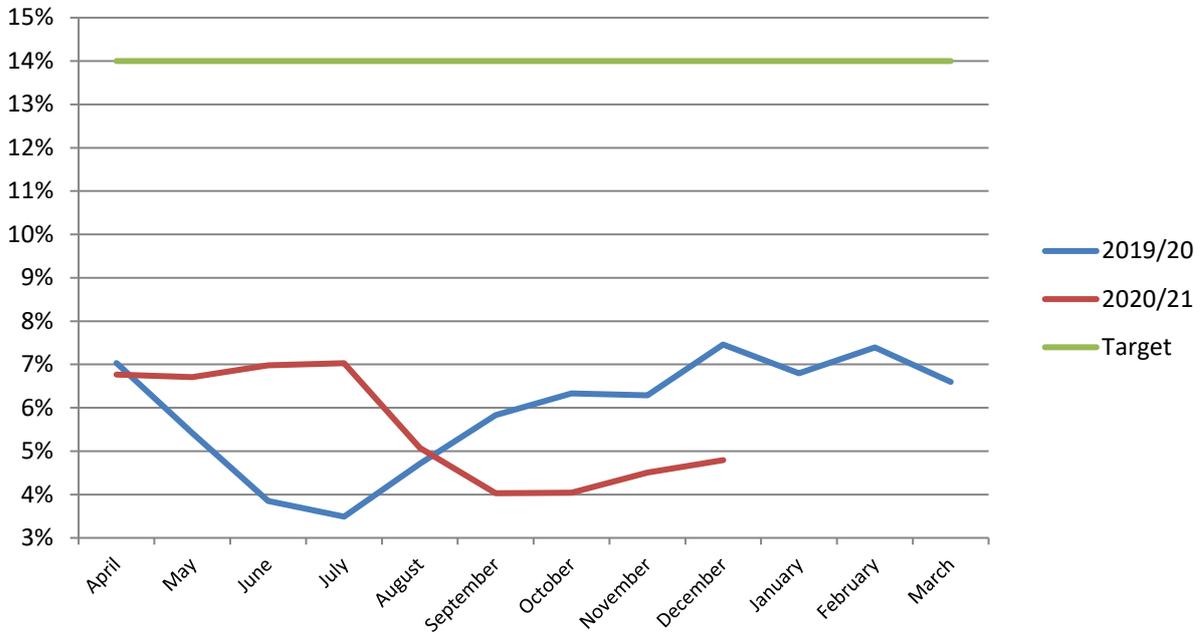
Additional Clinical Services' Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has decreased from 16.70% in November 2020 to 16.48% in December 2020, and is now higher than 2019. The figures for November equate to 2 leavers (1.56 FTE), the reasons for leaving were 1 Retirement Age 1 for Further Education/Training.



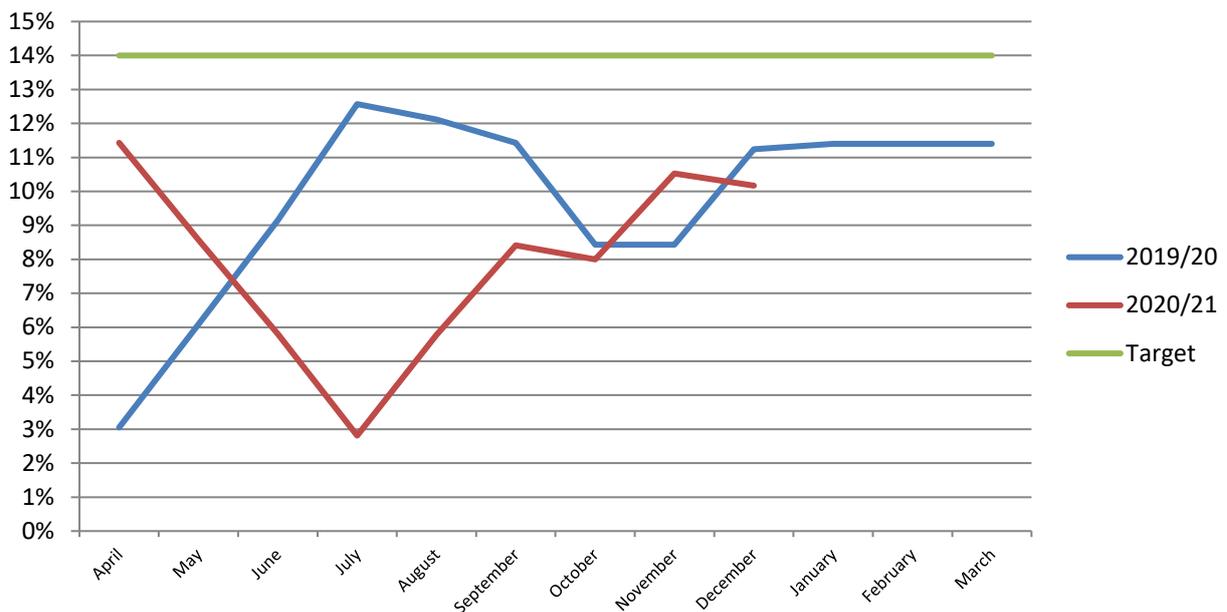
Allied Health Professionals' Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has increased from 4.51% in November 2020 to 4.79% in December 2020, and is lower than the same period in 2019. There were 3 (2.50 FTE) leavers in December and the reasons were 1 Promotion, 1 Early Retirement and 1 Mutually Agreed Resignation.



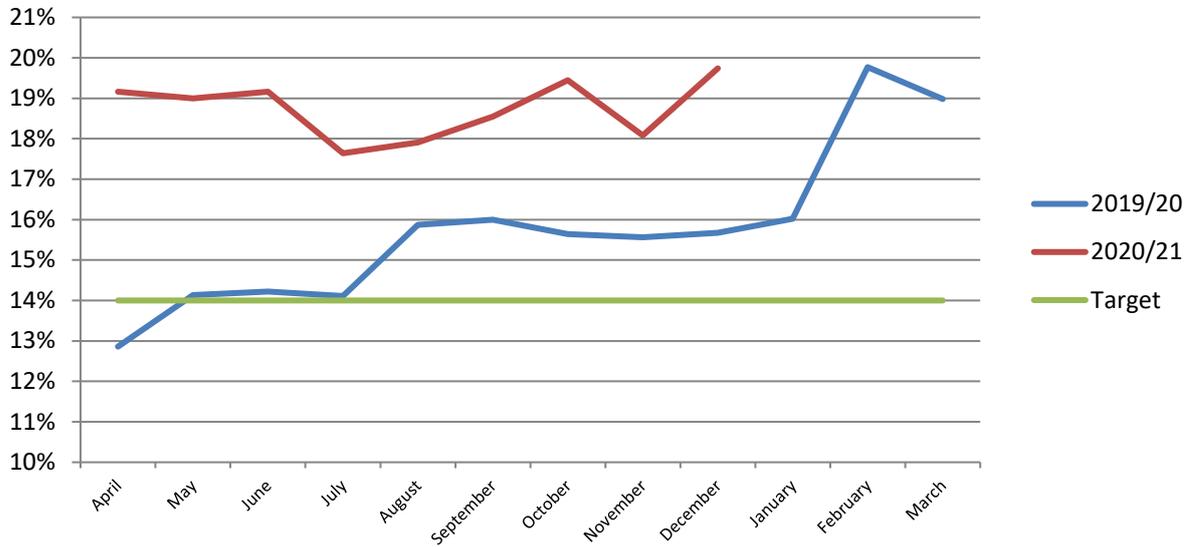
Healthcare Scientists' Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has decreased from 10.53% in November 2020 to 10.17% in December 2020. This is lower than the same period in 2019. There was 1 leaver (0.80 FTE) in December due to retirement



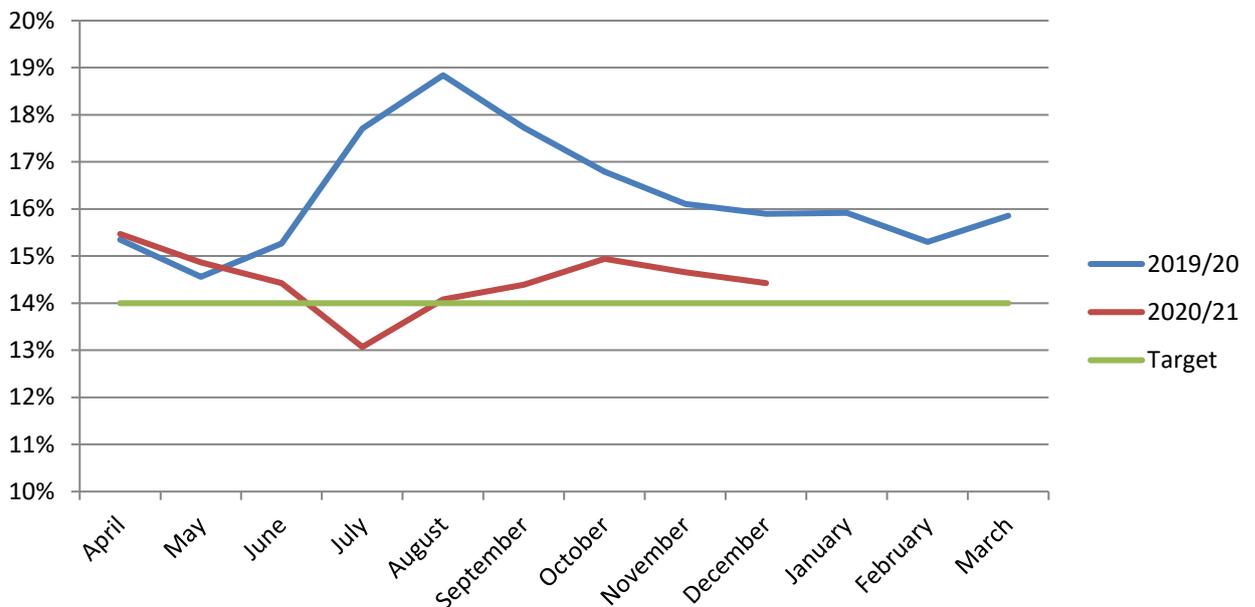
Medical Turnover

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 18.08% in November 2020 to 19.74% in December 2020 and remains higher than the same period in 2019. There were no leavers in December for this Staff Group



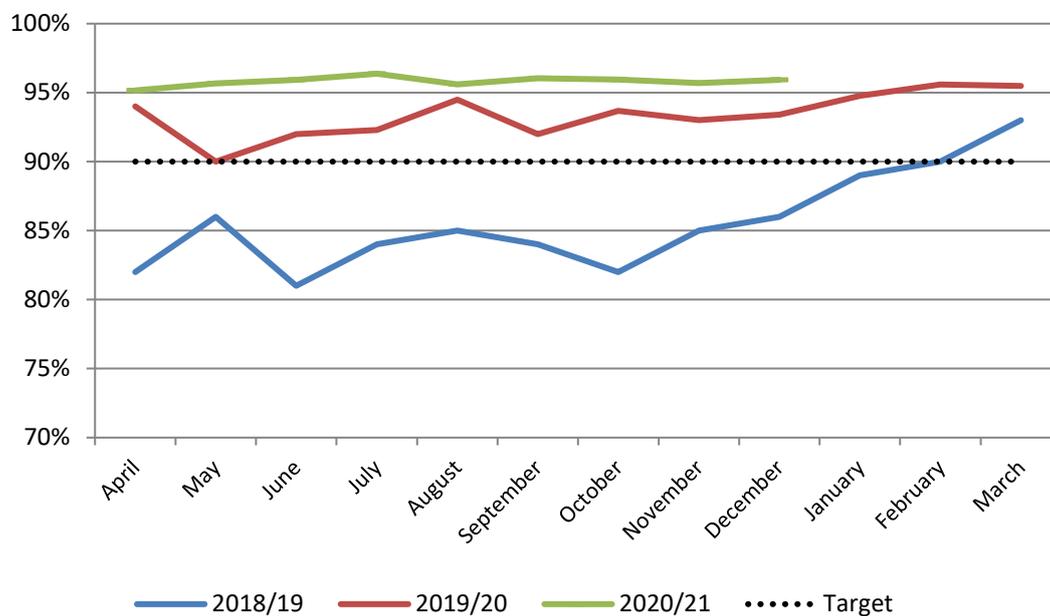
Registered Nursing Turnover

The graph below shows the rolling 12 month turnover figures, against the Trust target of 14%. The rolling 12 month turnover figure has decreased from 14.66% in November 2020 to 14.43% in December 2020, however this is lower than the same period in 2019. There were 3 leavers in November (3.00 FTE), the reasons for leaving were 2 Retirement Age and 1 Promotion.



3.5.5 Statutory and Mandatory Training

Overall Trust compliance at 31st December 2020 is 95.92% which is above the target of 90% and a slight increase from the previous month (95.69%).



Competence Name	Compliance %
NHS CSTF Equality, Diversity and Human Rights - 3 Years	98.12%
NHS CSTF Fire Safety - 2 Years	96.67%
NHS CSTF Health, Safety and Welfare - 3 Years	96.59%
NHS CSTF Infection Prevention and Control - Level 1 - 3 Years	97.61%
NHS CSTF Infection Prevention and Control - Level 2 - 2 Years	95.72%
NHS CSTF Information Governance and Data Security - 1 Year	92.97%
NHS CSTF Moving and Handling - Level 1 - 3 Years	98.12%
NHS CSTF Moving and Handling - Level 2 - 2 Years	92.29%
NHS CSTF NHS Conflict Resolution (England) - 3 Years	95.43%
NHS CSTF Preventing Radicalisation - Basic Prevent Awareness - 3 Years	95.29%
NHS CSTF Preventing Radicalisation - Prevent Awareness - 3 Years	98.67%
NHS CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	91.86%
NHS CSTF Resuscitation - Level 3 - Adult Immediate Life Support - 1 Year	93.07%
NHS CSTF Safeguarding Adults - Level 1 - 3 Years	95.80%
NHS CSTF Safeguarding Adults - Level 2 - 3 Years	96.82%
NHS CSTF Safeguarding Children (Version 2) - Level 2 - 3 Years	96.67%
NHS CSTF Safeguarding Children - Level 1 - 3 Years	95.87%
NHS CSTF Safeguarding Children - Level 3 - 3 Years	97.51%
NHS MAND COVID 19 Awareness - Clinical - Once only	94.78%
NHS MAND COVID 19 Essential Guidance - Non-Clinical - Once Only	94.30%
NHS MAND Safeguarding Adults Level 3 - 3 Years	96.67%

The national compliance target for Information Governance is set at 95% whilst the Trust target for all other subjects is 90%

The trust is now achieving compliance for all subjects, except for the national KPI for Information Governance. This training is available as e-learning and all non-compliant staff have been contacted.

Compliance by Directorate

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

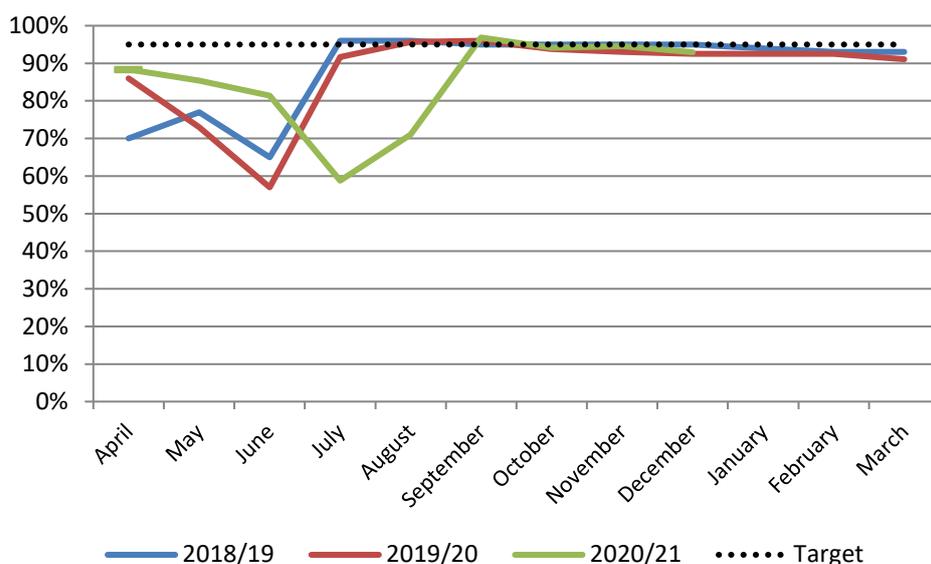
Directorate	Target	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend
158 Chemotherapy Services Directorat	90%	98%	98%	93.78%	97.39%	97.10%	97.26%	97.46%	96.31%	96.77%	96.92%	96.31%	96.80%	
158 Corporate Directorate	90%	93%	95%	90.28%	94.33%	94.61%	94.92%	95.35%	94.61%	95.58%	94.30%	95.16%	95.37%	
158 Education Directorate	90%	89%	94%	96.05%	98.82%	98.94%	98.94%	98.82%	95.20%	100.00%	100.00%	100.00%	98.80%	
158 Haemato-oncology Directorate	90%	95%	95%	90.96%	94.54%	94.48%	95.26%	95.34%	93.91%	95.26%	96.15%	94.96%	93.46%	
158 Hosted Service Directorate	90%	91%	95%	90.11%	97.28%	94.35%	93.54%	95.79%	96.01%	94.48%	94.58%	90.33%	89.16%	
158 Integrated Care Directorate	90%	95%	94%	91.61%	95.22%	96.86%	97.13%	97.04%	97.76%	95.11%	95.30%	94.65%	95.53%	
158 Quality Directorate	90%	95%	98%	92.59%	98.09%	97.13%	97.89%	96.82%	95.49%	95.83%	96.09%	97.16%	92.57%	
158 Radiation Services Directorate	90%	94%	96%	91.78%	93.57%	94.40%	94.85%	95.85%	97.17%	96.48%	96.53%	96.81%	97.53%	
158 Research Directorate	90%	98%	98%	94.57%	98.22%	98.42%	97.51%	98.76%	#####	98.40%	98.30%	96.13%	96.32%	

All directorates are currently performing above the 90% target except the Hosted Service Directorate (89.16%) for their overall mandatory training compliance.

3.5.6 PADR Compliance

The Trust's PADR window opened in March 2020 and closed on 30th September 2020.

The Trust's overall compliance for PADRs as at 31st December 2020 is 92.92%, which is a decrease of 1.67% from the previous month and is below the target of 95%.



PADR Compliance by Directorate

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

Directorate	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend
158 Chemotherapy Services Directorate	90.60%	88.60%	91.00%	87.50%	83.13%	82.66%	90.61%	86.74%	91.35%	100.00%	97.17%	98.59%	96.24%	
158 Corporate Directorate	93.36%	93.36%	92.00%	89.87%	86.82%	84.94%	74.45%	36.56%	52.68%	96.33%	93.06%	94.94%	93.33%	
158 Education Directorate	100.00%	100.00%	100.00%	85.71%	75.00%	70.00%	70.00%	66.67%	85.71%	100.00%	100.00%	87.50%	87.50%	
158 Haemato-oncology Directorate	88.60%	88.60%	90.00%	89.47%	88.50%	83.84%	70.59%	15.69%	28.43%	83.16%	85.19%	87.39%	91.67%	
158 Hosted Service Directorate	100.00%	100.00%	100.00%	89.29%	86.21%	82.14%	70.37%	7.69%	24.14%	96.77%	96.88%	93.75%	93.75%	
158 Integrated Care Directorate	89.58%	92.00%	94.00%	95.92%	93.78%	90.82%	86.24%	67.38%	78.72%	100.00%	90.69%	89.90%	86.45%	
158 Quality Directorate	100.00%	96.00%	96.00%	96.30%	96.15%	85.19%	55.56%	53.57%	55.56%	77.78%	88.00%	88.00%	80.00%	
158 Radiation Services Directorate	94.00%	93.36%	93.00%	91.53%	89.07%	83.60%	88.10%	87.40%	93.33%	99.62%	98.21%	97.86%	95.42%	
158 Research Directorate	97.87%	97.87%	96.00%	91.49%	89.58%	91.80%	85.00%	42.37%	86.44%	100.00%	100.00%	96.61%	98.18%	

A target date of the end of January has been set for Directorates to achieve compliance, however Directorates are reporting that due to the impact of Covid-19 on staffing, this may now not be achievable.

Directorate	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Trend
158 Chemotherapy Services Directorate	90.60%	88.60%	91.00%	87.50%	83.13%	82.66%	90.61%	86.74%	91.35%	100.00%	97.17%	98.59%	96.24%	
158 Corporate Directorate	93.36%	93.36%	92.00%	89.87%	86.82%	84.94%	74.45%	36.56%	52.68%	96.33%	93.06%	94.94%	93.33%	
158 Education Directorate	100.00%	100.00%	100.00%	85.71%	75.00%	70.00%	70.00%	66.67%	85.71%	100.00%	100.00%	87.50%	87.50%	
158 Haemato-oncology Directorate	88.60%	88.60%	90.00%	89.47%	88.50%	83.84%	70.59%	15.69%	28.43%	83.16%	85.19%	87.39%	91.67%	
158 Hosted Service Directorate	100.00%	100.00%	100.00%	89.29%	86.21%	82.14%	70.37%	7.69%	24.14%	96.77%	96.88%	93.75%	93.75%	
158 Integrated Care Directorate	89.58%	92.00%	94.00%	95.92%	93.78%	90.82%	86.24%	67.38%	78.72%	100.00%	90.69%	89.90%	86.45%	
158 Quality Directorate	100.00%	96.00%	96.00%	96.30%	96.15%	85.19%	55.56%	53.57%	55.56%	77.78%	88.00%	88.00%	80.00%	
158 Radiation Services Directorate	94.00%	93.36%	93.00%	91.53%	89.07%	83.60%	88.10%	87.40%	93.33%	99.62%	98.21%	97.86%	95.42%	
158 Research Directorate	97.87%	97.87%	96.00%	91.49%	89.58%	91.80%	85.00%	42.37%	86.44%	100.00%	100.00%	96.61%	98.18%	

3.5.7 Staff Experience

2020 Staff Survey and Staff Friends and Family Test

The 2020 staff survey closed on 27th November 2020. The Trust's completion rate was 58%.

The high-level results from Quality Health only, show that the Trust has;

- Improved for 66 questions
- Reduced for 4 questions
- Remained the same for 7 questions (2 of these are at 100%)

The full national data set is expected in early 2021 where a full analysis and benchmarking exercise will be undertaken.

The Q4 Staff Friends and Family will commence on 15th February 2021 until 12th March 2021.

3.6 Finance

For December 2020 the key financial headlines are:

Metric	In Mth 9 Actual	In Mth 9 Plan*	Variance	Risk RAG	YTD Actual	YTD Plan*	Variance	Risk RAG
Trust Surplus/ (Deficit) (£000)	318	128	190	Green	(296)	(39)	(257)	Green
CPL/Propcare Surplus/ (Deficit) (£000)	16	0	16	Green	473	0	473	Green
Control Total Surplus/ (Deficit) (£000)	334	128	206	Green	177	(39)	216	Green
Cash holding (£000)	63,026	56,726	6,300	Green	63,026	56,726	6,300	Green
Capital Expenditure (£000)	48	380	(332)	Yellow	9,118	10,208	1,090	Yellow

*The plan for month 9 reflects the plan submission for M7-12 (22nd October 2020)

The Trust's funding for the remainder of the year is a fixed allocation and includes amounts for both growth and Covid-19 costs. The funding continues to be routed through the Cheshire and Mersey HCP, with the HCP being required to achieve aggregate financial balance.