



### Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	28 <sup>th</sup> October 2020	
Agenda Item:	P1-165-20	
Title:	EPRR Assurance report 2020/21	
Report prepared by:	Steve Povey, EPRR lead	
Executive Lead:	Sheila Lloyd, Director of Nursing and Quality, Accountable Emergency Officer (AEO).	
Status of the Report:	Public	Private
	x	

Paper previously considered by:	Risk Management Committee
Date & Decision:	19.10.20

Purpose of the Paper/Key Points for Discussion:	<p>The trust has a requirement to submit an annual self-assessment against the EPRR core standards.</p> <p>During the Coronavirus pandemic, the NWEPRR lead, Jim Deacon, shared a letter from Steven Groves, Director of EPRR (National) and Daniel De Rozarieux, National Director of Elective Emergency care and operational performance, with an amended process for 2020/21 which would focus on three areas:</p> <p><b>Compliance 2019/20</b> Progress made during 2020 on partially compliant areas identified last year.</p> <p><b>Mid term Covid review and process for embedding the learning from the review</b> Include changes to procedures and communications</p> <p><b>Winter Plans</b> Areas from review that have influenced Winter planning</p> <p>The report identifies positive action in response to Covid-19 and having reflected and learned several systems and processes have become 'business as usual'.</p> <p>The Board are asked to approve / sign off by AEO, Sheila Lloyd.</p> <p>The draft report has been shared with Wirral CCG on 2<sup>nd</sup> October 2020. Wirral CCG will review as first level sign off and submit to regional EPRR lead by 31<sup>st</sup> October 2020.</p>
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Action Required:	Discuss	
	Approve	x
	For Information/Noting	

Next steps required	Approve and sign off by AEO
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*The paper links to the following strategic priorities (please tick)*

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

*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.	x

### Equality & Diversity Impact Assessment

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

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



## Clatterbridge Cancer Centre

### EPRR Assurance Report 2020/21 – Cheshire & Mersey

Action	Trust Response
<b>Compliance 2019</b> Progress made 2020 on partially compliant areas identified last year. (Return N/A if fully compliant)	<p>The Trust had two areas of partial compliance in 2019/20:</p> <p><b>Core Standard 30</b> – <i>The organisation has a pre-identified Incident Co-ordination Centre (ICC) and alternative fall-back location(s). Both locations should be annually tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.</i></p> <p>The backup location was used for a Director On Call training session on Tuesday 1st October 2019 to test its suitability as a backup ICC. During the current pandemic an alternative room in the Research and Innovation centre is being used effectively. <b>Current self-assessment - Compliant</b></p> <p><b>Core Standard 55</b> – <i>The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers business continuity arrangements work with their own.</i></p> <p>This has been improved as part of the preparation for EU Exit and this process has now been adopted as a standard approach to ensure suppliers resilience is audited. <b>Current Self-assessment - Compliant</b></p>
Action	Trust Response
<b>Mid Term Covid Review</b>	<p>For World Patient Safety Day on 17th September 2020, the trust looked at 'Our Covid Journey' which allowed us to reflect on what changes the trust had embedded since March. (appendix 1)</p> <ul style="list-style-type: none"><li>• Traditional face to face consultations reverting to tele/video consultations increased from 29% at the beginning of March 20 to 82% by the end of March 20 and remained between 83% and 91% in the following 6 months.</li><li>• Drop in patient referrals has been noticeable (continue to work with partners and C&amp;M Cancer Alliance to review and action patient pathways).</li><li>• Working from home has been a key change with 718 staff having devices enabled for home working and 142 new laptops purchased. Managers continue to monitor their staff and teams, supporting their health and wellbeing through this pandemic.</li><li>• Use of MS Teams has been crucial to keeping all parts of the trust connected with over 1200 staff set up to use this software</li></ul>

	<ul style="list-style-type: none"> <li>• Fit testing of staff was initially reactive to meet the immediate need for key staff. However it is now proactive and for new staff fit testing is part of local induction for all new clinical staff.</li> <li>• Staff absence has remained low, between 5 &amp; 6%. Manager's guidance is in place, continually updated as guidance is released. All staff have completed a risk assessment and where required systems and processes in place to support them in the workplace.</li> <li>• Successfully moved into our new site in Liverpool in June 20. Daily operational meetings take place to action and estates / operational issues following occupation of the building.</li> </ul>
Action	Trust Response
<b>Process for embedding the learning from the review</b> Include changes to procedures and communications	<p>Many of the system / process changes implemented during Covid-19 have proved successful and have become 'business as usual'. Changes to clinical care and pathway have undergone quality impact assessments (QIA) as have all CCC recovery plans to date.</p> <ul style="list-style-type: none"> <li>• Tele/video consultations were in the process of being introduced and was accelerated to ensure that this is an accepted option. The trust facilitated a patient survey throughout August and September to gain their views on changes in practice, driven by Covid-19. The findings were positive and supportive of what the trust has implemented and have been reviewed and shared through governance committees and SRG teams.</li> <li>• SMS text reminder service introduced for patients to ensure effective use of capacity and manage demand.</li> <li>• During the first 6 month, 84 staff Covid bulletins produced containing information, guidance, updated SOP's. Initially bulletins were daily, now twice weekly and have been pivotal in ensuring all staff are kept up to date, particularly agile workers, working from home.</li> <li>• There were 14 video updates from Executives or Senior Managers to keep staff updated and open communication throughout this pandemic.</li> <li>• Communications team also produced 5 dedicated patient information videos to share changes to guidance and the management of their care during the pandemic.</li> <li>• Over 100,000 social media interactions, to ensure out patients and families understand the ever changing guidance, in place to keep them safe throughout their care.</li> </ul>
Action	Trust Response
<b>Winter Plans</b> Areas from review that have influenced Winter planning	<p>As advised by NWEPRR lead, the Incident Coordination centre (ICC) will continue to manage the covid-19 response as well as Flu campaign and EU Exit. CCC EPRR plans have been updated to reflect this and daily operational sitreps, daily tactical meetings and twice weekly strategic meeting agenda's capture all three issues.</p> <p>Other key actions include:</p>

	<ul style="list-style-type: none"> <li>• Availability of tele/video consultations continue to be 'business as usual' to support patient care</li> <li>• .</li> <li>• Expectation that referrals will continue to increase as patients access primary and secondary care services with suspected / diagnosed cancer. Plans are in place to meet the demand.</li> <li>• Expectation that diagnostic capacity will be put under pressure and CCC will continue to support acute trusts as required.</li> <li>• Introduction of e-consent.</li> <li>• Attend Anywhere part of an enhanced roll out for video consultations and access to patient care records for all clinical staff, anywhere.</li> <li>• Increase number of staff to use Portacount Fit Testing machine.</li> <li>• Staffing – retention of staff to ensure that all are available to support the trust response. Redeployment plans in place with appropriate competency training provided to maintain safe delivery of cancer care.</li> <li>• Partnership working with NHS and academic neighbours in Liverpool, with clear systems and processes in place to deliver safe care and maximise bed capacity for patients on a cancer pathway.</li> <li>• Expectation that demand for staff flu jabs will increase. 24 vaccinators in place, across all CCC sites to meet the demand.</li> <li>• Plan for the potential to commence a Covid-19 vaccination campaign.</li> </ul>
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**Name of Trust:**

Clatterbridge Cancer Centre

**Signed AEO:**

Sheila Lloyd, Director of Nursing and Quality

**Date:**

28<sup>th</sup> October 2020

# THE CLATTERBRIDGE CANCER CENTRE

## OUR COVID-19 JOURNEY



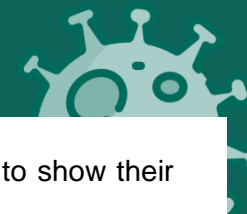
The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

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# Dear colleagues,



Today is World Patient Safety Day, an annual event held on 17<sup>th</sup> September to create awareness of patient safety and urge people to show their commitment to making healthcare safer.



This year's World Patient Safety Day theme is **Health Worker Safety: a priority for patient safety** and the slogan is *Safe health workers, safe patients.*

The Coronavirus (COVID-19) pandemic has been a real challenge for health workers across the globe who have continued, under difficult circumstances, to provide critical care to patients in need. It has also highlighted the risks health workers can face, including healthcare-associated infections, violence, stigma, psychological and emotional disturbances, illness and even death.

We would like to thank you all for your hard work and commitment in keeping both our patients and each other safe during this extremely challenging time. We know a great deal has changed over the past six months and there has been lots of uncertainty as we adapt to new ways of working. Everyone has had their part to play in keeping our patients and colleagues safe during this time. Your dedication and professionalism has enabled us to continue providing high-quality specialist cancer care to the people we serve.

Whilst we're still adjusting to living with coronavirus as the 'new normal', it's also important to reflect on everything we have managed to achieve during this time. Not only have we opened a brand new hospital, but we have introduced a phenomenal amount of new services, technologies, processes and procedures all with one end goal - to provide the best possible cancer care to our patients.

On World Patient Safety Day, we want to celebrate all we have achieved by sharing with you Our CCC COVID-19 Journey – a specially created document for you to reflect on what, as a team, we have all accomplished during this once in a generation event.

As a thank you from the Trust for all you have done during this time, thank you gifts are currently being arranged and further communication about these will be sent soon.

We hope you all enjoy reading Our CCC COVID-19 Journey and are as proud of yourselves as we are of you.

Best wishes

Sheila Lloyd  
Director of Nursing & Quality

Sheena Khanduri  
Medical Director





# COVID-19 Dashboard - Staffing

## COVID-19 testing

**COVID positive figures:**  
staff / household members  
(cumulative)

**14 (Staff)**  
**5 (Household)**

**Numbers of staff /  
household members tested**  
(cumulative)

**507**

**COVID  
POSITIVE**



**Tested**  
*Inc. external  
tests and BMT*



## Student Placement

During the COVID-19 period CCC has supported students who volunteered to join the COVID HEE deployment process working as Care Support Workers. Some students have expressed an interest in employment here at CCC upon qualification.

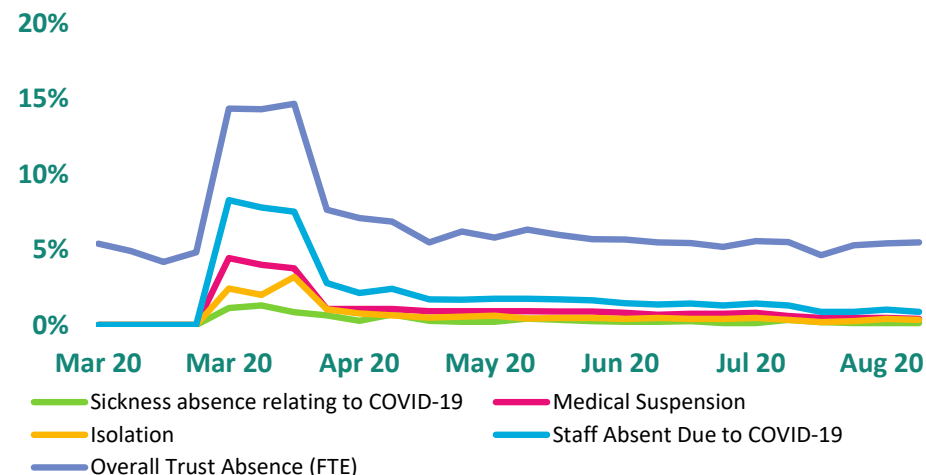


**10** Nursing Students



**6** AHP Students  
(Radiotherapy)

## Staff absence



## Recruitment

Adopted recruitment practices to enable **75** on-boarding meetings to take place via video call.

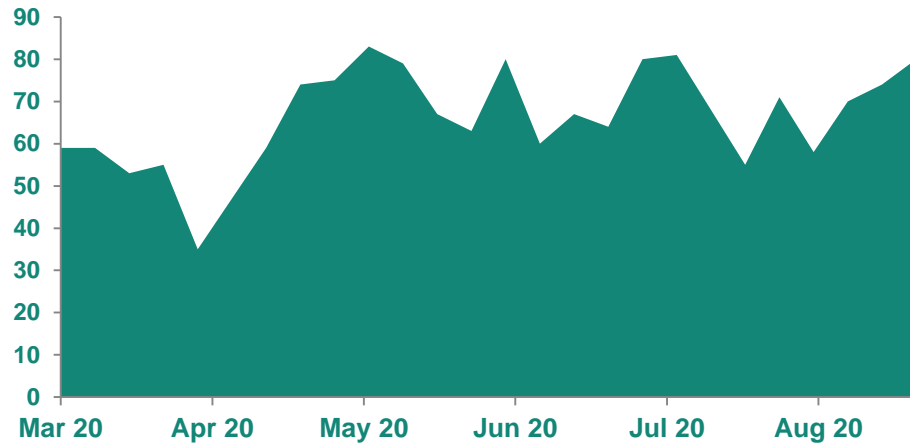


Systems in place to bring retired employees back into practice

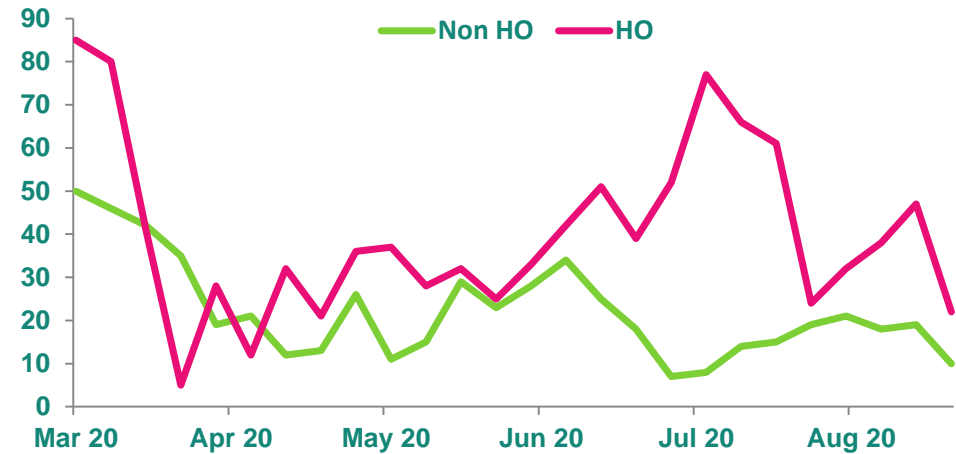
**1** Consultant and **2** Nurses returned from retirement with plans to return further employees as needed.

# COVID-19 Dashboard - Activity

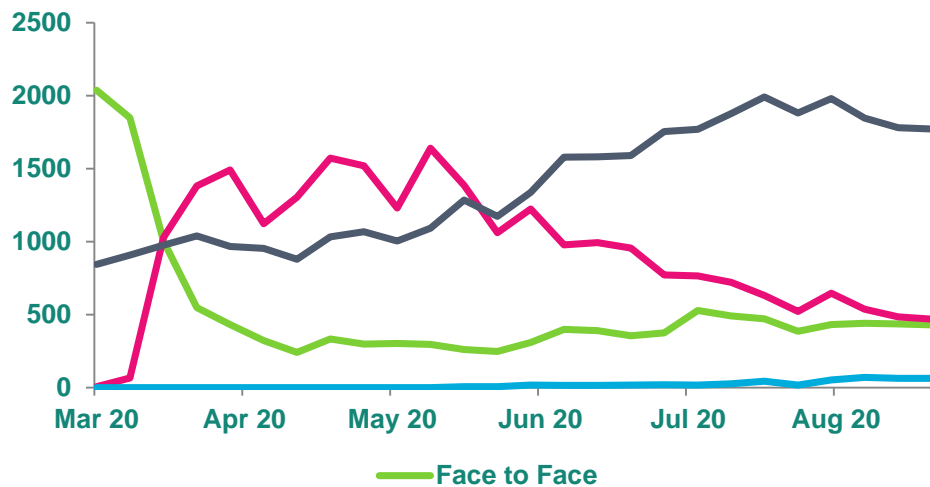
CDU Attendance



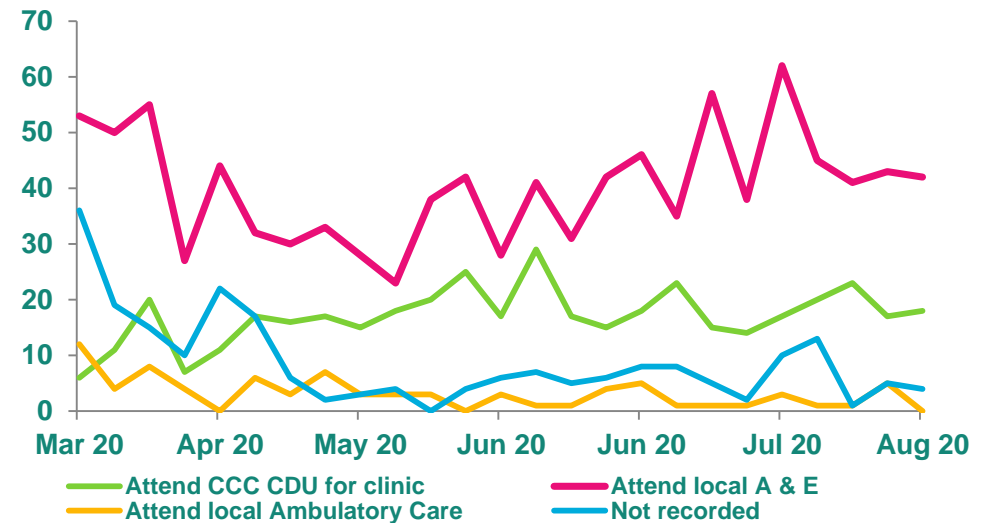
Day Case "admissions" by HO / Non HO



No. Outpatient appointments by Medium



Hotline calls by advice provided



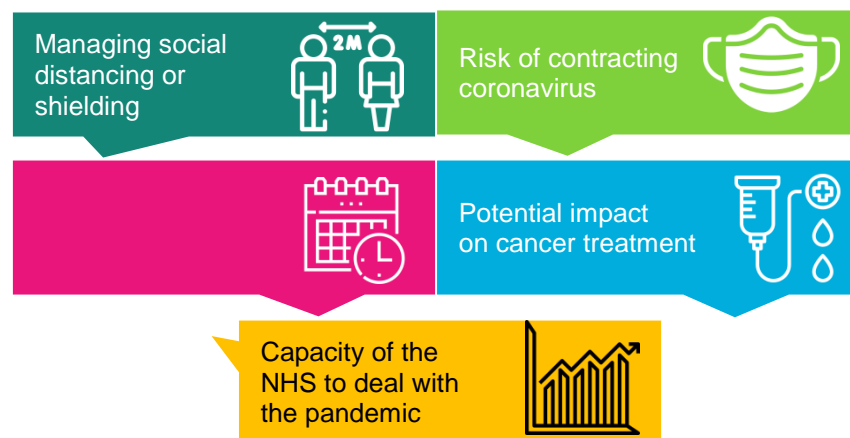
# COVID-19 Patient Experience Survey

A total of 52 patients completed the survey, during the eight week period (1st July to 21st August 2020)

Patients could tick yes to one or more questions

## Concerns

Top five concerns relating to the coronavirus pandemic that patients with cancer were concerned about:



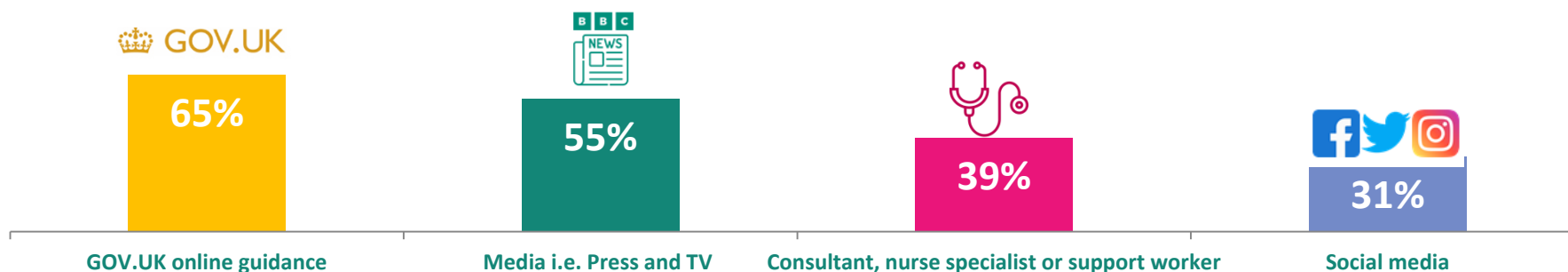
## Impact of coronavirus on people with cancer

- 43 (83%) responders stated that they had received a shielding letter from the NHS
- 25 (49%) reported that COVID-19 had some impact on their non-surgical cancer
- 22 (43%) stated that COVID-19 had not impacted on non-surgical cancer treatment.



## Information Sources

Given the plethora of COVID-19 pandemic information available, responders reported accessing information and support about coronavirus from four main sources:



# COVID-19 Patient Experience Survey continued...

## Impact on Outpatient Appointments

40 (77%) of responders reported that the COVID-19 pandemic had impacted on their OPD appointments with their health care professional.

77%

## Received a call at the time stated on Appointment letter

37 responders (80%) received a call at the time stated on the appointment letter.

80%



## Helpfulness of Appointment & Information provided

44 responders (91%) stated they found the information very helpful or helpful.

91%



## Receiving Outpatient Appointment post Treatment

- The majority of responders 41 (79%) received an outpatient appointment/follow up clinic via telephone call.
- 6 (11%) receiving a face to face consultation.
- Only 1 responder (2%) reported having a video conference appointment with their consultant / specialist nurse remotely from their own home.



## Outpatient Preference

If given a choice:

- 9 (18%) preferred to have an appointment conducted remotely via a telephone call with or without a family member present.
- 29 (58%) of responders would have preferred to have attended a face to face consultation at a hospital clinic.
- 8 (16%) would have preferred to have remote video conference call with family members included within the remote consultation.



# Digital Response

**Staff Drop-Ins**  
Over 500 staff attended Digital Clinics to configure devices for home working.

500

**New Laptops**  
More than 140 new laptops and docking stations procured, built and distributed.

142

**Home Working**  
More than 700 Trust and staff-owned devices setup to work remotely.

718



## Team Collaboration

Rapid rollout with more than 1200 staff registered on Microsoft Teams.

Bringing everything together in a shared workspace, letting CCC staff work from anywhere, chat with colleagues, and collaborate on files.



## Video Consultations

Working with NHS Digital to implement the Attend Anywhere video consultation platform.

Providing patients with convenient, face-to-face consultations from their home.



## Patient Communication

Developing solutions to enable inpatients to video call friends and family.

CCC has procured Tablet computers to support patients across CCC-W, CCC-L and H-O locations.



## Video Conferencing

Cloud-based Video Conferencing has enabled daily Operational and Tactical Command video meetings.

The solution will be fully integrated into CCC-L meeting rooms.



## Remote MDTs

Leading a technical appraisal of MDT solutions across C&M to ensure all clinicians have remote access from any location.

# Digital Response continued...



## 2019/20 Highlights



- ✓ Successfully delivered a number of digital initiatives to support patients on the opening of CCC-Liverpool



- ✓ Patient Experience & Education (Inpatient TV system) on Levels 1 to 6



- ✓ Self-check in Kiosks and outpatient calling screens



- ✓ High proportion of clinicians delivering video consultations using the national platform Attend Anywhere, enabling CCC to provide care closer to home for our most vulnerable and unwell patients. The Attend Anywhere solution is in line with recovery planning and will remain to be a key component of our offering to patients supporting digitally enabled pathways and offers a blended approach to engagement with our patients.



- ✓ Consolidated a number of new digital platforms onto a mobile tablet on carts for Digital Ward Rounds as well as to support inpatients to keep in touch with their family namely:
  - Utilising Microsoft Teams to support consultants to undertake remote ward rounds with patients.
  - Visionable App for inpatients to make secure and free video calls to relatives, carers and friends (Family Liaison) whilst visiting restrictions are in place.
  - My Perfect Ward has enabled staff to complete important clinical and quality audit inspections across all wards, chemotherapy and radiation service areas
  - Friends and Family Test Survey

## 2020/21 Developments (as part of Covid recovery plans)



- ✓ Introduction of SMS Text Reminder for appointments and Friends and Family Test Survey



- ✓ e-Consent for written patient consent to treatment



- ✓ Personal Health Record (PHR patient portal)



- ✓ 'Helping Hand' Patient Experience & Education system triage differentiated call for inpatients



- ✓ CCC is also participating in Cheshire and Merseyside Integrated Care System's rapid deployment of a population health management system for COVID-19. This will enable a regional shared data platform for COVID-19 response providing Combined Intelligence for Population Health (CIPHA). For all organisations, including CCC, this will support long term recovery, identify regional capacity and support mutual aid by linking NHS, social care and care homes. The platform will support capacity, demand and population stratification.





# Communications Team



Issued **84** COVID-19 Bulletins to all staff since 12<sup>th</sup> March 2020



Issued **14** video updates for staff from Chief Executive Liz Bishop, as well videos from Director of Nursing, Sheila Lloyd and Chief AHP, Linda Williams



Created **5** dedicated patient information videos



Produced **20+** varying patient information assets including posters, TV screen creatives, social media posts, letter inserts



Reached **102,400+** people on Facebook with video content alone created about coronavirus



Secured press coverage surrounding cancer care during the pandemic

**locally, regionally and nationally** including:

Sunday Times, Sky News, Channel 4, Channel 5, The Independent, BBC Radio 4, BBC North West Tonight (multiple times), ITV Granada Reports (multiple times), BBC Radio Merseyside (multiple times) and of course - Liverpool Echo & Wirral Globe.

# The Clatterbridge Cancer Charity



**4** – clinical studies part funded by the Charity into the effects of COVID-19 on cancer patients



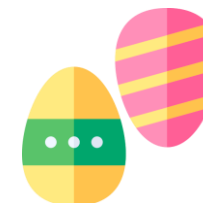
**3,500** – free hot meals provided for staff during weekend shifts



**3,000** – care packages provided for staff (two for each staff member)



**200** – memory boxes for bereaved families



**1,500** – Easter eggs provided for staff



**1,400** – branded t-shirts for staff and volunteers to support the move to CCC-L



**2,500** – items of clothing for staff to be worn as scrubs or for travelling to/from work



**910** – ID Badge reels to replace lanyards



**2,000** – laundry bags to ensure staff could separate workwear



**26** – digital thermometers for patients

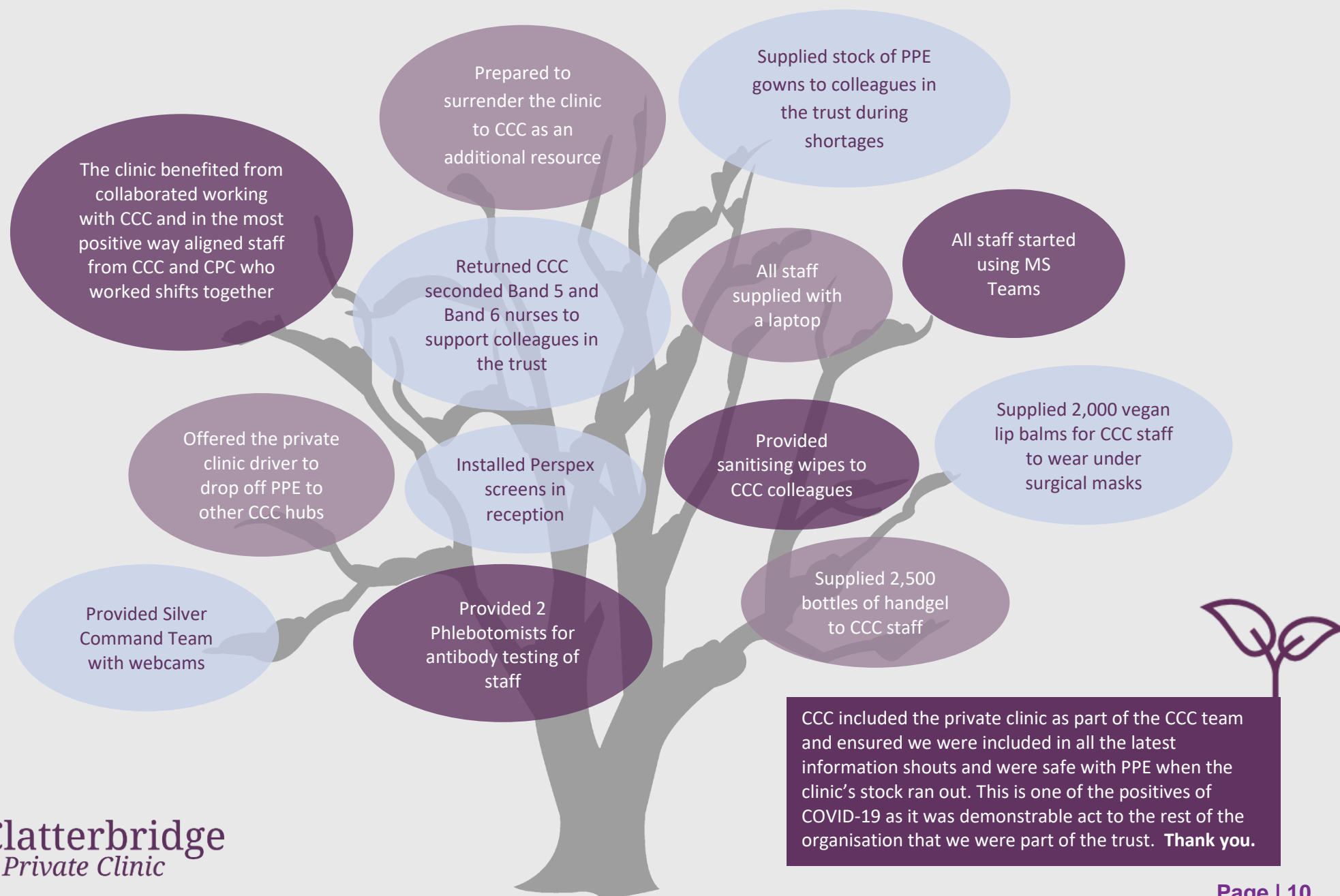


Food, drinks, treats and cleaning products were donated and distributed to the value of **£47,000**





# Clatterbridge Private Clinic – A Partnership Response



# SACT doorstep drops to help keep our patients safe



Up to 1,199 chemo home deliveries were made over three months at the peak of the outbreak, avoiding the need for patients to venture out and risk infection when their immune system was low.



The deliveries formed part of the COVID-19 friendly treatments introduced in response to the pandemic which have helped to ensure that 741 people could start treatment, with latest data showing referrals beginning to recover to pre-pandemic levels.



Our Trust has used NHS volunteers who have been going the extra mile ***to make over 900 deliveries across Merseyside as well as increasing the chemo at home service by 25% since the beginning of March.***

One of our patients has received her cancer treatment at home since March.

**She** said: “Before lockdown, I had been going to hospital every three weeks for my cancer treatment. I’m on targeted therapies that are delivered via a drip and the whole process took about six hours, including two to three hours travelling there and back.

“Now I have my treatment at home and I absolutely love it. The home treatment team from Clatterbridge have been fantastic and my treatment is done and dusted in a couple of hours. You build a really strong bond with the nurses because they can sit down and chat to you. It’s more personal and I feel much more relaxed because I’m in my own home. It has made a big difference.”

# PropCare Reponse



## Wirral & Aintree (CCC-W, CCC-A)

- Floor signage in all patient areas to 'keep left'
- Perspex screens on all reception areas
- Airport style barriers to enforce distancing from receptions
- Floor tape and signage to keep behind the line
- Lightweight screens for workstations
- Additional hand sanitisers
- Hand drier removal in toilets and hand towels added
- Lock down doors and additional access control to facilitate this, wards and external doors
- Additional call bell for Conway ward
- Replace service entrance doors for reliability/security
- Sanitation station added in the office



## Liverpool (CCC-L)

- Screens were placed on all reception areas and nurse stations
- The main receptions on each floor were fitted out with bespoke oak and toughened glass screens
- Nurse base stations have been equipped with Perspex screens, to ensure the safety of staff
- Signage for the lifts showing where people should stand when using them
- One way floor signage installed in OPD corridors
- General hospital corridors and stairs have floor signage requesting that 2 metre social distancing is observed and that people 'Keep to the Left'
- Social distancing floor signs at reception bases and the Café located in the Winter Garden
- Wash your hands stickers throughout the hospital
- Lightweight screens between desks in the office on the 7<sup>th</sup> floor
- Screens installed on the Ambulance lounge desk



**PropCare**

# Information & Support services

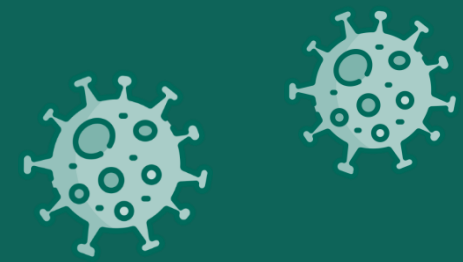
Information & Support services have taken information and 'headstrong' services up to patients on the ward when patients are unable to come down and have no family members able to visit or support them.

Macmillan has provided online COVID-19 support and information for both patients and healthcare professionals throughout the pandemic.

Information & Support services have reduced face-to-face consultations but have maintained consultations over the phone and via email - signposting where possible to additional online support.



# Quality Team Response



- 20 staff trained as mental health first aiders



- The safeguarding team, supported by Trust's psychological and mental health consultants, provided mental health support for staff and patients during COVID-19



- Frequent COVID-19 communications included in the bulletin regarding staff being alert for signs of abuse during lockdown and examples of domestic abuse helplines



- Roll out of iPads across inpatient wards to allow patients to be in contact with family members and loved ones who were unable to visit due to current restrictions



- Despite no visitor policy, we enabled patients with additional needs to be accompanied by family members to ensure safety at appointments/treatments



- Trust Mortality Programme have remotely since March 2020 and Phase 2 case selection changed to a peer review form and Phase 3 meetings were conducted via Microsoft Teams



- Clinical audit sub-committee continued to meet digitally via Microsoft Teams and attended Site Reference Groups to feedback on Audit & NICE Compliance



# Patient Safety Award



“I presented Tara who is a housekeeper from ISS on ward 2 with a patient safety certificate and badge for her care and attention to maintaining patient safety with a recent patient on ward 2 who she felt was at risk of choking on his food. She escalated her concern to the ward staff and was able to explain the different levels of food on offer for patients with eating difficulties. This is an excellent example of patient safety being everyone’s business”. **Jackie Rooney**



# Opening of CCC-L:

During the COVID-19 pandemic we opened our brand new state-of-the-art hospital which was the culmination of plans that were eight years in the making.

Clatterbridge Cancer Centre – Liverpool opened to inpatients on Saturday 27<sup>th</sup> June 2020 and to outpatients on Monday 29<sup>th</sup> June 2020. The 11-storey hospital in the heart of Liverpool will transform cancer care in a region that is one of the worst affected nationally by the disease.

Our new hospital delivers highly-specialist care including pioneering immunotherapy and the most advanced forms of radiotherapy to the 2.4 million people in Cheshire and Merseyside, and those in surrounding areas.

Part of a £162m investment in expanding and transforming cancer services across Cheshire and Merseyside the expansion of our services will ensure the NHS is well placed to meet the rising incidence of cancer as people live longer. In the immediate term, it will also support the NHS to resume normal clinical activity post-COVID-19 by providing protected facilities for people with cancer – many of whom are particularly at risk if they catch the virus – as well as releasing capacity in other hospitals in the region.

Dr Liz Bishop, Chief Executive, said: “We are tremendously excited about opening Clatterbridge Cancer Centre – Liverpool. It has been a huge labour of love and I would like to pay tribute to our staff, the Laing O’Rourke site team, our suppliers, subcontractors and all the partners who by working together have made this happen.”





## Staff receive surprise video message from The Prince of Wales:

On Saturday 27th June around 300 stopped for a short tea break when screens around the new hospital lit up for a very special Royal message from The Prince of Wales.

In a message lasting two-and-a-half minutes, His Royal Highness said: "I know that today is a momentous and very special occasion for everyone at the Clatterbridge Cancer Centre – Liverpool as you prepare to open the doors and welcome your first patients. On such a memorable day, I just wanted to express my huge appreciation for the extraordinary efforts you have made to open this pioneering facility, which will truly transform cancer care for generations to come."

Watch the full video [here](#).



## Famous faces send message of support:

To say congratulations to everyone who has played their part in transforming cancer care for the 2.4million people of Cheshire & Merseyside, a few familiar faces and supporters of The Clatterbridge Cancer Charity team got in touch with their own personal messages of appreciation...

Watch the video [here](#).



# Over two days...

All inpatients at CCC-W were transferred to CCC-L from CCC-W on the day by our North West Ambulance Service (NWAS) colleagues. Patients were moved in ambulance cars or ambulances, accompanied by a healthcare professional.

We set up a pop-up café in the Winter Garden (Level M3) and the honesty larder in the Staff Lounge on Level 2.

Radiology and Pre-treatment services (Level 0) opened with MRI, CT, x-ray, ultrasound and fluoroscopy. Planning CT was also provided on the PET/CT scanner.

Radiotherapy on Level M3 opened with two linacs commissioned to deliver radiotherapy.

The Day Ward (Ward 1 on Level 1) opened.

Physiotherapy, occupational therapy, dietetics, psychological support and other clinical therapies were also available when we opened.

The Cancer Information & Support Centre (Level M2), the Transport Lounge (Level M2) and the Clinical Interventions service (Level 1) also opened.

The new Research & Innovation Clinical Trials Laboratory and Biobank designed and equipped to support novel, complex research also opened.

Phlebotomy service opened.

Clinical Decisions Unit (CDU) on Level 2 opened.

Solid tumour inpatient wards (Wards 2 & 3) opened.

Research & Innovation began providing complex and novel clinical trial daycase treatments for solid tumour and haemato-oncology patients on this day.

PharmaC, our outpatient service counter on Level M1, opened to patients.

The chemotherapy unit on Level 6 fully opened.

Due to COVID-19, the vast majority of outpatient appointments were being taken place as phone and video consultations. Rooms in the south wing of Outpatients on Level M1 were used for telehealth clinics. Patients requiring a face-to-face consultation were seen in the north wing of Outpatients.