



### Report Cover Sheet

Report to:	CCC Trust Board	
Date of the Meeting:	29 <sup>th</sup> July 2020	
Agenda Item:	P1-115-20	
Title:	CCC Liverpool – Phase 2 progress report	
Report prepared by:	Fiona Jones – Managing Director, PropCare Tom Pharaoh – Associate Director of Strategy	
Executive Lead:	Liz Bishop – Chief Executive Officer	
Status of the Report:	Public	Private

Paper previously considered by:	-
Date & Decision:	-

Purpose of the Paper/Key Points for Discussion:	<p>Following the opening of CCC Liverpool on the weekend of 27<sup>th</sup> June this paper provides report on the progress of phase of the CCCL programme. It is the first version of a regular report that will be compiled until haemato-oncology inpatient services are transferred into the building in September 2020.</p> <p>It outlines:</p> <ul style="list-style-type: none"> <li>• The progress being made in the remaining work streams</li> <li>• The issues that are faced, and</li> <li>• The actions that are being undertaken</li> </ul>
---	---

Action Required:	Discuss	✓
	Approve	
	For Information/Noting	✓

Next steps required	
---------------------	--

*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		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	✓

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.

## CCCL Phase 2: Progress report 20<sup>th</sup> July 2020, version 4



### Contents

CCC Liverpool	1
Move planning	2
Conditions of the Northern England Clinical Senate	2
Digital services	3

Work stream	Lead	Update	RAG	Actions
<b>CCC Liverpool</b>				
<b>Ongoing commissioning</b>	Programme team	<ul style="list-style-type: none"> <li>• CCCL opened as planned on 27/06 but condensing of 12-week operational commissioning period into 4 weeks meant that some residual issues remained after opening</li> <li>• Access control system issues now largely resolved</li> <li>• Small amount of remaining furniture and equipment being delivered over the coming weeks, including clinical business lounge desking on 20/07</li> <li>• Ongoing management of provision of switchboard service by LUHFT following some initial teething problems</li> <li>• The unexpected contamination of mould found in pharmacy production unit at CCC-L has resulted in all production continuing place at CCC-W - currently working towards identifying the root cause of the contamination</li> <li>• FM services supported the move well and are now bedding down into BAU</li> </ul>	Green - amber	<ul style="list-style-type: none"> <li>• Ongoing monitoring of switchboard</li> <li>• To eradicate pharmacy contamination a 4-stage cleaning regimen is to be employed. Further microbiological tests will then need to be undertaken following the clean.</li> </ul>
<b>Major medical equipment</b>	Julie Massey	<ul style="list-style-type: none"> <li>• Change of schedule for transfer of linacs from CCCW to CCCL agreed</li> <li>• Reduced activity due to COVID-19 allows earlier transfers</li> <li>• One linac transfer took place on weekend of 11/07 as</li> </ul>	Green	<ul style="list-style-type: none"> <li>• Implementation of revised plan</li> </ul>

Work stream	Lead	Update	RAG	Actions
		<ul style="list-style-type: none"> <li>scheduled – will be clinical from 01/09 (possibly earlier)</li> <li>• Further linac transfer taking place earlier on weekend of 25/07 – will be clinical from 07/09</li> <li>• Final transfer then brought forward to 01/09 – clinical from November rather than December</li> </ul>		
<b>Legal agreements</b>	Trust, PropCare	<ul style="list-style-type: none"> <li>• Hill Dickinson preparing leases for PharmaC, apheresis, café, private patient unit. Land transfer needs to be completed before leases can be signed</li> <li>• Land transfer – process on treatment of land value determined centrally; LUHFT revisiting land transfer area as a result of revisions to the Royal campus development plan; will require agreement with CCC</li> <li>• Agreement on responsibility for management &amp; installation of link bridges; progress slow with LUHFT; tied to land transfer; cessation of CCCL LOR presence on site will require storage responsibility to transfer to LUHFT</li> </ul>	Amber	
<b>Services required from Royal</b>	Tom Pharaoh	<ul style="list-style-type: none"> <li>• Focus on agreement of service specifications underpinning SLA and readiness of LUHFT teams to deliver</li> <li>• Financial negotiations underway</li> <li>• Supporting joint standard operating procedures (SOPs) developed and communicated</li> <li>• Some issues with low awareness within LUHFT of the arrangements for support that have been put in place</li> </ul>	Green - amber	<ul style="list-style-type: none"> <li>• Ongoing twice-weekly calls with LUHFT team to monitor</li> <li>• Formal completion and sign-off of SLA</li> <li>• Development of process for ongoing management of SLA</li> </ul>
<b>Move planning</b>				
<b>Haemato-oncology inpatients</b>	Pauline Drane	<ul style="list-style-type: none"> <li>• Move date for H-O inpatients confirmed as September (due to dependency on critical care recruitment – see below)</li> <li>• Provisional date of Tuesday 15<sup>th</sup></li> <li>• Move plan developed – to be reviewed in light of lessons learned from solid tumour inpatient move</li> </ul>	Green - amber	<ul style="list-style-type: none"> <li>• Review and ongoing update move plan</li> <li>• Ensure that all equipment remains in place and that the area remains clear for move date</li> </ul>
<b>Conditions of the Northern England Clinical Senate</b>				
<b>Critical care support</b>	LUHFT	<ul style="list-style-type: none"> <li>• Senate condition on the HO inpatient move of sufficient critical care staffing in LUHFT to allow outreach support</li> </ul>	Green - amber	<ul style="list-style-type: none"> <li>• Ongoing monitoring of progress</li> </ul>

Work stream	Lead	Update	RAG	Actions
		<ul style="list-style-type: none"> <li>to CCCL</li> <li>• 1 locum consultant and 4 clinical fellows agreed</li> <li>• Recruitment by LUHFT underway</li> <li>• Regular calls with LUHFT senior team to monitor progress</li> </ul>		
<b>Transfer walkway</b>	Joan Spencer, PropCare	<ul style="list-style-type: none"> <li>• Greater need for critical care transfer in HO patients than solid tumour</li> <li>• Senate condition of enclosed transfer route to allow urgent transfer to critical care</li> <li>• Design and programme received and agreed</li> <li>• Partially retractable cover to allow fire road to remain unobstructed</li> <li>• Construction of walkway underway</li> <li>• Initial bed run planned for end July</li> <li>• Programmed for completion in mid-August</li> </ul>	Green - amber	<ul style="list-style-type: none"> <li>• Ongoing monitoring of progress</li> </ul>
<b>Transfer walkway testing</b>	Joan Spencer	<ul style="list-style-type: none"> <li>• Programmed for late August on completion of construction programme</li> <li>• Some testing and walkthroughs have taken place while walkway is developed</li> </ul>	Green - amber	
<b>Transfer procedure</b>	Mel Warwick	<ul style="list-style-type: none"> <li>• Transfer SOP in place that covers current state plus procedure for when walkway in place</li> <li>• Transfer equipment ordered – delivery awaited</li> </ul>	Green	

### Digital services

<b>Haemato-Oncology (H-O) On-Boarding Option 2</b> H-O to retain access to current systems/processes	Greg O'Mara	<ul style="list-style-type: none"> <li>• Pre-implementation tasks in progress for Phase 1B (DC &amp; OP) and 1C (IP) Training for 1B in progress.</li> <li>• Work underway to understand interim process challenges whilst service is working across two sites/EPR systems until IP is fully onboarded.</li> <li>• Full H-O On-Boarding to be completed September 2020</li> </ul>	Amber	<ul style="list-style-type: none"> <li>• Decision required on Go/No Go for DC &amp; OP to ensure safe and optimal processes until IP are on-boarded</li> </ul>
<b>LUHFT Integration</b> To ensure interoperability plans for clinical data sharing are in place for Safe Day 1	Greg O'Mara	<ul style="list-style-type: none"> <li>• Working with LUHFT IT to provide integrated access to LUHFT systems, in patient context, from the CCC MEDITECH system.</li> <li>• Technical configuration in progress with LUHFT and MEDITECH</li> </ul>	Green - amber	<ul style="list-style-type: none"> <li>• Agree testing schedule with LUHFT and MEDITECH</li> </ul>
<b>Self-Check-In Kiosks</b>	Jeni Bradshaw	<ul style="list-style-type: none"> <li>• Implementation of Patient Calling at CCC-L complete -</li> </ul>	Green	<ul style="list-style-type: none"> <li>• Go live to commence w/c 03.08.20</li> </ul>

Work stream	Lead	Update	RAG	Actions
To implement self-check in and patient calling software and hardware at CCC-W and CCC-L		<ul style="list-style-type: none"> <li>over 480 patients called successfully in first week.</li> <li>Self-Check-In Kiosk hardware installation complete. Go live to commence w/c 03.08.20</li> <li>Training to support a volunteer led process in place.</li> </ul>		
<b>Optimisation of Infrastructure</b> To optimise the CCC-L network to ensure it provides effective, seamless access to systems	James Crowther	<ul style="list-style-type: none"> <li>With a short commissioning time, technical challenges were anticipated and we continue to work on getting to a position of optimal performance at CCC-L.</li> <li>WI FI: We are working to ensure Wi-Fi connectivity is optimised. A post implementation Wi-Fi survey has been now been completed and received. Work is underway to eliminate any blackspots which are largely in the stairwells of the building. In addition, a firmware bug had been identified within the software supporting Wi-Fi connectivity. The team has been working to eliminate this with two associated third party suppliers. A change has been made on 20th July to make the platform more stable while the planned optimisation commences.</li> <li>Wi-Fi Calling: Staff devices connect to Wi-Fi calling. To support staff personal devices, we are working on a solution to make mobile phone Wi-Fi calling easier for staff by connecting them to a purpose-built staff Wi-Fi network. The new dedicated network will be launched by the end of July.</li> <li>Access to Services: MS Teams/Email: We are working to ensure connectivity to services such as MS Teams and Email is optimised. A further change to the Health and Care Social Care Network (HSCN) has been made on 20th July 2020 which will be monitored to ensure it has a positive impact delivery of MS Teams and Email.</li> <li>HO Access to Royal Services: Further network configuration has been completed to provide effective access to LUHFT systems to support the interim H-O service model. This remains stable and performing.</li> </ul>	Green - amber	<ul style="list-style-type: none"> <li>Complete installation of webcams/speakers to support agile working</li> <li>Configure purpose built Wi-Fi network to support mobile phone connectivity</li> </ul>
<b>Desktop Relocation / New Equipment</b> To ensure all departments		<ul style="list-style-type: none"> <li>Agile Working: Further webcams and speakers have arrived and are being installed across CCC-L to support remote/agile working</li> </ul>	Green	

Work stream	Lead	Update	RAG	Actions
and staff have the required IT equipment to perform their roles in CCC-L		<ul style="list-style-type: none"> <li>• CCC-L floor 4 &amp; 5 kit installation to commence once timescales are agreed with PropCare.</li> <li>• Further floorwalker support to be scheduled accordingly.</li> </ul>		
<b>Attend Anywhere Video Consultations</b> Implement regional Attend Anywhere solution to support video consultation provision	Jeni Bradshaw	<ul style="list-style-type: none"> <li>• Rapid rollout in progress - 100+ clinicians trained</li> <li>• All new patients to be offered video consultation as default appointment method from 01.08.20</li> <li>• Installation of webcams/speakers in CCC-L OP in progress</li> </ul>	Green	<ul style="list-style-type: none"> <li>• Administrative Services to complete appointment type changes</li> </ul>