



## Report Cover Sheet

Report to:	CCC Trust Board	
Date of the Meeting:	30 <sup>th</sup> September 2020	
Agenda Item:	P1-139-20	
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 2 of the CCCL programme. It is a regular report that has been compiled weekly in the lead up to the transfer of haemato-oncology inpatient services into the building on 15<sup>th</sup> 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> <p>At its meeting on 22<sup>nd</sup> September 2020 the CCCL Programme Board agreed that this should be the final edition of the progress report and that the Programme Board itself would cease to meet. The progress of any work in this report that is not yet concluded will now be overseen by the monthly Trust Executive Group.</p>
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Action Required:	Discuss	✓
	Approve	
	For Information/Noting	✓

Next steps required	
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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</b>	
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		patient <b>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>	✓

*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

22<sup>nd</sup> September 2020, version 4

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Work stream	Lead	Update	RAG	Actions
CCC Liverpool				
Ongoing commissioning	Programme team	<ul style="list-style-type: none"> <li>• H-O inpatients transferred to building on 15<sup>th</sup> September as planned</li> <li>• Café works underway and due to complete mid-October</li> <li>• Vinci have appointed contractor for 'library' works and due to start w/c 28<sup>th</sup> September</li> <li>• Investigative work and close monitoring continues on pharmacy air handling units to fully clarify interdependencies between building systems</li> <li>• PPU work – final costs received - instruction will be issued to Vinci to undertake work delivered through PPU's chosen subcontractor</li> </ul>	Green - amber	
Major medical equipment	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 scheduled – clinical from 24/08/20</li> <li>• Second linac transfer took place earlier on weekend of 25/07 – clinical from 07/09</li> <li>• Final transfer underway and will be clinical from early November</li> </ul>	Green	
Legal agreements	Trust, PropCare	<ul style="list-style-type: none"> <li>• Tenancy at will agreement drafted in order to provide a basis of apheresis occupation prior to land transfer – being considered by NHSBT. Operating arrangements</li> </ul>	Amber	

Work stream	Lead	Update	RAG	Actions
		<p>in place to ensure patients receive support needed.</p> <ul style="list-style-type: none"> <li>• Blackburne House; lease chased and BH have responded to confirm they are dealing with it</li> <li>• Land Transfer – date agreed for Board to Board discussion – 6<sup>th</sup> October.</li> </ul>		
<b>Services required from Royal: SLAs and development of SOPs</b>	Tom Pharaoh / Mel Warwick	<ul style="list-style-type: none"> <li>• Focus has been on agreement of service specifications underpinning SLA &amp; readiness of LUHFT to deliver</li> <li>• Financial negotiations are continuing</li> <li>• Supporting joint standard operating procedures (SOPs) developed and communicated</li> <li>• Some issues with low awareness within LUHFT and CCC of the arrangements for support that have been put in place</li> <li>• SLAs and SOPs remain under discussion for radiology, nutritional team, and transfusion support service</li> <li>• Switchboard service continues to be monitored via working group</li> <li>• Transfer of BAU operational management of SLAs/SOPs to be agreed</li> <li>• SLAs &amp; SOPs to support the transfer of H-O inpatient services were prioritised to ensure agreement &amp; sign-off before 15th September</li> </ul>	Green - amber	<ul style="list-style-type: none"> <li>• Ongoing weekly calls with LUHFT team to monitor and progress SLAs still under discussion</li> <li>• Formal completion and sign-off of SLA including financial agreement</li> <li>• Development of process for handover and ongoing management of SLA / SOPs</li> <li>• Continue to communicate arrangements and SOPs in place with LUHFT to clinical &amp; operational teams and individual staff groups</li> </ul>
<b>Laboratory services (LCL)</b>	Mel Warwick	<ul style="list-style-type: none"> <li>• Blood fridge &amp; incubator delivered and located in the blood room on floor 1 (day case)</li> <li>• Temperature monitoring system to be installed w/c 7<sup>th</sup> September (Monika) – coordinated by LCL.</li> <li>• Finance agreed for the purchase of the blood 360 kiosk (MSoft system) for the monitoring, traceability and fating of blood / blood products.</li> <li>• Order raised via LUHFT for blood 360 kiosk.</li> <li>• LCL staff will be based in CCCL from w/c 21<sup>st</sup> Sept, to facilitate the preparation of samples</li> <li>• LCL paper on the revised options for the near patient processing facility in CCCL discussed at Clinical and Operational Group (16.09.20). A fourth option of transferring a Sysmex analyser from AUH to CCCL will be pursued</li> </ul>	Green - amber	<ul style="list-style-type: none"> <li>• Arrange commissioning of the blood fridge with LCL</li> <li>• Confirm installation date of blood 360 kiosk.</li> <li>• To pursue the transfer of a Sysmex analyser from AUH site to CCCL for FBC analysis on site</li> </ul>

## Move planning

Work stream	Lead	Update	RAG	Actions
Haemato-oncology inpatients	Pauline Drane	<ul style="list-style-type: none"> <li>• Inpatient move took place successfully on 15<sup>th</sup> September</li> <li>• Total of 16 patients transferred in four waves using transfer walkway</li> <li>• Support received for inpatient move from NWS, ISS (porters and security), Harrow Green (removals)</li> </ul>	Green	
Conditions of the Northern England Clinical Senate				
Critical care support	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 to CCCL</li> <li>• 1 locum consultant and 4 clinical fellows agreed</li> <li>• Recruitment by LUHFT underway – 4 clinical fellows now appointed</li> <li>• Regular calls with LUHFT senior team to monitor progress</li> <li>• Additional CC monitoring equipment (Draegar monitor) for stabilisation bay installed. Equipment/consumables for difficult airway trolley/arterial line trolley ordered.</li> <li>• SOP developed for the monitoring/checking of equipment/consumables/drugs required for the stabilisation bay and approved at COG 16.09.20</li> <li>• Step-up bed 6 confirmed as location for the stabilisation bay and storage of emergency transfer equipment</li> <li>• Final review of Clinical Senate recommendations and supporting evidence undertaken at COG on 09.09.20 and at the CCC Exec team meeting / LUHFT QAR meeting on the 10.09.20</li> </ul>	Green	<ul style="list-style-type: none"> <li>• Continue weekly calls with LUHFT senior team.</li> <li>• Finalise response to send to the Northern England Clinical Senate (including supporting evidence)</li> </ul>
Transfer walkway	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>• Construction of walkway complete</li> <li>• Training for CCC/LUHFT security teams on operation of retractable cover has taken place</li> <li>• SOP developed for the use/management of the walkway for the transfer of patients.</li> <li>• 2<sup>nd</sup> simulated ITU “bed run” took place on Monday 7<sup>th</sup> September and issues highlighted quickly addressed</li> </ul>	Green	<ul style="list-style-type: none"> <li>• Ongoing monitoring of simulation action log to ensure all actions are completed.</li> </ul>

Work stream	Lead	Update	RAG	Actions
		Action log from simulation exercise under review and outstanding actions chased. • Transfer walkway route used for HO inpatient transfer on 15 <sup>th</sup> September		
Transfer procedure	Mel Warwick	• Transfer SOP in place – jointly developed between CCC and LUHFT	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	• DC/OP - MEDITECH Clinical Documentation commenced 15/09 (ordering and results are remaining on ICE as agreed by HO. MEDITECH ordering and results go live date to be confirmed following completion of MEDITECH infrastructure upgrade) • IP MEDITECH On-Boarding – Go/No Go decision to be taken with LUHFT 1/10 (pending sign off of integration work - see below). If 'Go' decision, go live to be scheduled w/c 5/10	Green - Amber	• DC/OP ordering and results pending delivery of requisition stationery (ordered by HO).
<b>LUHFT Integration</b> To ensure interoperability plans for clinical data sharing are in place for Safe Day 1	Greg O'Mara	• MEDITECH Mobile Rounding now live - access to CCC system from LUHFT. Further work planned with LUHFT IT to communicate changes to LUHFT clinical teams. • Next phase of work commenced to provide integrated access to LUHFT systems, in patient context, from the CCC MEDITECH system. • LUHFT IT Lead to provide update on preferred referral process • LUHFT Critical Care MEDITECH training in progress	Green - amber	• Joint IT Action Plan in development with LUHFT IT • Pending decision from LUHFT on preferred solid tumour referral process (e.g. ICE)
<b>Self-Check-In Kiosks</b> To implement self-check in and patient calling software and hardware at CCC-W and CCC-L	Jeni Bradshaw	• Self-Check-In Kiosks now live in CCC-L, supported by volunteer workforce.	Complete	
<b>Optimisation of Infrastructure</b> To optimise the CCC-L network to ensure it provides effective, seamless access to systems	James Crowther	• 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. Performance of systems are stable – continuing to monitor and address per business as usual. Further larger optimisation requirements picked up in programme • Wi-Fi: Performance of wireless is stable. An additional	Green - amber	• Configure purpose built Wi-Fi network to support mobile phone connectivity

Work stream	Lead	Update	RAG	Actions
		<p>site survey is ready to be scheduled</p> <ul style="list-style-type: none"> <li>• Wi-Fi Calling/Cellular Signal: Order placed to provide mobile signal improvements on M3, M2, M1, 00. Install scheduled for 5th October</li> <li>• Access to Services: Performance has improved, however we still are monitoring degradation in video streams at busy periods. Optimisation of network routing scheduled to take place in next phase (CCC-W) to address this.</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.</li> <li>• Working closely with MDT coordinators and clinicians to help understand and facilitate optimal MDT experience for attendees. Training has been taking place with MDT coordinators on boardroom and collaboration room equipment. Interop date of WebEx to MS Teams still to be confirmed by NHS Digital</li> <li>• Planning the final stages of the Meditech and corporate infrastructure upgrade to improve performance, reliability and resilience. A date of 23rd September has now been confirmed with a downtime window of 7pm-7am. Digital team is working closely with BCP leads to ensure organisational readiness for downtime. Deputy General Managers will sign off the BCP plans for directorates. Department BCP planning is being monitored via Daily Tactical (silver) command meetings.</li> <li>• Telephony system upgrade 90% complete. Estimated completion is planned for end of October, but are currently facing resource challenges with network specialists. Resolution to support is underway.</li> </ul>		
<b>Desktop Relocation / New Equipment</b> To ensure all departments 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 and testing is now complete</li> <li>• Enhanced digital operational support provided</li> </ul>	Complete	
<b>Attend Anywhere Video Consultations</b>	Jeni Bradshaw	<ul style="list-style-type: none"> <li>• Rapid rollout in progress - 100+ clinicians trained. Remaining consultants not trained escalated via</li> </ul>	Complete	

Work stream	Lead	Update	RAG	Actions
Implement regional Attend Anywhere solution to support video consultation provision		General Managers. <ul style="list-style-type: none"> <li>• All new patients now offered video consultation as default appointment method.</li> </ul>		
<b>Dentistry Service</b> Provision of MEDITECH access to support new Dentistry SLA with LUHFT	Bev Talbott	<ul style="list-style-type: none"> <li>• Service go live complete</li> <li>• Access to MEDITECH tested and agreed with LUHFT IT Team. Provision of additional printer to support Dentistry paper case-notes in progress.</li> <li>• Positive feedback from LUHFT Dentistry Manager</li> </ul>	Complete	