Liverpool Women's
NHS Foundation Trust

LIVERPOOL WOMEN'S NHS FOUNDATION TRUST

Extraordinary Board of Directors Meeting

PUBLIC

18 June 2020

Extraordinary Meeting of the Board of Directors
HELD IN PUBLIC
Thursday 18 June 2020 at 14.00
VIRTUAL MEETING

Item no. 2020/ 21/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
073	Apologies for absence Declarations of interest	Receive apologies	Verbal	Chair	1400 (5 mins)
074	Meeting guidance notes	To receive the meeting attendees' guidance notes	Written	Chair	
TO DEVELOP A WELL LED, CAPABLE AND MOTIVATED WORKFORCE; TO DELIVER SAFE SERVICES; TO DELIVER THE BEST POSSIBLE EXPERIENCE FOR OUR PATIENTS AND OUR STAFF					
075	Covid-19 Pandemic – Trust Infection Prevention & Control Response	To receive the report for assurance	Written report	Chief Executive	1405 (40 mins)
076	Update on Covid-19 related Equality Issues	To receive the report for assurance	Written report	Chief People Officer	1445 (25 mins)
077	Safeguarding Service Provisions during Covid-19	To receive the report for assurance	Written report	Interim Director of Nursing & Midwifery	1510 (15 mins)
HOUSEKEEPING					
078	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	1530 Meeting ends

Date of next meeting open to the public
2 July 2020

Liverpool Women's

Meeting attendees' guidance using Microsoft Teams

Under the direction and guidance of the Chair, all members are responsible for ensuring that the meeting achieves its duties and runs effectively and smoothly.

Before the meeting

- Prepare for the meeting in good time by reviewing all reports
- Submit any reports scheduled for consideration at least 8 days before the meeting to the meeting administrator
- Ensure your apologies are sent if you are unable to attend and *arrange for a suitable deputy to attend in your absence
- Notify the Chair in advance of the meeting if you wish to raise a matter of any other business

*some members may send a nominated representative who is sufficiently senior and has the authority to make decisions. Refer to the terms of reference for the committee/subcommittee to check whether or not this is allowable

Microsoft Teams

- Arrive in good time to set up your laptop/tablet for the virtual meeting
- Switch mobile phone to silent
- Find the appointment and open
    - If you have been sent the appointment as a diary invite click on Calendar on the left hand column. Open appointment and click join.
      Alternatively click on the link within the emailed diary appointment 'Join Microsoft teams'
    - If you have been asked to join an **existing** TEAM then please open Microsoft Teams, Click on Teams on the left hand column. Click on the relevant team you want to open, then click on Meet Now.
- Four screens (participants) can be viewed at one time. Those speaking will be viewable automatically.
- Click Show Participants to see who has joined the call as only 4 screens can be viewed at one time.
- Mute your screen unless you need to speak to prevent background noise
    - Only the Chair and the person(s) presenting the paper should be unmuted
    - Remember to unmute when you wish to speak
- Show conversation: open this at start of the meeting.
    - This function should be used to communicate with the Chair and flag if you wish to make comment
- Open files within Microsoft teams
    - Within your team, click on Files – top of the page.
- Use headphones if preferred
- Camera on option
- Screen sharing
    - If you wish to share a live document from your desktop click on share and identify which open document you would like others to view
- Use multi electronic devices to support teams.
    - You might find using both mobile and laptops is useful. One for Microsoft teams and one for viewing papers

At the meeting

- Focus on the meeting at hand and not the next activity
- Actively and constructively participate in the discussions
- Think about what you want to say before you speak; explain your ideas clearly and concisely and summarise if necessary
- Make sure your contributions are relevant and appropriate
- Respect the contributions of other members of the group and do not speak across others
- Ensure you understand the decisions, actions, ideas and issues agreed and to whom responsibility for them is allocated
- Do not use the meeting to highlight issues that are not on the agenda that you have not briefed the chair as AoB prior to the meeting
- Re-group promptly after any breaks
- Take account of the Chair's health, safety and fire announcements (fire exits, fire alarm testing, etc)
- Consent agenda items, taken as read by members and the minutes will reflect recommendations from the paper. Comments can still be made on the papers if required.

Attendance

- Members are expected to attend at least 75% of all meetings held each year

After the meeting

- Follow up on actions as soon as practicably possible
- Inform colleagues appropriately of the issues discussed

Standards & Obligations

1. All documentation will be prepared using the standard Trust templates. A named person will oversee the administrative arrangements for each meeting
2. Agenda and reports will be issued 7 days before the meeting
3. An action schedule will be prepared and circulated to all members 5 days after the meeting
4. The draft minutes will be available at the next meeting
5. Chair and members are also responsible for the committee/ subcommittee's compliance with relevant legislation and Trust policies
6. It is essential that meetings are chaired with an open and engaging ethos, where challenge is respectful but welcomed
7. Where consensus on key decisions and actions cannot be reached this should be noted in the minutes, indicating clearly the positions of members agreeing and disagreeing – the minute should be sufficiently recorded for audit purposes should there need to be a requirement to review the minutes at any point in the future, thereby safeguarding organisational memory of key decisions
8. Committee members have a collective duty of candour to be open and honest both in their discussions and contributions and in proactively at the start of any meeting declaring any known or perceived conflicts of interest to the chair of the committee
9. Where a member of the committee perceives another member of the committee to have a conflict of interest, this should be discussed with the chair prior to the meeting
10. Where a member of the committee perceives that the chair of the committee has a conflict of interest this should be discussed with the Trust Board Secretary
11. Where a member(s) of a committee has repeatedly raised a concern via AoB and subsequently as an agenda item, but without their concerns being adequately addressed the member(s) should give consideration to employing the Whistle Blowing Policy
12. Where a member(s) of a committee has exhausted all possible routes to resolve their concerns consideration should be given (which is included in the Whistle Blowing Policy) to contact the Senior Independent Director to discuss any high level residual concerns. Given the authority of the SID it would be inappropriate to escalate a non risk assessed issue or a risk assessed issue with a score of less than 15
13. Towards the end of the meeting, agendas should carry a standing item that requires members to collectively identify new risks to the organisation – it is the responsibility of the chair of the committee to ensure, follow agreement from the committee members, these risks are documented on the relevant risk register and scored appropriately

Speak well of NHS services and the organisation you work for and speak up when you have Concerns

Page 129 Handbook to the NHS Constitution 26th March 2013

Liverpool Women's NHS Foundation Trust

	Agenda Item
MEETING	**Trust Board**
PAPER/REPORT TITLE:	**Covid-19 Pandemic – Trust Infection Prevention & Control Response**
DATE OF MEETING:	Thursday, 18 June 2020
ACTION REQUIRED	**Assurance**
EXECUTIVE DIRECTOR:	Kathy Thomson, Chief Executive
AUTHOR(S):	Mark Grimshaw, Trust Secretary
STRATEGIC OBJECTIVES:	***Which Objective(s)?***
	1. To develop a well led, capable, motivated and entrepreneurial *workforce* ☒
	2. To be ambitious and *efficient* and make the best use of available resource ☒
	3. To deliver *safe* services ☒
	4. To participate in high quality research and to deliver the most *effective* Outcomes ☒
	5. To deliver the best possible *experience* for patients and staff ☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?***
	1. *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust*..... ☐
	2. *Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care.* ..... ☐
	3. *The Trust is not financially sustainable beyond the current financial year*..... ☐
	4. *Failure to deliver the annual financial plan* ..... ☐
	5. *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision* ..... ☐
	6. *Ineffective understanding and learning following significant events*..... ☒
	7. *Inability to achieve and maintain regulatory compliance, performance and assurance*..... ☒
	8. *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016)* ..... ☐
CQC DOMAIN	***Which Domain?***
	SAFE- *People are protected from abuse and harm* ☒
	EFFECTIVE *- people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.* ☒
	CARING *- the service(s) involves and treats people with compassion, kindness, dignity and respect.* ☒
	RESPONSIVE – *the services meet people's needs.* ☒
	WELL-LED *- the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care,* ☒

	supports learning and innovation, and promotes an open and fair culture. ***ALL DOMAINS*** ☐	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution ☐ **2.** Operational Plan ☐ **3.** NHS Compliance ☒	**4.** NHS Constitution ☒ **5.** Equality and Diversity ☒ ***6.*** Other: **Click here to enter text.**
FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	***The Board is asked to note the assurances provided in the report and provide a view on the Trust's IPC response to the Covid-19 pandemic.***	
PREVIOUSLY CONSIDERED BY:	**Committee name**	Not Applicable Or type here if not on list: ***Click here to enter text.***
	Date of meeting	***Click here to enter a date.***

Executive Summary

Covid-19 is the first global health pandemic in over ten years and is the most severe episode in the history of the NHS, with deaths exceeding those from the previous pandemics. Absolutely fundamental to the efforts to protect people and begin to return life to a sense of normality is effective infection prevention and control (IPC).

The report outlines the Trust's IPC response during phases one (delay and contain), two (re-start of all urgent services) and the proposed response to phase three (recovery) and asks the Board to consider the assurances provided and whether any modification in approach is required as the Trust continues into the 'recovery' phase and beyond. The report states the Trust's commitment to containing hospital acquired infections and keeping our hospital sites free of Covid-19.

Report

1. Introduction

Covid-19 is the first global health pandemic in over ten years and is the most severe episode in the history of the NHS, with deaths exceeding those from the previous pandemics. The pandemic has created challenges in all aspects of life and has resulted in an unprecedented socio-economic response. Absolutely fundamental to the efforts to protect people and begin to return life to a sense of normality is effective infection prevention and control (IPC).

The initial phase in the response to the pandemic was to delay and contain whilst building capacity for any potential surges. The challenge now facing the NHS as it begins the next phase of its response to the outbreak is to maintain the capacity to provide high quality services for patients with Covid-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery. Local healthcare systems and individual providers have already started planning for this. A key objective in executing these plans will be to minimise the transmission of Covid-19 infection within hospitals, also referred to as hospital-onset infection or nosocomial transmission.

This paper therefore serves two purposes. Firstly, it provides an opportunity to reflect on the IPC response undertaken by the Trust to date and to outline key assurances and lessons learned. Secondly, the paper outlines the key IPC challenges in the immediate and longer term and views are invited from the Board on whether the Trust needs to modify its approach to ensure effective on-going IPC. It is recognised that Covid-19 will pose an IPC challenge for the Trust on an on-going basis and therefore the paper will also outline how the organisation has been involved in the research agenda in response to the pandemic.

2. Key Issues

Governance

A key challenge since the beginning of the outbreak has been the collation and socialisation of a significant amount of information and guidance from various sources, not only around IPC but on other factors relating to the Covid-19 response. Requests have also been made of the Trust to provide information to local, regional and national systems. The Board has been keen to ensure that a robust governance structure has been implemented which is intended to ensure that there is a co-ordinated response to information being received and that is sufficiently agile for timely yet robust decision-making. The frequency of meetings has been flexed as the pandemic has progressed and a key meeting for the co-ordination of the Trust's response has been the Oversight and Scrutiny Group that is accountable to the Executive Team and information from which provides assurance to the Board Committees.

The primary purpose of the Covid-19 Oversight & Scrutiny Group is to provide a rapid response to decision making on all patient, staff, safety, operational and strategic matters related to the Trust's response to the Covid-19 pandemic. The Group provides robust holding to account arrangements regarding Covid-19 decision making through active monitoring of key performance data and ensuring that rapid responses to the changing environment are enacted. The Director of Infection Prevention and Control is a member of the group and IPC is a standing item on the agenda.

What follows is an outline of the Trust's IPC response from the beginning of the outbreak, grouped in the various 'phases' as described by government guidance. Where actions were taken at a specific service level, these have been identified. Also outlined will be instances in which trusts were advised to stop or pause various reporting requirements and what the Trust response to this was.

Phase 1 – Initial Response

The NHS declared a Level 4 National Incident on 30 January 2020 and on 17 March 2020 all trusts received a letter from NHS Improvement and NHS England (NHSI/E) that announced additional measures to seek to reduce the spread across the country. This involved the following steps for the NHS:

- Free-up the maximum possible inpatient and critical care capacity.
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support.
- Support staff, and maximise their availability.
- Play our part in the wider population measures newly announced by Government.
- Stress-test operational readiness.
- Remove routine burdens, so as to facilitate the above.

A number of IPC related actions taken by the Trust during this initial phase involved reducing face-to-face interactions for both staff, patients and visitors and ensuring that adequate PPE equipment was in place (with staff trained).

All face-to-face meetings (including Board and Committee meetings) were re-arranged to be held virtually utilising Microsoft Teams.

The Trust has put into place a Standard Operating Procedure for RIDDOR reporting of Covid-19 related harm due to work. This met a requirement as set out by the Health and Safety Executive (HSE).

In line with lockdown measures, the Trust also encouraged staff wherever appropriate to work from home. Further information on the Trust's approach to home working can be found in appendix 2.

Specific actions are noted below:

Action taken by the Trust	Derived from national mandate or guidance?	Was there a timescale?	Did the Trust meet the timescale and if not, was there any harm identified?	Communications approach (if applicable)	Any identified lessons learned
Change in the clinical management of gynae-oncology patients in response to Covid-19 from 17.03.2020	Yes – NHSI/E letter (17.03.2020)	Yes – 15 April 2020	Yes	External - All patients undergoing procedures were informed of the shielding requirements by letter, and received a text reminder 14/7/1 day prior to admission reminding them if they became symptomatic to call admissions number and inform team. Email sent from cancer lead to all unit leads across C&M and alliance sharing triage document embedded.	
Introduction of MVA's (Manual Vacuum Aspiration) to reduce requirements to undertake surgical TOP's in theatre 23/03/2020. Virtual clinics taking place where possible to reduce face to face interactions from 23.03.2020.	Yes – NHSI/E letter (17.03.2020)	Yes – 15 April 2020	Yes	MVA business case and Standard Operating procedure (SOP) was submitted to the Clinical Advisory Group (CAG) and Operations and Oversight following approval at Divisional Board.	DNAs (Did not attend) reduced generally with the use of Virtual Clinics.
Amendment made to the abortion act enabling patient to take medication at home. The Trust commenced utilising postal medication following approval of embedded SOP at CAG and divisional Board.	The Abortion Act 1967 - Approval of a Class of Places 30/03/2020	N/A	N/A		
General Direction released by Human Fertilisation and Embryology Authority (HFEA) regarding Covid-19 treatment strategy. The General Direction required all licensed clinics to put in place a Covid-19 Treatment Strategy for submission to them stipulating cessation of all provision except fertility preservation.	General Direction 0014 23/03/2020	Yes	Yes Hewitt strategy was submitted by 25/03/2020 as directed.	Internal - strategy response was presented at Covid-19 operations and oversight meeting following agreement at CAG and Divisional Board. External - Regularly reviewed with Head of Communications to ensure patient cohort receiving most up to date news and messaging.	

Routine Maternity Face to Face clinic appointments reduced.	Yes – NHSI/E letter (17.03.2020)	Yes – 15 April 2020	Yes	All referrals continue to be reviewed clinically, with all women reviewed in accordance with RCOG. Appointments/Multi-Disciplinary Teams (MDT) appointments are offered via Virtual/Telephone or Face to Face as clinically indicated. Telephone conversations not used for under 16-year olds. Any woman with a disability has a risk assessment during a telephone conversation and a face to face appointment provided.	
Wearing of masks – SOP for Use of Masks in Neonatal Intensive Care (NICU). Following discussion, it was agreed (with DIPC) that NICU was a low risk area and masks were not required.	No	N/A	N/A		The use of masks can reduce the effectiveness of good hand hygiene and needs to be monitored closely.
Visiting restricted to one parent per day in NICU.	Yes – NHSE Visiting Guidance	Yes	Yes	Letters/ Face to face with families	The fundamental part of the NICU core business is not only the care of the baby but the inclusion of parents in that care and the care of their mental health and well-being.
Symptomatic Staff Testing in high risk groups and/or household index case commenced 4 April 20 (guidance issued on 2 April 2020) subsequently extended to include all staff. Trust established on-site swabbing service	NHSI/E NWICC	Yes	Yes	Daily Communication Briefings for Staff.	
Requirement to test patients being discharged from hospital to a care home.	New requirement to test patients being discharged from hospital to a care home 17/04/2020	Yes	Yes - Prior to document release, all in-patients were being swabbed regardless of admission route (GED, LUFT - Mutual Aid, Oncology Pathways) therefore requirements of documents met prior to publication	N/A	

Lockdown commenced. Staff who could work from home supported to work from home.	Yes – NHSI/E letter (17.03.2020)	Yes – 15 April 2020	Yes	Daily Communication Briefings for Staff.	Promotion of health & wellbeing initiatives vital. Importance of identifying potentially vulnerable staff made clear to managers with guidance provided on how support cab be provided.
Shielding – members of staff who received shielding letters were supported to work from home where possible or placed on Covid-19 special leave (commenced 19 March 2020) Members of staff who did not receive shielding letters but considered themselves to be extremely vulnerable, or a member of their household to be extremely vulnerable, risk assessed by line manager and supported to WFH if possible or placed on Covid-19 special leave Vulnerable staff members (including those falling with HMG definition) risk assessed and moved to different duties, wfh, or placed on Covid-19 special leave Pregnant workers risk assessed in accordance with RCOG guidance issued on 26 March 2020; BAME specific individual risk assessments commenced on 30 March 2020	As noted.	Yes	Yes	Daily Communication Briefings for Staff.	
Appropriate use of PPE	Various	Yes	Yes	PPE Intranet page updated on a regular basis and daily staff communications also utilised. Posters and information on PPE are displayed in all clinical areas. All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff	All patients are treated as COVID positive which impacts on time as staff DON and DOFF PPE.
Following notification for North West Ambulance Service (NWAS) on 10th April 2020, women who had chosen to birth at home were contacted to discuss the risk due to potential significant delays if an emergency transfer was required. The information discussed to enable women to decide if they wish to change their choice of	No	N/A	N/A	As noted in the 'action' column	

place of birth to the MLU. If agreed the place of birth was transferred to the MLU "If a woman wished to transfer her choice of place of birth to the MLU. The offer of a home assessment if clinically indicated was offered to ensure the woman only attended the hospital when in established labour. Continuity of carer was maintained as the woman was supported during labour and birth on the MLU by the homebirth midwives. If the woman wished to continue with a homebirth this is supported by the homebirth midwives"					

At the start of the outbreak, changes were made to the recording and submitting of performance data. This mainly came from an instruction from NHSI/E (letter dated 28 March 2020) to reduce the burden and release capacity. Following discussion at Executive and Board level, the Trust had continued to monitor performance as previously required and has utilised this to highlight any deterioration to respond appropriately. Any issues have been communicated to the Clinical Commissioning Group.

Phase 2 – re-start of all urgent services

A further letter was issued on the 29th April 2020 which asked all NHS local systems and organisations working with regional colleagues fully to step up non-Covid-19 urgent services as soon as was possible over a six-week period. It was highlighted that this needed to be a safe restart with full attention given to infection prevention and control as the guiding principle.

During this phase, the Trust also completed the Infection prevention and control board assurance framework. This was considered by the Quality Committee in May 2020 and has been uploaded for the Board to view in its entirety in the 'Document Library' section of both Virtual Boardroom and Microsoft Teams. One particular lesson learned from the framework was to start to 'cohort' patients into different categories in inpatient areas - Green (Negative), Amber (awaiting swab test results) and Red (Covid positive).

Action taken by the Trust	Derived from national mandate or guidance?	Was there a timescale?	Did the Trust meet the timescale and if not, was there any harm identified?	Communications approach (if applicable)	Any identified lessons learned
The division recommenced some F2F non-urgent outpatient and surgical interventions in a very phased approach with a significantly reduced level of planned activity w/c 18/05/2020. All patients are being swabbed pre-operatively 72 hours prior to TCI. Tertiary patients who are out of area have access to the SARS Rapid access swabbing both SOP's are embedded.	29.04.2020 NHSI/E letter	6 weeks	Yes	Internal - Plan agreed at Covid-19 Operations and Oversight External - letters, pre-attendance text reminders and pre-attendance phone calls enacted to ensure no symptomatic patients attend.	Following Operating Framework being released on 14.05.2020, swabbing procedure changed from walk in to drive-through.

All women attending in birth settings plus elective procedure swabbing commenced 30th April	As per national guidance endorsed by the RCOG/RC	N/A	N/A	Communicated prior to appointment	

Phase 3 – Recovery

The aim of Phase 3 is to ensure the NHS has the headroom to deal with winter pressures and other activity plus has the sustainable flexibility and resilience to deal with ongoing COVID-19 demand. There will be an emphasis on returning critical services to agreed standards, begin to resume other elective activity and put plans in place to deal with the backlog. We will want to lock in the positive changes that have been a result of COVID-19 and to address any negative ones.

As noted in the introduction, a key objective in executing these plans will be to minimise the transmission of Covid-19 infection within hospitals, also referred to as hospital-onset infection or nosocomial transmission. In response to this, the Trust has continued with several the measures outlined above and has also taken the following actions. In some instances, these actions are over and above what has been recommended to date for trusts. The Trust is absolutely committed to maintaining its sites as Covid-19 free and working to contain hospital acquired infections. The Trust is working closely with the 'in-hospital cell (part of the Covid-19 command control operating structure in the Cheshire and Merseyside region)' in putting these measures into place.

- Swab all partners attending in a birth setting (from 29th May)
- Ensure that all clinical staff, non-clinical staff, patients and visitors wear a mask whilst in the hospital (from 11 June 2020 – in response to Govt. directive for this to be in place from 15 June 2020)
- Offer parents the opportunity to have a baby tested prior to discharge home (to support the tracking of hospital acquired infection).
- Antibody testing (staff) commenced 1 June 2020 for a period of 6 weeks and we will also be supporting Clinical Commissioning Groups and North West Ambulance Service
- Asymptomatic testing (for 'at risk' staff initially) commenced 13 June 2020 (delay in commencing due to C&M laboratory testing capacity)
- Changes to access to the hospital site e.g. staff not using the main entrance.

A poster used to communicate the key actions taken by the Trust is attached as appendix 1.

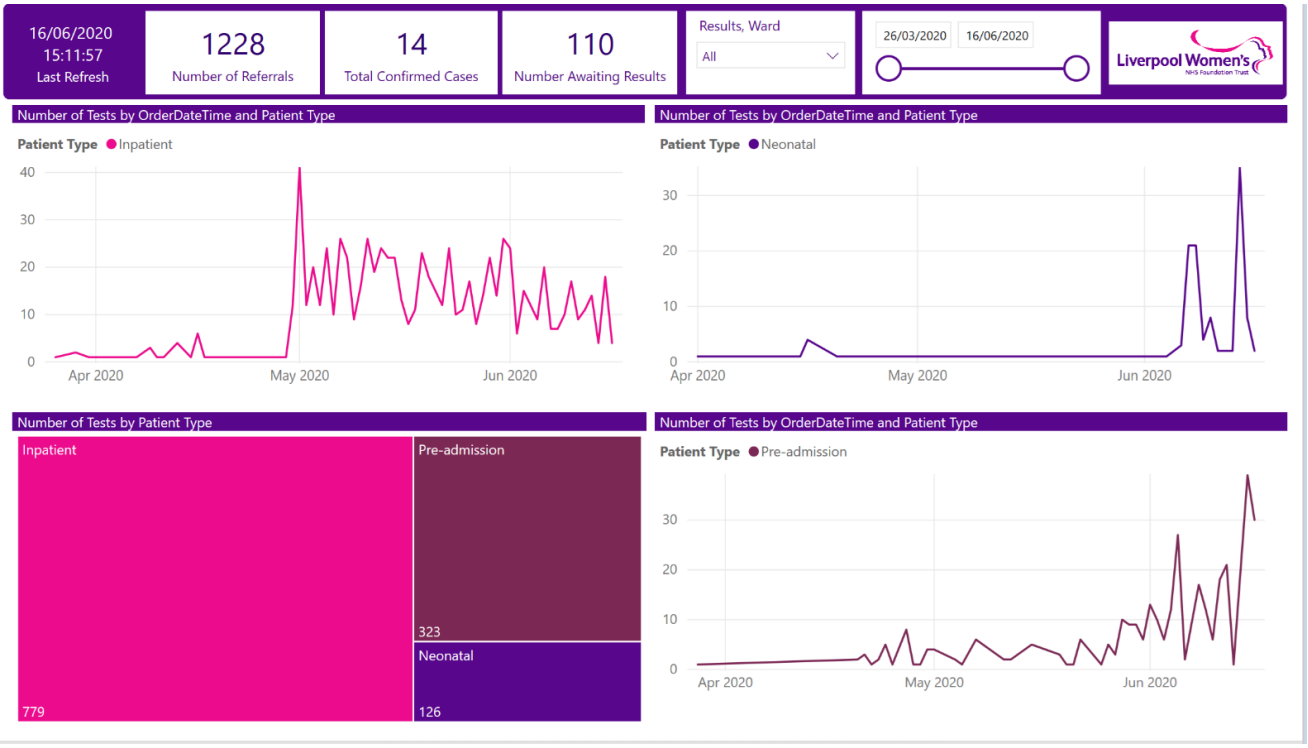
The Trust is working to have on-site laboratory in partnership with the North West Genomic Laboratory Hub in July 2020 to support Covid-19 testing.

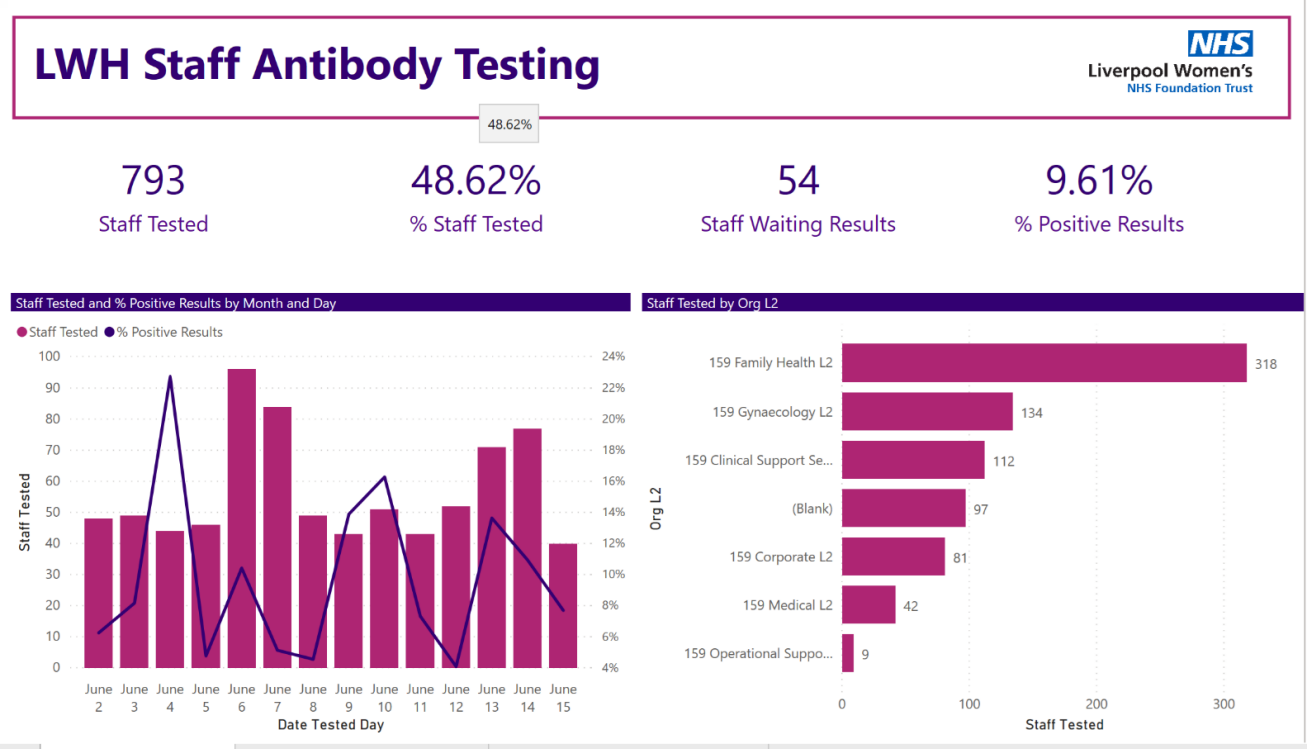
A key challenge for the NHS in the response to Covid-19 is that due to the novel nature of the disease, it is not always possible to access robust and timely clinical evidence for IPC interventions. The context also changes rapidly and therefore, on occasion, decisions need to be taken on the evidence available. To date, the Trust has taken a cautious approach and has put into place testing arrangements (where risk to harm is very low) prior to the clinical evidence for their efficacy being available. The Board is requested to consider this point and provide a view on this approach and on the strength of the assurance outlined earlier in the report.

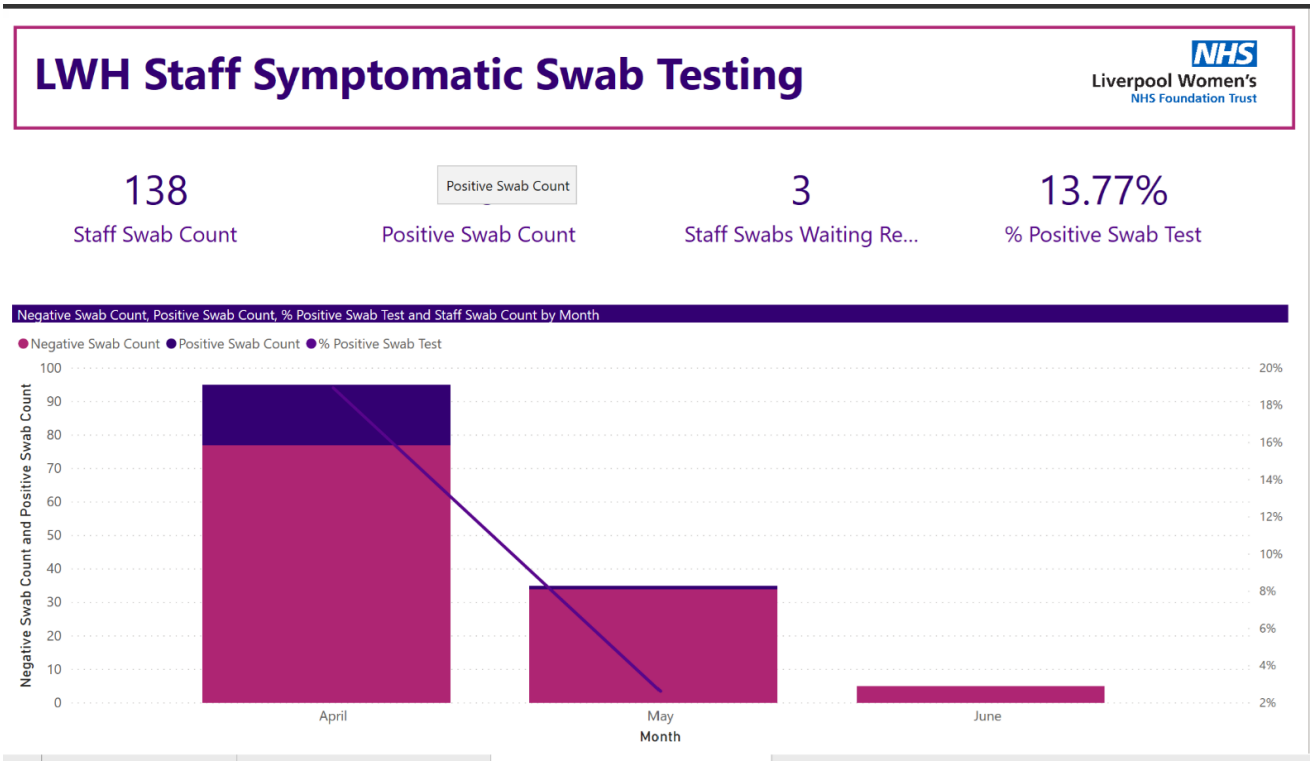
With the on-set of increased testing, the Trust has developed a dataset to track key findings and patterns and to assess whether there is identifiable nosocomial transmission in the Trust.

Screenshots from this dataset can be found below. It is the intention that these will report to the Board within the Covid-19 report.

Liverpool Women's NHS Foundation Trust







The long-term response to the Covid-19 pandemic is held within robust and effective research. The response to the COVID-19 pandemic within Liverpool has demonstrated a willingness to pool and manage collective resources. The Strategic One Liverpool Partnership for COVID (STOP COVID), a city-wide framework which aims to support, accelerate and assess research-based innovations within the Liverpool City region has initiated a single approval route for all grant applications for COVID related research, to ensure that the University and NHS partners where applicable have the capacity to undertake research safely. The accompanying Gold / Silver / Bronze research command and control process has provided a structured approach to cross-organisational discussion and decision. This has created an opportunity to learn from the experience, build upon the platform of excellent collaboration and develop improved future ways of working.

The current COVID-19 clinical research study activity at the Trust is as follows:

Project Short title	Study Type	Date Opened	Comments
UKOSS COVID 19 in Pregnancy	Urgent Public Health	25.03.2020	

RECOVERY - Randomised Evaluation of COVID-19 Therapy	Urgent Public Health	27.03.2020	Neonatal sub-project to open imminently
Pregnancy and Neonatal Outcomes in COVID-19	Urgent Public Health	30.04.2020	
COVID-19 ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections (CCP-UK)	Urgent Public Health	01.04.2020	
Covid-19 Vaccine trial for Front line Health Workers	Urgent Public Health	22.05.2020	Co-ordinated by Liverpool School of Tropical Medicine
The COVID-19 Resilience Project - Studying the impact of COVID-19 on the NHS workforce to guide trauma-informed and psychologically-informed support provision	Non-Urgent Public Health	In set up	
Neonatal Complications of Coronavirus Disease (COVID-19) Study	Urgent Public Health	In set up	
Impact of detectable anti SARS-COV2 antibody on the incidence of COVID-19 in healthcare workers (SIREN)	Urgent Public Health	In set up	
COVIDA - A digital wellbeing tool to assess the psychological impact of the COVID-19 pandemic on NHS healthcare professionals	Non-Urgent Public Health	06.05.2020	Healthcare staff online questionnaire, circulated in daily comms briefing
UKCOGS - UK Covid and Gynaecological Cancer Study	Non Urgent Public Health	In set up	Phase 1 – Audit Phases 2 & 3 - Research
COVID-PREP: COVID-19 Pregnancy Testing Programme	Non-Urgent Public Health	In Set-up	Awaiting green light from Sponsor

3. Recommendation

The Board is asked to note the assurances provided in the report and provide a view on the Trust's IPC response to the Covid-19 pandemic.

Liverpool Women's NHS Foundation Trust

Appendix 1

Appendix 2

The following briefing provides an overview of the LWH position on home working and assurance that the Trust is meeting its legal obligations to support the health and safety of staff, as well considering how the Trust moves towards more permanent agile working arrangements.

1. Introduction

As a Trust, we have reiterated the government message that 'any staff who can work from home, should'. In corporate departments, staff are working the majority of their week from home. Other departments are operating with the minimum safe staffing levels and observing social distancing.

We currently have 96 staff (headcount) who are shielding due to a health condition or other vulnerable status such as pregnancy. Of these 26 are undertaking some work from home. There are practical limitations regarding what some staff can do from home but many are undertaking audit and administration tasks or manning telephone or virtual clinics or triage.

2. Our legal obligations as an employer

Every department is required to complete a departmental health and safety risk assessment by 26th June 2020. A Trust wide risk assessment is also being compiled.

ACAS guidance states that although it is very unlikely that employers can carry out usual health and safety risk assessments at an employee's home. It is the duty of the employer to check that:

- each employee feels the work they're being asked to do at home can be done safely
- employees have the right equipment to work safely
- managers keep in regular contact with their employees, including making sure they do not feel isolated
- reasonable adjustments are made for an employee who has a disability

Employees also have a responsibility to take reasonable care of their own health and safety and advise of any risks or requirements

Employers are responsible for the equipment and technology they give employees, so they can work from home.

The employer should:

- discuss equipment and technology with the employee
- agree what's needed
- support the employee to set up any new equipment or technology

3. How we have supported staff to work from home

A 'home-working guidance' document and risk assessment was issued by the Health and Safety manager at the start of the pandemic, and she has continued to provide regular communications and briefings including 'top tips' and guidance for sitting comfortably at a workstation. Equipment such as chairs or IT equipment have been transported home for those staff who require it

The Health and Safety Executive advise that there is no increased risk from DSE work for those working at home temporarily therefore employers do not need to ask them to carry out home workstation assessments, however via their manager and departmental health and safety representatives, each individual has been asked to carry out a home workstation DSE assessment and guidance has been provided.

Staff with long term conditions requiring reasonable adjustments have had these facilitated whilst working from home.

As well as providing training on Microsoft Teams and other packages, IT are responding to employee requests for mobile phones and exploring alternative options such as 'soft phones' and hands free headsets

Employers have the option to pay employees £6 per week to cover the additional costs of working from home. To date this has not been undertaken with the rationale that most staff are saving money on commuting costs etc. by working from home.

Safeguarding staff wellbeing and mental health who are working from home is clearly essential. Managers have been provided with a range of guidance documents to support them to support their staff, including a 'Leader Pack' with practical advice on keeping in touch and supporting employees to return back into the workplace. Every staff member absent due to shielding was sent a 'psychological wellbeing pack'.

4. Staff Feedback

A survey was undertaken to garner employee opinion regarding working from home. 131 responses were received, 121 staff said they were working from home. 16 of the respondents were clinical. 114 people rated their experience of working from home as positive (this included IT and infrastructure as well as managerial support).

In addition, the recent Listening Event focused on working from home. Again, the feedback from around 40 attendees was positive in terms of enhanced work-life balance and good communication though it highlighted risks of 'teams fatigue' and longer working hours and challenges of communicating as a team.

The issue of home working was also discussed with staff side colleagues at Partnership Forum and feedback from the H&S Manager is being acted upon where appropriate.

5. Future arrangements

Agile working arrangements will remain with us for some time and as an organisation, we will be required to consider a much broader approach to flexible working which may include longer days, compressed working weeks, a mixture of off-site and on-site working, working in split teams etc.

Research for the C&M HRD Network by WkSpace showed that nearly 90% of those surveyed by WKspace wanted to retain their work-life balance and have more control over the hours they work. Three quarters of respondents would also like the option to work from home more often and 61% feel confident that their managers will take their working preferences into account as we start to move back into the workplace.

Other challenges include

- The requirement for staff to create long term work spaces in their homes
- Training requirement for managers to connect with their teams virtually in the long term
- Ensuring wellbeing of staff when connecting virtually

- Staff members who have enjoyed the flexibility of home working may struggle to return to more office-based working and we need to support the workforce to transition into the next phase.
- Managers are likely to require support regarding communication and managing the performance of staff who are working differently in the longer term.

LWH is working with colleagues in other Trusts to create a Cheshire and Merseyside guidance document on agile working with the aim of addressing some of these issues.

Agenda Item	

MEETING	**Trust Board**
PAPER/REPORT TITLE:	**Update on Covid-19 related Equality Issues**
DATE OF MEETING:	Thursday, 18 June 2020
ACTION REQUIRED	**Approve**
EXECUTIVE DIRECTOR:	Michelle Turner, Director of Workforce and Marketing
AUTHOR(S):	Rachel London, Deputy Director of Workforce

STRATEGIC OBJECTIVES:	***Which Objective(s)?***	
	1. To develop a well led, capable, motivated and entrepreneurial ***workforce***	☒
	2. To be ambitious and ***efficient*** and make the best use of available resource	☐
	3. To deliver ***safe*** services	☐
	4. To participate in high quality research and to deliver the most ***effective*** Outcomes	☐
	5. To deliver the best possible ***experience*** for patients and staff	☒
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	***Which condition(s)?***	
	1. *Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust……*	☒
	2. *Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of clinical staff with the capability and capacity to deliver the best care. ……*	☐
	3. *The Trust is not financially sustainable beyond the current financial year……*	☐
	4. *Failure to deliver the annual financial plan ……*	☐
	5. *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ……*	☐
	6. *Ineffective understanding and learning following significant events……*	☐
	7. *Inability to achieve and maintain regulatory compliance, performance and assurance……*	☐
	8. *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ……*	☐
CQC DOMAIN	***Which Domain?***	
	SAFE*- People are protected from abuse and harm*	☒
	EFFECTIVE *- people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.*	☐
	CARING *- the service(s) involves and treats people with compassion, kindness, dignity and respect.*	☒
	RESPONSIVE – *the services meet people's needs.*	☐
	WELL-LED *- the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.*	☒
	ALL DOMAINS	☐

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	**1.** Trust Constitution	☒	**4.** NHS Constitution	☐
	2. Operational Plan	☒	**5.** Equality and Diversity	☐
	3. NHS Compliance	☐	**6.** Other: Click here to enter text.	

FREEDOM OF INFORMATION (FOIA):	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
RECOMMENDATION: ***(eg: The Board/Committee is asked to:-….)***	***The committee are requested to n*ote the content and approve proposed actions.**	
PREVIOUSLY CONSIDERED BY:	**Committee name**	Not Applicable Or type here if not on list: ***Click here to enter text.***
	Date of meeting	***Click here to enter a date.***

Executive Summary

The paper provides:

- An overview of equality issues related to Covid-19, with a particular focus on the implications for the BAME workforce and the measures the Trust is taking in response. It also includes a proposal for future actions.

Report

1. Introduction

As a consequence of Covid-19, the Trust has made a number of changes to policies and practices in a short timeframe. It is important that the impact on groups who may already be disadvantaged are taken into account to ensure the current situation does not result in a widening of existing gaps around equality, diversity and inclusion (EDI).

It is now clear that Covid-19 has had specific implications for BAME individuals and the Trust is undertaking a range of measures to provide support to our BAME workforce, as well as to staff particularly affected by Covid including vulnerable, pregnant staff.

2. Equality Impact Assessment Process

The Equality Impact Assessment process supports the Trust to fulfil its duties to:

- Eliminate unlawful discrimination
- Advance equality of opportunity
- Promote good relations between groups

EIAs have been carried out for all specific changes which have taken place during Covid-19 and have been considered by the Quality Committee. There are also broader equality issues under regular consideration.

3. Wider EDI Issues impacting upon LWH

BAME

The recently published document by Public Health England 'Disparities in the Risks and Outcomes of Covid-19' highlights a number of pertinent issues.

- The impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. The largest disparity of outcome found was by age.
- Males, those living in deprived communities and BAME groups were also more at risk.
- People from Black ethnic groups were most likely to be diagnosed and death rates from COVID-19 were highest among people of Black and Asian ethnic groups.
- After accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.
- This analysis does not take into account co-morbidities, once these are taken into account, there is no difference in likelihood of being admitted to intensive care or dying between ethnic groups. Some co-morbidities are more common in BAME groups; people of Bangladeshi and Pakistani background have higher rates of cardiovascular disease than people from White British ethnicity, and people of Black Caribbean and Black African ethnicity have higher rates of hypertension compared with other ethnic groups . Type II diabetes prevalence is higher in people from BAME communities
- BAME groups are at increased risk of acquiring the infection due to social-demographic factors including living in urban areas, over-crowded households, having jobs that expose them to higher risk and being born abroad.

At LWH 121 colleagues are from a BAME background. A number of steps have been put in place to provide support at a time of increased anxiety for many colleagues.

- BAME Survey: A survey was issued to all BAME staff to ascertain their level of wellbeing and any support required. The response rate was 33%. The main themes were that staff felt anxious, but well supported, and where possible they were continuing to work in their substantive roles.
- BAME Listening Event: This is scheduled for 24th June and is being facilitated by the Trust Freedom to Speak up Guardian and the Trust Covid BAME lead and will be an opportunity for BAME staff to share any feedback, concerns or questions.
- BAME voice on decision making forums: A BAME lead has joined the Covid Command Committee and two BAME colleagues are providing informal feedback on a range of Covid policies and processes.
- BAME representatives have been increased on Equality and Diversity Committee
- Staff Networks: All BAME staff have been contacted to reiterate the presence of the staff network at LUHT.
- Risk assessments: BAME-specific risk assessments have been completed for all areas and are being updated as required. All BAME staff have had a risk assessment, with the exception of a small number on LTS. Risk assessments are now being carried out for male staff.
- Vitamin D prescribing: In light of research evidence regarding low levels of Vitamin D and susceptibility contracting viral infections, BAME staff were surveyed and the overwhelming response was that they wished to be tested and prescribed vitamin D if required. This process is currently being finalised.

Additional actions currently being considered are:

- Specific health assessments for all BAME staff. This recommendation has come from a specific BAME group nationally and is being considered as part of the health and wellbeing agenda. It will be considered in light of emerging guidance.
- The potential to prioritising BAME staff for testing, specifically asymptomatic testing.
- Appointment of a second Freedom to Speak up Guardian from within the BAME workforce
- Reviewing whether data such as the WRES is given sufficient priority at Board level and reflected in Trust KPIS and leadership objectives
- Specific communications channels for BAME staff to the board.

4. Other Equality Considerations for LWH

- **Learning Disabilities / Dementia / Mental Health**

Flexibility in the Trust policy on visitors has been introduced in relation to individuals with learning difficulties. Making reasonable adjustments for these groups would be an expectation under the Equality Act 2010. Principally, the main adjustments being made are allowing vulnerable patients to be accompanied by their relative/carer and reviewing patients in their own homes. An example would be a lady accessing antenatal care who has a learning disability who is being given unrestricted access to her mother during any hospital attendance.

- **Language / Disability**

People with limited knowledge of the English language can be at a higher risk if information about their care or treatment is not available to them. Adjustments are made for women with disabilities who are offered a face to face appointment. This group of patients if identified prior to booking will have a face to face booking appointment. We utilise the Every Contact Counts approach to and ask routine enquiry at each visit. The NEST (Non English speaking team) provide enhanced continuity for this group of women and a dedicated clinic has been set up weekly for women in greater need of support. Women whose first language is not English continue with face to face bookings and follow up appointments complimented by the use of interpreting services used for each contact.

- **Vulnerable groups – homeless/ refugees / LINK Clinics**

Community midwifery and enhanced midwifery teams continue to provide services to women in these vulnerable groups. In response to Covid-19, a specific MDT clinic for vulnerable women has been established. This is led by an obstetrician, with support from enhanced midwifery, safeguarding and local authority. The highest users of this newly formed clinic are homeless pregnant women.

- **Religious provision**

Religious provision has continued at LWH. The prayer room remains open 24/7 and religious leaders from all denominations are available on an on call basis in addition to the presence of the on-site chaplain on a part time basis. Specifically related to death and burials individual risk assessments are undertaken to ensure that processes for death and burial do not disadvantage any particular religious groups.

- **Shielding / Vulnerable Staff and staff wellbeing**

In terms of managing the sickness absence of staff, LWH is full adherent to national guidance in relation to shielding and vulnerable groups are supported. Staff with disabilities / long term conditions are working from home or undertaking restricted duties where appropriate. This has the potential to disadvantage individuals with the potential for isolation and may require the need to acquire new skills. A home-working survey was conducted which demonstrated that the vast majority of staff enjoyed working from home and felt appropriately supported.

For some individuals being away from their job, team and feeling they are not contributing in a time of crisis may provoke anxiety. For those in work, provision of a range of health and wellbeing resources is in place including resilience training, walk arounds by staff supporters and mental health first aiders and promotion of tools such as psychological first aid. Managers are instructed to carry out risk assessments on all staff with physical and mental health conditions to ensure that reasonable adjustments can be put in place.

- **Gender**

We also recognise that the majority of our workforce is female and women are more likely to be carers for children and older people and therefore the impact of the covid-19 situation may have a disproportionate impact on our female workforce. Where possible, a supportive and flexible approach is in place and the Trust has increased its carer's leave allowance from 3 to 7 days. As the situation continues, there will undoubtedly be challenges in balancing managing the services of the Trust with individual needs and this is being continually assessed.

In respect of pregnant staff, the Trust is adhering to guidance from the Royal College of Obstetricians and Gynaecologists, pregnant staff are either working from home or undertaking modified duties or working as normal, dependent on area of work and gestation. Pregnancy risk assessments have been carried out for all members of staff.

It is recognised that domestic abuse has increased during Covid and every manager has been provided with guidance on how to spot the signs of abuse, as well as literature aimed at victims of domestic abuse being circulated Trust wide.

5. Conclusion

Patient feedback has been sought and feedback from a range of individuals gathered. The feedback was largely positive with patients, visitors and women feeling that the Trust is acting proportionately. The Trust is actively seeking to improve effective listening and feedback routes into our BAME patient cohorts and community.

We have also held a Trust-wide staff listening event, focused on how we support staff and learn from good practice and this was also positively evaluated with staff saying they have felt informed and involved during Covid-19.

In terms of Equality, Diversity and Inclusion more widely, it is recognised that some more work is required with managers in further developing their knowledge of equality issues, completing meaningful EIAs and ensuring appropriate engagement and consultation with service users prior to change. We are introducing a revised EIA document and training and support will be provided via the commissioning of specialist E&D support from the Northern Care Alliance (NHS Trust).

There are also wider challenges to ensure that E&D is embedded in the wider Trust agenda and receives sufficient scrutiny in performance metrics from 'ward to board'.

6. Recommendations

The Trust Board is asked to:

- receive assurance that equality issues are being taken into account during Covid-19,
- note the on-going and planned actions to support particular staff groups
- give consideration to the recommended additional actions.

Liverpool Women's NHS Foundation Trust

Dedicated to you

Safeguarding Service Provisions during COVID

Safeguarding Brief

Mandy McDonough
Associate Director of Nursing and Midwifery for Safeguarding

Safeguarding Executive Lead
Gaynor Hale

Safeguarding Service Provisions during COVID 19

General Safeguarding

- Safeguarding Practitioner now present at weekly Maternity 'Drop-In' Clinic on a Tuesday afternoon where Women can access support around any vulnerabilities including MH and domestic abuse issues. The clinic is run by a Consultant Obstetrician, Merseycare Staff and a Safeguarding Specialist Midwife is in attendance to discuss any safeguarding concerns raised; which can lead to the moving of a woman and her family to a place of safety
- Continued to provide Safeguarding Level 3 training sessions (increased Adult sessions) whilst meeting government social distance guidance
- Provided an increase in Safeguarding Supervision sessions to staff who manage a safeguarding caseload and general support for those staff worried due to the current pandemic

Domestic Abuse

- Routine Enquiry procedure now increased to be completed at every contact from staff (Request for specific field for this in the Community Midwife contacts (MediTech)
- Added a separate safeguarding section to the Routine Enquiry SOP (Maternity)
- Advice (virtual and written guidance) to managers on enhancing their diligence to the signs of domestic abuse with staff (a noted increase in staff disclosures recently)
- Amended the Trust SOP for imaging of obstetric patients to include routine enquiry as the sonographers are scanning women with no partner present so this is a rare and opportune time for a disclosure to be made
- Additional services offered to high risk patients; to mirror National Campaign ADN and HoM introduced code words and access for patients suffering from abuse to Midwifes/Safeguarding Staff
- Completed weekly audits in relation to activity to identify any trends or increased referrals

Safeguarding Children

- Added specific advice around the consent process to the Bedford Centre who are changing policy around medical terminations (e.g. face to face requirement for Under 16s)
- Continued escalation/discussion with Liverpool Council Legal Services around delays in Family Court Hearings to ensure there is little/no impact on discharges for our patients
- Escalation/discussion with Social Services regarding a lack of consistency in relation to the provision of supervision regardless of the acknowledged pressures of reduced Council resources during COVID-19
- Provided support to Community and Inpatient Midwifery staff to switch from face to face case conferences/discharge planning meetings to virtual/telephone conferencing

Safeguarding Adults

- Named Nurse for Safeguarding Adults provided direct support/management to patients from LUH, solely managed the processes for DoLS and complex discharges
- Amended all PENS admission forms/pathways to include safeguarding safety questions/triggers (e.g. FGM, Mental Capacity & Cognitive Impairments)
- Monitoring and promoting the role of the Equality Act (Reasonable Adjustments) to staff, also providing reassurance to patients and their families
- Promoting and monitoring the implementation of the Mental Capacity Act in respect to any changes to clinical service provision (i.e. withdrawing life sustaining treatment)

To conclude, for Liverpool Women's, there's actually no change to our working practice or policy, albeit in the coming weeks there is expected to be an increase in the number of referrals and amount of cases we may have to deal with.

What's certain is that what can be done to pre-empt any potential impact has been done by Liverpool Women's and we will continue to communicate with our partners at a local and National level to promote positive and sustained services for the victims of domestic abuse.