

# **LIVERPOOL WOMEN'S NHS FOUNDATION TRUST**

## **Extraordinary Board of Directors Meeting**

**PUBLIC**

**4 March 2021**



Extraordinary Meeting of the Board of Directors  
HELD IN PUBLIC  
Thursday 4 March 2021 at 0930  
VIRTUAL MEETING

Item no. 2020/ 21/	Title of item	Objectives/desired outcome	Process	Item presenter	Time
294	Apologies for absence Declarations of interest	Receive apologies	Verbal	Chair	0930 (5 mins)
295	Meeting guidance notes	To receive the meeting attendees' guidance notes	Written	Chair	
296	Chair's announcements	Announce items of significance not found elsewhere on the agenda	Verbal	Chair	0935 (5mins)
297	Chief Executive Report	Report key developments and announce items of significance not found elsewhere on the agenda	Verbal	Chief Executive	0940 (5mins)
<b>BOARD GOVERNANCE</b>					
298	Trust Corporate Strategy	To approve	Written	Director of Finance	0945 (15mins)
299	NHSE/I Covid-19 Infection Control Board Assurance Framework	To receive for information and assurance	Written	Director of Nursing & Midwifery	1000 (10mins)
300	Robotic Assisted Surgery Business Case	To approve	Written	Chief Operating Officer	1010 (5mins)
<b>HOUSEKEEPING</b>					
301	Any other business & Review of meeting	Consider any urgent items of other business	Verbal	Chair	1015 Meeting ends

**Date of next meeting**

1 April 2021

**Meeting to end at 10.15am**

10.15 – 10.25	<i>Questions raised by members of the public submitted in advance of the meeting.</i>	To respond to members of the public on matters of clarification and understanding.	Verbal	Chair
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## 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 26<sup>th</sup> March 2013

		Agenda Item	20/21/298
MEETING	Trust Board		
PAPER/REPORT TITLE:	Draft Corporate Strategy		
DATE OF MEETING:	Thursday, 04 March 2021		
ACTION REQUIRED	For Approval		
EXECUTIVE DIRECTOR:	Jenny Hannon, Director of Finance		
AUTHOR(S):	Jennifer Huyton, Head of Strategy and Transformation		
STRATEGIC OBJECTIVES:	<p><b>Which Objective(s)?</b></p> <ol style="list-style-type: none"> <li>To develop a well led, capable, motivated and entrepreneurial <b>workforce</b> <input checked="" type="checkbox"/></li> <li>To be ambitious and <b>efficient</b> and make the best use of available resource <input checked="" type="checkbox"/></li> <li>To deliver <b>safe</b> services <input checked="" type="checkbox"/></li> <li>To participate in high quality research and to deliver the most <b>effective</b> Outcomes <input checked="" type="checkbox"/></li> <li>To deliver the best possible <b>experience</b> for patients and staff <input checked="" type="checkbox"/></li> </ol>		
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p><b>Which condition(s)?</b></p> <ol style="list-style-type: none"> <li>Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input checked="" type="checkbox"/></li> <li>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. .... <input checked="" type="checkbox"/></li> <li>The Trust is not financially sustainable beyond the current financial year..... <input checked="" type="checkbox"/></li> <li>Failure to deliver the annual financial plan ..... <input type="checkbox"/></li> <li>Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ..... <input checked="" type="checkbox"/></li> <li>Ineffective understanding and learning following significant events..... <input checked="" type="checkbox"/></li> <li>Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></li> <li>Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ..... <input type="checkbox"/></li> </ol>		
CQC DOMAIN	<p><b>Which Domain?</b></p> <p><b>SAFE</b>- People are protected from abuse and harm <input checked="" type="checkbox"/></p> <p><b>EFFECTIVE</b> - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p><b>CARING</b> - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input checked="" type="checkbox"/></p> <p><b>RESPONSIVE</b> – the services meet people's needs. <input checked="" type="checkbox"/></p> <p><b>WELL-LED</b> - 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. <input checked="" type="checkbox"/></p> <p><b>ALL DOMAINS</b> <input checked="" type="checkbox"/></p>		

<b>LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT</b>	1. Trust Constitution <input checked="" type="checkbox"/>	4. NHS Constitution <input checked="" type="checkbox"/>
	2. Operational Plan <input checked="" type="checkbox"/>	5. Equality and Diversity <input checked="" type="checkbox"/>
	3. NHS Compliance <input checked="" type="checkbox"/>	6. Other: <a href="#">Click here to enter text.</a>
<b>FREEDOM OF INFORMATION (FOIA):</b>		
3. This report will not be published under the Trust's Publication Scheme due to exemptions under S22 of the Freedom of Information Act 2000, because the information contained is intended for future publication		
<b>RECOMMENDATION:</b> (eg: The Board/Committee is asked to:-....)		
The Board is asked to approve the content of the draft strategy.		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee name</b>	Trust Board
	<b>Date of meeting</b>	Thursday, 04 February 2021

### Executive Summary

The corporate strategy has been developed over the past year following engagement with key stakeholder groups and consideration of national, regional and local priorities. This paper outlines the key features of the strategy and presents it for review and approval.

### Report

#### 1. Introduction

The corporate strategy has been developed over the last year, following engagement with key stakeholder groups, including patients, governors, members, staff and the wider community. The Board have received regular updates regarding the development of the corporate strategy since May 2020. The draft strategy has now been completed and is presented to the Board for discussion and approval of content.

#### 2. Our Strategy 2021 - 2025

The strategy summarises our new five year plan to move us forward in achieving our organisational vision; to be the recognised leader in healthcare for women, babies and their families. It features ten strategic objectives, developed in conjunction with our staff and refined through a process of feedback and engagement with a range of stakeholders, which are specific and span a five year time frame. The strategy is structured around our existing Trust aims. Building on feedback received from staff, patients, governors and members it places a primary focus on three of those aims; People, Safety and Experience, while not losing sight of the vital importance of delivering Efficiency and Effectiveness.

The strategy spans the broad range of activities we undertake as a provider of healthcare, placing equal importance on both the short to medium and long term. Plans for the long term future of services for women and babies in Liverpool, described by Future Generations, are featured prominently and their critical importance is highlighted. They sit alongside our plans for the short and medium term; the strategy sets out our ambitions for the next five years and will provide a clear basis for decision making and planning.

The strategy is presented in Appendix 1 for review.

### **3. Next Steps**

Given the rapidly changing nature of the current NHS landscape, the strategy will be reviewed on a regular basis to enable the Trust to remain responsive to the needs of our women, babies and families. The engagement carried out in developing the strategy will form the beginning of an ongoing process; we will keep talking and listening to the people who are using our services to make sure they are central in determining whether we are successfully delivering the strategy, and in shaping the plans for our services in the future.

An initial review of delivery will take place in October 2021, with an opportunity to flex our plans if needed. This will inform the operational planning process for 2022/23. Following the initial review, progress in delivery will be reported every six months, and the strategy will be formally reviewed on an annual basis.

### **4. Conclusion and Recommendation**

The Trust Board are asked to review the strategy approve the content.



## Appendix 1

Our Strategy 2021 - 2025

# Our Strategy

## 2021 - 2025



## Foreword

Welcome to 'Our Strategy 2021-2025'. Our Strategy was written in collaboration with our staff, our patients, our governors, our members and our wider community. It sets out our ambitions for Liverpool Women's Hospital for the next five years, and will be our guide to the decisions we make on our journey to becoming outstanding in everything we do and achieving our vision of being the recognised leader in healthcare for women, babies and their families.

Since we shared our previous strategy in 2016, a lot has happened. We have achieved incredible things within our services, including opening our brand new state of the art neonatal unit, implementing a wide range of digital innovations and developing multiple excellent partnerships to bring services across Liverpool closer together than ever before.

We have lots of exciting new initiatives that we want to get on with delivering, that are described in Our Strategy and its supporting plans, including:

- developing and delivering new services on the Crown Street site such as new scanning services and robotic surgery;
- targeting inequality, having a positive impact in our community and becoming the most inclusive NHS organisation;
- embedding a digital first culture and making sure our patients can access the very best digital innovation.

Unfortunately, we have not yet been able to deliver a key part of our last plan; to build a new hospital to co-locate our services with other adult hospital services. This remains a key priority for us, and we will continue to work with our partners across Liverpool and Cheshire and Mersey to secure a safe and sustainable future for our services.

In the process of developing Our Strategy, we have engaged with patients, families, our members, staff and governors. This has been more challenging than usual because of COVID-19, however, the feedback from this engagement has encouraged us to be really ambitious in our focus on our people, the safety of our services and the experience of those who use our services. We plan to keep talking and listening as we work on delivering our plans, so we can make sure they continue to be shaped by the people who will be using and delivering our services.

Our vision is to be the recognised leader in healthcare for women, babies and their families. We want to be the provider that sets the standards that others follow, and champions women's and family health in Liverpool, the North West region and across the country. We want to lead the way in shaping health and care services through the Integrated Care Systems that are being developed, making responsible corporate decisions with our partners to improve economic, environmental and social wellbeing across Liverpool and beyond. Our Strategy is the next step in our journey to achieving this vision.

We hope you will read Our Strategy with interest and we welcome all feedback as we move forward in the delivery of our plans.

Kathryn Thomson

CEO

Robert Clarke

Chair

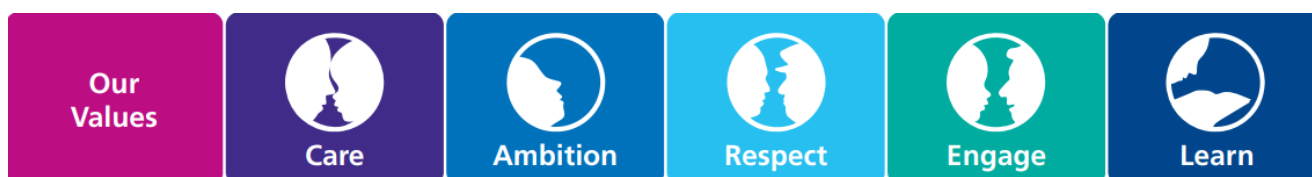
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# Our Strategy

## Our Vision

### To be the recognised leader in healthcare for women, babies and their families

Our shared vision at Liverpool Women's is simple and has withstood the test of time. It is underpinned by a shared set of values based around the needs of our people. We encourage these behaviours in all our staff, partners and volunteers to make sure our values are delivered in the same way, every day, to every person we care for.



We have a set of five strategic aims which are central to all of our strategies and plans, and through working with patients, staff, governors and our partners we have developed a series of ambitions to push those aims one step further, helping us create the mind-set we need to achieve our vision and be outstanding in everything we do:



Our partnerships with other providers and organisations across the city are central to delivering our aims; we know we need to work together to make this happen.

## Our Core Focus

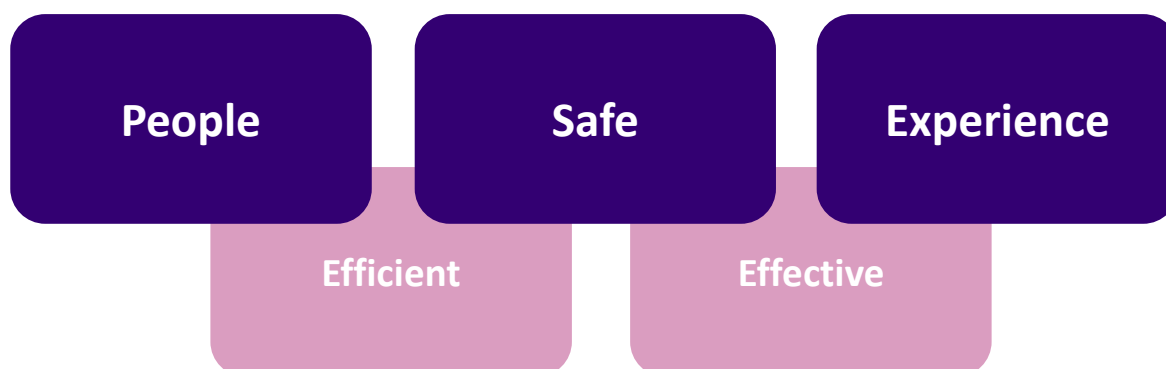
Listening to the views of our staff, patients and community was central to the development of this strategy. We asked what was most important to you, what you value most about Liverpool Women's and where you think our main focus for the future should be. All the groups we engaged with were clear and consistent in what they told us:

- Our first priority should be our people; making sure we have the best staff enabled to provide the best care. Our people are our most important asset and our success hinges on getting this right.
- Safety is of paramount importance to everyone; staff and patients. Patients told us that each and every person they meet while using our services has a role in making them feel safe.
- Experiences in healthcare can be life-changing, and making sure that every patient has the best experience possible is equally important to our staff and the people using our services. We know that having the best people as part of our team is central to making sure this is achieved.

Listening to what we heard, it was clear that our core focus for our strategy should be on three of our aims; our people, delivering the safest services and the best patient experience. Having efficient and effective

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services is of vital importance, but we believe that by centring these three core elements, our services will continue to become more efficient and effective as a result.



Working with our teams from across Liverpool Women's, we have set ourselves objectives in each of these core areas, as well as objectives for efficiency and effectiveness. This strategy explains these objectives and our plans to achieve them.

### Our Supporting Strategies and Plans

This strategy is underpinned by a series of supporting strategies and plans. Our Clinical and Quality Strategy, our Future Generations long term strategy and our Research and Innovation strategy have all been key influences in developing our overall plan for the future. They, along with our supporting corporate strategies, set out some of the detail in how we intend to deliver our objectives.

Our strategies are cohesive, are tied together by our common aims and work in harmony to achieve our vision. Some of our supporting strategies are still under development, and some will be refreshed this year to ensure all of our plans are consistent.



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# Where are we now?

## Context

### COVID-19

2020 has been an unprecedented year. The challenges faced by the NHS due to COVID-19 have been immense. LWH has been protected somewhat from the challenges of COVID-19 but we have been here for our women and families throughout, delivering babies safely and providing care for all those who need it. We recognise this is a strange time to develop our plans for the future, when we know that future is rapidly changing. But COVID-19 is not the only challenge we face; our services are still vital for our patients. Babies are still born every day in our maternity service, some of those babies will still need specialist care from our neonatal team, and our patients with cancer must still be prioritised. Our genomics service remains essential; COVID-19 has shown the crucial importance of this area of medical science – we can't rest or pause when it comes to making sure our services are the best they can be.

We have supported our partners across the system to an even greater degree over the last year. The Liverpool health economy is unique due to its configuration of providers, and this gives us an extra challenge. But our Health and Care system has worked collaboratively in new ways that we have not seen before, delivering rapid change to benefit our patients. We plan to capture this momentum and build on these successful partnerships across Liverpool and beyond to advocate for and lead improvements in women's health. We commit to keeping up this pace of change, leading on quality and we set ourselves the challenge of ditching bureaucracy wherever we find it. Our Board are committed to removing barriers and making space for our people to innovate and deliver their very best. We are developing pathways to make this happen.

### Our Population

Liverpool has significant challenges in improving population health; at 78.2 years Liverpool has the second lowest life expectancy of the English Core Cities. We know these inequalities have been exacerbated by COVID-19. We have had a clear focus on building inclusive services and ensuring equity of access, but this is now even more important.

NHS organisations and Liverpool City Council have produced the One Liverpool Strategy 2019 - 2024. One of the key priorities within One Liverpool is 'Starting Well'; early intervention to support children in the first 1001 days of life, and we will play a key role in delivering this. One Liverpool has refreshed priorities and our plans are aligned closely with this. As a tertiary provider of specialist services, we also work closely with partners from across Cheshire and Mersey, leading on plans for women's and children's services across the wider region. We are committed to integrated working across the whole health and care system.

### Equality in Healthcare

2020 has also seen the fight for racial equality come to prominence through the Black Lives Matter movement. We know that COVID-19 has had a disproportionate impact on people from black, Asian and minority ethnic backgrounds. And we know people from these groups can face discrimination and additional challenges in accessing healthcare and in employment. That's why targeting inequality is of paramount importance to us, both as a provider of healthcare and as an employer. We know eliminating discrimination can improve health outcomes and we are committed to delivering this.

### National Plans

The NHS Long Term Plan was published in 2019, setting the direction for the whole NHS. It includes initiatives for improving maternity, neonatal and cancer services, alongside ambitions for digital-enabled care. Our services are at the forefront of delivering many of those plans, but we recognise many have been paused or will change to better respond to COVID-19. We will remain flexible and ready to lead on delivering improvements in healthcare for women, babies and their families.

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## Our Successes 2016 – 2020

Alongside our plans to build a new hospital, our previous strategy four key areas of focus to improve the way we deliver care. We have achieved some amazing things over the last five years, benefitting our patients, our staff and our community. Here is just a small selection of the incredible things we have delivered:

### Partnerships for Care Delivery

We have built strong partnerships with all adult hospitals across Liverpool to improve pathways and improve care for our patients; from Liverpool University Hospitals NHS FT to Mersey Care NHS FT and everyone in between. We have developed the Liverpool Neonatal Partnership hand in hand with Alder Hey NHS FT, and all hospitals across Liverpool came together in 2019 to support us in addressing some of the clinical challenges we face as an isolated site. We have continued this partnership working throughout the COVID-19 pandemic and Liverpool Women's have provided mutual aid to a number of other hospitals. Liverpool providers are working together like never before and we will continue to lead the way as we move forward into the future.

### Care Closer to Home

Making sure you can access the right care in the right place has been central to our plans over the last five years, and has become even more important in the face of COVID-19. Our homebirth team is going from strength to strength with more babies delivered safely at home than ever before. Our Neonatal team provides outreach services in the community, we have established community midwifery hubs and we will keep developing these services so that people don't need to come into hospital where it can be avoided.

### Technology Enabled Care

In 2017 Liverpool Women's Hospital was successfully selected to be a 'Global Digital Exemplar Fast Follower', which means we have been able to access funding to develop a range of innovative digital services to benefit our patients. We have introduced virtual reality tours of our units, we have implemented technology in our operating theatres which enables live streaming to other hospitals and we have made sure all of our community midwives have access to smart devices so they can access information in real time. In the last few weeks we have implemented a new IT system in maternity, we are making great progress with delivering a brand new Electronic Patient Record system and from January 2021 women can now access their maternity notes through an app.

### Focus on Staff

We know our people are our most precious asset, and caring for our staff is even more important following COVID-19. We have invested heavily in our workforce, increasing the number of midwives, specialist nurses and senior doctors to support the people we care for. We are focusing on embedding an open, fair and just culture where the focus is on clear accountability, supporting each other and learning from events, to make our services the safest they can be.

### And there's more...

We have upgraded our facilities, updating our gynaecology outpatients department and our gynaecology ward in 2017. And in 2020, we completed our incredible new neonatal unit, significantly decreasing clinical risks for our new-born babies.



## Future Generations

Whilst our current Liverpool Women's Hospital site is an amazing place, the healthcare needs of women and babies have changed over the last 25 years since it was built. We cannot provide as high a standard of care as we would like to from our current hospital site, because we are separated from the full range of clinical support services and other clinical specialties our staff need to do their job to the best of their ability. This means that:

- Some women and babies have to be transferred to other local hospitals for their care
- Some mothers and babies are separated from each other
- Specialist doctors working in other hospitals have to support patients at Liverpool Women's
- We do not have the key support services on site that we need, including intensive care facilities
- We struggle to recruit enough doctors
- We are unable to meet national care standards.

We are the only women's hospital in the country that is not co-located with adult acute services. We believe that the women and babies of Liverpool deserve access to the same standard of safe care and full range of facilities afforded to people who live in other places across the country.

Our 'Future Generations' strategy, first published in 2015, sets out our plans to address this issue, by building a new hospital, co-located with an adult acute site and by establishing partnership working across the city. We have made some fantastic progress over the last five years, including creating the Liverpool Neonatal Partnership alongside Alder Hey NHS FT, and making sure babies and their families receive seamless, joined up care across the city. We have built partnerships with the adult hospitals across Liverpool; Clatterbridge Cancer Centre NHS FT, Liverpool University Hospitals NHS FT and Liverpool Heart and Chest Hospital NHS FT, to deliver joined up care for our patients.

However, despite our best efforts, undisputed clinical evidence and the backing of all of our partners from across the region, we have not yet received approval for our plans to build a new hospital. We will continue to advocate for our women, babies and families to ensure our future generations can have the best start in life and access the world-leading care they deserve. For that reason, Future Generations will remain a central part of our overall plans for Liverpool Women's.

# Our focus for the next 5 years

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# People

## WE WILL BE AN OUTSTANDING EMPLOYER

At Liverpool Women's we believe that a great patient experience is intrinsically linked to a great employee experience. Our patients told us that having the best staff is top of their list of priorities; our staff deliver outstanding care, make patients feel safe and have confidence in the care they are receiving. For this reason, we will continue to focus on caring for, investing in, developing and enabling the collective potential of all our people, including those who are not directly employed but who have an important role to play, and harnessing their energy, ingenuity, talents, differences in a shared sense of purpose.

Our ambition is to be an OUTSTANDING employer, listening to our staff, attracting outstanding people to deliver outstanding care, targeting inequality and making sure our staff and volunteers are truly representative of our community. To help achieve this, we have set ourselves some specific objectives:

**Be recognised as the most inclusive organisation in the NHS with Zero discrimination for staff and patients (zero complaints from patients, zero investigations)**

- *Treble the number of staff from BAME backgrounds in leadership roles (Band 7 and above) by 2022*
- *Ensure our workforce matches the ward of Riverside in terms of % of staff from BAME backgrounds by 2025*

### Recruit and retain key clinical staff

- *Be in the top 10% of NHS organisations for staff engagement as evidenced by the Annual National NHS Staff Survey by 2024*
- *Grow the consultant workforce to achieve 24/7 consultant cover by 2023*
- *Provide an excellent education and clinical experience for all staff*

The detailed plans for delivering these objectives can be found in our Putting People First 2019 – 2024 strategy, which sets out more information regarding our plans around:

- Supporting the Health and Wellbeing of our staff
- Engaging and involving our people
- Increasing our influence and impact in our communities
- Compassionate Leadership - Investing in our people and our leaders.

Our plans around growing the consultant workforce are also addressed under the Future Generations strategy.

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# Safe

## OUR SERVICES WILL BE THE SAFEST IN THE COUNTRY

Safe care is the minimum you should expect when accessing healthcare services, which is why we have been working hard over the last five years to address the challenges created by our isolated site and secure a safe and sustainable future for our services. We will continue this work, keeping the delivery of our Future Generations strategy at the top of our agenda, to make sure our future generations in Liverpool have access to the nationally-leading standards of care we believe they deserve.

Our ambition is for our services to be the SAFEST in the country, now as well as in the future. That's why we are continually investing in our services to make them as safe as they can be. Our clinical teams have made excellent progress and have already implemented multiple innovative ways of improving safety, working with our partners across Liverpool and employing ground-breaking technology to support safe care. We have invested more than £2m a year into our services since 2017/18 to increase our staffing and £17m to improve our facilities, mitigating some of the risks caused by our isolated position. We listen to our staff when they tell us what they need to do their jobs to the best of their ability, which is why we have lobbied for and secured further investment to continue in our journey to deliver the safest care in the country.

Our specific objectives around safety are:

### Progress our plans to build a new hospital co-located with an adult acute site

- Complete refresh of site options appraisal and business case for a new Liverpool Women's Hospital in 2021
- Contribute to the development and delivery of the Liverpool-wide estates plan during 2021

### Develop our model of care to keep pace with developments and respond to a changing environment

- Review Future Generations model of care for all services, taking account of all post-COVID learning and changes to care delivery models by 2021
- Consult and engage patients, staff and families during and subsequent to the development process - 2021
- Deliver the Quality and Clinical strategy in line with the timescales set out therein
- Provide our hospital with the best digital capabilities and embed a digital first culture through delivering the Digital.Generations strategy by 2025

### Implement all feasible mitigations to ensure services delivered from the Crown Street site are as safe as possible, developing our facilities for the benefit of our patients as well as those across the system

- Secure investment to develop CT and blood bank services on site by 2021
- Maximise the Gynaecology workforce to deliver timely, safe and effective care to our patients

We will deliver these objectives through the detailed plans in our Future Generations Strategy, our Clinical and Quality Strategy, our Digital.Generations Strategy and our Estates Strategy (due to be published in 2021).

# Experience

## EVERY PATIENT WILL HAVE AN OUTSTANDING EXPERIENCE

We believe that we cannot be the recognised leader in healthcare for women, babies and their families unless we deliver outstanding care, and we understand that your experience of that care can have just as significant an impact as your clinical outcomes. Our ambition is to exceed expectations and deliver an outstanding patient and family experience for everyone who uses our services. This means ensuring that people who use our services are valued as individuals and listened to; that what is important to them is important to us and that patients and families are informed and supported so that they can be equal partners in making meaningful decisions about their care.

All of our staff, regardless of their role, care deeply about the experiences that our women, babies and families have while under our care. We believe that to deliver a great experience we must make sure we have great people in every role, and that those people are given the support, safe environment and facilities they need to reach their full potential.

We commit to placing women, babies and their families at the centre of the care we provide. We will actively seek the views of our whole community, and place them at the heart of future service design. We will listen and learn from what you tell us and we will be accountable to our community, members and governors.

To help achieve these ambitions, we have set ourselves some specific objectives:

### **Deliver an excellent patient and family experience to all our service users**

- *Achieve Bliss baby charter accreditation by 2023*
- *Achieve the Unicef Baby Friendly Initiative by 2025*
- *Achieve full delivery of the Patient Experience Framework by 2025*
- *Pro-actively seek the views of diverse communities to inform the design of our services for the future, ensuring we champion the voices of our future service users*

We will deliver these objectives through the detailed plans in our Clinical and Quality Strategy, our Patient Experience Framework and our Membership Engagement Strategy.

# Efficient

# Effective

## WE WILL DELIVER MAXIMUM EFFICIENCY

## OUTCOMES WILL BE THE BEST IN CLASS

We understand the importance of having efficient and effective services; our ambition is to achieve world leading outcomes while delivering maximum efficiency in our services. We commit to valuing equally the time of people both providing and using our services, and making sure everything we do has a direct impact on improving patient care.

We believe that by focusing on our People, delivering Safe care and an outstanding Experience, we will continue to improve our outcomes and achieve efficient services. We have set a number of specific objectives centred on efficiency and effectiveness:

### Ensure our services are financially sustainable in the long term

- *Ensure efficient and effective use of all available resources*
- *Ensure the Trust has an updated, balanced long term financial plan in place by 2021/22*
- *Pursue appropriate opportunities to maximise Trust income for the benefit of our patients*
- *Appraise options for future organisational form (up to and including merger) by 2022*
- *Develop the Trust's commercial strategy during 2021*

### Expand our existing partnerships, building on learning and partnership working throughout the COVID-19 pandemic, playing a key role in establishing any ICP or ICS

- *Develop a clear plan for all desirable partnerships during 2021, ensuring robust governance structures are in place*

### Progress our research strategy and foster innovation within the Trust

- *Achieve university hospital status by March 2023*
- *Provide clear evidence of senior nursing & midwifery research leadership, as per the Trust R&D strategy by March 2021*
- *Demonstrate full recovery of the RD&I activities by May 2021 following the COVID-19 pandemic*
- *Provide clear evidence of the Trust's R&D response to COVID pertaining to the specific needs of the Liverpool population, Jan 2021*
- *Commence refresh of R&D strategy by engagement with stakeholders*

### Fully implement the CQC well-led framework throughout the Trust, achieving maximum compliance and delivering the highest standards of leadership

- *Achieve a well-led 'good' rating by 2021*
- *Achieve a well-led 'outstanding' rating by 2023*
- *Achieve an overall rating of outstanding by 2025*

We will deliver these objectives through the detailed plans in our Clinical and Quality Strategy, our Research and Innovation Strategy and our new Finance and Sustainability Strategy, which will be published in 2021.

**People – Safe - Experience**

## Implementing our Plans

This overarching strategy for our Trust was developed in partnership with our staff, patients and community here at Liverpool Women's; to provide a guide to our priorities and decisions over the next five years and take us closer to achieving our ambitions.

The strategy is carefully aligned with all of our underpinning strategies and plans, which feature the detail on how we will deliver our objectives. In early 2021, we will be reviewing and refreshing some of our plans published prior to 2020 to make sure we continue that alignment and that there are no gaps in delivering our objectives.

This strategy will be used to shape our annual operational plans and our daily activities over the next five years. We have nominated Executive leads for each objective, who will be responsible for championing change where it's required and making sure we achieve our goals.

We recognise the need for flexibility, in the light of the challenges created by COVID-19, and for that reason we will be reviewing our plans every six months; to make sure we are delivering what we set out to do, and to give us the opportunity to respond to changes in our environment.

We believe this strategy will help us deliver our vision:

**To be the recognised leader in healthcare for women, babies and their families**

		Agenda Item	20/21/299
MEETING	Trust Board		
PAPER/REPORT TITLE:	NHSE/I Covid-19 Infection Control Board Assurance Framework - version 1.4.3 – Updated 11 <sup>th</sup> February 2021		
DATE OF MEETING:	4 March 2021		
ACTION REQUIRED	Assurance		
EXECUTIVE DIRECTOR:	Marie Forshaw, Director of Nursing & Midwifery		
AUTHOR(S):	Christopher Lube, Head of Governance and Quality, and AnnMarie Roberts, Infection Control Lead Nurse		
STRATEGIC OBJECTIVES:	<p><b>Which Objective(s)?</b></p> <p>1. To develop a well led, capable, motivated and entrepreneurial <b>workforce</b> <input type="checkbox"/></p> <p>2. To be ambitious and <b>efficient</b> and make the best use of available resource <input checked="" type="checkbox"/></p> <p>3. To deliver <b>safe</b> services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most <b>effective</b> Outcomes <input type="checkbox"/></p> <p>5. To deliver the best possible <b>experience</b> for patients and staff <input checked="" type="checkbox"/></p>		
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p><b>Which condition(s)?</b></p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input checked="" type="checkbox"/></p> <p>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. .... <input checked="" type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan ..... <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ..... <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input checked="" type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) ..... <input type="checkbox"/></p>		
CQC DOMAIN	<p><b>Which Domain?</b></p> <p><b>SAFE</b>- People are protected from abuse and harm <input checked="" type="checkbox"/></p> <p><b>EFFECTIVE</b> - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p><b>CARING</b> - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input checked="" type="checkbox"/></p> <p><b>RESPONSIVE</b> – the services meet people's needs. <input checked="" type="checkbox"/></p> <p><b>WELL-LED</b> - 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. <input checked="" type="checkbox"/></p> <p><b>ALL DOMAINS</b> <input checked="" type="checkbox"/></p>		
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	<p>1. Trust Constitution <input type="checkbox"/></p> <p>2. Operational Plan <input checked="" type="checkbox"/></p> <p>3. NHS Compliance <input checked="" type="checkbox"/></p>	<p>4. NHS Constitution <input type="checkbox"/></p> <p>5. Equality and Diversity <input checked="" type="checkbox"/></p> <p>6. Other: <a href="#">Click here to enter text.</a></p>	



<b>FREEDOM OF INFORMATION (FOIA):</b>	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	
<b>RECOMMENDATION:</b> (eg: <i>The Board/Committee is asked to:-....</i> )	The Board members as requested to note the contents of the paper and take assurance that the Trust is taking all actions reasonably practicable to ensure it is working to meet it's responsibilities for Infection Prevention and Control in relation to Covid-19.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee name</b>	<i>Choose an item.</i> Or type here if not on list: <i>Click here to enter text.</i>
	<b>Date of meeting</b>	<i>Click here to enter a date.</i>

### Executive Summary

On the 26<sup>th</sup> October 2020 NHSE/I provided all Trusts with version 1.4 of the Infection control Board Assurance Framework which is to be used to further review compliance with IPC during the Covid-19 pandemic. The aim of the framework is to provide the Trust with a method of assessing compliance and providing assurance to its Safety and Quality Committee. The updated framework poses 43 new key line of enquiry in relation to compliance or non-compliance with national guidance, identification of gaps in assurance and identification of any mitigation for gaps.

The Trust provided a return in November 2020 declaring compliance with all bar six of the new standards. A further request was made by NHSE for a review of the novel elements of the BAF and the Trust made a return on February 11<sup>th</sup> 2021 citing compliance with all the new standards.

The full BAF is detailed below, the new standards are highlighted in blue in the text, existing standards, for which assurance has previously been reported, remain unhighlighted. Each of the novel elements contains an assurance statement and these have been separated to be included in Appendix 1.

A separate version of Appendix 1 containing the documented evidence (embedded or hyperlinked documents) which underpin the assurance statements, has been made available to the Board of Directors in the supporting documents on the Microsoft Teams channel.

### Recommendation

The Board are requested to note the contents of the paper and take assurance that the Trust is taking all actions reasonably practicable to ensure it is working to meet it responsibilities for Infection Prevention and Control in relation to Covid-19.

Publications approval reference: 001559



# Infection prevention and control board assurance framework

15<sup>th</sup> October. Version 1.4

## Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.



Ruth May  
Chief Nursing Officer for England

## 1. Introduction

As our understanding of COVID-19 has developed, PHE and related [guidance](#) on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

## 2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the [Code of Practice](#) on the prevention and control of infection which links directly to [Regulation 12](#) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The [Health and Safety at Work Act](#) 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff that is treating

And caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

**1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users**

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>infection risk is assessed at the front door and this is documented in patient notes</li> <li>patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission</li> <li>compliance with the <a href="#">national guidance</a> around discharge or transfer of COVID-19 positive patients</li> <li>monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice monitoring of compliance with PPE, consider implementing the role of PPE guardians/safety champions to embed and encourage best practice</li> </ul>	<p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Audits completed by IPC team in relation to Covid 19 and general IPC practices across all areas of the Trust</p> <p>Results go onto NICERS system, sent out to HoN/M and Matrons. Assurance provided at Infection Control Committee and Oversight and Scrutiny Group</p> <p>Monitoring for PPE is part of Covid ICC audits. Issues relating to PPE reported on Ulysses and highlighted at Control and Command meetings daily.</p>	<p>None Identified</p> <p>None Identified</p>	

	Champions in place via IPC team and Covid leads for each area which are consultant and senior nurse level. PPE lead for Trust is the HOG&Q ICC link staff in all clinical areas.	None Identified	
<ul style="list-style-type: none"> <li>staff testing and self-isolation strategies are in place and a process to respond if transmission rates of COVID-19 increase</li> </ul>	Full process in place for all staff that show symptoms of Covid, SOP in place, testing undertaken locally by staff. Process in place for identifying an outbreak and actions required by IPC team and senior managers BCP in place for staff levels	None identified	
<ul style="list-style-type: none"> <li>training in IPC standard infection control and transmission-based precautions are provided to all staff</li> </ul>	All staff has a mandatory training requirement in relation to their clinical or non -clinical role. Targets in place for 95% compliance, monitored weekly by executive directors and at monthly divisional performance meetings. Link ICC undertake local updates as required for hand washing, general IPC, ANTT and as part of local induction.	None identified	
<ul style="list-style-type: none"> <li>IPC measures in relation to COVID-19 should be included in all staff Induction and mandatory training</li> </ul>	PPE Donning and Doffing now included in local induction and corporate induction	None Identified covid-19 IC included in mandatory training required.	

<ul style="list-style-type: none"> <li>all staff are regularly reminded of the importance of wearing face masks, hand hygiene and maintaining physical distance both in and out of work</li> <li>all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance</li> </ul>	<p>Weekly communications go out to all staff and regularly include information on requirements. IPC staff remind staff when out and about</p> <p>Discussed with staff when not compliant on Covid audit</p> <p>Signage place across Trust</p> <p>All clinical staff at risk of contact with Covid positive patients has had clear face to face training on the use of PPE and donning and doffing.</p> <p>All, non-clinical staff have received clear information as how and when to use face masks. Posters have been issued across the organisation for both clinical and non-clinical PPE use.</p>	None identified	None identified
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<ul style="list-style-type: none"> <li>national IPC <a href="#">guidance</a> is regularly checked for updates and any changes are effectively communicated to staff in a timely way</li> </ul>	IPC team and DIPC regularly review all guidance and ensure that any updates required are identified and included in any policies or SOPS. Updates are scrutinised at the weekly Oversight meeting and any immediate actions are raised at daily Command and Control.	None identified	
<ul style="list-style-type: none"> <li>changes to <a href="#">guidance</a> are brought to the attention of boards and any risks and mitigating actions are highlighted</li> </ul>	The DOO provides an update on all aspects of Covid to the Trust Board monthly as part of the trust performance report.	None identified	
<ul style="list-style-type: none"> <li>risks are reflected in risk registers and the board assurance framework where appropriate</li> </ul>	All risks have been reviewed and Covid element added where required. All BAF risks have been Covid assessed and impact identified. An overarching BAF risk for Covid Pandemic has been developed and is updated every 2 – 4 weeks depending on current situation.	None identified	
<ul style="list-style-type: none"> <li>robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens</li> </ul>	Previous Assurance provided in version 1.2.4		
9   <a href="#">IPC board assurance framework</a>			

<ul style="list-style-type: none"> <li>that Trust CEOs or the executive responsible for IPC approve and personally signs off, all data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner.</li> <li>ensure Trust Board has oversight of ongoing outbreaks and action plans.</li> </ul>	<p>This is reviewed weekly at Oversight and Scrutiny and at the daily command and control meetings</p> <p>All data collated through Power BI system and controlled by Head of Performance.</p> <p>DIPC provides reports to board as and when outbreaks occur and works with PHE and local staff to develop a robust action plan which is then monitored via the Weekly Oversight and Scrutiny meeting chaired by the CEO/Deputy CEO.</p>	<p>None identified</p> <p>None identified</p> <p>None identified</p>	
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## 2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas</li> <li>designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas</li> <li>decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other <a href="#">national guidance</a></li> <li>increased frequency at least twice daily of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other <a href="#">national guidance</a></li> </ul>	<p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p>	None identified	

<ul style="list-style-type: none"> <li>• cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per <a href="#">national guidance</a>. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>• Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per <a href="#">national guidance</a></li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>• 'frequently touched' surfaces e.g. door/toilet handles, patient call bells, over bed tables and bed rails should be decontaminated more than twice daily and when known to be contaminated with secretions, excretions or body fluids</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>• electronic equipment e.g. mobile phones, desk phones, tablets,</li> </ul>	Previous Assurance provided in version 1.2.4		

<p>desktops &amp; keyboards should be cleaned a minimum of twice daily</p> <ul style="list-style-type: none"> <li>rooms/areas where PPE is removed must be decontaminated, ideally timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily)</li> <li>linen from possible and confirmed COVID-19 patients is managed in line with PHE and other <a href="#">national guidance</a> and the appropriate precautions are taken</li> <li>single use items are used where possible and according to single use policy</li> <li>reusable equipment is appropriately decontaminated in line with local and PHE and other <a href="#">national guidance</a></li> <li>ensure cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment</li> </ul>	<p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Cleaning is monitored in accordance with the National Specification for Cleanliness in a Healthcare Environment to the following targets by risk category using the 49 listed elements. Referred to in Trust Cleaning Policy.</p>	<p>None identified</p> <p>None identified</p>	
	Non clinical areas, e.g. offices		

	<p>would be in the significant or low categories, unless they were offices within a clinical area then that frequency and target would apply.</p> <table><tr><th>Risk Category</th><th>Target</th><th>Frequency</th></tr><tr><td>Very High</td><td>98%</td><td>Weekly</td></tr><tr><td>High</td><td>96%</td><td>Monthly</td></tr><tr><td>Public areas</td><td>96%</td><td>Monthly</td></tr><tr><td>Significant</td><td>92%</td><td>Quarterly</td></tr><tr><td>Low</td><td>90%</td><td>6 monthly</td></tr></table>	Risk Category	Target	Frequency	Very High	98%	Weekly	High	96%	Monthly	Public areas	96%	Monthly	Significant	92%	Quarterly	Low	90%	6 monthly	None identified	
Risk Category	Target	Frequency																			
Very High	98%	Weekly																			
High	96%	Monthly																			
Public areas	96%	Monthly																			
Significant	92%	Quarterly																			
Low	90%	6 monthly																			
<ul style="list-style-type: none"><li>• ensure the dilution of air with good ventilation e.g. open windows, in admission and waiting areas to assist the dilution of air</li></ul>	<p>Previous Assurance provided in version 1.2.4</p>																				

<ul style="list-style-type: none"> <li>there is evidence organisations have reviewed the low risk COVID-19 pathway, before choosing and decision made to revert to general purpose detergents for cleaning, as opposed to widespread use of disinfectants</li> </ul>	Low risk Covid pathway not currently in use due to regional being at tier 3. DIPC has reviewed the guidance, but at this time there are no plans to change current cleaning standards	None identified	
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3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and process are in place to ensure:</p> <ul style="list-style-type: none"> <li>arrangements around antimicrobial stewardship is maintained</li> <li>mandatory reporting requirements are adhered to and boards continue to maintain oversight</li> </ul>	<p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p>	None identified	
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions

<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>• implementation of <a href="#">national guidance</a> on visiting patients in a care setting</li> <li>• areas in which suspected or confirmed COVID-19 patients are being treated in areas clearly marked with appropriate signage and have restricted access</li> <li>• information and guidance on COVID-19 is available on all trust websites with easy read versions</li> <li>• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved</li> <li>• there is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice.</li> </ul>	All guidance is reviewed at oversight and scrutiny with a decision made in relation to local restrictions	None identified	
	Previous Assurance provided in version 1.2.4		
	All Covid information is regularly updated on Trust site by communications team and via social media.	None identified	
	The Trust has a specific Covid discharge SOP in place	None identified	
	All areas have information available. Trust only has 2 entrances to building in use, both of which are staffed during the day and one entrance at night. At all times key information is provided.	None identified	

**5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people**

16   IPC board assurance framework	Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
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<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>• screening and triaging of all patients as per IPC and <a href="#">NICE Guidance</a> within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases.</li> <li>• front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate from Non Covid-19 cases to minimise the risk of cross-infection as per <a href="#">national guidance</a></li> <li>• staff are aware of agreed template for triage questions to ask</li> <li>• triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible</li> <li>• face coverings are used by all outpatients and visitors</li> <li>• face masks are available for patients with respiratory symptoms</li> </ul>	<p>SOPs in place for all areas for elective and non- elective patients and requirements for screening Compliance monitored weekly at oversight meeting</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Template available by all key phone routes into trust</p> <p>In key clinical areas where triage is in use such as MAU, GED, Bedford undertaken by trained clinical staff supported by relevant SOPS</p> <p>This requirement for anyone on entering the Trust building unless individual identifies that they are exempt.</p> <p>Face mask stations at front entrances and in all clinical areas which patients can access in all</p>	<p>None identified</p> <p>None identified</p> <p>None identified</p> <p>None identified</p> <p>None identified</p>	
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	inpatient and outpatient areas if required.		
<ul style="list-style-type: none"> <li>provide clear advice to patients on use of face masks to encourage use of surgical facemasks by all inpatients in the medium and high-risk pathways if this can be tolerated and does not compromise their clinical care</li> <li>ideally segregation should be with separate spaces, but there is potential to use screens, e.g. to protect reception staff.</li> <li>for patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative</li> <li>patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly</li> <li>patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately</li> </ul>	<p>Currently DIPC is reviewing medium and high risk pathways and requirements. Patients are currently required to wear if moving around or in a high risk area.</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p>	None identified	

**6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection**

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>• separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas</li> <li>• all staff (clinical and non- clinical) have appropriate training, in line with latest <a href="#">national guidance</a> to ensure their personal safety and working environment is safe</li> <li>• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to <a href="#">Don and Doff</a> it safely</li> <li>• a record of staff training is maintained</li> <li>• appropriate arrangements are in place that any reuse of PPE in line with the <a href="#">MHRA CAS Alert</a> is properly monitored and managed</li> </ul>	<p>All patient pathways are in place for inpatient and outpatient areas. Separate entrance for staff in to organisation use of red, amber and green zones in inpatient areas</p> <p>One way system in place in main corridors, stair ways and public areas</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p>	<p>None identified</p> <p>None identified</p>	

<ul style="list-style-type: none"> <li>any incidents relating to the re-use of PPE are monitored and appropriate action taken</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>adherence to PHE <a href="#">national guidance</a> on the use of PPE is regularly audited</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as:</li> </ul>	<p>All patients have access to hygiene facilities in patient areas and communal areas; these are regularly monitored and cleaned.</p> <p>All patients receive information as part of appointment letter and text reminder of Covid requirements. Clear signage on entrance to building of requirements</p>	None identified	
<ul style="list-style-type: none"> <li>hand hygiene facilities including instructional posters</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>good respiratory hygiene measures</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>maintaining physical distancing of 2 metres wherever possible unless wearing PPE as part of direct care</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>frequent decontamination of equipment and environment in both clinical and non-clinical areas</li> </ul>	Previous Assurance provided in version 1.2.4		

<ul style="list-style-type: none"> <li>• clear advice on use of face coverings and facemasks by patients/individuals, visitors and by staff in non-patient facing areas</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>• staff regularly undertake hand hygiene and observe standard infection control precautions</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>• the use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per <a href="#">national guidance</a></li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>• guidance on hand hygiene, including drying should be clearly displayed in all public toilet areas as well as staff areas</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>• staff understand the requirements for uniform laundering where this is not provided for on site</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>• all staff understand the symptoms of COVID-19 and take appropriate action (even if experiencing mild symptoms) in line with PHE <a href="#">national guidance</a> and other if they or a member of their household display any of the symptoms</li> </ul>	Previous Assurance provided in version 1.2.4		

<ul style="list-style-type: none"> <li>• a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals)</li> <li>• positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported.</li> <li>• robust policies and procedures are in place for the identification of and management of outbreaks of infection</li> </ul>	<p>DIPC provide IPC team with surveillance rates which includes Covid.</p> <p>CEO and DOO attending regional system meeting during the week and get update on local changes and identify any possible impact on Trust as part of Command and Control meetings</p> <p>Where required any changes are made in response to information gained and in line with regional guidance</p> <p>All Health Care Associated Infections are dealt with under local policy and procedures which meet notional guidance</p> <p>Any cases of an outbreak are reported as per national guidance and investigations led by DIPC linking in with PHE and NHSE/I</p> <p>Previous Assurance provided in version 1.2.4</p>	<p>None identified</p> <p>None identified</p> <p>None identified</p> <p>None identified</p> <p>None identified</p>	
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7. Provide or secure adequate isolation facilities			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure:</p> <p>restricted access between pathways if possible, (depending on size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff</p>	<p>Separate entrances into organisation are in place, clear triage and reduction of patients on site for GED, Bedford and Maternity Assessment Unit by use of a triage system</p> <p>Maternity base have implemented a red zone for which there is a separate entrance, which can be used.</p> <p>Where possible every effort is made to ensure that positive patients do not cross with negative patients in clinical areas</p>	<p>None identified</p> <p>None identified</p> <p>None identified</p>	

<ul style="list-style-type: none"> <li>• areas/wards are clearly signposted, using physical barriers as appropriate to patients/individuals and staff understand the different risk areas</li> </ul>	<p>Clear floor marking in place with signage</p> <p>All reception desks, shop, cafes and staff restaurant have screens in place.</p>	None identified	
<ul style="list-style-type: none"> <li>• patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate</li> </ul>	<p>The use of red amber and green zones in in-patient areas</p>	None identified	
<ul style="list-style-type: none"> <li>• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE <a href="#">national guidance</a></li> </ul>	<p>In areas which are being used to co-hort patients beds have been removed to increase space to 2 meters between beds and chairs</p>	None identified	
<ul style="list-style-type: none"> <li>• patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement</li> </ul>	<p>Previous Assurance provided in version 1.2.4</p>		



## 8. Secure adequate access to laboratory support as appropriate

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
There are systems and processes in place to ensure:			
<b>10.</b> ensure screens taken on admission given priority and reported within 24hrs	Lab facilities are out sourced to LCL, swab result returns are monitored by weekly Oversight and Scrutiny group. Medial Director has had a number of conversation with LCL in relation to LWH requirements and the need to ensure LWH swabs are prioritised as the same as internal requirements for LUFT	None identified	
<b>11.</b> regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available	As above		
<b>12.</b> testing is undertaken by competent and trained individuals	Trust testing process are run by the clinical Support Division and this is supported by SOPs	None identified	
<b>13.</b> patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other <a href="#">national guidance</a>	Previous Assurance provided in version 1.2.4		
IPC board assurance framework			

14. regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data)	This is in line with national guidance of symptomatic Use of Power BI	None identified	
15. screening for other potential infections takes place	All screening of infections has continued as normal and following local policies and procedures.	None identified	

**9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections**

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Systems and processes are in place to ensure that:</p> <ul style="list-style-type: none"> <li>• staff are supported in adhering to all IPC policies, including those for other alert organisms</li> <li>• any changes to the PHE <a href="#">national guidance</a> on PPE are quickly identified and effectively communicated to staff</li> <li>• all clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current <a href="#">national guidance</a></li> </ul>	<p>This activity continues as per normal practice with full support from DIPC and IPC Team</p> <p>Previous Assurance provided in version 1.2.4</p> <p>Previous Assurance provided in version 1.2.4</p>	None identified	

<ul style="list-style-type: none"> <li>PPE stock is appropriately stored and accessible to staff who require it</li> </ul>	Trust have moved to a dedicated portacabin which is set up as a main stock room and manned by procurement staff who undertake weekly stock push to wards and departments. Emergency stock supply kept in main hospital for out of hour's access.	None identified	
	Additional container storage is on site which feeds the main stock room.	None identified	
	Clear stock levels are maintained by procurement staff and daily updates given to command and control meeting	None identified	
<b>10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection</b>			
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
<p>Appropriate systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> <li>staff in 'at-risk' groups are identified using an appropriate risk assessment tool and managed appropriately including ensuring their physical and wellbeing is supported</li> </ul>	Previous Assurance provided in version 1.2.4		

<ul style="list-style-type: none"> <li>that risk assessment(s) is (are) undertaken and documented for any staff members in an at risk or shielding groups, including Black, Asian and Minority Ethnic (BAME) and pregnant staff</li> <li>staff required to wear FFP reusable respirators undergo training that is compliant with PHE <a href="#">national guidance</a> and a record of this training is maintained and held centrally</li> <li>staff who carry out fit test training are trained and competent to do so</li> <li>all staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used</li> <li>a record of the fit test and result is given to and kept by the trainee and centrally within the organisation</li> </ul>	<p>The Trust actively assessed all BAME staff and put in place additional support where required.</p> <p>Previous Assurance provided in version 1.2.4</p> <p>All staff carrying our Fit testing has received appropriate training to do so and any one of concern is reviewed by Risk and Patient Safety Manager.</p> <p>The Trust has put in place a robust process for this, and all staff has a fit test for the mask they are using and if this changes they are re-fit tested.</p> <p>A central record is kept by the corporate governance team</p>	<p>None identified</p> <p>None identified</p> <p>None identified</p> <p>None identified</p>	
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<ul style="list-style-type: none"> <li>for those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods</li> </ul>	<p>All staff who are fit tested are provided with a copy of their test results and results maintained on control record.</p>	<p>None identified</p>	
<ul style="list-style-type: none"> <li>for members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm</li> <li>a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health</li> <li>following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service record</li> </ul>	<p>All staff who fail a fit test would be referred back to their line manager and if deemed fit the line manager can refer them for a respiratory hood fitting. If this is not appropriate for the role then a discussion on redeployment would be held with HR involvement.</p> <p>Record of discussion are held locally with line manager All staff who are fit tested are provided with a copy of their test results and results maintained on control record.</p> <p>All staff who fail a fit test would be referred back to their line manager and if deemed fit the line manager can refer them for a respiratory hood fitting. If this is not appropriate for the role then a discussion on redeployment would be held with HR involvement.</p>	<p>None identified</p> <p>None identified</p> <p>None identified</p>	

<ul style="list-style-type: none"> <li>boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board</li> </ul>	<p>The Trust has SOP in place and ensures that all staff who require fit testing have this completed. Reporting on fit testing provided to Command and control meeting and to Weekly Oversight and Scrutiny group verbally by Head of Governance and Quality, Trust lead for PPE and fit testing. Output from Oversight and Scrutiny reported to Trust board by CEO and in DOO Covid section of performance report.</p> <p>Formal report fortnightly presented at Oversight and Scrutiny Meeting with verbal updates in between continuing and at Command and control Meetings.</p>	None identified	
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<ul style="list-style-type: none"> <li>consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per <a href="#">national guidance</a></li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>all staff should adhere to <a href="#">national guidance</a> on social distancing (2 metres) if not wearing a facemask and in non-clinical areas</li> </ul>	Previous Assurance provided in version 1.2.4		
<ul style="list-style-type: none"> <li>health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone</li> </ul>	All areas have had a Covid -19 risk assessment completed and where compliant have been issued with a Covid-19 secure certificate. These have been placed on the Trust intranet for all staff to access	None identified	
<ul style="list-style-type: none"> <li>staff are aware of the need to wear facemask when moving through COVID-19 secure areas.</li> </ul>	All staff have been made fully aware via numerous communications and poster of the requirement to use a face masks when moving around. This is reinforced by the executive directors during In the Loop presentation and walk arounds.	None identified	
<ul style="list-style-type: none"> <li>staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing</li> </ul>	Update on staff absences are provided to the daily command and Control Meeting and at the Weekly Oversight and Scrutiny meeting	None identified	

<ul style="list-style-type: none"><li>• staff who test positive have adequate information and support to aid their recovery and return to work</li></ul>	Previous Assurance provided in version 1.2.4		
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## IPC Board Assurance Framework – Appendix 1

Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users		Compliance Y/N comments	Evidence (evidence against each element has been made available to Board Directors separately).
1	Monitoring of IPC practices, ensuring resources are in place to enable compliance with IPC practice.	<b>Yes.</b> Audits completed in line with the IPC audit programme, results available via NICERS. Weekly COVID audits in clinical areas, results on Power Bi. Weekly COVID audits in non-clinical areas, results saved locally with IPC.	
2	Monitoring of compliance with PPE, consider implementing the role of PPE guardians/safety champions to embed and encourage best practice.	<b>Yes.</b> IPC Audits including specific COVID audits. IPC link staff in each area. Link staff meeting in December updated on COVID guidance.	
3	Staff testing and self-isolation strategies are in place and a process to respond if transmission rates of COVID-19 increase.	<b>Yes.</b> Process/SOP in place for all staff that show symptoms of Covid, testing undertaken locally by staff. Process in place for identifying an outbreak and actions required by IPC team and senior managers	
4	Training in IPC Standard Infection Control and transmission-based precautions are provided to all staff.	<b>Yes.</b> Staff complete IPC training on induction, mandatory training and are assessed in hand hygiene if required for their role.	

5	IPC measures in relation to COVID-19 should be included in all staff Induction and mandatory training.	<b>Yes.</b> COVID training has been added to IPC E learning package.	
6	All staff are regularly reminded of the importance of wearing face masks, hand hygiene and maintaining physical distance both in and out of work.	<b>Yes.</b> IPC review areas and address any issues of non-compliance. COVID audits undertaken. Communications sent out regularly.	
7	All staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per <a href="#">national guidance</a>	<b>Yes.</b> All clinical staff at risk of contact with Covid positive patients have had face to face training on the use of PPE and donning and doffing. All, non-clinical staff have received clear information as how and when to use face masks. Posters have been issued across the organisation for both clinical and non-clinical PPE use.	
8	That Trust CEOs or the executive responsible for IPC approve and personally signs off, all data submissions via the daily nosocomial sitrep. This will ensure the correct and accurate measurement and testing of patient protocols are activated in a timely manner.	<b>Yes.</b> This is reviewed weekly at Oversight and Scrutiny and at the daily command and control meetings  All data collated through Power BI system and controlled by Head of Performance.	
9	Ensure Trust Board has oversight of ongoing outbreaks and action plans.	<b>Yes.</b> DIPIC provides reports to board as and when outbreaks occur and works with PHE and local staff to develop a robust action plan which is then monitored via the Weekly Oversight and Scrutiny meeting chaired by the CEO/Deputy CEO	
Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
10	Ensure the dilution of air with good ventilation e.g. open windows, in admission and waiting areas to assist the	<b>Yes.</b> Process in place via estates to ensure building	

	dilution of air	ventilated via opening windows	
11	There is evidence organisations have reviewed the low risk COVID-19 pathway, before choosing and decision made to revert to general purpose detergents for cleaning, as opposed to widespread use of disinfectants.	<b>Yes.</b> Low risk Covid pathway not currently in use. DIPC has reviewed the guidance, but at this time there are no plans to change current cleaning standards	
12	Ensure cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment.	<b>Yes.</b> Cleaning is monitored in accordance with the National Specification for Cleanliness in a Healthcare Environment to the following targets by risk category using the 49 listed elements. Referred to in Trust Cleaning Policy.	
Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
13	There is clearly displayed and written information available to prompt patients' visitors and staff to comply with hands, face and space advice.	<b>Yes.</b> All areas have information available. Trust only has 2 entrances to building in use, both of which are staffed during the day and one entrance at night. At all times key information is provided.	
Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
14	Screening and triaging of all patients as per IPC and <a href="#">NICE</a> Guidance within all health and other care facilities must be undertaken to enable early recognition of COVID-19 cases.	<b>Yes.</b> SOPs in place for all areas for elective and non-elective patients and requirements for screening Compliance monitored weekly at oversight meeting	

15	Staff are aware of agreed template for triage questions to ask.	<b>Yes.</b> Template available	
16	Triage undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible.	<b>Yes.</b> In key clinical areas where triage is in use such as MAU, GED, Bedford undertaken by trained clinical staff supported by relevant SOPS	
17	Face coverings are used by all outpatients and visitors.	<b>Yes.</b> This requirement for anyone on entering the Trust building unless individual identifies that they are exempt.	
18	Face masks are available for patients with respiratory symptoms.	<b>Yes.</b> Face mask stations at front entrances and in all clinical areas which patients can access in all inpatient and outpatient areas if required.	
19	Provide clear advice to patients on use of face masks to encourage use of surgical facemasks by all inpatients (particularly when moving around the ward) if this can be tolerated and does not compromise their clinical care.	<b>Yes.</b> Patients are currently required to wear if moving around or in a high risk area.	
20	For patients with new-onset symptoms, isolation, testing and instigation of contact tracing is achieved until proven negative.	<b>Yes.</b> Patients are referred to IPC who provide advice. SOPs are in place for all areas and available on Trust Intranet.	
21	Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly.	<b>Yes.</b> Patients are referred to IPC who provide advice. SOPs are in place for all areas and available on Trust Intranet.	
– Systems to ensure that all care workers (including contractors and			

volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
22	Separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas.	<p><b>Yes.</b> All patient pathways are in place for inpatient and outpatient areas. Separate entrance for staff</p> <p>One way system in place in main corridors, stair ways and public areas</p>	
23	<p>Hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as:</p> <ul style="list-style-type: none"> <li>o hand hygiene facilities including instructional posters</li> <li>o good respiratory hygiene measures</li> <li>o maintaining physical distancing of 2 meters wherever possible unless wearing PPE as part of direct care.</li> </ul>	<b>Yes.</b> Signage placed across Trust	
24	Frequent decontamination of equipment and environment in both clinical and non-clinical areas.	<b>Yes.</b> Trust Cleaning Policy.	
25	Clear advice on use of face coverings and facemasks by patients /individuals, visitors and by staff in non-patient facing areas.	<b>Yes.</b> Signage placed across Trust. Face mask stations at front entrances and in all clinical areas Communications go out to all staff and regularly include information on requirements. IPC staff remind staff when reviewing clinical and non -clinical areas.	
26	A rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset	<p><b>Yes.</b> DIPC provide IPC team with surveillance rates which includes Covid.</p> <p>CEO and DOO attending regional system meeting</p>	

	cases (staff and patients/individuals).	during the week and get update on local changes and identify any possible impact on Trust as part of Command and Control meetings  Where required any changes are made in response to information gained and in line with regional guidance	
27	Positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation.	<b>Yes.</b> All Health Care Associated Infections are dealt with under local policy and procedures which meet national guidance Any cases of an outbreak are reported as per national guidance and investigations led by DIPC linking in with PHE and NHSE/I	
28	Robust policies and procedures are in place for the identification of and management of outbreaks of infection.	<b>Yes.</b> SOP, policy and procedures which meet national guidance. Available on Trust intranet.	
Provide or secure adequate isolation facilities			
29	Restricted access between pathways if possible, (depending on size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff.	<b>Yes.</b> Separate entrances into organisation are in place, clear triage and reduction of patients on site for GED, Bedford and Maternity Assessment Unit by use of a triage system	
30	Areas/wards are clearly signposted, using physical barriers as appropriate to patients/individuals and staff understand the different risk areas.	<b>Yes.</b> Side rooms are in use. No other physical barriers.  Signage is in place in clinical areas, audited to provide assurance.	

Secure adequate access to laboratory support as appropriate			
31	Ensure screens taken on admission given priority and reported within 24hrs.	<b>Yes.</b> Lab facilities are out sourced to LCL, swab result returns are monitored by weekly Oversight and Scrutiny group.	
32	Regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available.	<b>Yes.</b> Oversight and Scrutiny group.  LWH swabs are prioritised as the same as internal requirements for LUFT	
33	Regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data).	<b>Yes.</b> This is in line with national guidance of symptomatic Use of Power BI	
Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
34	That risk assessment(s) is (are) undertaken and documented for any staff members in an at risk or shielding groups, including Black, Asian and Minority Ethnic (BAME) and pregnant staff.	<b>Yes.</b> The Trust actively assessed all BAME staff and put in place additional support where required.	
35	Staff who carry out fit test training are trained and competent to do so.	<b>Yes.</b> All staff carrying out Fit testing has received appropriate training to do so and any one of concern is reviewed by Risk and Patient Safety Manager.	
36	All staff required to wear an FFP respirator have been fit tested for the model being used and this should be repeated each time a different model is used.	<b>Yes.</b> The Trust has put in place a robust process for this, and all staff has a fit test for the mask they are using and if this changes they are re-fit tested.	

37	A record of the fit test and result is given to and kept by the trainee and centrally within the organisation.	<b>Yes.</b> A central record is kept by the corporate governance team	
38	For those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods.	<b>Yes.</b> All staff who are fit tested are provided with a copy of their test results and results maintained on control record.	
39	If member of staff fails to be adequately fit tested a discussion should be had regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm. A documented record of this discussion should be available for the staff member and held centrally within the organization.as part of employment record including Occupational health.	<b>Yes.</b> All staff who fail a fit test are referred back to their line manager and if deemed fit the line manager can refer them for a respiratory hood fitting. If this is not appropriate for the role then a discussion on redeployment is held with HR involvement. A record is made on the Healthrosta of any staff being redeployed	
40	Following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service record.	<b>Yes.</b> All staff who fail a fit test are referred back to their line manager and if deemed fit the line manager can refer them for a respiratory hood fitting. If this is not appropriate for the role then a discussion on redeployment is held with HR involvement. A record is made on the Healthrosta of any staff being redeployed	
41	Boards need to have a system in place that demonstrates how, in regard to fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is	<b>Yes</b> Formal report fortnightly presented at Oversight and Scrutiny Meeting with verbal updates in between continuing and at Command and control Meetings.	



	regularly reviewed by the board.		
42	Health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone.	<b>Yes.</b> All areas have had a Covid -19 risk assessment completed	
43	Staff are aware of the need to wear facemask when moving through COVID-19 secure areas.	<b>Yes.</b> All staff have been made fully aware via numerous communications and poster of the requirement to use a face masks when moving around. This is reinforced by the executive directors during In the Loop presentation and walk arounds.	

MEETING	Trust Board
PAPER/REPORT TITLE:	Robotic Assisted Surgery Business Case
DATE OF MEETING:	Thursday, 04 March 2021
ACTION REQUIRED	For Approval
EXECUTIVE DIRECTOR:	Gary Price, Chief Operating Officer
AUTHOR(S):	Jennifer Huyton, Head of Strategy and Transformation
STRATEGIC OBJECTIVES:	<p><b>Which Objective(s)?</b></p> <ol style="list-style-type: none"> <li>To develop a well led, capable, motivated and entrepreneurial <b>workforce</b> <input checked="" type="checkbox"/></li> <li>To be ambitious and <b>efficient</b> and make the best use of available resource <input checked="" type="checkbox"/></li> <li>To deliver <b>safe</b> services <input checked="" type="checkbox"/></li> <li>To participate in high quality research and to deliver the most <b>effective</b> Outcomes <input checked="" type="checkbox"/></li> <li>To deliver the best possible <b>experience</b> for patients and staff <input checked="" type="checkbox"/></li> </ol>
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p><b>Which condition(s)?</b></p> <ol style="list-style-type: none"> <li>Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input checked="" type="checkbox"/></li> <li>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. .... <input checked="" type="checkbox"/></li> <li>The Trust is not financially sustainable beyond the current financial year..... <input checked="" type="checkbox"/></li> <li>Failure to deliver the annual financial plan ..... <input type="checkbox"/></li> <li>Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision ..... <input checked="" type="checkbox"/></li> <li>Ineffective understanding and learning following significant events..... <input type="checkbox"/></li> <li>The Trusts current clinical records system (paper and electronic) are sub-optimal..... <input type="checkbox"/></li> <li>Major and sustained failure of essential IT systems due to a cyber attack .... <input type="checkbox"/></li> <li>Failure to - a) maintain pre-Covid-19 level of service for our patients due to the outbreak of the Covid-19 pandemic; b) protect staff, patients and visitors from infection; c) effectively manage increased demands and provide support to the wider system; and d) failure to recover to pre-Covid-19 service levels following the pandemic and be sufficiently resilient to manage a potential 'second wave' of infection <input type="checkbox"/></li> </ol>
CQC DOMAIN	<p><b>Which Domain?</b></p> <p><b>SAFE</b>- People are protected from abuse and harm <input checked="" type="checkbox"/></p> <p><b>EFFECTIVE</b> - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p><b>CARING</b> - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p><b>RESPONSIVE</b> – the services meet people's needs. <input type="checkbox"/></p> <p><b>WELL-LED</b> - the leadership, management and governance of the <input type="checkbox"/></p>

	<i>organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.</i> <b>ALL DOMAINS</b> <input type="checkbox"/>	
<b>LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT</b>	1. Trust Constitution <input type="checkbox"/> 2. Operational Plan <input checked="" type="checkbox"/> 3. NHS Compliance <input type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input type="checkbox"/> 6. Other: <a href="#">Click here to enter text.</a>
<b>FREEDOM OF INFORMATION (FOIA):</b>	5. This report will not be published under the Trust's Publication Scheme due to exemptions under S43(2) of the Freedom of Information Act 2000, because such disclosure would be likely to prejudice the commercial interests of the Trust	
<b>RECOMMENDATION:</b> (eg: The Board/Committee is asked to:-....)	The Trust Board is asked to approve the business case and associated capital purchase, in accordance with SFIs	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee name</b>	FPBD
	<b>Date of meeting</b>	Tuesday, 23 February 2021

### Executive Summary

This paper provides a brief summary of the Robot Assisted Surgery business case, outlining the anticipated strategic and clinical benefits as well as the projected financial impact. The business case has been reviewed by the Finance, Performance and Business Development Committee (FPBD), which recommends approval of the purchase of a theatre robot in order to establish a permanent robotic assisted surgical service at Liverpool Women's Hospital.

### Report

#### 1. Introduction

A proposal to introduce robotic assisted surgery within the Trust's Gynaecology subspecialties was put forward in 2019. Capital funding for the theatre robot was included within the Trust's bid for emergency capital funding, submitted in February 2020. A pilot service was established in 2020, overseen by the Trust's Robot Steering Group (RSG), with necessary equipment obtained via a rental agreement. A Robotic Assisted Surgery Clinical Lead has been identified and procedures have been taking place using the robot since October 2020. In excess of 30 procedures have now been undertaken using the robot, with lists becoming increasingly efficient as the service develops; in February 2021 the first three case list was successfully undertaken.

At the end of November 2020, the emergency capital funding bid was approved. A business case to establish a permanent service has now been completed and is presented to the Trust Board for approval.

## 2. Business Case

The business case has been collectively compiled by members of the RSG which includes representatives from a range of disciplines across the Trust, and is included in full in Appendix 1. The case is structured around the five-case model, and considered three options:

- Do nothing/cease existing pilot service
- Establish robotic assisted surgery service through purchase of the theatre robot
- Establish robotic assisted surgery service utilising long term lease model.

A framework of critical success factors was developed by RSG members, and options were scored against four domains; quality, financial, strategic fit and feasibility, resulting in a preferred option of purchasing the theatre robot. The options appraisal exercise is reported in full within the economic case section of the business case.

The commercial case sets out the procurement approach for this option, recommending a direct award approach utilising the NHS Supply Chain Framework, and purchasing the robot from Intuitive under a fully managed service contract covering a five year period. The management case demonstrates that the proposal is feasible and deliverable (although not without challenge); it sets out arrangements for delivery of the service, assesses impact to existing services and reviews risks identified and benefits anticipated.

The strongest evidence to support approval of the preferred option is identified in the strategic and clinical cases. The clinical case sets out in detail the wide-ranging clinical quality, workforce and patient experience benefits which are delivered through utilisation of Robotic Assisted Surgery, supported by current evidence. It includes feedback from patients treated under the pilot service and details the range of procedures which can be undertaken. Implementation of the service will improve outcomes for patients, reduce risk and improve safety at the Crown Street site.

The strategic case is equally strong and demonstrates good strategic fit with local, Trust and divisional priorities. It demonstrates the material positive effect that the pilot service has had on the long-standing issues experienced within gynaecology medical recruitment and retention, meaning that the oncology service is no longer in an extremely precarious position and the ability to retain specialist gynaecology oncology services within Liverpool, at least in the short term, has been secured. Additionally the Trust is now in a position to re-establish its specialist endometriosis service provision. The strategic case gives consideration to the 'counterfactual' scenario; the likely outcome should the proposal for RAS not progress is that these services would be lost from Liverpool and potentially the region, with a significant adverse impact on access to care, patient outcomes and experience. Adverse impacts would also likely be felt by the Trust's maternity service (increasing clinical risk) and other provider organisations.

The financial case assesses the anticipated financial impact of establishing RAS on a permanent basis at the Trust. A capital investment of £1.5m is required, and additionally there is a significant revenue impact, with a cost pressure of £1.4m expected in each of the first two years, reducing to £0.7m in subsequent years (as surgeons become more efficient and case rates increase). Increased costs relate primarily to the costs of capital related to the robot as well as increased consumable costs compared to laparoscopic surgical options. A number of avenues are highlighted for cost mitigation and are being actively explored; this includes discussion with commissioners with respect to funding some of the increased costs of running the service.

### *Recommended Option*

The case considers the risk to the Trust's financial position in the context of strong strategic and clinical support for the proposal, and recommends that the Trust proceed with purchase of the theatre robot in order to establish a permanent robotic assisted surgical service at Liverpool Women's Hospital.

### **3. Post Implementation Review and Monitoring**

Should the business case be approved, the RSG will become an operational and clinical group responsible for the running of the service, overseen by divisional management teams. This new iteration of the group will be responsible for collectively directing the future of the service, including opportunities for expansion such as the range of procedures the robot is used for, private activity and training and education offers. The RSG will also maintain responsibility for monitoring outcomes and performance against expectations set out in the business case as well as recording benefits realised. This will be overseen by the newly established cross-divisional forum. An implementation plan will be produced from the current iteration of the group, to ensure smooth hand over to 'business as usual' operations.

Quality and experience impacts will be monitored with the views of patients who have been treated as part of the service actively sought, as well as the views of staff, and reported to Experience and Effectiveness Senates as appropriate.

The business case will enter the Trust's post implementation review pathway, and implementation will be reviewed by the Senior Management Team prior to being reported to FPBD. Given the financial investment required in this case, it is proposed that reviews are conducted at 6, 12 and 24 months following implementation.

### **4. Finance, Performance and Business Development Committee Review and Recommendation**

The Finance, Performance and Business Development Committee reviewed the case on 23 February 2021. The Committee was supportive and recommended approval of the business case to the Trust Board. The Committee requested that work continues in analysing the potential savings which can be delivered and is to receive an update during 2021/22.

Clarification regarding whether the Trust would be liable for any future costs of software upgrades was sought; it has since been confirmed that all software upgrades are covered under the fixed fee service and maintenance contract, and therefore the Trust will not be liable for any additional cost.

### **5. Conclusion and Recommendation**

The Robot Assisted Surgery Business Case recommends that the Trust proceed with the purchase of a theatre robot at a cost of £1.5m, in order to establish a permanent Robotic Assisted Surgery Service at Liverpool Women's Hospital.

The Trust Board is asked to approve the business case and associated capital purchase, in accordance with SFIs.