



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	30 September 2020	
Agenda Item:	P1-147-20	
Title:	CQC Whistleblowing Outcomes & Updates	
Report prepared by:	Karen Kay	
Executive Lead:	Sheila Lloyd	
Status of the Report:	Public	Private

Paper previously considered by:	Quality Committee 17 th September 2020
Date & Decision:	17 th September 2020 - Noted with thanks to the Quality Team

Purpose of the Paper/Key Points for Discussion:	The purpose of this report is to inform Trust Board on the outcome and progress to date concerning to Clatterbridge Cancer Centre (CCC) anonymous whistleblowing concerns highlighted to CQC July 2020.
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Action Required:	Discuss	
	Approve	
	For Information/Noting	x

Next steps required	Trust Board is requested to; <ul style="list-style-type: none"> Note the content of this report
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally	X	Collaborative system leadership to deliver better patient care	X
Retain and develop outstanding staff	X	Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	X
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

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

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



Karen Kay: Deputy Director of Nursing

CQC Whistle Blowing Outcome and Update

11th September 2020

1.0 Purpose

The purpose of this report is to inform Trust Board on the outcome and progress to date concerning two Clatterbridge Cancer Centre (CCC) anonymous whistleblowing concerns highlighted to the Care Quality Commission (CQC) July 2020

2.0 Introduction

The Trust received formal contact from CQC concerning two “Whistle Blowing” incidents in July 2020.

During this time CCC undertook a substantial programme of change. The organization was managing their part of a global pandemic (Covid 19), supporting the system to respond, as well as moving the main hospital site and inpatient facility from a stand-alone site into a brand new Cancer Centre in a city centre location.

In anticipation of such a challenging situation a programme of pre and post move support was implemented across the Trust for example, resilience sessions for managers and staff, weekly communication bulletins including spotlight reports from members of the Executive team, town hall events led by the Chief Executive, daily trouble shooting meetings etc. Focus Group meetings with staff post move were also planned.

3.0 First Incident

On Friday 10th July 2020 the Trust received formal contact from CQC concerning a “Whistle Blowing” incident. The detail comprised the following;

1. Concerns regarding a rise in inpatients developing pressure ulcers (PU)
2. Concerns regarding a rise in inpatient infections (HCAI's)
3. Concerns regarding unsafe staffing levels (SS)

Following a full review there were no concerns to suggest patient safety had been compromised at CCC and no evidence of issues in relation to pressure ulcers, infection rates or safe staffing. (Appendix 1)

CQC closed this enquiry on 17th July 2020 following review of all the evidence provided by CCC, concerns raised were not substantiated.

4.0 Second incident

On Tuesday 28th July 2020 the Trust received formal contact (via letter) from CQC concerning a further “Whistle Blowing” incident (Appendix 2). CQC requested assurance in relation to the following;

1. The staffing size for the wards at CCCL are adequate and patient care is maintained
2. Processes and procedures are in place for patients in side rooms in relation to patient falls
3. Sufficient capacity for social distancing provided for staff during break times

4. Medication errors are monitored and appropriate actions taken
5. Staff have a supportive culture

Following a full review there were no concerns to suggest patient safety had been compromised at CCC and no evidence of issues in relation to patient falls in side rooms, medication errors, safe staffing and safe staff rest arrangements. (Appendix 3).

CQC closed this enquiry on 18th August 2020 following review of all the evidence provided by CCC, concerns raised were not substantiated and they were reassured that a supportive culture was in place.

5.0 Raising Concerns

As an organisation we are committed to listening to our staff, learning lessons and improving patient care and supporting an open and honest culture where staff feel comfortable and safe to speak up.

We continue to actively encourage staff to raise concerns through their line management structure but we recognise that staff will not always want to use this route.

There are a number of ways in which staff can raise concerns they have around patient safety. Concerns can be raised in confidence with a number of people across the Trust by phone or in writing (including email). These include; Directorate, departmental and line manager, Freedom to Speak up Guardians (FTSU), trade union representatives or professional organisations and the safeguarding team. Consideration is also being given to an upgrade of the Datix risk management system (end of 2020) to raise anonymous concerns to the F2SU guardians.

6.0 Conclusion

The whistleblowing concerns raised were not upheld and we are confident we have systems and processes in place to capture patient safety incidents and concerns. However, the organisation has been through unprecedented times ie: emergency planning during covid-19 and opening a new hospital in Liverpool city centre. This has resulted in teething problems as part of a new build, whilst working in a new environment. Supporting staff throughout this really difficult time has been of paramount importance to the corporate nursing team, ensuring teams/individuals were thanked for all their hard work and acknowledged regarding the immense pressure they were experiencing, ensuring our patients were cared for in a safe environment.

Following the move to CCCL the senior leadership team continues to visit clinical areas daily to ensure visible support is recognized and available to staff. The Director of Nursing and Quality and the Deputy Director of Nursing undertake regular “walk abouts” to talk to the staff on the shop floor regarding any concerns/worries/questions/issues they may want to raise. Focus groups with all inpatient areas have been completed as planned and a robust action plan created.

The action plan is led and owned at directorate level and staff have received regular feedback on progress (you said/we did model). Additional cultural work (Led by Deputy Director of Nursing and Head of Learning and Organisational Development) planned for December 2020 and Human Factors training to be delivered in early 2021, will provide support to our staff whilst they get use to their new working environment. CCC continue to have several avenues open to staff to raise their concerns and staff are reminded of this through regular communications and engagement.

Recommendation

Trust Board are asked to note the content of this report

Appendix 1
Clatterbridge Cancer Centre
Response to CQC Whistleblowing concern raised : Friday 10th July 2020

On Friday 10th July 2020 the trust received formal contact from CQC concerning a “Whistle Blowing” incident. The detail comprised of the following;

1. Concerns regarding a rise in inpatients developing Pressure Ulcers (PU)
2. Concerns regarding a rise in inpatients Infections (HCAI's)
3. Concerns regarding unsafe Staffing levels

1 Pressure Ulcers

- ❖ April 2020 - 3 Pressure Ulcers (PU) were reported. 2 PU presented on admission and 1 category 2 PU developed due to a nasogastric bridge. Full RCA investigation completed and reviewed at “Harm Free Collaborative” (Monthly patient safety meeting)

Lessons learned; refresh re: medical device awareness, (1st issue concerning bridge for CCC) and immediate collaboration with nutritional specialist nurses (subject matter experts) to ensure all potential issues considered.

- ❖ May 2020 - 6 PU reported on Datix (Incident reporting system). 5 PU category 2, all present on admission and 1 moisture lesion.
- ❖ June 2020 - 8 PU reported on Datix of which 6 were present on admission at category 1 & 2. The remaining 2 were both category 2 and attributable to CCC, full RCA investigation completed and reviewed at Harm Free Collaborative”. Both noted as low harm with no lapse in care identified. Both were patients on Mersey Ward.
- ❖ To date in July 2020 - 6 PU have been reported via Datix, 3 present on admission category 1 or 2 across wards all wards. There were three hospital acquired PU on ward 2; 2 category 2 and 1 category 1. All planned to be discussed at Harm Free Monthly patient safety group. All relevant nursing care has been documented e.g.) Pressure Ulcer Care plan in place, pressure relieving mattress used , turning charts in situ, appropriate dressing used etc.

April 2020	3 PU reported	2 present on admission	1 PU developed CCC	Category 2	Low Harm	No lapse in Care
May 2020	6 PU reported	5 present on admission	0 PU developed CCC			
June 2020	8 PU reported	6 present on admission	2 PU developed CCC	Category 2 = 2	Low harm	No Lapse in Care
July 2020 (Move to CCCL)	6 PU reported	3 present on admission	3 PU developed CCC	Category 2 = 2 Category 1 = 1	RCA in progress	To be reviewed at next Harm Free Collaborative

There is no evidence to support an increase in PU at CCCL. There is evidence however that trust processes have been strengthened resulting in early identification and appropriate treatment administered for any pressure ulcer development. No themes/trends have been identified. The majority of PU present on admission developed at home, with no Health and Social Care service intervention identified.

2 Infections (HCAI's)

- ❖ April 2020 1 HCAI reported.
 - 1 E.coli identified 10Z (Haemato-Oncology based in RLH). Post Infection Review (PIR) completed. Patients' clinical condition was extremely poor and there had been numerous previous admissions where E.coli was identified. The patients' diagnosis was multiple myeloma and therefore the E.coli was treated as an on-going infection, source unclear. He sadly passed away on 22.4.20.
- ❖ May; 0 HCAIs reported.
- ❖ June 2020; 3 HCAI reported.
 - 1 Clostridium difficile Mersey ward –PIR undertaken. Patient treated for UTI appropriately. Following review no learning points identified and infection considered unavoidable
 - 1 MSSA bacteremia in 7Y (Haemato Oncology currently based at RLH). PIR undertaken. MSSA identified in both PICC and peripheral culture, therefore indicative of potential line infection. Line replaced, review of line care undertaken with no red flags identified. Patient treated accordingly.
 - 1 CPE bacteremia 10Z (HO) – PIR in progress

There has been no HCAI's identified since the move to CCCL and there is no evidence to support an increase in prevalence.

3 Staffing levels

- ❖ 9th July 2020 Ward 2 has 22 beds Datix received - Night staff numbers were reduced (Planned RN = 4 Actual RN = 2). NHSP request for additional staff to support was actioned and secured. Short notice cancellation received. Staff were asked to work extra shift if able to cover, including day staff moving to night duty, unfortunately no staff were available. Regular staffing meetings were held with Matron (Supported by Head of Nursing) and patient flow team during the day to monitor the situation. Extra HCA support was secured. Band 6 day shift stayed to support night staff to administer controlled medication. Extra HCA staff secured. Planned = 2, Actual = 4. Overall staffing ratio achieved <1:4, patients to staff and RN = 1:11. These ratios were within the agreed Covid 19 emergency planning staffing ratios implemented by the trust during the Covid-19 pandemic.

Following the move to CCCL this is the only inpatient staffing incident to have occurred.

No other inpatient Datix re; staffing levels have been reported.

To conclude, following a full review there are no concerns to suggest patient safety has been compromised at CCC and there are no issues in relation to pressure ulcers, infection rates or safe staffing.



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By email:Sheilalloyd1@nhs.net

28 July 2020

Care Quality Commission
Health and Social Care Act 2008

Re: CQC Enquiry ENQ1-9279655701

Dear Mrs Lloyd

Following the telephone conversation with Angela this morning, here is the summary of the anonymous whistle blower's concern:

"The hospital opened in June 2020. Before moving from the wirral site there was no interest in the work environment for the nursing staff. The interest was only about the move and how good this would look on the reputation of clatterbridge. Since moving staff morale is poor, staff have handed in their notice, staff actively looking. The staffing is not safe for the size of the wards. Care is being compromised, patient care isn't being delivered to a high standard. Increase in falls with side rooms, patients feeling isolated staff unable to sit with them. The emphasis is on the reputation of the hospital. There are ppl wearing red who have never been on the wards all of a sudden interested. But only if staff are social distancing. Staff not been able to take breaks without being told to sit apart even though we are working in a close environment unable to keep 2m distance on the ward.

Medication errors happening. Care is compromised this is no longer a centre of excellence."

Please advise how the trust is assured;

1. The staffing size for the wards at The Calterbridge Cancer Centre Liverpool is adequate and patient care is maintained.
2. Processes and procedures are in place for patients in side rooms in relation to patient falls.
3. There is sufficient capacity for social distancing for staff during break times.
4. Medication errors are monitored and appropriate actions are taken.
5. Staff have a supportive culture.

Please provide your response by 3pm on 4 August 2020 by email to enquiries@cqc.org.uk quoting ENQ1-9279655701 and cc: Samantha.Davies@cqc.org.uk.

Yours sincerely

Samantha Davies
Inspector



**The Clatterbridge
Cancer Centre**
NHS Foundation Trust

Clatterbridge Road
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4th August 2020

Samantha Davies
Inspector
Care Quality Commission North West Region

Tel: 0151 556 5000
Web: www.clatterbridgecc.nhs.uk

Dear Samantha

RE: Whistle blower concerns ENQ1-9279655701

Thank you for your letter sent, via email, on 28th July 2020. I write in response to provide the information and assurance you requested about Clatterbridge Cancer Centre Liverpool (CCC-L).

It is now just over a month since we opened the new hospital on 27th June, which offers significant clinical advantages for the care of our most complex and seriously unwell patients due to its location next door to a major acute trust, Liverpool University Hospitals NHS Foundation Trust (LUHFT). However, we fully acknowledge and appreciate the scale of change this has involved for our staff, especially when combined with the COVID-19 pandemic. As might be expected with any new building, there are some operational teething issues that are managed via a daily 'troubleshooting' meeting, led by Chief Operating Officer Joan Spencer and attended by clinical, operational and service leads. This is an open and honest forum where teams can flag up any issues they are experiencing so we can work through and resolve them with support from colleagues across the Trust.

I will now address each concern separately.

1 The staffing size for the wards at The Clatterbridge Cancer Centre Liverpool is adequate and patient care is maintained.

The Trust has invested an additional £5.14m into our workforce in preparation for the expansion of our services into Liverpool. This includes a significant investment within nursing, pharmacy, radiation services and administration & clerical staff.

The investment into the inpatient nursing workforce supports the following staffing levels

- Days: 1 RGN to 5 patients
- Nights: 1 RGN to 6 patients across all inpatient areas.

This equates to 1.6WTE (registered and non-registered) staff per bed.

The Safecare module, within the electronic rostering system, went live on 18th June 2020 across all inpatient wards. Acuity and staffing levels are recorded three times a day, allowing senior nurses to review staffing across all wards and redeploy staff to areas of higher activity, if

and when required. At present, bed occupancy is low and staffing levels are safe across all wards.

During July 2020, one incident relating to safer staffing was recorded on Datix. A summary of staffing levels, bed capacity and incidents is provided in Appendix 1.

All incidents continue to be reviewed through the daily incident meeting. No other incidents re: inpatient staffing levels have been reported to date. One delayed medication incident (5 min) referred to 'lack of staff', but following review by the ward leader and matron, this was found not to be the case.

A Nursing dashboard is presented bi-monthly to the Quality Committee and the Trust Board (Appendix 2a & 2b). The dashboard clearly demonstrates that more 'care hours per patient day' (CHPPD) have been available in Q1 2020/21 across the inpatient areas to support the delivery of safe care to our patients.

2 Processes and procedures are in place for patients in side rooms in relation to patient falls.

Following review of falls data (Appendix 3), there is no evidence of an increase in falls and no correlation with patients being cared for in a side room. A number of interventions have already been put in place during 2019/20 to support falls management i.e. Green leaf above bed, falls risk assessment on admission, and the use of Rambleguards. All falls are monitored, discussed and actioned through the daily incident meeting and monthly harm free meeting, reporting into the Integrated Governance Committee, via the Triple A report (Appendix 4). The systems and processes in place to monitor at-risk patients are detailed in Appendix 3.

In comparison with other trusts, The Clatterbridge Cancer Centre is not an outlier for falls.

3 There is sufficient capacity for social distancing for staff during break times.

In line with the Government's guidance on Working Safely During Coronavirus (COVID019), managers and departmental leads have completed risk assessments and implemented tools to support social distancing and safe working practices across all sites. The measures in place include hand hygiene stations, maximum numbers per room, and social distancing markers.

When CCC-L opened, we had an isolated issue with social distancing in the Staff Lounge on Level 2. Colleagues who worked closely and adhered to all PPE guidance in their work areas were not socially distancing in the Staff Lounge and were not wearing masks because they were eating and drinking.

. This was raised as a concern on 16th July 2020 at Silver command and at the 11am CCC-L operational meeting. We acted promptly to keep staff safe. The Deputy Director of Nursing (DDoN), Infection Prevention and Control (IPC) team and Health and Safety lead completed a further Covid-19 risk assessment and implemented additional measures to support adherence to IPC requirements. This was further supported by a spotlight communication from myself on 24th July 2020 (Appendix 5).

4 Medication errors are monitored and appropriate actions are taken.

Medication incidents are reported via Datix and reviewed through the daily incident meeting and the monthly drugs and therapeutics committee, which reports into Integrated Governance committee Triple A report (Appendix 6).

There were a total of 116 medicine incidents reported during Q1. Of these, 92 incidents have been reviewed and closed and none have been reported as causing moderate harm or above. Main themes have been:

- Delayed Administration - 9 incidences
- Medicine not supplied - 8 incidences
- Medication not prescribed – 8 incidents
- Administered at wrong frequency – 7 incidents
- Missed dose – 7 incidents

All medication incidents are reviewed in partnership by the department lead, medicines safety lead and medicines safety pharmacist.

5 Staff have a supportive culture.

5.1 Staff Retention

The expansion into Liverpool and the transfer of our inpatient wards from Wirral to the Liverpool site has, perhaps unsurprisingly, been a huge challenge for a significant number of staff. Many staff live on the Wirral peninsula and enjoyed a short journey to work.. A number of staff left the organisation prior to the move to CCC-L, and some are currently working their notice period.

As a result, we expected to see an increase in staff turnover during 2019/20 as staff made choices about their working arrangements. In anticipation of this, we put recruitment and retention plans in place corporately and for specific staff groups such as nursing. The monthly turnover figure for nursing staff has been declining since August 2019, except for a 0.5% increase in March 2020. In July, the turnover rate for nursing was 1.7% and the rolling 12-month turnover is 13.7%.

The move to CCC-L has been discussed with all staff, through a wide variety of communications and engagement events including ward level sessions with managers and matrons, regular 'town hall' events open to all staff and weekly CEO video updates and Q&A. This provided the opportunity for a two-way exchange and staff were encouraged to ask questions either at the sessions or in advance. A number of retention packages to support staff were put in place:

- Allocated parking spaces based on agreed criteria
- Free parking in line with national guidance
- Comprehensive excess travel scheme including incentivised public transport costs
- Management training and development to support flexible working
- Staff travel pass loans
- My Personal Move Plan issued to all staff

5.2 Staff Morale

The change to the working environment additional travel and adjustment to off-site parking continues to affect staff morale. As I'm sure you can appreciate there have been a number of discussions with staff about reduced car parking capacity. The issue with travel has been addressed and, on an interim basis, to support staff not wishing to use public transport during COVID-19, we have been able to support staff choice for travel to CCC-L and this has been appreciated by staff.

Some staff expressed they were pleasantly surprised when they visited the new building and have adjusted well to their new place of work. Staff have also acknowledged the improvement in patient facilities and estate compared to the Wirral ward environment.

A range of support measures were put in place to support all staff during and after the move and in particular during the coronavirus pandemic. Several supportive initiatives will remain in place:

Pre move support

- 24/7 Employee Assistance Programme
- Coaching support offer
- Occupational Health support including Covid support line
- Resilience sessions for all staff
- Manager Resilience Programme
- Weekly '2020' staff communications, Executive blogs, Spotlight briefings, managers checklist and town hall events as a method of communicating and engaging with staff.
- Leadership Toolkit developed and launched
- Enhanced E-learning offer Access to Mental Health First Aider
- Access to Team Time sessions delivered via our Psychologist Team
- Risk Assessments for vulnerable staff groups with appropriate mitigation in place
- Personal gift packs for all staff

Post move support

- Daily and weekly bulletins
- Daily "troubleshooting" meetings with Executive team and senior managers to resolve any operational challenges at the new site.
- Access to free bus service to and from the staff car park.
- Opportunity to participate in staff focus groups planned throughout August and September, commencing Thursday 6th August 2020.

The organisation uses several metrics to measure how staff are feeling. Quarter 1 2020/21 Staff Friends and Family Test Results Analysis response rate was 33% (491 online responses), which is an increase from 30% (3pp increase) in Q4 (2019/20), the last survey which took place throughout February and March. The results were:

- 95% of those staff who responded would recommend the Trust as a place for care or treatment (95% in Q4 2019/20).
- 73% of those who responded said that they would recommend CCC as a place to work (66% in Q4), a 7pp increase compared to Q4 2019/20 (66%). This improvement is seen across the majority of our Directorates.

In Q4, four additional questions were included as a pulse check of our progress. Out of those staff who responded:

- 89% agree they are enthusiastic about their role.
- 75% agree that the Trust takes positive action on health and wellbeing.
- 81% agree that their immediate manager supports health and wellbeing.
- 60% agree that they feel recognition and valued by the Trust.

5.3 Patient Visitors

Lack of visitors to wards has been a source of concern for nursing staff. On occasion, staff have held some very challenging conversations with extremely anxious family members regarding the Trust policy of no visitors during COVID-19. Staff have recognised the important

role visitors play in ensuring patients don't feel isolated. On occasions, when available, student nurse volunteers are allocated to wards to sit and talk with . Visitors have also been allowed on a case-by-case basis, discussed through the daily safety huddle. This information is regularly communicated across social media for our patients and their families. Our policy is in line with all hospitals across Cheshire and Merseyside for consistency.

We understand how difficult it is for patients and their families during the coronavirus pandemic. We are currently running a patient and visitors questionnaire, through to the end of August 2020, to gain their feedback. The findings will be presented and actioned through the patient inclusion and experience group, reporting to Integrated Governance Committee in Autumn 2020.

5.4 Senior Nursing Staff Visibility.

Senior nursing visible leadership is present at all times. Previously, some junior staff did not recognise senior nursing support when leaders were in their own clothes. Therefore, a decision was made prior to the CCC-L move that, to support visible leadership for staff, both the Deputy Director of Nursing (DDoN) and Strategic Lead for Safeguarding / Head of Nursing (SLS/HN) would be in uniform (red) on a daily basis. The SLS/HN conducts a walkabout on all wards and clinical areas at least twice daily, attends the daily staffing meeting, and reviews safe staffing compliance on a daily basis. (This was also the case prior to the move to Liverpool, but because a clinical uniform was not worn at all times nursing teams may not have realised this.) The DDoN walks the wards on an ad hoc basis and is in close contact with matrons, Clinical Nurse Specialists and ward leaders. I was the executive director on call during the first week of the move and was on site also in uniform (red) supporting the clinical teams during the transition into Liverpool. I continue to be visible across the Trust, as do my other executive colleagues.

Ward managers, matrons or senior nursing leaders have not received any reports of patient care being compromised and not delivered to a high standard during daily walkabouts or daily staffing meetings. No incidents have been recorded on Datix or raised on the daily incident calls. There have been no formal complaints since the move to CCC-L regarding patient care not being delivered to a high standard, although one patient's relative has requested that we work with Liverpool University Hospitals (LUHFT) to improve the patient transfer pathway. This request has already been actioned in partnership with our LUHFT colleagues.

5.5 Ward Environment at CCC-L

Staff acknowledge the increase in size of the new wards and the nursing of patients in a fully-single-room facility is very different. As a result, a period of adjustment has taken place, supported by visible senior leadership. Staff are now reporting the positive aspects of the new build for staff and patients. A summary of feedback from patients and staff is provided in Appendix 7.

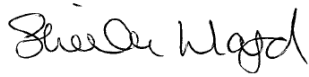
To conclude, I am assured, at this current time, that there are no concerns relating to patient safety following transition to the new building in Liverpool and we continue to monitor it closely. However, I recognise some staff are still adjusting to the change. Senior nursing staff will continue to provide support, be present on wards twice daily, and will attend staff meetings and safety huddles to pick up, action and escalate any concerns raised. In addition, our staff side representatives are working closely to listen to staff and discuss immediate concerns with matrons and DDoN. Outputs from the staff focus groups will be fed back through the Integrated Governance Committee in September 2020.

We encourage feedback from colleagues across the Trust and from our patients/carers. In addition, we are always working to continually improve the care we provide to patients and the

support we provide to colleagues. We are not complacent and remain focused not just on realising the clinical benefits of the new hospital for patient care, but also on supporting our teams across all our sites with the personal and professional challenges of new ways of working and COVID-19.

I hope this response provides you with the assurance required. Please do not hesitate to contact me should you require any further information.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sheila Lloyd', written in a cursive style.

Sheila Lloyd
Director of Nursing and Quality