Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust

Inspected and rated Outstanding ☆ CareQuality Commission

Maintaining a COVID-secure workplace

May 2020

Version: 28th May 2020

Staying COVID-19 Secure in 2020

We confirm we have complied with the government's guidance on managing the risk of COVID-19

FIVE STEPS TO SAFER WORKING TOGETHER

- We have carried out a **COVID-19 risk assessment** and shared the results with the people who work here
- We have **cleaning, handwashing and hygiene procedures** in line with guidance
- We have taken all reasonable steps to **help people work from home**
- We have taken all reasonable steps to **maintain a 2m distance** in the workplace
- Where people cannot be 2m apart, we have done everything practical to **manage transmission risk**

Employer Liverpool Heart & Chest Hospital Date May 2020

Who to contact: Trust Risk & Safety Lead

(or the Health and Safety Executive at www.hse.gov.uk or 0300 003 1647)

Liverpool Heart and Chest Hospital NHS
NHS Foundation Trust

How we're making LHCH safe for staff...

Social distancing

Staff PPE

Extensive staff testing

Strict isolation for staff with symptoms

No visitors

National guidance followed

8 point LHCH plan

Work from home where possible

Regular risk assessment

Mitigating risks where needed

Robust infection control measures

Enhanced cleaning

Enhanced staff support & welfare provision

Good hand hygiene

We're here to keep you safe

Contents

INTRODUCTION

COVID19 is presenting many challenges to Liverpool Heart & Chest Hospital. The safety and welfare of our staff and patients is our overriding priority.

This document is the Trust's risk assessment to support maintaining a COVID-secure workplace during the COVID19 pandemic. It sets out how we approach and minimise the risks across the hospital.

It is a public document. We welcome feedback.

Staff should read this alongside the Trust's "6-point plain for Infection Control and Prevention during the COVID19 pandemic" and specific patient pathways for surgical and medical patients. These documents set out how the Trust will maintain the safety of our patients and patient services during the pandemic. There are also local departmental documents and pandemic-specific clinical operating procedures in many areas that, for example, cover the use of PPE for staff in clinical areas.

We want our staff and the public to be confident about their safety when coming to work or visiting LHCH. If staff have any concerns, questions or suggestions about COVID19 and the LHCH workplace they can:

- Speak to their line manager;
- Attend daily safety huddle with the Chief Executive;
- Speak to a Freedom to Speak Up Guardian;
- Contact Human Resources – AskHR;
- Speak to a staff-side representative/Trade Union;
- Contact the Risk Department for advice on health & safety issues and risk assessments;
- Contact the Health & Safety Executive.

If members of the public have questions, concerns or suggestions they can:

- Speak to any member of staff;
- Speak to the Patient & Family Liaison Team;
- Contact their consultant or lead nurse, if they have one;
- Phone the main hospital number for advice about coming to the hospital – 0151 600 1616
- Write to the Chief Executive, Jane Tomkinson OBE at Liverpool Heart & Chest Hospital, Thomas Drive, Liverpool, L14 3PE

COVID19 is likely to be a feature of our lives for a considerable period of time. We encourage all of our staff to use this document as a guide for maintaining a COVID-secure workplace over the coming months – and to make the changes to working practices and culture that foster the safety of our colleagues and our patients.

Jane Tomkinson OBE
Chief Executive

Sue Hodkinson
Director of People & Culture

GOVERNMENT GUIDANCE

In assessing our workplaces, we have made reference to all available national guidance including:

- Public Health England guidance on social distancing and non-patient testing –
- NHS England – operational guidance during COVID19 pandemic.
- UK Government guidance on managing COVID19 risks in the workplace – "Working safely during COVID19". https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19, specifically the guidance relating to:
    - Offices & Contact Centres
    - Factories, Plants & Warehouses
    - Vehicles

OUR CURRENT POSITION

As of 17th May 2020, UK Government advice to employees states that those who cannot work from home are encouraged to return to work if it is safe to do so.

Employees who are showing COVID19 symptoms must isolate at home until safe to return to work.

Employees who are in the Extremely Vulnerable (shielding) or Vulnerable categories should not attend their workplace, but may work from home if this is feasible.

LHCH currently has:

• Approximately 1750 staff	100%
• 71 long-term COVID absence (shielding/vulnerable)	4.1%
○ of whom 13 are also working whilst at home	0.6%
• 23 short term COVID absence (self-isolating/positive)	1.3%

These figures are broadly stable and only change when national guidance is updated – for example to include additional categories of people in the vulnerable/extremely vulnerable groups.

Our corporate risk register has a specific COVID-secure workplace item. This is currently assessed at a level 12 (where level 25 is the most serious risk based upon likelihood and consequence). This score is based upon the risk assessments and mitigations outlined in this document, and is kept under regular review.

OUR GENERAL APPROACH

Our approach to keeping our staff COVID19-secure has 8 points:

1. **National Guidance**
   Following national guidance on extremely vulnerable/vulnerable/self-isolating/positive staff. The safety of all of our staff and patients is our first priority.

2. **Working from Home**
   Where staff are able to work from home as productively as on site, they are encouraged to work from home. Staff are supported in this by ensuring appropriate IT equipment is made available with remote access to network resources on site. Home working is also facilitated by the use of videoconferencing (MS Teams) to maintain regular meetings and contact with colleagues and line managers.

3. **Understanding Risks**
   Where staff cannot work from home (usually due to the nature of their role), we ensure that the COVID19 risks in the workplace are understood and minimised as far as is practicable.

   We are supporting this with:

   - an enhanced cleaning programme across the site in all clinical and non-clinical areas.
   - mass testing (50%) of asymptomatic staff in early May, with ongoing testing of a random sample of staff every day.
   - risk assessments in all workplaces across the hospital (see appendix).

4. **Social Distancing**
   Maintaining the recommended social distance (2 metres) between employees at all times, wherever possible.

   This is supported through a number of practical measures:

   - visually with signage and floor-markings to encourage distancing and to manage flow at entrances, exits and reception areas;
   - through careful consideration of pedestrian traffic and flow around the site and within departments including the development of one-way routes where possible;
   - regular briefings to staff on the importance of maintaining social distance and social distance “etiquette”;
   - reducing the need for face-to-face contact by using telephone, email and MS Teams wherever possible;
   - Understanding the recommended maximum occupancy of key locations across the site (eg offices, staff rest areas)

5. **Mitigating risks**
   Where appropriate social distance cannot be fully maintained at all times and the activity is considered essential, we reduce the risk to the lowest reasonably practicable level by taking preventative measures:

   - Increasing the frequency of handwashing and surface cleaning;
   - Provision of handwashing facilities, hand sanitiser and cleaning wipes;
   - Keeping the activity to as short a time as possible;
   - Increasing external ventilation in the workplace;
   - Using screens or barriers;
   - Reconfiguring the workplace to enable back-to-back or side-by-side working where possible;
   - Changing working patterns to reduce the number of people each person has contact with at work – for example by staggering arrival/departure and break times, or by using "fixed teams or partnering".

6. **Travel to Work**
   Understanding how staff travel to work and encouraging social distancing on these journeys:

   - Encouraging walking or cycling to work;
   - Traveling by car alone;
   - Maintaining social distance wherever possible on public transport – and considering changing working hours to avoid peak periods.

7. **Travel for Work-related purposes**
   Where staff have to use a vehicle for work purposes, reducing contact with other staff:

   - Travel alone whenever possible and safe to do so;
   - Avoiding use of the minibus to travel between sites.

8. **Supporting Staff**
   Supporting staff who are shielding, working from home, absent if positive, or working on site by:

   - Regular contact with colleagues and line managers to monitor working arrangements and mental, physical and emotional wellbeing;
   - Providing equipment to enable effective working from home;
   - The creation of a dedicated pandemic Staff Welfare Team 7 days a week to undertake:
     i. regular walkabouts in all areas to listen to staff and offer support;
     ii. signposting to specific advice relating to financial support, and domestic abuse advice,

iii. mindfulness and relaxation therapies,
iv. psychological support referrals,
v. signposting to the full range of our regular employee assistance programme.

- We are also working to understand and take in to account the particular circumstances of staff with protected characteristics during the pandemic and where appropriate we are making reasonable adjustments to support staff and minimise any particular risk.

SPECIFIC CONSIDERATIONS FOR CLINICAL AREAS

Objective: To maintain COVID-secure working environments and practices in clinical areas.

This guidance primarily relates to general workplaces across the Trust. In clinical areas separate assessments have been undertaken throughout the pandemic that relate specifically to keeping patients and staff safe in these areas – for example the appropriate use of Personal Protective Equipment in clinical settings, staff and patient testing, the segregation of patients ,and the increased separation of bed spaces.

This document is relevant to clinical areas too however – for example in offices, staff rooms, kitchens, etc within clinical areas such as wards. Staff should follow the same principles in this document wherever possible – including social distancing and risk mitigation. It is recognised that this is not always possible whilst delivering care and policies on infection prevention and control and PPE use will continue to support staff delivering essential services in these areas.

SPECIFIC CONSIDERATIONS FOR WORKSPACES & WORKSTATIONS

Objective: To maintain social distancing between staff when they are at workstations or in offices.

As well as the general approach set out above, the risks in office environments can be further reduced through the following specific measures, which managers, teams and staff should consider for their local area:

1. Review layouts and process to allow people to work further apart from each other.
2. Use signs and floor markings to support social distancing, where helpful.
3. Where it is not possible to move workstations 2m apart, reduce the occupancy of the area by
    - staggering working times and managing office occupancy
    - moving staff to other locations
    - supporting staff to work from home.
4. In addition, or where the above measures are not feasible, reconfigure the work area to enable people work side-by-side or back-to-back instead of face-to-face.

5. Only where the above are not possible, consider if screens will help to separate people from each other.
6. Avoid the use of hotdesks and spaces if possible. If not, ensure thorough cleaning between different occupants.
7. Ensure desks are kept tidy, and frequent cleaning of surfaces and objects touched regularly such as door handles, phones, keyboards, etc.
8. Increase ventilation in workspaces by opening windows.

SPECIFIC CONSIDERATIONS FOR MEETINGS

Objective: to reduce the risk of transmission from face-to-face meetings, and to maintain social distancing in meetings.

The risks arising from meetings and unnecessary face to face contact can be reduced by:

1. Using remote working tools, including telephone-conference and MS Teams to avoid in-person meetings.
2. Where face to face meetings are necessary, restrict the attendees to those who are absolutely essential and maintain social distance throughout – removing desks may help.
3. Keep meetings as short as possible, and hold outdoors or in well-ventilated rooms wherever possible.
4. Avoid sharing pens and other objects.

SPECIFIC CONSIDERATIONS FOR STAFF ROOMS, COMMON AREAS, LIFTS AND CORRIDORS

Objective: to maintain social distancing when using staff rooms and common areas, and reduce the risk of transmission from equipment and utensils.

The risks from communal areas can be further reduced by:

1. Reducing unnecessary movement around the site, and doing it in a considered way that supports social distancing.
2. Using corridors carefully and paying attention to junctions. If you stop to talk to someone, face along the corridor not across it so other people can pass more easily.
3. Reducing the maximum occupancy of lifts to 2 persons maximum (side-by-side or facing apart) unless clinical requirements necessitate more than 2.
4. Staggering break times to reduce pressure on staff rooms.
5. Increasing the use of outside areas for breaks.
6. Encouraging staff to bring their own food and avoid sharing utensils, cutlery and crockery.

7. Reconfiguring staff rooms to support social distancing – remove additional tables and chairs and show the maximum recommended occupancy outside the room.

SPECIFIC CONSIDERATIONS FOR PPE

The use of PPE is clinical settings is clearly set out in national guidance and the Trust adheres to this closely.

The government does not recommend the precautionary use of PPE in non-clinical workplace settings – as its role in providing additional protection over and above the other measures in this document is extremely limited.

Simple face-coverings (eg scarves) may be beneficial in some circumstances as a precautionary measure – but if staff choose to wear one it must be used carefully, taken on and off properly with enhanced hand hygiene and daily washing of the face covering.

SPECIFIC CONSIDERATIONS FOR WORK-RELATED TRAVEL

Objective: to avoid unnecessary work-related travel and to keep people safe when they do need to travel for work-related purposes.

It is sometimes necessary for staff to use their cars for work-related travel – including community staff delivering patient services and other staff travelling to other NHS sites for work/meetings. The risks of work-related travel can be minimised by:

1. Avoiding all unnecessary travel – and using remote options such as telephone or video meetings/consultations if possible.
2. Minimising the number of people travelling in any one vehicle, using fixed travel partners, increasing ventilation and avoiding sitting face to face.
3. Avoid using the inter-site shuttle bus if possible.
4. Ensure that shared car interiors are wiped down between uses.

TRAVELLING TO WORK

Maintaining a COVID-secure working environment for our staff also means having due regard for how staff travel to work and supporting them to minimise the risks of transmission – particularly when using public transport.

We surveyed our staff in mid-May to identify their travel to work arrangements and any concerns they had about their COVID19 risk during travel times.

25% of staff (436/1750) responded, and the results are shown below.

In terms of feedback a number of respondents raised concerns about social distancing on public transport, the reduced capacity and frequency of services and showering and storage facilities to support cycling to work.

In response to the feedback about social distancing and public transport capacity, the Trust will consider ways in which working patterns can be flexed to enable staff to avoid peak hours if possible.

There is a small intended move away from public transport and car-sharing towards walking and cycling in future.

Fig 1 – Staff working pattern during pandemic:

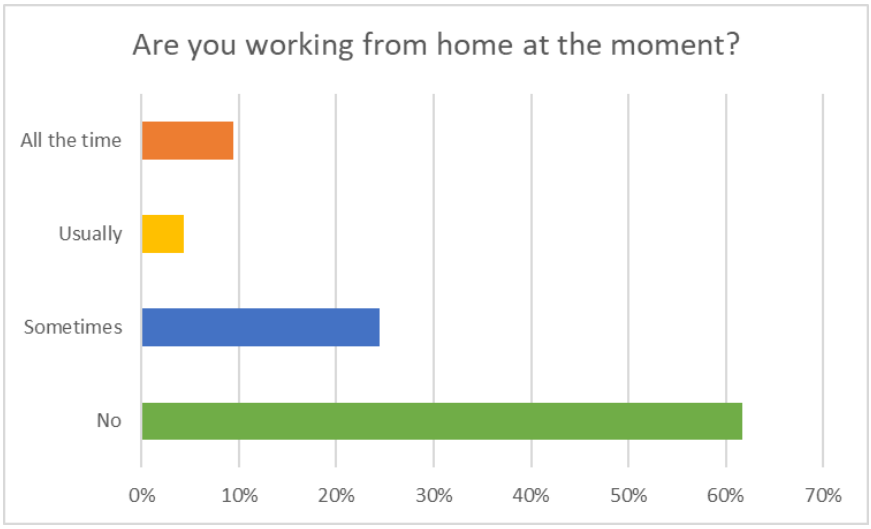


Fig 2 – staff travel before COVID19:

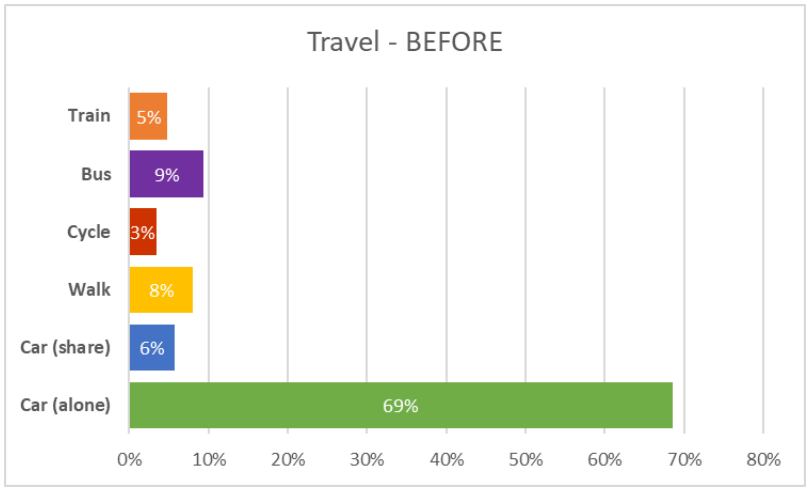
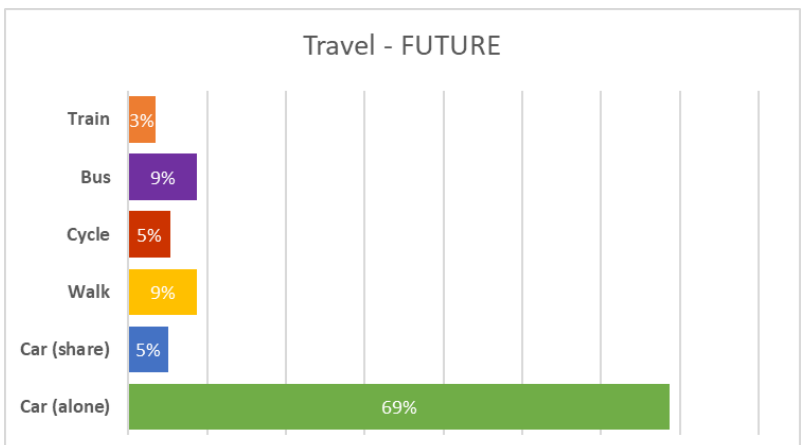


Fig 3 – Staff travel – anticipated in future



RISK ASSESSMENTS

Appendix 1 shows the outcomes of the workplace risk assessments undertaken between 11th and 15th May 2020.

Workplaces across the Trust in every department/location were assessed against the Government's guidance for workplaces in terms of social distancing and other mitigations.

80 areas were risk assessed by heads of department/clinical leads with follow-up visual inspections of almost every area. In all areas a balance of COVID-security, reasonable mitigations and operational necessity was sought.

The majority of workplaces posed no significantly elevated risk or issue in that social distancing can be maintained by staff with or without other mitigations. It was evident that adjustments had already been made in many areas with respect to reducing pedestrian flow, introducing one-way flow where possible, reducing capacity in rooms/offices, installing signage and floor-markings or physical barriers in the case of LHCH Main Reception.

However, there were some areas where social distancing cannot be maintained and further mitigations are required:

Multi-Occupancy Offices – In the large majority of cases, social distancing can be maintained in offices as they are either single occupancy or users are able to stagger their use. However, there are a number of areas where the maximum recommended occupancy of larger multi-person offices needs to be reduced. In many cases this has already happened – eg Moroney House, Medical Secretaries, Executive Office, Research dept and Informatics dept. There are further small adjustments outlined in appendix 1 where teams/managers need to consider altering their working practices and processes to reduce risk further. These include pharmacy, and ACHD nurses' office

Main Receptions x 2 – enhanced clear screens required to protect front-desk staff in high traffic areas. Screens also required for Radiology reception, pulmonary function reception and main outpatients reception.

Staff rooms/rest areas across the site need clear signage to identify the maximum recommended occupancy. To support this, chairs and tables need to be removed. Shared cutlery and crockery are a potential risk. Staff should be encouraged to bring their own food in from home to reduce the risks from using kitchen and canteen areas.

Meeting Rooms across the site need clear signage to identify the maximum recommended occupancy. To support this chairs and tables need to be removed. Critical Care and Cath Lab seminar rooms should not be used for meetings from outside of those departments in order to reduce traffic through clinical areas. The maximum recommended occupancy of other meetings rooms is:

Conference Room = 36
Research Meeting Room = 10
Boardroom = 12
Committee Room = 6
Estates Meeting Room = 12

The reduction in numbers and capacity of meeting rooms will have an impact upon face to face training and education.

Specialist Nurses Office Accommodation

The maximum recommended occupancy of the specialist nurses office accommodation is significantly below current occupancy levels, despite side-by-side working. The planned capital works will assist in addressing this. Consideration should be given to utilising the CF meeting/MDT room for additional office accommodation for specialist nurses.

Community Office Accommodation

The maximum recommended occupancy is significantly undersized for both clinical staff (22 spaces for 43 staff) and admin staff (8 spaces for 21 staff), despite side by side working.

Therapies accommodation

The maximum recommended occupancy is significantly undersized for office accommodation. Consideration should be given to converting the physio gym to office accommodation for the COVID period (as rehab classes are not taking place due to clinical risk for patients)

Radiology control rooms

The control rooms for Xray, CT and MRI are significantly over-occupied with few other mitigations possible. It is not feasible to reduce occupancy further without impacting upon the clinical service, patient throughput or training. Other mitigations include developing more fixed teams, wearing of facemasks by all staff in the control rooms and enhanced cleaning of surfaces and equipment throughout the day.

Moroney House – HR, Finance and Education offices

The maximum recommended occupancy is significantly undersized for office accommodation, but is being managed via home working for a number of staff.

Lifts

Lifts should be designated as maximum occupancy of 2 persons, preferably not facing each other, unless clinical requirements for patient safety necessitate additional occupancy.

FURTHER GENERAL RECOMMENDATIONS

There are a range of further recommendations to support our general approach and the specific mitigations set out in appendix 1.

- Precautionary use of PPE in non-clinical workplace settings is not recommended by Government and should not be encouraged, as the additional protection over and above social distancing and other mitigations is "extremely limited". Face coverings may be marginally beneficial in protecting others – but other mitigating measures are more important.
- Additional signage and floor markings to be installed at key locations
- Additional sanitiser points should be installed across the Trust. Consideration should be given to issuing all staff with a small sanitiser, if supplies can be guaranteed for clinical areas as well.
- Clear screens to be installed at reception areas with significant public footfall – main entrance x 2, OPD, radiology, pulmonary function, pharmacy stores, therapies reception.
- Maximum recommended occupancy signs to be placed at key areas of congestion – staff rooms, meeting rooms, multi-occupancy offices.
- Consideration to be given to providing additional outside seating/tables to reduce the occupancy of staff rooms. Consideration of the continued provision of sandwiches to reduce catering/staff room risks
- Consideration will be given to creating departmental roles as "Social Distancing Champions" to support and sustain the changes in behaviour and culture that are required.
- Communicate a social distancing tip of the day – linked to the risk mitigations to encourage behavioural and culture change.

APPENDIX 1 – Outcome of risk assessments

NB The timescale for all actions is as soon as practical, and will be dependent upon delivery timescales for signage/screens.

Department	**Outcome / Actions Required**
ACHD Offices (Willow)	Maximum recommended occupancy = 4
Anaesthetics Offices	No significant issues. Maximum recommended occupancy of kitchen area = 2.
Aspen Suite	No significant issues.
Broadgreen Reception	Clear screen needs to be installed for LHCH staff on this shared reception desk. Excess chairs need removing from waiting area to support social distancing.
Cardiac Diagnostics	No significant issues identified. Patient throughput and corridor flow already reduced. Maximum recommended occupancy in suite = 24.
Charity Office	No significant issues identified. Maximum recommended occupancy = 2. Consider clear screen for desk area.
Clinical Coding	No significant issues identified. Maximum recommended occupancy = 1
Community Office Accommodation	Significant overoccupancy by circa 50% in community admin and community nursing base. Maximum recommended occupancy: Heart failure office = 6 Community admin = 8 Community nurse office = 12 Rapid response office = 5 Community coordinators = 2 Stroke office = 3 Meeting room = 2 Kitchen =2 Rest pods = 4 (care when face to face)
Consultant offices across	In the main these are one/two person offices.

Department	Outcome / Actions Required
whole site	Where more than 2 people share, care needs to be taken to stagger occupancy to reduce risks.
Corridors	General staff awareness of distance and etiquette required – especially at junctions. Consider floor markings in high traffic areas.
Data Quality	No significant issues identified. Maximum recommended occupancy = 1
EPR	No significant issues. Maximum recommended occupancy: Main office plus 2 side offices = 16
Estates Offices	No significant issues in single or shared offices. Maximum recommended occupancy: Staff room = 3 Large meeting room = 10 Large shared office = 5
Executive Suite	No significant risks identified. Maximum recommended occupancy of Chief Executive's office = 5. Maximum recommended occupancy of Executive PA office = 5, with reconfiguration of some desk-spaces.
Hawthorn Suite (research)	No significant issues identified. Maximum recommended occupancy = 3
Health records	No significant issues identified. Maximum recommended occupancy = 6
Highfield House	tbc
Holly Suite Conservatory	No significant issues. Maximum recommended occupancy = 8.
Hospital Co-ordinators	No significant issues due to desk configuration, but care needed when on-call doctors visiting.

Department	Outcome / Actions Required
	Maximum recommended occupancy: Coordinator base = 3 Junior Doctor base = 6 (if back to back at workstations) Kitchen = 2
ICECAP Offices	No significant issues. Maximum recommended occupancy: Green = 3 Orange = 3 Red = 3 Yellow = 2 Meeting room = 6 Quiet room = 1 Kitchen = 2
Informatics Dept	No significant issues. Maximum recommended occupancy: Informatics Office = 18 + 1
Library	Maximum office occupancy = 1, and assessment of visitors needed if library reopens.
Lifts	Maximum recommended occupancy = 2 persons (not face to face) unless clinical safety requires greater occupancy.
Main Outpatient Department	No significant issues if additional mitigations are put in place. Patient throughout has already been reduced. • Improved clear screens for reception area and floor markings. • One-way traffic through dept where feasible. • Social distanced waiting area and sub-wait. • Strictly enforce the no-relatives rule at the main entrance. • Purchase non-contact thermometer for main entrance screening station. • Ensure clinics run to time to reduce waiting/cross-flow. • Additional seating in main corridor to support main waiting area.

Department	Outcome / Actions Required
	• Consider making courtyard a staff rest area.
Main Stores/Supplies	No significant issues identified. Reconfigure 3-person office so that PC screens face into corners. Care to be take in delivery area to maintain distancing. Further communications to stop staff attending department ad hoc.
Management Portakabins (multiple teams and departments)	No issues across the whole suite, but care required in some multi-occupancy consultant offices to reduce and stagger occupancy. Care to be taken in corridors and in print area. Some offices require significant tidying to support enhanced cleaning of offices and workstations. Maximum recommended occupancy for the larger offices in the suite: Boardroom = 12 Kitchen (x2) = 2 (large) and 1 (small kitchen) Committee Room = 6 Comms office = 4 Risk management = 4 Surgery management = 4 Medicine Management = 7 Service Improvement = 3 Strategy Team = 3 Finance/Digital = 3
Medical Engineering Workshops	No significant issues. Workshop enables side by side working.
Medical Equipment Library	No significant issues. Maximum recommended occupancy of staff room = 4
Medical Records	No significant issues.
Medical Secretaries Offices	No significant issues identified and area already safely reconfigured. Maximum recommended occupancy: “Boardroom” = 4 Kitchen = 3 Large and small office = 24 total.

Department	Outcome / Actions Required
Medirest (external to Trust)	Awaiting separate risk assessment from Medirest manager.
Meeting Rooms	Maximum recommended occupancy of meeting rooms: Conference Room = 36 Research Meeting Room =10 Boardroom = 12 Committee Room = 6 Estates Meeting Room = 10 Cath Lab seminar room and critical seminar rooms to be reserved for use only within those departments, to reduce footfall in/through clinical areas. Access to/exit from Conference room only to be via ICECAP/rear door to reduce footfall through the research department.
Moroney House – Education	No significant issues. Social distancing possible in all areas if room occupancies reduced. Maximum recommended occupancy in IT training room = 7.
Moroney House - Finance	Maximum recommended occupancy = 10 (currently 20). Care required when moving around and when using kitchen and toilet areas.
Moroney House – HR	Maximum recommended occupancy 9+1 with 2 possible in meeting room 2. Currently 15. Care required when moving around and when using kitchen and toilet areas.
Occupational Health	No significant issues. Care to be taken when facing client in consultation.
Pathology	No significant issues identified.
Pharmacy	No significant issues, but some reconfiguration of multi-occupancy offices required and relocation of printers to reduce footfall. Maximum recommended occupancy:

Department	Outcome / Actions Required
	Large office = 8, but ensure side by side and back to back where possible. Staff room = 8 Small office = 5 Install clear screen in delivery area and consider moving drop zone to other side of delivery bay.
Portering & Hygiene Services dept	No significant issues. Social distancing possible in all areas. Maximum recommended occupancy of staff room = 8.
Psychology	tbc
Pulmonary Function	No significant issues if additional mitigations are put in place. Separation of patient flow working well. Staff wear full PPE for all diagnostic investigations. • Reporting room – maximum occupancy = 4. • Install reception screen. • Consider how staff can take breaks as no rest facility in department. Use OPD café area and/or courtyard area. • Consider longer-term needs in terms of negative pressure facilities?
Radiology Dept	No significant issues identified, except in control rooms. Clear screens to be installed in reception area. Waiting rooms throughout the department already safely reconfigured. Control rooms for Xray, CT and MRI are an issue in terms of essential occupancy within a small confined space. Reducing occupancy would have a negative impact upon clinical services, patient throughput or training. Consider creating more “fixed” teams to reduce contact, and the wearing of surgical masks by all staff within control rooms. Enhanced cleaning of surfaces and equipment with additional gel and wipes to be made available. Consider asymptomatic staff testing programme for staff in control rooms. Maximum recommended occupancy:

Department	Outcome / Actions Required
	Radiology admin office = 3 Staff room 1 = 6 Reporting rooms = 2 & 3. PPE store / office = 2 Office = 2 Staff room 2 = 3
Research Dept	No significant issues. Maximum recommended occupancy: Green/Orange rooms = 1. 4-person office = 4 Smaller office = 2 Kitchen & rest area = 3 + 2 Main research nurses office = 12 Research nurses side office = 8 Footfall through department to conference room to be ceased, and rear door only to be used.
Robert Owen House	No significant issues. Social distancing possible in all areas including lounges.
Rowan Suite	Currently closed for maintenance work.
Specialist Nurses	Significant over-occupancy by circa 50% across all teams. Mitigate by reducing and staggering occupancy, and enhanced workstation cleaning. Desk areas require tidying up. Progress capital works to rear and consider converting CF meeting/MDT room to 10 additional workstations and reconfiguring throughout. Maximum recommended occupancy: Therapy staff base = 4 OT office = 3 Staff room = 6
Switchboard & Main Reception	No significant issues. Existing clear screens need extending over lower counter.
Therapies (Broadgreen)	Significant over-occupancy by circa 30% across all teams and some spaces not side-by-side/back to back. Consider converting physio to gym to additional office accommodation.

Department	Outcome / Actions Required
	Clear screens to be installed in reception area. Waiting area has already been safely reconfigured.
Willow Suite	No significant issues. Social distancing possible in all areas.

APPENDIX 2 – Staff-side Contacts

Name of Union	Name of Regional Officer	Email address	Name of Staffside Represenative	Email address
Unite	Tracey Ashworth	tracey.ashworth@unitetheunion.org	n/a	n/a
GMB	Michael Evans	michael.evans@gmb.org.uk	n/a	n/a
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			Laura Pearson	laura.pearson@lhch.nhs.uk
			Paula Wheeler	pauline.wheeler@lhch.nhs.uk
RCN(Nursing)	David Hopton	David.Hopton@rcn.org.uk	Pauline Harrison	pauline.harrison@lhch.nhs.uk
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				k.kearney1@sky.com
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BMA (Medical)	Robin Harrison	Rharrison@bma.org.uk	Prof Rod Stables (Chair)	Rod.stables@lhch.nhs.uk