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Areas for NHS organisations to consider		Organisation's Response
 Recruitment	Authorisation	
	<ul style="list-style-type: none"><li>Have authorisation, advertising, monitoring and reporting of recruitment processes been streamlined to fast track recruitment and have you assessed whether any of these changes impact the robustness of controls?</li></ul>	Yes and as part of the workforce recovery workstream, learnings and revised processes will be adopted.
	Returning to Work	
	<ul style="list-style-type: none"><li>For staff that are returning to work e.g. from retirement are they banded appropriately? (If they were Agenda for Change staff, they should be paid at the top of the appropriate pay band for the role they are fulfilling, providing they previously worked in that pay band or higher).</li></ul>	Yes – all staff have been banded appropriately.
	Pre-Employment Checks	
<ul style="list-style-type: none"><li>Have processes and supporting documentation been amended to reflect the revised temporary guidance on pre-employment checks, and controls amended to record checks appropriately (e.g. DBS checks)?</li></ul>	Yes – the Recruitment & Resourcing Team have utilised video conferencing for pre-employment checks, to ensure validation of the individual and the documentation, as per NHS Employers guidance.	
<ul style="list-style-type: none"><li>For those returning to the NHS, have processes been established to identify any previous disciplinary action pending or performance issues highlighted in earlier roles?</li></ul>	Yes – the Recruitment & Resourcing Team have supported this work. For those returning to the NHS (classed as Bring Back Staff) pre-employment checks have been completed centrally before recruitment to the Trust.	

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 <p>Locum/Bank &amp; Agency Staff</p>	Approval	
	<ul style="list-style-type: none"> <li>Have any changes been made to the approval processes for obtaining locum/bank and agency staff and how are they monitored?</li> </ul>	No. All processes remain in place. ITU are the only area of the trust that can book directly. Wards undertake booking through the matrons and for all other areas, an agency booking form must be completed.
	Booking	
	<ul style="list-style-type: none"> <li>Have any adaptations been made to booking processes and have these changes been appropriately authorised, documented and communicated to staff? Are mechanisms in place to monitor compliance with revised booking arrangements where appropriate?</li> <li>Is the organisation still complying with mandated NHSE/I agency and locum reporting requirements?</li> </ul>	<p>No. All processes remain in place. ITU are the only area of the trust that can book directly. Wards undertake booking through the matrons and for all other areas, an agency booking form must be completed.</p> <p>Yes – reporting is taking place as per requirements and approval processes remain in place. Reporting is still circulated to the Director of People &amp; Culture, for approval and oversight.</p>
	Timesheets	
	<ul style="list-style-type: none"> <li>Have any changes been made to the authorisation of timesheets and how is assurance gained that timesheets continue to be approved with appropriate segregation of duties and in a timely manner?</li> <li>Where additional hours have been worked as a result of COVID-19, have these costs been clearly identified and recorded to provide an adequate audit trail for expenditure claims?</li> </ul>	<p>No - existing processes remain place. Additional areas across the Trust have been provided access to e-roster to reduce the number of manual timesheets.</p> <p>Yes – additional coding has been added into e-Roster to ensure appropriate coding and data capture has been created.</p>


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	Pre-Employment Checks	
	<ul style="list-style-type: none"> <li>As per revisions in NHS guidance, how is the organisation assured that pre-employment checks continue to be appropriately undertaken by employment agencies?</li> </ul>	<p>There is a standard pro forma document which is sent to any agency which we engage with for a temporary worker. This contains fields for the relevant pre-employment checks. We ask for this to be fully completed for all agency workers, and should the form be received with any incomplete fields it is returned to the agency for them to provide the missing information before any booking commences.</p> <p>During the pandemic, we have had very few agency requests recently with the exception of SICU, and the pro forma approach has been applied in all cases.</p>
	Training Requirements	


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<div data-bbox="203 432 383 624">  <p>Training (Induction &amp; Mandatory Training)</p> </div> <ul style="list-style-type: none"> <li>• Have any changes to induction, mandatory or essential training requirements been clearly defined and risk assessed from both a clinical and non-clinical perspective?</li> <li>• Have you considered how people will receive training (e.g. remote learning)?</li> <li>• Has refresher training, which can be suspended for the duration of the crisis, been risk assessed, and protocols established for reinstating in the recovery phase considered?</li> <li>• As part of the induction process for all staff (including temporary appointments), are mechanisms in place to ensure that they have signed the organisation's ICT usage policy before being granted access to IT systems?</li> </ul>	<p>Yes – The Trust has made changes to induction to ensure social distancing has been maintained. The length of the induction programme has been reduced from 3 days to 2 days (clinical staff) and 1 day from 0.5 days (non-clinical staff). The Trust has not paused Mandatory Training but we have reduced numbers where necessary to ensure social distancing, where face-to-face mandatory training is still needed. However, all mandatory training has continued as required and is being encouraged, as much of it is available through e-learning.</p> <p>Resus has continued as usual and Manual handling is completed within practice.</p> <p>We are currently issuing weekly training data to all heads of departments to improve the compliance. The Trust is currently 91% compliance against a target of 95% (April 2020 data).</p> <p>We have increased the availability of Resus education and we have reviewed each training room so that there is an established maximum numbers of candidates and number of trainers, depending on activity.</p> <p>As part of Induction, if staff have undertaken EPR training, then there is sign off for the ICT usage policy as part of this. For all other staff, this is part of recruitment documentation.</p>

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		The Workforce Recovery workstream will review blended learning approaches to support the medium-long term methods of education within the Trust.
 Attendance Management	E -Rostering and Timesheets	
	<ul style="list-style-type: none"> <li>Have e-rostering processes been reviewed and if any changes have been deemed necessary, have controls for, authorisation (including segregation of duties), processing, monitoring and reporting remained effective?</li> <li>For staff whose working hours are not managed through rota systems but whose working patterns have changed as a result of COVID-19, are these hours now appropriately approved and recorded to ensure they are receiving the correct enhancements?</li> </ul>	<p>No changes have been made other than coding to ensure appropriate reasons have been captured for COVID reporting.</p> <p>Yes – coding on timesheets reflects what is set up on e-Roster. There are currently three departments who are not inputting on e-Roster (Pulmonary Function, Health Records and Estates). Each of these areas have been provided access to input on E-Roster previously but did not maintain their entries. The Recruitment and Resourcing team are</p>

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	<ul style="list-style-type: none"> <li>Where working hours have changed or increased as a result of COVID-19, have these costs been clearly identified and recorded to provide an adequate audit trail for expenditure claims?</li> </ul>	<p>working with each department to ensure they will be fully compliant and entering information within e-Roster consistently by end of June 2020. This will include education for these teams and consistency checking.</p> <p>Yes – for example, additional overtime was captured in a number of areas within March and April 2020. This was reviewed and discussed within the Executive Team Meeting on 20/05/2020.</p>
	Sickness Absence	
	<ul style="list-style-type: none"> <li>Have sickness absence policies and processes been reviewed and amended as a result of the pandemic to include for example, reporting of sickness, shielding, self -isolation, Return to Work interviews, trigger points?</li> <li>Have staff been consistently informed of any updates to sickness absence processes in relation to COVID-19?</li> <li>Have reporting processes for the categorisation, monitoring and recording of COVID-related sickness been documented?</li> <li>Do these comply with local and national reporting requirements and have they been appropriately communicated across the organisation?</li> </ul>	<p>Yes. The policy has not been formally amended but additional communication and FAQs have been developed and issued to staff via the daily communication. The guidance has been regularly updated (last update 19/05/2020) to support staff and line managers in supporting sickness episodes during COVID. These are easily accessible on the intranet and supplementary communication is issued when any update is provided.</p> <p>Any covid absence is not counted to sickness triggers, as per national NHS Employers guidance.</p> <p>Communication has been issued to Union colleagues (both Staff Side and Local Negotiating Committee) regularly throughout the pandemic and a virtual Partnership Forum took place on 05/05/2020.</p>

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	<p>We have updated our coding and monitoring of sickness to ensure COVID-related sickness is captured. This is reported daily to the national sit-rep and is reported initially daily through Bronze Command and now twice per week through the LHCH Command Structure.</p> <p>We have encouraged managers to support and regularly keep in touch with their staff who are sick, shielding or working from home. This has included the provision of a checklist for managers to use and record support or interventions that are required.</p> <p>Daily coronavirus updates are communicated to all staff and provide details on the number of staff absence and requirement for daily input into e-roster to enable sickness absence reporting, for both local and national usage. The processes around sickness absence recording have been reviewed periodically throughout the organisation's response to COVID.</p> <p>Other absence cases: there was a short period where case reviews were paused and these are now being supported on a case by case basis. This was agreed by the Partnership Forum on 5 May 2020. The Trust and Staff Side initially paused due to the National Social Partnership Forum (SPF) statement on industrial relations during the pandemic – 1 April 2020:</p>

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		<a href="https://www.socialpartnershipforum.org/media/166314/SPF-Covid-19-statement-final-and-formatted.pdf">https://www.socialpartnershipforum.org/media/166314/SPF-Covid-19-statement-final-and-formatted.pdf</a>
	Annual Leave	
	<ul style="list-style-type: none"> <li>Have local annual leave policy and processes been reviewed in light of new temporary statutory rules to exercise maximum flexibility where employees are unable to use their full annual leave entitlement?</li> <li>As per guidance, have all aspects of the Working Time Regulations in relation to cancelling annual leave been considered?</li> <li>Has the impact of deferring/ cancelling annual leave throughout the pandemic been assessed for the remainder of the year and</li> </ul>	<p>Yes and the changes have been communicated within the FAQs (last update 19/05/20). A minimal number of areas paused the taking of annual leave but that has now been reinstated. Support was available on a case-by-case basis where additional annual leave carry over for 2019/20 was required.</p> <p>An update on the position related to Annual leave was taken to the Executive Team meeting on 05/05/2020.</p>



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	beyond, and any future capacity issues associated with this considered?	<p>All aspects of working time regulations have been considered.</p> <p>All staff are expected to plan and take annual leave proportionally during 2020/21, even with the current government restrictions in place. Leave should be booked on a proportionality basis based on an individual's annual leave entitlements. Regular reports on the proportion of annual leave taken are being issued to Heads of Department, with the expectation that all staff take 25% of annual leave each quarter.</p>
	Flexible working	
	<ul style="list-style-type: none"> <li>Have policies and processes with regards to flexible working been reviewed in light of the pandemic and appropriately communicated to staff?</li> <li>Are specific risks staff face from exposure to COVID-19 understood and supported by a risk assessment as per guidance? This also includes staff returning to work for the NHS and existing staff who are potentially more at risk due to race, age, disability or pregnancy.</li> </ul>	<p>Yes but nothing formally has changed. We are encouraging all managers and staff to work flexibly where needed and this is detailed in the FAQs (last update 19/05/2020).</p> <p>Yes. Communication has been issued to advise Managers should that they should discuss and review the risk assessment in the clinically vulnerable staff, and where possible prioritise arrangements for the individuals to work from home. Where home working is not possible, absence should be recorded appropriately on the roster and normal pay arrangements will apply. Managers are asked to seek</p>

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<ul style="list-style-type: none"> <li>• Where staff are required to shield or self-isolate have keeping in touch arrangements been defined and appropriately communicated?</li> <li>• Are there appropriate arrangements in place to ensure the safety and security of staff who are working remotely, including appropriate risk assessments, access to equipment and systems and keeping in touch arrangements?</li> <li>• Where staff can't work remotely, have risk assessments been completed to ensure the workplace complies with latest government guidance?</li> <li>• Where staff are returning to the workplace from working remotely or redeployment have risk assessments been completed to ensure</li> </ul>	<p>further guidance or support from HR or OH to support affected individuals.</p> <p>As at 29/05/2020, the Trust has:</p> <ul style="list-style-type: none"> <li>• 6 vulnerable people have been redeployed to non-clinical areas (health/pregnancy) – Risk Assessments undertaken</li> <li>• Extremely Vulnerable/shielding/Not working = 33</li> <li>• Extremely Vulnerable WFH = 5</li> <li>• Vulnerable Not working = 22</li> <li>• Vulnerable working from home = 13</li> </ul> <p>Risk assessments are now being prioritised for all of these staff groups with completion during June 2020.</p> <p>Risk assessments have also been undertaken for Black, Asian and Minority Ethnic (BAME) staff. 187 Risk assessments were required and as at 29/05/2020.</p> <ul style="list-style-type: none"> <li>• 127 had been completed.</li> <li>• Of the 60 outstanding, <ul style="list-style-type: none"> <li>○ 5 have declined a risk assessment,</li> <li>○ 16 have been offered a risk assessment,</li> <li>○ 7 are shielding,</li> <li>○ 31 - The position is being followed up as the status is currently unknown. This follow up is on a risk stratification basis.</li> </ul> </li> </ul>

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<p>the workplace they are returning to complies with latest government guidance? Have changes to working practices/arrangements as a result of these risk assessments been communicated to these staff?</p>	<ul style="list-style-type: none"> <li>○ 1 is a follow up on data accuracy.</li> </ul> <p>A checklist is in place for managers to guide them through the KIT process / capture the discussion.</p> <p>In progress. Initial assessments were undertaken with managers but will be developed in line with the new agile working policy, which is being developed through the agile working workstream.</p> <p>Yes. 6 Staff have been redeployed following risk assessments (as at 01/06/2020).</p> <p>Yes risk assessments have been completed for those with redeployment requirements. Changes in working practices have been communicated.</p> <p>Big Virtual Conversations are planned with our BAME staff on 30/06/2020, 01/07/2020 and 02/07/2020 and the sessions will focus on the National Context, What the Trust is doing, The Health and wellbeing offer and support and Ideas for improvement. This will be supported by Paul Deemer, NHS Employers Equality Diversity &amp; Inclusion Lead.</p> <p>When assessing our management structures to support COVID decision making, as per the NHSEI Stakeholder briefing 29/05/2020:</p> <p><a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/BAME-risk-assessment-">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/BAME-risk-assessment-</a></p>

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<ul style="list-style-type: none"> <li>Have all staff been properly informed of the organisation's guidance and support available for managing both physical and mental wellbeing?</li> </ul>	<p><a href="#">stakeholder-briefing.pdf</a> , there is a proportionate level of diversity, which enables a multi-disciplinary and inclusive team. This is in line with recommendations from NHSEI where diverse and inclusive teams make better decisions, including in the COVID-19 response.</p> <p>Yes. Extensive support has been put in place which includes:</p> <ul style="list-style-type: none"> <li>The establishment of a staff welfare team who visit all areas of the Trust and have supported in signposting, individual support, referral to in-house psychology support, development of materials and events for Mental Health Awareness Week (May 2020) and provision of resilience and meditation sessions;</li> <li>Virtual in-house psychology team support</li> <li>Extended Employee Assistance Programme support through Mersey Care and Vivup.</li> <li>Free Food available 24/7</li> <li>Free car parking provision</li> <li>Supported accommodation provision</li> <li>ASK-HR service established for queries or concerns</li> <li>Promotion of NHS People support apps and sites, and update of Intranet with all health &amp; wellbeing support made available</li> </ul>

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	<ul style="list-style-type: none"> <li>• Provision of LHCH Staff App to help in communication of support 24/7 and off-site</li> <li>• Financial help guide communicated with Trust becoming a food-bank referrer.</li> </ul> <p>The Trust has also commissioned Mersey Care to provide extended face-to-face psychology support through the provision of a service 3 days per week to support group and individual extended support. This is being finalised w/c 01/06/2020.</p> <p>In addition, the Trust is reviewing the use of Salad Money (low cost loan provision) and Wagestream (rapid pay provision) to help staff further when in financial hardship.</p> <p>The Trust is planning to roll out the Shiny Mind App to further support with mental wellbeing at the beginning of Q2 2020/21.</p> <p>The Trust has recently drafted and published the COVID-Secure Workplace assessment. This has been undertaken to keep both our patients and staff safe. Supporting communication has been issued to all staff and staff side colleagues, as well as being communicated on the Internet and Intranet.</p>
	Freedom to Speak Up


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	<ul style="list-style-type: none"> <li>Are Freedom to Speak Up processes still in place, with Freedom to Speak up Guardians and Champions maintaining a visible presence across the organisation?</li> <li></li> <li>Is there capacity to support responses to the Freedom to Speak Up concerns?</li> </ul>	<p>Yes and during COVID, 3 FTSU issues have been raised. 1 related to PPE and 2 related to Social Distancing. The FTSU Guardian is supporting Big Conversations planned with our BAME staff and on Anxiety. Our Guardian also leads our Staff Support Team.</p> <p>Yes. The FTSU Guardian provided an update to the Board of Directors on 26/05/2020.</p>
	Maternity/ Paternity Leave	
	<ul style="list-style-type: none"> <li>Has the organisation ensured that those staff on maternity or paternity leave have received communication on any amendments to the Policy at the earliest opportunity, and the impact this has on them as individuals?</li> <li>Are there processes in place to ensure that for staff who choose to work when they would otherwise be on leave, they do not lose their contractual entitlement?</li> </ul>	<p>Yes but we have not made any changes to Trust policy so no further changes required.</p> <p>N/A</p>
	Special Leave	

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	<ul style="list-style-type: none"> <li>Have any changes to the Special Leave Policy been approved appropriately and communicated to all staff?</li> <li>Where arrangements have been changed are appropriate processes in place to ensure compliance with revised systems?</li> </ul>	<p>Yes. We have extended our provision from 3 days to 7 days and this has been communicated in the FAQs (latest update 19/05/2020).</p> <p>Yes. Special leave is reported as an absence and checks are undertaken on the duration of this.</p>
	Doctors (Supporting Professional Activities (SPA), Private Work, Routine Training, Appraisals, Revalidation, Professional Registration)	
	<ul style="list-style-type: none"> <li>Has SPA time been reprioritised?</li> <li>Have organisations discussed with their doctors any private medical commitments that could be postponed so that they are able to provide additional capacity to the NHS during the period of emergency?</li> <li>Have training rotations been revised to help maximise the ability of organisations to focus on frontline priorities, given capacity to support training/mentoring will be limited during the emergency?</li> <li>As per guidance, have appraisals been suspended, unless there are exceptional circumstances agreed by both the appraisee and appraiser?</li> <li>Have such appraisals been classified as 'approved missed' appraisals (i.e. treated as cancelled, rather than postponed) and if appropriate, ensure pay is not impacted?</li> </ul>	<p>No. SPA is still available as per normal.</p> <p>This is being managed on a case by case and nothing formally has been issued by the Trust.</p> <p>Health Education England (HEE) &amp; the ead Employer have cancelled two rotations in April / May 2020 (Anaesthesia and a general small rotation in May). The August 2020 rotation has been confirmed to proceed (at this time).</p> <p>Yes and Doctors are being supported with stand-by-shifts if they are needed to aid the appraisal being completed.</p> <p>Not currently but will be classed as 'approved missed'</p>

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<ul style="list-style-type: none"> <li>• Have mechanisms been established, to enable doctors to discuss performance and development with their appraiser if desired by the appraisee?</li> <li>• Where doctors are due to revalidate before the end of September 2020, has their revalidation date been deferred for one year in line with guidance?</li> <li>• Are systems and processes in place to ensure that should the GMC have to remove an individual from the register prior to the end of this emergency period, the organisation is alerted to this in a timely manner and appropriate action is taken immediately?</li> <li>• Are systems and processes in place to ensure that doctors who have been given temporary registration or a licence to practise during this period only, cease working for the organisation before or once this temporary registration and licence to practise is removed by the GMC?</li> </ul>	<p>Yes and there is no change in current trust process.</p> <p>Yes.</p> <p>Yes - Responsible officer notified by GMC promptly and appropriate action taken.</p> <p>The Trust has no current medics with a temporary licence to practice.</p>
Nurses (Appraisals, Revalidation, Professional Registration)	




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	<ul style="list-style-type: none"> <li>• As per guidance have appraisals been suspended, unless there are exceptional circumstances agreed by both the appraisee and appraiser?</li> <li>• Where appraisals have been suspended, are processes in place to ensure pay increments are not impacted?</li> <li>• Have mechanisms been established, to enable nurses to discuss performance and development with their appraiser if desired by the appraisee?</li> <li>• Have processes been amended to take into account the 3 month extension for the revalidation application dates for any nurse who is due to revalidate in March, April or May 2020 in line with guidance?</li> <li>• Are systems and processes in place to ensure that should the NMC have to remove an individual from the register prior to the end of this emergency period, the organisation is alerted to this in a timely manner and appropriate action is taken immediately?</li> <li>• Are systems and processes in place to ensure that nurses who have been given temporary registration during this period only, cease working for the organisation before or once this temporary registration is removed by the NMC?</li> </ul>	<p>Yes.</p> <p>Yes and follow up on this process will be undertaken during June 2020.</p> <p>Yes and follow up on this process will be undertaken during June 2020.</p> <p>Communication to be issued to support NMC guidance.</p> <p>Yes and follow up on this process will be undertaken during June 2020.</p> <p>Yes and follow up on this process will be undertaken during June 2020.</p>
	Other (Appraisals, Revalidation, Professional Registration)	
	<ul style="list-style-type: none"> <li>• Have you assessed appraisal requirements for all other staff groups?</li> </ul>	<p>Yes. Appraisals for other staff are recommencing w/c 01/06/2020 and the appraisal window is opened until</p>

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	<ul style="list-style-type: none"> <li>If appraisals have been suspended, are processes in place to ensure pay increments are not impacted?</li> <li>If appraisals have been suspended, have mechanisms been established, to enable employees to discuss performance and development with their appraiser if desired by the appraisee?</li> <li>If appraisals have been suspended, has the period of appraisal suspension been agreed and resumption planned?</li> <li>Have you assessed validation requirements for all other staff groups?</li> <li>Have you assessed professional registration requirements for all other staff groups?</li> </ul>	<p>31/10/2020. This was communicated in team brief 27/05/2020. Appraisals are being undertaken via ESR.</p> <p>N/A</p> <p>N/A</p> <p>Extension of Appraisal window until 31/10/2020 (original window 01/05-31/08).</p> <p>Follow up on this process will be undertaken during June 2020.</p> <p>Yes – no changes as recorded in ESR.</p>
	Poor Performance	
	<ul style="list-style-type: none"> <li>Are processes in place to ensure poor performance is still identified and appropriately dealt with in a timely manner in line with the organisation's policy?</li> </ul>	Yes – no change in process.
	Input (Starters, Contractual Changes, Leavers, Timesheets, SVL)	
	<ul style="list-style-type: none"> <li>Are controls in relation to the input of new starters, contractual changes and leavers unchanged?</li> <li>Where new starters have been recruited specifically to support the COVID-19 outbreak are there processes in place to ensure these</li> </ul>	<p>Yes, though some of the input has been undertaken remotely rather than office based.</p> <p>Yes, they are costed through the COVID cost centre.</p>


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	<p>costs can be separately identified? (This may include individuals returning from retirement, maternity/ paternity/ adoption leave or former employees).</p> <ul style="list-style-type: none"> <li>Where individuals have formally changed their contractual hours specifically to support the COVID-19 outbreak, have these been appropriately authorised and are the additional costs associated separately identifiable?</li> <li>Please refer to MIAA's <i>COVID-19 Financial Governance</i> checklist for additional areas to consider.</li> </ul>	<p>Yes and overtime paper to review this was taken to Executive team on 20/05/2020.</p>
Travel & Subsistence		
	<ul style="list-style-type: none"> <li>Where staff have moved base on a temporary basis as a result of COVID-19, has their base data for travel claims been updated to reflect this?</li> <li>Please refer to MIAA's <i>COVID-19 Financial Governance</i> checklist for additional areas to consider.</li> </ul>	<p>Follow up on this process will be undertaken during June 2020. This will link with the recent MIAA Expenses Review shared with People Committee June 2020.</p>
Third Party Arrangements		
	<ul style="list-style-type: none"> <li>Where a third party provides payroll services on behalf of the organisation, have the requirements for the provision of the service changed as a result of COVID-19?</li> <li>If so, has there been an amendment made to the Service Level Agreement and potentially to the monitoring of any key performance indicators?</li> </ul>	<p>Yes. A remote service is now offered and there has been some change in the timings of submission but with minimal impact.</p> <p>No – not required.</p>
Exit Interviews		

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	<ul style="list-style-type: none"> <li>Given changes to working practices as a result of the pandemic, have exit interview requirements been reviewed and amended if appropriate?</li> </ul>	<p>No. Any leavers will receive an exit questionnaire and receive a phone call (included from February 2020 onwards). Analysis of this data to take place in July 2020.</p>
	Payment Runs	
	<ul style="list-style-type: none"> <li>Have controls in relation to the payroll payment runs remained unchanged?</li> </ul>	<p>Yes. In cases of financial hardship, additional advances have been authorised where required.</p>
	Plans	
	<ul style="list-style-type: none"> <li>Has the organisation developed a local plan in relation to the redeployment of staff, taking into account staff skill mix, staff availability, services available on site and patient population?</li> <li>Has this been appropriately risk assessed, reviewed and approved?</li> <li>Where the plan involves medical trainees, have the postgraduate deans been made aware of any trainee redeployment so that they can provide support?</li> <li>Have processes been developed to manage any staff who refuse a reasonable request to redeploy?</li> <li>Have processes been developed to ensure staff are assigned to an appropriate redeployment position?</li> </ul>	<p>6 staff members have been formally redeployed due to risk assessment outcomes. Through the command and control structure, additional temporary redeployment has been supported e.g. finance to supplies, additional critical care nursing support, support for portering or domestics. This has been risk assessed and reviewed, with coordination through Silver Command.</p> <p>Yes. As at 29/05/2020, One person has been redeployed into research and HEE / Post Graduate Deans are aware.</p> <p>Staff have been supported where there are concerns. No issues have been identified at this stage.</p> <p>Yes – skills and education assessment has been undertaken where required.</p>

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	<ul style="list-style-type: none"> <li>• Are there appropriate authorisation processes in place, particularly where this involves an individual changing base or potentially changing band?</li> <li>• Are arrangements in place to ensure all redeployed staff are appropriately supervised?</li> <li>• Are all such decisions appropriately documented?</li> <li>• Are staff issued with amendments to their contracts or honorary contracts where appropriate?</li> </ul>	<p>Yes – reporting through head of department and then monthly monitoring.</p> <p>Yes.</p> <p>No. Some temporary redeployments were made due to the urgency of situation. Review of documentation is required and longer term arrangements require further review. This will be undertaken in June 2020.</p> <p>No. See above.</p>
Risk Assessments		
	<ul style="list-style-type: none"> <li>• Has a risk assessment template been developed to support the safe redeployment of staff?</li> <li>• Has this been widely distributed within the organisation?</li> <li>• Is there a Standard Operating Procedure in place to ensure the consistent completion of these?</li> <li>• Are these risk assessment being retained centrally and routinely reported?</li> </ul>	<p>Yes. Team Prevent (Occupational Health) have provided the trust with risk assessment documentation and guidance.</p> <p>As at 29/05/2020, the Trust has:</p> <ul style="list-style-type: none"> <li>• 6 x vulnerable people have been redeployed to non-clinical areas (health/pregnancy) – Risk Assessments undertaken</li> <li>• Extremely Vulnerable/shielding/Not working = 33</li> <li>• Extremely Vulnerable WFH = 5</li> <li>• Vulnerable Not working = 22</li> </ul>

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		<ul style="list-style-type: none"> <li>• Vulnerable working from home = 13</li> </ul> <p>Risk assessments are now being prioritised for all of these staff groups with completion during June 2020.</p> <p>Risk assessments have also been undertaken for Black, Asian and Minority Ethnic (BAME) staff.</p> <ul style="list-style-type: none"> <li>• 187 Risk assessments were required and as at 29/05/2020</li> <li>• 127 had been completed.</li> <li>• Of the 60 outstanding,                         <ul style="list-style-type: none"> <li>○ 5 have declined a risk assessment,</li> <li>○ 16 have been offered a risk assessment,</li> <li>○ 7 are shielding,</li> <li>○ 31 - Position is being followed up as the status is currently unknown. This follow up is on a risk stratification basis.</li> <li>○ 1 is a follow up on data accuracy.</li> </ul> </li> <li>• Due to the concerns of the impact of COVID on BAME staff, Risk assessment completion has been prioritised for this staff group.</li> </ul> <p>The risk assessments are being completed by managers within local areas and then retained locally and centrally by the HR Team. A guidance form supports how the documentation should be completed, which is available on the intranet in the COVID section.</p>
	Pre-Employment Checks	

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	<ul style="list-style-type: none"> <li>Where individuals are already employed within the NHS (in England), is there a legal agreement to share substantive staff and bank workers and use digital systems, such as ESR or the digital staff passport which is being developed by NHS England and NHS Improvement) to avoid any unnecessary duplication of employment checks?</li> </ul>	<p>Yes. A memorandum of understanding (MOU) has been established, signed and agreed across Cheshire &amp; Merseyside to support the movement of staff and records.</p>
Training		
	<ul style="list-style-type: none"> <li>Have you assessed and reviewed what relevant training is required to be completed by individuals that are to be redeployed (including temporary staff and those from external agencies)?</li> <li>Have you recorded the decisions made?</li> <li>Have redeployed staff then received the required training to ensure they are able to fulfil their role safely?</li> <li>Where doctors are redeployed to a new clinical area does training include a focused induction?</li> <li>Does this induction concentrate on clinical considerations to deliver safe patient care, life support and personal protective equipment (PPE) training?</li> <li>Has evidence to demonstrate training has been completed been retained in a central location?</li> </ul>	<p>Yes. This has been assessed and is dependent on where the person is re-deployed. If it is unclear where redeployment is taking place to, then Handwashing, Basic Life Support and Manual Handling Training is issued as a minimum. All training has been recorded.</p> <p>Yes.</p> <p>Yes.</p> <p>Yes. In particular with PPE, Fit testing education has been completely revised. The Education Team have created an Excel database, which is linked to ESR, which can be reported on. This is updated daily and is live and available on the intranet so anyone can access details of what mask they have been fitted to. The Education Team have coordinated fit testers across site and created a new registration form so we are aware of what someone has been fit tested to and who has trained them.</p>

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		<p>There are 6 fit testers in Education, with testers also available within Critical care, Cath labs, Theatres, Therapies, and ward based.</p> <p>Most recently, there have been concerns related to the nationwide availability of the 8833 PPE Mask. The education team have been providing daily assessment of the fit testing position both on priority areas and to support BAME staff as a priority. This has been shared with Silver Command on a daily basis, and Gold and Bronze where necessary as well as being supplemented by trust-wide communication where required.</p> <p>Fit testing is part of the 6 point IPC plan with Education owning the process in the future.</p> <p>Donning and doffing education sessions have also been undertaken both on a face-to-face basis, as well as e-learning. These sessions have been across multi-disciplinary teams.</p>
	<p><b>Rotas</b></p> <ul style="list-style-type: none"> <li>Have rotas been reviewed to determine whether they need to be redesigned with an increased presence of staff at night and out of hours? (Rosters should also be designed with the assumption that a proportion of staff will be unavailable due to sickness)</li> </ul>	<p>Workforce plans are being revised as part of the workforce recovery workstream so that future workforce requirements across all areas are determined, as a result of the changes encountered through COVID. This will be completed by 30/06/2020.</p>



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		Additional support was put in place for key areas e.g. Critical care, more senior nurse presence on site, availability of key teams e.g. Supplies during out of hours.
	Keeping in touch	
	<ul style="list-style-type: none"> <li>• Have processes been defined and communicated to line managers to ensure adequate keeping in touch arrangements are in place for individuals who have been redeployed?</li> <li>• Are there mechanisms in place to ensure an individual can easily contact their line manager should they have any concerns regarding their redeployment?</li> </ul>	<p>Yes – a checklist has been developed and shared with managers to ensure keeping in touch processes have been maintained. This is not just for those redeployed but also those working from home or shielding. The Staff Support Team have also supported in communicating with these staff members.</p> <p>Yes – phone numbers have been exchanged and clear lines of communication have been established.</p>