Infection Prevention and Control Board Assurance Framework

Meeting	Board of Directors

Date	03/02/2021	**Agenda item**	**11**

Lead Director	Paula Simpson, Chief Nurse
Author(s)	Claire Wedge, Deputy Chief Nurse

Action required (please tick the appropriate box)

To Approve ☐	**To Discuss** ☐	**To Assure** ☑

Purpose

The purpose of the Infection Prevention and Control (IPC) Board Assurance Framework (BAF) is to assure Trust Board that following the opening of the Community Intermediate Care Centre (CICC) in-patient facility on the Clatterbridge Hospital location, a further comprehensive self-assessment of the IPC BAF has been conducted, evidencing compliance with IPC quality standards for in-patient settings.

The framework has been developed by NHSE/I and is structured around the existing 10 criteria within the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Executive Summary

Board of Directors received the initial IPC BAF in June 2020, at which time three areas of improvement were identified. These areas were promptly addressed, resulting in the submission of an update IPC BAF in December 2020, providing assurance of full compliance with all quality standards.

In January 2021, the Trust opened the Community Intermediate Care Centre at the Clatterbridge Hospital location.

This service provides a rehabilitation facility to people on discharge from Wirral University Teaching Hospital NHS Foundation Trust (WUTH) prior to transfer to their permanent place of residency.

The site has been developed as a Covid-19 negative environment. The admission criteria for the ward has been developed in-line with national guidance to ensure that admissions are only facilitated where individuals have tested negative for Covid-19, or when 14 days post positive Covid-19 test result or exposure, where the person has been asymptomatic for 48hrs.

The service currently operates across two wards with the potential to extend to a third ward.

The IPC BAF has been reviewed and updated to reflect the opening of the wards at the CICC. In addition to this update, the NHSE/I nosocomial 10 point plan has been reviewed and is included in Appendix 1.

The review has evidence full compliance with IPC standards across all areas. This will be subject to comprehensive review in accordance with the Trust's IPC governance framework.

Risks and opportunities:

All Covid-19 risks with an impact to quality and safety rated >10 are reviewed weekly by the tactical command group with risks rated >15 escalated to strategic command group.

Quality/inclusion considerations:

Quality Impact Assessment completed and attached No

Equality Impact Assessment completed and attached No

Individualised care delivery is provided by the Trust ensuring compliance with equality and diversity standards for staff and people who use Trust services

Financial/resource implications:

Delivery of high-quality services will support the Trust's financial position, reducing the potential for litigation and regulatory action

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our Populations - improving services through integration and better coordination

Board of Directors is asked to consider the following action
Board of Directors are asked to be assured by the updated IPC Board Assurance Framework.

Report history		
Submitted to	**Date**	**Brief summary of outcome**
Board of Directors	02/12/2020	Assurance noted

Infection prevention and control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users		
Key lines of enquiry	**Evidence**	**Gaps in assurance and mitigating actions**
Systems and processes are in place to ensure: • infection risk is assessed at the front door and this is documented in patient notes • patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission • compliance with the national guidance around discharge or transfer of COVID-19 positive patients • all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance • national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way • changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted • risks are reflected in risk registers and the board assurance framework where	The Trust has been responsive to the requirement to rapidly adapt service provision resulting from the Covid-19 pandemic, to assure the safety of staff, patients and service users. This has resulted in the implementation of consistent triage questions across all services to ensure only essential physical face to face contacts are conducted. Alternative methods of assessment have been developed expanding the Trusts' digital offer via remote consultations. The Trust is a visible leader across the Wirral system ensuring full compliance with all national guidance in relation to the discharge and transfer of Covid-19 positive patients. Training resources have been developed to ensure the correct process for donning and doffing are implemented throughout Trust services. This includes a range of action cards which provide clear, visual guidance for staff ensuring that the correct PPE is worn as per national guidance. Via the Trust's Covid-19 governance structure, new guidance is efficiently and effectively escalated for review at a daily Tactical command meeting. When required, actions are deferred to the Trusts' Clinical Command, Workforce or Operational groups. Robust, evidence-based processes have been developed to ensure systems are in place to effectively manage, mitigate and monitor the prevention and control of infection. This is effectively evidenced via the Trust's risk register as required. Risk assessments are pivotal to the Trusts' approach to assuring safety, evidencing decision making to mitigate risk where identified. This is underpinned by a clear escalation process in accordance with the Trust's	Full assurance evidenced

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appropriate
• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens
	Covid-19 Command and Control governance structure.
	
	This is a continuous process providing a source of internal assurance evidencing that quality standards are maintained. This has been further supported by the development of a bespoke Covid-19 module on the Trusts' Standards Assurance Framework for Excellence (SAFE) system, to evidence compliance with all required IPC standards.
	
	Within the Trust's in-patient Community Intermediate Care Centre (CICC), a rigorous IPC screening process is conducted prior to any patient transfer from Wirral University Teaching Hospital NHS Foundation Trust (WUTH) to CICC. This screening process ensures that all patients meet one of the following admission criteria:
	
	    • Confirmed Covid-19 negative swab with no known exposure to Covid-19 within 14 days prior to admission
	    • 14 days post positive Covid-19 swab with the absence of a raised temperature for 48hrs prior to transfer
	    • 14 days post Covid-19 exposure with the absence of a raised temperature for 48hrs prior to transfer
	
	Robust plans for swabbing patients for Covid-19 have been developed aligned to national guidance. Swabbing is currently conducted on admission to CICC, on day three, day six and weekly thereafter.
	
	In accordance with current national guidance, the exception to this swabbing pathway is patients who have previously tested positive for Covid-19 are excluded from further testing for 90 days unless new Covid-19 symptoms develop.
	
	An IPC training matrix has been developed to ensure staff on the wards have the correct skills and competencies to assure IPC standards; this includes donning and doffing training. Training compliance will be monitored at the CICC governance meeting, ensuring responsive action to any identified risks, providing assurance that effective systems and processes have been implemented to assure provision of high quality care.
	
	A comprehensive review of IPC policies and procedures has been conducted to determine documents that can be adopted by the ward; adapted following amendment; or have identified the requirement for new	

Assuring IPC standards has been achieved by implementing the following IPC risk assessment to effectively mitigate risk:

- Prevention of Covid-19 on in-patient wards at CICC
- Management of a positive Covid-19 case at CICC
- Management of Covid-19 exposure at CICC

To assure IPC standards at CICC, an IPC audit programme has been developed which includes a focus on hand hygiene standards, PPE usage and maintaining social distancing. An escalation process for effective management has been developed where action for improvement is identified.

Staff working on the wards at CICC have access to twice weekly lateral flow tests submitting data to the national portal.

A process for submitting national daily Covid-19 returns to NHS E/I has been implemented regarding the collective Covid status of the patients within CICC.

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections		
Key lines of enquiry	**Evidence**	**Gaps in assurance and mitigating actions**
Systems and processes are in place to ensure: • designated teams with appropriate training are assigned to care for and treat patients in Covid-19 isolation or cohort areas • designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to Covid-19 isolation or cohort areas. • decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with	Clinical systems and processes have been developed to assure safe working practices adopting the principles of staff cohorting where possible. As a result, where clinically appropriate, high risk vulnerable patients are seen at the beginning of a shift to minimise risk of Covid-19 transmission. Clinical visit allocation is utilised to assure continuity of care whilst minimising the numbers of visiting staff. Where clinically appropriate and safe, suspected and Covid-19 positive patients are visited at the end of a shift pattern. Designated isolation rooms have been identified across all Trust Walk-In Centres for suspected Covid-19 patients. Each area has a Covid-19 PPE Bag which includes the Pathway for managing suspected COVID-19	Full assurance evidenced

PHE and other national guidance • increased frequency at least twice daily, of cleaning in area that have higher environmental contamination rates as set out in the PHE and other national guidance • attention to the clearing of toilets/bathrooms, as Covid-19 has frequently been found to contaminate surfaces in these areas • Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses • Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solution/products • As per national guidance: o 'frequently touched' surfaces' eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when know to be contaminated with secretions, excretions or body fluids o Electronic equipment, eg. Mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	patients. Isolation rooms are decontaminated by Cheshire and Wirral Partnership NHS Foundation Trust (CWP) with Cleaning Staff following local guidance. The Trust has received documented assurance from CWP confirming that their local systems and processes are fully compliant with PHE and other national guidance. Staff have access to the correct cleaning resources to assure safety and to evidence compliance with PHE and national guidance. This includes Clinell Wipes and Bio-Hazard wipes for the decontamination of equipment. Within the Trust's in-patient Community Intermediate Care Centre (CICC), the facilities contract including cleaning is provided by WUTH; practice is fully aligned to national decontamination guidance in accordance with PHE national guidance. IPC training for ward based staff includes the implementation of enhanced cleaning schedules for the ward environments and high frequency touch points. An audit programme has been developed to ensure prompt identification of any areas requiring action, to assure standards of safety. High frequency touch points are decontaminated on a minimum twice daily basis. All electronic equipment is cleaned between individuals with the appropriate cleaning products in accordance with national guidance. Equipment use is limited to dedicated individuals per shift to minimise risk of transmission. Single use items are managed in accordance to the Trust's Single Use Policy. Donning and doffing training has been developed for ward staff, replicating the Trust wide approach to PPE removal, which includes the standards for decontamination. A linen and laundry policy has been developed for CICC, approved via the Trust's Clinical Command group. Ventilation processes are implemented throughout clinical areas to	

	o Rooms/area where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily) o linen from possible and confirmed Covid-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken o Single use items are used where possible and according to Single Use Policy o Reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance o Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission	minimise opportunistic airborne transmission. Oversight for the management of ventilation has been incorporated into the Terms of Reference for the Trust's Health and Safety Group.	

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
Systems and process are in place to ensure: • arrangements around antimicrobial stewardship are maintained • mandatory reporting requirements are adhered to and boards continue to maintain oversight	The Trust has developed Strategic Principles for Antimicrobial Stewardship, reporting on a Triannual basis to the sub-Board Quality and Safety Committee in accordance with the Trust's robust governance and assurance framework The aims of the strategy are to: • Reduce the need for exposure to antibiotics	Full assurance evidenced

	• Optimise the use of antibiotics	
	• Raise public awareness to encourage self-care and reduce expectations of receiving antibiotics	
	• Work in collaboration with other healthcare partners throughout Wirral	
	At the Trust's CICC in-patient facility, a weekly GP ward round is conducted providing an opportunity to review antimicrobial prescribing. In addition, Pharmacy support is provided to the ward from WUTH ensuring alignment to the Wirral system-wide antimicrobial stewardship strategy.	

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion

Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
Systems and processes are in place to ensure: • implementation of national guidance on visiting patients in a care setting • areas in which suspected or confirmed Covid-19 patients are being treated are clearly marked with appropriate signage and where appropriate with restricted access • information and guidance on Covid-19 is available on all Trust websites with easy read versions • infection status is communicated to the receiving organisation or department when a possible or confirmed Covid-19 patient needs to be moved	Clear signage and literature regarding the Covid-19 pandemic has been developed and is clearly on display for members of the public visiting Trust sites. In addition, the Communications Team ensure that information and guidance regarding Covid-19 is available on the Trusts' website. This includes links to easy read materials from partner organisations, for example Mencap. The Trust has added a bespoke template onto SystmOne to ensure there is safe, secure transfer of internal information relating to infection status. This is communicated to system partners as clinically indicated to assure safety. At the Trust's CICC in-patient facility visiting guidance has been developed based on national guidance and is regularly reviewed to assure safety and best practice standards. The ward has clear signage to continually promote social distancing and information is available to patients to promote an optimum hand washing technique and the expected standards regarding wearing of face masks	Full assurance evidenced

<table>
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<td colspan="2" style="color:red">when in receipt of close contact care.

Electronic records within the Trust's SystmOne record keeping system are updated with a current Covid-19 status. This information is consistently communicated on patient transfer. This includes on discharge and if transferring the patient back to an acute care environment in the eventuality of patient deterioration whilst at CICC.</td>
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5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people

Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
Systems and processes are in place to ensure: • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed Covid-19 symptoms and to segregate them from non Covid-19 cases to minimise the risk of cross-infection, as per national guidance • mask usage is emphasised for suspected individuals • ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff • for patients with new-onset symptoms, it is important to achieve isolation and instigation of contract tracing as soon as possible • patients with suspected COVID-19 are tested promptly • patients who test negative but display or go on to develop symptoms of Covid-19 are segregated and promptly re-tested • patients that attend for routine	The Trust has established robust mechanisms to identify individuals most at risk of developing infections; this is a continuous process to monitor for deteriorating conditions which may increase level of vulnerability. Systems and process have been developed across Trust Walk-in and Urgent Treatment Care Centres to effectively utilise triage to ensure risk of cross-infection is minimised in accordance with national guidance. Trust guidance clearly details that fluid resistant surgical face masks should be considered for all suspected or Covid-19 patients, subject to an assessment of clinical appropriateness. As the provider for the Community Swabbing Service, this Trust has a skilled workforce available to appropriately provide testing to patients as clinically indicated. The Trust has implemented contract tracing mechanisms to support the national test and trace process. In addition, the Trust has participated in a system-wide contact tracing review process, to ensure there is a clear, consistent approach across the local health and care system to rapidly initiate contact tracing as required. At the Trust's CICC in-patient facility a robust screening and triage process has been developed and implemented to ensure prompt identification of any potential infection risk. The admission criteria for the	Full assurance evidenced

	ward has been developed in-line with national guidance to ensure that admissions are only facilitated where individuals have tested negative for Covid-19, or when 14 days post positive Covid-19 test result or exposure, where the person has been asymptomatic for 48hrs.	
appointments who display symptoms of Covid-19 are managed appropriately	As part of the admission to CICC, patients are requested to remain on the ward to reduce the risk of their exposure to Covid-19 community transmission which may result in forward transmission within the ward environment.

A robust swabbing process has been implemented to ensure rigorous monitoring of individual Covid-19 status on the wards. In the eventuality that a patient at CICC tests positive for Covid-19, policies and procedures will be implemented, ensuring the individual is immediately transferred or remains in a single occupancy room with isolation precautions.

Patients who become symptomatic with Covid-19 symptoms will be isolated in a single occupancy room immediately with isolation precautions and be tested for Covid-19.

Staff working at CICC have received training on IPC precautions designed to limit the spread of infection.

IPC precautions will be further supported by staff cohorting, providing dedicated equipment for patients with a known or suspected infection and enhancing cleaning schedules for the ward environment and high frequency touch points. | |

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

Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
Systems and processes are in place to ensure:

• all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their | The Trust has developed robust systems and processes to ensure compliance with health and safety legislation to assure safety in the work place.

Assurance mechanisms include monitoring of mandatory training compliance including IPC Level 1 and Level 2 e-learning and Health and | Full assurance evidenced |

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personal safety and working environment is safe • all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it • a record of staff training is maintained appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed • any incidents relating to the re-use of PPE are monitored and appropriate action taken • adherence to PHE national guidance on the use of PPE is regularly audited • staff regularly undertake hand hygiene and observe standard infection control precautions • hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance • guidance on hand hygiene, including drying, should be clearly displayed in all public toilet area as well as staff areas • staff understand the requirements for uniform laundering where this is not provided for on site • all staff understand the symptoms of Covid-19 and • take appropriate action in line with PHE and other national guidance, if they or a member of their household displays any	Safety Training. In addition, a Covid-19 clinical audit programme has been established as a rapid assurance mechanism to identify areas for improvement. Audit results are recorded on the Trusts' SAFE system and reviewed monthly at the SAFE steering group and action taken accordingly to mitigate any identified risk. The Covid-19 assurance framework includes CAS alerts which are also recorded centrally on the Trusts' SAFE system, supporting data triangulation. Guidance regarding appropriate use of PPE has been developed and is disseminated to all staff daily via the Trust's e-Covid-19 bulletin. This communication strategy provides a central focus for all staff for key messages and alerts relating to Covid-19. In addition, this is further enhanced via a weekly vlog from the Chief Executive or nominated Executive Director. Hand hygiene posters are displayed throughout public and staff Trust premises. The Trust provides paper towels throughout its premises thereby minimising the risk of droplet transmission. Clear, robust guidance and advice has been provided to all staff via the Covid-19 bulletin and through HR and IPC services in relation to the action required on the presentation of Covid-19 symptoms. The numbers of staff affected are closely monitored by the Workforce group, reporting to the Tactical and Strategic command groups weekly. These established governance process have been replicated at CICC to ensure there is a consistent approach across the organisation, to assure safety.	

of the symptoms		
7. Provide or secure adequate isolation facilities		
Key lines of enquiry	**Evidence**	**Gaps in assurance and mitigating actions**
Systems and processes are in place to ensure: • patients with possible or confirmed Covid-19 are isolated in appropriate facilities or designated areas where appropriate • areas used to cohort patients with possible or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	Systems and processes have been developed to ensure that the designated isolation rooms within Trust Walk-In and Urgent Treatment Care Centres are appropriately used for suspected Covid-19 patients. At the Trust's CICC rehabilitation facility, guidance has been developed to ensure the prompt identification and implementation of patient isolation as required. Trust guidance is continually reviewed at the Clinical Command meeting, ensuring it reflects current PHE national guidance. Where isolation is required, staff cohorting will be implemented to effectively minimise the risk of transmission, supporting isolation precautions.	Full assurance evidenced
8. Secure adequate access to laboratory support as		
Key lines of enquiry	**Evidence**	**Gaps in assurance and mitigating actions**
Systems and processes are in place to ensure: • testing is undertaken by competent and trained individuals • patient and staff Covid-19 testing is undertaken promptly and in line with PHE and other national guidance • screening for other potential infections takes place	The Trust has identified a group of senior staff who have received training in Covid-19 sampling with competencies assessed by external specialists. All staff receive training in swabbing and are supported to achieve the correct technique and competency. A training pack is available to supplement the training, supporting continuous professional development. Robust systems are in place to access laboratories for processing samples.	Full assurance evidenced

	The Trust has implemented national guidance for Covid-19 swabbing at the CICC in-patient rehabilitation facility.	

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

Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
Systems and processes are in place to ensure that: • staff are supported in adhering to all IPC policies, including those for other alert organisms • any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff • all clinical waste related to confirmed or suspected Covid-19 cases is handled, stored and managed in accordance with current PHE national guidance • PPE stock is appropriately stored and accessible to staff who require it	The Trust has an extensive and robust IPC policy framework to ensure full adherence to the IPC Code of Practice and Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This has been subject to a comprehensive review and updated accordingly to accommodate IPC national standards at the new CICC in-patient rehabilitation facility. An IPC clinical audit programme has been developed on the Trust's SAFE system to evidence compliance with the fundamental principles of IPC to prevent and control infections. Audit results are tracked monthly through the Trust's governance system. A comprehensive audit programme has been developed for CICC; this is tracked and monitored at the CICC governance meeting on a monthly basis, supported by an escalation process for immediate visibility and responsive action if improvements in standards are required. Changes to PHE national guidance or PPE are escalated in the first instance to the Trust's daily Tactical command group, prior to review at the Clinical command meeting. A predictive methodology has been established to forecast use of PPE; this is reviewed daily at the Tactical command group and weekly by the Strategic command group in accordance with the Trust's Covid-19 command and control structure.	Full assurance evidenced

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

Key lines of enquiry	Evidence	Gaps in assurance and mitigating actions
Appropriate systems and processes are in place to ensure:	Through the Trust's Command and Control Covid-19 governance structure, appropriate systems and process have been developed to assure the safety of staff in relation to Occupational Health needs.	Full assurance evidenced

• staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported • staff required to wear FFP3 reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained • consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance • all staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas • consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing • staff that test positive have adequate information and support to aid their recovery and return to work.	This is primarily led by the Workforce group led by the Deputy Director of HR and OD and the Clinical group led by the Deputy Chief Nurse and Medial Director, reporting to the Tactical command group. A process has been developed to identify 'at-risk' groups, ensuring appropriate management of physical and psychosocial wellbeing. This includes compliance with national guidance in relation to Vitamin D for BAME staff. The established governance framework supports responsive action in relation to newly released guidance ensuring an appropriate rapid review and assessment of risk to ensure recommendations are made to the Tactical Command group.	

Appendix 1

Key Actions: Infection Prevention & Control and Testing (published 23 December 2020, NHSE/I)

Organisations

It is the board's responsibility to ensure that:

10 point plan		Evidence	Compliance
1	Staff consistently practice good hand hygiene and all high touch surfaces and items are decontaminated multiple times every day with systems in place to monitor adherence	A ward checklist has been implemented at CICC to assure hand hygiene and decontamination standards. To assure standards of compliance whilst ensuring prompt identification of areas for improvement, an IPC audit programme has been developed. Where improvements are identified, these will be rapidly addressed to assure safety. Audit compliance will be reviewed monthly at the CICC Governance meeting with escalation to Clinical Command which meets twice weekly during the Covid-19 pandemic. In addition, Trust policies and procedures clearly outline best practice standards including: • Uniform policy • IPC standards – hand hygiene and bare below the elbows • Donning and doffing • PPE usage • Cleaning and management of high touch point areas	Compliant
2	Staff maintain social distancing (2M+) in the workplace, when travelling to work (including avoiding car sharing) and to remind staff to follow public health guidance outside of the workplace	Environmental risk assessments have been conducted to ensure staff are fully supported to maintain social distancing in the workplace. This includes implementation of social distancing signage across all Trust sites, maximum room occupancy posters and desk stickers to confirm where staff are permitted to sit. The approach has also been implemented within kitchen and staff breakout areas to ensure standards in the workplace are fully maintained. The Trust has implemented a comprehensive communications strategy to fully engage staff with the importance of adhering to social distancing and IPC standards both in and out of the workplace. This has included regular IPC updates in the	Compliant

| | | Trust's daily communications e-bulletin, vlog's from the Director of Infection Prevention and Control and screen savers promoting key messages in a consistent, easily assimilated format that resonates with staff. Feedback has been captured via MS Teams Executive Briefing sessions with open invites to all Trust staff, ensuring inclusivity and connectedness across the entire organisation.

A robust risk assessment has been developed to mitigate risk of Covid-19 in the eventuality that car sharing is required. The risk assessment has been developed to reflect national guidance and is reviewed at the Trust's Clinical Command group when new guidance or evidence is released. Changes to guidance are communicated to staff via the established communication networks. | |
|---|---|---|---|
| 3 | Staff wear the right level of PPE when in clinical settings, including use of face masks in non-clinical settings, with systems in place to monitor adherence. Movement of staff between COVID and non-COVID areas is minimised | Trust policies and procedures have been developed to ensure they reflect national PHE guidance regarding appropriate PPE usage when in clinical and non-clinical settings.

PPE and hand hygiene stations are available on entry to all Trust sites to ensure staff have access to surgical face masks on immediate entry to the workplace. This approach is replicated at the Trust's CICC in-patient rehabilitation facility. In addition, surgical face masks are available for patients when in receipt of close contact care in their home environment, clinic settings and in ward based areas.

Donning and Doffing training has been developed and implemented across clinical areas.
An IPC audit programme has been developed to monitor compliance with Trust standards.

Staff cohorting is implemented to restrict movement between Covid and non-Covid areas. | Compliant |
| 4 | Moving patients increases their risk of transmission of infection. For urgent and emergency care, hospitals should adopt pathways that support minimal or avoid patient bed/ward transfers for the duration of their admission (unless clinically imperative). The exception will be patients who need a period of | Patient transfers to the Trust's in-patient CICC rehabilitation facility from WUTH are rigorously risk assessed to ensure IPC requirements are communicated and standards maintained to minimise the risk of transmission of infection.

IPC management of patients at CICC is supported by a comprehensive framework of policies and procedures, reflecting national guidance to assure IPC standards. | Compliant |

	care in a side room or other safe bed while waiting for their COVID test results. On occasions when it is necessary cohort COVID or non-COVID patients because of bed occupancy, then reliable application of IPC measures must be implemented. Is also imperative that any vacated areas are cleaned as per guidance.		
5	Daily data submissions have been signed off by the Chief Executive, the Medical Director or the Chief Nurse, and the Board Assurance Framework is reviewed and evidence of reviews is available	A process has been implemented to ensure daily Covid-19 submissions are signed off by the Chief Nurse or Medical Director, and reported via the Trust's Tactical command governance structure. The IPC Board Assurance Framework is reviewed on release of new guidance to ensure it remains aligned to national standards. When updates are required, the framework is presented to Trust Board by the Chief Nurse/Director of Infection Prevention and Control. This is published on the Trust's public website providing public assurance of the Trust's IPC standards.	Compliant
6	Where bays with high numbers of beds are in use, they must be risk assessed, and where 2metres cannot be achieved, means of physical segregation of patients are strongly considered. The concept of 'bed, chair, locker' should be implemented. All wards should be effectively ventilated	The Trust has bedded bays in the wards at CICC. An assessment of bed spacing in all bays has been conducted with bed occupancy being reduced to ensure a minimum of 2 metres distancing between beds. In addition, clear plastic curtains have been implemented throughout all bedded bays to reduce Covid-19 transmission potential. A ward environmental action plan has been developed to ensure all IPC standards are implemented within the ward environment, including a process for appropriate levels of ventilation within bay areas, whilst effectively managing patient comfort. Oversight for the management of ventilation has been incorporated into the Terms of Reference for the Trust's Health and Safety group. Beds and chairs are arranged to maximise space between patients within bays, utilising the concept of 'bed, chair, locker'; this ensures 2 meter distancing standards are maintained.	Compliant

7	**Staff are tested**		
a	Implementation of twice weekly lateral flow antigen testing for NHS patient facing staff . Whilst lateral flow technology is the main mechanism for staff testing, this can continue to be used alongside PCR and LAMP testing	Twice weekly lateral flow antigen testing is available for all frontline staff, with results submitted to the national portal. Aggregated results are reported daily at the Trust's Tactical command meeting. Clusters in positive results or potential connected cased are robustly investigated by the Trust's IPC team. Staff are able to access PCR testing via the Trust's HR department.	Compliant
b	If your trust has a high nosocomial rate you should undertake additional targeted testing of all NHS staff, as recommended by your local and regional infection prevention and control /public Health team. Such cases must be appropriately recorded, managed and reported using agreed regional/national escalation systems.	Targeted testing will be implemented as required during an outbreak situation. This decision would be taken in collaboration with PHE colleagues at any established Outbreak Control Team meeting. Outbreaks are reported via the national electronic system.	Compliant
8	**Patients are tested**		
a.	All emergency patients must be tested at admission, whether or not they have symptoms	The Trust does not provide a service for emergency admissions.	Not applicable
b.	Those who go on to develop symptoms of COVID-19 after admission must be retested at the point symptoms arise.	A process for symptomatic screening at the Trust's CICC rehabilitation facility has been developed and implemented.	Compliant
c.	Those who test negative on admission must have a re-test on day 3 of admission, and again between 5-7 days post admission	A robust process for Covid-19 swabbing has been implemented at CICC. Patients are tested on admission, day 3, day 6 and weekly thereafter. The exception to this is patients who are 14 days post positive Covid-19 test result. These patients are excluded from further testing for 90 days unless new Covid-19 symptoms develop, in accordance with national guidance.	Compliant
d.	Sites with high nosocomial rates should consider testing COVID negative patients daily.	Screening frequency will be reviewed in the eventuality of an outbreak at the Trust's CICC facility. Weekly testing has been implemented for all patients following their first week of admission.	Compliant

e.	Patients being discharged to a care home must be tested 48 hours prior to discharge and must only be discharged when their test result is available. Care homes must not accept discharged patients unless they have that person's test result can safely care for them	The process for swabbing on discharge has been developed to reflect national guidance. Transfers to Care Homes are supported by the Trust's IPC team to ensure an effective IPC handover is provided.	Compliant
f.	Elective patient must be tested within 3 days before admission and must be asked to self-isolate from the day of the test until the day of admission	Elective screening processes are not currently applicable to the Trust; however, all patients are fully screened on transfer from WUTH to CICC in accordance with the established screening process which reflects national guidance.	Not applicable
Systems - Local Systems must:			
9	Assure themselves, with commissioners, that a trust's infection prevention and control interventions (IPC) are optimal, the Board Assurance Framework is complete, and agreed action plans are being delivered	IPC assurance is provided to commissioners via Clinical Quality Risk meetings which are attended by the Chief Nurse/Director of Infection Prevention and Control and the Medical Director. IPC assurance is provided to the CQC via bi-monthly engagement meetings; a process for escalation outside of this timeframe has been established.	Compliant
10	Review system performance and data; offer peer support and take steps to intervene as required	Covid-19 data is reviewed at the Trust's Tactical command meeting report to Strategic command by exception.	Compliant

CQC Statement of Purpose

Meeting	Board of Directors		
Date	03/02/2021	**Agenda item**	**12**
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Claire Wedge, Deputy Chief Nurse		

Action required (please tick the appropriate box)

To Approve ☑	**To Discuss** ☐	**To Assure** ☐

Purpose

The purpose of this paper is to present the updated CQC statement of purpose to the Board of Directors for approval.

The CQC statement of purpose is a legally required document that includes a standard set of information about a provider's service. The information contained within the document must always be accurate and up to date and is therefore subject to regular review.

Executive Summary

The Trust's CQC Statement of Purpose was approved virtually by Trust Board on 09/12/20 to include changes to support the provision of the GP Out of Hours Service form the St Catherine's Health Centre location during weekends and bank holidays. This change was required in response to the Covid-19 pandemic, easing demands on waiting areas on the Arrowe Park Hospital site.

Since this submission, the following changes have been made to the Statement of Purpose:

11 January 2021: Elliot House was added as a location, for the purpose of providing a local designated setting to support the system response to the Covid-19 pandemic.

21 January 2021: Following a system level review, it was agreed that the Trust would focus attention on the newly opened Community Intermediate Care Centre, supporting patient flow from Wirral University Teaching Hospital NHS Foundation Trust. As a result, the Trust did not open Elliot House and the location was removed from the Trust's CQC registration and Statement of Purpose.

26 January 2021: In response to the Trust's focus on CICC to support the Covid-19 pandemic, the CQC Statement of Purpose has been updated to increase bed capacity at CICC from 30 to 73 beds. This change is highlighted in the updated statement of purpose in red text.

Risks and opportunities:

All clinical and Covid-19 risks with an impact to quality and safety rated >10 are reviewed weekly by the clinical command group, reporting by exception to tactical command. Risks rated >15 are escalated to strategic command group.

Quality/inclusion considerations:

Quality Impact Assessment completed and attached No
Equality Impact Assessment completed and attached No
Individualised care delivery is provided by the Trust ensuring compliance with equality and diversity standards for staff and people who use Trust services

Financial/resource implications:

The Trust's response to the Covid-19 pandemic is supported by additional national funding specifically to support the financial pressures over Quarters 3 and 4 of 2020/21.

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our Populations - improving services through integration and better coordination

Board of Directors is asked to consider the following action

Board of Directors are asked to approve the updated CQC Statement of Purpose.

Report history

Submitted to	Date	Brief summary of outcome
Board of Directors (virtual)	09/12/2020	Approved (virtual/e-approval)

Statement of Purpose
Health and Social Care Act 2008

Wirral Community Health and Care NHS Foundation Trust (RY7)

26th JANUARY 2021

The Statement of Purpose is a document which includes a standard required set of information defined by the Care Quality Commission, about the services the Trust provides.

This information includes;

- **Part 1: Provider's name, address and legal status.**

- **Part 2: Aims and objectives in providing the regulated activities and locations within the trust**

- **Part 3. Information per location (6):**
    - St Catherine's
    - Victoria Central Health Centre
    - Arrowe Park Hospital
    - Eastham clinic
    - Leasowe Primary care centre
    - Clatterbridge Hospital

The following pages outline the specific services the Trust provides, the locations of these services, the population they serve and which regulated service/s applies to them.

To ensure the accuracy of the document the Statement of Purpose it is reviewed annually or sooner if changes occur.

Statement of purpose, Part 1

Health and Social Care Act 2008, Regulation 12, schedule 3

The provider's business contact details, including address for service of notices and other documents, in accordance with Sections 93 and 94 of the Health and Social Care Act 2008

1. Provider's name and legal status

Full name[1]	Wirral Community Health and Care NHS Foundation Trust
CQC provider ID	RY7

Legal status[1]	Individual	☐	Partnership	☐	Organisation	☒

2. Provider's address, including for service of notices and other documents

Business address[2]	St Catherine's Health Centre Church Road
Town/city	Birkenhead
County	Wirral
Post code	CH42 0LQ
Business telephone	0151 514 2160
Electronic mail (email)[3]	paula.simpson8@nhs.net

By submitting this statement of purpose you are confirming your willingness for CQC to use the **email address** supplied at Section 2 above for service of documents and for sending all other correspondence to you. Email ensures fast and efficient delivery of important information. If you do not want to receive documents by email please check or tick the box below. We will not share this email address with anyone else.

I/we do **NOT** wish to receive notices and other documents from CQC by email	☐

[1] Where the provider is a partnership please fill in the partnership's name at 'Full name' in Section 1 above. Where the partnership does not have a name, please fill in the names of all the partners at Section 3 below

[2] Where you do not agree to service of notices and other documents by email they will be sent by post to the business address shown in Section 2. This includes draft and final inspection reports. This postal business address will be included on the CQC website.

[3] Where you agree to service of notices and other documents by email your copies will be sent to the email address shown in Section 2. This includes draft and final inspection reports.

Statement of purpose, Part 2
Aims and objectives in providing the regulated activities and locations within the trust

Located in Wirral in North West England, we provide high-quality primary, community and public health services to the population of Wirral and parts of Cheshire and Liverpool.

On 1 June 2017 the trust formally began to provide integrated adult health and social care services for patients and service users in their local communities. This demonstrates the trusts' continued commitment to transforming public services responding to the needs of the communities we serve.

We play a key role in the local health and social care economy as a high performing organisation with an excellent clinical reputation. Our expert teams provide a diverse range of community health care services, seeing and treating people right through their lives both at home and close to home.

Our commitment to quality underpins our determination to achieve and demonstrate the sustainability, efficiency and effectiveness of our organisation. At the heart of this we will retain our focus on delivering and developing demonstrably safe, effective and high-quality services.

Our vision recognises the important role we play in delivering integrated care with partners in the local health economy.

Our vision is:

To be the outstanding provider of high quality, integrated care to the communities we serve

Our values will help us to achieve our vision:

The values at our HEART...

Health and wellbeing at the heart of everything we do

Exceptional person-centred care

Actively supporting each other

Responsive, professional, innovative

Trusted to deliver

♡ for you, with you

Our services are local and community-based, provided from around 50 sites across Wirral, including our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey. We are also commissioned to deliver podiatry services outside of Wirral by West Cheshire Clinical Commissioning Group and Liverpool Clinical Commissioning Group (under an Any Qualified Provider contract).

We also provide integrated 0-19 services in Cheshire East comprising health visiting, school nursing, family nurse partnership and breastfeeding support services from 13 bases.

We have recently been commissioned to provide inpatient beds for the purpose of rehabilitation and reablement.

Strategic objectives and goals

Our vision and values, our assessment of population need and our understanding of local and national priorities have informed our strategic themes and priorities for 2018-2021.

Our strategic themes and objectives are highlighted below.

Our objectives and goals

An outstanding trust, we will reliably provide the highest levels of safe and person-centred care through integration and collaboration with partners and patients.

We will attract, enable, value and involve skilled and caring staff, liberated to innovate and improve services, releasing time to care.

We will maintain financial sustainability and support our local system through efficiency, safe growth and a reputation for delivering outstanding services.

♥ Our Populations
- Outstanding, safe care every time
- More person-centred care
- Improving services through integration and better coordination

♥ Our People
- Improving staff engagement
- Advancing staff wellbeing
- Enhancing staff development

♥ Our Performance
- Growing community services across Wirral, Cheshire & Merseyside
- Increasing efficiency of all services
- Delivering against contracts and financial requirements

Statement of purpose, Part 3
Information per location

The information below is for location no.:	1	of a total of:	6	locations

Name of location	St Catherine's Health Centre
Address	Church Road Birkenhead Wirral Merseyside
Postcode	CH42 0LQ
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

St Catherine's Hospital is located in Birkenhead and provides services to all age groups.

It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services, community rehabilitation services and our community cardiology service. Our dental service and GP out of hours (GPOOH) are also covered by this regulated activity.

The site is also registered for 'Surgical procedures' which covers delivery of our dental service.

Registration for the site also covers 'Diagnostic and screening procedures' for our dental and community health services, including community nursing. The GPOOH service will also be delivered from this site on a Saturday, Sunday and Bank Holidays.

'Transport services, triage and medical advice provided remotely' covers delivery of GPOOH.

In addition, the site is registered to deliver 'Family planning services' to cover our sexual health service delivery of inter-uterine coil devices (IUCD) fitting.

No of approved places / overnight beds (not NHS)	

CQC service user bands			
The people that will use this location ('The whole population' means everyone).			
Adults aged 18-65	☐	Adults aged 65+	☐
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☒	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☒
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☒
Doctors treatment service (DTS)	☒
Mobile doctor service (MBS)	☐
Dental service (DEN)	☒
Diagnostic and or screening service (DSS)	☐
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☒
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☒
Registered Manager(s) for this regulated activity: Paula Simpson	

The information below is for location no.:	2	of a total of:	6	locations

Name of location	Victoria Central Health Centre
Address	Mill Lane Wallasey
Postcode	Ch44 5UF
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Victoria Central Health Centre is located in Wallasey and provides services to all age groups.

It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services and community rehabilitation services. Urgent care services including our walk-in centre and minor injuries unit and Doctor's consultation services including GP out of hours (GPOOH). Our dental service is also covered by this regulated activity.

'Transport services, triage and medical advice provided remotely' covers delivery of GPOOH.

The site is also registered for 'Surgical procedures' which covers delivery of our dental service.

Registration for the site also covers 'Diagnostic and screening procedures' for our dental service, walk-in centre, GPOOH and community health services.

In addition, the site is registered to deliver 'Family planning services' to cover our sexual health service delivery of inter-uterine coil devices (IUCD) fitting.

No of approved places / overnight beds (not NHS)	

CQC service user bands			
The people that will use this location ('The whole population' means everyone).			
Adults aged 18-65	☐	Adults aged 65+	☐
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☒	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☒
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☒
Doctors treatment service (DTS)	☒
Mobile doctor service (MBS)	☐
Dental service (DEN)	☒
Diagnostic and or screening service (DSS)	☐
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☒
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☒
Registered Manager(s) for this regulated activity: Paula Simpson	

Name of location	Arrowe Park hospital
Address	Arrowe Park Road Upton Merseyside
Postcode	CH49 5PE
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Arrowe Park Hospital is located in Upton and provides services to all age groups.

It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services and community rehabilitation services. Urgent care services including our urgent treatment centre (previously a walk-in centre) and Doctor's consultation services including GP out of hours (GPOOH). Our dental service is also covered by this regulated activity.

'Transport services, triage and medical advice provided remotely' covers delivery of GPOOH.

The site is also registered for 'Surgical procedures' which covers delivery of our dental service.

Registration for the site also covers 'Diagnostic and screening procedures' for our dental, urgent treatment centre, GPOOH and community health services, including community nursing.

In addition, the site is registered to deliver 'Family planning services' as part of our sexual health service delivery.

No of approved places / overnight beds (not NHS)

CQC service user bands				
The people that will use this location ('The whole population' means everyone).				
Adults aged 18-65	☐	Adults aged 65+		☐
Mental health	☐	Sensory impairment		☐
Physical disability	☐	People detained under the Mental Health Act		☐
Dementia	☐	People who misuse drugs or alcohol		☐
People with an eating disorder	☐	Learning difficulties or autistic disorder		☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐	Children aged 13-18	☐
The whole population	☒	Other (please specify below)		☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☐
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☒
Doctors treatment service (DTS)	☒
Mobile doctor service (MBS)	☐
Dental service (DEN)	☒
Diagnostic and or screening service (DSS)	☐
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☒
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☐
Registered Manager(s) for this regulated activity:	

The information below is for location no.:	4	of a total of:	6	locations

Name of location	Eastham Clinic
Address	31 Eastham Rake Eastham
Postcode	CH62 9AN
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Eastham clinic is located in South Wirral and provides services to all age groups.

It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for all healthcare professional and provision for a wide range of community services, including community nursing, 0-19 services and community rehabilitation services. Urgent care services including our walk-in centre.

Registration for the site also covers 'Diagnostic and screening procedures' for our walk-in centre and community health services, including community nursing.

No of approved places / overnight beds (not NHS)	

CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	☐	Adults aged 65+	☐
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☒	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☒
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☒
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☐
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☐
Registered Manager(s) for this regulated activity:	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☐
Registered Manager(s) for this regulated activity:	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☐
Registered Manager(s) for this regulated activity:	

Name of location	Leasowe Primary Care Centre
Address	2 Hudson Road Wirral
Postcode	CH46 2QQ
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location
(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)
Leasowe primary care centre is located in north Wirral. It is specifically regulated for 'Treatment for disease, disorder or injury, which provides cover for our dental service. The site is also registered for 'Surgical procedures' which covers delivery of our dental service. Registration for the site also covers 'Diagnostic and screening procedures' for our dental service.

No of approved places / overnight beds (not NHS)	

CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	☐	Adults aged 65+	☐
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☒	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☐
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☐
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☐
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☒
Diagnostic and or screening service (DSS)	☐
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☐
Registered Manager(s) for this regulated activity:	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☐
Registered Manager(s) for this regulated activity:	

Name of location	Clatterbridge Hospital
Address	Clatterbridge Road, Wirral
Postcode	CH63 4JY
Telephone	0151 514 2160
Email	paula.simpson8@nhs.net

Description of the location

(The premises and the area around them, access, adaptations, equipment, facilities, suitability for relevant special needs, staffing & qualifications etc)

Clatterbridge hospital is located in mid Wirral.

It is specifically regulated for 'Treatment for disease, disorder or injury' and 'Diagnostic and screening procedures', to provide a Community Intermediate Care Centre (CICC) with capacity to extend to three wards as required accommodating up to 73 people.

The CICC will be primarily be used to support frail and older people with rehabilitation needs that cannot be managed within their own home environment.

No of approved places / overnight beds (not NHS)	

CQC service user bands

The people that will use this location ('The whole population' means everyone).

Adults aged 18-65	☒	Adults aged 65+	☒
Mental health	☐	Sensory impairment	☐
Physical disability	☐	People detained under the Mental Health Act	☐
Dementia	☐	People who misuse drugs or alcohol	☐
People with an eating disorder	☐	Learning difficulties or autistic disorder	☐
Children aged 0 – 3 years	☐	Children aged 4-12 ☐ Children aged 13-18	☐
The whole population	☐	Other (please specify below)	☐

The CQC service type(s) provided at this location	
Acute services (ACS)	☐
Prison healthcare services (PHS)	☐
Hospital services for people with mental health needs, learning disabilities, and problems with substance misuse (MLS)	☐
Hospice services (HPS)	☐
Rehabilitation services (RHS)	☒
Long-term conditions services (LTC)	☐
Residential substance misuse treatment and/or rehabilitation service (RSM)	☐
Hyperbaric chamber (HBC)	☐
Community healthcare service (CHC)	☐
Community-based services for people with mental health needs (MHC)	☐
Community-based services for people with a learning disability (LDC)	☐
Community-based services for people who misuse substances (SMC)	☐
Urgent care services (UCS)	☐
Doctors consultation service (DCS)	☐
Doctors treatment service (DTS)	☐
Mobile doctor service (MBS)	☐
Dental service (DEN)	☐
Diagnostic and or screening service (DSS)	☐
Care home service without nursing (CHS)	☐
Care home service with nursing (CHN)	☐
Specialist college service (SPC)	☐
Domiciliary care service (DCC)	☐
Supported living service (SLS)	☐
Shared Lives (SHL)	☐
Extra Care housing services (EXC)	☐
Ambulance service (AMB)	☐
Remote clinical advice service (RCA)	☐
Blood and Transplant service (BTS)	☐

Regulated activity(ies) carried on at this location	
Personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require nursing or personal care	☐
Registered Manager(s) for this regulated activity:	
Accommodation for persons who require treatment for substance abuse	☐
Registered Manager(s) for this regulated activity:	
Accommodation and nursing or personal care in the further education sector	☐
Registered Manager(s) for this regulated activity:	
Treatment of disease, disorder or injury	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Assessment or medical treatment for persons detained under the Mental Health Act	☐
Registered Manager(s) for this regulated activity:	
Surgical procedures	☐
Registered Manager(s) for this regulated activity:	
Diagnostic and screening procedures	☒
Registered Manager(s) for this regulated activity: Paula Simpson	
Management of supply of blood and blood derived products etc	☐
Registered Manager(s) for this regulated activity:	
Transport services, triage and medical advice provided remotely	☐
Registered Manager(s) for this regulated activity:	
Maternity and midwifery services	☐
Registered Manager(s) for this regulated activity:	
Termination of pregnancies	☐
Registered Manager(s) for this regulated activity:	
Services in slimming clinics	☐
Registered Manager(s) for this regulated activity:	
Nursing care	☐
Registered Manager(s) for this regulated activity:	
Family planning service	☐
Registered Manager(s) for this regulated activity:	

Statement of purpose, Part 4
Registered manager details
Including address for service of notices and other documents

The information below is for manager number:		of a total of:		Managers working for the provider shown in part 1

1. Manager's full name	Mrs Paula Simpson

2. Manager's contact details	
Business address	St Catherine's Health Centre
Town/city	Church Road
County	Birkenhead
Post code	Wirral
Business telephone	CH42 0LQ
Manager's email address[1]	
paula.simpson8@nhs.net	

[1] Where the manager has agreed to service of notices and other documents by email they will be sent to this email address. This includes draft and final inspection reports on all locations where they manage regulated activities.

Where the manager does not agree to service of notices and other documents by email they will be sent by post to the provider postal business address shown in Part 1 of the statement of purpose. This includes draft and final inspection reports on all locations.

Please note: CQC can deem notices sent to manager(s) at the relevant email or postal address for service in this statement of purpose as having been served, as described in Sections 93 and 94 of the Health and Social Care Act 2008. The address supplied must therefore be accurate, up to date, and able to ensure prompt delivery of these important documents to registered managers.

3. Locations managed by the registered manager at 1 above

(Please see part 3 of this statement of purpose for full details of the location(s))

Name(s) of location(s) (list)	Percentage of time spent at this location

4. Regulated activity(ies) managed by this manager

Personal care	☐	
Accommodation for persons who require nursing or personal care	☐	
Accommodation for persons who require treatment for substance abuse	☐	
Accommodation and nursing or personal care in the further education sector	☐	
Treatment of disease, disorder or injury	☒	
Assessment or medical treatment for persons detained under the Mental Health Act	☐	
Surgical procedures	☒	
Diagnostic and screening procedures	☒	
Management of supply of blood and blood derived products etc	☐	
Transport services, triage and medical advice provided remotely	☒	
Maternity and midwifery services	☐	
Termination of pregnancies	☐	
Services in slimming clinics	☐	
Nursing care	☐	
Family planning service	☒	

5. Locations, regulated activities and job shares

Where this manager does not manage all of the regulated activities ticked / checked at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.

Please also describe below any job share arrangements that include or affect this manager.

N/A