

Chief Executive's Report

Over the next 3 months, my focus will be on 5 priorities:

- Improving access to services
- Keeping services safe and functioning
- Supporting staff
- Financial stability and
- Positioning staff for new ways of working

I propose to report to Trust Board in each of the next 3 months, organising my report against these five inter-related priorities, and would welcome members' feedback on this approach.

1. IMPROVING ACCESS TO SERVICES

Rebuild planning process recommences

Trust Board will be relieved to know that the number of patients admitted with COVID19 disease has reduced sufficiently to enable us to begin to release staff from COVID duties and to ramp up services that were impacted by surge, for example our operating theatres, day case theatres and outpatient clinics. This change will be managed incrementally and the restrictions because of risk of infection will mean that activity will not match pre-pandemic levels. All Trusts have been asked to submit draft rebuild plans for our services for the period April – June (Phase 5 plans) for Minister's consideration. I will ensure Trust Board is briefed on our plan as soon as possible and, once the HSC plan is published, we will work with the Department to ensure we communicate it widely.

Although we face major challenges in rebuilding our services, specifically addressing our waiting times, there are *tests of change* and other initiatives going on across our organisation which bring hope and encouragement to staff, even if the gains are incremental at this stage. In that spirit, I am bringing to our attention today a number of examples of the teams and services that are working to improve access so that we affirm their work.

Some services – e.g. endoscopy and ENT - are going to experience significant reductions in activity compared to normal because they involve aerosol generating procedures (AGPs) and therefore require additional infection prevention and control measures. Our estates team has been working successfully to improve ventilation where that is possible.

In ICU in Altnagelvin, we continue to have a substantial space for COVID patients and that impacts on our ability to carry out complex planned surgery for non-COVID patients likely to require intensive care. The regional prioritisation group, in which we participate, enables us to access surgical capacity elsewhere for patients that need time critical procedures.

In SWAH, we continue to test the feasibility of hosting new services in our surgical theatres. On March 20th, our Orthopaedic team successfully operated on four patients with foot and ankle conditions, and since mid-February we have recommenced the allocation of surgical lists for cancer patients from Belfast Trust.

In our Eye Service, we are relocating the outpatient clinic at Altnagelvin so that more patients can be treated by the macular team. Macular eye disease is a preventable cause of blindness. We will:-

- increase activity with clinics running 5 days a week with three session days on Tuesday and Wednesday;
- have four injection beds which will enable throughput of more patients and also two macular clinics can run concurrently;
- identify patients for diagnostic imaging that will help streamline their pathway so they can be reviewed virtually; consultants can validate PTL's and have diagnostic clinics for patients.

This would be a total of 168 patients that would be seen within the macular service on a weekly basis in Altnagelvin Hospital.

All district nurses were given access to smart phones to enable them to carry out virtual home visits with a patient. They can also use the smart phone while in the patient's home to video and/or voice call the patient's GP for further advice that determines the most appropriate intervention for the patient.

And the last example I want to share with you today is a Trust briefing for 14 MLAs/MPs on Friday 26th March. The main focus of the briefing, as requested by MLAs/MPs was on Mental Health Services, provided by Karen O'Brien, Director, and Dr Lisa Brady, Divisional Clinical Director, both of whom spoke passionately about our services, asking elected representatives to work with us to change the narrative so that people can be hopeful that help is available for them. Our elected representatives were receptive and supportive. Separately, we have agreed to deliver information sessions on addiction services, to help elected representatives to direct constituents more effectively.

Finally (for this section), our ability to rebuild services depends on the rate of community transmission and the number of people being admitted to our hospitals. We cannot be complacent. We know from local experience that outbreaks can and do occur with tragic consequences for those affected. I appeal to people across the West to continue to abide by the restrictions, maintaining social distance, wearing masks when in contact with others and, for those who are eligible, taking the vaccine when it is offered.

Vaccination Programme

This week DoH launched more routes for people to book and receive their vaccine. The SSE Arena in Belfast opened on Monday, and in its first week of operation will have capacity for 10,000 vaccine doses to be delivered, with increasing capacity through April. Community pharmacy are also gearing up to deliver vaccines and over 300 pharmacies have agreed to provide access to vaccination across NI. In the West, there is a spread of over 60 community pharmacies who have signed up, and the online booking system allows those who want to book their first dose vaccine to do so online, or by telephoning their local participating community pharmacy.

We will continue to offer first dose vaccination during April but increasingly our work is focussed on completing second dose vaccinations, and that will continue until July this year. We have continued to offer vaccination to very vulnerable adults through our mobile vaccination teams, and we are working with GPs to offered clinics where those who may be at high risk of experiencing a reaction to the jab can be safely supported and supervised.

In the coming days, we will achieve a major milestone – 100,000 people will have been vaccinated through our vaccination programme. I want to pass on my thanks to everyone who has made this possible, and has played such an important part in the vaccination effort in Northern Ireland.

2. KEEPING SERVICES SAFE AND FUNCTIONING

To keep services safe and functioning, we have an agile and responsive system to alert us to emerging concerns and risks, to enable us to share and implement learning and to enable us to be assured that safety is at the heart of our care wherever that care is delivered and experienced. This needs constant attention.

To achieve good team working, there are regular structured staff huddles reporting daily and weekly to Directors via their operational governance arrangements, with escalation when appropriate to Rapid Review Group and CMT; cascade of information, in particular DoH guidance, via Trust Silver; reliable risk assessment; skilful communications strategy and hard-working advisory groups.

For example, support to staff facing ethical dilemmas is provided by our Ethics Committee. I can advise Trust Board that we were able to convene a meeting of the Ethics Committee in March, at one hour's notice, to support our ICU clinicians.

The flip side to our system for identifying emerging concerns and risks is our system for improvement. We encourage staff training in improvement methods and this is increasingly showing results both in terms of how we see staff seizing opportunities to improve care and in terms of staff retention and morale.

Indicators

Trust Board reviews the COVID risk indicators monthly. I can report a number of additional assurances this month:

1. There are no outbreaks currently in any of the care facilities with which we contract and we have completed our mobile vaccination programme to all. This reflects the efforts of the Care Home Support Team.
2. The Department of Health has established a team focusing on sharing and implementing learning to reduce spread of infection in health and care settings (nosocomial infection). The team intends to visit our Trust to learn from our experience given that we have to date maintained a good track record in this regard. I have invited team leaders who have had particularly strong performances in this to share their experience with us at my next HCAI Assurance meeting.

RQIA Unannounced Inspections

3. The Trust was advised on Monday, 29 March of a series of unannounced Inspections in the Tyrone and Fermanagh and Grangewood Hospitals this week by a team of RQIA inspectors. The inspection focussed on the impact *over occupancy* of wards has on patients and staff and the wider system. The verbal feedback has been very reassuring with no issues escalated to me. I look forward to sharing that report once it is received.

RQIA has previously inspected the safety of our services at SWAH and Altnagelvin with positive feedback.

Focus on: Medical Locum Team

The Medical Locum Team has been established to improve the quality and accessibility of services for patients, stabilize the medical workforce and reduce the reliance and expenditure on agency locums. The team is part of the integrated medical HR function and consists of a Band 7 Project Manager (which has been recruited and in post), a Band 6 Senior HR advisor (recruitment is underway) and two Band 4 HR advisors (both recruited and in post).

The Medical Locum Team priority areas for 2021/22 are as follows:

Quality, Safety and Governance of locum doctors

- Develop and implement a Corporate Quality Assurance Framework to manage locum process from request to review
- Develop a Governance Process for all medical locums in post 4+ weeks to review performance and efficiency
- Develop clear guidance for Clinical Leads and Service Managers regarding their responsibility for locum spend.
- Develop a safer, simpler and smarter solution to medical rota management.

Stabilise the Medical Workforce

- Reduce the number of locums agency hours
- Reduce vacancy rates
- Reduce the percentage of locum employment within current funded establishment

- Increase the number of locums that are successfully recruited to Trust substantive posts
- Reduce the length of locum appointment

Improve recruitment to hard to fill areas

- Maintain the International Medical Recruitment Project.
- Promote further the WHSCT as a “Great Place to work” to attract potential candidates.

3. SUPPORTING STAFF

Long Service Reward

Each Trust in Northern Ireland (except WHSCT) has a reward scheme to provide additional annual leave to staff in recognition of long service - 25 years of NHS/HSC service. At Corporate Management Team on 11 March 2021, we agreed to adopt a similar scheme as part of the Trust’s Recognition and Reward Strategy effective from March 2021 to bring us in line with all the other Trusts.

The Trust is recognising staff who have reached 25 years of NHS/HSC service with a one-off award of an additional week’s annual leave.

A Trust Communication was issued to staff on 23 March 2021

Taking a Break

I can assure Trust Board that we are taking account of staff leave in developing our rebuild plans.

March Reflection

On March 23rd, the anniversary of the first pandemic lockdown, our chaplains led us in a day of reflection across the organisation by creating and facilitating opportunities for staff to pause throughout the day. We published a special edition of our staff NOW magazine which captured the year in words, pictures and videos. I want to pay special tribute to our communications team for this work.

Psychological support

We continue to provide a range of support services to our staff, available in different ways – individual and group, in person and remotely – and I am reassured by the uptake. In 21/22, this team of two psychologists (Mary Dooher and Nicola Doherty) will lead some new developments:

- a) REACT Mental Health Conversation Training – this is for managers / supervisors and is intended to equip them to confidently hold supportive and compassionate conversations with their staff about their mental health and well-being
- b) Critical Care – funding has been secured for dedicated psychology time for patients and staff; this is a 1 year pilot in Altnagelvin, in the first instance
- c) CISM – a new cohort of staff will be trained in June to provide for individual and team debriefs after crisis.

Focus on: Student Streamlining Project

Currently nursing students are required to apply to all HSC organisations individually, with multiple application processes, multiple selection processes and often multiple offers of employment. Candidates can be holding offers in more than one organisation simultaneously or might accept the first post offered but later decline that in favour of an offer from their preferred organisation. This impacts on service planning where organisations 'lose' these anticipated staff to other organisations.

The **Regional Student Nurses Streamlining Project** was initiated to optimise the process for the intake of student nurses across the HSC, with a single recruitment entry point which would seek to align student preferences with posts available. It will replace traditional interviews with Professional Discussions designed to match students to posts available.

It is expected that the streamlining proposals will improve the candidate experience, have a positive impact on service delivery and improve the service manager experience. Learning from this project may inform further student intake streamlining in the future.

4. FINANCIAL STABILITY

Neil will update on our financial position later this morning. We successfully recovered £20m of our £39m target in year one, however year two has been interrupted by COVID. I anticipate that the Department will extend the period of the plan in recognition of the unusual circumstances.

I want to confirm that our Working Together Delivering Value programme board that oversees our recovery plan has reconvened since January. A series of workshops is being held to review progress and establish what support is needed for each of the 9 big programmes of work. These will be complete by mid-April.

5. POSITIONING STAFF FOR NEW WAYS OF WORKING

We have a range of strategic programmes and initiatives which help us position our staff for new ways of working. I am going to briefly refer to two – our OD framework and our Flow Coaching Academy

Organisational Development

Our OD framework is founded on the belief that our people improve our systems. It serves 2 purposes:

- Sets out our commitment to support continuous organisational improvement.
- Provides a consistent framework which takes cognizance of best practice research, behavioural science and reliable methodologies to enable change and innovation to succeed.

Design

- Co-produced with Trust 'Change Agents' following engagement sessions to identify the critical factors which led to success of change initiatives within our Trust.
- The critical success factors were combined with global best practice research from the Boston Consulting Group.
- The resulting framework for the first time unites together cross-directorate resources, best practice models, methodologies, skills development and contacts to provide an overarching instrument for Organisational Development.

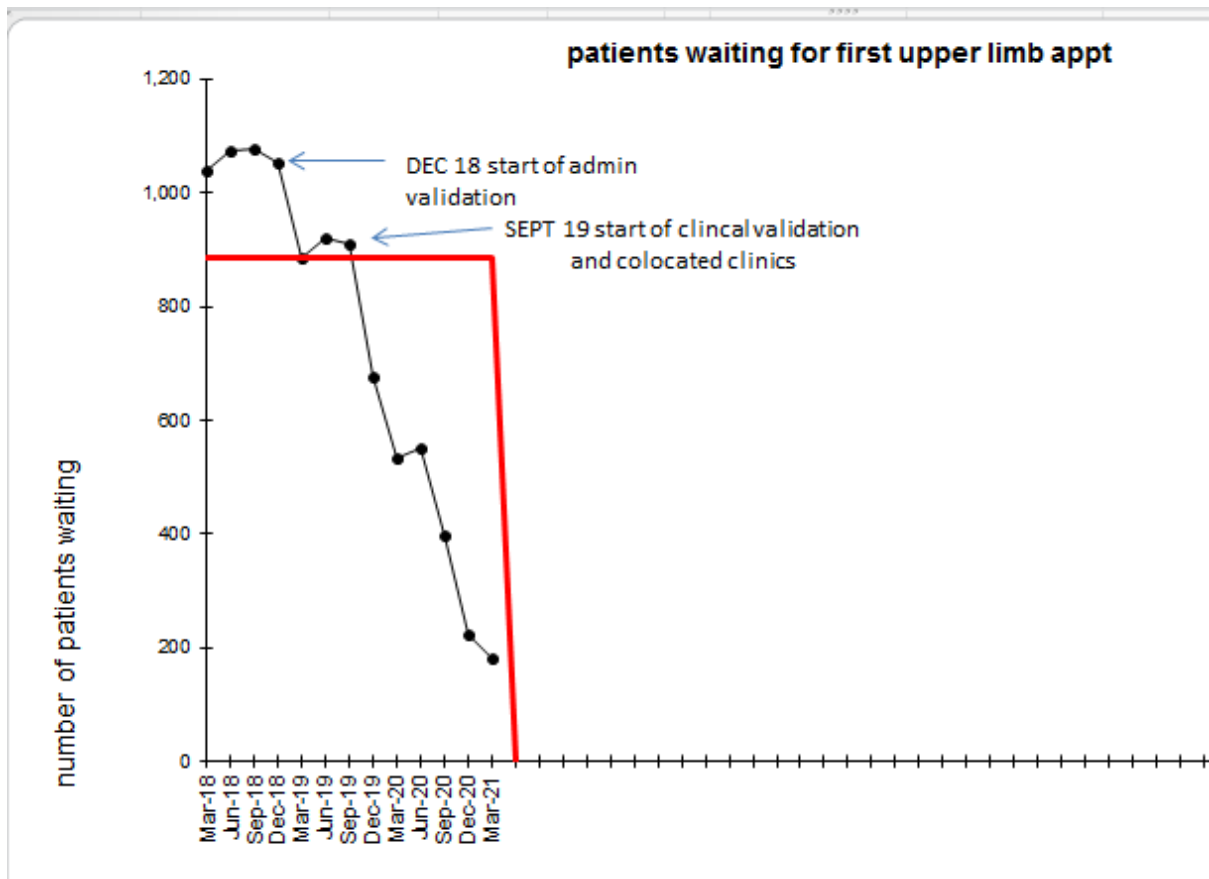
Use

- For change to be successful within our Trust we know we need to engage the [head, heart and hands](#). If one piece is missing a change initiative will not result in lasting change.
- Teams and Leaders will have different priorities depending on their change programme and will be at different stages with their improvement work. This framework allows self-assessment through an integrated diagnostic tool to identify development areas.
- When a development area is known the framework provides interactive links to resources available to support progression towards improvement and success.

Flow Coaching Academy

One of the resources embedded in our OD framework is our Flow Coaching Academy (FCA) and the Big Room methodology that has been so successful for our orthopaedic team and our gestational diabetes team. FCA was funded through the transformation fund and teams from across the region have been trained. COVID has temporarily interrupted completion for the last cohort.

The Finance and Performance Committee had a full presentation on the work of the Orthopaedic Team. I include one chart here to illustrate flow coaching, showing the impact of just one of the Orthopaedic Big Room projects (the test of change in SWAH is another), which involved a redesign of the service to facilitate the co-location of the specialists in upper limb problems – it shows a reduction of patients waiting for their first upper limb appointment from 900 in Sept 2019 to 200 in December 2020.



Geraldine asked one of her senior team for a reflection on the experience of being a Flow Coach and I think this is a useful note on which to end my report:

“Can I leave you with this as my thought to the value of FLOW, QI and improvement... if I hadn't been encouraged to lift my head, to get the training that I have in QI, that has led to so much change in our team and for our patients, I am not sure I would still be here in the organisation - nor would some of our team. It's not an easy job we all do. But continuously striving for improvement is what makes us go to work. I have just had a particularly demanding and challenging couple of weeks, and have just today started 2 days leave - taking half an hour to write this for you has restored me and I thank you both for that as well as the opportunity to be a FLOW coach and support my staff on SQW, and now engage in the Regional Network.”