

Chief Executive Report to Trust Board

March 4th 2021

Next week we will mark 12 months since our first pandemic patient was admitted to the South West Acute Hospital. In the midst of the dreadful challenges and trauma experienced, individuals and teams have grown and developed at pace. Leaders have emerged at every level, and continue to do so, and Ann McConnell has played a big part in sowing the seeds for this collective leadership well before pandemic.

There are 13,000 people who work in our trust and each one has their own story of change to tell. There are service teams today that did not exist 12 months ago. There is evidence of stronger connections between us as co-workers and yet there are 3,500 thousand of us who now have the ability to work remotely. Our ICT Team has been magnificent in facilitating this.

In the toughest times, good things happen. In marking Ann McConnell's last Board meeting, I want to take the opportunity today to reflect on some examples.

Our culture	
1.	<p><i>Compassionate care</i> has emerged as our strongest dimension in a survey conducted last November (at the height of the pandemic) to help us understand how staff perceive our culture. There was a great degree of consistency in the results across all directorates and job families. That is defined as <i>the degree of compassion demonstrated to patients and service users in order to implement effective, helpful actions</i>. We have a sense of pride and appreciation for this achievement at such a difficult time</p> <p>We also scored highly on the <i>team working</i> dimension. In relation to how we live the HSC values of team working, openness and honesty, excellence and compassionate care, compassionate care again rated highly as did excellence.</p>
2.	<p>One of the examples of compassionate care is the manner in which our Adult Disability services recognised and adapted early in pandemic to the reality that turning down services to prevent spread of infection had unintended consequences on the mental and physical wellbeing of services users and clients.</p>
3.	<p>There is good evidence that our approach to offering psychological support to staff is working in terms of accessibility and acceptability. By the end of February, almost 800 staff members have availed of psychological support services individually, in groups, in person or on line. I find this deeply reassuring. Acknowledging the difficulties which individuals and teams have experienced, has helped staff feel valued, feel that they matter and feel</p>

	<p>safe. By doing this, we can positively impact on psychological safety for our staff as well as ensuring patient safety too.</p> <p>A specific example of an initiative to support staff wellbeing and one that has received external validation is the Doctors Hub that was established across both hospital sites and has supported the health and well-being of doctors through this turbulent time. They are a particularly vulnerable group often living away from family, front facing to the tragedy of Covid and often redeployed to work in areas demanding new skills. The success is reflected in feedback through the National training survey where the Trust achieved green status (top 5% in UK) across a number of parameters.</p> <p>Similar support for Medical students resulted in ratings which placed the Trust top in the Region for continuing to provide high quality training experience.</p>
Vaccination Programme	
4.	<p>Our Trust COVID Vaccination Teams continue to achieve extraordinary levels of vaccine delivery, by mobile teams in care homes, supported living facilities and day centres as well as in our three Mass Vaccination Centres. To date, the teams have delivered over 60,000 vaccinations.</p> <p>All Care Homes in the WHSCT area have had second doses delivered to original residents who were fit to have the vaccine. In Supported Living facilities, the second dose programme is at an advanced stage. The mobile vaccination teams have also delivered vaccines to users of Learning Disability Day Centres and Day Opportunities as well as to long stay mental health inpatients and plan to deliver to the homeless population in the coming weeks.</p> <p>To successfully organise and deliver a public health programme of this scale and magnitude against a backdrop of uncertainties about supply, personnel and scope reflects the ingenuity, flexibility and problem-solving ability of a diverse team nurtured under Ann's leadership.</p>
Safety and Quality	
5.	<p>In relation to quality and safety of care, the Risk Management and Governance teams have developed a visibility, responsiveness and agility that keeps safety to the forefront of everyone's mind. The team provide a 7 day a week service to support Bronze/Silver arrangements and daily death reporting. They have customised the Datix system to capture incidents under themes of Covid, (Service) Reset and Vaccination in response to new challenges.</p>

	<p>The weekly Corporate Safety Huddle has encouraged a habit of Safety Huddles in service settings that enables incidents to be managed promptly and learning to be shared rapidly.</p> <p>The Clinical Advisory group was set up to support Clinicians to deliver best care within the context of rapidly emerging learning about a new disease.</p> <p>Similarly the Ethics Committee has been established to support staff through the moral distress of difficult decision making. The committee ensured provision of practical tools, a decision making support team and psychological/spiritual support.</p>
A new service : PPE Distribution Networks	
6.	<p>Prior to COVID-19, our Performance and Service Improvement (P&SI) directorate team managed 2 emergency preparedness stores one on each of the Altnagelvin and South West Acute Hospital Sites. Both these stores contained a small supply of PPE items including FFP3's in preparedness for an emergency situation.</p> <p>During the pandemic the Trust responded to the increasing demands required for the provision of PPE - from the stepping up to 9 internal smaller stores on the Acute Sites to the procurement of a large warehouse and development of processes for the supply and distribution of PPE.</p> <p>Currently the PPE Warehouse is distributing 1.4 million items of PPE per week throughout the Western Trust and independent Sector. This has been a collaborative effort led by P&SI, Finance, HR and all service areas to ensure staff and clients are kept safe in their daily activities.</p>
Facilities Management & Site Management	
7.	<p>Our staff in Facilities Management have played a critical role in supporting safety through this pandemic. Like so many other teams in the Trust FM staff have worked outside and across teams and services where ever the need arose.</p> <ul style="list-style-type: none"> • our portering staff, at times supported by our transport staff, have secured our main hospital sites and supported lockdown, ensuring safe access only for those who need to be in our hospitals. • catering staff who continue to deliver food and meals to our staff in COVID areas to help maintain segregated pathways and have implemented a range of additional controls in our restaurants coffee shops to keep services running for staff.

	<ul style="list-style-type: none"> • cleaning teams are now delivering over 50% additional cleaning over and above our normal funded provision to support enhanced cleaning and reduce the risk of COVID transmission. • Our Estates Team are delivering on close to £10M of capital spend of which approx. half of that is on COVID safety related essential works since last March. • Laundry Teams have moved to 12 hr 7 day a week service to ensure all the normal linen and bedding is laundered as well as the 20,000 sets of scrubs that are now laundered every month. • Accommodation Teams are providing isolation and quarantine accommodation for those staff who live in Trust facilities and have been impacted by COVID.
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Virtual Clinics

8.	I have briefed you before on the significant numbers of virtual consultations occurring each week, some by telephone, some by video. Virtual modalities have been particularly well adopted by our AHPs. I want to mention our Podiatry service. Podiatrists have redesigned their face to face service during pandemic, receiving photographs directly from higher risk patients and from GPs on foot health, before and after treatments.
9.	I also want to mention the new Homeless Health Initiative which is a nurse practitioner and a podiatrist working in the city and having a very positive impact in terms of health assessment and treatment, liaison with other pathways e.g. substance misuse, and now expanding their work to vaccinate the homeless group in the city.

Surgical Services

10.	<p>South West Acute facilitated red flag surgery throughout the recent surge by maintaining 6 lists per week. In an important development, we will continue to offer operating lists there both to Altnagelvin colleagues and to colleagues from elsewhere in the region for red flag surgery as part of the regional rebuild/reset plan. A new Consultant Surgeon joined the team there on Monday 1 March. Altnagelvin Consultant colleagues are also supporting the South West Acute site with their on-call arrangements.</p> <p>We have advanced plans to commence an Orthopaedic Foot and Ankle pilot there in March 2021. We are also working with the Health and Social Care Board in relation to unused capacity at South West Acute and how this can benefit the region.</p>
11.	At Altnagelvin, we have maintained a 'green' elective surgical pathway which has allowed 10-12 operating lists to be carried out each week. Ward

	43, a 12 bedded Gynae Ward became a protected Surgical Unit for all red flag and time critical surgery. This ensured that those most urgent cases were screened and operated in line with their cancer pathway.
Pathfinder	
12.	Pathfinder has continued as an important project for the Trust and we hope it can be a test bed for the region in how to co-produce a population health programme. There are two examples that have come through Pathfinder – the virtual social work support to Primary Care which I described to you previously and more recently the Hospital at Home service which has been developed based on the learning from our “test of change” at Drumclay.
13.	Hospital at Home or Acute Care at Home is a pathway that enables acutely unwell patients to be treated safely at home. The pilot project has reached out to a number of Nursing Homes and Residential Homes in the Enniskillen area initially. Patients are seen by a multi-disciplinary team lead by Dr Monica Monaghan working with the support of her health care professional colleagues. Feedback from patients, families and carers and from Nursing and Residential Homes has been incredibly positive. Elderly people are able to be treated at home to avoid unnecessary attendance at Emergency Department, avoiding long waits at busy times in particular during the Covid-19 pandemic. It is the team's ambition to extend this project beyond the pilot phase and establish this as a long term pathway for patients to be treated at home. The team is very excited about how this will transform the care of the elderly population in the future.
Critical Care Surge Capacity	
14.	I want to acknowledge the significant role that our intensive care units at Altnagelvin and South West Acute have played in both the Trust and regional critical care surge plans with 16 ICU beds open at Altnagelvin and 8 at South West Acute. This has been particularly challenging due to the need to augment our team by deploying nurses who are not trained and experienced in critical care but have other relevant training and experience such as in theatre nursing. Both units have had a key role in accepting transfers from across the region in supporting the network approach. The Trust has also contributed Nursing staff to the first POD of the BCH Nightingale Critical Care.

These are but a few examples of how our staff have adapted behind the scenes to support this Trust's response to the COVID-19 pandemic over the past 12 months. At the heart of all these changes, we have relied on the expertise of Ann and of her team, their technical expertise and their strong relationships with our Staff Side colleagues to help us navigate and support our staff. Those relationships have

enabled us to respond to unprecedented challenges, always putting the care and support of our patients and service users at the forefront. Ann leaves a team and corporate service of which she can be hugely proud. No one person could have achieved what we have achieved in the last 12 months yet no one person can have been more central than Ann. Those of us who have worked with her know this.