Witness Name: Mr Charles Martyn

Statement Module 5

Exhibits: 1 Spreadsheet

Dated: 4th December 2024

UK COVID-19 INQUIRY MODULE 5

WITNESS STATEMENT OF SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

I, Charles Martyn, of the South Eastern Health and Social Care Trust will say as follows:

I took up post as the Medical Director of the South Eastern Health and Social Care Trust in March 2008. In preparing my statement I have discussed the request with senior colleagues who assisted in the South Eastern Health and Social Care Trust's response to the Covid-19 pandemic.

OVERVIEW OF THE SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

1. The South Eastern Health and Social Care Trust (SEHSCT) (hereafter referred to as the Trust or SEHSCT), provides integrated health and social care services to the communities of Ards and North Down, Lisburn and Castlereagh and Newry, Mourne and Down Council areas, serving a resident population of 361,191. This accounts for 19% of Northern Ireland's population. In addition, Acute services at the Ulster Hospital serve a wider population, including East Belfast, of approximately 440,000 people. The Trust employs just over 11,500 staff and manages an annual budget of approximately £1billion.

2. The Trust works in partnership with our community, to deliver services to our older people, children and families, to those living with disability, including those with mental health needs. We put our patients, clients and families at the heart of everything we do, and we have created a culture, where everyone is valued, and our priority is to ensure the provision of safe, high quality and compassionate care for those we serve.

3. The Trust delivers integrated Health and Social Care across hospital and community services from over 100 facilities including:

- Acute Hospital (Ulster)
- Local Hospitals (Lagan Valley and Downe)
- Community Hospitals (Ards and Bangor)
- Community Facilities: health centres, adult day resource centres and children's and older people's residential accommodation, are located in many local towns and villages.
- Community health and social care i.e. Hospital at Home is delivered to residents in their own homes.

4. The Trust also provides the following regional services: Plastics & Maxillo Facial, Prison Healthcare, Lakewood Children's Centre, Regional Day Procedures at Downe and Lagan Valley Hospitals.

5. The South Eastern Health and Social Care Trust established Command and Control arrangements in response to the Coronavirus Pandemic. These structures were driven by the Joint Emergency Service Interoperability Principles (JESIP), like those that would be invoked during a Major Incident response. The Tactical Incident

Control Room (ICR) and the Strategic Co-ordinating Group (SCG) were established and situation reports were returned to Health Silver as per their request schedule.

6. The SCG maintained ultimate responsibility for the Trust's response to the Coronavirus pandemic, acting as the Executive Decision maker. Responsibilities included:

- Continuously monitoring the impact of the outbreak to ensure delivery of key clinical services
- Addressing major issues and risks as they arose
- Allocation of resources, including finance, people, physical resources, as required; and
- Ensuring that there was a reliable system in place to keep the Public Health Agency (PHA), Health and Social Care Board (HSCB) and Department of Health (DoH), appraised of progress and for escalating issues as the threat of the pandemic increased.

7. The Strategic Coordinating Group (SCG) was chaired by the then Chief Executive, Seamus McGoran, (Roisin Coulter from July 2021) and comprised the Directors of the eight Directorates in place during the pandemic as below. Please note that the structure of the Trust has changed since that period.

- Medical Director Mr Charles Martyn
- Director of Planning, Performance and Information Roisin Coulter, (Helen Moore from March 2021)
- Director of Finance and Estates Paul Morgan, (Wendy Thompson from September 2020)
- Director of HR and Corporate Affairs Myra Weir, (Claire Smyth from April 2021)
- Director of Adult Services and Prison Healthcare Don Bradley, (Bria Mongan from April 2020; Margaret O'Kane from May 2020)
- Director of Children's Services Bria Mongan, (Barbara Campbell from April 2020)
- Director of Hospital Services David Robinson

- Director of Primary Care and Older People /Executive Director of Nursing Nicki Patterson

8. The Trust also established a Coronavirus Liaison Group (CLG), on 5th February 2020. Initially, these meetings were held weekly to address the rapidly evolving situation, however by May 2020, as the pandemic evolved and the immediate crisis management phase passed, the Trust Coronavirus Strategic Liaison Group adjusted their meeting frequency to a fortnightly schedule.

9. The CLG was co-chaired by myself and the Director of Primary Care, Older People and Nursing, and comprised of the chair of ten workstreams.

- Workstream 1 – Human Resources
    - Chair: Noeleen McCreanor Assistant Director Employee Resourcing & Admin Services, (since retired)
- Workstream 2 – Communication
    - Chair: Jeanie Johnston Head of Communications, (since retired)
- Workstream 3 – Service Continuity
    - Chair: Naomi Dunbar Assistant Director Strategic and Capital Development
- Workstream 4 – Patient Experience
    - Chair: Jeff Thompson Assistant Director Patient Experience
- Workstream 5 – Clinical Services – Hospital
    - Chair: David Robinson Director of Hospital Services,
- Workstream 6 – Clinical Services – Community
    - Chair: Brenda Arthurs Assistant Director Primary Care, Mental Health Services Older People and Nursing, (since retired)
- Workstream 7 – Adult Services
    - Chair: Damien Brannigan Assistant Director Adult Mental Health, (since retired)
- Workstream 8 – Logistics
    - Chair: Paul Morgan Director of Finance and Estates, (since retired)

- Workstream 9 – Children and Social Services
    - Chair: Barbara Campbell Assistant Director Social Work, (since resigned)
- Workstream 10 – Nursing and Residential Home Support
    - Chair: Nicki Patterson Director of Primary Care and Older People / Executive Director of Nursing, (since retired)

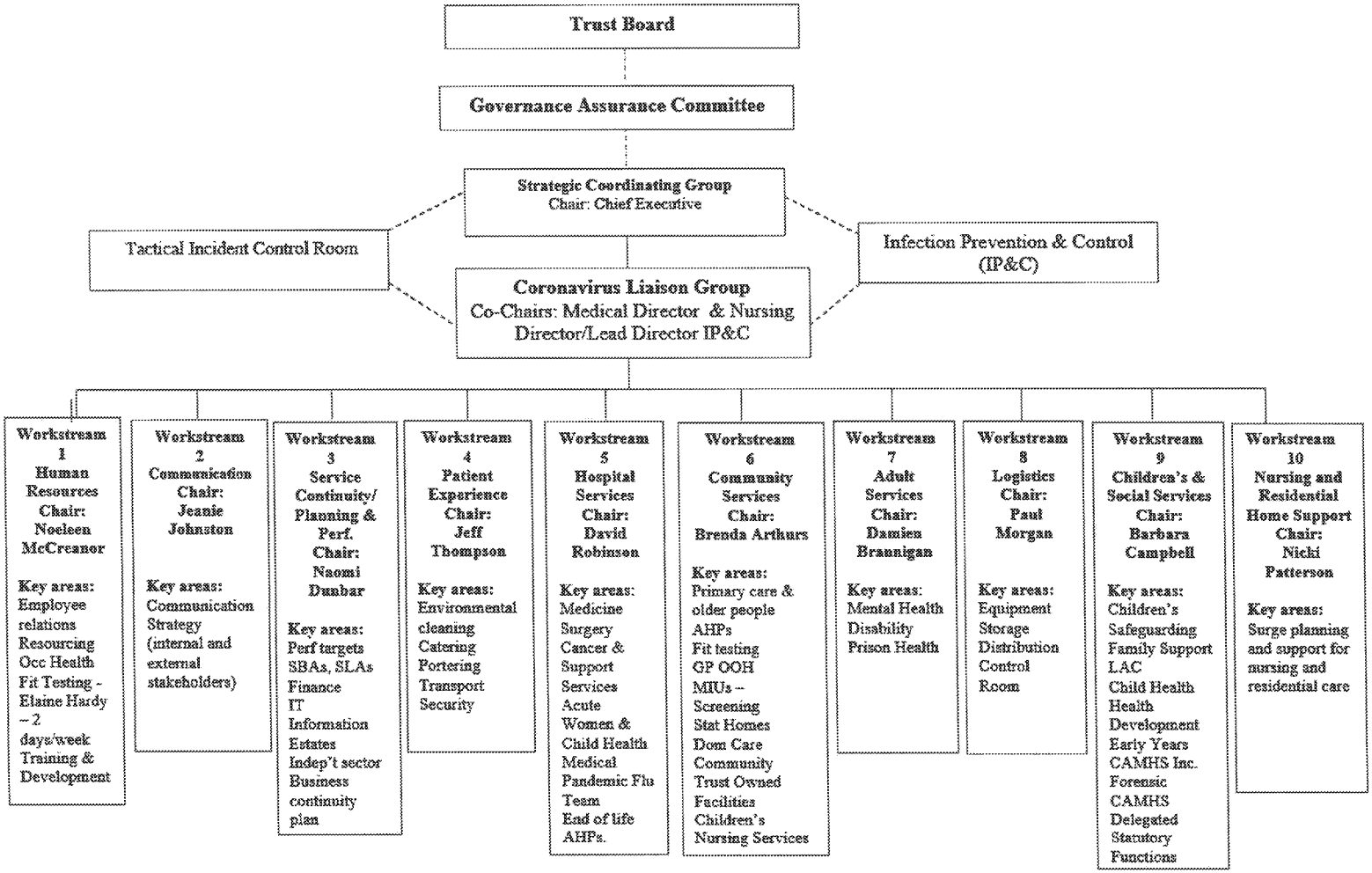
10. Each workstream was responsible for the development and implementation of a Contingency Plan to respond to the pandemic and the assessment of the state of readiness to meet the demands of surges.

11. The Coronavirus Liaison Group:

- Ensured that robust reporting systems were in place to provide the SCG with the information they needed to implement decisions when activated
- Ensured that systems were in place to manage the workforce i.e. redeployment and absenteeism
- Helped to clarify the physical resource implications of dealing with and managing the outbreak
- Agreed and co-ordinated decisions on the location of known suspect cases, closure of wards and deferral of services as required and ensured that staff were relocated to areas of the Trust under pressure in consultation with SCG
- Disseminated regional direction and information to workstreams to ensure decisions were implemented
- Ensured that communication channels were established both within and outside the organisation
- Reviewed progress and monitored effectiveness of control measures
- Identified and progressed cross-cutting issues, risks etc. arising from workstreams
- Ensured all necessary steps were taken for the continuing clinical care of all patients and clients within the organisation through receipt of reports from each Directorate and in consultation with other key stakeholders e.g. General Practitioners (GP's); and
- Ensured the Trust was represented on any regional groups established and provided information and feedback.

12. There was also a Cluster Outbreak Working Group, established on 4th June 2020, to address the emerging Covid-19 cluster outbreaks. This group met weekly to coordinate and implement processes to manage the outbreaks. By the 8th July 2020, successful processes had been implemented across the Trust, enabling this group to stand down.

13. The SEHSCT Coronavirus Management Structure is detailed in the following diagram.


Trust Board
Governance Assurance Committee
Strategic Coordinating Group
Chair: Chief Executive
Tactical Incident Control Room
Infection Prevention & Control (IP&C)
Coronavirus Liaison Group
Co-Chairs: Medical Director & Nursing Director/Lead Director IP&C
Workstream 1 Human Resources Chair: Neeleen McCreanor
Key areas: Employee relations Resourcing Occ Health Fit Testing - Elaine Hardy – 2 days/week Training & Development
Workstream 2 Communication Chair: Jeanie Johnston
Key areas: Communication Strategy (internal and external stakeholders)
Workstream 3 Service Continuity/ Planning & Perf. Chair: Naomi Dunbar
Key areas: Perf targets SBAs, SLAs Finance IT Information Estates Indep't sector Business continuity plan
Workstream 4 Patient Experience Chair: Jeff Thompson
Key areas: Environmental cleaning Catering Portering Transport Security
Workstream 5 Hospital Services Chair: David Robinson
Key areas: Medicine Surgery Cancer & Support Services Acute Women & Child Health Medical Pandemic Flu Team End of life AHPs.
Workstream 6 Community Services Chair: Brenda Arthurs
Key areas: Primary care & older people AHPs Fit testing GP OOH MIUs – Screening Stat Homes Dom Care Community Trust Owned Facilities Children's Nursing Services
Workstream 7 Adult Services Chair: Damien Brannigan
Key areas: Mental Health Disability Prison Health
Workstream 8 Logistics Chair: Paul Morgan
Key areas: Equipment Storage Distribution Control Room
Workstream 9 Children's & Social Services Chair: Barbara Campbell
Key areas: Children's Safeguarding Family Support LAC Child Health Health Development Early Years CAMHS Inc. Forensic CAMHS Delegated Statutory Functions
Workstream 10 Nursing and Residential Home Support Chair: Nicki Patterson
Key areas: Surge planning and support for nursing and residential care

SEHSCT Early Possession of the Acute Services Block, Ulster Hospital in Response to Covid-19 Pandemic

14. The Phase B Redevelopment of the Ulster Hospital involved the development of an Inpatient Ward Block (IWB) followed by the construction of an Acute Services Block (ASB). During the time of the initial surge, the Accommodation Lead of the Department of Health's (DoH) Covid-19 Gold Command Cell, instructed Central Procurement Directorate (CPD) Health Projects to put in place an agreement with the existing Contractor of the Ulster Hospital ASB, Graham Bam Healthcare Partnership, to complete early possession works. This early handover of the ASB to the Trust, enabled the building to be commissioned as a temporary regional facility, to potentially provide additional regional bed capacity, in response to the pandemic.

15. This agreement for Early Possession Works with the Contractor was approved by the South Eastern Trust's Chief Executive, on 2nd April 2020 and signed by the Contractor on 16th April 2020. There were several specific terms and conditions set out that were precedent to Graham Bam Healthcare Partnership's agreement to carry out the early possession works. These transferred several areas of responsibility and risk from the Contractor to the Trust. For example, the agreement set out that the Employer, (the Trust) be entirely responsible for the domestic and closed loop water systems and any required rectifications.

16. On 18 May 2020 the ASB (levels 0 to 5) were handed over from the Contractor to the Trust. In line with regional instructions, the Trust then commissioned the ASB as a temporary regional facility, should it be required in response to the evolving Covid-19 pandemic, however, it was not required as a Nightingale facility.

17. At the latter part of 2020, following approval of a Covid-19 vaccine, the Trust was asked by the DoH to look at suitable accommodation options to enable the deployment of the Covid-19 vaccination programme at pace. As a purpose-built clinical facility that was vacant and in Trust ownership (levels 0 to 5), the ASB Emergency Department provided appropriate accommodation that could be utilised quickly and without the need for significant additional investment. As such, the ASB Emergency Department was designated a temporary Covid-19 Vaccination Centre, enabling the accelerated rollout of the regional vaccination programme.

18. Social media played a pivotal part, particularly when we opened the mass vaccination centre at the SSE arena in Belfast and we had crucial messages to relay to the public about eligibility and how get their vaccine. It was the quickest way to reach a very large audience.

SOUTH EASTERN TRUST COLLABORATIVE WORKING DURING THE PANDEMIC

19. The Trust worked collaboratively in partnership with key stakeholders, in response to the ever-changing landscape in 2020. The Trust worked with these groups to support the region with the management and planning, that was required during the pandemic, to safeguard patients, staff and the public. This included utilising and maximising resources, training and support for staff, the development of policies and protocols, and communicating with staff, patients and the public.

20. The DoH established a Strategic Cell, providing direction and leadership to HSC organisations and other organisations including the Independent Sector, (IS), throughout the pandemic. The Strategic Cell was chaired by the CMO or a deputy from the Department's Top Management Group, senior officials and the Department's professional officers from the medical, nursing and social care disciplines.

21. The Trust Chief Executive worked with the DoH Strategic Cell, the Health and Social Care Board (HSCB), Public Health Agency (PHA), the Business Service Organisation (BSO) and the Chief Executives of the other Trusts to respond to the pandemic and develop plans to mitigate risk.

22. Trust Directors and Assistant Directors, as detailed in the SEHSCT Coronavirus Management Structure, worked with the relevant strategic workstreams to highlight and contribute to resolving issues impacting on HSC Trusts e.g. the supply and distribution of PPE, the demand for critical care beds, the downturn of elective care services and workforce pressures.

23. There was strong collaboration between the Trust and the IPC cell, led by the PHA, meeting daily. The PHA played a crucial role as the intermediary, between Trusts and the DoH. The role of this group was to ensure effective communication and coordination on all matters pertaining to Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE). This was a multidisciplinary group and

was instrumental in fostering a shared understanding and timely decision-making across the region in what was a rapidly changing environment.

24. The Trust IPC staff also collaborated with the PHA on a Regional Product Review Group, a subset of the IPC Cell. The remit of this group was to review and trial samples of PPE that had been procured by BSO PaLs to ensure that they were fit for purpose. These products were CE marked which meant that they complied with European Standards. The Trust was also asked to test and trial products with clinical staff and provide feedback on the suitability of products. Items included visors, safety spectacles, aprons, gowns etc.

25. The Trust was an integral part of the regional Pharmacy Surge Planning Group's activities during the Covid-19 pandemic. This group, chaired by the Chief Pharmacy Officer (CPO), included all Trusts' Heads of Pharmacy and Medicines Management (HPMM). Meetings were held frequently at start of the pandemic to address issues related to medicine supply, vaccines and new treatments for Covid-19. In relation to vaccines, the meetings focused on the planning, coordinating and implementation, to ensure effective distribution and administration of vaccines and other pharmaceutical treatments across the region.

26. The Trust engaged with Construction Procurement and Delivery for advice on procurement and estate challenges during the pandemic.

27. The Director of Nursing worked with the Chief Nursing officer and her Deputies at the DoH on workforce planning across the general medical and surgical wards, respiratory wards and Intensive Care Unit (ICU). They also explored expanding ICU capacity within each Trust, as well as a regional facility, the Regional Visiting Policy (to include virtual visiting), Infection Prevention and Control measures and Uniform Policy, including staff changing.

28. As the Trust Medical Director, I attended regional teleconference calls with the PHA regarding modelling and surge planning for the pandemic. My office received evolving guidance and updates from the CMO, DoH and PHA on a frequent basis during the pandemic. These documents were appropriately assessed and circulated via the Incident Control Room as the single portal for the Trust. These were distributed to all relevant directorates for action.

29. In the initial period of the pandemic the formal Trust Medical Director face to face meetings were stood down with the DoH/CMO and reinstated in May 2020. There were however a number of update teleconference calls with my counterpart Medical Directors, to discuss evolving issues within the pandemic. Like all other Medical Directors, I participated on the HSC Silver tele calls on a daily basis with the region, to assess challenges and evolving guidance.

30. The Trust to my knowledge did not interact with the Ventilator Challenge UK Consortium, Cabinet Office, Government Commercial Function or others involved in the Ventilator Challenge during the pandemic.

31. The Trust senior management teams worked collaboratively with both local and regional Trade Unions. Through daily meetings at the height of the pandemic with key stakeholders, which included the Trade Union Chairperson, the Trust was able to implement policy changes to support staff. E.g. introduction of working from home, local measures to support staff with accommodation issues, staff well- being etc. Local Trade Union staff took a lead role in the SEHSCT Health and Wellbeing Steering Group to implement ways to help staff during Covid-19. E.g. wellbeing hubs, wobble rooms, staff helplines.

32. Regional decisions also involved collaboration with Trade Unions colleagues to influence key policy and practice changes, transparency and consistent and equitable application. E.g. shielding and development of Frequently Asked Questions. Trade Unions were supportive of the redeployment of staff to the Covid-19 Centre in Belfast. The close working relationships with the Trade Union colleagues were a positive and welcomed influence, with support for both staff and management.

33. All enquiries on the medicine's legislation and licensing arrangements for the new vaccines came via the Pharmacy Surge Planning Group, as referred to in paragraph 25. All queries were coordinated back to the Medicines and Healthcare Regulatory Authority (MHRA) via this group. A member of the Chief Pharmaceutical Office was a member of the UK wide group collaborating with MHRA.

34. The Scottish Dental Clinical Effectiveness Programme (SDCEP) and Public Health England distributed information for dentistry during the pandemic, by providing guidance and resources to support dental practices, adapt to new safety protocols on Aerosol Generating Procedures (AGPs - medical procedures that can increase the risk of spreading a contagious disease through the release of aerosols from the respiratory

tract); Triage of patients (the preliminary assessment of patients to determine the urgency of their need for treatment); guides to manage acute dental problems; recommendations for paediatric dentistry; management of dental hubs and resources to help dental practices recover.

35. The Medical Optimization Innovation Centre (MOIC – an independent research group for NHS NI lead by Mike Scott), sat on the PPE Regional Product review group to check CE compliance.

36. The Trust worked alongside the Regulation and Quality Improvement Authority (RQIA) in the development of a Service Support Team Operational Practice document. This was produced by RQIA for the Independent Sector (IS), to explain how they would link with the Trust during the pandemic.

37. The Trust also worked in partnership with the British Army and Police Service of Northern Ireland, to deploy Combat Medical Technicians (CMTs) into Northern Ireland on two occasions working within wards and departments in the Ulster hospital, including the Emergency Department and Intensive Care Unit. The third deployment was to the mass vaccination centre at the SSE arena in Belfast, managed by the Trust, when the CMTs worked alongside clinical staff to administer the vaccination programme for the citizens of greater Belfast. The deployments were successful with no untoward incidents.

38. The Trust worked with the Department of Infrastructure in the summer of 2020 to set up a Covid-19 Swabbing Unit in the Newtownards MOT Centre, for citizens in the SEHSCT catchment area and staff. The centre was also used to provide a phlebotomy service for preassessment patients who were having surgery.

SEHSCT EXPERIENCE OF IPC GUIDANCE AND THE GUIDANCE ON PPE

39. The first PPE guidance was received by the Trust on the 10th January 2020. Infection Prevention Control (IPC) guidance was published by Public Health England (PHE), the Public Health Agency (PHA) and the Department of Health (DOH) and was implemented in SEHSCT. In some instances, the guidance needed to be adapted to suit the local environment, across new and old estate. This ensured that the guidance implemented was effective, for example the positioning of PPE stations, using red and green zones within the Emergency Department (ED) and moving Minor Injuries to the

Outpatient Department, to create capacity within the ED. This enabled separation of Covid-19 positive patients, from non Covid-19 positive patients. The same principles were applied across wards. At the start of the Pandemic the Trust moved two respiratory wards from the old estate, into 100% single side room accommodation (single rooms reduce the likelihood of cross infection) in the Acute Services Block, which ultimately meant that the sickest Covid-19 patients were able to be managed and lessened the number of patients who were transferred to ICU.

40. National and or regional guidance were on occasions issued late, for example on a Friday afternoon or a Saturday, which created challenges for review and immediate implementation. Implementing these changes to protocols, in a healthcare setting required careful planning and implementation by the Trust, to ensure the safety of both staff and patients.

41. Managing the quantity of guidance was a critical task for the Consultant Microbiologists Yuri Protaschik and Ciaran O'Gorman, and the IPC Leads Isobel King and Monica Merron (retired November 2020) in the Trust. When new guidance was received, it was reviewed and agreed by the IPC Lead(s) and Consultant Microbiologists. The extensive local review ensured that the guidance met the specific needs of various specialities and services within the Trust. The revised guidance was then considered at the Trust Covid Liaison Group for approval and then implementation across all clinical settings across the Trust. The IPC team worked with relevant clinical teams across the Trust to review local protocols to align with updates. The guidance was effectively distributed by the Trust Communications Team for implementation, to maintain the safety of patients and staff. There was a dedicated site on the Trust Intranet for IPC which was updated regularly by the IPC team to reflect changes in guidance.

42. The Trust review process included:

- Identifying the necessary changes and planning how these would be implemented across the Trust.
- Ensuring compliance with the guidelines Trust wide.
- Adapting to changing requirements as new information and guidelines emerged.
- Ensuring that staff were made aware of the guidance changes and the importance of these via a range of communication processes, including but not limited to
    - The visible presence of IPC staff in clinical settings to support staff and reinforce the changes in guidance

- Provision of an IPC out of hours telephone help line for staff, for advice and guidance including weekends
- Consultant Microbiologist on call service for advice and support
- Trust announcements
- Daily staff briefings
- Safety huddles
- Staff training as required
- A dedicated Covid-19 repository on the Trust Intranet that staff could access
- Circulation from the Trust Incident Control Room via email

- Creation of new materials or modifying existing ones to align with the local context.
- Implementation and monitoring of the effectiveness of the guidance and adjustments made as required, based on observations and staff feedback.
- Audits on social distancing and appropriate use of PPE.

This approach maintained a high standard of care and safety across the Trust.

43. In addition, the Head of Communications attended the Incident Control Room every day to identify what new information needed to be sent to the staff and the public. The Communications Team designed and produced various posters/flyers, booklets, pull up stands, signage and banners informing staff, patients and the public of the rules and regulations around Covid-19. These were displayed throughout the Trust and updated on a regular basis, according to information received from the Department of Health and the Public Health Agency. Printed business style cards were distributed to all staff with QR codes, which staff could scan and access the daily Covid-19 staff update at 1pm.

44. Staff were also advised through email, Trust announcements, safety briefs, daily huddles, and zoom meetings. The Communications Team used a variety of communication methodologies to inform staff and a Coronavirus Staff Update, was issued to all staff by email at 1pm every day. This daily update was uploaded to the Trust intranet and was also printed and displayed across the Trust, for staff who did not have access to a computer.

45. The SEHSCT Communications team played a pivotal role in ensuring that our staff, patients, service users and the public received clear and concise information as quickly as possible, to help them stay safe and well during the pandemic

46. The Trust had direct responsibility for providing guidance and support to our Statutory Homes. The Trust also provided support and training where appropriate for Private providers of Independent Sector facilities. In Northern Ireland the guidance was issued by the DoH, PHA and PHE underpinning a consistent approach across all care settings, including the Independent Sector (IS).

47. Some providers operating services in Northern Ireland were based in England, where the guidance for social care settings was different from Northern Ireland. This led to some confusion and at times IS staff appeared to refer to English rather than local guidance. The Regulation and Quality Inspection Authority (RQIA), had a dedicated site for the IS sector to access the relevant guidance. A centralised hub for communicating with Independent Sector Providers was key in getting information disseminated. The Trust already had a centralised point of oversight, for all contracted providers prior to the pandemic and this was bolstered in April 2020, to manage all correspondence and oversight of communication. This was predominately done by email, using existing information held in relation to the contract with the provider. The Trust disseminated the guidance on the day it was received to all Independent Sector Providers.

48. However, there were situations when PHE guidance was updated and it was not clear if this had been approved for use in Northern Ireland. Guidance was reviewed at the PHA Regional IPC cell for applicability, with formal written approval issued by the Department of Health. When confirmation was received by the Trust from the Department of Health confirming the guidance was applicable within NI, it was then implemented across the Trust as appropriate. e.g. updates to Care and Residential Home guidance. Hence this posed a challenge in moving to update guidance to enable a standardised approach across the region.

49. As noted in paragraph 40, both national and regional guidance was on occasions issued late, for example on a Friday afternoon or a Saturday, which created challenges for review and immediate implementation. Significant changes were implemented immediately to prevent any breach of health and safety, however on occasion it may have taken several days to fully implement some of the lower risk changes.

50. The guidance on infection control in relation to the use of PPE was adequate in respect of standard, airborne and droplet precautions. It was interpreted to suit the local context and applied effectively, within our older estate and 100% single side room

accommodation, across all clinical and statutory settings. IPC guidance and guidance on the use of PPE were available on the Trust intranet and all resources relevant to Covid-19 were kept up-to-date regularly by the IPC team. Staff were encouraged not to print off hard copies of guidance, as it changed so frequently initially. They were instead advised to access the resources on the Trust Intranet to ensure that they used the most recent relevant guidance, for the safety of both patients and staff.

51. The visible presence of the IPC team in clinical settings was critical for maintaining high standards of infection control and a senior IPC nurse attended the daily Hospital Services meetings within the Trust. By adhering to a rigid schedule of remit and responsibility across specified wards and departments, the IPC team ensured consistent and effective oversight in clinical settings. IPC ward and department visits were the key method of monitoring the implementation of IPC guidance particularly in relation to the safe use and management of PPE.

52. An IPC Nurse on call service was available 24 hours daily and the IPC Nursing team extended the working week to 7 days from the start of Pandemic to support both hospital and community teams. There was also a Consultant Microbiologist on call service for advice and support. The IPC team provided face to face training sessions for staff to ensure correct donning and doffing of PPE. Video clips were also produced, with the support of the Trust communications team and these where available on the Trust intranet site. Posters were published to be displayed at ward/department level. There were also Trust announcements, daily staff briefings and safety huddles as outlined in paragraph 42.

PPE SUPPLIED BY BSO PaLS

53. Ensuring a steady supply of high-quality PPE was crucial during the early stages of the pandemic, to protect healthcare workers and patients. In the early phase of the pandemic clinical areas within the Trust placed 500 orders placed via eProcurement (regional electronic ordering system), to purchase FFP3 face masks and surgical gowns from reliable suppliers (Bunzl, HealthCare Essentials and Anze). BSO PaLs issued small volumes against all orders placed to ensure that all clinical settings and private care providers received enough supply to last for the next 24 hours until greater volumes could be procured. BSO PaLs procured all PPE on behalf of Health Trusts and worked to source FFP3 masks.

54. From April to June 2020, there were significant challenges in maintaining an adequate supply of various models of FFP3 face masks and Type II Fluid Shield Masks. The fluctuating availability of masks on occasions meant staff had to be re-fit tested for a different model, which required additional time and resources. Keeping an adequate stock of the range of masks was challenging given the demand across the region. Furthermore, a minority of staff failed fit testing on all FFP3 masks, so they had to work under restricted duties or use a Jupiter hood. Jupiter hoods were available for specific treatments in Hospital. Shortages necessitated rationing masks to clinical settings based on need. No FFP2 masks were used by SEHSCT.

55. BSO PaLS conducted due diligence on the procurement of products to ensure all PPE had CE Certification and to my knowledge no counterfeit PPE was supplied to the Trust.

56. SEHSCT did not use the formal emergency request system to obtain PPE as there was excellent mutual aid between Trusts. When stock of particular items were low, this entailed the Trust sending items to other Trusts via BSO PaLS, or requesting stock from other Trusts. Trusts in Northern Ireland were not responsible for procuring supplies of PPE, but for distributing across the Trust and the IS. SEHSCT therefore had no concerns relating to the national helpline for PPE supplies.

57. The Department of Health directed SEHSCT to provide PPE for the private care sector across the Trust's geographical area and the Trust complied with the DoH request. The Trust encountered no challenges working collaboratively with this sector, in the distribution of PPE.

58. The Trust Contracts Department were responsible for distributing PPE to the IS. Initially PPE stocks were limited, so were rationed and given to homes / domiciliary care providers based on the prevailing PPE regional guidance at that time. The Trust issued small volumes against all orders placed to ensure that private care providers received sufficient supply to last for the next 24 hours until greater volumes could be procured. This meant initially that units with a confirmed Covid-19 positive patient/client/resident were provided with PPE by the Trust. As the guidance evolved the Trust developed an ordering system for the IS providers, based on the PPE guidance at the time. The Trust calculated the volume required based on the number of residents that required PPE on a weekly basis. On the occasions that additional

volumes of PPE was required for a surge, this was assessed on an individual basis and PPE was provided in line with the guidance at that time. PPE was delivered to the Trust Contracts Store and each IS provider placed an order for their PPE requirements. Orders were validated against the forecast and available stock and were collected in the first few months by each of the providers. As the pandemic evolved, Trust transport delivered PPE directly to the provider premises.

59. Throughout the pandemic, the Trust maintained an optimal level of PPE, ensuring that stock was continuously drawn down from BSO PaLs as required. When the decision was taken regionally to return to business as usual, the Trust Supplies & Logistics team ran down the supplies to minimum levels and pushed some items to areas with the highest usage to reduce any waste. A small emergency store of items was also put into place on the Ulster Hospital site and totals of items in the store, (along with expiry dates), were handed over to IPC and the Incident Control Team.

SEHSCT CONCERNS ABOUT PPE

60. The Trust did encounter some challenges with the suitability of certain PPE items, for example aprons, which were not durable enough for their intended purpose. This was addressed through the BSO PaLs procurement. Within Dental services the plastic gowns provided were very uncomfortable for staff wearing full PPE so were replaced by disposable fabric gowns, that were better suited to clinical dentistry.

61. The Trust received from several recalls and medical device alerts from BSO PaLs and these were actioned immediately.

- On the 6th July 2020 the Trust received a Medical Device Alert that there was an urgent product recall for the TRAUMARK Type 11R Fluid resistant mask BWG000060 advising that the distribution of the above mask had ceased and that any of the product in circulation should be returned to stores with immediate effect, to destroy affected lots. This was actioned by the Trust immediately. The Trust had received communication from BSO PaLS that distribution of the above mask had ceased. Any of this product in circulation within Trust areas was returned to stores with immediate effect.
- On the 23rd of October 2020, the Trust received communication from BSO PaLS that the Irish Republic had withdrawn the use of 'Virapro' hand sanitiser due to health and safety concerns. This brand was supplied to the HSC via BSO PaLS Stock service. BSO PaLs recommended that whilst they awaited clarification from

the supplier, that any stock of Virapro hand sanitiser should be placed in immediate quarantine. As this communication was transmitted late on the 23rd of October, (a Friday), BSO Pals advised that alternative branded hand sanitiser was available via eProcurement from PaLS should a replacement product be required They also provided an Out of Hours number should the Trust require any replacement products. Alternative branded hand sanitiser was available via eProcurement from PaLS

- On the 13th January 2021 there was a Product Recall - Virapro Hand Sanitiser 100ml & 500ml. Tests conducted on samples of Virapro Hand Sanitiser show some, but not all, of the samples tested contained higher than acceptable levels of methanol and therefore do not comply with regulations governing the content and efficacy of such products. The Trust had to withdraw all stocks and the supplier was to collect the affected samples.
- On the 20th May 2021 MHRA Ref: 2021/005/005/601/530 the Trust received an urgent recall for Clinell Universal Wipes, which was actioned. We were advised that routine testing of five Lots/batches of the Universal Wipes, REF CW200 manufactured in one of their smaller factories, had identified low-level contamination with *Burkholderia cepacia, (*a resistant strain of bacteria that can cause lower respiratory tract infections).
- Finally, on the 21st November 2022 the Trust received an urgent product recall notification for Zidac Hand Sanitiser 100ml, 200ml & 500ml bottles to remove product from all areas with immediate effect.

62. The Trust Occupational Health Service provided a call line service for staff who had concerns or needed advice. Call-logs and emails between 01 Jan 2020 and 28 June 2022 wer reviewed. The findings related to PPE Concerns are below;

- 21 September 2020, there was one call logged involving a staff member who had failed Fit Testing. The colleague was advised to contact OH to arrange training for a Jupiter Hood. There were referred to the Fit Testing Coordinator for advice – No further contact logged.
- On 12th February 2021, the Trust received communication from PHA regarding standard of Fit Testing in the Region, particularly in relation to the strict adherence for the seven fit test exercises outlined for quantitative fit testing in the HSE INDG479 guidance and instances of fit tests being carried out on staff members with facial hair. SEHSCT did not receive any staff complaints in relation to this matter.

- Items deemed not fit for purpose, (i.e. white scrubs with transparency issues), were stored until they were sent to a mission hospital in Zambia, post pandemic.
- There were no calls or any disparities relating to ethnicity or gender.

63. National guidance was published on 27th March 2020, on AGPs stating aerosols generated by medical procedures were one route for the transmission of the Covid-19 virus. AGPs are medical procedures that can increase the risk of spreading a contagious disease through the release of aerosols from the respiratory tract.

64. The National Expert Group, in conjunction with the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), and Public Health England (PHE), issued revised guidance on Aerosol Generating Procedures (AGPs). These revisions led to some procedures being reclassified, which caused anxiety about the appropriate level of PPE required amongst staff for their own health and safety.

65. There were initial concerns expressed about the revised guidance from some Professional Bodies; Resuscitation Council, Speech and Language, about the guidance definitions and downgrading the level of PPE.

66. The application of transmission-based precautions were consistently used within the Trust in line with guidance, national, regional and local protocols. The protocols were applied to manage patients safely within all Trust facilities following appropriate clinical risk assessment and risk assessments in relation to Trust estate. The Trust established a Ventilation Committee chaired by Consultant Microbiologist Yuri Protaschik, to review airflow in clinical areas undertaking Aerosol Generating Procedures (AGPs). The following procedures were considered to be potentially infectious Aerosol-generating procedures, (AGPs):

- Intubation, extubation and related procedures e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)*
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy and upper Ear, Nose and Throat, (ENT), airway procedures that involve suctioning
- Upper Gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract
- Surgery and post mortem procedures involving high-speed devices

- Some dental procedures (e.g. high-speed drilling)
- Non-invasive ventilation, (NIV), e.g. Bi-level Positive Airway Pressure Ventilation, (BiPAP)

and Continuous Positive Airway Pressure Ventilation, (CPAP)

- High Frequency Oscillatory Ventilation, (HFOV)
- Induction of sputum
- High flow nasal oxygen, (HFNO)

67. Following the revision and downgrade of the National guidance, see paragraph 63, the Trust Physiotherapists provided additional training for staff across all sites for Allied Health Professionals, Medical and Nursing staff to ensure the safety of staff, patients and the public, in the correct management of AGPs. The Trust also established a Ventilation Committee chaired by Consultant Microbiologist Yuri Protaschik, to review airflow in clinical areas undertaking Aerosol Generating Procedures (AGPs) within Trust settings, as referenced in paragraph 66.

68. The Trust received communication from the Chief Nursing Officer on Staff Uniforms, Dress Code and staff changing facilities for Northern Ireland during the pandemic. The policy applied to all HSC staff; employed by or contracted on behalf of the HSC bodies in Northern Ireland and included students and others on placement in HSC facilities. The policy took account of the clinical and microbiological aspects and the social significance and public perceptions in relation to Health and Social Care (HSC) dress and uniforms.

69. As a result, the Trust installed temporary changing facilities across the sites with showers, toilets and changing rooms provided. These sites had male and female changing facilities. Each area had a locked laundry store for those staff who were designated to wear scrubs on how to obtain them. A large quantity of scrubs were purchased by the Trust, which enabled onsite laundering to ensure staff did not have to take their scrubs home to launder. Staff were also advised not to wear uniforms or scrubs in a public setting.

70. For staff who worked off site or in community settings, they were informed of the PHE Guidance on Washing Uniforms at Home:

- Uniforms should be transported home in the soluble bags provided within a plastic bag. The plastic bag should be disposed of into the household waste stream.
- Uniforms should be laundered:
    - In the soluble bag, do not knot or tie the bag, seal with the pink tie tape.
    - Wash uniform separately from other household linen;
    - In a load not more than half the machine capacity;
    - Remove the bag from the washing machine after washing and place into the household waste;
    - At the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

71. The Trust received small quantities of donated home-made PPE, Eye Visors, eye goggles and scrubs, however the eye visors and goggles were not utilised as they did not meet the required product CE specifications. The eye visors and goggles were sent to the SEHSCT PPE distribution area for storage. The Trust also received small quantities of 'homemade' scrubs which were given directly to staff, by well-meaning members of the local community. Once worn these garments would arrive in the laundry for processing, at this point these items were removed from the system, as the Trust were unable to process any garments without manufacturers washing instructions, (care label). Dental services received small amounts of donated scrubs, which were used by dental staff working in the community, in non-clinical settings and these were washed by staff at home using guidelines on washing uniforms at home, as referenced in paragraph 70.

SEHSCT EXPERIENCE WITH FIT TESTING

72. The Trust had limited capacity to undertake a Fit Testing programme given the volume of staff that required to be Fit Tested in the organisation. To ensure that appropriate SEHSCT staff were fit tested the Trust used an external contractor, who supplied the fit testers and testing equipment. Respiratory Protective Equipment, (FFP3 masks etc), were crucial to ensure adequate protection of frontline health care staff involved in AGPs, which posed the highest risk of transmission of Covid-19.

73. The SEHSCT Fit Testing Programme was delivered as detailed below:

- 6th April 2020 - 9th May 2020. Monday to Saturday. 16 to 20 hour sessions.

- 25th May - 20th June 2020. Monday to Saturday. 12-hour sessions.
- 30th June 2020 to 2nd April 2021. 5 days per week. 10 hours sessions.

74. Ad hoc Fit Testing was also undertaken in addition to the above dates. Subsequently, the Trust released staff from substantive posts to train as Internal Operators, during April and May 2020 to augment the Fit Testing programme. 3790 staff were fit tested in SEHSCT between February and June 2020. Depending on their role not all staff required to be fit tested.

REGIONAL SERIOUS ADVERSE INCIDENT (SAI) ALERT RAISED ON FIT TESTING

75. An alert was raised by Belfast Health and Social Care Trust on the 6th June 2020, highlighting the existence of a fit test report showing a pass, which had been carried out using a weighted average protocol, when it should have been a fail. The PHA took the lead regionally to investigate this SAI. This prompted a thorough investigation across all Trusts to determine if similar issues had occurred elsewhere and to assess the extent of the problem. The investigation aimed to ensure the integrity of Fit Testing processes and to safeguard the health and safety of both staff and patients. The investigation revealed that out of the 5 Trusts and NIAS, all 5 Trusts had been affected, with no erroneous results in NIAS, where fit testing was carried out by their internal staff only. It emerged that, in a number of cases, the fit testing provider had calibrated the fit testing equipment to a setting not applied in Northern Ireland, but still complied with World Health Organisation (WHO) standards.

76. On 9th July 2020 all those staff identified within the South Eastern H&SC Trust who had failed the fit test as per the UK legislation, were contacted in writing. They were advised as to what had happened and offered another Fit Test. A Healthcare Advice Helpline was established by Occupational Health on 22nd June 2020 to address any concerns raised by staff, however no staff members contacted them regarding fit testing. The number of Fit Tests within SEHSCT undertaken was 3,790, the number of incorrect 'passes' 426. These staff were refit tested for another mask. A minority of staff failed fit testing on all FFP3 masks, so they had to work under restricted duties or use a Jupiter hood.

77. Following this incident a regional daily checklist was implemented across the region and implemented within SEHSCT:

- Fit tester completed specified checks prior to fit testing and noted these in the check list with copies presented to the Trust on a daily basis.
- An onsite representative from the Trust signed off on the checklist prior to testing (to ensure all checks including machine Set are correct)
- Frequent monitoring of fit testing by the Trusts' stakeholders throughout the day
- All reports are collected daily by the Trusts' stakeholders and evaluated.

78. The Trust Mid-Year Assurance Statement (30th September 2020) outlined the actions the Trust complied with, as directed by the Internal Control Divergence group.

- The Trust put in place measures to ensure the correct setting was selected on the Fit Testing software on operator's laptops prior to Fit Testing
- All certificates were checked by an independent person to ensure all 7 exercises had passed
- An end-to-end monthly audit was completed by a competent person, independent of Fit Testing
- A Fit Testing Standard Operating Procedure was developed
- The Trust worked with PHA to deliver a Regional Fit Testing Framework
- The Trust also worked with the appointed SAI team
- Trust internal Fit Testers attended refresher training and further certification in line with HSE 282/28 (UK Only) and/or HSE INDG479 guidelines.
- The refresher training course was delivered by the external contractor and was conducted by a Fit2Fit accredited Fit Tester trainer
- 2 further internal Fit Testers were trained by Task Safety NI at the end of November 2020, both of whom received training in line with HSE INDG479 guidelines.

79. BSO PaLs did not arrange for fit-testing contracts nationally, which had an impact on the Trust. The impact and consequences were;

- Lack of regional standardisation and controls assurance on Fit Testing
- Potential impact on service delivery due to staff having been incorrectly Fit Tested and therefore could not safely perform their duties until retested
- Stress and anxiety for staff to be refit tested, their confidence in the process may have diminished
- The increased administrative burden and financial cost to the Trust in rearranging the Fit Testing

- The cost to the Trust in arranging its own contracts, whereas a regional contract may have benefited from reduced price for the HSC.
- Reputational damage for the Trust and credibility with staff.

PROCUREMENT BY THE SOUTH EASTERN HSC TRUST

80. The Trust did not award any contracts for PPE as BSO PaLs managed all procurement regionally on behalf of Health and Social Care, (HSC), Northern Ireland. As, the Trust did not award any contracts for PPE, staff training was not required. Similarly, we did not need to provide any assistance/training for staff in relation to procurement. Furthermore, the Trust did not set up a separate supply chain system to buy PPE as a single Trust or in collaboration. The Trust did not procure any PPE over and above that provided by BSO PaLs. The Trust received separate ring-fenced funding from the Department of Health, to reimburse BSO PaLs for the PPE delivered to the Trust. The majority of PPE was sourced from BSO. The Trust received a small amount of stock from the DoH emergency supply.

81. Initially SEHSCT utilised a paper-based system for distribution across the Trust, private sector care homes, domiciliary care providers, and direct payment recipients within the community. IT collaborated to create an online PPE ordering system using an Access database for SEHSCT. Distribution systems were developed within SEHSCT to ensure timely deliveries of PPE to Independent Sector Care providers, Direct Payment recipients, and SEHSCT facilities. SEHSCT participated in twice-daily regional calls between PaLS and all HSC Trust colleagues responsible for overseeing PPE ordering and distribution. These calls discussed sourcing options, regional stock levels and individual stock levels held by each Trust for all PPE products. Trusts collaborated to provide each other with stock, when critically low on a particular item, (usually FFP3 masks). PaLS delivered stocks of PPE twice daily at the start of the pandemic to the Trust. The Trust had no concerns regarding due diligence in respect of PPE, receiving items purchased as they were procured from BSO Pals or price fluctuations.

82. As previously noted, there was excellent mutual aid between Trusts when stock of particular items were low this entailed the Trust sending items to other Trusts and via BSO PaLS or asking for stock from other Trusts. There was collaboration with other HSC Trusts regarding PPE stock sharing which was coordinated via BSO PaLS. The Trusts supported each other by providing stock when another Trust's levels of a particular item, (usually FFP3 masks), were critically low. This was

mutually reciprocated. The Trust was also asked by the DoH to provide PPE to a Marie Curie Hospice and duly complied. The Trust was also approached by St John's voluntary ambulance services in the early stages of the pandemic for PPE and by private health care providers that the Trust commissioned services at that time and these requests from these organisations were facilitated, in line with PPE Guidance.

83. The Department of Health directed SEHSCT to provide PPE for the private care sector across the Trust's geographical area. PPE was supplied free of charge to independent Care Providers. Initially, the Trust's Contracts Department set up a sub-warehouse to receive orders from Private Sector Care Homes, Domiciliary Care providers and recipients of Direct Payments within the South Eastern Trust geographical area.

84. Trust staff did not need to rely on home-made or donated PPE, as there were adequate supplies available for all staff. The Trust did not consider buying reusable PPE as there were sufficient supplies from BSO Pals. Employees of other sub-contracted organisations, such as locum doctors and agency nurses etc, working within SEHSCT facilities had access to the PPE. There was no differentiation made between substantive staff and staff from sub-contractors, with regards to PPE.

85. For any stock nearing its expiry date, this was communicated to BSO PaLS during the daily call. The stock was set aside until BSO PaLS confirmed they had received an extension to the expiry date from their suppliers. Clinical areas locally, had the responsibility to manage and order PPE to meet their daily requirements. There was a clinical nurse assigned to the SEHSCT PPE distribution team, to put controls in place to ensure the appropriateness of PPE requests from clinical areas, so items, for example, FFP3 masks, were distributed only to areas where they were necessary, this underpinned the management of stocks of PPE at locally.

86. The Trust implemented a local process to ensure that all items received into the Trust warehouse had forms added to them stating the expiry date. These items were then rotated into date order, using the first in first out method, (where items with the soonest expiry date move to the front for use). SEHSCT conducted a daily inventory check of all PPE items in the Trust distribution warehouse as there was no system to quantify the entire PPE inventory across the Trust in real-time. Initially there

was daily stock count of all inventories, reduced to twice weekly once supply chains improved and latterly monthly.

87. To maintain a regional overview of local stocks of PPE, BSO Pals had a template for all Trusts to return monthly, to include items including FFP3 masks, gloves, gowns sterile and non-sterile, visors and theatre caps. When the region took the decision to return to business as usual and the supplies team was being stood down, the Trust Supplies & Logistics team ran down the supplies to minimum stock levels and pushed out some items to areas with the highest usage, to reduce any waste. A small emergency store of items was also put into place on the Ulster Hospital site and totals of items in the store, (along with expiry dates), were handed over to IPC & the Emergency Planning team to be utilised as required.

88. The SEHSCT made no DACs for PPE, however the Trust was required to set up a STA for procurement of Fit Testing by an external provider:

- STA 9188. 01 March 2020 – 31 March 2021. Estimated value £200,000.
- Direct Award Contract 10142. 01 October 2021 – 31 March 2022. Estimated value £50,000.
- Direct Award Contract 10778. 01 April 2022 – 31 March 2023. Estimated value £85,000.
- In addition, SEHSCT raised a DAC for the procurement of laboratory equipment into assist in testing. See response in paragraph 95.

SEHSCT EXPERIENCE RELATING TO VENTILATORS

89. As a Trust, the SEHSCT had an adequate supply of ventilators with 17 in use, plus another 6 that were in storage from a previous SARS epidemic, and these were re-commissioned in March 2020 for use. SEHSCT also received 10 further ventilators as part of the regional scheme from Critical Care Network, Northern Ireland (CCaNNI), in October 2020 which the Trust commissioned. SEHSCT received an additional 3 ventilators from Belfast Trust, as they did not require them, approximately January 2022. These were also commissioned and remain in SEHSCT.

90. The Trust did not experience delays in obtaining sufficient ventilators, did not experience any delays with accessing ventilators and was able to ventilate all patients,

when clinically appropriate. The Trust did not experience any issues relating to ventilators or related medical equipment during the pandemic and has no issues or concerns with equipment supplied during the pandemic.

91. The Core Intensive Critical Care staff were familiar with and were able to use ventilators with their experience and prior training. The Trust had to redeploy Theatre nurses into ICU to supplement existing staffing levels due to the increased volume of patients admitted and treated in the ICU. The Trust used a 'buddy' system to train and upskill registered nurses who were redeployed to support the core intensive critical care nurses. The redeployed nurses worked under the supervision of the experienced core intensive critical care nurses. The DoH issued a workforce plan developed regionally with involvement from senior ICU managers, that detailed the nurse to bed ratio for the nursing workforce, for ICU to be utilised the pandemic

92. There were challenges about the availability of trained core intensive critical care nurses available in ICU, with the increased numbers of ventilated patients required to be treated, but no major incidents were declared by the SEHSCT during this period, due to intensive care or ventilator capacity being full or nearly full. As there were no concerns, no action was required to be taken by the Trust.

SEHSCT EXPERIENCE WITH OXYGEN SUPPLIES DURING THE PANDEMIC

93. Members of the SEHSCT Medical Gas Committee within the Trust, including representatives from estates, pharmacy, physicians, and clinical staff, collaborated to manage oxygen usage during Covid-19. This work comprised of:

- Tracking the number of patients on invasive and non-invasive ventilation, along with their location in the Trust, which fed into QlikView, (an analytics platform) and recorded daily oxygen use for monitoring purposes.
- Pharmacy checked eDAMs, (Engineering Design and Management System), daily for flow rates, calculating the likely oxygen demand, versus capacity, at individual ward level and Trust-wide.
- An oxygen prescribing guideline was developed
- Tracking the number of patients on invasive and non-invasive ventilation (Non-Invasive: CPAP – (Continuous Positive Airway Pressure, and BiPAP - Bilevel Positive Airway Pressure).

- Managed local oxygen use, including moving patients within hospitals, to ensure a better distribution of oxygen and to prevent individual ward supplies from being overloaded, as appropriate.
- Patients were reviewed on their mode of ventilation and where appropriate, transitioned to a different modality, for example, from Airvo, (a humidifier with an integrated flow generator that delivers warmed and humidified respiratory gases to spontaneously breathing patients) to CPAP.
- Regional surge modelling for oxygen utilisation was undertaken by the SPPG, (Strategic Planning and Performance Group, Department of Health), in collaboration with the other Trusts.
- Escalation plans were agreed with respect for oxygen usage
- infrastructure work for the installation of new ViEs, (Vacuum Insulated Evaporators pressurised storage vessels for liquid oxygen), that continuously vaporises the liquid oxygen stored under pressure, which is converted to the oxygen gas, that is piped to the patient's bedside. The Trust has two vessels on site, which are topped up twice weekly by BoC, (Industrial Gas Company). Trust estates checked daily to monitor oxygen supply levels.
- An upgrade oxygen pipework
- Upgrades to vaporisers and C11 panels, (panels to control the flow of oxygen) to increase capacity to deliver oxygen in L/min.

94. During the Pandemic CANNI donated seventy O2FLO, (high flow heated humidifiers), machines to the Trust to bolster the supply of high flow nasal devices. Flow nasal Air/Oxygen was a very common requirement for Covid-19 patients, and the Trust used AIRVO machines for this purpose. AIRVO and O2FLO devices perform the same function, however they are different machines, using consumables that are similar in appearance. The Trust considered it was too great a risk to introduce another device, the (O2FLO), with similar consumables, within clinical settings, due to the significant risk of human error, thus putting patients at risk, therefore the 02FLO were not utilised within SEHSCT either during the pandemic or since then. The equipment donated by CANNI was not required or requested by the Trust.

SEHSCT EXPERIENCES OR CONCERNS ON LATERAL FLOW AND PCR TESTS

95. The main concern for the Trust at the onset of the Pandemic was having the necessary testing capability on-site to meet demand. For the laboratory this meant trying to secure the appropriate testing platforms, Polymerase Chain Reaction (PCR) test kits and staff resource, as quickly as possible to be able to provide this service and respond to any pandemic surges. Relevant stakeholders including representatives from PHA, The Pathology Network, Trust Laboratories and BSO PaLS, which responded quickly to establish a regional group to advise on a testing strategy, equipment, resourcing and how this could be maximised as quickly as possible. The procurement route for this equipment within SEHSCT was via a Direct Access Contract (DAC) as the platform available was the only one on the market suitable at that time.

96. Due to the worldwide demand for these testing platforms acquiring this analyser was slow and so the SEHSCT had to rely on the Regional Virus Laboratory in Belfast HSC Trust initially to provide this testing service. This was not ideal as samples had to be packaged securely and transported to the Regional Virus Laboratory which led to slower turnaround times. An analyser was acquired by the Trust in April 2020 and following commissioning, acceptance testing, evaluation and training was placed into routine use on 20th July 2020. Trust business cases were subsequently developed to secure funding for the continued supply of test Kits and staffing resource.

97. Other Laboratory testing platforms followed which were acquired through the Department of Health and Social Care (DHSC) allocation programme to try to boost capacity even further. A second laboratory analyser using the same platform, was acquired in April 2021 and put into routine use on 18th May 2021 to boost testing capacity. The capability to test was vital to allow the Trust to identify and isolate Covid-19 positive cases and take any appropriate action. It also was essential to monitor outbreaks in care homes.

98. As the pandemic progressed and more rapid testing equipment/devices became available the focus changed from laboratory-based testing to Point of Care (POC) testing, (POC testing permits rapid results near the patients, rather than sending samples to a laboratory) and Lateral Flow Testing (LFT). This rapid turnaround was crucial as it allowed the Trust to isolate Covid-19 positive cases quicker and provide timely medical intervention. The point of care devices and test kits were acquired through the DHSC allocation programme, however during high demand periods restrictions were placed on the allocation of test kits as demand outstripped supply.

The rapid turnaround was crucial as it allowed the Trust to isolate Covid-19 positive cases quicker and provide timely medical intervention.

99. The NI regional Pathology Group moved quickly to secure as many test kits as possible and coordinated the distribution to ensure each Trust maintained the capability to test using these rapid testing devices. Such devices were in use in key clinical settings from January 2021 and some are still in use today. Overall, the appropriate resources were acquired and operationalised as soon as possible and through regional collaboration, testing was standardised and maximised for the pillar 1 workstream, (HSC and care homes), across NI

100. The other main challenge experience by the Trust was securing sufficient staffing resources to handle samples for Covid-19 testing, once the equipment was in place. To increase staffing resource to respond to the testing demand agency staff were recruited to help deliver the service.

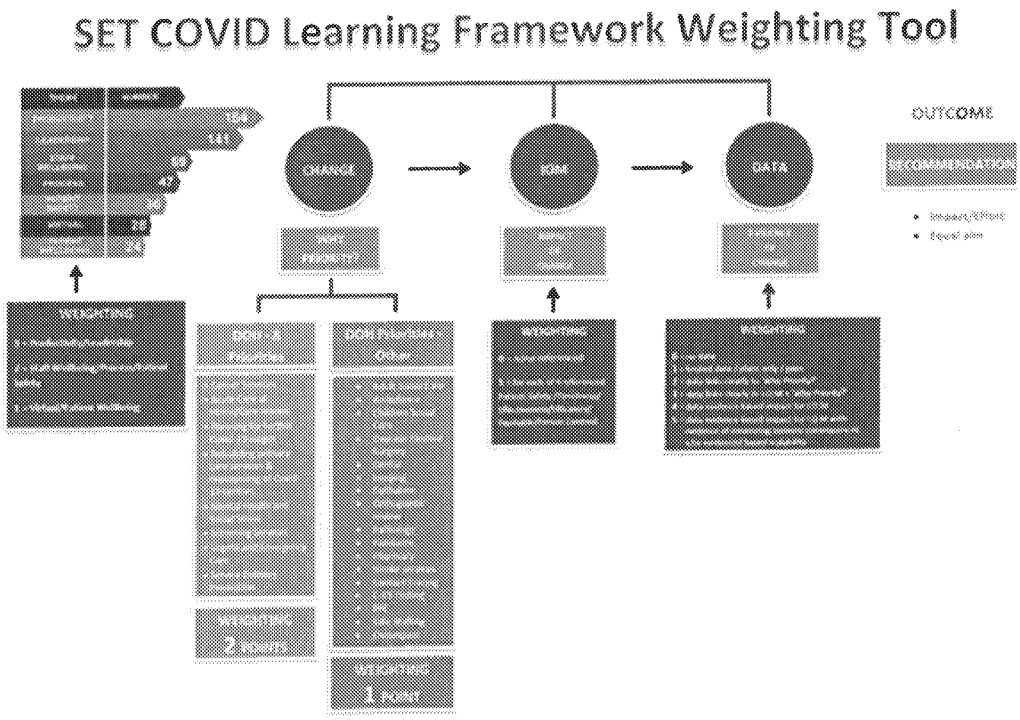
LESSONS LEARNED BY SEHSCT FROM COVID 19 and STAFF SUPPORT.

101. In response to the first surge of Covid-19, South Eastern Health and Social Care Trust in N. Ireland, Executive Management Team commissioned the development of an Organisational Learning System to understand the changes made to services and learn lessons relevant to the second surge of the pandemic. A 90-day harvesting methodology was adopted involving three phases: capturing the changes; exploring the projects and recommending innovations to be supported and embedded in the Trust.

102. Phase one was a broad sweep across the Trust to collate the changes made. A system survey focused on changes made and reported impact. 289 submissions were made across all directorates in the Trust. Changes submitted varied from free catering services, prison healthcare remote triage, new social worker's virtual induction, palliative care referral pathways and theatre utilisation; a testimony to the ingenuity of teams facing the pandemic. The submissions were stratified into changes specifically related to Covid-19 and those that could be applied beyond the pandemic. An inductive thematic analysis was conducted on all the submissions and data weighting applied.

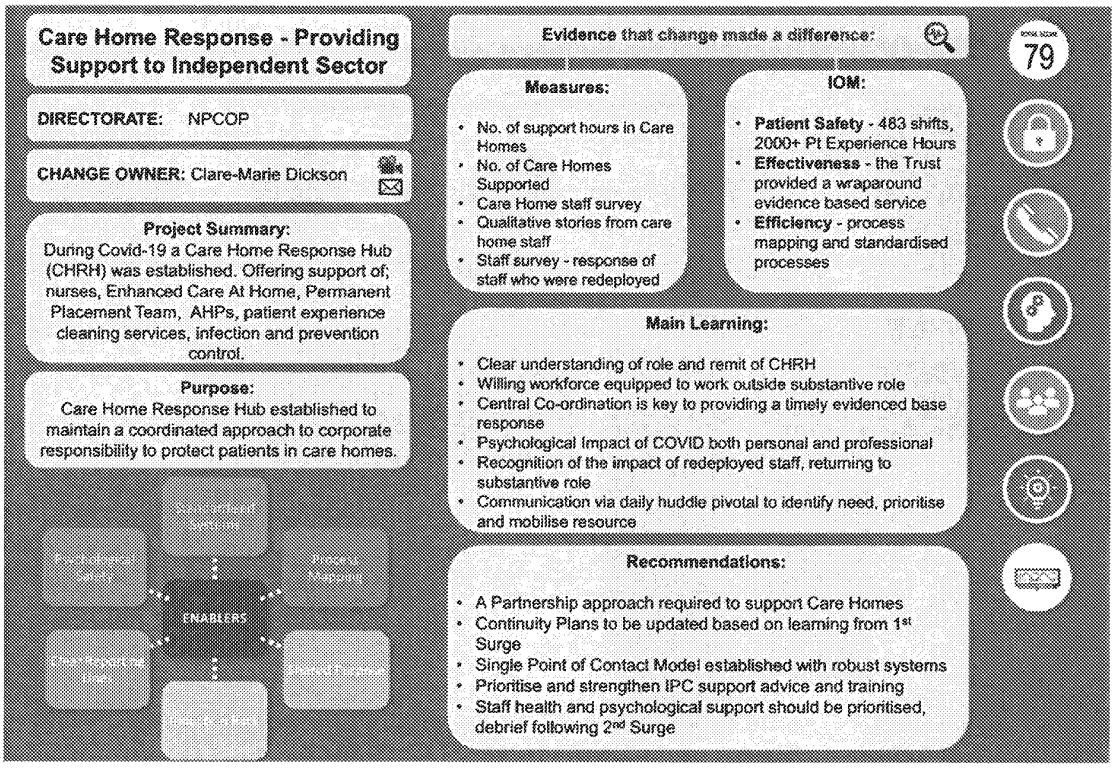
103. Phase two SEHSCT Directors using the Learning Framework weighting, focused the submissions down to 23 change initiatives for further exploration. Deeper dive methodology was conducted by 17 Trust Quality Improvement Learning Leads and involved interviews with change owners, teams, service user feedback and service data. This information was triangulated with Trust surveys and 10000 Voices Staff Stories.

104. The challenge of the Trust-wide response was to structure these submissions in a meaningful way for the Framework output. Methodology was developed for assessment of impact of submissions to the framework. We incorporated a thematic analysis with data impact measured against the IOM 6 Domains of Quality. It was our aim to introduce an objective evaluation of the changes made and verification beyond impact self-reporting. The 6 domains enabled a comprehensive exploration of issues of safety, productivity and equity. As an organisation it also highlighted the need to develop a more mature system for data to be integrated in service design. The final scoring of the framework was against the innovation's purpose, systems thinking and evidence of scalability. This methodology has enabled a robust exploration of the changes made across the organisation, amplified key lessons to be disseminated and embedded into Trust Culture, Structure and Practice.



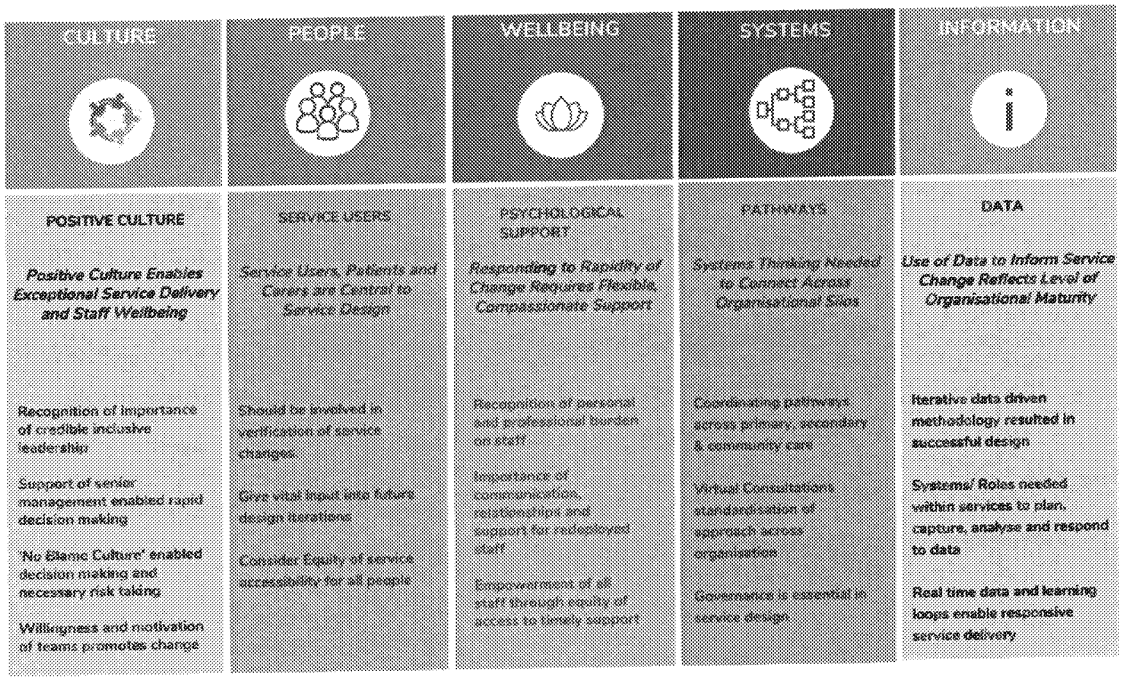
105. Alongside the 23 change projects focused on the deeper dive, learning was gained by understanding Trust-wide responses such as ICT innovations, Infection Protection Control and Covid-19Testing processes and hospital outpatient changes. The challenge was to distil the depth of information and knowledge from the harvesting exercise into something tangible and accessible but without losing meaning. We have developed an interactive report using a page tiger platform. Each of the 23 projects has their own page. The change owner has a video to describe the innovation. The impact of change has been assessed through the weighting formula. The project measures and the established impact on the 6 domains of quality is reported in the boxes and relevant data is then displayed in a popup. The main learning and recommendations are highlighted on each page, these are not only specific to the projects but can also be applied across the organisation and beyond.

106. Alongside the main learning, each slide has thematic sections these are symbolised by the icons along the side. We were interested in what facilitates successful change, highlighting the enablers and barriers to change, communication, staff requirements, PPI and decision making. Example of Covid-19 Learning Framework Report Project Page



107. The Trust key learning is highlighted in 5 Domains. Key learning highlights the importance of positive culture and leadership in the organisation for creating the conditions for change. It also challenges service design focus at a systems level, coordinating pathways. Informatics and data analysis were key to successful innovation. There is a great need to reflect on the equity of service delivery and include service user verification and codesign of change. Finally, this report is a celebration of the depth of creativity, adaptability and commitment demonstrated by the staff of the SEHSCT. Their response has been remarkable, and learning has highlighted the importance of ongoing recognition and psychological support for teams across the organisation.

108. SEHSCT Covid-19 Learning Framework- Key Learning Domains



109. This report is one of the outputs of Phase 3 analysis and recommendation phase.

1: Covid-19 Repository. A central repository of the 289 changes made across the Trust, with shared learning. To help plan more effectively in this current time of pandemic.

2: SEHSCT Organisational Learning Report. A formal report focusing on the thematic learning in relation to the structural response to Covid-19; to be completed.

The challenge is to embed the key learning into organisational practice during the current pressure on health and social care services. Meetings with senior management teams and workshops across the Trust are currently being conducted to enable ownership, adaptation and implementation of the lessons. Evaluation of this new methodology and approach to health organisational change assessment is being undertaken by the Quality Improvement team at SEHSCT. The Covid-19 Framework is the first iteration for the Trust towards establishing an organisational learning system.

The excel spreadsheet is appended in response to question 35. Exhibit CM/01 [INQ000512905]

110. The Trust Clinical Psychology and Psychological Therapy Service, as part of the Wellbeing Team, established a number of additional support services from the 1st of June 2020:

- A Confidential Staff Helpline, open Monday to Friday 9:00 to 5:00. Staff could leave a contact out of hours.
- A Drop-in centre and Well-Being hub, open Monday to Friday, which was a confidential space for staff to meet individually with a therapist to discuss their well-being and enhance their coping strategies.
- Team based support was available to staff teams across the Trust focusing on a range of topics including mental health, well-being, loss and bereavement. Support was tailored to the needs of each team.

The Trust provided this support as it recognised the importance in staff taking time to reflect on their own health and well-being during and following the pandemic.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 04/12/24