



AGENDA ITEM

(2.2)

CTM BOARD

CHIEF EXECUTIVE'S REPORT

Date of meeting	28/11/2019
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Chris Darling, Head of Executive Business
Presented by	Chief Executive
Approving Executive Sponsor	Chief Executive
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Health Board	(DD/MM/YYYY)	SUPPORTED

ACRONYMS

<p>ABM – Abertawe Bro Morgannwg HIW – Healthcare Inspectorate Wales PCH – Prince Charles Hospital POW – Princess of Wales Hospital RGH – Royal Glamorgan Hospital TI – Targeted Intervention WAO – Wales Audit Office</p>

1. SITUATION/BACKGROUND

- 1.1 The purpose of this report is to keep the Board up to date with key issues affecting the organisation. A number of issues raised within this report feature more prominently within reports of the Executive Directors as part of the Board's business.
- 1.2 This overarching report highlights for Board Members the key areas of activity of the Chief Executive, some of which is further referenced in the detailed reports that follow and also highlights topical areas of interest to the Board, where related work is in progress.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Let's Talk Culture

It has been fantastic to see how many staff and patients have already supported the Let's Talk Culture programme, by taking part in our survey and signing up to the 'In Your Shoes' and 'In Our Shoes' workshops held, and planned across the CTM sites.

The survey has received more than 4,000 responses so far and more than 800 have registered to attend a workshop and share views. The ideas shared by staff, and patients from these workshops will be used to create the values and behaviours that the Board and wider organisation can own and use in our day to day work and shape the new organisation of Cwm Taf Morgannwg University Health Board.

Additional Let's Talk workshops will be held on:

- 10 December – Princess of Wales Hospital,
- 11 December – Prince Charles Hospital,
- 12 December – Royal Glamorgan Hospital.

2.2 Development of an Operating Model for CTMuHB

Work continues on the development of a future Operating Model for CTMuHB. The operating model reflects the developing ethos and driving principles for CTM, the structures that it proposes are devised to deliver against this. Following the consultation on management structures in June 2019, and reflecting and analysing the responses received, an engagement document was produced which describes the future high level arrangements for managing the business of CTMuHB.



Conversations have been on-going with staff across all groups on how the future Operating Model should look, based on the design principles developed:

- Empowering People
- Community Leadership and Involvement
- Clinically Led, Community Focused Services.
- Learning and Innovating for Continual Quality Improvement
- Robust, Simplified and Safe Decision Making.

The proposals put forward by service areas will be considered by a clinical panel on the 22 November 2019. The final draft Operating Model proposals will be considered at Management Board in December 2019. The timelines for implementation of the new model is being finalised and is informed by our organisational change policy.

Whilst we work to progress the new Operating Model, the current operating structures have been strengthened with interim roles which support leadership teams covering Prince Charles Hospital and Royal Glamorgan Hospital, with the leadership team in the Princess of Wales remaining as is with access to support.

2.3 **Special Measures and Targeted Intervention**

Special measures:

The programme approach to Maternity Improvement is now well established, led by Greg Dix, Executive Director of Nursing, Midwifery and Patient Experience, and driven by the Programme Director. The first quarterly report from the oversight panel reviewing progress between June and September was published on 8 October. We welcomed the report which demonstrated whilst progress is being made there is still much to be done. Learning from the issues and work on maternity is informing our overall organisational work programme.

Targeted Intervention:

A programme approach has also been established to progress improvement in the areas of Targeted Intervention (TI), to include 'Leadership and Culture', 'Trust and Confidence' and 'Quality Governance'. A formal programme has been developed and Senior Responsible Owners (SROs) have been established for each of these areas and plans developed, implementation is well underway. However as the board has discussed the changes we are making are profound and our improvement trajectories and milestones are being mapped over months and years.

A maturity matrix is being established drawing on the improvement matrix for Maternity, to enable us to measure our progress. This will be reported in detail to the next Board.

Organisational development plan:

The programme for the coming months draws on all of the issues highlighted in reports, reviews, diagnostic discussions, special measures and targeted intervention. It is necessary to enable us to take a coherent whole systems approach and link the very many requirements for actions plans, improvement plans and responses to reports and reviews.

The programme at present comprises 10 streams, some of which are included within special measures and targeted intervention. It will continue to develop as we work through it and learn. The same programme approach is being taken as described above. The streams are at different stages of development.

1. Our values and behaviours - develop and embed
2. Our vision and principles – develop
3. Our integrated health care strategy - develop
4. Quality governance framework and supporting systems (including workforce skills and support) - renew and implement
5. Corporate governance framework and systems – renew and implement
6. A clear operating model to enable us to achieve our core purpose - design and implement
7. Involvement and engagement of patients, communities, staff and partners – design and implement
8. Clear delivery programme to secure sustainability for our fragile services - design and implement
9. Capability and capacity for improvement, transformation and health intelligence – design and secure
10. Leadership and management skills development and continual learning – design and secure

Progress will be monitored through the maturity matrix, referred to above.

2.4 External Reports received in period

The joint review of quality governance arrangements by Healthcare Inspectorate Wales (HIW) and the Wales Audit Office (WAO) was published on the 19 November 2019.



We have welcomed the report and its recommendations recognising that it raises profound issues for us, for which most we have set programmes of work underway developed over the last two months. Staff drop in sessions, led by an Executive Director, took place on the morning of the 19 November 2019 to discuss the outcome of the joint review with staff on each of the three main sites – POW, RGH, PCH.

The management response to the recommendations set out in the report are being worked through in detail and will go to Board in January 2020. The actions required to address the recommendations inform the maturity matrix development for the Targeted Intervention and Special Measures work as well as the wider organisational programme.

The HIW Annual Report for 2018-19 has also been received, and learning from across Wales, and specifically relating to Cwm Taf UHB and the former Abertawe Bro Morgannwg (ABM) UHB has been considered by CTMuHB.

2.5 **Staff Recognition Awards**

This year's Cwm Taf Morgannwg Staff Recognition celebration event took place on the 8 November. The event was a great way of showing the Health Board's appreciation for a job well done and publicly recognising the dedication of our staff. Every award had its own story behind it of excellence, covering the breadth of services, clinical and non-clinical. I was proud to be part of such a wonderful celebration and would like to give my personal thanks to all those nominated, our winners and runners up.

2.6 **Nurse of the Year Awards**

The Nurse of the year awards took place on the 13 November. It was fantastic to see so many CTM nominations and recognise and acknowledge the tremendous role our nursing workforce play in delivering high quality care to our population. For more information please visit: <http://ctuhb-intranet/News/Pages/Congratulations-to-.aspx>

3. **KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- 3.1 The Board should note that the escalation status of the Health Board will be reviewed at the next routine tripartite meeting between Welsh Government, Healthcare Inspectorate Wales and Wales Audit Office in December.



4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	It is anticipated that all elements of quality, safety and patient safety will be impacted positively by the implementation of the "Continuous Improvement in response to TI Programme".
Related Health and Care standard(s)	Governance, Leadership and Accountability
	Staff and resources
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Main Strategic Objective	To provide strong governance and assurance
Link to Main WBFG Act Objective	Provide high quality care as locally as possible wherever it is safe and sustainable

5. RECOMMENDATION

5.1 The University Health Board is asked to:

- **DISCUSS** and **NOTE** the report.