



AGENDA ITEM

2.2.2

CTM BOARD

CHIEF EXECUTIVE'S REPORT

Date of meeting	27 May 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Richard Morgan-Evans, Chief of Staff
Presented by	Paul Mears, Chief Executive Officer
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
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

AW	Audit Wales
COO	Chief Operating Officer
CTM	Cwm Taf Morgannwg
HIW	Healthcare Inspectorate Wales
NWSSP	NHS Wales Shared Services Partnership
WG	Welsh Government

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.

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

2.1 New appointments and recruitment updates

I am pleased to announce that we have been conducting recruitment for key senior posts, including the Director of Digital, Director of Strategy and Transformation and Director of Improvement. This ensures that we begin to complete the Executive Team to help guide the organisation forward with our exciting plans.

We have now appointed Marc Penny as the Director of Improvement. Marc has now begun to form a team made up of various important skillsets which can be used in our ongoing improvement journey. Once we have confirmation of the other two appointments this will be shared with the wider Health Board.

Last month we held interviews for the Chief Operating Officer role and after a careful consideration, we have decided not to recruit to a substantive position at this time. I'd like to personally thank Gareth Robinson for his ongoing hard work as the interim-COO. Gareth will remain in the interim role over the next few months and will continue his valuable work overseeing key operational areas of work including the Unscheduled Care Improvement Programme as well as the Elective Recovery Programme of work.

May I take this opportunity to also welcome Richard Morgan-Evans to the organisation as the Chief of Staff. Richard has come from neighbouring Aneurin Bevan UHB (ABUHB) and will be supporting strategic priority areas for the organisation including overseeing the Targeted Intervention Improvement programme of work.

2.2 Targeted Intervention (TI) Escalation update to Welsh Government (WG) and Board self assessment

Last month the Board held a very useful self-assessment session to gauge our progress across the TI and special measures spectrum. This is updated on in detail within the dedicated paper on the agenda.

We also held a joint meeting with WG to update our current position and forward plans. This update was met positively and we agreed that explicit forward plans would be outlined over the coming weeks before we rejoined as senior teams in August for another escalation session.

2.3 Regional mortuary facility

In response to the COVID-19 pandemic the South Wales Local Resilience Forum commissioned a number of extra facilities within the region as part of its Mass Fatalities Plan. Within that plan a purpose built temporary unit was commissioned for the Merthyr Tydfil region (known as SW02) once the Cardiff facility (SW01) was decommissioned in March 2021. This new store unit was agreed for placement at Prince Charles Hospital and is located next to the Mortuary building at the rear of the hospital.

Whilst SW02 was commissioned by the Local Resilience Forum, Cwm Taf Morgannwg University Health Board are responsible for the safe and effective management of the unit. This ensures there is consistency with the application of relevant Standard Operating Procedures in line with the Human Tissue Act (HTA) standards. SW02 is now part of our HTA Site Licence for Prince Charles Hospital and became operational on 22 March 2021 following successful inspections by the Licence Holder, Designated Individual, Persons Designated and Pathology management team. The dedicated work of our mortuary, estate and facilities team has ensured its commissioning within the agreed timescale and meeting of HTA standards. This temporary unit may be in place for up to 12 months and can be utilised by all Health Boards within the Local Resilience Forum partnership if there are regional issues with capacity. All such usage is managed through a booking system and only within Mortuary office hours to ensure consistent practice and governance control. To date the unit has not been utilised, reflecting a relative return to normal activity across the region. The Local Resilience Forum continue to review and oversee this strategic project.

2.4 Clinical Advisory Group (CAG) establishment

After a lot of discussion and input from a variety of individuals, I am pleased to announce that the Clinical Advisory Group has been formed to include a cross section of clinicians from across our Health Board. This forum will take the place of the Healthcare professionals forum and will ensure we are constantly encouraging a platform by which clinicians from all specialties and localities have chance to discuss proposals and suggest new ideas.

This group will complement the Clinical Sounding Board by taking on board issues raised at that level but will have a confirmed membership.

There was a large interest from clinicians to join this group, which exceeded the total number possible. My thanks go out to all that applied to join the group. The CAG will be chaired by Anna Lewis, Respiratory Consultant based at Royal Glamorgan Hospital (RGH), and will be a valuable mechanism to feed in to the Board. Anna will also attend the Board to provide updates where required as well as to feedback to the CAG.

The CAG will be formally established by approval of the Terms of Reference (ToRs) for the group which are included in the Standing Orders for formal approval by the Board later on in the May 2021 Board agenda. Approval of the ToRs and its Chair, will result in the Chair seeking an Associate Board Member appointment from the Minister.

2.5 Director Portfolios

After helpful discussions and taking account for new and re-organised roles, we have now finalised the Director portfolios. This portfolio update comes at a good time as new officer members begin to join as well as wider Directors. This will be helpful to ensure that the Board is explicitly aware of key responsibilities and that there is wider transparency to avoid any duplication or confusion.

2.6 Elective recovery planning and proposals

With a lot of focus rightly being placed on recovering our elective & routine activity as covid continues to decline, I am delighted to report that thanks to the input of many teams across the Health Board we have been allocated a non-recurrent additional funding of £16.83m this year from WG. This funding will support recovery plans across the organisation including primary and secondary care initiatives and will mean much needed additional activity can take place to clear long

waiting lists. More detail on this will be updated by the interim-Chief Operating Officer as part of the Board agenda.

2.7 Royal College of Surgeons – President virtual visit to CTMUHB

The Health Board had the pleasure of meeting Professor Neil Mortensen, President of the Royal College of Surgeons of England and his team to have the opportunity not only to convey the key issues facing surgery in Wales but also to share learnings and best practice from elsewhere. From the meetings on 28th and 29th April we have received positive feedback from Professor Mortensen on our Consent Plus and Ambulatory emergency assessment unit projects as well as praise for CTMs participation in the cholecystectomy quality improvement collaborative.

I believe collaborative meetings such as this are important to bring mutual benefit to all involved and I'm sure the CTM staff in attendance found it to be a valuable forum.

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

- 3.1** The Board should note the changing context and environment for commissioning and delivering healthcare and wellbeing services, in the context of balancing the need to continue to respond to the COVID-19 pandemic, as well minimizing harm from non-COVID-19 activity, and providing essential and routine services to our communities. This balance will bring a new set of issues to manage and risks to consider.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Governance, Leadership and Accountability
	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".
Equality impact assessment completed	No (Include further detail below)



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 Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The CTM Board is asked to:

- **NOTE** the report.