



AGENDA ITEM

2.2.2

CTM BOARD

CHIEF EXECUTIVE'S REPORT

Date of meeting	25 March 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Rebecca Goode, Executive Business Manager
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 Management of COVID-19 Pressures

Covid19 pressures have significantly reduced during the course of the last four weeks. Each acute site continues to provide pathways that safely segregate COVID and non-COVID patients within acute and critical care facilities. Non-COVID capacity is now provided at the minimum level required for each site to allow for the anticipated variation in daily attendances & admissions with clear surge plans in place in the event of a further sustained increase in COVID activity.

Activity and capacity issues continue to be monitored through the daily operational calls. Modelling suggests that this position will be maintained during the next period of lockdown/vaccination arrangements and close monitoring of future projections is maintained through the Planning & Performance team in order to plan for any future changes.

2.2 Resetting/Recovery Plan – electives, Mental Health Services

The Health Board Elective Care Recovery Plan (including for Mental Health Services) has been developed as part of the Integrated Medium Term Plan (IMTP) submission to Welsh Government and is a specific item on the Board Agenda.

2.3 COVID-19 Vaccination Programme

As of the 1 March 2021 I am pleased to say that the Health Board (HB), along with our GP practice partners, have delivered over 160,300 vaccines to our people and communities. That total number can be split into 136,359 people that have received their first dose and 23,941 people who have received their second dose. The teams have worked incredibly hard and have completed the offering of all those eligible people in priority groups 1-4 within the Welsh

Government timeframe and have made a great start in vaccinating priority groups 5-9 which are due to be completed by mid-April, this includes people over the age of 50, people 16 years and older with underlying health conditions which put them at higher risk and Carer / unpaid carers.

Our ILGs have been working to complete front line health care workers second doses over the last couple of weeks and are nearing completion of this work.

Colleagues who are interested in further information can find this on our Cwm Taf Morgannwg Website and clicking on the 'For the latest COVID-19 Vaccine Information'.

2.4 Stepping down of Gold, Silver and Bronze Command Structure

It was agreed in Gold Command, on the 24 February 2021, to stand down the Gold, Silver and Bronze command structure meeting due to a downward trend of infection rates, hospital admissions and COVID associated deaths. The management and future arrangements for the Health Board's COVID response is under consideration with matters transitioning to the CEO, Executive Team, Management Board and the Board where appropriate.

In the meantime, the development of the Gold Closure Report has been commissioned which will further inform the future arrangements in terms of effective oversight and decision making processes in the Health Boards response to COVID.

The Gold Command wanted to ensure that we all recognise the phenomenal staff and partner support received during this time with the hard work and dedication of everyone, for which Gold Command would like to offer its heartfelt thanks to all concerned.

2.5 Health, Social Care, Sport Committee oral and written evidence submission (Oral session on 24/2/2021)

On 24 February 2021, Paul Mears and Kelechi Nnoaham gave evidence on behalf of CTM to the Members of the Health, Social Care and Sport Committee. Also giving evidence were; Gill Harris (Deputy Chief Executive and Director of Nursing (DoN), Betsi Cadwaladr Health Board); Arpan Guha (Medical Director, Betsi Cadwaladr Health Board); Steve Moore (Chief Executive, Hywel Dda Health Board); and Andrew Carruthers (Director of Operations, Hywel Dda Health Board).

The session focused on 7 areas:

1. The main areas of pressure in health boards, and our plans to deal with these
2. Approach to prioritising delivery of non-COVID services to reduce waiting times
3. Communicating with patients about lengths of wait, prioritisation, and management of their condition whilst waiting
4. Our projections of the time needed to return to the pre-pandemic position
5. Use of different approaches to provide care to reduce waiting times, including the use of new technologies, new care pathways, or capacity elsewhere
6. Factors affecting plans for tackling waiting times (e.g. workforce or physical capacity), and plans in place to manage these
7. What information we had on allocation from the £30m funding for waiting times

Our response highlighted current and anticipated challenges around unscheduled care, workforce capacity, cancer care and overall service capacity to manage the demands presented by COVID whilst getting services back on-stream. We also set out our approach to responding to these pressures and challenges, highlighting:

- Daily planning structures that allow us take rapid operational decisions to manage and maximise all available capacity.
- Control measures across the health system to provide assurance on best practice in established infection prevention and control.
- Pausing non-urgent elective activity, in line with Welsh Government guidance,
- Development of additional bed capacity at Ysbyty'r Seren which is currently caring for 78 patients in their "COVID recovering" phase.
- Each hospital site with a clear plan to de-escalate critical care capacity to allow the re-commencement of cancer surgery across all specialties.
- In conjunction with all partners, developing an Elective Care Recovery Plan to set out demand, required capacity, operational delivery plans and quality impact assessments needed to increase our capacity and prioritise the backlog of elective care
- Progress on our vaccination programme, our expected challenges regarding inequality of uptake and how we are addressing that

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 as 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

The CTM Board is asked to **NOTE** the report.