



AGENDA ITEM
5.1

CTM BOARD

CHIEF EXECUTIVE'S REPORT

Date of meeting	31 st March 2022
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.

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 Chief Operating Officer

I would like to take this opportunity to thank Gareth Robinson who, for the past 15 months, has been our interim Chief Operating Officer here at CTM. Gareth has been a valued member of the Executive Team and I know many members of the Board and wider clinical and management teams have worked closely with him through what has been a difficult period for the NHS. Gareth will be heading off to his next role in Shropshire at the beginning of April, which is much closer to home for him and I know the whole Board will wish him all the best for his future career.

I am pleased to announce that Gethin Hughes will be starting just after Easter as our substantive Chief Operating Officer. Gethin is currently an interim Chief Operating Officer at University Hospitals Sussex NHS Foundation Trust where he has been working since September 2020. I look forward to welcoming Gethin back to working in Wales where he started his NHS career before moving on to work in a variety of Trusts in England. Gethin has a broad range of experience across acute hospitals, mental health, community services and primary care and I know he is looking forward to joining the team next month.

2.2 Director of Therapies and Health Sciences

Board members will be aware that Fiona Jenkins our interim Director of Therapies and Health Sciences will be returning to her substantive role at Cardiff and Vale at the beginning of April. Fiona has provided exceptional leadership for these professions since joining CTM on a shared basis in November 2020 and I am grateful to her for agreeing to undertake this joint role. She has brought significant experience and insights to the role and has developed a robust leadership structure for the professions as well as building strong links with the Medical and Nursing leadership teams. I am sure the Board will join me in thanking Fiona for her leadership and contribution to the organisation over her time with us.

I am pleased to say that we have appointed Lauren Edwards as our new permanent, full-time Director of Therapies and Health Sciences. Lauren is a Speech and Language Therapist by background and is currently our Deputy Director. She has a range of leadership experience across acute, community, mental health and learning disability services and I know she will continue the great work that

Fiona has led developing and leading the health scientists and Allied Health Professionals (AHPs) across CTM.

2.3 Health Board escalation status

There has been a great deal of work conducted both within the Targeted Intervention and Special Measures programme since the last Board updates in September. This culminated in an escalation joint Executive Team meeting in February where the Health Board received a great deal of positive feedback from Welsh Government around all aspects of our improvement work.

Following this meeting we have been notified that our escalation status remains unchanged for the moment and we will continue to work with our partners to ensure we are demonstrating improvement across a whole range of areas. Our exciting clinical services strategy work as well as Improvement CTM will ensure we continue to demonstrate this improvement in our day to day work.

2.4 'System Reset' at CTM

It has been a difficult period at our acute hospitals over the past few weeks causing long ambulance handover delays and other knock-on impacts around the system. This has been reflected across Wales and culminated in a national risk summit held in February. It was agreed that a 2 week national 'system reset' would be held from the 2nd – 16th March involving all Healthcare organisations. There is an accepted understanding that delays in one part of the patient pathway will directly or indirectly impact other parts of the pathway and therefore have impacts in every part of the system. This reset has allowed us to bring operational teams closer together with our social care and ambulance colleagues to understand where we can work better together. Using data in this exercise has been instrumental and we will ensure we evaluate how this increased focus of energy has contributed towards a better experience for patients and reduced waiting times at this difficult time of year operationally.

2.5 GIRFT Orthopaedic visit

As the Health Board continues to develop its elective recovery planning there was an opportunity to gain further expertise through the Getting it Right First Time (GIRFT) visit led by Professor Tim Briggs. This visit was focused around Orthopaedics and was part of a wider NHS Wales review into the clinical performance of orthopaedic services.

We have valued the external perspective and challenge from this specialist team and it gave our clinical team the chance to discuss how we could ensure the best configuration of orthopaedic services to meet the needs of our patients and catch up the backlog of cases on the waiting list.

The GIRFT review will result in feedback to NHS Wales, which we can then incorporate into our planning over the coming months and years. Regional work with neighbouring Health Boards is undoubtedly a big opportunity area and this also echoes the direction of travel outlined by the Health Minister to ensure the backlog of elective procedures can be quickly and safely cleared.

2.6 Mobile Endoscopy capacity

Due to the current waiting times for endoscopy procedures across CTM, a mobile endoscopy unit has been procured for an initial nine month period and has now been delivered to the Royal Glamorgan Hospital site. After many months of hard work to procure the unit, it is currently due to go live from the 4th April where it will ensure patients awaiting endoscopy procedures can be seen much quicker due to the extra capacity it will bring. This is one part of our recovery planning that aims to bring greater capacity to the recovery effort. We will ensure we monitor the success of initiatives such as this for the benefit of our patients.

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 minimising 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 (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If no, please provide reasons why an EIA was not considered to be required in the box below.
	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 Strategic Goals	Improving Care

5 RECOMMENDATION

5.1 The CTM Board is asked to:

- **Note** the report.