



AGENDA ITEM

5.5

CTM BOARD

CHIEF EXECUTIVE'S REPORT

Date of meeting	25 th November 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.

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 A warm welcome to Emrys Elias as the new Chair

It brings me great pleasure to welcome Emrys Elias to the Health Board as the new Chair, taking over from Prof Marcus Longley who retired at the end of September. Emrys started with CTMUHB on 4th October and has joined from Aneurin Bevan UHB where he worked as the Vice Chair. I know the experience Emrys will bring to the role will benefit CTM a great deal, including his experience as a former Director of the NHS Wales Delivery Unit. Emrys has already begun meeting all the key groups and leads within the Health Board and I look forward to working closely with him over the coming months.

2.2 Elective Recovery

Board members will be very aware of the scale of the NHS elective waiting list backlog due to the covid pandemic. Earlier in November the Minister for Health and Social Services, Eluned Morgan, and Chief Executive of NHS Wales, Judith Paget, chaired a Planned Care Summit and outlined their ambitions around delivering the planned care agenda, including working more regionally in Wales.

In order to ensure we as a Health Board are delivering at pace for our whole population, tying into the wider planned care agenda, we have taken a decision to centralise our approach and have formed a central team to coordinate this. This will ensure we are pooling resources and ensuring maximum use of theatres and beds. This approach will reduce inequity within CTM meaning the most urgent cases are treated first, regardless of what Integrated Locality Group the patient lives in.

Over the coming weeks the team will be finalising plans and working with staff groups, Trade Union colleagues and the Community Health Council (CHC) as appropriate in order to deliver the best service for our patients. We will continue to update the board with further details on the plans as they are agreed.

2.3 Community engagement and memorial to the Aberfan disaster

I took the opportunity on 22nd October to travel with one of our Independent Member's, Mel Jehu, to visit various community programmes around the Merthyr area. This is the second time I have done this with Mel and it has been a fantastic opportunity to witness the passion and hard work of community groups within this close-knit community. I have had the opportunity to meet with many voluntary

sector organisations in our community to hear about the important work they do for the local population but also to discuss with them how we can work more proactively with our communities on the challenges we face. There are already areas where we are taking forward discussions on particular projects and we are also using these experiences to inform our approach to engagement within the organisation.

I also had the opportunity as part of this engagement, to visit the Aberfan disaster memorial gardens just a day after the 55th anniversary to the 116 children and 28 adults that were tragically killed on 21st October 1966. On behalf of the Health Board I laid a wreath at the memorial as well as speaking to a survivor of the disaster, Jeff Edwards. The visit was a very poignant reminder to the events that took place within living memory and to the continued hurt experienced as a result. I was able to also visit the Primary School in Aberfan and meet with the Headteacher to discuss ways in which the Health Board can work proactively with the school and education in general, on some of the challenges facing children and young people in our communities.

2.4 Value in Health

As the Chief Executive lead for Value in Health (VIH) in Wales I have been working with Dr Sally Lewis, National Clinical Lead for VIH, to promote this agenda since I took on the role earlier in the year. Many of the central team are now hosted by CTM and a revised Strategy Board has been established with an update provided to NHS Wales in October.

As part of Value in Health week in November I recorded a video where I set out the importance of value based healthcare in Wales and under the stewardship of the Welsh Value in Health Centre, Health Board teams will be delivering initiatives throughout the healthcare pathway that improve the outcomes that matter most for patients, staff and the wider population.

We are working with the Value in Health team to explore how we embed the principles of value in the development of our clinical strategy and ensure that the learning from the national team is shared with our clinical teams across CTM and that this underpins our strategy work.

2.5 Operating model review

In September I updated the Board around our plans to conduct a review of the operating model following its inception back in April

2020. A number of interviews and sessions have taken place and the Executive Team are meeting in November to look at the findings, key themes and discussing next steps. My ambition is to provide feedback from this review at the next Board session.

2.6 Clinical engagement

Over the past couple of months it has been great to be involved in discussions with clinical members of staff right across CTMUHB. Some of these discussions have been ad-hoc by meeting staff as I have visited various healthcare sites at CTM. Some of these discussions have been enabled by forums we have now established to ensure we are constantly engaging with our clinical teams across CTM, such as:

- *Primary Care summit:* This meeting is held every 6 weeks chaired by Dr David Miller, Deputy Medical Director for Primary Care and is open to all GPs and Practice Managers in CTM. Recent meetings have been a helpful opportunity to discuss the pressures in primary care and how the Health Board can support primary care to deal with some of these challenges.
- *Consultant hospital Q&A sessions:* These have been led by myself and the Medical Director meeting with consultants on all three acute hospital sites. Topics discussed range from Operational Pressures, Cross-ILG working, medical recruitment and IT/Digital. These sessions are programmed in every two months to provide the opportunity for clinicians to discuss concerns with us
- *The Clinical Sounding Board:* An informal network of clinicians who meet every two weeks with myself to share ideas or issues. This group is now being brought together with the Clinical Advisory Group as the primary group for the frontline clinical perspective to be fed into the management team and Board.

I would strongly encourage our clinical staff to try and attend these sessions wherever possible and we will continue to use various links to communicate these forums to maximise attendance and input.

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 yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box 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 Goals	Improving Care

5. RECOMMENDATION

5.1 The CTM Board is asked to:

- **Note** the report.