



AGENDA ITEM

5.1

CTM BOARD

CHIEF EXECUTIVE'S REPORT

Date of meeting	26 th May 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 Appointment of Dom Hurford as Executive Medical Director

I am pleased to say that, after a competitive interview process, Dr. Dom Hurford has been appointed as our substantive Executive Medical Director. Dom has been fulfilling the role on an interim basis for a number of months and was formerly the Deputy Medical Director here at CTM. It is really positive to have made a substantive appointive to this post and I am pleased to welcome Dom to the Executive Team. Dom has a lot of positive ambition and I know his enthusiasm to engage with Medical staff will be vital over the coming years as we look to develop our clinical services strategy whilst also ensuring we continue to recover our backlog of elective activity.

This appointment now means that we have a full complement of substantive executive directors which is a positive step forward for our organisation.

2.2 South East Wales Joint Executive Team – Regional working

On the 29th April the Executive Teams from Cardiff and Vale, Aneurin Bevan and Cwm Taf Morgannwg UHBs held a joint Executive Team meeting to agree a way forward for regional working in South East Wales. Being able to work in an ever closer integrated way with our neighbors will be vital in order to improve patient outcomes and performance over the coming years. We have agreed to focus initially on three key areas of focus which are Orthopaedics, Ophthalmology and Diagnostics (Radiology, Pathology and Endoscopy). The joint teams will continue to meet and each Chief Executive will be the Senior Responsible Owner for one of the focus service areas.

Regional working is a key ambition of the NHS in Wales and very much supported by the Minister. It will mean Health Boards can take advantage of a wider array of resource and healthcare facilities to ensure patients are treated most appropriately as we continue to recover elective activity since the covid pandemic.

2.3 Local Authority visits to District General Hospitals

Over the last few weeks we have invited the Leaders and key officer staff to visit our District General Hospitals. The purpose of these visits were to be able to allow a first-hand focus on the issues facing the healthcare system. As members will know, the delayed transfers of care of medically fit patients in our hospitals has a large impact on the rest of the healthcare system and contributes towards delays in

ambulance handovers as well as taking up bed capacity which could be used for patients waiting for elective procedures.

The three visits went very well and it has ensured that there will be a renewed focus on ways in which we and our Local Authority partners can work closer together. I would like to thank the involved staff at all three acute hospitals for their time to facilitate these visits.

We will ensure that lessons learnt from these visits are taken forward in our senior discussions with Local Authority colleagues.

2.4 CTM Consultant away event

Earlier this month we held an offsite CTM Consultant afternoon which was attended by well over two hundred members of staff including over 170 consultants. The aim of this session was to bring this cohort together for the first time since CTM was created, outlining key focus areas for the Health Board over the coming years. Updates included the role of digital and its opportunities, our financial position and the clinical services strategy. Breakout sessions were held to allow feedback from the Consultants present. Key themes are being collated by the Medical Director's team and will be shared with the consultant body.

The feedback from the session was positive. It was a great opportunity to bring a large part of the consultant body together to network and feedback on ideas from their different experiences and perspectives within the Health Board. The aim is to repeat these types of engagement sessions over the coming year, whilst using other mechanisms in-between to progress areas of work highlighted. This will all contribute to the developing CTM2030 clinical services strategy.

2.5 CTM Proposed operating model staff consultation

As at Monday 9th May the CTM proposed care group operating model formal consultation started, which will be open for four weeks. I would like to thank all the staff that contributed towards pulling together the consultation document, which includes a great deal of detail around the proposed model. In line with the organisational change policy, staff are encouraged to ask questions or provide feedback. The document is available on the staff intranet and details for how staff can feedback are included within the introduction section of the document. I look forward to updating the Board on future developments in this area over the summer.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.3 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	Creating Health



5 RECOMMENDATION

5.3 The CTM Board is asked to:

- **Note** the report.