

AGENDA ITEM

5.4

CTM BOARD

HIGHLIGHT REPORT FROM THE CLINICAL ADVISORY GROUP

DATE OF MEETING	31 March 2022
PUBLIC OR PRIVATE REPORT	Public
IF PRIVATE PLEASE INDICATE REASON	Not Applicable - Public Report
PREPARED BY	Anna Lewis, Chair of the Clinical Advisory Group

	Group
PRESENTED BY	Anna Lewis, Chair of the Clinical Advisory Group
EXECUTIVE SPONSOR APPROVED	Executive Director of Strategy and Transformation

REPORT PURPOSE

FOR NOTING

ACRONYMS

None Identified.

1. INTRODUCTION

- 1.1 This report had been prepared to provide the Board with details of the key issues considered by the Clinical Advisory Group at its meeting on 16 February 2022.
- 1.2 Key highlights from the meeting are reported in section 3.

2. PURPOSE OF THE REMUNERATION & TERMS OF SERVICE COMMITTEE

- 2.1 The purpose of this Group is:
 - To advise CTMUHB Board on clinical topics and initiatives, and



to review items requested by the Board.

- Via a Clinical Sounding Board (CSB), gather, listen and respond to clinicians delivering care.
- Advise the CTMUHB Board on all aspects of Clinical Strategy
- Act as a clinical voice within CTMUHB
- To take the place of the traditional 'Healthcare Professional Forum' and ensure it meets the requirements

3. HIGHLIGHT REPORT

ALERT / ESCALATE	Nothing to escalate.
ADVISE	N/A
ASSURE	N/A
INFORM	The Clinical Advisory Group (CAG) discussed examples of times where clinical teams felt decisions were made without their input and where they felt that they were the last to be informed. Communication within the Integrated Locality Groups (ILGs) is sometimes not optimized. Clinicians are keen to be asked for ideas regarding how aspects of care such as flow could be improved. An example was given about how community clinical teams are attempting to collaborate with local authority teams. The ongoing issues with social services capacity were acknowledged. The human aspect behind data and waiting lists is often lost and it is important for us all to be reminded of the patient stories behind the data and to try to capture the impact of delayed care as well as the figures. Bridgend clinical staff often still feel left behind. Issues raised include the digital integration of Bridgend ILG (BILG) which has already been discussed and is a top priority. There are also differences to the way clinical policies are applied and many Service Level Agreements (SLAs) continue to be a challenge. Bridgend staff are concerned that services may be "levelled down" to be in-line with those of the rest of CTM.
	CAG was updated on the Future Strategies work and will discuss this in more detail at the next CAG.



Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

APPENDICES NOT APPLICABLE

RECOMMENDATION

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