



AGENDA ITEM

6.4

CTM BOARD

CTM OPERATING MODEL – RECONFIGURATION PROPOSAL

Date of meeting

26th 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

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 In March 2022 the Board made the decision to endorse the onward development of a proposed operating model. This model is based on a whole-CTM Care Group structure and a move away from the geographic split of three integrated localities as it is currently set out.
- 1.2 In accordance with the organisational change process (OCP) there has been an engagement process with different impacted members of staff. This allowed for collaboration about how best to structure the organisation to meet the current and future demands it faces.

- 1.3 As an output of this engagement, a formal consultation document has been created. This involved the input of a wide variety of staff to ensure all key areas of the Health Board structure impacted are carefully articulated within the document.
- 1.4 On the 9th May the document was released to staff to begin a four week formal consultation period. This period is due to close on Monday 6th June.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The consultation document has been prepared to outline the proposal for the following Care Groups to be established:
- Planned Care Group
 - Unscheduled Care Group
 - Women and Children's Care Group
 - Diagnostics, Therapies and Specialities Care Group
 - Mental Health and Learning Disabilities Care Group
 - Primary & Community Care Group
- 2.2 The proposed model will ensure a locality aspect is retained to ensure there is an ongoing focus on quality and improvement within a Local Authority area. There will be senior leadership retained to provide oversight of improvement programmes for our district general hospital sites. An example of this is the ongoing Prince Charles Hospital Improvement Programme which brings together different specialities and staff from across the hospital.
- 2.3 Throughout the consultation process there are specialist HR and OD support available to ensure staff are provided with the support and advice they may require. This has been reiterated within the formal consultation document as a way to signpost this information. The Health Board is fortunate to have specialist Workforce and OD staff with a great deal of expertise to ensure that staff have access to the most appropriate support.
- 2.4 During the consultation period, all feedback and questions asked will be captured and responses prepared ready for an updated document to then be shared after the 6th June.

3. KEY MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Once the consultation period closes the organisation will move into a review and implementation phase to both update the proposed document for final release and then ensure structures can be established in accordance with the OCP.
- 3.2 A summary timeline has been shared with the organisation showing an aim to begin the establishment of the proposed model in July this year. This will be dependent on a variety of different factors, however as organisational change can be disruptive it is the intention to ensure delays are minimised as much as possible.
- 3.3 As updated on in March, once the proposed Care Group model is established in the summer there will be an intention to then focus on the best structure for the Clinical Service Group layer of the Health Board. This will be subject to a separate process engaging with a wider variety of staff including those in Care Group leadership positions. This potential next phase is referenced within the current consultation document.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Governance, Leadership and Accountability If more than one Healthcare Standard applies please list below:
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	No change in policies at this time. 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	Inspiring People

5. RECOMMENDATION

- 5.1 The Board is asked to **note** this operating model consultation update. Further updates will be provided over the coming weeks through informal meetings before another formal update at the next Board meeting in July.