



AGENDA ITEM

7.2

CTM BOARD

CTM OPERATING MODEL – UPDATE

Date of meeting

28th July 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 APPROVAL

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 was created. This involved the input of a wide variety of staff to ensure all key areas of the Health Board structure impacted were 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 consultation period closed on Monday 6th June.

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

- 2.1 As a reminder, the consultation document was prepared to outline the proposal for the following Care Groups to be established:
- Planned Care Group
 - Unscheduled Care Group
 - Children and Families 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 As part of the consultation there were over sixty questions or comments received either via the Microsoft Forms link or via email.
- 2.4 All questions and comments were reviewed by the relevant Executive Director to provide an answer or to note the comments. There were a number of subtle changes made to the document as a result of discussions and feedback received.
- 2.5 On the 20th June the final 'Implementation document' was released. This included two supporting appendices. Appendix 1 contains all the questions and comments received throughout the consultation process and the responses provided. Appendix 2 contains a clear table showing all the changes made to the document as a result of the consultation process.



3. KEY MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 In line with the Organisational Change Policy, there has been a process of job matching to understand what impacted staff either 'slot in' to roles in the new Care Group model or do not and would be required to attend an assessment centre (stakeholder panel and interview).
- 3.2 Assessment centres have been arranged for W/C 18th July. All individuals impacted by the organisational change have been informed via letter and follow up correspondence providing the details of this process. Impacted individuals are receiving support through their line management and additional coaching has been arranged.
- 3.3 As previously updated, once the proposed Care Group model is established there is an intention to 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 Implementation document but specific timelines and scope has not yet been discussed in detail.

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.
	No change in policies at this time.
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	Inspiring People

5. RECOMMENDATION

- 5.1 The Board is asked to **note** this operating model consultation update. Further updates on phase 2 will be provided over the coming weeks through informal meetings before another formal update at the next Board meeting in September.