



AGENDA ITEM

5.3

CTM BOARD

HIGHLIGHT REPORT FROM THE CLINICAL ADVISORY GROUP (CAG)

DATE OF MEETING

26 May 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

PRESENTED BY

Anna Lewis, Chair of the Clinical Advisory Group

**EXECUTIVE SPONSOR
APPROVED**

Executive Director of Strategy and Transformation

REPORT PURPOSE

To inform the Board of CAG discussion regarding communication with clinical staff, and barriers for BILG as part of CTM

ACRONYMS

None Identified.

1. PURPOSE

- 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 27 April 2022.
- 1.2 Key highlights from the meeting are reported in section 2.
- 1.3 The Sub Committee is requested to **NOTE** the report.

2. HIGHLIGHT REPORT

ALERT / ESCALATE	Nothing to escalate.
ADVISE	
ASSURE	
INFORM	<p>The CAG discussed the proposed new operating model. Richard Morgan-Evans presented the rationale behind the restructure, the timeline for consultation and the draft new model. Dom Hurford and Stuart Morris were also present.</p> <p>Some positive feedback was heard from Therapies around the new Diagnostics, Therapies and Specialties Care Group which they felt would improve the voice of Therapies. There was also a hope that the new model would facilitate cross-site working and reduce the current culture of having to pay for or barter for services available on other sites.</p> <p>Concerns were discussed. These included the potential conflict of interest between planned and unscheduled care on three acute sites, the concern that greater equity for patients across the sites would lead to a “levelling down” of clinical services as has been experienced already in some areas, a worry that the current cohesive working within ILGs might be lost, the urgent need for digital services to be aligned in order to enable cross-site working, and concerns that inadequate beds would lead to delays in care for patients presenting to a site other than that hosting a specific service, such as is experienced with stroke services as an example.</p>



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APPENDICES

Choose an item.