



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Phase 2 CCG Organisational Restructure
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Keith Jones, Director of Operational Planning and Performance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Committee is requested to note plans for Phase 2 of the Operations function organisational change process (OCP) and the rationale, scope, and implications of the proposed changes.

Cefndir / Background

Phase 1 (Parts A & B) of the Operations function operational structure review and supporting organisational change process (OCP) is now concluded with the successful establishment of 4 Clinical Care Groups (CCGs) and supporting governance structures.

Following appointments to the roles of Director of Operational Planning & Performance, Deputy Chief Operating Officer and CCG Service Directors in 2024 (Part A), senior triumvirate leadership teams within each CCG have now been successfully recruited and significant progress has been achieved in appointments to the key managerial and clinical (medical, nurse & Allied Health Professionals (AHP)) leadership roles within each CCG (Part B). This has enabled the appointment of CCG Associate Medical Directors and Assistant Directors of Nursing along with Service Group / Integrated System General Managers and Heads of Nursing.

As outlined during the consultation phase prior to commencement of Phase 1, it was anticipated that following establishment of the new CCG structure and successful recruitment of CCG triumvirate leadership teams, a further phase of the review operational structures within each CCG would be required in order to appropriately configure services and teams below CCG senior leadership level to ensure effective and appropriate alignment with the service portfolios within each CCG.

This paper provides an update in respect of plans for Phase 2 of the CCG OCP and provides a summary description of the key changes proposed. Whilst it is anticipated that Phase 2 will commence during March 2026, it should be noted that the proposed changes are subject to further discussion, consultation and engagement with the wider teams, with particular

consideration to the evolving nature of proposals within the Community & Integrated Medicine (C&IM) CCG.

Asesiad / Assessment

Phase 1 represented the most significant revision of leadership and operational structures within the Health Board for several years. Given the complexity and breadth of the structural changes within the Operations function and the capacity implications for both individuals affected and the supporting organisational development activities required, significant implementation challenges were identified during the OCP process which has highlighted opportunities for reflection and learning as plans are progressed to commence Phase 2.

It is acknowledged that Phase 1 was impactful for individuals engaged in the OCP process with time and care required to support all those affected, both during the recruitment process and for any individuals who were unsuccessful in their applications for specific roles. Recognition of the critical importance of supporting all individuals with compassion and kindness throughout the process was paramount and this approach will continue during Phase 2.

In accordance with the principles of the Health Board's OCP policies and procedures, staff who were displaced from their former roles following Phase 1 of the OCP will continue to be supported and afforded opportunities to be considered for roles which may become available during Phase 2, appropriate to their skills and experience.

Following the establishment of the new CCG structure in April 2025, these revised operational leadership arrangements are demonstrating early, positive indications of strengthened governance and enhanced control of operational, quality, performance and resource challenges. This is evidenced both through reflections from Executive Improving Together (EITS) reviews with individual CCGs and informal reflections from recent external Getting It Right First Time (GIRFT) reviews which highlighted strengthened leadership arrangements. It is also notable that there was significant interest in revised clinical leadership roles and new appointees have shown strong evidence of proactive thinking and vision for the future in support of our organisational ambitions to transform service delivery in each of the CCG service portfolios.

However, it is also apparent that significant capacity pressures remain at CCG level given the breadth and challenge of the organisation's agenda and concerns exist regarding the potential for fatigue amongst CCG leadership teams as the new structural arrangements are embedded. In parallel with the supporting Organisational Development Programme referenced later in this paper, this also serves to highlight the importance of progress with Phase 2 of the OCP to ensure the appropriate configuration of services and operational leadership capacity within each CCG.

Each CCG leadership team has reviewed existing service and leadership arrangements within their respective service portfolios and proposed revisions to current arrangements have been developed. The extent of revisions and changes proposed does vary between each CCG according to identified need.

A high level summary of proposed changes is described below with proposed operational structures within each CCG illustrated in the attached supporting document (*Proposed Operational Structures Phase 2*).

Planned & Specialist Care (P&SC)

The proposed structure of the P&SC CCG outlined during Phase 1 included the creation of two supporting Clinical Service Groups (CSGs):

- Children, Women & Family Health
- Planned Care & Cancer Services

Following subsequent review of the span of CCG accountabilities and supporting capacity, the CCG leadership team has proposed the creation of a third Clinical Service Group (Critical Care, Anaesthetics & Theatres) to appropriately reflect the breadth of operational challenges in these services and specialties. The structure of this newly proposed CSG would follow a similar model to the two established CSGs, supported by a General Manager, Head of Nursing and Clinical Director.

Changes to the clinical leadership structure within the CCG were addressed during Phase 1. The core leadership roles within this additional Clinical Service Group are fully resourced and the proposed structure will not displace existing staff in the current CCG and supporting Directorate leadership structure. Whilst the proposed arrangements will change lines of reporting for some service leads it is not expected that any individuals will become displaced by this changed structure.

The CCG has also proposed revised governance arrangements to progress and oversee planning and transformation of planned & specialist care service provision. This includes future ambitions for the creation of a lead service planning and transformation post which, if appropriate resource solutions can be identified, would follow Phase 2.

In Phase 2 of the OCP, Hospital Sterilisation and Disinfecting Unit (HSDU) will also move into the Planned and Specialist Care CCG specifically falling within the new Critical Care, Anaesthetics & Theatres CSG.

Mental Health & Learning Disabilities (MHL D)

The newly created MHL D CCG established during Phase 1 mirrored that of the former Clinical Directorate model. Leaders within the former MHL D Clinical Directorate were therefore not impacted by the supporting Phase 1 OCP process.

Prompted by the retirement of key individuals, the CCG leadership team has reviewed the former Clinical Directorate structure across the respective MHL D service portfolios and has identified opportunities to realign and strengthen leadership functions within the CCG. Key features of the proposed Phase 2 revision to the CCG leadership structure include:

- Replacement of 2 former part time Assistant Service Director roles with a newly created full time (1 Whole Time Equivalent) WTE) General Manager role
- Redesign of the former role of Senior Nurse for Quality, Assurance & Practice Development (QAPD) role to a proposed Clinical Quality Assurance and Practice Development Lead role
- Addition of one Head of Nursing role
- Removal of the current Service Transformation and Partnerships role

Similar to the P&SC CCG, core leadership roles within these MHL D CCG Phase 2 proposals are fully resourced and the proposed structure will not displace existing staff in the current CCG and supporting service leadership structure. Whilst the proposed arrangements will change lines of reporting for some service leads, the MHL D CCG Phase 2 proposals are not expected to require a supporting OCP process.

In addition to the above, the CCG has also signalled future ambitions for the creation of a lead service planning and transformation post which, if appropriate resource solutions can be identified, would follow Phase 2.

Operational Allied Health & Health Sciences (OAH&HS)

The new OAH&HS CCG was created during Phase 1. Whilst not specifically a component of the Phase 1 OCP process, the Radiology Sustainability & Improvement Plan which commenced in 2025/26 has also necessitated progression of a supporting OCP process for senior leadership posts within the Radiology Service. These changes are fully resourced and no further changes to the structure of Radiology services are proposed during Phase 2.

Following a review of the configuration of therapy services, the CCG has proposed the replacement of the current Allied Health Professional (AHP) combined service group with pathway specific service groups as below:

- Occupational Therapy
- Nutrition and Dietetics
- Podiatry and Orthotics
- Speech and Language Therapy
- Physiotherapy

Included in OCP 2 Clinical Engineering has also joined this Care Group moving from the previous Central support team.

Existing core leadership roles within the OAH&HS CCG will remain and the proposed structure will not displace existing staff in the current CCG leadership structure. Whilst minor changes are also proposed to the configuration of specific therapy service portfolios, this proposed re-alignment of reporting and governance arrangements is not expected to significantly impact the roles and accountabilities of existing service leads in these respective services and the requirement for a supporting OCP process is not anticipated.

The CCG has signalled a future ambition to create two additional roles as below:

- Assistant Director of Health Sciences (to work alongside the current role of Director of Quality & Patient Safety), and
- A single Head of Speech & Language Therapy (SALT).

As neither proposed role is currently supported by an agreed resource solution, it is anticipated that progress with both roles will need to be considered following Phase 2. As with the P&SC and MHL D CCGs, neither post will progress until agreed resource solutions are confirmed.

Beyond the above, the CCG leadership team is also reviewing future opportunities for the creation of an Associate Medical Director post but this is not expected to be progressed during Phase 2.

Community & Integrated Medicine (C&IM)

The proposed changes outlined by the C&IM CCG are evolving and are subject to further discussion, consultation and engagement with the wider teams. The CCG considers it critically important to ensure any changes are progressed in a transparent, respectful and sensitive manner, consistent with our organisational values and the cultural approach the CCG Leadership team is attempting to build.

The CCG's priorities align with the Health Board's commitment to integrated models of care that are responsive to the needs of both rural and urban communities across West Wales.

To support effective progression towards increasingly integrated models of care, a key feature of the C&IM CCG outline proposals for Phase 2 focus on restructuring the three integrated system structures (Carmarthenshire, Pembrokeshire and Ceredigion), transitioning from the former six separate acute and community structures into three unified system-wide leadership models. This will embed consistent operational, clinical, and nursing leadership across systems, while maintaining flexibility to respond to local population needs.

Recent changes to the senior leadership arrangements for Primary Care, Community Strategy and Long-Term Care have prompted consideration of further opportunities to realign elements of the former Primary Care portfolio (including Primary care nursing, Chronic Conditions services, Long-Term Care, and Cluster Clinical Leadership functions) with the three integrated system structures within the CCG.

The CCG is keen to enable progress towards a place based care and neighbourhood focussed delivery model and the outline structure has been proposed as an effective means by which the current configuration of primary care clusters can be consolidated with existing acute and community structures into the three integrated systems. This will further strengthen the connection and integration between the existing C&IM structure with primary care clusters at a system level and a more integrated approach between medical sub-specialties and management of chronic conditions.

The driving ambition is for the clusters to become the organising unit for our community services and teams, as well as become the focal point for us to develop a truly clinically led system that plans and commissions services that meet local population need. It provides the opportunity to fully embed the principles of the Primary Care Model for Wales, and the

emerging thinking around Community By Design and the Integrated Community Care Systems with social care.

As part of this amendment process, roles and reporting arrangements were reviewed to ensure consistency across the three Integrated Systems. This included examination of General Manager, Business Manager, and Programme Leadership roles, as well as the introduction of additional capacity to support emerging transformation agendas such as the Community by Design programme and integrated community care system development.

Whilst the proposed portfolios of each integrated system structure are not identical across the three county areas due to differences in local service provision, geography, and population needs, the intention is for all to be integrated and aligned across key service areas and pathways to support the seamless delivery of care. These portfolios are intentionally designed to be flexible and responsive, with the understanding that realignment may be required over time to reflect evolving service demands, workforce capacity, and community priorities.

Other key features of the proposed C&IM Phase 2 changes include the following:

- Strengthening of central governance and quality assurance functions. The proposed Care Group Assurance & Enablement (CGAE) function is viewed as a foundational enabler of safe, high-quality, and sustainable care across the Care Group. It brings together seven interdependent disciplines, quality, safety, business, planning, performance, training & development, and digital, into a single, coherent model designed to ensure the CCG is not only delivering safe care but actively developing the capability for the future.
- Establishment of Integrated Lead Nurse roles to support system flow, outreach, and governance.
- Realignment of leadership portfolios to support strategic priorities and service transformation
- Proposed establishment of a Community Care Collaborative Service Group within the CCG to promote a whole-system operating model which fundamentally shifts how care is designed, delivered, and experienced. This is designed to:
 - Transform primary care nursing, specialist nursing, and chronic conditions management into one cohesive operating model.
 - Standardise pathways and shared operating procedures, ensuring patients experience consistent, equitable care across the three counties.
 - Enable the development of integrated place-based multidisciplinary teams, where professionals work as one coordinated unit around the person and their community.
 - Promote digital-first enablers, such as remote monitoring, virtual wards, shared records, and real-time data, which help teams proactively manage need rather than react to crisis.

Primary Care

Whereas the current configuration of the seven primary care clusters will formally align into each of the integrated systems based on county footprint, the Cluster Development Managers will remain as part of a central team managed by the Assistant Director of Primary

Care, reporting into the Operational Planning & Performance structure established during Phase 1. The Cluster Development team will align and support the clusters as per current arrangements.

The Primary Care Contracting Team will also continue to be managed by the Assistant Director of Primary Care.

The Deputy Medical Director will continue to work with the Assistant Director of Primary Care and the Director of Operational Planning and Performance. It is intended that a clinical lead for the Primary Care and Community Strategy is appointed to support the Deputy Medical Director and provide the strategic lead with clinical input.

Business Support Unit

A Chief Operating Officer Business Unit will be established as part of the Chief Operating Officer's office to support the oversight of governance and correspondence across the function

Details of the structure are included in page 12 of the attached structure document.

Patient Flow

A Patient Flow Unit (PFU), previously known as the Operational Delivery Unit (ODU) as part of the test of change period, will be formally established to operate 12 hours per day / 7 days per week and will report to the Deputy Chief Operating Officer. PFU responsibilities will include:

- Leadership of Daily Flow Calls and oversight / monitoring of agreed actions
- Representing the Health Board at national flow and repatriation calls
- Co-ordination and/or leadership in the event of a business continuity or major incident
- Daily oversight of ambulance handover performance across the 4 acute hospitals and appropriate corrective actions
- Live monitoring of all UEC and operational KPIs

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** plans for Phase 2 of the Operations function organisational change process and anticipated timescales for delivery.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1.1 Seek assurance that people and organisational development arrangements are appropriately designed

	and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of the Health Board's activities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

**Gwybodaeth Ychwanegol:
Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	Contained within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Formal Executive Team

**Effaith: (rhaid cwblhau)
Impact: (must be completed)**

Ariannol / Gwerth am Arian: Financial / Service:	Referenced in report
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Ansawdd / Gofal Claf: Quality / Patient Care:	Referenced in report
Gweithlu: Workforce:	Referenced in report
Risg: Risk:	Referenced in report
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	Organisational delivery capability
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A



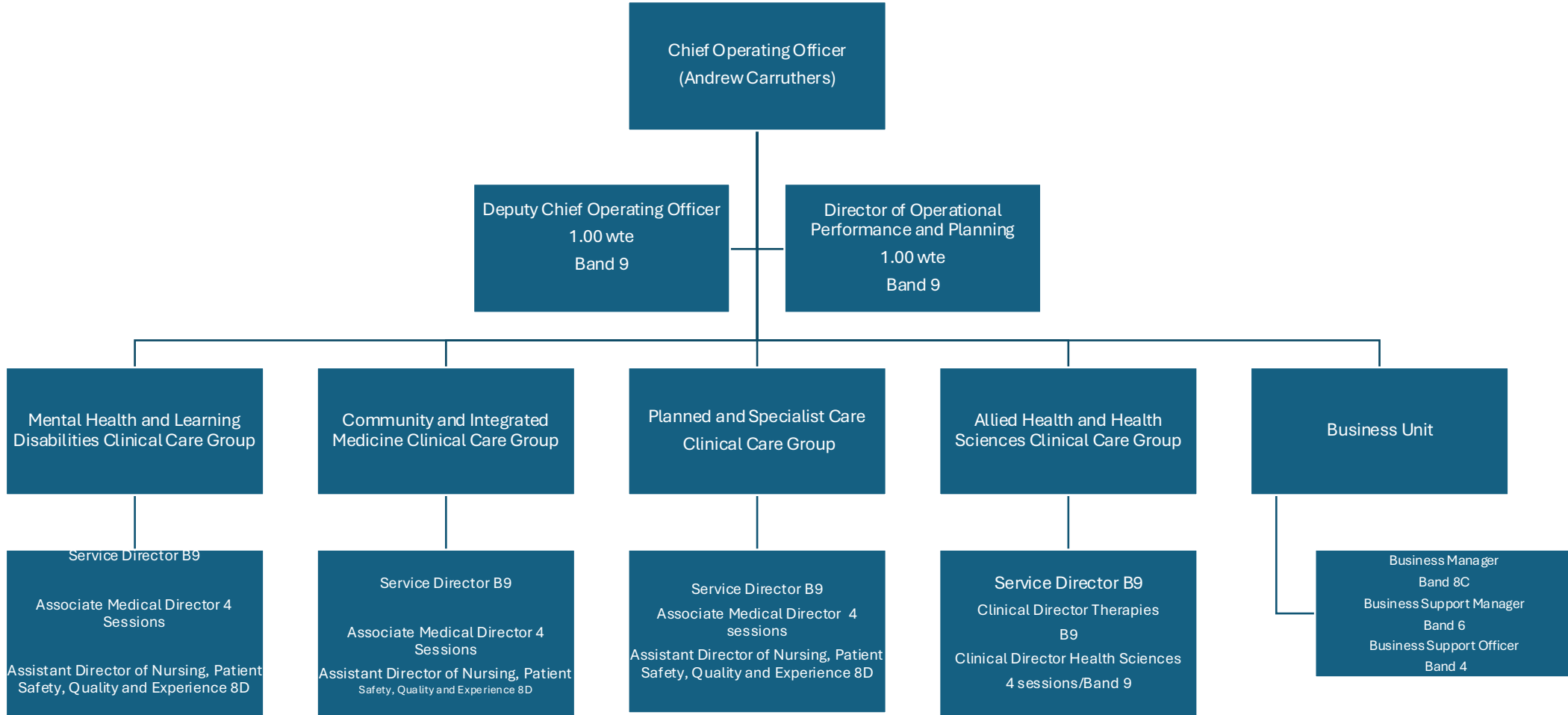
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



People, Organisational Development & Culture Committee Proposed Operational Structures Phase 2

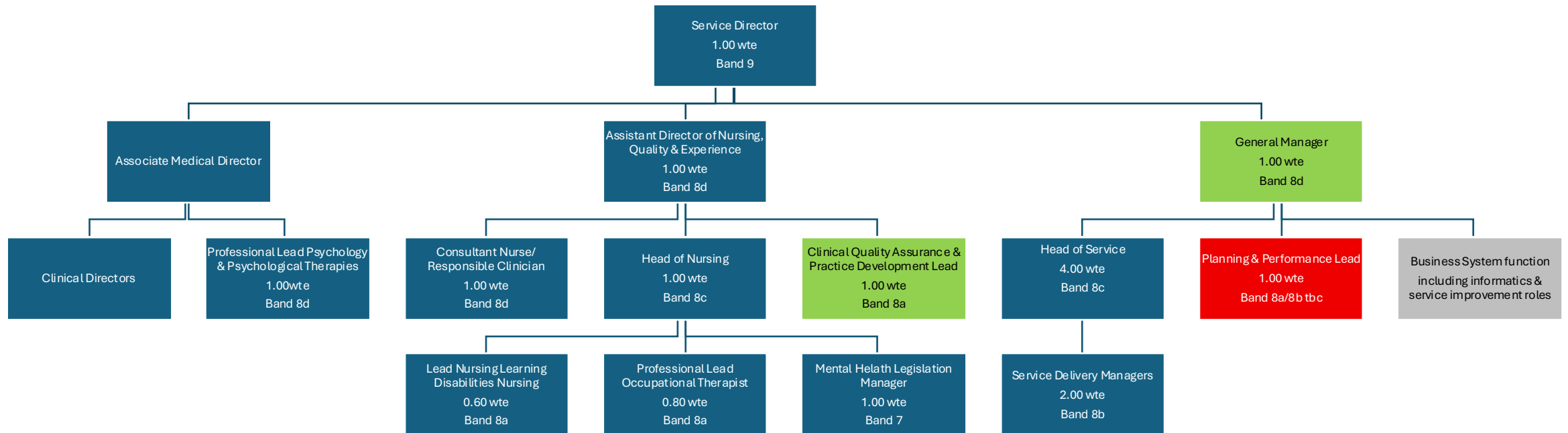
Overarching Structure



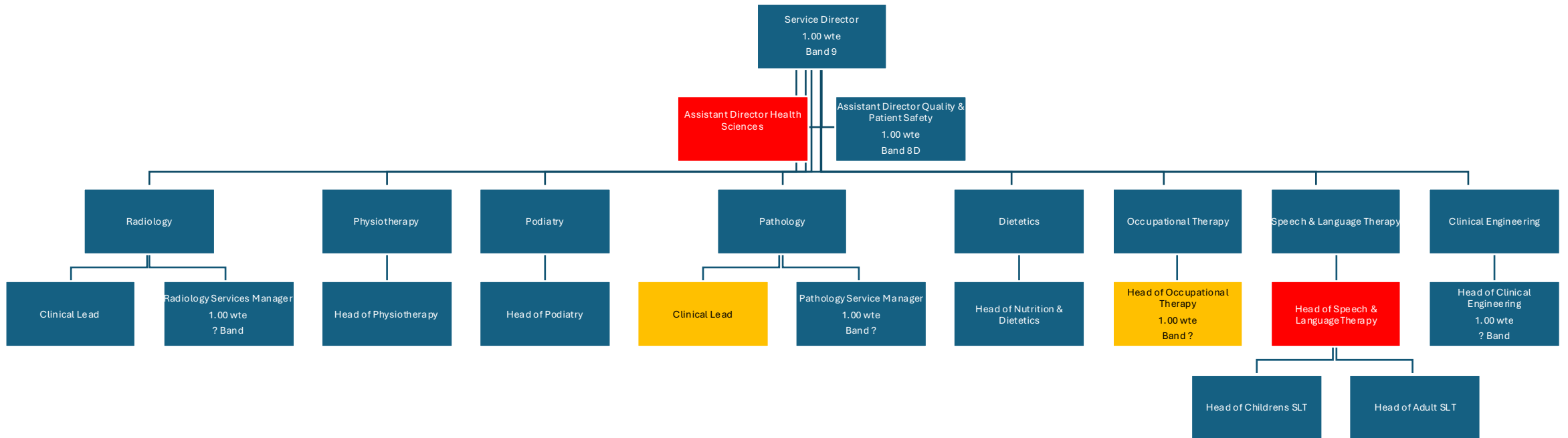
Colour Coding

Blue	No change to role or line management
Green	New role
Red	Proposed New Role – no funding identified
Grey	Further review needed
Purple	Line Management Change Only
Pink	Fixed Term Only

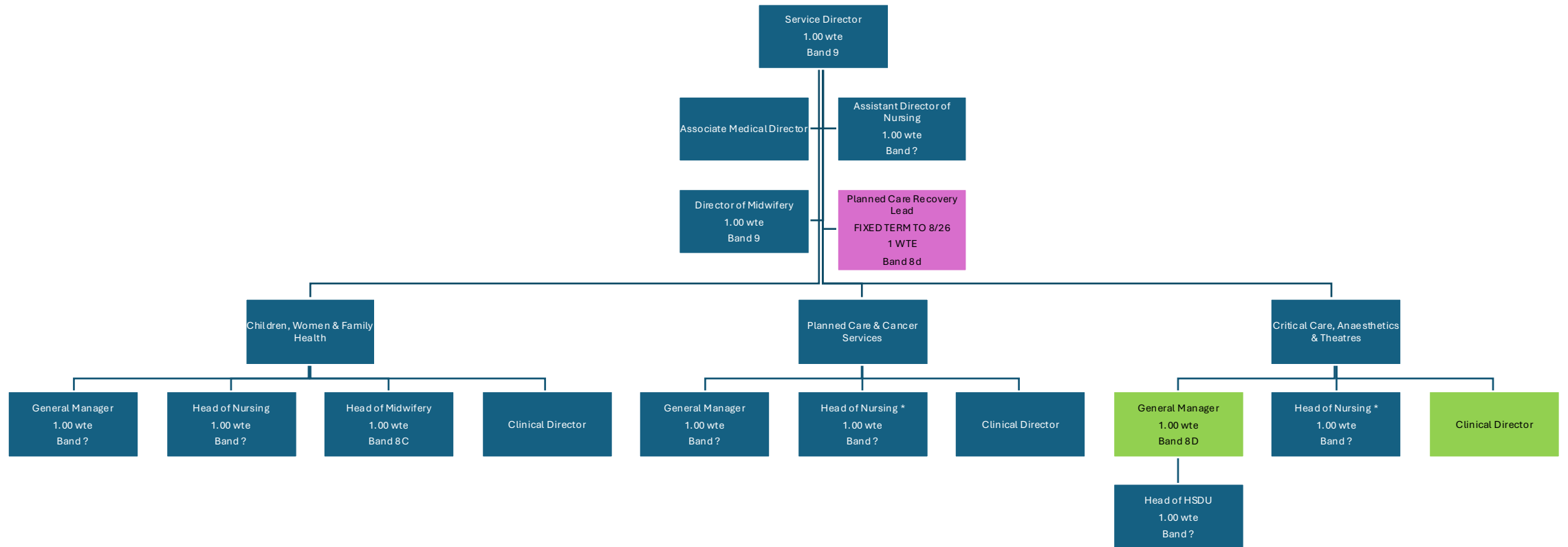
Mental Health and Learning Disabilities



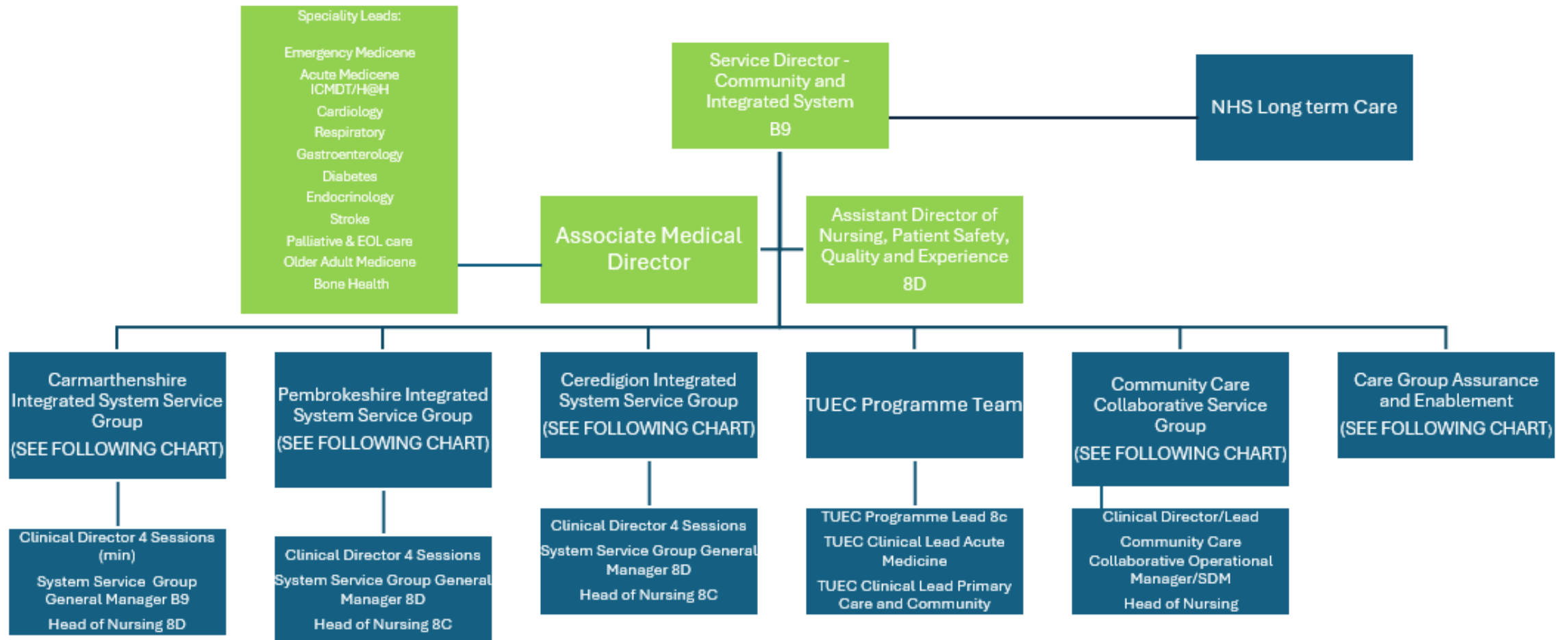
Allied Health Professionals and Health Sciences



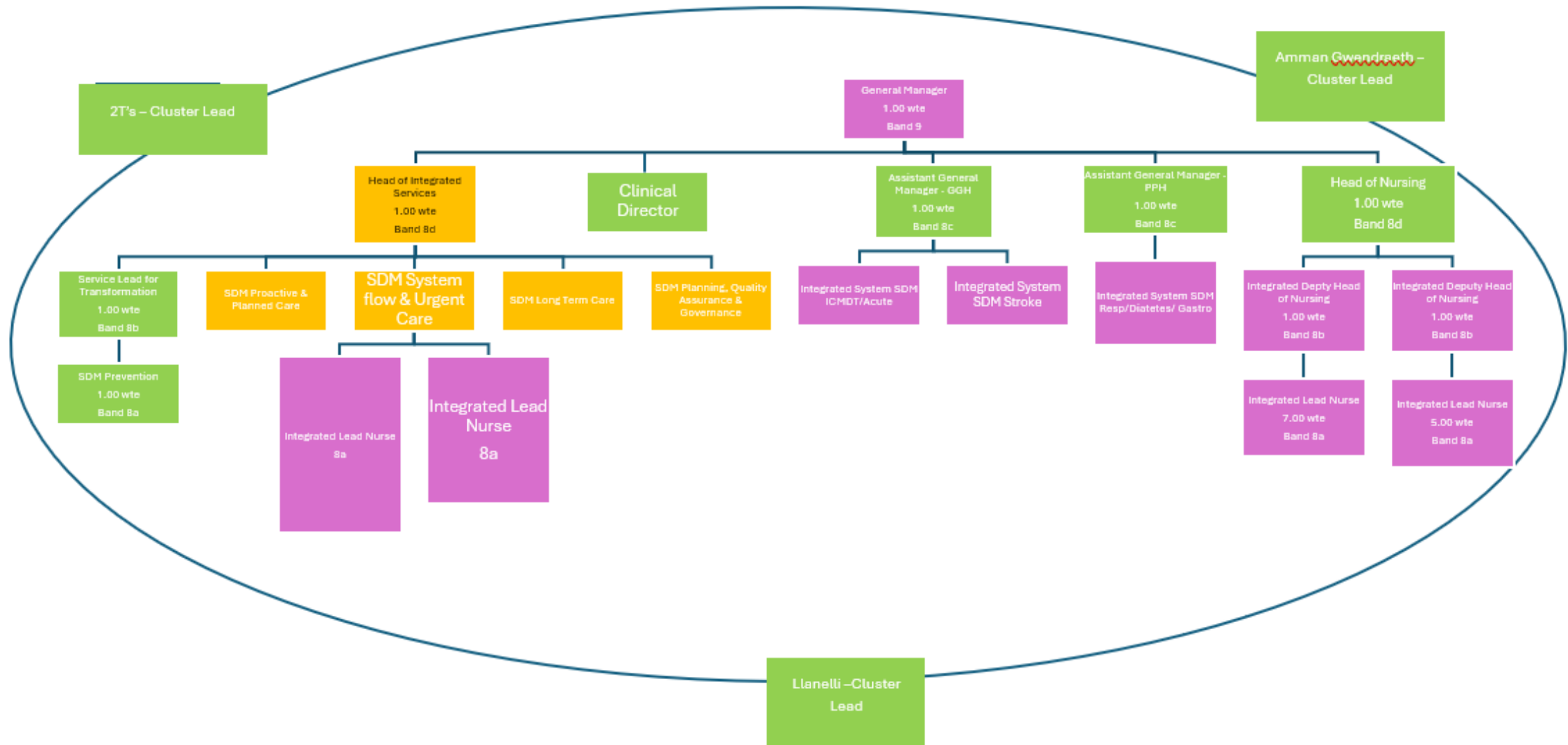
Planned and Specialist Care



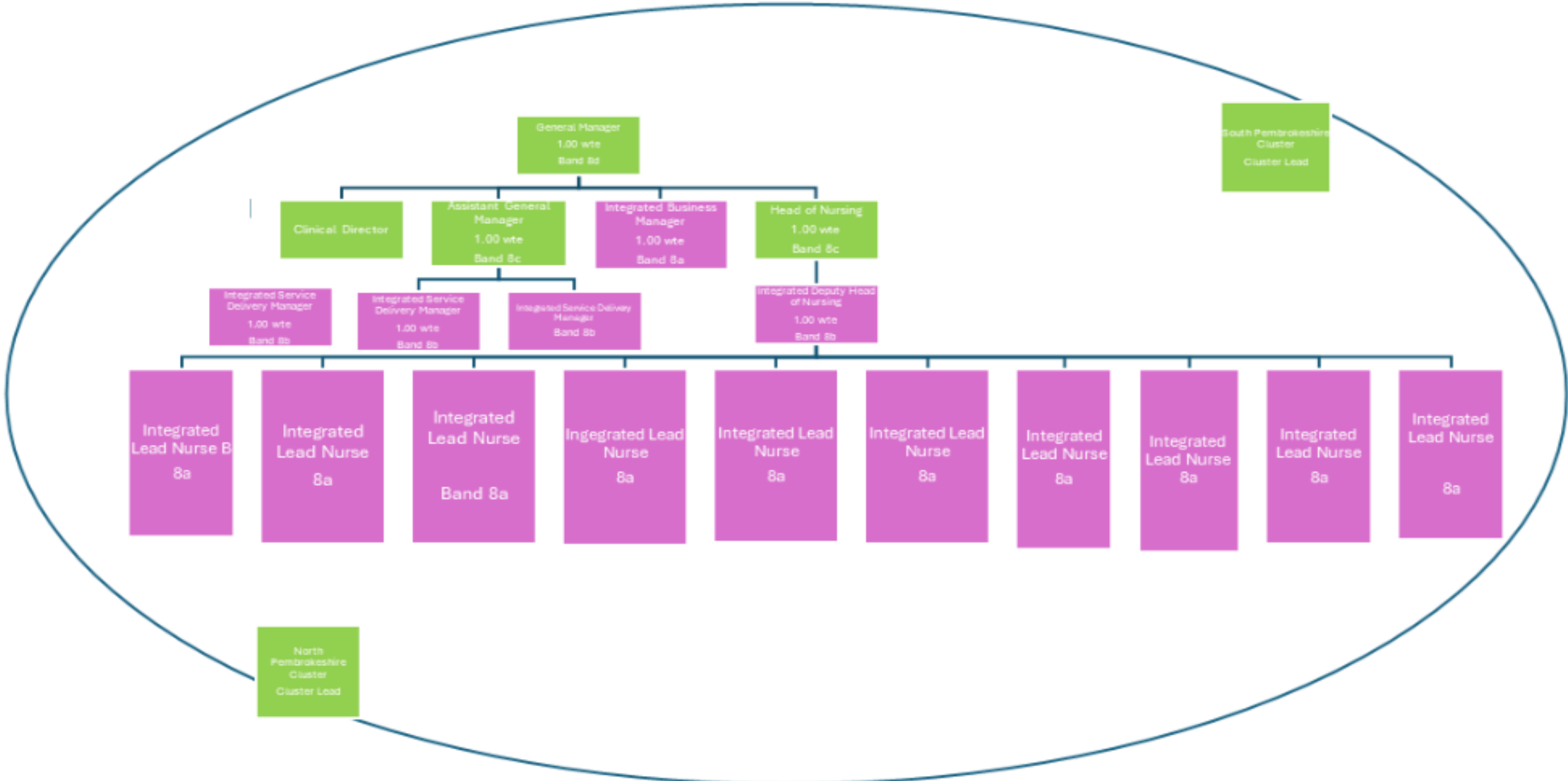
Community and Integrated Medicine (Draft)



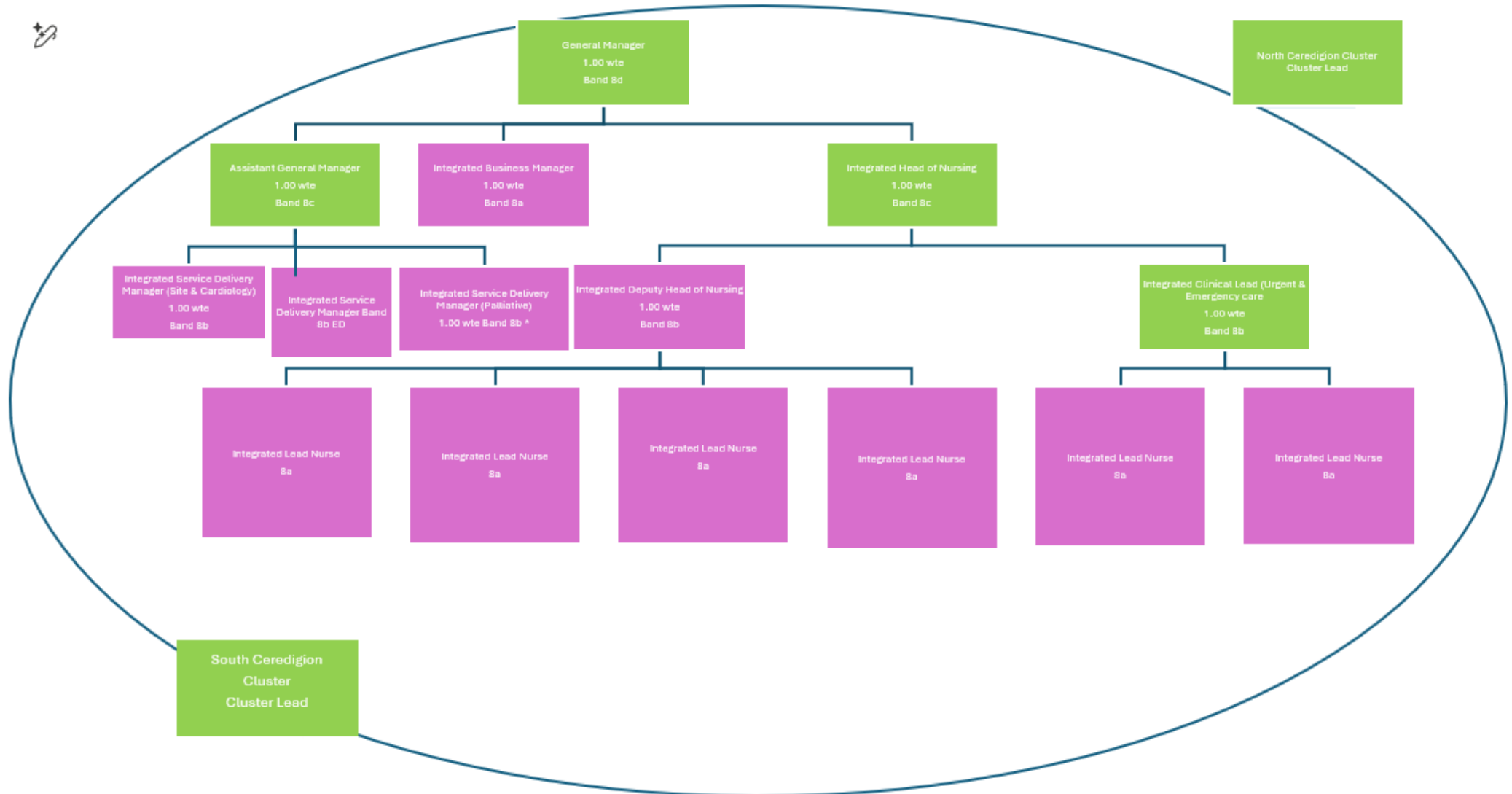
Carmarthenshire System (Draft)



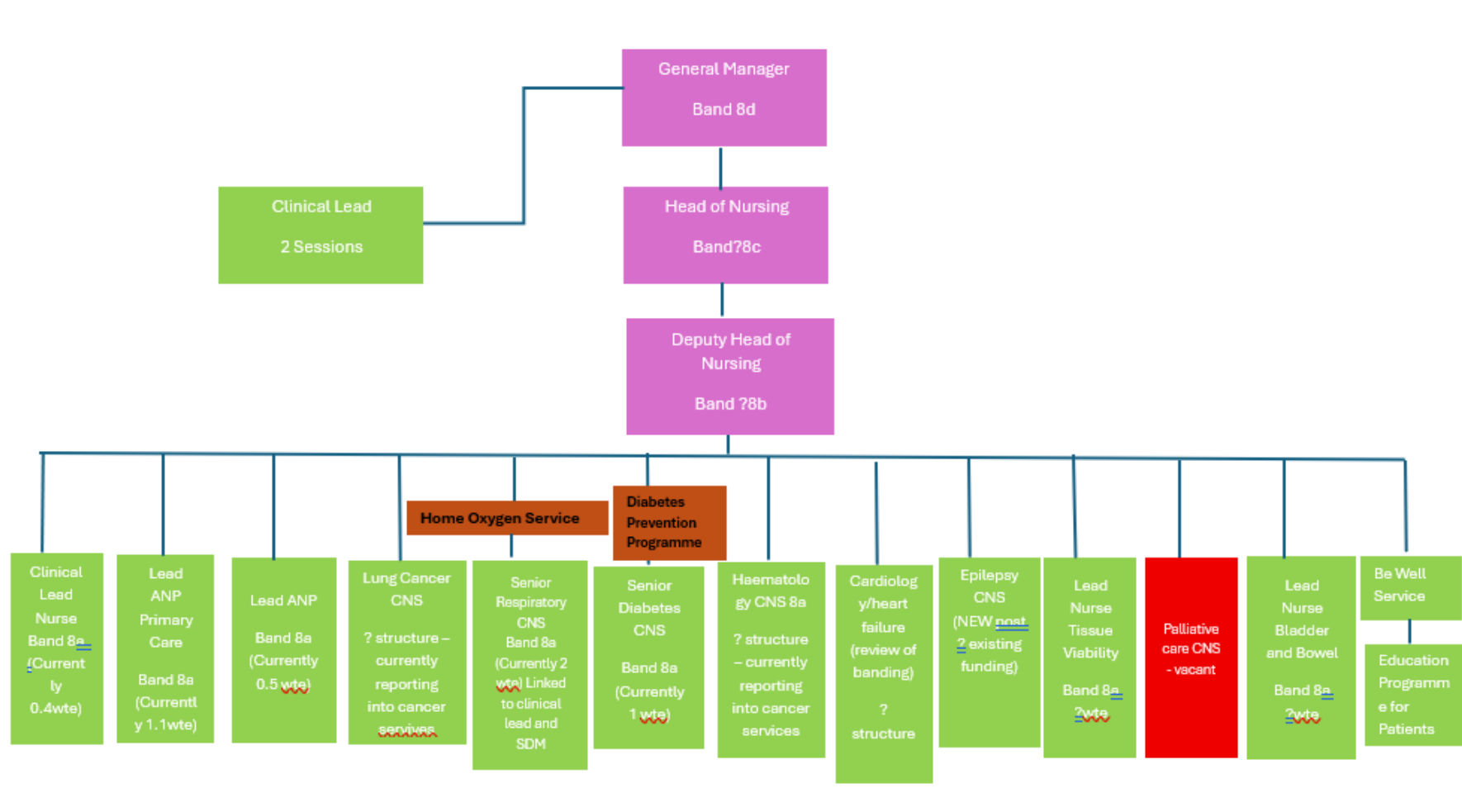
Pembrokeshire System (Draft)



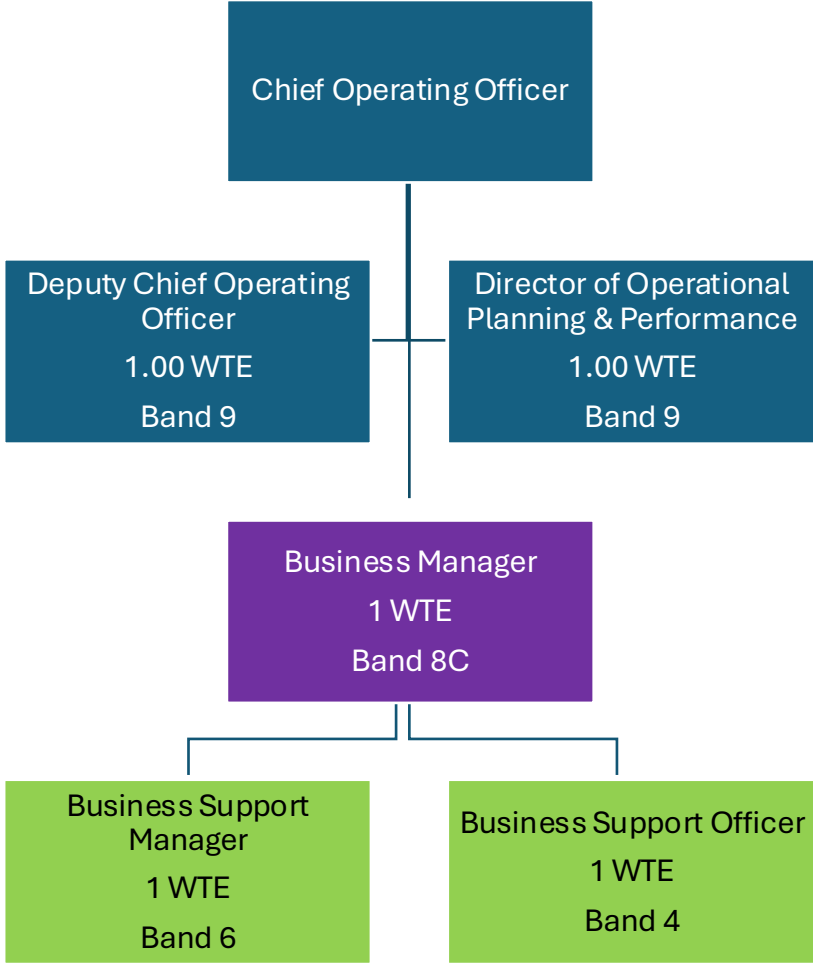
Ceredigion System (Draft)



Community Care Collaborative Service Group (Draft)



Operations Business Support Unit



Patient Flow Unit

